

## **D. Access to Care and Local Health Care Environment**

### **Health Care Access for Medicaid Recipients**

The Broome County Department of Social Services has operated a mandatory managed care program since 1998 and there are over 14,600 individuals enrolled in a Medicaid managed care plan. There are five Medicaid managed care plans offered to Medicaid individuals. Currently, four managed care organizations and one locally developed partial capitation program, Medicaid MAX, serve as the Medicaid managed care options.

The Broome County Department of Social Services reports that neither fee-for-service Medicaid, nor Medicaid managed care enrollees have problems accessing primary care in Broome County. Specialized care is generally accessible with a few exceptions.

Behavioral health care for children is difficult to access due to the lack of local providers. Of the five Medicaid managed care plans in Broome County, only one offers dental coverage. The Broome MAX Program currently serves 1,200 children with twelve practitioners. In 2002, Broome County Social Services implemented a Medicaid Dental Case Management Program. Over forty Broome County private practicing dentists joined the program and are providing general dentistry services. The Case Manager provides client education and provider support. To date, the program has served over 2,800 individuals. However, there continues to be a dental access issue for the remaining Medicaid fee-for-service population in Broome County. One hospital-based clinic is at capacity and has a waiting list. Another hospital based dental clinic is targeted to open in 2005 to serve children and families. One Medicaid managed health care plan will be adding a dental benefit in 2005.

In 2000, New York State implemented the Family Health Plus Program that offers health insurance to adults who are over income for Medicaid. Single adults, couples without children and parents with limited income who are between the ages of 19 and 64, and are within the income guidelines, are eligible to receive comprehensive coverage, including prevention, primary care, hospitalization and prescriptions. In Broome County, there are over 2,900 individuals enrolled in Family Health Plus. Currently, there are three Family Health Plans offered in Broome County and all plans offer a dental benefit.

In April 2002, the Broome County Department of Social Services secured a one-time 21-month grant from a local foundation to fund the Dental Case Management Program. The grant funded a full time dental case manager at social services to provide the following:

- Training and technical support for local dental practices
- Central screening, education and referral to participating dentists
- Case management and support to assure patient compliance with visits

There are over 70 private dental practitioners in Broome County, and 40 local dental practitioners elected to participate in the Broome County DSS Dental Case Management Program to serve Medicaid families. The local dental providers and the UHS Dental Clinic offer services in emergency dental care, dentures, extractions, comprehensive care as well as services for children. Based on the success of the program, the Broome County Department of Social Services and Broome County Health Department worked to secure funding to continue the program in 2004, and the Broome County Dental Society provided a one-time award to fund the case manager's position. To date, the program has less than a 5% no-show rate for dental visits. The following is an overview of the number of clients served by this collaborative program by year, types of dental services provided, and reveals a 73% increase in the total number of clients served from 2002 to 2004.

<b>Type of Care</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
General Care	486	732	828
Dentures	99	107	115
Emergencies	74	72	73
Specialty	45	155	201
Total	704	1066	1217

### **Barriers to Care**

The major barriers to care for Broome residents have largely to do with inadequate income to pay for primary and preventive health care, access to health care for the uninsured, and a shortage of dentists willing to see individuals who do not have dental coverage and cannot afford to pay for dental services, although this has improved somewhat for families with Medicaid (see discussion above in *Health Care Access for Medicaid Recipients*). There are significant problems for all residents in Broome County in accessing behavioral health services, particularly inpatient and outpatient services psychiatry for children, adolescents and adults.

### **Community Free Clinic**

A large need in this county is to improve access to health care for uninsured and underinsured residents. NYS DOH data indicate that about 30,000 Broome County residents have no health insurance. Unable to pay a doctor, many ignore health problems until desperation forces them to the emergency room. The concept of a free clinic originated in 1996 with a group of retired physicians, many of whom are faculty of the Clinical Campus, a branch of the College of Medicine of the SUNY Upstate Medical University. The project has been a combined community effort from inception. The Community Free Clinic for the Uninsured was created by this group, and is operated and managed by the Clinical Campus at the Broome County Health Department, which provides space and facilities. The clinic's name was recently changed to the Dr. Garabed Fattal Community Free Clinic in recognition of Dr. Fattal's leadership in establishing the clinic.

