

BROOME COUNTY COMMUNITY HEALTH ASSESSMENT



2025-2030



Olivia Catalano, MHA Director of Public Health
Broome County Public Health

John Carrigg, President & CEO
United Health Services



Kathy Connerton, President & SVP
Guthrie Lourdes Hospital

COVER PAGE

County Covered:

Broome County

Participating Local Health Department:

Broome County Health Department
225 Front Street Binghamton, NY 13905
Phone: (607) 778-3930
Fax: (607) 778-2838
www.gobroomecounty.com/hd

Participating Hospitals:

United Health Services Hospitals, Inc.
UHS Wilson Medical Center
33-57 Harrison Street Johnson City, NY 13790
Phone: (607) 763-6000
UHS Binghamton General Hospital
10-42 Mitchell Avenue Binghamton, NY 13903
Phone: (607) 762-2200

Guthrie Lourdes Hospital
169 Riverside Drive Binghamton, NY 13905
Phone: (607) 798-5111

Coalition/entity completing assessment & plan:

Broome County Community Health Assessment Team



Broome County Health Department Community Health Assessment Team:

- Olivia Catalano, MHA, Director of Public Health
Olivia.Catalano@BroomeCountyNY.gov
- Lazarus Gehring, MD, Medical Director
Lazarus.Gehring@BroomeCountyNY.gov
- Carrie Horton, MPH, Community Health Director
Carrie.Horton@BroomeCountyNY.gov
- Chelsea Reome-Nedlik, MPA, Supervising Public Health Educator
Chelsea.Reome-Nedlik@BroomeCountyNY.gov
- Nikole Hurlbert, BA, Supervising Public Health Educator
Nikole.Hurlbert@BroomeCountyNY.gov
- Juliet Cole, MPA, Program Coordinator
Juliet.Cole@BroomeCountyNY.gov
- Connor Lawless, MS, Health Program Director
Connor.Lawless@BroomeCountyNY.gov
- Devin Link, MPH, Public Health Educator
Devin.Link@BroomeCountyNY.gov
- Brooke Goosman, MPH, Public Health Educator
Brooke.Goosman@BroomeCountyNY.gov
- Chloe Hunker, MS Public Health Educator
Chloe.Hunker@BroomeCountyNY.gov
- Tierra Starkweather, MPH, Public Health Educator
Tierra.Starkweather@BroomeCountyNY.gov
- Tyshaun Shields, BS, Public Health Sanitarian
Tyshaun.Shields@BroomeCountyNY.gov
- Christopher Ryan, MD, MS, MSPH, Contractor
Agency Statistical Consulting and Education, LLC
- Margaret Reynolds, New York State Public Health Corps Fellow
- Jason Zheng, New York State Public Health Corps Fellow



**With gratitude to the following individuals for their service on and contributions to
the Broome County Health Assessment 2025-2030 Steering Committee:**

- All of the Community Health Survey distribution sites
- Addiction Center of Broome County – Carmela Pirich*
- American Heart Association – Brittany Taylor
- Binghamton Housing Authority – Tami Robinson*
- Binghamton Metropolitan Transportation Study – Scott Reigle*
- Binghamton University – Dr. Leon Cosler, Johann Fiore-Conte, Dr. Yvonne Johnston, Dr. Richard Moose*, Dr. Kimberly Peabody*, Dr. Deb Schechter,
- Broome County Council of Churches – Les Aylesworth*, Susan Spencer
- Broome County Department of Social Services – Tina Survilla*
- Broome County Food Council – Theresa Krause*
- Broome County Mental Health Department – Maria Fabrizi, Sarah King*, Heidi Mikeska*, Kimberly Saunders, Liz Warneck
- Broome County Office for Aging – Alicia Detrick*, Rita Fluharty, Mary Jane Lawrence, Mary Turbush
- Broome County Planning Department – Stephanie Brewer
- Broome County United Way – Lindsey Mott, Paula Perna*, April Rowlands*
- Broome County Urban League – Jennifer Lesko*
- Broome Tioga BOCES – Sara Fontana*, Rebecca Stone
- Broome Tioga NAACP – Cynthia Kirk Barreiro*, Micah Barreiro
- Care Compass Network – Nicole Addicott
- Catholic Charities of Broome County – Michelle Dow
- Community Foundation of SCNY – Stacy Mastrogiacomo
- Cornell Cooperative Extension of Broome County – Tara Kenyon*
- Cornerstone Family Healthcare – Kelly Wildey*
- Crime Victims Assistance Center – Stephanie Mix*
- Excellus Blue Cross Blue Shield – Melissa Klinko*, Robyn Smith*

*CHA Steering Committee includes BCHD staff members and steering committee
members noted with a **



Broome County Health Assessment 2025-2030 Steering Committee (continued):

- Family Enrichment Network – Cathy Lee, Jennifer Perney
- First Presbyterian Church of Johnson City – Amy Abbey*
- Greater Good Grocery Store – Kinya Middleton
- Guthrie-Lourdes Hospital – Sue Bretscher, Karen Riewerts*
- Klee Foundation – Amanda McIntyre*
- Mothers and Babies Perinatal Network – Christie Finch*
- North of Main (NoMa) – Brandy Brown
- Rural Health Network of SCNY – Deacon Hogan*, Mary Maruscak, Emma Nalin, Erin Summerlee
- Southern Tier Independence Center – Chad Eldred*, Susan Ruff, Jennifer Watson
- Southern Tier AIDS Program (STAP) – John Barry, Allison McQuade*
- The Stack Project – Phil Nelson*
- Truth Pharm – Alexis Pleus
- United Health Services Hospitals – Shoba Agneshwar, Anne DePugh*, Caitlin DiGiulio*, Patricia Williams
- Volunteers Improving Neighborhood Environments (VINES) – Amelia LoDolce
- YMCA of Broome County – Brianna Murphy
- YWCA of Binghamton and Broome County – Carole Coppens, Crystal Sackett

*CHA Steering Committee includes BCHD staff members and steering committee members noted with a **



BROOME COUNTY PUBLIC HEALTH



Mission

Broome County Health Department serves our residents by promoting and protecting public health through education and prevention.

Vision

Optimal health and equity where we live, learn, work, and play.

TABLE OF CONTENTS

Cover Page.....	2
Broome County Community Health Assessment Team.....	3
Broome County Health Assessment Steering Committee.....	4
Broome County Health Department Mission & Vision Statements.....	6
Table of Contents.....	7
Letter from Broome County Director of Public Health & Medical Director.....	8
Prevention Agenda.....	9
Executive Summary.....	11
Prevention Agenda Priorities.....	11
Data Review.....	11
Partners and Roles.....	12
Interventions and Strategies.....	12
Progress and Evaluation.....	13
Community Health Assessment.....	13
Community Description.....	13
Service Area.....	13
Demographics.....	15
Health Status Description.....	23
Data Sources.....	23
Data Collection methods.....	25
Community Engagement.....	26
Relevant Health Indicators.....	27
Health Challenges and Associated Risk Factors.....	29
Contributing Causes of Health Challenges.....	36
Health Disparities.....	41
Community Assets and Resources.....	42
Strengthening the Future of Broome County.....	50
Community Health Improvement Plan.....	45
Prevention Agenda Workplan-Community Health Improvement Plan	
Strengthening the Future of Broome County.....	50
Appendices	
Appendix A: Community Health Survey.....	53
Appendix B: Community Provider Survey.....	57
Glossary of Terms.....	60
References.....	61





State of New York County of Broome Government Offices

Broome County Health Department

Jason T.Garnar, County Executive · Olivia Catalano, MHA, Director of Public Health
225 Front Street · Binghamton, New York 13905
Phone: (607) 778-3930 · Fax (607) 778-2838 · www.gobroomecounty.com

December 15, 2025

Dear Community Members and Partners,

We are pleased to share our Community Health Assessment (CHA), for Broome County. Thank you to those who generously contributed their time, expertise, and perspectives to this important work, from the community, partner organizations, hospitals and health department staff. These various inputs and collaboration made this assessment come together.

The purpose of the Community Health Assessment is to deepen our awareness of the community's needs, strengths, and priority areas. It allows us to identify opportunities to improve the health and well-being of all residents. This large project is meant to make positive change in our community. We gathered data from our community via survey, reviewed NYS and Federal data sources as well as many others. This helped us to form the picture of health for our community. The CHA is founded on the belief that lasting improvements in health happen when communities work together, and that residents' voices must be central to this process.

Broome County Health Department followed guidance from the New York State Prevention Agenda, while working closely with residents, health care providers, hospitals, and community-based organizations to complete this assessment. This CHA will serve our community for the next six years, from 2025-2030. Through data review, community engagement, and partnership, we identified several priority areas that emerged as most pressing for our community:

1. Housing Stability and Affordability
2. Poverty
3. Anxiety and Stress

Our Community Health Assessment Steering Committee is committed to treating this CHA as a living document. Meaning, moving forward we will continue to review, analyze, and build upon this work as conditions change and new insights emerge. Evolving collaboration with community partners and residents will remain essential as we move from assessment to action.

Our goal for this document and the process behind it, is to help set a positive and shared vision for the future of our county, one that reflects our collective commitment to equity, collaboration, and improved health and well-being for all.

We look forward to working with you over the next few years to enhance our community health and well-being. Together we will build stronger, healthier, vibrant communities through partnership, resource allocation and education.

Sincerely,

Olivia Catalano, MHA
Director of Public Health

Lazarus Gehring, MD
Medical Director

Prevention Agenda

Introduction Summary for Broome County CHA

The New York State (NYS) Department of Health (DOH) Prevention Agenda 2025-2030 is New York's official State Health Improvement Plan (SHIP). This is a six-year strategic framework designed to improve the health and well-being of all New Yorkers while reducing health disparities across the state. This plan identifies key priority areas and measurable goals that guide both state and local public health action through data driven strategies and cross-sector partnerships. It emphasizes tackling not just traditional health outcomes but also the broader factors that influence health and equity.

Under this framework, every county health department in NYS, like Broome County Health Department (BCHD), is required to conduct a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP) cycle that aligns with the Prevention Agenda priorities and demonstrates how local health needs will be addressed. These processes involve gathering and analyzing quantitative and qualitative health data, engaging community stakeholders, identifying priority health issues, and planning evidence-based interventions to improve health outcomes over the 2025–2030 period.

A central component of the 2025-2030 Prevention Agenda is a strong focus on Social Determinants of Health (SDOH). SDOH are conditions in which people are born, live, learn, work, and age that shape health risks and outcomes. Factors such as economic stability, social and community context, neighborhood and built environment, healthcare access and quality, and education access and quality are now woven into the Prevention Agenda domains, reflecting a holistic approach to population health and equity. Addressing SDOH means recognizing that many health disparities are rooted in structural and environmental conditions, not just individual behaviors or clinical care.

In response to these statewide requirements, BCHD and the CHA Steering Committee undertook its 2025–2030 CHA process by collecting and analyzing local data on community health status, resources, and needs, engaging diverse community partners and residents, and identifying population groups at greatest risk for poor health outcomes. BCHD's CHA highlights where Broome County performs well and, importantly, where gaps and disparities exist, like limited access to care, economic or housing instability, or environmental barriers that contribute to inequitable health outcomes. This assessment forms the basis for the Broome County CHIP, which will outline targeted strategies to improve health and address weaknesses. By aligning with the Prevention Agenda and integrating SDOH data and community voice, this report helps Broome County prioritize actions that will strengthen health systems, reduce disparities, and advance overall community health over the next six years. This report focuses primarily on the negative indicators we aim to improve through CHIP activities and interventions over the next six years. This report is structured based upon the NYSDOH required format.

New York State Prevention Agenda

This plan outlines priorities for state and local action to achieve the vision that every individual in New York State has the opportunity, regardless of background or circumstances, to attain their highest level of health across the lifespan.



Developed by the NYS Public Health and Health Planning Council and the NYS Department of Health

Version: 2
updated 10/15/2025

Figure 1. 2025-2030 NYS Prevention Agenda Domains

Domain	Definition
Economic Stability	“Focuses on the financial resources that individuals and families need to maintain good health and well-being. It emphasizes the importance of factors such as employment, income, expenses, and financial security, as these directly impact people's ability to access necessary health care, live in safe environments, and afford healthy food and other resources that promote health” (NYSDOH, 2025c)
Social and Community Context	“Focuses on how social relationships, community support, and civic engagement influence health outcomes. It emphasizes the importance of strong social networks, supportive communities, and fair treatment for promoting mental and physical well-being” (NYSDOH, 2025c)
Neighborhood and Built Environment	“Focuses on how physical environments—such as housing, transportation, and access to safe public spaces—affect health. This domain aims to improve living environments that support physical, mental, and social well-being, helping to reduce health disparities” (NYSDOH, 2025c)
Healthcare Access and Quality	“Focuses on improving access to high-quality health care services and ensuring that all individuals can receive timely, effective, and equitable care. The goal of this domain is to reduce barriers to health care, improve the quality of services, and ensure that health care is equitable, especially for underserved and marginalized populations” (NYSDOH, 2025c)
Education Access and Quality	“Focuses on how access to quality education affects health outcomes. It recognizes that higher levels of education are linked to better health, healthier behaviors, and improved access to resources. This domain emphasizes the importance of education at all levels in promoting health, reducing health disparities, and improving life outcomes” (NYSDOH, 2025c)

Source: [New York State Prevention Agenda, Version 2, 2025](#)

EXECUTIVE SUMMARY

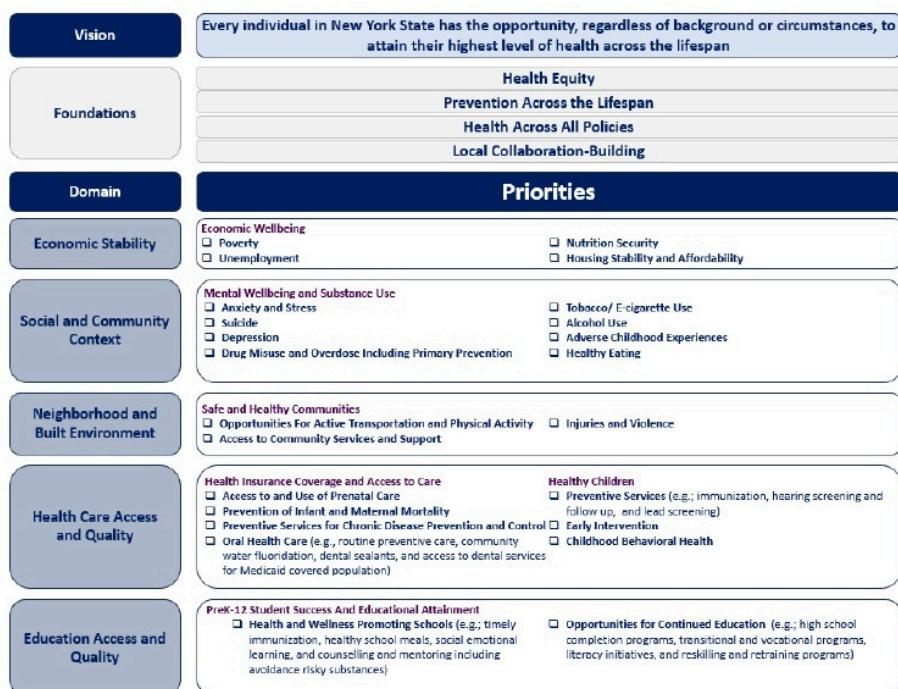
Prevention Agenda Priorities

For the 2025-2030 period, Broome County is choosing to address the following domains outlined by the NYS Prevention Agenda listed in order of greatest concern:

1. Economic Stability
 - a. Housing Stability and Affordability
 - b. Poverty
2. Social and Community Context
 - a. Anxiety and Stress

These areas were selected with feedback from our community and professional organizations.

Figure 2. 2025-2030 NYS Prevention Agenda framework



Reprinted From: NYS Prevention Agenda

Data Review

BCHD CHA team analyzed existing data sources, such as publicly available data, partner agency annual reports, and hospital needs assessments. Steering Committee members shared their existing datasets and reports with the BCHD team to organize and review. In addition to local reports, data sources include, but are not limited to, the NYSDOH Community Health Indicator Reports (CHIRS), NYS Prevention Agenda dashboards, the NYSDOH Behavioral Risk Factor Surveillance System (BRFSS) Reports, United States Census data, the FEMA National Risk Index, NYS Office of Mental Health Statistics and Reports, and NYS Office of Addiction Services and Supports data. BCHD partnered with the Binghamton University Community-Based Research Methods class to assist with reviewing each data source.

BCHD CHA team, in partnership with the CHA Steering Committee, developed two surveys. The audience for the first survey was community members who live, work, or spend a significant

amount of time in Broome County. The second survey was intended for service providers in Broome County who could provide feedback about populations they serve. The survey content and terminology mirrored the NYS Prevention Agenda, in an effort to align the Prevention Agenda priorities with the most important needs to be addressed in Broome County. The surveys focused on available services, identifying service gaps, and what respondents consider to be the most pressing health concerns in Broome County. Respondents were given a free-response section to offer ideas for solutions to the priorities they chose. The surveys were open to the public from March to August 2025. Members of BCHD CHA team then compiled and analyzed these survey results with the assistance of, Dr. Christopher Ryan, Agency Statistical Consulting and Education, LLC.

In Fall 2025, a CHA Symposium was held at BCHD where results of the surveys were shared with the Steering Committee and other stakeholders. Additionally, BCHD CHA team presented information collected from the data review of partner reports and public data. Both Broome County hospital systems, United Health Services and Guthrie Lourdes, provided presentations about their own available datasets and community needs assessments.

Partners and Roles

BCHD works closely with several educational institutions, government programs, community agencies, and healthcare organizations in order to conduct this assessment and effectively implement the CHIP. These partners make up the CHA Steering Committee and were actively engaged throughout the assessment process. The Steering Committee assisted with development of the two surveys, distribution of the surveys, contributed their data to be included in the CHA, and systematically identified the top three priorities of focus ([See Symposium Ranking Tool](#)).

For the 2025-2030 cycle, the Steering Committee will meet quarterly to share community health updates and contribute feedback on current community health improvement activities. In addition to larger quarterly meetings, the Steering Committee will also have workgroups that will meet monthly. Each workgroup will focus on a different area of the chosen priorities from the NYS Prevention Agenda and will consist of experts from each relevant field that address the priority areas. Workgroup members will select interventions for their workgroup, identify target populations, provide data from their organization to fulfill CHIP objectives, participate in workgroup discussions regarding interventions, and help in decision making for the CHIP. BCHD will have a representative in each workgroup. The public will be informed of the BCHD CHA and CHIP, efforts that address Prevention Agenda priorities through the BCHD Annual Report, and updates through televised, print, and social media. The Broome County CHA is available on the BCHD website and offers physical copies upon request. CHA Steering Committee members are encouraged to publicize the CHA and CHIP process, data, and activities through their newsletters, media outlets, and internally.

