Community Health Assessment and Community Health Improvement Plan 2025-2030

Service Area:
Herkimer County, NY &
Little Falls Hospital

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ACKNOWLEDGEMENTS

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Executive Summary

Herkimer County Public Health (HCPH), in partnership with Bassett Healthcare Network (BHN) and Little Falls Hospital, completed a comprehensive Community Health Assessment (CHA) and developed a corresponding Community Health Improvement Plan (CHIP) for the 2025-2030 Prevention Agenda cycle. The CHA analyzes primary and secondary data to determine the county's priority health needs, and the CHIP translates those findings into interventions aligned with the New York State Prevention Agenda (NYSPA). While BHN will submit a separate Community Service Plan (CSP), both plans were developed collaboratively to ensure consistency across shared priorities and coordinated efforts within Herkimer County.

The 2025-2030 NYSPA organizes statewide priorities within five domains: Economic Stability, Education Access and Quality, Social and Community Context, Neighborhood and Built Environment, and Healthcare Access and Quality. These domains reflect the social and structural conditions that influence health and guide local planning. The CHIP interventions selected by HCPH address the areas of greatest need identified through the CHA, in alignment with NYSPA domains.

Data Review

The 2025–2030 CHA development process incorporated both primary and secondary data to identify and validate local health priorities. Primary data included an online community survey, stakeholder survey, and two in-person community focus groups in Ilion and Old Forge. These primary findings were complemented by a review of secondary data from the U.S. Census Bureau, American Community Survey (ACS), NYSDOH Community Health Indicator Reports (CHIRS), Behavioral Risk Factor Surveillance System (BRFSS), and the Centers for Disease Control and Prevention's (CDC) Social Vulnerability Index (SVI) (Appendix A). Together, these data sources provided a comprehensive assessment of community conditions and were used to select NYSPA priorities for the CHIP.

Partners and Roles

The assessment and planning processes were collaborative and community-driven. HCPH led the CHA and CHIP processes, including data collection, analysis, community engagement, and coordination with partners. BHN and Little Falls Hospital supported the CHA by sharing data, assisting with outreach, and participating in planning discussions.

HCPH solicited broad community engagement by inviting residents, stakeholders, and service providers to contribute feedback on local needs, barriers, and system gaps. Their perspectives informed data interpretation and helped determine which priorities required targeted intervention.

Partners supporting CHIP implementation include HealthNet, the Herkimer County Office for the Aging (OFA), BHN, Herkimer County System of Care (SOC), Herkimer County Best Start Committee, and the Department of Social Services (DSS). Collectively, these partners support screening and navigation for social and behavioral health needs, outreach to priority populations, referral coordination, and community-level promotion of CHIP interventions. This structure enables coordinated implementation and ensures that partner and community perspectives remain integrated throughout the NYSPA cycle.

Prevention Agenda Priorities

Across data sources, disparities most affected low-income families, older adults, and residents in the county's rural northern areas. The CHA identified three primary challenges: persistent economic instability, growing mental health needs, and gaps in family support. These issues were compounded by geographic barriers, long wait times for services, and constraints within the local healthcare workforce. Community members emphasized economic hardship and the shortage of accessible behavioral health services as urgent concerns.

Based on these findings, HCPH selected three NYSPA priorities for the 2025–2030 cycle: poverty within the Economic Stability domain, suicide within the Social and Community Context domain, and childhood behavioral health within the Healthcare Access and Quality domain. These priorities represent the areas with the greatest burden, strongest community concern, and the most opportunity for measurable improvement through coordinated public health action.

Interventions and Strategies

The CHIP includes three evidence-based interventions selected to address the priorities identified through the CHA. Each intervention aligns with the 2025–2030 NYSPA guidance and targets documented disparities affecting low-income households, older adults, rural communities, and young children. Interventions were chosen based on the strength of local data, relevance to identified gaps in access, feasibility within existing capacity, and their demonstrated effectiveness in improving population health and reducing inequities. The tables that follow outline the specific strategies, target populations, process measures, health equity impacts, and partner roles associated with each intervention.

NYSPA Domain: Economic Stability
NYSPA Priority: Poverty

Intervention: Conduct social determinant of health (SDOH) screenings for risk factors like low income and unemployment through social care networks (SCNs) and connect individuals with appropriate services. [67, 68]

Target Demographic: Medicaid recipients of all ages, with a subpopulation focus on adults aged 65+.

Geographic Focus: Countywide, with targeted outreach in northern rural areas where resource access is limited.

Health Equity Impact: This intervention prioritizes adults aged 65+, low-income households, and rural residents who face higher rates of unmet basic needs and limited access to services locally. Expanding SDOH screening and navigation improves equitable access to financial, housing, and stability supports across the county.

Family of Measures	Intended Impact	Partner Roles and Resources
Process measures • Number of individuals screened for SDOH (total and 65+ subgroup) • Number of SCN referrals submitted (total and 65+ subgroup) • Number of SCN referrals successfully closed (total and 65+ subgroup) **Intermediate measures** • Percent of SCN referrals with at least one identified need who are connected to at least one service within 60 days (total and 65+ subgroup)	• Increased identification of unmet basic needs • Improved access to financial, housing, food, and employment supports • Reduced socioeconomic-related barriers to health and stability • Strengthened coordination among service providers	• **HCPH:** Conducts screenings and navigation; integrates SDOH screening into public health programming; manages the SCN platform and referral pathways; provides data tracking • **HealthNet:** Conducts screenings and navigation; manages the SCN platform and referral pathways; collaborates and shares data with HCPH • **OFA:** Promotes screening services; facilitates access to older adults • **DSS:** Provides screening space for HealthNet; facilitates access to target demographic

NYSPA Domain: Social and Community Context NYSPA: Suicide
Intervention: Universal suicide risk screening using the Columbia Protocol, with full C-SSRS assessments for youth who screen positive, delivered through an Article 28 children's mental health clinic with appropriate follow-up care.[69,70]
Target Demographic: Children and adolescents ages 0–18.
Geographic Focus: Countywide
Health Equity Impact: Youth in Herkimer County face disparities in access to behavioral health services due to rural provider shortages, long wait times, and transportation barriers. Expanding in-county suicide risk screening and follow-up care reduces these access barriers and supports more equitable identification and intervention.

Family of Measures	Intended Impact	Partner Roles and Resources
Process measures • Number of Columbia Protocol suicide risk screenings completed • Number of full C-SSRS assessments completed for youth who screen positive • Number of referrals received from community partners **Intermediate measures** • Percent of youth who screen positive and receive a safety plan • Percent of youth with a completed C-SSRS who engage in at least one follow-up visit	• Earlier and more consistent identification of suicide risk among children and adolescents • Reduced delays between identification of risk and connection to appropriate services • Improved coordination between screening, risk assessment, safety planning, and ongoing care. • Strengthened local capacity to monitor and address youth suicide risk	• **HCPH:** Leads clinic development and operations; oversees staffing, service delivery, C-SSRS screening, and data monitoring; develops safety plans and provides follow-up care • **System of Care (SOC):** Provides care coordination and family support; assists with referrals and ongoing engagement for children with complex needs • **BHN:** Identifies youth needing services; makes referrals; collaborates on care transitions between primary care and the clinic

NYSPA Domain: Healthcare Access and Quality NYSPA Priority: Childhood Behavioral Health

Intervention: Implement universal ASQ:3 and ASQ-SE:2 developmental and social-emotional screenings for children ages 0–5 through Help Me Grow program, with coordinated referral navigation and follow-up services.[66, 73]

Target Demographic: Children ages 0-5.

Geographic Focus: Countywide

Health Equity Impact: Disparities in early developmental outcomes persist for low-income and rural Herkimer County children due to provider shortages and navigation barriers.[54, 55] Expanding universal screening improves early identification and equitable access to evaluation and early intervention services.

Family of Measures	Intended Impact	Partner Roles and Resources
Process Measures • Number of ASQ:3 and ASQ-SE:2 screenings completed through Help Me Grow • Number of referrals made for developmental, behavioral, or family support services **Intermediate Measures** • Percent of children with ASQ:3/ASQ-SE:2 results indicating concern who are successfully connected to recommended services • Percent of children with identified needs who access at least one follow-up service	• Earlier identification of developmental and social-emotional concerns • Improved access to timely assessment, early intervention, and family supports • Strengthened coordination among early-childhood systems, healthcare providers, and family-serving agencies • Reduction in disparities in early developmental screening and referral pathways	• **HCPH / HMG:** Conducts ASQ:3 and ASQ-SE:2 screenings during home visits; provides parent education, referral navigation, and follow-up; monitors screening results and system performance • **Herkimer County Best Start Committee:** Promotes Help Me Grow services and family events; supports outreach to early-childhood providers and community partners • **BHN:** Promotes Help Me Grow services

Progress and Evaluation

HCPH will monitor CHIP implementation using defined measures across all three interventions, including screening volume, referral activity, service connection, and access timeliness. These measures will be reviewed with partners to assess reach, identify gaps, and evaluate the effectiveness of interventions. Progress will be documented through annual CHIP reports and a mid-cycle assessment in 2028. Findings will inform adjustments to strategies as needed and will be shared publicly to maintain transparency and support continuous improvement throughout the NYSPA cycle.

Community Health Assessment

The CHA offers an in-depth look at the health status, needs, and disparities affecting residents of Herkimer County. Drawing on both data analysis and stakeholder and community member input, the CHA identifies the key factors that shape local health outcomes. The findings provide a foundation for setting priorities, directing public health initiatives, and developing strategies to promote health and equity across the county.

Community Description

Herkimer County is a predominantly rural area located in Central New York. It is one of the longest counties in the state, stretching from the Mohawk River in the south to the Adirondack Park in the north. With a total land area of approximately 1,411.54 square miles, Herkimer County ranks sixth in size among New York's counties.[1] Despite its large geographic area, the county's population density remains low at 42.6 persons per square mile.[1] The county encompasses 30 municipalities, including 10 villages, 19 towns, and the City of Little Falls. This blend of small urban centers and remote rural communities reflects a landscape characterized by varied settlement patterns, population distribution, and geographic accessibility across the county.
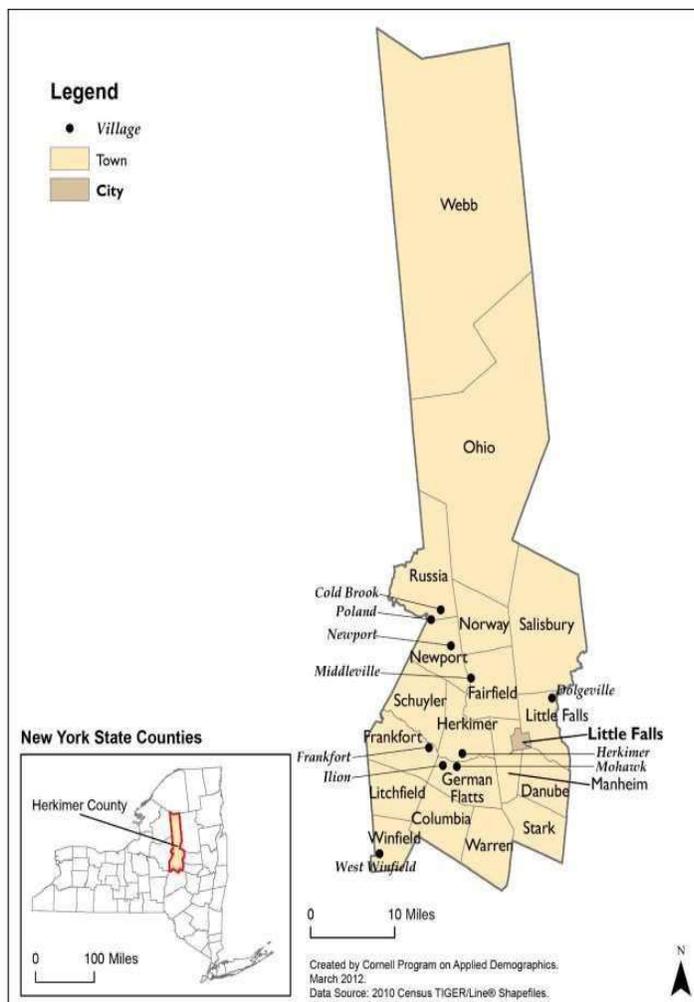
Category	Municipalities
Villages	Cold Brook, Dolgeville, Frankfort, Herkimer, Ilion, Middleville, Mohawk, Newport, Poland, and West Winfield
Towns	Columbia, Danube, Fairfield, Frankfort, German Flatts, Herkimer, Litchfield, Little Falls, Manheim, Newport, Norway, Ohio, Russia, Salisbury, Schuyler, Stark, Warren, Webb, Winfield
City	Little Falls

Service Area

The 2025–2030 CHA encompasses the entirety of Herkimer County, New York, as the defined service area. This CHA was jointly developed by HCPH and BHN, which serve complementary roles in advancing community health. HCPH leads local prevention, population health, and health promotion initiatives across the county. BHN provides a continuum of clinical and hospital-based services through Little Falls Hospital and affiliated practices. Together, these organizations offer a unified approach to addressing the county's public health and healthcare needs.

HCPH Service Area. HCPH is a partial-service local governmental public health authority that serves all Herkimer County residents through a combination of community-wide initiatives and direct services that promote health across the lifespan. As the local governmental public health authority, HCPH delivers programs in communicable disease control, maternal and child health, early intervention, environmental health, immunizations, emergency preparedness, and health education. HCPH plays a central role in assessing community health needs, coordinating prevention initiatives, and aligning state and federal resources to meet local priorities.

BHN Service Area. BHN is a rural, not-for-profit integrated healthcare system serving more than 700,000 people across 5,600 square miles in eight Central New York counties. The network includes Bassett Medical Center, A.O. Fox Hospital, Cobleskill Regional Hospital, O'Connor Hospital, Little Falls Hospital, and affiliated nursing, home care, and assisted living facilities.

In Herkimer County, residents are served by Little Falls Hospital, three primary care clinics (Herkimer, Little Falls, and Dolgeville), Valley Health Services, and Valley Residential Services. Valley Health Services operates a 160-bed skilled nursing facility located in Herkimer, New York. Its sister entity, Valley Residential Services, is Herkimer County's premier enriched housing/assisted living residence, home to 74 senior residents.

Little Falls Hospital (LFH) is a non-profit health care institution since 1893. Today, Little Falls functions as a critical access hospital, offering twenty-five acute, swing, and special-care beds. LFH is the only acute care facility in Herkimer County. It provides 24/7 Emergency Services along with a range of primary, medical/surgical, acute, and extended care services. Each year, Little Falls Hospital manages nearly 1,000 inpatient stays, 40,000 outpatient visits, and over 15,000 emergency department cases. LFH is dedicated to delivering quality health care services to everyone who enters our doors.

BHN's Community Health Navigation program supports patients in accessing housing, transportation, insurance, and behavioral health services. BHN also maintains a strong commitment to population health through the Bassett Research Institute and the New York Center for Agricultural Medicine & Health, which conduct clinical and population-based research to assess health indicators and address public health priorities across the region.

Demographic Profile

The demographic composition of Herkimer County provides essential context for understanding local health needs and disparities. Examining population trends and distribution reveals how the county's changing demographics influence access to care, service demand, and health equity.

Total Population. Approximately 59,932 people live within Herkimer County's 1,411.54 square miles.[2] Over the past decade, the county's population has declined by approximately 7%, in contrast to overall growth at the state and national levels.[2] HC's population density continues to decline and is nearly 10 times lower than NYS's and half the national population density.[3] These demographic trends reflect a predominantly rural county with a declining and shifting population.

Report Area	Total Population	Population Change 2010-2020, %	Total Land Area (sq. mi)	Population Density (sq. mi)
Herkimer County	59,932	-6.79%	1,411.54	42.6
NY	19,867,319	4.25%	47,123.59	428.7
U.S.	332,387,540	7.14%	3,531,905.43	93.8

U.S. Census Bureau, *Decennial Census*, (2010, 2020); ACS 5-Year Estimates, *Demographic and Housing-DP05,* (2023)

Population Trends, Herkimer County (2013-2023)
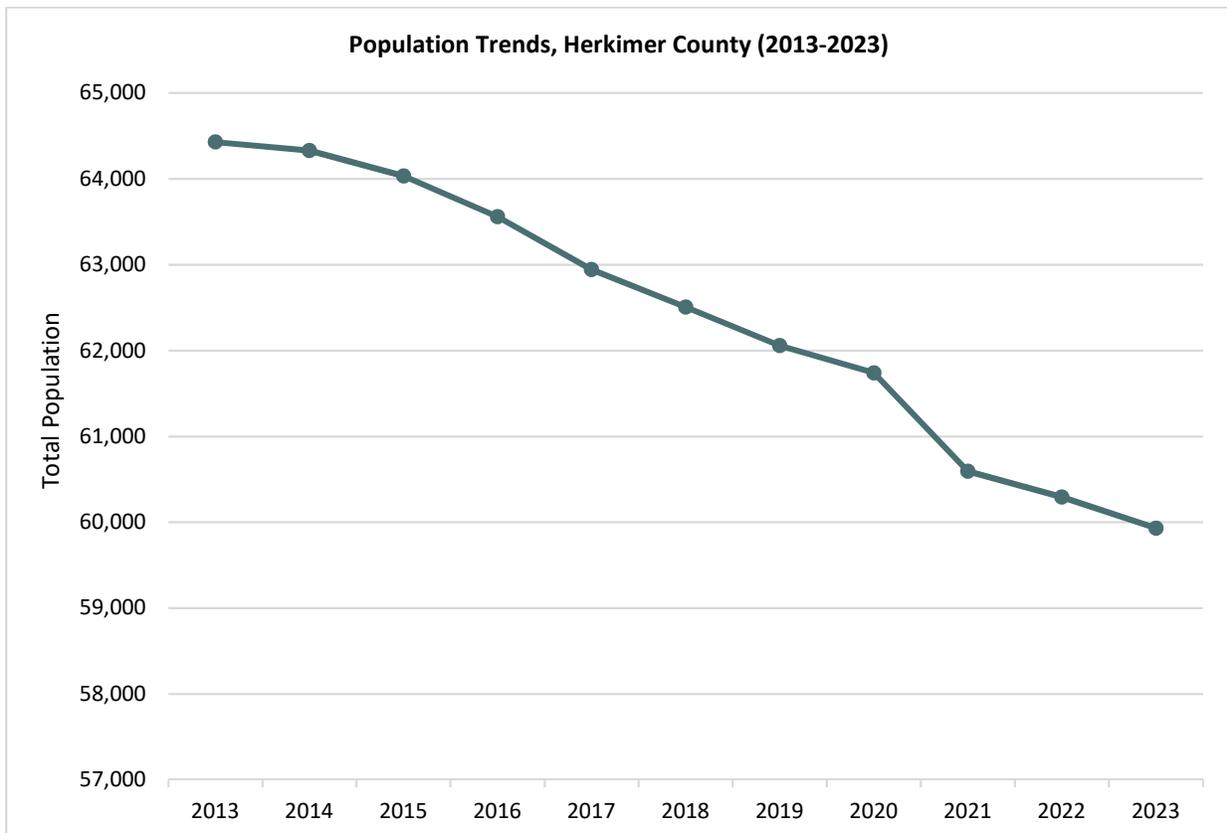
ACS 5-Year Estimates, *Demographic and Housing-DP05,* (2023)

Population Distribution. According to the 2020 U.S. Census, 52.6% of Herkimer County residents live in rural areas, while 47.4% reside in urban areas. Urban communities are located primarily in the southern portion of the county along the Mohawk Valley Corridor, including Ilion, Mohawk, Herkimer, Frankfort, and Little Falls.

The northern portion of the county is predominantly rural with smaller, dispersed populations. Approximately 43.4% of those aged 65 and older reside in these northern communities.[2] Residents in these areas may face longer travel distances, limited transportation options, and challenging winter conditions, which can affect access to essential services. These intersecting geographic and demographic patterns influence infrastructure and service availability.
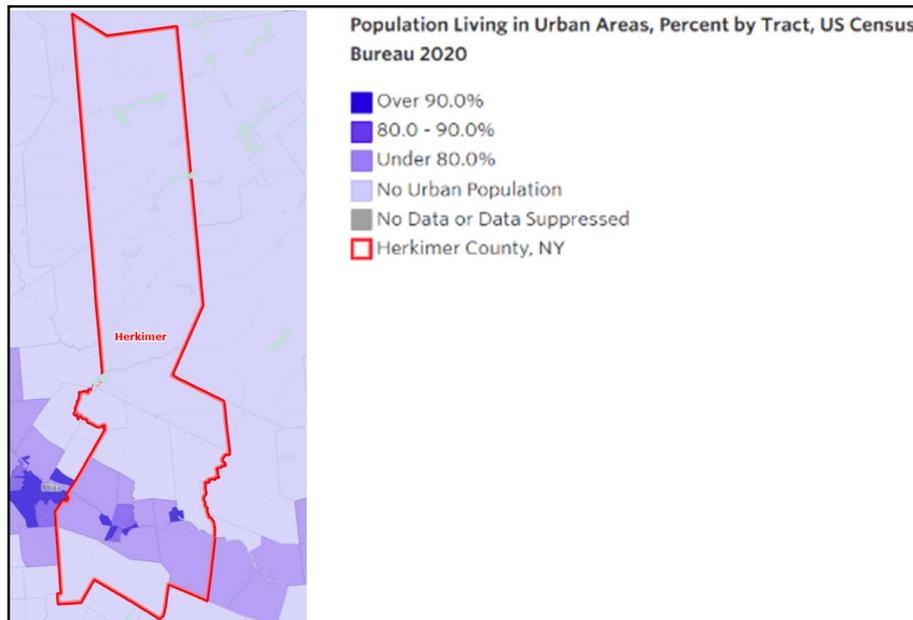
U.S. Census Bureau, *Decennial Census*, (2020)
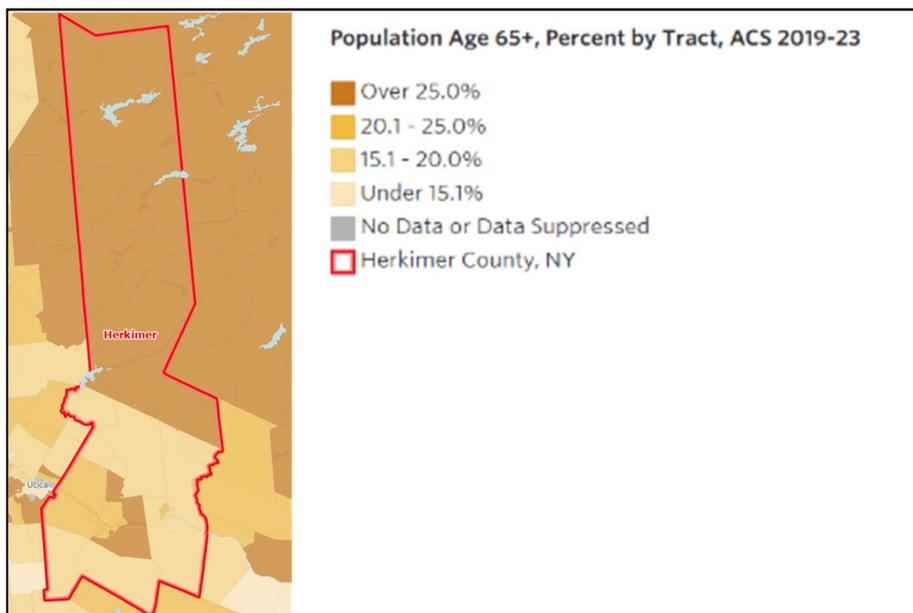
ACS 5-Year Estimates, *Demographic and Housing-DP05,* (2023)

Population Composition by Age. Herkimer County has an older age profile compared with NYS and the nation. Adults aged 45 to 64 years make up the largest share of the population (28.0%). Residents aged 65 and older account for 21.2% of the population, compared with 17.4% statewide and 16.8% nationally.[2] Children under age five represent 4.9% of residents, reflecting a relatively small young population.[2] Over the past decade, the share of older adults has increased and the proportion of younger age groups has declined, reflecting a steadily aging population.

Herkimer County	0-4 years	5-17 years	18-24 years	25-44 years	45-64 years	65+ years
Total	2,912	9,424	4,680	13,213	16,758	12,945
Percent of Total	4.9%	15.7%	7.8%	22.1%	28.0%	21.6%

ACS 5-Year Estimates, *Demographic and Housing-DP05,* (2023)
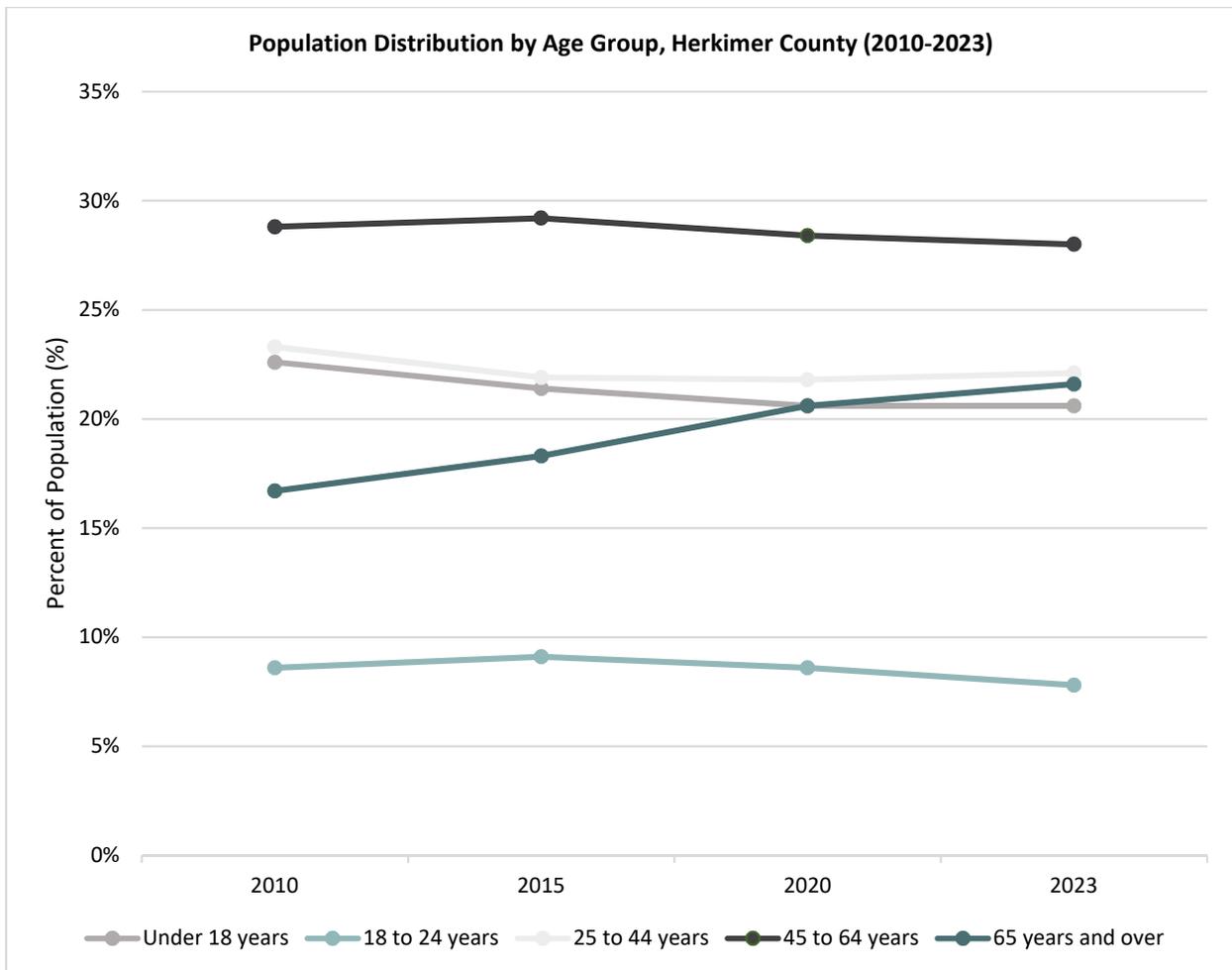
ACS 5-Year Estimates, *Demographic and Housing-DP05,* (2010-2023)

Population Composition by Sex. Herkimer County has a nearly even distribution between males and females across most age groups. Among residents age 65 and older, women represent a slightly larger share of the population.[2] This pattern reflects longer female life expectancy and is consistent with national trends.[58]

Population Pyramid, Herkimer County (2023)
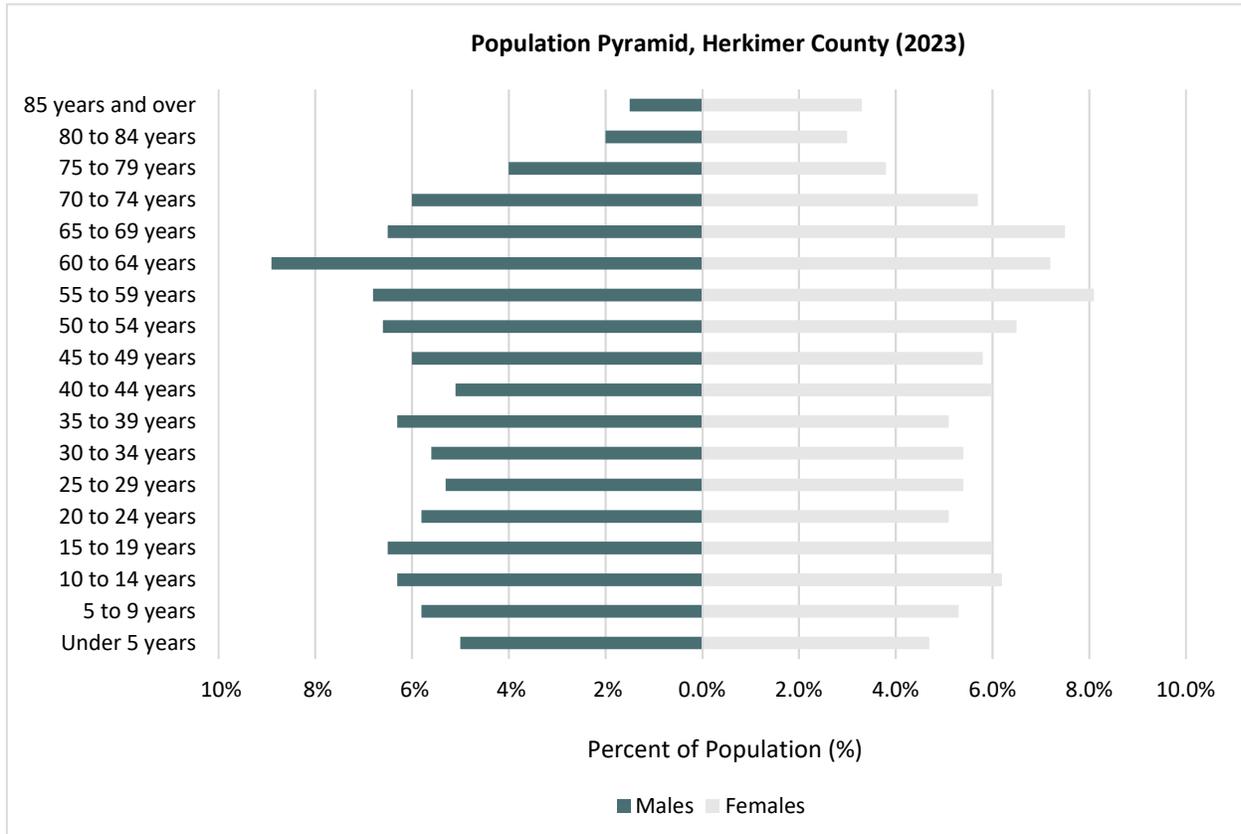
ACS 5-Year Estimates, *Demographic and Housing-DP05,* (2023)

Population Composition by Foreign-Born and Citizen Status. Foreign-born residents make up 2.8% of the county population, including 1,105 naturalized citizens and 577 non-citizens. [2] While a small share of the population, foreign-born residents add to the county's demographic diversity. Differences in language, cultural backgrounds, and social networks may influence individuals' navigation of local services and resources.

Report Area	Total Population	Naturalized U.S. Citizens, #	Population Without U.S. Citizenship, #	Foreign-Born Population, #	Foreign-Born Population, %
Herkimer County	59,932	1,105	577	1,682	2.8%
NYS	19,867,319	2,686,368	1,812,779	4,499,147	22.6%
U.S.	332,387,540	24,133,728	21,875,173	46,108,901	13.9%

ACS 5-Year Estimates, *Demographic and Housing-DP05,* (2023)

Population Composition by Race and Ethnicity. Herkimer County remains significantly less racially and ethnically diverse than NYS and the nation. Most residents identify as White (92.7%), while 4.6% identify as two or more races, up from 1.5% in prior estimates. [2, 4] Ethnically, 97.3% of residents identify as non-Hispanic or Latino, and 2.7% identify as Hispanic or Latino.[2] These modest shifts reflect gradual demographic change.

Report Area	Non-Hispanic or Latino, %	Hispanic, %
Herkimer County	97.3%	2.7%
NYS	80.4%	19.6%
U.S.	81.0%	19.0%

ACS 5-Year Estimates, *Demographic and Housing-DP05,* (2023)

Report Area	White, %	Black, %	Asian, %	Native American/Alaska Native, %	Native Hawaiian/Pacific Islander	Multiple Race, %
Herkimer County	92.7%	1.0%	0.7%	0.1%	0.2%	4.6%
NYS	57.1%	14.7%	0.5%	0.5%	0.0%	8.9%
U.S.	63.4%	12.4%	0.9%	0.9%	0.2%	10.7%

ACS 5-Year Estimates, *Demographic and Housing-DP05,* (2023)

Population Composition by Languages Spoken and English Proficiency. An estimated 94.7% of Herkimer County residents speak only English at home**.** Spanish is spoken by 1.2%, 3.4% speak other Indo-European languages, and fewer than 1% speak other languages.[5]

Among residents age five and older, 1.4% are considered to have limited English proficiency, meaning they speak a language other than English and report speaking English less than "very well."[5] This rate is lower than the state (13.3%) and national (8.4%) levels.[5] While the share of residents with limited English proficiency is small, language support remains important to ensure equitable access to services.

Report Area	Population Age 5+, #	Population Age 5+ with Limited English Proficiency, %
Herkimer County	57,020	1.4%
NYS	18,769,358	13.3%
U.S.	313,447,641	8.4%

ACS 5-Year Estimates, *Selected Social Characteristics-DP02,* (2023)

Population Composition by Disability. Disability encompasses a range of physical, cognitive, and sensory conditions that can impact daily living, independence, and well-being.[6,7] In Herkimer County, 15.8% of residents live with a disability, higher than both the state (12.2%) and national levels (13%).[5] Disability prevalence increases with age, affecting 30.5% of adults 65 and older and 6.7% of children under 18.[5] These patterns reflect a sizeable proportion of the population with varied support and accessibility needs across age groups.

