

Broome County Health Department

2003 ANNUAL REPORT



Mission: *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.*

Vision: *Leading the community to the promise of a healthy future*

Claudia Edwards, MS
Public Health Director

Jeffrey P. Kraham
Broome County Executive



Broome County Health Department
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JEFFREY P. KRAHAM
Broome County Executive

CLAUDIA EDWARDS, MS
Public Health Director

June 18, 2004

Jeffrey P. Kraham, Broome County Executive
Edwin L. Crawford County Office Building
Binghamton, NY 13902

Dear Mr. Kraham:

I am pleased to present the Broome County Health Department's 2003 Annual Report. It summarizes activities and accomplishments of the department and its partners, and describes goals and challenges for 2004.

The critical importance of local public health systems has been highlighted by state and federal governments since the terrorist attacks on September 11, 2001 because of the health and safety issues that would be involved in any act of biological, chemical or radiological terrorism. We know that a prepared and coordinated local response is critical immediately following an event until additional resources can be summoned. We have accomplished a great deal of work in preparation for any public health emergency and have strengthened partnerships with local hospitals, community agencies, government officials, emergency services, and law enforcement. This year we prepared and submitted a Public Health Emergency Operations Plan to be added to the Broome County Emergency Operations Disaster Plan. A post-event smallpox response plan was submitted to the New York State Department of Health and we have recruited, vaccinated and trained local Public Health Response Teams.

While there has been an emphasis on bioterrorism and emergency preparedness, it is vital for the public to understand that increased life expectancy that we all enjoy is the result of public health measures that occur on a daily basis. Clean air and water, a safe food supply, health education about prevention of disease, and aggressive efforts to prevent the spread of disease when it occurs are the underpinnings of public health activities. Restaurant inspections, vector control, community sanitation, childhood immunizations against communicable diseases, and empowerment of the public through health education and services are all vital roles of public health professionals.

The programs highlighted in this year's report are just some of the shining examples of initiatives that address health disparities and issues of concern in the community. The staff of the health department continue to preserve, promote, and protect the health of the public in the work that they carry out on a daily basis with dedication, creativity with available resources, and professionalism.

Sincerely,

Claudia Edwards, MS
Public Health Director

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**Broome County Health Department
HEALTH ADVISORY BOARD
2003**

Wanda Hudak, Chairperson
Legislative Health Committee
945 Squires Avenue
Endicott, NY 13760

Legislative Term

Jeffrey Davis
Jeffrey K. Davis Consulting, LLC
64 Front Street, 2nd Floor
Binghamton, New York 13905

Term Expires 12/31/04

Michael Doll, Vice President of Community Relations
United Health Services Hospitals
10-42 Mitchell Avenue
Binghamton, New York 13903

Term Expires 12/31/04

Lawrence Rowe, Superintendent (BOCES Representative)
Johnson City Central Schools
666 Reynolds Road
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Term Expires 12/31/04

Dr. Kazimieras Snieska
999 Vestal Avenue
Binghamton, New York 13902

Term Expires 12/31/05

John Spencer, Executive Director
United Way of Broome County
P.O. Box 550
Binghamton, New York 13902-0550

Term Expires 12/31/03

Margaret Manley
42 St. John Avenue
Binghamton, New York 13905

Term Expires 12/31/03

John Harding, M.D.
21 Murray Street
Binghamton, New York 13905

Term Expires 12/31/06

Alan Wabrek, MD, MPH, DrPH
Professor of Population-Based Medicine
SUNY Health Science Center Clinical Campus
425 Robinson Street
Binghamton, New York 13901

Term Expires 12/31/06

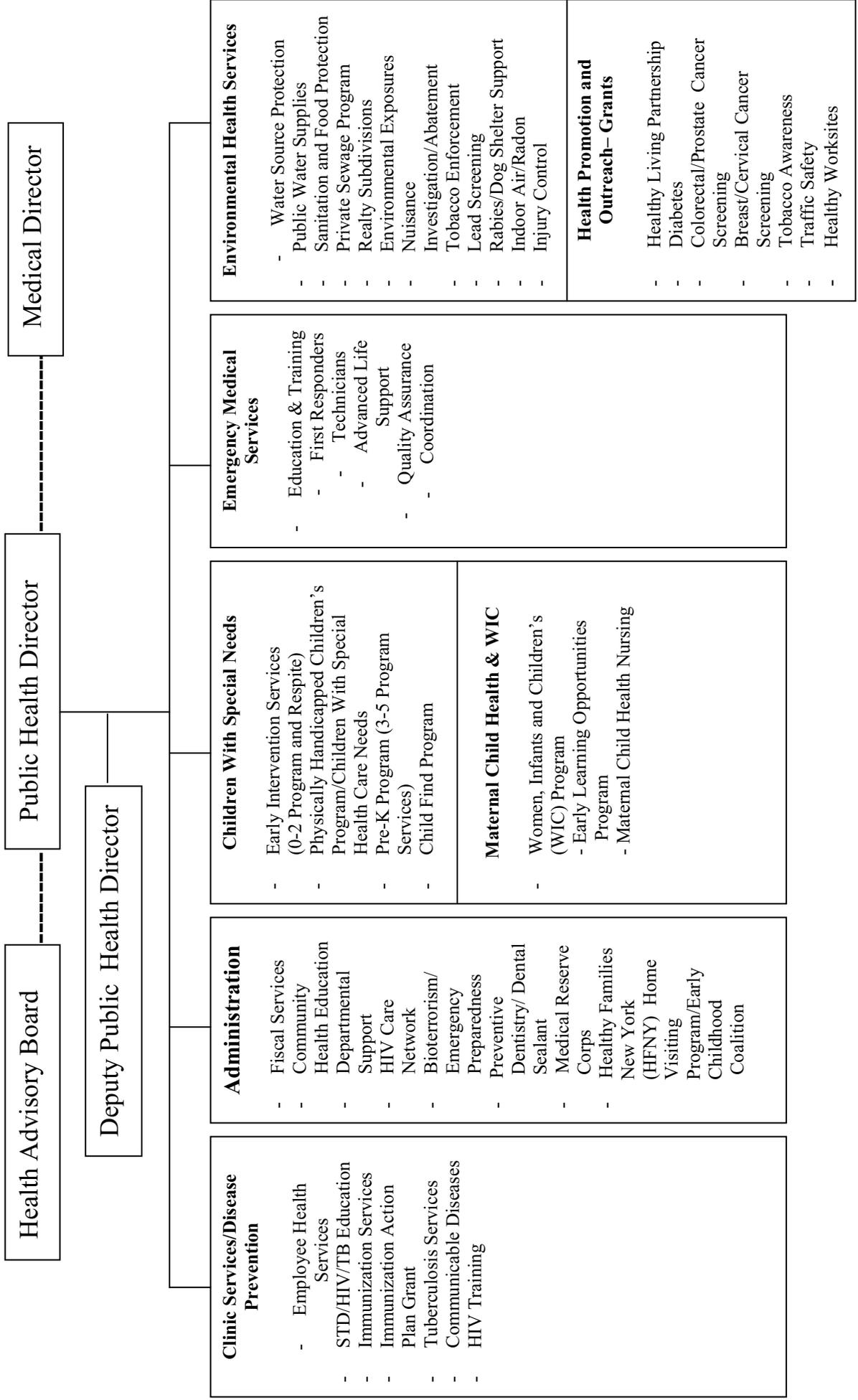
Keith Chadwick, CEO
United Methodist Homes of the Wyoming Conference
6 Oak View Drive
Johnson City, New York 13790

Term Expires 12/31/05

Dr. Marianne Soden Serjanej
2352 Route 26
Endicott, New York 13760

Term Expires 12/31/05

BROOME COUNTY HEALTH DEPARTMENT ORGANIZATIONAL CHART – 2003



MISSION.....

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.

VISION.....

“Leading the community to the promise of a healthy future”

GUIDING PRINCIPLES.....

Our view of effective public health management is centered on the following:

Public health is a collective community concern, therefore:

- **Coordination**, regional collaboration, and communication with county government and other policymakers and stakeholders within the broader community maximizes the ability of the Broome County Health Department to identify and respond to the needs of our residents;
- A **proactive leadership role** by the Broome County Health Department is essential for continuous improvement of health status within the community;
- The needs of the region are best served by a health department that focuses on **population-based services** with attention to all life stages, while recognizing that **individual health care services** must be maintained within the community;
- **Prevention is key** to health and well being through **anticipation of future health trends**.

In addition, public health must be:

- **grounded in epidemiology**, natural sciences, social sciences, and technology;
- **guided by evaluation** and continuous quality improvement; and
- **measured against outcomes** to address community priorities.

The Broome County Health Department contributes to the community expectation of positive health outcomes through **the core functions** of *assessment, policy development, and assurance*. These core functions of public health are the driving force behind essential public health services and activities.

10 Essential Public Health Services

The Broome County Health Department has adopted ten essential public health services that are integral to assuring the health of the community.

1. Monitor Health Status to Identify Community Health Problems
2. Diagnose and Investigate Health Problems and Hazards
3. Inform, Educate, and Empower People
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
7. Link People to Needed Services and Assure the Provision of Health Care When Otherwise Unavailable
8. Assure a Competent Public Health 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



ACCOMPLISHMENTS – 2003

- ◆ Secured \$1,006,600 in grant funding for vital health department services such as STD education services, bioterrorism response planning, Medical Reserve Corps development, chronic disease prevention, dental services for children, and training for local child care professionals.

Dental:

- ◆ In an effort to reduce Medicaid costs for dental care, we improved local access to dental care for the Medicaid population through an innovative dental services grant with the New York State Dental Bureau and Lourdes Hospital that funds a dental clinic to open in 2004.
- ◆ Applied for and obtained federal designation as a Dental Health Professional Shortage Area for low-income populations, which allows Article 28 facilities in Broome County to apply for a National Health Service Corp. dentist.
- ◆ Provided dental screening, education and sealants for over 1,300 Headstart, second, and third grade children in Broome County schools.

Medical Reserve Corps (MRC):

- ◆ Established a Steering Committee, developed a website, brochure, and enrollment process, and recruited 32 medical professional volunteers for disaster response. Activated MRC volunteers in anticipation of Hurricane Isabel.