Interventions and Strategies

Each workgroup (Housing Stability and Affordability, Poverty, Anxiety and Stress) will be responsible for identifying interventions for their priority area that are impactful, measurable, and feasible, while ensuring considerations for health equity. Steering Committee members have been invited to participate in the workgroups. Other subject matter experts and stakeholders are being

identified for each workgroup, where updates will be offered throughout the planning, implementation, and intervention processes. These interventions were selected through community feedback, committee meetings and feedback collected during the CHA.

Progress and Evaluation

Each agency contributing to the 2025-2030 CHIP will be responsible for collecting and submitting data. Workgroup members will ensure that their progress aligns with the chosen priority area and interventions. The BCHD CHA team will then review the data to ensure that information is being collected to evaluate impact.

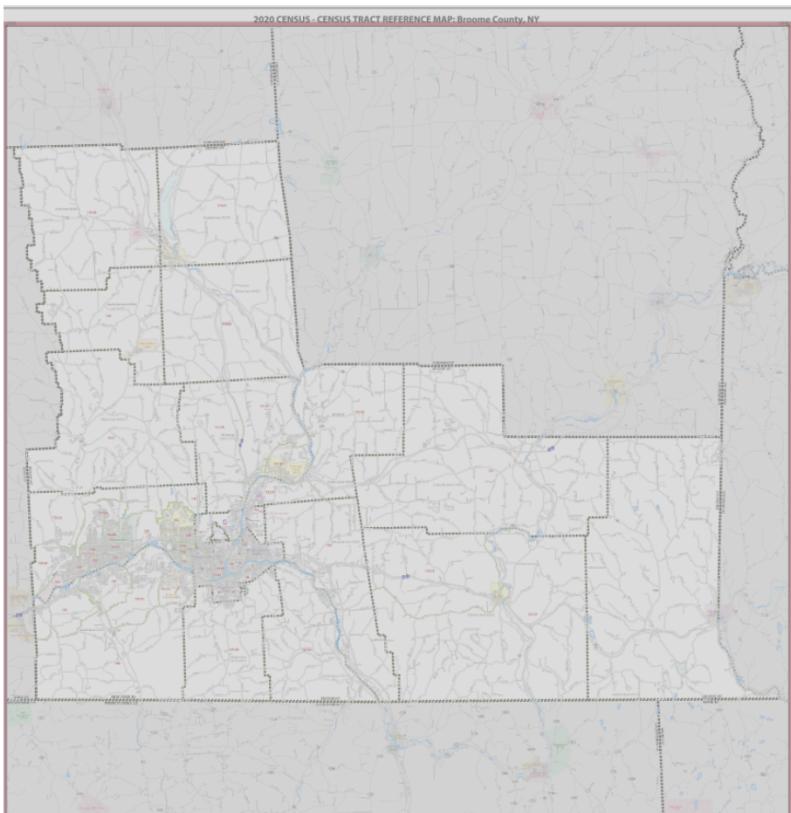
COMMUNITY HEALTH ASSESSMENT

Community Description

Current Population and Service Area

Broome County is located in the Southern Tier and is part of the Central New York Region. Broome County is adjacent to Cortland, Chenango, Delaware, and Tioga counties in New York, in addition to Wayne and Susquehanna counties in Pennsylvania. The county is organized into 24 municipalities; one city (Binghamton), 16 towns, and 7 villages. A map of the 2020 Census Tracts in Broome County is pictured below in Figure 3 (U.S. Census Bureau, 2020).

Figure 3. Broome County Census Tracts, 2020



Source: [U.S. Census Bureau](#), 2020 Census – Census Tract Reference Map: Broome County, NY.

The total population of Broome County is approximately 196,077 people. The county has a surface area of 705.7 square miles, yielding an average population density of 278 people per square mile. Broome County is comprised of about 80,000 households, making the average household size approximately 2.3 people (Census Reporter, 2023). The population density varies substantially, in that the county is comprised of rural, suburban, and small urban areas.

The distribution of the population over time is shown in Figure 4. Figure 5 represents the change in the total population over time, with percentage differentials. From 2015 through 2024, the county saw its largest population decreases in 2022 and 2023, following a population increase in 2021.

Figure 4. Population of Broome County, 2014-2024

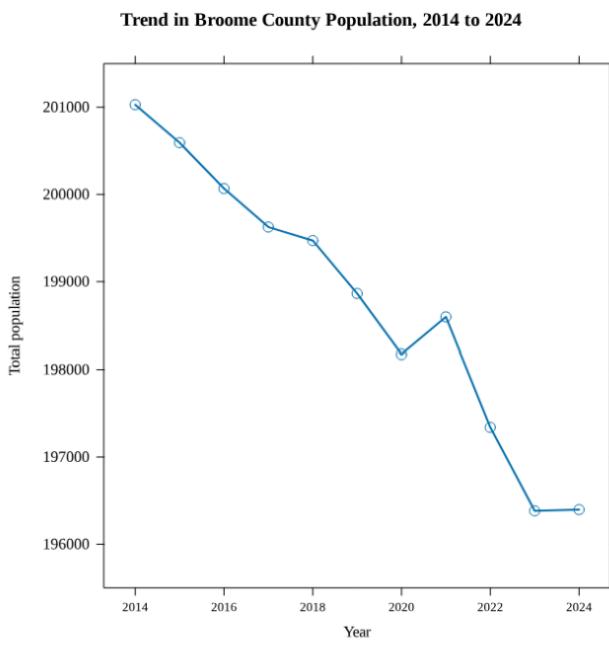
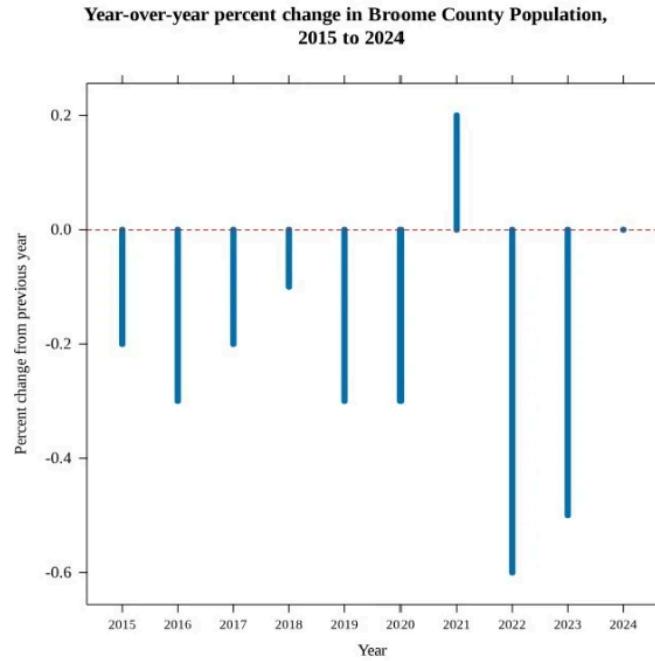


Figure 5. Year-to-Year Population Change in Broome County, 2015-2024



Source: [Cornell Program on Applied Demographics](#) (2024).

Source: [Cornell Program on Applied Demographics](#) (2024).

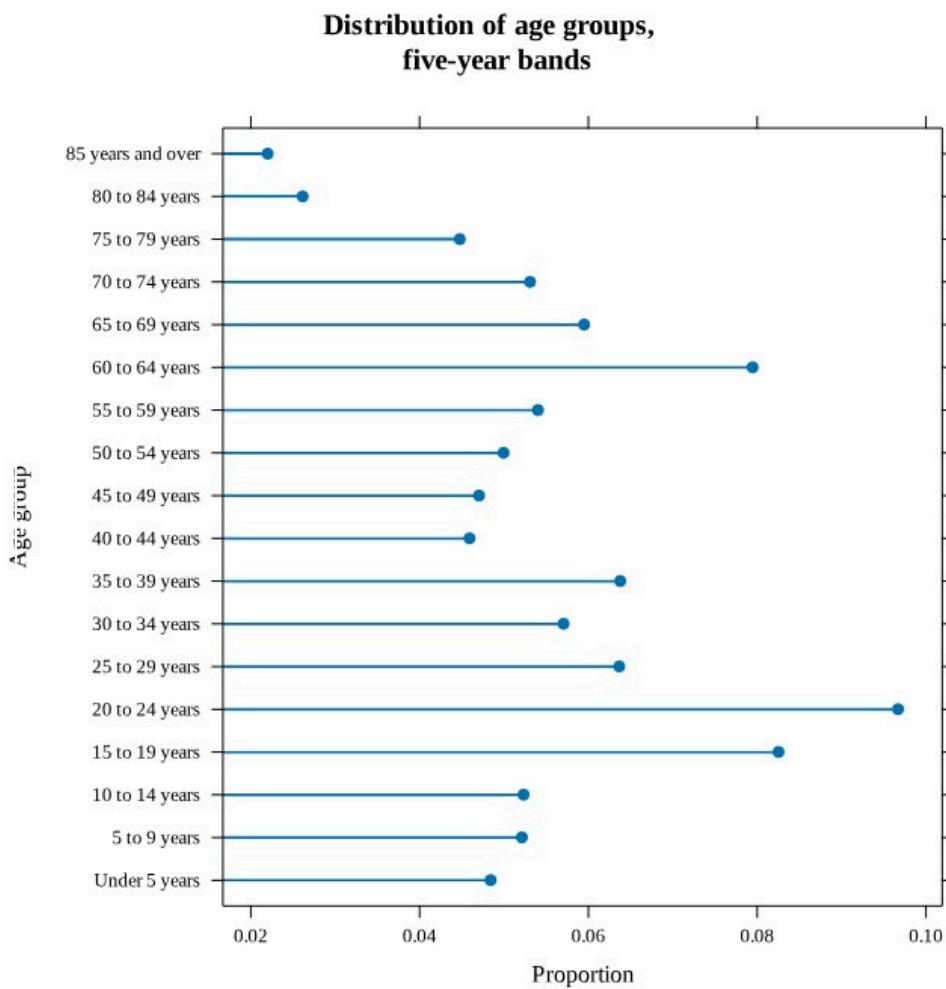
Demographics

As of 2023, 96.7% of residents were U.S. Citizens. This is higher than the national average at 93.4%. This rate is up from 2022, when it was 96.5%. A majority of the population were White (non-Hispanic), followed by Black or African American, then Asian, and finally Hispanic. The number of foreign-born people living in Broome County as of 2023 is 6.85% of the population, which is lower than NYS at 22.4% (Datausa, 2025).

Age

The median age of those living in Broome County is 38.5 years. This is unchanged from findings in the 2019 American Community Survey (ACS), reported in the 2022–2024 CHA. The current age distributions are shown in Figure 6 and Figure 7.

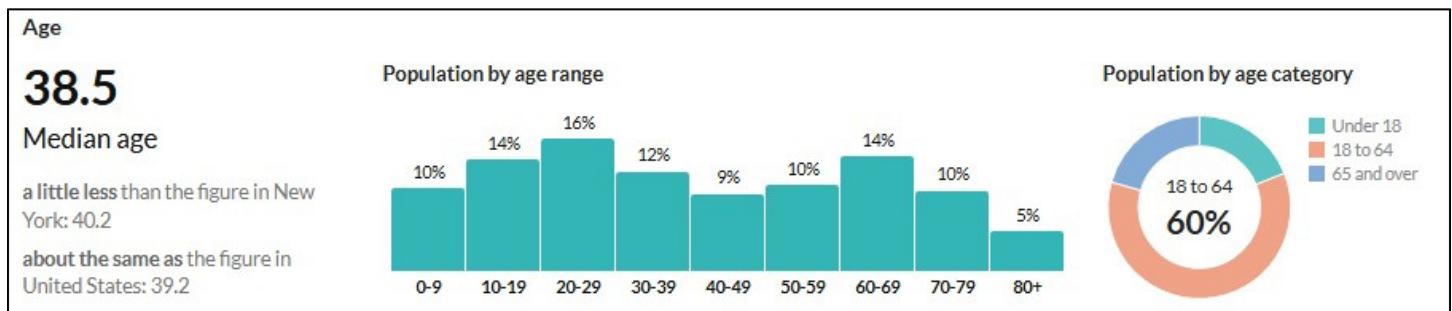
Figure 6. Distribution of Age Groups in Broome County



Source: [Census Reporter](#),

Broome County, NY Profile, U.S. Census Bureau (2023).

Figure 7.Distribution of Age by Median, Range, and Category in Broome County

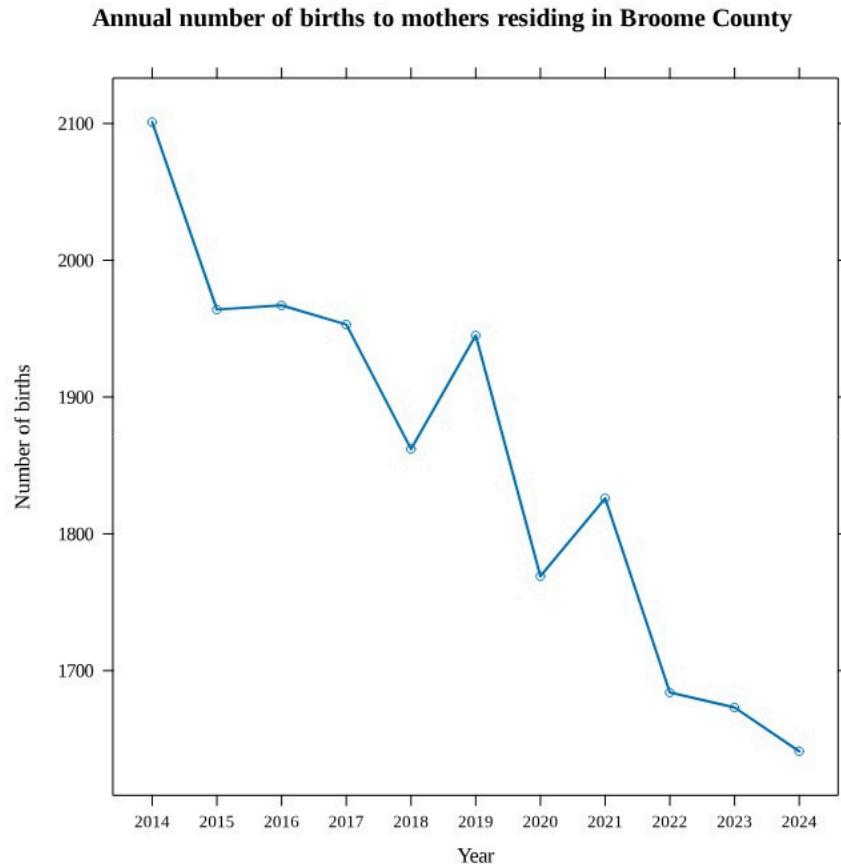


Reprinted From: [Census Reporter](#) (2023).

Birth Rates

Based on an analysis of birth certificates, approximately 1,700 babies were born to mothers residing in Broome County in 2024 (Agency Statistical Consulting and Education, LLC). Annual births have been decreasing steadily since 2014, as shown in Figure 8.

Figure 8.Annual Births in Broome County, 2014-2024.



Source: Statewide Perinatal Data System (SPDS), Agency Statistical Consulting and Education, LLC.

Death Rates

Based on a compilation of Broome County death certificates, approximately 2,100 - 2,200 Broome County residents die annually (Agency Statistical Consulting and Education, LLC). There has been no sustained change in that frequency, except during the early years of the COVID-19 pandemic, when annual deaths rose to around 2,400 for the years 2020-2022.

Race and Ethnicity

The racial composition of Broome County is shown below in Figure 9. Racial diversity has increased slightly since reported in the 2022–2024 CHA. There was an increase in the total percentage of those who identify as Hispanic or Latino, from 3.6% reported in 2021, to 5.6% reported in 2023 ([Census Reporter](#), 2023). However, Broome County is less racially diverse than NYS or the United States (U.S.).

Figure 9. Distribution of Race and Ethnicity in Broome County

	Not Hispanic or Latino	Hispanic or Latino
White	78.8%	1.6%
Black or African American	5.3%	0.1%
American Indian and Alaskan Native	0%	0%
Asian	5.6%	0%
Native Hawaiian and Other Pacific Islander	0%	0%
Some other race	0.6%	1.1%
Two or more races	4%	2.8%

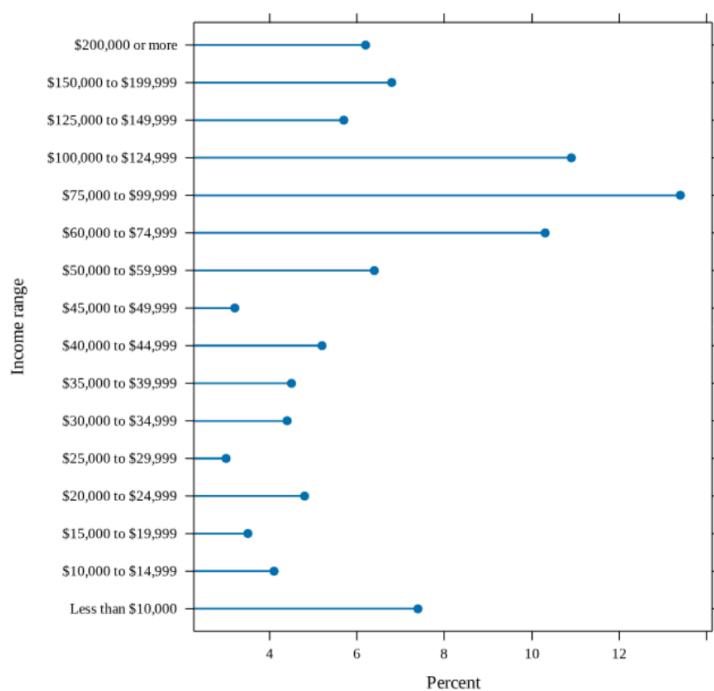
Source: [Census Reporter](#), *Broome County, NY Profile*, U.S. Census Bureau (2023).

Figure 10. Median Household Income in Broome County, 2023.

Distribution of median household income

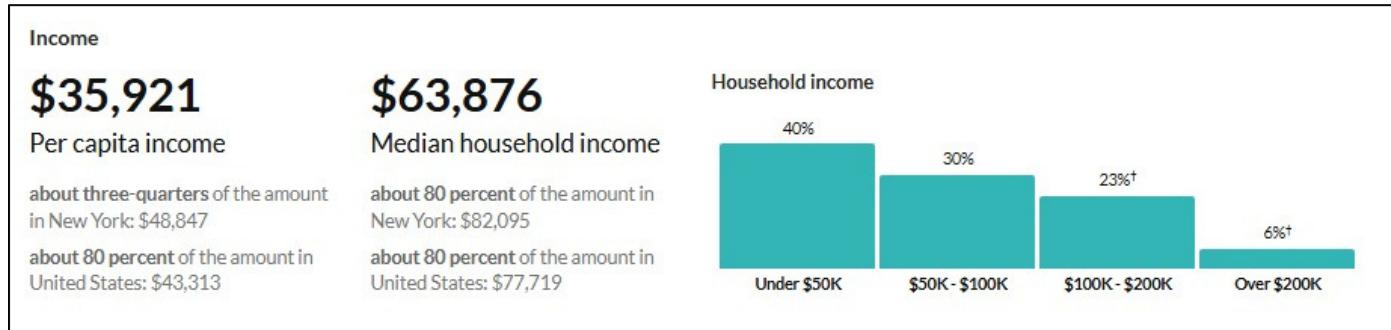
Income

The distribution of household income is represented in Figure 10. Figure 11 displays the median household income levels in Broome County, compared to NYS and the U.S. The median per capita annual income is estimated at about \$36,000. This is about 25% lower than statewide, and about 20% lower than nationwide incomes. Median annual household income is estimated at about \$64,000, again about 20% lower than state and national household medians.



