



Community Foundation for South Central New York Needs Assessment Chenango County

A report summarizing the primary needs and gaps in service
in Chenango County including recommendations for funding priorities.

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DEMOGRAPHICS

Funding Recommendation:

Programming supporting the nutritional and health needs of children in poverty

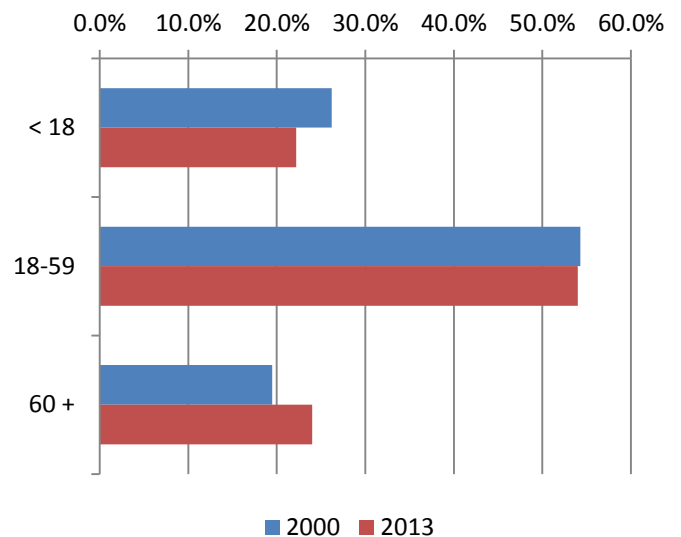
Population Shift

The population in Chenango County has been decreasing by small, but steady amounts over the past several years. Between 2000 and 2013, the total population decreased by 1,280 people (Table 1). In addition to an overall loss in population, the age demographics of Chenango County have shifted significantly with a reduction in the number of children under age 18 and an increase in the number of people age 60 and over (Figure 1).

Table 1 Population Change by Township¹

Township	2000	2013	Percent Change
Chenango County	51,401	50,121	-2.5%
Afton	2,977	2,846	-4.4%
Bainbridge	3,401	3,304	-2.9%
Columbus	931	984	5.7%
Coventry	1,589	1,600	.7%
German	378	320	-15.3%
Greene	5,729	5,548	-3.2%
Guilford	3,046	2,905	-4.6%
Lincklaen	416	403	-3.1%
McDonough	870	772	-11.3%
New Berlin	2,803	2,648	-5.5%
North Norwich	1,966	1,907	-3.0%
Norwich (city)	7,355	7,135	-3.0%
Norwich (town)	3,836	3,946	2.9%
Otselic	1,001	922	-7.9%
Oxford	3,992	3,889	-2.6%
Pharsalia	342	574	67.8%
Pitcher	848	560	-34.0%
Plymouth	2,049	1,977	-3.5%
Preston	928	992	6.9%
Sherburne	3,979	4,034	1.4%
Smithville	1,347	1,700	26.2%
Smyrna	1,418	1,155	-18.5%

Figure 1 Demographic Change 2000 to 2013²



¹ Decennial Census 2000 (DP-1) & ACS 5-year estimates, 2013 (S0101)

² Decennial Census 2000 (DP-1) & ACS 5-year estimates, 2013 (S0101)

Poverty

The percent of the population with incomes below the federal poverty level has increased slightly in Chenango County from 14.4% in 2000 to 15.5% in 2013, but the percent of children in poverty has nearly doubled from 12.3% to 22.1% (Table 2). The highest rates of childhood poverty are found in the city of Norwich, and the townships of Pharsalia, Pitcher, and Smithville. The poverty rate among seniors has stayed relatively stable across time and is substantially lower than the overall poverty rate. Households headed by single mothers are significantly more likely to be poor with 53% of all female headed households with incomes below the federal poverty level (Table 3).

Table 2 Percent below Poverty by Township and Year³

Township	All Individuals		Under 18		65 and older	
	2000	2013	2000	2013	2000	2013
Chenango County	14.4%	15.5%	12.3%	22.1%	8.7%	7.6%
Afton	11.9%	16.5%	10.8%	26.5%	7.3%	5.5%
Bainbridge	10.9%	14.2%	9.8%	24.2%	6.0%	2.0%
Columbus	21.3%	10.1%	19.3%	9.7%	25.5%	12.6%
Coventry	14.9%	16.8%	12.0%	21.0%	10.0%	7.3%
German	21.2%	17.8%	20.6%	25.0%	17.2%	16.7%
Greene	10.8%	8.6%	8.3%	13.8%	6.3%	2.6%
Guilford	12.0%	17.9%	10.7%	29.5%	8.6%	5.0%
Lincklaen	17.0%	16.0%	12.5%	27.8%	8.9%	10.6%
McDonough	9.8%	12.4%	9.3%	11.7%	12.1%	4.8%
New Berlin	16.1%	15.1%	13.4%	24.1%	10.6%	12.5%
North Norwich	16.1%	11.3%	14.2%	10.0%	10.0%	4.3%
Norwich (city)	18.7%	24.4%	15.4%	34.6%	9.2%	10.6%
Norwich (town)	13.1%	15.3%	11.1%	13.7%	13.4%	7.9%
Otselic	16.0%	14.0%	13.1%	16.1%	10.2%	11.3%
Oxford	13.6%	11.4%	12.3%	12.4%	7.1%	14.1%
Pharsalia	22.1%	22.0%	19.4%	39.3%	12.9%	0.0%
Pitcher	17.0%	22.5%	11.7%	37.9%	4.7%	13.0%
Plymouth	14.3%	11.0%	11.8%	12.8%	10.7%	7.2%
Preston	11.5%	15.4%	12.1%	31.2%	9.6%	10.4%
Sherburne	16.4%	11.7%	13.8%	17.8%	23.4%	11.3%
Smithville	9.7%	27.4%	4.5%	39.9%	4.5%	2.7%
Smyrna	17.8%	16.0%	16.4%	21.5%	14.4%	3.7%

Table 3 Poverty Rates by Family Type⁴

Family Type	Incomes Below Poverty	
	N	Percent
Married	791	10.9%
Male HOH/no female	219	21.1%
Female HOH/no male	1,344	53.1%

³ ACS 2013 5-year averages, Table DP03; CENSUS2000, Table QT-P34

⁴ ACS 2013 5-year averages, Table B17006

COMMUNITY HEALTH

Funding Recommendations:

Support and treatment services for mental health and chemical dependencies, particularly for youth and adolescents

Day habilitation, community habilitation, and supported employment for adults with developmental disabilities

Support for wrap-around and preventative services to keep families intact in midst of mental health and chemical dependency issues

Support for programming that ensure early identification of youth/adolescents health issues

Support for access to no/low-cost mental health medications

Support for anti-obesity programming for youth

Access to Care

An important aspect of access to care is the availability of health care providers. The ratio of population to providers in Chenango County places Chenango County in the bottom half of counties in NYS for primary care physicians (40th of 62 counties), dentists (46th) and in the middle for mental health providers (25th). In addition, Chenango County has been designated as a Health Professional Shortage Area for primary care, mental health, and dental health.

Table 4 Ratio of Population to Number of Providers⁵

Provider Type	Chenango County	New York State
Primary Care Physicians	2,081:1	1,210:1
Dentists	2,912:1	1,580:1
Mental Health Providers	611:1	552:1

Designated Health Professional Shortage Areas

- Low Income Primary care
- Mental Health
- Low Income Dental Health

⁵ University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, <http://www.countyhealthrankings.org/>

Table 5 Number of Mental Health Programs by Type⁶

Program Type	Number
Care Coordination	8
General Support	6
Crisis	3
Self-Help	2
Treatment Program	2
Unlicensed Housing	2
Vocational	2
Clinic Treatment	1
Residential Treatment Facility	1

Five organizations provide mental health services in Chenango County through a total of 27 programs. The most frequently available programs are care coordination and general support programs. The county mental health needs assessment suggested that the lack of mental health providers is a problem. The report noted that Chenango County has one psychiatrist for 50,000 residents and does not have

any child or adolescent psychiatrists. Chenango County does have a residential treatment facility providing inpatient treatment for children and adolescents, but inpatient treatment is not available for adults. Chenango County’s mental health department has indicated a need for outpatient and crisis behavioral health services which serve co-occurring disorders and a “no wrong door” approach to screening patients for services.

Chenango County has only one option for treatment services for chemical addiction and dependency in Chenango County. The county provides an outpatient clinic as well as prevention services in Norwich. The county mental health department noted a need for more services for families dealing with opioid addictions, prevention programs focused on youth, and increased residential opportunities.

Three organizations currently provide services to people with developmental disabilities in Chenango County. The mental health department noted a challenge with a lack of medical and behavioral health providers willing to treat people with developmental disabilities.

Table 6 Number of Developmental Disabilities Programs by Type⁷

Program type	Number
Family support services	3
Individual residence alternative	2
Community habilitation	2
Day habilitation	1
Work shop	1
Prevocational	1

⁶ State of New York Open Data, Local Mental Health Programs, <https://data.ny.gov/>

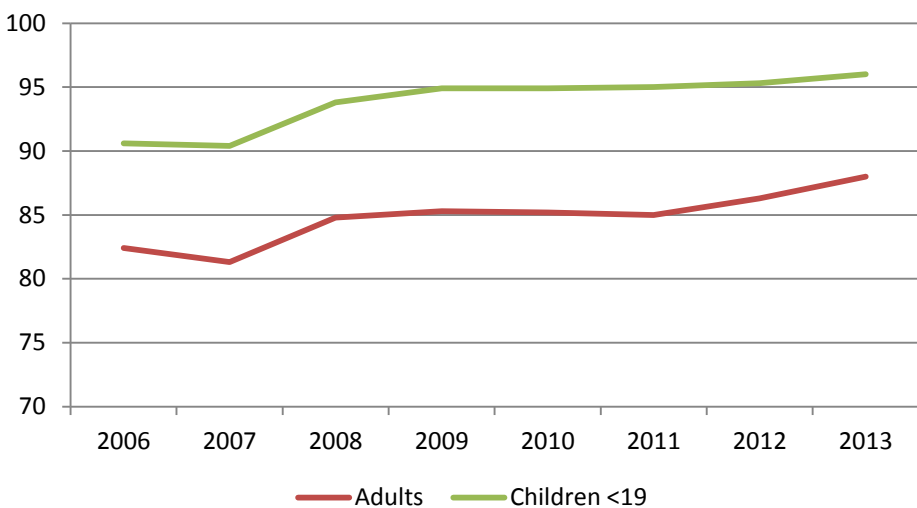
⁷ State of New York Open Data, Directory of Developmental Disabilities Service Provider Agencies, <https://data.ny.gov/>

Chenango County has seen a slight upward trend in the percent of the population with health insurance and has greater percent of residents covered than NYS as a whole, but has yet to meet the Prevention Agenda 2017 goal of 100% coverage. Chenango is trailing NYS in the percent of adults who have seen a dentist and the percent of early stage cancer diagnoses for breast and colorectal cancer. The Chenango County Community Health Assessment (CHA) has identified Increasing access to care and services as a priority. Stakeholders indicated that transportation is a significant barrier for residents trying to access care.

