

**COMMUNITY HEALTH ASSESSMENT
CHENANGO COUNTY, NEW YORK**

2013



COUNTY OF CHENANGO

Department of Public Health

5 Court Street - Chenango County Office Building

Norwich, New York 13815

Public Health: (607) 337-1660

Environmental Health: (607) 337-1673

Division for Children with Special Needs: (607) 337-1729



November 2013

It is my pleasure to present the 2013-2017 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) for Chenango County.

The purpose of this extensive document is to assess the health of our community, as well as to outline Prevention Agenda initiatives with Chenango Memorial Hospital and numerous community partners.

The Department of Public Health uses this CHA to evaluate unmet health care needs, to identify barriers to care, and to plan programming and activities that will be implemented with the goal of increasing the level of health within Chenango County for all residents.

It is my hope that this document will also assist health care providers and agencies as they evaluate their own services or need data to apply for grants.

I would like to thank Ms. Tina Utley Edwards, the Executive Director of the Chenango Health Network (CHN) for preparing the Community Health Assessment and for facilitating multiple meeting with all community partners which was instrumental in developing the CHIP. The CHN is a valuable organization in the fabric of the County's health care community. I would like to dedicate this document to Louise Milner, RN who was employed at the Health Department at the time of her death in 2010. Ms. Milner was a dedicated Public Health Nurse with 23 years of experience who exhibited concern and compassion for all the patients who were under her care.

Respectfully Submitted,

Marcas W. Flindt, CHN, MSN
Public Health Director

CONTENTS

PART ONE	5
GEOGRAPHY	5
POPULATION AND HEALTH-RELATED ENVIRONMENT	5
HEALTH STATUS OF COUNTY RESIDENTS	8
BEHAVIORAL RISK FACTORS	10
CLINICAL CARE ENVIRONMENT.....	11
BUILT ENVIRONMENT FACTORS	14
POLICY ENVIRONMENT	15
TABLES.....	16
Table 1. Population by Age and Gender, Chenango County	17
Table 2. Population by City and Towns, Chenango County.....	18
Table 3. Population by Race and Ethnicity, Chenango County	19
Table 4. Income and Poverty, Chenango County	20
Table 5a. Households by Type, Chenango County.....	21
Table 5b. Children in Foster Care, Chenango County, 2007-2012.....	22
Table 6. Education, Chenango County	23
Table 7a. Employment and Work Force, Chenango County	24
Table 7b. Employment and Work Force, Chenango County	25
Table 8. Housing and Housing Costs, Chenango County.....	26
Table 9a. Index Crime Counts and Rates Per 100,000, Chenango County.....	27
Table 9b. Arrests 2012, Chenango County	27
Table 10. Health Insurance Status, Chenango County.....	28
Table 11. Access to Primary Care Physicians, Chenango County.....	29
Table 12. Life Expectancy at Birth and at Age 65 Years.....	30
Table 13. Top Five Leading Causes of Death, Chenango County 2011	31
Table 14. Cardiovascular Disease Indicators, Chenango County 2009-2011	32
Table 15. Cancer Indicators, Chenango County 2008-2010	33
Table 16. Respiratory Disease Indicators , Chenango County 2009-2011	34
Table 17. Cirrhosis / Diabetes Indicators, Chenango County 2009-2011.....	35
Table 18. Population with Disability, Chenango County	36
Table 19. Mental Health Indicators, Chenango County.....	37
Table 20a. Communicable Disease Indicators, Chenango County 2009-2011	38
Table 20b. Hepatitis C Indicators, Chenango County 2011-2013	38

Table 21. HIV/AIDS & Other Sexually Transmitted Infection Indicators, 2009-2011	39
Table 22. Family Planning / Natality Indicators, Chenango County, 2009-2011	40
Table 23a. Maternal and Infant Indicators, Chenango County, 2009-2011	41
Table 23b. Maternal and Infant Indicators, Chenango County, 2009-2011	42
Table 23c. Maternal and Infant Indicators, Chenango County, 2009-2011	43
Table 24. Perinatal Data Profile by County and ZIP Code, Chenango County 2008-2010	44
Table 25. Children and Adolescent Well Child Visits and Immunizations, 2011	45
Table 26. Oral Health Indicators, Chenango County, 2009-2011	46
Table 27. Obesity and Related Indicators, Chenango County, 2010-2012	47
Table 28. Tobacco, Alcohol and Other Substance Abuse Indicators, 2009-2011	48
Table 29. Preventive Health Indicators For Adults, Chenango County 2008-2009.....	49
Table 30. Injury Indicators, Chenango County 2009-2011.....	50
Table 31. Occupational Health Indicators, Chenango County 2009-2011.....	51
Table 32. Socio-Economic Status and General Health Indicators, 2009-2011	52
Table 33. Hospitals Serving Chenango County	53
Table 34. Primary Care and Women’s Health Centers, Chenango County	54
Table 35. Counseling Services, Chenango County	55
Table 36a. Adult Residential Care Facilities, Chenango County.....	56
Table 36b. Residential Health Care Facilities, Chenango County	56
Table 36c. Home Care Providers, Chenango County	56
Table 37a. Independent Living Centers/Developmental Disability Programs Serving the County	57
Table 37b. Adult Day Health Centers Serving the County	57
Table 38. Parks and Playgrounds, Chenango County	58
Table 39a. Food Stores, Farmers Markets, Food Pantries and Soup Kitchens, Restaurants.....	59
Table 39b. Tobacco Retailers, Chenango County.....	59
Table 40. Transportation, Chenango County	60
Table 41a. Physical Activity and Nutrition Policies, Chenango County 2013	61
Table 41b. Tobacco-Free Policies, Chenango County 2013	61
PART TWO	62
ASSETS.....	62
Chenango County Department of Public Health.....	62
UHS-Chenango Memorial Hospital.....	63
Chenango Health Network.....	63
KEY CHALLENGES AND BARRIERS.....	64
Socio-Economic.....	64

Travel and Transportation.....	65
Providers.....	65
OPPORTUNITIES	66
TABLES.....	69
Table 42. Partnerships to Improve Health Status and Reduce Health Disparities	70
Table 43. Partnerships to Prevent Chronic Disease	71
Table 44. Partnerships to Promote a Healthy and Safe Environment	72
Table 45. Partnerships to Promote Healthy Women, Infants And Children	73
Table 46. Partnerships to Promote Mental Health and Prevention Substance Abuse	74
Table 47. Partnerships to Prevent HIV/STDs, Vaccine Preventable Diseases, Healthcare-Associated Infections.....	75
PART THREE.....	76
PROCESS FOR OBTAINING INFORMATION AND INPUT FROM LOCAL STAKEHOLDERS	76
PART FOUR.....	78
MAPS.....	78
Chenango County Reference Map	78
Total Census 2010	78
Population Density 2010.....	78
% Population Change 2000-2010	78
% Foreign Born.....	78
% Recent Entrants.....	78
% 65 Years and Older.....	78
Median Income	78
% Ages 65+ in Poverty	78
Households without Plumbing	78
Households without Kitchens	78
Housing Built pre-1940	78
Households without vehicles	78
Commute Time to Work.....	78
Persons Using Public Transportation.....	78
Health Care Facilities in County.....	78
Adults with Insurance	78
Adults with Regular Health Care Provider	78
% Population with Disability	78
% Population with Diabetes.....	78
% Population Smokers.....	78

% Population Obese.....	78
<hr/>	
% Population with Leisure Time	78
<hr/>	
% Population Consuming Fruit and Vegetables	78
<hr/>	
% Population Binge Alcohol Drinkers	79
<hr/>	
% Population with Poor Mental Health Days	79
INDICATORS.....	79
Chenango County Health Rankings RWJF.....	79
<hr/>	
Chenango County Indicators for Tracking Public Health Priority Areas, 2013-2017	79

PART ONE

GEOGRAPHY

Chenango County is a rural county located in south-central New York State in the area known as the Southern Tier. The county is also located in the Appalachian Region of the United States. Per *Google Maps*, Chenango County is 126.5 miles west of Albany, New York State's capital and 211 miles northwest of New York City. Per the US Census Bureau, its land area encompasses 894.36 square miles with 56.5 persons per square mile. Contiguous counties are Madison County on the north, Otsego and Delaware Counties on the east, Broome County on the south and Cortland County on the west.

There are two interstate highways accessible to Chenango County residents: I-88 and I-81. Interstate 88 intersects with Chenango County at Bainbridge and is accessible from Delaware and Broome Counties. Interstate 81 is accessible from Broome and Cortland Counties. New York State Route 12 bisects the county and is the major north-south route. The majority of health care services are located along Route 12. Access to the interstate system can be difficult in winter months and many roads in the county are hilly, narrow and winding. Some roads in these areas are closed during winter months and residents in rural areas can either experience difficulty and delay or not be able to reach health care services at all during this season.

There are 21 towns, eight villages and one city in Chenango County. The city of Norwich is the county seat where the largest segment of the population (7,190 or 14.2%) reside. The remaining 85.8% of the county's population is categorized as living in rural areas.

The county's larger population centers are located along NYS Route 12 and the Chenango and Unadilla Rivers which run north to south through the center of Chenango County. Greene (5,604), Oxford (3,901), and Sherburne (4,048) are the most populous towns.

POPULATION AND HEALTH-RELATED ENVIRONMENT

Chenango County has a total population of 50,477 people. The county has been experiencing a steady decline in its overall population. Based on US Census population estimates for 2012,

Chenango County's population has declined 2.7% since 2000. The age of the county's residents has been changing as well. The percentage of persons 25-64 years has declined 9.2% since 2000. The percentage of persons 65 years and older has increased 9% since 2000; the percentage of persons 65-74 years has increased 16.6% since 2000. The median age in 2010 was 42.9 years; the median age in 2000 was 38.4 years.

The county's population is predominantly white at 96.9% of the total population. The next largest grouping is persons who are Hispanic or Latino origin at 1.8%, followed by persons who identify as being of two or more races at 1.3%. Since 2000 the population has changed : White: -2.4%; Hispanic or Latino Origin: +.7%; two or more races: +.6%.

Of the total population only 1.9% are foreign born.

English is the primary language for county residents. 3.5% of individuals at five years of age and older speak a language other than English in their homes. 38% of this group reported that they did not speak English well (38% Spanish, 62% other).

Chenango County is a poor county with 16% of its population living below the Federal Poverty Level and 26% of all of its children living in poverty.

The number of children ages 0-17 years who are living below the poverty level increased from 18.6% in 2005 to 26% in 2011, an increase of 7.4%. The number of children ages 0-17 years who are receiving SNAP benefits increased from 15.7% in 2005 to 26.5% in 2012, an increase of 10.8%. The number of children in grades K-6 who are eligible for free and reduced lunches increased from 49.2% in 2005-06 to 56.4% in 2010-11, an increase of 7.2%.

The median family income in 2010 was \$41,418. Men earned more than their female counterparts except for those men and women working in the private not-for-profit sector. The percentage of the unemployed population for 2008-2010 was 8.2, compared to New York State which was 7.5%. The percentage of adults with a disability and with an income less than \$25,000 is 37.

Many of Chenango County's families and households are either single parents raising children and/or have adult members who are at least 65 years old. 10.1% of the total number of families

living in Chenango County are one parent families with children under 18 years, and of these single parent families 6.5% are female, 3.6% are male. 11.7% of the total number of households living in Chenango County are adults 65 years or older who live alone. 28.9% of all households have one or more persons who are 65 years or older.

There are eight school districts in the county and all of these eight districts have been experiencing a downward trend in their enrollment. There was a 14% decrease in overall enrollment from the 2006-2007 school year to 2011-2012 (1311 less students).

Of the total county population 25 years or older, 86% are high school graduates; 17.5% have a Bachelor's or more advanced degree. The high school graduation rate is 87%; the drop-out rate is 2.3%.

The majority of jobs that are available to Chenango County residents are in the education, health and human service sectors. Manufacturing and retail trade are the next largest sectors for employment.

The average time a resident takes to travel to work is 22.5 minutes. The majority, 77.6%, of working people drove alone to work; 11.1% carpooled; .7% used public transportation; 4.5% walked and 1% used other means of travel. 5.2% worked at home so did not have to travel to their jobs. Access to public transportation is limited for county residents, especially for people living in the more rural areas of the county.

The majority, 63.1% of housing units are a single unit, while the next most common type of housing, 21%, is a mobile home. Of the total occupied housing units in the county, .6% do not have complete plumbing facilities and .6% do not have complete kitchen facilities. 76.8% of the county housing units are owner-occupied; 23.2% are rented. Of the total number of household who own their homes, 28.6 % have monthly housing costs that are at least 30% of their total household income. 45.2 % of renter households have monthly housing costs that are at least 30% of their total household income.

Crime in Chenango County increased slightly from 2008-2012. The total number of crimes committed in 2008 was 934 (41 violent crimes, 893 property crimes) compared to 1014 (57 violent crimes, 957 property crimes) in 2012.

There were 330 domestic violence victims reported in 2012: 188 women, 53 men, 89 other family member. The number of victims has varied from 2009-2012 (2011: 276; 2010: 145; 2009: 227). The Chenango County Crime Victims Program received 3776 hotline calls, provided 1152 criminal justice advocacy services and provided 2244 phone and face-face counseling services (2011-09/2013).

13.8% adults do not have health insurance; the three adult age groups with the largest percentage of uninsured are 35-44 (14.9%), 45-44 (8.1%) and 55-64 (10.5%). Younger adults cited cost as a factor for not visiting a doctor when needed. 15% adults ages 35-44 did not see a doctor due to cost, 13.1% adults ages 45-54 did not visit a doctor and 12.3% adults 55-65 did not see a doctor. Data for ages 18-34 and over 65 does not meet reporting criteria.

HEALTH STATUS OF COUNTY RESIDENTS

The percentage of premature deaths (death before age 75) for Chenango County is 38.3. The percentage for all of New York State is 39.9. The infant mortality rate per 1000 live births for this county is 4.6, lower than the rate for NYS.

The leading causes of premature deaths for Chenango County residents from 2007-2009 varied slightly from 2011. Heart disease, cancer, chronic lower respiratory diseases, unintentional injury and liver disease were the top five. There were similar variances among the five counties that border Chenango County.

The leading causes of premature deaths for women living in Chenango County during 2007-2009 were cancer, heart disease, chronic lower respiratory diseases, liver disease. Stroke and unintentional injuries were both the fifth leading cause of death for Chenango County women.

The leading causes of premature death for men living in this county during 2007-2009 were cancer, heart disease, unintentional injury, liver disease and chronic lower respiratory diseases.

Chenango County's mortality rates for cardiovascular disease, coronary heart disease, congestive heart failure and stroke exceed rates for all of New York State; including both deaths considered

premature (persons ages 34-65 and pretransport mortality. Hospitalization rates stroke and hypertension are lower for Chenango County than for New York State.

The county's incidence and mortality rates for all cancers also exceed those for New York State. Specific cancers which have higher incidence and mortality rate than that of New York State include lip, oral cavity and pharynx; lung and bronchus; cervix, uterine and ovarian. Those cancers which impact the largest number of county residents are female breast, prostate, lung and bronchus, and colon and rectum. Chenango County's rate for finding breast cancer at a late stage of development is one of the highest in the state.

The county's mortality rate from chronic lower respiratory diseases (CLRD) is significantly higher than that for New York State; mortality from asthma is lower, however, there are more adults living in Chenango County with asthma. Chenango County also differs by having lower hospitalization rates for CLRD and asthma.

The county's mortality rate from liver disease is significantly higher than that for New York State while the hospitalization rate is lower. The county's mortality rate for diabetes is lower than NYS. The hospitalization rate for diabetes is lower than for NYS, the hospitalization rate due to short-term complications is higher. In addition, the rate for adults diagnosed with diabetes is greater in Chenango County than NYS.

Of the county's adult population, 29% have a disability. 11.1% of the county's veteran population have a service-connected disability.

Per BRFSS, the percentage of adults who had poor mental health 14 or more days within the past month exceeds that of NYS and NYY excluding NYC. The percentage of Chenango County Mental Health consumers with serious mental illness is less than percentage for NYS (data is not available for NYS excluding NYC). The percentage of child consumers with severe emotional disturbance is higher than that of NYS. The hospitalization rate for persons 18 years and older is less than NYS; the hospitalization rate for persons 17 years and younger is greater than NYS.

BEHAVIORAL RISK FACTORS

Communicable disease indicators for this county are lower than New York State except for the pneumonia and flu hospitalizations for adults 65 years and older; the county's rate is significantly higher.

HIV/AIDS and other sexually transmitted infection indicators are also lower than New York State. The rate of Hepatitis C infection has increased substantially, doubling from 2011-2012 and continuing to remain a high rate for the mid-point 2013. Adults ages 18-29 years have the highest rate of infection; close contact and IV drug use are the primary means of exposure.

Chenango County has a higher percentage of births to teens ages 15-19 years than NYS. The percentage of births within 24 months of a previous pregnancy is also higher. The percentage of women who obtain early (1st trimester) prenatal care is higher than the state, however, the percentage of pregnant women participating in WIC and who obtain early prenatal care is lower than other WIC participants in NYS. In addition, the percentages of pregnant WIC participants who were pre-pregnancy obese; with gestational weight gain greater than ideal; and with hypertension during pregnancy exceeded the percentages across NYS. The newborn drug-related hospitalization rate for newborn discharges is significantly higher than the rest of NYS. The percentage of infants fed exclusively breast milk in the delivery hospital was higher than NYS, however, the percentage of mothers breastfeeding at six months is less than NYS.

The percentage of children receiving Medicaid or Child Health Plus insurance benefits and who had the recommended number of well child visits was lower than that of NYS. The percentage of children ages 19-35 months who received the full immunization series was greater than NYS; the percentage of adolescent females ages 13-17 years who received the three dose HPV immunization was greater than NYS.

The percentage of adults who had a dentist visit within the past year was lower than NYS. The percentages of 3rd grade students with a caries experience, untreated caries and who had a dental visit in the last year were less than NYS and NYS excluding NYC. The number of emergency

department visits for children ages 3-5 was significantly greater than NYS. The percentage of children reported taking fluoride tablets regularly was higher than NYS.

Chenango County's percentages of children and adults who are obese, including WIC pregnant women and children, are greater than NYS.

The number of alcohol related motor vehicle injuries and deaths is also higher for Chenango County than NYS. The number of adults who smoke cigarettes is high; the percentage exceeds that of NYS.

The screening rates for cancer and heart health vary by test. The percentages of men and women who were screened for colon cancer were lower than New York State. The percentages of women who have regular mammograms or Pap test are lower as is the percentage of men who had a digital rectal exam. While a higher percentage adults have had their cholesterol checked, fewer are screened regularly.

The suicide mortality rate for Chenango County is greater than NYS. The motor vehicle mortality rate is also higher than the rest of NYS. Hospitalization rates for self-inflicted injury, unintentional injury, poisoning and alcohol related motor vehicle injuries exceed the rest of NYS.

CLINICAL CARE ENVIRONMENT

Eight hospitals serve Chenango County residents; UHS-Chenango Memorial Hospital is the only hospital located within the county. The remaining seven facilities are located in Broome, Delaware, Otsego and Madison counties. Four hospitals, including Chenango Memorial Hospital are part of the United Health Systems Network (Binghamton General Hospital, Wilson Regional Medical Center, Delaware Valley Hospital). Two hospitals are part of the Bassett Healthcare Network (A.O. Fox Memorial and Mary Imogene Bassett Hospital). The remaining two hospitals are Community Memorial Hospital and Lourdes Hospital.

UHS-Chenango Memorial Hospital is a 138-bed facility. Of the hospital's total number of patients, 68.5% are Chenango County residents, 31.5% are from Delaware, Madison and Otsego counties (primarily from Sidney in Delaware County). In-patient care includes pediatrics, physical therapy,

general surgery, orthopedics, radiology, laboratory, medical/surgical, ICU, obstetrics, urogynecology and hospitalists.

Payer source for UHS-Chenango Memorial Hospital adult and pediatric patient (excluding newborn) days in 2012 was 69.9% Medicare/HMO Medicare, 11.7% Medicaid, 10.8% indemnity insurance, 5.6% no insurance or free (charity, Hill Burton) and 2% other. Payer source for newborn days in 2012 was 64.5% Medicaid, 10% no insurance or free (charity, Hill Burton), 20% indemnity insurance and 5.5% other.

There are no psychiatric in-patient services in Chenango County.

Fourteen health centers in the county offer primary and/or women's health care. These health centers are based in Afton, Bainbridge, Green, Norwich, Oxford and Sherburne. UHS-Chenango Memorial Hospital maintains primary care centers in Norwich, Oxford, Sherburne and Sidney (located in Delaware County but sees patients from Chenango County) plus, pediatric, women's and walk-in centers in Norwich. UHS maintains a primary care center in Greene (United Medical Associates). The Bassett Healthcare Network maintains family health centers in Sherburne and Norwich and school-based clinics in the Sherburne-Earlville and Unadilla Valley school districts. Family Planning of South Central New York maintains a family planning clinic in Norwich; the Albany Stratton VA maintains an outpatient clinic in Bainbridge; a privately owned family health center is located in Afton (Afton Family Health Center).

There are other physicians practicing in Chenango County in medical specialties, either associated with UHS-Chenango Memorial Hospital, the Bassett Healthcare Network or as a private entity.

UHS-Chenango Memorial Hospital out-patient care includes primary care, women's health, cardiology, pediatrics, emergency room, physical therapy, occupational therapy, speech therapy, general surgery, ambulatory surgery, gastrointestinal, orthopedics, radiology, laboratory, ENT, dental, walk-in/urgent and urogynecology.

UHS-Chenango Memorial Hospital is the sole provider in the county for imaging services such as MRI, CT scans and digital mammography and for urogynecology services.

The Lourdes Hospital Mission in Motion Van travels to public locations (worksites) in Chenango County to offer breast and gyn cancer screenings. The program is affiliated with the NYS Cancer Services Program.

There are seventeen general dentists, three orthodontists and no pediatric dentists practicing in Chenango County. The UHS-Chenango Memorial Hospital Dental Center and one private practice are the only providers which accept Medicaid. Chenango County NYSARC maintains an Article 16 dental clinic through a satellite arrangement with the Broome Developmental Disabilities Service Office.

Chenango County has a Low Income Primary Medical Care Health Professional Shortage Area designation per US Department Health and Human Services. Chenango County is a Regents-designated, Low Income Primary Care Physician Shortage Area by New York State.

Chenango County is a NYS Regents-designated Non-Primary Care Shortage Area in these specialties: Anesthesiology, Cardiology, Dermatology, Gastroenterology, Neurology, Pathology, Physical and Rehabilitative Medicine and Preventive Medicine. UHS-Chenango Memorial Hospital also has a NYS Regents-designation for Primary Care and Non-Primary Care Designation.

Chenango County has a Low Income Dental Health Professional Shortage Area HPSA designation.

All five neighboring counties, Broome, Cortland, Delaware, Madison and Otsego have HPSA designations.

Counseling services are offered through the Albany Stratton VA Outpatient Clinic (US Department of Veterans Affairs), Alcohol and Drug Abuse Clinic (Chenango County Mental Hygiene Services), Mental Health Outpatient Clinic (Chenango County Mental Hygiene Services), Chenango County Catholic Charities Counseling Program and Crime Victims Program, Hospice & Palliative Care of Chenango County Bereavement Program, and Liberty Resources Family Intervention Program. Additional counseling services are available through counseling professionals in private practice.

Chenango County has a Single County Mental Health HPSA designation and a Regents-designated Mental Health Physicians Shortage Area by New York State.

There are five residential health facilities in the county, all of which maintain Medicaid and Medicare certifications. There are no NYSDOH-licensed assisted living facilities in Chenango County. There are seven adult residential care facilities, four of which are licensed by New York State.

There are two NYS-Certified home health agencies and two NYS-licensed home care service agencies serving county residents. There is only one adult day health center in the county.

Independent living centers and developmental disability programs include the Catskill Center for Independence (based in Otsego County), Southern Tier Independence Center (based in Broome County), Resource Center for Independent Living (based in Oneida County), Family Resource Network (based in Otsego County), Broome Developmental Disabilities Service Office, Chenango NYSARC and Springbrook (all three located in Norwich, Chenango County).

BUILT ENVIRONMENT FACTORS

Chenango County has 43 publicly and privately owned parks and playgrounds located on school grounds, villages, towns and in rural areas.

Eight supermarkets/grocery stores and 36 convenience stores are located in the county. The supermarkets are located within the largest villages and city of Norwich so that residents living outside of these areas must travel to shop. Five farmers markets and fifteen food pantries and soup kitchens managed by local community and/or faith-based organizations serve county residents. Food pantries and soup kitchens are used frequently by a large number of county residents. The organizations responsible for their operation report food shortages every year.

Of the total number of restaurants located in Chenango County, 52 are sit-down, 28 are fast-casual and 15 are fast food, 43 restaurants offer a kids menu. Of the total restaurants, 40 include bars and taverns.

There are 46 tobacco retailers doing business in the county: 2 are tobacco-only stores, 1 is a discount store, 4 are convenience stores, 25 are convenience/gas stations, 11 grocery/supermarkets and 3 are pharmacies.

Public transportation is available through one publicly-owned service which offers fixed route and Dial-a-Ride transportation on a limited schedule. A mix of local fire departments, municipalities, independent and private entities provide emergency medical services to county residents.

POLICY ENVIRONMENT

Per a recent 2013 survey of the county municipalities (31 total), seven towns and one village have joint use agreements for building use and extended use. One town has a land use policy to promote and facilitate physical activity or access to health foods. One town and one village have procurement policies establishing preference for purchasing healthier meals or ingredients for food in public venues. One village and city have policies to establish or promote farmers markets. There were no municipalities in the county which have a policy to develop parks, playgrounds and recreational facilities in underserved areas of the county; or a policy to reduce sugar sweetened beverage consumption; or a policy for complete streets.

Two parks and one playground have adopted tobacco-free policies. Eight worksites have adopted tobacco-free policies.

TABLES

Table 1. Population by Age and Gender, Chenango County

	Men		Women		TOTAL	
	Number	Percent	Number	Percent	Number	Percent
Under 5 years	1,427	2.8	1,308	2.6	2,735	5.4
5-9	1,544	3.1	1,479	2.9	3,023	6.0
10-14	1,751	3.5	1,692	3.4	3,443	6.9
15-19	1,806	3.6	1,699	3.4	3,505	7.0
20-24	1,338	2.7	1,210	2.4	2,548	5.1
25-29	1,366	2.7	1,311	2.6	2,677	5.3
30-34	1,296	2.6	1,254	2.5	2,550	5.1
35-39	1,378	2.7	1,424	2.8	2,802	5.5
40-44	1,685	3.3	1,695	3.4	3,380	6.7
45-49	1,981	3.9	2,063	4.1	4,044	8.0
50-54	2,176	4.3	2,129	4.2	4,305	8.5
55-59	1,856	3.7	1,812	3.6	3,668	7.3
60-64	1,704	3.4	1,690	3.3	3,394	6.7
65-69	1,342	2.7	1,322	2.6	2,664	5.3
70-74	932	1.8	1,040	2.1	1,972	3.9
75-79	625	1.2	774	1.5	1,396	2.7
80-84	525	1.0	691	1.4	1,216	2.4
85 years and over	404	0.8	748	1.5	1,152	2.3
TOTAL	25,136	49.8	25,341	50.2	50,477	100

Source: US Census 2010

Chenango County has a total population of 50,477 people.

Chenango County ranks 49th in total population among the 62 counties in New York State.

Chenango County has been experiencing a steady decline in its overall population. Based on US Census population estimates for 2012, the county's population has declined 2.7% since 2000.

The median age in 2010 was 42.9 years. The median age in 2000 was 38.4 years.

The percentage of persons 25—64 years has declined 9.2% since 2000.

The percentage of persons 65 years and older has increased 9% since 2000.

The percentage of persons 65-74 years has increased 16.6% since 2000.

Table 2. Population by City and Towns, Chenango County

	2000	2010	Percent Change
CHENANGO COUNTY	51,401	50,477	-1.8%
CITIES			
Norwich	7,355	7,190	-2.2%
TOWNS			
Afton	2,977	2,851	-4.2%
Bainbridge	3,401	3,308	-2.7%
Columbus	931	975	4.7%
Coventry	1,589	1,655	4.2%
German	378	370	-2.1%
Greene	5,729	5,604	-2.2%
Guilford	3,046	2,922	-4.1%
Lincklaen	416	396	-4.8%
McDonough	870	886	1.8%
New Berlin	2,803	2,682	-4.3%
North Norwich	1,966	1,783	-9.3%
Norwich	3,836	3,998	4.2%
Otselic	1,001	1,054	5.3%
Oxford	3,992	3,901	-2.3%
Pharsalia	542	593	9.4%
Pitcher	848	803	-5.3%
Plymouth	2,049	1,804	-12.0%
Preston	928	1,044	12.5%
Sherburne	3,979	4,048	1.7%
Smithville	1,347	1,330	-1.3%
Smyrna	1,418	1,280	-9.7%

Source: US Census 2010

There are 21 towns, eight villages and one city in Chenango County. The largest segment of the population (7,190 or 14.2%) resides within the city of Norwich. The remaining 85.8% of the population outside of the city is categorized as living in rural areas. Greene (5,604), Oxford (3,901), and Sherburne (4,048) are the most populous towns.

The county's larger population centers are located along NYS Route 12 and the Chenango and Unadilla Rivers which run north to south through the center of Chenango County.

