

Broome County Health Department

2007 ANNUAL REPORT



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

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

Claudia A. Edwards, MS, Public Health Director

Barbara J. Fiala, Broome County Executive

Broome County Health Department

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

Dear Ms. Fiala:

This Annual Report includes the Broome County Health Department's accomplishments for 2007 and goals for 2008. 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 selected indicators.

It is my hope that this report will be useful to you, the community and other Broome 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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Health Advisory Board

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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 services.

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

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

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

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

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

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

Broome County Health Department
Health Advisory Board

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Legislative Health Committee
44 Crestmont Road
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Legislative Term

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John Harding, M.D.
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Binghamton, New York 13905

Term Expires 12/31/09

Arthur Levy, M.D.
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Term Expires 12/31/09

Thomas Brown, M.D.
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Term Expires 12/31/09

Linda Hoke, Director of Public Relations and Marketing
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Binghamton, New York 13905

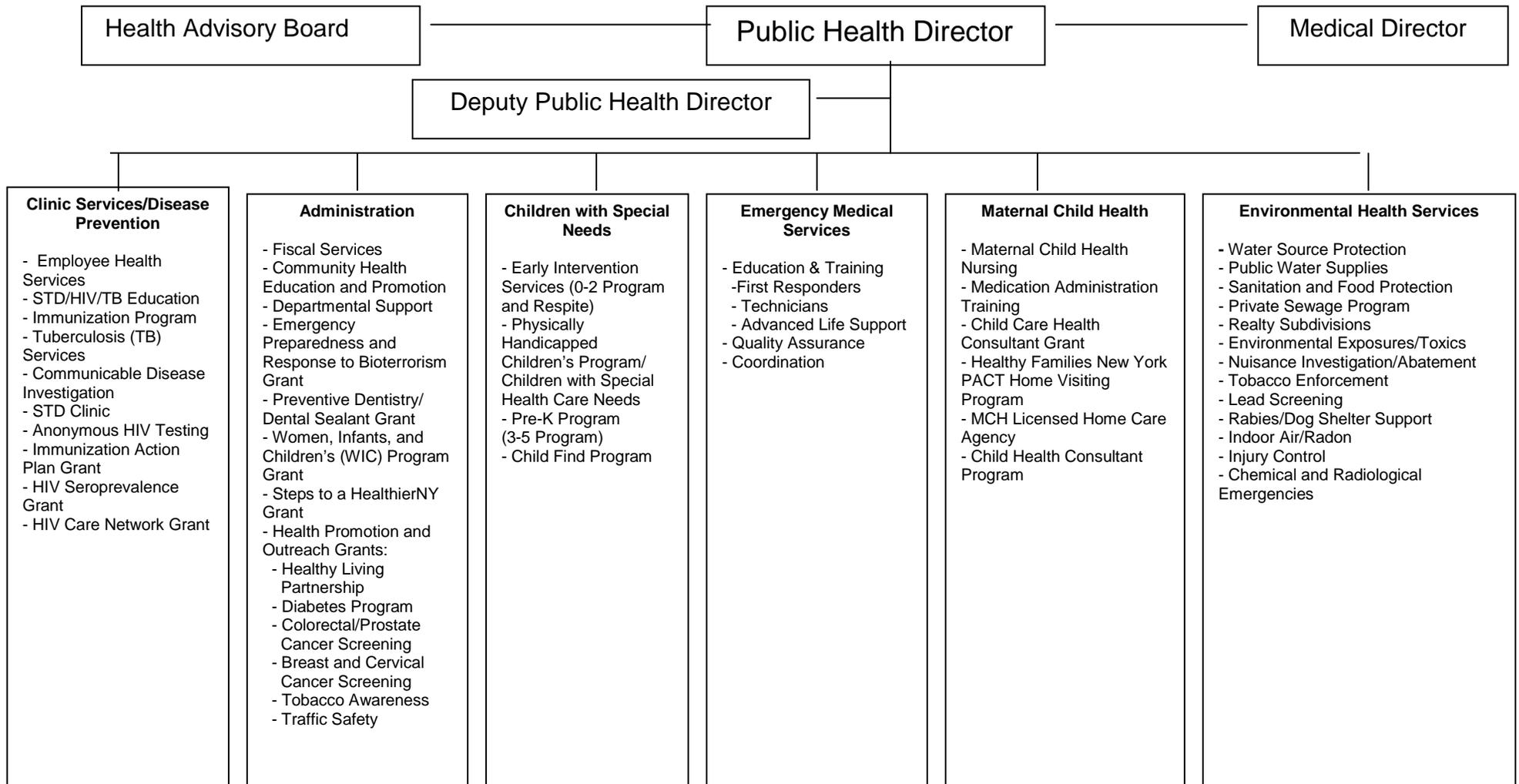
Term Expires 12/31/09

Kay Boland, Vice President for Patient Care Services
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BROOME COUNTY HEALTH DEPARTMENT ORGANIZATIONAL CHART – 2007

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 wellbeing 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 2007 Accomplishments

Chronic Disease and Injury Prevention

- The Steps to a Healthier Broome County's Mission Meltaway and BC Walks Programs were conducted for county employees. 32 employees enrolled in Mission Meltaway and over 100 enrolled in BC Walks. Information on both programs was provided to 14 allied health care responder organizations. Lourdes Mission in Motion program provided firefighters presenting with obesity, diabetes or cardiovascular indicators, a referral to a community Mission Meltaway program. 947 community participants enrolled in Mission Meltaway. Of those who completed the program, a total of 2,772 pounds were lost. Close to 15,000 residents enrolled in the BC Walks and BC Walks Jr. programs.
- The "Shape Up Broome" Program generated participation from a total of 180 teams in the county whose members lost 1,863 pounds and exercised 596,869 minutes.
- School Boards approved wellness policies in all 12 Broome County school districts that address nutrition and physical activity to reduce the burden of childhood obesity.
- In cooperation with Broome-Tioga BOCES, the Steps program assisted all 12 Broome County school districts with implementation of Fitnessgram: a comprehensive health-related fitness and activity assessment and computerized reporting system used by physical education teachers to assess physical fitness using a series of fitness tests and body mass index - BMI. This collaboration led to a pilot project for a childhood obesity surveillance system with the health department.
- The Steps Adult BRFSS - Behavioral Risk Factor Surveillance Survey data noted favorable changes in behaviors that will decrease incidence of obesity and cardiovascular disease: the proportion of adults who engaged in moderate physical activity for at least 30 minutes on 5 or more days per week increased from 37.4% in 2005 to 40.1% in 2006 to 41.4% in 2007; the proportion of adults who met current recommendations for either moderate or vigorous physical activity increased from 48.1% in 2005 to 51.3% in 2006 to 51.9% in 2007; and the proportion of adults who have not had any symptoms of asthma in the past 30 days increased from 22.1% in 2005 to 39.0% in 2007.
- In addition, other notable trends in adult behavior included: the proportion of adults who reported exercising in the past month increased from 75.7% in 2005 to 77.0% in 2006 to 78.5% in 2007; the proportion of adults who walked for at least 30 minutes on 5 or more days per week increased from 47.2% in 2005 to 53.6% in 2006; and the proportion of adults who watched television 3 or more hours per day decreased from 46.3% in 2005 to 44.8% in 2006 while the proportion of adults who watched television less than daily increased from 7.8% in 2005 to 8.8% in 2006.
- Steps youth survey data also noted favorable changes in behaviors that can decrease the incidence of obesity and cardiovascular disease. The percentage of students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days increased from 37.8% to 46.9%.

Chronic Disease and Injury Prevention (continued)

- Broome County Steps Consortium member, Alan Wilmarth, was one of seven in the nation chosen for the Steps Community Heroes Award. Established in April 2007, this award honors individuals who have made outstanding contributions to improve the health and well-being of others in their communities.
- Funded a Built Environment project with the City of Binghamton that resulted in over 30 bike racks being installed along the greenway project/river trail in each of the City parks and throughout the business district. In addition, the City adopted a “Complete Streets Policy” that ensures their streets and roads work for drivers, transit users, pedestrians, bicyclists, as well as for older people, children, and people with disabilities.
- Funded a second Built Environment project with the Town of Union that resulted in a universal sidewalk design in 14 sites throughout the town that will encourage connectivity and accessibility for pedestrians and bicyclists of all ages and abilities. The Town of Union adopted a pedestrian policy to continue to sustain the universal sidewalk design and force maintenance of sidewalks and other pedestrian facilities.
- Worked collaboratively with Broome-Tioga BOCES to create and implement a regional cooperative food bid/purchasing system and a healthier unified menu plan that includes all 12 Broome County school districts and three Tioga County school districts.
- Assisted Cornell Cooperative Extension with establishing two new Farmer’s Markets, both on the north side of Binghamton in high-risk neighborhoods, where access to fresh fruits and vegetables is an issue.
- Three worksites completed the “Give Me Five” challenge to include 341 participating employees. New York State Office of Disability, which employs over 180 workers, was the largest employer group.
- Broome County school districts (35 schools and close to 15,000 students) were educated on the availability of healthy fruits and vegetables grown in New York State. Give Me 5 posters, daily announcements and menus featuring the Give Me 5 logo were used to reinforce the message. Incentives and education materials were provided to children.
- 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 was in place, there were 67 resident nursing students trained in the Open Airways Program and the program was implemented in 17 elementary schools reaching more than 100 students with asthma.
- Established resolution for the Young Lungs at Play initiative that calls for tobacco free playground areas in Broome County parks, City of Binghamton parks and Town of Union parks.
- Steps Program staff and partners presented program successes at the National Steps Grantee Conference, 5th National Prevention Summit.

Chronic Disease and Injury Prevention (continued)

- Steps Coordinator presented at the Institute of Medicine's Health Disparities Conference in St. Louis, Missouri to demonstrate the success of the Steps model as it relates to health disparities. As a result, the National Latino Health Institute instituted use of the Mission Meltaway Program for their "at risk" Latino population.
- Success stories from the Broome County Steps Program appeared on the national Steps to a HealthierUS website, in the YMCA USA report, and on the National Association of Chronic Disease Director's website.
- 1,554 women were screened for clinical breast exams, 1,059 for mammograms, and 1,186 for pap and pelvic exams through the Southern Tier Healthy Living Partnership (HLP).
- Healthy Living Partnership offered 98 community presentations on cancer services and introduced the Colorectal Medicaid Treatment Act.
- The Southern Tier Healthy Living Partnership rolled out the HPV vaccine at provider sites, with the health department clinic being the first provider site to offer the HPV vaccine.
- A new Request for Applications (RFA) was submitted to include Schoharie County with Otsego and Delaware counties, as well as Broome, Tioga and Chenango Counties as part of the Southern Tier Healthy Living Partnership.
- The Traffic Safety Program recruited eleven new child passenger safety seat technicians for the county and increased the number of educational programs held at schools. 128 car seats and 764 bicycle helmets were distributed through the Traffic Safety Program.
- Diabetes staff worked with the Steps program to expand the Mission Meltaway model throughout Chenango, Delaware and Tioga counties by working with contracted provider sites and the Rural Health Network.
- Diabetes prevention education was provided to 469 individuals at risk for diabetes.
- Tobacco Free Broome Tioga recruited thirty tobacco all-stars (non-profit organizations) who agreed not to accept sponsorship or money from tobacco companies.
- Completed a project with the Binghamton Senators to raise awareness of how tobacco advertising targets kids.

Early Intervention and Preschool Programs

- 41% 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 preschool entry.
- New York State Department of Health Early Intervention Program's Individual Family Service Plan performance standards were met for 734 children.

Early Intervention and Preschool Programs (continued)

- 70% of children receiving Preschool Program special education services were NOT in need of classification upon school age.
- The Children with Special Needs / Physically Handicapped Children's Program informational pamphlet was approved and sent to all of the school health offices in Broome County. It is being translated into several different languages in order to reach a larger population and continue to seek a variety of providers who are willing to work with these programs.

Environmental Health

- The water supplier supervision program is responsible for assuring compliance with Federal and State requirements. For example, during 2007, staff and the water suppliers implemented the disinfection byproducts rule. Water suppliers began to collect data needed to determine if the disinfection practices they employ produce chemicals that could impact human health when consumed. 165,000 Broome County residents are served by 183 public water supplies. There were no confirmed waterborne outbreaks in 2007.
- There are 63 Mobile Home Parks operating in Broome County. Many have their own water supply facilities that were constructed decades ago. Staff worked with the park owners to improve protection of public health by increasing the disinfection contact time with capital improvements.
- People spend a good portion of their lives in their homes so indoor air quality becomes an important public health concern. Staff responded to 91 requests for guidance on potential mold exposure in their dwellings. In recognition of our experience in this area, the Director of Environmental Health Services was appointed to the NYS Task Force on Toxic Mold Reduction.
- The effects of widespread flooding in 2006 are still being felt by Broome County residents. Staff worked with 14 property owners in the Town of Colesville to correct well problems caused by flood waters. Funding from the NYS Legislature and assistance from Opportunities for Chenango produced an effective partnership that we hope to continue.
- A comprehensive approach to reduction of tobacco use is an intervention critical to reducing the incidence of chronic disease in Broome County. One component of the comprehensive plan is to reduce the rate at which youth are able to purchase tobacco products at retail outlets. Compliance checks showed a 96% compliance rate with sales noted at 7 of 181 stores. The program exceeded the federal target of 80%. Staff also responded to 23 complaints on smoking in public places under the Clean Indoor Air Act.
- The Health Department regulates the fire safety aspects of hotels, motels and other temporary residences. Recent new construction has increased staff demands in this program but all facilities were found to be operating well enough to issue permits to operate during 2007. There are 41 facilities with 2,955 rooms under permit in Broome County.

