

## **Women's Fund of the Community Foundation for SCNY Needs Assessment Full-Report**

What follows is a full-accounting of the focus-groups and on-line survey that were offered to participants in October and November of 2012. The complete list of participants appears on page 25. While there is quite a bit of information provided, recommendations based on the analysis of the data are also presented. The Needs Assessment can be used in several ways including, but not limited to the following:

- To help guide fund priorities
- To help guide fund allocations
- To use for targeted fund-raising
- To help develop grant guidelines
- To guide a targeted Request for Proposals

It should be noted that since the process was completed, the “No Freeze” temporary housing program has been funded by the Community Foundation for SCNY (CFSCNY) and covers Broome, Chenango and Otsego counties. Also, the Rural Health Network of SCNY was funded by the Harriet Ford Dickenson Fund of the CFSCNY to study the transportation needs of the area through their Mobility Management Project.

The focus groups were split into categories representing life-stages for women and include: Early Childhood, Adolescence, Adulthood, and Senior Citizen. In each corresponding section the feedback from participants is discussed and some supporting data provided. Recommendations for action are offered to help guide future planning and allocation activities.

## **EARLY CHILDHOOD**

The Early Childhood focus group was held on Friday, October 18<sup>th</sup> 2012 from 1-3PM. During the session, five primary need areas were identified and prioritized. They are as follows:

- 1. Transportation**
- 2. Family Support**
- 3. Lack of Child Care Slots from Infancy to Age 12**
- 4. Care Outside of Traditional Hours/Mild Illness Care**
- 5. Operational Support of Organizations Providing Early Childhood Services**

**1. Transportation:** Access to reliable and affordable transportation was an issue that came up in every focus group and therefore affects women and their families across the lifespan.

**Affordability:** While public transportation is seen as an affordable option for those in poverty, the rate schedule proves otherwise for individuals and families that make multiple trips per day. The following is the current rate schedule for the Broome County Bus system:

Regular Cash Fare	\$1.50
Person with Disabilities ( <a href="#">Am I eligible?</a> )	\$0.75
Senior Citizen 65 Years Plus ( <a href="#">Am I eligible?</a> )	\$0.75
Medicare Card Holder ( <a href="#">Am I eligible?</a> )	\$0.75
Children Under Age 5 (when accompanied by an adult)	FREE
Transfers ( <a href="#">valid for 1 hour after purchase at transfer points</a> )	FREE
22 Single Ride Pass Packet (deducts one ride each trip)	\$30.00
12 Ride Pass (purchase only at <a href="#">Weis Markets</a> )	\$15.00
31 Day Pass	\$52.50
31 Day Pass for Senior Citizens 65 years plus ( <a href="#">Am I eligible?</a> )	\$33.00
31 Day Pass for Persons with Disabilities ( <a href="#">Am I eligible?</a> )	\$33.00
31 Day Pass with current Medicare Card ( <a href="#">Am I eligible?</a> )	\$33.00
31 Day Pass for Full Time Students ( <a href="#">Am I eligible?</a> )	\$33.00

For two adults, this adds up to over \$100 a month if taking the bus regularly or at least \$3.00 a day for sporadic use. When receiving public assistance or attempting to make ends meet with minimum wage employment, budgeting for the cost of transportation becomes difficult. There has been talk recently of monthly bus passes being discontinued and the only option will be the more expensive per trip rate. Organizations providing early childhood services report that women often can get their children to their daycare provider, but when given multiple referrals to other helping organizations report that they cannot afford the extra bus trips referrals entail and the cost a taxicab would also be well out of reach. Many women would require multiple daily trips not only to drop-off/pick-up children from day care, but also get to and from their place of employment. Women who have access to private vehicles are often able to put gas in the tank (although at a local average of \$3.70 a gallon this can be a major income drain), but regular maintenance is not in the budget and major repairs mean the car is no longer an option. There are

currently two programs that support personal vehicle ownership. The “Wheels to Work” program exists in both Broome and Chenango Counties but funds have been severely limited in recent years so very few families are able to benefit from this service.

**Reliability/Availability:** The local public transit system certainly does the best it can but its schedule can easily be de-railed and many women report that it can take as long as an hour to get from Endicott to Binghamton. How does one plan to get to and from a job and drop-off/pick-up children from daycare with an unreliable means of transport? While the bus currently operates until 9PM on weekdays and 6PM on weekends, there has been talk that due to budget cut-backs, hours will be reduced on both weekdays and weekends. Many minimum wage jobs require nights and weekends so that even the current hours of operation can be a challenge for women. The Broome County transit system does not currently run regular routes to the rural areas of the county. In the rural counties we serve, this becomes even more of an issue. The public transit routes (if they even exist) are limited to the larger towns with sporadic rural service. For example, in Delaware County, the public transportation system is focused on the needs of commuters to New York City rather than the rural poor. The hours of operation in Tioga County (and our other rural counties) have improved, but because of the rural nature of the area and the limited number of vehicles in rotation, reliability is an issue. For those with personal vehicles, many of their cars are older models that get them where they need to go, but aren’t reliable for long-term use. Many women will own a series of “junkers” rather than try and rely on public transportation, even though public transportation may be more reliable over-all. Early Childhood providers also report that they offer no transportation to and from half-day Universal Pre-K programs and there is limited transportation available to and from Head Start programs.

**Recommendations:**

- Consider requests that include funding for bus tokens
- Consider requests that include funds that subsidize monthly bus passes
- Consider requests that expand transportation opportunities in rural areas
- Consider requests that provide gas cards to friends/family members willing to provide transport
- Consider requests that bring programming to women rather than women travelling with children to access services
- Consider requests that include any assistance that may encourage/support private vehicle ownership
- Consider requests that include funding for transportation to and from Universal Pre-K programs and/or Head Start programs.

**2. Family Support:**

**Basic Needs:** Happy kids (regardless of gender) need caregivers who have their basic needs met. All focus group and survey responders reported that the basic necessities of food, clothing and shelter have been issues for the women and families that they serve. Food insecurity continues to be an issue for families in our service area. A lack of accessible grocery stores on the North Side of Binghamton and in city center, as well as in rural areas lead to what the literature is now referring to as “food deserts”. Access to fresh, healthy food options are not available and in many cases, are unaffordable. Access to food stamps has increased over the past year, but the stigma attached to using them

(especially for the working poor) prevents those who may need them from applying. Providers report that often caregivers do not know how to prepare fresh foods so choose pre-packaged meals that are full of sodium and carbohydrates that are filling but not nourishing. Providers report that there are no shelter beds for families (outside of domestic violence cases) in the area. They are sent instead to local hotels known for their crime and filthy conditions. Early childhood providers note that many children they work with are in kinship care or foster home placements either because their parents are incarcerated or struggling with addiction. They report that children with multiple transitions during the day and have routines disrupted experience more difficulty in the classroom/day care setting than children who do not. Stabilizing housing helps children (regardless of gender) by reducing the stress on their caregivers. Many providers reported an increase in the stress they've seen families under due to both the flood and the economic downturn. Providers are having difficulty keeping up with high-need, low-income families. Issues related to meeting basic needs will be discussed further in the ADULTS section of this report.

