

# Broome County Health Department

## 2006 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

Barbara J. Fiala, Broome County Executive • Claudia A. Edwards, MS, Public Health Director



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November 20, 2007

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

Dear Ms. Fiala:

Enclosed for your perusal and use is the Broome County Health Department's 2006 Annual Report. As a community, we all faced many challenges during the flood of 2006. In retrospect, the experience only strengthened the Health Department's emergency response capabilities and expanded our capacity to serve our community.

This Annual Report includes accomplishments for 2006 and goals for 2007. The Community Health Status Indicators section has been updated to reflect recent morbidity and mortality trends for Broome County in the area of maternal and child health as well as other select indicators.

It is my hope that this report will be useful to you, the community and other county departments.

Sincerely,

A handwritten signature in cursive script that reads "Claudia A. Edwards".

Claudia A. Edwards, MS  
Public Health Director

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## *Introduction*

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

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

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

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

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

In the coming years, operational planning will be an important part of Public Health. To assure a competent Public Health workforce, the health department will continue to work with institutions of higher education to train and develop expertise in employees, ensuring that they meet or exceed established standards.

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

***Broome County Health Department***  
***Health Advisory Board***

Thomas Hull, Chairperson  
Legislative Health Committee  
13 Alpine Road  
Binghamton, New York 13903

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Jeffrey K. Davis Consulting, LLC  
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Term Expires 12/31/07

John Harding, M.D.  
21 Murray Street  
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Term Expires 12/31/09

Dr. Arthur Levy  
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Dr. Thomas Brown  
2209 Acorn Drive  
Vestal, New York 13850

Term Expires 12/31/09

Linda Hoke  
Director of Public Relations and Marketing  
Lourdes Hospital  
169 Riverside Drive, Binghamton, New York 13905

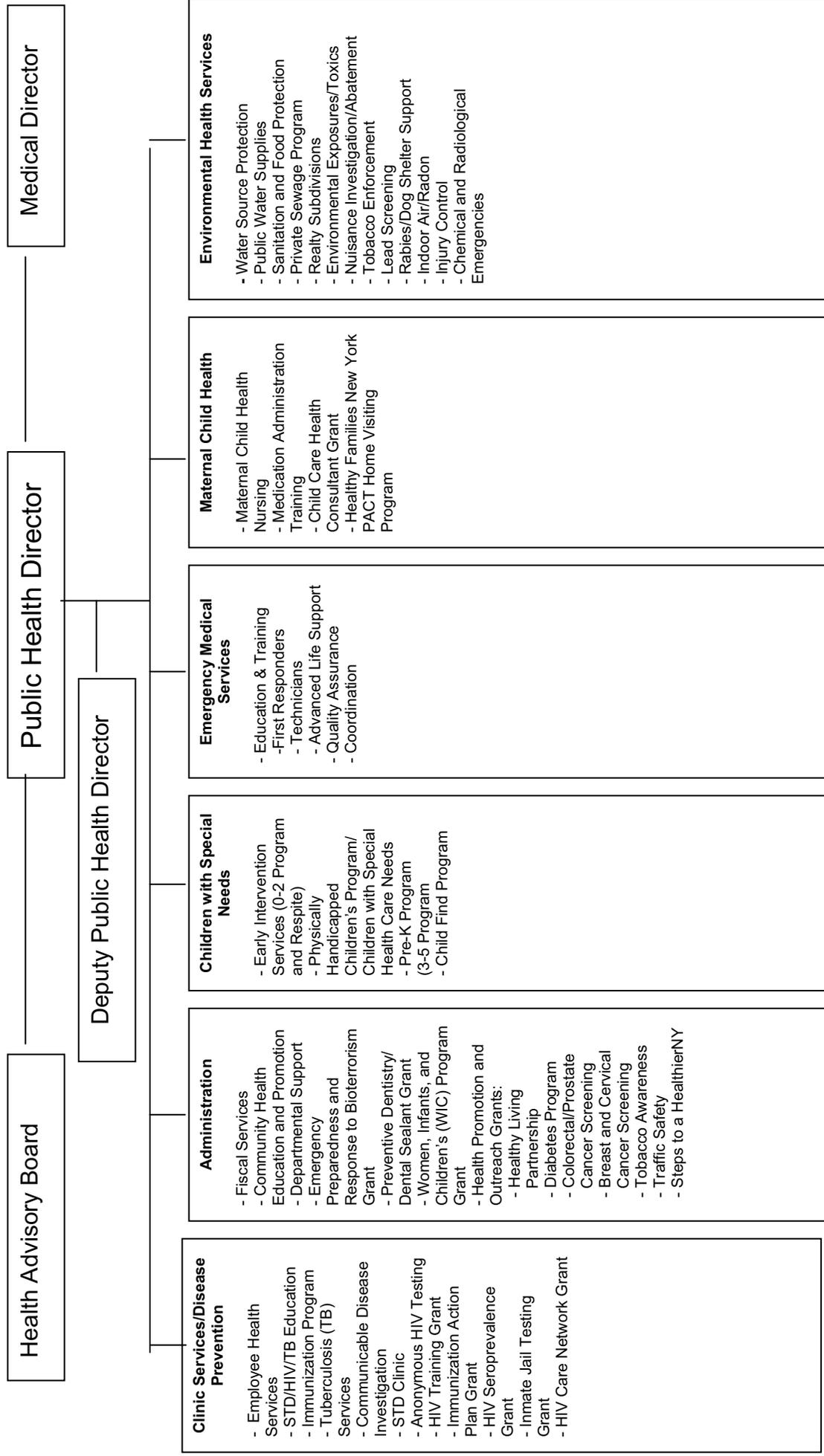
Term Expires 12/31/09

Kay Boland, Vice President for Patient Care Services  
United Health Services Hospitals  
Wilson Memorial Regional Medical Center  
33-57 Harrison Street  
Johnson City, New York 13790

Term Expires 12/31/08

# BROOME COUNTY HEALTH DEPARTMENT ORGANIZATIONAL CHART – 2006

**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

# Broome County Health Department 2006 Accomplishments

## **Flood 2006**

- During the 2006 flood, the health department provided around the clock public health nursing care for 75 special needs patients housed in the SUNY Binghamton Events Center, and administered emergency tetanus vaccine to 2,022 endangered residents and first responders.
- Almost every municipal and private water supply was impacted during the 2006 flood. Due to the efforts of the Environmental Health Services staff in collaboration with local water suppliers, 24 hour monitoring, increased chlorination, boil water advisories, and stabilization of holding tanks, the people of Broome County had clean water to drink and use while avoiding waterborne disease outbreaks.

## **Chronic Disease and Injury Prevention**

- Enrolled over 11,000 residents in BC Walks.
- Increased the percentage of residents engaging in the recommendation to walk at least 30 minutes per day, five days per week, from 53% to 61% (2005 Behavioral Risk Factor Surveillance System) in one year.
- Worked collaboratively with Broome-Tioga BOCES to establish board approved wellness policies in all twelve school districts in Broome County.
- Provided Binghamton University with the opportunity to build their capacity by providing them with the American Lung Association's Asthma Open Airways Program to use as part of their undergraduate community nursing curriculum. During the two semesters that the new curriculum has been in place, there have been 67 resident nursing students trained in the Open Airways Program and the program has been implemented in 17 elementary schools reaching more than 100 students with asthma.
- Assisted six school districts with the creation of School Health Advisory Councils, potentially impacting 33,156 students and 4,061 staff members in Broome County.
- Reached over 10,000 elementary school children in 24 schools with the "Give Me Five" fruits and vegetables campaign.
- Established healthy snacks, physical activity, breastfeeding and asthma education guidelines in eight day care centers, reaching 114 day care providers.
- In conjunction with the Broome County YMCA, receiving funding from the YMCA of the United States to purchase upper body strengthening bikes to offer individuals with disabilities an opportunity to participate in a land-based cardiovascular activity.
- Completed Mission Meltaway Programs at 38 sites in Broome County, reaching 837 people who lost over a ton of weight (2,414 pounds)!

## **Broome County Health Department 2006 Accomplishments (continued)**

- Steps Program and partners presented program successes at the National Steps Grantee Conference, National Conference on Physical Activity, National Diabetes and Obesity Conference, 4<sup>th</sup> annual National Prevention Summit, New York State Diabetes Conference and Steps to a Healthier NY Summit.
- Steps Program Coordinator and Office for Aging Wellness Coordinator presented on the National Administration on Aging's Webcast series to highlight the success of their partnership.
- Completed Certificate of Need application to implement dental services in school-based health centers and added dental services under part-time clinics on the Health Department's operating certificate.
- Provided oral health evaluation and education to 1,246 high-risk, low-income children throughout the twelve school districts in Broome County. 424 children received sealants on a total of 1,123 teeth.
- Provided cancer screening services to 2,547 individuals who were uninsured or underinsured. This activity identified 113 individuals with precancerous cells requiring treatment.
- Educated 254 individuals about diabetes prevention through the Mission Meltaway Program, distributed educational materials to approximately 2,000 residents and educated approximately 168 health care providers.
- Received over 1,000 Call to Action pledges to tell Big Tobacco companies to stop targeting kids. Twelve local non-profit agencies signed policies to refuse tobacco sponsorship and 19 bars/restaurants signed policies to prohibit tobacco company representatives from conducting sampling/promotions on their premises.
- Conducted 26 educational programs on various topics such as distracted driving, occupant restraint and teen safe driving, distributed over 500 bicycle helmets to children and dispersed approximately 210 child safety seats to income eligible families during the 2005-2006 grant year.

### **Early Intervention and Preschool Programs**

- 43% of children in the Early Intervention Program diagnosed with a developmental delay in one or more of five domains resolved the condition, becoming age appropriate prior to school entry.
- New York State Department of Health's Early Intervention Program's Individual Family Service Plan performance standards were met for 717 children.

## Broome County Health Department 2006 Accomplishments (continued)

### Environmental Health

- Environmental Health staff inspected 1,020 restaurants to ensure sanitary food preparation and handling procedures.
- Program activity was sufficient to meet our minimum objectives in the Community Sanitation Programs by inspecting 1,144 food facilities.
- Staff successfully implemented all new requirements in the Drinking Water Supply Program such as requiring large suppliers to do reconnaissance sampling, enhance bacteriological sampling and increase in-stream sampling of surface water supply sources.
- Staff continue to serve as a local information source on toxic waste site investigations. The number of sites under investigation by State and Federal agencies has increased to 700 homes and 30 businesses in every city in the urban core. Attention is focused on indoor air impacts.

### Clinics

- Clinic staff assisted in screening first year incoming international students at Binghamton University from highly endemic areas of the world. Staff also provided evaluation, including a medical history and chest x-ray for 117 students with latent Tuberculosis infection.
- Provided 14,861 visits to 8,519 patients in the Health Department Clinic.
- Provided 2,528 office visits for residents referred for STD testing via the New York State Department of Health surveillance system or those who were at risk for such communicable diseases.
- 3,136 flu vaccines were administered in collaboration with the Office for Aging at flu clinics throughout the county.
- Education was provided for the public, health care providers, school nurses, and day care sites regarding current Centers for Disease Control immunization recommendations (HepA for babies Rotavirus, Tdap HPV, Herpes Zoster). New recommendations were implemented.
- The HIV Care Network Access Directory, a resource directory for individuals with HIV/AIDS in the three county region, was revised, expanded and made available on-line.
- The HIV Network Coordinator and Network members collaborated to bring rapid HIV testing to Tioga County.

### Fiscal

- The health department fiscal division obtained \$7,612,988 in revenue from grants, \$1,429,772 in Article 6 state aid and third party payers for a total of \$9,042,760 offset to the health department budget.

## **Broome County Health Department 2006 Accomplishments (continued)**

### **Maternal Child Health**

- The Preventive Dentistry Dental Sealant Program, across 14 schools in 9 districts, screened 1,002 children.
- Active caseload for the Women, Infants and Children's (WIC) Program was 1,200 women, 1,100 infants and 2,450 children.
- 1,500 women enrolled in the WIC Program were counseled concerning smoking cessation.
- Maternal and Child Health Division visits to high-risk pregnant, postpartum women and newborns for 2006 was 4,750, including 1,028 new prenatal women, 254 new breastfeeding postpartum women, 1,170 new infants and 7 new children.
- Public Health Nurses provided health consultation to 25 child care centers, 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.
- A venture grant was obtained to standardize efforts to treat and control lice. Meetings were held with school nurses and a tool kit was developed.
- Healthy Children New York Program nurses provided 421 visits to families providing education regarding lead poisoning prevention. Home visits were made to 21 different families with lead levels >20 mg/dl.