Environmental Health (continued)

- All 700 pools and beaches in Broome County were inspected according to NYS Department of Health guidance. One near-drowning occurred, serving as a reminder that all entities involved need to remain vigilant where this high-risk activity is offered.
- Primary care providers have increased their rate of screening children for blood lead each year. 2,500 blood lead levels were logged during 2007. Five children were found to have blood levels exceeding 20 ug/dl requiring an environmental intervention.
- Local health departments are required by the NYS Public Health Law to respond to residents calls on public health nuisances. 559 calls were handled by Environmental Health Services staff in 2007.
- Food service facility inspections focused on high-risk establishments (those with potentially hazardous food ingredients and complex menu items). 93% of the 92 facilities were inspected.
- Rabies Program staff investigated 630 bite reports and handled 121 specimens. 79 humans received post-exposure treatment as a result of this activity. 23 rabies clinics were held.
- Staff collaborated with the Binghamton University Biology Department to conduct mosquito and bird surveillance for West Nile virus. There were no West Nile virus positive birds, mosquitoes, mammals or humans found in 2007. Based on the surveillance results, mosquito larvaciding was not conducted.
- The urban core of Broome County has a rich history of industrial and commercial activity located in the valley accessible to rail and highway transportation. The valley is underlain by permeable soils producing a highly productive groundwater aquifer. Unfortunately, chemical spills and other releases from the industrial/commercial activity easily found their way into the permeable soils impacting the groundwater aquifer. These same chemicals were found to also migrate through the soils to house basements and, in many instances, into occupied living space. The NYS Departments of Health and Environmental Conservation are responsible for investigating sites of these releases. They work with Health Department staff to identify, investigate and remediate the sites. During 2007, 22 sites affecting approximately 780 residences were evaluated.
- Building or remodeling a home represents one of the largest capital expenditures by Broome County residents. In 2007, staff reviewed septic plans for 132 new houses and 125 existing system repairs. With the median value of a Broome County home at \$78,000, this program helped assure the viability of \$20,000,000 in housing value.
- Educating the public on public health issues is one of the essential services performed by a local health department. In 2007, awareness of the risk of childhood lead poisoning was increased by advertising the 113 consumer product recalls for items with excessive levels of lead. A major restaurant chain was challenged to identify the food product ingredient associated with a nationwide communicable disease outbreak. 153 food items were voluntarily recalled by the food production and packaging industry.

Environmental Health (continued)

- A project was initiated to encourage Broome County restaurants to convert to an artificial trans fat free menu. Educational information adopted from the New York City program, was sent to all restaurants in Broome County. Staff also conducted an on-line and mail-in survey to assess the baseline of restaurants presently trans fat free. As of May 7, 2008, 152 of 578 restaurants responded, with 66 reporting that they do not use trans fat in menu items. Environmental Health staff will check those 66 restaurants to confirm their artificial trans fat free status.
- The Broome County Legislature adopted a local law requiring AED devices at additional and smaller facilities than required under Public Health Law. Information on provisions of the law was sent to 240 facilities that may meet the criteria established by the local law. The law also allows the Health Department to grant a time extension for compliance. Seventeen facilities requested and were granted a time extension.

Clinics

- Provided 12,500 visits to 6,689 Broome County residents in Health Department Clinic.

School Based Dental Program:

- 1,676 children and 84 adults received dental health education, 701 children received dental screenings, 185 children had prophylactic care and 360 children (1,019 teeth) received dental sealants. Prophylactic care was added to program services this year. The Medicaid billing program has been successful (2007 goal).

Immunizations:

- Cooperating with the Broome County Office for Aging, Broome County CASA (Community Alternative Services Agency) and the Community Free Clinic, 2,759 influenza and 95 pneumonia immunizations were administered this season.
- 10 flu clinics were held where participants were educated about adult immunizations such as Td, Tdap, pneumococcal and Zoster. 3,106 persons received influenza vaccine, including 433 Broome County employees. 92 pneumonia vaccines were administered. 388 children and 1,437 adults were immunized during routine immunization clinics. 63 child care providers were immunized at twelve different child care sites.
- 754 patients attended regularly scheduled immunization clinics receiving 1,984 immunizations. 71 Broome County residents received 190 immunizations at the Health Department Travel Immunization Clinic.
- Immunization and lead screening data were reviewed by the Immunization Nurse at five day care sites and four private provider offices.
- The Immunization Team administered 63 influenza vaccinations in 12 day care centers.
- The Immunization Nurse chaired two meetings of the Broome-Tioga Adult Immunization Coalition at Broome County Health Department.

Clinics (continued)

- The first Broome County Health Department Clinics Newsletter was sent to Broome County health care providers. It contained information from the Immunization Clinic, Chest Clinic, Communicable Disease Clinic and STD Clinic.
- Education was provided for the public, health care providers, school nurses, and day care sites regarding current Centers for Disease Control Immunization recommendations (Hepatitis A for babies, Rotavirus, Tdap, HPV, Herpes Zoster). New recommendations were implemented.

Tuberculosis Control (TB):

- 1,277 patients were seen in the Tuberculosis Control Clinic during 1,691 visits.
- Clinic staff assisted in screening Binghamton University first-year incoming international students from highly endemic areas of the world. Staff also provided evaluation, including a medical history and chest x-ray for 117 students with latent TB infection.
- There were four confirmed active TB cases in Broome County requiring 171 directly observed therapy sessions and contact investigations involving 70 residents.

Communicable Disease:

- Staff investigated 321 reportable communicable diseases. Of note, there were 30 fewer cases of Pertussis than in 2006, indicating that prompt contact investigation, prophylaxis and immunization are successful.
- The Communicable Disease Public Health Nurse has done several presentations for professional and lay groups on the topic of Community-Acquired Methicillin Resistant Staphylococcus Aureus (CA-MRSA). Chronic Hepatitis C investigations comprised more than 40% of the communicable disease case load.
- The Communicable Disease Public Health Nurse completed requirements for the certificate in Field Epidemiology from the University of North Carolina at Chapel Hill.

Sexually Transmitted Disease and HIV Testing Clinics:

- Provided 2,991 office visits for residents referred for STD testing via the NYS Department of Health surveillance system for those who were at risk for such communicable diseases.
- The total number of STD screens (1,478) was equal to the 2006 total. The number of brief visits, primarily Hepatitis A and B immunizations, in STD Clinic were down during 2007; however, there was a 34% increase in screens and brief visits at the Broome County Correctional Facility.
- There were 219 cases of gonorrhea in Broome County during 2007 which was the highest rate seen since the early 1990's. The infection is becoming less symptomatic leading to treatment delays and increased transmission. There has been a 460% increase in cases since 2005. 40% of cases in the county were diagnosed and treated at the Broome County Health Department.

Clinics (continued)

- Chlamydia cases surpassed 500 in 2007, a trend consistent with the rest of New York State and the nation. 33% of Broome County cases were diagnosed and treated at the Broome County Health Department. Untreated Chlamydia continues to be the number one cause of female infertility.
- 2,698 HIV tests and counseling sessions were conducted at the Broome County Health Department, Southern Tier AIDS Program, drug and alcohol treatment facilities, homeless shelters and outreach events. Two new cases were identified in 2007 and referred for treatment and case management. Over 5,000 individuals were educated and counseled about HIV, AIDS and harm reduction in 63 presentations. 1,500 individuals in middle and high schools, Broome Community College and Binghamton University nursing students received STD education from our staff.
- Partnering with the Southern Tier AIDS Program and Binghamton University Health Services, over 400 members of the Binghamton University community were tested for HIV at a one-day event.

Employee Health Service:

- 251 Broome County employees and volunteer firefighters received education, counseling and referrals for obesity, smoking, breast and cervical health at pre-employment physicals. Immunizations were reviewed and 313 were administered.

Administration/Fiscal

- Worked with institutions of higher education to explore research projects and grant opportunities and collaborated with the Decker School of Nursing, Binghamton University Center for Applied Research, and New York Medical College School of Public Health.
- Fiscal staff managed the Health Department budget using grant opportunities and revenue sources to reduce net county support. Additional revenue from sources such as Medicaid, Medicare, commercial insurance, chargebacks and other forms of state aid totaled over \$7.2 million. Four quarterly Article 6 state aid claims were submitted totaling \$1,554,026.
- Fiscal staff managed 27 grants and collaborated with grant managers to claim \$4,157,360 out of a possible \$4,167,555, leaving less than \$10,195 or .24% of grant funds left unspent. Based on the 2008 budget, the net to the county support is just over \$6.1 million or .32 cents per dollar that health department programs cost taxpayers.
- The Fiscal Division obtained \$4,314,227 in revenue from grants, \$1,554,026 in Article 6 state aid, and \$7,280,320 from third party payers, bad debt and charity care, chargebacks, and other forms of state aid for a total of \$13,148,573 offset to the Health Department budget.
- Fiscal and Preschool Program staff successfully responded to an Office of Medicaid Inspector General review of Preschool Program Medicaid billing.
- Fiscal staff assisted in developing and implementing a fraud identification process for Early Intervention and Preschool Program contractor billing

Administration/Fiscal (continued)

- New technology was rolled out to allow staff members to access all programs while working from remote locations.
- Acquired and entered nearly all health department employee contact information into NYS Department of Health notification system for emergency notification purposes.
- Trained several large groups of child care providers on emergency preparedness, pandemic influenza and bioterrorism.
- Developed and implemented Continuity of Operations Plan to set department priorities during time of increased/emergency need.
- Successfully implemented and trained staff in electronic Clinic Data Management System to expedite registration process at emergency clinics. New technology and training resulted in significantly reduced throughput times. Conducted Point of Distribution (POD) operations at two locations simultaneously.
- Successfully set up internal Emergency Operation Center and Call Center operations (including recall of Medical Reserve Corp) for GI illness outbreak at Binghamton University.

Maternal Child Health

- Home Visiting: Nurses provided services to 702 clients. A review of the Family Satisfaction Survey indicates that the 120 clients responding gained knowledge in areas of newborn care, child growth and development, prenatal/after delivery care, family planning and breastfeeding. Topics that clients found especially helpful were: breastfeeding support and advice, sudden infant death, shaken baby syndrome and newborn care. Total nursing visits for 2007 were 1,037.
- Healthy Children New York: Nurses provided health consultation to 20 child care centers; 6 family based centers; 3 family resource centers and 1 walk-in center at the court house. Nurses served 558 children. They conducted 9 sessions of medication administration training to 58 child care providers from 20 different sites. In addition, they made 205 site visits, 2,561 technical assistance contacts via phone, fax or e-mail and reviewed 547 children's health records. 78 classrooms had Infant Toddler Environmental Rating Scales Health and Safety sections completed as pre and post assessments of quality indicators. Nurses immunized 63 child care providers at 12 sites.
- Lead Poisoning: Quarterly meetings were held to discuss shared cases within the Health Department's maternal child health programs. Nurses provided 282.25 hours of service completing 318 visits to families providing education regarding lead poisoning prevention. Twenty-seven different families with children who had lead levels > 10 mg/dl blood lead received a home visit.
- Newborn Screening: The Maternal Child Health (MCH) Team provided follow-up to 33 families referred by NYS Department of Health (NYSDOH) to assure that the needed repeat specimen was obtained following newborn screening in the hospitals.
- Breastfeeding Promotion: Certified Lactation Counselor and Public Health Nurse completed 60 referrals for lactation consultation.

Maternal Child Health (continued)

- **Healthy Families New York:** Nurses provided creative persistent outreach to 189 families referred to the program based on a positive screen. A total of 101 Kempe Assessments were completed and families referred for ongoing services by Family Service Workers. Pre-intake and enrolled families at the end of this period are 101. Re-named program to Healthy Families Broome and implemented a satisfaction survey for feedback and to improve program services.
- **Safety Outreach:** The Injury Prevention Program Survey (TIPPS) was completed with 27 pediatric cases referred. Also 372 newborns were seen and parents were given the 0-6 months anticipatory guidance safety sheet.
- **Growth and Development:** The Public Health Nurse Hospital Liaison screens all hospitalized families for Early Intervention and Child Find Program criteria. 31 referrals were made to the Early Intervention Program and 130 to the Child Find Program.
- **Emergency Preparedness:** Nursing staff participated in drills, completed Points of Distribution Manager coursework, computer classes and Basic Incident Command Training. Three emergency preparedness workshops were held for child care centers with 81 child care providers attending.
- **Immunizations:** Nurses provided nursing service for flu clinics, assisted child care sites with the annual immunization survey for the NYS Department of Health, and reviewed health records quarterly.
- **Bereavement:** Two staff members are trained in the Resolve through Sharing Bereavement curriculum and participated in Central NY Perinatal Bereavement Committee meetings. Twenty-six bereavement referrals were received and home visits completed with three families who requested the visit.

