Community Health Needs Assessment 2022 - 2024
Community Service Plan/Community Health Improvement Plan

Service Area: Herkimer County, NY & Little Falls Hospital

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The Community Health Needs Assessment is a collaborative project.
Thank you to our partners and staff.

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Table of Contents

EXECUTIVE SUMMARY

The Bassett Healthcare Network (BHN) collaborated with Herkimer County Public Health (HCPH) and Little Falls Hospital to develop the Community Health Needs Assessment/ Community Health Assessment in addition to the Community Service Plan/Community Health Improvement Plan. This document is a collection of data from various sources, including federal and state databases and surveys collected from community members and community service organizations.

The surveys, Community Engagement and Stakeholder Engagement, were offered electronically during the dates of June 29, 2022 to August 6, 2022. Information collected reflects the current county status and problems related to significant health needs or Social Determinants of Health (SDOH).

In addition to the surveys, an in-person focus group was conducted in the Old Forge library on July 19, 2022, where the survey was a focus of discussion.

BHN and HCPH also presented to the town board of representatives in person on September 23, 2022, offering an overview of data and listening to feedback on additional concerns from the local government's perspective.

After the collection of data was complete, the collaboration of partners held a stakeholder focus group to discuss potential interventions and decide what areas should be addressed in this NYS Prevention Agenda Cycle 2022-2024. The stakeholder focus group was held through Zoom on September 12, 2022.

Based on the key information collected, Priorities were defined, and interventions developed.

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 2: Prevent mental and Substance Use Disorders

Goal 2.3: Prevent and address adverse childhood experiences (ACEs)

Target Demographic: Pediatric population

Intervention: Create a community pediatric mental health clinic in the Ilion Children Center to increase access to mental health services and reduce the impact of ACEs

Process Measures: Count the number of visits

Evidence-Based Support: **Mental Health Patient: Provider**

Herkimer County, NY	**New York State**
1,270:1	310:1

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 1: Promote Well-Being

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan

Target Demographic: Middle school-aged females (6th, 7th, and 8th graders)

Intervention: A summer day camp targeting females in 6th, 7th, and 8th grade to give exposure to emergency services careers. Bassett Healthcare Network, Little Falls Hospital, and Herkimer County Public Health will partner with local organizations in the areas of Police, Fire, EMS, 911 Dispatch, Life Flight, Search and Rescue, and Emergency Rooms to provide hands-on experience in these fields. Participants will walk away with:
- Increased health literacy
- Exposure to volunteer opportunities
- Exposure to emergency service careers
- Training in CPR, First Aid, and AED use

Process Measures:
- Pre and Post assessment of participant health literacy
- Pre and Post assessment of future career and volunteer plans
- Post-measurement of the number of individuals completing CPR, AED, and First Aid certification

Evidence-Based Support: Similar program to Rescue Divas, WI: https://rescuedivas.org/

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 4: Cross-Cutting Healthy Women, Infants, & Children

Goal 4.1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child health populations.

Target Demographic: Pregnant Women

Intervention: Referral workflow, if given permission by the patient, the name, due date, and phone number of pregnant women will be sent to Herkimer County Public Health (HCPH) prior to delivery. HCPH will contact those patients to offer the various programs they have to support new mothers and infants.

Process Measures: Count the number of successful contacts by HCPH

Evidence-Based Support:
- Lower SES
- Higher rate of children below 100% Federal Poverty Level (FPL)
- No public transportation
- Population density

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 3: Built and Indoor Environments

Goal 3.2: Promote healthy home and school environments

Target Demographic: Elderly and Low educated

Intervention: Skill-building classes in home maintenance and upkeep; the capstone of the class is to perform maintenance and upkeep on the home of an elderly individual.

Process Measures:
- Count the number of participants who successfully complete the class curriculum
- Count the number of homes whose level of maintenance has increased due to the program.

Evidence-Based Support:
- Lower SES
- Higher rate of children below 100% Federal Poverty Level (FPL)
- No public transportation
- Population density

A. INTRODUCTION

The Bassett Healthcare Network Population Health Department (BHNPHD), on behalf of Bassett Healthcare Network's Little Falls Hospital and Herkimer County Public Health (HCPH), has completed the Community Health Needs Assessment (CHNA) / Community Health Assessment (CHA).

The Community Health Needs Assessment provides the hospital, local county health department, and key informants with data and responses so that they may identify, prioritize, and address healthcare challenges facing their communities. The BHNPHD collaborated with HCPH to compile a list of key informants in the service region. Those key informants represent a broad range of sectors, community interests, and organizations representing the medically underserved, low-income, and minority populations. Informants were invited to complete an electronic survey regarding the state of health for the community. Additionally they were invited to attend a data presentation and give feedback on their priority focus areas based on the 2019-2021 New York State Prevention Agenda Action Plans. Furthermore, the assessment includes quantitative data collected by Federal, State, and specialized organizations.

Secondary Data Sources include:

United States Census Bureau. (2020). *American Community Survey Data 2015-2019*. www.data.census.gov

United States Census Bureau. (2020). *2020 Decennial Census*. www.data.census.gov

United States Census Bureau. (2021). *2019 Community Resilience Estimates Equity Supplement. www.data.census.gov*

United States Bureau of Labor Statistics. (2021). *Unemployment Rate.* www.bls.gov

National Center for Education Statistics. (2021). *2019-20 Common Core of Data (CCD).* www.nces.ed.gov

United States Department of Education. (2020). *Adjusted cohort graduation rate (ACGR).* www.nces.ed.gov

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New York State Education Department. (2021). *2019-2020 Enrollment.* www.data.nysed.gov/

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Centers for Disease Control and Prevention. (2018). *GRASP.* www.atsdr.cdc.gov

Federal Bureau of Investigation (FBI). (2021). *Uniform Crime Reporting (UCR).* https://crime-data-explorer.app.cloud.gov/

Federal Communications Commission (FCC). (2021). *Fixed Broadband Availability. https://www.fcc.gov/reports-research/maps/connect2health/*

United States Department of Agriculture (USDA). (2020). *Food Access Research Atlas.* https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/

United States Department of Agriculture (USDA). (2020) *SNAP Retailer Locator Data.* https://www.fns.usda.gov/snap/retailer-locator

Centers for Medicare and Medicaid Services (CMS). (2021) *Mapping Medicare Disparities by Population.* www.data.cms.gov

Centers for Disease Control and Prevention (CDC). (2019). *National Health Interview Survey.* https://www.cdc.gov/nchs/nhis/index.htm

Centers for Disease Control and Prevention (CDC). (2021). *National Vital Statistics System.* https://www.cdc.gov/nchs/nvss/index.htm

University of Wisconsin Population Health Institute. (2022). *County Health Rankings & Roadmaps.* https://www.countyhealthrankings.org/

Google. (2022). *COVID-19 Community Mobility Report.* https://www.google.com/covid19/mobility/

1. Hospital Service Area

Bassett Healthcare Network

Bassett Healthcare Network provides health services in more than 20 communities spanning 5,600 square miles. Bassett Healthcare Network has four area community hospitals including Bassett Medical Center and A.O. Fox Hospital in Otsego County, O'Connor Hospital in Delaware County, Cobleskill Regional Hospital in Schoharie County, and Little Falls Hospital in Herkimer County. Another hospital, A.O. Fox Hospital - Tri-Town Campus in Delaware County, provides a 24/7 emergency care facility in Sidney. The network also supports over 30 community-based outpatient health centers, 16 school-based health centers; two ambulatory surgery centers; Valley Health Services, a residential health care, and rehabilitation facility; At Home Care, a certified home care agency; and First Community Care of Bassett, a medical supply company.
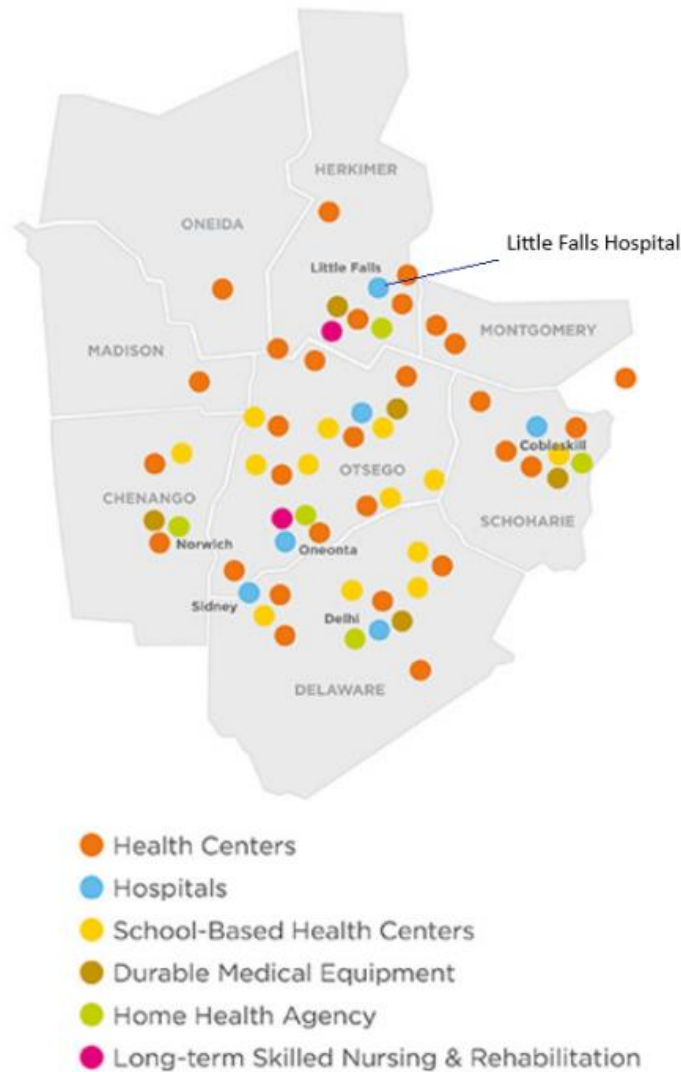
Bassett Medical Group

Bassett Medical Group (BMG) is comprised of full-time, salaried staff numbering over 400 physicians and other advanced practice clinicians who provide primary and specialty care at the Bassett Clinic and staff Bassett Medical Center in Cooperstown. The Bassett Medical Group also staffs over two dozen community-based primary care centers throughout eight counties in the region. Bassett Medical Group's 16 school-based health centers (SBHCs) across four counties provide medical, mental health, and preventive dental care to children who might otherwise never have the chance to receive this care. The network also connects people in the region to a multitude of specialists who provide technical expertise and skills in areas typically found only in big cities. Many of these specialists travel to see patients at Bassett affiliated community hospitals as well as at specialty campuses in Herkimer, Oneonta, and Hartwick Seminary. The specialty services include cardiology, cancer, orthopedic care, vascular care, dermatology, etc. In addition, a variety of outpatient diagnostic and surgical procedures are available on these specialty campuses as a convenience to patients. In combination with the network's community-based health centers, the clinicians and care teams in Cooperstown and in the region provide care to thousands of people every year. Bassett Medical Center is the foundation of Bassett Healthcare Network, a 180-bed acute care inpatient teaching facility in Cooperstown, New York. Bassett Medical Center offers 24-hour emergency and trauma care, comprehensive cancer and heart care, dialysis, and most medical and surgical specialties. Additionally, the Bassett Clinic is located on the same campus as the medical center and provides outpatient primary and specialty care.

Little Falls Hospital Service Area:

Little Falls Hospital provides 25 acute, swing, and special care beds. It offers 24/7 Emergency Services and an array of primary, medical/surgical, acute, and extended care medical services, including an after-hours clinic with evening hours in the Dolgeville and Newport Primary Care Clinics. Other services include state-of-the-art medical imaging, physical and occupational therapy, pulmonary rehabilitation, respiratory therapy, pharmacy, and laboratory. Little Falls Hospital is the only acute care facility in Herkimer County. The hospital's mission is to offer high-quality care with compassion to all who need their services.

Little Falls Hospital Service Area:

Town	Zip Code	County
Fultonville	12072	Montgomery
Johnstown	12095	Fulton
Canajoharie	13317	Montgomery
Cold Brook	13324	Herkimer
Dolgeville	13329	Herkimer
Fort Plain	13339	Montgomery
Frankfort	13340	Herkimer
Herkimer	13350	Herkimer
Ilion	13357	Herkimer
Little Falls	13365	Herkimer
Middleville	13406	Herkimer
Mohawk	13407	Herkimer
Newport	13416	Herkimer
Palatine Bridge	13428	Montgomery
St. Johnsville	13452	Montgomery
Stratford	13470	Fulton
West Winfield	13491	Herkimer

2. Herkimer County Health Department

The Herkimer County Public Health team is dedicated to protecting and promoting residents' health through the provision of high-quality, comprehensive, individualized services in all phases of the life cycle. Objectives shall include surpassing community standards and striving to meet the needs and expectations of the people in Herkimer County. Staff will utilize all available resources to ensure the department carries out its mission statement. Open and continuous quality improvement will be encouraged and recognized.

B. COMMUNITY HEALTH ASSESSMENT

Community Description
Herkimer County and Little Falls Hospital's primary service region is the total population served.

Geography

Little Falls Hospital is located in the City of Little Falls in Herkimer County, New York. Herkimer County is the longest county in New York State. Hamilton, Fulton, and Montgomery counties are to the East, Lewis and Oneida counties are to the West, Otsego County to the South, and St. Lawrence County to the North.

Herkimer County begins near the Mohawk River and stretches into the Adirondacks. It is predominately rural and has the sixth-longest land area in square miles at 1,411.47. The population per square mile is (45.7) compared with New York State (411.2) and the United States (87.4). The county consists of 30 municipalities: the villages of Cold Brook, Dolgeville, Frankfort, Herkimer, Ilion, Middleville, Mohawk, Newport, Poland, and the West Winfield; the towns of Columbia, Danube, Fairfield, Frankfort, German Flatts, Herkimer, Litchfield, Little Falls, Manheim, Newport, Norway, Ohio, Russia, Salisbury, Schuyler, Stark, Warren, Webb, Winfield; and the City of Little Falls.
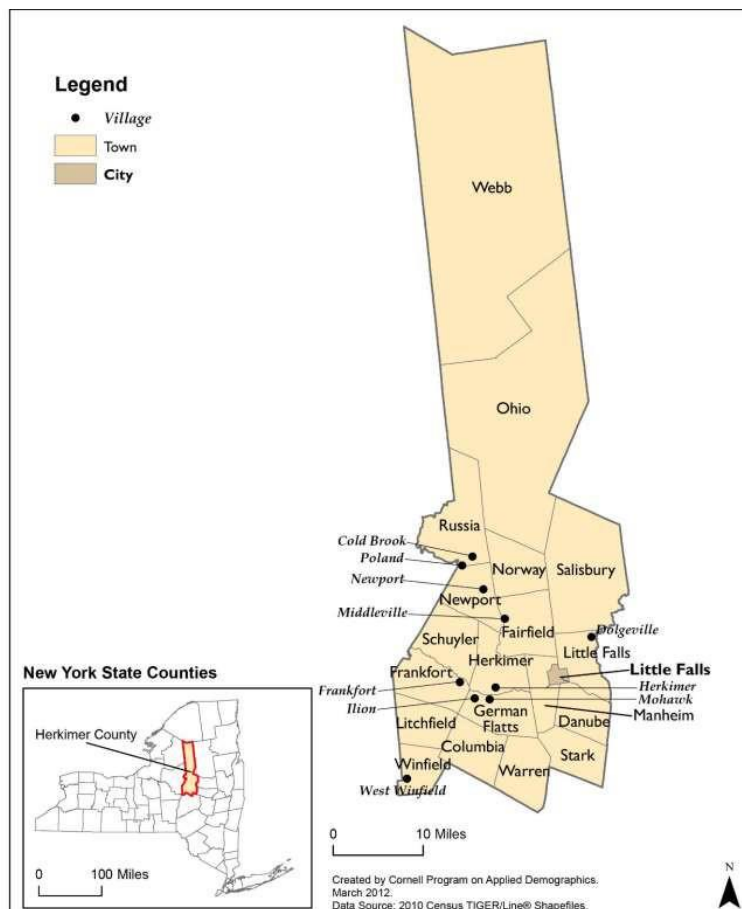
Note: Herkimer County Profile 2017; Vink J., Cornell Program on Applied Demographics

Demographics

Total Population

A total of 60,139 people live in the 1,411.52 square mile report area defined for this assessment according to the U.S. Census Bureau, Decennial Census (2020). The population density for this area, estimated at 45.7 persons per square mile, is less than the national average population density of 87.4 persons per square mile. Population density does have an affect on health as it can impact access to necessary areas to support healthy living (healthy food, employment, and healthcare facilities). Additionally, individuals in rural areas of low population density may experience social isolation and have a limited feeling of social cohesion, which are both indicators of health and mental health.

Report Area	Total Population	Total Land Area (sq mi)	Population Density (sq mi)
Herkimer County	60,139	1,411.47	45.7
New York	20,201,249	47,126.40	411.2
United States	331, 449, 281	3,531,905.43	87.4

US Census, Decennial Census (2020); Total Population
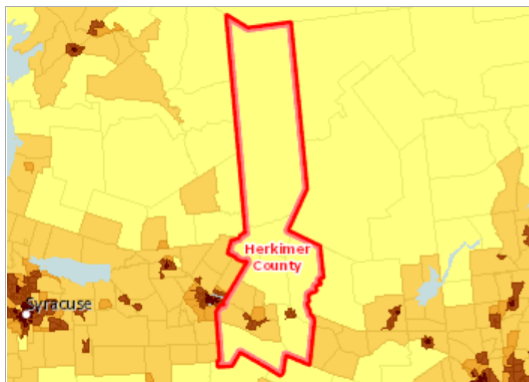
Population Density (Persons per sq/mile) by Tract, ACS 2015-19

- Over 5,000
- 1,001 - 5,000
- 501 - 1,000
- 51 - 500
- Under 51
- No Data or Data Suppressed
- Herkimer County, NY
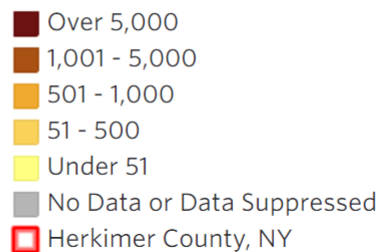
Note: University of Missouri, SparkMap (2019); Population Density

Total Population by Age group in years

Report Area	0-4 yr	5-17 yr	18-24 yr	25-44 yr	45-64 yr	65+ yr	Median age
Herkimer County	3060	6391	4953	13702	17121	13017	44.1

U.S. Census, Decennial Census (2020); Total Population

Map of Population Density: Urban vs. Rural

The Decennial Census (U.S Census) of 2010 showed a slightly more significant number of individuals living in a rural setting (51.81%) as opposed to an urban setting (49.19%). Looking at GIS mapping, the vast majority of the Urban locations reside in the county's southern portion. Furthermore, the largest population of individuals living over the age of 65 does reside in a rural population density setting, which is well reflected in the American Community Survey (2020).
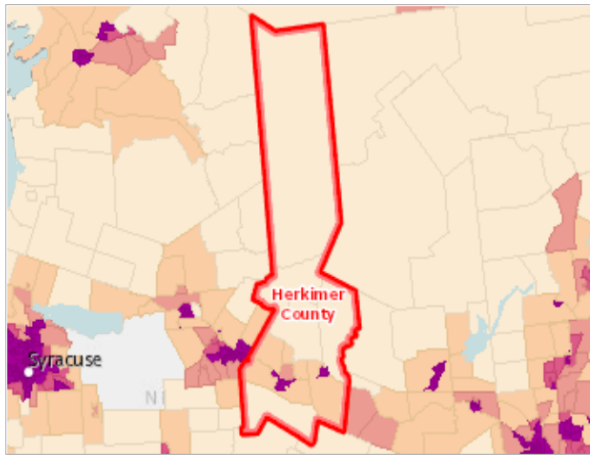
Urban Population, Percent by Tract, US Census 2010

- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed
- Herkimer County, NY

Note: University of Missouri, SparkMap (2019); Urban Population
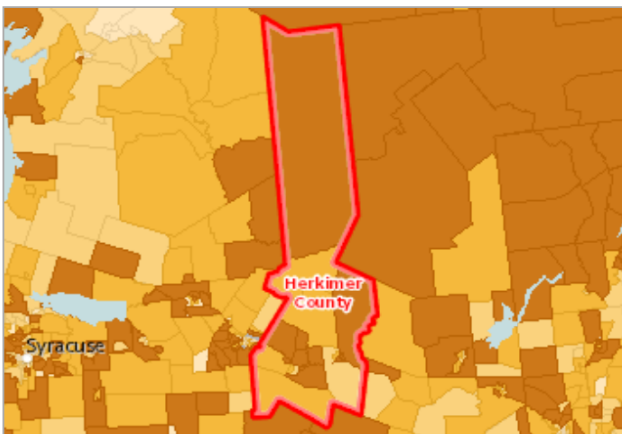
Population Age 65+, Percent by Tract, ACS 2015-19

- Over 20.0%
- 16.1 - 20.0%
- 12.1 - 16.0%
- Under 12.1%
- No Data or Data Suppressed
- Herkimer County, NY

Note: University of Missouri, SparkMap (2019); Population Age 65+

Total Population by Age and Gender

The U.S. Census database reports the over-65 years age group is the largest age group, with more females than males in that particular group.
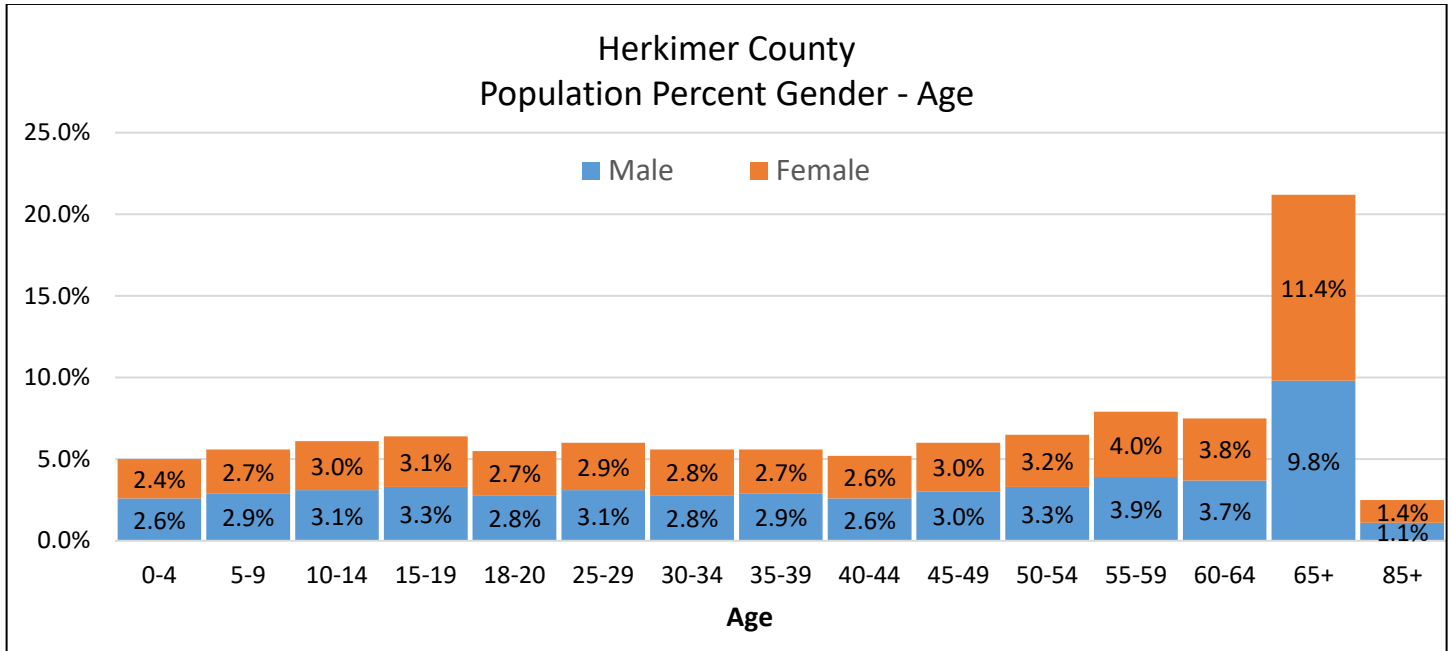
U.S. Census, Decennial Census (2020); Population Percentage by Gender and Age

Percent Total Population Race

The percentage of racial diversity per the U.S. Census (2020) reflects the Herkimer County population is primarily White (96%).

Report Area	White	Black	Asian	Native American/ Alaska Native	Native Hawaiian/Pacific Islander	Multiple Races
Herkimer County	96%	1.5%	0.6%	0.3%	*	1.5%
New York	69.6%	17.6%	9.0%	1.0%	0.1%	2.7%
United States	76.3%	13.4%	5.9%$	1.3%	0.2%	2.8%

U.S. Census, Decennial Census (2020); Total Population Race

Percent Total Population Ethnicity

Per the U.S. Census (2020), the total population of Herkimer County is primarily 96% Non-Hispanic or Latino.

Report Area	Non-Hispanic or Latino	Hispanic
Herkimer County	96%	1.5%
New York	69.6%	17.6%
United States	76.3%	13.4%

U.S. Census, Decennial Census (2020); Total Population Ethnicity

Percent Total Population with Disability

The disabled population should be considered a vulnerable population that may require targeted services; by knowing the stage of life and location, community health interventional work can be more inclusive of the needs of the target population. Data suggests that the most significant population of disabled individuals is among the 65 and older group living in more urban areas of Herkimer county (ACS, 2020).

Report Area	Total Disabled	Under 18 yrs Disabled	18-64 yrs Disabled	65 yrs and older Disabled
Herkimer County	16.0%	7.9%	3.9%	34.5%
New York	11.5%	3.9%	8.8%	32.4%
United States	12.6%	4.2%	10.3%	30.7%

U.S. Census, American Community Survey (2020); Population Percentage Total Population with Disability
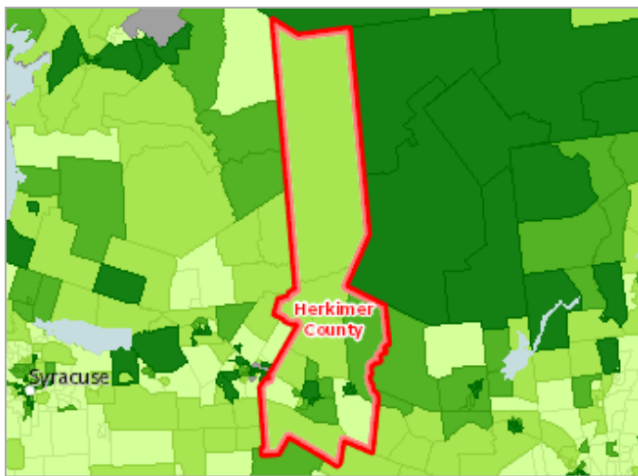

Disabled Population, Percent by Tract, ACS 2015-19

- Over 18.0%
- 15.1 - 18.0%
- 12.1 - 15.0%
- Under 12.1%
- No Data or Data Suppressed
- Herkimer County, NY

Note: University of Missouri (2019); Disabled Population

Foreign-Born

This indicator reflects the population, which consists of those individuals who are not U.S. citizens or U.S. nationals at birth, including any non-citizens and individuals born outside of the U.S. who have become naturalized citizens. The native U.S. population includes persons born in the United States, Puerto Rico, any U.S. Island area, or abroad to an American (U.S. citizen) parent or parents. This population can represent a vulnerable population as they may be unfamiliar with cultural practices, have language barriers, become socially isolated, and have different beliefs on medical treatment.

Herkimer county's densest pocket of foreign-born residents is in the German Flatts area.

Report Area	Total Population	Naturalized U.S. Citizens	Population Without U.S. Citizenship	Total Foreign-Birth Population	Foreign-Birth Population, % Total Population
Herkimer County	62,057	1,055	554	1,609	2.59%
New York	19,572,319	2,534,003	1,885,643	4,419,646	22.58%
United States	324,697,795	21,847,890	22,163,980	44,011,870	13.55%

U.S. Census, American Community Survey (2020); Foreign-Born Population

Foreign-Born Population (Non-Citizen or Naturalized), Percent by Tract, ACS 2015-19

- Over 5.0%
- 2.1 - 5.0%
- 1.1 - 2.0%
- Under 1.1%
- No Data or Data Suppressed
- Herkimer County, NY

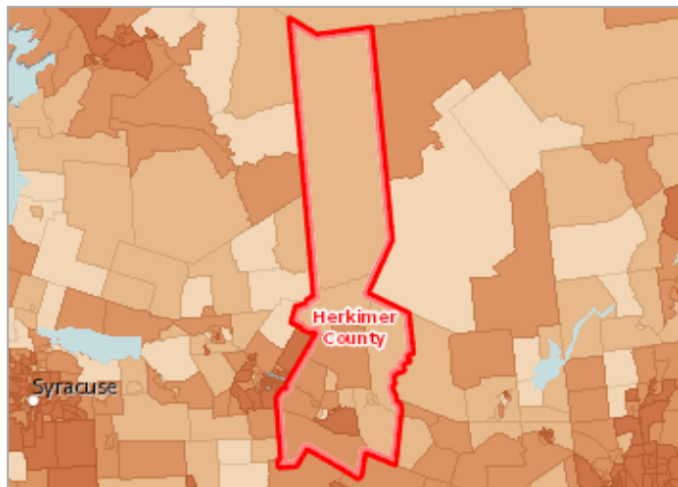*Note: University of Missouri (2019); Foreign-Born Population*

Population with Limited English Proficiency

This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home AND speak English less than "very well". An inability to speak or understand English can create barriers to access to healthcare, health literacy, and the ability to communicate with a healthcare provider for needs and provide informed consent. Herkimer county data from the ACS (2019) shows that 1.36% of the population have limited English proficiency, with the southern part of the county being the most dense area.