### **Healthy Families New York Program**

- 2006 performance targets for the Healthy Families New York Program were: 100% of enrolled target children were on target with their immunizations by their first birthday, had a medical provider, and demonstrated age-appropriate developmental milestones or were referred if delayed.
- 91% of the enrolled TANF families participated in education, job training or job placement programs, or were employed by the child's first birthday.
- At least 75% of primary caretakers identified at Family Kempe Assessment with current issues of domestic violence, substance abuse or mental health issues were referred to appropriate community services within 6 months of enrollment. 71% of highly stressed families had parental stress reduced by the child's first birthday.

## 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

Health Department programming requires the knowledge of population based health strategies. These strategies are determined by assessing the community, reviewing the epidemiological evidence and implementing interventions that will have a positive impact. Assessment, one of the core functions of public health occurs continually; however, data is updated and formally reported to the community and NYSDOH every 2 years.

#### 2006 Program Accomplishments

- ◆ Explored grant funding opportunities to fund critical public health activities in the areas of Childhood obesity and telemedicine. Received a competitive grant for community based oral health programming.
- ◆ Implemented research based activities to increase the evidence base for public health programming resulting in 3 studies which reviewed Sexually Transmitted Diseases, Pertussis and Asthma rates in Broome County.
- ◆ Engaged the community in strategic planning opportunities to improve public health infrastructure and community wide emergency preparedness related to the health of our residents.
- ◆ Worked with institutions of higher education by utilizing interns and promoting partnerships. Hosted 16 nursing students and their preceptor, allowing them to complete fieldwork in public health nursing.
- ◆ Integrated a comprehensive, community wide approach to managing chronic disease by providing evidence based public health programs.

#### 2007 Program Goals

- ◆ Explore grant-funding opportunities to fund critical public health activities in the areas of childhood obesity, early intervention and epidemiology.
- ◆ Continue to research community health by gathering data pertaining to community health needs and planning interventions. Trend health information by using existing data and reviewing health patterns.
- ◆ Engage community partners in reviewing data to update the Community Health Assessment, a document identifying major health concerns and establishing health priorities.
- ◆ Continue to engage institutions of higher learning to build Public Health infrastructure.
- ◆ Collaborate with community partners to integrate a systems, policy and environmental changes to encompass a comprehensive, community-wide approach to managing chronic disease by systems, policy and environmental changes.

## Health Education and Promotion

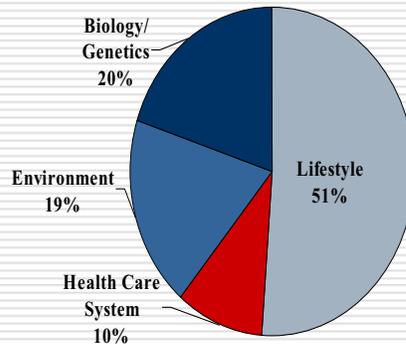
Lifestyle choices and personal health habits impact the development of chronic disease. In an effort to make the healthy choice the easier choice, the Broome County Health Department is committed to heightening public awareness of preventable health conditions and environmental hazards.

Through community health education and promotion, programs designed to assist and motivate individuals to voluntarily practice and sustain positive changes in their health-related behaviors are highlighted. Staff members specializing in health education and disease prevention are available to provide educational materials and presentations to the public on a variety of topics.

### The Burden of Chronic Disease

(Factors contributing to illness)

Source: Centers for Disease Control



## 2006 Program Statistics

### Community Health Promotion

Media Interviews	82
Educational Satellite Broadcasts	90
Presentations/Inservices	137
Health Promotion Events	118
News Articles on Health Issues	53
Press Releases	47

#### Topics:

Flu	4
Communicable Diseases	6
Water Safety/Advisories	2
Rabies	1
West Nile Virus	1
HIV/AIDS	6
Injury Control/Safety	10
Wellness/Nutrition/Physical Activity/Diabetes	11
Child Health	2
June Flood	3

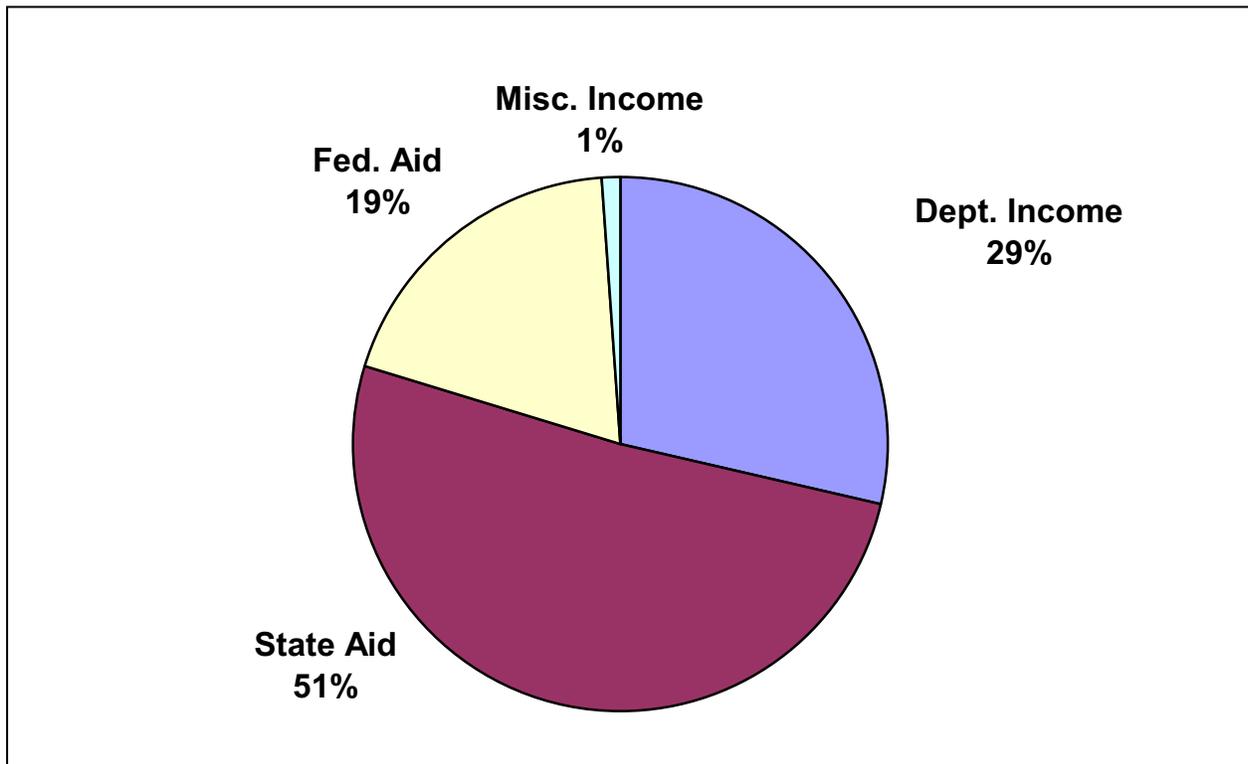
## Fiscal Services

Fiscal staff of the Health Department works 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 breakdown of revenue sources.

<b>2006 Program Accomplishments</b>
<ul style="list-style-type: none"><li>◆ Managed 26 grants at a cost of \$3,759,465 in 2006.</li><li>◆ Four quarterly Article 6 state aid claims were submitted totaling \$1,429,772 in 2006.</li><li>◆ Additional revenue from sources such as Medicaid, Medicare, commercial insurance and other forms of state aid totaled over \$7.3 million.</li><li>◆ Fiscally managed the Health Department's budget using grant opportunities and revenue sources to reduce net county support.</li></ul>
<b>2007 Program Goals</b>
<ul style="list-style-type: none"><li>◆ Continue to work with Director and Division Heads to explore options for decreasing county support for health department activities.</li><li>◆ Prepare for both known and unknown staffing changes/retirements by cross training existing staff, looking at internal candidates and recruitment strategies.</li></ul>

## Revenue

2006 Revenue By Division						
Division	Dept. Income	State Aid	Fed. Aid	Misc. Inc.	Total	% of Total
Administration	179,700	606,329	940	41,949	828,918	7%
Environmental Health	204,198	204,269	6,006	55	414,528	3%
Clinics	533,452	361,586	959	1,595	897,592	7%
Maternal Child Health & Development	2,538,347	4,187,464	619	-190,547	6,535,883	52%
EMS	45,573	106,051			151,624	1%
Grants/FEMA	202,108	1,095,890	2,477,553	2,747	3,778,298	30%
<b>TOTAL</b>	<b>3,703,378</b>	<b>6,561,589</b>	<b>2,486,077</b>	<b>-144,201</b>	<b>12,606,843</b>	<b>100%</b>
<b>% of Total</b>	<b>29%</b>	<b>52%</b>	<b>20%</b>	<b>-1%</b>		<b>100%</b>



\* Department Income refers to income earned through service fees, chargebacks to grants, fines, employee health physicals, etc.

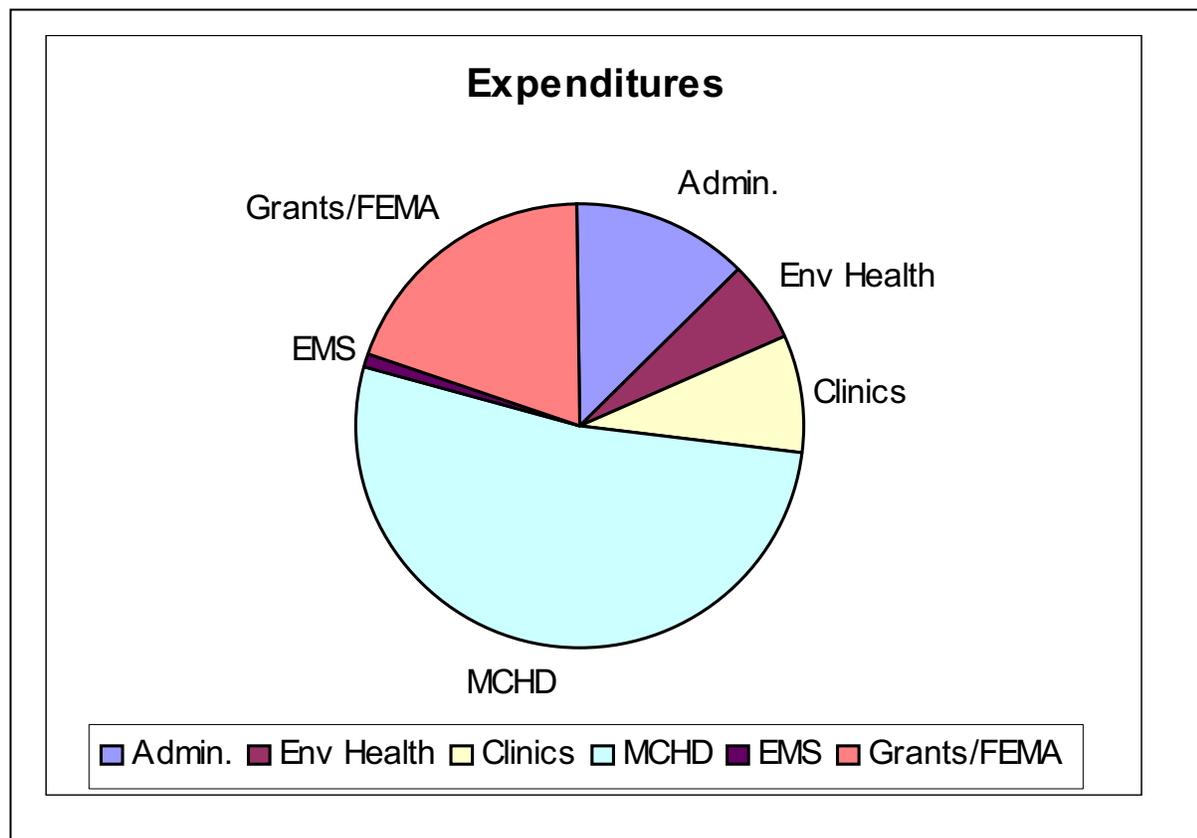
\*\* Miscellaneous Income refers to rental income, refunds of prior year expenditures, and transfers from insurance reserves.

## Expenditures

The administration expenditures include the Fiscal Division which manages all aspects of the Health Department's finances, purchasing, accounts payable, cash management, billing for the Early Intervention and Preschool Programs, managing 34 grants, and other complex financial and statistical reports.