**Subsidies for Safe, Affordable Childcare:**

“The average cost of full-time child care for infants in Broome County is \$7,020 per year, per child, in family child care and \$8,879 for center care per year. The average cost of full-time child care for preschoolers in Broome County is \$6,642 per year, per child, for family child care and center costs average \$8,101 per child, per year...both the (DSS) subsidized rate and the private pay rate are more than the cost of public college tuition per year in New York...” –*Family Enrichment Network Community Assessment 2012-2013; p.43*

Subsidies for childcare through the Department of Social Services in the counties we serve, do not keep pace with the cost of licensed child care providers. This insufficient subsidy drives low-income women into either sub-standard licensed care or out of the market completely and into family/friend/neighbor care which is unregulated by New York State and unstructured. Insufficient DSS subsidies also force high-quality providers to reject women who have these stipends as they do not cover the entire cost of care provided. It should also be noted that DSS stipends are provided only to women who are employed. They are not offered to women who are seeking to further their education, obtaining their GED, or training for a professional certification. Lack of stipends for women who are attempting to improve their education keeps them in low-wage, unskilled employment with little prospect for any higher earning potential. The Family Enrichment Assessment covered Broome, Tioga, and Chenango counties. The situation is similar in the other rural counties that we serve. Children in rural areas are likely to stay in poverty longer and are more likely to live in areas of concentrated poverty at the county level. Families in rural areas have lower incomes than their “urban” counter-parts and lack a host of other resources. Most care in our rural counties is unregulated and informal, and culturally, many rural parents would rather leave their children with relatives of friends while they work. As parents must travel 15 miles or more for child care in rural areas, transportation is an issue when looking for a safe, affordable provider.

**Recommendations:**

**-Consider requests that assist women with locating safe, affordable child care.**

- Consider requests for programs that assist women with developing professional skills
- Consider requests for programs that improve food-security
- Consider requests that offer stipends for quality child care
- Consider requests for nutrition education programs that are easily accessible or are offered in-home
- Consider requests that offer transport assistance in rural areas
- Consider requests that offer training for “informal” providers in rural and urban areas
- Consider requests for programs that remove barriers to mothers who want to pursue an education
- Consider requests for programs that offer support to incarcerated mothers
- Consider requests for programs that offer mental health support to mothers
- Consider requests that increase access to fresh, healthy foods

### **3. Lack of Child Care Slots from Infancy to age 12:**

“According to U.S. Census data, there are 6,572 children under 5 years old needing child care in Broome County, 1,868 in Tioga County, and 1,717 in Chenango County. To meet the demand for child care for children under 5 years 1,573 more slots are needed in Broome County, 539 in Tioga County, and 651 more slots are needed in Chenango County. To address the demand for school age child care for children ages 5 years to 12 years, 3,383 more slots are needed in Broome County, 1,135 in Tioga County, and 1,790 in Chenango County.”- *Family Enrichment Network Community Assessment 2012-2013; pg. 33*

**Infant Care:** Providers and child care referral specialists that attended the focus group stated that infant slots fill up as soon as they open. Currently, there are regulatory issues that discourage licensed home-based providers from taking infants. Infant care in child care centers is expensive and requires an increased staffing pattern. Therefore, there are compelling disincentives to add more infant slots.

**School-Age Care:** According to focus group participants in the field, school-age and after-school care are the least available types of care for children. Because of the lack of slots and the cost of those that are available, low-income women turn to unregulated care or leave younger children in the care of older children. According to the focus group participants, low-income children have particular difficulty gaining access to after-school care. In fact, children living in families with a monthly income under \$1,500 are less likely to participate in enrichment activities and that the cost of these activities and traditional after-school care is the major barrier to participation. Providers from all of the counties that we serve expressed their concern about the children they’ve known who go home after school and are unsupervised or supervised by other children. This becomes an issue for the Women’s Fund not because of the gender of the children but because it is such an issue for single mothers. According to the US Department of Labor and the US Bureau of Labor Statistic’s report, “*Women in the Labor Force: A Databook*” from December 2011, “...71.3% of mothers with children under 18 years of age are in the

workforce. Mothers with children 6-17 years of age are more likely to participate in the labor force than mothers with children under 6 years of age.”

**Recommendations:**

- Consider requests that offer subsidies for infant care
- Consider requests that offer to increase access to after-school enrichment activities
- Consider requests that offer free after-school programs
- Consider requests that offer transportation assistance to after-school programs
- Consider requests that offer training to “informal” providers
- Consider requests that offer infant and school-aged childcare referral services
- Consider requests that increase the number of infant or school-age care slots

**4. Care Outside of Traditional Hours/Mild Illness Care:** Women have very few options available to them for child care if their child is experiencing a mild illness. This is an illness which does not represent a significant risk of serious infection to other children and which allows the child to participate in usual activities of a program but with minor modifications such as rest. In Broome and Tioga counties, mildly ill child care is not available to mothers unless the child is in a program that has a policy that accepts mildly ill children. Few programs do. Several of the participants would like to offer the service, but funding regulations that currently exist all but guarantee they would lose money attempting to operate such a program. The same issue comes up for women who work non-traditional hours. Many unskilled, minimum wage jobs demand evening and weekend hours. Day care centers and licensed family providers do not typically operate at those times. Second and third shift child care is rare and women are forced to rely on informal friend/family care for their children. Focus group participants again reported that even though they know there is a need for this type of care and they would like to offer it, due to the increased regulation of this type of care, if an agency doesn't start off running at capacity, it will lose money.

