

Chenango County
Community Needs Assessment

Prepared in collaboration with the
Chenango United Way

by

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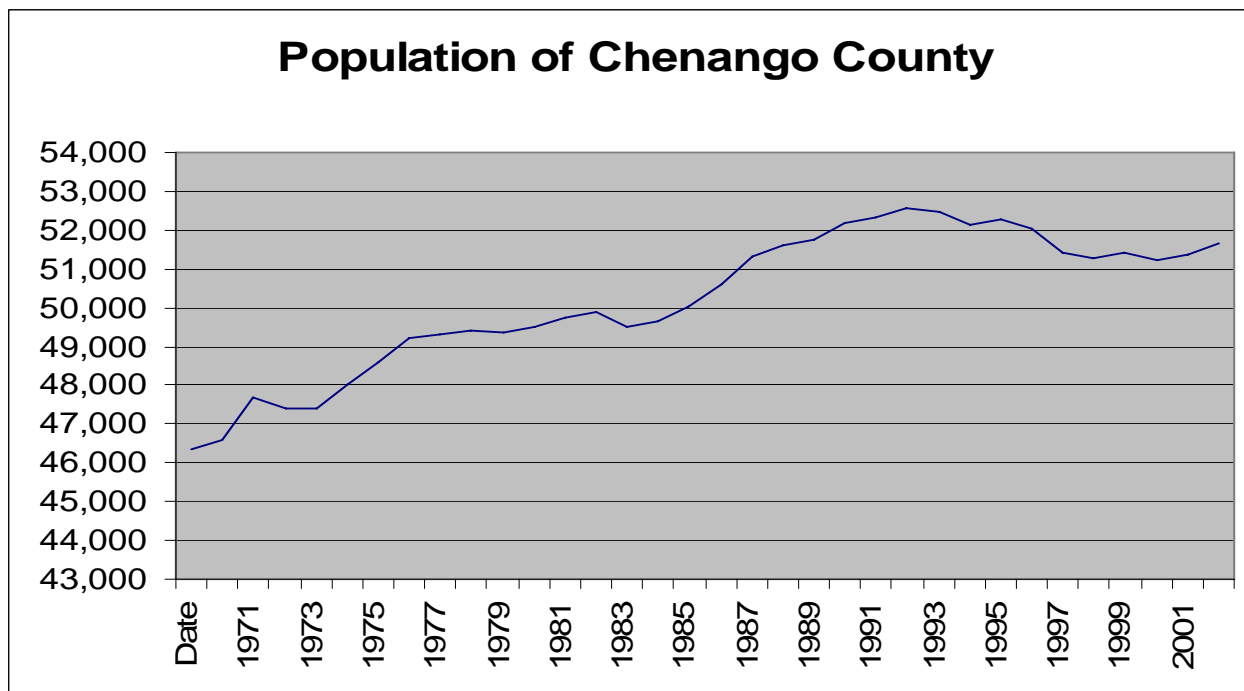
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I. Population

The Brookings Institute’s “Upstate New York’s Populations Plateau” shows that the Upstate region experienced stagnant population growth during the 1990s compared with the national increase of 13%¹. Central New York and Chenango County are no exceptions. The Central New York region saw its population decline by 2.3% in the 1990s. In the same time period, Chenango County’s total population decreased from 51,768 to 51,401 representing a 0.71% loss². As Figure 1 below shows, the decline in population in Chenango County in the decade of the 1990s follows steady increases in population in the 1970s and 1980s.

Figure 1: Population



¹ Brookings Institute, August, 2003.

² Data Source: US Bureau of the Census; www.census.gov; 2000 Census

Chenango County is a predominately rural community. In 2000, nearly 83% of the population still lived outside an urban area³. However, the county became slightly more urban in the 1990s. According to Chenango’s Housing Council, “while Chenango County’s population is still predominantly rural, its urban population is growing from 14.7% in 1990 to 17% in 2000 and urban clusters [are] developing in areas that were previously 100% rural⁴.” These “clusters” can be found, according to the US Census, in the towns of Bainbridge, Guilford, North Norwich, Norwich, and Plymouth⁵. As is often the case in rural Upstate communities, Chenango County’s population is quite homogeneous. While 86% of all Upstate residents in 2000 were white non-Hispanics, approximately 97% of those in Chenango County fell into this racial category (see Table A2).

As Upstate population growth has stagnated, the senior citizen population has increased in size and share. The Brookings report shows that the percentage of senior citizens in Upstate New York was 14% in 2000 compared to 12.1% nationally. In Chenango County, seniors make up approximately 15% of the population. As shown in Figure 2 (and Table A1 in the Appendix), Chenango County is overrepresented in all age groups over 65 (relative to both New York State and the US), including those over age 85. Overrepresentation of the elderly implies that younger age groups are underrepresented. Children under age five account for 5.9% of the population in Chenango County compared to 6.5% in New York State and 6.8% in the United States⁶.

“Between 1990 and 2000, the pre-school age population decreased by 21.7% in Chenango County⁷.” The population age gap of largest differential is the 20–35 year-old cohort. The

³ www.census.gov; 2000 Census

⁴ “A Socioeconomic and Housing Profile of Chenango County, New York,” p. 4

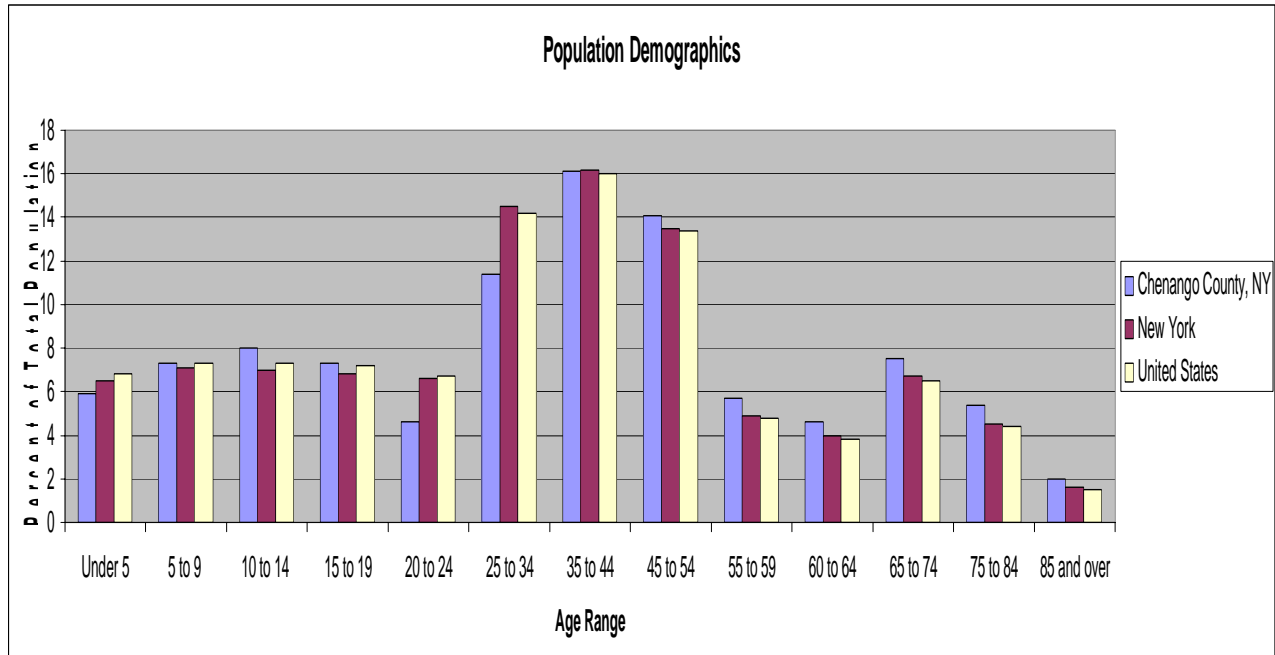
⁵ www.census.gov; 2000 Census

⁶ www.census.gov; 2000 Census

⁷ “A Socioeconomic and Housing Profile of Chenango County, New York,” p. 6

county's population of 20 -35 year olds makes up 16% of the total population compared to 21.1% in New York State and 20.9% in the United States⁸.

Figure 2: Population, by age group



The trend in Chenango County of an increase in the population of those at or nearing retirement age and a decrease in the number of young adults mirrors the wider Upstate trend and is cause for concern. This population shift increases the pressure on services for the elderly, while simultaneously decreasing the tax base generated from the working population. Most importantly, the elderly are more likely to need health care than other county residents. Health care demands put tremendous financial pressure on state and local governments because they fund both county hospitals and Medicaid. Chenango County has already experienced a 61% increase in Medicaid participation since 1996⁹. Betty Osborne from the Chenango County Department of Social Services indicated that “Chenango County *cannot* continue to afford Medicaid...given that one-third of the county is eligible¹⁰”. Health care programs,

⁸ www.census.gov; 2000 Census

⁹ “Opportunities for Chenango: Head Start Program – 2004 Community Assessment,” p. 31

¹⁰ Betty Osborne, interview by Kevin Casey McAvey, 4 August 2004.

transportation, and housing for the elderly population will be in greater demand and, therefore, will continue to put financial pressure on local governments in the Upstate region, including Chenango County, in the coming decade.

II. Household Structure

Table A3 shows the composition of households in Chenango County in 2000. Household structure is comparable to other Central New York counties. 68% of households in Chenango County are families (defined as two or more related individuals living together), which is slightly higher than the New York State rate of 65.7% but similar to the peer county rates of between 67% and 69%. The percentage of households with senior citizens is 26.2% in Chenango County, which is also comparable to the state rate of 25%. Female householders with minor children are slightly underrepresented in Chenango County at 6.6% of all family households compared to 8.1% in New York State. The percentage of single mother households increased in the 1990s from 5.8% in 1990. This trend is related to the increase in divorce in Chenango County. In 2000, 10.5% of Chenango County residents over age 15 were divorced compared to 7.4% in 1990. The current rate is also higher than the state percentage of 7.8% in 2000. The decline in the importance of marriage is supported by the fact that 8.2% of all households in Chenango County include unmarried-partners in 2000, compared to 5.1% in New York State.

With a high proportion of people in non-childbearing years, the total pregnancy rate in Chenango County at 71.8 per 1,000 females is lower than New York State rate of 95.6 pregnancies per 1000 female population. The out-of-wedlock birthrate is four percentage points higher than the state level. The Housing Council's report "Socioeconomic and Housing Profile of Chenango County" (p. 84) indicates that the proportion of out-of-wedlock births increased from 30.7% in 1997 to over 40% in 2000. The total number of induced abortions in

Chenango County has also increased between 1997 and 2000, from 14.7% of all pregnancies to 15.5%. It should be noted, however, that while this does indicate a slight rise, these levels are well below the state rate.

III. Educational Attainment

The Brookings Institution's report "Transition and Renewal: The Emergence of a Diverse Upstate Economy," points out that higher education is an important part of the Upstate economy¹¹. There are 206 colleges and universities in Upstate New York. In addition to playing an important role in contributing to Upstate's economy (see Section IV), the importance of higher education results in a higher-than-average percentage of residents in college and a higher level of educational attainment for the region relative to the national average. In 2000, 7% of Upstate residents were enrolled in college or graduate school compared to 6.5% nationally. In addition, 32.8% of Upstate residents have attained a college degree (including Associate's degrees) compared with 30.7% nationally.

However, Chenango County does not enjoy the strong education statistics of the entire Upstate region. While a comparable number of Chenango residents have a high school diploma or more, a significantly lower percentage has a college degree. In 2000, approximately 81% of those aged 25 years and over in Chenango County were high school graduates, comparable to the figure for similar counties (see Table A3) and higher than the New York State rate of 79%. However, only 14.4% of Chenango residents had a bachelor's degree or higher compared to 27.4% of New York State residents.