Disability Type	Population with Disability, #	Prevalence, %
Hearing Difficulty	2,853	4.8%
Vision Difficulty	1,539	2.6%
Cognitive	3,374	6.0%
Ambulatory Difficulty	4,277	7.6%
Self-Care Difficulty	1,583	2.8%
Independent Living Difficulty	3,358	7.1%

ACS 5-Year Estimates, *Selected Social Characteristics-DP02,* (2023)

Report Area	Disabled, %	Disabled Under 18 Years, %	Disabled 18-64 Years, %	Disabled 65+ Years, %
Herkimer County	15.8%	6.7%	13.7%	30.5%
NYS	12.2%	4.3%	9.4%	31.6%
U.S.	13.0%	4.7%	10.7%	32.9%

ACS 5-Year Estimates, *Selected Social Characteristics-DP02,* (2023)
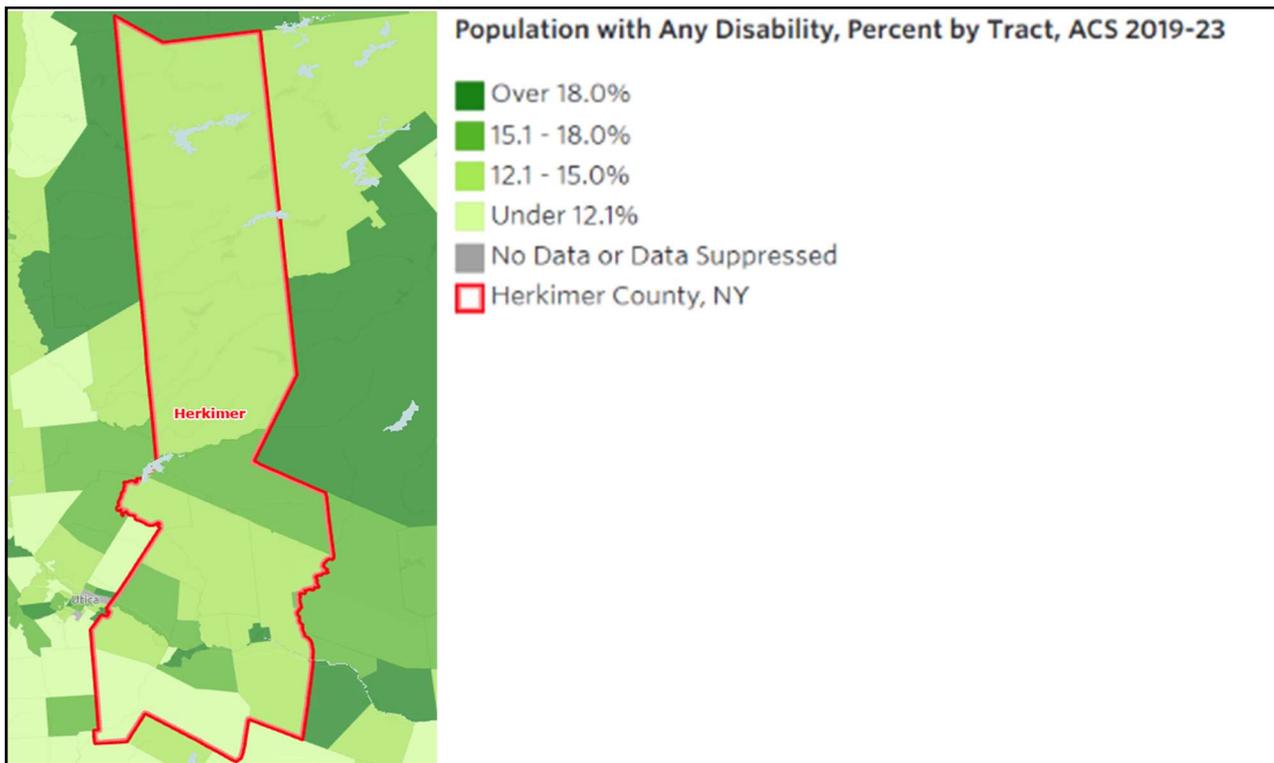
ACS 5-Year Estimates, *Selected Social Characteristics-DP02,* (2023)

Population Composition by Veteran Status. Veterans make up 7.6% of Herkimer County's adult population, nearly twice the state average (3.9%).[5] Veterans are more concentrated in the county's northern rural communities. This geographic distribution may influence access to services, particularly where travel distance and service availability vary across the county.

Report Area	Total Population Age 18+, #	Veterans, %
Herkimer County	47,579	7.6%
NYS	15,737,168	3.9%
U.S.	257,456,135	6.4%

ACS 5-Year Estimates, *Selected Social Characteristics-DP02,* (2023)
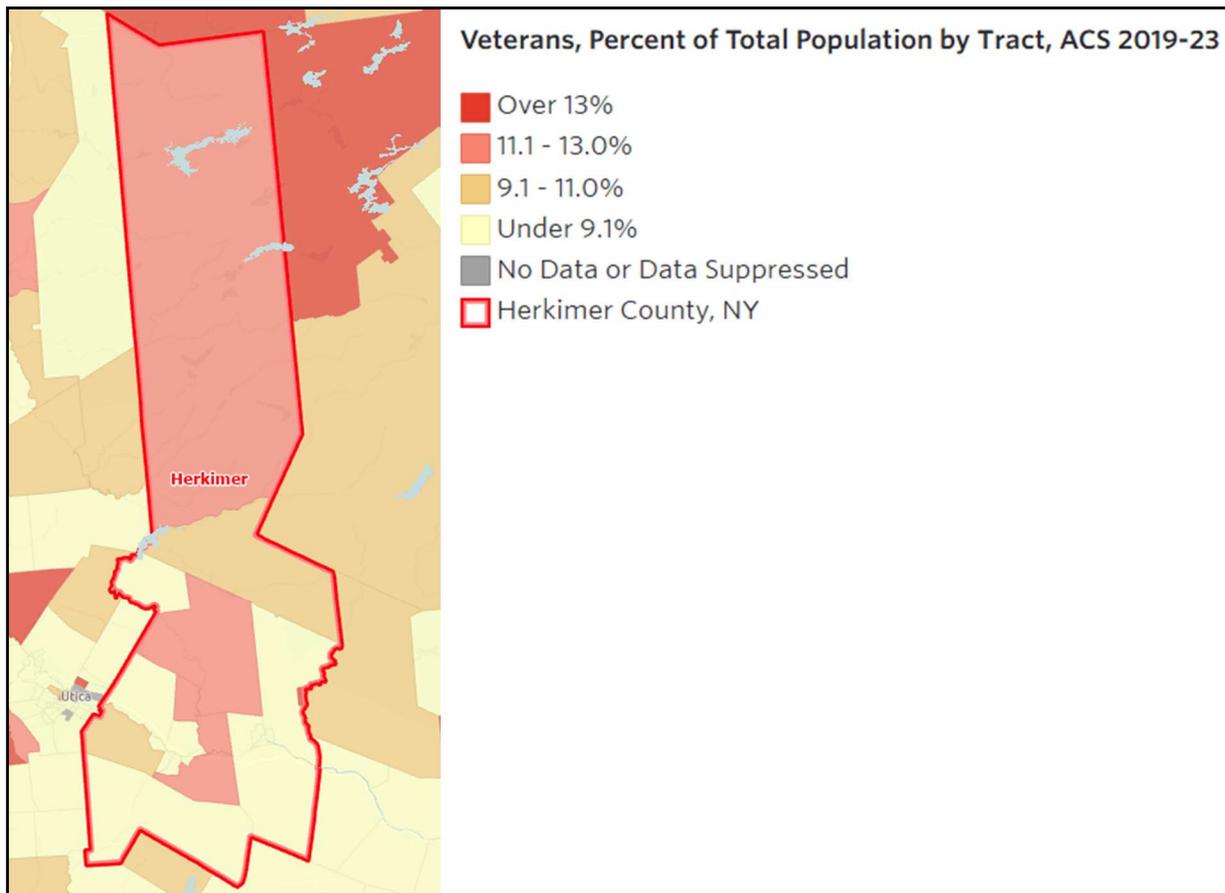
ACS 5-Year Estimates, *Selected Social Characteristics-DP02,* (2023)

Population Composition by Household Income. Household income is a key indicator of economic stability, shaping access to housing, healthcare, and other essential services. The median household income in Herkimer County is $68,858, which is below both the state and national medians. [8] Most households earn between $50,000 and $149,999 annually, with fewer shares at the lowest and highest ranges.[8] This distribution reflects a majority of households in moderate-income brackets, with segments of residents experiencing economic vulnerability.
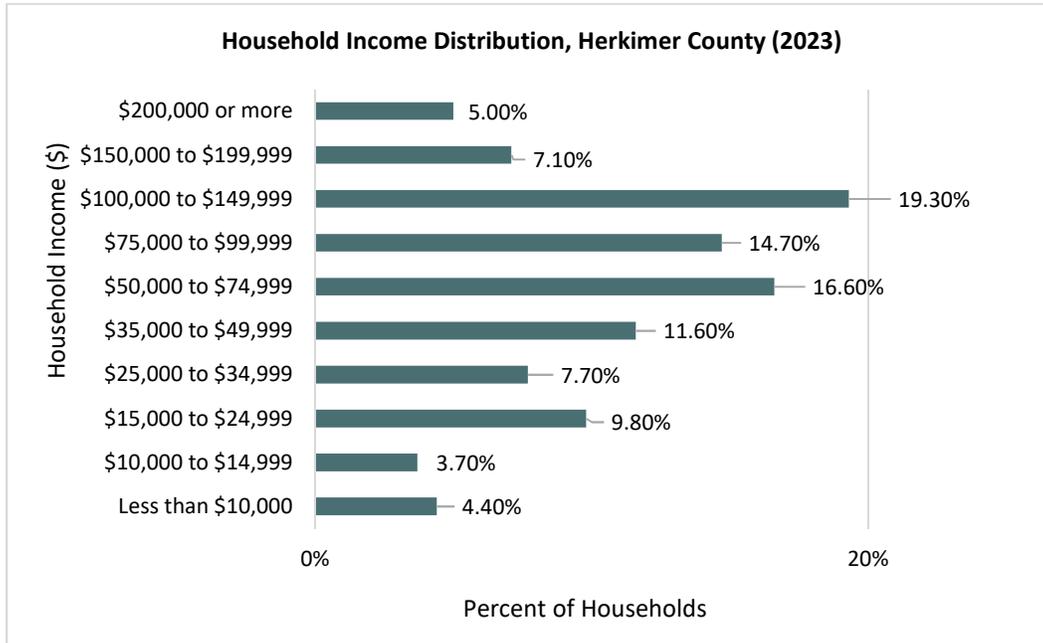
Household Income Distribution, Herkimer County (2023)

Household Income ($)

- $200,000 or more — 5.00%
- $150,000 to $199,999 — 7.10%
- $100,000 to $149,999 — 19.30%
- $75,000 to $99,999 — 14.70%
- $50,000 to $74,999 — 16.60%
- $35,000 to $49,999 — 11.60%
- $25,000 to $34,999 — 7.70%
- $15,000 to $24,999 — 9.80%
- $10,000 to $14,999 — 3.70%
- Less than $10,000 — 4.40%

Percent of Households (0% – 20%)

ACS 5-Year Estimates, *Income Past 12 Months-S1901,* (2023)

Median Household Income by Tract, ACS 2019-23

- Over $70,000
- $60,000 - $70,000
- $50,000 - $59,999
- Under $50,000
- No Data or Data Suppressed
- Herkimer County, NY
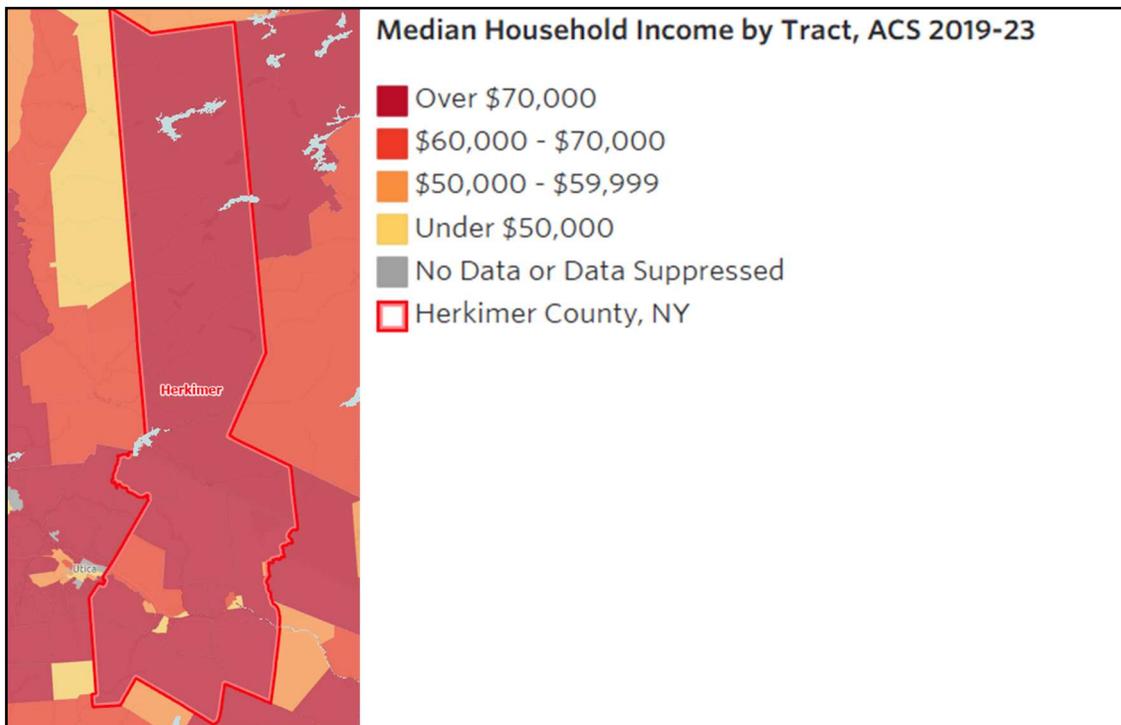
ACS 5-Year Estimates, *Income Past 12 Months-S1901,* (2023)

Population Composition by Per Capita Income. Per capita income represents the average income earned per person in a given area and helps illustrate overall economic conditions. The per capita income in Herkimer County is $35,959, which is below the NYS and national averages.[8] While this measure provides a general indicator of economic conditions, it does not reflect differences in household size, cost of living, or income distribution.

Income levels vary across racial groups. White residents have a per capita income of $36,964, while Black, Native American, and Asian residents have lower per capita incomes.[8] These differences indicate uneven economic conditions across populations.

Report Area	Total Population, #	Per Capita Income, $
Herkimer County	59,932	$35,959
NYS	19,872,319	$49,520
U.S.	332,387,540	$43,289

ACS 5-Year Estimates, *Income Past 12 Months-S1901,* (2023)

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Some Other Race	Multiple Races
Herkimer County	$36,964	$18,529	$15,355	$17,256	$33,865	$22,406
NYS	$59,232	$33,800	$26,437	$51,908	$26,950	$37,193
U.S.	$49,030	$30,317	$26,225	$54,523	$26,013	$30,389

ACS 5-Year Estimates, *Income Past 12 Months-S1901,* (2023)
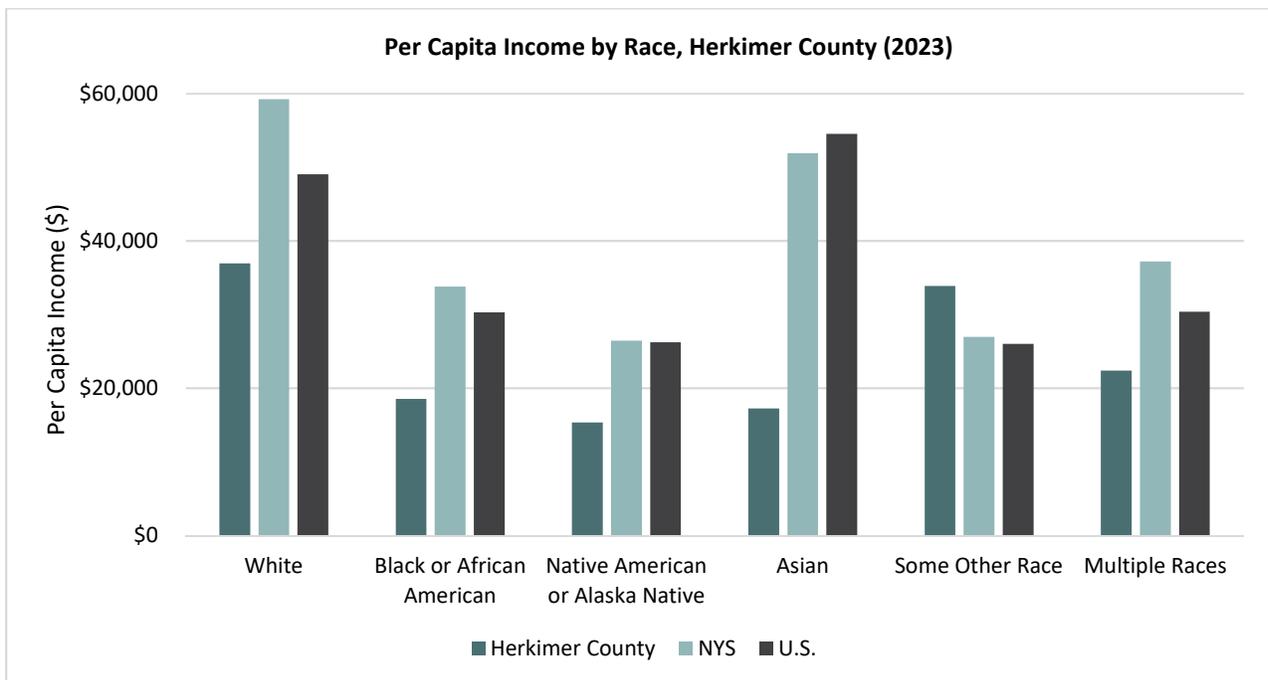
ACS 5-Year Estimates, *Income Past 12 Months-S1901,* (2023)

Social Determinants of Health (SDOH)

SDOH are the conditions in which people live, learn, work, and age that influence health outcomes. Reviewing local social and economic conditions provides context for understanding disparities and planning targeted interventions.

Economic Stability. Economic stability affects access to housing, food, and healthcare, and is closely linked to long-term health outcomes. In Herkimer County, indicators show ongoing economic strain, including income, poverty, and housing challenges.

Economic Stability: Poverty. An estimated 13.3% of residents live below the federal poverty level (FPL).[9] Poverty disproportionately affects children, with 16.7% of residents under age 18 and 15.8% of children under age 5 living in poverty.[9] Child poverty rates are highest in the southern census tracts, particularly in Ilion, Herkimer, and Little Falls, where child poverty exceeds 30% and reaches nearly 48% in Census Tract 107.02 (Little Falls).[9]

Report Area	Total Population	Population Below FPL, %	Population <18 Years Below FPL, %	Population <5 Years Below FPL, %
Herkimer County	59,932	13.3%	16.7%	15.8%
NYS	19,867,319	13.7%	18.2%	18.6%
U.S.	332,387,540	12.4%	16.3%	17.6%

ACS 5-Year Estimates*, Poverty Status in the Past 12 Months S1701,* (2023)
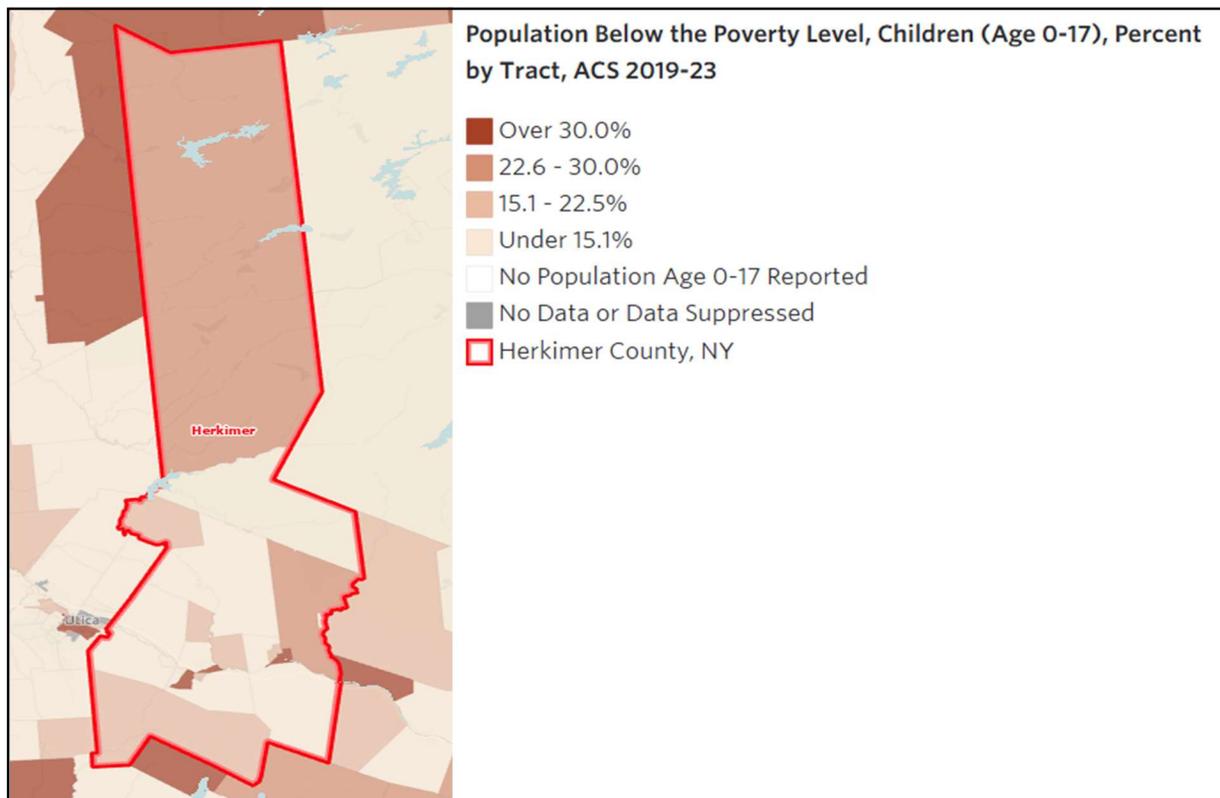
ACS 5-Year Estimates*, Poverty Status in the Past 12 Months S1701,* (2023)

Most residents living in poverty in Herkimer County are White, reflecting the county's overall demographic composition. However, poverty rates are higher among Black, Hispanic/Latino, and multiracial residents compared with White residents. These differences show uneven economic conditions across racial and ethnic groups.

Poverty Status by Race and Ethnicity, Herkimer County (2023)

	White alone	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Some other race alone	Two or more races	Hispanic or Latino origin (of any race)
Herkimer County	12.6%	32.2%	17.3%	33.9%	0.0%	46.3%	14.6%	27.6%
NYS	10.0%	20.6%	22.7%	13.9%	22.2%	21.9%	16.0%	20.1%
U.S.	9.9%	21.3%	21.8%	9.0%	17.2%	18.2%	14.7%	16.9%
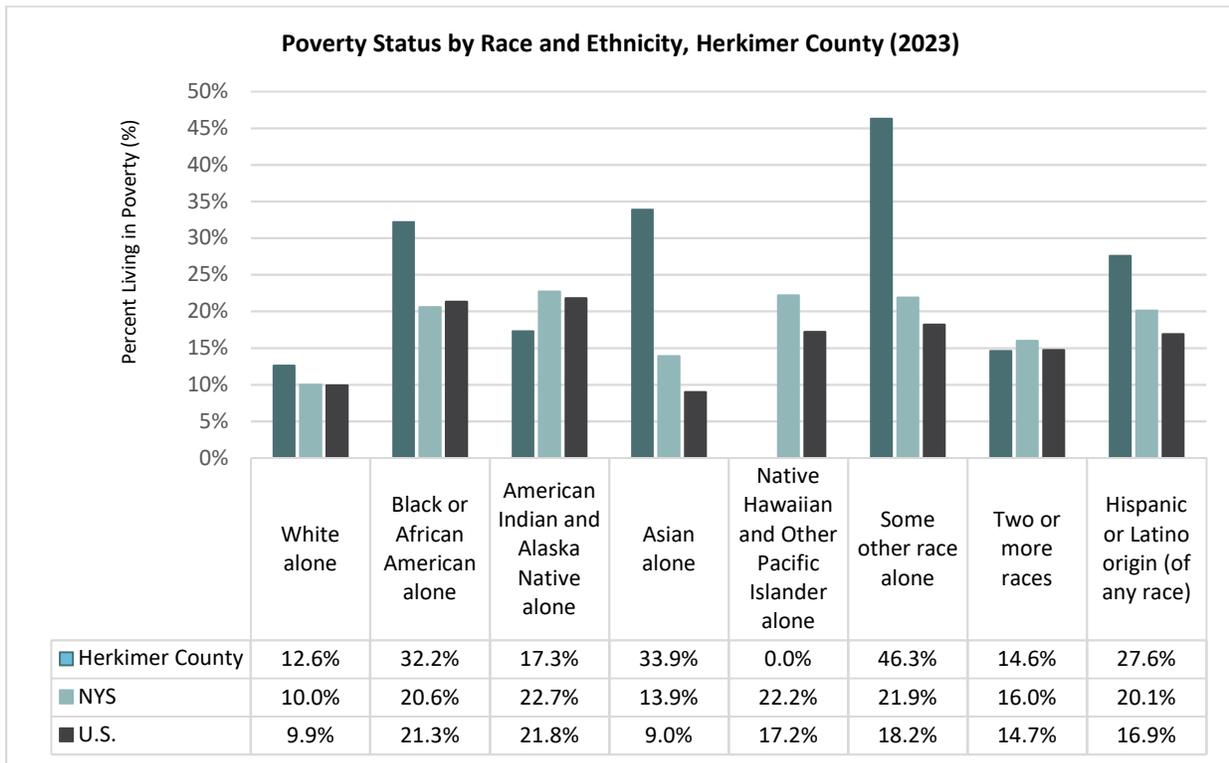
ACS 5-Year Estimates, *Poverty Status in the Past 12 Months S1701,* (2023)

Economic Stability: Asset Limited, Income Constrained, Employed Households (ALICE). In addition to residents living below the federal poverty level, many working households struggle to meet basic needs despite earnings above the poverty threshold.[10] According to the 2023 United Way ALICE Report, at least 7,159 Herkimer County households fall into the ALICE category.[11] These households often earn too much to qualify for public assistance yet face difficulty affording housing, childcare, and healthcare. ALICE rates are highest among Black, Hispanic/Latino, and multiracial households, as well as single female–headed families with children.[11] These patterns highlight strain among working families who remain vulnerable to changes in income or expenses.

Report Area	Total Households	ALICE Households, %
Herkimer County	25,426	28%
NYS	7,668,956	33%
U.S.	127,482,865	29%

United for ALICE, *New York County Reports*, (2023)
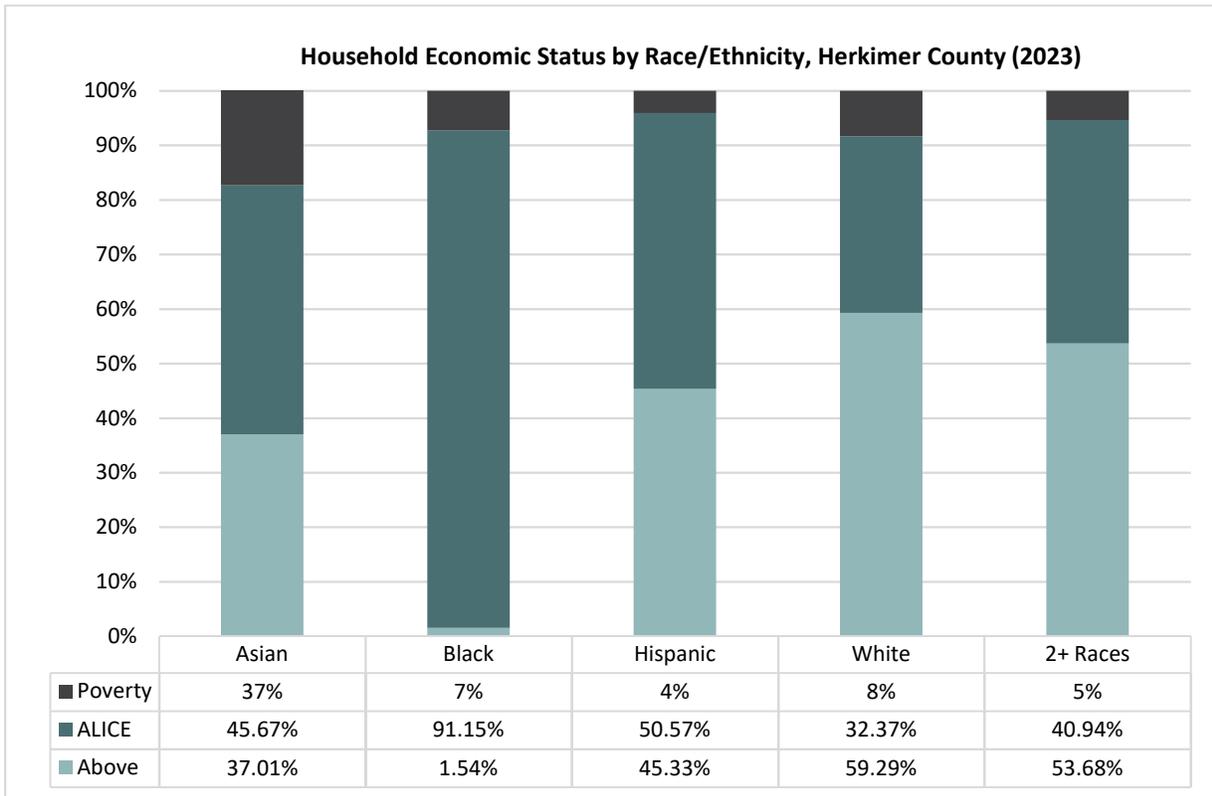
Household Economic Status by Race/Ethnicity, Herkimer County (2023)

	Asian	Black	Hispanic	White	2+ Races
■ Poverty	37%	7%	4%	8%	5%
■ ALICE	45.67%	91.15%	50.57%	32.37%	40.94%
■ Above	37.01%	1.54%	45.33%	59.29%	53.68%

United for ALICE, *New York County Reports*, (2023)

Households Below the ALICE Threshold (ALICE+Poverty) with Children, Herkimer County (2010-2022)

Number of Households Below the ALICE Threshold

— Married   — Single Female   — Single Male
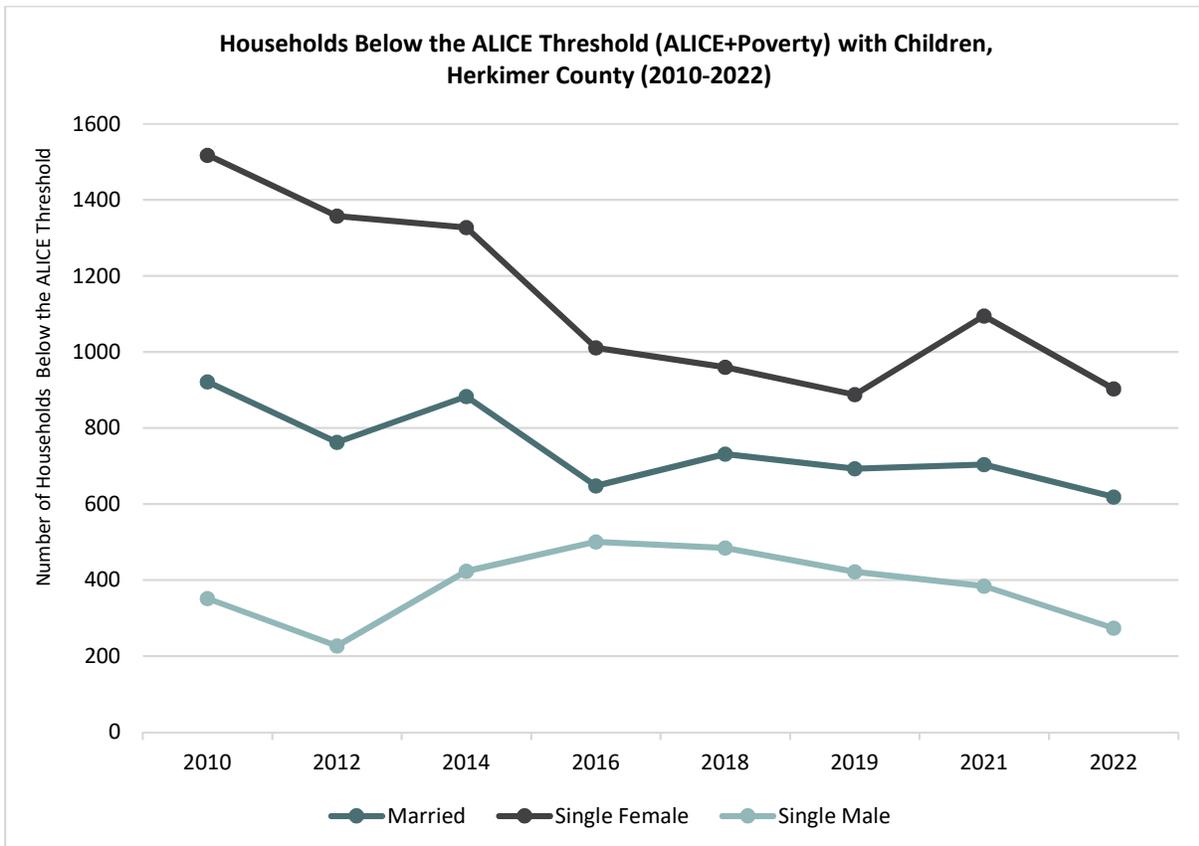
United for ALICE, *New York County Reports*, (2023)

Economic Stability: Employment. In 2023, Herkimer County's civilian labor force totaled 29,211 residents**,** with 27,920 employed and 1,291 unemployed**,** yielding an unemployment rate of 4.4%**.**[12] Over the past decade, unemployment in Herkimer County has generally mirrored state and national patterns, including a sharp increase in 2020 related to the COVID-19 pandemic.

Monthly data from the past year reflect expected seasonal variation, with unemployment rising in early 2025 and returning to typical levels by summer.[13] While unemployment rates remain generally aligned with statewide and national patterns, seasonal shifts and a smaller labor force underscore ongoing workforce challenges in a rural economy.