Since the uninsured often neglect health problems for lack of money to pay a doctor, a noticeable number present at the clinic with significant pathology. There are many weeks when there is at least one patient on the verge of a true emergency. This can range from impending diabetic coma to malignant hypertension. The intervention of the clinic in emergent situations is lifesaving to this subset of the population.

Another group at major risk because of neglected medical problems is patients who cannot afford medications. Not being able to afford medications for a time-limited illness is stressful enough, but for patients who require continuous therapy or maintenance drugs for serious conditions, the lack of resources for medication can be disastrous. Providing uninsured patients with medications is a major objective of this project.

The Free Clinic opened in January 1997 and operates two nights a week, Monday and Thursday. There is a 24-hour, 7-day a week answering service and physician staff on call to handle patients who phone with urgencies or diagnostic and lab results that require immediate attention. Although volunteers continue to staff the clinic, a small paid core staff has been added. These include a part-time medical director, a part-time physician preceptor, a part-time medical records administrator, and a part-time pharmacist.

Support for this project remains strong. Several foundations, community organizations, and churches have donated money to assist with the purchase of small equipment, supplies, and medications. Many individuals have donated money, shares of stock, examining room furniture, and equipment. However, a significant source of grant funding from the NYS Department of Health ended in 2004, and alternative sources of funding had to be sought from the community. The Broome County legislature passed a resolution to help support the operations of the clinic with a \$60,000 appropriation in 2004 and an appropriation of \$100,000 to support operations in 2005. The Free Clinic Advisory Board, which is reflective of community leadership, continues to assist with organizational and community relations, fund-raising, and advice on community needs.

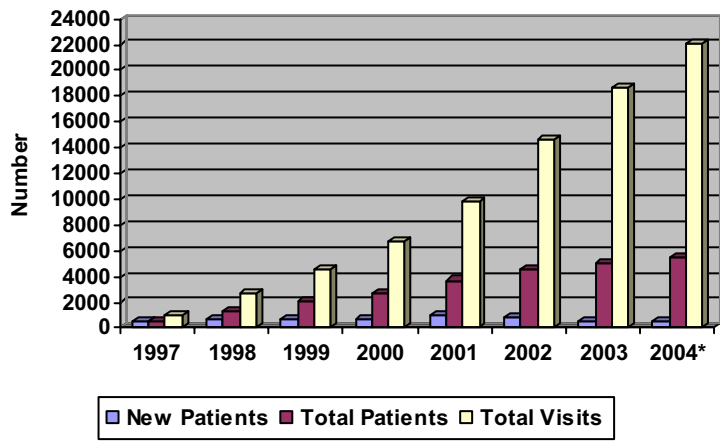
A medical education component is an integral part of the clinic. Residents from the UHS Internal Medicine Residency Program are now assigned to the Free Clinic for the ambulatory patient care experience required during residency training. Consequently, there are several Internal Medicine residents available to see patients on both Monday and Thursday nights. Faculty members supervise these residents. Binghamton University Decker School of Nursing and Broome Community College nursing students are frequently at the clinic and are supervised by a nurse preceptor. Dental services are provided offsite by volunteer dentists for fillings and extractions. These services are for Free Clinic patients only. As of this date, 221 patients have been seen for dental care in 315 visits.

A profile of the uninsured using the services of the Free Clinic reveals that the average age is 37, and most reside within a 40-mile radius of Binghamton. Patients found eligible for Medicaid or some type of insurance are referred to other primary care sources for ongoing care. The patient population of the Free Clinic is highly complex, many of whom are afflicted with chronic multi-systemic diseases such as diabetes, hypertension, cardiovascular diseases and hyperlipidemia. These kinds of diseases require systematic and constant monitoring and medications used to treat them are expensive. Other frequent reasons for Free Clinic visits are for asthma, bronchitis, and injuries. The Free Clinic also provides routine health maintenance and health education with a focus on disease management and prevention. The following health issues are the most frequently discussed with patients: nutrition education and diet consultation, smoking cessation, immunizations, physical exams, lifestyle changes to prevent disease and illness, counseling and referral, alcohol cessation education, and dental health education and referral.

