

RURAL BROOME
COUNTS 

Rural Household Budgets

July 2016



Rural Broome Counts: Rural Household Budgets

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Acknowledgements

Individuals and Organizations that Contributed Information and/or Services to Rural Broome Counts

We offer our gratitude and support to all the dedicated professionals and AmeriCorps and VISTA members that serve rural Broome County and contribute to each community's quality of life.

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Introduction

The first Rural Broome Counts (RBC) needs-assets assessment, published in August 2015, examined several factors that members of our community had identified as strengths—rural schools, community spirit, and natural resources. The assessment also investigated several challenges that were identified through the same community participatory process—transportation, rural health services, and poverty. Through this research, the RBC team discovered that poverty is highly multifaceted and deserves a more in-depth look.

In partnership with United Way of Broome County, the RBC team considered how to apply the Asset Limited, Income Constrained, Employed Project (ALICE) and the construct of a household survival budget to rural Broome.¹ The ALICE project originated through a collaboration between the United Way of Northern New Jersey and Rutgers University.

As part of their work, the ALICE researchers constructed household survival budgets which showed how much income a household required to meet basic needs beyond the poverty threshold determined by the federal government. The budgets also reflected differences in the cost of living among counties within the same state.

The ALICE household survival budget contains five major components: child care, food, health care, housing, and transportation.² The combined costs of housing and transportation often make up the greatest portion of a household's budget, accounting for almost half of

the average household's budget.³ In rural areas, the portion of the budget needed for housing and transportation can be even higher. In response to this finding, the RBC team thoroughly investigated rural housing and released the follow-up report, *Rural Broome Counts: Housing Supplement* in July 2016.

The RBC team also recognized the need to comprehensively review the five components, as they are all social determinants of health, a public health concept that is crucial to address when aiming to improve community health.⁴ Additionally, studying these factors would help to paint a picture of the true needs in rural Broome.

Utilizing data available from federal, state, county, and local sources, the RBC team assessed differences in spending, costs, and resources across the five components of the household budget. The resulting report presents a snapshot of variations in need across the county and identifies potential areas for achieving the greatest impact on improving the lives of rural Broome residents.

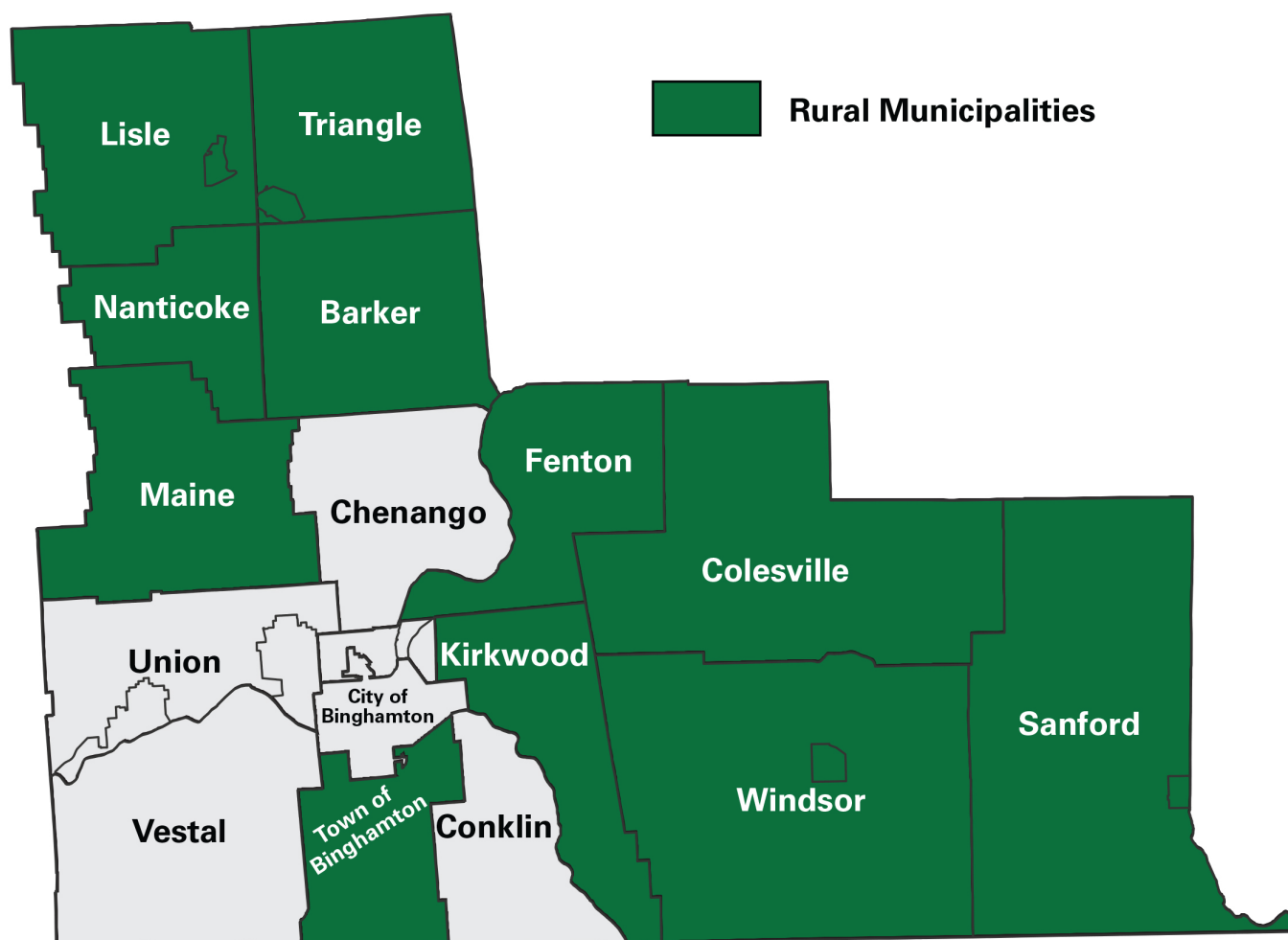
1.) Rutgers University and United Way of Northern New Jersey. (2016). *ALICE: Asset Limited, Income Constrained, Employed*. Retrieved from: <http://www.unitedwayalice.org/>.

2.) Ibid.

3.) U.S. Department Housing and Urban Development. (2016). *Housing and Transportation Affordability Initiative*. Retrieved from: http://portal.hud.gov/hudportal/HUD?src=/program_offices/economic_resilience/housing_transaffinitative.

4.) University of California San Francisco Center on Social Disparities in Health, Robert Wood Johnson Foundation, and Build Healthy Places Network. (2015). *Making the Case for Linking Community Development and Health*. Retrieved from <http://www.buildhealthyplaces.org/re-sources/making-the-case-for-linking-community-development-and-health/>.

Rural Broome County Definition



To determine which municipalities are rural, this report adheres to the definitions laid out by the New York State Office of Rural Health, which states, “Rural towns have a population density less than 200 persons per square mile. Towns with less than 250 persons per square mile are considered rural with special permission granted from the NYS Office of Rural Health.”

Rural Broome Municipalities:

- 1.) Lisle
- 2.) Triangle
- 3.) Nanticoke
- 4.) Barker
- 5.) Maine
- 6.) Town of Binghamton
- 7.) Fenton¹
- 8.) Kirkwood
- 9.) Colesville
- 10.) Windsor
- 11.) Sanford

Suburban Broome Municipalities:

- 1.) Vestal
- 2.) Conklin
- 3.) Union
- 4.) Dickinson
- 5.) Chenango

Urban Broome:

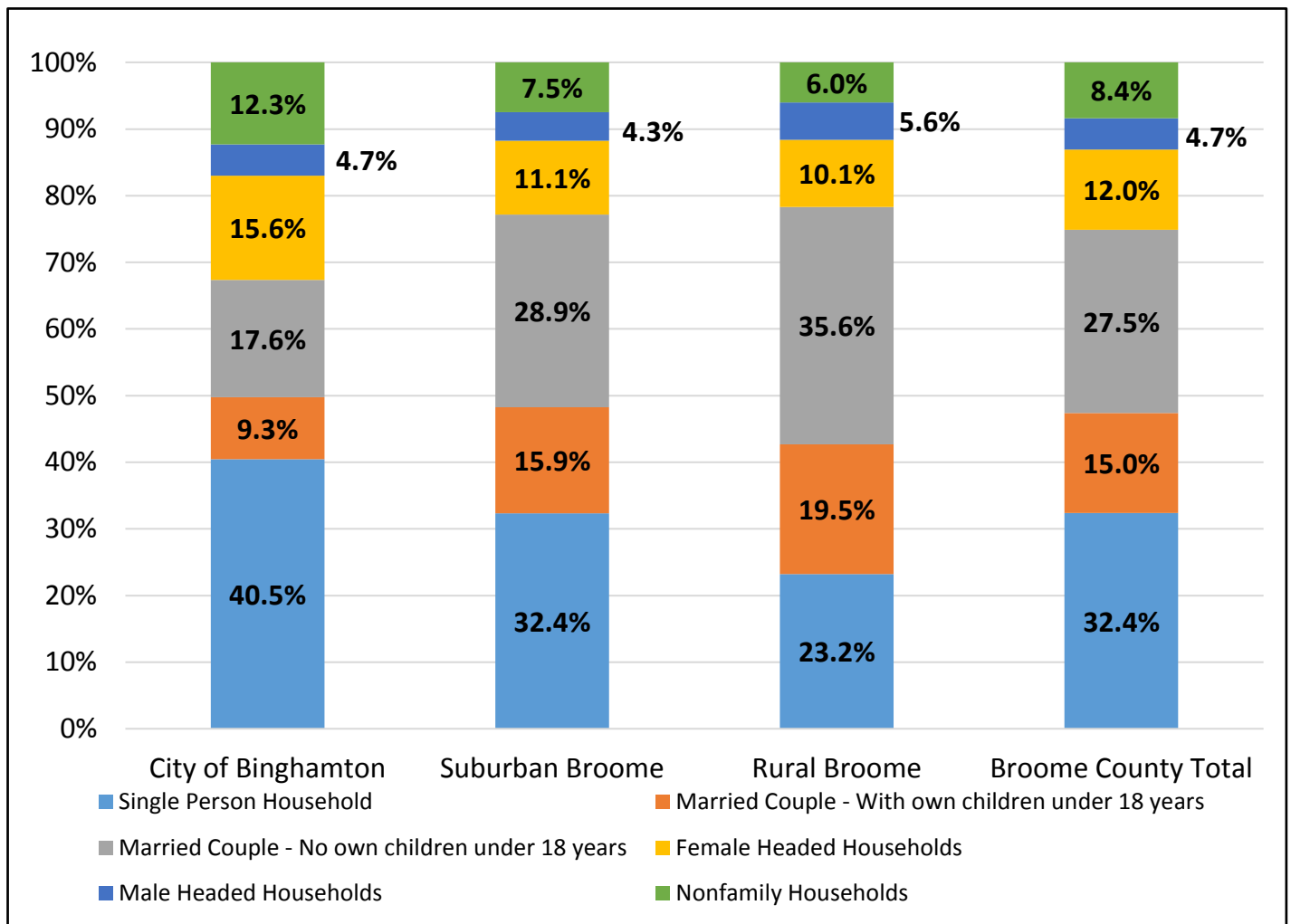
- 1.) City of Binghamton

1.) Town of Fenton has a population density between 200 and 250 person per square mile.

Broome County Household Composition

Household size and composition varies across Broome County, as shown in Figure 1. The City of Binghamton and suburban Broome have higher percentages of single person households than does rural Broome, while the City of Binghamton has the lowest percentage of married couples with and without children under 18 years of age. The household expenditure data presented in this report reflects an aggregation across household composition types, as the data is already presented in small geographical units. Challenges arise in interpretation and validity of data when it is highly subdivided. Household composition percentages by region should be utilized when interpreting the data presented in the following report.

Figure 1: Percentage of Households by Type in Broome County (2010)²



2.) A 'Nonfamily Household' is defined as a householder living alone or with nonrelatives only. (Note: Family households and husband-wife-couple families do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex-couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex-couple households with no relatives of the householder present are tabulated in nonfamily households.)

Child Care

Early childhood education is critical for helping young people to learn, grow, and succeed. The benefits of quality programming from an early age have been clearly linked to positive developmental outcomes and a child’s overall health and well-being. However, quality programming is not equally accessible to all. Barriers such as availability, geography, family income, parent education, behavioral health challenges, and a host of other factors may keep a child from receiving high-quality early childhood education. The following discussion will explore some of the factors that prevent equal access to solid education in the early years, with particular focus on rural Broome County families.

Figure 2: Percent of Children Living in Poverty, Broome County, NY

Municipality	Percent of Children Living in Poverty
City of Binghamton	49%
Triangle	26%
Maine	26%
Barker	25%
Kirkwood	23%
Union	21%
Fenton	21%
Conklin	20%
Colesville	20%
Lisle	19%
Dickinson	17%
Nanticoke	17%
Sanford	14%
Windsor	13%
Town of Binghamton	11%
Chenango	10%
Vestal	8%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-year estimates, Table DP03

POVERTY

According to the Annie E. Casey Foundation, “Growing up in poverty is one of the greatest threats to healthy child development.”¹ Low-income families struggle to provide the necessary supports to their children, including safe housing, nutritious foods, and high-quality child care and early education.

Nationwide, the child poverty rate has yet to recover to the pre-recession rates, remaining at 22% for the past few years.² In Broome County, the rate is even higher, with 24% of children living at or below the federal poverty level.³ Poverty rates vary a great deal across the county, as shown in Figure 2. In the urban center, the City of Binghamton, 49% of children live in poverty, double the county rate. Outside the urban center, rural municipalities, shaded in green in Figure 2, account for four of the five highest rates of child poverty.

Childhood poverty in rural areas can be even more challenging than it is in urban areas, as families in rural areas have limited access to many resources that could help them. Schools often form the center of rural communities, housing the majority of programming and supports available to families. These programs include preschool, free and reduced school lunches, summer feeding sites, and school-based health clinics. In rural areas, families have few options outside of the schools to improve their household situations. Rural schools have become the cornerstone for maintaining a healthy, vibrant communities.

RURAL CHILD CARE CAPACITY & AVAILABILITY

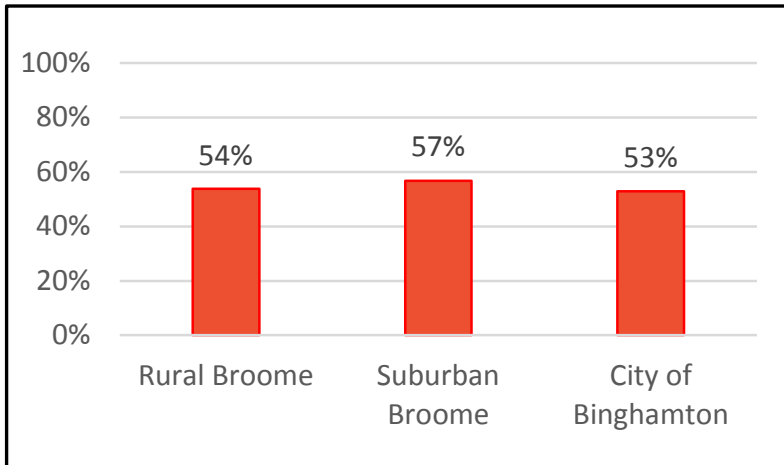
Families seeking child care have both regulated and non-regulated options. Regulated options include licensed child care centers, group/family child care providers, legally-exempt, and School Aged Child Care (SACC). Non-regulated options include relatives, in-home care, or illegal child care providers. Among the regulated options, child care centers are

1.) Annie E. Casey Foundation. (2016). The 2016 Kids Count Data Book. Retrieved from: <http://www.aecf.org/m/resourcedoc/aecf-the2016kidscountdatabook-2016.pdf>.

2.) Ibid.

3.) University of Wisconsin Population Health Institute. (2016). County Health Rankings: Broome County, NY. Retrieved from: <http://www.countyhealthrankings.org/>.

Figure 3: Percent of Households with Children, Parents Employed, Broome County, NY



Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, (Table S23020).

dedicated facilities which provide early childhood education to children within a certain age range. Family child care or group family child care providers are providers licensed by the state to offer child care in their own homes. Finally, parents can choose legally-exempt care, a term used specifically for care paid for by government subsidies, using relatives or paying child care professionals to deliver child care in the family’s home. Services in these categories vary by availability, cost, hours of operation, and quality of care from community to community. It is particularly challenging to find care for children under age two or children with special needs.