Why does Chenango County have fewer college graduates than many of its neighboring counties, the Upstate region, and New York State? First, although the Upstate region specializes in higher education, Chenango County does not have a four-year college or

¹¹ The Brookings Institution, January 2004.

university. The only two-year college in the county is the satellite campus for Morrisville State College, which is in Norwich. Compare this to nearby Madison County, which has three four-year colleges – Cazenovia College, Colgate University, and Morrisville State - within its borders. Second, given the relatively low population of those aged 20-35 residing in the county, it seems likely that many young people who obtain higher education leave the county to pursue employment opportunities elsewhere. The Brookings [2004] report notes this problem – an exodus of the college-educated in their mid- to late 20s from the region - for Upstate in general. Brain drain, the out-migration of the most highly educated, seems to be a problem for Chenango County. Finally, Chenango County’s relatively high population of elderly may contribute to the relatively low educational attainment as seniors are less likely to have attended college than those in younger cohorts.

When compared with New York State averages, Chenango County’s eight school districts fair quite well. The high school dropout rate in Chenango County is only 2.8%, which is comparable to neighboring counties (see Table A4) but below the New York State rate of 3.7%. In addition, 59% of the graduates of the County’s school districts receive Regent’s diplomas compared with 55.6% of all New York State high school graduates. However, the percentage of Chenango County high school graduates intending to enroll in college is significantly below that of neighboring counties and New York State. Only 73% of Chenango County high school graduates plan to attend college, compared to 82% in Madison County, 85% in Herkimer County, and 81% in New York State.

IV. Income and Poverty

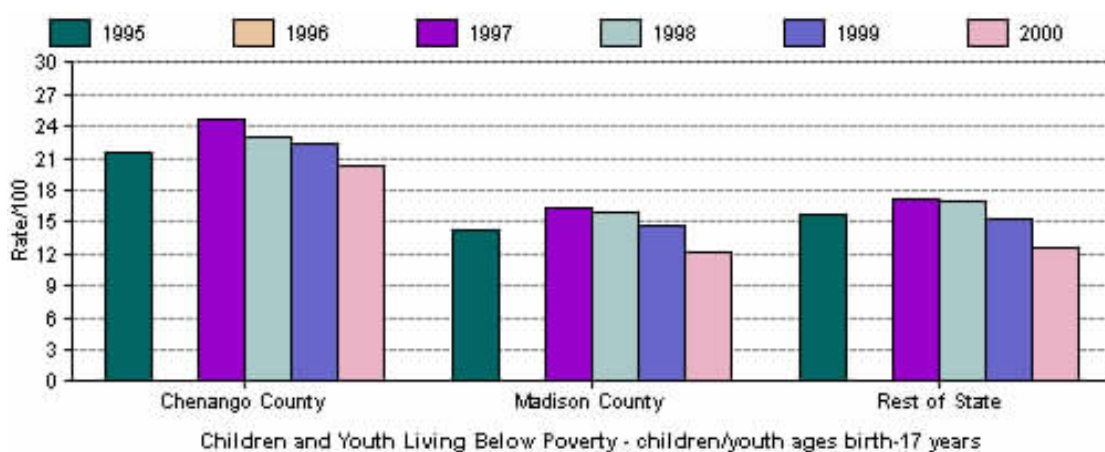
According to 2000 Census data, median household income data in Chenango County is well below state and national levels. Chenango County’s median household income of \$33,679 is significantly less than the \$43,393 for New York State and the \$41,994 for the entire United States. It is also below that of many of its peer counties; for example, the median income in

neighboring Madison County is \$40,184. For families, the median income in Chenango County is \$39,711, compared to \$50,046 for the entire US and \$51,691 in New York State. Many cite the lower cost of living in Upstate as compensating for lower wages and incomes. However, the Brookings Institution's 2004 report, "Losing Ground: Income and Poverty in Upstate New York, 1980-2000," points out that, in fact, the cost of living does not make up for lower Upstate incomes. In addition to food, utilities, and transportation being more expensive in Upstate New York, taxes are higher in New York State than in most states. Although housing costs are lower than the national average, property taxes are high and appreciation is low resulting in a house being a relatively poor investment in Upstate New York.

As shown in Figure 3 (and Table A5), Chenango County has about the same percentage of households, approximately 10%, with annual income less than \$10,000 as New York State and neighboring counties. However, Chenango County households are relatively overrepresented in the \$10,000 to \$15,000 and \$15,000 to \$25,000 income ranges and underrepresented in the over \$75,000 group. Nine percent of Chenango County households had an annual income of \$10,000 to \$15,000 and approximately 17% had an income between \$15,000 and \$25,000. These numbers are significantly greater than those for New York State at 6.4% and 11.7%, respectively. Therefore, Chenango County has a much higher percentage of its population living in poverty or "near-poverty" (defined as incomes less than \$25,000) than New York State and several neighboring counties. In Chenango County, 36.1% of households earn \$25,000 or less compared with only 29.6% of New York State households. While the poverty rate in Chenango County (see Table A6), 14.4%, is comparable to the state rate of 14.6% (although both of these are significantly higher than many Upstate counties including Madison at 9.8% and Herkimer at 12.5%), it is important to note that over one-third of the county's households are living very near poverty.

There are several other causes for concern in the area of poverty. First, the poverty rate has increased over the past decade. Upstate New York has traditionally had relatively low poverty rates but, as the Brookings Institution’s report [2004b] shows, the relative increase in Upstate poverty rates means that we are closing in on the national and state rates. In Chenango County, the percentage of persons in poverty increased from 9.3% in 1990 to 14.4% in 2000. Another cause for concern is the relatively high child poverty rate in Chenango County (see Figure 3). In 2000, the rate was 20.4% in Chenango County compared to 19.1% in New York State and the lower rates of 12.1% and 16.8% in Madison and Herkimer Counties, respectively. Alarming, poverty seems to be an even bigger problem in some parts of Chenango County than the Census statistics indicate. The Neighborhood Preservation Coalition of New York State’s 2003 report, “A Socioeconomic and Housing Profile of Chenango County,” cites poverty rates of 29% of all children and 9.2% of all seniors in the City of Norwich, 25% of children and more than 10% of seniors in New Berlin, and almost 27% of all children and 26% of all seniors in the Town of Columbus.

Figure 3: Child poverty rates in New York State and Chenango County, 1995-2000



Food security is always a major concern in areas with relatively high poverty rates. Although the Census data indicate that Chenango County has a relatively low percentage of underweight children relative to New York State overall (see Table A29), the percentages of

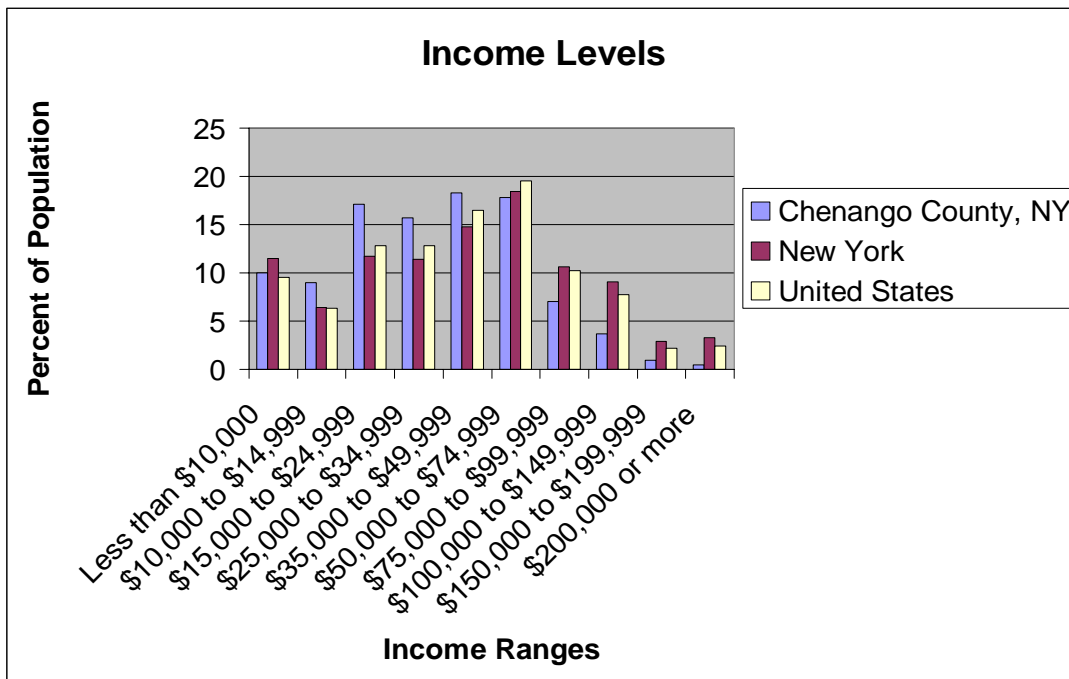
children enrolled in food programs in the county indicates that food security is an issue. In 2002, 13% of children (birth-17 years) were enrolled in the Food Stamp Program, compared to 8.9% in New York State¹². In addition, in that same year, 44.5% of students in grade K-6 were receiving free or reduced-price school lunch in Chenango County, compared to 31.1% in New York State. This percentage places Chenango County among the highest five counties for participation in the school lunch program and represents a significant increase over the 1999 participation rate of 34.1%¹³. In addition, Opportunities For Chenango's "2004 Community Assessment" (pp. 39-42) indicates high usage rates for a number of food programs in the county including Catholic Charities emergency relief, the Food Bank of Central New York, Opportunities for Chenango, and the Chenango County WIC Program.

Conversely, Chenango County includes a smaller percentage of higher income households than other regions. In 2000, 12.1% of Chenango residents made over \$75,000. Nationally, this number is 22.5%, while an even greater percentage, 25.9%, of all New Yorkers earn more than \$75,000. The Brookings Institution's 2004 report, "Losing Ground: Income and Poverty in Upstate New York, 1980-2000," echoes the same phenomenon for the Upstate region. Low wages for highly-educated workers is the major cause cited in the report for low incomes for the region's highest income households. Clearly, this also contributes to the problems previously discussed including the population loss of young workers and brain drain.

Figure 4: Household income, 2000

¹² Kids Count 2003 Data Book, p. 47.

¹³ Kids Count 2003 Data Book, p. 53.



V. Employment & Opportunity

The Brookings Institution [2004] notes that the Upstate labor force participation rate is lower than the national average. For example, 75% of Upstate adult men participated in the labor force in 1999 compared to 80% of men nationally. Chenango County’s participation rate is also relatively low and declining. The percentage of households with at least one member in Chenango County employed decreased from 76.4% in 1990 to 72.9% in 2000. Upstate labor force participation rates are relatively low because of the out-migration of working-age people and the aging of the population. Another important fact related to the employment picture in Chenango County is the large number of individuals with disabilities. The proportion of those with disabilities in Chenango County grew from 14.2% in 1990 to over 25% in 2000¹⁴. The growing number of people with disabilities is obviously related to the aging of the population and contributes to a shrinking workforce. It also highlights a growing need for services for the elderly.

¹⁴ A Socioeconomic and Housing Profile of Chenango County, p. 86.

