

2026-2030
Madison County Community Health Improvement Plan

Executive Summary

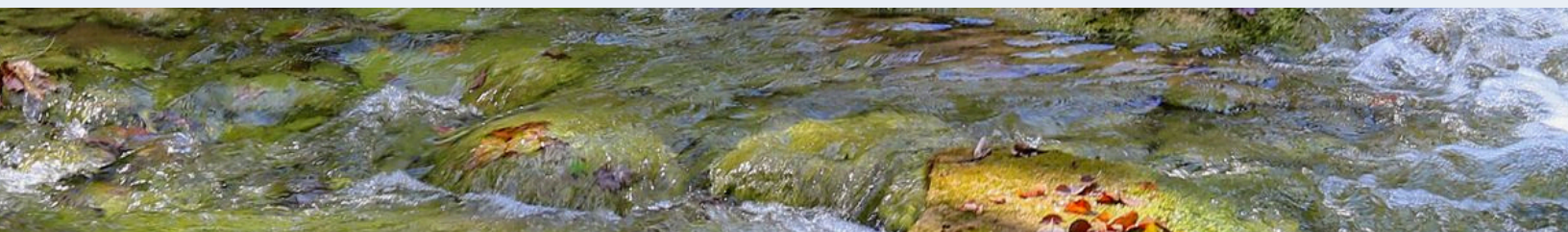


Table of Contents

3 Introduction

4 Process

5 Community Demographics

6 Health Priorities

- 6 Improve Oral Health and Access to Care
- 9 Increase Access to Healthy Eating
- 11 Reduce Barriers to Financial Stability
- 15 Expand Opportunities for Physical Activity

15 Conclusion

Cover photo taken by Jacey Pokorny in Stockbridge, New York

Introduction

The 2025 Community Health Assessment describes the health needs, strengths, and priorities of Madison County residents. The 2026–2030 Community Health Improvement Plan outlines a shared path forward to improve health and well-being across the county.

This work was completed in partnership with hospitals, community-based organizations, county departments, and regional partners. Together, these partners reviewed local data and listened directly to community members to better understand the factors that influence health in Madison County.

Planning Team Members:

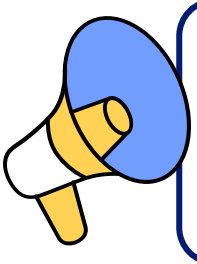
- Catholic Charities of Oneida and Madison Counties
- Community Action Partnership for Madison County
- Community Memorial Hospital
- Cornell Cooperative Extension Madison County
- Madison County Council on Alcoholism and Substance Abuse, Inc. (BRiDGES)
- Madison County Department of Social Services
- Madison County Mental Health Department
- Madison County Office for the Aging
- Madison County Public Health
- Madison County Rural Health Council
- Mid-York Library System
- Oneida Health
- YMCA of the Greater Tri-Valley
- Rural Health Redesign Center (facilitator)





Process

The Community Health Assessment (CHA) brings together publicly available data and community input to provide a clear picture of current health conditions and trends. Community voices were captured through surveys and focus groups.



In total:

- **769 survey responses** were collected
- **3 focus groups** with 17 participants

Using the assessment results, the planning team worked collaboratively to identify priority health issues where coordinated action could make the greatest impact. These priorities align with existing community assets and ongoing efforts, while also addressing gaps and emerging needs.

Priority Areas



Improve Oral Health and Access to Care



Increase Access to Healthy Eating



Expand Opportunities for Physical Activity



Reduce Barriers to Financial Stability

The Community Health Improvement Plan builds on this foundation by outlining specific goals, strategies, and action steps that partners will work toward over the next five years. The CHIP is intended to be a practical, living roadmap that guides collective action, supports accountability, and evolves as community needs change.

Through continued collaboration, community engagement, and data-informed decision-making, Madison County partners will work together to implement this plan and track progress over time. This plan reflects a shared commitment to improving health outcomes and ensuring that all residents have the opportunity to live healthy, fulfilling lives.

Community Demographics

Overview

Health is shaped by a combination of social and economic factors, including income, education, transportation, housing, and access to healthcare. These determinants vary across different communities.

In Madison County, a predominantly rural area in Central New York, these characteristics are shaped in part by geography and population distribution. The county consists of fifteen (15) townships and the City of Oneida. The county borders six counties and spans approximately 662 square miles, with a population density of about 104 residents per square mile, compared to 239 residents per square mile statewide (excluding New York City).