Public Health Emergency Preparedness and Response:

- ◆ Prepared and submitted a draft Public Health Emergency Operations Plan and Post-Event Smallpox Response annex to the New York State Department of Health. Recruited, vaccinated and trained Public Health Response Teams.

Communicable Disease:

- ◆ The HIV Care Network and Health Department completed a comprehensive 18-month needs assessment of the HIV prevention needs in Broome, Chenango and Tioga Counties.
- ◆ The Broome County Health Department responded to the flu epidemic by re-allocating over 1,500 doses of flu vaccine to local providers to ensure that high-risk populations would be reached first. 4,000 does were provided to high-risk seniors.

- ◆ The communicable disease team expanded epidemiology surveillance to area hospitals and walk-in clinics to strengthen the bioterrorism infrastructure for reporting illness clusters on a 24/7 basis.
- ◆ Through the efforts of the Immunization Action Program and local providers, the Broome County immunization rate for children at age two increased from 71% to 83%.

Maternal Child Health:

- ◆ 4,676 participants were served on the WIC Program in 2003 with an average of 84 participants per clinic day and an average caseload of 4,704.
- ◆ For the first time in three years, the Preschool and Early Intervention Programs was within budget.
- ◆ Through provider performance evaluation and enhanced family training, the Early Intervention Program was able to serve more children at a lower per capita cost.

Environmental Health:

- ◆ Broome County was selected as one of four New York State counties to receive \$350,000 in federal funding to design and implement a chronic disease intervention project, STEPS to a Healthier US.
- ◆ Environmental health staff, in collaboration with ASTDR, NYS Department of Environmental Conservation and NYS Department of Health, participated in planning for the public health response effort and cancer study design surrounding the Endicott spill.
- ◆ Environmental health staff provided an ongoing and dedicated response to Endicott residents regarding potential health impacts and remediation activities.

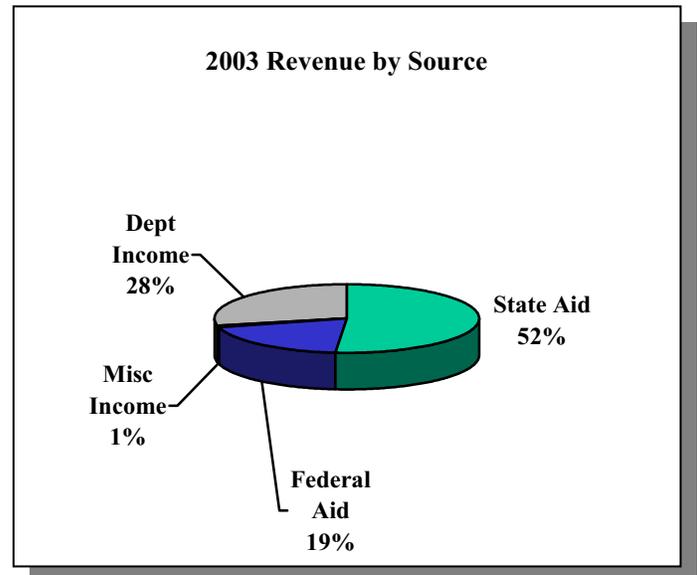
Fiscal:

- ◆ Fiscally managed the health department's budget using grant opportunities to close gaps created by the loss of 10 positions.
- ◆ Managed 31 grants at a cost of \$3,400,000.
- ◆ Four quarterly Article 6 state aid claims were submitted totaling \$1.26 million.

ACCOMPLISHMENTS – 2003

Building Brighter Futures for Broome:

- ◆ The Healthy Families New York PACT Home Visiting Program screened 284 families, completed 78 family assessments, enrolled 134 families for intensive home visiting and conducted 1,447 home visits for child abuse prevention. Broome County performance targets met or exceeded. 50% of enrolled TANF eligible families entered education programs, job training/placement, or obtained employment by target child's first birthday. 100% of families identified at assessment with issues of domestic violence, substance abuse or mental health, received community referrals upon home visiting enrollment.
- ◆ **Early Childhood Coalition (ECC)** earned recognition and accessed grant funding from local, state and federal sources for integrated planning and collaborative efforts to offer universal home visiting, increase professionalism of infant/toddler regulated child care providers, and to develop an exemplary model for a Child Care Health Education Team through partnership with Broome County Health Department, Broome Community College, Family Enrichment Network, Binghamton City School District, and Lourdes PACT Program. For every one dollar of county invested money for coordination efforts, the ECC was able to generate an additional twenty-seven dollars for service delivery.



Grants represent 30% of total revenue but are not shown here separately because they are reflected primarily in state and federal aid amounts.

2003 Revenue By Division (Excluding EMS)

Division	Dept. Income	State Aid	Fed. Aid	Misc. Inc.	Total	% of Total
Administration	225,932	589,520		97,359	912,811	8%
Environmental Health	225,533	235,597		811	461,941	4%
Clinics	610,850	369,727		3	980,580	8%
Maternal Child Health & Development	2,089,315	3,598,740		39,689	5,727,744	50%
Grants	97,838	1,127,952	2,243,547	35	3,469,372	30%
TOTAL	3,249,468	5,921,536	2,243,547	137,897	11,552,448	100%
% of Total	28%	51%	19%	1%		100%

GOALS - 2004

Administration:

- ◆ Develop an intradepartmental health indicator database for use by county departments.
- ◆ Continue to explore grant-funding opportunities to fund critical public health activities.
- ◆ Engage community partners in conducting a comprehensive Community Health Assessment that identifies major health concerns and establishes health priorities for action in Broome County over the next five years.
- ◆ Continue to move forward with strategic planning opportunities to improve public health infrastructure.

Medical Reserve Corps (MRC):

- ◆ Continue developing policies and procedures create an electronic newsletter, provide training for volunteers, and participate in drills. Offer training for physicians in Weapons of Mass Destruction, Bioterrorism, and Hazardous Materials Response. Link the MRC to local hospitals and continue recruitment of volunteers. Research funding opportunities for continuation of the grant beyond 2005.

Public Health Emergency Preparedness and Response:

- ◆ Continue to build public health system capacity to respond to public health emergencies through drills and exercises. Establish a plan to serve as a mobilization site for the Strategic National Stockpile should it be required.

Communicable Disease:

- ◆ Continue activities to increase community awareness of HIV/AIDS and the need for comprehensive health care and support services that meet the needs of the increasing number of individuals living with HIV and AIDS in the region.

Fiscal:

- ◆ Continue to work with Director and Division Heads to explore options for decreasing county support for health department activities.
- ◆ Continue cross training of staff. Reevaluate job duties, reassign tasks, and maximize fiscal support to health department divisions.
- ◆ Continue preparation of Fiscal Procedures Manual.

Building Brighter Futures for Broome:

- ◆ Healthy Families New York PACT Home Visiting Program will increase program enrollment to exceed 105 families, focusing on prenatal families. The program will continue to engage families in successfully reducing parental stress, promoting positive parent-child interaction, screening healthy growth and development, increasing financial self sufficiency, and accessing community resources to overcome family challenges, especially in areas of domestic violence, substance abuse or mental health.
- ◆ Early Childhood Coalition will complete by-laws, expand membership, develop strategic plan, continue public relations and capital campaign fundraising via the Greater Binghamton Coalition for the continuation of community based early childhood initiatives focusing on effective parenting, healthy children and quality child care/early education.
- ◆ Child Care Health Education Team: Continue to evaluate activities in current child care sites and expand services to new child care settings.
- ◆ Early Learning Opportunities: Continue to seek opportunities to integrate home visiting program activities and Child Care Health Education team into early learning initiatives.

Maternal Child Health and Development:

- ◆ Continue to explore ways to maximize other sources of revenue (third party insurance and grant funding) to offset the county operating budget.
- ◆ Conduct ongoing monitoring of Early Intervention Program providers in collaboration with Island Peer Review Organization (IPRO) to assure compliance with state and federal regulations.
- ◆ Explore innovative service delivery systems for the Preschool and Early Intervention Programs that will increase parent participation in these programs.
- ◆ Assure adequate capacity of needed services for infants and children identified as having developmental and/or learning delays and/or being at risk of developmental delays.
- ◆ Begin billing under the Maternal Child Health Licensed Home Care Program.
- ◆ Continue to provide dental screening and education to second and third grade children in Broome County school districts and expand dental sealants to third graders if additional funding becomes available.

GOALS – 2004

Clinics:

- ◆ Educate and vaccinate first responders (law enforcement) against smallpox.
- ◆ Develop a plan to begin a regional adult immunization coalition.
- ◆ Develop an immunization website to enable the community to access educational materials related to childhood and adult immunizations.
- ◆ Expand targeted TB testing and screening to Broome Community College students based on the Binghamton University project.
- ◆ Through grant funding, provide outreach education to increase community awareness of sexually transmitted diseases (STD's) by collaboration among community partners to reduce the spread or severity of STD's, including HIV infection.
- ◆ Implement routine programmatic quality assurance activities and forward recommendations to the Quality Assurance Committee.

Environmental Health:

- ◆ Integrate the Steps to a Healthier US (STEPS) program with the Healthy Living Partnership programs to ensure a comprehensive community wide chronic disease approach.
- ◆ Working with PREVENT (Prevention Reduction Education Vision for Everyone No Tobacco) and other community stakeholders, Health Department staff will continue to focus on community awareness of the effects of environmental tobacco smoke, and on reducing tobacco use by youth and disparate populations.
- ◆ Injuries continue to be a serious public health issue. Our assessment of the causes of injuries in Broome County continues to show traffic crashes as the primary factor. Programs planned for 2004 to address the causes include pedestrian, vehicle, and bicycle safety initiatives.
- ◆ We are working with the New York State Departments of Health and Environmental Conservation to identify additional toxic waste sites that may have impacted the indoor air environment of nearby homes and businesses.

- ◆ Boil water advisories interrupted water services at several water supplies during 2003. Enhanced sampling, required by state and federal regulations, has the potential to identify more problems than before. While our primary goal of no waterborne disease outbreaks was realized, staff will work with local suppliers to ensure that appropriate measures are in place to minimize the need for this public health intervention.
- ◆ As in 2003, Environmental Health Services staff will be challenged to prioritize inspection activities in those program areas representing the greatest risk, such as waterborne diseases, food-borne illness, and other forms of risk to health and safety. All programs are designed to minimize the risk of disease and injury for all residents and visitors of Broome County.

