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**2019 UPDATE to the
2017 COMMUNITY NEEDS ASSESSMENT**

September 1, 2019

**Opportunities for Chenango
and
Opportunities for Chenango Early Head Start / Head Start**



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Overview of the State of the Grantee

Opportunities for Chenango (OFC) receives \$2,782,368 annually to provide Head Start program services to at-risk children and their families in Chenango County, New York. This dollar amount includes base funding of \$2,736,141 that supports Head Start (HS) and Early Head (EHS) operations, staff, supplies and services necessary to meet the Head Start Program Performance Standards and \$46,227 for training and technical assistance which aids staff in improving qualifications and in sustaining high-quality programs.

Chenango County Head Start offers services through two models; center based and home based. It has successfully offered programming within the county for 50 years and is recognized as a leader in providing comprehensive health, nutrition, and child and family development services. Full-day center-based early care and education services are provided to 102 HS eligible children aged 3-5 years in 6 classrooms located in Bainbridge, Greene, New Berlin, North Norwich, Norwich and Oxford. All HS centers are open for 6 hours daily, 5 days per week, 1,020 hours per year. The HS home based program provides services to 36 children through weekly 90 minute home visits, which includes 16 socializations. In EHS, the program serves 72 infants, toddlers, or pregnant women through 90 minute home visits for 46 weeks annually which includes 22 socializations. EHS center based services are offered to 16 toddlers for 5 days per week/46 weeks per year, for 6 hours per day, and for 1,380 hours annually. Teachers in center-based programs provide 2 home visits and parent conferences.

Executive Summary of the Community Assessment

This report summarizes primary data collected from people living on low incomes and other stakeholders of the Chenango County community. In addition, it presents secondary data primarily compiled through the NYSCAA CARES / Engage Network tool which extracts data from a wide variety of sources. In addition, program data from the OFC Early Head Start and Preschool Head Start programs is summarized and compared with other secondary data. Analysis of the foregoing data produced the following key findings for the OFC service area:

- **Finding 1:** High cost of living and low wages combine to create a high cost-income ratio that positions families in the circumstance of poverty.
- **Finding 2:** Conditions of poverty include ongoing efforts to gain and preserve access to the mix of earned income, charity, credit, benefits and services needed for survival.
- **Finding 3:** Not enough people are benefitting from early childhood, K-12 and post-secondary education.
- **Finding 4:** Chenango County residents, including OFC program participants, lag peer groups on outcomes of health and well-being.
- **ADDED IN 2018 UPDATE, Finding 5: Addiction, mental illness and family problems affect the community at large and the personal lives of OFC participants.**

A full discussion of these findings begins on page 66 of this report. Recommendations to respond at the community, agency and family level follow the discussion of findings.

Methodology: The Community Assessment Process

Primary data were collected through surveys completed by parents involved in Head Start programs, other OFC program participants and community stakeholders. In addition, two focus groups were held involving OFC and OFC Head Start program participants. Secondary data were compiled from the NYSCAA CARES/Engage Network, NYSED School District Report Cards, New York State Department of Health, and Program Data.

All data were analyzed and compared in the Matrix of Perceived and Observed Conditions (*Appendix I.*) Conditions that appear as observed in the service area population, observed in the program population, perceived by program participants, and perceived by other stakeholders were identified as issues for response. For this update report, service area data were updated only where warranted. Changes are noted in the narrative.

Service Area Data

Introduction and Overview

Chenango County NY is a rural county in the Southern Tier region of New York State. It is bordered by five counties – Madison, Otsego, Delaware, Broome, and Cortland. From Norwich, which is the County seat (and located in the geographic center of the County), it is approximately 112 miles west of Albany, 40 miles north of Binghamton, and 60 miles southeast of Syracuse. Chenango County encompasses 21 townships, 8 villages, and 1 city.

With a land area of 899 square miles, Chenango County has a rural landscape full of rolling hills and beautiful valleys. Four rivers run through the county; the Susquehanna, the Chenango, the Unadilla, and the Otselec. Approximately 35% of the county’s land is devoted to agricultural use, while over 60% is forested. Only about 5% of the county’s total land area is developed in commercial, industrial, or residential use. Approximately 112,000 acres or 20% of Chenango County’s land is state owned.



Chenango County residents access New York State’s major population centers via New York State Route 12 which provides links to the NYS Thruway, Interstates 81, 86, and 88, and State Routes 20, 23 and 26. There is access to air transportation through the Lt. Warren Eaton Airport in Norwich and larger airports such as the Binghamton Regional Airport, the Oneida City Airport in Utica, the Hancock International Airport in Syracuse, and the Albany International Airport are within a 1 to 2 hour drive. The county is not connected by commuter rail transportation, nor does it have the capacity to transport freight via the railway system. Coach USA and Greyhound Bus Lines offer bus transportation services to the area, with buses running daily from Binghamton to Utica on NYS Route 12.

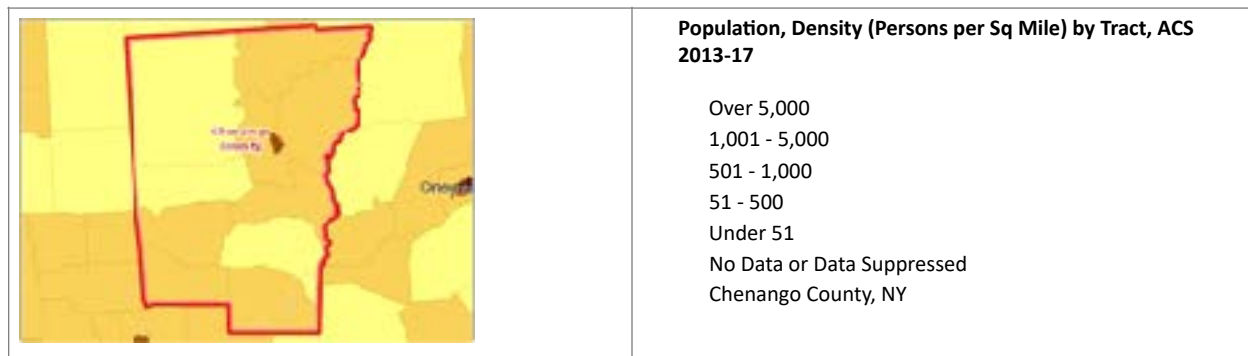
Population Profile

Population Change

Population change within the report area from 2000-2017 is shown below. During the sixteen-year period, total population estimates for the report area declined by -5.13 percent, decreasing from 51,401 persons in 2000 to 48,763 persons in 2017.

Report Area	Total Population, 2017 ACS	Total Population, 2000 Census	Population Change from 2000-2017 Census/ACS	Percent Change from 2000-2017 Census/ACS
Chenango County, NY	48,763	51,401	-2,638	-5.13%
New York	19,798,228	18,976,457	821,771	4.33%
United States	321,004,407	281,421,906	39,582,501	14.07%

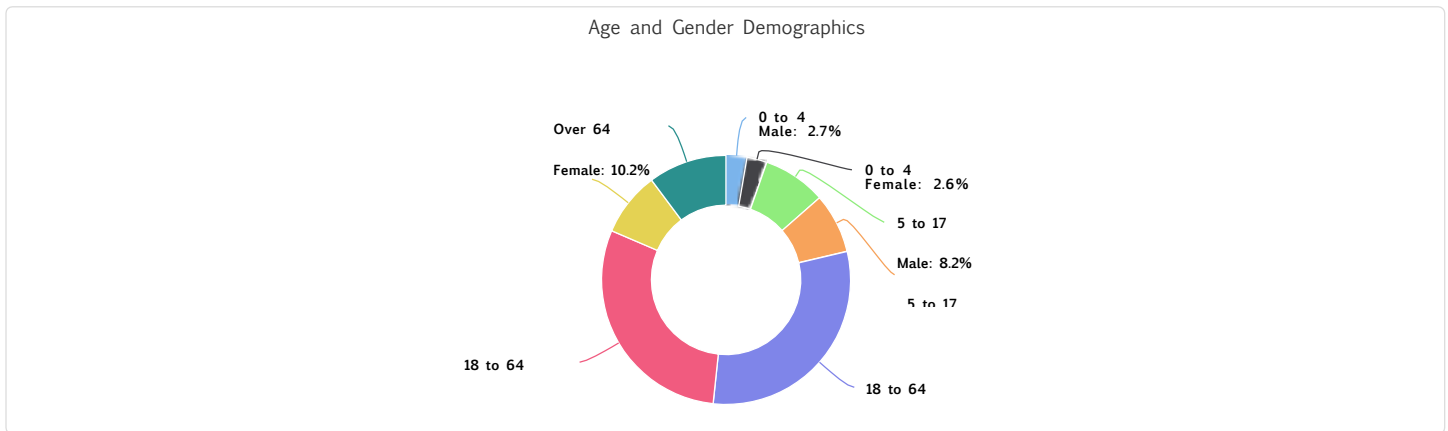
Data Source: US Census Bureau, American Community Survey. US Census Bureau, Decennial Census. 2013-17. Source geography: County



Age and Gender Demographics

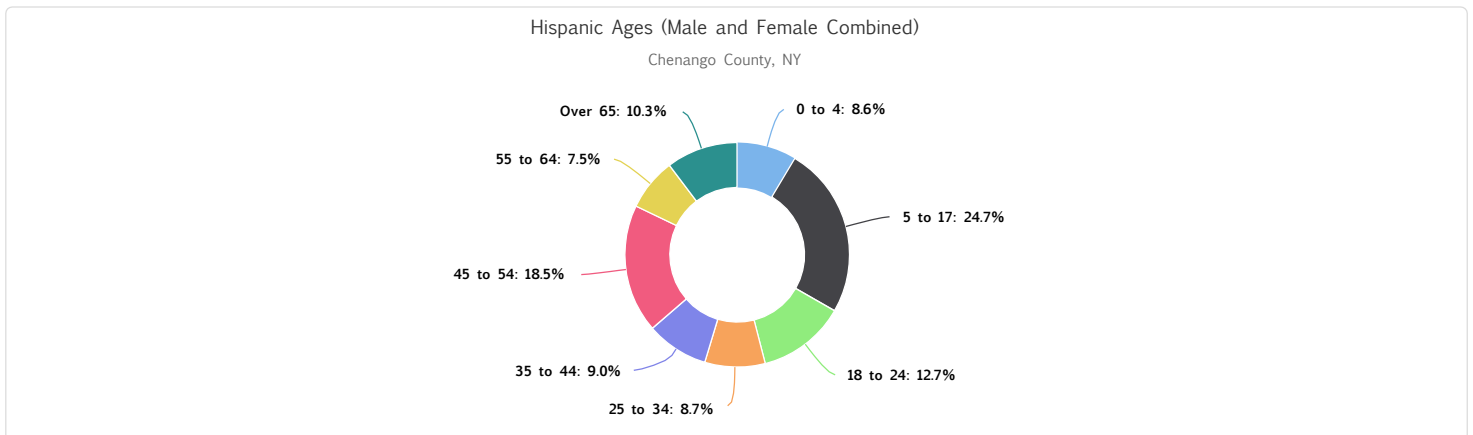
Population by gender within the report area is shown below. According to ACS 2013-2017 5 year population estimates for the report area, the female population comprised 50.38% of the report area, while the male population represented 49.62%.

Report Area	0 to 4 Male	0 to 4 Female	5 to 17 Male	5 to 17 Female	18 to 64 Male	18 to 64 Female	Over 64 Male	Over 64 Female
Chenango County, NY	1,305	1,263	3,988	3,763	14,678	14,419	4,039	4,936
New York	602,196	574,681	1,546,187	1,480,240	6,176,609	6,409,964	1,135,639	1,729,232
United States	10,151,822	9,701,693	27,458,617	26,289,147	99,353,006	100,317,733	18,945,773	26,677,081



Hispanic Ages (Male and Female Combined)

Report Area	0 to 4	5 to 17	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	Over 65
Chenango County, NY	90	259	133	91	94	194	79	108
New York	309,154	710,395	425,354	622,490	534,958	467,220	332,568	324,099
United States	5,134,740	13,034,122	6,665,654	9,002,730	8,160,321	6,491,314	4,267,131	3,754,559

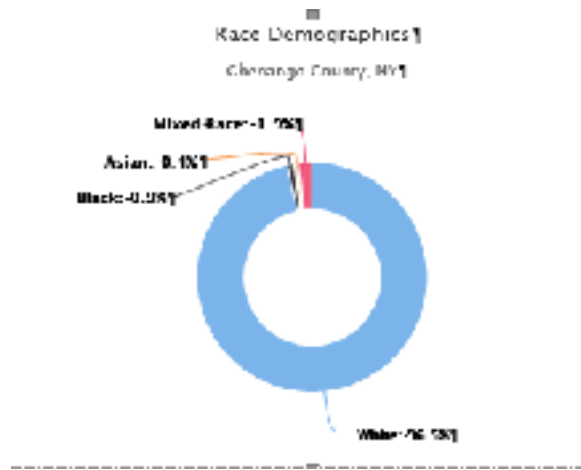


Race Demographics

Population by gender within the report area is shown below. According to ACS 2013-2017 5 year population estimates, the white population comprised 96.48% of the report area, black population represented 0.86%, and other races combined were 2.65%. Persons identifying themselves as mixed race made up 1.87% of the population.

Report Area	White Total	Black Total	American Indian Total	Asian Total	Native Hawaiian Total	Mixed Race Total
Chenango County, NY	46,848	418	153	208	22	906
New York	12,638,791	3,100,685	77,130	1,652,846	7,937	590,026
United States	234,370,202	40,610,815	2,632,102	17,186,320	570,116	10,081,044

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: County



Families

The American Community Survey (ACS) estimated there were 12,717 families in the report area in 2017. Married couple families comprised 74.97% of the total number. Families headed by men without wives comprised 9.39% of the total, while women without husbands headed 15.64% of families.

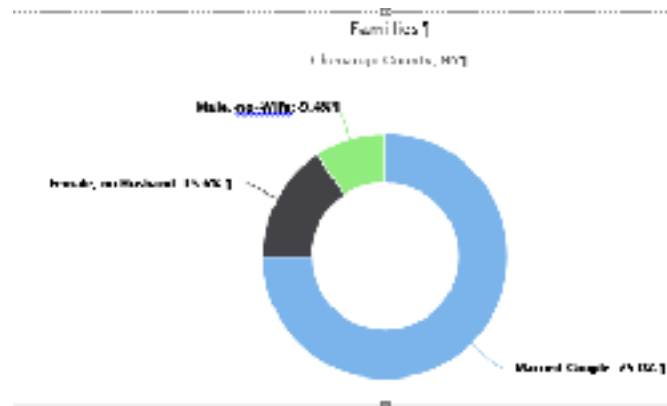
Report Area	Total Number of Families	Married Couple	Female, no Husband	Male, no Wife
Chenango County, NY	12,717	9,534	1,989	1,194
New York	4,633,030	3,223,907	1,045,771	363,352
United States	78,298,703	57,459,352	15,092,201	5,747,150

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: County



Single Parent Households with Children (Age 0-17), Percent by Tract, ACS 2013-17

- Over 38.0%
- 32.1 - 38.0%
- 26.1 - 32.0%
- Under 26.1%
- No Households with Children Reported
- No Data or Data Suppressed Chenango County, NY



Languages Spoken at Home

The overwhelming majority (97%) of Chenango County residents over age 5 speak English only at home. Of those who speak another language, less than one percent (0.9%) speak English “less than very well.” The other language spoken most commonly (1.5% of residents) is Spanish.

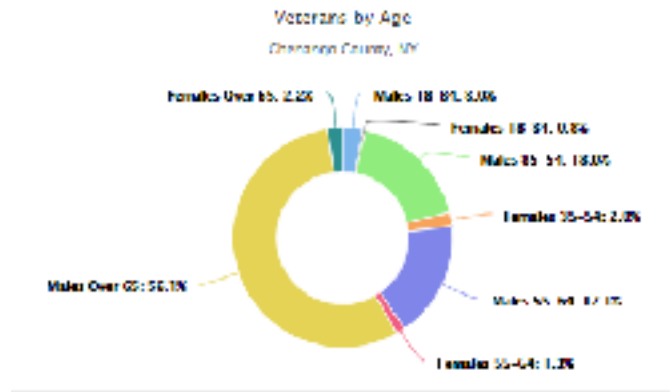
Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: County

Veterans, Age and Gender Demographics

Veterans, Age and Gender Demographics show the number of veterans living in the report area. According to the American Community Survey (ACS), 9.28% of the adult population in the report area are veterans, which is more than the national average of 7.69%.

Report Area	Veterans Total	Veterans Male	Veterans Female	% Pop over 18 Total	% Pop over 18 Males	% Pop over 18 Females
Chenango County, NY	3,566	3,358	208	9.28%	17.61%	1.07%
New York	757,900	707,865	50,035	4.87%	9.52%	0.61%
United States	18,939,219	17,351,288	1,587,931	7.69%	14.52%	1.25%

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: County [Show](#)



Employment

Current Unemployment

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Chenango County, NY	22,335	21,527	808	3.6%
New York	9,563,990	9,203,379	360,611	3.8%
United States	165,226,903	158,846,565	6,380,338	3.9%

Labor force, employment, and unemployment data for each county in the report area is provided in the table below. Overall, the report area experienced an average 3.6% percent unemployment rate in June 2019.

Data Source: US Department of Labor, Bureau of Labor Statistics. 2019 - June. Source geography: County

Thirteen Month Unemployment Rates

Unemployment change within the report area from June 2018 to June 2019 is shown in the chart below. According to the U.S. Department of Labor, unemployment for this thirteen month period fell from 4.3% to 3.6%.

Report Area	June 2018	Jul. 2018	Aug. 2018	Sep. 2018	Oct. 2018	Nov. 2018	Dec. 2018	Jan. 2019	Feb. 2019	Mar. 2019	Apr. 2019	May 2019	Jun. 2019
Chenango County, NY	4.3%	4%	3.6%	3.5%	3.4%	3.6%	4.6%	5.5%	5.4%	5%	3.9%	3.7%	3.6%
New York	4.1%	4.2%	4%	3.6%	3.6%	3.5%	3.9%	4.6%	4.4%	4.1%	3.6%	3.8%	3.8%

Data Source: US Department of Labor, Bureau of Labor Statistics. Source geography: County

Commuter Travel Patterns

This table shows the method of transportation workers used to travel to work for the report area. Of the 21,282 workers in the report area, 77.2% drove to work alone while 11.4% carpooled. 0.4% of all workers reported that they used some form of public transportation, while others used some optional means including 5.2% walking or riding bicycles, and 0.9% used taxicabs to travel to work.

Report Area	Workers 16 and Up	Percent Drive Alone	Percent Carpool	Percent Public Transportation	Percent Bicycle or Walk	Percent Taxi or Other	Percent Work at Home
Chenango County, NY	21,282	77.2%	11.4%	0.4%	5.2%	0.9%	5%
New York	9,269,671	52.9%	6.6%	28.2%	6.9%	1.3%	4.1%
United States	148,432,042	76.4%	9.2%	5.1%	3.3%	1.2%	4.7%

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: County

Travel Time to Work

Travel times for workers who travel (do not work at home) to work is shown for the report area. The median commute time, according to the American Community Survey (ACS), for the report area of 24.1 minutes is shorter than the New York State median commute time of 33 minutes.

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: County

Top Employers

According to a document published by Commerce Chenango, the top employers in the County are:

- Chenango County Government (550)
- Chenango Memorial Hospital (512)
- Chobani (1000)
- NBT Bank, N.A. (1500)
- The Raymond Corporation (827)
- Norwich City School District (438)
- DCMO BOCES (400)
- Norwich—An Alvogen Company (382)
- Frontier (350)
- Sherburne-Earlville Schools (328)
- Unison Industries (285)
- Valley Ridge Center for Intensive Treatment—OMRDD (252)
- Preferred Mutual Insurance Company (250)
- Achieve (200)

An additional 22 organizations employ between 100 and 200 people.

Data Source: Commerce Chenango, retrieved from <https://www.commercechenango.com/wp-content/uploads/2018/06/Major-Employers.pdf>

Education

High School Graduates

The table below shows the number of Public High School Graduates in the selected region for the 2017/2018 academic years.

Report Area	Graduates Total	Graduates Male	Graduates Female	Graduation Rate Total	Graduation Rate Male	Graduation Rate Female
Chenango County, NY	477	236	241	83.39%	82.52%	84.27%
New York	173,917	85,512	88,405	82.58%	79.05%	86.31%

Data Source: New York State Education Department. 2018. Source geography: county

School Enrollment and Performance Data

The following charts detail school enrollment comparisons from 2016-2017 to 2017-18, as well as student academic performance data and chronic absenteeism data from the 2017-2018 school year. In the past year, enrollment has increased by 149 students in school districts in the service area, for a slight increase of less than one percent.

Data Source: New York State Education Department Data Site

CHENANGO HEAD START SERVICE AREA: STUDENT ENROLLMENT CHANGE			
School District	2016/2017 PK-12 Enrollment	2017-2018 PK-12 Enrollment	Change in Enrollment
AFTON CSD	513	538	4.87%
BAINBRIDGE-GUILFORD CSD	817	794	-2.82%
GEORGETOWN-SOUTH OTSELIC CSD	342	325	-4.97%
GREENE CSD	945	938	-0.74%
NORWICH CITY SD	1786	1844	3.25%
OXFORD ACADEMY CSD	749	759	1.34%
SHERBURNE-EARLVILLE CSD	1335	1335	0.00%
UNADILLA VALLEY CSD	796	799	0.38%
TOTAL	7283	7332	0.67%
		AVG ENROLL CHANGE	0.16%

Academic performance data presented in the table below are excerpted from New York State School Report Cards, and reflect local schools' performance on these key measures of student learning, on a scale of 1 to 4.

CHENANGO HEAD START SERVICE AREA: ESSA Accountability Scores: 1 is the lowest; 4 is the highest.

School District	Elementary: Composite Performance All Students	Elementary: Composite Performance Students with Economic Disadvantage	Elementary: Composite Performance Students with Disabilities	Elementary: Growth All Students	Elementary: Growth Students with Economic Disadvantage	Elementary: Growth Students with Disabilities	Secondary: Graduation Rate All Students	Secondary: College, Career Readiness All Students
AFTON CSD	2	2	3	2	2	2	3	1
BAINBRIDGE-GUILFORD CSD	2	2	4	2	2	2	4	3
GEORGETOWN-SOUTH OTSELIC CSD	1	1	1	3	3	4	4	1
GREENE CSD	4	4	4	2	2	2	4	4
NORWICH CITY SD	2	2	2	3	3	3	2	4
OXFORD ACADEMY CSD	2	2	2	2	2	4	4	4
SHERBURNE-EARLVILLE CSD	1	1	2	2	2	2	3	4
UNADILLA VALLEY CSD	2	2	3	2	2	2	3	2

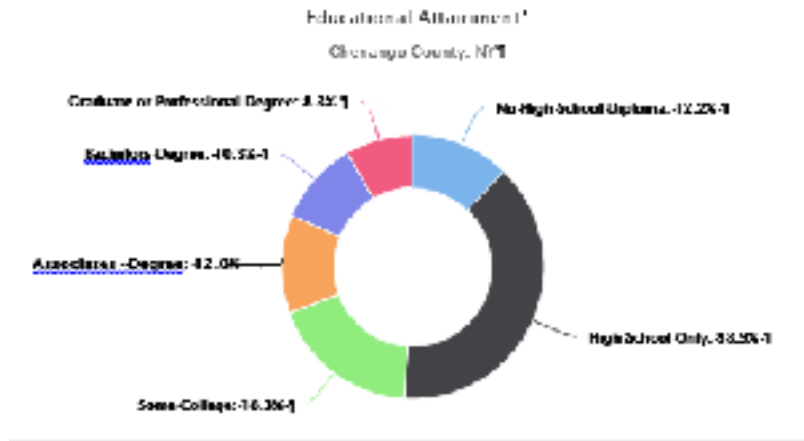
Chronic Absenteeism, when a student is absent more than 10% of school days, is linked with academic underperformance. The following chart presents rates of chronic absenteeism for the school districts in the service area. For the most parts, students with economic disadvantage and students with disabilities are chronically absent at higher rates than seen in the full student body.