Madison County, New York

The population is largely homogenous, with 91% of residents identifying as White and 98.6% reporting English proficiency. In terms of education, the percent of students who complete high school is higher than the NYS average (93.3% vs. 87.7%), while those who hold a bachelor's degree or higher is considerably lower than the state (31.2% vs. 40.6%) (US Census Bureau ACS, 2023).

Compared to New York State overall, Madison County experiences a lower unemployment rate (4.1% vs. 5.0%) and fewer people living below the federal poverty level (10.9% vs. 14.2%) (US Census Bureau ACS, 2023). While many households are economically stable, financial hardship is more common families with children, older adults, and more rural residents.

Although housing supply is limited in certain areas, nearly 77% of residents own their homes—well above the state average of 56.1% (US Census Bureau ACS, 2023). Most residents have health insurance (95.9%) (CDC PLACES, 2024). However, the ratio of providers to residents for primary care, dental, and mental health services is lower than the state average. For example, there are about 77 primary care providers for every 100,000 residents in Madison County compared to 110 providers in New York State (HRSA Area Health Resources File, 2022).

Together, these demographic, economic, and structural factors provide important context for understanding health needs in Madison County.

Health Priorities

Priority: Improve Oral Health and Access to Dental Care

Overview

Oral health refers to the health of the teeth, gums, and mouth. Oral health concerns include oral diseases such as dental cavities (tooth decay), periodontal (gum) disease, oral cancers, and tooth loss, all of which can have negative physical and psychosocial effects. Poor oral health can impact speech, the ability to chew, nutritional intake, and lower self-esteem.

Across the lifespan, oral health problems can interfere with daily activities, learning, and work, and may limit social and economic opportunities. Certain populations—including people experiencing mental illness, chronic pain, or substance use disorders (such as alcohol, tobacco, opioids, and other drugs)—are at higher risk for poor oral health. Oral health is also closely connected to overall health and is linked to chronic conditions such as heart disease, stroke, cancer, diabetes, and obesity.

Data Review

A common measure of oral health access is dental visits. Among adults in Madison County, about 63% went to the dentist in the past year, similar to adults statewide (CDC PLACES, 2022). However, preventive dental visits among county adults enrolled in Medicaid have declined over the past decade, from 23.3% in 2016 to 14.0% in 2023. About 30% of children ages 2–20 enrolled in Medicaid had at least one preventive dental visit in the past year in Madison County, compared to 39.1% statewide (NYS Medicaid Managed Care, 2023). These gaps may be partly due to limited access to dental providers. On average, Madison County has about 47 dentists for every 100,000 people, compared to about 110 statewide (Health Resources & Services Administration, 2022).

Limited access to preventive dental care—along with inconsistent oral health practices at home, such as toothbrushing and flossing—can increase the risk of dental cavities and tooth loss. In 2022, the rate of visits for cavities among children ages 3–5 in Madison County was significantly higher than NYS (246.1 vs. 121.5 per 10,000 children) (NYS Statewide Planning and Research Cooperative System, 2022).

In Madison County, 14.0% of adults aged 65 and older report having lost all of their natural teeth due to tooth decay or gum disease, slightly higher than the state average of 12.3% (CDC PLACES, 2024).

Community input further reinforces these findings. Approximately 40% of 2025 CHA survey respondents identified dental care as a top healthcare service in need of improvement. During focus groups, participants cited insurance barriers as a key challenge, noting that “most dentists won’t take your insurance.”



Oral Health Workgroup

Goal:
Reduce disparities in accessing and utilizing preventive oral health services.

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

Improvement Strategies

Free Dental Days

Objective: 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 19.9% by promoting the Free Dental Day model among dental providers.
References: New York State Dental Journal, https://commons.ada.org/nysdj/vol88/iss6/6/;
Dr. Bruce Stewart Office, https://www.oneidanydentist.com/

Action Steps:
MCPH and the Oral Health Partnership of Madison County (OHPMC) will:

- Identify, contact, and schedule introductory meetings with dental providers.
- Collaborate with interested practices on event logistics, including assistance with developing and distributing promotional materials, creating registration and consent forms, and providing on-site oral health education and resources.