WIC:

- Through increased outreach, over 5,000 WIC participants were enrolled in the program for supplemental foods, nutrition counseling, immunization screening, smoking cessation and alcohol and drug abuse screening. All WIC prenatal and postpartum clients were provided information on how to improve maternal and child health. 1,043 new pregnant women, 245 new postpartum women, 1,137 new infants and 618 new children enrolled in 2007. All clients received health and nutrition counseling at least four times per year. New WIC prenatal clients are screened for drug/alcohol abuse and referred as indicated.
- Hospital certifications for new infants and postpartum women were restarted for the first time since automation in 1999.
- A monthly breastfeeding mother's support group hosted by WIC Program breastfeeding peer counselors has grown in participation tremendously over the past year and three of the peer counselors are now certified lactation counselors.
- The program was awarded a Healthy Lifestyles Grant to encourage physical activity/ healthy eating among participants.

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 community needs, 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 NYS Department of Health every two years.

2008 Administration Program Goals	
◆	Continue to research community health and plan interventions by gathering data pertaining to community health needs and trending health information by using existing data and review of health patterns for improved community health assessment and surveillance activities and coordination with other community agencies.
◆	Continue to engage institutions of higher learning to build public health infrastructure.
◆	Collaborate with community partners to integrate systems, policy and environmental changes to encompass a comprehensive, community-wide approach to managing chronic disease.
◆	Continued maximization of grant funding to support operating budget as the focus of public health shifts from direct service provision to surveillance, assurance and policy development.
◆	Maintain health education activities to provide for coordination of efforts to prevent diseases and encourage healthy lifestyles by building the capacity of community organizations and by seeking reimbursement, where appropriate.
◆	Prioritize expenses to reflect identified staff needs for education and technology while focusing on equitable salary levels for recruitment and retention of staff.

2007 Program Statistics

Community Health Promotion

Media Interviews	72
Educational Satellite Broadcasts	90
Presentations/In-services	216
Health Promotion Events	102
News Articles on Health Issues	562
Press Releases	48

Press Release Topics:

Flu	4
Communicable Diseases	2
Rabies	2
HIV/AIDS	4
Injury Control/Safety	22
Wellness/Nutrition/Physical Activity/Diabetes	6
Child Health	8

Health Information, Health Education, Health Promotion

Some of the most important services provided by the Broome County Health Department include health information, health education, and health promotion. Whether a one-time presentation, a two-day workshop, or initiating a policy change, the intent is to reduce health risks and promote better health of all age groups. Health information, health education, and health promotion is provided through partnerships with schools, worksites, agencies, and individuals in community settings. The Broome County Health Department's programs focus on meeting the goals of Healthy People 2010.

Public health knowledge is vital in today's world. While many people understand how the decisions they make affect their health, many others are still learning how to make healthier choices. For example, chronic disease has some risk factors, which are beyond one's control such as family history, race, and age. There are also risk factors within an individual's control; what and how much you eat, how active you are, and whether or not you smoke or expose yourself to secondhand smoke. The Broome County Health Department provides health information, health education, and health promotion programs which are directly linked to best practices that can improve the health and well being of our residents.

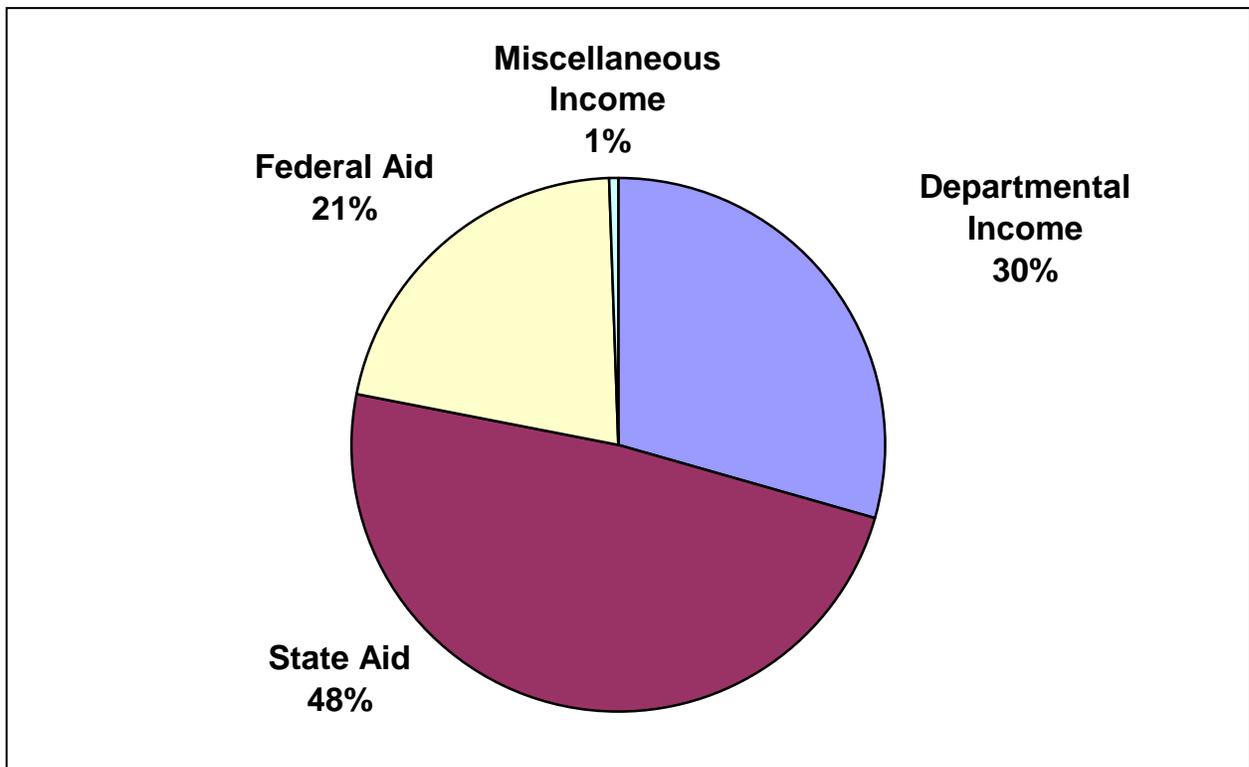
Fiscal Services

Fiscal staff of the Health Department works with division heads and supervisors to ensure that there are adequate finances for program administration. Staff is involved with daily operations as well as the financial planning of the organization. Outlined are goals and objectives and a breakdown of revenue sources.

2008 Fiscal Program Goals
<ul style="list-style-type: none">◆ Continue to work with Director and Division Heads to explore options for decreasing county support for health department activities.◆ Prepare for both known and unknown staff changes/retirements by cross training existing staff, looking at internal candidates and recruitment strategies.◆ Address impacts of changes in state funding on Health Department revenues.

Revenue

2006 Revenue By Division						
Division	Dept. Income	State Aid	Fed. Aid	Misc. Income	Total	% of Total
Administration	174,985	719,917	0	31,489	926,391	7%
Environmental Health	205,770	259,374	0	246	465,390	4%
Clinics	656,942	331,453	0	485	988,880	8%
Maternal Child Health & Development	2,582,594	3,657,979	0	35,412	6,293,138	48%
Emergency Medical Services	41,949	118,546	0	53	160,548	1%
Grants/FEMA	214,673	1,282,612	2,812,164	4,235	4,313,684	33%
TOTAL	3,876,913	6,369,881	2,812,164	71,920	13,148,031	100%
% of Total	30%	48%	21%	1%		100%



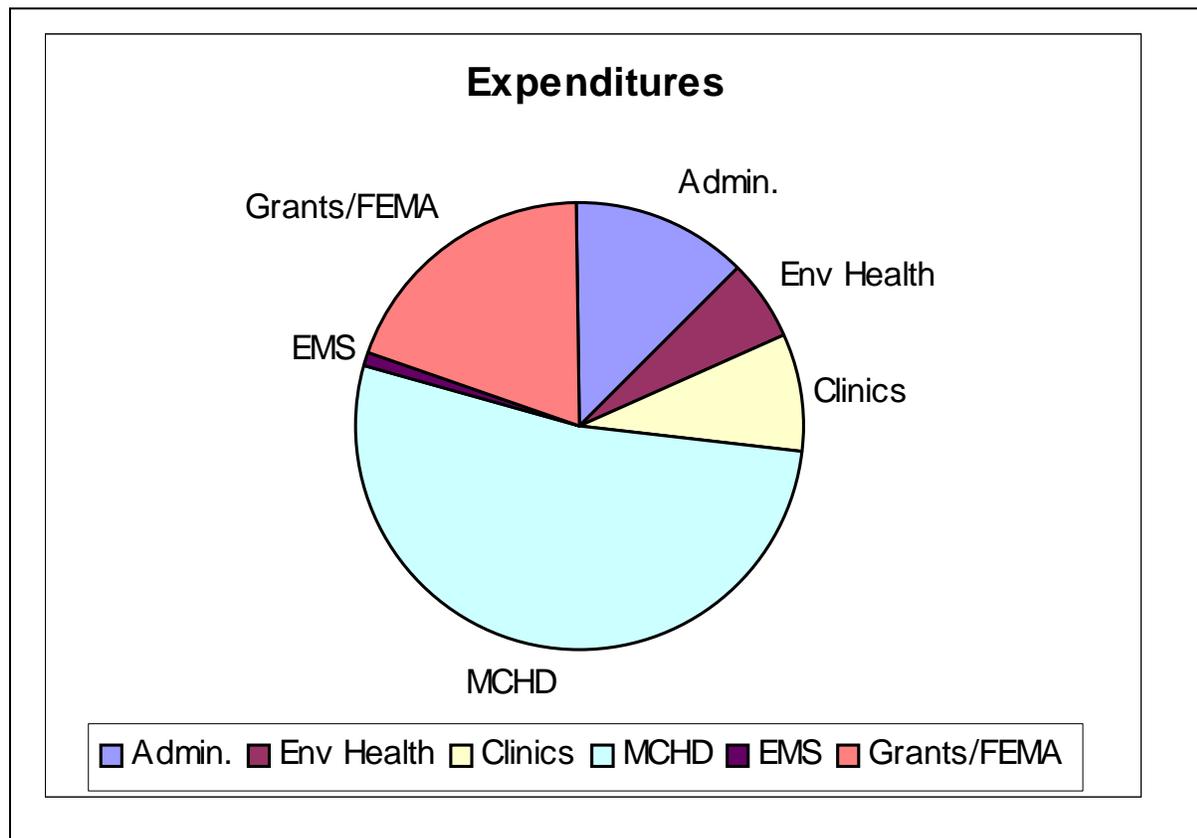
* Department Income refers to income earned through service fees, chargebacks to grants, fines, employee health physicals, etc.
 ** Miscellaneous Income refers to rental income, refunds of prior year expenditures, and transfers from insurance reserves.

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	2,439,632	13%
Environmental Health	1,092,209	6%
Clinics	1,546,292	8%
Maternal Child Health & Development	9,182,676	48%
Emergency Management Services (EMS)	266,408	1%
Grants/FEMA	4,462,128	23%
TOTAL	18,989,345	100%



Emergency Preparedness

Developing Emergency Preparedness and Response capacity remains a high-priority for the Department. National and International concerns surrounding natural and human made emergencies and disasters continue to drive local planning efforts. Staff and Medical Reserve Corps volunteers continue to participate in training and exercises designed to test the Department's response capability. The Department will continue engaging hospitals, healthcare institutions, and community partners to strengthen emergency response plans.

The Broome County Health Department began working with the Home Healthcare Coalition on emergency planning and response. Home Healthcare patients have increased vulnerability during emergencies and disasters and, in many cases, need highly regular, specialized medical services. An electronic database, tentatively called the Home Healthcare Patient Tracking System, is being developed to ensure that homecare agencies will be able limit interruption in services during emergencies and emergency/critical infrastructure agencies will be able to prioritize restoration services. During routine operations agencies will only be able to see their own patients. However, during an emergency or disaster the EOC will have the capability to see comprehensive information and pull that information into a GIS interface for planning and response purposes.

2008 Emergency Preparedness Program Goals

- ◆ Continue to build public health system capacity to respond to public health emergencies through drills and exercises.
- ◆ Locate and quantify special needs populations and develop mechanisms for contacting these populations 24/7 in the event of an emergency.
- ◆ Continue to update the Health Department's Health Emergency Operations Plan.
- ◆ Continue to interface with community partners, schools, businesses, and the emergency service community in preparation for Pandemic Influenza and natural or man-made disasters.
- ◆ Continue to cultivate and develop the Medical Reserve Corps.
- Introduce and refine new technology to aid emergency preparedness and response activities.

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 (TB) Control Clinic
- Immunization Clinic
- Sexually Transmitted Disease (STD) Clinic
- Confidential HIV Counseling and Testing Services
- NYS Department of Health Anonymous HIV Counseling and Testing Services
- Employee Health Services
- Preventive Dentistry Services

Descriptions of the services previously listed are further explained in the following section. The addition of program statistics will provide an understanding of the array of programs offered to the public and the impact that this division has on the community.

Communicable Disease Control

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

Communicable Disease Investigations	321
Number of Known Deaths from Communicable Disease Infection	5
Number of Chronic Hepatitis B Infections Investigated	15
Number of Chronic Hepatitis C Infections Investigated	145

Tuberculosis Control Clinic

The Tuberculosis Control Clinic provides for the testing, diagnosis, treatment, prevention, and control of Tuberculosis in Broome County. This program strives to identify individuals in targeted populations at high risk for exposure to Tuberculosis who have been infected but are not yet contagious. Staff conducts 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.