Table 7 Access to Care Indicators⁸

Indicator	Prevention Agenda 2017 Objective	NYS	Chenango County
Percent of adults with health care coverage	100%	84.7%	88.2%
Percent of adults with regular health care providers	90.8%	84.4%	83.4%
Percent of adults who have seen a dentist in the past year	83%	72.5%	60.7%
Early stage cancer diagnosis ⁹			
Breast	80%	64.8%	57.4%
Cervical	65%	42.0%	Cannot be calculated
Colorectal	50%	43.6%	43.5% (M) 37.8% (F)

Figure 2 Percent of Residents with Health Insurance¹⁰



⁸ NYS Dept of Health, County Health Assessment Indicators, <https://www.health.ny.gov/statistics/chac/indicators/index.htm#chai>

⁹ New York State Cancer Registry, <http://www.health.ny.gov/statistics/cancer/registry/table3/tb3county.htm>

¹⁰ NYS Dept of Health, County Health Assessment Indicators, <https://www.health.ny.gov/statistics/chac/indicators/index.htm#chai>

Behavioral Health

Data from the New York State Department of Health (DOH) suggest that Chenango County has a potential areas of concern related to tobacco use. Rates of tobacco use, COPD hospitalization and lung cancer among males exceed both NYS as a whole and the Prevention Agenda objectives. Reducing illness, disability & death related to tobacco use and 2nd hand smoke exposure has been identified as a priority in the CHA.

Table 8 Key Behavioral Health Indicators¹¹

Indicator	Prevention Agenda 2017 Objective	NYS	Chenango County
TOBACCO USE			
Percent cigarette smoking in adults	15%	15.9%	19.2%
Percent of adults with HH income <\$25,00 who are current smokers	-	24.2%	34.1%
COPD hospitalizations among adults (per 10,000)	31.0 (2013)	41.3 (2010)	48.3 (2010)
Lung cancer incidence (per 100,000) – Male	62.0 (2013)	75.8 (2010)	105.0 (2010)
Lung cancer incidence (per 100,000) – Female	41.0 (2013)	53.9 (2010)	56.9 (2010)
PHYSICAL ACTIVITY/NUTRITION			
Percent of adults engaged in some type of leisure time physical activity	80%	72.9%	70.8%
Percent of adults who consider their neighborhood suitable for walking and physical activity	-	91.3%	93%
Percentage of adults who consume fast-food three or more times per week	-	5.9%	5%
Percentage of adults who consume one or more sugary drinks per day	-	24.7%	32.9%

¹¹ NYS DOH Open Data, Expanded Behavioral Risk Factor Surveillance Survey, <https://health.data.ny.gov/Health/Expanded-Behavioral-Risk-Factor-Surveillance-Surve/jsy7-eb4n> and NYS Prevention Agenda Dashboard, <https://health.ny.gov/preventionagendadashboard>

Indicator	Prevention Agenda 2017 Objective	NYS	Chenango County
STDs			
Newly diagnosed HIV case rates per 100,000	16.1	19.1	4.7
Gonorrhea rate per 100,000 women age 15-44	183.4	188.6	12.0
Gonorrhea rate per 100,000 men age 15-44	199.5	267.7	11.7
Chlamydia rate per 100,000 women age 15-44	1458.0	1536.0	1462.0
Disease Screening/Management			
Percent of adults who received a colorectal cancer screening, age 50-75	71.4%	69.3%	64.7%
Percent of adults with cholesterol checked	-	83.4%	89.5%
Percent of adults with flu immunization	-	46.0%	44.4%
Percent of adults who had a test for high blood sugar or diabetes within the past three years	-	59.1%	60.1%
Percent of adults who have taken class to learn how to manage their chronic health disease or condition	-	9.7%	5.3%
Percent of adults diagnosed with high blood pressure taking medication	-	55.5%	52.7%

Chronic Disease

The Chenango County Department of Health has identified preventing chronic disease as a local health priority in the Community Health Assessment 2013-2017 through increasing access to chronic disease preventative care and management. Health data related to chronic disease in Chenango County provides substantial support for this prioritization with higher rates of diabetes in adults and heart attack hospitalization rates.

Table 9 Key Chronic Disease Indicators¹²

Indicator	Prevention Agenda 2017 Objective	NYS	Chenango County
CHRONIC DISEASE			
Percent of obese children 2–4 Years (WIC)	11.6%	13.1%	13.7%
Percent of children and adolescents who are obese	16.7%	17.6%	20.0%
Percent of adults who are obese (BMI>30)	23.2%	24.6%	38.9%
Percentage of adults with HH income <\$25,000 who are obese	-	28.5%	34.8%
Diabetes prevalence in adults	5.7%	10.4%	12.1%
Diabetes short-term complication hospitalization rate (per 10,000)			
Age 6-17 years	3.1	3.1	3.04
Age 18+ years	4.9	6.3	9.92
Age adjusted heart attack hospitalization rate (per 10,000)	14.0	14.2	21.1
Hypertension emergency department visit rate (per 10,000)	-	32.3	43.5
Percentage of adults with physician diagnosed pre-diabetes		5.9%	5.8%
Percentage of adults with elevated cholesterol	-	34.5%	37.2%
Percentage of adults with physician diagnosed high blood pressure	-	27.3%	34.9%

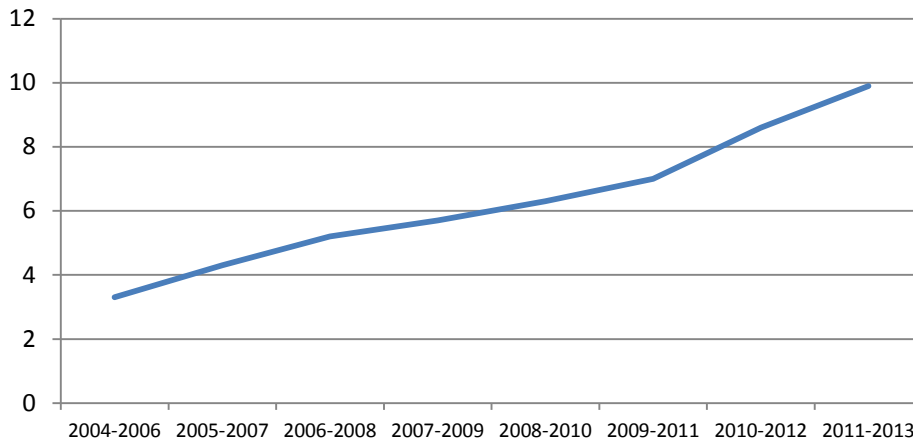
Obesity rates for adults in Chenango County are significantly higher than both the NYS rate and the Prevention Agenda objective. In addition, data from the NYS DOH show the percentage of pregnant women in WIC in Chenango County who were pre-pregnancy obese (31.3%) is much higher than the NYS rate (24.2%).¹³ Reducing obesity in children and adults has been identified as a priority in the CHA. Diabetes is a common complication associated with obesity and a key chronic disease to monitor. Diabetes prevalence in Chenango County is higher than the state-wide average, but is higher than the Prevention Agenda objective. Of particular concern is the more than double rate of hospitalizations for

¹² NYS Dept of Health, County Health Assessment Indicators, <https://www.health.ny.gov/statistics/chac/indicators/index.htm#chai>

¹³ NYS DOH Obesity & related factors, Chenango County, www.health.ny.gov/statistics/chac/chai/docs/obs_8.htm

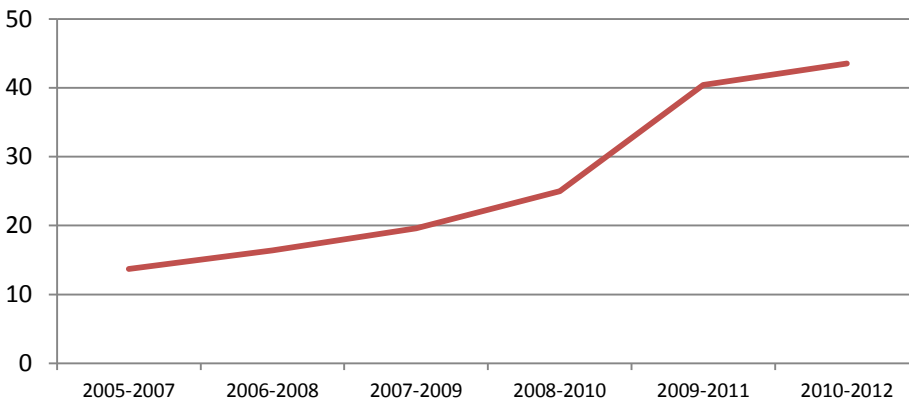
short-term complications of diabetes among adults 18 and over. The 3-year average rate has steadily increased in recent years from 3.3 in 2004-2006 to 9.9 in 2011-2013 (Figure 3).¹⁴

Figure 3 Hospitalization rate (3-year average) for Short-Term Complications of Diabetes – 18 +



Chenango County also has a higher than NYS rate for heart attack hospitalizations, but the rate has been steadily decreasing over time from 27.6 per 10,000 in 2004 to 21.2 in 2013. In contrast, Chenango County has seen a large increase in the 3-year average rate of emergency department visits for hypertension more than tripling from 13.7 in 2005-2007 to 43.5 in 2010-2012 (Figure 4).

Figure 4 3-Year Average Rate of Emergency Department Visits for Hypertension, 18+



¹⁴ NYS Prevention Agenda Dashboard, <https://health.ny.gov/preventionagendadashboard>

Mental Health

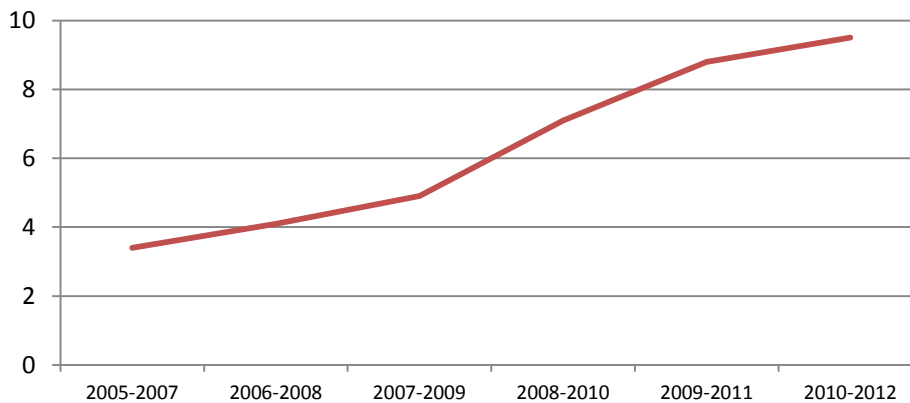
Data from the NYS DOH shows that Chenango County has a higher than average suicide mortality rate that has remained consistent over time. The percent of Chenango County residents reporting 14 or more days with poor mental health in the last month is substantially higher than in NYS as a whole and has increased from 13.5% in the 2008-2009 survey to 17.1% in 2013-2014 survey. Stakeholders noted an increasing incidence of people in the county jail with behavior problems and a need for more screening and services while incarcerated and during their transition back into the community.

Table 10 Key Mental Health Indicators¹⁵

Indicator	Prevention Agenda 2017 Objective	NYS	Chenango County
Suicide mortality rate (per 100,000)	5.9	8	10.1
Percent of adults reporting 14 or more days with poor mental health in last month	10.1%	11.2%	17.1%

Data show the self-injury hospitalization 3-year average rate has more than doubled from 2004 to 2011 in Chenango County (Figure 5).

