



2022 COMMUNITY HEALTH ASSESSMENT & COMMUNITY SERVICE PLAN

Community Health Improvement Plan 2022–2024

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Introduction and Acknowledgement

With the COVID-19 pandemic, our community has clearly come to appreciate the value of the healthcare system in Oneida County and how important collaboration is to address emerging healthcare threats and support overall health and wellness.

Throughout the pandemic, we developed new partnerships to break down barriers to promote healthcare equity and reach the most vulnerable.

The Community Health Assessment/Community Service Plan (CHA/CSP) is just one example of how public health and the County's hospitals have come together to assess the community's healthcare needs and identify the top priorities so we can have the greatest impact.

The community input from surveys, focus groups and in-depth interviews provide context to the hard data and make it more actionable for the many agencies and organizations that will use the CHA/CSP to guide their work and strengthen relationships with other community partners.

Oneida County Health Department, Rome Health, and Mohawk Valley Health System would like to thank partners and community members for sharing their input throughout this process.

Oneida County Health Department
Rome Health
Mohawk Valley Health System

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Executive Overview

Oneida County Health Department (OCHD), Rome Health (RH) and Mohawk Valley Health System (MVHS) collaborated to develop a three-year Community Health Assessment, Community Service Plan, and Community Health Improvement Plan (CHA/CSP/CHIP). The development of the CHA, CSP and CHIP for the period of 2022-2024 involved a systematic approach of data retrieval and analysis, community engagement with a unified mission to identify and rank health priorities that aim to improve overall health and reduce disparities among residents of Oneida County. The health priorities identified within this report align with New York State's mission, which is to be the healthiest state for people across all ages. The collaborative community health planning partnership adopted the New York State (NYS) Prevention Agenda 2019-2024 priorities, which provides the blueprint to improve the health and wellbeing, as well as to promote health equity across populations who experience disparities and guide the development of the plan. The six priority areas which are discussed at length in the report include the following:¹

- Improve Health Status and Reduce Health Disparities
- Prevent Chronic Diseases,
- Promote a Healthy and Safe Environment,
- Promote Healthy Women, Infants, and Children,
- Promote Well-Being and Prevent Mental Health and Substance Use Disorders, and
- Prevent Communicable Diseases.

The goal of this report is to provide a thorough review and insight to the significant health needs across Oneida County, while focusing on the needs of the most vulnerable, those that have unmet needs or specific needs to improve overall health status and improved health outcomes which align with the Prevention Agenda 2019-2024 and improvement plan.

Steering Committee

The CHA/CSP process and the identification of priorities and interventions in the Improvement Plan was guided by a Steering Committee, which is a partnership among and within OCHD, RH and MVHS that convened in a collaborative approach to identify and assess public health gaps and barriers as well as to identify and execute actions as solutions to gaps and barriers identified through various primary research methodologies and evidence of secondary data that will be detailed within this report. Through primary research, the Steering Committee was able to obtain input from key community stakeholders and residents on perceptions of health issues within the community, considering determinants of health and providing insight on specific aspects of prioritizing health needs to facilitate a thorough and thoughtful assessment and planning process for development of the CHA, CSP and CHIP.

¹ Source: https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

Community Health Assessment

The CHA provides a comprehensive overview of health status indicator data for residents of Oneida County using the Prevention Agenda 2019-2024 framework and other reputable data sources. The assessment was created following a thorough and rigorous comprehensive data collection and analysis process which included review of relevant secondary data, followed with various methods of primary research to identify the health needs for Oneida County residents. Secondary data analysis included a thorough review of County level data among three primary data sources including: (1) NYS Prevention Agenda 2019-2024 Dashboard,² (2) NYS Community Health Indicator Reports (CHIRS)³. (3) Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS).⁴ In addition, the Steering Committee employed various forms of primary research by engaging input from the community within the primary service area. The primary qualitative research included in-depth interviews with key stakeholders, focus groups with community members in addition to administering an on-line survey, which reached 1,587 residents. This combination of primary and secondary research findings represented the key research references for the development of the OCHD, RH and MVHS' 2022-2024 CHA/CSP and CHIP.

Over time, the priorities of OCHD, RH and MVHS have transformed to reflect the ever-changing health care needs of Oneida County residents. The issues brought to light in this assessment and plan represent the culmination of community collaboration to improve the social environment in which residents reside and where services are provided. OCHD, RH and MVHS recognize that the health care needs in the region continue to change based upon the population demographics, socio-economic factors, and psychographic factors. OCHD, RH and MVHS remain committed in transitioning the public health and patient care models of care to support managing populations of community members with specific attention to all determinants of health, recognizing that health and well-being are shaped not only by behavior choices of individuals, but also by additional complex factors that influence individual choices.

OCHD, RH and MVHS understand the compounding complexities in addressing health issues in the community, recognizing that the community's greatest health challenges are complex and often link with other societal issues and extend beyond healthcare and traditional public health activities. Significant long term service partnerships have facilitated further understanding that health improvement strategies must address social determinants of health that require broader community planning, ensuring the engagement of community-based human service organizations, behavioral healthcare providers, private and government payers, regional planning organizations and local governmental organizations. This collaborative and reciprocal partnership provides a strong foundation for achieving identified goals associated with health priorities as well as increasing program awareness of initiatives, and/or encouraging action around community health issues related to the NYS Prevention Agenda 2019-2024 (Prevention Agenda).⁵

² Source: https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2FDashboard%2Fpa_Dashboard&p=ch&cos=30

³ Source: https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=EBI/PHIG/apps/chir_Dashboard/chir_Dashboard

⁴ Source: [Behavioral Risk Factor Surveillance System \(BRFSS\) Health Indicators by County and Region | State of New York \(ny.gov\)](https://www.health.ny.gov/data/reports_indicators/behavioral_risk_factor_surveillance_system_brfss_health_indicators_by_county_and_region/)

⁵ Source: [Health Across All Policies Initiative Launched to Support the Prevention Agenda Goal of Becoming the Healthiest State \(ny.gov\)](https://www.health.ny.gov/about/strategies/initiatives/health_across_all_policies/)

Methods for Selection of Priority Areas

The strategic team took a two-pronged approach to identifying the *need themes*. An initial internal planning meeting was charged to engage in discussion to discuss and prioritize the six needs themes identified through the primary and secondary data collected for the CSP/CHIP, with the goal of narrowing the need themes to a total of four. The team was given an overview of the purpose and goal of the initial discussion, followed with an overview of the tools and processes used for both primary and secondary data collection/analysis and findings.

The following criteria was considered in determining significant health themes: (1) the extent the health need theme issue is sensitive or political; (2) the estimated financial cost to make a positive impact; (3) evidence that there is attention or focus already underway to address the need by other organizations; (4) the extent that the need theme will impact multiple stakeholder groups; (5) multiple hospital departments have vested interest in the outcome; (6) failure to act or address the needs will exacerbate the issue significantly; (7) the community perceives the healthcare need to be significant; (8) addressing the healthcare need falls within the scope of Oneida County's capabilities (including Rome Health and Mohawk Valley Health System's) capabilities; and, (9) needs selected are evidence-based and in alignment with the Prevention Agenda 2019-2024 priorities.

This initial exercise was intended to gain insights which will provide the foundation for the broader need prioritization discussion. The strategic team reviewed secondary data, including the Prevention Agenda 2019-2024 Dashboard, CHIRS and BRFSS data to identify other trends that may be considered to identify additional need themes beyond the findings from primary research. The four initial need themes identified, which are not ranked based upon priority, included the following:

- **Priority 1: Mental Health/Children Teens Social Emotional Health**
- **Priority 2: Chronic Disease Preventive Care/Screenings**
- **Priority 3: Substance Use/Opioids**
- **Priority 4: Maternal Child Health**

The initial discussion described above, as well as the final two identified needs, discussed later in the report will form the foundation of a new CSP/CHIP that will guide the planning team's development in collaboration with OCHD, RH and MVHS of strategies to improve health outcomes and mitigate barriers to care in their population, over the next three years. In the needs selection process, the team also discussed how and if identified needs are already being addressed by community stakeholders through dedicated programs that have impactful program goals which are driven by evidence-based performance goals and data driven metrics. The final need themes identified by the broader strategic team, as well as the process will be described further in this report.

Evaluating Impact

The specific evaluation process for the County’s designated priority area activities is documented within this CHA/CSP. OCHD, RH and MVHS will continuously evaluate activities aligned with goals and strategies that have been identified and selected. This on-going evaluation will ensure that strategies are being regularly monitored, and barriers are regularly assessed, and solutions are identified, while focusing on achieving health equity. The cohesive collaborative team continues to remain actively engaged with diverse agencies and representatives who are committed to improving the public’s health and well-being. Continued focus will be on collaboration, education, advocacy, and promoting health and improved quality of life for individuals residing in Oneida County. Goals and strategies may be revised at any point during the 2022-2024 timeframe to better attain participation and adherence to accomplishing goals. Timelines are attached to certain activities to encourage adherence to action within a finite period in order to ascertain behavioral change or practice over time. Performance against goals will be regularly monitored to evaluate outcomes.

Evaluating Impact of COVID-19 Pandemic

The COVID-19 pandemic has led to a dramatic loss of human life worldwide and presents an unprecedented challenge to public health and food systems, resulting in profound disparities nationwide. The economic and social disruption caused by the pandemic has had a devastating impact on the number of people falling into extreme poverty.⁶ The population health impact of COVID-19 has exposed longstanding inequities that have systematically undermined the physical, social, economic, and emotional health of racial and ethnic minority populations and other population groups that are bearing a disproportionate burden of COVID-19.⁷

Health equity, defined as the state in which everyone has a fair and just opportunity to attain their highest level of health has been significantly impacted by economic, social, racial, and ethnic disparities.⁸ As previously mentioned in this report social determinants of health have a major impact on people’s health and wellbeing as well as quality of life. Social determinants of health are conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health and contribute to health disparities and inequities.⁹ Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities that have been disadvantaged by an individual’s social or economic status, geographic location, and environment. Health equities and health disparities are significant influences that can individually and collectively impact optimal health and both of which have carried a significant weight throughout the COVID-19 pandemic impacting a range of health and quality-of-life risks and outcomes.

⁶ Source: [Impact of COVID-19 on people's livelihoods, their health and our food systems \(who.int\)](#)

⁷ Source: [CDC COVID-19 Response Health Equity Strategy | CDC](#)

⁸ Source: [What is Health Equity? | Health Equity | CDC](#)

⁹ Source: [Social Determinants of Health - Healthy People 2030 | health.gov](#)

During the pandemic, nearly half of US adults reported symptoms of anxiety and depressive disorders. Mental health challenges can have a major impact on quality of life, daily functioning, and physical health, and is especially important in younger people. Younger people have a higher rate of anxiety and other mental health symptoms, thereby placing focus to address the impacts of COVID-19 on younger people.¹⁰

The Oneida County Department of Planning, in cooperation with faculty from SUNY Polytechnic Institute, administered a COVID-19 Student Survey to 7th, 9th and 11th graders. The survey was modeled after the Teen Assessment Project (TAP) and Washington State COVID-19 Student surveys. The overall objective of the survey, and the culminating report was to assess students' mental health and well-being during the pandemic. The survey also assessed student's Adverse Childhood Experiences (ACEs), which inquired about who the student lived with the most, whether the family had been homeless in the past year, and about safety challenges and physical and sexual abuse. The survey also contained several questions which assessed the impact of COVID-19 on students, both their specific worries and their ability to demonstrate resilience. Most students reported seeing changes in their sleeping habits (62%) and appetite (55%). Three in five students felt tired much of the time and were not happier because of living with the pandemic. Students were evenly split about feeling emotionally stronger, and a notable share (47%) felt a great deal of stress due to the pandemic. The survey findings also indicated that 45% of students felt they needed help adjusting to all the changes in their lives because of COVID-19.¹¹

Findings from the survey did indicate that most students chose to seek help from more than one person. Among the people students talked to indicate a friend (74% of the time) or a parent (61% of the time). Most students reported that the person they spoke to helped them manage their problem better (62%) or helped them feel better about themselves (59%). About 23% of the respondents wanted help but did not have anyone to talk to, and 15% said that they asked for help but did not get it. Lastly, of those who reached out for help, 20% reported that the person they spoke to did not really understand their need or could not help, and 14% said they were not able to speak to anyone.¹²

Moreover, it is recognized that the stress of the COVID-19 pandemic may exacerbate broader mental health concerns for youth already suffering from mental illness and may trigger the development of new mental health concerns. Focusing on mental wellness is a collective social responsibility and will require a community focus to identify symptoms, take courageous steps to self-care, and engage with the right solutions.

OCHD, RH and MVHS understand the impact of the COVID-19 pandemic on the lives of vulnerable youth and their families, as demonstrated from findings from the COVID-19 Student Survey, as well as recognizing significant social determinant factors such as mental health challenges, stress and cyberbullying, among others.

Through their cohesive and collaborative partnership, OCHD, RH and MVHS remain committed to continue in their work to adapt, understand, take account of the multilayered systemic independencies

¹⁰ Source: [The pandemic has made mental wellness a public health must | World Economic Forum \(weforum.org\)](https://www.weforum.org/articles/2020/04/20/the-pandemic-has-made-mental-wellness-a-public-health-must-1/)

¹¹ Source: <https://ocgov.net/sites/default/files/planning/2022%20TAP%20Report.pdf>

¹² Source: *Ibid*

that spread the effects of the pandemic across social, technological, economic, and health care dimensions.^{13 14}

Community Health Assessment – Community Service Plan – Overview

The Prevention Agenda 2019-2024 Dashboard is based on a comprehensive statewide assessment of health status and health disparities, changing demographics, and the underlying causes of death and disease.¹⁵ In alignment with the vision of the Prevention Agenda 2019-2024 Dashboard performance goals, OCHD, RH and MVHS adopted the County Health Ranking model (Figure 1) as the framework for understanding the determinants of health model as the model for community health improvement. The model of community health emphasizes various factors, Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment, which influence the length and quality of life.^{16 17}

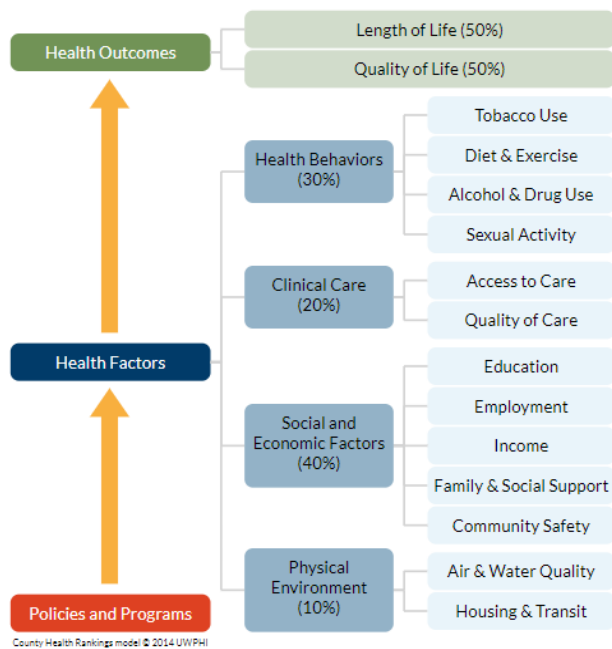


Figure 1

The overall strategy for OCHD, RH and MVHS is to develop strategies and approaches that will improve the health and well-being of the entire population with a goal to achieve equity, which requires further assessment of social determinants of health. According to Healthy People 2030¹⁸, social determinants of health have a major impact on people’s health and wellbeing and quality of life. Further, social determinants of health are conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health and can also contribute to health disparities and

^{11 14} Source: [OCHD Annual Report 2021_FINAL_0.pdf \(ocgov.net\)](https://ocgov.net)

¹⁵ Source: [New York State Prevention Agenda 2019-2024 \(ny.gov\)](https://ny.gov)

¹⁶ Source: [County Health Rankings Model | County Health Rankings & Roadmaps](#)

¹⁷ Source: [2022 New York County Health Rankings](#)

¹⁸ Source: [Social Determinants of Health - Healthy People 2030 | health.gov](https://health.gov)

inequities, which can significantly contribute to increased risk to health risk factors, such as heart disease, diabetes, and obesity, as well as impacting life expectancy¹⁹. Addressing the social determinants of health affect nearly every individual and will be an essential step of OCHD, RH and MVHS to strengthen the strategic development and execution of various activities aligned with the identified health needs of the community.

Prevention requires not only an understanding of determinants of health, but also a broader understanding of environmental factors that influence health decisions. The Social-Ecological Model (SEM) (Figure 2) provides a theoretical framework that considers multiple variables between individual, relationships, community, and societal factors and will serve as key factors to improve the conditions in the environment to have a lasting impact on improving the health outcomes.

The CDC Social Ecological Model



Figure 2

Social Ecological Model. Centers for Disease Control and Prevention web site.
<https://www.ahrq.gov/sites/default/files/publications/files/ccrmatlas.pdf>.

The SEM is a public health framework that will again provide OCHD, RH and MVHS with a context to understand the various factors and behaviors that affect health and wellness. The behavior(s) of an individual can often be difficult to change and can be somewhat impossible to understand without first recognizing the uniqueness of the environment in which he/she lives. To improve behavior that aligns with health and wellness, the behavior of an individual and the different variables that influence his/her choices must be a focal point in the promotion of optimal health. The SEM plays a vital role in identifying variables that influence the behavior of an individual by considering interpersonal relationships, social influence, policy, and community factors. The SEM identifies trends and changes between the four

¹⁹ Source: [Social Determinants of Health - Healthy People 2030 | health.gov](https://www.health.gov/ourpriorities/healthy-people-2030/social-determinants-of-health)

factors of influence that impact the health and wellness of an individual, interpersonal, organizational, community and policies, all of which drive and set the stage for improving health care and health outcomes. Application of the SEM is likely to have a deep impact on meaningful, impactful, and sustainable interventions; thus, making a positive and long-lasting impression on health and wellness for residents of Oneida County, with specific focus on individuals residing in rural communities.

The application of the SEM in the priorities defined in CSP will enable OCHD, RH and MVHS to address and seek to resolve health disparities and challenges facing residents throughout Oneida County, specifically as they align achievement of the 2019-2024 Health Priorities. The CHA/CSP will address behavioral risk factors, socioeconomic factors, environmental factors as well as unique characteristics of the County that contribute to the overall health status of the community. Health planning that is aligned with the CSP includes a range of activities that support collaborative health planning with key community partners, as well as the adoption of cross-cutting principles which will all aim to improve health outcomes, equity, and enhance well-being with the aim to provide the evidenced-based profile for improving the health of the community. The thorough understanding and applications of various models of prevention as the framework for understanding determinants of health as well as the thorough understanding and application of the relevant data pertaining to aforementioned factors will be detailed throughout the body of the report. Through data gathering for the CHA/CSP, OCHD, RH and MVHS also reviewed and applied approaches and strategies detailed in the Oneida County Health Department 2021 Annual Report.²⁰

Community Health Assessment – Community Service Area and Demographics

Description of the Community Being Assessed

OCHD, RH and MVHS serve the healthcare needs and provide services to promote and protect the health of the residents of Oneida County (Figure 3). Respective area hospital patient census demographic analysis indicates that the majority of patients reside in Oneida, Herkimer, and Madison counties, with approximately 90% of RH and 78% of MVHS patients residing in Oneida County zip codes. The three area hospitals providing inpatient and outpatient services include: Faxton-St. Luke's Healthcare (FSLH) and St. Elizabeth Medical Center (SEMC), and Rome Health (RH). FSLH and SEMC are part of the Mohawk Valley Health System and are both located in the City of Utica. RH is located in the City of Rome.

²⁰ Source: [OCHD Annual Report 2021_FINAL_0.pdf \(ocgov.net\)](#)

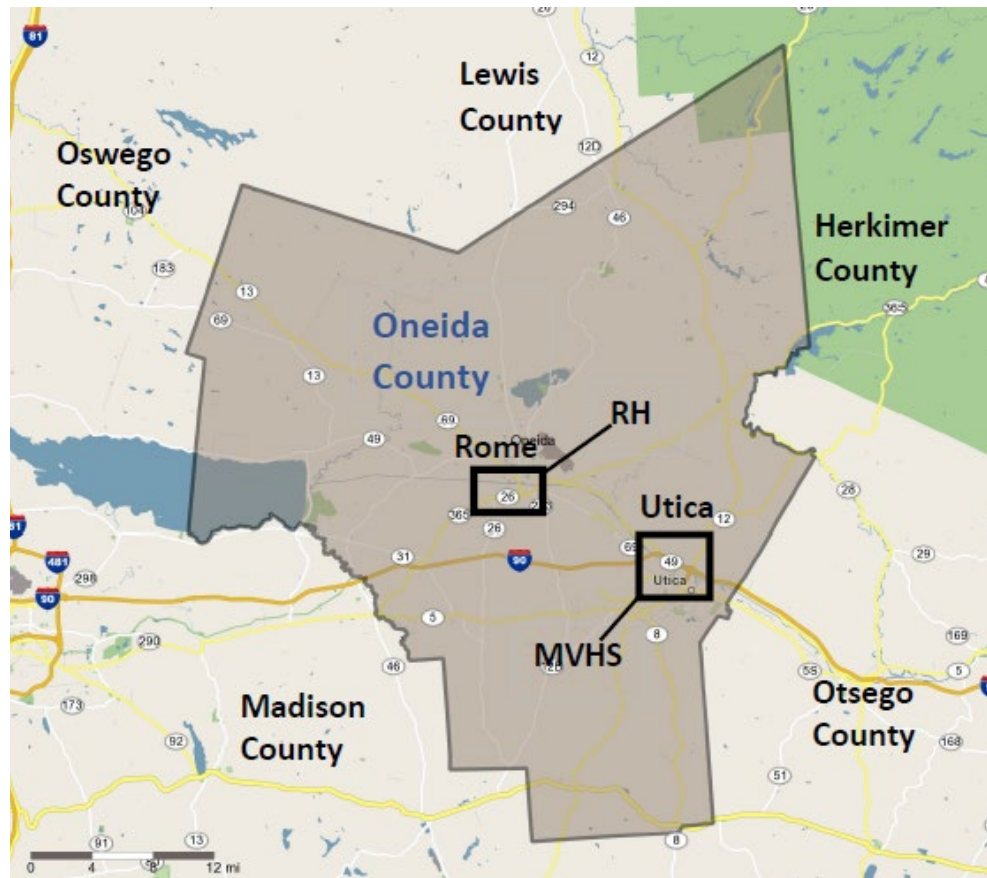


Figure 3

Communities Served

Oneida County borders five other counties (Figure 3 above): Oswego, Madison, Herkimer, Otsego, and Lewis. The County is the 505th largest County in the United States and covers 1,257.76 square miles of land and water area, in comparison to a total of 3,140²¹ counties in the United States and District of Columbia. Oneida County is comprised of twenty-six towns and nineteen villages. According to County Health Rankings, 33% of residents in Oneida County are living in a rural area.²² Oneida County includes the cities of Rome, Sherrill, and Utica. Oneida County’s towns and villages include: Town of Annsville, Town of Augusta, Town of Deerfield, Town of Florence, Town of Floyd, Town of Kirkland, Village of Clinton, Town of Marcy, Town of Marshall, Village of Waterville, Town of New Hartford, Village of New Hartford, Town of Paris, Town of Sangerfield, Town of Steuben, Town of Trenton, Town of Vernon, Village of Oneida Castle, Village of Vernon, Town of Verona, Town of Vienna, Village of Sylvan Beach, Town of Western, Town of Westmoreland, Town of Whitestown, Village of New York Mills, Village of Whitesboro, Village of Yorkville. Rural designated towns and villages include: Town of Alder Creek, Town of Ava, Village of Barneveld, Village of Boonville, Village of Boonville, Village of Bridgewater, Town of Camden, Village of Camden, Town of Cassville, Village of Clayville, Town of Cleveland, Town of Deansboro, Town of Durhamville, Town of Forestport, Town of Hinkley, Village of Holland Patent, Town of Knoxville, Town of Lee, Village of Oriskany, Village of Oriskany Falls, Town of Poland, Town of Port Leyden, Town of Prospect, Town of Remsen, Village of Remsen, Town of Stittville, Town of Taberg, Town

²¹ Source: [U.S. Land Area County Rank \(usa.com\)](https://www.usa.com)

²² Source: [% Rural in New York | County Health Rankings & Roadmaps](#), as reported in 2019 County Health Rankings(% Rural)

of Tyson, Town of Vernon Center, Town of Waterville, Town of Westdale, Town of West Leyden, Town of Westernville, and the Town of Woodgate.

Demographics of the Population Served and Correlated Health Risks

Overview

The socioeconomic and demographic characteristics of a population directly impact the utilization of healthcare services, healthcare access, and health behaviors. In turn, these factors play a vital role in the population as it relates to health, therefore it is important to review and profile the County's population by a number of demographic attributes.

As of 2010-2014, the total Oneida County population is 233,944, which has shrunk 0.65% since 2000. The population growth rate is lower than the state average rate of 3.26% and is much lower than the national average rate of 11.61%²³. According to the 2021 Census estimate, residents between the ages of 45-54 years of age make up the largest percentage of the population, which is expected to remain steady over the next five years. Similarly, population distribution by race is forecasted to remain consistent, but has become more diverse since 2000. Most residents in the County have health insurance, with private insurance being the most prevalent, representing 67.8% of the population.²⁴ The insured rate for Oneida County is slightly higher than the overall NYS rate for those with private health insurance. As the population continues to age, specific attention will need to be directed to assess the ever-changing needs of older adults and caregivers. It will be important to continue to evaluate existing services, and to ensure resources and services are available for the elderly population, ensuring that physical, mental, psychological, social, and financial needs are assessed and met, paying specific attention to risk of social isolation and determinants of health which can impact overall health status. It will be equally important to ensure services are available to address the ever-changing needs of individuals with disabilities, and their families. Continuity and coordination of care will be essential to allow seniors and individuals with disabilities to experience the highest quality of life. The evolving landscape of insurance status of Oneida County residents may impact health status. Individuals without healthcare coverage or who are underinsured can have serious health consequences because they may receive less preventive care, and may even delay in obtaining or receiving care, resulting in serious health problems. Continued focus will need to be placed on ensuring all residents are insured and also build community awareness of low-cost or free screening services provided through partnering community agencies.

The median household income has steadily increased since 2000 and is expected to increase through 2023. However, the per capita income for Oneida County has been steadily lower than that of NYS since 2000 and is expected to remain on trend through 2023. Families with related children under 5 years old are the most impoverished in the County. Housing insecurities and poverty are two key social determinants of health impacting residents. Addressing housing insecurities will be key to impacting overall health status, specifically that of children under the age of 5. Older housing structures in poor

²³ Source: [Oneida County, NY - USA.com](https://www.oneida.ny.us/)TM

²⁴ Source: [S2701: SELECTED CHARACTERISTICS OF... - Census Bureau Table](#)

status can lead to increased exposure to lead, which will have long-term health status and outcomes. Poverty can also contribute to lack of access to healthcare services, transportation issues as well contribute to compromising health choices. Lack of affordable housing, poor food choices, lack of access to healthy foods, and lack of food in general leads to hunger as well as increased health risks due to poor nutrition. Poverty, homelessness, poor living conditions, and poor nutrition are contributing factors that *adversely impact childhood experiences*. Focusing on the *essentials for childhood*, including creating safe, stable, nurturing relationships and environments are essential to preventing child abuse and neglect and laying the foundation for positive long-term impacts.²⁵ Partnering with community resources in tandem with educating primary care providers, health clinics, and hospital emergency rooms of available area resources for the uninsured and impoverished will be essential to positively impacting health status and mitigating long-term health risks. Building community awareness of food pantries, along with partnering with food service organizations (restaurants, grocery stores, bakeries, etc.) to donate foods to pantries will build public awareness of the impact of poverty, as well as build awareness around how community support and engagement can contribute to impacting adverse childhood experiences.

The educational attainment for those in the County who complete a high school degree or higher is expected to remain stable through 2026, while those who complete an eighth-grade education or lower is expected to have a slight decrease. Over half of Oneida County's population is employed, with only 4.3% of the employable population unemployed. The most common industry of employment for Oneida County is "educational services, and healthcare and social assistance," followed by "retail trade," and "manufacturing." In Oneida County, more than half of residents have access to two or more vehicles, and most people commute to work alone. The Social-Ecological Model (SEM) previously mentioned in this report focuses on the interrelationship of individuals, relationships, and the community. The SEM's "individual level" identifies factors that increase (or decrease) the likelihood of exposure to violence. Factors including age, education, income, substance use or history of abuse/prevention strategies at this level promote attitudes, beliefs, and behaviors that prevent violence, such as education and life-skills trainings. Educational attainment, which is expected to increase throughout 2023, is not only a positive individual influence that can be the framework of prevention, but evidence of education attainment is also a positive social determinant of health. This positive environmental influence can have an influential impact on overall health status. Education can lead to job opportunities, increased access to health insurance coverage that can also positively contribute to healthy life choices, including proper nutrition, exercise, and preventive care services thereby minimizing risk for avoidable chronic diseases. These positive behaviors also link back to the SEM as it relates to parenting, family-focused prevention programs, mentoring and peer programs, and prevention strategies in the social and physical environment, such as reducing social isolation, improving economic and housing opportunities in neighborhoods, as well as climate, processes, and policies within school and workplace settings. While the SEM, as well as evidence of education as a positive social determinant of health, can truly influence the overall stability and contributing factors of an individual, it is important that the community focus efforts through prevention

²⁵ Source: [Essentials for Childhood | Violence Prevention | Injury Center | CDC](#)

outreaches and social and school activities that target education attainment. Policy development will be key in continued efforts to focus on economic growth of Oneida County.

For the past 41 years, Utica has housed The Center (formerly known as the Mohawk Valley Resource Center for Refugees), resettling over 16,500 refugees. This influx of refugees has contributed significantly to the population profile of Oneida County. Overall, the Center has helped individuals from over 35 countries resettle in Utica which continues to help stabilize the County's population and economy. With Refugee resettlement comes a platform for change, not only to build cultural competency, education, employment and workforce development, immigration, and citizenship, but also a foundation for access to healthcare that supports a healthy lifestyle and cultivate advocacy skills to navigate the healthcare delivery system independently. As Refugee patients work to navigate a complicated path to equitable health care for this vulnerable population, continued efforts on strategies that focus on education and support are essential. Refugees are also eligible for public assistance (TANF, SNAP, and Medicaid). The Center's employment department can assist refugees, who have received their EAD (Employment Authorization Document), with employment. The Center remains actively engaged with many employers in the community to place refugees in jobs. Cultural differences and complex coordination make providing health care to refugees, a patient population at high risk for significant pre-existing medical problems, difficult. Continued efforts on strategies for increased time allocation, education, and support will be needed to improve the health outcomes of refugees and their families. Centralized areas of priority should include issues which are faced prior to scheduling appointments (transportation, language barriers, refugee perception of health care), during the provider interaction (cultural understanding, comfort, communication, provider trust and individual understanding of existing health conditions) and addressing barriers to patient-provider communication (effective listening, improving patient understanding, translation). Patient understanding of programs and services available to help navigate the healthcare system is an evolving journey. Cultural sensitivity and competency, as well as setting expectations and clear communication among refugee patients and families will be essential. Resources such as The Center will be instrumental to continue in their mission. Communication and collaboration among all key stakeholders, OCHD, RH, and MVHS will also be key to ensure the refugee families continue to be vital members of the community.

On April 21, 2022, President Biden announced *Uniting for Ukraine*, a new streamlined process to provide Ukrainian citizens who have fled Russia's unprovoked war of aggression opportunities to come to the United States. *Uniting for Ukraine* builds on the robust humanitarian assistance the U.S. government is providing by offering a pathway for displaced Ukrainian citizens and their immediate family members who are outside of the United States to come to the United States and stay temporarily for up to two years.²⁶ As of August 2022, Utica has seen the arrival of around 50 Ukrainian refugees since the Russian invasion began earlier this year. However, the resettlement has some unique issues. Due to their status as "humanitarian parolees" rather than "refugees," Ukrainian arrivals need additional documentation to work and are not eligible for federal funds allocated to refugee cases. Instead, sponsorship has come from "faith-based organizations" or resettlement centers. The Center has partnered with The Community

²⁶ Source: [Uniting for Ukraine | USCIS](#)

Foundation based in Utica, to fund this end of resettlement. Additionally, Ukrainian refugees arriving through the Unite for Ukraine program have a visa.²⁷²⁸

The remainder of this Section highlights detailed population information and source data. Additional detailed population information follows.

Disability – Oneida County (2021)

- According to the U.S. Census Bureau, 13.7% of the Oneida County population is living with a disability.
- More specifically, 7.7% of adults are living with an ambulatory disability, while 5.4% of adults have a cognitive disability.
- Just under 7% (6.4%) of adults in Oneida County have an independent living disability, and 3.9% live with a hearing disability.
- Fewer live with a self-care disability (3.1%) or vision disability (2.0%).
- According to the 2016-2020 American Community Survey 5-Year Estimates, 13.7% of Oneida County residents have a disability (either ambulatory, independent living, cognitive, hearing, self-care, or vision).

Reference Chart: 1.0

Chart 1.0: Disability

Oneida County - Disability	
Indicator	Percentage
<i>Percentage of adults with an independent living disability</i>	6.4%
<i>Percentage of adults with an ambulatory disability</i>	7.7%
<i>Percentage of adults with a self-care disability</i>	3.1%
<i>Percentage of adults with a vision disability</i>	2.0%
<i>Percentage of adults with a hearing disability</i>	3.9%
<i>Percentage of adults with cognitive disability</i>	5.4%
<i>Percentage of adults with a disability</i>	13.7%

Data collected from 2020 American Community Survey (U.S. Census Bureau)

Demographic Characteristics

Population and Gender Trend – Oneida County (2000-2026)

- According to the U.S Census Bureau, Oneida County’s total population is projected to see a variance of .2% from 2021 estimates through 2026 projections.
- The County’s gender distribution has remained nearly equal from 2000-2021 estimate with slightly more females than males and is expected to remain consistent through 2026.

Reference Chart: 1.1

²⁷ Source: <https://www.dhs.gov/ukraine>

²⁸ Source: <https://www.uscis.gov>

Chart 1.1 Population Trends (2000-2026)

Population Trends – Oneida County									
	2000 Population		2010 Population		2021 Estimate		2026 Projection		2021 to 2026 Variance
<i>Total</i>	235,515		234,877		230,358		230,722		0.2%
<i>Male</i>	116,939	49.7%	117,031	49.8%	114,678	49.8%	114,883	49.8%	0.2%
<i>Female</i>	118,575	50.3%	117,845	50.2%	115,679	50.2%	115,838	50.2%	0.1%

*Data collected from eSite Analytics

Population by Age – Oneida County (2000-2026)

- Based upon the 2021 estimates, those 45 to 54 years of age represent the largest population of 14%, followed with those 15 to 19 years of age, representing 13% of the population.
- This trend is consistent with prior Census, with the largest population in 2010 being those 35 to 44 years of age (15.3%), and 15 to 19 years of age (14.2%) in 2010.
- Based upon the 2021 estimates, the population for those between 75 to 84 years of age (3%) represent the smallest age group, which has been consistently low over time.
- The population of those 65 to 74 years of age is projected to grow by 18% when looking at the 2021 to 2026 variance.

Reference Chart: 1.2

Chart 1.2: Population Age (2000-2026)

Population Age – Oneida County									
Age	2000 Census		2010 Census		2021 Estimate		2026 Projection		2021 to 2026 Variance
0 to 4	13,427	5.7%	13,281	5.7%	12,969	5.6%	12,893	5.6%	-0.6%
5 to 14	32,589	13.8%	28,296	12.0%	27,667	12.0%	27,011	11.7%	-2.4%
15 to 19	30,501	13.0%	33,252	14.2%	29,954	13.0%	29,771	12.9%	-0.6%
20 to 24	29,094	12.4%	26,692	11.4%	28,778	12.5%	28,196	12.2%	-2.0%
25 to 34	37,373	15.9%	29,171	12.4%	25,824	11.2%	26,371	11.4%	2.1%
35 to 44	31,889	13.5%	35,912	15.3%	28,756	12.5%	26,853	11.6%	-6.6%
45 to 54	21,684	9.2%	30,106	12.8%	32,315	14.0%	30,621	13.3%	-5.2%
55 to 64	18,429	7.8%	18,495	7.9%	24,192	10.5%	26,281	11.4%	8.6%
65 to 74	15,081	6.4%	12,879	5.5%	13,043	5.7%	15,409	6.7%	18.1%
75 to 84	5,449	2.3%	6,794	2.9%	6,861	3.0%	7,317	3.2%	6.6%
85+	13,427	5.7%	13,281	5.7%	12,969	5.6%	12,893	5.6%	-0.6%

*Data collected from eSite Analytics

Population by Race/Ethnicity – Oneida County (2000-2026)

- Those who identify as White (87.1%) make up the largest population in Oneida County; followed by those who identify as Black (6.3%).
- Population distribution by race has become slightly more diverse since 2000 but is expected to remain relatively consistent through 2026 projection.
- Most of the County identifies a non-Hispanic or Latino (95.4%)

Reference Chart: 1.3

Chart 1.3: Population by Race/Ethnicity (2000-2026)

Race/Ethnicity – Oneida County									
	2000 Census		2010 Census		2021 Estimate		2026 Projection		2020 to 2025 Variance
White	212,205	90.1%	204,678	87.1%	194,150	84.3%	191,721	83.1%	-1.3%
Black or African American	13,369	5.7%	14,688	6.3%	15,452	6.7%	15,867	6.9%	2.7%
American Indian or Alaska native	492	0.2%	605	0.3%	665	0.3%	676	0.3%	1.7%
Asian/native Hawaiian/	2,783	1.2%	6,634	2.8%	9,473	4.1%	10,433	4.5%	10.1%
Some Other Race	2,528	1.1%	3,407	1.5%	4,374	1.9%	4,751	2.1%	8.6%
Two or More Races	4,138	1.8%	4,865	2.1%	6,244	2.7%	7,274	3.2%	16.5%
Hispanic	7,419	3.2%	10,819	4.6%	14,187	6.2%	15,531	6.7%	9.5%
Non-Hispanic	228,096	96.9%	224,058	95.4%	216,171	93.8%	215,191	93.3%	-0.5%

**Data collected from eSite Analytics*

Socio-economic Factors

Household Income – Oneida County (2000-2026)

- Within Oneida County, the most common household income range is \$50,000 - \$74,999 (21.4%).
- There is a close distribution in household income ranges up to \$50,000 as well as \$75,000 to \$149,999 (21.6%). Those making \$150,000 or more comprise the smallest population (4.0%).
- The median household income has steadily increased since 2000 and is expected to increase 14.7% from 2021 to 2026.
- The overall median household income for the County according to the 2016-2020 American Community Survey 5-Year Estimate was \$59,113.

Reference Chart: 1.4

Chart 1.4: Household Income (2000-2026)

Income Level	2000		2010		2021		2026		2021 to 2026 Variance
	Census		Census		Estimate		Projection		
\$0 - \$15,000	17,117	18.9%	12,814	13.8%	10,545	11.6%	9,927	10.8%	-5.9%
\$15,000 - \$24,999	13,960	15.4%	11,969	12.9%	9,627	10.6%	9,329	10.2%	-3.1%
\$25,000 - \$34,999	13,029	14.4%	10,587	11.4%	8,656	9.5%	8,424	9.2%	-2.7%
\$35,000 - \$49,999	15,614	17.3%	13,952	15.0%	11,613	12.7%	11,297	12.3%	-2.7%
\$50,000 - \$74,999	17,279	19.1%	19,905	21.4%	18,244	20.0%	18,202	19.8%	-0.2%
\$75,000 - \$99,999	7,294	8.1%	10,893	11.7%	12,244	13.4%	12,731	13.9%	4.0%
\$100,000 - \$149,999	4,286	4.7%	9,177	9.9%	12,387	13.6%	13,410	14.6%	8.3%
\$150,000 +	1,908	2.1%	3,731	4.0%	7,779	8.5%	8,577	9.3%	10.3%
Median household income (dollars)	\$35,978		\$47,035		\$56,360		\$59,237		5.1%
Average household income (dollars)	\$46,368		\$60,315		\$74,680		\$78,438		5.0%

*Data collected from eSite Analytic

Per Capita Income – Oneida County, New York State (2000-2026)

- The per capita income for Oneida County has been steadily lower than that of NYS since 2000. This trend is expected to continue through 2026.
- The 5.6% increase in per capita income for Oneida County is lower than the 13.7% increase in per capita income for New York State projected from 2021 to 2026.

Reference Chart 1.5

Chart 1.5: Per Capita Income (2000-2026)

Year	Per Capita Income		New York State
	Oneida County	CNY	
2000	\$17,820	\$17,405	\$23,014
2010	\$24,622	\$23,929	\$31,527
2021	\$30,253	\$29,961	\$39,231
2026	\$31,957	\$31,461	\$44,618
Percent Change (2021 – 2026)	5.6%	5.0%	13.7%

*Data collected from eSite Analytics

Housing Statistics – Oneida County (2016-2020)²⁹

- According to the 2022 County Health Rankings, which used data for 2016-2020, 69% of homes are owner-occupied.
- 11% of Oneida County adults spend 50% or more of their household income on housing, indicating severe housing cost burden.
- 15% have severe housing problems (at least 1 of the following):
 - Overcrowding
 - High housing costs
 - Lack of kitchen facilities
 - Lack of plumbing facilities
- Based upon 2026 housing projections, 66.8% of the total housing units in Oneida County will be owner-occupied, 33.2% will be renter-occupied, and 14.6% will be vacant.

Reference Chart: 1.6

Chart 1.6: Housing Statistics

Housing Statistics (2026 Projection) - Oneida County		
Total Housing Units	107,596	
<i>Occupied housing units</i>	<i>91,898</i>	<i>85.4%</i>
<i>Owner-occupied</i>	<i>61,368</i>	<i>66.8%</i>
<i>Renter-occupied</i>	<i>30,530</i>	<i>33.2%</i>
<i>Vacant housing units</i>	<i>15,698</i>	<i>14.6%</i>

**Data collected from eSite Analytics*

Population Living Below the Poverty Level – Oneida County (2020)

- Ten percent of Oneida County families are living below the poverty line. Only 4.3% of married couple families are living below the poverty line, while 31.4% of families with a female householder, no husband present are living below the poverty line. Within this group, those with related children under 5 years old are the most impoverished in Oneida County (36.9%).
- Among the entire population within the County, 20.7% are living below the poverty line, while those with related children under 5 years old are the most disadvantaged among the overall County population (20%).

Reference Chart: 1.7

²⁹ Source: [Oneida County, New York | County Health Rankings & Roadmaps](#) (As reported in the 2022 County Health Rankings (severe housing problems; severe housing cost burden

Chart 1.7: Population Living Below the Poverty Level

Population Living Below the Poverty Level – Oneida County	
Population	Percent Below Poverty Level
<i>All Families</i>	10.3%
<i>With related children under 18 years</i>	16.7%
<i>With related children under 5 years only</i>	16.5%
<i>Married couple families</i>	4.3%
<i>With related children under 18 years</i>	5.5%
<i>With related children under 5 years only</i>	3.3%
<i>Families with female householder, no husband present</i>	31.4%
<i>With related children under 18 years</i>	39.6%
<i>With related children under 5 years only</i>	36.9%
<i>All People</i>	14.2%
<i>Under 18 Years</i>	20.7%
<i>Related children under 18 years</i>	20.4%
<i>Related children under 5 years</i>	22.8%
<i>Related children 5 to 17 years</i>	20.0%
<i>18 years and over</i>	9.7%
<i>18 to 64 years</i>	13.8%
<i>65 years and over</i>	8.0%

*Data collected from 2020 American Community Survey (U.S. Census Bureau)

Educational Attainment – Oneida County (2000-2026)

- In comparing 2010 Census to 2021 projected Census, Oneida County will experience a variance in educational attainment with 90% of the population earning a high school diploma or higher in 2021 (up from 88.1% in 2010).
- The educational attainment for those in the County who complete a high school degree or higher is expected to remain stable through 2026. Those who complete an eighth-grade education or lower is expected to show a slight decrease from 2021 to 2026.