To assess child care capacity in rural areas, one must examine the number of regulated child care slots available in each setting. Child care centers and family child care homes are licensed to provide care to a specific number of children based on classroom size and number, number of adults present, and age of the children. Family Enrichment Network, which houses the Child Care Resource and Referral program for Broome County, releases an annual community assessment, examining the number of child care slots available and the estimated need by county.⁴ However, the report

4.) Family Enrichment Network. (2016). Community Assessment 2016-2017. Retrieved from: http://familyenrichment.org/resource_files/Community%20Assessment%202016-2017%20db1%20spaced.pdf

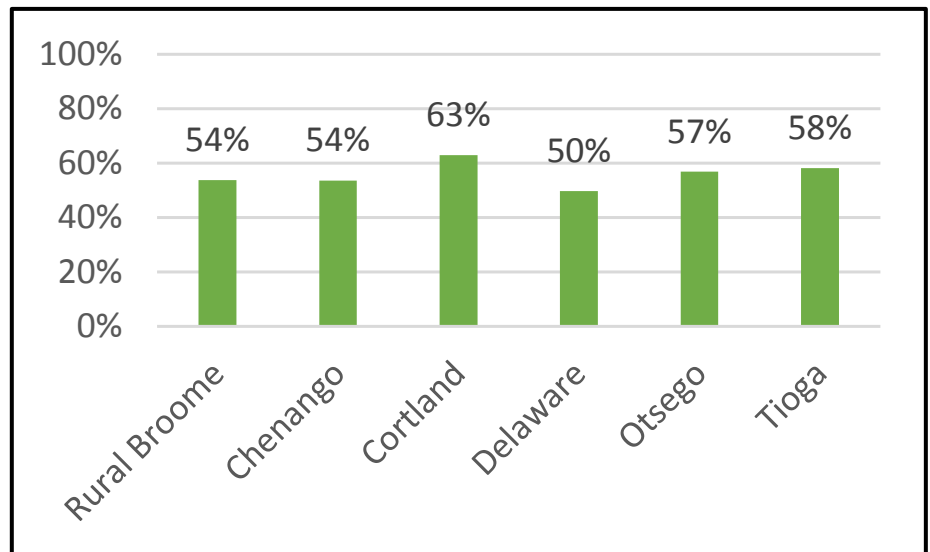
masks variability in need across school districts and regions. Family composition, employment status, and the number of convenient child care providers can vary throughout the rural and urban parts of the county.

According to five-year estimates covering 2010-2014, from the American Community Survey (ACS), 54% of rural households with their own children under the age of 18 are in need of child care (Figure 3). These households include married couples with both spouses employed and single-parent household where the sole parent is employed. Suburban Broome demonstrates a slightly higher need, at 57%. Need in the City of Binghamton is slightly lower, with 53% of households with children needing child care support.

Employment statistics vary in the surrounding rural counties, ranging from a high of 63% in Cortland County to a low of 50% in Delaware County (Figure 4). The number of families seeking child care in each county probably depends in part on availability of appropriate employment and the associated wages.

In Broome County, four school districts are considered rural under the New York State Office of Rural Health’s definition: Deposit, Harpursville,

Figure 4: Percent of Households with Children, Parents Employed, Rural Counties, NY



Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, (Table S23020).

Figure 5: Child Care Need and Capacity in Rural Broome County School Districts

School District	Deposit		Harpurville		Whitney Point		Windsor	
	Under 5	5-12 Years	Under 5	5-12 Years	Under 5	5-12 Years	Under 5	5-12 Years
Number of Children ⁷	103	204	533	445	587	973	535	1062
Demand for Child Care ⁸	65	108	336	236	370	516	337	563
Regulated Capacity ⁹	51	14	40	8	152	54	48	10
Using Relative / In-Home Care ¹⁰	28	46	147	101	162	221	148	241
Total Unmet Need	-15	48	148	127	55	240	141	311

Refer to Appendix A located on page 36 for the full listing of licensed child care providers in rural Broome County.

Whitney Point, and Windsor.⁵ The table above, Figure 5, shows the need and capacity for child care in each of these rural communities. Of the four school district communities, Whitney Point has the greatest child care capacity, with both a licensed child care center and several family child care homes. Deposit is the only rural other community with a licensed child care center; the Harpurville and Windsor school districts each offer only family child care and group family child care as options. Although each adult present in each of these settings is eligible to provide care for up to eight children, some may choose to enroll fewer children.⁶ Therefore, the actual number of licensed slots may be less than reflected above.

The methodology used to calculate unmet need is based on population estimates and average percentages of households that seek external child care. The actual need by age group and community may vary, depending on the accuracy of the estimate. But the data presented here can be used to assess the degree of need by community. Based on these estimates, both the Harpurville and Windsor communities are underserved for both age groups. Figure 6, to the right, shows the aggregated results of unmet need in these rural communities. In entirety, the unmet need in rural Broome County accounts for approximate-

ly 20% of the unmet need in Broome County as a whole.

In many communities, parents who cannot meet the need for child care otherwise turn to unlicensed providers offering in-home care. Some providers may be unlicensed simply because they are unaware of New York State regulations guiding child care provision in the home, while others feel that there is too much red tape to manage.¹¹ While the care offered in an unregulated setting is often less expensive, it cannot guarantee that the children are receiving the best quality care.¹²

One additional barrier are the hours of operation of child care providers. Parents and caretakers who work second and third shift often do not have regulated options for childcare, limiting the employment opportunities that parents with young children can consider.

Figure 6: Unmet Child Care Need in Broome County

	Under 5	5-12 Years
Total Rural Unmet Need	330	726
Broome County Unmet Need¹²	1751	3484
% Rural Unmet Need	19%	21%

CHILD CARE COST

Nationwide, the cost of child care is continually on the rise. Kim Downs, Director of the Whitney Point Preschool and Child Care Center, said, “Child care is no longer for the middle class; it is accessible mainly by those receiving support from social services and

11.) K. Hayes, personal communication, May 18, 2016.

12.) Family Enrichment Network. (2016). Community Assessment 2016-2017. Retrieved from: http://familyenrichment.org/resource_files/Community%20Assessment%202016-2017%20db!%20spaced.pdf

5.) Towns with fewer than 200 persons per square mile. Adapted for school districts which serve only rural towns.

6.) K. Hayes, personal communication, May 18, 2016.

7.) U.S. Census Bureau. 2010-2014 American Community Survey 5-Year Estimates, (Table DP05)

8.) Annie E. Casey Foundation. (2015). Kids Count Data Book. Retrieved from: <http://www.aecf.org/m/resourcedoc/aecf-the2015kidscountdatabook-2015.pdf>.

9.) New York State Office for Children and Family Services. Find Child Care. Retrieved from: http://ocfs.ny.gov/main/childcare/ccfs_template.asp.

10.) Annie E. Casey Foundation. (2015). Kids Count Data Book. Retrieved from: <http://www.aecf.org/m/resourcedoc/aecf-the2015kidscountdatabook-2015.pdf>.

Figure 7: New York State Office of Children and Family Services Weekly Market Rates for Child Care Providers in Group 3 Counties, 2016.¹⁵

	Under 1 ½ years	1 ½ years – 2 years	3 – 5 years	6 – 12 years
Licensed or Registered Day Care Centers and Legally-Exempt Care	\$200	\$190	\$180	\$170
Group Family & Family Day Care Homes	\$150	\$150	\$150	\$143
Legally-Exempt Family Child Care Standard Rate	\$98	\$98	\$98	\$93
Legally-Exempt Family Child Care Enhanced Rate	\$105	\$105	\$105	\$100

Source: Child Care Market Rates Advanced Notification, Transmittal 16-OCFS-INF-06, NYS Office of Children & Family Services.

the wealthy.”¹³ Unfortunately, this statement is becoming more valid daily as the cost of operating centers and offering quality program continues to rise, in turn increasing costs for families and taxpayers.

The New York State Office of Children and Family Services releases market rate recommendations for subsidized child care, based on the type of care, age of the child, region of the state, and amount of time the child is in care.¹⁴ Additional recommendations exist for children with special needs. The table above, Figure 7, shows the 2016 release of weekly market rates. Based on these rates, the cost of child care for an infant is \$10,400 for the year, an unaffordable figure for many families.

The two licensed child care centers in rural Broome county charge rates comparable to the market rates listed in Figure 7.^{16,17} When possible, these child care centers offer incentives

13.) K. Downs, personal communication, April 27, 2016.

14.) NYS Office of Children & Family Services. (2016). Child Care Market Rates Advance Notification, Transmittal 16-OCFS-INF-06.

15.) Group 3 counties include: Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Cortland, Delaware, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Montgomery, Niagara, Oneida, Orleans, Oswego, Otsego, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Washington, Wyoming, and Yates.

16.) K. Downs, personal communication, April 27, 2016.

17.) P. Petterson, personal communication, May 6, 2016.

such as multiple child discounts and reduced rates for paying in advance, to remain competitive and accommodate the situation of their clients. With tight budgets and limited funding, however, the centers can provide only so much assistance.

Household spending on child care varies significantly across communities. Figure 8, below, depicts the average annual household spending on child care, based on the Consumer Expenditure Survey conducted by the U.S. Bureau of Labor and Statistics. However, these averages do not accurately reflect individual household spending, as the survey averages across all households, rather than just those with

Figure 8: Average Annual Household Spending on Child Care Costs by Census Tract, Broome County, NY, 2015

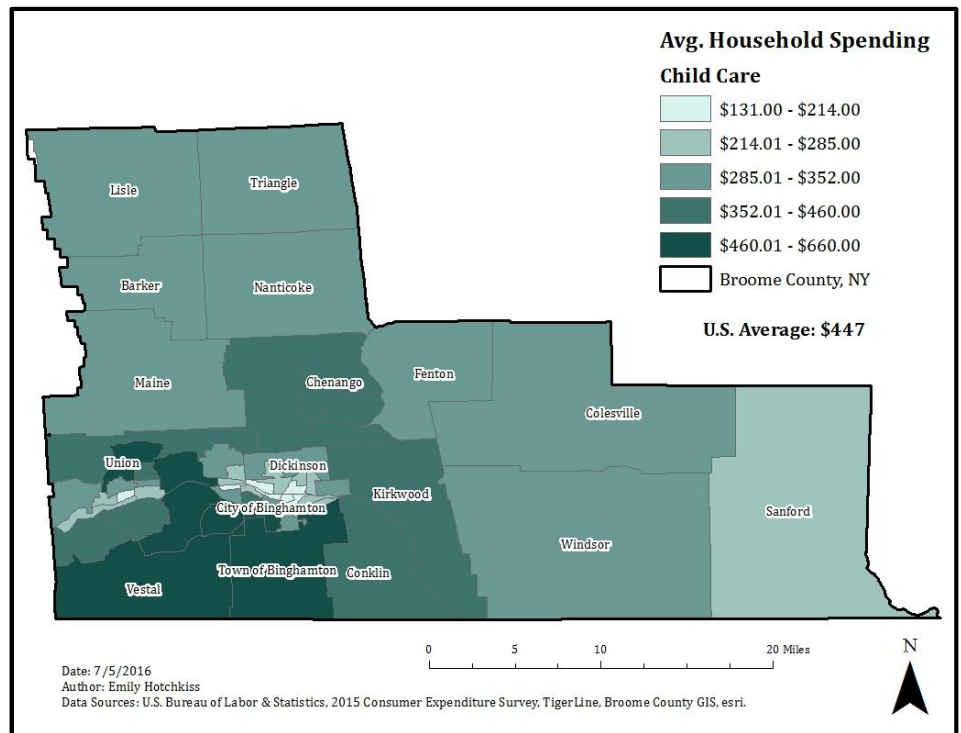
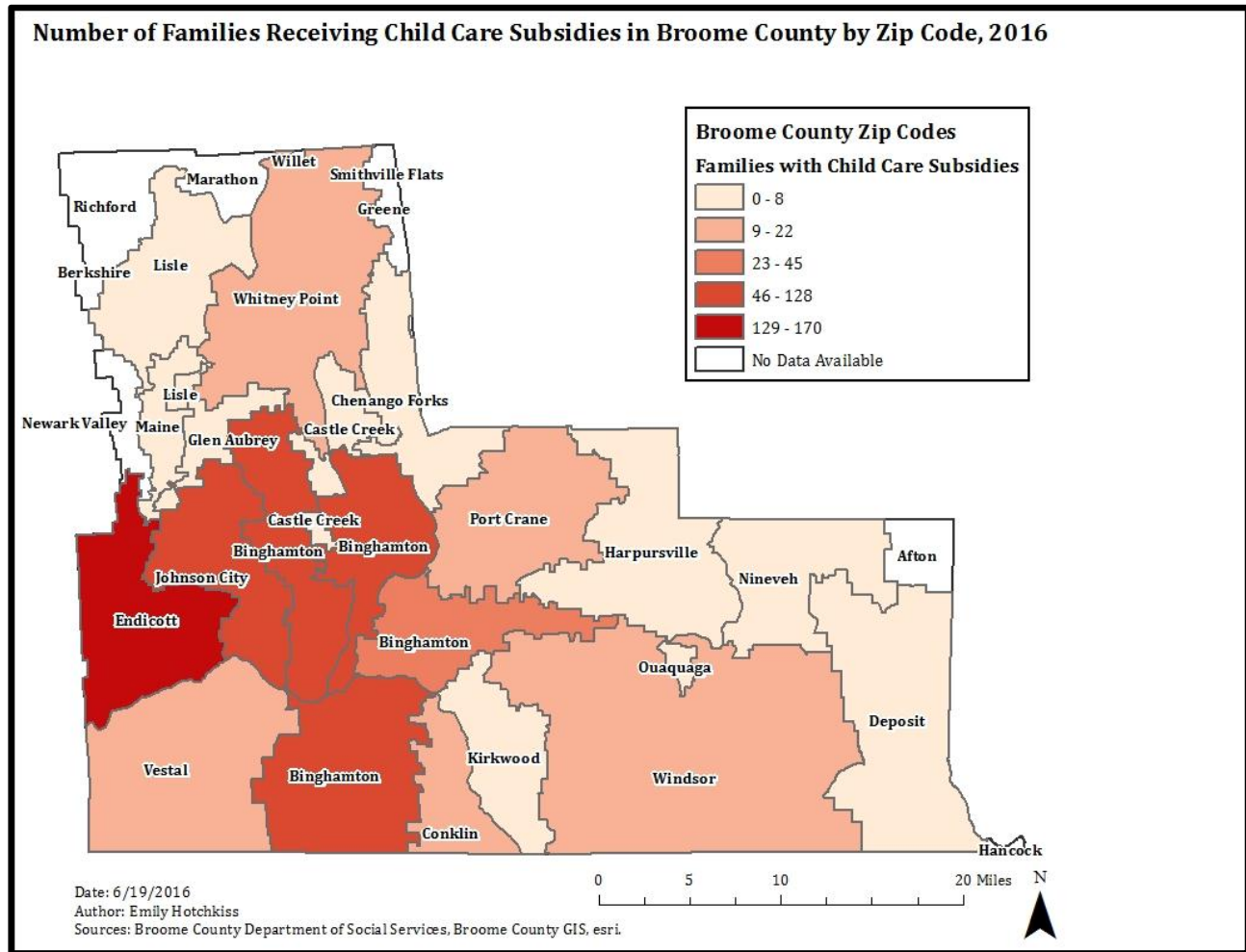


Figure 9: Number of Families Receiving Child Care Subsidies in Broome County by Zip Code, 2016



children. Therefore, this map, Figure 7, depicts comparative spending and the relative number of households paying for child care costs within each census tract, rather than true costs.

Among the rural municipalities, the Town of Sanford has the lowest average household spending on child care, while the Town of Binghamton has the highest. The difference is likely due, at least in part, to variation in household incomes. Across the urban and suburban portions of Broome County, the amount spent on child care varies greatly, with high spending in the towns of Vestal and Union and pockets of low spending in the City of Binghamton and the Town of Union which corresponds to the Endicott and Johnson City zip code areas.

CHILD CARE SUBSIDIES & ASSISTANCE

As child care is often too expensive for low-income families to obtain without help, the county Department of Social Services offers subsidized child care.

In order to qualify, all adults in the household must be employed, and the household income must be less than 200% of the federal poverty level (FPL).¹⁸ The map above (Figure 9) depicts the number and distribution of families receiving child care subsidies throughout Broome County, by ZIP code. Rural areas have the fewest families receiving child care subsidies. This is due in part to the lower population density in these areas, and the fact that these areas offer fewer job opportunities for parents who live there.

Head Start, a federally funded program with strict regulations and metrics, provides early childhood education to low income children, ages 3-5 years.¹⁹ In rural Broome County, the program is operated by Opportunities for Broome in three of the school districts, Harpursville, Whitney Point, and Windsor, and by Delaware Opportunities in the Deposit School

18.) New York State Office of Children and Family Services. (2016). *Child Care and Development Fund (CCDF) Plan*.

Retrieved from: <http://ocfs.ny.gov/main/childcare/stateplan/>.

19.) P. Brown, personal communication, April 12, 2016.

District.^{20,21} The program is geared to serving the families most in need in each school district, requiring that a majority of the families in each Head Start program meet the income guidelines of less than 100% of the FPL, with the remaining families under 130% of the FPL. (Up to 35% of the families can be above 100% of the FPL.)²² Head Start includes wraparound services delivered through family advocates who work with each family on parenting skills, food access, housing and other social determinants of health and to create healthy, supportive home environments.²³

Although Head Start programs provide beneficial services for low-income families, as they are currently run, they do not factor into the number of available child care slots in each community, as many do not operate during the entire work day.²⁴ However, many of the programs partner with other child care providers in the community to ensure that their children have care throughout the work day.

REGULATIONS

Both federal and state regulations guide the provision of early childhood education. Strict guidelines for obtaining and maintaining licensure can be burdensome for centers and family child care homes alike. Adhering to the guidelines often drives up operation costs and can become cost-prohibitive for some. Rural Broome County recently saw a center in Windsor close after struggling to remain profitable.²⁵ If costs continue to rise, other centers may be forced to close their doors, creating even greater shortages.

New federal regulations were released on November 19, 2014 through the reauthorization of Federal Child Care Development Block Grant.²⁶ The reauthorization, “makes significant advancements by defining health and safety requirements for child care providers, outlining family-friendly eligibility policies, and ensuring parents and the general public have transparent information about the child care choices available to them.”²⁷ New York State’s plan

for meeting the new federal standards was approved on June 15, 2016 by the US Health & Human Services Bureau of Child Care. As the plan is still in its infancy, we do not yet know how it will impact the availability of child care.²⁸

As previously noted, Broome County is categorized as a Group 3 County by the Office of Children and Family Services. This designation influences the dollar value of the child care subsidies distributed through the Department of Social Services. Efforts have been made at the local and state level to change the categorization of Broome County into Group 2 to allow for higher reimbursement rates in alignment with the operating costs child care providers face in this county.²⁹ Despite these efforts, Broome County remains in the Group 3 category. Further efforts in this area could be beneficial to families and child care centers alike.