Table 3. Population by Race and Ethnicity, Chenango County

	Number	Percent
White	48,896	96.9
Black or African American	345	.7
American Indian or Alaska Native	172	.3
Asian	204	.4
Native Hawaiian or Pacific Islander	6	0
Some other race	205	.4
Two or more races	649	1.3
Hispanic or Latino origin	929	1.8
TOTAL	50,477	100

Source: US Census 2010; U.S. Census Bureau FactFinder 2007-2011

The county’s population is predominantly white at 96.9% of the total population. Persons who are Hispanic or Latino origin is the next largest grouping at 1.8%, followed by persons who identify as being of two or more races at 1.3%. Since 2000 the population has changed : White: -2.4%; Hispanic or Latino Origin: +.7%; two or more races: +.6%. 1.9% of the population is foreign born.

English is the primary language for county residents. 3.5% of individuals at five years of age and older in Chenango County spoke a language other than English in their homes. 38% of this group reported that they did not speak English well (38% Spanish, 62% other).

Data specific to race or ethnic group is not available due to the low number of the various racial and ethnic groups. The numbers are low so are suppressed for confidentiality and/or are considered unstable data.

Table 4. Income and Poverty, Chenango County

	Chenango County	NYS
Median Income Family Income (2010)	\$41,418	\$54,047
% Population below poverty level (2010)	16	15
% Children and youth 0-17 years below poverty level (2011)	26	22.8
% Children and youth 0-17 years receiving SNAP (2012)	26.5	28.4
% Children and youth grades K-6 eligible for free and reduced lunches (2010-2011)	56.4	52.1
% Children 0-17 years receiving SSI (2012)	2.6	2.1
% Unemployed (2008-2010)	8.2	7.5

Source: US Census 2010; US Census ACS 2007-11; NYS Department of Health; Kids Well-being Indicator Clearinghouse 2013

Chenango County is a poor county with 16% of its population living below the Federal Poverty Level and 26% of all of its children in the county living in poverty.

The number of children ages 0-17 years who are living below the poverty level increased from 18.6% in 2005 to 26% in 2011, an increase of 7.4%.

The number of children ages 0-17 years who are receiving SNAP benefits increased from 15.7% in 2005 to 26.5% in 2012, an increase of 10.8%.

The number of children in grades K-6 who are eligible for free and reduced lunches increased from 49.2% in 2005-06 to 56.4% in 2010-11, an increase of 7.2%.

Table 5a. Households by Type, Chenango County

	Number	Percent
TOTAL HOUSEHOLDS	20,436	100
FAMILY HOUSEHOLD	13,443	65.8
Families with own children under 18 years	5527	23
Married-couple family	10,000	48.9
Married-couple with own children under 18 years	4371	17
Male-no wife present	1245	6.1
Male with no wife present and with children under 18 years	737	3.6
Female-no husband present	2198	10.8
Female with no husband present and with children under 18 years	1319	6.5
NONFAMILY HOUSEHOLD	6993	34.2
Householder living alone	5624	27.5
Male householder living alone	2584	12.6
Male householder 65+ years living alone	729	3.6
Female householder living alone	3040	14.9
Female householder 65+ years living alone	1657	8.1
Households with individuals under 18 years	6153	30.1
Households with individuals 65 years and older	5914	28.9
Average household size	2.43	
Average family size	2.92	

Source: US Census 2010; US Census ACS 2007-11

10.1% of the total number of families living in Chenango County are one parent families with children under 18 years.

11.7% of the total number of households living in Chenango County are adults 65 years or older who live alone.

28.9% of all households have one or more persons who are 65 years or older.

Table 5b. Children in Foster Care, Chenango County, 2007-2012

Year	Admission Count by Type			Exit Count by Type					In Care End of Year
	Re-entered Care	1 st Admission	TOTAL	Reunification	Relative	Adoption	Other	TOTAL	
2007	11	25	36	25	2	11	2	40	51
2008	6	19	25	14	2	1	9	26	50
2009	1	10	11	12	4	5	5	26	35
2010	2	24	26	11	7	10	2	30	31
2011	9	16	25	7	0	1	2	10	46
2012	5	16	21	5	7	1	3	16	51

Source: NYS Office of Children and Family Services

Table 6. Education, Chenango County

2011-2012 EDUCATION DATA BY DISTRICT					
District	Total Enrolled #	Total Seniors #	Total Grads #	Regents Diploma %	College Bound %
Afton	571	43	37	95	69
Bainbridge-Guilford	792	67	62	97	78
Georgetown-So. Otselic	368	37	33	91	62
Greene	1089	97	82	100	80
Norwich	1948	172	143	96	66
Oxford	778	83	72	89	75
Sherburne-Earlville	1381	115	109	89	72
Unadilla Valley	826	81	67	94	70

Source: New York State Report Cards 2011; US Census 2010; US Census ACS 2007-11

Eight school districts serve Chenango County residents.

- Afton Central School District
- Bainbridge-Guilford Central School District
- Georgetown-South Otselic Central School District
- Greene Central School District
- Norwich City School District
- Oxford Academy and Central School District
- Sherburne-Earlville Central School District
- Unadilla Valley Central School District

Delaware Chenango Madison Otsego Board of Cooperative Education Services (DCMO BOCES) serves Chenango County.

There are three private schools in the county.

- Holy Family School, Norwich
- Valley Heights Christian Academy, Norwich
- Milford Academy, New Berlin

Chenango County Head Start offers both Early and Preschool Head Start programs through 6 centers and home base programs.

All eight school districts are experiencing a downward trend in their enrollment. There was a 14% decrease in overall enrollment from the 2006-2007 school year to 2011-2012 (1311 less students).

The high school graduation rate is 87%; the drop-out rate is 2.8%.

Of the total county population 25 years or older, 86% are high school graduates; 17.5% have a Bachelor's or more advanced degree.

Morrisville State College Norwich Campus is the only college or university located in the county. The campus offers associate degree programs in career and technical areas and for liberal arts transfer programs. The Liberty Partnerships Program is also affiliated with this campus.

Table 7a. Employment and Work Force, Chenango County

Class of Worker				Median Earnings (\$)		
	Total	%Male	%Female	Total	Male	Female
Civilian employed population 16+ years age	22,742	53.4	46.6	30,039	35,488	24,689
Private for-profit wage & salary workers	14,593	58.1	41.9	29,927	35,898	23,655
Employee of private company	13,854	57.2	42.8	29,717	35,680	23,716
Self-employed in own incorporated business	739	76	24	40,159	41,045	16,875
Private not-for-profit wage & salary workers	1592	25.5	74.5	25,313	22,500	25,993
Local government workers	2341	33.7	66.3	27,681	36,105	26,012
State government workers	1705	41.6	58.4	39,375	41,306	36,113
Federal government workers	271	54.2	45.8	51,118	57,750	31,875
Self-employed in non incorporated business workers and unpaid family workers	2240	71.8	28.2	23,273	30,000	13,390

Source: US Census 2010; US Census ACS 2007-11

Table 7b. Employment and Work Force, Chenango County

Occupation	Number	Percent
Management, business, science and arts	7054	31
Service	3904	17.2
Sales and office	5225	23
Natural resources, construction and maintenance	2503	11
Production, transportation, material moving	4056	17.8
TOTAL--CIVILIAN EMPLOYED POPULATION 16+ YEARS AGE	22,742	

Source: US Census 2010; US Census ACS 2007-11

Jobs by Industry	Number	Percent
Agriculture, forestry, fishing, hunting, mining, quarrying, oil and gas extraction	830	3.6
Construction	1506	6.6
Manufacturing	4303	18.9
Wholesale Trade	463	2.0
Retail Trade	2691	11.8
Transportation, warehousing and utilities	843	3.7
Information	652	2.9
Finance, insurance, real estate, rental and leasing	1472	6.5
Professional, scientific, technical, management of companies and enterprises, administrative and waste management	1316	5.8
Educational services, health care and social assistance	5601	24.6
Arts, entertainment, recreation, accommodation and food services	1265	5.6
Other services except public administration	932	4.1
Public administration	868	3.8
TOTAL--CIVILIAN EMPLOYED POPULATION 16+ YEARS AGE	22,742	

Source: US Census 2010; US Census ACS 2007-11

The majority of jobs that are available to Chenango County residents are in the education, health and human service sectors. Manufacturing and retail trade are the next largest sectors for employment.

The average time a resident takes to travel to work is 22.5 minutes. The majority, 77.6%, of working people drove alone to work; 11.1% carpooled; .7% used public transportation; 4.5% walked and 1% used other means of travel. 5.2% worked at home so did not have to travel to their jobs.

Table 8. Housing and Housing Costs, Chenango County

	Number	Percent
Occupied Units	20,003	
Owner-occupied		76.8
Renter-occupied		23.2
Without complete plumbing facilities		.6
Without complete kitchen facilities		.6
No telephone available		2.8
Total Units	24,677	
1 Unit detached		63.1
1-9 Units attached		13.1
10-19 Units attached		.8
20+ Units		1.8
Mobile home		21
Boat, RV, van		.1

Source: US Census 2010; US Census ACS 2007-11

The majority of housing units are a single unit at 63.1% while the next most common type of housing is a mobile home at 21%. Of the total occupied housing units in the county, .6% do not have complete plumbing facilities and .6% do not have complete kitchen facilities.

76.8% of the county housing units are owner-occupied; 23.2% are rented.

28.6 % of owner-occupied households have monthly housing costs that are at least 30% of their total household income.

45.2 % of renter households have monthly housing costs that are at least 30% of their total household income.

Table 9a. Index Crime Counts and Rates Per 100,000, Chenango County

County	2012 Population	Index Crime		Violent Crime		Property Crime	
		Count	Rate	Count	Rate	Count	Rate
CHENANGO	50,389	1014	2012.3	57	113.1	957	1899.9
Broome	200,105	6893	3444.7	600	299.8	6293	3144.8
Cortland	49,629	1104	2224.5	64	129	1040	2095.5
Delaware	46,974	763	1624.3	63	134.1	700	1490.2
Madison	73,761	1329	1801.8	59	80	1270	1721.8
Otsego	62,251	982	1577.5	78	125.3	904	1452.2

Source: New York State Dept. Criminal Justice Services

Crime increased slightly from 2008-2012. The total number of crimes committed in 2008 was 934 (41 violent crimes, 893 property crimes) compared to 1014 (57 violent crimes, 957 property crimes) in 2012.

Four hate crimes were committed during 2007-2011.

There were 330 domestic violence victims reported in 2012: 188 women, 53 men, 89 other family member. The number of victims has varied from 2009-2012 (2011: 276; 2010: 145; 2009: 227).

The Chenango County Crime Victim Program received 3776 hotline calls, provided 1152 criminal justice advocacy services and provided 2244 phone and face-face counseling services (2011-9/2013).

Table 9b. Arrests 2012, Chenango County

FELONY ARRESTS	NUMBER
Violent Felony Offense	41
Drug	22
Motor Vehicle	31
Other	170
Total Felony	264
MISDEMEANOR ARRESTS	NUMBER
Drug	86
Motor Vehicle	149
Other	667
Total Misdemeanor	902
TOTAL ARRESTS	1166

Source: New York State Dept. Criminal Justice Services

Table 10. Health Insurance Status, Chenango County

	Chenango County	NYS excluding NYC	NYS
% Adults with health insurance	86.2	89.9	86.7
% Children ages 0-18 years with health insurance (2010)	95	N/A	95.5

Source: NYS Expanded BRFSS 2009; NYS Department of Health

13.8% adults do not have health insurance. The three adult age groups with the largest percentage of uninsured are 35-44 (14.9%); 45-44 (8.1%) and 55-64 (10.5%).

Table 11. Access to Primary Care Physicians, Chenango County

	Chenango County	NYS
% Adults with regular health care provider –age adjusted	82.1	83
% Adult women with regular health care provider—age adjusted	90.1	87.4
% Adult men with regular health care provider—age adjusted	73.6	78.1
% Adults who visited a provider for a routine check-up within 2 years	77.7	85.9
% Adult women who visited a provider for a routine check-up within 2 years	84.7	89.6
% Adult men who visited a provider for a routine check-up within 2 years	70.3	81.8
% Adults for whom cost prevented visit to doctor within the past year	14.2	13.7
% Adult women for whom cost prevented visit to doctor within the past year	10.8	14.6
% Adult men for whom cost prevented visit to doctor within the past year	17.9	12.7

Source: NYS Expanded BRFSS 2009

Older adults in Chenango County visited their health provider on a more regular basis than their younger counterparts. Utilization rates increase with each age bracket.

Younger adults cited cost as a factor for not visiting a doctor when needed. 15% adults ages 35-44 did not see a doctor due to cost; 13.1% adults ages 45-54 did not visit a doctor and 12.3% adults 55-65 did not see a doctor. Data for ages 18-34 and over 65 does not meet reporting criteria.

Chenango County has a Low Income Primary Medical Care Health Professional Shortage Area designation per US Department Health and Human Services. Chenango County is a Regents-designated, Low Income Primary Care Physician Shortage Area by New York State.

Table 12. Life Expectancy at Birth and at Age 65 Years, Chenango County 2008-2010

Indicator	Chenango County	NYS
% Premature deaths (ages less than 75 years)	38.3	39.9
Rate per 1000 live births—Less than 1 year	4.6*	5.1

Source: NYS Department of Health

* Fewer than 10 events in numerator, therefore the rate is unstable.

Table 13. Top Five Leading Causes of Death, Chenango County 2011

County	Total	Cause of Death				
		Diseases of the Heart	Malignant Neoplasms	Chronic Lower Respiratory Disease	Cerebrovascular Disease	Total Accidents
CHENANGO	997.6	349.2	231.5	45.9	43.9	37.9
Broome	1059.1	284.4	220.1	53.8	64.8	38.7
Cortland	869.1	178.3	218.8	83.1	48.6	27.3
Delaware	1082.9	401.6	225.0	46.3	46.3	27.3
Madison	790.6	186.7	184.0	61.3	40.9	25.9
Otsego	917.4	253.6	197.0	50.1	33.9	35.5

Source: NYS Department of Health

The leading causes of premature deaths (death before age 75) for Chenango County residents from 2007—2009 varied slightly from 2011. Cancer, heart disease, chronic lower respiratory diseases, unintentional injury and liver disease were the top five. There were similar variances among the five counties that border Chenango County.

The leading causes of premature deaths for women living in Chenango County during 2007-2009 were cancer, heart disease, chronic lower respiratory diseases, liver disease. Stroke and unintentional injuries were both the fifth leading cause of death for Chenango County women.

The leading causes of premature death for men living in this county during 2007-2009 were cancer, heart disease, unintentional injury, liver disease and chronic lower respiratory diseases.

Table 14. Cardiovascular Disease Indicators, Chenango County 2009-2011

Indicator	Total 3 Year Period	County Rate	NYS Rate	County Ranking Group
CARDIOVASCULAR DISEASE MORTALITY RATE PER 100,000				
Age-adjusted	697	337.8	242.3	4 th
Premature death (ages 35-64 years)	75	116.4	100.0	3 rd
Pretransport mortality	432	285.7	144.2	4 th
CARDIOVASCULAR DISEASE HOSPITALIZATION RATE PER 10,000				
Age-adjusted	2724	138.1	159.9	2 nd
DISEASE OF THE HEART MORTALITY RATE PER 100,000				
Age-adjusted	588	284.8	198.6	4 th
Premature death (ages 35-64 years)	64	99.3	81.2	4 th
Pretransport mortality	387	255.9	124.7	4 th
DISEASE OF THE HEART HOSPITALIZATION RATE PER 10,000				
Age-adjusted	1991	101.0	107.9	3 rd
CORONARY HEART DISEASE MORTALITY RATE PER 100,000				
Age-adjusted	479	231.5	160.4	4 th
Premature death (ages 35-64 years)	52	80.7	66.5	4 th
Pretransport mortality	318	210.3	104.0	4 th
CORONARY HEART DISEASE HOSPITALIZATION RATE PER 10,000				
Age-adjusted	785	39.7	43.0	3 rd
CONGESTIVE HEART FAILURE MORTALITY RATE PER 100,000				
Age-adjusted	37	17.3	11.2	4 th
Premature death (ages 35-64 years)	2	3.1*	1.5	4 th
Pretransport mortality	27	17.9	7.2	4 th
CONGESTIVE HEART FAILURE HOSPITALIZATION RATE PER 10,000				
Age-adjusted	500	25.0	27.6	2 nd
CEREBROVASCULAR DISEASE (STROKE) MORTALITY RATE PER 100,000				
Age-adjusted	77	41.7	26.9	3 rd
CEREBROVASCULAR DISEASE (STROKE) HOSPITALIZATION RATE PER 10,000				
Age-adjusted	397	19.9	24.9	1 st
HYPERTENSION HOSPITALIZATION RATE PER 10,000 (AGES 18 YEARS AND OLDER)				
	42	3.6	7.9	1 st
AGE-ADJUSTED % ADULTS WITH PHYSICIAN DIAGNOSED ANGINA, HEART ATTACK OR STROKE				
	N/A	32	25.7	4 th
AGE-ADJUSTED % ADULTS WITH CHOLESTEROL CHECKED IN THE LAST 5 YEARS				
	N/A	75.8	77.3	3 rd
AGE-ADJUSTED % ADULTS EVER TOLD THEY HAVE HIGH BLOOD PRESSURE				
	N/A	32	25.7	4 th

Source: NYS Department of Health

* Fewer than 10 events in numerator, therefore the rate is unstable

Table 15. Cancer Indicators, Chenango County 2008-2010

Indicator	Total 3 Year Period	County Rate	NYS Rate	County Ranking Group
ALL CANCERS				
Age-adjusted incidence per 100,000	1002	515.8	499.9	3 rd
Age-adjusted mortality rate per 100,000	347	177.8	162.5	3 rd
LIP, ORAL CAVITY AND PHARYNX				
Age-adjusted incidence per 100,000	23	12.49	10.5	3 rd
Age-adjusted mortality rate per 100,000	3	s	2.1	N/A
COLON AND RECTUM				
Age-adjusted incidence per 100,000	108	54.7	44.7	4 th
Age-adjusted mortality rate per 100,000	29	14.6	15.4	2 nd
LUNG AND BRONCHUS				
Age-adjusted incidence per 100,000	142	70.4	63.6	2 nd
Age-adjusted mortality rate per 100,000	111	56.5	42.3	3 rd
FEMALE BREAST				
Age-adjusted incidence per 100,000	117	118.1	127.8	1 st
Age-adjusted mortality rate per 100,000	24	22.4	21.6	3 rd
Age-adjusted late stage incidence per 100,000	8	7.7*	6.9	4 th
CERVIX UTERI				
Age-adjusted incidence per 100,000	9	12.2*	8.2	4 th
Age-adjusted mortality rate per 100,000	s	S	2.1	N/A
OVARIAN				
Age-adjusted incidence per 100,000	14	13.7	12.9	3 rd
Age-adjusted mortality rate per 100,000	11	9.5	7.8	3 rd
PROSTATE				
Age-adjusted incidence per 100,000	1127	113.5	159.7	1 st
Age-adjusted mortality rate per 100,000	10	11.0	21.1	1 st
Age-adjusted late stage incidence per 100,000	9	9.4*	7.0	4 th
MELANOMA				
Age-adjusted mortality rate per 100,000	s	s	2.2	N/A

Source: NYS Department of Health

* Fewer than 10 events in numerator, therefore the rate is unstable.
s Data does not meet reporting requirements.
N/A Data is not available.

Table 16. Respiratory Disease Indicators , Chenango County 2009-2011

Indicator	Total 3 Year Period	County Rate	NYS Rate	County Ranking Group
CLRD mortality rate per 100,000—age-adjusted	97	39.9	31.1	3 rd
CLRD hospitalization rate per 10,000—age-adjusted	616	32.6	37.0	2 nd
Asthma hospitalization rate per 10,000—age-adjusted	119	7.3	19.9	1 st
Asthma hospitalization rate per 10,000—ages 0-4 years	11	13.5	56.8	1 st
Asthma hospitalization rate per 10,000—ages 5-14 years	9	4.7*	20.8	1 st
Asthma hospitalization rate per 10,000—ages 0-17 years	22	6.5	28.3	1 st
Asthma hospitalization rate per 10,000—ages 5-64 years	75	6.4	15.1	1 st
Asthma hospitalization rate per 10,000—ages 15-24 years	s	S	7.4	2 nd
Asthma hospitalization rate per 10,000—ages 25-44 years	21	6.2	10.1	2 nd
Asthma hospitalization rate per 10,000—ages 45-64 years	42	9.1	21.6	1 st
Asthma hospitalization rate per 10,000—ages 65 or older	33	13.1	32.0	2 nd
Asthma mortality rate per 100,000—age-adjusted	0	0*	1.2	1 st
% adults with current asthma—age-adjusted (2008-09)	N/A	13.5	9.7	4 th

Source: NYS Department of Health

* Fewer than 20 events in numerator, therefore the rate is unstable.
s Data does not meet reporting requirements.
N/A Data is not available

Table 17. Cirrhosis / Diabetes Indicators, Chenango County 2009-2011

Indicator	Total 3 Year Period	Chenango County	NYS	County Ranking Group
CIRRHOSIS MORTALITY RATE PER 100,000				
Age-adjusted	31	15.1	6.4	4 th
CIRRHOSIS HOSPITALIZATION RATE PER 10,000				
Age-adjusted	44	2.1	2.6	2 nd
DIABETES MORTALITY RATE PER 100,000				
Age-adjusted	22	10.7	17.0	1 st
DIABETES HOSPITALIZATION RATE PER 10,000 (PRIMARY DIAGNOSIS)				
Age-adjusted	269	17.3	18.8	4 th
DIABETES HOSPITALIZATION RATE PER 10,000 (ANY DIAGNOSIS)				
Age-adjusted	3995	209.5	226	3 rd
DIABETES SHORT-TERM COMPLICATION HOSPITALIZATION RATE				
Ages 6-17	7	2.9*	3.1	1 st
Ages 18+	82	7.0	5.8	4 th
ADULTS WITH PHYSICIAN DIAGNOSED DIABETES				
% Adults Age-Adjusted	N/A	12.1	9	4 th

Source: NYS Department of Health

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

Table 18. Population with Disability, Chenango County

	Chenango County	NYS
% Adults with a disability	29	22.0
% Adult women with a disability	28.7	24.8
% Adult men with a disability	29.2	20.7
% Adults 18-64 years with a disability	14	8.5
% Adult women 18-64 years with a disability	12.7	8.5
% Adult men 18-64 years with a disability	15.3	8.6
% Veterans with service-connected disability	11.1	
% Adults with a disability and with income less than \$25,000	37	33.6

Source: NYS Expanded BRFSS 2009; Cornell University, Disability and Employment Status Report 2012

Table 19. Mental Health Indicators, Chenango County

Indicator	County	NYS excluding NYC	NYS
Age-adjusted % adults who had poor mental health 14 or more days within the past month (2008-09)	13.5	10.9	10.2
CHENANGO COUNTY MENTAL HEALTH CLINIC			
% Adult consumers with serious mental illness-SMI (2011)	78	N/A	85.2
% Child consumers with severe emotional disturbance-SED (2011)	75.9	N/A	71.8
% Children on 3 or more psychotropic medications for 90 days or more (2012)	23.9	N/A	20
% Adults on 4 or more psychotropic medications for 90 days or more (2012)	9.3	N/A	12.4
% Individuals with cardiometabolic condition and on antipsychotic medication (2012)	44	N/A	46.6
Hospitalization rate per 10,000—ages 18 years and older (2011)	3.4	N/A	4.7
Hospitalization rate per 10,000—ages 0-17 (2011)	5.6	N/A	3.4

Source: NYS Department of Health; NYS Office of Mental Health

Chenango County has a Low Income Mental Health Professional Shortage Area designation per US Department Health and Human Services.

Table 20a. Communicable Disease Indicators, Chenango County 2009-2011

Indicator	Total 3 Year Period	County Rate	NYS Rate	County Ranking Group
Pneumonia/flu hospitalizations in adults 65+ years per 10,000	414	163.9	122.3	3 rd
Pertussis incidence per 100,000	5	3.3*	4.2	2 nd
Mumps incidence per 100,000	0	0	5.5	2 nd
Meningococcal incidence per 100,000	1	0.7*	0.2	4 th
H. Influenza incidence per 100,000	1	0.7*	1.5	1 st
Hepatitis A incidence per 100,000	1	0.7*	0.8	3 rd
Acute Hepatitis B incidence per 100,000	0	0.0*	0.7	1 ^{st*}
Tuberculosis incidence per 100,000	0	0	4.9	1 ^{st*}
E. Coli incidence per 100,000	0	0	0.6	1 ^{st*}
Salmonella incidence per 100,000	12	7.9	13.6	1 ^{st*}
Shigella incidence per 100,000	1	0.7*	3.5	2 nd
Lyme disease incidence per 100,000	38	14.5	40.4	3 rd

Source: NYS Department of Health

* Fewer than 10 events in numerator, therefore the rate is unstable.

Table 20b. Hepatitis C Indicators, Chenango County 2011-2013

Indicator	County 2011 #	NYS excluding NYC 2011 #	County 2012 #	NYS excluding NYC 2012 #	County 2013 #	NYS excluding NYC 2013 #
GENDER						
Male	9	4812	18	4340	10	2005
Female	9	2580	16	2518	6	1165
AGE GROUP						
0-17 years	0	28	0	49	0	19
18-29 years	4	987	13	1140	7	633
30-39 years	2	920	3	983	4	522
40-49 years	3	1435	8	1200	2	468
50-59 years	8	2568	8	2189	2	936
60-69 years	1	1102	2	1016	1	475
70-79 years	0	244	0	207	0	90
80+ years	0	103	0	80	0	37
Health Care Exposure						
Health Care Exposure	2	335	6	286	3	140
Close Contact	6	1066	21	1113	10	557
Diabetes	1	174	6	161	2	94
Incarcerated	4	1072	8	975	6	472
IVDU	8	1064	13	1173	7	616
TOTAL	18	7416	34	6881	16	3185

Source: NYS Department of Health

* 2013 Data as of 7/28/13

Table 21. HIV/AIDS & Other Sexually Transmitted Infection Indicators, 2009-2011

Indicator	Total 3 Year Period	County Rate	NYS Rate	County Ranking Group
HIV/AIDS				
HIV case rate per 100,000	3	2.0*	20.0	1 st
AIDS case rate per 100,000	5	3.1*	15.2	2 nd
Age-adjusted AIDS mortality rate per 100,000	1	0.5*	4.7	1 st
SYPHILLIS				
Early Syphilis rate per 100,000	2	1.3*	12.4	1 st
GONORRHEA				
All ages rate per 100,000	18	11.9	95.8	1 st
15-19 years per 100,000	3	28.2*	362	1 st
CHLAMYDIA—MALES				
All ages rate per 100,000	48	63.8	323	1 st
15-19 years per 100,000	10	184	1077.1	1 st
20-24 years per 100,000	20	467.8	1484.3	2 nd
CHLAMYDIA—FEMALES				
All ages rate per 100,000	160	210.6	674/0	1 st
15-19 years per 100,000	43	829	3773.9	1 st
20-24 years per 100,000	83	2101.3	3344.7	3 rd
PELVIC INFLAMMATORY DISEASE				
Hospitalization rate per 10,000 women ages 15-44 years	9	3.55	3.5	3 rd

Source: NYS Department of Health

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

Table 22. Family Planning / Natality Indicators, Chenango County, 2009-2011

Indicator	Total 3 Year Period	County Rate	NYS Rate	County Ranking Group
% Births within 24 months of previous pregnancy	363	23.9	18.9	3 rd
% Births to teens 15-17 years	39	2.6	1.8	4 th
% Births to teens 15-19 years	166	10.9	6.2	4 th
% Births to women 35 years and older	146	9.6	19.8	1 st
Fertility rate per 1000— all mothers ages 15-44 years	1517	58.6	60.3	3 rd
Fertility rate per 1000— all mothers ages 10-14 years	0	0	0.3	2 nd
Fertility rate per 1000— all mothers ages 15-17 years	39	11.2	11.2	3 rd
Fertility rate per 1000— all mothers ages 15-19 years	166	32.0	22.7	4 th
Fertility rate per 1000— all mothers ages 18-19 years	127	74.1	38.7	4 th
Pregnancy rate per 1000— ages 15-44 years	1942	7.5	92.0	3 rd
Teen pregnancy rate per 1000— ages 10-14 years	1	0.2*	1.3	2 nd
Teen pregnancy rate per 1000— ages 15-17 years	72	20.7	28.5	3 rd
Teen pregnancy rate per 1000— ages 15-19 years	241	446.5	50.2	3 rd
Teen pregnancy rate per 1000— ages 18-19 years	169	98.5	80.3	4 th
Abortion ratio/ induced abortions per 100 live births— ages 15-19 years	67	40.4	114.3	2 nd
Abortion ratio/ induced abortions per 100 live births— all ages	320	21.1	45.1	2 nd

Source: NYS Department of Health

* Fewer than 10 events in numerator, therefore the rate is unstable.

Table 23a. Maternal and Infant Indicators, Chenango County, 2009-2011

Indicator	Total 3 Year Period	County Rate	NYS Rate	County Ranking Group
BIRTHS				
Birthrate per 1000	1517	10.0	12.5	
% Births to women 25 years and older without a high school education	83	9.4	14.6	3 rd
% Births to mothers who are not married	799	52.7	41.5	4 th
% Births that were first births	642	42.3	43.3	3 rd
% Births that were multiple births	47	3.1	3.9	3 rd
% Births with early (1 st trimester) prenatal care	1271	84.7	72.4	1 st
% Births with late (3 rd trimester) or no prenatal care	42	2.8	5.6	1 st
% Births with adequate prenatal care (Kotelchuck)	1217	82.0	65.9	3 rd
PREMATURE BIRTHS				
% births with less than 32 weeks gestation	29	1.9	1.9	4 th
% births with 32 weeks—less than 37 weeks gestation	124	8.3	9.6	2 nd
% births with less than 37 weeks gestation	153	10.7	11.6	2 nd
% births with a 5 minute APGAR	10	0.7	0.6	2 nd
LOW BIRTHWEIGHT				
% very low birth weight (less than 1.5 kg) births	19	1.3	1.5	1 st *
% very low birth weight (less than 1.5 kg) singleton births	11	0.7	1.1	1 st *
% very low birth weight (less than 2.5 kg) births	105	6.9	8.2	2 nd
% very low birth weight (less than 2.5 kg) singleton births	75	5.1	6.2	1 st *
HOSPITALIZATION				
Newborn drug-related hospitalization rate per 10,000 newborn discharges	29	186.1	72.6	4 th
Pneumonia hospitalization rate per 10,000—ages 0-4 years	31	38.1	45.1	3 rd
Otitis media hospitalization rate per 10,000—ages 0-4 years	s	s	3.2	N/A
Gastroenteritis hospitalization rate per 10,000—ages 0-4 years	6	7.4*	13.8	1 st

Source: NYS Department of Health

* Fewer than 10 events in numerator, therefore the rate is unstable.