School District	Elementary: Chronic Absenteeism All Students	Elementary: Chronic Absenteeism Students with Economic Disadvantage	Elementary: Chronic Absenteeism Students with Disabilities
AFTON CSD	17.5%	19.5%	28.3%
BAINBRIDGE-GUILFORD CSD	19.6%	25.7%	23.1%
GEORGETOWN-SOUTH OTSELIC CSD	5.1%	5.1%	6.7%
GREENE CSD	10.0%	16.3%	11.8%
NORWICH CITY SD	13.7%	17.4%	20.2%
OXFORD ACADEMY CSD	12.4%	17.2%	29.3%
SHERBURNE-EARLVILLE CSD	14.7%	18.7%	18.8%
UNADILLA VALLEY CSD	12.3%	15.3%	14.7%

Educational Attainment

Educational Attainment shows the distribution of educational attainment levels in the report area. Educational attainment is calculated for persons over 25, and is an estimated average for the period from 2013 to 2017.

Report Area	No High School Diploma	High School Only	Some College	Associates Degree	Bachelors Degree	Graduate or Professional Degree
Chenango County, NY	12.16%	38.9%	18.3%	12%	10.3%	8.3%
New York	13.88%	26.3%	15.9%	8.7%	19.9%	15.4%
United States	12.69%	27.3%	20.8%	8.3%	19.1%	11.8%



Veterans - Educational Attainment

Report Area	Veterans % No Diploma	Veterans % High School Diploma	Veterans % Some College Diploma	Veterans % Bachelors or Higher Diploma	Non-Veterans % No Diploma	Non-Veterans % High School Diploma	Non-Veterans % Some College Diploma	Non-Veterans % Bachelors or Higher Diploma
Chenango County, NY	12.62%	42.72%	31.99%	12.67%	12.12%	38.5%	30.04%	19.34%
New York	7.88%	32.95%	33.17%	25.99%	14.24%	25.91%	24.02%	35.83%
United States	6.57%	28.48%	37.11%	27.85%	13.31%	27.26%	28.24%	31.2%

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: County



No High School Diploma, Veterans, Percent by Tract, ACS 2013-17

Over 14.0%
 11.1 - 14.0%
 8.1 - 11.0%
 Under 8.1%
 Of Veterans Age 25+, No Population with No High School Diploma No Data or Data Suppressed
 Chenango County, NY

Colleges, Universities, and Trade Schools (not updated in 2019)

The number of colleges, universities, and trade schools for 2015/2016 school year are in the report area shown below. The higher education institution in the service area is SUNY Ag/Tech Morrisville-Norwich.

Report Area	Total Institutions	4-Year or Higher Institutions	2-Year Institutions	Other Institutions
Chenango County, NY	1	0	0	1
New York	481	242	100	139

Data Source: National Center for Education Statistics, NCES - Integrated Post-secondary Education Data System. Source geography: county

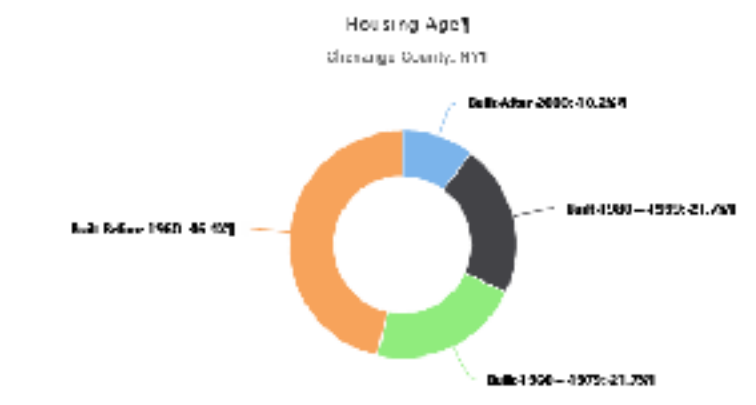
Housing

Housing Age

American Community Survey (ACS) totals for housing units, median year built and median age in 2017 for the report area are shown in the table below.

Report Area	Total Housing Units	Median Year built	Built After 2000	Built 1980 - 1999	Built 1960 - 1979	Built Before 1960
Chenango County, NY	25,269	1964	2,576	5,472	5,484	11,737
New York	8,255,911	1956	674,281	1,136,847	1,858,078	4,586,705
United States	135,393,564	1977	23,966,314	37,345,249	35,497,437	38,584,564

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: county



Fair Market Rent

Fair market monthly rent for 2018 (0-4 bedrooms) is shown below.

Report Area	Fair Market Rent (Monthly) 0 Bedrooms	Fair Market Rent (Monthly) 1 Bedrooms	Fair Market Rent (Monthly) 2 Bedrooms	Fair Market Rent (Monthly) 3 Bedrooms	Fair Market Rent (Monthly) 4 Bedrooms
Chenango County, NY	\$577.00	\$581.00	\$717.00	\$919.00	\$1,023.00
New York	\$753.37	\$835.61	\$1,017.69	\$1,308.11	\$1,451.84

Data Source: National Low Income Housing Coalition. 2018. Source geography: County

Housing Affordability

The National Low Income Housing Coalition reports each year on the amount of money a household must earn in order to afford a rental unit based on Fair Market Rents in the area and an accepted limit of 30% of income for housing costs.

Report Area	Average Renter Hourly Wage	Hourly Wage 0 Bedroom	Hourly Wage 1 Bedroom	Hourly Wage 2 Bedroom	Hourly Wage 3 Bedroom	Hourly Wage 4 Bedroom
Chenango County, NY	\$11.32	\$11.10	\$11.17	\$13.79	\$17.67	\$19.67
New York	\$24.23	\$24.23	\$25.66	\$30.03	\$38.30	\$41.51

Data Source: National Low Income Housing Coalition. 2018. Source geography: County

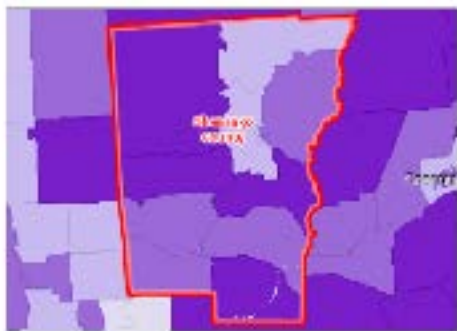
Vacancy Rates

This indicator reports the number and percentage of housing units that are vacant. A housing unit is considered vacant by the American Community Survey if no one is living in it at the time of interview. Units occupied at the time of interview entirely by persons who are staying two months or less and who have a more permanent residence elsewhere are considered to be temporarily occupied, and are classified as “vacant.”

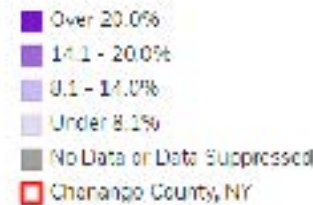
Report Area	Total Housing Units	Vacant Housing Units	Vacant Housing Units, Percent
Chenango County, NY	25,269	4,896	19.38%
New York	8,255,911	953,201	11.55%
United States	135,393,564	16,567,643	12.24%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#). 2013-17. Source geography: Tract



Vacant Housing Units, Percent by Tract, ACS 2013-17



Number of Unsafe, Unsanitary Homes

The number and percentage of occupied housing units without plumbing are shown for the report area. U.S. Census data shows 123 housing units in the report area were without plumbing in 2000 and ACS 5 year estimates show 62 housing units in the report area were without plumbing in 2017.

Report Area	Occupied Housing Units 2000	Housing Units without Plumbing 2000	Percent without Plumbing 2000	Occupied Housing Units 2017	Housing Units without Plumbing 2017	Percent without Plumbing 2017
Chenango County, NY	19,926	123	0.51%	20,373	62	0.3%
New York	7,056,860	58,418	0.76%	7,302,710	29,255	0.4%
United States	207,744,420	136,620	0.69%	118,815,922	460,775	0.39%

Section 8 Waiting Lists (Note: Data has not changed at the source.)

The reports on its website a wait list of 18-24 months.

ngo, which

Housing Authorities Wait List (Public Housing) (Note: Data has not changed at the source.)

Report Area	Housing Authorities wait list (public housing)
Chenango County, NY	According to the Norwich Housing Authority website, the public housing waiting list is open. Its most recent data shows that people with a voucher waited an average of 11 months on the waiting list.

Source geography: County

Point in Time Homelessness, Households and Per Person Counts

Report Area	Included CoC Counties	Household Without Children	Household At Least 1 Adult 1 Child	Household With Only Children	Persons Without Children	Persons At Least 1 Adult 1 Child	Persons With Only Children
Chenango County, NY	Broome, Otsego, Delaware, Cortland, Tioga	197	13	9	198	33	13
New York	No data	36,104	16,368	125	39,686	52,070	141

Data Source: US Department of Housing and Urban Development. Source geography: county

Point in Time Homelessness, Transitional Housing Count

Report Area	Included CoC Counties	Household Without Children	Household At Least 1 Adult 1 Child	Household With Only Children	Persons Without Children	Persons At Least 1 Adult 1 Child	Persons With Only Children
Chenango County, NY	Broome, Otsego, Delaware, Cortland, Tioga	64	1	7	64	3	7
New York	No data	3,852	422	39	3,943	1,242	48

Data Source: US Department of Housing and Urban Development.

Point in Time Homelessness, Emergency Shelter Count

Report Area	Included CoC Counties	Household Without Children	Household At Least 1 Adult 1 Child	Household With Only Children	Persons Without Children	Persons At Least 1 Adult 1 Child	Persons With Only Children
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Chenango County, NY	Broome, Otsego, Delaware, Cortland, Tioga	67	6	2	68	18	6
New York	No data	28,004	15,934	79	31,486	50,799	85

Data Source: US Department of Housing and Urban Development.

Student Homelessness

The New York State Technical and Education Assistance Center for Homeless Students (NYS TEACHS) reports that there were 140 Chenango County school students during the 2017-2018 school year who were classified as homeless (as defined by the McKinney-Vento homeless Assistance Act), compared with 125 students during the 2016-2017 school year, an 11% increase . This equates to 1.9 percent of the total student body (P-12) in these schools.

Poverty & Income

Poverty Rate (ACS)

The following report section shows population estimates for all persons in poverty for the report area. According to the American Community Survey (ACS) 5 year estimates, an average of 14.54% of all persons lived in a state of poverty during the 2013 - 2017 period. The poverty rate for all persons living in the report area is on par with the national average of 14.58%.

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Chenango County, NY	47,964	6,973	14.54%
New York	19,285,448	2,908,471	15.08%
United States	313,048,563	45,650,345	14.58%



Population Below the Poverty Level, Percent by Tract, ACS 2013-17

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Chenango County, NY

Population in Poverty by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Chenango County, NY	3,116	3,857	12.96%	16.12%
New York	1,284,016	1,624,455	13.77%	16.31%
United States	20,408,626	25,241,719	13.31%	15.8%

Family Poverty Rate by Family Type

The percentage of households in poverty by household type are shown for the report area. It is estimated that 9.4% of all households were living in poverty within the report area, compared to the national average of 10.5%. Of the households in poverty, female headed households represented 44.1% of all households in poverty, compared to 40.7% and 15.3% of households headed by males and married couples, respectively.

Report Area	Poverty Rate All Types	Percent of Poverty Married Couples	Percent of Poverty Male Householder	Percent of Poverty Female Householder
Chenango County, NY	9.4%	40.7%	15.3%	44.1%
New York	11.3%	36.5%	9.9%	53.7%
United States	10.5%	36.6%	10.7%	52.7%



Single Parent Family Households Living Below the Poverty Level, Percent by Tract, ACS 2013-17

- Over 37.0%
 - 30.1 - 37.0%
 - 23.1 - 30.0%
 - Under 23.1%
 - No 1 Parent Households Reported
 - No Data or Data Suppressed
- Chenango County, NY

Child Poverty Rate (ACS) Ages 0-17

Population and poverty estimates for children age 0-17 are shown for the report area. According to the American Community Survey 5 year data, an average of 18.9% percent of children lived in a state of poverty during the survey calendar year. The poverty rate for children living in the report area is less than the national average of 20.3%.

Report Area	Ages 0-17 Total Population	Ages 0-17 In Poverty	Ages 0-17 Poverty Rate
Chenango County, NY	10,021	1,893	18.9%
New York United States	4,128,130	878,104	21.3%
States	72,430,017	14,710,485	20.3%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: County

Child Poverty Rate (ACS) Ages 0-5

Population and poverty estimates for children age 0-5 are shown for the report area. According to the American Community Survey (ACS) 5 year data, an average of 26.3% of children lived in a state of poverty during the survey calendar year. The poverty rate for children living in the report area is greater than the state average of 22.6%.

Report Area	Ages 0-5 Total Population	Ages 0-5 In Poverty	Ages 0-5 Poverty Rate
Chenango County, NY	2,530	666	26.3%
New York	1,154,530	260,541	22.6%
United States	19,532,877	4,390,252	22.5%

Data Source: US Census Bureau, American Community Survey. 2013-2017. Source geography: county

Child Poverty Rate (ACS) Ages 5-17

Population and poverty estimates for children age 5-17 are shown for the report area. According to the American Community Survey 5 year data, an average of 16.4% percent of children lived in a state of poverty during the survey calendar year. The poverty rate for children living in the report area is less than the state average of 20.8 percent.

Report Area	Ages 5-17 Total Population	Ages 5-17 In Poverty	Ages 5-17 Poverty Rate
Chenango County, NY	7,491	1,227	16.4%
New York United	2,973,600	617,563	20.8%
States	72,430,017	14,710,485	20.3%

Data Source: US Census Bureau, American Community Survey. 2013-2017. Source geography: county

Poverty Rate Age 65 and Up

Population and poverty estimates for persons age 65 and up are shown for the report area. According to the American Community Survey (ACS) 5 year data, an average of 8.4% of people lived in a state of poverty during the survey calendar year. The poverty rate for people living in the report area is less than the national average of 9.3%.

Report Area	Ages 65 and Up Total Population	Ages 65 and Up In Poverty	Ages 65 and Up Poverty Rate
Chenango County, NY	9,056	761	8.4%
New York	2,912,944	333,696	11.5%
United States	46,424,881	4,317,192	9.3%

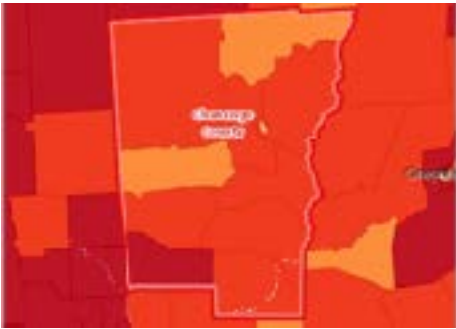
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: county

Income Levels

Three common measures of income are Median Household Income, Per Capita Income, and Average Income based on American Community Survey (ACS) estimates. All Three measures from the 2013 - 2017 ACS are shown for the report area below. The Census Bureau defines an earner as someone age 15 and older that receives any form of income, whether it be wages, salaries, benefits, or other type of income.

Report Area	Median Household Income	Per Capita Income	Average Income Per Earner
Chenango County, NY	\$48,567.00	\$25,233.00	\$33,936.00
New York	\$62,765.00	\$35,752.00	\$50,803.00
United States	\$57,652.00	\$31,177.00	\$44,592.00

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: county



Median Household Income by Tract, ACS 2013-17

- Over 55,000
 - 45,001 - 55,000
 - 35,001 - 45,000
 - Under 35,001
 - No Data or Data Suppressed
- Chenango County, NY

Wages

Average weekly wages for the report area during 2018 are provided below. The report area has an average weekly wage of \$878.00.

Quarterly Census of Employment and Wages					
Original Data Value					
Year	Qtr1	Qtr2	Qtr3	Qtr4	Annual
2008	675	679	632	711	675
2009	678	689	630	721	680
2010	684	708	674	739	702
2011	712	719	698	714	711
2012	753	731	689	746	730
2013	778	752	718	769	754
2014	788	784	730	824	782
2015	818	801	749	877	812
2016	839	838	822	841	835
2017	956	842	798	856	863
2018 (Preliminary)	933	870	822	887	878

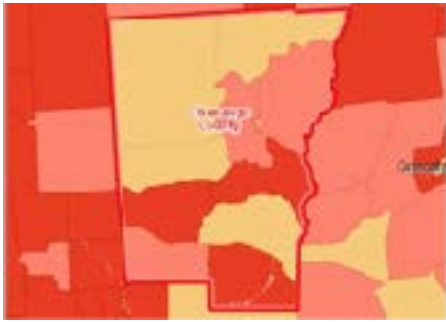
Data Source: US Department of Labor, Bureau of Labor Statistics. Source geography: county

Living Wage

The living wage shown is the hourly rate that an individual must earn to support their family, if they are the sole provider and are working full-time (2080 hours per year). The Minimum Hourly Wage for the majority of New York counties is \$11.10. In New York City, it is \$13.50 per hour for businesses with 10 or fewer employees, and \$15.00 per hour for businesses with 11 or more employees. In Long Island and Westchester County, it is \$12.00 per hour.

Report Area	One Adult	One Adult One Child	Two Adults	Two Adults One Child	Two Adults Two Children
Chenango County, NY	\$11.30	\$24.94	\$8.89	\$13.66	\$18.62
New York	\$15.09	\$30.03	\$11.11	\$16.21	\$21.17

Data Source: Massachusetts Institute of Technology, [Living Wage Calculator](#). 2013-17. Source geography: County



Average Wage/Salary Income, Average by Tract, ACS 2011-15

- Over 65,000
- 55,001 - 65,000
- 45,001 - 55,000
- Under 45,001
- No Data or Data Suppressed
- Report Area

Temporary Assistance for Needy Families (TANF) Trend

Below are trend amounts for total recipients of Temporary Assistance for Needy Families (TANF) for the selected report area. The total recipients decreased from 730 in 2010 to 526 in 2019. The data listed is for January of each year.

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Chenango County, NY	730	631	662	702	692	835	734	701	619	526

Data Source: New York Office of Temporary and Disability Assistance. Source geography: County

Supplemental Security Income Trend

Below are trend amounts in Expenditures Per Recipient of Supplemental Security Income for the selected report area. The amount has increased from \$501.12 to \$572.15 over the last 11 years. The data listed is for January of each year. According to the U.S. Census Bureau American Community Survey, 8.8% of Chenango County households receive Supplemental Security Income.

Report Area	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Chenango County, NY	\$501.12	\$505.73	\$522.89	\$524.05	\$540.26	\$552.26	\$556.50	\$551.06	\$546.71	\$564.55	\$572.15
New York	\$553.19	\$558.52	\$559.64	\$575.74	\$584.68	\$583.17	\$578.96	\$586.55	\$591.13	\$600.83	\$617.20

Data Source: New York Office of Temporary and Disability Assistance. Source geography: county



Households with Supplemental Security Income, Percent by Tract, ACS 2011-15

- Over 7.0%
- 5.1 - 7.0%
- 3.1 - 5.0%
- Under 3.1%
- No Data or Data Suppressed
- Report Area

Child Support Collections

Child support collections for the report area are shown below. During January 2019, child support collections totaled \$343,434.83.

Report Area	Child Support Collections Total	Child Support Collections Current Assistance	Child Support Collections Former Assistance	Child Support Collections Never Assisted
Chenango County, NY	\$343,434.83	\$16,995.79	\$203,962.01	\$122,477.03
New York	\$124,747,247.68	\$4,353,905.35	\$66,703,748.57	\$53,689,593.76

Data Source: New York Office of Temporary and Disability Assistance. Source geography: county

Health Care - Access

Medicare and Medicaid Providers

Total institutional Medicare and Medicaid providers, including hospitals, nursing facilities, Federally qualified health centers, rural health clinics and community mental health centers for the report area are shown. According to the U.S. Department of Health and Human Services, there were 8 active Medicare and Medicaid institutional service providers in the report area in the fourth quarter of 2018.

Report Area	Total Institutional Providers	Hospitals	Nursing Facilities	Federally Qualified Health Centers	Rural Health Clinics	Community Mental Health Centers
Chenango County, NY	8	1	5	0	0	0
New York	2,413	238	619	460	8	0
United States	74,192	7,120	15,581	8,789	4,386	144

Data Source: US Department of Health & Human Services, Center for Medicare Medicaid Services, Provider of Services File, December 2018. Source geography: County

Physicians

The table below shows the number of Physicians, Physicians with 3-year licenses, Physician assistants and Specialist assistants for the report area. There are 1.21 physicians per 1000 persons in the report area; the statewide average is 4.51 physicians per 1000 persons.

Report Area	Physicians, MD	Physicians, 3yr	Physician Assistants	Specialist Assistants	Physicians/Assistants per 1,000 Persons
Chenango County, NY	47	0	12	0	1.21
New York	75,565	0	13,640	89	4.51

Data Source: US Census Bureau, American Community Survey. New York State Education Department. February 2019. Source geography: county



Health Professional Shortage Area - Primary, Designated Population Group by Shortage Area, HRSA HPSA Database February 2019

- High Needs
- Geographic HPSA
- Geographic HPSA
- Population HPSA
- Chenango County, NY

Dentists

The table below shows the number of Dentists, Dental Hygienists and Certified Dental Assistants for the report area. There are 1.11 dental professionals per 1000 persons in the report area; the statewide average is 1.36 dental professionals per 1000 persons.

Report Area	Dentists	Dental Hygienists	Certified Dental Assistants	Dental Professionals per 1,000 Persons
Chenango County, NY	9	37	8	1.11
New York	15,075	10,428	1,435	1.36

Data Source: US Census Bureau, American Community Survey. New York State Education Department. February 2019. Source geography: county



Health Professional Shortage Area - Dental, Designated Population Group by Shortage Area, HRSA HPSA Database February 2019

- High Needs Geographic HPSA
- Geographic HPSA
- Population HPSA
- Chenango County, NY

Nurses

The table below shows the number of Nurses, Nurse Practitioners, and Midwives for the report area. There are 18.29 nurse professionals per 1000 persons in the report area; the statewide average is 16.66 nurse professionals per 1000 persons.

Report Area	Nurse, RN	Nurse, LPN	Nurse Practitioners	Midwives	Nurses per 1,000 Persons
Chenango County, NY	538	320	33	1	18.29
New York	243,639	63,082	22,128	1,022	16.66

Data Source: US Census Bureau, American Community Survey. New York State Education Department. February 2019. Source geography: county

Mental Health Professionals

The table below shows the number of Mental Health Professionals for the report area. There are 0.16 mental health professionals per 1000 persons in the report area; the statewide average is 0.50 mental health professionals per 1000 persons.

Report Area	Psychoanalysts	Mental Health Counselors	Creative Arts Therapists	Marriage and Family Therapists	Mental Health Professionals per 1,000 Persons
Chenango County, NY	0	5	0	3	0.16
New York	633	6,853	1,478	1,024	0.50

Data Source: US Census Bureau, American Community Survey. New York State Education Department. February 2019. Source geography: county



Health Professional Shortage Area - Mental, Designated Population Group by Shortage Area, HRSA HPSA Database February 2019

- High Needs Geographic HPSA
- Geographic HPSA
- Population HPSA
- Chenango County, NY

Therapists

The below table shows the number of Physical, Occupational and Massage Therapists for the report area. There are 2.79 therapist professionals per 1000 persons in the report area; the statewide average is 2.76 therapist professionals per 1000 persons.

Report Area	Physical Therapist	Physical Therapist Assistants	Occupational Therapist	Occupational Therapist Assistants	Massage Therapists	Therapists/Assistants per 1,000 Persons
Chenango County, NY	34	35	16	6	45	2.79
New York	19,277	5,518	12,310	3,960	13,496	2.76

Data Source: US Census Bureau, American Community Survey. New York State Education Department. December 2018. Source geography: county

Special Health Professionals

The below table shows the number of Optometrists, Audiologists, Speech Pathologists, Respiratory Therapists, and Respiratory Technicians for the report area. There are 0.78 special health professionals per 1000 persons in the report area; the statewide average is 1.43 special health professionals per 1000 persons.

Report Area	Optometrists	Audiologists	Speech Pathologists	Respiratory Therapists	Respiratory Technicians	Special Health Professionals per 1,000 Persons
Chenango County, NY	3	1	20	13	1	0.78
New York	2,838	1,359	17,644	5,763	747	1.43

Data Source: US Census Bureau, American Community Survey. New York State Education Department. December 2018. Source geography: county

Persons Receiving Medicare

The total number of persons receiving Medicare is shown, broken down by number over 65 and number of disabled persons receiving Medicare for the report area. The U.S. Department of Health and Human Services reported that a total of 11,761 persons were receiving Medicare benefits in the report area in 2018. A large number of individuals in our society are aware that persons over 65 years of age receive Medicare; however, many of them are unaware that disabled persons also receive Medicare benefits. A total of 2,133 disabled persons in the report area received Medicare benefits in 2018.