**Recommendation:**

- Consider requests that support a coalition of providers organized around this issue

**5. Operational Support of Organizations Providing Early Childhood Services:**

**Funding of Early Childhood Organizations:** Focus group respondents reported that funding for their organizations has either declined or remained stagnant for the last several years. Unfunded mandates and new regulations with no extra money for implementation have been a drain on the larger centers. Some organizations are more dependent on state funding than others but all have been affected by both the downturn of the economy and the flood. Several small licensed providers and 2 large local daycare centers have closed due to the flood and lost revenue. Both crises (the flood and the economic downturn) have led to a decrease in enrollment and in the number of participants who are able to pay full price. There continues to be a lottery for Universal Pre-K slots in many areas and because the programs are only half-day and do not provide transportation, many parents/caregivers opt to keep their children home in familial and unregulated care. Participants reported that subsidies for childcare do not cover the entire cost of the program and daycare centers write off thousands of dollars in lost income. This makes it difficult to expand their capacity if there is no corresponding increase in investment by the state or community. Many of the participating organizations would like

to re-think and re-organize their services but the time, effort and cost of doing so prohibits them from exploring other options. Many of the respondents, regardless of geographic area, have noted that it is difficult to quantify what daycare centers do and they have had no technical assistance to help develop meaningful outcomes. While many providers understand the theory behind the focus on sustainability, they would like more wiggle room to have trial programs to test for viability, even if an immediate avenue to sustain a program does not present itself. They report that when women attend their programs, they do not ask whether it is sustainable, they just appreciate the assistance while it is available.

“The emphasis on sustainability is unrealistic. We’d rather do something, even if it is time limited, than do nothing because there is no way to make it sustainable.”-participant from Delaware County

### **Staff Recruitment and Retention:**

“Knowing the importance of high quality child care, the qualifications of the child care providers are critical. However, the people we entrust to provide quality child care for our children are often not highly compensated. On average, in center-based care, an assistant teacher earns \$9.35 per hour, while a lead teacher earns \$11.09 per hour.”-*Family Enrichment Network Community Assessment 2012-2013, pg. 45*

According to many of the participants, the field of early childhood and childcare in general do not attract many because the pay for effort is skewed as demonstrated above. The pay is low by any definition and many employees use their situations as a “pass-through” while they get their NYS teacher’s certification. While their employees are hard-workers and are invested in the work they do, they move on as soon as a better opportunity presents itself. The average rate of turnover in several of the counties served by the Women’s Fund is 12% which is lower than the national average, but is unacceptably high given the importance of the child/provider relationship in forming lasting attachments. Many of the local providers report that there are outreach and staff training outcomes that are required by their regulating organizations but there is no money attached to support providers in reaching these goals. Organizations invest a significant amount of time and money to train their staff and lose on this investment with such high rates of turnover.

#### **Recommendations:**

- Consider requests even if sustainability is an issue**
- Consider referral to Community Fund if operating expenses are an issue**
- Consider referral to NYCON for capacity building support if identified as need in proposal**
- Consider proposals that support staff development and training opportunities**

## ***ADOLESCENTS:***

The Adolescents Focus Group was held on Thursday, October 25<sup>th</sup> from 1-3:30PM. During the session (and including input from the on-line participants) five primary need areas were identified and prioritized. They are as follows:

- 1. Transportation**
- 2. Family Engagement**
- 3. Health and Safety**
- 4. Recreational/Vocational/Education and Employment Opportunities**
- 5. Wider Focus/More Flexibility for Grants**

**1. Transportation:** The issues for transportation are the same for adolescents as they are for early childhood. The explanation of the issue and recommendations will remain the same. In addition, an added issue for adolescents and the programs they attend is that their respective school districts' often are not able to afford transportation/busses to events that may expose girls to opportunities they otherwise would know nothing about.

### **Recommendation:**

**-Consider requests for funding that include off-setting the cost of a school district's provision of transportation.**

**2. Family Engagement:** The feedback from both the focus group and on-line respondents indicates that there are two issues playing a role in the lack of family engagement in the lives of adolescents, particularly adolescent girls. The issues are a lack of time and energy on the part of working parents, and the effect that generational poverty has on the quality of parenting.

**Lack of Time/Energy:** Respondents report that many working parents of the adolescents that they serve are exhausted and figure that if their kids are someplace safe, that's enough. Programs offer an array of reasons for the perceived apathy on the part of parents from parents not understanding their role in the program to a limited number of opportunities for parents and teens to do things together. They report that their efforts to engage parents have largely been unsuccessful. Charging for programs to encourage buy-in has yielded no return. As parents are not captive audiences as their children are, many of the respondents feel that better incentives have and will continue to encourage parents to spend the little time they have with the organization. Many providers also report that communication in general between parents and their teen-aged children can be difficult and teens can feel they have no one to talk to at home. For girls this becomes problematic as they then turn to peers to get important information about sex and relationships that can be inaccurate and harmful. As a large body of research ties strong family involvement to a number of positive outcomes for girls (later on-set of sexual activity, less experimentation with drugs/alcohol, etc.) it becomes important that organizations serving girls find every opportunity to involve parents and caregivers. The issue becomes even more critical in rural areas where parents may have to commute to work leaving their teens unsupervised for longer stretches of time. For girls whose parents are incarcerated or who are not in their parents' custody, engagement becomes an ever more difficult issue.

The KYDS Coalition of the Broome County Mental Health Department released the results of its 2010 Prevention Needs Assessment recently. Its findings were not surprising. When discussing risk factors, families played a large role in the prevalence of maladaptive behaviors in teens. Family history of the problem behavior, family management problems (including low involvement) and family conflict have been correlated in at least two studies with risk behaviors such as: substance abuse, delinquency, teen pregnancy, drop-out rates, and violence.

### **Effect of generational poverty on parenting:**

“Generational poverty is defined as a family having lived in poverty for at least two generations. There is a cultural component to generational poverty that does not present itself in situational poverty” –Ruby Payne, *“A Framework for Understanding Poverty”* pg. 4

A tension exists between service providers who are largely from the middle-class and the families they serve, many of whom are from generational poverty. Many of the cultural aspects of the two are significantly different. Several of the providers offering feed-back expressed frustration at some of the cultural aspects of families and girls living in generational poverty. Families are headed by single women with no father represented. Many of these women are little more than children themselves and parent from a peer mentality. Many of the older girls are expected to parent their younger siblings and are not encouraged to pursue other interests (even if they could afford to) because they may “get above their raisings”. Caregivers from generational poverty can understand the importance of education in theory, but do not see it as a reality. Providers report that many of the parents of the girls they serve are high school drop-outs without a GED. This not only limits their prospects, but the prospects of their daughters as well. The girls may be encouraged to have children while young as there is an emphasis on having something that is “mine.” Providers who do not understand the cultural aspects of generational poverty and the significant differences in the way in which the two socio-economic classes view the world often become frustrated with the families they serve and attribute their lack of engagement as “laziness”, or verbalize that they “just don’t care.”