Reference Chart: 1.8

Chart 1.8: Educational Attainment (age unspecified) – Oneida County

Educational Attainment (age unspecified) – Oneida County									
Education	2000 Census		2010 Census		2021 Estimate		2026 Projection		2021 to 2026 Variance
Grade K - 8	9,200	5.8%	6,437	4.0%	4,187	2.6%	4,116	2.6%	-1.7%
Grade 9 - 11	22,329	14.1%	12,602	7.9%	11,838	7.4%	11,890	7.4%	0.4%
High School Graduate	51,755	32.6%	52,189	32.6%	51,302	32.1%	51,565	32.0%	0.5%
Some College, No Degree	30,055	18.9%	32,424	20.3%	30,411	19.0%	30,486	18.9%	0.2%
Associates Degree	14,700	9.3%	17,833	11.1%	18,682	11.7%	18,897	11.7%	1.2%
Bachelor's Degree	17,239	10.9%	20,937	13.1%	23,163	14.5%	23,526	14.6%	1.6%
Graduate Degree	11,827	7.5%	14,316	8.9%	16,932	10.6%	17,272	10.7%	2.0%
No Schooling Completed	1,751	1.1%	3,311	2.1%	3,254	2.0%	3,296	2.0%	1.3%
Age 25+ Population	158,855		160,048		159,768		161,047		0.8%

*Data collected from eSite Analytics

Health Insurance Coverage – Oneida County, New York State (2020)

- Most individuals in Oneida County (96%) have health insurance coverage.
- The insured rate for Oneida County is slightly higher (67.8%) than the overall NYS rate for those with private health insurance (67.6%).
- Similarly, 44.2% of those in Oneida County have public health insurance, which is 4.8% higher than the overall NYS rate.

Reference Chart: 1.9

Chart 1.9: Health Insurance Coverage

Health Insurance Coverage (ACS 2016-2020 5 Year Estimate)		
Health Insurance	Oneida County	NY State
% of non-institutionalized civilian population without health insurance coverage	3.8%	5.4%
<i>Insurance Coverage Type</i>		
With private health coverage**	67.8%	67.6%
With public coverage**	44.2%	39.4%
<i>Uninsured by Age Group</i>		
Under 19	2.8%	2.5%
Age 19 to 64	5.4%	7.6%
Age 65+	0.0%	0.8%

*Data collected from 2020 American Community Survey (U.S. Census Bureau)

**Data collected from Independent 2020 American Community Survey (U.S. Census Bureau) S2702 and S2703 respectively. Due to the data being pulled from multiple surveys there is potential for the combined total to surpass 100%.

Employment Rates – Oneida County, New York State, United States (2020)

- Over half of Oneida County’s population (16 years and older) is employed 58.1% (102,777), with only 2.5% (4,738) unemployed. The remaining 41.9% (77,816) of the population is not active in the workforce.
- This is lower than NYS, with 62.4% (10,032,721) employed, (570,570) unemployed, and 37.5% (5,876,219) inactive in the workforce.

Reference Chart: 1.10

Chart 1.10: Employment Rates

Employment Rates			
Employment	Oneida County	New York	United States
<i>Population 16 years+</i>			
<i>In Labor Force</i>	<i>108,007</i>	<i>10,032,721</i>	<i>164,759,496</i>
<i>Employed</i>	<i>102,777</i>	<i>9,438,639</i>	<i>155,888,980</i>
<i>Unemployed</i>	<i>4,738</i>	<i>570,570</i>	<i>8,870,516</i>
<i>Not in Labor Force</i>	<i>77,816</i>	<i>5,876,219</i>	<i>95,747,035</i>

**Data collected from 2020 American Community Survey (U.S. Census Bureau)*

Vehicles Per Household – Oneida County (2000-2025)

- In Oneida County, 10.4% of residents do not have access to a home vehicle, while 37.3% have access to one vehicle and 52.4% have access to 2 or more vehicles.
- Most people in Oneida County (80.1%) commute to work alone, while 8.6% carpool. A small percentage work from home (5.8%) or walk to work (3.5%).

Reference Chart 1.11

Chart 1.11: Vehicles Per Household

Vehicles Per Household – Oneida County		
	Estimate	Percent
Number of Vehicles Available		
<i>0 Vehicles Available</i>	9,395	10.4%
<i>1 Vehicle Available</i>	33,782	37.3%
<i>2 Vehicles Available</i>	32,813	36.2%
<i>3 Vehicles Available</i>	14,685	16.2%
Commuting to Work		
<i>Car, truck, or van – drove alone</i>	80,607	80.1%
<i>Car, truck, or van – carpoled</i>	8,654	8.6%
<i>Public transportation</i>	1,207	1.2%
<i>Walked</i>	3,522	3.5%
<i>Other Means</i>	805	0.8%
<i>Worked at Home</i>	5,836	5.8%
<i>Mean travel time to work (minutes)</i>	19.9	DATA N/A

*Data collected from 2020 American Community Survey (U.S. Census Bureau)

Industries of Employment – Oneida County

- The most common industry of employment for Oneida County is “educational services, and healthcare and social assistance” (30.2%), followed by “retail trade” (11.0%), and “manufacturing” (10.0%).
- The least common industry of employment in the County is “information” (1.1%).

Reference Chart: 1.12

Chart 1.12: Industries of Employment

Industries of Employment - Oneida County	
Employment Industry Category	2020 ACS 5 Year Estimate*
<i>Agriculture, forestry, fishing and hunting, and mining</i>	1.3%
<i>Construction</i>	4.9%
<i>Manufacturing</i>	9.3%
<i>Wholesale trade</i>	1.7%
<i>Retail trade</i>	11.0%
<i>Transportation and warehousing, and utilities</i>	4.3%
<i>Information</i>	1.1%
<i>Finance and insurance, and real estate and rental and leasing</i>	7.6%
<i>Professional, scientific, and management, and administrative and waste management services</i>	8.1%
<i>Educational services, and healthcare and social assistance</i>	30.2%
<i>Arts, entertainment, and recreation, and accommodation and food services</i>	9.0%
<i>Other services, except public administration</i>	4.2%
<i>Public administration</i>	7.2%

*Data collected from 2020 American Community Survey (U.S. Census Bureau)

Refugee Resettlement

- For the past 41 years, Utica has housed The Center resettling over 16,500 refugees since its inception in 1979. This influx of refugees has contributed significantly to the population profile of Oneida County.
- From 1973-2004, most refugees have arrived from Bosnia, Burma, and the Former Soviet Union. In 2019, the bulk of refugees came from Burma or Ukraine.
- Over the past four years, the most refugee arrivals occurred in 2016 (slightly over 400 individuals), with a sharp decrease in arrivals in 2017 (around 229), 2018 (around 200), 2019 (just over 200), 2020 (just over 100), 2021 (well under 100 – 58), and 2022 projected (estimate of 158).
- In more recent years, the average number of refugee arrivals to the Mohawk Valley region fluctuates between around 10 – 25 per month, with a slight spike to 32 refugees arriving in August of 2019.
- The most common religion among refugees to the Mohawk Valley Region is Pentecostalism, followed by Christianity and Muslim.

Reference Chart: 1.13, 1.14

Chart 1.13: Arrival Trends Over Time (individuals) – 2005-2022 w/ Historical Data (1973-2004)

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	
The Center Arrivals 1973-21	1973-2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total	Total %	
AFGHANISTAN	68	0	0	0	0	0	0	0	0	0	1	10	0	14	7	0	3	0	55	164	0.96%	
AMERASIAN (VIETNAM)	1281	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1281	7.53%	
VIETNAM	782	0	0	0	5	2	11	0	3	0	0	0	3	0	0	0	0	0	0	806	4.74%	
BOSNIA	4448	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4449	26.16%	
BULGARIA	25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25	0.15%	
CAMBODIA	365	0	0	0	0	0	0	0	0	12	5	0	0	0	0	1	0	0	0	383	2.25%	
CHINA	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	0.05%	
CONGO (ZAIRE)	21	0	0	0	0	0	9	0	0	0	0	0	29	19	32	8	5	1	9	133	0.78%	
CUBA	63	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	63	0.37%	
CZECHOSLOVAKIA	80	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	80	0.47%	
EGYPT	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0.02%	
ERITREA	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0.02%	
ETHIOPIA	10	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12	0.07%	
FORMER SOVIET UNION	2319	23	28	15	0	0	10	3	2	11	8	24	3	1	51	0	3	0	0	2501	14.70%	
LITHUANIA	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0.03%	
UKRAINE	0	22	13	18	16	2	4	8	6	7	15	6	26	17	31	82	29	4	14	320	1.88%	
UZBEKISTAN	0	18	32	13	2	0	4	0	0	0	0	0	0	0	0	0	0	0	0	69	0.41%	
HAITI	89	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	89	0.52%	
HUNGARY	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	29	0.17%	
IRAN	49	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	52	0.31%	
IRAQ	166	0	0	0	9	31	93	14	14	32	20	10	27	11	0	0	2	6	1	436	2.56%	
KOSOVO	77	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	77	0.45%	
LAOS	266	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	266	1.56%	
LEBANON	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0.01%	
LIBERIA	53	3	28	0	3	0	0	2	0	0	0	0	0	0	0	0	0	0	0	89	0.52%	
LIBYA	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0.04%	
MYAN MAR(BURMA)	247	131	141	542	547	268	349	262	230	282	257	331	256	57	72	107	61	22	52	4212	24.76%	
POLAND	146	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	146	0.86%	
ROMANIA	28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	28	0.16%	
SIERRA LEONE	20	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22	0.13%	
SOMALIA	189	72	8	10	1	0	13	0	9	27	36	38	19	47	1	0	0	0	7	477	2.80%	
SUDAN	124	10	0	0	0	23	13	8	14	44	12	10	30	28	1	8	1	25	20	371	2.18%	
YUGOSLAVIA	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0.03%	
BHUTAN							17	27	100	60	62	52	18	13	12	5	0	0	0	366	2.15%	
SYRIA														6	19	0	0	0	0	25	0.15%	
EL SALVADOR															4	0	0	0	0	4	0.02%	
TOTALS	10968	294	252	598	590	341	533	397	338	477	406	447	412	229	200	206	104	58	158	17008	100.00%	
																						0%

Updated by Dzevad on 09/29/2022

*Source: The Center Utica

Chart 1.14: Arrivals FY 2022 (individuals)

HECENTER Arrivals FY2022	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	TOTAL
FGHANISTAN									13	9	10	23	55
MERASIAN (VIETNAM)													0
ETNAM													0
OSNIA													0
ULGARIA													0
AMBODIA													0
HINA													0
ONGO (ZAIRE)					1					4	4		9
UBA													0
ZECHOSLOVAKIA													0
GYPT													0
RITREA													0
THIOPIA													0
ORMER SOVIET UNION													0
LITHUANIA													0
UKRAINE	4			3	1							6	14
UZBEKISTAN/ M. TURKS													0
IAITI													0
IUNGARY													0
RAN													0
RAQ								1					1
OSOVO													0
AOS													0
EBANON													0
IBERIA													0
IBYA													0
IYAN MAR (BURMA)					0	15	10	13	4		4	6	52
OLAND													0
OMANIA													0
IERRA LEONE													0
OMALIA					1	1				5			7
UDAN		1	3	1			1		6		3	5	20
UGOSLAVIA													0
IHUTAN													0
YRIA													0
alvador													0
TOTALS	4	1	3	4	3	16	11	14	23	18	21	40	158
	Updated by Dzevad Raicic on 09/29/2022								To arrive by 08/30/2022		80	Yearly Goal	238

*Source: The Center Utica

Identification of the Main Health Challenges Facing the Community and Contributing Causes of Health Challenges

Background

OCHD, RH and MVHS convened in March 2022 to review the NYSDOH guidance document to ensure the development of the CHA, CSP and CHIP cycle for 2022 – 2024 aligns with the vision of the Prevention Agenda 2019-2024 to “be the healthiest state for people across all ages.”³⁰

The planning group embodied the overall mission of the statute, engaging in collaborative community partnerships and sharing through regular meetings where primary research methodologies and secondary data were reviewed and discussed. Detailed analysis included the examination of Prevention Agenda 2019-2024 Dashboard performance goals for Oneida County, which compared rates of Oneida County and NYS excluding NYC as well as the NYS CHIRS data. CDC BRFSS data was also assessed to further identify emerging health trends.

OCHD, RH and MVHS understand that the successful strategic planning, identification of needs priorities for action in the community requires an active and collaborative partnership with community partners to demonstrate sustainable actions from the execution of meaningful evidenced-based strategies. The team adopted the County Health Rankings and Roadmaps’ “Take Action Model,”³¹ for community health transformation, which begins with the following steps:

- Gather information to assess needs and resources.
- Set priorities, so you can focus on what is important.
- Find the most effective approaches to address your priorities.
- Get to work on acting on what’s important.
- Evaluating throughout the cycle will help you improve your strategies and ensure that what you are doing is effective.

The successful adoption and execution of the [“Take Action Model”](#) relies on full collaboration, known as Work Together, as well as to Communicate. At the heart of the Take Action Cycle is people working together. We know that when people work together with a shared vision and commitment to improve health, it can yield better results than working alone.



2022-2024 CHA/CSP/CHIP Process

A CHA/CSP/CHIP collaborative strategic planning team was formed, comprised of OCHD, RH and MVHS staff and met regularly beginning in March 2022 to discuss the CHA/CSP/CHIP process and approach. The planning team met to discuss and review the scope of work, process, clarify expectations and

³⁰ Source: [New York State Prevention Agenda 2019-2024 \(ny.gov\)](#)
³¹ Source: [Take Action Cycle | County Health Rankings & Roadmaps](#)

adhere to a work plan, which detailed team responsibilities, tasks, and approaches to complete and prepare the CHA/CHIP. All strategic partners recognized the involvement, commitment, and success of designing a robust, actionable, and sustainable three-year plan would require the collaborative commitment of all partners. OCHD, RH and MVHS engaged Research and Marketing Strategies, Inc. (RMS Healthcare) to assist with the development of its CHA/CSP and CHIP. RMS Healthcare works with healthcare delivery systems to conduct community health assessments/community service plans, facilitate clinical integration, assist with payer contracting, establish patient registries, data warehouses, and metric Dashboards to help systems advance improvements in community population health, and measure satisfaction of the various stakeholder groups. Since 2010, RMS Healthcare has also been actively engaged with large health systems, ACOs, IPAs as well as independent physician practices in their journey to become NCQA PCMH Recognized.

A formal project kick-off meeting was held with all project partners in June 2022, which outlined all project deliverables, expectations, and timelines. The RMS Healthcare team, in collaboration OCHD, RH and MVHS, followed a thorough, rigorous, and comprehensive process in conducting the CHA/CSP. Additionally, the RMS Healthcare team worked with OCHD, RH and MVHS to review and incorporate data from existing community healthcare focused initiatives already underway through collaborations with the County Health Department, community-based organizations, and area healthcare systems.

Primary research was conducted to obtain feedback on perceptions of community health strengths, as well as to identify gaps and opportunities, allowing for thorough analysis to identify and prioritize community health needs. The Primary research methodologies also employed and included: (1) Community on-line survey distributed to community members; (2) In-depth interviews with key community stakeholders, and (3) Focus groups were held to gather additional community input. Participants were recruited to reflect a mix of ages, living settings (rural, suburban, urban), income, education, and insurance payors, including those with no health insurance.

The CHA/CSP assessment process included the following components:

- **Demographic, Sociographic, and Health Status Profile of the Community.**
- **Inventory of Health-related Resources in the Community.**
- **Review of Community Feedback from Consulting Work Associated with OCHD, RH and MVHS.**
- **Gap Analysis and Identification of Community Health Needs.**
- **Community Health Needs Prioritization; and**
- **Community Health Improvement Plan (CHIP) development.**

The CHA/CSP is a dynamic operative and iterative document to be used throughout the multi-year community engagement process and drive informed decision-making to improve community health outcomes. RMS Healthcare worked closely with OCHD, RH and MVHS to conduct and compare findings of the assessment. This CHA/CSP is comprised of primary and secondary research analysis conducted by RMS Healthcare, and serves as a guide for OCHD, RH and MVHS covering the 2022-2024 health planning cycle.

Identification of Health Needs in Oneida County

The Prevention Agenda 2019-2024 Dashboard tracking tool available on the NYSDOH website provided baseline data for health indicators and was used to compare Oneida County to other counties in NYS, excluding NYC. Combined, the Prevention Agenda 2019-2024 Dashboard as well as the CHIRS and BRFSS data assisted Oneida County with identifying what influences the health status of residents, known as health outcomes, and how healthy a County could be in the future, known as health factors. Health outcomes weigh on the length of life and the quality of life equally, and health factors are comprised of health behaviors, clinical care, social and economic factors, and physical environment.³² Over time, the priorities of OCHD, RH and MVHS have changed to reflect the growing healthcare needs and changing demographics of Oneida County residents. The issues brought to light in this report represent the culmination of community collaboration to improve the social environment in which residents reside and where services are provided. OCHD, RH and MVHS remain committed to improving the health of community members, with specific attention to social determinants of health, recognizing that health and well-being are shaped not only by behavior choices of individuals, but also by complex factors that influence individual choices.

Environmental Changes Setting the Stage for Improving Health Care Delivery – mobilizing assets and resources to address identified health issues

Over the last decade, New York State created a health care model targeted to improving population health, transforming healthcare delivery, and eliminating health disparities centered around achieving “Triple Aim” for all New Yorkers: improving the quality of healthcare, improving the health of the population, and achieving value and financial sustainability. OCHD, RH and MVHS understood that the achievement of the Triple Aim model required collaborative advancement of the Prevention Agenda 2019 -2024 Dashboard performance goals and State Health Improvement Plan (SHIP), Population Health Improvement Program (PHIP), and Delivery System Reform Incentive Payment Program (DSRIP). OCHD, RH and MVHS were part of the CNY Care Collaborative DSRIP which covered six counties: Cayuga, Lewis, Madison, Oneida, Onondaga, and Oswego. The DSRIP model included Performing Provider Systems (PPS) made up of hospital systems, local Health Departments, and community-based organizations working together to transform the NYS health care system into a financially viable, high performing system with a mission, *Working Together for Better Health*.

The vision was “to improve the health of our community by coordinating services and building partnerships throughout the healthcare system.” The guiding principles included: better integration of services (improving patient outcomes through a comprehensive approach to care delivery at all levels of the healthcare system); lower the cost of health care (coordinate healthcare services between providers to deliver the highest quality of patient care); collaborate on patient care (improve patient outcomes and the overall health of the communities we serve); and Improve healthcare quality (reduce

³² Source: https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2FDashboard%2Fpa_Dashboard&p=ch&cos=30&cobi=1&ccomp=2&ccomp=3

dependency on hospitalization, emergency care, and avoidable utilization of services through improved care coordination.³³

The CNY Care Collaborative DSRIP program was influential in developing a strong community infrastructure that focused on improving health care delivery. While the grant funding for this program expired and did not allow for the continued momentum, as organizations focused on the pandemic, the fundamental vision, “to improve the health of our community by coordinating services and building partnerships throughout the health system” continues to support the guiding principle of OCHD, RH and MVHS in the collaborative and comprehensive approach of healthcare care delivery and improved health quality for residents of Oneida County.

Oneida County remains committed to address the Opioid crisis in their community. In 2021, the National Association of County and City Health Officials (NACCHO), the Centers for Disease Control and Prevention (CDC), and the National Center for Injury Control and Prevention (NCIPC) selected Oneida County Health Department as one of 13 nationwide awardees for the Implementing Overdose Prevention Strategies at the Local Level (IOPSLL) funding opportunity. The grant, in the amount of \$500,000 is designed to build capacity for local health departments (LHDs) serving jurisdictions with an above average burden of drug overdose deaths.³⁴ Additionally, OCHD is one of 24 NYS local health departments to receive opioid crisis funding from NYSDOH to support crisis activities to address the high burden of opioid overdoses in the County.³⁵ The OD2A grant focuses on prevention, building local capacity for local prevention and response efforts, establishing linkages to care, provider and health system support, partnering with public safety and empowering individuals. IOPSLL funding supports initiatives such as administrative support for the Oneida County Opioid Task Force (OTF), a Street Engagement Team to provide low barrier, on-demand access to treatment and harm reduction services, an anti-addiction stigma campaign and wells as various addiction and harm-reduction trainings for public health and OTF partners and providers.

The goal is to increase access to treatment through initiatives that include expanding mobile treatment, tele-practice capabilities, peer services and Medication Assisted Treatment (MAT). Additionally, Oneida County has formed an Overdose Response Team to address the epidemic.³⁶ This team will utilize the *Overdoes Detection Mapping Application Program (ODMAP)* to identify overdoses in real time and rapidly respond to crisis situations and provide people with substance use disorder and their families with the care, services and support needed.³⁷ The multi-sector subgroup of the Oneida County Opioid Task Force established a peer referral process to dispatch Certified Peer Recovery Advocates (CRPAs) to overdose victims identified to link them to treatment and recovery services.³⁸ Other initiatives include Naloxone expansion projects such as placement of Narcan Emergency Cabinets in businesses and organizations throughout the community, the Save-a-Life campaign promoting Naloxone as a basic first aid tool and dropping off or mailing Narcan to local businesses, and a Narcan-by-Mail program for the

³³ Source: <https://cnycare.org/what-is-the-cnyc/>

³⁴ Source: [OCHD Annual Report 2021 FINAL_0.pdf \(ocgov.net\)](https://www.ocgov.net/content/oneida-county-annual-report-2021-final-0.pdf)

³⁵ Source: [OCHD Annual Report 2021 FINAL_0.pdf \(ocgov.net\)](https://www.ocgov.net/content/oneida-county-annual-report-2021-final-0.pdf)

³⁶ Source: [Overdose Response Team | OC Opioid Task Force](https://www.ocgov.net/content/oneida-county-ops-ante-opiate-fight)

³⁷ Source: <https://www.ocgov.net/content/oneida-county-ops-ante-opiate-fight>

³⁸ Source: [Recovery Team | OC Opioid Task Force](https://www.ocgov.net/content/oneida-county-ops-ante-opiate-fight)

general public. Additionally, the programs support safe disposal of medication by distributing Detera Drug Deactivation bags so residents can conveniently remove and dispose of unused prescription medications at home to prevent misuse. While assets and community resources related to this focus area exist, the overall success will require focused collaboration, education, advocacy, and continued community awareness.

Promoting use of evidence-based care to manage chronic disease, including prevention of chronic disease, continues to require collaboration across the continuum of care in conjunction with community-based organizations which focus on prevention education, focusing on changing attitudes about healthy behaviors with a focus on long-term sustainable change. Oneida County maintains a commitment to deploy resources to collaborate on County-specific efforts to improve population health. In addition, activities that have been implemented as part of policy environment addressed further in this report, will strengthen the overall mission of preventing chronic disease through education and providing infrastructure for promoting healthy lifestyles, such as smoke-free parks, bicycle paths and employers providing healthy eating options. The processes, approaches, and strategies will provide a foundation to change population attitudes about healthy behavior, focusing on the long-term positive health outcomes.

With the aim of improving physical activity, specific to bicycle and pedestrian activities, the Herkimer-Oneida Counties Transportation Council (HOCTC) continues in their commitment to coordinating with partnering organizations by serving as an information clearinghouse and providing information to communities on how to incorporate bicycle, pedestrian, and non-motorized transportation into local planning documents, policies, and practices.³⁹ The work of the HOCC is derived from the Herkimer-Oneida Counties Transportation Study (HOCTS) which is the Metropolitan Planning Organization (MPO) designated by U.S. DOT and New York State for the two-counties. As the MPO, HOCTS receives dedicated transportation funding from the Federal Highway Administration to develop, promote, and enhance the safety of the transportation network. As a means to build awareness a community guide was developed from the activities outlined in the Unified Planning Program and is a direct product of the HOCTS, Long-Range Transportation Plan. The guide provides useful information to bicyclists and pedestrians, whether their interest lies in daily transportation, recreation, or through travel and touring activities.⁴⁰ Positioning the community through vital resources such as walking trails, is another example of viable assets and resources that have been mobilized with a focus of improved physical activity, which is directly correlated as a preventive measure to mitigate health risk of chronic disease, as well as a resource to help manage existing chronic disease. The release of the 2022 update for the Bike & Pedestrian Trail guide was delayed, and an updated version is expected in 2023.

Findings from primary research conducted for the CHA/CSP supports many of the initiatives underway as identified and described above. Setting the stage for improved healthcare delivery relies on not only mobilizing assets and resources, but also to gain an understanding of the health challenges of the community. In an effort to identify and understand the significant health challenges facing the

³⁹ Source: [About Us | ocgov.net](https://ocgov.net)

⁴⁰ Source: [Bike and Ped Guide Interactive 7.9.19.pdf \(ocgov.net\)](https://ocgov.net)

community and contributing causes of health challenges, OCHD, RH and MVHS engaged key stakeholders to identify factors contributing to health challenges in the community. Findings from the interviews allowed for further analysis of key factors contributing to health challenges for the community, including the following areas⁴¹:

- **Behavioral Risk Factors:** When asked about what behavioral risk factors impact the community's health, many key stakeholders spoke about various social determinants of health or how people live, work, and play. Some mentioned cultural barriers, lack of transportation, coping skills, income disparities, diet, obesity, smoking, and nutrition.
- **Environmental Risk Factors:** When discussing issues around the natural and built environment (environmental factors), many key stakeholders discussed poor housing, and community safety, as they felt some areas of the County are at high risk for violence. Some mentioned many older homes, which presents a lead poisoning risk. Some shared that "people don't have a place to go," and others shared the need for more sidewalks and trails.
- **Socioeconomic Factors:** Many key stakeholders commented that income disparity plays a significant role in the health of the individuals they serve. "We deal with a lower income population and lack availability of employment overall and the challenge of finding employable people."
- **Policy Environment/regulatory environment impact the health of our community:** Key stakeholders shared that the community needs to communicate better and understand the needs of underserved populations. Others were unsure, and some shared the need for improved public safety. One individual mentioned that the region had received a designation from AARP as an age-friendly and livable community.
- **Other unique characteristics of the community contribute to health status positively or negatively:** Some key stakeholders mentioned that Utica has several correctional facilities, which brings in many persons from outside Oneida County needing services. They believe these individuals often stay in the community and can create "an increased behavioral health and substance use issue in the community." Some also mentioned there are not robust LGBTQ+ services in the County. Generally, the individuals were again speaking about the increased demand for mental health services, from multiple populations who often face complex trauma and require intensive and complex mental health services. Some mentioned the partnerships of the Opioid Task Force. Some also noted the positives of Oneida County, such as the region's parks, nature, and natural environment.

Oneida County Health Status in Comparison with New York State Health Status

The Prevention Agenda 2019-2024 Dashboard is managed and updated by the NYS Public Health and Health Planning Council at the request of the NYSDOH and is targeted at improving the health and well-being of NYS residents and reducing disparities in care. There are six major Prevention Agenda 2019-2024 Dashboard performance metrics defined by the NYSDOH. As part of the County's needs assessment analysis, those areas in which Oneida County demonstrated improvement (IMPROVEMENT

⁴¹ Source: Primary Research Report – Appendix A (pg.14-15)

AREAS) or demonstrated no significant change (STATIC AREAS) or showed worsening performance below the NYS goal are listed below by Prevention Agenda 2019-2024 Dashboard performance categories. Additionally, charts which demonstrate Oneida County's performance over time for select indicators are incorporated into this evaluation. The following charts provide more detailed trending information for selected measures. Note that not all data has been updated through 2019. Some data points may be older than 2019.

ONEIDA COUNTY – PREVENTION AGENDA 2019-2024 TRENDS⁴²

IMPROVEMENT AREAS: Prevention Agenda 2019-2024 Dashboard Areas Where Oneida County Statistics Improved:

1. Prevent Chronic Diseases
 - a. Percentage of children with obesity, among children aged 2-4 years participating in the WIC program
 - b. Asthma emergency department visits, rate per 10,000 aged 0-17 years
2. Promote Healthy Women, Infants and Children
 - a. Maternal mortality, rate per 100,000 live births
 - b. Percentage of infants enrolled in WIC who are breastfed at 6 months among all WIC infants
 - c. Percentage of families participating in the Early Intervention Program who meet the state's standard for the NY Impact on Family Scale
3. Promote Well-Being and Prevent Mental and Substance Use Disorders
 - a. Economy Score
 - b. Opioid analgesic prescription, age-adjusted rate per 1,000 population
 - c. Indicated reports of abuse/maltreatment, rate per 1,000 children aged 0-17 years
4. Prevent Communicable Diseases
 - a. New diagnosed HIV cases, rate per 100,000 population

STATIC OR WORSENING AREAS: Prevention Agenda 2019-2024 Dashboard Areas Where Oneida County Statistics Remained Unchanged/Worsened. (Those measures that have worsened will be indicated in **bold below.)**

1. Improve Health Status and Reduce Health Disparities
 - a. Percentage of premature deaths (before age 65 years)
 - b. Premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics
 - c. Premature deaths (before age 65 years), difference in percentages between Hispanics and White non-Hispanics
 - d. Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000
 - e. Percentage of adults with health insurance, aged 18-64 years

⁴² Source: [New York State Prevention Agenda Dashboard \(ny.gov\)](https://www.ny.gov/prevention-agenda-dashboard)

- f. Adults who have regular health care provider, age-adjusted percentage
2. Prevent Chronic Diseases
 - a. Percentage of children and adolescents with obesity
 - b. Percentage of adults with an annual household income less than \$25,000 with obesity
 - c. Percentage of adults with an annual household income less than \$25,000 who consume one or more sugary drinks per day
 - d. Percentage of adults who participate in leisure-time physical activity
 - e. Percentage of adults with disabilities who participate in leisure-time physical activity
 - f. Percentage of adults who participate in leisure-time physical activity, aged 65+
 - g. Prevalence of cigarette smoking among adults
 - h. Percentage of cigarette smoking among adults with income less than \$25,000
 - i. Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines, aged 50-64 years
 - j. Percentage of adults who had a test for high blood sugar or diabetes with the past three years, aged 45+ years
 - k. Percentage of adults with an annual household income less than \$25,000 who had a test for high blood sugar or diabetes within the past three years, aged 45+ years
 - l. Percentage of Medicaid managed care members who were identified as having persistent asthma and were dispensed appropriate asthma controller medications for at least 50% of the treatment period, aged 5-18 years
 - m. Percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition
 3. Promote Healthy and Safe Environment
 - a. Hospitalizations due to falls among adults, rate per 10,000 population, aged 65+ years
 - b. Assault-related hospitalizations, rate per 10,000 population
 - c. Assault-related hospitalizations, ratio of rates between Black non-Hispanic and White non-Hispanics
 - d. Assault-related hospitalizations, ratio of rates between low-income ZIP Codes and non-low-income ZIP Codes
 - e. Firearm assault-related hospitalizations, rate per 10,000 population
 - f. Work-related emergency department (ED) visits, ratio of rates between Black non-Hispanics and White non-Hispanics
 - g. Crash-related pedestrian fatalities, rate per 100,000 population
 - h. Percentage of population living in a certified Climate Smart Community
 - i. **Percentage of people who commute to work using alternate modes of transportation (e.g., public transportation, carpool, bike/walk) or who telecommute**
 - j. **Percentage of registered cooling towers in compliance with 10 NYCRR Subpart 4-1**
 4. Promote Health Women, Infants and Children
 - a. Percentage of women with preventive medical visit in the past year, aged 18-44 years
 - b. Percentage of women with a preventive medical visit in the past year, aged 45+
 - c. Infant mortality, rate per 1,000 live births
 - d. **Percentage of births that are preterm**

- e. Newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs or addictions (any diagnosis), crude rate per 1,000 newborn discharges
 - f. Percentage of infants who are exclusively breastfed in the hospital among all infants
 - g. Percentage of infants who are exclusively breastfed in the hospital among Hispanic infants
 - h. Percentage of infants who are exclusively breastfed in the hospital among Black non-Hispanic infants
 - i. Percentage of infants supplemented with formula in the hospital among breastfed infants
 - j. **Suicide mortality among youth, rate per 100,000, aged 15-19 years**
 - k. Percentage of residents served by community water systems that have optimally fluoridated water
5. Promote Well-Being and Prevent Mental and Substance Use Disorders
- a. **Opportunity Index Score**
 - b. Frequent mental distress during the past month among adults, age-adjusted percentage
 - c. **Community Score**
 - d. Binge drinking during the past month among adults, age-adjusted percentage
 - e. Overdose deaths involving any opioids, age-adjusted rate per 100,000 population
 - f. Patients who received at least one buprenorphine prescription for opioid use disorder, age-adjusted rate per 100,000 population
 - g. Emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate per 100,000 population
 - h. **Suicide mortality, age-adjusted rate per 100,000 population**
6. Prevent Communicable Diseases
- a. **Percentage of 24-35-month-old children with the 4:3:1:3:3:1:4 immunization series**
 - b. Percentage of 13-year-old adolescents with a complete HPV vaccine series
 - c. **Gonorrhea diagnoses, age-adjusted rate per 100,000 population**
 - d. Chlamydia diagnoses, age-adjusted rate per 100,000 population
 - e. **Early syphilis diagnoses, age-adjusted rate per 100,000 population**

IMPROVEMENT AREAS: Where Oneida County Has Improved Over Time

Chart 1.15: Oneida County – Asthma emergency department visits, rate per 10,000, aged 0-17 years

According to the Prevention Agenda 2019-2024 Dashboard, the percentage of Asthma emergency department visits rate for Oneida County has improved significantly since the 2018 measurement year and has shown continued growth since 2016. Oneida County’s overall performance remains strong and exceeds the Prevention Agenda 2019-2024 Dashboard performance.

Chart 1.15: Asthma emergency department visits, rate per 10,000, aged 0-17 years

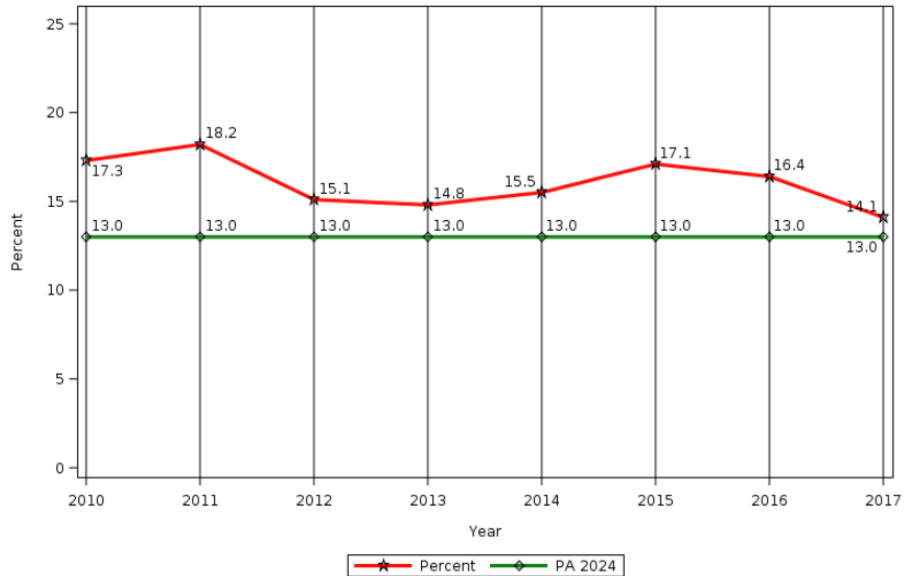


Data Source: SPARCS, data as of November 2021

Chart 1.16: Oneida County – Percentage of children with obesity, among children aged 2-4 years participating in the WIC program

According to the Prevention Agenda 2019-2024 Dashboard, the percentage of children with obesity, among children aged 2-4 years participating in the WIC program, the rate for Oneida County has improved since the last reporting period and is moving in a continued positive performance trend to align with future Prevention Agenda 2019-2024 Dashboard objectives for performance.

Chart 1.16: Oneida County – Percentage of children with obesity, among children aged 2-4 years participating in the WIC program

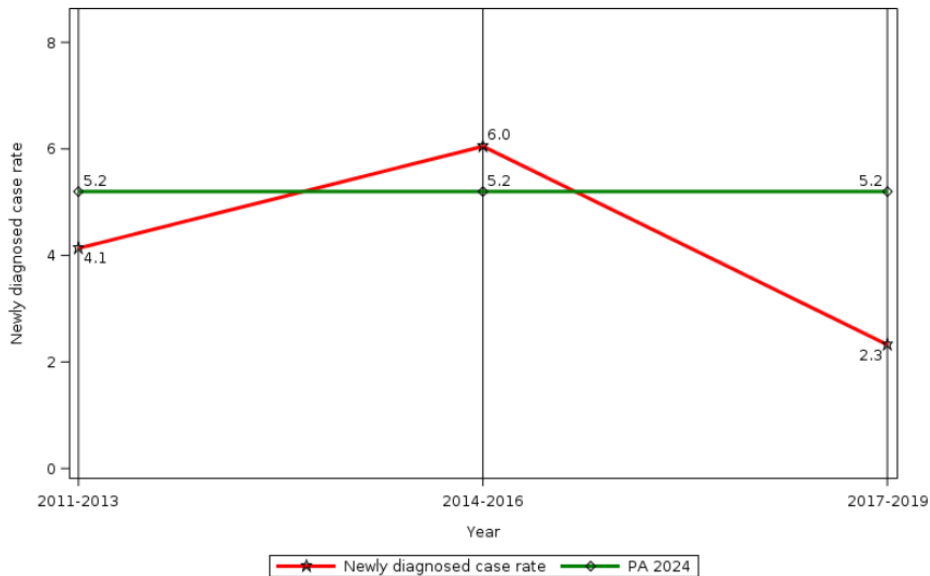


Data Source: Pediatric Nutrition Surveillance System (PedNSS), data as of June 2019

Chart 1.17: Oneida County – Newly diagnosed HIV cases, rate per 100,000 population

According to the Prevention Agenda 2019-2024 Dashboard, the percentage of newly diagnosed HIV cases, rate per 100,000 population, the percentage of the Oneida County’s Newly Diagnosed HIV cases, rate per 100,000 population has improved since the last reporting period and exceeds the Prevention Agenda 2019-2024 Dashboard objective for performance.

Chart 1.17: Oneida County – Newly diagnosed HIV cases, rate per 100,000 population



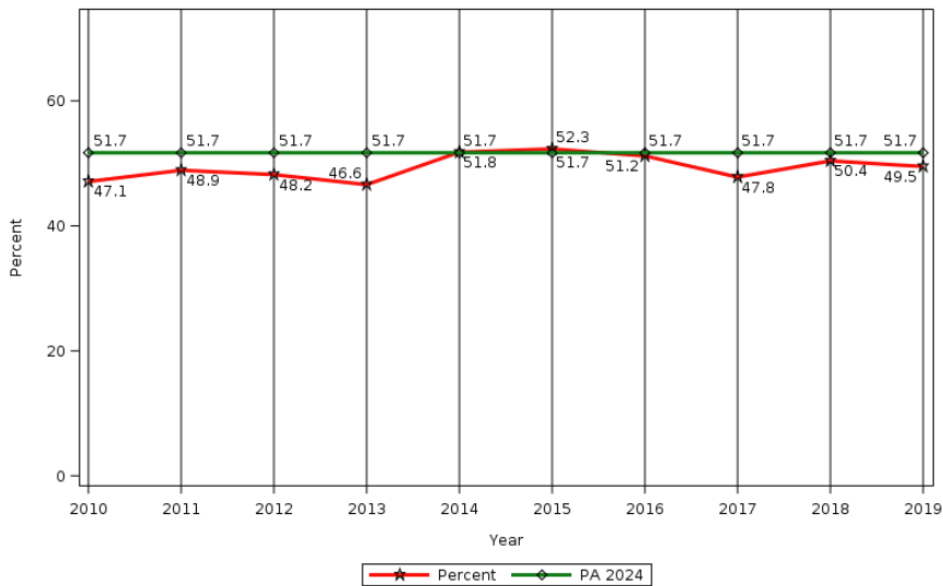
Data Source: HIV Surveillance, data as of June 2020

STATIC OR WORSENING AREAS: Where Oneida County Has Worsened or Remained the Same Over Time

Chart 1.18 Oneida County – Percentage of a infants who are exclusively breastfed in the hospital

According to the Prevention Agenda 2019-2024 Dashboard, the percentage of infants who are exclusively breastfed in the hospital has shown maintained positive performance since 2017. Although the Dashboard characterizes the change between 2016-2019 as “no significant change,” the Oneida County’s breastfeeding rate has maintained a consistent performance rate that exceeds the Prevention Agenda 2019-2024 Dashboard performance objective.

Chart 1.18: Oneida County – Percentage of a infants who are exclusively breastfed in the hospital

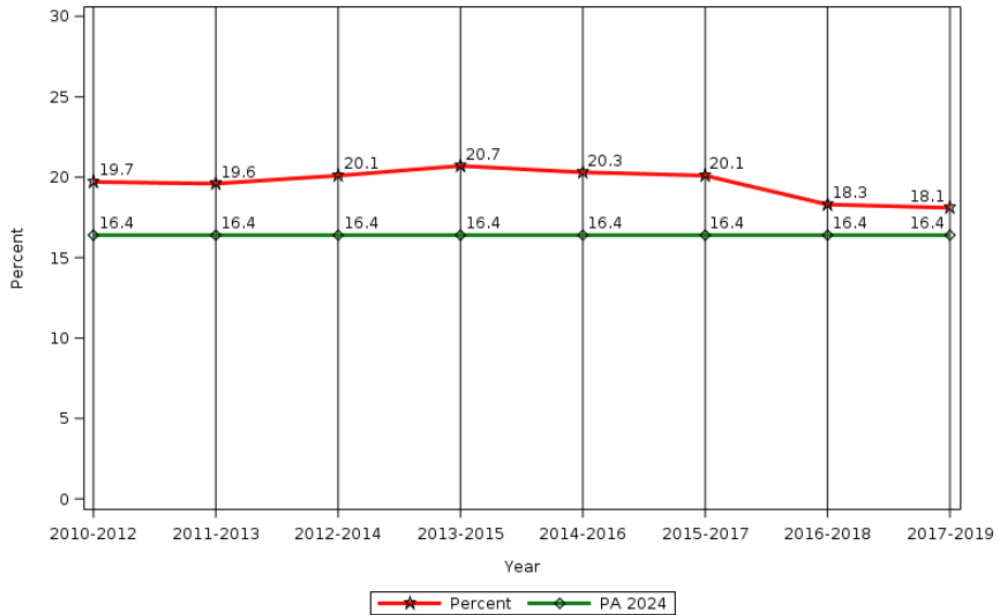


Data Source: Vital Records, data as of November 2021

Chart 1.19: Oneida County – Percentage of children and adolescents with obesity

According to the Prevention Agenda 2019-2024 Dashboard, the percentage of children and adolescents with obesity has shown no significant change since the last reporting period. Overall, the percentage of children and adolescents who are obese has shown slight decline since the 2014-2016 measurement period, the overall performance trend remains below the Prevention Agenda 2019-2024 Dashboard performance objective.

