

Broome County Health Department

2010 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

Patrick J. Brennan, Broome County Executive • Claudia A. Edwards, MS, Public Health Director



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August 31, 2011

*Patrick Brennan, Broome County Executive
Edwin L. Crawford County Office Building
Government Plaza
Binghamton, NY 13902*

Dear Mr. Brennan:

This Annual Report includes the Broome County Health Department's accomplishments for 2010 and goals for 2011. The Community Health Status Indicators section has been updated to reflect recent morbidity and mortality trends for Broome County in the area of maternal and child health as well as other selected indicators.

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

Sincerely,

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

*Claudia A. Edwards, MS
Public Health Director*

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Health Advisory Board

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Introduction

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

Public health employees are dedicated to providing safe environments and services to help the people who are most at risk. 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 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 identified issues.

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 health care options.

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

The department evaluates effectiveness, accessibility and the quality of both personal and population-based health programming, and uses data to research innovative, community focused solutions to health problems.

Broome County Health Department
2010 Health Advisory Board

John Spencer, Chairperson
2092 East Hampton Road
Binghamton, New York 13903

Term Expires 12/31/11

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

Term Expires 12/31/13

Arthur Levy, M.D.
15 Bennett Avenue
Binghamton, New York 13905

Term Expires 12/31/13

Thomas Brown, M.D.
2209 Acorn Drive
Vestal, New York 13850

Term Expires 12/31/13

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

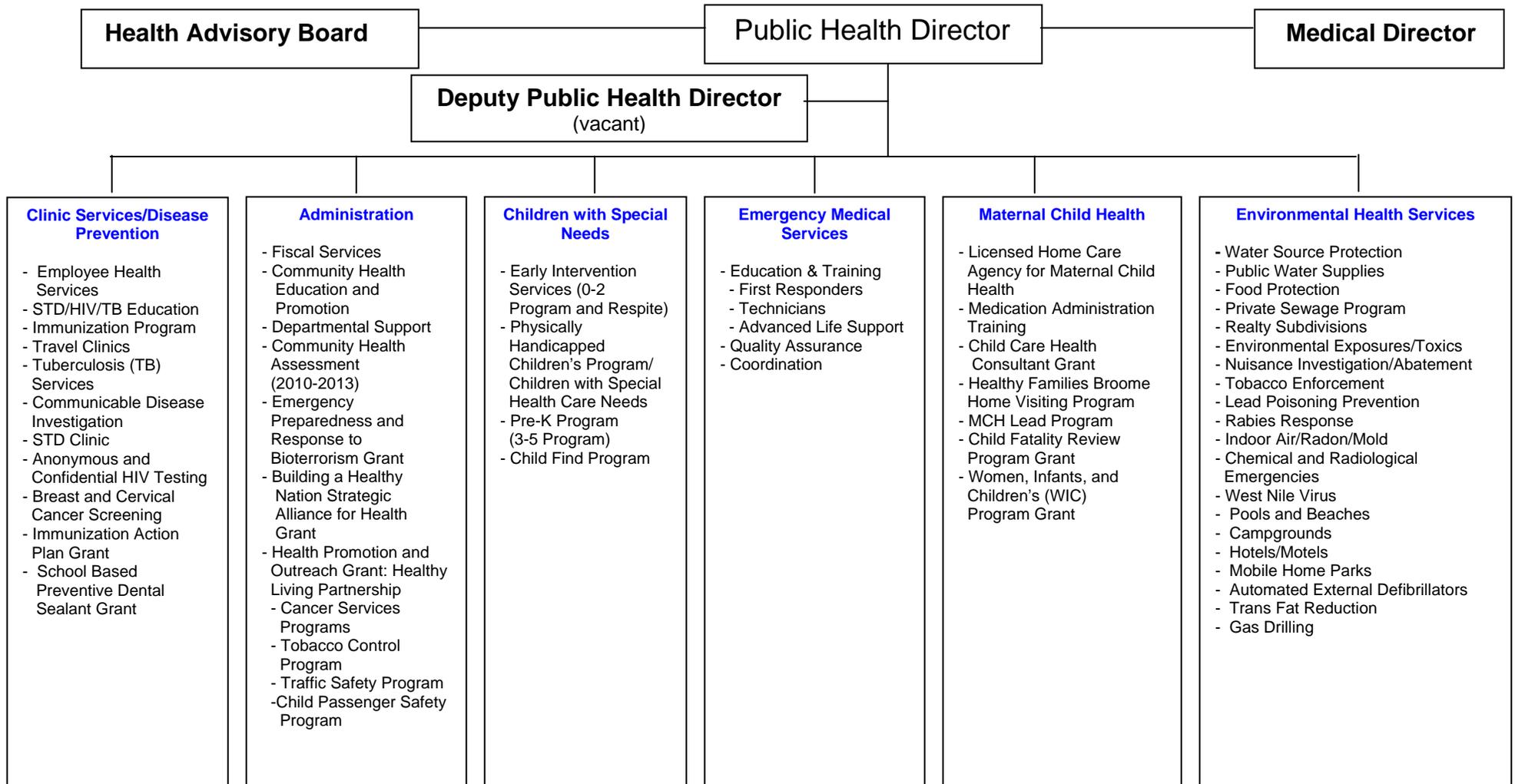
Term Expires 12/31/13

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 – 2010

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 2010 Accomplishments

Chronic Disease Risk Reduction Programs

- Tobacco Free Broome & Tioga (TFBT) worked with Reality Check and the Strategic Alliance for Health to establish tobacco free outdoor areas. The following sites adopted tobacco free outdoor policies during 2010:
 - Family & Children's Society
 - YMCA of Binghamton
 - Boys & Girls Club of Binghamton
 - West Family YMCA
 - Davis College (substance free campus)
 - City of Binghamton expanded a tobacco free policy for playground, athletic and spectator areas to entire park properties
 - Catholic Charities adopted a tobacco free policy for all sites within Broome County effective January 1, 2011
- TFBT continues to provide assistance to Broome Community College as they move towards adoption of a policy to protect students, staff and faculty from secondhand smoke.

Reduction of Tobacco Marketing/Sales at Supermarkets and Pharmacies

- Several hundred postcards and petitions were signed by community members asking supermarkets to stop the sale of tobacco.
- A meeting was held with Weis Market administrators to discuss stopping the sale of tobacco/eliminating visibility of tobacco advertisements.
- Staff worked with Broome County Legislator Messina to educate elected officials about posting health warning signs at tobacco retail outlets.
- Numerous Letter to the Editor submissions were printed to educate readers about the importance of reducing tobacco marketing.
- Staff developed a presentation to educate community members about the importance of reducing tobacco marketing.

Smoke Free Housing

- Continued dialogue with the administrators of the New York State Division of Community Renewal about the benefits and legality of smoke free policies in the buildings they fund.
- Held a Landlord Seminar in cooperation with the Health Department's Lead Program and ACCORD-A Center for Dispute Resolution to educate landlords about smoke free housing policy adoption. Completed survey of landlords attending the Landlord Seminar to query their opinions and attitudes about smoke free housing policies
- Completed a survey of off campus Binghamton University students regarding their preferences for housing that includes a smoke free policy.

Broome County Traffic Safety Program

- recruited 6 additional Certified Child Passenger Safety Technicians;
- inspected 447 child safety seats;
- distributed 365 child safety seats through 26 fitting stations and 11 large scale child safety seat check events;
- conducted 21 child passenger safety educational outreach programs;
- conducted 3 bike rodeos and distributed 910 bike helmets;
- conducted 19 bicycle/pedestrian educational outreach programs;
- held 20 Keeping it Real Behind the Wheel programs at 9 different schools reaching 1,436 students;
- held 5 Senior Drive events that evaluated 52 older drivers;
- submitted 17 press releases which resulted in 5 news interviews;
- created and distributed 6 Traffic Safety Board Newsletters; and
- 2 schools participated in Walk to School Day and 1 Battle of the Belts event was held at Windsor High School.

Cancer Services Program of Broome, Chenango & Tioga Counties

- performed 917 clinical breast exams;
- performed 885 mammograms;
- performed 434 pap and pelvic examinations; and
- performed 177 fecal occult blood tests.

Cancer Services Program of Chemung & Schuyler Counties

- performed 375 clinical breast exams;
- performed 409 mammograms;
- performed 191 pap and pelvic examinations; and
- performed 119 fecal occult blood tests.

Strategic Alliance for Health and Sodium Reduction in Communities Grant

Staff implemented the following interventions:

- The Binghamton City Council passed the first resolution in Broome County that bans smoking in all 33 city parks and green spaces. This was done in partnership with the Broome Tioga Tobacco Free Coalition.
- The Woodrow Wilson Elementary School's Patriot Breakfast Program was chosen by the Centers for Disease Control to be featured in an Implementation Guide to be disseminated throughout the nation for other communities to replicate the breakfast in the classroom intervention.
- Meals on Wheels throughout Broome County and selected senior nutrition sites in the City of Binghamton changed their menus to include nutrient dense items of romaine lettuce and whole grain products. In addition, calorie menu labeling has been adopted and displayed on the Broome County Office for Aging website and at senior nutrition sites.
- The Binghamton City Council unanimously passed a resolution adopting an employee breastfeeding policy for the City of Binghamton municipality.
- United Health Services Binghamton Pediatric Clinic and Lourdes Pediatric Clinic at 303 Main Street instituted the childhood obesity screening recommendation issued by the American Academy of Pediatrics. UHS and Lourdes are partnering with the Broome County YMCA so the identified children and their families can attend a fit family fun program. Over 60 referrals have been made to the YMCA since the inception of the program.
- Broome County Strategic Alliance Partners and the Alliance Coordinator combined to present five successful local grant interventions as part of the CDC Action Institute.
- The City of Binghamton installed 6 "sharrows" as part of local level street scale projects to increase bicycle transportation and commuting opportunities.

- The Broome County Health Department was awarded a three-year \$360,000 CDC Sodium Reduction in Communities grant through the New York State Department of Health. This is one of five pilot programs in the nation that will assist in creating the demand to reduce sodium use in the food industry. Broome County is working with all 12 Broome County school districts to lower sodium content in lunch entrees. Broome County is also working with Weis Markets and Price Chopper grocery stores on promoting purchases of lower sodium items in stores.
- The Strategic Alliance Program Coordinator presented on building a community partnership for the NYS Healthy Communities Action Institute in collaboration with members of the Prevention Institute from Oakdale, California.
- The Strategic Alliance Program Coordinator presented the Broome County intervention on implementing American Academy of Pediatrics' childhood obesity screening guidelines in the health care sector for NYS Association of County Health Officials (NYSACHO) members.
- The Strategic Alliance Program partnered with the City of Binghamton and other community partners to create a livable communities alliance that will help to educate the community on Smart Growth and Livable Community principles. The Public Health Director presented the health aspects of these principles to several leadership groups throughout Broome County.
- Strategic Alliance Partner, Broome County Cornell Cooperative Extension, has linked local farmers with local restaurants and schools and worked with their 4-H Program to build two green carts that are being used as part of a healthier option menu venue for the Binghamton Mets Stadium and during the Binghamton Senator's games at the Broome County Arena.
- Strategic Alliance Partner, Binghamton City School District, trained 110 teachers on Learning in Motion for the classroom to help increase weekly minutes of physical activity required by the NYS Education Department to meet physical education requirements. Binghamton School District teachers are writing and introducing curriculum for K- 5 that will assist in the implementation of Learning in Motion in the classroom.
- Broome County Health Department was selected by NYS Department of Health (NYSDOH) to participate in a CDC Falls Prevention pilot program. Collaborating with the Broome County Office for Aging, volunteers were recruited from the community and trained to provide programs that would help prevent falls. A total of 35 older adults participated in three programs. CDC recently issued a new RFP and the NYSDOH asked Broome County to be part of an expanded falls prevention effort. The volunteers presented on the success of the project at the Binghamton University's inaugural Southern Tier Center on Aging Conference.
- The Broome County Health Department began a worksite wellness pilot initiative. A healthy meeting policy and vending standards were implemented. A bike rack was put on site for employees and clients. Employees participated in health risk assessments, lunch and learn programs, and in physical activity classes during lunch breaks and after work. Preliminary evaluation results show that employees who participated in classes reported increased motivation, productivity and decreased stress. They also reported positive relationships and better moods.

Environmental Health Division

- The Enhanced Water Program is responsible for assuring compliance with Federal and State requirements. Staff continued working with water suppliers on the new United States Department of Environmental Protection 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 2010. Environmental Health staff performed 299 public water system inspections.
- Two Water Operator Certification Renewal training sessions were held for local water operators. Broome County Health Department sponsored the annual Broome County Water Taste Test and provided public water awareness.

- Environmental Health staff attended 12 Marcellus Shale gas drilling meetings and presented at the New York State Certified Water Operator Course.
- There are 57 Mobile Home Parks operating in Broome County. Many have their own water supply facilities that were constructed decades ago. At Blue Ridge Manufactured Housing Committee in the Town of Conklin, management agreed to a substantial financial commitment estimated in the range of \$10,000-\$15,000 to address a longstanding scenario of intermittent rusty water complaints. The resulting improvement in water treatment infrastructure will enhance the sanitation of the water distribution system by reducing interference with chlorine. At Forest Green Manor Mobile Home Park in the Town of Barker, the management agreed to install a new hydrogen sulfide water treatment facility which has drastically reduced unpleasant odors in the drinking water and greatly facilitated maintenance of chlorine levels within a reasonable range. At Mann's Mobile Community in the Town of Maine, staff directed the management to install chlorine disinfection equipment after microbiological testing indicated mandatory disinfection of the drinking water supply. At Shady Maple Trailer Park in the Town of Lisle, staff directed management to enhance the chlorination disinfection physical plant after well testing triggered system improvements consistent with the 2009 implementation of the federal Ground Water Rule.
- Staff reviewed residential septic system plans for 47 new houses and 118 existing system repairs. Of those 118 existing system repairs, staff made 180 field inspections. Five private sewage system installation classes were held for local contractors. The private sewage replacement fee increased from \$75 to \$190.
- The Division of Environmental Health regulates the fire safety aspects of all Broome County hotels and motels. All facilities were found to be operating in accordance with New York State code. There are 38 facilities under permit in Broome County. Staff performed 49 inspections at those facilities, 30 inspections at 15 children's camps, and 15 inspections at 15 campgrounds.
- Staff performed 173 inspections on 81 public swimming pools 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.
- A comprehensive approach to reduction of tobacco use is a critical intervention to reduce 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. Of the 204 completed compliance checks, 98% compliance was achieved during 2010. The program exceeded the federal target for this initiative of 80%. Staff responded to 13 complaints on smoking in public places under the Clean Indoor Air Act. Staff, with the combined effort of the Broome County Sheriff Department, began to enforce Penal Law Section 260.21, Unlawfully Dealing with a Minor, against cashiers selling tobacco products to underage youth. This will further decrease the number of tobacco sales to minors and instill a level of responsibility on the cashier. Staff also distributed point of sale "We Card" calendars to all 171 tobacco retail stores.
- The Childhood Lead Poisoning Prevention Program provided timely interventions to all children diagnosed with lead poisoning in Broome County. Of 3,304 blood lead tests accepted, there were 30 newly identified children with blood lead levels from 10<15 mcg/dl. There were 15 newly identified children with blood lead levels at or above 15 mcg/dl. Lead hazard investigations were performed in 28 homes.
- The Lead Poisoning Primary Prevention Program worked to identify and correct lead based paint hazards in high-risk housing prior to the lead poisoning of a child. This program sought to educate property owners, tenants, and others in the effort to prevent childhood lead poisoning. Primary Prevention staff inspected 84 properties of which lead hazards were identified in 78 properties. Thirty-three properties were successfully remediated to create lead safe housing for families with young children and pregnant women, those most susceptible to lead hazards. Others remain in the pipeline and work continues toward "lead safe" status.