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency, %
Herkimer County	58,892	1.36%
New York	18,418,118	13.25%
United States	304,930,125	8.40%

U.S. Census, American Community Survey (2020); Population with Limited English Proficiency

Note: University of Missouri (2020); Population with Limited English Proficiency

Veteran Population

This indicator shows the percentage of the population age 18 and older who is not currently serving but, at one time, did serve on active duty in the U.S. Air Force, Army, Navy, Marine Corps, or the Coast Guard or that served in the U.S. Merchant Marine during WWII.

Herkimer County, NY, has a population of veterans that is higher than many of its surrounding counties. With a total population of 9.33% being veterans per report of the ACS (2019), the greatest concentration is in the county's northern rural parts and the German Flatts area.

Report Area	Total Population Age 18+	Veterans, % Total Population
Herkimer County	49,121	9.33%
New York	15,440,436	4.57%
United States	250,195,726	7.29%

U.S. Census, American Community Survey (2020); Percentage of Total Veteran Population
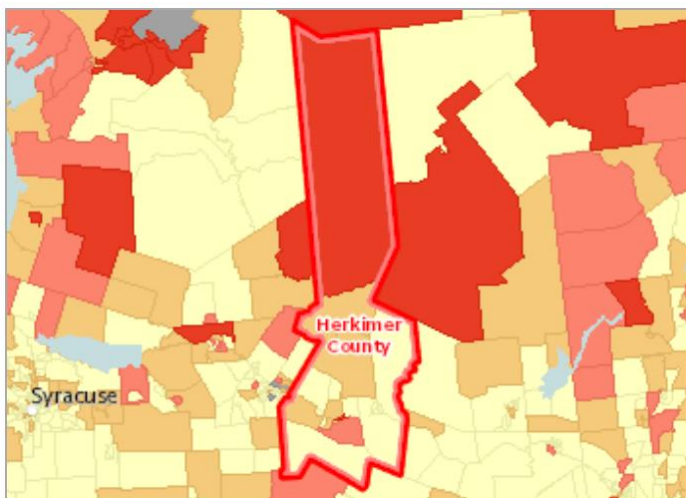
Note: University of Missouri (2020); Percentage of Total Veteran Population

Access to Clinical Care

Access to clinical care providers for preventative and maintenance care has a large impact on the overall health of a population. A common problem for rural communities such as Herkimer County is a lack of a sufficient quantity of clinical providers to give quality care. The lack of clinical care providers decreases the population's overall health status and often results in a higher rate of E.R. visits and hospital admissions, which only strains an already understaffed health system. Herkimer County is no exception to the lack of providers for rural communities. The County Health Rankings show the patient-to-provider ratio is significantly higher than that of New York State as a whole. Herkimer County's patient-to-Primary Care physician ratio is nearly 3 times higher than that of New York State. For Dentistry, the patient-to-provider ratio is over 2 times higher than in New York State. For Mental Health providers, the patient-to-provider ratio is 4.1 times higher than in New York State.

Location	Herkimer County	New York State
Primary Care Physicians	3,410:1	1,180:1
Dentists	2,540:1	1,190:1
Mental Health providers	1,270:1	310:1

University of Wisconsin Population Health Institute (2022); Patient-to-Provider Ratio

Income and Economic

Economic stability is a part of the five domains of the Social Determinants of Health, as it is often the driving force behind housing quality/security, food security, and access to care. Understanding the economic status of a population can inform on areas of need for community health interventional work.

Employment – Unemployment Rate

The Unemployment Rate reflects the number of civilian, non-institutionalized population that is 16 years of age and older in the potential labor force who are employed. The 2021 report from the U.S. Department of Labor Bureau of Labor Statistics provided an unemployment rate of 3.8% in Herkimer County. Trends suggest that January thru March had the highest unemployment rate. A notable spike occurred across the nation post-2019 which is likely caused by the introduction of COVID-19.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Herkimer County	26,486	25,488	998	3.8%
New York	9,140,537	8,683,231	457,306	5.0%
United States	162,825,074	156,786,647	6,038,427	3.7%

U.S. Department of Labor: Bureau of Labor Statistics (2021); Labor Force
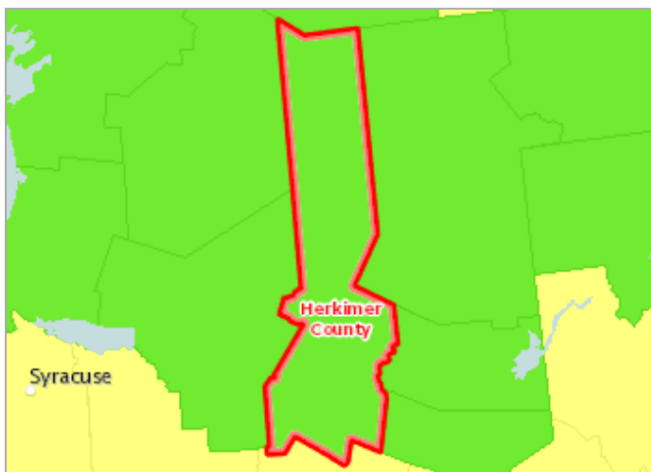
Unemployment, Rate by County, BLS 2021 - December

- Over 12.0%
- 9.1 - 12.0%
- 6.1 - 9.0%
- 3.1 - 6.0%
- Under 3.1%
- Herkimer County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Unemployment Rate by County

Average Monthly Unemployment Rates - 2021

Legend: Herkimer County, NY — New York — United States

Average Annual Unemployment Rate, 2010-2020

Legend: Herkimer County, NY — New York — United States
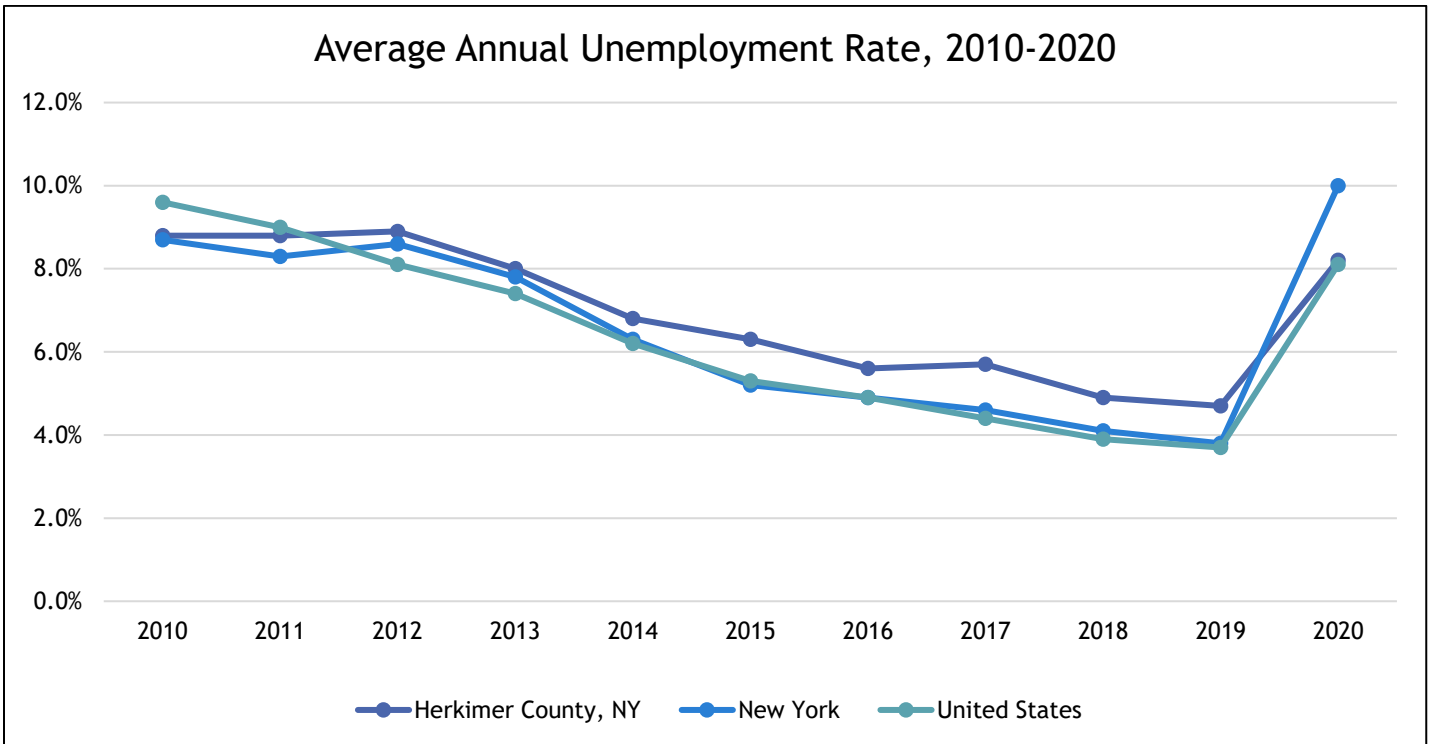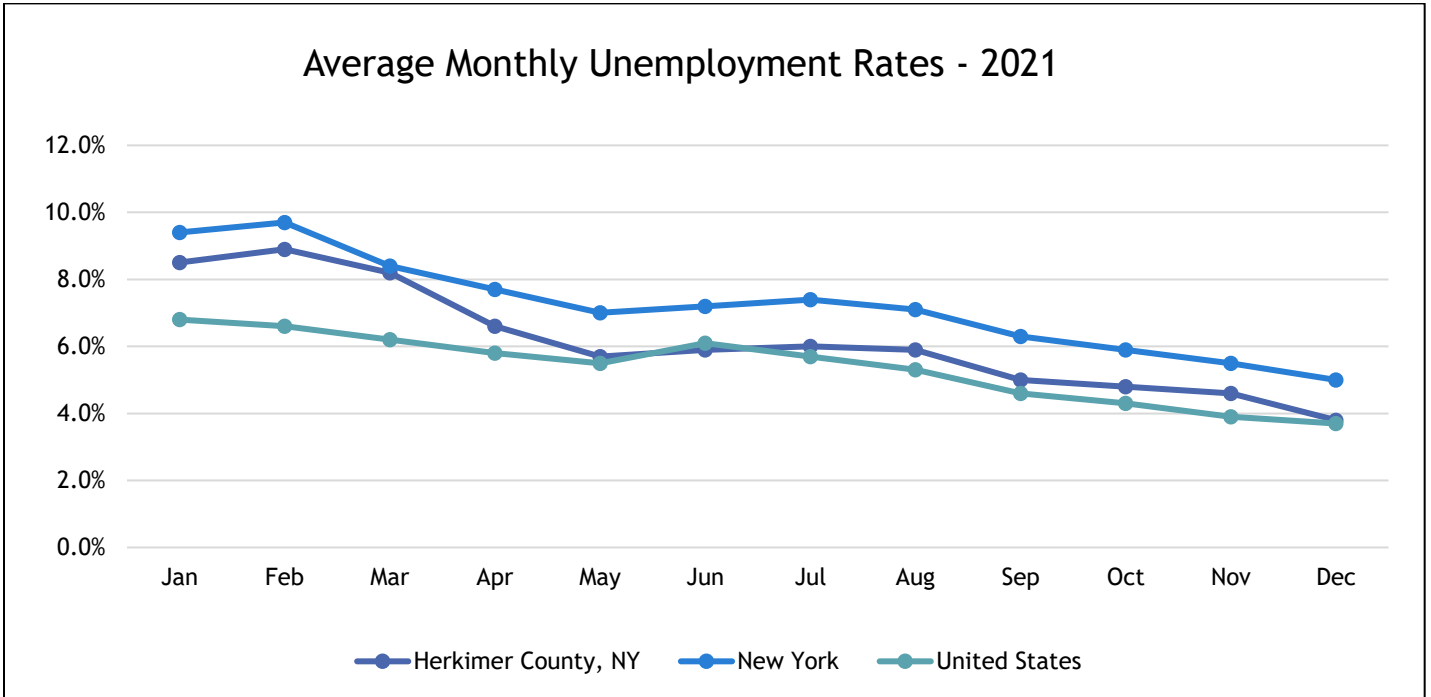
Income – Household Income

Reporting meaningful information related to household income can be challenging as the number of individuals per household will vary. The 2015-2019 ACS revealed that the average household income in Herkimer County is $54,646, with the highest concentration of wealth being in the southern portion of the county in the more urban areas.

Report Area	Total Households	Average Household Income	Median Household Income
Herkimer County	24,524	$67,532	$54,646
New York	7,343,234	$101,945	$68,486
United States	120,756,048	$88,607	$62,843

U.S. Census, American Community Survey (2020); Average Household Income

Report Area	1-Person Household	2-Person Household	3-Person Household	4-Person Household	5-Person Household	6-Person Household	7± Person Household
Herkimer County	$26,423	$66,924	$79,276	$80,307	$85,526	$64,205	$63,227
New York	$34,560	$76,630	$90,076	$104,805	$99,673	$95,920	$103,335
United States	$32,008	$70,231	$81,087	$93,831	$86,817	$83,852	$88,580

U.S. Census, American Community Survey (2020); Average Household Income
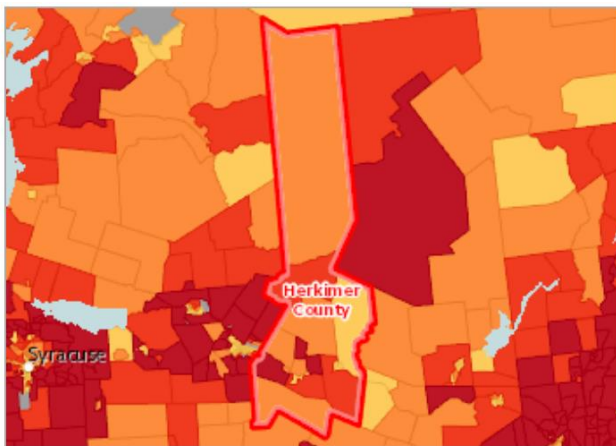
Median Household Income by Tract, ACS 2015-19

- Over $70,000
- $60,001 - $70,000
- $50,001 - $60,000
- Under $50,001
- No Data or Data Suppressed
- Herkimer County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Median Household Income

Again, acknowledging the challenge of multiple individuals living in one home, the below data reflects the per capita income data. Per capita income data, reported from the 2015-2019 ACS, shows the average income per every individual (man, woman, child) living in the specified area regardless of any other determinant factors that may be present. The per capita income for Herkimer County is $27,850, which is lower than the overall average in New York State ($39,325) and the United States ($34,102). Data indicates that much of the county is living above the current federal poverty threshold per person, $13,590 (DHHS, 2022).

Report Area	Total Population	Total Income ($)	Per Capita Income ($)
Herkimer County	62,057	$1,728,305,400	$27,850
New York	19,572,319	$769,699,182,600	$39,325
United States	324,697,795	$11,073,131,694,900	$34,102

U.S. Census, American Community Survey (2020); Average Income

Data reflects racial disparities throughout all areas of the SDOH domains; Herkimer County is no exception. The 2015-2019 ACS data show that race identifiers African American, Pacific Islander, Other, and Multiple Race fall below the per capita income of White.

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Herkimer County	$28,355.00	$13,693.00	$28,090.00	$30,746.00	$7,677.00	$11,090.00	$15,524.00
New York	$46,175.00	$26,430.00	$38,260.00	$23,263.00	$29,902.00	$19,734.00	$23,933.00
United States	$37,326.00	$23,383.00	$40,524.00	$20,844.00	$24,961.00	$19,071.00	$20,296.00

U.S. Census, American Community Survey (2020); Average Income by Race

Poverty – Children Below 100% of Federal Poverty Level (FPL)

The 2015-2019 ACS reports that 20.23% of individuals under the age of 18 years live 100% below the Federal Poverty Level (FPL), which is higher than the New York State and the United States. The FPL is the income level used to determine eligibility for benefits and certain programs (healthcare.gov, n.d.) The primary concentration of this poverty level is found in the northern, more rural areas of the county. Understanding the poverty level can indicate barriers to healthy food, access to health care, housing, and education. This indicator also represents the potential participation in social services provided in educational institutions.

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty, %
Herkimer County	60,914	12,517	20.23%
New York	19,063,180	4,031,379	19.64%
United States	316,715,051	72,235,700	18.52%

U.S. Census, American Community Survey (2020); Poverty by Age
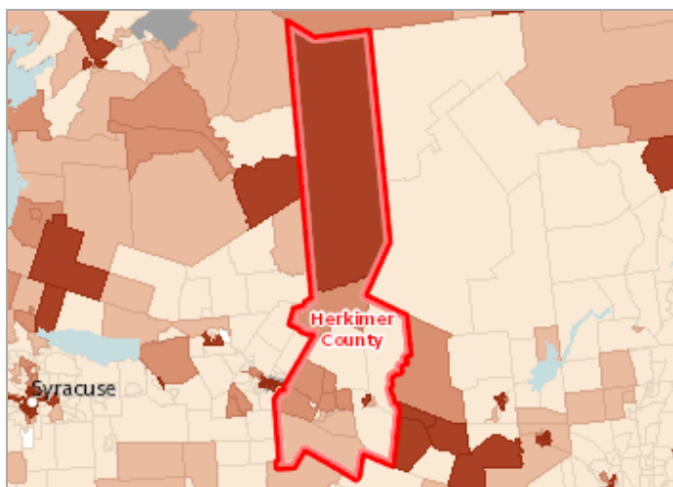
Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2015-19

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Herkimer County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Population Below the Poverty Level

Poverty – Children Eligible for Free/Reduced Price Lunch

The National School Lunch Program (NSLP) is a federal program operating in public and non-profit private schools and residential childcare institutions. The program provides nutritionally balanced, low-cost, or free lunches to children each school day. Eligibility at the time of this data report (NCES 2019-2020) was calculated by "multiplying the year 2019 federal income poverty guidelines by 1.30 and 1.85, respectively, and by rounding the result upward to the next whole dollar" (USDA, 2019).

According to the NSLP guidelines, of the 9,178 students reported during the reporting period in Herkimer County, 53.88% qualified for Free or Reduced Priced Lunches. One should consider the Herkimer County Free/Reduced Price Lunch data as an indicator of pockets of poverty or low SES.

Report Area	Total Students	Students Eligible for Free or Reduced-Price Lunch, %
Herkimer County	9,178	53.88%
New York	2,658,992	53.46%
United States	50,829,148	49.63%

National Center for Education Statistics, 2019-20 Common Core of Data (CCD) (2021); Free Lunch Program
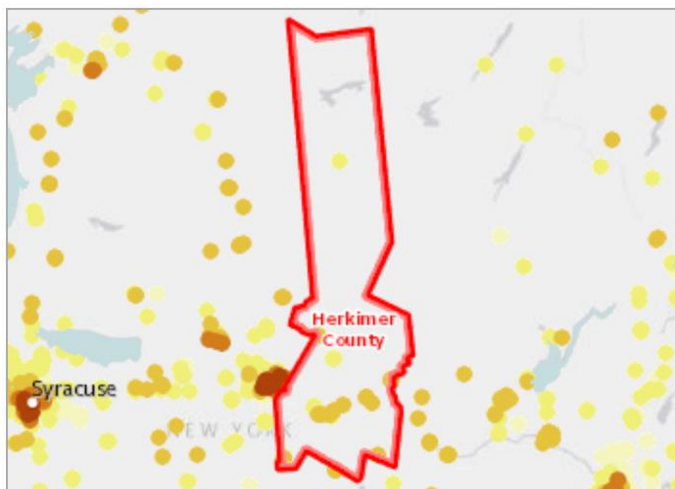
Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2019-20

- Over 90.0%
- 75.1% - 90.0%
- 50.1% - 75.0%
- 20.1% - 50.0%
- Under 20.1%
- Not Reported
- Herkimer County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Students Eligible for Free or Reduced-Price Lunch

Supplemental Nutrition Assistance Program (SNAP) Benefits

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that provides nutrition benefits to low-income individuals or families by supplementing the food budget to purchase healthy foods (USDA, n.d.) Eligibility for SNAP benefits is determined based on gross income and family size according to the state of residence.

The 2015-2019 ACS data reports that New York had 26.8% of all residents eligible for SNAP benefits in 2019. The Herkimer County data shows that 24.5% of all residents had SNAP eligibility in 2019. Of those eligible, New York State reported a service access rate of 64.2%, whereas Herkimer County's access rate was 62.7% for 2017-2019. Data charts did not reveal an area in Herkimer County with greater access rates than another.

Regarding access to SNAP-authorized facilities, the county has a total of 49 authorized retailers, which is a rate of 8.15/10,000 per the USDA SNAP Retailer Locator. The New York State rate of SNAP retailer/10,000 is 8.18 and is 7.49 in the United States according to data found in the USDA SNAP Retailer Locator Data.

Report Area	Total Population (2020)	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Herkimer County	60,139	49	8.15
New York	20,201,249	16,522	8.18
United States	331, 449, 281	248,397	7.49

United States Department of Agriculture (USDA).SNAP Retailer Locator Data (2020)

Education

Throughout life, access to education provides the necessary tools to be healthier, have a greater quality of life, and provide upward socioeconomic mobility. Individuals with less education are often linked to lower income, poorer health, and an increased presence of chronic disease. Furthermore, the higher SES provided by education can be attributed to improved quality of housing, personal transportation, health coverage, and more access to healthy food options.

Access – Preschool Enrollment (3-4 years)

This indicator represents the percentage of the aged 3-4 years of age population enrolled in school. Reporting preschool enrollment can indicate the state of the educational system.

The 2015-2019 ACS data indicates that 53.22% of 3-4-year-olds were enrolled in Preschool during the survey timeframe, which is above the national average but below the New York State average. It is pertinent to note that data from the northern part of the county report no population of children in the 3-4 age range at the time of data collection.

Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School, %
Herkimer County	1,163	53.22%
New York	475,240	58.93%
United States	8,151,928	48.32%

U.S. Census, American Community Survey (2020); School Enrollment
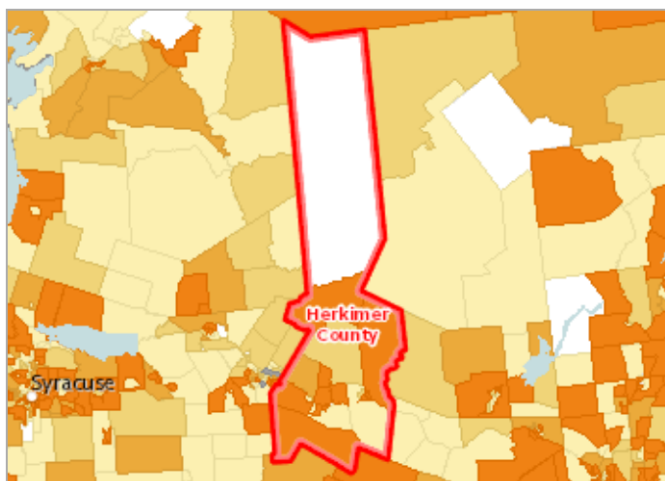
Enrollment in School, Children (Age 3-4), Percent by Tract, ACS 2015-19

- Over 55.0%
- 45.1 - 55.0%
- 35.1 - 45.0%
- Under 35.1%
- No Population Age 3-4 Reported
- No Data or Data Suppressed
- Herkimer County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Children Enrollment in School

Attainment – High School Graduation Rate

The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a "cohort" of first-time 9th graders in a particular school year, and adjusts this number by adding any students who transfer into the cohort after 9th grade and subtracting any students who transfer out, emigrate to another country, or pass away. The ACGR is the percentage of the students in this cohort who graduate within four years" (NCES, 2017).

In the Herkimer County report area, the adjusted cohort graduation rate was 87.7% during the most recently reported school year; the average ACGR is greater than that of New York State (86.8%).

Report Area	Adjusted Student Cohort	Number of Diplomas Issued	Cohort Graduation Rate
Herkimer County	530	465	87.7%
New York	126,287	109,573	86.8%
United States	3,095,240	2,715,610	87.7%

United States Department of Education, Adjusted cohort graduation rate (ACGR) (2020); On-Time Graduation

On-Time Graduation, Rate by School District (Secondary), ED*Facts* 2018-19

- Over 94.0%
- 85.1 - 94.0%
- 75.1 - 85.0%
- Under 75.1%
- No Data or Data Suppressed
- Herkimer County, NY

NOTE: University of Wisconsin Population Health Institute (2022); On-Time Graduation by School

Attainment – Bachelor's Degree or Higher

As mentioned previously, education can significantly impact numerous aspects of health. In Herkimer County, the 2015-2019 ACS revealed that 21.48% of the 25 years and older population had attained a Bachelor's degree or higher. The Herkimer County data for degree attainment is below the New York State (36.57%) and United States (32.15%) average. Education seems to have its highest rates in the northern section, more rural parts of the county, and the German Flatts area.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher, %
Herkimer County	43,732	21.48%
New York	13,631,937	36.57%
United States	220,622,076	32.15%

U.S. Census, American Community Survey (2020); Education
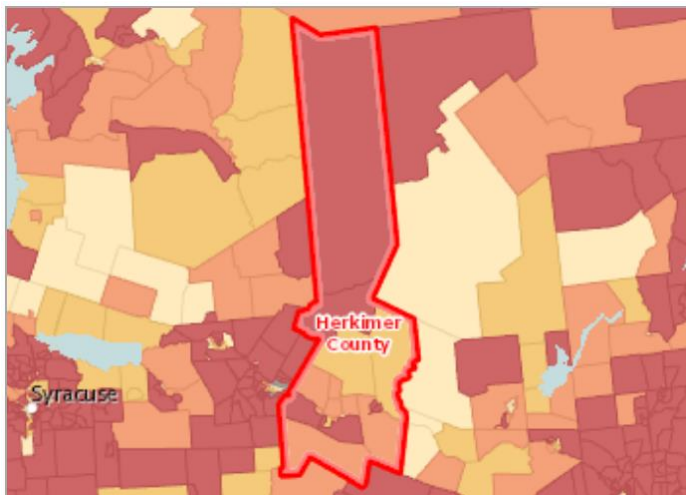
Population with a Bachelor's Degree or Higher, Percent by Tract, ACS 2015-19

- Over 23.0%
- 18.1 - 23.0%
- 13.1 - 18.0%
- Under 13.1%
- No Data or Data Suppressed
- Herkimer County, NY

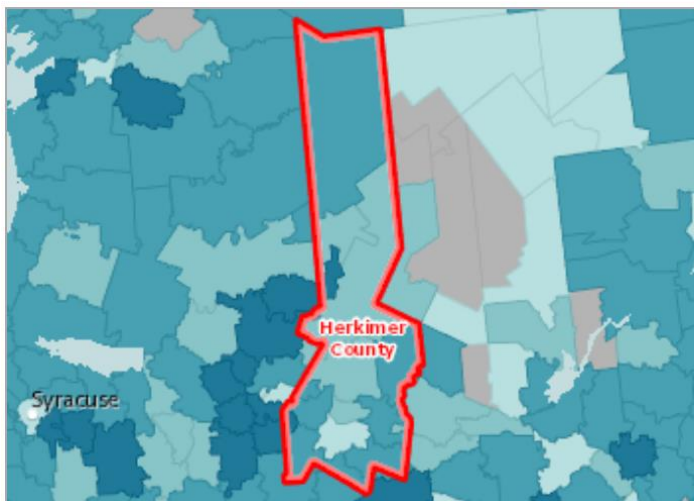*NOTE: University of Wisconsin Population Health Institute (2022); Bachelor's Degree or Higher*

Housing and Families

The housing indicator describes the housing structure, family unit, quality of housing units, and residential neighborhoods. Issues such as overcrowding, housing quality, and housing affordability have been linked to numerous health topics, including infectious diseases, injuries, and mental disorders. Furthermore, housing metrics like home-ownership rates and housing prices are essential for economic analysis for application to SDOH principles.

Total Housing Units with Age

Per the 2015-2019 ACS, Herkimer County has 33,831 housing units with a median year built of 1953; 56.06% of homes were built before 1960. Overall, the median home age is older than in New York State (1957) and the United States (1978). The total number of housing units can be used to evaluate availability. The median age of a home provides information on potential housing quality and health concerns. Additionally, the presence of newer homes can show the overall community growth; new build homes dropped drastically after 2010.

Report Area	Total Housing Units	Median Year Structures Built
Herkimer County	33,831	1953
New York	8,322,722	1957
United States	137,428,986	1978

U.S. Census, American Community Survey (2020)

Report Area	Before 1960	1960-1979	1980-1999	2000-2010	After 2010
Herkimer County	56.06%	17.97%	17.26%	7.08%	1.63%
New York	54.91%	22.41%	13.73%	6.27%	2.68%
United States	27.81%	25.76%	27.31%	13.96%	5.16%

U.S. Census, American Community Survey (2020)

Owner vs. Renter Occupied Housing Units

The 2015-2019 ACS revealed the percentage of Owner-Occupied homes is 61.7%, which is more significant than New York State (46.8%) and the United States (53.7%). Home ownership can indicate greater housing stability.