Source: [Census Reporter](#), *Broome County, NY Profile*, U.S. Census Bureau (2023).

Figure 11. Per Capita and Median Household Income in Broome County, compared to NYS and the U.S.

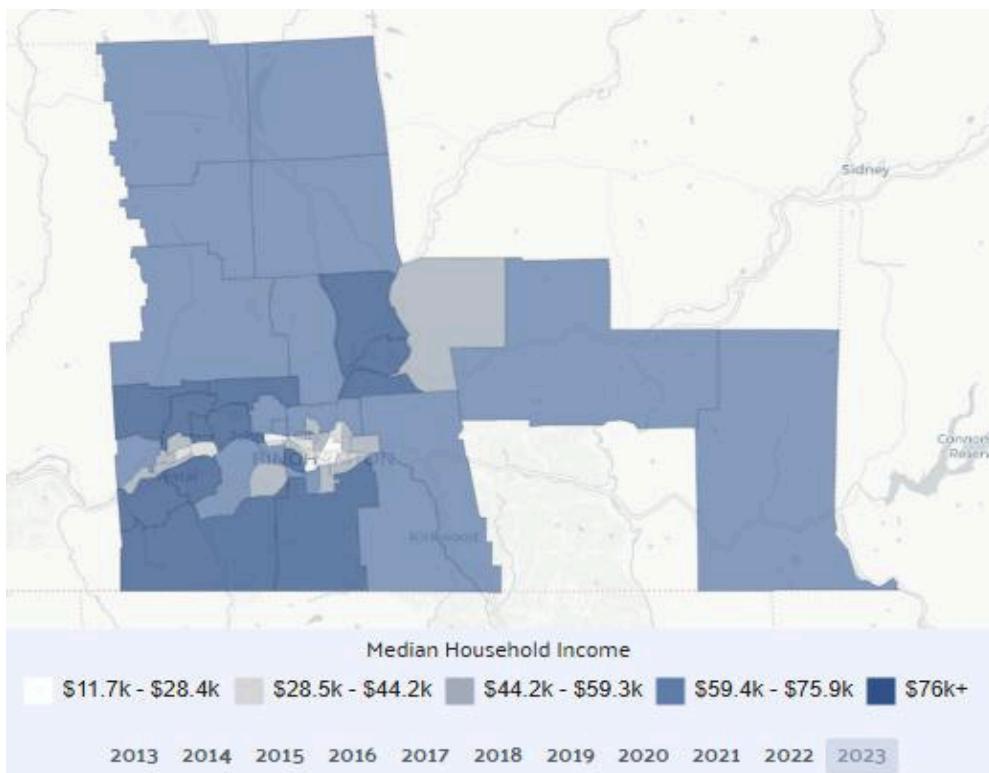


Reprinted From: [Census Reporter \(2023\)](#)

Median household incomes vary based on geographic location. In 2023, the Census tract with the highest median household income was Census Tract 146, with a median value of \$106,131, followed by Census Tract 121.01, and Census Tract 15, with respective values of \$103,116 and \$94,114 ([Data USA](#), 2023). Figure 12 displays the median income levels by location.



Figure 12. Income by Location in Broome County, 2023

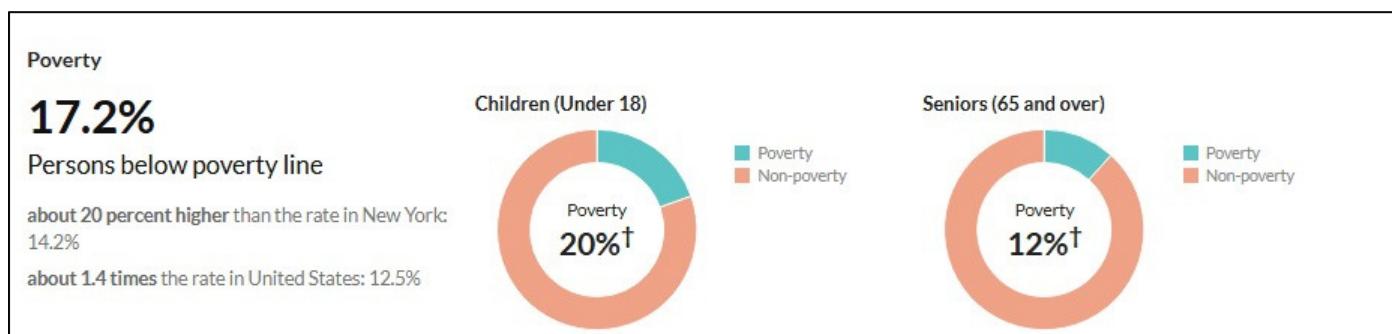


Reprinted From: [Data USA](#). *Broome County, NY*, U.S. Census Bureau (2023).

Poverty

Historically, the poverty rate in Broome County has been higher than both the state and national averages. As of 2023, approximately 17.2% of residents live below the poverty line, which is about 20% higher than the NYS average and 1.4 times higher than the national average of 12.5% (Census Reporter, 2023; see Figure 13). The poverty rate is higher among children under 18, with 20% living below the poverty line. Economic concerns were the most commonly reported “main personal concern” among survey participants, cited by roughly 30% of respondents (see Figure 14).

Figure 13. Percent of Population Below Poverty Line



[†] Margin of error is at least 10 percent of the total value.

Reprinted From: [Census Reporter](#) (2023).

Figure 14. Personal Concerns Reported from Survey Participants

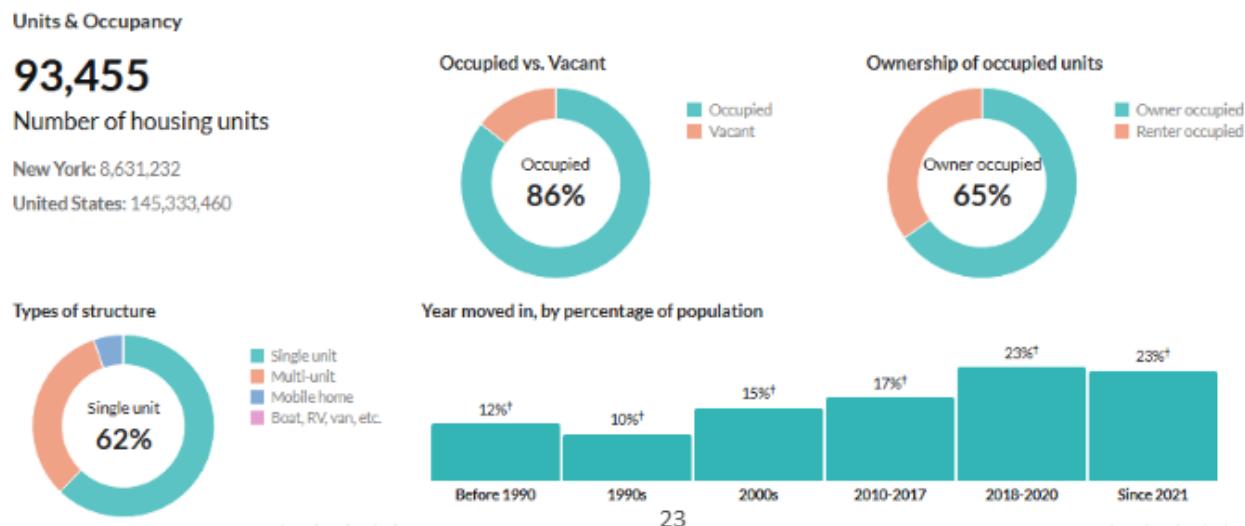
economic concern	n	percent
Housing (finding, affording, and keeping housing)	862	52.5
Poverty	525	32.0
Unemployment	214	13.0
Nutrition Security (getting enough healthy food)	191	11.6
Prefer not to say	46	2.8
None of these are problems for Broome County	31	1.9

Source: Broome County Community Survey Responses

Housing

There are an estimated 93,607 housing units in Broome County; 86% (81,911) of units are occupied, 65% percent of the occupied units are owner-occupied, and the remainder are rental units ([Census Reporter](#), 2023). Figure 15 displays this information in addition to percentages regarding the type of housing structure occupied and the percentage of the population that moved to the county during a specific timeframe.

Figure 15. Housing Units and Occupancy Characteristics in Broome County



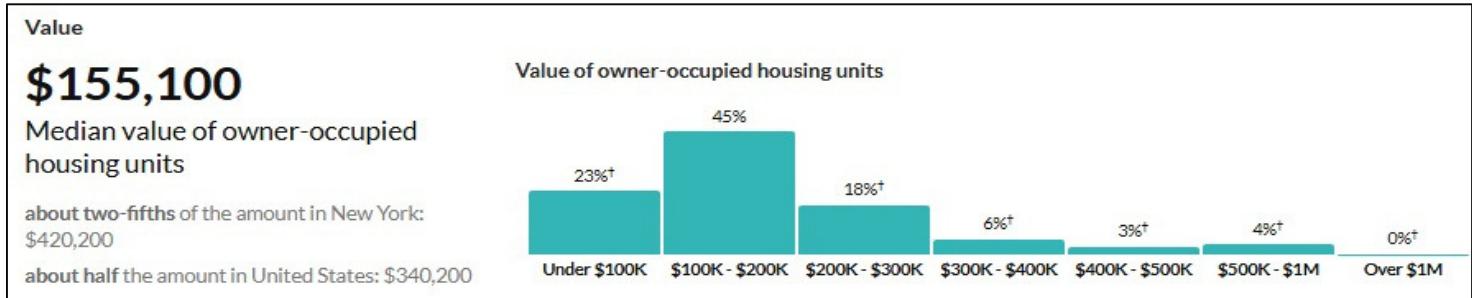
[†]Margin of error is at least 10 percent of the total value.

Reprinted From: [Census Reporter](#) (2023).

Figure 16 displays the median home value in Broome County, compared to median home values across NYS and the U.S. The median home value in Broome County is \$155,100, which is roughly two-fifths of the NYS median home value of \$420,200, and about half of the national

median home value of \$340,200 ([Census Reporter](#), 2023). Access to affordable housing was one of the top reported concerns Community Survey respondents; see the word cloud display in Figure 17 and the graph of most common survey responses in Figure 18.

Figure 16. Median Home Values in Broome County, compared to NYS and U.S.



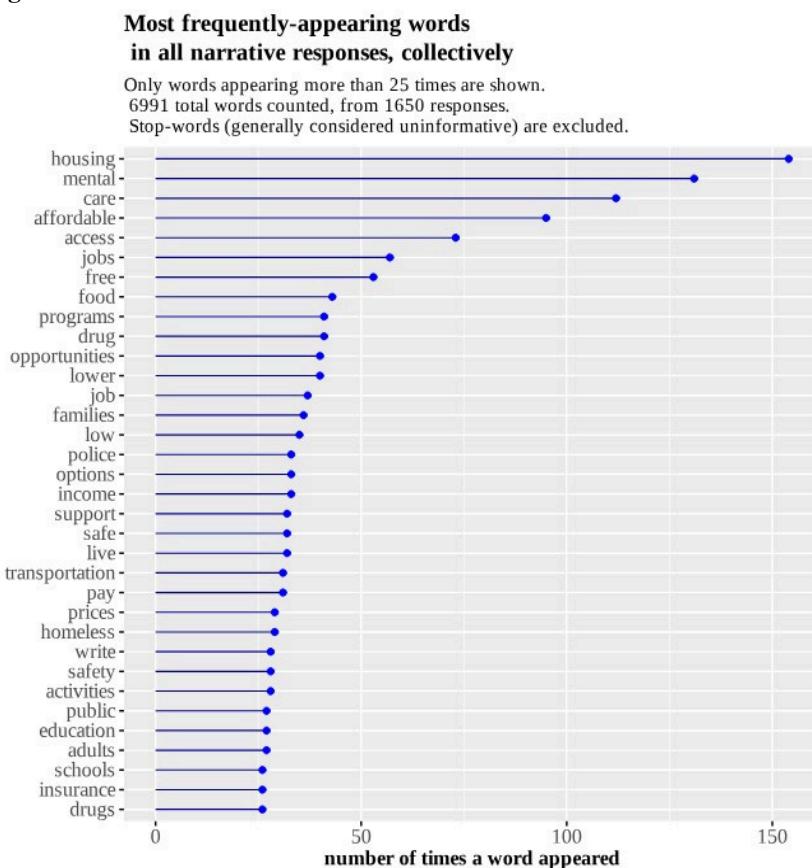
[†] Margin of error is at least 10 percent of the total value.

Reprinted From: *Census Reporter* (2023).

Figure 17. Word Cloud Display of Most Common Survey Responses



Figure 18. Most Common Words Reported by Survey Participants



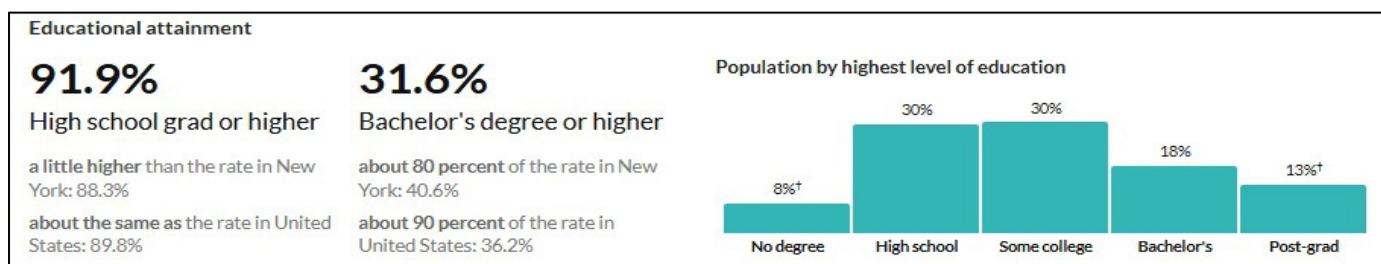
*Only words reported more than 25 times were included

Education

Educational attainment in Broome County varies. Those who have received a high school diploma or higher make up the largest proportion of the population at 91.9%. This rate is slightly higher than NYS but is about the same as the U.S average. Figure 19 displays the population by highest education level obtained.

Broome County is home to two State University of New York campuses, SUNY Broome Community College and Binghamton University. Educational opportunities for adults were the most commonly reported concern related to education. Figure 20 represents the top educational concerns reported by survey participants.

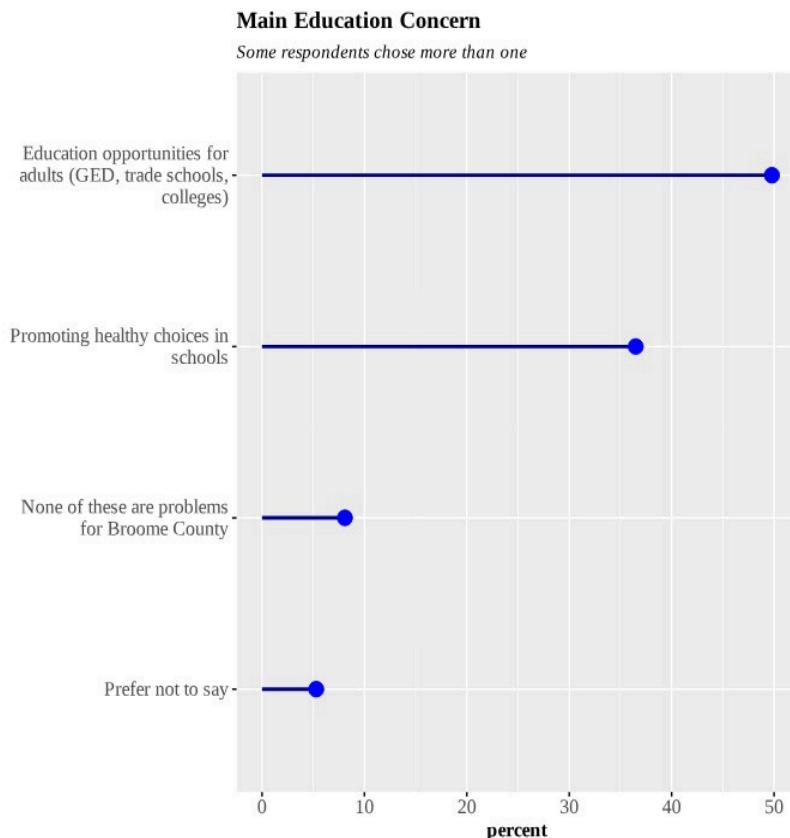
Figure 19. Educational attainment in Broome County



[†] Margin of error is at least 10 percent of the total value, and the population is those 25 years or older.

Reprinted From: [Census Reporter](#) (2023).

Figure 20. Most Commonly reported educational concerns of survey participants in Broome County



Health Status Description

Data Sources

Using Phase 2 of the MAPP 2.0 process as a guide (Figure 21), the CHA Steering Committee identified key components and factors that contribute to the health status of the community. To determine the community health status, a Community Health Survey ([Appendix A](#)) and a Community Provider Survey ([Appendix B](#)) were conducted between March and August 2025. Additional data and agency reports were reviewed to enhance the community context. Local interventions that address the Prevention Agenda priorities were compiled to create a resource inventory and help to identify service gaps.

Figure 21. MAPP 2.0 Process Graphic



Reprinted From: *Mobilizing for Action Through Planning & Partnerships: MAPP 2.0.* (2025)

For assessment of the domains and a preliminary measure of current county status, the health data was pulled from NYSDOH dashboards. BCHD partnered with students from the Community-Based Participatory Research Methods class at Binghamton University to assist at this phase of data analysis and collection. The Prevention Agenda was used to obtain county and state data. However, the data lacked subcounty measures for every indicator. New York State dashboards include the Community Health Indicators Reports Dashboard (CHIRS) and the Community Health Indicators by Race and Ethnicity (CHIRE). Whenever possible, local data sources were used, which included the *Community Foundation of South Central New York Needs Assessment* (2024), the *Community Health Needs Assessment* (2022) by Lourdes Guthrie, the *Community Impact Report* (2023) by United Health Services, and *Housing Needs Assessment and Strategy* (2024) by Broome County Department of Planning and Economic Development. National data included the American Community Survey (ACS), Behavioral Risk Factor Surveillance System (BRFSS), and County Health Rankings and Roadmaps. Throughout this assessment, there are instances where multiple rates for the same indicator, or different values/measures for the same indicator are present, reflecting the varying data collection methods used by different data sources. When multiple rates of the same indicator exist, BCHD used the rates taken from surveys with larger sample sizes as the data source for greater reliability.