Report Area	Civilian Labor Force	Employed, #	Unemployed, #	Unemployed, %
Herkimer County	29,211	27,920	1,291	4.4%
NYS	10,200,538	9,568,411	632,127	6.2%
U.S.	169,567,852	159,808,535	8,759,317	5.2%

ACS 5-Year Estimates, *Selected Economic Characteristics-DP03,* (2023)

Annual Average Unemployment Rate (Not Seasonally Adjusted), Herkimer County (2014-2024)

U.S. Bureau of Labor Statistics*, Unemployment Rate Herkimer County,* (2025)
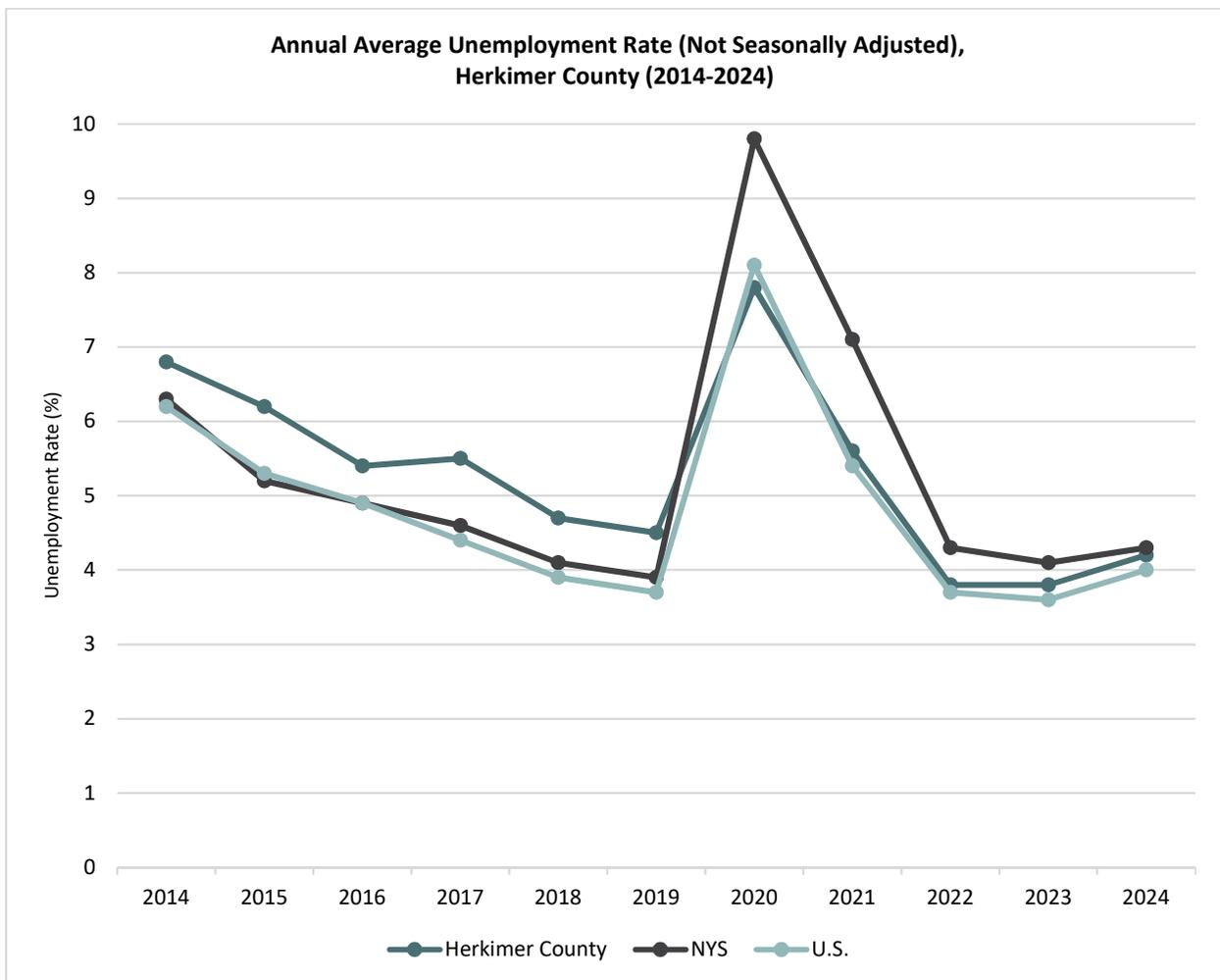
Monthly Unemployment Rate in Past 12 Months, Herkimer County (2024-2025)
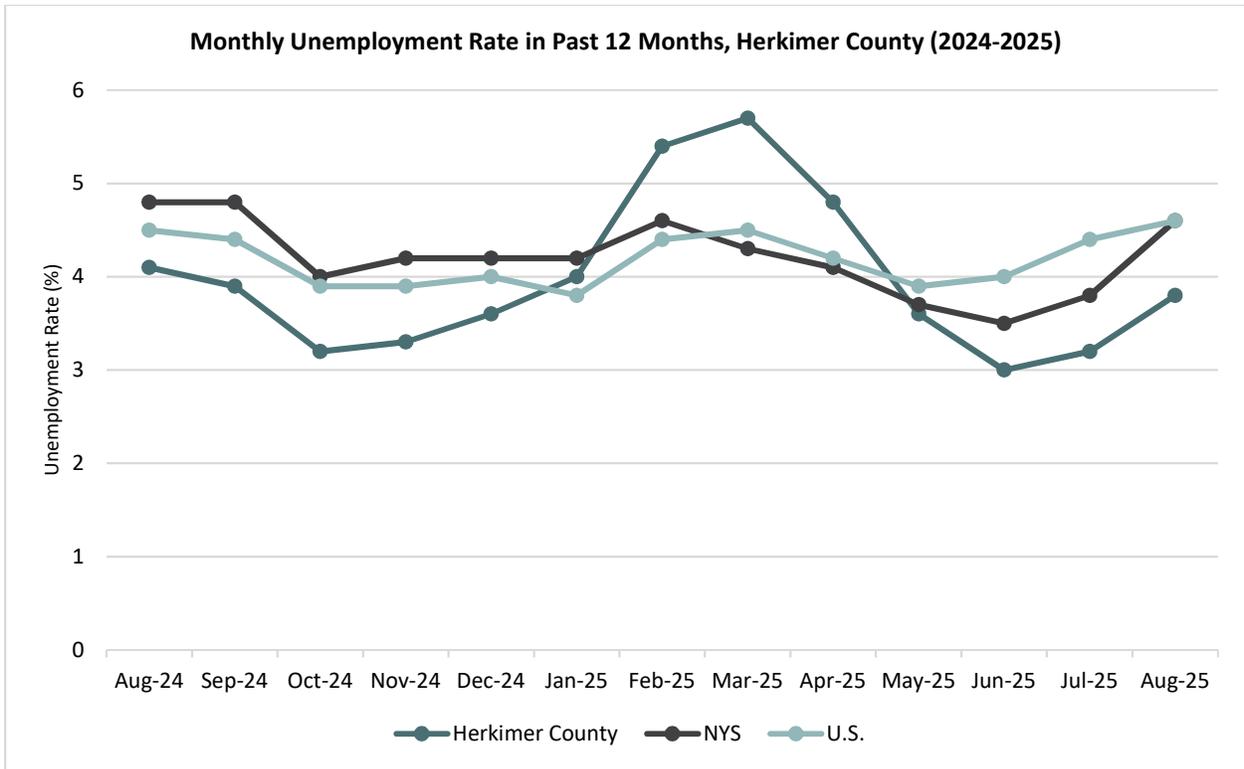
U.S. Bureau of Labor Statistics*, Unemployment Rate Herkimer County,* (2025)

Economic Stability: Food Security. According to the 2021 BRFSS, 28.8% of Herkimer County adults reported experiencing food insecurity, one of the highest rates in NYS outside of New York City.[14] An estimated 8,170 residents in the county are food insecure. Approximately two-thirds of food-insecure residents live at or below 200% of the FPL and likely qualify for nutrition assistance programs such as Supplemental Nutrition Assistance Program (SNAP).[15] The remaining one-third fall above eligibility thresholds, indicating that some working households experience food hardship without qualifying for assistance.[15]

Food Security Status with SNAP Eligibility Breakdown, Herkimer County (2023)
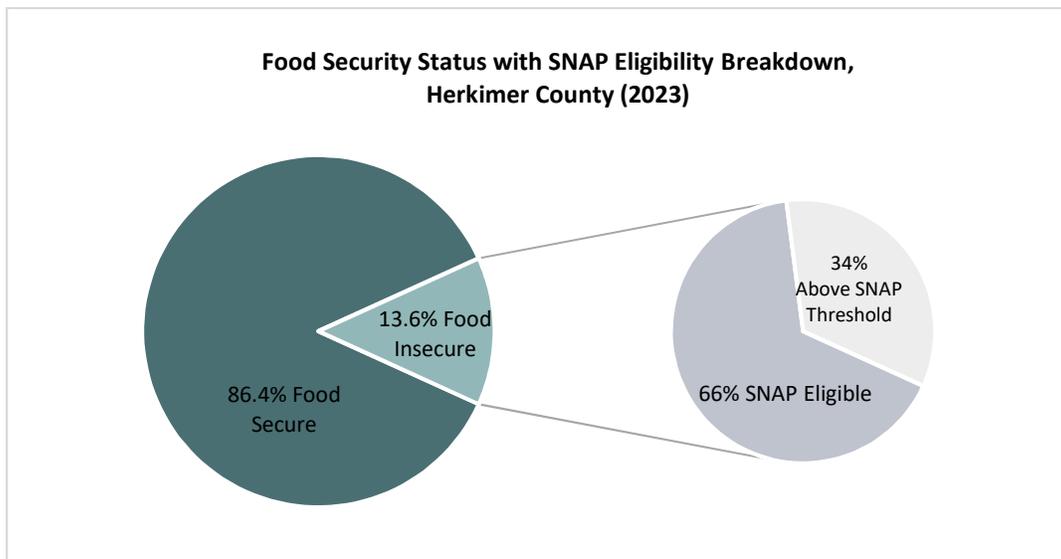
Feeding America, *Map the Meal Gap,* (2025)

Economic Stability: Public Assistance Income and SNAP. Approximately 14.4% of Herkimer County households receive public assistance income or participate in SNAP, slightly below NYS (16.3%) but above the national level (12.8%).[16] The county has approximately 58 SNAP-authorized retailers.[17] While benefits can be used across these locations, access is more limited in rural areas where fewer grocery stores and food retailers operate.

Report Area	Total Households	Households with Public Assistance Income or SNAP, #	Households with Public Assistance Income or SNAP, %
Herkimer County	25,426	3,664	14.4%
NYS	7,668,956	1,252,826	16.3%
U.S.	127,482,865	16,313,496	12.8%

ACS 5-Year Estimates, *Public Assistance Income/SNAP-B19058,* (2023)

Economic Stability: Children Eligible for Free/Reduced-Price Lunch. During the 2022–2023 school year, 60% of students in Herkimer County were eligible for free or reduced-price lunch, indicating economic vulnerability among households with children. Eligibility for the National School Lunch Program (NSLP) is based on income or automatic enrollment through programs such as SNAP, Head Start, or foster care. Students in households at or below 130% of the FPL are eligible for free meals, and those between 130% and 185% of the FPL qualify for reduced-price meals.[18] In 2025, NYS expanded access to universal free school meals, which may help reduce food insecurity for school-age children, particularly in lower-income districts.[20]
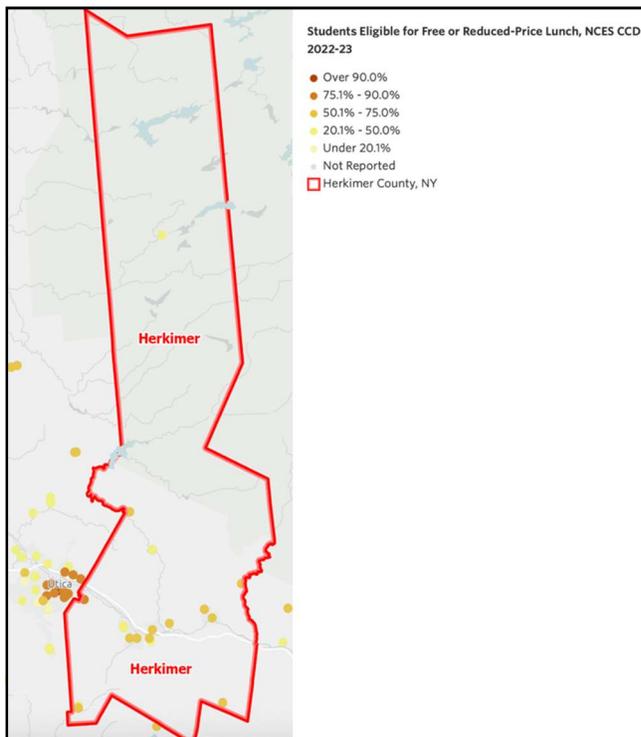
National Center for Education Statistics, *NCES-Common Core of Data,* (2022-2023

Report Area	Students Eligible for Free or Reduced-Price Lunch, %
Herkimer County	60%
NYS	57%
U.S.	55%

National Center for Education Statistics, *NCES-Common Core of Data,* (2022-2023)

Economic Stability: Homelessness. Homelessness affects a small share of residents but remains a concern. Point-in-Time counts fluctuated between 2019 and 2024, peaking at 94 individuals in 2023, followed by a 64% decline in 2024.[21] Although the overall count declined, the proportion of homeless unsheltered individuals increased, indicating changing housing and service needs.

Point-in-Time Counts, Herkimer County (2019-2024)
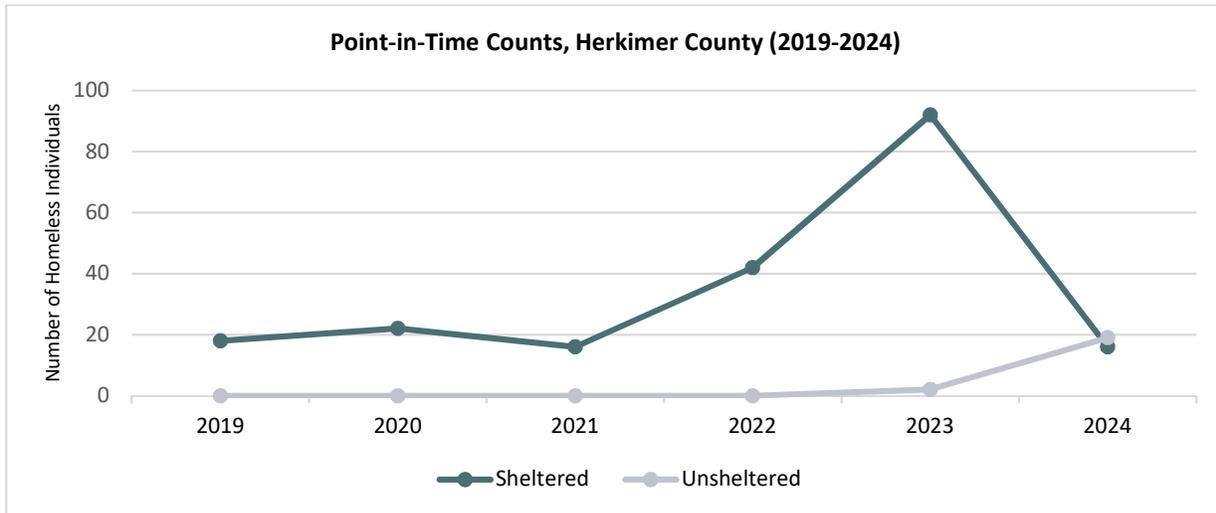
New York State Office of Temporary and Disability Assistance, *PIT Summary Report,* (2024)

Economic Stability: Housing Affordability and Stability. In Herkimer County, the median household income is $68,858**,** and the median gross rent is $811, both below state and national levels.[8,22] While housing costs are comparatively lower, 37.3% of renter households are cost-burdened, spending 30% or more of their income on rent.[22] Among homeowners, 21.8% with a mortgage and 13.7% without one experience similar strain.[23, 24] Lower overall housing costs do not eliminate affordability pressures, particularly for residents with limited or fixed incomes.

Report Area	Median Household Income	Median Gross Rent	Cost-Burdened Rental Households, #	Cost-Burdened Rental Households, %
Herkimer County	$68,858	$811	2,289	37.3%
NYS	$84,578	$1,576	1,706,073	48.7%
U.S.	$78,538	$1,348	20,909,407	46.9%

ACS 5-Year Estimates, *Income Past 12 Months-S1901,* (2023); ACS 5-Year Estimates, *Gross Rent-* B25070*,* (2023)

Report Area	Cost-Burdened Owner-Occupied Households w/ Mortgage, #	Cost-Burdened Owner-Occupied Households w/ Mortgage, %	Cost-Burdened Owner-Occupied Households w/o Mortgage, #	Cost-Burdened Owner-Occupied Households w/o Mortgage, %
Herkimer County	2,117	21.8%	1,318	13.7%
NYS	792,682	32.6%	329,546	19.1%
U.S.	13,886,916	27.4%	4,391,728	13.7%

ACS 5-Year Estimates, *Financial Characteristics Housing Units-S2506,* (2023); ACS 5-Year Estimates, *Financial Characteristics Housing Units-S2507,* (2023)

Neighborhood and Built Environment. Neighborhood conditions such as transportation, housing, and infrastructure influence daily life. In Herkimer County, rural areas and older urban centers create varied physical environments and access to services.

Neighborhood and Built Environment: Housing Stock. Herkimer County's housing stock is older than that of NYS and the U.S. More than half of all homes in the county (53.7%) were built before 1960, compared with 52.4% statewide and just 25.7% nationally.[25] An additional 19.8% were built between 1960 and 1979, and fewer than 1% were built after 2020. Older housing can pose maintenance and safety challenges, particularly related to lead, energy efficiency, and structural conditions.

Report Area	Built Before 1960, %	Built 1960-1979, %	Built 1980-1999, %	Built 2000-2019, %	Built 2020+, %
Herkimer County	53.7%	19.8%	16.4%	9.5%	0.6%
NYS	52.4%	22.4%	13.6%	11.1%	0.4%
U.S.	25.7%	24.4%	25.9%	22.9%	1.1%

ACS 5-Year Estimates, *Physical Housing Characteristics*-S2504*, (2023)*

Neighborhood and Built Environment: Substandard Housing Quality. Housing quality is closely tied to health and unsafe or inadequate housing can increase the risk of injury and illness. A housing unit is considered substandard if it has incomplete plumbing, incomplete kitchen facilities, overcrowding (more than one occupant per room), or housing costs above 30% of household income. In Herkimer County, 23.4% of occupied housing units meet one or more of these conditions, compared to 38.8% statewide and 32.0% nationally.[25] While below the state rate, substandard housing affects nearly one in four homes locally.
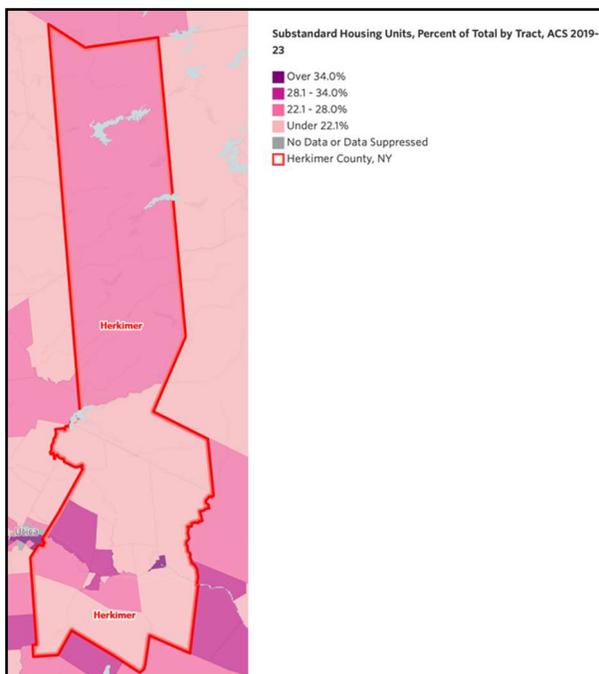
Report Area	Total Occupied Housing Units, #	Occupied Housing Units w/ 1+ Substandard Condition, #	Occupied Housing Units w/ 1+ Substandard Condition, %
Herkimer County	25,426	5,952	23.41%
NYS	7,668,956	2,972,221	38.76%
U.S.	127,482,865	40,765,129	31.98%

ACS 5-Year Estimates, *Physical Housing Characteristics*-S2504*, (2023)*

ACS 5-Year Estimates, *Physical Housing Characteristics*-S2504*, (2023)*

Neighborhood and Built Environment: Transportation. Reliable transportation shapes access to employment, healthcare, and daily mobility. Most Herkimer County residents rely on personal vehicles. In 2022, 80.1% of workers drove alone and fewer than 1% used public transportation.[65] About 9.1% of households lack access to a vehicle, similar to national levels but below the state average.[25]

Public transit service is limited. Fixed-route options are primarily available through regional systems that operate at limited capacity in the area.[66] Rural areas depend on personal vehicles or specialized transportation programs, creating access challenges for residents without reliable transportation.

Report Area	Total Households	Households with No Motor Vehicle, %
Herkimer County	25,426	9.1%
NYS	7,668,956	29.0%
U.S.	127,482,865	8.3%

ACS 5-Year Estimates, *Physical Housing Characteristics*-S2504, (2023)

HOCTC Human Services Transportation Plan, (2022)

Mode of Transportation to Work, Herkimer County (2022)

- 0.13%
- 3.05%
- 8.84%
- 6.72%
- 80.10%

- ■ Drove Alone
- ■ Carpooled
- ■ Public Transporation
- ■ Walked
- ■ Worked from Home
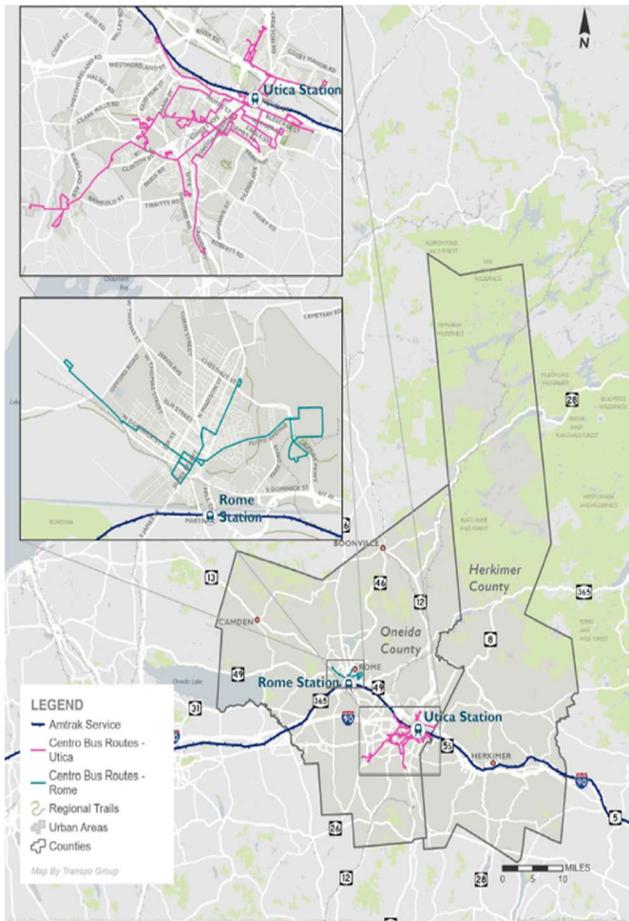
Bureau of Transportation Statistics, (2022)
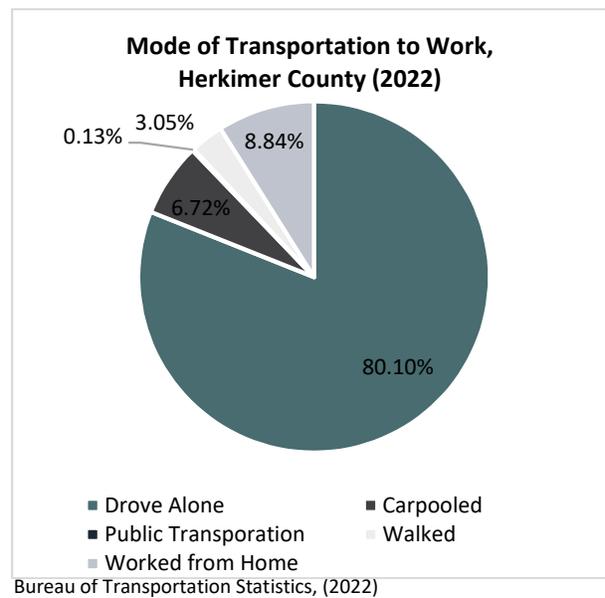
Neighborhood and Built Environment: Crime. The New York State Division of Criminal Justice Services (NYS DCJS) reports county-level crime rates using the Federal Bureau of Investigation Uniform Crime Reporting categories: index, violent, property, and violent crime with a firearm.

Type of Crime	Definition
Index	Murder and non-negligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft
Violent	Murder, rape, robbery, aggravated assault
Property	Burglary, larceny, and motor vehicle theft
Violent Crime w/ Firearm	Murder, rape, robbery, aggravated assault while using a firearm

In Herkimer County, the index crime rate was 1,431.2 per 100,000 residents. Property crimes accounted for most offenses at 1,310.4 per 100,000.[26] Violent crime was lower at 213.9 per 100,000 residents, and incidents involving firearms were rare.[26]

Crime rates have generally declined since 2017. However, year-to-year variation occurs. The county's small population means modest changes in incident counts can lead to noticeable rate fluctuations.

Herkimer County Crime Rates		
Crime Type	Count, #	Rate per 100,000
Index Crime	890	1,431.2
Violent Crime	133	213.9
Property Crime	757	1,217.3
Violent Crime w/ Firearm	3	4.8

NYS DCJS, *County Crime Statistics,* (2010-2023)
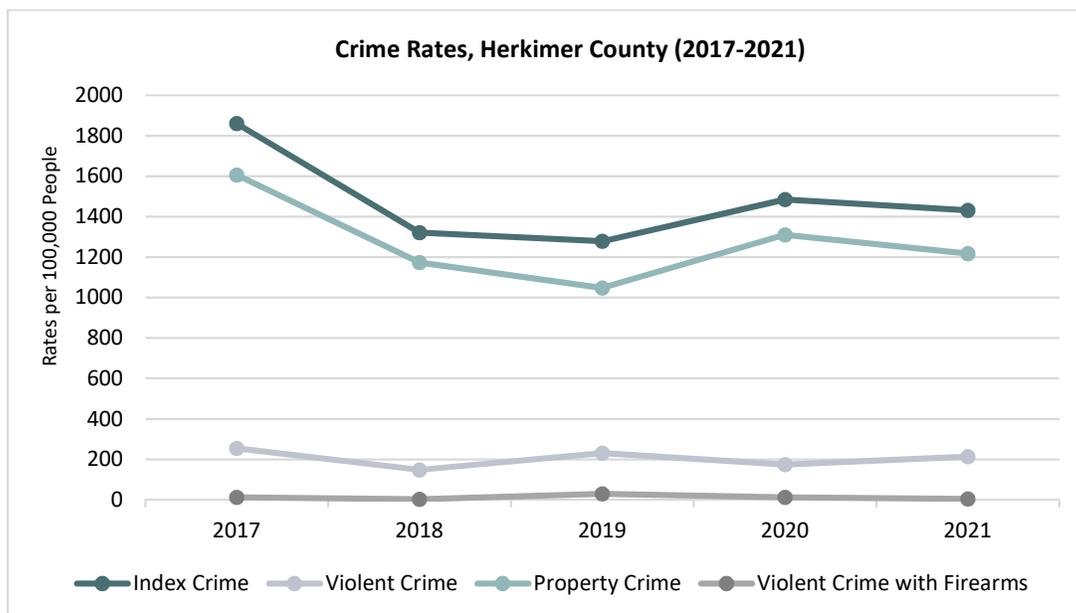
NYS DCJS, *County Crime Statistics,* (2010-2023)

Neighborhood and Built Environment: Air Quality. Air quality in Herkimer County is generally favorable. In 2020, the county recorded zero days in which particulate matter (PM2.5) exceeded the National Ambient Air Quality Standard (35 µg/m³, 24-hour average). [27] This mirrors statewide results and compares with a national average of two exceedance days per year (0.59%).[27] Consistently low PM2.5 levels support respiratory health and allow residents to engage in outdoor activities with minimal air-quality-related risk.

Report Area	Number of Days Exceeding NAAQS Standards	Days Exceeding Standard Crude Rate, %
Herkimer County	0	0%
NYS	0	0%
U.S.	2	0.59%

CDC, *National Environmental Public Health Tracking Network,* (2020)

Neighborhood and Built Environment: Internet Access. Internet access supports education, employment, healthcare access, and social participation. In Herkimer County, internet access differs by income. Among households earning under $20,000, 32.4% have no internet subscription, compared to 6.0% of households earning $75,000 or more per year.[59] Broadband subscription rates increase with income, indicating economic disparities in digital access.

Geographic variation is also present. According to the 2025 New York State Broadband Map, 11.4% of households in Herkimer County remain "unserved," meaning they lack access to fixed wired or wireless service with minimum speeds of 25 Mbps.[60] Although coverage has expanded, infrastructure and affordability gaps remain, particularly in rural areas in the northern part of the county.

Report Area	Served, %	Unserved, %
Herkimer County	88.3%	11.4%
NYS	97.4%	2.5%

New York State Department of Public Service, *Broadband Map,* (2025)

Internet Subscription by Household Income, Herkimer County (2023)

	Less than $20,000	$20,000 to $74,999	$75,000 or more
No Internet subscription	32.40%	12.70%	6.00%
Broadband Internet subscription	66.90%	86.70%	93.90%
Dial-up Internet subscription alone	0.70%	0.60%	0.10%
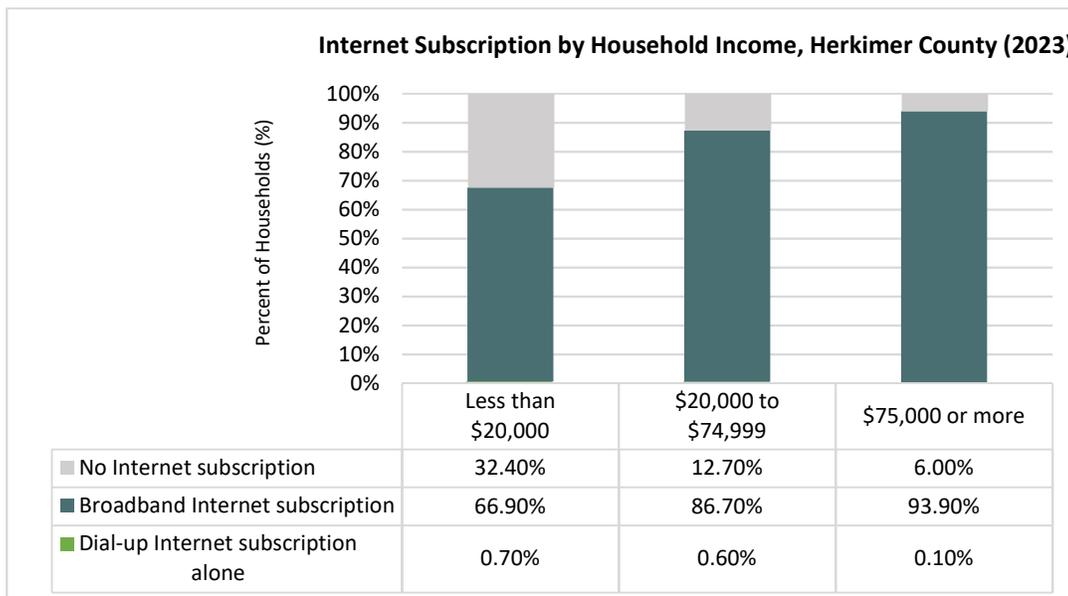
ACS 5-Year Estimates, *Internet Subscriptions-*S2901, (2023)

Education Access and Quality. Education influences lifelong health by shaping employment opportunities, income, and the ability to navigate health systems. Access to quality early learning and education equips children with foundational skills, promotes social development, and influences health behaviors across the lifespan.

Education Access and Quality: Preschool Enrollment. In Herkimer County, 45.2% of children ages 3 to 4 are enrolled in preschool, compared with 58.7% statewide.[30] Enrollment varies by economic status, with a greater share of enrolled children from households below the FPL than in state and national patterns.[31] This reflects the county's higher proportion of low-income families and the role of preschool programs in supporting young children in economically disadvantaged households.

Report Area	Population Age 3-4, #	Population Age 3-4 Enrolled in School, %	Population Age 3-4 in Public School, %	Population Age 3-4 in Private School, %
Herkimer County	1,247	45.2%	78.4%	21.6%
NYS	475,401	58.7%	61.4%	38.6%
U.S.	7,932,435	45.6%	58.0%	42.0%

ACS 5-Year Estimates, *School Enrollment*-S1401, (2023)

Children Enrolled in Preschool/Nursery School by Poverty Level, Herkimer County (2023)

	Herkimer County	NYS	U.S.
Above Poverty Level	78.7%	83.40%	86.10%
Below Poverty Level	21.3%	16.60%	13.90%
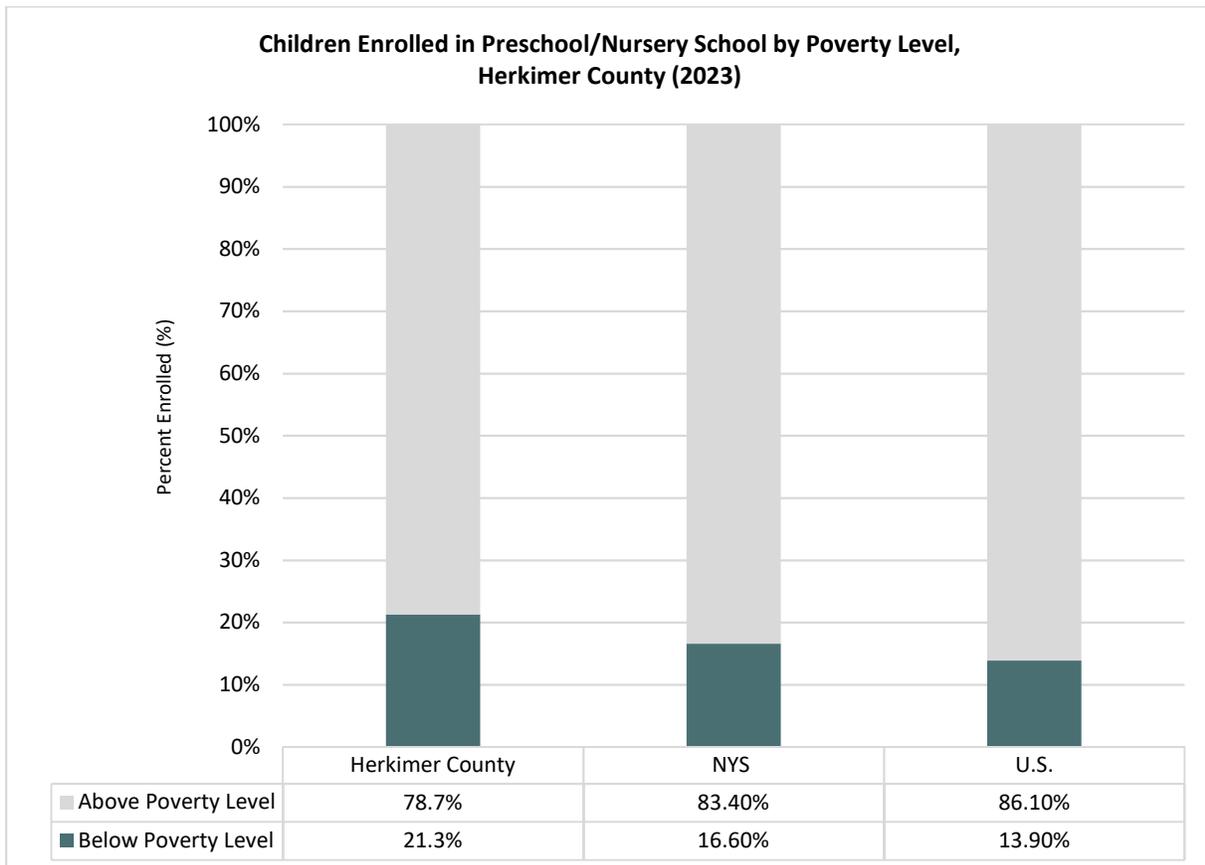
ACS 5-Year Estimates, *Poverty status in the past 12 months by school enrollment- B14006,* (2023)

Education Access and Quality: High School Graduation Rate. High School completion is a significant milestone that expands opportunities for employment and higher education. For the 2020 cohort, Herkimer County's four-year graduation rate was 87%, similar to the NYS rate of 86%. Most students earned a Regents diploma.[32] A smaller share completed the Advanced Regents diploma, which requires additional coursework and exams.