Report Area	Owner-Occupied, %	Renter-Occupied, %
Herkimer County	61.7%	38.3%
New York	46.8%	53.2%
United States	53.7%	46.3%

U.S. Census, American Community Survey (2020)

Homelessness

While homelessness is a complex population to measure, the New York State Education Department (NYSED) does provide insight through public school enrollment data. The NYSED 2019-2020 enrollment data suggests 32 individual students are homeless, with the greatest concentration in the following school districts: Herkimer Central, Mount Markham Central, and Central Valley Central. Most homeless school-aged children have a primary nighttime residence of "doubled up" with another family.

Doubled Up	Hotel / Motel	Sheltered	Unsheltered
30	0	1	1

New York State Education Department (NYSED), 2019-2020 Enrollment (2020); Unhoused Student Category

School Name	2019-20 Total
WEST CANADA VALLEY CENTRAL SCHOOL DISTRICT	Data suppressed (less than 5, more than 0)
FRANKFORT-SCHUYLER CENTRAL SCHOOL DISTRICT	Data suppressed (less than 5, more than 0)
HERKIMER CENTRAL SCHOOL DISTRICT	9
LITTLE FALLS CITY SCHOOL DISTRICT	0
DOLGEVILLE CENTRAL SCHOOL DISTRICT	0
POLAND CENTRAL SCHOOL DISTRICT	5
VAN HORNESVILLE-OWEN D YOUNG CENTRAL SCHOOL DISTRICT	0
TOWN OF WEBB UNION FREE SCHOOL DISTRICT	0
MOUNT MARKHAM CENTRAL SCHOOL DISTRICT	9
CENTRAL VALLEY CENTRAL SCHOOL DISTRICT AT ILION-MOHAWK	8

New York State Education Department (NYSED), 2019-2020 Enrollment (2020); Homeless students

NOTE: ProximityOne, Herkimer BOCES (2022)

Substandard Housing Quality

The quality of housing can be detrimental to an individual's health through the burden of costs, lack of necessities to live, exposure, etc. In this indicator, substandard housing is defined as one of the following:

1) Lacking complete plumbing facilities
2) Lacking complete kitchen facilities
3) 1 or more occupants per room
4) Selected monthly owner costs as a percentage of household income greater than 30%
5) Gross rent as a percentage of household income greater than 30%.

The 2015-2019 ACS reveals 20.58% of housing for Herkimer County residents meets the criteria for substandard housing. The greatest concentration of substandard homes is in the county's southern region and in the urban population densities.

Report Area	Substandard Conditions
Herkimer County	20.58%
New York	39.23%
United States	31.91%

U.S. Census, American Community Survey (2020); Substandard Housing

Report Area	No Conditions	One Condition	Two or Three Conditions	Four Conditions
Herkimer County	79.42%	19.54%	1.04%	0.00%
New York	60.77%	36.36%	2.86%	0.01%
United States	68.09%	30.03%	1.87%	0.01%

U.S. Census, American Community Survey (2020); Substandard Housing

Report Area	Lacking Complete Plumbing Facilities	Lacking Complete Kitchen Facilities	Cost Burdened Households
Herkimer County	0.51%	3.12%	20.27%
New York	0.39%	2.06%	37.64%
United States	0.39%	2.79%	30.85%

U.S. Census, American Community Survey (2020); Substandard Housing
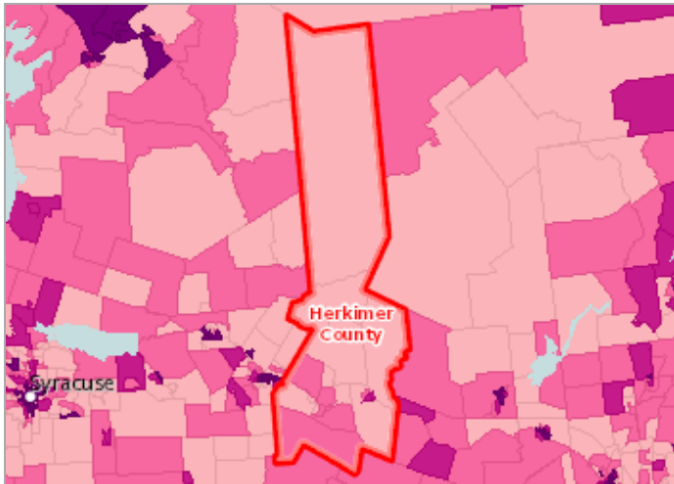
Substandard Housing Units, Percent of Total by Tract, ACS 2015-19

- Over 34.0%
- 28.1 - 34.0%
- 22.1 - 28.0%
- Under 22.1%
- No Data or Data Suppressed
- Herkimer County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Percent of Substandard Housing Units
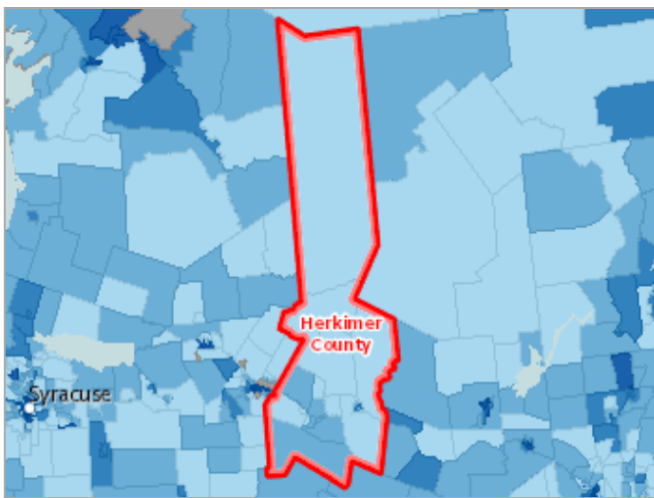
Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2015-19

- Over 35.1%
- 28.1 - 35.0%
- 21.1 - 28.0%
- Under 21.1%
- No Data or Data Suppressed
- Herkimer County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Cost Burdened Households

Social Factors

Area of Deprivation Index (ADI)

The Area of Deprivation Index (ADI) is a tool used to measure the socioeconomic disadvantage of a neighborhood in the United States by using discrete information from the U.S. Census. The 17 factors that calculate this index score falls into the following categories: poverty, education, housing, and employment. The overall score is represented on a scale of 1 to 100, with one being the lowest (least disadvantaged) and 100 being the highest level of deprivation (most disadvantaged). (Knighton et al., 2016).

When applying the ADI to Herkimer County, there is widespread deprivation, with no area scoring higher than a 7. As can be seen in the data related to income and housing, the areas with the worst scores are in the county's southern region, where there is higher population density. While an ADI score is not available for all of New York State and the United States, Herkimer County falls in the 90th percentile for N.Y., and the 74th percentile for the U.S. New York State's ADI is in the 30th percentile in the nation.

Area of Deprivation Index (ADI) Data points		
Category	U.S. Census Indicator	ACS or Census Table Reference
Poverty	Median family income, $	B19113
	Income disparity	B19001
	Families below the poverty level, %	B17010
	% population below 150% poverty threshold, %	C17002
	Single-parent households with dependents <18, %	SF1P20
	Households without a motor vehicle, %	B25044
	Households without a telephone, %	B25043
	Occupied housing units without complete plumbing, %	B25016
Housing	Owner-occupied housing units, %	B25003
	Households with >1 person per room, %	B25014
	Median monthly mortgage, $	B25088
	Median gross rent, $	B25064
	Median home value, $	B25077
Employment	Employed person 16+ in white collar occupation, %	C24010
	Civilian labor force unemployed (aged 16+), %	B23025
Education	Population aged 25+ with <9yr education, %	B15003
	Population aged 25+ with a least a high school education, %	B15003
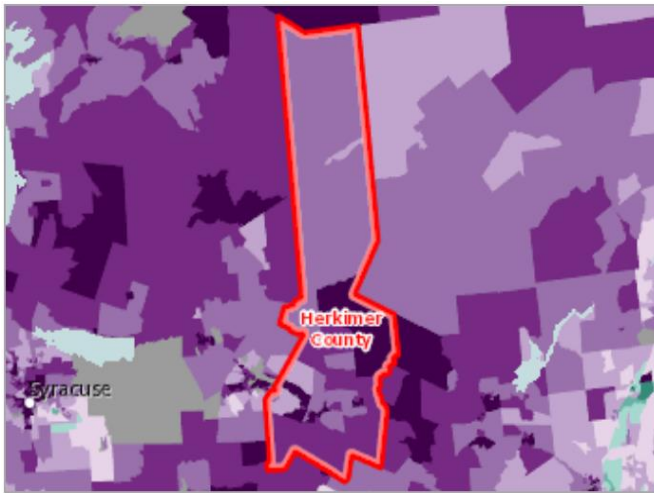
Area Deprivation Index (2019), State Decile by Block Group, Neighborhood Atlas 2021

- Not Ranked
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Herkimer County, NY
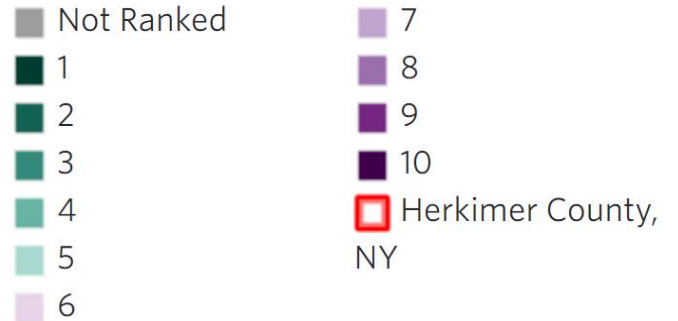
NOTE: University of Wisconsin Population Health Institute (2022); Area of Deprivation Index
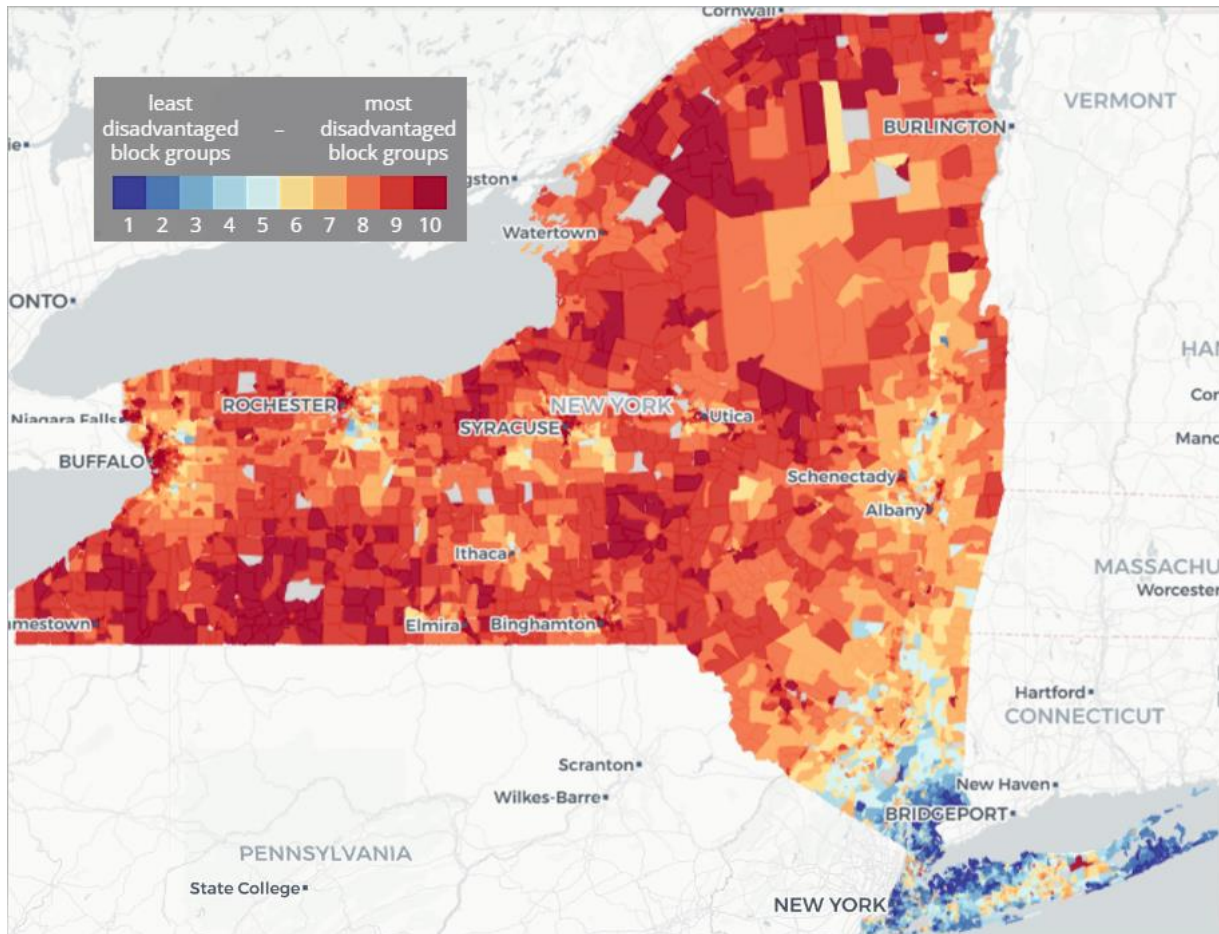
NOTE: University of Wisconsin, Neighborhood Atlas (2019); New York State ADI

Personal Transportation

Access to a motor vehicle in a person's home can have an impact on access to care, food, medications, and social isolation, among others. The 5-Year American Community Survey published in 2020 shows that 9.7% of Herkimer County households do not have access to a motor vehicle. Herkimer County residents have greater access to personal transportation than New York State (29.06% without) and slightly less than national access (8.61% without). The area of Salisbury, Little Falls, and Schuyler in Herkimer County report the greatest percentage of households lacking a motor vehicle.

Report Area	Total Occupied Households	Households with No Motor Vehicle, %
Herkimer County	24,524	9.70%
New York	7,343,234	29.06%
United States	120,756,048	8.61%

U.S. Census, American Community Survey (2020); Motor Vehicle Access
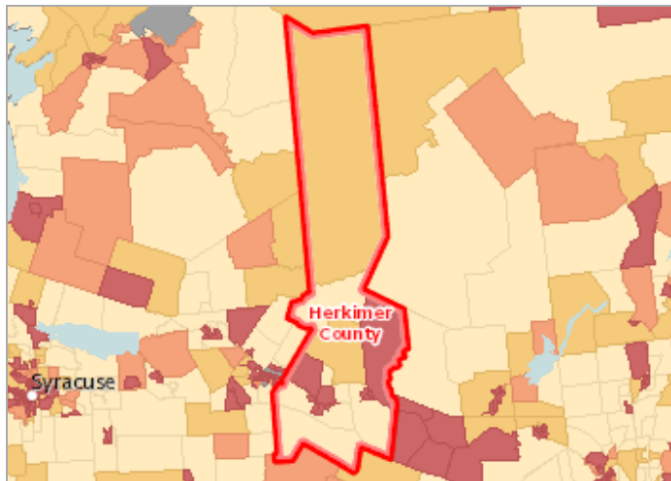
Households with No Vehicle, Percent by Tract, ACS 2015-19

- Over 8.0%
- 6.1 - 8.0%
- 4.1 - 6.0%
- Under 4.1%
- No Data or Data Suppressed
- Herkimer County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Households with No Vehicle

Social Vulnerability Index (SVI)

The Social Vulnerability Index (SVI) uses data from the U.S. Census to categorize vulnerable communities based on factors in their social structure. Communities considered to have higher SVI are at risk during public health emergencies due to a lack of resources in addition to the impact on overall health. Calculating the SVI, there are 15 variables that fall into four themes: Socioeconomic Status, Household Composition & Disability, Minority Status & Language, and Housing & Transportation. Each of these themes is often displayed as a GIS map through a generated score from 0 to 1, the higher the score (closer to 1), the more vulnerable the community is. The theme and 15 variables of the SVI are listed below (CDC, 2014).
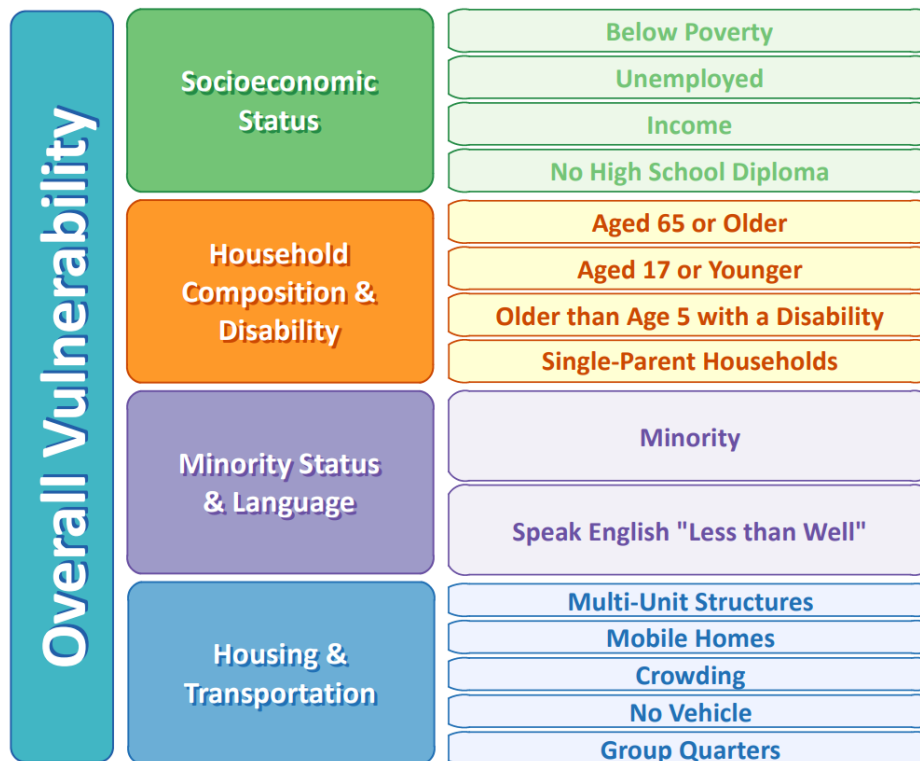
NOTE: Centers for Disease Control and Prevention, A Social Vulnerability Index (SVI) from the CDC (2014)

While this is not an exact predictor for all SDOH that may impact a population, the SVI provides an evidence-based foundation for the initial assessment of a community's health equity capabilities.

The CDC Geospatial Research, Analysis, and Services Program (GRASP) used the 2018 U.S. Census data to calculate an SVI score for Herkimer County, New York State, and the United States. Herkimer County received an overall SVI of .53, with Housing & Transportation being the highest scoring theme. Community health assessments may find value in looking into interventional work for the Housing & Transportation theme. Salisbury, Herkimer, Little Falls, and Schuyler have the highest SVI score throughout the county. Overall, Herkimer County has an SVI lower than New York State (0.55) and the United States (0.40).

Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Herkimer County	62,505	0.54	0.52	0.27	0.71	0.53
New York	19,618,453	0.42	0.20	0.82	0.78	0.55
United States	322,903,030	0.30	0.32	0.76	0.62	0.40

Centers for Disease Control and Prevention, GRASP (2018); SVI
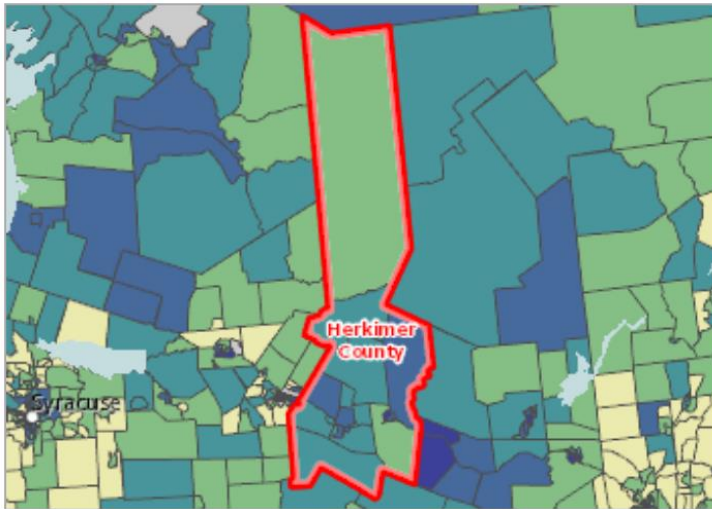
Social Vulnerability Index by Tract, CDC 2018

- 0.81 - 1.00 (Highest Vulnerability)
- 0.61 - 0.80
- 0.41 - 0.60
- 0.21 - 0.40
- 0.00 - 0.20 (Lowest Vulnerability)
- No Data or Data Suppressed
- Herkimer County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Social Vulnerability Index
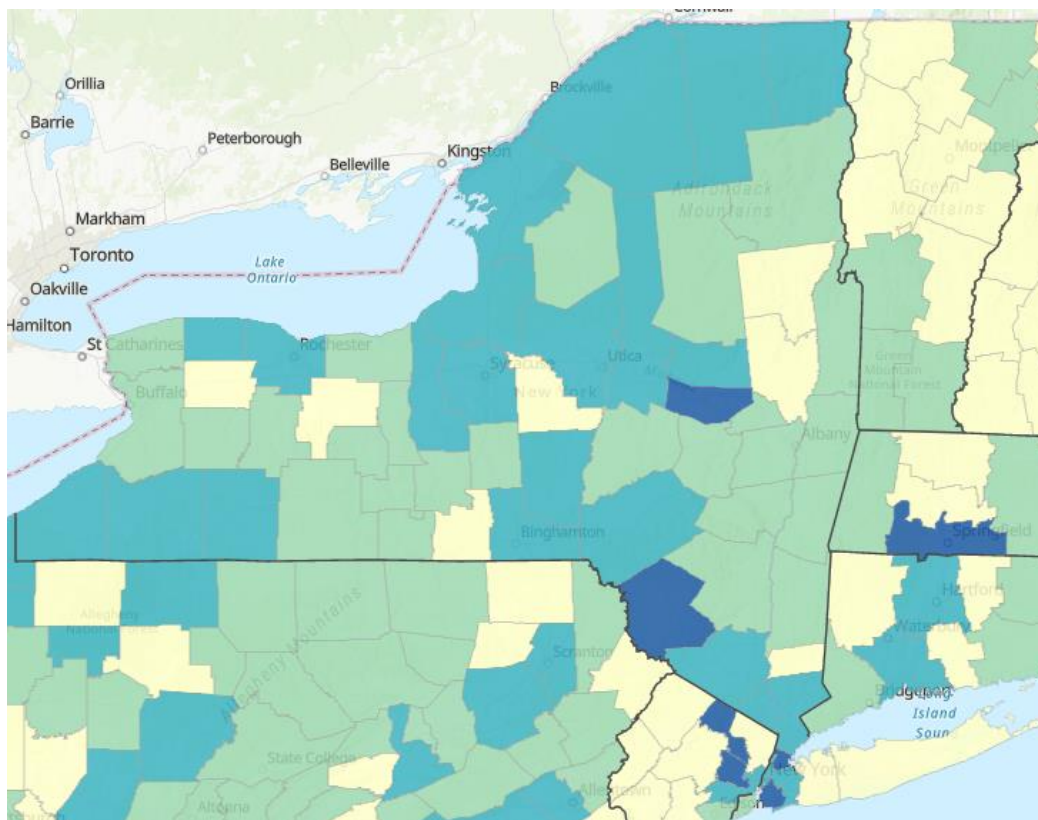
NOTE: Centers for Disease Control and Prevention. Agency for Toxic Substances and Disease Registry (2018)

Access to Health Insurance

Access to health insurance significantly influences the Access to Healthcare domain of SDOH. Lacking health insurance can prevent individuals from seeking care, participating in preventative medicine, and accessing primary care providers. The 2015 – 2019 ACS reports the rate of uninsured individuals in Herkimer County is 4.97%, which is lower than New York State (5.78%) and the United States (8.84%). Among Herkimer County residents, the greatest concentration of uninsured individuals is in the area of Russia, Norway, Salisbury, and Ohio. Regarding patient demographics, those most likely to be underinsured in Herkimer County are those: under the age of 65 years, Native Hawaiian or Pacific Islander, and/or Hispanic (Latino).

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population, %
Herkimer County	61,428	4.97%
New York	19,333,899	5.78%
United States	319,706,872	8.84%

U.S. Census, American Community Survey (2020); Uninsured Population

	Uninsured		
Report Area	Under Age 18	Age 18 - 64	Age 65 +
Herkimer County	5.35%	6.43%	0.21%
New York	2.50%	8.26%	0.76%
United States	5.08%	12.42%	0.79%

U.S. Census, American Community Survey (2020); Uninsured by Age Group

	Uninsured						
Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Herkimer County	4.76%	8.24%	2.96%	13.94%	72.45%	4.48%	0.62%
New York	3.47%	6.38%	11.07%	7.31%	11.04%	14.14%	6.12%
United States	5.94%	10.07%	19.23%	6.73%	10.63%	20.38%	7.67%

U.S. Census, American Community Survey (2020); Uninsured Population by Race

	Uninsured	
Report Area	Hispanic or Latino, %	Not Hispanic or Latino, %
Herkimer County	12.24%	4.81%
New York	11.29%	4.48%
United States	18.22%	6.77%

U.S. Census, American Community Survey (2020); Uninsured Population by Ethnicity

Uninsured Population, Percent by Tract, ACS 2015-19

- ■ Over 20.0%
- ■ 15.1 - 20.0%
- ■ 10.1 - 15.0%
- □ Under 10.1%
- ■ No Data or Data Suppressed
- ▭ Herkimer County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Uninsured Population

Crime Rate

Crime rates of a community can be considered a significant aspect of SDOH Neighborhood & Built Environment domain which impacts all other domains. An increased presence of crime can affect community walkability, social cohesion, social isolation, economic stability, etc. The New York State Division of Criminal Justice County Crime Rates report displays data specific to the county of residents using markers from the Federal Bureau of Investigation (FBI) Uniform Crime Reporting (UCR) system. Crime rates are collected in 4 categories (Index, Violent, Property, and Violet Crime with Firearm).

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

The overall crime rates for Herkimer County, NY, have remained relatively the same and continue to fall well below the New York State rates. Looking into a more granular level, the Herkimer Village Police Department reported the most significant number of violent crimes from 2012-2017 and 2019. However, there was a drop in reports for 2020. In 2020 the NYS Troopers in Herkimer reported the highest number of violent crimes.