Table 23b. Maternal and Infant Indicators, Chenango County, 2009-2011

Indicator	Total 3 Year Period	County Rate	NYS Rate	County Ranking Group
INFANT MORTALITY				
Rate per 1000 live births-Fetal death (20 weeks gestation or more)	7	4.6*	6.9	2 nd
Rate per 1000 live births-Perinatal death (20 weeks gestation – less than 28 days of life)	11	7.2	10.4	2 nd
Rate per 1000 live births-Perinatal death (28 weeks gestation – less than 7 days of life)	7	4.6*	5.5	1 st
Rate per 1000 live births—Neonatal (less than 28 days)	4	2.6*	3.5	1 st
Rate per 1000 live births—Less than 1 year	7	4.6*	5.1	4 th
Rate per 1000 live births—Post-neonatal (1 month-1 year)	3	2.0*	1.6	1 st
CHILDHOOD MORTALITY				
Rate per 100,000 live births—ages 1-4 years	1	15.3*	19.5	1 st
Rate per 100,000 live births —ages 5-9 years	3	33.9*	10.2	1 st
Rate per 100,000 live births —ages 10-14	1	9.9*	12.1	2 nd
Rate per 100,000 live births —ages 5-14	4	21.1*	11.2	4 th
Rate per 100,000 live births —ages 15-19	7	65.9*	37.9	4 th
MATERNAL MORTALITY				
Rate per 100,000 live births	1	65.9*	22.4	4 th

Source: NYS Department of Health

* Fewer than 10 events in numerator, therefore the rate is unstable.
s Data does not meet reporting requirements.
N/A Data is not available

Table 23c. Maternal and Infant Indicators, Chenango County, 2009-2011

Indicator	Total	County Rate	NYS Rate	County Ranking Group
WIC				
% Pregnant women early prenatal care	1416	78.2	85.6	1 st
% Pregnant women who were pre-pregnancy underweight (BMI less than 18.5)	89	4.5	4.7	3 rd
% Pregnant women who were pre-pregnancy overweight but not obese (BMI 25-less than 30)	433	22.0	26.6	1 st
% Pregnant women who were pre-pregnancy obese (BMI 30 or higher)	615	31.3	24.2	3 rd
% Pregnant women with anemia in 3 rd trimester	107	34.3	37.3	3 rd
% Pregnant women with gestational weight gain greater than ideal	862	49.6	39.9	3 rd
% Pregnant women with gestational diabetes	81	4.8	5.4	1 st
% Pregnant women with hypertension during pregnancy	353	10.4	7.2	2 nd
% mothers breastfeeding at least 6 months	417	15.0	38.3	2 nd
% infants fed any breast milk in delivery hospital	1062	75.1	77.8	2 nd
% infants fed exclusively breast milk in delivery hospital	881	62.3	40.5	3 rd
% births delivered by cesarean section	454	29.9	34.4	1 st
LEAD LEVELS				
Incidence of confirmed high blood lead level (10 micrograms or higher per deciliter)—rate per 1000 tested children ages less than 72 months for three year period	30	13.5	4.9	4 th
% children born in 2008 with at least two lead screenings by 36 months		33.9	54.7	2 nd
% children born in 2008 with a lead screening between 9 months to less than 18 months		57.4	705	2 nd
% children born in 2008 with a lead screening by 9 months		0.6*	6.3	1 st

Source: NYS Department of Health

* Fewer than 10 events in numerator, therefore the rate is unstable.
s Data does not meet reporting requirements.
N/A Data is not available

Table 24. Perinatal Data Profile by County and ZIP Code, Chenango County 2008-2010

ZIP Code	Total Births	Percent of Births					Infant and Neonatal Deaths				Teens	
		Pre-mature Births	Low Birth Weight	Not Married	Medicaid or Self-pay	Low or No Prenatal Care	Infant Deaths	Infant Deaths Rate	Neonatal Deaths	Neonatal Deaths Rate	Birth Rate	Pregnancy Rate
13136	15	14.3	6.7	20	46.7	6.7	0	0	0	0	*	*
13155	19	0	0	47.4	78.9	0	0	0	0	0	*	*
13411	104	6.9	3.8	51.9	63.5	4.9	0	0	0	0	16.8	28
13460	128	3.1	3.1	48.4	48.4	2.3	1	7.8	1	7.8	28.3	48.5
13464	31	22.6	9.7	41.9	48.4	6.5	0	0	0	0	18.5	43.2
13730	85	6	3.5	44.7	52.9	3.6	0	0	0	0	19.4	25.9
13733	157	9.8	7.6	40.1	46.8	1.3	1	6.4	1	6.4	23.9	36.8
13778	143	7.7	4.2	43.4	39.9	2.1	0	0	0	0	23.6	35.3
13780	18	23.5	5.6	27.8	38.9	0	0	0	0	0	19	38.1
13801	51	21.3	13.7	66	56	2	0	0	0	0	20	26.7
13809	43	7.1	9.3	58.1	46.3	2.4	0	0	0	0	14.7	24.5
13815	489	9.1	7.4	57.9	55.8	0.6	4	8.2	2	4.1	44.3	55.6
13830	146	10.4	10.3	43.8	42.1	1.4	1	6.8	0	0	21.7	27.6
13832	24	12.5	8.3	66.7	66.7	4.2	0	0	0	0	*	*
13841	10	0	0	50	60	0	0	0	0	0	*	*
13844	17	5.9	5.9	70.6	52.9	0	0	0	0	0	*	*
Total	1487	9.1	6.7	50.5	51.4	1.8	7	4.7	4	2.7	28.3	40.2

Source: NYS Department of Health

*Zip Codes with a population with less than 30 teenage women are suppressed for reasons of confidentiality.

Table 25. Children and Adolescent Well Child Visits and Immunizations, 2011

	Children With Recommended Visits	Children In Program	Percentage	NYS Percentage
% Children ages 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs	s	s	s	82.8
% Children ages 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs	99	141	70.2	82.8
% Children ages 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs	249	465	53.5	61
% Total children ages 0-21 years			58.1	69.9
	Fully Immunized Children	Children Ages 19-35 Months	Percentage	
% Children ages 19-35 months with 4:3:1:3:3:1:4 immunization series	366	740	49	47.6
	3-dose HPV Immunization	Females Ages 13-17 years	Percentage	
% Adolescent females ages 13-17 years with 3-dose HPV	495	1584	31.3	26

Source: NYS Department of Health

s: Data does not meet reporting criteria

Immunization series includes r DtaP, 3 polio, 1MMR, 3 Hep B, 3 Hib, 1 varicella, 4 PCV13
 Government sponsored insurance programs include Medicaid and Child Health Plus

Table 26. Oral Health Indicators, Chenango County, 2009-2011

Indicator	Total 3 Year Period	County Rate	NYS excluding NYC Rate	NYS Rate	County Ranking Group
ORAL HEALTH SURVEY OF 3RD GRADE CHILDREN					
% Children with caries experience	N/A	57	45.4	N/A	4 th
% Children with untreated caries	N/A	30.6	24.0	N/A	4 th
% Children with dental sealants	N/A	41.7	41.9	N/A	2 nd
% Children with dental insurance	N/A	80.8	81.8	N/A	2 nd
% Children with at least 1 dental visit in last year	N/A	76.5	83.4	N/A	1 st
% Children reported taking fluoride tablets regularly	N/A	73.4	41.9	N/A	4 th
MEDICAID					
% Adults who had a dentist visit within the past year—age-adjusted (2008-09)	N/A	60.7	72.7	71.1	4 th
Caries emergency department visit rate per 10,000 ages 3-5 years (2008-2010)	73	152.8	69.9	65.8	4 th
ORAL CANCER					
Age-adjusted incidence per 100,000 (2008-10)	23	12.4	N/A	10.5	3 rd
Age-adjusted mortality rate per 100,000 (2008-10)	s	s	N/A	2.1	N/A
Mortality per 100,000—ages 45-74 years (2008-10)	s	s	N/A	4.5	N/A

Source: NYS Department of Health

N/A—Data not available * Fewer than 10 events in numerator, therefore the rate is unstable

s: Data does not meet reporting criteria

Chenango County has a Low Income Dentist Professional Shortage Area designation per US Department Health and Human Services.

The city of Norwich is the only community water system within the county that fluoridates its water.

Table 27. Obesity and Related Indicators, Chenango County, 2010-2012

Indicator	Total 3 Year Period	County	NYS excluding NYC	NYS	County Ranking Group
ALL STUDENTS (Pre-K, K, 2nd, 4th, 7th and 10th grades)					
% Overweight but not obese (85 th -less than 95 th percentile)	N/A	18	16.2	N/A	4 th
% Obese (95 th percentile or higher)	N/A	21.8	17.6	N/A	4 th
% Overweight or obese (85 th percentile or higher)	N/A	39.9	33.7	N/A	4 th
ELEMENTARY STUDENTS (Pre-K, K, 2nd and 4th grades)					
% Overweight but not obese (85 th -less than 95 th percentile)	N/A	17.1	15.8	N/A	3 rd
% Obese (95 th percentile or higher)	N/A	20.8	17.2	N/A	4 th
% Overweight or obese (85 th percentile or higher)	N/A	37.9	33.0	N/A	4 th
MIDDLE AND HIGH SCHOOL STUDENTS (7th and 10th grades)					
% Overweight but not obese (85 th -less than 95 th percentile)	N/A	19.0	16.8	N/A	4 th
% Obese (95 th percentile or higher)	N/A	21.2	18.2	N/A	3 rd
% Overweight or obese (85 th percentile or higher)	N/A	40.3	35.0	N/A	3 rd
WIC					
% Pregnant women who were pre-pregnancy overweight but not obese (BMI 25-less than 30)	433	22.0	N/A	26.6	1 st
% Pregnant women who were pre-pregnancy obese (BMI 30 or higher)	615	31.3	N/A	24.2	3 rd
% Obese (95 th percentile or higher) children ages 2-4	1176	13.7	N/A	14.4	2 nd
% Children viewing TV 2 hours or less per day ages 2-4	1265	85.8	N/A	79.1	3 rd
% Mothers breastfeeding at 6 months	417	15.0	N/A	38.3	2 nd
TOTAL ADULT POPULATION					
% Adults overweight or obese (BMI 25 or higher)—age-adjusted (2008-09)	N/A	67.8	60.6	59.3	4 th
% Adults obese (BMI 30 or higher)—age-adjusted (2008-09)	N/A	34.9	24.3	23.1	4 th
% Adults who did not participate in leisure time physical activity in last 30 days—age-adjusted (2008-09)	N/A	78.5	78.9	76.3	3 rd
% Adults eating 5 or more fruits or vegetables per day—age-adjusted (2008-09)	N/A	24.4	27.7	27.1	3 rd
% Adults with physician diagnosed diabetes—age-adjusted (2008-09)	N/A	12.1	8.5	9.0	4 th
% Adults with physician diagnosed angina, heart attack or stroke—age-adjusted (2008-09)	N/A	9.3	7.2	7.6	4 th

Source: NYS Department of Health

N/A—data not available

Table 28. Tobacco, Alcohol and Other Substance Abuse Indicators, 2009-2011

Indicator	Total 3 Year Period	County	NYS excluding NYC	NYS	County Ranking Group
Drug-related hospitalization rate per 10,000—age-adjusted	273	18.5	21.8	26.1	3 rd
Newborn drug-related hospitalization rate per 10,000 newborn discharges	29	186.1	N/A	72.6	4 th
Alcohol related motor vehicle injuries and deaths per 100,000	109	72.1	N/A	34.8	4 th
% Adults who smoke cigarettes—age-adjusted (2008-09)	N/A	25.0	18.9	17.0	4 th
% Adults living in homes where smoking is prohibited—age-adjusted (2008-09)	N/A	72.3	79.3	80.9	4 th
% Adults who binge drink—age-adjusted (2008-09)	N/A	17.3	19.8	18.1	1 st

Source: NYS Department of Health

N/A—data not available

Table 29. Preventive Health Indicators For Adults, Chenango County 2008-2009

Indicator	County	NYS
Age-adjusted % adults who had flu shot within the past year	41.6	41.7
Age-adjusted % adults aged 65 and older who had flu shot within the past year	68.4	74.4
Age-adjusted % women aged 40 and older who ever had a mammogram	89.5	91.1
Age-adjusted % women aged 40 and older who had a mammogram within the past 2 years	73.9	79.7
Age-adjusted % women aged 50 and older who had a mammogram within the past 2 years	76.3	83.1
Age-adjusted % women who ever had a Pap test	97	91.8
Age-adjusted % women who ever had a Pap test within the past 3 years	80.9	82.7
Age-adjusted % men aged 40 and older who ever had a digital rectal exam	72	73.7
Age-adjusted % men aged 40 and older who had a digital rectal exam within the past 2 years	46.1	55.9
Age-adjusted % adults aged 50 and older who ever used a home blood stool test	33.7	38.1
Age-adjusted % adults aged 50 and older who ever used a home blood stool test	33.7	38.1
Age-adjusted % adults aged 50 and older who used a home blood stool test within the past year	11.2	14.6
Age-adjusted % adults aged 50 and older who used a home blood stool test within the past 2 years	16	20.5
Age-adjusted % adults aged 50 and older who had a home blood stool test within the past year or sigmoidoscopy or colonoscopy within the past 10 years	55.4	69.3
Age-adjusted % adults who ever had blood cholesterol checked	80.3	79.9
Age-adjusted % adults who ever had blood cholesterol checked within the past 5 years	75.8	77.3
Age-adjusted % adults who ever told they have high blood pressure	32	25.7

Source: NYS Expanded BRFSS 2009

More women obtained these health screens and immunizations than men in Chenango County.

35.6% men and 47.3% received a flu shot within the past year.

28% men and 38.8% women 50 years and older used a home blood stool test.

78.5 men and 82.1 women 50 years and older had their blood cholesterol checked.

More men obtained a sigmoidoscopy or colonoscopy than women in Chenango County.

52.7% men and 50.9 % women over 50 years and older had a sigmoidoscopy or colonoscopy within the past 10 years.

Table 30. Injury Indicators, Chenango County 2009-2011

Indicator	Total 3 Year Period	County Rate	NYS Rate	County Ranking Group
Suicide mortality rate per 100,000--age-adjusted	15.0	10.3	7.2	2 nd
Suicide mortality rate per 100,000—ages 15-19 years	1.0	7.7*	5.0	4 th
Self-inflicted injury hospitalization rate per 10,000—age-adjusted	124	9.5	5.3	3 rd
Self-inflicted injury hospitalization rate per 10,000—ages 15-19 years	10	9.4	10.1	2 nd
Homicide mortality rate per 100,000—age-adjusted	2	1.8*	4.3	2 nd
Assault hospitalization rate per 10,000—age-adjusted	13	.9	4.5	1 st
Unintentional injury mortality rate per 100,000—age-adjusted	52	33.1	22.7	3 rd
Unintentional injury hospitalization rate per 10,000—age-adjusted	1234	70.3	64	4 th
Unintentional injury hospitalization rate per 10,000—ages less than 10 years	39	23	25.8	3 rd
Unintentional injury hospitalization rate per 10,000—ages 10-14 years	26	25.6	19.8	4 th
Unintentional injury hospitalization rate per 10,000—ages 15-24 years	69	36.6	30.7	3 rd
Unintentional injury hospitalization rate per 10,000—ages 25-64 years	431	53.9	46.7	4 th
Unintentional injury hospitalization rate per 10,000—ages 65 and older	669	264.9	259.3	3 rd
Falls hospitalization rate per 10,000—age-adjusted	642	34.1	35.9	2 nd
Falls hospitalization rate per 10,000—ages less than 10 years	13	4.9*	9.8	2 nd
Falls hospitalization rate per 10,000—ages 10-14 years	13	12.9	6.8	4 th
Falls hospitalization rate per 10,000—ages 15-24 years	3	S	6.6	n/a
Falls hospitalization rate per 10,000—ages 25-64 years	156	19.5	18.8	3 rd
Falls hospitalization rate per 10,000—ages 65-74 years	101	72.7	77.3	2 nd
Falls hospitalization rate per 10,000—ages 75-84 years	166	212	226	2 nd
Falls hospitalization rate per 10,000—ages 85 years and older	188	533.5	570.6	1 st
Poisoning hospitalization rate per 10,000--age-adjusted	264	17.4	10.4	4 th
Motor vehicle mortality rate per 100,000—age-adjusted	18	12.1	6.0	3 rd
Non-motor vehicle mortality rate per 100,000—age-adjusted	34	20.9	16.3	3 rd
Traumatic brain injury hospitalization rate per 10,000—age-adjusted	128	7.9	9.4	2 nd
Alcohol related motor vehicle injuries and deaths per 100,000	109	72.1	34.8	4 th

Source: NYS Department of Health

* Fewer than 10 events in numerator, therefore the rate is unstable
 N/A—data not available

Table 31. Occupational Health Indicators, Chenango County 2009-2011

Indicator	Total 3 Year Period	County Rate	NYS Rate	County Ranking Group
Incidence of malignant mesothelioma per 100,000—ages 15 years and older (2008-2010 NYS Cancer Registry)	s	s	1.3	N/A
HOSPITALIZATION RATE PER 10,000—AGES 15 YEARS AND OLDER				
Pneumoconiosis	8	6.4*	13.3	1 st
Asbestosis	24	19.3	12.1	3 rd
Work-related hospitalization per 100,000 employed persons—ages 16 and older				
Work-related hospitalization per 100,000 employed persons—ages 16 and older	143	214.6	171.9	2 nd
Elevated blood lead levels (greater than or equal to 10 micrograms per deciliter) per 100,000 employed persons—ages 16 and older	4	6*	23.6	1 st
Fatal work-related injuries per 100,000 employed persons—ages 16 and older	s	s	2.3	N/A

Source: NYS Department of Health

N/A—data not available

* Fewer than 10 events in numerator, therefore the rate is unstable

s: Data does not meet reporting criteria

Table 32. Socio-Economic Status and General Health Indicators, 2009-2011

Indicator	County	NYS	County Ranking Group
Total Population (2011)	50,118	19,465,197	1 st
% Labor force unemployed (2012)	8.4	8.5	2 nd
% Population at or below poverty level (2011)	16.6	16.1	4 th
% Children ages less than 18 years at or below poverty level (2010)	26	22.8	4 th
Median family income (2011)	40,693	55,147	4 th
% Children ages less than 19 years with health insurance (2011)	95	95.5	1 st
% Adults ages 18-64 years with health insurance (2011)	85.0	83.7	1 st
High school drop out rate	2.3	2.7	3 rd
Age-adjusted % adults who did not receive medical care due to cost (2008-09)	14.9	13.8	4 th
Age-adjusted % adults with regular health care provider (2008-09)	82.1	83	4 th
Age-adjusted % adults who had poor mental health 14 or more days within the past month (2008-09)	13.5	10.2	4 th
Birth rate per 1000 population	10.0	12.5	2 nd
Total mortality rate per 100,000	1575	748.3	4 th
Age-adjusted total mortality rate per 100,000	789.5	658.1	4 th
% Premature deaths (ages less than 75 years)	38.3	39.9	2 nd
Years of potential life lost per 100,000	6983.4	5668.7	4 th
Total emergency department visit rate per 10,000	5278.9	3954.5	4 th
Age-adjusted total emergency department visit rate per 10,000	5539	3953.2	4 th
Total hospital rate per 10,000	1191.9	1280.9	2 nd
Age-adjusted total hospital rate per 10,000	1105.7	1230.4	2 nd

Source: NYS Department of Health

Table 33. Hospitals Serving Chenango County

Hospital	Location and County	Total Number of Beds	Number of Chenango County Discharges	Chenango County Percentage of Hospital Discharges
UHS-Chenango Memorial	Norwich CHENANGO	138	1948	88.4
Our Lady of Lourdes Memorial Hospital	Binghamton Broome		381	3.8
UHS-Binghamton General Hospital	Binghamton Broome	200	338	6.9
UHS-Wilson Regional Medical Center	Johnson City Broome	280	1131	9.1
UHS-Delaware Valley Hospital	Walton Delaware	25	17	2.3
Community Memorial Hospital	Hamilton Madison	72	469	22.6
Bassett Healthcare Network— A.O. Fox Memorial Hospital	Oneonta Otsego	100	216	5.3
Bassett Healthcare Network— Bassett Medical Center (Mary Imogene Bassett Memorial Hospital)	Cooperstown Otsego	180	784	8.3

Source: NYS Department of Health UHS—United Health Services

Table 34. Primary Care and Women’s Health Centers, Chenango County

	Type	Affiliation
AFTON		
Afton Family Health Center	Primary Care	privately owned
BAINBRIDGE		
Albany Stratton VA Outpatient Clinic	Primary Care Behavioral Health	US Dept. Veterans Affairs
GREENE		
United Medical Associates	Primary Care	UHS
NEW BERLIN		
Bassett Healthcare-Unadilla Valley School	School-Based Clinic	Bassett Healthcare Network
NORWICH		
Bassett Healthcare Family Health Center	Primary Care	Bassett Healthcare Network
Family Planning of South Central NY Health Center	Family Planning	Family Planning of South Central NY
UHS—Family Health Center	Primary Care	UHS-Chenango Memorial Hospital
UHS-Pediatrics Center	Pediatrics	UHS-Chenango Memorial Hospital
UHS—Walk-In Center	Urgent Care	UHS-Chenango Memorial Hospital
UHS—Women’s Health Center	Women’s Health	UHS-Chenango Memorial Hospital
OXFORD		
UHS-Family Health Center	Primary Care	UHS-Chenango Memorial Hospital
SHERBURNE		
Bassett Healthcare Family Health Center	Primary Care	Bassett Healthcare Network
Bassett Healthcare-Sherburne-Earlville School	School-based Clinic	Bassett Healthcare Network
UHS-Family Health Center	Primary Care	UHS-Chenango Memorial Hospital

Source: Chenango Health Network 2013

There are other physicians practicing in Chenango County in medical specialties, either associated with UHS-Chenango Memorial Hospital, Bassett Health Care Network or as a private entity.

There are 17 general dentists 3 orthodontists and 0 pediatric dentists practicing in Chenango County. Chenango Memorial Hospital Dental Center and one private practice are the only providers which accept Medicaid. Chenango County NYSARC maintains an Article 16 dental clinic through a satellite arrangement with the Broome Developmental Disabilities Service Office.

Chenango County has a Low Income Primary Medical Care Health Professional Shortage Area designation per US Department Health and Human Services. Chenango County is a Regents-designated, Low Income Primary Care Physician Shortage Area by New York State.

Chenango County is a NYS Regents-designated Non-Primary Care Shortage Area in these specialties: Anesthesiology, Cardiology, Dermatology, Gastroenterology, Neurology, Pathology, Physical and Rehabilitative Medicine and Preventive Medicine. UHS-Chenango Memorial Hospital also has a NYS Regents-designation for Primary Care and Non-Primary Care Designation.

Chenango County has a Low Income Dental Health Professional Shortage Area HPSA designation.

Table 35. Counseling Services, Chenango County

Clinics and Programs	Affiliation
Albany Stratton VA Outpatient Clinic	US Dept. Veterans Affairs
Alcohol and Drug Abuse Clinic	Chenango County Mental Hygiene Services
Mental Health Outpatient Clinic	Chenango County Mental Hygiene Services
Counseling Program	Chenango County Catholic Charities
Crime Victims Program	Chenango County Catholic Charities
Bereavement Counseling Program	Hospice & Palliative Care of Chenango County
Family Intervention Program	Liberty Resources

Source: Chenango Health Network 2013

Additional counseling services are available to county residents through counseling professionals in private practice. Local churches offer pastoral counseling.

There are no psychiatric in-patient providers in Chenango County. The Bassett Medical Center, Cooperstown is the closest provider.

Chenango County has a Single County Mental Health Professional HPSA designation. The county is also a NYS Regents-designated Mental Health Physicians Shortage Area.

Table 36a. Adult Residential Care Facilities, Chenango County

Name	Location	Total Number of Beds	Ownership
Bida Adult Home*	Oxford	28	Private
Everling Boarding Home for Adults	Greene	6	Private
Kelsey Manor Home for Adults	Afton	6	Private
Preston Manor*	Oxford	48	Chenango County
Chenango Valley Home*	Norwich	32	Not-for-Profit
Pratt-Newton Memorial Home*	Sherburne	10	Not-for-Profit
TLC Home for Adults	Greene		Private

Source: NYS Department of Health; NY Connects

* NYS Licensed

There are no NYSDOH-licensed assisted living facilities in Chenango County.

Table 36b. Residential Health Care Facilities, Chenango County

Name	Location	Total Number of Beds	Ownership	Certification
Chase Memorial Nursing Home, Inc.	New Berlin	80	Not-for-Profit	Medicare Medicaid
Chenango Memorial Hospital Inc. SNF	Norwich	80	Not-for-Profit	Medicare Medicaid
Norwich Rehabilitation & Nursing Center	Norwich	80	Proprietary-LLC	Medicare Medicaid
NYS Veterans Home	Oxford	242	Public/NYS	Medicaid Medicare
Valley View Manor Nursing Home	Norwich	82	Proprietary-LLC	Medicaid Medicare

Source: NYS Department of Health; NY Connects

Table 36c. Home Care Providers, Chenango County

Name	Location
At Home Care, Inc.*	Oneonta
Family Home Care **	Sherburne
Hospice & Palliative Care Chenango County*	Norwich
UHS-Home Health Care**	Norwich

Source: NYS Department of Health; NY Connects

* NYS Certified Home Health Agency

CHHA provides part-time, intermittent health care and support services; provide long-term nursing and home health aide services; help patients determine the level of services they need; either provide or arrange for other services including physical, occupational, and speech therapy, medical supplies and equipment, and social worker and nutrition services. Medicare, Medicaid, private pay and some health insurers.

** NYS Licensed Home Care Service Agency

LHCSA offers home care services to persons who pay privately or have private insurance coverage. These agencies may also contract to provide services to Medicare/Medicaid beneficiaries whose cases are managed by another provider or entity, such as providing home health aide services to a certified home health agency patient or providing a licensed practical nurse for a Medicaid prior-approved private duty nursing shift.

Table 37a. Independent Living Centers/Developmental Disability Programs Serving the County

Name	Location
Catskill Center for Independence	Oneonta, Otsego County
Southern Tier Independence Center	Binghamton, Broome County
Resource Center for Independent Living	Utica, Oneida County
Family Resource Network	Oneonta, Otsego County
Broome Developmental Disabilities Service Office	Norwich, Chenango County
Chenango NYSARC	Norwich, Chenango County
Springbrook	Norwich, Chenango County

Source: NYS Department of Health; NY Connects

Table 37b. Adult Day Health Centers Serving the County

Name	Location
Crouse Community Center—Senior Services	Sherburne, Chenango County
Crouse Community Center Adult Day Services	Cazenovia, Madison County
Crouse Community Center Adult Day Services	Hamilton, Madison County
Golden Days Adult Day Health Care	Johnson City, Broome County

Source: NYS Department of Health; NY Connects

Table 38. Parks and Playgrounds, Chenango County

	Name	Type	Owner
AFTON	Afton Central School	playground	school
	Foster Park	park	village
	Liggett Park	park and playground	village
BAINBRIDGE	General Clinton Park	park and playground	town
	Greenlawn Elementary School	playground	school
	Oquaga Creek State Park	park and playground	NYS
	William Payne Park	park and playground	town
COLUMBUS	Norton Park	park and playground	town
COVENTRY	Town Park	park and playground	town
GERMAN	Town Park	park and playground	town
GREENE	The Ball Flatts	playground	town and village
	Cook Park	park and playground	county
	Greene Primary School	playground	school
	Lions Park	park	Lions Club
GUILFORD	Guilford Elementary School	playground	school
MCDONOUGH	Bowman Lake State Park	park and playground	NYS
	East McDonough Park	playground	town
	Town Park	park and playground	town
NEW BERLIN	Hyde Park	playground	village
	Millbrook Recreation Area	park and playground	town
	Unadilla Valley Central School	playground	school
NORTH NORWICH	Galena Park	park and playground	town
NORWICH	Auburn Street Park	playground	city
	Bruchhausen Park	park and playground	city
	East Park	park	city
	Guernsey Memorial Library Park	park and playground	library
	Kiwanis Park	park and playground	city
	Perry Browne School	playground	school
	Rotary Park	park and playground	city
	South Broad Street Park	park and playground	city
	Stanford Gibson Elementary School	playground	school
	Weiler Park	park and playground	city
	West Park	park	county
OTSELIC	Town Park	park and playground	town
OXFORD	Boname Park	park	village
	Oxford Academy Primary/High School	playground	school
PRESTON	Preston Pryde Park	park and playground	town
SHERBURNE	Gaines Park	park	village
	Paddleford Park	park and playground	village, town, school
	Rexford Falls	pedestrian bridge and park	town
	Rogers Environmental Center	park	NYS
	Sherburne-Earlville Elementary School	playground	school
SMITHVILLE	Eagle Scout Park	park and playground	town

Source: Chenango Health Network EAPRS Survey 2013

Table 39a. Food Stores, Farmers Markets, Food Pantries and Soup Kitchens, Restaurants

	Type	Count
FOOD STORES		
	Supermarkets/groceries	8
	Corner markets, convenience stores	36
FARMERS MARKETS		
	Community-wide market	5
FOOD PANTRIES AND SOUP KITCHENS		
	Community and Faith-Based Organizations	15
RESTAURANTS		
	Sit-Down	52
	Fast-Casual	28
	Fast	15
	Kids Menu Available	43
	Bars and Taverns	40
	TOTAL	95

Source: Chenango Health Network NEMS Survey 2010; NY Connects; Chenango County Public Health Department 2013

Table 39b. Tobacco Retailers, Chenango County

	Type	Count
TOBACCO RETAILERS		
	Tobacco Retail	2
	Convenience / Gas Station	25
	Convenience	4
	Discount	1
	Pharmacy	3
	Grocery / Supermarket	11
	TOTAL	46

Source: Chenango County Public Health Department 2013

Table 40. Transportation, Chenango County

	Ownership	Count
AMBULANCE		
	Fire Department	5
	Municipal	8
	Independent	2
	Private	1
PUBLIC		
Fixed Route and Dial-a-Ride Service	Public	1

Table 41a. Physical Activity and Nutrition Policies, Chenango County 2013

Policy	County	City	Town	Village	Total (Possible: 31)
Joint Use Agreements—Building Use and Extended Use	0	0	7	1	8
To develop parks, playgrounds and recreational facilities in undeserved areas of the county.	0	0	0	0	0
Land use policies to promote and facilitate physical activity or access to healthy foods.	0	0	1	0	1
Complete streets.	0	0	0	0	0
Procurement policies establishing preference for purchasing healthier meals or ingredients for food in public venues.	0	0	1	1	2
To reduce sugar sweetened beverage consumption.	0	0	0	0	0
To promote grocery stores in underserved areas.	0	0	0	0	0
To establish or promote farmers markets.	0	1	0	1	2

Source: Chenango Health Network Survey

Table 41b. Tobacco-Free Policies, Chenango County 2013

Policy	Count
Tobacco-Free Parks	2
Tobacco-Free Playgrounds	1
Tobacco-Free Worksites	8

Source: Chenango Health Network Survey

PART TWO

ASSETS

Chenango County Department of Public Health

The Department receives its legal authority to operate through licensure by the New York State Department of Health. The Chenango County Board of Supervisors oversees the continued operation of the department. A full-time Public Health Director is authorized to manage the department's four divisions: Nursing, Environmental Health, Children with Special Needs and Codes Enforcement. The Department also employs a part-time Bioterrorism Coordinator, who is also supervised by the Public Health Director. Twenty eight full-time, three part-time staff and eleven per diem nurses carry out the programs and activities of this public health department.