Chart 1.19: Oneida County – Percentage of children and adolescents with obesity

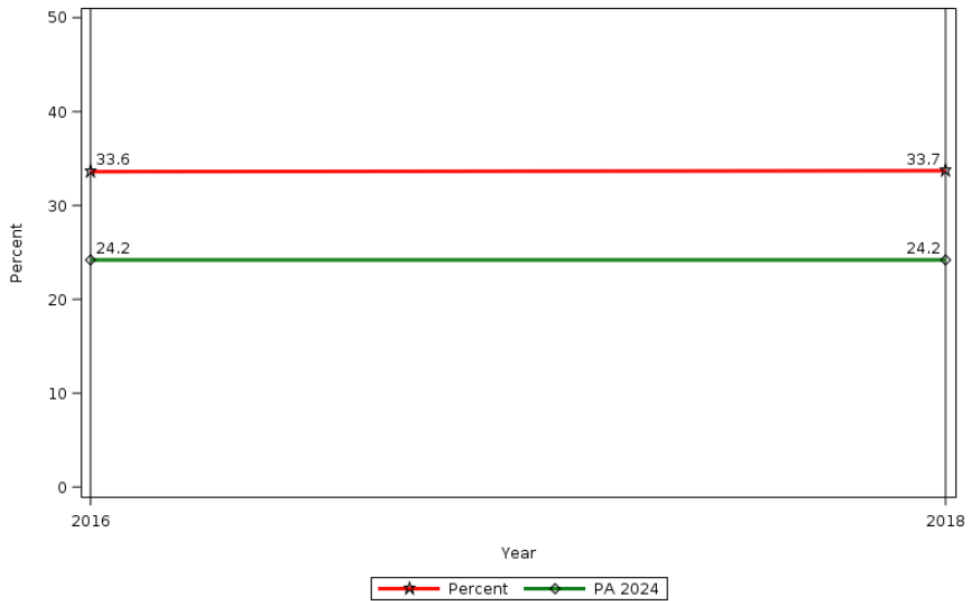


Data Source: Counties outside NYC: Student Weight Status Category Reporting System (SWSCRS), data as of November 2020; NYC: NYC Fitnessgram, data as of June 2020

Chart 1.20: Oneida County – Percentage of adults with obesity

According to the Prevention Agenda 2019-2024 Dashboard, the percent of adults with obesity has shown no significant change since the last reporting period. The overall performance remains below the Prevention Agenda 2019-2024 Dashboard performance objective.

Chart 1.20: Oneida County – Percentage of adults with obesity

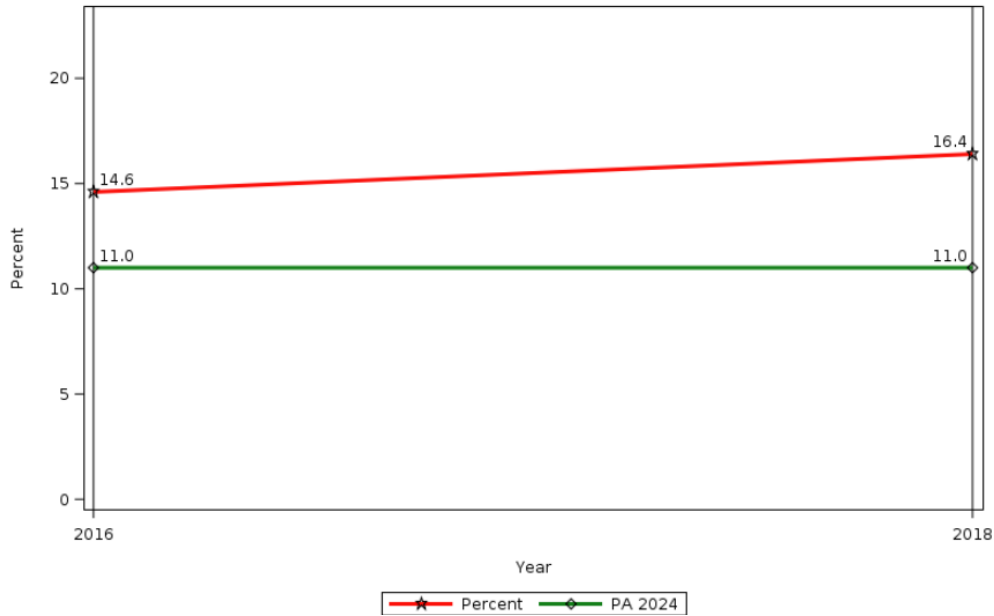


Data Source: NYS Behavioral Risk Factor Surveillance System, data as of August 2020

Chart 1.21: Oneida County – Percentage of cigarette smoking among adults

According to the Prevention Agenda 2019-2024 Dashboard, the percentage of smoking among adults has shown no significant change since the last reporting period. The overall performance remains below the Prevention Agenda 2019-2024 Dashboard performance objective.

Chart 1.21: Oneida County – Percentage of cigarette smoking among adults

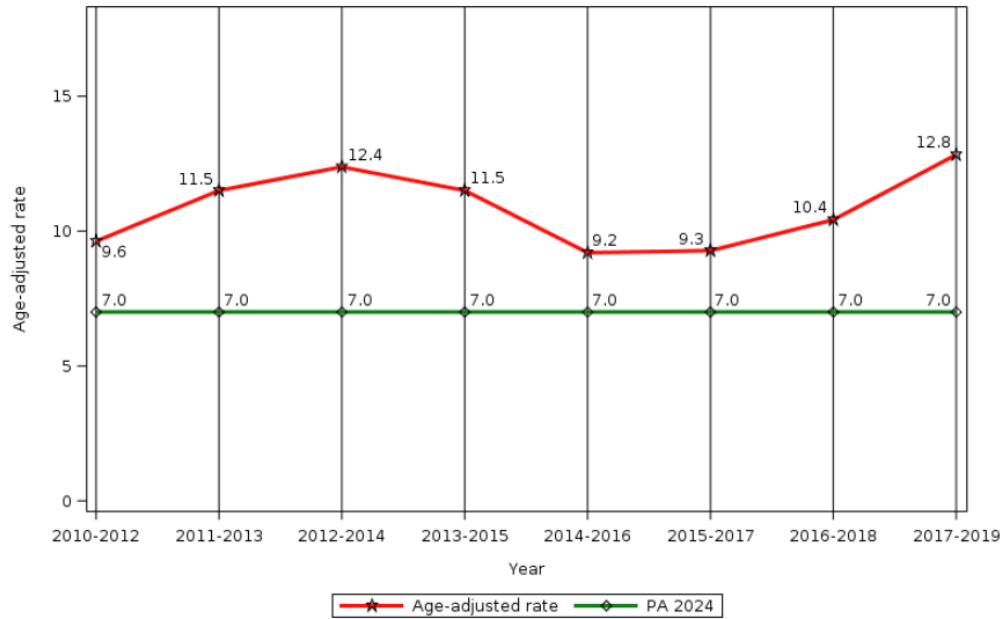


Data Source: NYS Behavioral Risk Factor Surveillance System, data as of August 2020

Chart 1.22: Oneida County – The Suicide Mortality, age-adjusted rate per 100,000 population in Oneida County

According to the Prevention Agenda 2019-2024 Dashboard, the suicide mortality, age-adjusted rate per 100,000 population in Oneida County has worsened since the last reporting period and has a continued declining negative trend since 2014 and continues to demonstrate poor performance when compared to the Prevention Agenda 2019-2024 Dashboard performance objective.

Chart 1.22: Oneida County – The Suicide Mortality, age-adjusted rate per 100,000 population in Oneida County

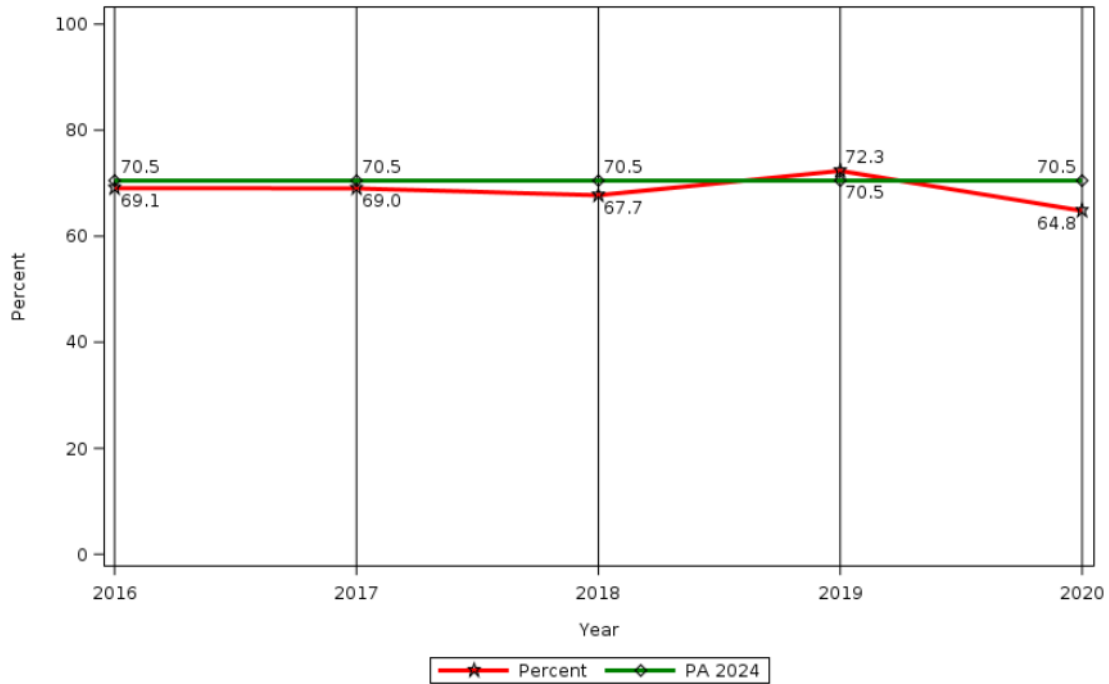


Data Source: Vital Records, data as of January 2022

Chart 1.23: Oneida County – Percentage of 24–35-month-old children with the 4:3:1:3:3:1:4 immunization series

According to the Prevention Agenda 2019-2024 Dashboard, the Percentage of 24–35-month-old children with the 4:3:1:3:3:1:4 immunization series in Oneida County has worsened since the last reporting period, demonstrating poor performance when compared to the Prevention Agenda 2019-2024 Dashboard performance objective.

Chart 1.23: Oneida County – Percentage of 24–35-month-old children with the 4:3:1:3:3:1:4 immunization series



Data Source: New York State Immunization Information System (NYSIIS) and Citywide Immunization Registry (CIR), data as of October 2021

An Analysis of Behavioral and Environmental Risk Factors

The tracking tool (Prevention Agenda 2019-2024 Dashboard) available on the NYSDOH website provides baseline data from 2019-2024 for most Prevention Agenda Dashboard performance indicators, which is used to compare Oneida County to other counties in NYS (in particular, the Central New York Region, which includes the following counties: Cayuga, Cortland, Madison, Oneida, Onondaga, Oswego) and the Prevention Agenda 2019-2024 Dashboard performance objectives. The CHIRS data and County Health Rankings data for Oneida County were also referenced during a review of secondary research. Data from these sources better assisted OCHD, RH and MVHS with understanding what influences the health of residents. The following details an analysis of behavioral risk factors for residents of Oneida County. The first paragraph of each section indicates the areas where the County has met or exceeded State expectations, and the second paragraph details the areas of opportunity the County should consider when determining how to best meet the needs of residents.

Source: NYSDOH: 2019-2024 Prevention Agenda, CHIRS (dates vary), and County Health Rankings (2016-2019)

Improve Health Status and Reduce Health Disparities – Oneida County, New York State (2019-2024)

Oneida County demonstrated no significant change in all performance indicators as aligned with Improve Health Status and Reduce Health Disparities since the last measurement period and fell below the 2019-2024 performance goals for all measures.

When comparing Oneida County to the Prevention Agenda objective, the County fell below expectations for several indicators, including percentage of premature deaths (before age 65 years); premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics; premature deaths (before age 65 years) difference in percentages between Hispanic and White non-Hispanics; potentially preventable hospitalizations among adults, age-adjusted rate per 10,000; percentage of adults with health insurance, aged 18-64, and adults who have a regular healthcare provider. There were two indicators where data was suppressed, therefore trending performance was not able to be assessed. Those measures include potentially preventable hospitalizations among adults, difference in age-adjusted rate per 10,000 between Hispanics and White non-Hispanics. All areas where Oneida County fell below the Prevention Agenda 2019-2024 Dashboard performance objectives remain areas of opportunity to improve health status and reduce health disparities among residents.

Reference Chart: 2.0

Chart 2.0: Improve Health Status and Reduce Health Disparities

New York State (NYS) 2019-2024 Prevention Agenda (PA)									
Improve Health Status and Reduce Health Disparities									
Indicator	Data Years	Oneida County		Central NY		NYS excluding NYC		PA 2024 Objective	
		Rate/ Ratio/ Percent	Rate/ Ratio/ Percent	Rate/ Ratio/ Percent	Rate/ Ratio/ Percent	Rate/ Ratio/ Percent	Rate/ Ratio/ Percent	Rate/ Ratio/ Percent	Met/ Not Met
<i>Percentage of premature deaths (before age 65 years)</i>	2019	569	21.7	2,261	22.6	21,543	21	22.8	Met
<i>Premature deaths: Percentage of Black non-Hispanics to White non-Hispanics (before age 65 years)</i>	2019	N/A	50	N/A	47.3	N/A	38.7	17.3	Not Met

New York State (NYS) 2019-2024 Prevention Agenda (PA)									
Improve Health Status and Reduce Health Disparities continued									
Premature deaths: Percentage of Hispanics to White non-Hispanics	2019	N/A	64.1	N/A	48.8	N/A	39.6	16.2	Not Met
Age-adjusted preventable hospitalization rate per 10,000 - Aged 18+ years	2019	3,434	151.1	13,455	141.7	129,588	120.4	115	Not Met
Preventable hospitalizations : Rate of Black non-Hispanics to White non-Hispanics per 10,000	2019	N/A	N/A	N/A	305.1	N/A	233.9	94	N/A
Preventable hospitalizations : Rate of Hispanics to White non-Hispanics per 10,000	2019	N/A	N/A	N/A	243.2	N/A	106.5	23.9	N/A
Percentage of adults (aged 18-64) with health insurance	2019	N/A	93.8	N/A	N/A	N/A	N/A	97	Not Met
Age-adjusted percentage of adults who have a regular health care provider	2018	N/A	84	N/A	84.1	N/A	82	86.7	Not Met

Source: [New York State Prevention Agenda Dashboard \(ny.gov\)](https://www.health.ny.gov/prevention/agenda/dashboard/)

Prevent Chronic Disease – Oneida County, New York State (2019-2024)

Oneida County exceeds the Prevention Agenda objectives for performance indicators, including: percentage of children with obesity, among children aged 2-4 years participating in the WIC program, asthma emergency department visits, rate per 10,000, aged 0-17 years, percentage of adults with hypertension who are currently taking medicine to manage their high blood pressure, as well as percentage of adults with chronic conditions who have taken a course or class to learn how to manage their condition. While there was no significant change in the following measures, Oneida County

remains closely aligned with 2019-2024 Prevention Agenda Dashboard performance goals, including: percentage of adults who receive a colorectal cancer screening based on the most recent guidelines (ages 50-64 years), percentage of adults with an annual household income less than \$25,000 who had a test for high blood sugar or diabetes with the past three years, aged 45+ years, percentage of Medicaid managed care members who were identified as having persistent asthma and were dispensed appropriate asthma controller medications for at least 50% of the treatment period, aged 5-18 years, as well as percentage of adults with chronic conditions who have taken a course or class to learn how to manage their condition.

Oneida County was unable to meet the Prevention Agenda expectations for several indicators, including indicators related to smoking, obesity, healthy eating, and physical activities. This data aligns with the Behavioral Risk Factor Surveillance System (BRFSS), indicating that current smoking, as well as overweight and obesity significantly worsened. However, it should be noted that although the County is not meeting expectations, they have showed improvement with the following indicators: percentage of children with obesity, among children aged 2-4 years participating in the WIC program.

Oneida County was able to meet Prevention Agenda expectations for several indicators related to preventive screening. For colorectal cancer screening, performance demonstrated no significant change. BRFSS data for breast cancer screening showed a slight decrease, followed with a slight improvement in cervical cancer screening rate. The areas where the County fell below the Prevention Agenda 2019-2024 Dashboard performance objectives are areas of opportunity in considering how best to meet the needs of Oneida County residents.

Primary research also supports these findings. Online survey respondents felt that addressing physical activity (39.1%), child and adolescent health (45.8%), and tobacco prevention (including electronic vaping products; 19.5%) are other top health issues in the County. Promoting well-being (and resilience) was also a top health issue for 33.0% of online survey respondents. Additionally, 52% of respondents shared that they spend less than 30 minutes daily participating in physical activities or exercise. Online survey respondents also noted the importance of providing healthy eating opportunities and food security (access to healthy and affordable foods; 52.8%), as well as healthy indoor places (i.e., home, school) (19.3%).

Reference chart 2.1

Chart 2.1: Prevent Chronic Disease

New York State (NYS) 2019-2024 Prevention Agenda (PA)									
Prevent Chronic Disease									
Indicator	Data Years	Oneida County		Central NY		NYS excluding NYC		PA 2024 Objective	
		Count/Rate/Percent	Rate/Ratio/Percent	Count/Rate/Percent	Rate/Ratio/Percent	Count/Rate/Percent	Rate/Ratio/Percent	Rate/Ratio/Percent	Met/Not Met
Prevalence of cigarette smoking among adults	2018	N/A	16.4	N/A	15.9	N/A	13.9	11	Not Met

New York State (NYS) 2019-2024 Prevention Agenda (PA)

Prevent Chronic Disease, continued

<i>Percentage of cigarette smoking among adults with income less than \$25,000</i>	2018	N/A	20.8	N/A	31.7	N/A	24.8	15.3	Not Met
<i>Percentage of children with obesity, among children aged 2-4 years participating in the WIC program</i>	2018	81	14.1	1,094	14	11,254	15.2	13	Not Met
<i>Percentage of adults with obesity</i>	2018	N/A	33.7	N/A	34.1	N/A	29.1	24.2	Not Met
<i>Percentage of adults with an annual household income less than \$25,000 with obesity</i>	2018	N/A	38.1	N/A	41.0	N/A	34.4	29.0	Not Met
<i>Percentage of adults with an annual household income less than \$25,000 who consume one or more sugary drinks per day</i>	2018	N/A	34.8	N/A	41.4	N/A	34.1	28.5	Not Met

New York State (NYS) 2019-2024 Prevention Agenda (PA)

Prevent Chronic Disease, continued

<i>Percentage of adults with an annual household income less than \$25,000 with perceived food security</i>	2016	N/A	56.8	N/A	59.1	N/A	58.4	61.4	Not Met
<i>Percentage of adults who participate in leisure-time physical activity</i>	2018	N/A	74.0	N/A	76.2	N/A	77.6	77.4	Not Met
<i>Percentage of adults with disabilities who participate in leisure-time physical activity</i>	2018	N/A	59.4	N/A	60.1	N/A	60.6	61.8	Not Met
<i>Percentage of children with obesity, among children aged 2-4 years participating in the WIC program</i>	2018	81	14.1	1,094	14	11,254	15.2	13	Not Met
<i>Percentage of adults with obesity</i>	2018	N/A	33.7	N/A	34.1	N/A	29.1	24.2	Not Met
<i>Percentage of adults with an annual household income less than \$25,000 with obesity</i>	2018	N/A	38.1	N/A	41.0	N/A	34.4	29.0	Not Met

New York State (NYS) 2019-2024 Prevention Agenda (PA)									
Prevent Chronic Disease, continued									
<i>Percentage of adults with an annual household income less than \$25,000 who consume one or more sugary drinks per day</i>	2018	N/A	34.8	N/A	41.4	N/A	34.1	28.5	Not Met
<i>Percentage of adults with an annual household income less than \$25,000 with perceived food security</i>	2016	N/A	56.8	N/A	59.1	N/A	58.4	61.4	Not Met
<i>Percentage of adults who participate in leisure-time physical activity</i>	2018	N/A	74.0	N/A	76.2	N/A	77.6	77.4	Not Met
<i>Percentage of adults with disabilities who participate in leisure-time physical activity</i>	2018	N/A	59.4	N/A	60.1	N/A	60.6	61.8	Not Met
<i>Percentage of adults who participate in leisure-time physical activity, aged 65+ years</i>	2018	N/A	71.2	N/A	67.2	N/A	68.9	75.9	Not Met
<i>Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines</i>	2018	N/A	70.9	N/A	72.0	N/A	66.4	66.3	Met

New York State (NYS) 2019-2024 Prevention Agenda (PA)									
Prevent Chronic Disease, continued									
<i>Percentage of adults who had a test for high blood sugar or diabetes within the past three years, aged 45+ years</i>	2018	N/A	66.7	N/A	58.6	N/A	61.0	71.7	Not Met
<i>Percentage of adults with an annual household income less than \$25,000 who had a test for high blood sugar or diabetes with the past three years, aged 45+ years</i>	2018	N/A	72.3	N/A	62.0	N/A	57.9	67.4	Met
<i>Asthma emergency department visits, rate per 10,000, aged 0-17 years</i>	2018	172	35.3	1,090	52.0	13,414	57.5	131.1	Met
<i>Percentage of Medicaid managed care members who were identified as having persistent asthma and were dispensed appropriate asthma controller medications for at least 50% of the treatment period, aged 5-18 years</i>	2019	234	70.0	908	66.0	8,281	62.0	59.0	Met

New York State (NYS) 2019-2024 Prevention Agenda (PA)									
Prevent Chronic Disease, continued									
Percentage of adults with hypertension who are currently taking medicine to manage their high blood pressure	2016	N/A	86.0	N/A	75.7	N/A	77.6	80.7	Met
Percentage of adults with chronic conditions who have taken a course or class to learn how to manage their condition	2018	N/A	13.4	N/A	11.9	N/A	9.1	10.6	Met

Source: [New York State Prevention Agenda Dashboard \(ny.gov\)](https://www.ny.gov/new-york-state-prevention-agenda-dashboard)

Behavioral Risk Factor Surveillance System (BRFSS) Health Indicators – Oneida County - 2018				
Prevent Chronic Disease				
Indicator	Data Years	Oneida County		
		Est. Count	2018 Crude Rate 95% Lower Rate/ 95% Upper Rate	2016 Crude Rate
Colorectal Cancer Screening (50-64 age range)	2018	29,531	70.9 62.5/79.2	71.5 63/80
Colorectal Cancer Screening	2018	49,728	75.1 68.5/81.6	76.3 70/82.6
Breast Cancer Screening	2018	29,221	86.5 79.6/93.4	88.2 82.7/93.6
Cervical Cancer Screening	2018	41,991	88.7 81.5/95.9	88.1 81.5/94.7
Percentage of adults aged 18-24 years who are current smokers (Rate was suppressed in 2018 due to low sample size)	N/A	N/A	N/A	N/A
Current Smoking	2018	28,170	16.4 12.2/20.5	14.6 10.3/18.9
Current Smoking – Disability	2018	52,421	19.8 12.4/27.3	27.6 6.4/38.8

Behavioral Risk Factor Surveillance System (BRFSS) Health Indicators – Oneida County - 2018				
Prevent Chronic Disease, continued				
<i>Current Smoking – Low Income</i>	2018	8,983	20.8 12.3/29.3	32.9 20.5/45.3
<i>Percentage of adults who use e-cigarettes</i>	2018	7,769	4.6 1.9/7.3	4.6 1.6/7.7
<i>Obesity Disability</i>	2018	19,185	39.4 29.6/49.1	44.6 33.2/56
<i>Cardiovascular Disease</i>	2018	19,448	10.7 7.9/13.4	8.1 5.6/10.6
<i>Cardiovascular Disease – Disability</i>	2018	12,309	23.2 16.1/30.2	18.9 11.1/26.7
<i>Overweight or Obese</i>	2018	115,388	69.5 64.3/74.8	67.2 61.3/73
<i>Obesity</i>	2018	55,952	33.7 28.5/39	33.6 28/39.2
<i>Obesity – Low Income</i>	2018	15,173	38.1 27/49.1	38.5 27.3/49.7
<i>Consumption of Sugar-Sweetened Beverage</i>	2018	43,585	28.8 23.3/34.3	26.4 20.8/32
<i>Prediabetes</i>	2018	13,994	10.2 6.8/13.5	9.7 6.3/13.2
<i>Diabetes and Prediabetes Testing</i>	2018	70,223	53.9 47.5/60.3	57.2 50.7/63.6
<i>Diabetes</i>	2018	26,582	14.7 11.2/18.1	15.6 11.7/19.4
<i>Chronic Disease Self-Management (Rate was suppressed in 2018 due to low sample size)</i>	N/A	N/A	N/A	9.8 5.7/14
<i>Leisure-Time Physical Activity</i>	2018	133,977	74 69.4/78.6	71.4 66.1/76.6
<i>Fall within Past Year 65+</i>	2018	12,724	31.5 22.4/40.6	29 21/37
<i>No Fruits or Vegetables</i>	2018	47,055	31.2 25.7/36.7	31.5 25.6/37.3
<i>Food Securities (Rate was suppressed in 2018 due to low sample size)</i>	N/A	N/A	N/A	82.3 77.4/37.3
<i>Active Transportation</i>	2018	98,303	63.8 58.4/69.3	N/A (No prior data)
<i>Arthritis</i>	2018	56,831	31.6 27/36.2	33 27.9/38
<i>Asthma</i>	2018	19,226	10.7 7.6/13.9	12.9 9.2/16.7

Behavioral Risk Factor Surveillance System (BRFSS) Health Indicators – Oneida County - 2018				
Prevent Chronic Disease, continued				
<i>COPD</i>	<i>2018</i>	<i>18,540</i>	<i>10.2</i> <i>7.3/13.1</i>	<i>9.4</i> <i>6.2/12.6</i>

Source: [Behavioral Risk Factor Surveillance System \(BRFSS\) Health Indicators by County and Region | State of New York \(ny.gov\)](#)

Promote a Healthy and Safe Environment – (Environmental Risk Factors) - Oneida County, New York State (2019-2024)

Oneida County performed well for some environmental CHIRS indicators, including percentage of children born in 2016 with a lead screening – aged 9-17 months, and Elevated blood lead levels (greater than or equal to 10 micrograms per deciliter) per 100,000 employed persons aged 16 years and older.

However, the County did not meet the Prevention Agenda objective for some indicators in this category, including: hospitalizations due to falls among adults, rate per 10,000 population, aged 65+ years, assault-related hospitalizations, ratio of rates between Black non-Hispanics and White non-Hispanics, assault-related hospitalizations, rates between Hispanics and White non-Hispanics, work-related emergency department (ED) visits, ratio of rates between Black non-Hispanics and White non-Hispanics, percentage of population living in a certified Climate Smart Community, as well as percentage of residents served by community water systems with optimally fluoridated water. In addition to falling below expectations, the County significantly worsened in the areas of percentage of people who commute to work using alternate modes of transportation or who telecommute and percentage of registered cooling towers in compliance with 10 NYCRR Subpart 4-1. As of January 2002, nearly all department facilities have been notified by OCHD to update their compliance information in the NYS reporting data base. The areas where the County fell below the Prevention Agenda objectives are areas of opportunity in considering how best to meet the needs of Oneida County residents.

Reference Chart: 2.2

Chart 2.2: Promote a Healthy and Safe Environment

New York State (NYS) 2019-2024 Prevention Agenda (PA)									
Promote a Healthy and Safe Environment									
Indicator	Data Year	Oneida County		Central NY		NYS excluding NYC		PA 2024 Objective	
		Rate/ Ratio/ %	Rate/ Ratio/ %	Count/ Rate/ %	Rate/ Ratio/ %	Count/ Rate/ %	Rate/ Ratio/ %	Count/ Rate/ %	Met/ Not Met
<i>Hospitalizations due to falls among adults, rate per 10,000 population, aged 65+ years</i>	<i>2019</i>	<i>953</i>	<i>217.4</i>	<i>3,565</i>	<i>197.1</i>	<i>42,402</i>	<i>210.4</i>	<i>173.7</i>	<i>Not Met</i>

New York State (NYS) 2019-2024 Prevention Agenda (PA)									
Promote a Healthy and Safe Environment, continued									
Assault-related hospitalizations, rate per 10,000 population	2019	52	2.3	300	3.0	2,499	2.2	3.0	Met
Assault-related hospitalizations, ratio of rates between Black non-Hispanics and White non-Hispanics	2019	9.5	6.85	12.2	6.57	7.4	5.56	5.54	Not Met
Assault-related hospitalizations, rates between Hispanics and White non-Hispanics	2019	6.4	4.63	6.9	3.72	2.4	1.82	5.54	Not Met
Assault-related hospitalizations, ratios of rates between low-income ZIP Codes and non-low-income ZIP Codes	2019	3.6	2.05	7.2	3.83	5.3	2.98	2.66	Met
Firearm assault-related hospitalizations, rate per 10,000 population	2019	7	0.31	28	0.28	247	0.22	0.38	Met
Work-related emergency department (ED) visits, ratio of rates between Black non-Hispanics and White non-Hispanics	2019	249.3	1.60	185.8	1.55	227.7	1.88	1.30	Not Met
Crash-related pedestrian fatalities, rate per 100,000 population	2019	3	1.31	19	1.90	190.0	1.71	1.43	Met

New York State (NYS) 2019-2024 Prevention Agenda (PA)									
Promote a Healthy and Safe Environment, continued									
Percentage of population living in a certified Climate Smart Community	2021	0	0	76,733	7.5	6,072,552	54.2	8.6	Not Met
Percentage of people who commute to work using alternate modes of transportation or who telecommute	2015-2019	N/A	17.3	N/A	18.3	N/A	22.9	8.6	Not Met
Percentage of registered cooling towers in compliance with 10 NYCRR Subpart 4-1	2020	N/A	62.5	N/A	67.3	N/A	66.5	99.3	Not Met
Percentage of residents served by community water systems with optimally fluoridated water	2019	132,372	67.6	751,727	79.4	4,642,837	46.9	77.5	Not Met

Source: [New York State Prevention Agenda Dashboard \(ny.gov\)](https://www.ny.gov/prevention-agenda-dashboard)

Promote Healthy Women, Infants, and Children – Oneida County, New York State (2019-2024)

The County exceeded the 2019-2024 Prevention Agenda objectives for the percentage of women with a preventive medical visit in the past year, aged 18-45+ years, maternal mortality, rate per 100,000 live births, percentage of infants supplemented with formula in the hospital among breastfed infants, and the percentage of families participating in the Early Intervention Program who meet the state’s standard for the NY Impact on Family Scale.

However, Oneida County fell below several Prevention Agenda objectives related to Infant mortality, rate per 1,000 live births, percentage of births that are preterm (significantly worsened), newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction, crude rate per 1,000 newborn discharges, percentage of infants exclusively breastfed in the hospital, percentage of infants who are exclusively breastfed in the hospital among Hispanic infants, percentage of infants who are exclusively breastfed in the hospital among Black non-Hispanic infants, suicide mortality among

youth, rate per 100,000, aged 15-19 years (worsened), and percentage of adults (aged 18-64) with health insurance. Although the County did not meet expectations for percentage of infants enrolled in WIC who are breastfed at 6 months among all WIC infants, they showed improvement in this area. The CHIRS data aligns with the above, as referenced in the chart below. The areas where the County fell below the Prevention Agenda objectives are areas of opportunity in considering how best to meet the needs of Oneida County residents.

Reference Chart: 2.3

Chart 2.3: Promote Healthy Women, Infants and Children

New York State (NYS) 2019-2024 Prevention Agenda (PA)									
Promote Healthy Women, Infants, and Children									
Indicator	Data Years	Oneida County		Central NY		NYS excluding NYC		PA 2024 Objective	
		Rate/ Ratio/ %	Rate/ Ratio/ %	Count/ Rate/ %	Rate/ Ratio/ %	Count/ Rate/ %	Rate/ Ratio/ %	Count/ Rate/ %	Met/ Not Met
<i>Percentage of women with a preventive medical visit in the past year, aged 18-44 years</i>	2018	N/A	85.0	N/A	85.0	N/A	79.2	80.6	Met
<i>Percentage of women with a preventive medical visit in the past year, aged 45+ years</i>	2018	N/A	94.4	N/A	92.2	N/A	88.9	85.0	Met
<i>Percentage of women who report ever talking with a health care provider about ways to prepare for a healthy pregnancy, aged 18-44</i>	2016	N/A	N/A	N/A	35.8	N/A	36.2	38.1	N/A
<i>Maternal mortality, rate per 100,000 live births</i>	2017-2019	2	26.4	11	34.1	66	18.8	16.0	Met
<i>Infant mortality, rate per 1,000 live births</i>	2019	20	8.0	50	4.7	541	4.7	4.0	Not Met
<i>Percentage of births that are preterm</i>	2019	241	9.7	957	9.1	10,710	9.3	8.3	Not Met
Source: New York State Prevention Agenda Dashboard (ny.gov)									

New York State (NYS) 2019-2024 Prevention Agenda (PA)

Promote Healthy Women, Infants, and Children, continued

<i>Newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction, crude rate per 1,000 newborn discharges</i>	2019	28	14.2	190	19.5	1,328	12.7	9.1	Not Met
<i>Percentage of infants exclusively breastfed in the hospital</i>	2019	1,128	49.5	5,429	56.7	49,379	49.6	51.7	Not Met
<i>Percentage of infants who are exclusively breastfed in the hospital among Hispanic infants</i>	2019	71	35.5	293	42.8	6,225	35.4	37.4	Not Met
<i>Percentage of infants who are exclusively breastfed in the hospital among Black non-Hispanic infants</i>	2019	35	17.80	315	30.9	3,274	33.20	38.4	Not Met
<i>Percentage of infants supplemented with formula in the hospital among breastfed infants</i>	2019	583	34.1	1,970	26.6	34,923	41.4	41.9	Met

New York State (NYS) 2019-2024 Prevention Agenda (PA)									
Promote Healthy Women, Infants, and Children, continued									
Percentage of infants enrolled in WIC who are breastfed at 6 months among all WIC infants	2017	33	22.3	N/A	N/A	N/A	N/A	45.5	Not Met
Suicide mortality among youth, rate per 100,000, aged 15-19 years	2017-2019	7	15.6	21	9.8	163	7.3	4.7	Not Met
Percentage of families participating in the Early Intervention Program who meet the state's standard for the NY Impact on Family Scale	2019-2020	671	98.0	2,930	97.0	37,147	94.5	73.9	Met
Percentage of adults (aged 18-64) with health insurance	2019	N/A	94	N/A	N/A	N/A	N/A	97.0	Not Met

Source: [New York State Prevention Agenda Dashboard \(ny.gov\)](https://www.ny.gov/new-york-state-prevention-agenda-dashboard)

Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Healthcare - Associated Infections – Oneida County, New York State (2014-2016)

As it relates to preventing HIV, sexually transmitted diseases, vaccine preventable diseases, and healthcare-associated infections, Oneida County exceeded the Prevention Agenda objective for some indicators, including newly diagnosed HIV case rate per 100,000 population, and the Chlamydia case rate per 100,000 women aged 15-44 years. Similarly, the County rate was significantly better than the CHIRS rate for AIDS case rate per 1,000, early syphilis case rate per 100,000, newly diagnosed HIV case rate per 100,000, and the age-adjusted newly diagnosed HIV case rate per 100,000. These are areas where the County met or exceeded Statewide performance and expectations.

Oneida County fell below the Prevention Agenda objective for some measures, including the percentage of children who received the 4:3:1:3:3:1:4 immunization series - aged 19-35 months (significantly worsened), and the percentage of adolescent females that received 3 or more doses of HPV vaccine - aged 13-17 years. The areas where the County fell below the Prevention Agenda objectives as it relates to sexual wellness, vaccines and infections are areas of opportunity in considering how best to meet the needs of residents within Oneida County.

Reference Chart: 2.4

Chart 2.4: Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Healthcare – Associated Infections

New York State (NYS) 2019-2024 Prevention Agenda (PA)									
Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Healthcare – Associated Infections									
Indicator	Data Years	Oneida County		Central NY		NYS excluding NYC		PA 2024 Objective	
		Rate/ Ratio/ %	Rate/ Ratio/ %	Count/ Rate/ %	Rate/ Ratio/ %	Count/ Rate/ %	Rate/ Ratio/ %	Count/ Rate/ %	Met/ Not Met
<i>Newly diagnosed HIV case rate per 100,000 population</i>	2017-2019	16	2.3	111	3.7	1,907	5.7	5.2	Met
<i>Chlamydia diagnoses, age-adjusted rate per 100,000 population</i>	2019	849	401.4	4,843	494.8	48,183	457.5	677	Met
<i>Gonorrhea diagnoses, age-adjusted rate per 100,000 population</i>	2019	160	77.2	1,325	139.3	11,923	114.9	242.6	Met
<i>Percentage of children with 4:3:1:3:3:1:4 immunization series – Aged 24-35 months</i>	2020	2,645	64.8	11,028	76.1	120,462	66.3	80	Not Met
<i>Percentage of 13-year-old adolescents with a complete HPV vaccine series</i>	2020	871	31.8	4,350	37.1	43,323	32.8	37.4	Not Met
<i>Early syphilis diagnoses, age-adjusted rate per 100,000 population</i>	2019	18	8.0	72	7.7	1,582	15.3	79.6	Met

Source: [New York State Prevention Agenda Dashboard \(ny.gov\)](https://www.ny.gov/new-york-state-prevention-agenda-dashboard)

Promote Well-Being and Prevent Mental and Substance Use Disorders – Oneida County, New York State (2019-2024)

In terms of substance use, injury, and mental health, Oneida County exceeded the Prevention Agenda objectives in the following areas: patients who received at least one buprenorphine prescription for opioid use disorder, age-adjusted rate per 100,000 population, percentage of adults who have experienced two or more adverse childhood experiences (ACEs). CHIRS data indicates that the County worsened in suicide mortality rate per 100,000 – Aged 15-19 years, also significantly different than statewide data.

Oneida County fell below the Prevention Agenda objective for several indicators, including frequent mental distress during the past month among adults, age-adjusted percentages, overdose deaths involving any opioids, age-adjusted rate per 100,000 population, opioid analgesic prescription, age-adjusted rate per 1,000 population, indicated reports of abuse/maltreatment, rate per 1,000 children – aged 0-17 years, as well as suicide mortality, age-adjusted rate per 100,000 population, which worsened when compared to previous data. The areas where the County fell below the Prevention Agenda objectives are areas of opportunity in considering how best to meet the needs of Oneida County residents.

Primary research supports these findings. Many individuals cited that someone in their home has struggled with depression and anxiety (40.5%). Similarly, 61.8% of respondents participating in the online survey ranked mental health as a top priority for Oneida County. Additionally, focus group participants ranked improve mental health as the second highest need theme (33.3%). Assessing student’s mental health and well-being during the pandemic was one of the primary goals of the Oneida County COVID-19 Student Survey. 22% of students said they hurt themselves on purpose without the intention of committing suicide, and 13% admitted to having considered suicide in the past year when asked questions about intentionally hurting themselves and about their thoughts and behaviors related to suicide. In addition, findings from the survey indicate that there has been an increase in the portion of students that reported being cyberbullied or feeling sad for two weeks or more.

Reference Chart: 2.5

Chart 2.5: Promote Well-Being and Prevent Mental and Substance Use Disorders

New York State (NYS) 2019-2024 Prevention Agenda (PA)									
Promote Well-Being and Prevent Mental and Substance Use Disorders									
Indicator	Data Years	Oneida County		Central NY		NYS excluding NYC		PA 2024 Objective	
		Rate/ Ratio/ %	Rate/ Ratio/ %	Count/ Rate/ %	Rate/ Ratio/ %	Count/ Rate/ %	Rate/ Ratio/ %	Count/ Rate/ %	Met/ Not Met
<i>Opportunity Index Score</i>	2019	N/A	53.2	N/A	N/A	N/A	N/A	59.2	<i>Not Met</i>

New York State (NYS) 2019-2024 Prevention Agenda (PA)									
Promote Well-Being and Prevent Mental and Substance Use Disorders, continued									
<i>Frequent mental distress during the past month among adults, age-adjusted percentages</i>	2018	N/A	15.3	N/A	13.8	N/A	11.8	10.7	Not Met
<i>Economy Score</i>	2019	N/A	54.4	N/A	N/A	N/A	N/A	52.3	Met
<i>Community Score</i>	2019	N/A	47.4	N/A	N/A	N/A	N/A	61.3	Not Met
<i>Binge drinking during the past month among adults, age-adjusted percentage</i>	2018	N/A	15.4	N/A	20.3	N/A	18.4	16.4	Met
<i>Overdose deaths involving any opioids, age-adjusted rate per 100,000 population</i>	2019	47	23.1	208	22.7	1,793	17.3	14.3	Not Met
<i>Patients who received at least one buprenorphine prescription for opioid use disorder, age-adjusted rate per 100,000 population</i>	2020	1,481	748.7	6,074	694.3	63,622	638.7	415.6	Met
<i>Opioid analgesic prescription, age-adjusted rate per 1,000 population</i>	2020	103,919	383.6	449,487	377.4	4,576,688	343.6	350.0	Not Met
<i>Emergency department visits (including outpatient and admitted patients) involving any opioid overdose, age-adjusted rate per 100,000 population</i>	2019	139	67.4	751	81.7	6,922	66.1	53.3	Not Met

New York State (NYS) 2019-2024 Prevention Agenda (PA)									
Promote Well-Being and Prevent Mental and Substance Use Disorders, continued									
Percentage of adults who have experienced two or more adverse childhood experiences (ACEs)	2016	N/A	27.9	N/A	34.3	N/A	36.1	33.8	Met
Indicated reports of abuse/maltreatment, rate per 1,000 children – aged 0-17 years	2020	N/A	26.9	N/A	46.0	N/A	16.1	15.6	Not Met
Suicide mortality, age-adjusted rate per 100,000 population	2017-2019	90	12.8	348	11.3	3,473	9.9	7.0	Not Met

Source: [New York State Prevention Agenda Dashboard \(ny.gov\)](https://www.ny.gov/new-york-state-prevention-agenda-dashboard)

Cancer Indicators – Oneida County, New York State (2019-2024)

Oneida County was in line with or exceeded many Statewide CHIRS rates. Examples of indicators where Oneida County exceeded NYS rates include Age-adjusted lip, oral cavity, and pharynx cancer mortality rate per 100,000, age-adjusted cervix uteri cancer incidence rate per 100,000, age-adjusted ovarian cancer incidence rate per 100,000.

However, Oneida County fell below the CHIRS Statewide rate for a few measures. For example, age-adjusted lung and bronchus cancer incidence rate per 100,000, colon and rectum cancer mortality rate per 100,000, age-adjusted prostate cancer incidence rate per 100,000 (significantly worsened). The areas where the County fell below the Statewide CHIRS rate for cancer prevalence and prevention measures are areas of opportunity in considering how best to meet the needs of residents within Oneida County.