Report Area	Persons Over 65 Receiving Medicare	Disabled Persons Receiving Medicare	Total Persons Receiving Medicare
Chenango County, NY	9,628	2,133	11,761
New York	6,105,261	1,005,937	7,111,194

Data Source: Centers for Medicare and Medicaid Services. Source geography: County

Persons Receiving Medicaid (Source data was not updated)

The average number of persons receiving Medicaid during 2014 is shown below for the report area.

Report Area	Recipients Children	Recipients Adults	Recipients Elderly	Recipients Disabled	Recipients Family Health	Recipients Other	Total	Per 1000
Chenango County, NY	3,723.08	3,489.67	467.58	1,875.00	395.00	7.92	\$9,844.42	196.41
New York	1,816,194.58	1,679,607.67	292,636	634,979.42	220,514.50	260,806.5	\$4,842,490.00	248.50

Data Source: New York State Department of Health. Source geography: county

Child Health Plus

The table below shows the total enrollment for the New York Child Health Plus program for each September 2010 - 2018. According to the New York Department of Health, there were 1,024 persons enrolled in the Child Health Plus Program during September 2018. Between September 2010 and September 2018, enrollment decreased in the report area by -92 persons, or -8.2%.

Report Area	Enrollment Sept 2010	Enrollment Sept 2011	Enrollment Sept 2012	Enrollment Sept 2013	Enrollment Sept 2014	Enrollment Sept 2015	Enrollment Sept 2016
Chenango County, NY	1,116	1,095	876	823	725	680	756
New York	395,312	411,892	345,741	309,335	292,802	277,947	303,430

Data Source: New York State Department of Health. Source geography: county

Uninsured Population

The uninsured population is calculated by estimating the number of persons eligible for insurance (generally those under 65) minus the estimated number of insured persons.

Report Area	Insurance Population (2017 Estimate)	Number Insured	Number Uninsured	Percent Uninsured
Chenango County, NY	48,763	36,011	1,933	3.96%
New York	19,798,228	15,195,495	1,079,651	5.45%
United States	317,787,650	238,424,195	27,237,587	8.57%

Data Source: US Census Bureau, American Community Survey. US Census Bureau, Small Area Health Insurance Estimates. 2017. Source

Health

The New York State Department of Health has created “dashboard” reports on health and social determinants of health for each county. The following bullet points in each health category are gathered from this dashboard to list conditions in Chenango County that are worsening compared with last two time periods of available data, or that compare very unfavorably to state and / or regional rates.

Data Source: NYS Department of Health, Community Health Indicator Reports

Maternal Infant Health

- Percentage of births to out-of-wedlock mothers 52.3%: Worse than state and regional rates
- Percentage of births with early (1st trimester) prenatal care 70.6%: Rate significantly worsened
- Percentage of births with adequate prenatal care 80.4%: Rate significantly worsened
- Percentage of pregnant women in WIC with gestational diabetes 4.9%: Rate significantly worsened
- Percentage of pregnant women in WIC with hypertension during pregnancy 10.1%: Rate significantly worsened
- Mortality rate per 1,000 for infants (< age 1), neonatal (< 28 days), Fetal death (20 weeks gestation or more), Perinatal (20 weeks gestation - <28 days of life) and Perinatal (28 weeks gestation - <7 days of life) are all higher than state and regional rates.
- Maternal mortality rate of 63.9 per 100,000 live births has significantly worsened and is far higher than state and regional rates

Child and Adolescent Health

- Mortality rate 31.6 per 100,000 - Aged 1-4 years: Worse than state and regional rates and has worsened
- Mortality rate 12.2 per 100,000 - Aged 5-9 years: Worse than state and regional rates
- Mortality rate 55.4 per 100,000 - Aged 15-19 years: Worse than state and regional rates
- Percentage of children with lead screenings, all age groups: Worse than state rates, on par with regional rates
- Incidence of confirmed high blood lead level (10 micrograms or higher per deciliter) - rate 13.4 per 1,000 tested children aged <72 months: Worse than state and regional rates
- Percentage of children (aged 3-6 years) with recommended number of well child visits in government sponsored insurance programs 67.7%: Worse than state and regional rates
- Percentage of children (aged 12-21 years) with recommended number of well child visits in government sponsored insurance programs 48.4%: Worse than state and regional rates

Respiratory Disease

- Chronic lower respiratory disease mortality rate 90.6 per 100,000: Worse than state and regional rates and has worsened
- Age-adjusted chronic lower respiratory disease mortality rate 60.3 per 100,000: Worse than state and regional rates
- Chronic lower respiratory disease hospitalization rate 38.9 per 10,000: Worse than state and regional rates

Cancer

- All cancer incidence rate 712.5 per 100,000: Worse than state and regional rates
- Age-adjusted all cancer incidence rate 510.8 per 100,000: Worse than state and regional rates
- All cancer mortality rate 233.9 per 100,000: Worse than state and regional rates
- Colon and rectum cancer incidence rate 71 per 100,000: Worse than state and regional rates
- Age-adjusted colon and rectum cancer incidence rate 51.8 per 100,000: Worse than state and regional rates
- Lung and bronchus cancer mortality rate 67.6 per 100,000: Worse than state and regional rates
- Female breast cancer mortality rate 36.5 per 100,000: Worse than state and regional rates
- Age-adjusted female breast cancer mortality rate 28.2 per 100,000: Worse than state and regional rates
- Female breast cancer late stage incidence rate 64.9 per 100,000: Worse than state and regional rates
- Age-adjusted female breast cancer late stage incidence rate 48.9 per 100,000: Worse than state and regional rates
- Cervix uteri cancer incidence rate 9.5 per 100,000: Worse than state and regional rates
- Age-adjusted cervix uteri cancer incidence rate 10.6 per 100,000: Worse than state and regional rates
- Prostate cancer mortality rate 27.1 per 100,000: Worse than state and regional rates
- Age-adjusted prostate cancer mortality rate 22.4 per 100,000: Worse than state and regional rates
- Prostate cancer late stage incidence rate 39.2 per 100,000: Worse than state and regional rates
- Age-adjusted prostate cancer late stage incidence rate 25.7 per 100,000: Worse than state and regional rates

Cardiovascular Disease

- Cardiovascular disease mortality rate 474.6 per 100,000 AND Age-adjusted Cardiovascular disease mortality rate 315.4 per 100,000: Worse than state and regional rates (overall rate significantly worsened)
- Cardiovascular disease premature death (aged 35-64 years) rate 145.2 per 100,000: Worse than state and regional rates
- Cardiovascular disease pretransport mortality rate 315.3 per 100,000: Worse than state and regional rates and significantly worsened
- Cardiovascular disease hospitalization rate 174.1 per 10,000: Worse than state and regional rates
- Disease of the heart mortality rate 400.4 per 100,000 AND Age-adjusted disease of the heart mortality rate 266.2 per 100,000: Worse than state and regional rates and significantly worsened
- Disease of the heart premature death (aged 35-64 years) mortality rate 116.9 per 100,000
- Disease of the heart pretransport mortality rate 274.4 per 100,000: Worse than state and regional rates and significantly worsened
- Disease of the heart hospitalization rate 123.1 per 10,000: Worse than state and regional rates

- Coronary heart disease mortality rate 303 per 100,000 AND Age-adjusted coronary heart disease mortality rate 199.6 per 100,000: Worse than state and regional rates
- Coronary heart disease premature death (aged 35-64 years) rate 88.5 per 100,000: Worse than state and regional rates
- Coronary heart disease pretransport mortality rate 217.2 per 100,000: Worse than state and regional rates
- Coronary heart disease hospitalization rate 45.3 per 10,000: Worse than state and regional rates
- Heart attack hospitalization rate 27.2 per 10,000 : Worse than state and regional rates
- Heart attack mortality rate 147.1 per 100,000 AND Age-adjusted heart attack mortality rate 95.9 per 100,000
- Cerebrovascular disease (stroke) mortality rate 47.0 per 100,000: Worse than state and regional rates
- Cerebrovascular disease (stroke) pretransport mortality rate 21.1 per 100,000: Worse than state and regional rates
- Hypertension emergency department visit rate 51.8 per 10,000 - Aged 18 years and older: Worse than state and regional rates
- Age-adjusted percentage of adults with cardiovascular disease (heart attack, coronary heart disease, or stroke) 9.8%: Worse than state and regional rates

Mortality

- Total mortality rate 1,190.3 per 100,000: Worse than state and regional rates and has worsened
- Age-adjusted total mortality rate 823.5 per 100,000: Worse than state and regional rates and has worsened
- Years of potential life lost 7,848.6 per 100,000: Worse than state and regional rates and has worsened

Disabilities

- Percentage of population with disability 18.3%: Worse than state rate
- Percentage of children under 18 years old with disability 7.5%: Worse than state rate

According to the American Community Survey, roughly 1.4 percent of children under the age of five have a disability. The ACS estimates that 18.5 percent of the total civilian, noninstitutionalized population in Chenango County has a disability. Both of these rates have risen slightly since the last report. In Chenango County Schools, approximately 1,202 students in PreK through Grade 12 (16.4 percent of the student body) is classified as having a disability. *The Chenango County Division for Children with Special Needs reports that 133 children in the county were identified with disabilities and that, of these: 96 received itinerant services, 32 received half-day programming at Family Enrichment Network, 4 received programming at the Handicapped Children's Association and 1 received programming elsewhere.*

Data Source. 2015 American Community Survey 5-Year Estimates, retrieved from <https://factfinder.census.gov>

Nutrition

Food Insecurity

Feeding America’s website defines food insecurity as follows: “Food insecurity refers to USDA’s measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household’s need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.” According to Feeding America’s Map the Meal Gap interactive tool, Chenango County’s Overall Food Insecurity rate is 11%, and its Child Food Insecurity Rate is 19.1%. These rates compare with a New York State Overall Food Insecurity rate of 11.4% and a New York State Child Food Insecurity rate of 17.6%.



Supplemental Nutrition Assistance Program (SNAP)

Below are trend amounts for Benefits Per Household of the Supplemental Nutrition Assurance Program (SNAP) for the selected report area. The amount has decreased from \$239.83 to \$207.05 over the last 10 years. The data listed is for January of each year.

Report Area	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Chenango County, NY	\$239.83	\$296.17	\$279.00	\$264.24	\$260.49	\$232.72	\$238.11	\$228.12	\$216.84	\$213.44	\$207.05
New York	\$237.78	\$289.35	\$282.09	\$275.63	\$272.50	\$252.56	\$253.86	\$250.83	\$248.27	\$243.48	\$247.54

Data Source: New York Office of Temporary and Disability Assistance. 2013-17. Source geography: county

In New York State, 43% of family households with children under age 18 receive SNAP. In Chenango County, 33.4% of such family households receive SNAP.

Obesity

A little over 36 percent of elementary school students in the county are overweight or obese, down from 37% in the prior report. This rate is worse than the regional rate, but it has improved. Among children age 2-4 in the

WIC program, 17.2 % are obese, up from 13.3 percent in the prior report. This is higher than the regional rate and has significantly worsened. More than 72 percent of adults in the county are overweight or obese, placing the county at high risk on this indicator.

Social Services Needs in the Service Area

Transportation (This section has not been updated in 2019)

According to the Chenango County Comprehensive Plan, residents have access to 1,755.4 miles of road. There are 308 miles of highway classified either as “major,” or “collector,” roads. The plan describes this network of roadways as, “adequate for local travel but deficient for servicing industrial and commercial business not in close proximity to the interstate highway system.” Approaching 10 miles of Interstate 88 is in Chenango County. There is not an airport with commercial passenger service in the county. Residents travel primarily to Binghamton, Syracuse or Albany to access commercial air travel. Public transportation is limited to services for Medicaid recipients and those served by the Office for the Aging, although the plan indicates that the county is exploring a 511NY/Ride Share program through the NYS Department of Transportation. The fate of the rail system was unknown while a repair project awaited approval after an Army Corps of Engineers environmental impact study relating to adjacent wetlands.

Data Source: Chenango County Comprehensive Plan, retrieved from <https://www.co.chenango.ny.us/planning/planning-board/>

Child Welfare and Family Well-being

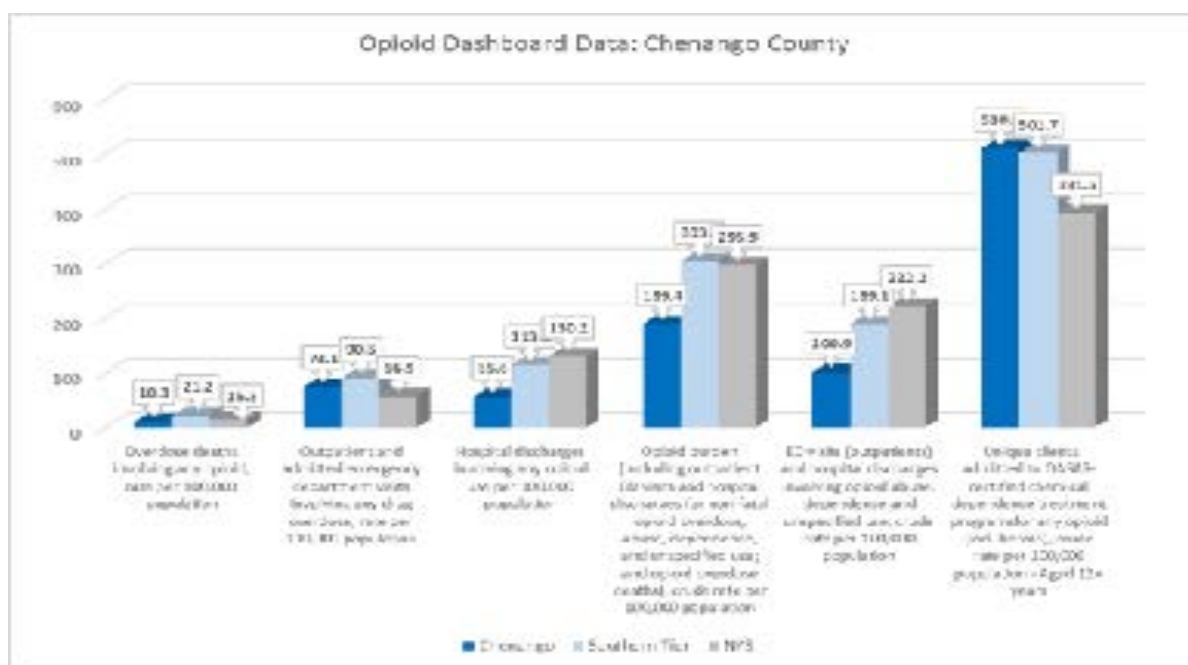
According to the NYS Kids’ Wellbeing Indicators Clearinghouse (KWIC), the rate of children in indicated reports of child abuse and neglect has risen from 35.1 per 1,000 in 2010 to 41.6 per 1,000 in 2017 and this 2017 rate compares to a statewide rate of 17.1 per 1,000. The rate of children admitted to foster care has declined from 2.6 per 1,000 to 1.3 per 1,000 and is lower than the state rate of 1.7 per 1,000. The rate of children in foster care has risen from 2.3 per 1,000 in 2010 to 3.7 per 1,000 in 2017, and is higher than the state rate of 3.0.

Of the 1,020 grandparents living with their own grandchildren under the age of 18, 42.4 percent (432) are responsible for their grandchildren, compared with 27.8% of similar grandparents across the state.

In 2018, there were 162 victims of intimate partner violence (up from 140 in 2016), 114 of whom were female. There were 82 additional victims of domestic violence who were other family victims (not intimate partners), for a total of 244 domestic violence victims reported in the county in 2018. The large majority of these victims (70%) were reported by the Norwich City Police Department.

Substance Abuse

The New York State Department of Health now provides an “Opioid Dashboard Report” for each county. The charts reflect data for Chenango County compared with regional and state data.



Data Source: New York State Department of Health, retrieved from <https://www.health.ny.gov/statistics/>

Violent Crime

Occurrences of violent crime within the report area are shown in the table below. According to the New York State Division of Criminal Justice Services reporting system, a total of 3 murders, 30 assaults, 3 robberies and 45 rapes took place within the report area in 2017. Chenango ranks in the 2nd Quartile among New York counties on violent crime.

Report Area	Total Violent Crime	Homicide	Assault	Robbery	Rape
Chenango County, NY	81	3	30	3	45
New York	70,565	547	43,629	20,026	6,363

Data Source: New York State Division of Criminal Justice Services. 2018. Source geography: county

Property Crime

Occurrences of property crime within the report area are shown in the table below. According to the New York State Division of Criminal Justice Services reporting system, a total of 116 burglaries, 478 incidents of larceny, and 10 automotive thefts were recorded in 2017 within the report area.

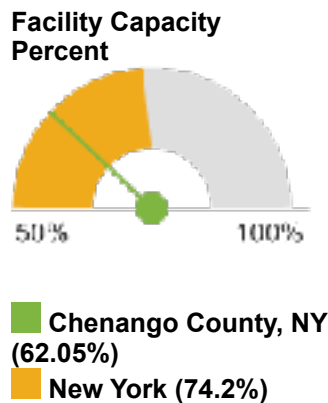
Report Area	Total Property Crime	Burglary	Larceny	Auto Theft
Chenango County, NY	604	116	478	10
New York	290,945	34,727	242,888	13,330

Data Source: New York State Division of Criminal Justice Services. 2018. Source geography: county

Average Daily Population Counts in County Jails (Note: Data has not been updated at the source.)

The average daily number of persons held in county jails are shown in the selected report area. An average total of 103 persons were held in county jails on 2014.

Report Area	Average Daily Population Count					Facility Capacity Percent
Total	Average Daily Population Count					
Male	Average Daily Population Count					
Female	Average Daily Population Count					
Total	Average Daily Population Count					
Chenango County, NY	103	86	17	166	62.05%	
New York	16,227	14,204	2,023	21,869	74.2%	



Data Source: The Nelson A. Rockefeller Institute of Government. Source geography: county

Early Education Need and Capacity

Child Care Need Among Head Start Families

According to 2017-18 PIR data, 31 percent of Head Start families and 31.9 percent of Early Head Start families have all parents working and these 91 families may rely on the programs for child care. While 31.4 percent of families in Head Start programs have all parents in the work force, 72.6 percent of children in the general population have both parents working¹. All children and families in Head Start and Early Head Start benefit from the child and family development experiences received in the program. The following chart displays the employment status and child care need among Head Start and Early Head Start families.

Information About Two-parent Families						
	# of Two-parent Families In Program	% Enrolled Families that are Two-parent Families	# with both parents employed	# with one parent employed	# with both not working	# of families who "need" child care
Head Start	92	52.9%	16	56	20	16
Early Head Start	62	53.4%	12	36	14	12
Information About One-parent Families						
	# of One-parent Families In Program	% Enrolled Families that are One-parent Families	# with the parent employed		# with the parent not working	# of families who "need" child care
Head Start	82	47.1%	38		44	38
Early Head Start	54	46.6%	25		29	25
				TOTAL HS & EHS FAMILIES WHO NEED CHILD CARE		91

Child Care Need Among Head Start and Early Head Start Families

Other Child Care Programs Serving Young Children

Early Head Start and Head Start Eligible Children

The following table demonstrates the estimated number of eligible 3 and 4 year-old children in the county based on 2017-2018 school enrollment. Enrollment levels for the between the 2016-2017 school year and the 2017-2018 school year have remained steady after declining by 2.25 percent between the 2015-16 school year and the 2016-17 school year. UPK enrollment specifically is down from 332 in 2015-16 (reported in the full assessment last year) to 320 in the 2017-18 school year, a 3.6 percent drop. *Student attrition should be monitored as sudden downward shifts will affect the actual number of Head Start eligible three and four year-olds in the service area compared with these estimates.*

Rates of students with economic disadvantage in 2017-2018 were higher than the state rate of 58% in Afton (65%); Georgetown-South Otselic (77%); Norwich City (65%); Oxford Academy (64%), and Unadilla Valley (68%). Therefore, Head Start eligible children may be found in higher concentrations in these districts.

¹ Note: The program data reflects a number of families and the Census Bureau data reflects a number of children.

CHENANGO HEAD START ELIGIBILITY CALCULATION

School District	17/18 K Enroll	17/18 Gr. 1 Enroll	17/18 Gr. 2 Enroll	Est 3 & 4 y.o. (K+1+2 * .666)	County Rate of Poverty Children < Age 5	Estimated Eligible 3 & 4
AFTON CSD	37	45	38	80	0.263	21
BAINBRIDGE- GUILFORD CSD	58	55	52	110	0.263	29
GEORGETOWN- SOUTH OTSELIC CSD	20	17	29	44	0.263	12
GREENE CSD	54	88	57	133	0.263	35
NORWICH CITY SD	145	128	107	253	0.263	67
OXFORD ACADEMY CSD	61	58	59	119	0.263	31
SHERBURNE- EARLVILLE CSD	112	108	90	206	0.263	54
UNADILLA VALLEY CSD	63	65	59	125	0.263	33
			Total 3 & 4	1069		
					Est. Eligible	281.1
					HS Capacity	138
					<i>Eligible, Not served</i>	143

**Head Start
Eligible Children**

The following table demonstrates the estimated number children under age 3 in the county who are eligible for the program. County birth rates in the past four years reached a low of 519 in 2015 to a high of 580 in 2014. Between 2014 and 2017, the number of births in the county has declined by 9.7%.

Rates of students with economic disadvantage in 2017-2018 were higher than the state rate of 58% in Afton (65%); Georgetown-South Otselic (77%); Norwich City (65%); Oxford Academy (64%), and Unadilla Valley (68%). Therefore, Head Start eligible children may be found in higher concentrations in these districts.

CHENANGO EARLY HEAD START ELIGIBILITY CALCULATION

School District	Births 2017	Births 2016	Births 2015	Births 2014	Est <3 y.o. (2014 thru 2017 Births * .75)	County Rate of Poverty Children < Age 5	Estimated Eligible <3	
AFTON CSD	31	33	32	39	101	0.263	27	
BAINBRIDGE-GUILFORD CSD	49	51	43	46	142	0.263	37	
GEORGETOWN-SOUTH OTSELIC CSD	30	18	32	35	86	0.263	23	
GREENE CSD	60	67	66	70	197	0.263	52	
NORWICH CITY SD	129	161	140	171	451	0.263	119	
OXFORD ACADEMY CSD	46	50	45	47	141	0.263	37	
SHERBURNE-EARLVILLE CSD	107	101	96	105	307	0.263	81	
UNADILLA VALLEY CSD	72	70	65	67	206	0.263	54	
	524	551	519	580	1631			
							Est. Eligible	429
							EHS Capacity	88
							<i>Eligible, Not served</i>	341

**Early Head Start
Eligible Children**

As the above tables show, an estimated 143 children who are eligible for Head Start cannot be served by the program. With that said, the county’s eight school districts served 320 four-year-olds in the Universal Prekindergarten program in the 2017-2018 School Year, which may have included many of these 143 eligible preschoolers. Three of these programs (in Afton, Greene, and Sherburne-Earlville School Districts) are half-day programs only. Norwich City School District offers both half-day and full-day options in UPK. No school districts in Chenango County were awarded New York State grants to serve 3 year-olds. If roughly half of Head Start eligible preschoolers are age 4, and many of these four year-olds can be served in school district Pre-K programs, then the remaining pool of eligible 3 year-olds (141-142) contains just a more few individuals than Chenango Head Start’s funded enrollment of 138. Indeed, the program has seen a decline in participation among children aged 4. From 2015-2016 to 2017-2018, the number of four year-olds served in Chenango Head Start has dropped by greater than 56%, from 122 in 2015-2016, to just 53 last year. In 2015-16, four year-olds represented nearly 51% of enrolled children, while in 2017-2018, they represented just 30% of enrolled children. In addition, the average age of children enrolled in Chenango Head Start has dropped 6% from 3.51 in the comparison year to 3.30 last year.

An estimated 341 infants and toddlers who are eligible for Early Head Start cannot be served by the program. It should be noted that just 16 children are served by center-based Early Head Start, which was new in the 2016-2017 program year. The remaining 72 were served in the home-based program.