Chenango County contracts with local physician affiliated with the Bassett Healthcare Network to serve as the Department's Medical Director. The Medical Director consults with all divisions within the Health Department, particularly the Nursing and Children with Special Needs Division. The Medical Director is responsible for medical policy and procedure development and review; providing medical opinions on population-based programming and risk; providing medical management recommendations for victims of mass casualty; chairing the Health Services Advisory Committee; authorizing plan-of-action care for the Children with Special Needs Program; providing medical consultation on communicable disease outbreaks; and providing staff in-service training. The Medical Director is also responsible for the Health Department's Quality Assurance Program.

The Public Health Department collaborates routinely with local institutions, schools, churches, physicians, pharmacists, businesses and organizations in order to improve the health status of county residents. The Public Health Department maintains linkages with an array of health and human service providers as a means for expanding and strengthening the local public health system. Examples include: Chenango County Area Agency on Aging, Chenango County DSS, Chenango County Mental Hygiene Services, UHS-Chenango Memorial Hospital, Bassett Healthcare Network, Family Planning of South Central NY, Chenango Health Network, Southern Tier AIDS Program, Mothers and Babies Perinatal Network of South Central NY, Chenango County WIC, Opportunities for Chenango, Chenango County Head Start, Family Enrichment Network, Family Resource

Network, Liberty Resources, Liberty Partnership, Hospice and Palliative Care of Chenango County, Chenango County Emergency Management Services and local Fire Departments.

UHS-Chenango Memorial Hospital

Chenango Memorial Hospital is the only hospital in Chenango County and the major provider of health care services in the county. The hospital operates the only Emergency Department in Chenango County and had 16,813 visits in 2012. The hospital's 138-bed inpatient facility includes an 80-bed long-term skilled nursing facility. Primary and specialty care services are offered in multiple locations: Norwich, Sherburne, Oxford and Sidney.

Chenango Memorial Hospital is also a major employer in the county. The hospital employs 550 individuals, 425 of which work full-time. The hospital contracts with an additional 100 people to provide security, dietary, housekeeping and therapy services.

The hospital's affiliation with United Health Services enables Chenango Memorial Hospital to refer patients to the UHS Network for specialized care, as well as, share human resources and costs for major expenditures such as electronic medical recordkeeping.

The hospital works closely with the Public Health Department on many different health care issues.

Chenango Health Network

Established in 1995, Chenango Health Network (CHN) is a community-based, not-for-profit, rural health network whose mission is to bring together health and human services professionals, business people and consumers to strengthen health care in Chenango County

CHN is dedicated to improving access to health services for Chenango County residents; as result, CHN focuses much of its efforts assisting the uninsured, underinsured and medically underserved populations of Chenango County.

The organization is governed by a Board of Directors consisting of 7-16 members who represent senior level management of health and human service providers and businesses, as well as, community members. Members bring the perspective of their particular profession and organization, the ability to make policy level decisions, an understanding of issues and community, influence

among their peer group and community in general, willingness to work collaboratively and, a strong commitment to the purpose and goals of the Network. Current Board membership includes the Chenango County Public Health Director and UHS-Chenango Memorial Hospital Vice President of Operations. Additional members are Commissioner Chenango County DSS; Director Chenango County Area Agency on Aging; Director Chenango County Mental Hygiene Services; CEO Family Planning SCNY; Executive Director Chenango Hospice & Palliative Care; Executive Director Chenango Valley Home and Apartments; Dean Morrisville College-Norwich Campus; plus, HR Director Golden Artist Colors, Doctor of Pharmacy with a local pharmacy, two retired school administrators and a community member.

CHN employs an Executive Director plus six staff members who are responsible for implementing the agency's programs.

CHN convenes and facilitates meetings among representatives of the local public health system to assist with program development, implementation and evaluation; to collaborate on specific initiatives; to coordinate services; and to carry out specific activities in Chenango County.

KEY CHALLENGES AND BARRIERS

Socio-Economic

The total number of people living in Chenango County is 50,477. The US Census shows a decline in the overall population since 2000, especially among persons ages 24-64 years. At the same time, the proportion of persons ages 65 year or more has increased. Many of Chenango County's families and households are either single parents raising children and/or have adult members who are at least 65 years old.

A sizeable portion of the county's population is poor with 16% living below the Federal Poverty Level. The number of children living in poverty has increased during this past decade, 26% of all county children live in poverty at this time. The median family income in 2010 was \$41,418. Managing expenses related to food, housing, clothing, transportation, child care and health care is a major stressor for individuals particularly families and senior adults.

Travel and Transportation

Chenango County is a hilly area which encompasses 894 square miles. The majority of the county's residents live in the more rural areas of the county. Travel in the county may be difficult during bad weather especially on the narrow, windy roads that exist throughout the county. Roads may be closed during summer and winter storms, with few options for alternate routes.

Travel to and from work, school, healthcare services, shopping and recreation is a key issue for county residents. Travel time, travel cost, limited public transportation services and /or lack of a reliable personal vehicle create barriers, increase stress and define the way residents make choices about how to use their time, spend their money and access health care.

Door-to-door non-emergency medical transportation is a significant problem for individuals and families with limited or no personal means of transportation. Public transportation routes and schedules are not always convenient especially when individuals need door-door assistance and/or who live in the most-geographically distant locations of the county. Elderly and others unable to drive or who should not drive, must rely on family members or friends or volunteers to drive them for medical services in and out of Chenango County. Individuals miss important medical appointments or drive to appointments when they should not be driving.

While patients are able to access specialty care within the county, many people must travel long distances from their home for specialty care offered by the UHS and Bassett Healthcare systems in Broome and Otsego counties. Even then, individuals may need to obtain care from outside this region and will have to travel significant distances round-trip.

Many residents commute to work outside of the community of residence; often they commute to employment out of county. Finding opportunities to reach residents where they work or live has become more difficult as people travel long hours and to many different locations.

Providers

Chenango County is designated a Health Professional Shortage Area by the U.S. Department of Health and Human Services for three designations: Full County Mental Health, Low Income Primary

Medical Care and Low Income Dental. The designations are awarded because there are not enough health professionals in ratio to the population to serve individuals appropriately.

Recruiting and retaining physicians and other health care professionals has been a consistent problem for many years and continues to be a major issue for UHS-Chenango Memorial Hospital and the Bassett Healthcare Network. The inadequate supply of medical professionals creates stress on the health care system: scheduling appointments, allowing for adequate time for an appointment and patient follow-up. Patient no-shows also compound the problem.

A strong primary care network is necessary to offer quality care to those who use the system. As more people obtain health insurance through the NY State of Health Marketplace and as individuals are encouraged to obtain appropriate preventive care, there will be increased demands on an already overburdened system of care in this county.

In addition, as patients and their families require additional time with their physician to address the patient's health need, there is not adequate reimbursement to pay for the increased physician time.

Emergency medical services (EMS) are organized and managed by local political subdivisions through volunteer or paid cooperatives. Susquehanna Regional EMS supervises EMS squads in Broome, Chenango and Tioga counties. Maintaining a strong EMS system continues to be a critical issue in Chenango County: recruitment and retention of volunteers, reimbursement rates, inappropriate use of the system by local residents, travel distance and time spent transporting are among the problems experienced.

As the elderly population increases so will demands for additional senior housing and health and human services to be provided to seniors in outpatient facilities, in their homes or in assisted living facilities. There are no assisted living facilities in the county and respite care is extremely limited.

OPPORTUNITIES

The Chenango County Department of Public Health and UHS-Chenango Memorial Hospital share a long history of working toward similar goals and collaborating on specific initiatives in order to positively affect the health status of Chenango County residents. Both organizations have extensive

experience targeting disparate populations, low socio-economic and vulnerable groups of individuals and families living throughout the rural areas of the county, as well, as in the larger towns and city of Norwich.

Chenango Health Network convened meetings, facilitated discussions and solicited input from local health and human service providers, businesses and community members this year. The discussion focused on ways to address elements of the NYS Prevention Agenda while building on strengths, existing partnerships and resources of the local public health system. The following is a listing of opportunities and priorities which resulted from these meetings. This list is not meant to replace other important work and services of the Public Health Department, UHS-Chenango Memorial Hospital or their partners.

- Increase access to health insurance for county residents, adults and children.
- Address needs of persons receiving care from Chenango County Mental Hygiene Services focusing on chronic disease prevention and management.
- Strengthen and support efforts of Chenango Memorial Hospital to provide patient-centered care including referrals and linkages to community-based resources.
- Decrease the smoking rate among specific target groups including pregnant women. Increase referrals smoking cessation supports such as the NYS Quitline and local programs.
- Focus on smokeless tobacco as a health risk targeting groups such as teens and young adults through provider visits, school programs, community-wide education.
- Support policy change such as tobacco-free worksites, parks, playgrounds and point-of-purchase advertising.
- Improve breast cancer screening rates so that breast cancer is detected earlier.
- Market and promote local parks and playgrounds to county residents to encourage use by more people.
- Focus on healthy eating, acknowledge food insecurity issues, access to healthy foods and other stressors which may impede individuals and families ability to eat healthy.
- Support worksite wellness initiatives currently underway in the county, expand reach to smaller employer groups.
- Provide education and support to pregnant and post-partum women, particularly those women considered to be high risk (e.g. Medicaid, low income, teens).

- Address the increased rate of Hepatitis C infection. Establish and promote a needle exchange program in the county.
- Increase awareness and utilization of local domestic / interpersonal violence services.
- Enhance provider ability to address needs of youth-at-risk and in need of mental health services and other supports particularly when youth are receiving care from pediatric or primary care clinics.
- Increase utilization of hospice and palliative care services.

TABLES

Table 42. Partnerships to Improve Health Status and Reduce Health Disparities

IMPROVE HEALTH STATUS AND REDUCE HEALTH DISPARITIES		
Health Issue	Public Health Assets	Partners
Increase access to care and services for Chenango County residents.	Nursing Division Children with Special Needs Division	UHS-Chenango Memorial Hospital Chenango Health Network Chenango County Area Agency on Aging Chenango DSS Chenango County Mental Hygiene Services Chenango County WIC Chenango County Head Start Bassett Healthcare Network Hospice & Palliative Care of Chenango County Opportunities for Chenango Family Planning of South Central NY Mothers & Babies Perinatal Network South Central NY

Table 43. Partnerships to Prevent Chronic Disease

PREVENT CHRONIC DISEASE		
Health Issue	Public Health Assets	Partners
Reduce obesity in children and adults.	Nursing Division Health Educator Environmental Health Division	UHS-Chenango Memorial Hospital Bassett Healthcare Network Chenango Health Network Chenango County WIC Chenango County Head Start Liberty Partnership Morrisville State College-Norwich Campus Cornell Cooperative Extension of Chenango County
Reduce illness, disability and death related to tobacco use and second hand smoke exposure.	Nursing Division Health Educator Environmental Health Division	UHS-Chenango Memorial Hospital Bassett Healthcare Network Chenango Health Network Chenango County Mental Hygiene Services Family Planning SCNY Mothers & Babies Perinatal Network SCNY Chenango County WIC Chenango County Head Start Liberty Partnership Morrisville State College-Norwich Campus
Increase access to high-quality chronic disease preventive care and management in clinical and community settings.	Nursing Division	UHS-Chenango Memorial Hospital Chenango County Mental Hygiene Services Bassett Healthcare Network Family Planning SCNY Afton Family Health Center Lourdes Hospital Breast Health Center Chenango County Area Agency on Aging Chenango Health Network Chenango County DSS Southern Tiers AIDS Program Chenango County Head Start Chenango County WIC

Table 44. Partnerships to Promote a Healthy and Safe Environment

PROMOTE A HEALTHY AND SAFE ENVIRONMENT		
Health Issue	Public Health Assets	Partners
Outdoor Air Quality		
Water Quality	Environmental Health Division Codes Enforcement Division Nursing Division	Municipal Water Boards Local Sanitary Code Officers Chenango County Soil and Water District NYSDOH BWSP
Built Environment	Environmental Health Division Nursing Division Community Educator Codes Enforcement Division	Opportunities for Chenango Chenango Health Network Chenango County EMS Cornell Cooperative Extension Chenango County
Injuries, Violence and Occupational Health	Environmental Health Division Nursing Division Community Educator	UHS-Chenango Memorial Hospital Chenango County Mental Hygiene Area Agency on Aging Catholic Charities of Chenango County Chenango County Sheriff Dept.

Table 45. Partnerships to Promote Healthy Women, Infants And Children

PROMOTE HEALTHY WOMEN, INFANTS and CHILDREN		
Health Issue	Public Health Assets	Partners
Maternal and Infant Health	Nursing Division Children with Special Needs Division Health Educator	UHS-Chenango Memorial Hospital Chenango County Mental Hygiene Services Bassett Healthcare Network Family Planning SCNY Afton Family Health Center Chenango Health Network Chenango County DSS Chenango County Head Start Chenango County WIC Family Resource Network Family Enrichment Network Southern Tiers AIDS Program Mothers & Babies Perinatal Network SCNY
Child Health	Nursing Division Children with Special Needs Division Health Educator	UHS-Chenango Memorial Hospital Chenango County Mental Hygiene Services Bassett Healthcare Network Family Planning SCNY Afton Family Health Center Chenango Health Network Chenango County DSS Chenango County Head Start Chenango County WIC Family Resource Network Family Enrichment Network Southern Tiers AIDS Program Mothers & Babies Perinatal Network SCNY Cornell Cooperative Extension of Chenango County
Reproductive, Preconception and Inter-conception Health	Nursing Division Health Educator	UHS-Chenango Memorial Hospital Chenango County Mental Hygiene Services Bassett Healthcare Network Family Planning SCNY Afton Family Health Center Chenango Health Network Chenango County Head Start Chenango County WIC Mothers & Babies Perinatal Network SCNY Liberty Resources

Table 46. Partnerships to Promote Mental Health and Prevention Substance Abuse

PROMOTE MENTAL HEALTH AND PREVENTION SUBSTANCE ABUSE		
Health Issue	Public Health Assets	Partners
Promote mental, emotional and behavioral health well-being in communities.	Nursing Division Health Educator Children With Special Needs Division	UHS-Chenango Memorial Hospital Chenango County Mental Hygiene Services Catholic Charities of Chenango County Bassett Healthcare Network Family Planning SCNY Chenango County Area Agency on Aging Liberty Resources Mothers & Babies Perinatal Network SCNY Family Resource Network Family Enrichment Network Chenango County Probation Department Chenango Health Network Hospice & Palliative Care Chenango County Chenango County Head Start
Prevent substance abuse and other mental emotional and behavioral disorders.	Nursing Division Health Educator	UHS-Chenango Memorial Hospital Chenango County Mental Hygiene Services Catholic Charities of Chenango County Bassett Healthcare Network Southern Tier AIDS Program Chenango County Probation Department Chenango Health Network Chenango County DSS Liberty Resources Chenango County Head Start
Strengthen infrastructure across systems.	Nursing Division Health Educator Children With Special Needs Division	UHS-Chenango Memorial Hospital Chenango County Mental Hygiene Catholic Charities of Chenango County Bassett Healthcare Network Chenango Health Network Southern Tier AIDS Program Chenango County Area Agency on Aging Chenango County DSS Southern Tier AIDS Program Liberty Partnership Chenango County Head Start

Table 47. Partnerships to Prevent HIV/STDs, Vaccine Preventable Diseases, Healthcare-Associated Infections

PREVENT HIV/STDs, VACCINE PREVENTABLE DISEASES AND HEALTHCARE-ASSOCIATED INFECTIONS		
Health Issue	Public Health Assets	Partners
Prevent HIV/AIDS and STIs	Nursing Division Health Educator	UHS-Chenango Memorial Hospital Chenango County Mental Hygiene Services Bassett Healthcare Network Chenango Health Network Southern Tier AIDS Program Family Planning of SCNY Afton Family Health Center
Prevent Vaccine-Preventable Diseases	Nursing Division Health Educator	UHS-Chenango Memorial Hospital Chenango County Mental Hygiene Services Bassett Healthcare Network Afton Family Health Center Chenango Health Network Southern Tier AIDS Program Family Planning of SCNY Chenango County Area Agency on Aging Chenango County WIC Chenango County Head Start Family Enrichment Network
Prevent Healthcare-Associated Infections	Nursing Division Health Educator	UHS-Chenango Memorial Hospital Chenango County Mental Hygiene Services Bassett Healthcare Network Afton Family Health Center Chenango Health Network Southern Tier AIDS Program Family Planning of SCNY

PART THREE

PROCESS FOR OBTAINING INFORMATION AND INPUT FROM LOCAL STAKEHOLDERS

Throughout this year Chenango Health Network (CHN) worked on behalf of the Public Health Department and UHS-Chenango Memorial Hospital to obtain data and facilitate discussions among community stakeholders (individuals and organizations).

CHN conducted a series of focus groups and in-person interviews during the summer of 2013 asking for feedback on local parks, playgrounds and athletic fields (*Do people use the parks? Why/why not? What needs to change to increase use of the local resources?*) as well as, asking for feedback and determining awareness and knowledge of available services from Chenango Public Health, Chenango Memorial Hospital and Hospice and Palliative Care of Chenango County.

CHN conducted an on-site assessment of every park, playground and athletic field located within the county (excluded NYS forest land areas) using the Environmental Assessment of Public Recreational Spaces measurement tool developed by Saelens, Frank, Auffrey, Whitaker, & Burdette with support from the Robert Wood Johnson Foundation funding.

Chenango Health Network also surveyed 31 municipalities in the county to identify which municipality had the following policies: to establish joint-use agreement for building use and extended use; for land use to promote and facilitate physical activity or access to health foods; for procurement establishing preference for purchasing healthier meals or ingredients for food in public venues; to establish or promote farmers markets; to develop parks, playgrounds and recreational facilities in underserved areas of the county; to reduce sugar sweetened beverage consumption; for the development of complete streets. In addition, CHN surveyed each municipality to inventory those which had tobacco-free policies.

CHN invited representatives from area health and human service providers, businesses and the community-at-large to participate in a series of discussions focusing on the NYS Prevention Agenda. Participants identified and discussed community needs and trends, emerging health issues, potential opportunities with health care reform and the NY State of Health Marketplace, real barriers and potential problems within the healthcare delivery system. These meetings resulted in a listing of

potential opportunities to pursue immediately and/or in the near future. CHN will continue to support efforts to collaborate and will convene and facilitate future meetings on behalf of the hospital, public health department and other members of the Chenango Health Network Board of Directors.

UHS-Chenango Memorial Hospital will this use information and data to develop its Community Service Plan. Chenango County Public Health Department will use this information and data to develop its Community Health Improvement Plan. Both Plans and the Community Health Assessment will be made available to the public via each organization's website and a new Network of Care website sponsored by Chenango Health Network and to be launched November 2013.

PART FOUR

MAPS

Chenango County Reference Map

Total Census 2010

Population Density 2010

% Population Change 2000-2010

% Foreign Born

% Recent Entrants

% 65 Years and Older

Median Income

% Ages 65+ in Poverty

Households without Plumbing

Households without Kitchens

Housing Built pre-1940

Households without vehicles

Commute Time to Work

Persons Using Public Transportation

Health Care Facilities in County

Adults with Insurance

Adults with Regular Health Care Provider

% Population with Disability

% Population with Diabetes

% Population Smokers

% Population Obese

% Population with Leisure Time

% Population Consuming Fruit and Vegetables

% Population Binge Alcohol Drinkers

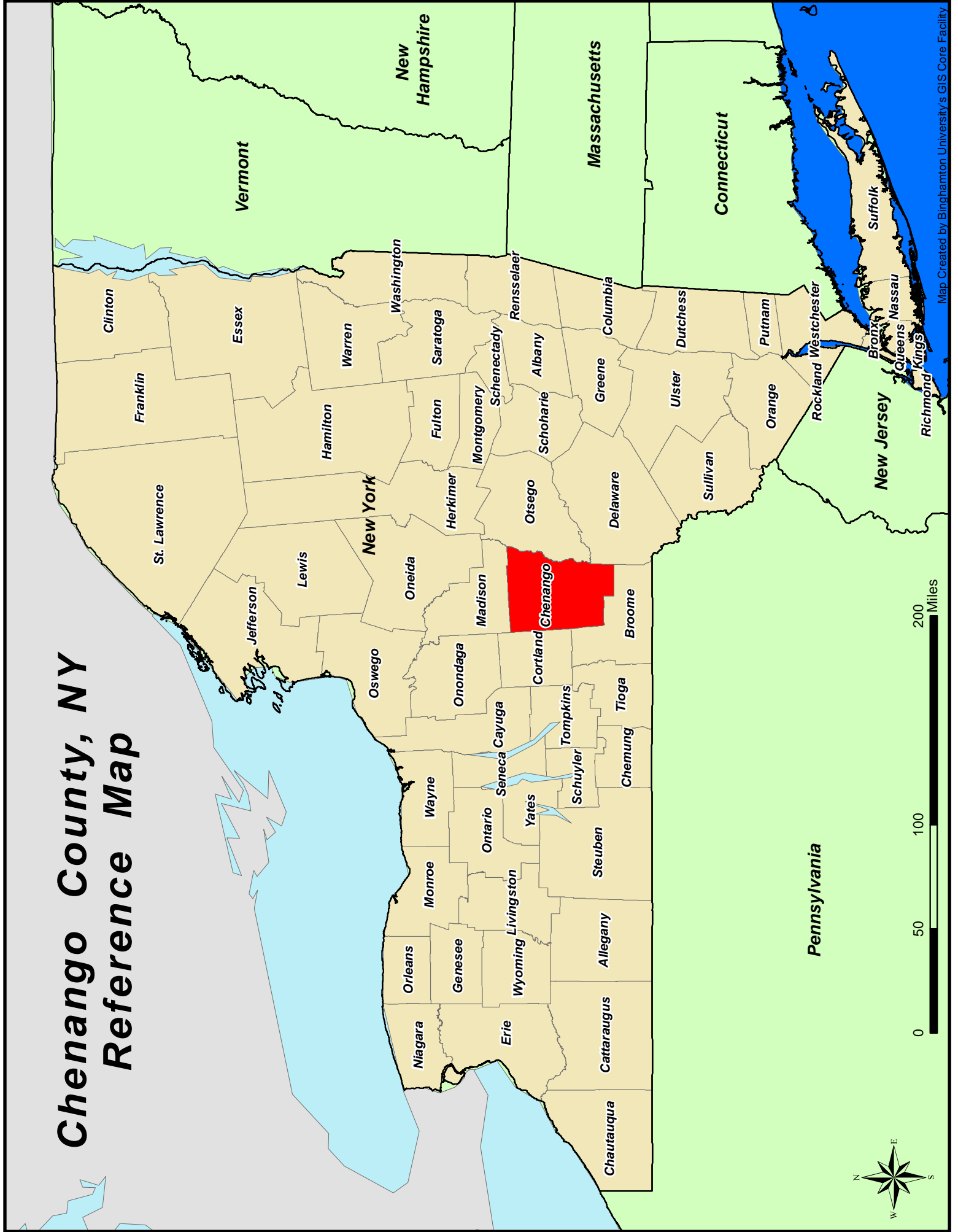
% Population with Poor Mental Health Days

INDICATORS

Chenango County Health Rankings RWJF

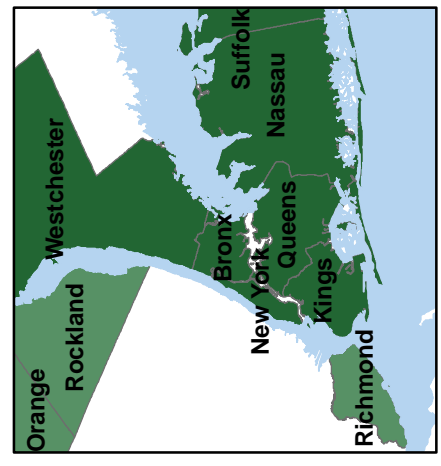
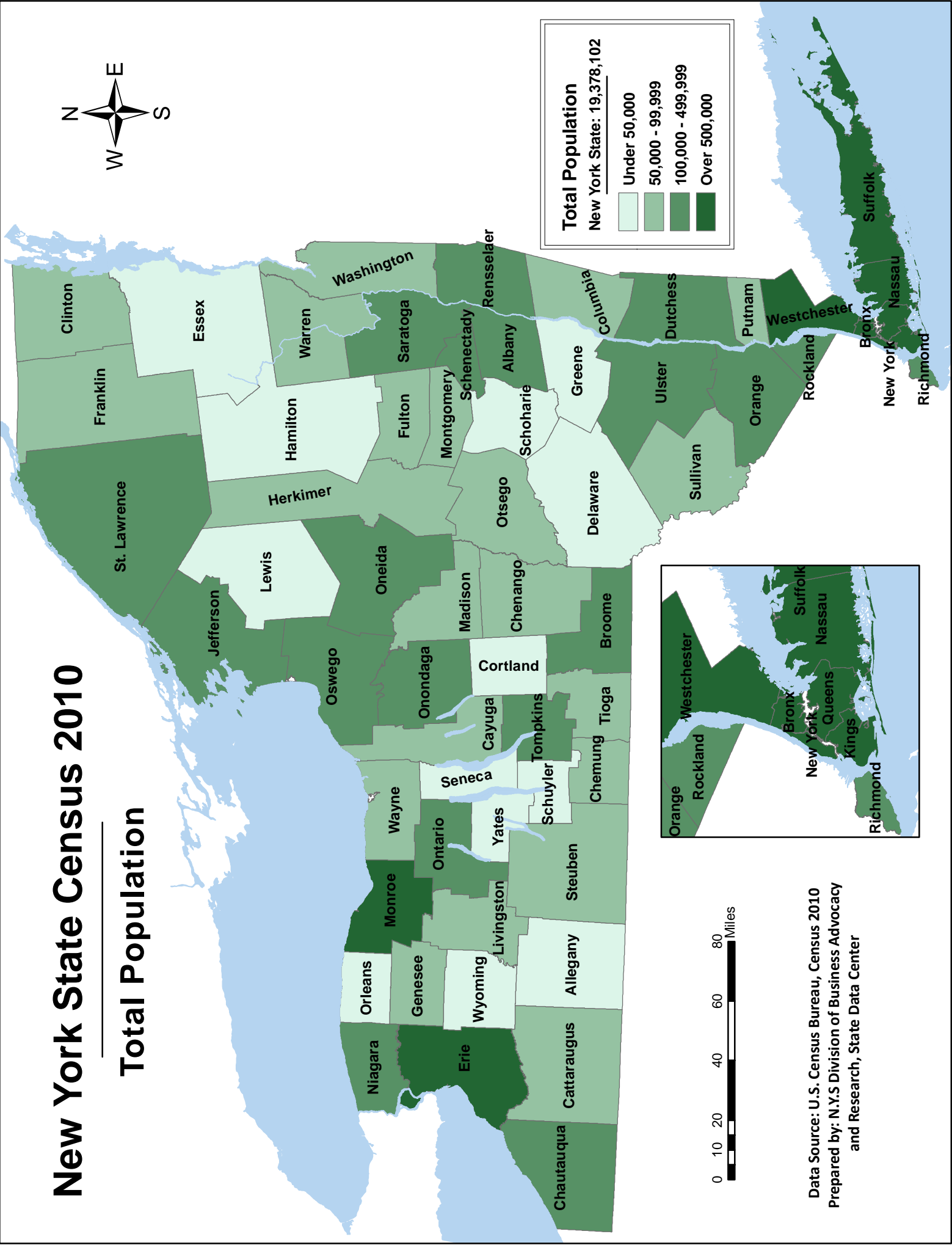
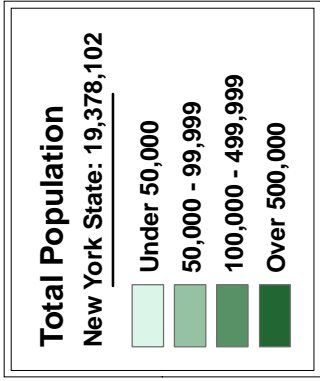
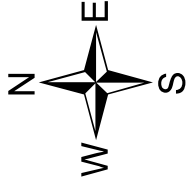
Chenango County Indicators for Tracking Public Health Priority Areas, 2013-2017