Maternal Child Health occupies the largest segment (52%) of the Health Department budget. This division includes services to children at risk for or diagnosed with developmental delays and disabilities through the Early Intervention (0-3) and Preschool (3-5) Programs.

Division	Expenditures	% of Total
Administration	2,389,470	13%
Environmental Health	1,107,961	6%
Clinics	1,540,681	8%
Maternal Child Health & Development	9,786,267	52%
EMS	246,620	1%
Grants/FEMA	3,679,479	20%
<b>TOTAL</b>	<b>18,750,478</b>	<b>100%</b>



## Emergency Preparedness

Emergency Preparedness continues to be a priority item for public health as national and international concerns remain with respect to terrorism, natural disasters, and Pandemic Influenza. Regardless of whether an emergency is natural or manmade, an organized and coordinated local response is necessary to protect lives and infrastructure.

During this past summer's catastrophic flooding the Health Department went into response mode and provided personnel, operational, and logistical support as part of the countywide Emergency Operations Center. Public Health Nurses, Nurse Practitioners, and Medical Reserve Corps volunteers worked along side the American Red Cross and Emergency Medical Services personnel providing around-the-clock medical care at the Binghamton University Special Needs Shelter. The Health Department will continue to strengthen partnerships with local hospitals, community agencies, government officials, and emergency services in order to prepare for and respond to emerging needs.

<b>2005-2006 Program Accomplishments</b>
<ul style="list-style-type: none"><li>◆ Responded to community medical needs during summer flooding by providing medical and nursing services, vaccinations, and logistical support to evacuees.</li><li>◆ Overwhelming majority of Health Department employees have received National Incident Management System training.</li><li>◆ Through education and support, have continued to help prepare the community for Pandemic Influenza.</li></ul>
<b>2007 Program Goals</b>
<ul style="list-style-type: none"><li>◆ Continue to build public health system capacity to respond to public health emergencies through drills and exercises.</li><li>◆ Locate and quantify Special Needs Populations and develop mechanisms for contacting these populations 24/7 in the event of an emergency.</li><li>◆ Continue to update the Health Department's Health Emergency Operations Plan.</li><li>◆ Continue to interface with community partners, schools, businesses, and the emergency service community in preparation for Pandemic Influenza, natural, and manmade disasters.</li><li>◆ Continue to cultivate and develop the Medical Reserve Corps.</li><li>◆ Introduce and refine new technology to aid emergency preparedness and response activities.</li></ul>

The Broome County Office of Emergency Services, in conjunction with the Broome County Dive Team, local fire departments, and state agencies conducted dozens of water rescue operations during the 2006 flood. Many of the evacuees were then transported to the Binghamton University Event Center, where they were treated by Public Health, American Red Cross, and Emergency Medical Services Personnel.



The Broome County Health Department joined the American Red Cross, Harpur's Ferry Student Volunteer Ambulance Service, Broome County CASA, Broome County Mental Health Department, United Health Services Hospitals, and Our Lady of Lourdes Hospital staff in order to triage, house and treat more than 2,000 flood evacuees at the Binghamton University Event Center.



## 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 Investigation and 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.

<b>Communicable Disease Investigations</b>	193
Number of Known Deaths from Communicable Disease Infection	2
Number of Chronic Hepatitis B Infections Investigated	27
Number of Chronic Hepatitis C Infections Investigated	158

## **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	1390
Total Visits	1811
Number of Patients on Preventive Therapy	201
Active TB Cases	3

## **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	710
Doses Administered	1397

## **Flu/Pneumonia Program**

Number of Clinics at Community Sites	11
Flu Vaccinations Given	2778
Pneumococcal Vaccinations Given	107
Immunization Initiative – Physician’s Office Chart Review Sites	4

## **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	2528
Broome County Jail Clinic Visits	528
<b>Most Frequent Diagnosis</b>	
Nongonococcal Urethritis	354
Nongonococcal Cervicitis	378
Gonorrhea	123
Chlamydia	488
Syphilis	14

## **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	3500
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## **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.

<b>HIV Counseling and Testing Services</b>	
Participants Receiving HIV Tests	2563
<b>Anonymous HIV Counseling and Testing (NYSDOH)</b>	
Number of Anonymous HIV Tests	1837
Number of Confidential Tests	51
Number of Positive Tests	16
Number of Anonymous community Testing Sites	15

## **HIV/AIDS Training Program**

The Broome County Health Department provided HIV/AIDS related training to health and human-service providers and the public in a [seven county region](#). These trainings were targeted to providers who delivered HIV testing services in a variety of clinical settings, or who worked with people with HIV/AIDS. These free training programs were offered through a grant from the New York State Department of Health AIDS Institute which ended in June of 2006. The Southern Tier Aids Program now provides training in this area.

### **Regional HIV/AIDS Training Services Grant**

Training Sessions Offered	15
Total Participants Receiving Training	360

## **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	11
Educational and Health Related Forums	5
Community Planning Meetings Held	53

## Employee Health Services

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

Number of New Patients	137
Number of Brief Visits	382

### 2006 Program Accomplishments

- ◆ Clinic staff assisted in screening first year incoming international students at Binghamton University from highly endemic areas of the world. Staff also provided evaluation, including a medical history and chest x-ray for 117 students with latent Tuberculosis infection.
- ◆ Provided 14,861 visits to 8,519 patients in the Health Department Clinic.
- ◆ Provided 2,528 office visits for residents referred for STD testing via the New York State Department of Health surveillance system or those who were at risk for such communicable diseases.
- ◆ 3,136 flu vaccines were administered in collaboration with the Office for Aging at flu clinics throughout the county.
- ◆ Education was provided for the public, health care providers, school nurses, and day care sites regarding current Centers for Disease Control immunization recommendations (HepA for babies Rotavirus, Tdap HPV, Herpes Zoster). New recommendations were implemented.
- ◆ The HIV Care Network Access Directory, a resource directory for individuals with HIV/AIDS in the three county region, was revised, expanded and made available on-line.
- ◆ The HIV Network Coordinator and Network members collaborated to bring rapid HIV testing to Tioga County.

### 2007 Program Goals

- ◆ Assist Binghamton University Health Services with screening international students for Tuberculosis (TB) in August and September 2007.
- ◆ Educate students with a positive Mantoux about the difference between TB disease and infection.
- ◆ Identify students interested in taking treatment for latent TB infection and initiate treatment for those students who express commitment to the nine-month course of medicine.
- ◆ Educate staff at the Broome County Correctional Facility on TB risks in order to facilitate their TB control efforts. Establish system of communication about inmates infected with Tuberculosis.
- ◆ Re-establish coordinated effort with refugee resettlement programs to encourage tuberculin skin testing for recently arrived refugees and immigrants.

## 2007 Program Goals (continued)

- ◆ Incorporate rapid HIV testing in visits for clients with a positive tuberculin skin test.
- ◆ Expand services to residents by offering urine based STD testing to all men who seek services at the STD Clinic.
- ◆ Continue to offer rapid HIV testing technology to those who seek HIV testing. Currently, the clinic offers the Orasure twenty-minute Rapid HIV test. In 2007, we will offer the ten-minute Unigold rapid HIV test to allow for a shorter office visit to learn their HIV status and a more accurate and cost-effective test.
- ◆ Continue to serve as a safety net for the public by providing immunization services to those without medical homes/insurance. Provide immunizations to special needs populations as indicated.
- ◆ Continue to provide education on and implement current immunization recommendations from Centers for Disease Control and NYS Public Health Law.
- ◆ Promote administration of new vaccines through education, with an emphasis on the new Tdap vaccine. Provide additional Tdap immunization clinics.
- ◆ Work collaboratively with Office for Aging's staff and volunteers to conduct flu clinics.
- ◆ Continue the efficiency and productivity of STD and HIV testing clinics.
- ◆ Reduce the barriers to HIV testing by reducing or eliminating the associated charges.
- ◆ Continue and improve our Hepatitis vaccine rates of completion.
- ◆ A Case Management Conference will be held in September 2007 that will focus on the case management needs of persons released from local and state incarceration facilities.
- ◆ Partner with Project WAVE (War Against Virus Escalating) to promote National HIV Testing Day in June 2007.
- ◆ Coordinate meeting with the AIDS Institute dental consultant and local dental providers to discuss dental needs in the region.
- ◆ Speed up the Hepatitis reporting system so that reporting is completed within sixty days at least 90% of the time.
- ◆ Have Communicable Disease Nurse complete Field Epidemiology Certificate through the University of North Carolina School of Public Health to improve skills.
- ◆ Train additional staff to cover communicable disease issues.
- ◆ 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.

## **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 linked by environmental factors. 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 and tobacco sales to minors
- 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	641
Freedom of Information Requests	54
Environmental/Occupational Health Reviews	307

### **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.

## 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

<b>Community Sanitation Field Inspections</b>			
	<b>Active Facilities</b>	<b>Field Inspections</b>	<b>Critical Violations Identified **</b>
Campground Program	16	16	3
Mobile Home Parks	63	59	0
Children's Camps	13	18	0
Pools and Beaches	100	89	3
Temporary Residences	41	62	4

\*\* 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.

<b>Community Sanitation Programs *</b>			
	<b>Active Facilities</b>	<b>Field Inspections</b>	<b>Critical Violations Identified **</b>
Food Service	1,144	1,147	91

\*\* 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](http://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

Active Facilities	191
Inspected	157



Health Department staff coordinate the annual water taste test for Broome County public water supplies. This event is designed to raise community awareness of the importance of safe drinking water to the health of residents.

## Wastewater Treatment and Disposal Program

Individual homeowner system site inspection and plan reviews

New Systems	143
Replacement Systems	94

## 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.

## Youth Tobacco Sales Reduction Program

Active Facilities	169
Completed Compliance Checks	210
Compliance Rate (# no sales / # facilities)	97%

## 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	3
Human Cases	0
Dead Crow Reports	25
Birds Tested Positive	3

## Childhood 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 when they are 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.

Case Investigations (blood level >20)	6
Screenings $\geq$ 15-19 blood lead	5
Hospital Admissions – Chelation	3

## 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	557
Humans Receiving Post-Exposure Treatment	84
Animal Vaccinations	2755
Animal Specimens Tested	138
Positive Specimens	9

## Environmental Health Services Accomplishments

### 2006 Program Accomplishments

- ◆ Program activity was sufficient to meet our minimum objectives in the Community Sanitation Programs.
- ◆ Staff successfully implemented all new requirements in the Drinking Water Supply Program including enhanced reporting.
- ◆ There were no major illness outbreaks reported in Broome County.
- ◆ The Division staff again exhibited the capacity to operate under emergency conditions with our response to two major flooding events. Response to resident concerns included stream quality, mosquito habitat, boil water orders, private water supplies, and mold formation.
- ◆ Staff continue to serve as a local information source on toxic waste site investigations. The number of sites under investigation by State and Federal Agencies has increased with focused attention on potential indoor air impacts.

### 2007 Program Goals

- ◆ Prevent communicable disease, injury and chronic conditions caused by exposures at the regulated community.

Objective 1: Complete inspections of all regulated facilities according to the approved Municipal Public Health Services Plan and program work plans.

Objective 2: Assure staffing sufficient to meet Objective #1 by utilizing temporary staff in priority program areas such as Rabies, Food Service, and Swimming Pools.

- ◆ Increase community access to process and outcome data for Environmental Public Health Programs.

Objective 1: Place Food Service Inspections and Tobacco Law Violations on the County website.

Objective 2: Develop an Environmental Public Health Report Card as part of the Community Health Assessment and include it on the website.

- ◆ Promote awareness of the core functions of public health so that the community and policymakers understand why we do things. For examples, linking assessment, policy development and assurance need to be developed using the logic model system.
- ◆ Evaluate succession planning steps within the Division as retirements continue and new staff is hired.