Additionally, New York State proposed minimum wage increases will likely impact child care centers.³⁰ The increased wage will be beneficial to the child care workers and may reduce the staff turnover currently seen in the early childhood education field. Conversely, wage hikes may lead to center closures due to inability to fit the increase wages into already tight budgets.

Early childhood education is critical for the development of a healthy and vibrant generation of children. But significant barriers keep some children from receiving the quality of care they need. The field of early childhood education is experiencing change, with the implementation of new regulations that may create new challenges in the short term, but will ultimately increase access to care and improve quality. Stakeholders must take care to ensure that both rural and urban children have equal opportunity.

20.) Ibid.

21.) R. Hall, personal communication, May 6, 2016.

22.) P. Brown, personal communication, April 12, 2016.

23.) S. Montgomery, personal communication, March 23, 2016.

24.) J. Perney, personal communication, May 13, 2016.

25.) Ibid.

26.) Office of the Administration for Children & Families. (2016). *CCDF Reauthorization*. Retrieved from <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>.

27.) Ibid.

28.) New York State Office of Children and Family Services. (2016). *Child Care and Development Fund (CCDF) Plan*. Retrieved from: <http://ocfs.ny.gov/main/childcare/stateplan/>.

29.) J. Perney, personal communication, August 4, 2016.

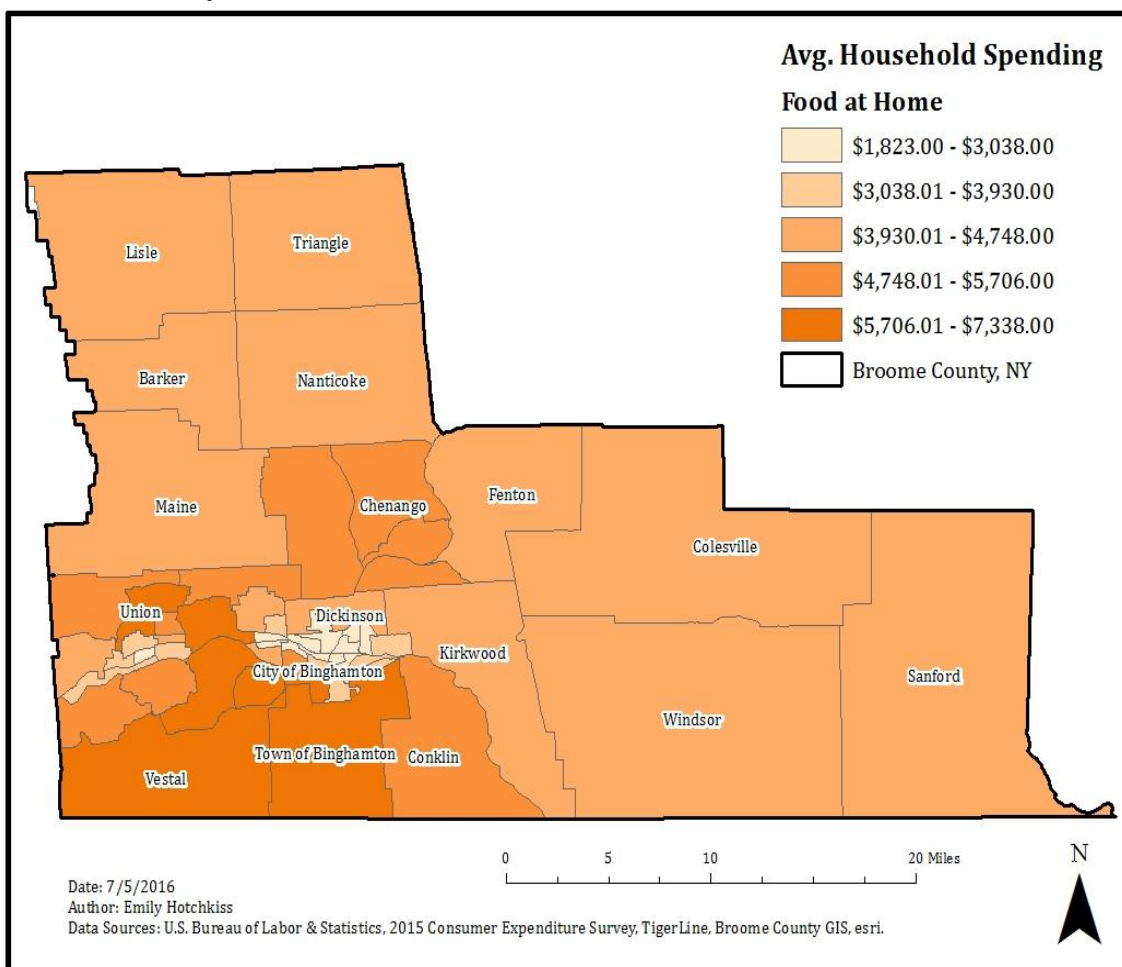
30.) New York State Governor’s Office. (2016). New York State Governor signs \$15 minimum wage plan and 12 week paid family leave policy law. Retrieved from: <https://www.governor.ny.gov/news/governor-cuomo-signs-15-minimum-wage-plan-and-12-week-paid-family-leave-policy-law>.

Food Cost & Resources

The availability and affordability of food can greatly impact the health and well-being of all residents. Food and nutrition are essential components of a household budget, but low-income families often lack access to good food at affordable prices. That drives them to cut corners on food. People with limited financial resources may suffer from food insecurity—lack of reliable access to a sufficient quantity of affordable, nutritious food. In Broome County, nearly 14% of residents and almost 24% of children currently experience food insecurity.¹ These high numbers clearly demonstrate that food access is a challenge for families in Broome County.

Pricing contributes to the level of food insecurity occurring in a region. According to a study conducted in Missouri, food affordability varies significantly between rural and urban areas.² In addition, the authors find that prevailing levels of poverty, housing prices, access to food stores, and the average level of SNAP benefits that people in a region receive all predict the extent to which people in a region are able to afford food.³ The food environment, the housing environment, and other factors all influence the ability of families in an area to buy food. Although food might sell at comparable prices in rural and urban areas, and people might spend the same amounts on food, this does not mean that rural and urban res-

Figure 10: Average Annual Household Spending on Food at Home by Census Tract, Broome County, NY

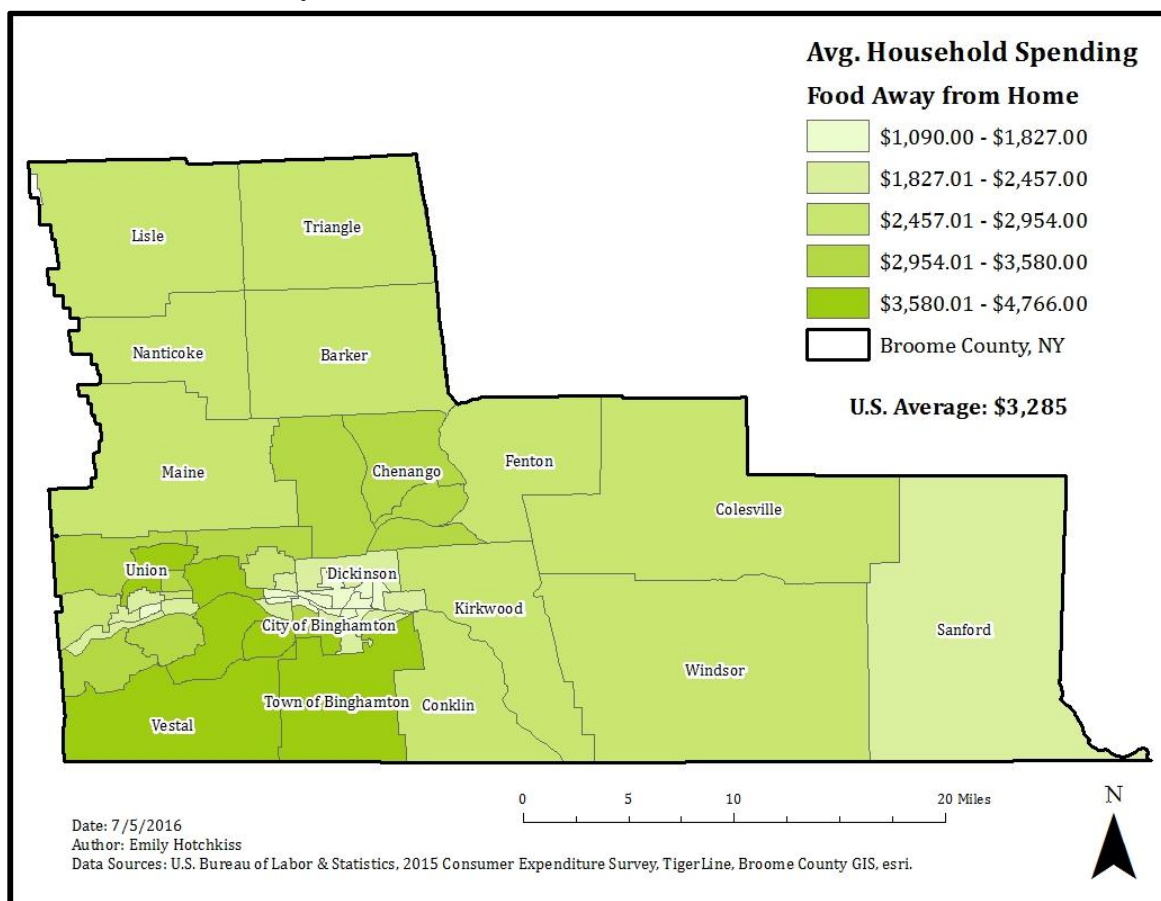


1.) Food and Health Network of South Central New York. (2016) Summer Food Service Program Regional Assessment. Retrieved from: https://fahnblog.files.wordpress.com/2016/04/sfsp-2015-regional-assessment_final2.pdf.

2.) A.M. Cafer & M.L. Kaiser. (2015). An analysis of differences in predictors of food affordability between rural and urban counties. *Journal of Poverty*. Retrieved from: <http://dx.doi.org/10.1080/10875549.2015.1094760>.

3.) Ibid.

Figure 11: Average Annual Household Spending on Food Away from Home by Census Tract, Broome County, NY



idents find food equally affordable. The following section will explore the food environment of rural Broome County and some of the factors that shape it.

HOUSEHOLD FOOD SPENDING

The ALICE household survival food budget, as described in the Introduction, uses the U.S. Department of Agriculture’s (USDA) “Food Plans: Cost of Food at Home” to estimate the minimum amount of money needed to maintain a healthy diet.⁴ The food plans estimate the costs for different family compositions and ages at four budget levels. The Thrifty Food Plan (the lowest cost option) does not allow for meals consumed outside of the home; it requires a high use of one’s time and an understanding of food shopping and food preparation.⁵ The May 2016 release of the food plans estimates the monthly cost

4.) ALICE Project. (2014). ALICE Asset Limited, Income Constrained, Employed: Florida. A Study of Financial Hardship. Retrieved from: http://www.unitedwayalice.org/documents/14UW%20ALICE%20Report_FL_Lowres_10.24.15.pdf.

5.) Ibid.

of food at home for a family of four to be \$643.40.⁶ However, due to regional variations, the cost in the Northeast is 8% higher, or \$694.87 a month.⁷

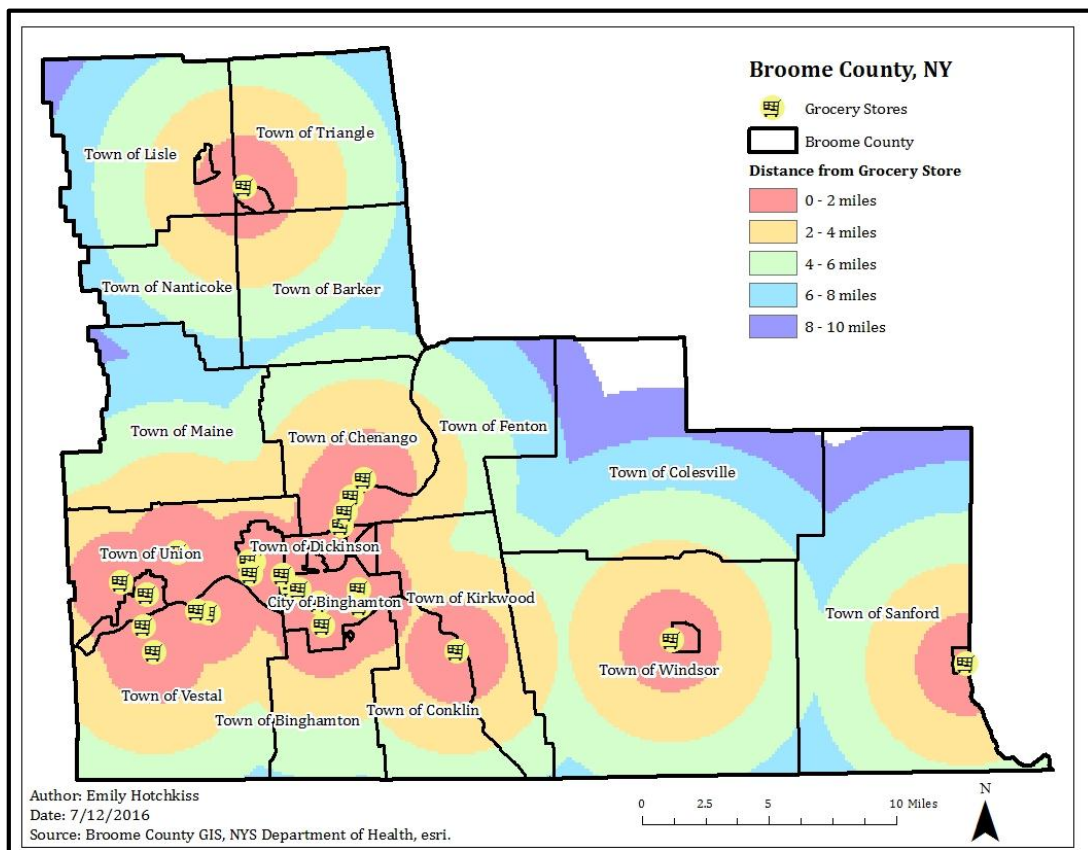
Average annual household spending on *food at home*, as reported by the 2015 Consumer Expenditure Survey, ranges from \$1,823 to \$7,338 in various municipalities of Broome County, as shown on the previous page in Figure 10.⁸ These costs account for average monthly household budgets for food at home that range from \$151.91 to \$611.50. The higher end of this range is lower than the estimate for the Thrifty Food Plan for a family of four. Variations in household size, age of residents, and proportion of food purchased all influence the average budget cal-

6.) U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. (2016). Cost of Food May 2016. Retrieved from: <http://www.cnpp.usda.gov/sites/default/files/Costof-FoodMay2016.pdf>.

7.) U.S. Department of Agriculture, Economic Research Service. (2009). Food CPI, Price and Expenditures: Regional Variation Nearly Double Inflation Rate for Food Prices. Retrieved from: <http://www.ers.usda.gov/media/176139/page19.pdf>.

8.) U.S. Bureau of Labor and Statistics. (2016). Consumer Expenditure Survey. Retrieved from: <http://www.bls.gov/cex/>.

Figure 12: Map of Distance to Grocery Stores in Broome County, 2016



culated for each municipality. For this reason, useful spending by municipality is the most relevant information.

Household spending on *food at home* is consistent across rural Broome County, except in the Town of Binghamton. In the City of Binghamton and suburban Broome, however, household food budgets vary across the entire spectrum. When interpreting this data, it is important to consider the average household income and household composition found in each municipality. The high percentage of single person households in the City of Binghamton likely lowers average spending there (Figure 1).

Although tight household budgets do not allow for much discretionary spending, families pressed for time often grab quick meals at restaurants, fast food restaurants, and other food establishments. This spending accounts of the portion of the household budget devoted to *food away from home*. As a whole, Broome County's average household spending on food away from home, ranging from \$1,090 to \$4,766, is low compared with the U.S. average, which is \$3,285 a year (Figure 11). Only the Town of Binghamton, and portions of Union, Vestal, and the City of Binghamton, spend more on food away from home than the national average. Among the rural municipalities, the Town of Sanford has the lowest

average spending on food away from home. A scarcity of food establishments and low average incomes likely promote lower household spending on food away from home in this area.

FOOD ENVIRONMENT

Access, availability, and quality of food all influence an area's food environment. A number of different measures exist to quantify and define food environments. One such measure is the rural food desert, defined by the USDA as a low-income census tract in which at least 33% of the population has low access to grocery stores within ten miles.⁹ Based on this definition, rural Broome County does not contain any food deserts. However, portions of rural Broome County are farther than ten miles from a grocery store, as can be seen in white on the map, Figure 12.

The USDA has also begun to consider other characteristics of food environments that could indicate

9.) U.S. Department of Agriculture, Economic Research Services. (No date). *Healthy Food Financing Initiative (HFFI) Working Group: Definition of a Food Desert*. Retrieved from: http://www.ers.usda.gov/dataFiles/Food_Access_Research_Atlas/Download_the_Data/Archived_Version/archived_documentation.pdf.