Chenango County, NY Reference Map



New York State Census 2010

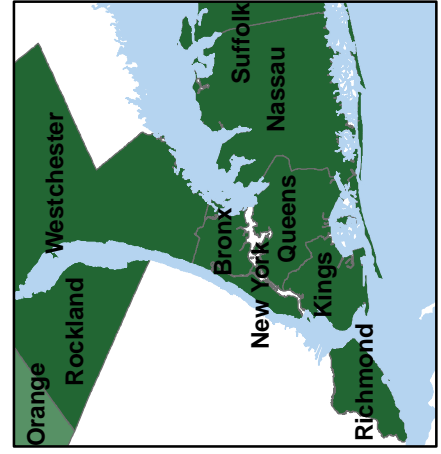
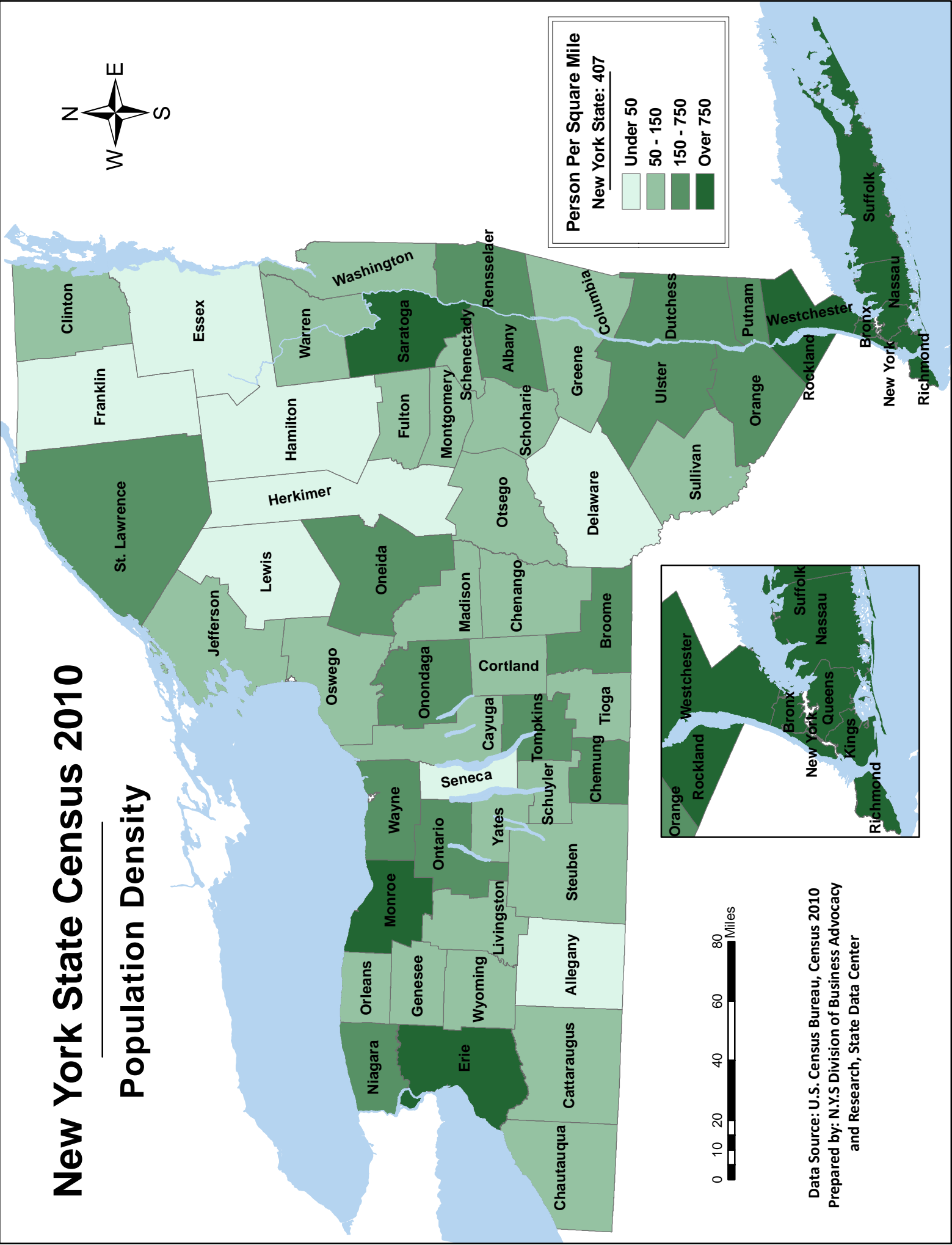
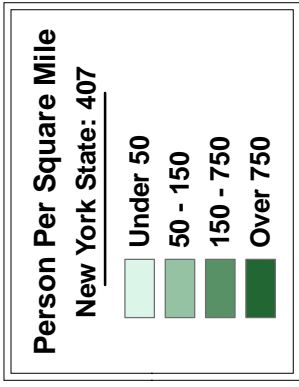
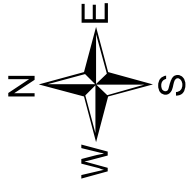
Total Population



Data Source: U.S. Census Bureau, Census 2010
 Prepared by: N.Y.S. Division of Business Advocacy
 and Research, State Data Center

New York State Census 2010

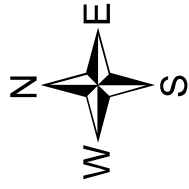
Population Density



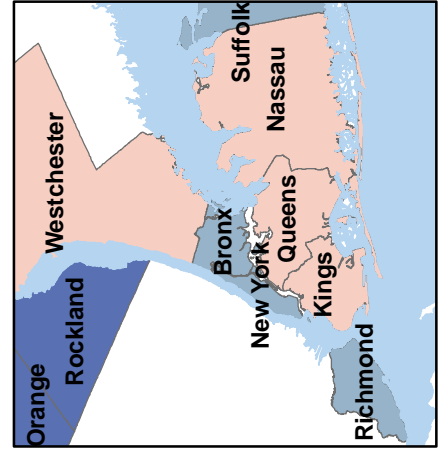
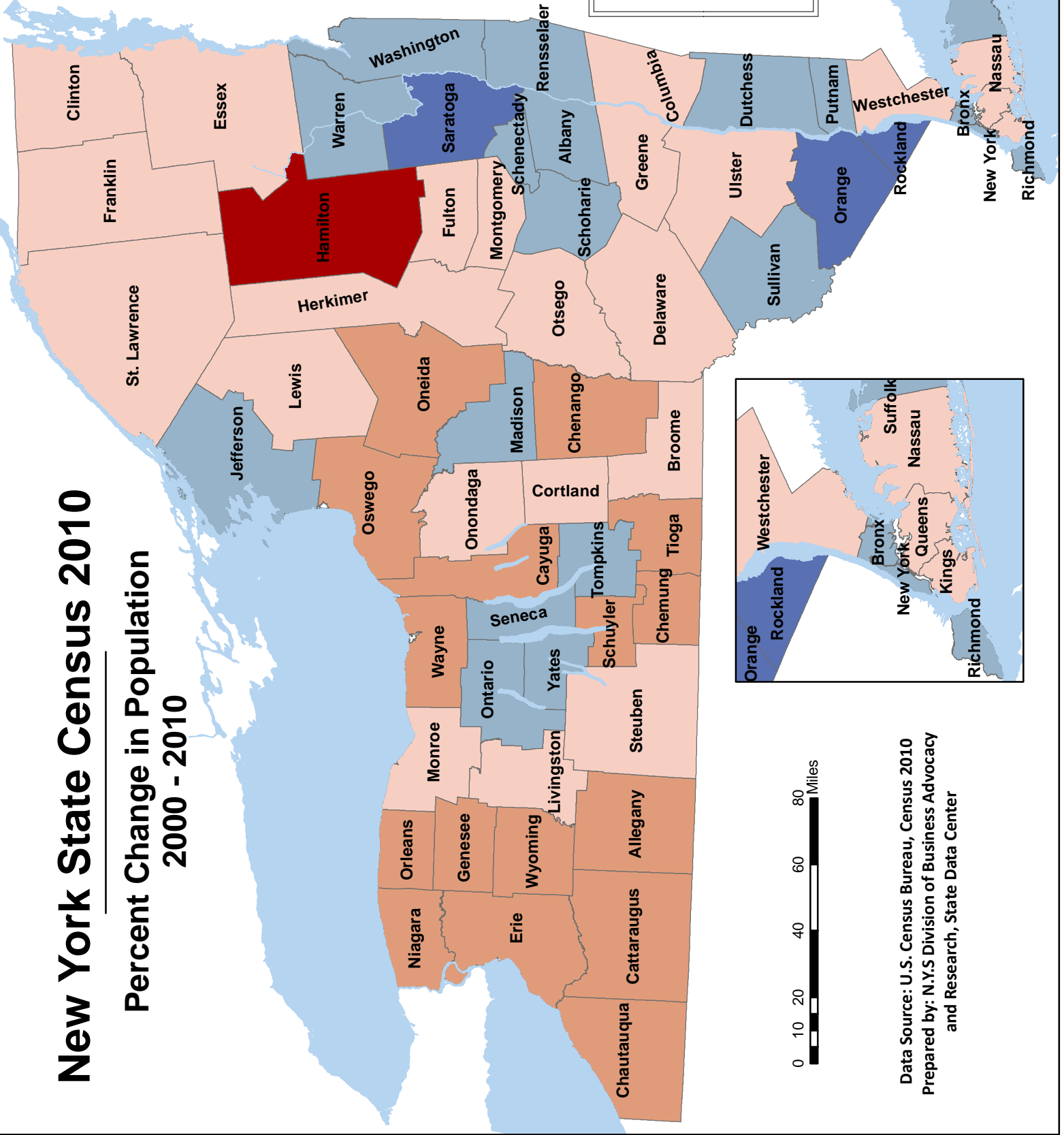
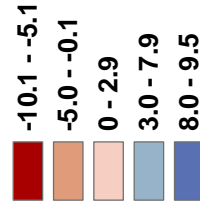
Data Source: U.S. Census Bureau, Census 2010
 Prepared by: N.Y.S Division of Business Advocacy
 and Research, State Data Center

New York State Census 2010

Percent Change in Population 2000 - 2010



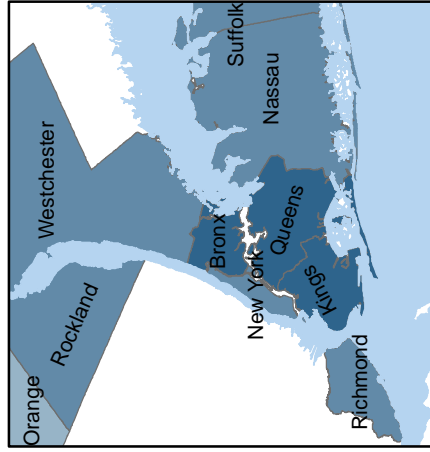
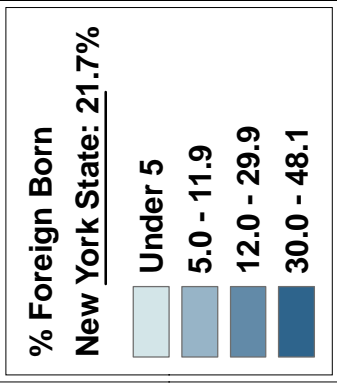
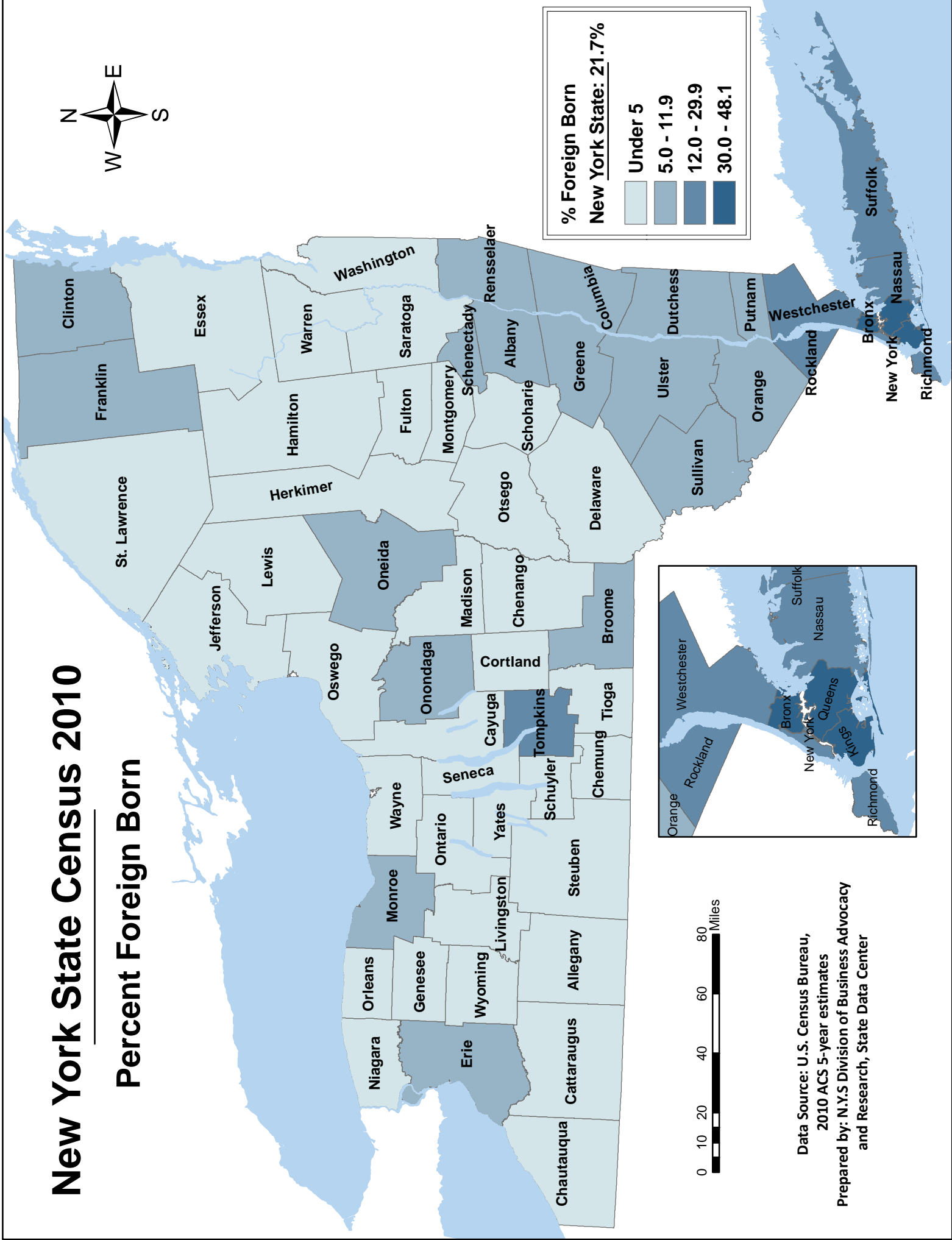
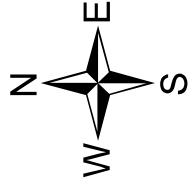
% Change, 2000 - 2010
New York State: 2.1%



Data Source: U.S. Census Bureau, Census 2010
Prepared by: N.Y.S. Division of Business Advocacy
and Research, State Data Center

New York State Census 2010

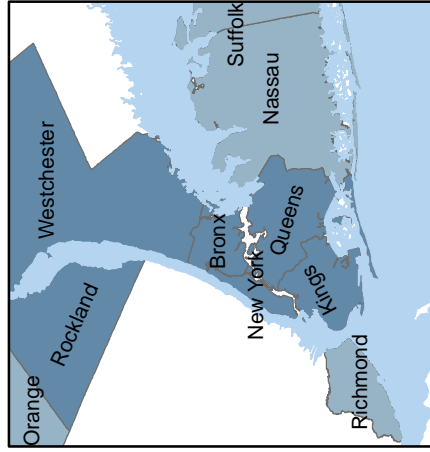
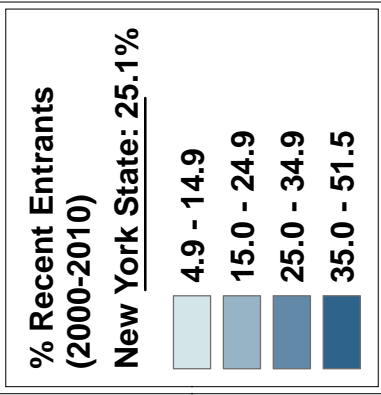
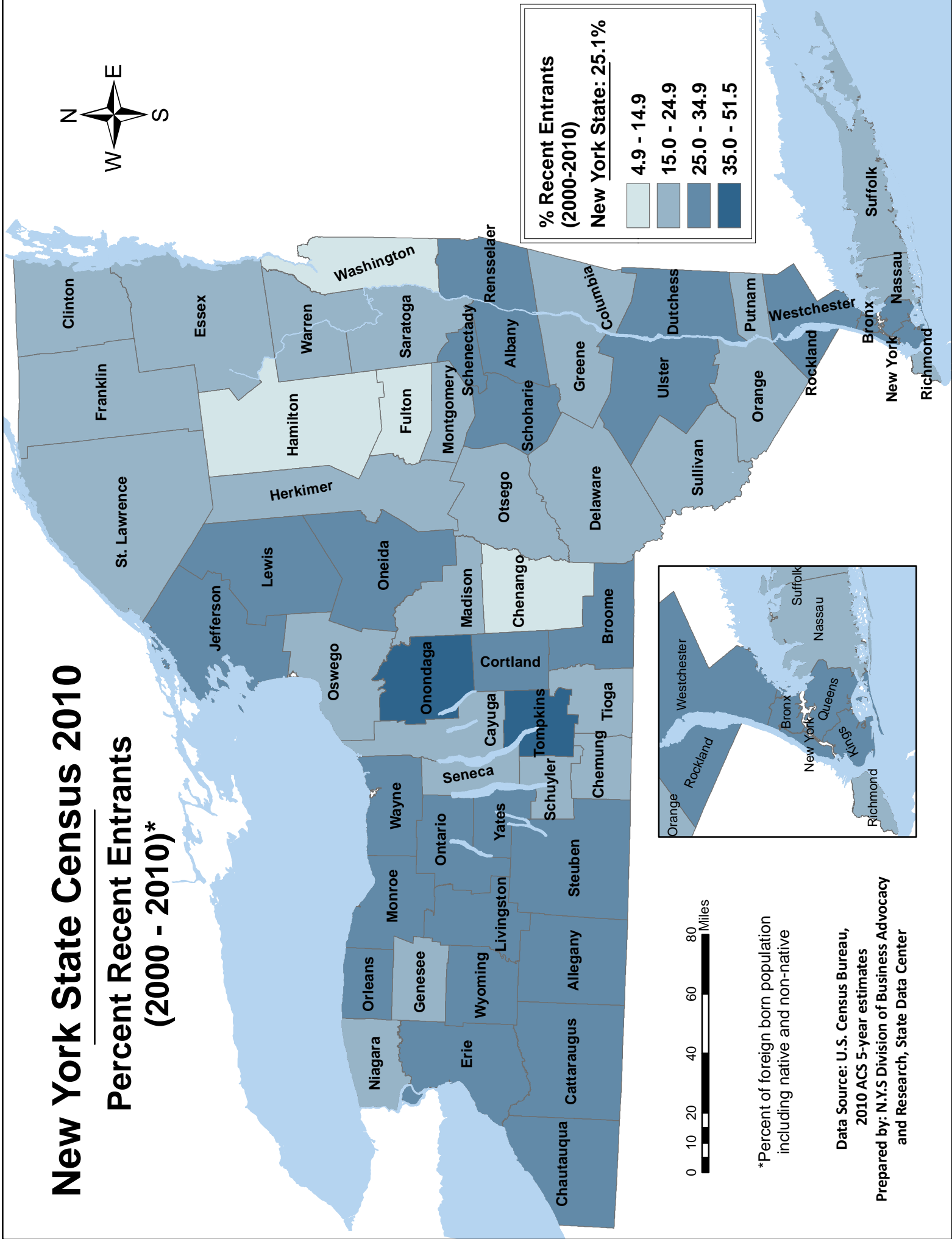
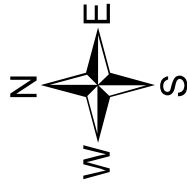
Percent Foreign Born



Data Source: U.S. Census Bureau,
2010 ACS 5-year estimates
Prepared by: N.Y.S Division of Business Advocacy
and Research, State Data Center

New York State Census 2010

Percent Recent Entrants (2000 - 2010)*

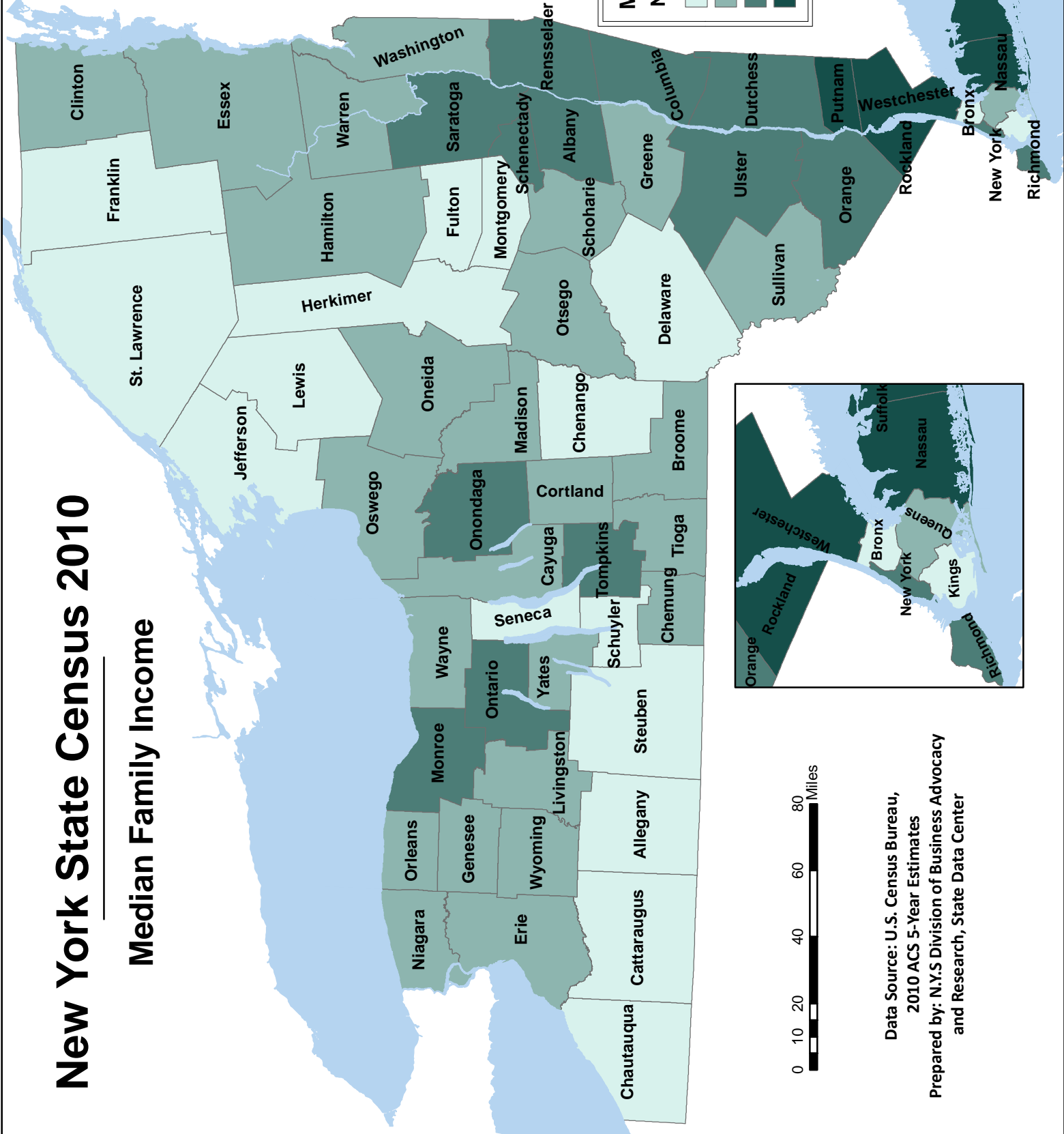
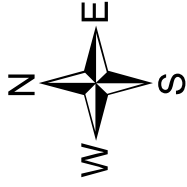


*Percent of foreign born population including native and non-native

Data Source: U.S. Census Bureau,
2010 ACS 5-year estimates
Prepared by: N.Y.S Division of Business Advocacy
and Research, State Data Center

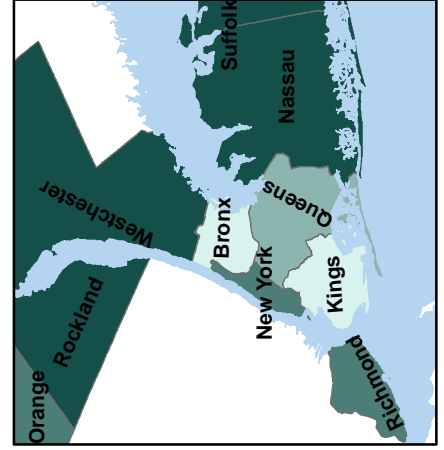
New York State Census 2010

Median Family Income



Median Family Income
New York State: \$67,405

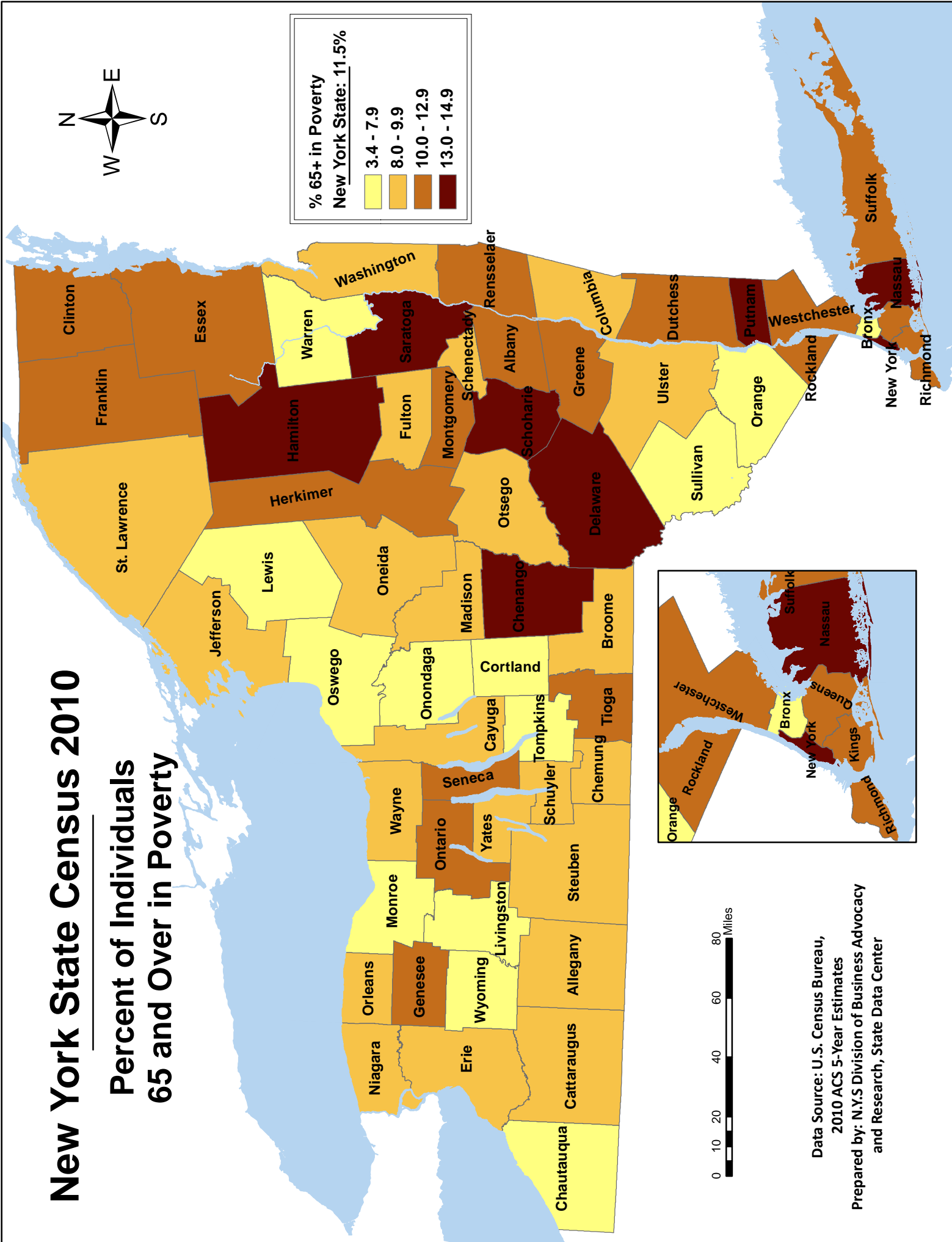
- \$38,431 - \$55,000
- \$55,001 - \$65,000
- \$65,001 - \$85,000
- \$85,001 - \$107,934