New York State Community Health Indicator Reports (CHIRS) Data							
Cancer Indicators							
Indicator	Data Years	Oneida County		Central NY		New York State	
		Numerator	%/ Rate/ Ratio	%/ Rate/ Ratio	County Rate Significantly Different Central NY	%/ Rate/ Ratio	County Rate Significantly Different from Statewide
Age-adjusted lip, oral cavity, and pharynx cancer mortality rate per 100,000	2016-2018	30	3.2	2.3	Yes	2.7	No

New York State Community Health Indicator Reports (CHIRS) Data							
Cancer Indicators, continued							
<i>Colon and rectum cancer mortality rate per 100,000</i>	2016-2018	2,120	17.4	12.5	Yes	12.1	Yes
<i>Age-adjusted lung and bronchus cancer incidence rate per 100,000</i>	2016-2018	672	70.2	76.8	Yes	67.6	Yes
<i>Age-adjusted cervix uteri cancer incidence rate per 100,000</i>	2016-2018	24	5.7	6.2	No	7.6	No
<i>Age-adjusted ovarian cancer incidence rate per 100,000</i>	2016-2018	57	12.3	11.1	No	11.4	No
<i>Age-adjusted prostate cancer incidence rate per 100,000</i>	2016-2018	686	145.1	145.7	No	129.4	Yes
<i>Age-adjusted melanoma cancer mortality rate per 100,000</i>	2016-2018	20	2.1	2.0	No	1.6	No
<i>Age-adjusted breast cancer mortality rate per 100,000</i>	2016-2018	571	124.5	133.7	Yes	133.8	Yes
<i>Percentage of women (aged 50-74 years) who had a mammogram between October 1, 2017, and December 31, 2019</i>	2019	1,076	64.9	67.3	No	71.0	No
Source: CHIRS Dashboard (ny.gov)							

County Health Rankings

Oneida County currently ranks 45 out of 62 counties for measures relating to health factors, and 52 out of 62 counties for factors that influence health outcomes in the County, based upon data gathered from County Health Rankings.⁴³ The overall ranking is not unique to performance in Oneida County, but it is interdependent on performance of other counties within New York State. The County’s rank for health outcomes has decreased (improved) from 54 in 2021 to 52 in 2022. Similarly, in terms of health factors, Oneida County experienced worsening in improvement in performance from 35 in 2021 to 45 in 2022.⁴⁴

Ranking Category: Out of 62 NY Counties	<u>Year</u> 2019	<u>Year</u> 2020	<u>Year</u> 2021	<u>Year</u> 2022	Trend
<i>Health Outcomes: based on mortality and morbidity</i>	<i>Rank: 49</i>	<i>Rank: 55</i>	<i>Rank: 54</i>	<i>Rank: 52</i>	<i>Improvement</i>
<i>Health Factors: based on behavioral, clinical, social, economic and environmental factors</i>	<i>Rank: 37</i>	<i>Rank: 40</i>	<i>Rank: 35</i>	<i>Rank: 45</i>	<i>Worsened</i>

Data source: County Health Rankings & Roadmaps; funded by the Robert Wood Johnson Foundation.

Oneida County remained relatively consistent across most health outcome measures from 2020 to 2021, with an improvement in ranking for “mammogram screenings.” However, the number of premature deaths rose from 7,300 to 7,400 (1.5%). The ranking of quality of life improved from 54 to 49, while the length of life ranking was relatively constant at 50 vs. 49 the previous year.⁴⁵

Oneida County also remained relatively consistent across most health behavior metrics from 2020 to 2021, with an overall improvement in ranking from 52nd to 49th. Areas where Oneida County improved include adult obesity, alcohol-impaired driving deaths and teen births. However, the percentage of adult smoking, food environment index, physical inactivity, access to exercise opportunities, excessive drinking and sexually transmitted infections increased. Primary research also supports this, as online survey respondents (39.1%) report increasing physical activity as a top priority.

Oneida County saw a decrease in performance for clinical care measures, ranking 26th in 2021, and worsening to 32nd in 2022. Measures where Oneida County has improved include: the percentage who are uninsured (under 65 years of age), number of patients per dentist, and mammography screenings (Medicare enrollees 65-74 years of age). Measures where Oneida County has decreased performance include the ratio of primary care physicians, ratio of mental health providers, preventable hospital stays, and flu vaccinations. Primary research also supports this need, as many participants in the online survey noted the urgent need for more resources related to mental health and substance use disorders.

⁴³ Source: [Oneida County, New York | County Health Rankings & Roadmaps](#)

⁴⁴ Ibid

⁴⁵ Ibid

Oneida County's ranking for social and economic factors experienced a decrease in performance, from 39 in 2021 to 41 in 2022. Measures where Oneida County has improved include the high school graduate rate, individuals with some college, children in poverty, income inequity and children in single-parent households. Oneida County has decreased performance related to the unemployment rate, social association (a family and social support measure),⁴⁶ and the number of injury deaths. The percentage of violent crimes remained consistent.

Environmental Risk Factors

According to County Health Rankings, Oneida County's ranking for physical environment measures worsened slightly, from 32 in 2021 to 40 in 2022.⁴⁷ All measures in this category remained relatively unchanged during this time period, except for air pollution-particulate matter days which improved slightly.⁴⁸

Interestingly, the Heat and Health Profile Report for Oneida County tells a slightly different environmental story. Average annual temperatures have been steadily increasing over the last several decades and are projected to continue to increase over the next century. While much of Oneida County is considered to be a low heat vulnerability zone, there is a small pocket within Oneida County that is a highly vulnerable zone. To combat rising temperatures, the NYSDOH provides the addresses and contact information of cooling centers available locally at <https://www.health.ny.gov/environmental/weather/cooling/>. The NYSDOH has also created an educational tool to notify the public about the health impacts of heat and is one of 6 agencies that sponsors Climate Smart Communities in New York State to reduce greenhouse gases.⁴⁹

Policy Environments

Improving the health and well-being of the population requires the implementation of public health approaches that focus on achieving health equality. This strategy focuses on emphasis of social determinants of health which is defined by Healthy People 2030 as the conditions in the environment in which people are born, live, work, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Determinants include social and economic opportunities, education, safety in neighborhoods and communities, the quality of physical environments (e.g., the cleanliness of water, food, air, and housing), and social interactions and relationships.

Health behaviors and access to health care are also important factors (source: Prevention Agenda 2019-2024). The foundation for improving health outcomes is the development of policies and programs that aim to have a positive impact on health, as well as ongoing management. These policy changes also continue to embrace the Healthy Aging to support the State's commitment to making New York the first age-friendly state. In addition, the Prevention Agenda 2019-2024 Dashboard outlines goals to prevent chronic disease which include "improving community environments that support active transportation."

⁴⁶ Source: [Oneida County, New York | County Health Rankings & Roadmaps](#)

⁴⁷ Source: [Physical Environment in New York | County Health Rankings & Roadmaps](#)

⁴⁸ Ibid

⁴⁹ Source: <https://www.health.ny.gov/environmental/weather/profiles/docs/oneida.pdf>

Environmental conditions where people live work and play influence the quality of life and health status of individuals both positively and negatively and can be considered the root causes of poor health status and health outcomes including quality of life and length of life. From the availability of community-based resources that support healthy lifestyle and opportunities for recreational and leisure-time activities to availability of resources to meet daily needs (e.g. housing and food securities), transportation and built environments (buildings, sidewalks, bike lanes and roads), OCHD, RH and MVHS remain fully engaged in continued collaborative work to address the social, economic, and physical conditions that contribute to health outcomes through further policy development which is already underway. Programs and policies detailed below were developed and executed prior to the COVID-19 pandemic. Due to the shift in priorities due to the COVID-19 pandemic, as well as allocation of funding, activities associated with monitoring progress has been paused until resources can be reallocated to fund the continued expansion of policies and programs.

- Through the work of the Oneida County Health Department’s Cancer Prevention in Action Program (CPIA) which supported cancer prevention and risk reduction interventions using policy, systems and environmental changes, policies were adopted in the area of sun safety, preventing, and reducing skin cancer.⁵⁰
 - Increase the adoption of sun safety policies and practices in the community setting to prevent skin cancer
 - Increase the adoption of worksite policies that establish paid time off benefits for employees to obtain cancer screenings to reduce and prevent cancer
 - Increase the number of community education interventions to build support for the HPV vaccine as cancer prevention
- All hospital and health system campuses are smoke free
- All parks in Oneida County are designated as smoke free (including all city, town, and village parks)
 - Select areas in the County are also designated as smoke free, including playgrounds, youth athletic fields, and property used for general recreational purposes.
- Building Complete Streets
 - Complete streets are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists, and transit riders. Community members of all ages and abilities need to be able to safely move along and across streets safely.
 - Several communities in Oneida County have adopted Complete Streets resolutions or policies, including Boonville, Clinton, Holland Patent, Whitestown and the City of Utica.
 - Examples of Complete Street implementation projects include work in the Village of Boonville redesigning a crosswalk that crosses a busy state route and connects the village to a large park. The city of Utica added bike lanes to city streets.

⁵⁰ Source: [Cancer Prevention in Action \(ny.gov\)](https://www.ny.gov/cancer-prevention-in-action)

- Developing Healthy Food Policies
 - According to a recent New York State Department of Health Risk Assessment Survey, 31.5 percent of Oneida County residents said they consume no daily fruits or vegetables, which is in line with the statewide average of 31.2 of responding adults.^{51,52}
 - Oneida County championed a variety of nutrition initiatives including:⁵³
 - Community Supported Agriculture (CSA) programs.
 - Accessible healthy foods in small and independent markets.
 - Healthy snack policies and guidelines for pre-school, school-age and senior residents.
 - Healthy cafeteria options and nutrition information.
 - The Oneida County Public Market.

Community Assets and Resources

Oneida County has deployed several assets and resources available to address the health needs of the community. This section provides an overview of resources including Oneida County Health Department, Healthcare Facilities, Transportation, Media resources and Community-based Health and Human Service Organizations.

Community-based organizations offer unique and important insights into the challenges and opportunities facing residents of their community, with specific attention to all determinants of health, as identified by the County Health Rankings model.⁵⁴ Building and maintaining collaborative partnerships with these organizations can assist the OCHD, RH, and MVHS with their ability to address the needs of the community. OCHD, RH, and MVHS have identified community resources and community-based organizations across the County, including support services for individuals with disabilities, seniors, individuals with mental health, health, substance, and alcohol use disorder needs, as well as resources that address housing and food insecurities. The Oneida County Assets and Resources guide can be found in Appendix C of this report.

Oneida County Health Department

OCHD provides a broad range of public health services. The overarching mission of the health department is to “*Promote and Protect the Health of Oneida County,*” followed with a broad vision that strives for Oneida County residents to be the healthiest people in New York State living in communities that promote health, are protected from health threats, and are assured access to quality health services. The Oneida County Health Department’s strategic plan guides the work that focuses on promoting and protecting the health of the community by putting into practice the quality standards of public health accreditation, which are designed to drive continuous quality improvement focusing on increasing the value and visibility of public health through accountability.⁵⁵ Workplan goals, objectives and tasks support the strategic priorities including:

⁵¹ Source: [Oneida County Aims to Improve Healthy Eating Habits | ocgov.net](https://ocgov.net/oneida-county-aims-to-improve-healthy-eating-habits)

⁵² Source: [Behavioral Risk Factor Surveillance System \(BRFSS\) Health Indicators by County and Region | State of New York \(ny.gov\)](https://www.health.ny.gov/data/behavioral_risk_factor_surveillance_system/brfss_health_indicators_by_county_and_region/)

⁵³ Source: [Oneida County Aims to Improve Healthy Eating Habits | ocgov.net](https://ocgov.net/oneida-county-aims-to-improve-healthy-eating-habits)

⁵⁴ Source: [Measures & Data Sources | County Health Rankings & Roadmaps](https://ocgov.net/measures-and-data-sources)

⁵⁵ Source: [Annual Report 2020 FINAL 1-26-22.pdf \(ocgov.net\)](https://ocgov.net/annual-report-2020-final-1-26-22.pdf)

- Accountability and Improved Practice of Public Health
- Quality Improvement & Performance Management
- Health Education & Marketing
- Collaboration & Information Sharing
- Workforce Development
- All Hazards Emergency Operations Plans
- Opioids

Providers and Healthcare Services

According to the New York Physician Workforce Profile (2014 Edition)⁵⁶, there are 621 physicians practicing in Oneida County, and 265 physicians per 100,000 population, of which 96 primary care physicians per 100,000 population. There is evidence of shortages in select specialty areas including psychiatry. Physician recruitment and retention continues to be of paramount priority for both primary and specialty care. Limited physician availability can directly impact patient ability to have an assigned provider as well as timely access for routine, urgent and chronic disease management, and most importantly, preventive care.

Oneida County has 4 medical facilities and a number of multi-provider partnerships, with some being affiliated with medical centers. The following hospitals provide care to residents of Oneida County, and may extend services to neighboring countries:

- **Faxton-St Luke’s Healthcare (affiliate of Mohawk Valley Health System) St. Luke’s Campus (New Hartford/Utica)** has 370 inpatient beds and is a level II Special Care Nursery and a State-designated Comprehensive Stroke Center. The hospital has extension clinics providing primary care, pediatrics, renal dialysis services, and various specialty care services.
- **Faxton-St Luke’s Healthcare (affiliate of Mohawk Valley Health System), Faxton Campus (Utica), Faxton Division (Utica)** This location provides outpatient Cancer Care, Outpatient Rehabilitation, Medical Imaging, Diabetes and Dialysis Care. This site does not have inpatient beds.
- **Rome Health, Inc.** has 130 inpatient beds, 80 skilled nursing beds, and is a Level I Perinatal Center. The hospital has extension clinics providing primary care, prenatal care, outpatient treatment for chemical dependency, as well as a broad array of outpatient diagnostic and treatment services.
- **St. Elizabeth Medical Center (affiliate of Mohawk Valley Health System)(Utica)** has 201 inpatient beds, offers comprehensive cardiac care and orthopedic services and is a level III Trauma Center. The hospital has extension clinics providing primary care, physical and occupational therapy, and various specialty care services.

Source: NYSDOH NYS Health Profiles: <https://profiles.health.ny.gov/hospital#5.79/42.868/-76.809>

Primary care is provided by a network of independent practices, practices affiliated with the hospitals and federally qualified healthcare centers. Because of the lack of access to primary care and consumer

⁵⁶ Source: http://www.chwsny.org/wp-content/uploads/2015/07/2014_NY_Physician_Profile_Full_Version.pdf

demand for walk-in services, multiple urgent care offices enhance access to care, especially during the weekend and evening hours.

According to the County Health Rankings, Oneida County ranked among the least healthy counties in New York (Lowest 0%-25%) and continues to experience a significantly higher rate of preventable hospital stays in comparison to New York State.⁵⁷ In addition, Oneida County has a significantly higher rate of emergency room visits.⁵⁸ The community will continue to focus efforts to reduce avoidable hospitalizations. Collaboration among healthcare providers will be essential to identify community health needs, healthcare challenges and define quality objectives aimed to reduce avoidable hospitalizations.

Additionally, Oneida County continues to serve an increasingly diverse population, with specific acknowledgement of the vast refugee population. Acknowledging, addressing, and creating an environment of cultural sensitivity, as well as understanding racial and ethnic customs will be critical, as well as paying specific attention to various social determinants of health to begin to understand and address the fundamental reasons for avoidable hospitalizations.

Transportation

- The Central New York Regional Transportation Authority (CENTRO) provides public transportation via bus within the counties of Oneida, Cayuga, Onondaga, and Oswego.⁵⁹ An accessible fleet of buses is available for persons with disabilities.
- There are also various non-emergency transportation services available through Medicaid Transportation Management. Source: Medicaid Transportation Management:
[MAS | A Driving Force in NEMT \(medanswering.com\)](#)
- Ride share services including Uber and Lyft are also available for residents of Oneida County.
- Taxi services are also available

Local Media (social media) Resources

OCHD, RH and MVHS utilize various social media platforms (including their organization's respective tools) to build community awareness of resources, programs, and services available to community members. Partnerships with local media outlets serve as vehicles to promote news events, new services, providers, and events to build awareness.

Community-Based Organizations

OCHD, RH and MVHS will continue to engage with collaborative community partners to provide services which facilitate alignment with the priority areas. Continued collaboration and communication with and among community-based organizations will be essential to achieve demonstrated improvement with respect to the identified priority areas. Community-based agencies and organization will need to remain

⁵⁷ Source: <https://www.countyhealthrankings.org/app/new-york/2019/rankings/oneida/county/outcomes/overall/snapshot>

⁵⁸ Source: <https://health.data.ny.gov/Health/All-Payer-Potentially-Preventable-Emergency-Visit-/fu9t-24b3>

⁵⁹ Source: [Service Area \(centro.org\)](#)

engaged partners with OCHD, RH and MVHS. This collaboration will enable partners to recognize the impact of mobilizing resources to achieve goals as they relate to the priority areas as well as a forum to discuss continued barriers and identify opportunities for improvement to achieve identified goals.⁶⁰ In addition, community members have access to broad range of community services that are promoted through “Mid-York 2-1-1” program is a free service that provides access to a comprehensive listing of health and human service resources in Madison, Oneida and Herkimer counties. Residents can call and speak with a counselor that can direct residents to services. Additionally, the website provides a comprehensive listing of services in the areas of health, counseling & Mental Health, and Housing & Utilities.⁶¹

Stakeholder & Community Engagement Process to Conduct Assessment

OCHD, RH and MVHS contracted with Research and Marketing Strategies, Inc. (RMS Healthcare) to complete the 2022-2024 CHA/CSP/CHIP. A rigorous, thorough, and comprehensive process was followed, ensuring alignment with the New York State Department of Health Prevention Agenda State and planning cycle requirements, while engaging community stakeholders to identify the health needs of Oneida County residents via three forms of primary research, which will be detailed below. The strategic team recognized the value and importance of employing multiple modes of primary research to support the secondary data to ensure the development of a thorough and robust assessment. The team also recognized that with the nature of all the changes due to COVID-19 that the team felt it was important to include findings from multiple primary research methodologies.

As a Healthcare Research firm, RMS Healthcare understood the importance of gaining community input and consensus in identifying the health needs of the broader community. RMS Healthcare consulted with a range of governmental, healthcare, public health and community service organizations that best represented the broad interests and needs of the community overall.

Multiple methods were used to gather community input, including conducting community focus groups, an online survey, and in-depth interviews of community members and leaders. These methods provided additional perspectives on how to select and address top health issues facing the region. A summary of the process and results is outlined below. The detailed report for all primary research can be found in Appendix A.

Community Focus Groups

A series of four focus groups were conducted by RMS Healthcare between September 7th and September 14th, 2022, with one being held in the evening and three being held during the afternoon hours. A total of 30 people participated in the focus groups. The focus group research was part of strategic focus to enhance healthcare availability and resident experience. The goal of the focus groups was to obtain direct community member feedback (perceptions, thoughts, suggestions) that can be used by the strategic team as it seeks to support and enhance the County’s healthcare service programs.

⁶⁰ Source: Appendix D – Assets and Resources

⁶¹ Source: <http://www.211midyork.org/>

Community Focus Groups

Key Summary Points

- Overall, participants felt that the general availability of healthcare services in Oneida County was “fair to satisfactory” and seemed limited.
- There was a consensus that primary care services were most available within the local community (however it was perceived as limited) with specialty care being more restrictive or missing all together.
- Specific missing healthcare services identified by participants included: pediatric specialty care, dental care, mental health care, dermatology, bariatric surgery, cancer care, and women’s care.
- It was agreed that currently for many specialties there is considerable wait time to visit with a provider. This wait time is unacceptable to the participants. Further there are waiting lists to see some specialty providers, particularly for mental health care. These barriers are having a negative impact on healthcare within the community.
- Participants also mentioned that transportation continues to be a problem in the area. Several clarified that there are transportation services available to take patients to and from medical visits, however these services are not reliable. Some participants stated (from firsthand experience) these transportation services are often “no shows,” or arrive very late so patients miss appointments. Participants said that the transportation companies are not health accountable.
- Almost all participants had left the area at one time or another to receive healthcare services. They left the area for multiple reasons including: (1) they needed specialty healthcare that is not available locally, (2) medical equipment is missing or lacking locally, and (3) concern that the local area health quality is lacking.
- Participants acknowledged that they did not expect all healthcare services to be available locally, however they believe that Oneida County still has many gaps in the provider breadth of services they would expect the county to be able to offer.
- Overall, participants identified activities such as regular exercise, proper nutrition, getting proper sleep, increased socialization like attending community-wide gathering opportunities, and being able to wander in “safe” outdoor spaces are key to helping people maintain good health and well-being. When coupled with preventive and comprehensive healthcare, most felt that individuals can optimize their well-being and become healthier.
- Several referenced the recent COVID-19 pandemic and indicated that it has had a negative impact on people’s health. Not only did the COVID-19 virus itself hurt area resident’s health, but the preventive measure put in place also negatively impacted health and wellbeing. Many participants said that they are stressed and feel isolated.
- From a ratings perspective, most felt that there was ample opportunity to increase the breadth of “health and well-being services” available to Oneida County residents. The overall aggregate rating was

just above a “fair” rating (a 2.2 average rating). Interestingly, there was not significant variation in the ratings between the rural and non-rural focus group participants.

Community Representation	Common Themes
<ul style="list-style-type: none"> • A total of four focus group sessions were held with community residents from throughout Oneida County. Two of the groups were composed of “rural” ZIP Codes based residents and two were composed of non-rural based residents. • Participants were recruited to reflect a mix of ages, living settings (rural, suburban, urban), income, education, and insurance payor types, including those with no health insurance. • A total of 30 people participated in the focus groups. 	<ul style="list-style-type: none"> • Improving mental health services and removing barriers to access behavioral/mental health services was a key need theme identified. • Access to healthy foods and safe outdoor spaces was identified as important ways to maintain ones’ well-being. • Preventive care and recommended health screenings is an important component to helping Oneida county residents maintain their health and wellbeing. • Targeting children and teens within the County to help them improve their overall health and wellbeing is a key priority. • Many participants agree that reducing substance use needs to be a top priority for the County. Participants feel that substance use is “<i>out of control,</i>” and seems to be growing, especially among the younger and younger residents.
<p>Meaningful Comments Regarding Need Themes</p>	
<p>Improve Mental Health</p> <ul style="list-style-type: none"> • Increase the number and availability of mental health providers within the County, increase existing capacity by promoting virtual (video conferencing) treatment sessions that are covered by health insurance. Participants stated that using ZOOM would ‘make mental health treatment convenient and easy to receive’ and could allow for out of area contracting with qualified providers. Participants specified that all types of mental healthcare providers are needed, from social workers to psychologists, to psychiatrists. Make it okay to talk about mental health and how people are feeling. Encourage people to be open and share how they are feeling. Promote socialization and less isolation of individuals. Focus group participants stated that COVID has exacerbated the problem of isolation. <p>Improve Access to Healthy and Affordable Food and Beverages</p> <ul style="list-style-type: none"> • Focus on teaching healthy eating and nutrition to county residents. “Show people what health foods look like and share recipes as to how they can be prepared.” Participants recommended that education be done among all age populations. There should be education targeted in the schools, at community centers and with the senior population. Some went on to further suggest that skills regarding canning and freezing could also be taught to community residents to encourage the use of fresh fruits and vegetables. In one group, it was suggested that there could be more collaboration with area 	

organizations such as the Cornell Cooperative Extension to enhance any existing healthy eating programs.

Increase preventive care (i.e., wellness visits, annual physicals, etc.)

- Participants believe that efforts to build greater capacity among the healthcare system needs to be made prior to promoting the need to obtain preventive care among county residents. There are not enough providers currently, so promoting compliance would exacerbate the lack of provider supply. Dental care was pointed out as a key area with a significant provider gap. Push preventive care compliance building to area insurance companies that have access to their members. Insurance companies can reach out to their covered members to promote increased compliance. Further it was thought among participants that insurance companies can reduce the cost of preventive care by increasing the coverage benefit and they can use their case managers.

Improving children and teen physical, social and emotional health.

- Participants believe that there needs to be more structured programs for children and teens that can encourage their engagement. It was suggested that these programs need to be varied and run regularly throughout the year. Some suggested that the County build infrastructure for child and teen engagement via county-wide tournaments. These mentored programs can involve the area schools and area youth targeted organizations (e.g., YMCA, Boys and Girls Clubs, etc.). It was also suggested that these programs need to embrace diversity and be broad-based to be of interest to many.

Increasing resident's physical activity.

- The County should put together material that is centralized and references all the public parks, playgrounds and walking trails. County residents need a location that they can learn where all the current outdoor spaces are. Programs that promote outdoor activities should be developed and programs. The focus group participants spoke about walking activities, marathons, bike races, an exercise passbook. They also thought that having competitions would help engage community residents. "These county-wide, community focused activities need to be free or at a very low cost."

Reduce substance use.

- The County must enhance its educational programs that deter individuals from using substances. The education should be particularly promoted within the county's schools. Young people need to be taught techniques and approaches to walk away from peers who may be promoting substance use. Participants also believe that people need to be educated on what substance use does to one's body, mental capacity, and life.

To view focus group data in its entirety, see Appendix A.

Key Stakeholder In-Depth Interviews

Community input on the healthcare needs of the population was received through in-depth interviews conducted with 12 community stakeholders representing community leaders, health organization administrators, public health stakeholders, and social service personnel. Participants provided relevant information regarding the health needs of the community. Findings from the key stakeholders provided valuable insights and information which was used during the needs prioritization process.

Key Stakeholder In-Depth Interviews

Key Summary Points

- Mental health services are lacking in the community for both children and adults.
- Mental health was the top priority discussed by the community stakeholders.
- Many shared that it is easy to make a referral to a provider but typically harder to make referrals for community services, such as exercise programs and nutritious food options. With a lack of providers and difficulty getting access, those who often qualify for services cannot access them due to lacking a diagnosis.
- Only 45.6% of individuals cited that the local area's availability of healthcare services offerings is better, while 54% cited the same (27.2%) or worse (27.2%) in comparison to other areas.
- 81.8% indicated Oneida County healthcare services had gotten better in the last three years.
- The average score of 7.1 (out of 10) when asked about the current impact of the COVID-19 pandemic on accessing healthcare services (1 indicates insignificant and ten severe).
- Average score 6 (of 10) when asked about the current impact of COVID-19 on service delivery.
- Interviewees stressed importance of continuity of care.
- Overall, stakeholders felt that preventing chronic disease (3.8 mean), promoting well-being, preventing mental and substance use disorders (3.7 mean), and preventing communicable disease (3.7 mean) were the top responses. The options of promoting a healthy and safe environment (3.1) and promoting healthy women and children (2.3) were not perceived as significant issues.

Key Community Stakeholders	Common Themes
<ul style="list-style-type: none"> Oneida County, Rome Health, and MVHS provided a list of key stakeholders and individuals involved in the delivery of health services in the County. 	<ul style="list-style-type: none"> Mental health services are lacking in the community. Mental health was one of the top issues and concerns for community stakeholders. Reduction of substance use was another area stakeholders felt the County should prioritize. Vulnerable populations certainly experience the health system differently. They were concerned about issues regarding diversity and inclusion. Spoke highly of the County's efforts to address issues and positive partnerships and had a deep passion for the residents of Oneida County and their well-being.
<h3>Meaningful Quotes</h3>	
<ul style="list-style-type: none"> <i>“Partnering with other providers (outpatient) is usually in a collaborative way to ensure continuity of care and or for referral to services. Engagement with hospitals is specific for patient that is involuntarily transferred to hospital for admission.”</i> <i>“Specific to our community, we have a mental health provider that has been writing grants for a wellness center for wellness and behavioral health services. Strong advocacy and vigilance to get resources for the community. Provider has already purchased building and rallying resources to come to area to provide services.”</i> <i>“While we have a lot of access to healthcare services, a lot of people are not able to get to services. See a lot of bridges being burned. See people showing up to programs and services, however if appointments are missed, then they are exiled. End up being on waiting list for months to see a provider. Access to providers isn't the greatest.”</i> <i>“I don't know if not available, but more not accessible due to high demand. We have the most difficult time with mental and developmental diagnosis in placing patients in services. Voluntary inpatient and intensive outpatient and respite programming is lacking and specific to developmental disability population. Inpatient hospitalization for stabilization should be priority. The other issues that comes up is that the hospital system cannot admit patients for crisis stabilization due to violent tendencies and due to developmental disabilities. Inpatient stabilization is not place for these patients.”</i> <i>“There needs to be outreach to the vulnerable population (refugee population) and in general, whether it is undeserved or impoverished or those suffering with mental health diagnoses.”</i> <i>“We have an antiquated system. Systems are not designed to meet people where they are. It is based upon funding, such as insurance. Systems are designed to "drain you" and not to get services needed. Not familiar at higher level just ground level.”</i> <i>“The delivery has been contingent upon the skilled and unskilled workforce.”</i> 	

To view key stakeholders and detailed community input in its entirety, see Appendix A.

On-Line Survey

An on-line survey was conducted by RMS Healthcare on behalf of the OCHD, RH and MVHS to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health behaviors, social determinants of health, and clinical care, as well as perceptions on the impact of the COVID-19 pandemic regarding access and delivery of healthcare services. In total, 1,587 individuals participated in the on-line survey, held between July 2022 and September 2022. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey contained 50 questions and was distributed by OCHD, RH and MVHS to over 100 various key community stakeholders, healthcare providers, community partners and agencies through a promotional flyer containing a QR code which allowed for easy access to open a direct link to complete the survey. Additionally, the survey was posted and boosted on various social media platforms.

On-Line Surveys

Key Summary Points

The data and insights from this research were invaluable in helping guide a conversation around setting priorities for Oneida County. Key findings from the survey research include:

- A total of 1,587 residents of Oneida County participated in the survey. Most individuals were between 45 and 64, primarily identified as female, white, employed full-time, and had a household income between \$25,000 and \$99,000 per year. Most individuals who participated had participated in some form of higher education. Only 13.8% indicated their highest level of education was a high school degree (or equivalent) or lower.
- When asked about the quality of services, individuals provided a mean score of 2.8 (out of 5).
- When asked about access to services, individuals shared a mean score of 2.6 (out of 5).
- Most individuals depend on a doctor or nurse and friends and family for information regarding healthcare services.
- Community residents cited the lack of doctors as one of the most significant issues facing Oneida County.
- One change that individuals would like to make is more doctors to meet the demands of residents of Oneida County.
- Individuals found that many services in Oneida County are hard to obtain, particularly accessing affordable prescription drugs and mental/behavioral health services.
- Nearly all individuals have gone to a doctor for preventive care services in the past 12 to 24 months.
- Many people believe they have a doctor, dentist, or physician specialist they can see. A majority shared that they do not have a mental health provider (64.2%).
- Over 50% of respondents shared that they sometimes (48%), rarely (6%), or never (1%) can access healthcare services when needed. Of these individuals, the top barriers were too much time to wait before an appointment and doctors not accepting new patients.
- Many individuals commented that they are up to date on preventative health screenings such as blood pressure, blood sugar, cholesterol, immunizations, and their annual physical. However, individuals shared that they were not up to date for preventive health screenings related to hearing, pap smears, skin cancer screenings, dental health, and lung cancer were not.

- 54.5% of respondents (or someone living in their home) have traveled outside the County for healthcare.
- Many individuals cited that someone in their home has struggled with depression and anxiety (40.5%), struggled to get enough sleep (33.1%), and was unable to lose weight (30.7%) in the last 12 to 24 months.
- Individuals believe that the top five health priorities in the County are: (1) **improving mental health**, (2) **access to healthy and affordable foods**, (3) **increasing preventive care**, (4) **improving children and teen's physical, social, and emotional health** and (5) **increasing physical activity**. Over a third of individuals also identified *substance use* and *promoting well-being and resilience* as top priorities for Oneida County.
- When asked how COVID-19 is currently impacting access and delivery of healthcare in the County, individuals shared a mean score of 2.6 and 2.8 (respectfully, on a scale of 1 to 5).
- Many individuals cited that things are "about the same" as life before the pandemic.
- A vast majority indicated they have not sought mental health support services to cope with social isolation during the pandemic (81.0%).
- During the past month, 52% of respondents shared that they spend less than 30 minutes daily participating in physical activities or exercise. In comparison, 38% shared that they spend 30-60 minutes daily, and 10% indicated more than 60 minutes per day. Over 85% of individuals said they eat 1-2 servings of fruits and vegetables daily, while 9% shared none and 7% more than five.

Overall, these findings present a comprehensive look at the healthcare delivery system within the County. Many of the results aligned with those from the community focus groups and in-depth interviews. Collectively, these data present a strong narrative of not only the quality of services within Oneida County but the ways different populations experience receiving health-related care in Oneida County.

Community Representation	Common Themes
<ul style="list-style-type: none"> • 1,587 individuals completed the survey. • Most individuals (63.8%) between 45 and 64 years old. • 92% have lived in Oneida County for over ten years. • Top Zip Codes were 13440 (27.8%), 13502 (11.5%), and 13501 (8.9%). • 91.1% of respondents were white. • 52.1% were employed full time. • Over 60% had some kind of higher education. • Over 50% shared income less than 100K. 	<ul style="list-style-type: none"> • Community residents expressed concerns that there are not enough providers in the area. • Mental health was a significant concern for community residents. • Protecting vulnerable populations was a concern and assuring that they have access to high-quality services. • Wait time and doctors not accepting new patients was a factor preventing individuals from receiving healthcare.

Meaningful Quotes

- *“Not enough doctors, either primary care or specialty. As a new member, I still don't have a primary care provider because very few are taking new patients.”*
- *“After-hours and weekend appointments for physician offices to meet the need of the working community who might not be able to take time off of work.”*
- *“[There is a] mental health crisis, especially pediatric and medical, mental health. There is nowhere for these people appropriately to go.”*
- *“Community health programs are never well known/advertised so the impact is never as big as it could be. If health programs could be as well advertised as drug companies advertise their products it could possible open eyes to the resources available. But overall, we need to stop focusing on treatment of symptoms and focus on the core issues. Nutrition and lifestyle changes specifically.”*

To view on-line survey findings in its entirety, see Appendix A.

Participation of the Strategic Leadership team

Following the primary and secondary research gathering phase of the CHA, the strategic planning team invited additional influential key stakeholders within each of the partnering organizations (OCHD, RH and MVHS) to participate in a larger discussion focusing on the interactive portion of the workshop. The larger group would be instrumental in supporting and endorsing operational change within each organization at a system level. The need themes identified represent a collaborative culmination of top-ranking findings from primary research, including the on-line survey, in-depth interviews, and focus groups.

The objective of the interactive discussion was to introduce the initial four need themes which were identified by the smaller strategic team, as described earlier in this report, and to narrow the four need themes and to identify the final two need themes. The senior leadership team engaged in a strategic conversation to narrow and identify the top two most critical issues that 1) are most appropriate for OCHD, RH, and MVHS to address, and 2) the partnering organizations have the collective capacity to actively address to drive impactful and sustainable improvement in the health priorities. The strategic team also took into consideration those need themes that are currently being addressed by community partners which all have meaningful goals and measurable outcomes, as previously mentioned in this report.

The team engaged in a targeted ranking exercise to rank and prioritize the most important and impactful need themes. Participants were asked to rank each need themes (on a scale from 1 to 5) based on the following performance indicators:

- 1) **The extent the health need theme issue is sensitive or political** – the extent in which there would be significant impact that the sensitivity or political influence of the priority need theme would have a negative impact in the overall influence of the theme.
- 2) **The estimated financial costs to making a positive impact** – Reflects the extent to which funding can be sought and secured and or have significant impact on achieving goals.

- 3) **There is attention or focus already underway to address by other organizations/ institutions** – The extent to which the need theme identified has already been adopted by an organization/institution which could impact the overall success of achieving positive influence with the overall priority.
- 4) **The extent that the need theme will impact multiple stakeholder groups** – The extent to which the priority area impacts multiple stakeholders and which the stakeholders can establish a unified mission and vision to achieve positive change.
- 5) **Multiple hospital departments have vested interest in the outcome** – the extent to which strategies and goals (associated with priority) can be supported by engagement, collaboration and cooperation among various departments, and across organizations.
- 6) **Failure to act or address will exacerbate the issue significantly** – the extent to which the priority area demonstrates evidence that Oneida County is underperforming and not acting on priority will have further negative impact on the identified health disparity.
- 7) **The community perceives the health care need to be significant** – the extent to which the priority selected is mutually agreed to be a priority.
- 8) **Addressing the health care need falls within the scope of OCHD, RH and MVHS** – the extent to which the priority area selected is mutually identified and that selected goals and strategies align with the priorities of all partnering organizations.
- 9) **Do you feel that activities selected can be evidence-based and in alignment with the prevention agenda action plan** – this factor considers the support of evidence-based strategies develop by the NYSDOH will effectively align with the designated health need priority and provide meaningful direction to positively impact change.

The strategic team reviewed the top-ranking priorities, considering vital issues in the community that require immediate and sustainable solutions. The goal will be to ensure the development of goals which are strategic, measurable, attainable, relevant and time sensitive that will have positive impact on driving change to improve Prevention Agenda 2019-2024 Dashboard Priority Rankings. This important step allowed the strategic team to exchange ideas, perspectives, and opinions regarding some of the vital issues in the community that require immediate and sustainable solutions. The overarching strategy of the Prevention Agenda 2019-2024 Dashboard is to implement public health approaches that improve the health and well-being of the entire population to achieve health equity, with a focus on addressing social determinants of health.

As an outcome of this ranking exercise, the team identified two priorities which have current significant influence in impacting the overall improved health of the community. While there were additional needs originally identified, the final selection of prioritized needs was based upon needs that are not currently being addressed within the community. Following this meeting OCHD, RH and MVHS solicited input from organization leadership where the top two priorities were presented for further consensus building and approval to confirm the final two priorities that would then become the basis of the CHIP. The team also recognized that each of the priorities are not mutually exclusive and agreed that select priorities were identified as goals that would support and align with the two selected priority areas. The strategic exercise of establishing goals and strategies will be completed by a small ad-hoc group that will work collaboratively in the development of the CHIP.

Finalizing the Needs Themes

The strategic team discussed each of the performance indicators discussed above. This process led OCHD, RH and MVHS select the following two needs themes as the key focus in the upcoming CHIP:

- **Priority 1:** Mental Health/Children Teens Social Emotional Health
- **Priority 2:** Chronic Disease Preventive Care/Screenings

The goal of the prioritization is to determine which need areas OCHD, RH and MVHS will incorporate into its strategic initiatives and focus on over the next three years.

Community Health Priorities Over Time

The Steering Committee reaffirmed Prioritization Planning Team’s recommendations for addressing key health disparities, also referenced as “*need themes*” through the development of a Community Health Improvement Plan (CHIP). This Plan will outline meaningful and impactful evidenced-based goals and strategies that will aim to have sustainable impact. *The 2022-2024 CHIP will be the roadmap which will guide the Steering Committee and key community partners in monitoring progress and achieving identified goals associated with each key need theme.*

OCHD, RH and MVHS’s commitment to addressing community needs is reflected in the Community Service Plan report which is updated annually. The report will be used by internal stakeholders, and community partners to guide implementation strategies and community health improvement efforts as identified and discussed within the report. OCHD, RH and MVHS will work collaboratively and cooperatively to maintain and expand existing partnerships with key community stakeholder organizations, agencies, and coalitions by providing updates and tracking progress at regularly scheduled organizational leadership meetings, at minimum on a quarterly basis. Measurable outcomes have, are, and will be reported to the community annually on the OCHD, RH and MVHS’s respective website, regarding the CHIP through the annual Community Service Plan (CSP) Report. Progress on addressing community health priorities will be readily available to the public on OCHD, RH and MVHS’s website and through various social media venues to educate and build awareness among the public.

The entire report will be available on each partnering organization’s websites, announced on various social media platforms and will be shared with various committees and coalitions.

Appendices

- I. **Appendix A** — Primary Research Full Report
 - a. Community Focus Groups
 - b. Key Stakeholder In-Depth Interviews
 - c. On-Line Surveys

- II. **Appendix B** – Oneida County Assets and Resources Guide

Appendix A - Oneida County CHA/CSP Primary Research Summary Report November 2022

In collaboration with various community partners, Oneida County engaged in various forms of primary research, in addition to analysis of various forms of secondary data for the greater Oneida County area, as detailed below:

Summary of Community Input

Community Focus Groups

Community Focus Groups
Key Summary Points
<ul style="list-style-type: none">• Overall, participants felt that the general availability of healthcare services in Oneida County was “fair to satisfactory” and seemed limited.• There was a consensus that primary care services were most available within the local community (however it was perceived as limited) with specialty care being more restrictive or missing all together.• Specific missing healthcare services identified by participants included: pediatric specialty care, dental care, mental health care, dermatology, bariatric surgery, cancer care, and women’s care.• It was agreed that currently for many specialties there is considerable wait time to visit with a provider. This wait time is unacceptable to the participants. Further there are waiting lists to see some specialty providers, particularly for mental health care. These barriers are having a negative impact on healthcare within the community.• Participants also mentioned that transportation continues to be a problem in the area. Several clarified that there are transportation services available to take patients to and from medical visits, however these services are not reliable. Some participants stated (from firsthand experience) these transportation services are often “no shows,” or arrive very late so patients miss appointments. Participants said that the transportation companies are not health accountable.• Almost all participants had left the area at one time or another to receive healthcare services. They left the area for multiple reasons including: (1) they needed specialty healthcare that is not available locally, (2) medical equipment is missing or lacking locally, and (3) concern that the local area health quality is lacking.• Participants acknowledged that they did not expect all healthcare services to be available locally, however they believe that Oneida County still has many gaps in the provider breadth of services they would expect the county to be able to offer.• Overall, participants identified activities such as regular exercise, proper nutrition, getting proper sleep, increased socialization like attending community-wide gathering opportunities, and being able to wander in “safe” outdoor spaces are key to helping people maintain good health and well-being. When

coupled with preventive and comprehensive healthcare, most felt that individuals can optimize their well-being and become healthier.

- Several referenced the recent COVID-19 pandemic and indicated that it has had a negative impact on people’s health. Not only did the COVID-19 virus impact residents health, but the preventive measures put in place also negatively impacted health and wellbeing. Many participants said that they are stressed and feel isolated.
- From a ratings perspective, most felt that there was ample opportunity to increase the breadth of “health and well-being services” available to Oneida County residents. The overall aggregate rating was just above a “fair” rating (a 2.2 average rating). Interestingly, there was not significant variation in the ratings between the rural and non-rural focus group participants.

Community Representation	Common Themes
<ul style="list-style-type: none"> • A total of four focus group sessions were held with community residents from throughout Oneida County. Two of the groups were composed of “rural” ZIP Codes based residents and two were composed of non-rural based residents. • Participants were recruited to reflect a mix of ages, living settings (rural, suburban, urban), income, education, and insurance payor types, including those with no health insurance. • A total of 30 people participated in the focus groups. 	<ul style="list-style-type: none"> • Improving mental health services and removing barriers to access behavioral/mental health services was a key need theme identified. • Access to healthy foods and safe outdoor spaces was identified as important ways to maintain ones’ well-being. • Preventive care and recommended health screenings is an important component to helping Oneida county residents maintain their health and wellbeing. • Targeting children and teens within the County to help them improve their overall health and wellbeing is a key priority. • Many participants agree that reducing substance use needs to be a top priority for the County. Participants feel that substance use is “<i>out of control</i>,” and seems to be growing, especially among the younger and younger residents.

Meaningful Comments Regarding Need Themes

- Improve mental health.**
- Increase the number and availability of mental health providers within the County, increase existing capacity by promoting virtual (video conferencing) treatment sessions that are covered by health insurance. Participants stated that using ZOOM would ‘make mental health treatment convenient and easy to receive’ and could allow for out of area contracting with qualified providers. Participants specified that all types of mental healthcare providers are needed, from social workers to psychologists, to psychiatrists. Make it okay to talk about mental health and how people are feeling. Encourage people to be open and share how they are feeling. Promote socialization and less isolation of individuals. Focus group participants stated that COVID has exacerbated the problem of isolation.

Improve access to healthy and affordable food and beverages.