The Free Clinic reports that the majority of their patients are self-employed, work in the food service industry, the retail industry, and temporary service jobs, are students, or are in seasonal construction or manufacturing sector jobs. Other major areas of part-time employment or underemployment (without benefits) include child care, non-profit social service agencies, health care services, and government and schools. This is often because part time workers either have no insurance or have to pay a significant portion of their income on premiums for health insurance, which makes it unaffordable. As of December 2004, 961 patients were part-time workers, 1,258 worked full-time, and 1,768 were unemployed. Income reported by 2,221 patients indicated that 53% had annual incomes less than \$10,000, 32% had incomes between \$10,000 and \$15,000; 10% had incomes between \$15,001 and \$20,000; 4% between \$20,001 and \$30,000; and less than 1% had incomes over \$30,000. As of Dec. 02, 2004, the Free Clinic saw 5,523 patients representing 22,047 visits since its inception in 1997.

Below is a chart created from data from the Free Clinic. The chart indicates by year the number of new patients, total patients seen and total visits from 1997 through December 2, 2004. It gives a picture of the remarkable growth and demand for services from the growing number of uninsured and underinsured in the area. The number of new patients the clinic was able to take in started to decline from 2002 to 2003 because of high demand and a fixed number of physician hours. Total patients and total number of visits provided are cumulative over time. Patient demographics indicate that the vast majority of patients served are from the City of Binghamton, Endicott/Endwell, Johnson City, Vestal, and other areas of Broome County.

Community Free Clinic 1997-2004  
(\*2004 data as of 12/02/04)



## **Access to Mental Health Services: Most Significant Issues**

### *Lack of psychiatrist care for adults and children in Broome County*

The Broome County Mental Health Clinic, many area contract providers and community providers in Broome County suffer from lack of access to psychiatric services. The need for psychiatrists in our area makes it very difficult to provide treatment to adults and children/youth. The county mental health clinic employs two full time and six part time psychiatrists. They are currently serving about 1,050 adults and 255 children. All of the psychiatrists are either eligible for retirement or have retired and returned to the clinic to help fill the gap in services in the community for psychiatric care.

Binghamton General Hospital (UHS Hospitals, Inc.) operates a 69-bed inpatient psychiatric program. Psychiatric services include a family support program as well as consultations for the physically ill acute care patient facing a psychiatric crisis during hospitalization.

The Greater Binghamton Health Center (GBHC), formerly known as the Binghamton Psychiatric Center, is a 150-bed JCAHO-accredited facility and provides comprehensive outpatient and inpatient services for individuals who are seriously mentally ill.

### *More high need children and youth in need of services*

The Children's Single Point of Accountability (SPOA) was created in late 2002. This was developed as a countywide process utilizing a team model for the purpose of managing referrals to services in an efficient manner for high risk/high need children and adolescents with diagnosed emotional disorders. It is designed to improve access to services while monitoring and coordinating utilization of these services through a single point. Broome County has received 522 applications through SPOA through 2004. In 2004, the SPOA received 222 applications and served 175 children. The waiting lists reflect the need in this area. While there has been an increase in children's mental health service coordination and programs, the growth of high need children continues to rise steadily.

### *Methamphetamine production and use is on the rise in this area*

The drug is becoming more popular among persons 18 years and younger, as studies show teenagers perceive methamphetamine as safer, longer lasting and easier to buy than cocaine. The "Monitoring the Future" survey, which measures the extent of drug use among U.S. adolescents, found methamphetamine use among high school seniors more than doubled between 1990 and 1996. In addition, law enforcement officials have caught teens as young as 14 and 15 using and selling the drug.

Methamphetamine causes a variety of mental, physical, and social problems which may prompt entry into treatment. Though not as expensive as heroin and cocaine, its cost might also produce financial problems for users and prompt them to seek help. However, the most commonly reported reason why methamphetamine users enter treatment is trouble with the law. These legal problems include aggressive or bizarre behaviors which prompt others to call police. Other reasons for entry include mental or emotional problems and problems at work or at school. This drug also causes bizarre behaviors that can include lack of inhibition and risky sexual behaviors, putting individuals at higher risk of contracting sexually transmitted diseases and HIV/AIDS.

*Heroin use has increased in this area*

The lifetime prevalence of heroin ranges from a low of 0.2% in the 7<sup>th</sup> grade to a high of 1.1% in the 11<sup>th</sup> and 12<sup>th</sup> grades per the 2002 Communities that Care (CTC) survey in Broome County school districts. The 2001-2002 National Survey on Drug Use and Health (SAMSHA) published that the lifetime use of heroin quadrupled for teens and doubled for young adults from 2001-2002.