# 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 Statistics

<b>Breast &amp; Cervical Cancer Screenings:</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Clinical Breast Exam	1760	1803	1813	1672
Screening Mammogram	1323	1313	1243	1157
PAP Test	1301	1317	1387	1293
<b>Colorectal Cancer Screenings:</b>				
Fecal Occult Blood Test (Take-Home Kit)	246	322	304	379
Screening Colonoscopy	8	18	23	24
<b>Number of Clients Eligible for Medicaid Treatment Act: (Diagnosed with Breast Cancer, Cervical Cancer or Pre-Cancerous Cells of the Cervix)</b>				
Broome	19	31	47	51
Chenango	6	8	7	4
Delaware	4	3	7	7
Otsego	10	18	15	17
Tioga	5	6	6	5
<b>Totals</b>	<b>44</b>	<b>66</b>	<b>82</b>	<b>84</b>

## 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
<b>Sustainability</b>		
Presentation to Senator Libous staff person about local Tobacco Free Broome & Tioga activities and programs	Presentation to Meredith Johnson, Constituent Services Assistant	5
Quarterly newsletters highlighting achievements by the NYS tobacco control partners in south Central NY	Distribution via email, mail	Legislators, key community leaders, Tobacco Free All Stars, Coalition members
<b>Decreasing the Social Acceptability of Tobacco Use</b>		
Educational mock convenience store illustrating how tobacco companies target youth.	Relay for Life (3) Spiedie Fest 2006	Over 1000 pledges telling big tobacco to stop targeting youth were signed at these events, raising community awareness
Obtained policies from local non-profit agencies and organizations that they will not accept tobacco sponsorships	Ongoing recruitment	25 agencies have signed policy (16 added this year)
Obtained policies from local bars and restaurant that they will not allow tobacco company representatives to conduct promotions on their premises	Ongoing recruitment	21 bars/ restaurants have signed this new policy
Worked with the Broome County Health Department administration to designate the entire campus of the Health Department smoke free	Great American Smoke Out Day was the “trial run” – became effective Jan 1 2007	Health department staff
Worked with the STEPS Program to declare the playgrounds in all county parks tobacco free.	Announcement will be made May 2007	Various Broome County departments
Co-promotion with the Binghamton Senators Hockey Club showing how tobacco companies target youth.	Display at hockey game/photos with mascot/TV ad developed and broadcast	522 pledges received from fans telling tobacco companies to stop targeting youth with ads
Full-page Press & Sun-Bulletin ad to recognize all “Tobacco Free Allstars”, non-profits that signed a ‘no tobacco sponsorship’ policy and bars /restaurants that signed the no Promotion” policy		23 agencies/organizations and 21 bars/restaurants honored
<b>Increase Cessation Opportunities</b>		
Tobacco Cessation/NYS Smokers Quitline promotion during Great American Smoke Out Week – Nov 2006	TV segment developed, TV news appearance, newspaper article	TV segment – ex smoker, pharmacist discussed Quitline

## 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.

<b>Workplan Goals: Grant year runs from October 1 – September 30</b>	<b>Number of Participants</b>
Health Care Provider Information and Education	250
Mission Meltaway Program (Diabetes Prevention, Pre-Diabetes and Diabetes Education)	266
General Education (Presentations, Displays, Materials Distributed)	10,000
Provided Scholarships for uninsured to attend diabetes education classes	4

## 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 (unintentional and intentional). This program collaborates with local law enforcement and consumers to determine safety policies.



<b>Workplan Goals: Grant year runs October 1– September 30</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Community Outreach/Presentations/Education Programs	10	33	34	26
# of Individuals educated about various Traffic Safety Topics	455	1261	1193	1794
Child Safety Seat Distributions	258	275	322	210
Child Bike Helmet Distributions	350	350	400	500
Traffic Safety Education and Enforcement Partnerships (Corporate and Government Employers, Local School Districts, Law Enforcement Sub-Contractors)	25	40	58	58

## 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

**41 sites involved in Mission Meltaway**  
**857 participants enrolled**  
**80 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 “5A’s” method of intervention (**A**sk about tobacco use. **A**dvice to Quit. **A**ssess willingness to make a quit attempt. **A**ssist in quit attempt. **A**rrange the follow-up). 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

**130 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

15,500 Broome County residents enrolled in BC Walks



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



**114 providers trained on asthma teaching**  
**100 students enrolled in Open Airways**  
**17 elementary schools participated in Open Airways**

**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**  
**12 school districts participated**  
**16,000 children were exposed to Give Me Five Program**



According to the national Behavioral Risk Factor Surveillance Survey (BRFSS, December 2000), only 31.6% of Broome County adults report eating five servings of fruits and vegetables a day as recommended by the United States Department of Agriculture. With the increasing prevalence of overweight and obesity in both adults and children, and the implications that has on their health, fruits and vegetables provide a healthy alternative to foods that are high in fat and cholesterol for people who want to manage their weight. Fruits and vegetables are high in fiber, vitamins and minerals and low in fat, calories and sodium when they are eaten unadorned. The Farm to You and Give Me 5 campaign educates community residents about the benefits of eating five servings of fruits and vegetables a day and provides practical and easy, low fat ways to incorporate more fruits and vegetables into their daily eating habits. The program also promotes local farmers markets and collaborates with Cornell Cooperative Extension to bring farmers markets into areas where residents do not have access to fresh fruits and vegetables.



# Chronic Disease Risk Reduction Programming

## 2006 Program Accomplishments

- ◆ Increased the percentage of residents engaging in the recommendation to walk at least 30 minutes per day, five days per week, from 53% to 61% (2005 BRFSS) in one year.
- ◆ Worked collaboratively with Broome-Tioga BOCES to establish board approved wellness policies in all twelve school districts in Broome County.
- ◆ Assisted school districts with the creation of School Health Advisory Councils. Reached over 10,000 elementary school children in 24 schools with the “Give Me Five” fruits and vegetables campaign.
- ◆ Established healthy snacks, physical activity, breastfeeding and asthma education guidelines in day care centers.
- ◆ Presented program successes at the National Steps Grantee Conference, National Conference on Physical Activity, National Diabetes and Obesity Conference, 4<sup>th</sup> annual National Prevention Summit, New York State Diabetes Conference, Steps to a Healthier NY Summit and National Administration on Aging’s Webcast series.
- ◆ Provided cancer screening services to 2,547 individuals who were uninsured or underinsured.
- ◆ Received over 1,000 Call to Action pledges to tell Big Tobacco companies to stop targeting kids. Twelve local non-profit agencies signed policies to refuse tobacco sponsorship and 19 bars/restaurants signed policies to prohibit tobacco company representatives from conducting sampling/promotions on their premises.
- ◆ Conducted 26 educational programs on various topics such as distracted driving, occupant restraint and teen safe driving, distributed over 500 bicycle helmets to children and dispersed approximately 210 child safety seats to income eligible families during the 2005-2006 grant year.

## 2007 Program Goals

- ◆ Build community capacity to support residents with evidence-based integrated chronic disease risk reduction interventions where they learn, work, play and pray.
  - ◆ 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.
  - ◆ Establish policy, system and environmental changes in schools, worksites, recreational facilities, health care systems, and faith based institutions that will encourage healthier living.
  - ◆ Conduct multifaceted “Steps Prevention” activities to ensure continued funding after the five-year grant term expires in September 2008.
  - ◆ Continue to provide cancer screening services to individuals who were uninsured or underinsured meeting or exceeding established program goals.
  - ◆ Continue work with Tobacco Free Broome and Tioga to combat big tobacco’s advertising strategies and establish policies regarding the sale and advertising of tobacco products or the acceptance of tobacco money.
- Coordinate Governor’s Traffic Safety Program efforts by working with local law enforcement agencies to provide safe driving campaigns to the community.

## **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.

### **Licensed Home Care Services Agency (LHCSA)**

Broome County Health Department operates a Licensed Home Care Services Agency. The scope of practice encompasses maternal and child health prevention activities including skilled nursing, lactation counseling, in-home physical assessment of clients and their environment, health education and referral to community resources. Communication is established with the family's health care provider to assist in planning and advocating for the client's needs. Home visitation services are available to all prenatal, postpartum/newborn clients in Broome County. Referrals are accepted from hospitals, health care providers, insurance companies and clients or their families. The ultimate goal is to direct the patient toward self or family care.

**In 2006 there were 1,209 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 2006 there were 182 children enrolled in the Child Find program.**

## 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.

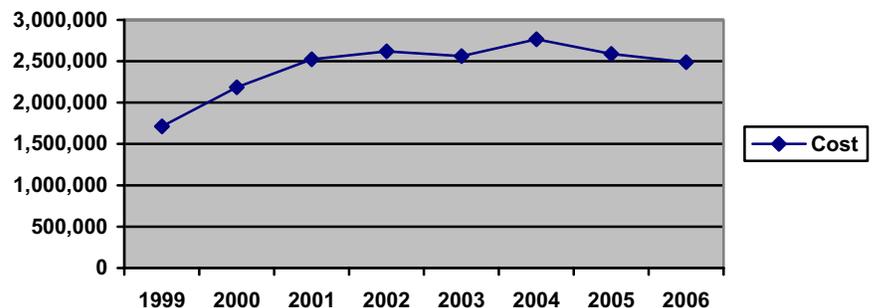
### Early Intervention Program (EIP) (birth – 2 years)

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.

#### EARLY INTERVENTION PROGRAM ENROLLMENT

YEAR	ENROLLMENT
2000	509
2001	631
2002	718
2003	729
2004	690
2005	680
2006	700

**EARLY INTERVENTION PROGRAM COSTS**



Total program costs are dependent on type and frequency of services provided and not solely based on total number of children enrolled in the program. This will vary according to individual need.

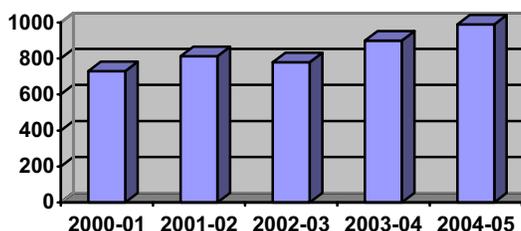
## Education to Handicapped Children's Program (EHCP) Committee on Preschool Special Education (CPSE) (ages 3-5 years)

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 PROGRAM 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

### PRESCHOOL PROGRAM CASELOAD



Total program costs are dependent on type and frequency of services provided and not solely based on total caseload. This will vary according to individual need.

### Building Brighter Futures for Broome

Building Brighter Futures for Broome (BBFFB) 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 Healthy Children New York.**





## Early Childhood Coalition (ECC)

The Health Department, as lead agency for the ECC, provides a coordinator to direct activities and committees. The ECC governing and general membership includes 31 administrative representatives from local health, human service, education, business and philanthropic agencies. Committee structure includes: executive; nominating; initiative, evaluation and quality assurance; and public relations, community education, and advocacy. The ECC functions include: strategic planning and priority setting; community needs and asset assessment; spearheading initiatives and marshalling resources; interagency coordination, advocacy; advocacy, public awareness and education; measuring outcomes/evaluation; and advisory board. The ECC sponsors local multidisciplinary early childhood initiatives under the “Building Brighter Futures for Broome (BBFFB)’ logo that promotes healthy children, supports effective parenting, and enhances quality child care and early education. The purpose is to provide a community forum to support families and caregivers in nurturing the cognitive, language, literacy, physical, social and emotional growth and development of young children (prenatal to kindergarten entry) in preparation for school and lifelong success.

## Healthy Families New York (HFNY)

The HFNY Program is part of a statewide initiative and is one of 28 sites funded through the New York State Office of Children and Family Services. It is a voluntary program that offers support and education to expectant and new parents who reside in Broome County, outside the Binghamton City School District. Families are offered long-term home visiting services until their child enters school or Head Start. The HFNY Home Visiting program is a comprehensive prevention program that focuses on the safety of children while at the same time supporting families. The Healthy Families Program is provided locally through the Broome County Health Department in collaboration with the Lourdes PACT Program and has the capacity to serve 120 families.

## Healthy Families New York 2006 Performance Targets

### Health and Development Targets:

- ◆ Percent of enrolled target children up to date on immunizations as of first birthday **92%**
- ◆ Percent having a medical provider **100%**
- ◆ Percent demonstrating age appropriate developmental milestones or referred if delays are detected **100%**

### Parent/Child Interaction Targets:

- ◆ 30% of primary caretakers who breastfeed their target child for at least three months from the birth of the child **39%**

### 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. **83%**
- ◆ 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 **85%**

## Healthy Children New York

Nurses serve as child health promotion specialists to provide outreach, education, consultation, and technical assistance on public health matters (immunizations, lead poisoning prevention, emergency preparedness) to all child-serving organizations that work with children in groups or that bring families together. These include family child care providers, family resource centers, parenting groups, health care providers, and others. They work to create opportunities for health promotion and disease prevention by serving as liaisons between families and providers, and the health care community, county health department, and other resources.

