

Broome County Health Department

2005 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 A. Edwards, MS
Public Health Director

Barbara J. Fiala
Broome County Executive

Broome County Health Department

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December 18, 2006

Barbara J. Fiala, Broome County Executive
Edwin L. Crawford County Office Building
Binghamton, NY 13902

Dear Ms. Fiala:

I am pleased to present the Broome County Health Department's 2005 Annual Report. It summarizes activities and accomplishments of the department and its partners, and describes goals and challenges for 2006.

A prepared and coordinated local response is as critical to dealing with health issues on a daily basis as it is immediately following a natural disaster or terrorist attack. Consequently, the health department has prepared to meet the needs of all public health emergencies and has strengthened partnerships with local hospitals, community agencies, government officials, emergency services, and law enforcement. While the critical importance of local public health systems has been highlighted by state and federal governments since the terrorist attacks on September 11, 2001, the interventions of the health department reach deep into the community and provide health programming for populations most at risk. The community wide, integrated planning process continues, ensuring the health and safety of Broome County residents 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. Education and early intervention helps to promote healthier lifestyles and builds strong communities.

The programs highlighted in this year's report are examples of initiatives that address health disparities and issues of concern in the community. The staff of the health department continues 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 A. Edwards, MS
Public Health Director

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Introduction

Public health provides three core functions to the community; health assessment, policy development as it relates to matters pertaining to health, and assurance for a healthy environment through surveillance. Public health engages both private and public organizations and individuals in accomplishing this mission. 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 service. The ten essential services, as outlined in this report, further define the role of the health department.

In 2005, the Broome County Health Department submitted the 2005-2010 Community Health Assessment (CHA). This document contains information that assesses the health of Broome County residents and assists the Broome County Health Department, area health care providers, and residents in responding to health issues and concerns. Stakeholders collaborated to identify and share information to promote better health outcomes for infants, children, adolescents, adults and seniors. Data was collected and reviewed to help decide programming to increase health benefits of community residents. The CHA is the basis for all local public health planning and gives the health department the opportunity to interact with key community leaders, organizations, and interested residents about health priorities and concerns.

CHA indicators showed that community-wide interventions related to physical activity, nutrition, tobacco use, substance abuse, and injury prevention were necessary to promote improved physical and mental health status in Broome County. Improving access to health care and promoting the use of science-based interventions for health education initiatives by all health care and human service providers were also indicated to promote a healthier community. In response to identifying these areas of concern, the Broome County Health Department, in collaboration with community stakeholders, secured grant funding and implemented program interventions that effectively motivate residents to adopt and maintain healthy lifestyle choices.

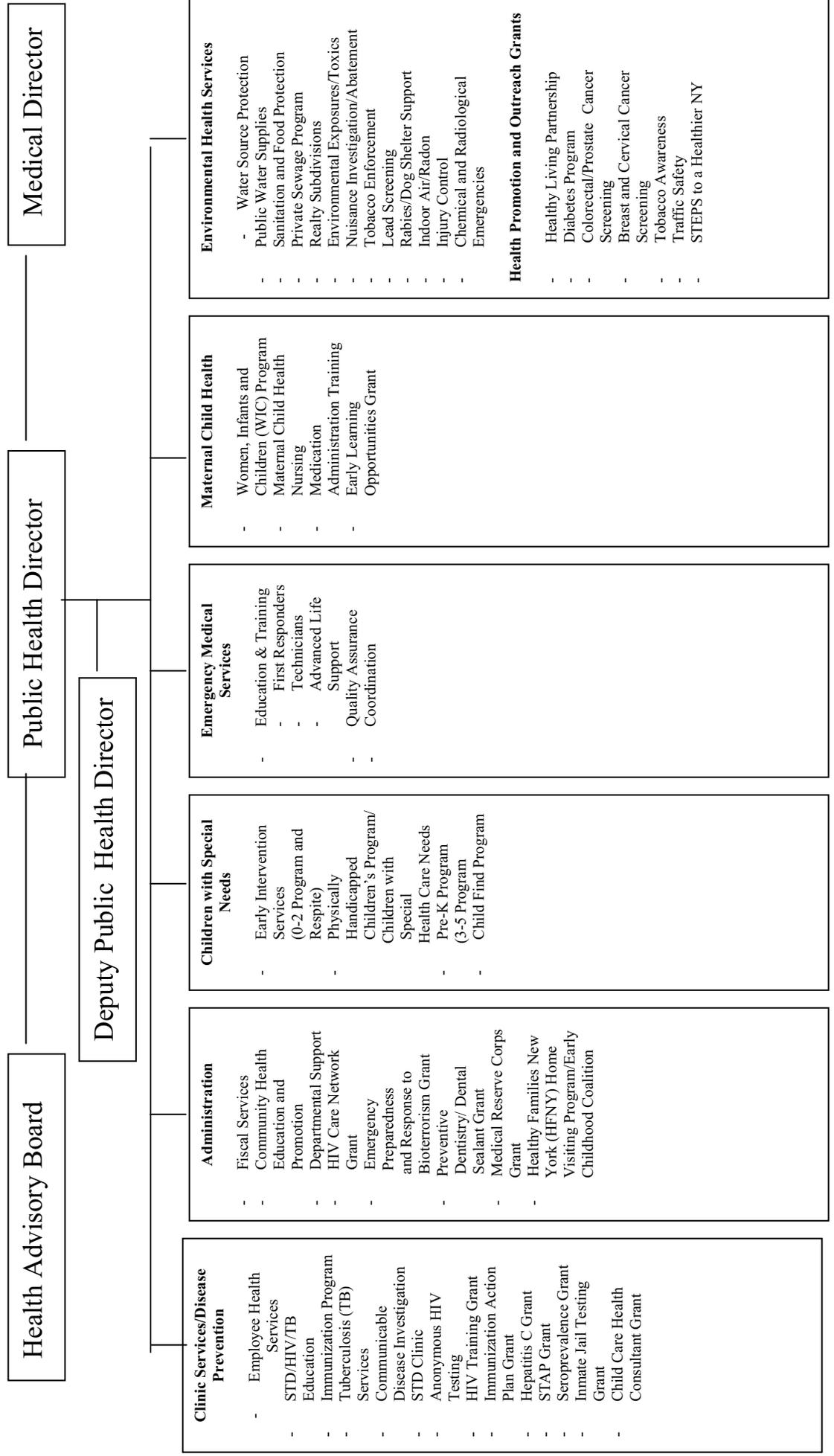
Program highlights provide information regarding all the services of the Broome County Health Department and how they work to meet the needs of the community.

**BROOME COUNTY HEALTH DEPARTMENT
HEALTH ADVISORY BOARD
2004 - 2005**

Wanda Hudak Legislative Health Committee 945 Squires Avenue, Endicott, New York 13760	Term Expiration 12/31/04
Thomas Hull Legislative Health Committee 13 Alpine Road, Binghamton, New York 13903	Term Expiration 12/31/06
Jeffrey Davis Jeffrey K. Davis Consulting, LLC 64 Front Street, 2 nd Floor, Binghamton, New York 13905	Term Expiration 12/31/08
Michael Doll, Vice President of Community Relations United Health Services Hospitals 10-42 Mitchell Avenue, Binghamton, New York 13903	Term Expiration 12/31/08
Lawrence Rowe, Superintendent (BOCES Representative) Johnson City Central Schools 666 Reynolds Road, Johnson City, New York 13790	Term Expiration 12/31/08
Kazimieras Snieska, M.D. 999 Vestal Avenue, Binghamton, New York 13902	Term Expiration 12/31/05
John Spencer, Executive Director United Way of Broome County P.O. Box 550, Binghamton, New York 13902-0550	Term Expiration 12/31/07
Margaret Manley 42 St. John Avenue, Binghamton, New York 13905	Term Expiration 12/31/07
John Harding, M.D. 21 Murray Street, Binghamton, New York 13905	Term Expiration 12/31/05
Alan Wabrek, MD, MPH, DrPH Professor of Population-Based Medicine SUNY Health Science Center Clinical Campus 425 Robinson Street, Binghamton, New York 13901	Term Expiration 12/31/05
Marianne Soden Serjanej, M.D. 2352 Route 26, Endicott, New York 13760	Term Expiration 12/31/05

BROOME COUNTY HEALTH DEPARTMENT ORGANIZATIONAL CHART – 2005

MISSION STATEMENT: 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.



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

2005 Highlighted Programs

The Broome County Health Department strives to integrate health programs, clinical services, and prevention programs both within the health department and the community. Program highlights detail three program areas, all of which involve community volunteers. From emergency preparedness, to assisting the uninsured, the Broome County Health Department works with you, to build a healthier community!

The Medical Reserve Corps

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, which ended in 2005, enabled the Health Department to increase the capacity of existing emergency service and chronic disease prevention programs. The MRC continues to provide a core group of trained health professionals who can be called upon to support ongoing public health surveillance activities as needed. These professionals serve to strengthen critical infrastructure and increase the capacity of the regional public health system to effectively respond to community health concerns as they occur.

Chronic Disease Risk Reduction Programming

In Broome County, chronic disease rates, as well as the economic burden of chronic disease, continue to rise sharply. In response, the Broome County Health Department sponsors several Chronic Disease Risk Reduction Programs which help to keep the population strong and healthy by encouraging prevention strategies such as cancer screenings and lifestyle change programs. These programs include Steps to a Healthier NY, diabetes prevention, traffic safety, tobacco control, and breast, cervical and colorectal cancer screenings.

