

# Broome County Health Department

## 2009 ANNUAL REPORT



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

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

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

# Broome County Health Department

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



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*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 2009 and goals for 2010. 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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## *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.

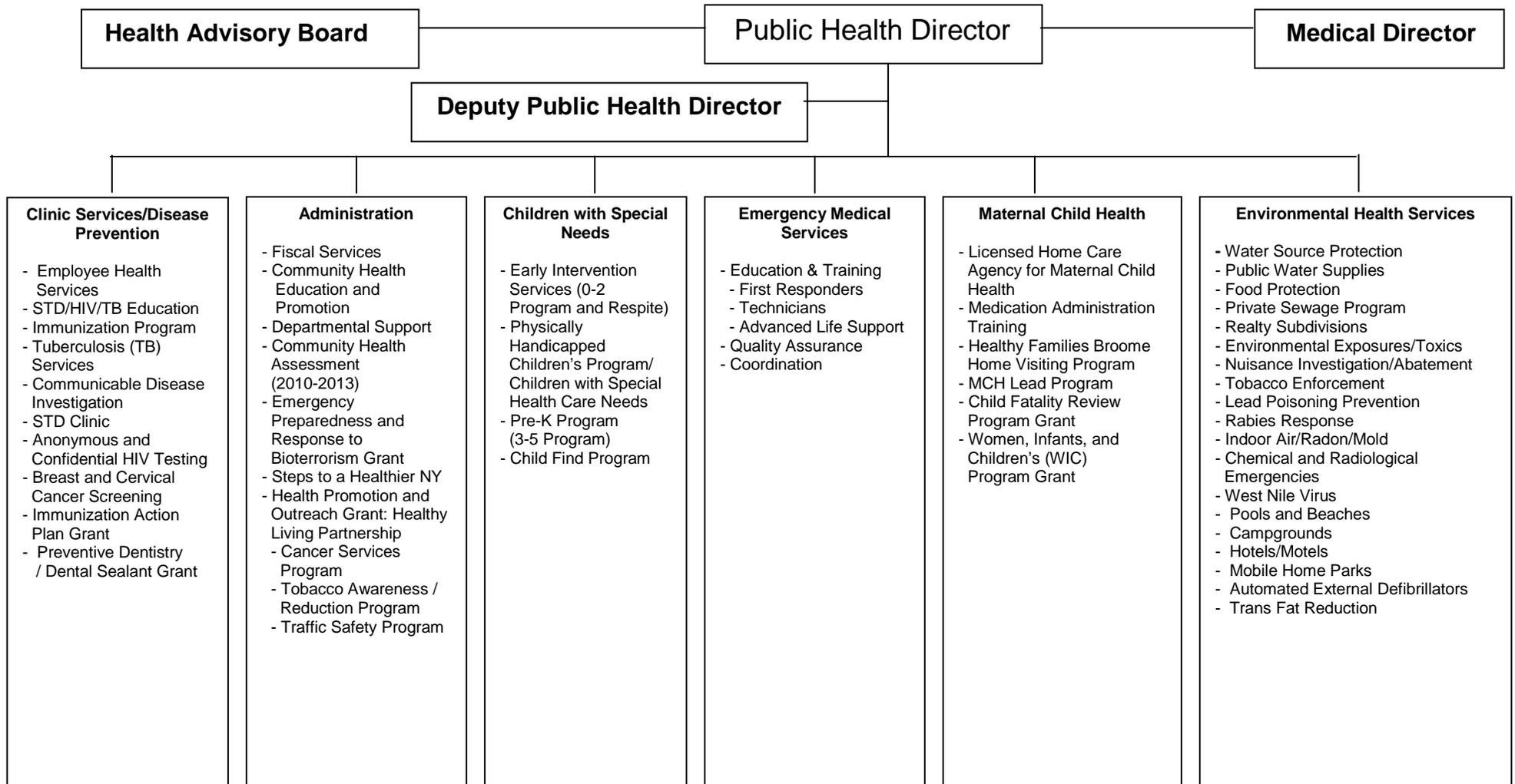
The department will continue to evaluate effectiveness, accessibility and the quality of both personnel and population-based health programming, and will use data to research innovative, community focused solutions to health problems.

**Broome County Health Department**  
**2009 Health Advisory Board**

Mario Nirchi, Chairperson Public Health and Environmental Protection Committee Broome County Legislature Edwin Crawford County Office Building Binghamton, New York 13902	Legislative Term
Jeff Davis Jeffrey K. Davis Consulting, LLC 39 Timber Bluff Court Binghamton, New York 13903	Term Expires 12/31/11
Peggy Wozniak, Superintendent Binghamton Central Schools 98 Oak Street Binghamton, New York 13905	Term Expires 12/31/11
John Spencer 2092 East Hampton Road Binghamton, New York 13903	Term Expires 12/31/11
John Harding, M.D. 21 Murray Street Binghamton, New York 13905	Term Expires 12/31/09
Arthur Levy, M.D. 15 Bennett Avenue Binghamton, New York 13905	Term Expires 12/31/09
Thomas Brown, M.D. 2209 Acorn Drive Vestal, New York 13850	Term Expires 12/31/09
Linda Hoke, Director of Public Relations and Marketing Lourdes Hospital 169 Riverside Drive, Binghamton, New York 13905	Term Expires 12/31/09
Kay Boland, Vice President for Patient Care Services United Health Services Hospitals Wilson Memorial Regional Medical Center 33-57 Harrison Street Johnson City, New York 13790	Term Expires 12/31/11

# BROOME COUNTY HEALTH DEPARTMENT ORGANIZATIONAL CHART – 2009

**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 crucial** 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 2009 Accomplishments

### Chronic Disease Risk Reduction Programs

- The NYS Department of Health Cancer Services Program (CSP) released a new Request for Applications (RFA) for the 2008-2013 contract term. The Health Department was awarded the Broome, Chenango and Tioga County contract as applied for, and was asked to become the lead agency for the Chemung and Schuyler County Partnership as well.
- The Cancer Services Program of Broome, Chenango and Tioga Counties were awarded the Model of Integration award by the NYS Department of Health (NYSDOH) Cancer Services Program for 2008.
- The Cancer Services Program of Broome, Chenango and Tioga Counties nominated Jo Straneva, Nurse Practitioner, for the New York State Innovation in Breast Cancer Research and Education Award based on her service and dedication to the Cancer Services Program for two decades. The award was presented to her by NYSDOH Cancer Services Program local program staff and Dr. Kilacky, Chair of the New York State Breast and Cervical Cancer Detection and Education Advisory Council.
- The Traffic Safety Program recruited 11 new child passenger safety seat technicians in 2008 and 2 in 2009 for Broome County and increased the number of educational programs held at schools. During the 2008-2009 program year, 190 car seat inspections were completed, 174 car seats were given to families in need, 21 fitting stations, 6 public car seat events, and 17 child passenger safety presentations were held, 624 bicycle helmets were distributed, 14 bicycle safety presentations and 2 bike safety rodeos were held, 6 distracted driving education "Keeping It Real Behind the Wheel" presentations were offered, and 1 Senior Drive safety check event and 7 drowsy driving presentations were offered through the Traffic Safety Program.
- Diabetes staff worked with organizations throughout Broome, Chenango, Delaware and Tioga counties to provide six and nine week healthy lifestyle education classes based on the Broome County Health Department Steps to a HealthierNY Mission Meltaway model. Diabetes prevention education was provided to 277 individuals through these programs who scored higher than a 9 on the American Diabetes Association Risk Assessment Tool, indicating they were at increased risk for diabetes.

## **Healthy Communities Program: Strategic Alliance for Health**

- Binghamton City Council and the Town of Maine passed legislation declaring parks in their jurisdiction as tobacco free. This was done in partnership with the Tobacco Free Coalition.
- The Woodrow Wilson elementary school in the City of Binghamton implemented Breakfast in the Classroom for 425 children in grades K-five.
- Meals on Wheels throughout Broome County and selected senior nutrition sites in the City of Binghamton changed their menus to the nutrient dense items of romaine lettuce and whole grain products.
- The Broome County YMCA, acting as a community-based organization and a worksite in the City of Binghamton, worked with Cornell Cooperative Extension to change their cafe menu to include healthier food (more fruits and vegetables) and beverage items. They took out all vending machines to decrease the availability of unhealthy food and beverage choices to employees and members.
- The City of Binghamton installed 4 bike bollards for their employees and passed an employee breastfeeding policy as part of the Strategic Alliance for Health Initiative.
- The American Cancer Society and Panera Bread hosted an in-kind worksite wellness seminar for selected City of Binghamton worksites and others around the county under the Strategic Alliance for Health Initiative.
- Lourdes Pediatric Clinic took the first step in a larger systems change that provides an immediate referral to an onsite dietician for children identified as at risk for overweight or obesity.
- Strategic Alliance for Health Partners and Alliance Coordinator met with City of Binghamton planners and identified three projects for implementation of complete streets concepts.
- Cornell Cooperative Extension conducted surveys with local restaurants who have expressed interest in contracting with local farmers to supply local foods in their menus.
- The United States Department of Agriculture announced that six of the City of Binghamton severe need schools were recipients of the HealthierUS schools award.
- Broome County's Rock on Café: Achieving Sustainable Systems Changes in School Lunch Programs appeared in the April 2009 supplemental issue of the Journal of Health Promotion Practice.
- United Health Services Stay Healthy Center established multidisciplinary teams to institute the changes necessary for the adoption of the American Academy of Pediatrics recommendations to identify, assess and treat childhood obesity.

- As a mentor community, Broome County hosted a day long site visit for the New York State Department of Health and Albany, Schenectady and Orange County Health Departments; showcasing sustainable changes in each sector of the community and offering counties guidance and technical support for assessing, planning, and development of community action plan activities. Broome County provided presentations to Albany and Orange County leadership teams.

### **Environmental Health Division**

- The Enhanced Water Program is responsible for assuring compliance with Federal and State requirements. Staff began educating water suppliers about the new USEPA Ground Water Rule and how to calculate whether current disinfection techniques adequately inactivate viruses and other potential pathogens in the source water. 160,000 Broome County residents are served by 190 public water supplies. There were no confirmed waterborne outbreaks in 2009.
- 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 is an important public health concern. Staff responded to 85 requests for guidance on potential mold exposure in their dwellings.
- 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 98% compliance rate with sales noted at 7 of 168 stores during 2009. The program exceeded the federal target for this initiative of 80%. Staff also responded to 12 complaints on smoking in public places under the Clean Indoor Air Act.
- The BCHD regulates the fire safety aspects of hotels, motels and other temporary residences. All facilities were found to be operating in accordance with permits to operate. There are 41 facilities with 2,955 rooms under permit in Broome County.
- Staff performed 162 inspections on 97 pools and beaches in Broome County. Enforcement actions were used as needed to ensure pool operators were diligent about maintaining the chemical and physical properties of a bathing facility. There were no drownings or near-drownings in 2009.
- The Childhood Lead Poisoning Prevention Program was successful in minimizing the number of cases of elevated blood lead levels in local children. There were 10 cases investigated of children with blood lead levels at or above 20 mg/dl, 42 cases with blood lead levels between 10-15 mg/dl, and 26 lead investigations of homes.

- The Lead Primary Prevention Program provided outreach to local property owners, tenants, and families, along with education to those remodeling homes or apartments with lead paint, which are two of the main goals of the Lead Primary Prevention Program. There were 33 lead inspections, 40 lead hazards identified and 3 homes that passed inspection as lead safe.
- Local health departments are required by NYS Public Health Law to respond to resident calls on public health nuisances. One hundred and forty public health nuisance complaints were handled by staff.
- Out of the 890 food service facilities, 551 were inspected at least once. The inability for the minimal staff available to provide food service inspections was recognized by the State and additional staff has been placed in the Food Service Program.
- Support staff continues to play a vital role in the programs protecting the health of all Broome County residents. Over 1,000 permits were issued; 3,158 blood lead levels in children were logged; and intake and management for 659 bites and 119 specimen submittals were handled in the rabies program. 88 humans received rabies post-exposure treatment as a result of this activity. 2,429 animals vaccinated.
- 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 industrial/commercial activity easily found their way into the permeable soils impacting the groundwater quality. 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 and work with Environmental Health staff to identify, investigate, and remediate the sites. In 2009, fifteen sites were evaluated by BCHD staff.
- Building or remodeling a home represents one of the largest capital expenditures by Broome County residents. Staff reviewed septic system plans for 74 new houses and 86 existing system repairs.
- Educating the public on public health issues is one of the essential services performed by a local health department. The Fall edition of the *Broome County Health Department Clinic Newsletter*, which is distributed to the medical community, provided information on testing and reporting of Lyme disease. A chart provided information on Lyme disease cases in Broome County by travel history over the last 15 years.
- Under the Lead Primary Prevention Program, there were 10 Lead Safe Work Practice Training sessions held at the Broome County Health Department to teach 82 local apartment owners and contractors best practice techniques when remodeling.

- Twelve food safety classes were held and 98 local food establishment owners, operators and staff were trained.
- Three private sewage system installation classes were held for local contractors.
- Two Water Operator Certification Renewal training sessions were held for local water operators.
- Four Certified Tobacco Sales training classes were held and 8 local tobacco retail owners and cashiers were trained to minimize sales of tobacco products to minors.
- The Broome County Legislature adopted a Trans fat ban for Broome County restaurants. Based on the reports of field staff, food service facility operators are accepting the ban and conforming to the new requirements.
- Maternal Child Health nurses provided Lead Primary Prevention materials to clients and participated in quarterly case conference meetings with Environmental Health staff. Staff made 54 home visits to families for a child with a lead level over 10 mg/dl. Child Health Promotion Specialists reviewed 813 children's health records at child care centers for lead screening.
- 3,158 blood lead level tests were screened in the LeadWeb system. 16 children were screened for blood lead levels in the BCHD clinic in 2009.
- Broome County Health Department sponsored the annual Broome County Water Taste Test and provided public water awareness.
- Media interviews were provided on the following environmental health issues: Lead Poisoning Prevention Week, rabies awareness, recreational water safety, and private well information.
- There were 157 visits to the Health Department's West Nile Virus section of the website, 193 visits to the Lead Primary Prevention section, and 7,042 visits to the Rabies Prevention section
- Staff attended monthly meetings of the Western Broome Stakeholders Committee to address potential environmental concerns in Endicott. Staff continues to meet with the NYS Departments of Health and Environmental Conservation on contamination in Hillcrest and several other active environmental investigations in the county.
- Broome County Health Department staff attended 12 Marcellus Shale gas drilling meetings.