- Under the Lead Primary Prevention Program, Broome County Health Department funded the training of 80 contractors, property owners, and maintenance personnel in Lead Safe Work Practices. In April 2010, the Environmental Protection Agency began to require certification of anyone disturbing lead based paint in housing and child occupied facilities built before 1978. In response, the Primary Prevention Program provided funding for the training of 71 contractors, property owners and maintenance personnel as Lead Renovators for properties under notice from the lead programs.
- Local health departments are required by NYS Public Health Law to respond to resident calls on public health nuisances. Forty-three public health nuisance complaints were handled in 2010, a decrease from 100 in 2009. Local municipal code enforcement officers and the Department of Environmental Conservation have been diligent in responding to our referrals to investigate nuisance complaints under their jurisdiction such as outdoor burn barrels and garbage complaints.
- Rabies Program staff investigated 642 bite/scratch incidences for potential human exposure to the rabies virus. 95 specimens (bats, cats, dogs, skunk, and raccoon) were collected, euthanized and/or decapitated and submitted for testing. Forty-two humans received rabies post-exposure treatment and 2,335 animals were vaccinated. Staff amended the Rabies Program 10-day confinement check protocol to limit unnecessary use of resources by decreasing man hours and excessive travel while increasing the level of protection for the bite victim.
- 1,357 food service inspections including primary inspections, re-inspections, complaint investigations and field visits were completed. Fourteen food safety classes were held and 118 local food establishment owners, operators and staff were trained. Environmental Health staff amended the Broome County Food Service Permit Fee Schedule making the permit fees more equitable between high, medium and low risk category food service establishments. The amendment also reflected the actual costs to the county of performing the high, medium and low risk food service inspections and increased fees for services by approximately \$50,000. Increased enforcement actions were taken against food service operators with blatant health hazards, multiple health hazards or repeated lesser code violations. A policy of placarding those food establishments that fail to renew their food permit and are operating without a food permit began. An online Temporary Food Service Food Safety Training Course for temporary food vendors was implemented which decreased the number of violations found at Broome County temporary food events in 2010.
- The urban core of Broome County has a long history of industrial and commercial activity in river valley areas accessible to rail and highway transportation. These valleys are underlain by permeable soils and a highly productive groundwater aquifer. Unfortunately, chemical spills and other releases from industrial/commercial activity easily found their way into the permeable soils, which adversely impacted groundwater quality and led to the contamination of public and private water supply wells. These same chemicals were found to also migrate through the soils to household basements and, in many instances, into occupied living space. The New York State Departments of Health and Environmental Conservation are responsible for investigating the sources of these chemical spills and work with staff to identify, investigate, and remediate the sites. Staff reviewed 324 requests to respond or investigate site impacts and remediation. There were 79 Freedom of Information requests covering program areas such as lead, rabies, sewage and water supplies that staff responded to. Staff members continue to meet with the NYS Departments of Health and Environmental Conservation concerning contamination at the various IBM Endicott sites and several other active environmental investigations in the county.
- Staff provided eight press releases and 6 interviews on the following environmental health issues: Lead Poisoning Prevention Week, tobacco enforcement, and rabies awareness. 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.

Clinic Services Division

- The Director of Clinic Services conducted health classes in Binghamton and Chenango Forks High Schools on sexually transmitted diseases and HIV on six full days reaching more than 500 students.
- The Director of Clinic Services conducted two STD/HIV classes for 120 Broome Community College nursing students.
- The Director of Clinic Services conducted 3 three-hour training sessions on sexually transmitted diseases, HIV, Hepatitis and emergency contraception for the Crime Victims Assistance Center staff and volunteers.
- The Director of Clinic Services conducted nine sessions of the annual mandatory OSHA Bloodborne Pathogens training for Broome County employees, contractors, and EMT students. Departments served included Health (100+), Early Intervention and Preschool Program providers (50), Solid Waste (15), Parks and Recreation (65), Probation (30), Emergency Medical Technicians (50), the Arena and the Forum.
- The Senior Medical Assistant, Director of Clinic Services, Director of Maternal Child Health and Development, Public Health Nurse, and a WIC employee conducted three CPR/AED recertification classes for Health Department staff and Medical Reserve Corp volunteers.
- Clinic nursing staff played a major role in the administration of 17,000 novel H1N1 vaccines to Broome County residents from the Fall of 2009 through March 2010. Over 100 clinics were held in every school building, the Health Department, Oakdale Mall, and elderly housing sites during daytime, evening and weekend hours. Staff overtime was paid through Emergency Preparedness funding. During this massive undertaking, no routinely scheduled clinics or services were cancelled.
- Health Department staff administered 2,167 seasonal flu and 109 pneumonia vaccines in cooperation with the Office for Aging and CASA staff. This includes flu shots administered at six school sites during evening hours.
- More than 5,000 Broome County residents received HIV education at drug and alcohol treatment centers, homeless shelters, Broome County Urban League, health fairs, and other venues.
- The Tuberculosis Control Program had 2,191 visits, including home visits for directly observed therapy for clients with active Tuberculosis to ensure adequate completion of therapy to prevent spread and drug resistance.
- The STD Program conducted 2,171 visits at the Health Department with 745 encounters at the Broome County Correctional Facility related to STD and HIV testing, treatment, and Hepatitis vaccinations. There were 2,479 HIV counseling and testing visits conducted at the Health Department, Southern Tier AIDS Program, drug and alcohol treatment facilities, Broome County Urban League, homeless shelters and special outreach events.
- The Immunization Clinic had 969 visits, not including influenza and pneumonia mass vaccination clinics. Outreach clinics were held at drug and alcohol treatment facilities and homeless shelters.
- Over 1,000 telephone consultation phone calls were answered by the Immunization Program Manager providing education on immunizations to health care providers, school nurses, and the general public.
- Clinics took advantage of American Recovery and Reinvestment Act funded vaccines for adults during regularly scheduled immunization clinics, other clinic services and birthing hospitals – United Health Services Hospital and Lourdes. There were 1,102 vaccines provided. Additional clinics were conducted to administer Tetanus-Diphtheria-Pertussis, Pneumonia, Shingles and Human Papilloma Virus vaccines.
- The School-Based Preventive Dentistry Program provided oral health education, screening, prophylaxis, including fluoride and dental sealants, at eight elementary schools in Binghamton, Johnson City, Whitney Point and Harpursville. A summer clinic was held at the Health Department to provide these services. This two-person team performed 610 oral screenings, dental sealant applications for 404 children on 1,200 teeth, prophylaxis services for 205 children, and 177 fluoride applications.

- The Communicable Disease Program conducted 283 reportable infectious disease investigations. Forty percent of these investigations were for Hepatitis C. Other significant volume diseases included Invasive Pneumococcal Disease, Campylobacteriosis, Salmonellosis, Giardiasis, Hepatitis B and Lyme Disease. The Communicable Disease Nurse is a member of the Infection Control Committee of Lourdes and United Health Services Hospitals. She participates as an invited member of the NYS Department of Health Hepatitis C Advisory Committee. She assumed responsibility for the Perinatal Hepatitis B Surveillance Program and has trained staff from Tompkins, Tioga and Chenango Counties in these responsibilities. She conducted communicable disease training for Broome County Probation staff and Davis College students.
- With reimbursement of laboratory testing costs by the Southern Tier AIDS Program, Health Department personnel tested 160 individuals at high risk for Hepatitis C infection. Sixteen (10%) were positive. All received counseling, information and referrals for follow-up evaluation and care. Monthly Hepatitis vaccination clinics are provided at the Salvation Army, Volunteers of America and Addiction Center of Broome County sites.
- Program staff gave presentations to third year medical students and medical residents on Tuberculosis (TB), communicable diseases, STD/HIV and immunization topics. STD/HIV and TB staff precept Family Practice and Internal Medicine residents on a weekly basis.
- Staff members routinely serve as clinical preceptors for Binghamton University undergraduate nursing students, nurse practitioner students, and Broome Community College medical assistant students.
- Two editions of the Clinic Newsletter were faxed to all Broome County medical provider offices. Each issue contains updated clinical and statistical information for TB, communicable diseases, STD/HIV, immunization topics and dental updates. Feedback from providers has been very positive since instituting the newsletter in 2007.
- The Broome County Health Department Child Health Educator reviewed 133 child health records for one and two-year olds at seven day care sites.
- Two Adult Immunization Coalition meetings were facilitated by the Broome County Health Department and three vaccine management trainings were given to representatives from provider offices in the Vaccines for Children Program.

Administration/Fiscal Division

- Staff 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.
- Staff 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 were achieved 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 \$7.7 million. Four quarterly Article 6 state aid claims were submitted totaling \$1,767,048.
- Staff continued maximization of grant funding to support the operating budget as the focus of public health shifts from direct service provision to surveillance, assurance, and policy development. Fiscal staff managed 31 grants and collaborated with grant managers to claim \$4,432,217. Based on the 2011 budget, the net to the county support is just over \$7.4 million or .34 cents per dollar that Health Department programs cost taxpayers.
- The Fiscal Division obtained \$4,432,217 in revenue from grants, \$1,767,048 in Article 6 state aid, and \$5,998,813 from third party payors, bad debt and charity care, chargebacks and other forms of state aid for a total of \$12,198,078 offset to department's budget.
- Staff prioritized expenses to reflect identified staff needs for education and technology while focusing on equitable salary levels for recruiting and retaining staff.

- Fiscal staff was challenged with implementation of the new PeopleSoft financial system.

Emergency Preparedness Program

- Program staff engaged in activities related to the improvement plan generated by the H1N1 after action report to improve future responses and emergency response plans.
- Staff worked with State and Federal officials to rescind expired vaccine and assure proper disposal. During the pandemic, over 50,000 doses of H1N1 vaccine were secured at the Broome County Public Safety Facility for local and regional dispensation.
- Medical stockpile items and emergency response resources were identified for purchase.
- An integrated marketing campaign (use of community flyers, social media, radio and electronic ads) was executed promoting H1N1 vaccination clinics and general flu prevention techniques.
- A mailing was sent out to approximately 4,000 urban residences to inform the public about available ARRA (American Recovery and Reinvestment Act) vaccine.
- Five fall PODs (Point of Dispensation) exercises were conducted providing seasonal influenza vaccine to government officials and emergency responders and 5 POD exercises using seasonal flu vaccine and the Clinical Data Management System (CDMS) which allows for the scan of driver's license information during registration.
 - Time study completed for different POD design - POD #1 served 227 patients at a rate of 1.5 persons per minute
 - Just in Time Training (JITT) tested
 - Internet-based scheduling for POD staff- VolunteerSpot
 - Nearly 500 doses of seasonal vaccine were administered
 - Partnered with Maine Endwell School District to test closed POD operations
 - Tested alternate Internet through Mifi cards for CDMS
 - Completed and submitted after action report
- The Medical Reserve Corps was convened post pandemic to review outcomes and to plan for 2011. Two volunteer recruitment sessions were held at Binghamton University.
- Staff partnered with the Office of Emergency Services on Employee Alert as part of (COOP) Continuity of Operations Planning.
- Staff facilitated implementation of VOIP Phone System for the Health Department.
- The Home Healthcare Patient Tracking System was created and field tested by local agencies. The system allows for homecare patients to be tracked along with their staff to better assist this special needs population during an emergency. 911 Dispatch Center staff were trained.
- The Strategic National Stockpile (SNS) Plan was revised and submitted to New York State.
- Staff began Health Department Emergency Operations Plan revision and reformatting.

Maternal Child Health (MCH) Division

- The Child Fatality Review Team met eleven times and reviewed eleven fatalities.
- Staff continued to pursue contracts with managed care organizations to maximize resources by billing for Licensed Home Care Agency services.
- Staff 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.
- Staff continued to develop better infrastructure to supplement operating budget costs with third party insurance revenue, state aid and grant funding and maximized grant revenues to support the operating budget.
- Staff continued to assist families in ascertaining community resources to meet their health care needs through referrals and linkages with community agencies.
- Nine bereavement referrals were received and home visits completed with three families who requested a visit.

- The Injury Prevention Program Survey (TIPPS) was completed with twenty pediatric cases referred. Parents/guardians of all newborns seen were given the 0-6 month's anticipatory guidance safety sheet.
- Medication administration training and certification was provided to 31 child care providers.
- NYEIS (the new Early Intervention Program software from the NYS Department of Health) is scheduled for implementation in Broome County in early 2011. Regulation changes as well as changes in the rates set by NYS for services have decreased provider capacity in several therapy disciplines.
- Purchase and use of a software program for the Preschool Special Education Program was initiated. This will assure compliance with Medicaid standards and will assist with accurate billing for reimbursement from Medicaid for services provided in the Preschool Program.
- There were 2,082 maternal child health referrals: 623 ante partum, 614 postpartum, 923 newborn, 19 pediatric, 96 health guidance including 58 lead, 9 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 693 clients through 1,249 visits. A review of the Family Satisfaction Survey indicated that 80 respondents reported that they 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.
- Thirty-one child care providers were certified in medication administration.
- Quarterly meetings were held to discuss shared cases of lead poisoning within Maternal Child Health programs and 58 pediatric lead referrals were received.
- The Broome County WIC Program serviced 22,500 participants in 2010, with an average of over 3,000 women, 3,300 infants and 7,000 children being served.
- Breastfeeding initiation rates increased from 63% to 68% in 2010, thanks to the success of our Breastfeeding Peer Counseling Program.

Healthy Families Broome Program

- 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 649 families and completed 90 Kempe assessments. HFB achieved 11 out of 11 of the Healthy Families New York contract performance indicators from 10/01/09 to 03/31/11. Partnering agency (Lourdes PACT) staff enrolled 40 families and provided intensive home visiting services to 148 this year. The Family Support Worker completed 1,794 home visits.
- The Healthy Families Broome Program and Lourdes PACT (Parents and Children Together) Program had 80 families participate in the 2010 Reading Challenge. These families kept track of all the books they read to their children over a 2-month period. Many families attended the Reading Celebration held at the Broome County Library in March.
- Due to the Healthy Families Broome's accomplishments in meeting contract performance indicators, and ability to serve the capacity of families stated in the contract, the program received an increase in funding of \$35,710 (from \$505,739 to \$541,449) for the 2010-2011 contract year. Some of the additional funding was allocated to hold monthly groups for families at the subcontractor's site, Lourdes Youth Services. Participation has been high with moms, dads, and their children participating in the groups.

- Twenty-one graduates and 50 family members attended the 2010 graduation celebration. Each graduate received a backpack with all the necessary tools to continue their educational journey this fall in Head Start, Pre-Kindergarten, or Kindergarten. Parents received a “parenting license” reminding them how important they are in developing their children’s future and that they are their child’s most important teacher. Diplomas were provided to the families as well as a DVD of the event to commemorate this occasion
- The Healthy Families Broome program served 152 families in 2010.
 - 93% of target children were up to date on immunizations as of their first birthday.
 - 100% of target children demonstrated age appropriate developmental milestones on the Ages & Stages Questionnaire or were referred for further evaluation services if delays were detected.
 - 37% of primary caretakers breastfed their children for at least 3 months from the birth of their child.
 - 88% of families were enrolled in an education program, job training, or job placement program, or obtained employment by the target child’s first birthday.
 - 78% of families were enrolled in an education program, job training, or job placement program, or obtained employment by the target child’s second birthday.

Early Intervention and Preschool Program

- Physician and primary care providers continued to be the leading referral source (~ 50%) for children to the Early Intervention Program, with parents/family members the next largest referral source (~ 25%).
- Referrals to the Child Find component of the Early Intervention Program continued at a steady rate.
- Several changes in the NYS Early Intervention Program regulations, including initial eligibility criteria for children with a communication-only delay, and a preferred list of evaluating tools, necessitated review of some policies and procedures to accommodate the changes. Simultaneously, changes in the rate structure presented a challenge to determine service model options that were appropriate for each child and their family.
- While the total number of children in the Early Intervention Program did not increase, the total number of services provided did increase. Needs of the children are becoming greater.
- Changes in the regulations of Medicaid-in-Education and a greater oversight by the Office of the Medicaid Inspector General have created challenges in the Preschool Special Education Program. Since March 2010, this program has been involved in an audit for Medicaid services that were reimbursed in 2009.
- In October, the Preschool Special Education Program implemented a new computer software system. The Kinney System requires service providers to enter therapy service information, and to verify that all components required for Medicaid have been met before billing. This system will provide the County with a check and balance prior to submitting requests for reimbursement to Medicaid. The system will also allow for an accurate means of data collection so that statistics for the program will be readily available in the future which will greatly assist with budget projections, etc.
- Documentation requirements for all aspects of the Early Intervention and Preschool Special Education Programs have increased – Broome County has worked diligently at addressing these requirements.
- The Early Intervention Program has collaborated with the Environmental Health Division in getting information about lead poisoning to families with young children.

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 and data is updated and formally reported to the community and New York State Department of Health.