Given the corporate downsizing of Procter & Gamble in 1994, as well as the closing of other corporate operations in the area, including The Sherwood Medical Corporation in 1989, the Norwich Shoe Company in 1991, Victory Markets in 1992, and Champion Products in 1994, it is surprising that Chenango County has not seen a significant increase in its unemployment rate since the early 1990s. However, as shown in Table A8, the average annual unemployment rate has increased by only 1 percentage point since 1990 – from 5.3% in 1990 to 6.3% in 2003. A closer look at the monthly unemployment rates reveals a clearer picture of the employment situation in Chenango County. In 1990, the unemployment rate fluctuated from a low of 4.2% to a high of 6.4 % throughout the year. However, in 2004, the monthly rate varied much more – with rates fluctuating between 4.6% and 8.4%. The highest monthly unemployment rates in recent years were in the winter months – January, February, and March. It appears that the loss of manufacturing jobs has resulted in higher seasonal unemployment in Chenango County.

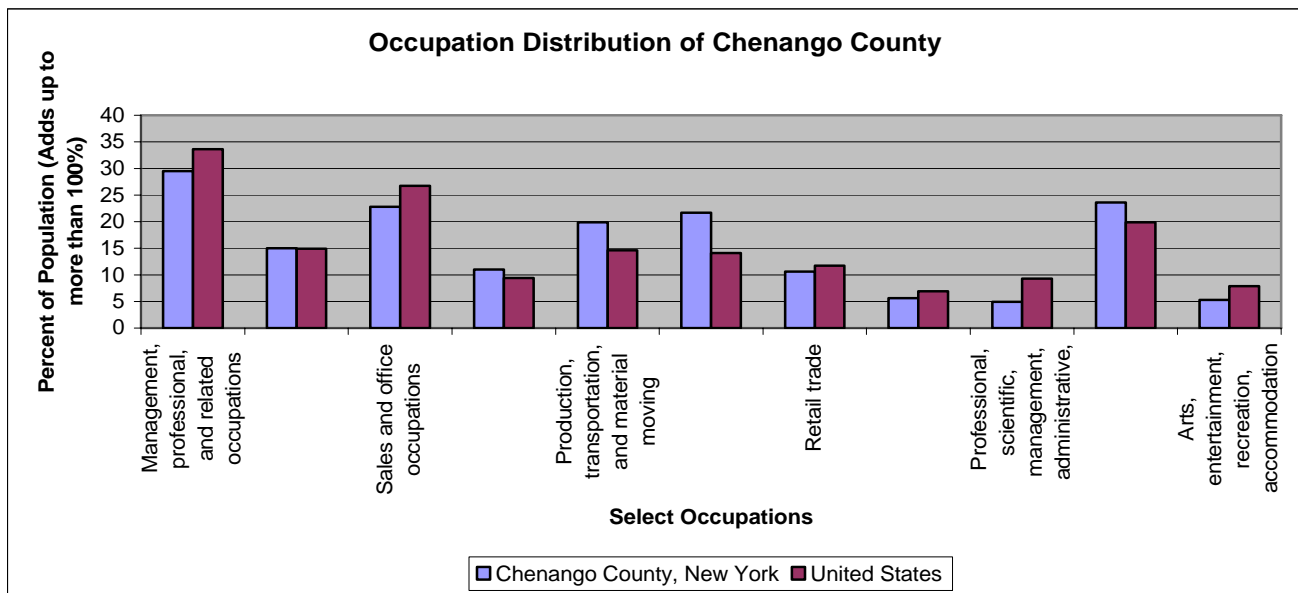
Unemployment is not the biggest employment problem in the Upstate region, underemployment and relatively low wages are. Underemployment¹⁵ in Chenango County is evident from comparing the county’s job distribution to the rest of the country (see Figure 5). While 9.3% of US workers are employed in “professional” jobs, only 4.9% of Chenango residents are counted as such. Chenango County is reliant on farming and manufacturing. In the county, 1.8% of the workforce is in farming and 19.9% are employed in the production/transportation sector. On the national level, 0.7% of the labor force works in the farming and 14.6% works in the production/transportation sector. In addition, 21.7% of the county’s labor force is employed in manufacturing compared to 14.1% nationally and 10%

¹⁵ Underemployment is when individuals are overqualified, in terms of education or experience, for the jobs they hold.

statewide. As we look to the future, these are vulnerable jobs given the decline of both industries nationwide.

The Brookings Institution’s reports [2004a, 2004b] make a strong point of the fact that Upstate workers earn significantly lower wages than workers with similar characteristics (age, race, sex, education) nationwide. This wage gap is most pronounced for educated, young workers providing further support for the notion that underemployment of the most highly educated workers is a problem in the Upstate region. For example, women in this category earned 85% of their counterparts nationally while the men earned 87% of their counterparts. Low wages are likely one of the biggest causes of the out-migration of the educated from the region (brain drain), the relative aging of the Upstate population, and the relative dearth of high income households (those earning more the \$75,000 annually).

Figure 5: Occupational distribution, 2000¹⁶.



¹⁶ 2000 Census, www.census.gov.

VI. Health profile

A. Health Status

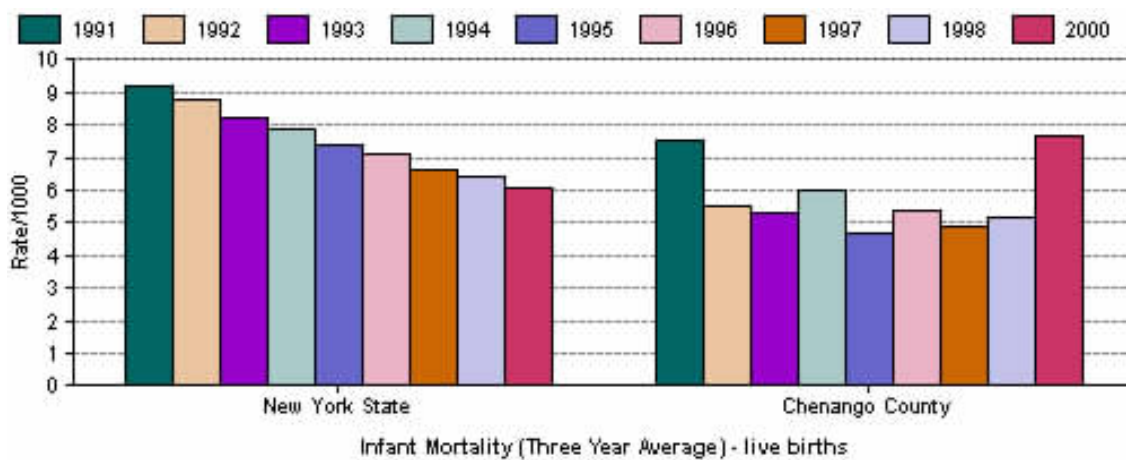
Mortality

Cancer mortality rates in Chenango County are comparable to those reported for the peer counties and the state (see Table A12). Only the oral cancer and cervical cancer death rates are relatively high for Chenango County at 3.8 and 4.8 deaths per 100,000 residents, respectively. The lung cancer rate is, in fact, lower in Chenango County than in any of the peer counties and the state. The diabetes, cirrhosis and asthma mortality rates are also slightly lower than both state and peer county rates (see Tables A14 and A20). The major area of concern, in terms of adult mortality rates, for Chenango County is heart disease. Both the cardiovascular disease mortality rate and the disease of the heart mortality rate are significantly higher than both the state and peer county adjusted rates (see Table A15).

In terms of non-disease mortality, the alcohol related motor vehicle death and injury rate in Chenango County is significantly higher than the state rate and also higher than peer county rates (see Table A33). At 103.7 deaths per 100,000 population, the Chenango County rate is more than twice the state rate. The motor vehicle mortality rate is also high in Chenango County at 21.6 deaths per 100,000 residents compared with 8.3 for New York State and 14.6, 12.1 and 20.6 for Madison, Herkimer and Oswego Counties, respectively. Other behavioral death rates are relatively low in Chenango County. Both the suicide and homicide mortality rates are below the state and peer county rates (see Tables A34 and A35). However, the adolescent suicide mortality rate is relatively high in all Central New York counties as compared to the state rate (see Table A36). The state rate is 5.5 per 100,000 residents ages 15-19 compared to 8.8 in Chenango County, 9.7 in both Madison and Oswego Counties and 28.8 in Herkimer County.

Infant mortality in Chenango County (see Table 14.1) is 9.9 per 1,000 live births, which is higher than the rates for the identified peer counties; Herkimer, Oswego, and Madison have infant mortality rates of 5, 6.3 and 8.9 per 1,000 live births, respectively. New York State has a lower rate than Chenango County at 6 per 1,000 live births. Although the infant mortality rate is slightly higher in Chenango County compared to both state and peer county, the overall numbers are very small with an average of fewer than 10 deaths per year (2000-2002). While the neonatal mortality rate is only slightly higher than the other counties and the state at 5.3 per 1000 live births, the post-neonatal mortality rate is significantly higher than the state and peer county rates. Therefore the higher infant mortality rate for Chenango County is largely explained by the higher post-neonatal mortality rate.

Figure 6: New York State and Chenango County infant mortality rates, 1991-2000.



The childhood death rates are also relatively high in Chenango County (see Table A41). The early childhood (ages 1-4) mortality rate is 42.5 per 100,000 children in Chenango County compared to 26.7 in New York State. The peer counties listed have even lower rates. The childhood (ages 5-14) mortality rate is 26.4 per 100,000 children in Chenango County compared to 13.5 for the state and 11.4 and 6.9 for Herkimer and Madison Counties, respectively. Herkimer has a comparable rate at 25 deaths per 100,000 children.

Morbidity

As is the case with cancer mortality rates, Chenango County has relatively low lung and colorectal cancer incidence rates and a breast cancer rate that is comparable to that of its peer counties and the state (see Table A13). However, the cervical and oral cancer incidence rates are elevated in Chenango County. The cervical cancer incidence rate in Chenango County is 13.7 compared to 10.1 for the state and 7.2, 8.2, and 12.8 for Madison, Herkimer, and Oswego Counties, respectively. The oral cancer rate in Chenango County is 14.1 per 100,000 residents compared to a state rate of 10.4 and rates of 13.5, 10.2 and 11 for Madison, Herkimer, and Oswego Counties, respectively.

Other areas of concern for Chenango County include the extremely high pneumonia discharge rate of 738.9 per 100,000 population (see Table A21). This rate, likely explained by the relatively large population of elderly residents in the county, is significantly higher than the state rate of 506.7 and peer county rates. Chenango County's rates of several communicable diseases are also important to note (see Table A24). The incidence of pertussis (or whooping cough) in Chenango County is 31.2 per 100,000 compared to 6.4 for the state 21.5 for Madison County, and 1.6 for both Herkimer and Oswego Counties. The incidence of strep pneumonia invasive is also relatively high in Chenango County.

Although the infant and child mortality rates are slightly elevated in Chenango County relative to its peer counties and, therefore, merit concern, other measures of child health in Chenango County are encouraging. The percentage of newborns that are HIV positive in Chenango County is negligible (see Table A18). Approximately 7.3% of all babies born in Chenango County are classified as "low birth weight" and 1.3% are classified as "very low birth weight." These numbers are comparable to those for the state and the peer counties (see Table A26). The percentage of children ages 0-4 that are underweight in Chenango County is only 3%, less than half the state rate of 7.5% (see Table A29). The percentage of children ages

0-4 that are overweight in Chenango County is 13%, slightly less than the percentages for the state and the peer counties.

The *1999 Community Health Assessment (CHA)*, undertaken by the Chenango County Department of Public Health, identifies five priority areas that draw attention to the same health issues highlighted by the data presented above. Among the public health priorities set by the CHA are: (1) heart and cardiovascular disease prevention, (2) colorectal and prostate cancer screening and prevention, (3) flu and pneumonia immunization, and (4) injury prevention. In addition, the report notes the importance of improving access to health care in Chenango County.