Figure 13: Food Resources in Rural Broome County, NY, 2016

Type	Broome County	Rural Broome	Rural Locations
Community Gardens¹²	23	2 (9%)	Lisle, Whitney Point
Farmers' Markets¹³	10	3 (30%)	Deposit (2), Windsor
Farm Share Pick-up Sites¹⁴	16	1 (6%)	Whitney Point
Fixed Food Pantries¹⁵	43	9 (21%)	Deposit, Colesville (2), Kirkwood, Maine, Whitney Point, Windsor (3)
Mobile Food Pantries¹⁶	10	3 (30%)	Deposit, Harpursville, Whitney Point
Community Meals¹⁷	49	3 (6%)	Deposit, Kirkwood, Whitney Point

Refer to Appendix B located on page 37 for the full listing of rural resources.

greater food insecurity or potential food deserts.¹⁰ These factors are spatially mapped through the USDA's Food Access Research Atlas. According to the atlas, the Towns of Nanticoke, Windsor, and Sanford are all low income, and the Town of Colesville has low access to vehicles.¹¹ While these towns do not meet the definition of a food desert, they all exhibit factors that can contribute to making food inaccessible and unaffordable.

Grocery stores are not the only sources of food. In rural areas, many families grow home gardens, visit farm stands, access fixed and mobile food pantries, utilize community gardens, attend community meals, and participate in farm shares. Additionally, families can turn to less ideal options, such as fast food restaurants and convenience stores. The table below, Figure 13, outlines various food resources in rural Broome County. These resources are not evenly distributed throughout the county; certain villages and towns have greater access than others. Deposit, located in the Town of Sanford, and Harpursville, located in the Town of Colesville, are the two communities that demonstrate the highest need for resources. Accordingly, these communities are home to many of the food resources available to low-income families.

10.) U.S. Department of Agriculture, Economic Research Services. (2016). *Food Access Research Atlas*. Retrieved from: <http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx#>.

11.) Ibid.

12.) Broome County GIS, VINES, Food and Health Network of South Central New York.

13.) Broome County United Way, 2-1-1 Susquehanna River Region. (2016). Food Resources for Broome County Residents. Retrieved from: http://www.helpme211.org/usr/Printable_Resources/Broome/BC_FOOD_070816.pdf.

14.) Food Bank of the Southern Tier. Distribution varies on a monthly basis. Reported locations are from July 2016. Retrieved from: <http://www.foodbankst.org/mobile-food-pantry>.

15.) Broome County United Way, 2-1-1 Susquehanna River Region. (2015). Broome County Community Meals. Retrieved from: http://www.helpme211.org/usr/Printable_Resources/Broome/BC_COMMUNITY_MEALS_103015.pdf.

FOOD ASSISTANCE PROGRAMS

Despite all of the available locations for food access, families may need additional support to meet their nutritional needs. Various food assistance programs, funded by the state and federal governments, aim to combat food insecurity. The most well-known program is the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps. The SNAP program provides low-income families with funds to purchase food, based on the determined need and family size. SNAP benefits pay for food items only. Beneficiaries can use them at many grocery stores, convenience stores, and farmers' markets.

Figure 14: Distribution of SNAP Benefits in Broome County, July 2016

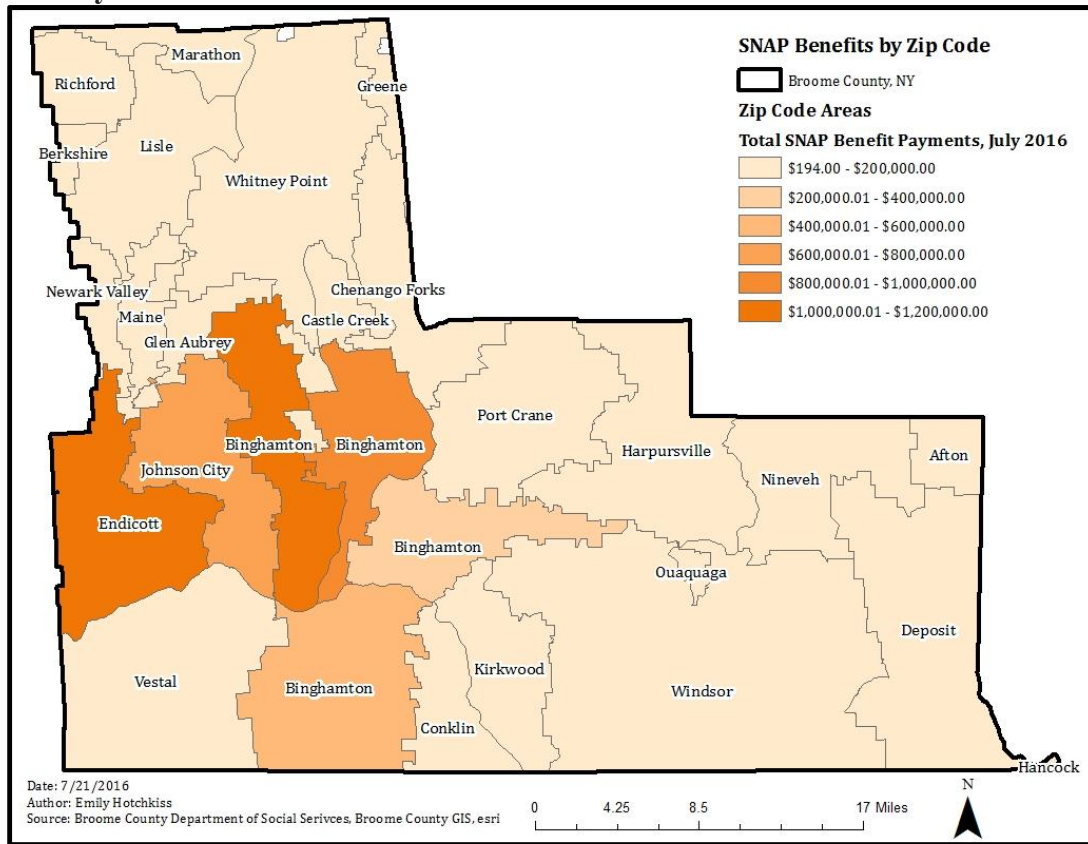
	Urban & Suburban	Rural	Total
Households (%)	14,416 (87%)	2,046 (13%)	16,462 (100%)
Household Members	22,981	3,966	26,947
Payments	\$4,608,613.00	\$669,287.00	\$5,277,900.00
Percent of Payments	87%	13%	
Avg. Household Size	1.59	1.94	
Avg. Household Amt.	\$319.69	\$327.12	
Avg. Amt. Per Person	\$200.54	\$168.76	

Source: Broome County Department of Social Services, July 2016.

16.) Broome County GIS, Food and Health Network of South Central New York.

17.) Broome County GIS, VINES, West Windsor Berries, Food and Health Network of South Central New York.

Figure 15: SNAP Benefits by Household's Zip Code, Broome County, NY July 2016



In New York State, the SNAP program has recently undergone a number of changes. For example, the regulations for Able-Bodied Adults Without Dependents (ABAWD), which had been waived for several years, went back into effect on January 1, 2016. ABAWD, defined as adults between the ages of 18 and 49 without disabilities or dependents, who are not working or volunteering, now qualify for only three months of assistance during a three-year period.¹⁸

In July 2016, New York State raised SNAP eligibility for working families from 130% of the federal poverty level (FPL) to 150% FPL, expanding access to an estimated 750,000 additional families.¹⁹

SNAP benefits greatly assist many New Yorkers in accessing food. The impact of these recent changes has not been yet realized, but the stricter ABAWD rules will likely challenge the situation of some in

18.) Hunger Solutions NYS. (2016). Able-Bodied Adults Without Disabilities. Retrieved from: <http://hungersolutionsny.org/abawd>.

19.) New York State Governor Cuomo's Press Room. (2016). SNAP Expansion Will Bring up to \$688 Million Additional Federal Funds to New York State. Retrieved from: <https://www.governor.ny.gov/news/governor-cuomo-announces-750000-additional-working-families-now-eligible-nutrition-assistance>.

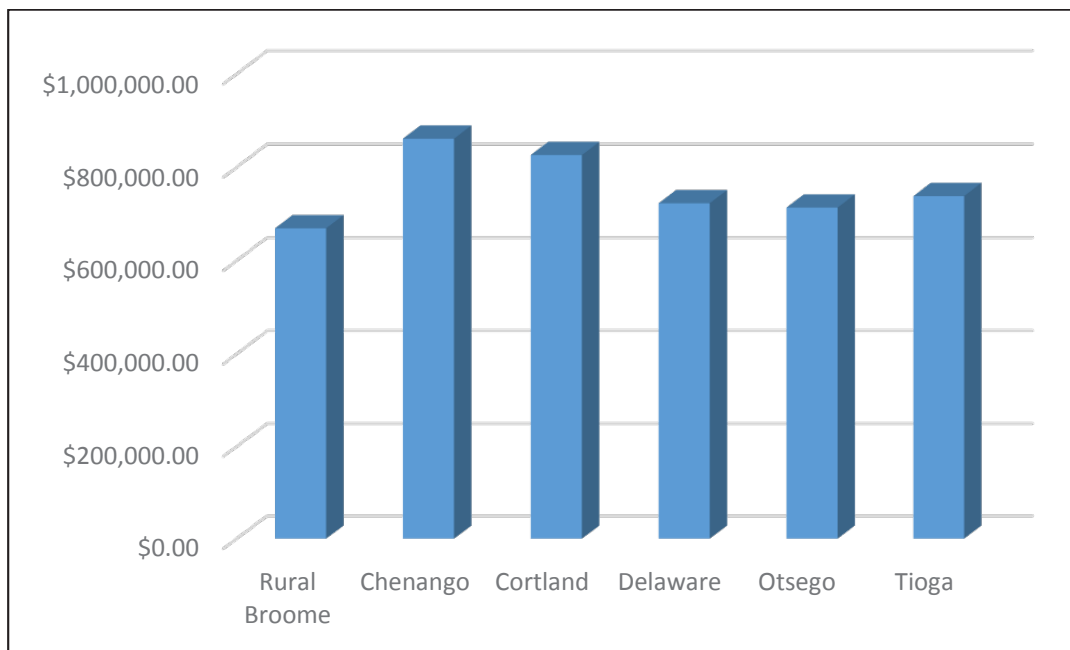
Broome County, while the change in income eligibility will improve the situation for many.

During the month of July 2016, Broome County Department of Social Services distributed a total of \$5,277,900.00 in SNAP benefits (Figure 14).²⁰ Due to the population density in the urban and suburban part of the county, greater than 85% of those dollars are distributed in the darker shaded zip codes shown on the map. Rural zip codes only account for 13% of the SNAP benefits distributed in July 2016. However, rural townships account for 25% of the population and demonstrate considerable need. This suggests that there may be a large portion of rural residents who are not receiving benefits. Challenges in accessing benefits and attitudes surrounding assistance likely impact this difference. Additionally, ZIP code areas do not adhere to municipality boundaries meaning many zip codes cover both rural and urban areas, potentially skewing the data.

The surrounding rural counties all have a population between 45,000 - 55,000 people. Rural Broome county receives the least amount of SNAP benefits per month, further suggesting that rural Broome potentially is underserved (Figure 16).

20.) Broome County Department of Social Services. (2016). July 2016 SNAP Benefits by ZIP Code.

Figure 16: Monthly SNAP Benefit Dollars Distributed by Rural County, March 2016



Source: NYS Office of Temporary Disability Assistance & Broome County Department of Social Services.

*Broome County data is July 2016, whereas the data from other counties is from March 2016.

Children are a population of particular concern when it comes to addressing food insecurity. During the school year, the National School Lunch Program, funded by the USDA, offers free (family income less than 130% FPL) and reduced-price meals (family income between 130-185% FPL) to students in grades K-12.²¹ Figure 17 shows the number and percent of students qualified for and participating in this program. In rural Broome, 55% of students qualify for free or reduced-price lunch. Of the qualified students, 75% are taking advantage of the program. The percentage of students qualified in rural Broome is much lower than in the City of Binghamton. However, all but three schools in the Binghamton City School District meet the Community Eligibility Provision (CEP), signifying that the schools have a high percentage

21.) U.S. Department of Agriculture. (2016). *National School Lunch Program Fact Sheet*. Retrieved from: <http://www.fns.usda.gov/sites/default/files/NSLPPFactSheet.pdf>.

of eligible students.²² CEP allows the schools to offer free lunch to all of the students regardless of eligibility, skewing the data reflecting need. Although 95% of the students are eligible, the participation rate is 70%, suggesting that the percentage of qualified students is closer to that number. Suburban Broome has the lowest percentage, with only 42% of students qualifying for free or reduced-price lunch.

During the summer months, children can receive meals through the Summer Food Services Program (SFSP), also funded by the USDA. Recently, the Food and Health

Network of South Central New York (FaHN) completed a comprehensive assessment of the program both in Broome County and across an eight-county region.²³ According to FaHN's assessments, in 2015, Broome County had a total of 40 summer meal sites with an average daily participation of 3,322 children.

Figure 17: 2014-2015 National School Lunch Program, Free and Reduced-Price Lunch in Broome County, NY

School District	Total Enrollment	# Students Qualified for Free/Reduced-Price (F/RP)	% Qualified for Free/Reduced-Price	# Students Eating F/RP Lunch	% Qualified Students Eating F/RP Lunch
Deposit	547	349	64%	283	81%
Harpursville	816	477	58%	347	73%
Whitney Point	1,492	822	55%	635	77%
Windsor	1,700	839	49%	610	73%
Rural Total	4,555	2,487	55%	1,874	75%
Urban Total	6,455	6,153	95%	4,279	70%
Suburban Total	17,113	7,228	42%	5,223	72%
Broome County	28,123	15,868	56%	11,376	72%

Source: Compiled by Hunger Solutions NYS from NYS Education Department, 2015.

22.) E. Summerlee, personal correspondence, July 12, 2016.

23.) Food and Health Network of South Central New York.

(2016). *Summer Food Service Program 2015 Regional Assessment: Closing the Gap on Childhood Food Insecurity*. Retrieved from: https://fahnblog.files.wordpress.com/2016/04/sfsp-2015-regional-assessment_final1.pdf.

This participation rate accounts for 29% of the eligible children, up from 21% in 2013.

This year, eight of the fixed summer feeding sites are located in rural Broome County.²⁴ Due to advocacy and partnership through FaHN, the number of sites and participation rates are on the rise in both rural and urban Broome. These increases will ultimately reduce food insecurity among the youngest population.

Women, Infants and Children (WIC) also targets young children and their mothers. WIC provides food benefits, among other services, to low-income pregnant women, mothers, and their children. The benefits are delivered through the same methodology as the SNAP program, but WIC puts more restrictions on the types of food that can be purchased. The WIC program is run by the Broome County Health Department. Currently, it offers WIC services once a month in rural Broome, at St. Patrick's Church in Whitney Point.²⁵ Rural residents living in other parts of the county must travel to urban Broome to take advantage of this program. Individuals living in rural areas who lack access to vehicles would struggle to

participate.

Seniors represent another vulnerable population for food insecurity. In rural Broome, Broome County Senior Centers in Whitney Point, Harpursville, and Deposit offer low-cost meals to seniors and the community. Low-income seniors, ages 60+, can receive meals for \$3.25 each.²⁶ Meals on Wheels can be an option for seniors who lack mobility. In rural Broome, Meals on Wheels delivers meals to senior citizens living in Kirkwood, Harpursville, Whitney Point, and Maine. The meals are free to individuals who meet eligibility requirements, but a contribution of \$6.50 per day is suggested.

Food costs are an important part of a household budget. However, many families are forced to trim expenditures, often cutting nutritious food from their diets as a result. Many programs exist throughout Broome County to help residents meet their nutritional needs. However, there is room to improve as many people, especially children, remain food insecure.



24.) Food and Health Network of South Central New York. (2016). *Summer Meals Rock!* Post Card. Retrieved from: <https://foodandhealthnetwork.org/projects-and-programs/access-to-summer-meals/broome-county-summer-meals-project/>

25.) Broome County Health Department. (2016). *Women, Infants, and Children*. Retrieved from: <http://www.gobroome-county.com/wic>

26.) Broome County Office for the Aging. (2016). *Senior Centers*. Retrieved from: <http://www.gobroomecounty.com/senior/scc>

Health Care

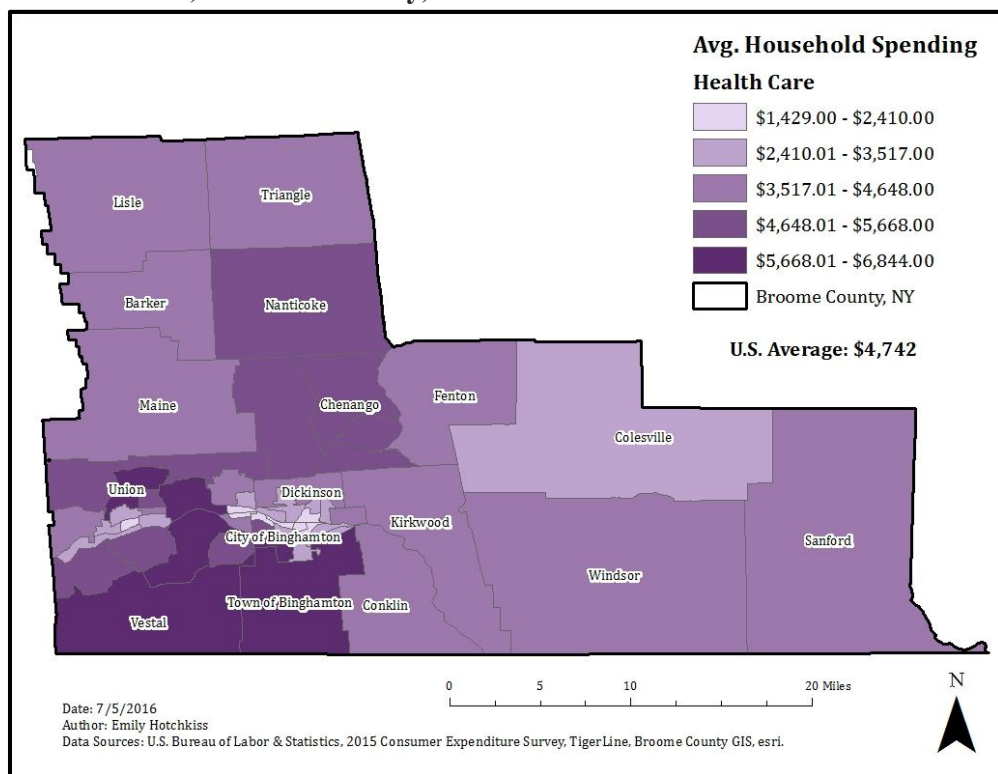
Americans spent 16.9% of the gross domestic product (GDP) on health care in 2015, far exceeding the rate of expenditure on health care in other nations.¹ According to the New York State Health Foundation, New York was ranked as the second-highest state in terms of overall health care expenditures and sixth in per capita spending on medical costs in 2009.² Families living in New York with health concerns and illnesses pay a great deal for health care. Although efforts are being made to slow the rise in those costs, the economic burden to families still remains great. These costs can take a toll on tight household budgets, bringing greater struggle to families who are attempting to make ends meet.