#### **Recommendations:**

- Consider requests that offer incentives for parent participation**
- Consider requests that specifically engage the parents of girls**
- Consider requests for staff development and training programs that educate providers about the culture of generational poverty**
- Consider requests for programs that support the engagement of parents who are not living with their daughters (incarcerated, in treatment).**
- Consider requests for programs that improve communication between parents and their daughters**
- Consider requests that build in transportation support for families**
- Consider requests that build in childcare for younger siblings while offering parent/teen programs**

### **3. Health and Safety:**

**Health:** This is an area that is particularly troubling to those that serve girls. For the purposes of this assessment, we will be addressing the physical health of girls, particularly their reproductive health. In both the adolescent and adult focus groups, access to healthcare was brought up as one of the most compelling issues facing women of all ages. Although access to health insurance (such as Child Health Plus) has expanded, the ways in which the poor access care has not. Emergency Rooms continue to be accessed for routine care and preventative care is not utilized at all. Puberty complicates the issue even further. Many teens don't have regular access to the feminine hygiene products like pads and tampons (as well as shampoo, soap, and deodorant) that would assist them in taking care of themselves. Providers report that if a girl starts out the day badly by beginning menstruation or not being able to shower, that typically effects their entire day, effecting academic performance and social interactions. Access to reproductive healthcare is limited to many teens, regardless of socio-economic status, as many young women do not want their parents to know they are sexually active. They rely on information from friends, and the Internet to fill in the blanks and put themselves at risk for unplanned pregnancies and sexually transmitted infections. Delaying child-bearing has been associated with positive outcomes for teens including: higher high school graduation rates, higher college graduation rates, and the improved financial status that accompanies those markers. The other health issue affecting the girls that reside in the area the Women's Fund serves is access to drugs and alcohol. Several providers reported that girls have easy access at home to drugs, alcohol, weapons and related paraphernalia. In many instances, reports of drugs and weapons at home have led to providers calling in reports to the state for investigation by children's services. Stemming from a lack of positive relationship role-models, girls often find themselves in relationships with older partners who are emotionally and/or physically abusive.

“...10% of Head Start and Early Head Start families have indicated that they are currently experiencing Domestic Violence in their households; an increase of 7.1% since last years assessment.” –*Family Enrichment Network Community Assessment 2012-2013; pg. 129*

These relationships are associated with negative outcomes for girls and include: early pregnancy, increased high school drop-out rates, increased rates of sexually transmitted disease, increased use of alcohol and drugs.

**Safety:** Providers in all counties reported that girls are tied to their phones and spend a large amount of time on social media sites. While this provides an outlet for them to remain connected to friends, it also presents an area of great concern for their safety. The safe use of technology among teens has become a topic of interest for parents, teachers and community service providers. Girls are particularly at risk as their utilization of social media is higher than boys. Combined with the reality that many teens will do anything for acceptance from adults, peers and parents, unsupervised use of technology poses a psychological, emotional and potentially legal threat to teens. Providers report that the girls that they work with do not understand the legal ramifications of “sexting” or the consequences of posting pictures of themselves with alcohol/drugs on Facebook or Twitter. Adolescents cannot understand why employers might not want to hire them after

viewing their Facebook page and don't understand why there is an age requirement for those who want to open Facebook or Twitter accounts. Educational programs on what constitutes cyber-bullying, how they can respond to it, and what schools should be doing to protect them are lacking. The opportunity for young women to become "friends" with older, predatory men has increased exponentially in the digital age. Again, due to a lack of relationship role-modeling and the need for attention, girls are at an increased risk to fall into destructive relationships with older men.

**Recommendations:**

- Consider proposals that offer access to feminine hygiene products
- Consider proposals that increase access to reproductive health and educational services
- Consider proposals that model and support healthy relationships
- Consider proposals that help decrease use of emergency rooms for primary care
- Consider proposals that encourage enrollment into low-cost or no-cost health insurance programs
- Consider proposals that decrease the use of and exposure to drugs and alcohol
- Consider proposals that address the issue of "cyber-safety"
- Consider proposals that educate girls about predatory relationships
- Consider proposals that delay the onset of sexual activity

**4. Recreational, Vocational, and Educational Programs:** Much of the feedback from the on-line survey and focus group was that there is a programmatic "dead zone" for adolescents between the ages of 13-18. From the perspective of the provider, this is because funding is diverted to younger kids to prevent various risk factors, coupled with the fact that adolescents of this age begin to think it's not "cool" to be in a program and would rather spend time in an unsupervised environment. The question then becomes how to engage adolescents so they are not at as high a risk for teen pregnancy, drug use and abuse, predatory relationships, etc. which are associated with excessive amounts of unsupervised time.

"Often called "latchkey" care, self-care may place children at risk. Children in self-care may experience more accidents and injuries (Kerrebrock and Lewit 1999; Peterson 1989); externalizing behavior problems (Colwell et al. 2001; Vandell and Posner 1999); and lower social competence, GPAs, and achievement test scores (Pettit et al. 1997). Likewise, self-care in adolescence has been linked to an increased likelihood of cigarette smoking, alcohol consumption, and drug use." (Mott et al.1999; Mulhall, Stone, and Stone 1996). *Unsupervised Time: Family and Child Factors Associated with Self-Care* (2003); The Urban Institute; Occasional Paper Number 71; pg. 9

**Programming for adolescents:** The focus group participants reported that this age group tends to respond well to "supervised freedom". They like to be treated like adults and asked for their opinions about what activities and programs are going to be offered. Providers at these programs report that adolescents "check-out" of programming because they've been in school all day and don't want to "learn" anymore. Participants reported kids suffering from "teen syndrome" where everything is BORING. If teens are in programs they want to be DOING. Participants reported that teens respond best to opportunities not programs. These opportunities would include things like: showcasing

their talents, leadership skills development, college visits, mentoring and volunteer activities. The girls from Binghamton want opportunities to travel outside of the city. The girls from our rural counties would like opportunities to travel to urban areas. The key with at-risk adolescent girls is to keep exposing them to things they aren't usually exposed to. This includes STEM (Science, Technology, Engineering and Math) educational programs as girls are often not encouraged and supported in their pursuit of these fields or not exposed in a way that is engaging. This becomes even more of an issue for girls in rural communities who are often in school districts with few resources and lack the transportation to access the few opportunities for skill and personal development that are offered. One rural provider gave the following example:

“We used to offer a mini-grant program to rural districts so they could engage adolescents in ways that were meaningful in their own environment. One very rural district started with a very simple offering: taking 10 girls out to dinner that had never eaten at a restaurant that was not considered “fast-food”. The joy of considering a menu with options they'd never tried, getting dressed up, and being exposed to something new was exciting to watch! Of course, the mini-grant money ran out and the program has not been refunded.”