- Focus on teaching healthy eating and nutrition to county residents. “Show people what health foods look like and share recipes as to how they can be prepared.” Participants recommended that education be done among all age populations. There should be education targeted in the schools, at community centers and with the senior population. Some went on to further suggest that skills regarding canning and freezing could also be taught to community residents to encourage the use of fresh fruits and vegetables. In one group, it was suggested that there could be more collaboration with area organizations such as the Cornell Cooperative Extension to enhance any existing healthy eating programs.

Increase preventive care (i.e., wellness visits, annual physicals, etc.)

- Participants believe that efforts to build greater capacity among the healthcare system needs to be made prior to promoting the need to obtain preventive care among county residents. There are not enough providers currently, so promoting compliance would exacerbate the lack of provider supply. Dental care was pointed out as a key area with a significant provider gap. Push preventive care compliance building to area insurance companies that have access to their members. Insurance companies can reach out to their covered members to promote increased compliance. Further it was thought among participants that insurance companies can reduce the cost of preventive care by increasing the coverage benefit and they can use their case managers.

Improving children and teen physical, social and emotional health.

- Participants believe that there needs to be more structured programs for children and teens that can encourage their engagement. It was suggested that these programs need to be varied and run regularly throughout the year. Some suggested that the County build infrastructure for child and teen engagement via county-wide tournaments. These mentored programs can involve the area schools and area youth targeted organizations (e.g., YMCA, Boys and Girls Clubs, etc.). It was also suggested that these programs need to embrace diversity and be broad-based to be of interest to many.

Increasing resident’s physical activity.

- The County should put together material that is centralized and references all the public parks, playgrounds and walking trails. County residents need a location that they can learn where all the current outdoor spaces are. Programs that promote outdoor activities should be developed and programs. The focus group participants spoke about walking activities, marathons, bike races, an exercise passbook. They also thought that having competitions would help engage community residents. “These county-wide, community focused activities need to be free or at a very low cost.”

Reduce substance use.

- The County must enhance its educational programs that deter individuals from using substances. The education should be particularly promoted within the county’s schools. Young people need to be taught techniques and approaches to walk away from peers who may be promoting substance use. Participants also believe that people need to be educated on what substance use does to one’s body, mental capacity, and life.

On-Line Surveys

On-Line Surveys

Key Summary Points

- The data and insights from this research were invaluable in helping guide a conversation around setting priorities for Oneida County. Key findings from the survey research include:
- A total of 1,587 residents of Oneida County participated in the survey. Most individuals were between 45 and 64, primarily identified as female, white, employed full-time, and had a household income between \$25,000 and \$99,000 per year. Most individuals who participated had participated in some form of higher education. Only 13.8% indicated their highest level of education was a high school degree (or equivalent) or lower.
- When asked about the quality of services, individuals provided a mean score of 2.8 (out of 5).
- When asked about access to services, individuals shared a mean score of 2.6 (out of 5).
- Most individuals depend on a doctor or nurse and friends and family for information regarding healthcare services.
- Community residents cited the lack of doctors as one of the most significant issues facing Oneida County.
- One change that individuals would like to make is more doctors to meet the demands of residents of Oneida County.
- Individuals found that many services in Oneida County are hard to obtain, particularly accessing affordable prescription drugs and mental/behavioral health services.
- Nearly all individuals have gone to a doctor for preventive care services in the past 12 to 24 months.
- Many people believe they have a doctor, dentist, or physician specialist they can see. A majority shared that they do not have a mental health provider (64.2%).
- Over 50% of respondents shared that they sometimes (48%), rarely (6%), or never (1%) can access healthcare services when needed. Of these individuals, the top barriers were too much time to wait before an appointment and doctors not accepting new patients.
- Many individuals commented that they are up to date on preventative health screenings such as blood pressure, blood sugar, cholesterol, immunizations, and their annual physical. However, individuals shared that they were not up to date for preventive health screenings related to hearing, pap smears, skin cancer screenings, dental health, and lung cancer.
- 54.5% of respondents (or someone living in their home) have traveled outside the County for healthcare.
- Many individuals cited that someone in their home has struggled with depression and anxiety (40.5%), struggled to get enough sleep (33.1%), and was unable to lose weight (30.7%) in the last 12 to 24 months.
- Individuals believe that the top five health priorities in the County are: (1) **improving mental health**, (2) **access to healthy and affordable foods**, (3) **increasing preventive care**, (4) **improving children and teen's physical, social, and emotional health** and (5) **increasing physical activity**. Over a third of individuals also identified *substance use* and *promoting well-being and resilience* as top priorities for Oneida County.
- When asked how COVID-19 is currently impacting access and delivery of healthcare in the County, individuals shared a mean score of 2.6 and 2.8 (respectfully, on a scale of 1 to 5).
- Many individuals cited that things are "about the same" as life before the pandemic.

- A vast majority indicated they have not sought mental health support services to cope with social isolation during the pandemic (81.0%).
- During the past month, 52% of respondents shared that they spend less than 30 minutes daily participating in physical activities or exercise. In comparison, 38% shared that they spend 30-60 minutes daily, and 10% indicated more than 60 minutes per day. Over 85% of individuals said they eat 1-2 servings of fruits and vegetables daily, while 9% shared none and 7% more than five.
- Overall, these findings present a comprehensive look at the healthcare delivery system within the County. Many of the results aligned with those from the community focus groups and in-depth interviews. Collectively, these data present a strong narrative of not only the quality of services within Oneida County but the ways different populations experience receiving health-related care in Oneida County.

Community Representation	Common Themes
<ul style="list-style-type: none"> • 1,587 individuals completed the survey • Most individuals (63.8%) between 45 and 64 years old • 92% have lived in Oneida County for over ten years • Top Zip Codes were 13440 (27.8%), 13502 (11.5%), and 13501 (8.9%) • 91.1% of respondents were white • 52.1% were employed full time • Over 60% had some kind of higher education • Over 50% shared income less than 100K 	<ul style="list-style-type: none"> • Community residents expressed concerns that there are not enough providers in the area. • Mental health was a significant concern for community residents. • Protecting vulnerable populations was a concern and assuring that they have access to high-quality services. • Wait time and doctors not accepting new patients was a factor preventing individuals from receiving healthcare.

Meaningful Quotes
<ul style="list-style-type: none"> • <i>“Not enough doctors, either primary care or specialty. As a new member, I still don't have a primary care provider because very few are taking new patients.”</i> • <i>“After-hours and weekend appointments for physician offices to meet the need of the working community who might not be able to take time off of work.”</i> • <i>“[There is a] mental health crisis, especially pediatric and medical, mental health. There is nowhere for these people appropriately to go.”</i> • <i>“Community health programs are never well known/advertised so the impact is never as big as it could be. If health programs could be as well advertised as drug companies advertise their products it could possible open eyes to the resources available. But overall, we need to stop focusing on treatment of symptoms and focus on the core issues. Nutrition and lifestyle changes specifically.”</i>

Key stakeholder interviews

Key Stakeholder Interviews
Key Summary Points
<ul style="list-style-type: none">• Mental health services are lacking in the community for both children and adults.• Mental health was the top priority discussed by the community stakeholders.• Many shared that it is easy to make a referral to a provider but typically harder to make referrals for community services, such as exercise programs and nutritious food options. With a lack of providers and difficulty getting access, those who often qualify for services cannot access them due to lacking a diagnosis.• Only 45.6% of individuals cited that the local area’s availability of healthcare services offerings is better, while 54% cited the same (27.2%) or worse (27.2%) in comparison to other areas.• 81.8% indicated Oneida County healthcare services had gotten better in the last three years.• The average score of 7.1 (out of 10) when asked about the current impact of the COVID-19 pandemic on accessing healthcare services (1 indicates insignificant and ten severe).• Average score 6 (of 10) when asked about the current impact of COVID-19 on service delivery.• Interviewees stressed importance of continuity of care.• Overall, stakeholders felt that preventing chronic disease (3.8 mean), promoting well-being, preventing mental and substance use disorders (3.7 mean), and preventing communicable disease (3.7 mean) were the top responses. The options of promoting a healthy and safe environment (3.1) and promoting healthy women and children (2.3) were not perceived as significant issues.

Key Community Stakeholders	Common Themes
<ul style="list-style-type: none"> Oneida County, Rome Health, and MVHS provided a list of key stakeholders and individuals involved in the delivery of health services in the County. 	<ul style="list-style-type: none"> Mental health services are lacking in the community. Mental health was one of the top issues and concerns for community stakeholders. Reduction of substance use was another area stakeholders felt the County should prioritize. Vulnerable populations certainly experience the health system differently. They were concerned about issues regarding diversity and inclusion. Spoke highly of the County's efforts to address issues and positive partnerships and had a deep passion for the residents of Oneida County and their well-being.
<h3>Meaningful Quotes</h3>	
<ul style="list-style-type: none"> <i>“Partnering with other providers (outpatient) is usually in a collaborative way to ensure continuity of care and or for referral to services. Engagement with hospitals is specific for patient that is involuntarily transferred to hospital for admission.”</i> <i>“Specific to our community, we have a mental health provider that has been writing grants for a wellness center for wellness and behavioral health services. Strong advocacy and vigilance to get resources for the community. Provider has already purchased building and rallying resources to come to area to provide services.”</i> <i>“While we have a lot of access to healthcare services, a lot of people are not able to get to services. See a lot of bridges being burned. See people showing up to programs and services, however if appointments are missed, then they are exiled. End up being on waiting list for months to see a provider. Access to providers isn't the greatest.”</i> <i>“I don't know if not available, but more not accessible due to high demand. We have the most difficult time with mental and developmental diagnosis in placing patients in services. Voluntary inpatient and intensive outpatient and respite programming is lacking and specific to developmental disability population. Inpatient hospitalization for stabilization should be priority. The other issues that comes up is that the hospital system cannot admit patients for crisis stabilization due to violent tendencies and due to developmental disabilities. Inpatient stabilization is not place for these patients.”</i> <i>“There needs to be outreach to the vulnerable population (refugee population) and in general, whether it is undeserved or impoverished or those suffering with mental health diagnoses.”</i> <i>“We have an antiquated system. Systems are not designed to meet people where they are. It is based upon funding, such as insurance. Systems are designed to "drain you" and not to get services needed. Not familiar at higher level just ground level.”</i> <i>“The delivery has been contingent upon the skilled and unskilled workforce.”</i> 	

Full Reports

Full reports including purpose, methodology, data sources and information for consultants and partners can be found by selecting the hyperlinks below:

[Oneida County CHNA Primary Research – In-Depth Interview Summary Report](#)

[Oneida County CHNA Primary Research – Focus Group Summary Report](#)

[Oneida County CHNA Primary Research – On-Line Survey Summary Report](#)

**Appendix A - Oneida County CHA/CSP Primary Research
In-Depth Interview Summary Report
November 2022**

Key Stakeholder Interview Participants

Community input on the healthcare needs of the population was received through in-depth interviews conducted with 12 community stakeholders representing community leaders, health organization administrators, public health stakeholders, and social service personnel. Participants provided relevant information regarding the health needs of the community. Findings from the key stakeholders provided valuable insights and information which was used during the needs prioritization process.

Name	Title	Organization
Roberto Gonzalez	Director of Harm Reduction Services	ACR Health
Dr. Kent Hall	Chief Executive Officer	Mohawk Valley Health System
Corrine Kelley, FNP-BC	Advanced Practice Clinician Lead	Rome Health Boonville Health Center
Sonia Martinez	President	Mohawk Valley Latino Association
Michelle Mellon	High School Social Worker	Camden School District
Jackie Nelson	President	NAACP Rome
Anthony J. Picente, Jr.	Oneida County Executive	Oneida County
Michael Romano	Director	Office for the Aging and Continuing Care (OFA)
Kristin Sauerbier, L.C.S.W.	Program Director	Mobile Crisis Assessment Team (MCAT)
Jennifer VanWagoner	Manager of Grants & Community Engagement	The Center
Randall VanWagoner	President	Mohawk Valley Community College (MVCC)
AnneMarie Walker-Czyz, RN, Ed.D., NEA-BC	President/Chief Executive Officer	Rome Health

Key Findings

RMS spoke with 12 individuals for the interviews. These individuals spoke to the resources in the County, and areas of improvement, and provided guidance on areas to prioritize. The interview script asked individuals to rate the overall availability of healthcare services for the residents of Oneida County, using a scale of limited (1) to high (10). The participants provided an average score of 7. Individuals elaborated on their response by saying that certain services are more available than others within the County. "Primary care would be rated at a seven, and behavioral health would be around a 3, due to limited access and long wait times," shared one participant. Many individuals commented that primary and emergency care services are readily available. However, most individuals commented on the need for more mental health services.

1. What types of healthcare services in the Oneida County areas have a wide availability (no problems with availability within the area)?

When asked further to detail the types of services available in Oneida County, many individuals responded that primary care, emergency care, and orthopedic services are widely available. One individual shared, "we have a good mixed bag when it comes to specialists, but we lack services."

2. Do you feel organizations that provide services and resources in the area do a good job educating the public about new and existing benefits? If no, what are the barriers?

Most individuals did not feel that organizations in the area did a good job educating the public about existing services (63.6%). Several individuals cited the diversity of the community and the need for local health-related organizations to be more present in the community. Many commented on the need for "boots on the ground" and emphasized the need for more outreach. One participant noted, "we need to be out in the community to meet people in their environment to get the word out." Ultimately, there is a need for increased "frequency and consistency of messaging," and a worry that providers "rely on social media and word of mouth" and often are not reaching rural community members.

3. What types of healthcare services are limited in Oneida County?

When asked what types of healthcare services are limited in Oneida County, the most common services were related to mental health services. Many commented that "getting mental health access is very difficult, specifically with prescribing medications," shared one individual. Individuals also commented that mental health becomes more challenging for vulnerable populations. One mentioned the lack of providers for child psychiatry to diagnose health status so a child can qualify for different health services. Many commented that many residents are sent outside the County for care.

4. What healthcare services are not available in Oneida County areas that you think should be available?

Many individuals reframed this question, commenting that services are available but often not accessible to individuals. One individual shared, "we have the most difficult time with mental and developmental diagnosis in placing patients into services." Others corroborated this comment, citing the need to diagnose individuals, so

they qualify for services. Like other responses, many again shared the demand for more mental health services.

5. (IF SERVICES WERE LISTED FOR LACKING or NON-EXISTENT) Among those services you mentioned are lacking or not available in Oneida County area, which one should be the highest priority to act upon in the short term (less than five years)?

Overwhelmingly, the stakeholders shared that mental health services (both children and adults) should be the highest priority within the community.

6. What healthcare services do you believe Oneida County residents travel for outside of the area/county?

Respondents gave multiple answers when asked what types of services Oneida County residents travel for outside the County. Responses ranged from inpatient mental care to subspecialized care. Overall, the theme was consistent with other data that individuals often travel to other counties for care as needed due to a lack of accessibility in Oneida County.

7. (IF ANY) Why do residents travel for these healthcare services?

When asked why individuals travel, many shared that they travel because they perceive other areas can provide better care and access the care, or lack thereof. In some cases, stakeholders shared that some of the required services for intensive outpatient care (like detox) are lacking. These services tend to be highly regulated and specialized and are not readily available in Oneida County. Others commented they believe people travel due to a lack of diversity in providers. One shared that larger systems have more resources to offer.

8. For the next question, I would like you to compare the availability of healthcare service offerings in Oneida County to other areas to the best of your knowledge. The local area's availability of healthcare service offerings is as follows:

Better the Same or Worse ...than other surrounding County's healthcare service offerings

Only 45.6% of individuals cited that the local area's availability of healthcare services offerings is better, while 54% cited the same (27.2%) or worse (27.2%).

9. Do you think the availability of healthcare service offerings for residents has improved or worsened over the past three years?

When asked if the availability of services has improved, worsened, or remained the same, individuals were optimistic, as 81.8% shared they have improved. One shared, "we are getting more providers and services in the area," another added, "woman's and children's services have gotten better, as well as cancer services," they said, "cancer services have gotten better as well." One individual added, "child psychiatry has not gotten better."

10. Are specific groups of people in the service area that may be particularly vulnerable and need particular attention regarding healthcare service offerings? (PROBE: Older adults; low income; special needs; racial/ethnic groups)

Stakeholders were unanimous in their responses, as 100% shared there are vulnerable populations in need of specific attention regarding their healthcare.

11. (IF YES) What groups?

Many commented on the refugee population as a vulnerable population needing specialized services. One individual noted that the City of Utica has 42 different languages. Other populations included those with intellectual and developmental disabilities and the elderly population. Others commented on pediatrics, black and brown individuals, immigrants, and migrant workers. One person shared those living in poverty.

12. What are the significant barriers to accessing healthcare services for these groups?

Many commented on the language barriers when asked about the barriers to accessing healthcare services for these vulnerable populations. Some also shared the cultural barriers and how the patient presents for services. With the refugee population, many comments on the issues of trusting a provider and often don't seek care. Others indicated that access is a significant barrier, particularly for those with mental health issues. Some commented on transportation.

13. Using a scale of 1-10, where ten indicates "severe" and one means "insignificant," how would you rate the current impact of the COVID-19 pandemic on accessing healthcare services in Oneida County?

When asked how individuals would rate the current impact of COVID-19 on accessing healthcare services, individuals provided an average score of 7.1 out of 10. When asked to share why many commented on the existing workforce shortages and "availability of services cannot keep up with the demand." One individual went as far as to say, "the pandemic has decimated the healthcare workforce."

14. Using the same scale, where ten indicates "severe" and one indicates "insignificant," how would you rate the current impact of the COVID-19 pandemic on healthcare service delivery in Oneida County?

When asked to rate the current impact of the COVID-19 pandemic on healthcare service delivery, stakeholders provided an average score of 6 out of 10. Again, individuals commented on the labor shortage in the healthcare field. One individual shared that many of the access issues were also related to an individual's level of education and income.

15. Let's start fairly broad, and we can work our way to more specifics. Can you share what you believe are the biggest challenges Oneida County faces in improving the community's health?

Stakeholders were asked to share what they believe is the biggest health challenge in Oneida County. They shared that the biggest challenges are with (1) access to care, (2) the workforce, and (3) issues surrounding health equity.

16. As Oneida County looks to improve community health and well-being for service area residents, what key activities should be considered/undertaken to overcome the challenges?

Some key activities included improving outreach to vulnerable communities, funding/staffing mental health services (child and adult), and more active engagement within the community.

NYS Prevention Agenda

Now we're ready to talk more about the Prevention Agenda.

17. Let's start by sharing how big of an issue the following Prevention Agenda categories are for the County.

The In-Depth Interviews then began to explore the NYS prevention agenda. On a scale of 1 to 5, with 1 indicating not an issue and 5 indicating a significant problem, stakeholders were asked about five prevention agenda items. Mean scores were calculated for each item. Overall, stakeholders felt that preventing chronic disease (3.8 mean), promoting well-being, preventing mental and substance use disorders (3.7 mean), and preventing communicable disease (3.7 mean) were the top responses. The options of promoting a healthy and safe environment (3.1) and promoting healthy women and children (2.3) were not perceived as significant issues.

18. Now, tell me which areas should be the TOP PRIORITY for the County? Why did you say that?

Of those options, many shared that promoting well-being and preventing mental and substance use disorders should be the top priority for the County. One individual shared that many mental health diagnoses symptoms manifest as physical health diagnoses and concerns. Another added, "[mental health] is a huge issue and growing need with limited resources that exist with any elements of the county – whether public, private or not for profit."

19. So, help me contextualize how [top priority] takes shape in the County – I'd imagine this is a collective effort – how is the health system working to [Q27 top priority] in the County? What organizations are addressing this issue?

(Probe for partnerships among government, social services, hospital systems, work groups, etc.)

Individuals were asked to share how the health system is currently working to address issues related to mental health. Most individuals commented that partnering with providers would ensure a "continuity of care," which is critical. They also noted the importance of referrals to services and the process of funding from the Office of Mental Health to the various agencies in the County.

**20. What is your perception of how well this process is working?
(Probe for what is working well and what needs improving)**

Many shared that the current process is working. However, there are some areas for improvement. Some expressed more concerns that there is a dire need for improvement, citing issues with a disconnect between law enforcement and the healthcare system. It also mentioned the need for more consistent metrics and better data sharing among providers. Some shared that they have an easy time making a referral for a provider for a client, but more challenging for them to receive community services.

**21. Earlier, you mentioned you worked mainly with the [population type] – can you talk to me from their perspective? What would they say about the County's efforts to [Q27 area]?
(Probe for issues of equity and areas of agreement/disagreement from previous questions).**

Individuals were asked to speak from the client's perspective and how the County addresses mental health issues. Many commented that there are issues of equity accessing services, and there is not a "level of inclusion and trust" within the County. Many shared that patients would find it difficult to access services, which is why they often rely on the emergency room or call 911. Others shared that their community would see the positive work but acknowledge that more work needs to be done to support vulnerable populations.

To wrap up our conversation, I'd like to discuss the many factors contributing to the health challenges we've discussed today. Let's talk about the factors contributing to the health challenges.

**22. What behavioral risk factors impact the health of our community?
(Probe for solutions)**

When asked about what behavioral risk factors impact the community's health, many spoke about various social determinants of health or how people live, work, and play. Some mentioned cultural barriers, lack of transportation, coping skills, income disparities, diet, obesity, smoking, and nutrition.

**23. What environmental risk factors (the natural and built environment) impact the health of our community?
(Probe for solutions)**

When discussing issues around the natural and built environment (environmental factors), many discussed poor housing, and community safety, as they felt some areas of the County are at high risk for violence. Some mentioned many older homes, which presents a lead poisoning risk. Some shared that "people don't have a place to go," and others shared the need for more sidewalks and trails.

**24. What socioeconomic factors impact the health of our community?
(Probe for solutions)**

Many commented that income disparity plays a significant role in the health of the individuals they serve. "We deal with a lower income population and lack availability of employment overall and the challenge of finding employable people."

25. How does our current policy/regulatory environment impact the health of our community? (e.g., smoke-free parks, menu labeling, zoning for walkable communities, etc., probe for solutions)

Some individuals shared that the community needs to communicate better and understand the needs of underserved populations. Others were unsure, and some shared the need for improved public safety. One individual mentioned that the region had received a designation from AARP as an age-friendly and livable community.

26. What other unique characteristics of the community contribute to health status positively or negatively?

Some individuals mentioned that Utica has several correctional facilities, which brings in many persons from outside Oneida county needing services. They believe these individuals often stay in the community and can create "an increased behavioral health and substance use issue in the community." Some also mentioned there are not robust LGBTQ+ services in the County. Generally, the individuals were again speaking about the increased demand for mental health services, from multiple populations who often face complex trauma and require intensive and complex mental health services. Some mentioned the partnerships of the Opioid Task Force. Some also noted the positives of Oneida County, such as the region's parks, nature, and natural environment.

27. I appreciated our discussion today and look forward to working on our analysis and findings. This is such important work. Is there anything you'd like to add or something you feel is important for Oneida County's CHA?

When asked for any closing remarks, many shared the positives and wanted to be clear that a lot of positive work has been done in the community. Their comments spoke to their passion for improving the health of all residents in the community and their commitment to serving the best needs of the community.

Appendix A - Oneida County CHA/CSP Primary Research Focus Group Summary Report November 2022

Background and Methodology

The RMS team conducted qualitative focus groups to engage the community and learn what they perceive as the key needs facing residents to help maintain their health and well-being. A key task within the focus group sessions was brainstorming possible solutions for addressing these identified top priority needs. This focus group research is part of a multicomponent research initiative to identify community health needs for Oneida County and build a comprehensive community health plan addressing initiatives to focus on reducing the identified needs.

Two of the groups were composed of “rural” ZIP Code-based residents, and two were composed of non-rural-based residents. It was expected that the rural groups might provide differing opinions and perceptions. However, this proved not to be the case. Overall, participants were recruited to reflect a mix of ages, living settings (rural, suburban, urban), income, education, and insurance payor types, including those with no health insurance. Those selected to participate were paid \$50 for their time and completion of the Participation Packet. Each group lasted approximately 90 minutes and was conducted over ZOOM video software, given the status of the COVID-19 pandemic.

The moderator used a Moderator’s Guide that was pre-approved by the Oneida team. Focus group participants were asked to complete a Participation Packet to prepare them for the discussed topics. Copies of both the Moderator’s Guide and Participation Packet are attached as attachments to this report.

A total of 30 people participated in the focus groups. The focus groups were conducted over a three-day period in early and mid-September, with one being held in the evening and three being held during the afternoon hours. The specific schedule is listed in the table below.

Date	Location	Time
Wednesday, September 7, 2022	ZOOM (Link provided to recruits)	Group 1: 1:00 pm – Rural Group
Tuesday, September 13, 2022	ZOOM (Link provided to recruits)	Group 2: 2:30 pm -- non-Rural Group Group 3: 5:30 pm – non-Rural Group
Wednesday, September 14, 2022	ZOOM (Link provided to recruits)	Group 4: 1:00 pm – Rural Group

General Availability of Healthcare Services Locally

This section of the discussion was a warm-up session that focused on asking participants their opinions regarding the availability of current healthcare services locally. It sought to understand what participants' expectations and thoughts about available healthcare services were and what they (participants) wanted to be able to find in and around their local community. Participants were also asked if they left the area for healthcare and why.

- Overall, participants felt that the general availability of healthcare services in Oneida County was “fair to satisfactory” (average rating of 2.35 on a 1 to 5 scale) and seemed limited. There was a consensus that primary care services were mostly available within the local community (however, it was perceived as limited), with specialty care being more restrictive or missing altogether.
- Specific missing healthcare services identified by participants included: pediatric specialty care, dental care, mental health care, dermatology, bariatric surgery, cancer care, and women’s care.
- Several participants stated that current healthcare workers are exhausted and overwhelmed, particularly given the past 2.5 years dealing with the COVID-19 pandemic. This had a negative impact on the overall quality of care being delivered. Some also felt that several area providers are “dumping” patients to area Emergency Departments and Urgent Care facilities because they cannot handle the demand. Participants felt that this was particularly the case with mental health services.
- It was agreed that currently, for many specialties, there are considerable wait times to visit with a provider. This wait time is unacceptable to the participants. Further, there are waiting lists to see some specialty providers, particularly for mental health care. These barriers are having a negative impact on healthcare within the community.
- Participants also mentioned that transportation continues to be a problem in the area. Several clarified that there are transportation services available to take patients to and from medical visits, however, these services are not reliable. Some participants stated (from firsthand experience) that these transportation services are often “no shows,” or arrive very late so patients miss appointments. Participants said that the transportation companies are not held accountable.
- Words used to describe current healthcare services in the area included: *acceptable, okay, fair* (x3), *manageable, limited; overwhelmed, unresponsive, scattered, lacking, and bad* (x6). One participant indicated that the healthcare was “good.”
- Almost all participants had left the area at one time or another to receive healthcare services. They typically traveled to larger metropolitan areas such as Albany, Syracuse and/or Rochester. Several stated that they were recommended to travel outside the area for care by their local provider. They left the area for multiple reasons, including: (1) the needed specialty care is not available locally, (2) medical equipment is missing or lacking locally, and (3) concern that the local area quality is lacking.
- Participants acknowledged that they did not expect all healthcare services to be available locally. However, they believe that Oneida county still has many gaps in the provider breadth of services they would expect the county to be able to offer.

Breadth of Health & Wellbeing Services

For this section of the discussion, participants were asked to think more broadly about programs and services that can keep Oneida County residents healthy regarding their physical, mental, and emotional well-being. It was acknowledged that utilizing available healthcare services was a sub-component to maintaining one's health, and that there are many other activities that can keep Oneida county residents healthy.

- Overall, participants identified activities such as regular exercise, proper nutrition, getting proper sleep, increased socialization like attending community-wide gathering opportunities, and being able to wander in “safe” outdoor spaces are key to helping people maintain good health and well-being. When coupled with preventive and comprehensive healthcare, most felt that individuals can optimize their well-being and become healthier.
- Participants supported the belief that the County Health Department and area healthcare systems should take the lead in helping to create opportunities to increase residents' health and well-being. Several referenced the recent COVID pandemic and indicated that it has had a negative impact on people's health. Not only did the COVID virus itself impact the health of residents,' but the preventive measures put in place also negatively impacted health and wellbeing. Many participants said that they are stressed and feel isolated.
- Several participants indicated that they are encouraged by the County's initiatives to try and improve resident health. They believe that the County was very visible in supplying information related to the pandemic and administering vaccines, so it is in a unique position to promote improved resident health.
- From a ratings perspective, most felt that there was ample opportunity to increase the breadth of “health and well-being services” available to Oneida County residents. The overall aggregate rating was just above a “fair” rating (a 2.2 average rating). Interestingly, there was not significant variation in the ratings between the rural and non-rural focus group participants.

Community Health Care Needs

Participants were charged with reacting to the six key need themes that were identified in the recent community-wide, on-line survey. These need themes are listed in the order of their importance rating from the online survey. The table below lists the themes:

Need theme description	Percentage of people who rated the need theme as #1
1. Improve mental health	61.8%
2. Improve access to healthy and affordable foods and beverages	52.8%
3. Increase preventive care (i.e., wellness visits, annual physicals, etc.)	51.4%
4. Improving children’s and teen’s physical, social, and emotional health	45.8%
5. Increasing resident’s physical activity	39.1%
6. Reduce substance use	36.9%

For each need theme, the focus group participants were asked whether they agreed with the online survey respondent’s top rating of the need theme. The groups also discussed clarifying and defining what the need theme means to them. Finally, the focus group participants were asked to brainstorm ideas as to how they would address the need in the hopes of moving the dial in a positive way to eliminate the need. In particular, focus group participants identified activities and actions they would suggest being undertaken to minimize the need.

NEED THEME 1: Improve Mental Health

There was overwhelming agreement that for Oneida County, improving mental health is a need theme was one that should be readily addressed. The majority of participants indicated that this was a significant problem within the county. There was no differentiation between the rural and non-rural groups. The focus group participants feel that there are not enough mental health providers available within the county. Further, the ones that are available within the County do not seem to be taking new patients fast enough to meet demand. Many participants told stories of experiencing or knowing people who had to be placed on waiting lists for extensive periods of time. Some participants stated that the lack of providers is driving existing mental health providers to encourage greater pharmacological treatment when participants felt it was not necessary. Further, participants felt that more general communication and education needs to be done that dispels the stigma around obtaining mental health treatment. Several stated that the prevalence of the stigma serves as a barrier for people needing mental health care to actually receive it. Further, many believe that the elderly within the community are isolated and have mental health issues that are not currently being addressed.

Participant brainstormed solutions to reduce need theme 1:

- Increase the number and availability of mental health providers within the County, increase existing capacity by promoting virtual (video conferencing) treatment sessions that are covered by health insurance. Participants stated that using ZOOM would *'make mental health treatment convenient and easy to receive* and could allow for out-of-area contracting with qualified providers. Participants specified that all types of mental healthcare providers are needed, from social workers to psychologists, to psychiatrists.
- Create more facility space for in-house treatment. Participants referenced that a facility was closed recently and now there is no place for people to go to receive in-house treatment.
- Create general community education that teaches individuals what is normal emotional development and focus on teaching coping mechanisms to deal with acute situations. One participant referred to this as *"going back to basics and showing people how to manage their conditions without medication and profit-making treatments."*
- Train adults who work with children on how to recognize mental health situations such as depression.
- Make it okay to talk about mental health and how people are feeling. Encourage people to be open and share how they are feeling. Promote socialization and less isolation of individuals. Focus group participants stated that COVID has exacerbated the problem of isolation.
- Build greater awareness about existing resources that are available, including educational materials, credible websites and County specific resources that the community can access regarding the availability of mental health care.
- *"Fix the local economy so that people can find higher paying jobs and feel that they have a future. Keep residents busy and occupied."*

- It was suggested that the County should create opportunities for greater community engagement and socialization. Respondents suggested that there be multiple opportunities to create community and build outreach that minimizes resident isolation.
- One group suggested that the County re-work its current funding structure and find more monies that would allow for greater mental health services to be provided in schools and with young adults.

NEED THEME 2: Improve Access to Healthy and Affordable Food and Beverages.

All the group participants believe increasing access to affordable foods needs to be a major priority for Oneida County. Most participants said that residents need to focus much more on proper eating and staying away from processed food and foods with minimal nutritional value. Further several indicated that food pricing is completely inverted to drive the proper behavior. Fast food is significantly cheaper than trying to purchase fresh, nutritional food. Several believed that food pricing needs to be completely re-vamped, and the County can take a role in impacting this. It was also stated that there is limited access as to where fresh food is available. Participants believe that there is a significant percentage of the population that does not have ready access to fresh food. For these individuals getting to a market or farm stand is often difficult. Finally, participants believed that there is not good knowledge among residents as to proper diet and nutrition. They believe that more could be done to show the direct causal relationships between poor nutrition and unhealth conditions. A couple suggested that nutrition education needs to be more cause and effect related. This means showing people that if they eat an unhealthy diet, they are significant more at risk to develop diabetes, obesity, high blood pressure, and heart disease. It was suggested that success testimonials as to how healthy eating can positively impact health should be shared.

Participant brainstormed solutions to reduce need theme 2:

- Focus on teaching healthy eating and nutrition to county residents. *“Show people what health foods look like and share recipes as to how they can be prepared.”* Participants recommended that education be done among all age populations. There should be education targeted in the schools, at community centers and with the senior population. Some went on to further suggest that skills regarding canning and freezing could also be taught to community residents to encourage the use of fresh fruits and vegetables. In one group, it was suggested that there could be more collaboration with area organizations such as the Cornell Cooperative Extension to enhance any existing healthy eating programs.
- Encourage local communities to establish “community gardens.” Help engage neighbors to help with the community garden activities. In three of the four groups, participants spoke of the joy and pleasure they felt when participating in a community garden program. It was further added that community gardens may be a great technique to use with children and teens. Additionally, participants stated that this initiative could create community engagement and also help residents focus on composting and recycling. In one group the garden was called a “veteran’s garden” was established at a local long-term care community to great success and benefit.

- Establish a meal planning program that is based off healthy foods. Participants believed that many residents are time strapped and assistance with meal planning (including food purchasing) could be very helpful in getting residents to use healthy foods.
- Encourage the establishment of more retail vendors such as the “bargain grocer” where fresh food is priced very competitive. *“These types of stores make fresh food affordable.”* In addition to encouraging new fresh food vendors to establish locations within the County, participants thought that existing grocery stores could better promote a “mark-down table” with fruits and vegetables that may not be premium, but still are acceptable to eat. Participants referenced that Dollar General often offers fruits and vegetables now at very low prices. This is a positive step within the County.
- Some suggested that the County should offer a voucher program (perhaps attached to the SNAP program) to help reduce the costs of fresh food. Participants suggested that these vouchers be distributed to individuals at senior centers and community gathering spots, including churches.
- It was suggested that area restaurants, stores and farmers could be directed to drop off healthy food products at central locations where residents could pick it up at minimal or free of charge. Focus group participants believe that this type of food rescue program could be very effective in getting residents to move away from “unhealthy fast and/or processed food” towards healthier eating.
- Another solution was to set up a fleet of mobile food wagons that could travel around the county to distribute fresh and healthy foods to area residents. Participants equated this idea to mobile healthcare units. It was suggested that this approach could help address a current barrier related to transportation to stores and resources.
- Participants thought that the County could send out a team of nutritionists into the community to create family events where people can create healthy meals and learn proper diet planning. This could include offering cooking classes, shopping classes, and meal planning.

NEED THEME 3: Increase preventive care (i.e., wellness visits, annual physicals, etc).

Participants feel that increasing compliance with preventive care and recommended health screenings is an important component to helping Oneida county residents maintain their health and wellbeing. Several mentioned that most people know that they should comply, but do not make the effort for many reasons. Barriers to staying compliant identified by participants include; (1) primary care providers are so booked-up and getting an appointment is very difficult, (2) there are not enough providers available to provide these services, especially dental care, (3) preventive care services still cost residents out-of-pocket expenses and family budgets are tight, (4) transportation to and from healthcare providers is difficult and unreliable, (5) screening are not always convenient to obtain (participants cited their workday obligations), and (6) “out-of-sight-out-of-mind” thinking, whereby residents do not feel poorly, so they delay prevention.

Participant brainstormed solutions to reduce need theme 3:

- Participants believe that efforts to build greater capacity among the healthcare system needs to be made prior to promoting the need to obtain preventive care among county residents. There are not

enough providers currently, so promoting compliance would exacerbate the lack of provider supply. Dental care was pointed out as a key area with significant a significant provider gap.

- Push preventive care compliance building to area insurance companies that have access to their members. Insurance companies can reach out to their covered members to promote increased compliance. Further it was thought among participants that insurance companies can reduce the cost of preventive care by increasing the coverage benefit and they can use their case managers.
- Focus group participants thought that incentives tied to specific preventive screening activities could help get residents to be more compliant. They felt that immediate cash or gift cards could serve as a positive motivator. Several participants told of personal stories where the incentive encouraged them to stay focused on completing the preventive care.
- Prepare a flyer that identifies the key screenings needed as identify locations where these screening can be obtained.
- Invest in a master database that can incorporate a reminder system that can send out notices to residents who need preventive care services. The participants thought that this could be set up like the RHIO works currently. These reminders could be sent through phone calls, notices, texts, and emails.
“Make it easier for residents to be compliant.”

NEED THEME 4: Improving children and teen physical, social and emotional health.

There was resounding agreement that this is an important need in Oneida County. Many focus group participants stated that targeting children and teens within the County to help them improve their overall health and wellbeing is a key priority. Several commented that this segment of the population represents the future and addressing this need would get *“the biggest bang for the buck.”* It was acknowledged that COVID 19 pandemic has significantly impacted this segment of the population in a very negative way. Children and teens have been forced to isolate, during particularly important child development times. Many felt that isolation was a very negative thing for the children and teens. Further, participants stated that there needs to be a focus on limiting the screen time (particularly on the phone) and a focus on face-to-face interactions needs to be promoted. It was also suggested that parents need better coaching and education on how to encourage creating environments that can help children and teens improve their physical, social and emotional health. Several stated that parents do not always know how to parent, or they refuse to take responsibility for raising their children. In several among the groups, both rural and non-rural, made comments such as *“it takes a village to raise children”* and *“the community has an obligation to help its kids and teens mature into responsible adults.”*

Overall, participants believe that the community has an obligation to create opportunities for children and teens to gather, exercise, and interact. Most believe that there is not enough opportunity in the county currently to do this. Several stated that they believe that the county and other organizations have such opportunities, but awareness is very limited. More could and should be done to build awareness throughout the community.

Participant brainstormed solutions to reduce need theme 4:

- Participants believe that there needs to be more structured programs for children and teens that can encourage their engagement. It was suggested that these programs need to be varied and run regularly throughout the year.
- Some suggested that the County build infrastructure for child and teen engagement via county-wide tournaments. These mentored programs can involve the area schools and area youth targeted organizations (e.g., YMCA, Boys and Girls Clubs, etc.). It was also suggested that these programs need to embrace diversity and be broad-based to be of interest to many.
- Participants believe that many churches and libraries could be used as social gathering places to provide local space, outside the home, for children and teens, to gather. Many stated that there is a lack of teen centers throughout the county and churches and libraries can be used in this capacity. Further, with Churches, there is an expectation that a formal youth program may exist that can be tapped into.
- Hold parenting classes that teach parents the importance of improving children and teen physical, social, and emotional health. It was suggested that this training involve sharing techniques where parents can get more involved in their children’s lives. Teach them what questions to ask, what behaviors to watch for and how they encourage open communications.
- Several participants stated that more could be done with school districts to create programs within the schools that are targeted to this populations. Programs that focus on engagement, cooperation, and participation across physical, social, and art culture topics can be offered. *“We need to get kids off their phones.”*

NEED THEME 5: Increasing resident’s physical activity.

As with need theme 4, the focus group participants believe that every Oneida County resident’s physical activity should be increased. Participants indicated that all residents have an obligation to be more physically active. They further added that most people know this, however they need to be encouraged to take responsibility. With COVID it has been tough for physical activity to be maintained. Those who would visit gyms, malls, and area community centers were not allowed to do so. Participants said that it is easy to fall out of the habit of getting regular physical activity. The focus group participants agreed that the county and local healthcare systems should help the community get re-engaged in doing physical activities.

Many participants stated that the county has wonderful parks, playgrounds, biking trails, and outdoor walking paths. However, several said that they are not always comfortable visiting these locations due to a fear of safety. Some stated that the Utica and Rome areas have a significant problem with gangs and guns. They stated this causes hesitation to visit the area parks. With regard to area walking paths, they want to be assured that these are regularly patrolled and well-lit for dawn and dusk outdoor walking. Other participants commented that they are not fully aware of where all the county’s parks and outdoor spaces are located. Some also stated that they do not know how to get started with an exercise program and would like to learn the proper way to get started and to track results.

Participant brainstormed solutions to reduce need theme 5:

- The County should put together material that is centralized and references all the public parks, playgrounds and walking trails. County residents need a location that they can learn where all the current outdoor spaces are.
- Programs that promote outdoor activities should be developed and programs. The focus group participants spoke about walking activities, marathons, bike races, an exercise passbook. They also thought that having competitions would help engage community residents. *“These county-wide, community focused activities need to be free or at a very low cost.”*
- Participants suggested that physical therapists and other healthcare experts can create educational videos and podcasts that can teach residents how to get started and the proper form for exercise. As part of this training, participants thought that sharing stories as to how increased physical activity has improved an individual’s quality of life would be beneficial.
- Participants believe that area health care organizations should take a lead role in sponsoring and creating programs. Several stated that the healthcare involvement will add credibility to programs. They further believe that the area healthcare organizations can offer a scholarship program to minimize costs.
- It was suggested that the County promote a mobile software application where residents can keep track of their activities and monitor their progression.

NEED THEME 6: Reduce substance use.

The focus group participants agree that reducing substance use needs to be a top priority for the county. Participants feel that substance use is *“out of control,”* and seems to be growing, especially among the younger and younger residents. Participants believe that addressing this need first requires understanding the drivers to substance use. Several stated that county healthcare needs to *“move away from taking a pill for everything.”* Rather there needs to be greater emphasis on teaching residents how to better cope with changes in life. Further, there needs to be better treatment for pain management. The majority felt that the area healthcare systems can and should take the lead in reducing substance use.

Several participants stated that more could be done within the area schools to show people the cause and effect of substance use. Education about drug and alcohol use and even gambling abuse should be taught very early within the schools. It was also suggested that law enforcement could play a big role in deterring substance use through educational programs. Overall, most participants felt that this need theme should be addressed through preventing individuals from any substance use.

Participant brainstormed solutions to reduce need theme 6:

- The County must enhance its educational programs that deter individuals from using substances. The education should be particularly promoted within the county’s schools. Young people need to be taught techniques and approaches to walk away from peers who may be promoting substance use. Participants also believe that people need to be educated on what substance use does to one’s body, mental capacity, and life.

- Participants felt that there need to be more “after programs” that are available to individuals who gotten “clean.” This will help individuals to avoid the pull of going back to using substances.
- Participants also felt that having more productive “positive things” for young people in particular to do will help deter substance use.
- Institute an educational program among healthcare providers about reducing the prescribing of medicines for healthcare situations and conditions, in particular pain management. The majority of participants believe that currently there is currently too much over prescribing.

Following review of the six need themes identified from the online, community need survey, the participants were asked to select the one priority that they believe to be the most important to be address. Across all the focus group sessions the top three need themes representing over 86% of the focus group participants were:

- (1) Improving children and teen physical, social, and emotional health;
- (2) Improving mental health; and
- (3) Reducing substance use.