B. Access to Health Care

Health care in Chenango County revolves around its health care center and only hospital, Chenango Memorial Hospital (CMH). CMH has approximately 60 beds and also operates an internal medicine physician group, a women's health center, a walk-in center, seven free standing health centers throughout the county, a residential health facility, and a school-based clinic program in the Unadilla Valley Central and Oxford Academy and Central Schools. Norwich City Schools also offer a school-based clinic program. In addition to the CMH facilities, there are four other residential health care facilities and four additional health clinics in Chenango County.

Both the Chenango County Department of Public Health's *CHA* and the Chenango Memorial Hospital's *Community Service Plan 2002-2003* identify improving access to care as a top priority for the County. The *CHA* (pp. 38-41) discusses important financial, structural, and personal barriers that limit access to health care in Chenango County. Those most affected by financial barriers are, of course, the near-poor who do not qualify for public assistance and also do not receive private medical insurance from their employers. As mentioned in Section IV, Chenango County has a much higher percentage of its population living in poverty or "near-

poverty” (defined as incomes less than \$25,000) than New York State and several neighboring counties. In Chenango County, 36.1% of households earn \$25,000 or less compared with only 29.6% of New York State households. The relatively high rate of Medicaid and self-pay births in Chenango County (see Table 42) is one indicator that barriers exist to obtaining private health insurance. There are no Medicaid Managed Care Organizations in Chenango County, even though Medicaid participation has increased by 61% since 1996 (Opportunities for Chenango, 2004). Another financial barrier mentioned in both reports is the senior citizens’ access to prescription drugs.

Limited access to dental care is a theme in the *CHA* and *Community Service Plan 2002-2003* as well as in *Opportunities for Chenango’s 2004 Community Assessment*. For example, a significant number of the Heath Start children surveyed for the *2004 Community Assessment* had serious dental disease. One major problem is that there are a limited number of dentists in the county who will accept Medicaid patients. In addition, Chenango County does not have a pediatric dentist and, therefore, children with extensive needs must travel to Utica or Oneonta. These barriers to dental care are compounded by the fact that only three towns – Bainbridge, Norwich, and South New Berlin - in Chenango County have fluoridated water¹⁷.

Limited transportation is a significant barrier that affects health care access and usage in rural upstate counties. As is true in most neighboring counties, there is no extensive, reliable system of public transportation available to Chenango County residents. The fact that the majority of the health resources in the county are centered in or around Norwich makes access particularly difficult for those in outlying areas. The *CHA* indicates that access is most limited in the western townships of Pitcher, Pharsalia, German, McDonough, and Smithville. Low-income families often have to rely on family and friends for rides, or have transportation of their own that may be unreliable or too costly to use. The *Opportunities for Chenango (OFC)*

¹⁷ Opportunities for Chenango, “2004 Community Assessment,” p. 34.

2004 *Community Assessment* indicates that “56% of the families surveyed miss appointments, including medial and dental appointments due to the lack of money for gasoline and 35% because of the condition of their car.” Transportation is also a barrier to care for the elderly who are often reluctant to drive in hazardous road conditions in the winter months.

According to the *CHA* and *OFC’s Community Assessment*, Chenango County also lacks accessible mental health care facilities for both adults and children. Because of a limited amount of counseling services available, the Mental Health Clinic (the only provider that accepts Medicaid) is overburdened with demand and, as a result, there are significant waiting times for non-emergency service. Catholic Charities of Chenango County also provides counseling to residents and accepts private insurance and uses a sliding scale fee structure for those without coverage. In addition to the excess demand at the Mental Health Clinic, lack of insurance, transportation, lack of a licensed child psychiatrist within Chenango County, and the limited number (2) of pediatricians in the county are identified by the *Community Assessment* as barriers to access. Those under county care, according to Betty Osborne of the Department of Social Services, are transported to Oneonta for proper mental health facilities, leading to extremely high costs for the county and large inconveniences for those being served.

Several efforts in recent years have addressed both the access to care problem and the other priority health issues outlined in the previous section. In response to the elevated heart disease mortality rate in the county, CMH has maintained a specialty practice clinic for Cardiology Associates and increased screenings. In addition, a community initiative, the Chenango County Healthy Heart Coalition, was launched to educate the community about making healthy choices about nutrition and the importance of increasing physical activity. In response to the large population of near poor and uninsured, CMH and the Chenango County Department of Social Services (DSS) have collaborated to increased enrollment in Child Health

Plus, Family Health Plus, and Medicaid. This collaboration has included using the CMH and the school-based health centers as facilitated enrollment sites.

The problem of limited access to dental care, particularly for Medicaid recipients and low-income residents, has not gone unnoticed by county health care providers and non-profit organizations. CMH, Chenango Health Network, the Department of Public Health, the Department of Social Services, and Head Start have formed a partnership to provide preventative dental services. CMH also expanded its dental services in 2002. In addition, the Chenango Health Network coordinates opportunities for private dentists to share the burden of seeing *pro bono* patients and a United Way grant provides some funding to pay for dental services for uninsured children. Several new efforts have also been put in place to attempt to deal with the need for mental health care in Chenango County. CMH's school-based initiatives include the services of a Certified Social Worker. The United Way and Youth Bureau also fund a Catholic Charities' project, Building Assets for Resiliency, which helps youth experiencing problems at home.

VII. Housing

The Chenango Housing Council's (2003) "Socioeconomic and Housing Profile of Chenango County" provides a full analysis of the housing situation in Chenango County. While the housing stock is reported to have increased by 8% between 1990 and 2000, the vacancy rate also increased slightly from 13.6% to 16.6%. The vast majority, 75%, of Chenango County's housing stock is owner occupied. Although the median value of owner-occupied housing in Chenango County rose by 12.2% between 1990 and 2000, from \$55,900 to \$62,700, the median value is still less than 58% of the median value (\$148,700) of owner-occupied housing statewide. It is not surprising that Upstate housing values are significantly lower than statewide values; housing values in Chenango County are also low compared to

those in nearby counties. For example, only 12.5% of houses in Madison County are worth less than \$50,000 compared to 32% in Chenango County. At the higher end of the real estate market, 30.3% of Madison County homes are valued between \$100,000 and \$500,000 compared to 12.5% of the housing stock in Chenango County.

Although vacancy rates are somewhat high and home values are relatively low, affordable housing is still an issue in Chenango County because of relatively low household incomes (see Section IV). For homeowners, a monthly housing cost of 30% or less of total income is often considered “affordable” by real estate agents and mortgage lenders. Given this definition, the Chenango Housing Council’s (2003) report estimates that 19% of Chenango County homeowners (1,541 homeowners) could not afford to live in their homes. With continued increases in property taxes, homeowners with low and fixed incomes often struggle to maintain their homes. The latter is particularly trying for the elderly homeowners who have paid off their mortgages, but often cannot afford increasing taxes or upkeep on their properties. The availability of affordable rental properties is also an issue in Chenango County. Using the definition of “affordable” as rental payment of less than 30% of total income, the Housing Council’s (2003) study estimates that 36% of all renters could not afford their current housing.

The lack of affordable housing, particularly rental housing, in Chenango County has resulted in a proliferation of mobile homes dwellings. The Housing Council’s study indicates that 22.5% of the housing stock in Chenango County in 2000 was comprised of mobile homes, up from 20% in 1990. As a result, Chenango County continues to have the highest percentage of mobile homes in New York State. These more affordable residential units do provide immediate financial benefits to residents seeking shelter, as Betty Osborne, Director of the local DSS, notes that “the cost of mobile homes winds up being cheaper than rent and much more affordable than regular housing.” However, in the long-term, mobile homes are not as cost effective. With long winters, mobile homes do not often provide proper insulation from the

weather and, as a result, heating costs can be significant. In addition, buying a mobile home does not provide the investment returns of traditional home ownership, as mobile homes do not maintain their value as well as traditional houses. In fact, the depreciation is so significant that the Housing Council report indicates that approximately 19% of mobile homes in the county are vacant.

A lack of affordable housing also results in a need for transitional shelters and other emergency housing programming. According to the Housing Council's Report, there has been a significant increase in the numbers of those residing in non-institutionalized group quarters, such as homeless and emergency shelters. These numbers have increased dramatically by almost 800% between 1990 and 2000 compared to a 36% increase across the state. Two emergency shelter apartments are operated in the county by Opportunities For Chenango (OFC), in cooperation with the Norwich Housing Authority and the United Way. According to OFC, excessive demand over the past few years means that these "emergency housing" programs no longer can guarantee immediate assistance, as some applicants must wait as long as two years for shelter.

Despite the efforts made by a variety of local service providers and support agencies, there is still likely to be a considerable portion of the homeless population that goes unaccounted for. This group, one of the most vulnerable in any community, may not even know about available services, and often move from home to home without a designated base, living with friends or camping outside. These "people just find places to tuck away,"¹⁸ states Jane Coddington, Director of Catholic Charities, making them, as Janice Burt-Ashton, deputy with Chenango County Department of Social Services notes, a "definite problem. They are too transient to count and are therefore near impossible to reach with aid."

¹⁸ Jane Coddington, interview by Kevin Casey McAvey, 5 August 2004.

VIII. Transportation

As is the case in many rural areas throughout the United States, transportation is a problem in Chenango County. Many residents face challenges in getting to work, and accessing health care and other services. One of economical way to get to travel is public transportation. However, Chenango County residents do not frequently use the county's public transportation system. According to the 2000 Census, only 0.7% of the county's population uses the current system of public transportation to get to work, a low number compared to the 4.7% of Americans who use public transportation systems to get to and from their place of employment. Two reasons for such relatively low use of public transportation in Chenango County are its cost and routes. Fixed bus routes in the county offer an unlimited monthly pass for \$30. This seems like a reasonable cost, but may be too expensive for low-income families. According to the Opportunity for Chenango's 2004 Community Assessment, this price "often prohibit[s] families with lower incomes from using public transportation." In addition, these "fixed" buses generally run only to and from the urban centers within Chenango County such as Norwich, and infrequently in-between "urban clusters" like North Norwich and Plymouth. Thus, with a limited number of destinations and few out-of-county routes, many residents are forced to look for other ways to get to work.

Most Chenango County residents travel by car. According to the 2000 Census, 92.1% of all households in the county had a vehicle available to them, an increase of 0.8% over 1990 figures. Yet, when observing other statistics from the same Census survey, one wonders whether this figure is truly representative of access to transportation in the county. In Chenango County, 13.1% of the population depends on carpooling to get to work, compared with 9.2% in New York State and 12.2% nationwide. Access to reliable transportation is particularly important given the employment challenges faced by the county. According to Chenango

Housing Council's 2003 report, "the percentage of employees who worked outside Chenango County rose from 26.8% in 1990 to almost 31% in 2000. The report also indicates that the "percentage of workers traveling 30 minutes or more to their places of work increased from 21.6% in 1990 to almost 30% in 2000 for Chenango County."

The problem with public transportation is widely recognized as an important problem for improving employment opportunities in Chenango County. Betty Osborne, Commissioner of the Chenango County DSS, plainly states, "public transportation is one of the biggest issues we face in [this] County...we have 7,000 people in Norwich, where it is, but there are 52,000 somewhere else out there." She does acknowledge that the predicament is not one that has a simple answer: "Even if you had an adequate system, the people are independent and would not ride it." Reliable and accessible county transportation and keeping jobs in the community are intrinsically related issues.