Number of Patients Screened	1,277
Total Visits	1,691
Number of Patients Started on Preventive Therapy for Latent TB Infection	183
Active TB Cases	4

Immunization Action Program

The objective of the program is to increase immunization levels of both children and adults. Efforts to do this involve education and removing barriers to immunizations. The Broome County Health Department acts as a safety net by providing immunizations for all age groups to people that are uninsured, underinsured or may not have a primary care provider. Routine and travel immunizations are also given. Flu vaccinations are given at mass clinics throughout Broome County. Education is provided to, but not limited to, community outreach programs, presentations to provider and day care sites, provider AFIX (Assessment Feedback Incentive and Exchange) visits, the semi-annual clinic newsletter and telephone consultation.

Number of Patients Receiving Immunizations	754
Doses Administered	1,565

Flu/Pneumonia Program

Number of Clinic Sessions at Community Sites	25
Flu Vaccinations Given	2,759
Pneumococcal Vaccinations Given	92
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 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 approved laboratory. After diagnosis, medicine is administered or prescribed 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.

STD Clinic Visits	2,283
Broome County Jail Clinic Visits	708
Most Frequent Diagnosis	
Chlamydia	507
Nongonococcal Cervicitis	346
Nongonococcal Urethritis	288
Gonorrhea	219
Syphilis	3

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.

Individuals Provided HIV Education in Clinic and Outreach Programs	5,000
HIV Counseling and Testing Services	
Participants Receiving HIV Tests	2,698
Anonymous HIV Counseling and Testing (NYSDOH)	
Number of Anonymous HIV Tests	1,279
Number of Confidential Tests	1,419
Number of Positive Tests	3
Number of Anonymous Community Testing Sites	15

Employee Health Services

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

Number of Pre-Employment Physical Exams	251
Number of Brief Visits	347

Preventive Dentistry Dental Services Program

The 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, dental screening, dental sealants, dental prophylaxis, and fluoride treatments. The program starts with second grade students and is then offered to other grades (K-5). The Broome County Dental Program refers children to dental clinics at Lourdes Hospital and United Health Services Hospitals.

Number of Children Screened (available to grades K-5)	710
Number of Children Receiving Sealants	360
Number of Teeth Sealed	1,019
Number of Children Receiving Prophylaxis	186
Rate of Untreated Decay	58%
Number of Children Educated	1,676
Number of Adults Educated	84

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 is key to a lifetime of good oral and physical health.

2008 Clinic Program Goals

- ◆ Continue to make treatment of all cases of active TB disease and evaluation of contacts a priority for the TB Control Program.
- ◆ Develop targeted testing strategies in the “at risk” population by collaborating with Broome Community College Health Services.
- ◆ Support Binghamton University Health Services in their efforts to identify and treat those students with active TB disease and latent TB infection.
- ◆ Educate students with a positive Mantoux about the difference between TB disease and infection.
- ◆ Identify students interested in treatment for latent TB infection and initiate treatment for those students who express commitment to the nine-month course of medicine.
- ◆ Continue to collaborate with the Civil Surgeon in evaluating, educating and treating those with positive tuberculin skin tests who are applying for permanent residency in this country.
- ◆ Establish a working system to evaluate refugees entering Broome County for TB.
- ◆ 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.
- ◆ Support the NYS Department of Health in provider recruitment, planning and implementation of the NYS Immunization Information System (NYSIIS).
- ◆ Plan activities to promote National Infant Immunization Week and National Influenza Vaccination Week.
- ◆ Incorporate rapid HIV testing in visits for clients with a positive tuberculin skin test.
- ◆ Decrease barriers 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, we offer the ten-minute Unigold rapid HIV test to allow for a shorter office visit to learn the HIV status with 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 the Centers for Disease Control and NYS Public Health Law by increasing outreach activities to the community and AFIX (Assessment Feedback Incentive and Exchange) visits to providers.
- ◆ Work collaboratively with Office for Aging’s staff and volunteers to conduct flu clinics.
- ◆ Continue the efficiency and productivity, recognized by the New York State Department of Health, of the STD and HIV testing clinics.
- ◆ Reduce the barriers to HIV testing by reducing/eliminating the associated charges.
- ◆ Continue and improve our Hepatitis vaccine rates of completion.
- ◆ Speed up the Chronic Hepatitis C reporting system so that reporting is completed within sixty days at least 90% of the time.
- ◆ Train additional staff to cover communicable disease issues.
- ◆ Continue to work collaboratively with Lourdes Hospital's Oral Health Program to provide preventive dental services in Broome County schools.
- ◆ Expand third party reimbursement for the Preventive Dentistry Program to enhance sustainability.

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 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	561
Freedom of Information Requests	66
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

	Active Facilities	Field Inspections	Critical Violations Identified **
Campground Program	14	13	0
Mobile Home Parks	61	34	21
Children's Camps	16	32	0
Pools and Beaches	98	190	79
Temporary Residences	41	71	21

** Any violation which 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.

Community Sanitation Programs *			
	Active Facilities	Field Inspections	Critical Violations Identified **
Food Service	1,172	1,547	240

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

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

Wastewater Treatment

Review, design, inspect, and provide approval of all disposal systems for new construction or modifications/corrections to existing systems. Permits and approvals are provided in accordance with both New York State and Broome County Sanitary Codes. Review and provide approval of all proposed wastewater disposal systems (10,000 gallons) for new construction or modifications to existing systems. Approval is issued in accordance with NYS Department of Environmental Conservation SPDES Permits and Standards for Waste Treatment Works.

Water Supplies

Inspect, survey, and monitor the various public water supplies in accordance with Part 5 of the NYS Sanitary Code. Review plans for the construction, addition, or modification of any public water supply to ensure compliance with state and federal regulations. Direct and provide technical assistance to water supply operators regarding recommendations for compliance to NYS Sanitary Code. Community water system means a public water system which serves at least five service connections used by year-round residents or regularly serves at least 25 year-round residents.

Water Supply Systems

Active Facilities	191
Inspections	382
Public Health Hazards	16



Health Department staff coordinates 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	113
Replacement Systems	124

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.

Clean Indoor Air Act Complaints Investigated	22
Youth Tobacco Sales Reduction Program	
Active Facilities	181
Completed Compliance Checks	394
Compliance Rate (# No Sales / # Facilities)	96%
Facility Staff Trained	134

West Nile Virus Program

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



Positive Mosquito Pools	0
Human Cases	0
Dead Crow Reports	21
Birds Tested Positive	0

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. 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)	7
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	630
Humans Receiving Post-Exposure Treatment	79
Animal Vaccinations	2,855
Animal Specimens Tested	121
Positive Specimens	3

2008 Environmental Health Program Goals

- ◆ Increase the overall percentage of food service establishments inspected to at least 85%. Activities to achieve this objective are enhanced cross-training of new staff along with expected gains in performance based on acquired experience.
- ◆ Increase the percentage of facilities found in compliance by strengthening the division enforcement capacity. Additional senior staff time will be dedicated to coordination of this activity, along with continued recruitment of hearing officers. The Food Service Program is the primary focus of this objective. Improvement is tracked by monitoring the number of critical violations found during inspection of these facilities.
- ◆ Cross-train temporary staff to support those program areas with seasonal peak activity (i.e., nuisances, rabies).
- ◆ Complete inspections of all regulated facilities according to the approved Municipal Public Health Services Plan and program workplan.
- ◆ Place food service inspections and tobacco law violations on the County website.
- ◆ 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



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, Otsego and Chenango. Increasing access to health care providers is an essential component in the success of the partnership. The program grant year runs from April 1 – March 31.

Integrated Cancer Screening Services Program Statistics

Breast & Cervical Cancer Screenings:	2004	2005	2006	2007
Clinical Breast Exam	1,803	1,813	1,672	1,554
Screening Mammogram	1,313	1,243	1,157	1,059
PAP Test	1,317	1,387	1,293	1,186
Colorectal Cancer Screenings:				
Fecal Occult Blood Test (Take-Home Kit)	322	304	379	301
Screening Colonoscopy	18	23	24	26
Colorectal Screenings	340	330	465	332
Number of Clients Eligible for Medicaid Treatment Act: (Diagnosed with Breast Cancer, Cervical Cancer or Pre-Cancerous Cells of the Cervix)				
Broome	31	47	51	50
Chenango	8	7	4	5
Delaware	3	7	7	4
Otsego	18	15	17	21
Tioga	6	6	5	6
Totals	66	82	84	86

Tobacco Free Broome & Tioga (TFBT)



Tobacco related illness is the major cause of preventable death in the state and the nation. Tobacco Free Broome and Tioga is funded through the NYS Department of Health Tobacco Control Program as a community coalition to work in Broome and Tioga Counties to eliminate exposure to secondhand smoke, decrease the social acceptability of tobacco use and to increase cessation opportunities for smokers who wish to quit.

Highlights of 2007 include:

Smoke Free Outdoor Areas: Tobacco Free Broome and Tioga (TFBT) worked with tobacco control partners to establish smoke free campuses at the Discovery Center and the Broome County Health Department. In collaboration with STEPS to a HealthierNY, playgrounds and athletic areas in Broome County, the City of Binghamton, and the Town of Union were declared tobacco free. In addition, TFBT provided signage to post at all tobacco free areas.

No Tobacco Sponsorship Policies: TFBT continues to obtain policies from local non-profit agencies and organizations agreeing that they will not accept money from tobacco companies. Tobacco company money is often a funding stream for non-profit venues, especially the arts, in many large cities and some small ones as well. This initiative helps insure that tobacco money, along with its influence, is not common in our community. Currently 25 agencies have signed the policy.

Reduction of Tobacco Advertising: A co-promotion with the Binghamton Senators Hockey Team was developed to increase awareness about the importance of reducing tobacco advertising at retail outlets because of the influence tobacco ads have in increasing youth smoking. Initially, three tobacco retailers signed a policy to reduce tobacco ads.



Cessation: Individuals interested in tobacco cessation were referred to the New York State Smokers' Quitline and local Team Act Cessation Center for cessation counseling and a starter packet of free nicotine replacement therapy.

Education/ Sustainability: Quarterly tobacco control newsletters were mailed to legislators and officials and staff attended a meeting with Senator Libous to outline the work of local tobacco control programs, including TFBT.

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. The Broome County Health Department is the lead agency serving Broome, Chenango, Delaware and Tioga counties.

Workplan Goals: Grant year runs from October 1 – September 30	Number of Participants
Mission Meltaway Program (diabetes prevention, pre-diabetes and diabetes education) for clients at risk for diabetes.	469
General Education (Presentations, Displays, Materials Distributed)	15,000
Scholarships for Uninsured to attend Diabetes Education Classes	5

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. This program collaborates with local law enforcement and community agencies to determine safety policies.



Workplan Goals:	2004	2005	2006	2007
Grant year runs October 1–September 30				
Community Outreach/Presentations/Education Programs	33	34	26	34
Number of Individuals Educated About Various Traffic Safety Topics	1,261	1,193	1,794	1,210
Child Safety Seat Distributions	275	322	210	169
Child Bike Helmet Distributions	350	400	500	844

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 Program

The Mission Meltaway Program, an eight-week healthy lifestyle management program, provides information on nutrition, physical activity and motivation to participants. 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

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 (Ask about tobacco use. Advise to Quit. Assess willingness to make a quit attempt. Assist in quit attempt. Arrange the follow-up). The Steps Program developed a similar methodology to incorporate healthy activities. Educating providers regarding diabetes control through diet and exercise has been a successful start.

Sites Involved in the Mission Meltaway Program	39
Participants Enrolled	947
Community Facilitators Trained	53

Diabetes

Diabetes professional education provides continuing education credits for primary care physicians at an annual Lunch and Learn Program. The program reinforces recommended standards of care for persons living with diabetes and screening recommendations for pre-diabetics.

Medical Residents/Students Trained and Provided with a Tool to Help Patients Make Viable Behavioral Changes to Reduce Their Risk for Chronic Disease	65
Medical Providers who Attended a Weight Management Teaching Day	130

Physical Activity

The BC Walks Program is a physical activity intervention that requires 30 minutes of walking per day by its participants.

Broome County Residents Enrolled in BC Walks	15,000+
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Breathe Better in Broome is a multi-pronged approach to the prevention, education, and management of asthma.



Child Care Providers Trained in Asthma Action Plans (at 10 centers)	107
Child Care Centers who made their Campuses Smoke-Free	10
Resolution Adopted Banning Tobacco Use in all Playground Areas:	
Broome County Parks	11
Town of Union Parks	14
City of Binghamton Parks	12

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

341 employees at 3 worksites participated in an 8 week challenge aimed at increasing their daily fruit and vegetable consumption to five servings per day



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 farmer's markets and collaborates with Cornell Cooperative Extension to bring farmer's markets into areas where residents do not have access to fresh fruits and vegetables.

Employees at 3 Worksites Participated in an 8-Week Challenge to Increase their Daily Fruit and Vegetable Consumption to 5 Servings per Day	341
Child Care Centers that Adopted Healthy Snack Policies	7
School Districts that Participated in New York Harvest for New York Kids Week	12
School Districts that Implemented a Nutrition Data System to Analyze Nutritional Content of Recipes	12



Chronic Disease Risk Reduction Programming

2008 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 chronic disease prevention activities to ensure continued funding after the five-year grant term expires.
- ◆ Continue to provide cancer screening services to individuals who are 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.
- ◆ Increase the number of municipalities that adopt a resolution in support of tobacco retailers reducing ads and increase the number of tobacco retailers that reduce and remove tobacco ads.
- ◆ Increase the number of apartment buildings that adopt a smoke-free policy.
- ◆ Continue to offer free educational programming and awareness campaigns about diabetes, pre-diabetes, prevention and management of the disease.
- ◆ Coordinate Governor's Traffic Safety Program efforts providing safe driving programming and campaigns to the community.
- ◆ Continue to evaluate and report scientific and statistically significant outcomes to the NYS Department of Health and Centers for Disease Control and Prevention.
- ◆ Act as mentor agency to enhance and expand the Healthier Communities Model throughout New York State.