2020 Crime Rates per 100,000 people							
	Index Crime		Violent Crime		Property Crime		Violent Crime With Firearm	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Herkimer County	900	1,485.3	106	174.9	794	1,310.4	7	11.6
New York State	342,453	1,771.4	70,543	364.9	271,910	1,406.5	11,099	57.4

Federal Bureau of Investigation (FBI), Uniform Crime Reporting (UCR) (2020); Crime Rates
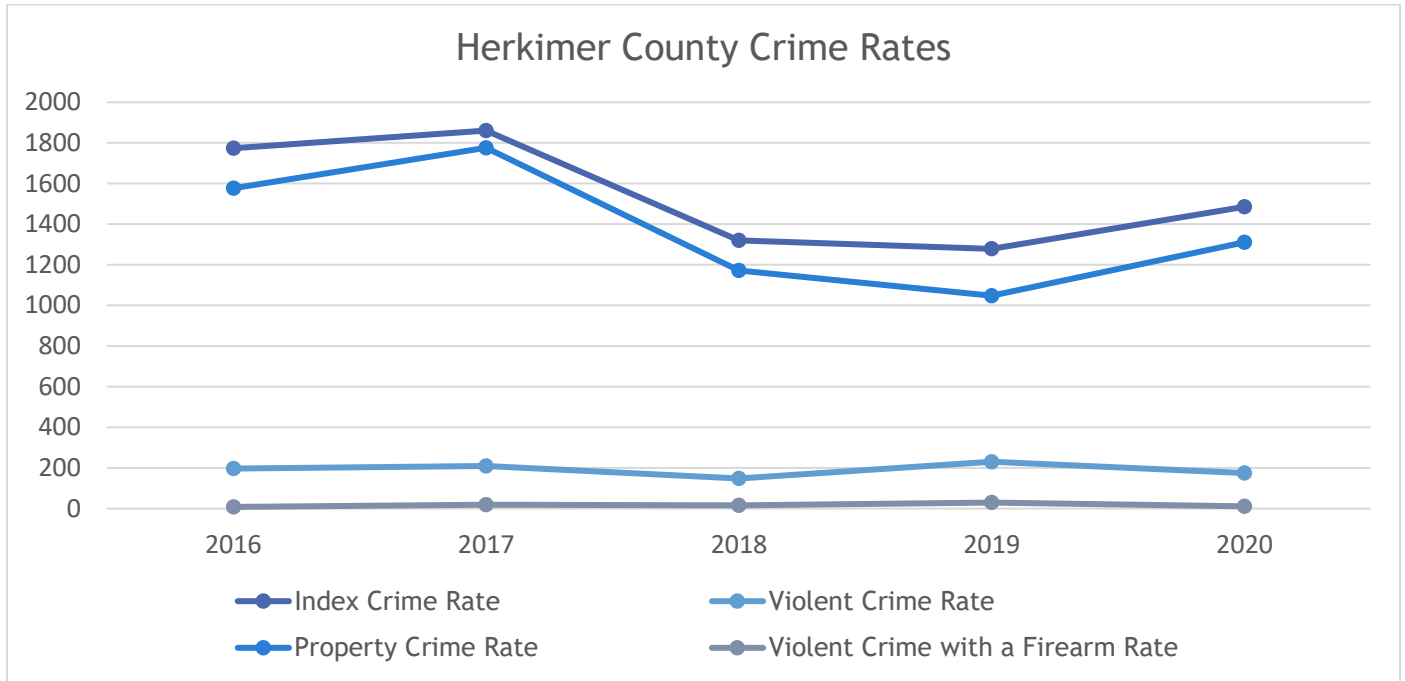
Federal Bureau of Investigation (FBI), Uniform Crime Reporting (UCR) (2020); Crime Rates
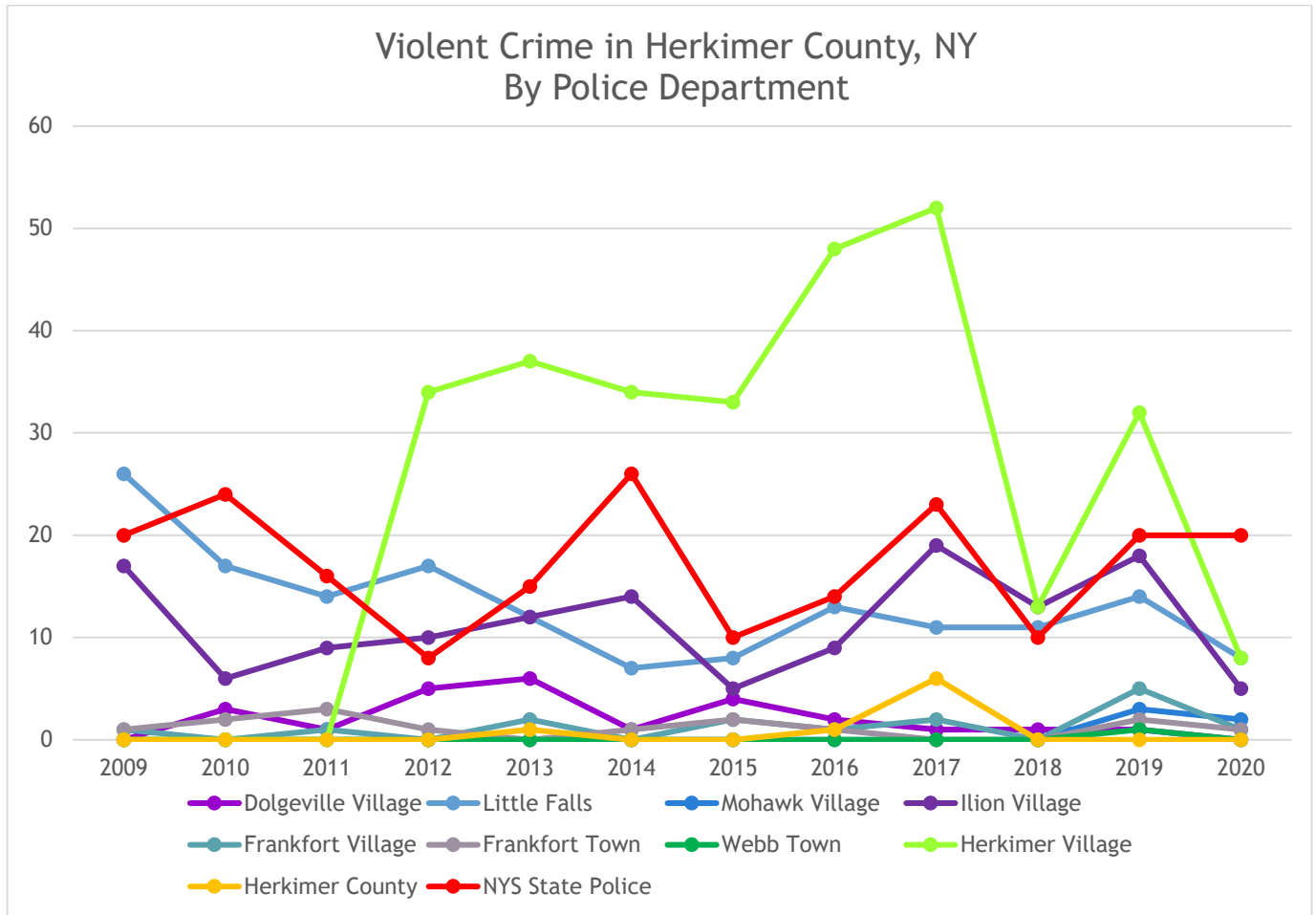
Federal Bureau of Investigation (FBI), Uniform Crime Reporting (UCR) (2020); Crime Rates by Police Department

Physical Environment

The physical environment can have a considerable impact on the overall community health. An environment that is clean and safe and provides access to healthy food and recreational opportunities will greatly improve health.

Air Quality Index (AQI)

The Air Quality Index (AQI) measures the safety of the air in an area based on the presence of five major pollutants: ozone, particulate matter, carbon monoxide, nitrogen dioxide, and sulfur dioxide.

Ozone is a gas composed of three oxygen atoms that occur in the Earth's upper atmosphere and ground level. While naturally occurring, the ozone exists in the upper atmosphere (6-30 miles above the Earth's surface), ozone at ground level is caused by pollutants that can be harmful (NYSDEC, 2014).

Particulate Matter (PM), aka particle pollution, is a term used to describe "a mixture of solid particles and liquid droplets found in the air. Some particles, such as dust, dirt, soot, or smoke, are large or dark enough to be seen by the naked eye. Others are so small they can only be detected using an electron microscope" (EPA, n.d.). There are two types of PM that are measured: PM_{10} and $PM_{2.5}$.

PM$_{10}$:	Inhalable particles, with diameters that are generally 10 micrometers and smaller	dust, pollen, mold
PM$_{2.5}$:	Fine inhalable particles, with diameters that are generally 2.5 micrometers and smaller	combustion particles, organic compounds, metals, etc.

The small size of P.M. can cause a great risk to health by inhalation deep into the lungs and may even make it to the bloodstream. Through scientific study, P.M. has been linked to a number of health conditions (EPA, n.d.):

- premature death in people with heart or lung disease
- nonfatal heart attacks
- irregular heartbeat
- aggravated asthma
- decreased lung function
- increased respiratory symptoms

The New York State Department of Environmental Conservation (NYSDEC) Lists the AQI Index scale as:

When the AQI is in this range...	...air quality conditions are:	...according to the Air Quality level
0 to 50	Good	Air quality is considered satisfactory, and air pollution poses little or no risk.
51 to 100	Moderate	Air quality is acceptable, however, for some pollutants, there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.
101 to 150	Unhealthy for Sensitive Groups	Members of sensitive groups may experience health effects. The general public is not likely to be affected.
151 to 200	Unhealthy	Everyone may begin to experience health effects, and members of sensitive groups may experience more serious health effects.
201 to 300	Very Unhealthy	Health alert: everyone may experience more serious health effects.
301 to 500	Hazardous	Health warnings of emergency conditions. The entire population is more likely to be affected.

In the northeastern part of the United States, where Herkimer County, N.Y. resides, there are few local stations to measure AQI; overall, the mean AQI has remained in a "Good" condition and well below the national average for all categories for most of the reporting period (EPA, 2021).

PM10 Air Quality, 2000 - 2020
(Annual 2nd Maximum 24-Hour Average)
Northeast Trend based on 19 Sites
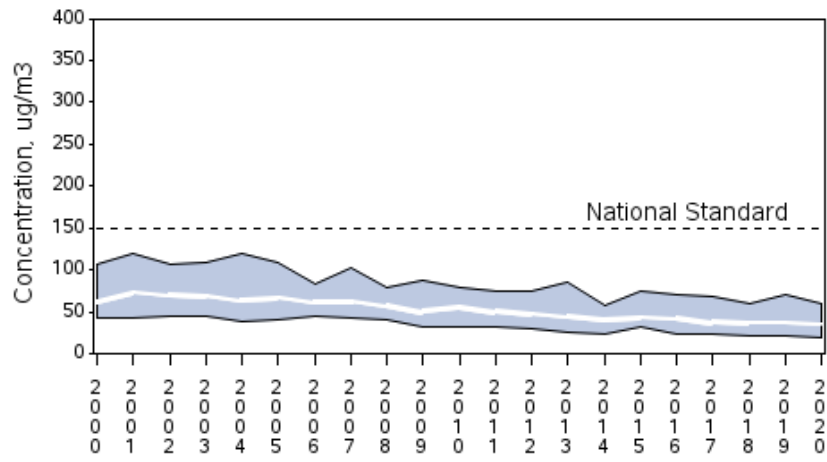
2000 to 2020 : 40% decrease in Regional Average

NOTE: Environmental Protection Agency, PM 10 Air Quality Northeast Trends (2021)

PM2.5 Air Quality, 2000 - 2020
(Seasonally-Weighted Annual Average)
Northeast Trend based on 78 Sites

2000 to 2020 : 49% decrease in Regional Average

NOTE: Environmental Protection Agency, PM 2.5 Air Quality Northeast Trends (2021)

Ozone Air Quality, 2000 - 2020
(Annual 4th Maximum of Daily Max 8-Hour Average)
Northeast Trend based on 114 Sites

2000 to 2020 : 26% decrease in Regional Average

NOTE: Environmental Protection Agency, Ozone Air Quality Northeast Trends (2021)

SO2 Air Quality, 2000 - 2020
(Annual 99th Percentile of Daily Max 1-Hour Average)
Northeast Trend based on 31 Sites

2000 to 2020 : 91% decrease in Regional Average

NOTE: Environmental Protection Agency, SO2 Air Quality Northeast Trends (2021)

NO2 Air Quality, 2000 - 2020
(Annual 98th Percentile of Daily Max 1-Hour Average)
Northeast Trend based on 19 Sites
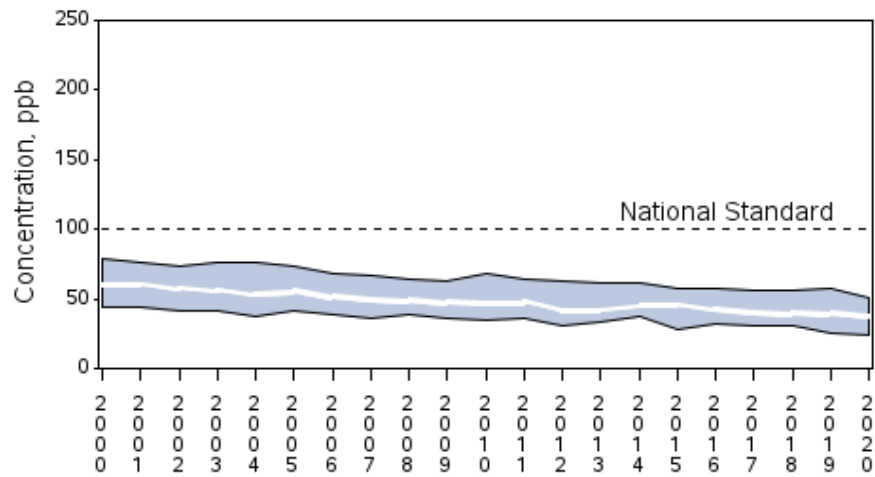
2000 to 2020 : 37% decrease in Regional Average

NOTE: Environmental Protection Agency, NO2 Air Quality Northeast Trends (2021)
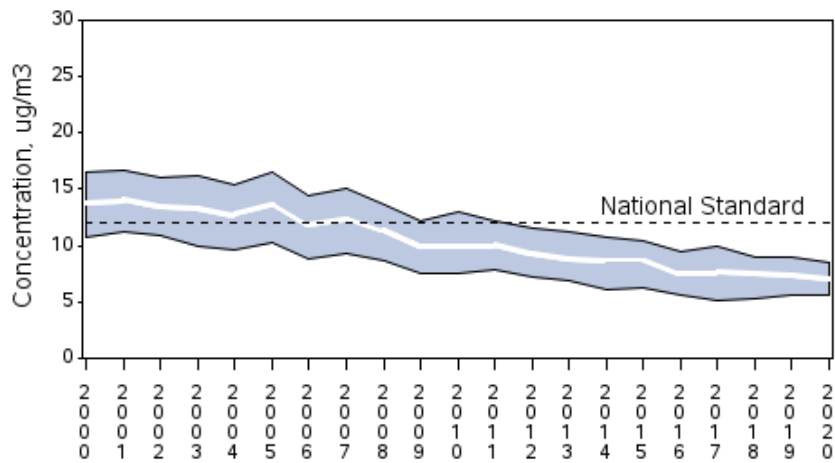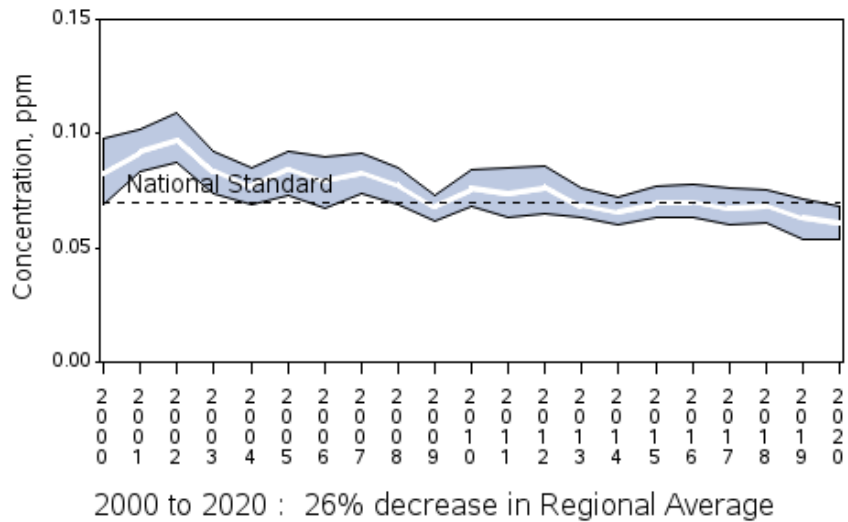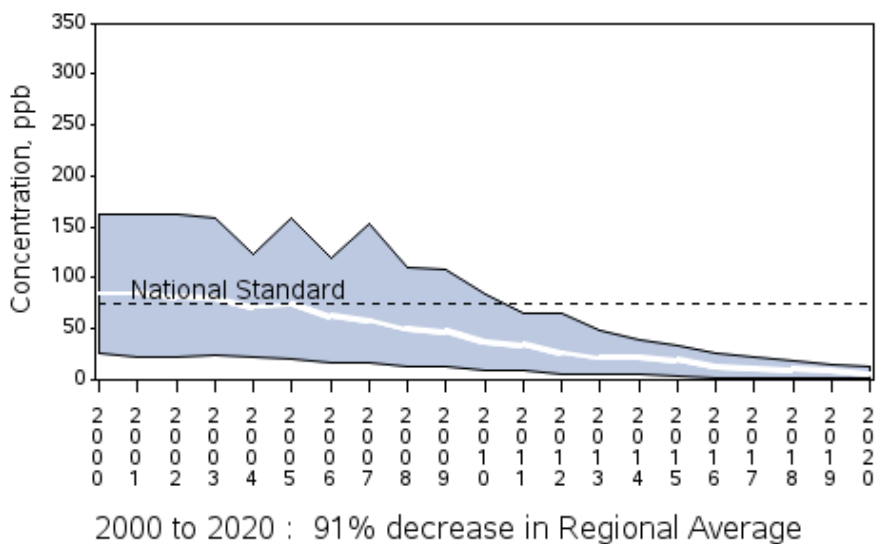
CO Air Quality, 2000 - 2020
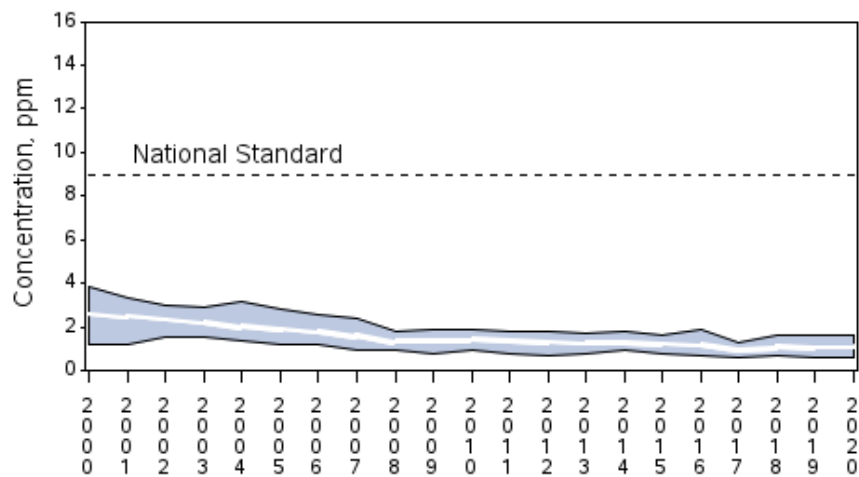### (Annual 2nd Maximum 8-hour Average)
Northeast Trend based on 14 Sites

2000 to 2020 : 57% decrease in Regional Average

NOTE: Environmental Protection Agency, NO2 Air Quality Northeast Trends (2021)

Access to High-Speed Internet

Access to high-speed internet is considered connectivity of at least 25Mbps download speeds and up to 3Mbps upload speed. High-speed connectivity can impact an individual's access to numerous health information sources, serve as a link to healthcare providers, and improve social connectivity. The U.S. Census, 2019 Community Resilience Estimates Equity Supplement (2021) lists 79.9% of households with broadband internet subscriptions.

Access to Healthy Food

Access to healthy foods that support healthy eating patterns contributes to an individual's overall health throughout their life. Healthy eating habits can help lower the risk for chronic diseases such as high blood pressure, diabetes, and cancer. Increased access to healthy foods through grocery stores that include fresh fruits and vegetables contributes to a healthy eating lifestyle. Data from 2012—2013 shows that the average distance from U.S. households to the nearest supermarket was 2.1 miles (Healthy People 2030, n.d.).

When discussing access to food, income and distance to a grocery store (supermarket) are often the greatest determinants. The U.S. Department of Agriculture (USDA) has defined an individual of low income (LI) as being a "poverty rate of 20% or greater, or median family income at or below 80% of the statewide or metropolitan area median family income." The USDA goes on to define low-access (L.A.) to food as "a low-income [Census] tract with at least 500 people or 33% of the tract's population living more than 1 miles (urban areas) or more than 10 miles (rural areas) from the nearest supermarket or grocery store" (USDA, 2021).

Notably, the more southern areas of Herkimer County are impacted with areas of low food access and low income, according to the USDA Food Access Research Atlas. However, the German Flatts area meets the criteria for both L.I. and L.A. (USDA, 2021). Acknowledging the higher population density in German Flatts, the reported population is more likely to meet urban criteria. With that being said, the same areas meet LI, and again the German Flatts area meets the criteria for having low access to a vehicle, which is noted in the below image referencing access to limited access to a vehicle in the fuchsia color. Low access to a vehicle is defined by the USDA as "more than 100 households have no access to a vehicle and are more than 1/2 mile from the nearest supermarket, or a significant number or share of residents are more than 20 miles from the nearest supermarket" (USDA, 2020).
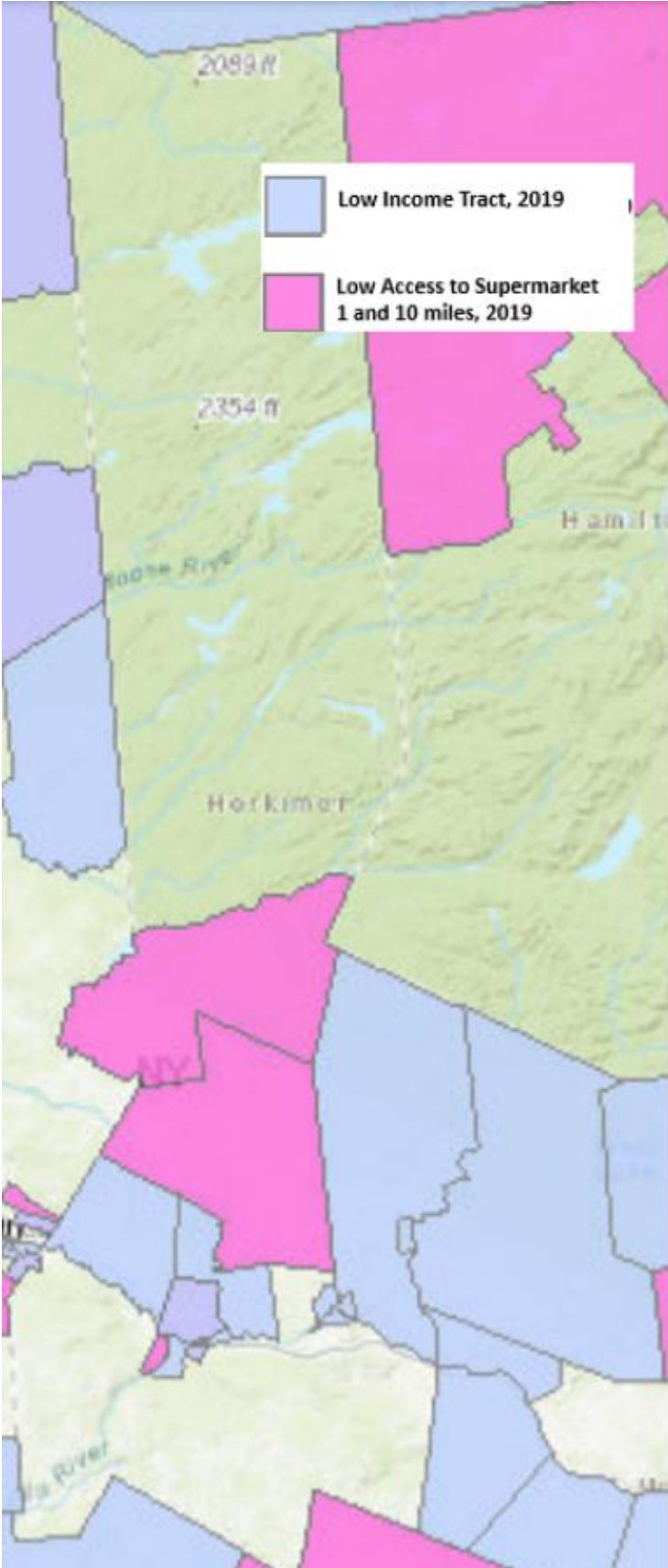
Note: United States Department of Agriculture (USDA), Low Income & Low Access 2019 (2020)

Note: United States Department of Agriculture (USDA), Low Vehicle Access 2019 (2020)

With a large rural area in the county, it is important to note the presence of farms that also provide direct sales to residents who may not otherwise have access to food. According to the USDA Food Environment Atlas, in 2012, a reported 101 farms were providing direct sales in Herkimer County. Furthermore, USDA reports show 5 Farmers' markets that service a ratio of .080863 per 1,000 people in the area, adding to the overall food accessibility. Regarding affordability, 80% (4) of the farmers' markets accept WIC, SNAP, and credit cards (USDA, 2020).

Health Behaviors

The morbidity and mortality rates related to specific health behaviors provide insight into the community culture and link the community SDOH and health outcomes. For example, poor community walkability, which limits the ability to exercise, can be connected to a high prevalence of obesity.

The CDC regularly conducts the National Health Interview Survey (NHIS), which evaluates the population's health status and behaviors based on personal responses through a telephone call.

Adult Smoking

Cigarette smoking continues to be the leading cause of preventable disease and death in the United States. The CDC reports 480,000 deaths per year can be attributed to smoking cigarettes. Smoking has been linked to cancer, heart disease, stroke, lung disease, diabetes, eye disease, and increased risk of immune system problems (CDC, 2020).

According to the 2022 County Health Rankings database, 21% of adult Herkimer County residents smoke, which is higher than the New York State rate of 13%. Reviewing GIS mapping from 2019 CDC BRFSS PLACES Project, the greatest concentration of adult smokers is in the more southern area of the county.
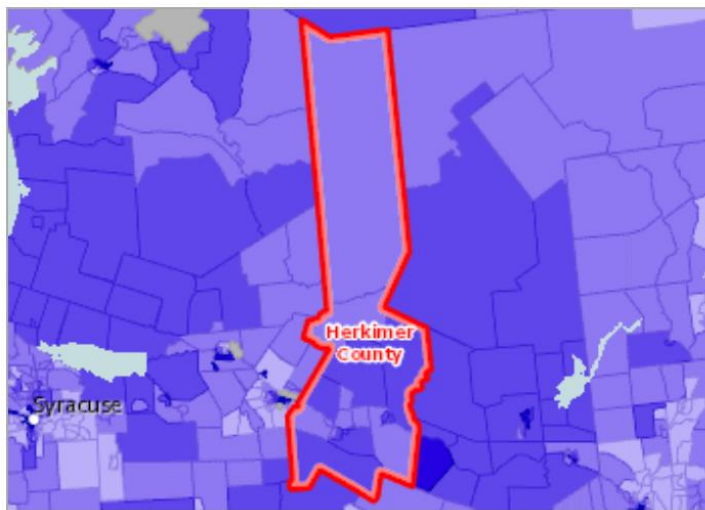
Current Smokers, Adult, Percentage of Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2019

- Over 25.0%
- 20.1% - 25.0%
- 15.1% - 20.0%
- Under 15.1%
- No Data or Data Suppressed
- Herkimer County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Current Adult Smokers

Adult Obesity

Obesity is a common and costly chronic disease throughout the United States. The defined criteria for adult obesity is 18 years of age or older with a body mass index (BMI) greater than or equal to 30 kg/m^2 . This disease can be caused by numerous factors, such as eating patterns, physical activity levels, sleep routines, genetics, and certain medications. Furthermore, various areas of SDOH impact obesity rates. Obesity can be correlated to access to healthy foods, community walkability, access to transportation, and access to social programs related to food. Consequences of obesity are numerous: high blood pressure, Type 2 Diabetes, breathing problems, joint problems, gallbladder disease, psychological problems, etc. (CDC, 2022c).

Data collection from the County Health Rankings shows 34% of Herkimer County residents are obese, which tops the New York State rate of 27%.
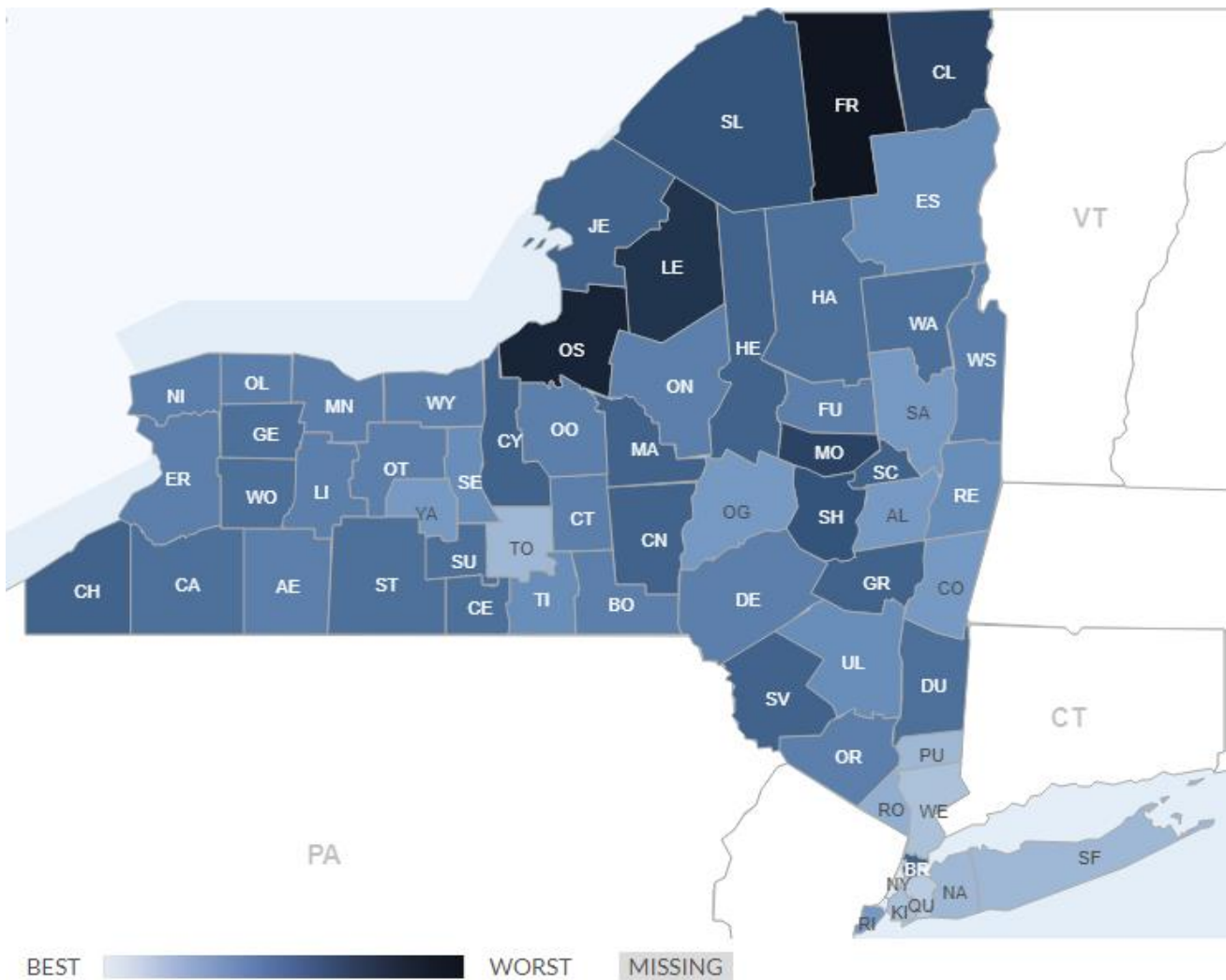
NOTE: University of Wisconsin Population Health Institute, County Health Ranking: Adult Obesity, (2019)

Adult Diabetes

Diabetes is a chronic disease associated with blood glucose (blood sugar) levels being too high. Glucose in the blood comes from eating food. The body creates a hormone called Insulin to facilitate the glucose into cells which convert the glucose into energy. With Type 1 Diabetes, the body does not make insulin. Type 2 Diabetes, the more common type, the body does not use insulin well therefore, it cannot maintain a normal blood sugar level. Risk factors for diabetes include obesity, inactivity, age (over 45 years), and heredity (CDC, 2022a).