Nationally, from 1995 through 2002, the annual number of new heroin users ranged from 121,000 to 164,000. During this period, most new users were age 18 or older (on average 75 percent), and most were male (on average 63 percent). (SAMHSA, 2003 National Survey on Drug Use and Health: National Findings).

*Insufficient services for adult MICA Clients*

In 2003, about half (49.0 percent) of adults with both serious mental illness and a substance use disorder received no treatment for either disorder. Only 7.5 percent (0.3 million) received both treatment for mental health problems and specialty substance use treatment. Another 39.8 percent received only treatment for mental health problems, and 3.7 percent received only specialty substance use treatment. (SAMHSA, 2003 National Survey on Drug Use and Health: National Findings).

*Barriers to care for dual disorder clients*

These individuals are struggling with a co-existing mental health disorder and drug or alcohol addiction. Few providers are qualified or trained to address dual disorder clients. This creates additional barriers for clients as they attempt to navigate complicated and often separate service delivery systems for mental health and addictions treatment. The Dual Recovery Coordinator for Broome County is addressing dual disorder clients with community providers in accessing appropriate care and coordination of services.

*Insufficient services for MRDD/SED children/youth*

Broome County Children's Mental Health Task Force is a coalition of local agencies and individuals concerned about the lack of adequate mental health services for special education children who also have or are suspected to have developmental disabilities. The Task Force has hired CGR (Center for Governmental Research, Inc. Albany, NY) to conduct a needs assessment to determine the extent of gaps in services for this population. This report will be completed by August 2005.

## **Federally Designated Professional Shortage Areas**

### **Primary Care:**

- Deposit area has been designated as a primary care shortage area since 1976 and was most recently updated on 12/27/2002. Renewal of the designation is not due until late 2006. According to the NYS Department of Health, it will likely remain designated even after then.

### **Dental:**

- Population Group: low-income, Broome County.

The Broome County Health Department submitted this shortage designation application to the state and federal government in 2003 out of recognition that low income individuals have serious difficulty in accessing dental care in Broome County, as well as part of an effort to assist local Article 28 hospital dental clinics (UHS and Lourdes) in being able to recruit dental professionals who are interested in working in a shortage area.

### **Mental health:**

- It is very likely that Broome County would qualify as a mental health professional shortage area for psychiatry due to the long-standing documented shortage of psychiatrists for children, adolescents and adults in this region.

### **Hospitals and Primary Care:**

There are three hospitals located in Broome County: Our Lady of Lourdes Memorial Hospital, which has 267 licensed beds, and two hospitals operated by UHS Hospitals, Inc. - Binghamton General Hospital with 220 licensed beds, and Wilson Memorial Hospital, which has 280 licensed beds. Both Lourdes and UHS Hospitals operate primary care clinics throughout Broome County. Each also offers pediatric services. Locations and geographic distribution of area primary care centers throughout Broome County can be seen on the map included at the end of this section. It is important to note that pediatric care is also offered in Binghamton by both hospital systems and the catchment areas served by both health care systems extends beyond Broome County into Tioga and surrounding counties as well.

United Medical Associates is a 115-member, multi-specialty physician group, formally affiliated with the United Health Services Health Care System. Through a network of physician offices in Broome and Tioga counties, UMA provides a wide range of primary care and specialty physician services, walk-in care to its established patients, and diagnostic and laboratory services.

One healthcare system with regional operations in Tioga County and Northeastern Pennsylvania, Guthrie, has one clinic in Vestal which provides some family care services and other specialty services including ophthalmology.

**Progress relative to Access to Care in the past several years:**

Both Our Lady of Lourdes Memorial Hospital and United Health Services (UHS) Hospitals continued to work collaboratively together during the past three years to improve access to care for underserved populations, including the uninsured, as well as with community organizations serving those in need of health care services. Each organization continues to operate primary care clinics in Broome and Tioga Counties in order to ensure access to care. Both Lourdes and UHS Hospitals have provided a leadership role in the community's "Cover the Uninsured Week" and offer financial assistance to the underinsured and uninsured, in alignment with state and federal regulations.

A variety of educational programs and outreach services are offered to the community by both hospital systems. Lourdes has collaborated with insurance companies to have education classes such as maternal/child course provided at no cost to the patient. Other educational programs are offered to the community at no cost. Should situations arise with those who have no insurance and are unable to afford a course offering, Lourdes works with the patient to remove this barrier.

