

2025-2030
Joint Community Health Assessment & Improvement Plan

Madison County, New York

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Executive Summary

Introduction

The Community Health Assessment (CHA) is a systematic, data-driven approach to determine the health needs in Madison County, New York. In this process, Madison County Public Health and the Planning Team partners directly engaged community members to identify the issues of greatest need as well as the largest impediments to health. With this information, agencies can better allocate resources towards efforts to improve community health and wellness.

The CHA ensures that Madison County Public Health meets requirements of local health departments in New York State along with standards set by the Public Health Accreditation Board. Additionally, the CHA serves as the joint community health needs assessment for Community Memorial and Oneida Health hospitals as mandated by the IRS under the Affordable Care Act.

To gather data for the CHA, the group employed a combination of primary and secondary data sources. The methodology used ensured a comprehensive understanding of the health needs in Madison County, allowing the group to identify the most pressing health issues. The selected priority areas for Madison County's CHA focus on addressing the root causes of poor health and supporting long-term, equitable outcomes:

- **Oral Health:** Preventive dental care and oral health behaviors are essential to overall health across the lifespan.
- **Opportunities for Active Transportation and Physical Activity:** Promoting active lifestyles through safe, accessible spaces for recreation supports physical and mental health while reducing risk of chronic illness.
- **Healthy Eating:** Improving access to nutritious, affordable food helps prevent and manage obesity, heart disease, diabetes, and other diet-related conditions.
- **Poverty:** A fundamental driver of health disparities, poverty impacts access to housing, food, transportation, and healthcare, and is strongly linked to chronic disease and poor health outcomes.

Together, these priority areas address both individual health behaviors and the broader social and environmental conditions that shape community health. By working together with our community partners, we can create a healthier Madison County where all residents can thrive.

Partners and Roles

Madison County Public Health, Community Memorial Hospital, and Oneida Health partnered with seven agencies—ten in total—to conduct the CHA. These organizations collectively serve a broad cross-section of the residents across Madison County. The group determined the assessment methodology, advised on data collection tools, promoted the community survey, and participated in identifying health priorities. Upon selection of the priority areas, the group expanded to include key organizations—Catholic Charities, YMCA, and Mid-York Library System—to help shape and approve the action plans for the CHIP. The Rural Health Redesign Center facilitated both virtual and in-person meetings throughout the process. Community members were engaged through a countywide survey promoted via press release and social media in January 2025, participation in focus groups during the spring and summer, and a social media release of survey findings in September.

Community Health Assessment

Madison County Public Health along with partner agencies conducted its CHA process between January 1 and July 2, 2025. The approach focuses on community engagement and partnership development.

Primary Data

Survey data collected from community members allows for the analysis of trends, attitudes, and opinions within the community. These data can be used to gather information on the perception of health conditions and behaviors, access to healthcare services, and barriers to healthy neighborhoods, student success, and economic stability. The CHA survey was administered between January 6 to April 30, 2025. There was a total of 769 responses with 5 Spanish responses. The survey was online distributed through social media and community partner networks. Hard copy surveys were made available at libraries and on-site tabling at community locations.

To ensure the survey was representative of the population of Madison County, a weighting procedure was applied. A weight was calculated to balance respondent-reported demographics within the survey compared to the overall proportion in the county. Results were made available on the Madison County Public Health website with an accompanying social media post to promote them. See Appendix A for the survey questions and select responses.

Focus groups involve small group discussions guided by a moderator to provide insights into participants' perceptions, opinions, and attitudes. They are useful for exploring community health concerns in depth. The focus groups in Madison County covered various topics, including transportation barriers, healthcare access, housing issues, and social connectedness.
The CHA Planning Team hosted 3 focus groups and shared results from an additional 6 groups conducted through an independent needs assessment by Community Action Partnership of Madison County.

- CrossRoads Church Men's Group, North Chittenango (8 people)
- Young Adults Ages 18-24, Cornell Cooperative Extension in Morrisville (3 people)
- Low-Income Adults, Karing Kitchen in Oneida (6 people)

See Appendix B for focus group questions.

Secondary Data

Access to secondary data from a wide range of public sources is essential for identifying community health priorities. Metopio, a software company, provides visualization tools that use data to highlight the interconnected factors influencing health outcomes across different locations. Funding from Madison County Public Health, Oneida Health, and Community Memorial Hospital supported the use of Metopio in developing this CHA.

Data Sources

- American Community Survey
- Centers for Disease Control and Prevention
- Census Bureau
- Environmental Protection Agency
- Housing and Urban Development
- New York Department of Health Behavioral Risk Factor Surveillance System
- New York State Department of Education
- New York State Prescription Monitoring Program Registry and Opioids Dashboard
- Madison County Public Health Surveillance
- Madison County Teen Assessment Project Survey

Data was compiled between January and May 2025. See Appendix C for a full data overview.

Community Assets

As part of the CHA process, Madison County Public Health compiled a list of Community Assets with input from the CHA Planning Team. The assets were an integral component in identifying

and tailoring intervention strategies for the Community Health Improvement Plan (CHIP). See Appendix D for a full list.

Community Health Improvement Plan

Interventions and Strategies

The Planning Team met between July and December to select and refine strategies aligned with Community Health Assessment findings, drawing on evidence-based practices from the NYSDOH Prevention Agenda and Metopio. Together, partners shaped an equity-focused strategic direction for the Community Health Improvement Plan adapting from existing best practices while leveraging community assets.

Priority Area: Oral Health

1. Expand access to dental services throughout Madison County.
2. Adopt the practice of fluoride varnish application by primary care providers serving pediatric patients.
3. Integration of oral health education into existing programs through the Oral Health Partnership of Madison County.

Priority Area: Opportunities for Active Transportation and Physical Activity

1. Incorporate free or low-cost physical activity opportunities into existing community programs throughout Madison County

Priority Area: Healthy Eating

1. Launch a mobile produce market (Veggie Van) throughout Madison County.
2. Improve access to nutrition and food security resources in Madison County through coordinated promotional campaign.
3. Promote breastfeeding friendly practices among medical provider offices in Madison County through the Healthy Start Partnership.

Priority Area: Poverty

1. Build coordination of services across social care and health systems serving Madison County.
2. Provide educational opportunities on financial literacy topics for Madison County community members.

Progress and Evaluation

The Madison County CHIP will monitor priority area interventions through Metopio, which provides a centralized platform for tracking activities, performance measures, and population health indicators. See Prevention Agenda Workplan Template for corresponding action plans and measures.

The Planning Team will review data semi-annually to assess implementation progress, identify emerging needs, and adjust strategies as necessary. In addition, the public-facing dashboard, called the Health Atlas, allows community members to explore local health data and track progress. Together, these tools ensure ongoing evaluation, promote data-driven decision-making, and strengthen community engagement throughout the CHIP cycle.

Community Health Assessment

Report Format

The following health themes were used to categorize both primary and secondary data:

Demographics - Factors like education and income that impact a community's health.

Healthy Behavior - Habits that affect a person's physical, mental, and social well-being.

Healthy Care - Access to healthcare that affects the timeliness and quality of care.

Healthy Environment - The built and social environments such as housing, transportation, parks, and food access.

Health Outcomes - Indicators of physical well-being such as leading causes of death.

Analyzing the primary and secondary data into crosscutting themes develops a comprehensive and reliable understanding of community needs and assets. Data triangulation strengthens the validity of findings by cross-referencing different types of data and ensuring that conclusions are not based on a single perspective. Data as of June 1, 2025.

Key for Graphs and Charts

= Madison County Primary Data (CHA Survey & Focus Group Responses)

= Madison County Secondary Data

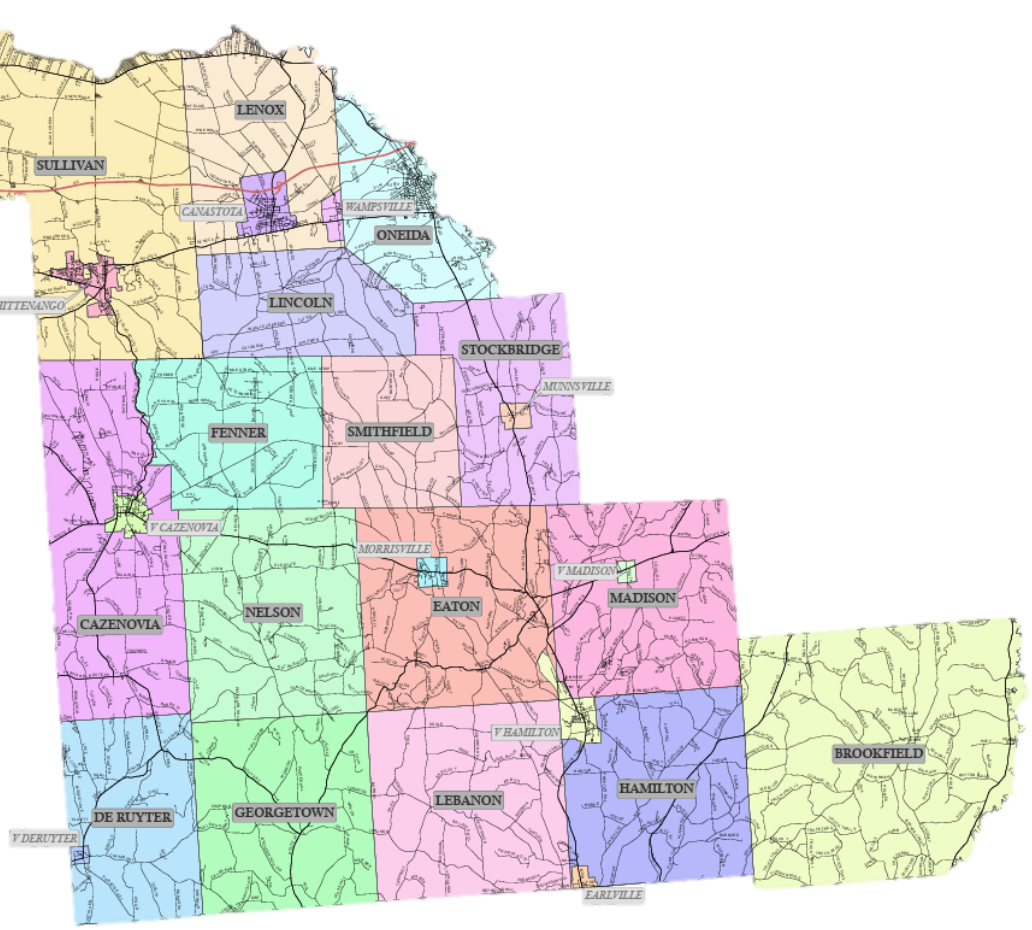
= New York Secondary Data

= United States Secondary Data

Service Area

The service area for this assessment, Madison County, New York, is characterized by a diverse population with unique health needs. The county is largely rural with pockets of urban and suburban communities, with varying levels of access to healthcare services.

Madison County is located in central New York State (NYS), bordering six other counties (Onondaga, Oswego, Oneida, Chenango, Cortland, and Otsego). The county has a total land area of 662 square miles; 655 square miles of land and 7 square miles of water.[1] Madison County consists of fifteen (15) townships and the City of Oneida. The county has a population density of 104 persons per square mile compared to 239 persons per square land mile in NYS (excluding New York City).[1]



[1] U.S. Census Bureau: American Community Survey (ACS)

Demographics

Demographics are population characteristics such as education status, employment and income level that influence a community's overall health and well-being. Please see the table below for key indicators.[2,3]

Key Indicators

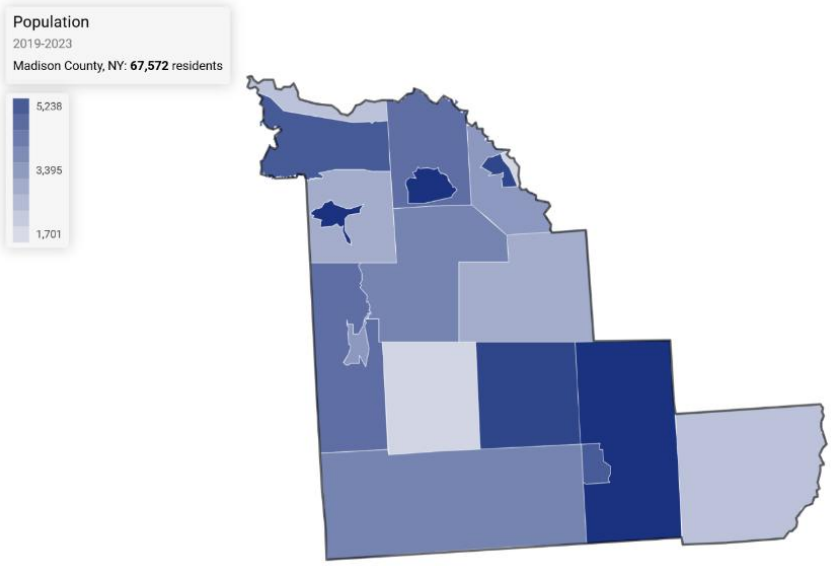
Topic	Madison County	New York	United States
Median household income Household income in the last 12 months (2023 inflation-adjusted dollars)	$74,125	$82,095	$77,719
Poverty rate % of residents, 2023	10.9 %	14.2%	12.5%
Households below ALICE* % of households, 2023	41.8%	48.0%	42.0%
Any higher education % of residents 25 years and older, 2023	63.4%	64.1%	63.8%
Bachelor's degree or higher % of residents 25 years and older, 2023	31.2%	40.6%	36.2%
Unemployment rate % of residents 16 years and older, 2023	4.1%	5.0%	4.3%

***ALICE** = Asset Limited, Income Constrained, Employed (United Way)

[2] U.S. Census Bureau: American Community Survey (ACS)
[3] United for ALICE (2020). The ALICE Household Survival Budget and the ALICE Threshold: 2007-2018

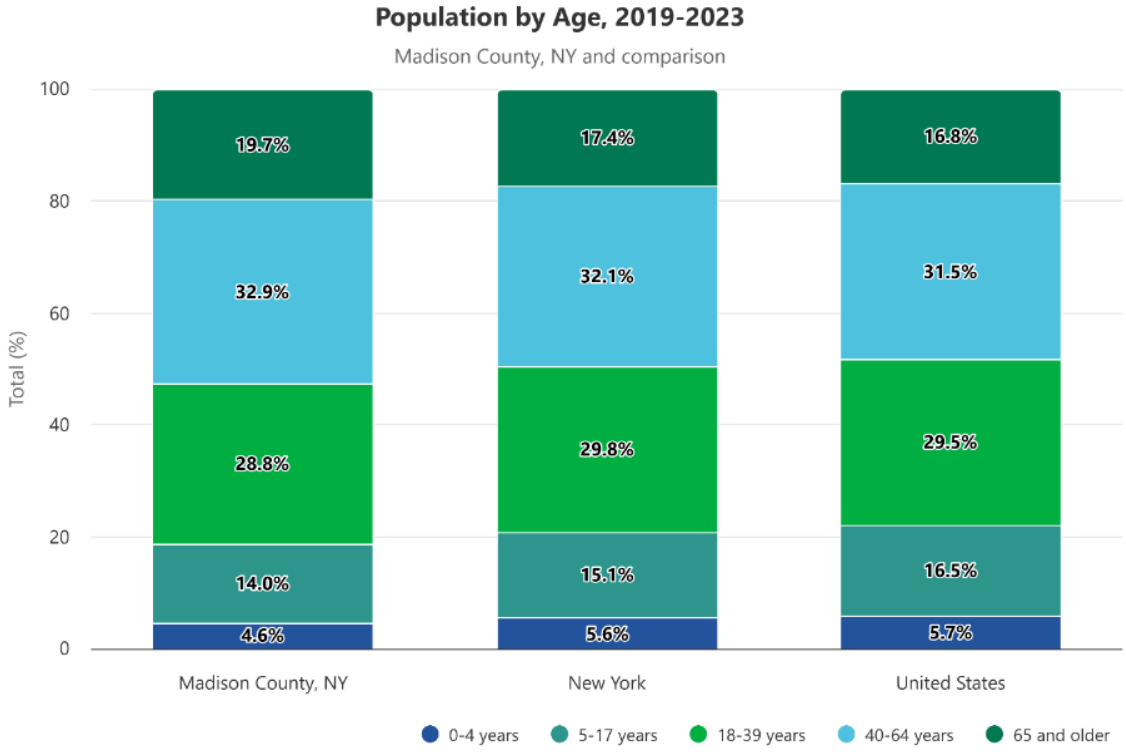
Population

The data represents the average population from 2019 to 2023 for census tracts in Madison County, New York. The population ranges from 1,701 to 5,238 residents across different tracts. Tract 303 (area of Madison and Hamilton) has the highest average population, while Tract 307.02 (area of Nelson) has the lowest.



Age

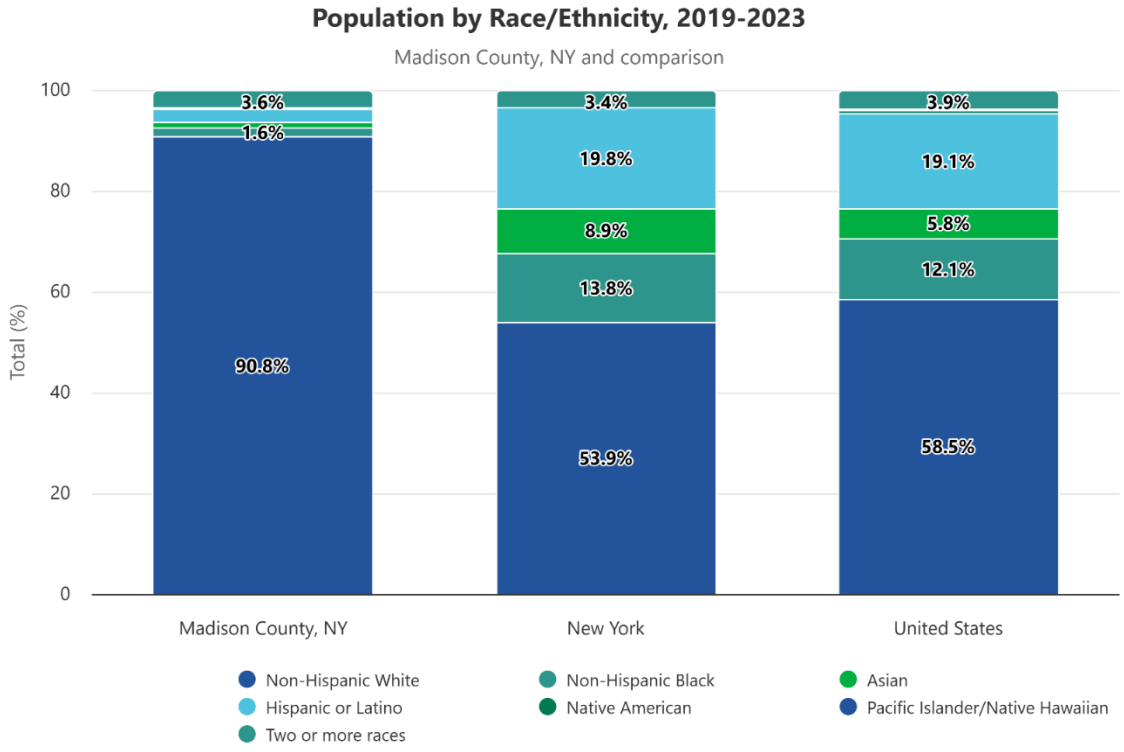
The data represents the population distribution across different age groups in Madison County, New York State, and United States. Understanding the age distribution of a population helps us recognize how different age groups may experience health challenges. The proportion of Madison County residents aged 65 and older is higher than New York State and the United States. Madison County has a smaller proportion of children aged 0-4 years of age, and a slightly higher proportion of adults in their working years (40-64 years).[4]



[4] U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)

Race and Ethnicity

The data provides a breakdown of the population by race and ethnicity in Madison County, NY, New York State, and the United States. In Madison County, the majority of the population is Non-Hispanic White (90.8%), with a small percentage of Hispanic or Latino (2.5%). New York State and the United States have more diverse populations by comparison, with Hispanic or Latino being the largest minority group.



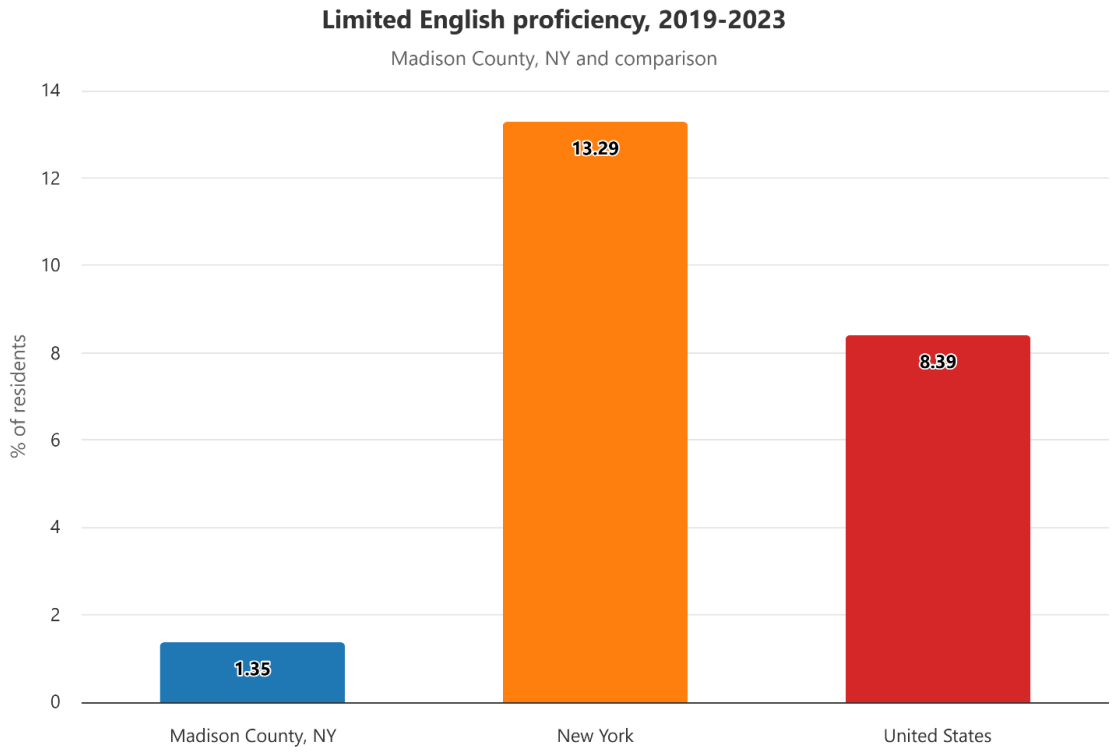
Foreign-Born

Foreign born refers to people who were not U.S. citizens at the time of birth (includes both naturalized citizens and those who are not currently citizens). The percentage of foreign-born individuals in Madison County remains consistently low, ranging from 1.95% to 2.87% between 2005 and 2022. In contrast, New York State and the United States have seen higher percentages, with New York State ranging from 21.31% to 22.68% and the United States from 12.39% to 13.87%.[5]

[5] U.S. Census Bureau: American Community Survey (ACS) (Table B05002)

Language Spoken

Language is an important factor to ensure linguistically competent care. The data highlights Limited English proficiency rates. New York State has a significantly higher prevalence at 13.3%, compared to the national average of 8.4%. Madison County has a notably lower percentage of 1.4%.



Limited English proficiency: Percentage of residents 5 years and older who do not speak English "very well"

Veterans

The veteran population in Madison County accounts for 7.3%, surpassing the national average of 6.4%. In New York State, veterans account for 3.9% of the population, indicating a notable disparity within the state.[6] This suggests that Madison County has a more significant veteran population relative to its size compared to the rest of the country and the state.