Figure 5 Self-Injury Hospitalization Rate (3-year average, per 10,000)



¹⁵ NYS Dept of Health, County Health Assessment Indicators, <https://www.health.ny.gov/statistics/chac/indicators/index.htm#chai>

Chemical Dependency

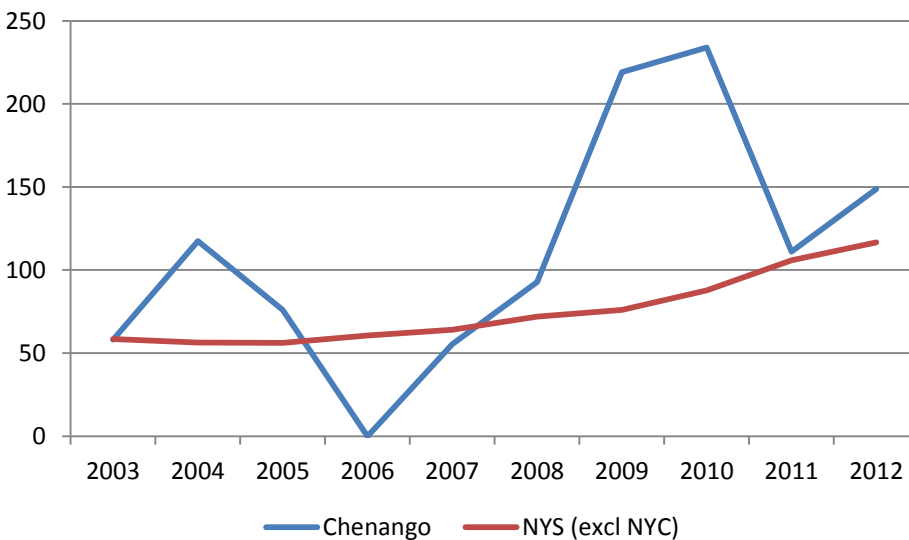
Indicators from the NYSDOH on substance abuse in Chenango County show lower rates of binge drinking and fewer drug-related hospitalizations than the NYS rate. However, information stakeholders consistently remarked on the growing heroin problem in Chenango County and other data indicate that substance abuse is an increasing issue in the county. Stakeholders also suggest that the county is missing opportunities to change the culture of substance abuse and use by not implementing evidence based environmental strategies. The rate of alcohol related motor vehicle injuries and deaths is nearly double the NYS rate and suggests an area of concern for the county, but not was identified as a priority in the CHA.

Table 11 Key Substance Abuse Indicators

Indicator	Prevention Agenda 2017 Objective	NYS	Chenango County
Drug-related hospitalizations (per 10,000)	26.0	24.8	16.8
Percent binge drinking past 30 days (5 + drinks in a row)	18.4	17.8	11.8
Alcohol related motor vehicle injuries and death per 100,000	-	33.9	61.8

Of particular note is the growing rate of newborns with a drug-related diagnosis. In Chenango County, the number increased 156% from 58.1 per 10,000 newborn discharges in 2003 to 148.7 in 2012 with a high of 234.0 in 2010 (Figure 6).

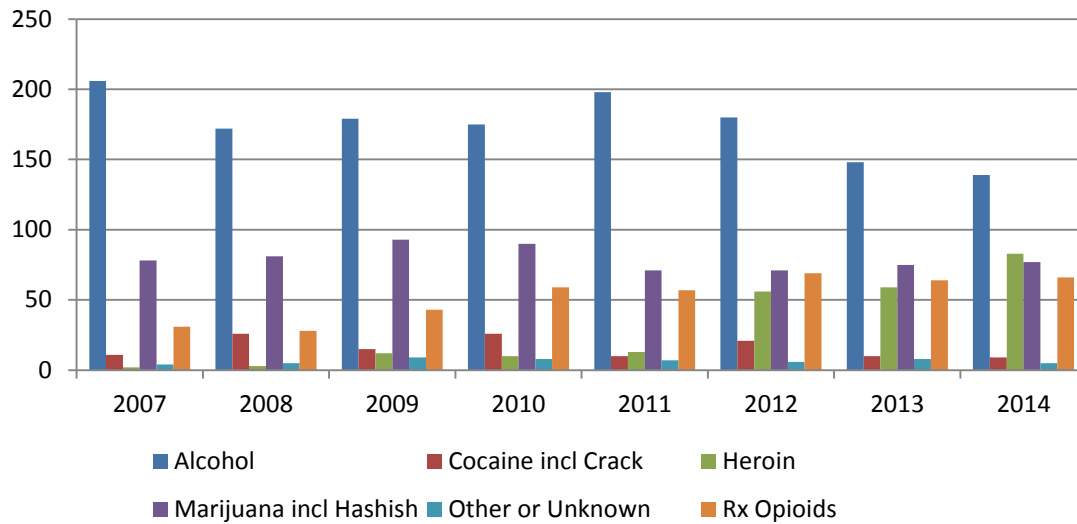
Figure 6 Newborn Drug-Related Diagnosis Rate (per 10,000 newborn discharges)



Another key indicator supporting the perception of the opioid epidemic is the number of admissions to treatment by substance type. In Chenango County, the admissions for heroin treatment increased by 405% from 2 in 2007 to 83 in 2014 and the admissions for prescription opioids increased by 113% from 31 in 2007 to 66 in 2014 (Figure 7).¹⁶

¹⁶ NYS Open Data, Chemical Dependence Treatment Program Admissions Beginning 2007

Figure 7 Admissions to Treatment by Primary Substance Type



Children's

Health

Data from the NYSDOH shows that Chenango County had a substantial improvement over time for lead screenings and incidence of confirmed blood lead levels among children with a 3-year average of 14.7 in 2003-2005 to 9.8 in 2010-2012, but is still trailing upstate New York as a whole.

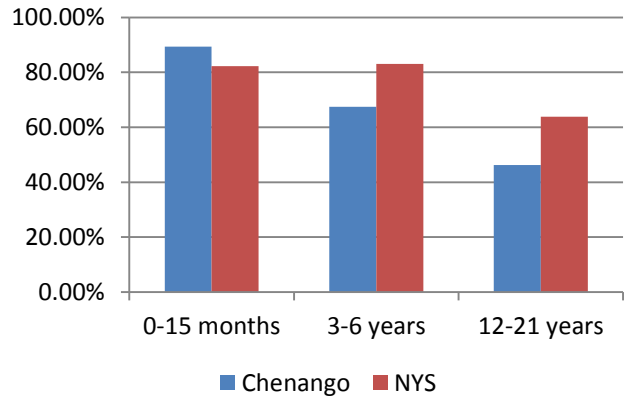
Table 12 Lead Screening in Children¹⁷

Indicator	NYS excl NYS	Chenango County (2009 birth cohort)
Lead Screening and Poisoning		
Percent of children with at least one lead screening by 9 months	2.9%	0.6%
Percent of children with a lead screening 10-17 months	68.3%	68.1%
Percent of children with a lead screening 18-35 months	66.2%	61.6%
Percent of children with at least two lead screenings by 36 months	50.6%	46.6%
Incidence of children <72 months with confirmed blood lead level \geq 10 μ g/dl (per 1,000 children tested)	7.5	9.8

¹⁷ NYS County Health Assessment Indicators, Child and Adolescent Health

More infants in Chenango County are receiving the recommended number of well visits than in NYS as a whole, but that this advantage drops off significantly as children get older (Figure 8). In particular, less than half of children in Chenango County are not going to the doctor regularly when they reach middle and high school. This suggests that a lack of medical attention may prevent health issues from being identified in a timely manner and can lead to worse health problems over time.

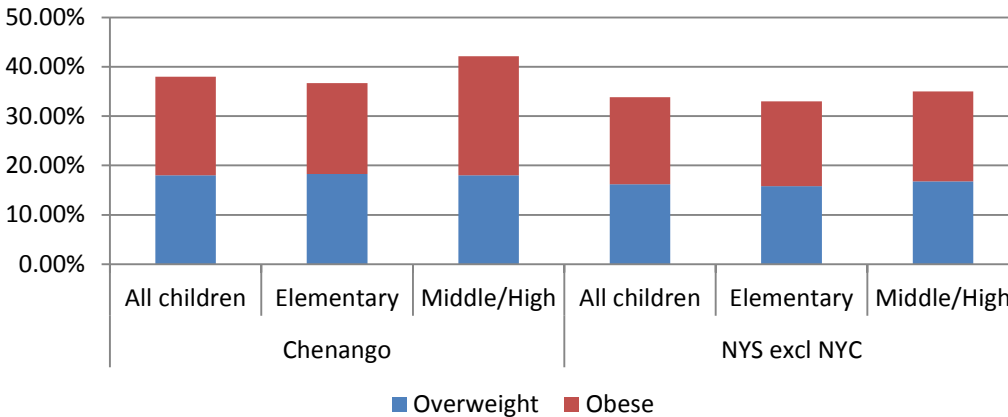
Figure 8 Percent of children who have had the recommended number of well visits (Medicaid/CHP)



Data show that obesity in children is a challenging health problem for Chenango County with nearly 40% of children either overweight or obese, higher than upstate NY at 34% (Figure 9).

Stakeholders said the lack of county wide strategic planning regarding children and youth development is a challenge for addressing youth health issues.

Figure 9 Percent of Children who are Overweight and Obese



Primary Needs/Gaps in Services Identified by Community Stakeholders

- Transportation challenges creates difficulties accessing services, for example, door-to-door non-emergency medical transportation is a significant problem for families with limited or no personal means of transport and elders unable to are unable or should not drive
- Lack of specialty care within county
- Inadequate supply of medical professionals
- Maintaining an adequate EMS system throughout the county due to challenges recruiting and retaining volunteers, reimbursement rates, and travel distances
- Need for additional outpatient, respite care and assisted living facilities for seniors
- Increased number of poor families
- One psychiatrist serving 50,000 county residents. No child and adolescent psychiatrists
- Delays in treatment due to lack of providers may result in people with milder conditions risk having their conditions worsening due to accessing treatment services in a timely manner
- Individuals transitioning from prison, jail, inpatient and inpatient rehab settings are in need of safe, stable, clean and sober living options
- Lack of community medical and behavioral health providers who are trained and willing to see individuals with developmental disabilities
- Missing opportunities to change the culture of substance use and abuse by not implementing evidence based environmental strategies
- Lack of countywide strategic planning regarding children and youth development
- Understanding generational rural poverty is necessary in any planning of services
- The need to prevent and/or reduce the number of individuals who are considered to be disabled.
- Further advocacy and consideration through DSRIP for our more seriously and chronically disabled individuals who are living in the community.
- Individuals in county jail increasingly have behavioral health needs and are in need of more intensive screenings and services while incarcerated and in need of support as they transition back into the community in terms of accessing eligibility services, housing, healthcare, recovery supports, vocational/educational options.

Priority Areas Identified by Community Organizations/County Departments

Community Health Assessment by Chenango County Department of Health

1. Improve health status and reduce health disparities by increasing access to care and services
2. Prevent chronic disease by:
 - a. Reducing obesity in children and adults
 - b. Reducing illness, disability & death related to tobacco use and 2nd hand smoke exposure
3. Increase access to chronic disease preventive care and management

Local Services Plan for Mental Hygiene Services by Chenango County Community Mental Health Services

1. Improve access to efficient/effective outpatient behavioral health services:
 - a. improve screening
 - b. no wrong door (co-occurring disorders)
 - c. addressing transportation issues

- 2 Increase residential opportunities in community
- 3 Improve crisis services/supports for behavioral health and dual/triple diagnoses
 - a cross system training
 - b strategies for families dealing with opioid addiction
- 4 Improve scope of prevention program with a focus on youth
- 5 Coordinate care with MH, DD, and CD providers

The Chenango Health Network

- Increase access to health insurance for county residents, adults and children.
- Address needs of persons receiving care from Chenango County Mental Hygiene Services focusing on chronic disease prevention and management.
- Strengthen and support efforts of Chenango Memorial Hospital to provide patient-centered care including referrals and linkages to community-based resources.
- Decrease the smoking rate among specific target groups including pregnant women. Increase referrals smoking cessation supports such as the NYS Quitline and local programs.
- Focus on smokeless tobacco as a health risk targeting groups such as teens and young adults through provider visits, school programs, community-wide education.
- Support policy change such as tobacco-free worksites, parks, playgrounds and point-of purchase advertising.
- Improve breast cancer screening rates so that breast cancer is detected earlier.
- Market and promote local parks and playgrounds to county residents to encourage use by more people.
- Focus on healthy eating, acknowledge food insecurity issues, access to healthy foods and other stressors which may impede individuals and families ability to eat healthy.
- Support worksite wellness initiatives currently underway in the county expand reach to smaller employer groups.
- Provide education and support to pregnant and post-partum women, particularly those women considered to be high risk (e.g. Medicaid, low income, teens).
- Address the increased rate of Hepatitis C infection. Establish and promote a needle exchange program in the county.
- Increase awareness and utilization of local domestic / interpersonal violence services.
- Enhance provider ability to address needs of youth-at-risk and in need of mental health services and other supports particularly when youth are receiving care from pediatric or primary care clinics.
- Increase utilization of hospice and palliative care services.