Looking beyond EHS/HS eligible children, there are an estimated 320 preschoolers in the county not served by Head Start or Universal Prekindergarten who “need” child care. There are an estimated 1,096 infants and toddlers not served by center-based Early Head Start who “need” child care. To arrive at the estimated number needing child care, the population in the age group is multiplied by the rate of children under age 6 with all parents in the workforce, which for Chenango County is 72.6% percent, to arrive at the potential demand for child care. The number of children served in UPK and Head Start is subtracted from the potential demand to arrive at the estimated number remaining to be served.²

Other programs serving young children

Overall, there are an estimated 1,416 children under age five who are not served by public programs and who need child care based on having two parents in the workforce. To serve this estimated demand for 1,416 slots of care for children under age five, the child care market in Chenango County offers just 318 slots of regulated capacity, reflecting an overall shortage of 1,098 slots. In fact, a report by the Center for American Progress identifies most of Chenango County as a “child care desert.” The following chart describes the supply of child care in the county³:

TABLE 9: Child Care Providers in Chenango County - 2018

	Child Care Centers	Family Child Care	Group Family Child Care	SACC Programs
Afton	0	1	0	0
Bainbridge/Gulford	0	0	0	0
New Berlin	0	1	1	0
Norwich	0	6	5	2
Oxford	0	2	2	1
Sherburne	0	4	4	0
Greene	0	7	2	1
Surrounding Areas	0	1	1	0
Chenango County Totals	0	22	15	4

² U.S. Census Bureau, 2017 American Community Survey 5-Year Estimates, retrieved from <https://factfinder.census.gov>

³ Family Enrichment Network Community Assessment

Child Care Supply in Chenango County

In addition, there are 38 enrolled, legally exempt child care providers in Chenango County. The fact that there are nearly as many legally exempt providers as regulated providers in the county suggests this form of care is popular among families. The level of **quality** in the care provided by this type of provider is unknown because law requires that only 20 percent of legally exempt providers be inspected annually, and only to verify the accuracy of the Health & Safety checklist submitted at enrollment.

Affordability is another aspect of child care to consider. Chenango County is \$878⁴. Therefore, a family earning the average weekly wage would have to pay 17.1 percent of its income to pay for child care for one child, while an acceptable level of affordability for child care is ten percent of family income. The Family Enrichment Network Community Assessment notes that just 51 families in Chenango County receive child care fee assistance to help with the high cost of child care. Census Bureau data show there are 997 families with incomes below 185% of the Federal Poverty Level in Chenango County with children under the age of five. If, like families in the Head Start program, 31% of these families have both or the only parent working, then at least 309 families need and are eligible for child care subsidy, meaning just 16.5% of families eligible for child care subsidy in the county are receiving it.

Even while estimates show a shortage of early care and education slots for young children, programs report anecdotally that they reach full enrollment levels only with heightened outreach effort. Since the county has seen declining birth rates, there could simply be fewer eligible children among the age group in the population. Another issue is geographic mobility. **In the Head Start parent survey, 42 percent of respondents said they had moved 1-2 times in the past two years, and an additional 9 percent said they had moved 3-5 times in that period. Programs could be experiencing difficulty enrolling children due to flight out of the county that hasn't yet appeared in school enrollment data.**

⁴ U.S. Bureau of Labor Statistics, retrieved from: https://beta.bls.gov/maps/cew/NY?period=2018-Q1&industry=10&geo_id=36000&chartData=3&distribution=Quantiles&pos_color=blue&neg_color=orange&showHideChart=show&ownerType=0

Needs of Low-income Individuals, Families and Children: Perceived by Community and Customer Stakeholders

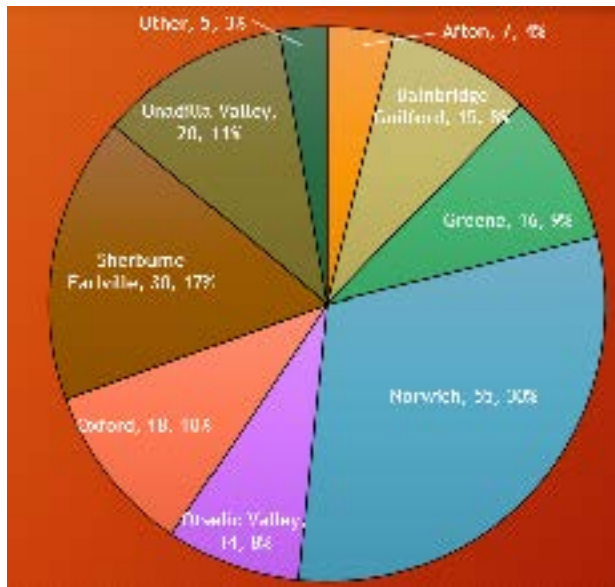
Summary of Survey Data

Head Start Family Survey Summary

In March of 2019, all 176 Head Start families were asked to complete the 2018-2019 Family Survey. Of these, 171 completed and returned the survey. Fourteen of the families have a child in both Early Head Start (EHS) and Preschool Head Start (PHS), but submitted just one response. Therefore, 94% of Head Start families are reflected in the completed data. Information from these surveys assists Head Start Administrators in determining areas of unmet need and with future planning. Program leaders use this data to make financial and programmatic decisions about the types of services to provide for children and families, as well as their location within the county. The following Family Survey data summary contains valuable information regarding housing, childcare, literacy, transportation, family finances and concerns, and access to medical and dental care.

Distribution of Respondents by School District

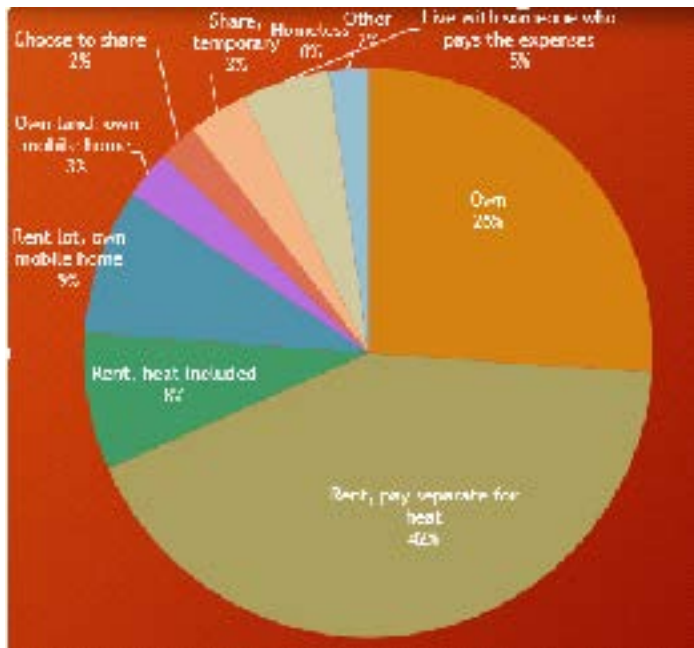
A total of 180 families responded to the survey representing school district residence as displayed in the following chart.



Trends In Child Care Arrangements Reported by EHS/PHS Families



Trends In Housing Arrangements Reported by EHS/PHS Families



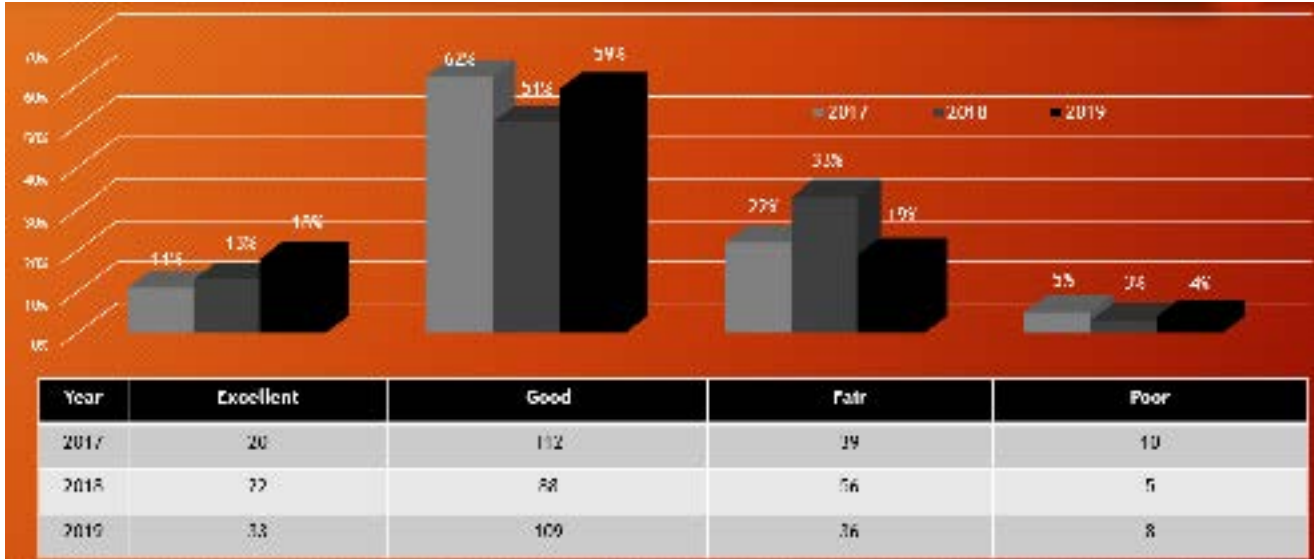
Trends In Type of Housing Reported by EHS/PHS Families



Trends in Geographic Mobility Reported by EHS / PHS Families (# of times family has moved in the past 2 years)



Trends in Housing Condition Reported by EHS / PHS Families



Trends in Housing Repair Needs Reported by EHS / PHS Families



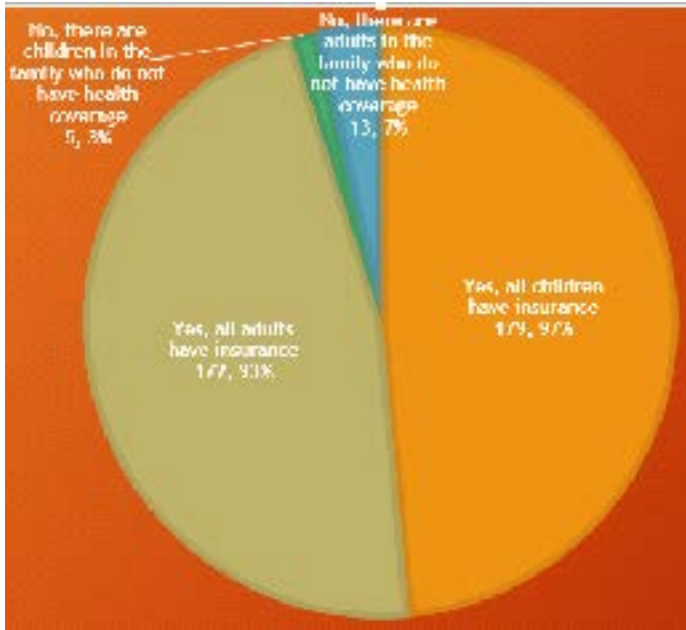
Trends in Money Sources Reported by EHS / PHS Families



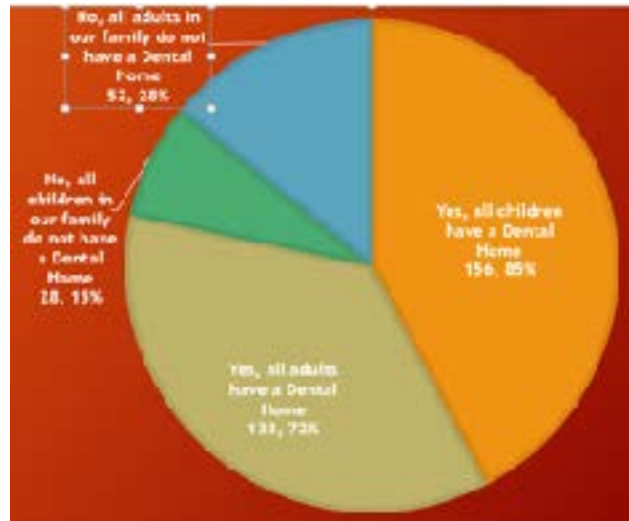
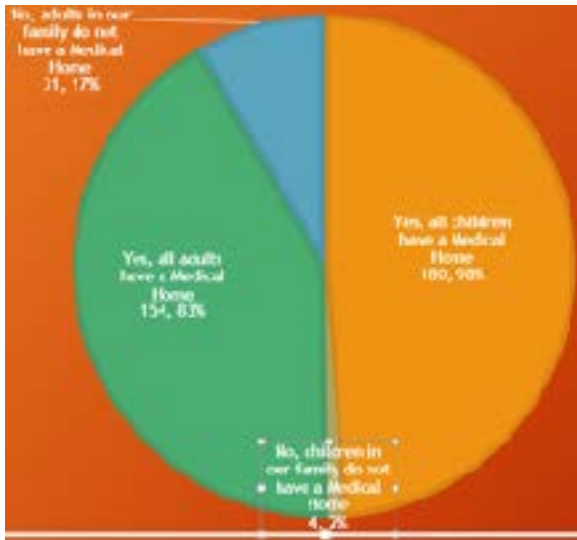
Trends in Banking Reported by EHS / PHS Families



Access to Healthcare Reported by EHS / PHS Families (Health Insurance Coverage)



Access to Healthcare Reported by EHS / PHS Families (Access to Medical and Dental Home)



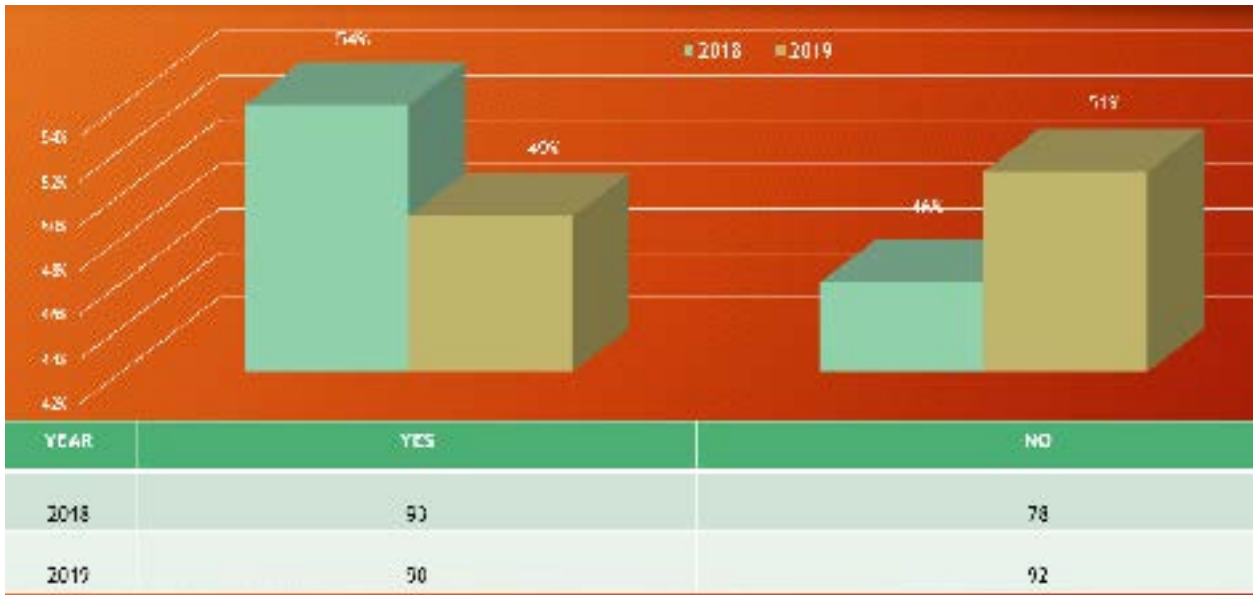
Access to Healthcare Reported by EHS / PHS Families (Access to Treatment)

Families were asked if anyone in the household was going without medical care, dental care, mental health care or prescriptions and the reasons. For the most part, families indicated nobody in the household was going without these treatments, with 98 – 100% of families saying nobody is going without care in the categories of medical care, mental health care, and prescription drugs. By comparison, only 92.2 % of families reported that nobody is going without dental care. The reasons given for not accessing dental care included not having a regular provider (5 children and 14 adults), lacking insurance (2 child and 6 adults), and choosing not to be treated (1 children and 8 adults.)

Trends in Respiratory Problems in the Home Reported by EHS / PHS Families

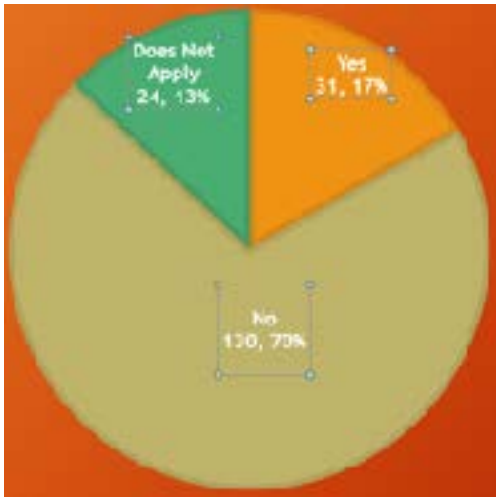


Smokers Reported by EHS / PHS Families

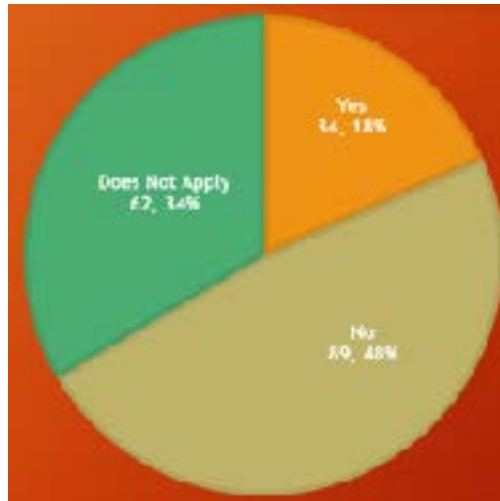


Family Members Receiving Treatment for Substance Abuse Reported by EHS / PHS Families

Receiving Treatment



Need or Want Treatment But Are Not Receiving It



Trends in Food Resources Used Reported by EHS / PHS Families



Ways of Accessing and Preserving Food Reported by EHS / PHS Families

Popular ways of grocery shopping include shopping at large grocery stores (selected 147 times), on a regular basis (selected 160 times), using a list (selected 109 times). It is also popular to use farmers markets (selected 74 times), coupons (65 selections) and grocery ads (54 selections.)

In addition, a number of EHS / PHS families provide or grow their own food by growing / gathering fruits and veggies (45 selections), hunting / trapping (35 selections), and raise poultry for eggs or animals for meat (23 selections). The primary way of preserving home grown foods is by freezing (154 selections.)

Physical Activity Reported by EHS / PHS Families

The majority (75%) of survey respondents report that children get two hours or more of physical activity daily. A majority (54%) of respondents say that adults get physical activity or exercise daily followed by 35% who say adults exercise 2-4 days per week.

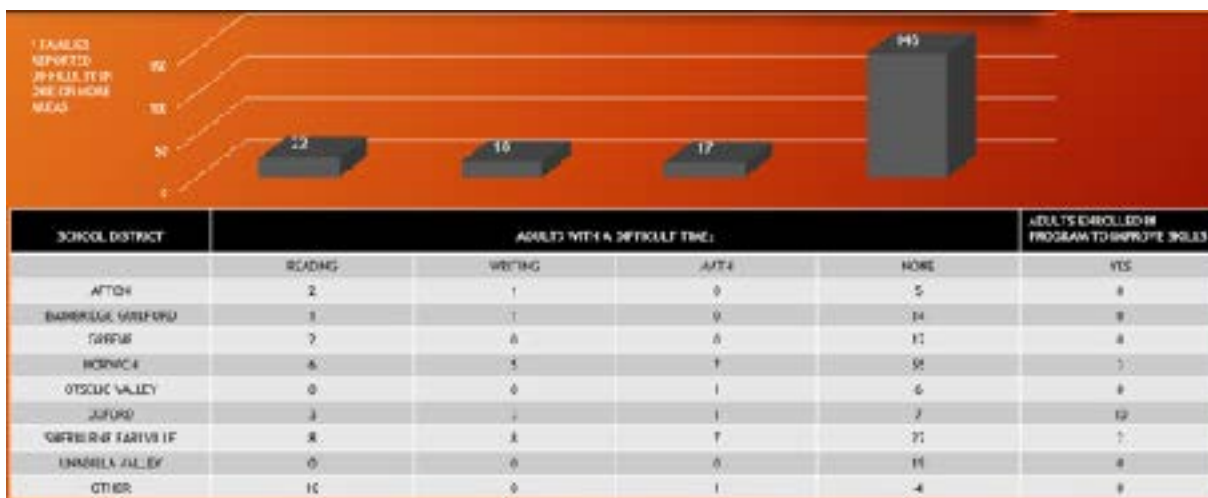
Food and Drink Consumption Reported by EHS / PHS Families

Thirty-five percent of families report eating three servings of fruit and vegetables per day and another 25% of families report eating two or more servings. Respondents say that the most popular drinks among children are water (171 selections,) milk (163 selections), and juice (148 selections). Respondents say adults primarily drink water or coffee / tea (155 selections each), water (147 selections) and soda (120 selections.) Respondents indicate that the most common way they choose to improve health and nutrition is by drinking more water and unsweetened beverages (93 selections), followed by increasing the amount of fruit and vegetables consumed (79 selections).

Trends in Access to Transportation in Own Vehicle Reported by EHS/PHS Families



Difficulty with Reading, Writing or Math Reported by EHS / PHS Adults

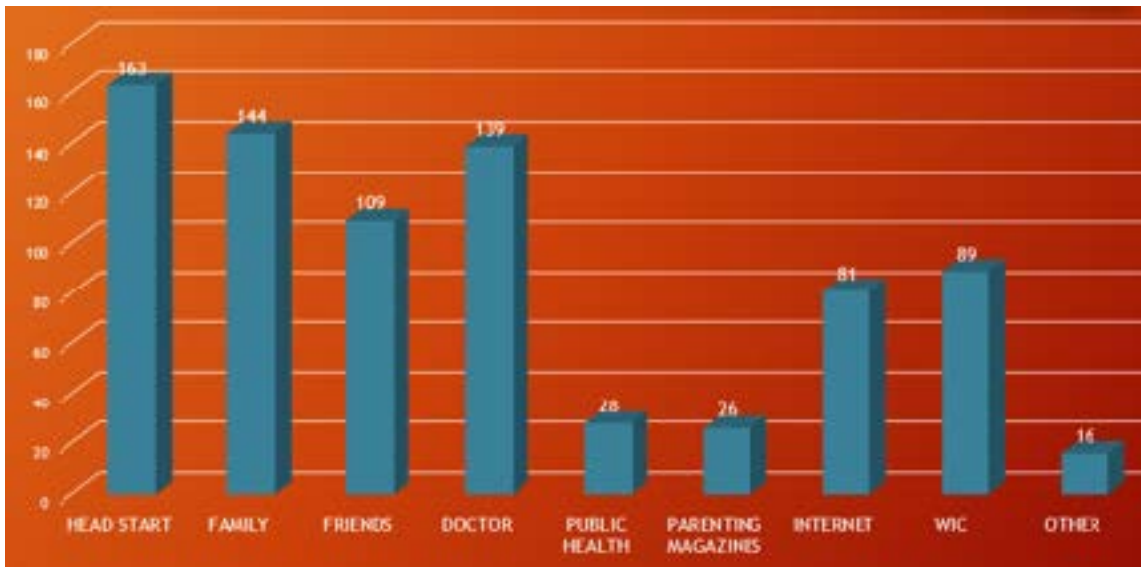


Families say they don't access help with learning skills primarily because they are not interested (selected 18 times) or "other," (selected 10 times.).