**Employment:** The other reason that adolescents drop-out of afterschool programs is that they want to work and earn money. While there are several existing programs that provide employment opportunities for teens, they cannot keep up with demand and their funding is often tenuous. Employment programs that assist teens with preparing for employment, orienting them to employment culture, and teaching them a career skill are even fewer and far between. As one local provider put it:

“We have a summer employment program with 15 slots. We routinely have at least twice that number apply. We cannot expand our capacity to meet that need with the funding we currently have.”

**Recommendations:**

- Consider proposals that have budgeted for transportation
- Consider proposals that offer unique methods to engage teens
- Consider proposals that address the age range of 13-18
- Consider proposals that engage girls in STEM education
- Consider proposals that offer leadership opportunities
- Consider proposals that offer a range of employment related activities
- Consider proposals that develop transferable skills
- Consider proposals that include resume writing and interview skills
- Consider proposals that offer stipends to teens for work
- Consider proposals that expose teens to opportunities outside of their daily experience
- Consider proposals that incentivize graduating from high school
- Consider proposals that include access to professional clothing

**5. Wider Focus/More Flexibility for Grants:** Two issues related to grant-funding continually came up in focus groups, but particularly the group on Adolescents. This seems to be related to the territoriality of the providers. There appears to be a significant amount of service duplication and no apparent coordination among providers. In order to carve out niche programming specifically for girls, providers reported that they need support in two specific areas: a wider focus on programs allowed, and incentivizing collaboration.

**Wider Focus:** Participants reported that they are often forced to fit their programming into the “model-of-the-day” rather than have their programming driven by local need and design. The paradigm du-jour is that most government funding streams are asking for providers to replicate evidence-based programming. They will release a *Request for Proposals* and provide a list of program models that are “approved” for replication. Because they have been scientifically proven to be effective, the programs **MUST** be implemented the way they are written and cannot be “tweaked” to fit the community they are being replicated in. The models are typically limited in scope and are proven to address one specific issue and cannot be adapted. They also must be implemented in a very specific manner. To uphold their scientific integrity and to protect their intellectual copyright, staff that are going to implement these programs have to send their program staff to expensive trainings where they learn exactly how to implement the model. These trainings often cost several thousand dollars per staff person. Funding for smaller, focused programs that address specific community or even neighborhood need remain is very difficult to find. The funding streams that are available often require a sustainability plan that providers find impossible to put together given their limited options. They would much rather receive funding for a program and do something, even if it won’t be able to be continued when funding runs out, rather than do nothing.

**Incentivizing Collaboration:** During the focus group process the facilitator found this particular group to be less likely to collaborate to provide services and to be lacking a mechanism to coordinate services based on prioritized need. Interestingly, providers report that the grant-making culture does not encourage collaboration and that most Request for Proposals do not ask for, or require it. They report being particularly territorial when it comes to competing for the limited funding that is available and would like an incentive to be less territorial and to share resources.

As an example: the 2012 cycle of the Women’s Fund saw no less than four requests for funding involving programs for pregnant and parenting teens. None of these proposals cited the others as potential partners or sub-contractors, nor did they appear to be aware that they were competing for the same money.

When the funding that NYCON set aside to foster a collaborative project was brought up, none of the providers seemed to be aware of the opportunity.

**Recommendations:**

**-Specifically ask for evidence of collaboration in application**

- Offer the opportunity for “one-shot” programming that would not be possible otherwise**
- Consider proposals that offer unique solutions to locally identified need**
- Review application to ensure that the questions asked of providers to define the need for their request are clear**
- Consider an application that funds the creation of a coalition of providers focused on this age-group**

**ADULTS:**

The Adults Focus Group was held on Thursday, October 18<sup>th</sup> from 1-3:30PM. During the session (and including input from the on-line participants) five primary need areas were identified and prioritized. They are as follows:

1. **Transportation**
2. **Basic Needs**
3. **Women’s Healthcare**
4. **Education and Employment Opportunities**
5. **Operational Issues for Agencies Serving Adult Women**

**1. Transportation:** The issues for transportation are the same for adults as they are for early childhood and adolescents. The explanation of the issue and recommendations will remain the same as outlined previously.

**2. Basic Needs:** While facilitating the focus-group for Adult women, Abraham Maslow’s Hierarchy of Needs came to mind:

“This hierarchy is most often displayed as a pyramid. The lowest levels of the pyramid are made up of the most basic needs, while the more complex needs are located at the top of the pyramid. Needs at the bottom of the pyramid are basic physical requirements including the need for food, water, sleep, and warmth. Once these lower-level needs have been met, people can move on to the next level of needs, which are for safety and security. As people progress up the pyramid, needs become increasingly psychological and social.” <http://psychology.about.com/od/theoriesofpersonality/a/hierarchyneeds.htm>

**Homelessness:** Almost all of the needs expressed by providers of services revolved around food, shelter, warmth and safety. As Maslow posited, the higher social needs are difficult to meet if basic needs have not been addressed first. For women who find themselves homeless, options are limited. The YWCA reports that there are still women who are displaced from the flood that are receiving services from them. The YWCA reports having lost money taking in flood victims that could have been used to shelter women. They are the only shelter in our area that has beds set aside for women-only. Tioga County has no women-only shelter for those NOT in a domestic violence situation and the other counties we serve do not have women-only shelters. There are currently no “family” shelters where women can stay with their children. In this situation, women with children are housed in local motels that are known for drugs, prostitution and a host of other illegal activities. In Broome, Chenango and Otsego counties, a “no-freeze” policy is in effect but there have not been the resources available to cover temporary shelter for those who have no other means to pay for it. There are no “free” shelters in the area, and many shelters have lowered their length of stay to 21 days in an effort to cut back.