IX. Child and Adolescent Well-being

As mentioned in Section III, there is a relatively high child poverty rate in Chenango County (see Table A8). In 2000, the rate was 20.4% in Chenango County compared to 19.1% in New York State and the lower rates of 12.1% and 16.8% in Madison and Herkimer Counties, respectively. The Kids Count 2003 Data Book presents an overview of important indicators of child well-being in New York State by county. In addition to the relatively high poverty rate, several other variables indicate that economic security for children deserves attention in Chenango County. In Chenango County, 13% of children under age 18 received food stamps in 2002, compared to 8.9% in rest of Upstate New York (all of New York State except New York City). Approximately 45% of students enrolled in K-6 in Chenango County public schools received free or reduced-price school lunch in 2002 compared to 31.1% in the rest of upstate (p. 53). 2.3% of Chenango County children and youth were enrolled in public assistance in 2002

and 2.1% were enrolled in SI that year. These numbers are comparable to the state median rates of 3.1% and 1.4%, respectively.

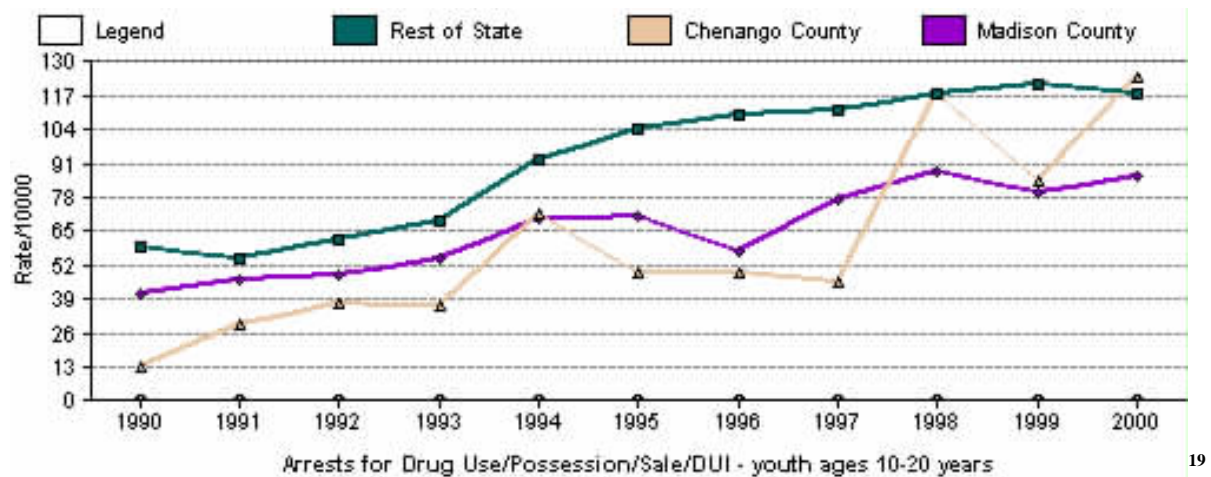
In terms of health status, Section VI indicates that the infant mortality rate is relatively high in Chenango County at 9.9 per 1,000 live births compared to a New York State rate of 6 per 1,000 live births. The childhood death rate is also relatively high in Chenango County (see Table A41). The early childhood (ages 1-4) mortality rate is 42.5 in Chenango County compared to 26.7 in New York State. However, it is important to note that these rates for Chenango County represents very small numbers and, therefore, are quite variable from year to year. The Kids Count 2003 Data Book includes several additional indicators of child health status. The percentage of pregnant women receiving prenatal care in 2001 is relatively high in Chenango County at 80.6% compared to 73% for all of New York State and 77.7% in upstate. Despite the high incidence of prenatal care, the percent of births that are low birth weight in Chenango County is higher than the rest of the state. In 2001, 8.2% of all births in Chenango County were low birth weight births compared to 7% in the rest of upstate.

Risky behavior variables among children and adolescents are also an important indicator of well-being as risky behaviors often lead to poor health outcomes. As mentioned in Section VI, the adolescent suicide mortality rate is relatively high in all Central New York counties as compared to the state rate (see Table A36). For example, the state rate is 5.5 per 100,000 residents ages 15-19 compared to 8.8 in Chenango County. The Kids Count 2003 Data Book presents additional data on risky behaviors. The rate of hospitalizations from self-inflicted injuries for teens ages 15-19 years is 97.1 per 100,000 in Chenango County is 1999-2001 compared to a New York State rate of 89.1 and an upstate rate of 98.7 (page 67). Chenango County also has a relatively high incidence of adolescent arrests relating to property at 39.4 per 1,000 youths for those 16-19 years of age in 2001 compared to an upstate rate of 23.1 for the same age group (page 95). The Chenango County rate has, however, shown

improvement from 1995 levels at 55.5 per 1,000 youths. In addition, the adolescent arrests for violent crime are not elevated in Chenango County. In 2001, the state rate of violent crime arrests per 1000 youth was 11 compared to only 5.9 in Chenango County and 6.2 in the upstate region.

As is true nationally, Chenango County youth are increasing their drug use, and possession and sale of drugs, as well as being more likely to drive under the influence of alcohol or drugs. The rest of the state, not including New York City, has seen an increase in the rate of arrests for drug use/possession/sale/DUI from 104.1 juvenile arrests per 10,000 youths in 1995 to 117.9 in 2000. Over this same period, juvenile arrests in Chenango increased more than double, from 48.9 arrests per 10,000 youths in 1995 to 123 arrest in 2000.

Figure 7: Juvenile arrests for drug use/possession/sale/DUI, 1990-2000.



Chenango County has also seen a tremendous increase in the rate of youth ages 16-20 years of age who are driving while intoxicated. The Kids Count 2003 Data Book reports that the rate per 10,000 youths for Chenango County increased from 34.2 in 1995 to 65.0 in 2000, which is well above the state rate of 28.6 and the upstate rate of 46.6.

Jack Salo, recent executive director of *The Place*, a center for kids and teenagers focused on youth job training, youth job creation, and community service in Chenango County,

¹⁹ New York State Kids' Well-Being Indicators Clearinghouse, 2004, <www.nyskwic.org> (10 November 2004).

sees the provision of youth-oriented services as the key to reduce these figures. “Young people in our rural communities need out of school opportunities to learn, serve, develop job skills and work.²⁰”

One point of major progress since 1995 is the decreased rate of adolescent pregnancies in Chenango County. From 1995 – 2000, the rate has fallen across all age groups. This decline is evident in state and upstate figures as well. For example, in the 10-14 year old cohort, the rate per thousand fell from 1.9 to 1.0. Additionally, in the 15-17 year old cohort, the rate fell from 30.0 to 23.6, and in the 15-19 year old cohort, the rate fell from 58.1 to 56.0.²¹ However, the Chenango County rate for 15-19 year olds is above the upstate rate of 48.7 but below the state rate of 71.

X. Overriding Themes

As the Chenango community prepares its strategic plan for the next decade, there are some overriding themes from this assessment that should be considered. First, the demographic change – the aging of the population - that will challenge communities nationwide in the years ahead is particularly acute in Chenango County. A second related challenge is providing opportunity for young people and keeping them in Chenango County. The lack of opportunity and resulting exodus of the most educated young people results in both “brain drain” and exacerbates the demographic problem. In addition, poverty and its related challenges, and access to health care are topics of concern in many rural communities and Chenango County is no exception.

Aging of the population

In Chenango County, seniors make up approximately 15% of the population, which is higher than the percentage of seniors nationally. While the aging of the population is a national

²⁰ Jack Salo, interview by Kevin Casey McAvey, 4 August 2004.

²¹ “New York State Touchstones,” p. 57

trend, it is more acute in Chenango County because the baby boomers coming to retirement age is intensified by the exodus of young people. Although federal, state, and local governments have understood for decades that the aging of the population in the 21st century would lead to significant resource demands, programs to meet these demands remain under-funded. Health care, transportation, and housing for the elderly will all be in greater demand in the coming years. Without well-planned federal and state government efforts to meet these growing needs, the elderly will look to governmental and non-profit organizations in their local communities for support. As the demands on local communities to meet seniors' needs continue to grow, finding the needed resources will be a challenge in small, rural areas like Chenango County. The tax base generated from the working population is relatively low and declining. The percentage of households in Chenango County with at least one member employed decreased from 76.4% in 1990 to 72.9% in 2000 and will continue to decline as the population ages.

Opportunities for young people

Several statistics in the report suggest that young people do not see Chenango County as a place of opportunity and, as a result, have relatively low aspirations. The percentage of Chenango County high school graduates intending to enroll in college is significantly below that of neighboring counties and New York State. Only 73% of Chenango County high school graduates plan to attend college, compared to 82% in Madison County, 85% in Herkimer County, and 81% in New York State. In addition, the high adolescent suicide mortality rate compared to the state rate as well as increasing use of drugs and alcohol among young people suggests that Chenango County youth may not have the highest aspirations for their future.

The statistical evidence shows that many of these young people eventually choose to leave the county. The county's population of 20 -35 year olds makes up 16% of the total population compared to over 20% in New York State and nationwide. Many of the county's youth, particularly the most motivated and educated, seek better opportunities elsewhere. Why

do young people leave Chenango County? The fact that Chenango County does not have a four-year college means that many young people who want to continue their education must leave the county. They may choose not to come back after college because of weak employment prospects. Given the many corporate downsizings and closings in Chenango County and the increase in seasonal and temporary employment, it may be hard for a young person to envision a future with opportunities for advancement in Chenango County. The fact that Upstate workers earn significantly lower wages than workers with similar characteristics nationwide, and that the gap is most pronounced for educated, young workers, is another important factor in the exodus of youth to other regions.

Keeping Chenango County's young people at home would shore up the tax base, increase community vitality, and improve the human capital resources of the region. Jobs attract and keep people. However, research also shows that jobs are attracted by an educated workforce. Therefore, a healthy development strategy is to focus on both creating jobs and creating other conditions that make people want to stay in the region. Some of the most important "other conditions" that will attract young people to Chenango County are social infrastructure such as child care and affordable housing.

Poverty, Housing, & Transportation

Upstate New York has traditionally been a low-poverty region. But in the 1990s, as poverty declined nationally, it increased in Upstate. The result is that many Upstate counties now exceed state and national poverty rates. In Chenango County, the percentage of persons in poverty increased from 9.3% in 1990 to 14.4% in 2000. Chenango County also has a high child poverty rate at 20.4% in 2000, compared to 19.1% in New York State. In addition, a large percentage of families live very close to the poverty line in Chenango County; 36.1% of households in the county earn \$25,000 or less compared with only 29.6% of New York State households.

Low wages, seasonal unemployment, and the aging of the population are three main causes of poverty in Chenango County. Boosting wages of the working poor would help many of *the third* of Chenango County residents that live in or near poverty. This could be done by bringing better jobs to the county or expanding access to the federal and state Earned Income Tax Credits. In addition, these families and those senior households living on fixed incomes, will need additional assistance in the areas of food security, transportation, housing, and health care. Improving access to existing programs that support the poor such as food stamps, HEAP, WIC, school lunch, and Medicaid is an effective way of improving the well-being of the most vulnerable families while also bringing state and federal dollars into the community.

A lack of affordable housing is a problem that accompanies a high rate of residents living at or near the poverty line. The Chenango Housing Council's report estimates that 19% of Chenango County homeowners and 36% of renters could not afford to live in their homes. As property taxes, already high on national standards, in Upstate communities continue to increase, it becomes increasingly difficult for low income households, especially the elderly on fixed incomes, to afford their homes. Transportation also presents special problems for the poor in rural communities like Chenango County. When there are limited jobs available locally, a reliable form of transportation – which usually has to be a car – is necessary to get a good job in another community. For low-income families, poor transportation options can also be a barrier to accessing other services including health care.