UHS Hospitals operates the Stay Healthy Center at the Oakdale Mall in Johnson City to assist area residents with health education needs and referrals to health care services. The Center is open to the public 9am to 7pm Monday through Thursday and Friday and Saturday from 9am to 5pm. They offer access to computers for people to perform literature searches on health topics, have a lending health library, and have a Senior Security program that works with older individuals and groups. The Stay Healthy Center provides insurance counseling and speakers for group discussion on a variety of health topics. Other services offered include lactation consultants to work with new mothers and a baby scale to weigh babies. Mothers can use the facility to breastfeed and breast pumps are available for purchase. Also offered are free blood pressure readings. Low cost screenings include osteoporosis, lipid profiles, blood sugar, and total cholesterol. Free anxiety and depression screenings are available as well as free and or low cost classes on a variety of topics.

The Stay Healthy Center includes a Nurse Direct call center. This call-in center is staffed with nurses from 7am to 9pm for 7 days a week and provides computer assisted:

- physician referral
- service referral
- triage using a nationally developed and locally reviewed guidelines
- health information
- disease management for asthma, diabetes, congestive heart failure, smoking cessation, weight management, and prenatal care

Hospital call backs are conducted to determine if patients received all their discharge instructions and understand them. Several health teams who meet monthly assist in the development of programs. The teams consist of UHS and community members.

Health education and prevention related activities or programs that UHS sponsors include HEART, BC Walks, Worksite wellness, Tobacco cessation, and Asthma education and management.

In addition to services offered through primary care office sites, Lourdes provides services through two mobile medical van units through its *Mission in Motion* program. Both medical units provide services to those in underserved and rural areas in the Southern Tier. One medical unit provides mammography and routine gynecological screenings. The other is used for general wellness and health screenings throughout the area, as well as a wide variety of occupational health service screenings. They go to a wide variety of community sites such as churches, schools, senior centers, and worksites.

In January 2005, Lourdes opened a dental clinic to provide increased access to dental services for Medicaid and uninsured children and their families. The initial start-up grant application was submitted jointly by Lourdes Hospital and the Broome County Health Department to the NYS Department of Health's Dental Bureau. This effort was also supported by UHS Hospitals, who felt the need far exceeded current capacity to serve the dental needs of low income children and their families. All three organizations serve together on a community advisory board to improve dental access issues. Lourdes has since secured additional funding to support this clinic and plan to include a mobile van component to provide dental services in area school districts. These services will be coordinated with the health department, which has a long standing dental sealant program in area schools, and UHS, who currently has two school based clinics that offer dental services, so that services are maximized and not duplicated.

Area emergency room visits continue to climb, and anecdotal comments from community health care leaders indicate that many seem to be for non-acute types of visits. In addition, there does not seem to be a shortage of primary care providers in Broome County, but the problem may be the geographic distribution of those providers, making it more difficult for residents in rural areas of the county to access primary and preventive care. Rural communities where a primary care center is located (Whitney Point, Deposit, Windsor) have access issues in terms of limited or no evening or weekend hours offered. One potential solution to improve this access issues exists by encouraging area providers to reserve appointment slots for same-day sick calls for working individuals, parents, and others who have difficulty obtaining care during regular operating hours.

Improving access to care will continue to be a challenge that the community addresses collectively so as to minimize the burden on individual health care providers and organizations, and to maximize the resources available to serve the underinsured and uninsured. Broome County has been fortunate to have the hospitals and local health care organizations work collectively to increase not only access, but affordable health care to its residents, including the underserved. Broome County hospitals and providers are experiencing similar issues in caring for the underinsured, unininsured and underserved, as are communities throughout the nation. The Broome County Health Department will continue to monitor state budgets and policies which have the potential to adversely impact the community and health care system.

## **Physician Supply and Needs Assessment for Broome County (February 2005)**

The following information was provided by UHS Hospitals, Inc. Based on an extensive effort to assess the current supply of physicians practicing in the community and then assess need based on traditional physician-to-population ratios, aging out assumptions, regional needs to the best of our ability to assess for Chenango, Tioga and Delaware counties, and other issues such as limited access, below are the major conclusions United Health Services reached based on a year long process of study and evaluation.