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 2007 there were 1,037 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, 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 2007 there were 233 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.

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

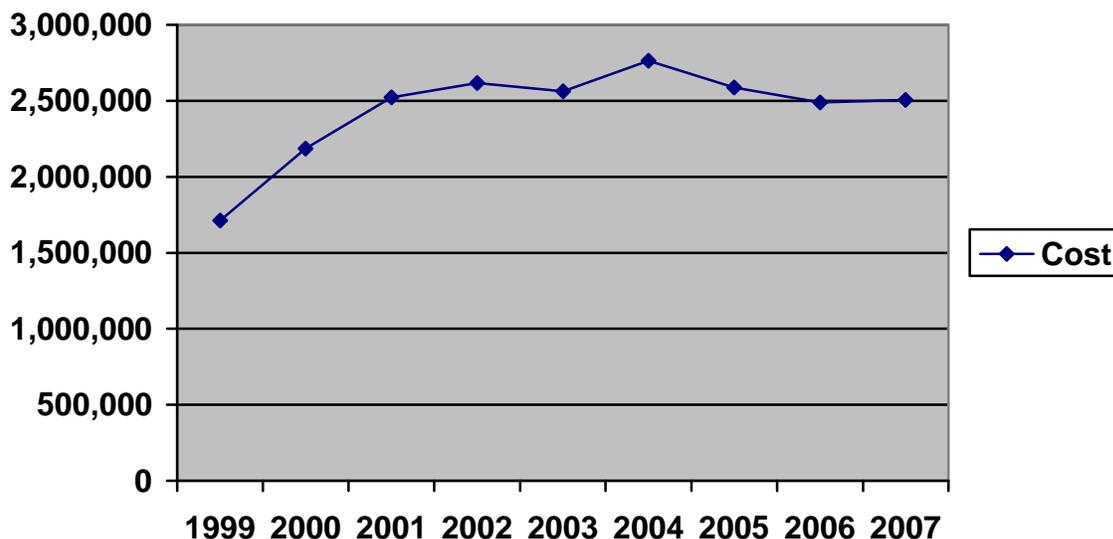
The Early Intervention Program is a state and federally mandated program which focuses on early identification and follow-up of children, age birth through two, with developmental delays (cognitive, physical, communication, social/emotional or adaptive). The EIP provides detailed evaluations for the 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.

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.

EARLY INTERVENTION PROGRAM ENROLLMENT

YEAR	ENROLLMENT
2000	509
2001	631
2002	718
2003	729
2004	690
2005	680
2006	700
2007	795

EARLY INTERVENTION PROGRAM COSTS



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.

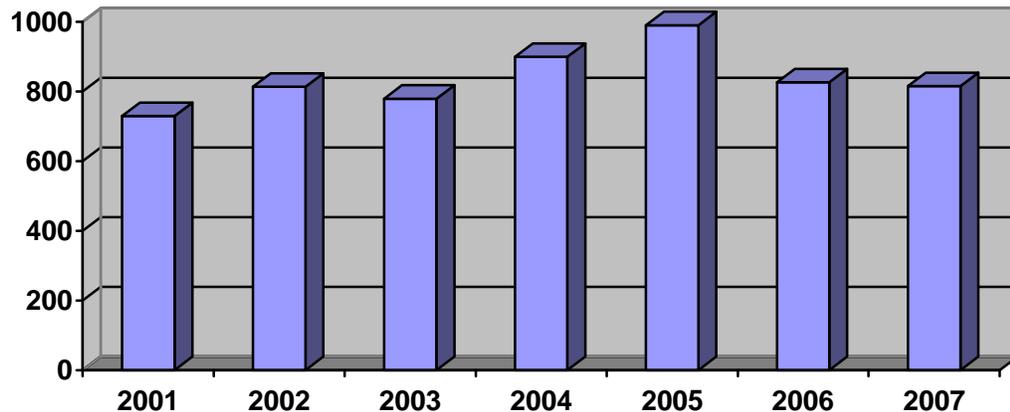
PRESCHOOL PROGRAM COST

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
2006	5,988,345*
2007	5,288,790

* Reconciliation Rate Adjustment

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.

PRESCHOOL PROGRAM CASELOAD



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 Broome, 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; public awareness and education; measuring outcomes/evaluation; and advisory board. The ECC sponsors local multidisciplinary early childhood initiatives under “Building Brighter Futures for Broome (BBFFB)” to promote healthy children, support effective parenting, and enhance 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 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, the health care community, county health department, and other resources.

Healthy Families Broome (HFB)

The Healthy Families Broome (HFB) Program is part of a statewide initiative (Healthy Families New York). HFB is one of 39 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 Healthy Families Broome Home Visiting Program is a comprehensive prevention program that focuses on the safety of children while at the same time supporting families. Healthy Families Broome is provided locally through the Broome County Health Department in collaboration with the Lourdes PACT Program and has the capacity to serve 115 families.

Healthy Families New York 2007 Performance Targets

	HFB Achievements
Health and Development Targets:	
◆ 90% of enrolled target children are up to date on immunizations as of first birthday	95%
◆ 95% of target children have a medical provider	99%
◆ 98% of target children demonstrate age appropriate developmental milestones or are referred if delays are detected	99%
Parent/Child Interaction Targets:	
◆ 30% of primary caretakers will breastfeed their target child for at least three months from the birth of the child	45%
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.	86%
◆ 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 enrollment	100%

Maternal and Child Health and Development

2008 Program Goals
<ul style="list-style-type: none">◆ To increase the number of prenatal home visits to ensure early and continuous comprehensive prenatal care to reduce infant mortality, decrease low birth weight babies and increase positive birth outcomes.◆ To increase the number of evaluation visits to postpartum/newborn clients to minimize environmental hazards to reproduction/growth/development through evaluation of home settings, health habits and nutritional status.◆ Continue to explore ability to acquire grants, contract with Certified Home Health Agency and private insurance companies to increase revenue for MCH program to increase the number of public health nurse direct service providers available to provide early identification and referrals of clients in need of early intervention services.◆ To 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 medication administration certification and recertification.◆ Improve Infant Toddler Rating Scale (ITERS) score by one or more levels in two or more targeted areas: meals/snacks, nap, diapering/toileting, health and safety practices in 75% of participating infant/toddler sites.◆ Continue to prevent child abuse and neglect by providing Kempe assessments and appropriate referral of families to the Healthy Families Broome Program.◆ To systematically identify, assess and maintain families who may benefit from participation in Healthy Families Broome strength-based, supportive services nurturing parent-child interaction within new fiscal constraints of the program.

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.

Throughout the Health Department, program integration efforts have been encouraged. WIC works with the Healthy Families Broome clients to meet mutual community needs to establish breastfeeding policies at worksites 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)

Participants Served (number of visits)	20,997
Active Caseload:	4,819
Women	1,100
Infants	1,150
Children	2,370
Percent Exclusively or Partially Breastfeeding at Hospital Discharge	60.7%
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)	2,493,000
Farmer's Market	
Coupon Booklets Distributed	2,465
Dollars Expended	\$28,740
Participating WIC Vendors	23
WIC Community Outreach Programs	
Health Fairs, Inservice Contacts and Presentations	15
Organizations Contacted	100
Media –Notification of Schedule	24
WIC Program Literature Distributed (pieces)	20,000
Alcohol and Drug Use Screening of Prenatal Clients	1,200
Women Counseled Concerning Smoking Cessation	1,500
Women Counseled Concerning Breastfeeding	1,500

2008 WIC Program Goals

- ◆ Continue to meet or exceed program goals and objectives.
- ◆ Increase caseload by 300 individuals.
- ◆ Continue 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.
- ◆ 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

Administration	778-2802
Community Health Information	778-3921
Clinic Services	778-2839
HIV Counseling and Testing Services	
HIV/STD/TB Outreach and Education Program	
Preventive Health Clinic Services	
Sexually Transmitted Disease Clinic	
Employee Health Services	
Communicable Disease Control	778-2804
HIV Care Network (Binghamton/Tri County)	778-3066
Immunization Action Program	778-2870
Tuberculosis Control Program	778-2888
Environmental Health Services	778-2887
Emergency Response	
Food Service	
Indoor Air Quality	
Lead Poisoning Prevention	
Mobile Home Parks	
Public Water Supply	
Rabies Control	
Subdivisions	
Swimming Pools and Beaches	
Temporary Residences and Children's Camps	
Tobacco Use Reduction	
Toxic/Solid Waste Dumpsites	
Wastewater Treatment	
Water Supplies	
West Nile Virus Awareness	
Southern Tier Healthy Living Partnership	1-877-276-1019 Toll Free
Cancer Screening & Education Services	
Diabetes Project	778-2884
Tobacco Free Broome County Government	778-3068
STEPS to a Healthier US	778-3929
Traffic Safety/Injury Control Program	778-2807
Maternal Child Health and Development Division	778-2851
Child Find	
Children with Special Health Care Needs/ Physically Handicapped Children's Program	
Early Intervention Program (0-2)	
Education to Handicapped Children's Program/ Committee on Preschool Education	
Maternal Child Health Nursing	
Building Brighter Futures for Broome	1-800-901-2180
Early Childhood Coalition	778-6557
Healthy Families Broome	778-3909
Preventive Dentistry Program	778-2812
WIC (Women, Infants and Children's) Program	778-2881

Selected Community Health Status Indicators

Demographics

Broome County Racial Composition				
	1990*	2000*	2007 (est.)	Percent of Total
White	203,387	183,153	179,753	91.7%
Black or African American	3,999	6,575	10,426	5.3%
Asian/Pacific Islander	3,661	5,638	7,637	3.9%
American Indian, Alaskan Native and Other	1,113	1,977	1,202	0.6%
Hispanic Origin of any race	2,327	3,986	4,943	2.5%
Total Population	212,160	200,536	195,973	

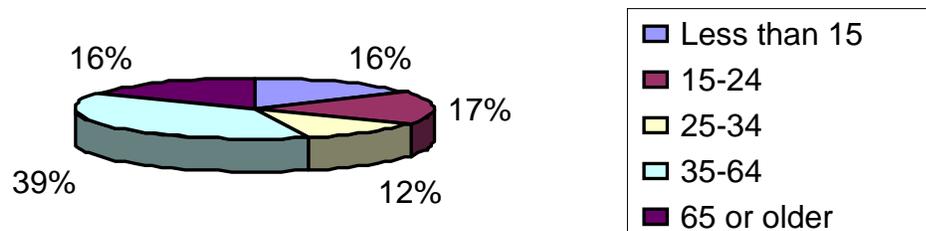
Source: US Census, 1990 & 2000 * The numbers may add to more than the total population and the percentages may add to more than 100% because individuals may report more than one race.
US Census Bureau 2007 American Community Survey

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

Source: US Census Bureau, 2000

Age Distribution of Population – 2007

(Estimated)



Socioeconomic Status Broome County 2004-2006

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.
% unemployed	14,462	5.0	5.1	Yes
% of births Medicaid or self pay at delivery (2001-2003)	2,270	36.1	40.8	Yes
% of population at or below poverty level (2005)	N/A	15.8	13.9	Yes+
% of children <18 at or below poverty level (2005)	N/A	22.1	19.7	No+
Median family income (2005)	N/A	36,965	49,365	N/A
% Annual high school drop outs (2005-06)	335	1.7	3.7	Yes
% of high school graduates intending to enroll in college (2001-2003)	4,948	87.0	80.5	Yes
Behavior/Risk Indicator (2003)	County Rate	CI #	NYS Rate	CI #
% of adults with health insurance	87.3	± 3.2	85.7	± 0.9
% of adults that did not receive medical care because of the cost	6.6	± 2.5	7.6	± 0.7

+: Significant difference at 90% confide

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

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

County Health Indicator Profiles (2002-2006)

Profile of: Broome County

	2006		2005		2004		2003		2002	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
SOCIO-DEMOGRAPHIC(1)										
Population	196,269		196,947		197,696		199,360		200,324	
Unemployment	4,538	4.7	4,746	4.9	5,223	5.4	5,658	5.9	5,772	5.8
Percent in Poverty	N/A	N/A	29,459	15.8	23,442	12.4	24,481	12.9	22,919	12
Median Household Income (in dollars)	N/A		36,965		37,089		36,134		35,903	
PERINATAL HEALTH(2)										
Pregnancies (All ages)	3,099	76.2	3,036	74.6	2,874	70.6	2,822	68.2	3,012	71.6
- Age 10-14	5	0.8	4	0.7	4	0.6	9	1.4	7	1.1
- Age 15-19	376	46.4	369	46.3	357	44.7	322	41.2	392	49.6
Births	2,123	10.8	2,050	10.4	2,026	10.2	2,075	10.4	2,062	10.3
Low Birthweight (Less than 2500 grams)	161	7.6	171	8.3	146	7.2	137	6.6	164	8.0
Prenatal Care (1st Trimester)	1,629	77.6	1,511	77.2	1,461	79.3	1,523	80.2	1,498	80.5
Infant Deaths	17	8.0	11	5.4	12	5.9	16	7.7	17	8.2
Neonatal Deaths	11	5.2	7	3.4	8	3.9	11	5.3	16	7.8
Postneonatal Deaths	6	2.8	4	2.0	4	2.0	5	2.4	1	0.5
Spontaneous Fetal Deaths (20+ wks)	13	6.1	13	6.3	13	6.4	20	9.5	17	8.2
MORTALITY (Rates per 100,000 Population)										
Total Deaths	2,148	1094.4	2,007	1019.1	2,072	1048.1	2,064	1035.3	2,113	1054.8
Lung Cancer (Total)	137	69.8	137	69.6	130	65.8	121	60.7	122	60.9
Lung Cancer (Male)	62	65.3	79	82.8	67	70.1	54	56.0	74	76.5