RELATIVE COST OF HEALTH CARE

In 2015, average household spending on health care (excluding health insurance) across Broome County ranged from \$1,429 to \$6,844, as demonstrated in Figure 18 below.³ Among rural areas, the Town of Colesville had the lowest average household spending on health care; the Town of Binghamton had the highest, followed closely behind by the Town of Nanticoke.

Health care spending was more consistent across rural areas the region than in the urban and suburban portions of the county. On the map, it is easy to see pockets of both low spending and high spending in the City of Binghamton and in the towns of Vestal and Union. These variations in health care spending correlate with variations in household income, as wealthier communities can afford to spend more on health care.

Figure 18: Average Annual Household Spending on Health Care by Census Tract, Broome County, NY



The data reflected in Broome County is consistent with findings at the national level. A study conducted by the Center to Eliminate Health Disparities at the University of Texas examined differences in health care expenditures in rural and urban areas.⁴ The authors analyzed data from the 2010 Medical Expenditure Panel Survey to determine where disparities might exist. The study found that although rural dwellers spent more on prescription medications than their urban counterparts, urban residents spent more on emergency care.⁵ Despite fluctuations in costs by category of medical expense, overall spending was not appreciably different in rural and urban areas.

1.) Organization for Economic Co-operation and Development (OECD). (2015). OECD Stat Health Expenditure and Financing. Retrieved from: <http://stats.oecd.org/Index.aspx?DataSetCode=SHA>.

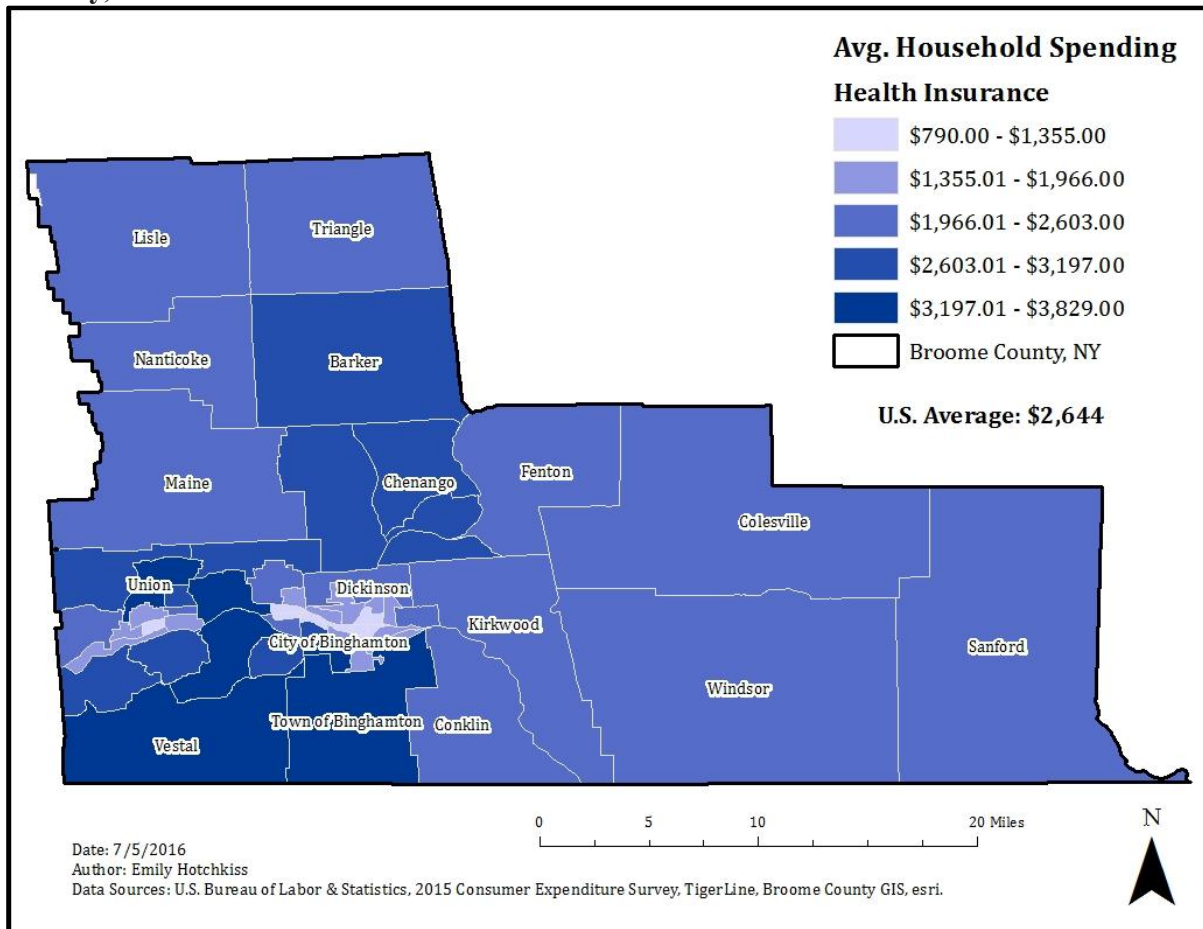
2.) New York State Health Foundation. (2014). Health Care Costs and Spending in New York State. Retrieved from: <http://nyshealthfoundation.org/uploads/resources/health-care-costs-in-NYS-chart-book.pdf>.

3.) U.S. Bureau of Labor & Statistics. (2015). *Consumer Expenditure Survey*. Retrieved from: http://www.bls.gov/cex/#/tables_long.

4.) Lee, W.C., Jiang, L., Phillips, C.D., & Ohsfeldt, R.L. (2014). *Rural-Urban Differences in Health Care Expenditures: Empirical Data from US Households*. Advances in Public Health. Retrieved from <http://dx.doi.org/10.1155/2014/435780>.

5.) Ibid.

Figure 19: Average Household Spending on Health Insurance by Census Tract, Broome County, NY



RELATIVE COST OF HEALTH INSURANCE

Health insurance is a product designed to spread the cost burden of medical care across time and populations. Recent changes to health insurance legislation have pushed premiums higher nationwide. In New York, the NYS Health Foundation found that increases in insurance premiums are outpacing household income growth, which, in turn, "... translate[s] to lower wages, reduced benefits, more restrictive health coverage eligibility, and less affordability for employees to take up insurance."⁶

Families with a household income less than 133% of the federal poverty level (FPL) qualify for health insurance through Medicaid.⁷ New York State has expanded coverage to adults with incomes up to 200% of the FPL, increasing access to many low-income

individuals.⁸ In Broome County, an estimated 38,920 adults are enrolled in Medicaid.⁹ However, many household incomes surpass 200% of the FPL. These families must decide whether to seek coverage or pay a fine for lack of health insurance. Both options are expensive and challenging for low income families to budget.

In Broome County, average household spending on health insurance ranged from \$790 to \$3,829 per year in 2015, as depicted in Figure 19. Spending on health insurance in rural, suburban and urban areas follows the same patterns as spending on health care. In rural Broome County, the towns of Nanticoke and Binghamton and a portion of the Town of Fenton spent the most on health insurance premiums; the remaining rural municipalities spent between \$1,966 and \$2,603 on average. Differences in family composition and age of households may account for some of the variation across Broome County. The

8.) Centers for Medicaid and Medicare Services. (2016). *Medicaid and CHIP in New York*. Retrieved from: <https://www.medicaid.gov/medicaid-chip-program-information/by-state/stateprofile.html?state=new-york>.

9.) Care Compass Network. (2016). Salient Database. Retrieved on: June 25, 2016.

Figure 20: Primary Care Sites and Services in Broome County, 2016

Community	Number of Sites	Evening or Weekend Hours	Lab or X-Ray Services On-Site	On-Site Mental Health Services
Deposit	1	No	Yes; lab and X-ray	Yes
Harpursville	0	N/A	N/A	N/A
Whitney Point	1	No	Yes; lab only	No
Windsor	2	No	Yes; lab only	No
Other Rural Broome (Fenton, Maine, Town of Binghamton)	1	No	Yes; lab only	No
Suburban Broome	10	Yes (4 sites)	Yes; 4 sites lab only, 4 sites lab and X-ray, 1 site X-ray only	Yes; 1 site
City of Binghamton	8	Yes (6 sites)	Yes; 4 sites lab and X-ray, 2 sites lab only	Yes; 1 site

Source: google.com

Additional detail can be found in Appendix C located at the end of the report.

City of Binghamton has some of the lowest average spending on health insurance costs. This may be due in part to the high percentage of single person households living there (Figure 1).

Health insurance costs are often not factored into estimates of household spending on health-related needs. However, as health insurance premium costs increase, it is imperative to consider them.

HEALTH CARE RESOURCES IN RURAL BROOME

As explored in the Rural Broome Counts 2015 Needs and Assets Assessment, access to health care in rural areas is a challenge.¹⁰ Rural residents mainly have access to primary care clinics in their communities. To access almost all other services, they must travel to other parts of the county or outside the county. When evaluating the affordability of health care for rural residents, it is important to consider the cost of transportation. Transportation costs as a whole are explored in more detail on page 29.

The closure of the UHS Lisle Clinic in July 2015 reduced the number of primary care sites in rural Broome.¹¹ Additionally, the community of Harpursville remains without a primary care facility. With fewer sites available, rural residents are faced with longer wait times at the facilities still operating in their communities.

Mental health services are even scarcer in rural com-

10.) Rural Health Network of South Central New York. (2015). *Rural Broome Counts: a Needs and Assets Assessment of Rural Broome County*. Retrieved from: <http://www.rhnsncy.org/programs/partnerships/rural-broome-counts>.

11.) Ibid.

munities. The UHS Deposit Primary Care location, which offers on-site mental health services via a Licensed Clinical Social Worker, is the only location to offer such services in rural Broome County. Changes in the health care delivery system such as Medicaid Redesign (also known as Delivery System Reform Incentive Payment (DSRIP)) will lead to integration of mental health services into primary care locations.¹² These changes will greatly benefit rural communities by increasing access to care and the breadth of services available.

The health care arena is undergoing massive change with the implementation of the Affordable Care Act and other initiatives aimed at moving the focus to patient-centered care. Low-income individuals need help keeping abreast with these rapid changes and the effect they might have on costs, as the burden of payment and cost is shifting. Studies conducted before implementation of the Affordable Care Act estimated that medical expenses were to blame for anywhere from 17% to 62% of personal bankruptcies in the United States.^{13, 14} Regardless of the true percentage, medical expenses can do serious harm to low-income families. Careful attention must be paid to this portion of a household budget while the health care field continues to morph.

12.) Care Compass Network. (2016). *Projects*. Retrieved from: <http://carecompassnetwork.org/projects/>.

13.) Himmelstein, D. U., Thorne, D., Warren, E., & Woolhandler, S. (2009). *Medical Bankruptcy in the United States, 2007: Results of a National Study*. The American Journal of Medicine; 122(8). Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/19501347>.

14.) Dranove, D., & Millenson, M. L. (2006). *Medical Bankruptcy: Myth Versus Fact*. Health Affairs; 25(2):w74-w83. Retrieved from: <http://content.healthaffairs.org/content/25/2/w74.full>.

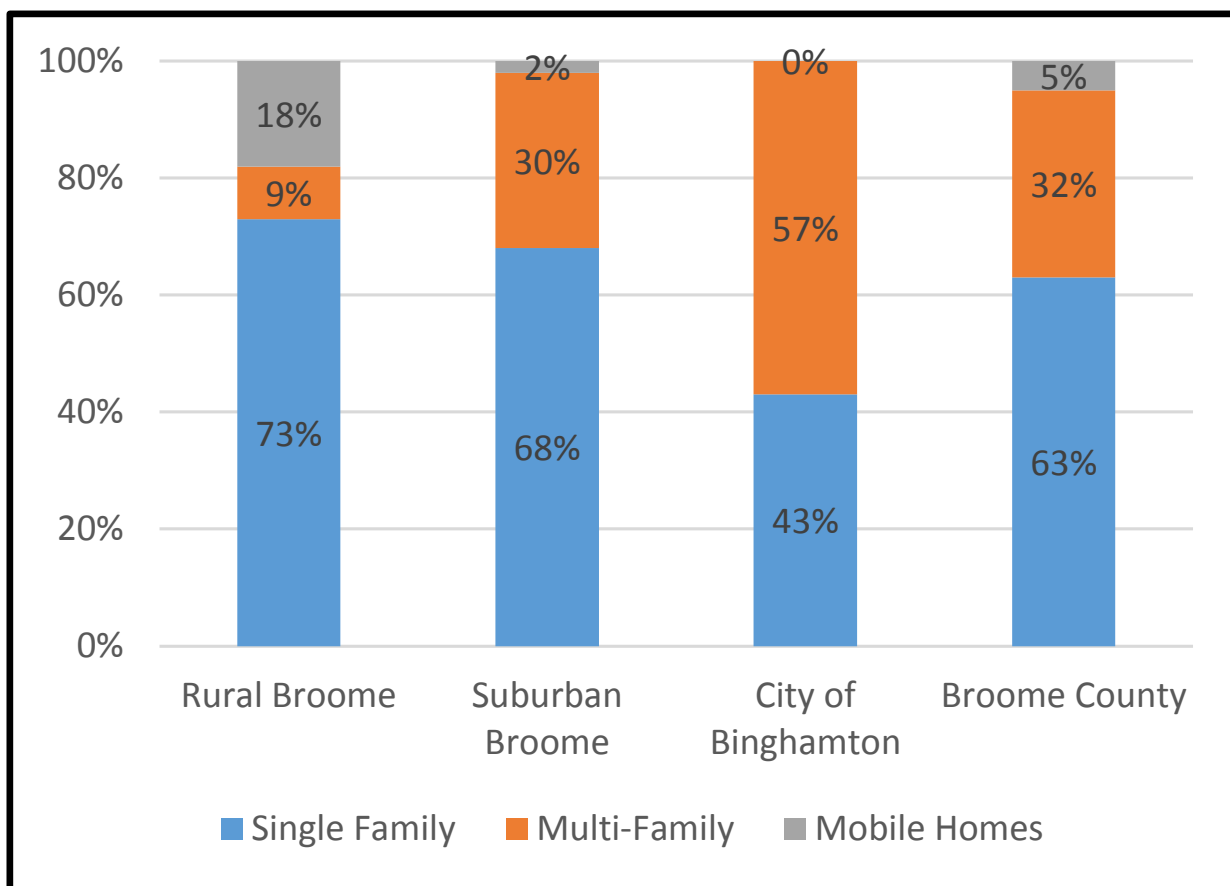
Housing

Housing costs, such as rent, mortgage, maintenance, and upkeep, are generally the largest expenditure in a typical household budget. To maintain a balanced budget, it is recommended that households spend no more than 30% of their income on housing. Otherwise, households can become cost-burdened and forced to cut corners on other expenditures. Using this measure of affordability, only 45% of American neighborhoods are within normal limits for the typical household.¹ Although housing tends to be cheaper in rural communities, approximately 30% of all rural households are cost-burdened.² The type, quality, and affordability of the housing stock available

in a community all play a role in determining the impact housing has on a family's budget and overall well-being.³

Rural Broome County's housing stock is primarily made up of single family units (73%) and mobile (or manufactured) homes (18%). In contrast, suburban Broome and the City of Binghamton each has a small percentage of mobile homes, 2% and 0% respectively, and a much larger presence of multi-family units, 30% and 57% (Figure 21). Both mobile homes and multi-family units offer lower cost options for rural residents. Rural communities tend to have a large

Figure 21: Percentage of Housing Units by Type³



Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates (Table DP04)

1.) Center for Neighborhood Technology. (2016). Housing and Transportation Affordability Index. Retrieved from: <http://www.cnt.org/tools/housing-and-transportation-affordability-index>.

2.) Housing Assistance Council. (2010). Taking Stock: Rural People, Poverty and Housing in the 21st Century. Retrieved from: http://www.ruralhome.org/storage/documents/ts2010/ts-report/ts10_rural_housing.pdf

3.) A manufactured home (formerly known as a mobile home) is defined as a movable dwelling, 8 feet or more wide and 40 feet or more long, designed to be towed on its own chassis, with transportation gear integral to the unit when it leaves the factory, and without need of a permanent foundation. These homes are built in accordance with the U.S. Department of Housing and Urban Development (HUD) building code.