Fluoride Varnish in Primary Care

Objective: 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.
Reference: Smiles for Life, https://www.smilesforlifeoralhealth.org/

Action Steps:
Hospital-Affiliated Primary Care Offices (CMH & OH) will:

- Track and report the number of children served at each location.
- Assess logistical needs and billing procedures to support care delivery.
- Promote and support provider training.
- Offer fluoride varnish application as part of routine pediatric care.

Madison County Public Health (MCPH) will:

- Participate in the local health department training.
- Conduct outreach to primary care offices.



Oral Health Education in Existing Programs

Objective: 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 by integrating oral health education into existing programs.
Reference: Cavity Free Kids, https://cavityfreekids.org/

Action Steps:
MCPH and OHPMC will:

- Deliver Cavity Free Kids curriculum to schools, childcare centers, home visiting programs, and early childhood settings.
- Participate in community events to promote oral health and share educational resources.
- Support the promotion and use of the Oral Health Story Time kit among local libraries.

Explore New Partnerships, Locations, & Mobile Services

Objective: 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% by exploring new partnerships, locations, and mobile services.
References: Institute of Medicine of the National Academics, https://nap.nationalacademies.org/resource/13116/oralhealthaccess2011reportbrief.pdf; County Health Rankings, https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/school-dental-programs

Action Steps:
Oral Health Workgroup will:

- Develop and publish an oral health data brief to help guide decision-making.
- Work with community partners to understand the feasibility of integrating dental care into schools and existing health services.
- Assess options for expanding dental services, including new permanent locations and mobile units.
- Identify next steps for each opportunity to expand access to care.

Priority: Increase Access to Healthy Eating

Overview

Healthy eating is a key foundation for overall health and well-being. A nutritious diet helps reduce the risk of many chronic diseases, including heart disease, diabetes, osteoporosis, some cancers, and conditions associated with weight gain. Healthy eating also supports growth and development, energy levels, and long-term health outcomes.

The *Dietary Guidelines for Americans* provide recommendations to support healthy eating at every life stage. For infants, the DGA recommends exclusive breastfeeding for the first six months of life. Breastmilk provides essential nutrients that support healthy growth and development for infant along with other health benefits for the mother. For children, and adults, the DGA recommends a healthy eating pattern that includes a variety of fruits and vegetables and limits foods and beverages high in added sugars.

The ability to follow healthy eating guidelines is influenced by factors such as access to affordable, nutritious foods, time, income, and community resources—factors that vary across Madison County and shape local dietary behaviors.

Data Review

About 28% of adults in the county report no fruit or vegetable intake, which is lower than the New York State average of 34.4%; however, this measure has worsened locally 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% (NYS BRFSS, 2021).

Access to healthy food plays an important role in shaping these behaviors. In 2023, 11.3% of Madison County residents experienced food insecurity—defined as limited or uncertain access to adequate food—compared to 14.5% statewide (Feeding America, 2023). While food insecurity is lower than the state average, physical and financial access to healthy foods remains a challenge for many residents. In Madison County, there are about 1.6 grocery stores for every 10,000 residents compared to 4.3 stores for every 10,000 residents in New York State overall. About 12% of county residents using the Supplemental Nutrition Assistance Program (SNAP), less than half of households eligible for the program (43%) (US Census Bureau ACS, 2023).

Early nutrition practices are another important component of healthy eating. In Madison County, 80.7% of newborns received breastmilk at delivery hospital compared to nearly 87% of newborns statewide (HRSA Maternal and Child Health Bureau, 2022).

Community input reinforces how cost and time constraints can affect healthy eating choices. As one focus group participant shared, "[cooking is] expensive, and takes time, energy, and effort." In addition, 41% of CHA survey respondents indicated a need for greater access to healthy foods.



Healthy Eating Workgroup

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

Lead: Cornell Cooperative Extension
Workgroup Members: Madison County Public Health, Community Memorial Hospital, Office for the Aging, Community Action Partnership, Madison County Rural Health Council, and Oneida Health

Mobile Produce Market (Veggie Van)

Objective: By December 31, 2030, decrease the percentage of adults who consume no fruits or vegetables daily from 27.0% to 22.0% by launching a mobile produce market.
Reference: County Health Rankings, https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/mobile-produce-markets



Action Steps:
Healthy Eating Workgroup will:

- Research best practices from existing mobile markets.
- Develop the operational model and budget to secure funding for the Veggie Van.
- Lead outreach to local farmers and CSAs to establish a produce supply network.
- Select distribution and storage locations.
- Support outreach and promote the Veggie Van through communication channels.