Credible data about local disparities can be difficult to acquire at the sub county level. It is important to recognize and be transparent about these gaps, and as such, notable gaps in the data will be reported on. When information was unavailable, state data was utilized to indicate potential disparities.

Limited data exists showing the effects of the different demographics or identity of a population, such as race/ethnicity, disability status, gender identity, sexual orientation, socioeconomic status, etc., on health. Compounding different demographics and/or identities within a population further adds to the difficulty of tracking specific outcomes. This is especially true when individuals or groups face multiple vulnerabilities in different areas, such as social, political, biological, environmental or economic characteristics. In these cases, national data provides a broad overview for certain subpopulations disproportionately affected by various risk factors.



Data Collection Methods

Design

The BCHD CHA team and the Steering Committee developed a mixed-results survey, the Community Survey, to engage the public and obtain feedback about specific health concerns and challenges. Many of the questions directly related to the NYS Prevention Agenda, instructing participants to choose which of the domains, and priorities within those domains, were the largest concern for them personally, and then for the county. Participants were also asked to provide additional context to those health concerns, asking them to share ideas about interventions they would suggest to reduce local health concerns. Participants had to be 18 years or older and living, working or spending a significant amount of time in Broome County. Questions were asked to capture this information. The first two answers given on the survey indicated if the participant met these criteria. If not, and they responded “no” to either question, they could no longer advance to the next question. While the survey was comprised of primarily multiple-choice questions, Question 9, offered open-ended, narrative responses ([Appendix A](#)).

Setting

The Community Survey was available to all of Broome County. Qualifying questions were used to determine if a person spent a significant amount of time in Broome County. Those who did not meet the given criteria were excluded from data analysis.

Participants

The goal of the Community Survey was to investigate the health concerns of individuals over the age of 18 who either live, work, or spend a significant amount of time in Broome County. Participants were recruited to complete the study from April 2025 to July 2025.

Participants were recruited through a variety of means, that for the purposes of this explanation, have been split into two main categories – digital and physical. Digital recruitment included any form of outreach or recruitment effort that occurred online or in media. Examples of this included press releases sent to news organizations, promotion of the survey on popular local television broadcast *Around the Tiers*, social media posts on Facebook and LinkedIn, internal county and department-wide emails, emails to partners to help distribute, and promotion of the survey through the Broome County website. Physical recruitment included any form of outreach or recruitment effort that involved physical media or presence. Examples of this included tabling

with physical copies of the survey, business cards, and flyers with a QR code to the survey, to local partners such as faith-based groups, businesses, agencies, etc. to help distribute and promote the survey. Surveys were also printed and available at BCHD for individuals or groups to complete while there or take to complete later. The survey was translated into languages other than English that are commonly spoken in the county (Haitian-Creole, Spanish, Ukrainian, Russian, etc.). Participants who completed the survey could enter a raffle to win one of four \$50 Weis gift cards or an emergency supply preparedness kit. Participants were recruited at a plethora of locations, with concentrated efforts to hit all major population areas across the county. This was achieved through the use of a spreadsheet tracking outreach and engagement efforts. Participant demographics were tracked throughout the process to guide efforts of recruitment within all populations with a goal of obtaining responses that reflected a close representation of Broome County's population demographics. Targeted outreach was conducted in geographic areas that appeared to be under-represented among the respondents.

Purpose

The purpose of the Community Survey was communicated to participants on the cover page. A community-based participatory approach to health, utilizes feedback from the public about their biggest concerns and how they would suggest these concerns be addressed. These responses will help the county and partners in the development of the health improvement plan priorities, goals and objectives over the next six years. Community responses will be prioritized in determining what health concerns should take priority and to develop objections to address these concerns.

Community Engagement

To fully assess the health of a community, buy-in or support from all levels of the community, including government, hospitals, organizations, businesses, and members of the public, is necessary. The assessment process could not have been completed without the assistance and collaboration of the CHA Steering Committee.

The CHA Steering Committee members contributed their assessments and reports which helped to guide the development of the survey. The data and measures taken from these reports were used to identify notable areas of concern related to the NYS Prevention Agenda 2025-2030.

While much of the Community Survey was drafted internally by the BCHD team, the Steering Committee played a vital role in ensuring the surveys were accessible, understandable, and served the intended purpose. The Steering Committee and other community partners ([see full list here](#)) also assisted in the distribution of the survey by allowing flyers and business cards with QR codes to the survey to be displayed, allowing the BCHD team to table at their site or event to administer the survey, and having surveys available at their site for individuals to take and complete.

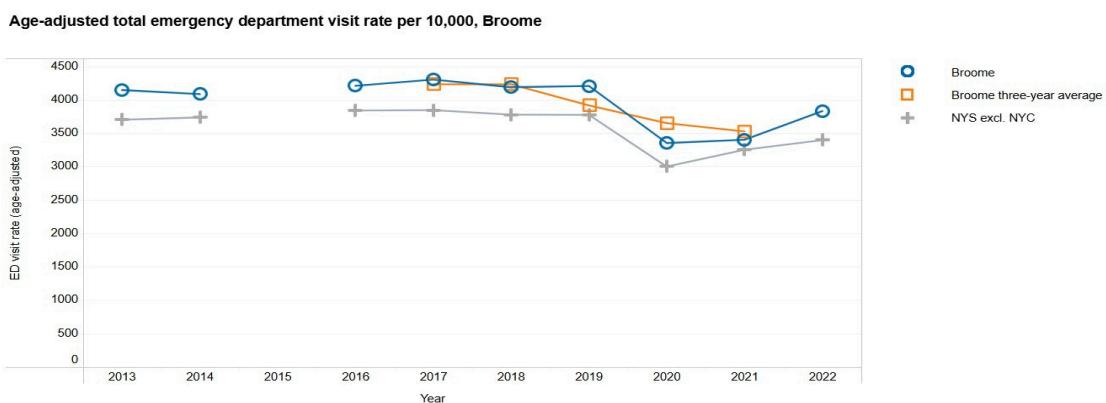
An important role of the CHA process is to foster community engagement and collaboration among local stakeholders. Development of the CHIP will include community feedback to guide resource allocation. Involving community members in the process, builds trust in the process, increases buy-in, and offers validation to their lived experiences. To increase community participation throughout the process, the survey encouraged sharing potential

interventions and solutions to community health concerns. Preliminary survey findings were shared first with the CHA Steering Committee members who attended the CHA Symposium. Graphs and charts of the averages and counts of responses were shared within a detailed presentation to Symposium attendees. Results were compiled to create the 2025-2030 Broome County CHA, which will be located on Broome County and BCHD websites.

Relevant Health Indicators

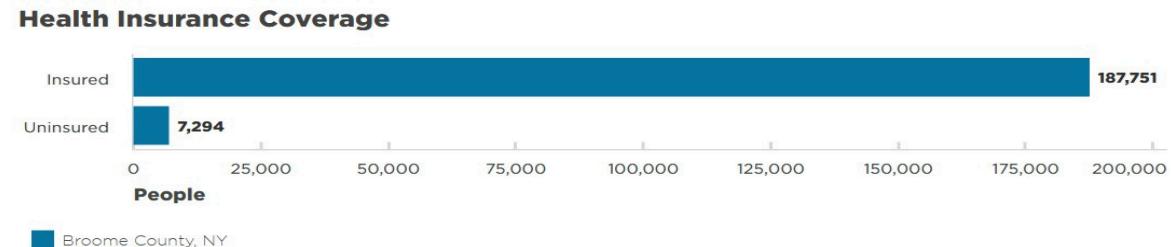
The World Health Organization defines health as the “state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO, n.d.). Health is more than ‘not being sick’ but includes many other aspects. Studies have shown that the environment individuals are born in and live can play a role in determining up to 90% of their health status. The zip code people live in is one of the biggest predictors of their health outcomes (Graham, 2016). Therefore, it is important to consider conditions, environment, and context that make up their everyday life. BCHD CHA team utilized the NYS CHIRS to identify indicators that can increase the risk of health disparities. Broome County has a shortage of specialty providers. As of 2020, Broome County features 79 primary care physicians per 100,000 – a measure that has worsened since. Based on estimates from the 2023 BRFSS, 81.2% of adults in Broome County had a checkup by their doctor in the past year (CDC, 2023). The age-adjusted percentage of Broome County adults who have a regular health care provider in 2021 was 85.9%. The number of mental health providers has improved as of 2022, with 251 mental health providers per 100,000. Both of these values are less than the NYS rate of 80 primary care providers per 100,000 and 356 mental health providers per 100,000. A low ratio of providers to population can decrease community access to care, influencing long-term health outcomes. Broome County has seen an overall decrease in age-adjusted emergency department visits since 2010, but has a higher age-adjusted rate of emergency department visits at 3526.9 per 10,000 compared to NYS (excluding NYC) at 3215.6 per 10,000 (NYSDOH, 2025b) (Figure 22). Shown in Figure 23, around 96% of Broome County residents are covered by health insurance ([U.S. Census Bureau, n.d.-b](#)).

Figure 22. Age-Adjusted Total Emergency Department Visits per 10,000



Reprinted From: [NYS Prevention Agenda Dashboard \(NYSDOH, 2025d\)](#)

Figure 23. Health Insurance Coverage in Broome County, 2019-2023

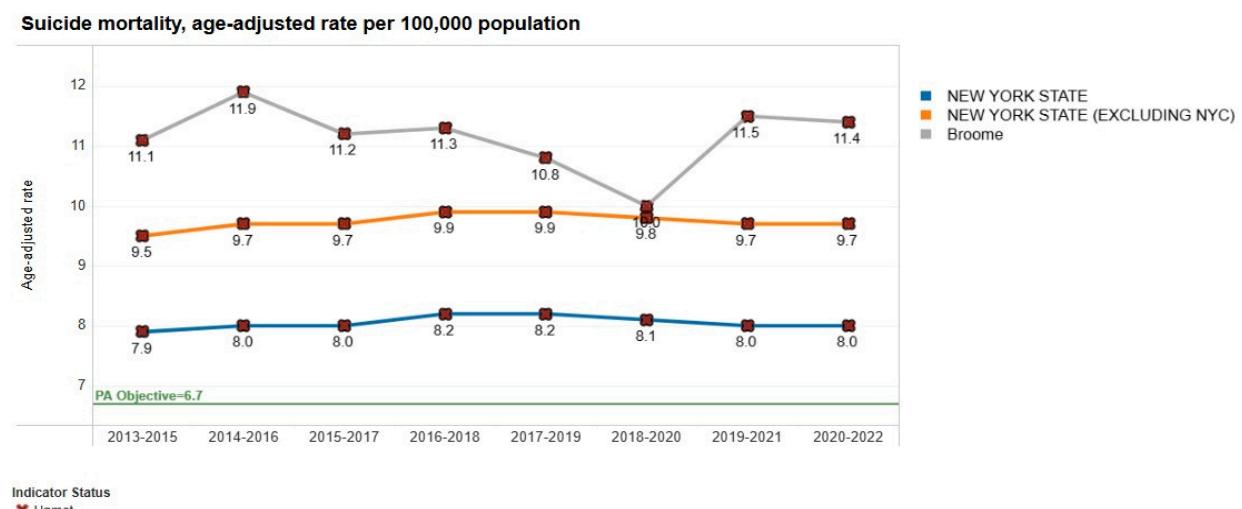


Reprinted From: [US Census Bureau, n.d.-b.](#)

The rate of cancer 140.6 (2019-2021) per 100,000 (age-adjusted) people is higher in Broome County than the rest of NYS, at 124.8, or NYS (excluding NYC) at 135.8. The rate of diabetes is also higher at 24.1 (2020-2022) per 100,000 mortalities (age-adjusted) compared to NYS at 19.5, and excluding NYC at 19.9. Broome County also suffers from higher percentages of adults who are overweight (72.5% - 2021) or obese (35.5% - 2021) compared to the NYS percentages (63.5% and 29.2%) ([NYSDOH, 2025b](#)).

Broome County has higher rates of adults with poor mental health within the last 14 days or more and higher suicide mortality than neighboring communities and regions. Using age-adjusted values, the percentage of adults with poor mental health for 14 days or more in the past month for Broome County in 2021 was three percentage points higher than both NYS percentage and the NY excluding NYS percentage (Broome – 16.5% vs NYS – 13.4% vs NYS excluding NYC – 13.2%). The same dashboard, the suicide rate for Broome County was shown to be 11.4%, higher than the overall state's incidence rate (8.5%), and higher than the NYS excluding NYC incidence rate (10.1%) ([NYSDOH, 2025](#)).

Figure 24. Age-Adjusted Rate of Suicide Mortality per 100,000 Population



Reprinted From: [NYS Prevention Agenda Dashboard \(NYSDOH, 2025d\)](#)

These indicators influence Broome County's rates of birth, mortality, premature deaths, homicide, and violent crime. Broome County had more premature deaths than NYS, a rate which has been rising since 2022, per CHIRE (NYSDOH, 2023b). Broome County has a mortality rate of 1,253.8 per 100,000, compared to the NYS rate of 945.9 per 100,000 and the Upstate NY rate of 1038.2 per 100,000. In 2022, Broome County had a total of 2,469 deaths with the ranking top five shown in Figure 25 (Heart Disease, Cancer, Unintentional Injury, Cerebrovascular Disease, and COVID- 19). Disability rates are also higher in Broome County (15.9%) than in NYS (11.9%).

Figure 25. Top Five Leading Causes of Death in Broome County 2013-2022



Data Source: Source: Vital Statistics Data as of August 2024

CLRD: Chronic Lower Respiratory Diseases

*Rates based on fewer than 10 events in the numerator are unstable.

Note: Ranks are based on numbers of deaths, then on mortality rates. Where county's death counts and rates are tied, 'tied' appears at the bottom of the corresponding cells, and causes are further ranked alphabetically.

If a cell is blank, then there were no deaths from any of the 25 causes used in our tables. These causes are listed in the technical notes.

Reprinted From: [New York State Leading Causes of Death Report \(NYSDOH, 2025a\)](https://www.health.ny.gov/statistics/nvds/nvds2025a/leadingcauses.htm)

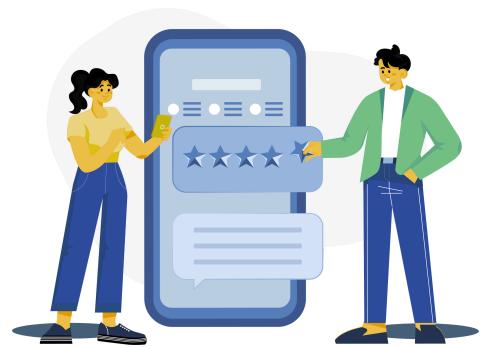
Health Challenges and Associated Risk Factors

The NYSDOH Prevention Agenda 2025-2030 aims to reduce health disparities by addressing SDOH that negatively impact the ability of New Yorkers to attain optimal health. NYSDOH has identified a broad set of factors that influence health outcomes, including economic stability, social and community context, neighborhood and built environment, health care access and quality, and education access and quality. Within these factor categories are 24 priorities that local health departments in collaboration with hospital systems, decision makers, stakeholders, community agencies and members, have been tasked to prioritize and address in their county.

The Broome County CHA Steering Committee identified a number of health challenges and related health concerns along with many resources working to address community needs. Therefore, it was important to gather feedback from those directly impacted by the health

challenges to determine the highest priorities to address. The main source of data guiding the development of the Broome County CHIP were responses from the Community Survey. Engaging the community fosters trust and ownership in the process which leads to more sustainable initiatives. These initiatives can be tailored to address specific needs and preferences which ensures that the work reflects the community's values.

In addition to the Community Survey, results from the Community Provider Survey offered insight from those who serve the individuals presenting with health challenges and concerns. This strategy allowed for partners to share their organizational needs and services they offer. It granted the Steering Committee a unique opportunity to hear the challenges service providers, and their clients face regularly. Responses from the Community and Provider Surveys were analyzed by the BCHD data team and shared at the CHA Symposium. This information was presented to partners at the CHA Symposium, organizing health challenges the community identified as their largest area of concern. Partners then voted to choose the top 3 priorities that would be the focus of the Broome County CHIP. The top three priorities identified were Housing Security and Affordability, Poverty, and Anxiety and Stress.



Housing Stability and Affordability

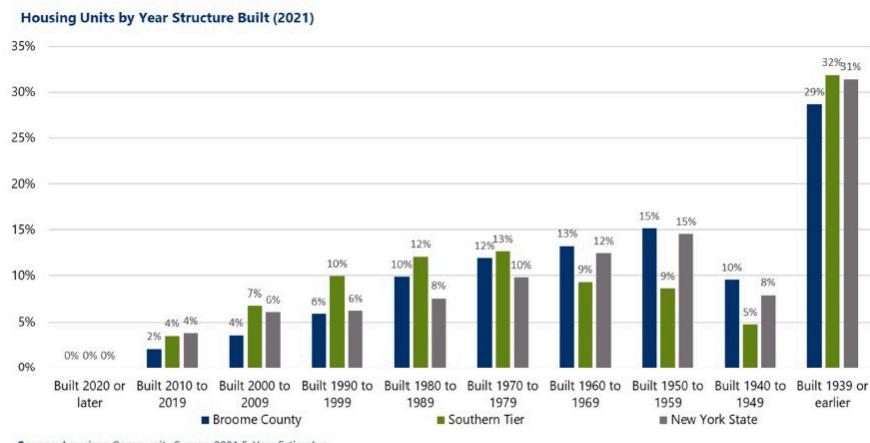
Broome County has a lack of stable, affordable, safe housing, highlighted most apparently in the Broome County Housing Needs Assessment where more than 26,000 housing units are in need of improvement. and there is a need for 6,200 income-affordable units to meet the current needs. Across data sources, Broome County's housing stock is consistently identified as a major area of concern. Factors such as unsafe or substandard housing conditions, housing stock primarily comprised of small expensive apartments, large gaps in income inequality, and competitive housing markets contribute to the growing housing crisis. Many rental properties once available to families are now being rented to the increasing number of Binghamton University students for a higher rent.