"The major public health problems of our time will not be solved merely by individual actions and health choices, but by individuals coming together to make our society one in which healthy choices are easy, fun, and popular. Communities where policies and environments focus on the latter approach will be healthier and more satisfying places to live, work, and play."

– James S. Marks, MD, MPH, Director, National Center for Chronic Disease Prevention and Health Promotion, U.S. Centers for Disease Control and Prevention

*Summary of Bioterrorism Response and Preparedness Grant Activities
FY 2003 – 2004*

- ❖ Completed Health Department **Health Emergency Operations Plan**
- ❖ Continued daily surveillance and reporting of emergency rooms, large ambulatory walk-in clinics and university campus health services
- ❖ Utilized grant funds to purchase satellite dishes and transponders to enable access to a multitude of distance based training programs
- ❖ Videoconference unit provided through New York State Department of Health direct funds enabled face-to-face communication training without the need to travel
- ❖ Several hundred individuals from health department staff, various law enforcement entities, hospital staff, community medical provider offices, and school nurses were educated as part of the Federal Government's Pre-Event Smallpox Vaccination Program
- ❖ Key staff were trained in the Incident Command Management System
- ❖ Algorithms for Internal Emergency Operations Center activation were developed to respond to biological, chemical or radiological events

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Bioterrorism response and emergency preparedness activities will continue throughout 2004 in order to assure that the health department and its partners are prepared to effectively respond in the event of a disaster.

*Summary of Medical Reserve Corps Demonstration Project Activities
FY 2003-04*

In late 2002, the Broome County Health Department received federal funding from the Department of Health and Human Services for a three-year demonstration project to establish a community-based, citizen volunteer Medical Reserve Corps (MRC). The grant awarded to Broome County was one of 42 in the nation.

In the event of a public health emergency, the Medical Reserve Corps will provide surge capacity for existing emergency services. The MRC will also provide a core group of trained health professionals who can be called upon to support ongoing public health surveillance activities throughout the year when there is a need for additional support. These functions help strengthen critical infrastructure and increase the capacity of our regional public health system to effectively respond to community health concerns as they occur. The following are highlights of accomplishments from 2003.

- ❖ Established a local steering committee
- ❖ Developed a volunteer database, website, brochure and enrollment form
- ❖ Recruited 32 volunteers
- ❖ Developed policies and procedures
- ❖ Identified training needs, secured training resources, and held two orientation meetings for volunteers
- ❖ Collaborated with local citizen corps to coordinate outreach and recruitment
- ❖ Activated MRC volunteers in anticipation of Hurricane Isabel, which served as a drill for members



Building Brighter Futures For Broome (BBFFB) early childhood initiatives are supported by the efforts of the Broome County Early Childhood Coalition (ECC). The mission is to support the education of families and caregivers as primary caretakers and first teachers of young children; the provision of appropriate prenatal and early childhood health care; and the accessibility of high quality early childhood education. The vision is that all children will enter school ready to learn more and maximize their learning potential. Every child deserves to be raised in environments at home, in child care and in a community that are safe, healthy, nurturing, and stimulating. The three focus areas center on effective parenting, healthy children, and quality child care/early education. BBFFB program collaborators include Broome County Health Department, Broome Community College, Family Enrichment Network, Binghamton City School District and Lourdes Hospital PACT Programs. ECC membership also includes stakeholders from Broome County Government, Broome Tioga BOCES, Broome County United Way, Greater Binghamton Coalition, United Health Services, Mothers and Babies Perinatal Network, Cornell Cooperative Extension, and the community. BBFFB partners received a federal Early Learning

Opportunities grant and Decker Foundation monies. During 2003, the Chief School Officers Education Committee began a capital campaign targeting local business support. For every county dollar invested in this initiative, ECC has been able to raise 27 dollars to match it. The New York State Office of Children and Family Services funds Building Brighter Futures for Broome PACT Home Visiting as one of 28 Healthy Families NY (HFNY) sites. This intensive yet voluntary home visiting program is a primary prevention strategy for reducing child abuse and neglect, strengthening positive parent child interaction and promoting healthy child growth and development. Locally, it is collaboration between the Health Department (lead agency) and Lourdes Youth Services (subcontractor for home visiting). TANF (Temporary Assistance to Needy Families) eligible Broome County parents were offered the program with a capacity for 105 families. The major focus was on engaging families prior to their baby's birth with the choice of remaining in the program until their child enters kindergarten. In 2003, 284 families were screened, 130 referred for assessment, 78 assessed, and 72 assigned a home visitor. Enrollment included 68 new families, 65 continued service from previous year, and 1,415 home visits were completed with 99 families for a total of 1,657 hours.

HFNY first-year statewide evaluation as reported by SUNY Albany Center for Human Services Research demonstrated that the programs helped families develop healthier parenting attitudes, experience better birth outcomes, and reduce levels of alcohol, tobacco and drug use. These short-term effects are expected to produce long-term impacts on children's emotional, social, physical, and cognitive development.

Steps to a Healthier US

The United States Department of Health and Human Services Secretary, Tommy G. Thompson, announced a \$1,805,459 grant to New York State to implement community-based initiatives to promote better health and prevent disease in four counties. Broome County is one of the four counties to receive this five-year cooperative agreement award. The award amount for Broome County is \$350,000. **The project is entitled “Steps to a Healthier US” and is one of 12 nationally receiving a total of \$13.7 million to reduce the burden of diabetes, obesity and asthma by addressing three related risk factors: physical inactivity, poor nutrition and tobacco use.**

This announcement builds on Presidents Bush’s *Healthier US goal* of focusing on four core areas for improved health and wellness: physical activity, preventative screenings, balanced nutrition and healthy choices to help Americans live longer, healthier lives.

In Broome County, chronic disease rates, as well as the economic burden of chronic disease, continue to rise sharply. The mortality rate of diabetes is 30/100,000 persons, almost double that of the New York State rate. Over \$11,000,000 was spent in Medicaid dollars for diabetes last year. The asthma hospitalization rate of children 0-18 is 31% in Broome -- the National Healthy People 2010 Goal is at 17%.

Possible reasons for these high rates are reported by the National Behavior Risk Factor Surveillance Survey: only 17% of Broome County residents report engaging in physical activity, only 30% report eating the recommended five servings of fruits and vegetables per day, 17.7% of Broome County residents are considered to be obese and 20% smoke.

The exciting and intervention-based initiatives that are being enhanced and expanded with this funding are existing community and school based programs that already focus on these chronic

disease areas and have the ability to further control and prevent the prevalence of chronic disease in Broome County.

Partners in the Steps to a Healthier US Initiative include: United Way of Broome County, United Health Services and Lourdes Hospitals, Broome County Council of Churches, American Heart Association, American Lung Association, American Diabetes Association, Broome County Office for Aging, Broome County Parks and Recreation, Broome County Department of Public Transportation, Broome County Executive Office, Broome County Youth Bureau, American Cancer Society, Cornell Cooperative Extension, Broome-Tioga BOCES, Chenango Valley, Chenango Forks, Johnson City, Union Endicott, Vestal, Maine Endwell, Windsor, Whitney Point, and Binghamton School Districts, Broome Community College and Binghamton University, Excellus Bluecross Blueshield, Aging Futures Project, Rural Health Network of South Central NY, Broome County YMCA, Broome County Medical Society and Binghamton Metropolitan Transportation Study.

“Asthma, Diabetes, and Obesity were chosen for intervention not only because of their debilitating effects and rapidly increasing prevalence, but because of their responsiveness to prevention measures.”

Source: US Department of Health & Human Services



Highlighted Programs – 2003

Southern Tier Regional STD Outreach and Prevention Initiative

The Southern Tier Regional STD Outreach and Prevention initiative is a 14-month project funded by the Bureau of STD Control, NYS Department of Health. The project will provide essential funding to support outreach, education and capacity-building activities targeted to a variety of professionals in various health and human service settings throughout Broome, Chenango, Cortland, Tioga, and Tompkins Counties of the Southern Tier of New York State.

Through this project, health professionals and policymakers will be provided with in-service education, didactic sessions and statistical data to increase awareness of the incidence and prevalence of STD's in their region and recognize the importance of STD prevention as a means to HIV prevention. Professionals to be served include school health educators, nurses and administrators throughout the Broome-Tioga BOCES region, health educators and professional staff in local county health departments and community-based health and human service organizations, jail administrators and medical staff in Broome and Tioga Counties. Peer educators from the Southern Tier AIDS Program will be taught to incorporate STD prevention education messages into their existing HIV prevention sessions with inmates throughout the eight-county region they serve. A second component includes a series of radio based and cable television public service announcements (PSAs) to reach adolescents and young adults in the five-county region.

In addition, we will offer group focused interventions that will include piloting several school districts and offering a time-limited, focused curriculum to high school age students on STD prevention and education. Our public health nurse and nurse practitioner have previous experience with STD education in school settings and have been well received by two area schools in the past, which will be expanded with this funding.

The conceptual model behind the proposed interventions includes a combination of community-focused interventions, individual and group focused interventions, policy-focused interventions, and health communication interventions.



Community Free Clinic for Uninsured Adults

The Community Free Clinic operates independently at the site of the Broome County Health Department, which donates space and facilities for the clinic. Originally called the Retired Physicians Free Clinic, the name was changed to the Community Free Clinic to reflect the gratifying community support for this project. The new name also recognizes the growing number of non-retired physicians and the many health care professionals other than physicians who volunteer.

There are more than 42 million people in this country without medical insurance, and the numbers are growing. Over 25,000 uninsured individuals reside in Broome County alone. Unable to pay a doctor, many ignore health problems until desperation forces them to the emergency room. The concept of a free clinic originated in 1996 with a group of retired physicians, many of whom are faculty of the Clinical Campus, a branch of the College of Medicine of the SUNY Upstate Medical University. They approached the school to sponsor their project and subsequently organized as one of its standing committees. The project has been a combined community effort from inception and was recognized for its community partnership with receipt of the 1998 New York State Department of Health's Recognition Award.