Graduation rates are not uniform across student groups. Students with disabilities, homeless students, and those from economically disadvantaged backgrounds graduate at lower rates than their peers. These differences suggest that non-academic barriers, including transportation, housing instability, and health-related challenges, may affect educational outcomes.

Report Area	Graduation Rate, %	Advanced Regents Diploma, %	Regents Diploma, %	Local Diploma, %	GED Transfer, %	Dropout, %
Herkimer County	87%	29%	56%	3%	0%	8%
NYS	86%	33%	51%	2%	1%	5%

NYS Department of Education, *Graduation Rates by County,* (2024)

High School Graduation Rates by Student Groups, Herkimer County (2024 Cohort)
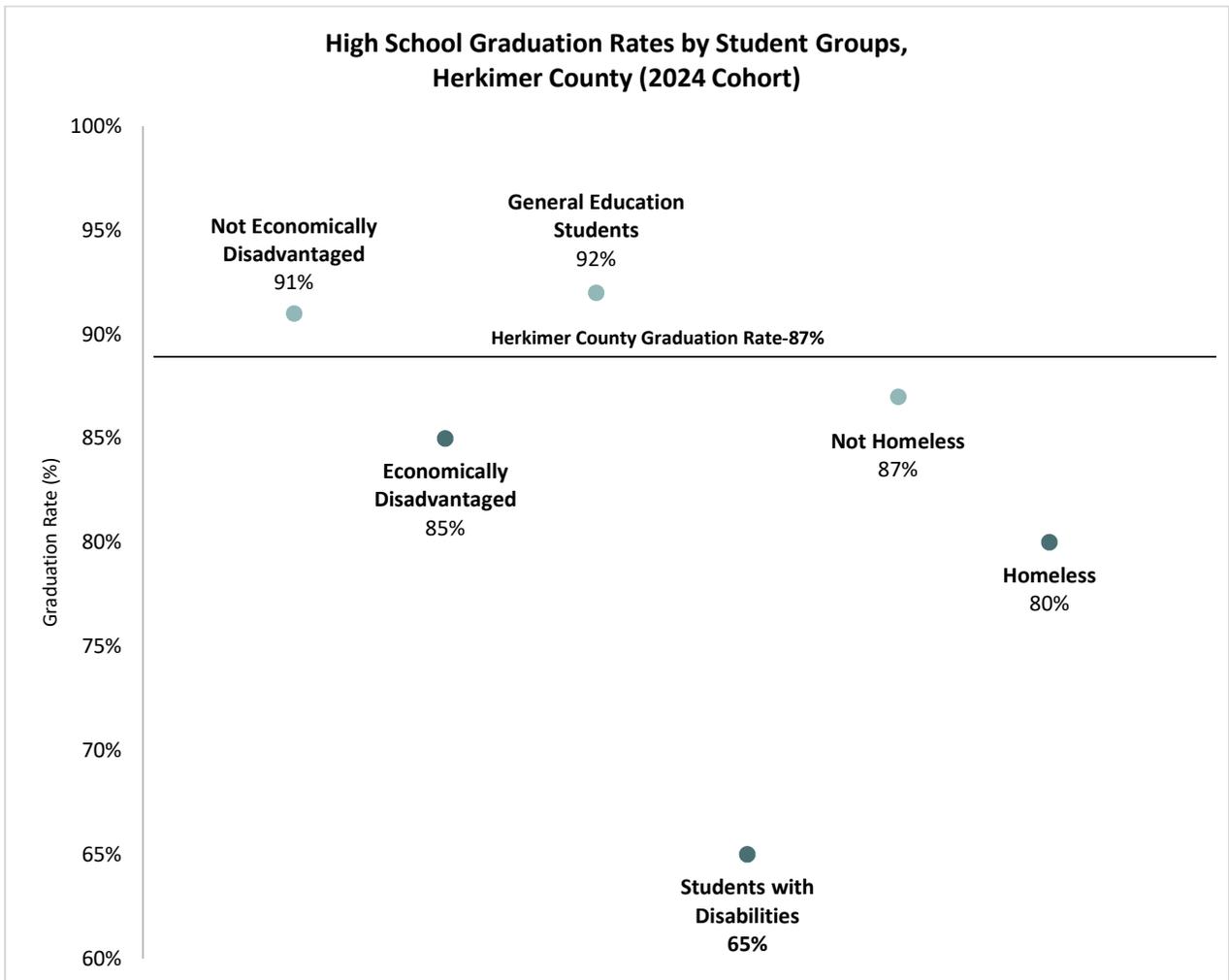
NYS Department of Education, *Graduation Rates by County,* (2024)

Education Access and Quality: Higher Education. Educational attainment in Herkimer County is concentrated at the high school and associate degree level.[33] A lower share of residents hold a bachelor's or graduate degree compared to the state, indicating fewer four-year and advanced credentials. Only 8.3% of adults aged 25 and older lack a high school diploma, which is below state (12.2%) and national (10.6%) levels.[33]

Attainment varies across the county. Census tracts near Ilion (Census Tract 104) and Little Falls (Census Tract 107.02) have higher proportions of adults without a high school diploma.[33] These localized differences may influence employment pathways and access to postsecondary education.

Report Area	Population >25 Years, #	No High School Diploma, %	High School Graduate, %	Associate Degree %	Bachelor's Degree %	Graduate Degree %
Herkimer County	42,916	8.3%	34.0%	16.3%	13.1%	9.5%
NYS	13,996,138	12.2%	24.6%	8.9%	22.0%	17.5%
U.S.	228,434,661	10.6%	26.2%	8.8%	21.3%	13.7%

ACS 5-Year Estimates, *Educational Attainment-S1501,* (2023)
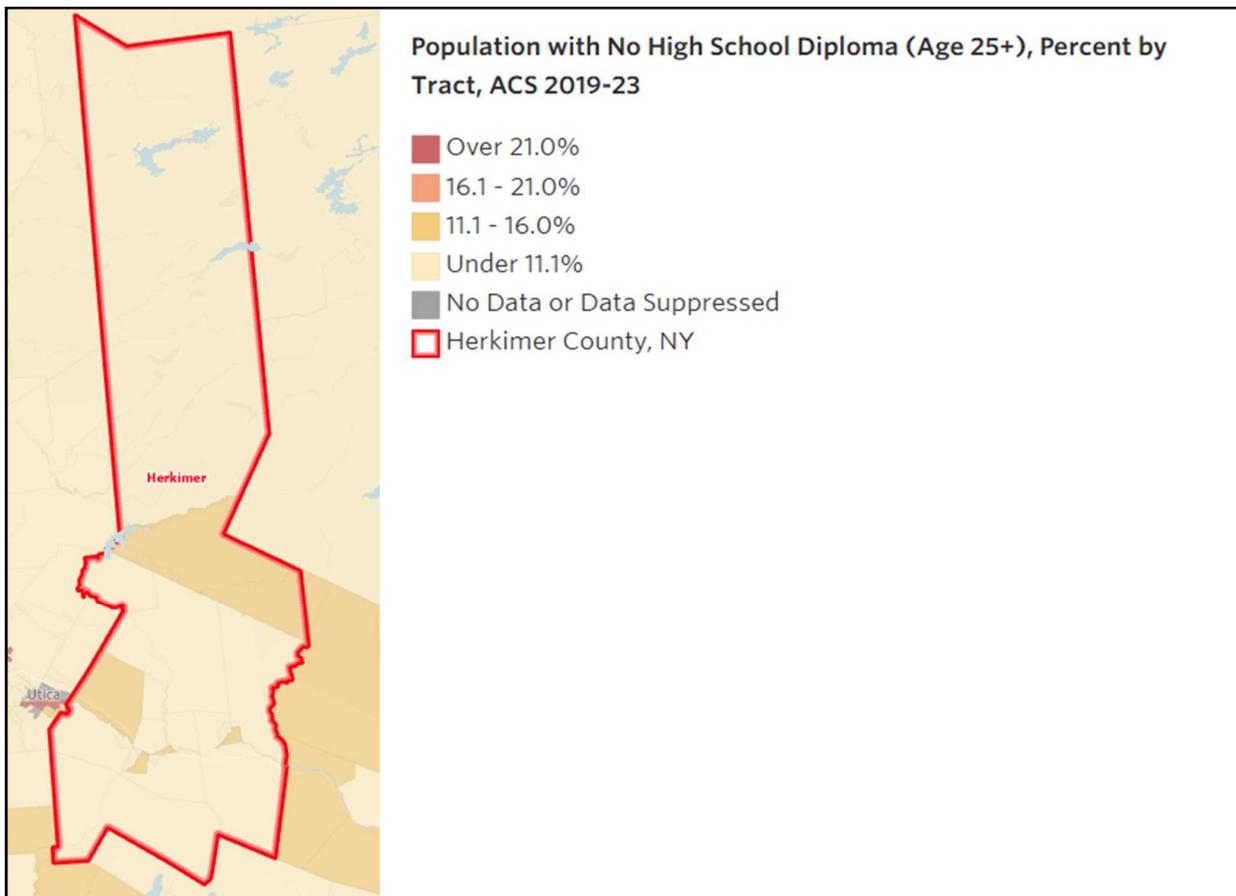
ACS 5-Year Estimates, *Educational Attainment-S1501,* (2023)

Healthcare Access and Quality. Healthcare access influences the ability to prevent illness, manage chronic conditions, and receive timely treatment. Provider availability, insurance coverage, and system capacity collectively shape how residents obtain care in Herkimer County.

Healthcare Access and Quality: Provider Availability. Herkimer County has fewer healthcare providers per resident than NYS and the nation. There is one primary care physician for every 3,750 residents, compared to roughly 1,300 residents per provider nationally.[34] This shortage extends to other specialties, with similar gaps in access to dental care and behavioral health services. Mental health access is especially limited, with a ratio of 1,040 residents per provider, compared with 260 per provider statewide.[34] These shortages can delay care and increase strain on local providers, especially for behavioral health needs.

Service	Herkimer County Provider Ratio	NYS Provider Ratio	U.S. Provider Ratio
Primary Care Physicians	3,750:1	1,240:1	1,330:1
Dentists	2,490:1	1,200:1	1,360:1
Mental Health Providers	1,040:1	260:1	300:1

Department of Health and Human Resources Administration, *Area Health Resources Files,* (2022-2023)

Local, State, and National Primary Care Physician-to-Population Ratio (2010-2021)
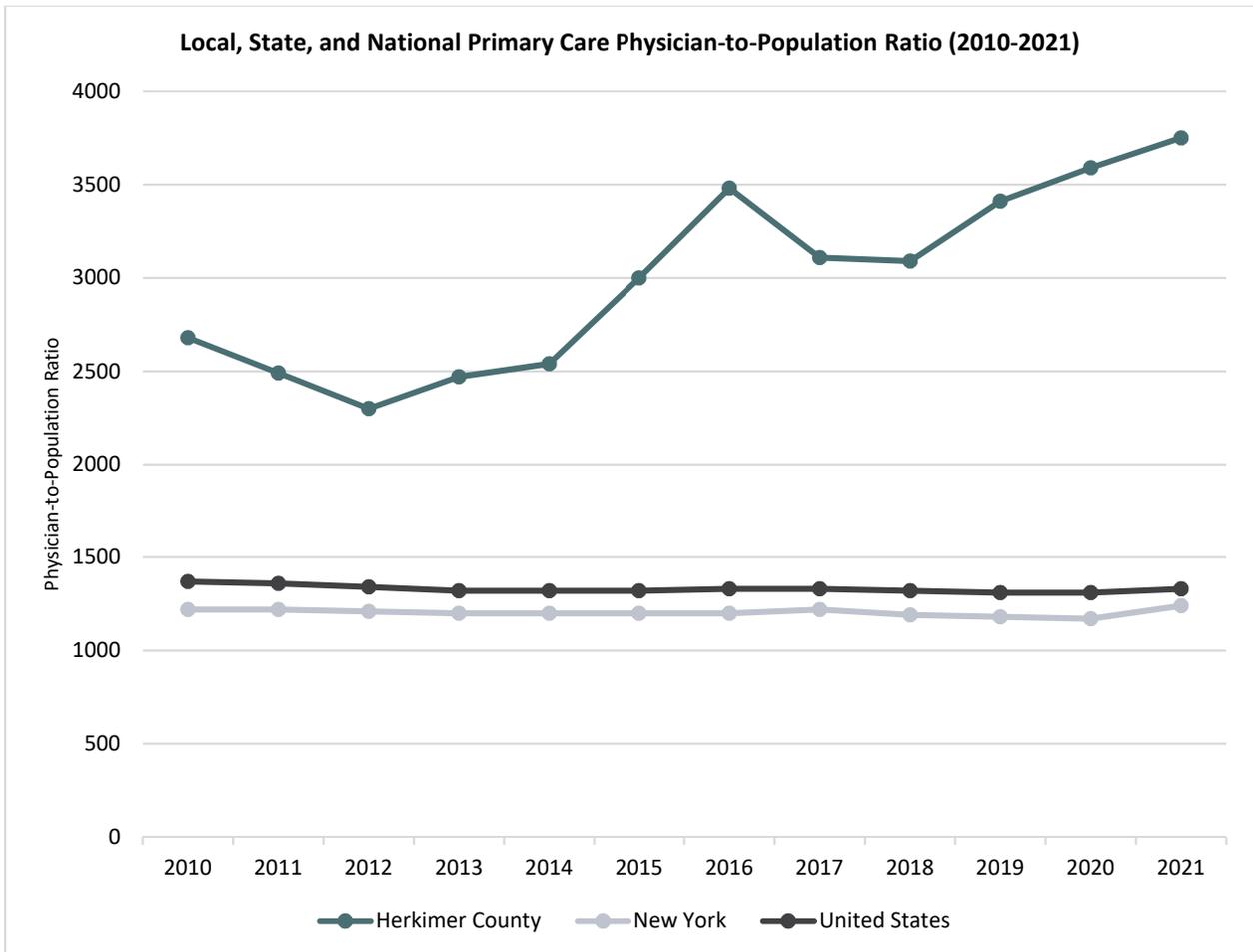
Department of Health and Human Resources Administration, *Area Health Resources Files,* (2022-2023)

Healthcare Access and Quality: Health Insurance Coverage. Health insurance coverage is a fundamental factor in accessing affordable, timely care. In Herkimer County, 4.5% of residents are uninsured. Adults aged 19 to 64 have the highest uninsured rate at 6.4%, followed by children (3.4%) and older adults (0.3%).[35]

Racial and ethnic disparities in coverage are present. Most demographics fall between 3% and 6% uninsured, while Asian residents (8.3%) and American Indian/Alaska Native residents (23.6%) have notably higher uninsured rates.[35] In addition, 5.7% of Herkimer County adults reported delaying or not receiving medical care due to costs, according to recent BRFSS data.[62] These financial barriers to care are compounded by provider shortages in the area.

Coverage Type*	Herkimer County Population, % **
Private Insurance Only (Employer+Direct Purchase)	46.4%
Public Insurance Only (Medicaid+Medicare+Tricare/VA)	25.1%

ACS 5-Year Estimates, *Characteristics of Health Insurance Coverage-S2701,* (2023)

Report Area	Total Population**	Uninsured, %	Uninsured <19 Years, %	Uninsured 19-64, %	Uninsured 65+, %
Herkimer County	59,932	4.5%	3.4%	6.4%	0.3%
NYS	19,674,246	5.1%	2.5%	7.2%	0.9%
U.S.	327,425,278	8.6%	5.4%	12.0%	0.8%

ACS 5-Year Estimates, *Characteristics of Health Insurance Coverage-S2701,* (2023)

Uninsured Population by Race/Ethnicity, Herkimer County (2023)

Race/Ethnicity	Percent
White alone, not Hispanic or Latino	4.4%
Hispanic or Latino (of any race)	4.1%
Two or more races	6.2%
Some other race alone	1.8%
Native Hawaiian and Other Pacific Islander alone	0.0%
Asian alone	8.3%
American Indian and Alaska Native alone	23.6%
Black or African American alone	3.1%
White alone	4.4%
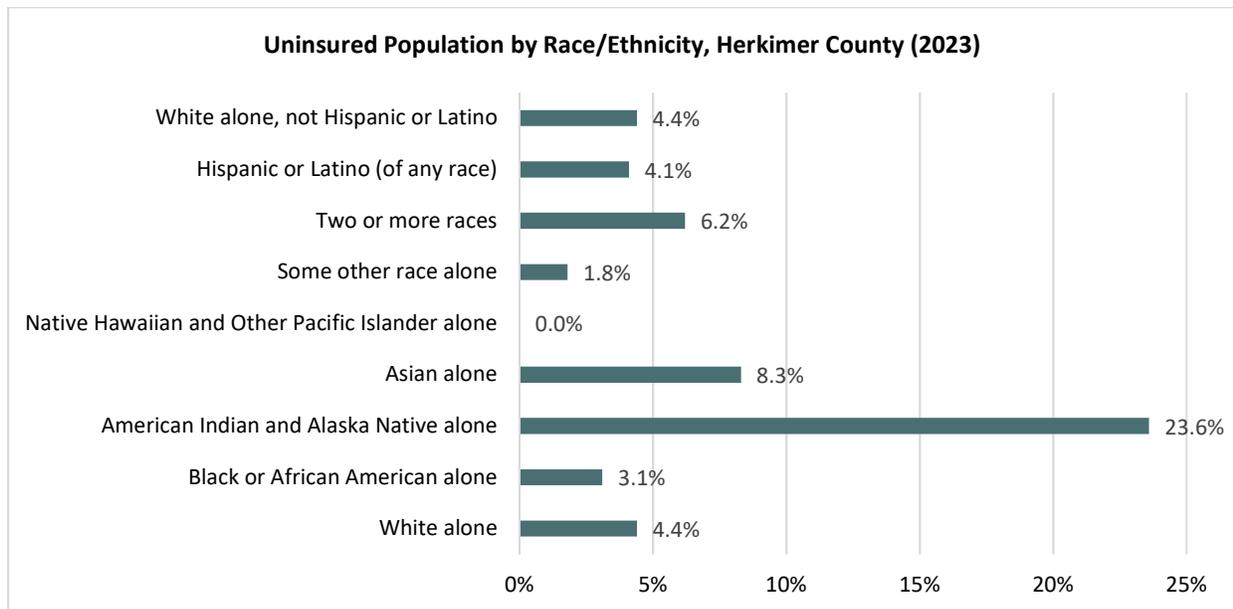
ACS 5-Year Estimates, *Characteristics of Health Insurance Coverage-S2701,* (2023)

Many residents are covered by more than one type of insurance.
*** For Whom Insurance Status is Determined*

Social and Community Context. Social and community context reflects the relationships, civic participation, and support systems that influence well-being. In Herkimer County, strong local networks exist within areas affected by economic strain, limited transportation, and aging infrastructure. These conditions shape how residents access services and participate in community life.

Social and Community Context: Social Vulnerability Index (SVI). The CDC and the Agency for Toxic Substances and Disease Registry (ATSDR) Social Vulnerability Index (SVI) scores communities from 0 to 1 based on 16 indicators across four themes: socioeconomic status, household composition, minority status and language, and housing and transportation.[36] Communities with higher scores are considered more vulnerable and may require additional support during emergencies.
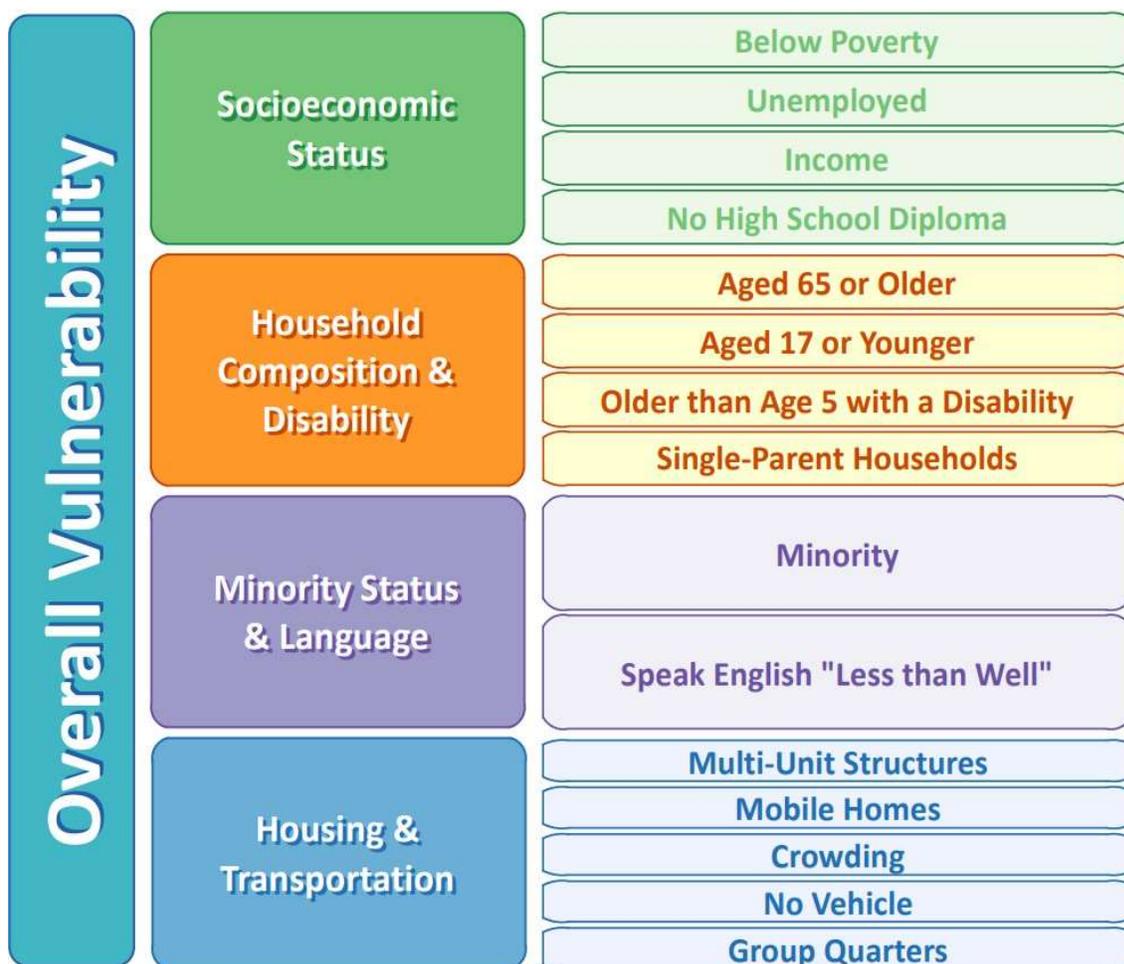
CDC Geospatial Research, Analysis, and Services Program, *SVI,* (2024)

Herkimer County's overall SVI score is 0.28, lower than the NYS (0.62) and the U.S. score (0.58).[37] Among the SVI domains, housing and transportation show the highest vulnerability with a theme score of 0.64.[37]

While the overall county score is relatively low, pockets of higher vulnerability exist in specific communities. Census Tract 107.0 near Little Falls has an SVI of 0.82, the highest in the county.[37] Similarly, Census Tract 105.01 near Mohawk (0.71) and Census Tract 111 near Herkimer (0.67) also have elevated scores.[37] These localized disparities highlight areas where residents may face greater challenges related to transportation, housing, and socioeconomic conditions.

Report Area	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	SVI Score
Herkimer County	0.21	0.26	0.18	0.64	0.28
NYS	0.55	0.36	0.76	0.79	0.62
U.S.	0.54	0.47	0.72	0.63	0.58

CDC Geospatial Research, Analysis, and Services Program, *ATSDR SVI,* (2022)
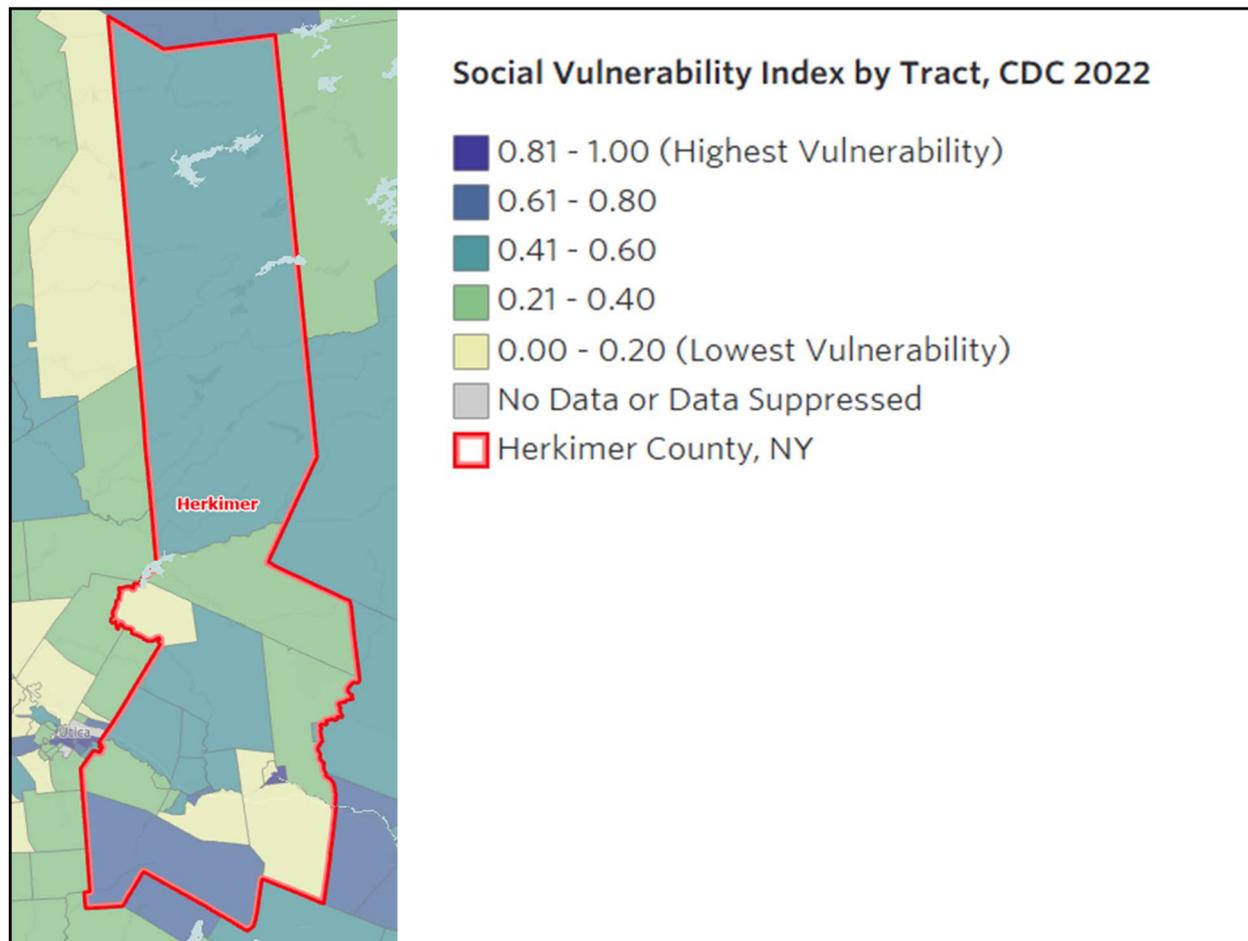
CDC Geospatial Research, Analysis, and Services Program, *ATSDR SVI,* (2022)

Social and Community Context: Civic Participation. While voter turnout captures only part of civic engagement, it serves as a useful proxy for community involvement and residents' influence on local decision-making. In 2025, Herkimer County reported 42,557 registered voters, of whom 40,353 were active.[38] Among active voters, 48% were Republican and 22% Democrat, with the remainder affiliated with other parties or unaffiliated.[38] Approximately 5% of registered voters are classified as inactive.[38] Together, these figures offer insight into local civic participation levels.

Voter Status	Democrat	Republican	Conservative	Working Families	Other	Not Listed	Total
Active	8,883	19,437	809	146	2,203	9,021	40,353
Inactive	541	846	34	8	173	610	2,204

NYS Board of Elections, *Voter Enrollment by County,* (2025)

Social and Community Context: Policy Environment. The policy environment shapes health outcomes by setting the rules, priorities, and resources that guide local systems. In Herkimer County, policies adopted at the county, state, and federal levels influence local conditions.

Health Across All Policies. In 2020, the County Legislature adopted Resolution No. 247 to integrate Health *Across All Policies* (HAAP) into county operations.[39] This resolution directs all departments to consider health impacts in decision-making, integrate equity considerations, and avoid unintentional harm through policy design.

Age-Friendly County. In 2021, Herkimer County joined the AARP Network of Age-Friendly States and Communities, aligning planning efforts with the World Health Organization's Eight Domains of Livability. [40] This designation reflects a commitment to policies that support transportation, housing, civic engagement, and social inclusion for older adults.

Complete Streets. Several municipalities, including Cold Brook, Dolgeville, Herkimer, Ilion, Middleville, Little Falls, and the Town of Webb, have adopted *Complete Streets* policies to improve roadway safety and accessibility.[41] These policies complement the statewide *Complete Streets Act of 2011*, which requires user-inclusive design for state and federally funded projects.

Farm-to-School. The Oneida-Herkimer-Madison Board of Cooperative Education Services (BOCES) Food Service Program supports farm-to-school initiatives that bring locally grown produce to school cafeterias. In 2025, a "School-Sized CSA" pilot began delivering local produce to participating schools, including Herkimer Elementary, Frankfort-Schuyler Elementary, Poland Central, and Owen D. Young.[42] Supported by a New York State Farm-to-School grant, the program aims to source 30% of school meal ingredients from New York farms, promoting nutrition security and local agriculture.[42]

Tobacco-Free Environments. Herkimer County has advanced policies to reduce exposure to secondhand smoke and promote tobacco-free living. Herkimer College has been a 100% smoke- and tobacco-free campus since January 2021.[43] At the state level, the 2022 Smoke-Free Parks Law (S. B. S4142) prohibits smoking in most public recreational spaces.[44] Within Herkimer County, multiple municipalities have adopted 100% tobacco-free park policies, including the City of Little Falls; the

towns of Norway, Schuyler, Russia, Warren, and Webb; and the villages of Dolgeville, Frankfort, Herkimer, Ilion, Mohawk, Middleville, and Newport.[44]

State and Federal Landscape. Local action unfolds within an evolving federal and state policy environment. Recent federal legislation included in the 2025 Budget Reconciliation Law introduces changes to Medicaid and SNAP administration.

For Medicaid, the law adds work or community engagement requirements for certain adult enrollees, increases eligibility verification frequency, limits retroactive coverage, and permits potential adjustments to the federal match rate. [45-47]

For SNAP, the legislation expands work requirements for able-bodied adults without dependents, narrows exemptions, adjusts eligibility for certain immigrant populations, and shifts a portion of administrative costs to states.[61] Future benefit calculations will be tied more closely to inflation rather than periodic Thrifty Food Plan updates.[61]

In New York, Medicaid redesign includes two major components. The Medicaid Eligibility Modernization initiative, launched in 2023, will continue over multiple years as eligibility and enrollment systems transition to a modernized platform.[63] Additionally, in September 2025, new applicants for home- and community-based long-term services will become subject to narrower functional eligibility criteria.[48, 64]These changes guide how the state administers selected Medicaid benefit processes and supports.

Tracking these changes will support effective planning and service coordination in Herkimer County.

Health Status Description

Understanding the current health status of Herkimer County residents is essential for identifying priority needs, addressing disparities, and aligning local efforts with the NYSPA 2025-2030. This assessment integrates quantitative indicators and community input to present the county's health profile and guide coordinated action.

Data Sources

This CHA draws on both primary and secondary data to provide a comprehensive picture of population health. Primary data included a community survey, stakeholder survey, and two in-person focus groups conducted in 2025. Secondary data were used to provide objective health measures and benchmarks. Key sources included the NYSPA Dashboard (2025–2030), CHIRS, Vital Statistics, ACS 5-year estimates, CDC BRFSS, and the CDC/ASTDR SVI. A full list of data sources is available in Appendix A.

Data Collection Methodology

A mixed-methods approach supported both quantitative and qualitative analyses and enabled triangulation across sources.

Community Survey. An online community survey hosted in Survey123 was open for four weeks from April 28 through May 25, 2025. The survey was available in English, with paper copies available upon request. The survey was open to Herkimer County residents aged 18 and older. Recruitment used multiple channels, including social media, local press releases, and BHN's MyChart portal. Survey questions addressed perceived health needs, access to care, barriers, and community priorities (Appendix C).

Stakeholder Survey. An online stakeholder survey was conducted via SurveyMonkey and was open for four weeks from June 5 through July 3, 2025. Recruitment was conducted via email distribution lists managed by HCPH and BHN. Respondents included municipal partners, healthcare providers, schools, and community-based organizations. The survey captured system-level perspectives on service capacity, access gaps, and opportunities for collaboration (Appendix D).

Focus Groups. Two in-person community focus groups were held in August 2025 to contextualize survey results with residents. One session was held in Old Forge to represent northern rural communities, and another in Ilion to capture perspectives from southern population centers. Each session lasted approximately two hours, included 15-20 community members, and followed a structured facilitation guide (Appendix E). Participants reviewed the survey results and then engaged in small- and large-group discussions to identify barriers, gaps, and potential solutions to address the selected priorities. HCPH facilitated focus groups with support from BHN.

Secondary Data Selection. Secondary data were systematically reviewed to complement primary data collection. Sources were selected based on credibility, relevance, and comparability to state benchmarks. Key datasets included Vital Statistics, CHIRS, BRFSS, ACS, and SVI. These are established surveillance systems that support trend and disparity analysis. Indicators were aligned with the five NYSPA domains and analyzed at the county level when possible.

Representativeness and Limitations. While the survey and focus groups provided valuable insights, several limitations should be noted. Survey participation was voluntary and may reflect self-selection bias. Younger adults, residents with limited internet access, and non-English speakers

were underrepresented. Similarly, stakeholder survey results reflect organizations engaged with HCPH and BHN and may not include all sectors.

Secondary data are also subject to limitations, including reporting lag and limited granularity for small-area analysis. To strengthen validity, results were triangulated across data sources and community input.