The table that follows represents a summary of the need theme ratings and rankings

NEED THEMES	AGGREGATE TOTAL		RANKING
	Focus Groups		
NEED THEME 4: <i>Improving children and teen physical, social, and emotional health</i>	11	36.7%	1
NEED THEME 1: <i>Improve mental health</i>	10	33.3%	2
NEED THEME 6: <i>Reduce substance use</i>	5	16.7%	3
NEED THEME 2: <i>Improve access to healthy and affordable foods & beverages</i>	2	6.7%	4
NEED THEME 3: <i>Increase preventive care</i>	2	6.7%	4
NEED THEME 5: <i>Increasing resident's physical activity</i>	0	0.0%	
TOTALS:	30		

--In all the groups, participants believe, through consensus, these 6 need themes represent the key priorities for Oneida County to improve residents overall" health and wellbeing." They agreed that the online survey respondents appropriately identified the listed need themes as the top ones for Oneida County.

-- Additional comments regarding the need themes include:

1. Oneida County needs to break the cycle of "catch and release," whereby they bring in people needing mental and/or substance use treatment to healthcare institutions and then release them back onto the street once the immediate crisis has passed. There should be greater collaboration between the healthcare system and law enforcement.

2. Oneida County needs to re-visit the current SNAP program and re-vamp the eligibility criteria for greater inclusion. Participants felt that many fall just above the criteria and therefore do not get assistance. Further they indicated that greater attention should be placed on senior citizen residents.

3. Across all the need themes, Oneida County needs to embrace diversity. It needs to recognize the very culturally diverse community that Oneida County has become. Participants mentioned that the County has an opportunity to be a leader regarding embracing diversity and multiple cultures.

4. Several participants stated that there needs to be greater coordination among the healthcare systems within the County. Several mentioned that there are significant communication gaps between providers, impacting care.

5. Participants hoped to see more coordinated initiatives between the County, healthcare systems and area school districts. Most stated that such collaboration would help improving access and awareness of programs among children and teens.

Appendix A - Oneida County CHA/CSP Primary Research On-Line Survey Summary Report November 2022

The following section provides a question-by-question analysis of the Oneida County CHA survey. Analysis of the survey included descriptive (frequencies, percentages, mean). As appropriate, RMS conducted cross tabs by demographic data to understand differences among populations in the region.

Key Findings

The data and insights from this research were invaluable in helping guide a conversation around setting priorities for Oneida County. Key findings from the survey research include:

- A total of 1,587 residents of Oneida County participated in the survey. Most individuals were between 45 and 64, primarily identified as female, white, employed full-time, and had a household income between \$25,000 and \$99,000 per year. Most individuals who participated had participated in some form of higher education. Only 13.8% indicated their highest level of education was a high school degree (or equivalent) or lower.
- When asked about the quality of services, individuals provided a mean score of 2.8 (out of 5).
- When asked about access to services, individuals shared a mean score of 2.6 (out of 5).
- Most individuals depend on a doctor or nurse and friends and family for information regarding healthcare services.
- Community residents cited the lack of doctors as one of the most significant issues facing Oneida County.
- One change that individuals would like to make is more doctors to meet the demands of residents of Oneida County.
- Individuals found that many services in Oneida County are hard to obtain, particularly accessing affordable prescription drugs and mental/behavioral health services
- Nearly all individuals, or someone in their household, have gone to a doctor for preventive care services in the past 12 to 24 months.
- Many people believe they have a doctor, dentist, or physician specialist they can see. A majority shared that they do not have a mental health provider (64.2%).
- Over 50% of respondents shared that they sometimes (48%), rarely (6%), or never (1%) can access healthcare services when needed. Of these individuals, the top barriers were too much time to wait before an appointment and doctors not accepting new patients.
- Many individuals commented that they are up to date on preventative health screenings. However, tests related to hearing, pap smears, skin cancer screenings, dental health, and lung cancer were not.
- 54.5% of respondents (or someone living in their home) have traveled outside the County for healthcare.
- Many individuals cited that someone in their home has struggled with depression and anxiety (40.5%), struggled to get enough sleep (33.1%), and was unable to lose weight (30.7%) in the last 12 to 24 months.

- Individuals were asked to select their top 5 health priorities for Oneida County. The top chosen priorities were (1) **improving mental health**, (2) **access to healthy and affordable foods**, (3) **increasing preventive care**, (4) **improving children and teens' physical, social, and emotional health**, and (5) **increasing physical activity**. Over a third of individuals also identified *substance use* and *promoting well-being and resilience* as top priorities for Oneida County.
- When asked how COVID is currently impacting access and delivery of healthcare in the County, individuals shared a mean score of 2.6 and 2.8 (respectfully, on a scale of 1 to 5).
- Many individuals cited that accessing health-related services is "about the same" as life before the pandemic.
- A vast majority indicated they have not sought mental health support services to cope with social isolation during the pandemic (81.0%).
- 52% of respondents shared that they spend less than 30 minutes daily participating in physical activities or exercise. In comparison, 38% shared they spend 30-60 minutes daily, and 10% indicated more than 60 minutes per day. Over 85% of individuals said they eat 1-2 servings of fruits and vegetables daily, while 9% shared none and 7% more than five.

Overall, these findings present a comprehensive look at the healthcare delivery system within the County. Many of the results aligned with those from the community focus groups and in-depth interviews. Collectively, these data present a strong narrative of not only the quality of services within Oneida County but the ways different populations experience receiving health-related care in Oneida County.

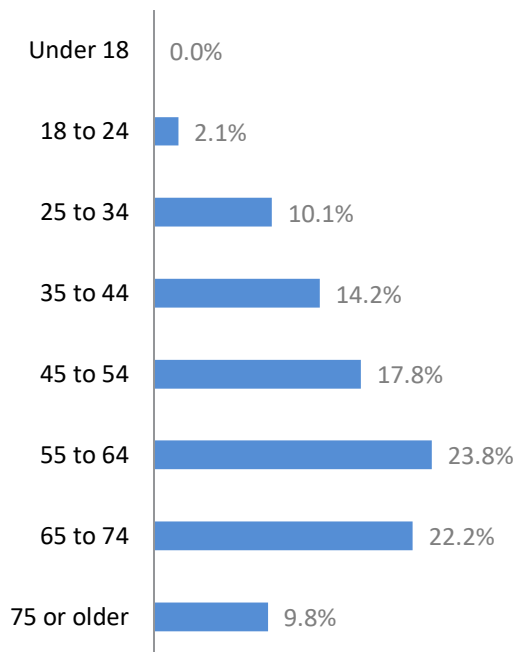
Demographic Data Overview

The survey included several screening questions to ensure that individuals qualified for this research. Screening questions included assuring that the individual was (a) over 18 years of age, (b) lived in Oneida County, and (c) had knowledge of the healthcare system in Oneida County. If any of these criteria were not met, the individual was notified that they were not eligible and was thanked for their participation. Overall, the survey yielded 1,587 responses. Throughout this report, there are sometimes different sample sizes for questions. This is due to routing, as not every individual was presented with each question, or the question was not mandatory.

Screening & Demographic Questions

Figure 1 provides an age breakdown of survey respondents. Most individuals who participated were between the ages of 45 and 64, comprising 63.8% of the total respondents who provided an age (n = 1582). Five individuals selected *preferred not to answer* when asked about their age. However, all five respondents shared they are over 18 years of age.

Figure 1. Age Breakdown of Responses (n = 1582)



Note. Figure 1 question aligns with S1 of the Oneida County CHA Survey.

When asked how many years the respondent has lived in the County (question S2), a vast majority selected *ten years or more* (92%). In addition, nearly all individuals shared that they were full-time residents (99%, question S3). All 12 individuals who were not full-time residents acknowledged they were familiar with Oneida County's healthcare system and hospitals (question S5).

Zip Code

Individuals were asked to provide their zip codes. The map below shows the complete zip code boundary. Some zip codes cross into bordering counties. However, individuals were also asked if they were current residents of Oneida county. Most individuals who participated were from the Rome and Utica area. The top three zip codes from the survey were 13440, 13502, and 13501. However, responses were obtained from across the entire County.

Table 1. Zip Code Breakdown (n = 1,587)

Rank	Zip	#	%	Rank	Zip	#	%
1	13440	441	27.8%	26	13338	11	0.7%
2	13502	183	11.5%	27	13469	10	0.6%
3	13501	142	8.9%	28	13478	9	0.6%
4	13413	101	6.4%	29	13421	8	0.5%
5	13492	101	6.4%	30	13319	7	0.4%
6	13323	74	4.7%	31	13322	7	0.4%
7	13309	44	2.8%	32	13328	7	0.4%
8	13438	38	2.4%	33	13461	7	0.4%
9	13456	36	2.3%	34	13486	7	0.4%
10	13403	35	2.2%	35	13494	7	0.4%
11	13316	31	2.0%	36	13157	6	0.4%
12	13354	23	1.4%	37	13435	6	0.4%
13	13363	23	1.4%	38	13042	5	0.3%
14	13417	23	1.4%	39	13477	5	0.3%
15	13471	23	1.4%	40	13054	4	0.3%
16	13304	20	1.3%	41	13318	4	0.3%
17	13495	18	1.1%	42	13401	2	0.1%
18	13424	16	1.0%	43	13213*	1	0.1%
19	13490	16	1.0%	44	13301	1	0.1%
20	13308	14	0.9%	45	13313	1	0.1%
21	13321	14	0.9%	46	13341	1	0.1%
22	13425	14	0.9%	47	13352	1	0.1%
23	13476	13	0.8%	48	13442	1	0.1%
24	13480	13	0.8%	49	13449	1	0.1%
25	13303	11	0.7%	50	13455	1	0.1%

Note. Table 1 aligns with question S6 of the Oneida County CHA Survey.

*This is not an Oneida County Zip code and was programmed into the survey in error. RMS decided to leave the individual's responses in the survey given their responses indicate the individual lives within the county and the limited impact on findings.

The on-line survey was predominantly completed by women (76%), while 23% identified as men (question S7). Some individuals listed their gender as gender non-conforming and self-identified as trans woman and non-binary. The survey was completed by mostly white individuals (91%).

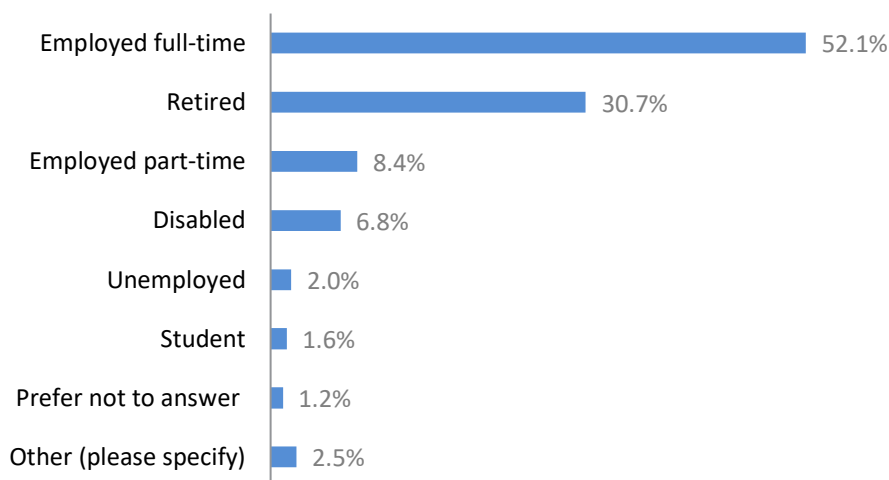
Table 2. Race Breakdown of Respondents

Race Category	#	%
American Indian or Alaska Native	9	0.6%
Asian or Asian American	13	0.8%
Black or African American	31	2.0%
Hispanic, Latino, Latina, or Latinx	37	2.3%
Middle Eastern or North African	3	0.2%
Native Hawaiian or other Pacific Islander	0	0.0%
White	1445	91.1%
Another option not listed here (please specify):	14	0.9%
I prefer not to answer this question	35	2.2%

Note. Table 2 aligns with question S8 of the Oneida County CHA Survey.

The survey also asked individuals to describe their employment status. Individuals were presented with a list of items and could select all that applied. Just over half (52.1%) of the respondents shared they are employed full-time, while 30.7% indicated they are retired.

Figure 2. Employment Status



Note. Figure 2 aligns with question Q45.

Individuals were also asked to share their highest level of education. Many individuals shared they had received a post-graduate degree and completed some college.

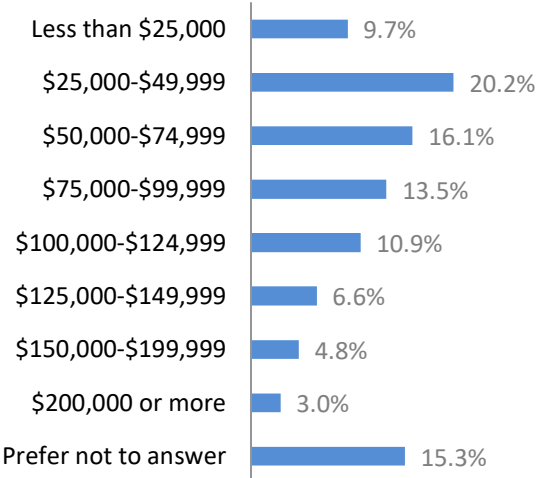
Table 3. Education Breakdown of Respondents

Education Level	#	%
Less than high school	7	0.4%
Some high school	12	0.8%
High school graduate (or equivalent)	200	12.6%
Some college, no degree	310	19.5%
Two-year associate degree from a college or university	315	19.8%
Four-year college or university degree/Bachelor's degree (e.g., BS, BA, AB)	305	19.2%
Some post-graduate or professional schooling, no post-graduate degree	92	5.8%
Post-graduate or professional degree (e.g., MA, MS, Ph.D., JD, graduate school)	317	20.0%
Don't know/Refused	29	1.8%

Note. Table 3 aligns with question Q46.

When asked about income, the responses were generally balanced. Many shared they preferred not to answer. Over 50% of the responses indicated their household incomes were less than 100K.

Figure 3. Income



Note. Figure 3 aligns with question Q47.

Survey

Individuals were asked to rate the **community's quality and availability of local healthcare services**. Both questions used a rating scale from *poor* (1) to *excellent* (5). Over half of the respondents shared that the quality of services in Oneida County is either *good* (35.1%) or *fair* (25.8%). The mean score for quality of services was 2.8. For access, most individuals also shared good (30.6%) or fair (30.5%) responses, and the means score was 2.6.

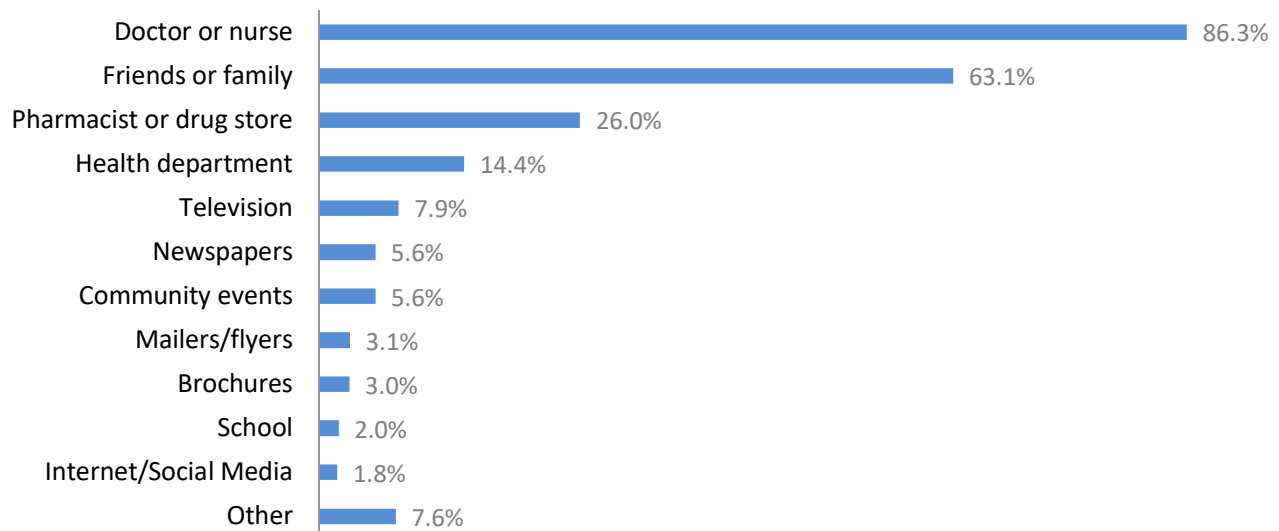
Table 4. Rating of quality and access of local healthcare services in Oneida County

Response	Quality		Access	
	#	%	#	%
Excellent	101	6.4%	96	6.0%
Very good	301	19.0%	234	14.7%
Good	557	35.1%	485	30.6%
Fair	394	24.8%	484	30.5%
Poor	222	14.0%	282	17.8%
Don't know	12	0.8%	6	0.4%
Mean	2.8		2.6	

Note. Table 3 aligns with question Q1 and Q2.

Individuals were then asked which sources you depend upon to get information about the healthcare services they need and could select all the options that apply. The top sources of information were a *doctor or nurse* (86.3%) and *friends or family* (63.1%).

Figure 4. Sources of information for healthcare services



Note. Figure 4 aligns with question Q3.

What is the biggest community health issue facing Oneida County today? (Q4)

Community members shared that one of the biggest health issues is related to the number and availability of providers. This was true whether they were discussing primary care physicians or specialty providers. As one individual shared, "Availability of primary care physicians, specialists and establishing care for all - no matter what insurance they carry." Some additional quotes include:

- "Lack of doctors, physicians, and specialists in the area! Once you find one, you are on a waiting list and may not see anyone after waiting."
- "Not enough doctors, either primary care or specialty. As a new member, I still don't have a primary care provider because very few are taking new patients."
- "There are not enough physicians in the County. You wait months and months for an appointment to establish service, and then once established, you can't get back in when you are ill."
- "There are not enough psychiatrists or mental health counselors. Counselors don't deal with insurance, so people have to pay out of pocket. People with mental health dx are not always capable of seeking reimbursement from insurance companies that lose receipts or fail even to acknowledge they have gotten the receipts."

Related to the lack of doctors, many individuals mentioned that the County is in a mental health crisis (for both children and adults). Many commented on the lack of pediatric mental health services, and several discussed mental health services lacking. One individual shared, "Mental health crisis, especially pediatric and medical, mental health. There is nowhere for these people appropriately to go."

Other issues were related to cost and where people go for care, "Cost and response of the healthcare community to people who go into these facilities for care. They do not respond promptly or respectfully and are very rude to the patients no matter who you are or your class structure."

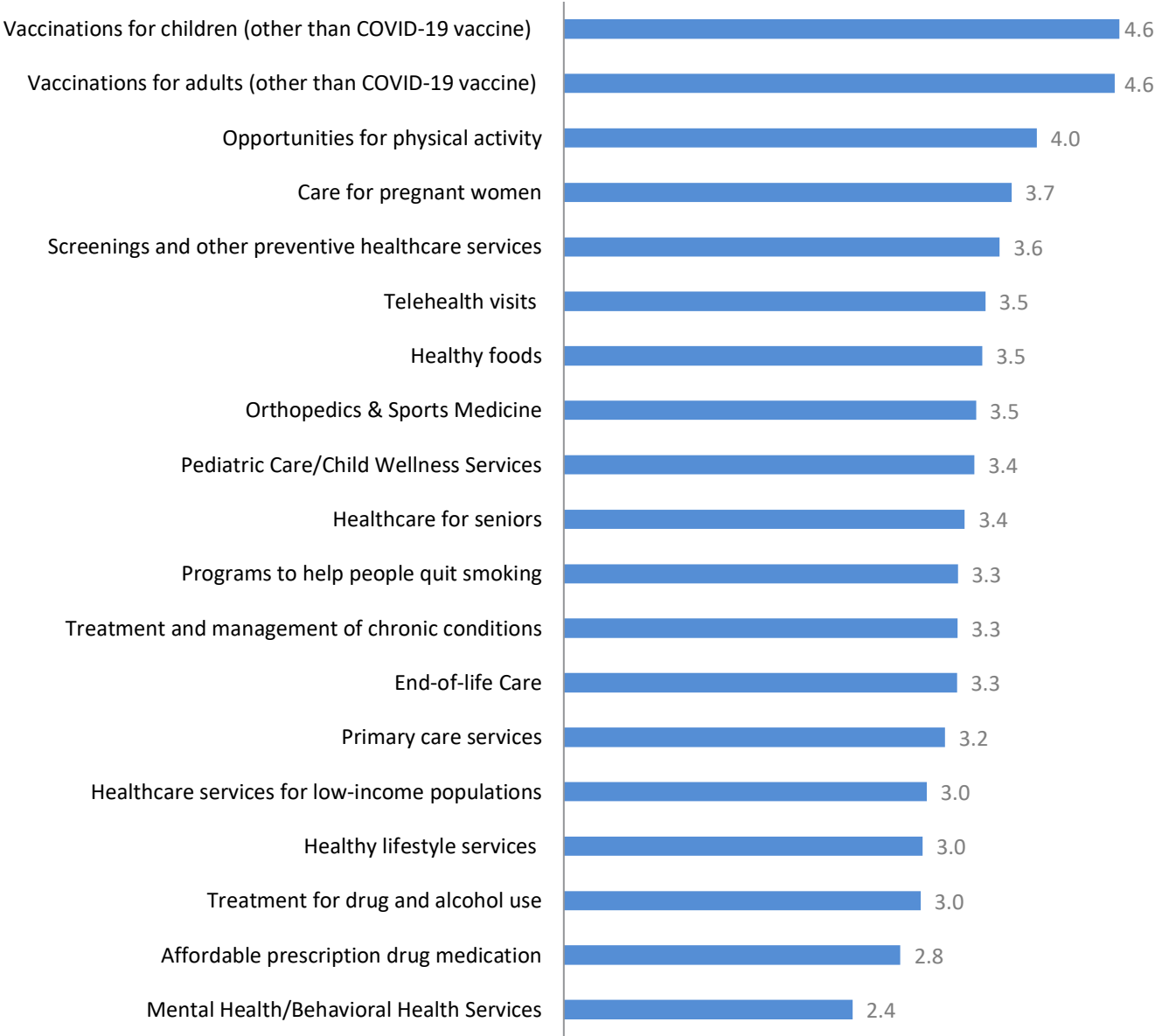
Others also mentioned the ongoing pandemic. "Sometimes more routine issues get overlooked in treatment because "it could be worse, it could be COVID" or the most effective treatments, like the varied types of therapies, aren't being used because of social distancing, increased risk of exposure just by going to appointments, etc. Also, at least in my case, doctors have been leaving practices, services have been tapered if not cut, delivery of medical supplies has changed, etc.," shared one individual.

What is the biggest change we need to make in Oneida County to improve the community's overall health? (Q5)

The most dominant theme about what needs to change is that the healthcare system needs to find a way to hire and retain doctors in the region. Community members voiced that there is a need for a more diverse workforce. Others also shared that more advertising of community programs and increasing fresh food distribution should be a priority.

Using a scale of 1 to 5, where "5" means *easy to obtain* in the area, and "1" means *hard to get* in Oneida County, participants were asked to provide their opinions on the availability of several health-related services. RMS calculated the mean score for each item presented. The figure shows that many items were ranked between 3.0 and 3.5. Only three items scored over a 4, vaccinations for children (other than COVID-19), vaccinations for adults (other than COVID-19), and opportunities for physical activity. However, participants identified *affordable prescription drug medication and mental/behavioral health services as the hardest ones to obtain* in Oneida County.

Figure 5. Availability of Health Related Services in Oneida County



Note. Figure 5 aligns with question Q6-Q24.

Individuals were asked if they, or someone in their household, have gone to someone for preventive care services in the past 12 to 24 months (Q25). Over 94% of individuals responded yes. The next question asked a series of questions about the types of doctors’ participants have access to (doctor, dentist, mental health provider, or physician specialist). The data suggests that 92.7% of individuals have a doctor they can go to, and 80.5% have a dentist. Only 36.5% of respondents shared they have a mental health specialist they can go to if needed, and 77.8% shared they have a physician specialist they can go to.

Table 5. If you or a household member have a healthcare need do you have a doctor, dentist, mental health provider, or physician specialist you can see?

Q26	Doctor		Dentist		Mental health		Physician Specialist	
	#	%	#	%	#	%	#	%
Yes	1464	92.7%	1276	80.5%	333	36.5%	1071	77.8%
No	124	7.9%	281	17.7%	586	64.2%	320	23.3%

Note. The only percentages were calculated for yes and no responses, excluding the N/A responses. This leads to different sample sizes for each question, they are Doctor (n= 1579), Dentist (n =1585), Mental Health (n = 913), and Physician Specialist (n = 1376).

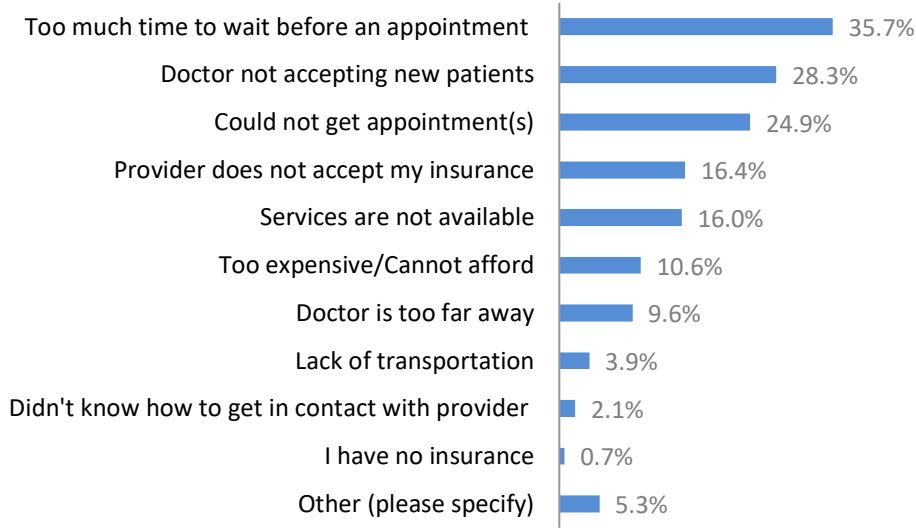
Respondents were then provided a list of four options to select that best applied to their past experiences. Over 50% of respondents shared they sometimes (48%), rarely (6%), or never (1%) can access healthcare services when needed.

Table 6. Past experiences obtaining healthcare services in Oneida County

Response – Q27	#	%
I am sometimes able to access healthcare services when needed.	769	48%
I am always able to access healthcare services when needed.	717	45%
I am rarely able to access healthcare services when needed.	93	6%
I am never able to access healthcare services when needed.	8	1%

Of the 55% who shared that they sometimes, rarely, or never can access health care services, many shared the main reason was due to wait time for an appointment or a doctor not accepting new patients (Figure 6). Individuals could also share open-ended responses about why they cannot obtain healthcare. Most answers related to a lack of doctors, not accepting insurance, or having to travel outside the region for care.

Figure 6. Factors why not able to get healthcare services



Note. Figure 6 aligns with question Q28.

Participants were asked if they were up to date on several preventative screenings. The data seems to suggest that individuals are up to date on screenings for many items. However, for tests related to *dental health, hearing, pap smears, skin cancer screenings, and lung cancer screenings*, many shared they are not up to date on screenings.

Table 7. Individuals preventative screening status

Test / Screening – Q29	Yes		No		Not Sure		Not Due Yet		Prefer not to answer	
	#	%	#	%	#	%	#	%	#	%
a. Blood Pressure	1415	89%	75	4.7%	42	2.6%	32	2.0%	23	1.4%
b. Blood Sugar / Glucose Screening	1251	79%	143	9.0%	103	6.5%	62	3.9%	28	1.8%
c. Bone Density	573	36%	371	23.4%	312	19.7%	287	18.1%	44	2.8%
d. Heart/Cardiovascular	1095	69%	200	12.6%	171	10.8%	94	5.9%	27	1.7%
e. Cholesterol	1276	80%	151	9.5%	82	5.2%	50	3.2%	28	1.8%
f. Colorectal Cancer	822	52%	305	19.2%	142	8.9%	279	17.6%	39	2.5%
g. Dental Health	1113	70%	377	23.8%	34	2.1%	18	1.1%	45	2.8%
h. Hearing	737	46%	460	29.0%	175	11.0%	159	10.0%	56	3.5%
i. Immunizations	1367	86%	72	4.5%	71	4.5%	36	2.3%	41	2.6%
j. [IF FEMALE] Mammogram	820	68%	160	13.2%	34	2.8%	163	13.5%	33	2.7%
k. Pap Smear	728	60%	253	20.9%	40	3.3%	95	7.9%	94	7.8%
l. Physical Exam	1336	84%	164	10.3%	28	1.8%	33	2.1%	26	1.6%
m. Prostate [IF MALE]	248	69%	52	14.4%	28	7.7%	27	7.5%	7	1.9%
n. Skin Cancer	672	42%	514	32.4%	220	13.9%	121	7.6%	60	3.8%
o. Vision	1240	78%	243	15.3%	29	1.8%	45	2.8%	30	1.9%
p. Lung Cancer	504	32%	489	30.8%	290	18.3%	229	14.4%	75	4.7%

The survey then asked questions exploring if individuals leave Oneida County for healthcare services. When asked if an individual, or someone living in their home, has traveled out of the County for healthcare, 54.5% said yes (Q30).

For what types of services? Why do you travel? Where do you travel? (Q31-Q33)

For the types of services, individuals mostly identified more specialized types of care. Many cited orthopedic care or care related to their child. Some mentioned a preference because they believed quality of care would be better elsewhere. Most individuals traveled to larger urban areas such as Syracuse and Rochester. Some cited even larger areas such as New York, Boston, and Philadelphia. The main reason for travel was a lack of services or inability to get an appointment with a provider.

Respondents were then presented with a list of medical problems and asked if anyone in their home had experienced the issue in the last 12 to 24 months. Individuals could select all that apply. The data suggests that 40.5% of respondents shared that someone in their home has suffered from *depression and anxiety*, 33.1% struggle to *get enough sleep*, and 30.7% are *unable to lose weight*.

Table 8. Medical problems experienced in last 12 to 24 months

Medical Issue - Q34	#	%
Depression/Anxiety	643	40.5%
Getting enough sleep	526	33.1%
Unable to lose weight	487	30.7%
Not having enough money for the doctor, dentist, or pharmacy	223	14.1%
Not having enough money for healthy food	210	13.2%
Use of tobacco products/vaping products	171	10.8%
Caring for an adult or child with disabilities	166	10.5%
Not having enough money for mental health counseling	134	8.4%
Not having enough money for food	116	7.3%
Not having enough money for transportation	92	5.8%
Not having enough money for housing	92	5.8%
Not being able to find or afford childcare, including before and after-school childcare	72	4.5%
Bullying	70	4.4%
Adult substance use (alcohol or legal medications)	64	4.0%
Texting while driving	36	2.3%
Adult substance use (illegal drugs)	21	1.3%
Youth substance use (alcohol, drugs, etc.)	14	0.9%
DWI (Driving While Intoxicated)	12	0.8%
Homelessness	10	0.6%
Physical violence against adults	9	0.6%
Child abuse/neglect	5	0.3%
Teen pregnancy	4	0.3%
Sexual abuse	2	0.1%
Not applicable	545	34.3%

To help prioritize efforts in the County, individuals were asked to select their top 5 health priorities for Oneida County. The top chosen priorities were (1) **improving mental health**, (2) **access to healthy and affordable foods**, (3) **increasing preventive care**, (4) **improving children and teens' physical, social, and emotional health**, and (5) **increasing physical activity**. Over a third of individuals also identified *substance use* and *promoting well-being and resilience* as top priorities for Oneida County.

Table 9. Top Priorities for Oneida County – Community Perceptions

Top Priorities – Q35	#	%
Improve mental health	980	61.8%
Access to healthy and affordable foods	838	52.8%
Increasing preventive care (i.e., wellness visits, annual physicals)	816	51.4%
Improving children and teens' physical, social, and emotional health	727	45.8%
Increasing physical activity	621	39.1%
Reduce substance use	585	36.9%
Promoting well-being and resilience	523	33.0%
Safe drinking water and recreational water (beaches)	401	25.3%
Women's health and pregnancy care	348	21.9%
Reducing tobacco/vaping usage	309	19.5%
Healthy indoor places (i.e., home, school)	306	19.3%
Exposure to toxins in food and everyday products	291	18.3%
Increase vaccination rates	256	16.1%
Healthcare-associated infections	191	12.0%
Reducing injuries from accidents, violence, falls, workplace, and traffic	184	11.6%
Healthy outdoor air	181	11.4%
Antibiotic resistance threat (i.e., drugs becoming less effective in treating infections)	157	9.9%
Improving infant health	129	8.1%
Communicable/Infectious Disease (i.e., HIV, STIs), and Hepatitis C (HCV)	92	5.8%

The survey asked to what extent someone's *race, ethnicity, where they live, income, disability status, and education* affect the five priorities selected in the previous question. **Income was the top factor that could affect the priority areas selected**, followed by *geography, disability status, education, race, and ethnicity*.

Table 10. How inequities and disparities impact the 5 Priorities selected

Equity Issue – Q36	Not at all		A little		Somewhat		A lot		A great deal	
	#	%	#	%	#	%	#	%	#	%
Income	415	26.9%	101	6.5%	295	19.1%	322	20.9%	409	26.5%
Where someone lives	457	29.8%	101	6.6%	356	23.2%	317	20.7%	304	19.8%
Someone's disability status	492	32.3%	100	6.6%	353	23.2%	280	18.4%	299	19.6%
Someone's education	512	33.5%	119	7.8%	346	22.6%	275	18.0%	277	18.1%
Someone's race	724	47.9%	124	8.2%	327	21.6%	168	11.1%	170	11.2%
Someone's ethnicity	712	47.0%	138	9.1%	332	21.9%	171	11.3%	161	10.6%

This question was further explored by comparing non-white to white individual respondents. The data was significantly different for the non-white individuals.

RMS also analyzed Q36 by income category. Across all income brackets, respondents felt that “income” was the most significant inequity and disparity impacting the 5 health priority areas. This finding is critical as it indicates that regardless of income levels, **individuals still believe that income is the main disparity that impacts health.**

On-going Impact of COVID-19 Pandemic

The final section of the survey explored the impact of COVID, particularly regarding the access and delivery of healthcare-related services in the County. With a scale ranging from 1 – not at all to 5 – greatly, individuals were asked to rank how the current COVID-19 pandemic is impacting access to health care services and service delivery in Oneida County. The mean scores were nearly identical for both questions (2.8 and 2.9). This data suggests that many believe that the impacts of the pandemic are beginning to wane, and they are settling into a "new normal," particularly regarding their perceptions of the healthcare system.

Participants were also asked if they sought mental health care services to deal with social isolation. The majority of individuals responded not at all or with a score of 2. The mean score was 2.6.

Table 11. COVID impact on access and quality of healthcare, and mental health

Q37-Q39	1 - not at all		2		3		4		5		Mean
	#	%	#	%	#	%	#	%	#	%	
Q37. Access to healthcare services in Oneida County (n = 1587)	371	23.4%	287	18.1%	427	26.9%	244	15.4%	258	16.3%	2.8
Q38. Healthcare service delivery in Oneida County (n = 1577)	320	20.3%	297	18.8%	393	24.9%	278	17.6%	289	18.3%	2.9
Q39. How much has social isolation impacted your mental health? (n = 1576)	524	33.2%	281	17.8%	332	21.1%	213	13.5%	226	14.3%	2.6

For those that responded with a “2” or higher that COVID has impacted their mental health, 81% of individuals shared that they have not sought mental health support services to help cope with social isolation during the pandemic. For those who did not seek mental health services, the barriers were often related to a lack of providers and the inability to find a provider accepting patients (Q40 & Q41).

Next, individuals were presented with five statements and asked [to think about the impact of COVID over the past 6 months. Individuals were then asked](#) to rank if they were worse, the same, or better when compared to life before the pandemic. The majority of individuals shared "the same." The data suggest that for many individuals, the pandemic only exacerbated existing conditions in their lives.

Table 12. COVID impact on accessing basic needs

Q42	Worse		Same		Better		n
	#	%	#	%	#	%	
Obtain nutritious foods	374	23.9%	1016	65.0%	173	11.1%	1563
Obtain transportation services	158	10.3%	1283	84.0%	86	5.6%	1527
Find or maintain employment	140	9.3%	1229	81.7%	136	9.0%	1505
Find or maintain stable housing	152	10.1%	1283	85.1%	72	4.8%	1507
Your ability to go to the gym or the park	320	20.9%	935	61.1%	275	18.0%	1530

During the last 30 days, 52% of respondents shared that they spend less than 30 minutes daily participating in physical activities or exercise. In comparison, 38% shared that they spend 30-60 minutes daily, and 10% indicated more than 60 minutes per day (Q43). Over 85% of individuals said they eat 1-2 servings of fruits and vegetables daily, while 9% shared none and 7% more than five (Q44).

These data findings provide a snapshot of the current health needs within Oneida County. However, the data presented is only one data source within this comprehensive study. The key findings presented within this report were developed after careful analysis and coordination with community stakeholders, who helped to qualify, confirm, and amend the data presented.

To our Oneida County community members: Please note that this reference document is not all inclusive of services available for residents of Oneida County. You are encouraged to consult with your primary care provider and insurance carrier regarding care providers and services that accept your insurance coverage.

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
211 Mid-York	N/A	211	211	N/A	https://www.211midyork.org/	See website or call 211 for community resources that may not be listed on this community resource document			
Emergency/Crisis Services									
Suicide and Crisis Lifeline	N/A	988	988	N/A	https://988lifeline.org/	The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.	All	All	United States
The Neighborhood Center	624 Elizabeth St. Utica, NY 13501	315-732-6228	844-732-6228	info@neighborhoodctr.org	https://www.neighborhoodctr.org/services/mobile-crisis-assessment-team/	MCAT's mental health staff provide help during crises to children and adults in Oneida, Herkimer, Schoharie, Otsego, Delaware, and Chenango counties. MCAT can respond to crises where they occur, and work with the individual, family, and community-based agencies to assist with your needs.	All	All	Oneida, Herkimer, Schoharie, Otsego, Delaware, Chenango Counties

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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County Health Department

Oneida County DOH	Adirondack Bank Building 4th & 5th Floor 185 Genesee St. Utica, NY 13501	315-798-6400	N/A	N/A	https://ocgov.net/health	Many services throughout county. Contact County HD for assistance.	Varies by program.	Oneida County residents- adults, children, and families	Oneida County
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Services for Individuals with Disabilities

Access CNY	1603 Court St. Syracuse, NY 13208	315-455-7591	N/A	info@accesscny.org	https://www.accesscny.org/	Oneida County services- Occupational therapy, physical therapy, self-direction services (OPWDD), sensory integration therapy, SLP therapy, TRAIID	Individuals of all ages with developmental disabilities acquired brain injuries (ABI) and mental health issues. 6/16/22- Senior services are offered.	Children, adults, seniors	Herkimer, Madison, Oneida, and Onondaga Counties
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Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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ARC- Oneida- Lewis Chapter	Oneida County 245 Genesee St. Utica, NY 13501	315-735-6477	N/A	arcpr@thearcolc.org	https://www.thearcolc.org/	Community and Family services, day services, residential services, self-direction, employment solutions	Must have OPWDD eligibility.	Adults and children with a developmental disability or traumatic brain injury acquired prior to the age of 22	Oneida County
Central Association for the Blind and Visually Impaired in Utica	507 Kent St Utica, NY 13501	315-797-2233	877-719-9996	michaelm@cabvi.org	https://www.cabvi.org/	CABVI is one of the most comprehensive agencies in the Nation for individuals who are blind or visually impaired, and their mission is to assist people who are blind or visually impaired achieve their highest level of independence. Each day, their goal is to transform the lives of the blind or visually impaired.	Visually impaired.	Individual with any visual impairment	Oneida County
Family Advocacy Center, Inc.	5639 Walker Rd. Utica, NY 1352	315-797-8630	N/A	N/A	N/A	Family Advocacy Center provides advocacy and support services to families and individuals with developmental and other disabilities, empowering them to achieve their potential and promoting the opportunity for continued growth.	OPWDD-developmental disability prior to the age of 21 years.	Individuals with developmental disabilities, eligible for OPWDD	Herkimer, Oneida, Lewis, and Oswego Counties

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
Front Door at Central New York Developmental Disabilities Service Office - Region 2	187 Northern Concourse Syracuse, NY 13212	315-793-9600 ext. 603	N/A	N/A	https://opwdd.ny.gov/get-started/front-door	Guides individuals through the steps involved in finding eligible services with OPWDD, identifies needs and helps work on the planning of receiving those services.	Developmental disability, mental retardation, autism, cerebral palsy, epilepsy, and other neurological impairments which constitute a lifelong mental or physical impairment that becomes apparent prior to age 22 years.	Individuals with a disability prior to age 22	Herkimer, Madison, and Oneida Counties
MS Navigator Program at National Multiple Sclerosis (MS) Society	1000 Elmwood Ave. Suite 900 Rochester, NY 14620	800-344-4867	800-344-4867	N/A	https://www.nationalmssociety.org	Offers people living with MS information they need and provides referrals to appropriate community agencies, resources, and health care professionals.	Must have MS or caring for someone who has MS.	MS patients and caregivers	Upstate NY
NYS School for the Deaf in Rome	401 Turin St. Rome, NY 13440	315-337-8400	N/A	N/A	https://www.p12.nysed.gov/specialed/nyssd/	The New York State School for the Deaf is dedicated on making our school a safe and supportive environment for staff and students from Pre-K up to 12th grade.	Hearing impaired.	School-aged children with any hearing impairment	Oneida County

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Oneida County Special Children Services	Adirondack Bank Building 4th & 5th Floor 185 Genesee St. Utica, NY 13501	315-798-5249	N/A	N/A	https://ocgov.net/oneida/health/specialchildren	Early intervention, preschool special education, children, and youth with special health care needs.	0-5 years.	Children with disabilities or complex medical conditions	Oneida County
Resource Center for Independent Living (RCIL)	131 Genesee St. Utica, NY 13503	315-797-4642	N/A	N/A	www.rcil.com	<p>ILC services: Information and referral, benefits advocacy, Community SNT, NY Olmstead Plan, ASL, ADA, educational advocacy.</p> <p>Child, adolescent, adult, and senior services: At-Home Independent Care, CARES Act IL fund, CDIS, CDPAP, diabetes prevention program, supported employment, FSS, OPWDD HCBS Waiver services, ISS, Senior Care Center (adult day program), NY Connects, LTC Ombudsman's program, Open Doors/MFP, Self-direction, Type 2 diabetes prevention program, Veterans- Directed Home and Community Based services</p>	Varies by program.	All ages and abilities, some services require Medicaid	Madison, Herkimer, and Oneida Counties.