A profile of the uninsured using the services of the Community Free Clinic has emerged. The average age is 37.7, and most reside within a 40-mile radius of Binghamton. Many are employed by service industries and temporary agencies, social service and voluntary agencies. An exceptionally high percentage has an annual income under \$15,000. Patients found eligible for Medicaid or some type of insurance are referred to other primary care sources for ongoing care.

Since the uninsured often neglect health problems for lack of money to pay a doctor, a noticeable number present at the clinic with significant pathology. There are many weeks when there is at least one patient on the verge of a true emergency. This can range from impending diabetic coma to malignant hypertension. The intervention of the clinic in emergent situations is lifesaving to this subset of the population.

Another group at major risk because of neglected medical problems is patients who cannot afford medications. Not being able to afford medications for a time-limited illness is stressful enough, but for patients who require continuous therapy or maintenance drugs for serious conditions, the lack of resources for medication can be disastrous. Providing uninsured patients with medications is a major objective of this project.

The Community Free Clinic opened in January 1997 and operates two nights a week, Monday and Thursday. There is a 24-hour, 7-day a week answering service and physician staff on call to handle patients who phone with urgencies or diagnostic and lab results that require immediate attention. Although volunteers continue to staff the clinic, a small paid core staff has been added. These include a part-time medical director, a part-time medical records administrator, and a part-time pharmacist.

Support for this project remains strong. Several foundations, community organizations, and churches have donated money to assist with the purchase of small equipment, supplies, and medications. Many individuals have donated money, shares of stock, examining room furniture, and equipment. However, a significant source of

grant funding will be ending in 2004, and alternative sources of funding will be needed to keep the clinic going.

A medical education component has been added to the clinic. Residents from the UHS Internal Medicine Residency Program are now assigned to the Community Free Clinic for the ambulatory patient care experience required during residency training. Consequently, there are several Internal Medicine residents available to see patients on both Monday and Thursday nights. Faculty members supervise these residents. Binghamton University Decker School of Nursing and Broome Community College nursing students are frequently at the clinic and are supervised by a nurse preceptor. The Community Free Clinic Advisory Board, which is reflective of community leadership, continues to assist with organizational and community relations, fundraising, and advice on community needs. More information can be obtained by calling (607) 772-3519.

DIVISIONS & PROGRAMS

BROOME COUNTY HEALTH DEPARTMENT

Broome County Health Department Telephone Directory

Administration	778-2802
Community Health Information	778-3944
Clinic Services	778-2839
HIV Counseling and Testing Services	
HIV/STD/TB Outreach and Education Program	
Preventive Health Clinic Services	
Sexually Transmitted Disease Clinic	
Employee Health Services	
Communicable Disease Control	778-2804
HIV/AIDS Training Program	778-2855
HIV Care Network (Binghamton/Tri County)	778-3066
Immunization Action Program	778-2870
Tuberculosis Control Program	778-2888
Environmental Health Services	778-2887
Emergency Response	
Food Service	
Indoor Air Quality	
Lead Poisoning Prevention	
Mobile Home Parks	
Public Water Supply	
Rabies Control	
Subdivisions	
Swimming Pools and Beaches	
Temporary Residences and Children's Camps	
Tobacco Use Reduction	
Toxic/Solid Waste Dumpsites	
Wastewater Treatment	
Water Supplies	
West Nile Virus Awareness	
Southern Tier Healthy Living Partnership	1-877-276-1019 Toll Free
Cancer Screening & Education Services	
Diabetes Project	778-2884
PREVENT Coalition (tobacco)	778-3068
STEPS to a Healthier US	778-3929
Traffic Safety/Injury Control Program	778-2807
Maternal Child Health and Development Division	778-2851
Child Find	
Children With Special Health Care Needs/ Physically Handicapped Children's Program	
Early Intervention Program (0-2)	
Education to Handicapped Children's Program/ Committee on Preschool Education	
Maternal Child Health Nursing	
Building Brighter Futures for Broome	1-800-901-2180
Early Childhood Coalition	778-6557
Early Learning Opportunities	778-2886
Healthy Families New York	778-6557
School and Community Oral Health Program	778-2812
WIC (Women, Infants and Children's) Program	778-2881

The 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 the most important factors in the development of disease. A number of programs 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 are 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.

Division of Maternal Child Health and Development

The mission of Maternal Child Health Programs is to promote through identification, assessment, education, and service provision, the growth and development of children with special needs and their families, and to improve the health of women, infants, and children through health education and counseling and the early identification of existing and potential health problems.

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.

Maternal and Child Health Nursing

Public health nurses from the Health Department visit high-risk expectant parents, new parents and their children at home to discuss concerns and ask questions about health care, child care, child growth and development, community resources available for new parents and more. The nurses provide health education, assess health conditions and make referrals for needed services. Nurses also visit parents who have just lost a child to help them through their grief. A nutritionist is available to discuss the nutritional needs of families.

Child Find

This is a statewide program that ensures that a child (birth to three years of age) who may be at risk for delays will get the help needed to enhance his or her early growth and development. The goal of Child Find is to improve the identification, location, referral to care and follow-up of infants and toddlers at risk of developmental delay and disability. It helps ensure that eligible children under age three are engaged in primary health care, receive developmental surveillance and screening through their primary health care provider, and are appropriately referred to early intervention services.

Children with Special Health Care Needs/Physically Handicapped Children's Program (PHCP)

The purpose of these programs is to ensure access to quality health care for chronically ill and disabled children. Children under 21 years of age who reside in Broome County and whose families meet financial qualifications are eligible. Families are referred to community or state agencies to help them in accessing insurance and/or services for their children with special needs, as well as assisting parents with payments for the medical care of their children.

School and Community Oral Health Program

This grant program through the New York State Department of Health provides for a variety of prevention-oriented oral health services which include: oral health education, screenings, and dental sealants to second grade students in the highest priority school districts; coordination of the New York State Self-Applied Fluoride Rinse and Tablet Programs for non-fluoridated school districts; screenings and oral health education for families with young children through community-based outreach efforts and train-the-trainer programs.

Early Intervention Program (EIP) (birth – 2 years)

The Early Intervention Program is a state and federally mandated program which focuses on early identification and follow-up of children, ages birth through two, with developmental delays (cognitive, physical, communication, social/emotional or adaptive). The EIP provides detailed evaluations for the family. The service coordinator works with the family to identify concerns and priorities for the child, as well as strengths and resources to enhance the child's development. The service coordinator refers the child for needed services based upon an Individualized Family Services Plan developed for the child in collaboration with the family. The Early Intervention Program is designed to ensure a central role for the family in the process of improving both the developmental and educational growth of their child.

Education to Handicapped Children's Program (EHCP)

Committee on Preschool Special Education (CPSE) (ages 3-5 years)

This is a federal and state mandated program for children, ages three through five, with suspected or confirmed delays, which 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 will determine placement opportunities and services to benefit the child and family.

WIC (Women, Infants, and Children) Program

The Broome County Health Department has a strong commitment to the women, infants and children of Broome County who need nutrition education and referral to other health care and community services. This program provides nutrition assessments, nutrition education and counseling, as well as referrals and vouchers for healthy foods to pregnant, breastfeeding and postpartum women, infants, and children up to age five. Families must have specific financial and nutritional needs to be eligible. WIC Clinic sites are located throughout Broome County.

Building Brighter Futures for Broome

Building Brighter Futures for Broome focuses on three aspects of early childhood services: healthy children, effective parenting, and quality child care. For every one dollar spent on early childhood services seven dollars are saved in later costs to society (foster care, welfare, criminal justice, special education). Three initiatives of Building Brighter Futures for Broome are the **Early Childhood Coalition**, **Healthy Families New York**, and **Early Learning Opportunities**. Each is described below.

The Early Childhood Coalition (ECC) is a public-private partnership formed in 2000 by County Executive Jeffrey Kraham. Membership includes county government (Health Department, Department of Social Services, Youth Bureau), United Health Services, Lourdes Hospital, Broome-Tioga BOCES, Binghamton City School District, Mothers and Babies Perinatal Network, Broome Community College, United Way, Family Enrichment Network, Time Warner Cable, and Regional Development Partnership for Greater Binghamton. ECC goals are to increase public awareness and access program funding for effective parenting, healthy children and quality child care and early education.

Healthy Families New York (HFNY) is a partnership between Broome County Health Department, Lourdes PACT, and Binghamton City School District PACT, which supports intensive home visiting programs in Broome County. This program has the capacity to serve 105 families from the prenatal period through kindergarten entrance. The program is one of 28 sites in New York State funded through the Office of Children and Family Services. HFNY goals are to systematically assess for families' strengths and challenges, and refer as needed; to enhance family functioning by building trusting relationships, teaching solution-seeking skills, and improving the family's support system; to promote positive parent-child interaction; and to promote healthy childhood growth and development.

Early Learning Opportunities (ELO) is a federally funded 17 month program that partners the Broome County Health Department with the Broome Community College Center for Infant/Toddler Caregiver Professional Development, Lourdes Youth Services and Binghamton City School District PACT programs. This program offers enhanced health and safety activities as well as developmental information and resources to toddler-aged day care participants and their caregivers. ELO goals are to enhance literacy rich environments in the homes of infants and toddlers and at 38 child care settings, increase professional development of infant/toddler caregivers, and offer wraparound services of parent education, home visiting, child care health and safety training and consultation.

Division of Environmental Health Services

The programs offered by the Environmental Health Services Division strive to preserve and protect the health of Broome County residents and to prevent illness and deaths caused by environmental factors. The 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.

- Inspect, survey and monitor various public water supplies
- Provide technical assistance to water supply operators
- Assist town and village governments in implementing groundwater protection ordinances
- Investigate and report on dumpsites
- Review and monitor hazardous waste site investigations and clean-up
- Inspect and exercise surveillance and enforcement over the 730 food service facilities in Broome County
- Inspect and issue annual operating permits for hotels/motels, travel trailer campgrounds, mobile home parks, and children's camps
- Inspect and survey all public swimming pools and beaches in Broome County
- Control rabies
- Raise community awareness about tobacco use issues
- Respond to chemical emergencies which may produce environmental hazards
- Raise community awareness of West Nile Virus control measures

Mobile Home Parks: Inspect and issue annual operating permits for mobile home parks as required by Part 17 of the NYS Sanitary Code.