Community Engagement

Community engagement informed data interpretation and priority setting. Residents contributed through the community survey and focus groups, offering perspectives on quality of life, access to care, and local needs. Stakeholders added a systems perspective through the online survey. All focus group participants were given the option to opt in for future updates from HCPH to maintain ongoing involvement. This approach aligns with NYSPA's emphasis on partnership and ensures results reflect both measurable outcomes and lived experience.

Relevant Health Indicators

Health outcomes in Herkimer County reflect the combined influence of the social, economic, and environmental conditions. Examining mortality, disease burden patterns, and health behaviors helps identify factors affecting resident well-being.

Health Indicators: Leading Causes of Death. Mortality trends are a key indicator of population health. Between 2020 and 2022, Herkimer County recorded 663 to 848 deaths annually**,** with variations influenced by the COVID-19 pandemic. The leading causes of death mirror state and national patterns.[49] In 2022, heart disease accounted for 147 deaths (158.8 per 100,000), followed by cancer at 123 deaths (130.7 per 100,000).[49] Other major contributors included chronic lower respiratory disease (CLRD)**,** unintentional injury, and COVID-19. While overall mortality has stabilized following the pandemic, the county continues to experience a notable chronic disease mortality burden.

	Number of Deaths and Age-Adjusted Death Rate per 100,000					
	Total Deaths	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death
2022	**Total Deaths** N: 721 Rate: 806.6	**Heart Disease** N: 147 Rate: 158.8	Cancer N: 123 Rate: 130.7	COVID-19 N:48 Rate: 50.7	CLRD N: 46 Rate: 47.5	**Unintentional Injury** N: 37 Rate: 59.2
2021	**Total Deaths** N: 848 Rate: 939.7	**Heart Disease** N: 167 Rate: 179.6	Cancer N: 155 Rate: 168.3	COVID-19 N: 145 Rate: 154.5	CLRD N: 34 Rate: 36.1	**Diabetes** N: 30 Rate: 31.0
2020	**Total Deaths** N: 663 Rate: 712.1	**Heart Disease** N: 176 Rate: 186.4	Cancer N: 124 Rate: 132.2	COVID-19 N: 35 Rate: 36.2	CLRD N: 31 Rate: 31.8	**Diabetes** N: 26 Rate: 27.1

NYSDOH, *Vital Statistics,* (2024)

Economic Stability: Indicators. Economic stability affects residents' ability to meet basic needs, which in turn influences health. Within the NYSPA framework, three indicators reflect local economic conditions. The Economy Score measures income equality, affordable housing, broadband access, and financial inclusion.[50] The Community Score captures civic participation, safety, and access to community resources.[50] The Opportunity Index combines multiple dimensions to reflect overall opportunity and economic mobility. [50]

In Herkimer County, both the Economy and Community Scores have improved. However, the combined Opportunity Index remains below the state objective and has declined, indicating continued challenges in economic mobility. [50]

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Economy Score	2023	52.3%	60.9%	Improved
Community Score	2023	61.3%	37.3%	Improved
Opportunity Index Score	2023	59.2%	52.8%	Worsened

NYSDOH, *Prevention Agenda-Herkimer County,* (2023)

Opportunity Index Score, Herkimer County (2016-2023)
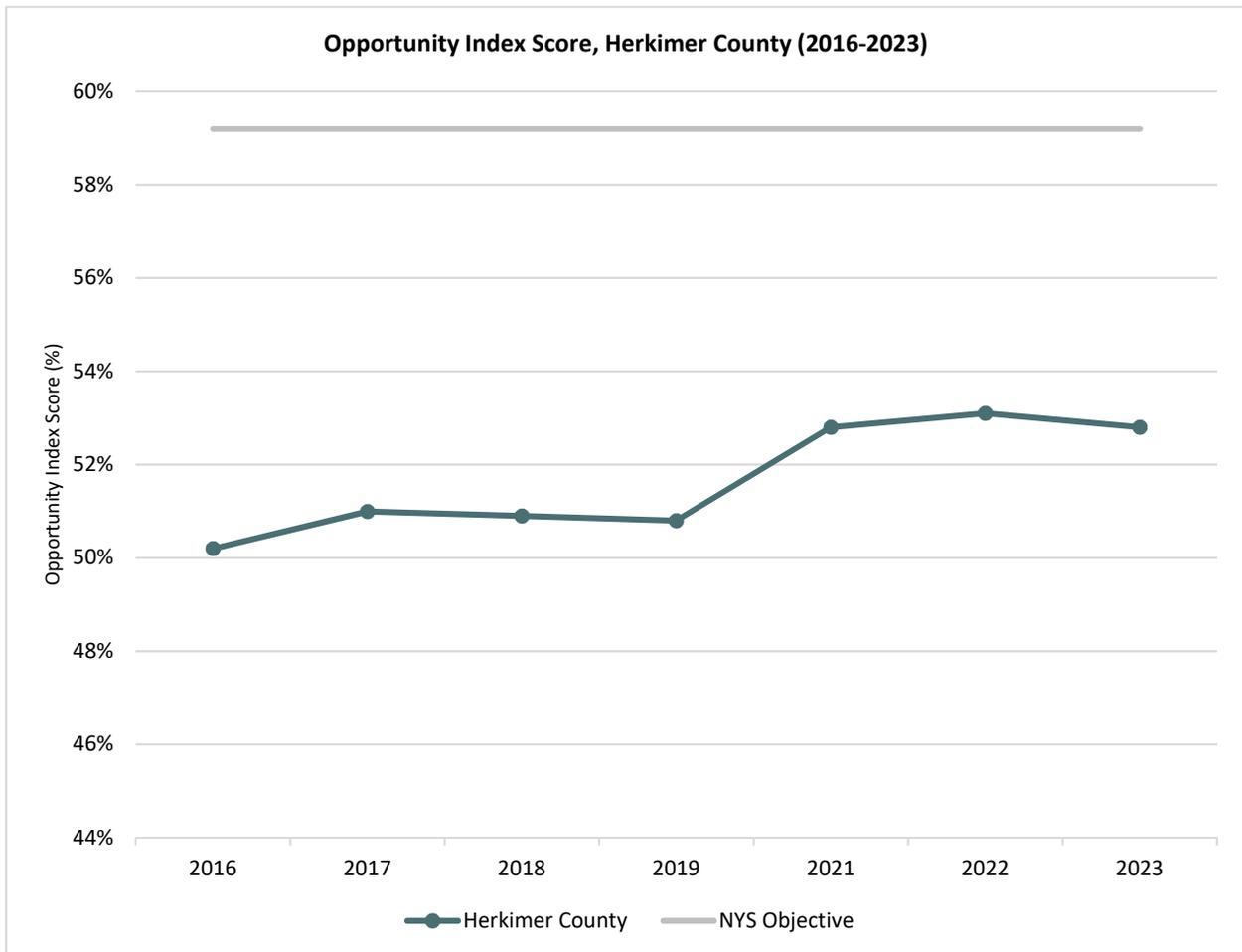
NYSDOH, *Prevention Agenda-Herkimer County,* (2023)

Social and Community Context: Mental Health Indicators. Mental health indicators show continued challenges in emotional well-being across the population. Frequent mental distress among adults is reported at 16.2%, compared with the state benchmark of 10.7%.[50] Youth suicide mortality is at 17.4 deaths per 100,000 persons aged 15-19, more than three times the state objective. [50] The overall suicide rate has also increased, reaching 13.7 deaths per 100,000 persons.[50] These patterns align with broader social and structural factors present in rural communities, including limited behavioral health infrastructure and economic stressors.

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Anxiety, Stress, and Depression Frequent mental distress during the past month among adults, age-adjusted percentage	2021	10.7%	16.2%	No Significant Change
Suicide Suicide mortality among youth rate per 100,000 aged 15-19	2020-2022	4.7	17.4*	Worsened
Suicide mortality, age-adjusted rate	2020-2022	7.0	13.7	Worsened

NYSDOH, *Prevention Agenda-Herkimer County,* (2023)

Youth Suicide Mortality Rate, Herkimer County (2013-2022)
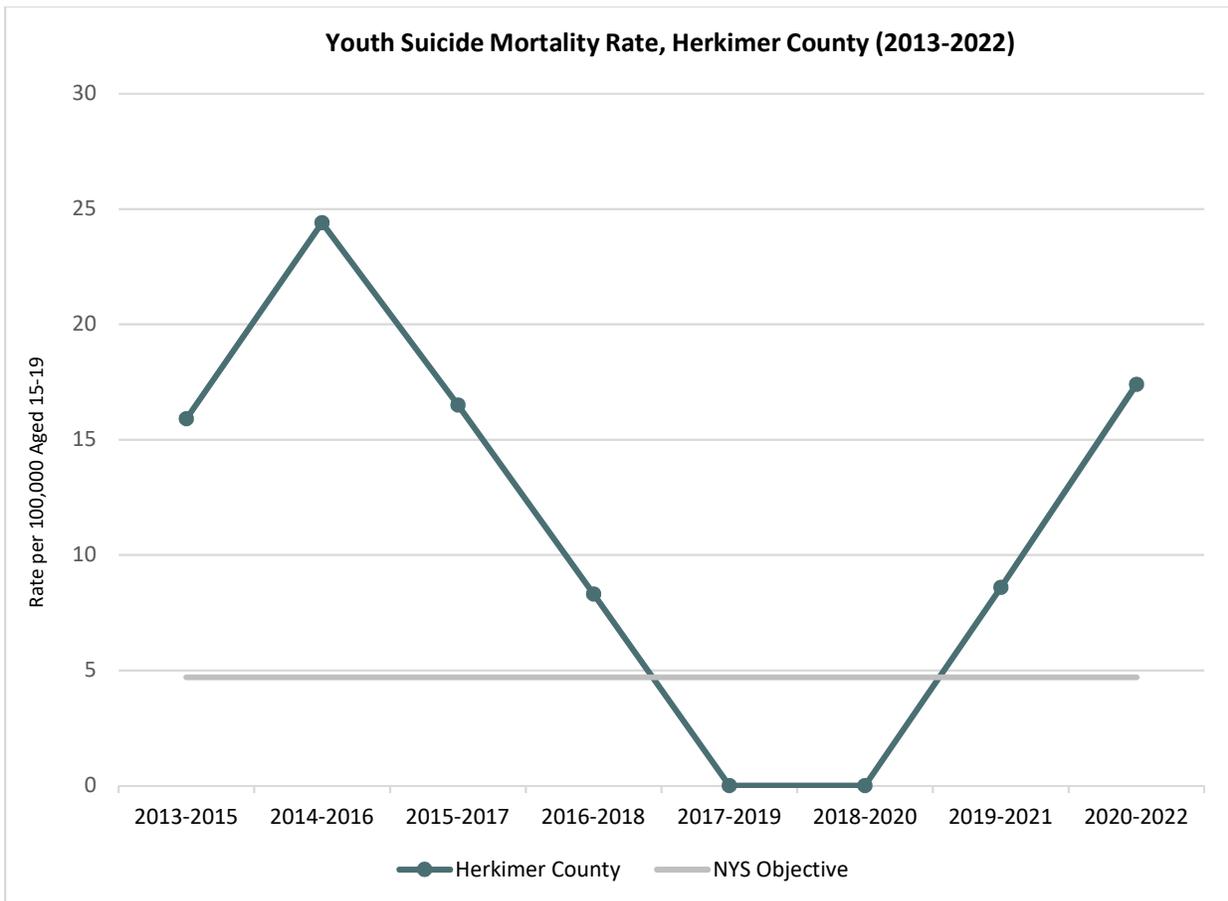
NYSDOH, *Prevention Agenda-Herkimer County,* (2023)

*Unstable estimate.

Social and Community Context: Substance Use Indicators. Substance use is a significant public health concern in Herkimer County. Opioid overdose mortality has risen and is nearly double the state objective.[50] Buprenorphine prescribing rates exceed the state benchmark, which may reflect both increased treatment availability and greater treatment need. In addition, Neonatal Withdrawal Syndrome rates are above the state benchmark at 14.8 cases per 1,000 newborn discharges.[50] Multiple contextual factors may influence these trends. Rural geography, transportation barriers, limited behavioral health capacity, and economic stressors can affect timely access to prevention, treatment, and recovery services.

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Substance Misuse and Overdose Overdose deaths involving any opioids, age-adjusted rate	2022	14.3	26.3	Worsened
Patients who received at least one buprenorphine prescription for opioid use disorder, age-adjusted rate	2023	415.6	875.1	No Significant Change
Opioid analgesic prescription, age-adjusted rate	2023	350	338.7	Improved
Emergency department visits involving opioid overdose, Age-adjusted rate	2022	53.3	31.0	Improved
Newborns with neonatal withdrawal syndrome and/or affected by maternal use of opioid or other substances, crude rate per 1,000 newborn discharges	2022	9.1	14.8*	N/A

NYSDOH, *Prevention Agenda-Herkimer County,* (2023)
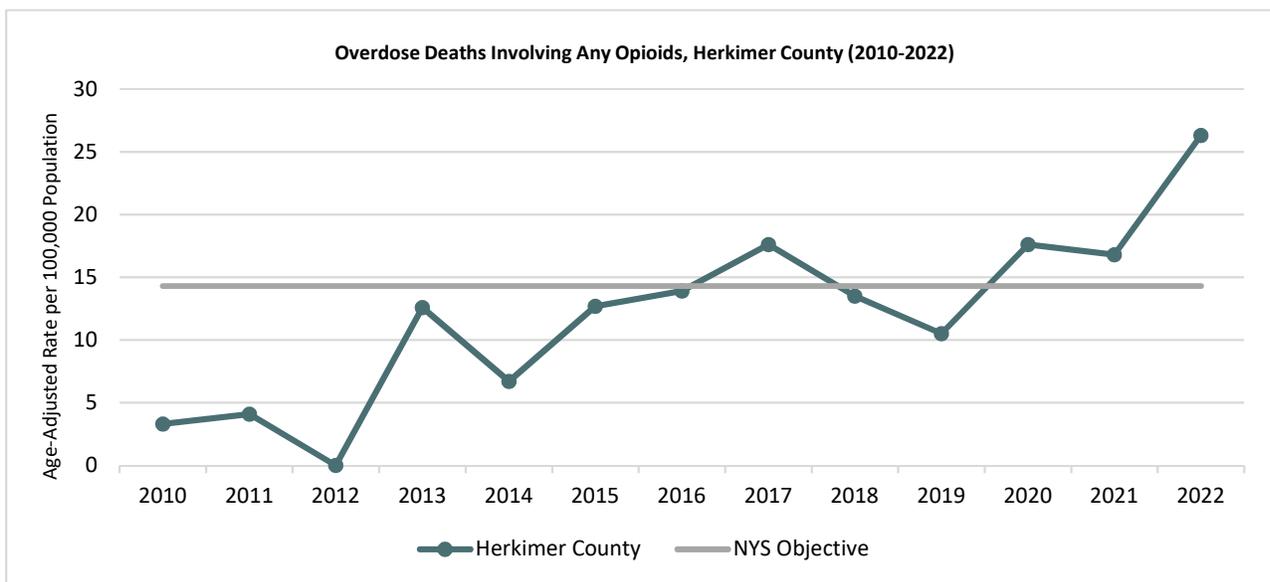
Overdose Deaths Involving Any Opioids, Herkimer County (2010-2022)

NYSDOH, *Prevention Agenda-Herkimer County,* (2023)
*Unstable rate

Social and Community Context: Substance Use Indicators. Tobacco and alcohol use contribute to preventable chronic disease. In the county, 19.1% of adults report cigarette use compared to the state benchmark of 11.0%.[50] Smoking prevalence is higher among low-income adults, with nearly 40% reporting use.[50] Binge drinking is reported by 19.1% of adults, above the state objective of 16.4%.[50] These patterns are associated with increased risk of preventable illness and continue to highlight opportunities for tobacco and alcohol prevention and cessation efforts.

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Tobacco Use Prevalence of cigarette smoking among adults, %	2021	11.0%	19.1%	No Significant Change
Adults who smoke cigarettes among adults with income <$25,000, %	2021	15.3%	39.9%*	No Significant Change
Alcohol Use Binge drinking during the past month among adults, age-adjusted percentage	2021	16.4%	19.1%	No Significant Change
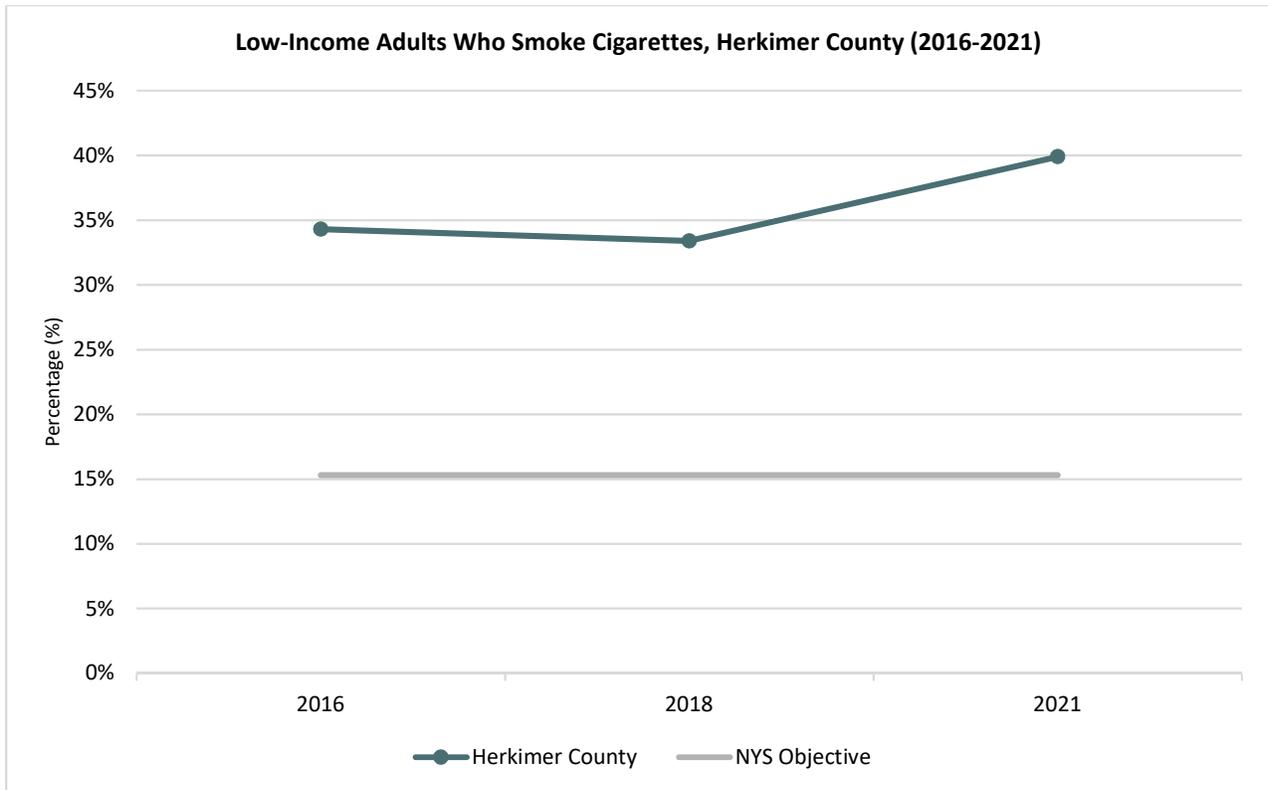
NYSDOH, *Prevention Agenda-Herkimer County,* (2023)

Low-Income Adults Who Smoke Cigarettes, Herkimer County (2016-2021)

NYSDOH, *Prevention Agenda-Herkimer County,* (2023)

*Unstable rate

Social and Community Context: Adverse Childhood Experiences (ACEs) Indicators. Nearly one-third of adults in Herkimer County report experiencing two or more ACEs (30.1%), which are associated with increased risk of depression, substance use, and chronic disease in adulthood.[50, 51] Child abuse and maltreatment reports have decreased in recent years. However, rates have historically been higher than the state objective.

Economic stress, limited family support resources, and co-occurring behavioral health challenges are common contextual factors linked with higher ACE prevalence.[51] These patterns highlight the ongoing importance of prevention and early-support services that reduce childhood adversity.

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
ACEs Adults who have experienced two or more ACEs, %	2021	33.8%	30.1%*	No Significant Change
Indicated reports of abuse/maltreatment, rate per 1,000 children, aged 0-17 years	2022	15.6	13.1	Improved

NYSDOH, *Prevention Agenda-Herkimer County,* (2023)
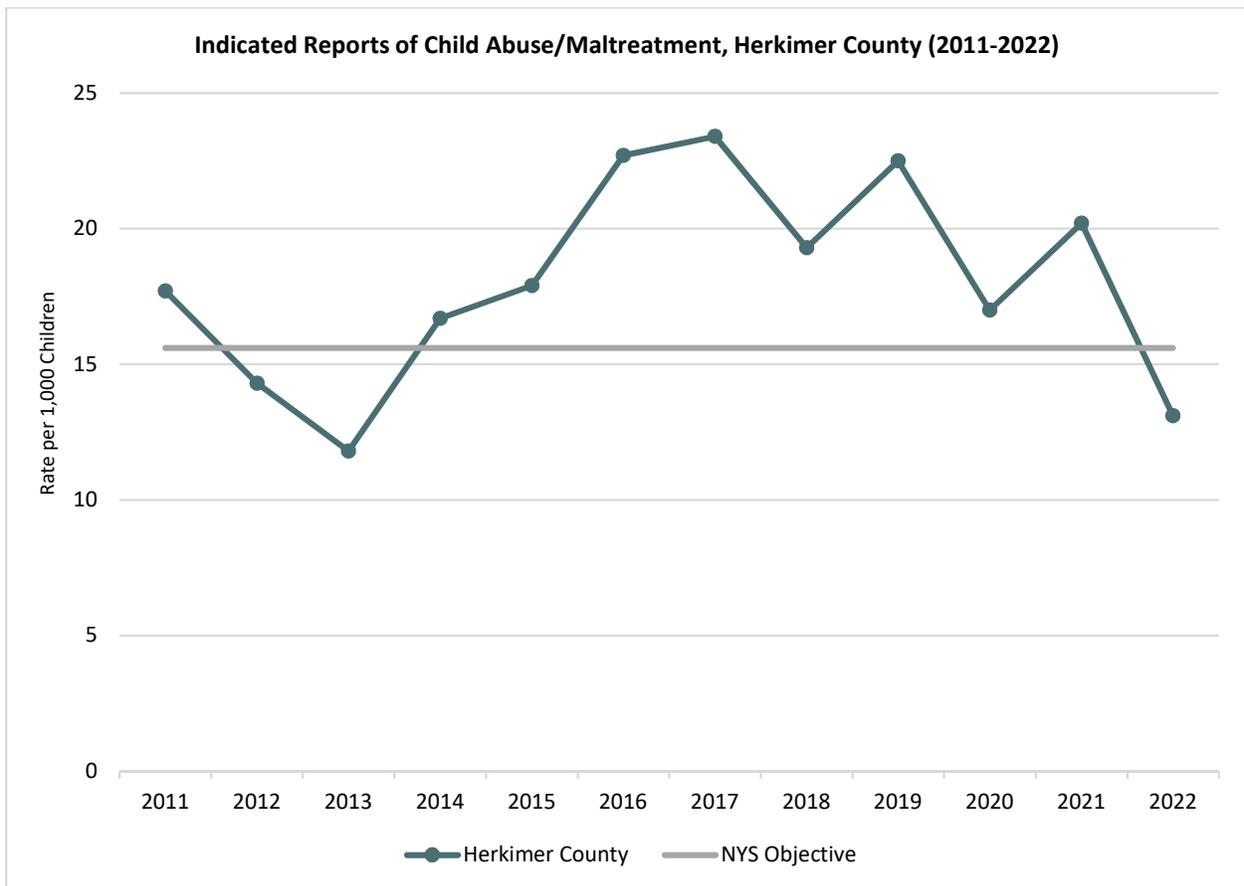
Indicated Reports of Child Abuse/Maltreatment, Herkimer County (2011-2022)

NYSDOH, *Prevention Agenda-Herkimer County,* (2023)

*Unstable rate

Neighborhood and Built Environment: Injuries and Violence Indicators. Indicators in this domain reflect community conditions related to safety. In Herkimer County, hospitalization rates due to falls among older adults are 162.4 per 10,000 persons, below the state benchmark. [50]There have been no recent firearm assault hospitalizations or pedestrian fatalities.[50] Work-related emergency department visit rates are higher among Black non-Hispanic residents, nearly twice the rate of White non-Hispanic residents.[50] These differences point to occupational safety disparities, which can lead to long-term disability and increased healthcare needs.

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Injuries and Violence				
Hospitalizations due to falls among adults, rate per 10,000 population aged 65+ years	2020	173.7	162.4	No Significant Change
Firearm assault-related hospitalizations, rate per 10,000 population	2020	0.38	0*	No Significant Change
Work-related emergency department visits, ratio of rates between Black non-Hispanics and White non-Hispanics	2022	1.30	1.97*	No Significant Change
Crash-related pedestrian fatalities, rate per 100,000 population	2019	1.43	0*	Improved

NYSDOH, *Prevention Agenda-Herkimer County,* (2023)

Neighborhood and Built Environment: Transportation Indicators. Transportation access supports mobility, independence, and participation in daily activities. In Herkimer County, 18.9% of residents commute by alternative modes or telecommute, compared to the state benchmark of 47.9%.[50] Lower use of alternative transportation modes reflects the county's rural structure and limited public transit availability.

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Transportation				
People who commute to work using alternate modes of transportation or who telecommute, %	2018-2022	47.9%	18.9%	Worsened

NYSDOH, *Prevention Agenda-Herkimer County,* (2023)

*Unstable rate

Neighborhood and Built Environment: Physical Activity Indicators. While 72.1% of adults report engaging in leisure-time physical activity**,** participation is lower among adults with disabilities (58.5%) and older adults (63.6%).[50] These differences are associated with a greater risk of chronic health conditions. Access to safe, accessible spaces for physical activity, walkable environments, and transportation options can influence participation levels, particularly in rural areas.

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Physical Activity Adults who participate in leisure-time activity, %	2021	77.4%	72.1%	No Significant Change
Adults with disabilities who participate in leisure-time activity, %	2021	61.8%	58.5%*	No Significant Change
Adults who participate in leisure-time physical activity aged 65+, %	2021	75.9%	63.6%	No Significant Change

NYSDOH*, Prevention Agenda-Herkimer County,* (2023)

Neighborhood and Built Environment: Environmental Health Indicators. Environmental health infrastructure supports disease prevention and public well-being. In Herkimer County, 5.9% of residents are served by optimally fluoridated community water systems, compared with the state objective of 77.5%.[50] Compliance with registered cooling tower regulations is at 81.8%, below the state benchmark of 93%.[50] In addition, none of the county's population resides in a certified Climate Smart Community. These indicators reflect areas where environmental health systems and planning activities vary from statewide goals.

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Environmental Health Registered cooling towers in compliance with 10 NYCRR Subpart 4-1 (excl. NYC), %	2023	93.0%	81.8%*	Worsened
Residents served by community water systems that have been optimally fluoridated water %	2023	77.5%	5.9%	Improved
Population living in certified Climate Smart Community %	2024	8.6%	0%*	No Significant Change

NYSDOH*, Prevention Agenda-Herkimer County,* (2023)

*Unstable rate

Healthcare Access and Quality: Insurance and Access to Care Indicators. Healthcare indicators in Herkimer County are similar to state benchmarks, with several favorable measures. Health insurance coverage is at 94.5%, slightly below the state objective of 97%.[50] Most adults (89.2%) report having a regular healthcare provider, indicating strong primary care connections. In addition, the rate of potentially preventable hospitalizations is 102 per 10,000 residents, which is lower than the state objective of 115 per 10,000 residents. [50] Continued monitoring of access indicators will help track primary care capacity and stability in coverage over time.

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Health Insurance Coverage Adults with health insurance aged 18-64 years, %	2022	97%	94.5%	No Significant Change
Access to Care Adults who have a regular healthcare provider, age-adjusted %	2021	86.7%	89.2%	No Significant Change
Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000	2022	115	102	No Significant Change
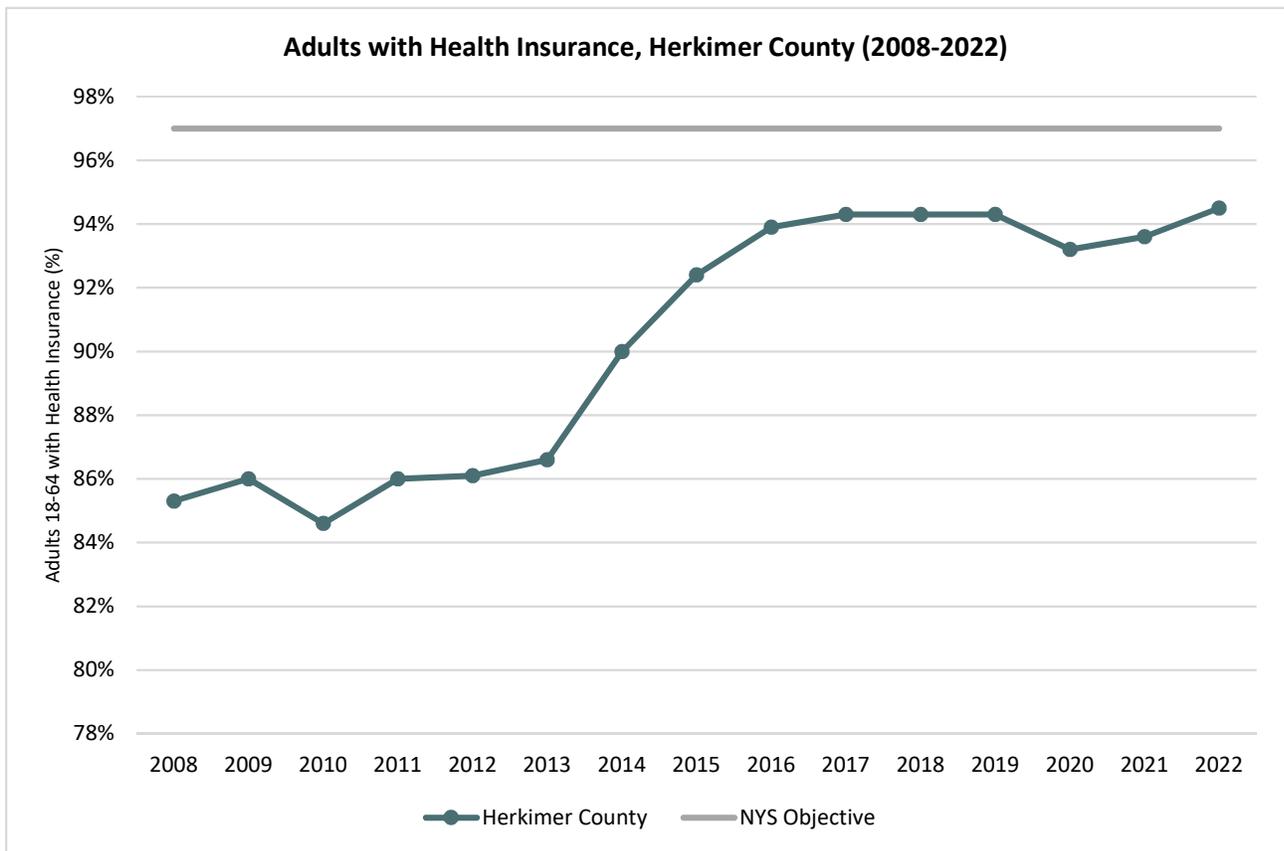
NYSDOH*, Prevention Agenda-Herkimer County,* (2023)

Adults with Health Insurance, Herkimer County (2008-2022)

NYSDOH*, Prevention Agenda-Herkimer County,* (2023)

*Unstable rate

Healthcare Access and Quality: Chronic Disease Indicators. Chronic disease indicators reflect long-term health patterns and the capacity for prevention and management. Obesity remains elevated, particularly among low-income adults (42.5%).[50] Screening and management results are mixed. Colorectal cancer screening exceeds the state target, and most adults with hypertension report taking medication. However, diabetes testing (62.9%) falls below the objective, and participation in chronic disease self-management programs remains low (6.8%).[50] These patterns align with access challenges observed in rural areas, including limited provider availability, transportation barriers, and economic constraints.

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Chronic Disease Adults with household income <$25,00 with obesity, %	2021	29%	42.5%*	No Significant Change
Adults with obesity, %	2021	24.2%	34.7%	No Significant Change
Adults aged 45+ who had a test for high blood sugar or diabetes within the past three years, %	2021	71.7%	62.9%	No Significant Change
Adults with hypertension who are currently taking medicine to manage their high blood pressure, %	2021	80.7%	81.6%	No Significant Change
Adults with chronic conditions who have taken a course or class to learn how to manage their condition, %	2021	10.6%	6.8%*	No Significant Change
Women aged 18-44 with a preventive medical visit in the past year, %	2021	80.6%	79.2%*	No Significant Change
Women aged 45+ with a prevent medical visit in the past, %	2021	85.0%	87.1%	No Significant Change

NYSDOH*, Prevention Agenda-Herkimer County,* (2023)

*Unstable rate

Healthcare Access and Quality: Communicable Disease Indicators. Communicable disease indicators provide insight into transmission patterns, prevention activities, and system capacity. In Herkimer County, no early syphilis or hepatitis A cases were reported during the most recent reporting period.[50, 52] Other conditions, including HIV, pertussis, Lyme disease, and anaplasmosis, show variable trends, with some rates fluctuating across years. [50 52] Tick-borne disease rates remain elevated, which is consistent with rural exposure risks. Continued surveillance supports timely response to emerging infectious disease trends.

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Communicable Disease Newly diagnosed HIV cases, rate per 100,000	2020-2022	5.2	2.8*	Worsened
Gonorrhea diagnoses, age-adjusted rate per 100,000	2022	242.6	60.2	No Significant Change
Chlamydia diagnoses, Age-adjusted rate per 100,000	2022	676.9	243	No Significant Change
Early syphilis diagnoses, Age-adjusted rate per 100,000	2022	79.6	0*	Improved
Anaplasmosis, rate per 100,000	2023	-	30.2	Worsened
Campylobacteriosis, rate per 100,000	2023	-	42	No Significant Change
Hepatitis A, rate per 100,000	2023	-	0	No Significant Change
Hepatitis B acute, rate per 100,000	2023	-	0	No Significant Change
Hepatitis B chronic, rate per 100,000	2023	-	1.7	No Significant Change
Hepatitis C acute, rate per 100,000	2023	-	1.7	No Significant Change
Hepatitis C chronic, rate per 100,000	2023	-	15	Improved
Laboratory- confirmed Influenza, rate per 100,000	2023	-	364.2	Improved
Legionellosis, rate per 100,000	2023	-	3.7	Improved
Lyme disease, rate per 100,000	2023	-	318.9	Worsened
Pertussis, rate per 100,000	2023	-	11.7	Worsened

NYSDOH, *Prevention Agenda-Herkimer County,* (2023); NYSDOH, *Communicable Disease Rates*, (2023)

*Unstable rate

Healthcare Access and Quality: Perinatal Health Indicators. Early prenatal care supports healthy pregnancy and birth outcomes. First-trimester prenatal care in Herkimer County has steadily improved over the past few years. Specifically, 78.3% of births received early care in 2022, just below the state objective of 79.2%.[53] While most pregnant individuals connect to care early, transportation barriers and limited prenatal care options in the county may delay access for some residents.