2010 Program Statistics

Community Health Promotion

Media Interviews	14
Educational Satellite Broadcasts	28
Presentations/Inservices	218
Health Promotion Events	19
News Articles on Health Issues	85
Press Releases	71

Press Release Topics:

Flu	15
Communicable Diseases	5
Rabies	6
HIV/AIDS	1
Injury Control/Safety	20
Wellness/Nutrition/Physical Activity	11
Child Health	4

Health Information / Health Education / Health Promotion

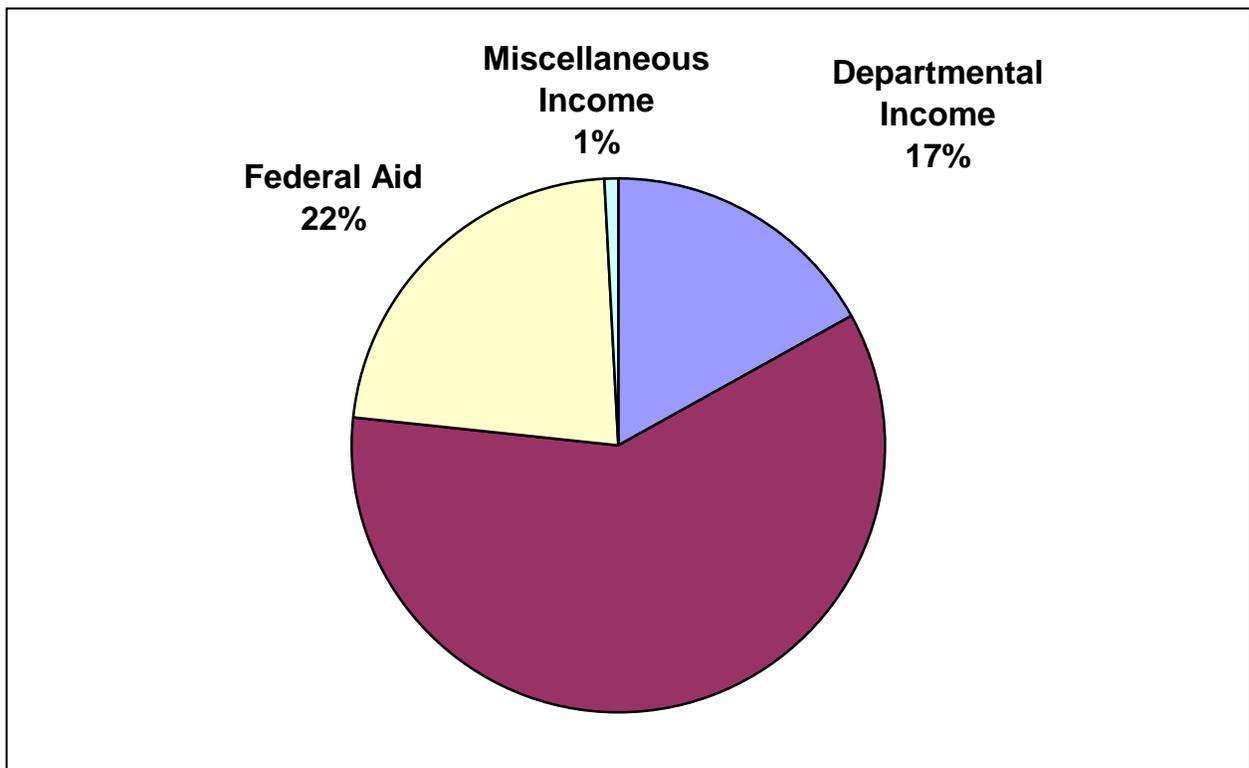
Some of the most important services provided by the Broome County Health Department include health information, health education, and health promotion. Whether a one-time presentation, a two-day workshop, or initiating a policy change, the intent is to reduce health risks and promote better health for everyone. Health information, health education, and health promotion is provided through partnerships with schools, worksites, agencies, and individuals in community settings. The department's programs focus on meeting the goals of Healthy People 2010. 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 that are beyond a person'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 work with division heads and supervisors to ensure that there are adequate finances for program administration. Staff are involved with daily operations as well as the financial planning of the organization.

Revenue

2010 Revenue By Division						
Division	Dept. Income	State Aid	Fed. Aid	Misc. Income	Total	% of Total
Administration	82,345	765,136	0	13,971	861,452	7%
Environmental Health	230,399	338,713	0	276	569,388	5%
Clinics	552,034	441,875	0	-267	993,642	8%
Maternal Child Health & Development	1,025,034	4,069,256	0	88,697	5,182,987	42%
Emergency Medical Services	73,958	84,434	0	0	158,392	1%
Grants	107,499	1,603,952	2,742,817	0	4,454,268	36%
TOTAL	2,071,269	7,303,366	2,742,817	102,677	12,220,129	100%
% of Total	17%	60%	22%	1%		100%



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

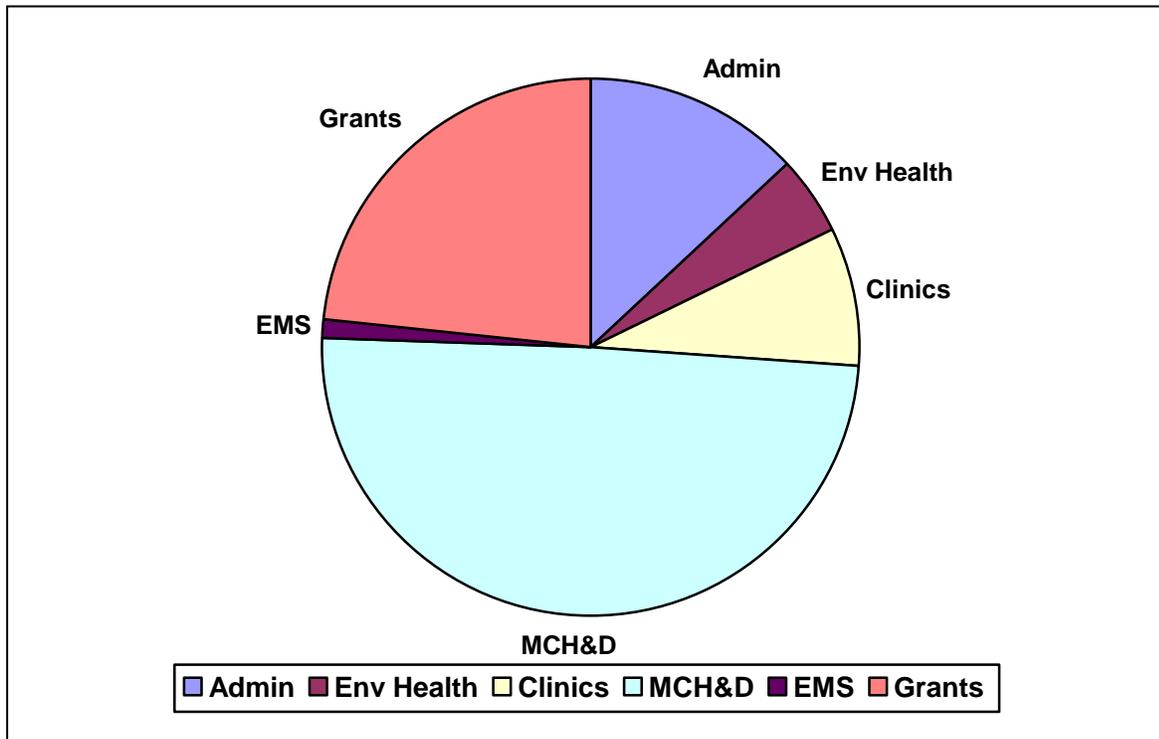
Expenditures

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

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

Division	Expenditures	% of Total
Administration Division	2,491,537	13%
Environmental Health Division	921,128	5%
Clinics Division	1,610,133	8%
Maternal Child Health & Development Division	9,550,388	50%
Emergency Management Services (EMS)	219,186	1%
Grants	4,484,034	23%
TOTAL	19,276,406	100%

Expenditures



Administration Division 2011 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.

Emergency Preparedness Program

Developing emergency preparedness and response capacity remains a high-priority for the Health 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.

Emergency Preparedness 2011 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 **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
- School Based Preventive Dental Services

Descriptions of the services 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 these services have on the community.

Communicable Disease Control

An important role of the local health department is to investigate diseases that the NYS 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/guardian to determine the source of the disease, identify others at risk, and to recommend needed treatment. All information is treated confidentially. Fact sheets and printed materials are also available to the public by request. The number of mandated diseases reported decreased from 402 in 2009 to 283 in 2010. The main reason is that in 2009 there were 42 cases of Novel H1N1 influenza cases reported, which is no longer reportable. Decreases were seen in Chronic Hepatitis B and C and invasive pneumococcal disease. The largest reporting of any disease was 113 Chronic Hepatitis C cases. There were only 2 cases of Pertussis reported. 2010 saw increases in Campylobacteriosis, almost twice as many as 2009. Cases of Lyme disease continue to increase for cases that did not travel outside Broome County during the incubation period, making it likely that they contracted Lyme disease in Broome County. We received a report from the NYS Department of Health that 30% of a sample of ticks tested in Broome County was positive and Broome County is now considered endemic.

Communicable Disease Investigations	283
Number of Chronic Hepatitis C Infections Investigated	113

Tuberculosis Control Clinic

The Tuberculosis Control Clinic provides for testing, diagnosis, treatment, prevention, and control of Tuberculosis (TB) in Broome County. The program provides education and treatment to high-risk populations in the community who are infected with TB, including students of Broome Community College and Binghamton University. 53 Binghamton University students of the 135 with TB infection chose to begin treatment for Latent TB Infection. The program strives to identify individuals in targeted populations at high risk for exposure to TB who have been infected but are not yet contagious.

Staff conduct outreach and provide treatment before people become ill and contagious to others. The professional staff serves as a resource for other health professionals, residential care facilities, and congregate living establishments in the community. Referrals from these sources are welcome. Professional staff provide formal presentations, telephone consultations and educational materials.

Number of Patients Screened	1,551
Total Patient Visits	2,191
Number of Patients Started on Preventive Therapy for Latent TB Infection	162
Number of Patients Receiving Directly Observed Therapy (DOT)	1

Immunization Program

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

Number of Visits to Immunization Clinics	969
Number of Immunizations Administered	1,874
Number of Visits for Travel Immunizations	137
Number of Travel Immunizations Administered	359

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 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	1,960
H1N1 Vaccinations Given	17,000+
Pneumococcal Vaccinations Given	138
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 the client’s symptoms, their sexual activities and other information important to the diagnosis of their problem. An examination and appropriate laboratory testing is conducted at the time of the visit, often with immediate results available. Other tests are done at a hospital or NYS Department of Health 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.

1,500 individuals in middle and high schools, Broome Community College and Binghamton University nursing students, and Crime Victim Assistance Center personnel received STD education from our staff. There were 745 total encounters in the Broome County Correctional Facility related to STD and HIV testing, treatment and Hepatitis vaccinations. 335 of those visits were for complete STD screening. Gonorrhea infection has become less symptomatic leading to treatment delays and increased transmission. Chlamydia cases rose to 581 in 2010, a trend consistent with the rest of New York State and the nation. 25.5% of Broome County cases were diagnosed and treated at the Broome County Health Department. Untreated Chlamydia continues to be the number one cause of female infertility. This is the highest number of cases recorded since 2000, when Chlamydia became a reportable infection.

STD Clinic Visits	2,171
Broome County Correctional Facility Visits	745
Number of Chlamydia Cases	583
Number of Gonorrhea Cases	30

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. 2,479 HIV tests and counseling sessions were conducted at the Broome County Health Department, Southern Tier AIDS Program, drug and alcohol treatment facilities, homeless shelters, Broome County Urban League and outreach events. Over 5,000 individuals were educated and counseled about HIV, AIDS, and harm reduction during 63 presentations.

Number of Individuals Receiving HIV Tests	2,479
Number of Positive Tests	7

School Based Preventive Dental Services Program

The Preventive Dental Services 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 Preventive Dental Services Program refers children to dental clinics at Lourdes Hospital, United Health Services Hospitals and private providers. The School Based Preventive Dental Services 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.

Number of Children Receiving Sealants	404
Number of Teeth Sealed	1,200
Number of Children Receiving Prophylaxis	205
Number of Children Educated in 76 Classes	1,944

Employee Health Services

The Clinical Services Division provides an employee health component for Broome County Government employees and volunteer firefighters. Information and referrals were provided for obesity, smoking, and breast and cervical health at the time of the screenings.

Number of Patient Encounters	446
Number of Complete Physicals	171

Clinic Services 2011 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 differences between TB disease and infection.
- Identify students interested in treatment for latent TB infection and initiate treatment for those students who express commitment to the nine-month course of medicine.
- Continue to collaborate with the Civil Surgeon in evaluating, educating and treating those with positive Tuberculin skin tests who are applying for permanent residency in this country.
- Conduct activities to promote National Infant Immunization Week and National Influenza Vaccination Week.
- Incorporate rapid HIV testing in visits for clients with a positive Tuberculin skin test.
- Continue to offer rapid HIV testing technology at sites where individuals receive other services.
- 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 quality, 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.
- Provide fluoride varnish treatments to preschool children in the WIC Supplemental Nutrition Program to reduce the incidence of early childhood caries.
- Continue to provide STD/HIV education to high school students and community health and human service providers.
- Participate in health fairs and other outreach activities to provide public education on immunizations, oral health, sexually transmitted diseases, HIV and Tuberculosis.
- 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.

A program overview and program are followed by the goals of the division to provide a comprehensive view of the work related to environmental health in Broome County. This division 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

The Environmental Health Services Division inspects and issues annual operating permits for mobile home parks as required by Part 17 of the NYS Sanitary Code.

Swimming Pools and Beaches

The Environmental Health Services Division inspects and surveys all public swimming pools and bathing beaches in Broome County and makes 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

Division staff 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

Staff Investigate complaints and reports of impacted indoor air quality, provide recommendations concerning corrective actions, suggest laboratories for required analysis, or collect necessary samples. Recent air quality problems have involved formaldehyde, PCB, asbestos, chlordane, and radon.

Subdivisions

Staff 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



Division staff investigate and report on those dumpsites in Broome County that may present a potential public health problem. Samples are collected at water supplies to determine if there are any impacts regarding drinking water quality. Staff review and comment on any reports prepared to evaluate geological and hydrological data and proposed alternative actions for remediation at the site and review and assess all other possible exposure pathways including ambient and indoor air quality, and toxic chemical exposures.

Emergency Response

Staff 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. Follow-up action is coordinated 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

Food service staff 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.

Community Sanitation Programs			
	Active Facilities	Field Inspections	Health Hazards Identified
Food Service	890	551	377

Wastewater Treatment

Environmental Health Division staff 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. Staff 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

Program staff inspect, survey, and monitor the various public water supplies in accordance with Part 5 of the NYS Sanitary Code. Plans for the construction, addition, or modification of any public water supply are reviewed to ensure compliance with state and federal regulations. Staff direct and provide technical assistance to water supply operators regarding recommendations for compliance with NYS Sanitary Code. A community water system is a public water system that 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 coordinate the annual water taste test for Broome County public water supplies. This event is designed to raise community awareness of the importance of safe drinking water to the health of residents.

Wastewater Treatment and Disposal Program

Individual homeowner system site inspection and plan reviews are conducted by staff.

New Systems	74
Replacement Systems	86

Tobacco Use Reduction

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

Clean Indoor Air Act Complaints Investigated	22
Youth Tobacco Sales Reduction Program	
Active Facilities	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 and staff can coordinate communications between the Regional Lead Poisoning Resource Center, health care providers and parents.

Program staff strive 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 ≥ 10 mcg/dl	52
Lead Investigations of Homes (blood lead levels >15 mcg/dl)	26
Hospital Admissions for Chelation	4

The Broome County Health Department also addresses childhood lead poisoning with the Primary Prevention Program. Primary prevention staff strive 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

Staff members investigate reports of animal bites and scratches, ship suspected rabid animals to the state laboratory, provide outreach and education, and support free rabies clinics and authorization of rabies prophylaxis.

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

Environmental Health Services 2011 Goals

- Continue to monitor and reduce public health hazards found during inspections within program areas, along with increased education and enforcement actions.
- Implement new policies and increase enforcement actions to ensure regulated facilities are complying with the New York State Sanitary Code.
- Modify the Broome County Sanitary Code fee schedule to come in line with the permit fees of similar counties as well as become more equitable between permitted facilities within program areas.
- Modify staff roles to meet increasing demands with limited staff and funding.
- Prioritize program objectives to those of high risk. Cut or limit non-mandated programs to meet budget constraints.
- Modify inspection protocols to increase program efficiency and minimize efficiency and minimize excessive travel.

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 over 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

that 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	2010	2011
Clinical Breast Exam	1,803	1,813	1,672	1,554	1555	866	757	917
Screening Mammogram	1,313	1,243	1,157	1,059	1062	799	753	885
PAP Test	1,317	1,387	1,293	1,186	1210	432	333	434
Colorectal Cancer Screenings:								
Fecal Occult Blood Test (Take-Home Kit)	322	304	379	301	210	156	162	177
Screening Colonoscopy	18	23	24	26	38	46	49	-
Colorectal Screenings	340	330	465	332	-	-	-	-
Number of Clients Eligible for Medicaid Treatment Act: (Diagnosed with Breast Cancer, Cervical Cancer or Pre-Cancerous Cells of the Cervix)								
Broome	31	47	51	50	29	22	42	17
Chenango	8	7	4	5	4	6	3	-
Tioga	6	6	5	6	2	1	5	-
Totals	45	60	60	61	35	29	50	17

*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

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 2010 include:

Tobacco Free Outdoor Areas



Tobacco Free Broome & Tioga (TFBT), in collaboration with Broome Reality Check and the Strategic Alliance for Health, assisted a number of agencies, organizations, and parks in establishing tobacco free outdoor policies, including providing signage. TFBT provided technical support to Broome Community College as they work towards adoption of a smoke-free campus policy to protect students, staff and faculty from secondhand smoke.

Decreasing Tobacco Industry Advertising and Product Visibility at Retail Points of Sale

Tobacco Free Broome & Tioga conducted community education and mobilization around the impact of tobacco industry marketing on youth initiation of smoking. Resolutions were obtained from a variety of community agencies, medical offices, and youth organizations supporting eliminating the visibility of tobacco products and advertisements.



Smoke Free Housing



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

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.