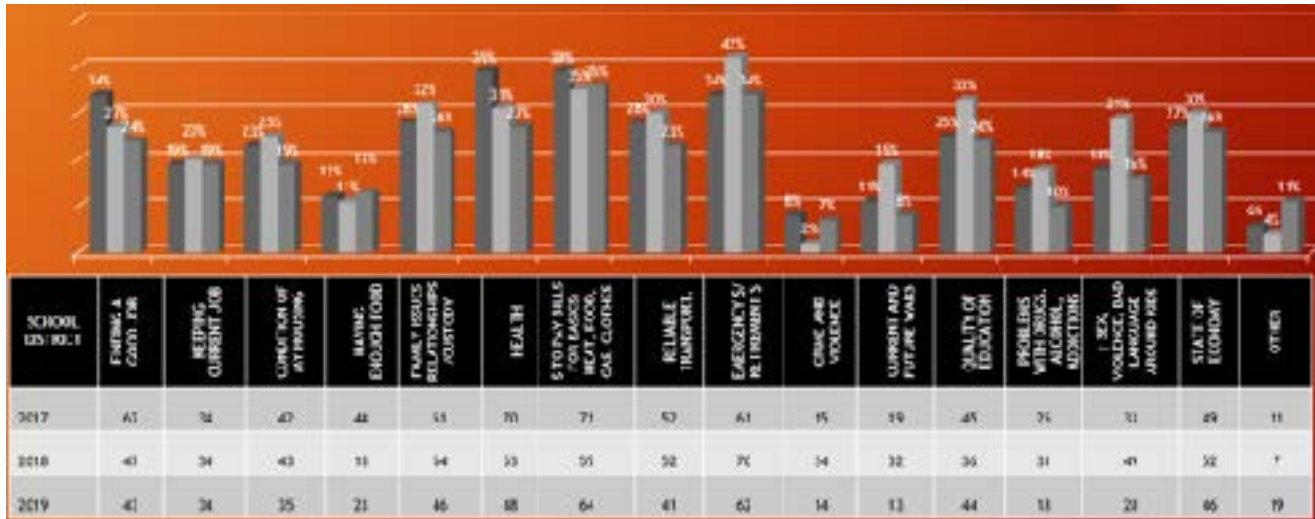
Trends in Family Participation in Asset Building Programs Reported by EHS / PHS Families



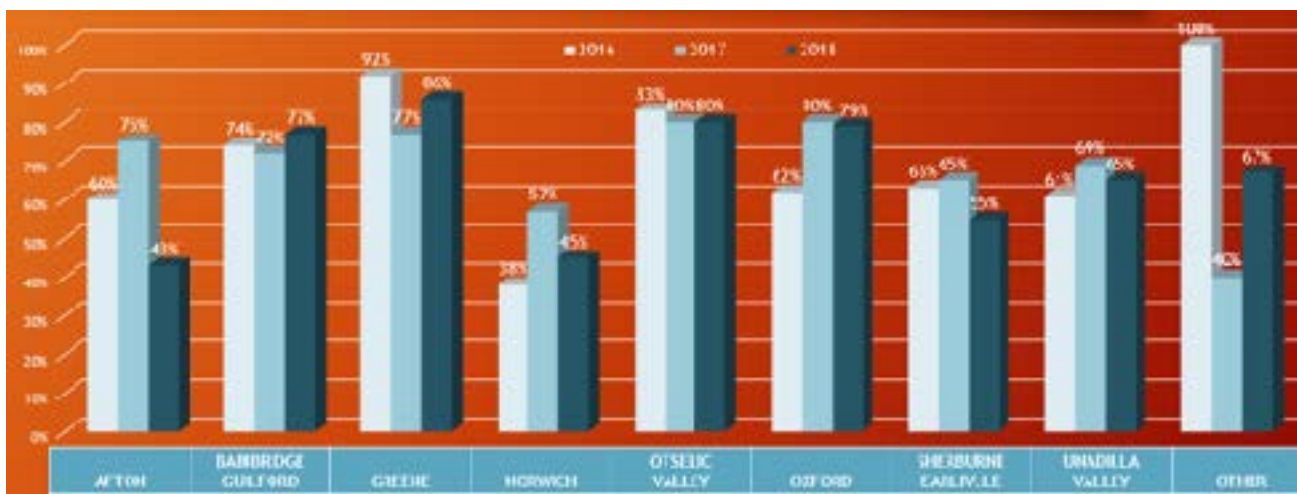
Trends in Parent Education Resources Reported by EHS / PHS Families



Biggest Concerns About the Family’s Future Reported by EHS / PHS Families



Families Involved in their Community by School District



A majority (66%) of respondents say they are not involved in their community.

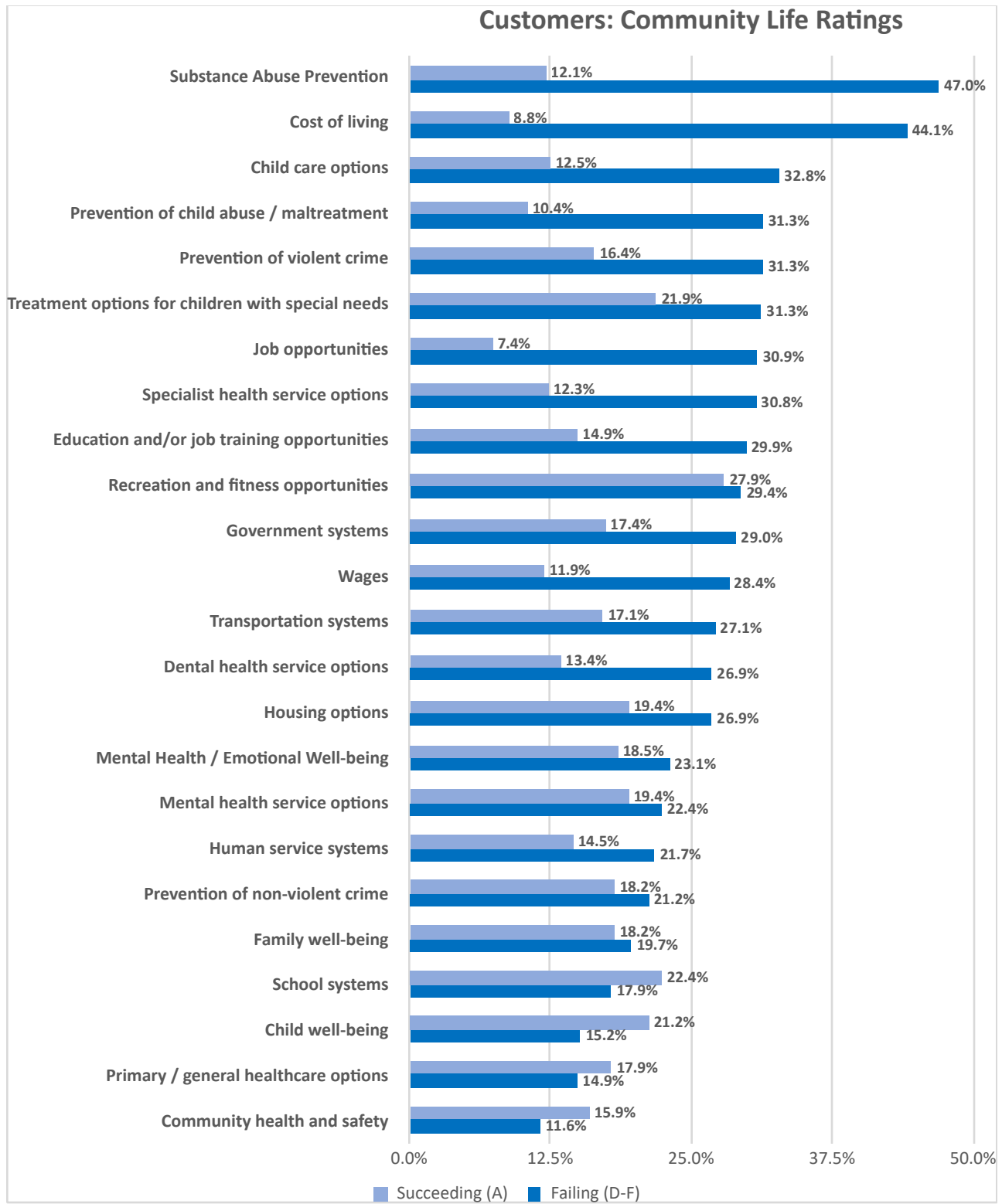
OFC Client Need Survey Summary

There were 72 Opportunities for Chenango customers who completed surveys. Data from these surveys is summarized below.

Question 1: Community Ratings

Respondents rated the community on aspects of quality of life as “Succeeding (A)”; “Doing OK (B-C), or “Failing (D-F)”. The chart below shows the distribution of “grades” given. Majorities of respondents rated the community as “Doing OK” on most aspects of quality of life. There were no cases where a majority of respondents rated the community as “Succeeding.” *Recreation and Fitness Opportunities* garnered the highest share of “A” grades, with 27.9 percent. The county rated lowest on *Substance Abuse Prevention*, with 47% of respondents giving it a “Failing” rating, and 44.1% of respondents gave *Cost-of-Living* a rating of “Failing.” In addition, more than 30% of respondents gave the community a “Failing,” rating in the following areas of community life: *Specialist Health Service Options, Job Opportunities, Treatment Options for Children with Special Needs, Prevention of Violent Crime, Prevention of Child Abuse/Maltreatment, and Child Care Options*. The following chart depicts only the

share of “Failing,” and “Succeeding” responses; the remainder were rated “Doing OK,” on each aspect of community life.

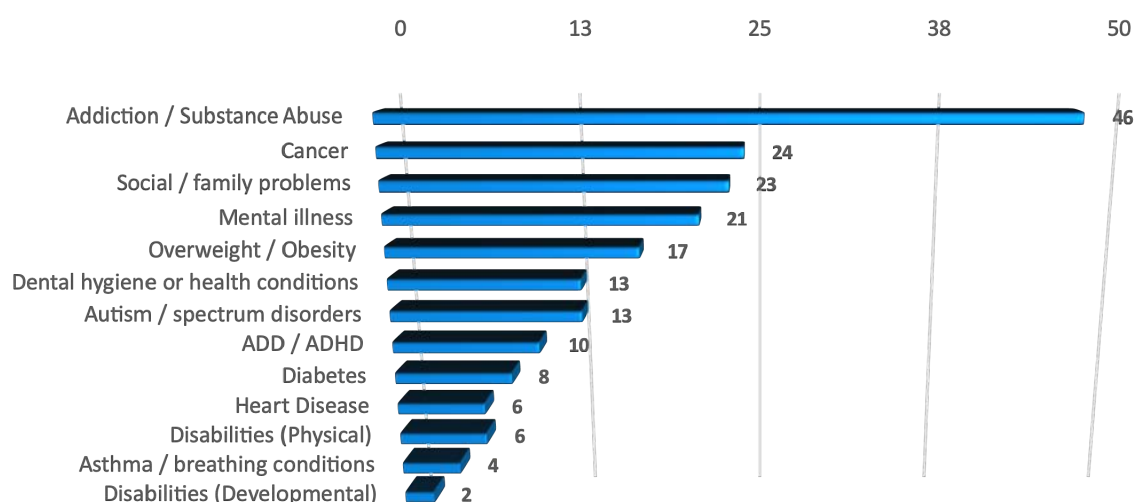


Customer View: Community Ratings

Conditions

Survey respondents were also asked to select three conditions they think impact people with low incomes the most. The following chart displays the frequency of selections for each condition.

Customer View: Conditions Impacting People Most



Conditions Impacting People: OFC Customer View

Perceived Problems and Solutions

An open ended question asked respondents to describe the biggest challenge they had faced in the past year, and the strength that they drew on to overcome it. Challenges and strengths were coded to reveal themes, with strengths relating to the *Center for Social Policy's Strengthening Families: A Protective Factors Framework*. These protective factors include: knowledge of parenting and child development, concrete support in times of need, social & emotional competence of children/parents; parental resilience, and social connections.

As they look back on the year, a number of survey respondents describe **health and mental health** as a challenge they faced, in terms that describe a range of circumstances such as, "Controlling my Asthma," "Being in and out of the hospital," "Pregnancy with chronic illness," "Health problems," "Depression, anxiety, and drama," "Mental Illness," and "Going to the Mental Health Unit."

Another area of challenge for survey respondents related to **housing**, especially, "Housing for low income. Long waiting list," "Having a place to live," "Loss of a job and housing," and "Convincing landlord to do maintenance." Similarly, respondents named **money** as a challenge, in comments such as, "Staying on top of my bills," "Not having enough money," "Wages are not enough," and "Trying to make ends meet."

Other people describe challenges with **jobs** and **transportation**, such as "Finding a job," "Being out of work due to injury," "Getting a car," and, "Vehicle maintenance." Finally, a few respondents describe challenges with **family functioning** describing situations such as, "Getting help from CPS," "Relationship problems," and "Due to domestic violence, I was indicated by CPS."

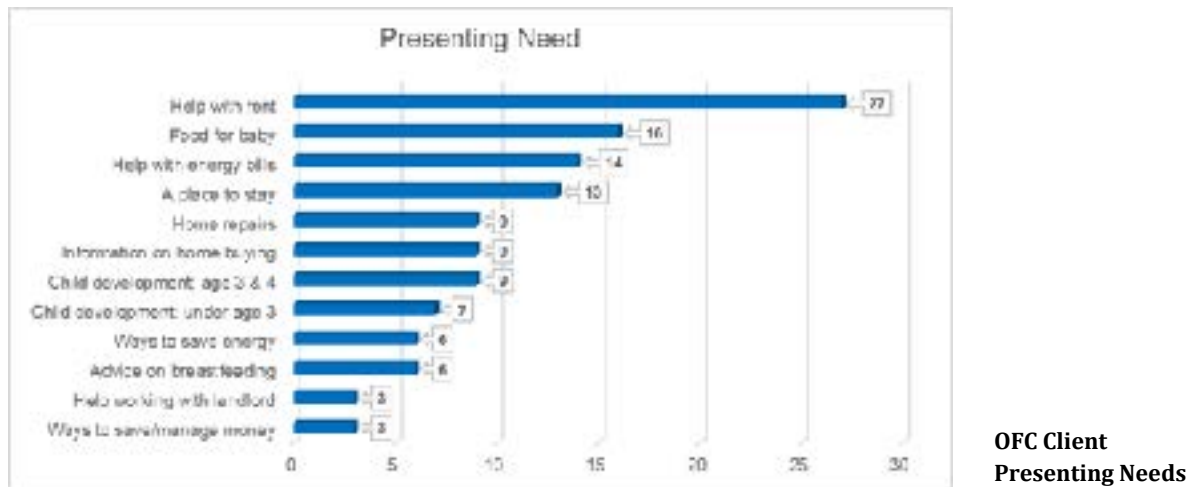
To face challenges like those described above, respondents draw fairly evenly on three protective factors for strength, in particular: **social connections, personal resilience and concrete supports**. Reliance on social connections as a source of strength is evident in comments such as, “My family (support system) helped me greatly,” “Encouragement from my family members,” “Help from family and friends,” and a few of simply, “Family,” or “Family support.”

Evidence that respondents draw on **personal resilience** to face challenges is present in comments such as, “Working through it every day making things better,” “My pride,” “Sticking up for myself,” “My Faith,” “Motivation to do everything possible to care for my two girls,” and “Self-patience, ingenuity. Knowing I've survived through worse time than this. I can do it.”

Respondents also describe **access to concrete community supports** as a source of strength in facing challenges. Respondents describe examples such as, “Improving my job,” “Seeking Help,” “Family Court,” “My outreach, health, police, HUD,” and “Went to therapy provided by OFC. It helped so much! Thank you.”

Presenting Needs

In customer satisfaction surveys, OFC clients selected from fixed choices the **presenting needs** that brought them to OFC with the following frequency. The frequency of selection provides insight into common community needs:



Please note: additional OFC customer satisfaction survey data is included in *Appendix III*.

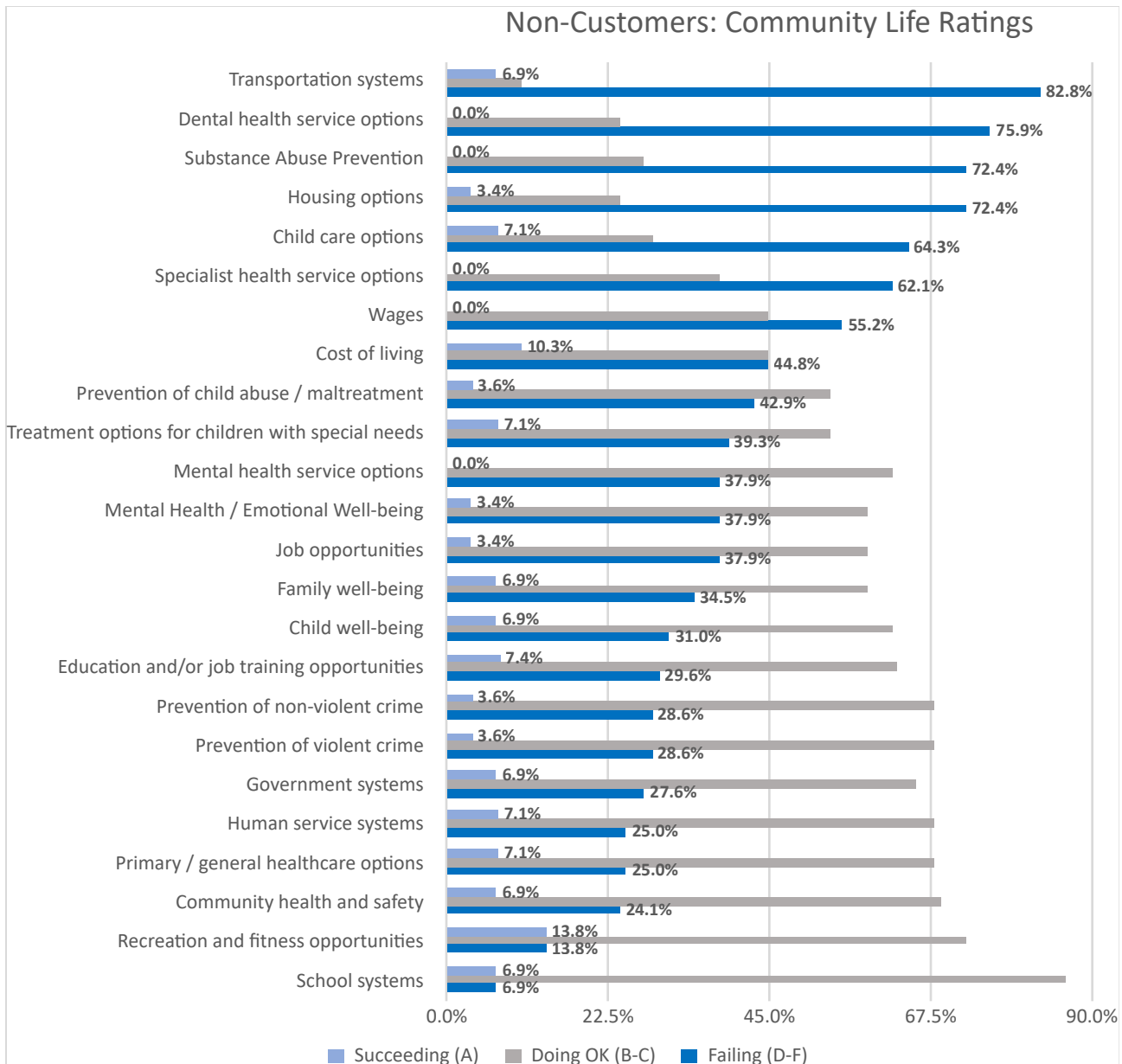
OFC Non-client Community Stakeholder Survey Data

There were 30 respondents to the Community (non-customer) stakeholder survey. Of these, 55% identified themselves as “Community Partner,” 38% as “Community Member,” and 7% as “OFC Board Member.” The Public Sector is represented by 44.8% of respondents, Community Based Organizations by 24.1%, the Private Sector by 10.3%, Faith-based Organizations by 6.9% and Educational Institutions by 3.4%. Remaining respondents named other sectors.

Community Ratings

Respondents rated the community on aspects of quality of life as “Succeeding (A)”; “Doing OK (B-C), or “Failing (D-F)”. The chart below shows the distribution of “grades” given. Majorities of respondents rated the community as “Doing OK” on 16 out of 22 aspects of community life presented. There were no cases where a majority of respondents rated the community as “Succeeding.” *Cost of Living* garnered the highest share of “A” grades, with 10.3 percent, followed by *Education and/or Job Training Opportunities* with 7.4%. The county rated lowest on *Transportation Systems* (82.8% failing rating) *Dental Health Service Options* (75.9% failing rating), *Substance Abuse Prevention* (72.4% failing rating), *Housing Options* (72.4% failing rating) and *Child Care Options* (64.3% failing rating). Overall, non-customers gave the community far more failing grades than did customers. More

than half of respondents failed the community on seven aspects of community life. The chart below shows only proportion of succeeding and failing grades. The remainder in each category received a “doing ok,” grade.

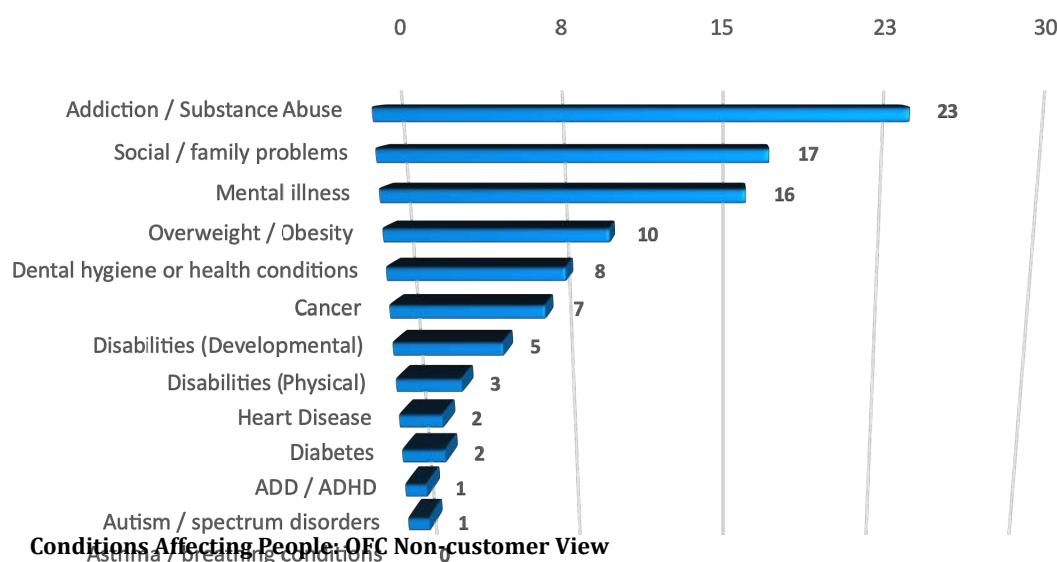


Non-customer View: Community Ratings

Survey respondents were also asked to select three conditions they think impact people with low incomes the most. The following chart displays the frequency of selections for each condition.

Non-customer View: Community Ratings

Non-Customer View: Conditions Impacting People Most



Perceived Problems and Solutions

An open ended question asked respondents to describe the biggest challenge they had faced in the past year, and the strength that they drew on to overcome it. Challenges and strengths were coded to reveal themes, with strengths relating to the *Center for Social Policy's Strengthening Families: A Protective Factors Framework*. These protective factors include: knowledge of parenting and child development, concrete support in times of need, social & emotional competence of children/parents; parental resilience, and social connections.

Community (non-customer) respondents describe challenges in primarily in the area of **limited service capacity** to help people facing housing and other challenges. Representative comments include, *"Providing housing assistance for those that qualify," "Housing options for DV survivors," "Lack of resources in Chenango County,"* and *"Getting people in to long term treatment, that isn't 2 to 4 hours away."* In addition, a few respondents, who seemingly responded from their view as service professionals, describe challenges that can be labeled as **compassion fatigue**, in terms such as, *"Helping individuals to be positive,"* and *"Trying to address the living conditions of many residents - most of the conditions were brought upon the occupants by their own lack of general housekeeping and cleaning."*

Other respondents describe challenges in the area of **money, housing, transportation** and **health**. For example, comments included, *"Financial Stability," "Medical difficulties with my wife," "Transportation,"* and *"Troubles with mobility and therefore transportation."*

Respondents in the non-customer group describe their reliance on **personal resilience, social connections, and concrete supports** for strength in the face of challenge.

Comments in the **personal reliance** category included, *"Experiences and Compassion," "Every situation and person is different and handle it one client at a time," "I became humble enough to start using my walker," "Persistence, advocacy and collaborating with other strength based service providers,"* and *"My ability to solve my problem."*

Respondents describe **social connections** in comments such as, *"Personal support networks," "Reaching out to other professionals, who will let me pick their brain,"* and *"Friends"*

The role of **concrete supports** is seen in comments such as, *“Assistance with HUD paperwork, referrals to shelter,” “I’ve become involved with various community action groups in an effort to combat declining trends in health, education, and living standards.” “Budgeting - making ends meet.” and “Ongoing education about what programs/services/supports are available.”*

Summary of Focus Group Data

2019 Focus Group Themes

OFC held two focus groups to gather perspectives from program participants about aspects of their own and the community’s well-being. The following questioning route was used:

- Q1: Name some things about our community that make it a great place to live.
- Q2: What have you noticed that needs improvement in the community?
- Q3: Let’s explore these areas in need of improvement further. Do you know people who are affected by _____? Can you speak to what they are going through or what would help?
- Q3a: How can families of affected people be supported?
- Q3b: How does housing fit into the picture?
- Q4: Is there anything you can think of that OFC could do differently to serve you better in terms of creating the life you want for yourself?
- Q5: What are the sources of strength that you draw on if challenges arise?