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Perinatal Health Births with early prenatal care, %	2022	79.2%	78.3%	Improved
Maternal mortality, rate per 100,000 live births	2020-2022	16.0	0*	No Significant Change

NYSDOH, *Maternal and Child Health-Herkimer County*, (2025)

Healthcare Access and Quality: Infant, Child, and Adolescent Mortality. Infant and child mortality reflect access to quality care and the broader conditions shaping early life health. In Herkimer County, infant mortality (6.8 per 1,000 live births) and neonatal mortality (3.4 per 1,000 live births) are above state objectives.[53] Local factors such as the absence of a birthing hospital and limited prenatal care options in the county may contribute to delays in care during pregnancy and delivery.

Adolescent mortality is also elevated at 44.3 per 100,000, which is more than double the state target of 20.4.[53] This aligns with elevated youth suicide rates in the county, indicating behavioral health needs among adolescents.

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Infant, Child, and Adolescent Mortality Perinatal mortality, rate per 1,000 live births	2022	5.5	5.1*	No Significant Change
Neonatal mortality, rate per 1,000 live births	2022	3.3	3.4*	No Significant Change
Post-neonatal mortality, rate per 1,000 live births	2020-2022	1.3	1.1*	Worsened
Infant mortality, rate per 1,000 live births	2022	4.0	6.8*	No Significant Change
Child mortality, rate per 100,000 aged 1-9 years	2020-2022	14.3	5.7*	Improved
Adolescent mortality, rate per 100,000 aged 10-19	2020-2022	20.4	44.3	Worsened

NYSDOH, *Maternal and Child Health-Herkimer County*, (2025)

*Unstable rate
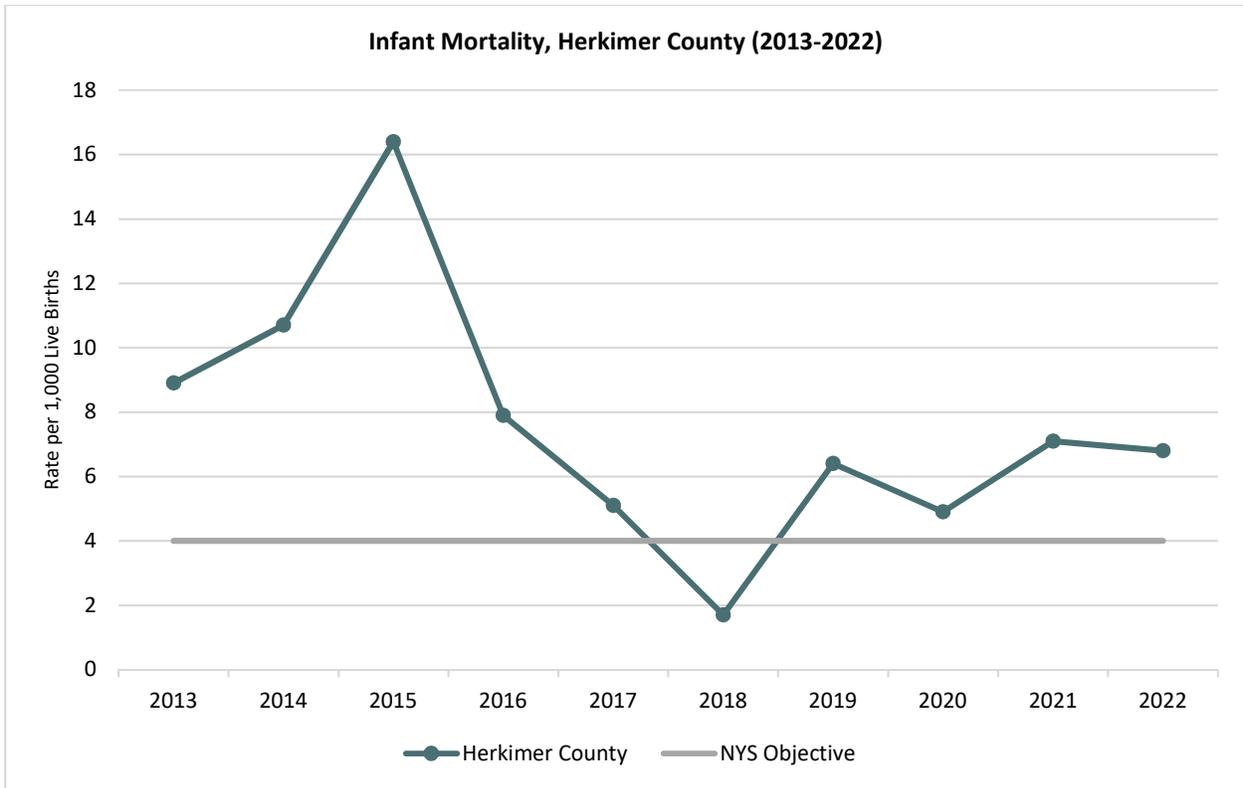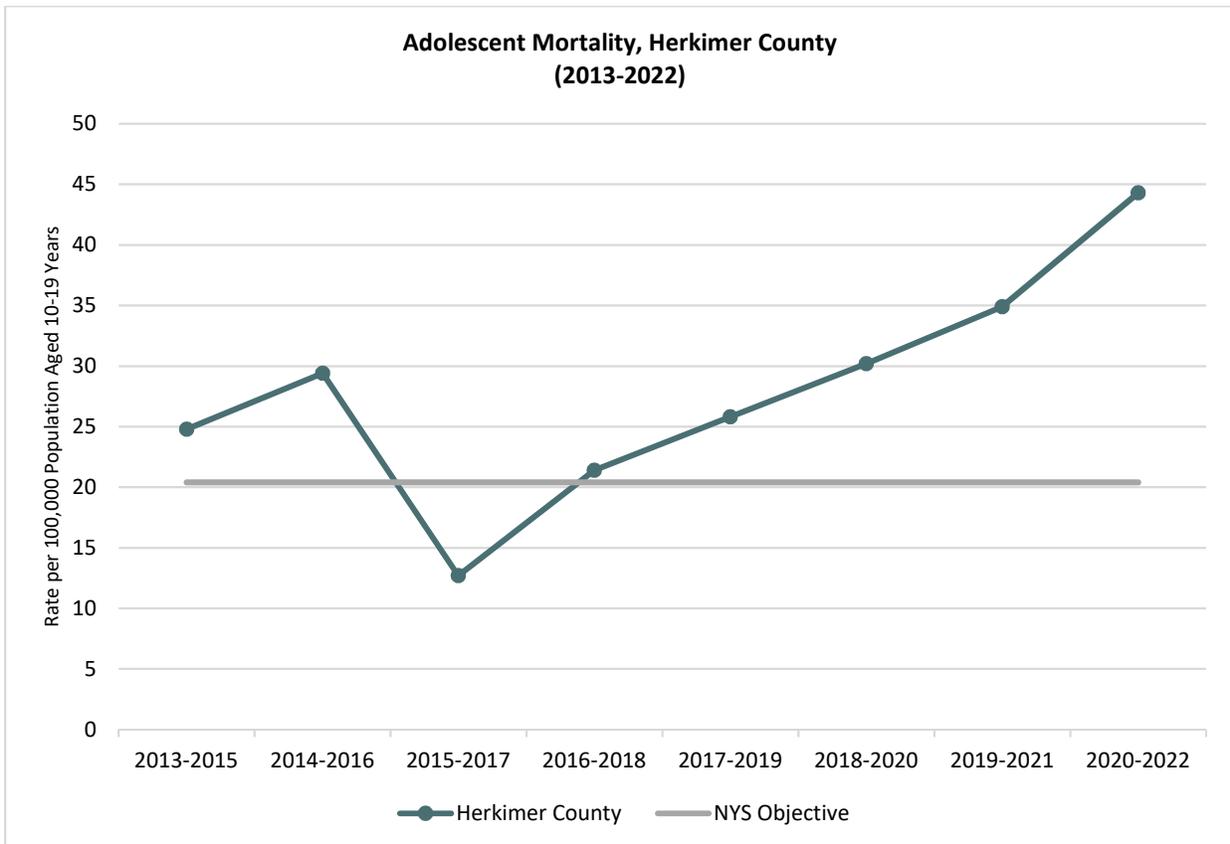
Infant Mortality, Herkimer County (2013-2022)

NYSDOH, *Maternal and Child Health-Herkimer County*, (2025)

**Adolescent Mortality, Herkimer County
(2013-2022)**

NYSDOH, *Maternal and Child Health-Herkimer County*, (2025)

Healthcare Access and Quality: Infant Health Indicators. Infant health outcomes provide an important measure of how well a community supports healthy starts and long-term development. In Herkimer County, preterm births (10.8%) remain above the state objective, increasing the risk of early complications and long-term health challenges. [50] Breastfeeding rates are low among WIC participants, which limits early protective benefits for infants.[50]

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Infant Health Preterm births, %	2022	8.3%	10.8%	No Significant Change
Infants who are exclusively breastfed in the hospital among all infants, %	2022	51.7%	50.2%	No Significant Change
Infants supplemented with formula in the hospital among breastfed infants, %	2022	41.9%	35.7%	No Significant Change
WIC enrolled infants who are breastfed at 6 months, %	2022	45.4%	21.6%	Improved

NYSDOH, *Prevention Agenda-Herkimer County,* (2023)

Preterm Births (<37 weeks), Herkimer County (2013-2022)
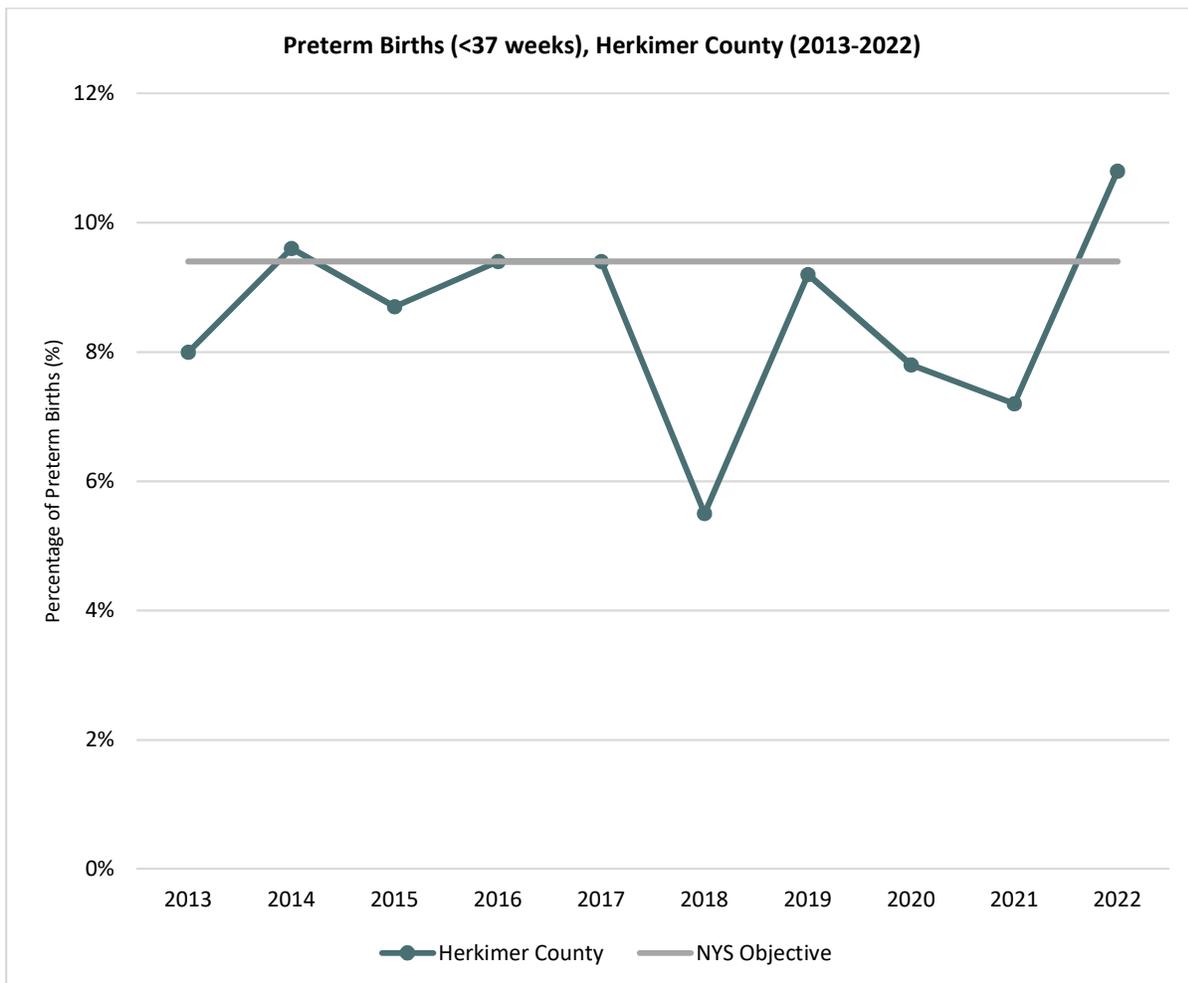
NYSDOH, *Prevention Agenda-Herkimer County,* (2023)

Healthcare Access and Quality: Child and Adolescent Health Indicators. Child and adolescent health trends in Herkimer County show mixed performance. Obesity rates remain above state benchmarks for both WIC-enrolled young children and adolescents. Vaccination coverage among 24-35-month-olds is also below the state target, indicating gaps in routine childhood immunizations.[50] At the same time, asthma outcomes are comparatively favorable. Asthma-related emergency department visit rates for children are below the state benchmark, and medication adherence among Medicaid-enrolled youth with persistent asthma exceeds the state objective. HPV vaccination rates among 13-year-olds have improved, though they remain below statewide objectives. These patterns point to strengths in supporting adolescent health, along with a continued need for early-life preventive supports.

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Child and Adolescent Health				
Children (2-3 years) with obesity participating in WIC, %	2017	13%	15.5%	No Significant Change
Children and adolescents with obesity (excl. NYC), %	2021-2023	16.4%	27.0%	Worsened
Asthma emergency department visits, rate per 10,000 aged 0-17 years	2022	131.1	31.9	No Significant Change
Medicaid Managed Care members (aged 5-18) with persistent asthma having an asthma medication ratio of 0.50 or greater, %	2022	69%	73.5%	No Significant Change
24-35-month-old children with the 4:3:1:3:3:1:4 immunization series, %	2023	70.5%	57.7%	No Significant Change
13-year-old adolescents with a complete HPV vaccine series, %	2023	37.4%	19.3%	Improved

NYSDOH, *Prevention Agenda-Herkimer County,* (2023)

24-35-Month Old Children with the 4:3:1:3:3:1:4 Immunization Series, Herkimer County (2016-2023)
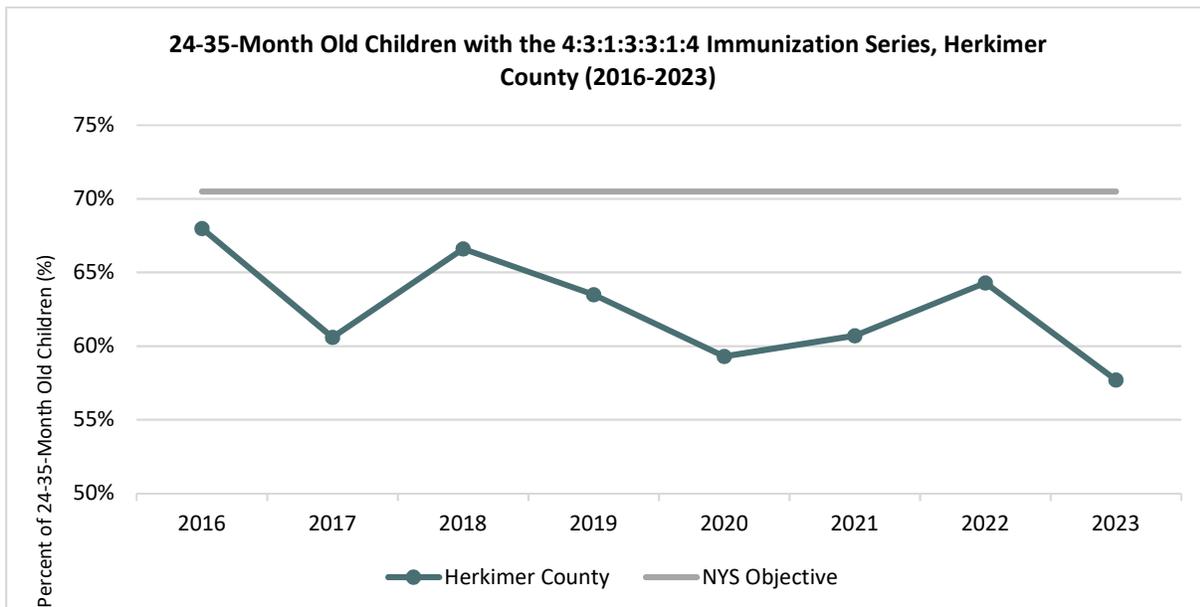
NYSDOH, *Prevention Agenda-Herkimer County,* (2023)

Education Access and Quality: Early Intervention (EI) Indicators. EI services play a key role in supporting young children with developmental delays and preparing them for future learning. In Herkimer County, 97.1% of families met the state standard on the NY Impact on Family Scale, exceeding the state objective.[50, 53] However, only 77.8% of families reported that EI helped them support their child's development and learning, falling short of the state benchmark.[50, 53] This gap may be influenced by provider shortages, waitlists for developmental support services, and access barriers, all of which can delay timely intervention and impact family engagement.

Prevention Agenda Indicator	Data Year	NYS Objective	Herkimer County Estimate	Performance Over Time
Families participating in the EI program who meet the state's standard on the NY impact on Family Scale, %	2022-2023	73.9%	97.1%	Improved
Families participating in EI who report that EI services helped the family to help their children develop and learn	2021-2022	93.1%	77.8%	Improved

NYSDOH, *Prevention Agenda-Herkimer County,* (2023); NYSDOH, *Maternal and Child Health-Herkimer County*, (2025)
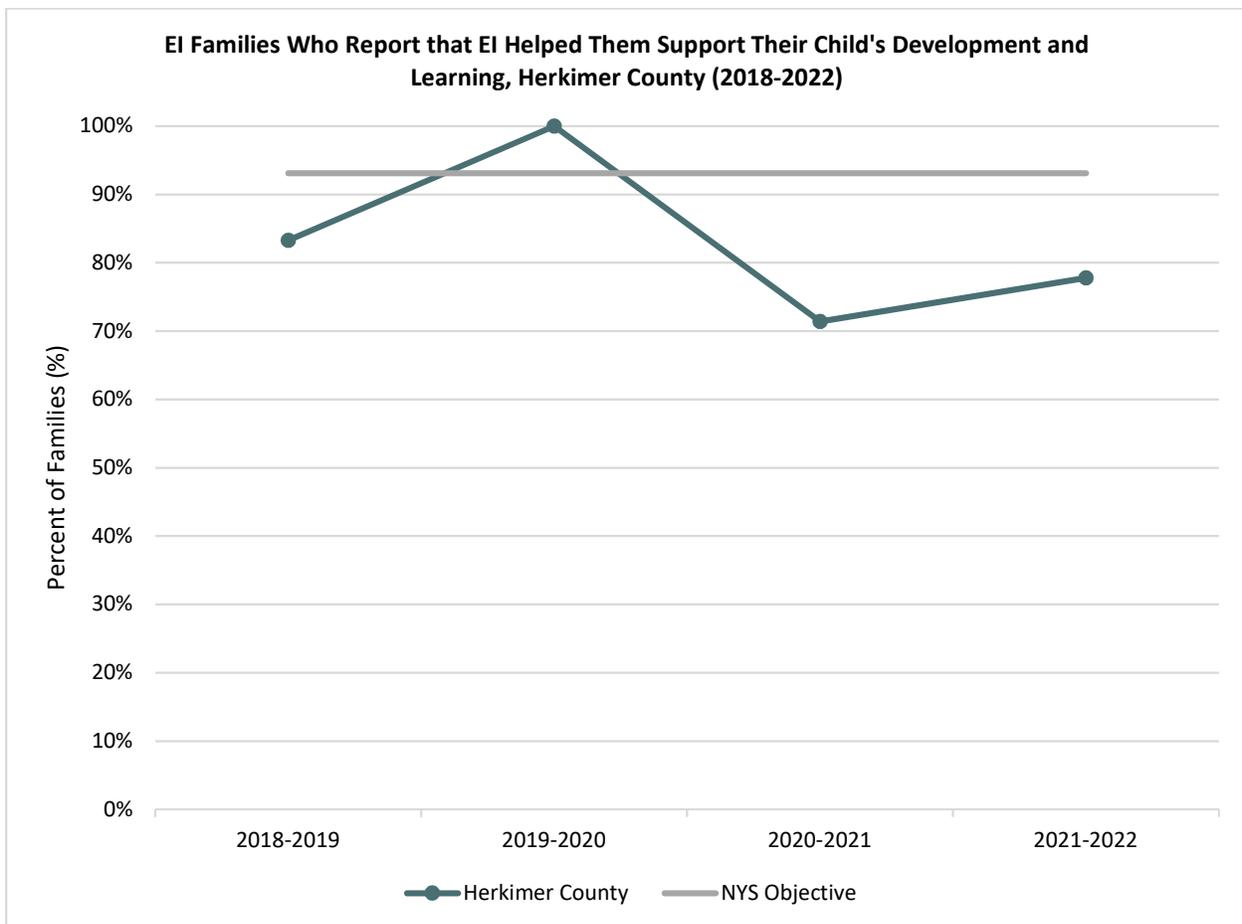
NYSDOH, *Maternal and Child Health-Herkimer County*, (2025)

### Health Challenges and Associated Risk Factors

Community input highlighted several key health challenges that closely align with local health indicators. Above all, mental health emerged as the most pressing issue. Approximately 90% of stakeholders identified it as a top concern, and residents most frequently cited mental health as a challenge for adults and youth in community surveys.[54,55] Focus group participants in Ilion and the Old Forge echoed this, describing the shortage of providers, long wait times for appointments, and limited services as significant barriers to care.[56, 57]

Substance use was another prominent concern. Residents pointed to opioids, alcohol, vaping, and prescription drug misuse as significant issues, and stakeholders ranked opioid use among the county's top health challenges.[54, 55] These perceptions mirror county health indicators, which show elevated rates of overdose mortality relative to state benchmarks.

Chronic disease, particularly obesity and diabetes, also surfaced as a significant concern in the community survey.[54] Stakeholders noted that social factors, such as food insecurity, economic stress, and limited access to healthy options, compound these conditions.[55]

Across surveys, focus groups, and local data, mental health, substance use, and chronic disease stand out as the most pressing health challenges affecting Herkimer County residents.[54-57]

> **Community-Identified Priority Health Issues:**
> - **Mental Health**
> - **Substance Use**
> - **Chronic Diseases**

Community Voice Snapshot

"The lack of support for women and kids in Herkimer County is alarming. Families are struggling due to the lack of systemic support from the federal government all the way down to the local level. Generational poverty is rampant, as are escalating mental health and substance abuse concerns. Our families are struggling. There are ways to support them better, but it requires a unified approach across sectors."

-Community Survey Respondent, 2025

Stakeholder-Identified Priority Health Concerns, Herkimer County (2025)

Concern	Percentage
Social Connectedness	31.58%
Hunger	31.59%
ACEs	42.11%
Opioid Use/Substance Abuse	42.11%
Child and Adolescent Emotional Health	52.63%
Mental Health	89.70%

HCPH, *Stakeholder Feedback Survey*, (2025)

Community-Identified Prioritiy Health Concerns for Youth, Herkimer County (2025)

Concern	Percentage
Smoking/Vaping	7.58%
Lack of Activities	10.71%
Substance Use	13.00%
Social Media	13.07%
Mental Health	14.53%

HCPH, *Community Feedback Survey,* (2025)

Community-Identified Priority Health Concerns for Adults, Herkimer County (2025)

Wellness/Prevention: 8%
Physical Inactivity: 10.78%
Obesity: 12.17%
Substance Use: 13.10%
Mental Health: 16.69%

HCPH, *Community Feedback Survey*, (2025)

Community-Identified Priority Health Concerns for Aging Adults, Herkimer County (2025)

Assisted Living Options: 5.91%
Cost of Long-Term Care: 6.61%
Quality Elder Care: 7.79%
Meeting Daily Needs: 18.01%
Aging in Place: 26.15%

HCPH, *Community Feedback Survey*, (2025)

Contributing Causes of Health Challenges. The leading health challenges in Herkimer County do not exist in isolation. Community feedback makes clear that they are rooted in broader structural and socioeconomic conditions that shape daily lives and access to care. Limited access to healthcare services surfaced consistently across community and stakeholder input.[54, 55] Residents noted long wait times, provider shortages, and limited availability of mental health and substance use services.[56, 57] Stakeholders echoed these concerns, pointing to a lack of after-hours and specialty care, as well as strain on the existing system.

Community Voice Snapshot

"The quantity and quality of mental health treatment needs to be improved, especially with the adolescent population. Our services are there. However, the quality of treatment seems to be lacking."

-Herkimer County Stakeholder, 2025

Stakeholder-Identified Priority Health System Challenges, Herkimer County (2025)

Challenge	Percent
Access to a primary care	41.93%
High cost of healthcare	41.72%
Access to a dentist	29.28%
High cost of prescription medications	29.21%
Access to mental health services	28.58%
Lack of health insurance coverage	11.96%
Access to preventative services	10.78%
Lack of transportation to appointments	9.67%
Prefer not to answer	8.41%
Lack of health literacy	6.95%
Discrimination from medical providers	6.33%
Access to drug or alcohol abuse treatment	6.12%
Other	4.66%
Access to language translators	1.53%

HCPH, *Stakeholder Feedback Survey*, (2025)

Transportation barriers were widely identified as a driver of health disparities. Residents cited the lack of reliable public transit, long travel distances, and limited options for rural communities as major obstacles to accessing care, employment, and essential services.[54, 55] Focus groups in Ilion and the Old Forge validated these findings, describing transportation as both a cause of isolation for rural residents and a barrier for families seeking health and social supports.

Community-Identified Factors Contributing to Health Outcomes, Herkimer County (2025)

Factor	Percentage
Homelessness	20%
Changing family structures	25%
Food insecurity	30%
Transportation	35%
Addiction to drugs	40%
Poverty	45%
Lack of mental health services	45%
Inadequate/ unaffordable housing	50%
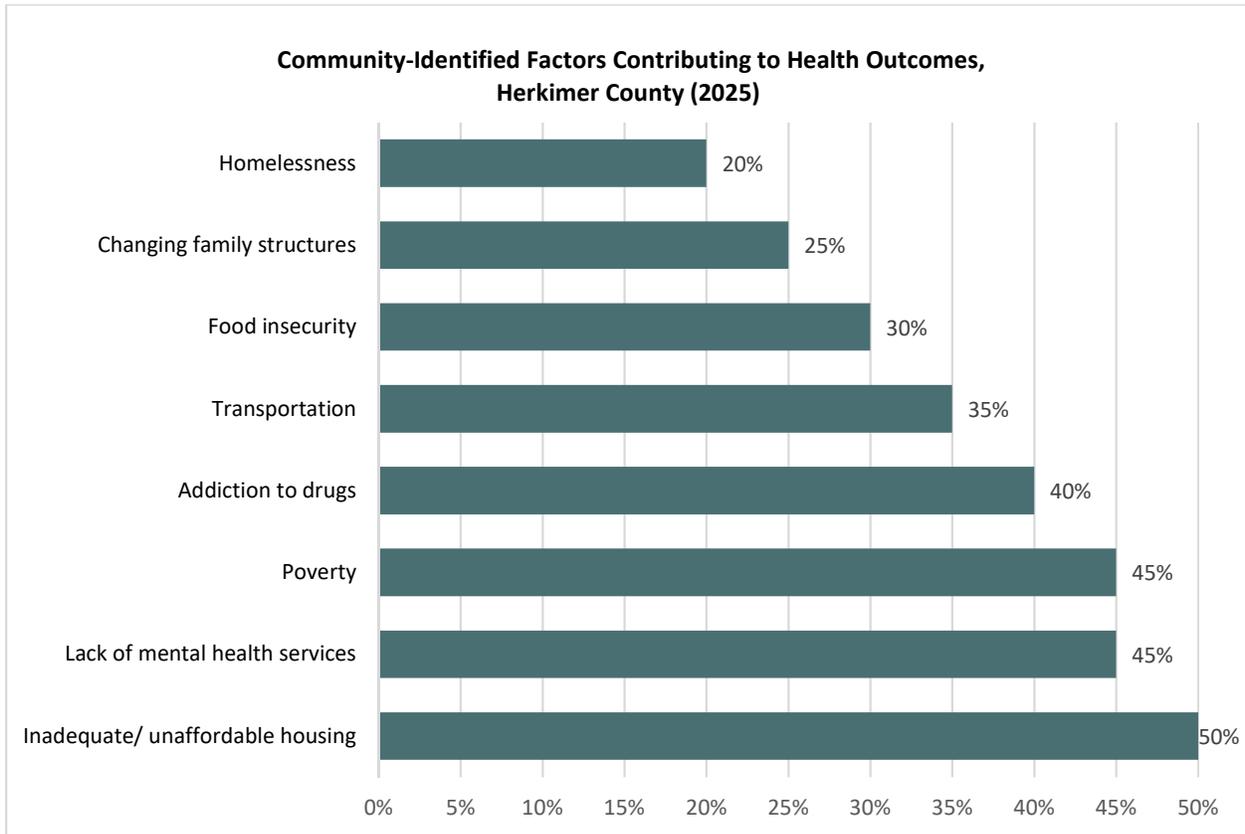
HCPH, *Community Feedback Survey*, (2025)

Community Voice Snapshot

"I think one of our largest issues with healthcare is transportation to appointments. Because we live in a rural area, there is no public transportation or even Uber/Lyft options. Once someone is no longer able to drive or, in some cases, cannot drive due to an injury or medical procedure, there are no options for getting to appointments. We rely on family, friends, and neighbors, which is difficult."

-Community Survey Respondent, 2025

Economic instability and poverty emerged as foundational drivers of poor health and key contributors across all priority areas. Stakeholders identified economic conditions as the top barrier facing their clients, and residents frequently cited challenges in finding jobs that pay a livable wage. These financial pressures are linked to food insecurity, housing instability, and chronic stress, all of which shape health outcomes.[54-57] Local health indicators support these perceptions, showing higher poverty rates and housing cost burdens than state averages.

Stakeholder-Identified SDOH Barriers to Health, Herkimer County (2025)

Health and Healthcare Costs, 5%

Social and Community Context, 5%

Education, 5%

Neighborhood and Built Environment ,15%

Economic Stability, 70%
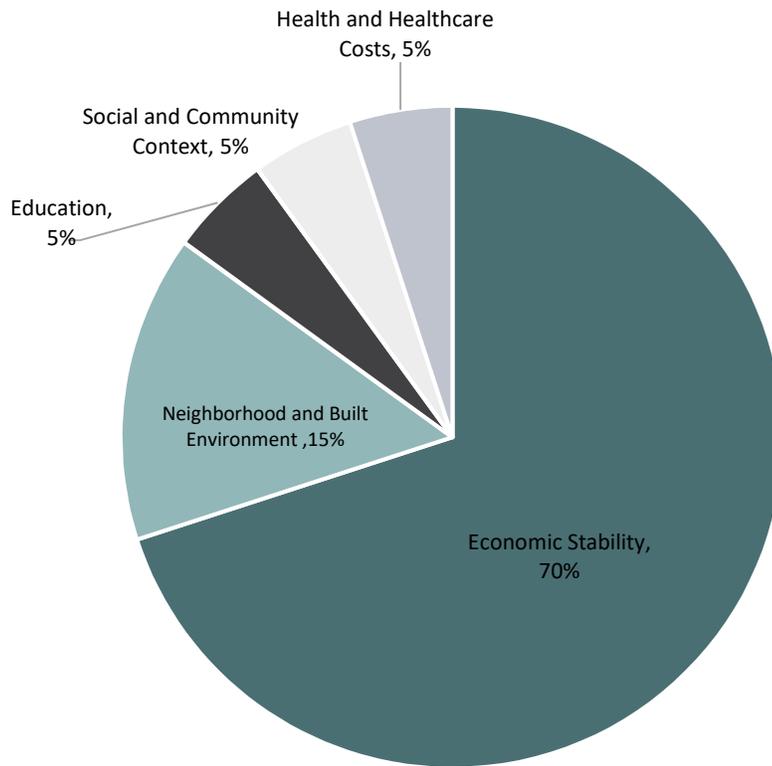
Community Voice Snapshot

"The average working people in our community are overstressed due to the high cost of living and stressors of daily family life. This situation is progressively getting worse day by day. These overly stressed people are the same people/workers who are the helpers of the homeless, poverty-stricken individuals with an array of health and social disparities. The old saying 'you can't pour from an empty cup' could easily be applied to this issue."

-Herkimer County Stakeholder, 2025

HCPH, *Stakeholder Feedback Survey,* (2025)

Health Disparities. Structural barriers intensify health challenges in Herkimer County and do not affect all residents equally. Conditions such as limited access to care, transportation barriers, and economic instability shape who experiences the greatest health burden. These factors intersect across populations, with the heaviest impacts seen among low-income residents, rural seniors, and adolescents living in areas of concentrated poverty.

Stakeholders most often identified individuals living at or near the poverty line as experiencing the poorest health outcomes, followed closely by those with mental health conditions.[55] Living in or near poverty limits access to healthy food, safe housing, and timely medical care. In turn, this contributes to higher rates of chronic disease and elevated mortality from conditions like heart disease and cancer.

Youth face significant disparities in mental health and substance use. Most adolescents live in the Mohawk Valley corridor, where poverty is concentrated, placing them at greater risk. This is reflected in a youth suicide mortality rate more than three times the state objective.[50]

Seniors in rural areas were also described as particularly vulnerable. In the Old Forge, residents cited isolation, limited transportation, and fragmented communication as barriers to care.[57] Nearly 43% of the county's older adults live in northern communities, where long travel distances and harsh winters further restrict access to services.

Overall, these patterns show that low-income individuals, rural seniors, and adolescents in poverty experience the most significant health burdens. Addressing these disparities will require strategies that strengthen economic stability, expand access to care, and reduce geographic and social barriers across Herkimer County.