Access to health care

Both the Chenango County Department of Public Health's *Community Health Assessment* and the Chenango Memorial Hospital's *Community Service Plan 2002-2003* identify improving access to health care as a top priority. The primary access issues identified are: (1) lack of private health insurance, (2) a limited number of providers who accept Medicaid, (3) limited access to dental care, and (4) insufficient mental health care. Many of

the overriding themes of this document support the prioritization of access to health care as one of the most important challenges for Chenango County. The aging of the county population indicates that demand for health care will continue to increase in the coming years as will the percentages of the population on Medicare and Medicaid. Rural and small-metropolitan hospital systems, including Chenango Memorial Hospital, will face growing demands from a graying population. Furthermore, it will be a challenge to maintain adequate numbers of doctors and nurses in rural areas like Chenango County.

The County will also need new and rehabilitated housing that suits the needs of elderly residents. This demographic shift will also exacerbate transportation as a barrier to care as the elderly are more likely to need assistance in accessing health care. The increase in the poverty rate over the past decade and the high child poverty rate in Chenango County indicate that the percentage of those without health insurance is increasing. In addition, this trend is also likely to increase the numbers of Chenango County residents who rely on Medicaid.

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Table A1: Total population, by age, 2000

	Madison	Herkimer	Oswego	Chenango	NYS
Age group					
<1	1%	0.9%	1.2%	1.1%	1.3%
1	1	1	1.1	1	1.3
2	1.1	1	1.2	1.1	1.3
3	1.2	1	1.2	1.1	1.2
4	1.2	1.1	1.2	1.2	1.2
5-9	6.2	6.2	6.7	6.6	6.6
10-14	7.1	7.1	7.9	7.8	7
15-17	4.6	4.5	4.7	4.7	4
18-19	5.4	2.5	3.7	2.6	2.7
20-24	7.8	7.1	8.4	5.9	6.8
25-29	4.6	5	5.4	4.9	6.6
30-34	6.1	5.8	6.3	6.1	7.5
35-39	7.5	7	7.7	7.3	8
40-44	8.2	7.8	8.3	8.1	8
45-49	7.7	7.6	7.4	7.7	7.3
50-54	6.8	7.1	6.7	7	6.6
55-59	5.7	5.9	5.4	6.1	5.3
60-64	4.4	4.8	4	4.8	4.1
65-69	3.4	3.8	3.1	3.9	3.4
70-74	3.1	3.7	2.8	3.6	3.1
75-79	2.6	3.6	2.4	3.1	2.7
80-84	1.9	3	1.8	2.3	1.9
85+	1.6	2.6	1.4	2	1.8

Source: New York State Department of Health Website; National Center for Health Statistics; New York State Community Health Data Set - 2002

Table A2: Total population, by race, 2000

Total population by race	Madison	Herkimer	Oswego	Chenango	NYS
Not Hispanic or Latino	100%	100%	100%	100%	100%
White alone	96.6	98.2	97.6	97.9	73
Black or African American alone	1.2	0.4	0.5	0.7	17.3
American Indian and Alaska native alone	0.5	0.1	0.4	0.4	0.3
Asian alone	0.7	0.4	0.4	0.3	6.4
Native Hawaiian and other Pacific Islander alone	0	0	0	0	0
Some other race alone	0.2	0	0	0	0.5

Two or more races	0.8	0.8	1.1	0.7	2.4
Hispanic or Latino	100%	100%	100%	100%	100%
White alone	54.4	59.8	50	74.2	39.4
Black or African American alone	10.1	6.6	2.2	3.4	6.8
American Indian and Alaska native alone	2	2.6	0.4	0	0.9
Asian alone	0.6	1.6	0.4	0.7	0.3
Native Hawaiian and other Pacific Islander alone	0	0	0	0	0.1
Some other race alone	25.2	16.3	36.5	11.9	44.6
Two or more races	7.7	13.1	10.5	9.8	7.9

Source: US Census Bureau, Census 2000 summary form

Table A3: Households by type, 2000

	Madison	Herkimer	Oswego	Chenango	NYS
HOUSEHOLDS BY TYPE					
Total households	100	100	100	100	100
Family households (families)	69.3	66.5	68.6	68.0	65.7
With own children under 18	33.6	30.6	35	32.5	31.6
Married-couple family	55.1	51.2	52.8	53.1	46.6
With own children under 18	24.7	21.4	24.5	22.5	21.6
Female householder, no husband	9.7	10.3	10.8	9.8	14.7
With own children under 18	6.1	6.2	7.2	6.6	8.1
Nonfamily households	30.7	33.5	31.4	32.0	34.3
Householder living alone	24.5	27.6	24.3	26.1	28.1
Householder 65 years and over	10.3	13.7	9.7	11.4	10.1
Households with persons under 18	36	32.8	37.7	35.2	35
Households with persons 65 years +	24.3	29.7	22	26.2	25
Average household size	2.55	2.46	2.6	2.52	2.61
Average family size	3.04	2.99	3.08	3.01	3.22

Source: US Census Bureau, Census 2000 summary form

Table A4: Educational attainment, 2000

	Madison	Herkimer	Oswego	Chenango	NYS
School enrollment					
Population 3 years and over enrolled in school	100%	100%	100%	100%	100%
Nursery school; preschool	5.2	5.4	4.3	5.7	6.4
Kindergarten	4.4	6.2	4.6	5.7	5.2
Elementary school (grades 1-8)	39.9	45.3	45.5	51	42.3
High school (grades 9-12)	20.9	24.2	20.7	25.4	21.1
College or graduate school	29.6	18.9	24.8	12.1	24.9
Educational attainment					
Population 25 years and over	100%	100%	100%	100%	100%

Less than 9th grade	4.1	5.4	5	5.6	8
9th to 12th grade; no diploma	12.6	15.2	14.5	13.8	12.9
High school graduate (includes equivalency)	33.2	35.4	41.2	39.9	27.8
Some college; no degree	17.8	17.5	17.2	17.3	16.8
Associate degree	10.8	10.8	7.6	9	7.2
Bachelor's degree	12.9	9.9	9.2	8.4	15.6
Graduate or professional degree	8.7	5.8	5.3	6	11.8
Percent high school graduate or higher	83.3	79.4	80.4	80.6	79.1
Percent bachelor's degree or higher	21.6	15.7	14.4	14.4	27.4

Source: US Census Bureau, Census 2000 summary form

Table A5: High school dropouts, 2002

	Madison	Herkimer	Oswego	Chenango	NYS
High school dropouts	2.5%	3.1%	3.3%	2.8%	3.7%
High school graduates intending to enroll in college - public schools	81.5%	85.4%	79.0%	73.1%	80.8%
High school graduates receiving regents diplomas - public schools	60.8%	61.2%	59.3%	59%	55.6%

Source: NYS Kids' Well-being Indicator Clearinghouse; NYS Education Department; Office of Information; Reporting and Technology Services.

Table A6: Income of households and families, 1999

	Madison	Herkimer	Oswego	Chenango	NYS
Households	100%	100%	100%	100%	100%
Less than \$10,000	8.4	11.4	10.4	10	11.5
\$10,000 to \$14,000	6.4	10.2	8.2	9	6.4
\$15,000 to \$24,999	13.3	16.7	14.4	17.1	11.7
\$25,000 to \$34,999	14.2	14.2	14.7	15.7	11.4
\$35,000 to \$49,999	18.7	19.2	17.4	18.3	14.8
\$50,000 to \$74,999	20.5	17.6	19.9	17.8	18.4
\$75,000 to \$99,999	9.4	6.9	8.8	7.0	10.6
\$100,000 to \$149,999	5.9	2.8	4.8	3.7	9.1
\$100,000 to \$149,999	1.6	0.5	0.7	0.9	2.9
\$200,000 or more	1.5	0.4	0.6	0.5	3.3
Median household income (dollars)	\$40,184	\$32,924	\$36,598	\$33,679	\$43,933
Families	100%	100%	100%	100%	100%
Less than \$10,000	3.8	5.3	6	6.3	7.7
\$10,000 to \$14,000	4.2	5.8	4.8	6.4	4.6
\$15,000 to \$24,999	10.6	14.7	12.9	15.0	9.9
\$25,000 to \$34,999	13.2	15	14.9	15.2	10.8
\$35,000 to \$49,999	20.5	22.3	18.9	20.8	15.1

\$50,000 to \$74,999	24.6	22.3	23.5	21.3	20.5
\$75,000 to \$99,999	11.8	9.5	11.1	8.6	12.7
\$100,000 to \$149,999	7.6	3.8	6.2	4.5	11.2
\$150,000 to \$199,999	2.1	0.7	1.0	1.4	3.5
\$200,000 or more	1.7	0.5	0.7	0.6	4.0
Median family income (dollars)	\$47,889	\$40,750	\$43,821	\$39,711	\$51,691

Source: US Census Bureau, Census 2000 summary.

Table A7: Poverty status by age, 2000

	Madison	Herkimer	Oswego	Chenango	NYS
Income below poverty level	9.8%	12.5%	14%	14.4%	14.6%
Under 5 years	14.9	19.4	23.6	21.1	21.2
5 years	16.8	15.8	18.2	17.5	21.1
6 to 11 years	10.1	16.5	16.6	22	20.6
12 to 17 years	9.7	13.7	15	18.2	18.3
18 to 64 years	9.3	11.7	13.1	13.2	13.1
64 to 75 years	6.8	8.8	7.8	8.2	10.4
75 years and over	11.3	12	11.7	9.4	12.4

Source: US Census Bureau, Census 2000 summary form

Table A8: Percentage of children living in poverty, 2000

	Madison	Herkimer	Oswego	Chenango	NYS
Children living in poverty	12.1	16.8	17.5	20.4	19.1

Source: NYS Kids' Well-being Indicator Clearinghouse; Small Area Income and Poverty Estimates Program (SAIPE); 2003

Table A9: Children and Youth Receiving Supplemental Security Income, 2003

	Madison	Herkimer	Oswego	Chenango	NYS
Children receiving SSI	0.9	1.5	1.5	1.9	1.5

Source: NYS Kids' Well-Being Indicator Clearinghouse; http://www.nyskwic.org/access_data/, Social Security Administration; Office of Research Evaluation and Statistics; NYS Application Service Center - SDX File; 2003 data compiled in November 2004

Table A10: Children and Youth Receiving Public Assistance, 2003

	Madison	Herkimer	Oswego	Chenango	NYS
Children receiving public assistance	1.2	2.8	3.6	3.4	7.8

Source: NYS Kids' Well-Being Indicator Clearinghouse; http://www.nyskwic.org/access_data/, NYS Office of Temporary and Disability Assistance; Bureau of Data Management and Analysis; Welfare Management System; 2003 data compiled in November 2004

Table A11: Unemployment rate, Chenango County.