Data Source: U.S. Census Bureau,
2010 ACS 5-Year Estimates
Prepared by: N.Y.S Division of Business Advocacy
and Research, State Data Center

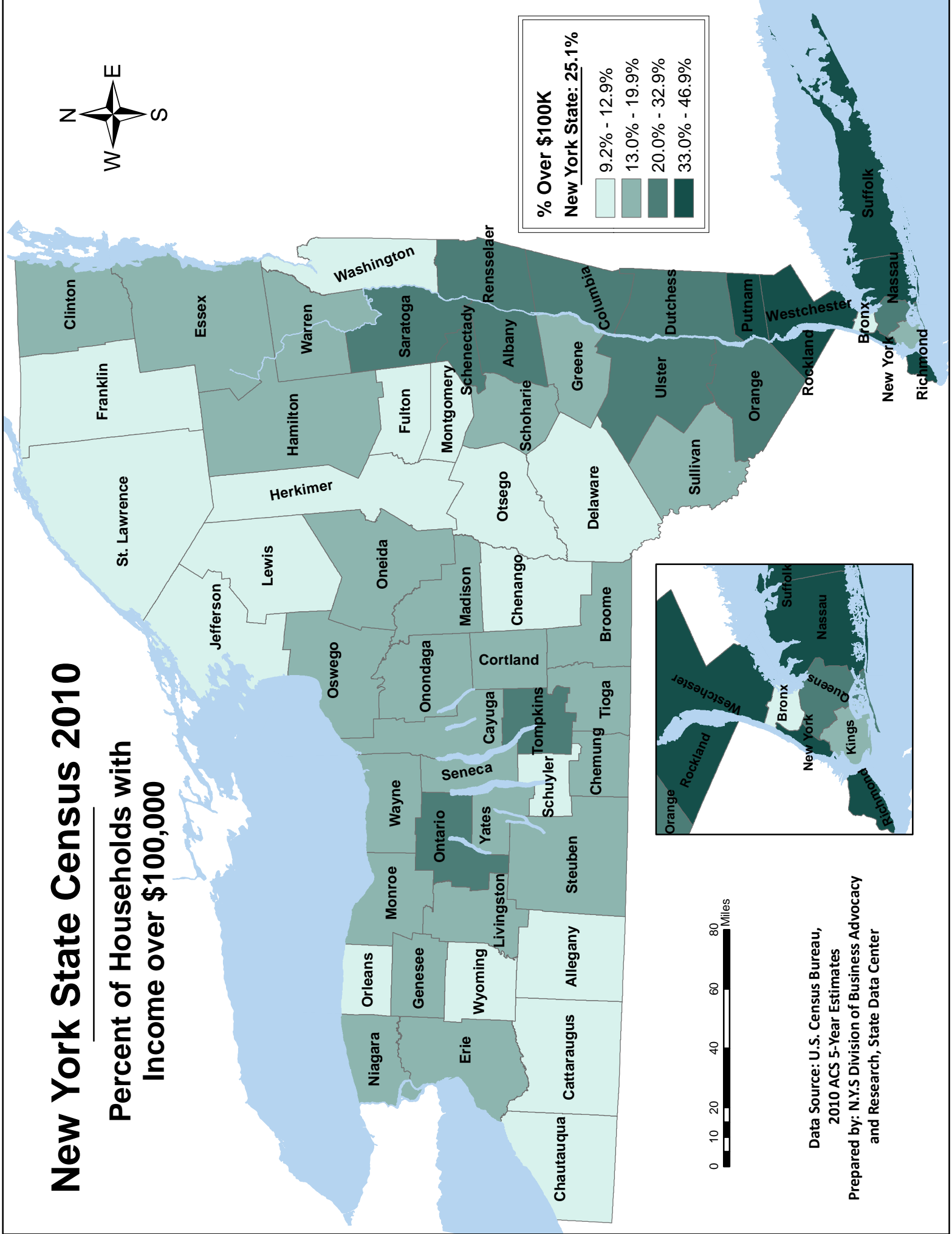
New York State Census 2010

Percent of Individuals 65 and Over in Poverty



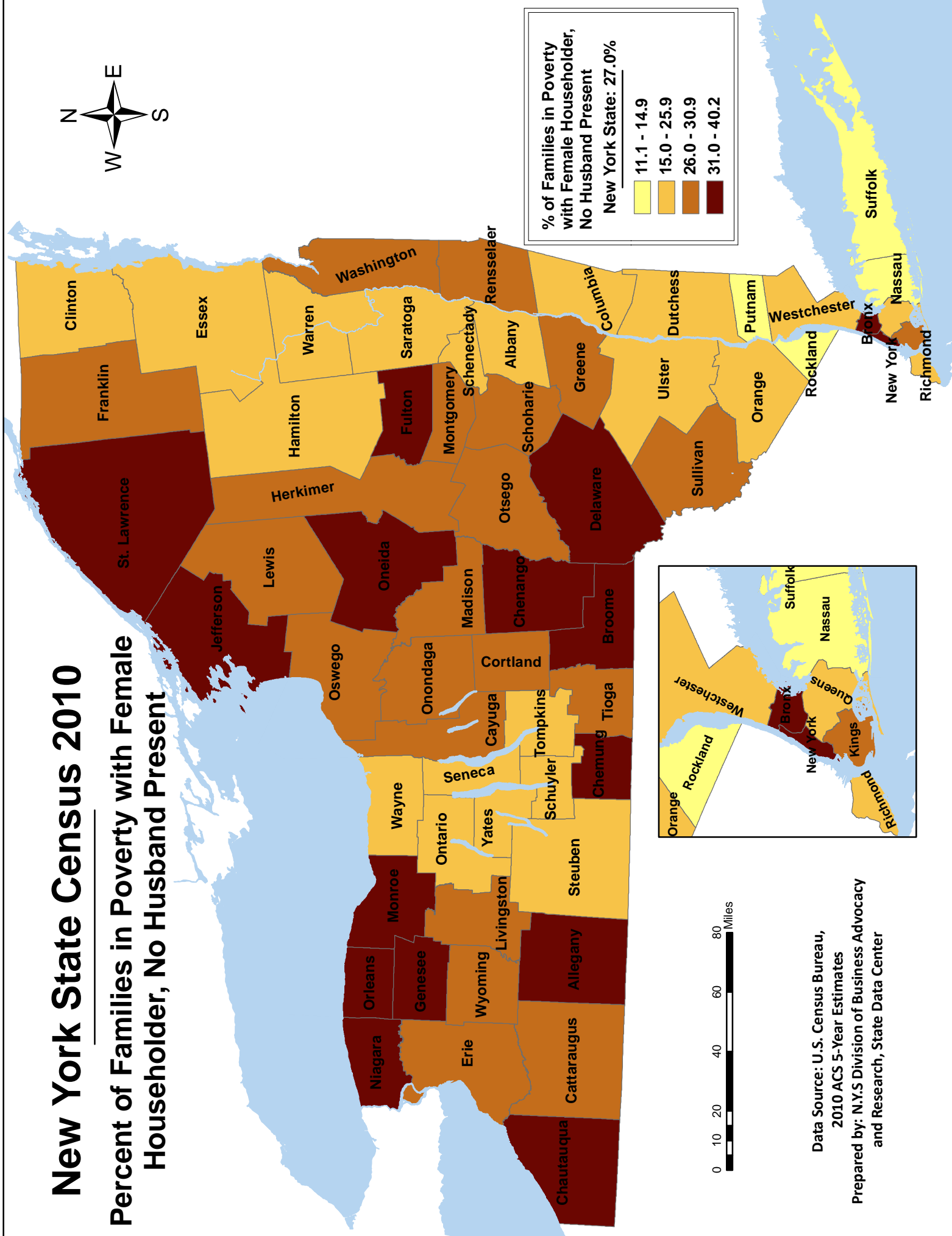
New York State Census 2010

Percent of Households with Income over \$100,000



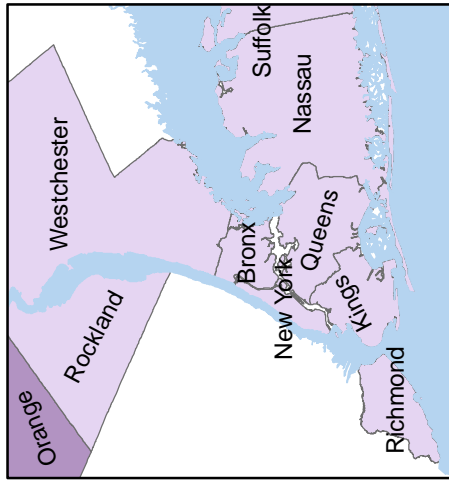
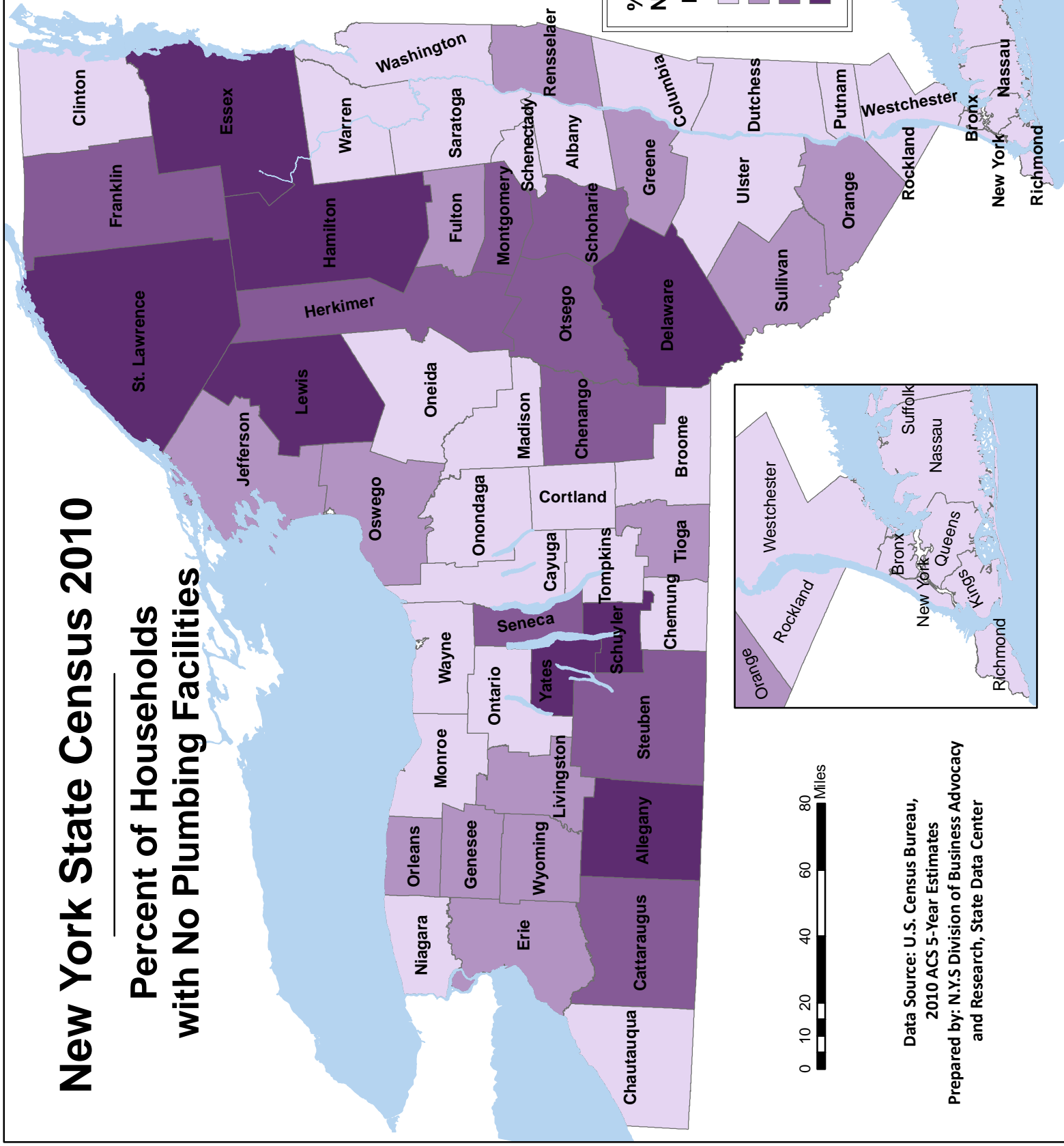
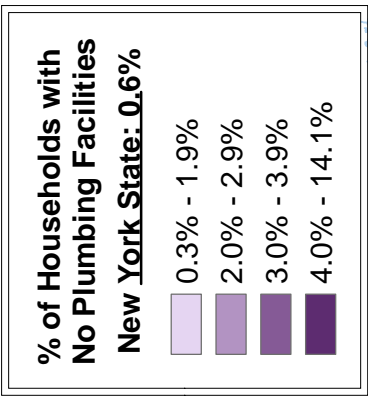
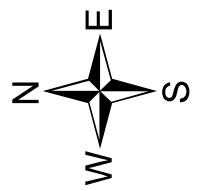
New York State Census 2010

Percent of Families in Poverty with Female Householder, No Husband Present



New York State Census 2010

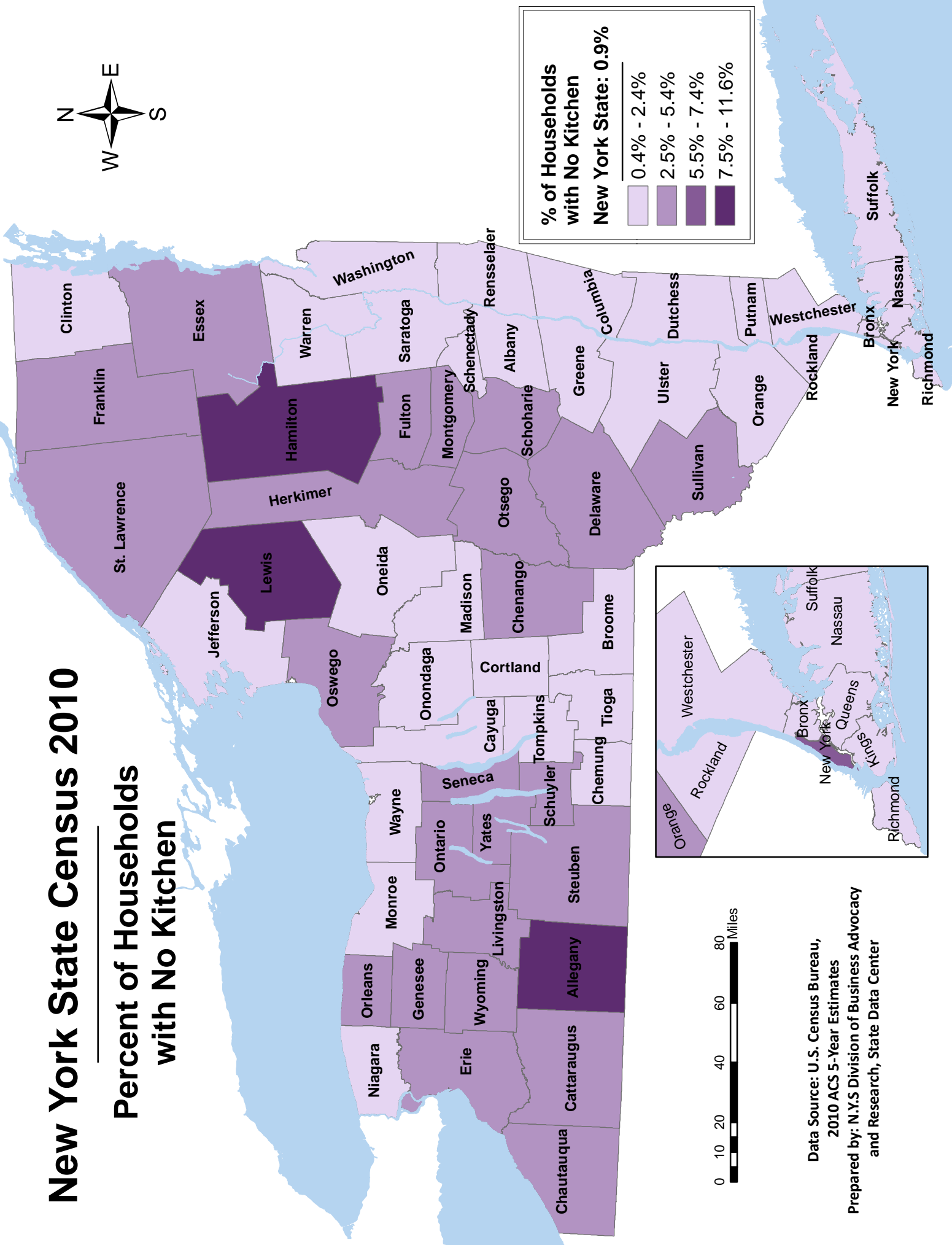
Percent of Households with No Plumbing Facilities



Data Source: U.S. Census Bureau,
 2010 ACS 5-Year Estimates
 Prepared by: N.Y.S Division of Business Advocacy
 and Research, State Data Center

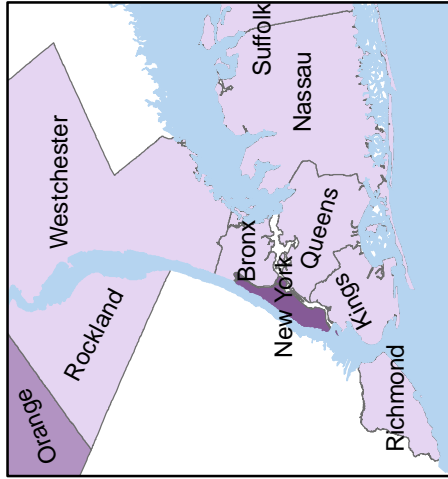
New York State Census 2010

Percent of Households with No Kitchen



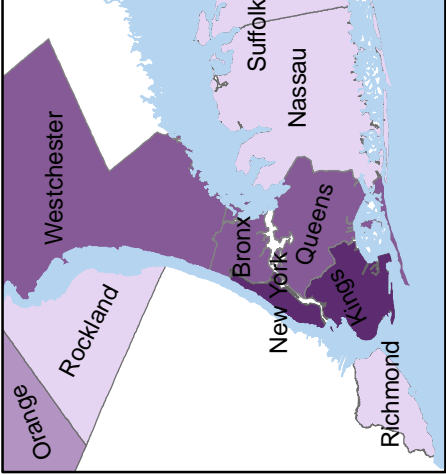
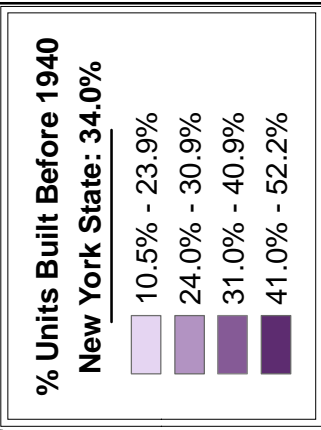
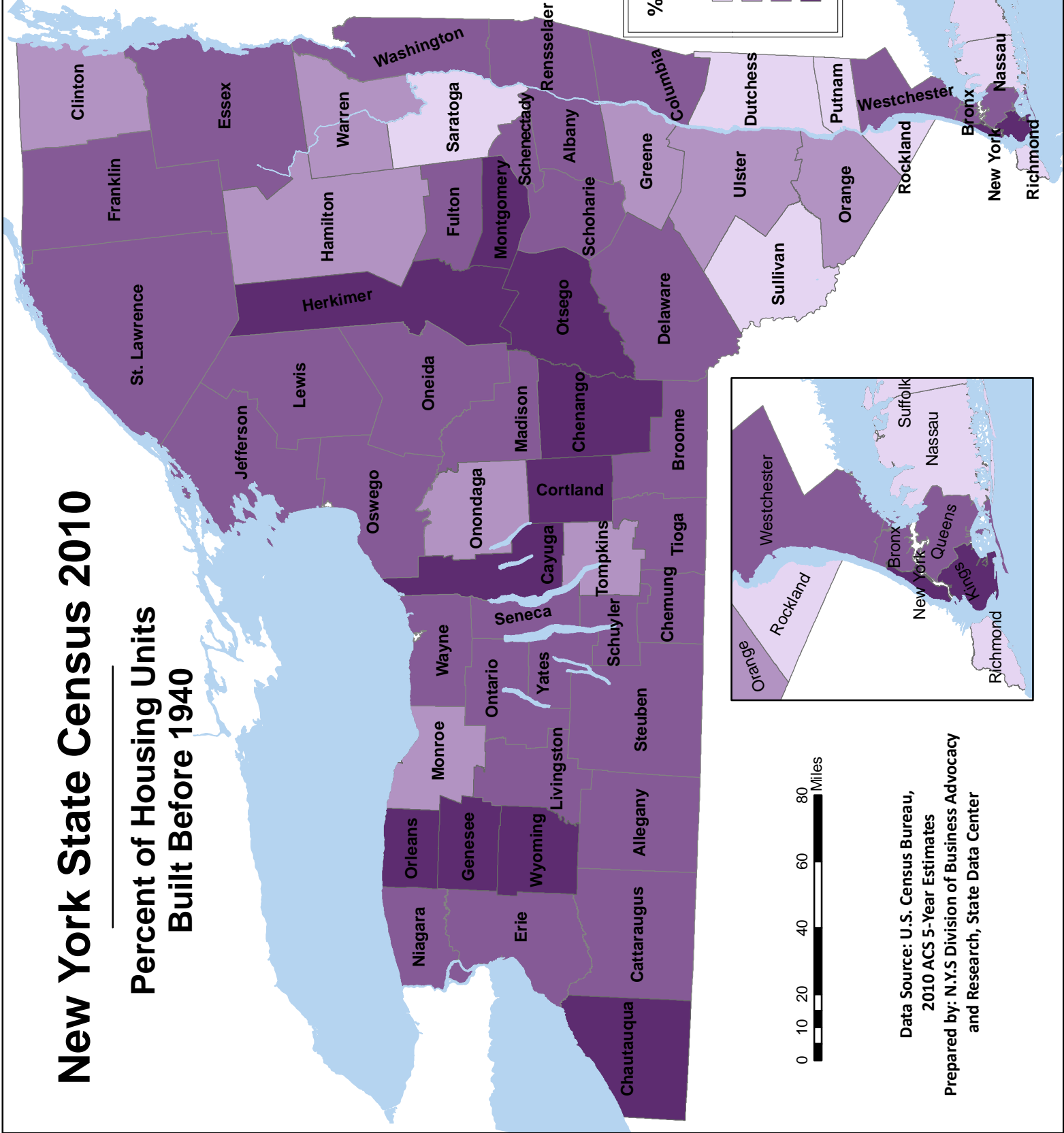
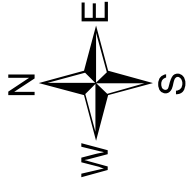
Data Source: U.S. Census Bureau,
2010 ACS 5-Year Estimates
Prepared by: N.Y.S. Division of Business Advocacy
and Research, State Data Center

0 10 20 40 60 80 Miles



New York State Census 2010

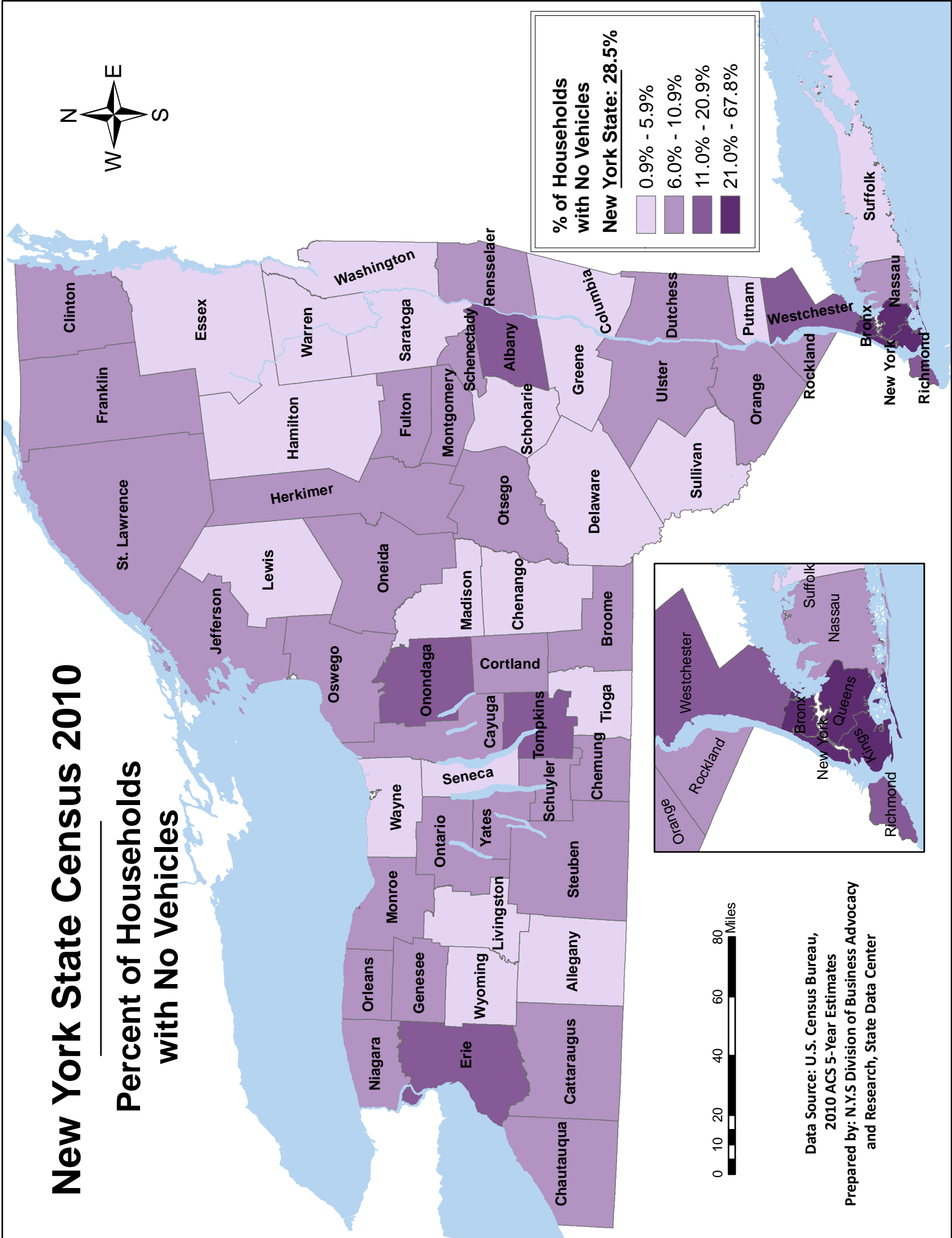
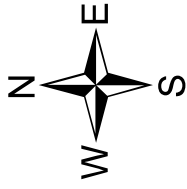
Percent of Housing Units Built Before 1940



Data Source: U.S. Census Bureau,
 2010 ACS 5-Year Estimates
 Prepared by: N.Y.S. Division of Business Advocacy
 and Research, State Data Center

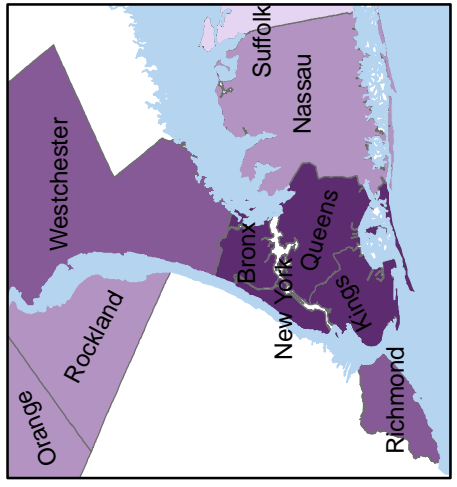
New York State Census 2010

Percent of Households with No Vehicles



% of Households with No Vehicles
New York State: 28.5%

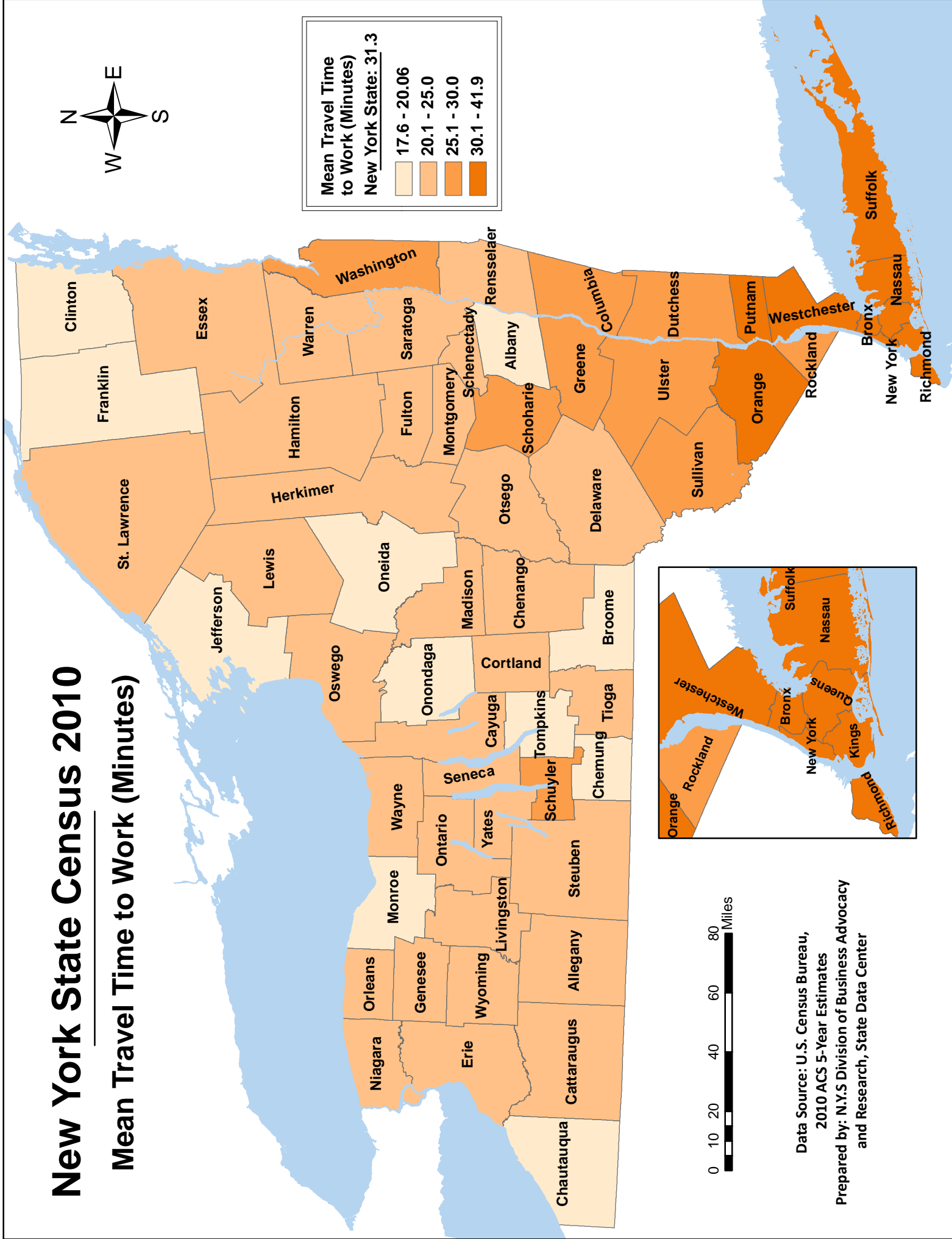
- 0.9% - 5.9%
- 6.0% - 10.9%
- 11.0% - 20.9%
- 21.0% - 67.8%