## **Clinic Services Division**

- The Clinic Director provided OSHA Bloodborne Pathogens training for 94 Health Department staff, 29 Mothers and Babies Perinatal Network staff, 129 Johnson City, Vestal and Endicott Police and Broome Security staff, and 41 Early Intervention and Preschool Program providers.
- The Clinic Director and Emergency Preparedness Coordinator conducted educational sessions on all tours of duty at the Binghamton Post Office on the Biohazard Detection System plans for response, including decontamination, points of dispensing clinics, and mitigation of health risks.
- The Clinic Director and Senior Medical Assistant became Certified Cardiopulmonary Resuscitation Instructors and conducted recertification courses for Health Department employees and Medical Reserve Corps volunteers.
- The Clinic Director, Immunization Nurse, and Communicable Disease Nurse worked cooperatively with the Emergency Preparedness Coordinator and Public Information Officer to plan and carry out a very successful response to the H1N1 Influenza Pandemic. Clinic Services public health nursing staff assumed leadership roles and administered the majority of H1N1 vaccinations and did not cancel any routinely scheduled services during the H1N1 vaccination campaign. Staff worked overtime, covered by emergency preparedness funds, to meet community needs.
- The NYS Department of Health Dental Bureau conducted a Preventive Dentistry Services Program review. The program was commended on productivity, quality, and recordkeeping.
- The Clinic Director spent eight full days in high school health classes discussing sexually transmitted infections, including HIV.
- The NYS Department of Health, Office of Health Systems Management, conducted an unannounced survey of Clinic Services. Three minor citations resulted, the fewest the surveyors had issued in their reviews of Diagnostic and Treatment Centers in the fourteen-county central New York region. The Plan of Correction was accepted. Clinic Services was commended on the quality of medical records, collaborative practice between physicians and nurse practitioners, and the quality improvement/assurance program.
- The Clinic Director conducted hands-on training of Advanced Emergency Medical Technicians to prepare them to participate in administering H1N1 vaccines to Broome County residents.
- Continued to contract with the Broome County Jail to offer STD and HIV testing and education and Hepatitis and Influenza vaccinations.
- Medicaid billing procedures were revised to accommodate Ambulatory Patient Group methodology.

- The semi-annual Clinic Newsletter was provided to all Broome County provider offices and contained updates on Immunizations, TB, Communicable Diseases, Lyme Disease, and STD/HIV.
- Monthly Hepatitis vaccination clinics were provided at the Salvation Army and three Volunteers of America sites.
- 241 child health records for one and two year olds were reviewed at 11 day care sites. Immunization education presentations were made to hundreds of day care staff and parents.
- Four vaccine management trainings were given to representatives from provider offices in the Vaccines for Children Program.
- There were 2,074 visits to the TB Clinic, with an unduplicated count of 1,560. There were as many as four patients at one time on Directly Observed Therapy and 150 patients at a time receiving therapy for latent TB infection. The program began using a webcam for directly observed therapy for two patients, reducing the number of home visits necessary.
- The TB Program began performing HIV testing in their clinics for patients who agree to be tested. The program continued to test international students at Binghamton University and 30 of the 101 students with positive skin tests opted to begin latent TB infection treatment at the Health Department.
- There were 73 cases of Gonorrhea in Broome County, the highest rate 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 with 27.4% of cases diagnosed and treated at the Health Department.
- Chlamydia cases rose to 511, a trend consistent with the rest of New York State and the nation. 30.9% of Broome County cases were diagnosed and treated at the Health Department. Untreated Chlamydia continues to be the number one cause of female infertility.
- Over 5,000 individuals were educated and counseled about HIV/AIDS through 63 presentations by Health Department staff. 1,500 individuals in middle and high schools, Broome Community College and Binghamton University nursing students received STD education from Health Department staff.

### **Administration/Fiscal Division**

- 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.

- Continued health education activities to provide coordinated efforts to prevent diseases and encourage healthy lifestyles by building the capacity of community organizations and by seeking insurance reimbursement, where appropriate.
- Improved community health assessment and surveillance activities through coordination with other community agencies.
- 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 \$7.4 million. Four quarterly Article 6 state aid claims were submitted totaling \$1,540,034.
- 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. Fiscal staff managed 25 grants and collaborated with grant managers to claim 3,819,032 out of a possible \$3,965,311; leaving less than \$146,279 or 3.69% of grant funds left unspent for grants closing between 12/31/08 and 12/31/09. Based on the 2009 budget, the net to the county support is just over \$7 million or .34 cents per dollar that Health Department programs cost taxpayers.
- The Fiscal Division obtained \$4,028,878 in revenue from grants, \$1,540,034 in Article 6 state aid, and \$7,419,713 from third party payors, bad debt and charity care, chargebacks and other forms of state aid for a total of \$12,988,625 offset to the Health Department budget.
- Prioritized expenses to reflect identified staff needs for education and technology while focusing on equitable salary levels for recruiting and retaining staff.
- Fiscal and Preschool Program staff successfully responded to an Office of Medicaid Inspector General review of Preschool Program Medicaid billing.
- Fiscal staff was challenged with implementation of the new PeopleSoft financial system.

### **Emergency Preparedness Program**

The majority of activities carried out by the Emergency Preparedness (EP) Division were related to the H1N1 Flu pandemic. The Health Department's community-wide response to the pandemic was led by Emergency Preparedness staff. Activities included:

- Secured receipt and proper storage of over 50,000 doses of H1N1 vaccine at the Broome County Public Safety Facility for local and regional dispensation.
- Conducted public outreach through community engagement sessions at local schools, civic associations and housing developments.

- Hosted and/or operated over 100 H1N1 PODs (Point of Distribution) in Broome County and administered approximately 17,000 doses of vaccine.
- Successfully notified parents and guardians in each school district about school based PODs. Provided H1N1 vaccine information and re-contacted families whose children required a second dose.
- Integrated marketing campaign (use of community flyers, social media, radio and electronic ads) promoting the H1N1 vaccination clinics and general flu prevention techniques.
- Rapidly notified over 800 recipients of recalled vaccine via mail in less than 24 hours.
- Conducted an online community survey which generated over 200 responses from the public to evaluate the Health Department's response to the H1N1 pandemic.
- Contracted with Binghamton University's Center for Applied Research to conduct anonymous field interviews with the public about the H1N1 response, specifically targeting local medical professionals, minorities, students and the elderly.
- Ordered, maintained and inventoried stockpile items and emergency response supplies. Successfully received approximately 60,000 N-95 masks from the Federal Government's Strategic National Stockpile. Approximately 15,000 masks were delivered to school districts for the establishment of respiratory protection plans. An additional 5,000 masks were delivered to Lourdes Hospital as they were expecting a shortage.
- The Health Department opened and staffed an Emergency Call Center for both the American Civic Association and H1N1 incidents. The call center for the American Civic Association shooting operated around the clock for several days following the tragedy. At the beginning of the H1N1 vaccination clinics, the call center received over 1,000 calls in about four hours and staff pre-registered people to receive a limited amount of available vaccine. The H1N1 hotline remained staffed during business hours to respond to community inquiries. Staff responded to 192 emails regarding the H1N1 pandemic.

### **Maternal Child Health (MCH) Division**

- Continued to pursue contracts with managed care organizations to maximize resources by billing for Licensed Home Care Agency services.
- Continued to identify vulnerable families and implement areas of collaboration with Broome County Department of Social Services and other human service providers to prevent child abuse and neglect.
- Continued to develop better infrastructure to supplement operating budget costs with third party insurance revenue, state aid and grant funding. Maximized grant revenues to support the operating budget.

- Continued to assist families in ascertaining community resources to meet their health care needs through referrals and linkages with community agencies.
- 24 bereavement referrals were received and home visits completed with four families who requested a visit.
- The Injury Prevention Program Survey (TIPPS) was completed with pediatric cases referred. 372 newborns were seen and parents were given the 0-6 months anticipatory guidance safety sheet.
- Nurses provided services for seasonal and H1N1 flu clinics, assisted child care sites with the annual immunization survey for the NYS Department of Health, and reviewed health records quarterly.
- Nursing staff participated in pandemic planning, clinics, and drills, completed Points of Distribution Manager coursework, computer classes and Incident Command training.
- The Healthy Families Broome (HFB) program is a comprehensive prevention program that focuses on the safety of children while supporting families. Two nurses trained by Prevent Child Abuse New York serve as Family Assessment Workers. The nurses offer eligible expectant families a home visit. During the home visit, the nurse completes an in-depth psychosocial assessment with the expectant parents to assess their strengths, needs, and challenges. The nurse provides referrals to community agencies and eligibility is determined for the long term home visiting program. The program screened 650 families and completed 94 assessments. HFB achieved 10 out of 11 of the Healthy Families New York contract performance indicators from 10/01/08-3/31/09 and 10 out of 10 from 04/01/09-9/30/09. Partnering agency (Lourdes PACT) staff enrolled 149 families for intensive home visiting. 150 families were home visited for a total of 2,016 visits. 94 Kempe assessments were completed and families referred for ongoing services by Family Support Workers.
- There were 2,719 maternal child health referrals: 559 ante partum, 927 postpartum, 1,055 newborn, 28 pediatric, 141 health guidance, 55 lead, 23 bereavement, 244 referrals for teens 13-19 years of age, 10 referrals for premature infants, and 112 referrals for lactation consults.
- Nurses provided services to 754 clients through 1,248 visits. A review of the Family Satisfaction Survey indicated that 120 respondents 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/advice, sudden infant death, shaken baby syndrome and newborn care. 100% of respondents rated services as great or very good.

- Nurses served 558 children in the Healthy Children New York program. 31 child care providers were certified in medication administration. 382 day care employees were trained on 26 different topics. Nurses immunized 75 providers for seasonal and/or H1N1 flu and provided education on handwashing, germs, sanitation and nutrition.
- Quarterly meetings were held to discuss shared cases of lead poisoning within Maternal Child Health programs and 55 pediatric cases were followed for lead poisoning.
- The MCH team provided follow-up visits to nine families referred by the NYS Department of Health to assure that needed repeat specimens were obtained following newborn screening in area hospitals.
- WIC data indicated a total of 23,547 participants were served over the course of the year with an average client caseload of 5,000 participants. Staff served an average of 93 participants each day and 3,399 new participants were added during the year.
- More community agencies and pediatricians completed developmental screenings for children from birth to age three and made appropriate referrals to the Early Intervention Program. Child Find numbers increased as more diligence is given to follow-up with families and physicians as well as registering families who are eligible for the Early Intervention Program.
- NYEIS (the new Early Intervention Program software from the NYS Department of Health) is ready for piloting with plans to become fully operational throughout the state in 2010. Transition of the preschool software program from a private contractor to Broome County Information Technology to facilitate increased capacity for retrieving data and completing reports for better management of each program, fiscally, as well as programmatically, is near completion.
- Loss of one of the Preschool Program evaluating agencies challenged the department to meet the needs of preschoolers with disabilities. Staff worked with the remaining agencies and NYS Education Department to assist in meeting need.

## Administration Division

The Administration Division of the Broome County Health Department includes the leadership, planning, financial and health promotion activities of the department. 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 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.

### 2009 Program Statistics

<b>Community Health Promotion</b>	
Media Interviews	92
Educational Satellite Broadcasts	25
Presentations/In-services	253
Health Promotion Events	37
News Articles on Health Issues	109
Press Releases	68
<b>Press Release Topics:</b>	
Flu	27
Communicable Diseases	1
Rabies	3
HIV/AIDS	1
Injury Control/Safety	23
Wellness/Nutrition/Physical Activity	5
Child Health	4

### 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

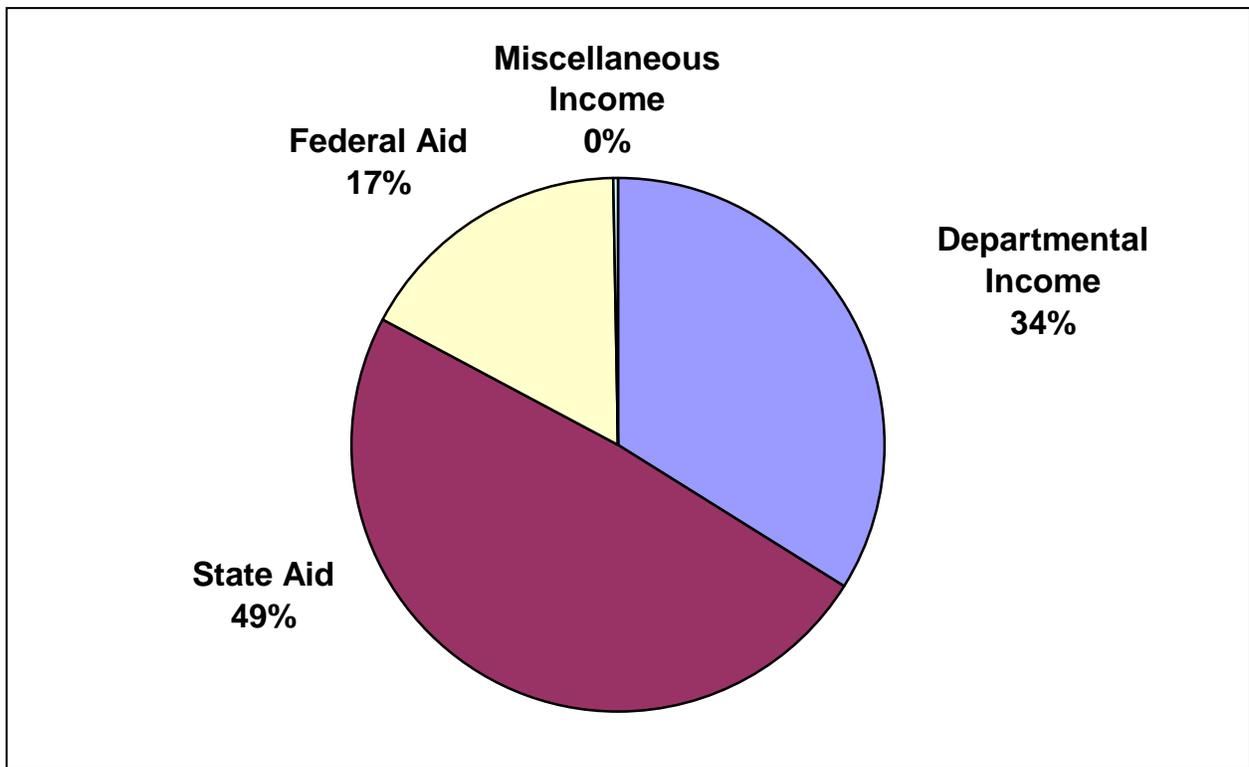
Fiscal staff of the Health Department works with division heads and supervisors to ensure that there are adequate finances for program administration. Staff is involved with daily operations as well as the financial planning of the organization. Outlined are goals and objectives and a breakdown of revenue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

### 2010 Administration Division Goals

- ◆ Engage in meaningful research of community health status, measured by jurisdictional mortality, incidence or prevalence. Assess county characteristics such as poverty, health disparities, and health literacy to determine health behaviors, adverse health events, and populations at risk.
- ◆ Develop a well trained and competent workforce through assessing training needs and collaborative planning with institutions of higher learning to maintain the technological tools of the public health infrastructure that are necessary to support all essential public health services.
- ◆ Collaborate with institutions of higher learning to bring in expertise in planning and evaluation, epidemiologic studies, and data collection and management.
- ◆ Build the capacity of community organizations to provide health information and programming as part of “doing business” offering cost-effective programs that impact health outcomes and are easy to replicate.
- ◆ Develop a succession planning model designed to ensure that staff are competent to assume different responsibilities.
- ◆ Continue to explore options for decreasing county support for department activities.
- ◆ Address impacts of changes in state funding on Health Department revenues.
- ◆ Continue to address and resolve the challenges with the new PeopleSoft financial system by working with the Office of Management and Budget.