Steps to a Healthier Program

The Broome County Health Department's Steps to a HealthierNY Program seeks to change the social norm so that making the healthier choice is the easier choice. Steps to a HealthierNY is a federally funded program which implements community-based initiatives to promote better health and prevent disease by building community capacity to support health related programming. The program goal is **to reduce the burden of diabetes, obesity and asthma by addressing three related risk factors: physical inactivity, poor nutrition and tobacco use.**

By engaging community members through the consortium, which includes partners such as United Way of Broome County, United Health Services and Lourdes Hospitals, Broome County Council of Churches, Broome County Office for Aging, American Cancer Society, Cornell Cooperative Extension, Broome-Tioga BOCES, all Broome County School Districts, 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, Steps to a HealthierNY strives to reach people where they live, work, play, pray and go to school, once again, making healthy choices convenient, easy and the norm.

Highlighted Programs (continued)

Diabetes Prevention Program

In Broome County, the mortality rate of diabetes is 30/100,000 persons, almost double that of the New York State Rate. The Diabetes Prevention Program, part of the Healthy Living Partnership, works with local health care systems to respond to patient education needs to help patients sustain healthy lifestyle choices and while separately funded, integrates programming with Steps to a HealthierNY. Together, the Steps and Healthy Living Partnership Programs provide programming to meet community needs as established by the community health assessment and to promote health.

Traffic Safety Program

Traffic crashes continue to be the major cause of preventable injuries in Broome County. The Traffic safety program, another affiliate of the Healthy Living Partnership has expanded its scope to include the Buckle Up New York Campaign, the child safety seat grant, and the selective traffic enforcement program. By incorporating these programs, which examine driver safety in the areas of seat belt use, car seat safety and speeding, the program provides more comprehensive coverage of educational and enforcement activities in the community.

Tobacco Free Broome Tioga

Tobacco Free Broome Tioga is a program which engages community members in activities to promote awareness of the detriments of tobacco use. Another social norm changing program, the coalition is currently focusing on how big tobacco companies advertise their products to children. In the 2005-2006 grant year, the coalition enlisted 25 Tobacco Free All Stars (businesses that refuse to promote, advertise for, or accept money from tobacco companies).

Integrated Cancer Services Program

The cancer screening program is a very successful, multi-county program that works with health care providers to increase access to screening and treatment. In 2005, nearly 2500 cancer screenings were completed, exceeding state set goals for the number of breast, cervical and colorectal screenings accomplished in the catchment area.

Through the Healthy Living Partnership and the Steps to a HealthierNY, the Broome County Health Department engages all sectors of the community. From infants through senior citizens, the staff of the Health Department reach out to involve people in making healthy decisions.

Community Free Clinic for Uninsured Adults

Recognizing the need for healthcare for uninsured adults, the Broome County Health Department is home to the Dr. Garabed Fattal Community Free Clinic. 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 Dr Garabed Fattal Community Free Clinic to reflect the tireless leadership of Dr Garabed Fattal. Originally staffed by retired physicians, a growing number of residents and non-retired physicians have joined the many health care professionals 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 Recognition Award from the New York State Department of Health in 1998.

A profile of the uninsured using the services of the Community Free Clinic indicate that 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. When eligible, patients are referred to Medicaid or some other type of insurance and then are moved on 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.

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 about the clinic can be obtained by calling 772-3519.

Divisions and Programs of the Broome County Health Department

Administration

The administration division of the Broome County Health Department includes the leadership, planning, financial and health promotion activities of the organization. Accomplishments, goals and objectives for each area within the administrative division of the health department are listed below.

Leadership/Planning /Departmental Support

Leading the divisions of the Health Department requires community assessment and knowledge of epidemiology and population-based health strategies. In 2004, the health department engaged in a comprehensive planning exercise resulting in the 2005-2010 Community Health Assessment (CHA). The CHA is utilized by community organizations for research purposes and provides information regarding the health of the community. Needs identified in the CHA drive public health programming as seen in the goals established for 2006.

Program Accomplishments 2004-2005	Program Goals 2006
<ul style="list-style-type: none"> ◆ Engaged community partners in conducting a comprehensive Community Health Assessment that identified major health concerns and established health priorities for action in Broome County over the next five years. 	<ul style="list-style-type: none"> ◆ Continue to explore grant-funding opportunities to fund critical public health activities. ◆ Explore opportunities to increase research based activities to increase the evidence base for public health programming. ◆ Continue to move forward with strategic planning opportunities to improve public health infrastructure. ◆ Work with institutions of higher education to utilize interns and promote partnerships. ◆ Integrate a comprehensive community-wide approach to managing chronic disease by providing evidence based public health programs.

Administration *(continued)*

Health Education and Promotion

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 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 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.

2005 Program Statistics

Community Health Promotion

Press Releases	46
Media Interviews	92
Educational Satellite Broadcasts	96
Presentations/Inservices	164
Health Promotion Events	67
News Articles on Health Issues	97

Flu	13
Communicable Diseases	5
Water Safety/Advisories	11
Rabies	12
Tobacco	2
Toxics	6
West Nile Virus.....	1
HIV/AIDS.....	3
Safety	4
Wellness/Nutrition/Physical Activity/Diabetes ...	20
Child Health.....	12
Miscellaneous	8

Administration (continued)

Fiscal

Fiscal staff of the Health Department work with division heads and supervisors to ensure that there are adequate finances for program administration. They are involved with daily operations as well as the financial planning of the organization. Outlined are program accomplishments, goals and objectives, and a break down of revenue sources over two fiscal years.

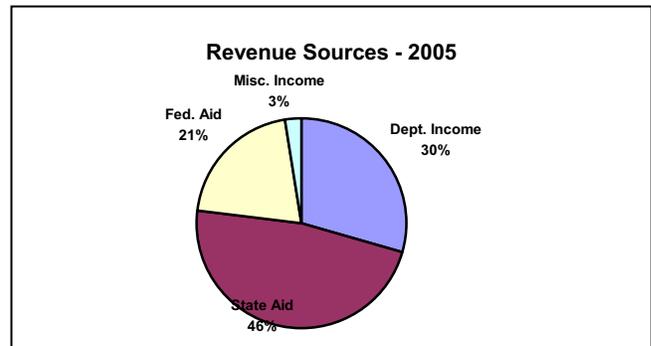
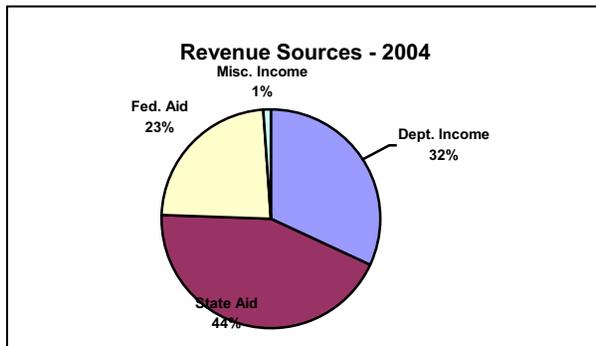
Program Accomplishments 2004-2005	Program Goals 2006
<ul style="list-style-type: none">◆ Secured \$1,006,600 in grant funding for vital health department services such as STD education services, bioterrorism response planning, Medical Reserve Corps development, chronic disease prevention, dental services for children, and training for local child care professionals.◆ Managed 33 grants at a cost of \$4,388,708 in 2004 and 30 grants at a cost of \$3,991,823 in 2005.◆ Four quarterly Article 6 state aid claims were submitted totaling \$1,259,213 in 2004 and \$1,557,169 in 2005.◆ Fiscally managed the Health Department's budget using grant opportunities and revenue sources to reduce net county support.	<ul style="list-style-type: none">◆ 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.

Administration (continued)

Revenue

2004 Revenue By Division (Excluding EMS)

Division	Dept. Income	State Aid	Fed. Aid	Misc. Inc.	Total	% of Total
Administration	222,683	623,542		100,695	946,920	7%
Environmental Health	212,142	203,253		119	415,514	3%
Clinics	789,689	340,726		18	1,130,433	9%
Maternal Child Health & Development	2,737,031	3,199,731		43,616	5,980,378	47%
Grants	117,267	1,205,684	2,954,625	471	4,278,047	34%
TOTAL	4,078,812	5,572,936	2,954,936	144,919	12,751,292	100%
% of Total	32%	44%	23%	1%		100%



* Department Income refers to income earned through service fees, chargebacks to grants, fines, employee health physicals, etc.
 ** Miscellaneous Income refers to rental income, refunds of prior year expenditures, and transfers from insurance reserves.

2005 Revenue By Division (Excluding EMS)

Division	Dept. Income	State Aid	Fed. Aid	Misc. Inc.	Total	% of Total
Administration	219,965	565,026		53,163	798,154	6%
Environmental Health	219,009	341,251		1769	562,029	5%
Clinics	570,673	487,964		0	1,058,637	9%
Maternal Child Health & Development	2,479,484	3,161,019		259,765	5,900,268	48%
Grants	139,553	1,302,454	2,533,418	0	3,975,425	33%
TOTAL	3,628,684	5,817,714	2,533,418	314,697	12,294,513	100%
% of Total	30%	47%	21%	3%		100%

Administration (continued)

Emergency Preparedness

Emergency Preparedness is an area that public health has been involved in for several years. A prepared and coordinated local response is critical immediately following an event such as a terrorist attack or natural disaster. The Emergency Preparedness Program, of which the Medical Reserve Corps (MRC) is a part, has worked to strengthen partnerships with local hospitals, community agencies, government officials, emergency services, and law enforcement so that, in the event of an emergency, the community will be better able to pull together resources to meet emerging needs.