	2006		2005		2004		2003		2002	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Lung Cancer (Female)	75	74.0	58	57.1	63	61.7	67	65.1	48	46.3
Breast Cancer	40	39.5	32	31.5	26	25.5	27	26.2	41	39.6
Cervical Cancer	2	2.0	0	0.0	2	2.0	4	3.9	4	3.9
Cerebrovascular Disease	112	57.1	106	53.8	123	62.2	154	77.2	153	76.4
Diseases of the Heart	652	332.2	611	310.2	599	303.0	626	314.0	587	293.0
Homicides	6	3.1	4	2.0	2	1.0	3	1.5	8	4.0
Suicides	27	13.8	22	11.2	19	9.6	17	8.5	20	10.0
Unintentional Injury	75	38.2	44	22.3	64	32.4	63	31.6	59	29.5
Motor Vehicle	22	11.2	11	5.6	24	12.1	22	11.0	18	9.0
Non-Motor Vehicle	53	27.0	33	16.8	40	20.2	41	20.6	41	20.5
AIDS	11	5.6	5	2.5	6	3.0	4	2.0	6	3.0
Cirrhosis (Liver)	20	10.2	12	6.1	17	8.6	25	12.5	29	14.5
HOSPITALIZATIONS (Rates Per 10,000 Population)										
Pediatric (0-4)										
- Asthma	20	20.2	11	10.8	16	15.3	15	14.3	31	28.9
- Gastroenteritis	11	11.1	16	15.7	6	5.7	11	10.5	19	17.7
- Otitis Media	2	2.0	2	2.0	0	0.0	2	1.9	4	3.7
Drug Related	373	19.0	374	19.0	411	20.8	355	17.8	356	17.8
Head Injury	149	7.6	139	7.1	142	7.2	138	6.9	128	6.4
DISEASE MORBIDITY (3)										
AIDS Cases (4)	26	13.2	14	7.1	15	7.6	13	6.5	11	5.5
Newborn HIV Seropositive	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4	0.2
Early Syphilis	8	4.1	0	0.0	1	0.5	5	2.5	0	0.0
Chlamydia Incidence	484	246.6	456	231.5	452	228.6	452	226.7	464	231.6
TB Incidence	3	1.5	2	1.0	6	3.0	6	3.0	8	4.0

	2006		2005		2004		2003		2002	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Ecoli O157 Incidence	0	0.0	4	2.0	1	0.5	1	0.5	0	0.0
Meningococcal Incidence	2	1.0	2	1.0	0	0.0	2	1.0	2	1.0
Pertussis Incidence	46	23.4	16	8.1	111	56.1	5	2.5	6	3.0
Lyme Disease Incidence	4	2.0	11	5.6	5	2.5	5	2.5	1	0.5

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 2004-2006

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.
% children underweight (0-4 years, low SES)	280	2.1	4.8	Yes
% children overweight (2-4 years, low SES)	909	14.4	15.2	No
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

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.

Summary of Motor Vehicle Accidents Broome County, 2006

Accident Summary Totals		
Category Totals	All Accidents	Police Reported
Total Accidents	3,123	2,515
Fatal Accidents	19	19
Non-Fatal Personal Injury Accidents	1,254	1,174
Reportable Property Damage Accidents	1,850*	1,322*
Vehicles	5,279	4,285
Drivers Involved	5,030	4,095
Vehicle Occupants	7,208	6,055
Special Accident Series		
Pedestrian/Motor Vehicle Accidents	55	54
Bicycle/Motor Vehicle Accidents	30	28
Motorcycle Accidents	56	55
Fatalities		
Persons Killed ⁽¹⁾	20	20
Drivers Killed	12	12
Passengers Killed	3	3
Pedestrians Killed	4	4
Bicyclists Killed	*	*
Non-Fatal Injuries		
Persons Injured ⁽¹⁾	1,694	1,600
Drivers Injured	1,132	1,065
Passengers Injured	480	456
Pedestrians Injured	49	48
Bicyclists Injured	28	26
Other	5	5
⁽¹⁾ Includes pedestrians, bicyclists, and all other non-vehicle involved persons as well as vehicle occupants regardless of seating position.		
Severity of Accident		
	Number	Percent
Total	2,515	100.0
Fatal Accidents	19	0.8
Personal Injury Accidents		
Serious	99	3.9
Moderate	265	10.5
Minor	751	29.9
Unknown Severity	59	2.3
Property Damage Accidents	1,322	52.6

Source: NYS Department of Motor Vehicles

* Number too small to report.

Summary of Motor Vehicle Accidents Broome County, 2006

Safety Equipment Used			
	Number	Percent	Killed
Motor Vehicle Occupants	5,995	100.0	10
No Restraint Used	234	3.9	5
Air Bag Deployed	29	0.5	*
With Child Restraint	4	0.1	0
With Harness	12	0.2	0
With Lap Belt	7	0.1	0
With Lap Belt and Harness	338	5.6	*
Child Restraint Only	209	3.5	0
Harness	44	0.7	0
Lap Belt	93	1.6	0
Lap Belt and Harness	4,716	78.7	3
Other	2	<0.1	0
Unknown	307	5.1	0
Motorcyclists	60	100.0	5
No Helmet Used	8	13.3	*
Helmet Used	48	80.0	4
Unknown	4	6.7	0
Bicyclists	28	100.0	*
No Helmet Used	13	46.4	*
Helmet Used	2	7.1	0
Unknown	13	46.4	0

Source: NYS Department of Motor Vehicles

*Number too small to report

Summary of Motor Vehicle Accidents Broome County, 2006

Accident Contributing Factors		
	Total Accidents	
	Number	Percent
Total Accidents	2,515	100.0
Accidents with no Factor Reported	100	4.0
Accidents with one or more Factors Reported	2,415	96.0
Accidents with Human Factors	192	76.0
Aggressive Driving/Road Rage	18	0.7
Alcohol Involvement*	116	4.6
Backing Unsafely	59	2.3
Cell Phone (hand held)	7	0.3
Cell Phone (hands free)	0	0.0
Driver Inattention/Distraction	600	23.9
Driver Inexperience	61	2.4
Drugs (Illegal)	**	<0.1
Failure to Keep Right	69	2.7
Failure to Yield Right of Way	354	14.1
Fatigued/Drowsy	21	0.8
Fell Asleep	49	1.9
Following too Closely	362	14.4
Illness	13	0.5
Lost Consciousness	21	0.8
Other Electronic Device	**	<0.1
Outside Car Distraction	10	0.4
Passenger Distraction	7	0.3
Passing or Lane Usage Improper	133	5.3
Pedestrian/Bicyclist/Other Pedestrian Error/Confusion	27	1.1
Physical Disability	7	0.3
Prescription Medication	5	0.2
Reaction to Other Uninvolved Vehicle	70	2.8
Traffic Control Disregarded	105	4.2
Turning Improperly	66	2.6
Unsafe Lane Changing	110	4.4
Unsafe Speed*	230	9.1
Other Human	**	<0.1

**Number too small to report.

Summary of Motor Vehicle Accidents Broome County, 2006

Accident Contributing Factors		
	Total Accidents	
	Number	Percent
Accidents with Vehicular Factors	161	6.4
Accelerator Defective	**	<0.1
Brakes Defective	31	1.2
Driverless/Runaway Vehicle	2	0.1
Headlights Defective	2	0.1
Other Lighting Defects	**	<0.1
Oversized Vehicle	9	0.4
Steering Failure	12	0.5
Tire Failure/Inadequate	32	1.3
Tow Hitch Defective	**	<0.1
Other Vehicular	74	2.9
Accidents with Environmental Factors	565	22.5
Animal's Action	285	11.3
Glare	27	1.1
Lane Marking Improper/Inadequate	**	<0.1
Obstruction/Debris	27	1.1
Pavement Defective	12	0.5
Pavement Slippery	165	6.6
Shoulders Defective/Improper	6	0.2
Traffic Control Device Improper/Non-Working	2	0.1
View Obstructed/Limited	50	2.0
<p>*These numbers represent the total number of accidents in which the police checked "alcohol involvement" or "unsafe speed" as apparent contributing actors on the police accident report form. Hence, they do not represent the total number of alcohol-related or speed-related accidents that occurred in the county. Note: Many accidents have multiple factors reported.</p> <p>** Number too small to report.</p>		

Source: NYS Department of Motor Vehicles

**BROOME COUNTY HEALTH DEPARTMENT
COMMUNICABLE DISEASES: 2000-2007**

DISEASE	2007	2006	2005	2004	2003	2002	2001	2000
Amebiasis	0	0	0	2	0	0	0	1
Campylobacteriosis	14	7	8	10	18	14	18	26
E Coli 0157: H7	4	0	2	4	1	0	1	4
Giardiasis	25	18	28	30	17	28	44	46
Salmonellosis	14	21	8	12	15	19	12	13
Shigellosis	2	0	1	0	2	0	2	1
Yersiniosis	0	0	0	0	0	0	0	0
Hepatitis A	0	0	0	1	0	0	2	4
Hepatitis B, Acute	0	1	5	5	0	2	5	1
Hepatitis B, Pregnant Carrier	3	5	4	8	2	5	5	10
Hepatitis B, Chronic unduplicated	15	27	33					
Hepatitis C, Acute	0	0	0	0	0	0	1	1
Hepatitis C, Chronic unduplicated	145	158	180					
Measles	0	0	0	0	0	0	0	0
Mumps	2	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0
Pertussis	17	46	16	110	5	6	2	1
Aseptic / Viral Meningitis	8	12	12	4	12	7	55	4
Group A Strep, Invasive	5	5	1	5	10	4	7	7
Group B Strep, Invasive	7	9	7					
Haemophilus Influenza B, Invasive	1	2	4	2	0	0	0	0
Meningococemia, Meningococcal Meningitis	1	2	2	0	2	2	0	1
Pneumococcal Infection, Invasive Sensitive to Penicillin	24	26	9	23	18	17	9	7
Pneumococcal Infection, Invasive Resistant to Penicillin	4	7	10	7	14	3	21	7
Other Bacteremia	0	0	N/A	N/A	10	12	6	11
Other Bacterial Meningitis	3	2	0	1	2	1	2	5
West Nile Infection	0	0	0	0	0	6 + 1 probable	0	0
Other Viral Encephalitis	1	2	3	0	4	4	2	4
Legionella	16	11	7	4	4	4	1	1
Tuberculosis	4	1	2	7	6	8	6	4
Cryptosporidia	1	1	0	1	2	1	1	1
Listeriosis	0	1	1	0	1	1	2	2
Lyme Disease	3	3	11	5	5	1	0	5
Malaria	0	4	4	0	0	0	0	0
Miscellaneous	2	2						
Total	321	366	358	241	150	145 + 1 probable	204	167

HIV/AIDS Cases Diagnosed Through December 2006*

County	Living with HIV*		AIDS**			
	Excludes Prisoners	Includes Prisoners	Living		Cumulative	
			Excludes Prisoners	Includes Prisoners	Excludes Prisoners	Includes Prisoners
Broome	135	138	178	184	313	322
Chenango	15	19	27	37	42	56
Tioga	18	18	12	12	30	30
Total for Binghamton Region	168	175	217	233	385	408

* All cases reported and confirmed from June 2000 – December 2007

** All cases reported and confirmed from 1983-December 2007

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**	Cumulative AIDS Cases as of December 2006***	% Increase Cumulative AIDS Cases Dec. 2002 – Dec. 2006
Broome County	248	291	313	21%
Chenango County	34	44	42	19%
Tioga County	23	29	30	23%
Total Binghamton Region	305	364	385	21%
Total Upstate NY (excludes NYC)	24,163	27,084	28,045	14%
NY State (total)	155,177	172,051	176,008	12%

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

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

*** Cases reported and confirmed from 1983 – December 2007.

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 in 2006.

Cumulative AIDS Cases by Age Group (Includes Broome, Chenango and Tioga Counties) (excludes prisoners)

	Cumulate AIDS Cases as of December 2002*	Cumulative AIDS Cases as of December 2005**	Cumulative AIDS Cases as of December 2007***	% Change Cumulate AIDS Cases Dec. 2002 – Dec. 2007	Percent of Cumulative AIDS Cases in the Binghamton Region
Aged 24 years and younger	17	19	18	6%	4.7%
Aged 25-29 years	35	43	29	-21%	7.5%
Aged 30-49 years	221	263	237	7%	61.6%
Aged 50 years and up	32	39	101	68%	26.2%
Total-Binghamton Region	305	364	385	21%	100.0%

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

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

*** Cases reported and confirmed from 1983 – December 2007.

The above table shows that despite persons aged 30 to 49 years comprising the largest number of cumulative AIDS cases in the Binghamton region; the largest increase in cumulative AIDS cases was in persons aged 50 years and up. The 25 to 29 year olds are the only age group to show a decrease in number of persons with AIDS from 2002 to 2007.