Stakeholder-Identified Populations Experiencing the Poorest Health Outcomes, Herkimer County (2025)

Legend:
- Individuals living at or near poverty level
- Individuals with mental health issues
- Specific racial or ethnic groups
- Children
- Individuals living in rural areas
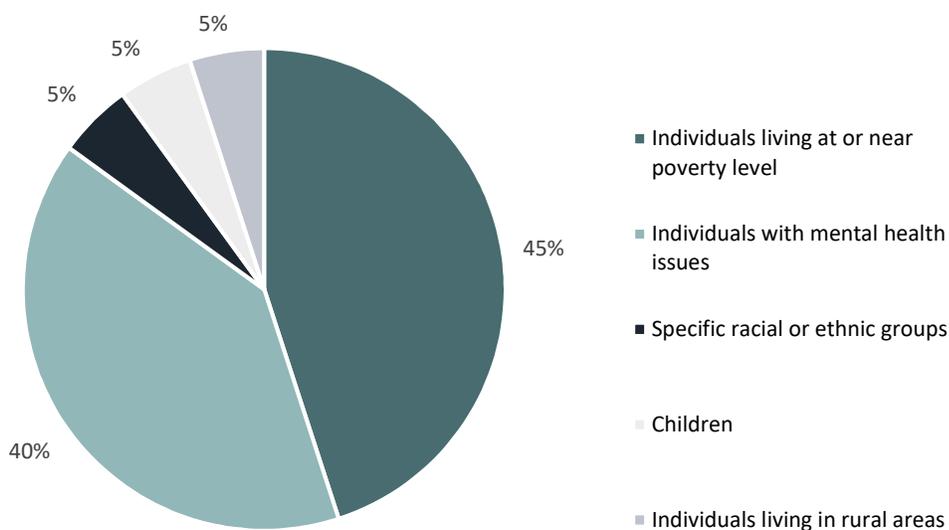
HCPH, *Stakeholder Feedback Survey*, (2025)

Community Assets and Resources

While Herkimer County faces health disparities, it also has a strong foundation of community assets that support residents and can be leveraged to address unmet needs. These assets include cross-sector planning structures, health and human service organizations, and targeted programs that serve vulnerable populations. Together, they strengthen the county's capacity to improve health and advance equity. Despite these strengths, the county would benefit from additional assets, including expanded affordable housing options, increased behavioral health and substance use treatment capacity, enhanced transportation access, and sustained funding to strengthen coordination across existing services.

Community Assets (Strategic and Structural Strengths)

- **ARC Herkimer:** Provides support for individuals with intellectual and developmental disabilities, including residential services, vocational training, and family supports.
- **Bassett Community Health Navigation**: Connects residents with housing, insurance, transportation, primary care, and recovery services.
- **Catholic Charities of Herkimer County**: Delivers substance use prevention and recovery services, school-based supports for youth, and emergency assistance for families.
- **Connected Community Schools**: Builds linkages between schools and community resources, ensuring families can access food, clothing, health, and mental health supports.
- **Cornell Cooperative Extension (CCE)**: Offers nutrition education, food security initiatives, and youth development programming with an emphasis on serving low-income families.
- **Department of Social Services (DSS)**: Administers core benefits such as HEAP, TANF, SNAP, and emergency assistance for low-income households.
- **Herkimer County HealthNet**: Offers free, evidence-based programs and social care screening and navigation services.
- **Herkimer County Integrated County Planning (ICP):** A nationally recognized framework guiding cross-sector collaboration since 1998. ICP sets countywide priorities and aligns resources to improve outcomes.
- **Herkimer County Public Health's Maternal Child Health Programs:** Maternal Child Health Nursing, Healthy Families**,** Help Me Grow**,** and the Doula Program**,** offer culturally responsive support services. Together, these programs address gaps in maternal and child health in the county.
- **Herkimer-Oneida County Planning:** Provides regional planning, data analysis, and support to advance community development initiatives.
- **Herkimer County System of Care (SOC)**: A SAMHSA-funded, countywide mental health infrastructure that provides coordinated supports for children with, or at risk of, serious emotional disturbances.
- **Integrated Community Alternatives Network (ICAN)**: Strengthens child and family well-being through behavioral health programming, case management, and support services.
- **Mohawk Valley Community Action**: Focuses on poverty reduction, offering Head Start, housing, workforce development, and family support programs.

- **Mohawk Valley Partnership for Healthy Lifestyles**: Offers preventive screenings, education, and wellness support through multi-county health promotion coalition.
- **Resource Center for Independent Living (RCIL)**: Expands disability services, independent living supports, and advocacy across the county.
- **Working Solutions:** Offers workforce development and job training programs, helping residents gain skills, employment, and economic stability.

Community Resources

- **Catholic Charities 24-Hour Domestic Violence Hotline**: Offers confidential crisis support, safety planning, and connection to shelter for individuals experiencing domestic violence in Herkimer County.
- **Food Security Supports**: A network of programs that address hunger and nutrition needs in the county:
  - Ten community-based food pantries affiliated with the Food Bank of Central New York
  - The Food Sense Program, a monthly local food buying cooperative offering low-cost, nutritious food options
  - The Veggie Van**,** a mobile market providing access to fresh produce in underserved areas
  - Meals on Wheels and congregate meal sites, providing nutrition and social supports to older adults
- **Loaves and Fishes Warming Center:** Provides emergency shelter, meals, and support for residents experiencing homelessness or housing insecurity, particularly during the winter months.
- **Mobile Crisis Assessment Team (MCAT):** Provides rapid-response crisis intervention for individuals experiencing behavioral health emergencies, linking them to appropriate treatment and supports
- **NY Connects**: A centralized directory for health, disability, and aging services.
- **United Way 2-1-1**: Connects residents to food, housing, childcare, and other basic needs
- **988 Suicide & Crisis Lifeline:** Provides 24/7 call, text, and chat support for individuals experiencing emotional distress, suicidal crisis, or substance use-related concerns.

These assets demonstrate longstanding collaboration across sectors and a strong local foundation for coordinated service delivery. Continued alignment of these resources will be important for addressing priority health needs and advancing equitable outcomes.

Community Health Improvement Plan

Local health departments in NYS are required to develop a CHIP every five years. Tax-exempt charitable hospitals are required to submit a Community Service Plan (CSP) every three years. Both requirements align with the NYSPA, which establishes five domains and associated priorities for advancing health equity.

For this cycle, HCPH and BHN completed a joint CHA to identify shared community needs and disparities. While each organization will submit its own CHIP or CSP, both plans were developed collaboratively to ensure alignment with the 2025-2030 NYSPA priorities and support a coordinated approach to improving health in Herkimer County. Table 1 below summarizes the NYSPA domains and priorities that guided the selection of Herkimer County's CHIP focus areas. A full review of NYSPA domains, priorities, and objectives is available in Appendix F.[67]

NYSPA 2025-2030		
Domain	Priority	
Economic Stability	• Poverty • Nutrition Security	• Unemployment • Housing Stability and Affordability
Social and Community Context	• Anxiety and Stress • Depression • Suicide • Primary Prevention, Substance Misuse, and Overdose Prevention	• Tobacco/E-Cigarette Use • Alcohol Use • Adverse Childhood Experiences • Healthy Eating
Neighborhood and Built Environment	• Opportunities for Active Transportation and Physical Activity • Injuries and Violence	• Access to Community Services and Support
Health Care Access and Quality	• Access to and Use of Prenatal Care • Prevention of Infant and Maternal Mortality • Preventive Services for Chronic Disease Prevention and Control	• Preventive Services • Early Intervention • Childhood Behavioral Health • Oral Health Care
Education Access and Quality	• Health and Wellness Promoting Schools	• Opportunities for Continued Education

NYSDOH, NYSPA, (2025)

Major Community Health Needs

The 2025-2030 CHA identified several areas where Herkimer County experiences persistent disparities. Findings were based on quantitative data from state and federal sources, as well as input from community members and stakeholders. Three needs emerged as the most significant for this cycle: economic stability, mental health supports, and healthcare access, each reflected in the county's selected CHIP priorities.

Economic Stability

Herkimer County has sustained levels of financial hardship, with 13.3% of residents living below the FPL and higher rates concentrated in the Valley Corridor.[9] Child poverty remains elevated, and ALICE data indicate that many working families cannot reliably meet basic expenses. Older adults living on fixed incomes experience similar pressures.[9] These conditions contribute to trends in housing instability, transportation challenges, and reduced access to essential services. Community and stakeholder input consistently identified economic insecurity as a central concern.

Mental Health Supports

Mental health concerns were the most frequently reported issue across surveys and focus groups.[54-57] Residents described long wait times for behavioral health appointments, limited access to youth-focused services, and difficulty navigating referrals.[54, 56, 57] Local data show elevated suicide mortality among adult and adolescent populations. Stakeholders emphasized the need to expand timely, developmentally appropriate services and strengthen coordinated supports for children and families.[55]

Healthcare Access

The assessment highlighted access barriers across multiple systems of care, affecting both preventive services and early identification of developmental or behavioral concerns. Families reported difficulty securing evaluations, navigating referrals, and accessing consistent follow-up supports, particularly in rural and lower-resource areas. [54, 56, 57] Gaps in screening and early detection, including developmental and social-emotional screening, contribute to delays in connecting children to appropriate services. Families, providers, and stakeholders identified improved access to coordinated, developmentally focused care as a priority.

These findings informed the selection of the CHIP domains of economic stability, social and community context, and healthcare access and quality, and the corresponding priorities of poverty, suicide, and childhood behavioral health.

Prioritization Methods

A structured prioritization process guided the selection of CHIP priorities, ensuring decisions were based on data, community input, and alignment with the NYSPA. This approach supported consistent evaluation across all identified needs.

Description of Prioritization Process

HCPH and BHN used a multi-step process to determine priority areas for the 2025–2030 cycle. Community and stakeholder surveys were first launched to identify perceived needs, service barriers, and populations experiencing disparities. Quantitative data and survey results were reviewed together to identify the needs with the highest burden, the largest disparities, and the

strongest community emphasis. These potential priorities were then presented during two in-person focus groups, where participants reviewed the data, discussed relevance, and evaluated local challenges and opportunities.

After the focus groups, HCPH met with key stakeholders connected to the potential priority areas to further assess the burden of each issue, equity implications, feasibility of proposed interventions, and alignment with existing capacity and partner roles. This informed the selection of the final CHIP priorities.

Community Engagement

Community engagement played a central role in shaping the selection of priorities. Input was gathered through a countywide community survey and a stakeholder survey, which identified perceived needs, service barriers, and populations experiencing disparities. Two in-person focus groups were then held in Ilion and Old Forge, where participants reviewed and summarized survey findings, and then discussed the top potential priority areas. Small-group discussions were used to assess relevance, explore local barriers, and identify potential partners and intervention opportunities. Appendices C and D provide community and stakeholder survey tools and the structured agendas used during the focus groups.

The accompanying tables and figures summarize who participated in the community feedback process, including demographic characteristics of survey respondents and the sectors represented among stakeholder participants. This information helps demonstrate the breadth of input used to inform priority selection.

Community Feedback Survey, 2025		
Characteristic	Number of Respondents	Percent of Total
Total Respondents	1,438	-
Age 18-25 years	45	3.13%
26-35 years	70	4.87%
36-45 years	119	8.28%
46-55 years	198	13.77%
56-65 years	338	23.5%
65+ years	653	45.41%
Race White	1,317	91.59%
All other races combined	35	2.43%
Prefer not to answer	86	5.98%
Gender Female	929	64.60%
Male	441	30.67%
Transgender	8	0.56%
Genderqueer/ non-binary	4	0.28%
Prefer not to answer/other	56	3.89%

HCPH, *Community Feedback Survey*, (2025)

Stakeholder Participation by Sector, (2025)

Legend:
- Social Services
- Mental Health Provider
- Other
- Healthcare Provider
- Housing
- Seniors
- Early Childhood
- Employment job training
- Food nutrition
- Law Enforcement
- Government
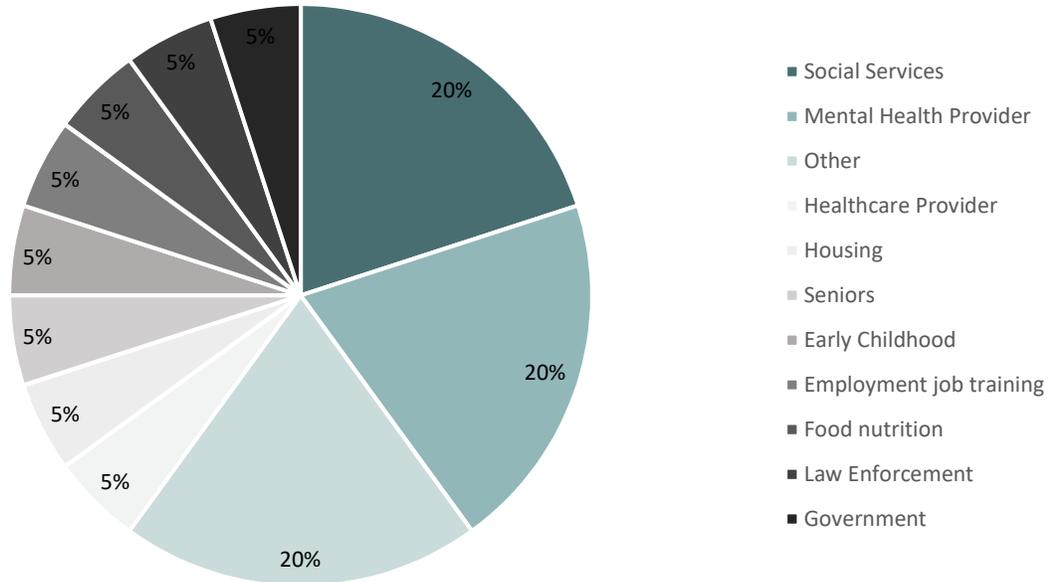
HCPH, *Stakeholder Feedback Survey,* (2025)

Justification for Unaddressed Health Needs

The assessment also identified needs related to chronic disease prevention, substance misuse, and aging supports. These areas were not selected for CHIP interventions because substantial work is already underway through existing county and regional initiatives. The Herkimer County OFA and the county's Age Friendly initiative lead multiple programs that address aging, caregiver support, social connection, home safety, and chronic disease management. BHN's CSP includes chronic disease prevention, care coordination, and healthy aging activities that complement county efforts. HCPH and Bassett reviewed their respective roles during the planning process to ensure that key needs were addressed across both plans without duplicating work or dispersing limited capacity.

Substance misuse, while distinct, overlaps with the broader mental health concerns highlighted in the assessment. Catholic Charities and other partners already operate extensive prevention, treatment, and harm-reduction programs, and the county continues to support this work.

Selecting poverty, suicide, and childhood behavioral health as CHIP priorities allows HCPH to focus on areas where new coordination and public health leadership are most needed. This approach ensures that other identified needs continue to be addressed through established partner initiatives.

Developing Objectives, Interventions, and Action Plan

The CHIP action plan outlines the interventions selected for the 2025–2030 cycle, based on the findings of the Community Health Assessment and the county's prioritization process. Each intervention corresponds to a NYSPA domain and priority area and includes defined SMARTIE objectives, partners, and process measures.

Alignment with NYSPA

The selected CHIP priorities align with the 2025–2030 NYSPA domains of Economic Stability, Social and Community Context, and Healthcare Access and Quality. Each intervention addresses a NYSPA priority identified as a significant local need within the CHA. The strategies chosen are consistent with evidence-informed approaches promoted in the NYSPA, emphasizing equity, early identification, and improved access to services.

Intervention 1: Economic Stability-SDOH Screening Through Social SCNs

This intervention addresses the CHA-identified need for improved economic stability by expanding SCN screening and navigation, an evidence-based strategy promoted in the NYSPA under the Economic Stability domain.[66,67] By integrating SDOH screening into public health programs and partnering with HealthNet, OFA, and DSS, the county strengthens coordination around income, housing, food, and employment supports. The approach improves access to stabilization resources for populations disproportionately affected by poverty, particularly older adults, low-income households, and rural communities. Through these coordinated activities, the intervention aims to reduce inequities in basic needs support and advance the NYSPA goals related to poverty reduction and health equity.
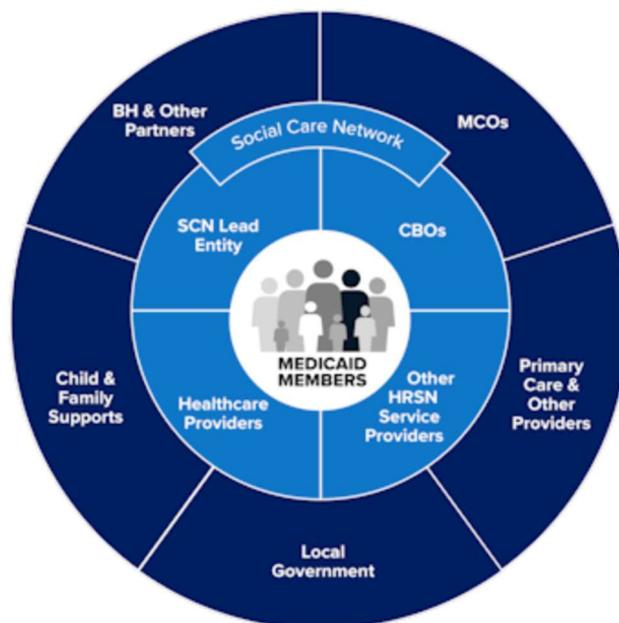
NYSDOH*, SCN (2025)*

NYSPA Domain: Economic Stability
NYSPA Priority: Poverty
NYSPA Goal: Identify, promote, and implement programs that address poverty
NYSPA Objective: 1.0 Reduce the percentage of people living in poverty from 13.6% to 12.5%. **NYSPA Objective:** 1.1 reduce the percentage of people aged 65+ living in poverty from 12.2% to 11%.
Intervention: Conduct SDOH screenings for risk factors like low income and unemployment through social care networks (SCNs) and connect individuals with appropriate services. [67, 68]
Target Demographic: Medicaid recipients of all ages, with a subpopulation focus on adults aged 65+.
Geographic Focus: Countywide, with targeted outreach in northern rural areas where resource access is limited.
Health Equity Impact: This intervention prioritizes adults aged 65+, low-income households, and rural residents who face higher rates of unmet basic needs and limited access to services locally. Expanding SDOH screening and navigation improves equitable access to financial, housing, and stability supports across the county.

Action(s)	Family of Measures	Intended Impact	Partner Roles and Resources
• Integrate SDOH screening into HCPH program encounters using the SCN platform • Provide navigation and follow-up to ensure referrals are completed • Monitor referral closure, service connection, and identified needs	**Process measures** • Number of individuals screened for SDOH (total and 65+ subgroup) • Number of SCN referrals submitted (total and 65+ subgroup) • Number of SCN referrals successfully closed (total and 65+ subgroup) **Intermediate measures** • Percent of SCN referrals with at least one identified need who are connected to at least one service within 60 days (total and 65+ subgroup)	• Increased identification of unmet basic needs • Improved access to financial, housing, food, and employment supports • Reduced socioeconomic-related barriers to health and stability • Strengthened coordination among service providers	• **HCPH:** Conducts screenings and navigation; integrates SDOH screening into public health programming; manages the SCN platform and referral pathways; provides data tracking • **HealthNet:** Conducts screenings and navigation; manages the SCN platform and referral pathways; collaborates and shares data with HCPH • **OFA:** Promotes screening services; facilitates access to older adults • **DSS:** Provides screening space for HealthNet; facilitates access to target demographic

Intervention 2: Suicide Prevention-Youth Suicide Risk Screening and Assessment Through an Article 28 Clinic

HCPH will establish an Article 28 children's mental health clinic to implement universal suicide risk screening using the brief Columbia Protocol and to administer the full Columbia Suicide Severity Rating Scale (C-SSRS) for youth with identified risk.[71,72]This approach directly addresses gaps in early detection and access to care identified in the CHA, including limited availability of child behavioral health services, long wait times, and geographic barriers affecting rural families.

The C-SSRS is an evidence-based tool recognized) for its reliability in identifying suicide risk and predicting suicidal behavior.[69] Its structured design improves assessment consistency and supports clinical decision-making, particularly when used as a follow-up to brief universal screening.[69, 70]

Screening and assessment results will guide safety planning, crisis response, and treatment. Embedding these functions within a county-operated clinic strengthens early identification, reduces reliance on out-of-county services, and improves continuity of care for children and adolescents. By expanding timely access to screening, risk assessment, and coordinated follow-up, this intervention directly supports the NYSPA objective of reducing adolescent suicide attempts during the 2025–2030 cycle.

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples*: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.		High Risk

988 SUICIDE & CRISIS LIFELINE

Any **YES** indicates that someone should seek behavioral healthcare. However, if the answer to **4, 5** or **6** is **YES**, get immediate help: Call or text 988, call 911 or go to the emergency room. STAY WITH THEM until they can be evaluated.

Download Columbia Protocol app

Columbia Lighthouse Project, (2016)

NYSPA Domain: Social and Community Context

NYSPA Priority: Suicide
NYSPA Goal: Prevent suicides.
NYSPA Objective: 6.2 Reduce adolescent suicide attempts from 9.4% to 8.5%.
Intervention: Universal suicide risk screening using the Columbia Protocol, with full C-SSRS assessments for youth who screen positive, delivered through an Article 28 children's mental health clinic with appropriate follow-up care.[69,70]
Target Demographic: Children and adolescents ages 0–18.
Geographic Focus: Countywide
Health Equity Impact: Youth in Herkimer County face disparities in access to behavioral health services due to rural provider shortages, long wait times, and transportation barriers. Expanding in-county suicide risk screening and follow-up care reduces these access barriers and supports more equitable identification and intervention.

Action(s)	Process Measures	Intended Impact	Partner Roles and Resources
• Establish and operate an Article 28 children's mental health clinic within HCPH • Implement the brief C-SSRS screener (Columbia Protocol) as a universal suicide risk screen at intake. • Administer the full C-SSRS when the screener is positive. • Develop safety plans, provide crisis response as needed, and coordinate referrals to community supports. • Monitor screening outcomes, referrals, and follow-up to strengthen coordination across partners.	**Process measures** • Number of Columbia Protocol suicide risk screenings completed • Number of full C-SSRS assessments completed for youth who screen positive • Number of referrals received from community partners **Intermediate measures** • Percent of youth who screen positive and receive a safety plan • Percent of youth with a completed C-SSRS who engage in at least one follow-up visit	• Earlier and more consistent identification of suicide risk among children and adolescents • Reduced delays between identification of risk and connection to appropriate services • Improved coordination between screening, risk assessment, safety planning, and ongoing care. • Strengthened local capacity to monitor and address youth suicide risk	• **HCPH:** Leads clinic development and operations; oversees staffing, service delivery, C-SSRS screening, and data monitoring; develops safety plans and provides follow-up care • **SOC:** Provides care coordination and family support; assists with referrals and ongoing engagement for children with complex needs • **BHN:** Identifies youth needing services; makes referrals; collaborates on care transitions between primary care and the clinic

Intervention 3: Healthcare Access and Quality-Universal Early Childhood Screening

HCPH will expand early identification of developmental and social-emotional concerns by implementing universal ASQ:3 and ASQ-SE:2 screening during HMG home visits and parent engagement activities. These tools are validated, evidence-based assessments recommended by NYSPA to strengthen early childhood behavioral health.[66, 73] The CHA identified limited local early-childhood resources, long wait times for developmental evaluations, and barriers faced by low-income and rural families in accessing supportive services.

Integrating universal screening into existing HMG activities enables earlier detection, individualized referral navigation, and more consistent coordination with pediatric and early childhood partners. This approach directly supports the NYSPA objectives.
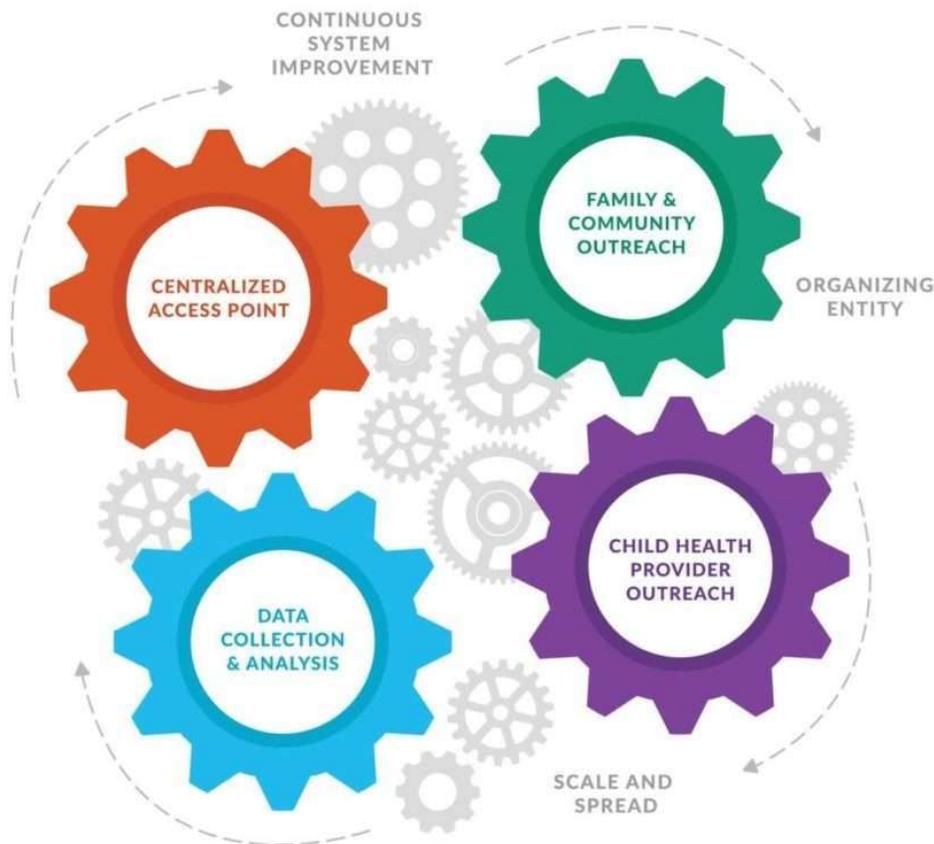
Help Me Grow National Center, (2025)

NYSPA Domain: Healthcare Access and Quality

NYSPA Priority: Childhood Behavioral Health

NYSPA Goal: Improve the mental health and well-being of children and adolescents.

NYSPA Objective: 40.0: Increase the percent of children aged 0–5 meeting all four flourishing criteria from 77.2% to 79.4%.

Intervention: Implement universal ASQ:3 and ASQ-SE:2 developmental and social-emotional screenings for children ages 0–5 through Help Me Grow, with coordinated referral navigation and follow-up services.[66, 73]

Target Demographic: Children ages 0-5.

Geographic Focus: Countywide

Health Equity Impact: Disparities in early developmental outcomes persist for low-income and rural Herkimer County children due to provider shortages and navigation barriers.[54, 55] Expanding universal screening improves early identification and equitable access to evaluation and early intervention services.

Action(s)	Process Measures	Intended Impact	Partner Roles and Resources
• Conduct ASQ:3 and ASQ-SE:2 developmental and social-emotional screenings during HMG home visits and parent-engagement activities • Provide individualized referral navigation for families needing further evaluation or support • Offer education and resources to parents and caregivers on promoting early development and social-emotional skills • Track screening completion, results, referrals, and follow-up to monitor needs and system performance	**Process Measures** • Number of ASQ:3 and ASQ-SE:2 screenings completed through Help Me Grow • Number of referrals made for developmental, behavioral, or family support services **Intermediate Measures** • Percent of children with ASQ:3/ASQ-SE:2 results indicating concern who are successfully connected to recommended services • Percent of children with identified needs who access at least one follow-up service	• Earlier identification of developmental and social-emotional concerns • Improved access to timely assessment, early intervention, and family supports • Strengthened coordination among early-childhood systems, healthcare providers, and family-serving agencies • Reduction in disparities in early developmental screening and referral pathways	• **HCPH / HMG:** Conducts ASQ:3 and ASQ-SE:2 screenings during home visits; provides parent education, referral navigation, and follow-up; monitors screening results and system performance • **Herkimer County Best Start Committee:** Promotes Help Me Grow services and family events; supports outreach to early-childhood providers and community partners • **BHN:** Promotes Help Me Grow services

Partner Engagement for CHIP

       HCPH will convene partners regularly to review performance data, referral activity, and progress toward SMARTIE objectives. These reviews will include structured discussions to identify barriers, assess the effectiveness of current strategies, and determine whether changes are needed. Mid-course corrections will be made collaboratively based on these reviews and documented in the NYSDOH annual tracking reports. HCPH will publish yearly updates and share them with stakeholders, including those who requested continued communication after community engagement activities.

CHA and CHIP Dissemination

       The Executive Summary and the full CHA and CHIP will be posted on the Herkimer County Government website, where they will be accessible to the public. HCPH will also share key highlights on its social media platforms and distribute copies to community partners, advisory groups, and local officials. Printed versions will be provided upon request. Annual CHIP progress updates will be posted online and shared with community members and stakeholders who requested continued communications. These steps ensure the plan remains accessible and transparent throughout the cycle.

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Appendix B: Community Outreach Materials

HERKIMER COUNTY PUBLIC HEALTH
AND BASSETT HEALTHCARE NETWORK:

COMMUNITY FOCUS GROUP

We want your input on local health needs and priorities. Open to all residents of Herkimer County!

THURSDAY
August 21, 2025

TIME
10:30 AM - 12:00PM

Old Forge Library
220 Crosby Blvd Old Forge, NY 13420

TOPIC OF DISCUSSION:
COMMUNITY HEALTH NEEDS 2025-2030

For More Information:
Herkimer County Public Health
315-867-1176
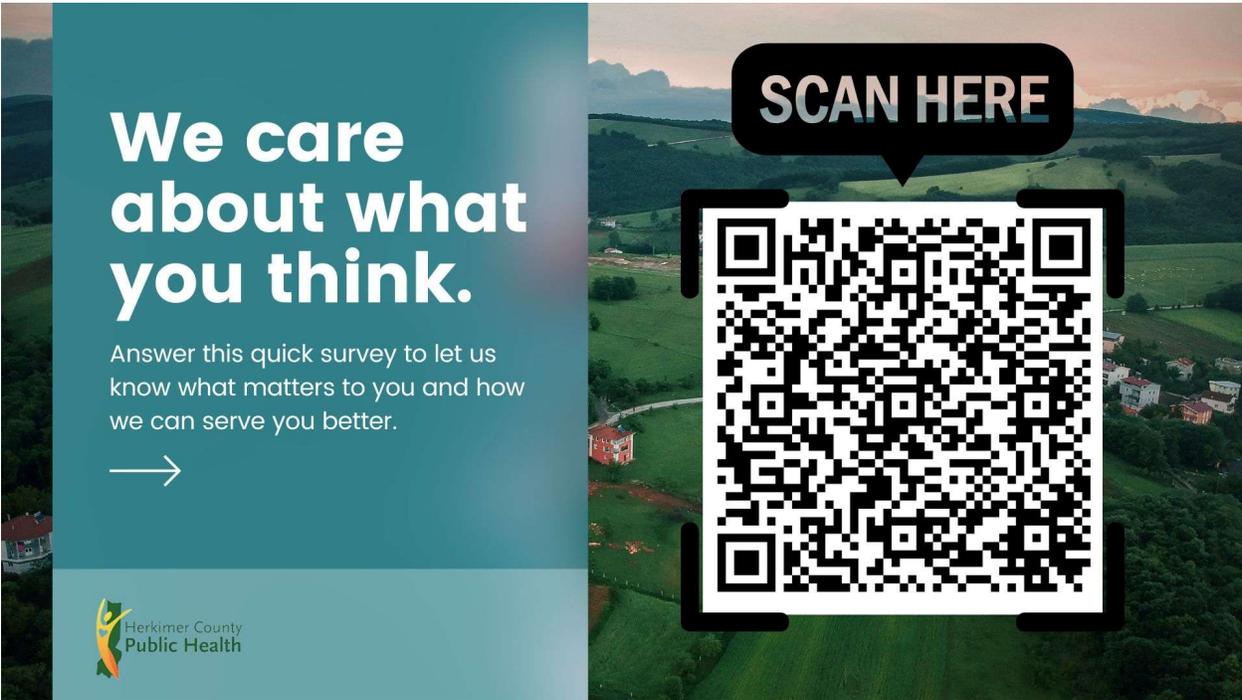
We care about what you think.

Answer this quick survey to let us know what matters to you and how we can serve you better.

→

Herkimer County Public Health

SCAN HERE

Appendix C: Community Survey Questions

1. What county do you live in?
[ ] Otsego County [ ] Herkimer County   [ ] Delaware County   [ ] Schoharie County
[ ] Prefer not to answer

2. Do you live in the selected county year-round?
[ ] Yes – I am a year-round resident   [ ] Yes – I live here seasonally for 4 or more months of the year
[ ] No – I vacation here 3 months or less per year   [ ] No – I do not live in any of these counties
[ ] Prefer not to answer

3. What zip code is your primary residence located in? _____

4. What is your age (in years)?
 [ ] 18–25 [ ] 26–35 [ ] 36–45 [ ] 46–55 [ ] 56–65 [ ] Over 65 [ ] Prefer not to answer

5. What is your race?
[ ] White   [ ] Black/African American   [ ] Asian   [ ] Native American/Alaskan Native
[ ] Native Hawaiian/Pacific Islander   [ ] Multiple races   [ ] Don't know   [ ] Prefer not to answer
[ ]Other: _____

6. What is your ethnicity?
[ ] Hispanic or Latinx   [ ] Not Hispanic or Latinx   [ ] Don't know   [ ] Prefer not to answer

7. How would you describe your gender?
[ ] Female [ ] Male [ ] Gender non-conforming   [ ] Transgender Female [ ] Transgender Male
[ ] Genderqueer/Non-Binary [ ] Prefer not to answer   [ ] Other: _____

8. What is your highest level of education?
[ ] Less than high school [ ] High school/GED [ ] Some college , no degree [ ] 2-year degree
[ ] 4-year degree   [ ] Graduate degree [ ] Trade school [ ] Prefer not to answer

9. How would you describe your employment status (check all that apply):
[ ] Full-time [ ] Part-time [ ] Multiple jobs [ ] Student [ ] Homemaker
[ ] Unemployed–looking for work   [ ] Unemployed–disabled [ ] Retired [ ] Prefer not to answer

10. In the past month, did poor physical health prevent you from doing usual activities?
[ ] Yes   [ ] No   [ ] Prefer not to answer

11. In the past month, did poor mental health prevent you from doing usual activities?
[ ] Yes   [ ] No   [ ] Prefer not to answer

12. What is your current housing situation?

[ ] I own my home   [ ] I rent my home

[ ] I live in shared housing (living in a shelter, outside, in a case, park, or other temporary shelter such as a tent or camper)

[ ] My housing is a secondary, such as a vacation home, Airbnb, or traveling professional accommodations

[ ] Prefer not to answer   [ ] Other: _____

13. Are you worried that in the next few months, you may not have safe housing? (Include housing that you own, rent, or share)

 [ ] Yes   [ ] No   [ ] Prefer not to answer

14. In the past year, have you been unable to get or pay for any of the following items when they were needed? (Check all that apply):

[ ] Food   [ ] Clothing   [ ] Transportation   [ ] Childcare

[ ] Medicine, including prescription medicines and over-the-counter medicines like Benadryl or Tylenol

[ ] Healthcare (medical, dental, vision, mental health)   [ ] Utilities   [ ] Phone   [ ] Internet

[ ] N/A- I have gotten everything I have needed   [ ] Prefer not   [ ] Other

15. How often do you see or talk to people that you care about and feel close to?

[ ] Less than once per week   [ ] 1–2 times per week   [ ] 3–5 times per week

[ ] 5 or more times a week   [ ] Never   [ ] Prefer not to answer

16. What is your normal mode of transportation? [

 [ ] Personal vehicle   [ ] Taxi   [ ] Public transportation (OTP/Bernie Bus)

[ ] Community/County Agency   [ ] Friend or relative drives me   [ ] Walk/bike

[ ] Prefer not   [ ] Other

17. How far from your home are you capable of traveling for your basic needs, such as groceries, health care, basic clothing, and other daily living essentials?