Rabies Control: Investigate reports of animal bites, ship suspected rabid animals to state laboratory, and coordinate follow-up to determine that a health hazard is not present.

Swimming Pools and Beaches: Inspect and survey all public swimming pools and bathing beaches in Broome County. Make recommendations on existing facilities when required in accordance with the provisions of Part 6 of the NYS Sanitary Code.

Temporary Residences and Children's Camps: Inspect and issue annual operating permits for hotels/motels, travel trailer campgrounds and children's camps. This includes reviewing and approving plans for construction, alteration and/or modification of proposed or existing buildings in order to ensure compliance with the NYS Sanitary Code and fire safety aspects of the NYS Uniform Fire Prevention and Building Code.

Indoor Air Quality: Investigate complaints and reports of impacted indoor air quality. Provide recommendations concerning corrective action and suggest laboratories for required analysis or collect necessary samples. Recent air quality problems have involved formaldehyde, asbestos, chlordane, and radon.

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.

Wastewater Treatment: Review, design, inspect, and provide approval of all disposal systems for new construction or modifications/corrections to existing systems. Permits and approvals are provided in accordance with both New York State and Broome County Sanitary Codes. 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 Permits and Standards for Waste Treatment Works.

Water Supplies: Inspect, survey, 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 ensure compliance with state and federal regulations. Direct and provide technical assistance to water supply operators regarding recommendations for compliance to NYS Sanitary Code.

Toxic/Solid Waste Dumpsites: Investigate and report on those dumpsites in Broome County that may present a potential public health problem. Collect samples at water supplies to determine if there are any impacts regarding drinking water quality. Review and comment on any reports prepared, to evaluate geological and hydrological data and proposed alternative actions for remediation at the site. Review and assess all other possible exposure pathways including ambient and indoor air quality, and toxic chemical exposures.

Food Service: Inspect and exercise surveillance over the 730 food service facilities in Broome County. This includes requiring correction of any violations of Part 14 of the NYS Sanitary Code and the enforcement of state and local provisions of the law.

Tobacco Use Reduction: Staff provides guidance on the Public Health Law requirements, community awareness on tobacco issues, and monitor compliance with New York State laws regarding the prohibition on the sale of tobacco to youth.

Emergency Response: Respond to calls or reports relating to spills, pipe ruptures, or accidents resulting in the discharge of liquid, gaseous or solid materials that may produce an environmental hazard. Coordinate any follow-up action to eliminate problems and determine that all public hazards are eliminated.

Lead Poisoning Prevention: Lead poisoning is caused by eating, drinking or breathing anything that contains lead. It can slow a child's normal growth and development and can cause mental retardation, kidney disease, liver damage, blindness or death. Regular testing can be done to find the problem early. The Lead Poisoning Prevention Program is managed by the Environmental Health Division, with the testing being done by private physicians, medical clinics, and immunization clinic personnel. Testing is done on children up to six years of age. Advice on cleaning the child's environment, working with landlords and physicians and retesting are part of the follow-up when an abnormal lead level is found.

West Nile Virus Awareness: Information on home habitat reduction is provided to residents via the media and at health fairs and other community-based opportunities. Binghamton University Biology Department conducts mosquito and larva surveillance under contract with Broome County Health Department.

The Southern Tier Healthy Living Partnership Program

The Southern Tier Healthy Living Partnership is a unique collaboration of government, community based organizations and health care partners that promote healthy living through outreach, education, and access to services for the purpose of reducing the risk of chronic disease. The New York State Department of Health and Centers for Disease Control and Prevention (CDC) provide funding for local community health care practitioners to offer clinical breast exams, mammograms, Pap tests, colorectal screenings, and limited follow-up. These screening procedures are for income eligible women and men over 50 who are uninsured or underinsured. The Southern Tier Healthy Living Partnership also provides information on tobacco-free living, diabetes, healthy heart, and prostate cancer. The Healthy Living Partnership is comprised of more than 100 providers in the counties of Broome, Tioga, Delaware, Chenango and Otsego. Increasing access to health care providers is an essential component in the success of the partnership. This program is an early detection and education program and, as such, does not enroll symptomatic patients or reimburse for any treatment services provided. The following programs are available at no cost through the Southern Tier Healthy Living Partnership.

- Breast and Cervical Cancer Screening Program
- Colorectal Cancer Screening and Prostate Cancer Education Program
- Diabetes Prevention and Control
- PREVENT (A program focused on educating the community about the risks of tobacco use and the available opportunities for quitting)
- Healthy Worksites

Traffic Safety/Injury Control: This program heightens public awareness through education and support focused on issues related to traffic safety and injury prevention.

Division of Clinic Services

Preventive Health Clinic Services

These programs are designed to assure the provision of personal health care when it is otherwise unavailable. The following services are provided in a convenient and confidential setting.

- Communicable Disease Control
- Flu/Pneumonia Immunization Program
- Tuberculosis Control Clinic
- Immunization Clinic
- Sexually Transmitted Disease (STD) Clinic
- Confidential HIV Counseling and Testing Services
- NYS DOH Anonymous HIV Counseling & Testing Services
- Employee Health Services

Descriptions of most of the services listed above are described in the following section to provide an understanding of the array of programs offered to the public.

Communicable Disease Control

One of the important roles of any health department is to investigate diseases that the New York State Department of Health designates as reportable. When an individual contracts a disease like measles, hepatitis, or meningitis, physicians, hospitals, and laboratories are required to report the disease to the health department. The nurses who work in disease control speak with the person or parent (if it is a child) to determine the source, identify others at risk, and to recommend needed treatment. All information is protected and treated confidentially. Fact sheets and printed materials are also available to the public by request.

Tuberculosis Control Clinic

The Tuberculosis Control Clinic provides for the testing, diagnosis, treatment, prevention, and control of tuberculosis in Broome County. This program receives grant funding to identify individuals in targeted populations at high risk for exposure to tuberculosis who have been infected but are not yet contagious. Staff conduct outreach to find individuals and provide treatment before they become ill and contagious to others. The clinic serves as a resource for other health professionals, residential care facilities, and congregate living establishments in the community. Referrals from these sources are welcome. The clinic nurse is available to answer questions and provide educational materials.

Immunization Action Program

The objective of this program is to increase immunization levels of children in Broome County. Past efforts have involved removing barriers to immunizations as well as locating and vaccinating children at high risk of preventable diseases. Currently, the Broome County Health Department is using computer software to review community immunization levels and assist providers in developing strategies to track and recall children in a timely manner.

Sexually Transmitted Disease (STD) Clinic

The STD Clinic is available to people who are at risk or may have come in contact with one or more sexually transmitted diseases. A confidential interview by a professional staff member includes asking about the client's symptoms, their sexual activities and other information important to the diagnosis of their problem. An examination and appropriate laboratory testing is conducted at the time of the visit, often with immediate results available. Other tests are done at a hospital or NYS Department of Health laboratory. After diagnosis, medicine is prescribed or given at the time of the visit. HIV testing can be conducted at the STD clinic as well. Both confidential and anonymous testing is offered. All services are confidential and cannot be discussed with someone other than the patient without written consent.

HIV/STD/TB Outreach and Education Program

This grant-funded program provides free confidential testing and education about HIV, Syphilis, and Tuberculosis infection, all diseases that can be inter-related. This is a targeted outreach program in locations where the client need is greatest for education, testing, counseling and referral. This grant also provides for testing services at the Broome County Health Department and general community-wide education regarding the AIDS epidemic and the prevention of HIV infections. Funding for this grant is from the New York State Department of Health and Health Research, Inc.

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 HIV testing is available through the STD Clinic. There are times set aside specifically for HIV testing with trained HIV test counselors. Appointments for anonymous testing can be made by calling 1-800-562-9423, and is offered at various locations throughout the region.

HIV/AIDS Training Program

The Broome County Health Department provides HIV/AIDS related training to health and human-service providers and the public in a seven county region. These trainings are targeted to providers who need basic information about HIV/AIDS, who deliver HIV testing services in a variety of clinical settings, or who work with people with HIV/AIDS. We are able to offer these free training programs through a grant from the New York State Department of Health AIDS Institute.

Binghamton Tri-County HIV Care Network

The HIV Care Network is a planning coalition for services offered in the community to individuals and families impacted by HIV/AIDS in the Broome, Chenango and Tioga County region. Goals and activities of the Network include defining the local HIV/AIDS epidemic, the identification of service needs, resources and gaps, increasing community awareness of HIV/AIDS-related issues and legislation, and enhancing the coordination of health and social support services for persons living with HIV/AIDS. The Network is funded by a federal Ryan White Title II grant, administered through the NYS Department of Health AIDS Institute, Bureau of Community Support Services.

Preventive Health Clinic Services

Communicable Disease Investigations	146
Number of known deaths from communicable disease infection	5
Number of chronic Hepatitis B infections investigated	39
Number of chronic Hepatitis C infections investigated	244
Flu/Pneumonia Program	
Number of clinics at community sites	25
Flu vaccinations	4,239
Pneumococcal vaccinations	152
Immunizations	
Number of patients receiving immunizations	754
Doses administered	1,499
Immunization Initiative – physician’s office chart review sites	2
Tuberculosis (TB)	
Number of patients screened	2,431
Total visits	2,780
Number on preventive therapy	412
Active TB cases	6
Sexually Transmitted Diseases	
STD Clinic visits	2,115
Broome County Jail clinic visits	592
Most frequent diagnosis	
Nongonococcal Urethritis	545
Nongonococcal Cervicitis	367
Gonorrhea	174
Chlamydia	470
Syphilis	18
HIV Counseling & Testing Services	
Participants receiving HIV tests	1,600
Anonymous HIV Counseling & Testing (NYSDOH)	
Number of anonymous HIV tests	477
Number of positive tests	4
Number of anonymous community testing sites	15
Individuals provided HIV education in clinic and outreach programs	3,500
Employee Health Services	
Number of new patients	238
Number of brief visits	481
Regional HIV/AIDS Training Services Grant	
Training sessions offered	40
Total participants receiving training	608
Binghamton Tri-County HIV Care Network Grant	
Community awareness events	3
Educational and health related forums	5
Community planning meetings held	61

Environmental Health Services

Water Supply Systems Inspected

Community (82 active facilities)	57
Non Community (109 active facilities)	50

Wastewater Treatment and Disposal Program

Individual homeowner system site inspection and plan reviews	585
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Community Sanitation Programs *			
Food Service	Active Facilities	Field Inspections	Critical Violations Identified **
High Risk	123	341	90
Medium Risk	970	938	133
Low Risk	174	141	8

*Facilities are categorized by high, medium and low risk. Active facilities require permits. Risk is determined by the amount of potentially hazardous food items and amount of extensive preparation and handling needed.

