



# **Community Foundation for South Central New York Needs Assessment Tioga County**

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

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Horn Research LLC*

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## ACKNOWLEDGEMENTS

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## DEMOGRAPHICS

**Funding Recommendation:**

Programming supporting the nutritional and health needs of children and seniors in poverty

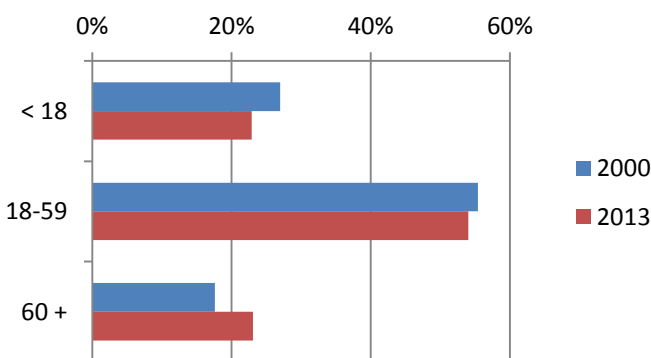
**Population Shift**

The population in Tioga County has been decreasing by small, but steady amounts over the past several years (Table 1). Between 2000 and 2013, the total population decreased by 995 people. In addition to an overall loss in population, the age demographics of Tioga County (Figure 1) 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.

Table 1 Population Change by Township<sup>1</sup>

Township	2000	2013	Percent Change
Tioga County	51,784	50,789	-1.9%
Barton	9,066	8,802	-2.9%
Berkshire	1,366	1,536	12.4%
Candor	5,317	5,261	-1.1%
Newark Valley	4,097	3,920	-4.3%
Nichols	2,584	2,534	-1.9%
Owego	20,365	19,742	-3.1%
Richford	1,170	1,204	2.9%
Spencer	2,979	3,129	5.0%
Tioga	4,840	4,841	0.0%

Figure 1 Demographic Change 2000 to 2013<sup>2</sup>



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

<sup>2</sup> 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 Tioga County from 8.4% in 2000 to 9.3% in 2013 (Table 2.) Richford has the highest rate of childhood poverty at 46.1% more than doubling from the 2000 rate of 20.3%. Other areas of high childhood poverty include Berkshire (22.4%), Newark Valley (20.7%) and Nichols (19.5%). The poverty rate among seniors is substantially lower than the overall poverty rate in the county, but there are pockets of high poverty in Berkshire at 11.7% and Spencer at 10.5%. Households headed by single mothers are significantly more likely to be poor with 35% of all female headed households with incomes below the federal poverty level (Table 3).

Table 2 Percent below Poverty by Township and Year<sup>3</sup>

Township	All Individuals		Under 18		65 and older	
	2000	2013	2000	2013	2000	2013
Tioga County	8.4%	9.3%	10.9%	12.0%	4.2%	4.7%
Barton	10.5%	14.2%	12.6%	16.2%	4.6%	7.6%
Berkshire	11.4%	13.9%	18.1%	22.4%	7.0%	11.7%
Candor	9.8%	7.3%	12.3%	8.6%	3.1%	0.6%
Newark Valley	7.3%	11.8%	8.8%	20.7%	3.3%	0.5%
Nichols	13.6%	10.5%	20.3%	19.5%	6.2%	6.8%
Owego	6.6%	6.9%	8.7%	7.3%	3.9%	5.1%
Richford	13.8%	20.4%	20.4%	46.1%	7.3%	7.6%
Spencer	8.5%	8.6%	10.4%	10.1%	6.6%	10.5%
Tioga	6.5%	6.9%	7.8%	7.3%	3.2%	1.9%

Table 3 Poverty Rates by Family Type<sup>4</sup>

Family Type	Incomes Below Poverty	
	N	Percent
Married	511	5.9%
Male HOH/no female	127	17.3%
Female HOH/no male	697	35.1%

<sup>3</sup> ACS 2013 5-year averages, Table DP03; CENSUS2000, Table QT-P34

<sup>4</sup> ACS 2013 5-year averages, Table B17006

## COMMUNITY HEALTH

### **Funding Recommendations:**

Support and treatment services for mental health and chemical dependencies

Support for chemical dependency prevention programming especially for youth

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

Support for access to transportation for mental health and chemical dependency treatment

Support for anti-obesity programming

Support for training programs/recruitment programs for home health aides and other needed medical professionals

### **Access to Care**

Overall, Tioga County residents have limited access to care due to a lack of all types of providers. The ratio of population to providers places Tioga County as the 5<sup>th</sup> worst for primary care physicians, the worst in number of dentists, and the bottom quarter (43<sup>rd</sup> of 62) in mental health providers in NYS (Table 4). In addition, Tioga County has been designated as a Health Professional Shortage Area for primary care and dental health. Stakeholders also noted an urgent need for more home health and personal care aides in Tioga County.

Designated Health  
Professional  
Shortage Areas

- Primary care
- Low Income Dental Health

Table 4 Ratio of Population to Number of Providers<sup>5</sup>

Provider Type	Tioga County	New York State
Primary Care Physicians	3,606:1	1,210:1
Dentists	6,280:1	1,580:1
Mental Health Providers	773:1	552:1

Table 5 Number of Mental Health Programs by Type<sup>6</sup>

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

Six organizations provide mental health services in Tioga County through a total of 22 programs (Table 5). The most frequently available programs are care coordination and general support programs. The county mental health department indicated that the loss of supportive case management had left a large gap in the system and noted a need for an Open Access Program to accommodate consumers with limited

access to transportation. Providers reported that access to services can be limited due to wait times and that funding changes and restrictions constrain programs' ability to serve clients. In particular, providers

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

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

noted concern that if reimbursement for sexual abuse treatment is moved to clinics instead of contracts that people will be pushed into an already overloaded system and access to needed support will be limited.

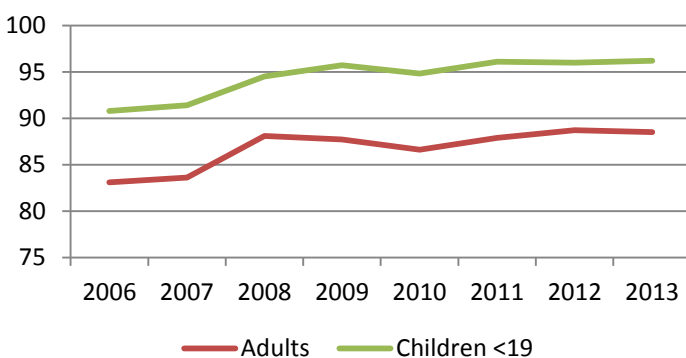
Tioga County provides treatment services for chemical addiction and dependency through two outpatient clinic locations. The county mental health department reported a need for a recovery center due to limited availability at the Addiction Crisis Center which is generally at full capacity.

Tioga County has seen appreciable improvement in the percent of both the child and adult population with health insurance over recent years. The rate for adult coverage surpasses the NYS rate as a whole, but has yet to meet the Prevention Agenda 2017 goal of 100% coverage. Tioga is slightly behind NYS in the percent of adults who have seen a dentist and has higher percentages of early stage cancer diagnoses for breast and colorectal cancer.

Table 6 Access to Care Indicators<sup>7</sup>

Indicator	Prevention Agenda 2017 Objective	NYS	Tioga County
Percent of adults with health care coverage	100%	84.7%	88.5%
Percent of adults with regular health care providers	90.8%	84.4%	81.3%
Percent of adults who have seen a dentist in the past year	83%	72.5%	69.7%
Early stage cancer diagnosis (2008-2012) <sup>8</sup>			
Breast	80%	64.8%	68.9% (F)
Cervical	65%	42.0%	Cannot be calculated
Colorectal	50%	43.6%	46.3%(M) 45.6% (F)

Figure 2 Percent of Residents with Health Insurance<sup>9</sup>



<sup>7</sup> NYS Dept of Health, County Health Assessment Indicators, <https://www.health.ny.gov/statistics/chac/indicators/index.htm#chai>

<sup>8</sup> New York State Cancer Registry, <http://www.health.ny.gov/statistics/cancer/registry/table3/tb3county.htm>

<sup>9</sup> NYS Dept of Health, County Health Assessment Indicators, <https://www.health.ny.gov/statistics/chac/indicators/index.htm#chai>

## Behavioral Health

The most significant area of concern related to behavioral health is related to tobacco use. NYS Department of Health (DOH) data shows rates of tobacco use and lung cancer among males in Tioga County exceed both NYS as a whole and the Prevention Agenda objectives by wide margins. The percentage of low-income adults who are current smokers (42.2%) is nearly double the NYS rate.

In other behavioral health areas, Tioga County is doing fairly well. Sexually transmitted disease rates are lower than the state and the Prevention Agenda Objectives. Tioga County trails NYS in colorectal screening, but has similar rates for cholesterol and diabetes screening and has a higher percentage of adults who have taken a class to learn how to manage their chronic health conditions.