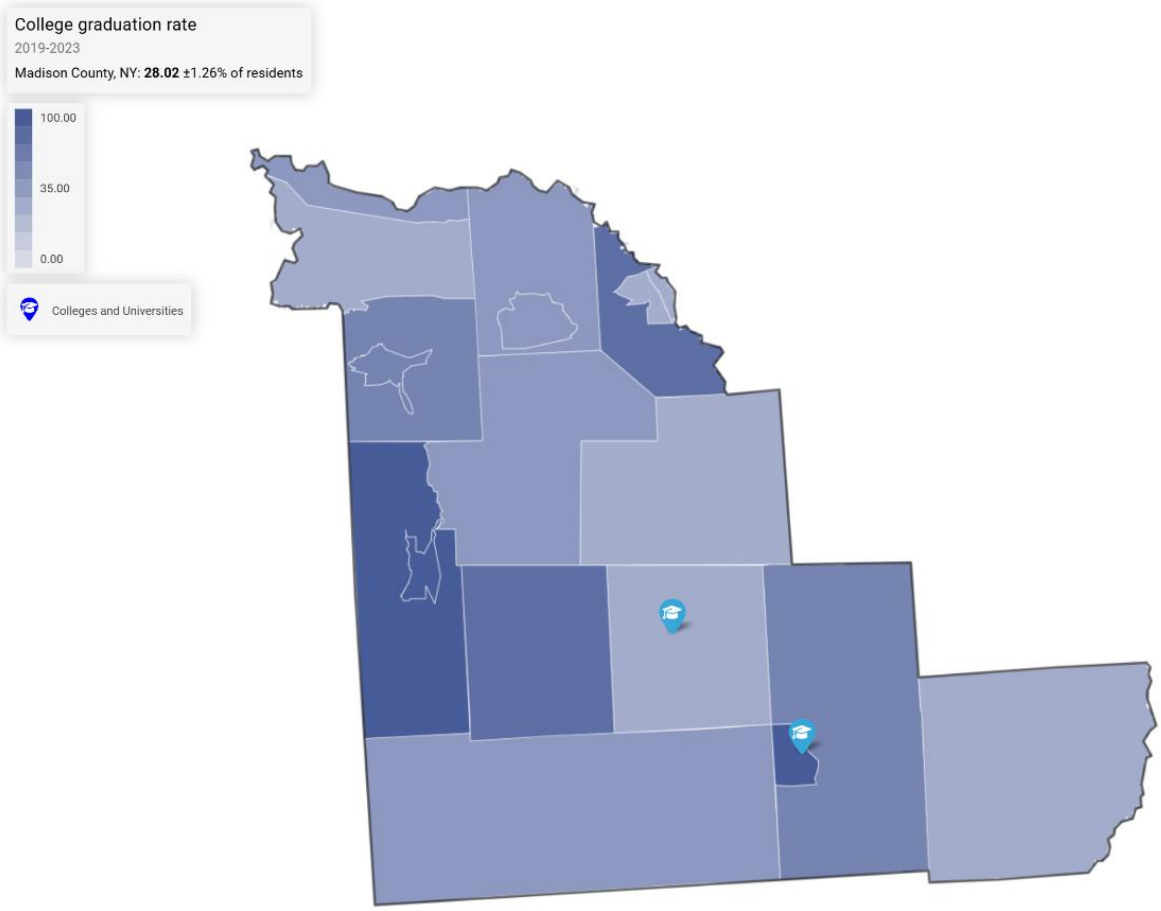
[6] U.S. Census Bureau: American Community Survey (ACS) (Table B21001)

Single-Parent Households

Single-parent households refer to households that have children present and are headed by a single parent (mother or father), with no partner present. Single-parent households in Madison County have shown a consistent increase over the past five years, rising from 4.5% in 2015-2019 to 5.3% in 2019-2023, while remaining below the state and national average (6.1% and 6.2% respectively).[7]

Continued Education

A higher level of education is linked with better health outcomes, including longer life expectancy.[8] Educational attainment also coincides with employment opportunities and median household income. About 28% of Madison County adults hold a Bachelor's degree or higher compared with 40.6% in New York State. The map below presents college graduation rates among census tracts along with SUNY Morrisville and Colgate University locations.[9]



[7] U.S. Census Bureau: American Community Survey (ACS) (Table B11012)
[8] Healthy People 2030 (n.d.). Education Access and Quality.
[9] U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Healthy Behavior

Healthy behaviors are the actions and habits that individuals engage in that either promote or compromise their physical, mental, and social well-being. These behaviors encompass a wide range of activities, including diet, exercise, and substance use.

Community Context

Community members express a general understanding of the importance of healthy behaviors, yet many feel constrained by external factors to adopt and maintain them. Limited time, financial constraints, safety concerns, and a lack of accessible resources often outweigh knowledge or motivation when it comes to making healthy choices. As one resident shared, “Time and energy—not knowledge—are the biggest barriers to healthy behaviors like exercise and healthy eating.”

About 43% of 2025 CHA survey respondents indicated a need to create more indoor spaces for recreation and physical activity; however, access to recreational opportunities seems to vary by location. One resident from Chittenango reflected, "We have a lot of good recreational exercise opportunities, lots of tennis courts. And free.” In contrast, other groups cited safety concerns, such as busy country roads or unsafe neighborhoods, as barriers to physical activity. Some participants emphasized a growing desire for more community-based recreation like sports league or public use facilities.

While there is a general decline in alcohol consumption, participants highlighted the rising popularity of other substances, including energy drinks, nicotine pouches, and marijuana (cannabis) products. A few residents pointed to marijuana legalization as contributing to the normalization of THC as a coping mechanism, alongside continued concerns about opioid availability and use. Opioid drug misuse was selected as top health behavior of concern in the 2025 CHA survey. One participant reflected that youth substance use is “…linked to boredom and lack of recreational activities,” a concern supported by the Teen Assessment Project survey data showing low agreement among adolescents that there are “fun things to do” in their community.

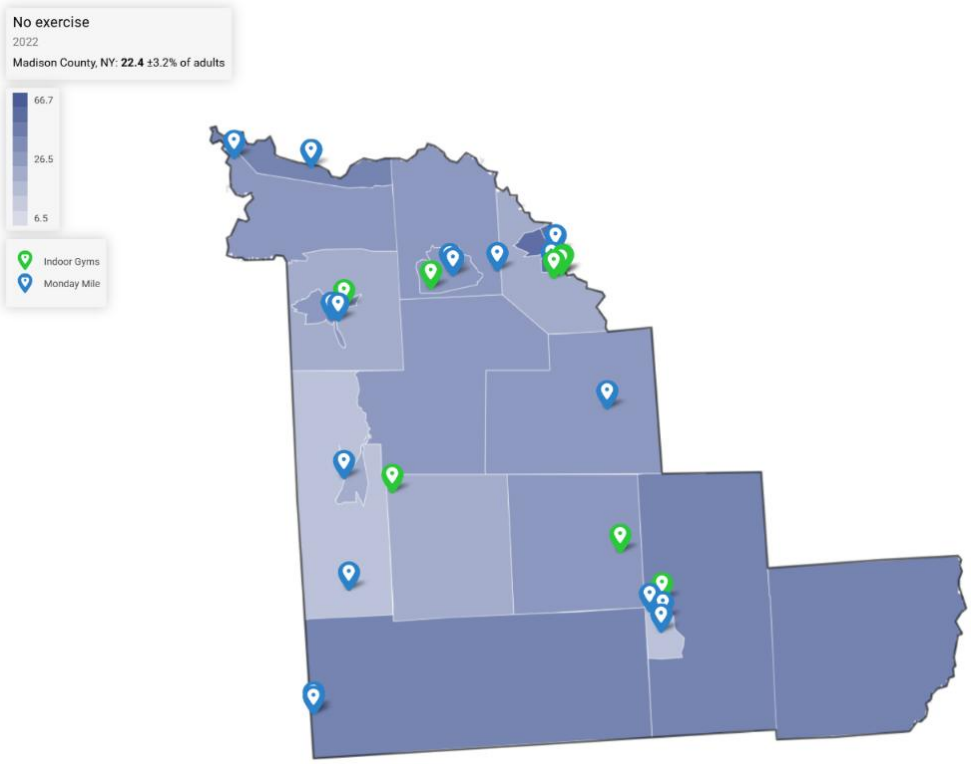
Lastly, the growing influence of social media can be both positive and negative. Some express concern about potential harms to mental health, while others recognize that social media has helped shift people away from “diet culture” toward body positivity, increased promotion of sober-curious lifestyles, and heightened attention to topics like skin care and gut health.

Topics addressed in this section include physical activity, healthy eating, breastfeeding, cigarette smoking, alcohol and substance use, and harm reduction.

Physical Activity

Regular physical activity is a key preventative health measure for reducing the burden of chronic diseases and preventing early death. Madison County adults reporting no exercise in the past month varies by location and fluctuated between 21.1% and 28.4% (2004-2022). In 2022, 22.4% of adults report not engaging in exercise, ranging from 17.8% to 28.3% by census tract.[10] As for older adults, 29.5% in Madison County do not participate in leisure-time physical activity, compared to 31.6% in New York State.[11]

Madison County monitors physical activity levels among students through the Madison County Teen Assessment Project survey. There has been fluctuation of exercising for fun and fitness among high school students with only about 48% engaging in at least two hours of physical activity per week in 2022.[12]

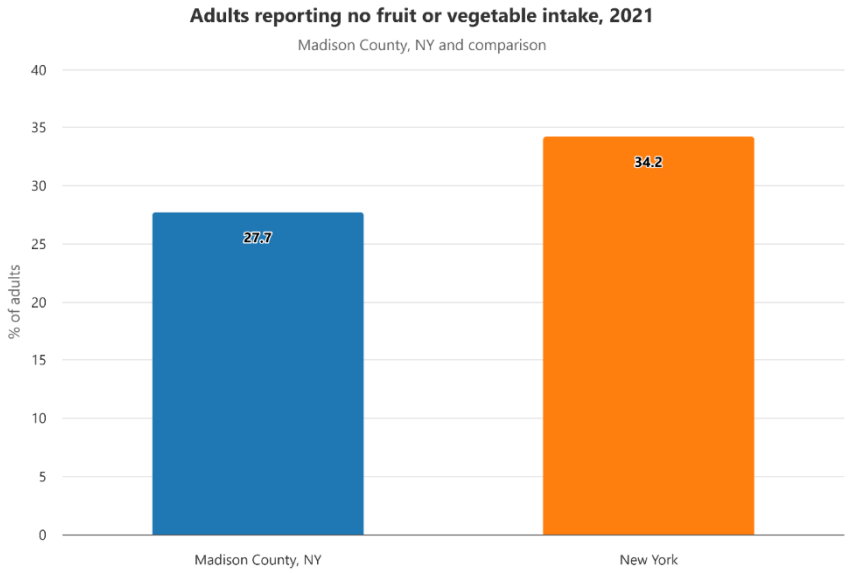


41% of 2025 CHA survey respondents indicated lack of physical activity as an issue

[10] Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract), Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA)
[11] New York Behavioral State Risk Factor Surveillance System (BRFSS)
[12] Madison County Teen Assessment Project (TAP) Survey

Fruit, Vegetable, and Beverage Consumption

A healthy diet supports good physical health by incorporating fruits, vegetables, whole grains, fat-free or low-fat dairy products, and a variety of protein sources. About 34% of adults in New York State report no fruit or vegetable intake. In Madison County, the prevalence is lower at about 28% of adults; however, the trend has worsened since 2016. Additionally, 33.5% of low-income adults in Madison County consume at least one sugary drink per day, similar to New York State adults at 31.0%.[13]



Adults reporting no fruit or vegetable intake: Percentage of adults who report consuming less than one fruit or vegetable per day.

Community Input: "[Cooking is] expensive, takes time, energy, and effort." – Focus Group Participant

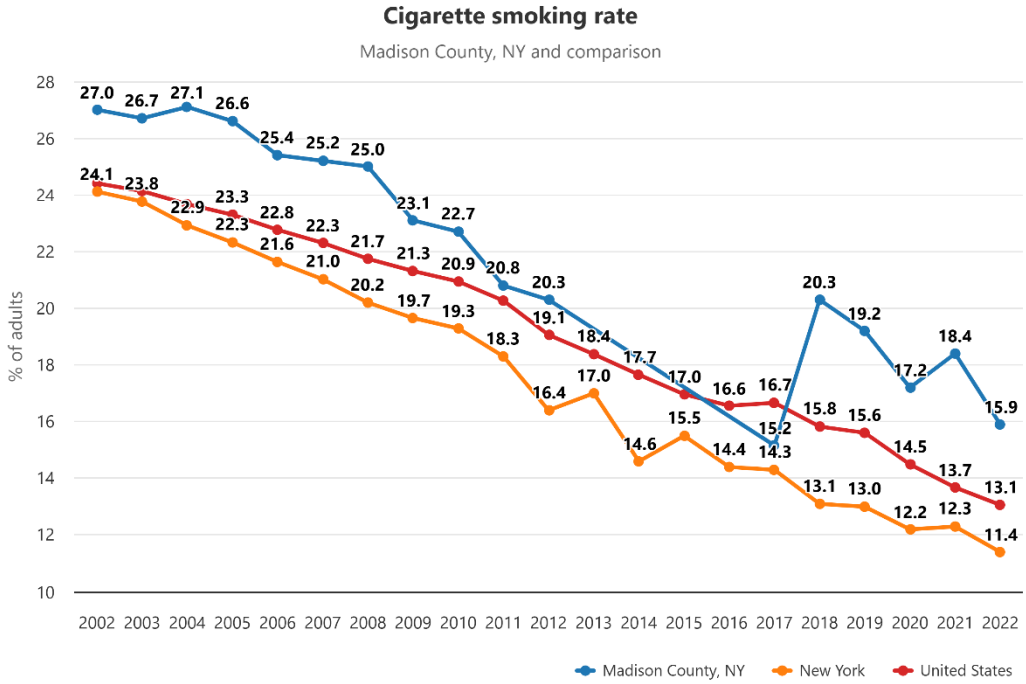
Breastfeeding

Breastfeeding provides essential nutrients for infants and provides benefits to the mother as well. Breastfeeding initiation refers to the infant receiving and breast milk or colostrum during the period between delivery and discharge from the birth facility (or completion of the birth certificate for home birth). The percentage of newborn babies who initiate breastfeeding in Madison County is 80.7%, up slightly from 79.4% in 2017-2019. However, the proportion remains lower compared to New York State (86.9%) and the United States (84.6%).[14]

[13] New York State Behavioral Risk Factor Surveillance System (BRFSS)
[14] National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) (for 3-year data), Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (for 2018-2019)

Tobacco Use

Tobacco use is recognized as the leading cause of preventable death in the United States. Although cigarette smoking has decreased within the past 20 years, the prevalence of smoking in Madison County remains higher with 15.9% of adults identified as current smokers. This is compared to 11.4% in New York State and 13.1% in the United States.[15] Additionally, 42.5% of low-income adults in Madison County smoke cigarettes, an increase from previous years.[16]



Cigarette smoking rate: Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Community Input: "Some of the Zyns have tobacco *and* caffeine in them. So they're not only using nicotine, which is an addictive substance, but as is caffeine." – Focus Group Participant

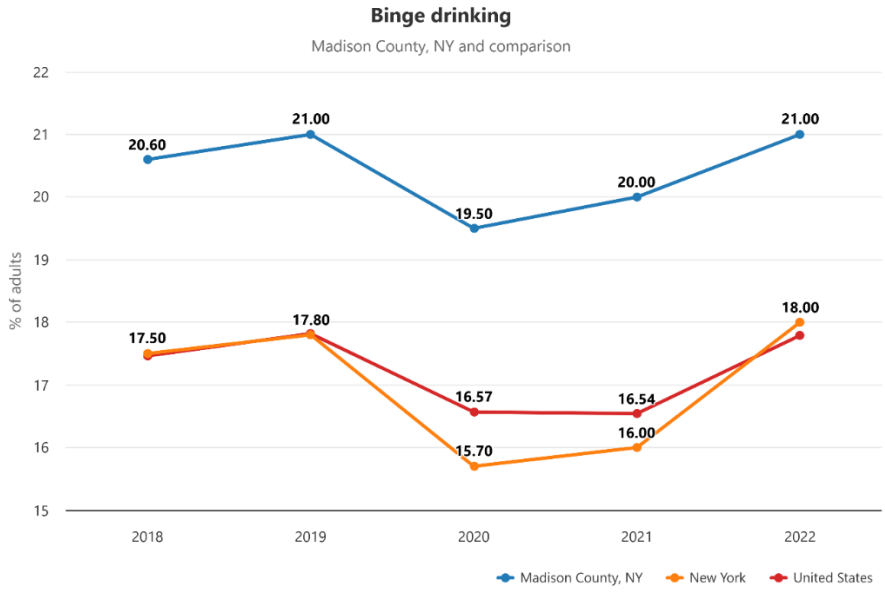
Vaping

Vaping, which involves inhaling aerosolized nicotine or cannabis products, poses health risks including lung injury, nicotine addiction, and exposure to harmful chemicals. Vaping in Madison County has increased from previous years with about 10% of Madison County adults using e-cigarettes in the past month, compared to 5.9% in New York State. According to the Madison County TAP Survey, the percent of students who have tried vape products has declined from 33.3% in 2018 to 19.4% in 2022.[17]

[15] Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014) (Data modeled from BRFSS for years 1996-2012), Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC)
[16] New York State Behavioral Risk Factor Surveillance System (BRFSS)
[17] Madison County Teen Assessment Project (TAP) Survey

Alcohol Use

Excessive alcohol use – including binge drinking, heavy drinking, and any alcohol use by people under 21 years or who are pregnant – on occasion or over time increases the risk of injuries and health problems. Binge drinking has fluctuated, with about 21% of Madison County adults reporting binge drinking in 2022. This is higher than the statewide average of 18% in New York and the national average of 17.8%.[18] Alcohol use among high school students has shown fluctuations over the years. In 2022, 39.4% of high school students reported using alcohol, a decrease from 49.3% in 2018.[19]



Binge drinking: Percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days.

Cannabis Use

Cannabis—also known as marijuana—contains compounds such as THC, which causes psychoactive effects, and CBD, which is non-intoxicating and sometimes used for medical purposes. While cannabis is legal for adults 21 years and older, misuse carries health risks. Cannabis use among adults in Madison County is 14.6%, which is slightly higher than the overall consumption rate in New York State at 13.2%.[20] The percentage of high school students who have tried marijuana has shown a notable decline from 32.0% in 2018 to 22.5% in 2022,[21] similar to the New York State rate of 22.3%.[22]

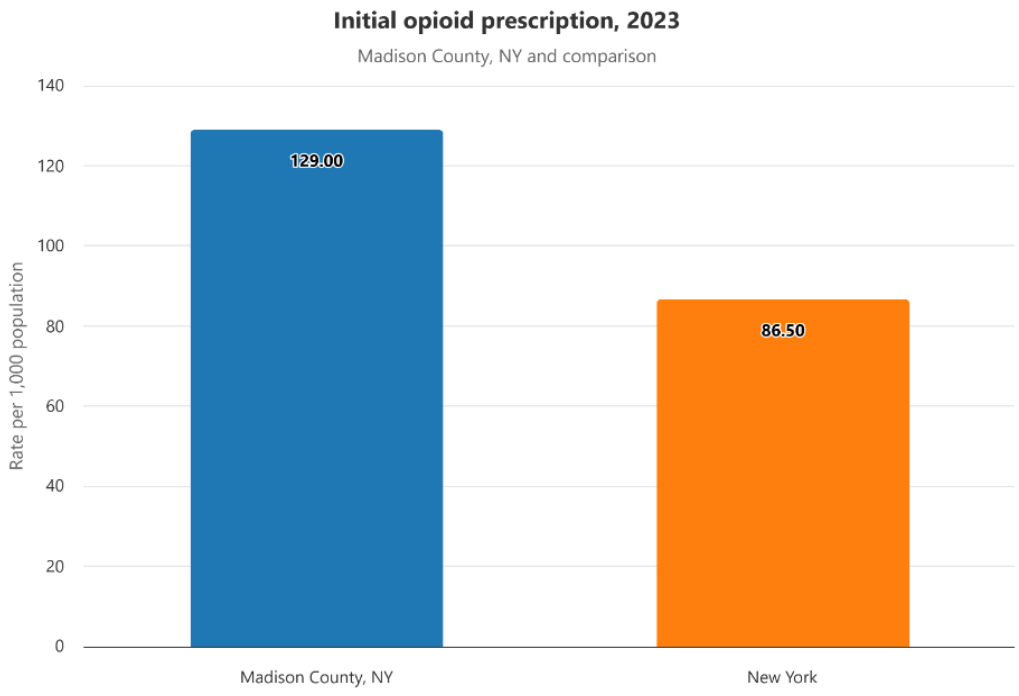
[18] Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA), Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract)
[19] Madison County Teen Assessment Project (TAP) Survey
[20] New York State Behavioral Risk Factor Surveillance System (BRFSS)
[21] Madison County Teen Assessment Project (TAP) Survey
[22] Youth Risk Behavior Surveillance System (YRBSS)

Opioid Use

Opioids are a type of highly addictive drug commonly used to treat moderate-to-severe pain. Beginning in the late 1990s, the United States has seen a rise in overdose deaths from opioids, including prescription pain medications (oxycodone, hydrocodone), illicit heroin, and the increasingly common synthetic opioid fentanyl.

Prescribing Trends

In Madison County, the rate of opioid analgesic (pain relief) prescriptions was 369.0 per 1,000 population in 2023, the lowest rate in recent years, compared to 225.6 per 1,000 in New York State. The data show that Madison County's initial opioid prescription rate is 129.0 per 1,000 residents, significantly higher than the New York State average of 86.5 per 1,000. Clinical guidelines recommend limiting prescriptions for opioid-naïve patients—those who have never received opioids or have not had a recent prescription—to a maximum seven-day supply. From 2016 to 2023, the percentage of opioid prescriptions lasting fewer than seven days declined sharply in Madison County, from 32.2% to 14.1%, mirroring a statewide drop from 34.4% to 15.1%.[23]

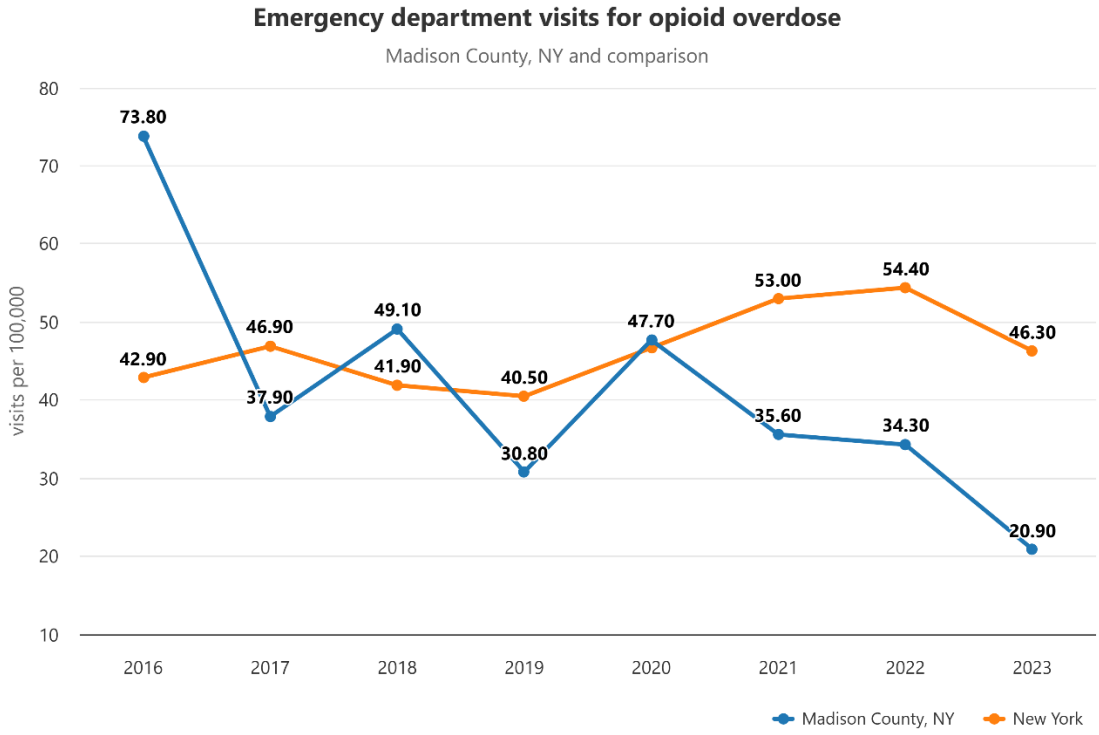


Initial opioid prescription: Episodes when an opioid-naive patient (a patient who has not recently or consistently taken opioid medications) received an opioid prescription, rate per 1,000 population.