** Any violation left uncorrected is likely to cause disease or injury.

	Active Facilities	Field Inspections	Critical Violations Identified **
Campground Program	18	20	6
Mobile Home Parks	63	42	0
Children's Camps	16	40	1
Pools & Beaches	84	168	16
Temporary Residences	44	113	0

** Any violation left uncorrected is likely to cause disease or injury.

Childhood Lead Poisoning Prevention

Case investigations (blood level>20)	6
Screenings 15-19 blood lead	17

West Nile Virus Program

Adult mosquito trap nights	429
Mosquito larvae samples	100
Dead bird investigations	138
Dead birds submitted for testing	37
Birds tested positive	13

Rabies Prevention Program

Exposure investigations	603
Humans receiving post exposure treatment	50
Animal vaccinations	2,983
Animal specimens tested	132
Positive specimens	6

Youth Tobacco Sales Reduction Program

Active facilities	216
Completed compliance checks	194
Compliance rate (# no sales / # facilities)	95%

Nuisance Complaints Investigated 791

Freedom of Information Requests 45

Hazardous Waste Site Reviews 45

Maternal Child Health & Development

Child Find	726
Early Intervention Program (0-2 yrs.) children enrolled	729
Preschool Program (3-5 yrs.) children enrolled	779
Physically Handicapped Children's Program participants	51

Maternal Child Health (MCH) Nursing	
Home visits - skilled nursing	2,145
Home visits - lactation nutrition	120
Total home visits	2,265

Building Brighter Futures for Broome	<u>% achieved</u>
<i>2003 Healthy Families New York Performance Targets</i>	
Health & Development Targets:	
Percent of enrolled children up to date on immunizations at first birthday, having a medical provider, and demonstrating age appropriate developmental milestones	100%
Parent/Child Interaction Targets:	
Parent Stress Index assessments completed as a baseline at birth of baby, in highly stressed families the primary caretaker reduced both Parental Stress and Parental-Child Dysfunctional Interaction Stress by child's first birthday.	100%
Maternal Life Course Targets:	
50% of enrolled families will participate in education, job training, or job placement program, or be employed by child's first birthday.	100%
At least 75% of primary caretakers identified at Family Kempe Assessment with current issues of domestic violence, substance abuse or mental health, will receive referrals from home visitors for needed community services within 6 months of HFNY enrollment	100%

Women, Infants and Children Program (WIC)

Participants served (# visits)	19,891
Active caseload:	4,704
Women	1,200
Infants	1,100
Children	2,404
Percent exclusively or partially breastfeeding at hospital discharge	58%
WIC Clinic Sites	7
Total Clinic Days	230
Individual Certification, Prenatal and High Risk Counseling Sessions	10,500
Individual Education Sessions	9,000
Food Dollars Expended (estimate)	\$2,250,000
Farmer's Market	
Coupon Booklets Distributed	2,700
Dollars Expended	\$37,315
Participating WIC Vendors	23

WIC Community Outreach Programs

Health Fairs, In-service Contacts and Presentations	20
Organizations Contacted	200
Media –Notification of Schedule	24
WIC Literature Distributed	20,000 pieces

Women Counseled (WIC)

Alcohol and Drug Use Screening of Prenatal Clients	1,200
Women Counseled Concerning Smoking Cessation	1,500
Women Counseled Concerning Breastfeeding	1,500

Dental Sealant /Preventive Dentistry Program

Children Screened		1,002
Second graders	(2 nd Grade Sealant Program)	772
Third graders	("I Love NY Smiles Program")	22
Headstart children	(Headstart Screening)	208
Number of second grade children receiving sealants		332
Percent of second grade children screened with untreated dental decay		56%
Number of teeth sealed		941
Children educated on dental hygiene		1,243
Adults educated		117

Southern Tier Healthy Living Partnership

Breast & Cervical Grants - Total Women Screened	1,427
PAP tests (88% of Women Screened)	1,256
Screening Mammograms Provided	806
Breast Cancer Cases Identified	19
Cervical Cancer Cases Identified	34
Colorectal Cancer Grant - Total Screened	314
Colorectal Cancer Cases Identified	7

Diabetes Project

Individuals receiving diabetes awareness education	2,157
Diabetes related educational programs provided	194

Healthy Worksites

1,100 people served, 22 new services provided for healthy heart checks	
Community Changes (implementation of policies or programs reflecting environmental change, physically or nutritionally)	48
Community actions to improve cardiovascular health in worksites	85

Broome/Tioga PREVENT Coalition

(Comprehensive Community Tobacco Prevention & Control Program)

Community Changes (implemented policies or programs)	8
Community Action (activities to improve cardiovascular health)	31
Children educated about tobacco use:	
Camp TobaccNo	600
Quit and Win Contest	400
# that Remained Smoke-Free	125

Injury Control

Community Outreach Programs	50
Child Safety Seat Fittings	144
Child Safety Seat Distributions	341

Community Health Promotion

Press Releases	67
Media Interviews	162
Educational Satellite Broadcasts	89
Presentations/Inservices	97
Health Promotion Events	65
News Articles on Health Issues	
Flu	11
Communicable Disease.....	14
Bioterrorism.....	3
Water Advisories/Notices.....	19
Rabies	8
Tobacco.....	7
Endicott Spill	8
West Nile Virus.....	5
HIV/AIDS.....	9
Safety	6
Miscellaneous	19
TOTAL	109

Selected
Community Health Status Indicators

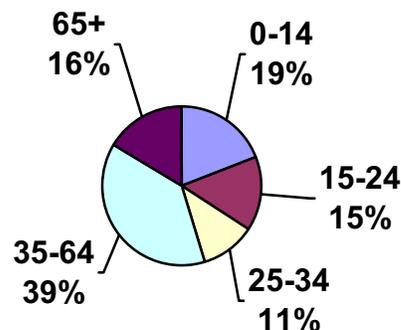
<i>Broome County Racial Composition</i>			
	1990*	2000*	Percent of Total
White	203,387	183,153	91.3%
Black or African American	3,999	6,575	3.3%
Asian/Pacific Islander	3,661	5,638	2.6%
American Indian, Alaskan Native & Other	1,113	1,977	1.0%
Hispanic Origin of any race	2,327	3,986	2.0%
Total Population	212,160	200,536	

Source: US Census, 1990 & 2000 * The numbers may add to more than the total population and the percentages may add to more than 100% because individuals may report more than one race.

Age Distribution of Broome County Residents				
Age Cohort	2000 Census	Percent of Total 2000 Population	Number Change from 1990	Percent Change from 1990
0-5 years	11,271	5.6	-3,245	-22%
6-9 years	12,961	6.5	-986	-7%
10-14 years	13,996	7.0	+1,350	+11%
15-24 years	30,022	14.9	-2,696	-8%
25-34 years	22,740	11.3	-12,775	-36%
35-44 years	31,049	15.5	-1,392	-5%
45-54 years	26,922	13.4	+5,476	+26%
55-64 years	18,744	9.3	-1,126	-6%
65-74 years	16,073	8.0	-1,951	-11%
75-84 years	12,182	6.1	+1,826	+18%
85+ years	4,576	2.3	+1,131	+33%
Total Population	200,536	100%	-11,624	-5%

Source: US Census Bureau 2000

Distribution of Population



Mortality

Nationally, the eight leading causes of death in the U.S.¹, in order of prevalence are heart disease, cancer, stroke, chronic lower respiratory disease, accidents, diabetes, pneumonia/influenza, and Alzheimer's disease. The number of deaths from heart disease and cancers far outweigh the number of deaths from the remaining causes of death, as can be seen from the chart below.

Leading Causes of Death in the United States	Number of Deaths 2000
Heart Disease	709,894
Cancer	551,833
Stroke	166,028
Chronic Lower Respiratory Disease	123,550
Accidents	93,592
Diabetes	68,662
Pneumonia/Influenza	67,024
Alzheimer's Disease	49,044

Source: National Center for Health Statistics

The picture for Broome County is similar. The leading health concerns using death rates per 100,000 individuals as measures are heart disease, stroke, and white infant mortality. The following table provides a comparison of leading mortality indicators for Broome County in comparison to similar counties (peer counties) across the nation, the national rates, and Healthy People 2010 goals.²

Leading Causes of Mortality

Death Measures	Broome County Rate/100,000	Peer County Range Rate/ 100,000	US Rate 1997 Rate/ 100,000	Healthy People 2010 Goal Rate/ 100,000
Breast Cancer	24.3	24.2 - 36.3	28.6	22.2
Colon Cancer	22.5	18.5 - 26.0	21.6	13.9
Coronary Heart Disease	246.5	153.3 - 267.3	216.0	166.0
Homicide	2.3	1.8 - 8.3	7.2	3.2
Lung Cancer	58.7	51.6 - 67.3	58.1	44.8
Motor Vehicle Injuries	9.7	9.7 - 25.2	15.8	9.0
Stroke	64.9	49.4 - 75.4	62.0	48.0
Suicide	8.7	8.4 - 19.0	11.4	6.0
Unintentional Injury	17.2	15.5 - 24.4	33.3	20.8
Infant Mortality (White)	6.9	5.3 - 10.1	6.0	4.5

¹ Source: National Vital Statistics Report, Vol. 49, No. 12, Preliminary Data from 2000

² In January 2000, the Department of Health and Human Services launched Healthy People 2010, a comprehensive, nationwide health promotion and disease prevention agenda. Healthy People 2010 contains 467 objectives designed to serve as a road map for improving the health of all people in the United States during the first decade of the 21st century.