There are about 400 actively practicing FTE physicians in Broome County. This does not include any allied health professionals.

Key conclusions regarding need over the next two years follow. These are not the only doctors needed, rather those believed to be most urgently needed.

<b>Anesthesia</b>	While there are 24 current doctors, an additional 3-4 are needed due to several physicians wishing to work part time and concerns registered by the hospitals regarding the capacity of the existing doctors to adequately satisfy current surgical volume demand.
<b>Cardiology</b>	3-5 needed primarily due to the large number of current doctors aging out (16.3 doctors in practice with 8 aging out or 49%). The demographics of the community also suggest this is a specialty that will be in greater demand. Attempts to recruit have been very difficult.
<b>Dermatology</b>	There are only 4 doctors in the community and one is aging out. Access issues are regularly reported by primary care physicians. There is regional need as well that cannot be accommodated. Thus, 2 additional doctors are needed.
<b>Gastroenterology</b>	Of the 13.5 physicians practicing, one is on medical leave and 3 are aging out. The demographics of the community point to growing need for this specialty so 1-2 more doctors are needed.
<b>Neurology</b>	There are currently 5 in the community but one is exclusively performing sleep studies. Backup physician support is needed for this physician as the wait list for sleep studies is large and growing. Also, in preparation for enhanced stroke care in the community as well as dissatisfaction expressed by primary care physicians with the adequacy of this specialty, 2-3 additional physicians are projected.

<b>OB-GYN</b>	There are 22 active providers however 5 are aging out. This is a specialty area in our community with a high proportion of solo practitioners that are not replenishing themselves. Also, 3 of the 22 are practicing GYN only care, and no obstetrics. Based on this, 3-4 additional doctors are needed with a recommendation to obtain as many female doctors as possible.
<b>Ophthalmology</b>	There are 10.3 physicians. This is a specialty with out-migration, and access complaints from providers and patients have been registered. Of the active physicians, 5 are aging out. Thus, at least additional 2-3 doctors are needed.
<b>Orthopedic Surgery</b>	There are 15.9 practicing doctors of which 4 are aging out. Also, there is a depletion of this specialty in the region with requests from other markets for our groups to service them (Oneonta is now asking). Thus, 2-3 more doctors are expected.
<b>Psychiatry</b>	There are 23 active in the community from records we tried to collect but we are not confident we have captured them all since such a small portion actually hold hospital privileges. We have not included those at the Binghamton Psychiatric Center. Of the 23, we know 4 are at risk of aging out but this specialty is noted for practicing long past typical retirement age. There are repeated complaints from providers and patients about access and there are no practicing child psychiatrists readily available to the general public. At least 2 are needed but this is probably understated.
<b>Pulmonology</b>	There are 7.1 practicing in the community with 2 aging out. This count includes intensivists which are being used by hospitals routinely to manage ICU and other critical care patients. This has dramatically limited the availability of this specialty to see patients in the office. An additional 2 are projected.
<b>Urology</b>	There are 8 in the community with 3 aging out. Due to this high proportion of aging out combined with recent losses from UMA, it is expected that 1-2 are needed.

### **Center City Coordination Program (C3):**

(Source: [www.sehd.binghamton.edu](http://www.sehd.binghamton.edu))

Binghamton University has partnered with nearly twenty community organizations and agencies to assess and address the critical needs faced by the population living in the center city of Binghamton, NY (Districts 7 & 9). The purpose is to help revitalize neighborhoods within the target zone by improving the overall quality of life for the residents. The project focuses on the coordination of existing services for optimal use, expanding outreach and referral capabilities, and thorough assessments of unmet needs for additional service and resource development. These activities will be accomplished with guidance and support from community members and in close alignment with existing organizations and projects. Careful coordination with current efforts will reduce the possibility of redundancy of services and allow the available resources to be used more optimally.

The Community Advisory Council, made up of leaders from community groups and organizations and residents from the target area, meet on a monthly basis with the University Action Team (composed of twelve university representatives and a number of students) to help guide the development and implementation of project activities. Six teams will address specific target focus areas: community organizing, community planning, education, health and well-being, job training, and housing. Critical to the sustained improvement of these neighborhoods is the active, positive involvement of residents in the community organizing and development processes.