Workplan Goals	2003	2004	2005	2006	2007	2008	2009	2010
Grant year runs 10/01 – 09/30	-2004	-2005	-2006	-2007	-2008	-2009	-2010	-2011
Community Outreach, Presentations and Education Programs	33	34	26	34	46	56	56	40
Number of Individuals Educated About Various Traffic Safety Topics	1,261	1,193	1,794	1,210	1,335	1,795	1,795	5,385
Child Safety Seat Distributions	275	322	210	169	184	264	264	365
Child Bike Helmet Distributions	350	400	500	844	844	853	853	910

Broome County Sodium Reduction in Communities Grant

The Broome County Health Department is one of five national grantees selected to participate in a Sodium Reduction in Communities Grant, funded by the Centers for Disease Control and Prevention, and led by the New York State Department of Health. Broome County will be working to mobilize efforts that will build on existing policies established by the Broome County Steps to a Healthier NY and Strategic Alliance for Health Initiatives. The goal of the Broome County Sodium Reduction in Communities (SRC) pilot project is to create the demand for the food industry, including grocery stores and corner stores to gradually lower sodium content in products. This will impact policy, system and environmental change. Broome County will work with local schools to reduce the sodium content in school lunches for 12 school districts and increase the availability and sales of lower sodium products in grocery stores, especially in areas of high need in the county. Broome County SRC will also implement a social marketing and media campaign to promote awareness education on sodium reduction strategies for the community.

Broome County Strategic Alliance for Health Grant

Broome County is one of thirteen 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 chronic disease prevention efforts in the City of Binghamton. These efforts are lead 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.

Chronic Disease Program 2011 Goals

- 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.
- **Traffic Safety Program:** Raise public awareness and implement community education programs to specific populations in the areas of child passenger safety, pedestrian and bicycle safety, teen safe driving, motorcycle safety and older driver safety in order to reduce the number of unintentional traffic related injuries and fatalities in Broome County.
- **Cancer Services Program:** Raise public awareness and increase health care access through the Cancer Services Program. Offer as many breast, cervical and colorectal cancer screenings to eligible uninsured and under-insured individuals in our region as funding allows. Assist individuals diagnosed with breast, cervical, colorectal and prostate cancer who are uninsured and eligible to apply for the Medicaid Cancer Treatment Program to obtain health insurance coverage for their treatment.
- **Tobacco Control Program:** 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.

Maternal Child Health & 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.

Programs offered through this division help ensure physical, psychosocial and developmental health and well-being for childbearing and child-rearing families in Broome County. Some children experience delays in their development and early detection and treatment of these delays may make a difference for the child, the family, and the community. Several programs are designed to help families access the detection and treatment services they need.

Licensed Home Care Services Agency (LHCSA)

The 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.

Child Find

This statewide program 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 360 children enrolled during 2009 and 359 children enrolled during 2010.

Children with Special Health Care Needs Program

The purpose of this program is to provide information and referrals to families in Broome County with children under 21 who have special health care needs to address their identified concerns. These include insurance, health services, and community resources.

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 2010 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.

Healthy Children New York

Child Health Promotion Specialists provide outreach, education, consultation, and technical assistance on public health matters (immunizations, lead poisoning prevention, and emergency preparedness) to 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, etc. Staff works 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 37 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 2010 Performance Targets

New York State Targets

Healthy Families Broome's Achievements

Health and Development Targets:

- | | |
|--|-------------|
| • 90% of enrolled children are up to date on immunizations as of first birthday | 96% |
| • 95% of enrolled children have a medical provider | 98% |
| • 98% of enrolled children demonstrate age appropriate developmental milestones or are referred if delays are detected | 100% |

Parent/Child Interaction Targets:

- | | |
|--|------------|
| • 30% of enrolled mothers will breastfeed their child for at least three months from the birth of the child. | 40% |
|--|------------|

Maternal Life Course Targets:

- | | |
|--|------------|
| • 50% of families will be enrolled in an education program, job training, or job placement program or will obtain employment by the their child's first birthday | 87% |
| • 75% of families will be enrolled in an education program, job training, or job placement program or will be employed by their child's second birthday | 82% |

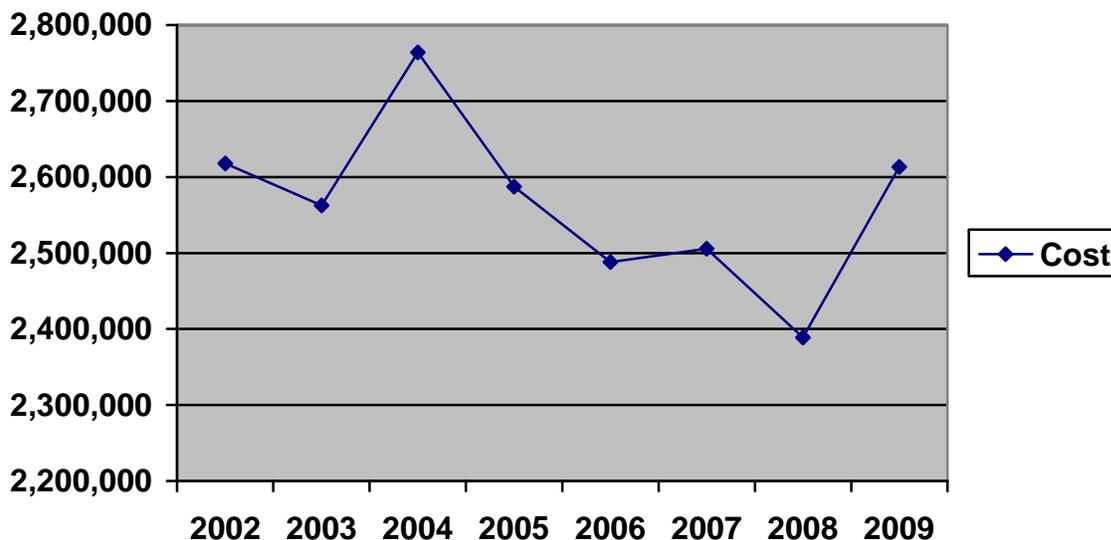
Early Intervention Program (EIP) (birth – 2 years)

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/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
2001	631
2002	718
2003	729
2004	690
2005	680
2006	700
2007	795
2008	774
2009	765
2010	684

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.

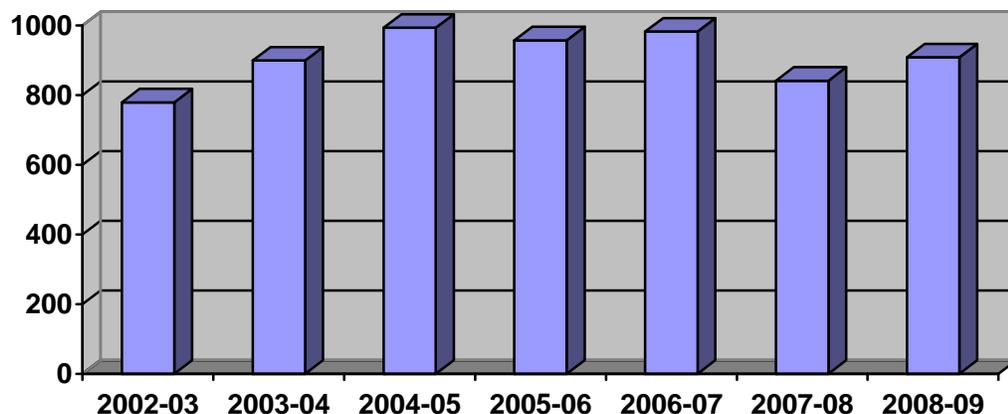
PRESCHOOL PROGRAM COST

YEAR	COST
2001	4,061,726
2002	4,631,185
2003	4,573,230
2004	4,756,736
2005	5,162,191
2006	5,589,802*
2007	5,735,500
2008	6,269,985
2009	6,221,824

* 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



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 staff 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 are met.

Participants Served (number of visits)	22,500
Active Caseload:	4,739
Women	1,113
Infants	1,131
Children	2,495
Percent Exclusively or Partially Breastfeeding at Hospital Discharge	66.5%
WIC Clinic Sites	6
Total Clinic Days	251
Individual Certification, Prenatal and High Risk Counseling Sessions	12,000
Individual Education Sessions	10,500
Food Dollars Expended (estimate)	\$2,880,123
Farmer's Markets	
Coupon Booklets Distributed	\$2,345
Dollars Expended	\$30,056
Participating WIC Vendors	21
WIC Community Outreach Programs	
Health Fairs, Inservice Contacts and Presentations	18
Organizations Contacted	90
WIC Program Literature Distributed (pieces)	15,000
Alcohol and Drug Use Screening of Prenatal Clients	1,461
Women Counseled Concerning Smoking Cessation	1,900
Women Counseled Concerning Breastfeeding	1,900

* Average numbers based on FFY 2010 WIC Program CM015 Participation by Month (final report)

Maternal Child Health 2011 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 collaboration with the Lead Program and Early Intervention Program. 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, child care providers, and other community agencies.
- 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. Develop strategies to maximize use of current provider capacity while providing appropriate services for children determined to be eligible.
- Continue conservative fiscal management of the Children with Special Health Care Needs Programs while meeting state and federal regulations.
- Develop outreach and community presentations to assist families in obtaining referrals to appropriate services.
- Continue to attain state performance standards in the Early Intervention Program in key areas.
- Continue to contain costs in the Preschool Special Education Program while assuring that students receive appropriate services in the least restrictive setting.
- Attain proficiency in the web-based systems new to both the Early Intervention and Preschool Special Education Programs.
- 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 the Healthy Families Broome home visiting program.
- 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.
- Maternal Child Health/Licensed Home Care Services Agency will 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, as well as promote the initiation and duration of breastfeeding by supporting new moms.
- 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

Administration	778-2802
Cancer Services Program	1-877-276-1019 Toll Free
Cancer Screening & Education Services	778-2884
Tobacco Free Broome	778-3068
Community Health Information	778-3921
Clinic Services	778-2839
HIV Counseling and Testing Services	
HIV/STD/TB Outreach and Education Program	
Preventive Health Clinic Services	
Sexually Transmitted Disease Clinic	
Employee Health Services	
Communicable Disease Control	778-2804
Preventive Dentistry Program	778-2812
Immunization Action Program	778-2870
Tuberculosis Control Program	778-2888
Emergency Preparedness	778-3944
Environmental Health Services	778-2887
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	
Information Line	778-3911
Maternal Child Health and Development Division	778-2851
Child Find	
Children with Special Health Care Needs/ Physically Handicapped Children's Program	
Early Intervention Program (0-3)	
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
Strategic Alliance for Health	778-3929
Traffic Safety/Injury Control Program	778-2807

Selected Community Health Status Indicators

Racial Composition Broome County Demographics

	Broome County	New York State
Population, 2010	200,600	19,378,102
White persons, 2010 (a)	88%	65.7%
Black persons, 2010 (a)	4.8%	15.9%
American Indian and Alaska Native persons, 2010 (a)	0.2%	0.6%
Asian persons, 2010 (a)	3.5%	7.3%
Native Hawaiian and Other Pacific Islander persons, 2010 (a)	Z	0.0%
Persons reporting two or more races, 2010	2.5%	3.0%
Persons of Hispanic or Latino Origin, 2010 (a)	3.4%	17.6%
White persons not Hispanic, 2010	86.3%	58.3%

(a) includes persons reporting only one race
Z value greater than zero but less than half unit of measure shown

Source: US Census

Annual Estimates of the Resident Population for Counties of New York July 1, 2007 to July 1, 2010 US Census Bureau

	July 2, 1010	July 1, 2009	July 1, 2008	July 1, 2007
New York State	19,378,102	19,541,453	19,467,789	19,422,777
Broome County	200,600	194,630	194,635	194,978

Socio-Economic Status Broome County, 2006-2008

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	Ranking Quartile
% unemployed (2006-08)	14,380	4.9	4.9	No	4.6	Yes	2nd
% of population at or below poverty level (2008)	N/A	14.2	13.7	No+	10.2	N/A	3rd
% of children <18 at or below poverty level (2008)	N/A	20.1	19.3	No+	13.7	N/A	3rd
Median family income in US dollars (2008)	N/A	42,619	55,980	Yes+	N/A	N/A	3rd
% Annual high school drop outs (2006-08)	663	1.8	3.4	Yes	2.4	Yes	1st
Behavior/Risk Indicator (2008-09) (Age-adjusted)	County Rate	CI #	NYS Rate	CI #	Upstate	CI #	
% of adults with health insurance	88.8	± 4.5	86.7	± 2.3	89.9	± 0.9	2nd
% of adults that did not receive medical care because of the cost	11.1	± 4.4	13.8	± 2.1	12.0	± 1.0	2nd

+: Significant difference at 90% confidence interval

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

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

Source: New York State Department of Health

County Health Indicator Profiles (2004 - 2008)
Profile of: Broome County

	2008		2007		2006		2005		2004	
	#	Rate								
SOCIO-DEMOGRAPHIC(1)										
Population	195,018		195,973		196,269		196,947		197,696	
Unemployment	5,405	5.5	4,383	4.5	4,538	4.7	4,746	4.9	5,223	5.4
Percent in Poverty	26,309	14.2	26,984	14.5	23,358	12.5	29,459	15.8	23,442	12.4
Median Household Income (in dollars)	42,619		43,399		41,328		36,965		37,089	
PERINATAL HEALTH (2)										
Pregnancies (all ages)	3,004	75.2	3,109	76.9	3,099	76.2	3,036	74.6	2,874	70.6
- Age 10-14	3	0.5	10	1.8	5	0.8	4	0.7	4	0.6
- Age 15-19	312	39.3	349	43.1	376	46.4	369	46.3	357	44.7
Births	2,074	10.6	2,122	10.8	2,123	10.8	2,050	10.4	2,026	10.2
Low Birthweight (Less than 2500 grams)	159	7.7	195	9.2	161	7.6	171	8.3	146	7.2
Prenatal Care (1st Trimester)	1,552	76.3	1,539	74.5	1,629	77.6	1,511	77.2	1,461	79.3
Infant Deaths	19	9.2	24	11.3	17	8.0	11	5.4	12	5.9
Neonatal Deaths	15	7.2	18	8.5	11	5.2	7	3.4	8	3.9
Postneonatal Deaths	4	1.9	6	2.8	6	2.8	4	2.0	4	2.0
Spontaneous Fetal Deaths (20+ wks)	8	3.8	11	5.2	13	6.1	13	6.3	13	6.4
MORTALITY (Rates per 100,000 Population)										
Total Deaths	2,004	1027.6	2,051	1046.6	2,148	1094.4	2,009	1020.1	2,072	1048.1
Lung Cancer (Total)	133	68.2	122	62.3	137	69.8	137	69.6	130	65.8
Lung Cancer (Male)	77	81.5	65	68.4	62	65.3	79	82.8	67	70.1
Lung Cancer (Female)	56	55.7	57	56.4	75	74.0	58	57.1	63	61.7
Breast Cancer (Female)	24	23.9	33	32.7	40	39.5	32	31.5	26	25.5
Cervical Cancer	0	0.0	2	2.0	2	2.0	0	0.0	2	2.0
Cerebrovascular Disease	110	56.4	103	52.6	113	57.6	106	53.8	123	62.2
Diseases of the Heart	643	329.7	571	291.4	651	331.7	613	311.3	599	303.0
Homicides	1	0.5	4	2.0	7	3.6	4	2.0	2	1.0
Suicides	17	8.7	24	12.2	27	13.8	22	11.2	19	9.6
Unintentional Injury	61	31.3	58	29.6	75	38.2	45	22.8	64	32.4
Motor Vehicle	12	6.2	17	8.7	22	11.2	11	5.6	24	12.1
Non-Motor Vehicle	49	25.1	41	20.9	53	27.0	34	17.3	40	20.2
AIDS	5	2.6	6	3.1	11	5.6	5	2.5	6	3.0
Cirrhosis (Liver)	24	12.3	22	11.2	20	10.2	12	6.1	17	8.6

	2008		2007		2006		2005		2004	
	#	Rate								
HOSPITALIZATIONS (Rates Per 10,000 Population)										
Pediatric (0-4)										
- Asthma	27	26.6	18	18.1	20	20.2	11	10.8	16	15.3
- Gastroenteritis	18	17.7	31	31.3	11	11.1	16	15.7	6	5.7
- Otitis Media	1	1.0	4	4.0	2	2.0	2	2.0	0	0.0
Drug Related	426	21.8	444	22.7	373	19.0	376	19.1	411	20.8
Head Injury (5)	167	8.6	200	10.2	149	7.6	141	7.2	142	7.2
DISEASE MORBIDITY (3)										
AIDS Cases (4)	12	6.2	22	11.2	26	13.2	14	7.1	15	7.6
Early Syphilis	3	1.5	0	0.0	8	4.1	0	0.0	1	0.5
Chlamydia Incidence	474	243.1	521	265.9	484	246.6	456	231.5	452	228.6
TB Incidence	5	2.6	4	2.0	3	1.5	2	1.0	6	3.0
Ecoli O157 Incidence	0	0.0	3	1.5	0	0.0	4	2.0	1	0.5
Meningococcal Incidence	1	0.5	1	0.5	2	1.0	2	1.0	0	0.0
Pertussis Incidence	6	3.1	17	8.7	46	23.4	16	8.1	111	56.1
Lyme Disease Incidence	19	9.7	3	1.5	4	2.0	11	5.6	5	2.5

N/A - Not Available.