Data Source: U.S. Census Bureau,
 2010 ACS 5-Year Estimates
 Prepared by: N.Y.S Division of Business Advocacy
 and Research, State Data Center

New York State Census 2010

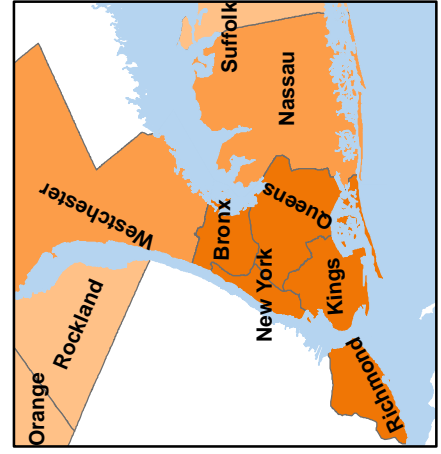
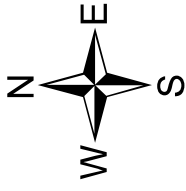
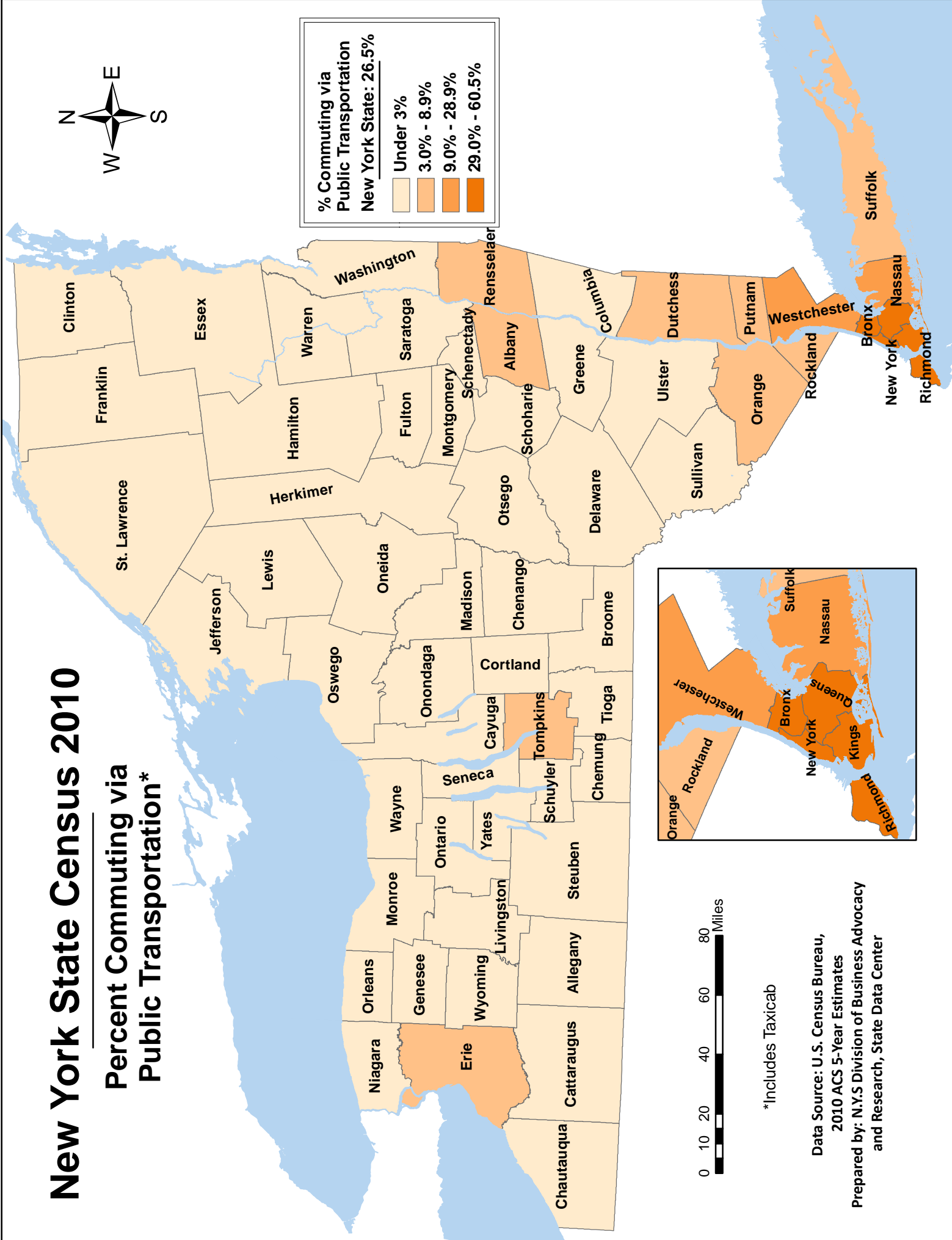
Mean Travel Time to Work (Minutes)



Data Source: U.S. Census Bureau,
2010 ACS 5-Year Estimates
Prepared by: N.Y.S Division of Business Advocacy
and Research, State Data Center

New York State Census 2010

Percent Commuting via Public Transportation*



Chenango County, NY: Healthcare Facilities



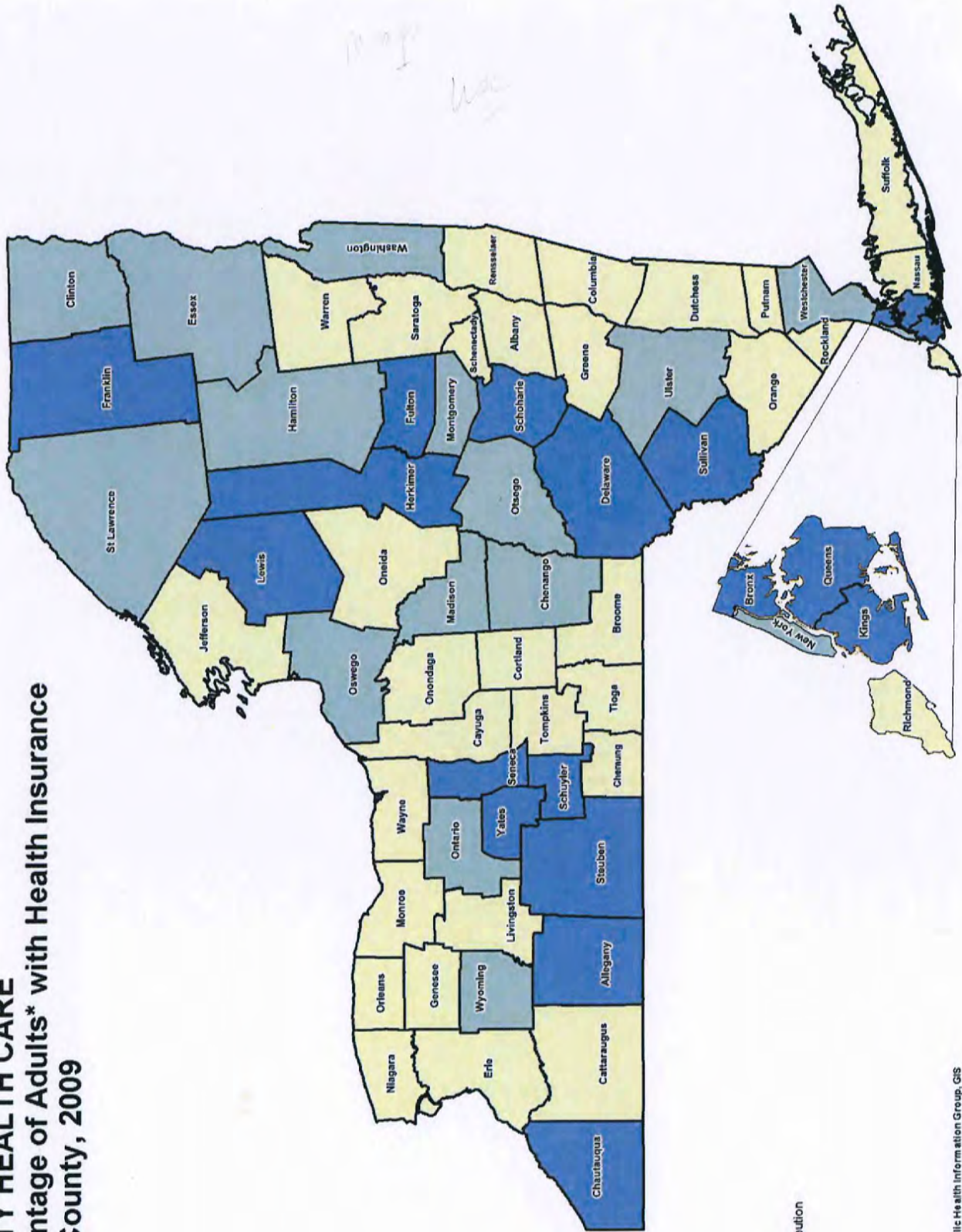
Map Created by
Binghamton University's
GIS Core Facility

0 2.5 5 10 Miles

ACCESS TO QUALITY HEALTH CARE

Age-Adjusted Percentage of Adults* with Health Insurance

New York State by County, 2009



*Adults 18 years of age and older
 Counties are shaded based on quartile distribution

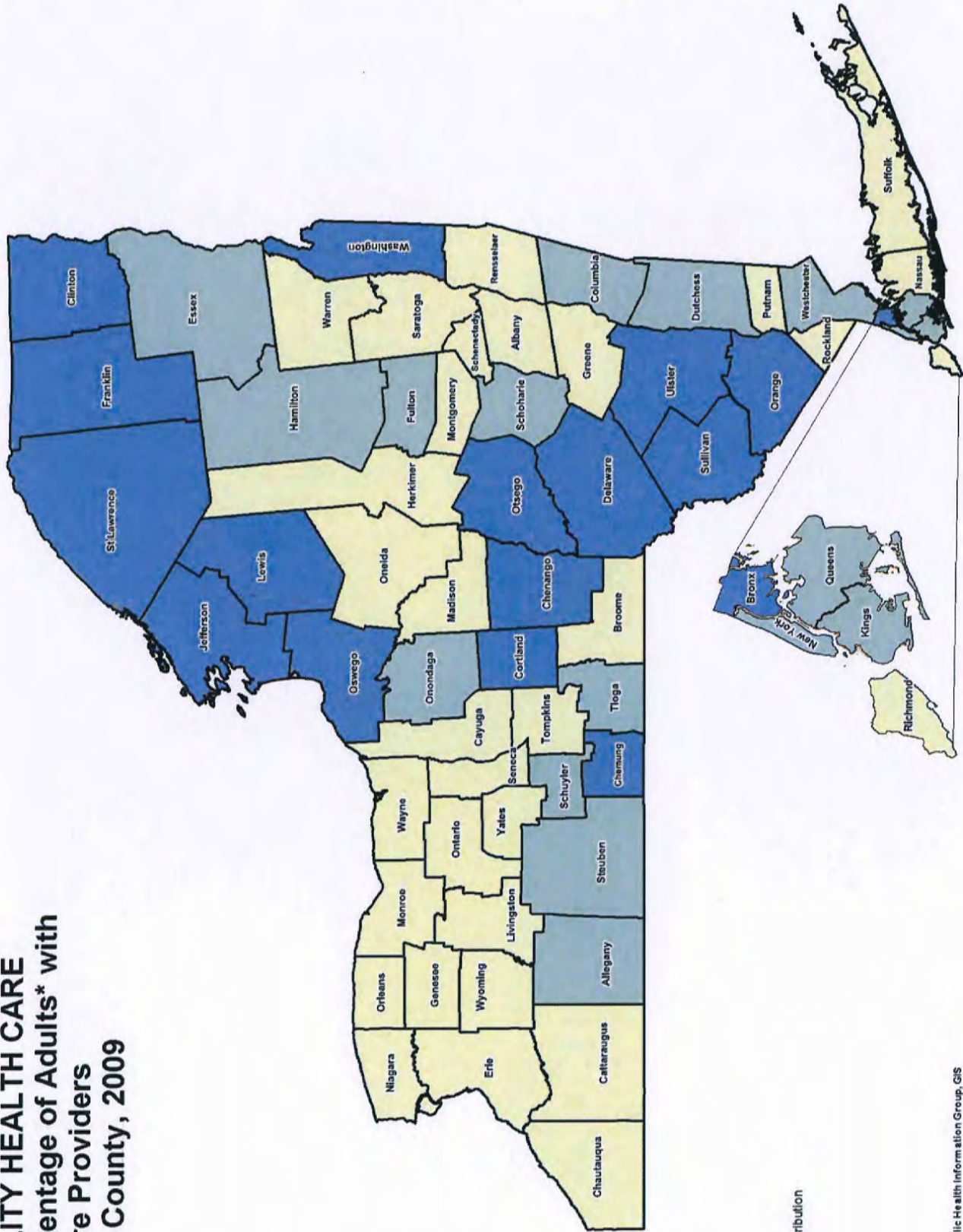
Dark Blue	72.6-85.5 : Q1	(16)
Light Blue	85.5-88.8 : Q2	(15)
Yellow	88.8-94.4 : Q3&Q4	(31)

Source: NY'S DOH Expanded BRFS
 Produced by The Office of Public Health Practice, Public Health Information Group, GIS
 Questions Contact: PHINFO@health.state.ny.us

ACCESS TO QUALITY HEALTH CARE

Age-Adjusted Percentage of Adults* with Regular Health Care Providers

New York State by County, 2009



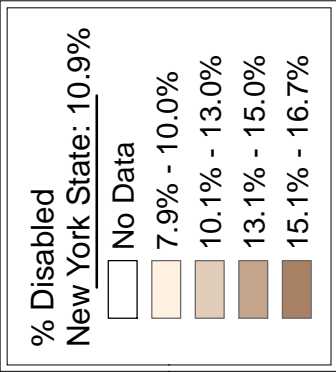
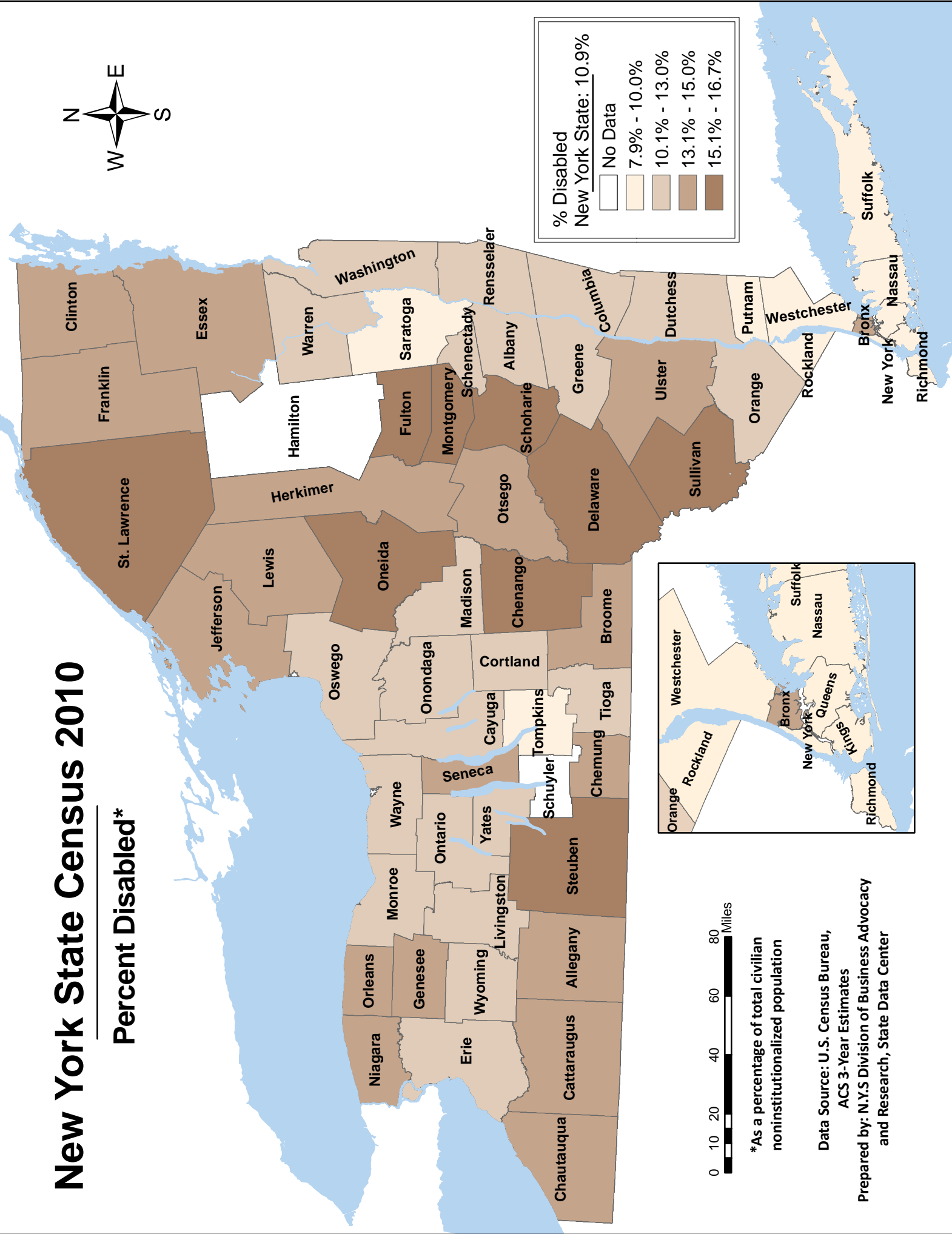
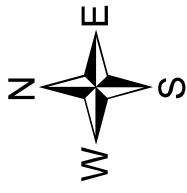
*Adults 18 Years of Age and Older
 Counties Are Shaded Based on Quartile Distribution

78.9-83.4 : Q1	(16)
83.4-86.0 : Q2	(15)
86.0-95.2 : Q3&Q4	(31)

Source: NYS DOH Expanded BRES
 Produced by The Office of Public Health Practice, Public Health Information Group, GIS
 Questions Contact: PHIGINFO@health.state.ny.us

New York State Census 2010

Percent Disabled*

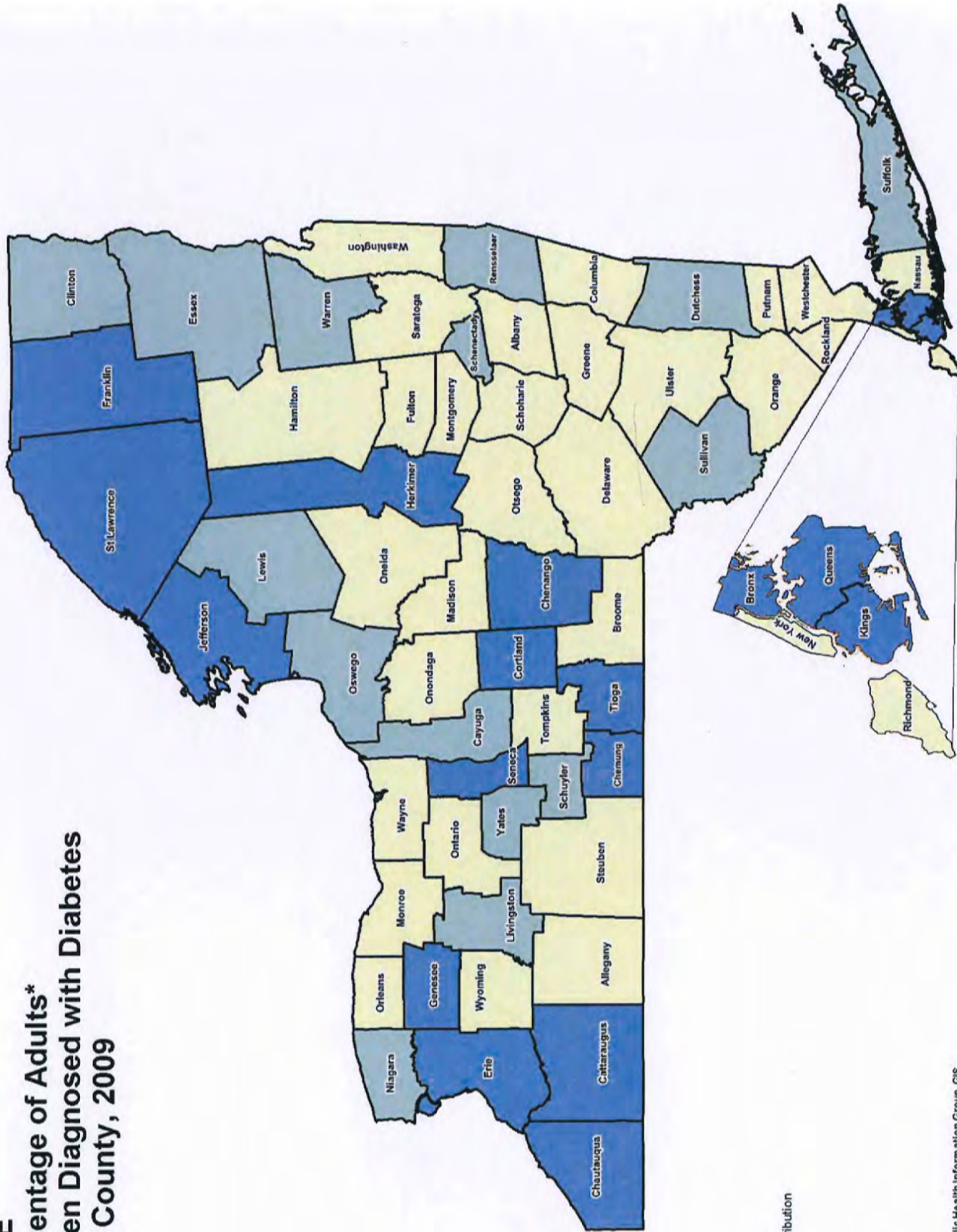


*As a percentage of total civilian noninstitutionalized population

Data Source: U.S. Census Bureau, ACS 3-Year Estimates

Prepared by: N.Y.S. Division of Business Advocacy and Research, State Data Center

CHRONIC DISEASE Age-Adjusted Percentage of Adults* Who Have Ever Been Diagnosed with Diabetes New York State by County, 2009

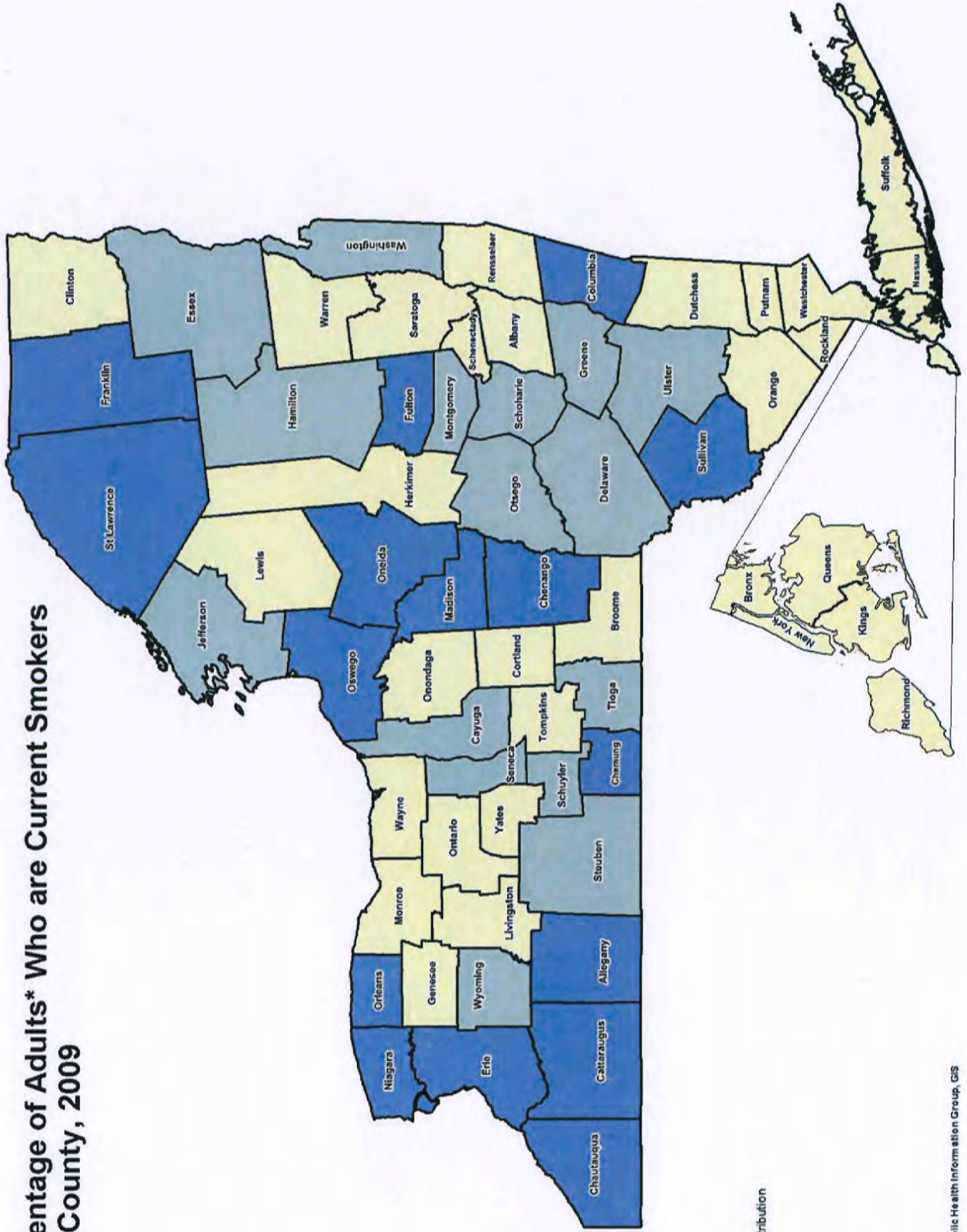


*Adults 18 Years of Age and Older
Counties Are Shaded Based on Quartile Distribution

Light Blue	5.90-<9.0 : Q1&Q2	(31)
Medium Blue	9.0-<10.5 : Q3	(15)
Dark Blue	10.5+ : Q4	(16)

Source: NYS DOH Expanded BRFS
Produced by The Office of Public Health Practice, Public Health Information Group, GIS
Questions Contact: PHINFO@health.state.ny.us

TOBACCO USE Age-Adjusted Percentage of Adults* Who are Current Smokers New York State by County, 2009



*Adults 18 Years of Age and Older
Counties Are Shaded Based on Quartile Distribution