While baseline information is already available indicating that this geographic zone has high needs in the focus areas mentioned above, meetings, interviews and surveys conducted in the community will help guide the development of strategies for effectively addressing the problems. For example, while many resources currently exist in these areas, access continues to present a challenge. Access and other issues will be considered and addressed by the focus area teams as they design and implement strategies.

Progress on project objectives will be monitored and documented under the direction of University faculty. Ultimately, after the three year HUD funding expires, it is expected that critical elements of this project will be so well integrated into the targeted neighborhoods, community organizations, the University, and municipalities that they will be sustained and the community will continue to benefit from this collaboration.

## Preventive Programs: Broome County Health Department

The Broome County Health Department is committed to heightening public awareness of preventable health conditions through community health education and promotion. Lifestyle choices and personal health habits are the most important factors in the development of disease. A number of programs designed to assist and motivate individuals to voluntarily practice and sustain positive changes in their health-related behaviors are available. Staff specializing in health education and disease prevention within various Health Department Divisions are available to provide educational materials and presentations to the public on a variety of topics. The programs listed within each Division provide an array of health education and promotion activities throughout Broome County. Many programs offer health education and promotion throughout multiple counties. The majority of the programs are described in Section II, Local Health Unit Profile.

Three specific programs that the health department is involved in are described and highlighted in this section on Access to Care because of their unique prevention focus and each initiative's potential to significantly improve the health status, well-being and quality of life for individuals of all ages.

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**Building Brighter Futures for Broome (BBFFB)** early childhood initiatives are supported by the efforts of the Broome County Early Childhood Coalition (ECC). The mission is to support the education of families and caregivers as primary caretakers and first teachers of young children; the provision of appropriate prenatal and early childhood health care; and the accessibility of high quality early childhood education. The vision is that all children will enter school ready to learn more and maximize their learning potential. Every child deserves to be raised in environments at home, in childcare and in a community that are safe, healthy, nurturing, and stimulating.

The three focus areas center around effective parenting, healthy children, and quality child care/early education. BBFFB program collaborators include Broome County Health Department, Broome Community College, Family Enrichment Network, Mothers and Babies Perinatal Network, Cornell Cooperative Extension of Broome County, Binghamton City School District and Lourdes Hospital PACT Programs. ECC membership also includes stakeholders from Broome County Government, Broome Tioga BOCES, Broome County United Way, Greater Binghamton Coalition, United Health Services, the Mental Health Association of the Southern Tier, Family Violence Prevention Council, Opportunities for Broome, Binghamton University, and local child care providers. BBFFB partners received a federal Early Learning Opportunities grant totaling \$750,000 that ended in 2004. Beginning in 2004, the Chief School Officers Education Committee began a capital campaign targeting local business support. BBFFB donations from local foundations, corporations and individuals totaled \$555,850 in 2004. Funds committed for 2005-06 from these same sources are \$142,400.

The New York State Office of Children and Family Services funds Building Brighter Futures for Broome *PACT Home Visiting* as one of 28 Healthy Families NY (HFNY) sites. This intensive yet voluntary home visiting program is a primary prevention strategy for reducing child abuse and neglect, strengthening positive parent child interaction and promoting healthy child growth and development. Locally, it is collaboration between the Health Department (lead agency) and Lourdes Youth Services (subcontractor for home visiting). TANF (Temporary Assistance to Needy Families) eligible Broome County parents were offered the program with a capacity for 105 families. The major focus was on engaging families prior to their baby's birth with the choice of remaining in the program until their child enters kindergarten. In 2004, 611 families were screened, 180 referred for assessment, 75 assessed, and 67 assigned a home visitor. Enrollment included 61 new families, 66 continued service from previous year, and 2,032 home visits were completed with 127 families for a total of 2,228 hours.

HFNY first-year state wide evaluation as reported by SUNY Albany Center for Human Services Research demonstrated that the programs helped families develop healthier parenting attitudes, experience better birth outcomes, and reduce levels of alcohol, tobacco and drug use. These short-term effects are expected to produce long-term impacts on children's emotional, social, physical, and cognitive development.

## Steps to a Healthier NY

***“Asthma, Diabetes, and Obesity were chosen for intervention not only because of their debilitating effects and rapid increasing prevalence, but because of their responsiveness to prevention measures.” (US Department of Health and Human Services)***

The United States Department of Health and Human Services Secretary, Tommy G. Thompson, announced a \$1,805,459 grant to New York State to implement community-based initiatives to promote better health and prevent disease in four counties. Broome County is one of the four counties to receive this five-year cooperative agreement award. The award amount for Broome County is \$350,000. The project is entitled “*Steps to a Healthier US*” and is one of 12 nationally receiving a total of \$13.7 million to reduce the burden of diabetes, obesity and asthma by addressing three related risk factors: physical inactivity, poor nutrition and tobacco use.