[23] New York State Prescription Monitoring Program Registry

Emergency Department Visits for Opioid Overdose

The data illustrates the rate of emergency department visits for opioid overdose in Madison County and New York State from 2016 to 2023. In Madison County, the rate peaked in 2016 at 73.8 visits per 100,000 people, while the statewide rate was highest in 2023 at 54.4 visits per 100,000 people.[24]



Emergency department visits for opioid overdose: Rate of all outpatient emergency department visits involving opioid overdose.

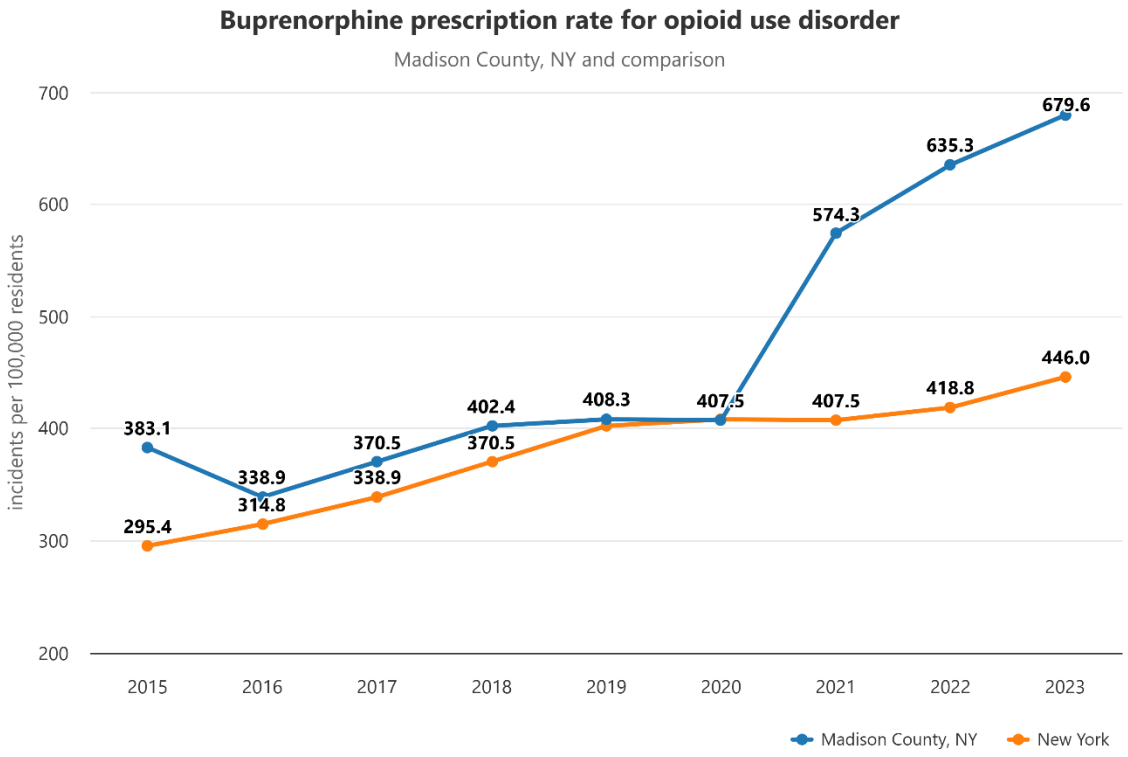
Community Input: "I've seen families that have tried to get out from underneath those addictions... I think we're still in the midst of a drug crisis." – Focus Group Participant

[24] New York State County Opioid Quarterly Reports

Treatment & Harm Reduction

Buprenorphine

Buprenorphine is a drug used to treat pain and opioid use disorder. Buprenorphine prescription rates for opioid use disorder in Madison County have consistently been higher than the overall state rate. In 2023, Madison County's rate was 679.6 per 1,000 people, compared to New York's rate of 446.0.[25]



Buprenorphine prescription rate for opioid use disorder: Patients who received at least one buprenorphine prescription for opioid use disorder, age-adjusted rate per 100,000 population.

Naloxone

Naloxone (commonly referred to by the brand name, Narcan®) is a life-saving drug that can reverse the effects of an opioid overdose, including fentanyl. Naloxone administration rates in Madison County and across New York State show notable fluctuations over the past decade. In 2024, Madison County's rate is 54.4 per 100,000, significantly lower than the state's rate of 76.7.[26]

[25] New York State Prescription Monitoring Program Registry
[26] New York State County Opioid Quarterly Reports

Healthy Care

The use of the healthcare system for both preventative care and treatment plays a role in overall health outcomes of community members. Access to healthcare – such as providers in a geographic service, cost of service, and health insurance – impacts the timeliness and quality of medical care.

Community Context

In Madison County, access to care remains a significant challenge, with many community members struggling to obtain medical, dental, and mental health services. While access to health insurance—including Medicaid—is not considered a barrier, residents consistently cited the limited number of providers who accept Medicaid as a major obstacle.

Mental health services were a key concern. While the Madison County Mental Health Clinic and affiliated school-based clinics received positive feedback, some residents emphasized the need for more diverse treatment choices including private counseling options. As one participant noted, “I think the mental health resources in our area are limited. I recognize that we have them at the county, but as far as people who would want to have private mental health counseling, there's not much of it.” In the 2025 community-wide survey, respondents selected adult and youth behavioral health services as the top two healthcare services that need to be addressed.

Participants also shared concerns of long waits for appointments, a lack of specialists in the county, and persistent gaps in dental care. Many expressed frustration that dental services are often unaffordable, and few local dentists accept insurance or request payment upfront. Survey respondents selected dental care as the third priority for healthcare services that need improvement.

The lack of rehabilitation centers and homeless shelters was also highlighted, with participants noting that mobile outreach units and peer support networks are helpful but insufficient to meet demand. Lastly, focus groups revealed that younger generations appear to be more proactive in seeking care and utilizing available services, suggesting shifting attitudes toward preventive health.

Topics addressed in this section include health providers, prenatal care, birth outcomes, health insurance, preventative care for women, lead testing, vaccinations, diabetes testing and outcomes, cancer screening, oral health, and early intervention.

Health Providers

Health care providers and access to them play a vital role in an individual's health. About 86.7% of adults in Madison County have a regular health care provider, compared to 85.8% in New York State. In Madison County, there are 167.6 medical providers per 100,000 residents, compared to 225.9 per 100,000 and 199.2 per 100,000 in New York State and the United States respectively.[27]

Provider Type	Madison County	New York	United States
Dentists Per 100,000 residents, 2025	46.5	109.6	113.7
Doulas Per 100,000 residents, 2025	8.8	5.3	4.9
Mental Health Providers Per 100,000 residents, 2025	271.0	647.4	689.6
Obstetrics & Gynecology Per 100,000 residents, 2025	14.1	26.9	25.5
Pediatrics Physicians Per 100,00 residents, 2025	12.8	51.9	47.1
Pharmacies Per 100,000 residents, 2025	30.7	47.4	35.1
Primary Care Providers (PCP) Per 100,000 residents, 2022	76.5	109.9	90.8
Skilled Nursing Facility Beds Per 100,000 residents, 2023	529.3	556.2	488.3
Specialist Physicians Per 100,000 residents, 2022	50.0	166.5	108.0

59% of 2025 CHA survey respondents indicated Adult Behavioral Health Services as a top healthcare service to address

[27] Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and State level data) and Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

Prenatal Care

Prenatal care, such as physical exams and ultrasounds, in the first trimester is a critical aspect of maternal and newborn health. Madison County leads with 85.8% of expectant mothers receiving early prenatal care, a slight increase from previous years. This rate is compared to 80.6% in New York State and 78.1% in the United States overall.[28]

Birth Outcomes

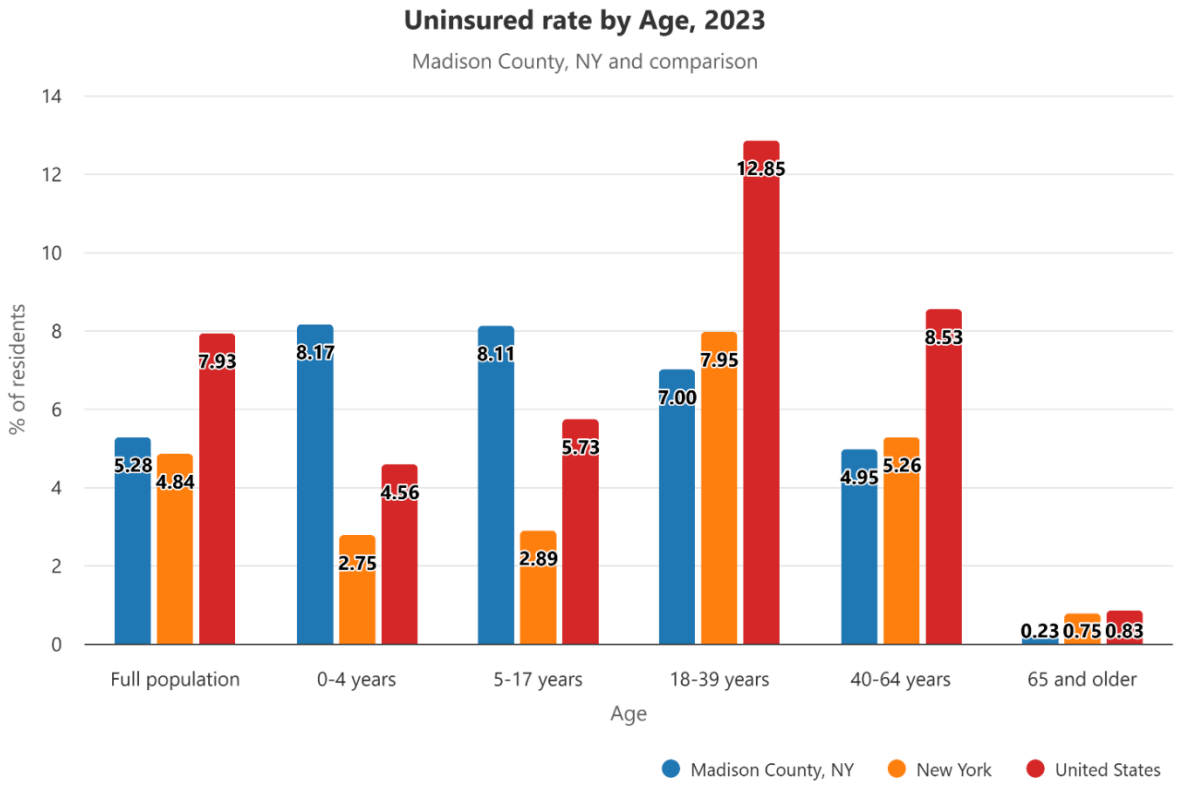
Birth outcomes such as infant mortality, preterm birth, and low birth weight highlight the combined impact of health care access, maternal health, and community supports during pregnancy and early infancy. The data table below includes key measures.[29]

Topic	Madison County	New York	United States
Births by C-section % of births, 2020-2022	34.0%	34.3%	32.2%
Preterm births % of live births, 2020-2022	9.4%	9.5%	10.3%
Low birth weight % of live births, 2020-2022	7.4%	8.4%	8.5%
Infant mortality Deaths per 1,000 live births, 2020-2022	5.7	4.1 (2022)	5.6 (2022)
Maternal mortality Deaths per 100,000 live births, 2023	0.0	17.7	18.6

Health Insurance

Health insurance is a protective factor for health. Being insured increases access to preventative care and financial protection from high medical costs.[30] In 2023, approximately 5% of Madison County residents did not have health insurance. Children (ages 0-17) have higher rates of being uninsured compared to adults in Madison County, an increase compared to previous years.[31]

[28] Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB)
[29] Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-B); Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB); CDC Wonder
[30] HealthCare.gov. Why Health Insurance is Important.
[31] U.S. Census Bureau (Tables B27001/C27001)



Uninsured rate: Percent of residents without health insurance (at the time of the survey)

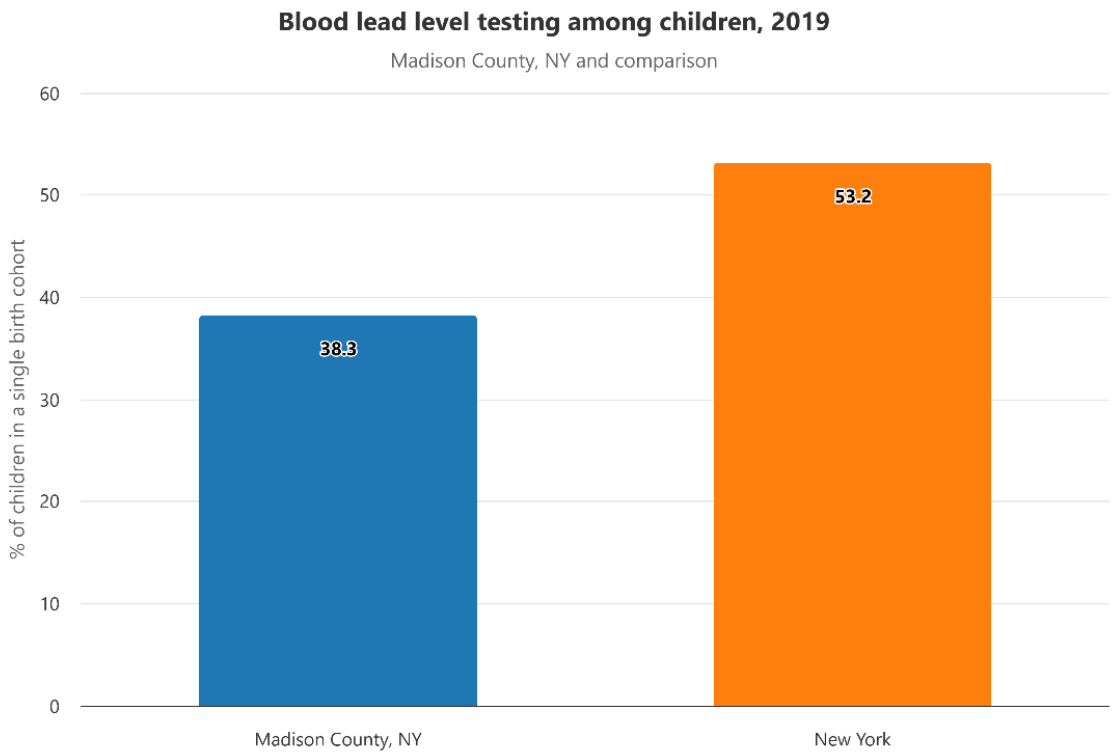
Women with Preventative Medical Visits

Preventative medical visits, which may involve physical exams, vaccines, screenings, and education, are important for women for early disease detection, treatment, and monitoring.[32] Women who visited a doctor for routine checkups in Madison County have a significantly higher rate of 93.7%, compared to the overall rate in New York, which is 87.9% in 2021.[33] The rate in Madison County has increased compared to 87.5% in 2018.

Lead Testing among Children

Exposure to lead from paint chips or contaminated water can harm children's developing brains leading to learning or behavioral issues. It is recommended that all children be tested for blood lead levels at ages 1 and 2. In New York State, 53.2% of children have been tested for blood lead levels. Madison County reports a lower testing rate at 38.3%.[34] Both rates have decreased compared to previous years.

[32] U.S. Department of Health and Human Services
[33] New York State Behavioral Risk Factor Surveillance System (BRFSS)
[34] New York State Childhood Lead Poisoning Prevention Program



Blood lead level testing among children: The percentage of children in a single birth cohort tested at least twice for lead before 36 months of age

Immunizations

Immunizations are a safe, effective way to reduce the risk of disease transmission and development of severe illness among children and adults. See table below with vaccination rates by type and location.[35]

Topic	Madison County	New York	United States
Childhood vaccination series % of children 2-3 years, 2024	71.4%	59.3%	-
HPV vaccine series % of 13-year-old residents, 2024	21.5%	25.7%	-
Flu vaccination % of Medicare beneficiaries, 2023	47%	49%	47.5%

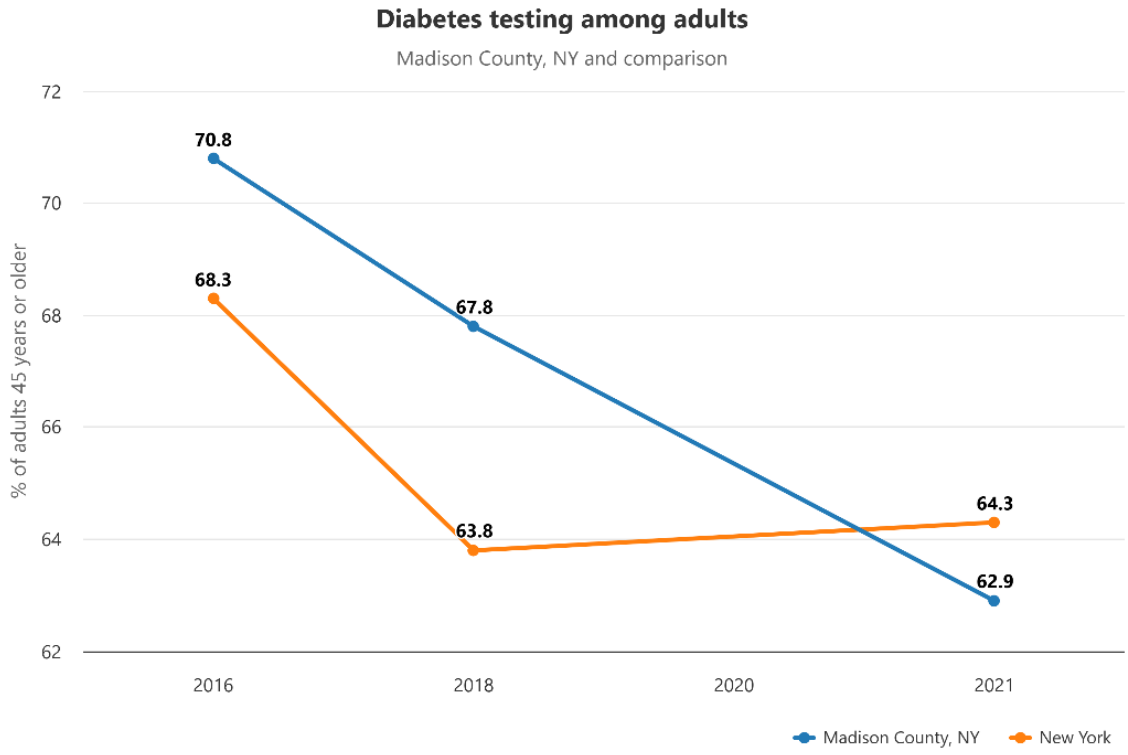
[35] New York State Immunization Information System (NYSIIS); Department of Health and Human Services (HHS): Centers for Medicare and Medicaid Services (CMS)

Diabetes

Diabetes is a chronic condition that affects how the body processes blood sugar, increasing the risk of serious health problems such as heart disease, kidney failure and vision loss.[36]

Testing

Diabetes tests are a measure of blood sugar levels and are vital for early detection and effective management.[37] Diabetes testing among adults aged 45 and over in Madison County stands at 62.9%, slightly below the statewide average of 64.3% in New York.[38] However, testing rates in the county have declined since 2016. This indicates a relatively consistent testing rate across the state, with Madison County closely mirroring the overall trend.

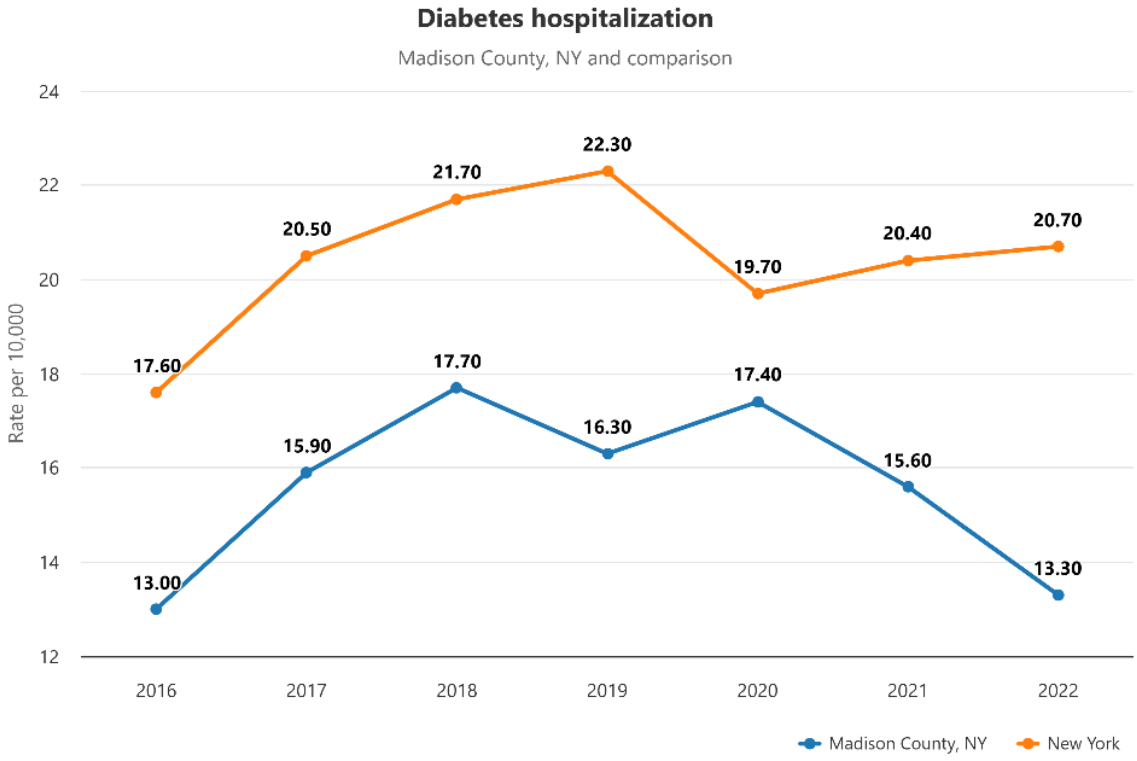


Diabetes testing among adults: Percent of adults ages 45 and older who got tested for diabetes in the past three years.

[36] Centers for Disease Control and Prevention (CDC). Diabates Basics.
[37] World Health Organization
[38] New York State Behavioral Risk Factor Surveillance System (BRFSS)

Hospitalizations

Diabates hospitalizations typically occur for acute reasons, like high or low blood sugar, or more complicated reasons related to co-existing chronic conditions.[39] Rates in Madison County have shown a general decline from 17.7 in 2018 to 13.3 per 10,000 in 2022. In contrast, the statewide rates in New York have remained relatively stable in more recent years.[40]



Diabetes hospitalization: The number of hospitalizations due to diabetes per 10,000 population.