## Maternal and Child Health and Development Accomplishments

### 2006 Program Accomplishments

#### Home Visiting: Licensed Home Care Service Agency:

- ◆ Nurses provided service to 647 families.
- ◆ A review of the Family Satisfaction Survey indicates that the 117 clients responding gained knowledge in areas of newborn care, child growth and development, after delivery care, and breastfeeding. Specifically what clients found especially helpful were: answers to questions/concerns; written materials and advice; health insurance information; follow-up on colic, weight checks, care of premature infant, and several stated it was great that the nurse came to them.
- ◆ The maternal child health team achieved 100% follow-up of the 18 families referred by the New York State Department of Health for newborn screening, assuring that the needed repeat specimen was obtained.
- ◆ Certified Lactation Counselor and Public Health Nurse completed 88 successful home visits for lactation consultation.
- ◆ The Injury Prevention Program System (TIPPS) survey was completed with 23 pediatric cases referred. Also, 327 newborn visits were completed and parents were given the 0-6 months anticipatory guidance safety sheet.
- ◆ Growth and development assessments were completed on 21 child care toddlers. The Public Health Nurse/Hospital Liaison screens all hospitalized families for Early Intervention and Child Find Program criteria. 73 referrals were made to the Early Intervention Program and 37 referrals to the Child Find Program.
- ◆ Public Health Nurses assessed 155 prenatal women and 293 postpartum women for smoking. Several women were referred to Mothers and Babies Perinatal Network for smoking cessation and five enrolled for their Quit Kit Program for support on smoking cessation.
- ◆ Public Health Nurses participated in emergency preparedness drills, completed Point of Distribution Manager coursework and incident command system training.
- ◆ Public Health Nurses provided 830 hours of service for immunization clinics and flu clinics.
- ◆ Two staff members are trained in the Resolve Through Sharing bereavement curriculum and home visits were made to 8 families in response to bereavement referrals.

## 2006 Program Accomplishments (continued)

### **Building Brighter Futures for Broome (BBFFB):**

- ◆ The Healthy Families New York Parents and Children Together (PACT) Home Visiting Program screened 648 families, completed 76 Kempe assessments, enrolled 155 families for intensive home visiting and conducted 2,051 home visits for child abuse prevention. The program received a certificate of credential through 7/13/08 and achieved 10 out of 11 of the HFNY Contract Performance Indicators for 8 months in 2006.

### **Early Childhood Coalition (ECC):**

- ◆ Held two flood recovery forums and publication/distribution of 1,000 Flood Relief Guides for families and early educators.
- ◆ Distribution of Family Violence Prevention Council “Caregiver’s Toolbox of Tips” to 21 child care centers, 5 family resource centers, family child care homes, PACT parent educators and MCH public health nurses.
- ◆ Chief School Officers Committee hosted a VIP luncheon for more than 50 supporters focusing on early childhood as an economic development issue.
- ◆ Secured \$550,000 funding for early childhood prevention services.
- ◆ Finalized and adopted three logic models for effective parenting, healthy children, and quality child care/early education to be integrated in the evaluation methodology.
- ◆ Functioned as advisory group to BBFFB early childhood initiatives via monthly meetings and recommendations to home visiting and early education programs regarding program policy, operations, finances, community needs and annual service reviews.
- ◆ Formed a Positive Guidance and Discipline Task Force to examine the educational messages delivered to early educators and families as part of BBFFB service provision.
- ◆ Formed an Early Literacy Task Force and collaborated on four local literacy events.

### **Healthy Children New York:**

- ◆ Nurses provided health consultation to 21 child care centers, 8 family based centers, 5 family resource centers and 1 walk-in center.
- ◆ Nurses served 558 children.
- ◆ Five sessions of medication administration training were provided to 15 child care providers, there were 160 on-site visits, 3,242 instances of technical assistance via phone, fax or email.
- ◆ 80 caregivers were trained in the use do the Ages and Stages developmental screening tool and 720 children’s health records were reviewed.

### **Healthy Families New York (HFNY):**

- ◆ The HFNY Program screened 648 families, completed 76 Kempe assessments, enrolled 155 families for intensive home visiting and conducted 2,051 home visits.
- ◆ The program achieved 10 of 11 of the HFNY contact performance indicators.
- ◆ Partnering agency, Lourdes PACT, received a National Parents as Teachers Losos award for excellence for their success involving fathers in their home visiting programs.

## 2006 Program Accomplishments (continued)

### Lead Poisoning Prevention:

- ◆ Quarterly meetings were held to discuss shared cases within health department programs.
- ◆ Nurses provided over 200 lead prevention bibs and provided 156 hours of service completing 348 visits to families to provide lead poisoning prevention education.
- ◆ Home visits were made to 21 different families with children who had lead levels >20 mg/dl.

## 2007 Program Goals

- ◆ 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.
- ◆ 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 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.
- ◆ Increase knowledge and awareness of the public, health care providers, child care providers, and local policymakers regarding the problem of lead poisoning and its prevention in children and pregnant women.
- ◆ Continue to improve the health, safety, and quality of infant/toddler care in Broome County via child health promotion specialist services at a minimum of 30 participating child serving sites.
- ◆ Continue to prepare child care providers for medication administration certification.
- ◆ Continue to systematically identify and assess families who are in most need of the Healthy Families New York strength-based supportive services for the parent and parent-child interaction/child development.

### Early Childhood Coalition (ECC):

- ◆ Continue with development and implementation of 2006-2008 strategic plan goals.
- ◆ Continue to convene as a community forum to support families as first teachers and early educators in nurturing the educational, physical and social development of young children prenatal to kindergarten entry.
- ◆ Collaborate and garner resources to deliver effective parenting, healthy children, and quality child care/early education comprehensive primary prevention services.
- ◆ Further enhance the professional development of the early child care field.

## School and Community Oral Health Program

The Dental Sealant /Preventive Dentistry Program has been a service of the Health Department for over twenty years. This grant program provides for a variety of prevention-oriented oral health services which include: oral health education, screening, and dental sealants to second grade students in the highest priority school districts; coordination of the New York State Self-Applied Fluoride Rinse and Tablet Programs for non-fluoridated school districts; screenings and oral health education for families with young children through community-based outreach efforts and train-the-trainer programs. The Broome County Health Department Sealant Program refers children to Lourdes and United Health Services Hospitals Dental Clinics, the MAX Program and area dentists.

### 2005-2006 Program Accomplishments

- ◆ 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 screening and sealants to children, forging a partnership to add to the continuum of dental services in the community.
- ◆ In 2006, the School and Community Oral Health Program provided screening and sealants and added dental prophylaxis to the program.

### 2007 Program Goals

- ◆ Provide coordination of preventive oral health initiatives.
- ◆ Increase community and school-based dental screenings, sealants, prophylaxis, 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.
- ◆ Offer our program to all grades in the elementary schools we visit.

## Dental Sealant /Preventive Dentistry Program 2006

Children Screened		784
Second graders	(Sealant Program)	494
Third graders	(Sealant Program and Retention Checks)	64
Headstart children	(Screenings)	226
Number of second grade children receiving sealants		324
Number of third grade children receiving sealants		37
Number of teeth sealed		1,003
Number of second grade children screened with untreated dental decay		58%
Number of children receiving a dental prophylaxis		94
Number of children educated on dental hygiene		1,228
Number of adults educated		82

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.

### 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:

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 breastfeeding 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.

## Women, Infants and Children Program (WIC)

<b>Participants Served (# visits)</b>	19,937
Active Caseload:	4,620
Women	1,100
Infants	1,150
Children	2,370
Percent Exclusively or Partially Breastfeeding at Hospital Discharge	61.45%
WIC Clinic Sites	7
Total Clinic Days	252
Individual Certification, Prenatal and High Risk Counseling Sessions	10,500
Individual Education Sessions	9,000
Food Dollars Expended (estimate)	2,360,022
<b>Farmer's Market</b>	
Coupon Booklets Distributed	2,606
Dollars Expended	\$36,659
Participating WIC Vendors	23
<b>WIC Community Outreach Programs</b>	
Health Fairs, Inservice Contacts and Presentations	15
Organizations Contacted	100
Media –Notification of Schedule	24
WIC Literature Distributed (pieces)	20,000
Women Counseled (WIC)	
<b>Alcohol and Drug Use Screening of Prenatal Clients</b>	1,200
Women Counseled Concerning Smoking Cessation	1,500
Women Counseled Concerning Breastfeeding	1,500

## WIC Program Accomplishments

### 2005-2006 Program Accomplishments

- ◆ 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.
- ◆ Continued the Enhanced Breastfeeding Peer Counselor Program.
- ◆ Maintained initiation rates for breastfeeding.
- ◆ Increased the number of women utilizing the breast pump program.
- ◆ Partnered with Southern Tier Breastfeeding Coalition on annual breastfeeding training for community professionals with 100 in attendance.
- ◆ Received Healthy Lifestyles Initiative Grant and distributed FITWIC kits to participants to promote physical activity for children.

### 2007 Program Goals

- ◆ Continue to meet or exceed program goals and objectives.
- ◆ Increase caseload by 300 individuals.
- ◆ Pilot hospital certification using paper certification process as part of outreach plan to increase number of eligible infants and women enrolled.
- ◆ Increase outreach efforts to families.
- ◆ Continue to explore innovative funding sources to support nutrition and physical activities for WIC families.
- ◆ Distribute all 500 FITWIC kits to families and collect post surveys to evaluate impact.
- ◆ Continue Breastfeeding Programs to meet goals established in Healthy People 2010.
- ◆ Continue and expand Enhanced Breastfeeding Peer Counseling Program.

## Broome County Health Department Telephone Directory

<b>Administration</b>	<b>778-2802</b>
<b>Community Health Information</b>	<b>778-3921</b>
<b>Clinic Services</b>	<b>778-2839</b>
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 Care Network (Binghamton/Tri County)	778-3066
Immunization Action Program	778-2870
Tuberculosis Control Program	778-2888
<b>Environmental Health Services</b>	<b>778-2887</b>
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	
<b>Southern Tier Healthy Living Partnership</b>	<b>1-877-276-1019 Toll Free</b>
Cancer Screening & Education Services	
Diabetes Project	778-2884
PREVENT Coalition (tobacco)	778-3068
<b>STEPS to a Healthier US</b>	<b>778-3929</b>
<b>Traffic Safety/Injury Control Program</b>	<b>778-2807</b>
<b>Maternal Child Health and Development Division</b>	<b>778-2851</b>
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	
<b>Building Brighter Futures for Broome</b>	<b>1-800-901-2180</b>
Early Childhood Coalition	778-6557
Healthy Families New York	778-3909
<b>School and Community Oral Health Program</b>	<b>778-2812</b>
<b>WIC (Women, Infants and Children's) Program</b>	<b>778-2881</b>

# **Selected Community Health Status Indicators**

# Demographics

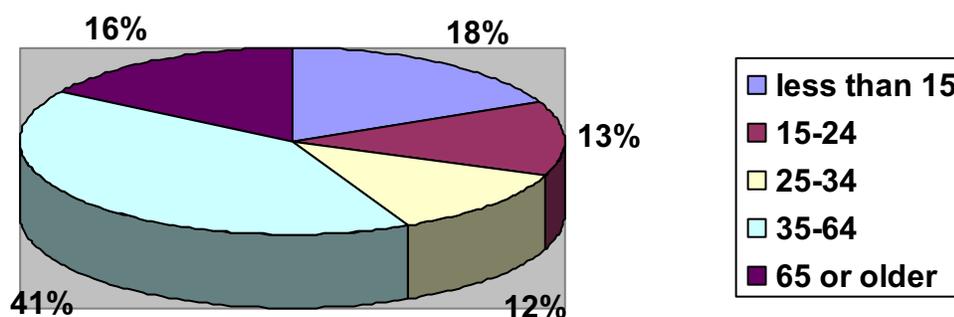
<b>Broome County Racial Composition</b>				
	<b>1990*</b>	<b>2000*</b>	<b>2005</b>	<b>Percent of Total</b>
<b>White</b>	<b>203,387</b>	<b>183,153</b>	<b>171,474</b>	<b>91.9%</b>
<b>Black or African American</b>	<b>3,999</b>	<b>6,575</b>	<b>8,303</b>	<b>4.4%</b>
<b>Asian/Pacific Islander</b>	<b>3,661</b>	<b>5,638</b>	<b>6,011</b>	<b>3.2%</b>
<b>American Indian, Alaskan Native and Other</b>	<b>1,113</b>	<b>1,977</b>	<b>1,126</b>	<b>0.6%</b>
<b>Hispanic Origin of any race</b>	<b>2,327</b>	<b>3,986</b>	<b>4,154</b>	<b>2.2%</b>
<b>Total Population</b>	<b>212,160</b>	<b>200,536</b>	<b>186,680</b>	