**Safe and Affordable Housing:** According to providers in both Broome and Tioga Counties, rents have been trending up in anticipation of the fracking boom, pricing low-

income residents out of the market. Housing experts in Broome County also cite a reduced low-income housing stock as landlords would rather rent those apartments to students whom they can charge twice the rent. There are very few organizations that can offer help with security deposits which can include first and last months rent. Participants from all counties reported that DSS has burned bridges with many landlords by making promises that they have not kept in relation to rental and deposit expenses. The housing stock that is left is often in unsafe locations throughout the counties we serve, in a state of disrepair, infested with bedbugs and managed by “absentee” landlords. While Section 8 housing through HUD is available, there are often long waiting lists and an applicant can wait up to two years to be approved for the federal rental subsidy. In addition to securing safe and affordable housing, providers report that requests for utility assistance is at an all-time high and that as early as October, individuals and families are requesting HEAP assistance to help heat their homes. At the current rate of utilization, these programs will not last for the duration of the cold season.

**Food Insecurity:** There continues to be a gap in the number of people experiencing food insecurity and the resources that are available to them through pantries and programs that address hunger.

According to the organization “Feed America” the rates of food insecurity in Broome, Chenango, and Delaware are the highest for our region. In Broome, 13.2% (26,550 individuals) of the county population is food insecure, 12.6% (6,430 individuals) of Chenango county residents and 12.4% (5,930 individuals) of Delaware county residents. <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx#>

These numbers represent over \$16.7 million in unmet food needs. Local food pantries report having difficulty keeping up. Food distribution centers in Broome, Delaware, Otsego, and Chenango have reported a decrease in funding. This representation of unmet food need does not factor in unmet household needs that are not covered by pantries or food stamps including basic cleaning and hygiene supplies. Very few pantries in our region carry and distribute these high-demand items.

**Recommendations:**

- Consider requests that stock pantries with items not covered by food stamps
- Consider requests that support homeless women and families
- Consider requests that seek to stabilize housing for women and families
- Consider requests that increase food security for women and families
- Consider requests that remove barriers to obtaining food or securing housing

**3. Women’s Healthcare:** Providers across specialties voiced concern regarding the state of women’s healthcare in the area. These concerns ranged from issues related to access to the cost of providing services, to the growing number of women who are not insured. Providers reported that while more women appear to qualify for Medicaid each year, fewer actually apply for the program. This is in large part due to the stigma attached to the program, the lack of providers who will accept Medicaid and the perceived low-quality of the providers that do accept Medicaid. Many agencies providing components of women’s healthcare offer a sliding scale, but it is those women at the bottom of the

scale that are over-represented so that providers end up absorbing the cost of care. Women without access to insurance continue to utilize the Emergency Room as a source of primary care. For women in our rural areas, transportation becomes the major barrier to accessing regular care. At the center of the concerns regarding women's healthcare is access to information regarding family planning. Poverty, whether it is urban or rural, is exacerbated by unplanned pregnancies. It not only makes it more difficult for the woman to break out of poverty, but ensures that her children will also experience poverty. Once set in motion, it is a pattern that is difficult to interrupt. It is a priority of local providers that is mirrored on a global scale by the World Health Organization.

“Promotion of family planning – and ensuring access to preferred contraceptive methods for women and couples – is essential to securing the well-being and autonomy of women, while supporting the health and development of communities.”  
<http://www.who.int/mediacentre/factsheets/fs351/en/index.html>

To that end, it is critical to ensure that women have access to a variety of contraceptive methods and counseling/education regarding family planning and delaying pregnancy at least until after graduating from high school.

**Access to other health services:** There are other unmet needs in the arena of women's healthcare that are of concern to providers. Dental care for women and families that are on Medicaid, un-insured or under- insured continues to be a major concern in the counties covered by the Women's Fund. Access to these providers is often limited with long waiting lists, rationed services, and the perception that they are of low-quality. Transportation to and from these providers is often not addressed and is a barrier especially in our rural areas. Providers of services for low-income women report that currently, there are no local psychiatrists that accept Medicaid and that a substance abuse evaluation can take up to six weeks in a population that if it doesn't happen “NOW” it probably doesn't happen at all.

**Recommendations:**

- Consider requests that fund outreach for Medicaid enrollment
- Consider requests that educate women about alternatives to emergency room care
- Consider requests that increase access to family planning education
- Consider requests that increase access to contraceptives
- Consider requests that include stipends for transportation to appointments
- Consider requests that decrease wait times for mental health and substance abuse assessments
- Consider requests that seek to expand access to dental services
- Consider requests for programs that expand access to screening services, especially in rural counties

**4. Education and Employment Opportunities:** Providers participating in both the focus group and the on-line survey expressed frustration regarding the lack of educational and employment opportunities for low-income women. Many of the women served by these programs are high school drop-outs with no GED. In this economy and in this economically depressed area, there are very few opportunities for women without a

formal education to earn a living wage. Many organizations, including the various United Way chapters that operate in our region, are seeking to reduce the number of high school drop-outs. But what about the adults that dropped out years ago? There are several GED programs that operate in the region covered by the Women's Fund but barriers exist to women successfully completing the program. These barriers include: transportation, child care, conflicting work schedules, lack of family support, and language barriers. Even if a GED is eventually earned, there is no such thing as an unskilled job that pays a livable wage. Most of the unskilled jobs that women find themselves qualified for put women at risk of losing their benefits by making them earn JUST over the income limits for several government assistance programs. These unskilled jobs do not typically include health insurance, leaving women and their families dependent on Medicaid and unwilling to take a job that may pay a bit more if it puts that benefit in jeopardy. Many of the jobs that offer higher pay and benefits tend to be 2<sup>nd</sup> or 3<sup>rd</sup> shift positions that require weekends. This presents the previously mentioned barrier of the lack of childcare offerings for families working non-traditional hours. Education has long been regarded as the antidote to generational poverty but public policy has not kept pace. As one participant from Delaware County put it:

"I've had women who've wanted to attend BOCES to become an LPN or a Computer Technician but they can only get a subsidy for childcare from DSS if they are working. It's Welfare-to-Work, not Welfare-to-School."

Many women also don't have the job-getting skills they may need to improve their employment situation. Women need assistance with resume development and interviewing skills and they also need access to professional clothing. The YWCA had a professional clothing closet in operation that was destroyed during the flood. Of note: even when it was running, the typical donation sizes didn't fit the need, they were anywhere from 8-12 whereas most of the women looking to access the service were plus-sized.