This announcement builds on Presidents Bush’s *Healthier US goal* of focusing on four core areas for improved health and wellness: physical activity, preventative screenings, balanced nutrition and healthy choices to help Americans live longer, healthier lives.

In Broome County, chronic disease rates, as well as the economic burden of chronic disease, continue to rise sharply. The mortality rate of diabetes is 30/100,000 persons, almost double that of the New York State rate. Over \$11,000,000 was spent in Medicaid dollars for diabetes last year. The asthma hospitalization rate of children 0-18 is 31% in Broome -- the National Healthy People 2010 Goal is at 17%.

Possible reasons for these high rates are reported by the National Behavior Risk Factor Surveillance Survey: only 17% of Broome County residents report engaging in physical activity, only 30% report eating the recommended five servings of fruits and vegetables, 17.7% of Broome County residents are considered to be obese and 20% smoke.

The exciting and intervention-based initiatives that are being enhanced and expanded with this funding are existing community and school based programs that already focus on these chronic disease areas and have the ability to further control and prevent the prevalence of chronic disease in Broome County.

Partners in the Steps to a Healthier US Initiative include: The United Way, United Health Services and Lourdes Hospitals, Broome County Council of Churches, American Heart Association, American Lung Association, American Diabetes Association, Broome County Office for Aging, Broome County Parks and Recreation, Broome County Department of Public Transportation, Broome County Executive Office, Broome County Youth Bureau, American Cancer Society, Cornell Cooperative Extension, Broome-Tioga BOCES, Chenango Valley, Chenango Forks, Johnson City, Union Endicott, Vestal, Maine Endwell, Windsor, Whitney Point, and Binghamton School Districts, Broome Community College and Binghamton University, Excellus Bluecross Blueshield, the Aging Futures Project, Rural Health Network of South Central NY, Broome County YMCA, Broome County Medical Society and Binghamton Metropolitan Transportation Study.

### **Healthy Living Partnership Program**

The Southern Tier Healthy Living Partnership is a unique collaboration of government, community based organizations and health care partners that promote healthy living through outreach, education, and access to services for the purpose of reducing the risk of chronic disease. The New York State Department of Health and Centers for Disease Control and Prevention (CDC) provide funding for local community health care practitioners to offer clinical breast exams, mammograms, Pap tests, and limited follow-up to income eligible women 18 years of age and older. Colorectal cancer screenings and limited follow up are also provided for women and men over 50. These screening services are for the uninsured or underinsured. Since October of 2002 any client screened under the partnership who has a breast or cervical cancer diagnosis is eligible to have their treatment services paid for up to five years under the Medicaid Treatment Act. From October 2002 through February 2005, 55 women in Broome County were enrolled in the Medicaid Treatment Act to assist with payment for diagnosis and treatment of breast and cervical cancer. In addition, screening was provided under the breast and cervical grants programs to a total of 1,527 women in Broome County alone during one grant year (2004-2005). An additional 639 Broome County women were able to be partially assisted with grant funding). Other counties covered by these programs include Chenango, Delaware, Otsego, and Tioga.

The Southern Tier Healthy Living Partnership also provides information on tobacco-free living, diabetes, physical activity, nutrition, and prostate cancer. The Healthy Living Partnership is comprised of more than 100 providers in the counties of Broome, Tioga, Delaware, Chenango and Otsego. Increasing access to health care providers is an essential component in the success of the partnership. This program is an early detection and education program and, as such, does not enroll symptomatic patients.

The following programs are available at no cost through the Southern Tier Healthy Living Partnership.

- Breast and Cervical Cancer Screening Program
- Colorectal Cancer Screening and Prostate Cancer Education Program
- Diabetes Prevention and Control
- Tobacco Free Broome and Tioga (A program focused on educating the community about the risks of tobacco use and the available opportunities for quitting)
- Nutrition and Physical Activity: collaboration with STEPS to a Healthier New York program to increase access to physical activity programs and nutrition education resources for diabetes and cancer prevention.