HOUSING

Funding Recommendation:

- Supportive housing for the developmentally delayed population
- Supportive housing options for people with mental health disabilities
- Funding to support affordable housing
- Financial assistance for seniors for weatherization, repairs and home modifications to age in place
- Financial assistance for low-income families to make needed repairs

Availability¹⁸

Overall, Chenango County has a relatively moderate occupancy rate at 80.6% of the total housing units in the county (Figure 10) and the vacancy rates for home ownership at 2.0% and 4.6% for renters (Figure 11). However, nearly 10.6% of total housing units are seasonal or recreational suggesting that the occupancy rates may be misleading and that residents may have trouble relocating. Approximately three quarters of households in Chenango County own their homes. The majority of homes in Chenango County are single family homes (63.2%) and mobile homes (21.0%) (Figure 12).

Figure 10 Total Housing Units (24,606) by Occupancy

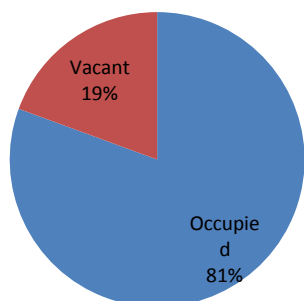


Figure 11 Ownership Status and Vacancy Rates

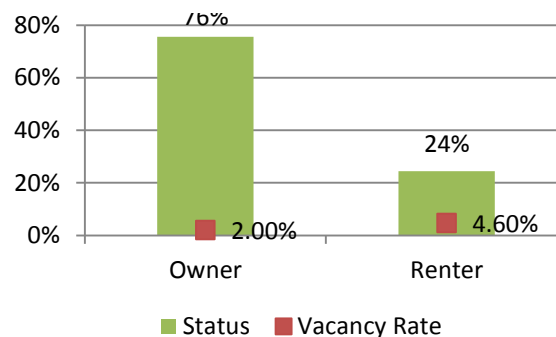
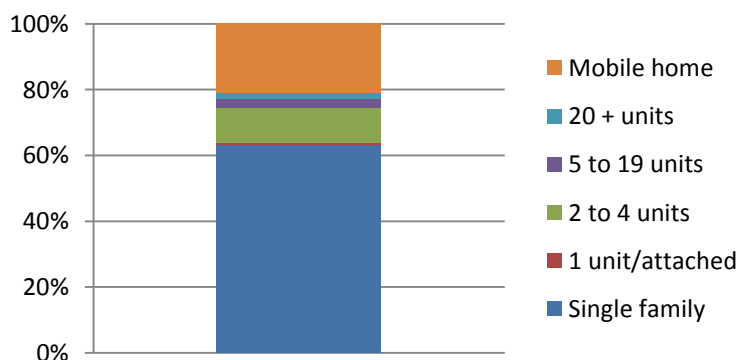


Figure 12 Total Housing Units (24,606) by Type



¹⁸ ACS 5-year averages, 2013, Table DP04

Quality

Data on housing quality on the county level is not widely available, however, approximately 28% of the unoccupied housing stock, and 5.4% of the total housing in Chenango County has an “other vacant” status according to the American Community Survey. “Other vacant” can mean homes that are in the process of being repaired, foreclosed homes, homes being used exclusively for storage, and abandoned or condemned homes. In the 2006 Chenango County Economic Development Comprehensive Plan, a SWOT analysis indicated that affordable housing was a strength in the area, but that deteriorating housing stock was a potential threat to economic development.

Table 13 Unoccupied Units by Status¹⁹

Status	Number	Percent
Total unoccupied units	4,777	
For rent	236	4.9%
Rented, not occupied	91	1.9%
For sale only	317	6.6%
Sold, not occupied	171	3.6%
For seasonal, recreational, or occasional use	2,619	54.8%
Other vacant	1,338	28.0%

Affordability

On average, the cost of homes in Chenango County is low with a median value of owner occupied homes of \$90,600. Over half (55.5%) of homes are valued less than \$100,000 and a small portion (12.9%) is valued more than \$200,000.

Table 14 Value of Owner-Occupied Homes²⁰

Home Value	Number	Percent
Median	\$90,600	
Less than \$50,000	2,854	19.0%
\$50,000 to \$99,999	5,471	36.5%
\$100,000 to \$149,999	3,070	20.5%
\$150,000 to \$199,999	1,658	11.1%
\$200,000 to \$299,999	1,184	7.9%
\$300,000 to \$499,999	559	3.7%
\$500,000 to \$999,999	155	1.0%
\$1,000,000 or more	43	0.3%

With a large proportion (47.2%) of owner occupied units without a mortgage, a substantial portion of the county likely have very affordable housing costs. The median annual housing costs for homeowners with a mortgage as a proportion to median income is relatively high at 30.5% (Figure 13) and nearly a third of homeowners with a mortgage have housing costs that exceed 30% of their income (Figure 14). In general, rental prices in Chenango County are low. The median rent is \$602 and the majority of rental units are well below the HUD Fair Market Rent Guidelines (Figure 15). Gross rent as a proportion of median income (\$43,491) is moderate (16.4%). However, nearly half (47.1%) of renters spend more than 30% of their income on housing in Chenango County. This indicates a relatively large sub-group of the population for whom housing is generally unaffordable.

¹⁹ ACS 5-year average, 2013, Table B25004

²⁰ ACS 5-year average, 2013, Table DP04

Table 15 Monthly Housing Costs²¹

Monthly Costs	Owner with Mortgage	Owner without Mortgage	Renter
Median	\$1,116	\$444	\$602
Less than \$300	0.6%	21.5%	11.2%
\$300 to \$499	2.3%	37.8%	20.0%
\$500 to \$699	10.1%	23.7%	42.5%
\$700 to \$999	27.4%	17.1%	18.5%
\$1,000 to \$1,499	37.2%	-	5.1%
\$1,500 or more	8.9%	-	2.6%

Figure 13 Housing Costs as a Proportion of Median Income

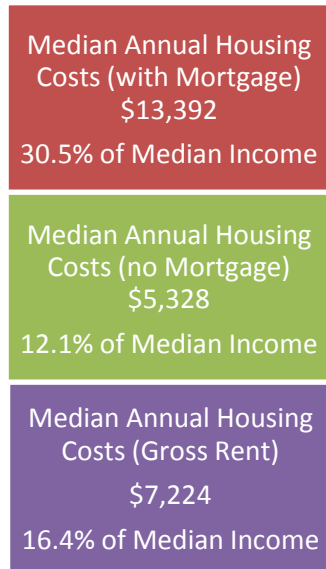


Figure 14 Housing Costs as a Proportion of Income

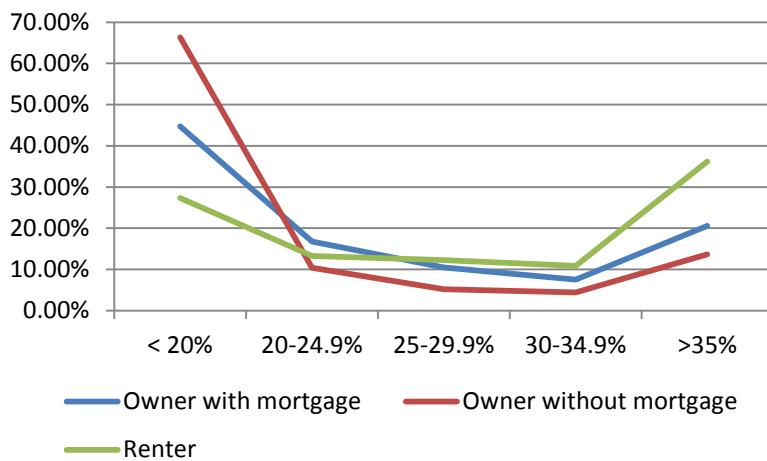
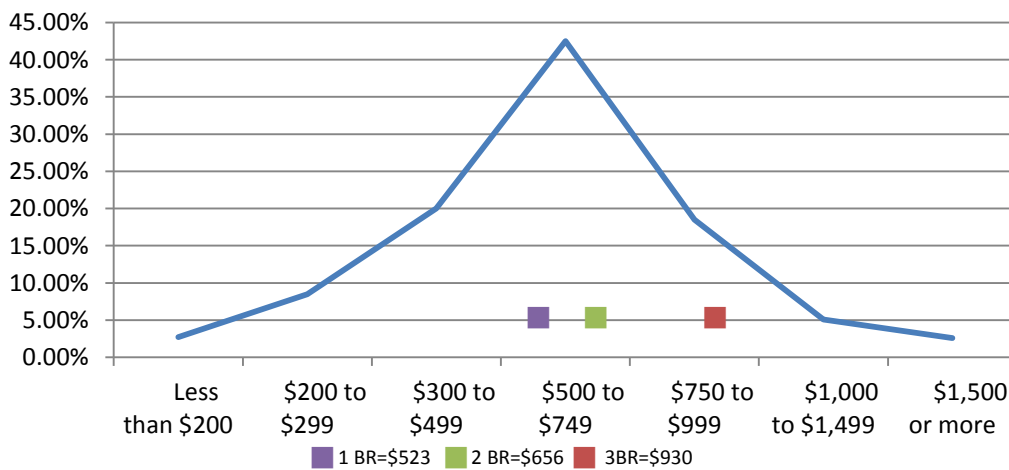


Figure 15 Percent of Households by Rent Costs with HUD Fair Market Rent Guidelines



²¹ ACS 5-year averages, 2013, Table DP04

Senior Housing

The vast majority of Chenango County seniors (84.1%) own their homes indicating a preference for aging in place. According to information from the draft Chenango County Comprehensive plan, Chenango County has 18 locations providing some type of senior housing. As noted in the Chenango County CHA, there are no assisted living facilities in the county. There are five residential care facilities in Chenango County providing 564 nursing home and rehabilitation beds. The NYS DOH estimates that the 2016 need for beds in Chenango County will be 487 suggesting that the county has a surplus of 77 beds. While the county has not yet released a final comprehensive plan with recommendations, some of the smaller municipalities, such as Greene, have plans which incorporate goals for developing housing desired by seniors.

Housing for Special Needs

The County's Local Services Plan (LSP) for Mental Health identified a need for housing for young adults and transitional youth population noting that the traditional adult housing programs are not typically appropriate for this population. In addition, access to safe and sober/clean housing for young adults was identified as a key need as these individuals are not appropriate and do not choose the traditional housing options offered through OMH or OASAS. Data regarding the occupancy rate of Chenango County residential programs suggest supported housing for people with mental health disabilities may also be needed. Chenango County supported housing beds which have an occupancy rate in excess of 100% and median lengths of stay approaching 3 years. The LSP identified increasing residential opportunities in the community as one of its priorities for the year.