The NHIS collected data on the number of adult respondents who are 20 years of age and older over several years. In 2019, Herkimer County residents reported an 8.9% rate of diabetes in individuals over the age of 20 years, matching the rate of New York State (8.9%) and the United States (9%).

Report Area	Population ≥ 20 years	Adults with Diagnosed Diabetes	Adults with Diagnosed Diabetes
Herkimer County	47,097	5,322	8.9%
New York	14,925,032	1,501,666	8.9%
United States	239,919,249	24,189,620	9%

Centers for Disease Control and Prevention (CDC), National Health Interview Survey (2019)

Adult Diabetes, obesity and physical activity rates reflect an upward trend among Herkimer County residents. Data suggests a potential intervention is needed to increase community walkability and health education along with a needed evaluation of health literacy for targeted planning.

Year	Adult Diabetes	Obese	Physically Inactive
2004	5.9%	20.9%	21.7%
2005	6.3%	24%	15.7%
2006	6.7%	20%	22.7%
2007	7.1%	22.4%	21.2%
2008	7.8%	25.1%	22.7%
2009	6.9%	27.7%	23.3%
2010	7.4%	30.1%	22.3%
2011	7.3%	24.6%	20.8%
2012	7.7%	20.9%	17%
2013	6.7%	25.2%	19.6%
2014	6.8%	24.9%	19.3%
2015	8.5%	28.8%	29.8%
2016	9.2%	29.7%	25.2%
2017	9.1%	28.3%	25.2%
2018	8%	33.7%	24.1%
2019	8.9%	33.9%	24.2%

Centers for Disease Control and Prevention (CDC), National Health Interview Survey (2019)

Percent Adult Diabetes w/Risk Factors
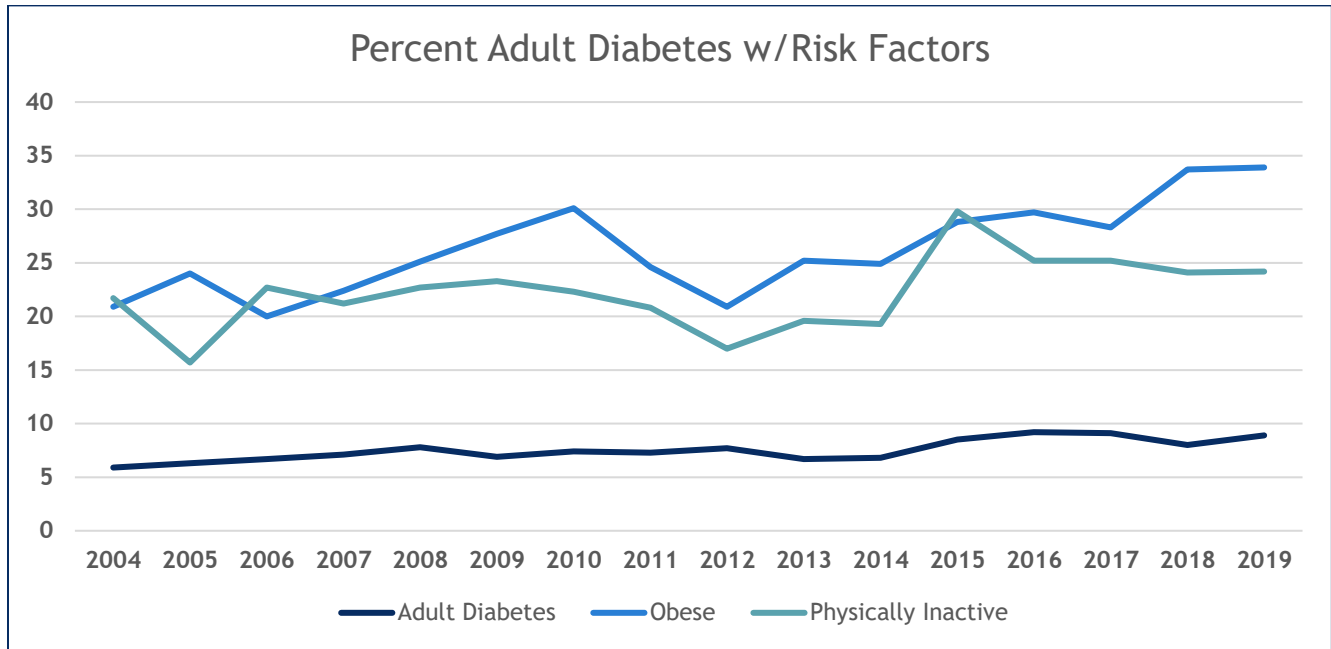
Centers for Disease Control and Prevention (CDC), National Health Interview Survey (2019)

Drug Overdose Death

Death related to drug overdose has been an ongoing problem in the United States for many years. Monitoring mortality rates related to drug overdose shows how the drug epidemic is evolving and can inform interventional work or policy. The CDC National Vital Statics System (NVSS) reports on the cause of death by county. Of the available data (provisional), there is a constant rate ranging from 10-15 deaths per month.

Drug Overdose Deaths, Herkimer County, NY

Year 2020		Year 2021	
Month	**Count**	**Month**	**Count**
January	Data suppressed	January	15
February	Data suppressed	February	15
March	Data suppressed	March	14
April	Data suppressed	April	14
May	Data suppressed	May	15
June	13	June	13
July	14	July	11
August	12	August	10
September	14	September	Data suppressed
October	15	October	Data not available
November	14	November	Data not available
December	13	December	Data not available

Centers for Disease Control and Prevention(CDC). (2021). National Vital Statistics System.
*Note count resulting in less than 10 in a month are suppressed for confidentiality

Excessive Alcohol Consumption

The CDC has defines excessive drinking as both binge drinking (most common) and heavy drinking of alcoholic beverages (CDC, 2022b). Excessive alcohol consumption led to over 140,000 deaths in the United States from 2015-2019. Associated health risks for excessive alcohol consumption include injury, high blood pressure, mental health problems, cancer, memory problems, weakened immune system, social problems, etc. (CDC, 2022b).

Standard drink	
12 ounces of beer (5% alcohol)	5 ounces of wine (12% alcohol)
8-ounces of malt liquor (7% alcohol)	1.5-ounces of 80-proof (40% alcohol) distilled spirits or liquor

Binge Drinking	For women, 4 or more drinks during a single occasion. For men, 5 or more drinks during a single occasion.
Heavy drinking	For women, 8 or more drinks per week. For men, 15 or more drinks per week.

The 2022 County Health Ranking database shows that 21% of Herkimer County, NY residents report drinking in excess above the New York State (19%).

Teen births

Since 1991 the rate of teen births has been declining in the United States. While it is not clear what the direct cause is of the reduction of teen birth rates, there are some clear determinants for causing the rate to exist.

Teen births are measured by the number of births per 1,000 female population aged 15-19 years of age. The CDC reports, nationally in 2019, racial disparities in the rate of teen births can be noted at the birth rates for Hispanic (25.3 per 1,000) and non-Hispanic black teens (25.8 per 1,000) were more than two times higher than the rate for non-Hispanic white teens (11.4 per 1,000). The American Indian/Alaska Native teens had the highest rate nationally in 2019 at 29.2 per 1,000. Regarding SDOH, areas of high unemployment, low education, low income, access to transportation, and community walkability are correlated with increased teen pregnancy rates, which limits access to health care (CDC, 2021).

Birth rates for females aged 15-19, by race and Hispanic origin of mother: United States, 2018 and 2019
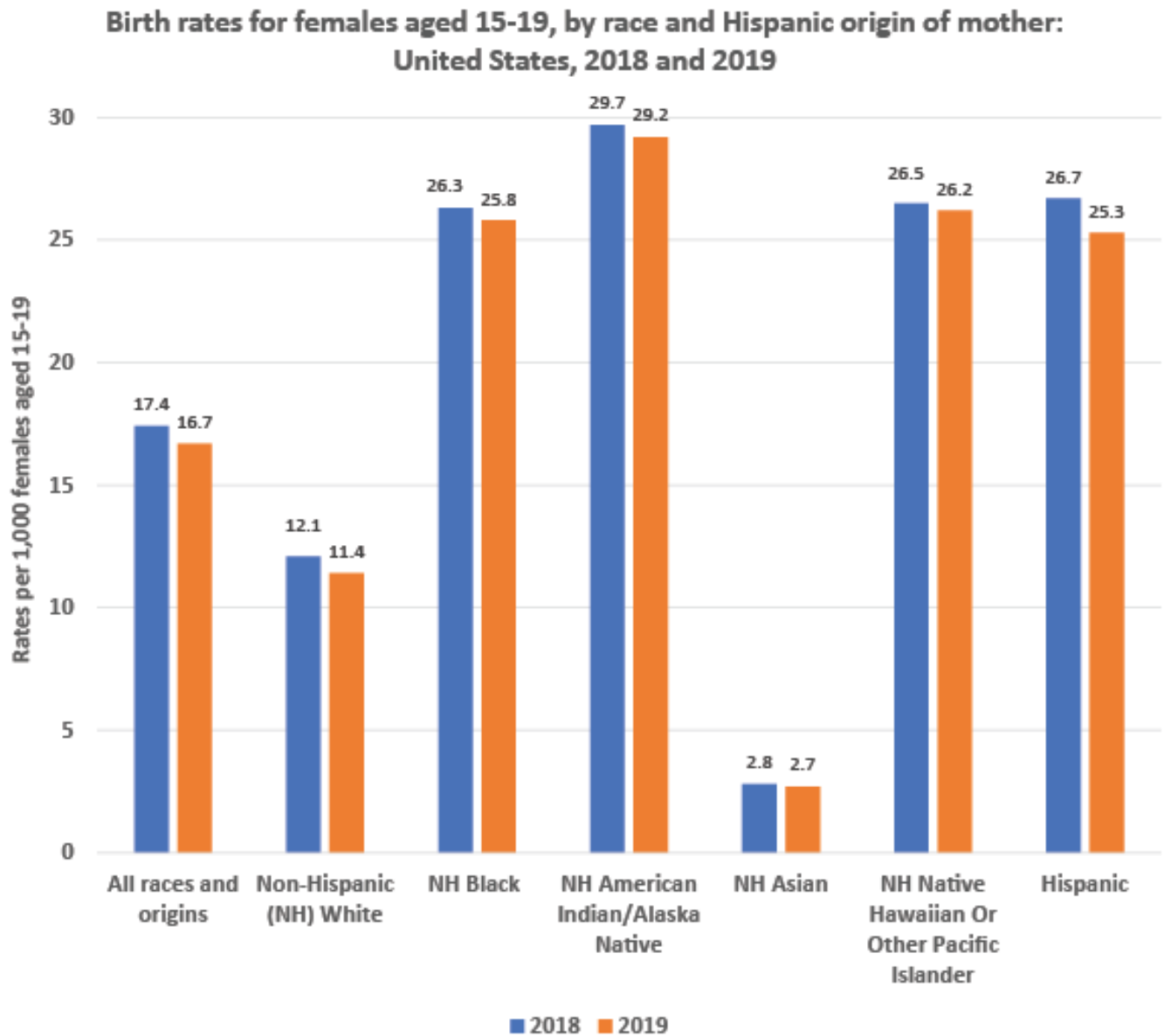
NOTE: Martin JA, Hamilton BE, Osterman MJK, Driscoll AK. Births: final data for 2019. Natl Vital Stat Rep. 2021;70(2):1–50.

Evaluating data for Herkimer County residents, the teen birth rate per 1,000 for 2020 was reported as 18 which is higher than the New York rate (13) per the County Health Rankings data. Per County Health Rankings data, Herkimer County has a reported teen birth rate of 18 per 1,000 [add in measure] in 2020, which is high than teen birth rates observed at the New York State level (13 per 1,000).

Teen Birth Rates
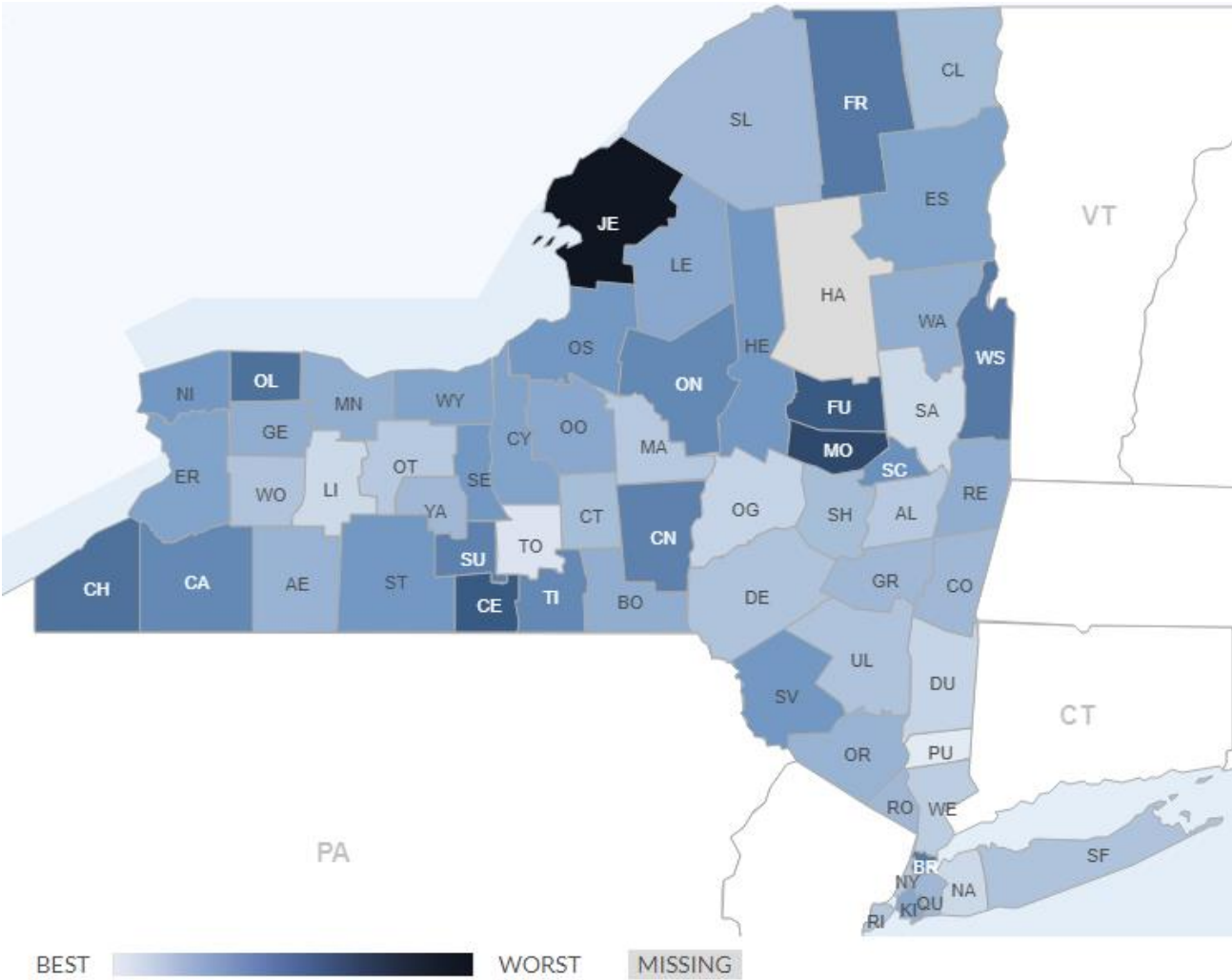
NOTE: University of Wisconsin Population Health Institute, County Health Ranking: Teen Birth, (2020)

Communicable Disease

Reportable Communicable Disease Reports			
Disease	2019	2020	2021
Anaplasmosis	23	4	23
Babesiosis	0	0	3
Campylobacter	24	10	11
Chlamydia	184	288	153
C-Diff	0	0	0
Cryptosporidiosis	7	7	11
Dengue	1	0	0
E Coli (not 157)	2	2	7
Ehrlichiosis	1	110	0
ESBL	0	0	0
GAS (G A Strep)	4	2	0
Giardia	14	9	14
Gonorrhea	18	38	37
Group B Beta Strep	3	4	0
Hepatitis A	1	4	0
Hepatitis B (Chronic)	11	1	0
Hepatitis C	11	7	0
Hepatitis C (Chronic)	14	33	33
Hib Influenza	1	0	0
Legionella	5	0	5
LIBI	1	0	0
Lyme	63	17	71
Perinatal Infant Track	0	0	0
Pertussis	2	0	0
Salmonella	9	0	4
Strep Group B	2	1	1
Strep A	1	0	0
Strep Pneumonia	7	0	1
Syphilis	7	5	2
Syphilis (Late Latent)	0	0	0
Tuberculosis	1	0	0
Yersiniosis	1	2	3

COVID-19 Pandemic

Coronavirus Disease 2019 (COVID-19) is a new, highly infectious respiratory virus that transmits from person to person; it is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus, COVID-19, was identified in Wuhan, China during December 2019 which quickly spread into a pandemic event (CDC, 2021b). Symptoms range in severity from mild to severe and can appear 2-14 days after exposure. Some common symptoms include:

- Fever or chills
- Cough
- Difficulty breathing
- Fatigue
- Muscle or body aches
- Headache

- New loss of taste or smell
- Sore throat
- Congestion
- Nausea or vomiting
- Diarrhea

Transmission occurs from person to person in three main ways (CDC, 2022d):

- Breathing infected respiratory droplets in the air
- Having infected droplets land in one's eyes, nose, or mouth
- Touching eyes, nose, or mouth with hands that have COVID-19 on them

While social distancing and quarantine protocols were put in place, the worldwide health system was overwhelmed by the number of moderately to severely ill infected patients. As COVID-19 continues to mutate into different strains, often bringing more virulence, the health systems continue to strain under a lack of resources and staffing.

In 2020, the FDA provided emergency use authorization for two mRNA COVID-19 vaccines, the Pfizer-BioNTech and the Moderna, for limited populations based on age and comorbidities. Each vaccine provided success in limiting the severity of the virus and the number of cases. In 2021, a new vaccine was approved under the same emergency use authorization, Janssen/Johnson & Johnson COVID-19 vaccine, again with limitations on individual variables. In 2022, COVID-19 vaccines became available to individuals 6 months and older (Mayo Clinic, 2022).

COVID-19 Case Count

Herkimer County saw consistently lower case counts than other more urban counties in New York State. The lowered population density, compliance with vaccination, compliance with quarantine protocols, and the geographic nature of the county assisted in case counts staying relatively consistent with a larger spike occurring in January 2022. The below graph reflects the 7-day rolling average COVID-19 case counts for Herkimer County from data available on the COVID-19 data tracker (CDC, 2022e).

Herkimer County COVID-19 Cases 7-day Rolling Average
Feb 2020 - Ju6 2022
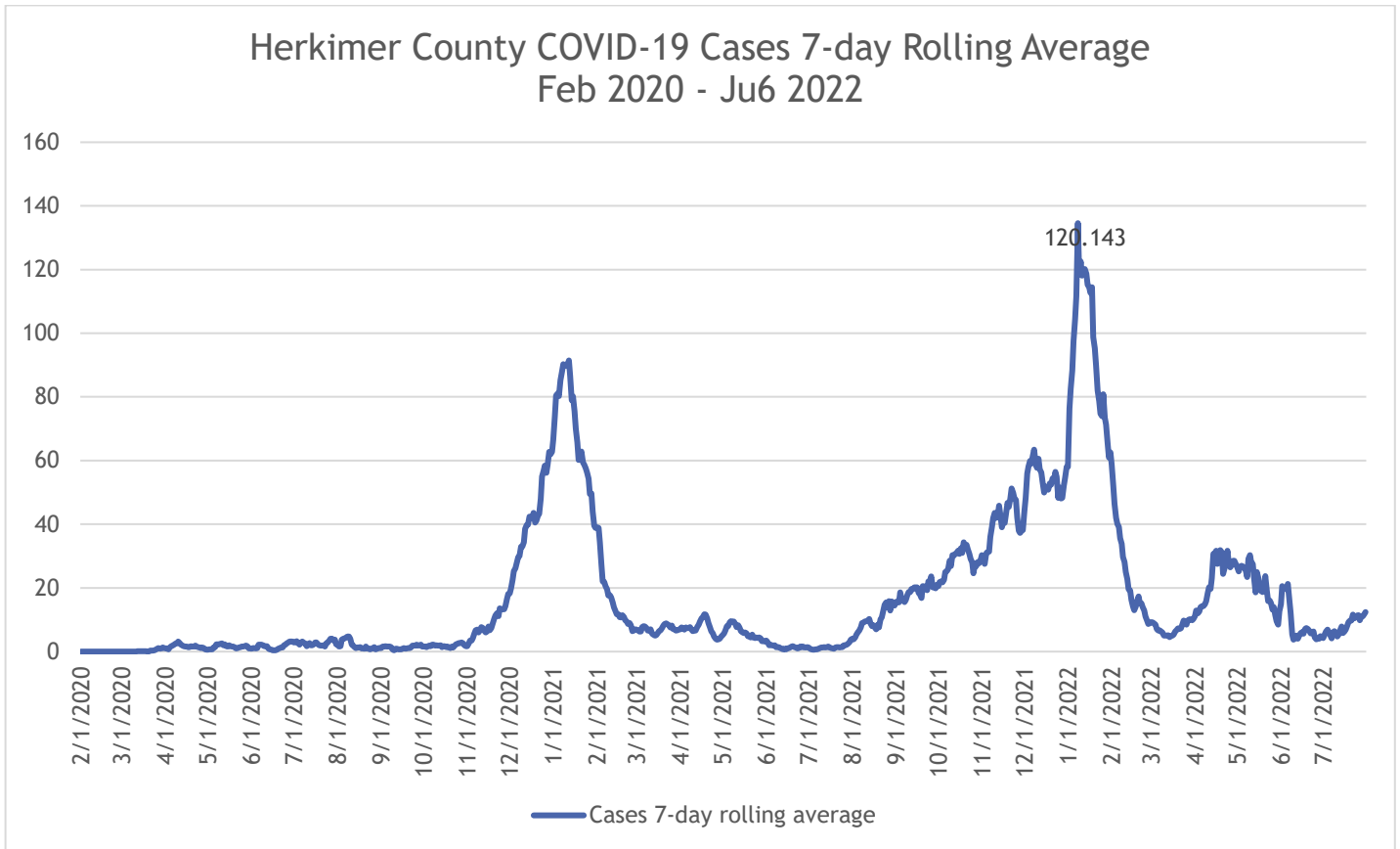
Note: Centers for Disease Control and Prevention (CDC), 7-day Rolling Average Cases (2022)

COVID-19 Community Vulnerability Index (CCVI)

The COVID-19 Community Vulnerability Index (CCVI) assesses how well communities in the United States are prepared to respond to the health, economic, and social consequences of COVID-19. Originally developed by the City of Chicago, the CCVI has evolved for a more generic look at COVID-19 preparedness by evaluating 7 indicators to calculate scoring: Socioeconomic Status, Minority Status & Language, Household & Transportation, Epidemiological Factors, Healthcare System Factors, High-Risk Environments, and Population Density. Scoring is on a scale from 0 to 1; the higher the score, the more vulnerable the area is to the indicator or overall. The CCVI leverages data from the American Community Survey, The US Census, localized county data, CMS, US Bureau of Labor Statistics, Homeland Security ArcGIS, and the CDC Social Vulnerability Index (SVI) (Surgo Ventures, 2020)

When applying the CCVI to Herkimer County, the score shows a Moderate score of 0.56 for Overall Vulnerability. The largest area of concern among the 7 indicators is Healthcare Systems Factors. Reflecting on the town-based data, the CCVI shows that southern areas of the county where there is a high population density scoring as the most risk. The highest areas of vulnerability in Herkimer County are the towns of Norway, Newport, Middlefield, the city of Little Falls, and parts of German Flatts.

Herkimer County

0				1
VERY LOW	LOW	MODERATE	HIGH	VERY HIGH

Indicator	Score
Overall Vulnerability	0.56
Socioeconomic Status	0.41
Minority Status & Language	0.27
Household & Transportation	0.61
Epidemiological Factors	0.48
Healthcare System Factors	0.83
High-Risk Environments	0.64
Population Density	0.50
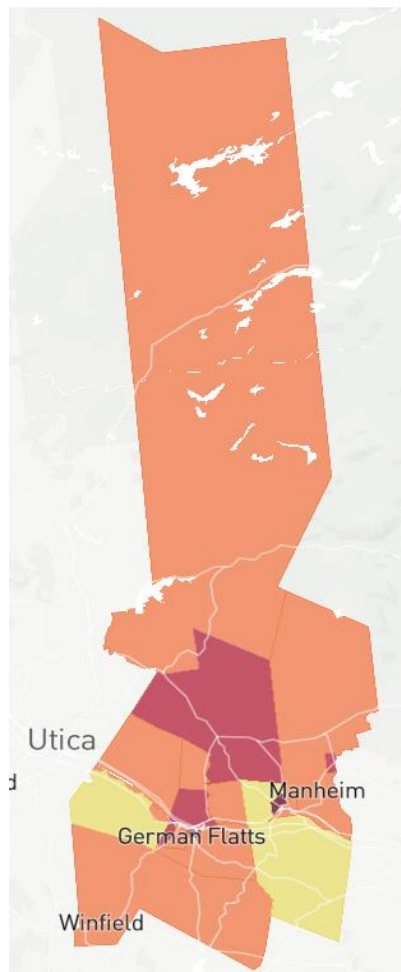
Overall Vulnerability

0	0.2	0.4	0.6	0.8	1.0

NOTE: Surgo Ventures (2022); Precision for COVID - US Data Explorer
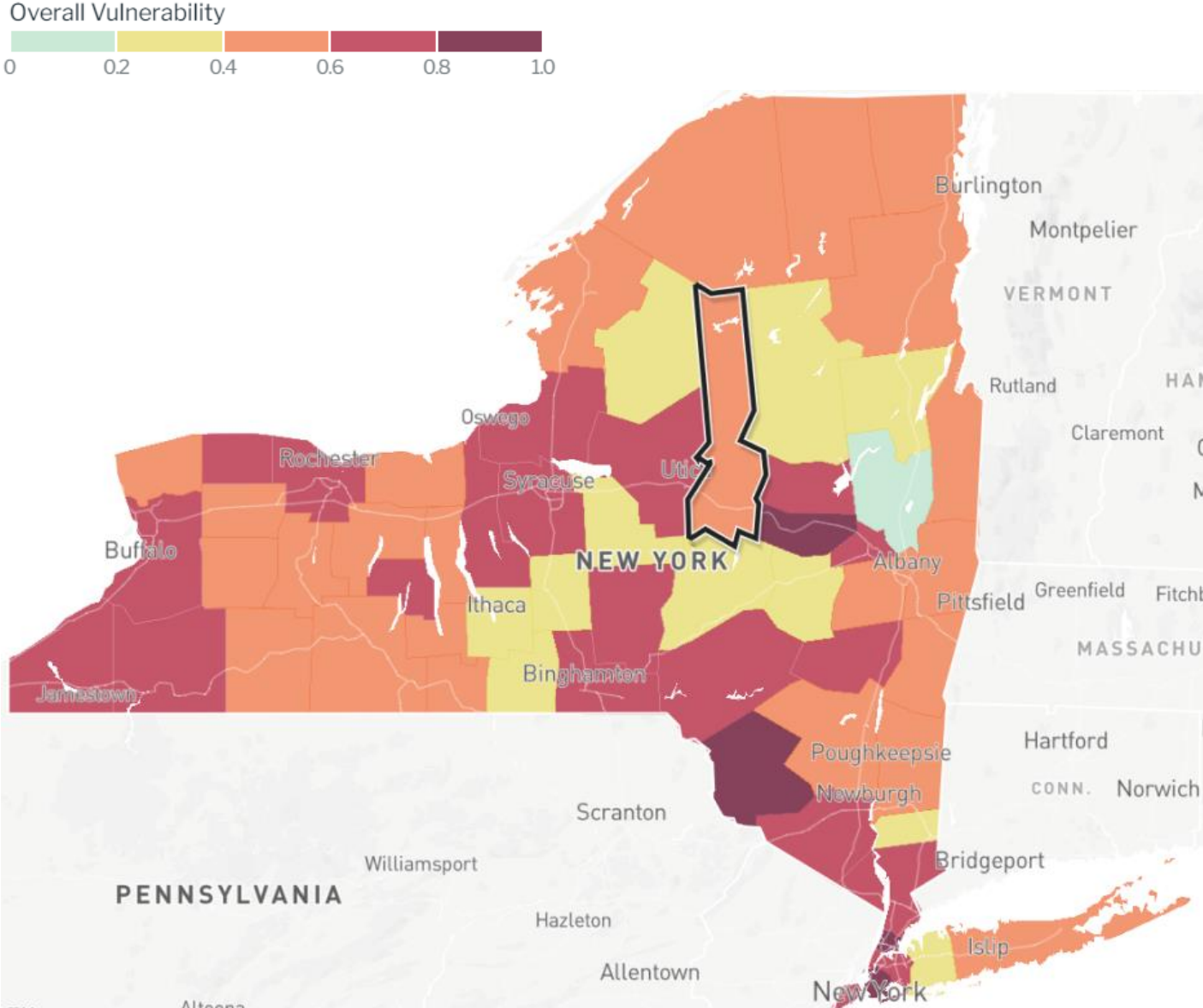
NOTE: Surgo Ventures (2022); Precision for COVID - US Data Explorer

COVID-19 Vaccinations

The COVID-19 vaccine was developed to protect individuals from being infected by COVID-19 or at least reduce the severity of the virus. Currently, those who are ≥ 6 months are approved to be vaccinated, and those ≥ may receive a booster (CDC, 2022d). Overall, Otsego county has a 65.5% of residents who are fully vaccinated (received all vaccines in the series appropriate for the brand), and 62.4% have also received their first booster shot. The New York State resident rate of vaccine compliance is 97.6% (CDC, 2022e).