Table 7 Key Behavioral Health Indicators<sup>10</sup>

Indicator	Prevention Agenda 2017 Objective	NYS	Tioga County
<b>TOBACCO USE</b>			
Percent cigarette smoking in adults	15%	15.9%	22.7%
Percent of adults with HH income <\$25,00 who are current smokers	-	24.2%	42.2%
COPD hospitalizations among adults (per 10,000)	31.0 (2013)	41.3 (2010)	13.6 (2010)
Lung cancer incidence (per 100,000) – Male	62.0 (2013)	75.8 (2010)	108.6 (2010)
Lung cancer incidence (per 100,000) – Female	41.0 (2013)	53.9 (2010)	68.1 (2010)
<b>PHYSICAL ACTIVITY/NUTRITION</b>			
Percent of adults engaged in some type of leisure time physical activity	80%	72.9%	69.9%
Percent of adults who consider their neighborhood suitable for walking and physical activity	-	91.3%	91.4%
Percentage of adults who consume fast-food three or more times per week	-	5.9%	4.9%
Percentage of adults who consume one or more sugary drinks per day	-	24.7%	26.6%
<b>STDs</b>			
Newly diagnosed HIV case rates per 100,000	16.1	19.1	2.6
Gonorrhea rate per 100,000 women age 15-44	183.4	188.6	96.0
Gonorrhea rate per 100,000 men age 15-44	199.5	267.7	92.8
Chlamydia rate per 100,000 women age 15-44	1458.0	1536.0	911.6

<sup>10</sup> 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	Tioga County
<b>Disease Screening/Management</b>			
Percent of adults who received a colorectal cancer screening, age 50-75	71.4%	69.3%	53.9%
Percent of adults with cholesterol checked	-	83.4%	84.5%
Percent of adults with flu immunization	-	46.0%	48.5%
Percent of adults who had a test for high blood sugar or diabetes within the past three years	-	59.1%	58.9%
Percent of adults who have taken class to learn how to manage their chronic health disease or condition	-	9.7%	12.2%
Percent of adults diagnosed with high blood pressure taking medication	-	55.5%	62.6%

## Chronic Disease

Tioga County's rates of chronic disease are mostly less than or similar to NYS rates suggesting that overall the county is doing well in this area of health. However, while Tioga County's diabetes, pre-diabetes, high cholesterol, and heart attack and high blood pressure hospitalization rates are lower than or comparable to NYS rates, the percentage of adults in Tioga County who are obese far exceeds both the Prevention Agenda Objective and the NYS rate. This represents a potential area of concern for Tioga County's long-term chronic disease outcomes.

Table 8 Key Chronic Disease Indicators<sup>11</sup>

Indicator	Prevention Agenda 2017 Objective	NYS	Tioga County
<b>CHRONIC DISEASE</b>			
Percent of obese children 2–4 Years (WIC)	11.6%	13.1%	15.2%
Percent of children and adolescents who are obese	16.7%	17.6%	19.1%
Percent of adults who are obese (BMI>30)	23.2%	24.6%	32.6%
Percentage of adults with HH income <\$25,000 who are obese	-	28.5%	35.3%
Diabetes prevalence in adults	5.7%	10.4%	10.4%
Diabetes short-term complication hospitalization rate (per 10,000)			
Age 6-17 years	3.1	3.1	3.3
Age 18+ years	4.9	6.3	3.8
Age adjusted heart attack hospitalization rate (per 10,000)	14.0	14.2	8.6
Hypertension emergency department visit rate (per 10,000)	-	32.3	10.9
Percentage of adults with physician diagnosed pre-diabetes		5.9%	4.1%
Percentage of adults with elevated cholesterol	-	34.5%	28.4%
Percentage of adults with physician diagnosed high blood pressure	-	27.3%	29.9%

<sup>11</sup> NYS Dept of Health, County Health Assessment Indicators, <https://www.health.ny.gov/statistics/chac/indicators/index.htm#chai>

## Mental Health

Tioga County exceeds NYS in important mental health indicators indicating that mental health may be an area of concern for the county. Data from the NYS DOH shows that Tioga County has a higher than suicide mortality rate than NYS. The percent of Tioga County residents reporting 14 or more days with poor mental health is very close to meeting the Prevention Agenda Objective. Stakeholders remarked that most significant issues related to mental health is the lack of providers, long wait times for services and loss of case management services.

Table 9 Key Mental Health Indicators<sup>12</sup>

Indicator	Prevention Agenda 2017 Objective	NYS	Tioga County
Suicide mortality rate (per 100,000)	5.9	8	10.0
Percent of adults reporting 14 or more days with poor mental health in last month	10.1%	11.2%	11.9%

## Chemical Dependency

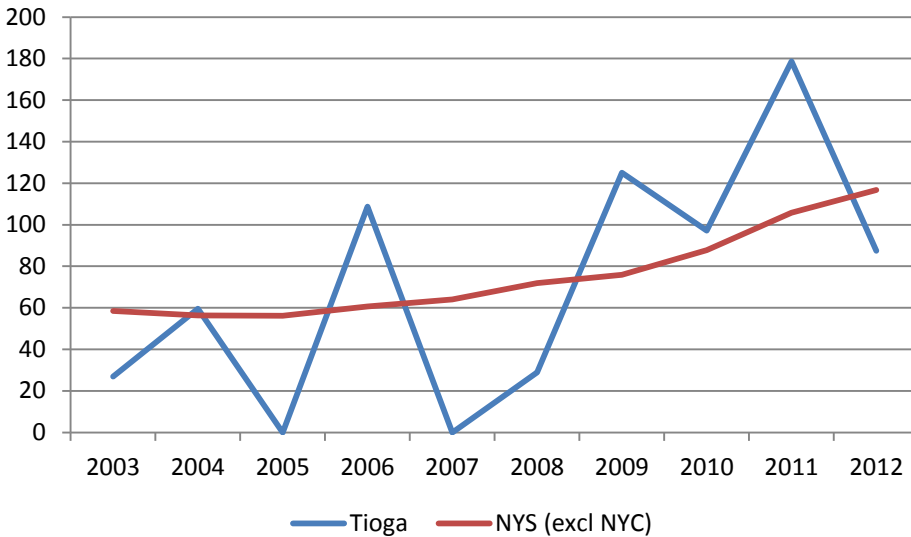
Stakeholders noted that chemical dependency was a growing issue in Tioga County and a need for more support services including a recovery center and more collaboration and training for medical professionals to identify chemical dependency issues. Indicators from the NYSDOH on substance abuse in Tioga County show that the percent of adults who engaged in binge drinking is considerably higher than both the Prevention Agenda and the NYS rate and the alcohol related motor vehicle injuries and deaths is nearly double the NYS rate. Of particular note is the growing rate of newborns with a drug-related diagnosis (Figure 3). In Tioga County, the three-year average rate increased 315% from 29.2 per 10,000 newborn discharges in 2003-2005 to 121.6 in 2010-2012. This was significantly higher than the upstate NYS rate increase of 81.5%.

Table 10 Key Substance Abuse Indicators

Indicator	Prevention Agenda 2017 Objective	NYS exc. NYC	Tioga County
Drug-related hospitalizations (per 10,000)	26.0	21.6	10.3
Percent binge drinking past 30 days (5 + drinks in a row)	18.4	17.8	24.2
Alcohol related motor vehicle injuries and death per 100,000	-	33.9	62.9

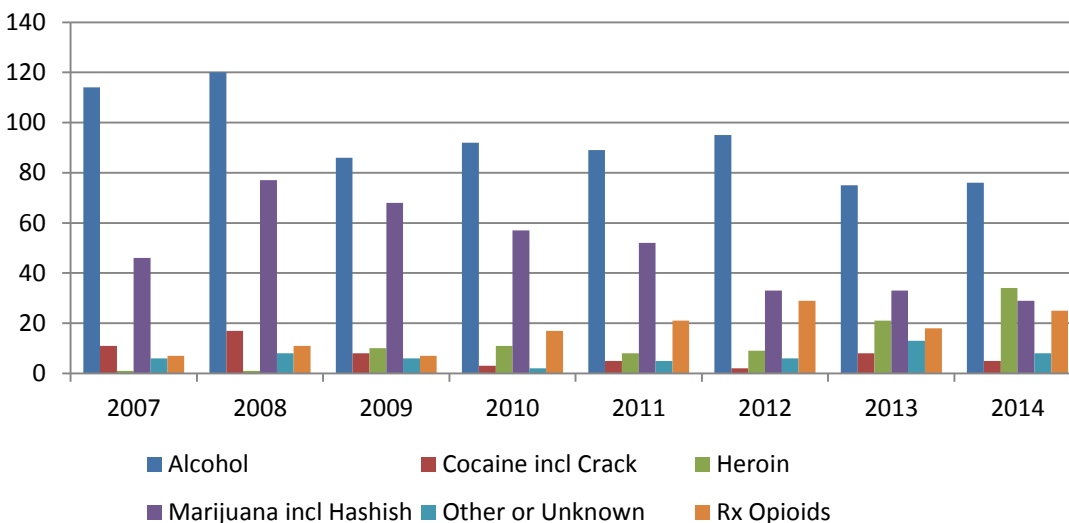
<sup>12</sup> NYS Dept of Health, County Health Assessment Indicators, <https://www.health.ny.gov/statistics/chac/indicators/index.htm#chai>

Figure 3 Newborn Drug-Related Diagnosis Rate (per 10,000 newborn discharges)



Regionally, there has been a great deal of concern about the increase in heroin and opioid addictions. Data from the county outpatient clinics show that there has been a significant increase in the number of people seeking treatment for heroin and prescription opioid addictions (Figure 4). The rate of admissions for heroin treatment increased by 3,300% from 1 in 2007 to 34 in 2014 and the rate of admissions for prescription opioids increased by 257% from 7 in 2007 to 25 in 2014. This data suggests that the county is seeing the effects of the regional heroin epidemic. A stakeholder noted that opioid and other drug use remains a concern saying, “The prevalence appears to be increasing with overdose deaths trending upwards. Prescription and illicit drug use within all sectors remains a significant concern. Best practices and collaboration with medical professionals and the community are needed.”

Figure 4 Admissions to Treatment by Primary Substance Type



## Children’s Health

Key areas of concern for children’s health include the incidence of high blood lead levels, decreased well visits as children age, and childhood obesity. As noted in Table 11, Tioga County is trailing upstate New York as a whole in lead screenings and has a much higher incidence of children with confirmed blood lead levels.