Table 16 Occupancy Rate – MH Residential Programs²²

	Congregate Treatment	Apartment Treatment	Supported Housing
Number of beds	8	8	46
Beds/10,000 adult pop	2.0	1.5	11.8
Percent occupancy rate	98.3%	95.7%	103.7%
Median Length of Stay (LOS) (days)	283	1,183	879
Percent LOS greater than 2 years	25%	66.7%	60.9%

²² NYS Office of Mental Health County Profiles, <http://bi.omh.ny.gov/cmhp/index>

Primary Needs/Gaps in Services Identified by Community Stakeholders

- Need for more supportive housing options for young adults and transitional youth for both mental health and chemical dependencies
- Potentially more need for senior housing options
- Additional resources for deteriorating housing stock

Priority Areas Identified by Community Organizations/County Departments

City of Norwich Comprehensive Plan 2014

- Continue to apply for residential rehabilitation program assistance to improve older and historic housing stock, and reduce density of apartment conversion buildings.
- Utilize financial incentives available under New York State law to encourage home reinvestment.
- Ensure coordination with public and non-profit housing organizations to implement housing improvement and assistance programs.
- Enhance as needed and enforce the City's property nuisance law to more effectively address disruptive properties.

Local Services Plan for Chenango County's Mental Hygiene Services, 2016

- Increase residential opportunities in the community.

Town of Greene Comprehensive Plan, 2007

- Encourage development of housing types desired by the elderly, especially in the Village of Greene.

Town of Smithville Comprehensive Plan, 2012

- The town has the authority to adopt strategies to preserve the structures and locations that contribute to its historic character, and to guide and shape future development so as to harmonize with that character and further enhance it. To this end, the Town should consider the adoption of a site plan review local law. In addition, the Town of Smithville needs to support and work with local organizations that promote historic preservation and compatible development.

CHILD CARE/EARLY EDUCATION/K-12

Funding Recommendations:

- Support for increasing child care options, particularly for children under 3
- Support for additional child care providers serving non-traditional hours
- Subsidies for child care for both parents and providers
- Programming which support positive social development to fill the after-school gap
- Training support for child care providers to meet the social-emotional developmental needs of children (e.g. mental health consultants to support child care programs)

Availability

Child care was mentioned as a high need by stakeholders. The majority of parents in Chenango County are in the labor force indicating a potentially large demand for child care. Two-thirds of households have both parents in the workforce while 71.2% of female headed single-parent households are in the labor force.²³ The Family Enrichment Network (FEN) provides child care coordination and referral services to Chenango County. FEN estimates that a total of 3,702 children in Chenango County are in need of childcare, but that only 43% are currently being served through either regulated providers or by a relative or in-home care leaving 1,789 children in need of care.

Table 17 Regulated Child Care Providers²⁴

Type	Number of Providers
Child Care Centers	0
Family Child Care	31
Group Family Child Care	14
School Age Child Care	4

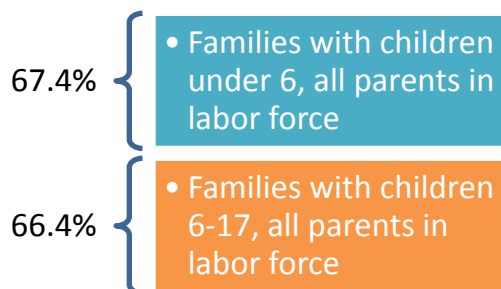


Table 18 Unmet Need for Child Care²⁵

Indicator	Under 5	5-12 Years
Number of Children	2,735	5,087
Demand for Child Care	(63%) 1,723	(53%) 2,696
Regulated Capacity	354	363
Using Relative/In-Home Care	(43.9%) 756	(42.9%) 1,157
Total Unmet Need (Slots Needed)	613	1,176

²³ ACS 5-year averages, 2013, Table S2302

²⁴ Family Enrichment Network Community Assessment, 2014

²⁵ Family Enrichment Network Community Assessment, 2014

Early Education Options

In addition to child care, Head Start is available to some families. Opportunities for Chenango provides both Early Head Start and Head Start in seven locations in the county with 87 Early Head Start slots and 204 Head Start slots. In addition, Chenango County has 322 Universal Pre-K (UPK) slots in area schools. Based on data from the American Community Survey, Chenango County has a potential surplus of 72 Head Start slots and a potential unmet need for 33 Early Head start slots and a need for 183 UPK slots.

Table 19 Early Education Supply and Demand Data²⁶

Early Head Start	Number
3 year olds in 2013	507
Potential 3 year olds eligible for Early Head Start (based on children < 6 in poverty = 23.5%)	120
Early Head Start slots	87
Potential unmet need for Early Head Start	33
Universal Pre-K	
4 year olds in 2013	561
UPK full and half-day slots	322
Estimated number of 4 year olds not served by UPK/not eligible for Head Start	183
Head Start	Number
4 year olds in 2013	561
Potential 4 year olds eligible for Head Start (based on children < 6 in poverty = 23.5%)	132
Head Start slots	204
Potential surplus slots for Head Start	72

Based on their analysis of provider data and the questions fielded by their resource coordinator, the FEN identified four high need categories of care. These categories included needing more: providers for infants and toddlers, providers trained in special needs care such as behavioral issues, affordable school age child care options, and expanded care in rural areas.



²⁶ Decennial Census Data, 2010, Table QTP2; ACS 5-year data, Table B17024, Kids' Well-Being Indicators Clearing House, KWIC Maps

Cost of Care

The cost of child care represents a significant portion of a family's income. The average annual cost of care is approximately \$8,400 for a child under age 6 and \$7,800 for a school age child (Figure 17). Most (68.5%) of households with children under age 18 have two parents. For a family of four with two parents and two children, child care costs can rival other household costs such as mortgages and taxes. Nearly 23% of households are led by single mother who have substantially lower incomes and are significantly more impacted by the high cost of child care (Figure 16).²⁷

Table 20 Household Types

Household Type (with children <18)	Number	Percent
Two parent household	6,786	68.5%
Single father	870	8.8%
Single mother	2252	22.7%

Figure 16 Cost of Child Care as a Percent of Median Income by Family Type

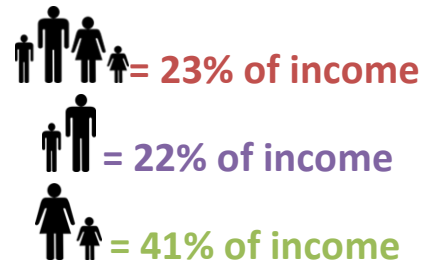
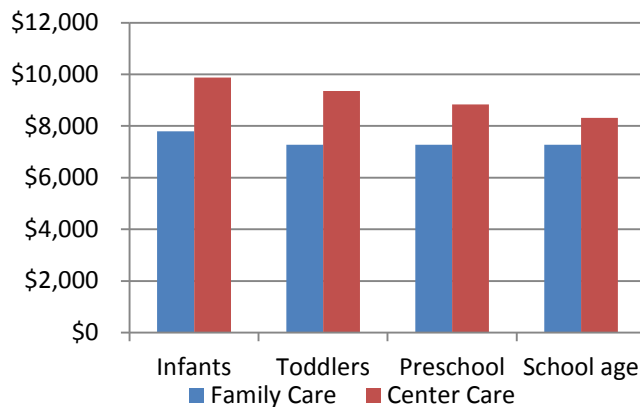


Figure 17 Yearly Cost of Child Care per Child by Age Group



High Cost of Care Insufficient to Maintain Child Care Centers/Providers

Despite the high cost of care for parents with respect to income, the cost of care provides a limited income for family care providers which may prevent potential care providers from moving into the field. As previously noted, Chenango County does not have any child care centers. Information from other counties indicates that child care centers typically cannot cover overhead and personnel costs through parent tuition alone, which may be a key barrier to opening a child care center in Chenango County.

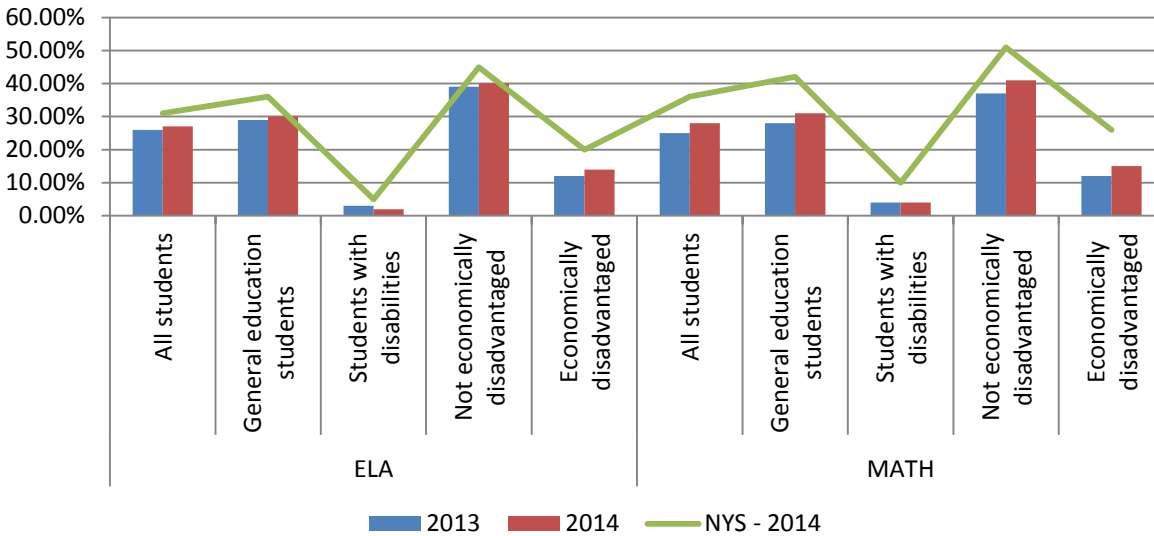
NYS Regulations for Family Day Care	Average Gross Weekly Income	Average Gross Hourly Income
6 children under school age	\$140 x 6 = \$840	\$21
2 children under age 2	\$150 x 2 = \$300	\$7.50

²⁷ ACS 5-year, 2013, Table B09002; ACS 5-year, 2013, Table B19126

K-12 Education

Overall, the proficiency of public school students in Chenango County in English language arts (ELA) and math is below the proficiency of students in NYS as a whole (Figure 18). Chenango County students have seen somewhat increased proficiency scores in math between 2013 and 2014, but students with disabilities and economically disadvantaged students lag far behind NYS rates. The very low proficiency in both math (15%) and ELA (12%) for economically disadvantaged students is particularly concerning due to the sheer number of students in this category (56%) (Figure 19).

Figure 18 Proficiency of Public School Grades 3-8 by Type of Student²⁸



Graduation rates have held steady in Chenango County over recent years and are higher than NYS as a whole. However, the drop-out rate is higher than NYS especially among students with disabilities (Figure 20).