# Revenue

2009 Revenue By Division						
Division	Dept. Income	State Aid	Fed. Aid	Misc. Income	Total	% of Total
Administration	121,431	470,728	0	25,426	617,585	5%
Environmental Health	204,993	351,532	0	3,169	559,694	4%
Clinics	600,580	448,272	0	0	1,088,852	8%
Maternal Child Health & Development	3,287,079	3,263,235	0	3,908	6,554,222	50%
Emergency Medical Services	36,542	102,852	0	0	139,394	1%
Grants/FEMA	153,420	1,658,576	2,216,301	581	4,028,878	31%
<b>TOTAL</b>	<b>4,404,045</b>	<b>6,335,195</b>	<b>2,216,301</b>	<b>33,084</b>	<b>12,988,625</b>	<b>100%</b>
<b>% of Total</b>	<b>34%</b>	<b>49%</b>	<b>17%</b>	<b>0%</b>		<b>100%</b>



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

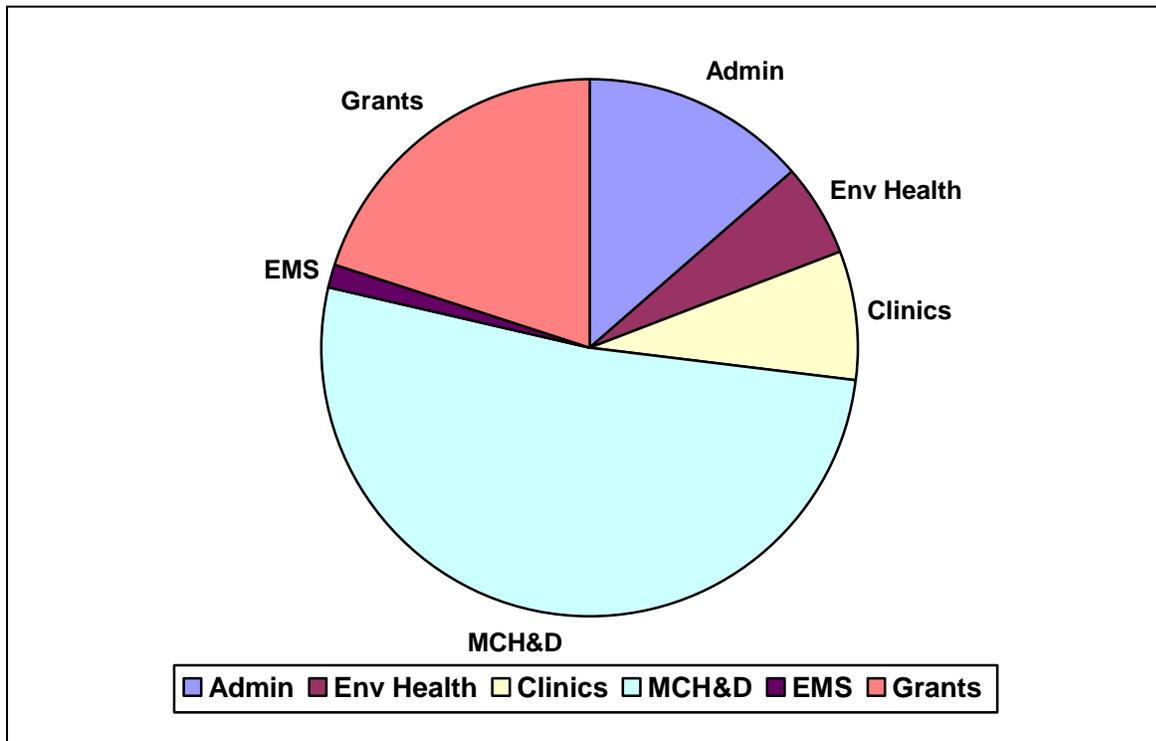
## Expenditures

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

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

Division	Expenditures	% of Total
Administration Division	2,706,367	14%
Environmental Health Division	1,124,309	6%
Clinics Division	1,584,435	8%
Maternal Child Health & Development Division	10,328,749	52%
Emergency Management Services (EMS)	279,235	1%
Grants	3,992,389	20%
<b>TOTAL</b>	<b>20,015,484</b>	<b>100%</b>

## Expenditures



## Emergency Preparedness Program

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 Emergency Operations Center will have the capability to see comprehensive information and pull that information into a GIS interface for planning and response purposes.

### 2010 Emergency Preparedness Program Goals

- ◆ Continue to build public health system capacity to respond to public health emergencies through drills and exercises.
- ◆ Continue to cultivate and develop the Medical Reserve Corps.
- Introduce and refine new technology to aid emergency preparedness and response activities.
- Through a coordinated effort, participate in and collaborate with community agencies in a community-wide emergency preparedness response plan including development and implementation of regional stockpile distribution and mass immunization/prophylaxis clinics.

## Clinic Services Division

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.

<b>Communicable Disease Investigations</b>	402
Number of Chronic Hepatitis C Infections Investigated	147

### 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	1,560
Total Patient Visits	2,074
Number of Patients Started on Preventive Therapy for Latent TB Infection	150
Number of Patients Receiving Directly Observed Therapy (DOT)	4
Treatment Compliance Rate for DOT/Latent TB Infection	100%

## Immunization Program

The objective of the program is to increase immunization levels of both children and adults. Efforts 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 site and family practice provider AFIX (Assessment Feedback Incentive and Exchange) sites, the semi-annual clinic newsletter and through telephone consultations.

Number of Visits to Immunization Clinics	891
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## Flu/Pneumonia Program

From October 2009 extending into the first quarter of 2010, the Health Department immunized more than 17,000 Broome County residents of all ages during for H1N1 at 100 separate clinics. These clinics included every school building in Broome County, the Oakdale Mall, Broome County Health Department, subsidized housing sites, and other venues.

Seasonal Flu Vaccinations Given	1,862
H1N1 Vaccinations Given	17,000+
Pneumococcal Vaccinations Given	45
Immunization Initiative – Physicians’ Offices Chart Review Sites	6

## 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	2,235
Broome County Jail Clinic Visits	740
Number of Chlamydia Cases	511
Number of Gonorrhea Cases	73

## HIV Counseling and Testing Services

Clinical testing is the only way to determine if a person is infected with HIV, the virus that leads to AIDS. Early diagnosis and treatment can improve the quality of life for a person with the virus. Confidential HIV testing is available through the STD Clinic. There are times set aside specifically for HIV testing with trained HIV test counselors. Appointments for anonymous testing can be made by calling 1-800-562-9423, and is offered at various locations throughout the region.

### HIV Counseling and Testing Services

Individuals Provided HIV Education in Clinic and Outreach Programs	5,000+
Participants Receiving HIV Tests	2,622
Number of Positive Tests	8

## Employee Health Services

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

Number of Patient Encounters	811
Number of Complete Physicals	236

## 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 Receiving Sealants	416
Number of Teeth Sealed	939
Number of Children Receiving Prophylaxis	488
Number of Children Educated	1,805

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.

## 2010 Clinic Services Division 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 “at risk” populations by collaborating with Broome Community College Health Services for TB testing and treatment.
- ◆ 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 TB 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.
- ◆ Plan activities to promote National Immunization Week and National Influenza Vaccination Week.
- ◆ Incorporate rapid HIV testing in visits for clients with a positive Tuberculin skin test.
- ◆ Continue to offer rapid HIV testing technology to those who seek HIV testing.
- ◆ 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 such as homeless shelters and substance abuse treatment facilities.
- ◆ Continue to provide education and implementation of current immunization recommendations from the Centers for Disease Control and Prevention 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 the staff of the Broome County Office for Aging, Broome County CASA (Community Alternative Services Agency) and volunteers to conduct flu clinics.
- ◆ Continue the efficiency and productivity, recognized by the NYS Department of Health, of the Health Department’s STD and HIV testing clinics.
- ◆ Continue and improve Hepatitis vaccine rates of completion.
- ◆ Train additional staff to cover communicable disease issues.
- ◆ Continue to work collaboratively with Lourdes Hospital’s Oral Health Program to provide oral health education and preventive dental health services in Broome County schools.
- ◆ Improve adult immunization rates by administering American Recovery and Reinvestment Act funded Tetanus-Diphtheria-Pertussis, Herpes Zoster (Shingles), Pneumonia, and Human Papilloma Virus (HPV) vaccines to Broome County residents.
- ◆ Increase influenza vaccination rates by offering community clinics in schools.
- ◆ Participate in health fairs and other outreach activities to provide public education.
- ◆ Provide bloodborne pathogens and other communicable disease education to employees of other Broome County departments.

## Environmental Health Services Division

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/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 890 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 and Lyme Disease; and
- minimize available sources of lead to children.

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	140
Freedom of Information Requests	39
Environmental/Occupational Health Reviews	330

### 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, Campgrounds 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, PCB, 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	13	13	4
Mobile Home Parks	63	56	4
Children’s Camps	15	29	0
Pools and Beaches	97	162	47
Temporary Residences	41	50	58

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

## Food Service

Inspect and exercise surveillance over the 890 food service facilities in Broome County. This includes requiring correction of any violations of Part 14 of the NYS Sanitary Code and the enforcement of state and local provisions of the law.

<b>Community Sanitation Programs</b>			
	<b>Active Facilities</b>	<b>Field Inspections</b>	<b>Health Hazards Identified</b>
Food Service	890	551	377

## Wastewater Treatment

Review, design, inspect, and provide approval of existing systems seeking modifications or corrections. Plan reviews are completed for new systems as well as enforcement of nuisance complaints regarding failing systems. Permits and approvals are provided in accordance with both New York State and Broome County Sanitary Codes. Review and provide approval of all proposed wastewater disposal systems (10,000 gallons) for new construction or modifications to existing systems. Approval is issued in accordance with NYS Department of Environmental Conservation SPDES (State Pollutant Discharge Elimination System) Permits and Standards for Waste Treatment Works.

## 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	181
Inspections	299
Public Health Hazards	12



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	74
Replacement Systems	86

## 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
<b>Youth Tobacco Sales Reduction Program</b>	
Active Facilities	168
Completed Compliance Checks	433
Compliance Rate (# No Sales / # Facilities)	98%
Facility Staff Trained	8

## Lead Poisoning Prevention

Lead is a common environmental contaminant. Exposure to lead is a preventable risk that exists in all areas of the United States. Young children are especially vulnerable to effects of lead and, unfortunately, the greatest risk of lead exposure by age coincides with essential body and brain development. Lead poisoning can cause many problems with a child's growth, behavior, and ability to learn.

The Broome County Health Department has two programs which address lead poisoning in our community. We offer services to all children with elevated blood lead levels through the Childhood Lead Poisoning Prevention Program (CLPPP). The role of this program is to review, assess and recommend appropriate follow-up for lead poisoned children. Staff members inform parents about strategies to prevent and reduce exposure to lead hazards. They can provide education on lead poisoning and environmental evaluations. Home visits are made for child developmental assessments and nutrition recommendations. Referrals are made to other agencies and programs as needed. CLPPP can coordinate communications between the Regional Lead Poisoning Resource Center, health care providers and parents.

CLPPP strives to increase lead screening rates to better identify and serve those children with elevated blood lead levels. Staff members prepare and present information to health care providers, day care directors, parents and other organizations with ties to children's health. Presentations emphasize recognizing lead hazards, preventing lead poisoning and clarifying the New York State Public Health Laws.

Number of Children with Blood Lead Testing Results $\geq 10$ mcg/dl	52
Lead Investigations of Homes (blood lead levels $>15$ mcg/dl)	26
Hospital Admissions- Chelation	4

The Broome County Health Department also addresses childhood lead poisoning with the Primary Prevention Program. Primary prevention strives to identify and correct lead based paint hazards in high-risk housing before a child is identified with an elevated blood lead level. High risk housing is any dwelling unit that is likely to impact a child's blood lead level based on various housing and neighborhood characteristics. The target area in the City of Binghamton is zip code 13905. Homes in this area are tested for lead based paint hazards and the Health Department works with property owners to correct conditions conducive to lead poisoning.

Total Number of Lead Investigations of Homes	33
Total Number of Homes Identified with Lead Hazards	31
Total Number of Homes Required to Remediate Lead Hazards	29

## Rabies Control

Investigate reports of animal bites and scratches, shipment of suspected rabid animals to state laboratory, outreach and education, support of free rabies clinics and authorization of rabies prophylaxis.