Table 11 Lead Screening in Children

Indicator	NYS excl NYS	Tioga County (2009 birth cohort)
<b>Lead Screening and Poisoning</b>		
Percent of children with at least one lead screening by 9 months	2.9%	2.3%
Percent of children with a lead screening 10-17 months	68.3%	67.4%
Percent of children with a lead screening 18-35 months	66.2%	54.3%
Percent of children with at least two lead screenings by 36 months	50.6%	36.8%
Incidence of children <72 months with confirmed blood lead level $\geq$ 10 $\mu\text{g}/\text{dl}$ (per 1,000 children tested)	7.5	11.5

Data show that more infants in Tioga County are going to the doctor regularly than the state as a whole (Figure 5), but there is a dramatic drop-off in well-visits for children aged 3-6 and an even larger drop for children aged 12-21. This lack of medical attention may prevent health issues from being identified in a timely manner and lead to worse health problems over time.

Data also indicate that the prevalence of childhood obesity in Tioga County is comparable to the rest of upstate New York and represents a relatively large portion of children with 33.3% of children being either overweight or obese (Figure 6).

Figure 5 Percent of children who have had the recommended number of well visits (Medicaid/CHP)

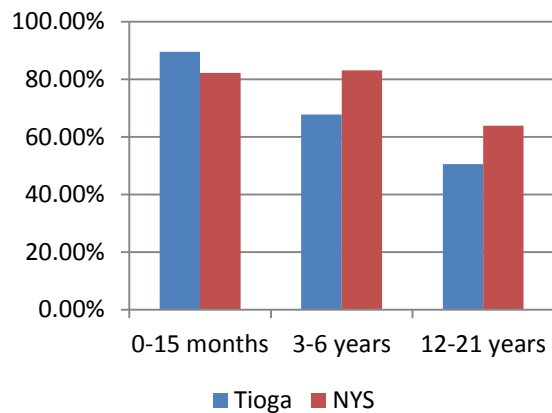
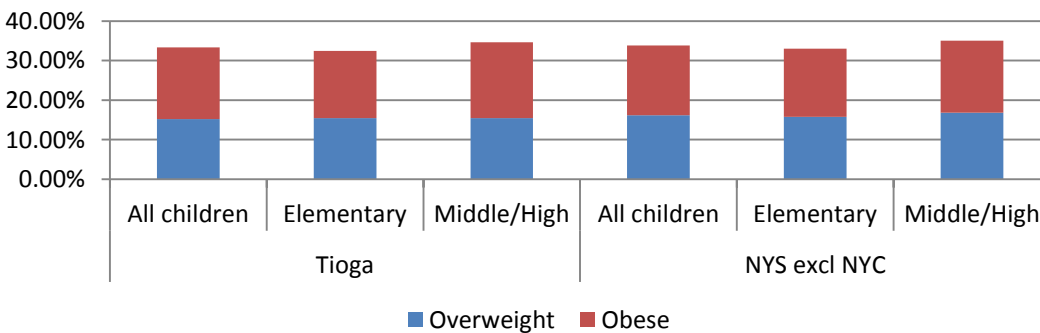


Figure 6 Percent of Children who are Overweight and Obese



### ***Primary Needs/Gaps in Services Identified by Community Stakeholders***

- Need for Open Access Program in the mental health clinic to accommodate consumers who need access to transportation
- As financial pressures continue in the county, existing supports are vulnerable
- County would benefit from a recovery center
- The loss of supportive case management left a large gap in the system
- Gap between healthcare professionals (MD's) and substance abuse professionals. There is not enough training for MD's in regard to substance abuse/use (how to recognize, what to do, etc.)
- Future need for services for the elderly/senior population and veterans
- Need to educate youth in regard to risk and protective factors, build self-esteem, motivation, and positive decision making and decrease high risk behaviors (substance use, skipping school, delinquency, etc.)
- Urgent need is to having enough home care aides to provide services
- Access to mental health services limited and wait times are long
- The Medicaid cab is unreliable and goes through Syracuse. People must call a day in advance.
- Transportation and health insurance for mental health is lacking
- Potential movement of reimbursement for sexual abuse treatment to clinics instead of contracts will be pushing people into an already overloaded system
- Funding reimbursement constrains and changes for all types of programs
- Six years of flat rates for home care with increasing case loads
- Health Homes changing access to services and will be difficult for providers to help clients navigate system
- Lack of consistency in care
- Distance based services over the phone
- Need for collaboration best practices and collaboration with medical professionals and the community

### ***Priority Areas Identified by Community Organizations/County Departments***

#### *Community Health Improvement Plan by Tioga County Department of Health*

1. Prevent chronic diseases
  - a. Reduce obesity in children and adults
  - b. Increase Access to High Quality Chronic Disease Preventive Care and management in both clinical and community setting
  - c. Reduce illness, disability and death related to tobacco use and secondhand smoke exposure
2. Promote mental health and prevent substance abuse
  - a. Promote Mental, Emotional and Behavioral Well-Being in Communities
  - b. Prevent Substance Abuse and other Mental Emotional Behavioral Disorders

#### *Local Services Plan for Mental Hygiene Services by Tioga County Community Mental Health Services*

1. Tioga County and collaborative partners will assure access to a full continuum of care for individuals in need of Mental Hygiene Services.

- a. The LGU, in conjunction with the CSB and its sub-committees will work to ensure that the community understands the importance of maintaining a comprehensive continuum of care for vulnerable populations.
  - b. Mental Hygiene providers will continue to explore ways of developing increased peer support within the community for individuals served by all three agencies.
  - c. While the community already receives valuable peer support through parent partners, Rehabilitation Support Services, two certified Peer Advocates (RSS), and family support groups, there are many ways that this level of assistance could be further developed and therefore enhance the existing continuum of care. Obtain funding to assist in training qualified peer advocates.
  - d. Will partner with Tioga County Health Department to share common goal increasing visibility of services available in the County
  - e. Pursue any objectives that relate to Mental Health or Substance Abuse as outlined in the Community Health Improvement Plan (CHIP)
  - f. Explore possibility of transitioning Social Club to a Recovery Center.
2. To oversee the development and implementation of goals and objectives of the Suicide Prevention Coalition
    - a. Continue to work with State OMH to assist with training community school districts, various agencies, and clergy in suicide screening and follow-up plans for children, adolescents, and adults.
    - b. Continue to educate the community regarding the risks, warning signs and interventions to ensure goal of suicide prevention.
3. OPWDD will successfully oversee the development of additional housing opportunities, employment, and various needs for individuals with developmental disabilities within Tioga County
    - a. Work with Broome DDSO and/or voluntary agencies who are interested in developing housing opportunities for both the Autism Spectrum Disorder home as well as the home(s) for the medically frail individuals.
    - b. The community will continue to support individuals within the OPWDD system to develop the ability to live independently with supports.
    - c. The PWDD sub-committee has identified housing for the aging Developmental Disability population as a growing problem. There is recognition that housing opportunities for individuals living in the community with aging/debilitated parents/caregivers are limited. Many of these individuals would be unable to live independently if/when parents/caregivers pass away.
    - d. Will participate in all regional meetings pertaining to BDC closing / planning for community based supports and services
4. Increase awareness of the problems with synthetic and Opioid drug use
    - a. The County Prevention Program (TCCASA) continues working with Probation, the Sheriff's Department and Alcohol and Drug Services to form a coalition to research, plan for and provide education to the community regarding these drugs.
    - b. Will participate in all coalition development and events
    - c. Become certified in training and use of Narcan.
5. The community will develop and support additional employment opportunities for individuals with mental illness or developmental disabilities.
    - a. Bring community providers together to identify barriers to integrated employment.
    - b. Expand existing employment opportunities
    - c. Provide Cultural Sensitivity training to community.

## 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

**Availability<sup>13</sup>**

Housing availability is a significant area of concern in Tioga County and has been identified as a priority issue by stakeholders. The occupancy rate of total housing units is very high (91.2%) and the vacancy rates are very low at 0.4% for homeowners and 2.1% for renters. This suggests that suggesting that individuals hoping to move to or relocate within Tioga County would have a difficult time finding housing. Tioga County has a very high home ownership rate (79%) compared to renters. The majority of homes in Tioga County are single family homes (70.1%) and mobile homes (15.5%).

Figure 8 Total Housing Units (22,147) by Occupancy

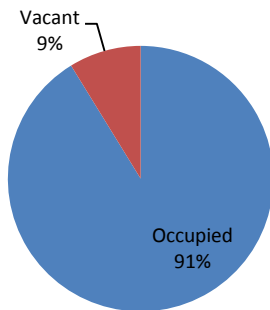


Figure 9 Ownership Status and Vacancy Rates

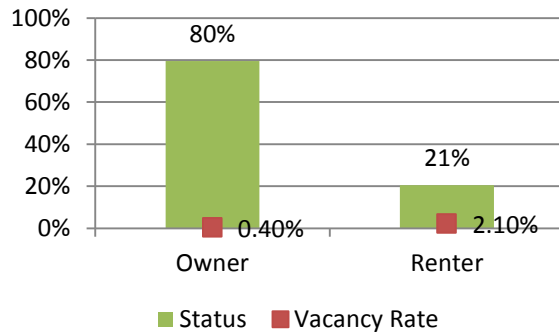
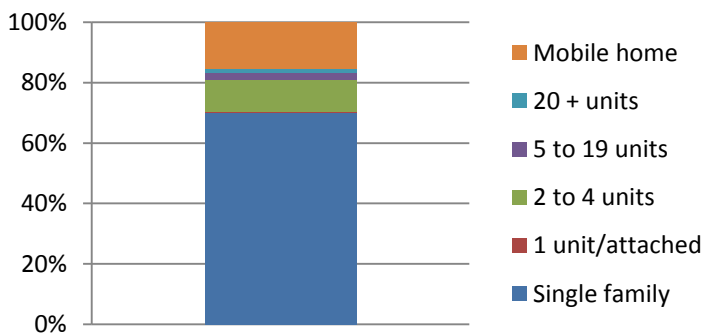


Figure 7 Total Housing Units (22,147) by Type



<sup>13</sup> ACS 5-year averages, 2013, Table DP04



## Quality

Data on housing quality on the county level is not widely available, however, approximately 65% of the unoccupied housing stock in Tioga 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 addition, Tioga County has a relatively high percentage of mobile homes (15.5%). While mobile homes (manufactured homes) have improved in recent years, in Tioga County over 35% of the mobile homes were built prior to 1980 raising concerns about the quality of these homes.