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ann Avg
2004	8.1%	8.4%	8.1	6.6	6.0	5.9	5.3	4.9	4.6	4.6			
2003	7.2	7.5	7.0	6.4	6.0	5.9	5.9	5.4	5.8	5.8	6.4	6.7	6.3
2002	8.1	8.3	7.9	6.5	6.1	5.9	5.6	4.9	5.0	4.8	5.5	5.9	6.2
2001	5.7	5.9	5.4	4.3	4.2	4.4	4.6	4.2	4.9	5.2	5.9	6.5	5.1
2000	7.0	7.2	6.0	4.9	4.3	4.2	3.9	3.5	3.7	3.7	4.3	4.5	4.8
1999	7.3	7.9	7.5	5.8	5.8	6.0	5.3	4.6	4.9	4.7	5.0	5.4	5.9
1998	7.4	7.6	7.0	5.2	5.2	5.2	4.8	4.3	4.6	4.8	5.3	5.6	5.6
1997	7.7	8.1	7.4	6.1	5.6	5.5	5.7	4.9	5.6	5.6	6.3	6.5	6.2
1996	8.3	8.8	8.0	6.6	6.1	6.2	6.1	5.2	5.5	5.2	6.0	6.2	6.5
1995	9.1	9.3	8.5	7.5	7.0	7.1	6.7	6.2	6.6	6.3	6.9	6.8	7.3
1994	10.1	9.9	9.3	8.2	7.6	7.7	7.4	6.5	7.3	6.8	7.9	7.9	8.0
1993	9.6	9.5	8.9	7.9	7.8	7.9	7.2	6.8	7.0	7.2	8.2	8.4	8.0
1992	8.9	9.3	8.9	8.2	7.9	7.8	7.4	6.6	6.6	6.8	7.2	8.0	7.8
1991	7.5	8.2	7.6	7.6	7.1	6.7	6.8	5.8	6.0	6.0	6.7	7.0	6.9
1990	6.3	6.4	5.9	5.5	4.7	4.9	5.0	4.2	4.4	4.8	5.9	5.3	5.3

New York State Department of Labor. "Unemployment Rates and Labor Force: Chenango County." September 2004. <http://64.106.160.140:8080/lmi/laus_results2.jsp?PASS=1&area=04000017Chenango+County> (10 November 2004)

Table A12: Cancer - death rates per 100,000 residents, 1998-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
	Adjusted rate	Adjusted rate	Adjusted rate	Adjusted rate	Adjusted rate
Lung & bronchus cancer¹	66.5	57.9	69.4	47.6	49.5
Breast cancer²	29.3	24.1	22.4	27.3	27.7
Cervical cancer³	2.1	2.4	4.8	4.4	2.8
Colorectal⁴	24.9	25.1	21.5	23.1	21.6
Oral⁵	2	2.4	1.8	3.8	2.5

Note: Adjusted rates are age adjusted to the 2000 United States population

*Total deaths over 1998-2002 is considered to calculate the respective rates;

Source: NYS Department of Health website; 1 http://www.health.state.ny.us/nysdoh/chac/cha/ca_lun.htm;

2 http://www.health.state.ny.us/nysdoh/chac/cha/ca_bre.htm; 3

http://www.health.state.ny.us/nysdoh/chac/cha/ca_utc.htm;

4 http://www.health.state.ny.us/nysdoh/chac/cha/ca_col.htm;

5 http://www.health.state.ny.us/nysdoh/chac/cha/ca_orx.htm; New York State Community Health Data Set – 2002; 1998-2002 Vital Statistics Data. Published in August, 2004

Table A13: Cancer Incidence rates per 100,000 residents, 1997-2001*

	Madison	Herkimer	Oswego	Chenango	NYS
	Adjusted rate	Adjusted rate	Adjusted rate	Adjusted rate	Adjusted rate
Lung & bronchus cancer¹	86.9	74.9	90.8	64.1	67.2
Breast cancer²	131.6	134.6	136.7	131.8	131.4
Cervical cancer³	7.2	8.2	12.8	13.7	10.1
Colorectal⁴	71.9	78.4	72.3	50.3	62.3

Oral⁵	13.5	10.2	11	14.1	10.4
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Note: Adjusted rates are age adjusted to the 2000 United States population.

*Total incidence rates over 1997-2001 is taken to calculate the respective rates.

Source: NYS Department of Health website; 1 http://www.health.state.ny.us/nysdoh/chac/cha/ci_lun.htm

2 http://www.health.state.ny.us/nysdoh/chac/cha/ci_bre.htm; 3

http://www.health.state.ny.us/nysdoh/chac/cha/ci_utc.htm;

4 http://www.health.state.ny.us/nysdoh/chac/cha/ci_col.htm;

5 http://www.health.state.ny.us/nysdoh/chac/cha/ci_ora.htm, New York State Community Health Data Set – 2002; 1997-2001 Cancer Registry Data. Published in August, 2004

Table A14: Diabetes - death rates per 100,000 residents, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
	Adjusted rate	Adjusted rate	Adjusted rate	Adjusted rate	Adjusted rate
Diabetes mortality	17.6	18.7	24.6	17.9	19.7

Note: Adjusted rates are age adjusted to the 2000 United States Population.

*Total deaths over 2000-2002 is taken to calculate respective rates.

Source: NYS Department of Health website; <http://www.health.state.ny.us/nysdoh/chac/cha/diabet.htm>, New York State Community Health Data Set – 2002; 2000-2002 Vital Statistics Data, published in 2004

Table A15: Heart Disease - death rates per 100,000 residents, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
	Adjusted rate	Adjusted rate	Adjusted rate	Adjusted rate	Adjusted rate
Cardiovascular disease mortality¹	317.9	342.8	348.5	378.9	341
Cerebrovascular disease mortality²	55.9	44.7	54.8	49.3	38.4
Disease of the heart mortality³	235.2	276.8	276.3	298.7	283.6

Note: Adjusted rates are age adjusted to the 2000 United States population.

*Total deaths over 2000-2002 is considered to calculate respective rates.

Source: NYS Department of Health Website; 1 <http://www.health.state.ny.us/nysdoh/chac/cha/cardio.htm>;

2 <http://www.health.state.ny.us/nysdoh/chac/cha/cerebr.htm>; 3

<http://www.health.state.ny.us/nysdoh/chac/cha/dishrt.htm>. New York State Community Health Data Set – 2002; 2000-2002 Vital Statistics Data. Published in August, 2004

Table A16: AIDS - death rates per 100,000 residents, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
	Adjusted rate	Adjusted rate	Adjusted rate	Adjusted rate	Adjusted rate
AIDS Deaths	1.5	0	0.5	1.9	10.9

Note: Adjusted rates are age adjusted to the 2000 United States population

*Total deaths over 2000-2002 is considered to calculate respective rates

Source: NYS Department of Health Website; <http://www.health.state.ny.us/nysdoh/chac/cha/aids.htm>

New York State Community Health Data Set – 2002; 2000-2002 Vital Statistics Data. Published in August, 2004

Table A17: AIDS Cases - rate per 100,000 population, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
AIDS Cases	0.5	0.5	2.7	6.5	25.5

Note: Total cases over 2000-2002 is considered to calculate respective rates

Source: NYS Department of Health Website; <http://www.health.state.ny.us/nysdoh/chac/cha/ac.htm>

New York State Community Health Data Set – 2002; 2000-2002 Bureau of HIV/Aids Epidemiology Data.

Published in August, 2004

Table A18: HIV Positive Newborns - rate per 1,000 Newborns tested, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
HIV positive Newborns	0.5	0	0.2	0.6	3.4

Note: Total cases over 2000-2002 is considered to calculate respective rates

Source: NYS Department of Health website; <http://www.health.state.ny.us/nysdoh/chac/cha/nh.htm>

New York State Community Health Data Set – 2002; 1999-2001 Bureau of HIV/Aids Epidemiology Data;

updated in august, 2004

Table A19: Sexually Transmitted Diseases - rate per 100,000 population, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Early syphilis¹	0	0	0	0	4.7
Early syphilis(age 15-19)²	0	0	0	0	3.7
Gonorrhea³	11	26	10.6	5.2	112.6
Gonorrhea (age 15-19)⁴	24.3	108.1	38.9	26.3	390.3
Congenital syphilis⁵	0	0	8	0	13.6
Pelvic inflammatory disease hospitalization⁶	28.1	26.3	37.8	40.2	62.4

Note: *Total cases over 2000-2002 is considered to calculate respective rates

Source: NYS Department of Health website; 1<http://www.health.state.ny.us/nysdoh/chac/cha/sb.htm>;

2<http://www.health.state.ny.us/nysdoh/chac/cha/sa.htm>; 3<http://www.health.state.ny.us/nysdoh/chac/cha/gb.htm>;

4<http://www.health.state.ny.us/nysdoh/chac/cha/ga.htm>; 5<http://www.health.state.ny.us/nysdoh/chac/cha/cs.htm>;

6<http://www.health.state.ny.us/nysdoh/chac/cha/pidp.htm>

New York State Community Health Data Set – 2002; 2000-2002 bureau of STD control Data; published in August, 2002

Table A20: Adjusted death rates per 100,000 residents, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Cirrhosis mortality¹	7.2	7.1	10.4	6.3	7.2
Chronic lower respiratory disease²	48.3	45.3	66.5	56	34.8
Asthma mortality³	1	1.4	0.3	1	1.7

Note: Adjusted rates are age adjusted to the 2000 United States population

*Total deaths over 2000-2002 is considered to calculate respective rates

Source: NYS Department of Health website; 1 <http://www.health.state.ny.us/nysdoh/chac/cha/cirrho.htm>

2 <http://www.health.state.ny.us/nysdoh/chac/cha/clrd>; 3 <http://www.health.state.ny.us/nysdoh/chac/cha/ast0.htm>

New York State Community Health Set – 2002; 2000-2002 Vital Statistics Data. Published in August, 2004

Table A21: Ambulatory Sensitive Conditions - discharge rate per 100,000 population age <5, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Asthma ¹	467.6	432.8	340.3	450.3	661
Gastroenteritis ²	153	255.7	441.5	184.7	139.7
Otitis media ³	17	29.5	59.8	34.6	64.5
Pneumonia ⁴	586.6	472.1	542.7	738.9	506.7

Note: *Total deaths over 2000-2002 is considered to calculate respective rates

Source: NYS Department of Health website; 1<http://www.health.state.ny.us/nysdoh/chac/cha/asthma0.htm>;

2 <http://www.health.state.ny.us/nysdoh/chac/cha/>; 3 <http://www.health.state.ny.us/nysdoh/chac/cha/otitis0>;

4 <http://www.health.state.ny.us/nysdoh/chac/cha/pneumo0.htm>

New York State Community Health Data Set – 2002; 2000-2002 SPARCS data. Published in August, 2004

Table A22: Asthma discharge rate per 100,000 population age 5-14, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Asthma	48.6	75.8	75.1	96.7	223

Note:*Total cases over 2000-2002 is considered to calculate respective rates

Source: NYS Department of Health website; <http://www.health.state.ny.us/nysdoh/chac/cha/asthma1.htm>

New York State Community Health Data Set – 2002; 2000-2002 SPARCS Data. Published in August, 2004

Table A23: Asthma discharge rate per 100,000 population, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Total ¹	120.4	120	97.3	82	205.9
Age 15-24 ²	30.8	50.3	48.2	41.8	90.3
Age 25-44 ³	75.8	75.7	75.2	43.6	135.1
Age 45-64 ⁴	123.7	83.9	112.6	56.8	206.1
Age 65+ ⁵	255.9	235.9	95.4	73.9	247.8

Note:*Total cases over 2000-2002 is considered to calculate respective rates

Source: NYS Department of Health website; 1<http://www.health.state.ny.us/nysdoh/chac/cha/asthma6.htm>;

2 <http://www.health.state.ny.us/nysdoh/chac/cha/>; 3<http://www.health.state.ny.us/nysdoh/chac/cha/asthma3>;

4 <http://www.health.state.ny.us/nysdoh/chac/cha/>; 5<http://www.health.state.ny.us/nysdoh/chac/cha/asthma5>.