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.  
US Census Bureau 2005 American Community Survey

<b>Age Distribution of Broome County Residents</b>				
<b>Age Cohort</b>	<b>2000 Census</b>	<b>Percent of Total 2000 Population</b>	<b>Number Change from 1990</b>	<b>Percent Change from 1990</b>
0-5 years	11,271	5.6	-3,245	-22%
6-9 years	12,961	6.5	-986	-7%
<b>10-14 years</b>	<b>13,996</b>	<b>7.0</b>	<b>+1,350</b>	<b>+11%</b>
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%
<b>45-54 years</b>	<b>26,922</b>	<b>13.4</b>	<b>+5,476</b>	<b>+26%</b>
55-64 years	18,744	9.3	-1,126	-6%
65-74 years	16,073	8.0	-1,951	-11%
<b>75-84 years</b>	<b>12,182</b>	<b>6.1</b>	<b>+1,826</b>	<b>+18%</b>
<b>85+ years</b>	<b>4,576</b>	<b>2.3</b>	<b>+1,131</b>	<b>+33%</b>
<b>Total Population</b>	<b>200,536</b>	<b>100%</b>	<b>-11,624</b>	<b>-5%</b>

Source: US Census Bureau 2000

# Distribution of Population - 2005



## Socioeconomic 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
<b>Behavior/Risk Indicator (2003)</b>	<b>County Rate</b>	<b>CI #</b>	<b>NYS Rate</b>	<b>CI #</b>
% 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								
<b>SOCIO-DEMOGRAPHIC(1)</b>										
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	
<b>PERINATAL HEALTH(2)</b>										
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
<b>MORTALITY (Rates per 100,000 Population)</b>										
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

	2004		2003		2002		2001		2000	
	#	Rate								
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

	2004		2003		2002		2001		2000	
	#	Rate								
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 2002-2004

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.
% children underweight (0-4 years, low SES)	166	3.9	7.8	Yes
% children overweight (2-4 years, low SES)	303	12.7	16.4	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

Revised: January 2007

Source: CDC Behavioral Risk Factor Surveillance System (BRFSS), a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access, primarily related to chronic disease and injury. New York State uses BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Locally, the Broome County Steps to a HealthierNY program has three years of county-level BRFSS data regarding behavior, attitudes and knowledge on obesity, diabetes, asthma, and their related risk factors of nutrition, physical activity and tobacco use.

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

DISEASE	2006	2005	2004	2003	2002	2001	2000
Amebiasis	0	0	2	0	0	0	1
Campylobacteriosis	7	8	10	18	14	18	26
E Coli 0157: H7	0	2	4	1	0	1	4
Giardiasis	18	28	30	17	28	44	46
Salmonellosis	21	8	12	15	19	12	13
Shigellosis	0	1	0	2	0	2	1
Yersiniosis	0	0	0	0	0	0	0
Hepatitis A	0	0	1	0	0	2	4
Hepatitis B, Acute	1	5	5	0	2	5	1
Hepatitis B, Pregnant Carrier	5	4	8	2	5	5	10
Hepatitis B, Chronic unduplicated	27	33					
Hepatitis C, Acute	0	0	0	0	0	1	1
Hepatitis C, Chronic unduplicated	158	180					
Measles	0	0	0	0	0	0	0
Mumps	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0
Pertussis	46	16	110	5	6	2	1
Aseptic / Viral Meningitis	12	12	4	12	7	55	4
Group A Strep, Invasive	5	1	5	10	4	7	7
Group B Strep, Invasive	9	7					
Haemophilus Influenza B, Invasive	2	4	2	0	0	0	0
Meningococemia, Meningococcal Meningitis	2	2	0	2	2	0	1
Pneumococcal Infection, Invasive Sensitive to Penicillin	26	9	23	18	17	9	7
Pneumococcal Infection, Invasive Resistant to Penicillin	7	10	7	14	3	21	7
Other Bacteremia	0	N/A	N/A	10	12	6	11
Other Bacterial Meningitis	2	0	1	2	1	2	5
West Nile Infection	0	0	0	0	6 + 1 probable	0	0
Other Viral Encephalitis	2	3	0	4	4	2	4
Legionella	11	7	4	4	4	1	1
Tuberculosis	1	2	7	6	8	6	4
Cryptosporidia	1	0	1	2	1	1	1
Listeriosis	1	1	0	1	1	2	2
Lyme Disease	3	11	5	5	1	0	5
Malaria	4	4	0	0	0	0	0
Miscellaneous	2						
<b>Total</b>	366	358	241	150	145 + 1 probable	204	167

## HIV/AIDS Cases Diagnosed Through December 2005

County	Living with HIV*		AIDS**			
	Excludes Prisoners	Includes Prisoners	Living		Cumulative	
			Excludes Prisoners	Includes Prisoners	Excludes Prisoners	Includes Prisoners
Broome	124	127	151	156	291	296
Chenango	15	19	29	38	44	60
Tioga	15	15	13	13	29	29
<b>Total for Binghamton Region</b>	<b>154</b>	<b>161</b>	<b>193</b>	<b>207</b>	<b>364</b>	<b>385</b>

\* All cases reported and confirmed from June 2000 – December 2006

\*\* All cases reported and confirmed from 1983-December 2006

### Initial HIV & AIDS Cases and Living with HIV & AIDS Cases, 2001-2005

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
2005	12	154	15	193

The Binghamton Region includes Broome Tioga and Chenango Counties.

From 2001 to 2005, there was a 32% increase in the number of persons living in the Binghamton region who had been diagnosed with HIV. At the same time, there was a 25% increase in the number of people living with AIDS.

## Cumulative AIDS Cases – Three Year Comparison (Excludes Prisoners)

HIV Care Network Region	Cumulative AIDS Cases as of Dec. 2002*	Cumulative AIDS Cases as of December 2005**	% Increase Cumulative AIDS Cases Dec. 2002 – Dec. 2005
Broome County	248	291	15%
Chenango County	34	44	23%
Tioga County	23	29	21%
<b>Total Binghamton Region</b>	<b>305</b>	<b>364</b>	<b>16%</b>
<b>Total Upstate NY (excludes NYC)</b>	<b>24,163</b>	<b>27,084</b>	<b>11%</b>
<b>NY State (total)</b>	<b>155,177</b>	<b>172,051</b>	<b>10%</b>

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

\*\* Cases reported and confirmed from 1983 - December 2006.

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 three year period ending 2005.

### Cumulative AIDS Cases by Age Group (Includes the counties of Broome, Chenango and Tioga) (excludes prisoners)

	Cumulate AIDS Cases as of December 2002*	Cumulative AIDS Cases as of December 2005**	% Increase Cumulate AIDS Cases Dec. 2002 – Dec. 2005	Percent of Cumulative AIDS Cases in the Binghamton Region
Aged 24 years and younger	17	19	11%	5.2%
Aged 25-29 years	35	43	19%	11.8%
Aged 30-49 years	221	263	16%	72.3%
Aged 50 years and up	32	39	18%	10.7%
<b>Total-Binghamton Region</b>	<b>305</b>	<b>364</b>	<b>16%</b>	<b>100%</b>

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

\*\* Cases reported and confirmed from 1983 – December 2006

The above table shows that despite persons aged 30-49 years comprising the largest number of cumulative AIDS cases in the Binghamton region; the largest increase in cumulative AIDS cases were in persons aged 25-29 years, followed closely by people aged 50 years and up.

# Immunization and Infectious Diseases Broome County 2002-2004

Indicator	3 Year Total Cases	County Rate Per 100,000	NYS Rate	Sig.Dif.
Pneumonia/flu hospitalizations in adults 65+ years per 10,000 (ICD9 480-487)	2,234	228.0	180.6	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	122	20.4	6.2	Yes
H. Influenza incidence per 100,000	11	1.8*	1.1	No
Hepatitis A incidence per 100,000	s	0.3*	3.6	Yes
Hepatitis B incidence per 100,000 (2003-2004)	6	1.5*	1.5	No
Tuberculosis incidence per 100,000	92	15.4	7.6	Yes
E. Coli incidence per 100,000	s	0.3*	0.8	No
Salmonella incidence per 100,000	46	7.7	14.6	Yes
Shigella incidence per 100,000	s	0.3*	4.9	Yes
Lyme disease incidence per 100,000	11	1.8*	28.2	Yes
<b>Behavior/Risk Indicator (2003)</b>	<b>County Rate</b>	<b>CI #</b>	<b>NYS Rate</b>	<b>CI #</b>
% 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

Broome County experienced a large Pertussis outbreak during 2004. There were 111 cases of Pertussis reported that year, 94 confirmed and 17 probable. Clusters occurred in camps, church settings, schools and families. Broome County is diligent in identifying epi-linked cases through case interviews and contact tracing which may help explain our significantly higher rates.

## Perinatal Data Profile Broome County 2003-2005 County/Zip Code

Zip Code	Total Births 2003-2005	Percent of Births				Infant Deaths 2003-2005	Infant Deaths Rate	Teen Birth Rate	Teen Pregnancy Rate
		Low Birth Weight	Out of Wedlock	Medicaid or Self-pay	Late or No Prenatal Care				
13744	33	21.2	36.4	35.5	0.0	0	0.0	39.7	39.7
13746	74	2.7	35.1	32.9	1.4	1	13.5	27.8	37.0
13748	107	4.7	36.4	29.2	3.0	0	0.0	31.7	56.7
13754	103	6.8	41.7	44.0	2.2	0	0.0	39.4	47.2
13760	1,394	7.9	34.2	27.6	2.3	5	3.6	21.6	45.6
13777	36	8.3	50.0	34.3	2.9	0	0.0	10.4	31.3
13787	109	5.5	39.4	48.1	2.0	0	0.0	22.9	36.2
13790	627	6.5	41.0	37.9	3.0	6	9.6	37.0	65.4
13795	124	6.5	37.9	35.8	1.7	0	0.0	21.4	33.6
13797	83	3.6	36.1	45.6	2.7	1	12.0	35.6	55.0
13802	21	9.5	28.6	33.3	0.0	1	47.6	0.0	23.8
13813	29	13.8	65.5	63.0	8.0	0	0.0	83.3	104.2
13833	142	12.0	43.7	39.4	2.3	4	28.2	36.8	45.0
13850	511	6.1	16.2	13.1	2.9	4	7.8	2.2	5.4
13862	157	9.6	35.7	32.7	4.2	1	6.4	41.4	62.1
13865	191	9.9	34.0	28.6	2.8	0	0.0	32.4	56.0
13901	740	8.1	45.5	40.7	5.0	3	4.1	45.8	78.7
13903	589	7.6	42.6	39.7	3.2	2	3.4	28.1	49.9
13904	284	5.6	45.8	40.4	3.7	5	17.6	33.3	62.1
13905	919	6.4	48.0	45.8	4.0	5	5.4	44.3	82.0
Other	2	.	.	.	.	.	.	.	.
Total	6,275	7.3	38.9	35.2	3.2	38	6.1	23.9	42.5