[39] Centers for Disease Control and Prevention (2024). National Diabetes Statistics Report.
[40] New York State Statewide Planning and Research Cooperative System (SPARCS)

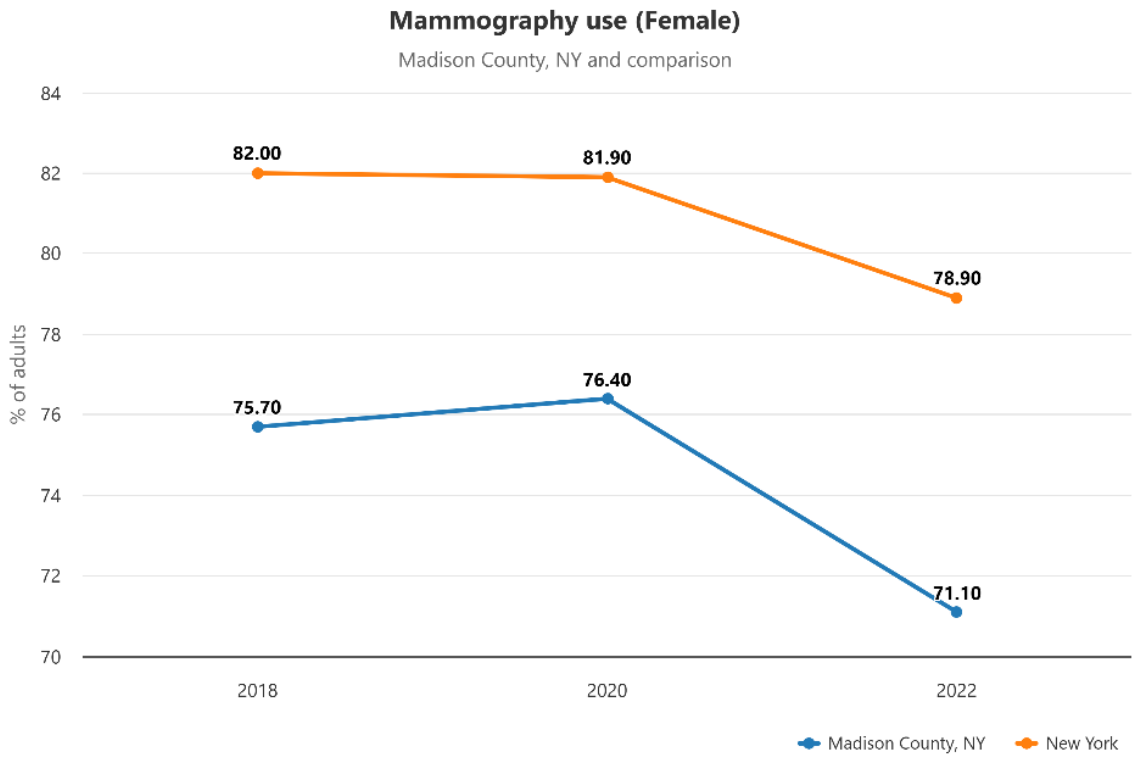
Cancer Screening

Cancer screenings are proactive measures for early detection, when cancer is most treatable and survival rates are higher.

A pap smear is a screening in detecting cervical cancers. In 2020, 84.7% of women aged 18–64 years in Madison County received a pap smear, compared to 79.6% in New York State and 77.6% in the United States.

Colorectal cancer screening rates vary across different locations in the United States. In Madison County, 63.2% of adults aged 50–75 years have been screened. The overall screening rate for the state of New York is slightly lower at 61.4%.[41] Both rates have declined since 2018.

Mammography is recommended for the detection of breast cancer. In New York State, the rate of mammography use is 78.9%, indicating a relatively high level of screening. However, in Madison County, the rate is lower at 71.1%. Both rates have declined since 2020.



Mammography use: Percent of resident female adults aged 50-74 years who report having had a mammogram within the previous 2 years

[41] Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract), Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA)

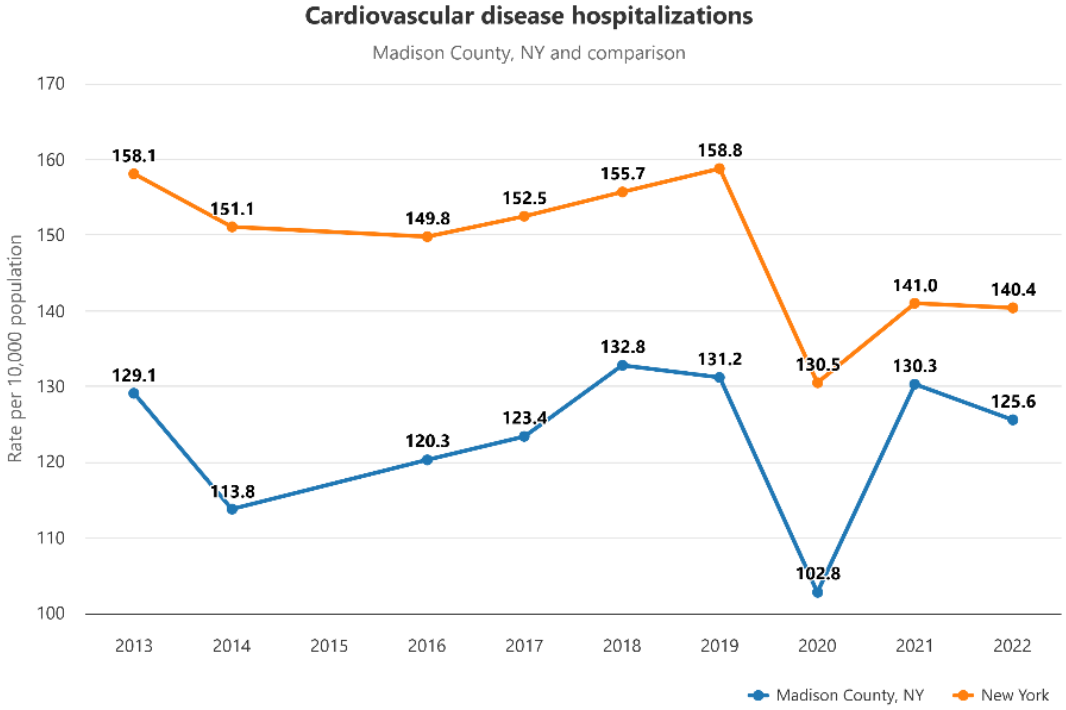
Hospitalizations

Asthma

Asthma is one of the most common chronic diseases among children and youth. Asthma-related emergency department visits among ages 0-17 in the State of New York are significantly higher than in Madison County. The state average is 94.8 visits per 10,000 people, while Madison County reports 44.0 visits per 10,000 people; however, both rates have increased in recent years.

Cardiovascular Disease

Cardiovascular disease hospitalizations in Madison County have shown fluctuations over the past decade. The highest rate was observed in 2019 at 131.2 per 100,000 people, while the lowest was in 2020 at 102.8. Overall, Madison County's rates have been consistently lower than the statewide average, which peaked at 158.8 in 2019.[42] The data indicates a general decline in hospitalization rates since 2019, both locally and statewide.

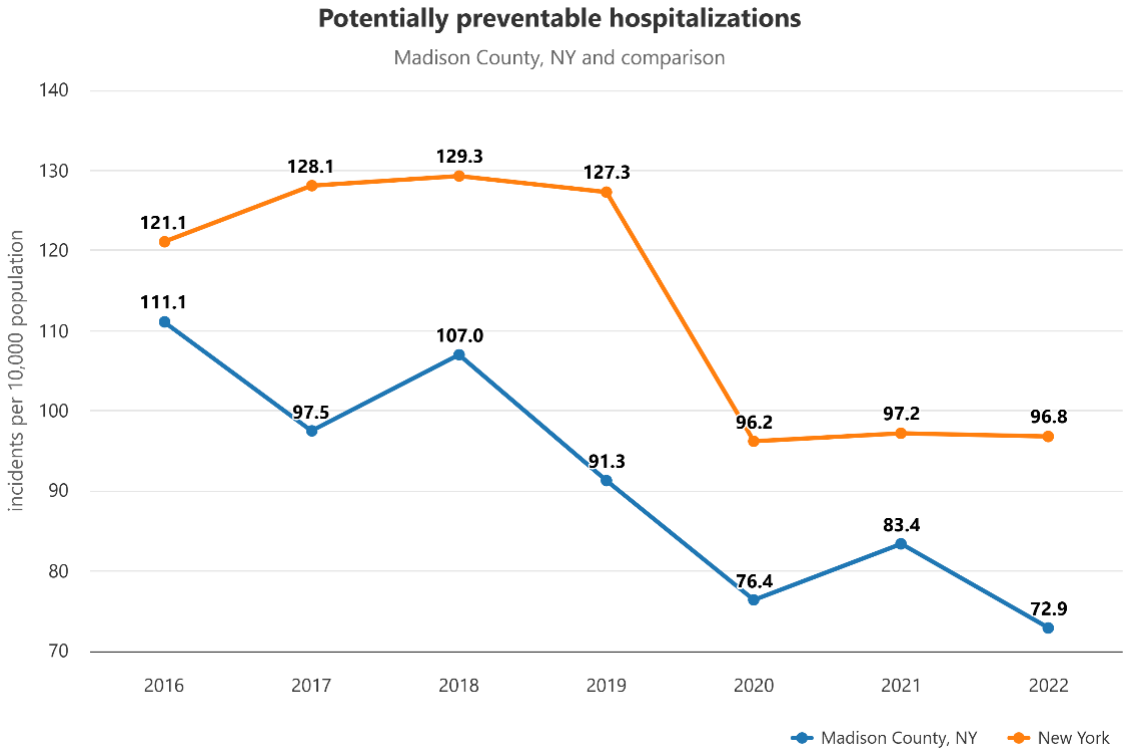


Cardiovascular disease hospitalizations: The number of hospitalizations due to cardiovascular disease per 10,000 population

[42] New York State Statewide Planning and Research Cooperative System (SPARCS)

Potentially Preventable

Potentially preventable hospitalizations, for reasons such as dehydration and diabetes or asthma complications, in Madison County have shown a positive trend over time, dropping from 111.1 per 100,000 population in 2016 to 72.9 in 2022. This trend is mirrored in the state of New York, where rates have also decreased, although they remain higher than those in Madison County.[43]



Potentially preventable hospitalizations: Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000 population.

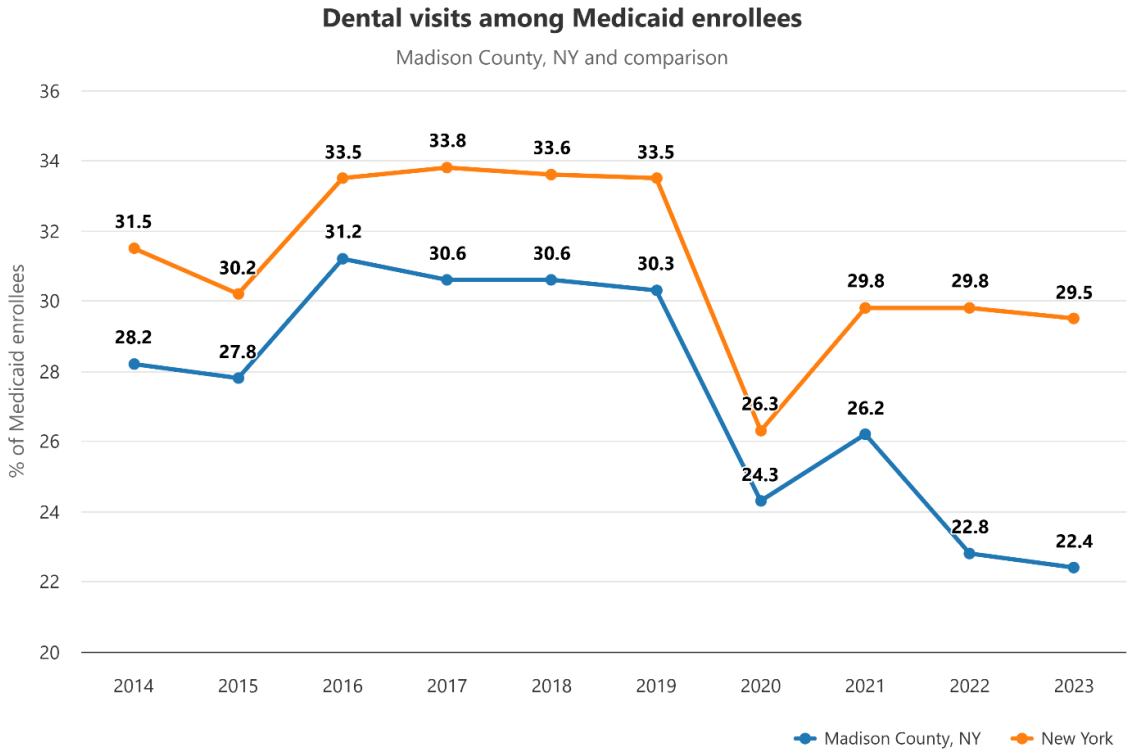
[43] New York State Statewide Planning and Research Cooperative System (SPARCS)

Oral Health

Poor oral health has been associated with the development of chronic diseases such as cardiovascular disease and diabetes.

Dental Visits

Dental visits among Medicaid enrollees in Madison County have generally declined over the past decade, from 31.2% in 2016 to 22.4% in 2023. This trend contrasts with the overall state of New York, where the rate has remained relatively stable in the past few years. Additionally, among Medicaid enrollees ages 2-20, 32.7% have had at least one preventative dental visit in the past year in Madison County, compared to 43.0% in New York State.[44] The data indicates a significant gap between Madison County and the state average.



Dental visits among Medicaid enrollees: Percentage of Medicaid enrollees with at least one dental visit within the last year.

Community Input: "Most dentists won't take your insurance."– Focus Group Participant

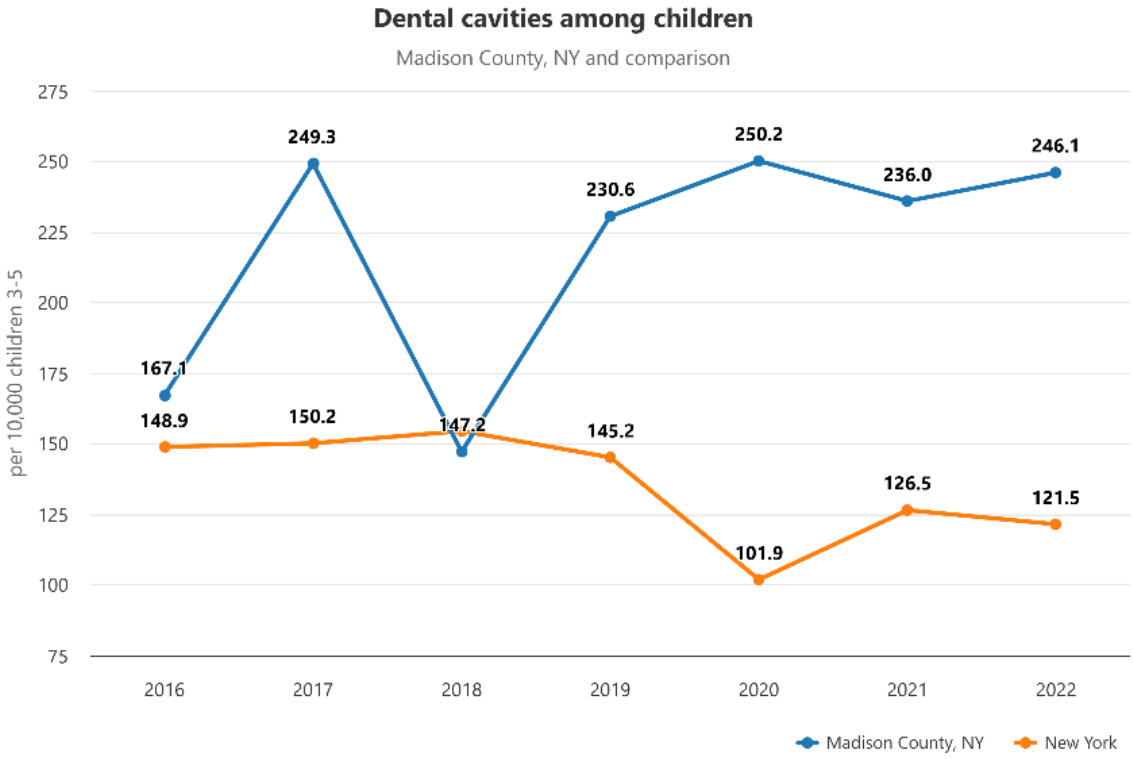
[44] Medicaid Managed Care, Office of Health Insurance Programs (OHIP)

All Teeth Lost

In Madison County, 14.0% of adults aged 65 and older report having lost all of their natural teeth because of tooth decay or gum disease, slightly higher than the state average of 12.3%.[45]

Dental Cavities

Dental cavities are one of the most common chronic conditions, causing pain, difficulties eating, and can lead to tooth loss and reduced quality of life. Among children ages 3-5 in Madison County, rates have shown a significant increase from 147.2 per 10,000 children in 2018 to 250.2 in 2020, with a slight decline to 246.1 in 2022. In contrast, the overall rate in New York State has fluctuated, peaking at 154.5 per 10,000 in 2018 and dropping to 101.9 in 2020.[46]



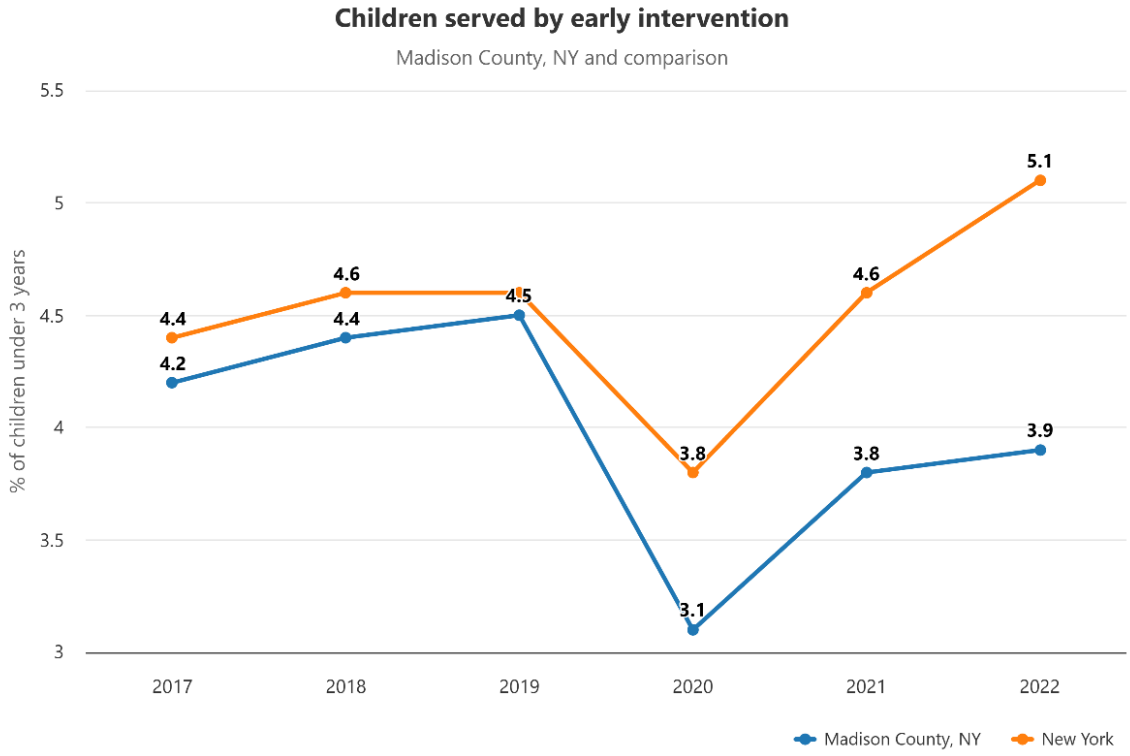
Dental cavities among children: The number of outpatient visits due to dental caries (cavities) in children aged 3 to 5 per 10,000 population in that age group.

40% of 2025 CHA survey respondents indicated Dental Care as a top healthcare service to address

[45] Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract), Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA)
[46] New York Statewide Planning and Research Cooperative System (SPARCS)

Early Intervention

Early intervention services encompass physical, occupational, and speech therapies to address delays in child development. The data represents the percentage of children served by early intervention programs in Madison County and the state of New York from 2017 to 2022. In Madison County, the percentage of children served decreased from 4.2% in 2017 to 3.9% in 2022. Statewide, the percentage increased from 4.4% in 2017 to 5.1% in 2022.[47] The data indicates a general upward trend in early intervention services for children in both Madison County and New York State since the COVID-19 pandemic.



Children served by early intervention: Percent of children ages birth to 3 years enrolled in Early Intervention services program.

[47] New York State Early Intervention Program

Healthy Environment

Healthy environments encompass the built and social factors that shape daily life such as the cost and quality of housing, transportation, parks, and food access. These conditions directly influence health behaviors, safety, and overall quality of life by affecting access to resources, opportunities for physical activity, and exposure to hazards.

Community Context

Community members highlighted several pressing challenges. Access to affordable and safe housing was among the most significant concerns. Residents described long waitlists, high costs, safety issues in public housing, and mistrust of landlords and contractors. There was a concern that young families, in particular, have difficulty finding housing they can afford and that limited options may drive them to leave the area. As one participant shared, “Low-income housing is difficult to access—waitlists, fees, background checks.”

Transportation barriers also emerged as a major theme, especially in more rural areas. While volunteer driver programs and Medicaid transportation options exist, they are limited and not available to everyone. Participants noted that public transportation is underutilized, partly due to limited routes and a lack of awareness, while many residents struggle to afford vehicle repairs or maintenance. Some reported walking long distances to reach essential services and worksites.

With the rise in costs for basic needs, such as food, greater burden has been placed on families and local support systems. Systems include food pantries, volunteer transportation services and other agencies.

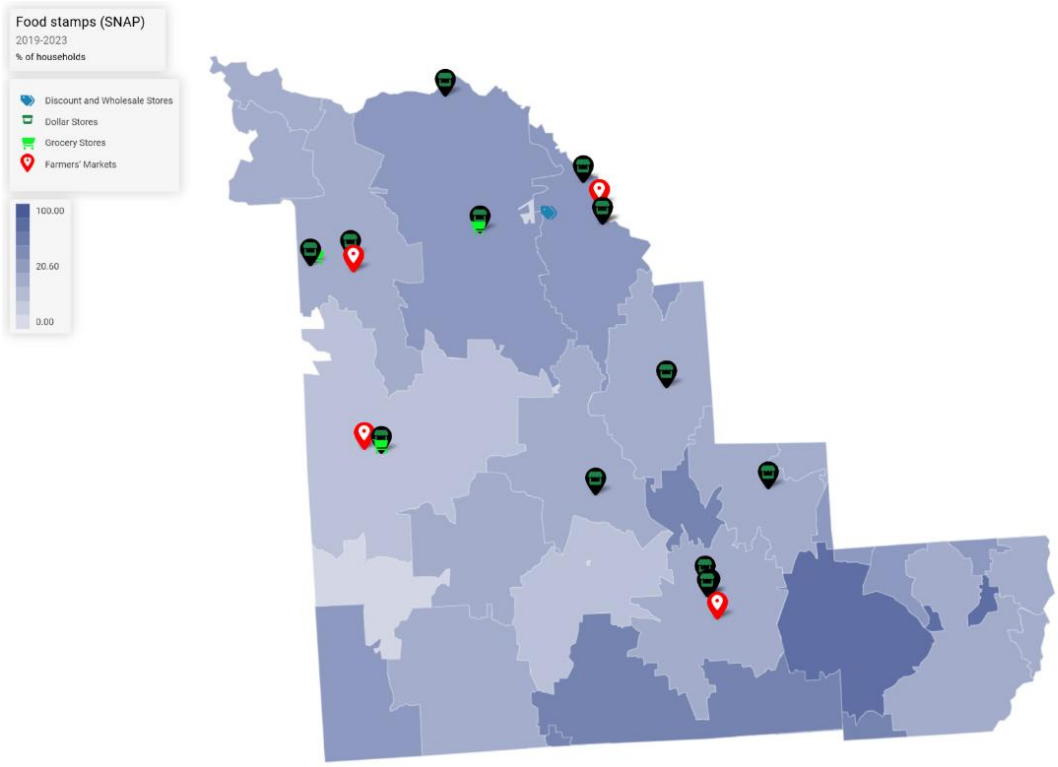
Employment and economic opportunities also play a role in environmental health. Residents described a disconnect between local job training programs and available positions, with fewer long-term, higher-paying career paths and more low-wage hourly jobs. This mismatch has led some to commute long distances or leave the county altogether in search of better opportunities.