Exposure Investigations	659
Humans Receiving Post-Exposure Treatment	88
Animal Vaccinations	2,429
Animal Specimens Tested	119
Positive Specimens	3

### 2010 Environmental Health Division Goals

- ◆ Increase the overall percentage of food service establishments inspected to at least 85%. Activities to achieve this objective are to increase the number of staff per NYS Department of Health recommendations.
- ◆ Increase the percentage of facilities found in compliance by strengthening the division enforcement actions. 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.
- ◆ Complete inspections of all regulated facilities according to the approved Municipal Public Health Services Plan and program workplan.
- ◆ Evaluate succession planning steps within the division as retirements continue and new staff is hired.
- ◆ Minimize excessive travel and staff time in Rabies Program by changing the 10 day confinement protocol in the Rabies Program. Low-risk cases will be handled via phone rather than an individual site visit by a staff member.
- ◆ Increase number of inspections with fewer staff by prioritizing work and utilizing senior staff in the field.
- ◆ Minimize food borne illness by mandating food training for all persons serving and/or preparing food at temporary events.
- ◆ The Lead Programs are educating parents, health care providers, day care providers, property owners, contractors, and others about lead poisoning and its prevalence in our community. Routine testing of children is most important in identifying the lead poisoned children. We are striving to increase blood testing rates of children ages one and age two by 10%. In addition, we are reaching out to create partnerships within the community to positively influence property owners, property managers and contractors to work in a lead safe way to create lead safe housing. We plan to create lead safe housing with remediation of 75 housing units identified with lead hazards.

## Chronic Disease Risk Reduction Programs



### The Cancer Services Program of Broome, Chenango & Tioga Counties

The Broome County Health Department has been the lead agency for the Cancer Services Program for approximately 20 years. 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 age 40 who are uninsured or underinsured. The Cancer Services Program of Broome, Chenango & Tioga Counties is comprised of more than 100 health care providers and partners with many community agencies, worksites and faith-based community institutions to promote the free, life-saving screenings and increase access to health care throughout the region. The Cancer Services Program grant year runs from April 1 – March 31.

### Cancer Services Program Statistics

Breast & Cervical Cancer Screenings:	2004	2005	2006	2007	2008	2009
Clinical Breast Exam	1,803	1,813	1,672	1,554	1555	866
Screening Mammogram	1,313	1,243	1,157	1,059	1062	799
PAP Test	1,317	1,387	1,293	1,186	1210	432
<b>Colorectal Cancer Screenings:</b>						
Fecal Occult Blood Test (Take-Home Kit)	322	304	379	301	210	156
Screening Colonoscopy	18	23	24	26	38	46
Colorectal Screenings	340	330	465	332	-	-
<b>Number of Clients Eligible for Medicaid Treatment Act: (Diagnosed with Breast Cancer, Cervical Cancer or Pre-Cancerous Cells of the Cervix)</b>						
Broome	31	47	51	50	29	22
Chenango	8	7	4	5	4	6
Delaware	3	7	7	4	-	-
Otsego	18	15	17	21	-	-
Tioga	6	6	5	6	2	1
<b>Totals</b>	<b>66</b>	<b>82</b>	<b>84</b>	<b>86</b>	<b>35</b>	<b>29</b>

\*It is important to note that in 2008, the NYS Department of Health (NYSDOH) Cancer Services Program reorganized the regions, reducing our partnership to three counties under contract instead of five counties. Also, this was the first year in the history of the program that restrictions were put on patient services funding, requiring partnerships to track the number of services each were able to fund. Finally, this year marked the first year that the NYSDOH eliminated screening services to the 18-39 year old, average risk age group through the Cancer Services Program since this age group was added, thus reducing the population served through the program throughout New York State.

## Tobacco Free Broome & Tioga (TFBT)

Tobacco related illness is the major cause of preventable death in New York State and the nation. Tobacco Free Broome & Tioga is funded by the New York State Department of Health's Tobacco Control Program as a community partnership dedicated to eliminating exposure to secondhand smoke, reducing the number of youth that initiate smoking and decreasing the social acceptability of tobacco use. Highlights of 2009 include:

**Tobacco Free Outdoor Areas:** Tobacco Free Broome & Tioga works with Reality Check and Strategic Alliance for Health to establish tobacco free outdoor areas. In 2009, Mothers and Babies Perinatal Network, the Town of Maine, and the Village of Owego adopted tobacco free outdoor policies. TFBT provided assistance to Broome Community College as they move towards adoption of a policy to protect students, staff and faculty from secondhand smoke.



**Completion of the second Community Tobacco Survey of adult residents of Broome County:** Four hundred residents were queried about their opinions, perceptions, and behaviors related to exposure to secondhand smoke, tobacco advertising, sales, use, etc. Results were used to educate residents and policymakers about local preference for smoke free policies and reduction of tobacco product availability.

**Decreasing youth initiation through reduced visibility of tobacco products and stopping sale of tobacco at supermarkets and pharmacies:** Resolutions were obtained from a variety of community agencies supporting stopping the sale of tobacco and reduction of tobacco advertising. Weis Markets, the only supermarket in Broome County that continues to advertise and allows visibility of tobacco products by youth was educated about the connection between viewing tobacco advertising and product displays and increased youth initiation. The following pharmacies in Broome County do not sell tobacco: The Pharmacy, English Pharmacy, Corner Drug Store and Gift Shop, Clintwood Pharmacy, and Medicine Shoppes.

**Smoke Free Housing:** Tobacco Free Broome & Tioga worked with tenants and landlords to assist them in the creation of smoke free apartment policies and educated administrators of the New York State Division of Community Renewal, an agency that provides funding for low-income housing, about the benefits and legality of smoke free policies in the buildings they fund.



## Diabetes Prevention and Control Program

According to the NYS Department of Health website utilizing 2003 data published in 2007, the diabetes diagnosis rate in Broome County is at 7.3% while the statewide average is 7.2%. The Diabetes Prevention Program 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.

Program year 2008-2009 was the final year of a five-year contract term. Broome County Health Department was not eligible to apply for a new term because the department received the Strategic Alliance Program contract that shares many of the same deliverables.

<b>Workplan Goals Grant year runs from October 1 – September 30</b>	<b>Number of Participants</b>
Mission Meltaway Program (diabetes prevention, pre-diabetes and diabetes education) for clients at risk for diabetes, scoring higher than 9 on the American Diabetes Association Risk Assessment Tool.	277
General Education (Presentations, Displays, Materials Distributed)	680
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, schools, and community agencies to determine safety policies.



<b>Workplan Goals</b>	<b>2003-04</b>	<b>2004-05</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>
<b>Grant year runs 10/01 – 09/30</b>						
Community Outreach, Presentations and Education Programs	33	34	26	34	46	56
Number of Individuals Educated About Various Traffic Safety Topics	1,261	1,193	1,794	1,210	1,335	1,795
Child Safety Seats Distributions	275	322	210	169	184	264
Child Bike Helmet Distributions	350	400	500	844	844	853

<b>2010 Chronic Disease Program Goals</b>
<ul style="list-style-type: none"> <li>◆ Increase awareness of chronic disease prevention through evidence-based health promotion and education activities and strategies that encourage lifestyle changes and engages community members where they live, learn, work, play and pray.</li> <li>◆ <b>Cancer Services Program:</b> Raise public awareness and increase health care access through the Cancer Services Program. Offer as many cancer screenings to the uninsured and under-insured in our region as funding allows.</li> <li>◆ <b>Traffic Safety Program:</b> Raise public awareness and offer education about unsafe behaviors that contribute to pedestrian, bicycle and motor vehicle accidents in order to decrease the number of unintentional injuries and fatalities in Broome County.</li> <li>◆ <b>Tobacco Control Program:</b> Raise public awareness about the tobacco industry marketing tactics; decrease youth tobacco initiation; and decrease social acceptability of tobacco use and marketing through policy and systems changes.</li> </ul>

## Broome County Strategic Alliance for Health (SAH)

Broome County is one of several communities across the nation funded by the Centers for Disease Control to improve community health through sustainable, innovative, and evidence-based community health promotion and chronic disease prevention interventions that promote policy, systems, and environmental changes where people live, learn, work and play.

The goal of the Strategic Alliance for Health is to identify a geographic location in the county and build capacity to:

- institute policy, systems, and environmental changes related to promoting physical activity and nutrition and reducing tobacco use and exposure;
- improve and increase access to quality care;
- help eliminate racial/ethnic and socioeconomic health disparities; and
- reduce complications from and incidence of heart disease, diabetes, and obesity.

Broome County is focusing on chronic disease prevention efforts in the City of Binghamton. These efforts are led by the Broome County Chronic Disease Risk Reduction Leadership Team whose membership includes representatives from education agencies, community and faith-based organizations, businesses, and the health care sector. The leadership team conducted a chronic disease community health assessment in the City of Binghamton schools, worksites, community-based institutions, and in the health care sector to identify areas in need of policy, systems, and environmental change strategies. These strategies include:

- establish breastfeeding policies;
- support calorie menu labeling legislation;
- institute healthy vending policies;
- increase availability and visibility of healthier food and beverage choices in public and/or private venues;
- improve availability of mechanisms for purchasing and/or using foods from farms, community supported agriculture, community gardens and urban agriculture initiatives;
- establish tobacco free parks;
- enhance senior nutrition programs;
- increase school breakfast participation;
- increase physical activity within the school day apart from physical education;
- establish legislation for procurement of local foods and support for Farm to You restaurants, worksites, and school nutrition programs;
- establish mixed land use policies to support community gardening, community supported agriculture, and urban farming; and
- enhance infrastructure supporting walking, biking and or other forms of physical activity for community residents of all ages and abilities.

## Maternal Child Health and Development Division

*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 2009 there were 1,210 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. There were 282 children enrolled during 2008 and 360 children enrolled during 2009.

### 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.

## Child Fatality Review Team

The Child Fatality Review Team, which is comprised of key individuals representing law enforcement, area hospitals, physicians, mental health, district attorney, social services, and community service agencies, officially began reviewing cases of child deaths in 2009. During the 2009 grant year, 11 cases were reviewed. The team has excellent discussions of systemic issues/concerns that are prevalent in the community as identified through case reviews.

## Medication Administration Training (MAT)

Training is provided to day care staff on the proper administration and documentation of various medications to children in this setting. Participants must pass a written and demonstration exam to receive certification.

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

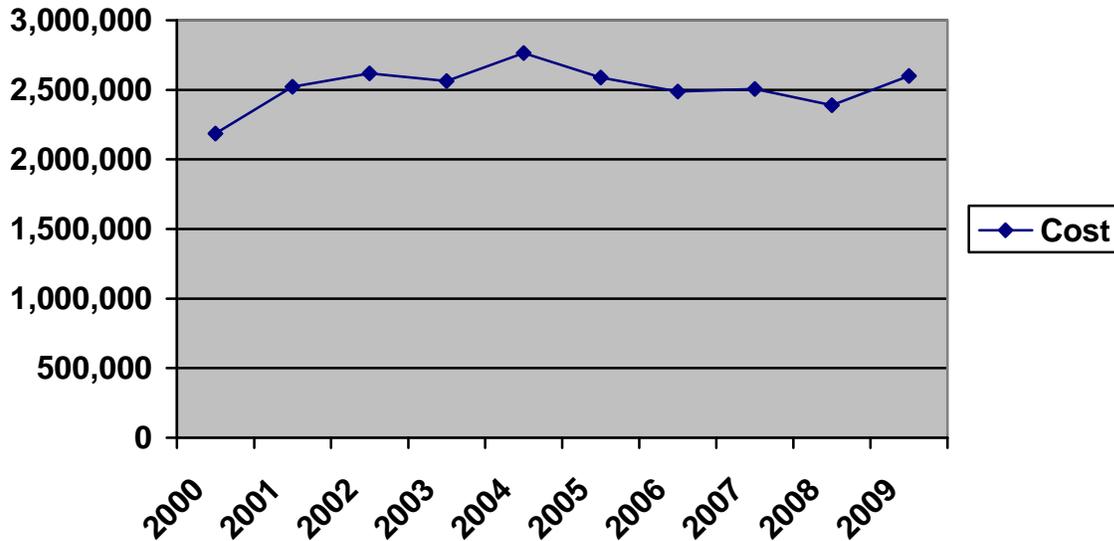
The Early Intervention Program is a state and federally mandated program which focuses on early identification and follow-up of children, age birth through two, with developmental delays (cognitive, physical, communication, social/emotional or adaptive). The EIP provides detailed evaluations for the 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
2008	774
2009	765

### 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.

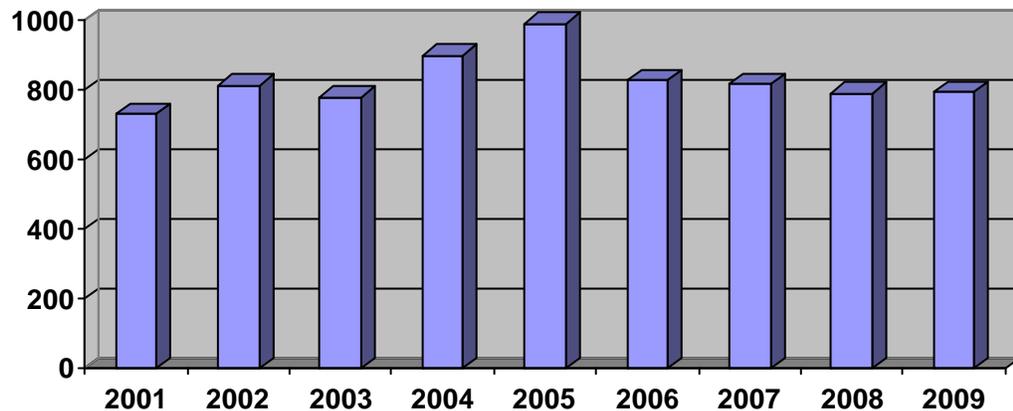
### PRESCHOOL PROGRAM COST

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
2008	6,025,277
2009	6,200,000

\* 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



### 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 38 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 125 families.