Program Accomplishments 2004-2005	Program Goals 2006
<ul style="list-style-type: none">◆ Fifty medical professional volunteers for disaster response were enrolled in the Medical Reserve Corp (MRC) in 2004.◆ Eighteen trainings were attended and 33 MRC volunteers participated in four emergency preparedness drills during 2005.◆ Planned, coordinated and effectively implemented an initial large scale Biohazard Detection System drill exercise for Broome County which included multi-agency efforts with first responders, healthcare, law enforcement and community agencies.	<ul style="list-style-type: none">◆ Continue to build public health system capacity to respond to public health emergencies through drills and exercises.◆ Continue to update the Health Department’s Health Emergency Operations Plan to include an annex for special needs populations.◆ Convene town meetings which include law enforcement entities, hospital staff, medical primary care providers, school nurses, community organizations, etc. to discuss emergency preparedness for pandemic flu planning.◆ Continue to engage the Medical Reserve Corps in all drills and events as they occur.

Clinic Services

The programs operated by the **Preventive Health Clinic Services** division 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 and Testing Services
- Employee Health Services

Descriptions of the services previously listed are further explained in the following section. The addition of program statistics 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 (if it is a child) to determine the source of the disease, 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.

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

Clinic Services (continued)

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.

Tuberculosis (TB)

Number of Patients Screened	2,431
Total Visits	1,659
Number of Patients on Preventive Therapy	412
Active TB Cases	6

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.

Immunizations

Number of Patients Receiving Immunizations	754
Doses Administered	1,499

Flu/Pneumonia Program

Number of Clinics at Community Sites	25
Flu Vaccinations Given	4,239
Pneumococcal Vaccinations Given	152
Immunization Initiative – Physician’s Office Chart Review Sites	2

Clinic Services (continued)

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.

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/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.

Individuals Provided HIV Education in Clinic and Outreach Programs 3,500

Clinic Services (continued)

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 Counseling and Testing Services

Participants Receiving HIV Tests	1,600
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Anonymous HIV Counseling and Testing (NYSDOH)

Number of Anonymous HIV Tests	477
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Number of Positive Tests	4
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Number of Anonymous community Testing Sites	15
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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.

Regional HIV/AIDS Training Services Grant

Training Sessions Offered	40
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Total Participants Receiving Training	608
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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.

Binghamton Tri-County HIV Care Network Grant

Community Awareness Events	3
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Educational and Health Related Forums	5
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Community Planning Meetings Held	61
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Clinic Services (continued)

Employee Health Services

The Clinical Services Division provides an employee health component for Broome County Government employees.

Number of New Patients	238
Number of Brief Visits	481

Program Accomplishments 2004-2005	Program Goals 2006
<ul style="list-style-type: none"> ◆ The communicable disease team expanded a regional Adult Immunization Coalition in 2004, which continues to meet every six months. ◆ Routine programmatic quality assurance activities were implemented and recommendations have been forwarded to the Quality Assurance Committee. ◆ National HIV Testing Day was observed at three sites in Broome County and one site each in Chenango and Tioga Counties; additional HIV testing clinics were held in Chenango and Tioga Counties during 2004. ◆ A <u>Nutrition Guide</u> and <u>Calendar of Community Meals</u> in Broome County were developed and distributed in 2005. ◆ Tioga County workgroup members in collaboration with the Tioga County Sheriff's Department provided training on crystal methamphetamine in March, 2005. 	<ul style="list-style-type: none"> ◆ Continue to target TB testing and screening to Broome Community College students based on the Binghamton University project. ◆ Explore grant funding to continue to provide outreach and 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.

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. Generally, the division of Environmental Health is charged to:

- 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

An overview and program statistics are outlined, followed by the accomplishments and goals of the division to provide a comprehensive view of the work related to environmental health in Broome County. Environmental Health is responsible for providing information on, and the necessary enforcement of, state and local health laws, codes and standards that apply to various facilities and systems. In addition to the statistics provided for each program, the division fielded the following inquiries:

Nuisance Complaints Investigated	685
Freedom of Information Requests	51
Environmental/Occupational Health Reviews	274

Mobile Home Parks

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

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.

Environmental Health Services (continued)

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.

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.

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.

Community Sanitation Field Inspections 2005			
	Active Facilities	Field Inspections	Critical Violations Identified **
Campground Program	16	16	0
Mobile Home Parks	63	49	1
Children's Camps	13	33	0
Pools and Beaches	90	145	3
Temporary Residences	43	172	1

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

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.

Environmental Health Services (continued)

Community Sanitation Programs *			
Food Service	Active Facilities	Field Inspections	Critical Violations Identified **
High Risk	97	383	53
Medium Risk	592	862	75
Low Risk	93	28	0

*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.

[For a full explanation of the various risk levels, see the Health Department website at www.gobroomecounty.com.]

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. Community water system means a public water system which serves at least five service connections used by year-round residents or regularly serves at least 25 year-round residents.

Water Supply Systems Inspected

Community (82 active facilities)	44
Non-Community (109 active facilities)	73

Wastewater Treatment and Disposal Program

Individual homeowner system site inspection and plan reviews	381
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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.

Environmental Health Services (continued)

Youth Tobacco Sales Reduction Program

Active Facilities	211
Completed Compliance Checks	369
Compliance Rate (# no sales / # facilities)	96%
NYS Compliance Rate	87%

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 a collaborative effort between Environmental Health Division, Maternal Child Health Division, Women, Infants and Children's (WIC) Program, and Clinic Division Immunization Program staff, with the testing being done by private physicians, medical clinics, and Health Department immunization clinic personnel. Testing is recommended for children up to six years of age at age one and two. 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.

Childhood Lead Poisoning Prevention

Case Investigations (blood level>20)	12
Screenings \geq 15-19 blood lead	13
Hospital Admissions – Chelation	3

West Nile Virus Program

Information on home habitat reduction, the presence of West Nile virus in the county and personal protection is provided to residents via the media and at health fairs and other community-based opportunities for West Nile Virus awareness. The Binghamton University Biology Department conducts mosquito and larva surveillance under contract with Broome County Health Department. Residents are encouraged to call in dead bird sightings.

Positive Mosquito Pools	0
Human Cases	0
Dead Bird Reports	57
Dead Birds Submitted for Testing	28
Birds Tested Positive	11

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.

Exposure Investigations	584
Humans Receiving Post-Exposure Treatment	85
Animal Vaccinations	2,699
Animal Specimens Tested	179
Positive Specimens	7

Environmental Health Services (continued)

Environmental Health Services Accomplishments

Program Accomplishments 2004-2005	Program Goals 2006
<ul style="list-style-type: none">◆ Enhanced program prioritization allowed the division to show an improvement from 2004 to 2005 in meeting program objectives established in the Municipal Public Health Services Plan for all program areas.◆ Screening rates in the Childhood Lead Poisoning Prevention Program continue to slowly increase. The number of lead poisoned children found increased from 2004 to 2005.◆ Staff completed compliance checks at all 216 retail tobacco outlets in Broome County. The compliance rate for these facilities remains at 95%; well above the 80% target.	<ul style="list-style-type: none">◆ Identify additional toxic waste sites that may have impacted the indoor air environment by working with the New York State Departments of Health and Environmental Conservation. Communicate remediation strategies to the public.◆ Staff will work with local water suppliers to ensure that appropriate measures are in place to minimize the need for boil water advisories.◆ Continue to assess the need for infrastructure updates.◆ Continue inspection activities in program areas representing the greatest risk, such as waterborne diseases, foodborne illness, and other forms of risk to health and safety

Public health acts on the knowledge that health is a fundamental resource to the individual, to the community and to society as a whole and must be supported by soundly investing in living conditions that create, maintain and protect health.

Kickbusch, Ilona (1989)

Chronic Disease Risk Reduction Programming

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, 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. Program statistics follow.

Integrated Cancer Screening Services Program

Breast & Cervical Cancer Screenings:	2003	2004	2005
Clinical Breast Exam	1,760	1,803	1,813
Screening Mammogram	1,323	1,313	1,243
PAP Test	1,301	1,317	1,387
Colorectal Cancer Screenings:			
Fecal Occult Blood Test (Take-Home Kit)	246	322	304
Screening Colonoscopy	8	18	23
Number of Clients Eligible for Medicaid Treatment Act: (Diagnosed with Breast Cancer, Cervical Cancer or Pre-Cancerous Cells of the Cervix)			
Broome	19	31	47
Chenango	6	8	7
Delaware	4	3	7
Otsego	10	18	15
Tioga	5	6	6
Totals	44	66	82

Chronic Disease Risk Reduction Programming (continued)

Tobacco Free Broome & Tioga

Tobacco related illness is the major cause of preventable death in the state. Tobacco Free Broome and Tioga is funded through the NYS Department of Health Tobacco Control Program as a Community Coalition to mobilize community partners into action. The goals of the coalition are suggested by NYS, but determined locally and have evolved with community need.

Workplan Goals: Grant year runs from August 1 – July 31	Events:	Participants:
2004-2005- Rick Stoddard , nationally recognized tobacco education activist was a guest speaker	3 (2 High Schools; 1 church evening program)	500+
Save It, Don't Smoke It Campaign -Educational awareness to demonstrate to teens how they can save money by not smoking, offered on-line quiz		1000+ students
Presentation to Broome and Tioga County Legislature and Tioga County Legislative Health Committee	3	
Community Forum addressing the CDC recommended funding level for tobacco control (prompted editorial and article in Press & Sun-Bulletin supporting tobacco control and additional funding)		
Smoke Free Cars Campaign		302 pledges
Smoke Free Homes and Cars Campaign	24 + pledge box locations	462 pledges
Three-part news segment about how Big Tobacco targets youth with their advertising (June 2005)	1-WBNG-TV	
Nicotine Replacement Therapy - provided to UHS and Lourdes employees prior to making campuses smoke-free	2 hospitals	156 UHS employees 44 Lourdes employees
2005-2006- Smoke Free Homes & Cars Campaign	24 + pledge box locations	209 pledges
Tobacco Advertising Assessments (assessing retail establishments for tobacco advertising)	10-12 each month	
Master Settlement Agreement violations (notified retailers, tobacco companies and State Attorney General)	2	
TV and radio ads produced and full-page Press & Sun-Bulletin ad to recognize 11 " Tobacco Free Allstars ", non-profits that signed a 'no tobacco sponsorship' policy		11 Non-Profit Agencies

Chronic Disease Risk Reduction Programming (continued)

Diabetes Prevention & Control Program

In Broome County, the mortality rate of diabetes is 30/100,000 persons, almost double that of the New York State rate. The Diabetes Prevention Program, part of the Healthy Living Partnership, works with local health care systems to respond to patient education needs to help patients sustain healthy lifestyle choices.