The following themes emerged from the discussions in both focus groups that were prompted by the above questions.

Residents particularly value the opportunities offered in the community for recreation and entertainment, and they count service programs among the community’s strengths.

When asked what makes the community a great place to live, most participants cited recreation and entertainment opportunities including Music in the Park, Movies Under the Stars, the new dog park, theaters, arts council. Some participants also named services and programs available to help people when they need it. For example, one participant said, *“Even though it doesn’t seem like it, there’s a lot of opportunity for like ... personal enjoyment. The city alone has 3 or 4 parks; if you’ve got kids can go down there. In a few weeks, a dog park is opening up,”* and another added, *“There are theaters and stuff, Council of the Arts, parks, Music in the Park, Blues Fest.”* With respect to services, one participant noted, *“Even if you’re struggling financially, there are institutions and organizations there to help like OFC, DSS and others.”* Another said, *“There are resources and programs offered to families around community.”*

The community is plagued by complex, interrelated problems such a limited economic opportunity, urban blight, unaffordable housing, homelessness, addiction and public safety, while system responses to these problems are perceived as inadequate if not unjust.

As participants discussed things that need improvement in the service area, a picture emerged of **complex, interrelated problems**. For example, a participant said that, *“Parks should be cleaner,”* and then other participants described finding needles, underwear and condoms in the parks and along trails. Someone else had heard that teachers are checking playgrounds for this type of detritus before bringing children out to play. Another participant mentioned the presence of a tent city along a trail. Therefore, a discussion about the **cleanliness of parks** really becomes a discussion about **drugs** in the community, **homelessness**, and **child safety**.

When participants think about how **housing** relates to other community problems, they discuss **availability**, **affordability**, and **quality**, as well as **tense relations involving family, friends and landlords**. With respect to availability, waiting lists are long. One participant said, *“There are not many places available.”* People commented on differences between Norwich and smaller towns in the county, explaining that some have regulations restricting the conversion of single family housing into multi-family housing, limiting people’s choice in where to live. Comments from participants illustrate a situation in which the housing people can manage to afford is either inadequate for their needs, or of poor quality. For example, one person explained that she lost her job and can only afford a one bedroom, but she needs a two bedroom for her and her son. Another situation that is coming between people is the apparent prevalence of bed bugs in the housing used by people with low incomes in the service area. When someone starts *“Getting bit up,”* others who are not affected begin to blame them for being the one who, *“Brought them in.”* Another person, who disclosed that he has applied for 126 jobs to no avail, described a similar situation, saying, *“If you find rent that cheap you’re either on a bad road or your apartment is full of bugs,”* and went on to say that it is believed the landlord tries to blame each new tenant for the presence of bed bugs. One participant described a particularly difficult situation where multiple extended family members were staying together and relations were tense. One participant had a different situation. While college educated, he was in a low-paying profession, and was able to escape poor quality housing with help from an OFC program. This participant explained that despite his education, he makes less than someone working at Burger King. Again, a conversation about “housing,” shines a light on the interrelated problems of **homelessness**, strained **interpersonal relations**, and **underemployment**.

In talking about all of these problems, participants commented on the **systems** available to help, expressing opinions about **unfairness** and the **inadequacy or incompetency** in these systems. For example, some participants believe it is unfair that people can get Narcan for free, and that police can administer it freely, while diabetics and people with food allergies pay high prices for the life-saving medications that they need, and these cannot necessarily be administered by a police officer. Also, participants decry the **reactive nature of systems**, saying, *“We’ve got a lot more programs for substance abuse treatment. But it seems like the first step is to get arrested or get in trouble; it would be nice to be able to access that without breaking the law first.”* Similarly, participants express a belief that legal and child welfare systems are **harder on people** committing lesser offenses than they are on people who are doing real harm. For example, when asked if children are being removed from homes because of addiction, one participant replied, *“They’re not. They’re taking kids from good parents and leaving kids with other people.”* Finally, participants mentioned the **benefits cliff** as a system problem, and cited examples of it.

Service access in the community is constrained by a lack of local providers, a lack of awareness of what is available, and system rigidity that restricts access.

Focus group participants decried the **loss of specialists**, especially dental providers, in the area, describing challenges involving transportation to providers nearly an hour’s drive away. For example, one participant said, *“There’s no more dentists and an ENT isn’t here anymore.”* Another followed on to say, *“Dentists that take Medicaid; there isn’t one in Chenango; you have to go to Cortland or Binghamton.”* In one case, a participant relayed a recent example, saying, *“I had to drive my neighbor’s little girl down to Endicott to get her teeth pulled.”* Similarly, another participant said, *“I’ve got two kids. One has license, one doesn’t. He has no way to get to a dentist, so it’s me or his brother.”* Later in the conversation, participants called out flaws in helping systems, explaining that Medicaid transportation requires three days’ notice, which the family of this little girl could not give when the emergency arose, necessitating the reliance on the neighbor for transportation.

Participants also noted that there are many **services that people don’t know about**, and said that service providers could do a better job of raising awareness of services. For example, in response to a question about what needs improvement in the community, one participant said, *“Better advertisement for opportunities around. The only time you hear about it is if you go to DSS or ask someone who has been through the system.”*

Other than that, you don't hear anything," Another comment representing this sentiment was, *"Resources need to be more readily available because most people don't know."*

During the discussions, participants described examples of **rules restricting their access to help** from systems. For example, one participant commented, *"People are getting more than us in food stamps and hitting the food pantry. Our food stamps are only \$98 because she got full time at Walmart."* Someone else described her son's situation with homelessness after a landlord kicked him out to upscale the space. She explained, *"We tried hard to get him the help to find an apartment and at DSS they said he would have to pay back \$600 within 12 months. He is scared, he has been on his own and has always paid rent and doesn't ask for help. And he doesn't get consistently full-time hours."*

People draw on their social connections, personal resilience and community supports when challenges arise.

When people think about their strengths in the face of challenges, they often describe a reliance on **family**, in terms such as, *"Family," "My father in law, after we saw what we saw, we have kept each other going" "You really start to appreciate what family you got left, life's too short,"* and *"You have to have a support group, whether it be friends and family, because if you don't, you've got absolutely nothing."*

Participants also describe calling on inner strength, or, **personal resilience** in difficult times. Representative comments include, *"I look at my kids, and if I got a goal, like the rent needs paid or to put food on table, that's my motivation," "When everything hits the fan, I go camping or fishing ... I want to be left alone," "I'd rather have a good job and a decent life; I'd rather have that than smoke pot or do anything else,"* and, *"For people that are religious and have strong religious beliefs, that could be a source of strength."*

Finally, people do turn to **community supports** and value them for what they provide to get through difficult times. Participants remarked, *"Maybe for people that are part of counseling groups, that have organizations helping them, they could be source of strength,"* and, *"I wonder if a homeless shelter would help with some of these issues like bed bugs because with government standards, and like counselors on hand, people with problems would have services readily available."*

Needs of OFC Head Start Children and Families: Observed in Program Data

Income and Employment

More than 83 percent of Head Start (HS) families and more than nearly 85 percent of Early Head Start (EHS) families qualify for the program based on having incomes of less than 100 percent of the Federal Poverty Level (FPL) or based on receiving Temporary Assistance for Needy Families (TANF). Based on Program Information Report Data (PIR), a little more than 13 percent of HS and nearly 13 percent of EHS families receive TANF.

Although the majority of HS / EHS families experience poverty, the majority also work, with nearly 56 percent having at least one income earner. Accordingly, 44 percent of families have no earned income, while the rate of households without earned income in the general Chenango County population is 28.6 percent according to the American Community survey. About 15.5% of HS families (up from 11%) and more than 12% (down from 17 %) of EHS families receive SSI income, while just approaching 9% of the general population receives this type of income. A little more than 31 percent of Chenango County Head Start and Early Head Start children have all parents in the labor force while 72.6 percent of children under age 6 in the general population have all parents in the labor force.

Despite working, Head Start and Early Head Start families have lower rates of earned income, higher rates of SSI income, and higher rates of poverty than peers in the general population. Despite having low incomes, nearly half of families served by Head Start and Early Head Start do not receive any form of public assistance.

Education

Among HS parents, the majority and plurality (67.2%) have a high school diploma as their highest level of education attained. The next greatest share (16.7 %) have attained some college, and 16.1% have attained less than a high school diploma or equivalent. Among EHS parents, the majority and plurality (70.7%) have a high school diploma as their highest level of education attained. The next greatest share (18.1%) have attained at least some college-level education, followed by 11.2 percent with less than a high school diploma. Compared with their peers in the general population, HS/EHS parents have lower overall levels of educational attainment. While 10.3 percent of the general population in Chenango County have a bachelor's degree or higher, just 2.9 percent and 3.4 percent of HS/EHS parents, respectively, do. While 12.2 percent of the general population in Chenango County have less than a high school diploma, 11-16 percent of parents involved in Head Start programs do. Despite this, just 7.5 percent of Head Start families and less than 1% of Early Head Start families used Adult Education or GED services during the 2017-2018 program year. Last year, nearly all families in both the Early Head Start and Head Start programs spoke primarily English at home.

Head Start and Early Head Start families have attained lower levels of education than their peers in the general population.

Health

Physical Health

The chronic condition for which the greatest share (48%) of Head Start children diagnosed with a condition received treatment in the 2017-2018 program year was vision problems. In 2015-2016 and 2016-2017, hearing problems were the most prevalent. In 2012-2013, vision problems were most prevalent, with 63 percent of children receiving medical treatment getting it for vision problems. About one in four of those receiving treatment for any condition last year received treatment for asthma, compared with 12.2 percent in 2012-2013. As of the original report, nine Early Head Start received treatment for anemia (compared with 1 in 2012-2013) and 6 received it for high lead levels (compared with 2 in 2012-2013). As of this update, seven Early Head Start children received treatment for hearing difficulties, while none received it for anemia and two received it for high lead levels. Rates of asthma in the general population were not at concerning levels. According to the American Community Survey, among children less than age 5 with a disability, 1.4 percent had hearing difficulty.

About 74 percent of Head Start families and 50 percent of Early Head Start families used Health Education Services in the 2017-2018 program year. As in 2012-2013, 2015-2016 and 2016-2017, large majorities of children enrolled in Head Start and Early Head Start in 2017-2018 had an established medical home. The rate of children enrolled in EHS who were up to date at the end of the program year on a schedule of age-appropriate preventive and primary health care had declined from 84 percent in 2012-2013 to 72 percent in 2015-2016, but was up to 89 percent at the end of 2016-2017. The rate rested at 88% in 2017-2018. The rate also declined for children in HS from 98 percent in 2012-2013 to 90 percent in 2015-2016, rested at 91 percent in 2016-2017, and was up to 93% in 2017-2018.

Dental Health

In 2015-2016, nearly 93.8 percent of Head Start children had a “dental home,” compared with 88.7 percent in 2012-2013. In 2012-2013 and in 2015-2016, 33.6 percent of Early Head Start children had a dental home. In 2016-2017, this rate was **down** to 85.8 percent of Head Start children with a dental home and **up** to 39.7 percent of Early Head Start children. The 2017-2018 program year saw declines in these rates, with just 78.4% of HS enrollees and 37.2% of EHS enrollees had a dental home.

Healthcare Access

When it comes to health insurance, less than one percent of children in both programs had no insurance at the end of the 2012-2013 program year. Less than one percent of Head Start children had no insurance at the end of the 2015-2016 program year, and 1.5 percent of Early Head Start children had no insurance at the end of 2015-2016. Children enrolled in the 2016-2017 year were uninsured at similarly low rates (Head Start less than one percent, Early Head Start less than two percent.) In 2017-2018, all children had health insurance at the end of the program year. These rates compare favorably to the general population, where an estimated 3.3 percent of children under age 6 are uninsured (American Community Survey). Within Head Start programs, most children are insured through Medicaid and/or CHIP.

Children involved in Head Start programs experience vision problems, hearing difficulties and asthma at greater rates than their peers in the general population, but they are health insured at higher rates. Children in Head Start and Early Head Start are accessing preventive medical care services at better rates compared with the original report, but are accessing preventive dental care at declining rates.

Disabilities

The concentration of Head Start children with an Individualized Education Plan had increased from 16.7 percent in 2012-2013 to 23.8 percent in 2015-2016. As of 2016-2017, the rate is back down to 18.5 percent, and in 2017-18 down still to 15.3%. The rate of Early Head Start children with an Individualized Family Service Plan had held steady over the past three years at about 24 percent, but in 2016-2017 was down to 15.2 percent, but back up to 23.1% in 2017-2018. As an indication of incidence of disability, these figures show that EHS and HS children can tend to experience disability at rates higher than their peers in the general population, where 5.2 percent of children under age 5 were served by the County Division for Children with Special Needs. When compared with the rate of Chenango County school children with disabilities (16%), children in EHS/HS experience disability at comparable rates. All children in the Head Start program determined to have a disability are classified as having a non-categorical developmental delay.

Children in Early Head Start and Head Start tend to experience disability at higher rates than their peers in the general population of children under the age of five.

Mental Health

The number of children served by Head Start who were referred outside the program for mental health services has risen from 8 in 2012-2013 to 10 in 2015-2016, to 13 in 2016-2017 and to 18 in 2017-2018. For children served by Early Head Start, the number referred outside the program for mental health services has risen from

one in 2012-2013 to 16 in 2015-2016 but dropped sharply to just one child in 2016-2017 and two in 2017-2018. In 2016-2017, more than 60% of the Head Start children referred received services, and in 2017-2018, 44.4% received services. The PIR reports that the one EHS child referred in 2012-2013 did not receive services and that all 16 children referred in 2015-2016 did receive services. The one child referred in 2016-2017 did not receive services, and one of two referred in 2017-2018 received services. Chenango County has a much lower access to mental health professionals than the rest of the state, with 0.16 professionals per 1,000 population in Chenango compared with 0.50 professionals per 1,000 across New York State.

In 2015-2016, 10 percent of Head Start families and 20 percent of Early Head Start families participated in family services related to mental health. In 2016-2017, 21 percent of Head Start families and 9 percent Early Head Start families participated in mental health related family services.

Mental Health referrals for children served by Head Start continue to rise, while referrals for children in Early Head Start have declined sharply. Access to mental health professionals is not adequate for children involved in Head Start programs and for all residents of Chenango County.

Nutrition

In the 2015-16 program year, 38.3 percent of Head Start participants were overweight or obese, compared with 36.2 percent in the 2012-2013 year. The rate had decreased yet again in 2016-2017 to 36.4 percent, and rests at 37.5% in 2017-2018. This rate is about on par with elementary students in the broader Chenango County population where 36.2 percent were overweight or obese. **Approaching 4 in 10 young children in Chenango County, including those in Head Start, are at an unhealthy weight.**

When it comes to food security, a little more than 4 in 10 Head Start recipient families access SNAP and WIC, while 28 percent and 22 percent of Early Head Start recipient families, respectively, access these programs. The rate of SNAP usage has declined 6.3 points since the original report among Head Start families and nearly 21.4 percentage points for Early Head Start families. WIC usage looks to be on the rise after declining nearly 11 points among Head Start and 19.5 points among Early Head Start families. It is estimated that some 19 percent of children in the county are food insecure. **Food insecurity disproportionately affects high concentrations of Head Start, Early Head Start and Chenango County families with children, and they are accessing services at declining rates.**

Social Services Needs in the Service Area

Homelessness

Figures in the original report show that 10 percent of children served by Head Start in the 2015-2016 program year experienced homelessness. This figure represented a 6-point increase over the 2012-2013 comparison year and was 7.5 points higher than the rate of homelessness among children attending Chenango County schools. As of the prior update, 9.3 percent of Head Start children experienced homelessness during the 2016-2017 program year, compared with 1.7 percent of school students in the county. This year, 8% of Head Start enrollees experienced homelessness. Among children served by Early Head Start in the 2015-2016 year, 3 percent had experienced homelessness, which was a decrease of 2.6 points since 2012-2013. As of the 2016-2017 program year, 5.1 percent of Early Head Start enrollees experienced homelessness during the year, and last year 4.1% of Early Head Start enrollees experienced homelessness. Fifteen children in the two programs were eligible in the 2017-2018 year based on their status as homeless, down from 19 last year, and 21 reported in the original assessment.

Children served by Head Start and Early Head Start experience homelessness at higher rates than peer groups in the general population.

Child Welfare and Family Well-being

Exactly 4 percent of children participating in Head Start in 2017-2018 experienced foster care at any time during the year, down from 5.6 percent in 2016-2017. Among children served in Early Head Start, 2.5 percent experienced foster care at any point during 2017-2018, compared with 5.8 percent in 2016-2017. The Chenango County rate of children in foster care (3.7 per 1,000) was higher than the state rate in the most recently reported year. Cast as per 1,000 rates, the rates of Head Start and Early Head Start children experiencing foster care are sharply higher at more than 49 per 1,000. Nearly 75 percent of Head Start participating families and more than 59 percent of Early Head Start participating families used parenting education services during the 2017-2018 program year. **Children involved in Head Start programs are experiencing foster care at increasing rates and sharply higher rates than peers in the general population.**

Transportation

Head Start provided program transportation to 191 children in 2012-2013 and to 147 children in 2015-2016. In 2016-2017, the program provided transportation to 63 children, discontinued transportation altogether in the 2017-2018 program year. Early Head Start does not provide transportation services to children.

Community Resources

Chenango County is served by the Susquehanna River Region 2-1-1 service, where those seeking assistance can call or look up online programs and services that help in various categories of need. An online search through this 2-1-1 website produced the following results in the categories identified as priority areas of need in Chenango County.

[Resources to Address Income/Poverty/High Cost of Living Needs](#)

Roots and Wings - Norwich
Catholic Charities, Chenango County
34-36 Berry St
Norwich, NY 13815-1119

Bargain Basket Thrift Shop - Earlville
First Baptist Church - Earlville
6 Greene St
Earlville, NY 13332

Common Cents Thrift Shop (CCTS)
Common Cents Thrift Shop – Oxford & Oxford Food Pantry
64 N Canal St
Oxford, NY 13830

Hearts and Hands Clothing Bank - Greene
Greene Community Clothing Bank
49 Genesee St
Greene, NY 13778-1229

Hearts and Hands Clothing Bank - Greene Area
Highland Park Alliance Church
134 N Chenango St
Greene, NY 13778-1145

Magic Closet Clothing Exchange - Morris
Morris Episcopal Parish
162 E Main St
Morris, NY 13808-0158

Clothing Bank and Household Goods - Project Concern
Chenango Fenton Project Concern
23 Kattelville Rd
Chenango Bridge, NY 13745

Care & Share Food Pantry - South Otselic
South Otselic United Methodist Church
102 Clarence Church Rd
South Otselic, NY 13155-0047

God's Bread I Mission Food Pantry - Smyrna Township
Residents Only
God's Bread Mission Food Pantry - Sherburne/Smyrna
Smyrna First United Methodist Church
3 E Main St
Smyrna, NY 13464-0556

Community Ecumenical Food Pantry - McDonough
Community Ecumenical Food Pantry
United Methodist Church
1149 County Rd 5
McDonough, NY 13801-2101

Our Daily Bread Food Pantry
Our Daily Bread Food Pantry at Emmanuel Episcopal
Church

Pantry @ Emmanuel Episcopal Church
37 W Main St
Norwich, NY 13815

New Beginnings Church Food Pantry
New Beginnings Church
81 E Silver St
Norwich, NY 13815-1112

God's Bread II Mission Food Pantry - Sherburne
God's Bread Mission Food Pantry - Sherburne/Smyrna
Sherburne United Methodist Church
11 Chapel St
Sherburne, NY 13460

Sherburne Community Food Pantry
St. Malachy Church
33 E State St
Sherburne, NY 13460-0722

Earlville Food Cupboard - Sherburne-Earlville area
First Baptist Church - Earlville
9 W Main St
Earlville, NY 13332-0127

Community Food Pantry of Oxford
Community Food Pantry of Oxford
16 Fort Hill Pk
Oxford, NY 13830-0566

Southtown Food Pantry
First Baptist Church - South New Berlin
3294 Main St (NY Rt 8)
South New Berlin, NY 13843-0069

St. Andrew Food Pantry - New Berlin
St. Andrew Episcopal Church - New Berlin
42 S Main St
New Berlin, NY 13411-0370

Guilford Our Daily Bread Food Pantry
Guilford United Methodist Church
1277 Main St
Guilford, NY 13780

Greene Area Food Pantry
Berean Bible Church
Route 12S
Greene, NY 13778

Food Pantry - Bainbridge
Bainbridge Council of Churches Food Pantry
27 N Main St
Bainbridge, NY 13733-0286

Inter-Church Food Pantry Volunteers - Afton

Inter-Church Food Pantry - Afton
Afton United Methodist Church
34 Spring St
Afton, NY 13730

SNAP Supplemental Nutrition Assistance Program -
Chenango DSS
Chenango County Social Services Department
5 Court St
Norwich, NY 13815-0590

HEAP - Home Energy Assistance Program - Chenango
Opportunities for Chenango
44 W Main St

Emergency Aid to Families (EAF) - Chenango DSS
Chenango County Social Services Department
5 Court St

Resources to Address Employment Need

CDO Workforce BEAM - Chenango County One-Stop Career
Center - Norwich
Chenango/Delaware/Otsego CDO Workforce NY
1 O'Hara Dr
Norwich, NY 13815-2042

Chenango/Delaware/Otsego CDO Workforce NY
21 Liberty St
Sidney, NY 13838-1246

Career and Technical Education - DCMO BOCES
BOCES Delaware Chenango Madison Otsego
6678 County Rd 32
Norwich, NY 13815-3554

Headwaters Youth Conservation Corps - Norwich
Christian Neighborhood Center of Norwich
22 E Main St
Norwich, NY 13815

Community Workshop - Chenango NYSARC (previously
ARC)
Achieve of Chenango County
17 Midland Dr
Norwich, NY 13815-1999

Placement Assistance - Chenango
New York State Labor Department - Chenango
1 O'Hara Dr
Norwich, NY 13815

Roots and Wings - Norwich
Catholic Charities, Chenango County
34-36 Berry St
Norwich, NY 13815-1119

Resources to Address Educational Attainment Needs

Adult Education Division - DCMO BOCES
BOCES Delaware Chenango Madison Otsego

Norwich, NY 13815

HeartShare - Project Share Heating Fund - Chenango
County
New York State Electric and Gas
Catholic Charities Roots and Wings
34-36 Berry St
Norwich, NY 13815

Homeownership and Housing Services Center - Chenango
Opportunities for Chenango
44 W Main St
Norwich, NY 13815

Habitat for Humanity - Chenango County
Habitat for Humanity
PO Box 68
Mt Upton, NY 13809-0068

The Chenango Club - Social Club
Chenango County Behavioral Health Services
27 W Main St Ste 13
Norwich, NY 13815-1656

Teen Development Programs - Norwich
Christian Neighborhood Center of Norwich
22 E Main St
Norwich, NY 13815

Norwich City Civil Service Office
Norwich City Offices
One City Plaza
Norwich, NY 13815-1848

New Berlin Library Access to Job Openings List
New Berlin Library and Museum
15 S Main St
New Berlin, NY 13411-0610

Employment and Computer Resources - Greene
Moore Memorial Library and Museum
59 Genesee St
Greene, NY 13778

ACCES-VR Vocational Rehabilitation
ACCES-VR Adult Career and Counseling Education Services
- Southern Tier
44 Hawley St 7th Fl
Binghamton, NY 13901-4470

6678 County Rd 32
Norwich, NY 13815-3554

Career and Technical Education - DCMO BOCES
BOCES Delaware Chenango Madison Otsego
6678 County Rd 32
Norwich, NY 13815-3554

Degree Programs - SUNY BCC
SUNY Broome Community College
907 Upper Front St
Binghamton, NY 13905

GED Preparation - Adult and Continuing Education
Afton Central School District
29 Academy St
Afton, NY 13730

GED Preparation - DCMO BOCES
BOCES Delaware Chenango Madison Otsego
6678 County Rd 32
Norwich, NY 13815-3554

School of Practical Nursing - DCMO BOCES
BOCES Delaware Chenango Madison Otsego
6678 County Rd 32
Norwich, NY 13815-3554

Resources to Address Child Care & Early Education Needs

Pre-School - DCMO BOCES - Chenango Campus
BOCES Delaware Chenango Madison Otsego
6678 County Rd 32
Norwich, NY 13815-3554

Child and Family Development - Chenango
Opportunities for Chenango
44 W Main St
Norwich, NY 13815-0470

Child Care Program - Fun Club - YMCA Norwich
Young Men's Christian Association - Norwich
68-70 N Broad St
Norwich, NY 13815-1398

Child Care Program - Nursery School - YMCA Norwich
Young Men's Christian Association - Norwich
68-70 N Broad St
Norwich, NY 13815-1398

Child Care Resource and Referral (CCRR) - Chenango - (FEN)

Family Enrichment Network
21 S Broad St
Norwich, NY 13815-1619

Holy Family School Extended Care - Norwich
Holy Family School (PreK-6th)
17 Prospect St
Norwich, NY 13815-1299

Child Care - Chenango DSS
Chenango County Social Services Department
5 Court St
Norwich, NY 13815

School-Age Programs for Children (5-12 yrs) - Norwich
Christian Neighborhood Center of Norwich
22 E Main St
Norwich, NY 13815

Resources to Address Housing Needs

Housing Repair and Rehabilitation Services
Opportunities for Chenango
44 W. Main St
Norwich, 13815

HUD/Section 8 Housing - Chenango
Opportunities for Chenango
44 W. Main St
Norwich, NY 13815-2038

Chenango Valley Home - Norwich
Chenango Valley Home and Apartments
24 Canasawacta St
Norwich, NY 13815-1623

Chenango House & Apartments - Chenango
Catholic Charities, Chenango County
49 Fair St
Norwich, NY 13815

Chenango Valley Apartments - Norwich
Chenango Valley Home and Apartments
61 Fair St
Norwich, NY 13815-1392

Homeownership and Housing Services Center - Chenango
Opportunities for Chenango
44 W Main St
Norwich, NY 13815

Housing - NHA
Norwich Housing Authority
13 Brown St
Norwich, NY 13815-1823

Low-Income Elderly/Disabled/Handicapped Housing - CHIP
Chenango Housing Improvement Program
27 W Main St
Norwich, NY 13815-1491

Low-Income Intergenerational Housing - CHIP
Chenango Housing Improvement Program
27 W Main St
Norwich, NY 13815-1491

Norwich Senior Housing
Norwich Senior Housing
17 W. Main St
Norwich, NY 13815

Rural Housing Rehabilitation Project - Chenango
Chenango County Planning and Development
44 W Main St
Opportunities for Chenango
44 W. Main St.
Norwich, NY 13815

Supported Housing - Chenango
Catholic Charities, Chenango County
3 O'Hara Dr
Norwich, NY 13815-2000

Supportive Apartments - Chenango NYSARC (previously
ARC)
Achieve of Chenango County
17 Midland Dr
Norwich, NY 13815-1999

Subsidized Housing - Sherburne
Sherburne Meadows Apartments
33 Classic St
Sherburne, NY 13460-0804

Habitat for Humanity - Chenango County
Habitat for Humanity
PO Box 68
Mt Upton, NY 13809-0068

The Impact Project - Greene
The Impact Project
4 Clinton St
Greene, NY 13778-1006

Norma Gardens - CHIP
Chenango Housing Improvement Program
33 Golden Ln
Harpersville, NY 13787

Identification of Issues and Recommendations

Findings Concerning the Causes and Conditions of Poverty

Observed and perceived conditions revealed in the data collected for this research were organized into a matrix (*Appendix I*). Where concerning conditions appear as both observed and perceived needs, the issue is highlighted for response. Accordingly, this report presents the following findings and recommendations. *NOTE: Where applicable, figures have been changed to reflect updated data presented in this year's report.*

Finding 1: High cost of living and low wages combine to create a high cost-income ratio that positions families in the circumstance of poverty.

