

2015 RURAL BROOME COUNTS REPORT

CHALLENGE: Rural Health Access and Equity

Rural Broome Counts is a needs-assets assessment project that examines the 11 rural townships in Broome County. The August 2015 Rural Broome Counts report is an initial assessment that will be updated every three years to track the status of rural Broome County and provide information for other planning efforts. The report is available online at: www.rhnsny.org/programs/partnerships/rural-broome-counts

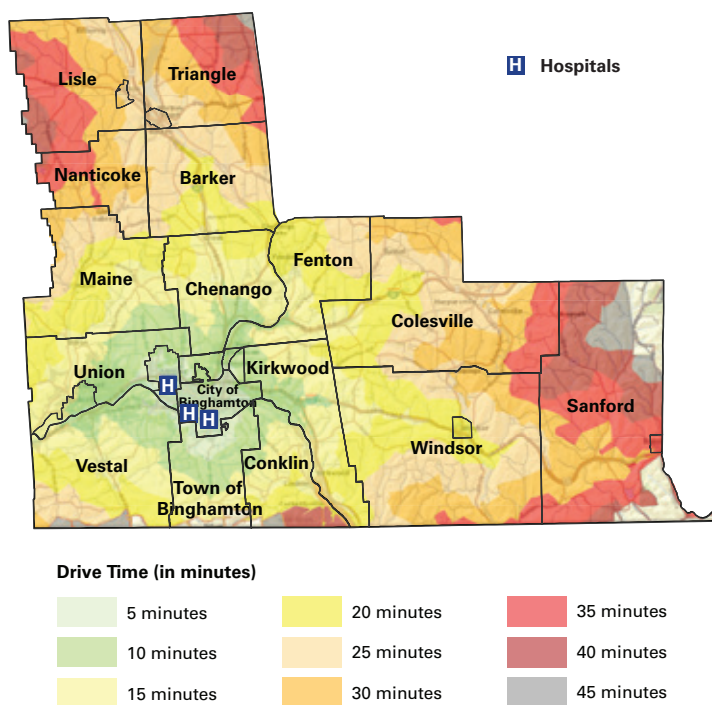
Quick Facts: Broome County is the largest county by population in South Central New York with 199,928 residents.¹ Using the New York State Office of Rural Health’s definition of *rural*, 11 of 16 Broome County townships are considered rural.² 46,736 (23.4%) of Broome County’s residents live in rural townships.¹

Community members who participated in the Rural Broome Counts Kick-Off identified access to healthcare as one of rural Broome County’s top three challenges.

REPORT FINDINGS:

- An individual’s health and well-being are often influenced by factors and systems that are outside of his or her control (housing quality, access to education, or economic stability).³
- Rural residents seek **equitable access** to health supports, including: transportation, nutritious foods, health insurance, prescriptions, vision and dental plans, financial assistance programs, health education, safe rural gathering places, walkable communities, and tobacco free zones.
- The Harpursville community remains **without a primary care facility**.
- The UHS Lisle primary care clinic closed July 31, 2015, impacting access to care for the rural residents of Lisle, Triangle, Nanticoke, and Barker.
- Inappropriate use of non-emergency EMS **increases cost and response time** for true medical emergencies. (See map.)

HOSPITAL DRIVE TIMES: BROOME COUNTY NY



Author: Aron Flynn, Geography and GIS Department, University of Northern Colorado. Date: 7 June, 2015. Credits: Broome County GIS Web Portal, Google Maps. Service Layer Credits: Sources: Esri, HERE, DeLorme, USGS, Intermap, increment P Corp., NRCAN, Esri Japan, METI, Esri China (Hong Kong), Esri (Thailand), TomTom, MapmyIndia, © OpenStreetMap contributors, and the GIS User Community.

¹ U.S. Census Bureau. (2010). 2010 U.S. Census. Retrieved from: <http://www.census.gov>.

² New York State Department of Health, Office of Health Systems Management, Division of Health Facility Planning, Charles D. Cook Office of Rural Health. Request for Applications: Rural Health Network Development Program. (2012). Retrieved from: <https://www.health.ny.gov/funding/rfa/inactive/1207271020/1207271020.pdf>.

³ Centers for Disease Control and Prevention. (2014). Retrieved from: <http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>

CHALLENGES:

- Geographic isolation and a lack of resources contribute to **health disparities** in rural regions.
- Supporting a full range of health care services, including behavioral health services, in rural municipalities is expensive.
- Low population density, privacy protections, and a lack of systems connectivity constrain the collection of essential rural health data.

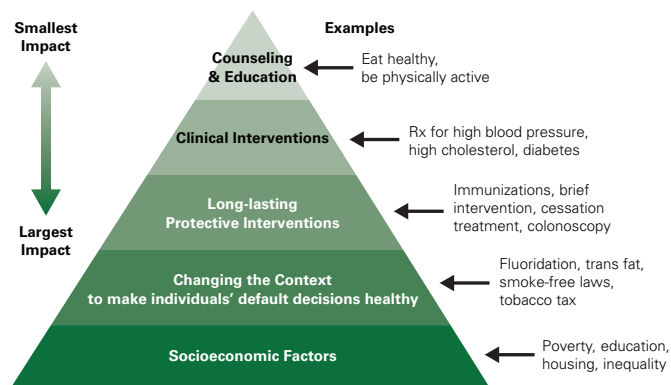
RECOMMENDATIONS:

- Integrate health supports into existing rural primary care sites (social worker, disease educator, community navigator).
- Offer more health services through community settings (senior centers, libraries, schools, and public housing).
- Recognize the various factors that impact health and take steps to combat them (*see CDC Health Impact Pyramid*).
- Build partnerships to increase rural healthy lifestyle education opportunities.
- Utilize licensed health care staff and paraprofessionals to provide care coordination, case management, and health education in rural homes and communities.
- Increase mobile health services among rural communities.
- Manage chronic conditions through health care coordination, nursing visits, telemedicine, and evidence-based disease interventions.
- Support and promote existing rural health services.

Special thanks to United Way of Broome County, Rural Broome Counts Advisory Committee, transportation work group members, key informant interviewees, AmeriCorps VISTA, Rural Health Service Corps, NYS Office of Rural Health, and rural Broome residents.

CDC HEALTH IMPACT PYRAMID

Factors that Affect Health



Check the Tarrant County Public Health web site to learn more: <http://health.tarrantcounty.com>
Centers for Disease Control and Prevention (CDC)

TOOL TO ASSESS FOOD INSECURITY⁴

Below is an example of a specific strategy that can be utilized to survey food insecurity.

Quantity

For each statement, please consider "often true," "sometimes true," or "never true" for your household within the past 12 months:

1. I worried we would run out of food before we had money to buy more.
2. The food we have at home didn't last and we didn't have money or transportation to get more.

A response of "sometimes true" or "often true" to either question designates food insecurity.

Quality

1. Yesterday I ate ___ servings of fruit (___ fresh, ___ frozen, ___ canned).
2. Yesterday I ate ___ servings of vegetables (___ fresh, ___ frozen, ___ canned).
3. On average I eat ___ servings of fruit daily (___ fresh, ___ frozen, ___ canned).
4. On average I eat ___ servings of vegetables daily (___ fresh, ___ frozen, ___ canned).

Healthy goal is 5-7 servings of fresh fruit or vegetables per day. Fresh is best, followed by frozen, and then canned.



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⁴ Hager ER, et al. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics*, 126: e26-e32.