**BROOME COUNTY HEALTH DEPARTMENT
COMMUNICABLE DISEASES
1998 – 2003**

DISEASE	2003	2002	2001	2000	1999	1998
Amebiasis	0	0	0	1	0	1
Campylobacteriosis	18	14	18	26	22	30
E Coli 0157: H7	1	0	1	4	10	3
Giardiasis	17	28	44	46	90	50
Salmonellosis	15	19	12	13	21	27
Shigellosis	2	0	2	1	2	6
Yersiniosis	0	0	0	0	0	1
Hepatitis A	0	0	2	4	3	6
Hepatitis B, Acute	0	2	5	1	1	5
Hepatitis B, Pregnant Carrier	2	5	5	10	3	5
Hepatitis C, Acute	0	0	1	1	0	0
Measles	0	0	0	0	0	0
Mumps	0	0	0	0	1 suspected	0
Rubella	0	0	0	0	0	0
Pertussis	5	6	2	1	3	3 probable
Aseptic / Viral Meningitis	12	7	55	4	1	2
Group A Strep, Invasive	10	4	7	7	2	6
Haemophilus Influenza B, Invasive	0	0	0	0	0	1
Meningococemia, Meningococcal Meningitis	2	2	0	1	0	1
Pneumococcal Infection, Invasive Sensitive to Penicillin	18	17	9	7	4	3
Pneumococcal Infection, Invasive Resistant to Penicillin	14	3	21	7	2	0
Other Bacteremia	10	12	6	11	8	4
Other Bacterial Meningitis	2	1	2	5	1	3
West Nile Infection	0	6 + 1 probable	0	0	0	0
Other Viral Encephalitis	4	4	2	4	0	2
Legionella	4	4	1	1	2	4
Tuberculosis	6	8	6	4	2	2
Cryptosporidia	2	1	1	1	0	3
Listeriosis	1	1	2	2	1	1
Lyme Disease	5	1	0	5	1 probable	1
Malaria	0	0	0	0	1	1
Total	150	145 + 1 probable	204	167	179 + 1 probable and 1 suspected	168 + 3 probable

COUNTY/ZIP PERINATAL DATA PROFILE
SOURCE: 1998-2000 VITAL STATISTICS AS OF 11/01/2002
BROOME COUNTY

ZIP	TOTAL BIRTHS 1998- 2000	PERCENT OF BIRTHS				INFANT DEATHS 1998- 2000	INFANT DEATH RATE *	TEEN BIRTH RATE **	TEEN PREGNANCY RATE ***
		LOW BIRTH WEIGHT	OUT OF WEDLOCK	MEDICAID OR SELF-PAY	LATE OR NO PRENATAL CARE				
13744	32	12.5	25.0	34.4	0.0	0	0.0	0.0	45.5
13748	136	8.8	33.1	33.1	5.6	1	7.4	32.7	43.6
13754	126	4.0	43.7	49.6	2.8	2	15.9	64.8	86.4
13760	1,542	6.0	26.8	26.5	3.3	16	10.4	29.9	50.8
13777	47	2.1	38.3	48.9	11.6	1	21.3	56.6	84.9
13787	138	13.0	37.0	44.2	7.7	2	14.5	60.8	81.0
13790	661	7.4	41.5	42.2	2.6	4	6.1	50.0	84.3
13795	131	4.6	38.9	38.5	2.4	2	15.3	38.6	60.2
13797	86	8.1	26.7	43.5	2.5	0	0.0	43.5	67.6
13802	27	7.4	11.1	14.8	8.7	2	74.1	26.1	52.2
13813	34	5.9	44.1	41.2	0.0	0	0.0	57.4	90.2
13826	11	0.0	36.4	45.5	0.0	0	0.0	52.6	78.9
13833	147	8.8	41.5	35.2	3.6	1	6.8	35.1	53.5
13850	588	6.3	12.6	12.0	2.1	6	10.2	3.3	8.9
13862	150	6.0	32.0	38.0	3.6	0	0.0	42.0	60.9
13865	208	4.8	29.3	33.7	2.1	1	4.8	32.8	39.3
13901	698	6.4	40.5	43.3	4.8	6	8.6	56.3	113.2
13903	754	7.7	39.4	40.7	3.9	7	9.3	67.3	105.3
13904	339	9.4	44.2	41.4	3.8	2	5.9	56.0	85.2
13905	947	7.2	45.0	47.8	5.7	8	8.4	64.7	117.7
TOTAL	6,802	6.9	34.7	36.1	3.8	61	9.0	34.0	57.7

Source: NYS Department of Health

* Infant deaths per 1,000 live births

** Rates are per 1,000 female population age 15-19 of teen births

*** Rates are per 1,000 female population age 15-19 of teen pregnancies
 (births + abortions + spontaneous fetal deaths)

HIV/AIDS Cases Diagnosed through June 2002						
County	Living HIV*		AIDS**			
			Living		Cumulative	
	Excludes Prisoners	Includes Prisoners	Excludes Prisoners	Includes Prisoners	Excludes Prisoners	Includes Prisoners
Broome	93	95	112	115	245	248
TOTAL Upstate NY	4,491	6,454	9,940	12,524	24,109	29,340

Source: *All cases reported and confirmed from June 2000 - June 2003; **All cases reported and confirmed from 1983 - June 2003; New York State Department of Health, Bureau of HIV/AIDS Epidemiology, most recent data available; Data for Upstate NY excludes NYC counties.

Newly Diagnosed HIV/AIDS Cases* Diagnosed July 2001 - June 2002				
County	Initial HIV Diagnosis		Initial AIDS Diagnosis	
	Excludes Prisoners	Includes Prisoners	Excludes Prisoners	Includes Prisoners
Broome	9	9	10	10
TOTAL Upstate NY	615	648	828	978

Source: *Cases reported and confirmed through June 2003; New York State Department of Health, Bureau of HIV/AIDS Epidemiology, most recent data available; Data for Upstate NY excludes NYC counties.

Cumulative AIDS Cases –Increase from 1995 - 2001(Excludes prisoners)

Binghamton Tri-County HIV Care Network Region	Cumulative AIDS Cases as of Dec. 1995	Cumulative AIDS Cases as of Dec. 2001	% Increase Cumulative AIDS Cases 1995-2001
Broome County	132	243	84%
Chenango County	14	57	307%
Tioga County	16	24	50%
Total Binghamton Region	162	324	100%
Upstate NY	13,433	24,205	80%

New York State HIV/AIDS Surveillance Semiannual Report, For Cases Diagnosed through December 31, 2001. Bureau of HIV/AIDS Epidemiology, New York State Department of Health. "AIDS In New York State", 1996 Edition covering data reported through December 1995, New York State Department of Health.

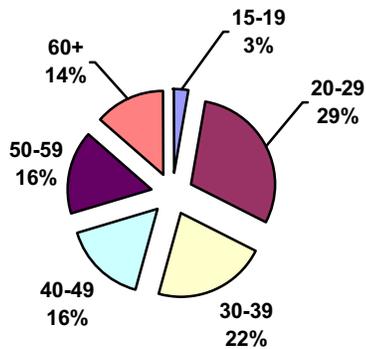
HIV/AIDS Cases* by Gender, Age, Race/Ethnicity and Risk Diagnosed Through June 2002 Ryan White Region: Binghamton (Includes counties of: Broome, Chenango, Tioga)						
	Living HIV**		AIDS***			
	Number	Percent	Living		Cumulative	
Number			Percent	Number	Percent	Number
Gender						
Male	73	64.6	92	68.7	231	77.3
Female	40	35.4	42	31.3	68	22.7
TOTAL	113	100.0	134	100.0	299	100.0
Age Group						
<13	4	3.5	0	0.0	1	0.3
13-19	3	2.7	3	2.3	4	1.3
20-24	6	5.3	6	4.5	12	4.0
25-29	17	15.1	9	6.7	36	12.1
30-49	77	68.1	100	74.6	214	71.6
50+	6	5.3	16	11.9	32	10.7
TOTAL	113	100.0	134	100.0	299	100.0
Race/Ethnicity						
White	64	56.7	76	56.7	203	67.9
Black	32	28.3	41	30.6	69	23.1
Hispanic	14	12.4	16	11.9	26	8.7
Native American	0	0.0	1	0.8	1	0.3
Other/Unknown	3	2.6	0	0.0	0	0.0
TOTAL	113	100.0	134	100.0	299	100.0
Risk						
MSM	24	21.3	47	35.1	130	43.5
IDU	27	23.9	38	28.4	78	26.1
MSM/IDU	6	5.3	5	3.7	20	6.7
Heterosexual	21	18.6	15	11.2	30	10.0
Blood Products	0	0.0	3	2.2	4	1.3
Pediatric Risk	4	3.5	2	1.5	4	1.3
Other/Unknown	31	27.4	24	17.9	33	11.1
TOTAL	113	100.0	134	100.0	299	100.0

* Excludes Prisoners ** All cases reported and confirmed from June 2000 - June 2003; *** All cases reported and confirmed from 1983 - June 2003;
Source: NYS Department of Health, Bureau of HIV/AIDS Epidemiology

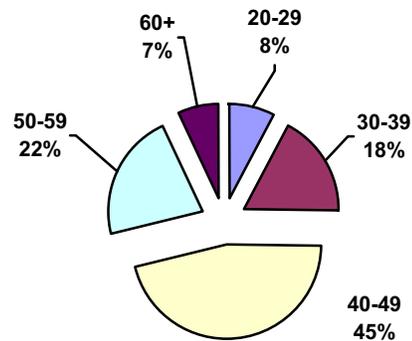
**Broome County Health Department
Tuberculosis Grant Projects
Grant Year 2003 (2/1/03 – 1/31/04)**

	SUNY Binghamton International Students	Residency Applicants	Refugees	Former Soviet Union/ Ukrainian	Total
# Sought for Testing	661	84	61	15	821
Positivity Rate	35%	54%	51%	53%	38%
Previously Treated Rate	22%	2%	0%	0%	16%
Start of Treatment for Latent TB Rate	60%	80%	77%	88%	66%