# Healthy Families New York 2009 Performance Targets

## Health and Development Targets:

### HFB Achievements

- ◆ 90% of enrolled target children are up to date on immunizations as of first birthday. **93%**
- ◆ 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. **100%**

## Parent/Child Interaction Targets:

- ◆ 30% of primary caretakers will breastfeed their target child for at least three months from the birth of the child. **44%**

## 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 **84%**
- ◆ 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%**

## **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.

<b>Participants Served (number of visits)</b>	23,547
Active Caseload:	4,838
Women	1,130
Infants	1,139
Children	2,569
Percent Exclusively or Partially Breastfeeding at Hospital Discharge	647%
WIC Clinic Sites	6
Total Clinic Days	252
Individual Certification, Prenatal and High Risk Counseling Sessions	12,000
Individual Education Sessions	10,500
Food Dollars Expended (estimate)	2,958,327
<b>Farmer's Markets</b>	
Coupon Booklets Distributed	2,299
Dollars Expended	\$28,548
<b>Participating WIC Vendors</b>	21
<b>WIC Community Outreach Programs</b>	
Health Fairs, Inservice Contacts and Presentations	16
Organizations Contacted	70
WIC Program Literature Distributed (pieces)	15,000
<b>Alcohol and Drug Use Screening of Prenatal Clients</b>	1,309
Women Counseled Concerning Smoking Cessation	1,800
Women Counseled Concerning Breastfeeding	1,800

## 2010 Maternal Child Health and Development Division Goals

- ◆ Reduce fetal, infant and child deaths by early identification of problems, interventions and education.
- ◆ Increase the number of children screened for lead poisoning at age 1 and 2 through record review at child care facilities and providing information to parents. The Lead Program and Early Intervention Program will collaborate on this aspect. Increase knowledge/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.
- ◆ Maximize use of preventive health services through education and collaboration with local health care providers, Department of Social Services, schools, NYS Department of Health, and child care providers.
- ◆ Increasing need for Early Intervention Program demands assurance of adequate capacity of needed services for infants and children identified as having developmental and/or learning delays and/or being at risk for developmental delays.
- ◆ Continue conservative fiscal management of the Children with Special Health Care Needs programs while meeting state and federal regulations.
- ◆ Continue to attain state performance standards in the Early Intervention Program.
- ◆ Offer Kempe assessment to expectant and new families to assess their strengths and challenges. Offer families information regarding local community resources and connect eligible families to Healthy Families Broome home visiting program to maintain families who may benefit from participation in these strength-based supportive services nurturing parent child interaction.
- ◆ Child Health Promotion Specialists will provide education to participating day care centers in the target areas.
- ◆ Maternal Child Health/Licensed Home Care Services Agency will increase the number of prenatal visits to ensure early and continuous comprehensive prenatal care to reduce infant mortality, decrease low-birth-weight babies, and increase positive birth outcomes.
- ◆ Increase the number of evaluation visits to postpartum/newborn clients to minimize environmental hazards to reproduction, growth, and development through evaluation of home settings, health habits and nutrition status.
- ◆ Increase health promotion, good oral hygiene and disease prevention activities in child care settings.
- ◆ Continue to provide training in medication administration to child care providers and ensure appropriate newborn bloodspot screening, follow-up testing and referral to services.
- ◆ Promote positive parenting skills and parent-child interaction, thereby preventing child abuse and neglect and reducing out-of-home placement, support optimal prenatal care, better birth outcomes, and child health and development, and improve economic self-sufficiency.
- ◆ Systematically identify, assess, and maintain families who may benefit from participation in the Healthy Families Broome strength-based supportive services nurturing parent-child interaction.

# Broome County Health Department Telephone Directory

<b>Administration</b>	<b>778-2802</b>
<b>Cancer Services Program</b>	<b>1-877-276-1019 Toll Free</b>
Cancer Screening & Education Services	778-2884
Tobacco Free Broome	778-3068
<b>Community Health Information</b>	<b>778-3921</b>
<b>Clinic Services</b>	<b>778-2839</b>
HIV Counseling and Testing Services	
HIV/STD/TB Outreach and Education Program	
Preventive Health Clinic Services	
Sexually Transmitted Disease Clinic	
Employee Health Services	
Communicable Disease Control	778-2804
Preventive Dentistry Program	778-2812
Immunization Action Program	778-2870
Tuberculosis Control Program	778-2888
<b>Emergency Preparedness</b>	<b>778-3944</b>
<b>Environmental Health Services</b>	<b>778-2887</b>
Emergency Response	
Food Service	
Indoor Air Quality	
Lead Poisoning Prevention	
Mobile Home Parks	
Public Health Nuisances	
Public Water Supplies	
Rabies Control	
Subdivisions	
Swimming Pools and Beaches	
Temporary Residences and Children's Camps	
Tobacco Use Reduction	
Toxins, Hazardous Waste, Oil Spills	
Wastewater Treatment	
<b>Information Line</b>	<b>778-3911</b>
<b>Maternal Child Health and Development Division</b>	<b>778-2851</b>
Child Find	
Children with Special Health Care Needs/ Physically Handicapped Children's Program	
Early Intervention Program (0-3)	
Education to Handicapped Children's Program/ Committee on Preschool Education	
Maternal Child Health Nursing	
Healthy Families Broome Program	778-3909
WIC (Women, Infants and Children's) Program	778-2881
<b>Strategic Alliance for Health</b>	<b>778-3929</b>
<b>Traffic Safety/Injury Control Program</b>	<b>778-2807</b>

# **Selected Community Health Status Indicators**

## Racial Composition Broome County / New York State

### Demographics

People QuickFacts	Broome County	New York State
 Population, 2009 Estimate	194,630	19,541,453
<hr style="border-top: 1px dashed black;"/>		
 White persons, percent, 2008 (a)	90.1%	73.4%
 Black persons, percent, 2008 (a)	4.6%	17.3%
 American Indian and Alaska Native persons, percent, 2008 (a)	0.2%	0.6%
 Asian persons, percent, 2008 (a)	3.4%	7.0%
 Native Hawaiian and Other Pacific Islander persons, percent, 2008 (a)	Z	0.1%
 Persons reporting two or more races, percent, 2008	1.6%	1.6%
 Persons of Hispanic or Latino origin, percent, 2008 (b)	2.7%	16.7%
 White persons not Hispanic, percent, 2008	88.0%	60.0%

**Source: US Census**

**Table 1  
Annual Estimates of the Resident Population for Counties of New York  
July 1, 2007 to July 1, 2009  
US Census Bureau**

	July 1, 2009	July 1, 2008	July 1, 2007
<b>New York State</b>	<b>19,541,453</b>	<b>19,467,789</b>	<b>19,422,777</b>
Broome County	194,630	194,635	194,978

## Socio-Economic Status Indicators Broome County 2005-2007

Indicator	3 Year Total	County Rate	NYS Rate	<a href="#">Sig.Dif.</a>	NYS Rate exc. NYC	<a href="#">Sig.Dif.</a>	Ranking Quartile
% unemployed (2005-07)	13,532	4.7	4.7	No	4.3	Yes	2nd
% of population at or below poverty level (2006)	N/A	14.5	13.8	Yes+	10.1	N/A	3rd
% of children <18 at or below poverty level (2006)	N/A	18.9	19.6	No+	13.6	N/A	3rd
Median family income (2006)	N/A	41,328	51,340	Yes+	N/A	N/A	3rd
% Annual high school drop outs (2005-07)	553	1.7	3.5	Yes	2.4	Yes	1st
Behavior/Risk Indicator (2003)	County Rate	CI #	NYS Rate	CI #	Upstate	CI #	
% of adults with health insurance	87.3	± 3.2	85.7	± 0.9	88.8	± 0.8	2nd
% of adults that did not receive medical care because of the cost	6.6	± 2.5	7.6	± 0.7	5.3	± 0.5	4th

+ Significant difference at 90% confidence interval  
± 95% confidence interval for BRFSS/Expanded BRFSS indicators

## County Health Indicator Profiles Broome County 2003-2007

	2007		2006		2005		2004		2003	
	#	Rate								
SOCIO-DEMOGRAPHIC (1)										
Population	195,973		196,269		196,947		197,696		199,360	
Unemployment	4,383	4.5	4,538	4.7	4,746	4.9	5,223	5.4	5,658	5.9
Percent in Poverty	26,984	14.5	23,358	12.5	29,459	15.8	23,442	12.4	24,481	12.9
Median Household Income (in dollars)	43,399		41,328		36,965		37,089		36,134	
PERINATAL HEALTH (2)										
Pregnancies (All ages)	3,109	76.9	3,099	76.2	3,036	74.6	2,874	70.6	2,822	68.2
- Age 10-14	10	1.8	5	0.8	4	0.7	4	0.6	9	1.4
- Age 15-19	349	43.1	376	46.4	369	46.3	357	44.7	322	41.2
Births	2,122	10.8	2,123	10.8	2,050	10.4	2,026	10.2	2,075	10.4
Low Birthweight (Less than 2500 grams)	195	9.2	161	7.6	171	8.3	146	7.2	137	6.6
Prenatal Care (1st Trimester)	1,539	74.5	1,629	77.6	1,511	77.2	1,461	79.3	1,523	80.2
Infant Deaths	24	11.3	17	8.0	11	5.4	12	5.9	16	7.7
Neonatal Deaths	18	8.5	11	5.2	7	3.4	8	3.9	11	5.3
Postneonatal Deaths	6	2.8	6	2.8	4	2.0	4	2.0	5	2.4
Spontaneous Fetal Deaths (20+ wks)	11	5.2	13	6.1	13	6.3	13	6.4	20	9.5
MORTALITY (Rates per 100,000 Population)										
Total Deaths	2,051	1046.6	2,148	1094.4	2,009	1020.1	2,072	1048.1	2,064	1035.3
Lung Cancer (Total)	122	62.3	137	69.8	137	69.6	130	65.8	121	60.7
Lung Cancer (Male)	65	68.4	62	65.3	79	82.8	67	70.1	54	56.0
Lung Cancer (Female)	57	56.4	75	74.0	58	57.1	63	61.7	67	65.1
Breast Cancer (Female)	33	32.7	40	39.5	32	31.5	26	25.5	27	26.2
Cervical Cancer	2	2.0	2	2.0	0	0.0	2	2.0	4	3.9
Cerebrovascular Disease	103	52.6	113	57.6	106	53.8	123	62.2	154	77.2

	2007		2006		2005		2004		2003	
	#	Rate								
Diseases of the Heart	571	291.4	651	331.7	613	311.3	599	303.0	626	314.0
Homicides	4	2.0	7	3.6	4	2.0	2	1.0	3	1.5
Suicides	24	12.2	27	13.8	22	11.2	19	9.6	17	8.5
Unintentional Injury	58	29.6	75	38.2	45	22.8	64	32.4	63	31.6
Motor Vehicle	17	8.7	22	11.2	11	5.6	24	12.1	22	11.0
Non-Motor Vehicle	41	20.9	53	27.0	34	17.3	40	20.2	41	20.6
AIDS	6	3.1	11	5.6	5	2.5	6	3.0	4	2.0
Cirrhosis (Liver)	22	11.2	20	10.2	12	6.1	17	8.6	25	12.5
HOSPITALIZATIONS (Rates Per 10,000 Population)										
Pediatric (0-4)										
- Asthma	18	18.1	20	20.2	11	10.8	16	15.3	15	14.3
- Gastroenteritis	30	30.2	11	11.1	16	15.7	6	5.7	11	10.5
- Otitis Media	4	4.0	2	2.0	2	2.0	0	0.0	2	1.9
Drug Related	437	22.3	373	19.0	376	19.1	411	20.8	355	17.8
Head Injury (5)	199	10.2	149	7.6	141	7.2	142	7.2	138	6.9
DISEASE MORBIDITY (3)										
AIDS Cases (4)	22	11.2	26	13.2	14	7.1	15	7.6	13	6.5
Early Syphilis	0	0.0	8	4.1	0	0.0	1	0.5	5	2.5
Chlamydia Incidence	521	265.9	484	246.6	456	231.5	452	228.6	452	226.7
TB Incidence	4	2.0	3	1.5	2	1.0	6	3.0	6	3.0
Ecoli O157 Incidence	3	1.5	0	0.0	4	2.0	1	0.5	1	0.5
Meningococcal Incidence	1	0.5	2	1.0	2	1.0	0	0.0	2	1.0
Pertussis Incidence	17	8.7	46	23.4	16	8.1	111	56.1	5	2.5
Lyme Disease Incidence	3	1.5	4	2.0	11	5.6	5	2.5	5	2.5

## Health Risks and Behaviors Indicators Broome County 2005-2007

Indicator	3 Year Total	County Rate	NYS Rate	<a href="#">Sig.Dif.</a>	NYS Rate exc. NYC	<a href="#">Sig.Dif.</a>	Ranking Quartile
% Pregnant Women in WIC with Early (1st Trimester) Prenatal Care, Low SES (2005-07)	2,545	83.0	84.0	No	85.1	No	3rd
% Pregnant Women in WIC with Anemia, Low SES (2005-07)	270	9.0	11.4	Yes	11.6	Yes	2nd
% Pregnant Women in WIC Who Were Pre-pregnancy Underweight (BMI Under 19.8), Low SES (2005-07)	385	12.5	11.3	Yes	10.3	Yes	4th
% Pregnant Women in WIC Who Were Pre-pregnancy Overweight (BMI 26 - 29), Low SES (2005-07)	392	12.8	15.4	Yes	15.3	Yes	1st
% Pregnant Women in WIC Who Were Pre-pregnancy Very Overweight (BMI Over 29), Low SES (2005-07)	1,021	33.3	26.1	Yes	30.0	Yes	3rd
% of Infants in WIC Who Were Breastfeeding at 6 Months, Low SES (2005-07)	492	21.3	39.0	Yes	N/A	N/A	2nd
% Underweight Children in WIC, 0-4 years, Low SES (2005-07)	278	2.1	4.7	Yes	3.9	Yes	2nd
% Overweight Children in WIC, 2-4 years, Low SES (2005-07)	898	14.7	14.7	No	15.0	No	3rd

Indicator	3 Year Total	County Rate	NYS Rate	<a href="#">Sig.Dif.</a>	NYS Rate exc. NYC	<a href="#">Sig.Dif.</a>	Ranking Quartile
% Anemic Children in WIC, 6 mo.-4 years, Low SES (2005-07)	806	8.3	11.4	Yes	11.8	Yes	1st
% of Children in WIC Viewing TV <=2 Hours per Day 0-4 years, Low SES (2005-07)	4,155	71.2	76.0	Yes	76.5	Yes	3rd
<b>Behavior/Risk Indicator (2003)</b>	<b>County Rate</b>	<b>CI #</b>	<b>NYS Rate</b>	<b>CI #</b>	<b>Upstate</b>	<b>CI #</b>	
% adults overweight or obese (BMI 25+)	60.3	± 4.4	56.7	± 1.2	57.6	± 1.1	3rd
% adults that participated in leisure time physical activity in last 30 days	83.2	± 3.1	74.6	± 1.0	77.6	± 1.0	1st
% adults smoking cigarettes	23.2	± 3.7	20.3	± 0.9	22.1	± 0.9	2nd
% adult smokers that tried to quit smoking for one day or longer	56.6	± 9.0	58.0	± 2.3	55.6	± 2.3	2nd
% adults that binge drink	13.2	± 3.0	14.1	± 0.8	15.2	± 0.9	1st
% adults eating 5 or more servings of fruit or vegetables daily	27.6	± 4.0	25.8	± 1.4	N/A	N/A	2nd

\* Fewer than 20 events in the numerator; therefore the rate is unstable  
± 95% confidence interval for BRFSS/Expanded BRFSS indicators

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 is 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) Rates in this section are per 100,000 population.