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

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

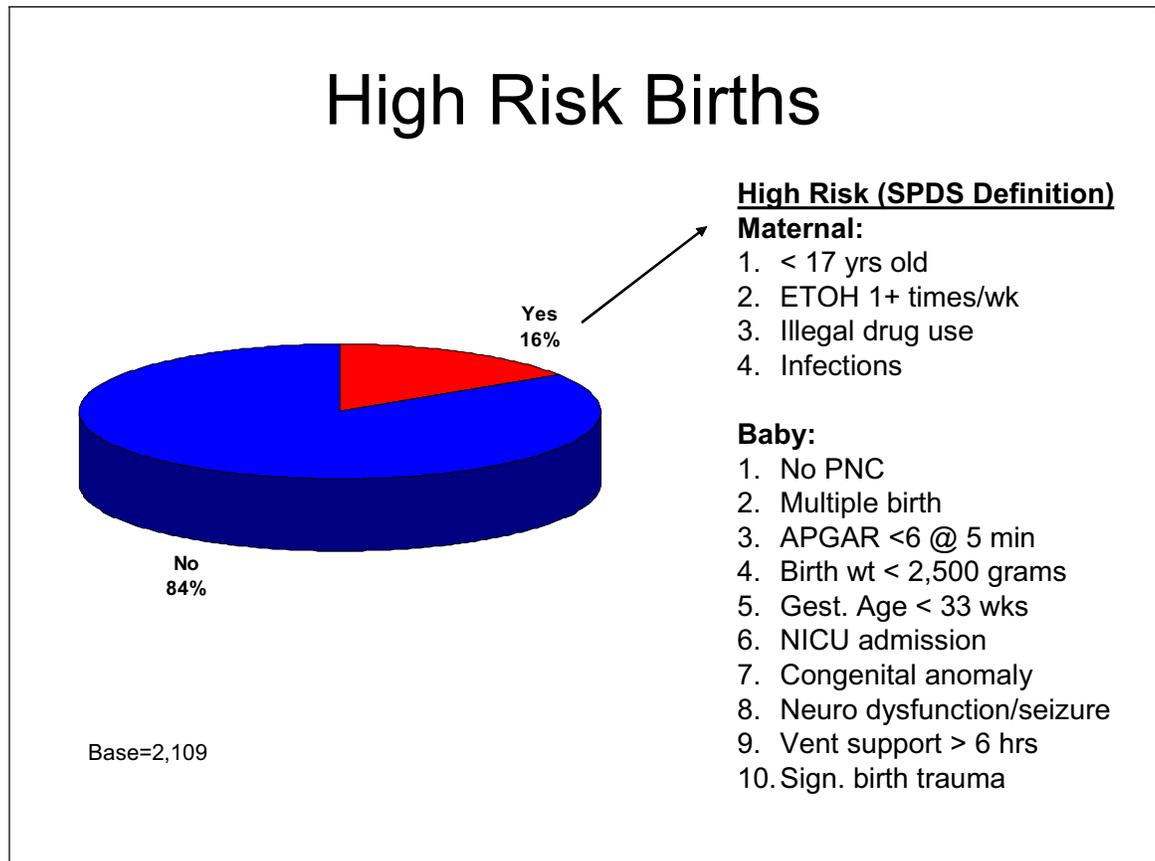
# Maternal and Infant Health Broome County 2002-2004

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.
% of births to women 25+ years w/out H.S. education	152	3.8	8.3	Yes
% births to out of wedlock mothers	2,213	35.9	37.5	Yes
% first births	2,405	39.0	42.3	Yes
% of births that were multiple births	181	2.9	3.8	Yes
% births w/early prenatal care	4,650	83.0	76.0	Yes
% births w/late or no prenatal care	159	2.8	5.6	Yes
% adequate prenatal care (Kotelchuck)	4,043	72.2	63.3	Yes
% Cesarean section	1,658	26.9	28.8	Yes
Mortality Rates (per 1,000 births)				
- Infant (<1 year)	45	7.3	6.0	No
- Neonatal (<28 days)	35	5.7	4.2	No
- Postneonatal (1 month to 1 year)	10	1.6*	1.8	No
- Fetal death (>20 weeks gest)	35	5.5	4.8	No
- Perinatal (20 weeks gest - 28 days of life)	70	10.9	8.9	No
- Perinatal (28 weeks gest - 7 days of life)	53	8.3	5.2	Yes
Maternal mortality per 100,000 births	s	32.5*	18.1	No
% very low birthweight (<1.5 Kg)	91	1.5	1.6	No
% very low birthweight singleton births	70	1.1	1.1	No
% low birthweight (<2.5 Kg)	447	7.3	8.0	Yes
% low birthweight singleton births	349	5.7	5.9	No
% Premature Births				
- <32 weeks gestation	91	1.6	1.9	No
- 32 - <37 weeks gestation	459	7.9	9	Yes
- <37 weeks gestation	550	9.5	10.9	Yes
% births w/5 minute APGAR <6	253	4.1	9.7	Yes
Neonatal drug related discharge rate per 10,000 births	21	34.1	54.9	Yes

s: Total suppressed for confidentiality

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

# Broome County – 2006



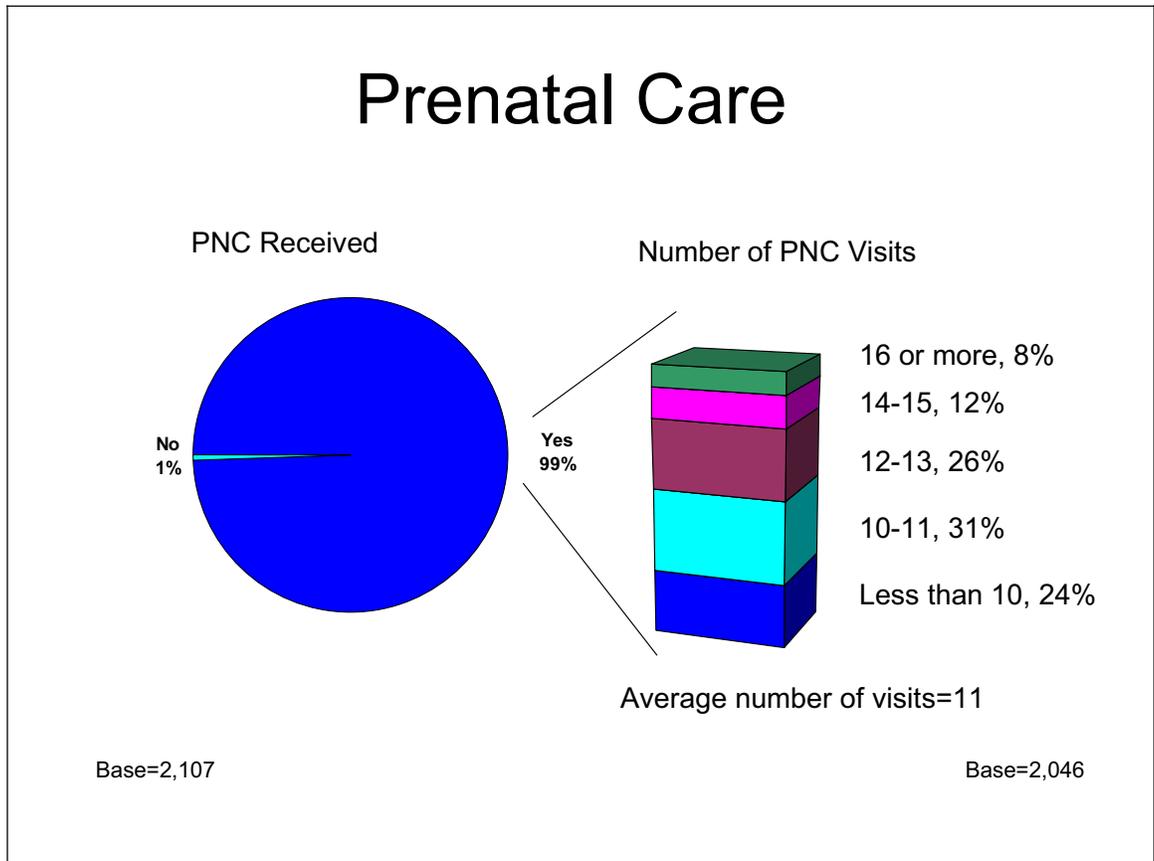
Sixteen percent of births to women residing in Broome County were classified as “high risk,” defined as any of the characteristics listed above.

Overall, only two percent of births were to women under 18. Prenatal care was received by virtually all new mothers (99%), with the average number of prenatal visits being 11.

Of the infants born to county residents, 16% were born at less than 33 weeks gestation, with average gestation being 38 weeks and 4 days. Only seven percent of babies weighed in at less than 2,500 grams, with the average weight being 3,309 grams.

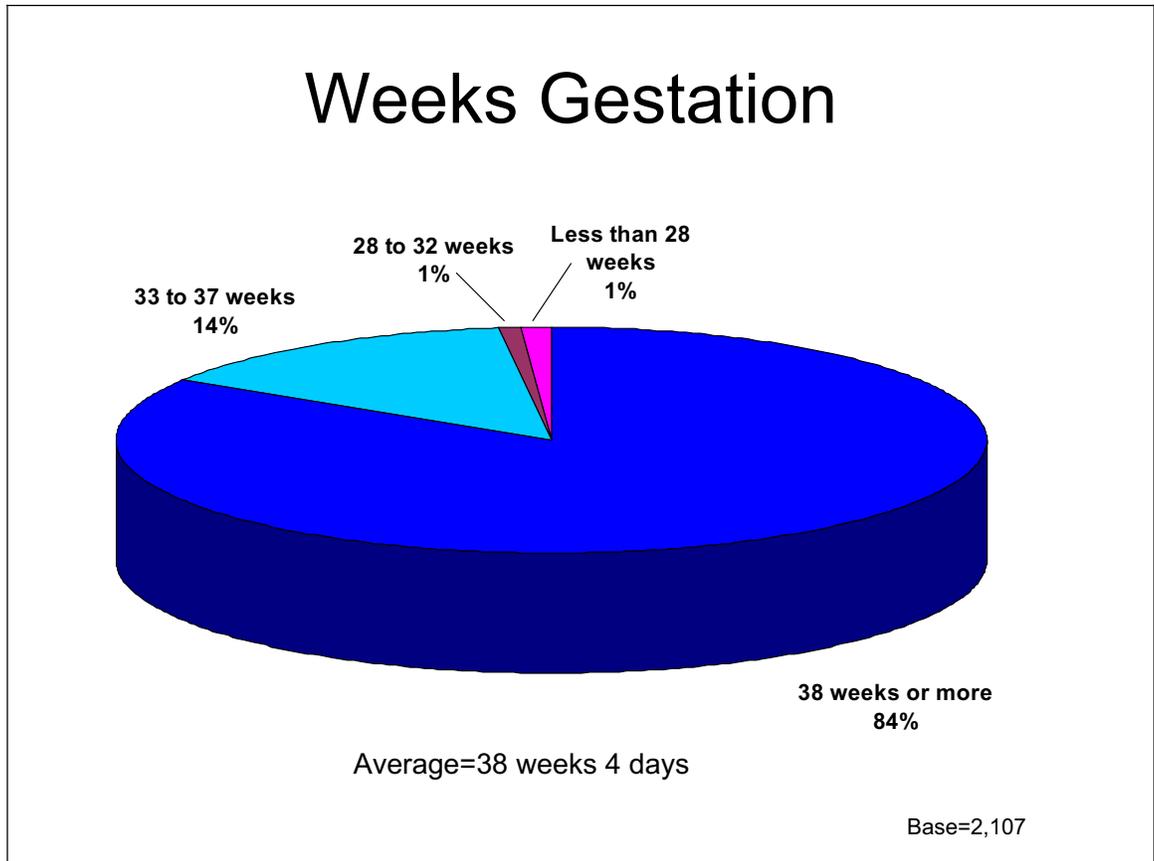
# Broome County – 2006

## Prenatal Care



99% of new mothers received prenatal care, with the average number of visits being 11. Just fewer than one-half (46%) received at least 12 visits.

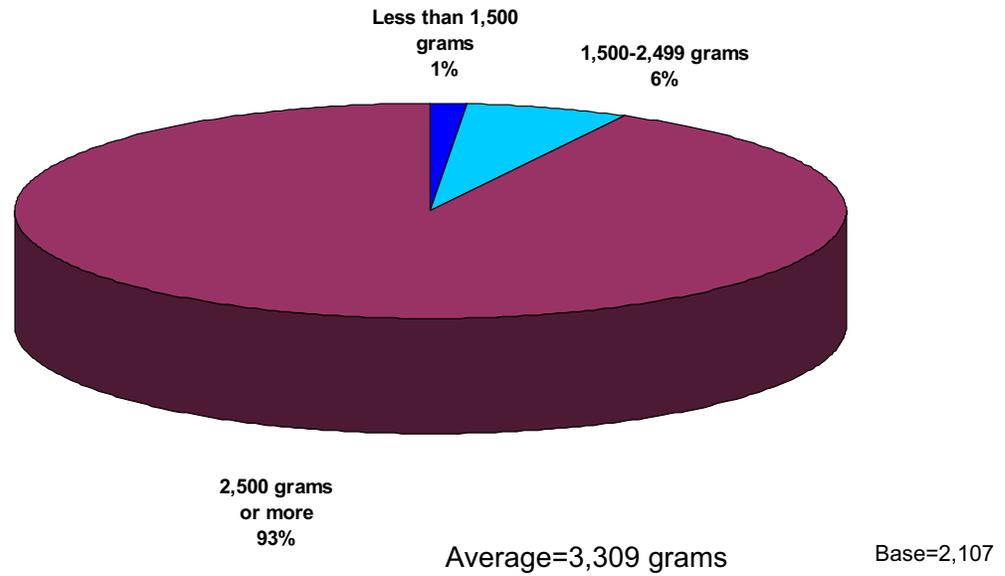
## Broome County – 2006



On average, mothers from Broome County deliver at about 38.5 weeks gestation. Only two percent deliver at less than 33 weeks gestation, and 14% of new mothers have pregnancies that are between 33 and 37 weeks gestation.