Figure 22: Broome County Home Ownership Table

Area	Occupied Housing Units		Vacant Housing Units	Total
	Owner-Occupied	Renter-Occupied		
Rural Broome	14,590	3,219	2,795	20,604
Suburban Broome	28,671	13,056	4,139	45,866
City of Binghamton	9,266	10,636	3,767	23,669
TOTAL	52,527	26,911	10,701	90,139

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates (Table DP04)

number of manufactured homes because they have a lot more land to support those units than do urban communities. Compared to other rural counties in the region, rural Broome County has a high percentage of mobile homes, second to Chenango County, and a much lower percentage of multi-family units than Cortland or Otsego counties.⁴

Nationwide, rural communities have higher rates of owner-occupied housing than do other kinds of communities; Broome County is no exception.⁵ The table above, Figure 22, reveals that rural Broome County has a lower rate of renter-occupied housing units than either suburban Broome or the City of Binghamton. Rural Broome residents seeking rental units

have fewer options than their urban counterparts. Additionally, rural areas have higher rates of vacant housing, due to the presence of vacation homes and hunting lodges. The scarcity of available housing units in rural areas drives up the cost of housing for rural residents.

Accordingly, median housing costs have been on the rise for both renters and homeowners. The graphs below, Figure 23 and Figure 24, show the median costs for homeowners with mortgages and median gross rents in Broome County. The median cost for homeowners is higher than the median cost for renters in all regions of the county. The median costs are higher in rural Broome than in the City of Binghamton, for both renters and homeowners, but lower than those

Figure 23: Median Home Owner Cost with Mortgage in Broome County, NY

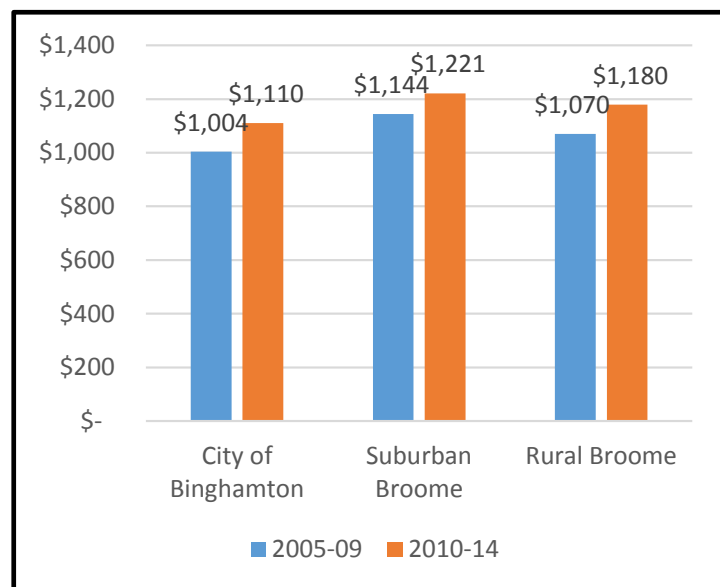
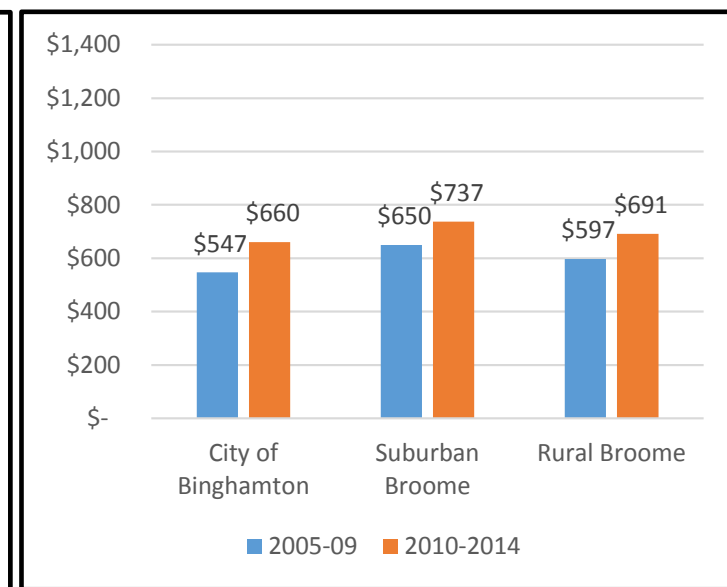


Figure 24: Median Gross Rent in Broome County, NY



Source: U.S. Census Bureau, 2005-2009 & 2010-2014 American Community Survey 5-year Estimates, (Table S2506 & B25064)

4.) Rural Health Network of South Central New York. (2016). *Rural Broome Counts: Housing Supplement*. [in print].

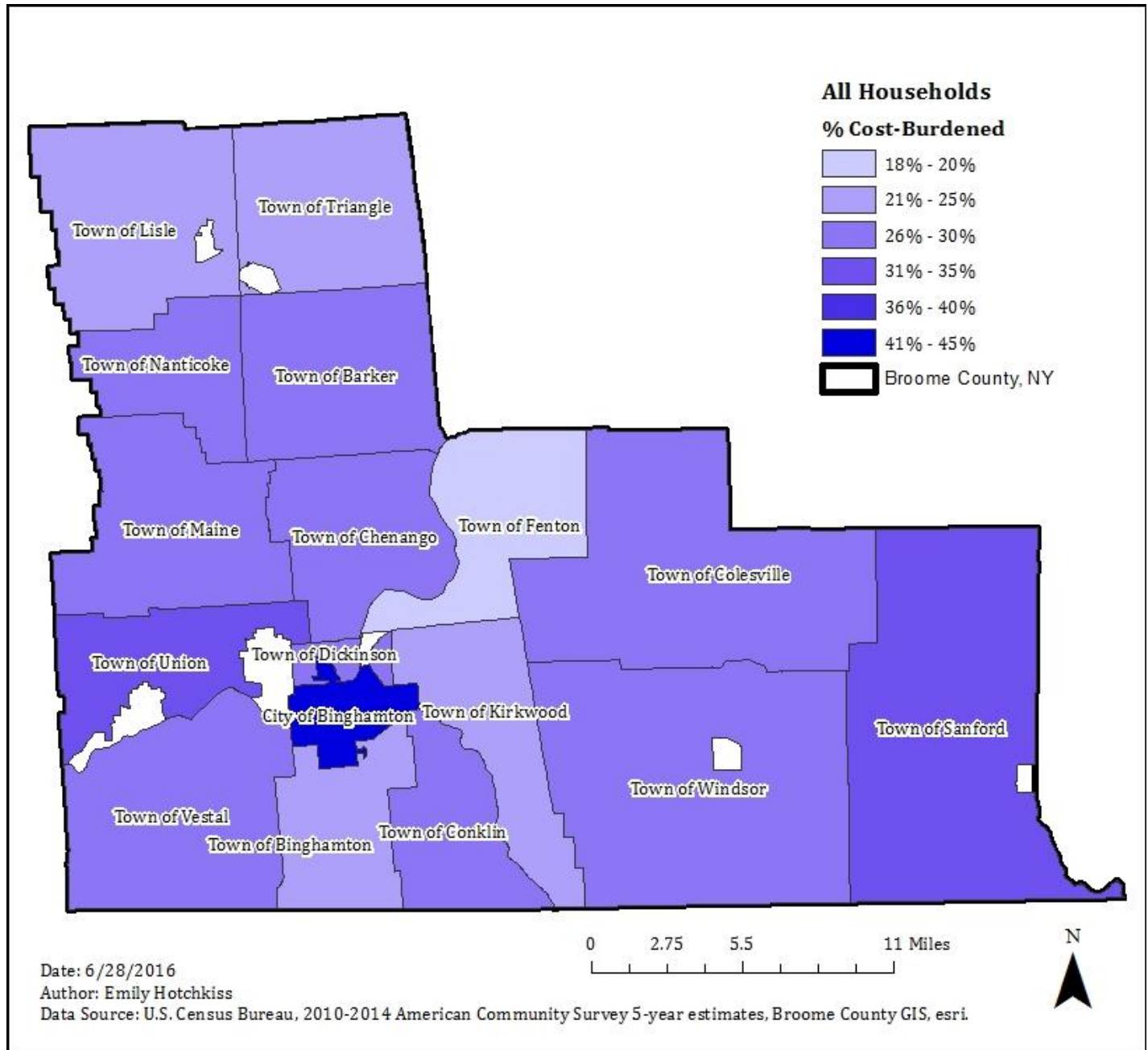
5.) Housing Assistance Council. (2010). *Taking Stock: Rural People, Poverty and Housing in the 21st Century*. Retrieved from: http://www.ruralhome.org/storage/documents/ts2010/ts-report/ts10_rural_housing.pdf

of suburban Broome. The median expense figures do not reflect differences in unit size and quality. Despite slight differences in the median gross rent, each region falls close to the Fair Market Rent rate for Broome County, which stood at \$692 for a two-bedroom apartment in 2014.⁶

Although the median costs of renting and home ownership in Broome County are similar across the regions, the geographic distribution of cost-bur-

dened households varies greatly. The percentage of cost-burdened households by municipality ranges from 18% to 45%, as demonstrated in the map below, Figure 25. Among the rural towns, the Town of Sanford has the highest percentage of cost-burdened households—31%, while the Town of Fenton has the lowest—18%. In comparison, in the City of Binghamton approximately 45% of households are cost-burdened by their housing expenses.

Figure 25: Percentage of Cost-Burdened Households by Municipality, Broome County, NY



6.) U.S. Department of Housing and Urban Development. (2014). *FINAL FY 2014 Fair Market Rent Documentation System*. Retrieved from https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2014_code/2014summary.odn

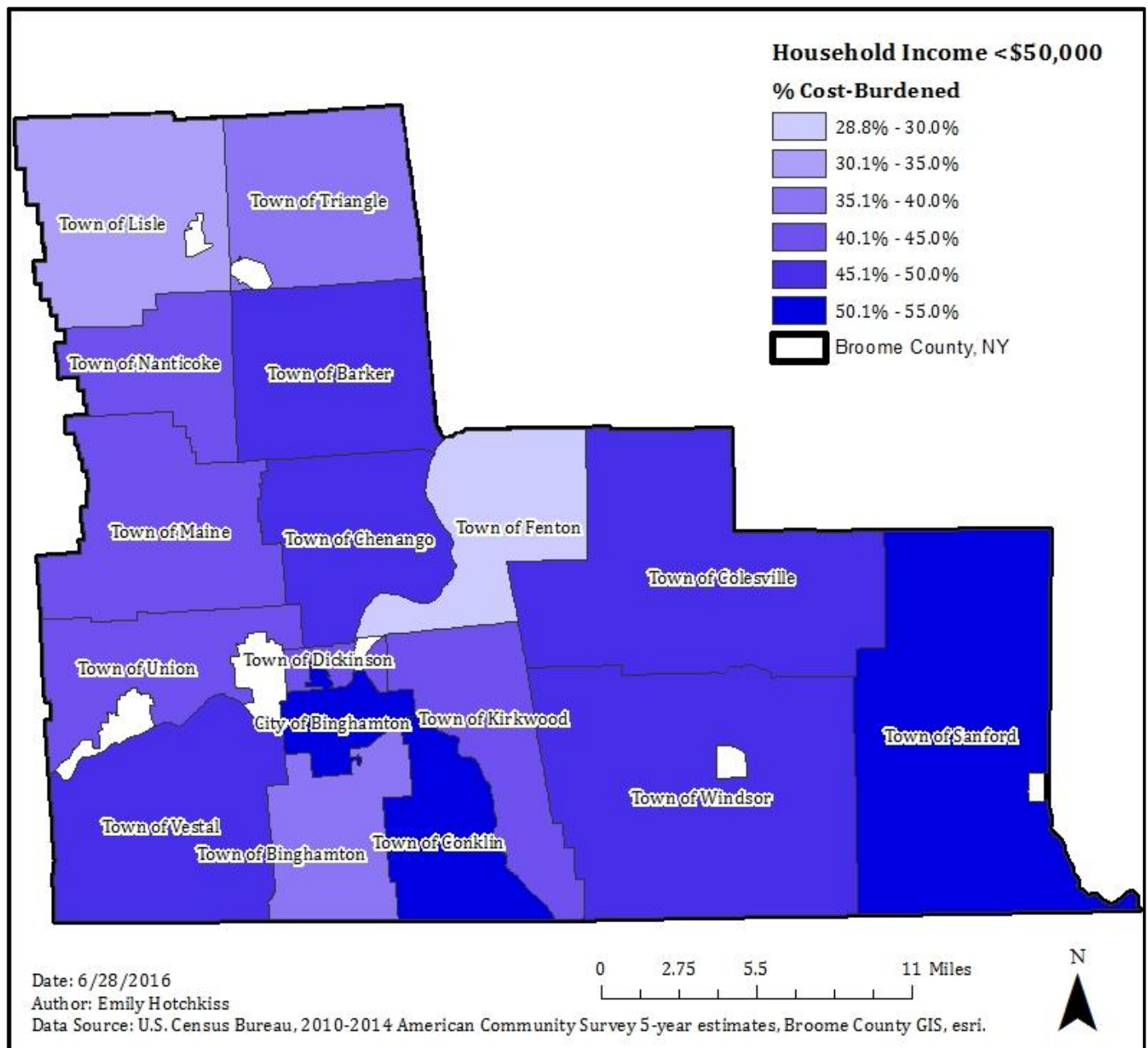
Families most burdened by the cost of housing are those with annual incomes under \$50,000. The distribution of households burdened by housing expenses changes when one examines just this subset of the population, as shown in the map below (Figure 26). Although the Town of Sanford still has the highest percentage of impacted households (52%), in the rural towns of Colesville, Windsor, and Barker, low-income families are also burdened by housing costs at a heavy rate—46.7%, 48.5%, and 47.7% respectively.

One must also consider the cost of improvements conducted to maintain the value and safety of a

home. In rural communities, where public water and public sewer systems are not widely available, most homeowners must have private wells and septic systems to support the needs of their homes. After installing these systems, the rural homeowner is responsible for the costs of maintenance and upkeep. Installation, maintenance, and upkeep can be very expensive and especially burdensome to those living on a low income.

The Consumer Expenditure Survey (CES), conducted by the U.S. Bureau of Labor and Statistics, captures average spending on a variety of common

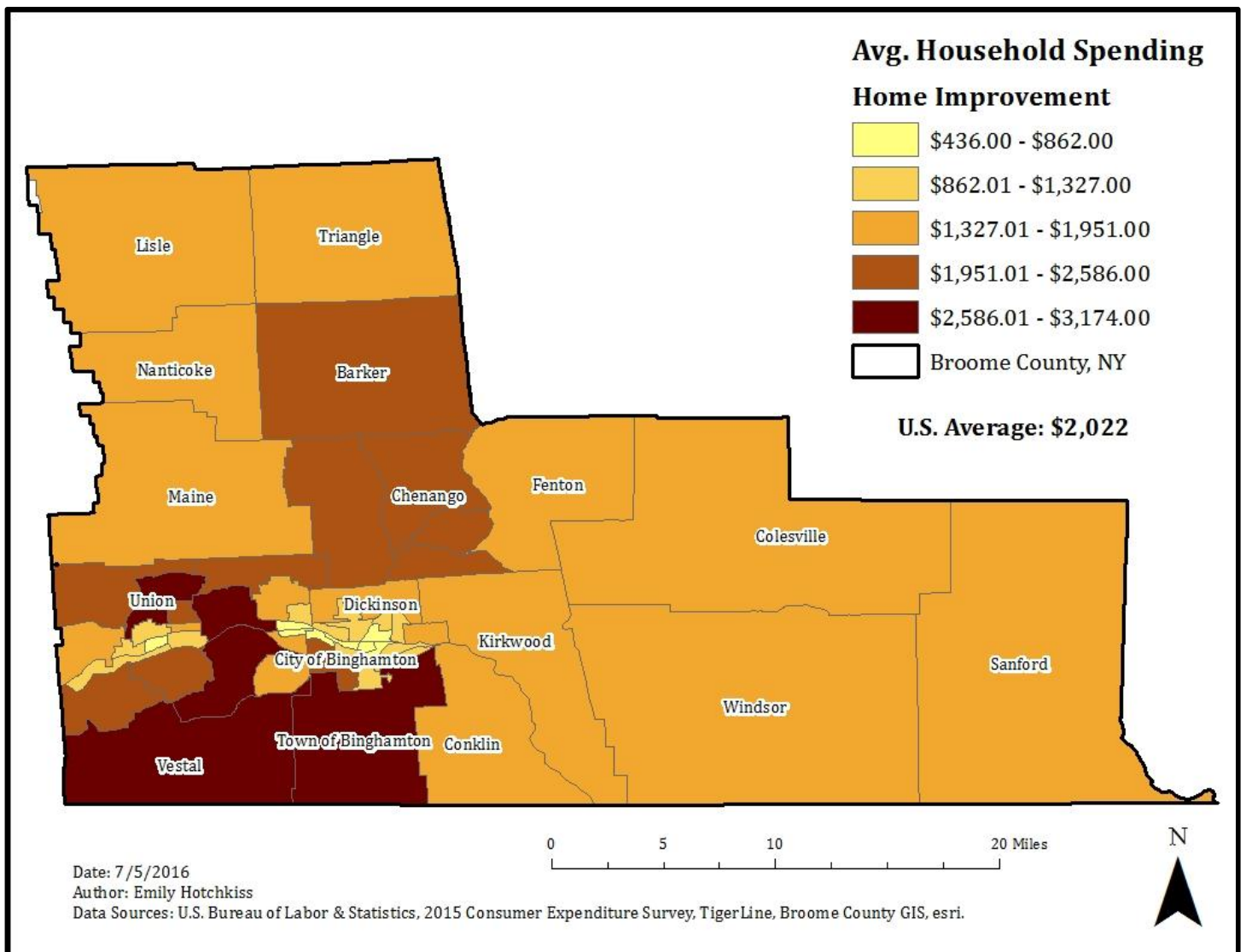
Figure 26: Percentage of Cost-Burdened Homeowners with Household Income <\$50,000, Broome County, NY



household expenses. The map below, Figure 27, depicts average household spending on home improvement by municipality, ranging from \$436 to \$3,174 annually. The Town of Binghamton, home to some of the highest valued properties in the county, shows the greatest average spending on home improvement. The Town of Barker is the only other rural town with higher-than-average expenditures on home improvement. In the urban and suburban portions of the county, areas with high numbers of renters show the lowest spending on home improvement.