(4) AIDS Cases include ICD-9 diagnosis.

(5) Head Injury Cases are presented by ICD-9 codes 800-801.9, 803-804.9, 850-854.1, 925.

Source: New York State Department of Health

## Immunization and Infectious Diseases Indicators Broome County 2005-2007

Indicator	3 Year Total	County Rate	NYS Rate	<u>Sig.Dif.</u>	NYS Rate exc. NYC	<u>Sig.Dif.</u>	Ranking Quartile	HP 2010 Goal	HP 2010 Goal Met?
Pneumonia/flu hospitalizations in adults 65+ years per 10,000 (ICD-9 480-487)	1,968	203.9	162.1	Yes	176.8	Yes	3rd	N/A	N/A
Pertussis incidence per 100,000	79	13.4	4.6	Yes	6.9	Yes	4th	N/A	N/A
H. Influenza incidence per 100,000	7	1.2*	1.2	No	1.4	No	3rd	N/A	N/A
Hepatitis A incidence per 100,000	0	0.0*	1.5	Yes	0.9	Yes	1st	4.5	Yes
Hepatitis B incidence per 100,000	9	1.5*	1.1	No	0.8	No	4th	N/A	N/A
Tuberculosis incidence per 100,000	9	1.5*	6.4	Yes	2.7	No	3rd	1.0	No
E. Coli incidence per 100,000	7	1.2*	0.8	No	1.2	No	3rd	N/A	N/A
Salmonella incidence per 100,000	47	8.0	14.0	Yes	13.0	Yes	1st	N/A	N/A
Shigella incidence per 100,000	3	0.5*	3.0	Yes	2.4	Yes	2nd	N/A	N/A
Lyme disease incidence per 100,000	18	3.1*	25.3	Yes	40.6	Yes	2nd	9.7	Yes
<b>Behavior/Risk Indicator (2003)</b>	<b>County Rate</b>	<b>CI #</b>	<b>NYS Rate</b>	<b>CI #</b>	<b>Upstate</b>	<b>CI #</b>			
% of adults 65+ years with flu shot in last year	65.7	± 8.6	68.0	± 3.8	N/A	N/A	1st	90.0	No
% of adults 65+ years that ever received pneumonia shot	60.6	± 8.7	61.7	± 3.4	N/A	N/A	1st	N/A	N/A

CI Clinical Indicator

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

## Maternal and Infant Health Indicators Broome County 2005-2007

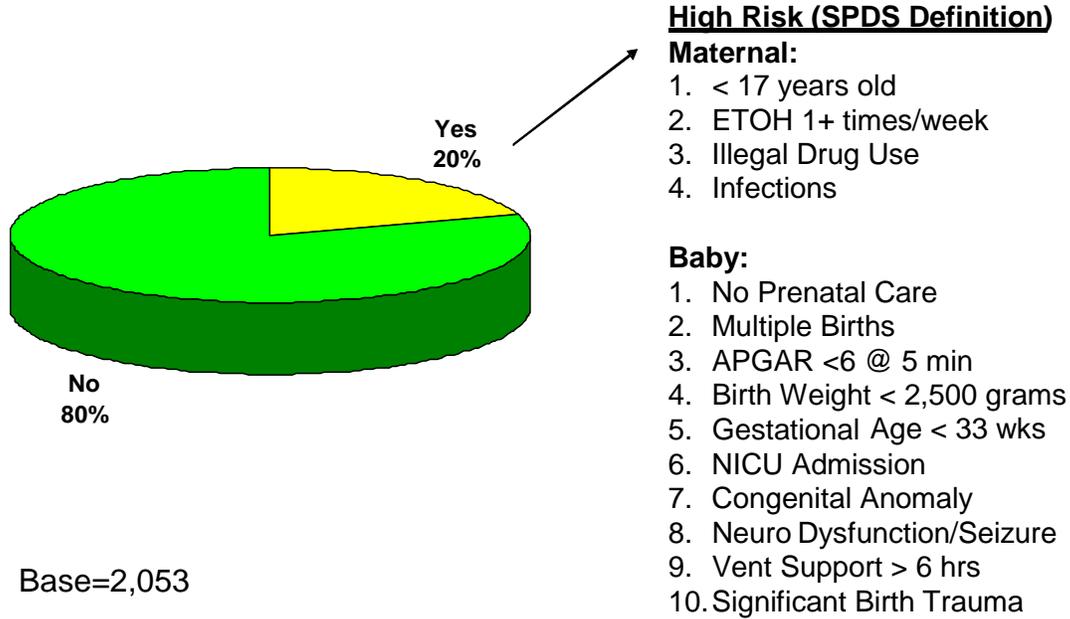
Indicator	3 Year Total	County Rate	NYS Rate	<u>Sig.Dif.</u>	NYS Rate exc. NYC	<u>Sig.Dif.</u>	Ranking Quartile	HP 2010 Goal	HP 2010 Goal Met?
% of births to women 25+ years without high school education	44	1.1	7.8	Yes	3.8	Yes	2nd	N/A	N/A
% births to out of wedlock mothers	2,696	42.8	40.9	Yes	36.5	Yes	3rd	N/A	N/A
% first births	2,499	39.7	43.1	Yes	40.9	No	2nd	N/A	N/A
% of births that were multiple births	247	3.9	3.8	No	4.1	No	3rd	N/A	N/A
% births with early prenatal care	4,679	76.5	74.6	No	76.4	No	3rd	90	No
% births with late or no prenatal care	254	4.2	5.0	Yes	4.0	No	3rd	N/A	N/A
% adequate prenatal care (Kotelchuck)	4,022	70.7	62.9	Yes	68.3	Yes	2nd	90	No
% Pregnant Women in WIC with Early (1st Trimester) Prenatal Care, Low SES (2005-07)	2,545	83.0	84.0	No	85.1	No	3rd	N/A	N/A
% of Infants in WIC Who Were Breastfeeding at 6 Months, Low SES (2005-07)	492	21.3	39.0	Yes	N/A	N/A	2nd	N/A	N/A
% Cesarean section	1,924	30.6	32.5	Yes	34.3	Yes	2nd	N/A	N/A
Mortality Rates (per 1,000 births)									
Infant (<1 year)	52	8.3	5.6	Yes	5.8	Yes	4th	4.5	No
Neonatal (<28 days)	36	5.7	3.8	Yes	4.0	No	4th	2.9	No
Postneonatal (1 month to 1 year)	16	2.5*	1.8	No	1.7	No	3rd	1.5	No
Fetal death (>20 weeks gestation)	37	5.8	6.8	No	4.6	No	3rd	4.1	No
Perinatal (20 weeks gestation-28 days)	73	11.5	10.5	No	8.7	Yes	4th	N/A	N/A
Perinatal (28 weeks gestation-7 days of life)	47	7.4	5.7	No	5.5	No	3rd	4.5	No
Maternal mortality rate per 100,000 births	s	15.9*	16.7	No	9.8	No	3rd	3.3	No

Indicator	3 Year Total	County Rate	NYS Rate	<a href="#">Sig.Dif.</a>	NYS Rate exc. NYC	<a href="#">Sig.Dif.</a>	Ranking Quartile	HP 2010 Goal	HP 2010 Goal Met?
% very low birthweight (<1.5 Kg)	107	1.7	1.5	No	1.4	No	4th	0.9	No
% very low birthweight singleton births	76	1.2	1.1	No	1.0	No	4th	N/A	N/A
% low birthweight (<2.5 Kg)	527	8.4	8.3	No	7.8	No	4th	5	No
% low birthweight singleton births	382	6.1	6.1	No	5.5	No	4th	N/A	N/A
% Premature Births									
<32 weeks gestation	149	2.4	2.1	No	1.9	Yes	4th	1	No
32 - <37 weeks gestation	566	9.2	10.3	Yes	9.9	No	2nd	6.4	No
<37 weeks gestation	715	11.7	12.4	No	11.9	No	3rd	7.6	No
% births w/5 minute APGAR <6	61	1.0	0.5	Yes	0.6	Yes	4th	N/A	N/A
Newborn drug related discharge rate per 10,000 newborn discharges	55	86.5	58.1	Yes	60.8	Yes	4th	N/A	N/A

s Total suppressed for confidentiality

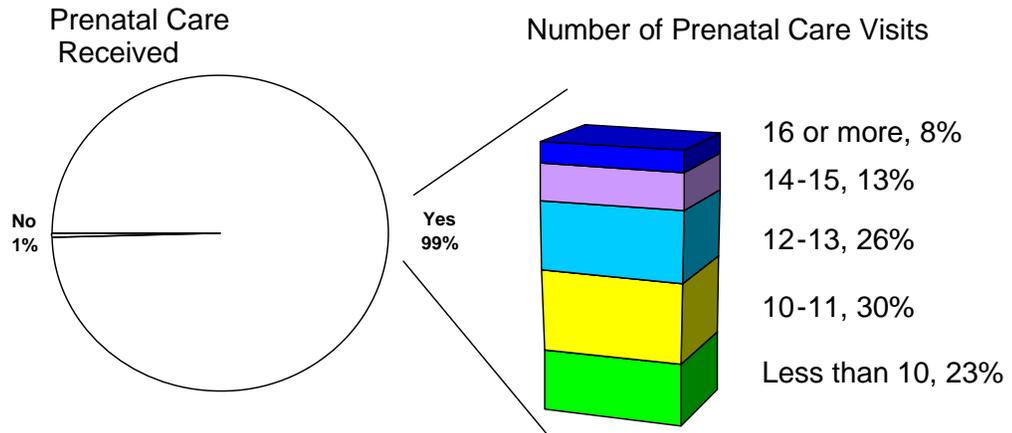
\* Fewer than 20 events in the numerator; therefore, the rate is unstable

# High Risk Births



SPDS: State Perinatal Data System  
ETOH:  
NICU: Neonatal Intensive Care Unit

# Prenatal Care

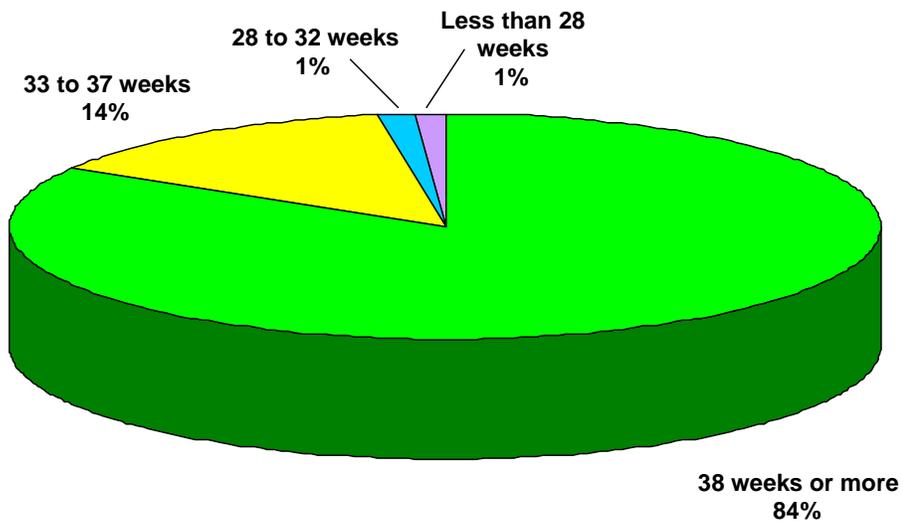


Average number of visits=11

Base=2,053

Base=1,924

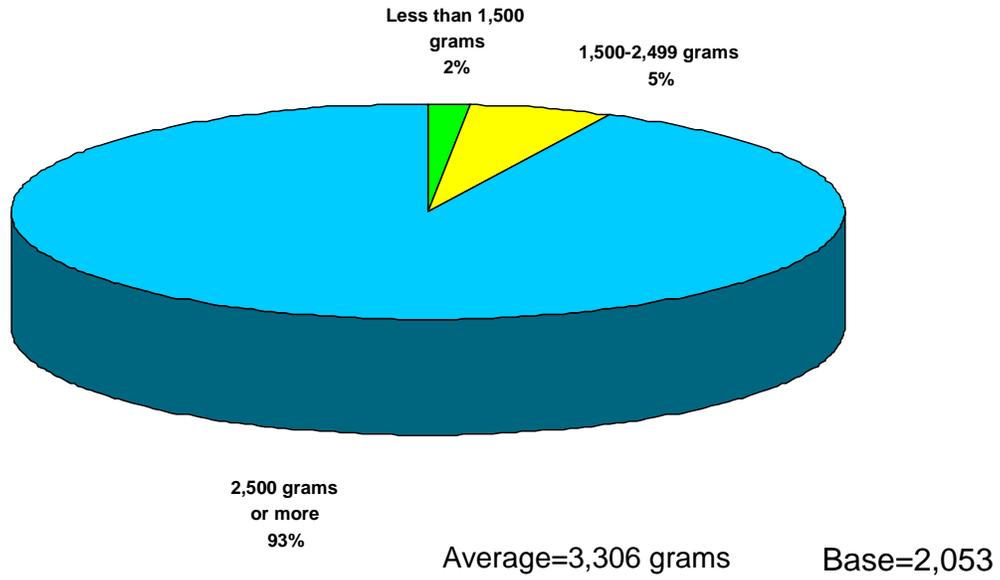
# Weeks Gestation



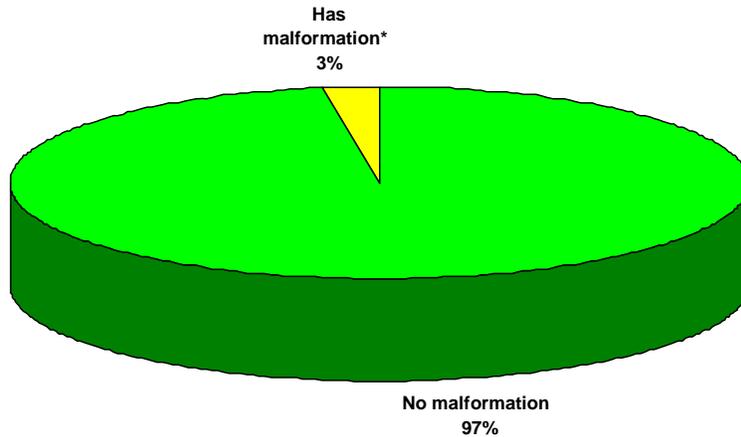
Average=38 weeks 3 days

Base=2,052

# Birth Weight



# Congenital Malformations of the Newborn



Malformations\*:  
 Meningomyelocele  
 Spinal Bifida  
 Cyanotic Heart Disease  
 Diaphragmatic Hernia  
 Cleft Lip/Palate  
 Suspected/Confirmed  
 Chromosomal Disorder