# Broome County - 2006

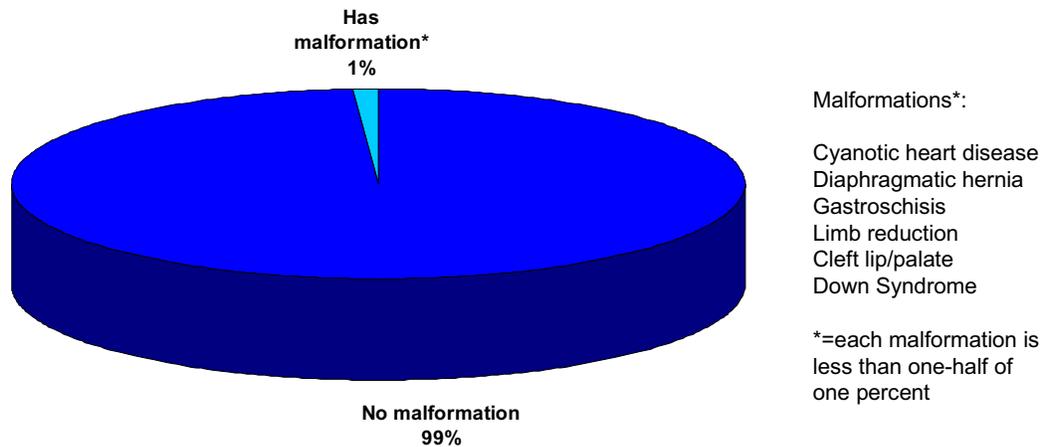
## Birth Weight



Over 9 in 10 babies born to county mothers are at least 2,500 grams in weight. The average weight in 2006 was 3,309 grams.

## Broome County – 2006

### Congenital Malformations of the Newborn



Almost all (99%) of babies born to Broome County residents did not have any congenital malformations such as cyanotic heart disease, diaphragmatic hernia, or Downs Syndrome. Early detection of congenital diseases and fetal demise of affected babies both impact the low rate of live births with congenital malformations.

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

County	# Infant Dths <sup>1</sup>	Infant Dth Rate	# Neonatal Dths <sup>2</sup>	Neonatal Dth Rate	# Post Neonatal Dths <sup>3</sup>	Post Neonatal Dth Rate	Perinatal Mortality <sup>4</sup>	Perinatal Dth Rate <sup>5</sup>
<b>New York State</b>								
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

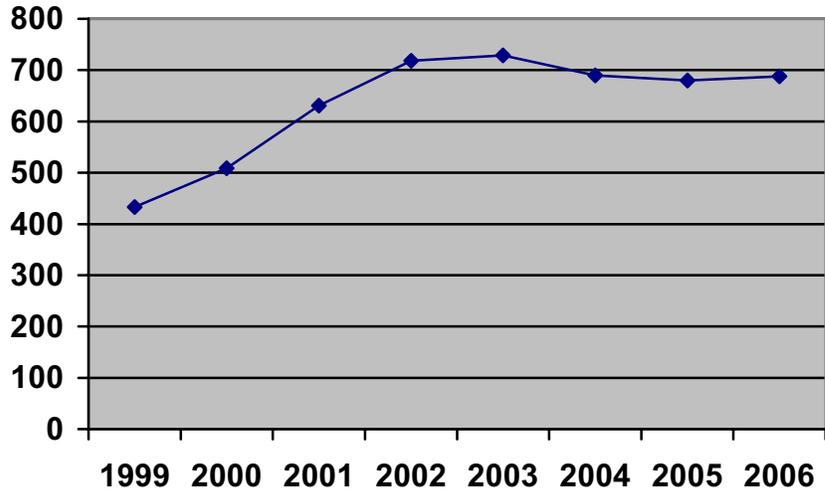
1. Infant Death Rate -- deaths under 1 year of age per 1,000 live births
2. Neonatal Death Rate -- deaths under 28 days of age per 1,000 live births
3. Post Neonatal Death Rate -- deaths at age 28 days and older but less than 1 year per 1,000 live births
4. Perinatal Mortality = the number of neonatal 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*

# Broome County

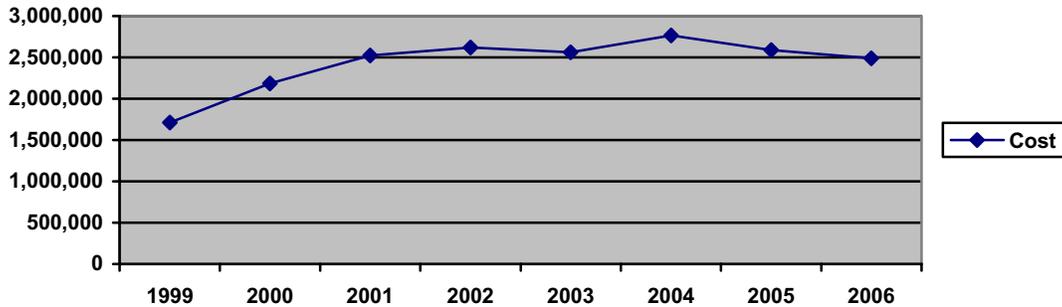
## EARLY INTERVENTION PROGRAM ENROLLMENT

YEAR	ENROLLMENT
1999	433
2000	509
2001	631
2002	718
2003	729
2004	690
2005	680
2006	688



## EARLY INTERVENTION PROGRAM COST

YEAR	COST
1999	1,713,048
2000	2,185,516
2001	2,522,792
2002	2,617,913
2003	2,562,794
2004	2,764,109
2005	2,562,794
2006	2,488,233

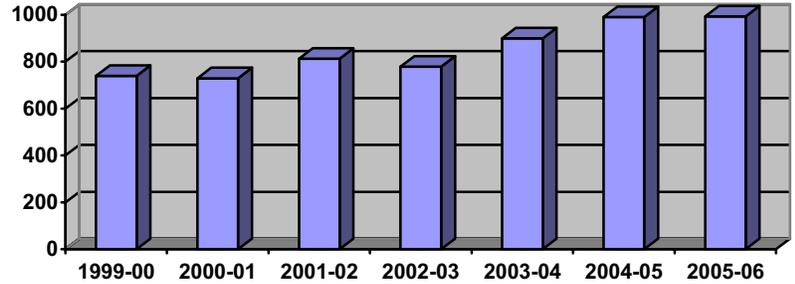


# Broome County

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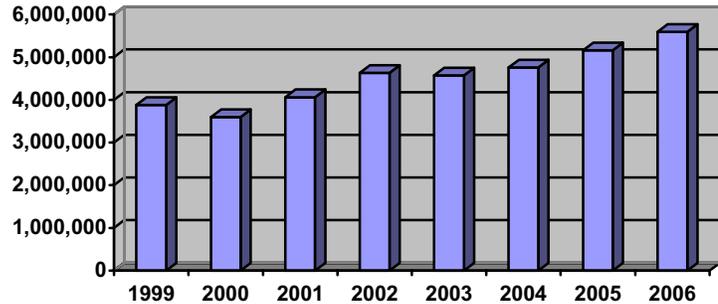
## PRESCHOOL PROGRAM ENROLLMENT

YEAR	ENROLLMENT
1999-00	739
2000-01	729
2001-02	813
2002-03	779
2003-04	899
2004-05	990
2005-06	993



## PRESCHOOL PROGRAM COST

YEAR	COST
1999	3,880,991
2000	3,594,444
2001	4,061,563
2002	4,631,185
2003	4,573,230
2004	4,756,736
2005	5,162,191
2006	5,589,802



# Child and Adolescent Health Indicators Broome County 2002-2004

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.
Childhood Mortality (per 100,000)				
1-4 years	6	23.6*	22.9	No
5-9 years	4	11.9*	12.5	No
10-14 years	7	18.0*	15	No
Asthma Hospitalization rate per 10,000				
0-4 years	61	19.4	69.5	Yes
5-14 years	60	8.3	24.5	Yes
0-17 years	135	10.5	34.3	Yes
Gastroenteritis hospitalization rate per 10,000 (0-4 yrs)	32	10.2	27.6	Yes
Otitis media hospitalization rate per 10,000 (0-4 yrs)	6	1.9*	5.3	Yes
Pneumonia hospitalization rate per 10,000 (0-4 yrs)	166	52.7	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 $\geq 10\mu\text{g/dl}$ (2001-2003)	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

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
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 2000-2004

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	604.8	585.9	20.9	562.8	425.7	16.2	242.6	237.1	13.4	233.8	159.0	9.4
Oral cavity and pharynx	15.0	14.6	3.3	9.8	7.4	2.2	3.8	3.8	1.7	2.0	1.5	0.9
Esophagus	9.6	9.3	2.6	3.0	2.0	1.0	8.8	8.5	2.5	3.8	2.6	1.2
Stomach	7.4	7.3	2.4	5.8	3.9	1.4	3.6	3.5	1.6	4.6	3.0	1.2
Colorectal	66.2	64.3	6.9	66.2	45.2	5.0	23.0	22.5	4.1	20.6	12.7	2.5
Colon excluding rectum	44.8	43.6	5.7	48.8	32.3	4.2	16.8	16.5	3.5	16.4	10.0	2.2
Rectum & rectosigmoid	21.4	20.7	3.9	17.4	12.9	2.8	6.2	6.0	2.1	4.2	2.7	1.2
Liver / intrahepatic bile duct	8.8	8.6	2.5	3.0	2.3	1.2	7.4	7.2	2.3	2.6	2.1	1.1
Pancreas	15.6	15.2	3.4	11.8	8.0	2.1	14.4	14.1	3.3	11.8	7.8	2.0
Larynx	7.2	6.9	2.3	2.4	1.8	1.0	2.0	2.0	1.2	1.0	0.6	0.5
Lung and bronchus	96.6	93.2	8.3	83.8	60.6	5.9	69.0	66.7	7.1	60.4	42.3	4.9
Melanoma of the skin	21.8	21.4	4.0	15.4	13.1	3.0	4.6	4.5	1.8	3.8	2.9	1.4
Female breast				152.8	121.4	8.8				34.0	23.7	3.7
Cervix uteri				7.4	6.5	2.2				3.0	2.5	1.3
Corpus uterus and NOS				39.4	31.5	4.5				6.8	4.5	1.6
Ovary				21.2	15.7	3.1				15.8	11.1	2.5

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 (+/-)
Prostate	190.2	181.9	11.6				29.0	29.0	4.7			
Testis	7.0	7.7	2.6				0.2	0.2	0.5			
Urinary bladder (incl. in situ)	41.6	40.4	5.5	15.0	10.9	2.5	7.2	7.0	2.3	3.6	2.1	1.0
Kidney and renal pelvis	17.8	17.3	3.6	12.8	9.3	2.4	6.2	6.1	2.1	4.6	2.6	1.1
Brain and other nervous system	9.0	8.8	2.6	7.6	6.4	2.1	6.6	6.5	2.2	5.0	3.7	1.5
Thyroid	4.2	4.1	1.8	16.2	15.6	3.4	0.4	0.4	0.5	0.4	0.3	0.4
Hodgkin lymphoma	3.8	3.7	1.7	3.8	3.3	1.5	0.2	0.2	0.4	0.6	0.5	0.6
Non-Hodgkin lymphomas	19.6	19.0	3.8	21.8	15.9	3.1	10.4	10.2	2.8	6.4	4.0	1.4
Multiple myeloma	7.2	7.0	2.3	6.4	4.2	1.5	4.6	4.5	1.8	5.0	3.4	1.4
Leukemias	17.4	17.1	3.6	13.4	10.1	2.5	11.8	11.7	3.0	8.2	5.6	1.8

***Incidence data are provisional, January 2007.***

***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.<sup>1</sup>, 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	Rate/100,000 2004 In Broome County
Heart Disease	709,894	303.0
Cancer	551,833	231.2
Stroke	166,028	62.2
Chronic Lower Respiratory Disease	123,550	64.2
Accidents	93,592	32.4
Diabetes	68,662	42.0
Pneumonia/Influenza	67,024	34.4
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.<sup>2</sup>

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

<sup>2</sup> 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.

## ***Leading Causes of Mortality***

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