**Chronic Hepatitis B
Cases Reported in 2003 by Age Cohort;
N=37**

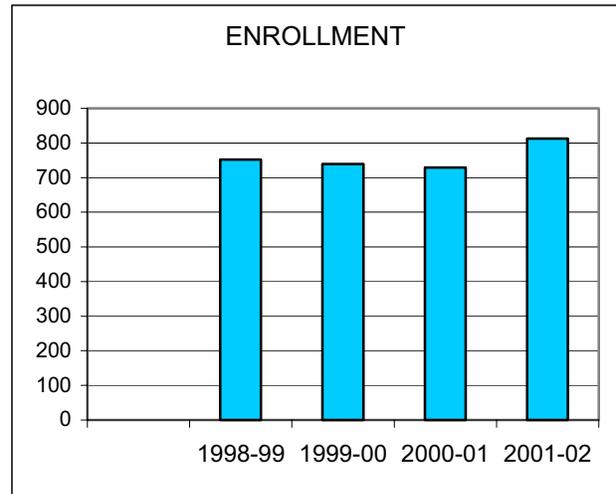


**Chronic Hepatitis C
Cases Reported in 2003 by Age Cohort; N= 273**



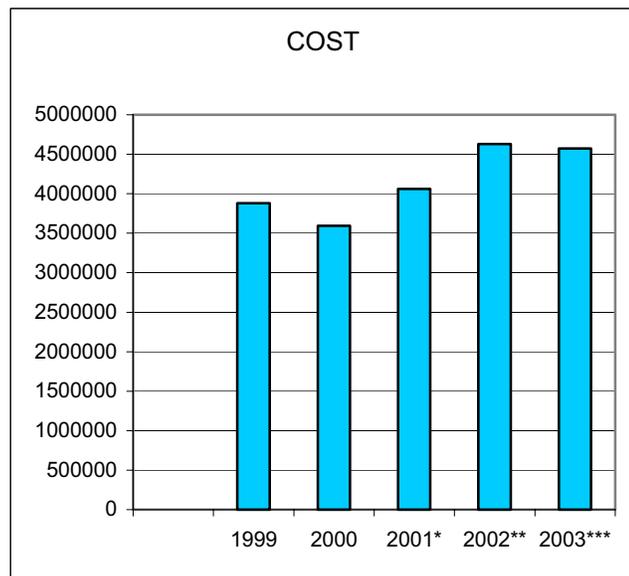
PRESCHOOL PROGRAM ENROLLMENT

YEAR	ENROLLMENT
1998-99	752
1999-00	739
2000-01	729
2001-02	813
2002-03	779



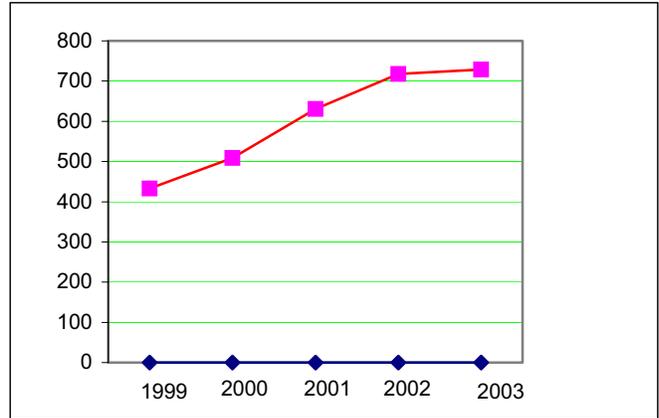
PRESCHOOL COST

YEAR	COST
1999	3,880,991.00
2000	3,594,444.00
2001*	4,061,563.00
2002**	4,631,185.00
2003***	4,573,230.00



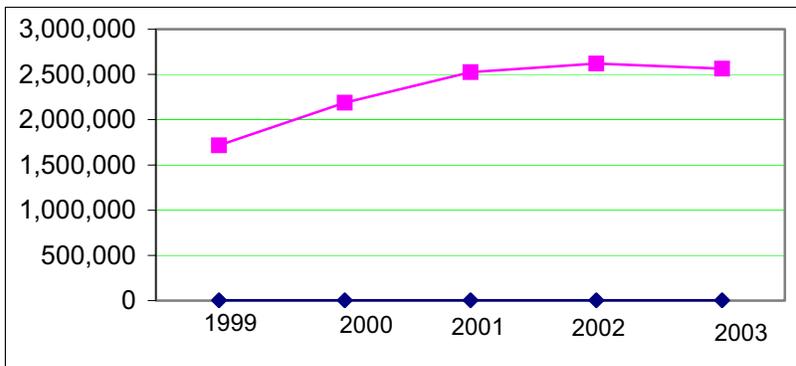
EARLY INTERVENTION PROGRAM ENROLLMENT

YEAR	ENROLLMENT
1999	433
2000	509
2001	631
2002	718
2003	729



EARLY INTERVENTION PROGRAM COST

YEAR	COST
1999	1,713,048.00
2000	2,185,516.00
2001	2,522,792.00
2002	2,617,913.00
2003	2,562,794.00



Broome County Health Indicator Profile 1996-2000										
	2000*		1999		1998		1997		1996	
SOCIO-DEMOGRAPHIC(1)	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE
Population	200,540		214,000		214,100		214,300		214,400	
Unemployment	3,200	3.3	4,100	4.2	3,919	4.0	4,200	4.3	4,218	4.4
Medicaid/Self Pay Deliveries	793	36.2	857	37.8	764	35.0	842	39.3	891	40.2
PERINATAL HEALTH(2)										
Pregnancies (Total)	3,038	72.3	3,150	70.9	3,154	70.1	3,018	66.3	3,179	69.0
Age 10-14	9	1.3	5	0.7	10	1.5	13	2.0	17	2.6
Age 15-19	414	53.4	413	58.8	431	62.0	394	56.9	393	56.8
Births	2,214	11.0	2,285	10.7	2,211	10.3	2,201	10.3	2,258	10.5
Low Birthweight (< 2500 grams)	167	7.5	166	7.3	139	6.3	165	7.5	147	6.5
Prenatal Care (1st Trimester)	1,603	79.5	1,726	81.8	1,706	80.9	1,682	81.0	1,824	82.0
Infant Deaths	21	9.5	18	7.9	21	9.5	18	8.2	18	8.0
Neonatal Deaths	14	6.3	16	7.0	14	6.3	13	5.9	14	6.2
Postneonatal Deaths	7	3.2	2	0.9	7	3.2	5	2.3	4	1.8
Spontaneous Fetal Deaths (20+ wks)	8	3.6	12	5.2	19	8.5	13	5.9	9	4.0
Mortality (Rates Per 100,000 Population)										
Total Deaths	2,223	1108.5	2,167	1012.6	2,187	1021.5	2,084	972.5	2,098	978.5
Lung Cancer (Total)	147	73.3	146	68.2	125	58.4	152	70.9	126	58.8
Lung Cancer (Male)	84	86.8	75	71.9	71	68.2	88	84.5	75	72.1
Lung Cancer (Female)	63	60.7	71	64.7	54	49.1	64	58.1	51	46.2
Breast Cancer	34	32.8	52	47.4	43	39.1	27	24.5	36	32.6
Cervical Cancer	2	1.9	4	3.6	3	2.7	2	1.8	3	2.7
Cerebrovascular Disease	182	90.8	161	75.2	173	80.8	160	74.7	164	76.5
Diseases of the Heart	767	382.5	716	334.6	746	348.4	742	346.2	757	353.1
Homicides	1	0.5	4	1.9	2	0.9	4	1.9	7	3.3
Suicides	13	6.5	12	5.6	17	7.9	14	6.5	15	7.0
Unintentional Injury	40	19.9	49	22.9	62	29.0	45	21.0	60	28.0
Motor Vehicle	15	7.5	20	9.3	29	13.5	21	9.8	16	7.5
Non-Motor Vehicle	25	12.5	29	13.6	33	15.4	24	11.2	44	20.5
AIDS	2	1.0	2	0.9	5	2.3	7	3.3	12	5.6
Cirrhosis (Liver)	25	12.5	18	8.4	14	6.5	16	7.5	23	10.7
HOSPITALIZATIONS (RATES Per 10,000 Population)										
Pediatric (0 - 4)										
Asthma	37	32.8	35	26.0	30	21.8	36	25.5	34	23.4
Gastroenteritis	10	8.9	18	13.4	15	10.9	15	10.6	11	7.6
Otitis Media	6	5.3	14	10.4	6	4.4	7	5.0	7	4.8
Drug Related	356	17.8	303	14.2	343	16.0	376	17.5	451	21.0

Broome County Health Indicator Profile 1996-2000

	2000*		1999		1998		1997		1996	
SOCIO-DEMOGRAPHIC(1)	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE
Head Injury (Non-Fatal)	146	7.3	116	5.4	155	7.2	185	8.6	167	7.8
DISEASE MORBIDITY(3)										
AIDS Cases (4)	8	4.0	9	4.2	9	4.2	22	10.3	19	8.9
Newborn HIV Seropositive	2	0.1	5	0.2	3	0.1	3	0.2	6	0.2
Early Syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Congenital Syphilis	0	0.0	0	0.0	0	0.0	1	4.5	0	0.0
TB Incidence	4	2.0	5	2.3	3	1.4	3	1.4	8	3.7
Measles Incidence	0	0	0	0	0	0.0	0	0.0	0	0.0
Confirmed Animal Rabies	N/A	---	N/A	---	0	---	11	---	13	---
Lyme Disease Cases	5	2.5	2	0.9	1	0.5	3	1.4	3	1.4

N/A - Not Available at this time.

* 2000 Census Population versus NYSDOH estimates previous years

(1) The Unemployment Rate is per 100 persons in the labor force. The rate of Medicaid/Self Pay deliveries is per 100 births.

(2) The Total Pregnancy Rate is per 1,000 women 15-44. The 10-14 and 15-19 rates are per 1,000 women in these age groups. The Low Birthweight and Early Prenatal Care Rates are per 100 births. Infant, Neonatal and Postneonatal Death Rates are per 1,000 births. The Birth Rate is live births per 1,000 population.

(3) Newborn Seropositivity and Congenital Syphilis Rates are per 100 and 10,000 births respectively. All other rates in this section are per 100,000 population.

(4) AIDS Cases are presented by diagnosis year. 2000 and 1999 are understated due to reporting lags
Source: New York State Department of Health