Table 21 Graduation Rates

Type of Diploma	2013	2014	NYS (2014)
Public school graduation rate	83%	83%	76%
Regents with Advanced Designation	33%	31%	31.0%
ELA/Math APM (Aspirational Performance Measure/College Readiness)	39%	33%	38.0%

²⁸ NYS Report Cards

Figure 19 Percent of Public School Students

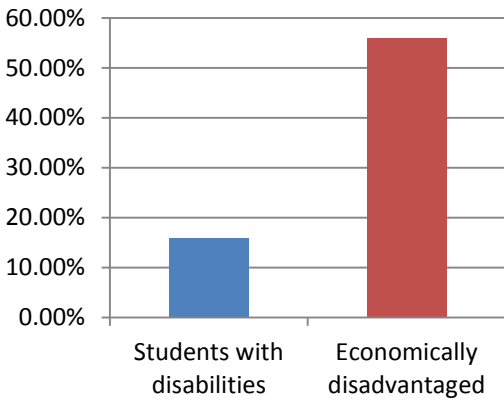
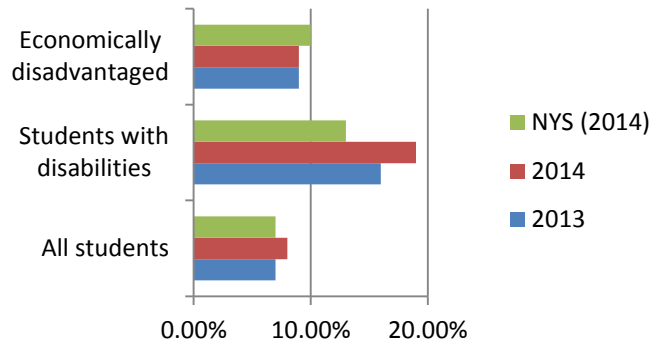
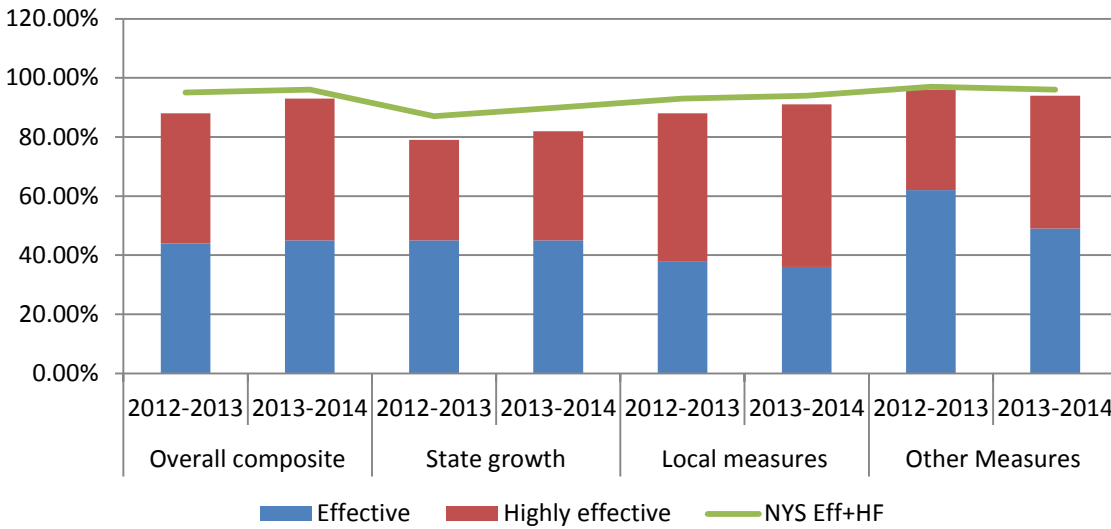


Figure 20 Drop Out Rate by Type of Student



The vast majority of teachers in Chenango County were rated either effective or highly effective in the annual performance review ratings. Teachers have also improved between the 2012-2013 and 2013-2014 school years (Figure 21).

Figure 21 Annual Professional Performance Review Ratings



Primary Needs/Gaps in Services Identified by Community Stakeholders

- Lack of Early Childhood services and day care slots, especially for children under 3 years of age
- Insufficient number of care providers operating in the rural areas
- Lack of quality child care in the community
- Lack of affordable child care
- Lack of child care providers serving non-traditional hours (second, third shifts or weekends)
- High cost of child care/need for more subsidies and support for parents
- Need for youth education programs
- Lowered educational standards and expectations are blamed for the County's perceived high dropout rate, poor reading levels, and poor work ethic.
- The mandated State regents diploma requirements makes additional demands of the public educational system and limits the resources available to teach and train students appropriately for local job opportunities

Priority Areas Identified by Community Organizations/County Departments

Family Enrichment Network

1. Need to engage the community, providers, parents, and businesses to the importance of high quality child care and the need for more community and business support.
2. Need to support child care providers and programs to improve the quality of their programming by offering trainings, mentoring, and grants.
3. Need to expand child care services in all areas of Broome, Chenango, and Tioga Counties through outreach and media.
4. Need to expand services for infant and toddler care throughout the service area.
5. Need to expand services for children with challenging behaviors and special needs

Chenango United Way Needs Assessment, 2009

Chenango United Way focus on opportunities to increase the safety of youths, provide services for the disabled youth demographic and increase the school readiness and school completion rates of youths in Chenango County in order to help all youth achieve their full potential.

Chenango County Economic Development Strategic Plan

Cooperate with local and regional organizations, High Schools, and Chambers of Commerce on educational goals, coordinated efforts for economic development, and follow-through on implementation strategies.

PUBLIC SAFETY

Funding Recommendations:

Support for anti-drug programming

Arrests and Crimes²⁹

Adult arrests have remained flat or decreased between 2005 and 2014 with the exception of drug arrests (Table 22). Felony drug arrests increased by 233% and misdemeanor drug arrests increased 377% between 2005 and 2014. Crime rates in Chenango County have remained flat over the past 5 years as well and are well below the rates for NYS excluding NYC (Figure 22). Juvenile arrests have decreased by nearly 40% in the past 5 years (**Error! Reference source not found.**). Domestic violence crimes have also decreased in the past couple of years after a high in 2012 (Figure 23).

Table 22 Adult Arrests by Category and Year

Arrest Category	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total Arrests	1,114	1,188	1,115	1,055	1,167	1,105	1,132	1,177	1,047	983
Felony Total	262	283	234	209	266	285	331	268	255	265
Drug	15	13	17	14	43	25	22	22	33	50
Violent	66	57	48	37	48	47	72	43	47	51
DWI	35	37	31	22	26	34	35	27	35	18
Other	146	176	138	136	149	179	202	176	140	146
Misdemeanor Total	852	905	881	846	901	820	801	909	792	718
Drug	18	39	30	38	43	54	63	87	89	86
DWI	235	239	216	203	213	182	176	151	142	100
Property	207	249	254	232	261	234	244	344	284	263
Other	392	378	381	373	384	350	318	327	277	269

²⁹ New York State Division of Criminal Justice Services, Statistics
<http://www.criminaljustice.ny.gov/crimnet/ojsa/stats.htm>

Figure 22 Index Crime Rate by Type (per 100,000 population)

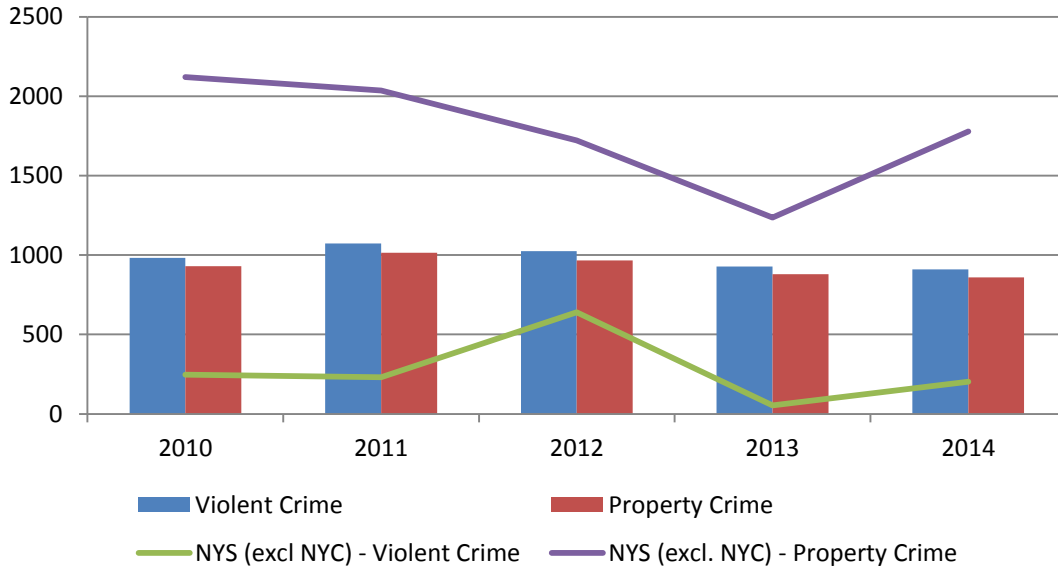


Figure 23 Domestic Violence Crimes by Year

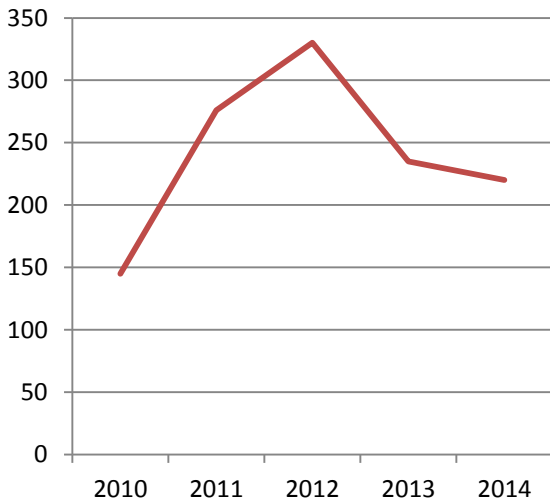
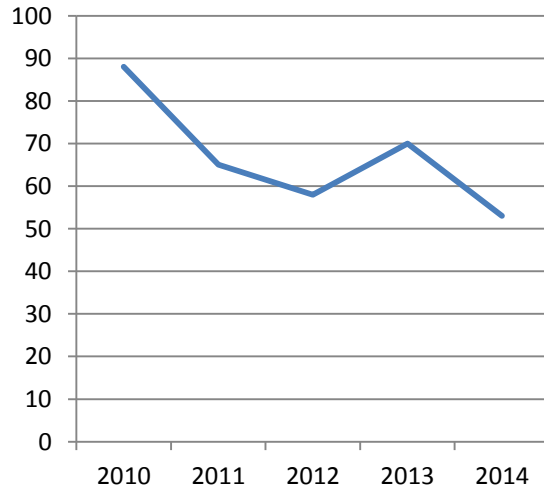


Figure 24 Juvenile Arrests by Year



Primary Needs/Gaps in Services Identified by Community Stakeholders

- Turnover high among sheriff’s department staff

Priorities Identified by Community Organizations/County Departments

None

TRANSPORTATION

Funding Recommendations:

Support for transportation options serving vulnerable populations (seniors, people with disabilities, low-income) needing to reach services and appointments

Support for regional and local transportation coordination efforts

Access to Vehicles

While transportation was noted as a problem by stakeholders in many different areas, data from the American Community Survey indicated the vast majority of households (93.5%) (Figure 26) in the county have access to at least one vehicle which is slightly higher than the NYS (excluding NYC) rate of 90.2%.³⁰ The majority of workers drive to work alone in their own vehicle (76.2%) or carpool (11.7%). Very few workers (0.7%) rely on public transportation to get to work in Chenango County. Only 4.3% of workers aged 16 and over live in households without vehicle access.³¹

Figure 26 Percent of Households with No Vehicles

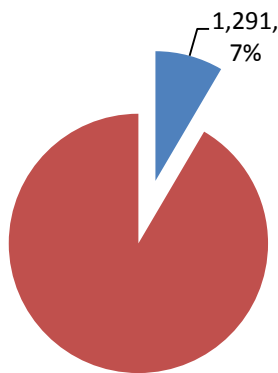
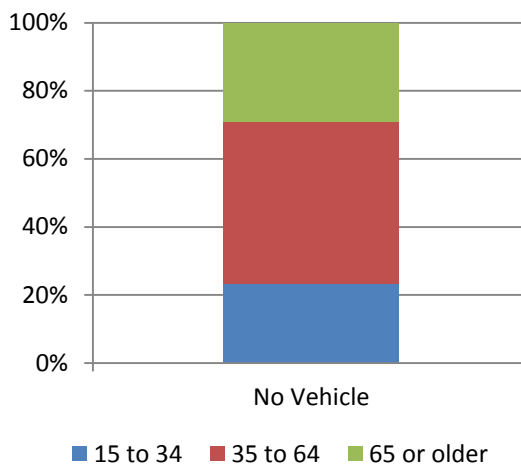


Figure 25 Percent of Individuals without Access to a Vehicle by Age Group



Public Transportation

Chenango County has a public transportation bus system, First Transit, which provides 6 fixed-routes and paratransit services to the county. After the switch in Medicaid reimbursement in 2014, the bus system reduced routes and the frequency of service. While the cost to ride the bus is low (\$1.00 per trip), the routes are limited to daytime weekday hours and run only two or three loops. The website for the bus schedule is very difficult to find and not widely distributed. In addition to the bus, a volunteer group, Christian Caring Services, offers transportation for medical appointments in a 30-mile radius Greene residents.