Workplan Goals: Grant year runs from October 1 – September 30	Number of Participants	Number of Programs
2004-2005-Foot Soldiers Program (Foot Amputation Prevention)	6	-
Foot Screenings Done	49	-
General Education (Presentations, Displays, Materials Distributed)	3,699	202
Mission Meltaway Program (Diabetes Prevention, Pre-Diabetes and Diabetes Education)	499	31
General Education (Presentations, Displays, Materials Distributed)	2,923	34

Broome County Traffic Safety/Injury Control

This program heightens public awareness through education and support focused on issues related to traffic safety and injury prevention

Workplan Goals: Grant year runs October 1 – September 30	2003	2004	2005
Community Outreach/Presentations/Education Programs	10	33	34
# of Individuals educated about Various Traffic Safety Topics	455	1,261	1,193
Child Safety Seat Distributions	258	275	322
Child Bike Helmet Distributions	350	350	400
Traffic Safety Education and Enforcement Partnerships (Corporate and Government Employers, Local School Districts, Law Enforcement Sub-Contractors)	25	40	58

Chronic Disease Risk Reduction Programming (continued)

Steps to a HealthierNY Program

The Steps to a HealthierUS Program implements community-based initiatives to promote better health and prevent disease.

The Steps partnership in Broome County envisions a community where health is a priority, active living is promoted, disease is prevented and residents naturally engage in behaviors that lead to longer and healthier lives by reducing the burden of diabetes, overweight, obesity and asthma and addressing three related risk factors: physical inactivity, poor nutrition and tobacco use. With a consortia of over 75 community partners, the Steps to a Healthier NY Program builds community capacity to engage in health programming.



Components to the Steps to a HealthierNY

The Mission Meltaway Program, an eight-week healthy lifestyle management program provides participants information on nutrition, physical activity and motivation. It utilizes the group dynamic to promote personal as well as social norms change. As an evidenced based program, it is currently under evaluation by Binghamton University. Program statistics follow:

Nutrition

36 sites involved in Mission Meltaway
918 participants enrolled
54 community facilitators trained

Engaging healthcare providers in encouraging their patients to change their lifestyles is a goal of the Steps Program. Evidence suggests that behavioral change is more likely if it is encouraged by a health care provider. Tobacco control efforts have used the “5 A” method of intervention and the Steps Program has begun to develop similar methodology to incorporate healthy activities. Educating providers regarding diabetes control through diet and exercise has been a successful start.

Diabetes

237 health care providers educated

The BC Walks Program is a physical activity intervention that requires 30 minutes of walking per day by its participants. An incentivised program, it is recommended by the Community Services Guide for effectiveness.

Physical Activity

15,847 Broome County residents enrolled in BC Walks



Breathe Better in Broome is a multi-pronged approach to the prevention, education, and management of asthma.



247 providers trained on asthma teaching
102 students enrolled in Open Airways
109 referrals made for home assessments

Chronic Disease Risk Reduction Programming (continued)

The Farm to You and Give Me 5 campaign promotes eating five fruits and vegetables a day and local farmer's markets



9 worksites participated in FTU/GMF
10,060 employees exposed to GMF in Worksite
13 school districts participated
4,420 children were exposed to Give Me Five Program

Chronic Disease Risk Reduction Programming Accomplishments

Program Accomplishments 2004-2005	Program Goals 2006
<ul style="list-style-type: none"> ◆ Comprehensive cancer screening performance measures met or exceeded. ◆ Implemented Tobacco Free All Stars Program recognizing local businesses and their efforts to promote tobacco free living. ◆ Worked with regional media to air commercials increasing awareness of point of purchase advertisements and detriments of smoking. ◆ Diabetes Control Program worked to integrate workplans with the Steps Program for sustainability and increased impact. ◆ Traffic Safety Program integrated grant proposals from law enforcement agents to streamline process and provide comprehensive community programming. ◆ Steps to a HealthierNY presented nationally via T²B² breakfast. Broome County was highlighted as model site. ◆ Steps Program exceeded program goals for each intervention. 	<ul style="list-style-type: none"> ◆ Continue to explore outreach and funding opportunities to increase the community impact of the Healthy Living Partnership by increasing the number of uninsured or underinsured Broome County residents screened for breast, cervical and colorectal cancer. ◆ Continue to involve community stakeholders in partnerships to provide health information and screening to uninsured adults in Broome County. ◆ Continue to provide tobacco control programming through the Tobacco Free Broome Tioga Coalition while highlighting statewide objectives in the areas of point of purchase advertising, sponsorship of events, and reducing tobacco social norms. ◆ Coordinate efforts of the Governor's Traffic Safety Program by working with local law enforcement agencies to provide safe driving campaigns to the community. ◆ Integrate the Steps to a HealthierNY Program with the Healthy Living Partnership to provide comprehensive programming in the area of chronic disease risk reduction. ◆ Build capacity of local school districts, health care providers and human service organizations to provide health related programming and to encourage integration of health programming into daily activities.

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. Program statistics for the year 2005 are provided in the text.

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. In 2005, there were 1,078 skilled nursing home visits.

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. **In 2005, there were 726 children enrolled in the Child Find program.**

The Broome County Health Department was licensed as a Home Care Service Agency in 2005 via the New York State Department of Health.

Maternal Child Health and Development (continued)

Maternal Child Health and Development Accomplishments

Program Accomplishments 2004-2005	Program Goals 2006
<p>Maternal and Child Health</p> <ul style="list-style-type: none"> ◆ Caseload for Fiscal Year 2005 was 4,750. 20,240 participant contacts with an average of 81 per day. 1,028 new prenatal women, 254 new breastfeeding postpartum women, 1,170 new infants and 79 new children were enrolled. ◆ Programs continued to meet the standard 45-day time frame from referral to Individual Family Service Plan (IFSP) development ◆ Public Health Nurses provided health consultation to 25 child care centers and 19 family based centers and 1 walk-in center. Nurses provided 15 sessions of medication administration training to 136 child care providers and taught 80 health and safety training classes to parents/providers. ◆ Lactation consultant services were offered to all first time breastfeeding moms at home visit. ◆ A Venture Grant was obtained to standardize efforts to treat and control lice. Planning meetings with school nurses were held and a tool kit was developed. ◆ Since preschool programs have reduced use of 1:1 classroom aides, behavior management plans have been implemented. ◆ There is cooperation with school districts and preschool evaluators to accomplish transitions from the Early Intervention Program to the Preschool Program with no gaps in services. 	<ul style="list-style-type: none"> ◆ To complete a software program for data entry of Preschool Program children and services. ◆ Assure that all information is in place when the automatic voucher listing (AVL) is received to be able to claim optimum reimbursement from the NYS Education Department. ◆ To work with Broome County Information Technology to establish a Microsoft Access database for the Early Intervention Program to assist in provider placement and to keep track of current caseload, progress notes, etc. ◆ To increase the number of prenatal home visits to ensure early and continuous comprehensive prenatal care to reduce infant mortality, decrease low birth weight babies and increase positive birth outcomes. ◆ To 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 nutritional status. ◆ Continue to explore ability to acquire grants, contract with Certified Home Health Agency and private insurance companies to increase revenue for Maternal Child Health Program to increase the number of Public Health Nurse direct service providers available to provide early identification and referrals of clients in need of early intervention services.

Maternal Child Health and Development (continued)

Maternal Child Health and Development Accomplishments

Program Accomplishments 2004-2005	Program Goals 2006
<p>Healthy Children New York:</p> <ul style="list-style-type: none"> ◆ Nurse consultation to 23 child care centers; 9 family based centers; 5 family resource centers and 1 walk in center at the Court House. 282 childcare site participants and 613 children have been served. 11 sessions of medication administration training to 49 child care providers, 195 onsite visits, 84 phone consultations, 63 mailings, 70 faxes, 2,052 e-mails and 68 health and safety training classes to parents/providers. ◆ Lead Poisoning quarterly meetings were held. Public Health Nurses distributed 100 lead prevention bibs. Nurses provided 150 hours of service completing 421 visits to families providing education regarding lead poisoning prevention. Home visits were made to 21 different families with children who had lead levels > 20mg/dl. 	<ul style="list-style-type: none"> ◆ Continue to provide nurse consultation to child care providers through MAT trainings, onsite visits, and phone contacts. ◆ Continue to participate in integrated programming regarding lead poisoning. ◆ Work with DSS to encourage lead paint education to recipients and to review landlord agreements to include lead paint abatement.

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

The purpose of programming for children with special health care needs 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. In 2005, there were 51 participants in the Physically Handicapped Children’s Program.

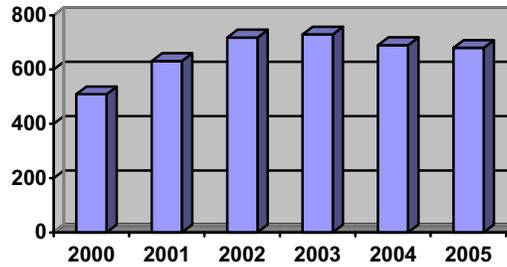
Early Intervention Program (EIP) (birth – 2 years)

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.