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
The Kelberman Center	2513 Sunset Ave. Utica, NY 13502	315-797-6241	N/A	info@kelbermancenter.org	Programs & Services The Kelberman Center	Home and Community Based Services-Home & Community Based Services offered through The Kelberman Center focus on providing individuals with the support to live, play and work independently. Our programs give individuals we serve the opportunity to learn the skills necessary to engage in their everyday lives. From in-home support and respite for families to on-the-job training and volunteer services and everything in between, The Kelberman Center has a wide variety of services and supports to meet the needs of you and your family.	OPWDD eligibility- must go through the Front Door.	Individuals with autism and other developmental disabilities	Oneida County
						Recreation and Camp-The Kelberman Center provides opportunities through recreation and camp that will begin and help foster these memories. We create inclusive opportunities that afford all participates the smiles, laughter, and friendships that they deserve. We offer a variety of recreational programs and activities for people of ALL ages and abilities. We provide everyone the opportunity to be a part of something that is more than just a fun activity.	All	All	

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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						<p>Residential Services-The Kelberman Center provides unique and person-centered homes with supportive staff as well as more independent living options in an apartment setting. The people we serve have become our extended family. We provide a team approach of professionals working with families to support people with Intellectual Developmental Disabilities and Autism.</p>	OPWDD eligibility- must go through the Front Door.	Individuals with autism and other developmental; disabilities	
						<p>Clinical Services-A range of services are offered to children and adults with developmental disabilities and their families through our clinic at the Kelberman Center. Our developmental evaluations are offered to support an initial diagnosis, leading to a better understanding of strengths and needs. For those with an already established diagnosis of autism and/or intellectual/ developmental disability, direct psychotherapy and behavioral services are offered to individuals, families, and groups. Overall, our clinical professionals, varying in specialization and background, work in collaboration with clients and families to best define treatment paths to optimize quality of life.</p>	Call for information.	Individuals with autism and other developmental; disabilities	

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Upstate Cerebral Palsy	1020 Mary St. Utica, NY 13502	315-798-8868	800-470-4999	N/A	https://www.upstatecp.org/	Primary health care services and mental health for children, adolescents, and adults. TRAID program.	None	All	Herkimer, Madison, and Oneida Counties
						Educational Services-Our year-round educational programming utilizes evidence-based approaches designed to build on students' emerging skills and strengths in preparation for kindergarten and beyond. After a thorough assessment, individualized plans are developed to best support students, classrooms, as well as schools/districts, in successfully building communication, social, behavioral, vocational, and academic skills. Our multi-disciplinary team aims to work together with families to equip students with the tools needed to meet their full potential.	Call for information.	Individuals with autism and other developmental; disabilities	

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Health Home Care Management- Adults and Children

Catholic Charities of Oneida/Madison County	1408 Genesee St. Utica, NY 13502	315-724-2158 ext. 249	N/A	jhagen@ccharityom.org	https://www.catholiccharitiesom.org/	Provides services to seriously and persistently mentally ill including advocacy, mental and physical health providers, assistance accessing benefits and housing options.	Must have two or more chronic medical or mental health conditions, or one of the singly qualifying conditions. Must be enrolled in Medicaid. Children's Health Home: Birth to age 18 years. Adult Health Home: Age 18 or older.	Children, adolescents, and adults	Oneida County.
CNYHHN Care Management Services	268 Genesee St., Suite 202 Utica, NY 13502	315-624-9670	855-784-1262	N/A	https://www.cnyhealthhomenetwork.net/	Provides services for adults and children with multiple chronic health conditions, HIV/AIDS, or a persistent mental health condition.	Must have two or more chronic medical or mental health conditions, or one of the singly qualifying conditions. Must be	Children, adolescents, and adults	Herkimer, Madison, and Oneida Counties.

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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							enrolled in Medicaid. Children's Health Home: Birth to age 18 years. Adult Health Home: Age 18 or older.		
Hillside Children's Center Preventive Services	1 Mustard St. Rochester, NY 14609	585-256-7500	888-514-4455	info@hillside.com	https://www.hillside.com/services/care-management-services-for-children/	Provides coordination between all types of care a participant may need including behavioral health, medical and social services.	Two or more chronic health conditions, such as asthma, diabetes, heart disease, mental health condition or substance use disorder OR one or more of the following: a serious emotional disturbance, HIV / AIDS, or complex trauma.	Children, adolescents, and adults	Allegany, Cattaraugus, Cayuga, Chautauqua, Chemung, Cortland, Erie, Genesee, Livingston, Madison, Monroe, Oneida, Onondaga, Ontario, Orleans, Oswego, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, and Yates Counties.

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Healthy Meals/Food Pantry

Community Action Partnership (CAP)- WIC	1068 Northside Shopping Center Oneida, NY 13421	315-363-3210	N/A	info@capmadco.org	https://capmadco.org/	WIC (Women, Infants & Children) application and assistance	Income guidelines apply.	Mothers, pregnant women	Oneida County
	37 Central Plaza Ilion, NY 13357	315-886-5029							
	111 East Chestnut ST Rome, NY 13440	315-356-4755							
	617 South Utica St. Utica, NY 13501	315-798-5066							
Five Loaves Soup Kitchen	400 North George St. Rome, NY 13440	315-437-1899	N/A	N/A	https://www.facebook.com/loavesandfishesrome/	Food Pantry	No eligibility requirements	Individuals and families who are in need of food	Oneida County
Food Bank of CNY	7066 Interstate Island Road Syracuse, NY 13209	315-437-1899	N/A	N/A	https://www.foodbankcny.org/	Listing of community food pantries (Find Food program)	No eligibility requirements	Individuals and families who are in need of food	Oneida County

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
Hope House Soup Kitchen at Peter Maurin House	112 South St. Utica, NY 13501	315-793-3723	N/A	N/A	http://hopehouseutica.org/	Provides a soup kitchen for those in-need.	Must reside in area served.	Individuals and families who are in need of food	City of Utica
Johnson Park Center	26 Johnson Park Utica, NY 13501	315-734-9608	N/A	info@johnsonparkcenter.org	https://www.johnsonparkcenter.org/	Nutrition- food pantry, youth feeding program, community garden	No eligibility requirements	Individuals and families who are in need of food	Oneida County
Mission of Christ Child Food Pantry	400 Floyd Ave. Rome, NY 13440	315-281-9492 call or text	N/A	N/A	https://www.stmarysstpeters.com/	Food Pantry	No eligibility requirements	Individuals and families who are in need of food	Oneida County
Mohawk Valley Food Action Network (MVFAN)	N/A	315-866-4671	N/A	mvfan.mvedd@gmail.com	https://www.mvfoodaction.org/home	MVFAN works to address ways to create a healthy, secure, and resilient local food system where food is affordable, nutritious, and accessible to all. The site provides a list of local farmers markets.	No eligibility requirements	Individuals and families who are in need of food	Oneida County
Oneida County Senior Nutrition Program	301 W Dominick St. Rome, NY 13440	315-798-5456	N/A	N/A	https://ocgov.net//oneida/ofa/seniornutrition	Oneida County Senior Nutrition Program offers home delivered meals, congregate dining, and nutrition counseling. Both Home Delivered Meal and Congregate Meal programs provide delicious, well-balanced meals which provide 1/3 the Recommended Daily Allowances for adults as established by the American Dietetic Association.	Seniors	Seniors who are in need of food	Oneida County

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Rescue Mission of Utica	293 Genesee St. Utica, NY 13501	315-735-1645	N/A	mail@uticamission.org	https://uticamission.org/	Community Service Programs- Food pantry, community meal program, community clothing room.	No eligibility requirements	Individuals and families who are in need of food and clothing	Herkimer and Oneida Counties.
						Food service- provide its vital, nutritious meal service program to the hungry, homeless, addicted, and disabled individuals.	Individuals who are in need of food, have a disability, addiction, or homelessness.	Individuals and families who are in need of food	Herkimer and Oneida Counties.
SNAP- Oneida County	800 Park Ave. Utica, NY 13501	315-798-5502	N/A	N/A	https://ocgov.net/oneida/socialservices/foodstamps	SNAP (Supplemental Nutritional Assistance Program) is a program that provides supplement assistance to low-income households so they can obtain low-cost nutritious meals. Benefits are provided thru Electronic Benefit Transfer (EBT), which is used like a "debit" card.	Income based.	Individuals, 18+, who meet income guidelines who need assistance with obtaining healthy foods.	Oneida County
	300 W Dominick St. Rome, NY 13440	315-356-6506							
St John the Baptist (Fresh Foods)	210 E Dominick St. Rome, NY 13440	315-337-0990	N/A	N/A	https://loriayers71.wixsite.com/stjohns	Food distribution - 2nd Friday of every month, starting at 2pm.	No eligibility requirements.	Individuals and families who are in need of food	Oneida County
The Salvation Army of Utica	624 Elizabeth St. Utica, NY 13501	315-272-2600	N/A	Michael.harrington@use.salvationarmy.org	https://easternusa.salvationarmy.org/empire/utica/	Food assistance	No eligibility requirements.	Individuals and families who are in need of food	Oneida County
Utica Food Pantry	729 Broadway St. Utica, NY 13502	315-724-6000	N/A	foodpantryuticany@gmail.com	https://www.uticanyfoodpantry.org/	Food Pantry	No eligibility requirements.	Individuals and families who are in need of food	Oneida County

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Farmers' Markets

Boonville	Top of Erwin Park Moose Rover Rd.	315-942-5112	N/A	N/A	https://adirondackharvest.com/markets/	Thursdays 12pm-5pm June - October	N/A	All	All
Clinton	On the Village Green	315-853-1735	N/A	N/A	https://clintonnychamber.org/farmers-market/	Thursdays-10am-4pm June - October SNAP accepted	N/A	All	All
Local Foods Mohawk Valley Online	105 Utica St Clinton, NY 13323	N/A	N/A	N/A	www.localfoodsmohawkvalley.com	Must order online	N/A	All	All
New Hartford	4 Mill St. New Hartford, NY 13413	315-796-1520	N/A	N/A	https://www.newhartfordchamber.com/farmers-market.html#!directory	Wednesdays 2pm - 7pm June- September	N/A	All	All
Oneida County Public Market and Online Farmers Market	Union Station Utica, NY 13501	N/A	N/A	info@oneidacountymarket.com	www.oneidacountymarket.com	Saturdays 9am -1pm Summer- May - October Holiday- November and December SNAP accepted	N/A	All	All
Oriskany	Rt 69 at Trinkaus Park	315-736-3512	N/A	N/A	https://m.facebook.com/oriskanyfarmersmarket	Wednesdays 2pm - 7pm June - September	N/A	All	All
Remsen	9639 Main St. Remsen, NY 13438	N/A	N/A	remsenfarmersmarket@gmail.com	https://adirondackharvest.com/markets/	Saturdays 10am - 1pm June - October	N/A	All	All

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Rome	502 Chestnut St. Rome, NY 13440	N/A	N/A	N/A	N/A	Wednesdays 3pm - 6pm May - September	N/A	All	All
Utica	Chancellor Park	315-792-0114	N/A	N/A	N/A	Wednesdays 8am - 5pm June - November SNAP accepted	N/A	All	All
Vienna	7812 Rt. 13 Blossvale, NY 13308	N/A	N/A	N/A	https://sylvanbeachny.com/vienna-farmers-market-ny/	Thursdays 3pm - 6pm May - October	N/A	All	All
Whitesboro	Village Green	N/A	N/A	N/A	https://villagewhitesboro.digitaltowpath.org:10045/content/Parks/View/3	Mondays 2pm – 7pm June - September	N/A	All	All

Mental Health

Catholic Charities of Oneida/Madison County - Oneida	1081 Northside Shopping Plaza Oneida, NY 13421	315-383-5274	N/A	N/A	https://www.catholiccharitiesom.org/	Counseling to individuals, couples, and families for issues including marriage, depression, anxiety, stress, anger management, parenting, grief, self-esteem, and substance abuse.	Adults and children aged 5 years and older.	Children, adolescents, and adults	Herkimer, Madison, and Oneida Counties
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Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Cayuga Centers	502 Court St. Utica, NY 13502	315-253-5383	N/A	info@cayugacenters.org	https://cayugacenters.org/	Children and family services, behavioral health, foster care, disability services, migrant children program	Varies based on service, call for information.	Varies based on service, call for information.	Oneida County
Center for Family Life and Recovery	205 N Washington St. Herkimer, NY 13350	315-733-1709	N/A	N/A	Center for Family Life and Recovery Utica, Herkimer, Rome, NY (whenthereshelpthereshope.com)	Prevention Services- We want to identify and understand risk and protective factors to help guide individualized prevention services that engage health, social, educational, and behavioral impacts of substance use. The goal is to develop a supportive community that enables children, adolescents, young adults, and families to have a healthy environment to thrive and grow."	Varies based on service, call for information.	Adults, adolescents, children, and families	Herkimer, Oneida Counties
	510 Erie Blvd. West Rome, NY 13340					Behavioral Health and Counseling- Through a variety of individual and group service settings, staff create a holistic and welcoming treatment environment for those seeking recovery from mental health, addiction, and behavioral issues. We specialize in trauma-informed counseling modalities to help all clients achieve their goals. Counselors are inclusive and accepting of all those who ask for			
	502 Court St. Suite 401 Utica, NY 13502								

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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						<p>recovery, committed to providing a confidential and open-minded atmosphere to assist on the journey of healing."</p> <p>Family support and navigation services- services were developed to help the loved ones of those struggling with substance use disorders. Our goal is to help the whole family find Recovery. FSN services take on a holistic approach, one that incorporates the strengths of all treatment and recovery agencies in our community.</p>			
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Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
						<p>Peer Professional Services (PPS)- Through this program, individuals meet with coaches who walk through their recovery process with them.</p> <p>Community Reinforcement and Family Training.</p> <p>Peer Collaborative- Our program of extensive training, supervision, and collaboration started in June of 2018 with the understanding that peer services can be one of the best bridges between the work that happens in many of our offices to the actual practice of the recovery lifestyle in the real world. CFLR, Inc. is one of NYS's best practice trainer sites recognized by FOR-NY and New York State Certification Board. Our peers work as a team instead of in isolation.</p>			

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Give an Hour	N/A	N/A	N/A	N/A	https://giveanhour.org/	Founded in 2005 by Dr. Barbara Van Dahlen, Give an Hour® is a nonprofit organization dedicated to transforming mental health by building strong and healthy individuals and communities. We provide no-cost counseling through a network of volunteer mental health professionals and empower community through collaborative programs, peer support and educational opportunities that benefit both clients and providers.	Our efforts focus on military members, veterans, and their loved ones; opioid addiction prevention; and those affected by mass gun violence and interpersonal violence.	Veterans and their families	National NOTE- all inquiries must utilize website
Helio Health	1006 Park Ave. Utica, NY 13501 Opioid Treatment program 1213 Court St Utica, NY 13502	315-732-4202 315-624-9835	N/A	N/A	https://www.helio.health/	Provides mental health services open access both adults and kids in Utica	Depends on program.	Adults, adolescents, and children	Utica
Ican	310 Main St. Utica, NY 13501	315-792-9039	N/A	N/A	https://ican.family/	Home and community-based network that provides individualized and non-traditional services and care to the highest risk individuals and families with social, emotional, mental health and behavioral challenges.	Depends on program.	Children	N/A

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Liberty Resources, Inc.	Main Office 6723 Towpath Rd E. Syracuse, NY 13057	315-425-1004	N/A	N/A	https://www.liberty-resources.org/	Behavioral Health: Addiction and substance use, as well as MH outpatient counseling, community-based services (residential, housing, care coordination), crisis response. Domestic violence and sexual assault support, counseling, housing, and advocacy.	Depends on program.	Individuals with mental health/alcohol/substance use	Call for information
						24/7 warm peer line for suicide prevention. Short term crisis respite available.	All	All	All
Mohawk Valley Psychiatric Center	1400 Noyes St. Utica, NY 13502	315-738-3800	800-597-8481	N/A	https://omh.ny.gov/omhweb/facilities/mvpc/index.htm	Provides comprehensive mental health services for adults, Inpatient psychiatric service, mental health evaluation and case management. Comprehensive mental health services for children and adolescents. Offers inpatient, mental health evaluation and case management.	Ages 18 and over. 5-17 inpatient only.	Children, adolescents, and adults	Herkimer and Oneida Counties
Mosaic Health	1651 Oneida St. Utica, NY 13501	315-793-7600	N/A	N/A	www.mosaichealth.org	Primary care, behavioral health services.	Depends on insurance.	All	Oneida County

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Oneida County Department of Mental Health	800 Park Ave. Utica, NY 13502	315-768-3660	N/A	mentalhealth@ocgov.net	https://www.ocgov.net//mentalhealth	Provides Single Point of Access/Accountability (SPOA/A) to determine an individual's mental health or substance abuse needs. Provides referrals to outpatient community mental health services and clinics including assessment and treatment across a wide range of mental health concerns. Provides temporary coverage for the cost of medications for individuals with a mental illness who leave the local jail or a local hospital and have applied for Medicaid (Chapter 15 of Kendra's Law).	None	Individuals in need of mental health. Substance and alcohol assessment and treatment	Oneida County
Postpartum Progress, Inc.	4920 Atlanta Highway Suite 316 Alpharetta, GA 30004	877-470-4877	N/A	N/A	https://postpartumprogress.com/	Provides an informational website and blog on the topics of postpartum depression and anxiety. Offers a peer support forum for those with postpartum depression or anxiety.	None	Mothers	United States
Samaritan Counseling Center of the Mohawk Valley, Inc.	1612 Genesee St. Utica, NY 13502	315-724-5173	N/A	N/A	https://www.samaritancentermv.com/	Offers outpatient mental health services including counseling and therapy.	None	Adults with mental health diagnosis	Herkimer, Madison, and Oneida Counties
St. Joseph's Hospital Health Center	301 Prospect Ave. Syracuse, NY 13203	315-448-6555	315-726-8650 Mobile Crisis	N/A	https://www.sjhsyr.org/find-a-service-or-specialty/behavioral-health/	Provides various mental health services including Comprehensive Psychiatric Emergency Program (CPEP), Inpatient Services, Mobile Crisis Outreach. Adult services, children, and adolescents. Residential, personalized recovery-	Varies based on service, call for information.	All	Located in Syracuse

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
						oriented services (PROS), outpatient at Northeast Med and North Med.			
The Neighborhood Center, Inc. - Charlotte St.	800 Charlotte St. Utica, NY 13501	315-272-2661	N/A	N/A	https://www.neighborhoodctr.org/	Provides care coordination among a network of providers including physical health, mental health, substance abuse and social services.	18 years of age or older. Must have Medicaid.	Adults	Oneida County
The Neighborhood Center Inc.-- Rome	199 W. Dominick St. Rome, NY 13440	Child: 315-272-2730 Adult: 315-272-2748	N/A	N/A	https://www.neighborhoodctr.org/services/behavioral-health-care-services/clinics/	Hours: Monday, Tuesday, and Thursday 8:30am - 8:00pm, Wednesday and Friday 8:30am - 4:30pm.	Depends on program.	All	Oneida County
United States Veterans Administration Medical Center Syracuse	800 Irving Ave. Syracuse, NY 13210	315-425-4400	800-792-4334	N/A	https://www.va.gov/syracuse-health-care/	Provides various mental health services including psychiatric emergency room care, mental health intensive case management programs, PTSD clinics, behavioral health outpatient clinics and inpatient mental health care.	Veteran of one of the US Armed Forces. Honorably discharged.	Veterans	Central New York including Oneida, Madison, and Herkimer Counties.
Upstate Cerebral Palsy/ Community Health and Behavioral Services	1020 Mary St. Utica, NY 13502	315-798-8868	800-470-4999	N/A	https://www.upstatecp.org/programs-and-services/family-health/behavioral-health-services/	Community Health and Behavioral Services (CHBS) offers comprehensive assistance to people in need of behavioral health support. Services include- individuals counseling, psychiatric service, specialized group therapy, relationship counseling, play therapy.	Accepts most insurances, has sliding scale.	Adults, adolescents, and children	Herkimer, Madison, and Oneida Counties
	Rome Clinic 207 W. Dominick St. Rome, NY 13440								
	Herkimer Clinic 235 Prospect St. Herkimer, NY 13350								

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
	1427 Genesee St. Clinic 1427 Genesee St Utica, NY 13501 1500 Genesee St. Clinic 1500 Genesee St Utica, NY 13501								
Upstate Family Health Center	Utica- Main Office 1001 Noyes St. Utica, NY 13502	315-624-9470	N/A	N/A	https://www.upstatefamilyhealthcenter.org/behavioralhealthprogram	Mental health includes our emotional, social, and psychological well-being, and affects how we feel, think and act. It also helps identify how we handle stress at every stage of life, from childhood and adolescence through adulthood. At Upstate Family Health Center (UFHC), we make your mental health a priority.	Individuals with mental health needs- must be affiliated with primary care.	Adults, adolescents, and children	Oneida County

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Alcohol & Substance Use

ACR Health - Utica Office	287 Genesee St. 2nd Floor Utica, NY 13501	315-793-0661	888-475-2437	N/A	https://www.acrhealth.org/	ACR Health has a Syringe Exchange, a Drug User Health Hub, and provides a wide variety of targeted prevention and sexual health services to individuals, from youth through adulthood, and to community groups to empower them to make informed and responsible decisions. Medical clinic services- Narcan training and Opioid overdose prevention, syringe exchange program.	Varies based on service, call for information.	Children, adolescents, and adults	Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, and St. Lawrence Counties
Beacon Center- Opioid Treatment Program (OTP)	303 West Liberty St. Suite Rome, NY 13440	315-367-1290	N/A	help@beaconcenter.net	https://www.beaconcenter.net/	Provides assisted treatment for patients who are opioid addicted.	18 years of age or older.	Individuals with Opioid addiction	Oneida County
	1508 Genesee St. Utica, NY 13501	315-367-1285							
Center for Family Life and Recovery	205 N Washington St. Herkimer, NY 13350 510 Erie Blvd. West Rome, NY	315-733-1709	N/A	N/A	Center for Family Life and Recovery Utica, Herkimer, Rome, NY (whenthereshelpthereshope.com)	Prevention Services- We want to identify and understand risk and protective factors to help guide individualized prevention services that engage health, social, educational, and behavioral impacts of substance use. The goal is to develop a supportive community that enables children, adolescents,	Varies based on service, call for information.	Adults, adolescents, children, and families	Herkimer, Oneida Counties

Oneida County Assets and Resources

Oneida County Assets and Resources									
Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
	13340 502 Court St. Suite 401 Utica, NY 13502					<p>young adults, and families to have a healthy environment to thrive and grow."</p> <p>Behavioral Health and Counseling- Through a variety of individual and group service settings, staff create a holistic and welcoming treatment environment for those seeking recovery from mental health, addiction, and behavioral issues. We specialize in trauma-informed counseling modalities to help all clients achieve their goals. Counselors are inclusive and accepting of all those who ask for recovery, committed to providing a confidential and open-minded atmosphere to assist on the journey of healing."</p> <p>Family support and navigation services- services were developed to help the loved ones of those struggling with substance use disorders. Our goal is to help the whole family find Recovery. FSN services take on a holistic approach, one that incorporates the strengths of all treatment and recovery agencies in our community.</p> <p>Peer Professional Services (PPS)- Through this program, individuals meet with coaches who walk</p>			

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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						<p>through their recovery process with them.</p> <p>Community Reinforcement and Family Training.</p> <p>Peer Collaborative-Our program of extensive training, supervision, and collaboration started in June of 2018 with the understanding that peer services can be one of the best bridges between the work that happens in many of our offices to the actual practice of the recovery lifestyle in the real world. CFLR, Inc. is one of NYS's best practice trainer sites recognized by FOR-NY and New York State Certification Board. Our peers work as a team instead of in isolation.</p>			
Community Recovery Center	264 W Dominick St. Rome, NY 13440	315-334-4701	N/A	N/A	http://www.romehospital.org/SubstanceAbuse/	Rome Health's Community Recovery Center provides outpatient treatment for adolescents and adults with substance use disorders. Services include individual, group, family counseling and medication assisted treatment. The center provides mental health services for patients with a dual diagnosis.	Adults and adolescents.	Adults and adolescents with alcohol and substance use disorders	Oneida County
Conifer Park	Main office: 79 Glenridge Rd.	518-691-9211	800-989-6446	N/A	https://www.coniferpark.com/	Inpatient rehabilitation-attends to the multiple and diverse needs of each individual client, as well as their drug	Adults	Individuals with alcohol and substance	Call for info

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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	Glennville, NY 12302 (various locations for services)					use, on distinct Gender specific units.		use disorders	
						Detoxification/Crisis services- medically supervised detoxification and crisis counseling services to patients on our withdrawal and stabilization unit.	Adults	Individuals with alcohol and substance use disorders	
						Family Programs- designed to help family members learn more about the disease of addiction and how to help. The program consists of lectures, group interactions, and discussions to inform families of different tools, ways to improve communication skills and tactics to assist the entire family heal and recover.	Families	Families of Individuals with alcohol and substance use disorders	
						Co-occurring disorders/MICA- does not offer a distinct separate health unit for individuals with mental health needs but understands the link between substance abuse and mental disorders and the potential implications that this relationship poses to treatment outcomes. Each patient is assigned a case manager along with a multi-disciplinary team of health care professionals to better meet their needs.	Adults	Individuals with alcohol and substance use disorders, as well as a mental health diagnosis	

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
						<p>Activities/Recreation Therapy-The Activities Program plays an integral role in the multidisciplinary team approach at Conifer Park. The philosophy of the Activities Program is to provide patients with the tools necessary to develop a sober leisure lifestyle and hobbies to take with them after they complete their stay at Conifer Park.</p> <p>Dental Van-partnership with American Mobile Dental Associates. Dental services are now brought directly to patients on campus. Mobile dental services are delivered from a fully equipped van including x-ray facilities and a full dental staff.</p>	<p>Inpatient program.</p> <p>Inpatient program.</p>	<p>Families of Individuals with alcohol and substance use disorders</p> <p>Families of Individuals with alcohol and substance use disorders</p>	
Crouse Chemical Dependency Treatment Services	Outpatient and MAT-2775 Erie Blvd E. Syracuse, NY 13224	315-470-8304	N/A	CrouseCares@crouse.org.	https://www.crouse.org/services/chemical-dependency-treatment-services/	Crouse Health's focus of Outpatient Treatment Services is to provide patients with the services and supports necessary to achieve the patient's definition of recovery. A person-centered approach to recovery is important for patient engagement and treatment is focused on identifying the different areas of need for the patient and includes addressing goals such as medical, psychological, vocational, legal, and social.	Adolescents and adults.	Adolescents and adults with substance and alcohol use disorders	Located in Onondaga County

Oneida County Assets and Resources

Oneida County Assets and Resources									
Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
	Hospital based services- 736 Irving Ave. Syracuse, NY 13210					Addiction Consult Services identifies substance use disorders in patients admitted to the hospital for other medical reasons, as well as withdrawal management.			
	Commonwealth Inpatient 6010 E Molloy Rd. Syracuse, NY 13211					Commonwealth Place is a 40-bed residential center dedicated to the treatment of adults aged 18 and older with substance use disorders who will benefit from 24-hour per day treatment in a supervised setting.			
Helio Health (formerly CNY services Dual Recovery)	1006 Park Ave. Utica, NY 13501 Utica Opioid Treatment program 1213 Court St. Suite 100 Utica, NY 13502	315-732-4202 315-624-9835	N/A	N/A	https://www.helio.health/	Utica- Opioid Treatment ONLY	18 years of age or older.	Adults	Oneida County.
Insights of Helio	500 Whitesboro St. Utica, NY 13502	315-724-5168	N/A	N/A	https://www.helio.health/	Substance Use Treatment	19 years of age or older.	Adults	Oneida County.

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
Johnson Park Center	26 Johnson Park Utica, NY 13501	315-734-9608	N/A	info@johnsonparkcenter.org	https://www.johnsonparkcenter.org/	CTOD Outreach, Inc. dba Johnson Park Center (JPC) is a faith-based non-profit organization that promotes positive change, revitalization, and community development in the heart of Cornhill. We provide emergency and supportive housing for women, children, and families, as well as a range of community-based support services in the areas of nutrition, recreation, mentoring, and advocacy. Our programs build hope and empowerment, and help individuals become self-sufficient, contributing members of the community.	Individuals with behavioral health needs.	All	Oneida County
Liberty Resources, Inc.	Main Office 6723 Towpath Rd. E. Syracuse NY 13057	315-425-1004	N/A	N/A	https://www.liberty-resources.org/	Behavioral Health: Addiction and substance use, as well as MH outpatient counseling, community-based services (residential, housing, care coordination), crisis response. Domestic violence and sexual assault support, counseling, housing, and advocacy.	Depends on program.	Individuals with mental health/alcohol/substance use	Call for information
						24/7 warm peer line for suicide prevention. Short term crisis respite available	All	All	All

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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McPike Addictions Treatment Center	1213 Court St. Utica, NY 13502	315-738-4600 Admissions: 315-738-4465	N/A	N/A	https://oasas.ny.gov/location/mcpike-addiction-treatment-center	68-bed inpatient facility located in Utica, New York, on the campus of the Mohawk Valley Psychiatric Center (MVPC). The Center provides a proven individualized program for adult men and women with a chemical addiction. Specialties include- women's track, dual recovery program, co-occurring mental health and addictions.	18+, must meet intake criteria at the time of admission.	Individuals with alcohol and/or substance use disorders	Albany, Chenango, Columbia, Fulton, Greene, Herkimer, Madison, Montgomery, Oneida, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington Counties
Oneida County Department of Mental Health	800 Park Ave. Utica, NY 13501	315-768-3660	N/A	mentalhealth@ocgov.net	https://www.ocgov.net//mentalhealth	Provides Single Point of Access/Accountability (SPOA/A) to determine an individual's mental health or substance abuse needs. Provides referrals to outpatient community mental health services and clinics including assessment and treatment across a wide range of mental health concerns. Provides temporary coverage for the cost of medications for individuals with a mental illness who leave the local jail or a local hospital and have applied for Medicaid (Chapter 15 of Kendra's Law).	None	Individuals in need of mental health. Substance and alcohol assessment and treatment	Oneida County

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Oneida County Opioid Task Force	800 Park Ave. Utica, NY 13501	N/A	N/A	ce@ocgov.net	Home OC Opioid Task Force	The Oneida County Opioid Task Force is a cross-sector coalition of community stakeholders focused on eradicating the opioid epidemic and addressing substance/drug use in Oneida County. The following workgroups are currently active: prevention team, overdose response team, recovery team, treatment enhancement team, Oneida Square engagement team, Street Engagement Team.	Community agencies.	Community	Oneida County
Rescue Mission of Utica	293 Genesee St. Utica, NY 13501	315-735-1645	N/A	N/A	https://uticamission.org/	Parker House- Provides 6–9-month residential rehabilitation program for men who are committed to overcoming their drug and alcohol addiction.	Men with substance/alcohol use disorder.	Men with substance/alcohol use disorder	Oneida County
						Addiction Stabilization Center- 25 bed faith based Residential Stabilization Service regulated by the New York State Office of Alcohol and Substance Abuse Services for adult men and women with Substance Use Disorder.	Men with substance/alcohol use disorder.	Men with substance/alcohol use disorder	
						Enriched Living Center- The Enriched Living Center (ELC) is a New York State licensed, 52-single room residential program for adult men and women diagnosed with mental illness. The program is based on the principles of Psychiatric Rehabilitation. Our staff	Adults with substance/alcohol use disorder.	Adults	

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						is available on site 24 hours each day.			
The Neighborhood Center, Inc. Charlotte St.	800 Charlotte St. Utica, NY 13501	315-272-2661	N/A	N/A	https://www.neighborhoodctr.org/	Provides care coordination among a network of providers including physical health, mental health, substance abuse and social services.	18 years of age or older. Must have Medicaid.	Adults	Oneida County
The Neighborhood Center, Inc.	624 Elizabeth St. Utica, NY 13501	315-272-2600	N/A	N/A	https://www.neighborhoodctr.org/	Child and family services, behavioral healthcare services, including a Mobil crisis team	Varies based on service, call for information.	Children, adults, families	Oneida County
Tully Hill Chemical Dependency Treatment Center	5821 Route 80 Tully, NY 13159	315-696-6114	315-456-6114	N/A	https://www.tullyhill.com/	Offers medically supervised detox. Provides specialized groups that are designed to meet the needs of their patients as well as inpatient and outpatient treatment services.	Individuals with alcohol or substance use addiction.	Adults	NYS
Upstate Cerebral Palsy/Community Health and Behavioral Services	1427 Genesee St. Utica, NY 13502	315-798-8868	N/A	N/A	https://www.upstatecp.org/programs-and-services/family-health/	Community Health and Behavioral Services (CHBS) offers comprehensive assistance to people in need of behavioral health support.	Accepts insurance.	Individuals with SUD	Oneida County
Upstate Family Health Center	Utica- Main Office 1001 Noyes St. Utica, NY 13502	315-624-9470	N/A	N/A	https://www.upstatefamilyhealthcenter.org/office-based-opioid-treatment	Medication Assisted Therapy (MAT) program and counseling.	Individuals with Opioid addiction.	Individuals with Opioid addiction	Oneida County

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Housing Assistance

Boonville Housing Authority	115 South St. Boonville, NY 13309	315-952-5447	N/A	N/A	https://affordablehousingonline.com/housing-authority/New-York/Boonville-Housing-Authority/NY534	Offers subsidized housing for low-income families, senior citizens, people with disabilities, and singles.	Annual income must not exceed amount set by the United States Department of Housing and Urban Development. Eligibility for families determined by income, family size and family composition.	Must meet HUD	Village of Boonville
Central New York Veteran's Outreach Center	726 Washington St. Utica, NY 13502	315-765-0975	N/A	N/A	https://www.ucdevelopment.org/programs/ssvf.php	Assists homeless or at risk of becoming homeless veterans by providing a range of supportive services designed to resolve the immediate crisis and promote housing stability.	Must be a Veteran (not have a dishonorable discharge). Must be homeless or at risk of homelessness. Must meet income guidelines.	Veterans	Herkimer, Madison, Otsego, and Oneida Counties.

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CNY Fair Housing	731 James St. Suite 200 Syracuse, NY 13203	315-471-0420	N/A	info@cnyfairhousing.org	https://www.cnyfairhousing.org/	Investigates claims of housing discrimination and counsels individuals about their rights under local, state, and federal fair housing laws. Helps protect the rights of persons who have been illegally discriminated against through mediation or by filing cases in federal, state, or local court and/or with HUD.	Must be discrimination based.	All	Onondaga, Tompkins, Oneida, Madison, Cayuga, Oswego, Jefferson, and St. Lawrence Counties.
Community Action Partnership (CAP)	1001 New Market Dr. Canastota, NY 13032	315-697-3588	N/A	N/A	https://caOneida Countydco.org/program/housing/	Healthy Families NY, Kinship Care, Early Head Start, COVID-19 financial assistance, Mentors for family and youth (DSS referral), housing and utility services, housing facilitators.	Resident of area served, income guidelines apply, age depends on service.	All	Oneida County
	3 East Main St. Morrisville, NY 13408	315-684-3144							
CRM Rental Management Inc.	117 W Liberty St. Suite 6 Rome, NY 13440	315-337-1401	N/A	N/A	https://crmrentalmgmt.com/	Manages a wide variety of commercial and apartment complexes, conventional and subsidized housing.	Income eligibility, call for information. 18 years of age or older.	Income guidelines apply	Madison and Oneida Counties
Family Program at VFW National Home for Children	3573 S. Waverly Road Eaton Rapids, MI 48827	800-313-4200	800-313-4200	info@vfnationinfoalhome.org	https://vfnationalhome.org/	Connects callers with supportive services in their own communities as well as providing housing at the National Home for Military families for up to four years.	Families of active-duty military personnel, veterans.	Military families	United States

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Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Homeownership Center	1611 Genesee St. Utica, NY 13501	315-793-3723	N/A	N/A	https://unhs.org/	Offers financial coaching and planning, provides homebuyer education, and participates with lenders to offer down payment assistance.	Varies with service. Call for information.	N/A	Herkimer, Madison, Oneida, Fulton, Montgomery, and Otsego Counties
Ican	310 Main St. Utica, NY 13501	315-792-9039	N/A	N/A	https://ican.family/	Evelyn's House-Joint transitional and rapid rehousing program for homeless woman who are pregnant or parenting.	Pregnant or parenting mothers- 16-24 years old.	Adolescents/ women	Oneida County
Johnson Park Center	26 Johnson Park Utica, NY 13501	315-734-9608	N/A	info@johnsonparkcenter.org	https://www.johnsonparkcenter.org/	Special needs housing Emergency Shelter-Johnson Park Center (JPC) offers Emergency Shelter to traditional & non-traditional homeless families (to include having adolescent male children) and homeless women with or without children. The main purpose of this residence is to keep low-income families together (regardless of its composition) during a time of crisis when housing is needed. Johnson Park Apartments (JPA)-The JPC JPA W&CP is a place where women and their families can get a new start. We offer 1-to-4-bedroom apartments with a range of supportive services focused on family reunification and the recovery process.	Emergency-homeless JPA- Women aged 18 years and older, mental health diagnosis or dual diagnosis substance abuse, significant risk of homelessness, income guidelines, call for information.	Emergency-All JPA- women and families	Oneida County

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Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
Mohawk Valley Housing & Homeless Coalition	500 Plant St. Utica, NY 13502	315-316-0114	N/A	sdarman@mvhomesless.org	https://www.mvhomesless.org/	Administers the coordinated entry process that has multiple access points and will put you on track to get the housing you or your family needs.	Homeless in Oneida and Madison County.	Homeless individuals and families	Madison and Oneida Counties
People First	509 Second St. Suite 102 Utica, NY 13501	315-735-5246	N/A	N/A	https://www.peoplefirstny.org/	Provides information, assistance, referral, and support for individuals with issues relating to housing.	Resident of area served, income guidelines set by United States Department of Housing and Urban Development (HUD).	Must meet HUD	Oneida County
Rescue Mission of Utica	293 Genesee St. Utica, NY 13501	315-735-1645	N/A	mail@uticamission.org	https://uticamission.org/	Drop-In Center-homeless individuals who require assistance, food, case management	Homeless	Homeless individuals and families	Oneida County
						Emergency Shelter-Men 59-bed Emergency Shelter provides safe lodging, meals, clothing, critically needed counseling, education, advocacy, and referrals to agencies that meet the needs of the clientele. The overall goal is to help homeless people improve their quality of life, become self-sufficient and get reestablished in the community.	Homeless	Homeless men	

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Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
						West Street Apartments-designed to help households afford to live in Utica near employment centers, day care facilities, bus routes and more. We can provide income qualified households the opportunity to live at a reduced rent.	Call for more information.	Income guidelines apply	
Rome Housing Authority	200 N. Levitt St. Rome, NY 13440	315-337-2600	N/A	rha@romeha.com	https://romehousingauthority.com/	Offers subsidized housing for low-income families, senior citizens, individuals with disabilities and singles.	Annual income must not exceed amount set by the United States Department of Housing and Urban Development. Eligibility for families determined by income, family size and family composition.	Must meet HUD	City of Rome

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Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Services for Seniors

ElderChoice	One Oxford Crossing Suite 5 New Hartford, NY 13413	315-363-7448	800-HOMECARE	info@elderchoiceinc.com	https://elderchoiceinc.com/	Traumatic Brain Injury Waiver, Nursing Home Transition and Diversion Waiver, Social Day Program, VA Community Care Network, Managed Long Term Care (MLTC), In-home LTC	Depends on program, most participants require Medicaid (TBI and NHTD Waivers must be SNF eligibility).	Adults, Seniors	Oneida, Onondaga, Cortland, and Cayuga Counties NOTE- PCA/HHA available in Utica.
	Corporate: 208 W Main St. Elbridge, NY 13060	315-252-7889							
Oneida County Office for Aging and Continuing Care	120 Airline St. Oriskany, NY 13424	315-798-5456	N/A	N/A	https://www.ocgov.net/ofa	Provides individuals the connection to assistance necessary to stay in the home including non-medical personal care, housekeeping, and case management.	60 years of age or older, resident of Oneida County, must be self-directing for Consumer Directed EISEP. Participants in EISEP	Seniors	Oneida County

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SUNY Geriatrics at Harrison Center	550 Harrison St. Syracuse, NY 13202	315-464-6100	N/A	N/A	https://www.upstate.edu/geriatrics/healthcare/ug.php	Complete evaluations of the medical, functional, cognitive, and psychosocial problems and abilities of the older adult. Help in coping with the health problems and social needs associated with aging. Ongoing medical follow-up and case management for patients with dementia. Education, counseling and guidance for families, caregivers, and other professionals. Collaboration with the primary care physician and other health care providers.	must not have Medicaid. Ages 60 and over.	Seniors	New York State

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Hospital/Health Services

Abraham House	1203 Kemble St. Utica, NY 13501	315-733-8210	315-733-8211	N/A	https://www.theabrahamhouse.org/	Operates a home that provides 24-hour hospice care.	Diagnosis of a terminal illness with a prognosis of three months or less to live.	Individuals at the end of life	Herkimer, Madison, and Oneida Counties.
ACR Health - Utica Office	287 Genesee St. 2nd Floor Utica, NY 13501	315-793-0661	888-475-2437	N/A	https://www.acrhealth.org/	ACR Health is a not-for-profit, community-based organization providing an array of support services to individuals affected by a wide range of chronic diseases, including HIV/AIDS, with the goal of positive health outcomes; as well as navigators to help individuals and businesses make informed health insurance decisions.	Varies based on service, call for information.	Children, adolescents, and adults	Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, and St. Lawrence Counties
Bassett Medical Center	1 Atwell Rd. Cooperstown, NY 13326	315-547-3456	800-227-7388	N/A	https://www.bassett.org/	We offer a 180-bed acute care facility with services including: 24 Hour Emergency/Trauma care, comprehensive cancer and heart care, joint care, primary, women's and children's care.	None for most services.	All	Herkimer, Madison, Oneida, Otsego, Schoharie, Delaware, Montgomery, Fulton, and Chenango Counties.