**Recommendations:**

- Consider requests that prevent high school drop-out**
- Consider requests that include stipends for transportation and childcare for women trying to continue their education**
- Consider requests that offer job search skill development**
- Consider requests that offer professional clothing of all sizes to women looking for employment**
- Consider requests that increase the availability of "off-hours" child care.**
- Consider requests that incentivize women to pursue educational opportunities**
- Consider requests that offer leadership skills development**
- Consider requests that offer skill development that will translate into expanded employment opportunities**
- Consider requests that build in family support for women attempting to better their employment situation or education**

**5. Operational Issues for Agencies Serving Adult Women:** Most of the participants expressed their concern/frustration with the fact that in recent years, they have experienced cuts in funding. In spite of these cuts, many of these organizations are opting to continue providing similar levels of service and have had to contend with increased regulations and recording requirements even though they've been mandated to reduce their administrative overhead. Organizations reported that they've been re-thinking how they fill positions and have restructured their services. Collaborative programming and consolidation of services have largely remained unexplored. Not unlike adolescent service providers, there does not seem to be a broad-based coalition that meets regularly to discuss unmet needs and collaborative opportunities for those providing women's services in the area. The other operational issue amongst this group was staffing ratios at provider agencies. Many are currently working with women who have multiple problems yet they have to cut back on the number of staff available to provide direct services. The decreased staffing pattern leads to waiting lists and a deferred intake process that makes it much more likely that women will be lost to the organization before any service is actually provided.

**Recommendations:**

- Consider requests that support the formation of a coalition of women's service providers**
- Consider requests that explore collaboration or consolidation projects that allow organizations to better serve women**
- Consider requests that offer multiple points of entry into services to decrease wait times**
- Consider requests that restore/improve staffing patterns in organizations that serve women**

## ***SENIORS:***

The Seniors Focus Group was held exclusively on-line at the request of participants in the process. As a result of the process, five primary need areas were identified and prioritized. They are as follows:

- 1. Transportation**
- 2. Household Assistance**
- 3. Socialization**
- 4. Support for Caregivers**
- 5. Access to Senior Assistance Programs**

The senior service provider community is well organized and coordinated through organizations like the Rural Health Network for SCNY, the Deposit Foundation, and the Aging Futures Partnership. Need is thoroughly researched, resources shared and collaboration encouraged.

**1. Transportation:** The issues for transportation are the same for seniors as they are for early childhood, adolescents, and adults with a few additions. Seniors in rural areas often need to get to “urban” areas (Binghamton, Cooperstown) for medical appointments with specialists. Public transportation options for this purpose are extremely limited. There is some Medicaid reimbursable transportation available. Organizations serving seniors used to be able to help them schedule these rides but NYS is now automating that program so that it will be difficult for seniors who will have to navigate a vast and complicated voice messaging system without talking to a “real” person. Transport for non-medical trips like shopping is limited in rural areas. For example, a bus used to go from Deposit to Binghamton twice a day and now only goes twice a week leaving at 9 and returning at 5. Very few seniors can tolerate that amount of time out. Recommendations for transportation will remain the same as the other groups and the following will be added:

### **Recommendations:**

- Consider requests that develop/strengthen volunteer driver pools in rural areas**
- Consider requests that assist seniors who are in need of Medicaid transportation for medical appointments**

## **2. Household Assistance: (minor repairs, heavy cleaning, lawn maintenance)**

Amongst the senior cohort, there is a distinct difference between the needs of men and women. National statistics indicate that women are more vulnerable than men in terms of economic and health status. The death of a husband exacerbates this vulnerability and leaves a woman alone in her home where she is more likely to need services and financial benefits to remain independent. The trend of women outliving men is expected to continue with seven out of ten “baby boom” women outliving their spouses. To many seniors, the definition of “successful aging” includes hanging onto their home long after they are physically and economically able to care for it. While there are several programs that exist to provide household assistance to seniors, they are at capacity and have waiting lists. While some of the programs cover the cost of labor, the senior citizen is responsible for the cost of materials. On a fixed income, this may not be a realistic expectation. In rural areas, a network of volunteers coordinated by a non-profit seems to

be the best way to address this need, but the funding has not been there and the internal resources to add volunteer coordination may not exist. The other issue related to household assistance is the risk of being taken advantage of by a dishonest contractor.

“Older adults wanting to hire someone to make needed repairs may not have experience dealing with contractors. They may hesitate to arrange to have the work done both because of the expense and because they have concerns about dealing directly with contractors. There is no service to help older adults review repair and modification estimates, check references and hire a reliable contractor.”-Broome County Office for Aging Plan for Services 2012-2016; pg. 19

**Recommendations:**

- Consider requests to support volunteer coordination
- Consider requests for programs that offer subsidies for repairs
- Consider requests for programs that offer assistance with home maintenance
- Consider requests for programs that educate senior women about finding/hiring a contractor
- Consider requests that offer mileage reimbursement for volunteers

**3. Socialization:** Social connections are associated with healthy aging. Living alone can put seniors at greater risk of being isolated, depressed, impoverished, and removed from sources of support. As women tend to live longer than men, senior women may come to find themselves living alone at a time when physical frailty prevents leaving the home for social contact. If she has no visitors or meaningful contact with the outside world, she may increase her risk of physical and mental decline. Recent social and economic trends often find seniors separated from their extended families as children and grandchildren re-locate to find employment. There are several small programs in rural areas that specifically seek to strengthen the social networks of senior women but they are largely run by volunteers. Networks of younger senior volunteers providing support to older seniors exist in Broome, Tioga and Delaware counties and report success with this model. For services that are coordinated through a non-profit, providers report that funding for these programs is not stable, and to coordinate volunteers going into the homes of seniors is time intensive. Senior Centers continue to offer socialization opportunities but providers at these centers report that senior “baby boomers” don’t seem to respond well to that model. They don’t want to go to what they consider “their parents’ senior center”. Boomers tend not to see themselves as “old” and resist any attempt to label them as such. Providers report that younger senior women respond better to groups/outings formed around a common interest. For seniors more advanced in age, one-on-one visitation in the home or one-on-one outings seems to have the best response. As the local population continues to age, this need will demand more attention and resources.

**Recommendations:**

- Consider requests that support existing volunteer networks
- Consider requests that support volunteer coordination within organizations providing services to seniors
- Consider requests that reimburse volunteers for travel expenses

- Consider requests that offer new ways to engage “boomer” seniors
- Consider requests that offer mental health services in-home
- Consider requests that offer meal delivery services
- Consider requests that support one-on-one service delivery to the very elderly
- Consider requests that support the development of new volunteer networks especially in rural areas

**4. Support for Caregivers:** According to a study by the National Alliance for Caregiving and AARP, “*Caregiving in the U.S 2009*”, more than three in ten U.S. households report that at least one person has served as an unpaid family caregiver within the last twelve months. There were several findings of note:

- Seven in ten caregivers take care of someone 50 years of age or older.
- There are an increasing number of care recipients who need help due to Alzheimer’s disease or other dementia.
- On average, caregivers spend an average of 18.9 hours per week in their helping role.
- A majority of caregivers help their loved one with at least one Activity of Daily Living (ADL); the most common of these is helping the care recipient get in and out of bed and chairs.
- Caregivers help with the seven Instrumental Activities of Daily Living (IADLs), including transportation (83%), housework (75%), grocery shopping (75%), meal preparation (65%), managing finances (64%), and arranging or supervising outside services (34%).
- 17% of caregivers feel their health has gotten worse as a result of care giving. Those who have been providing care for five years or more are nearly twice as likely as shorter-term caregivers to report this decline (24% vs. 14%).
- Three in ten caregivers consider their care giving situation to be emotionally stressful.