[ ] Less than 10 minutes   [ ] 10–20 minutes   [ ] 20–30 minutes   [ ] 30 minutes or more

[ ] Prefer not to answer   [ ] Other

18. What barriers do you have when it comes to transportation? (Check all that apply):

[ ] Health/medical related   [ ] General comfort with driving certain places/distances

[ ] No vehicle [ ] Don't know how to use/access public transportation [ ] No driver's license

[ ] N/A   [ ] Prefer not.   [ ] Other

19. Which of the following is the most important to you when it comes to the PEOPLE in your community?

[ ] Community is socially and culturally diverse or becoming more diverse

[ ] Feeling connected to people who live here   [ ] Local government is accessible

[ ] People are friendly, helpful, supportive   [ ] People who live here are involved in the community

[ ] People are tolerant, inclusive, and open-minded   [ ] People are involved in local decision making

[ ] Prefer not to answer   [ ] Other

20. Thinking about the SERVICES AND RESOURCES in your community, the thing you consider to be the best is:

[ ] Availability of healthy foods [ ] Active faith community [ ] Access to local businesses (restaurants, shops, etc.)   [ ] Community groups, clubs, or other social activities

[ ] Healthcare [ ] Opportunities for education or job training   [ ] Public transportation

[ ] Youth programs and activities   [ ] Quality school system   [ ] Affordable childcare

 [ ] Social policies and programs (parental leave, social security, employment health insurance, etc.)

[ ] Prefer not to answer   [ ] Other

21. Considering the QUALITY OF LIFE in your community, the best thing is:

[ ] Close to work and activities   [ ] Family-friendly; good place to raise kids

[ ] Informal, simple, laidback lifestyle   [ ] Job opportunities or economic opportunities

[ ] Safe place to live; little or no crime   [ ] Prefer not   [ ] Other

22. Thinking about the ACTIVITIES in your community, the best thing is:

[ ] Activities for families and youth   [ ] Arts and cultural activities   [ ] Local events and festivals

[ ] Recreational and sports activities   [ ] Year-round access to fitness and exercise opportunities

[ ] Prefer not to answer   [ ] Other

23. Thinking about the COMMUNITY SOCIAL AND ENVIRONMENTAL HEALTH in your community, the thing you are most concerned about is:

[ ] Crime and safety   [ ] Not enough jobs with livable wages, not enough to live on

[ ] Water quality (well water, lakes, streams, rivers)   [ ] Not enough affordable housing/homelessness   [ ] Attracting and retaining young families   [ ] Poverty

[ ] Racisms, prejudice, hate, discrimination   [ ] Traffic safety, including speeding, road safety, seatbelt use, and drunk/distracted driving   [ ] Not enough public transportation options/ cost of public transportation   [ ] Changes in population size (increasing or decreasing)

[ ] Not enough places for exercise and wellness activities [ ] Social isolation [ ] Having enough childcare/ daycare services   [ ] Litter (amount of litter, adequate garbage collection)

[ ] Having enough quality school resources   [ ] Food insecurity [ ] Bullying/Cyber-bullying

[ ] Physical violence, domestic violence, sexual abuse   [ ] Child abuse [ ] Elder abuse. [ ] Air quality

[ ] Prefer not to answer

24. Thinking about the AVAILABILITY/DELIVERY OF HEALTH SERVICES in your community, the thing you are most concerned about is:

[ ] Ability to get appointments for health services within 48 hours   [ ] Ability to get healthcare services during non-business hours, such as evenings and weekends   [ ] Avilability of primary care providers and nurses   [ ] Availability of home health services   [ ] Availability of specialists
[ ] Not enough wellness and disease prevention services   [ ] Not enough mental health services
[ ] Availability of substance use disorder treatment/services   [ ]Availability of hospice care
[ ] Availability of dental/vision care   [ ] Availability of emergency services (911, EMS, ambulances)
[ ] Cost of prescription drugs   [ ] Cost of healthcare   [ ] Quality of care   [ ] Adequacy of health insurance   [ ] Understanding how and where to get health insurance   [ ] Transportation to and from medical appointments   [ ] Ability to use and access electronic portals and telehealth services
[ ] Prefer not to answer [ ] Other

25. Thinking about the YOUTH POPULATION in your community, the thing you are most concerned about is:

[ ] Alcohol use/abuse   [ ] Substance use, including misuse of prescription medications
[ ] Smoking, vaping, and exposure to second-hand smoke [ ] Marijuana use and exposure to second-hand marijuana smoke   [ ] Overweight/obesity/diabetes   [ ] Mental health   [ ] Suicide
[ ] Teen pregnancy   [ ] Not enough activities for children and youth [ ] Sexual health
[ ] Wellness and disease prevention, including vaccine-preventable diseases [ ] Not getting enough exercise/physical activity   [ ] Hunger, poor nutrition   [ ] Eating disorders   [ ] Crime
[ ] Dropping out of school   [ ] Overuse/misuse of social media/technology/internet
[ ] Availability of disability services   [ ] Prefer not to answer   [ ] Other

26. Thinking about the ADULT POPULATION in your community, the thing you are most concerned about is:

[ ] Alcohol use/abuse   [ ] Substance use, including misuse of prescription medications
[ ] Smoking, vaping, and exposure to second-hand smoke [ ] Marijuana use and exposure to second-hand marijuana smoke   [ ] Overweight/obesity   [ ] Mental health [ ] Suicide   [ ] Sexual health
[ ] Wellness and disease prevention, including vaccine-preventable diseases   [ ] Not getting enough exercise/physical activity   [ ] Hunger, poor nutrition   [ ] Availability of disability services
[ ] Prefer not to answer   [ ] Other

27. Thinking about the SENIOR POPULATION in your community, the thing you are most concerned about is:

[ ] Ability to meet needs of older population   [ ] Long-term/nursing home care options
[ ] Assisted living options [ ] Availability of resources to help the elderly stay in their homes
[ ] Availability/cost of activities for seniors   [ ] Availability of resources for family and friends caring for elders   [ ] Quality of elder care   [ ] Cost of long-term/nursing home care
[ ] Mental health/social isolation.   [ ] Ability to access and use electronic portals and telehealth services   [ ] Substance use, including misuse of prescription medications and alcohol [ ] Elder abuse
[ ] Hunger, poor nutrition   [ ] Prefer not to answer   [ ] Other

28. What single issue do you feel is the biggest challenge affecting your community? _____

29. What single issue do you feel is the biggest challenge affecting YOU? _____

30. Overall, how would you rate the health of the community in which you live?
[ ] Very healthy   [ ] Healthy   [ ] Unhealthy   [ ] Very unhealthy   [ ] Prefer not to answer

31. Overall, how would you rate the health of the county you live in?
[ ] Very healthy   [ ] Healthy   [ ] Unhealthy   [ ] Very unhealthy   [ ] Prefer not to answer

32. Overall, how would you rate your health?
[ ] Very healthy   [ ] Healthy   [ ] Unhealthy. [ ] Very unhealthy   [ ] Prefer not to answer

33. Which healthcare system do you use for primary healthcare needs?
[ ] Bassett Healthcare Network [ ] United Health Services (UHS)   [ ] Mohawk Valley Health System (MVHS) [ ] A community health center   [ ] Veterans Affairs (VA) [ ] Do not have a primary care provider. [ ] Don't know   [ ] Prefer not to answer   [ ] Other

34. Which of the below do you feel like are the top 3 health system issues in your county?
[ ] Access to a dentist   [ ] Access to a regular doctor or health care provider
 [ ] Access to drug or alcohol abuse treatment   [ ] Access to language translators
 [ ] Access to mental health services   [ ] Access to services that can prevent disease or find it earlier (vaccines, screening tests, etc.)   [ ] Discrimination or bias from medical providers/lack of empathy
[ ] High cost of prescription medications   [ ] Lack of health insurance coverage
[ ] Lack of transportation to medical appointments   [ ] High cost of healthcare
[ ] Not understanding health information from a medical provider [ ] Prefer not to answer [ ] Other

35. Difficulty or not getting to a medical appointment due to:

[ ] Lack of transportation   [ ] Provider location   [ ] Lack of childcare

 [ ] Not having sick leave at work   [ ] Provider office hours   [ ] Provider rescheduling

[ ] Lack of available provider   [ ] Prefer not to answer [ ] Other

36. Felt like your provider:

[ ] does not understand you or your experiences [ ] is not listening

[ ] is not spending enough time with you [ ] is not providing a clear explanation of health information   [ ] is not providing language or translation needs

[ ] is judging you (stigma or discrimination   [ ] is not providing continuous care from the same provider at each visit [ ] Prefer not to answer [ ] Other

37. Had difficulty seeking care because:

[ ] not having health insurance [ ] couldn't find a provider who accepts your insurance   [ ] high cost

[ ] wait time in providers' office impacted your ability to meet your obligations (work, family, etc.)   [ ] too long of a wait to get an appointment [ ] telehealth/technology challenges

[ ] don't know about or are unsure of local services [ ] Prefer not to answer [ ] Other

38. What additional health services would you like to see in your county?

39. How do you usually get your health information? (Check all that apply)

[ ] Social media (Facebook, X, Instagram, etc.)   [ ] Newspaper, magazines, or other printed materials   [ ] Internet   [ ] 24-hour television news outlet (Fox, CNN, MSNBC, etc)

[ ] Local news outlet (WSKG, WBNG, Spectrum, etc.)   [ ] Conversations with my doctor/nurse

[ ] Hospital/county website [ ] Conversations with friends and family

[ ] Prefer not to answer   [ ] Other

40. What is the best way to share health information with you?

[ ] Email [ ] Tv/radio   [ ]Mailed to your home [ ] Social media posts[ ]

[ ] Prefer not to answer   [ ] Other

41. Please provide us with any additional information that you feel would be useful for us to know in regard to the health status of you or our community.

Appendix D: Stakeholder Survey Questions

Please provide the following information about your organization/agency and yourself:

1. **Organization/Agency name:**
2. **Your name (Please provide first and last name):**
3. **Your job title/role:**
4. **Your email address:**
5. **Indicate the one community sector that best describes your organization/agency:**

[ ] Business   [ ] Health Care Provider   [ ] Housing   [ ] Social Services   [ ] Public Health

[ ] Seniors/Elderly   [ ] Disability Services   [ ] Mental, Emotional, Behavioral Health Provider

[ ] Civic Association   [ ] College/University [ ] Early Childhood   [ ] Economic Development

[ ] Employment/Job Training   [ ] Faith-Based   [ ] Food/Nutrition   [ ] Foundation/Philanthropy

[ ] Transportation   [ ] Health-Based CBO   [ ] Health Insurance Plan

[ ] Law Enforcement/Corrections   [ ] Local Government [ ] Media   [ ] Recreation

[ ] School (K-12) [ ] Tribal Government   [ ] Veterans   [ ] Other (please specify)

Health Priorities, Concerns, and Factors

The NYS Prevention Agenda for 2019-2024 identifies five main priority areas that are key to improving the health of residents that you serve. These main priority areas are listed in the next question.

6. **Please rank, by indicating 1 through 5, the priority areas that, if addressed locally, would have the greatest to smallest impact on improving the health and well-being of the clients your organization/agency serves. (#1 ranked priority area would have the most impact; #5 ranked priority area would have the least impact)**

    - Promote Healthy Women, Infants, and Children
    - Prevent Communicable Diseases
    - Promote a Healthy and Safe Environment
    - Promote Well-Being and Prevent Mental and Substance Use Disorders
    - Prevent Chronic Diseases

7. **In your opinion, what are the top five (5) health concerns affecting the residents of the counties your organization/agency serves?**

[ ] Adverse childhood experiences   [ ] Alzheimer's disease/Dementia   [ ] Arthritis   [ ] Autism

[ ] Cancers   [ ] Child/Adolescent physical health   [ ] Child/Adolescent emotional health

[ ] Diabetes/Overweight or obesity   [ ] Disability   [ ] Dental health   [ ] Domestic abuse/violence

[ ] Drinking water quality   [ ] Emerging infectious diseases (Ebola, Zika virus, tick/mosquito transmitted),

[ ] Exposure to air and water pollutants/hazardous materials   [ ] Falls   [ ] Food safety

[ ] Heart disease   [ ] Hepatitis C   [ ] High blood pressure   [ ] HIV/AIDS   [ ] Hunger

[ ] Infant health   [ ] Infectious disease   [ ] LGBT health   [ ] Maternal health

[ ] Mental health conditions   [ ] Motor vehicle safety impaired/distracted driving

[ ] Opioid use/Prescription drug abuse/Substance use

[ ] Pedestrian/bicyclist accidents   [ ] Respiratory disease (asthma, COPD, etc.)

[ ] Senior health   [ ] Sexual assault/rape   [ ] Sexually transmitted infections

[ ] Social connectedness   [ ] Stroke   [ ] Suicide

[ ] Tobacco use/nicotine addiction-smoking/vaping/chewing

[ ] Underage drinking/excessive adult drinking   [ ] Unintended/teen pregnancy

[ ] Violence (assault, firearm-related)   [ ] Other (please specify): _____

8. In your opinion, what are the top five (5) contributing factors to the health concerns you chose in the question before?

[ ] Addiction to alcohol   [ ] Addiction to illicit drugs   [ ] Addiction to nicotine

[ ] Age of residents   [ ] Changing family structures (increased foster care, grandparents as parents, etc.).   [ ] Crime/violence/community blight   [ ] Deteriorating infrastructure (roads, bridges, water systems, etc.). [ ] Discrimination/racism   [ ] Domestic violence and abuse

 [ ] Environmental quality   [ ] Excessive screen time   [ ] Exposure to tobacco smoke/emissions from electronic vapor products   [ ] Food insecurity   [ ] Health care costs   [ ] Homelessness

[ ] Inadequate physical activity   [ ] Inadequate sleep   [ ] Inadequate/unaffordable housing options

[ ] Lack of chronic disease screening, treatment, and self-management services

[ ] Lack of cultural and enrichment programs   [ ] Lack of dental/oral health care services

[ ] Lack of educational opportunities for people of all ages.

[ ] Lack of educational, vocational, or job-training options for adults

[ ] Lack of employment options   [ ] Lack of health education programs   [ ] Lack of health insurance

[ ] Lack of intergenerational connections within communities   [ ] Lack of mental health services

[ ] Lack of opportunities for health for people with physical limitations or disabilities

[ ] Lack of preventive/primary health care services (screenings, annual check-ups)

[ ] Lack of social support for community residents

[ ] Lack of speciality care and treatment   [ ] Lack of substance use disorder services.

[ ] Late or no prenatal care   [ ] Pedestrian safety (roads, sidewalks, buildings, etc.)

[ ] Poor access to healthy food and beverage options

[ ] Poor access to public places for physical activity and recreation

[ ] Poor educational attainment   [ ] Poor community engagement and connectivity

[ ] Poor eating/dietary practices   [ ] Poor health literacy (ability to comprehend health information)

[ ] Poor referrals to health care, specialty care, and community-based support services

[ ] Poverty   [ ] Problems with internet access (absent, unreliable, unaffordable)

[ ] Quality of schools   [ ] Religious or spiritual values

[ ] Shortage of childcare options   [ ] Stress (work, family, school, etc.)

[ ] Transportation problems (unreliable, unaffordable, etc.).   [ ] Unemployment/low wages

[ ] Other (please specify): _____

9. **Social determinants of health are conditions in the place where people live, learn, work, and play that affect a wide range of health risks and outcomes. Which ONE of the following five sections do you believe represents the biggest barrier your clients face?**

[ ] Economic Stability (poverty, employment, food security, housing stability)

[ ] Education (high school graduation, higher education, literacy, early childhood development)

[ ] Social and Community Context (social cohesion, civic participation, discrimination/equity, incarceration)

[ ] Neighborhood and Built Environment (access to healthy foods, housing quality, crime/violence, environmental conditions, transportation)

[ ] Health and Health Care (access to primary/specialty care, health literacy)

10. **In your opinion, what population experiences the poorest health outcomes?**

[ ] Specific racial or ethnic groups   [ ] Children/Adolescents   [ ] Females of reproductive age

[ ] Individuals with disability   [ ] Individuals near federal poverty level

[ ] Individuals with mental health issues   [ ] Individuals living in rural areas

[ ] Individuals with substance abuse issues   [ ] Migrant workers   [ ] Seniors/Elderly

[ ] Other (please specify): _____

Improving Health and Well-Being (Select the top 3 goals your organization/agency can assist with)

11. **Prevent Chronic Diseases (select up to 3)**

[ ] Increase access to healthy and affordable food and beverages

[ ] Increase skills and knowledge to support healthy food and beverage choices

[ ] Increase food security

[ ] Improve community environments that support active transportation and recreational physical activity for all ages and abilities

[ ] Promote school/child care/worksite environments that support physical activity for people of all ages and abilities

[ ] Increase access, for people of all ages and abilities, to safe indoor/outdoor places for physical activity

[ ] Prevent initiation of tobacco use, including combustible & vaping products, by youth and young adults

[ ] Promote tobacco cessation, especially among populations disproportionately affected by tobacco use including low-income, frequent mental distress/substance use disorder, LGBT, and disability

[ ] Eliminate exposure to secondhand smoke/aerosol emission from electronic vapor products

[ ] Increase screening rates (breast, cervical, colorectal cancer)

[ ] Increase early detection of cardiovascular disease, diabetes, pre-diabetes, obesity

[ ] Promote evidence-based care to manage chronic diseases

[ ] Improve self-management skills for chronic disease

12. Promote Healthy Women, Infants, and Children (select up to 3)

[ ] Increase use of primary and preventive care services by women of all ages, with a focus on women of reproductive age

[ ] Reduce maternal mortality and morbidity

[ ] Reduce infant mortality and morbidity

[ ] Increase breastfeeding

[ ] Support and enhance children and adolescents' social-emotional development and relationships

[ ] Increase supports for children with special health care needs

[ ] Reduce dental caries among children

[ ] Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child health populations

13. Promote a Healthy and Safe Environment (select up to 3)

[ ] Reduce falls among vulnerable populations

[ ] Reduce violence by targeting prevention programs to the highest risk populations

[ ] Reduce occupational injury and illness

[ ] Reduce traffic-related injuries for pedestrians and bicyclists

[ ] Reduce exposure to outdoor air pollutants

[ ] Improve design and maintenance of the built environment ot promote health lifestyles, sustainability, and adaptation to climate change

[ ] Promote healthy home/school environments

[ ] Protect water sources and ensure quality drinking water

[ ] Protect vulnerable waterbodies to reduce potential public health risks associated with exposure to recreational water

[ ] Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure

[ ] Improve food safety management

14. Promote Well-Being and Prevent Mental and Substance Use Disorders (select up to 3)

[ ] Strengthen opportunities to promote well-being and resilience across the lifespan

[ ] Facilitate supportive environments that promote respect and dignity for people of all ages

[ ] Prevent underage/excessive alcohol consumption by adults

[ ] Prevent opioid and other substance misuse and deaths

[ ] Prevent/address adverse childhood experiences

[ ] Reduce prevalence of major depressive episodes

[ ] Prevent suicides

[ ] Reduce mortality gap between those living with serious mental illness and the general population

15. Prevent Communicable Diseases (select up to 3)

[ ] Improve vaccination rates

[ ] Reduce vaccination coverage disparities

[ ] Decrease HIV morbidity (new HIV diagnoses)

[ ] Increase HIV viral suppression

[ ] Reduce the annual growth rate for Sexually Transmitted Infections (STIs)

[ ] Increase the number of persons treated for Hepatitis C

[ ] Reduce new Hepatitis C cases among people who inject drugs

[ ] Improve infection control in healthcare facilities

[ ] Reduce infections caused by multidrug-resistant and C. difficile

[ ] Reduce inappropriate antibiotic use

16. Based on your selected goals, what assets/resources can your organization contribute?

[ ] Provide subject-matter expertise

[ ] Provide knowledge of and/or access to potential sources of funding (grants, philanthropy, etc.)

[ ] Facilitate access to committees, work groups, and coalitions currently working to achieve the selected goals

[ ] Participate in committees/work groups/coalitions

[ ] Share knowledge of community resources (e.g. food, clothing, housing, transportation)

[ ] Facilitate access to populations your organization/agency serves (to encourage participation in programs, provide feedback about health improvement efforts, etc.)

[ ] Promote health improvement activities/events through social media and other communication channels your organization/agency operates

[ ] Share program-level data to help track progress in achieving goals

[ ] Provide in-kind space for health improvement meetings/events

[ ] Offer periodic organizational/program updates to community stakeholders

[ ] Provide staff time to help conduct goal-related activities

[ ] Provide letters of support for planned health improvement activities

[ ] Sign partnership agreements related to community-level health improvement efforts

[ ] Assist with data analysis

[ ] Offer health-related educational materials

[ ] Other (please specify): _____

17. Additional comments/recommendations:

18. What are the most significant mental health needs not being adequately addressed?

Appendix E- Focus Group Agendas

Meeting Agenda

Community Focus Group

10:00am – 11:30am

This focus group is an opportunity for residents to share their experiences, concerns, and ideas about health and wellness in Herkimer County. Your input will help shape local health priorities for the next five years.

Date: 08.26.25

Location: Ilion Auditorium

Facilitator: Herkimer County Public Health and Bassett Healthcare Network

Welcome and Introductions

Meet the team and learn why your input is important.

Community Healthcare Needs

Explore the current healthcare landscape in Herkimer County. What services are working, and what gaps still exist?

Prioritized Needs and Solutions

Review the top health concerns identified in the community survey and explore potential solutions.

Community Strengths and Opportunities

Discuss what's working well in our community and how we can build on those successes.

Final Reflections

Share your final thoughts on improving health in our community and discuss what comes next.

Notes

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Meeting Agenda

Community Focus Group

10:30am – 12:00pm

This focus group is an opportunity for residents to share their experiences, concerns, and ideas about health and wellness in Herkimer County. Your input will help shape local health priorities for the next five years.

Date: 08.21.25
Location: Old Forge Library
Facilitator: Herkimer County Public Health and Bassett Healthcare Network

Welcome and Introductions

Meet the team and learn why your input is important.

Community Healthcare Needs

Explore the current healthcare landscape in Herkimer County. What services are working, and what gaps still exist?

Prioritized Needs and Solutions

Review the top health concerns identified in the community survey and explore potential solutions.

Community Strengths and Opportunities

Discuss what's working well in our community and how we can build on those successes.

Final Reflections

Share your final thoughts on improving health in our community and discuss what comes next.

Notes

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Appendix F: NYSPA 2025-2030 Priorities and Objectives

NYSPA 2025-2030 Domains, Priorities, and Objectives	
Economic Stability	**Priority: Poverty**
	Objective 1.0: Reduce the percentage of people living in poverty from 13.6% to 12.5%
	Objective 1.1: Reduce the percentage of people aged 65 years and older living in poverty from 12.2% to 11%
	Priority: Unemployment
	Objective 2.0: Reduce unemployment among individuals aged 16 years and older from 6.2% to 5.5%.
	Objective 2.1: Reduce unemploument among Black residents from 9.3%to 7.9%.
	Priority: Nutrition Security
	Objective 3.0: Increase consistend household food security from 71.1% to 75.9%
	Objective 3.1: Increase food security in households with an annual total income less than $25,000 from 42% to 51.1%.
	Priority: Housing Stability and Affordability
	Objective 4.0: Increase the number of people living in HUD-subsidized housing from 987,957 to 1,092,000.
	Objective 4.1: Increase the percentage of adults, with an annual income of less than $25,000, who were able to pay their mortgage, rent, or utility bills in the past 12 months from 85.1% to 89.4%.
Social and Community Context	**Priority: Anxiety and Stress**
	Objective 5.0: Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%
	Objective 5.1: Decrease the percentage of adults in households with an annual income of less than $25,000 who experience frequent mental distress from 21.0% to 18.9%.
	Priority: Suicide
	Objective 6.0: Reduce the suicide mortality rate from 7.9% to 6.7%.
	Objective 6.1: Reduce adolescent suicide attempts from 13.6% to 12.2% (New York City).
	Objective 6.2: Reduce adolescent suicide attempts from 9.4% to 8.5% (New York State outside New York City).
	Priority: Depression
	Objective 7.0: Reduce the percentage of adults with a major depressive episode during the past year from 6.7% to 5.7%.
	Objective 7.1: Increase the percentage of postpartum birthing persons who seek counseling after being told they have depression from 53.1% to 62.0%.

	Objective 7.2: Increase the percentage of postpartum birthing persons who receive a medication prescription after being told they have depression from 61.7% to 70.0%.
	Priority: Primary Prevention, Substance Misuse, and Overdose Prevention
	Objective 8.0: Reduce the percentage of high school students reporting alcohol use before the age of 13 from 17.2% to 15.5% (New York City).
	Objective 8.1: Reduce the percentage of high school students reporting alcohol use before the age of 13 from 13.6% to 12.2% (New York State outside New York City).
	Objective 9.0: Decrease episodes when an opioid-naïve patient received an initial opioid prescription, rate per 1,000 person-years from 86.5 to 77.9.
	Objective 9.1: Decrease the percentage of episodes when patients were opioid-naïve and received an opioid prescription of more than seven days per 1,000 person-years from 15.1 to 13.6.
	Objective 10.0: Increase the number of unique individuals enrolled in OASAS treatment programs from 1,107.8 to 1,218.6.
	Objective 10.1: Increase the number of unique individuals enrolled in OASAS treatment programs, who reported any opioid as the primary substance at admission from 465.2 to 511.7.
	Objective 10.2: Increase the number of unique individuals enrolled in OASAS treatment programs, who reported alcohol as the primary substance at admission from 402.8 to 443.1.
	Objective 11.0: Increase the crude rate of patients per 100,000 population who received at least one buprenorphine prescription for opioid use disorder from 446.0 to 490.6.
Social and Community Context	**Objective 12.0:** Reduce the crude rate of overdose deaths involving drugs, per 100,000 population, from 32.3 to 22.6.
	Objective 12.1: Reduce the crude rate of overdose deaths for Black, non-Hispanic residents, per 100,000 population, from 59.2 to 35.5.
	Objective 13.0: Increase the number of naloxone kits distributed from 397,620 to 596,430.
	Priority: Tobacco/ E-Cigarette Use
	Objective 14.0: Reduce the percentage of adults who use tobacco products from 9.3% to 7.9%.
	Objective 14.1: Reduce the percentage of high school students who use tobacco products from 17.0% to 14.5%.
	Priority: Alcohol Use
	Objective 15.0: Decrease the prevalence of binge or heavy drinking among all adults aged 18 years and older from 16.2% to 14.6%.
	Objective 15.1: Decrease the prevalence of drinking by high school students from 16.8% to 13.4% (New York City).
	Objective 15.2: Decrease the prevalence of drinking by high school students from 23.9% to 19.1% (New York State outside New York City).
	Priority: Adverse Childhood Experiences

Social and Community Context	**Objective 16.0:** Increase the percentage of adults who, as a child, always had an adult in the household who made them feel safe and protected and tried hard to make sure their basic needs were met from 65.1% to 66.9%.
	Objective 16.1: Increase the percentage of Hispanic adults who, as a child, always had an adult in the household who made them feel safe and protected and tried hard to make sure their basic needs were met from 51.0% to 52.7%
	Objective 17.0: Reduce the percentage of adults who, as a child, experienced three or more adverse childhood experiences (ACEs) from 25.3% to 23.8%.
	Objective 17.1: Reduce the percentage of Black, non-Hispanic adults who, as a child, experienced three or more adverse childhood experiences (ACEs) from 29.0% to 27.5%.
	Objective 17.2: Reduce the percentage of Hispanic adults who, as a child, experienced three or more adverse childhood experiences (ACEs) from 28.5% to 26.1%.
	Objective 18.0: Reduce the rate of indicated reports of abuse/maltreatment per 1,000 children and youth aged 0-17 years from 11.3 to 9.8.
	Objective 18.1: Reduce the rate of indicated reports of abuse/maltreatment per 1,000 Black, non-Hispanic children and youth from 21.8 to 19.9.
	Objective 18.2: Reduce the rate of indicated reports of abuse/maltreatment per 1,000 Hispanic children and youth from 13.9 to 12.5.
	Priority: Healthy Eating
	Objective 19.0: Decrease the percentage of adults who consume no fruits or vegetables daily from 28.4% to 27.0%.
	Objective 19.1: Decrease the percentage of adults with an annual household income less than $50,000 who consume no fruits or vegetables daily from 31.7% to 30.1%.
	Objective 20.0: Increase the percentage of infants who are exclusively breastfed in the hospital from 45.9% to 48.2%.
	Objective 20.1: Increase the percentage of Black, non-Hispanic infants who are exclusively breastfed in the hospital from 34.1% to 35.8%.
Neighborhood and Build Environment	**Priority: Opportunities for Active Transportation and Physical Activity**
	Objective 21.0: Increase the prevalence of physical activity among all adults aged 18 years and older from 73.9% to 77.6%.
	Objective 21.1: Increase the prevalence of physical activity among all adults aged 18 years and older with an annual household income less than $25,000 from 56.7% to 59.5%.
	Priority Access to Community Services and Supports
	Objective 22.0: Increase the number of completed Climate Smart Community Actions related to community resilience from 363 to 382.
	Objective 22.1: Increase the percentage of higher vulnerability areas that have a cooling center from 24.5% to 27.0%.
	Priority: Injuries and Violence
	Objective 23.0: Decrease the rate of emergency department visits of motor vehicle-related pedestrian injuries per 10,000 people from 3.4 to 3.2

Neighborhood and Build Environment	**Objective 23.1:** Decrease the ratio of motor vehicle-related pedestrian injury emergency department visits of Black, non-Hispanic persons compared to White, non-Hispanic persons from 4.0 to 3.8. **Objective 24.0:** Decrease the rate of emergency department visits of assault-related injuries per 10,000 people from 32.1 to 30.5. **Objective 24.1:** Decrease the ratio of assault-related emergency department visits of Black, non-Hispanic persons compared to White, non-Hispanic persons from 4.2 to 4.0.
Health Care Access and Quality	**Priority: Access to and Use of Prenatal Care** **Objective 25.0:** Increase the percentage of birthing persons who receive prenatal care during the first trimester from 80.7% to 83.0%. **Objective 25.1:** Increase the percentage of uninsured birthing persons who receive prenatal care during the first trimester from 41.4% to 45.0%. **Priority: Prevention of Infant and Maternal Mortality** **Objective 26.0:** Decrease the rate of infant mortality per 1,000 live births from 4.3 to 3.5. **Objective 27.0:** Decrease the rate of maternal mortality per 100,000 live births from 19.8 to 16.1. **Objective 27.1:** Decrease the rate of maternal mortality per 100,000 live births among Black, non-Hispanic birthing persons from 65.2 to 55.0. **Objective 28.0:** Decrease percentage of birthing persons who experience depressive symptoms during pregnancy from 12.4% to 11.5%. **Objective 28.1:** Decrease percentage of birthing persons aged 20-24 years who experience depressive symptoms during pregnancy from 26.2% to 19.0%. **Objective 29.0:** Decrease percentage of birthing persons who experience depressive symptoms after birth from 11.9% to 9.9%. **Objective 29.1:** Decrease percentage of birthing persons aged 20-24 years who experience depressive symptoms after birth from 19.2% to 18.0%. **Priority: Preventive Services for Chronic Disease Prevention and Control** **Objective 30.0:** Increase the percentage of adults aged 35 years and older who had a test for high blood sugar in the past year from 78.1% to 82.4%. **Objective 30.1:** Increase the percentage of younger adults aged 35-44 years who had a test for high blood sugar in the past year from 62.4% to 65.5%. **Objective 31.0:** Decrease the asthma emergency department visit rate per 10,000 among children aged 0-17 years from 93.8 to 89.1. **Objective 31.1:** Decrease the asthma emergency department visit rate per 10,000 among Black, non-Hispanic children aged 0-17 years from 235.9 to 212.3. **Objective 32.0:** Increase the percentage of adults aged 18 years and older with hypertension who are currently taking medication to manage their high blood pressure from 77.0% to 81.7%. **Objective 32.1:** Increase the percentage of adult Medicaid members aged 18 years and older with hypertension who are currently taking medication to manage their high blood pressure from 66.9% to 75.5%. **Objective 33.0:** Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 73.7% to 82.3%.

Health Care Access and Quality	**Objective 33.1:** Increase the percentage of adults aged 45 to 54 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 55.8% to 63.4%.
	Priority: Oral Health Care
	Objective 34.0: Increase the percentage of Medicaid enrollees with at least one preventive dental visit within the last year from 20.3% to 21.3%. **Objective 34.1:** Increase the percentage of Medicaid enrollees aged 2-20 years with at least one preventive dental visit within the last year from 39.1% to 41.1%.
	Priority Preventive Services
	Objective 35.0: Increase the percentage of infants who received a diagnostic hearing evaluation after not passing their newborn hearing screening from 23.4% to 35.1%. **Objective 35.1:** Increase the percentage of infants who received a diagnostic hearing evaluation after not passing their newborn hearing screening by 3 months of age from 15.6% to 23.4%. **Objective 36.0:** Increase the up to date seven-vaccine immunization rate for children aged 24-35 months from 59.3% to 62.3%. **Objective 37.0:** Increase the percentage of 13-year-old adolescents with a complete Human Papillomavirus (HPV) vaccine series from 25.7% to 28.7%. **Objective 38.0:** Increase the percentage of children in a single birth cohort year tested at least twice for lead before 36 months of age from 61.0% to 70.0%.
	Priority: Early Intervention
	Objective 39.0: Increase the percentage of children under 3 years old who have Individual Family Service Plans (IFSPs) from 8.3% to 11.0%. **Objective 39.1:** Increase the percentage of Black, non-Hispanic children under 3 years old who have Individual Family Service Plans (IFSPs) from 7.0% to 10.0%.
	Priority: Childhood Behavioral Health
	Objective 40.0: Increase the percent of children aged 0-5 years who are reported by their parent as exhibiting all 4 flourishing criteria from 72.2% to 79.4%. **Objective 40.1:** Increase the percent of children aged 0-5 years who live at 0-99% of the poverty level who are reported by their parent as exhibiting all 4 flourishing criteria from 58.8% to 67.6%.
Education Access and Quality	**Priority: Health and Wellness Promoting Schools**
	Objective 41.0: Decrease the percentage of chronic absenteeism (defined as missing more than 18 days (>10%) per academic year) among public school students in grades K-8 from 26.4% to 18.5%. **Objective 41.1:** Decrease the percentage of chronic absenteeism (defined as missing more than 18 days (>10%) per academic year) among public school students in grades K-8 who are economically disadvantaged from 34.9% to 24.4%.
	Opportunities for Continued Education
	Objective 42.0: Increase the percentage of high school seniors that attend a 2- or 4-year college from 70.2% to 77.0%.

	Objective 42.1: Increase the percentage of high school seniors who are economically disadvantaged that attend a 2- or 4-year college from 63.1% to 69.4%.