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Cancer Services Program of the Central Region	231 Genesee St. Utica, NY 13501	607-574-6971	888-345-0225	N/A	https://www.bassett.org/services/cancer-care/cancer-screenings/cancer-services-program	Provides breast, cervical, and colorectal cancer screenings as well as offers follow up care and case management for people in screening program.	Uninsured and underinsured Men and Women. Screening mammograms, clinical breast exams, pap tests, pelvic exams: Women, ages 40 years and older. Men and Women-colorectal 50 years and older.	Uninsured individuals and families	Herkimer, Madison, and Oneida Counties.
CNY Diabetes Education Program (MVHS)	1675 Bennett St. Utica, NY 13502	315-624-5620	N/A	cjacobus@mvhealthsystem.org	https://www.mvhealthsystem.org/community-programs/diabetes/	Group or individualized sessions to provide Diabetes education, as well as assisting with losing weight and lower blood sugar levels.	Diabetes education is approved by Medicare and many other insurances.	Pre-diabetics, diabetics	Oneida County
Crouse Irving Memorial Hospital	736 Irving Ave.	315-470-7111	N/A	CrouseCares@crouse.org	https://www.crouse.org/	Inpatient hospital services, Emergency Department, PCP,	Varies by insurance.	All	All

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Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
	Syracuse, NY 13210					Specialty Care, Behavioral Health, Home Care			
Hospice & Palliative Care	4277 Middle Settlement Rd. New Hartford, NY 13413	315-735-6484	800-317-5661	N/A	https://hospicecareinc.org/	Our mission is to help alleviate patient and family suffering and to promote patient quality of life through professional clinical consultation, and education.	Diagnosis of a terminal illness with a prognosis of three months or less to live.	Individuals at the end of life	Oneida County
Liberty Resources, Inc.	Main Office 6723 Towpath Rd. E. Syracuse, NY 13057	315-425-1004	N/A	N/A	https://www.liberty-resources.org/	Physical Health: Primary care, vision and hearing loss, whole health services.	Varies by insurance.	All	Region wide
Mary Rose Clinic	1081 Northside Shopping Center Oneida, NY 13421	315-280-0855	N/A	N/A	https://www.maryrosecenter.org/index.php	Patient education, disease prevention and screening, physical exams, insurance navigation, prescription assistance	Must be uninsured.	Uninsured individuals and families	Oneida County
Mohawk Valley Health System	1656 Champlin Ave. Utica, NY 13502	315-624-4600 (central scheduling)	N/A	N/A	Home - Mohawk Valley Health System (mvhealthsystem.org)	Inpatient hospital services, Emergency Department, PCP, Specialty Care, Behavioral Health, Home Care	Varies by insurance.	All ages	Oneida County

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Nascentia Health	1400 Noyes St. Utica, NY 13502	315-738-3800	N/A	N/A	https://nascentiahealth.org/	Nascentia Health was born of the unification of VNA Homecare, VNA Homecare Options and Home Aides of Central New York. An innovator in the concept of home healthcare, Nascentia leverages leading-edge approaches and technologies to improve outcomes and quality of life from prenatal care through end-of-life.	Ages 5+	N/A	Oneida, Herkimer, Hamilton, Fulton, Montgomery, Warren, Schoharie, Saratoga, Washington Greene, Schenectady, Columbia, Rensselaer, and Albany Counties
Oneida Health	321 Genesee St. Oneida, NY 13421	315-363-6000	N/A	N/A	https://www.oneidahealth.org/	Primary and Specialty care	Insurance based.	Adults and children	Oneida County
Oneida Nation Health Center	2057 Dream Catcher Plaza Oneida, NY 13421	315-829-8700	800-663-4324	info@oneida-nation.org	https://www.oneidaindiannation.com/healthservices/	Provides medical, dental, and behavioral health care for the American Indian population, including pre-diabetic and diabetic care, as well as Pathways case management	Oneida Members and other American Indians.	American Indians	Herkimer, Madison, and Oneida Counties.
Planned Parenthood Rome Center	111 E Chestnut St. Ste. 205 Rome, NY 13440	315-337-8584	N/A	N/A	https://www.plannedparenthood.org/health-center/new-york/rome/13440/rome-center-2884-91110	Abortion, birth control, HIV services, Men's health care, Morning-After Pill, pregnancy testing and services, STD testing, treatment and vaccines, transgender hormone therapy and women's healthcare	Accepts multiple insurances, including Medicaid. Free services for teens are	Adolescents and adults	All

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Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
Planned Parenthood Utica Center	1424 Genesee St. Utica, NY 13501	315-724-6146	N/A	N/A	https://www.plannedparenthood.org/health-center/new-york/utica/13502/utica-center-3318-91110	Abortion, birth control, HIV services, Men's health care, Morning-After Pill, pregnancy testing and services, STD testing, treatment and vaccines, transgender hormone therapy and women's healthcare	also available. Accepts multiple insurances, including Medicaid. Free services for teens are also available.	Adolescents and adults	All
Rome Health	1500 N James St. Rome, NY 13440	315-338-7000	N/A	N/A	romehealth.org	Rome Health provides access to a broad array of inpatient acute hospital services, outpatient healthcare services, including primary and specialty physician services, diagnostic testing, and skilled nursing care.	Varies by insurance.	All ages	All
Roswell Park Cancer Institute	665 Elm St. Buffalo, NY 14263	877-275-7724	800-767-9355	N/A	https://www.roswellpark.org/	Provides cancer research, treatment, and education.	None	Cancer patients	United States
St. Joseph's Hospital Health Center	301 Prospect Ave. Syracuse, NY 13203	315-448-5111	888-785-6371	N/A	https://www.sjhsyr.org/	Inpatient hospital services, Emergency Department, PCP, Specialty Care, Behavioral Health, Home Care	Varies by insurance.	All	All
United States Veterans Administration Medical Center Syracuse	800 Irving Ave. Syracuse, NY 13210	315-425-4400	800-877-6976	N/A	https://www.va.gov/syracuse-health-care/	Inpatient hospital service, primary care, specialist care, behavioral health, social programs	Must be eligible for VA services.	Veterans	All

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Upstate Medical University	750 E. Adams St. Syracuse, NY 13210	315-464-5540	877-464-5540			Inpatient and outpatient hospital services, Emergency Department, Physical Medicine Rehabilitation, Concussion Clinic, PCP, Specialty Care	All	All	All
Upstate Community Hospital	4900 Broad Rd. Syracuse, NY 13215	315-492-5011	N/A		https://www.upstate.edu/hospital/	Inpatient hospital services, Emergency Department, Peds after hours care, Specialty surgery and care, Emergency Department for Seniors (GEM Care), OB, inpatient psychiatry	All	All	All
Upstate Golisano Children's Hospital	1 Children's Circle Syracuse, NY 13210	315-464-5437	866-543-KIDS (5437)	N/A		Inpatient hospital services, development, behavior and genetics, adolescent medicine, pediatric specialty and surgery, clinics for children with special needs	Children and Adolescents.	Children and Adolescents	All
Upstate Cancer Center	750 East Adams St. Syracuse, NY 13210	315-464-4673	855-964-HOPE (4673)			Treatment for several types of cancer	Individuals with a cancer diagnosis.	Cancer patients	N/A
Visiting Nurse Association of Utica & Oneida County	1650 Champlin Ave. Utica, NY 13502	315-624-8900	N/A	N/A		www.mvhealthsystem.org/vna	The Visiting Nurse Association of Utica & Oneida County (VNA) provides quality home health care services to patients in their home. Services include skilled nursing, physical and occupational therapy, home health aides, wound care management, telehealth, and more.	Reside in Oneida County, be considered Homebound (except for Medicaid-only patients), be confined to the	All

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							home because of illness or injury, be in need of intermittent skilled nursing or physical therapy services.		
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Federally Qualified Health Centers

Mosaic Health-Utica	1651 Oneida St. Utica, NY 13501 3 Parkside Ct Building 1 Utica, NY 13501	315-793-7600	N/A	N/A	https://mosaichealth.org/utica	Oneida street is now home to medical and behavioral health services and was recently renovated to accommodate an increase in patient needs. Dental services have moved to 3 Parkside Court as part of this expansion project to increase capacity in the community. Utica Dental offers eight operatories, brand new chairs, and state-of-the art equipment. A social work care manager is on site to help address social needs, including financial assistance. The site is also the new home for the Mohawk Valley Community Dentistry team. Offer Diabetes program.	All	All	Oneida County
Upstate Family Health Center	Utica- Main Office 1001 Noyes St. Utica, NY 13502	315-624-9470	N/A	N/A	https://www.upstatefamilyhealthcenter.org/behavioralhealthprogram	Primary Care, Well Childcare and immunizations, diabetic care, physical exams, preventive series, podiatry, lab, and referrals.	All	All	Oneida County
	Rome Location 205 W Dominick St. Rome, NY 13440					Operates 5 school-based health centers in the following schools: Kernan Elementary, MLK Junior High, Donovan Middle, Memorial Park Elementary, Waterville Jr/Sr High. Enrollment in the above schools is required.	Students	Identified students	Schools

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Skilled Nursing Facilities

Bethany Gardens Skilled Living Center	800 West Chestnut St. Rome, NY 13440	315-339-3210	N/A	plongamore@bethanynursing.com	https://www.bethanynursing.com/Home	100 bed facility that provides baseline services, as well as Occupational, Physical and Speech Language Pathology Therapies.	Must meet skilled nursing home level of care. Check with insurance for coverage.	Seniors, disabled, in need of rehab	All
Betsy Ross Rehabilitation Center, Inc.	1 Elsie St. Rome, NY 13440	315-339-2220	N/A	info@betsyrosscares.com	http://betsyrossrehab.com/	120 bed facility that provides baseline services.	Must meet skilled nursing home level of care. Check with insurance for coverage.	Seniors, disabled, medically fragile	All
Charles T Sitrin Health Center, Inc.	2050 Tilden Ave. New Hartford, NY 13413	315-797-3114	888-578-8807	info@sitrin.com	https://www.sitrin.com/	187 bed facility that provides baseline services, short-term respite care and adult day health care.	Must meet skilled nursing home level of care. Check with insurance for coverage.	Seniors, disabled, medically fragile, adult day health needs	All
Colonial Park Rehabilitation and Nursing Center	950 Floyd Ave. Rome, NY 13440	315-336-5400	N/A	admissions@colonialparkrehab.com	https://thegrandhealthcare.com/colonial-park/	80 bed facility that provides baseline services.	Must meet skilled nursing home level	Seniors, disabled, medically fragile	All

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Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
							of care. Check with insurance for coverage.		
Katherine Luther Residential Health Care and Rehabilitation Center	110 Utica Rd. Clinton, NY 13323	315-853-5515	N/A	N/A	https://www.communitywellnesspartners.org/lutheran	280 bed facility that provides baseline services, as well as Occupational, Physical and Speech Language Pathology Therapies.	Must meet skilled nursing home level of care. Check with insurance for coverage.	Seniors, disabled, in need of rehab	All
Masonic Care Community of New York	2150 Bleecker St. Utica, NY 13501	315-798-4800	N/A	N/A	https://masonichomeny.org/	320 bed facility that provides baseline services, as well as Occupational, Physical and Speech Language Pathology Therapies. Also provides diagnostic Radiology.	Must meet skilled nursing home level of care. Check with insurance for coverage.	Seniors, disabled, in need of rehab	All
MVHS Rehabilitation and Nursing Center	1650 Champlin Ave. Utica, NY 13502	315-624-8600	N/A	N/A	https://www.mvhealthsystem.org/mc	202 bed facility that provides baseline services, as well as adult day health care.	Must meet skilled nursing home level of care. Check with insurance for coverage.	Seniors, disabled, medically fragile, adult day health needs	All

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Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
Oneida Center for Rehabilitation and Nursing	1445 Kemble St. Utica, NY 13501	315-732-0100	800-546-3090	N/A	https://oneida-center.facilities.centershealthcare.org/	120 bed facility that provides baseline services, as well as adult day health care.	Must meet skilled nursing home level of care. Check with insurance for coverage.	Seniors, disabled, medically fragile, adult day health needs	All
Presbyterian Home for Central New York Inc	4290 Middle Settlement Road New Hartford, NY 13413	315-797-7500	N/A	N/A	https://www.communitywellnesspartners.org/presbyterian	236 bed facility that provides baseline services, as well as Occupational, Physical and Speech Language Pathology Therapies. Also provides adult day health care.	Must meet skilled nursing home level of care. Check with insurance for coverage.	Seniors, disabled, in individuals in need of rehab	All
Rome Health	1500 North James St. Rome, NY 13440	315-338-7000	N/A	mwahl@romehospital.org	http://www.romehospital.org/SeniorServices/	80 bed facility that provides baseline services, clinical lab service, diagnostic radiology services and short-term respite care.	Must meet skilled nursing home level of care. Check with insurance for coverage.	Seniors, disabled, medically fragile	All
Sunset Nursing and Rehabilitation Center, Inc.	232 Academy St. Boonville, NY 1339	315-942-4301	N/A	N/A	https://vestracare.com/sunset/	120 bed facility that provides baseline services, as well as Occupational Therapy.	Must meet skilled nursing home level of care. Check with	Seniors, disabled, in individuals in need of rehab	All

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							insurance for coverage.		
The Grand Rehabilitation and Nursing at Rome	801 N. James St. Rome, NY 13440	315-533-1600	N/A	Rome@TheGrandHealthcare.com	https://thegrandhealthcare.com/rome/	160 bed facility that provides baseline services, as well as adult day health care and short-term respite care.	Must meet skilled nursing home level of care. Check with insurance for coverage.	Seniors, disabled, medically fragile, adult day health needs	All
The Grand Rehabilitation and Nursing at Utica	1657 Sunset Ave. Utica, NY 13502	315-797-7392	N/A	Utica@TheGrandHealthcare.com	https://thegrandhealthcare.com/utica/	220 bed facility that provides baseline services, as well as Occupational, Physical and Speech Language Pathology Therapies.	Must meet skilled nursing home level of care. Check with insurance for coverage.	Seniors, disabled, in individuals in need of rehab	All
The Pines at Utica Center for Nursing & Rehabilitation	1800 Butterfield Ave. Utica, NY 13502	315-797-3570	N/A	N/A	https://pinesutica.com/	117 bed facility that provides baseline services, as well as short-term respite care.	Must meet skilled nursing home level of care. Check with insurance for coverage.	Seniors, disabled, medically fragile	All
Trustees of the Eastern Star Hall and Home	8290 State Rt 69 (PO Box S)	315-736-9311	N/A	ceckerson@eshomeny.org	https://eshomeny.org/skilled-nursing/	84 bed facility that provides baseline services.	Must meet skilled nursing	Seniors, disabled,	All

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
of the State of New York	Oriskany, NY 13424						home level of care. Check with insurance for coverage.	medically fragile	
Utica Rehabilitation & Nursing Center	2535 Genesee St. Utica, NY 13501	315-797-1230	N/A	info@uticarehab.com	https://uticarehab.com/	120 bed facility that provides baseline services, as well as diagnostic radiology.	Must meet skilled nursing home level of care. Check with insurance for coverage.	Seniors, disabled, medically fragile	All
Waterville Residential Care Center	220 Tower St. Waterville, NY 13480	315-841-4156	N/A	N/A	https://watervillecares.com/	92 bed facility that provides baseline services.	Must meet skilled nursing home level of care. Check with insurance for coverage.	Seniors, disabled, medically fragile	All

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Women and Children

Cayuga Centers	502 Court St. Utica, NY 13502	315-253-5383	N/A	info@cayugacenters.org	https://cayugacenters.org/	Children and family services, behavioral health, foster care, disability services, migrant children program.	Varies based on service, call for information.	Children	Varies based on service, call for information.
Childcare Coordinating Council (CCE)	CCE Oneida County 121 2nd St. Oriskany, NY 13424	315-223-7850	N/A	taa24@cornell.edu	https://cceoneida.com/child-care-council	Asist parents with finding childcare, support for families to raise healthy children, improve quality of childcare, documents childcare needs and trends.	N/A	All	Oneida County
Community Action Partnership (CAP)	1001 New Market Dr. Canastota, NY 13032	315-697-3588	N/A	info@caOneida Countydco.org	https://capmadco.org/	Healthy Families NY, Kinship Care, Early Head Start, COVID-19 financial assistance, Mentors for family and youth (DSS referral), housing and utility services, housing facilitators.	Resident of area served, income guidelines apply, age depends on service.	Adults, youth in financial need, DSS referral for mentor program	Oneida County
	3 East Main St. Morrisville, NY 13408	315-684-3144							
Community Action Partnership (CAP)- WIC	1068 Northside Shopping Center Oneida, NY 13421	315-363-3210							
	37 Central Plaza Ilion, NY 13357	315-886-5029							

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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	111 East Chestnut St. Rome, NY 13440	315-356-4755							
	617 South Utica St. Utica, NY 13501	315-798-5066							
Community Foundation of Herkimer and Oneida Counties	2608 Genesee St. Utica, NY 13502	315-735-8218	N/A	info@foundationhoc.org	https://foundationhoc.org/	The Community Foundation of Herkimer & Oneida Counties is committed to a multi-million-dollar initiative aimed at reducing childhood lead poisoning and supporting access to healthy housing in Herkimer and Oneida counties for the next decade. The Foundation will lead and coordinate "Lead-Free MV" with multiple community partners, including the Oneida County Health Department, Herkimer County Public Health, and Herkimer County HealthNet among many others.	N/A	Non-profits looking for additional program funding	Herkimer and Oneida Counties

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
Empowered Pathways	502 Court St. Utica, NY 13502	315-724-1718	N/A	info@empoweredpathway scny.org	https://www.empoweredpathwayscny.org/	<p>Restorative Practices Youth Services- Attendance mediation, Special education. IEP mediation, Student re-entry mediation, Parent-Teen, and PINS mediation.</p> <p>Restorative Circles-family circles, student circles, group conferencing, Project CIRCLE (Community-Involved Restorative Circles for Learning and Education), Project CREW (Circles Restoring the Environment In The Workforce)</p>	Depends on program.	Children and families	Oneida County
						<p>Women's Employment and Resource Center-Our vision is to have all women in need of work employed in a career which gives them satisfaction and respect. Anytime we have accomplished a goal or experienced significant success in life, there have been many dedicated people who have recognized our potential and supported us as we dared to dream a bigger, better dream. For many local women who do not have this close-knit pool of advocates, WERC is that unwavering and essential support system.</p>	Depends on program.	Women	Oneida County

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Hillside Children's Center- Oneida Co services only	1183 Monroe Ave. Rochester, NY 14620	585-256-7500	888-514-4455	info@hillside.com	https://www.hillside.com/	Adoption support, enhanced residential services, Qualified Residential Treatment Program (QRTP) Aftercare, Residential, Educational services.	Youth services only.	Youth	Region-wide
Ican	310 Main St. Utica, NY 13501	315-792-9039	N/A	N/A	https://ican.family/	Kids United-Assertive Community Treatment (ACT) pilot program.	Kids United-Children with emotional, behavioral, and mental health concerns.	Children	Oneida County
						Evelyn's House-Joint transitional and rapid rehousing program for homeless woman who are pregnant or parenting.	Pregnant or parenting mothers- 16-24 years old.	Expectant women	Oneida County
						Families who participate in Healthy Families of Oneida County are offered in-home support services until the child enters Kindergarten, Head Start, or turns 5 years old. A primary goal of this program is to identify strengths and challenges prenatally or at birth, and to provide appropriate information, care, resources, and referrals to help babies get off to a healthy start.	Parents	Parents of newborns who require assistance with creating a healthy home	Oneida County
Johnson Park Center	26 Johnson Park Utica, NY 13501	315-734-9608	N/A	info@johnsonparkcenter.org	https://www.johnsonparkcenter.org	Youth Programs-At the JPC Drop-In Youth Center, we provide the young people of Cornhill with opportunities for enrichment, life skills development, and positive	Children and adolescents.	Children and adolescents	Oneida County

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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						recreation, all in a safe, nurturing environment where they can bond with caring adult role models. In fact, we are the designated "Youth Safe Haven" for the Utica Weed and Seed Program, working as part of a larger system to keep our kids and neighborhoods safe.			
Mohawk Valley Breastfeeding Network	See website for café listings	N/A	N/A	N/A	https://mvbreastfeedingnetwork.com/	a Non-Profit Organization whose focus is on promoting, encouraging, and educating families and healthcare professionals about the importance and value of breastfeeding.	None	Breastfeeding measures	Oneida County
Mohawk Valley Perinatal Network	3 Parkside Court Utica, NY 13501	315-732-4657	N/A	N/A	https://www.newfamily.org/	Mohawk Valley Perinatal Network serves as a hub for perinatal information and services for both providers and consumers in the Mohawk Valley. We assure access to health care for individuals across the region by helping them find affordable healthcare solutions. We work with health and human service professionals and consumers to improve the overall health of communities in the Mohawk Valley. Our mission is to improve birth outcomes and maternal, child and family health, facilitate collaboration among providers and community organizations and advocate for change.	Pregnant and new mothers.	Pregnant and new mothers	Oneida County

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
Safe Schools Mohawk Valley	110 Lomond Court Utica, NY 13502	315-735-7768	N/A	info@ssmv.org	https://www.safeschoolsmohawkvalley.org/who-we-are/	Diversion services, Urban Leadership Institute, intervention and supports.	Children and Adolescents.	School aged children	Oneida County
The House of the Good Shepherd	1550 Champlin Ave. Utica, NY 13502	315-235-7600	N/A	N/A	https://www.hgs-utica.com/	Foster care and preventive services, educational and residential services.	Children, adolescents, adults, and families.	At risk youth and families	Oneida and Jefferson Counties
YWCA- Mohawk Valley	7 Rutger Park Utica, NY 13501	315-732-2159	N/A	info@ywcamv.org	https://www.ywcamv.org/	Domestic and sexual violence services- YWCA Mohawk Valley is a certified provider of domestic and sexual violence crisis services by New York State. We are certified in both residential and non-residential settings. Services are always confidential, free, and provided regardless of when the abuse occurred or if it was reported.	None- 24/7 emergency assistance available.	Victims of domestic violence	Oneida and Herkimer Counties
Veterans									
Veterans Directed Home and Community Based Services Program	120 Airline St. Suite 201 Oriskany, NY 13424	315-798-5456	N/A	N/A	https://www.ocgov.net/oneida/ofa/Veterans	Designed to enable veterans to have more choice and control over the care and services they receive. Provides linkage to outside agencies who will perform these services.	Veteran status, resident of Oneida County, income guidelines apply.	Veterans	Oneida County

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
Veterans Resource Locator	N/A	N/A	N/A	N/A	https://www.veteranscrisisline.net/find-resources/local-resources/	VA Medical Centers consist of acute care facilities and community-based outpatient clinics. VA Suicide Prevention Coordinators (SPC) are specialized case managers who ensure that veterans at high risk of suicide receive the care they need. Vet Centers provide readjustment counseling and outreach services to all veterans who served in any combat zone. The Veterans Benefits Administration Offices (aka Regional Offices) support the VA Vision to provide veterans the world-class benefits and services they have earned.	Veteran status	Veterans	United States
Tragedy Assistance Program for Survivors (TAPS)	3033 Wilson Blvd Suite 630 Arlington, VA 22204	202-588-8277	800-959-8277	N/A	https://www.veteranscrisisline.net/	Casework assistance including emergency financial resources, information on state and federal survivor benefits, connections to private support for survivors and information on educational resources.	Veteran status	Veterans	United States
United States Veterans Administration Medical Center Syracuse	800 Irving Ave. Syracuse, NY 13210	315-425-4400	800-877-6976	N/A	https://www.va.gov/syracuse-health-care/	Inpatient hospital service, primary care, specialist care, behavioral health, social programs	Must be eligible for VA services.	Veterans	United States

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Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Utica Center for Development	726 Washington St. Utica, NY 13502	315-765-0975 After hours emergencies: 315-985-5118 OR 315-880-3472	N/A	N/A	Utica Center for Development proudly serving New York State (ucdevelopment.org)	<p>Supportive Serves for Veteran Families-The goal of the SSVF Program is to help Veteran and their families who are homeless or at-risk of homelessness quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. We assist participants by providing a range of supportive services designed to resolve the immediate crisis and promote housing stability.</p> <p>Peer to Peer-The CNY Veteran's Outreach Center at the Utica Center for Development INC. has been approved for a state grant of \$105,000 to implement the renowned Joseph P. Dwyer Veteran Peer to Peer Pilot Program! This funding will help the center provide confidential, one-on-one, or small group counseling that has proved to be beneficial for veterans and mental health professionals alike statewide.</p>	Veterans and/or families of Veterans.	Veterans and/or families of veterans	Oneida County-Emergency services available
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Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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						<p>UCD Food Pantry-The UCD could not be prouder of our ability to be able to serve our veteran cliental and our community members with our food pantry and donation room. Both are stocked by our incredible donators and with funding directly from our agency. Our food pantry and donation room are available to all veterans twice a month, and non-veterans as one time use. Operating hours for the food pantry/donation room are 9 AM to 1 PM Monday through Friday.</p> <p>Permanent and Transitional Supportive Housing-The Utica Center for Development currently offers seven permanent supportive units in our main Utica location. Permanent supportive units are units for homeless Veterans to stay if they wish... The Utica Center for Development currently offers ten transitional housing units in our main Utica location. Transitional housing is a temporary stay where Veterans will work weekly with our case managers to assist them in rejoining society.</p>			
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Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Education									
Madison - Oneida - (BOCES)	4937 Spring Road Verona, NY 13478	315-361-5902	N/A	N/A	https://www.moboces.org/	Adult continuing education-Preparing adults for the future is the goal of the BOCES Consortium of Continuing Education (BCCE). Programs provide education and job training skills that are essential in today's technology.	None	Adults	Madison and Oneida Counties
						Professional development for school districts teachers and employees	None	School districts	
						Provides a unique array of services that are designed to save school districts time and money, as well as lighten the heavy workload of busy administrators. The Management Services Division is attuned to the special needs of schools and dedicated to providing quality products and services. The money districts save by collaborating and sharing with each other and BOCES can be used directly for instruction.	None	School districts	
Oneida - Herkimer -	4747 Middle Settlement Road, New	315-793-8500	N/A	N/A	https://www.oneida-boces.org/ohmboces	BOCES serves its component districts by offering a variety of educationally focused	None	School districts	Oneida, Herkimer,

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
Madison BOCES	Hartford, NY 13413					programs, services, and support systems including career and technical education, special and alternative education, administrative and financial services, human resources, program and professional learning, information and technology support, and shared itinerant staff.			Madison Counties

Community Assistance and Action Agencies

ACR Health - Utica Office	287 Genesee St. 2nd Floor Utica, NY 13501	315-793-0661	888-475-2437	N/A	https://www.acrhealth.org/	The Q Center at ACR Health is a safe space for lesbian, gay, bisexual, transgender, queer, and questioning youth, their families, and allies to gather, share, and receive support. Q Center programming promotes equality, celebrates diversity, provides resources that cultivate pride and leadership skills, and strives to create a safe and inclusive community for all.	Varies based on service, call for information.	Children, adolescents, and adults	Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, and St. Lawrence Counties
Community Foundation of Herkimer & Oneida Counties	2608 Genesee St. Utica, NY 13502	315-735-8212	N/A	N/A	Community Foundation of Herkimer & Oneida Counties Community Foundation (foundationhoc.org)	The Foundation creates innovative partnerships and investments in Herkimer County and Oneida County that align with community indicators to make long-lasting social impact.	N/A	N/A	Herkimer and Oneida Counties

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Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
Cornell Cooperative Extension	121 Second St. Oriskany, NY 13424	315-736-3394	N/A	oneida@cornell.edu	Cornell Cooperative Extension (cceoneida.com)	Cornell Cooperative Extension puts knowledge to work in pursuit of economic vitality, ecological sustainability, and social well-being. We bring local experience and research-based solutions together, helping New York State families and communities thrive in our rapidly changing world.	N/A	N/A	N/A
Empowered Pathways	502 Court St. Utica, NY 13502	315-724-1718	N/A	info@empoweredpathway scny.org	https://www.empoweredpathwayscny.org/	The Surrogate Decision-Making Committee (SDMC) program is an alternative to the court system and is authorized to provide consent for non-emergency major medical treatment and end-of-life care decisions for people who qualify.	Major Medical-Individuals believed to be incapable of providing informed consent, have no surrogate authorized to act on their behalf, and: Currently reside or have formerly resided in a residential program operated, licensed,	Seniors, disabled, medically fragile	Oneida County

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Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
							approved, or funded by OPWDD, OMH, OASAS; or currently or previously receive(d) individual support, case management, family care or day programs approved or funded by OPWDD. End of Life-SDMC was granted jurisdiction to provide end of life care decisions for individuals with intellectual or		

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
							developmental disabilities through an amendment to the Health Care Decisions Act in 2008.		
						Alternative Dispute Resolution Family mediation, landlord and tenant mediation, small claims, conflict coaching.	All	All	Oneida County
Oneida County Department of Planning & Herkimer-Oneida Counties Comprehensive Planning Program	121 Second St. Oriskany, NY 13424	315-736-3394	N/A	planning@ocgov.net	Oneida County Department of Planning ocgov.net	Planning activities are conducted at both the county and regional levels with extensive local assistance provided to the area's cities, towns & villages.	N/A	All	Herkimer and Oneida Counties
Mid York Library System	1600 Lincoln Ave. Utica, NY 13502	315-735-8328	N/A	N/A	Mid York Library System (sirsi.net)	Mid York Library System is a nonprofit cooperative library system serving 43 public libraries	N/A	All	Herkimer, Madison, and Oneida Counties
Mohawk Valley Community Action Agency INC. (MVCAA)	2209 Genesee St. Utica, NY 13501	315-801-8100	N/A	info@mvhealthsystem.org	Mohawk Valley Community Action - Ending Poverty in Central NY (mvcaa.com)	Mohawk Valley Community Action Agency is the frontline resource for people living in poverty in Oneida and Herkimer Counties, providing direct services and support for education,	N/A	All	Herkimer, Madison, and Oneida Counties

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Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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						employment, and family support services.			
Mohawk Valley Latino Association	28 Scott St. 1st Floor Utica, NY 13501	315-864-8419	N/A	mvla@mvlautica.org	https://www.mvlautica.org/	To improve the standards of living for all residents of the Mohawk Valley through various services that will educate and empower them.	N/A	All residents	Oneida County
NAACP Utica/Rome	PO Box 325 Rome, NY 13440	315-765-0983	N/A	N/A	https://naacp.org/	Community action agency.	N/A	All	US
Rescue Mission of Utica	293 Genesee St. Utica, NY 13501	315-735-1645	N/A	mail@uticamission.org	https://uticamission.org/	Peer engagement- Peer support	N/A	All	Oneida County
						Representative Payee- provides bill paying and adult protective case management services to people in the community who are unable to manage their own financial affairs.	Referral from caseworker or SSA.	Individuals who are unable to manage their own finances	
						Spiritual Life Program- train men in the principles of the Kingdom.	All	Men	
						Job training- job training program in partnership with Mohawk Valley Community College, Youth Build. This program educates and equips students in the construction field giving them skills for successful and meaningful employment.	All	All	
						Thrift Store- outreach program of Rescue Mission of Utica. Our mission is to provide good resaleable clothing and other goods at reasonable prices.	All	All	

Oneida County Assets and Resources

Oneida County Assets and Resources									
Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
The Center: Utica	201 Bleecker St. Utica, NY 13501	315-738-1083	N/A		Resource Center for Refugees in the Mohawk Valley The Center (thecenterutica.org)	English classes for refugees.	Refugee status-specific programs may require additional eligibility.	Refugees and their families	Oneida County
						FREE community education sessions to refugees, immigrants, and individuals with limited English proficiency.			
						COVID-19 language proficiency program- communicate vital COVID-19 policies and procedures between the region's employers and Limited English Proficient (LEP) employees.			
						Cultural competency training for organizations- training to make your employees more culturally aware. Our goal is to create welcoming spaces for all types of people, no matter who they are or where they are from, and to make you more culturally aware in your interactions with persons from different backgrounds.			
						Health access program- supports YOU and a healthy lifestyle. We help refugees and immigrants get the healthcare they need and give them the resources to successfully navigate independently in the Utica community.			
Employment and workforce development- We work with over 80 employers in Upstate New York, connecting refugees, immigrants, secondary migrants, limited English									

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
						<p>proficient individuals, and others directly with the available workforce.</p> <p>Immigration and citizenship- The Center offers immigration and citizenship services to help you feel at home in the Utica community.</p> <p>MAC program (17-24), assistance with goals.</p> <p>New American Cities- creates inclusive communities that welcome refugees and immigrants. Upleveling and training the workforce for economic development, self-sufficiency, and support long-term success.</p> <p>Interpretation and translation- provides trained, professional, and confidential individuals who perform spoken language or sign language transmission from one language to another. We provide interpretation in over 50 languages. TONE, a division of The Center, provides written document translation for individuals, organizations, and businesses.</p> <p>Office for new Americans- resources you need to help you reach your full potential.</p> <p>Refugee resettlement- refugee resettlement department has transformed Utica into a community with many cultures. Dedicated staff work with community partners in</p>			

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
						healthcare, social services, and education to provide the necessary services to newly arrived refugees and their families.			
						Traffic safety-Multicultural Traffic Education Program was developed in response to our clients' need for assistance with child passenger seats, pedestrian safety, and information about legally obtaining driver's licenses.			
YWCA- Mohawk Valley	7 Rutger Park Utica, NY 13501	315-732-2159	N/A	info@ywcamv.org	https://www.ywcamv.org/	Racial and social justice-YWCA is on a mission to eliminate racism and empower women. We have been at the forefront of the biggest issues of the day for 160 years: from voting rights to civil rights, from affordable housing to pay equity and from violence prevention to health care reform. We carry on this long tradition of social action and advocacy to advance our mission.	N/A	All	Oneida County
Transportation									
ACR Health - Utica Office	287 Genesee St. 2nd Floor Utica, NY 13501	315-793-0661	888-475-2437	N/A	https://www.acrhealth.org/	Medical Transportation is for people living with HIV/AIDS who need help with transportation to get to medical and other services that help them maintain their health.	Individuals who are HIV positive.	HIV+	Oneida County
Birnie Bus	248 Otis St.	800-734-3950	800-734-3950	info@birniebus.com	http://birniebus.com/services.php	Birnie Bus Service, Inc. provides service to and from Little Falls, Utica, Rome, Oneida, Syracuse and The	None	All- includes rural routes	CNY

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
	Rome, NY 13441					Turning Stone Casino as well as many other destinations throughout Central New York. Birnie Bus Service, Inc. is also proud to provide transportation for O.C.R.T. (Oneida County Rural Transit System) and the Otsego Express (a.k.a.) Gus the Bus.			
CENTRO	200 Cortland Ave. Syracuse, NY 13205	315-442-3400	N/A	N/A	https://www.centro.org/fares-passes/fares-utica	Public transportation- free and low fare bus passes available for individuals with disabilities, seniors, and children. Call-A-Bus available for individuals who qualify.	None for full fare- discount fare is based on need.	Full fare- ALL Discount fare- seniors, individuals with disabilities and children	See bus schedule
Medical Answering Services (MAS)		315-793-7137	N/A	N/A	https://www.medanswering.com/documents/Doc-MAS_Public_Site--2013-01-29-07-00-36.pdf	Transportation to medical appointments for individuals with Medicaid.	Must have Medicaid.	Adult and families with Medicaid and no transportation	Oneida County
Oneida County Office for Aging	301 W Dominic St. Rome, NY 13440	315-798-5456	N/A	ofa@ocgov.net	https://www.ocgov.net/ofa/Transportation	Volunteer transportation program.	60+ who are not receiving Medicaid benefits.	Seniors	Based on volunteers

Oneida County Assets and Resources

Agency Name	Address	Phone	Toll Free Phone	Email	Website	Description of Services	Eligibility	Target Population	Service Area
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Parks and Trails - contact your local municipality for additional information on your local parks

Adirondack Case Camp	N/A	N/A	1-877-OLDFORGE	N/A	Old Forge, New York (oldforogeny.com)	Old Forge is "Adirondack Base Camp" for visitors who launch out near and far seeking everything from serenity to adventure. It is the largest hamlet in historic Town of Webb, which includes Eagle Bay, Big Moose and Stillwater. From here, you can explore the Central Adirondack region and all the Adirondack Park.	All	All	All
Central New York Conservancy	1641 Genesee St. Utica, NY 13501	315-790-5262	N/A	central.ny.conservancy@uticaolmstedparks.org	Central New York Conservancy Mohawk Valley Utica New York Parks Olmsted (uticaolmstedparks.org)	The Conservancy's mission has included comprehensive analysis and research of and site restoration in Utica, New York's parks system. The Conservancy promotes healthy, sustainable, public green spaces. It advocates for integrated design and management plans that marry the interests of public users with the health and future of the landscape and community.	All	All	All
Oneida County	N/A	N/A	N/A	N/A	Active Transportation ocgov.net	Bicycle and pedestrian trail guide	All	All	Oneida County

Planning Report Liaison: Krista Drake
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Priority	Focus Area (select one from drop down list)	Goal Focus Area (select one from drop down list)	Objectives through 2024	Disparities	Interventions	Family of Measures	By December 2023, we will have completed . . .	Implementation Partner (Please select one partner from the dropdown list per row)	Partner Role(s) and Resources
Prevent Chronic Diseases	Focus Area 4: Preventive care and management	Goal 4.1 Increase cancer screening rates	By December 31, 2024, increase the percentage of women (Fidelis Care MCO) who receive a breast cancer screening based on most recent guidelines to at least the minimum 50th percentile threshold, established by Fidelis Care, the largest MCO in the county.	socioeconomic	4.1.1 Work with healthcare providers/clinics to put systems in place for patient and provider screening reminders. 4.1.4 Work with clinical providers to assess how many of their patients receive screening services and provide them feedback on their performance. 4.1.6. Ensure continued access to health insurance to reduce economic barriers.	1. Breast Cancer Screening Rate (reported in Fidelis 3M dashboard) 2. Number of patients reached through reminder system 3. Percent of compliance with screening guidelines of those patients reached through the reminder system 4. Percent increase of patients with health insurance coverage 5. Number of insurance navigator enrollments associated with CHIP activities	4.1.1 and 4.1.4: Conduct planning activities with partners, provision staff with 3M tools. Conduct planning activities to establish workflows for running gap reports, conducting outreach to close care gaps, establishing regular meetings with primary care practices to review data and identify barriers. Conduct planning activities with community partners, such as Health Home Care Managers (implementation partner), and other Community-based Organizations, which may be able to reinforce the importance of screenings, which will help improve compliance and reduce no-show rates. 4.1.6: Conduct planning activities with Insurance Navigators; Community partners, such as Health Home Care Managers (implementation partner), and other Community-based Organizations, that may be able to coordinate with insurance navigators to ensure access health insurance options.	Community-based organizations	Mohawk Valley Health System (Quality Manager) and Rome Health (Chief Quality Officer) (coordination, implementation) Fidelis (measurement of outcomes, assisting with gap report) Hospital affiliated primary care providers (implementation, outreach, monitoring) Community-based Organizations (assistance with resolving socioeconomic barriers to care) Local managed care providers/insurance companies (community navigators)
					4.1.2 Conduct group education sessions (or other interactive sessions and events) in community setting.	4.1.2 Number of group education sessions provided.	4.1.2 Conduct planning activities with community partners to identify target areas for group education sessions. Develop educational plan. Complete a minimum of 28 sessions.	Community-based organizations	Oneida County Health Department Public Health Educators (coordination and implementation); MVHS Health Equity Task Force (coordination and implementation)
					4.1.3 Use small media such as videos, printed materials (brochures, newsletters) and health communications to build public awareness and demand.	4.1.3: Number and type of locations where materials distributed, number of views on social media platforms.	4.1.3 Identify messaging and develop plan to Promote/distribute cancer prevention educational awareness resources on social media platforms.	Local governmental unit	Oneida County Health Department Public Health Educators and Program Coordinator (coordination and implementation), MVHS Health Equity Task Force (coordination and implementation), Rome Health (communication)
					4.1.5 Remove structural barriers to cancer screening by offering cancer screening through mobile mammography van.	4.1.5: Number of cancer screening events conducted in non-clinical settings (Mobile Mammography Van)	4.1.5: Conduct planning activities with partners to identify locations for screening events; host 2 events.	Community-based organizations	Community Hospital (Upstate) Mobile Mammography program/unit (provider), Oneida County Health Department Public Health Educators (implementation and coordination) Community-based Organizations (implementation, hosting), local government unit (implementation, hosting meeting), MVHS and Rome Health staff (promotion)
	Focus Area 4: Preventive care and management	Goal 4.3 Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity	By December 31, 2024, increase the percentage of adult diabetics (Fidelis MCO) who receive an annual HbA1c test to at least the minimum 50th percentile threshold, established by Fidelis, the largest MCO in the county.	socioeconomic	Build consensus around clinical practice standards and monitor compliance. 4.3.2 Promote evidence-based medical management in accordance with national guidelines.	HbA1C Screening Rate (reported in Fidelis 3M dashboard).	Conduct planning activities with partners, provision staff with 3M tools. Conduct planning activities to establish workflows for running gap reports, conducting outreach to close care gaps, establishing regular meetings with primary care practices to review data and identify barriers. Conduct planning activities with community partners, such as Health Home care managers, and other Community-based Organizations, which may be able to reinforce the importance of screenings, which will help improve compliance and reduce no-show rates.	Providers	Mohawk Valley Health System Quality Manager and Rome Health Chief Quality Officer (implementation and coordination) Fidelis (representative) measurement of outcomes, assisting with gap report, Hospital affiliated primary care providers (implementation, outreach, monitoring) Community-based Organizations (assistance with resolving socioeconomic barriers to care)
	Focus Area 4: Preventive care and management	Goal 4.2 Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity	By December 2024, increase the number of people enrolled in the MVHS NDPP by 5% (baseline: 2022 = 24).	N/A	Promote testing for pre diabetes in adult asymptomatic population. Promote referral to NDPP.	# of people enrolled in MVHS NDPP. # of referrals from Primary Care and community (self referrals) to MVHS NDPP, utilizing the Harbor Soft diabetes tracking system to track referrals.	Build awareness and provide information about NDPP (MVHS NDPP and other virtual NDPP programs) through providers, community events, and small media. Promote pre diabetes testing and referral through CDC Take the Test and NDPP program in concert with Community-based Organizations (building awareness of importance of screening) Promote referral to NDPP through Rome Health Primary Care.	Consumer	Oneida County Health Department Public Health Educators and Program Coordinator (promotion, education coordination). MVHS Diabetes Program Coordinator (promotion), Rome Health (promotion), independent primary care providers (promotion, education coordination), Community-based Organizations (promotion)
							Explore participation in research project designed to study other diabetes prevention activities including referral to NDPP.	Business	Oneida County Health Department Public Health Educators and Program Coordinator (coordination). Business/Academic partner (development, implementation). Health Insurance provider (data analysis)

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Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 2: Prevent Mental and Substance User Disorders	Goal 2.5 Prevent suicides	By December 31, 2024, decrease the # of suicides by 5% to 27 (Baseline for 2021=29).	N/A	2.5.4.1 Identify and support people at risk: Gatekeeper Training using QPR tool. Create training plan and educational resource for parents and community gatekeepers using the QPR tool. Identify distribution plan for QPR educational resource. Complete community crisis services assessment for materials.	# of people trained in QPR # reached with resource documents	Identify audience for training Develop educational resource for parents/gatekeepers on QPR. MVHS will provide QPR education to all residents of the MVHS Family Medicine and Psychiatry Residency Programs. Establish educational materials regarding mental health and crisis community services.	Community-based organizations	Oneida County Health Department Program Coordinator and Public Health Educators (PHE) (coordination and implementation), Oneida County Department of Mental Health (development and implementation) Oneida County Suicide Coalition. (development and implementation), MVHS Family Medicine and Psychiatry Residency (development and implementation)
					2.5.2 Strengthen access and delivery of suicide care - Zero Suicide. Complete an inventory of existing tools used to assess suicide risk for all age groups. (Rome Health and MVHS) Develop an education plan for behavioral health staff, medical/surgical, ER and primary care. (Rome Health)	% of health and behavioral health settings utilize screening tools. % of clinical staff trained quarterly	Complete an inventory of existing tools used to assess suicide risk for all age groups. MVHS Director of Behavioral Health will conduct a review of the Zero Suicide Program and determine program feasibility for implementation.	Providers	Rome Health Director of Community Recovery Center (coordination and implementation). MVHS Director of Behavioral Health (assessment)
Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 1: Promote Well-Being	Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages	By the end of 2023, will assess current training availability and work with community partners to identify training baseline and set goals and objectives for future trainings.	N/A	1.2.4 Use thoughtful messaging on mental illness and substance use. Develop media campaign 1.2.2 Mental Health First Aid	Campaign reach statistics (to be determined as part of campaign development) # of people reached through training	Work with Opioid Task Force Coordinator to incorporate messaging into Oneida County Opioid Task Force anti stigma campaign; Work with Coordinator to develop implementation plan. Identify gaps in Mental Health First Aid training in community; facilitate trainings with partners. Promote Mental Health First Aid resource information.	Community-based organizations	Oneida County Opioid Task Force Coordinator (Coordination and Implementation), Oneida County Health Department Program Coordinator and PHE (coordination and implementation), Connected Community Schools Program Manager or list Community-based organizations in general as a partner (coordination and implementation), MVHS Behavioral Health (promotion)
Promote Healthy Women, Infants and Children	Focus Area 3. Child & Adolescent Health	Goal 3.1 Support and enhance children and adolescents' social-emotional development and relationships	By the end of 2023, work with the adverse childhood experiences (ACEs) subcommittee to identify goals and objectives for 2024.		Intervention 3.1.1: Increase awareness, knowledge, and skills of providers serving children, youth, and families related to social-emotional development, adverse childhood experiences (ACEs), and trauma-informed care.	# team meetings, objectives identified.	Work with the Oneida County Youth Services Council's adverse childhood experiences (ACEs) Subcommittee to identify committee's goals and activities. Connect subcommittee with MVHS provider screening activities and provider education currently in place.	Providers	Oneida County Health Department Public Health Educator, Opioid Task Force Coordinator and Program Coordinator (committee participation), Oneida County Youth Services Council (subcommittee chair), MVHS Director of Behavioral Health (committee participation, training).