Table 12 Unoccupied Units by Status<sup>14</sup>

Status	Number	Percent
Total unoccupied units	1,945	
For rent	91	4.7%
Rented, not occupied	20	1.0%
For sale only	61	3.1%
Sold, not occupied	62	3.2%
For seasonal, recreational, or occasional use	436	22.4%
For migrant workers	0	0.0%
Other vacant	1,275	65.6%

## Affordability

Despite the issues with housing availability, overall, the cost of housing in Tioga County is quite affordable. The cost of homes in Tioga County is low with a median value of owner occupied homes in Tioga County of \$108,400 and approximately a third of houses (32.5%) valued between \$50,000 and \$99,999 and only 14.6% valued more than \$200,000 (Table 13). A large proportion (44.4%) of homeowners do not have a mortgage and likely have very affordable housing costs.

Table 13 Value of Owner-Occupied Homes<sup>15</sup>

Home Value	Number	Percent
Median	\$108,400	
Less than \$50,000	2,068	12.9%
\$50,000 to \$99,999	5,211	32.5%
\$100,000 to \$149,999	4,009	25.0%
\$150,000 to \$199,999	2,399	14.9%
\$200,000 to \$299,999	1,590	9.9%
\$300,000 to \$499,999	524	3.3%
\$500,000 to \$999,999	218	1.4%
\$1,000,000 or more	38	0.2%

<sup>14</sup> ACS 5-year average, 2013, Table B25004

<sup>15</sup> ACS 5-year average, 2013, Table DP04

In general, rental prices in Tioga County are low with a median rent of \$626 per month. The majority of rental prices are well below the HUD Fair Market Rent Guidelines and gross rent as a proportion of median income is low (13.5%). However, 46.5% of renters spend more than 30% of their income on housing in Tioga County. This indicates a relatively large sub-group of the population for whom housing is generally unaffordable.

Table 14 Monthly Housing Costs<sup>16</sup>

Monthly Costs	Owner with Mortgage	Owner without Mortgage	Renter
Median	\$1,196	\$479	\$626
Less than \$300	0.1%	16.5%	7.0%
\$300 to \$499	1.9%	37.9%	17.2%
\$500 to \$699	7.0%	25.2%	19.8%
\$700 to \$999	21.8%	20.4%	13.7%
\$1,000 to \$1,499	42.7%	--	28.3%
\$1,500 or more	26.6%	--	12.4%

Median Annual Housing Costs (with Mortgage)  
\$14,342  
25.7% of Median Income

Median Annual Housing Costs (no Mortgage)  
\$5,748  
10.3% of Median Income

Median Annual Housing Costs (Gross Rent)  
\$7,512  
13.5% of Median Income

Figure 10 Percent of Households by Rent Costs with HUD Fair Market Rent Guidelines

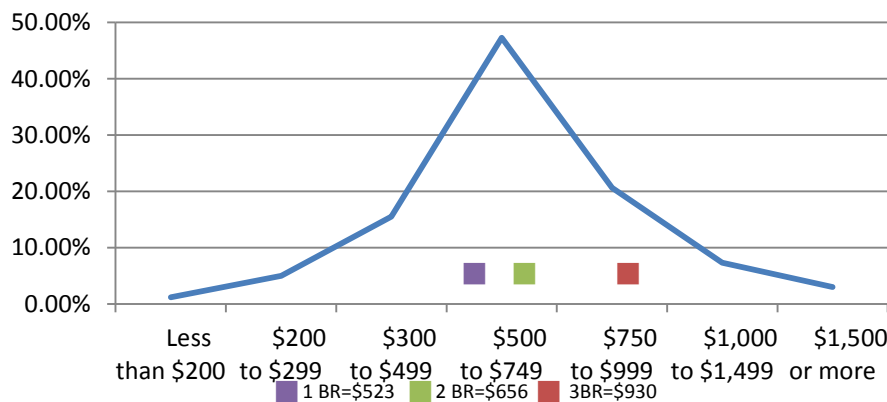
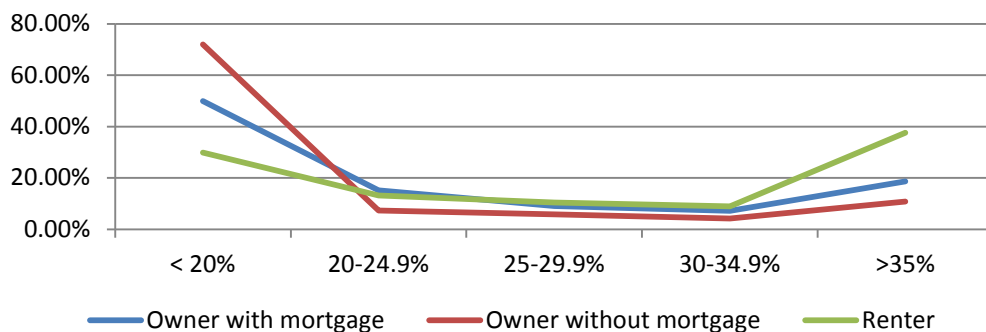


Figure 11 Housing Costs as a Proportion of Income



<sup>16</sup> ACS 5-year averages, 2013, Table DP04

### Senior Housing

Senior housing has been identified as an area of concern in Tioga County. According to information from Tioga Opportunities, Tioga County has 112 units dedicated to senior housing in three locations. The occupancy rate in these apartments is between 93-96% suggesting a need for more senior housing options in the county. In addition to senior apartments, Tioga County has two residential health care facilities providing nursing home and rehabilitation services to seniors providing 277 beds. The NYS DOH estimates that the need for beds in Tioga County will be 352 in 2016 suggesting that the county will have an unmet need of 75 beds.

The vast majority of Tioga County seniors (97.1%)<sup>17</sup> still live in households indicating a preference for aging in place. A third of seniors have a disability, 16.6% live alone and nearly half of houses in Tioga County were built prior to 1960.<sup>18</sup> As a result, many seniors may require home modifications and other supports to remain independent and in their homes.

### Housing for Special Needs

The County's Local Services Plan for Mental Health identified a priority to develop additional housing opportunities for people with developmental disabilities. It noted that housing for the aging Developmental Disability population is a growing problem and that housing opportunities for individuals living in the community with aging/debilitated parents/caregivers are limited and that many of these individuals will be unable to live independently when parents/caregivers pass away. Data regarding the occupancy rate of Tioga County mental health residential programs Table 15 suggest supported housing for people with mental health disabilities may also be needed.

Table 15 Occupancy Rate – MH Residential Programs<sup>19</sup>

	<b>Congregate Treatment</b>	<b>Apartment Treatment</b>	<b>Supported Housing</b>
Number of beds	10	10	25
Beds/10,000 adult pop	2.6	2.6	6.4
Percent occupancy rate	89.8%	85.6%	89.3%
Median Length of Stay (LOS) (days)	294	812	521
Percent LOS greater than 2 years	30%	50%	27.3%

<sup>17</sup> ACS 5-year estimates, 2013, Table S0103

<sup>18</sup> ACS 5-year estimates, 2013, Table, S0101 & Table DP04

<sup>19</sup> NYS Office of Mental Health County Profiles, <http://bi.omh.ny.gov/cmhp/index>

### ***Primary Needs/Gaps in Services Identified by Community Stakeholders***

- A need for more housing in all income ranges
- A need for more coordinated growth
- A need for more housing opportunities for those with special needs
- A need for more senior housing

### ***Priority Areas Identified by Community Organizations/County Departments***

#### *Tioga County Comprehensive Plan*

- Develop a coordinated approach to housing development that incorporates “smart growth” principles
- Use public investment to support private investment in accordance with smart growth strategies
- Rehabilitate or construct housing at higher densities in the villages served by public sewer and/or water
- Encourage a segment of “high end” housing by raising the standards for subdivisions and assure that zoning protects the investment made by purchasers
- Make affordable housing and market variety a component of the economic development strategy for the County in order to attract and retain businesses
- Provide housing alternatives for seniors and households over 55 with the spin-off benefit of increasing the supply of larger homes for families
- Reduce the percentage of older mobile homes in the housing inventory and, where possible, encourage manufactured homes in a subdivision or cluster environment with appropriate amenities
- Support affordable housing through regulatory change and financial investment as appropriate

#### *Local Services Plan for Mental Hygiene Services by Tioga County Community Mental Health Services*

- OPWDD will successfully oversee the development of additional housing opportunities, employment, and various needs for individuals with developmental disabilities within Tioga County

## 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**

Availability of child care was identified as a challenge for Tioga County parents by a number of stakeholders. The majority of parents in Tioga County are in the labor force. Nearly three-quarters of households with two parents have both parents working and 84.3% of female headed single-parent households are in the labor force indicating a large demand for child care.<sup>20</sup>

Tioga County has a total of 41 regulated child care providers (Table 16) with the majority being family child care. The Family Enrichment Network (FEN), the child care coordination and referral service provider in Tioga County, estimates that a total of 3,933 children in the county are in need of childcare. They also estimate that only 43% of these children 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).