Figure 26. Households Needed to Meet Broome County Housing Demands



Reprinted From: [Housing Needs Assessment and Strategy \(2024\)](#)

Figure 27. Housing Units by Year Structure Built (2021)



Source: American Community Survey, 2021 5-Year Estimates

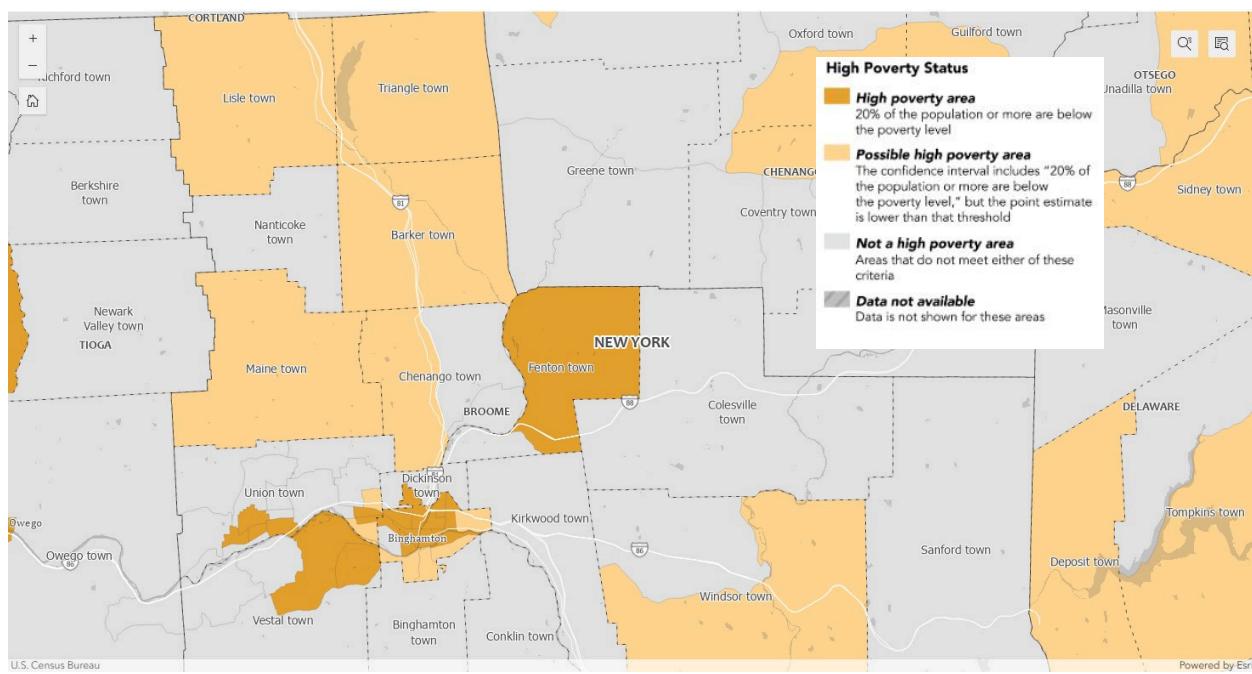
Reprinted From: [Housing Needs Assessment and Strategy \(2024\)](#)

Poverty

The [ACS 1-Year data](#), completed in 2023, reported that 17.2% of Broome County residents are below the [federal poverty level](#) (Healthcare.gov, 2025). While this rate has improved over time, decreasing from the [2022 ACS 1-Year data](#) of 20.8%, compared to NYS, Broome County has a rate 20% higher, and 1.4 times higher than the national rate (U.S. Census Bureau, n.d.-a; U.S. Census Bureau, n.d.-b). Per the NYS Prevention Agenda, the NYS poverty rate sits around 14%, just above the national average of 11.1% (NYSDOH, 2025). Using the [ACS 5-Year data](#) from 2019-2023, the Broome County percent of the population living in poverty was almost five percentage points higher (18.9%) than that in NYS (13.7%) (U.S. Census Bureau, n.d.-b).

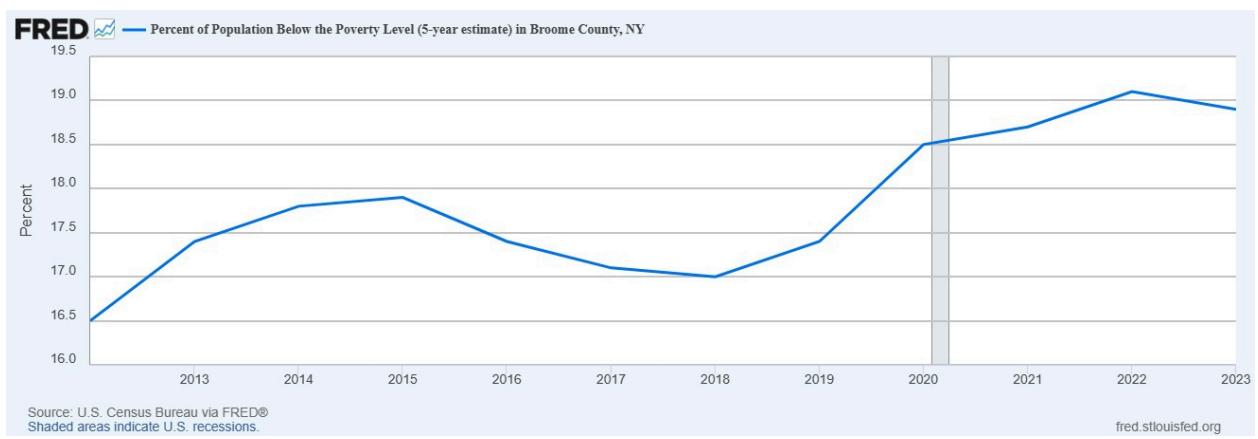
Poverty and wealth are not evenly distributed throughout the Broome County, with some geographic or municipal areas experiencing much higher rates of poverty than others. The City of Binghamton has the highest rate of poverty of any municipality in Broome County, reporting a poverty rate of 32.9%. Other areas within Broome County that typically have higher rates of poverty include the west side of the First Ward and the area around Monroe St in Endicott. Figure 28 displays the respective census tracts in Broome County with the highest percentage of population below the poverty level.

Figure 28. Census Tracts in Broome County by Poverty Status



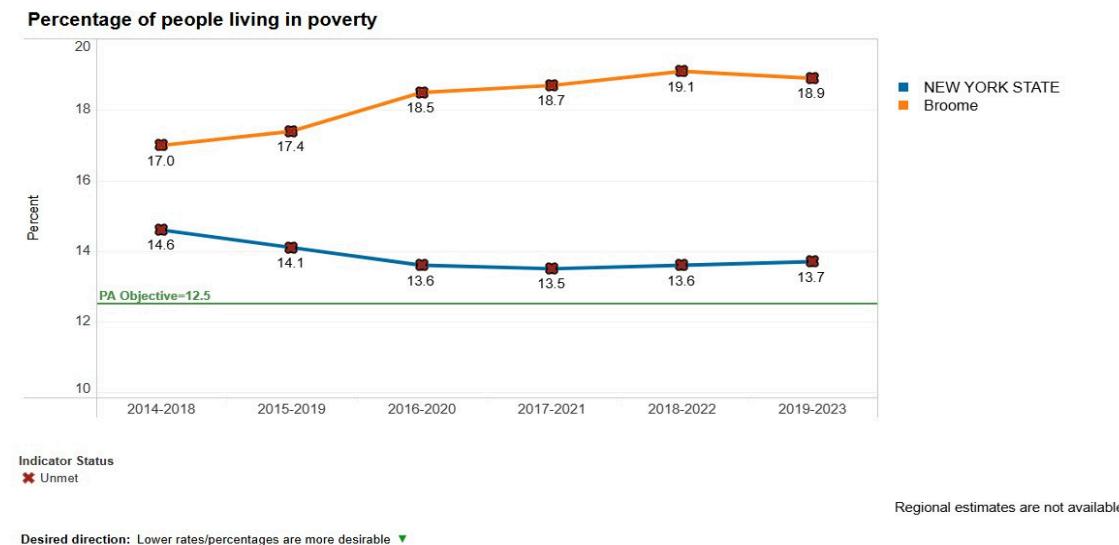
Reprinted From: [EDA-Poverty Status Viewer](#)

Figure 29. Percent of Population in Poverty Status



Reprinted From: [Federal Reserve Bank of St. Louis](#)

Figure 30. Percent of People in Poverty Status, Broome County vs NYS

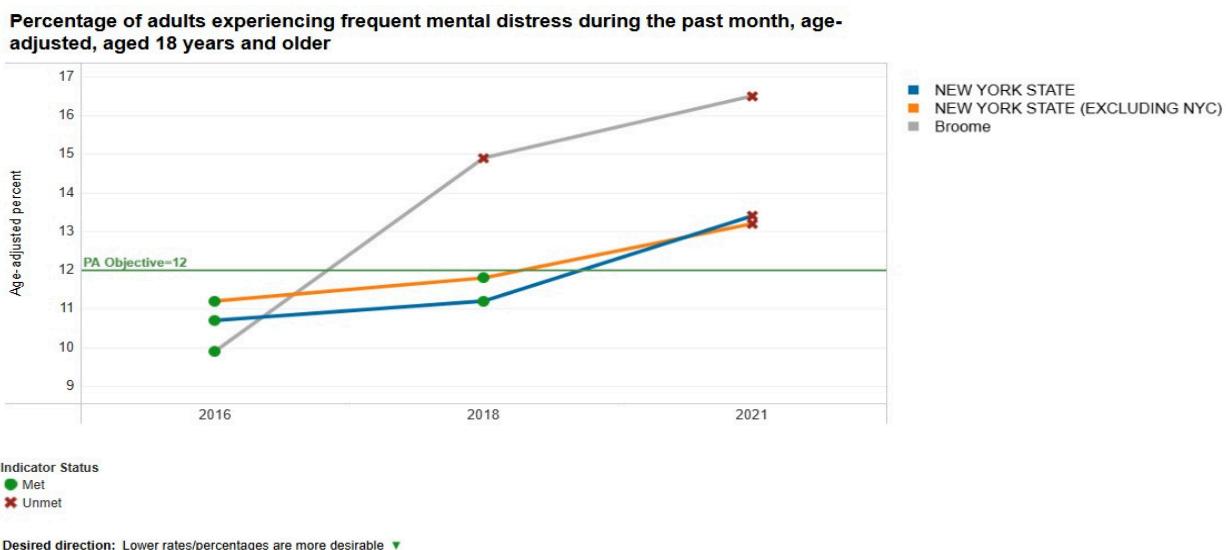


Reprinted From: [NYS Prevention Agenda Dashboard \(NYSDOH, 2025d\)](#)

Anxiety and Stress

Anxiety and stress are caused by multiple drivers like financial struggles, health concerns, and constant news cycle. During the COVID-19 pandemic, when people were told to stay at home to help mitigate the spread of the virus, isolation increased or compounded mental, behavioral, and emotional health issues throughout the community. Cost of living, socioeconomic status (SES) disparities, systemic inequalities, job market pressure, barriers to mental health care and more, all contributed to financial strain and ongoing pressure. Of particular concern, are the rates of anxiety, stress, and related health outcomes as they pertain to Broome County residents. The CHIRS reported that in 2022, 16.5% of adults reported poor mental health for the past two weeks or more in Broome County. This measure is higher than NYS's or NYS excluding NYC's rate, 13.4% and 13.2%, respectively. In Broome County, the number of adults reporting frequent mental distress increased from 2016 to 2018, and again from 2018 to 2021. While the measure for Broome County was lower than the average for NYS and NYS excluding NYC in 2016, the Broome County average number of reported cases of distress was higher in 2018 and 2021 (NYSDOH, 2025b). The BRFSS in 2014 found that the number of adults who experienced poor mental health was reported to be 11.4% in Broome County, a rate that increased to 15.4% as per the 2024 Community Foundation of Southern and Central New York Needs Assessment. Depressive disorder diagnoses in Broome County also increased from 14% in 2013-2014 per BRFSS to 23.5% in 2021 per the 2024 Community Foundation Needs Assessment (NYSDOH, 2023a; Horn, 2024). Ongoing anxiety and stress increase the chances of poor mental health and could lead to premature death. Situations that are stressful make people worry, feel anxious and can impact their ability to cope. Anxiety is a response to stress. It often causes a feeling of fear, worry, or unease which may manifest into physical symptoms like racing heart, sweating and dread.

Figure 31. Age-Adjusted Percent of Adults Who Experienced Frequent Mental Distress During the Past Month



Reprinted From: [NYS Prevention Agenda Dashboard \(NYSDOH, 2025d\)](#)

Results

In total, 1,650 responses to the Community Survey and 96 responses for the Provider Survey. We used these surveys to determine the top priorities for our community. Providers gave us feedback on gaps in services, needs and barrier to care for their clients. Due to the sampling process and methodology, data collected from the surveyed population may not be representative of the entire Broome County population. While diligent efforts were made to match the survey responses to demographic data, those with an education equivalent of high school education/GED were underrepresented in the Community Survey. The Steering Committee made note that while broad generalizations about the population cannot be concluded from this survey, results offered different perspectives from a wide range of ages, socioeconomic statuses, education levels, race/ethnicities, and backgrounds indicating in a collective understanding across the population. Majority of participants consistently ranked the highest priorities, in both surveys to be Housing Security and Affordability, Poverty, and Anxiety and Stress.

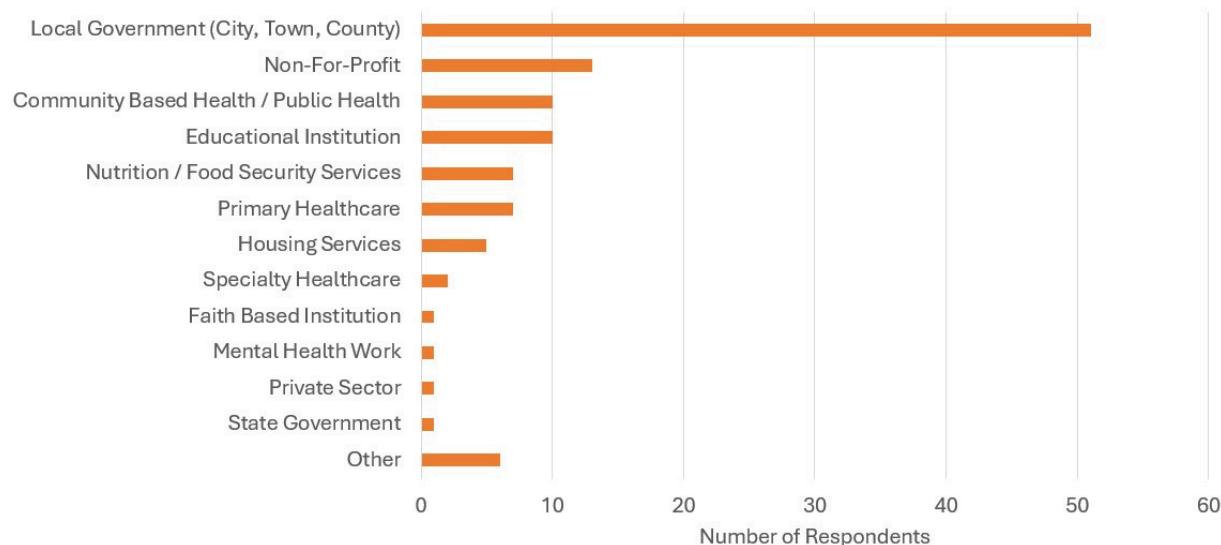
Figure 32 displays the demographic data from the 2022 ACS 5-Year data for Broome County and the demographic data yielded from the Community Survey (CS). Notable differences include age (38.5 years ACS vs 47-54 years CS), gender identity (50% female ACS vs 71% women CS), race/ethnicity (79% white ACS vs 70.5% white CS), income (40% under \$50k household ACS vs 54% under \$50k household CS), education (31.6% received bachelor's or higher ACS vs 53.8% received any college degree CS), and sample size (196,077 ACS vs 1,650 CS). An estimated 0.84% of Broome County responded to the survey, and taking into account the differences in the demographic data obtained, the results of this survey are only representative of the population that was surveyed ([U.S. Census Bureau, n.d.-b](#)).

Figure 32. Broome County Demographics vs Community Survey Respondent Demographics

Broome County (Census, 2023)	Community Survey Respondents
• 38.5 years median age	• 45-54 median age range
• 50% female	• 71% women
• 79% white alone	• 70.5% white alone
• 40% under \$50k household income	• 54% under \$50k household income
• 31.6% Bachelor's degree or higher	• 53.8% any college degree
• Population: 196,077	• 1,650 respondents

Reprinted From: CHA Symposium

Figure 33. Community Provider Respondent Industries



Reprinted From: CHA Symposium

Economic Stability

Using the priorities listed under the NYS Prevention Agenda, respondents were asked to identify the priority that was the largest concern to them personally. To see full survey, please review appendix A for Community and appendix B for Provider Surveys.

Housing Security and Affordability – This priority is comprised of a web of interacting factors, some of which can include vacant units, small expensive apartments, competitive markets, income inequality, and unsafe housing. Using the 2022 ACS 5-Year data, the census tracts with the highest cost burden are in the City of Binghamton, Johnson City, Endicott, and Endwell.

Poverty – As of the 2022 ACS 5-Year data, around 19% of Broome County respondents are living in the census defined ‘Poverty Status’ (18.9%). Notably, there was a large spike in those considered to be in poverty status following the COVID-19 pandemic. The census tracts in Broome County that have the highest poverty rates include the City of Binghamton, Johnson City, Vestal, and Endicott. It should be noted that the tract for Vestal includes the Binghamton University campus, which may skew some of the results.



Social and Community Context

Using the NYS Prevention Agenda, survey respondents were asked to identify the priority related to social and community context, which was their greatest concern to them. The priorities can be seen listed in Figure 1, with drug use, anxiety and stress, and adverse childhood experiences ranking first, second, and third, respectively. The other priorities listed in descending count order were alcohol use disorder, depression, tobacco/e-cig use, suicide, healthy eating, and none of these.

Anxiety/Stress – Based on the 2021 NYS Prevention Agenda Dashboard, 17% of adults in Broome County frequently expressed mental distress; a percentage much higher than the NYS rate of 13.4%. Reviewing census data reveals that the tracts with the highest percentage of adults who experienced frequent mental distress in the past month included the City of Binghamton, Johnson City, Vestal (including Binghamton University), and Endicott.

Contributing Causes of Health Challenges

Health risks are any factor or behavior that impacts health outcomes. Risks can include factors that are physical, biological, emotional, behavioral, social, cultural, or environmental. Some health risks are much more obvious than others. For example, it is well-known that smoking can increase one’s risk of lung cancer, but linking the health risk of lead exposure to incarceration can be much less obvious.

Health outcomes are not simply based on whether medical services are accessible or available. Many other factors can worsen health outcomes by creating barriers to achieving optimal health and well-being. These factors are not isolated, and if a community or individual experiences several, the risk of worse health outcomes increases. An individual who smokes, has a sedentary lifestyle, eats unhealthily, and has a family history of cancer will have a much higher risk of developing cancer than an individual who may only eat unhealthily. These factors compound, magnifying the negative effects they can produce beyond that of the individual risks. To highlight the long-term health risks and related factors, consider those who do not have access to grocery stores with healthy foods. Those individuals are less likely to have good quality nutrition, which in turn raises the risk of health conditions including heart disease, diabetes, and obesity; conditions which have been associated with a lower life expectancy. This exemplifies the ways in which environmental context influences health outcomes.