(1) Population estimates are from the National Center for Statistics bridged-race file. Unemployment data from U.S. Bureau of Labor and Statistics. Unemployment Rate is per 100 persons in the labor force. Percent of population in poverty and median household income are estimates from the U.S. Census Bureau.

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

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

(4) AIDS cases are based on year of diagnosis and exclude prison inmates.

(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

Health Risks and Behaviors Indicators Broome County, 2006-2008

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	Ranking Quartile
% Pregnant Women in WIC with Early (1st Trimester) Prenatal Care, Low SES	2,698	81.3	84.2	No	85.1	Yes	4th
% Pregnant Women in WIC with Anemia, Low SES	299	9.2	12.1	Yes	12.1	Yes	2nd
% Pregnant Women in WIC Who Were Pre-pregnancy Underweight (BMI Under 19.8), Low SES	405	12.2	11.2	No	10.2	Yes	3rd
% Pregnant Women in WIC Who Were Pre-pregnancy Overweight (BMI 26 - 29), Low SES	439	13.2	15.4	Yes	15.4	Yes	1st
% Pregnant Women in WIC Who Were Pre-pregnancy Very Overweight (BMI Over 29), Low SES	1,096	33.0	26.6	Yes	30.3	Yes	3rd
% of Infants in WIC Who Were Breastfeeding at 6 Months, Low SES	507	21.2	40.1	Yes	N/A	No	2nd
% Underweight Children in WIC, 0-4 years, Low SES	269	2.0	4.5	Yes	3.8	Yes	2nd
% Obese Children in WIC (>= 95th Pctl), 2-4 years, Low SES	906	14.7	14.6	No	15.2	No	3rd
% Anemic Children in WIC, 6 mo-4 years, Low SES	778	7.9	11.7	Yes	12.2	Yes	1st
% of Children in WIC Viewing TV <=2 Hours per Day 0-4 years, Low SES	5,060	76.2	77.7	No	78.8	Yes	3rd
Behavior/Risk Indicator (2008-09) (Age-adjusted)	County Rate	CI #	NYS Rate	CI #	Upstate	CI #	
% adults overweight or obese (BMI 25+)	63.7	± 5.5	59.3	± 2.6	60.6	± 1.4	3rd
% adults that participated in leisure time physical activity in last 30 days	82.7	± 4.0	76.3	± 2.2	78.9	± 1.1	1st
% adults smoking cigarettes	20.5	± 4.9	17.0	± 1.8	18.9	± 1.1	2nd
% adults living in homes where smoking is prohibited	79.3	± 4.8	80.9	± 1.8	79.3	± 1.1	2nd
% adults that binge drink	19.5	± 5.4	18.1	± 2.0	19.8	± 1.2	2nd
% adults eating 5 or more servings of fruit or vegetables daily	27.4	± 5.2	27.1	± 2.2	27.7	± 1.3	2nd

s: Total suppressed for confidentiality

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

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

Source: New York State Department of Health

Immunization and Infectious Diseases Broome County, 2006-2008

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	Ranking Quartile
Pneumonia/flu hospitalizations in adults 65+ years per 10,000 (ICD9 480-487)	1,826	188.7	148.2	Yes	163.2	Yes	3rd
Pertussis incidence per 100,000	69	11.7	4.3	Yes	6.3	Yes	4th
H. Influenza incidence per 100,000	5	0.9*	1.3	No	1.5	No	1st
Hepatitis A incidence per 100,000	s	0.3*	1.1	No	0.7	No	2nd
Hepatitis B incidence per 100,000	4	0.7*	1.0	No	0.7	No	3rd
Tuberculosis incidence per 100,000	12	2.0*	6.3	Yes	2.7	No	3rd
E. Coli incidence per 100,000	3	0.5*	0.8	No	1.1	No	1st
Salmonella incidence per 100,000	54	9.2	14.2	Yes	13.3	Yes	1st
Shigella incidence per 100,000	4	0.7*	4.0	Yes	3.2	Yes	2nd
Lyme disease incidence per 100,000	26	4.4	31.5	Yes	50.5	Yes	2nd
Behavior/Risk Indicator (2008-09) (Age-adjusted)	County Rate	CI #	NYS Rate	CI #	Upstate	CI #	
% of adults 65+ years with flu shot in last year	75.5	± 6.1	75.0	± 3.5	76.0	± 1.5	3rd
% of adults 65+ years that ever received pneumonia shot	68.3	± 6.8	64.7	± 4.3	71.2	± 1.8	2nd

s: Total suppressed for confidentiality

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

Source: New York State Department of Health

Maternal and Infant Health Broome County, 2006-2008

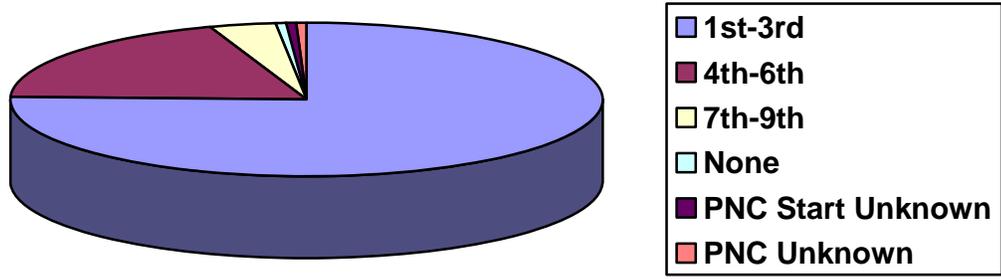
Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	Ranking Quartile
% of births to women 25+ years w/out high school education	530	11.1	16.3	Yes	12.6	Yes	2nd
% births to out of wedlock mothers	2,823	44.7	41.8	Yes	38.0	Yes	3rd
% first births	2,542	40.2	43.6	Yes	41.3	No	2nd
% of births that were multiple births	253	4.0	3.9	No	4.2	No	3rd
% births w/early prenatal care	4,720	76.2	73.4	Yes	75.3	No	3rd
% births w/late or no prenatal care	264	4.3	5.5	Yes	4.3	No	2nd
% adequate prenatal care (Kotelchuck)	3,768	70.6	63.5	Yes	67.9	Yes	2nd
% Pregnant Women in WIC with Early (1st Trimester) Prenatal Care, Low SES	2,698	81.3	84.2	No	85.1	Yes	4th
% of Infants in WIC Who Were Breastfeeding at 6 Months, Low SES	507	21.2	40.1	Yes	N/A	N/A	2nd
% Cesarean section	1,984	31.4	33.4	Yes	35.2	Yes	2nd
Mortality Rates (per 1,000 births)							
Infant (<1 year)	60	9.5	5.5	Yes	5.7	Yes	4th
Neonatal (<28 days)	44	7.0	3.7	Yes	3.9	Yes	4th
Postneonatal (1 month to 1 year)	16	2.5*	1.8	No	1.8	No	4th
Fetal death (>20 weeks gest)	32	5.0	6.8	No	4.8	No	2nd
Perinatal (20 weeks gest - 28 days of life)	76	12.0	10.5	No	8.7	Yes	4th
Perinatal (28 weeks gest - 7 days of life)	49	7.7	5.6	No	5.6	No	3rd
Maternal mortality rate per 100,000 births	s	15.8*	21.4	No	14.2	No	3rd
% very low birthweight (<1.5 Kg)	96	1.5	1.5	No	1.4	No	3rd
% very low birthweight singleton births	63	1.0	1.1	No	1.0	No	3rd
% low birthweight (<2.5 Kg)	515	8.2	8.2	No	7.7	No	3rd
% low birthweight singleton births	373	5.9	6.0	No	5.5	No	4th
% Premature Births							
<32 weeks gestation	131	2.1	2.1	No	2.0	No	3rd
32 - <37 weeks gestation	551	8.9	10.2	Yes	9.8	Yes	2nd
<37 weeks gestation	682	11.0	12.4	Yes	11.7	No	2nd
% births w/5 minute APGAR <6	61	1.0	0.6	Yes	0.6	Yes	4th
Newborn drug related discharge rate per 10,000 newborn discharges	65	101.9	59.4	Yes	65.7	Yes	4th

s: Total suppressed for confidentiality

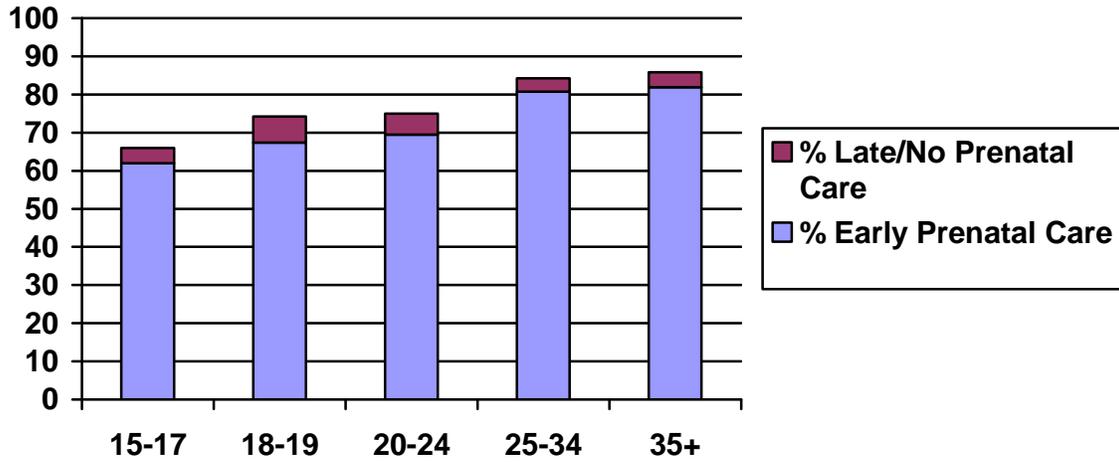
***: Fewer than 20 events in the numerator; therefore the rate is unstable**

Source: New York State Department of Health

Live Births by Month Prenatal Care Began 2009



Percent Early, Late, or No Prenatal Care 2009

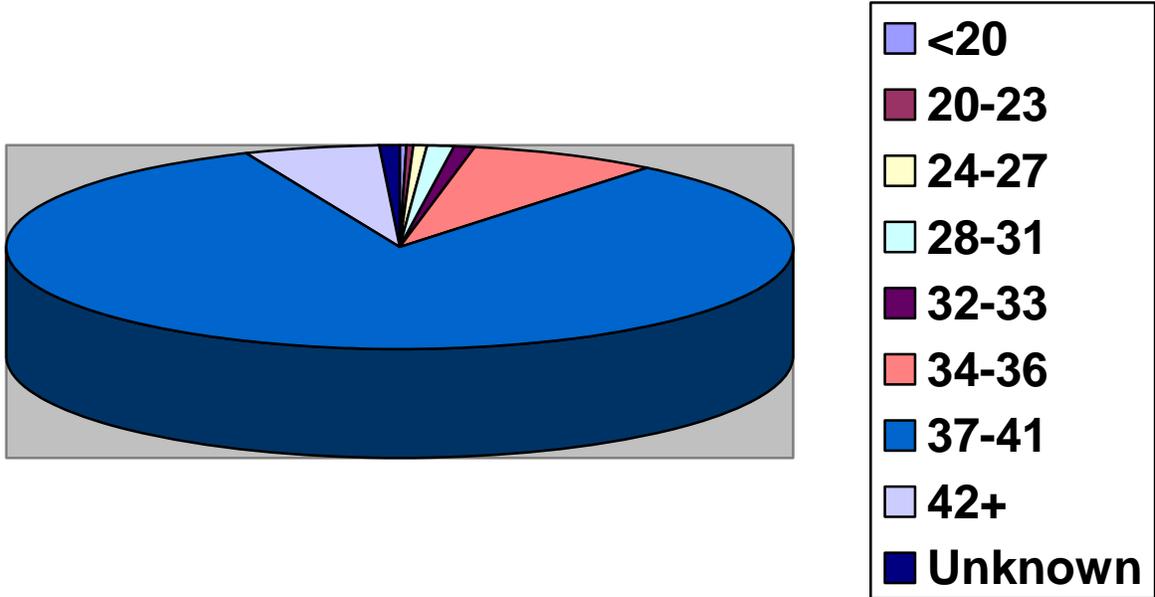


Early prenatal care is care that began in the 1st-3rd month of pregnancy

Late/no prenatal care is care that began in the 7th-9th month of pregnancy or a pregnancy with no prenatal care.

Source: New York State Department of Health

Live Births by Gestation, 2009 Gestation by Weeks

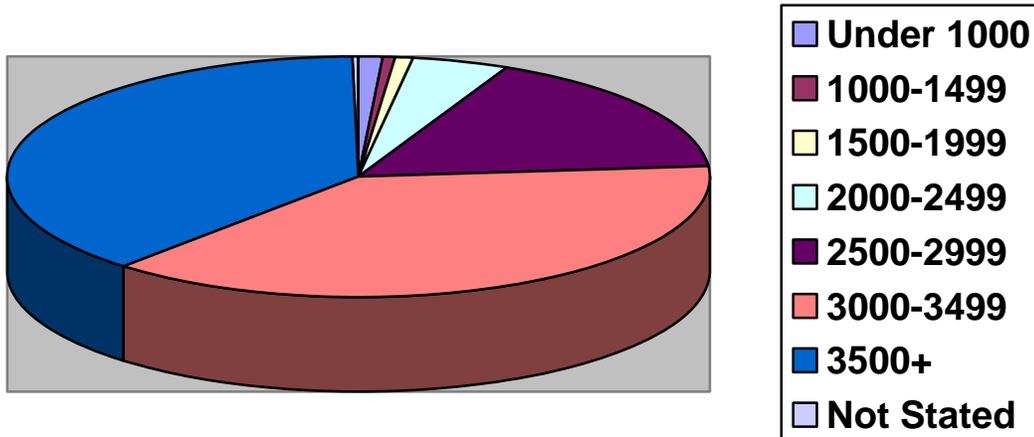


* Gestation in weeks is the number of days between the date of the last menses and date of birth divided by seven.

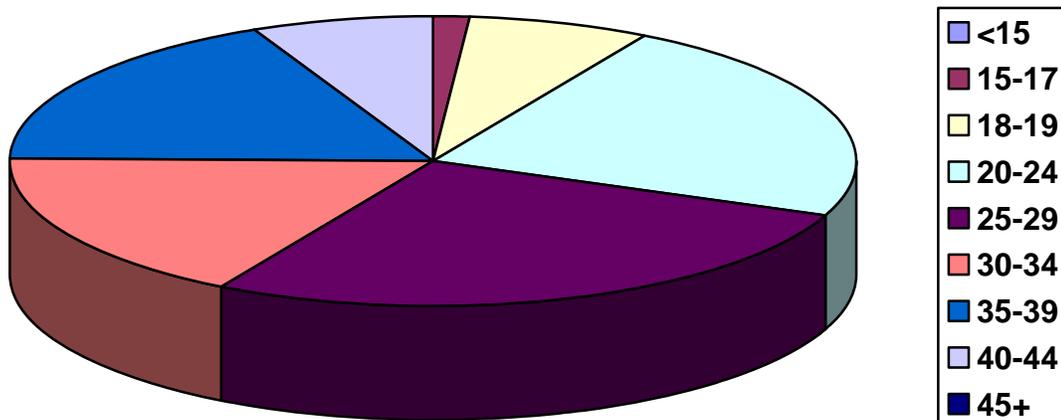
Range of weeks reflects the number of completed weeks gestation. For example, 36 weeks and 6 days would be in the 34-36 range.