Ridership Data	Total Passengers
Chenango County First Transit	143,895 (2011)

³⁰ ACS 5- year average, 2013, Table B08201

³¹ ACS 5-year average, 2013, Table S0802

Primary Needs/Gaps in Services Identified by Community Stakeholders

- Transportation challenges creates difficulties accessing services, for example, door-to-door non-emergency medical transportation is a significant problem for families with limited or no personal means of transport and elders unable to are unable or should not drive
- Transportation challenges preventing Chenango County residents from attending training or education programs

Priorities Identified by Community Organizations/County Departments

Local Services Plan for Mental Hygiene Services by Chenango County Community Mental Health Services

- a addressing transportation issues

Norwich Comprehensive Plan, 2014

Goal 4: Integrated Multi-Modal Transportation System: The City will accommodate a range of transportation choices that is safe, economical, ecologically sound, and aesthetically pleasing, serving a diverse population including the physically challenged.

Chenango County United Way Community Impact Priority Areas

Minimize transportation barriers for those needing treatment and health care

ARTS, RECREATION & CULTURE

Funding Recommendations:

Increased funding for programming staff, marketing, and general operating support

Support for low-income children to participate in recreational activities

Support for arts education opportunities for children and adults

Chenango County has many arts and recreational options available including museums, galleries, parks and performing arts venues.

According to a report by Americans for the Arts³², attendance at arts events in Chenango County in 2010 was 42,768. Also according to the report, the arts are an important economic driver in the county adding \$1.8 million to the local economy through spending by the arts and culture organizations and their audiences and providing 41 full-time equivalent jobs. In addition to arts and culture options, the Chenango County Youth Bureau and various non-profit agencies provide recreation opportunities for both youth and adults.



Stakeholders noted that money is the primary need for arts and recreation in the county including more funding for arts and cultural initiatives. Stakeholders noted that industry and other traditional forms of revenue bases are diminishing, leaving the arts to compete with human services needs which tend to take priority funding.

³² Arts & Economic Prosperity IV in Chenango County, Americans for the Arts, 2012

Primary Needs/Gaps in Services Identified by Community Stakeholders

- Family low cost/no cost events
- Use of quality, local artistic talent
- Historical topics to increase public awareness/knowledge of local history
- Collaborative works utilizing local resources
- Projects/events that involve participation/engagement by patrons
- Funding to smaller groups with new ideas
- Events geared toward the 50 and older age bracket
- Live theatre and musical events
- Projects that inspire and engage the entire community rather than a select few
- Additional outreach/utilization of grant funds
- Additional organizational capacity building technical assistance to our constituents
- Additional/separate pools of funding for individual artists, specifically for public arts initiatives.
- Increased arts education opportunities including: Hands-on learning focused on local culture; Skill-building projects that create a greater awareness of the community and world; Projects that connect students to their own communities; Cultural projects that teach youngsters how to make a practical living in the commercial art field; Projects that inspire kids to make art a part of their lives while exposing them to different ideas and cultures in order to foster cooperation and communication between groups of people that might not otherwise interact; Use of the arts to promote knowledge and values to youth by encouraging them to explore and define their personal vision through original art rather than that defined by popular culture; Projects which expose students to teaching/professional artists so they can engage more freely with these individuals about their work, their livelihoods, training and other aspects that support a career in the arts; Projects that involve parents/families, as well as have a willingness to collaborate with resources outside of the school in order to provide enriching learning experiences that offer a wider perspective for students than what they began with.

Priorities Identified by Community Organizations/County Departments

County Youth Bureau

1. Prepare youth for their eventual economic self-sufficiency, facilitation of summer youth employment opportunities.
2. Children and youth will demonstrate good citizenship as law-abiding, contributing members of their families, schools & communities: by youth participation in constructive leisure time activities.
3. Children and youth will have optimal physical and emotional health (ie. Emotional health and free from health risk behaviors).
4. New York State communities will provide youth and their families with opportunities to help them meet their needs for physical, social, moral and emotional growth: through communities making available/accessible formal and informal services

Chenango County Economic Development Strategic Plan, 2006

1. Promote recreational activities using the County's natural resources— including its agricultural lands, forests, and water resources — as tourism resources.
2. Promote Chenango County's cultural, natural, and historical resources as important contributing elements to the County's quality of life.

ECONOMIC DEVELOPMENT

Funding Recommendations:

Financial support for those who wish to take adult education/job training programs at BOCES in high-need job categories

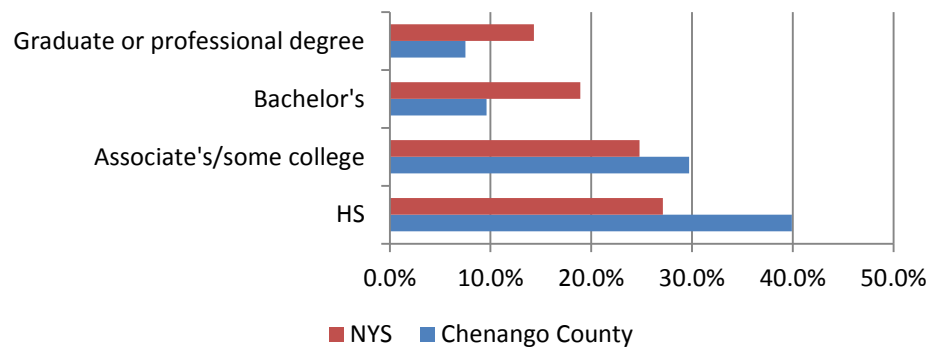
Support for entrepreneurship programming

Support for marketing the region to potential employers and employees, particularly young professionals

Educational Attainment

The educational attainment of Chenango County residents lags behind NYS considerably. Only 9.6% of Chenango County residents have bachelor's degrees compared to 18.9% in NYS as a whole and 7.5% have graduate degrees versus 14.3% in NYS (Figure 27).³³

Figure 27 Educational Attainment of Population 25 and Older



Availability of Adult Education Opportunities

Chenango County is home to a branch of Morrisville State College in Norwich offering degree programs in a number of fields including many specific to local business and industry needs as well as agricultural programs and entry into the associate's degree in nursing program. In addition to the college, DCMO BOCES offers several adult education courses to support vocational learning. The majority of classes are held in both the Norwich campus in Chenango County and the Sidney campus in Delaware County. Stakeholders noted that BOCES classes are not eligible for Federal financial aid and may not be affordable for many individuals who might be interested in attending. The Family Enrichment Network noted, "Financial aid can be received for those who are taking a two or four year degree at the local colleges but not for those who wish to take adult education/job training programs at BOCES such as welding, cosmetology or a nursing assistant. This inequity in access to further education prevents many low-income people from being able to achieve a level of work-based training that would allow them to move from minimum wage paying jobs." BOCES currently offers:

³³ ACS 5-year estimates, 2013, Table S1501

- ESL
- TASC & Adult Basic Ed
- Automotive Collision &
- Automotive Technology
- Barbering
- Carpentry & Building Construction
- CDL Training/Certification
- Computer Repair/Networking Tech
- Conservation & Equipment Tech
- Certified Nurses Aide
- Cosmetology

- Culinary
- Early Childhood Development
- OSHA Forklift Operator
- Phlebotomy
- Plumbing
- Practical Nursing
- Security & Law Enforcement
- Small Engine Repair
- Welding
- Visual Communications

Employment

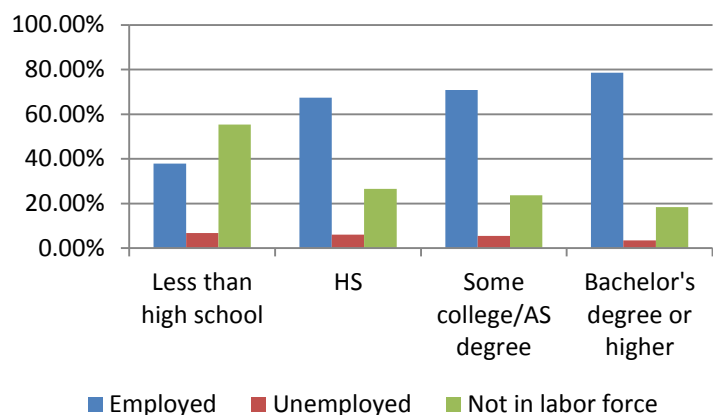
Overall, Chenango County’s unemployment rate is fairly low at 5.7% in June, 2015, only slightly higher than the NYS rate of 5.4% in the same time period. However, the unemployment rate only considers people in the workforce and Chenango County has a significant number of people, nearly 22% of people aged 25-64, not participating in the workforce. This rate has improved slightly from the 23.5% rate in 2007. The majority of the people not in the labor force are aged 60-64, but Chenango County has a much higher non-participation rate than NYS for men aged 54-59 and women aged 25-29 (Table 23).³⁴

Table 23 Percent Not in Labor Force by Geography, Age and Sex

Age	Male		Female	
	Chenango	NYS	Chenango	NYS
25-29	13.5%	13.9%	30.5%	21.2%
30-34	11.9%	11.2%	26.5%	23.9%
35-44	13.3%	10.7%	24.6%	23.6%
45-54	16.2%	14.3%	24.0%	23.1%
54-59	28.6%	22.1%	35.4%	30.3%
60-61	42.5%	31.2%	53.9%	40.1%
62-64	53.9%	45.2%	71.8%	52.6%

Educational attainment has a significant impact on employment rates. People in Chenango County with college degrees have much lower rates of unemployment and labor force non-participation.³⁵ Chenango County has seen an increase in the percent of people not participating in the workforce across most education levels with the exception of those with a high school diploma which has stayed essentially the same since 2007. The largest increase in non-participation since 2007 are among those with less than high school and those

Figure 28 Educational Attainment by Status in Workforce, Ages 25-64



³⁴ ACS 5-year estimates, 2013 & 3-year estimates, 2007, Table B23001

³⁵ ACS 5-year estimates, 2013 & 3-year estimates, 2007, Table B23006

with some college or an associate’s degree.

Table 24 Not in the Labor Force by Educational Attainment and Year, Age 25-64

	2013		2007	
	Number	Percent	Number	Percent
Less than high school	1,426	50.7%	1,483	45.6%
HS	2,725	26.8%	2,930	27.1%
Some college/AS degree	1,871	21.9%	1,328	15.9%
Bachelor's degree or higher	913	18.6%	697	14.2%
Total not in labor force	6,935	26.3%	6,438	23.6%
Total Population	26,441		27,312	

The number of employees in Chenango County had a moderate increase between 2011 and 2013, but dropped off again in 2014 (Figure 30). The private sector employs the vast majority of Chenango County’s work force and has also seen the greatest increase in employment (Figure 29). The manufacturing, transportation and utilities, and health and education industries are the three largest employers in Chenango County (Figure 31). Unlike many areas in the region, manufacturing in Chenango County has increased since 2005 with the addition of over 1,500 jobs.