\*=each malformation is less than onehalf of one percent

Base=2,053

## Infant Deaths, Neonatal Deaths, Post Neonatal Deaths and Perinatal Mortality by New York State & Broome County – 2008

County	# Infant Deaths <sup>1</sup>	Infant Death Rate	# Neonatal Deaths <sup>2</sup>	Neonatal Death Rate	# Post Neonatal Deaths <sup>3</sup>	Post Neonatal Death Rate	Perinatal Mortality <sup>4</sup>	Perinatal Death Rate <sup>5</sup>
<b>New York State</b>								
New York State	1,359	5.4	919	3.7	440	1.8	2,679	10.7
Broome	19	9.2	15	7.2	4	1.9	23	11.0

<sup>1</sup> **Infant Death Rate** – deaths under 1 year of age per 1,000 live births

<sup>2</sup> **Neonatal Death Rate** – deaths under 28 days of age per 1,000 live births

<sup>3</sup> **Post Neonatal Death Rate** – deaths at age 28 days and older but less than 1 year per 1,000 live births

<sup>4</sup> **Perinatal Mortality Rate**– number of neonatal deaths + spontaneous fetal deaths of gestation 20+ weeks

<sup>5</sup> **Perinatal Death Rate** – number of neonatal deaths + spontaneous fetal deaths of gestation 20 + weeks

\*1000/spontaneous fetal deaths of gestation 20+ weeks + live births

Source: New York State Department of Health

## Child and Adolescent Health Indicators Broome County 2005-2007

Indicator	3 Year Total	County Rate	NYS Rate	<a href="#">Sig. Dif.</a>	NYS Rate exc NYC	<a href="#">Sig. Dif.</a>	Ranking Quartile	HP2010 Goal	HP2010 Goal Met?
Childhood Mortality (per 100,000) -									
1-4 years	8	33.4*	22.0	No	23.0	No	3rd	25.0	No
5-9 years	5	6.3*	11.4	No	11.5	No	2nd	14.3	Yes
10-14 years	3	8.3*	12.6	No	12.3	No	2nd	16.8	Yes
Asthma Hospitalization rate per 10,000 -									
0-4 years	49	16.5	58.8	Yes	35.8	Yes	1st	25.0	Yes
5-14 years	61	9.0	21.8	Yes	10.8	No	3rd	N/A	N/A
0-17 years	116	9.5	29.6	Yes	15.8	Yes	2nd	17.3	Yes
Gastroenteritis hospitalization rate per 10,000 (0-4 yrs)	57	19.2	32.3	Yes	23.6	No	2nd	N/A	N/A
Otitis media hospitalization rate per 10,000 (0-4 yrs)	8	2.7*	3.8	No	2.8	No	3rd	N/A	N/A
Pneumonia hospitalization rate per 10,000 (0-4 yrs)	180	60.6	45.3	Yes	38.3	Yes	4th	N/A	N/A
% children born in 2003 or 2004 screened for lead by age 2	2,622	63.9	N/A	N/A	81.9	Yes	4th	N/A	N/A
Incidence rate among children <72 months of age with a confirmed blood lead levels $\geq 10$ ug/dl (2003-2005)	130	2.0	N/A	N/A	1.3	Yes	3rd	N/A	N/A

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

## Cancer Incidence and Mortality Broome Count 2003-2007

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 (+/-)
<b>All Invasive Malignant Tumors</b>	662.6	633.4	21.6	592.6	451.0	16.8	227.4	217.4	12.7	233.8	159.3	9.5
<b>Oral Cavity and Pharynx</b>	16.6	15.5	3.3	10.2	7.7	2.2	3.0	2.8	1.4	2.2	1.6	1.0
<b>Esophagus</b>	12.0	11.4	2.9	2.8	1.9	1.0	9.0	8.8	2.6	3.0	2.1	1.1
<b>Stomach</b>	9.4	9.2	2.6	6.0	4.2	1.5	2.8	2.7	1.4	3.8	2.6	1.2
<b>Colorectal</b>	66.0	62.9	6.8	69.4	47.9	5.2	18.8	17.9	3.6	22.4	14.8	2.9
<b>Colon Excluding Rectum</b>	47.0	44.9	5.8	51.2	34.1	4.3	15.2	14.5	3.3	18.0	11.8	2.5
<b>Rectum &amp; Rectosigmoid</b>	19.0	18.1	3.6	18.2	13.8	2.9	3.6	3.4	1.6	4.4	3.0	1.3
<b>Liver / Intrahepatic Bile Duct</b>	8.0	7.5	2.3	3.2	2.4	1.2	7.8	7.4	2.3	3.6	2.7	1.3
<b>Pancreas</b>	14.8	14.2	3.2	12.2	8.1	2.1	13.0	12.5	3.0	12.8	8.1	2.1
<b>Larynx</b>	10.0	9.6	2.7	1.0	0.8	0.7	1.6	1.5	1.1	1.0	0.6	0.6
<b>Lung and Bronchus</b>	89.2	84.6	7.9	86.4	62.5	6.0	65.4	62.4	6.8	64.0	44.3	5.0
<b>Melanoma of the Skin</b>	26.2	25.4	4.4	16.2	13.4	3.0	5.4	5.2	2.0	2.2	1.8	1.1
<b>Female Breast</b>				153.8	123.4	9.0				31.6	21.8	3.5
<b>Cervix Uteri</b>				8.8	8.5	2.6				2.0	1.5	1.0
<b>Corpus Uterus and NOS</b>				39.8	32.6	4.7				6.4	4.3	1.5
<b>Ovary</b>				17.8	13.4	2.8				14.0	10.2	2.5
<b>Prostate</b>	215.0	202.3	12.1				24.2	23.2	4.1			
<b>Testis</b>	6.2	7.0	2.5				0.0	0.0	0.0			
<b>Urinary Bladder (incl. in situ)</b>	50.0	47.8	5.9	15.0	10.9	2.5	8.8	8.4	2.5	3.6	2.1	1.0

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 (+/-)
<b>Kidney and Renal Pelvis</b>	22.6	21.7	4.0	13.6	10.8	2.7	5.2	5.0	1.9	4.6	3.2	1.4
<b>Brain and Other Nervous System</b>	9.2	9.1	2.7	6.4	5.4	1.9	6.2	5.9	2.1	5.0	3.8	1.5
<b>Thyroid</b>	7.4	7.4	2.4	24.0	22.4	4.1	0.4	0.4	0.5	0.8	0.6	0.6
<b>Hodgkin Lymphoma</b>	3.4	3.3	1.6	2.6	2.3	1.3	0.0	0.0	0.0	0.6	0.4	0.5
<b>Non-Hodgkin Lymphomas</b>	25.6	25.0	4.4	22.2	15.6	3.0	9.0	8.7	2.5	6.8	4.2	1.5
<b>Multiple Myeloma</b>	5.2	5.1	2.0	8.0	5.4	1.7	2.8	2.6	1.4	3.8	2.4	1.1
<b>Leukemias</b>	16.0	15.8	3.5	10.6	7.6	2.2	10.0	9.6	2.7	5.6	3.8	1.5

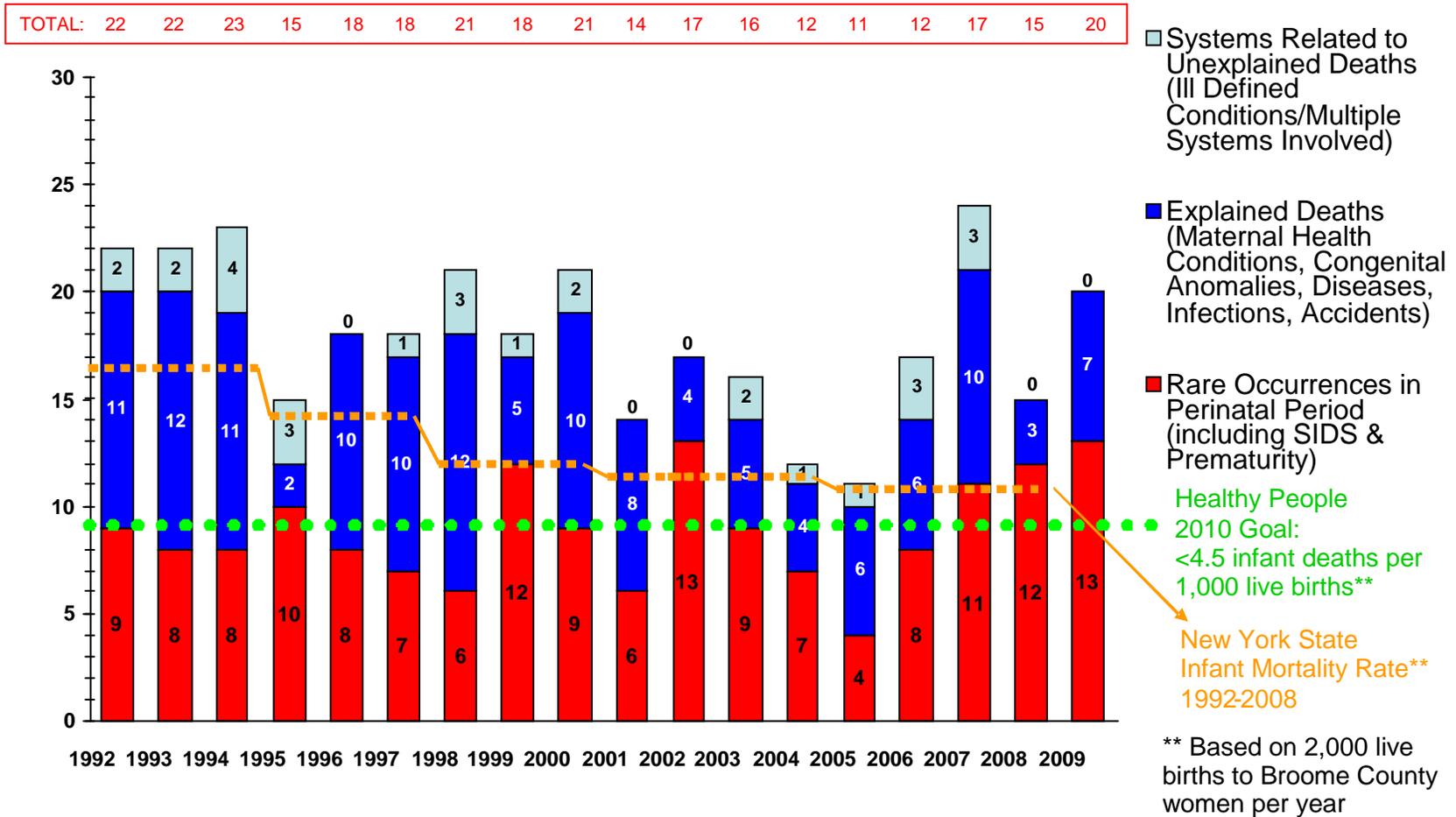
Source: New York State Cancer Registry

### Notes

- Incidence data are provisional, November 2009.
- 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. NOS = Not otherwise specified.