Finally, while technology is widely used, digital access and literacy remain barriers for some groups, particularly older adults and low-income residents. Limited internet access, high costs of smartphones and data plans, and challenges navigating online systems can prevent individuals from accessing services and information.

Topics addressed in this section include food insecurity, transportation, housing, internet access, childcare, and school.

Food Access

Food insecurity is a household-level economic and social condition of limited or uncertain access to adequate food.[48] In Madison County, 11.3% of residents experience food insecurity, compared to 14.5% in New York State.[49] The prevalence has increased at the state and local level. The map below shows the percentage of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps, over the past 12 months in Madison County. The percentage of households receiving SNAP benefits varies across the county, ranging from 4% up to 35%.[50]

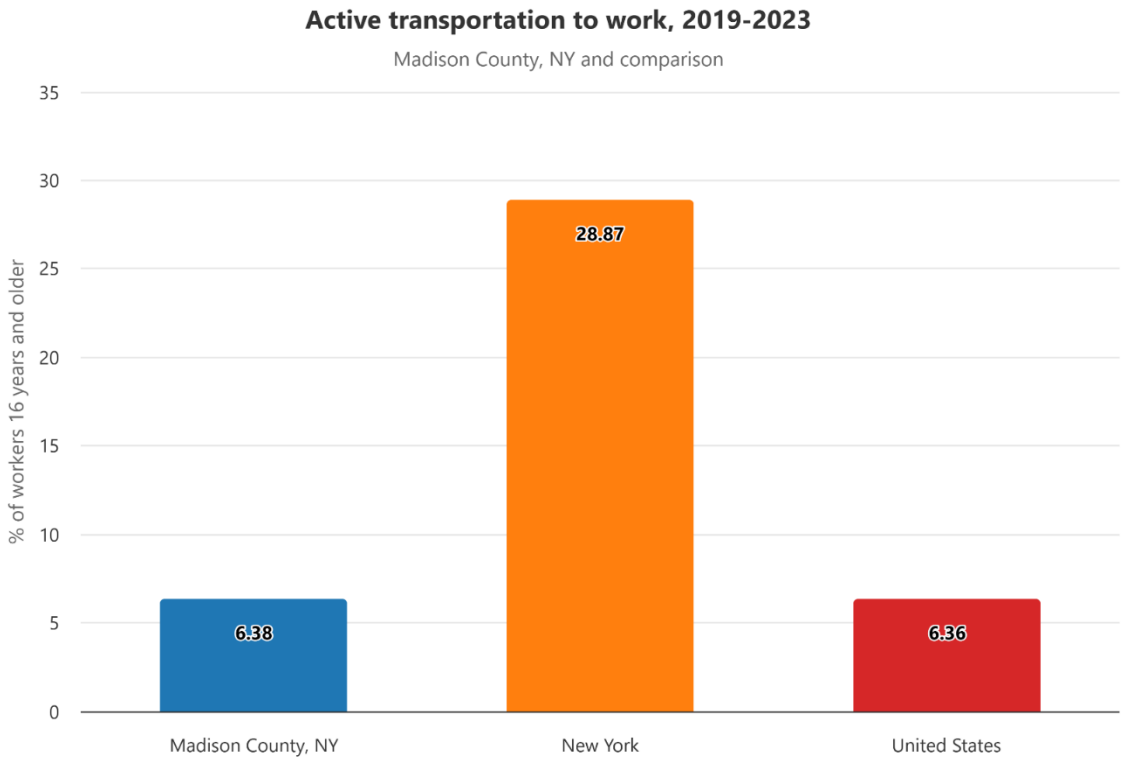


41% of 2025 CHA survey respondents indicated a need for greater access to healthy foods

[48] U.S. Department of Agriculture: Economic Research Service. Food Security in the U.S. - Definitions of Food Security.
[49] Feeding America: Map the Meal Gap
[50] U.S. Census Bureau: American Community Survey (ACS) (Tables B22003, B22005, and S2201)

Transportation

Active transportation to work refers to walking, biking, and taking public transportation. It is an indicator of community health and accessibility, but may also reflect economic factors, such as whether individuals can afford a car. In the New York State, nearly 29% of workers 16 years and older use active transportation. Madison County mirrors the national average with 6.4% of workers using active transportation.[51] This highlights a notable disparity in active transportation usage across different regions, with differences most likely attributed to more urban areas.



Active transportation to work: Percent of workers 16 and older who take active transportation to work (walking, biking, or taking public transportation)

42% of 2025 CHA survey respondents indicated access to reliable transportation as an issue

Violence

Violent crimes refer to homicide, criminal sexual assault, aggravated assault, and aggravated battery. In Madison County between 2017-2021, the rate of crime was 141.9 crimes per 100,000 residents, lower than New York State and the United States (155.0 and 369.0 respectively).[52]

[51] U.S. Census Bureau: American Community Survey (ACS) (Table B08301)
[52] Federal Bureau of Investigation: FBI Crime Data Explorer, New York City Police Department (Data within NYC) (Only in NY)

Housing

Housing stability is a key factor in community health and well-being. Unstable or poor-quality housing leads to increased stress, chronic conditions, and higher mortality rates.[53] Below are key indicators of housing comparing Madison County, New York State, and the United States.[54]

Topic	Madison County	New York	United States
Owner Occupied Housing % of occupied housing units, 2023	76.7%	56.1%	65.2%
Severe Housing Cost Burden % of occupied housing units, 2023	10.5%	19.4%	15.1%
Housing Choice Vouchers % of renter-occupied units, 2024	4.4%	4.9%	3.6%
Homes with High Radon Levels % of tested homes, 1987-2024	41.1%	36.9%	-
Homes Built after 1979 % of homes, 2019-2023	33.8%	25.3%	49.5%
Vacant Housing Units % of homes, 2023	13.1%	9.5%	9.6%

Severe housing cost burden: Households spending more than 50% of income on housing are considered severely housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.

Prevalence of Housing Choice Vouchers: Percentage of renter occupied housing units that are recipients of Housing Choice Vouchers. The Housing Choice Voucher Program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market.

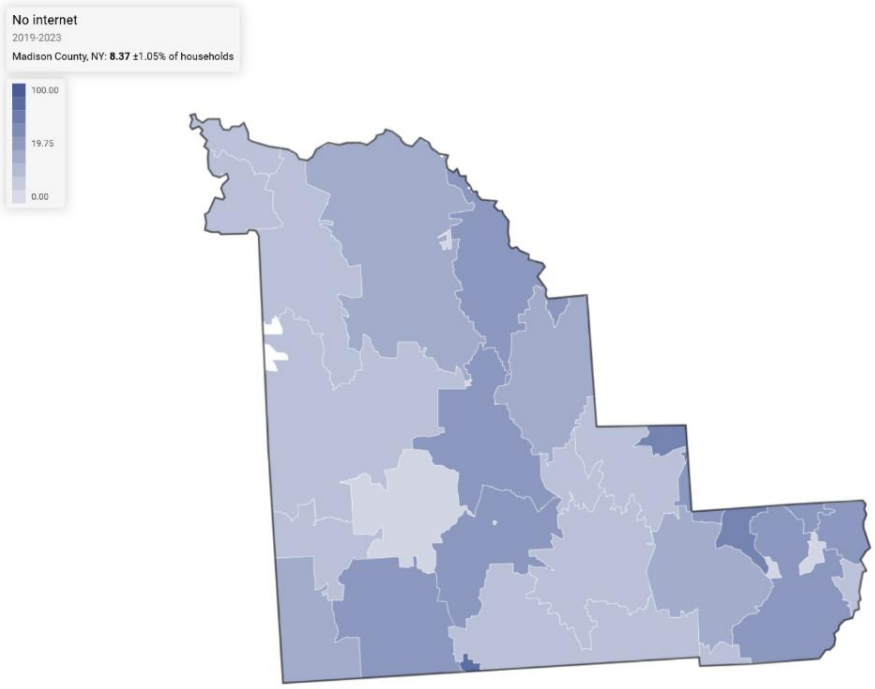
55% of 2025 CHA survey respondents indicated a need for housing that is safe and affordable

[53] U.S. Department of Health and Human Services. Healthy People 2030.
[54] U.S. Census Bureau; U.S. Department of Housing and Urban Development (HUD): Housing Choice Vouchers by Tract; New York State Department of Health Radon Program: Radon Results by County Beginning 1987

Internet Access

Internet access helps people find, understand, and use health information and services, while also providing socio-economic benefits such as education and employment opportunities.

The data represents the percentage of households without internet access in Madison County between 2019-2023, ranging from 0% to nearly 26%.[55]



Childcare

Childcare is important for child development and promoting strong cognition, social-emotional, and physical skills.[56] In Madison County, there are 14 children for every one spot at a childcare center, compared to 9 children in New York State.[57] In the county, an average of 33% of median household income goes towards childcare for a household with 2 children. This is compared to 37.7% for New York State.[58]

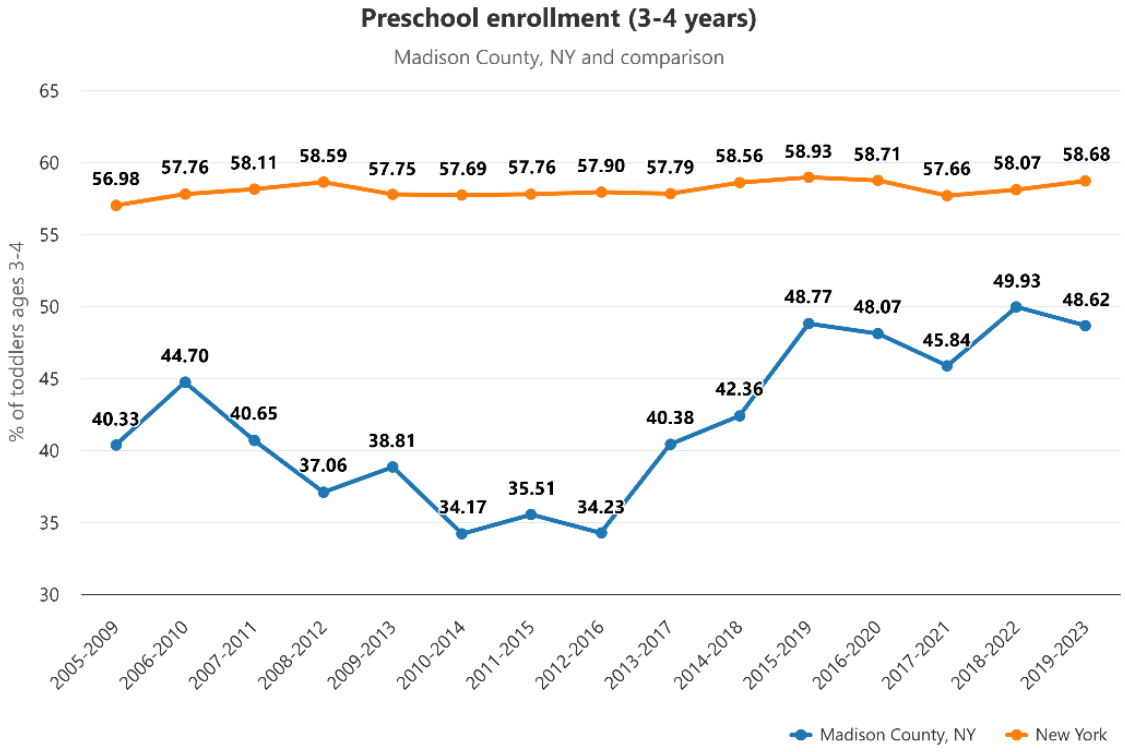
41% of 2025 CHA survey respondents indicated childcare services as a top barrier for economic stability

[55] U.S. Census Bureau: American Community Survey (ACS) (Table B28002)
[56] Centers for Disease Control and Prevention (2023). Early Childhood Education.
[57] US Department of Homeland Security (DHS): HIFLD Open Data Child Care Center Dataset
[58] County Health Rankings

Student Success

Children Enrolled in Preschool

Preschool prepares children for elementary school by further developing skills. Preschool enrollment in Madison County has consistently been below the statewide average. The enrollment rate in Madison County was 48.6% for the period of 2019-2023, while the statewide average was almost 59%.[59]

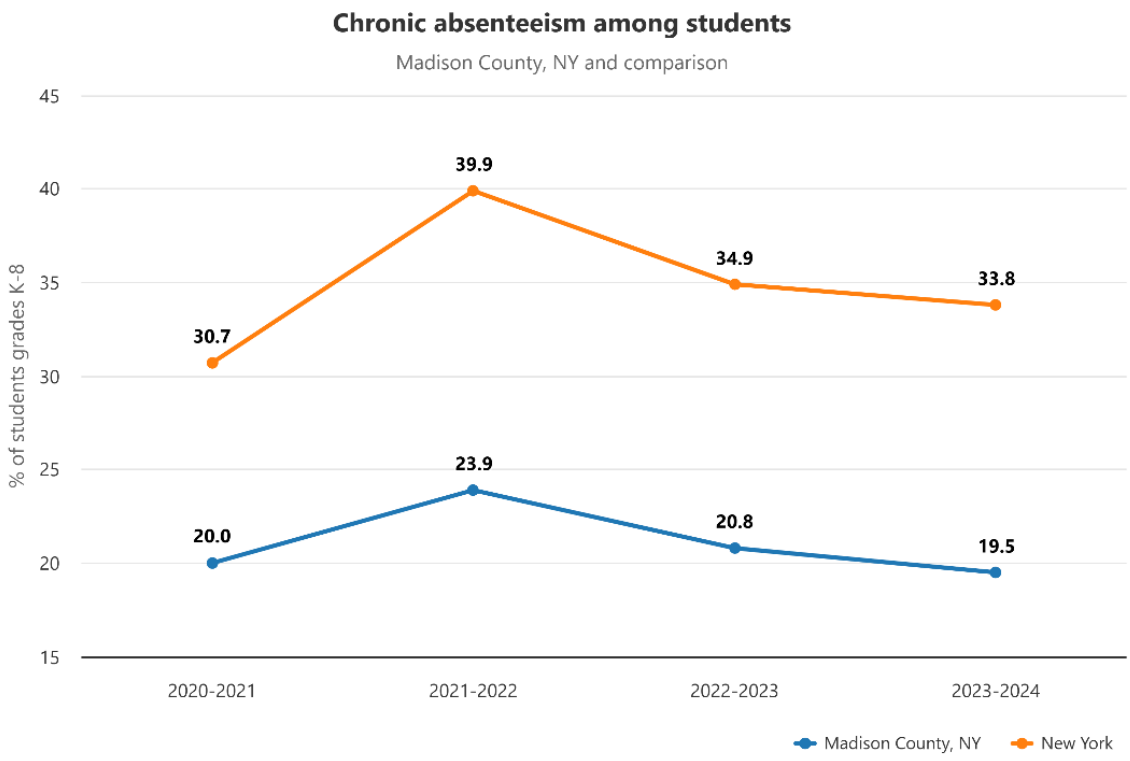


Preschool enrollment: Percentage of 3- and 4-year-olds enrolled in school.

Chronic Absenteeism

Chronic absenteeism refers to being absent from school for more than 10% of the school year. The percentage of chronic absenteeism among Madison County students grades K-8 has shown a decline over the past few years, dropping from 23.9% in 2021-2022 to 19.5% in 2023-2024. In New York State, absenteeism also decreased from 39.9% to 33.8% during the same period. Among K-8 students whose families participate in economic assistance programs, chronic absenteeism is higher with about 28% of students.[60]

[59] U.S. Census Bureau: American Community Survey (ACS) (Table B14003)
[60] New York State Education Department



Chronic absenteeism among students: The percent of students grades kindergarten-8 who had chronic absenteeism, or being absent for more than 10% of the school year.

43% of 2025 CHA survey respondents indicated mental health counseling as a barrier to student success

33% of 2025 CHA survey respondents indicated social-emotional support as a barrier to student success

Health Outcomes

Health outcomes include indicators that describe the population's physical and mental well-being, such as life expectancy, self-reported health, and overall quality of life indicators. This section reflects the culmination of Healthy Behaviors, Healthy Care, and Healthy Environments along with Population Demographics.

Community Context

Chronic disease and mental health continue to be the top health issues identified by community members, as reflected in both the community-wide survey and focus group discussions. In the data available, chronic diseases remain the leading causes of death in addition to contributing factors like obesity, high blood pressure, and diabetes. The presence of anxiety and depression continues to rise along with the lingering social isolation from the COVID-19 pandemic.

In addition, focus group participants discussed the interconnectedness of mental and physical well-being, pointing to a gradual cultural shift toward more holistic views of health. As one community member reflected, “I think in society today, the soul piece is the piece that we tend to neglect the most…finding this balance of, you know, am I taking care of my body? Am I continuing to grow intellectually? Am I feeding my soul?” These perspectives underscore the importance of holistic health initiatives.

Lastly, substance use also remains a pressing community concern among community members. Nearly half (46%) of CHA survey respondents identified drug overdose as a health outcome that needs attention. While data show a downward trend in overdose deaths and related hospitalizations, community members continue to view substance use as a significant challenge with long-term impacts on families, neighborhoods, and quality of life.

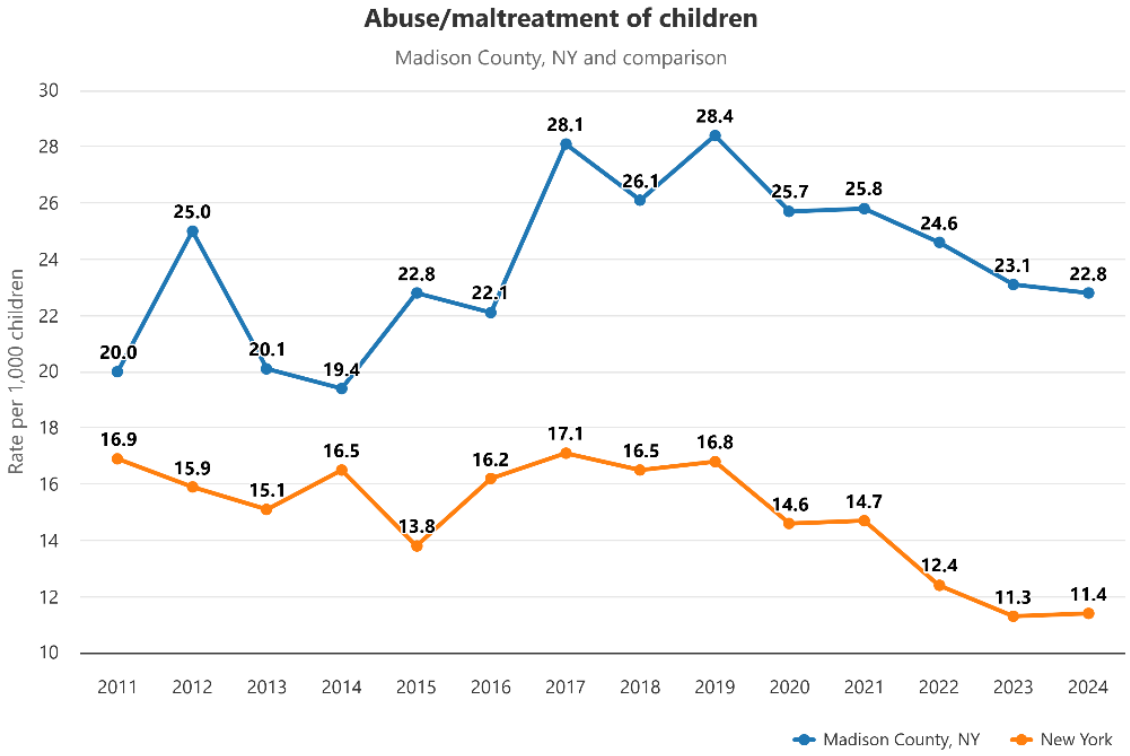
Topics addressed in this section reflect the morbidity and mortality in Madison County, including abuse and maltreatment, mental health disorders, injury hospitalizations, sexually transmitted infections (STIs), high blood pressure, obesity, diabetes, cancer and other leading causes of death.

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) refer to abuse, neglect, and other adversities that occur during childhood and can have negative impact on health in adulthood. In Madison County, the rate is 42.7% compared to 41.9% in New York State in 2021.[61] The percentage increased both in the state and county from 2016.

Abuse and Maltreatment Reports

The data below shows the rate of abuse and maltreatment of children in Madison County and New York State from 2011 to 2024. In Madison County, the rate has fluctuated over the years, with a peak in 2019 at 28.4 per 1,000 and a low in 2014 at 19.4 per 1,000. The statewide rate has also varied, with the highest rate in 2017 at 17.1 per 1,000 and the lowest in 2023 at 11.3 per 1,000.[62] Overall, Madison County has consistently had a higher rate compared to the state.



Abuse/maltreatment of children: Indicated reports of abuse/maltreatment, rate per 1,000 children, aged 0-17 years.