Maternal Child Health and Development (continued)

EARLY INTERVENTION PROGRAM ENROLLMENT

YEAR	ENROLLMENT
2000	509
2001	631
2002	718
2003	729
2004	690
2005	680



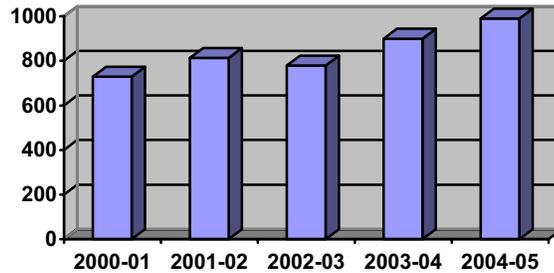
Education to Handicapped Children’s Program (EHCP)

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, 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.

PRESCHOOL COST

YEAR	COST
2000	3,594,444
2001	4,061,726
2002	4,631,215
2003	4,573,261
2004	5,399,910
2005	5,312,179



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.*

Maternal Child Health and Development (continued)

The Early Childhood Coalition (ECC)

The ECC is a public-private partnership formed in 2000. Membership includes county government (Health Department, Department of Social Services, and 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)

The HFNY Program 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)

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.

Healthy Families New York 2005 Performance Targets

Health & Development Targets:

- ◆ Percent of enrolled target children up to date on immunizations as of first birthday **100%**
- ◆ Percent having a medical provider **100%**
- ◆ Percent demonstrating age appropriate developmental milestones or referred if delays are detected **100%**

Parent/Child Interaction Targets:

- ◆ Parent stress reduced in highly stressed families by the target child's first birthday **71%**

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. **91%**
- ◆ At least 75% of primary caretakers identified at Family Kempe Assessment with current issues of domestic violence, substance abuse or mental health, will be referred to appropriate community services within 6 months of HFNY enrollment **81%**

Maternal Child Health and Development (continued)

Maternal and Child Health and Development Accomplishments

Program Accomplishments 2004-2005	Program Goals 2006
<p>Building Brighter Futures for Broome:</p> <ul style="list-style-type: none"> ◆ The Healthy Families New York Parents and Children Together (PACT) Home Visiting Program screened 1,055 families, completed 103 Kempe assessments, enrolled 119 families for intensive home visiting and conducted 2,222 home visits for child abuse prevention. Additionally, the program received many awards: HFNY Building Brighter Futures for Broome PACT Home Visiting Program received certificate of credential through 7/13/08, achieved 10 out of 11 of the HFNY Contract Performance Indicators for 8 months in 2005 and the program received certificate of “Recognition of Program Fatherhood Initiatives”. <p>Early Childhood Coalition (ECC):</p> <ul style="list-style-type: none"> ◆ 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 local partnerships. 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. 	<p>Building Brighter Futures for Broome:</p> <ul style="list-style-type: none"> ◆ Healthy Families New York PACT Home Visiting Program will continue to engage families in successfully reducing parental stress, promoting positive parent-child interaction, screening for 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. It will exceed the breastfeeding target of 30%, expand the fatherhood initiative and achieve 10 out of 11 of the contract performance indicators. ◆ Early Childhood Coalition will expand membership, 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 will continue to evaluate activities in current child care sites and expand services to new child care settings. <p>Early Learning Opportunities (ELO):</p> <ul style="list-style-type: none"> ◆ Continue to seek opportunities to integrate home visiting program activities and Child Care Health Education team into early learning initiative.

Maternal Child Health and Development (continued)

School and Community Oral Health Program

This grant program, funded through the New York State Department of Health, Bureau of Dental Health provides a variety of prevention-oriented oral health services. Included are oral health education, screenings, and dental sealants to second grade students in the highest priority school districts; screenings and oral health education for families with young children through community-based outreach efforts and train-the-trainer programs.

Program Accomplishments 2004-2005	Program Goals 2006
<ul style="list-style-type: none"> ◆ Through a collaborative agreement with New York State Dental Bureau and Lourdes Hospital, a dental clinic opened in 2004. By the fall of 2005, a waiting list of 300 clients had been established and over 500 families were receiving services. ◆ In 2004, the School and Community Oral Health Program provided dental screening, education and sealants for over 1,243 Headstart, second, and third grade children in Broome County schools. In 2005, that number increased to 1,363. ◆ In 2005, the School and Community Oral Health Program collaborated with the Broome Community College Dental Hygiene Program to provide prophylaxis and sealants to children, forging a partnership to add to the continuum of dental services in the community. 	<ul style="list-style-type: none"> ◆ Provide coordination of preventive oral health initiatives. ◆ Increase community and school-based dental screenings, sealants and referrals. ◆ Strengthen Dental Sealant Program by adding billing component to enhance sustainability. Enhance case management initiatives with high-risk families. ◆ Expand oral health education activities.

Dental Sealant /Preventive Dentistry Program 2005

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
Number of children educated on dental hygiene		1,243
Adults educated		117

The School and Community Oral Health Program continues to provide service to children in need who may not otherwise see a dentist. Dental hygiene keeps children healthy and is part of a healthy lifestyle. Learning about dental health and developing habits early are the key to a life time of good oral and physical health.

Maternal Child Health and Development (continued)

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. The WIC 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 and determined by need. Program statistics follow:

Women, Infants and Children Program (WIC) 2005

Participants Served (# visits)	20,240
Active Caseload:	4,750
Women	1,200
Infants	1,100
Children	2,450
Percent Exclusively or Partially Breastfeeding at Hospital Discharge	61.4%
WIC Clinic Sites	7
Total Clinic Days	249
Individual Certification, Prenatal and High Risk Counseling Sessions	10,500
Individual Education Sessions	9,000
Food Dollars Expended (estimate)	\$2,360,022
Farmer's Market	
Coupon Booklets Distributed	2,915
Dollars Expended	\$36,659
Participating WIC Vendors	23
WIC Community Outreach Programs	
Health Fairs, Inservice 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

Maternal Child Health and Development (continued)

WIC Program Accomplishments

Program Accomplishments 2004-2005	Program Goals 2006
<ul style="list-style-type: none"> ◆ Met program objectives including: 100% of clients received required nutrition education. ◆ Documentation was provided for 96% of the population regarding immunization status. ◆ 100% of prenatal participants received 2+ educational contacts regarding smoking cessation. ◆ Nutrition staff was trained in Fit WIC curriculum. ◆ Implemented the Enhanced Breast Feeding Peer Counselor Program. ◆ Increased initiation and duration rates of breastfeeding mothers. ◆ Increased the number of women utilizing the breast pump program. ◆ Partnered with Southern Tier Breastfeeding Coalition on annual breastfeeding training for community professionals with 92 in attendance. 	<ul style="list-style-type: none"> ◆ Continue to meet or exceed program goals and objectives. ◆ Increase caseload by 300 individuals. ◆ Increase outreach efforts to families. ◆ Continue to explore innovative funding sources to support nutrition and physical activities for WIC families. ◆ Continue Breastfeeding Programs to meet goals established in Healthy People 2010.

Throughout the health department, program integration efforts have been encouraged. WIC works with the Healthy Families New York clients to meet mutual community needs, with the Steps to a Healthier NY program to establish breast feeding policies in work places and with the Maternal Child Health and Development division to make referrals so that the needs of WIC clients can be met.

Broome County Health Department Telephone Directory

Administration	778-2802
Community Health Information	778-3921
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	778-3909
School and Community Oral Health Program	778-2812
WIC (Women, Infants and Children's) Program	778-2881

**Selected
Community Health Status
Indicators**

Demographics

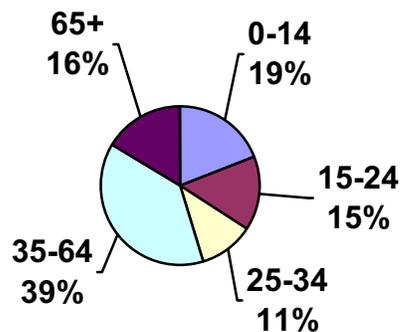
<i>Broome County Racial Composition</i>			
	1990*	2000*	Percent of Total
White	203,387	183,153	91.3%
Black or African American	3,999	6,575	3.3%
Asian/Pacific Islander	3,661	5,638	2.6%
American Indian, Alaskan Native and Other	1,113	1,977	1.0%
Hispanic Origin of any race	2,327	3,986	2.0%
Total Population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



Socio-Economic Status

Broome County

2001-2003

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.
% unemployed	15,612	5.3	5.8	Yes
% of births Medicaid or self pay at delivery	2,270	36.1	40.8	Yes
% of population at or below poverty level (2000)	N/A	11.6	13.2	No+
% of children <18 at or below poverty level (2000)	N/A	16.3	19.1	No+
Median family income (2000)	N/A	36,343	41,763	N/A
% Annual high school drop outs (2000-02)	678	2.3	4.4	Yes
% of high school graduates intending to enroll in college	4,948	87.0	80.5	Yes
Behavior/Risk Indicator (2003)	County Rate	CI #	NYS Rate	CI #
% of adults with health insurance	87.3	± 3.2	85.7	± 0.9
% of adults that did not receive medical care because of the cost	6.6	± 2.5	7.6	± 0.7

+ : Significant difference at 90% confide

*: Fewer than 20 events in the numerator; therefore the rate is unstable

#: 95% confidence interval for BRFSS/Expanded BRFSS indicators

County Health Indicator Profiles (2000 - 2004)