Table 16 Regulated Child Care Providers<sup>21</sup>

Type	Number of Providers
Child Care Centers	4
Family Child Care	21
Group Family Child Care	11
School Age Child Care	5

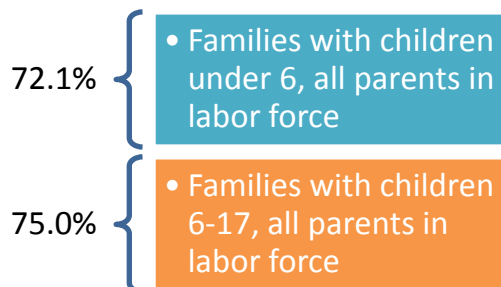


Table 17 Unmet Need for Child Care<sup>22</sup>

Indicator	Under 5	5-12 Years
Number of Children	2,973	5,403
Demand for Child Care	(63%) 1,873	(53%) 2,864
Regulated Capacity	445	359
Using Relative/In-Home Care	(43.9%) 822	(42.9%) 1,228
Total Unmet Need (Slots Needed)	607	1,277

<sup>20</sup> ACS 5-year averages, 2013, Table S2302

<sup>21</sup> Family Enrichment Network Community Assessment, 2014

<sup>22</sup> Family Enrichment Network Community Assessment, 2014

### Early Education Options

In addition to child care, Tioga County has thirty Early Head Start slots and 90 Head Start slots and 222 half-day and 25 full-day Universal Pre-K (UPK) slots which can provide some portion of care for 3 and 4 year olds. Based on data from the American Community Survey and availability of Head Start and UPK, Tioga County has a potential unmet need of 5 Head Start slots, 50 Early Head start slots and 371 UPK slots.

Table 18 Early Education Supply and Demand Data<sup>23</sup>

Early Head Start	Number
3 year olds in 2013	518
Potential 3 year olds eligible for Early Head Start (based on children < 6 in poverty = 15.4%)	80
Early Head Start slots	30
Potential unmet need for Early Head Start	50
Universal Pre-K	
4 year olds in 2013	618
UPK full and half-day slots	247
Estimated number of 4 year olds not served by UPK/not eligible for Head Start	371
Head Start	Number
4 year olds in 2013	618
Potential 4 year olds eligible for Head Start (based on children < 6 in poverty = 15.4%)	95
Head Start slots	90
Potential unmet need for Head Start	5

FEN identified four high need categories of care based on their analysis of provider data and the questions fielded by their resource coordinator. 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.



<sup>23</sup> 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 has been identified as an issue by stakeholders. Child care costs can represent a significant portion of a family's income. FEN estimates that the average annual cost of care is \$8,400 for a child under age 6 and \$7,800 for a school age child. For a family of four with two parents making the median income and two children in care, child care costs represent about 20% of their total income, as much as other household costs such as mortgages and taxes. The cost is even more pronounced for single-parent households. For a single mother household with one child making the median income, child care can account for more than one third of their household income.<sup>24</sup>

Table 19 Household Types

Household Type (with children <18)	Number	Percent
Two parent household	8,178	77.6%
Single father	668	6.3%
Single mother	1,692	16.1%

Figure 13 Yearly Cost of Child Care per Child by Age Group

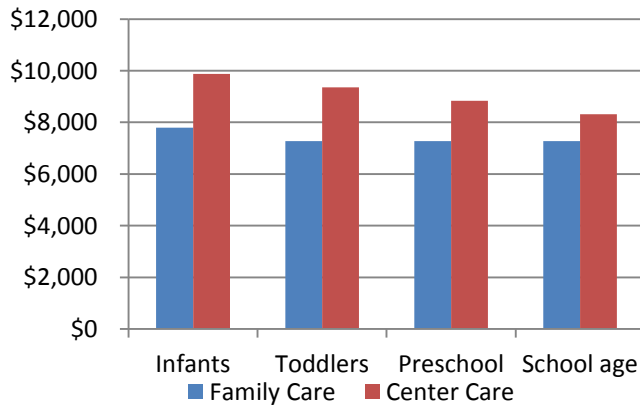


Figure 12 Cost of Child Care as a Percent of Median Income by Family Type



### 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. Information from stakeholders indicates that child care centers typically cannot cover overhead and personnel costs through parent tuition alone, which may be a key challenge for child care centers in Tioga County.

Table 20 Potential Income for Family Day Care Providers

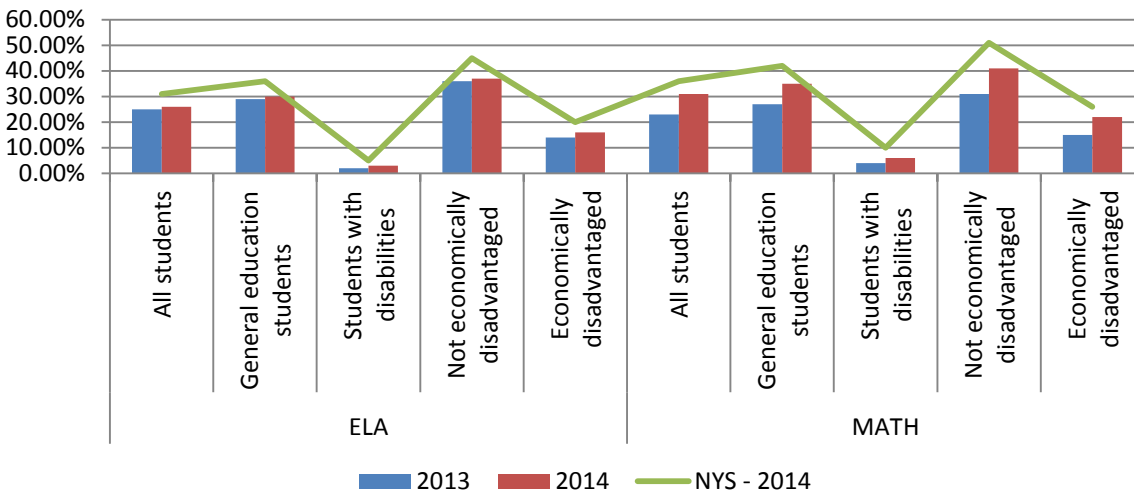
NYS Regulations for Family Day Care	Average Gross Weekly Income	Average Gross Hourly Income
6 children under school age	\$140 x 6 = \$840	\$21
2 children under age 2	\$150 x 2 = \$300	\$7.50

<sup>24</sup> ACS 5-year, 2013, Table B09002; ACS 5-year, 2013, Table B19126

## K-12 Education

The proficiency of public school students in Tioga County in English language arts (ELA) and math is well below the proficiency of students in NYS as a whole. Tioga County students have seen improved proficiency scores in math between 2013 and 2014, but have not improved ELA scores. The very low proficiency in both math (22%) and ELA (12%) for economically disadvantaged students is particularly concerning due to the sheer number of students in this category (50%).

Figure 14 Proficiency of Public School Grades 3-8 by Type of Student<sup>25</sup>

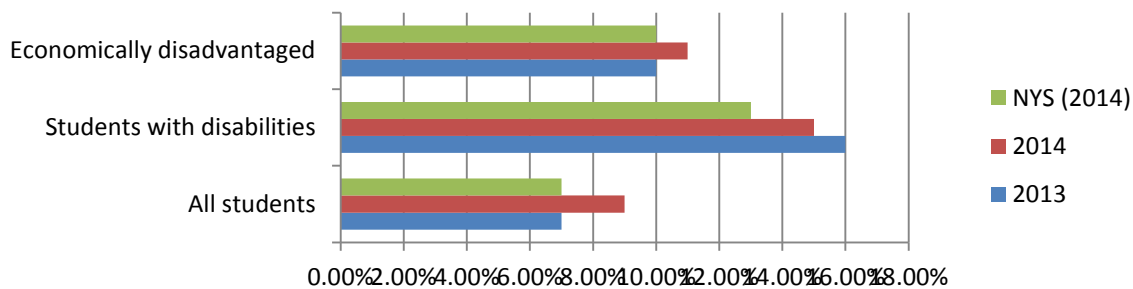


Graduation rates have held steady in Tioga County over recent years and are higher than NYS rates. However, the drop-out rate is higher than NYS especially among students with disabilities which is particularly concerning because of the high number of students with disabilities (14%).

Table 21 Graduation Rates

Type of Diploma	2013	2014	NYS (2014)
Public school graduation rate	82%	82%	76%
Regents with Advanced Designation	33%	32%	31.0%
ELA/Math APM (Aspirational Performance Measure/College Readiness)	40%	37%	38.0%

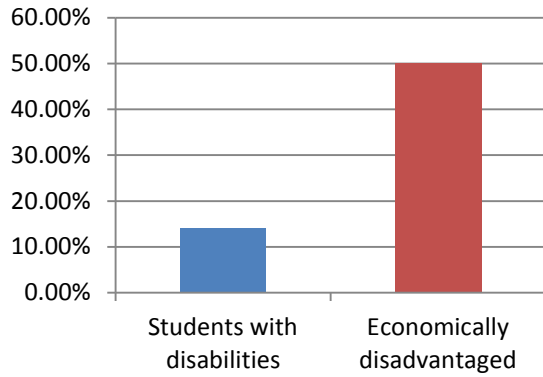
Figure 15 Drop Out Rates by Type of Student



<sup>25</sup> NYS Report Cards

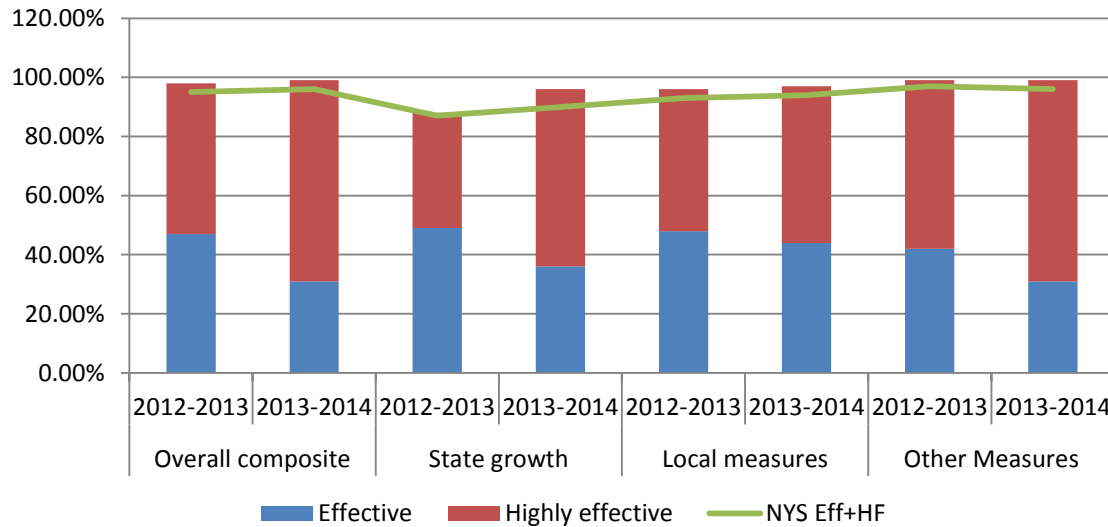


Figure 16 Percent of Public School Students



The vast majority of teachers in Tioga County were rated either effective or highly effective in the annual performance review ratings and showed improvement between the 2012-2013 and 2013-2014 school years.