People Vaccinated	At Least One Dose	Fully Vaccinated	People with a First Booster Dose
Total	40145	36903	20428
% of Total Population	65.5%	60.2%	55.4%
Population ≥ 5 Years of Age	40085	36898	20428
% Population ≥ 5 Years of Age	68.8%	63.3%	55.4%
Population ≥ 12 Years of Age	39000	35898	20365
% Population ≥ 12 Years of Age	73.1%	67.3%	56.7%
Population ≥ 18 Years of Age	36528	33609	19733
% Population ≥ 18 Years of Age	74.9%	68.9%	58.7%
Population ≥ 65 Years of Age	12180	11168	8348
% Population ≥ 65 Years of Age	93.6%	85.8%	74.7%

NOTE: Centers for Disease Control and Prevention (CDC)(2022); COVID-19 Integrated County View

Post-COVID-19 Mobility Changes

As mentioned previously, the introduction of COVID-19 created changes in healthcare and in our social environments. As the world began to shut down and reduce our social movement to reduce the spread of the virus further, our social norms also changed. In the post-climate of COVID-19 emergence, mobility trends continue to show a long-lasting impact on our social movements. Watching mobility trends during and post an emerging disease crisis like COVID-19 can reflect community resilience, health behaviors, and restriction compliance; future policies and program planning would find value in referencing this data.

The below charts reflect regional movement data to various locations. The data was collected by Google from mobile device signals; the baseline of this data is 01/03/2020 – 02/06/2020, with a measurement date of 10/15/2022. Results of the data show that there has been an increase in visiting Retail & Recreation, Grocery & Pharmacy and Transit stations with a decrease in visits to the workplace and other resident homes.

Retail & recreation

+22% compared to baseline

Grocery & pharmacy
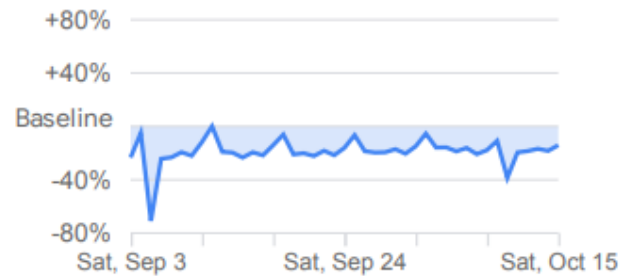
+4% compared to baseline

Transit stations

+36% compared to baseline

Workplaces

-14% compared to baseline

Residential

-1% compared to baseline

NOTE: Google (2022); COVID-19 Community Mobility Report

Policy Environment

The Centers for Disease Control and Prevention (CDC) has stated, "policy interventions are particularly valuable because they are systems-based and can affect population by changing the context in which individuals take action or make decisions." Below are some of the systems-based policies and programs in Herkimer County.

Health Across All Policies

Acknowledging the importance of health in government policies, Herkimer County created a resolution to incorporate health across all county policies. The resolution states, "systematically considers the health implications of decisions made by all government entities regarding public policies; avoid harmful health impacts made by all government entities regarding public policies; avoids harmful health impacts in order to improve population health and health equity; and incorporates health considerations into policies, programs, and initiatives led by non-health agencies."

Age-Friendly County

Herkimer County, NY, has been designated as an Age-Friendly County by the American Association of Retired Persons (AARP). The Age-Friendly County designation is based on the Eight Domains of Livability outlined by the World Health Organization (WHO):

1. Outdoor Spaces and Buildings
2. Transportation
3. Housing
4. Social Participation
5. Respect and Social Inclusion
6. Civic Participation and Employment
7. Communication and Information
8. Community and Health Services

This designation requires an ongoing commitment to the livability domains listed above in all public policies with an increased focus on older adults.

Complete Streets

Herkimer County HealthNet received a grant from the New York State Department of Health, "Creating Healthy Places," from 2010-2015, which addressed the policy environment around healthy eating and physical activity. During the grant period, Herkimer County HealthNet worked with local municipalities to institute Complete Streets poilces. The U.S. Department of Transportation defines Complete Streets as streets that are "designed and operated to enable safe use and support mobility for all users. Those include people of all ages and abilities, regardless of whether they are traveling as drivers, pedestrians, bicyclists, or public transportation riders." The following communities in Herkimer County adopted Complete Street policies: villages of Cold Brook, Dolgeville, Herkimer, Ilion, and Middleville, the city of Little Falls, and the town of Webb.

Farm-to-School

Oneida-Herkimer-Madison Boards of Cooperative Education Services (OHM BOCES) Food Service Program works with Cornell Cooperative Extension Oneida County to bring farm-to-school products to their participating districts. Based on the New York State Department of Agriculture & Markets website, "the New York State Farm to School Program was created to connect local farms and food producers to strengthen local agriculture, improve student health, and promote regional food systems awareness." The following schools in Herkimer County benefit from the OHM BOCES farm-to-school program: Frankfort Schuyler Central School, Herkimer Central School, Mount Markham Central School (West Winfield), Owen D. Young Central School (Jordanville), Poland Central School, and Richfield Springs Central School (located in Otsego County but students from a few outlining villages and towns in Herkimer County also attend).

Tobacco Free Policies

The New York State Department of Health has continued to fund BRiDGES Madison County Council on Alcoholism & Substance Abuse, Inc. to work on tobacco-free policies in Oneida, Madison, and Herkimer counties. One of their projects is smoke-free multi-unit housing. The following buildings have such policies: the housing authorities of Dolgeville, Herkimer, and Little Falls, Nathan Castle Apartments, Prospect Inn Apartments, and buildings owned by Nathan Galinsky and John Guy Prindle. Another project focuses on smoke-free outdoor areas such as; parks, playgrounds, athletic fields, and beaches. Tobaccofreenys.org has a list of the following parks in Herkimer County that are 100% tobacco-free: the towns of Norway, Schuyler, Russia, Warren, and Webb, and the villages of Dolgeville, Frankfort, Herkimer, Ilion, Mohawk, Middleville, and Newport, and the city of Little Falls.

Additional Unique Characteristics of the Community that Contributes to Health Status:

Integrated County Planning

Starting in 1998, Herkimer County developed Integrated County Planning as a collaborative process to prioritize the needs of the community. Representatives from multiple sectors began meeting in January 1999 to respond to those priorities and to assess the needs of the county through a Comprehensive Assessment Task Force. The first Herkimer County Risk Assessment Profile was published in 2000 and is updated every three years to respond to emergent health and human service needs. Beginning with the 2009 profile, the New York State Prevention Agenda is part of its framework.

In 2018, the National Association of Counties (NACo) spotlighted Herkimer County's Integrated County Planning (ICP). In the organization's recognition of Herkimer County, they mentioned ICP's innovative approach to prioritizing the needs of the community across the lifespan. Three main priorities were outcomes of Herkimer County's Risk Profile Assessment. Those priorities included:

- Increasing the availability of quality, affordable childcare
- Increasing the number of children who are ready for kindergarten
- Increasing opportunities for disconnected youth

NACo highlighted the following successes as a result of this work:

- 50 percent reduction in foster care placements and a 70 percent reduction in the use of detention care days for juvenile delinquent youth or Persons in Need of Supervision (PINS)
- Bullying prevention programs, training, and services in all Herkimer County school district
- Over 50 youths involved in juvenile justice or preventive services through the Life Skills Program

Maternal Health Services

Herkimer County's maternal mortality rate is higher than New York State. While women can access prepartum health services in Herkimer County, Herkimer County does not have a delivery hospital within the county limits. Women travel to nearby counties in the Mohawk Valley region to deliver their babies, such as Bassett Medical Center in Otsego, Nathan Littauer Hospital in Fulton, St. Mary's Healthcare in Montgomery, or Mohawk Valley Health System in Oneida. Depending on where they reside, it can be a burden to travel to other counties to deliver.

If the mothers have high-risk pregnancies, those women have fewer options for delivery hospitals and often have to travel to Onondaga or Albany counties, which can be over an hour's drive for residents. According to Herkimer County & Little Falls Hospital, Community Health Needs Assessment 42 to a February 16, 2017 article in Scientific American, "Pregnant women often have to travel an hour or more to deliver in rural America," public mortality data from the U.S. Centers for Disease Control and Prevention, found in 2015 the maternal mortality rate in large metropolitan areas was 18.2 per 100,000 live births, and in most rural areas it was 29.4. The exact causes for this health disparity have not been identified, and further research is being conducted.

<u>System of Care Grant</u>

In September 2019, Herkimer County received a System of Care grant from Substance Abuse and Mental Health Services (SAMHSA) to provide wrap-around services for five corridor schools: Dolgeville, Central Valley (Mohawk and Ilion), Herkimer, Little Falls, and Frankfort, as well as, Herkimer BOCES students attending an all-day program. The grant proposes a three-pronged approach to improve the mental and behavioral health of children; Devereaux Student Strengths Assessment software to interface with SchoolTool, Family School Navigators, and an inventory of services created with the assistance of the Human Resources Planning team utilizing the Results-Based Accountability software.

C. COMMUNITY ASSETS AND RESOURCES

<u>Assets</u>

1. New York State Department of Health prioritizes the significant health needs of all communities across the state through the Prevention Agenda. According to the New York State Department of Health website, "the Prevention Agenda 2019-2024 is New York State's health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and to promote health equity in all populations who experience disparities. In partnership with more than 100 organizations across the state, the Prevention Agenda is updated by the New York State Public Health and Health Planning Council at the request of the Department of Health. This is the third cycle for this statewide initiative that started in 2008. New to this 2019-2024 cycle is the incorporation of a Health Across All Policies approach, initiated in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. It embraces Healthy Aging to support New York's commitment as the first age-friendly state."

2. Bassett Community Health Navigation Case management helps members find housing; obtain funding; connect to primy care, mental health, and substance use disorder providers; schedule transportation, coordinate Health, and Recovery Plan (HARP) services, and enroll in an insurance plan.

3. Catholic Charities of Herkimer County has several programs that address the focus areas of Substance Use Prevention and Recovery Programs, Suicide Prevention, and School-based programming for school-age children, including Life Skills with the Runaway and Homeless Youth Initiative.

4. Cornell Cooperative Extension (CCE) Herkimer County aims to eliminate health disparities through partnerships that put experience and research knowledge to work. CCE strengthens Herkimer County by training and mobilizing volunteer efforts that build caring, productive members of society through youth development, while also serving our aging population.

   In response to growing nutrition insecurity, CCE provides a dynamic infrastructure that supports educational empowerment in nutrition and food security from agricultural expertise to nutrition education delivery in individual and institutional settings. Cornell Cooperative Extension of Herkimer County provides nutrition education that includes physical activity for low-income

populations (including youth and adults) - home visits available for families with children - group work available in community settings and schools.
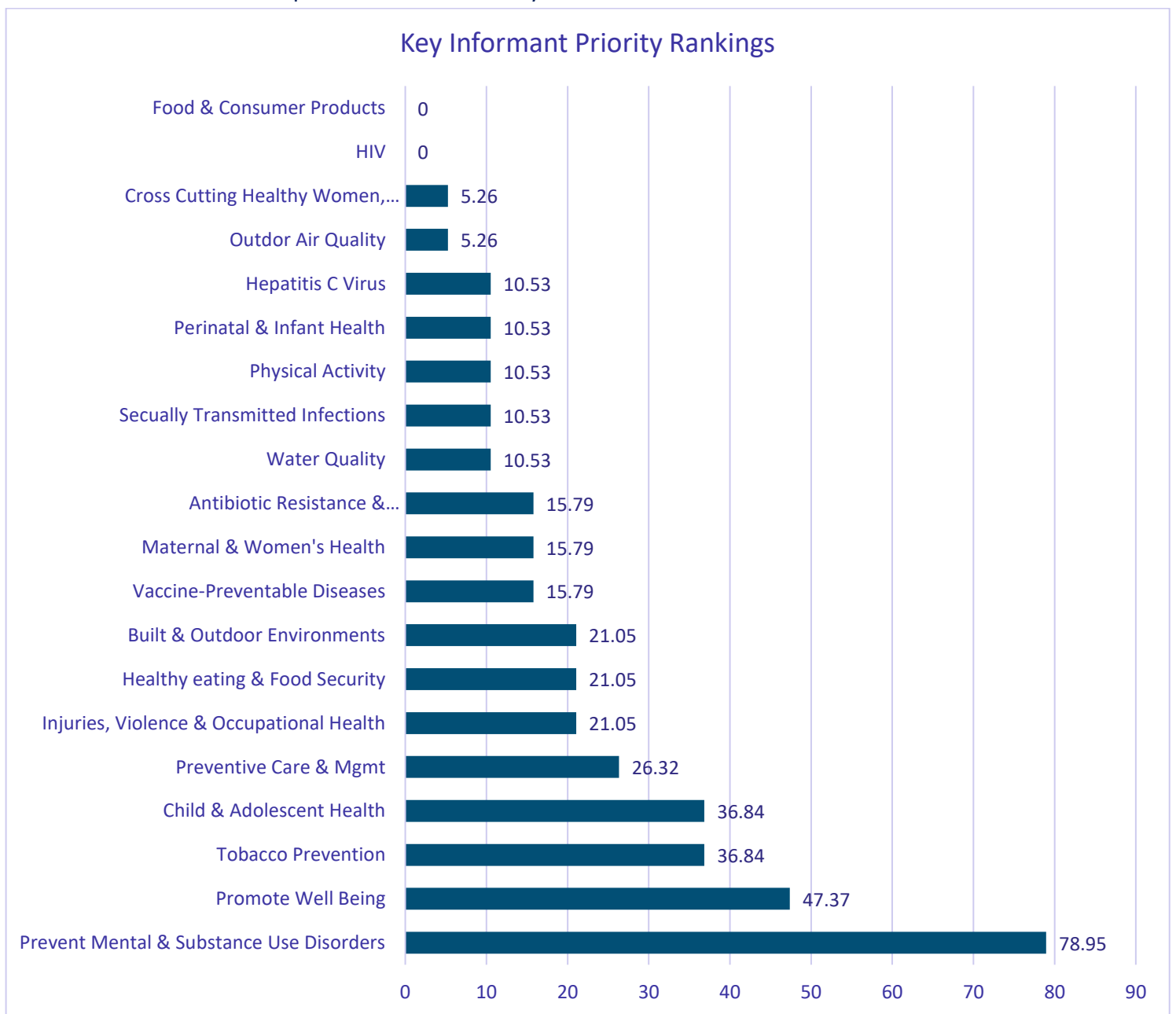
5. Herkimer County HealthNet offers free evidence-based programming for National Diabetes Prevention Program, Diabetes Self-Management, and Chronic Disease Self-Management.

6. Herkimer County offers Economic Assistance for Basic Needs programs such as the Home Energy Assistance Program (HEAP), Temporary Assistance for Needy Families (TANF) and Safety Net, Supplemental Nutrition Assistance Program (SNAP), Nutrition Outreach & Education Program (NOEP), as well as Catholic Charities of Herkimer County Emergency Assistance Program.

Resources

1. United Way's 2-1-1 is an easy-to-remember toll-free telephone number with confidential community referral that connects callers with community-based resources providing food, shelter, rent assistance, clothing, childcare options, and other types of community assistance. Trained referral specialists are available to help individuals. 2-1-1 Resources are also available on the web.
2. The New York State Office of Alcoholism and Substance Abuse Services (OASAS) website has a treatment provider directory search, bed availability dashboard, gambling treatment and prevention, developmental disability services, and resources for providers of clinical screening and assessment services for the impaired driving offender.

3. NY Connects Resource Directory helps individuals connect to services and supports, such as health care, basic needs, consumer services, education, environment, and public safety, income support, and employment, individual and family life, mental health and substance abuse, organizational/community/international services, and criminal justice and legal services or individuals can browse by target populations. NY Connects serves individuals who have specific disabilities, medical diagnoses, ethnic backgrounds, national origins, family relationships, income levels, religious affiliations, special problems or considerations, or other targeted characteristics. They also work to help families, caregivers, and professionals.

4. Eldercare Locator, a public service of the U.S. Administration on Aging, connects individuals to services for older adults and their families on the web. Eldercare also has a toll-free number, 1-800-677-1116.

5. Herkimer County has a directory of local services available on their website at herkimercounty.org.

6. The county has nine community-based food pantries affiliated with the Food Bank of Central New York. Additionally, the State University of New York Herkimer has a food pantry on campus available for students.

7. Meals-on-Wheels, congregate meals, and nutrition counseling is services offered by Herkimer County's Office of the Aging. Meals-on-Wheels is for disabled seniors who are unable to travel due to chronic conditions or temporary disabilities. The county offers congregate meals to any senior, regardless of disability.

D. PRIOR TOPICS: COMMUNITY SERVICE PLAN/COMMUNITY HEALTH IMPROVEMENT PLAN

In the previous cycle of the Community Service Plan/Community Health Improvement Plan, 2019-2021, the Mohawk Valley Population Health Improvement Program (MVPHIP) collaborated with Herkimer County Public Health, Herkimer County Office for the Aging, and Little Falls Hospital to compile a list of key informants. Those key informants represent a broad range of sectors, community interests and include organizations that represent the medically underserved, low-income, and minority populations. The key informants were invited to participate in a data presentation and answer a short survey. During the presentation, the informants had opportunities to discuss the data, reflect on their experiences, and select their top two priorities from the New York Prevention Agenda Action Plan. MVPHIP sent the data presentation and survey to the informants who were unable to attend.

Key Informant Priority Rankings

Category	Value
Food & Consumer Products	0
HIV	0
Cross Cutting Healthy Women,…	5.26
Outdor Air Quality	5.26
Hepatitis C Virus	10.53
Perinatal & Infant Health	10.53
Physical Activity	10.53
Secually Transmitted Infections	10.53
Water Quality	10.53
Antibiotic Resistance &…	15.79
Maternal & Women's Health	15.79
Vaccine-Preventable Diseases	15.79
Built & Outdoor Environments	21.05
Healthy eating & Food Security	21.05
Injuries, Violence & Occupational Health	21.05
Preventive Care & Mgmt	26.32
Child & Adolescent Health	36.84
Tobacco Prevention	36.84
Promote Well Being	47.37
Prevent Mental & Substance Use Disorders	78.95

After reviewing the survey results and determining their ability to impact the focus areas, Little Falls Hospital and Herkimer County Public Health selected the focus areas:

- Promote Well-Being and Prevent Mental and Substance Use Disorders
- Prevent Chronic Diseases
- Promote a Healthy and Safe Environment

Prior Work Plan

NYS Prevention Agenda Priority 2019-2021: Promote Well-Being and Prevent Mental and Substance Use Disorders		
Focus Area 1: Promote Well-Being		
Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan		
Objective: By December 31, 2021, decrease the number of Herkimer County residents reporting 14 or more days with poor mental health in the last month from 19.3% to 18.3%.		
Target Demographic: Older adults 60+ years of age and their caregivers		
Intervention	**Process Measures**	**Partner Roles and Resources**
Integrate social and emotional approaches across the lifespan. Support programs that establish caring and trusting relationships with older people through an intergenerational community setting.	• Educate older adults on existing opportunities to be socially active and connected to the community • Gain approval from the county legislator on establishing an intergenerational community setting in the village of Herkimer or a nearby municipality • Securing a location for an intergenerational community setting	**Herkimer County Health Department** • Establish an intergenerational community setting with the assistance of partners • Health communication awareness campaigns utilizing small media of classes being offered at Little Falls Hospital's Dolgeville Primary Care Community Center and other existing opportunities • Convenes partners monthly to discuss progress on the intergenerational community setting **Herkimer County Office for the Aging** • Educate older adults about the programming offered at the Dolgeville Primary Care's Community Center • Offer evidence-based programs for older adults and their caregivers at existing community spaces **Herkimer County Legislator** • Approval of the intergenerational community setting **Little Falls Hospital** • Provides classroom space at Dolgeville Primary Care's Community Center for other educational and social opportunities
Result: Ongoing effort – all process measures met		

NYS Prevention Agenda Priority 2019-2021: Preventive Chronic Diseases

Focus Area 4: Increase cancer screening rates

Goal 4.1: Increase cancer screening rates for breast, cervical, and colorectal cancer

Objective: By December 31, 2021, increase the percentage of Herkimer County adults (age 50-75) who received a colorectal cancer screening based on the most recent guidelines from 72.5% to 76.1%

Objective: By December 31, 2021, increase the percentage of Herkimer County females who report receiving a mammogram in the past two years based on the most recent guidelines from 79.9% to 83.9%

Target Demographic: Individuals with a low socioeconomic status of less than $25,000 annually

Intervention	Process Measures	Partner Roles and Resources
• Work with health care providers/clinics to put systems in place for patient and provider screening reminders (e.g., letters, postcards, emails, recorded phone messages, EHR alerts). • Conduct one-on-one (by phone or in-person) and group education (presentation or other interactive sessions in a church, home, senior center, or other settings) • Use small media such as videos, printed materials (letters, brochures, newsletters), and health communications to build public awareness and demand. • Work with clinical providers to assess how many of their patients receive screening services and provide feedback on their performance (Provider Assessment and Feedback). • Remove structural barriers to cancer screening, such as providing flexible clinic hours, offering cancer screening in non-clinical settings (mobile mammography vans, flu clinics), offering on-site translation, transportation, patient navigation, and other administrative services. • Ensure continued access to health insurance to reduce economic barriers to screening.	• Number of patients screened • Number of patients referred to the Cancer Services Program or patient navigation • Number of health communication awareness campaigns	**Little Falls Hospital** • Conducts screening within the clinical settings and includes patient reminders • Refers eligible patients to navigation • Plans educational outreach • Quality team to review screening data every month **Herkimer County Public Health Department** • Health communication awareness campaigns utilizing small media • Provides education on available programs such as Cancer Services Program • Convenes partners quarterly to review progress and action planning **Catholic Charities of Herkimer County** • Provides transportation to cancer screenings **Herkimer County Office for the Aging** • Provides transportation to cancer screenings for adults 60 and older and their caregivers **Cancer Services Program of the Central Region** • Offers breast and colorectal screenings for underinsured and uninsured • Provides flexible screening options: screenings can be scheduled on their mobile mammography coach and with their participating providers

Result: Percentage of adults who receive a colorectal cancer screening: 76.5%

Percentage of females who report receiving a mammogram: 73.6%

*The impact of COVID-19 on healthcare resources and travel restrictions limited efforts for preventive screening.

NYS Prevention Agenda Priority 2019-2021: Preventive Chronic Diseases		
Focus Area 1: Injuries, Violence, and Occupational Health		
Goal 1.1: Reduce falls among vulnerable populations		
Objective: By December 31, 2021, decrease the number of Herkimer County residents aged 65+ with at least one fall in the past 12 months from 25% to 23.8% By December 31, 2021, decrease the rate of Herkimer County residents' hospitalizations visits due to falls per 10,000- aged 65+ years from 195.9 to 186.11.		
Target Demographic: Adults 65 and older		
Intervention	**Process Measures**	**Partner Roles and Resources**
• Connect older adults and people with disabilities with evidence-based falls prevention programs such as Tai Chi for Arthritis. • Promote healthcare provider screening for fall risk among older adults and people with disabilities, and engage healthcare clinicians in identifying modifiable risk factors and developing a fall prevention plan of care such as physical or occupational therapy, community-based programs, medication management, Vitamin D supplements, updated eyeglasses and changes to footwear.	• Number of older adults screened for a fall risk • Number of older adults with a fall prevention care plan • Number of referrals to community evidence-based programs • Number of older adults taking classes	**Little Falls Hospital** • Conducts screening within the clinical settings • Creates fall prevention care plans • Provides classroom space for evidence-based falls interventions at the new Dolgeville Primary Care Community Center • Refer patients to community evidence-based programs • Convenes partners quarterly to review progress and action planning **Herkimer County Office for the Aging** • Hosts Tai Chi for Arthritis classes for older adults and their caregivers **Herkimer County Public Health Department** • Health communication awareness campaigns utilizing small media of classes being offered
Result: Decreased the rate of Herkimer County residents' hospitalizations visits due to falls per 10,000- aged 65+ years from 195.9 to 186.11: 170.5 *Results of program showed great success		

E. COMMUNITY SERVICE PLAN (CSP)/COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

In conjunction with the Community Health Needs Assessment (CHNA), organizations must develop a Community Service Plan (CSP), also known as a Community Health Improvement Plan (CHIP). This document will use the term Community Service Plan (CSP).

New York State Prevention Agenda 2019-2024

The Community Service Plan is a comprehensive 3-year plan to address the disparities found in the CHNA through collaborative community health initiatives. Organizations creating the CSP are provided the NYS Prevention Agenda 2019-2024, which is a blueprint for New York State's health improvement plan for state and local action to improve the health and well-being of all New Yorkers and promote health equity across populations who experience disparities. The blueprint provides acceptable priority areas to focus on based on the evidence found.

There are five main priority areas in the NYSDOH Prevention Agenda 2019-2024.

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

Of the Priority areas, there are associated Focus Areas and Goals; see the below table for a list of those associated items.

NYS Prevention Agenda 2019-2024 Priorities, Focus Areas and Goals	
Priority Area: Prevent Chronic Diseases	**Focus Area 1: Healthy Eating and Food Security**
	Overarching Goal: Reduce obesity and the risk of chronic diseases
	Goal 1.1: Increase access to healthy and affordable foods and beverages
	Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices
	Goal 1.3: Increase food security
	Focus Area 2: Physical Activity
	Overarching Goal: Reduce obesity and the risk of chronic diseases
	Goal 2.1: Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities
	Goal 2.2: Promote school, child care, and worksite environments that support physical activity for people of all ages and abilities
	Goal 2.3: Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity
	Focus Area 3: Tobacco Prevention
	Goal 3.1: Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products (electronic cigarettes and similar
	Goal 3.2: Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use, including low SES; frequent mental distress/substance use disorder; LGBT; and disability
	Goal 3.3: Eliminate exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products
	Focus Area 4: Preventive Care and Management
	Goal 4.1: Increase cancer screening rates for breast, cervical, and colorectal cancer
	Goal 4.2: Increase early detection of cardiovascular disease, diabetes, prediabetes, and obesity
	Goal 4.3: Promote the use of evidence-based care to manage chronic diseases
	Goal 4.4: Improve self-management skills for individuals with chronic conditions
Priority Area: Promote a Healthy and Safe Environment	**Focus Area 1: Injuries, Violence and Occupational Health**
	Goal 1.1: Reduce falls among vulnerable populations
	Goal 1.2: Reduce violence by targeting prevention programs particularly to highest risk populations
	Goal 1.3: Reduce occupational injuries and illness
	Goal 1.4: Reduce traffic related injuries for pedestrians and bicyclists
	Focus Area 2: Outdoor Air Quality
	Goal 2.1: Reduce exposure to outdoor air pollutants
	Focus Area 3: Built and Indoor Environments
	Goal 3.1: Improve design and maintenance of the built environment to promote healthy lifestyles, sustainability, and adaptation to climate change
	Goal 3.2: Promote healthy home and school environments
	Focus Area 4: Water Quality
	Goal 4.1: Protect water sources and ensure quality drinking water
	Goal 4.2: Protect vulnerable waterbodies to reduce potential public health risks associated with exposure to recreational water
	Focus Area 5: Food and Consumer Products
	Goal 5.1: Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure
	Goal 5.2: Improve food safety management

	Focus Area 1: Maternal & Women's Health
Priority Area: Promote Healthy Women, Infants and Children	Goal 1.1: Increase use of primary and preventive health care services by women of all ages, with a focus on women of reproductive age
	Goal 1.2: Reduce maternal mortality and morbidity
	Focus Area 2: Perinatal & Infant Health
	Goal 2.1: Reduce infant mortality and morbidity
	Goal 2.2: Increase breastfeeding
	Focus Area 3: Child & Adolescent Health
	Goal 3.1: Support and enhance children and adolescents' social-emotional development and relationships
	Goal 3.2: Increase supports for children and youth with special health care needs
	Goal 3.3: Reduce dental caries among children
	Focus Area 4: Cross Cutting Healthy Women, Infants, & Children
	Goal 4.1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child health populations
Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders	**Focus Area 1: Promote Well-Being**
	Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan
	Goal 1.2: Facilitate supportive environments that promote respect and dignity for people of all ages
	Focus Area 2: Prevent Mental and Substance Use Disorders
	Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults
	Goal 2.2: Prevent opioid and other substance misuse and deaths
	Goal 2.3: Prevent and address adverse childhood experiences (ACEs)
	Goal 2.4: Reduce the prevalence of major depressive disorders
	Goal 2.5: Prevent suicides
	Goal 2.6: Reduce the mortality gap between those living with serious mental illness and the general population
Priority Area: Prevent Communicable Diseases	**Focus Area 1: Vaccine-Preventable Diseases**
	Goal 1.1: Improve vaccination rates
	Goal 1.2: Reduce vaccination coverage disparities
	Focus Area 2: Human Immunodeficiency Virus (HIV)
	Goal 2.1: Decrease HIV morbidity (new HIV diagnoses)
	Goal 2.2: Increase viral suppression
	Focus Area 3: Sexually Transmitted Infections (STIs)
	Goal 3.1: Reduce the annual rate of growth for STIs
	Focus Area 4: Hepatitis C Virus (HCV)
	Goal 4.1: Increase the number of persons treated for HCV
	Goal 4.2: Reduce the number of new HCV cases among people who inject drugs
	Focus Area 5: Antibiotic Resistance and Healthcare-Associated Infections
	Goal 5.1: Improve infection control in healthcare facilities
	Goal 5.2: Reduce infections caused by multidrug resistant organisms and C. difficile
	Goal 5.3: Reduce inappropriate antibiotic use

Note: New York State Prevention Department of Health (2021); The New York State Prevention Agenda 2019-2024

1. Identification of Priorities

A crucial part of assessing the health of our communities is not only collecting objective data but also subjective perceptions of the county's health status from the community member and stakeholders. The Herkimer County Community Health Needs Assessment leveraged electronic surveys targeted at community members and stakeholders. A web link and QR code were distributed through email and mailed postcards inviting participants to participate.