[61] New York State Behavioral Risk Factor Surveillance System
[62] National Child Abuse and Neglect Data System (NCANDS)

Anxiety, Stress, & Depression

Positive mental health encompasses physical, emotional, social, and psychological wellbeing, enabling individuals to be productive, care for themselves, engage in health seeking behaviors, adapt to changes and adversity, and maintain fulfilling relationships with others.[63] Poor mental health may include struggles with stress, depression, and emotional regulation. About 21.6% of Madison County adults experienced frequent mental distress in the past month, compared to 13.4% in New York State. Additionally, about 24.4% of Madison County adults have major depressive disorders, compared to 19.2% of New York State adults.[64] As for Madison County high school students, 43% reported feeling sad or hopeless for two weeks or longer over the last 6 months in 2022.[65]

76% of 2025 CHA survey respondents selected Mental Health as the top health issue that needs to be addressed

Injury Hospitalizations

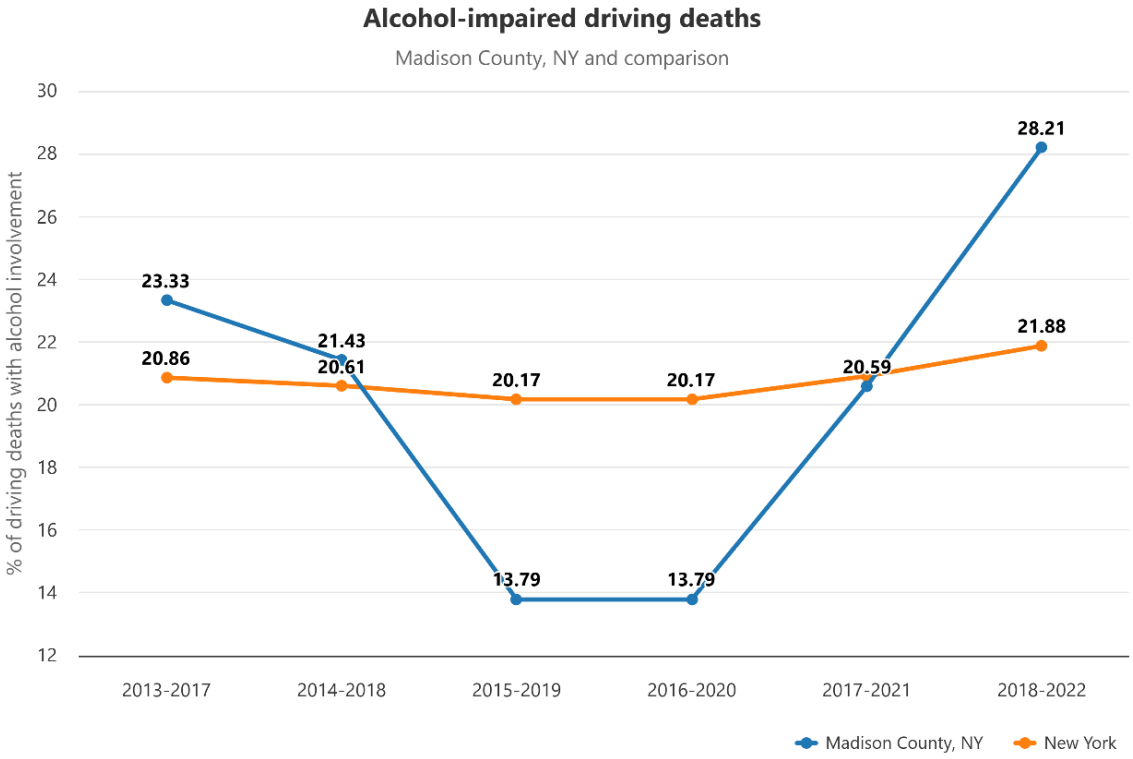
Injury-related hospitalizations highlight important health and safety issues within a community. The table below compares rates in Madison County and New York State.[66]

Topic	Madison County	New York
Assault related hospitalizations Per 10,000 population, 2020	1.3	3.6
Fall hospitalizations Per 10,000 population ages 65-74, 2022	57.7	88.4
Self-inflicted injury hospitalizations Per 10,000 population, 2022 Per 10,000 population ages 15-19, 2022	5.7 18.0	5.2 11.5

[63] Centers for Disease Control and Prevention (CDC). About Mental Health.
[64] New York State Behavioral Risk Factor Surveillance System (BRFSS)
[65] Madison County Teen Assessment Project (TAP)
[66] New York State Statewide Planning and Research Cooperative System (SPARCS)

Alcohol-Related Injury and Death

Alcohol-impaired driving deaths, caused by operating a vehicle after consuming alcohol, in Madison County have fluctuated over the past decade, with a notable peak in 2018-2022 at 28.21%. This rate is significantly higher than the statewide average of 21.88% for the same period. The data indicates a general downward trend in recent years, with the rate dropping to 13.79% in 2016-2020 and 2015-2019, aligning more closely with the state average.[67]



Alcohol-impaired driving deaths: Alcohol-impaired driving deaths are reported in the county of occurrence

38% of 2025 CHA survey respondents indicated drinking alcohol and driving as a health behavior to be improved

[67] University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from the Fatality Analysis Reporting System).

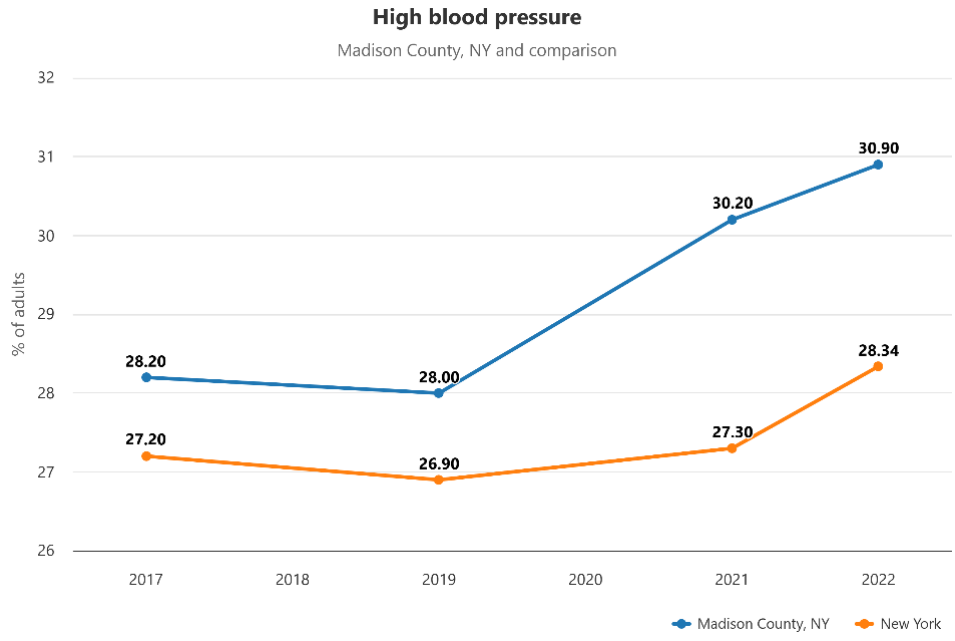
Sexually Transmitted Infections (STIs)

Sexually transmitted infections (STIs) are a subset of communicable diseases that spread from person to person through sexual contact. Untreated STIs can cause infertility, pregnancy complications, and some cancers.[68,69] Madison County experiences a lower incidence rate compared to the state.

Incidence (new cases)	Madison County	New York State
Gonorrhea per 100,000, 2023	44.8	235.6
Chlamydia per 100,000, 2023	173.3	558.4
Syphilis per 100,000, 2023	6.0	37.9

High Blood Pressure

High blood pressure, or hypertension, can be an indicator for serious conditions like heart disease or stroke.[70] In 2022, Madison County had a slightly higher prevalence of high blood pressure at 30.9%, compared to the state average of 28.3%.[71]



High blood pressure: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (hypertension). Women who were told they had high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

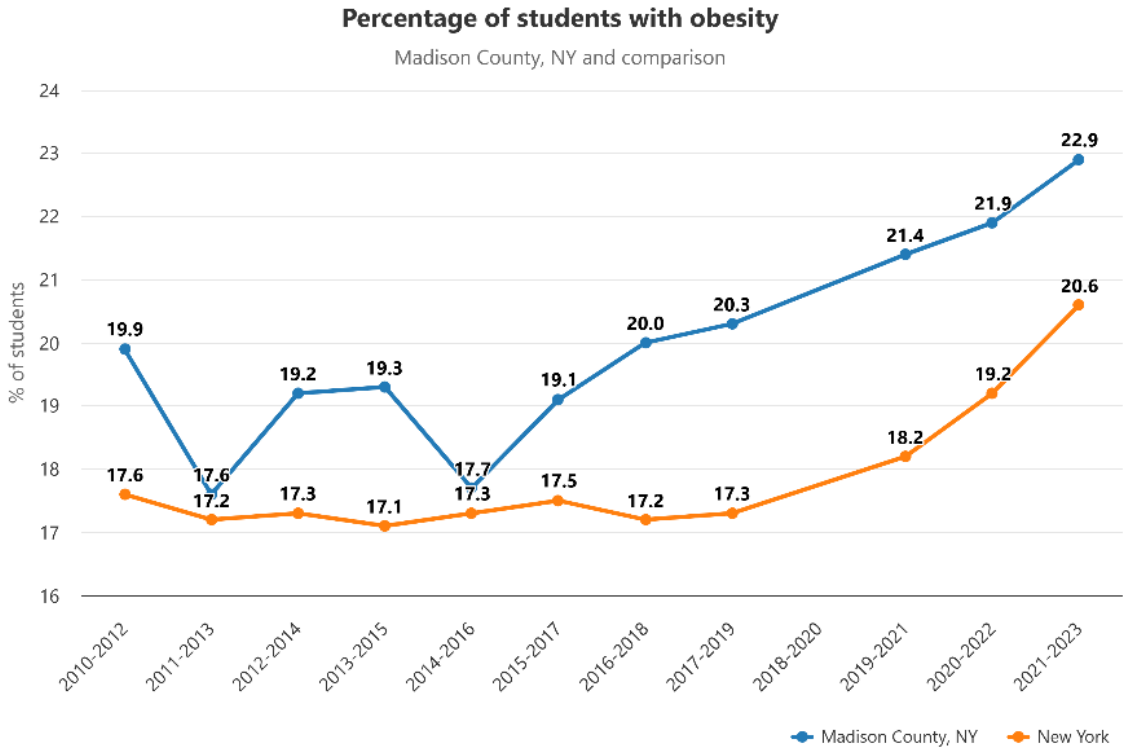
[68] Cleveland Clinic. Sexually Transmitted Infections (STIs)
[69] Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus
[70] Centers for Disease Control and Prevention (CDC) (2025). Heath and Economic Benefits of High Blood Pressure Interventions.
[71] Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract), Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA)

Obesity

Obesity is a medical condition characterized by excess body fat that can increase the risk of developing various health problems. It is commonly measured using body mass index (BMI), with a BMI of 30 kg/m^2 or higher classified as obese.

Students with Obesity

The percentage of students with obesity in Madison County has consistently been higher than the overall percentage in New York State from 2010 to 2023.[72] The gap between the two has widened over time, but Madison County and New York rates have both increased.

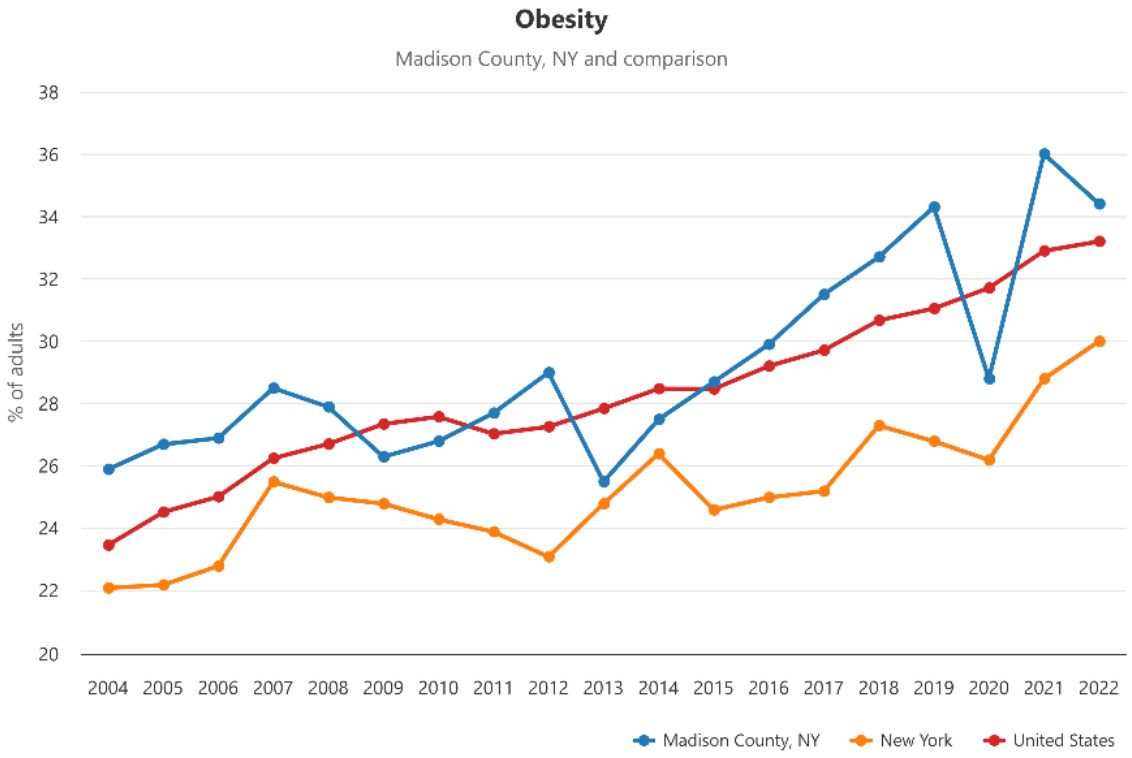


Percentage of students with obesity: The percentage of students attending public schools with a body mass index (BMI) at or above the 95th percentile in elementary, middle, and high school.

[72] Student Weight Status Category Reporting System (SWSCR)

Adults with Obesity

Obesity rates in Madison County have fluctuated over the years, peaking at 36.0% in 2021 and reaching a low of 25.5% in 2013. The rates in New York State and the United States have also varied, with the United States experiencing a general upward trend. Madison County's obesity rates have generally been higher than both the state and national averages.[73]



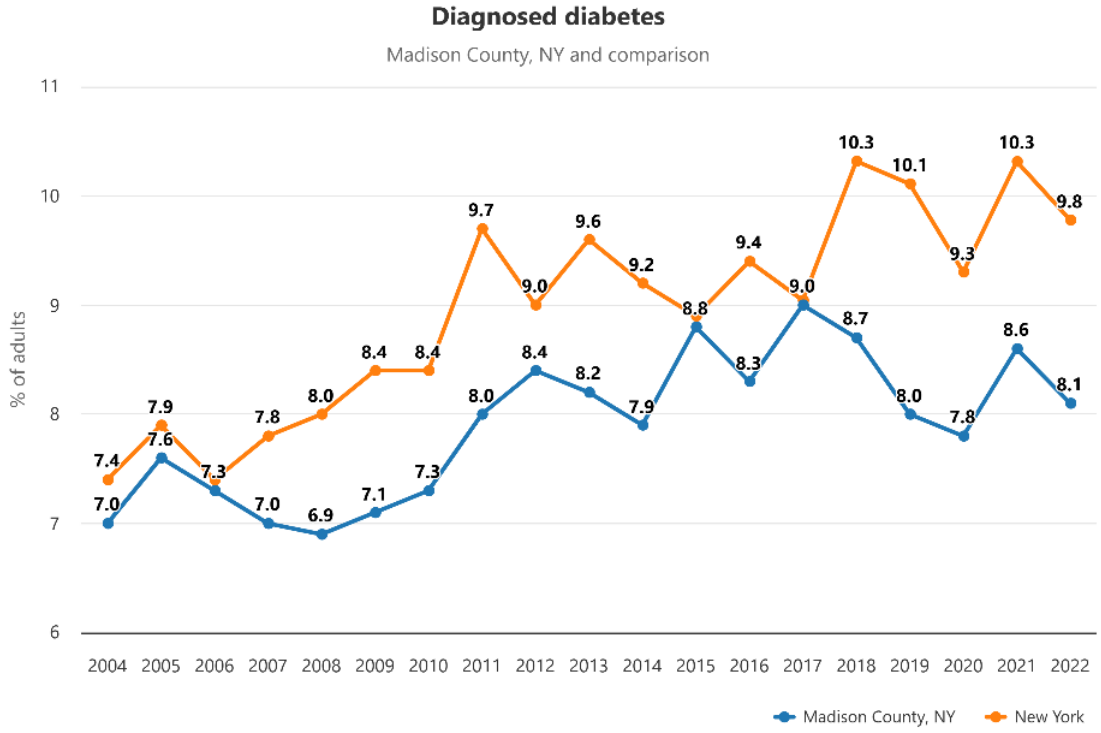
Obesity: Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥ 30.0 kg/m^2 calculated from self-reported weight and height). Exposure those with abnormal height or weight and pregnant women.

65% of 2025 CHA survey respondents indicated Chronic Disease as a top health condition to address.

[73] Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA), Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract)

Diabetes

Diabetes is a chronic condition that affects how the body processes blood sugar, increasing the risk of serious health problems such as heart disease, kidney failure and vision loss. The data represents the prevalence of diagnosed diabetes in Madison County and New York State from 2004 to 2022. In Madison County, the percentage of diagnosed diabetes is lower at 8.1%, compared to New York State at 9.8%.[74]



Diagnosed diabetes: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have diabetes, other than diabetes during pregnancy.

Cancer

Cancer is a group of diseases characterized by uncontrolled cell growth, which can occur in virtually any tissue of the body. Overall, the cancer diagnosis rate in Madison County is 488.2 per 100,000 population, compared to 465.1 per 100,000 population in New York State.[75]

	Diagnoses per 100,000		Mortality per 100,000	
	Madison County	**New York State**	**Madison County**	**New York State**
All cancer	488.2	465.1	228.6	120.6
Breast cancer	128.0	134.1	10.2	8.7
Prostate cancer	144.1	131.2	9.9	6.1
Lung cancer	62.9	53.5	52.3	23.6
Colorectal cancer	39.4	35.7	25.4	10.9

[74] Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract), Diabetes Atlas (County and state level data before 2017)
[75] Centers for Disease Control and Prevention (CDC). National Vital Statistics System-Mortality (NVSS-M)

Mortality

Premature deaths, before age 65, account for 21.9% of deaths in Madison County, compared to 23.6% in New York State.[76] The leading causes of death continue to be cancer, followed by heart disease, and both occur at higher rates compared to the state.[77]

Topic	Madison County	New York
Cancer Per 100,000 population, 2023	228.6	120.6
Heart Disease Per 100,000 population, 2023	215.2	152.8
Chronic Lower Respiratory Disease Per 100,000 population, 2023	59.8	22.5
Stroke Per 100,000 population, 2023	49.3	24.0
Unintentional Injury Per 100,000 population, 2023	46.3	50.7
Alzheimer's Disease Per 100,000 population, 2023	31.4	11.3
Diabetes Per 100,000 population, 2023	31.4	16.9
Drug Overdose Per 100,000 population, 2023	25.4	31.1
Suicide Per 100,000 age-adjusted population, year	14.3	8.3

[76] New York State Vital Records. Birth and Death Statistics.
[77] Centers for Disease Control and Prevention (CDC). National Vital Statistics System-Mortality (NVSS-M)

Community Health Improvement Plan

Prioritization

On July 2, 2025, the Community Health Assessment Planning Team representing 10 agencies convened to review the primary and secondary data collected along with list of community assets with the goal of collaboratively determining the priority health issues for the Community Health Improvement Plan (CHIP).

The meeting was facilitated by staff members from the Rural Health Redesign Center (RHRC), beginning with brief introductions and overview of RHRC. Participants then heard highlights from community surveys and focus groups, followed by a data walk to examine health data and resident input. Participants were asked to consider the following criteria while exploring data indicators:

Magnitude and Inequity: How many people in the community are or will be impacted?
Feasibility of Influencing: What assets or capacity currently exist to address the need?
Trend: How has the need changed over time?
Seriousness and Impact: How does the identified need impact health and quality of life?
Consequences of Inaction: What impact would inaction have on individuals and the community?

The group was divided into two smaller groups to review the data points and share their knowledge across five key areas: demographics, healthy environment, healthy behavior, healthy care, and health outcomes. The full group then reflected on key takeaways and connections to local experiences, specifically applying the criteria listed above.

Subsequently, an anonymous poll was used to narrow a long list of options by allowing each team member to cast multiple votes for the health issues they consider most important. Each planning team agency distributed 2 votes within the social determinant of health category and up to 8 votes for health topics.

The results for the first round of voting are below:

Social Determinant of Health – Select 2 Each			
Poverty	7	Nutrition Security	4
Housing Stability & Affordability	7	Unemployment	2
Health Topics – Up to 8 Votes Each			
Oral Health	10	Preventative Services	2
Physical Activity	9	Transportation	2
Health and Wellness Promoting Schools	8	Behavioral Health Services	1
Anxiety, Stress, & Depression	7	Cigarette Smoking/Tobacco Use	1
Chronic Disease Prevention & Control	7	Substance Use	1
Healthy Eating	7	Adverse Childhood Experiences (ACEs)	0
Access to Community Services & Support	6	E-Cigarette Use	0
Early Intervention	4	Injuries & Violence	0
Suicide	4	Opportunities for Continued Education	0
Access to Prenatal Care	2	Prevention of Infant & Maternal Mortality	0
Alcohol Use	2		

Based on these results, RHRC facilitated a discussion to reach group consensus on priority areas. Group members had an opportunity to share their rationale for selections and together, selected the following four health areas to address:

- **Oral Health:** Preventive dental care and oral health behaviors are essential to overall health across the lifespan.
- **Opportunities for Active Transportation and Physical Activity:** Promoting active lifestyles through safe, accessible spaces for recreation supports physical and mental health while reducing risk of chronic illness.
- **Healthy Eating:** Improving access to nutritious, affordable food helps prevent and manage obesity, heart disease, diabetes, and other diet-related conditions.
- **Poverty:** A fundamental driver of health disparities, poverty impacts access to housing, food, transportation, and healthcare, and is strongly linked to chronic disease and poor health outcomes.

Justification of Unaddressed Health Needs

The health priorities selected reflect the underlying drivers of the most prevalent health outcomes and leading causes of death in Madison County, focusing on modifiable risk factors and opportunities to improve health equity. For example, chronic conditions such as heart disease, diabetes, and poor oral health often stem from inadequate access to nutritious food, physical activity opportunities, and dental care.

Other needs such as chronic disease management, mental health and substance use, maternal and child health, and environmental health remain important; however, they are already the focus of existing county initiatives or are more effectively improved by targeting the root causes reflected in our selected priorities. This approach emphasizes the interconnectedness of health behaviors, access to resources, and social determinants of health.

Action Plan Development

Building on the Community Health Assessment findings, the Planning Team—now 13 agencies—held five meetings to select and tailor strategies to meet the health priority areas. The group used a compiled list of strategies including evidence-based practices from the New York State Prevention Agenda plan and the Metopio program library. Other strategy ideas emerged from leveraging existing resources and community assets. The group collectively shaped the strategic direction of the Community Health Improvement Plan, fostering equity-driven initiatives and strengthening local partnerships to improve health outcomes across the community.

Goals, Strategies, and Action Plans

Priority Area: Oral Health
Goal: Reduce disparities in accessing and utilizing preventive oral health services.

Objective #1: By December 31, 2030, increase the percentage of Medicaid enrollees with at least one preventive dental visit within the last year from 14.0% to 19.0%.

Objective #2: By December 31, 2030, lower the rate of caries outpatient visits per 10,000 for ages 3-5 years from 253.1 to 243.1 through the adoption of fluoride varnish application.

Co-Leads: Madison County Public Health & Community Memorial Hospital
Workgroup Members: Oneida Health

Interventions:

1. Expand access to dental services throughout Madison County.
2. Adopt the practice of fluoride varnish application by primary care providers serving pediatric patients.
3. Integration of oral health education into existing programs through the Oral Health Partnership of Madison County.

Actions & Impact

Madison County Public Health (MCPH), Community Memorial Hospital (CMH), Oneida Health, and the Oral Health Partnership of Madison County (OHPMC) will expand access to dental

services through provider outreach, Free Dental Day events, and exploration of permanent or mobile dental service models. Work includes preparing an oral health data brief; recruiting providers; integrating oral health into school-based services, the Mary Rose Clinic, and home visiting programs; and promoting fluoride varnish adoption in pediatric primary care. These actions are anticipated to increase preventive dental access, expand fluoride varnish use, and reduce untreated decay among children and low-income residents.

Geographic Focus

Efforts will be implemented countywide, with particular emphasis on communities served by participating dental providers, schools, WIC programs, the Mary Rose Clinic, and home visiting programs. Mobile or expanded service models (e.g., American Mobile, Cortland FQHC partnerships) are designed to reach rural areas with fewer dental providers.

Resource Commitment

MCPH will contribute staff time for developing the oral health data brief, coordinating workgroup activities, participating in trainings, and supporting outreach. Hospitals will contribute staff time for fluoride varnish implementation, referrals, training promotion, and provider engagement. Resources also include in-kind contributions from OHPMC agencies (Cavity Free Kids curriculum delivery, event staffing) and potential costs associated with alternative service models (e.g., mobile dental units).

Participant Roles

- MCPH: data analysis, training participation, outreach to providers, integration into public health programs.
- CMH & Oneida Health: establish baseline varnish rates, implement fluoride varnish workflows, promote provider training, engage practices.
- OHPMC: community outreach, dental provider recruitment, Cavity Free Kids education, event support.
- Mid-York Library System: purchase oral health story time kits for local libraries to loan.