Figure 30 All Employees across All Industries

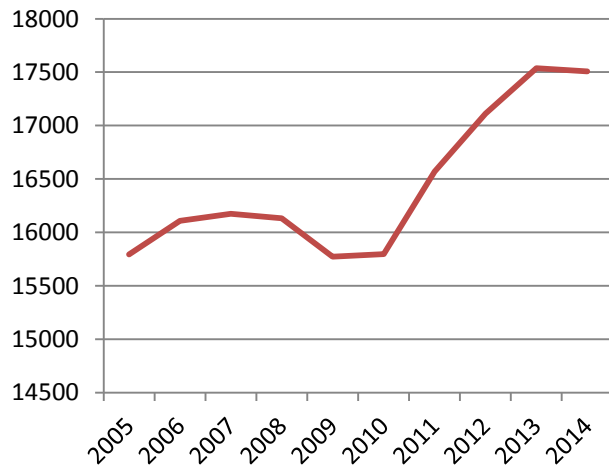


Figure 29 Number of Employees by Sector

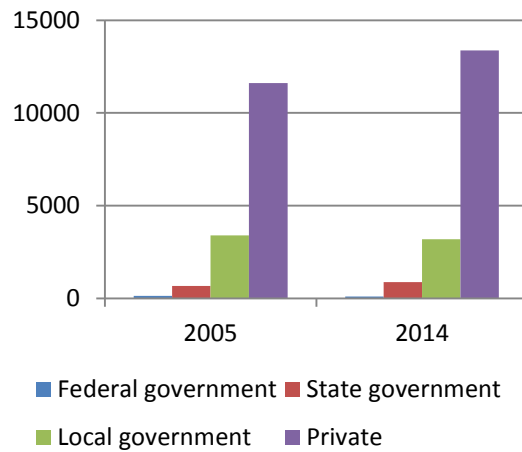
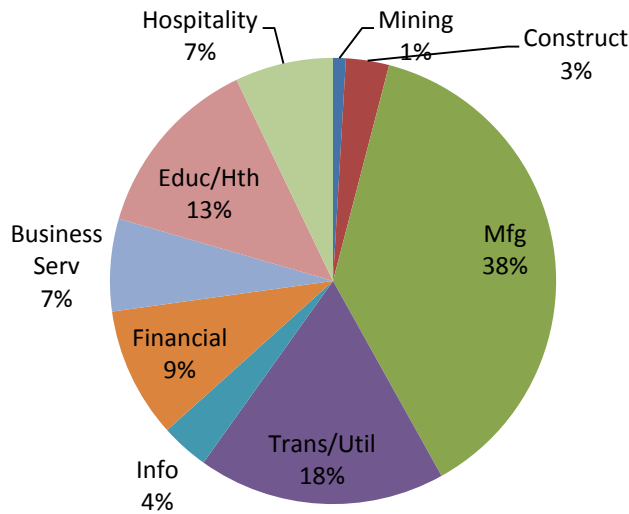


Figure 31 Percent of Employees by Industry (Private Sector Only)



Real wages have increased slightly in Chenango County from \$39,391 in 2005 (adjusted to 2014 dollars) to \$40,662 in 2014. All sectors except local government have seen wages increase in this time period (Figure 32). The industries with real wage decreases between 2005 and 2014 included manufacturing, information, and education and health (Figure 33).

Figure 32 Average Real Wage by Sector

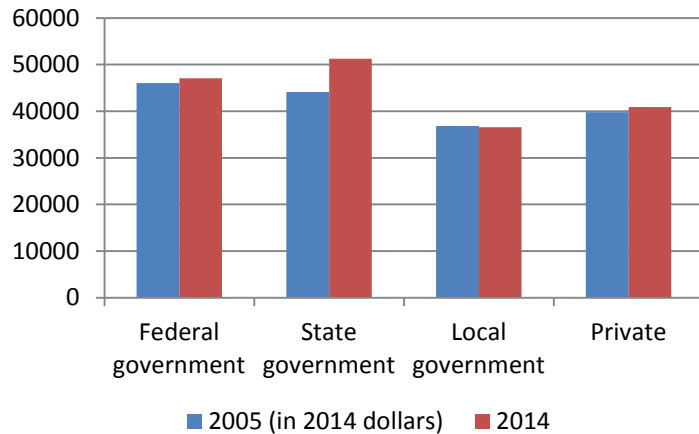
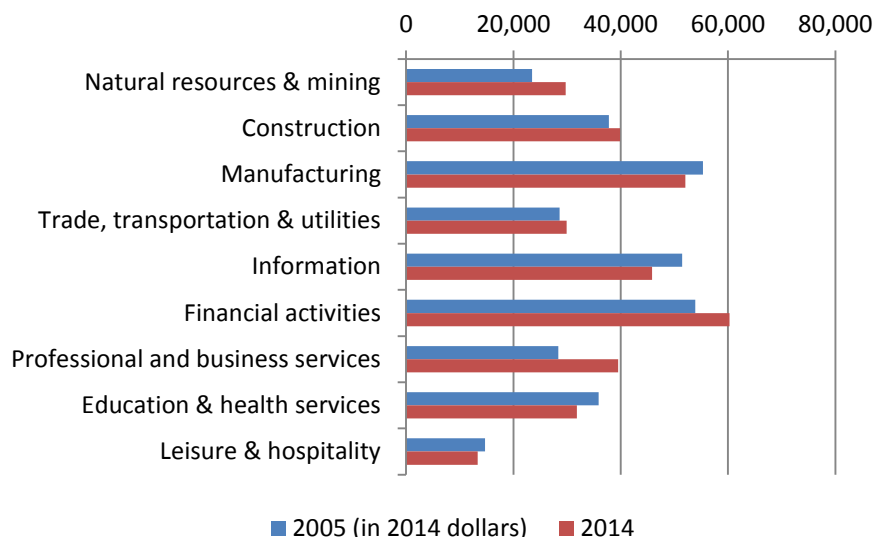


Table 25 Industry by Percent Job Growth/Loss and Average Wage

Industry	Percent Real Wage Growth/Loss 2005-2014	Average Wage 2014
Mining	67.6%	\$29,731
Construction	4.9%	\$39,873
Manufacturing	48.0%	\$52,019
Transportation /Utilities	-6.6%	\$29,937
Information	15.5%	\$45,837
Financial	-4.3%	\$60,300
Business Services	-2.9%	\$39,515
Education/Health	9.1%	\$31,810
Hospitality	17.6%	\$13,335

Figure 33 Average Real Wage by Industry (Private Sector Only)



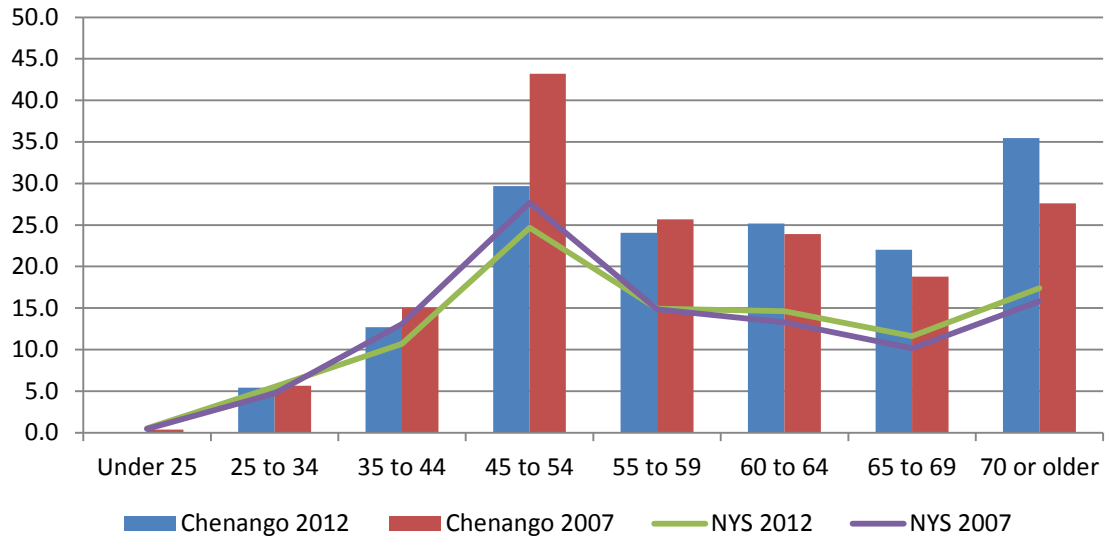
Agriculture

Agriculture has been declining in total number of operations in Chenango County. Between 2007 and 2012, Chenango County has seen a decrease of nearly 9% in the number of farms and 12% decrease in the number of acres of harvested cropland. However, there has been a 90% increase in the value of crop sales indicating that while fewer farms are in existence, they are financially more successful. The number of farms with organic sales has decreased by a third, but the value of the organic crop sales has increased by 124%. Overall, Chenango County farmers are older than the State average suggesting that as farmers age out, the number of farms may continue to decrease unless more efforts are engaged to participation in farming by younger workers (Figure 34).

Table 26 Key Agricultural Indicators

Indicator	Percent change 2007 to 2012
Number of farms	-8.8%
Acres in farms	-5.7%
Acres of harvested cropland	-11.8%
Total woodland acres	+3.9%
Total pastureland acres	-23.3%
Total farms with organic sales	-33.3%
Value of organic crop sales	+123.5%
Value of all crop sales	+89.5%
Value of livestock/poultry and products sales	-11.7%
Acres treated by commercial fertilizer	-19.2%
Acres treated by manure	-14.0%
Farms receiving government payments	-17.7%
Total government payments in dollars	+5.1%
Primary occupation as farming	49.1% to 56.3%

Figure 34 Percent of Owners by Age Group



Primary Needs/Gaps in Services Identified by Community Stakeholders

- Training for manufacturing skills like blueprint reading, welding, CNC operators
- Need for more personal care aides, CNAs, and other direct care staff
- Difficult to provide training in cost effective manner due to the sparse population in a large geographic area
- Employees trained in advanced manufacturing and health care to take place of aging population as they retire
- Need for transportation options
- Need for child care options
- Lack of job opportunities and low wages are a hindrance to retaining highly skilled workers and creating a “brain drain”
- Young adults don’t have job skills necessary to enter the labor market
- Challenges with wireless communication availability
- Uncertainty around natural gas development

Priority Areas Identified by Community Organizations/County Departments

Chenango County Economic Development Strategic Plan, 2006

1. Provide supportive business retention programs for small businesses and manufacturing industries.
2. Provide and market a business friendly environment to recruit and attract new businesses.
3. Improve and expand the relationships the County has with educational institutions, businesses, and local governments.
4. Promote the four point Main Street Approach to Downtown Revitalization™ to revitalizing CBDs.
5. Promote recreational activities using the County’s natural resources—including its agricultural lands, forests, and water resources — as tourism resources.
6. Promote Chenango County’s cultural, natural, and historical resources as important contributing elements to the County’s quality of life.
7. Continue and strengthen the existing marketing plan to support year-round tourism.
8. Proactively pursue agriculture development as a form of economic development by developing new markets and products.
9. Support, sustain, and market the County’s existing agriculture and agroforestry businesses.
10. Continue to proactively promote the economic development of agroforestry opportunities.
11. Provide necessary infrastructure to areas with economic potential.
12. Foster an environment by which Southern Tier Counties can continue to work together for mutual benefit on programs designed to solidify the local economy and resident population base.

Norwich Comprehensive Plan - Economic Development

1. Continue to be an active partner of the region’s economic development including efforts to retain and create jobs, grow small businesses and expand the City’s tax base.
2. Identify opportunities for local government to strengthen and improve special events, as well as increase coordination of tourism development efforts.
3. Continue to encourage and support upper floor rehabilitation programs to improve commercial buildings in the downtown Broad Street area.