Profile of: Broome County

	2004		2003		2002		2001		2000	
	#	Rate								
SOCIO-DEMOGRAPHIC(1)										
Population	197,696		199,360		200,324		200,243		200,536	
Unemployment	5,213	5.4	5,822	6.0	6,128	6.2	4,136	4.2	3,190	3.2
Percent in Poverty	N/A	N/A	24,516	12.3	22,919	11.4	22,607	11.3	22,315	11.1
Median Household Income (in dollars)	N/A		36,134		35,903		35,687		36,343	
PERINATAL HEALTH(2)										
Pregnancies (All ages)	2,873	70.6	2,822	68.2	3,012	71.6	3,103	74.0	3,038	72.3
- Age 10-14	4	0.6	9	1.4	7	1.1	8	1.2	9	1.3
- Age 15-19	357	44.7	322	41.2	392	49.6	404	51.3	414	53.4
Births	2,025	10.2	2,075	10.4	2,062	10.3	2,145	10.7	2,214	11.0
Low Birthweight (Less than 2500 grams)	146	7.2	137	6.6	164	8.0	138	6.4	167	7.5
Prenatal Care (1st Trimester)	1,460	79.3	1,523	80.2	1,498	80.4	1,542	78.9	1,603	79.4
Infant Deaths	12	5.9	16	7.7	17	8.2	14	6.5	21	9.5
Neonatal Deaths	8	4.0	11	5.3	16	7.8	10	4.7	14	6.3
Postneonatal Deaths	4	2.0	5	2.4	1	0.5	4	1.9	7	3.2
Spontaneous Fetal Deaths (20+ wks)	13	6.4	20	9.5	16	7.7	15	6.9	8	3.6
MORTALITY (Rates per 100,000 Population)										
Total Deaths	2,072	1048.1	2,064	1035.3	2,113	1054.8	2,135	1066.2	2,223	1108.5
Lung Cancer (Total)	130	65.8	121	60.7	122	60.9	127	63.4	147	73.3
Lung Cancer (Male)	67	70.1	54	56.0	74	76.5	66	68.3	84	86.8
Lung Cancer (Female)	63	61.7	67	65.1	48	46.3	61	58.9	63	60.7
Breast Cancer	26	25.5	27	26.2	41	39.6	42	40.5	34	32.8
Cervical Cancer	2	2.0	4	3.9	4	3.9	3	2.9	2	1.9
Cerebrovascular Disease	123	62.2	154	77.2	153	76.4	145	72.4	182	90.8
Diseases of the Heart	599	303.0	626	314.0	587	293.0	691	345.1	767	382.5
Homicides	2	1.0	3	1.5	8	4.0	2	1.0	1	0.5
Suicides	19	9.6	17	8.5	20	10.0	10	5.0	13	6.5
Unintentional Injury	64	32.4	62	31.1	59	29.5	44	22.0	40	19.9
Motor Vehicle	24	12.1	22	11.0	18	9.0	15	7.5	15	7.5
Non-Motor Vehicle	40	20.2	41	20.6	41	20.5	29	14.5	25	12.5

AIDS	6	3.0	4	2.0	6	3.0	3	1.5	2	1.0
Cirrhosis (Liver)	17	8.6	25	12.5	29	14.5	17	8.5	25	12.5
HOSPITALIZATIONS (Rates Per 10,000 Population)										
Pediatric (0-4)										
- Asthma	16	15.3	14	13.3	31	28.9	37	33.8	37	32.8
- Gastroenteritis	6	5.7	9	8.6	17	15.8	18	16.4	22	19.5
- Otitis Media	0	0.0	2	1.9	4	3.7	6	5.5	6	5.3
Drug Related	409	20.7	348	17.5	351	17.5	324	16.2	357	17.8
Head Injury	141	7.1	137	6.9	128	6.4	141	7.0	146	7.3
DISEASE MORBIDITY (3)										
AIDS Cases (4)	15	7.6	13	6.5	11	5.5	15	7.5	12	6.0
Newborn HIV Seropositive	N/A	N/A	N/A	N/A	4	0.2	1	0.0	2	0.1
Early Syphilis	1	0.5	5	2.5	0	0.0	0	0.0	0	0.0
Chlamydia Incidence	452	228.6	452	226.7	464	231.6	366	182.8	0	0.0
TB Incidence	6	3.0	6	3.0	8	4.0	5	2.5	4	2.0
Ecoli O157 Incidence	1	0.5	1	0.5	0	0.0	1	0.5	4	2.0
Meningococcal Incidence	0	0.0	2	1.0	2	1.0	0	0.0	1	0.5
Pertussis Incidence	111	56.1	5	2.5	6	3.0	2	1.0	1	0.5
Lyme Disease Incidence	5	2.5	5	2.5	1	0.5	0	0.0	5	2.5

N/A - Not Available.

(1) Census population estimates were used for all years. Unemployment data from U.S. Bureau of Labor and Statistics Unemployment Rate is per 100 persons in the labor force. Percent of population in poverty and median household income are estimates from the U.S. Census Bureau.

(2) Total Pregnancy Rate is per 1,000 women 15-44; 10-14 and 15-19 rates are per 1,000 women in these age groups. The Birth Rate is live births per 1,000 population.

The Low Birthweight and Early Prenatal Care Rates are per 100 births. Infant, Neonatal and Postneonatal Death Rates are per 1,000 births.

(3) Newborn Seropositivity is per 100 births. All other rates in this section are per 100,000 population.

(4) AIDS Cases are presented by diagnosis year and exclude prison inmates

Source: New York State Department of Health

Health Risks and Behaviors

Broome County

2001-2003

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.
% children underweight (0-4 years, low SES)	170	4.0	8.0	Yes
% children overweight (2-4 years, low SES)	308	12.9	16.3	Yes
Behavior/Risk Indicator (2003)	County Rate	CI #	NYS Rate	CI #
% adults overweight or obese (BMI 25+)	60.3	± 4.4	56.7	± 1.2
% adults that participated in leisure time physical activity in last 30 days	83.2	± 3.1	74.6	± 1.0
% adults smoking cigarettes	23.2	± 3.7	20.3	± 0.9
% adult smokers that tried to quit smoking for one day or longer	56.6	± 9.0	58.0	± 2.3
% adults that binge drink	13.2	± 3.0	14.1	± 0.8
% adults eating 5 or more servings of fruit or vegetables daily	27.6	± 4.0	25.8	± 1.4

s: Total suppressed for confidentiality

*: Fewer than 20 events in the numerator; therefore the rate is unstable

#: 95% confidence interval for BRFSS/Expanded BRFSS indicators

**BROOME COUNTY HEALTH DEPARTMENT
COMMUNICABLE DISEASES
2000 – 2005**

DISEASE	2005	2004	2003	2002	2001	2000
Amebiasis	0	2	0	0	0	1
Campylobacteriosis	8	10	18	14	18	26
E Coli 0157: H7	2	4	1	0	1	4
Giardiasis	28	30	17	28	44	46
Salmonellosis	8	12	15	19	12	13
Shigellosis	1	0	2	0	2	1
Yersiniosis	0	0	0	0	0	0
Hepatitis A	0	1	0	0	2	4
Hepatitis B, Acute	5	5	0	2	5	1
Hepatitis B, Pregnant Carrier	4	8	2	5	5	10
Hepatitis C, Acute	0	0	0	0	1	1
Measles	0	0	0	0	0	0
Mumps	0	0	0	0	0	0
Rubella	0	0	0	0	0	0
Pertussis	16	110	5	6	2	1
Aseptic / Viral Meningitis	12	4	12	7	55	4
Group A Strep, Invasive	1	5	10	4	7	7
Haemophilus Influenza B, Invasive	4	2	0	0	0	0
Meningococemia, Meningococcal Meningitis	2	0	2	2	0	1
Pneumococcal Infection, Invasive Sensitive to Penicillin	9	23	18	17	9	7
Pneumococcal Infection, Invasive Resistant to Penicillin	10	7	14	3	21	7
Other Bacteremia	N/A	N/A	10	12	6	11
Other Bacterial Meningitis	0	1	2	1	2	5
West Nile Infection	0	0	0	6 + 1 probable	0	0
Other Viral Encephalitis	3	0	4	4	2	4
Legionella	7	4	4	4	1	1
Tuberculosis	2	7	6	8	6	4
Cryptosporidia	0	1	2	1	1	1
Listeriosis	1	0	1	1	2	2
Lyme Disease	11	5	5	1	0	5
Malaria	4	0	0	0	0	0
Total	138	241	150	145 + 1 probable	204	167

HIV/AIDS Cases Diagnosed Through December 2004

County	Living with HIV*		AIDS**			
	Excludes Prisoners	Includes Prisoners	Living		Cumulative	
			Excludes Prisoners	Includes Prisoners	Excludes Prisoners	Includes Prisoners
Broome	117	118	138	142	278	282
Chenango	15	20	27	35	42	57
Tioga	12	12	11	11	28	28
Total-Binghamton Region	144	150	176	188	348	367

* All cases reported and confirmed from June 2000 – December 2005

** All cases reported and confirmed from 1983-December 2005

Initial HIV & AIDS Cases and Living with HIV & AIDS Cases, 2001-2004 In the Binghamton Region, Excluding Prisoners

Year	Initial HIV	Living with HIV	Initial AIDS	Living with AIDS
2001	18	105	16	144
2002	10	126	18	134
2003	5	132	21	155
2004	11	144	19	176

From 2001 to 2004, there was a 27% increase in the number of persons living in the Binghamton region who had been diagnosed with HIV. At the same time, there was an 18% increase in the number of people living with AIDS.