Community Engagement Survey

The Community Engagement (CE) survey was distributed through email, social media, and mailed postcards. In addition, an in-person focus group was conducted in the Old Forge library on July 19, 2022, where the survey was a focus of discussion. The location of the survey was chosen based on location and perceived isolation from county (and state) services.

The CE survey was available to the public from June 29, 2022, and closed end of the day on August 6, 2022. Attachment A represents a copy of the survey. A total of 662 individuals responded to the CE survey providing a 1.39% response rate (Population: 47,710, 18 years of age ≤). Outside of verifying the county of residence, no question was required, any question could be left blank, and all surveys were collected anonymously.
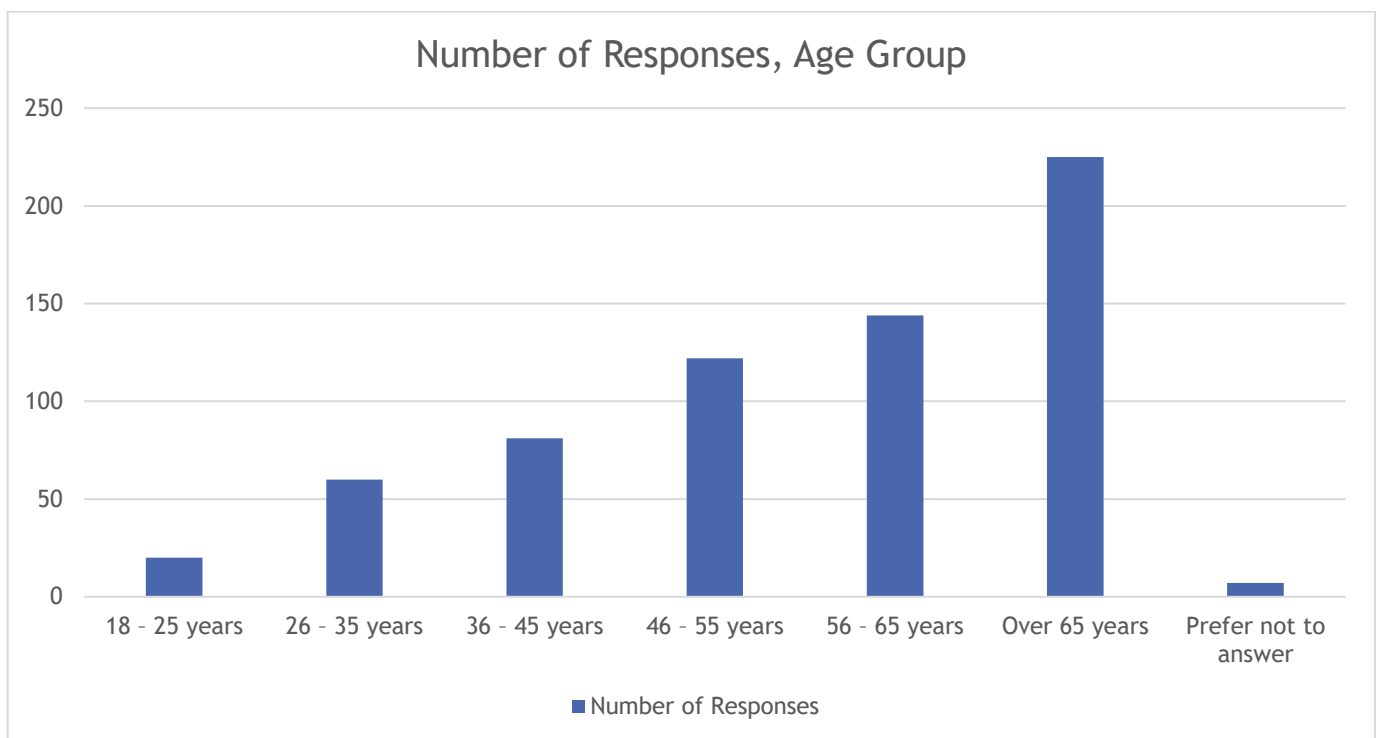
Respondent Demographics

Representation was provided for each town in the county. Below are the responses and % of the town that is represented. Town populations and rates are calculated from the Sub-county Resident Population Estimates, Census 2019.

Town	Responses	2019 Population	% of Town Population
Webb	84	1782	4.7%
Russia	5	2497	0.2%
Stark	9	711	1.3%
Norway	5	748	0.67%
Salisbury	11	1861	0.59%
Newport	13	1616	1.4%
Warren	4	1087	0.37%
Fairfield	10	1522	0.66%
Schuyler	11	3311	0.33%
Herkimer	125	7262	1.72%
Winfield	29	855	3.4%
Manheim	44	3166	1.4%
Frankfort	48	7227	0.67%
Little Falls	100	4637	2.2%
Columbia	18	1510	1.2%
German Flatts	119	12442	0.96%
Danube	7	1020	0.69%
Litchfield	2	1461	0.14%
Ilion	2	7668	0.026%

Respondent age groups are relatively consistent with the overall age group presence in the county, with the largest population being the over 65 years of age population.

Age Group	Number of Responses	% of Responses
18 – 25 years	20	3.04%
26 – 35 years	60	9.11%
36 – 45 years	81	12.29%
46 – 55 years	122	18.51%
56 – 65 years	144	21.85%
Over 65 years	225	34.14%
Prefer not to answer	7	1.06%

Respondent rates related to race and ethnicity were also consistent with the overall demographics of Herkimer County; the vast majority of respondents were white, non-Hispanic.

Race	Number of Respondents
White	621
Native American or Alaska Native	5
African American/Black	3
Native Hawaiian or Pacific Islander	0
Asian	2
Multiple Races	8
Prefer not to answer	18
Don't know	1

Ethnicity	Number of Respondents
Hispanic or Latino	11
Not Hispanic or Latino	567
Don't know	16
Prefer not to Answer	48

The gender of respondents were predominantly female.

Gender	Number of Respondents
Female	450
Male	199
Gender nonconforming	1
Transgender Female	0
Transgender Male	0
Genderqueer/Non-binary	1
Prefer not to answer	5
Don't know	0
Other	0

A majority of respondents have at least a High school degree or GED, with a large number having completed a college degree.

Highest level of Education	Number of Respondents
Less than high school	8
High school graduate or GED	130
Some college, no degree	120
2-year college degree	110
4-year college degree	134
Graduate degree	146
Trade school	23
Prefer not to answer	4

Healthy Community

Respondents were asked to pick the top five most important features of a healthy community; below is a list of the top five of those responses. There were 7 individuals who left this question blank.

Community feature	%, Responses
Access to healthcare (family doctor, hospitals, etc.)	65.5%
Healthy and affordable foods close to where you live	53.4%
Low crime rates	51.8%
A clean environment (no pollution/trash in public spaces, including parks, playgrounds, and lakes)	48.9%
Safe and affordable housing	38.1%

Current Problems

Respondents were asked to pick the top five health problems in their community. The below table represents the top five of those responses; 19 individuals left this question blank.

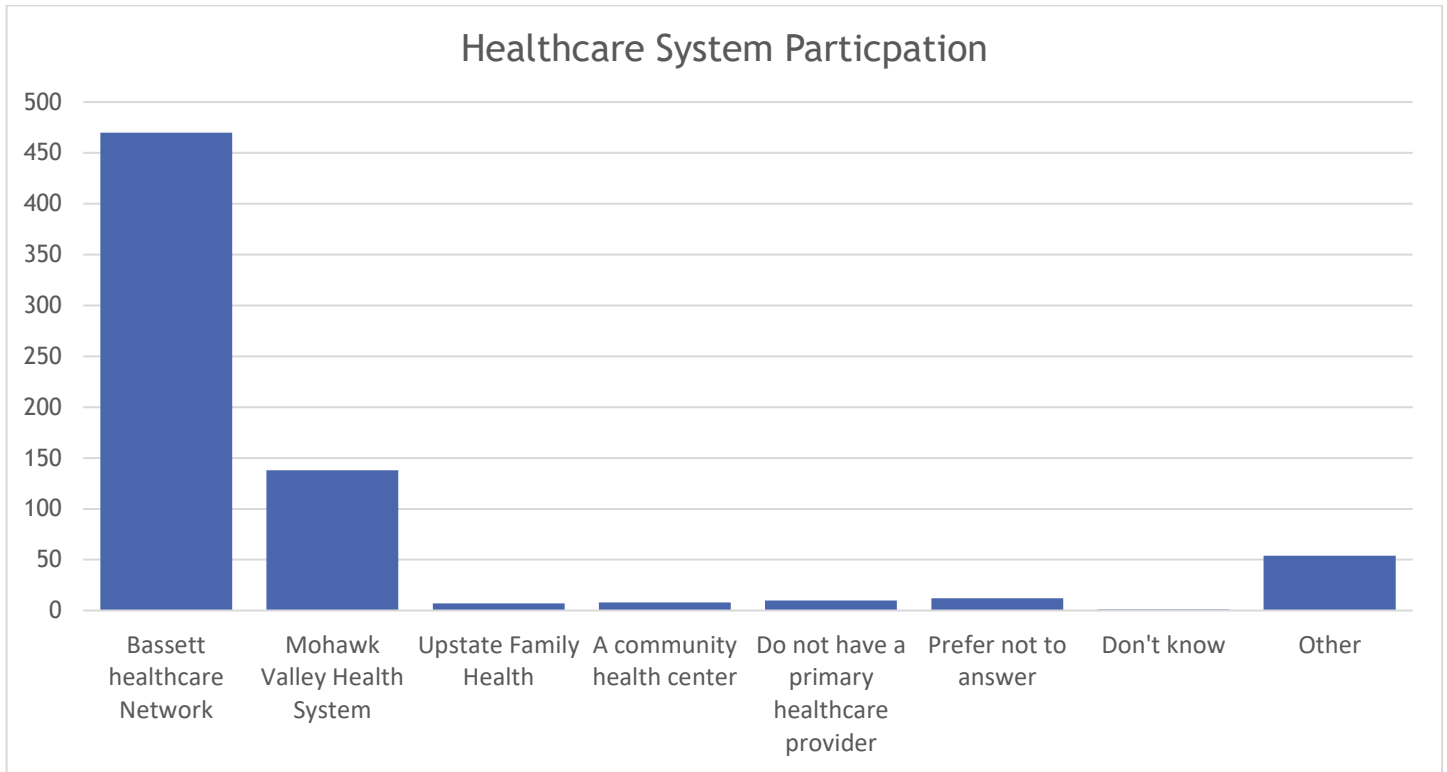| Health Problems	%, Responses
Mental health issues	62.5%
Obesity in adults	57.1%
Addiction to alcohol or drugs	50.2%
Heart disease and stroke	41.2%
Diabetes	40.4%

Health Behavior/Social factors

Respondents were asked to pick the top five health behaviors or social factors in their community that are impacting health. The below table represents the top five of those responses; 18 individuals left this question blank.

Health behavior/Social factor	%, Responses
Illegal drug use	60.7%
Unhealthy eating	53.0%
Abuse (emotional/physical/sexual)	44.3%
Not enough physical activity	40.5%
Texting and driving	36.5%

Healthcare System

The final series of questions revolved around the respondent's experiences in the healthcare system(s) they participate with.

Of those that responded (18 did not), 73.0% received primary care from the Bassett Healthcare Network. A majority of those who replied "Other" stated they were patients of the Veterans Affairs (VA) health system.

Healthcare System Particpation

Health System Issues

Respondents were asked to pick the top five issues they believe are the biggest problems for Herkimer County. The below table represents the top five of those responses; 25 individuals left this question blank.

Health System Problems	%, Responses
High cost of healthcare	63.7%
High cost of prescription medications	60.1%
Access to mental health services	54.9%
Access to a regular doctor or health care provider	40.0%
Access to a dentist	39.1%

Difficulty or not getting to a medical appointment due to:

Respondents were asked to report their difficulties or reason for not getting to a medical appointment in the last three years. The below table represents the top five of those responses; 120 individuals left this question blank.

Medical Appt Difficulties	%, Responses
Lack of available providers (not accepting patients)	51.7%
Fear of COVID exposure	35.4%
Office hours	31.7%
Location	29.9%
Delay because COVID testing is required first	28.6%

Feeling like your provider:

Respondents were asked to report their's or their family's experiences with providers in the last three years. The below table represents the top five of those responses; 289 individuals left this question blank.

Provider Experience	%, Responses
Not listening	44.0%
Not spending enough time with patients	42.9%
Does not understand you or your experience	41.3%
Not providing continuous care from the same provider at each visit	38.1%
Judging patients (stigma or discrimination)	23.6%

Reasons for difficulty seeking care:

Respondents were asked to report their's or their family's difficulty seeking medical care in the last three years. This question was left blank by 208 individuals. One answer had a significantly higher response than any other answer; 71.8% of respondents reported: "too long of a wait to get an appointment".

Focus Group Feedback

Positive County Attributes

- Good schools
- Low crime
- Volunteer network
- Plenty of libraries and parts
- Plenty of pharmacies
- High level of civic participation

Challenging County Attributes

- Food insecurity (access and cost)
- Limited access to mental health
- Limited housing
- Low healthcare infrastructure
- Poor telecommunication infrastructure
- No public transportation
- Aging volunteer pool
- Limited access to emergency service staff (fire, police, EMS)

Stakeholder Survey

The Stakeholder survey was developed to get the perceived problems/barriers to health equity in Herkimer County in addition to potentially identifying partners for interventional work to address target concerns.

The Stakeholder survey was distributed through email and social media. The Stakeholder survey was available to the public from July 11, 2022, and closed end of the day on August 7, 2022. Attachment B represents a copy of the survey. A total of 17 individuals responded to the Stakeholder survey; no question was required, any question could be left blank, and all surveys were collected anonymously.

Stakeholder Survey Demographics

Job/Title	%, Respondents	
Direct Service Staff	25.0%	
Program/Project Manager	37.5%	
Other	37.6%	Physician Assistant (PA) Commissioner Executive Director Director Superintendent of Schools Strategic Planning Coordinator

Community Sector (Agency)	%, Respondents	
Housing	6.3%	
College/University	6.3%	
Law enforcement/Corrections	6.3%	
Emotional, Behavioral Health provider	6.3%	
Early Childhood	18.8%	
School (K-12)	25%	
Faith-based	6.3%	
Social Services	12.5%	
Food/Nutrition	12.5%	
Substance Use, Prevention, education, Treatment, Recovery	18.8%	
Civic Association	6.3%	
Transportation	6.3%	
Other	6.3%	Non-profit Community-Based Organization

Health Priorities, Concerns, and Factors

The Prevention Agenda 2019-2024 is New York State's health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and promote health equity across populations who experience disparities. In partnership with more than 100 organizations across the state, the Prevention Agenda is updated by the New York State Public Health and Health Planning Council at the request of the Department of Health. This is the third cycle for this statewide initiative that started in 2008.

The Prevention Agenda 2019-2024 has five priorities with priority-specific action plans developed collaboratively with input from community stakeholders.

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

As mentioned, the goal of this survey was to identify areas of concern, disparate populations, and potential partners. The next few sections asked respondents to pick goals (3 for each priority area) of the Prevention Agenda that they or their organization would be able to assist with.

Prevent Chronic Disease

Goal	%, Assist
Increase access to healthy and affordable foods	**50.0%**
Increase knowledge to support healthy food and beverage choices	31.3%
Increase food security	**37.5%**
Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities	31.3%
Promote school, childcare, and worksite environments that increase physical activity	**56.3%**
Increase access to indoor and/or outdoor places for physical activity for people of all ages and abilities	6.3%
Prevent initiation of tobacco use	18.8%
Promote tobacco use cessation	12.5%
Eliminate exposure to secondhand smoke	6.3%
Increase cancer screening rates	0%
Early detection of cardiovascular disease, diabetes, prediabetes, and obesity	6.3%
Promote evidence-based care to prevent and manage chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity	6.3%
Improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity	12.5%

Promote a Healthy and Safe Environment

Goal	%, Assist
Reduce falls among vulnerable populations	6.3%
Reduce violence by targeting prevention programs, particularly for highest risk populations	**81.3%**
Reduce occupational injury and illness	25.0%
Reduce traffic-related injuries for pedestrians and bicyclists	6.3%
Reduce exposure to outdoor air pollutants	0.0%
Promote a healthy home and school environment	**93.8%**
Protect water sources and ensure quality drinking water	0.0%
Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure (food-water-air)	25.0%
Improve food safety management	**37.5%**

Promote Healthy Women, Infants, and Children

Goal	%, Assist
Increase the use of primary and preventive health care services among women of all ages, with a special focus on women of reproductive age	26.7%
Reduce maternal mortality & morbidity	6.7%
Reduce infant mortality & morbidity	20.0%
Increase breastfeeding	13.3%
Support and enhance children/adolescents' social-emotional development and relationship	**73.3%**
Increase supports for children and youth with special health care needs	**73.3%**
Reduce dental caries among children	33.3%
Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations	**60.0%**

Promote Well-Being and Prevent Mental and Substance Use Disorders

Goal	%, Assist
Facilitate supportive environments that promote respect and dignity for people of all ages	**75.0%**
Prevent opioid and other substance misuse and deaths	25.0%
Prevent and address adverse childhood experiences (ACES)	**68.8%**
Reduce the prevalence of major depressive disorders	31.3%
Prevent suicides	**68.8%**
Reduce the mortality gap between those living with serious mental illness and the general population	6.3%

Prevent Communicable Disease

Goal	%, Assist
Increase education and outreach for improving overall immune health (preventive hygiene, clean diet, clean water, supportive nutritional supplementation)	**100%**
Decrease HIV morbidity (new HIV diagnoses)	0.0%
Increase viral suppression (environmental hygiene practices)	**23.1%**
Reduce the annual rate of growth for STIs	**23.1%**
Increase the identification of persons with Hepatitis C Virus (HCV) for treatment	**23.1%**
Reduce the number of new HCV cases among people who inject drugs	7.7%
Improve infection control in healthcare facilities	**23.1%**
Reduce infections caused by multidrug-resistant organisms and C. difficile	0.0%
Reduce inappropriate antibiotic use (humans and livestock food sources)	0.0%
Improve vaccination rates	**38.5%**

Available Resources

Respondents were asked to identify what type of assets/resources their organization can contribute toward achieving their selected goals. This question assisted in choosing primary goals and aligning appropriate stakeholders.

Resources	%, Available
Provide subject-matter knowledge and expertise	58.5%
Provide knowledge of and/or access to potential sources of funding (grants, philanthropy)	23.5%
Facilitate access to committees, work groups, and coalitions currently working to achieve the selected goals	58.8%
Participate in committees, workgroups, and coalitions to help achieve the selected goals	70.6%
Share knowledge of community resources (e.g. food, clothing, housing, transportation, etc.)	64.7%
Facilitate access to populations your organization/agency serves (to encourage participation in programs, and provide feedback about health improvements)	58.8%
Promote health improvement activities/events through social media and other communication channels your organization/agency operates	58.8%
Share program-level data to help track progress in achieving goals	17.6%
Provide in-kind space for health improvement meetings/events	47.1%
Offer periodic organizational/program updates to community stakeholders	17.6%
Provide staff time to help conduct goal-related activities	11.8%
Provide letters of support for planned health improvement activities	41.2%
Sign partnership agreements related to community-level health improvement efforts	35.3%
Assist with data analysis	17.6%
Offer health related-educational materials	41.2%
Other	0.0%

Interested in Being Contacted

Of the 17 Individuals representing stakeholders, 70.6% (12) stated they would like to be contacted, and 29.4% (5) stated they would not like to be contacted.

Health Concerns

Stakeholder respondents were asked to identify five health concerns affecting Herkimer County. The highest percentage of responses all fell into a theme regarding mental health, highlighting the very low infrastructure for mental health services.

Health Concern: Chronic Conditions	%, Response
Alzheimer's disease/dementia	11.8%
Arthritis	0.0%
Autism	11.8%
Cancers	11.8%
Diabetes	5.9%
Disability	5.9%
Heart Disease	17.6%
High Blood Pressure	5.9%
Overweight or obesity	23.5%
Respiratory disease	5.9%

Health Concern: Communicable Disease	%, Response
Infectious disease	0.0%
Hepatitis C	0.0%
Sexually Transmitted Infections	0.0%
Insect related disease	0.0%
HIV/AIDS	0.0%

Health Concern: General Health	%, Response
Infant/ child/adolescent physical health	17.6%
Senior health	23.5%
Infant/ child/adolescent emotional health	**64.7%**
Maternal health	5.9%
LGBTQ health	5.9%
Dental health	11.8%

Health Concern: Socio-economic	%, Response
Adverse childhood experiences	**52.9%**
Hunger	5.9%
Social connectedness	**29.4%**
Unintended teen pregnancy	0.0%

Health Concern: Safety	%, Response
Violence (assault, firearm related)	0.0%
Exposure to air and water pollutants/hazardous material	5.9%
Motor vehicle safety (impaired/distracted driving)	0.0%
Food safety	0.0%
Falls	0.0%
Pedestrian/bicyclist accidents	0.0%
Domestic Abuse/violence	11.8%
Sexual assault/rape	0.0%
Drinking water quality	11.8%
Emergency services	5.9%

Health Concern: Mental Health/ Substance Use	%, Response
Mental Health conditions	**64.7**
Suicide	17.6
Prescription drug abuse	17.6
Street substance abuse	**41.2**
Underage drinking/excessive adult drinking	5.9
Tobacco use/nicotine addiction (Smoking/vaping/chewing)	5.9

Health Factors

Stakeholder respondents were also asked to identify five health factors contributing to the health concerns they chose.

Health Factors: Access	%, Response
Lack of dental/oral care services	11.8%
Problems with internet access	17.6%
Lack of education, vocational, or job-training options for adults	23.5%
Lack of opportunities for people with physical limitations or disabilities to attain health	5.9%
Lack of employment options	17.6%
Lack of substance use disorder services	29.4%
Lack of health insurance	0.0%
Poor access to healthy food and beverage options	11.8%
Lack of chronic disease screening, treatment, and self-management services	0.0%
Poor access to public places for physical activity and recreation	23.5%
Poor referral to health care, specialty care, and community-based support services	11.8%
Lack of preventive/primary healthcare services (screenings, annual check-ups)	11.8%
Lack of specialty care and treatment	29.4%

Health Factors: Socio-economic	%, Response
Age of residents	5.9%
Changing family structures	35.3%
Discrimination/racism	5.9%
Food insecurity	0.0%
Health care costs	11.8%
Homelessness	23.5%
Lack of connections in the community	35.3%
Shortage of childcare options	5.9%
Lack of cultural and enrichment programs	0.0%
Inadequate/unaffordable housing options	47.1%
Lack of social support for the community	29.4%
Poor educational attainment	23.5%
Poor community engagement and connectivity	11.8%
Unemployment/low wage	11.8%
Transportation problems	35.3%
Poverty	52.9%
Quality of schools	5.9%
Low health literacy (inability to understand health information	23.5%

Health Factors: Safety	%, Response
Crime/violence	5.9%
Poor infrastructure (roads, bridges, etc.)	5.9%
Domestic violence and abuse	11.8%
Environmental quality	0.0%
Exposure to secondhand smoke from tobacco products or e-cigarettes (vape)	0.0%
Community walkability	0.0%

Health Factors: Self-Care/Mental Health/Addiction Issues	%, Response
Inadequate physical activity	0.0%
Inadequate sleep	0.0%
Late or no prenatal care	0.0%
Poor eating/dietary practices	0.0%
Excessive screen time	11.8%
Stress (work, family, school, etc.)	29.4%
Addition to alcohol	11.8%
Addiction to illicit drugs	35.3%
Addiction to nicotine	5.9%

Social Determinants of Health (SDOH)

Evaluating the county that their organization serves, respondents were asked to rate the SDOH domains on the impact of the community on a scale of 1 (very little) to 5 (a lot).

Education Access and Quality

Total Responses	Unique responses	Missing Response	Sum	Mean	Median	Mode
17	5	0	48	2.82	3	3

	Response: 1	Response: 2	Response: 3	Response: 4	Response: 5
Instances	4	2	6	3	1

Social and Community Context

Total Responses	Unique responses	Missing Response	Sum	Mean	Median	Mode
17	4	0	45	2.65	3	3

	Response: 1	Response: 2	Response: 3	Response: 4	Response: 5
Instances	1	5	10	1	0

Health Care Access and Quality

Total Responses	Unique responses	Missing Response	Sum	Mean	Median	Mode
17	4	0	46	2.71	3	3

	Response: 1	Response: 2	Response: 3	Response: 4	Response: 5
Instances	2	5	8	0	2

Economic Stability

Total Responses	Unique responses	Missing Response	Sum	Mean	Median	Mode
16	5	1	38	2.375	2	3

	Response: 1	Response: 2	Response: 3	Response: 4	Response: 5
Instances	4	5	5	1	1

Neighborhood and Built Environment

Total Responses	Unique responses	Missing Response	Sum	Mean	Median	Mode
15	5	2	40	2.67	3	3

	Response: 1	Response: 2	Response: 3	Response: 4	Response: 5
Instances	2	5	5	2	1

Populations with Poor Outcomes

The final question requested the respondents to identify which populations their organization serves have the poorest health outcomes. About half of the respondents believed individuals living with mental health issues were of the poorest health outcomes in Herkimer County, NY.

Population	%, Response
Specific racial or ethnic groups	0.0%
Individuals living with mental health issues	**47.1%**
Children/adolescents	5.9%
Individuals living in rural areas	17.6
Females of a reproductive age	5.9%
Migrant workers	5.9%
Seniors/elderly	17.6%
Individuals with disability	0.0%
Other	0.0%

Other Comments: Improving Community Well-being

"Transportation is an issue for folks needing to access care"

"Generational poverty is the cornerstone of the disparities seen in Herkimer County. Additionally, the deplorable educational opportunities offered and the inexcusable lack of support and educational promotion among school administrations create barriers, no completely prevents, youth from breaking the cycle."

"better mental health and addiction support"

2. Social Determinants of Health Summary

Health Equity

A large part of a healthy community is dependent on the presence of a health equity culture focusing on Social Determinants of Health (SDOH).