The NYS Prevention Agenda describes SDOH as the “conditions in the environment where people are born, live, learn, work, play, worship, and age that affects a wide range of health, functioning, and quality-of-life outcomes and risks” ([NYSDOH, 2025c](#)). Employing Healthy People 2030’s definition, SDOH can be further divided into five domains areas; these are comprised of Economic Stability, Social

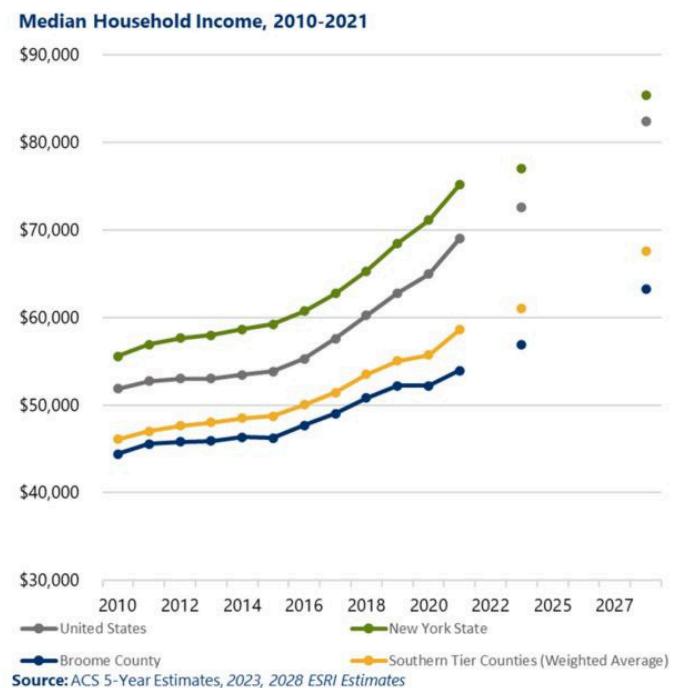
and Community Context, Neighborhood and Built Environment, Healthcare Access and Quality, and Education Access and Quality (ODPHP, n.d.). Many SDOH fall outside of an individual's control, such as their race, ethnicity, place of birth, or genetics. Other SDOH can be influenced by individual behavior and thus make possible targets for interventions by focusing on that which can be changed. The following section will investigate the contributing causes, or SDOH, for three identified health challenges in Broome County – Housing Security and Availability, Poverty, and Anxiety and Stress. For each of the identified challenges/priorities, data from existing literature, community agencies, and individual residents was gathered to provide context to each.

Housing Security and Affordability

Housing Security and Affordability quickly rose as the defining health challenge in our community – being the top choice in the Community Survey, Provider Survey, existing literature review, and CHA Symposium results. Housing is an extremely complex challenge in and of itself, being comprised of a number of related challenges, such as difficulty paying rent, substandard housing units, overcrowding, and/or being cost burdened. The term cost burdened refers to a household or individual that spends more than 30% of their income on housing costs. In some areas, these factors are much more present than others and create extreme disparities and deficits in the Broome County housing market/stock.

Housing is not an isolated health challenge, being directly impacted by the local context and environment of the community. An important context within Housing Security and Affordability, is the economic stability and security of Broome County. The Federal Reserve Bank of St. Louis reported that in September 2025, 82,574 people in Broome County were employed ([Federal Reserve Economic Data, 2025](#)). Noted in Figure 34, in 2020, the median income level for those in Broome County (\$52,000) was lower than the state (\$71,000) and national (\$65,000) median, with the gap continuing to widen. (Broome County Housing Needs Assessment [BCHNA], 2024). By 2023, BCHNA estimated the median household income to be around \$54,000, whereas ACS 1-Year data estimates the median income to be around \$64,000 (BCHNA, 2024; [U.S. Census Bureau, n.d.-a](#)).

Figure 34. Median Household Income, 2010-2021



Reprinted From: [NYS Prevention Agenda Dashboard](#)

A potential reason behind this income gap between the county and other areas, could be related to the distribution of job types in Broome County and their related incomes. The most common job type in Broome County are “Office and Administrative Support”, with around 10,500 employees of the total 79,000 falling under this category. The median annual earnings of employees in Office and Administrative Support positions are just around \$38,000. Further investigation reveals a poverty rate in Broome County that has not only been resistant to decline in the past decade, but is nearly twice as high as the state, national, and other NYS counties poverty rates (BCHNA, 2024).

Figure 35. Distribution of Occupation Types in Broome County



Reprinted From: [Data USA](#)

One factor is likely not the sole cause of a health challenge; similarly economic stability and security are not the only factors affecting Housing Security and Affordability in Broome County. The physical environment and context play just as large of a role. For instance, nearly 75% of Broome County housing stock was built prior to 1970, with only 7% of the current housing stock being built in the last three decades. This older housing stock potentially exposes residents to increased health risks through lead paint hazards, asbestos, lack of proper/adequate upkeep, improper heating/cooling, etc. Households that are already cost-burdened, may struggle to make the necessary improvements to their home like weatherization or routine maintenance, which could help reduce the cost burden of rent or housing (BCHNA, 2024).

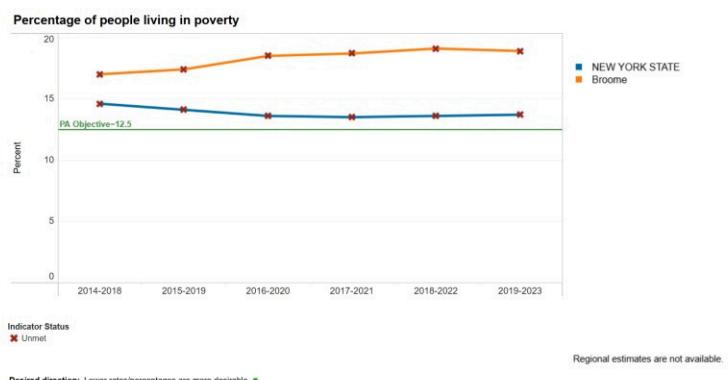
The housing market in Broome County is volatile and competitive, with the volume of sales increasing over the last decade, the number of days spent on market declining, and large increases in median price and median apartment rent. Since the market is so competitive, prices can ebb and flow drastically, leaving those who cannot buy a home, find a home that fits their needs, or would prefer to rent, with few safe and affordable options. BCHNA estimated in 2024, that 26,000 households in Broome County are in need of new, improved, or alternate housing arrangements. This translates to just over 25% of the housing units in Broome County that are in need of some level of improvement or alteration. Not only is the current stock not adequate to meet the current needs, but affordable housing units are not being built at the rates of student or luxury housing. Additionally, the housing stock is needed across the income spectrum, covering not only affordable housing (<80% Area Median Income [AMI]), but workforce housing (80-120% AMI) and market

rate housing (>120% AMI). The BCHNA identified several barriers to creating new housing in the county, revolving around the lack of developable sites, and high costs to build affordable housing with current construction costs. Often times this results in developers directing their efforts toward more profitable projects rather than housing that offers low rent. The contributing causes that arose from existing literature, like the high cost for units, unsafe units, and being cost- burdened, mirror the opinions of respondents from the Community Survey. The top themes pulled from the responses of the Community Survey include the high cost of housing for low quality and the lack of available housing due to student housing or other restrictions. Of the 1,650 responses from the Community Survey, half (52.5% or 862 respondents) identified Housing Security and Affordability as the biggest economic concern.

Poverty

As noted above and in Figure 36, the poverty rate of Broome County is remarkably higher than the state and national rates. Relatively low wages are but one explanation for the disparate rates of poverty in Broome County. The high cost of living, which includes the cost of goods, utilities, food, etc., also has significant influence on the poverty rate.

Figure 36. Percentage of People Living in Poverty



Reprinted From: [NYS Prevention Agenda Dashboard \(NYSDOH, 2025d\)](#)

Attendees at the CHA Symposium shared their thoughts about the many factors or events they feel contribute to the disparate rates of poverty. One example shared with the group included federal funding cuts to programs, impacting the capacity or availability of services once offered. Discussions at the CHA Symposium noted, Immigration and Customs Enforcement activities have created mistrust in services, specifically with government-based programs, deterring sectors of the population from seeking services or assistance. Other factors discussed contributing to adult poverty include the lack of safe, affordable housing, rising use of psychostimulants/methamphetamines, and areas in communities with limited or no access to healthy, nutritious food choices (CHA Symposium, 2025).

Of the 1,650 responses received, 32% (525 respondents) of Community Survey respondents identified poverty as the largest economic priority of concern. Respondents who identified poverty as their largest concern have similar thoughts about the contributing causes of poverty. Respondents noted that the lack of high paying jobs, jobs that matched their field, and 'professional jobs' as factors

that contribute to the poverty rate in Broome County. The lack of job type distribution and high or appropriately waged jobs was also identified through the census and partner agency reports.

Anxiety and Stress

The final priority that was chosen, is Anxiety and Stress. In 2021, around 17% of adults in Broome County frequently expressed mental distress, a rate higher than NYS rate of 13.4% (NYSDOH, 2025d). Figure 31 displays the percent of adults in Broome County who expressed mental distress in the past month, from 2016-2021, for Broome County, NYS, and NYS excluding NYC.

An individual experiences a number of potential factors that can contribute to the development of anxiety and stress. Characteristics that affect anxiety and stress include psychosocial, interpersonal, biological (genetic), historical, cultural, ACE's and environmental factors. However, it is hard to make generalizations across a population due to the magnitude of factors that contribute to anxiety and stress. In some cases, the causes can seem more apparent such as financial hardships, health concerns, and/or political instability. An individual's environment can exacerbate anxiety and stress and make an individual feel isolated, excluded, and non-participatory, but a conducive environment can be protective and make the individual feel connected, included, and meaningfully engaged.

Broome County stakeholders and community partners identified a plethora of factors during the CHA Symposium that potentially contribute to the elevated rates of anxiety and stress. Many of the factors identified largely pertain to issues around access to services or resources. Long wait times, poor provider experiences or interactions, transportation barriers, stigma, and provider burnout were all cited as contributing factors to the increased mental distress expressed. These factors do not work independently, with many being interconnected, making interventions and solutions challenging.

Figure 37. Personal Concerns Reported from Survey Participants

mental health concern	n	percent
Drug use and overdose	853	51.9
Anxiety and stress	364	22.2
Depression	276	16.8
Adverse childhood experiences (childhood trauma)	167	10.2
Alcohol use	152	9.3
Tobacco/ e-cigarette use	106	6.5
Suicide	95	5.8
Healthy eating	94	5.7
Prefer not to say	39	2.4
None of these are problems for Broome County	21	1.3

Source: Broome County Community Survey Responses

Of the 1,650 Community Survey responses, 22.2% identified Anxiety and Stress as a top concern for them, as noted in Figure 37. Analysis of the individual responses revealed that respondents identified the lack of mental health resources, personal economic situations, and the lack of specialists in the area as the primary causes of anxiety and stress. The survey respondents also identified anxiety and stress not only as a health outcome, but also as a factor that influences other priority areas such as housing stability, substance use disorder, suicide, and violence.

Health Disparities

Health disparities refer to avoidable, unjust, or unfair differences in a population's burden of disease or opportunity to achieve optimal health. Optimal health may look different for each individual, but broadly, it refers to the entire state of well-being beyond not being sick ([NYSDOH, 2025c](#)).

Disproportionate health outcomes cannot be dismissed by merely equating poor health outcomes to those with more financial strain. While health outcomes typically follow socioeconomic status, many additional demographic factors contribute to these inequities in health outcomes. Those who are more vulnerable have a much greater threat and risk for negative health outcomes. Those who utilize public services that experience funding cuts, in turn end up experiencing greater rates of poverty, poor health, and socioeconomic status inequalities (Marmot, 2010).

Comparing the rates of health measures in and outside of Broome county, the seemingly avoidable differences highlight a harder experience some have in achieving optimal health and wellness. Significant disparities exist by race/ethnicity in premature deaths (deaths before 75). The CHIRE reports that Black and Hispanic residents are most likely to die prematurely in Broome County when compared to others. 77.7% of Black residents and 72.9% of Hispanic residents are more likely to die prematurely than the total population of those who died prematurely (41.8%) in Broome County. Black residents also have a greater year of potential life lost and experience more potentially preventable hospitalizations than other populations in Broome County ([NYSDOH, 2023b](#)).

Housing Stability and Affordability

Race/ethnicity can increase the risk for inequities in Housing Stability and Affordability. The BCHNA found that 32% of renters living in Broome County thought that they were treated unfairly when looking for an apartment, and of those, 20% thought that race/ethnicity played a role in their treatment. Renters are disproportionately burdened by housing cost, sub-standard conditions, and stability, with almost half of renters being cost-burdened (paying >30% income spent on housing). Average renter incomes are much lower than that for the general population and rent cost is higher than the average mortgage price for comparable units. Considering the condition of these rental units, with a majority built over 40 years ago, many include hazards like lead paint, asbestos, radon, mold, pests, inadequate utility service (gas, heat, cooling, water, trash, electric, Wi-Fi), and structural issues.

Poverty

The disparities surrounding poverty rates and measures are well documented for Broome County. Disparities in poverty in Broome County are very strong in race and ethnicity. In the 2020-2022 CHIRE, Black, Asian/Pacific Islander (A/PI), and Hispanic families of Broome County are more likely to be below the poverty level (33% Black, 23.5% Hispanic, 16.1% A/PI, 9.6% White) and be below the median annual household income (Black - \$37,167, Hispanic - \$52,299, A/PI - \$42,329, White - \$60,977). Percentage of high school dropouts (Black – 14.4%, Hispanic – 20.5%, White – 6.3%) and arrests per 1,000 individuals (Black – 126.9, Hispanic – 40, White – 22.7) are also higher in Black and Hispanic populations compared to rates for White individuals. Several census tracts in the county were reported to have 100% of poverty status for Black or African American residents in 2023 ([U.S. Census Bureau, 2025](#)).

Anxiety and Stress



Stress can make an individual feel worried, anxious, and have difficulty coping. Stress can also lead to mental and behavioral health challenges. Anxiety focuses on the anticipation of a future threat, and in excess can interfere with daily life and cause negative physical consequences.

Nationally, Black and Hispanic Americans often report higher levels of stress and anxiety than White Americans. In 2022, Black adults were hospitalized for mental health issues at nearly double the rate of Black adults being hospitalized for any reason (2022 Prevention Agenda).

Those with lower household incomes experience significantly higher rates of anxiety and depression (Bethune, 2023). According to the 2025 Prevention Agenda adults with a household income of less than \$25,000 (20.5%) and those who have a disability (30.5%) reported having frequent mental distress (APA, 2022).

Community Assets and Resources

The identification and mobilization of community assets are essential to advancing the goals of the NYS Prevention Agenda, particularly in addressing health disparities and the SDOH. The community benefits from a broad network of organizations and institutions across healthcare, education, government, media, and community-based services that collectively support population health and well-being.

Healthcare Systems and Providers

Local healthcare systems serve as critical anchors in addressing both clinical and preventive health needs. United Health Services and Guthrie Lourdes provide comprehensive inpatient, outpatient, emergency, and specialty care services to residents across the county. In addition, a network of primary care and specialty providers, including but not limited to, Broome Pediatrics, Endwell Family Physicians, Cornerstone Family Healthcare (FQHC), and the Binghamton VA Clinic, Comprehensive Psychiatric Emergency Program (CPEP), Greater Binghamton Health Center, supports access to preventive services, chronic disease management, maternal and child health, mental health, and care coordination. These providers contribute directly to Prevention Agenda priorities related to preventive care, chronic disease prevention, and access to quality healthcare. Additional services are available for emergency needs through our first responder system, emergency dispatch center, ambulances, fire departments, and law enforcement (school resource officers, NYS Police, Broome County Sheriff, local police).

Community-Based Agencies and Organizations

Community-based organizations play a vital role in addressing non-clinical factors that influence health outcomes, consistent with the Prevention Agenda focus on health equity and community engagement. These partners provide services that support mental health, disability access,

housing-related assistance, and social support, reaching priority populations, reducing barriers to care, and addressing SDOH. Some of these include poverty, substance use, mobility, aging, domestic violence, veterans and equality resources. Broome County United Way provides a comprehensive list of community resources and services that can be easily accessed by calling 2-1-1.

Academic Institutions and School Systems

Educational institutions contribute to community health through education, workforce development, research, and the provision of shared community resources. Broome Community College, Binghamton University, and support public health training, data analysis, and community-based research initiatives aligned with Prevention Agenda goals. Local school districts and Broome-Tioga BOCES further support health promotion by offering facilities for recreation and community programming, delivering health education, and serving as key access points for children, adolescents, and families. They also help increase the education of those in the community, attracting diverse populations to their campus. Local ambulance services provide paramedicine training and education in schools to certify first responders, as well as pay for further training for EMT and Paramedic certifications.



Media and Communications

Local media outlets serve as important partners in disseminating credible public health information, increasing awareness of available services, and promoting Prevention Agenda initiatives. Partners support public health messaging related to awareness and prevention, emergency preparedness, and community resources.

Television:

- Spectrum-News
- WBNG-TV, local CBS/CW affiliate
- WICZ-TV, local FOX affiliate
- WIVT/WBGH News Channel 34, local ABC and NBC affiliates
- WSKG Public Broadcasting System



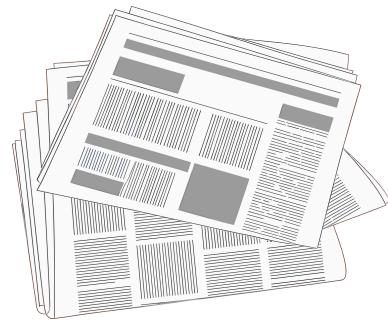
Radio:

- Cumulus Broadcasting, Inc.
- Equinox Broadcasting
- IHeartMedia, Inc.
- Radigan Broadcasting Group, LLC
- Townsquare Media
- WHRW FM-Binghamton University
- WJOB FM-Broome County Urban League
- WSKG Public Media



Print:

- Press & Sun-Bulletin/Press Connects
- Pipe Dream-Binghamton University
- Community Partner newsletters
- Rosanne Salle Advertising
- Park Outdoors



Government Departments and Services

Multiple government sectors contribute to population health outcomes through policy development, service delivery, and systems-level interventions. Our county government, including the Executive Office and Legislature, support public health through policy development, funding, collaboration and understand public health's benefit to the community. Additional key partners include Economic Development and Planning, Mental Health Services, Department of Social Services, Sheriff's Office, District Attorney's Office, Office for Aging, and Emergency Services. These agencies influence SDOH such as economic stability, housing, public safety, behavioral health, and access to social services, aligning with the Prevention Agenda focus on creating healthy and safe environments.

Transportation Systems

Spanning across 705.7 square miles, Broome County residents need transportation access to move around in the county. Broome County has a robust public bus system that is affordable. BCHD partners with the bus system to offer free transportation for vaccine appointments, the county has partnered to offer transportation to get access to food, and lead testing. Residents with Medicaid access can utilize the local taxi system. There are private businesses offering medical transport, services, food and medicine delivery.