While the unemployment rate is only slightly lower in Chenango County than in New York State as a whole, the rate of poverty is higher, and in particular among married couple families, single parent families and children. Data presented in this report show that people earning the median renter income (\$10.90 per hour) consume upwards of 40 percent of their earnings just to pay for housing (a cost-income ratio of 0.39). In addition, those earning average weekly wages need to use 17 percent of earnings to pay for child care (a cost-income ratio of 0.17). The equation is grossly out of balance because these combined costs, to be affordable, should represent no more than 30 percent and 10 percent of household income, respectively. **If costs are unaffordable for those earning average incomes, it follows that people earning below-average incomes face an even higher, more oppressive cost burden that traps them in the circumstance of poverty.**

These data substantiate the sentiment frequently expressed by OFC focus group participants that the cost of living is too high to be affordable at their income level. These participants single out housing and child care when referencing the high cost of living.

One consequence of this high cost-income ratio is that families with children have little choice but for one of the parents (or the only parent) to opt out of the workforce and care for the children, thus limiting the family's earning capacity and perpetuating the circumstance of poverty.

Finding 2: Conditions of poverty include ongoing efforts to gain and preserve access to the mix of earned income, charity, credit, benefits and services needed for survival.

If poverty can be understood as possessing a scarcity of resources to meet one's needs, then one of its defining conditions is an ongoing hunt for resources. When earned income is not enough for survival, people seek the aid of charitable friends and family, credit, social safety net benefits, and services that lower their expenses, provide additional resources or increase their earning potential. Navigating this resource acquisition system is an ongoing survival effort that consumes mental, physical and emotional energy. Focus group participants describe turning to family and friends for cash when they lack it, and they mention using credit as a last resort, sometimes with lasting consequences. They describe their reliance on SNAP, WIC, HCV and HEAP to meet basic needs. They continually search for savings, bargains and free offerings to reduce their cost burden, and they are eager to share their finds with people in similar circumstances.

A complicating factor in this hunt for resources is the outside effect that a small increase in earned income can have on the calculus that governs eligibility for sources of aid. Low-income focus group participants decry this factor as a major risk and barrier to their attainment of financial stability. Incomes

don't rise in increments of sufficient size to change one's ability to be financially self-reliant, yet these small income increases have the power to push one over the threshold of eligibility for aid.

What's more, the mind-share, time and energy occupied by a **daily quest for resources inhibits the capacity to envision, plan for and work toward a position of financial self-reliance.**

Finding 3: Not enough people in the service area are benefitting from high quality early childhood education programs, K-12 schooling and post-secondary education.

In the general population and among OFC Head Start participating families, Chenango County residents have lower levels of educational attainment than their fellow New Yorkers. For the most part, Chenango County school students underperform statewide average proficiency rates on state English Language Arts and Math exams. Broad disparities in academic outcomes exist between students with economic disadvantage and those without disadvantage. In addition, high rates of chronic absenteeism have been identified in the districts served by OFC Head Start, which negatively impacts student learning. Some children under the age of five who are eligible for Early Head Start and Head Start cannot access the programs. Universal Prekindergarten serves a fraction of the four-year-olds in the county and regulated child care is insufficient to meet the need for child care among children under age five. Meanwhile, families seem to be using legally exempt child care of unknown quality.

Low access to high quality early care and education – delivered in regulated child care, Early Head Start, Head Start and Universal Prekindergarten – inhibits present and future workforce potential. High quality early care and education programs serve the dual purpose of supporting parent workforce participation and establishing school readiness among young children experiencing these programs. Since parents are more reliable, productive employees when their children are cared for in a high-quality setting, broadened access to high quality care has the potential to benefit the entire community by stabilizing **today's workforce**. Since school readiness is a predictor of third-grade academic proficiency, high school graduation and college/workforce readiness, broadened access to high quality early childhood education has the potential to benefit the entire community by producing a **future workforce** capable of meeting employer needs.

Even with college degrees, **some focus group participants were not experiencing the expected benefits of a college education.** One was searching for an opportunity to build experience required for jobs in her field. Another was earning what she viewed as a high income, but due to a large household size, this income was still insufficient. Statistics demonstrate that income rises with levels of education, but experiences like this can give the appearance that a college education is a risky investment.

Finding 4: Chenango County residents, including OFC program participants, experience poor outcomes in health and well-being compared with peer groups and could benefit from participation in OFC programs.

Death, cancer, and obesity disproportionately affect Chenango County residents. Disability disproportionately affects children in Head Start/ Early Head Start. Drug problems are on the rise and perceived as a big problem. Chenango county children and Head Start children experience foster care at higher rates than their peers. At the same time, access to healthcare is low with fewer practitioners in primary, dental and specialty care as well as therapies for the mentally ill and disabled. In addition, Head Start and Early Head Start children accessed dental care at lower rates than three years ago.

While these topics (with the exception of dental care) did not specifically come up as high needs on stakeholder surveys and in focus groups, the combination of unfavorable indicators of the health and well-being of Chenango County residents should be noted and monitored. At the same time, research participants did specify that their use of formal services is instrumental in addressing the general conditions of poverty, and indicated that more should be done to make the public aware of the community resources available to help. In fact, focus group participants expressed a desire to help one another navigate systems of help and share informal tactics for saving and managing money.

ADDED IN 2018 UPDATE, Finding 5: Addiction, mental illness and family problems affect the community at large and the personal lives of OFC participants.

Community data show that drug overdose rates are higher in Chenango County than in the Southern Tier and in New York State as a whole. Focus group participants express grave concern about the widespread nature of, *“the drug problem,”* and relate examples of its effect on people close to them. *“Addiction / substance abuse”* was ranked the number one condition affecting people the most by both customer and community stakeholders responding to a survey.

Non-customers groups ranked *“social / family problems”* as the second condition impacting families the most and customers ranked it third. Children in Head Start experience foster care at much higher rates than their peers in the general population, and parenting education is used by a majority of Head Start and Early Head Start parents.

“Mental illness” ranked third among community stakeholders and fourth among customers. People in focus groups describe, without prompting, a host of struggles with trauma, mental illness and family problems. More than one in five customer and more than one in three community survey respondents gave the community a failing grade on, *“mental health service options.”* Mental health referrals outside the program for Head Start children is steadily rising. At the same time, the community has unfavorable rates of access to mental health professionals compared with the rest of the state.

Focus group participants do have hope for the future of the community, and they identify social connections, personal resilience and community supports as strengths to draw on when challenges arise.

Recommendations

While it is beyond the scope of a single agency to solve causes and conditions of poverty over which it has no control, there are some steps that OFC can take at the program level and at the community level to advance Community Action's goals for families, the agency and the community.

Community- and Agency-level Responses

- Align agency performance targets for affordable housing with Commerce Chenango Strategic Plan objectives.
- Explore the potential benefit of UPK/Head Start partnerships with local school districts to optimize the capacity of both programs to serve young children and families in the service area.
- **NEW IN 2019:** Continue partnering with school districts and BOCES on the school readiness initiative, with an emphasis on improving student attendance rates.
- Work with other service providers to identify ways to optimize subsidy dollars so that more families access higher quality child care and early education programming.
- Partner with BOCES and CDO Workforce Investment Board to extend career exploration and preparation opportunities to OFC program participants and their families.
 - Provide career exploration events / programs at low-income housing sites.
 - Encourage parents of young children to explore at-home income-earning opportunities.
 - **NEW IN 2019:** Advocate with employers for a "second chance," or similar initiative to increase employment among people with a criminal background.
- Advocate with the county and state to use the highest allowable asset and income thresholds and longest allowable recertification periods for public benefits.
- **NEW IN 2018:** Explore trauma-informed service learning as an agency standard.

Program- or Family-level Responses

- Expand Early Head Start, home-based or center-based as able.
- Partner with BOCES to facilitate access to discount auto repair service for OFC program participants.
- Encourage broader use of adult education and health education family services offered in HS/EHS.
- **NEW IN 2019:** Educate families on facts related to school attendance, and promote proper attendance habits among Head Start / Early Head Start children and families.
- Offer a forum for program participants to meet, network and support one another.
 - A curriculum such as *Parent Leadership Initiative* builds capabilities for leadership and project planning, including a project capstone experience. Given the enthusiasm of OFC program participants to develop a mutual support network, there might be interest in attending such a program. Another model known as *Parents Anonymous* is an informal support group with some leadership development opportunity with no formal curriculum delivered.

- Participants have a wide variety of expertise to share with one another. A forum such as this could be loosely structured while encouraging a different person to lead a learning or craft activity each meeting.
- If a space is available, perhaps it could include resources such as WiFi, computer, craft supplies, shelving, white board, etc.
- Provide additional workshops related to nutrition such as making homemade baby food, canning, etc.
- Hold landlords accountable for meeting safety and health standards in properties where Housing Choice Vouchers are used.
 - Provide TA and/or financial support for bed-bug mitigation if needed.
- Continue to establish affordable housing options including development of permanent supportive housing units owned and operated by OFC.
- Assist participants of any one OFC program to enroll in other OFC programs for which they may be eligible.
 - Establish a, “no wrong-door” intake process supported by a client data system that determines the individual’s potential eligibility for all OFC programs after basic eligibility information is entered.
 - Encourage WIC-eligible Early Head Start and Head Start participants to enroll in WIC.
 - Use WIC clinics as an opportunity to promote other OFC programs such as rental assistance, financial / housing education, weatherization and home repairs.
- UPDATED IN 2018: Identify and implement strategies to improve customer satisfaction rates where data from the customer satisfaction survey imply it could help.
- NEW IN 2018: Expand parenting education to participants in all OFC programs.

Appendices

Appendix I: Matrix of Perceived and Observed Needs with Priority Areas Highlighted

EDUCATION				
Condition / Outcome Area	Observed in General Population	Observed in Head Start Population	Perceived Need Among OFC & OFC Head Start Participants	Perceived Need Among Non-client OFC stakeholders
Educational Attainment	<ul style="list-style-type: none"> • Lower than state bachelors or higher (10.3% vs. 19.9%) • Higher than state high school only (38.9% vs. 26.3%) • Chronic absenteeism high, especially among economically disadvantaged students and students with disabilities 	<ul style="list-style-type: none"> • HS only, higher than gen. pop < High School (16.1% HS and vs. 12.2%) • Lower than gen. pop ≥ Bachelors (2.9% HS and 3.4% EHS vs. 10.3%) • 	<ul style="list-style-type: none"> • 24% HS survey respondents say biggest concern is quality of education • 32 Families report difficulty in one or more skills (reading, writing, math) • FG comments suggesting child care subsidy cover time going to school 	
Early Childhood Care & Education	<ul style="list-style-type: none"> • Insufficient supply of regulated child care • Child care is unaffordable • An estimated 16.5% of people eligible for child care subsidy in the county receive it 	<ul style="list-style-type: none"> • 31% of families have all parents employed and need child care 	<ul style="list-style-type: none"> • Child care cited as a burdensome cost and barrier to employment in focus groups 32.8% of survey respondents gave "Child care options" a failing grade of D-F 	<ul style="list-style-type: none"> • 64.3% of survey respondents gave child care options a failing grade of D-F

HEALTH				
Condition / Outcome Area	Observed in General Population	Observed in Head Start Population	Perceived Need Among OFC & OFC Head Start Participants	Perceived Need Among Non-client OFC stakeholders
Substance Abuse	<ul style="list-style-type: none"> Higher rates than region and state for admissions to chemical treatment programs 	<ul style="list-style-type: none"> 15.5% of EHS families used substance abuse prevention service 	<ul style="list-style-type: none"> Rated number one condition affecting people the most 47% of CSBG customers gave the community a failing grade of D-F on substance abuse prevention Focus group participants called addiction a very big problem and describe many examples of its effects on families and communities Among HS survey respondents, 17% have family members receiving substance abuse treatment; 18% have family members who need or want substance abuse treatment, but are not currently getting it 	<ul style="list-style-type: none"> Rated number one condition affecting people the most 72.4% of community stakeholders gave the community a failing grade of D-F on substance abuse prevention
Healthcare Access	<ul style="list-style-type: none"> Physicians and PAs per 1,000 population a lot lower than state (1.21 vs. 4.51) Lower access to dentists and mental health professionals, too. 	<ul style="list-style-type: none"> Declining rate of HS enrollees with a dental home and declining rate getting preventive care 	<ul style="list-style-type: none"> Focus group participants relate having to drive distances for dental services 	<ul style="list-style-type: none"> 75.9% give “dental health service options,” a failing grade of D-F 62.1% give “specialist health service” a failing grade of D-F

<p>Disabilities</p>	<ul style="list-style-type: none"> • Rates of adult and child disability worse than state & regional rates • Rising rates of disability among children <5 and overall population • SSI income received in 8.8% of households in the county • Low access to special health professionals (0.78 per 1,000 vs. state rate of 1.43 per 1,000 population) 	<ul style="list-style-type: none"> • 15.5% HS and 12.1% EHS receive SSI, compared with 8.8% of households in the general population • 23% EHS have IFSP and 15.3% of HS have IEP, compared with school districts' in the service area rate of 16% 	<ul style="list-style-type: none"> • Some focus group members describe difficulties getting services for children with special needs • SSI cited as a source of money in about 21 % of survey responses 	
<p>Maternal/Child Health</p>	<ul style="list-style-type: none"> • Higher rates of births to unwed mothers, infant mortality, and maternal mortality • Higher incidence of elevated blood lead levels • Lower rates of accessing preventive care 			
<p>General Health</p>	<ul style="list-style-type: none"> • Higher and worsening mortality rate and years of potential life lost than state & regional • Incidence & Mortality rates of several cancers and cardiovascular disease indicators worse than state and regional rates, or worsening over time. 	<ul style="list-style-type: none"> • Asthma, vision problems and hearing difficulties are most frequently diagnosed conditions in HS & EHS • Health Education a popular family service 	<ul style="list-style-type: none"> • Survey respondents report 26% of adults and 16% of children in the homes have respiratory problems • Health one of the biggest concerns on family survey (27% of responses) • Cancer second condition affecting people most 	

NUTRITION				
Condition / Outcome Area	Observed in General Population	Observed in Head Start Population	Perceived Need Among OFC & OFC Head Start Participants	Perceived Need Among Non-client OFC stakeholders
Overweight & Obesity	<ul style="list-style-type: none"> >72% adults overweight or obese About 36% of elementary students overweight or obese, worse than regional rate 	<ul style="list-style-type: none"> 37.5 percent of HS children overweight or obese (compared with 36.2% of elementary students). 23% of HS children are obese compared with 17.2 percent of children in WIC 		<ul style="list-style-type: none"> “Overweight / Obesity” ranked 4th condition affecting people the most
Food Security	<ul style="list-style-type: none"> Higher than state rate of child food insecurity 33.4% of family households with children <18 receive SNAP 	<ul style="list-style-type: none"> Food insecurity affects high concentrations of Head Start, Early Head Start and Chenango County families with children, and they are accessing services at low rates. 	<ul style="list-style-type: none"> High cost of all basic needs, including food, cited in family survey as a big concern “Cost of living” given a failing grade of D-F by 44.1% of survey respondents 	<ul style="list-style-type: none"> “Cost of living” given a failing grade of D-F by 44.8% of survey respondents

SOCIAL SERVICES				
Condition / Outcome Area	Observed in General Population	Observed in Head Start Population	Perceived Need Among OFC & OFC Head Start Participants	Perceived Need Among Non-client OFC stakeholders
Housing	<ul style="list-style-type: none"> Approaching half of units built before 1960 18-24 month HCV waiting list Rising student homelessness 	<ul style="list-style-type: none"> 8% of HS and 4.1% of EHS children experienced homelessness (compared with 1.2% of student body in Chenango County public schools.) 	<ul style="list-style-type: none"> Cost and quality of housing are repeat topics in focus groups “Bugs” discussed in focus groups > half of respondents have moved at least once in the past two years; 12% 3 or more times 23% of survey respondents say their housing conditions are fair or poor 23% of survey respondents say they would participate in the MHRP or the FTHB program 	<ul style="list-style-type: none"> 72.4% of survey respondents give the community a failing grade on “housing options”
Transportation	<ul style="list-style-type: none"> County plan notes a lack of public transportation 		<ul style="list-style-type: none"> Survey and focus group respondents discuss transportation barriers to accessing services 	<ul style="list-style-type: none"> 82.8% of community survey respondents gave transportation systems a failing grade of D-F (highest percentage of F grades.)
Family / emotional well-being / parenting	<ul style="list-style-type: none"> Much higher than state rate of children in indicated reports of abuse / maltreatment (41.6/1,000 vs. 17.1/1,000) Higher than state rate of grandparents responsible for grandchildren Growing reports of domestic violence 	<ul style="list-style-type: none"> Much higher than general population children in foster care Parenting Education is a popular family service Grandparents are parent figure in 6.6% of HS/ EHS families 	<ul style="list-style-type: none"> Focus group participants reference challenges with family issues, trauma, mental illness, disconnection More than one in 4 HS parent survey respondents selected “family issues / relationships / custody” as a big concern CSBG Survey respondents ranked “social / family problems” as the third highest ranked condition affecting people the most “Mental Illness” was the 4th condition affecting people the most 	<ul style="list-style-type: none"> Community survey respondents ranked “social / family problems” as the second highest ranked condition affecting people the most “Mental Illness” ranked 3rd condition affecting people the most

INCOME AND POVERTY				
Condition / Outcome Area	Observed in General Population	Observed in Head Start Population	Perceived Need Among OFC & OFC Head Start Participants	Perceived Need Among Non-client OFC stakeholders
Income / Poverty	<ul style="list-style-type: none"> Concentration of poverty among single male headed families higher than state (15.3% vs. 9.9%) Poverty rate among children under age five higher than state (26.3% vs. 22.6%) Lower per capita, median and per earner income than state and national Fewer people receiving TANF High concentrations (5-7%) of SSI Income throughout the county Average weekly income \$878; people earning below this average may not be earning a living wage 	<ul style="list-style-type: none"> >83% of HS and nearly 85% of EHS qualify at 100% FPL or because they receive TANF 	<ul style="list-style-type: none"> “Cost of living” given a failing grade of D-F by 44.1% of survey respondents; 28.4% give “wages” a D-F Perspectives on the high cost of child care offered in the focus groups Having money for emergencies and retirement among most frequently selected “biggest concern about family’s future” on HS survey, representing 34% of responses Participants identify money challenges in open-ended survey responses 	<ul style="list-style-type: none"> 55.2% of survey respondents give the community a failing grade of D-F on “wages”
Employment	<ul style="list-style-type: none"> Declining population Higher than state/national concentration of Veterans Unemployment on par with state and national in 2019 	<ul style="list-style-type: none"> 55.7% of families have at least one parent employed. 12-15.5% receive TANF or SSI 	<ul style="list-style-type: none"> State of economy selected by 26% of Head Start survey respondents 21% of Head Start survey respondents report SSI as income source 24% of Head Start survey respondents report part-time employment as an income source; and 59% of report full-time employment 30.9% of survey respondents give “job opportunities” a failing grade of D-F 	<ul style="list-style-type: none"> 37.9% of survey respondents give “job opportunities” a failing grade of D-F

Appendix II: Head Start Parent Survey

Appendix III: OFC Client Satisfaction Survey Data Summary

Opportunities for Chenango 2019 Customer Satisfaction Survey Data Summary

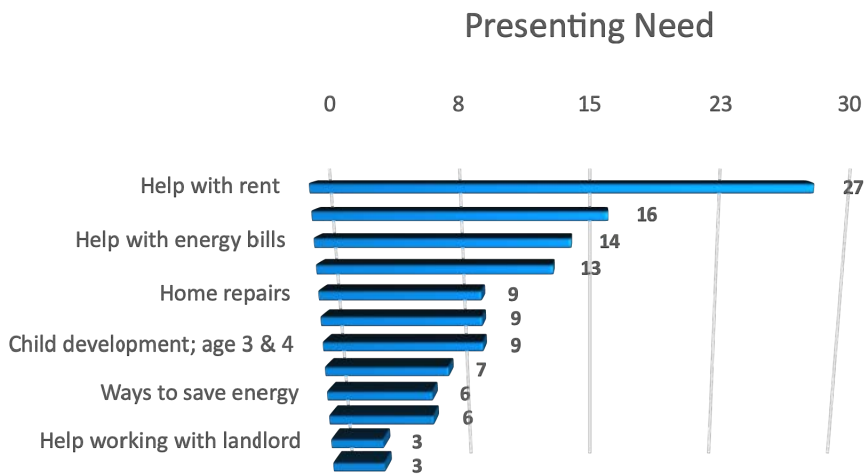
September 1, 2019

Responses

There were 72 responses to the survey out of XXX surveys mailed to clients for a response rate of XX%.