Source: New York State Department of Health

Live Births by Birthweight, 2009 Birthweight in Grams

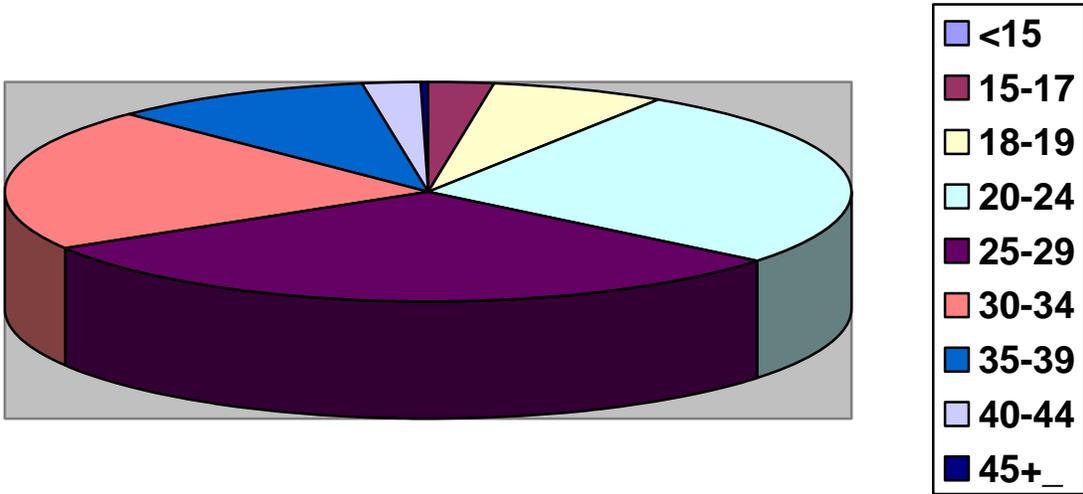


Low Birthweight (< 2500 grams) Live Births, 2009

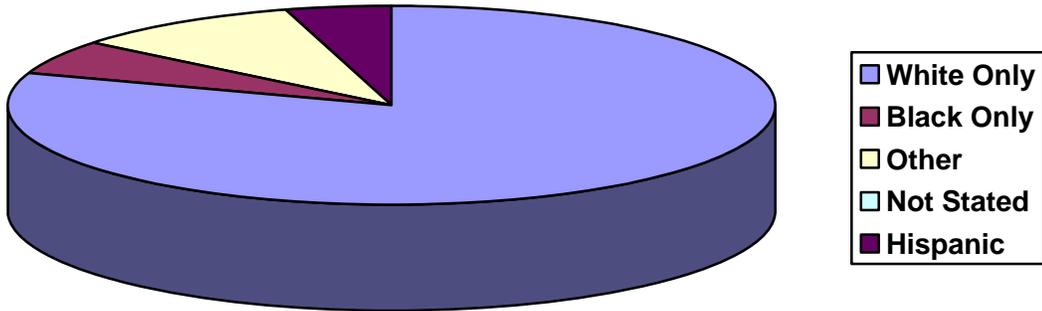


Source: New York State Department of Health

Live Births by Mother's Age, 2009



Live Births by Race/Ethnicity, 2009



Total Births = White +Black + Other + Not Stated (2,061)

1 Hispanic Births is a separate count equal to Hispanic White only + Hispanic Black Only + Hispanic Other + Hispanic Not Stated

Source: New York State Department of Health

Infant Deaths, Neonatal Deaths, Post Neonatal Deaths and Perinatal Mortality by New York State & Broome County – 2009

County	# Infant Deaths ¹	Infant Death Rate	# Neonatal Deaths ²	Neonatal Death Rate	# Post Neonatal Deaths ³	Post Neonatal Death Rate	Perinatal Mortality ⁴	Perinatal Death Rate ⁵
New York State	1,296	5.3	886	3.6	410	1.7	2,597	10.5
Broome	2619	12.6	18	8.7	8	3.9	33	15.9

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

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

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

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

⁵ **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

Health Indicators by Race/Ethnicity, Broome County 2006-2008

Health Indicator	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
Socio-Demographic Indicators					
Population (2008)	173,280	9,119	6,932	5,221	195,018
Percent of Population	88.9%	4.7%	3.6%	2.7%	100.0%
Median Annual Household Income in US Dollars (2006-08) *	45,508	27,458	29,526	32,125	44,253
Percent of Families Below Poverty (2006-08) *	8.6%	26.0%	<u>s</u>	28.0%	9.9%
General Health Indicators					
Total Mortality per 100,000, Age-adjusted	770.2	934.9	302.8	606.4	773.2
Percent Premature Deaths (< 75 Years)	35.0%	78.1%	70.8% <u>~</u>	79.1%	36.4%
Years of Potential Life Lost per 100,000, Age-adjusted	6,816	12,304	2,978 <u>~</u>	7,646	7,047
Birth-Related Indicators					
Number of Births per Year (3 Year Average)	1,771	103	71	90	2,106
Percent Births with Early (1st Trimester) Prenatal Care	78.3%	61.5%	64.6%	67.2%	76.2%
Percent Adequate Prenatal Care (Kotelchuck Index)	73.3%	51.6%	59.5%	58.5%	70.6%
Percent Premature Births (< 37 Weeks Gestation)	10.5%	13.6%	11.8%	14.0%	11.0%
Percent Low Birthweight Births (< 2.5 Kg)	7.5%	13.4%	7.5% <u>~</u>	8.9%	8.2%
Teen (Age 15-17) Pregnancy Rate per 1,000	17.9	48.8	0.0 <u>~</u>	69.9	25.3
Total Pregnancy Rate per 1,000 Age 15-44 Females	70.8	102.5	6.3	95.8	76.0
Fertility Rate per 1,000 (All Births/Female Population 15-44)	51.7	44.6	31.1	61.6	52.1
Infant Mortality per 1,000 Live Births	7.9	26.0 <u>~</u>	14.1 <u>~</u>	11.1 <u>~</u>	9.5
Injury-Related Indicators					
Motor Vehicle-Related Mortality per 100,000, Age-adjusted	8.9	<u>s</u>	0.0 <u>~</u>	0.0 <u>~</u>	8.1
Unintentional Injury Mortality per 100,000, Age-adjusted	29.3	8.5 <u>~</u>	0.0 <u>~</u>	<u>s</u>	28.0
Unintentional Injury Hospitalizations per 10,000, Age-adjusted	61.8	51.3	17.4 <u>~</u>	13.8 <u>~</u>	66.4
Poisoning Hospitalizations per 10,000, Age-adjusted	9.1	16.6	3.4 <u>~</u>	4.5 <u>~</u>	10.4
Fall Hospitalizations per 10,000, Age 65+ Years	223.2	71.4 <u>~</u>	37.3 <u>~</u>	<u>s</u>	237.7
Respiratory Disease Indicators					
Asthma Hospitalizations per 10,000, Age-adjusted	8.5	26.2	5.5 <u>~</u>	9.9 <u>~</u>	10.2
Asthma Hospitalizations per 10,000, Age 0-17 Years	8.1	30.9	<u>s</u>	0.0 <u>~</u>	11.3
CLRD/COPD Mortality per 100,000, 18+ Years	81.7	<u>s</u>	<u>s</u>	0.0 <u>~</u>	74.6
COPD/CLRD Hospitalizations per 10,000, 18+ Years	36.4	27.3	3.4 <u>~</u>	9.4 <u>~</u>	36.7

Health Indicator	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
Heart Disease and Stroke Indicators					
Diseases of the Heart Mortality per 100,000, Age-adjusted	218.1	279.6	77.3~	138.9~	219.2
Diseases of the Heart Hospitalizations per 10,000, Age-adjusted	82.8	130.2	14.9~	40.3	92.3
Cerebrovascular Disease (Stroke) Mortality per 100,000, Age-adjusted	36.8	72.1~	58.0~	0.0~	37.1
Cerebrovascular Disease (Stroke) Hospitalizations per 10,000, Age-adjusted	21.8	30.1	9.3~	11.9~	24.4
Coronary Heart Disease Mortality per 100,000, Age-adjusted	161.0	188.5~	69.0~	69.1~	161.2
Coronary Heart Disease Hospitalizations per 10,000, Age-adjusted	33.7	44.5	6.3~	12.5~	38.2
Congestive Heart Failure Mortality per 100,000, 18+ Years	31.0	0.0~	0.0~	s	28.4
Congestive Heart Failure Hospitalizations per 10,000, Age 18+ Years	40.9	34.2	2.9~	4.7~	41.9
Diabetes Indicators					
Diabetes Mortality per 100,000, Age-adjusted	23.2	20.4~	s	71.4~	23.6
Diabetes Hospitalizations per 10,000 (Primary Dx ICD9 250), Age-adjusted	11.9	44.2	3.8~	5.1~	14.0
Diabetes Hospitalizations per 10,000 (Any Dx ICD9 250), Age-adjusted	170.7	363.2	60.2	89.3	191.9
Diabetes Short-term Complications Hospitalizations per 10,000, Age 6-18 Years	5.0	6.3~	0.0~	s	5.5
Diabetes Short-term Complications Hospitalizations per 10,000, Age 18+ Years	4.0	15.9	s	s	4.7
Cancer Indicators					
Lung Cancer Incidence per 100,000, Age-adjusted (2003-07)	71.8	168.8	s	73.1~	72.0
Colorectal Cancer Mortality per 100,000, Age-adjusted (2003-07)	15.8	36.7~	s	s	16.1
Female Breast Cancer Mortality per 100,000, Age-adjusted (2003-07)	22.0	s	s	s	21.8
Cervix Uteri Cancer Mortality per 100,000, Age-adjusted (2003-07)	1.6~	s	s	s	1.5~
Percent Early Stage Colorectal Cancer (2003-07)	45.8%	68.8%~	s	s	46.5%
Percent Early Stage Female Breast Cancer (2003-07)	63.6%	80.0%~	s	s	64.0%
Percent Early Stage Cervical Cancer (2003-07)	64.1%	s	s	s	63.4%
Substance Abuse and Mental Health-Related Indicators					
Drug-related Hospitalizations per 10,000, Age-adjusted	19.0	51.2	4.4~	16.3	21.8
Suicide Mortality per 100,000, Age-adjusted	12.0	s	0.0~	0.0~	11.5

Key

Symbol	Meaning
s	Total suppressed for confidentiality
~	Fewer than 20 events in the numerator; therefore the rate is unstable
*	Hispanics are not excluded from the Black and Asian/Pacific Islander categories. Pacific Islanders are not included in the Asian/Pacific Islander category

Source: New York State Department of Health

Child and Adolescent Health Broome County, 2006-2008

Indicator	3 Year Total	County Rate	NYS Rate	<u>Sig.Dif.</u>	NYS Rate exc NYC	<u>Sig.Dif.</u>	Ranking Quartile
Childhood Mortality (per 100,000)							
1-4 years	7	29.8*	22.3	No	23.8	No	3rd
5-9 years	3	9.7*	11.6	No	11.8	No	2nd
10-14 years	6	17.4*	12.5	No	12.7	No	3rd
Asthma Hospitalization rate per 10,000							
0-4 years	65	21.8	59.4	Yes	35.7	Yes	2nd
5-14 years	62	9.5	21.4	Yes	10.4	No	3rd
0-17 years	134	11.3	29.4	Yes	15.6	Yes	2nd
Gastroenteritis hospitalization rate per 10,000 (0-4 yrs)	60	20.2	26.5	Yes	18.7	No	3rd
Otitis media hospitalization rate per 10,000 (0-4 yrs)	7	2.4*	3.5	No	2.6	No	3rd
Pneumonia hospitalization rate per 10,000 (0-4 yrs)	192	64.5	45.3	Yes	38.3	Yes	4th
% children born in 2003 or 2004 screened for lead by age 2 (blood tests though 2007)	2,622	63.9	N/A	N/A	81.9	Yes	4th
Incidence rate per 1,000 among children <72 months of age with a confirmed blood lead levels >=10 ug/dl (2005-2007)	99	15.9	N/A	N/A	10.4	Yes	3rd

s: Total suppressed for confidentiality

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

Source: New York State Department of Health

Injury Mortality and Morbidity Broome County, 2006-2008

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	Ranking Quartile
Suicide Mortality Rate per 100,000							
Crude	68	11.6	7.0	Yes	8.2	Yes	3rd
Age-adjusted	68	11.5	6.8	Yes	8.0	Yes	3rd
15-19 years	s	4.1*	3.6	No	4.2	No	3rd
Self-Inflicted Injury Hospitalization Rate per 10,000							
Crude	464	7.9	5.1	Yes	5.8	Yes	3rd
Age-adjusted	464	8.2	5.0	Yes	5.9	Yes	3rd
15-19 years	52	10.7	9.1	No	10.1	No	2nd
Homicide Mortality Rate per 100,000							
Crude	12	2.0*	4.5	Yes	3.0	No	3rd
Age-adjusted	12	2.2*	4.5	Yes	3.1	No	3rd
Assault Hospitalization Rate per 10,000							
Crude	136	2.3	5.0	Yes	2.8	Yes	3rd
Age-adjusted	136	2.4	5.0	Yes	2.8	Yes	3rd
Unintentional Injury Mortality Rate per 100,000							
Crude	194	33.0	24.8	Yes	29.8	No	3rd
Age-adjusted	194	28.0	23.4	Yes	27.8	No	2nd
Unintentional Injury Hospitalization Rate per 10,000							
Crude	4,798	81.6	69.9	Yes	73.1	Yes	4th
Age-adjusted	4,798	66.4	65.8	No	66.5	No	3rd
<10 years	139	22.9	27.6	Yes	23.2	No	3rd
10-14 years	66	19.2	23.7	No	21.9	No	2nd
15-24 years	227	22.9	34.0	Yes	34.9	Yes	1st
25-64 years	1,418	47.7	48.0	No	46.6	No	3rd
65+ years	2,948	304.7	260.3	Yes	280.9	Yes	4th
Falls Hospitalization Rate per 10,000							
Crude	3,039	51.7	39.5	Yes	42.8	Yes	4th
Age-adjusted	3,039	38.9	36.2	Yes	37.4	No	4th
<10 years	57	9.4	10.2	No	9.0	No	3rd
10-14 years	23	6.7	8.0	No	7.0	No	3rd
15-24 years	43	4.3	7.0	Yes	6.3	Yes	1st
25-64 years	616	20.7	18.7	Yes	18.4	Yes	4th
65-74 years	409	90.9	77.4	Yes	80.0	Yes	4th
75-84 years	896	256.7	232.5	Yes	248.7	No	3rd
85+ years	995	589.1	546.9	Yes	617.3	No	3rd

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	Ranking Quartile
Poisoning Hospitalization Rate per 10,000							
Crude	597	10.2	10.4	No	9.7	No	3rd
Age-adjusted	597	10.3	10.2	No	9.6	No	3rd
Motor Vehicle Mortality Rate per 100,000							
Crude	51	8.7	7.2	No	9.4	No	2nd
Age-adjusted	51	8.1	7.0	No	9.1	No	2nd
Non-Motor Vehicle Mortality Rate per 100,000							
Crude	143	24.3	17.6	Yes	20.4	No	4th
Age-adjusted	143	19.9	16.4	No	18.7	No	3rd
Traumatic Brain Injury Hospitalization Rate per 10,000							
Crude	663	11.3	9.7	Yes	9.9	Yes	4th
Age-adjusted	663	9.9	9.3	No	9.4	No	4th
Alcohol Related Motor Vehicle Injuries and Deaths per 100,000	265	4.5	3.9	Yes	5.4	Yes	1st

s: Total suppressed for confidentiality

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

Source: New York State Department of Health

Family Planning/Natality Broome County, 2006-2008

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	Ranking Quartile
% of births within 24 months of previous pregnancy	1,255	19.9	13.6	Yes	15.8	Yes	4th
% of births to teens (10-17 years)	166	2.6	2.2	Yes	2.1	Yes	3rd
% of births to women 35+ years	808	12.8	19.9	Yes	20.1	Yes	2nd
Fertility rate per 1,000 (all births/female population 15-44)	6,319	52.1	61.4	Yes	58.8	Yes	2nd
Teen fertility rate per 1,000 (births to mothers aged 10-17/female population 10-17)	166	5.8	5.4	No	4.5	Yes	3rd
Pregnancy Rate per 1,000 (all pregnancies/female population 15-44 years)	9,212	76.0	95.2	Yes	78.5	Yes	3rd
Teen Pregnancy Rate per 1,000							
10-14 years	18	1.1*	1.4	No	0.9	No	3rd
15-17 years	295	25.3	34.7	Yes	23.2	No	3rd
15-19 years	1,037	42.7	57.8	Yes	40.8	No	3rd
Abortion Ratio (induced abortions per 100 live births)							
15-19 years	421	72.1	120.7	Yes	82.3	Yes	3rd
All ages	2,459	38.9	47.9	Yes	28.7	Yes	4th

s: Total suppressed for confidentiality

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

Source: New York State Department of Health

Cancer Incidence and Mortality Broome County, 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 (+/-)
All Invasive Malignant Tumors	662.6	633.4	21.6	592.6	451.0	16.8	227.4	217.4	12.7	233.8	159.3	9.5
Oral Cavity and Pharynx	16.6	15.5	3.3	10.2	7.7	2.2	3.0	2.8	1.4	2.2	1.6	1.0
Esophagus	12.0	11.4	2.9	2.8	1.9	1.0	9.0	8.8	2.6	3.0	2.1	1.1
Stomach	9.4	9.2	2.6	6.0	4.2	1.5	2.8	2.7	1.4	3.8	2.6	1.2
Colorectal	66.0	62.9	6.8	69.4	47.9	5.2	18.8	17.9	3.6	22.4	14.8	2.9
Colon Excluding Rectum	47.0	44.9	5.8	51.2	34.1	4.3	15.2	14.5	3.3	18.0	11.8	2.5
Rectum & Rectosigmoid	19.0	18.1	3.6	18.2	13.8	2.9	3.6	3.4	1.6	4.4	3.0	1.3
Liver / Intrahepatic Bile Duct	8.0	7.5	2.3	3.2	2.4	1.2	7.8	7.4	2.3	3.6	2.7	1.3
Pancreas	14.8	14.2	3.2	12.2	8.1	2.1	13.0	12.5	3.0	12.8	8.1	2.1
Larynx	10.0	9.6	2.7	1.0	0.8	0.7	1.6	1.5	1.1	1.0	0.6	0.6
Lung and Bronchus	89.2	84.6	7.9	86.4	62.5	6.0	65.4	62.4	6.8	64.0	44.3	5.0
Melanoma of the Skin	26.2	25.4	4.4	16.2	13.4	3.0	5.4	5.2	2.0	2.2	1.8	1.1
Female Breast				153.8	123.4	9.0				31.6	21.8	3.5
Cervix Uteri				8.8	8.5	2.6				2.0	1.5	1.0
Corpus Uterus and NOS				39.8	32.6	4.7				6.4	4.3	1.5
Ovary				17.8	13.4	2.8				14.0	10.2	2.5
Prostate	215.0	202.3	12.1				24.2	23.2	4.1			
Testis	6.2	7.0	2.5				0.0	0.0	0.0			
Urinary Bladder (incl. in situ)	50.0	47.8	5.9	15.0	10.9	2.5	8.8	8.4	2.5	3.6	2.1	1.0
Kidney and Renal Pelvis	22.6	21.7	4.0	13.6	10.8	2.7	5.2	5.0	1.9	4.6	3.2	1.4
Brain and Other Nervous System	9.2	9.1	2.7	6.4	5.4	1.9	6.2	5.9	2.1	5.0	3.8	1.5

Site of Cancer	Incidence						Mortality					
	Males			Females			Males			Females		
	Average Annual Cases	Rate per 100,000 Males	95% CI (+/-)	Average Annual Cases	Rate per 100,000 Females	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Males	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Females	95% CI (+/-)
Thyroid	7.4	7.4	2.4	24.0	22.4	4.1	0.4	0.4	0.5	0.8	0.6	0.6
Hodgkin Lymphoma	3.4	3.3	1.6	2.6	2.3	1.3	0.0	0.0	0.0	0.6	0.4	0.5
Non-Hodgkin Lymphomas	25.6	25.0	4.4	22.2	15.6	3.0	9.0	8.7	2.5	6.8	4.2	1.5
Multiple Myeloma	5.2	5.1	2.0	8.0	5.4	1.7	2.8	2.6	1.4	3.8	2.4	1.1
Leukemias	16.0	15.8	3.5	10.6	7.6	2.2	10.0	9.6	2.7	5.6	3.8	1.5

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.