Additional Community Assets

The community also benefits from built environments, physical and social infrastructure that promotes healthy behaviors, including parks and recreation centers, farmers' markets, school-based public facilities, and informal mutual aid groups or support networks. These assets support physical activity, nutrition, social cohesion, and resilience, all of which are key components of Prevention Agenda priority areas. Notable community resources 'but not limited to' include free carousels throughout the county, community parks with swimming areas and sprinklers, walking trails, camping areas, kayaking, recreational sports (tennis, basketball, pickleball, golf), dog parks, ice rinks, skating and bicycle parks and playgrounds. Additionally, there are specific resource centers for seniors and veterans promoting health and wellbeing. There are multiple community events throughout the year including Spiedie Festival and Balloon Rally, community centers, farmers markets, festivals and multiple professional sports arenas.



Identified Gaps and Areas of Need

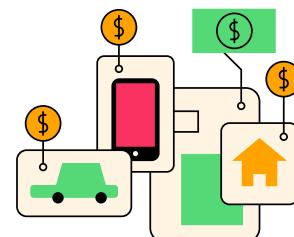
Despite the presence of strong community assets, significant gaps remain. A critical unmet need is housing stability and affordability, which directly impacts health outcomes and health equity. Strengthened partnerships with housing developers, affordable housing organizations, and planning agencies are needed to address housing insecurity and support Prevention Agenda objectives related to SDOH and equitable access to safe, stable housing.

Access to mental health care is another area where improvements are needed to meet NYS Prevention Agenda goals. BCHD promotes mental health by encouraging exercise, movement in the community, promoting safe and healthy lifestyles, environments and improving access to mental health services.

Additional gaps and areas of need include affordable childcare and eldercare, food security, and substance use treatment. While there are community organizations working to address these gaps, the need is growing faster than the resource.

E. Community Health Improvement Plan/Community Service Plan

Major Community Health Needs Identified



The major health needs of Broome County were identified through the results of the Community Health Survey distributed by the Broome County Health Department, along with data provided by our local community partners. Based on these findings, three priority areas were selected to focus on for the 2025–2030 cycle. They were chosen in the following order:

1. Housing Stability and Affordability
2. Poverty
3. Anxiety and Stress

Prioritization Methods

Description of Prioritization Process

Local data collected from the Community Health Survey by the Broome County Health Department was presented alongside New York State data at the 2025 CHA Symposium. This allowed community partners to compare health indicators at both the local and state levels. Data contributed by our local hospitals, United Health Services and Guthrie Lourdes was also shared at the Symposium, and their findings closely aligned with the results of the Community Health Survey.

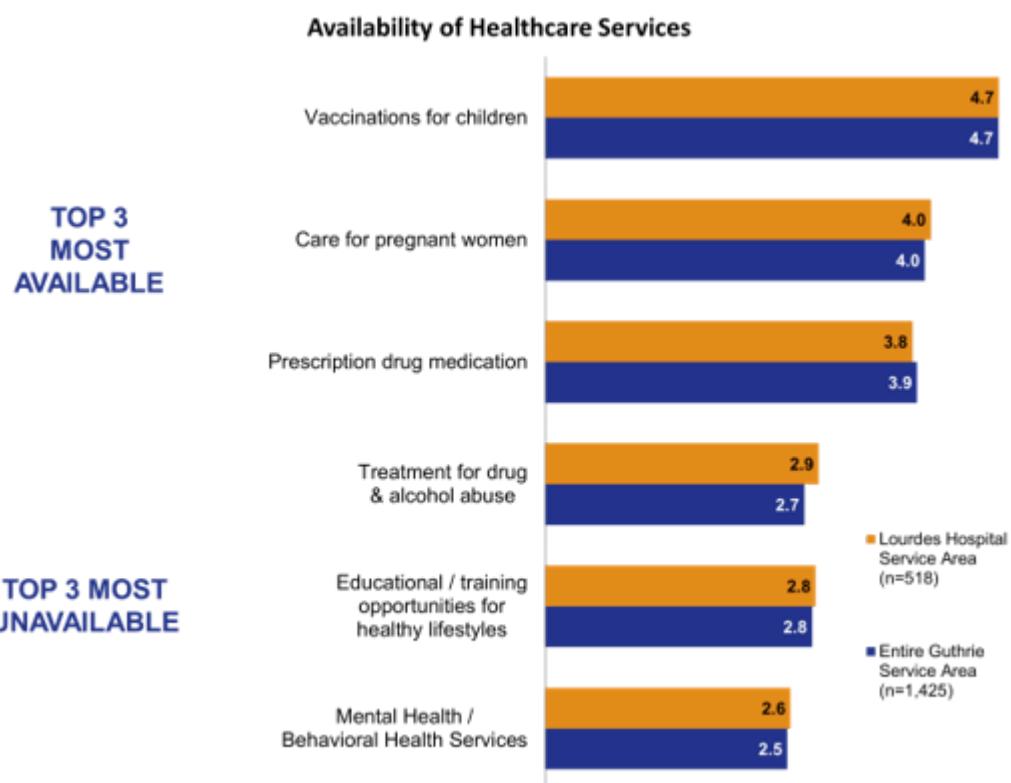
United Health Services (UHS) identified the local needs of the community they serve through specific interventions that were implemented to improve the health of the community. They identified health disparities in their service area with efforts from their Population Health Team. The UHS population health team consists of nurse care managers, navigation professionals, care coordinators, and SDOH Coordinators. These professionals assess and address the socio-clinical needs of the community. United Health Services was able to conclude from their assessments that the main health concerns for their service area are mental health and housing. UHS has developed interventions to address community issues, including food insecurity and domestic violence, identifying needs with their patient screening questionnaire.

Guthrie Lourdes Hospital conducted their own Community Health Needs Assessment, which identified targeted interventions to address the health challenges faced by the Guthrie Lourdes Hospital service area. Their service area consists of 245,844 residents. A total of 518 Guthrie Lourdes Hospital service area residents participated in the online survey, and 10 community stakeholders participated in in-depth interviews. Residents who participated in Guthrie Lourdes survey identified the top three healthcare issues facing the community are cancer, heart disease and stroke. Residents were asked to rate the availability of several healthcare services in the Lourdes Hospital service area on a scale 1 to 5. (1=not available, 5=widely available)

- Most widely available healthcare services in Broome and Tioga counties are Vaccinations for Children (Other than Covid-19 Vaccine), Care for Pregnant Women, and Prescription Drug Medication. Least widely available healthcare services in Broome & Tioga counties are Mental/ Behavioral Health Services, Educational/Training Opportunities for Healthy Lifestyles, and Treatment for Drug and Alcohol Abuse. A total of 10 Broome and Tioga County area community stakeholders participated in interviews. Stakeholders were asked to rank the availability of healthcare services in their community. Stakeholders provided an average availability score of 6.2/10, (1=not available, 10=high availability). Overall, stakeholders felt that the availability has remained the same over the past three years. Stakeholders feel that both Broome and Tioga have available services such as Primary Care, Emergency Care, Urgent/Walk-in Care, but the availability of those resources is dependent on the individual's ability to access them. Many residents experience the healthcare system differently based on where they live and their available resources. Some services that were found to be lacking or limited include:



- Mental/ Behavioral Health, including Substance Use Treatment Services
- OB/GYN
- Dental Care
- Pediatrics
- Stakeholders felt that the Guthrie Lourdes service area was *below average* when it came to overall health of the community. The score given was 2.6 out of 5. (5=very healthy) The interview results concluded that the Guthrie Lourdes service area is an overall safe community to raise children, but many requested more health education for children in nutrition and health literacy. Many voiced concerns that there is not enough housing or economic opportunity in the area.



Broome County Health Department distributed their Community Survey to Broome County residents at outreach tabling events, local businesses, and other local events. This survey was distributed using both handheld tablets and paper copies. The surveys were completed by community members who were at least 18 yrs or older and had spent a significant amount of time in Broome County. Whether they worked, played, or traveled to Broome County for resources or services, they were eligible to take the survey. Survey respondents were asked both multiple choice and short answer questions. The two short answer questions included at the end of the survey asked respondents to pick “Which of these issues are the biggest concern to you personally?” Following with “For the issue you picked in the previous question, what could be done in Broome County to make things better for you?”

Broome County Health Department analyzed and reviewed survey responses. They concluded from the data that the main personal concerns most commonly reported by survey respondents were economic issues and access to mental health programs and resources specifically for drug and alcohol use disorders. People mostly reported being unable to afford or access housing in the Broome County area.

Responders also expressed that there aren't enough mental health resources and programs, specifically for those with substance use disorders.

During the CHA Symposium, Broome County Health Department presented Community Survey data and shared ideas from survey participants regarding solution ideas that could address identified issues in Broome County.

Priority Area Voting

During the Symposium, the top priority areas were selected through a voting process that included participation from community partners in attendance, representatives from our local hospitals and universities, and other key stakeholders. A Prevention Agenda Focus Area Ranking Tool, developed by the BCHD CHA team, was used by attendees to vote on the top priority areas.

The three priority areas were chosen in the following order:

Prevention Agenda Focus Area Ranking Tool

- Housing Stability and Affordability
- Poverty
- Anxiety and Stress

Instructions: Please review the full list of Priority Areas. From this list, circle the **five** Priority Areas you feel are most important. Next, take the **five** Priority Areas you circled and **rank them 1-5**, starting with **1** being the **most important**. You may refer to the *NYS Prevention Agenda* handout for examples to help guide your selections.

Domains	Priority Areas	Ranking
Economic Stability	Housing Stability and Affordability	
	Nutrition Security	
	Poverty	
	Unemployment	
Social and Community Context	Adverse Childhood Experiences	
	Alcohol Use	
	Anxiety and Stress	
	Depression	
	Drug Misuse and Overdose Including Primary Prevention	
	Healthy Eating	
	Tobacco/E-cigarette Use	
Neighborhood and Built Environment	Suicide	
	Access to Community Services and Support	
	Injuries and Violence	
	Opportunities for Active Transportation and Physical Activity	
Health Care Access and Quality	Access to and Use of Prenatal Care	
	Childhood Behavioral Health	
	Early Intervention	
	Oral Health Care	
	Prevention of Infant and Maternal Mortality	
	Prevention Services for Chronic Disease Prevention and Control	
	Preventive Services	
Education Access and Quality	Health and Wellness Promoting Schools	
	Opportunities for Continued Education	

The CHA Steering Committee followed NYSDOH guidelines, requiring participants to choose at least three priority areas from the Prevention Agenda list, including at least one of the following SDOH:

1. Poverty
2. Unemployment
3. Nutrition Security
4. Housing Stability and Affordability
5. Health and Wellness Promoting Schools
6. Opportunities for Continued Education

Community Engagement

The BCHD CHA Steering Committee developed a community survey based off the NYS Prevention Agenda framework. This survey collected input from Broome County residents on the top priority areas from the NYS Prevention Agenda that were most important to them. BCHD employees who are a part of the steering committee, attended outreach events across Broome County to distribute the Community Survey to Broome County residents.

The Broome County Health Department hosted monthly meetings with the steering committee members which included community partners from different organizations in Broome County. These partners attended presentations from various organizations to gain a broader knowledge of current services and interventions being offered. Local partners were also expected to submit their local data over time to support their interventions being carried out from the previous cycle. These monthly meetings occurred throughout 2024 and 2025 until the CHA symposium held in September 2025.

The 2025 CHA Symposium was held on September 9, 2025 at the Broome County Health Department. Members from local organizations and hospitals who are members of the committee attended in person to listen to presentations on local and state data and to decide the top three priority areas for the 2025-2030 CHIP cycle.

Justification for Unaddressed Health Needs

There are 24 priority areas in the 2025-2030 NYS Prevention Agenda framework. For the 2025-2030 Community Health Improvement Plan, the top three priorities for Broome County were approved by the CHA Steering Committee. The remaining 21 priority areas are being addressed through various organizations in Broome County, but will not be included in the CHIP as they have been identified as lower priority by all parties involved in the selection process. The impact of the top three priorities are considerably greater than those not chosen, and many have ample services in place to address the need.

Developing Goals, Strategies, and an Action Plan *Alignment with Prevention Agenda*

Broome County Health Department along with local organizations and local hospitals, Guthrie Lourdes, and United Health Services (UHS) design their interventions based off of the NYS Prevention Agenda. For each selected priority area for the Community Health Improvement Plan (CHIP), the committee must choose one SMARTIE objective. A SMARTIE objective is characterized as being Specific, Measurable, Achievable, Relevant, Timebound, Inclusive and Equitable. For each objective, an indicator needs to be selected to track progress. Interventions will be evidence based for each priority area chosen. For each of the selected priority areas, Housing Stability and Affordability, Poverty, and Anxiety and Stress, a target population needs to be identified, and strategies need to be selected to reduce disparities and inequities among the selected population.

Health Equity

Workgroup development

The Broome County Health Department CHA Steering Committee distributed a survey to its community partners to gather input on workgroup participation. Partners were asked to provide their availability for attending workgroup meetings which focused on selecting objectives and interventions for the 2025–2030 Community Health Improvement Plan (CHIP).

Members from local organizations were invited to indicate whether they were interested in serving as “community experts” or workgroup leaders for each priority area. Based on the survey responses, leaders were assigned to each priority area, and the remaining steering committee members were assigned to the appropriate workgroups. Each workgroup then met monthly to discuss and determine the objectives to be included in the CHIP. A representative from the Broome County Health Department’s CHA Steering Committee attended the monthly workgroup meetings. They were in attendance to ensure that members were selecting appropriate objectives for each priority area and aligning their work with the NYS Prevention Agenda framework. The BCHD Steering Committee also implemented quarterly meetings for all priority workgroups to come together, share updates, and present the objectives they planned to implement for the next CHIP cycle.

Steering committee members were encouraged to reference the data and survey results presented to them at the CHA Symposium when selecting specific objectives for their priority area. The workgroups had to make sure the objectives they had chosen were SMARTIE objectives (Specific, Measurable, Achievable, Relevant, Timebound, Inclusive and Equitable). The objectives that were chosen by the steering committee members also had to be in line with the Prevention Agenda framework and have one indicator to track their progress. The indicator for each SMARTIE objective would be a metric or measure used to quantify an outcome.

Partner Engagement

Working with community partners has been a critical component of the community health assessment (CHA) process. Workgroups were established after the 2025 CHA Symposium, and these groups consisted of local partners, representatives from local hospitals, and other members of the CHA committee who are experts in select priority areas.

The Steering committee will continue to meet on a monthly basis following the submission of the CHIP work plan. Progress will be assessed through a performance monitoring tool that tracks all CHIP related activities. These updates will be submitted to the Broome County Health Department CHA Steering committee.

Sharing Findings with the Community

BCHD, along with partnering agencies and local hospitals, will share the 2025-2030 CHA and CHIP with community members on the Broome County and BCHD websites.

Interventions chosen and implemented through the CHIP will be included in the BCHD Annual Report and shared through social media, and local media reports.

Strengthening the Future of Broome County

Broome County is committed to our residents. Looking at NYS Fiscal Monitoring system and the Broome County Department of Planning and Economic Development’s 2024 Annual Report, the steps being made to enhance health and resources for our community are evident.

In the 2024 OSC Fiscal Stress Monitoring System, Broome County Government received no fiscal stress designation. Per these guidelines Broome County follows sound financial management practices. This includes responsible budget, controlling expenses and long-term financial planning. When compared to similar counties in NYS, BC core fiscal indicators such as operating results, debt metrics, balance levels, and cash position, all remain stable and within acceptable ranges. This fiscal stability ensures access to public health, safety, and infrastructure

services needed to continue community health and wellness work. This fiscal performance enhances Broome County's credibility to investors and grant-making entities. This enables additional resources for area development.

The Broome County economic data report highlights the ability to attract and retain significant private investment, allowing projects that help develop the county, contribute to job creation and expansion in multiple sectors. These investments help strengthen the local tax base and support employment options for area residents. This helps to keep the tax rate stable for residents. Broome County is focusing on smart economic development. Broome County is doing this in areas such as advanced manufacturing, clean energy, and technology industries. Tourism contributes millions of dollars locally to the economy, supporting jobs in retail, entertainment, lodging and food service.

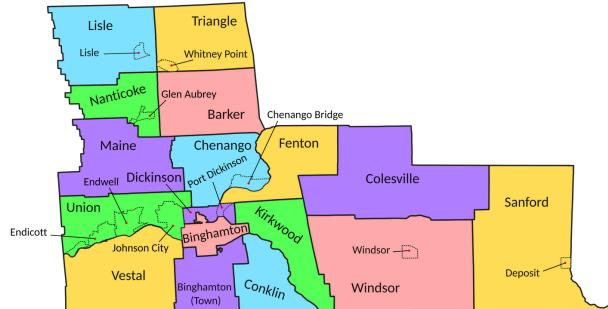


Housing is an important area to highlight, as significant progress is being made through housing development, infrastructure planning, and long-range initiatives. This was identified as an area of concern by Broome County residents. As noted in the priority areas above, continued work is planned. Broome County is working on new housing developments with a focus on senior, veteran, and unhoused populations. Affordable housing options are in various stages of development. In 2024 the county completed a housing need assessment, hazard mitigation planning, waterfront revitalization and resiliency initiative. This investment is an important part of disaster preparedness, strengthening competitiveness for future funding and investment opportunities. Outdoor spaces were also created for residents to engage in physical activity. Recently finished projects that address housing include the YMCA adding additional beds for homeless men. Helio Health recently finished a 111-unit housing project, converting an old warehouse into housing. All 111 units in the project will be occupied by individuals whose income falls at or below 60% of the local median income. Of the 111 units, 60 will be used to house persons with substance use disorder, individuals with severe mental illness and for homeless veterans who will receive supportive services from Helio Health and Eagle Star Housing. Additionally, Broome County recently opened a veteran resource center with 10 tiny homes for veterans that will serve as a central hub of resource for veterans. More plans and funding are in progress with multiple investors to develop affordable housing, where people can live in close proximity to where they work, and increase housing stock across the county. Additional funding was announced in October 2025 to develop blighted buildings, build 38 affordable rental units, and help reduce homelessness through the City of Binghamton. The NYS CREST (Community Resiliency, Economic Sustainability, and Technology) Program provided funding secured by Senator Lea Webb, granting \$300,000 to the Urban League. The goal of this funding was to help build affordable 1- and 2-bedroom units aimed at helping urban poor and minorities with housing.

BCHD works to improve the quality of current housing stock with the Housing and Urban Development grant. This program helps Broome County provide Lead Hazard Reduction funding to privately-owned housing units built before 1978 which contain lead-based paint hazards, to fix the hazard. The Healthy Neighborhood Program helps reduce housing related illness and injury through a healthy home approach. This program provides assessments and

interventions to reduce negative health outcomes from indoor air quality problems. Additionally, it aims to reduce injury and prevent childhood lead poisoning.