Figure 17 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

### ***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, Tioga, 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

#### *Tioga County Comprehensive Plan, 2010*

1. Partner with one school district in Tioga County in order to develop a pilot project that addresses specific cultural and behavioral issues among middle and high school aged children.
2. Information on GED and post-secondary educational programs will be made easily available to Tioga residents and businesses.

## PUBLIC SAFETY

### **Funding Recommendations:**

Support for anti-drug programming

### **Arrests and Crimes<sup>26</sup>**

Overall, Tioga County is relatively safe when it comes to crime. Adult arrests in Tioga County have remained flat or decreased between 2005 and 2014 with the exception of drug arrests and property crime. Felony drug arrests increased by 208% and misdemeanor drug arrests increased 107% between 2005 and 2014. Misdemeanor property crimes have also increased with rates increasing by 22% in the past 10 years. Actual crime rates in Tioga County are well below the NYS (excluding NYC) rates. Juvenile arrests have decreased in recent years and are overall very low. Domestic violence crimes rates, however, have increased by 18% in recent years and have been noted as a continuing concern by stakeholders.

Table 22 Adult Arrests by Category and Year

Arrest Category	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total Arrests	791	813	857	842	876	896	816	715	805	685
Felony Total	222	222	226	227	233	250	208	176	219	193
Drug	13	30	14	13	15	29	25	22	27	40
Violent	51	38	56	52	53	59	41	29	43	41
DWI	38	34	34	33	44	26	39	30	28	22
Other	120	120	122	129	121	136	103	95	121	90
Misdemeanor Total	569	591	631	615	643	646	608	539	586	492
Drug	29	23	34	18	31	46	56	50	59	60
DWI	131	113	156	146	163	159	131	97	115	114
Property	94	139	146	144	148	129	144	133	141	115
Other	315	316	295	307	301	312	277	259	271	203

<sup>26</sup> New York State Division of Criminal Justice Services, Statistics  
<http://www.criminaljustice.ny.gov/crimnet/ojsa/stats.htm>

Figure 18 Index Crime Rate by Type (per 100,000 population)

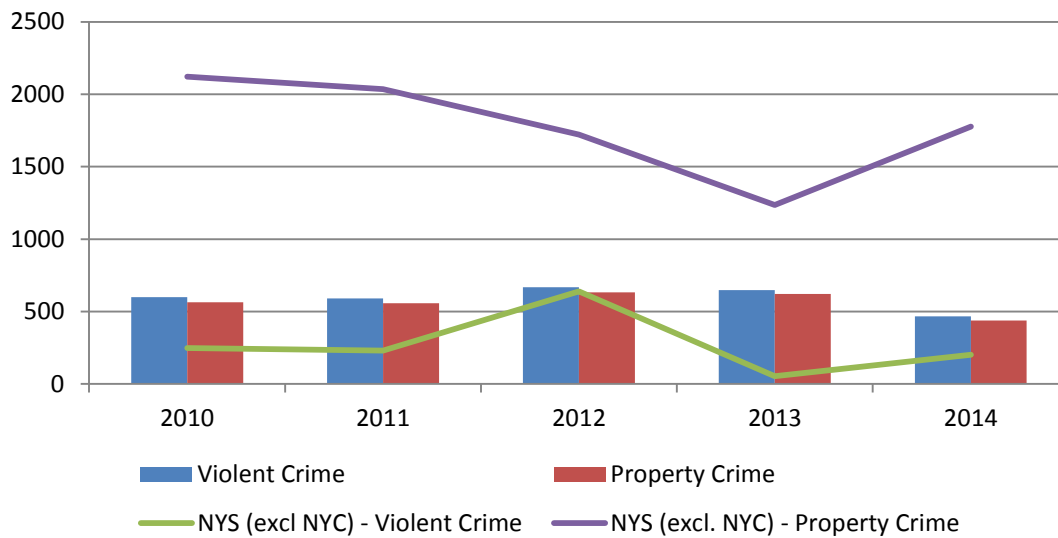


Figure 19 Domestic Violence Crimes by year

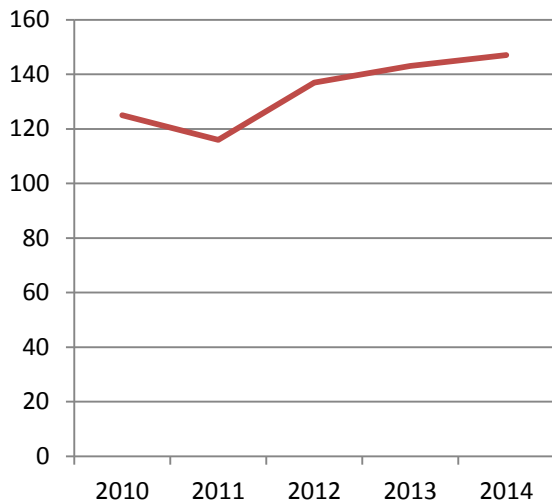
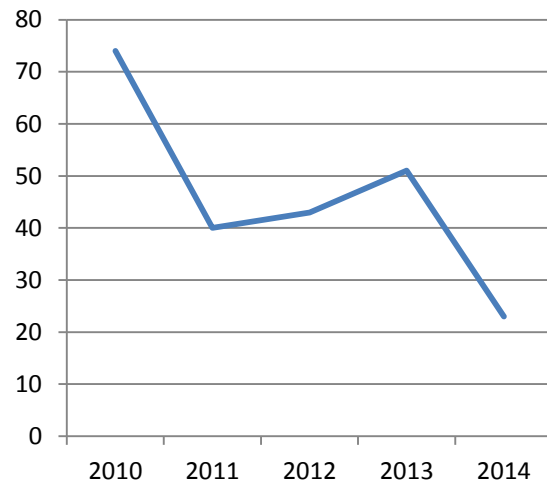


Figure 20 Juvenile Arrests by Year



**Primary Needs/Gaps in Services Identified by Community Stakeholders**

- Increasing drug addiction leading to increased property crimes
- Increasing incidences of domestic violence/child abuse

**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 transportation collaboration and planning efforts

### **Access to Vehicles**

Stakeholders disagreed on whether access to transportation was a significant problem in Tioga County. Some stakeholders suggested that the lack of transportation was an issue for some residents trying to access services, while others said that generally speaking, residents were able to manage transportation without too much difficulty. Data from the American Community Survey indicated the vast majority of households (93.1%) in the county have access to at least one vehicle. This is somewhat higher than the NYS (excluding NYC) rate of 90.2%.<sup>27</sup> Data also show that the majority of workers drive to work alone in their own vehicle (83.7%) or carpool (9.7%) and only 2.7% of workers aged 16 and over live in households without vehicle access.<sup>28</sup>

Figure 21 Percent of Households with No Vehicles

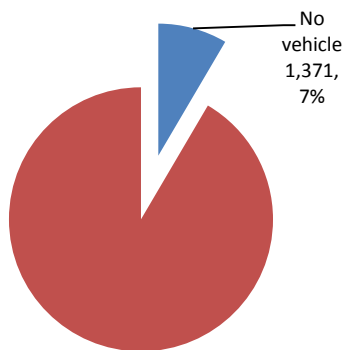
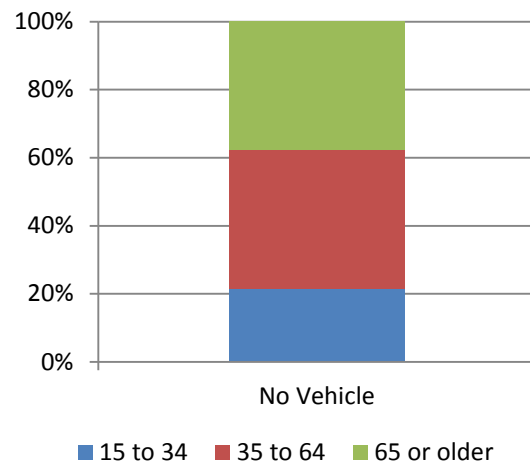


Figure 22 Percent of Individuals without Access to a Vehicle by Age Group



### **Public Transportation**

Due to change in Medicaid reimbursement rates, Tioga County discontinued their public bus services, Ride Tioga in September of 2014. Stakeholders disagree on the impact of the loss of the bus service. Some stakeholders believe it has had a negative impact on residents, while others believe that residents have been able to rework their transportation options successfully.

Tioga County is part of the Mobility Management of South Central New York program which strives to help coordinate and improve transportation access across the region. The program provides a call center

<sup>27</sup> ACS 5- year average, 2013, Table B08201

<sup>28</sup> ACS 5-year average, 2013, Table S0802

to help residents identify transportation options. Some of the transportation options available to residents include Tioga Opportunities' program to provide medical transportation to non-Medicaid eligible seniors and Neighbors to Neighbors, a volunteer-based organization providing residents transportation to medical appointments and shopping. Despite these collaboration efforts, some stakeholders noted continued issues related to the closure of Ride Tioga including the loss of transportation options for people with disabilities to reach employment or day habilitation programs and challenges for low-income individuals to reach out of county employment and training options.