Source: New York State Cancer Registry

CL – Clinical Indicators

HIV/AIDS and STDs Broome County, 2006-2008

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	Ranking Quartile
HIV/AIDS							
AIDS case rate per 100,000	59	10.0	21.0	Yes	7.1	Yes	4th
HIV case rate per 100,000	44	7.5	23.7	Yes	8.2	No	3rd
AIDS mortality rate per 100,000	22	3.7	7.0	Yes	2.3	No	4th
AIDS mortality rate age-adjusted	22	4.0	6.6	No	2.2	No	4th
SEXUALLY TRANSMITTED DISEASES							
Early Syphilis rate per 100,000	11	1.9 *	11.3	Yes	2.6	No	3rd
Gonorrhea rate per 100,000							
All Ages	437	74.3	90.2	Yes	64.1	Yes	4th
15-19 years	99	204.0	315.5	Yes	235.6	No	3rd
Chlamydia rate per 100,000							
Males							
All Ages	493	173.0	253.4	Yes	149.5	Yes	4th
15-19 years	100	412.3	789.3	Yes	476.5	No	3rd
20-24 years	203	785.1	1154.5	Yes	719.1	No	4th
Females							
All Ages	986	325.5	557.9	Yes	387.3	Yes	3rd
15-19 years	350	1441.4	2965.2	Yes	2085.1	Yes	3rd
20-24 years	408	1658.5	2728.8	Yes	2008.6	Yes	3rd
Pelvic inflammatory disease (PID) hospitalization rate per 10,000 women ages 15-44 years	49	4.0	5.2	No	3.7	No	3rd

s: Total suppressed for confidentiality

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

Source: New York State Department of Health

Heart Disease and Stroke Broome County, 2006-2008

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	Ranking Quartile
CARDIOVASCULAR DISEASE							
Mortality rates per 100,000 (ICD-10 I00-I99)							
Crude	2,331	396.5	306.7	Yes	316.5	Yes	4th
Age-adjusted	2,331	272.6	269.2	No	262.9	No	3rd
Premature death (ages 35-64)	286	127.3	106.7	Yes	100.7	Yes	3rd
Pre-transport mortality	1,293	219.9	146.9	Yes	158.3	Yes	4th
Hospitalization rates per 10,000 (ICD-9 390-459)							
Crude	10,346	176.0	192.3	Yes	194.3	Yes	2nd
Age-adjusted	10,346	136.4	176.4	Yes	169.8	Yes	1st
DISEASE OF THE HEART							
Mortality rates per 100,000 (ICD-10 I00-I09, I11, I13, I20-I51)							
Crude	1,865	317.2	256.9	Yes	256.4	Yes	4th
Age-adjusted	1,865	219.4	225.1	No	212.8	No	3rd
Premature death (ages 35-64)	244	108.6	87.8	Yes	83.0	Yes	4th
Pre-transport mortality	1,058	180.0	128.8	Yes	132.6	Yes	4th
Hospitalization rates per 10,000 (ICD-9 390-398, 402, 404-429)							
Crude	7,018	119.4	133.7	Yes	137.2	Yes	1st
Age-adjusted	7,018	92.3	122.3	Yes	119.7	Yes	1st
CORONARY HEART DISEASE							
Mortality rates per 100,000 (ICD-10 I11, I20-I25)							
Crude	1,374	233.7	211.8	Yes	191.5	Yes	4th
Age-adjusted	1,374	161.3	185.7	Yes	158.8	No	3rd
Premature death (ages 35-64)	182	81.0	72.8	No	63.7	Yes	3rd
Pre-transport mortality	803	136.6	108.8	Yes	102.1	Yes	4th
Hospitalization rates per 10,000 (ICD-9 402, 410-414, 429)							
Crude	2,806	47.7	59.1	Yes	59.5	Yes	1st
Age-adjusted	2,806	38.2	54.1	Yes	51.9	Yes	1st
CONGESTIVE HEART FAILURE							
Mortality rates per 100,000 (ICD-10 I50)							
Crude	134	22.8	14.1	Yes	20.2	No	3rd
Age-adjusted	134	14.9	12.1	No	16.4	No	2nd
Premature death (ages 35-64)	3	1.3*	1.8	No	2.2	No	2nd
Pre-transport mortality	75	12.8	7.2	Yes	10.9	No	3rd

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	Ranking Quartile
Hospitalization rates per 10,000 (ICD-9 428)							
Crude	1,965	33.4	34.5	No	33.9	No	3rd
Age-adjusted	1,965	24.1	31.2	Yes	29.0	Yes	1st
CEREBROVASCULAR DISEASE (STROKE)							
Mortality rates per 100,000 (ICD-10 I60-I69)							
Crude	326	55.4	31.2	Yes	39.9	Yes	4th
Age-adjusted	326	37.1	27.6	Yes	33.3	No	3rd
Premature death (ages 35-64)	29	12.9	10.9	No	11.1	No	3rd
Pre-transport mortality	159	27.0	10.8	Yes	16.3	Yes	4th
Hospitalization rates per 10,000 (ICD-9 430-438)							
Crude	1,882	32.0	28.4	Yes	30.3	Yes	3rd
Age-adjusted	1,882	24.4	25.9	Yes	26.3	Yes	2nd
Behavior/Risk Indicator (2008-09)	County Rate	CI #	NYS Rate	CI #	Upstate	CI #	
% of adults with diagnosis of heart attack, stroke, or angina	7.0	± 2.4	7.6	± 1.1	7.2	± 0.6	2nd
% of adults with cholesterol checked in the last 5 years	73.8	± 5.8	77.3	± 2.6	79.3	± 1.3	3rd
% of adults ever told they have high blood pressure	28.9	± 4.9	25.7	± 1.9	27.1	± 1.1	3rd

s: Total suppressed for confidentiality

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

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

Source: New York State Department of Health

Occupational Health Broome County, 2006-2008

Indicator	3 Year Total	County Rate	NYS Rate	<u>Sig.Dif.</u>	NYS Rate exc NYC	<u>Sig.Dif.</u>	Ranking Quartile
Incidence of Malignant Mesothelioma per 1,000,000 Persons Age 15+ (2002-06)	10	12.2*	10.2	No	12.8	No	3rd
HOSPITALIZATION RATES per 100,000 Persons Age 15+							
Pneumoconiosis (ICD-9 500-505)	32	6.5	13.6	Yes	18.8	Yes	1st
Asbestosis (ICD-9 501)	29	5.9	12.2	Yes	16.8	Yes	1st
Work Related Hospitalizations per 10,000 Employed Persons Age 16+	452	16.2	15.5	No	12.6	Yes	2nd
ELEVATED BLOOD LEAD LEVELS per 100,000 Employed Persons Age 16+							
>=10 µg/dL	36	12.9	27.9	Yes	18.9	Yes	1st
>=25 µg/dL	12	4.3*	4.5	No	3.0	No	2nd
Fatal Work-related Injuries per 100,000 Employed Persons Age 16+	7	2.5*	2.5	No	1.6	No	2nd

s: Total suppressed for confidentiality

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

Source: New York State Department of Health

Respiratory Diseases Broome County, 2006-2008

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	Ranking Quartile
CLRD (COPD) mortality rate per 100,000							
Crude	350	59.5	33.8	Yes	45.8	Yes	3rd
Age-Adjusted	350	43.6	30.6	Yes	39.2	No	2nd
COPD (CLRD) hospitalization rate per 10,000							
Crude	1,858	31.6	38.0	Yes	32.7	No	2nd
Age-Adjusted	1,858	27.4	36.7	Yes	30.1	Yes	2nd
Asthma Hospitalization rates per 10,000							
Total Population - Crude	604	10.3	20.5	Yes	12.1	Yes	2nd
Total Population - Age-adjusted	604	10.2	20.6	Yes	12.1	Yes	2nd
0-4 years	65	21.8	59.4	Yes	35.7	Yes	2nd
0-17 years	134	11.3	29.4	Yes	15.6	Yes	2nd
5-64 years	374	8.1	15.8	Yes	9.1	Yes	2nd
65+ years	165	17.1	30.9	Yes	19.3	No	2nd
Asthma mortality rate per 1,000,000							
Crude	6	10.2*	12.3	No	8.4	No	3rd
Age-Adjusted	6	7.2*	11.5	No	7.4	No	2nd
Behavior/Risk Indicator (2008-09)(Age-adjusted)	County Rate	CI #	NYS Rate	CI #	Upstate	CI #	
% of adults with current asthma	11.6	± 3.4	9.7	± 1.5	10.1	± 0.8	3rd

s: Total suppressed for confidentiality

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

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

Source: New York State Department of Health

Cirrhosis/Diabetes Broome County, 2006-2008

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	Ranking Quartile
CIRRHOSIS							
Mortality rates per 100,000 (ICD-10 K70,K73-K74)							
Crude	66	11.2	6.6	Yes	7.5	Yes	4th
Age-adjusted	66	9.5	6.1	Yes	6.6	Yes	4th
Hospitalization rates per 10,000 (ICD-9 571)							
Crude	159	2.7	3.3	Yes	2.7	No	3rd
Age-adjusted	159	2.5	3.1	Yes	2.4	No	3rd
DIABETES							
Mortality rate per 100,000 (ICD-10 E10-E14)							
Crude	184	31.3	19.2	Yes	19.0	Yes	4th
Age-adjusted	184	23.6	17.4	Yes	16.3	Yes	4th
Hospitalization rate per 10,000 (Primary dx ICD-9 250)							
Crude	903	15.4	21.0	Yes	15.6	No	3rd
Age-adjusted	903	14.0	19.9	Yes	14.5	No	2nd
Hospitalization rate per 10,000 (Any dx ICD-9 250)							
Crude	13,886	236.2	246.1	Yes	225.4	Yes	2nd
Age-adjusted	13,886	191.9	227.4	Yes	199.8	Yes	2nd
Behavior/Risk Indicator (2008-09)(Age-adjusted)	County Rate	CI #	NYS Rate	CI #	Upstate	CI #	
Diabetes prevalence rate per 100 adults	8.6	± 2.4	9.0	± 1.3	8.5	± 0.5	2nd

s: Total suppressed for confidentiality

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

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

Source: New York State Department of Health

Selected Causes of Death by Resident County New York State, 2009

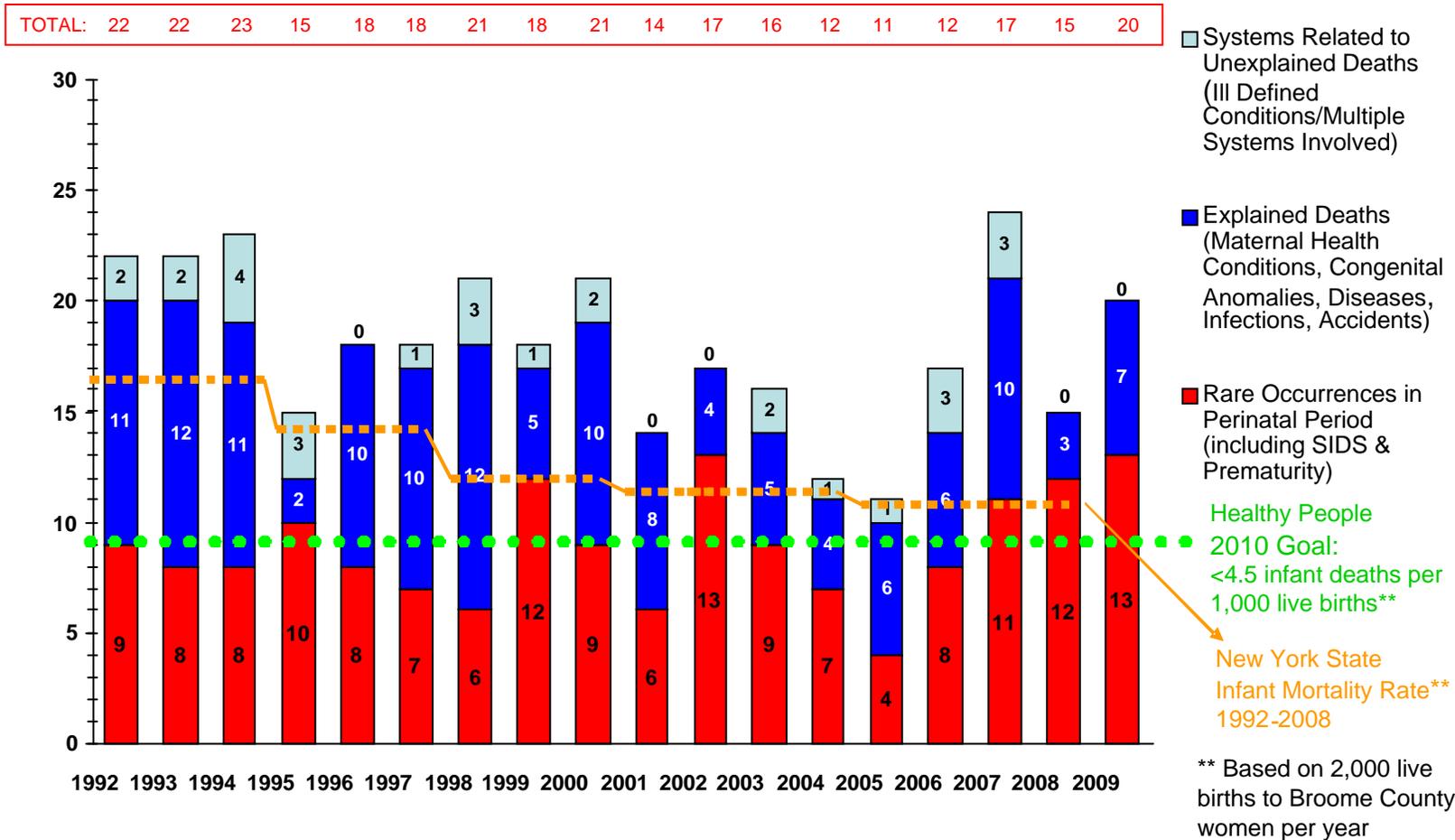
County	Total	Cause of Death											
		Diseases of the Heart	Malignant Neoplasms	Cerebrovascular Disease	AIDS	Pneumonia	Chronic Lower Respiratory Disease	Total Accidents	Diabetes Mellitus	Homicide/Legal Intervention	Cirrhosis of the Liver	Suicide	
New York State													
New York State	144,874	46,312	34,822		5,823	1,080	4,334	6,661	4,268	3,684	819	1,272	1,257
New York City													
New York City	51,450	19,715	12,279		1,504	897	2,180	1,532	1,388	1,653	482	468	430
Bronx	9,058	2,977	2,061		242	319	361	317	258	351	115	101	83
Kings	15,385	6,439	3,534		392	248	666	347	382	536	208	136	122
New York	9,812	3,017	2,624		356	212	453	322	256	274	58	89	82
Queens	13,811	5,778	3,260		422	96	553	414	382	381	81	116	117
Richmond	3,384	1,504	800		92	22	147	132	110	111	20	26	26
Rest of State													
Rest of State	93,424	26,597	22,543		4,319	183	2,154	5,129	2,880	2,031	337	804	827
Albany	2,580	732	613		114	10	58	131	70	40	6	24	12
Allegany	441	131	96		20	0	21	32	14	11	0	3	6
Broome	2,089	598	472		122	1	60	113	45	65	15	21	16
Cattaraugus	805	270	177		37	1	12	59	23	21	1	7	14
Cayuga	688	186	134		34	0	14	61	33	14	1	5	8
Chautauqua	1,335	345	317		64	3	17	125	35	35	2	7	13
Chemung	941	206	234		43	2	24	88	32	18	1	13	9
Chenango	523	210	112		27	0	7	34	14	9	1	13	4
Clinton	645	156	140		19	1	18	45	34	14	1	11	10
Columbia	607	182	146		33	1	9	42	24	5	1	4	7
Cortland	405	82	94		26	1	14	34	11	9	1	4	6