CL – Clinical Indicators

# Causes of Death of Broome County Infants\* 1992-2008



Infant=Less Than 365 Days Old  
Broome County Resident at Time of Death

Source: 1992 – 2007 NYS Vital Statistics  
2008 – 2009 Broome County Health Dept. Internal Data

**New York State Department of Motor Vehicles  
Motor Vehicle Accidents  
Broome County 2006-2008**

**TABLE 1: Accident Summary Totals**

Category Totals	2006			2007			2008		
	County Total	NYS Total	% of NYS	County Total	NYS Total	% of NYS	County Total	NYS Total	% of NYS
<b>Total Accidents</b>	<b>3123</b>	<b>270,700</b>	<b>1.2</b>	<b>4,122</b>	<b>323,106</b>	<b>1.3</b>	<b>4,267</b>	<b>316,231</b>	<b>1.3</b>
Fatal Accidents	19	1,330	1.4	14	1,220	1.1	5	1,160	0.4
Non-Fatal Personal Injury Accidents	1,254	138,311	0.9	1,307	139,117	0.9	1,306	134,894	1.0
Reportable Property Damage Accidents	1,850	131,059	1.4	2,801	182,769	1.5	2,956	180,177	1.6
<b>Manner of Collision</b>									
Single Vehicle Accidents	1,213	83,588	1.5	1,690	103,286	1.6	1,970	104,790	1.9
Multiple Vehicle Accidents	1,910	187,112	1.0	2,432	219,820	1.1	2,297	211,441	1.1
<b>Special Accident Series</b>									
Pedestrian/Motor Vehicle Accidents	55	15,702	0.4	84	15,701	0.5	81	15,620	0.5
Bicycle/Motor Vehicle Accidents	30	5,565	0.5	42	5,535	0.8	40	5,646	0.7
Motorcycle Accidents	56	4,912	1.1	59	5,426	1.1	72	5,396	1.3
<b>Fatalities</b>									
<b>Persons Killed (1)</b>	<b>20</b>	<b>1,433</b>	<b>1.4</b>	<b>16</b>	<b>1,317</b>	<b>1.2</b>	<b>5</b>	<b>1,224</b>	<b>0.4</b>
Drivers Killed	12	801	1.5	9	762	1.2	2	669	0.3
Passengers Killed	3	269	1.1	2	231	0.9	0	211	0.0
Pedestrians Killed	4	315	1.3	4	272	1.5	3	302	1.0
Bicyclists Killed	1	45	2.2	0	50	0.0	0	42	0.0
Other	0	3	0.0	1	2	50.0	0	0	0.0
<b>Non-Fatal Injuries</b>									
<b>Persons Injured (1)</b>	<b>1,694</b>	<b>195,644</b>	<b>0.9</b>	<b>1,705</b>	<b>194,255</b>	<b>0.9</b>	<b>1,695</b>	<b>187,160</b>	<b>0.9</b>
Drivers Injured	1,132	119,411	0.9	1,136	119,314	1.0	1,123	114,393	1.0
Passengers Injured	480	54,629	0.9	447	53,261	0.8	448	51,120	0.9
Pedestrians Injured	49	15,369	0.3	80	15,472	0.5	80	15,317	0.5
Bicyclists Injured	28	5,426	0.5	40	5,373	0.7	37	5,422	0.7
Other	5	809	0.6	2	835	0.2	7	908	0.8
(1) Includes pedestrians, bicyclists and all other non-vehicle involved persons as well as vehicle occupants regardless of seating position.									

General Notes

\* Some of the tables are based upon information received from police and motorist reports of motor vehicle accidents. Others are based only on the police reports; these are indicated by a (P).

\* The Property Damage Accident reporting level is \$1,000 or more.

\* The term "vehicle" always excludes bicycles.

\* The term "driver" always excludes bicyclists.

\* Percentages may not total 100.0 due to rounding.

Source: www.safetyny.com

**New York State Department of Motor Vehicles  
Motor Vehicle Accidents  
Broome County 2006-2008**

<b>TABLE 1.1: Crash Rates and Fatality &amp; Injury Rates</b>			
	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Crash Rates</b>			
Crash Rate per 10,000 Population	159.12	210.34	218.80
Crash Rate per 10,000 Licensed Drivers	217.38	282.54	297.20
<b>Fatality &amp; Injury Rates</b>			
Fatality & Injury Rate per 10,000 Population	87.33	87.82	87.17
Fatality & Injury Rate per 10,000 Licensed Drivers	119.31	117.96	118.41

<b>TABLE 2: Day of Week/Time of Day (2008)</b>						
	<b>Total Accidents</b>	<b>Time of Day</b>				
		<b>Mid-6am</b>	<b>6am-Noon</b>	<b>Noon-6pm</b>	<b>6pm-Mid</b>	<b>Unknown</b>
<b>Total</b>	<b>4,267</b>	<b>427</b>	<b>1,075</b>	<b>1,676</b>	<b>914</b>	<b>175</b>
Sunday	483	93	81	188	106	15
Monday	541	35	128	233	122	23
Tuesday	672	49	220	256	119	28
Wednesday	644	34	202	250	133	25
Thursday	578	54	128	241	127	28
Friday	769	64	196	318	158	33
Saturday	580	98	120	190	149	23

<b>TABLE 3 (P): Police Investigating Agency</b>						
	<b>2006</b>		<b>2007</b>		<b>2008</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
<b>Total</b>	<b>2,515</b>	<b>100.0</b>	<b>3,643</b>	<b>100.0</b>	<b>3,723</b>	<b>100.0</b>
State Police	694	27.6	1,129	31.0	1,191	32.0
County Police	664	26.4	872	23.9	865	25.9
New York City (NYPD)	0	0.0	0	0.0	0	0.0
Municipal Police (non-NYC)	1157	46.0	1,642	45.1	1,567	42.1
Unknown	0	0.0	0	0.0	0	0.0

Source: www.safetyny.com

**New York State Department of Motor Vehicles  
Motor Vehicle Accidents  
Broome County 2006-2008**

<b>TABLE 4: Jurisdictional Road System</b>						
	<b>2006</b>		<b>2007</b>		<b>2008</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
<b>Total</b>	<b>3,123</b>	<b>100.0</b>	<b>4,122</b>	<b>100.0</b>		
State Routes	1,255	40.2	1,673	40.6	Data are not available.	
County Routes	370	11.8	499	12.1		
Town Routes	411	13.2	495	12.0		
Municipal Routes	707	22.6	803	19.5		
Parkways	5	0.2	3	0.1		
Thruway	0	0.0	0	0.0		
Other Interstates	274	8.8	299	7.3		
Unknown	101	3.2	350	8.5		

<b>TABLE 5: Driver Gender and Age</b>						
	<b>2006</b>		<b>2007</b>		<b>2008</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
<b>Total Drivers</b>	<b>5,030</b>	<b>100.0</b>	<b>6,463</b>	<b>100.0</b>	<b>6,465</b>	<b>100.0</b>
Male	2,673	53.1	3,485	53.9	3,434	53.1
Female	2,140	42.5	2,710	41.9	2,737	42.3
Unknown	217	4.3	268	4.1	294	4.5
Under Age 16	1	<0.1	1	<0.1	4	<0.1
Ages 16-20	712	14.2	949	14.7	937	14.5
Ages 21-29	960	19.1	1,323	20.5	1,361	21.1
Ages 30-39	737	14.7	974	15.1	907	14.0
Ages 40-49	850	16.9	1,100	17.0	1,074	16.6
Ages 50-59	729	14.5	881	13.6	906	14.0
Ages 60-69	403	8.0	483	7.5	491	7.6
Ages 70 and Over	409	8.1	466	7.2	484	7.5
Unknown Age	229	4.6	286	4.4	301	4.7

Source: [www.safetyny.com](http://www.safetyny.com)

**New York State Department of Motor Vehicles  
Motor Vehicle Accidents  
Broome County 2006-2008**

	2006		2007		2008	
	#	%	#	%	#	%
<b>Total Accidents</b>	<b>2515</b>		<b>3643</b>		<b>3723</b>	
Alcohol Involvement*	116	4.6	165	4.5	180	4.8
Backing Unsafely	59	2.3	128	3.5	132	3.5
Driver Inattention/Distraction	600	23.9	765	21.0	790	21.2
Driver Inexperience	61	2.4	100	2.7	89	2.4
Failure to Keep Right	69	2.7	108	3.0	85	2.3
Failure to Yield R.O.W.	354	14.1	460	12.6	394	10.6
Following Too Closely	362	14.4	503	13.8	433	11.6
Passing/Lane Violations	243	9.7	370	10.2	371	10.0
Traffic Control Disregarded	105	4.2	153	4.2	150	4.0
Turning Improperly	66	2.6	82	2.3	72	1.9
Unsafe Speed*	230	9.1	427	11.7	554	14.9

\* These numbers represent the total number of accidents in which police checked "alcohol involvement" or "unsafe speed" as apparent contributing factors on police accident report form. 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.

Age Group	2007			2008		
	Total #	%	# of Ped/Bike	Total #	%	# of Ped/Bike
<b>Total</b>	<b>1,721</b>	<b>100.0</b>	<b>124</b>	<b>1,700</b>	<b>100.0</b>	<b>120</b>
Under Age 4	8	0.5	0	7	0.4	0
Ages 4-6	12	0.7	0	12	0.7	3
Ages 7-15	107	6.2	24	103	6.1	25
Ages 16-17	72	4.2	4	87	5.1	3
Ages 18-20	171	9.9	18	173	10.2	13
Ages 21-29	339	19.7	24	330	19.4	15
Ages 30-39	224	13.0	13	234	13.8	12
Ages 40-49	284	16.5	12	254	14.9	16
Ages 50-59	208	12.1	10	222	13.1	10
Ages 60-69	126	7.3	5	118	6.9	4
Ages 70 and Over	118	6.9	9	122	7.2	7
Unknown Age	52	3.0	5	38	2.2	12

Source: www.safetyny.com

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<b>TABLE 8(P): Reported Safety Equipment Use</b>						
	<b>2006</b>		<b>2007</b>		<b>2008</b>	
	# Killed or Injured	%	# Killed or Injured	%	# Killed or Injured	%
<b>Motor Vehicle Occupants</b>	<b>1,481</b>	<b>100.0</b>	<b>1,486</b>	<b>100.0</b>	<b>1,461</b>	<b>100.0</b>
No Restraint Used	108	7.3	76	5.1	86	5.9
Restraint Used	1,332	89.9	1,349	90.8	1,297	88.8
Unknown	41	2.8	61	4.1	78	5.3
<b>Motorcyclists</b>	<b>55</b>	<b>100.0</b>	<b>56</b>	<b>100.0</b>	<b>69</b>	<b>100.0</b>
No Helmet Used	7	12.7	6	10.7	5	7.2
Helmet Used	44	80.0	47	83.9	61	88.4
Unknown	4	7.3	3	5.4	3	4.3
<b>Bicyclists</b>	<b>27</b>	<b>100.0</b>	<b>39</b>	<b>100.0</b>	<b>37</b>	<b>100.0</b>
No Helmet Used	13	48.1	21	53.8	20	54.1
Helmet Used	2	7.4	7	17.9	3	8.1
Unknown	12	44.4	11	28.2	14	37.8

Source: [www.safetyny.com](http://www.safetyny.com)

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**TABLE 9: Fatal & Personal Injury Crashes, Crash Rate per Roadway Mile, and Fatalities & Injuries by County Jurisdiction**

	Jurisdiction	Pop.	%	Miles	%	Pop/ Mile	2006			2007			2008		
							F&PI Crashes	Crashes/ Mile	# Killed & Injured	F&PI Crashes	Crashes/ Mile	# Killed & Injured	F&PI Crashes	Crashes/ Mile	# Killed & Injured
<b>Towns</b>	Barker	2,679	1.4	85.6	4.3	31.3	19	0.2	22	19	0.2	25	12	0.1	18
	Binghamton	4,961	2.5	72.6	3.7	68.3	16	0.2	22	19	0.3	20	19	0.3	32
	Chenango	11,342	5.7	107.3	5.4	105.7	73	0.7	110	76	0.7	96	81	0.8	94
	Colesville	5,438	2.8	165.8	8.4	32.8	41	0.2	64	40	0.2	48	33	0.2	42
	Conklin	5,873	3.0	71.7	3.6	81.9	27	0.4	41	24	0.3	33	29	0.4	38
	Dickinson	3,559	1.8	22.1	1.1	161.0	27	1.2	31	32	1.4	38	34	1.5	44
	Fenton	6,807	3.4	90.5	4.6	75.2	27	0.3	34	32	0.4	44	31	0.3	38
	Kirkwood	5,677	2.9	92.4	4.7	61.4	45	0.5	66	59	0.6	73	63	0.7	82
	Lisle	2,381	1.2	86.8	4.4	27.4	14	0.2	19	22	0.3	31	23	0.3	30
	Maine	5,400	2.7	102.5	5.2	52.7	41	0.4	56	45	0.4	62	45	0.4	56
	Nanticoke	1,768	0.9	43.6	2.2	40.6	5	0.1	5	12	0.3	18	6	0.1	6
	Sanford	1,649	0.8	150.9	7.6	10.9	10	0.1	14	14	0.1	15	12	0.1	17
	Triangle	2,080	1.1	64.1	3.2	32.4	21	0.3	32	22	0.3	56	12	0.2	23
	Union	27,284	13.8	156.3	7.9	174.6	108	0.7	155	109	0.7	140	109	0.7	135
Vestal	27,055	13.7	185.1	9.4	146.2	231	1.2	310	179	1.0	248	151	0.8	200	
Windsor	5,478	2.8	168.2	8.5	32.6	36	0.2	51	35	0.2	48	35	0.2	54	
<b>Villages</b>	Deposit	810	0.4	6.5	0.3	124.6	4	0.6	4	2	0.3	2	2	0.3	3
	Endicott	12,749	6.4	46.2	2.3	276.0	119	2.6	151	116	2.5	149	127	2.7	162
	Johnson City	15,084	7.6	55.8	2.8	270.3	93	1.7	121	126	2.3	158	131	2.3	172
	Lisle	293	0.1	4.2	0.2	69.8	2	0.5	2	0	N/A	N/A	0	N/A	N/A
	Port Dickinson	1,640	0.8	7.0	0.4	234.3	2	0.3	3	2	0.3	7	6	0.9	9
	Whitney Point	946	0.5	9.0	0.5	105.1	2	0.2	3	5	0.6	5	4	0.4	8
	Windsor	879	0.4	7.6	0.4	115.7	2	0.3	3	0	N/A	N/A	2	0.3	2
<b>City</b>	Binghamton	45,864	23.2	176.1	8.9	260.4	297	1.7	378	322	1.8	396	342	1.9	432
<b>Other</b>	Unknown	N/A	N/A	N/A	N/A	N/A	11	N/A	17	9	N/A	9	2	N/A	3
<b>Broome County</b>		<b>197,696</b>		<b>1977.7</b>		<b>100.0</b>	<b>1273</b>	<b>0.6</b>	<b>1714</b>	<b>1321</b>	<b>0.7</b>	<b>1721</b>	<b>1311</b>	<b>0.7</b>	<b>1700</b>
<b>New York State</b>		<b>19,227,088</b>		<b>113,342.8</b>		<b>169.6</b>	<b>139,641</b>	<b>1.2</b>	<b>197,077</b>	<b>140,337</b>	<b>1.2</b>	<b>195,572</b>	<b>136,054</b>	<b>1.2</b>	<b>188,384</b>

Source: www.safety.ny.com