### ***Primary Needs/Gaps in Services Identified by Community Stakeholders***

- Lack of transportation for house-bound and rural residents
- Restrictive advance notice requirements for current transportation supports
- No transportation for seniors to shopping or last minute medical appointments.
- Significant wait and travel times in any kind of transportation service

### ***Priorities Identified by Community Organizations/County Departments***

#### *Tioga County Community Health Improvement Plan*

1. Work with collaborative partners to remove transportation barriers to access chronic disease screening services

#### *Greater Binghamton Metropolitan Transportation Study, Coordinated Public Transit/Human Service Transportation Plan, 2013*

1. Develop transportation alternatives for suburban and rural areas
2. Develop transportation alternatives for areas underserved by paratransit
3. Coordinate volunteer transportation programs
4. Coordinate joint purchasing
5. Increase awareness of services to communities
6. Use technology to coordinate transportation operations, schedule rides, provide route and bus stop information, manage information, and improve quality of service
7. Provide targeted marketing and travel training for people with disabilities and older adults
8. Facilitate a culture shift to make dependency on private and personal vehicles no longer the social norm and increase social acceptance of mass transit
9. Promote higher density development and mixed use redevelopment of urban core which is favorable to efficient public transit

## ARTS, RECREATION & CULTURE

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### **Funding Recommendations:**

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

Funding for development/repair/renovation of recreational spaces/parks

Support for low-income children to participate in recreational activities

Funding for youth recreational opportunities

Funding for arts and cultural events

Tioga County has a growing number of arts and recreational options available including museums, galleries, parks and performing arts venues. Tioga County has identified a need for recreation as an important aspect of their planning process and incorporated it into their comprehensive plan in 2010. Stakeholders noted money as the primary need for arts and recreation in the county including more funding for programming, overhead and marketing for tourism. Stakeholders also noted the importance of recreation opportunities for youth in promoting positive behaviors and reduce risky behaviors.



### **Primary Needs/Gaps in Services Identified by Community Stakeholders**

- Funding for:
  - programming
  - marketing
  - arts education
  - recreational programs
- Development of parks and recreational spaces
- Youth recreational activities
- More cultural activities/festivals to enhance quality of life

## ***Priorities Identified by Community Organizations/County Departments***

*Tioga County Comprehensive Plan, 2010*

### *Summary of Municipal Master Plans*

#### **Park and Recreational Facilities**

- Renovate existing community parks
- Additional multi-purpose trail development
- Create additional camping facilities
- Additional youth recreation programs needed
- Additional river access
- Increase of number of publicly owned athletic fields

#### **Cultural Facilities**

- Historic Preservation of residences and public buildings
- Additional festivals and community events
- More support for the public libraries
- Community Centers needed
- Apply for funding to create cultural programs
- Renovate public spaces
- More arts and music events and facilities
- Encourage more tourists to the area

*County Strategic Plan* GOAL: Increase recreational and cultural opportunities that will provide current and future residents with more significant leisure-time experiences within the county

- Continue to work with NYS OPRHP on acquisition of state park land in Waverly
- Encourage NYS OPRHP to fund development of Waverly State Park
- In the absence of county recreational facilities, assist the municipalities in their recreational goals such as renovating existing parks, developing multi-purpose trails, and adding camping facilities and athletic fields
- Work with TCCA to implement in some manner the recommendations in the Incubator Feasibility Study for growth of the arts in our community – i.e. incubator space for artisan businesses, gallery space, more performing arts space
- Work with NYS DEC, municipalities and water equipment-related businesses to improve both quality and quantity of access points to the Susquehanna River
- Work with municipalities to create more youth-based recreation programs



## ECONOMIC DEVELOPMENT

### **Funding Recommendations:**

Support for bringing education and training options into the county

Support for re-training programs/certification programs for laid-off manufacturing staff

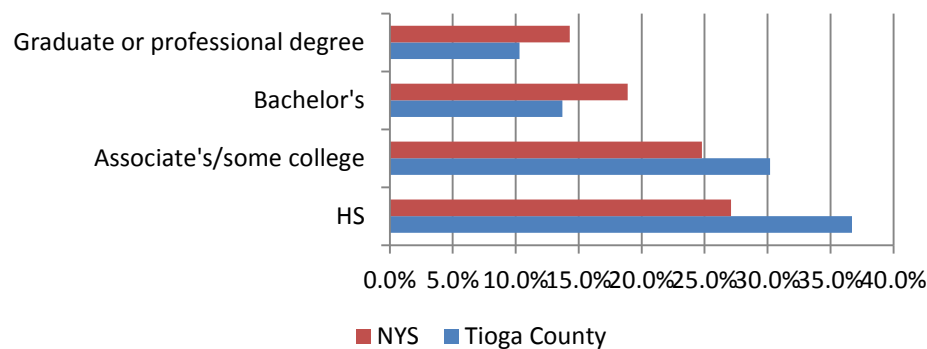
Financial support for individuals entering programs for high need jobs such as personal care aides and home health aides

Support for agricultural training programs

### **Educational Attainment**

The educational attainment of Tioga County residents lags behind NYS considerably with only 24.0% of the population having a bachelor's degree or higher compared to 33.2% in NYS as a whole.<sup>29</sup>

Figure 23 Educational Attainment of Population 25 and Older



### **Availability of Adult Education Opportunities**

Tioga County does not have any higher education options or vocational programs within the county which may be related to the low educational attainment rates. County residents must travel to contiguous counties to access educational and training opportunities which can be a significant barrier for those with lower incomes and transportation challenges. Stakeholders noted a desire to bring training opportunities to the county to support people who do not have adequate transportation to access training in other counties.

<sup>29</sup> ACS 5-year estimates, 2013, Table S1501

## Employment

Overall, Tioga County's unemployment rate is fairly low at 6.0% in July, 2015, only slightly higher than the NYS rate of 5.7% in the same time period. However, the unemployment rate only considers people in the workforce and Tioga County has a significant number of people, nearly 23% of people aged 25-64, not participating in the workforce. This is up from the 19.6% rate in 2005. The majority of the people not in the labor force are aged 60-64, but Tioga County has a higher non-participation rate than NYS for men aged 30-44 and women aged 25-34 (Table 23).

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

Age	Male		Female	
	Tioga County	NYS	Tioga County	NYS
25-29	14.4%	13.9%	24.8%	21.2%
30-34	14.5%	11.2%	27.2%	23.9%
35-44	12.8%	10.7%	22.3%	23.6%
45-54	14.0%	14.3%	23.2%	23.1%
54-59	22.6%	22.1%	30.8%	30.3%
60-61	33.6%	31.2%	35.3%	40.1%
62-64	48.9%	45.2%	51.4%	52.6%

Educational attainment has a significant impact on employment rates with people with higher levels of education having lower rates of unemployment and labor force non-participation (Figure 24). However, Tioga County has seen a shift workforce participation and educational attainment in recent years. As noted in Table 24, the percent of people with bachelor's degrees or higher not in the labor force increased from 18.6% to 22.6% between 2007 and 2013. This trend is reversed for people with lower educational attainment. The percent of people with less than a high school diploma not in the labor force decreased from 46.4% to 38.4% between 2007 and 2013.

Figure 24 Educational Attainment by Status in Workforce, Ages 25-64

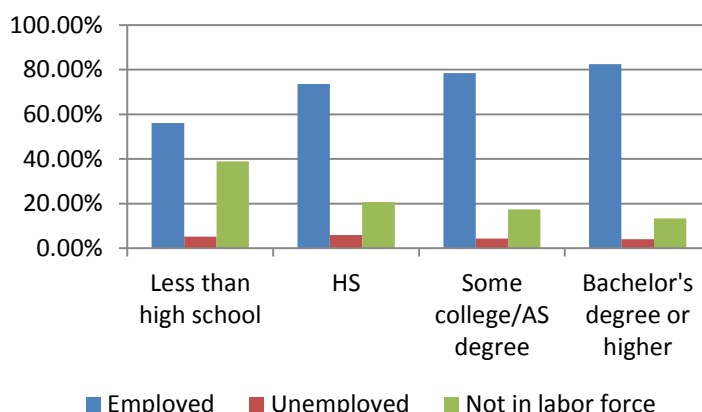


Table 24 Not in the Labor Force by Educational Attainment and Year, Age 25-64

	2013		2007	
	Number	Percent	Number	Percent
Less than high school	730	38.4%	1,432	46.4%
HS	1,914	20.3%	2,127	20.9%
Some college/AS degree	1,478	17.0%	1,523	19.6%
Bachelor's degree or higher	910	12.9%	1,046	17.1%
Total not in labor force	5,032	18.6%	6,128	22.6%
Total Population	27,060		27,159	

The total number of employees in Tioga County has decreased overall since 2005 despite a brief period of increase between 2006 and 2009 (Figure 26). The private sector employs the vast majority of Tioga County’s work force, but has also seen the greatest drop in employment (Figure 25Error! Reference source not found.). The highest level of employment is in the transportation and utilities, health and education, and hospitality industries in Tioga County (Figure 27.)