County	Total	Cause of Death										
		Diseases of the Heart	Malignant Neoplasms	Cerebrovascular Disease	AIDS	Pneumonia	Chronic Lower Respiratory Disease	Total Accidents	Diabetes Mellitus	Homicide/Legal Intervention	Cirrhosis of the Liver	Suicide
Delaware	534	174	108	27	0	8	32	21	20	1	5	0
Dutchess	2,270	627	569	82	4	45	139	71	47	8	20	23
Erie	9,361	2,298	2,182	514	26	207	450	264	281	69	83	74
Essex	389	97	99	19	0	6	27	16	9	0	6	2
Franklin	456	113	102	25	0	12	22	22	16	0	7	6
Fulton	562	169	141	25	0	5	43	14	9	1	7	0
Genesee	609	179	143	20	1	12	39	18	23	1	4	5
Greene	503	131	127	35	3	6	29	22	6	1	8	5
Hamilton	70	15	19	1	0	1	7	6	3	0	1	0
Herkimer	637	225	122	28	0	30	37	24	11	0	4	4
Jefferson	906	257	196	68	0	12	53	33	17	7	3	17
Lewis	253	69	63	10	0	2	14	5	12	1	2	4
Livingston	491	105	120	32	0	21	42	20	6	1	3	5
Madison	542	128	145	29	0	7	37	22	11	0	3	4
Monroe	6,169	1,434	1,492	326	15	185	267	165	100	32	40	58
Montgomery	581	197	109	22	0	10	28	17	22	0	5	4
Nassau	10,418	3,963	2,503	400	19	233	421	254	172	36	74	55
Niagara	2,285	759	473	130	3	45	144	69	49	7	16	17
Oneida	2,410	706	531	117	3	51	139	46	55	8	22	22
Onondaga	3,916	855	991	183	8	103	222	153	95	29	32	38
Ontario	949	226	231	52	0	23	51	31	25	4	15	12
Orange	2,450	650	637	98	13	66	137	82	47	12	13	28
Orleans	408	127	97	19	1	8	24	11	5	2	3	5
Oswego	988	273	256	42	2	16	58	37	17	2	16	11
Otsego	597	180	133	22	1	4	44	12	16	1	6	6
Putnam	636	184	160	32	0	13	44	25	12	1	7	5
Rensselaer	1,486	415	310	71	3	29	106	35	32	3	17	16

County	Total	Cause of Death										
		Diseases of the Heart	Malignant Neoplasms	Cerebrovascular Disease	AIDS	Pneumonia	Chronic Lower Respiratory Disease	Total Accidents	Diabetes Mellitus	Homicide/Legal Intervention	Cirrhosis of the Liver	Suicide
Rockland	2,011	680	466	101	8	64	83	41	35	2	16	9
St Lawrence	986	240	231	43	0	26	89	30	26	2	17	12
Saratoga	1,677	442	459	87	0	41	126	44	33	1	13	19
Schenectady	1,495	423	353	62	2	25	101	39	42	8	14	17
Schoharie	276	70	76	11	0	6	17	12	12	1	5	2
Schuyler	168	51	34	6	0	6	11	4	10	0	3	3
Seneca	318	77	71	17	0	9	19	18	9	0	4	7
Steuben	947	241	217	37	3	21	69	32	26	1	8	11
Suffolk	11,155	3,300	2,851	435	18	235	513	441	204	36	77	81
Sullivan	721	197	161	24	4	21	42	29	27	2	9	8
Tioga	394	91	99	15	0	6	27	17	10	0	7	0
Tompkins	599	148	132	34	1	11	34	28	14	3	6	15
Ulster	1,515	406	396	73	7	40	98	49	30	1	10	25
Warren	596	144	161	29	0	6	40	18	16	1	3	6
Washington	610	137	162	25	0	11	31	20	21	0	3	8
Wayne	780	184	193	35	0	25	59	28	19	0	10	12
Westchester	6,664	1,970	1,732	293	18	169	311	188	118	21	60	50
Wyoming	329	87	92	12	0	4	20	5	14	0	4	7
Yates	248	55	63	12	0	14	19	7	6	1	1	4

Causes of Death of Broome County Infants*

1992-2009



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

Motor Vehicle Accidents Broome County 2007-2009

Accident Summary Totals									
	2007			2008			2009		
Category Totals	County Total	NYS Total	% of NYS	County Total	NYS Total	% of NYS	County Total	NYS Total	% of NYS
Total Accidents	4,122	323,106	1.3	4,267	316,231	1.3	4,058	314,974	1.3
Fatal Accidents	1419	1,220	1.1	5	1,160	0.4	8	1,060	0.8
Non-Fatal Personal Injury Accidents	1,307	139,117	0.9	1,306	134,894	1.0	1,248	133,888	0.9
Reportable Property Damage Accidents	2,801	182,769	1.5	2,956	180,177	1.6	2,802	180,026	1.6
Manner of Collision									
Single Vehicle Accidents	1,690	103,286	1.6	1,970	104,790	1.9	1,736	101,080	1.7
Multiple Vehicle Accidents	2,432	219,820	1.1	2,297	211,441	1.1	2,322	213,894	1.1
Special Accident Series									
Pedestrian/Motor Vehicle Accidents	84	15,701	0.5	81	15,620	0.5	89	15,682	0.6
Bicycle/Motor Vehicle Accidents	42	5,535	0.8	40	5,646	0.7	46	5,620	0.8
Motorcycle Accidents	59	5,426	1.1	72	5,396	1.3	65	5,150	0.8
Fatalities									
Persons Killed (1)	16	1,317	1.2	5	1,224	0.4	9	1,148	0.8
Drivers Killed	9	762	1.2	2	669	0.3	4	603	0.7
Passengers Killed	2	231	0.9	0	211	0.0	5	209	2.4
Pedestrians Killed	4	272	1.5	3	302	1.0	0	307	0.0
Bicyclists Killed	0	50	0.0	0	42	0.0	0	29	0.0
Other	1	2	50.0	0	0	0.0	0	0	0.0
Non-Fatal Injuries									
Persons Injured (1)	1,705	194,255	0.9	1,695	187,160	0.9	1,600	186,034	0.9
Drivers Injured	1,136	119,314	1.0	1,123	114,393	1.0	1,061	112,855	0.9
Passengers Injured	447	53,261	0.8	448	51,120	0.9	401	51,499	0.8
Pedestrians Injured	80	15,472	0.5	80	15,317	0.5	87	15,321	0.6
Bicyclists Injured	40	5,373	0.7	37	5,422	0.7	46	5,405	0.9
Other	2	835	0.2	7	908	0.8	5	954	0.5
(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

Motor Vehicle Accidents Broome County 2007-2009

Crash Rates and Fatality & Injury Rates			
	2007	2008	2009
Crash Rates			
Crash Rate per 10,000 Population	210.34	218.80	208.50
Crash Rate per 10,000 Licensed Drivers	282.54	297.20	283.85
Fatality & Injury Rates			
Fatality & Injury Rate per 10,000 Population	87.82	87.17	82.67
Fatality & Injury Rate per 10,000 Licensed Drivers	117.96	118.41	112.55

Day of Week/Time of Day (2009)						
	Total Accidents	Time of Day				
		Mid-6am	6am-Noon	Noon-6pm	6pm-Mid	Unknown
Total	4,058	421	949	1,688	865	135
Sunday	479	100	82	183	103	11
Monday	494	44	119	228	92	11
Tuesday	572	37	159	227	130	19
Wednesday	627	55	164	250	139	19
Thursday	645	48	184	263	126	24
Friday	719	53	155	328	157	26
Saturday	522	84	86	209	118	25

Police Investigating Agency						
	2007		2008		2009	
	#	%	#	%	#	%
Total	3,643	100.0	3,723	100.0	3,539	100.0
State Police	1,129	31.0	1,191	32.0	1,034	29.2
County Police	872	23.9	965	25.9	988	27.9
Municipal Police (non-NYC)	1,642	45.1	1,567	42.1	1,516	42.8
Unknown	0	0.0	0	0.0	1	<0.1

Source: www.safetyny.com

Motor Vehicle Accidents Broome County, 2007-2009

Driver Gender and Age						
	2007		2008		2009	
	#	%	#	%	#	%
Total Drivers	6,463	100.0	6,465	100.0	6,247	100.0
Male	3,485	53.9	3,434	53.1	3,286	52.6
Female	2,710	41.9	2,737	42.3	2,655	42.5
Unknown	268	4.1	294	4.5	306	4.9
Under Age 16	1	<0.1	1	<0.1	1	<0.1
Ages 16-20	949	14.7	937	14.5	866	13.9
Ages 21-29	1,323	20.5	1,361	21.1	1,330	21.3
Ages 30-39	974	15.1	907	14.0	919	14.7
Ages 40-49	1,100	17.0	1,074	16.6	938	15.0
Ages 50-59	881	13.6	906	14.0	865	13.8
Ages 60-69	483	7.5	491	7.6	522	8.4
Ages 70 and Over	466	7.2	484	7.5	494	7.9
Unknown Age	286	4.4	301	4.7	312	5.0

Source: www.safetyny.com

Motor Vehicle Accidents Broome County 2007-2009

Select Accident Contributing Factors						
	2007		2008		2009	
	#	%	#	%	#	%
Total Accidents	3,643		3,723		3,539	
Alcohol Involvement*	165	4.5	180	4.8	153	4.3
Backing Unsafely	128	3.5	132	3.5	136	3.8
Driver Inattention/Distraction	765	21.0	790	21.2	818	23.1
Driver Inexperience	100	2.7	89	2.4	82	2.3
Failure to Keep Right	108	3.0	85	2.3	94	2.7
Failure to Yield R.O.W.	460	12.6	394	10.6	440	12.4
Following Too Closely	503	13.8	433	11.6	550	13.5
Passing/Lane Violations	370	10.2	371	10.0	360	10.2
Traffic Control Disregarded	153	4.2	150	4.0	134	3.8
Turning Improperly	82	2.3	72	1.9	112	3.2
Unsafe Speed*	427	11.7	554	14.9	420	11.9

* 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.

Persons Killed or Injured by Age Group (2007-2009)									
Age Group	2007			2008			2009		
	Total #	%	# of Ped/Bike	Total #	%	# of Ped/Bike	Total #	%	# of Ped/Bike
Total	1,721	100.0	124	1,700	100.0	120	1,609	100.0	133
Under Age 4	8	0.5	0	7	0.4	0	14	0.9	0
Ages 4-6	12	0.7	0	12	0.7	3	15	0.9	2
Ages 7-15	107	6.2	24	103	6.1	25	84	5.2	24
Ages 16-17	72	4.2	4	87	5.1	3	62	3.9	3
Ages 18-20	171	9.9	18	173	10.2	13	196	12.2	16
Ages 21-29	339	19.7	24	330	19.4	15	319	19.8	23
Ages 30-39	224	13.0	13	234	13.8	12	223	13.9	12
Ages 40-49	284	16.5	12	254	14.9	16	231	14.4	20
Ages 50-59	208	12.1	10	222	13.1	10	204	12.7	11
Ages 60-69	126	7.3	5	118	6.9	4	104	6.5	6
Ages 70 and over	118	6.9	9	122	7.2	7	129	8.0	8
Unknown Age	52	3.0	5	38	2.2	12	28	1.7	8

Source: www.safetyny.com

Motor Vehicle Accidents Broome County 2007-2009

Reported Safety Equipment Use						
	2007		2008		2009	
	# Killed or Injured	%	# Killed or Injured	%	# Killed or Injured	%
Motor Vehicle Occupants	1,486	100.0	1,461	100.0	1,362	100.0
No Restraint Used	76	5.1	86	5.9	74	5.4
Restraint Used	1,349	90.8	1,297	88.8	1,246	91.5
Unknown	61	4.1	78	5.3	42	3.1
Motorcyclists	56	100.0	69	100.0	58	100.0
No Helmet Used	6	10.7	5	7.2	4	6.9
Helmet Used	47	83.9	61	88.4	49	84.5
Unknown	3	5.4	3	4.3	5	8.6
Bicyclists	39	100.0	37	100.0	46	100.0
No Helmet Used	21	53.8	20	54.1	22	47.8
Helmet Used	7	17.9	3	8.1	8	17.4
Unknown	11	28.2	14	37.8	16	34.8

Source: www.safetyny.com

Motor Vehicle Accidents Broome County 2007-2009

Fatal & Personal Injury Crashes, Crash Rate per Roadway Mile, and Fatalities & Injuries by County Jurisdiction															
	Jurisdiction	Pop.	%	Miles	%	Pop/ Mile	2007			2008			2009		
							F&PI Crashes	Crashes/ Mile	# Killed & Injured	F&PI Crashes	Crashes/ Mile	# Killed & Injured	F&PI Crashes	Crashes/ Mile	# Killed & Injured
Towns	Barker	2,679	1.4	85.6	4.3	31.3	19	0.2	25	12	0.1	18	28	0.3	30
	Binghamton	4,961	2.5	72.6	3.7	68.3	19	0.3	20	19	0.3	32	28	0.4	32
	Chenango	11,342	5.7	107.3	5.4	105.7	76	0.7	96	81	0.8	94	74	0.7	89
	Colesville	5,438	2.8	165.8	8.4	32.8	40	0.2	48	33	0.2	42	27	0.2	42
	Conklin	5,873	3.0	71.7	3.6	81.9	24	0.3	33	29	0.4	38	22	0.3	31
	Dickinson	3,559	1.8	22.1	1.1	161.0	32	1.4	38	34	1.5	44	43	1.9	51
	Fenton	6,807	3.4	90.5	4.6	75.2	32	0.4	44	31	0.3	38	24	0.3	32
	Kirkwood	5,677	2.9	92.4	4.7	61.4	59	0.6	73	63	0.7	82	53	0.6	72
	Lisle	2,381	1.2	86.8	4.4	27.4	22	0.3	31	23	0.3	30	16	0.2	26
	Maine	5,400	2.7	102.5	5.2	52.7	45	0.4	62	45	0.4	56	34	0.3	53
	Nanticoke	1,768	0.9	43.6	2.2	40.6	12	0.3	18	6	0.1	6	8	0.2	8
	Sanford	1,649	0.8	150.9	7.6	10.9	14	0.1	15	12	0.1	17	11	0.1	12
	Triangle	2,080	1.1	64.1	3.2	32.4	22	0.3	56	12	0.2	23	12	0.2	16
	Union	27,284	13.8	156.3	7.9	174.6	109	0.7	140	109	0.7	135	102	0.7	127
	Vestal	27,055	13.7	185.1	9.4	146.2	179	1.0	248	151	0.8	200	186	1.0	253
Windsor	5,478	2.8	168.2	8.5	32.6	35	0.2	48	35	0.2	54	23	0.1	33	
Villages	Deposit	810	0.4	6.5	0.3	124.6	2	0.3	2	2	0.3	3	2	0.3	2
	Endicott	12,749	6.4	46.2	2.3	276.0	116	2.5	149	127	2.7	162	124	2.7	172
	Johnson City	15,084	7.6	55.8	2.8	270.3	126	2.3	158	131	2.3	172	102	1.8	125
	Lisle	293	0.1	4.2	0.2	69.8	0	N/A	N/A	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	7	6	0.9	9	2	0.3	2
	Whitney Point	946	0.5	9.0	0.5	105.1	5	0.6	5	4	0.4	8	12	1.3	3
	Windsor	879	0.4	7.6	0.4	115.7	0	N/A	N/A	2	0.3	2	2	0.3	3
City	Binghamton	45,864	23.2	176.1	8.9	260.4	322	1.8	396	342	1.9	432	316	1.8	379
Other	Unknown	N/A	N/A	N/A	N/A	N/A	9	N/A	9	2	N/A	3	5	N/A	5
Broome County		197,696		1977.7		100.0	1,321	0.7	1,721	1,311	0.7	1,700	1,256	0.6	1,609
New York State		19,227,088		113,342.8		169.6	140,337	1.2	195,572	136,054	1.2	188,384	124,948	1.2	187,182

Source: U.S. Census Bureau redistricting data, NYSDOT Highway Mileage report, and the NYSDMV AIS database