Cumulative AIDS Cases – Two Year Comparison (Excludes Prisoners)

HIV Care Network Region	Cumulative AIDS Cases as of Dec. 2002*	Cumulative AIDS Cases as of December 2004**	% Increase Cumulative AIDS Cases Dec. 2002 – Dec. 2004
Broome County	248	278	11%
Chenango County	34	42	19%
Tioga County	23	28	18%
Total Binghamton Region	305	348	12%
Total Upstate NY (excludes NYC)	24,163	26,117	7%
NY State (total)	155,177	166,537	7%

* Cases reported and confirmed through December 2002, revised March 2005.

** Cases reported and confirmed from 1983 - December 2005.

As the above tables show, the rate of increase of cumulative AIDS cases in the Binghamton region is higher than the rate of increase for either other upstate counties or for New York State as a whole in the two year period ending 2004.

Immunization and Infectious Diseases

Broome County

2001-2003

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.
Pneumonia/flu hospitalizations in adults 65+ years per 10,000 (ICD9 480-487)	2,175	222.4	179.4	Yes
Measles incidence per 100,000	0	0.0*	0.0	No
Rubella incidence per 100,000	0	0.0*	0.0	No
Pertussis incidence per 100,000	13	2.2*	3.1	No
H. Influenza incidence per 100,000	9	1.5*	1.0	No
Hepatitis A incidence per 100,000	s	0.3*	3.6	Yes
Hepatitis B incidence per 100,000	7	1.2*	N/A	N/A
Tuberculosis incidence per 100,000	91	15.1	8.1	Yes
E. Coli incidence per 100,000	s	0.3*	0.9	No
Salmonella incidence per 100,000	46	7.7	14.6	Yes
Shigella incidence per 100,000	4	0.7*	5.0	Yes
Lyme disease incidence per 100,000	6	1.0*	26.7	Yes
Behavior/Risk Indicator (2003)	County Rate	CI #	NYS Rate	CI #
% of adults 65+ years with flu shot in last year	N/A	N/A	68.0	± 64.2
% of adults 65+ years that ever received pneumonia shot	N/A	N/A	61.7	± 58.3

s: Total suppressed for confidentiality

*: Fewer than 20 events in the numerator; therefore the rate is unstable

#: 95% confidence interval for BRFSS/Expanded BRFSS indicators

Perinatal Data Profile

Broome County

2002-2004 County/Zip Code

Zip Code	Percent of Births					Infant Deaths 2002-2004	Infant Deaths Rate	Teen Birth Rate	Teen Pregnancy Rate
	Total Births 2002-2004	Low Birth Weight	Out of Wedlock	Medicaid or Self-pay	Late or No Prenatal Care				
13744	31	12.9	41.9	34.5	0.0	0	0.0	25.6	32.1
13746	74	5.4	39.2	34.3	2.9	1	13.5	15.5	15.5
13748	106	4.7	29.2	27.7	0.0	0	0.0	24.5	55.2
13754	101	10.9	40.6	45.9	1.2	1	9.9	54.5	73.7
13760	1,401	8.5	31.0	28.1	2.3	10	7.1	28.2	51.4
13777	36	8.3	47.2	31.4	0.0	0	0.0	28.6	57.1
13787	117	5.1	38.5	50.0	0.0	1	8.5	27.6	42.5
13790	599	7.0	38.2	38.2	3.0	6	10.0	41.7	73.2
13795	130	5.4	33.1	34.9	4.1	0	0.0	25.2	42.0
13797	76	5.3	38.2	50.0	4.6	1	13.2	33.3	42.4
13802	27	7.4	25.9	25.9	0.0	1	37.0	22.2	88.9
13813	37	8.1	51.4	57.1	6.3	0	0.0	122.2	155.6
13833	157	10.8	37.6	34.4	1.5	4	25.5	48.6	59.6
13850	535	6.4	16.4	13.0	1.4	6	11.2	2.1	4.7
13862	137	7.3	35.0	33.8	2.5	1	7.3	31.3	49.7
13865	187	8.0	34.2	29.9	2.9	0	0.0	30.9	53.4
13901	691	8.7	40.7	40.4	3.8	3	4.3	41.1	78.5
13903	623	5.6	39.2	39.6	3.6	2	3.2	30.8	55.5
13904	270	6.7	39.6	37.1	2.4	2	7.4	27.5	62.4
13905	961	5.7	44.0	46.6	3.9	6	6.2	53.7	88.3
Other	2
Total	6,298	7.2	35.8	35.2	2.8	45	7.1	25.4	44.4

Other includes all zips with fewer than 10 births during 3-year period.

Data source: New York State Department of Health, Bureau of Biometrics

Maternal and Infant Health Broome County 2001-2003

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.
% of births to women 25+ years w/out H.S. education	227	5.6	8.7	Yes
% births to out of wedlock mothers	2,174	34.6	36.6	Yes
% first births	2,460	39.2	41.9	Yes
% of births that were multiple births	180	2.9	3.7	Yes
% births w/early prenatal care	4,563	79.8	73.8	Yes
% births w/late or no prenatal care	200	3.5	6.0	Yes
% adequate prenatal care (Kotelchuck)	4,113	72.0	61.9	Yes
% Cesarean section	1,609	25.6	27.4	Yes
% Repeat Cesarean section	665	10.6	10.4	No
Mortality Rates (per 1,000 births)				
- Infant (<1 year)	47	7.5	5.9	No
- Neonatal (<28 days)	37	5.9	4.1	No
- Postneonatal (1 month to 1 year)	10	1.6*	1.8	No
- Fetal death (>20 weeks gestation)	50	7.5	7.1	No
- Perinatal (20 weeks gestation - 28 days of life)	87	13.1	11.0	No
- Perinatal (28 weeks gestation - 7 days of life)	61	9.2	6.1	Yes
Maternal mortality per 100,000 births	s	15.9*	18.0	No
% very low birthweight (<1.5 Kg)	97	1.5	1.5	No
% very low birthweight singleton births	78	1.2	1.1	No
% low birthweight (<2.5 Kg)	439	7.0	7.8	Yes
% low birthweight singleton births	349	5.6	5.8	No
% Premature Births				
- <32 weeks gestation	102	1.8	2.0	No
- 32 - <37 weeks gestation	489	8.5	9.4	Yes
- <37 weeks gestation	591	10.3	11.4	Yes
% births w/5 minute APGAR <6	253	4.0	10.9	Yes
% of births with complications during labor and delivery	2,639	42.0	58.1	Yes
Neonatal drug related discharge rate per 10,000 births	16	25.5*	53.5	Yes

s: Total suppressed for confidentiality

*: Fewer than 20 events in the numerator; therefore the rate is unstable

Infant Deaths, Neonatal Deaths, Post Neonatal Deaths and Perinatal Mortality Broome County 2004

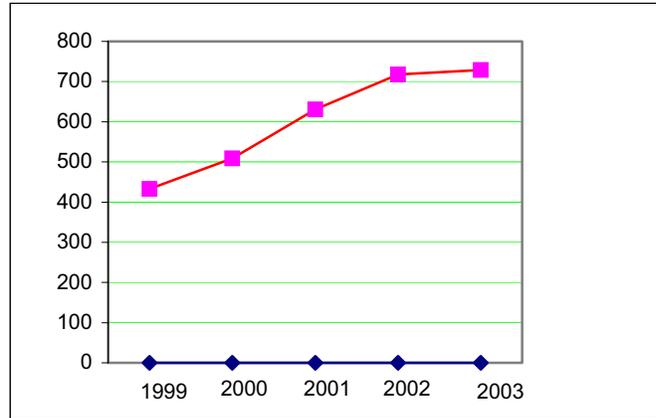
County	# Infant Dths ¹	Infant Dth Rate	# Neonatal Dths ²	Neonatal Dth Rate	# Post Neonatal Dths ³	Post Neonatal Dth Rate	Perinatal Mortality ⁴	Perinatal Dth Rate ⁵
New York State								
New York State	1,502	6.0	1,058	4.3	444	1.8	2,842	11.3
Broome	12	5.9	8	4.0	4	2.0	21	10.3

1. Infant Death Rate -- deaths under 1 year of age per 1,000 live births
2. Neonatal Death Rate -- deaths under 28 days of age per 1,000 live births
3. Post Neonatal Death Rate -- deaths at age 28 days and older but less than 1 year per 1,000 live births
4. Perinatal Mortality = the number of neonatal death + spontaneous fetal deaths of gestation 20+ weeks
5. Perinatal Mortality Rate = (the number of neonatal deaths + spontaneous fetal deaths of gestation 20+ weeks)*1000/(spontaneous fetal deaths of gestation 20+ weeks + live births)