Immunization and Infectious Diseases Broome County 2004-2006

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)	2,137	220.8	172.8	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	173	29.3	7.1	Yes
H. Influenza incidence per 100,000	9	1.5*	1.2	No
Hepatitis A incidence per 100,000	s	0.2*	1.9	Yes
Hepatitis B incidence per 100,000 (2003-2004)	15	2.5*	1.2	Yes
Tuberculosis incidence per 100,000	11	1.9*	6.8	Yes
E. Coli incidence per 100,000	5	0.8*	0.8	No
Salmonella incidence per 100,000	41	6.9	13.6	Yes
Shigella incidence per 100,000	s	0.2*	3.7	Yes
Lyme disease incidence per 100,000	20	3.4	26.2	Yes
Behavior/Risk Indicator (2003)	County Rate	CI #	NYS Rate	CI #
% of adults 65+ years with flu shot in last year	65.7	± 8.6	68.0	± 3.8
% of adults 65+ years that ever received pneumonia shot	60.6	± 8.7	61.7	± 3.4

s: Total suppressed for confidentiality

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

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

Broome County 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							
		Low Birth Weight	Out of Wedlock	Medicaid or Self-pay	Late or No Prenatal Care	Infant Deaths 2003-2005	Infant Deaths Rate	Teen Birth Rate	Teen Pregnancy Rate
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

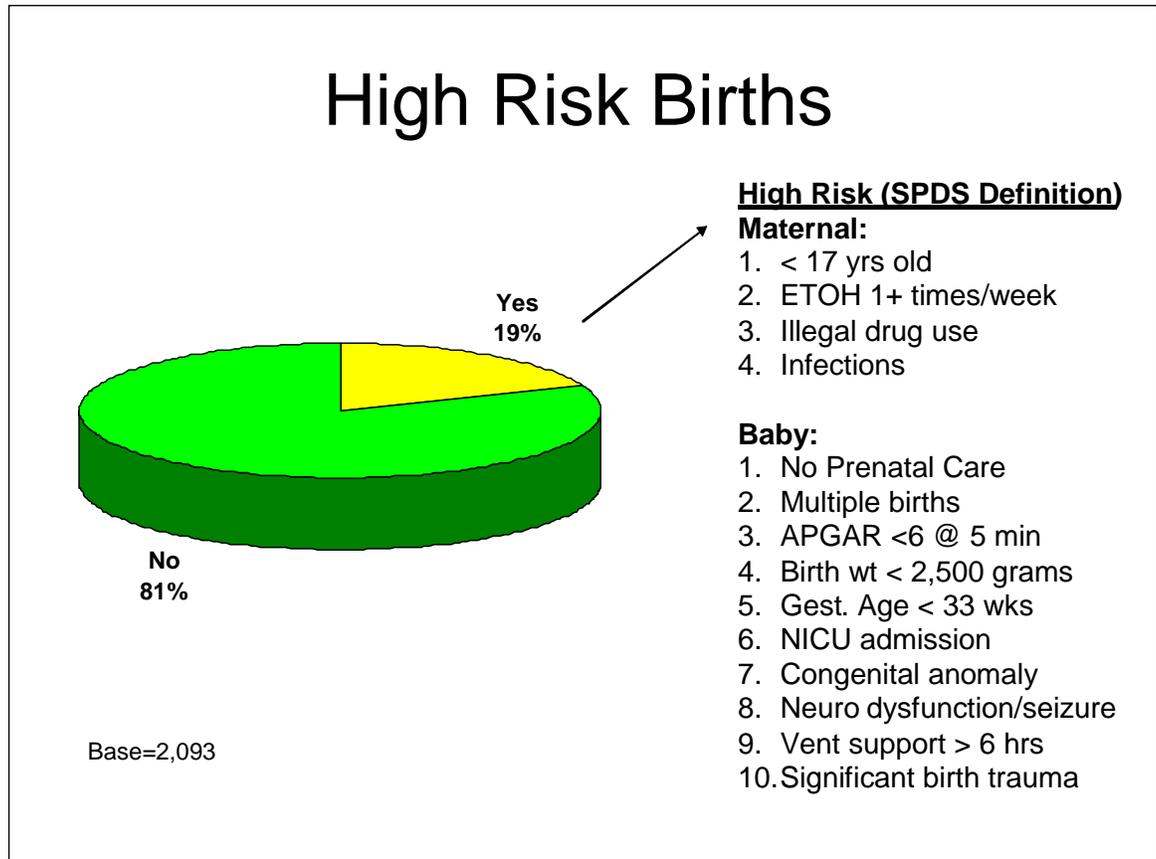
Maternal and Infant Health Broome County 2004-2006

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.
% of births to women 25+ years w/out high school education	46	1.2	7.6	Yes
% births to out of wedlock mothers	2,579	41.6	40.0	Yes
% first births	2,400	38.7	42.9	Yes
% of births that were multiple births	208	3.4	3.8	Yes
% births w/early prenatal care	4,601	78.0	74.9	Yes
% births w/late or no prenatal care	207	3.5	5.0	Yes
% adequate prenatal care (Kotelchuck)	4,186	71.6	63.0	Yes
% Cesarean section	2,545	83.0	84.0	No
Mortality Rates (per 1,000 births)	1,818	29.3	31.5	Yes
- Infant (<1 year)				
- Neonatal (<28 days)	40	6.5	5.8	No
- Postneonatal (1 month to 1 year)	26	4.2	4.0	No
- Fetal death (>20 weeks gestation)	14	2.3*	1.8	No
- Perinatal (20 weeks gestation - 28 days of life)	39	6.3	6.9	No
- Perinatal (28 weeks gestation - 7 days of life)	65	10.4	10.9	No
Maternal mortality per 100,000 births	43	6.9	6.0	No
% very low birthweight (<1.5 Kg)	s	32.3*	18.3	No
% very low birthweight singleton births	106	1.7	1.6	No
% low birthweight (<2.5 Kg)	79	1.3	1.1	No
% low birthweight singleton births	355	5.7	6.1	No
% Premature Births				
- <32 weeks gestation	135	2.3	2.1	No
- 32 - <37 weeks gestation	535	9.1	10.2	Yes
- <37 weeks gestation	670	11.4	12.3	Yes
% births w/5 minute APGAR <6	49	0.8	0.5	Yes
Neonatal drug related discharge rate per 10,000 births	40	63.4	58.0	No

s: Total suppressed for confidentiality

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

High Risk Births Broome County – 2007

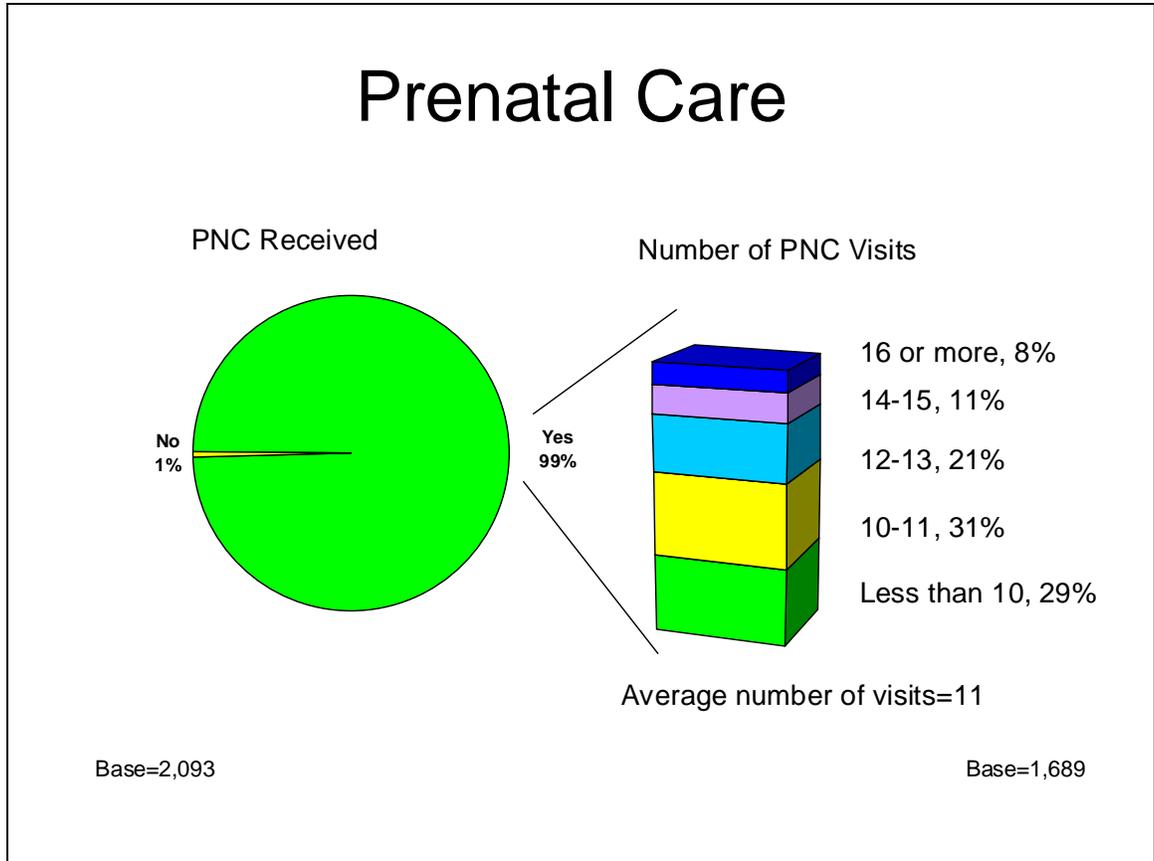


Nineteen percent of births to women residing in Broome County were classified as “high risk,” defined as any of the characteristics listed above.

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.

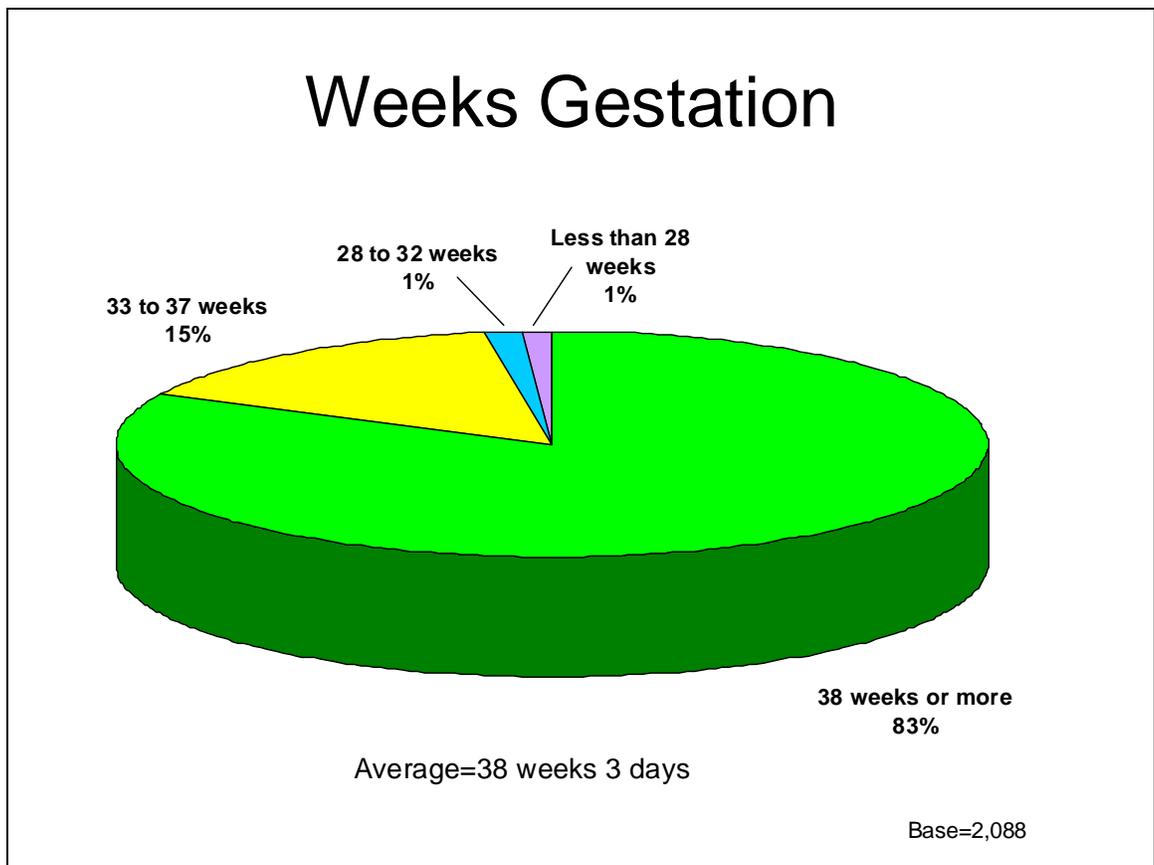
Of the infants born to county residents, 17% were born at less than 38 weeks gestation, with average gestation being 38 weeks and 3 days. Only nine percent of babies weighed in at less than 2,500 grams, with the average weight being 3,291 grams.