<u>Health Equity</u>

Health equity is an ideal or goal for every individual to have an equal opportunity to attain their full health potential. While not everyone has the potential to achieve the same level of health, no person is disadvantaged due to social position or circumstances (CDC, 2022d); some of the social circumstances related to health are referred to as Social Determinants of Health (SDOH).
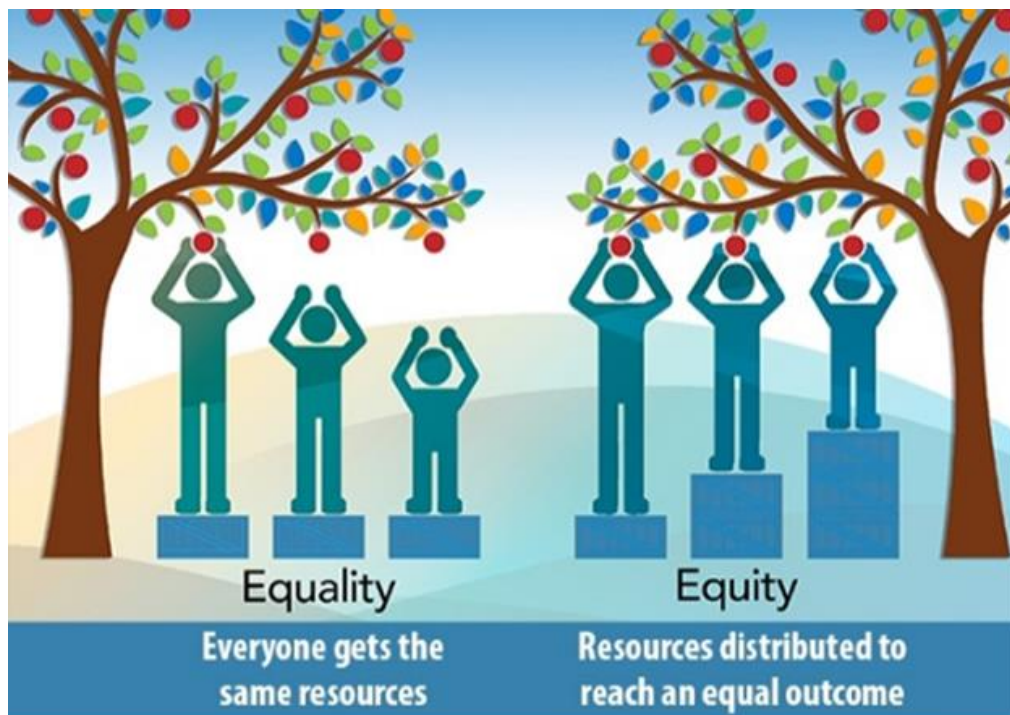
NOTE: Institute for Social Change (2014); Equality vs. Equity

Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH) are "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (HealthyPeople2030, 2022). There are five domains of SDOH:

Healthcare Access and Quality
- Access to health care
- Access to primary care
- Access to dental care
- Access to mental health
- Health coverage
- Health literacy
- Quality of care
- Provider cultural and linguistic competency

Neighborhood and Built Environment
- Community planning (walkability)
- Access to healthy food
- Crime & Violence
- Quality of housing
- Cost of housing
- Access to transportation (public or personal)
- Environmental conditions

Social and Community Context
- Social isolation
- Civic participation
- Social cohesion
- Social acceptance
- Population density

Education Access and Quality
- Early childhood education and development
- Access to education
- Language and literacy
- High school graduation
- Quality of education

Economic Stability
- Socio-economic status (SES)
- Employment
- Food insecurity
- Housing instability
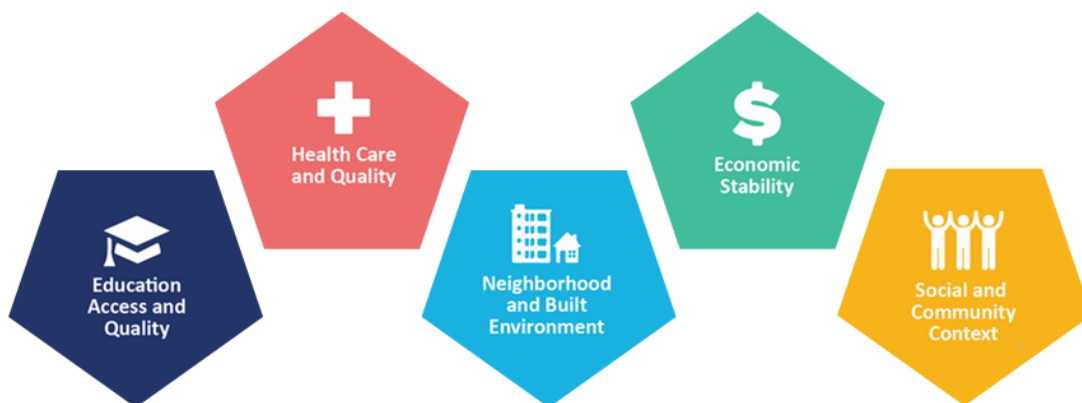
Through a systematic approach to data collection along with engagement of the community and stakeholders, an assessment of SDOH and health needs in Herkimer County was collated. Herkimer County, while full of a unique, rural culture, does have disparities among the population. Below is a description of some major findings from the needs assessment process, along with where they fit into the SDOH domains.

Health Care and Quality

- Lack of Primary Care physicians
- Lack of Dental providers
- Lack of Mental Health providers

Neighborhood and Built Environment

- Increasing rate of property crime
- No public transportation
- Low personal vehicle access
- Presence of substandard housing
- Cost burdened housing
- Areas of low access to healthy food
- Homelessness

Economic Stability

- Below average median household income
- Higher rate of children 100% under Federal Poverty Level
- Cost burdened housing
- Food insecurity

Social and Community Context

- Low population density
- Social Isolation
- Social acceptance
- Aging volunteer pool

3. Priority Action Plan

A.) Emergency Services Camp

NYS Prevention Agenda Priority: Promote Well-Being and Prevent Mental and Substance Use Disorders		
Focus Area 1: Promote Well Being		
Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan		
Objective: Increase health literacy of at least 70% of participants		
Objective: Increase the likelihood of pursuing local participation in emergency services of 50% of attendees		
Target Demographic: Middle school-aged children (6th, 7th, and 8th graders)		
Intervention	**Process Measures**	**Partner Roles and Resources**
A summer day camp targeting females in 6th, 7th, and 8th grade to give exposure to emergency services careers. Bassett Healthcare Network, Little Falls Hospital, and Herkimer County Public Health will partner with local organizations in the areas of Police, Fire, EMS, 911 Dispatch, LifeFlight, Search and Rescue, and Emergency Rooms to provide hands-on experience in these fields. Participants will walk away with - Increased health literacy - Exposure to volunteer opportunities - Exposure to emergency service careers - Training in CPR, First Aid, and AED use	- Pre and Post assessment of participant health literacy - Pre and Post assessment of future career and volunteer plans - Post-measurement of the number of individuals completing CPR, AED, and First Aid certification	**Herkimer County Public Health** - Facilitate local community meetings - Identify the camp location - Work with local government for support - Collaboratively work with emergency services partners to schedule camp experience - Overall camp coordination **Bassett Healthcare Network** - Overall camp coordination - Collaboratively work with emergency services partners to schedule camp experience **Herkimer County School District** - Help with recruiting student **Little Falls Hospital** - Provide staffing for Emergency services experience **Herkimer County EMS, Police, and Fire** - Provide staffing for Emergency services experience

NYS Prevention Agenda Priority: Promote Healthy Women, Infants, and Children

Focus Area 4: Cross-Cutting Healthy Women, Infants, & Children

Goal 4.1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child health populations.

Objective: Increase the number of successful connections between pregnant women and Herkimer County Public Health maternal child health programs by 20%

Target Demographic: Pregnant women

Intervention	Process Measures	Partner Roles and Resources
Referral workflow, if given permission by the patient, the name, due date, and phone number of pregnant women will be sent to Herkimer County Public Health (HCPH) prior to delivery. HCPH will contact those patients to offer the various programs they have to support new mothers and infants.	• Count the number of successful contacts by HCPH	**Herkimer County Public Health** • Receive referrals • Contact and provide relevant services **Bassett Healthcare Network** • Primary care and OB clinics in Herkimer County to refer patients

NYS Prevention Agenda Priority: Promote a Healthy and Safe Environment

Focus Area 3: Built and Indoor Environments

Goal 3.2: Promote healthy home and school environments

Objective: Teach courses on basic home maintenance and improvement skills to 20 participants per year
Objective: Increase housing standard for 5 homes of elderly individuals per year

Target Demographic: Elderly

Intervention	Process Measures	Partner Roles and Resources
Skill-building classes in home maintenance and upkeep; the capstone of the class is to perform maintenance and upkeep on the home of an elderly individual.	• Count the number of participants who successfully completed the class • Count the number of homes whose level of maintenance has increased due to the program.	**Herkimer County Public Health** • Facilitate classes • Promotion of program **Bassett Healthcare Network** • Work to facilitate classes and partners • Work to coordinate home recruitment • Promotion of the program **Office of the Aging** • Identification of potential homes **BOCES** • Perform training sessions

NYS Prevention Agenda Priority: Promote Well-Being and Prevent mental and Substance Use Disorders		
Focus Area 2: Prevent mental and Substance Use Disorders		
Goal 2.3: Prevent and address adverse childhood experiences (ACEs)		
Objective: Support 1,999 pediatric mental health visits		
Target Demographic: Children		
Intervention	Process Measures	Partner Roles and Resources
Create a community pediatric mental health clinic in the Ilion Children Center to increase access to mental health services and reduce the impact of ACEs	▢ Count the number of visits	**Herkimer County Public Health** • Primary coordination **Bassett Healthcare Network** • Work to facilitate classes and partners • Refer patients to the mental health clinic • Promotion of the program **Office of the Aging** • Identification of potential homes **BOCES** • Perform training sessions

4. **Stakeholder Engagement:**

   The Bassett Healthcare Network, Little Falls hospital, and Herkimer County Public Health, acting on their integrated, community-oriented culture, will collaborate with their community partners to focus on each focus area. Additionally, yearly updates will be publicly made available on their websites to ensure public transparency and ongoing stakeholder engagement. If necessary, mid-course corrections will be documented through the New York State Department of Health's yearly tracking report.

5. **Plan Dissemination**

   The 2022-2024 Community Health Needs Assessment/Community Health Assessment and the combined Community Service Plan/Community Health Improvement Plan will be posted on the public-facing websites of the Bassett Healthcare Network's Little Falls Hospital and Herkimer County Public Health. Key Informants involved with the priority selection and NYS Prevention Agenda activities will be emailed a copy of the combined plan. Hard copies of the combined plan will be provided to the community upon request.

Attachments:

Attachment A: Herkimer County Community Engagement Survey

Herkimer County, NY Community Engagement Survey

The 2022 Community Engagement Survey is a series of **anonymous questions** meant to get a larger picture of the needs in Herkimer County. **Your information will not be used to identify you or be shared**. By answering these questions, you will be providing necessary information for future community health interventions and county work. This survey is meant for only those who live in Herkimer County, NY, and are 18 years of age or older.

Please answer these questions as honestly as possible and in their entirety. If you do not know the answer or do not feel comfortable answering, you can leave a question blank. Questions regarding the survey can be directed to Herkimer County Public Health office at 315-867-1176. Thank you for your time and effort!

Demographics: Understanding how individuals from different backgrounds feel about health issues in Herkimer County helps us plan the best ways to improve the county.
Your information will not be shared or used to identify you in any way

1. Do you live in Herkimer County, NY?   ☐ Yes   ☐ No
   (Please do not complete. This survey is for Herkimer County, NY residents ONLY)

2. What town/city do you live in?

☐ Webb	☐ Ohio	☐ Russia	☐ Stark
☐ Norway	☐ Salisbury	☐ Newport	☐ Warren
☐ Fairfield	☐ Schuyler	☐ Herkimer	☐ Winfield
☐ Manheim	☐ Frankfort	☐ Little Falls	☐ Columbia
☐ German Flatts	☐ Danube	☐ Litchfield	

3. Your age:

   ☐ 18 – 25 years   ☐ 36 – 45 years   ☐ 56 – 65 years   ☐ Prefer not to answer

   ☐ 26 – 35 years   ☐ 46 – 55 years   ☐ Over 65 years

4. Your race:

☐ White ☐ African American/Black ☐ Asian

☐ Native American or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Multiple Races

☐ Don't know ☐ Prefer not to answer

5. Your ethnicity:

☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Don't know ☐ Prefer not to answer

6. Your gender:

☐ Female ☐ Male ☐ Gender nonconforming

☐ Transgender Female ☐ Transgender Male ☐ Genderqueer/Non-binary

☐ Prefer not to answer ☐ Don't know ☐ Other: .

7. Your highest education level:

☐ Less than high school ☐ Some college, no degree ☐ 4-year college degree ☐ Trade school

☐ High school graduate or GED ☐ 2-year college degree ☐ Graduate degree ☐ Prefer not to answer

Healthy Community

8. Please select the <u>five (5)</u> features you believe are the most important for a **healthy community.**

☐ A clean environment (no pollution/trash in public spaces including parks, playgrounds, and lakes)

☐ Fresh, healthy, and affordable foods close to where you live

☐ Low crime rates

☐ Good schools

☐ Positive race / ethnic relations

☐ High-quality, affordable daycare

☐ Public spaces and events that are accessible to people of all physical abilities

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

☐ Roads that are safe for people who walk or ride their bike

☐ Public transportation (buses, trains, taxis, etc.)

☐ Safe and affordable housing

☐ Religious or spiritual values

☐ Strong infrastructure (roads, bridges, water pipes, etc.)

☐ Social connectedness (a strong sense of community)

☐ A healthy economy / good jobs

☐ Parks and outdoor places to exercise and play

☐ Access to health care (family doctor, hospitals, etc.)

☐ Family and other social support

☐ Other: _____

☐ Arts and Cultural events

Health Problems

9. Please select the five (5) biggest health problems you believe our community is currently facing.

☐ Asthma or breathing problems

☐ Diabetes

☐ Heart disease and stroke

☐ High blood pressure

☐ Cancer

☐ Obesity in adults

☐ Obesity in children

☐ Problems with teeth or gums

☐ Teen pregnancy

☐ Alzheimer's disease, dementia, or memory loss

☐ Infectious disease (ex: flu or COVID)

☐ Diseases spread by insects (ex: Lyme)

☐ Sexually transmitted diseases

☐ HIV/AIDS

☐ Mental health issues

☐ Addiction to alcohol or drugs

☐ Suicide

☐ Chronic stress

☐ Babies born too small or too soon

☐ Developmental delays in children

☐ Air pollution

☐ Lead poisoning in children or homes

☐ Unsafe drinking water

☐ Accidents at work

☐ Secondhand smoke

☐ Injury/fall

☐ Other:_____.

10. Please share any additional feedback you have on health problems in our community.

_____

Health Behaviors and Social Factors:

11. Please select the <u>five (5)</u> health behaviors or social factors you believe are the biggest problems for the Herkimer County community.

☐ Abuse (emotional/physical/sexual)

☐ Binge drinking (having many alcoholic drinks in a short period of time)

☐ Drinking and driving

☐ Illegal drug use

☐ Smoking or tobacco use (cigarettes, hookah, chewing tobacco, etc.)

☐ Electronic cigarette use (vaping)

☐ Unhealthy eating

☐ Lack of medical care during pregnancy

☐ Not enough physical activity

☐ Not getting vaccines (shots)

☐ Texting and driving

☐ Discrimination (based on age, gender, physical ability, race, religion, sexual preference, etc.)

☐ Not using birth control

☐ Food insecurity (not enough to eat)

☐ Homelessness

☐ Sexual assault (including rape)

☐ Social isolation

☐ Violence (guns, gang /neighborhood/drug violence)

☐ Other:_____

12. Please share any additional feedback you have on health behaviors or social factors in Herkimer

County:_____

Health System

13. Which healthcare system do you use for primary healthcare needs?

☐ Bassett Healthcare Network

☐ A community health center

☐ Do not have a primary healthcare provider

☐ Mohawk Valley Health System

☐ Prefer not to answer

☐ Other:_____.
.

☐ Upstate Family Health

☐ Don't know

14. Please select the <u>five (5)</u> **health system** issues you believe are the biggest problems in Herkimer 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.)

☐ Not understanding health information from a medical provider (after leaving the hospital or during a medical appointment).

☐ High cost of prescription medications

☐ Lack of empathy from providers

☐ Lack of health insurance coverage

☐ Lack of transportation to medical appointments (car, bus, ride from a friend, etc.)

☐ High cost of healthcare

☐ Discrimination or bias from medical providers

☐ Other:_____

15. Please share any additional feedback you have on the healthcare system issues in Herkimer County:

_____

Access to Care Issues:

16. Which one of the following have you, or a family member, experienced when seeking medical care in the
last 3 (three) years? (Select all that apply.)

Difficulty or not getting to a medical appointment due to:

☐ lack of transportation

☐ location

☐ lack of childcare

☐ not having sick leave at work

☐ office hours

☐ fear of COVID exposure

☐ delay because COVID testing is required first

☐ lack of available providers (not accepting patients)

Feeling like your provider:

- ☐ does not understand you or your experience
- ☐ 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

Having difficulty because:

- ☐ not having health insurance
- ☐ couldn't find a provider who accepts your insurance
- ☐ high cost prevented you from seeking care
- ☐ wait time in the provider's office impacted your ability to meet your obligations (work, family, etc.)
- ☐ too long of a wait to get an appointment
- ☐ Other: _____ .

Thank you for taking the time to support the Herkimer County Community Health Assessment. Your input is very important in ensuring time and resources are directed toward areas of genuine need. If you have any questions, please feel free to contact the Herkimer County Public Health at 315-867-1176.

Attachment B: Herkimer County Stakeholder Survey

COMMUNITY HEALTH ASSESSMENT/IMPROVEMENT PLAN STAKEHOLDER SURVEY

Thank you for participating in this survey. The information you share will help us to improve the health of Herkimer County.

If you have questions concerning this survey, call Herkimer County Public Health at 315-867-1176

Your organization/agency: _____

1. Your Name (Please provide first and last): _____

2. Your job title/role

    ☐ Community/member   ☐ Program/ Project manager
    ☐ Direct service staff   ☐ Other (please specify)_____.

3. Your email:_____

4. What community sector best represents your organization/agency:

    ☐ Business
    ☐ Civic association
    ☐ College/ university
    ☐ Disability services
    ☐ Early childhood
    ☐ Economic development
    ☐ Employment/job training
    ☐ Faith-based
    ☐ Fire Department/Emergency Services
    ☐ Food/nutrition

    ☐ Foundation/philanthropy
    ☐ Health based CBO
    ☐ Health care provider
    ☐ Health insurance plan

    ☐ Housing
    ☐ Law enforcement/corrections
    ☐ Media
    ☐ Mental, Emotional, Behavioral Health provider
    ☐ Public Health
    ☐ Recreation
    ☐ School (K-12)
    ☐ Seniors/Elderly
    ☐ Social Services
    ☐ Substance Use, Prevention, Education, Treatment, Recovery
    ☐ Transportation
    ☐ Veterans
    ☐ Other please specify:_____ .

Health Priorities, Concerns, and Factors

The Prevention Agenda 2019-2024 is New York State's health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and promote health equity across populations who experience disparities. In partnership with more than 100 organizations across the state, the Prevention Agenda is updated by the New York State Public Health and Health Planning Council at the request of the Department of Health. This is the third cycle for this statewide initiative that started in 2008.

The Prevention Agenda 2019-2024 has five priorities with priority-specific action plans developed collaboratively with input from community stakeholders.

5. Please rank, by indicating 1 through 5, the priority areas that, if addressed locally, would have the greatest to the smallest impact on improving the health and well-being of the residents of Herkimer County. (#1 the most impact; #5 the least impact.)
   — Prevent Chronic Disease
   — Promote a Healthy and Safe Environment
   — Promote Health for Women, Infants, and Children
   — Promote Well-Being and Prevent Mental and Substance Use Disorders
   — Prevent Communicable Diseases

6. Of the five (5) health priorities listed below (a-e), select the top 3 goals that your organization/agency can assist with to achieve successful outcomes in the counties it serves.

   a. **Prevent Chronic Diseases** (Please select 3 (three) goals that you can assist with)
      ☐ Increase access to healthy and affordable foods
      ☐ Increase knowledge to support healthy food and beverage choices
      ☐ Increase food security
      ☐ Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities.
      ☐ Promote school, child care, and worksite environments that increase physical activity
         ☐ Increase access to indoor and/or outdoor places for physical activity for people of all ages and abilities.
      ☐ Prevent initiation of tobacco use
      ☐ Promote tobacco use cessation
      ☐ Eliminate exposure to secondhand smoke
      ☐ Increase cancer screening rates
      ☐ Early detection of cardiovascular disease, diabetes, prediabetes, and obesity
      ☐ Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity
      ☐ Improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity

    b. Promote a Healthy and Safe Environment (Please select 3 (three) goals that you can assist with)

- ☐ Reduce falls among vulnerable populations
- ☐ Reduce violence by targeting prevention programs, particularly to highest risk populations
- ☐ Reduce occupational injury and illness
- ☐ Reduce traffic-related injuries for pedestrians and bicyclists
- ☐ Reduce exposure to outdoor air pollutants
- ☐ Promote healthy home and school environment
- ☐ Protect water sources and ensure quality drinking water
- ☐ Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure (food-water-air)
- ☐ Improve food safety management

    c. Promote Healthy Women, Infants, and Children (Please select 3 (three) goals that you can assist with)

- ☐ Increase use of primary and preventive health care services among women of all ages, with a special focus on women of reproductive age
- ☐ Reduce maternal mortality & morbidity
- ☐ Reduce infant mortality & morbidity
- ☐ Increase breastfeeding
- ☐ Support and enhance children/adolescents' social-emotional development and relationship
- ☐ Increase supports for children and youth 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

    d. Promote Well-Being and Prevent Mental and Substance Use Disorders (Please select 3 (three) goals that you can assist with)

- ☐ Facilitate supportive environments that promote respect and dignity for people of all ages
- ☐ Prevent opioid and other substance misuse and deaths
- ☐ Prevent and address adverse childhood experiences (ACES)
- ☐ Reduce the prevalence of major depressive disorders
- ☐ Prevent suicides
- ☐ Reduce the mortality gap between those living with serious mental illness and the general population

  e. **Prevent Communicable Diseases** (Please select 3 goals that you can assist with)
- ☐ Increase education and outreach for improving overall immune health (preventive hygiene, clean diet, clean water, supportive nutritional supplementation)
- ☐ Decrease HIV morbidity (new HIV diagnoses)
- ☐ Increase viral suppression (environmental hygiene practices)
- ☐ Reduce the annual rate of growth for STIs
- ☐ Increase the identification of persons with Hepatitis C Virus (HCV) for treatment
- ☐ Reduce the number of new HCV cases among people who inject drugs
- ☐ Improve infection control in healthcare facilities
- ☐ Reduce infections caused by multidrug-resistant organisms and C. difficile
- ☐ Reduce inappropriate antibiotic use (humans and livestock food sources)
- ☐ Improve vaccination rates

7. Based on the goals you selected in questions **5 a-e,** please identify the primary assets/resources your organization/agency can contribute toward achieving the goals you have selected.
- ☐ Provide subject-matter knowledge and expertise
- ☐ Provide knowledge of and/or access to potential sources of funding (grants, philanthropy)
- ☐ Facilitate access to committees, work groups, and coalitions, currently working to achieve the selected goals
- ☐ Participate in committees, workgroups, and coalitions to help achieve the selected goals
- ☐ Share knowledge of community resources (e.g. food, clothing, housing, transportation, etc.)
- ☐ Facilitate access to populations your organization/agency serves (to encourage participation in programs, and provide feedback about health improvements)
- ☐ 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): _____

8. Are you interested in being contacted at a later date to discuss the utilization of the resources you identified?   ___ Yes ___ No

9. In your opinion, what are the top five health concerns affecting the residents of Herkimer county?

Chronic Conditions:

— Alzheimer's disease/ dementia

— Arthritis

— Autism

— Cancers

— Diabetes

— Disability

— Heart Disease

— High Blood Pressure

— Overweight or obesity

— Respiratory disease

Communicable Disease

— Infectious disease

— Insect related disease

— Hepatitis C

— HIV/AIDS

— Sexually Transmitted Infections

General Health

— Infant/child/adolescent physical health

— Maternal health

— Senior health

— LGBTQ health

— Infant/child/adolescent emotional health

— Dental health

Socio-economic

— Adverse childhood experiences

— Unintended teen pregnancy

— Hunger

— Social connectedness

Safety

— Violence (assault, firearm-related)

— Food safety

— Domestic Abuse/violence

— Emergency services

— Exposure to air and water pollutants/hazardous materials

— Falls

— Sexual assault/rape

— Motor vehicle safety (impaired/distracted driving)

— Pedestrian/bicyclist accidents

— Drinking water quality

Mental Health/ Substance Use

— Mental Health conditions

— Street substance abuse

— Suicide

— Underage drinking/ excessive adult drinking

— Prescription drug abuse

— Tobacco use/ nicotine addiction (Smoking/vaping/chewing)

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10. In your opinion, what are the top five (5) contributing factors to the health concerns you chose in question **#6.**

Access:
— Lack of dental/oral care services
— Lack of educational, vocational, or job-training options for adults
— Lack of employment options
— Lack of health insurance
— Lack of chronic disease screening, treatment, and self-management services
— Poor referral to health care, specialty care, and community-based support services
— Lack of specialty care and treatment
— Problems with internet access
— Lack of opportunities for people with physical limitations or disabilities to attain health
— Lack of substance use disorder services
— Poor access to healthy food and beverage options
— Poor access to public places for physical activity and recreation
— Lack of preventive/ primary healthcare services (screenings, annual check-ups)

Socio-economic:
— Age of residents
— Discrimination/racism
— Health care costs
— Lack of connections in the community
— Lack of cultural and enrichment programs
— Lack of social support from community
— Poor community engagement and connectivity
— Transportation problems
— Quality of schools
— Changing family structures
— Food insecurity
— Homelessness
— Shortage of child care options
— Inadequate/unaffordable housing options
— Poor educational attainment
— Unemployment/ low wage
— Poverty
— Low health literacy (inability to understand health information)

Safety:
— Crime/violence
— Domestic violence and abuse
— Exposure to secondhand smoke from tobacco products or e-cigarettes (vape)
— Poor infrastructure (roads, bridges, etc.)
— Environmental quality
— Community walkability (adequate roads, sidewalks, etc.)

Self-Care/ Mental Health/ Addiction Issues:
— Inadequate physical activity
— Late or no prenatal care
— Excessive screen time
— Addiction to alcohol
— Addiction to nicotine
— Inadequate sleep
— Poor eating/ dietary practices
— Stress (work, family, school, etc.)
— Addiction to illicit drugs

Other: .

.

11. Social Determinants are health conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. Please rate the following Social Determinants of Health impacting the residents of the counties that your organization/agency serves using a scale of (1) very poor to (5) excellent.

— **Education Access and Quality**
   Early childhood education and development
   Access to education
   Language and literacy
   High school graduation

— **Economic Stability**
   Socio-economic status (SES)
   Employment
   Food insecurity
   Housing instability

— **Social and Community Context**
   Social Isolation
   Civic participation
   Social cohesion
   Population density
   Social acceptance

— **Neighborhood and Built Environment**
   Community planning (walkability)
   Access to food for healthy eating
   Crime and violence
   Quality of housing
   Environmental conditions
   Access to public transportation

— **Health Care Access and Quality**
   Access to health care
   Access to primary care
   Health insurance coverage
   Health Literacy

12. In your opinion, what population in Herkimer county that your organization/agency serves, experiences the poorest health outcomes? (Please pick one population)

☐ Specific racial or ethnic groups

☐ Children/adolescents

☐ Females of a reproductive age

☐ Seniors/elderly

☐ Individuals with disability

☐ Individuals living with mental health issues

☐ Individuals living in rural areas

☐ Migrant workers

☐ Other:_____ .

13. Please add any other comments/recommendations you have about improving the health and well-being of the residents Herkimer County that organization serves. _____

Thank you for taking the time to support the Herkimer County Community Health Assessment. Your input is very important in ensuring time and resources are directed toward areas of true need. If you have any questions, please feel free to contact the Herkimer County Public Health at 315-867-1176.

Attachment C: Herkimer County Focus Group Brochure
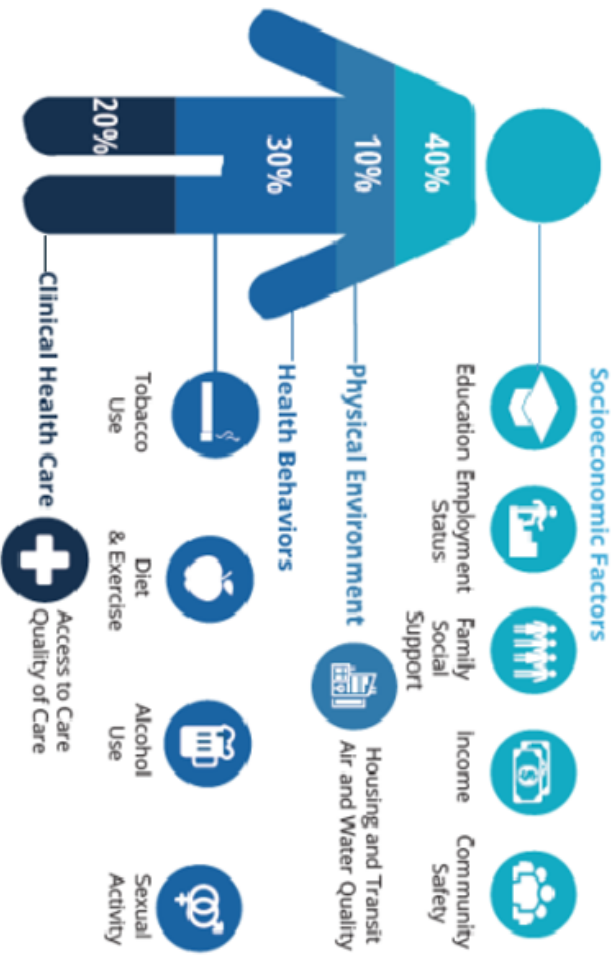
Social Determinants of Health (SDOH)

Conditions in of places where people live, learn, work, and play that affect their health and quality of life.

Five Focus Areas:

1. Education Access & Quality
2. Economic Stability
3. Health Care Access & Quality
4. Neighborhood & Environment
5. Social and Community Relationships

Did you know?
Up to 80% of what keeps a person healthy has nothing to do with the doctors' office

40%

10%

30%

20%

Socioeconomic Factors

Education Employment Status

Family Social Support

Income

Community Safety

Housing and Transit Air and Water Quality

Physical Environment

Health Behaviors

Tobacco Use

Diet & Exercise

Alcohol Use

Sexual Activity

Clinical Health Care

Access to Care Quality of Care

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