Vital Statistics of New York State 2004

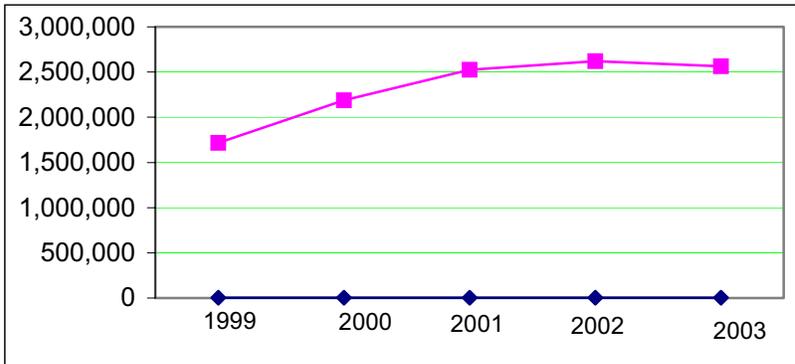
EARLY INTERVENTION PROGRAM ENROLLMENT

YEAR	ENROLLMENT
1999	433
2000	509
2001	631
2002	718
2003	729
2004	690
2005	680



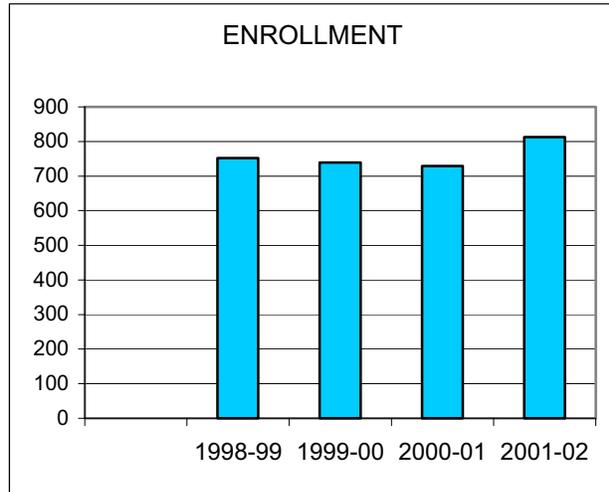
EARLY INTERVENTION PROGRAM COST

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



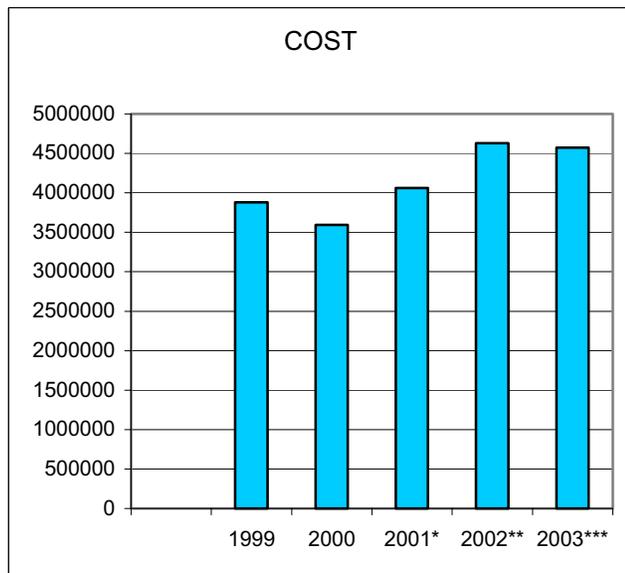
PRESCHOOL PROGRAM
ENROLLMENT

YEAR	ENROLLMENT
1998-99	752
1999-00	739
2000-01	729
2001-02	813
2002-03	779
2003-04	899
2004-05	990



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
2004	
2005	



Child and Adolescent Health Indicators Broome County 2001-2003

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.
Childhood Mortality (per 100,000)				
1-4 years	5	19.2*	25.1	No
5-9 years	4	11.3*	12.5	No
10-14 years	4	9.8*	14.8	No
Asthma Hospitalization rate per 10,000				
0-4 years	82	25.5	68.3	Yes
5-14 years	63	8.3	23.0	Yes
0-17 years	160	12.1	33.1	Yes
Gastroenteritis hospitalization rate per 10,000 (0-4 yrs)	44	13.7	30.2	Yes
Otitis media hospitalization rate per 10,000 (0-4 yrs)	12	3.7*	5.7	No
Pneumonia hospitalization rate per 10,000 (0-4 yrs)	173	53.8	46.8	No
% children born in 1999, 2000, or 2001 screened for lead by age 2	3,503	52.7	N/A	N/A
Incidence rate among children <72 months of age with a confirmed blood lead levels $\geq 10\mu\text{g/dl}$	111	1.8	N/A	N/A

s: Total suppressed for confidentiality

*: Fewer than 20 events in the numerator; therefore the rate is unstable

Colorectal Cancer Incidence by ZIP Code

Broome County

1999-2003

Source: New York State Cancer Registry

Primary ZIP Code	Post Office	Included ZIP Codes	Males			Females		
			Number of Cases Observed	Number of Cases Expected	Percent Difference from Expected	Number of Cases Observed	Number of Cases Expected	Percent Difference from Expected
13730	Afton		6	6.3	within 15% of expected	9	5.3	50 to 100% above expected
13744	Castle Creek		0	1.9	very sparse data	1	1.6	very sparse data
13746	Chenango Forks		4	5.1	15 to 50% below expected	3	4.2	15 to 50% below expected
13748	Conklin	13749	8	6.7	15 to 49% above expected	4	5.7	15 to 50% below expected
13754	Deposit		10	6.3	50 to 100% above expected	3	5.6	15 to 50% below expected
13760	Endicott	13737, 13761, 13762, 13763	85	82.8	within 15% of expected	80	85.0	within 15% of expected
13777	Glen Aubrey		2	1.0	very sparse data	1	0.8	very sparse data
13778	Greene		14	9.0	50 to 100% above expected	5	8.6	15 to 50% below expected
13787	Harpursville		3	5.5	15 to 50% below expected	3	4.7	15 to 50% below expected
13790	Johnson City		30	36.6	15 to 50% below expected	39	47.6	15 to 50% below expected
13795	Kirkwood		7	6.8	within 15% of expected	8	5.9	15 to 49% above expected
13797	Lisle	13794	4	3.8	very sparse data	3	3.1	very sparse data
13803	Marathon	13863	7	6.1	within 15% of expected	6	5.2	within 15% of expected
13811	Newark Valley*	13802	12	7.1	50 to 100% above expected	7	6.0	15 to 49% above expected
13813	Nineveh		2	1.2	very sparse data	3	1.0	more than 100% above expected
13833	Port Crane	13848	8	8.0	within 15% of expected	12	6.5	50 to 100% above expected
13835	Richford		1	1.8	very sparse data	1	1.5	very sparse data
13850	Vestal	13851	41	45.2	within 15% of expected	44	47.0	within 15% of expected
13862	Whitney Point		9	6.2	15 to 49% above expected	4	5.3	15 to 50% below expected
13865	Windsor	13826	9	10.2	within 15% of expected	10	8.7	within 15% of expected
13901	Binghamton	13745, 13902	39	35.0	within 15% of expected	37	38.4	within 15% of expected
13903	Binghamton		28	32.3	within 15% of expected	22	31.9	15 to 50% below expected
13904	Binghamton		13	17.1	15 to 50% below expected	16	19.1	15 to 50% below expected
13905	Binghamton		52	50.5	within 15% of expected	56	59.4	within 15% of expected

Incidence data are provisional, May 2006

Female Breast Cancer Incidence by ZIP Code Broome County 1999-2003

Source: New York State Cancer Registry

Primary ZIP Code	Post Office	Included ZIP Codes	Number of Cases Observed	Number of Cases Expected	Percent Difference from Expected
13730	Afton*		11	14.1	15 to 50% below expected
13744	Castle Creek		3	4.7	15 to 50% below expected
13746	Chenango Forks*		7	12.6	15 to 50% below expected
13748	Conklin	13749	14	16.6	15 to 50% below expected
13754	Deposit*		15	14.1	within 15% of expected
13760	Endicott*	13737, 13761, 13762, 13763	188	206.1	within 15% of expected
13777	Glen Aubrey		2	2.7	very sparse data
13778	Greene*		19	22.8	15 to 50% below expected
13787	Harpursville*		11	13.9	15 to 50% below expected
13790	Johnson City		69	96.4	15 to 50% below expected
13795	Kirkwood		17	16.5	within 15% of expected
13797	Lisle	13794	6	9.3	15 to 50% below expected
13803	Marathon*	13863	12	15.0	15 to 50% below expected
13811	Newark Valley*	13802	14	17.3	15 to 50% below expected
13813	Nineveh*		0	2.8	more than 50% below expected
13833	Port Crane	13848	13	18.8	15 to 50% below expected
13835	Richford*		3	4.6	15 to 50% below expected
13850	Vestal	13851	99	108.4	within 15% of expected
13862	Whitney Point*		9	15.6	15 to 50% below expected
13865	Windsor	13826	31	25.5	15 to 49% above expected
13901	Binghamton	13745, 13902	78	90.8	within 15% of expected
13903	Binghamton		68	81.6	15 to 50% below expected
13904	Binghamton		40	43.0	within 15% of expected
13905	Binghamton		106	125.2	15 to 50% below expected

Incidence data are provisional, May 2006

**This ZIP Code crosses county boundaries. The values provided are for the entire ZIP Code, not just the portion in this county*

Cancer Incidence and Mortality by County

Broome County

1999-2003

Source: New York State Cancer Registry

Site of Cancer	Incidence						Mortality					
	Males			Females			Males			Females		
	Average Annual Cases	Rate per 100,000 Males	95% CI (+/-)	Average Annual Cases	Rate per 100,000 Females	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Males	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Females	95% CI (+/-)
All Invasive Malignant Tumors	607.6	591.9	21.1	563.6	426.4	16.2	248.6	245.3	13.7	246.2	168.9	9.7
Colorectal	68.4	66.6	7.1	68.6	46.7	5.1	24.2	24.0	4.3	21.6	13.6	2.6
Female breast				154.2	122.8	8.9				39.2	28.0	4.0
Cervix uteri				7.6	6.6	2.2				3.4	2.7	1.4

Incidence data are provisional, January 2006

Rates are per 100,000 persons, age-adjusted to the 2000 US standard population, with 95% confidence intervals.

Rates based on fewer than 4 cases or deaths per year are unstable and should be used with caution.

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	Number of Deaths 2004 In Broome County
Heart Disease	709,894	303
Cancer	551,833	231
Stroke	166,028	62
Chronic Lower Respiratory Disease	123,550	64
Accidents	93,592	32
Diabetes	68,662	42
Pneumonia/Influenza	67,024	34
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.