Promote Breastfeeding Friendly Practices

Objective: By December 31, 2030, increase the percentage of infants who are exclusively breastfed in the hospital from 62.1% to 67.1% by promoting breastfeeding friendly practices among medical provider offices.
Reference: NYSDOH, https://www.health.ny.gov/community/pregnancy/breastfeeding/providers/

Action Steps:
Healthy Eating Workgroup and Health Start Partnership (HSP) will:

- Conduct outreach to identify Certified Lactation Counselors (CLCs) in the county.
- Develop outreach materials and a standard pitch for providers.
- Engage directly with practices and provide follow-up technical assistance.
- Collaborate to promote breastfeeding-friendly practices across medical provider offices in the county.
- Assess progress toward breastfeeding-friendly designation.

Promotional Campaign of Nutrition & Food Security Resources

Objective: Decrease the percentage of adults with an annual household income less than $50,000 who consume no fruits or vegetables daily from 31.7% to 30.1% through a coordinated promotional campaign of nutrition and food security resources.
Reference: The Community Guide, https://www.thecommunityguide.org/findings/social-determinants-health-fruit-vegetable-incentive-programs.html

Action Steps:
Healthy Eating Workgroup will:

- Collaborate to identify county and regional nutrition resources.
- Compile program and eligibility information to support the promotional campaign.
- Develop promotional materials, using SNAP-Ed staff as available.
- Ensure materials are accessible, culturally appropriate, and available in both print and digital formats.
- Distribute materials through communication channels, client programs, clinical offices, libraries, senior centers, food pantries, and community events.



Priority: Reduce Barriers to Financial Stability

Overview

Financial stability plays an important role in overall health and well-being. When individuals and families struggle to afford basic needs, such as housing, food, childcare, and healthcare, it can negatively affect physical health, mental health, and educational outcomes. Many households experience financial strain even when adults are working. These households are often described as ALICE (Asset Limited, Income Constrained, Employed), meaning their income is not enough to keep up with the cost of living.

Data show that the gap between wages and the cost of basic necessities continues to create challenges for many residents in Madison County. Children and older adults are especially affected by financial instability, as limited resources can increase stress, reduce access to care, and impact long-term health and quality of life.

Data Review

A family of 4 is considered living in poverty when household income is under $32,150 per year. In Madison County, 10.6% of households live below the federal poverty level. In addition, 42% of households in Madison County meet the ALICE (Asset Limited, Income Constrained, Employed) threshold, compared to 48% statewide (United Way ALICE Data, 2023). ALICE households earn above the federal poverty level but still struggle to afford basic necessities such as housing, food, childcare, healthcare, and transportation.

In Madison County, 59.3% of residents ages 16 and older participate in the labor force, compared to approximately 63% statewide. The median household income in Madison County is $76,328, which is lower than the New York State median of $84,534 (US Census Bureau ACS, 2023). Focus group participants reflected on the disconnect between local job training programs and available positions, with fewer long-term, higher-paying career paths and more low-wage hourly jobs.

Housing costs represent a significant expense for many households. In Madison County, 24% of occupied housing units are considered housing cost-burdened, meaning households spend more than 30% of their income on housing costs (US Census Bureau ACS, 2023). In the CHA survey, 55% of respondents indicated a need for greater access to safe and affordable housing. Childcare costs are also substantial, with childcare for a household with two children accounting for approximately 33.3% of median household income (County Health Rankings, 2024).

Together, these data and community insights highlight how the cost of basic needs can create barriers to financial stability for many Madison County residents.



Financial Stability Workgroup

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

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

Coordination of Services Across Social Care & Health Systems

Objective: By December 31, 2030, reduce the percentage of people living in poverty from 9.7% to 7.7% by building coordination of services across social care and health systems.
References: County Health Rankings, https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/patient-navigators; Healthy Alliance, https://www.healthyalliance.org/

Action Steps:
Financial Stability Workgroup will:

- Identify care coordination contacts and compile agency-specific service information.
- Provide expertise on clinical and social care navigation needs.
- Identify unmet needs in the populations they serve.
- Participate in regular cross-agency meetings.
- Assist with promotion of the resource guide through networks and general public.