New York State Community Health Data Set – 2002; 2000-2002 SPARCS Data. Published in August, 2004

Table A24: Communicable Diseases – rate per 100,000 population, 2003

	Madison	Herkimer	Oswego	Chenango	NYS
Amebiasis	0	0	0	0	3.4
Babesiosis	0	0	0	0	0.4
Campylobacteriosis	12.9	15.7	14.6	13.6	11.3
Cryptosporidiosis	5.7	6.3	0.8	3.9	1.4
Cyclospora	0	0	0	0	0.1
Ehrlichiosis	0	0	0	0	0.4
Encephalitis	1.4	0	0.8	2	1.3
Giardiasis	18.6	12.6	10.6	5.9	13
Hepatitis a	1.4	0	0	0	0.1
Hepatitis b	0	0	0	0	3.1
Hepatitis c	0	3.1	2.4	0	1.6
Hemolytic uremic	0	3.1	0	0	

syndrome					
Legionellosis	1.4	1.6	0.8	0	1.3
Malaria	0	0	0	0	1.4
Measles	0	0	0	0	0.04
Meningitis/aseptic	4.3	0	3.3	3.9	6.1
Mumps	0	0	0	0	0.1
Pertussis	21.5	1.6	1.6	31.2	6.4
Strep group a invasive	1.4	18.9	1.6	9.7	2.7
Strep group b invasive	0	0	1.6	9.7	4.6
Strep pneumonia invasive	11.5	0	10.6	15.6	10.8
Toxic shock syndrome	0	0	0	0	0.04
Typhoid fever	0	0	0	0	
Yersiniosis	0	0	0	0	0.3

Source: NYS Department of Health; <http://www.health.state.ny.us/nysdoh/cdc/2003/index.htm>; 2003 Communicable Disease Annual Rates; data was published in august 3, 2004 (excludes inmates)

Table A25: Infant Mortality- Rate per 1,000 live births, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Infant mortality ¹	8.9	5	6.3	9.9	6
Neonatal mortality ²	4.4	4.5	4.5	5.3	4.2
Post-neonatal mortality ³	2.7	0.5	1.9	4.7	1.8
Spontaneous fetal deaths 20+ weeks ³	5.7	7.4	4.2	7	7.7

Note: *Total deaths over 2000-2002 were considered to calculate respective rates

Source: NYS Department of Health website; 1 <http://www.health.state.ny.us/nysdoh/chac/cha/infmort.htm>;

2 <http://www.health.state.ny.us/nysdoh/chac/cha/>; 3 <http://www.health.state.ny.us/nysdoh/chac/cha/>;

4 <http://www.health.state.ny.us/nysdoh/chac/cha/sfd20.htm>

New York State Community Health Data Set – 2002; 2000-2002 Vital Statistics Data. August, 2004

Table A26: Maternal Child Health - percentage per 100 live births, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Low birth weight ¹	7.2	6.3	7.1	7.3	7.8
Very low birth weight ²	1.9	1.2	1.3	1.3	1.5
Short gestation <37 weeks ³	11.9	10	10.6	10.7	11.5
Early prenatal care ⁴	81.7	77.1	77.8	79.4	73.3
Late/no prenatal care ⁵	3.7	3.4	4	2	6.2

Note: *Total cases over 2000-2002 were considered to calculate respective rates

Source: NYS Department of Health website; 1 <http://www.health.state.ny.us/nysdoh/chac/cha/lowbwt.htm>;

2 <http://www.health.state.ny.us/nysdoh/chac/cha/>; 3 <http://www.health.state.ny.us/nysdoh/chac/cha/>;

4 <http://www.health.state.ny.us/nysdoh/chac/cha/>; 5 <http://www.health.state.ny.us/nysdoh/chac/cha/>;

New York State Community Health Data Set – 2002; 2000-2002 Vital Statistics Data. August, 2004

Table A27: Newborn Drug Related Discharge rate per 10,000 Newborn discharges, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Newborn drug related discharges	19.1	0	41.9	23.6	58

Note: *Total cases over 2000-2002 were considered to calculate respective rates

Source: NYS Department of Health Website; <http://www.health.state.ny.us/nysdoh/chac/cha/v3drug.htm>
 New York State Community Health Data Set – 2002; 2000-2002 SPARCS data. Published in August, 2004

Table A28: Maternal Mortality - rate per 100,000 live births, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Maternal mortality	0	0	23.5	0	16.1

Note: *Total cases over 2000-2002 were considered to calculate respective rates

Source: NYS Department of Health Website; <http://www.health.state.ny.us/nysdoh/chac/cha/matmort.htm>
 New York State Community Health Data Set – 2002; 2000-2002 Vital Statistics Data, August, 2004

Table A29: Children (age 0-4) who are underweight - percent per 100 children tested, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Underweight children	4	1.9	2.2	3	7.5

Note: *Total cases over 2000-2002 were considered to calculate respective rates

Source: NYS Department of Health Website; <http://www.health.state.ny.us/nysdoh/chac/cha/uw.htm>
 New York State Community Health Data Set – 2002; 2000-2002 Division of Nutrition Data, August, 2004

Table A30: Children (age 0-4) who are overweight - percent per 100 children tested, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Overweight children	14.5	14.5	14.2	13	16.3

Note: *Total cases over 2000-2002 were considered to calculate respective rates

Source: NYS Department of Health Website; <http://www.health.state.ny.us/nysdoh/chac/cha/ow.htm>
 New York State Community Health Data Set – 2002; 2000-2002 Division of Nutrition Data, August, 2004

Table A31: Drug Related - Discharge Rate – per 10,000 population, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Drug-related hospitalization	5	9.1	6.6	6.8	30.5

Note: *Total cases over 2000-2002 were considered to calculate respective rates

Source: NYS Department of Health Website; <http://www.health.state.ny.us/nysdoh/chac/cha/drug.htm>
 New York State Community Health Data Set – 2002; 2000-2002 SPARCS data, published in August, 2004

Table A32: Cirrhosis Mortality: adjusted death rates per 100,000 residents, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Cirrhosis mortality	7.2	7.1	10.4	6.3	7.2

Note: Adjusted rates are age adjusted to the 2000 United States Population;

*Total cases over 2000-2002 were considered to calculate respective rates

Source: NYS Department of Health Website; New York State Community Health Data Set – 2002; 2000-2002 Vital Statistics Data, published in August, 2004

Table A33: Alcohol Related Motor Vehicle Deaths and Injuries - rate per 100,000 population, 1999-2001*

	Madison	Herkimer	Oswego	Chenango	NYS
Alcohol related motor vehicle	91.2	80.2	102.8	103.7	49.2

deaths/injuries					
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Note: *Total deaths over 1999-2001 were considered to calculate respective rates

Source: NYS Department of Health Website; <http://www.health.state.ny.us/nysdoh/chac/cha/al.htm>

New York State Community Health Data Set – 2002; 1999-2001 NYS Department of Motor Vehicles Data, August, 2004

Table A34: Suicide Mortality - adjusted rate per 100,000 residents, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Suicide mortality	12.9	14.5	10.6	6.6	6.6
Homicide mortality	0.5	1.1	2.5	2.1	5

Note: *Total cases over 2000-2002 is considered to calculate the respective rates

Source: NYS Department of Health Website; <http://www.health.state.ny.us/nysdoh/chac/cha/suicid.htm>

New York State Community Health Data Set – 2002; 2000-2002 Vital Statistics Data, August, 2004

Adjusted rates are age adjusted to the 2000 United States population

Table A35: Homicide Mortality – adjusted rate per 100,000 Residents, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Homicide mortality	0.5	1.1	2.5	2.1	5

Note: *Total cases over 2000-2002 is considered to calculate the respective rates

Source: NYS Department of Health Website; <http://www.health.state.ny.us/nysdoh/chac/cha/homici.htm>

New York State Community Health Data Set – 2002; 2000-2002 Vital Statistics Data, August, 2004

Adjusted rates are age adjusted to the 2000 United States population

Table A36: Adolescent/Young Adult Suicide (age 15-19) - death rates per 100,000 residents ages 15-19, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Adolescent/young adult (age 15-19) suicide mortality	9.7	28.8	9.7	8.8	5.5

Note: *Total cases over 2000-2002 is considered to calculate the respective rates

Source: NYS Department of Health Website; <http://www.health.state.ny.us/nysdoh/chac/cha/suicad.htm>

New York State Community Health Data Set – 2002; 2000-2002 Vital Statistics Data, August, 2004

Table A37: Self-inflicted Injury - discharge rate per 100,000 population, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Self-inflicted injury hospitalization(total)	35.8	56.6	51.9	41.7	41.9
Self-inflicted injury hospitalization(age 15-19)	82.6	129.7	113.5	114	92.1

Note: *Total cases over 2000-2002 is considered to calculate the respective rates

Source: NYS Department of Health Website; <http://www.health.state.ny.us/nysdoh/chac/cha/selfall.htm>

<http://www.health.state.ny.us/nysdoh/chac/cha/self1519.htm>

New York State Community Health Data Set – 2002; 2000-2002 SPARCS data, published in August, 2004

Table A38: Assault - discharge rate per 100,000 population, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Assault hospitalization	6.7	10.4	16	13	44

Note: *Total cases over 2000-2002 is considered to calculate the respective rates

Source: NYS Department of Health Website; <http://www.health.state.ny.us/nysdoh/chac/cha/assault.htm>
 New York State Community Health Data Set – 2002; 2000-2002 SPARCS data, published in August, 2004

Table A39: Unintentional Injury – adjusted death rate per 100,000 residents, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Unintentional injury mortality	34.9	25.4	39.2	37.4	21.5
Motor vehicle mortality	14.6	12.1	20.6	21.6	8.3

Note: Adjusted rates are age adjusted to the 2000 United States population;

*Total deaths over 2000-2002 is considered to calculate the respective rates

Source: NYS Department of Health Website; <http://www.health.state.ny.us/nysdoh/chac/cha/totacc.htm>;

<http://www.health.state.ny.us/nysdoh/chac/cha/mvacc.htm>

New York State Community Health Data Set – 2002; 2000-2002 Vital Statistics Data, August, 2004

Table A40: Unintentional Injury - discharge rate per 100,000 population, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Hospitalization due to unintentional injury(total)	494.3	829.6	646.6	688.3	593
Hospitalization due to unintentional injury(age<10)	195.1	271.3	251.1	248.8	285.6
Hospitalization due to unintentional injury(age 10-14)	226.2	335.7	288.4	280.6	261.6
Hospitalization due to unintentional injury(age 15-24)	274.2	421.7	362.7	470.4	348
Hospitalization due to unintentional injury(age 25-64)	329.4	451.6	465.5	424.9	400.5
Hospitalization due to unintentional injury(age 65+)	1913.4	2911	2572.2	2368.8	2147.7
Traumatic brain injury hospitalization	70.2	62.9	90.8	84.6	66.3

Note:*Total cases over 2000-2002 is considered to calculate the respective rates

Source: NYS Department of Health Website; <http://www.health.state.ny.us/nysdoh/chac/cha/uitot.htm>

New York State Community Health Data Set – 2002; 2000-2002 SPARCS Data, published in August, 2004

Table A41: Early Childhood death rates per 100,000 residents age 1-4, 2000-2002*

	Madison	Herkimer	Oswego	Chenango	NYS
Early childhood mortality(age 1-4)¹	20.8	48	11.4	42.5	26.7
Childhood/adolescent mortality(age 5-14)²	6.9	11.4	25	26.4	13.5
Adolescent/young adult mortality (age 15-19)³	29.2	57.6	84.3	61.4	48.6

Note:*Total deaths over 2000-2002 is considered to calculate the respective rates

Source: NYS Department of Health Website; 1 <http://www.health.state.ny.us/nysdoh/chac/cha/chd04.htm>;

2 <http://www.health.state.ny.us/nysdoh/chac/cha/chd14>; 3 <http://www.health.state.ny.us/nysdoh/chac/cha/chd19>

New York State Community Health Data Set – 2002; 2000-2002 Vital Statistics Data, August, 2004

Table A42: Medicaid/Self-pay Births - percentage per 100 live births, 2000-2002

	Madison	Herkimer	Oswego	Chenango	NYS
Medicaid/self-pay births	33.7	40.6	40.4	46.2	41.3

Source: NYS department of health website; <http://www.health.state.ny.us/nysdoh/chac/cha/medslf.htm>
New York State Community Health Data Set – 2002; 2000-2002 Vital Statistics Data. August, 2004