Closer to home, “... in a 2010 study of caregivers whose care receivers attend the Yesteryears social adult day program, 96% of the respondents reported experiencing time constraints and emotional stress or strain, and 30% reported physical stress/strain and financial burden. Caregivers ask for affordable respite and transportation options. As more people are diagnosed with early-onset dementia, the *Yesteryears* social adult day program has seen an increasing demand for services from a younger population of care-receivers and their caregivers.” (*Broome County Office for Aging Plan for Services 2012-2016*; pg.16) There has also been an increase in what is called the “Sandwich Generation”, where families are taking care of their younger children and aging parents at the same time. Providers reported that caregivers report being overwhelmed, burdened and stressed. Providers also report that caregivers are overwhelmingly female. What caregivers are asking for most, according to respondents, is reliable transportation for their parent/loved one, safe and affordable respite care, support groups, crisis management assistance, and easy access to information on available services. Difficulties for caregivers become more complicated in the rural areas we serve as the availability of transportation and supportive services are more limited.

**Recommendations:**

- Consider requests that develop support networks for caregivers in rural areas
- Consider requests that improve transportation networks for seniors
- Consider requests that improve access to information on services available to seniors
- Consider requests that offer programs on avoiding burnout for caregivers
- Consider requests that increase the availability of respite care for seniors
- Consider requests that assist caregivers with crisis management
- Consider requests that assist caregivers with the management of their loved-ones finances
- Consider requests that offer caregivers information on the progression of dementia

**5. Access to Senior Assistance Programs:** A recent survey conducted by the Office for Aging indicated that seniors were much less likely to know about health insurance assistance programs, financial assistance programs, home repair services and senior services hotlines. Respondents reported that the more points of access to information, the more likely a senior citizen will encounter it. As the Broome County Office for Aging recently completed and released a comprehensive assessment of senior needs in Broome County which were largely echoed by the participants in the rural counties that we serve, portions of that report are cited below as they support the needs expressed by participants.

**Financial Assistance Programs:** “Access to supportive and financial services remains the key to seniors being able to age successfully. This becomes a critical component for women as they are outliving spouses. Seniors who formerly had a partner who handled the household finances may be lost when household management becomes their responsibility. Ill health or other drastic changes in circumstances may erode management skills. The flood of telemarketing calls and of junk mail that looks as though it might be important; the fear of scams; and the number and complexity of the financial decisions seniors must make all contribute to the problems seniors face handling their finances. Services that can help people with this growing issue are needed. Training on budgeting and on financial basics can help some seniors make better financial decisions and prepare better for unexpected expenses.” (*Broome County Office for Aging Plan for Services 2012-2016*; pg. 13) Rural respondents have reported that the consequences of poor financial decision making are especially hard on lower-income seniors who lack a financial cushion for emergencies and other unplanned expenses. Seniors of all economic levels have been directly affected by the recession. People who need to hire help with home care, chores, and home repair or remodel often find that current costs are much higher than they expected and they may be reluctant to spend their limited retirement resources to purchase help that they need. Many of the resources available to help with financial needs are limited to those with very low incomes. Providers reported that seniors with higher incomes—especially those who are just above the cut-off levels to qualify for various assistance programs—are often in the most vulnerable position.

**Prescription Assistance Programs:** The increasing complexity of decisions on Medicare coverage and the expense of insurance—as well as the need to assure that the insurance chosen provides the needed coverage—is too difficult for many elders to

navigate on their own. As reported by the Broome County Office for Aging and echoed by Tioga Opportunities and other rural providers:

“...seniors are requesting help with a wide range of insurance issues. These include issues with disenrollment from plans; bills going to the wrong insurers (and thus not getting paid); denials of coverage for needed prescriptions or services; unaffordable deductibles, co-pays, and the “doughnut hole” in Part D. They need help understanding correspondence from insurance providers; understanding what services are covered; identifying provider(s) of current coverage and using the right health insurance card(s) for services; and replacing lost cards. Those who are ineligible for Medicare and/or Medicaid need help connecting with other programs that might help them get needed prescriptions and services or to address the issue of medical debts. Some callers are faced with the sudden loss of health insurance benefits (due, for example, to a layoff or the death of a spouse with employer coverage).” *Broome County Office for Aging Plan for Services 2012-2016; pg. 14*

**Recommendations:**

- Consider requests that increase access to financial and prescription assistance information**
- Consider requests that educate seniors about their health insurance options**
- Consider requests that expand information networks in rural areas**
- Consider requests that fund outreach campaigns in rural areas**
- Consider requests that increase the capacity of senior women to manage household finances**
- Consider requests that develop outreach materials that are specific to senior women**
- Consider requests that expand networks of providers who display/distribute information on financial and prescription assistance programs**

## Invited/Participating Organizations

Mothers and Babies Perinatal Network  
Recess Resources  
Family Enrichment Network  
Mom's House  
YWCA  
ACHIEVE  
Planned Parenthood of South Central New York  
Tioga Rural Ministry  
United Way of Delaware/Otsego  
United Way of Chenango County  
United Way of Broome County  
Handicapped Children's Association  
Tioga Opportunities  
Action for Older Persons  
Chenango County Office for Aging  
Otsego County Office for Aging  
Broome County Office for Aging  
The Deposit Foundation  
Rural Health Network for SCNY  
Binghamton University  
Girls on the Run  
Girl Scouts of NYPENN Pathways  
Boys and Girls Club of Binghamton  
Boys and Girls Club of Western Broome  
HAVEN Afterschool Program  
YMCA  
Job Corps of Oneonta  
Cornell Cooperative Extension  
Chenango Health Network  
Opportunities for Chenango  
Opportunities for Otsego  
Childcare Referral Network of Chenango and Broome  
Family Resource Network; Inc.  
Cornell Cooperative Extension  
Crime Victims Assistance Center