Presenting Need

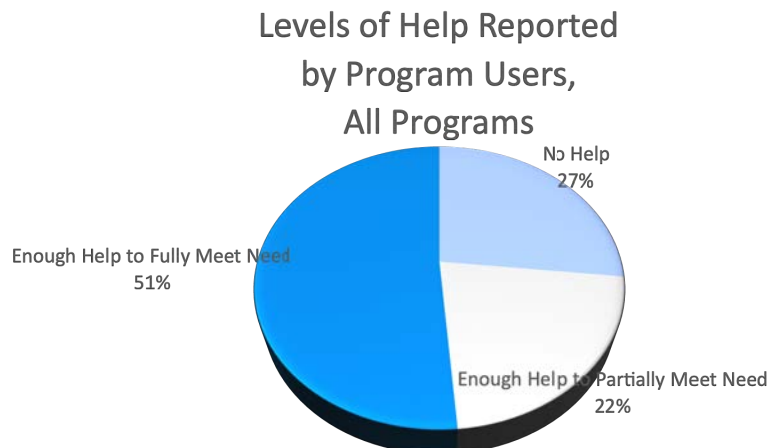
Respondents selected from fixed-choice responses the need that first brought them to OFC seeking services. The following chart shows the frequency of the responses selected:



Help Received

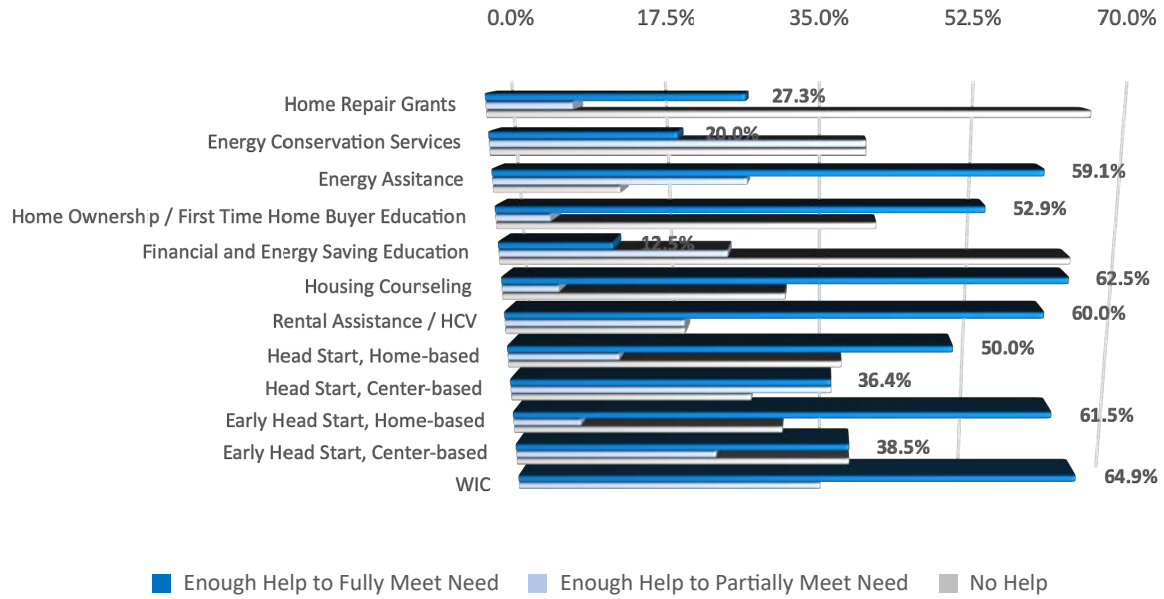
Level of Help Received

For each program used, respondents selected the extent to which their need was met. Among all respondents who used programs, the following **levels of help** were reported.



The following chart shows the **levels of help** reported by program users of individual programs.

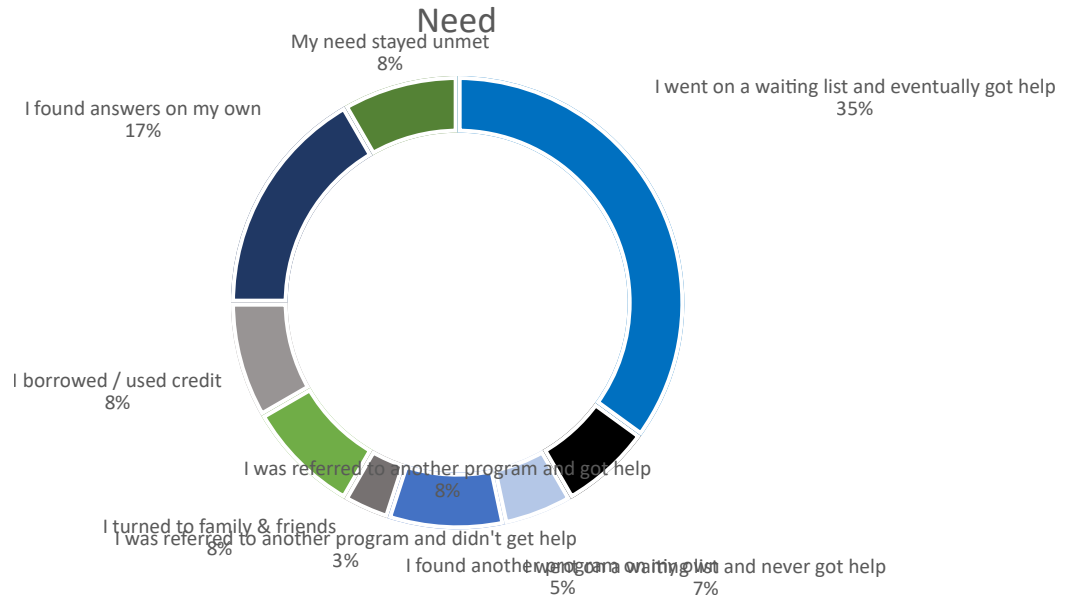
Levels of Help Reported by Program Users,
Individual Programs



Actions Taken When Needs Were Not Fully Met

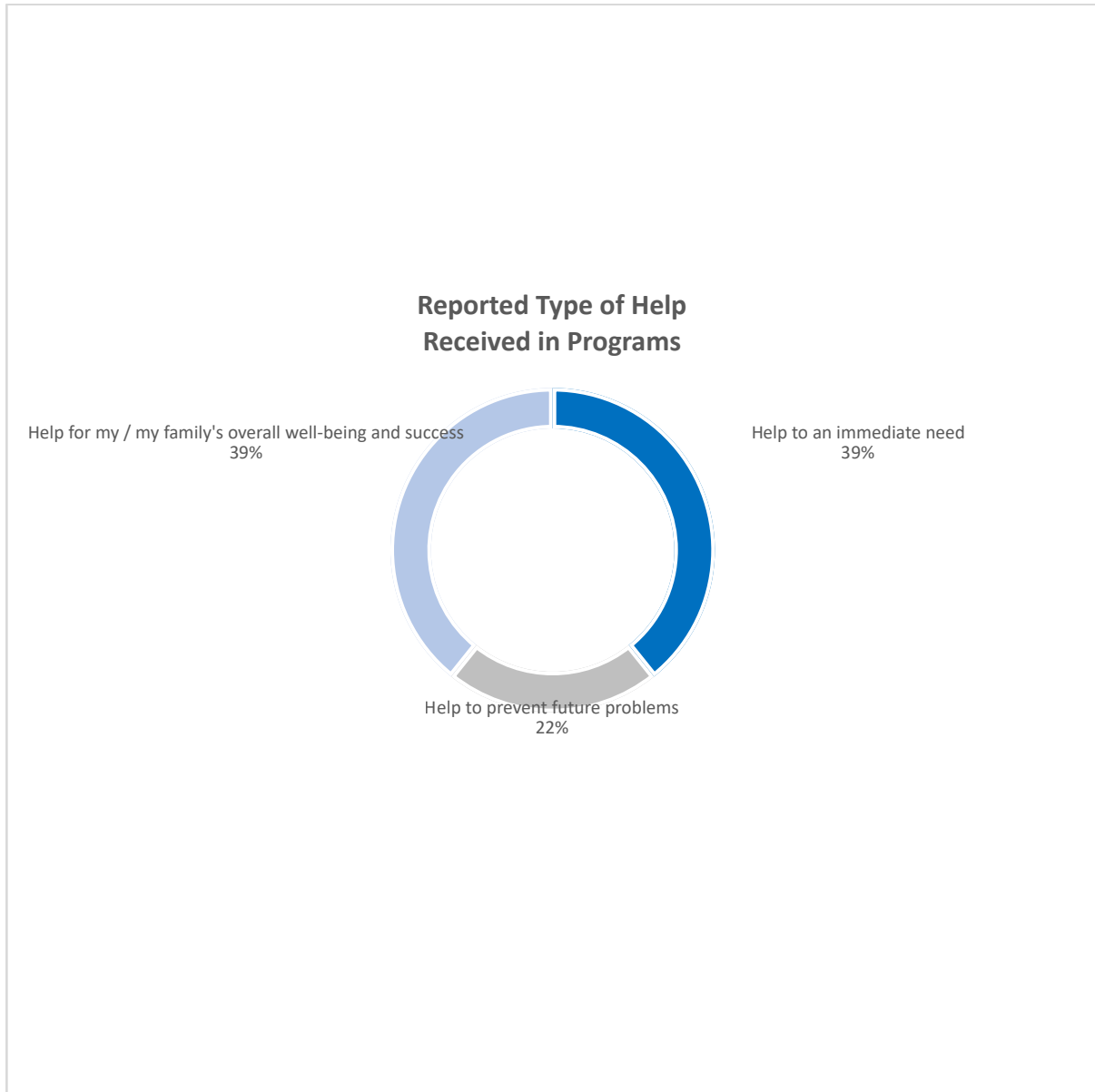
Survey respondents were asked to select as many that apply from a set of fixed choice responses about **what happened when OFC programs did not fully meet their need**. Sixty selections were made; the following chart shows the distribution of responses.

Consequences of Unmet



Type of Help Received

The survey asked respondents to select the type of help received in any programs used. The following chart shows the frequency and distribution of selected responses.



Customer Satisfaction

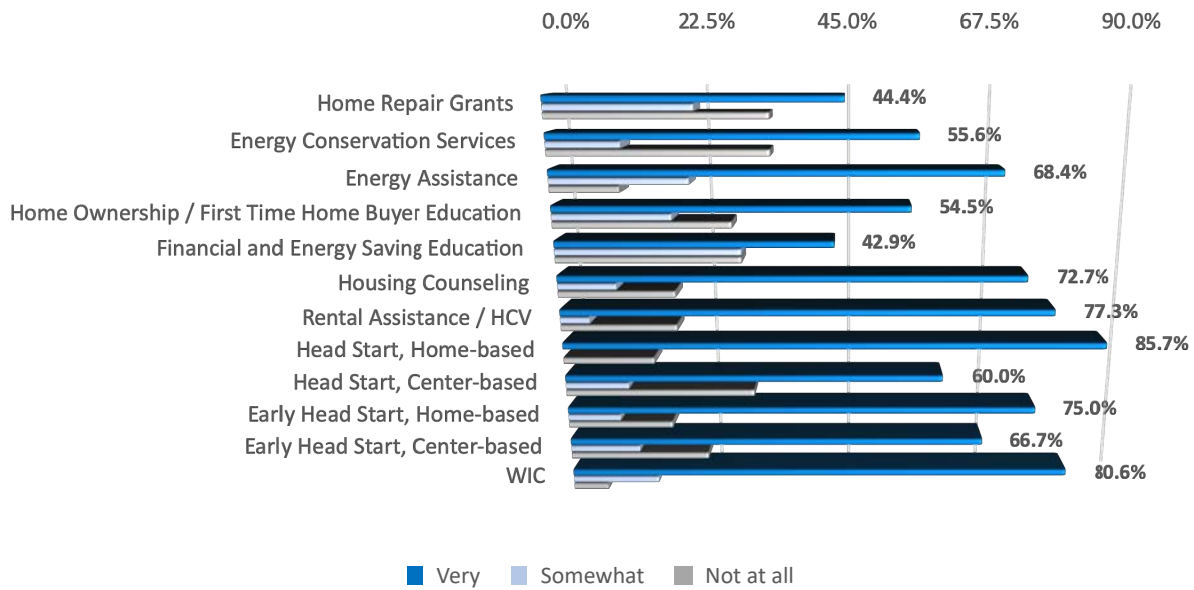
Survey respondents were asked about their experience with OFC programs. NOTE: individual program charts reflect the distribution of only the responses selected by people who used that program.

Satisfaction with Quality of Service

Pertaining to their **level of satisfaction with the quality of service**, the following charts depict the distribution of responses across all programs, and by individual program.



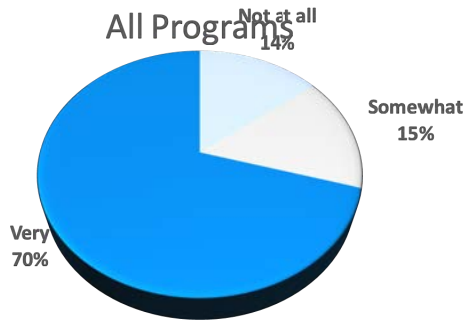
Reported Satisfaction with Quality: Individual Programs



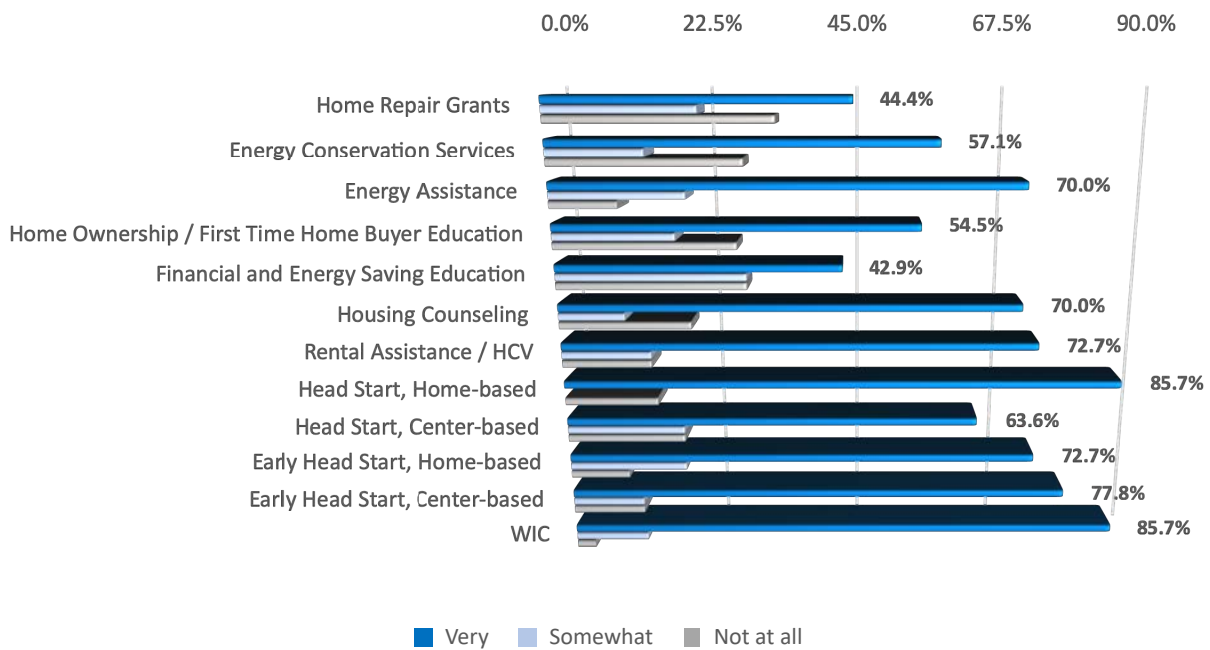
Satisfaction with How They “Were Treated”

Pertaining to their **level of satisfaction with, “how you were treated,”** the following charts depict the distribution of responses across all programs, and by individual program.

Reported Satisfaction with How Treated: All Programs



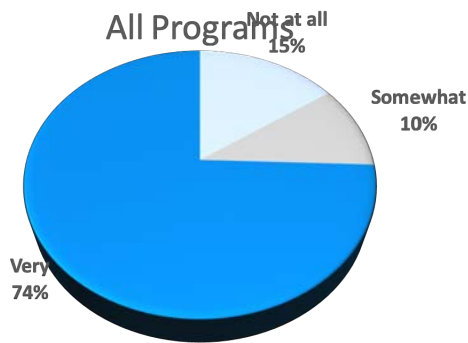
Reported Satisfaction How Treated: Individual Programs



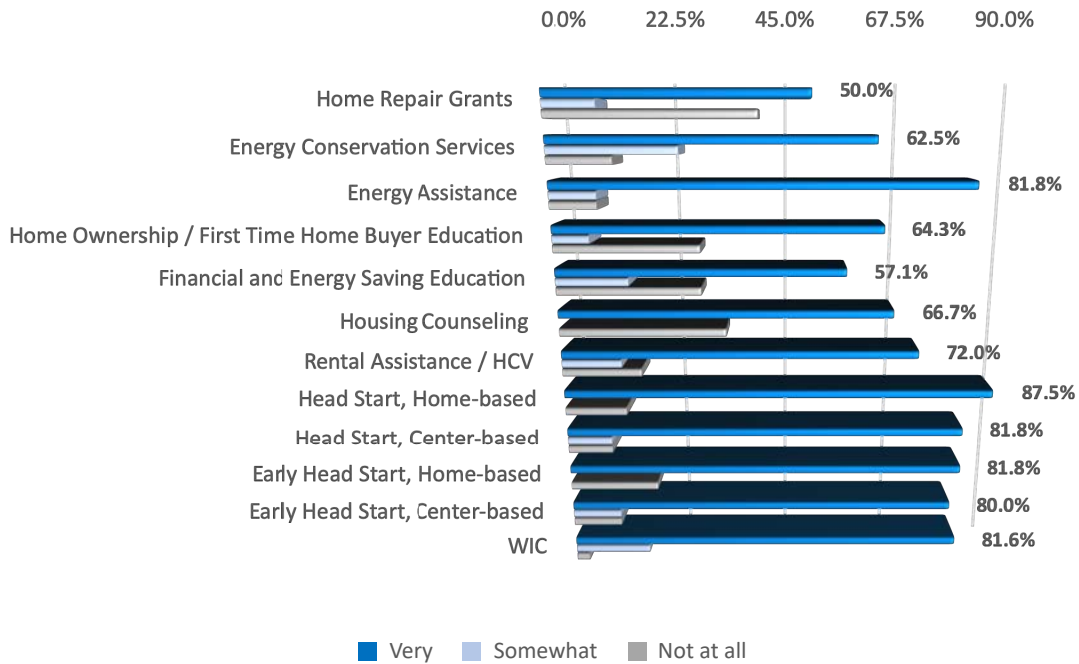
Satisfaction with Ease of Working with Program

Pertaining to their **level of satisfaction with, "ease of working with program,"** the following charts depict the distribution of responses across all programs, and by individual program.

Reported Satisfaction Ease of Working With:

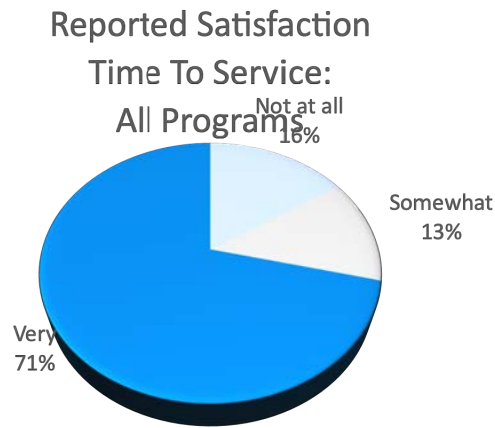


Reported Satisfaction Ease of Working With: Individual Programs

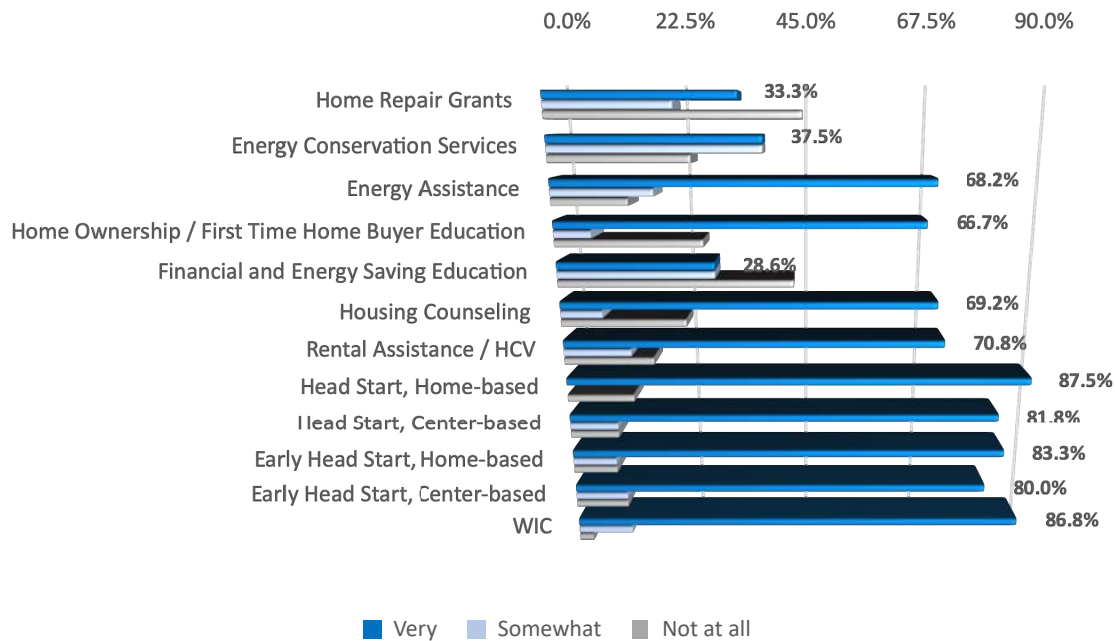


Satisfaction with Time it Took to Get Service

Pertaining to their **level of satisfaction with the time it took to get service**, the following charts depict the distribution of responses across all programs, and by individual program.

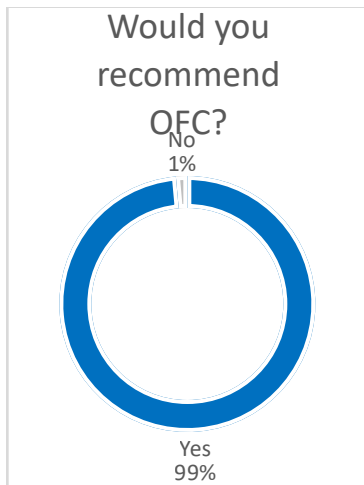


Reported Satisfaction Time To Service: Individual Programs



Agency Recommendation

The survey asked if respondents would recommend OFC to others. The following chart depicts the distribution of responses.



Ways OFC Could Improve

Respondents were asked an open-ended question about how OFC could improve its services. Many respondents used this space to express their satisfaction or praise for programs. Others suggested improvements to broaden programs and services, or make it more convenient to work with the agency. Several respondents described possible improvements to program quality or service access. A couple of people described property management needs.

A sample of satisfaction and praise comments appears below:

- *"I couldn't have been more satisfied with OFC representatives."*
- *"In my personal opinion the program is already wonderful."*
- *"For my needs, OFC has been perfect. I am totally satisfied."*
- *"Nothing! Doing great job on helping everyone!"*
- *"I've had great experience. Nothing needs to change."*

A sample of service improvement suggestions appears below:

- *"Can OFC work with tenants HUD landlords to find funding for maintenance on rental buildings?"*
- *"Waiting list is too long for rental assistance. Too many months go by before eligibility is determined."*
- *"More flexibility in hours of operation."*
- *"Dental, vision, programs"*
- *"The small towns are limited with stores. Please ask if the WIC program can add Dollar General to their accepting stores, as they seem to have a store in every town. Thank you."*
- *"Trying to help families quicker."*
-

Appendix IV: OFC Community Need Survey

Rate how our community is doing in the following areas.

	Succeeding (A)	Doing OK (B-C)	Failing (D-F)
Job opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education and/or job training opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary / general healthcare options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health service options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental health service options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist health service options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment options for children with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health / Emotional Well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of violent crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of non-violent crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of child abuse / maltreatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation and fitness opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community health and safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human service systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which conditions are impacting individuals and families the most? Put an "X" in the box next to the **THREE** conditions you think affect families the most.

Condition	"X"
Addiction / Substance Abuse	
Autism / spectrum disorders	
Asthma / breathing conditions	
ADD / ADHD	
Cancer	
Dental hygiene or health conditions	
Diabetes	
Disabilities (Developmental)	
Disabilities (Physical)	
Heart Disease	
Mental illness	
Overweight / Obesity	
Social / family problems	
Other:	
Other:	

What is the biggest challenge you have faced in the past year?

What strengths did you draw on to overcome it?

Appendix IV: Outside Organizations Receiving Surveys by Sector