Figure 26 All Employees across All Industries

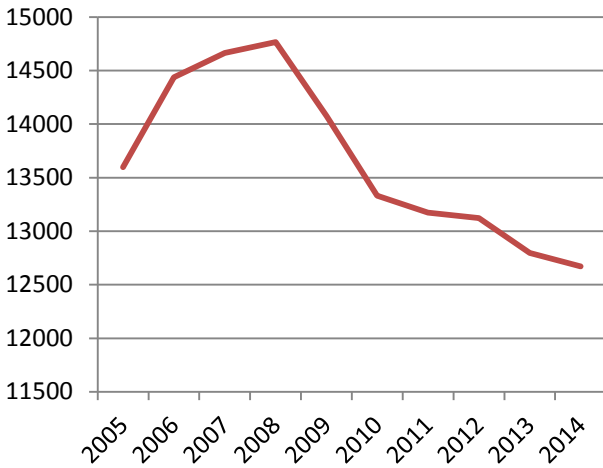


Figure 25 Percent of Employees by Industry (Private Sector Only)

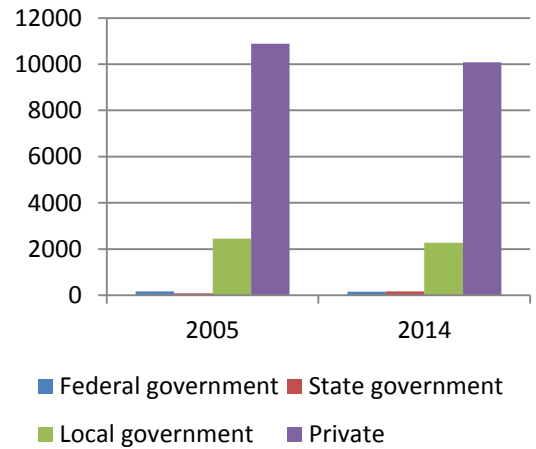
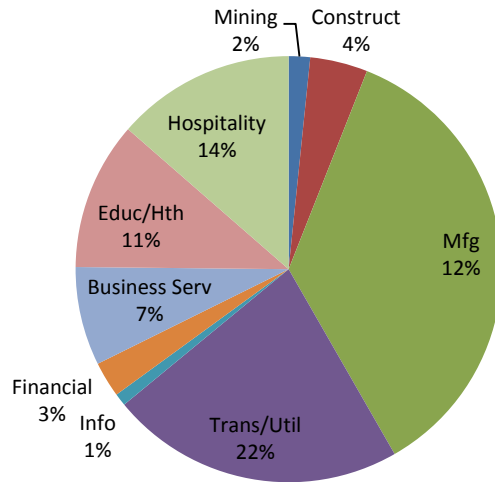


Figure 27 Percent of Employees by Industry (Private Sector Only)



The manufacturing and financial industries have seen the greatest job loss in Tioga County (Table 25) with mining seeing the greatest job growth. Real wages have decreased considerably in Tioga County from \$53,398 in 2005 (adjusted to 2014 dollars) to \$49,139 in 2014. All sectors except local government have seen wages decline in this time period (Figure 28). The industries with real wage increases between 2004 and 2014 included construction, manufacturing, financial services, and education and health services (Figure 29). The industries with the highest average wages have seen the greatest job losses since 2004. Stakeholders noted a need for training programs to help people laid off from the manufacturing industry transition to other emerging positions such as truck drivers and heavy equipment operators as well as a need for personal and home health care aides.

Figure 28 Average Real Wage by Sector

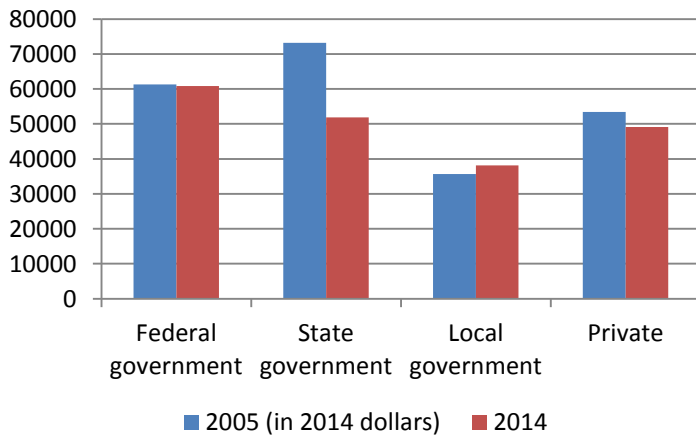
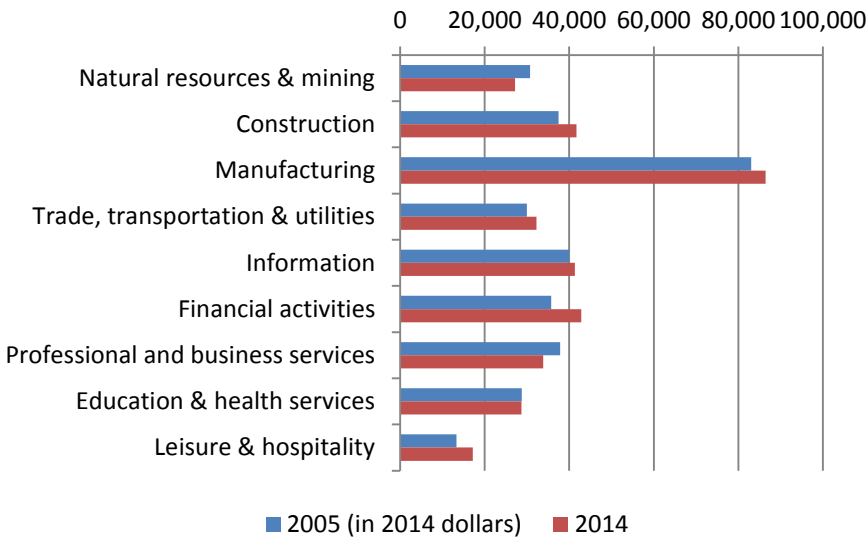


Table 25 Industry by Percent Job Growth/Loss and Average Wage

Industry	Percent Job Growth/Loss 2005-2014	Average Wage 2014
Mining	58.0%	\$27,164
Construction	4.2%	\$41,723
Manufacturing	-30.1%	\$86,429
Transportation /Utilities	7.9%	\$32,262
Information	24.3%	\$41,358
Financial	-10.2%	\$42,863
Business Services	3.4%	\$33,795
Education/Health	6.7%	\$28,686
Hospitality	43.0%	\$17,181

Figure 29 Average Real Wage by Industry (Private Sector Only)



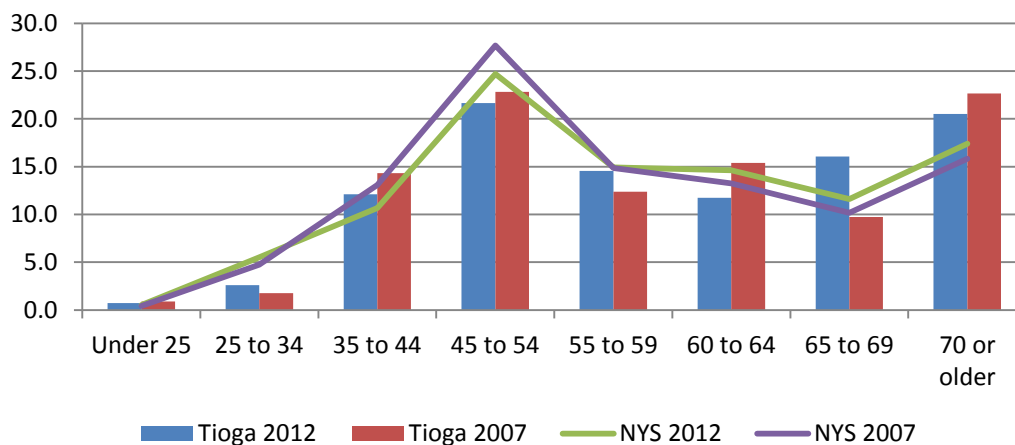
## Agriculture

Agriculture has been declining in Tioga County which has been identified as a concern by stakeholders in the county. As noted in Table 26, between 2007 and 2012, Tioga County has seen a decrease of 5.1% in the number of farms and a 2.6% decrease in the number of acres of harvested cropland. However, there has been a 130.5% increase in the value of crop sales indicating that while fewer farms are in existence, they are producing more. The number of farms with organic product sales has increased by 17.6% with a value of organic sales increasing nearly 40%. Livestock and poultry sales have decreased substantially. Overall, Tioga 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 30).

Table 26 Key Agricultural Indicators

Indicator	Percent change 2007 to 2012
Number of farms	-5.1%
Acres in farms	+1.0%
Acres of harvested cropland	-2.6%
Total woodland acres	+3.5%
Total pastureland acres	-4.9%
Total farms with organic sales	+17.6%
Value of organic product sales	+39.6%
Value of crop sales	+130.5%
Value of livestock/poultry and products sales	-19.9%
Acres treated by commercial fertilizer	-8.3%
Acres treated by manure	-18.7%
Farms receiving government payments	+2.1%
Total government payments in dollars	+5.6%
Primary occupation as farming	44% to 54%

Figure 30 Percent of Owners by Age Group



### ***Primary Needs/Gaps in Services Identified by Community Stakeholders***

- Need home health aides/personal care aides/home health agency
- Loss of manufacturing jobs
- Need for more people with CDL/heavy equipment operators
- No community college/no vocational/BOCES programs in county
- Need for more skilled workers

### ***Priority Areas Identified by Community Organizations/County Departments***

#### *Family Enrichment Network*

1. Provide financial aid for adult job training programs
2. Increase availability of independent living skills training for adults

#### *Tioga County Comprehensive Plan - Economic Development/Workforce Development*

1. Increase the number of basic activity jobs in Tioga County.
2. Increase and diversify the basic activity industry base in Tioga County.
3. Utilizing the Tioga County Empire Zone, revitalize downtowns and encourage both basic activity and non-basic activity business areas.
4. Bring Tioga County to its full tourism potential
5. The Tioga Employment Center (TEC) will become and remain aware of skills demands of existing and potential businesses.
6. The Tioga Employment Center will increase its business contacts in order to inform businesses of funding sources available for new and incumbent worker skill upgrades.
7. Participate in the linkage of business and higher education to assure the skill training offered is in business demand, and explore the expansion of internships/mentoring between business and students.
8. Increase the visibility of the Tioga Employment Center as the community focal point for training and re-employment services for Dislocated Workers, Displaced Homemakers, Public Assistance recipients and all other youth and adults. Such increase in visibility will assure appropriate expenditures of Federal funding, hopefully leading to continued Federal funds for employment and training into Tioga County.
9. Expand the vitality and viability of County agriculture and maintain and retain for future generations agricultural lands, as well as the feasibility of farming.