Housing is an issue of great concern for low-income families in rural Broome County. Nearly half of the households with incomes under \$50,000 are cost-burdened due to housing expenses. Communities with affordable housing options and manufactured home parks have fewer families struggling with their housing expenses.⁷ In order to ease the burden on more families, it is important to consider alternative housing options for the most burdened communities.

Figure 27: Average Annual Household Spending on Home Improvement Costs, Broome County, NY



7.) Rural Health Network of South Central New York. (2016). *Rural Broome Counts: Housing Supplement*. [in print].

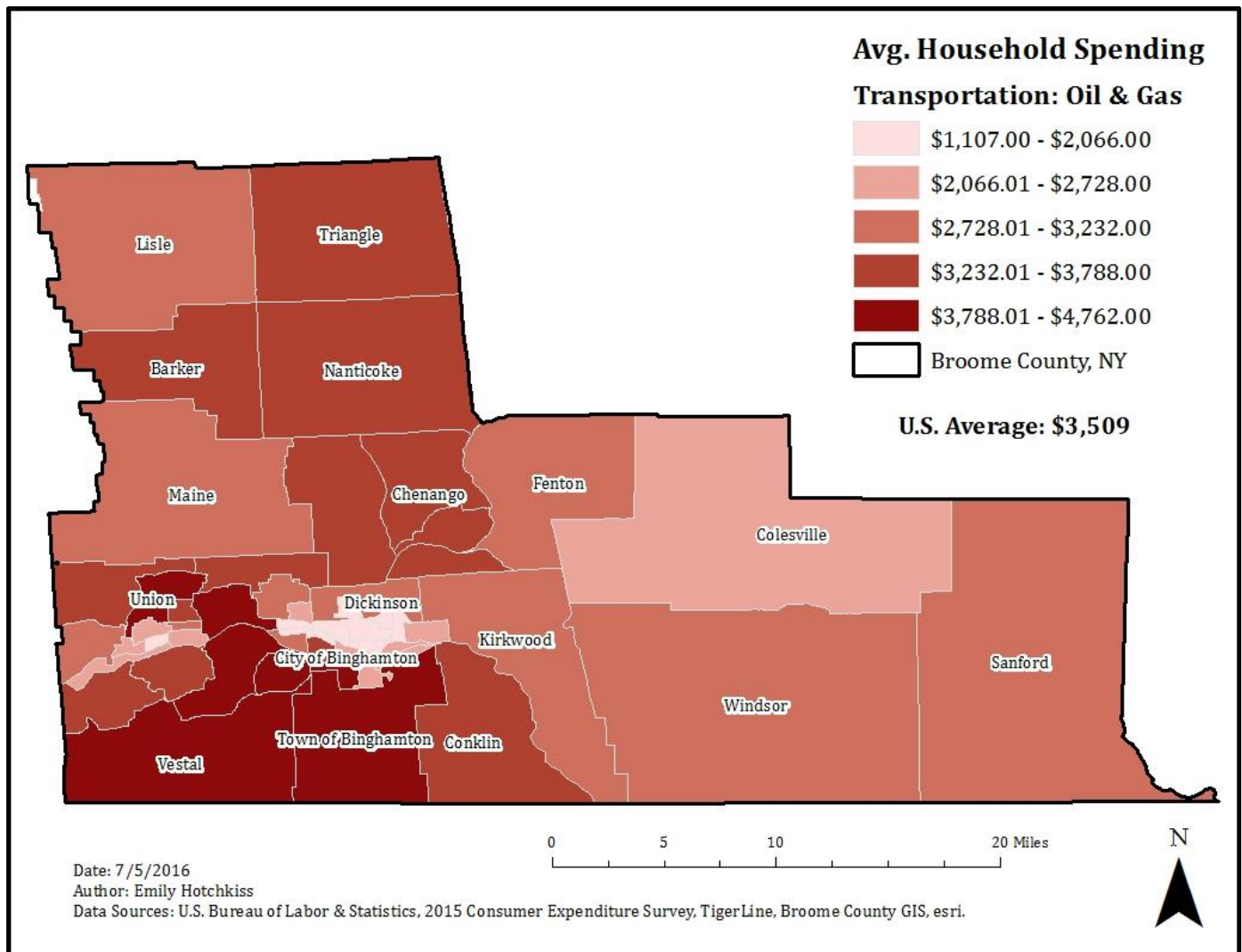
Transportation

Access to transportation is essential in rural areas, where resources are limited and residents often must travel long distances to access employment, health care, and groceries, and fulfill other needs. Rural residents are heavily reliant on their own vehicles, as public transportation is limited or non-existent. However, owning and operating a vehicle can represent a prohibitive expense to a low-income household. In 2016, the American Automobile Association (AAA) estimates that the annual cost of owning and operating a vehicle is \$8,558 on average. (This estimate includes depreciation, fuel, insurance, and maintenance for a car driven approximately 15,000 miles.)¹

For rural residents, who travel farther to access most resources than their urban counterparts, the cost of ownership is higher.

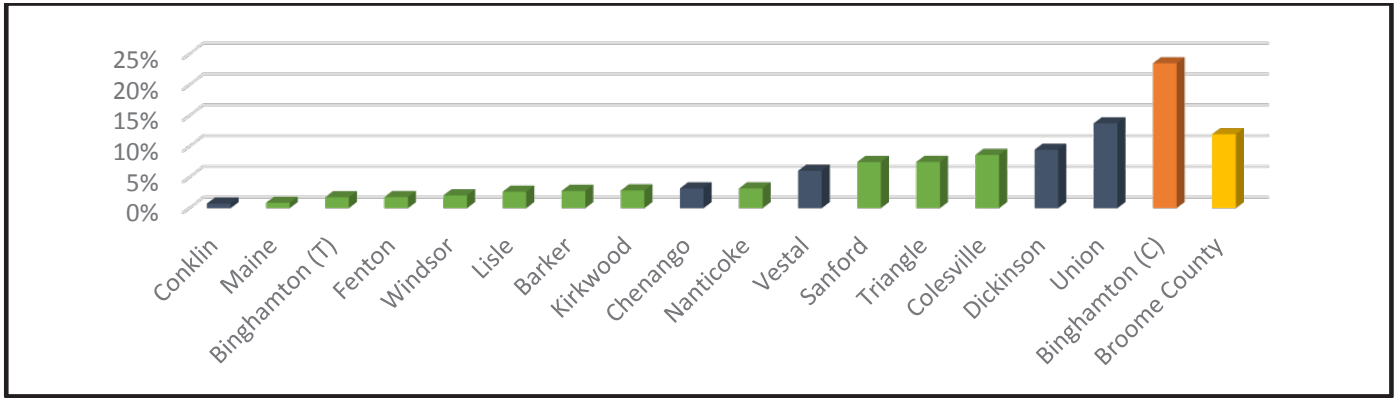
The map below, Figure 28, depicts one aspect of car ownership, household spending on oil and gas for transportation. Household spending on gas and oil depends on the number of vehicles the household owns and members' ability to pay for fuel. In rural Broome County, the Town of Colesville has the lowest average household spending on fuel for transportation. Average household spending on oil and gas in the Town of Binghamton is high. However, the

Figure 28: Average Annual Household Spending on Transportation Oil and Gas by Census Tract, Broome County, NY



1.) AAA. (2016). Your Driving Costs: How much are you really paying to drive? Retrieved from: <http://exchange.aaa.com/wp-content/uploads/2016/04/2016-YDC-Brochure.pdf>

Figure 29: Percentage of Carless Households by Municipality in Broome County, NY



Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, (Table B08201).

towns of Triangle, Barker, and Nanticoke all show higher average spending on fuel costs than the other rural towns. These towns did not have higher average spending on other consumer expenditures examined in this report, suggesting that transportation makes up a greater portion of the budget for rural residents in these areas than for rural residents in other areas of the county.

While the rate of spending on fuel for transportation is low in the Town of Colesville, it's also true that few resources, such as primary care clinics or child care centers, are located within that community. Given the distances that residents need to travel to obtain services, why are they spending so little on gas? One likely explanation is the relatively high percentage of carless households in Colesville. The graph above, Figure 29, shows the percentage of carless households by municipality. The Town of Colesville has the highest percentage of carless households among

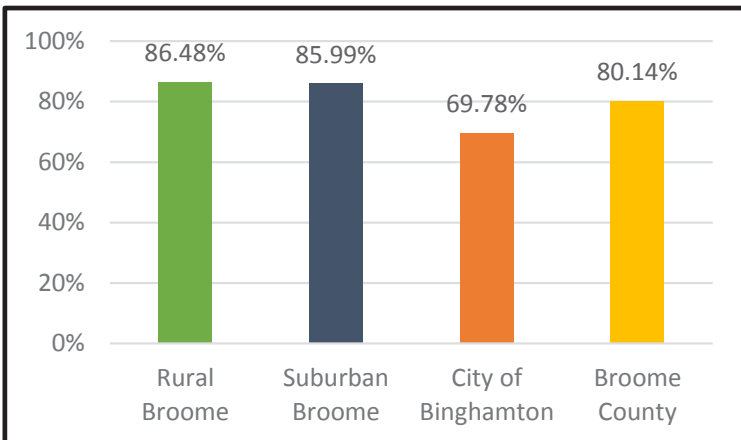
rural municipalities (shaded in green): 8.63% of households have no vehicles. The rural towns of Sanford and Triangle also have high percentages of carless households, at 7.48% and 7.50% respectively.

As this report mentioned previously, transportation is a crucial component of access to employment in rural communities. In rural Broome County, over 85% of workers drive alone to work, as shown in Figure 30. Suburban Broome County also demonstrates the same reliance on personal vehicles for employment, with a high percentage of workers driving alone to work. Only the City of Binghamton, with just shy of 70% of workers driving alone, exhibits a significant use of carpooling and public transportation.

Although many residents of rural Broome County use their own cars to get to work, public transportation is also available to residents of rural communities. B.C. Transit operates six rural routes through its B.C. Country service. The routes serve people traveling from rural areas to the urban center and back again. Each one-way trip costs \$3.00.² Reduced fees are available to persons with disabilities, children under 5, and seniors. Assuming B.C. County routes function as transportation to full time employment, a rural rider could expect to pay \$1,560 a year.

As shown in the B.C. Country Route Map, Figure 31, bus service does not reach all of rural Broome County. The towns of Triangle and Sanford, with two of the highest percentages of carless households, are largely unserved by B.C. Country. Additional barriers to using B.C. Country include the need to pre-register, limited hours of operation, limited geography, and limited accessibility for wheelchair bound individuals. These issues were explored in greater detail

Figure 30: Percentage of Workers who Drive Alone to Work, Broome County, NY



Source: U.S. Census Bureau. 2010-2014 American Community Survey 5-year Estimates, (Table B08141).

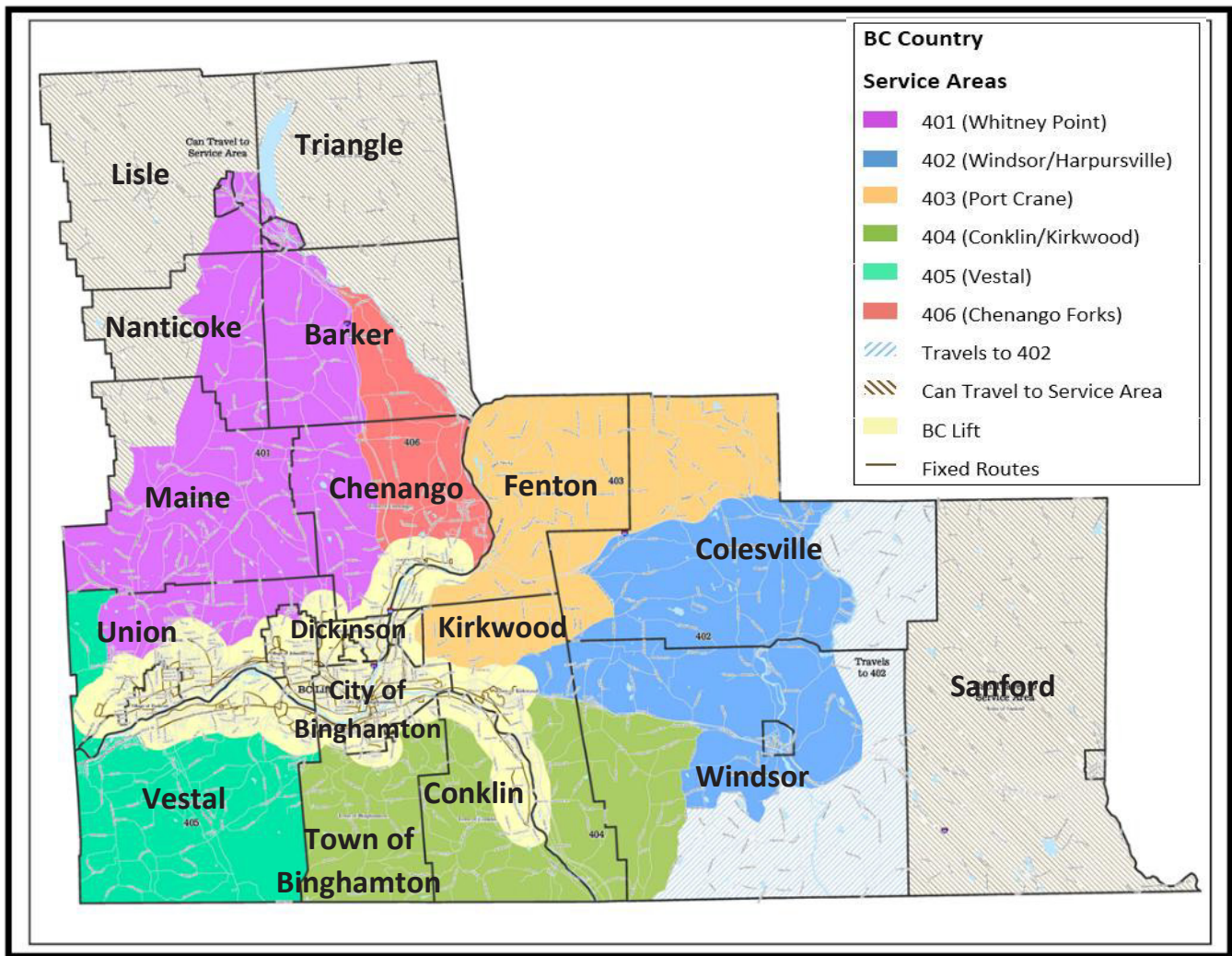
2.) Broome County. (2016). *B.C. Country: Serving Rural Broome County*. Retrieved from: <http://www.gobroomecounty.com/transit/bccountry>.

in the 2015 Rural Broome Counts report.³ For more information, please refer to that report.

For rural Broome County residents, access to transportation is critical; therefore, rural residents are willing to spend a large portion of the household budget on transportation, if necessary. According to the Center for Neighborhood Technology’s Housing and Transportation Affordability Index, transportation accounts for 30% to 33% of household budgets in rural Broome County.⁴ In comparison, transportation represents only 22% of household budgets in

the City of Binghamton. Many rural households are cost-burdened by housing, and additional struggles with transportation leave little room for other expenditures. Families must choose when to go to the doctor, decide how best to obtain healthy food, and evaluate the true cost-effectiveness of child care.

Figure 31: B.C. Country Route Map 2014



Source: Broome County GIS

3.) Rural Health Network of South Central New York. (2015). *Rural Broome Counts: a Needs and Assets Assessment of Rural Broome County*. Retrieved from: <http://www.rhnsny.org/programs/partnerships/rural-broome-counts>.

4.) Center for Neighborhood Technology. (2016). *Housing and Transportation Affordability Index*. Retrieved from: <http://htaindex.cnt.org/map/>.

Recommendations

In examining the five components that make up a household budget, this report has uncovered some of the most pressing issues that exacerbate poverty and keep many residents of rural Broome County from thriving. While all Broome County residents deserve equitable solutions to address these issues, it is important to tailor an appropriate approach for each community. Here are a few examples of the kinds of solutions that might improve conditions in rural Broome County. For additional possibilities, please see the resources listed in the footnotes.

CHILD CARE:^{1,2}

- Monitor changes to the early childhood education regulatory environment that will impact the sustainability and availability of child care centers. Rural Broome County already has already seen one child care center close. Community leaders should give special care to keeping the remaining centers viable through financial support.
- Create innovative partnerships that engage in cost sharing mechanisms to expand existing child care centers into the rural communities of Windsor and Harpursville.
- Support families that do not qualify for child care subsidies or Head Start programs to offset the burden of increasing child care costs.
- Continue advocacy efforts to categorize Broome County as a Group 2 County to increased child care subsidy reimbursement rates.
- Increase the number of licensed group and family day care providers in rural communities to increase the availability of regulated child care slots. These child care settings are often more viable in small communities which do not have the population base to support child care centers.

FOOD³:

- Focus on making food resources, such as farmers' markets, food pantries, and summer meal sites, available equitably in rural and urban portions of the county, so rural residents can participate in programs and gain better access to nutritious food.
- Continue efforts to make the Summer Food Service Program available to more people in communities through the development and continuation of innovative meal delivery strategies.
- Ensure rural individuals who qualify for SNAP are able to enroll and receive benefits. The current distribution of SNAP benefits suggests that many rural families are not accessing this resource.⁴
- Support and retain existent village supermarkets which are vital to maintaining food access in rural towns.