Broome County has significant strengths including strong fiscal stability, active economic development, a robust tourism sector, proactive planning, and commitment to sustainability. These factors form a solid foundation for public services, allowing the county to address future challenges, and support initiatives to improve community health outcomes. BCHD will continue to collaborate with community partners, hospital systems, elected officials, and the public to build on these strengths and enhance the community health in the priority areas noted in this report.



Appendices

Appendix A – Community Health Survey

Community Health Survey 2025

Broome County Health Assessment Steering Committee

The Broome County Health Assessment Steering Committee is asking you to anonymously answer some questions about concerns in Broome County. To participate, you must be at least 18 years old and spend a lot of time in Broome County. Participation is voluntary and you may choose not to answer a question for any reason. When you complete the survey, you will have the opportunity to enter a raffle to win a \$50 Weis gift card. Entering the raffle will not be linked back to your survey responses.

The information from this survey will be used to develop the Community Health Improvement Plan - a plan used by local hospitals, government agencies, and nonprofits to address the area's most important health concerns. If you have any questions or concerns, you may contact Broome County Health Department at (607)778-3930 or email BCHHealth@broomecountyny.gov.

1. Do you live, work, or spend a lot of time in Broome County?
 - I live in Broome County all year.
 - I live in Broome County part of the year.
 - I don't live in Broome County, but I work, visit, shop, go to appointments, etc. in Broome County.
 - No (if you select this, please do not continue with the survey).

2. How old are you?
 - Under 18 (if you select this, please do not continue with the survey).
 - 18-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65-74
 - 75-84
 - 85+

3. Which of these economic topics do you think is the biggest concern for **Broome County**?
Pick one.
 - Poverty
 - Unemployment
 - Nutrition security (getting enough healthy food)
 - Housing (finding, affording, and keeping housing)
 - None of these are problems for Broome County
 - Prefer not to say

4. Which of these mental health and drug/ alcohol use topics do you think is the biggest concern for **Broome County**? Pick one.

- Anxiety and stress
- Suicide
- Depression
- Drug use and overdose
- Tobacco/ e-cigarette use
- Alcohol use
- Adverse childhood experiences (childhood trauma)
- Healthy eating
- None of these are problems for Broome County
- Prefer not to say

5. Which of these community safety and connectedness topics do you think is the biggest concern for **Broome County**? Pick one.

- Not enough safe and convenient places to exercise, walk and bike
- Access to community services and support
- Injuries and violence
- None of these are problems for Broome County
- Prefer not to say

6. Which of these health care topics do you think is the biggest concern for **Broome County**?

Pick one.

- Prenatal care (health care for pregnant people)
- Preventing deaths in mothers and babies
- Resources to prevent or control chronic diseases (diabetes, high blood pressure, heart disease, etc.)
- Dental health care
- Preventative services for children (vaccines, lead screening, hearing tests, etc.)
- Services for childhood developmental delays
- Services for childhood mental and behavioral health
- None of these are problems for Broome County
- Prefer not to say

7. Which of these education topics do you think is the biggest concern for **Broome County**?

Pick one.

- Promoting healthy choices in schools
- Education opportunities for adults (GED, trade schools, colleges)
- None of these are problems for Broome County
- Prefer not to say

8. Which one of these is the biggest concern for **you personally**? Pick one.

- Economic Issues
- Mental health and drug/ alcohol use issues
- Community safety and connectedness issues
- Health care issues
- Education issues
- None of these are problems for me
- Prefer not to say

9. For the issue you picked in Question 8, what could be done in Broome County to make things better for you?

10. In your opinion, which of these things make Broome County a great place to live? Select all that apply.

- Friends and family
- Sense of belonging
- Schools, colleges, and universities
- Good jobs
- Opportunities to be in nature
- Opportunities to volunteer
- Festivals, events, and recreational activities
- Community spaces (such as parks, libraries, community centers, senior centers, etc.)
- Places of worship and faith community
- The arts
- Minor league sports teams
- Local businesses
- Services to help people who are struggling (such as assistance with housing, food, finding a job, etc.)
- Other (please describe)

11. Where do you find trusted health information? Select all that apply.

<input type="checkbox"/> Healthcare provider (doctor, nurse, pharmacist, etc.)	<input type="checkbox"/> Family	<input type="checkbox"/> Internet
	<input type="checkbox"/> Friends/ Community	<input type="checkbox"/> Social Media
	<input type="checkbox"/> TV Shows/ News Programs	<input type="checkbox"/> Other
<input type="checkbox"/> Health Insurance provider	<input type="checkbox"/> Newspaper	_____
<input type="checkbox"/> Work	<input type="checkbox"/> Radio or Podcasts	_____
<input type="checkbox"/> Religious organization	<input type="checkbox"/> Public health organizations (CDC, Broome County	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> My or my child's school	Health Department, etc.)	

12. Please list some specific sources you turn to for health information.

13. Please select the response that best applies to you:

	Never or Almost Never	Sometimes	Often	Always or Almost Always	Prefer not to say
How often do you have someone help you read medical materials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you have problems learning about your medical condition because of difficulty understanding written information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you have a problem understanding what is told to you about your medical conditions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. What is your gender?

- Woman
- Man
- Non-binary
- Prefer not to say
- Other _____

15. Do you identify as LGBTQIA+? (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual?)

- Yes
- No
- Prefer not to say

16. What is your race/ethnicity? Select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to say
- Other

17. What is the highest level of school you have completed or the highest degree you have received? Select all that apply.

- Less than high school degree
- High school degree or GED
- Some college but no degree
- College degree – Associate, Bachelor, Graduate
- Trade or vocational school
- Prefer not to say
- Other

18. What is your household income?

- Less than \$15,000
- \$15,000-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000-\$199,999
- \$200,000 or more
- Prefer not to say

19. Including yourself, what is your household size?

- 1
- 2
- 3-4
- 5-7
- 8+
- Prefer not to say

20. What best describes your employment status? Select all that apply.

Full-time employed Retired
 Part-time employed Prefer not to say
 Unemployed Other _____
 Student

21. What is your ZIP code? _____

Thank you for completing the survey! Surveys can be mailed to or dropped off at Broome County Health Department, 225 Front Street in Binghamton.

If you or someone you know is struggling or in crisis, help is available. Call or text: 988 or chat: 988lifeline.org 24 hours a day, 7 days a week.

If you would like resources for any of the other issues discussed in this survey, please call 211 or visit 211/United Way online.

Appendix B – Community Provider Survey

Community Health Survey for Service Providers

The information from this survey will be used to develop the Community Health Improvement Plan – a plan used by local hospitals, government agencies, and nonprofits to address the area's most important health concerns. If you have any questions or concerns, you may contact Broome County Health Department at (607)778-3930 or email BHealth@broomecountyny.gov.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

1. Which option best describes the type of institution that you work for? Select all that apply.

- Primary Healthcare
- Specialty Healthcare
- Long Term Care/ Skilled Nursing/ Assisted Living
- Mental Health work
- Community Based Health/ Public Health
- Housing Services
- Nutrition/ Food Security Services
- Health Care Plan
- Philanthropic Organization
- Educational Institution
- State Government
- Local Government (City, Town, County)
- Hospital
- Non-For Profit
- Faith Based Institution
- Private Sector
- Other

2. If "Other" please specify:

Enter your answer

3. What is your occupation?

Please enter at most 50 characters

4. Which of these economic issues do you think is the biggest concern for the people you serve? Pick one.

- Poverty
- Unemployment
- Nutrition security (getting enough healthy food)
- Housing (finding, affording, and keeping housing)
- None of these are problems for the people I serve
- Prefer not to say

5. Which of these mental health and drug/ alcohol use topics do you think is the biggest concern for the people you serve? Pick one.

- Anxiety and stress
- Suicide
- Depression
- Drug use and overdose
- Tobacco/ e-cigarette use
- Alcohol use
- Adverse childhood experiences (childhood trauma)
- Healthy eating
- None of these are problems for the people I serve
- Prefer not to say

6. Which of these community safety and social connectedness topics do you think is the biggest concern for the people you serve? Pick one.

- Not enough safe and convenient places to exercise, walk, and bike
- Access to community services and support
- Injuries and violence
- None of these are problems for the people I serve
- Prefer not to say

7. Which of these healthcare topics do you think is the biggest concern for the people you serve? Pick one.

- Prenatal care (healthcare for pregnant people)
- Preventing deaths in mothers and babies
- Resources to prevent or control chronic diseases (diabetes, high blood pressure, heart disease, etc.)
- Dental health care
- Preventative services for children (vaccines, lead screening, hearing tests, etc.)
- Services for childhood developmental delays
- Services for childhood mental and behavioral health
- None of these are problems for the people I serve
- Prefer not to say

8. Which of these education topics do you think is the biggest concern for the people you serve? Pick one.

- Promoting healthy choices in schools
- Education opportunities for adults (GED, trade schools, colleges)
- None of these are problems for the people I serve
- Prefer not to say

9. Do you see or talk to clients as part of your work?

- Yes
- No

10. How often do you think your clients follow through on the information or instructions that you provide them? (Examples: a healthcare provider prescribes their patient a new medication, a nutrition education program teaches clients how to cook healthy food) (1 = not at all, 5 = always)

1	2	3	4	5
---	---	---	---	---

11. Please rank the influence of the following barriers to your clients acting on the information or instructions that you provide them (top = barrier of greatest significance).

Economic Issues

Mental Health or Drug/ Alcohol Use Issues

Community Safety and Social Connectedness Issues

Health Care Issues

Education Issues

12. We are interested in knowing the extent to which programs refer their clients to additional services they need, but which your program does not provide. How many other agencies do you regularly (usually at least once a week) refer your clients to for additional services?

- I never refer clients elsewhere
- 1-5
- 6-10
- 11-15
- 16-20
- More than 20

13. How often do you think your clients follow through on the referrals that you provide them? (Examples: a healthcare provider refers a patient to physical therapy, a nutrition education program refers a client to the WIC program) (1= not at all, 5= always)

1	2	3	4	5
---	---	---	---	---

14. Please rank the influence of the following barriers to your clients acting on the referrals that you provide them (top = barrier of greatest significance)?

Economic Issues

Mental Health or Drug/ Alcohol Use Issues

Community Safety and Social Connectedness Issues

Health Care Issues

Education Issues

Glossary of Terms

ACS	American Community Survey	Ongoing survey that provides vital information on a yearly basis about our nation and its people (Census)
BCHD	Broome County Health Department	Local Health Department located in Broome County, NY
CDC	Center for Disease Control	United States federal organization that protects the public's health (CDC)
CHA	Community Health Assessment	Refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection, and analysis (CDC)
CHIP	Community Health Improvement Plan	Utilizes the results of community health assessment activities and the community health improvement process (CDC)
CHIRE	County Health Indicators by Race and Ethnicity	Provides data on health indicators in each New York county by race and ethnicity (CHIRE)
NYS DOH	New York State Department of Health	Agency responsible for overseeing public health in New York State
NYS PA	New York State Prevention Agenda	New York's State's six-year initiative aimed at improving the health status of individuals in New York and reducing health disparities through a strong emphasis on prevention. The Prevention Agenda outlines key health priorities and how these priorities will be addressed to improve the health and wellbeing of all individuals in New York. (NYSDOH)
SDOH	Social Determinants of Health	Also known as Social Drivers of Health, conditions in the environments where people are born, live, learn, work, play, worship, and age, that affect a wide range of health, functioning, and quality-of-life outcomes and risks (NYSDOH)
UNY	Upstate New York	New York State excluding New York City

References

Agency Statistical Consulting and Education, LLC. *Home page*. (2025).
<https://www.agencystatistical.com/>

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th-TR). American Psychiatric Association.
<https://doi.org/10.1176/appi.books.9780890425787> American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th-TR). American Psychiatric Association. <https://doi.org/10.1176/appi.books.9780890425787>

Bethune, S. (2023, November). *Stress in America 2023*. American Psychiatric Association.
<https://www.apa.org/news/press/releases/stress/2023/collective-trauma-recovery>

Broome County Department of Planning & Economic Development. (n.d.-a).
Retrieved December 12, 2025, from
<https://broomecountyny.gov/sites/default/files/dept/planning/pdfs/2024-Annual-Report.pdf>

Broome County Department of Planning & Economic Development. (n.d.-b).
Retrieved December 2025, from
<https://broomecountyny.gov/sites/default/files/dept/planning/pdfs/Broome-County-Housing-Needs-Assessment-2024.pdf>

Data USA. (n.d.). *Broome County, NY*. Data USA. Retrieved December 4, 2025, from
<https://datausa.io/profile/geo/broome-county-ny>

Census Reporter. (n.d.). *Broome County, NY profile data*. Census Reporter. Retrieved December 4, 2025, from <https://censusreporter.org/profiles/05000US36007-broome-county-ny/>

Center for Disease Control and Prevention. (n.d.). *PLACES*. (2023).
<https://www.cdc.gov/places/index.html>

Confluence Court Managed by Housing Visions | Housing Visions. (2025, April 21). Housing Visions. <https://www.housingvisions.org/projects/confluence-court/>

Cornell Program on Applied Demographics. (n.d.). *County trends: Broome County, New York*. Cornell University. Retrieved December 4, 2025, from
<https://pad.human.cornell.edu/counties/trends1geo.cfm?geo=007>

EDA-Census Poverty Status Viewer (n.d.). U.S. Department of Commerce, U.S. Economic Development Administration. <https://mtgis-portal.geo.census.gov/arcgis/apps/experiencebuilder/experience/?id=ad8ad0751e474f938fc98345462cdfbf>

Federal Reserve Economic Data (FRED). (2024). *Percent of Population Below the Poverty Level (5-year estimate) in Broome County, NY (S1701ACS036007)*. Federal Reserve Bank of St. Louis. <https://fred.stlouisfed.org/series/S1701ACS036007#>

Federal Reserve Economic Data (FRED). (2025). *Employed Persons in Broome County, NY (LAUCN360070000000005)*. Federal Reserve Bank of St. Louis.
<https://fred.stlouisfed.org/series/LAUCN360070000000005>

Horn, Lisa (2024, May 15th). *CFSCNY Needs Assessment: Broome County Summary Report*. Community Foundation for Central New York (CFSCNY).

References (continued)

https://donorswhocare.org/wp-content/uploads/2024/11/Broome-CFSCNY-Needs-Assessment_2024.pdf

Lourdes. (2022). *Community Health Needs Assessment*.
https://www.guthrie.org/sites/default/files/Lourdes_CHNA%20Report%202021_2025.pdf

Graham, G. N. (2016). Why Your ZIP Code Matters More than Your Genetic Code: Promoting Healthy Outcomes from Mother to Child. *Breastfeeding Medicine*, 11(8), 396–397.
<https://doi.org/10.1089/bfm.2016.0113>

HealthCare.gov. (2025). *Federal Poverty Level (FPL)*. HealthCare.gov.
<https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>

Mayor Kraham Announces Housing Projects | News List | City of Binghamton New York. (2021). Binghamton-Ny.gov. <https://www.binghamton-ny.gov/Home/Components/News/News/550/15>

Marmot, M. (2010). *Fair Society Healthy Lives (The Marmot Review)*. Institute of Health Equity.
<https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

National Association of County and City Health Officials (NACCHO). (2025). *Mobilizing for Action Through Planning & Partnerships: MAPP 2.0*.
<https://healthyhoi.org/resources/Documents/Board%20Meeting%20Agendas%20and%20Minutes/MAPP%202.0%20Handbook.pdf>

New York State Department of Health. (2023a). *Behavioral Risk Factor Surveillance System (BRFSS) Health Indicators by County and Region*. [Data set]. health.data.ny.gov/https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data

New York State Department of Health. (2023b). *Broome County Health Indicators by Race and Ethnicity (2020-2022)*. [health.ny.gov/https://www.health.ny.gov/community/health_equity/reports/county/broome.htm](https://www.health.ny.gov/https://www.health.ny.gov/community/health_equity/reports/county/broome.htm)

New York State Department of Health (2025a). [health.ny.gov](https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#county).
https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#county

New York State Department of Health. (2025b). *New York State CHIRS County/Region Comparison Dashboard*.
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

New York State Department of Health. (2025c). *New York State Prevention Agenda (Version 2)*.
https://health.ny.gov/prevention/prevention_agenda/2025-2030/docs/prevention_agenda_plan.pdf

New York State Department of Health. (2025d). [health.ny.gov](https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county)
https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county

Office of Disease Prevention ad Health Promotion (ODPHP). (n.d.). *Social Determinants of Health*. ODPHP, Healthy People 2030. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

Office. (2025). *Fiscal Stress Monitoring System Search Tool*. State.ny.us.
<https://wwe1.osc.state.ny.us/localgov/fiscalmonitoring/fsms.cfm>

References (continued)

Partnership for a Healthy Community - MAPP 2.0 Documents. (2025). Healthyhoi.org.
<https://healthyhoi.org/MAPP-2.0-Documents>

Senator Lea Webb Announces \$300,000 in State Funding for the Broome County Urban League. (2025). NYSenate.gov. <https://www.nysenate.gov/newsroom/press-releases/2025/lea-webb/senator-lea-webb-announces-300000-state-funding-broome-county>

United Health Care Services. (2023). https://nyuhs.widen.net/s/ztnrpwvmgv/2023-uhs-community-impact-report_singles_hi-res

U.S. Census Bureau, U.S. Department of Commerce. (2025). *Table DP05: Demographic and Housing Estimates, 2024 American Community Survey 1-year estimates — Broome County, New York (GEOID05000US36007).* data.census.gov. Retrieved December 22, 2025, from <https://data.census.gov/table/ACSDP1Y2024.DP05?g=050XX00US36007>

U.S. Census Bureau, U.S. Department of Commerce. (n.d.-a). *Poverty Status in the Past 12 Months.* American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1701. Retrieved December 30, 2025, from <https://data.census.gov/table/ACSST1Y2023.S1701?t=Income+and+Poverty&g=050XX00US36007>

U.S. Census Bureau, U.S. Department of Commerce. (n.d.-b). *Poverty Status in the Past 12 Months.* American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701. Retrieved December 30, 2025, from <https://data.census.gov/table/ACSST5Y2023.S1701?t=Income+and+Poverty&g=050XX00US36007>

U.S. Census Bureau, U.S. Department of Commerce. (n.d.-c). *Selected Characteristics of Health Insurance Coverage in the United States.* American Community Survey, ACS 5-Year Estimates Subject Tables Table S2701. <https://data.census.gov/chart/ACSST5Y2023.S2701?t=Health+Insurance&g=050XX00US36007>

Veterans Services | Broome County. (2025). Broomecountyny.gov. <https://broomecountyny.gov/veterans>

White, M. (2025, April 22). *Broome County YMCA Gives Update Regarding Decision to Transition Downtown Binghamton Facility to Focus on Housing.* WICZ. https://www.wicz.com/news/broome-county-ymca-gives-update-regarding-decision-to-transition-downtown-binghamton-facility-to-focus-on/article_dd4ce7d3-28d0-4f3d-a122-102048593dae.html

World Health Organization (WHO). (n.d.). *Constitution of the World Health Organization.* <https://www.who.int/about/governance/constitution>