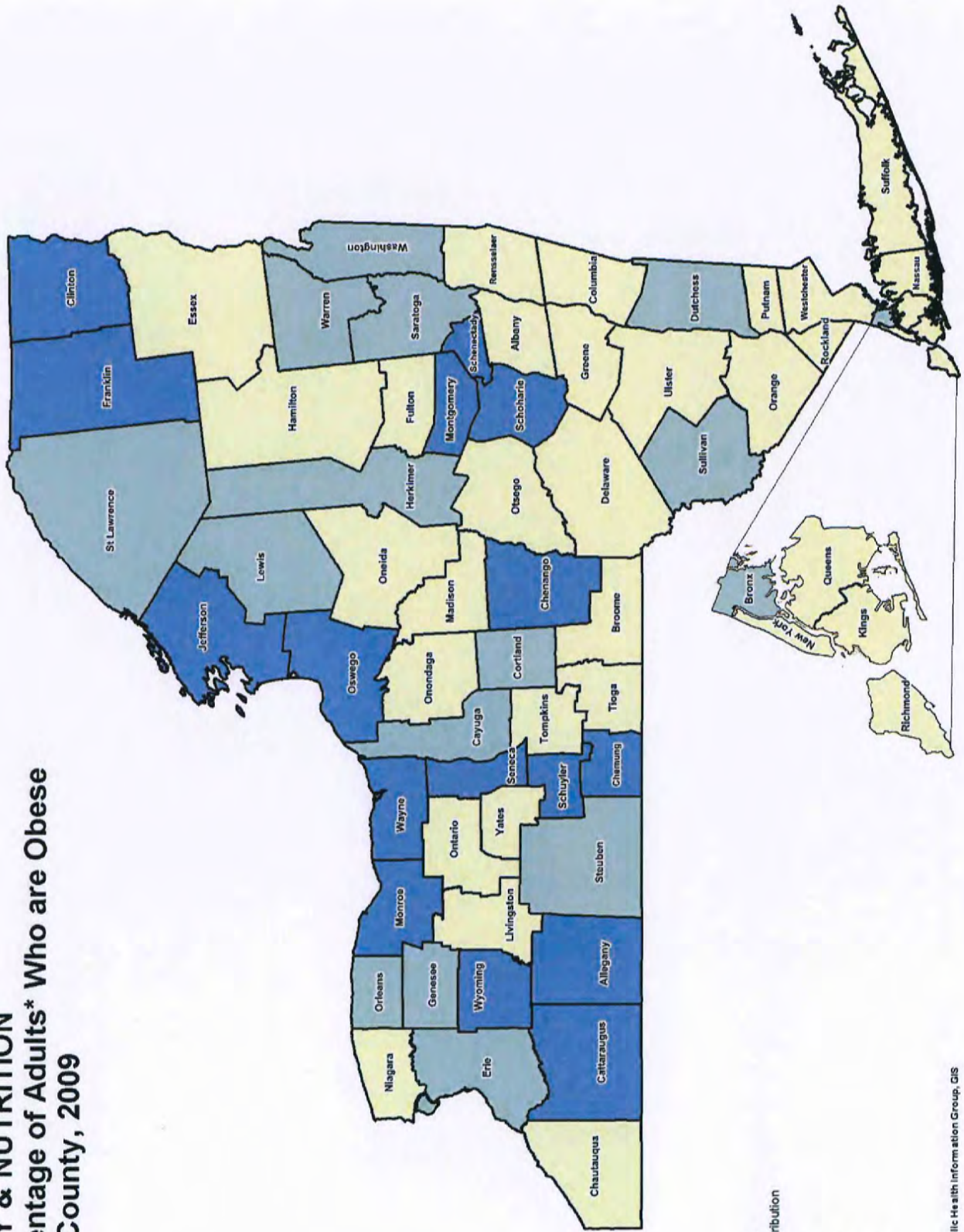
9.7-22.1	:Q1&Q2	(30)
22.1-24.4	:Q3	(16)
24.4+	:Q4	(16)

Source: NY's DOH Expanded BRFSS
Produced by The Office of Public Health Practice, Public Health Information Group, GIS
Questions Contact: PHIGNFO@health.state.ny.us

PHYSICAL ACTIVITY & NUTRITION

Age-Adjusted Percentage of Adults* Who are Obese

New York State by County, 2009



*Adults 18 Years of Age and Older
 Counties Are Shaded Based on Quartile Distribution

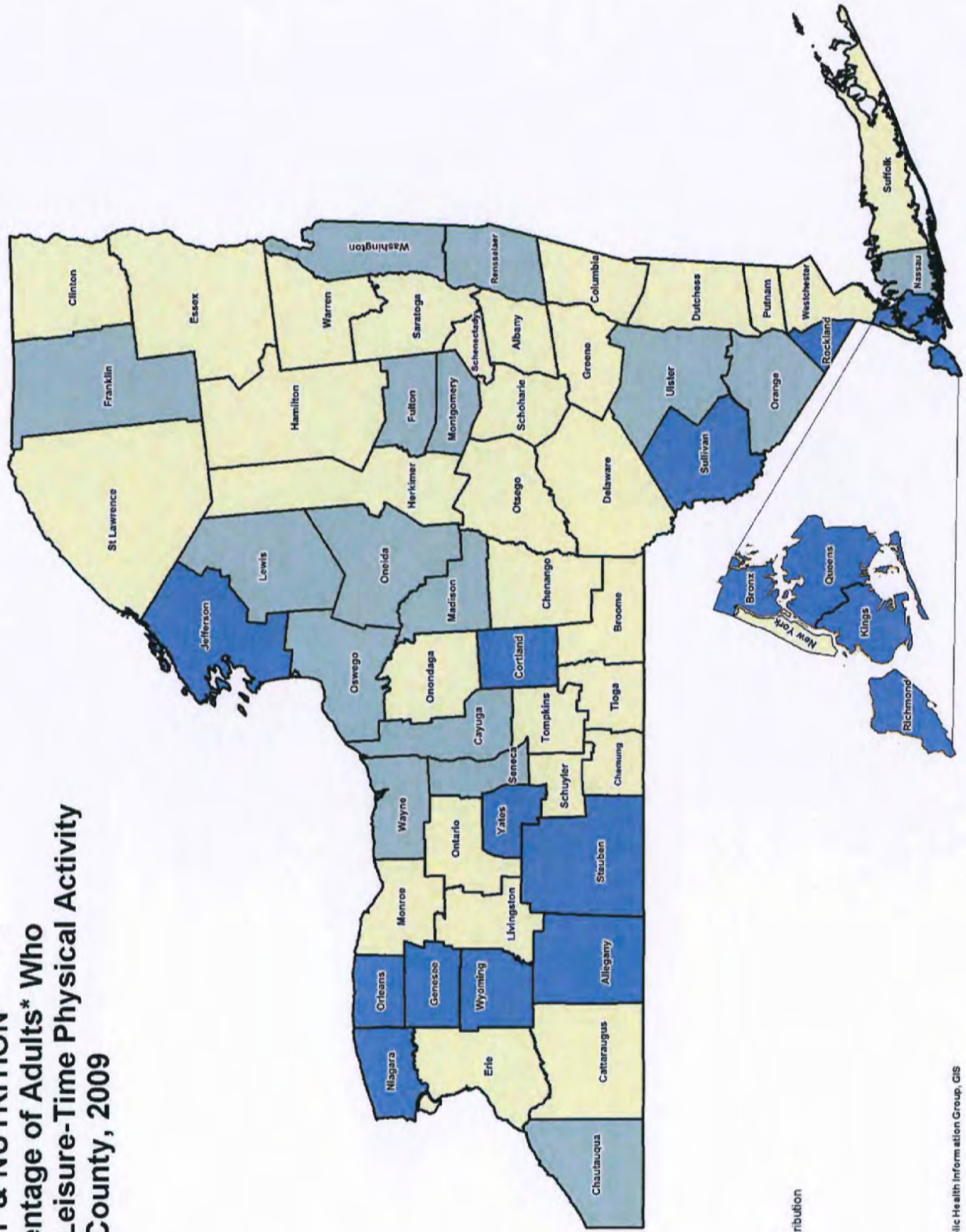
Lightest Yellow	15.0- < 27.6 : Q1&Q2	(31)
Light Blue	27.6- < 29.8 : Q3	(15)
Medium Blue	29.8+ : Q4	(16)

Source: NYSDOH Expanded BRFSS
 Produced by The Office of Public Health Practice, Public Health Information Group, OHS
 Questions Contact: PHICINFO@health.state.ny.us

PHYSICAL ACTIVITY & NUTRITION

Age-Adjusted Percentage of Adults* Who Had Some Type of Leisure-Time Physical Activity

New York State by County, 2009



*Adults 18 Years of Age and Older
 Counties Are Shaded Based on Quantile Distribution

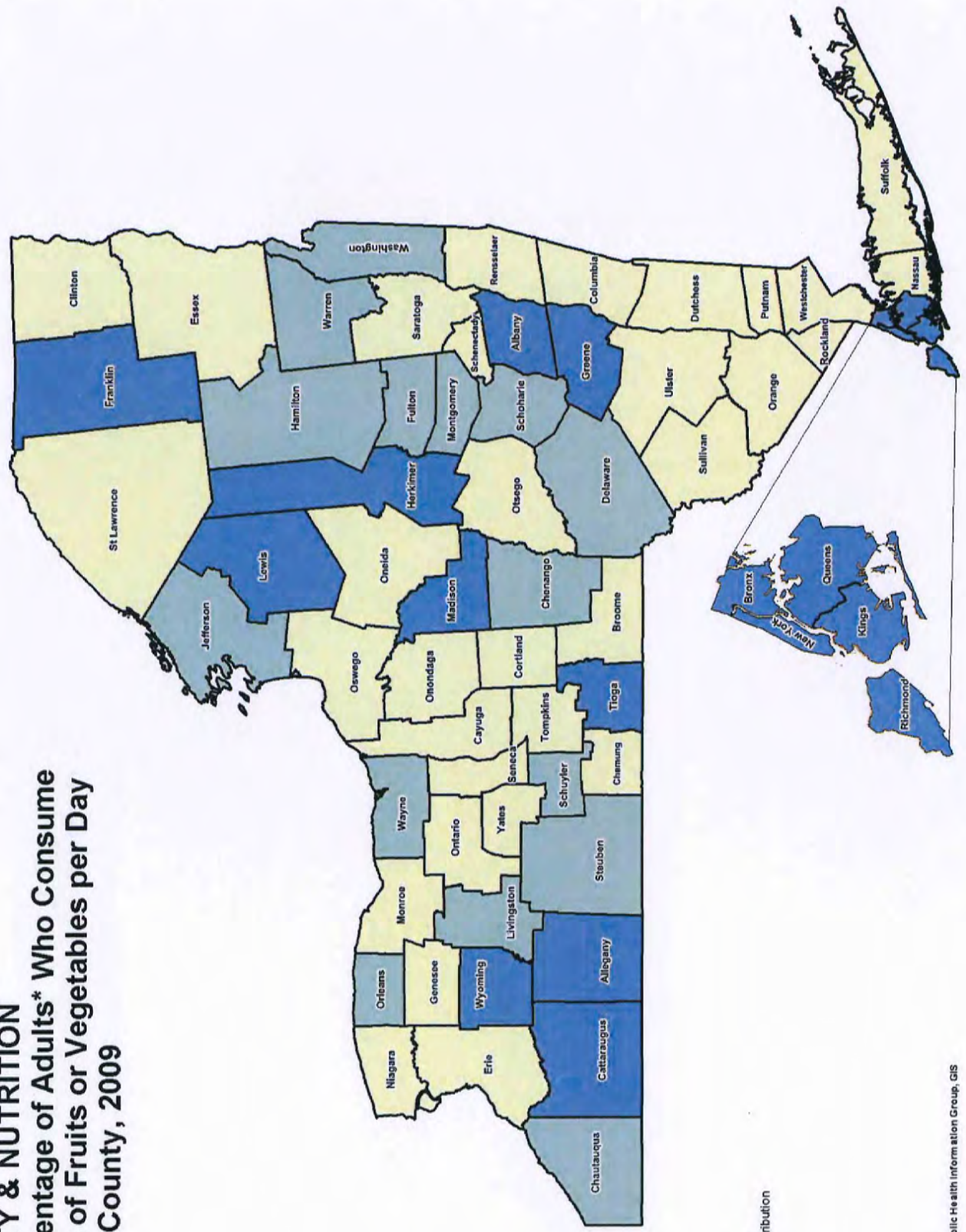
Dark Blue	69.2-<75.4 :Q1	(15)
Medium Blue	75.4-<78.2 :Q2	(16)
Light Blue	78.2-<86.8 :Q3&Q4	(31)

Source: NYS DOH Expanded BRFSS
 Produced by The Office of Public Health Practice, Public Health Information Group, GIS
 Questions Contact: PHIGINFO@health.state.ny.us

PHYSICAL ACTIVITY & NUTRITION

Age-Adjusted Percentage of Adults* Who Consume 5 or More Servings of Fruits or Vegetables per Day

New York State by County, 2009



*Adults 18 Years of Age and Older
 Counties Are Shaded Based on Quartile Distribution

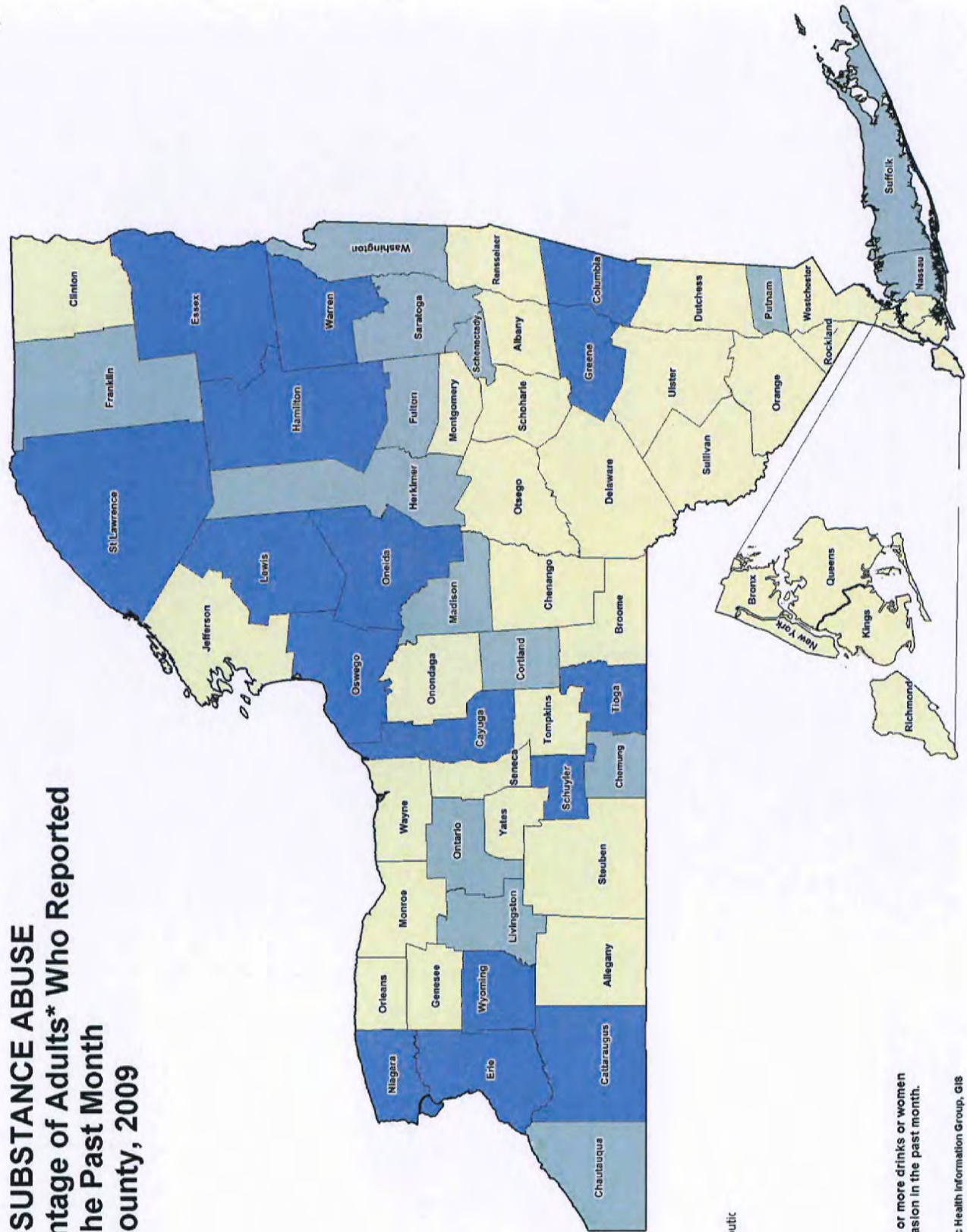
6.3-24.0 :Q1	(15)
24.0-26.0 :Q2	(15)
26.0-33.7 :Q3&Q4	(32)

Source: NYSDOH Expanded BRFSS
 Produced by The Office of Public Health Practice, Public Health Information Group, GIS
 Questions Contact: PHGINFO@health.state.ny.us

MENTAL HEALTH & SUBSTANCE ABUSE

Age-Adjusted Percentage of Adults* Who Reported Binge Drinking** in the Past Month

New York State by County, 2009



*Adults 18 Years of Age and Older
 Counties Are Shaded Based on Quartile Distribution

Light Yellow	11.4 - 19.6 : Q1 & Q2	(31)
Light Blue	19.6 - 21.3 : Q3	(15)
Dark Blue	21.3 - 27.4 : Q4	(16)

** Binge drinking is defined as men having 5 or more drinks or women having 4 or more drinks on one or more occasion in the past month.

Source: NYS DOH Expanded BRFSS
 Produced by The Office of Public Health Practice, Public Health Information Group, GIS
 Questions Contact: PHIGINFO@health.state.ny.us



	New York	Chenango (CN)	Cortland (CT)	Broome (BO)	Delaware (DE)	Madison (MA)	Otsego (OG)
Health Outcomes		32	43	48	25	10	28
Mortality		48	29	51	45	11	21
Premature death	5,650	6,483	5,957	6,606	6,335	5,250	5,703
Morbidity		13	50	44	14	15	40
Poor or fair health	15%	12%	15%	14%	12%	14%	14%
Poor physical health days	3.5	4.1	3.3	3.8	3.2	3.3	4.7
Poor mental health days	3.4	2.6	3.6	3.8	2.3	3.0	4.3
Low birthweight	8.2%	6.7%	8.4%	7.9%	7.5%	6.7%	6.9%
Health Factors		36	31	33	46	15	22
Health Behaviors		43	20	30	26	21	27
Adult smoking	18%	24%	21%	20%	19%	23%	21%
Adult obesity	25%	28%	27%	30%	28%	27%	28%
Physical inactivity	25%	25%	27%	24%	28%	23%	25%
Excessive drinking	17%	18%	12%	17%	12%	13%	18%
Motor vehicle crash death rate	7	14	9	8	18	13	12
Sexually transmitted infections	516	133	385	289	138	166	257
Teen birth rate	25	31	18	23	22	17	11
Clinical Care		31	47	15	59	22	24
Uninsured	14%	12%	11%	12%	13%	11%	13%
Primary care physicians	1,222:1	2,016:1	1,701:1	1,245:1	1,840:1	1,749:1	943:1
Dentists	1,414:1	3,413:1	2,783:1	1,632:1	3,352:1	3,023:1	2,252:1
Preventable hospital stays	66	64	105	62	95	72	77
Diabetic screening	85%	85%	85%	87%	82%	85%	85%
Mammography screening	66%	66%	75%	67%	67%	76%	73%
Social & Economic Factors		42	34	38	44	12	22
High school graduation	77%	82%	79%	80%	86%	85%	78%
Some college	64%	53%	59%	63%	52%	59%	60%
Unemployment	8.2%	8.3%	8.4%	8.5%	8.6%	8.1%	7.6%
Children in poverty	23%	26%	22%	24%	27%	18%	23%
Inadequate social support	24%	25%	20%	20%	23%	19%	18%
Children in single-parent households	34%	37%	33%	37%	32%	32%	30%
Violent crime rate	391	100	194	254	149	81	189
Physical Environment		4	14	52	13	25	26
Daily fine particulate matter	10.9	10.8	11.0	11.0	10.7	10.8	10.6

	New York	Chenango (CN)	Cortland (CT)	Broome (BO)	Delaware (DE)	Madison (MA)	Otsego (OG)
Drinking water safety	4%	0%	0%	35%	4%	14%	0%
Access to recreational facilities	11	6	10	11	4	10	10
Limited access to healthy foods	2%	1%	3%	5%	1%	5%	10%
Fast food restaurants	45%	27%	42%	47%	36%	35%	32%

The County Health Rankings & Roadmaps program is the result of collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties within all 50 states were ranked based on health outcomes (mortality and morbidity) and health factors (health behaviors, clinical care, social and economic factors and physical environment). A ranking of 1 is considered the best and 62 the worst.

Chenango County Indicators For Tracking Public Health Priority Areas, 2013-2017

Technical Notes About the Indicators For Tracking Public Health Priority Areas - New York State - 2013-2017

Improve Health Status and Reduce Health Disparities						
	Indicator	Data Years	Chenango County	New York State	Data Links	NYS 2017 Objective
1.	Percentage of premature death (before age 65 years)	2008-2010	21.2	24.3	(Table)(Map)	21.8
2.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		1.29+	2.12	(Table)(Map)	1.87
3.	<i>Ratio of Hispanics to White non-Hispanics</i>		s	2.14	(Table)(Map)	1.86
4.	Age-adjusted preventable hospitalizations rate per 10,000 - Ages 18+ years	2008-2010	155.1	155.0	(Table)(Map)	133.3
5.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		0.83	2.09	(Table)(Map)	1.85
6.	<i>Ratio of Hispanics to White non-Hispanics</i>		0.07	1.47	(Table)(Map)	1.38
7.	Percentage of adults with health insurance - Ages 18-64 years	2010	85.2 (83.8-86.6)	83.1 (82.9-83.3)	(Table)(Map)	100
8.	Age-adjusted percentage of adults who have a regular health care provider - Ages 18+ years	2008-2009	82.1 (77.6-86.5)	83.0 (80.4-85.5)	(Table)(Map)	90.8
Promote a Healthy and Safe Environment						
	Indicator	Data Years	Chenango County	New York State	Data Links	NYS 2017 Objective
9.	Rate of hospitalizations due to falls per 10,000 - Ages 65+ years	2008-2010	188.8	204.6	(Table)(Map)	Maintain
10.	Rate of emergency department visits due to falls per 10,000 - Ages 1-4 years	2008-2010	819.4	476.8	(Table)(Map)	429.1
11.	Assault-related hospitalization rate per 10,000	2008-2010	1.1	4.8	(Table)(Map)	4.3
12.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		0.00+	7.43	(Table)(Map)	6.69
13.	<i>Ratio of Hispanics to White non-Hispanics</i>		0.00+	3.06	(Table)(Map)	2.75
14.	<i>Ratio of low income ZIP codes to non-low income ZIP codes</i>		s	3.25	(Table)(Map)	2.92
15.	Rate of occupational injuries treated in ED per 10,000 adolescents - Ages 15-19 years	2008-2010	83.2	36.7	(Table)(Map)	33.0
16.	Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge	2012	0.0*	26.7	(Table)(Map)	32.0
17.	Percentage of commuters who use alternate modes of transportation ¹	2007-2011	21.7	44.6	(Table)(Map)	49.2
18.	Percentage of population with low-income and low access to a supermarket or large grocery store ²	2010	0.5	2.5	(Table)(Map)	2.24
19.	Percentage of homes in Healthy Neighborhood Program that have fewer asthma triggers during the home revisits	2008-2011	NA	12.9	(Table)(Map)	20

20.	Percentage of residents served by community water systems with optimally fluoridated water	2012	47.7	71.4	(Table)(Map)	78.5
Prevent Chronic Diseases						
	Indicator	Data Years	Chenango County	New York State	Data Links	NYS 2017 Objective
21.	Percentage of adults who are obese	2008-2009	34.7 (29.5-39.8)	23.2 (21.2-25.3)	(Table)(Map)	23.2
22.	Percentage of children and adolescents who are obese	2010-2012	21.8	17.6	(Table)(Map)	NYC: 19.7 ROS: 16.7
23.	Percentage of cigarette smoking among adults	2008-2009	23.8 (19.3-28.4)	16.8 (15.1-18.6)	(Table)(Map)	15.0
24.	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years	2008-2009	54.4 (48.5-60.2)	66.3 (63.5-69.1)	(Table)(Map)	71.4
25.	Asthma emergency department visit rate per 10,000	2008-2010	46.1	83.7	(Table)(Map)	75.1
26.	Asthma emergency department visit rate per 10,000 - Ages 0-4 years	2008-2010	95.2	221.4	(Table)(Map)	196.5
27.	Age-adjusted heart attack hospitalization rate per 10,000	2010	24.1	15.5	(Table)(Map)	14.0
28.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years	2008-2010	1.2*	3.2	(Table)(Map)	3.06
29.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008-2010	6.3	5.6	(Table)(Map)	4.86
Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections						
	Indicator	Data Years	Chenango County	New York State	Data Links	NYS 2017 Objective
30.	Percentage of children with 4:3:1:3:3:1:4 immunization series - Ages 19-35 months ³	2011	49.5	47.6	(Table)(Map)	80
31.	Percentage of adolescent females with 3-dose HPV immunization - Ages 13-17 years	2011	31.3	26.0	(Table)(Map)	50
32.	Percentage of adults with flu immunization - Ages 65+ years	2008-2009	68.4 (60.9-75.9)	75.0 (71.5-78.5)	(Table)(Map)	66.2
33.	Newly diagnosed HIV case rate per 100,000	2008-2010	2.6*	21.6	(Table)(Map)	14.7
34.	<i>Difference in rates (Black and White) of new HIV diagnoses</i>		s	59.4	(Table)(Map)	45.7
35.	<i>Difference in rates (Hispanic and White) of new HIV diagnoses</i>		s	31.1	(Table)(Map)	22.3
36.	Gonorrhea case rate per 100,000 women - Ages 15-44 years	2010	11.6*	203.4	(Table)(Map)	183.1
37.	Gonorrhea case rate per 100,000 men - Ages 15-44 years	2010	11.3*	221.7	(Table)(Map)	199.5
38.	Chlamydia case rate per 100,000 women - Ages 15-44 years	2010	558.6	1619.8	(Table)(Map)	1,458
39.	Primary and secondary syphilis case rate per 100,000 males	2010	0.0*	11.2	(Table)(Map)	10.1
40.	Primary and secondary syphilis case rate per 100,000 females	2010	0.0*	0.5	(Table)	0.4
Promote Healthy Women, Infants, and Children						

Indicator		Data Years	Chenango County	New York State	Data Links	NYS 2017 Objective
41.	Percentage of preterm births	2008-2010	9.2	12.0	(Table) (Map)	10.2
42.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		4.76+	1.61	(Table) (Map)	1.42
43.	<i>Ratio of Hispanics to White non-Hispanics</i>		1.11+	1.25	(Table) (Map)	1.12
44.	<i>Ratio of Medicaid births to non-Medicaid births</i>		0.88	1.10	(Table) (Map)	1.00
45.	Percentage of infants exclusively breastfed in the hospital	2008-2010	69.7	42.5	(Table) (Map)	48.1
46.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		1.44+	0.50	(Table) (Map)	0.57
47.	<i>Ratio of Hispanics to White non-Hispanics</i>		1.03	0.55	(Table) (Map)	0.64
48.	<i>Ratio of Medicaid births to non-Medicaid births</i>		0.79	0.57	(Table) (Map)	0.66
49.	Maternal mortality rate per 100,000 births	2008-2010	s	23.3	(Table) (Map)	21.0
50.	Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs ⁴	2011	58.1	69.9	(Table) (Map)	76.9
51.	<i>Percentage of children ages 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs</i>		s	82.8	(Table) (Map)	91.3
52.	<i>Percentage of children ages 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs</i>		70.2	82.8	(Table) (Map)	91.3
53.	<i>Percentage of children ages 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs</i>		53.5	61.0	(Table) (Map)	67.1
54.	Percentage of children with any kind of health insurance - Ages 0-19 years	2010	94.9 (93.7-96.1)	94.9 (94.5-95.3)	(Table) (Map)	100
55.	Percentage of third-grade children with evidence of untreated tooth decay	2009-2011	30.6 (25.9-35.2)	24.0 (22.6-25.4)	(Table) (Map)	21.6
56.	<i>Ratio of low-income children to non-low income children</i>		2.20	2.46	(Table) (Map)	2.21
57.	Adolescent pregnancy rate per 1,000 females - Ages 15-17 years	2008-2010	18.6	31.1	(Table) (Map)	25.6
58.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		0.00+	5.74	(Table) (Map)	4.90
59.	<i>Ratio of Hispanics to White non-Hispanics</i>		2.05+	5.16	(Table) (Map)	4.10
60.	Percentage of unintended pregnancy among live births	2011	39.1	26.7	(Table) (Map)	24.2
61.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		s	2.09	(Table) (Map)	1.88
62.	<i>Ratio of Hispanics to White non-Hispanics</i>		s	1.58	(Table) (Map)	1.36
63.	<i>Ratio of Medicaid births to non-Medicaid births</i>		1.52	1.69	(Table) (Map)	1.56
64.	Percentage of women with health coverage - Ages 18-64 years	2010	88.1 (86.3-89.9)	86.1 (85.8-86.4)	(Table) (Map)	100

65.	Percentage of live births that occur within 24 months of a previous pregnancy	2008-2010	25.3	18.0	(Table)(Map)	17.0
Promote Mental Health and Prevention Substance Abuse						
Indicator		Data Years	Chenango County	New York State	Data Links	NYS 2017 Objective
66.	Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	2008-2009	13.5 (9.1-17.9)	10.2 (8.7-11.7)	(Table)(Map)	10.1
67.	Age-adjusted percentage of adult binge drinking during the past month	2008-2009	17.3 (12.6-21.9)	18.1 (16.1-20.2)	(Table)(Map)	18.4
68.	Age-adjusted suicide death rate per 100,000	2008-2010	11.6	6.8	(Table)(Map)	5.9

* Fewer than 10 events in the numerator, therefore the rate is unstable

+ Fewer than 10 events in one or both rate numerators, therefore the ratio is unstable

s Data do not meet reporting criteria

1- Alternate modes of transportation include public transportation, carpool, bike, walk, and telecommute

2- Low access is defined as greater than one mile from a supermarket or grocery store in urban areas or greater than ten miles from a supermarket or grocery store in rural areas

3- The 4:3:1:3:3:1:4 immunization series includes: 4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13

4- Government sponsored insurance programs include Medicaid and Child Health Plus

Questions or comments: phiginfo@health.state.ny.us

Revised: August 2013