HEALTH CARE⁵:

- Make existing primary care sites into hubs, centralized locations offering mental health services, laboratory services, and others, to deliver a greater range of services to rural populations. Expand hours of service to include evenings and weekends, allowing people to make appointments which they would be more likely to find someone to drive them to the doctor's office.

1.) Family Enrichment Network. (2016). *Community Assessment 2016-2017*. Retrieved from: http://familyenrichment.org/resource_files/Community%20Assessment%202016-2017%20db1%20spaced.pdf

2.) Community Foundation of South Central New York (CFSCNY). (2015). *CFSCNY's Needs Assessment Regional Summary*. Retrieved from: <http://donorswhocare.org/cms-documents/CFSCNY%20Needs%20Assessment%20-%20Regional%20Summary.pdf>

3.) Food and Health Network. (2012-2016). *Multiple Assessments*. Retrieved from: <https://foodandhealthnetwork.org/projects-and-programs/>.

4.) Broome County Department of Social Services. (2016). *July 2016 SNAP Benefits by Zip Code*.

5.) Rural Health Network of South Central New York. (2015). *Rural Broome Counts: 2015 Needs-Assets Assessment*. Retrieved from: <http://www.rhnsncy.org/programs/partnerships/rural-broome-counts>.

- Monitor the impact of shifting health care costs and increasing health insurance premiums. Ensure that rural residents understand their health care needs and are selecting the appropriate insurance options.
- Support the implementation of Delivery System Reform Incentive Payment (DSRIP) Program in rural portions of the county to ensure equitable roll out of advances in health care delivery.

HOUSING⁶:

- Improve the safety and affordability of rural housing by making better use of programs that are already available in the county.
- Create partnerships to construct new housing or renovate existing structures, to expand the region’s portfolio of affordable rural housing. Place special emphasis on rental units and housing for seniors.
- Educate residents on their rights as tenants or homeowners to help curb the amount of substandard housing, illegal evictions, and even foreclosures.

TRANSPORTATION⁷:

- Encourage use of vanpools and carpools to increase access to employment opportunities.
- Bring more services, such as primary care, mental health, child care, etc., to rural communities, reducing the travel distance and cost as well as time required.
- Explore ways to eliminate barriers that keep people from using public transportation. Also look for ways to expand ridership, reduce deadhead miles, and keep services financially viable.
- Focus efforts on expanding affordable transportation options in rural communities as they are often the critical link to child care, food, health care, employment, and access to services.

GEOGRAPHY

- Concentrate interventions or strategies on the towns of Colesville and Sanford to have the greatest impact on rural Broome as a whole. Widespread poverty and lack of community resources have left these communities with large concentrations of residents who face financial struggle in their daily lives.



6.) Rural Health Network of South Central New York. (2016). *Rural Broome Counts: Housing Supplement*. Retrieved from: <http://www.rhnsncy.org/programs/partnerships/rural-broome-counts>.

7.) Rural Health Network of South Central New York. (2015). *Rural Broome Counts: 2015 Needs-Assets Assessment*. Retrieved from: <http://www.rhnsncy.org/programs/partnerships/rural-broome-counts>.

Rural Household Budgets

The following three scenarios represent actual experiences and budgets from families living in rural Broome County. However, these budgets may not reflect the entirety of each family’s financial picture and do not represent the situations faced by all rural Broome residents. For example, all three families have lower than average rental costs and two of the families have low medical costs. The families with young children may have medicare coverage which is of significant help to them financially. The stories shared by these families go farther to explain the challenges face by rural Broome residents but do not tell the whole story.

FAMILY WITH YOUNG CHILDREN 1

The Kirchner family¹ lives in rural Broome County. The father is 42 years old and is disabled; the mother is 32 years old and works part time. The couple has six children between the ages of one and 11. The Kirchners receive Social Security Insurance and a paycheck every month to cover the needs of eight people. The following budget reflects the family’s actual spending and income for May 2015.

The family only spent \$168 on groceries and household supplies to feed eight people, averaging to \$42 a week. This budget does not meet their nutritional needs and is likely supplemented through food pantries, community meals, and other food aid supports.

Income:

Pay check: \$463.59

Disability (SSI): \$804.00

TOTAL: \$1,267.59

Income – Expenses = Left Over

\$1,267.59 – \$1,186.18 = **\$81.41**

1.) Names have been changed to protect the identity of the family.

Fortunately, the Kirchner family participates in a Head Start program, an essential and economical source of child care, education, and health care for some of the children. However, Head Start does not cover one year old children. It is unclear who is providing child care to the youngest child. Also, the household budget for this month does not include any health care costs. Saving money on these two types of expenses allows the family to have money left over at the end of the month. Without the Head Start program, Social Security Disability benefits, and food supports, this family would likely not be able to make ends meet each month.

Figure 32: Monthly Household Budget: Rural Family with Young Children 1

Expense Type		Amount
Housing	Rent	\$400.00
	Utilities	\$163.00
	Internet, Cable, and Phone	\$50.00
Food	Groceries and Household Supplies	\$168.46
	Meals Out	\$100.00
Transportation	Gas	\$80.00
	Car Maintenance	\$73.72
	Car Loan	\$46.00
Health	Medicine	--
	Health Insurance	--
	Doctor’s Appointments	--
Childcare	Childcare	--
Other	Clothing and Shoes	\$50.00
	Personal or Family Expenses	--
	Other	\$55.00
TOTAL		\$1,186.18

FAMILY WITH YOUNG CHILDREN 2

The Brown family² is a young couple with a four-year old and a newborn living in rural Broome County. The family resides with Sheila's retired mother, which meets the U.S. Department of Health and Human Service's definition of homelessness. The family moved into the retired mother's home after work slowed down at Sheila's primary job and she lost her second job. Finding another job has been difficult while recovering from her recent childbirth. Tom works more than 50 hours a week. He takes as much overtime as he can get so the family can save money for its own home. Sheila and Tom's income is supplemented by \$50 a month in child support, which Sheila claims is woefully inadequate. The following budget reflects the family's actual income and spending for May 2016.

Because they do not pay rent or utilities, the Browns are able to save an extra few hundred dollars each month. It is also crucial to point out that this family did not spend money on either child care or health care in May 2016. That is because the family utilizes the Head Start program, an essential and economical source of child care, education, and health care for their older child. Without the Head Start program or the option of living with a relative, this family would likely not have the capacity to make ends meet each month.

Figure 33: Monthly Household Budget: Rural Family with Young Children 2

Income:

Pay check: \$1,800.00

Child Support: \$50.00

TOTAL: \$1,850.00

Income – Expenses = Left Over

\$1,850.00 – \$1,360.00 = **\$490.00**

Expense Type		Amount
Housing	Rent	--
	Renter's Insurance	--
	Utilities	--
	Internet, Cable, and Phone	\$160.00
Food	Groceries and Household Supplies	\$350.00
	Meals Out	\$30.00
Transportation	Gas	\$200.00
	Car Insurance	\$160.00
Health	Medicine	--
	Health Insurance	--
	Doctor's Appointments	--
Childcare	Childcare	--
Other	Clothing and Shoes	\$40.00
	Personal or Family Expenses	\$20.00
	Other	\$400.00
TOTAL		\$1,360.00

2.) Names have been changed to protect the identity of the families.

OLDER COUPLE

The McKinney family³ is a rural couple living in a mobile home park. Karen is 67 years old and retired; Bob is a disabled veteran in his 50s. The couple moved to the mobile home park about 20 years ago to be close to employment. Over time, Bob became disabled, reducing the couple's monthly income and increasing its bills. Currently, Bob receives medical care from the Veteran's Administration (VA), which he agrees is helpful, although at times the couple has to drive long distances for his treatments, without mileage reimbursement. Bob receives Social Security Disability benefits, while Karen has Social Security Retirement benefits. Karen works part time, earning \$50-\$70 a week, which the McKinneys use for food. Despite several sources of income, the couple usually has less than \$40 in its checking account by the end of the month.

The couple has a hole in the living room floor, which they keep covered by a tarp and a couch because they do not have the money to fix it. Their hot water heater broke last winter, forcing them to go to a local community agency for help buying a new one. Bob now volunteers at the agency three days a week as recompense, because he believes he cannot repay the agency. Last year, a group of students from the local high school went to the McKinneys' trailer park to complete minor repairs on homes there. The students were able to fix the couple's broken steps, which was a big help, as they could not afford to replace them. The couple fears next year's finances, because their lot rent has increased. Although it is only a \$10 increase, the couple knows that this is just one of many small expenses that could add up to a significant new burden.

Figure 34: Monthly Household Budget: Rural Older Couple

Income:

Disability (SSI): \$1,187.10

Retirement (SSI): \$537.00

TOTAL: \$1,724.10

Income – Expenses = Left Over

\$1,724.10 – \$1,453.77 = **\$270.33**

Outstanding Medical Bills:

\$19,635.99

	Expense Type	Amount
Housing	Rent	\$306.00
	Home Insurance	\$68.25
	Utilities	--
	Internet, Cable, and Phone	\$228.35
Food	Groceries and Household Supplies	\$39.75
	Meals Out	--
Transportation	Gas	\$150.00
	Car Insurance	\$135.10
	Car Loan	\$316.49
Health	Medicine	--
	Health Insurance	\$37.00
	Doctor's Appointments	--
Childcare	Childcare	N/A
Other	Clothing and Shoes	--
	Personal or Family Expenses	\$172.83
	TOTAL	\$1,453.77

3.) Names have been changed to protect the identity of the families.

Appendix A: Rural Broome Child Care Providers

Name	Program Type	School District	Total Capacity	Age Range
Wilson Children's Center	Day Care Center	Deposit	8 infants; 10 toddlers; 15 preschool; 14 school age	6 weeks to 12 years
Delaware Opportunities*	Day Care Center	Deposit	18 children	Preschool
Barbara Briggs	Group Family Day Care	Harpurville	12 children; 4 school age	6 weeks to 12 years
Opportunities for Broome, Inc.*	Day Care Center	Harpurville	16 children	Preschool
Robin Wright	Group Family Day Care	Harpurville	12 children; 4 school age	6 weeks to 12 years
Mona Haynes	Group Family Day Care	Whitney Point	12 children; 4 school age	6 weeks to 12 years
Opportunities for Broome, Inc.*	Day Care Center	Whitney Point	36 children	Preschool
Wendy Poyer	Family Day Care	Whitney Point	6 children; 2 school age	6 weeks to 12 years
Whitney Point Preschool & Daycare, Inc.~	Day Care Center	Whitney Point	16 infants; 12 toddlers; 18 preschool	6 weeks to 4 years
Whitney Point Preschool & Daycare, Inc.~	Day Care Center	Whitney Point	16 children	Preschool
Whitney Point Preschool, Inc.~	Day Care Center	Whitney Point	36 children; 48 school age	Preschool
Lugene Hartmann	Family Day Care	Windsor	6 children; 2 school age	6 weeks to 12 years
Kelly K. Hayes	Family Day Care	Windsor	6 children; 2 school age	6 weeks to 12 years
Knappy Time Daycare	Group Family Day Care	Windsor	12 children; 4 school age	6 weeks to 12 years
Opportunities for Broome, Inc.*	Day Care Center	Windsor	18 children	Preschool

* Indicates a Head Start program

~Licensed separately, but all one organization

Source: NYS Office of Children and Family Services. http://ocfs.ny.gov/main/childcare/cdfs_template.asp

Appendix B: Food Resources in Rural Broome County

Community	Location	Type of Resource	Population	Time Period	Coordinated By
Whitney Point	Saving Grace Arts Center	Farm Share Pick-Up Site	All	June – September	VINES & Main Street Farms
Lisle	Lisle Community Garden	Community Garden	All	April – October	
Whitney Point	River Rock Gardens	Community Garden	All	April – October	Whitney Point Preschool & Day Care
Deposit	Deposit Farmer's Market	Farmers' Market	All	August 18 th and September 15 th	Cornell Cooperative Extension Delaware County
Deposit	Koo Moose Farmer's Market	Farmers' Market	All	June – October	Deposit Chamber of Commerce
WindSOR	WindSOR Village Green	Farmers' Market	All	May – August	
Deposit	Deposit Council of Churches Food Pantry	Fixed Food Pantry	Deposit School District	Thursdays 3-6pm	Deposit Council of Churches
Colesville	Colesville Community Pantry	Fixed Food Pantry	Town of Colesville Residents	1 st & 3 rd Tues 10AM - 12PM & 4:30-6:30PM	
Colesville	St. Joseph Church	Fixed Food Pantry	All	Call Ahead	St. Joseph Church
Whitney Point	Whitney Point Community Pantry	Fixed Food Pantry	Town of Triangle Residents	Mon –Thurs & Sat 10AM – 12PM & Thurs 6-8PM	Whitney Point Ecumenical Church
WindSOR	Bread of Life Pantry	Fixed Food Pantry	All	Mon – Fri 7AM -12PM	WindSOR Bible Baptist Church
WindSOR	WindSOR Human Development	Fixed Food Pantry	All	Tues, Thurs, & Sat 10AM – 12PM & Wed 4-6 PM	Our Lady of Lourdes WindSOR
WindSOR	God's Bread	Fixed Food Pantry	CHOW Screening Process	Tuesday 9:30am – 12pm	WindSOR First United Methodist Church (CHOW)
Kirkwood	St. Mary's of Kirkwood	Fixed Food Pantry	CHOW Screening Process	Tues & Thurs	St. Mary's Church (CHOW)
Maine	Maine Federated Food Pantry	Fixed Food Pantry	CHOW Screening Process	Tues-Thurs 9-11:30AM	Maine Federated Church (CHOW)
Harpurville	Colesville Ambulance Center	Mobile Food Pantry	All	**Schedule Varies	Food Bank of the Southern Tier
Whitney Point	St. Patrick's Church	Mobile Food Pantry	All	**Schedule Varies	Food Bank of the Southern Tier
Deposit	Deposit Volunteer Fire Dept.	Mobile Food Pantry	All	**Schedule Varies	Food Bank of the Southern Tier
Whitney Point	Whitney Point United Methodist Church	Community Meal	All	Last Thursday 5-6PM	Whitney Point United Methodist Church
Kirkwood	First United Methodist Church of Kirkwood	Community Meal	All	4 th Wednesday 4:30-6PM	First United Methodist Church of Kirkwood
Deposit	Friendship Table	Community Meal	All	Sept – May: 4 th Wednesday 4:30-5:30PM	Deposit Foundation

Sources: Broome County GIS, VINES, Food and Health Network of South Central New York, Broome County United Way: 2-1-1 Susquehanna River Region, Food Bank of the Southern Tier.

Appendix C: Primary Care and Walk-in Locations in Broome County

Hospital System	Location	Facility Name	Region	Evening or Weekend Hours	Lab or X-Ray Services On-Site	On-Site Mental Health Services
UHS	Deposit	Primary Care – Deposit	Rural	No	Yes (Both)	Yes
Lourdes	Whitney Point	Whitney Point Family Practice	Rural	No	Yes (Lab)	No
UHS	Kirkwood	Primary Care – Kirkwood	Rural	No	Yes (Lab)	No
UHS	Windsor	Primary Care – Windsor	Rural	No	Yes (Lab)	No
UHS	Maine	Primary Care – Maine	Rural	No	Yes (Lab)	No
Lourdes	City of Binghamton	Center for Family Health	Urban	No	Yes (Lab)	No
Lourdes	City of Binghamton	Primary Care – Eastside Binghamton	Urban	No	Yes (Both)	No
Lourdes	City of Binghamton	Primary Care – Front Street Binghamton	Urban	No	Yes (Lab)	No
Lourdes	City of Binghamton	Primary Care – Riverside Drive Binghamton	Urban	No	No	No
UHS	City of Binghamton	Primary Care – Clinton Street	Urban	No	Yes (Lab)	Yes
UHS	City of Binghamton	Primary Care – Mitchell Ave	Urban	No	No	No
UHS	City of Binghamton	Primary Care – Upper Front Street	Urban	No	Yes (Lab)	No
Cornerstone	City of Binghamton	Cornerstone Family Healthcare	Urban	Yes (3 rd Sat)	Yes (Lab)	No
Lourdes	Endicott	Primary Care – Endicott	Suburban	No	Yes (Both)	No
FFP	Endwell	Endwell Family Physicians	Suburban	Yes	Yes (Lab)	No
UHS	Endwell	Primary Care – Endwell	Suburban	No	Yes (Lab)	No
Lourdes	Vestal	Primary Care – Family Medicine	Suburban	No	Yes (Lab)	No
UHS	Vestal	Primary Care – Vestal	Suburban	No	Yes (Lab & MRI/Imaging)	No
UHS	Johnson City	Primary Care – Main Street	Suburban	No	No	No
UHS	Johnson City	Primary Care – Arch Street	Suburban	No	Yes (Lab & EKG)	Yes
UHS	Endicott	Walk-In – Endicott		Yes	Yes (Both)	No
UHS	Vestal	Walk-In – Vestal		Yes	Yes (Both)	No
UHS	Chenango	Walk-In – Chenango Bridge		Yes	Yes (X-Ray)	No

Source: Google.com

Key:

Cornerstone – Cornerstone Family Healthcare
 FFP – Endwell Family Physicians

Lourdes – Ascension Health Lourdes Memorial Hospital
 UHS – United Health Services

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Special thanks to United Way of Broome County, Rural Broome Counts Housing Work Group, key informant interviewees, AmeriCorps VISTA, Rural Health Service Corps, New York State Office of Rural Health, and rural Broome residents.