Financial Literacy Education

Objective: By December 31, 2030, reduce the percentage of people living in poverty from 9.7% to 7.7% by providing educational opportunities on financial literacy topics.
Reference: County Health Rankings, https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/financial-education-for-adults

Action Steps:
Financial Stability Workgroup will:

- Recruit financial institutions and CPAs to facilitate educational workshops.
- Identify suitable workshop locations.
- Coordinate event logistics with host sites, such as libraries or community centers.
- Help connect low-income residents to workshop opportunities.
- Promote workshops through their communication networks.



Priority: Expand Opportunities for Physical Activity

Overview

Regular physical activity provides important health benefits across the lifespan. Being physically active helps reduce the risk of chronic diseases such as heart disease, stroke, type 2 diabetes, and several types of cancer. It also supports stronger muscles and bones, improves mental health and sleep, helps maintain a healthy weight, and supports overall quality of life and independence as people age.

The *Physical Activity Guidelines for Americans* recommend that adults of all ages and abilities to engage in at least 150 minutes per week of moderate-intensity physical activity (walking, yard work) or vigorous-intensity physical activity for 75 minutes per week (swimming, shoveling). Children are encouraged to get at least 60 minutes of physical activity every day with vigorous activity at least 3 days each week. Young children (under 5 years) should be physically active throughout the day through play and movement.

Not all individuals have the same access or ability to be physically active. Opportunities for physical activity are shaped by factors such as access to safe sidewalks, parks, and recreational facilities; work schedules and caregiving responsibilities; transportation options; and affordability of programs or equipment. In some communities, built environments may discourage physical activity due to traffic safety concerns, lack of lighting, or limited walkable destinations. These barriers can make it harder for people to meet recommended activity levels.

Data Review

Madison County adults reporting no exercise in the past month varies by location and fluctuated over the past twenty years between 18.5% in 2022 and 26.6% in 2015. In 2023, 19.7% of adults report not engaging in exercise, ranging from 17.8% to 28.3% by census tract. 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 (NYS BRFSS, 2021).

Physical activity levels among students are monitored through the Madison County Teen Assessment Project survey. High school students' engagement in exercise for fun and fitness has varied over time, with only about 48% reporting at least two hours of physical activity per week in 2022.[9]

Community input highlights that access to spaces for physical activity can differ widely by neighborhood. About 41% of 2025 CHA survey respondents identified lack of physical activity as a concern. Focus group participants emphasized that while some areas have abundant opportunities—one participant from Chittenango noted, "we have a lot of good recreational exercise opportunities, lots of tennis courts. And [they're] free"—other communities may face more barriers to getting active.



Physical Activity Workgroup

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

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

Improvement Strategy

Incorporate Free or Low-Cost Opportunities into Existing Community Programs

Objective: By December 31, 2030, increase the prevalence of physical activity among all adults 18 years of age and older from 79.2% to 84.2% by incorporating free or low-cost opportunities into existing community programs.
Reference: County Health Rankings, https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/community-fitness-programs

Action Steps:
Physical Activity Workgroup will:

- Collaborate with recreation departments, schools, libraries, and event planners to integrate physical activity into existing events and programs.
- Explore various funding opportunities for physical activity, including to secure adaptive equipment for community sites such as libraries.
- Explore adult-focused physical activity opportunities, including field days, recreation leagues, and workplace programs.

Conclusion

The 2026-2030 Community Health Improvement Plan provides a structured, data-driven roadmap to address the county's top health priorities over the next five years. Implementation will be guided by clearly defined action plans and ongoing monitoring through Metopio. Progress will be shared publicly through the Madison County Health Atlas: https://madison.metop.io. Regular evaluation and flexible planning will allow the CHIP to adapt to emerging needs and promoting sustained improvements in health outcomes across Madison County.





Madison County Public Health
Community Memorial
Oneida Health exceptional care... always
BRIDGES Strength. Hope. Community.
CAP Community Action Partnership
Madison County Rural Health Council
RHRC Rural Health Redesign Center
Cornell Cooperative Extension Madison County
Madison County New York Department of Social Services
Madison County Mental Health Department
Madison County Office For The Aging
Creating Hope, Transforming Lives. Catholic Charities Diocese of Syracuse Oneida/Madison County
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the YMCA

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