Health Equity

The interventions prioritize children, rural residents, and low-income families, who experience higher rates of unmet dental need. School-based programming, free dental events, mobile service exploration, and integration with programs that serve families with young children reduce access barriers related to transportation, insurance, and cost. Activities incorporate

culturally appropriate education materials and track participation and outcomes to identify disparities.

Priority Area: Opportunities for Active Transportation and Physical Activity

Goal: Improve safe, affordable, and accessible active transportation, physical, and social activity.

Objective #1: Increase the prevalence of physical activity among all adults 18 years of age and older from 79.2% to 84.2%.

Co-Leads: Madison County Rural Health Council & YMCA
Workgroup: Madison County Public Health, Community Memorial Hospital

Intervention:

1. Incorporate free or low-cost physical activity opportunities into existing community programs throughout Madison County

Actions & Impact

The Madison County Rural Health Council and YMCA, with MCPH and CMH, will increase access to free and low-cost physical activity opportunities by embedding movement into community events, expanding promotion of available programs, and exploring adaptive equipment for community sites. Expected impacts include increased participation in physical activity opportunities for families, youth, older adults, and individuals with disabilities.

Geographic Focus

Activities will occur countywide and will be delivered wherever community events, libraries, and recreation departments operate. Placement of adaptive equipment in libraries will expand access in multiple towns.

Resource Commitment

MCPH will contribute staff time for program promotion and grant development. Community partners will contribute staff time for integrating physical activity into events. The YMCA and Rural Health Council will contribute leadership, facility access, and coordination capacity.

Participant Roles

- MCRHC & YMCA (co-leads): convening workgroup, coordinating initiatives.
- MCPH & CMH: promotion, grant-writing, exploring evidence-based programs, equipment funding applications.

- Recreation departments & community event planners: integrate physical activity components.
- Libraries: potential host sites for adaptive equipment.
- Youth Bureau: support and fund evidence-based programs.

Health Equity

Efforts emphasize free or low-cost opportunities to ensure income is not a barrier. Adding adaptive equipment increases access for children and adults with disabilities. Integrating activity into existing community events ensures accessibility for residents who may not attend structured physical activity programs. Activities will be tracked for participation across diverse groups.

Priority Area: Healthy Eating

Goal: Promote healthy eating and make nutritious, culturally appropriate foods available.

Objective #1: By December 31, 2030, decrease the percentage of adults who consume no fruits or vegetables daily from 27.0% to 22.0%.

Objective #2: By December 31, 2030, increase the percentage of infants who are exclusively breastfed in the hospital from 62.1% to 67.1%.

Co-Leads: Cornell Cooperative Extension & Oneida Health
Workgroup: Community Memorial Hospital, Office for the Aging, Madison County Public Health

Interventions:

1. Launch a mobile produce market (Veggie Van) throughout Madison County.
2. Improve access to nutrition and food security resources in Madison County through coordinated promotional campaign.
3. Promote breastfeeding friendly practices among medical provider offices in Madison County through the Healthy Start Partnership.

Actions & Impact

Cornell Cooperative Extension (CCE) and Oneida Health, with multiple partners, will improve access to healthy foods by launching a mobile produce market (Veggie Van), identifying distribution and storage sites, securing farmers, and developing operations and funding models. Additional work includes promoting breastfeeding-friendly practices through the Healthy Start Partnership and improving awareness of food and nutrition resources through promotional materials and education opportunities. Expected impacts include increased access to fruits and

vegetables, improved nutrition knowledge, and broader participation in breastfeeding-friendly medical practices.

Geographic Focus

The Veggie Van will operate throughout Madison County, with community-based pick-up and storage locations such as libraries. Breastfeeding-friendly practice outreach is countywide across medical offices. Nutrition resource promotion will be distributed across community organizations, food pantries, and public locations.

Resource Commitment

CCE will invest staff time (SNAP-Ed as available), coordination, and development of promotional materials. MCPH will contribute staff time to breastfeeding-friendly initiatives and inventory updates. Member agencies contribute in-kind support, including hosting events, distributing materials, and providing education. Funding for a Veggie Van will be sought from the Madison County Rural Poverty Fund and other grant sources.

Participant Roles

- CCE (co-lead): operational planning for Veggie Van, funding proposals, farmer engagement, SNAP-Ed material development.
- Oneida Health (co-lead): support for breastfeeding-friendly practice outreach.
- MCPH, CMH, OFA, CAP: distribution of materials, outreach, and participation in planning.
- Healthy Start Partnership (HSP): provider outreach, assessments, designation support.
- Farmers/CSAs: supply produce.
- Mid-York Library System: host distribution or storage sites.
- Food pantries, community kitchens, academic partners: host educational sessions and promote resources.

Health Equity

The Veggie Van directly addresses rural food-access barriers by bringing affordable produce to underserved communities. SNAP-Ed materials and resource guides improve access for low-income households. Breastfeeding-friendly practice efforts support maternal and child health, with a focus on practices serving Medicaid populations. Educational efforts will include culturally appropriate materials and will track reach across diverse groups.

Priority Area: Poverty

Goal: Identify, promote, and implement programs that address poverty.

Objective #1: By December 31, 2030, reduce the percentage of people living in poverty from 9.7% to 7.7%.

Co-Leads: Community Action Partnership & Department of Social Services
Workgroup: Mental Health, Office for the Aging, Madison County Rural Health Council, Catholic Charities, Madison County Public Health, Oneida Health, Community Memorial Hospital, BRiDGES

Interventions:

1. Build coordination of services across social care and health systems serving Madison County.
2. Provide educational opportunities on financial literacy topics for Madison County community members.

Actions & Impact

Community Action Partnership (CAP) and the Department of Social Services (DSS), with healthcare and community partners, will strengthen coordination of social care and health systems by creating a countywide directory of care coordination contacts, mapping available services, identifying gaps, and developing strategies to address unmet needs such as transportation. Additional work will expand financial literacy education through partnerships with banks, CPAs, and community locations. These actions aim to improve navigation of services, reduce duplication, and enhance resource access for residents experiencing poverty.

Geographic Focus

Activities are countywide, with service coordination and education offered across multiple community organizations, libraries, and service providers.

Resource Commitment

Participating agencies (CAP, DSS, MCPH, hospitals, OFA, mental health services, libraries, BRiDGES) will contribute staff time to attend meetings, gather information, recruit partners, and deliver or host educational workshops. Financial literacy workshops may leverage volunteer presenters or in-kind support from financial institutions.

Participant Roles

- CAP & DSS (co-leads): convening workgroup, maintaining service coordination lists, leading gap analysis.
- MCPH, CMH, Oneida Health, Mental Health, OFA, Catholic Charities, libraries, BRiDGES: contribute service information, participate in coordination meetings, host workshops.
- Banks, credit unions, CPAs: deliver financial literacy education.
- Community centers & libraries: provide venues for workshops.

Health Equity

This priority directly targets low-income residents, who face barriers to transportation, financial stability, and service navigation. Improved coordination reduces fragmentation and increases access to essential services. Financial literacy workshops support long-term economic stability. Activities will consider geographic and socioeconomic disparities when selecting host locations and partners.

See Prevention Agenda Workplan Template for corresponding action plans and measures.

Conclusion

The next phase is the implementation of the Community Health Improvement Plan, which outlines actionable strategies to address the county's top health priorities. By leveraging strong community partnerships and maintaining ongoing engagement, the CHIP will serve as a roadmap for improving health outcomes and ensuring the plan remains responsive to evolving needs.

Partner Engagement

During this Prevention Agenda cycle, progress with community partners will be monitored through a structured, recurring review process. The full planning team will meet annually each April to assess progress, discuss challenges, and identify opportunities for improvement. Workgroups for each priority area will meet quarterly, with co-leads guiding the meetings, assigning tasks to participating agencies, and providing support as needed. Action plans will be reviewed each year and may be revised—adding, removing, or redirecting strategies—to respond to emerging needs or barriers. At the end of each calendar year, data identified by the action

plans' measures will be compiled and reported to Madison County Public Health. This combination of regular meetings, data review, and flexible action planning will support timely mid-course corrections and ensure continuous progress throughout the cycle.

Sharing Findings with Community

Strategies for disseminating and educating the community, professional organizations, governmental agencies, and stakeholders on the Madison County 2025 Community Health Improvement Plan include:

- A press release announcing publication of the Madison County 2025 Community Health Improvement Plan will be provided to local media;
- The Executive Summary will be available online on the MCPH, Oneida Health, and Community Memorial Hospital websites for the public;
- The full plan and a link to the Madison County Health Atlas will be provided to key stakeholders through the networks of the Planning Team agencies;
- Community partners will be encouraged to share social media posts, videos, newsletters, or articles that highlight the CHIP; and
- A presentation will be delivered at the Madison County Board of Supervisors and Board of Health meetings in early 2026.

Through ongoing partner engagement, data-informed decision-making, and clear communication with the community, the Community Health Improvement Plan will remain adaptive and actionable, supporting meaningful and lasting improvements in health outcomes across Madison County.

Appendix

Appendix A. Community Survey Questions & Select Responses

1. Do you live, work, or go to school in Madison County, New York? Select all that apply.
2. Of the following health conditions, select the top three (3) that need to be improved in Madison County to ensure a healthy community?
3. Of the following health behaviors, select the top three (3) that need to be improved in Madison County to ensure a healthy community?
4. If you were unable to get healthcare services, please indicate the reason(s). Select all that apply.
5. Of the following healthcare services, select the top five (5) that need to be improved in Madison County to ensure a healthy community?
6. Consider social support in Madison County such as neighbors, support groups, faith institutions, and community groups. On a scale of 1 to 4, please rate the following statement: "There is plenty of help for people during times of need in Madison County"?
7. In your household, who lives with you? Select all that apply.
8. What would motivate you to engage in community events (like educational and cultural events)? Select all that apply.
9. Of the items listed below, select the top three (3) ways you receive information.
10. Economic Stability: Of the items listed below, select the top two (2) that need to be improved in Madison County to ensure a healthy community?
11. Student Success: Of the items listed below, select the top three (3) factors you feel should be focused on for improvement to ensure support of Madison County students in grades K through 12?
12. Healthy Environment: Of the items listed below, select the top three (3) factors you feel should be focused on for improvement in our community?

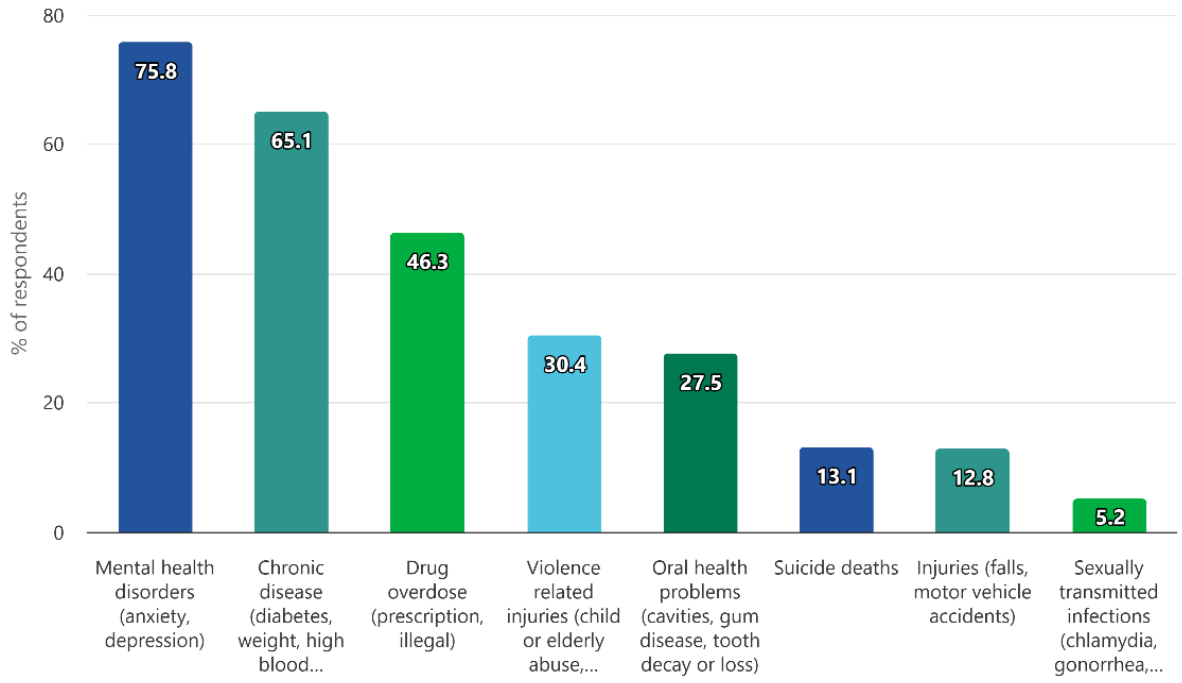
Questions 13-21 were demographic questions, such as age, race/ethnicity, gender, employment, education, and income.

Question #1: Respondent Classification

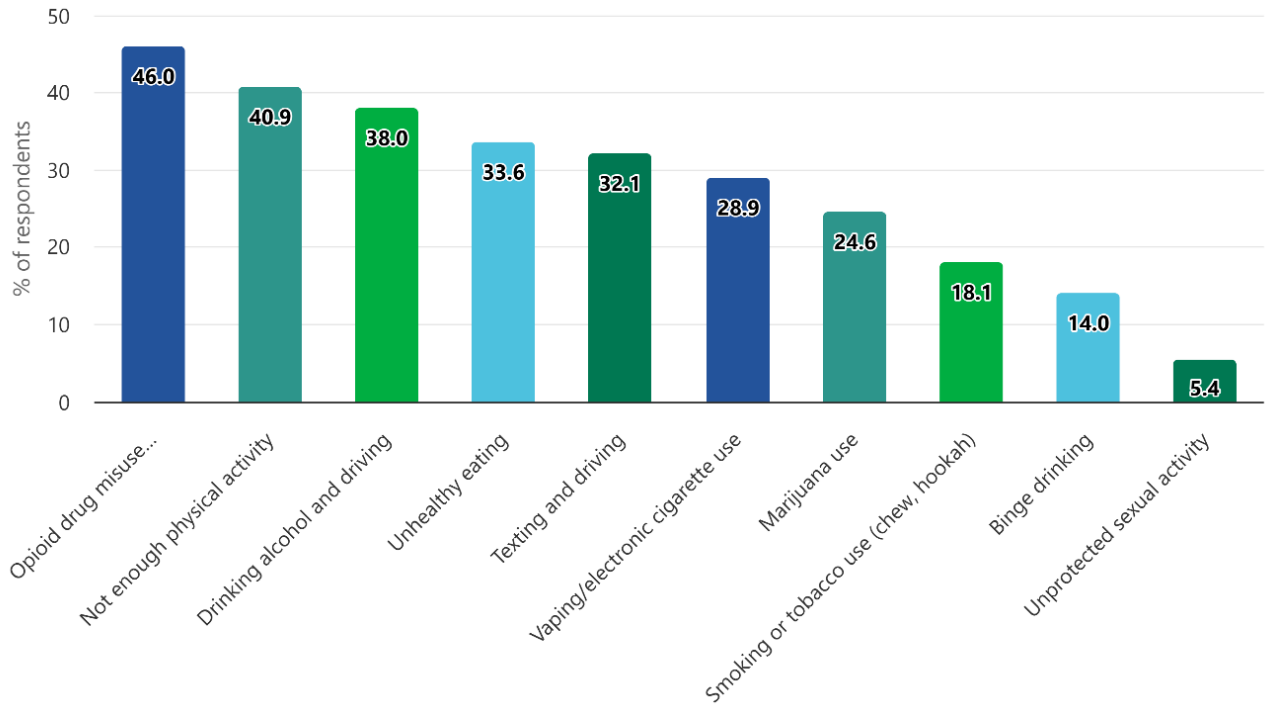
	Value
I live in Madison County	87.5%
I work in Madison County	53.4%
I go to school in Madison County	1.3%
Total Individual Responses	**769**

*Individuals could select more than one response

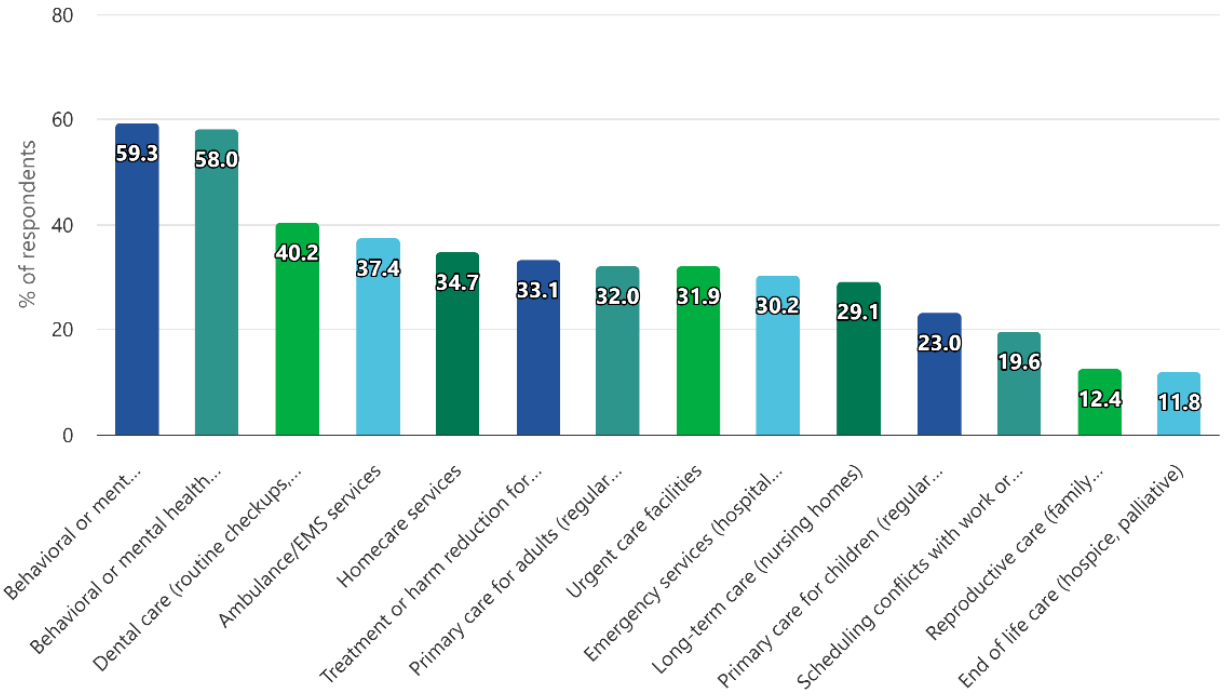
Question #2: Health Conditions



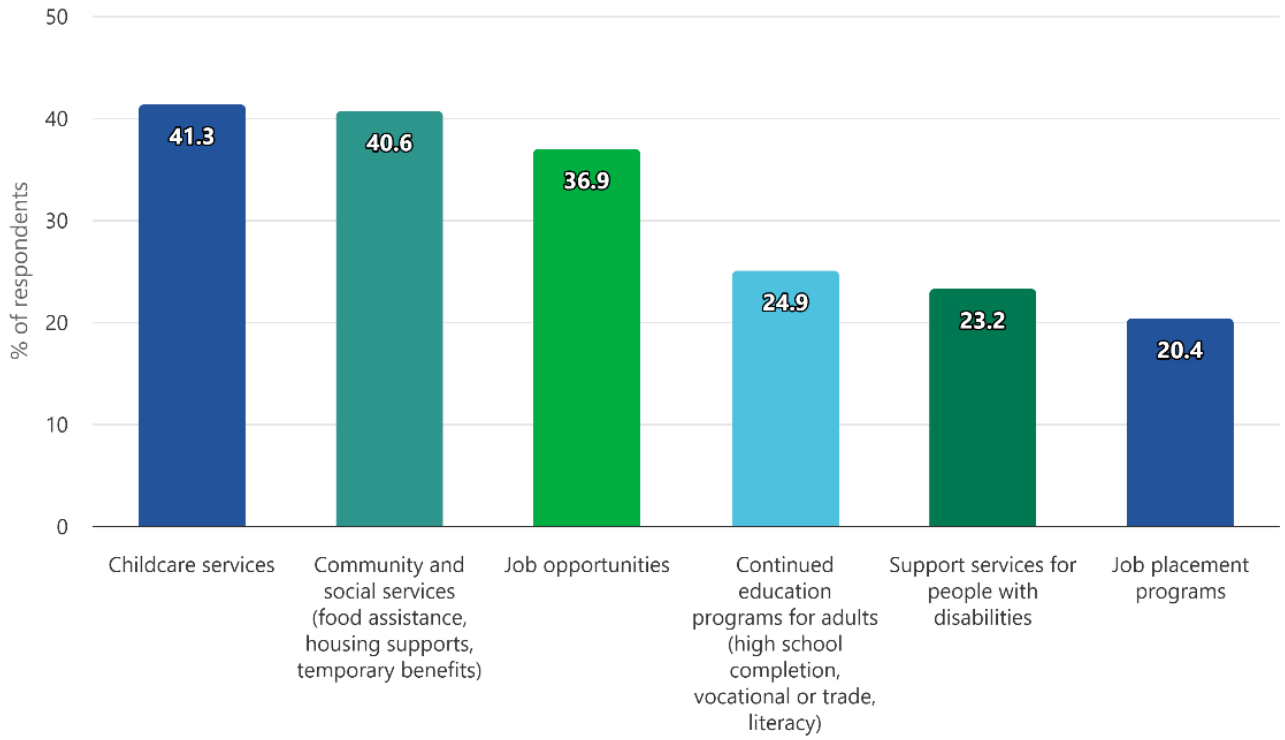
Question #3: Healthy Behaviors:



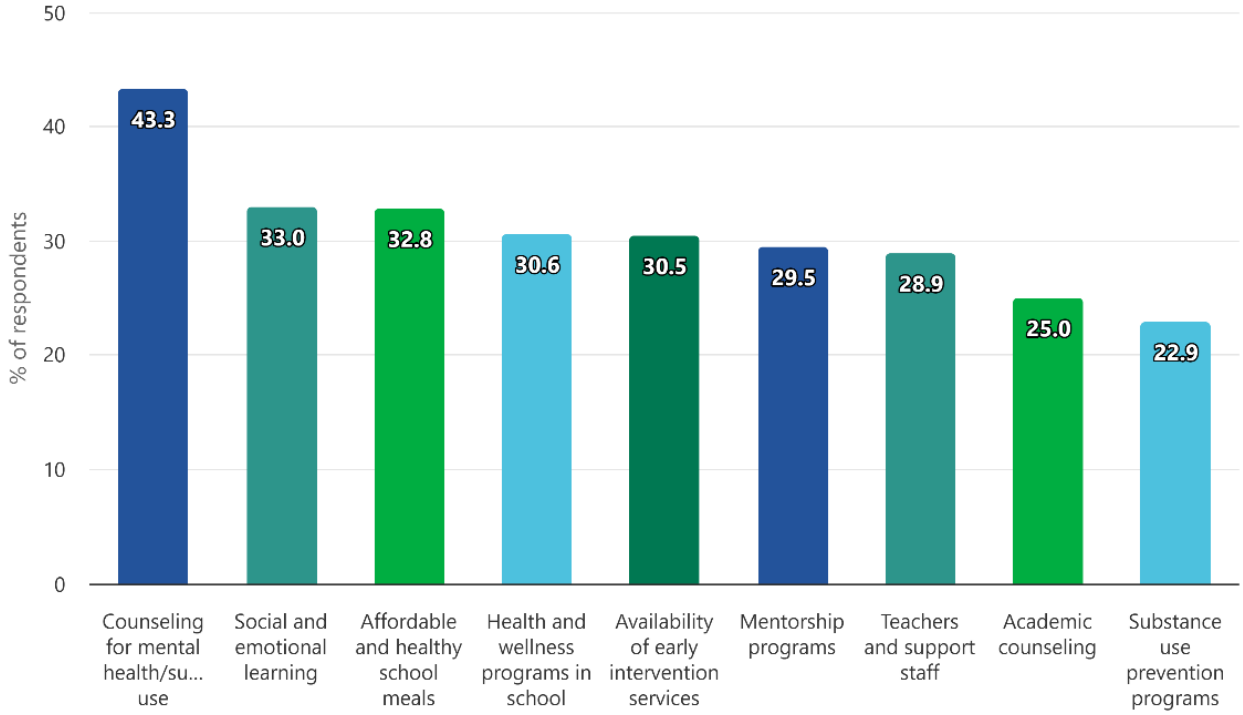
Question #5: Health Care Services



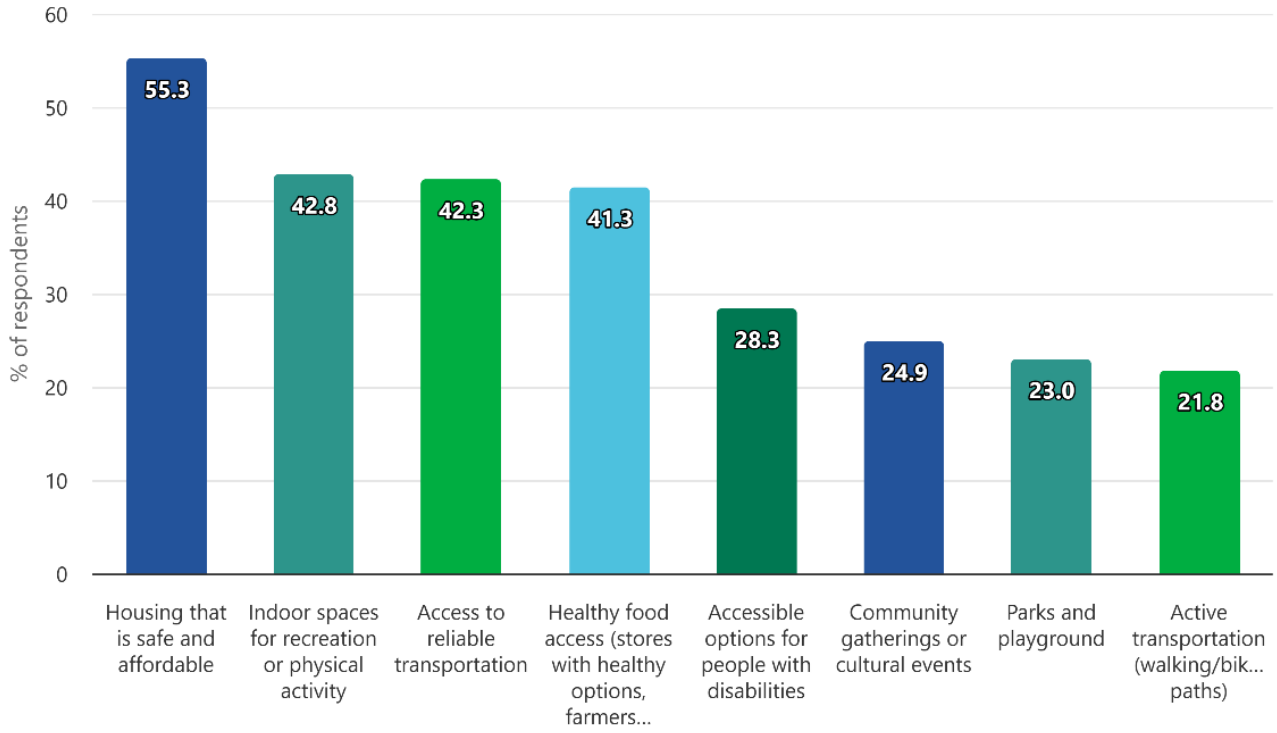
Question #10: Barriers to Economic Stability



Question #11: Barriers to Student Success



Question #12: Barriers to Healthy Neighborhoods



Appendix B. Focus Group Questions

Young Adults (18-24) Focus Group

1. What do you think are the biggest challenges young adults face in staying healthy?
2. What motivates young people to be proactive about their health?
    a. What is needed from the community to help achieve this?
3. What factors in your environment – whether social circles, family, social media, community programs, where you live, where you work – affect your mental and physical health?
    a. Of those positive attributes, what could we build upon at a community level?
    b. What could we do as a community to lessen the harmful factors and help support young people?
4. What do you think are some challenges young people face when building and maintaining social connections?

Men's Focus Group

1. What do you think are the biggest health concerns for men in our community?
2. What motivates you to live a healthy life?
    a. What could we build upon at a community level?
    b. What influences your decision-making about health?
3. What types of health information or resources do you think men need more of?
    a. Where would you prefer to receive your health information?
4. If you could change one thing about how men's health is addressed in your community, what would it be?
    a. What do you envision are the challenges to the suggested changes?

General Adults Focus Group

1. What factors negatively influence mental health for people in our community?
2. What are the ways in which we as a community can help people manage or cope with these stressors?
3. What kinds of behavioral services are most needed in our community?
    a. What prevents people who would benefit from these services from getting them?
4. How do you recommend that we as a community work on fostering social connection?
    a. What do you envision are the challenges?
5. What motivates you most to maintain a healthy lifestyle?
    a. How can we build upon those factors on a community level?
    b. What types of programs or resources would support community members to make healthy changes in their lifestyle?

Appendix C. Data Overview of Indicators

Data as of June 1, 2025

Symbol Key:

- Up Arrow (▲) = Increasing Value
- Down Arrow (▼) = Decreasing Value
- Dash (—) = No Change/No New Data
- Colors reflect the intended direction. Red = Negative. Green = Positive. Yellow = No Change.

County Trend = Relative change in performance based on the year preceding the most current data

Suppressed data (s) reflects values that are too small and cannot protect the privacy of individuals.

Theme: Demographics

Topic Area	New York State	Madison County	County Trend
Poverty			
Median household income	$82,095	$74,125	▲
Percent of population in poverty	14.2%	10.9%	—
Households below ALICE (Asset Limited, Income Constrained, Employed) threshold	48.0%	41.8%	▲
Opportunities for Continued Education			
Percent of adults (25+ years) with any post-secondary education	64.1%	63.4%	▲
Percent of adults (25+ years) with a four-year college degree or higher	40.6%	31.2%	—
Unemployment			
Percent of residents (16+ years) who are actively seeking employment	5.0%	4.1%	—

Theme: Healthy Behaviors

Topic Area	New York State	Madison County	County Trend
Physical Activity			
Percent of adults who do not exercise	25.1%	22.4%	—
Percent of older adults who do not participate in leisure-time physical activity	31.6%	29.5%	▲
Percent of youth who exercise for fun and fitness	-	47.8%	▼
Healthy Eating			
Percent of adults who consume no fruits or vegetables per day	34.2%	27.7%	—
Percent of low-income adults who consume 1+ sugary drinks per day	31.0%	33.5%	▲
Percent of infants who receive breastmilk at the delivery hospital	86.9%	80.7%	▲
Cigarette Smoking/Tobacco Use/Vaping			
Prevalence of cigarette smoking among adults	15.9%	11.4%	▼
Prevalence of cigarette smoking among low-income adults	15.3%	42.5%	▲
Percent of adults who have used e-cigarettes within the past month	5.9%	10.4%	▲
Percent of high school students who have tried vaping	34.6%	19.4%	▼
Substance Use			
Percent of binge drinking during the past month among adults	18.0%	21.0%	—
Percent of high school students who report current alcohol use	23.9%	39.4%	▼
Percent of high school students who report trying marijuana	22.3%	22.5%	▼

Prevalence of cannabis use among adults	13.2	14.6	—
Rate of opioid analgesic prescription, per 1,000 population	225.6	369.0	▼
Episodes when an opioid-naive patient received an initial opioid prescription, per 1,000 population	129.0	86.5	▼
Percentage of episodes when patients were opioid naïve and received an opioid prescription of more than seven days	15.1	14.1	▲
Rate of emergency department visits involving opioid overdose, per 100,000 population	46.3	20.9	▼
Rate of patients who received 1+ buprenorphine prescription for opioid use disorder, per 100,000 population	446.0	679.6	▲
Naloxone administration by emergency services personnel, per 100,000 population	76.7	54.4	▼

Theme: Healthy Care

Topic Area	New York State	Madison County	County Trend
Health Providers			
Percent of adults with a regular health care provider	85.8%	86.7%	▼
Number of medical providers per 100,000 population	225.9	167.6	N/A
Number of dentists per 100,000 population	109.6	46.5	▲
Number of primary care physicians per 100,000 population	109.9	76.5	▲
Number of psychiatry physicians per 100,000 population	41.0	6.0	—
Number of child psychologists per 100,000 population	5.3	1.5	—
Number of mental health providers per 100,000 population	647.4	271.0	▲
Number of doulas per 100,000 population	5.3	8.8	▲
Number of obstetrics and gynecology physicians per 100,000 population	26.9	14.1	—
Number of clinical social workers per 100,000 population	159.6	83.6	▲
Number of pediatric providers per 100,000 population	51.9	12.8	—
Number of pharmacies per 100,000 population	47.4	30.7	—
Number of skilled nursing facility beds per 100,000 population	556.2	529.3	—
Number of specialist physicians per 100,000 population	166.5	50.0	▲
Access and Use of Prenatal Care			
Percent of births with adequate prenatal care	80.6%	85.8%	—
Percent of births delivered by cesarean section	34.3%	34.0%	▼
Percent of births that are preterm	9.5%	9.4%	▼
Percent low birthweight (<2.5 kg) births	8.4%	7.4%	▲
Prevention of Infant and Maternal Mortality			
Rate of infant mortality, per 1,000 births	4.1	5.7	▼
Maternal mortality rate per live births per 100,000	21.6	0.0	—
Preventative Services			
Percent of residents who are uninsured	4.8%	5.3%	▲
Percent of women with a preventive medical visit in the past year, 45+ years	87.9%	93.7%	▲
Percent of children tested at least twice for lead 36 months of age	59.3%	38.3%	▼
Percent of 24–35-month-old children with up-to-date vaccination series	59.3%	71.4%	▲

*Percent HPV vaccine among 13-year-olds	25.7%	21.5%	▼
Percent of Medicare enrollees who receive annual flu vaccination	49.0%	47.0%	—
Prevention and Control of Chronic Disease			
Percent of adults (45+ years) who got tested for diabetes in the past three years	64.3%	62.9%	▼
Rate of diabetes hospitalization per 10,000	20.7	13.3	▼
Percent of women who receive recommended breast cancer screenings	78.9%	71.1%	—
Percent of adults who receive recommended colorectal cancer screening	61.4%	63.2%	▼
Rate of asthma emergency department visits among children aged 0-17 per 10,000	94.8	44.0	▲
Rate of cardiovascular disease hospitalization per 10,000	140.5	125.6	▼
Rate of potentially preventable hospitalizations among adults per 10,000	96.8	72.9	▼
Oral Health Care			
Medicaid enrollees with at least one preventive dental visit within the last year	29.5%	22.4%	—
Medicaid enrollees (ages 2-20) with at least one preventive dental visit in past year	43.0%	32.7%	▲
Percent of older adults (65+ years) who report having lost all their natural teeth due to tooth decay or gum disease[13]	12.3%	14.0%	▲
Rate of dental cavity outpatient visits for children 3-5 years, per 10,000 population	121.5	246.1	▲
Early Intervention			
Percent of infants and toddlers 0-3 years old served by Early Intervention Program	5.1%	3.9%	▲

Theme: Healthy Environment

Topic Area	New York State	Madison County	County Trend
Nutrition Security			
Percent of population experiencing food insecurity	14.5%	11.3%	—
Percent of households receiving SNAP benefits	16.2%	11.9%	—
Opportunities for Active Transportation			
Percent of people who commute to work using alternate modes of transportation (e.g., public transportation, bike/walk) or who telecommute	28.9%	6.4%	—
Violence			
Violent crime rate (homicide, criminal sexual assault, robbery, aggravated assault), per 100,000 population	155.0	141.9	▲
Housing			
Percent of housing units occupied by owner	54.1%	76.7%	—
Percentage of households spending more than 50% of income on housing	19.4%	10.5%	▲
Percentage of renter-occupied housing units that are recipients of Housing Choice Vouchers	4.9%	4.4%	—
Percent of tested homes with high radon levels between 1987-2024	36.9%	41.1%	—
Percent of homes built after 1979	25.3%	33.8%	—
Percent of vacant housing units	9.5%	13.1%	▲
Access to Community Services and Support			

Percent of households with no internet access	5.4%	8.3%	▲
Number of children over childcare center enrollment (i.e. an area has X children for every one spot)	9	14	—
Percent of median income for childcare cost for a household with 2 children	37.7%	33.3%	▼
Health and Wellness Promoting Schools			
Percent of children aged 3 to 4 years enrolled in school	58.7%	48.6%	▲
Percent of public-school students (K-8) with chronic absenteeism	33.8%	19.5%	▼
Percent of economically disadvantaged public-school students (K-8) with chronic absenteeism	33.8%	28.3%	▼
Opportunities for Continued Education			
Percent of adults (25+ years) with any post-secondary education	64.1%	63.4%	▲
Percent of adults (25+ years) with a four-year college degree or higher	40.6%	31.2%	—
Percent of economically disadvantaged high school seniors that attend a 2- or 4-year college within 5 years	63.1%	40.9%	▼

Theme: Health Outcomes

Topic Area	New York State	Madison County	County Trend
Acute Outcomes (Abuse)			
Reports of abuse/maltreatment, rate per 1,000 children 0-17 years	11.4	24.8	▼
Percent of adults who have 2+ adverse childhood experiences (ACEs)	41.9%	42.7%	▲
Anxiety, Stress, & Depression			
Frequent mental distress during the past month among adults	13.4%	21.6%	▲
Prevalence of major depressive disorders among adults	19.2%	24.4%	▼
Percent of high school students who report feeling sad or hopeless for two weeks or longer over the last 6 months	36.0%	43%	▲
Injury Hospitalizations and Death			
Rate of assault hospitalization per 10,000	3.6	1.3	—
Falls hospitalization (ages 65-74) rate per 10,000 population	88.4	57.7	—
Self-inflicted injury hospitalization, rate per 10,000	5.2	5.7	▼
Self-inflicted injury hospitalization (ages 15-19 years) rate per 10,000	11.5	18.0	▼
Alcohol related motor vehicle injuries and deaths, per 100,000	21.9	28.2	▲
Morbidity			
Rate of new gonorrhea cases per 100,000	235.6	44.8	▼
Rate of new chlamydia cases per 100,000	558.4	173.3	▼
Rate of new syphilis cases per 100,000	37.9	6.0	▲
Prevalence of high blood pressure among adults	30.9%	28.3%	—
Percent of obesity among students in elementary school	19.8%	15.4%	▲
Percent of obesity among students in middle and high school	21.8%	15.6%	▲
Percent of obesity among adults	30.0%	34.4%	—
Prevalence of diagnosed diabetes among adults[13]	9.8%	8.1%	▼
All cancer diagnosis rate per 100,000 population	465.1	488.2	▲
Breast cancer diagnosis rate per 100,000 population	134.1	128.0	▲
Prostate cancer diagnosis rate per 100,000 population	131.2	144.1	▲
Lung, trachea, bronchus cancer diagnosis rate per 100,000 population	53.5	62.9	▲
Colorectal cancer diagnosis rate per 100,000 population	35.7	39.4	▲

Mortality			
Percent of deaths that are premature (before age 65 years)	23.6%	21.9%	—
Heart disease mortality rate per 100,000 population	152.8	215.2	▼
All cancer mortality, rate per 100,000 population	120.6	228.6	▼
Lung, trachea, bronchus cancer mortality rate per 100,000 population	23.6	52.3	▼
Colorectal cancer mortality rate per 100,000 population	10.9	25.4	▲
Breast cancer mortality rate per 100,000 population	8.7	10.2	—
Prostate cancer diagnosis rate per 100,000 population	6.1	9.9	—
Chronic lower respiratory disease mortality rate per 100,000 population	22.5	59.8	▲
Stroke mortality rate per 100,000 population	24.0	49.3	▲
Unintentional injury mortality rate per 100,000 population	50.7	46.3	▼
Alzheimer's disease mortality rate per 100,000 population	11.3	31.4	▲
Diabetes mortality rate per 100,000 population	16.9	31.4	▼
Overdose deaths involving any opioids rate per 100,000	31.1**	25.4	▼
Suicide mortality, age-adjusted rate per 100,000	8.3	14.3	—

**Data point reflects New York State excluding New York City

Appendix D. Community Assets

211 Mid York, https://www.211midyork.org/

ACCESS CNY, https://www.accesscny.org/

Access VR, https://www.acces.nysed.gov/vr

ACR Health, https://www.acrhealth.org/

American Legions, https://www.legion.org/

- Post 88 – Cazenovia
- Post 140 - Canastota
- Post 1942 - Leonardsville
- Post 196 – Oneida
- Post 54 – Munnsville

Arc of Madison Cortland, https://www.arcofmc.org/

ARISE Madison County, https://www.ariseinc.org/

Bassett Healthcare Network, https://www.bassett.org/

- Bassett Hamilton
- Bassett Health Center Hamilton-Madison
- Bassett Health Center Oneida

Boards of Cooperative Educational Services (BOCES)

- Oneida, Herkimer, Madison (OHM), https://www.oneida-boces.org/
- Onondaga, Cortland, Madison (OCM), https://www.ocmboces.org/
- Madison-Oneida (MO), https://www.moboces.org

BRiDGES, https://bridgescouncil.org/

Child Care Services

- Cazenovia Children's House, Inc., https://cazkids.org/
- Celebration Children's Center of Canastota, Inc., https://cccofcanastota.wixsite.com/cccofcanastota
- Chenango Nursery School, Inc., https://www.chenangonurseryschool.org/
- Children's Center at Morrisville State College, Inc., https://www.morrisville.edu/office/childrens-center
- Chittenango Child Care Center, Inc., https://chittenangochildcarecenter.com/home-page
- Healthy Kids Extended Day Program Inc., https://www.healthykidsprograms.com/
- Oneida Area Day Care Center, Inc., https://oadcc.org/
- Rippleton Inc., https://www.rippletoncenter.com/
- YMCA of the Greater Tri-Valley, https://www.ymcatrivalley.org/

Child Health Association, https://childhealthassociates.net/

City of Oneida Recreation Center, https://cityofoneida.recdesk.com/Community/Page?pageId=17281

Clear Path, https://www.clearpath4vets.com/

Colgate University, https://www.colgate.edu/

Community Action Partnership of Madison County, https://capmadco.org/

Community Bikes, https://www.communitybikes.org/

Community Memorial, https://communitymemorial.org/

Community Organizations Active in Disasters (COAD)

Community Prevention Collaborative of Madison County

Community Resources for Independent Seniors (CRIS), https://cris-caz.com/

Contact Community Services, https://www.contactsyracuse.org/

Cornell Cooperative Extension Madison County, https://ccemadison.org/

Crouse Community Adult Day Health Care Center, https://www.crousecommunity.com/

Dental Providers, https://www.madisoncounty.ny.gov/3149/Oral-Health-Partnership-of-Madison-Count

Early Head Start Health Advisory Committee

Family & Children's Counseling Services, https://familycs.org/

Food Bank of Central New York, https://www.foodbankcny.org/

Food Pantries and Basic Needs

- Believers Chapel - Compassion Connection
- Bridgeport Food Pantry
- Brookfield Food Cupboard
- Caz Cares, https://cazcares.org/
- Church of the Holy Family
- Church On the Rock, https://www.yourcotr.com/
- Congregational Church - Munnsville Food Pantry
- First Baptist Church - Earlville Food Cupboard
- Hamilton Food Cupboard, https://www.hamiltonfoodcupboard.org/
- Loaves and Fishes Hospitality Center
- Morrisville Community Church Food Pantry, https://www.morrisvillechurch.org/
- New Hope, https://oneidanewhope.church/food-bank/

Great Swamp Conservancy, https://www.greatswampconservancy.org/

HCR Home Care, https://www.hcrhealth.com/

Healthy Alliance UnitedUs Platform, https://www.healthyalliance.org/

Healthy Beginnings Provider Network

Healthy Start Partnership

Helio Health, https://www.helio.health/

Heritage Farms, https://www.heritagefarminc.org/home

Liberty Resources, https://www.liberty-resources.org/

Literacy Outreach for Madison County, https://www.lomadisonny.org/

Madison County Department of Mental Health, www.madisoncounty.ny.gov/390/Mental-Health

Madison County Department of Social Services, www.madisoncounty.ny.gov/233/Social-Services

Madison County Planning Department, https://www.madisoncounty.ny.gov/355/Planning

Madison County Public Health, https://www.madisoncounty.ny.gov/3007/Public-Health

Madison County Office for the Aging, https://www.ofamadco.org/

Madison County Rural Health Council, https://mcruralhealthcouncil.org/

Madison County Sheriff's Office, https://www.madisoncounty.ny.gov/3010/Sheriff

Madison County Veterans Service Agency, www.madisoncounty.ny.gov/169/Veterans-Service-Agency

Madison County Youth Bureau, https://www.madisoncounty.ny.gov/150/Youth-Bureau

Mary Rose Free Health Care Clinic - Oneida, https://www.maryrosecenter.org/

Mohawk Valley Immunization Alliance

Mohawk Valley Health System - Oneida, https://www.mvhealthsystem.org/location/oneida/

Oneida Health, https://www.oneidahealth.org/care-services/

Oneida Indian Nation Services, https://www.oneidaindiannation.com/

Oneida Not for Profit Consortium

Oneida Pediatric Group, https://oneidapediatricgroup.com/

Oral Health Partnership, www.madisoncounty.ny.gov/3149/Oral-Health-Partnership-of-Madison-Count

Pros Clinic of Oneida

Public Libraries

- Canastota Library, https://www.canastotalibrary.org/
- Cazenovia Public Library, https://cazenoviapubliclibrary.org/
- Earlville Free Library, https://earlvillefreelibrary.org/
- Hamilton, https://hamiltonlibrary.org/
- Morrisville Public Library, https://morrisvillepubliclibrary.org/
- New Woodstock Library, https://newwoodstocklibrary.org/

- Oneida Public Library, https://oneidapubliclibrary.org/
- Sullivan Free Library, https://sullivanfreelibrary.org/

Senior Housing

- Bolivar Landing, https://crmrentalmgmt.com/property/bolivar-landing/
- Carriage House Village Apartments, https://carriagehouse-village.baldwinrealestatecorp.com/
- Cazenovia Village Apartments, https://crmrentalmgmt.com/property/cazenovia-village-apartments/
- Cedar Street Apartments, https://crmrentalmgmt.com/property/cedar-street-apartments/
- City Centre Apartments, https://crmrentalmgmt.com/property/city-centre-apartments/
- DeRuyter Senior Housing, https://www.deruyterseniorapartments.com/
- Emerald Court Apartments, https://crmrentalmgmt.com/property/emerald-court-apartments/
- Madison Lane Apartments, https://sites.google.com/site/madisonlane/
- Oneida Towers, https://oneidahousingauthority.com/oneida-towers-i/
- Seneca Fields Apartments, https://www.senecafields.com/
- Stoneleigh Apartments, https://christopher-community.org/properties/stoneleigh-apartments/
- Wilcox Apartments, https://crmrentalmgmt.com/property/wilcox-apartments/

St. Joseph's Health, https://www.sjhsyr.org/

Suicide Prevention Coalition, https://www.sjhsyr.org/

The Grand Rehabilitation and Nursing at Chittenango, https://thegrandhealthcare.com/chittenango/

United Way of Mid Rural New York, https://www.uwmrny.org/

Xavier Medical, http://www.xaviermedical.org/

YMCA of the Greater Tri Valley, https://www.ymcatrivalley.org/