Prenatal Care Broome County – 2007



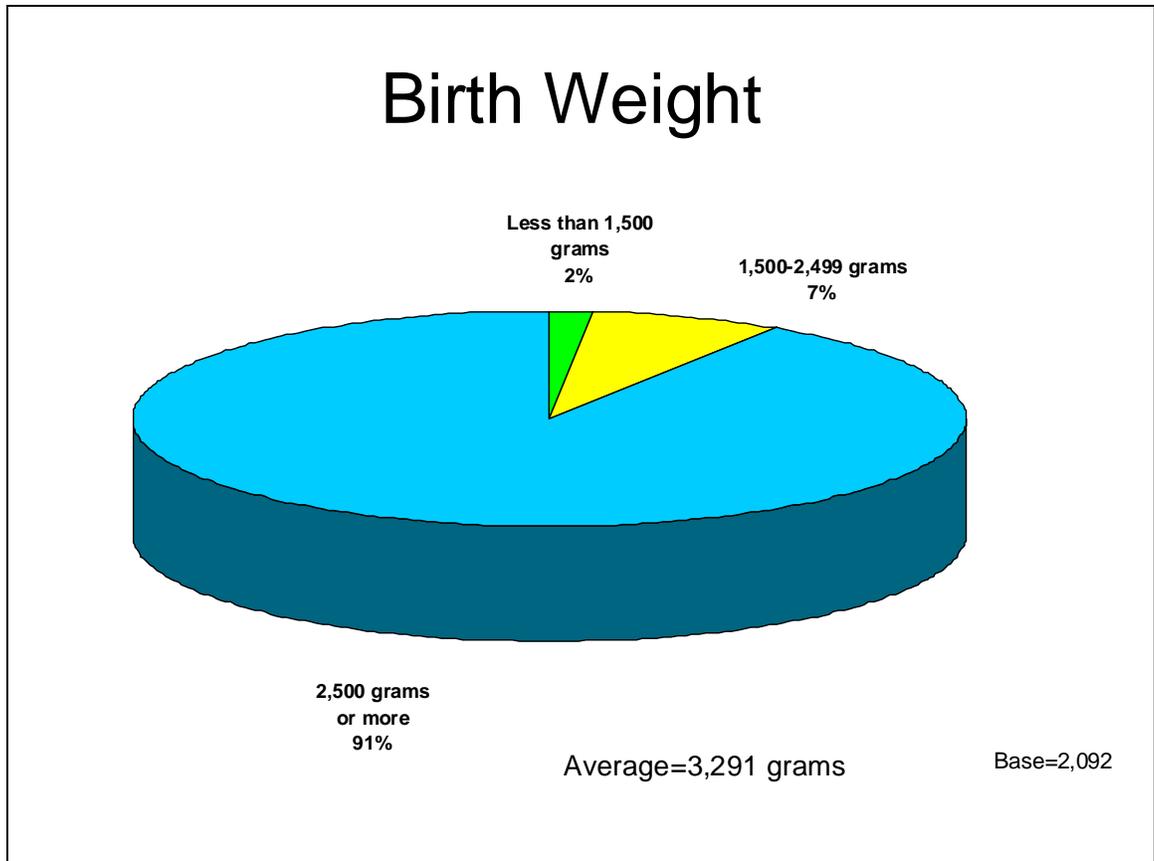
99% of new mothers received prenatal care, with the average number of visits being 11. Forty percent of mothers received at least 12 visits.

Weeks Gestation Broome County – 2007



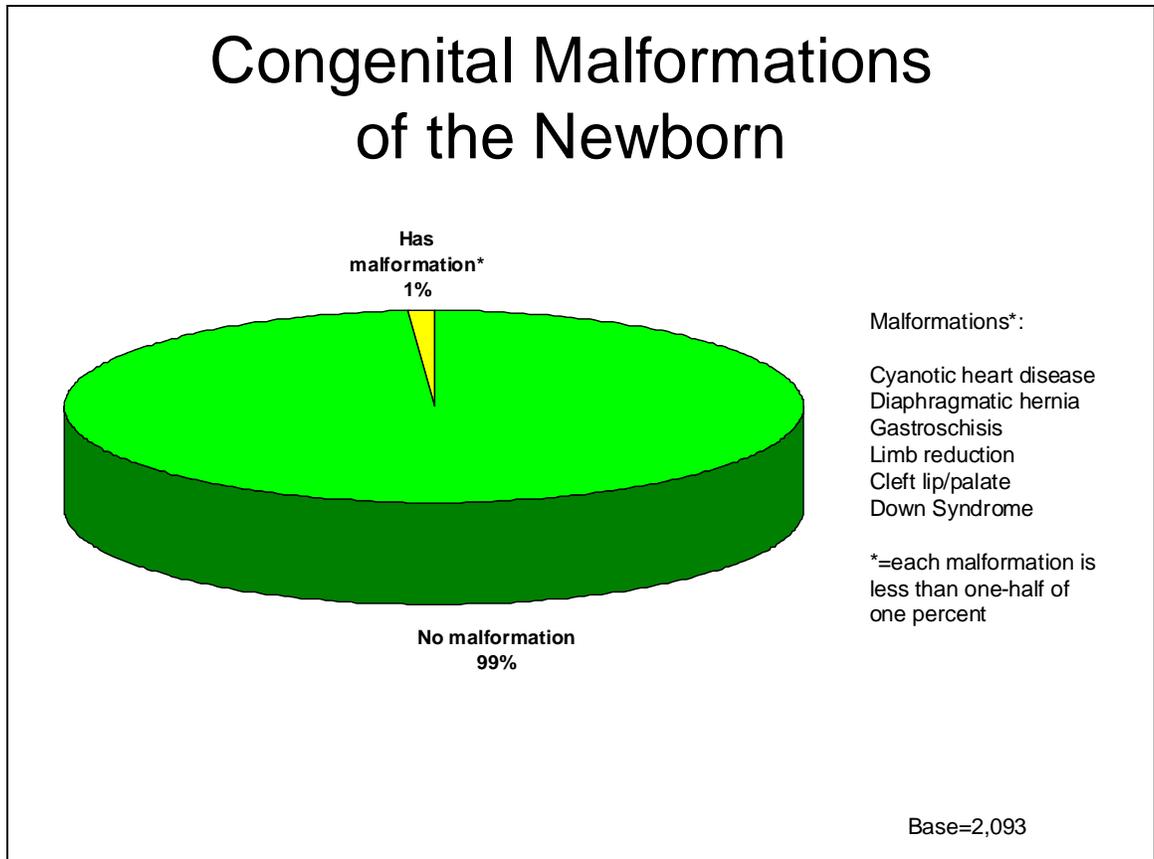
On average, mothers from Broome County deliver at about 38.5 weeks gestation. Only two percent deliver at less than 33 weeks gestation, and 15% of new mothers have pregnancies that are between 33 and 37 weeks gestation.

Birth Weight Broome County - 2007



Over 9 in 10 babies born to county mothers are at least 2,500 grams in weight. The average weight in 2007 was 3,291 grams.

Congenital Malformations Broome County – 2007



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 impacts the low rate of live births with congenital malformations.

Infant Deaths, Neonatal Deaths, Post Neonatal Deaths and Perinatal Mortality Broome County 2006

County	# Infant Deaths ¹	Infant Death Rate	# Neonatal Deaths ²	Neonatal Death Rate	# Post Neonatal Deaths ³	Post Neonatal Death Rate	Perinatal Mortality ⁴	Perinatal Death Rate ⁵
New York State								
New York State	1,390	5.6	935	3.8	455	1.8	2,656	10.6
Broome County	17	8	11	5.2	6	2.8	24	11.2

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)

Source: Vital Statistics of New York State, 2006

Child and Adolescent Health Indicators Broome County 2004-2006

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.
Childhood Mortality (per 100,000)				
1-4 years	9	36.9*	21.5	No
5-9 years	4	12.3*	11.7	No
10-14 years	4	10.7*	13.3	No
Asthma Hospitalization rate per 10,000				
0-4 years	47	15.4	61.7	Yes
5-14 years	59	8.5	23.4	Yes
0-17 years	117	9.4	31.5	Yes
Gastroenteritis hospitalization rate per 10,000 (0-4 yrs)	33	10.8	32.5	Yes
Otitis media hospitalization rate per 10,000 (0-4 yrs)	4	1.3*	4	Yes
Pneumonia hospitalization rate per 10,000 (0-4 yrs)	162	52.9	44.8	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

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

Source: New York State Cancer Registry

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 2001-2005

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	625.2	604	21.2	569	433.5	16.4	234.8	228.3	13.1	232.4	158.9	9.5
Oral cavity and pharynx	15.2	14.7	3.3	11.8	9	2.4	3.6	3.5	1.6	2.4	1.8	1
Esophagus	10.4	10	2.7	2.8	2	1.1	8	7.8	2.4	3.6	2.4	1.1
Stomach	9.2	9.2	2.7	5.4	3.8	1.5	3.6	3.5	1.6	4	2.6	1.2
Colorectal	68.8	66.4	7	66.2	45.6	5.1	21.6	21.1	4	20	12.8	2.6
Colon excluding rectum	45.4	43.8	5.7	48.2	32	4.2	16.2	15.9	3.5	16.2	10.2	2.3
Rectum & rectosigmoid	23.4	22.6	4.1	18	13.5	2.9	5.4	5.2	2	3.8	2.6	1.2
Liver / intrahepatic bile duct	8.4	8.1	2.5	3.2	2.5	1.2	7.6	7.4	2.3	3.2	2.5	1.2
Pancreas	15.6	15.1	3.4	12.6	8.7	2.2	14	13.5	3.2	12	7.8	2
Larynx	8.4	8.1	2.4	1.8	1.4	0.9	2	1.9	1.2	0.8	0.5	0.5
Lung and bronchus	93.2	89.7	8.1	82	59.3	5.9	68	65.7	7	59.4	41.1	4.8
Melanoma of the skin	23.2	22.7	4.1	16.4	13.9	3.1	4.8	4.7	1.9	3.4	2.6	1.3
Female breast				155	123.4	8.9				33.6	23.7	3.7
Cervix uteri				7.2	6.4	2.2				2.6	2.3	1.3
Corpus uterus and NOS				38.8	31.3	4.5				7.6	5.1	1.7
Ovary				19.2	15	3.1				16.4	11.7	2.6

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	202.6	193.2	11.9				25	24.7	4.3			
Testis	6.6	7.4	2.5				0	0	0			
Urinary bladder (incl. in situ)	43	41.6	5.6	13.4	9.7	2.4	7.2	7	2.3	3.4	2	1
Kidney and renal pelvis	18.8	18.2	3.7	12.6	9.7	2.5	5	4.8	1.9	4.6	3	1.3
Brain and other nervous system	8.4	8.4	2.6	7.8	6.7	2.2	6.2	6	2.1	4.4	3.4	1.5
Thyroid	5	4.9	1.9	18.2	17.6	3.7	0.4	0.4	0.5	0.8	0.6	0.6
Hodgkin lymphoma	3.4	3.5	1.7	3.8	3.3	1.5	0	0	0	0.8	0.7	0.7
Non-Hodgkin lymphomas	22.4	21.7	4	22	16.2	3.1	10.2	10	2.7	6.6	4.1	1.4
Multiple myeloma	6.2	6.1	2.1	7.4	5	1.6	3.6	3.5	1.6	4.6	3.1	1.3
Leukemias	16	15.7	3.4	13.6	10.2	2.5	13	12.9	3.1	5.6	3.8	1.5

Incidence data are provisional, January 2008.

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

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

Mortality

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

Leading Causes of Death in the United States	Number of Deaths 2000	Number of Deaths 2005	Rate/100,000 2006 In Broome County
Heart Disease	709,894	652,091	329.8
Cancer	551,833	559,312	250.4
Stroke	166,028	143,579	56.7
Chronic Lower Respiratory Disease	123,550	130,933	58.7
Accidents	93,592	117,809	37.9
Diabetes	68,662	75,119	31.4
Alzheimer’s Disease	49,044	71,559	-
Pneumonia/Influenza	67,024	63,000	29.3

Source: National Center for Health Statistics

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

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

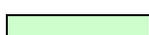
² In January 2000, the Department of Health and Human Services launched Healthy People 2010, a comprehensive, nationwide health promotion and disease prevention agenda. Healthy People 2010 contains 467 objectives designed to serve as a road map for improving the health of all people in the United States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

Leading Causes of Mortality

Death Measures	Broome County Rate/100,000	Peer County Range Rate/100,000	US Rate 1997 Rate/100,000	Healthy People 2010 Goal Rate/100,000
Breast Cancer	23.7**	25.5**	27.3	22.2
Colon Cancer	20.8**	19.9**	18.0	13.9
Coronary Heart Disease	329.8*	256.5*	220.0	166.0
Homicide	3.0*	3.2*	6.1	3.2
Lung Cancer	63.7**	57.8*	53.7	44.8
Motor Vehicle Injuries	9.6***	10.1*	15.3	9.0
Stroke	56.7*	41.4*	48.4	48.0
Suicide	13.8*	7.8*	11.0	6.0
Unintentional Injury	38.2*	28.8*	39.7	20.8
Infant Mortality (per 1,000 live births)	8.0*	5.5*	6.9	4.5



Broome County rate greater than upstate NY, US and Healthy People 2010 goal



Broome County rate less than upstate NY, US and Health People 2010 goal

* 2006

** 2001-2005

*** 2004-2006

<http://www.cdc.gov/nchs>

www.health.state.ny.us