Oneida County
Community Health Assessment & Community Service Plan
Community Health improvement Plan
2025-2030

PREPARED FOR:
Oneida County Health Department
Rome Health
Mohawk Valley Health System

PREPARED BY:
Research & Marketing Strategies, Inc.

Introduction and Acknowledgement

The goal of the Community Health Assessment/Community Service Plan (CHA/CSP) is to provide a thorough overview and understanding of the process for identifying the most significant health needs of residents of Oneida County. This report provides demonstrated evidence of how Oneida County Health Department, Rome Health, and Mohawk Valley Health System came together in a unified approach to assess the community's health care needs and identify health priorities to collectively have the greatest impact on improving the health of the community.

The foundational work in preparing this comprehensive report included review of secondary data as well as engaging the community to identify gaps in services and health care needs. The analysis provides context to the hard data and makes it more actionable for the many agencies and organizations that will use the CHA/CSP to guide their work and strengthen relationships with other community partners. Findings discussed in this report will be used to identify, develop, and focus on collaborative partnership between and among community partners to better serve the community and to address the overall wellness needs of the community.

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

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Acronyms & Definitions

ACHI – American Hospital Associations Community Health Assessment

ACS – American Community Survey

ATUPA – Adolescent Tobacco Use Prevention Act

BRFSS – Behavioral Risk Factor Surveillance System

CHA – Community Health Assessment

CHIP – Community Health Improvement Plan

CHIRS – Community Health Indicator Reports

CBO– Community-Based Organization(s)

CSP – Community Service Plan

EHDI – Early Hearing Detection and Intervention

EMS – Emergency Medical Services

HUD – United Stated Department of Housing and Urban Development

MVHS – Mohawk Valley Health System

NCANDS - DMR Dashboard – National Child Abuse and Neglect System - Disproportionate Minority Representation Dashboard

NCQA – National Committee for Quality Assurance

NSCH – National Survey of Children's Health

NSDUH – National Survey of Drug Use and Health

NYS – New York State

NYS EIP – New York State Early Intervention Program

NYSDOH – New York State Department of Health

NYSED – New York State Education Department

NYSEIS/EI-Hub – New York State Early Intervention Services / Early Intervention Hub

NYSIIS, CIR – New York State Immunization Information System, Citywide Immunization Registry

OASAS CDS – New York State Office of Addiction Services and Supports Client Data System

OCFS – Office for Children and Family Services

OCHD – Oneida County Health Department

OOPP – Opioid Overdose Prevention Program

PA – NYS Prevention Agenda

PCMH – Patient-Centered Medical Home

PHHPC – New York State Public Health and Health Planning Council

PRAMS – Pregnancy Risk Assessment Monitoring System

RH – Rome Health

RMS – Research & Marketing Strategies, Inc.

SCN – Social Care Networks

SHA – State Health Assessment

SPARCS – Statewide Planning and Research Cooperative System

US Census Bureau SAHIE – United State Census Bureau Small Area Health Insurance Estimates

YRBSS – Youth Risk Behavior Surveillance System

YTS – Youth Tobacco Survey

Executive Overview

Oneida County Health Department (OCHD), Rome Health (RH), and Mohawk Valley Health System (MVHS), with contracted assistance from the consultant, Research & Marketing Strategies, Inc. (RMS Healthcare), followed a thorough, rigorous, and comprehensive process to identify the health priorities of the Oneida County community. RMS Healthcare has extensive experience working with county health departments independently and in collaboration with health care delivery systems to conduct community health needs assessments (CHNA), community health assessments (CHAs)/community service plans (CSP), facilitate development, execution and evaluation of Community Health Improvement Plans (CHIP), and have executed targeted health care consulting services.

The Steering Committee collaborated to develop a six-year Community Health Assessment, Community Service Plan, and Community Health Improvement Plan (CHA/CSP/CHIP). The development of the CHA, CSP, and CHIP for the period of 2025-2030 involved a systematic approach of data retrieval and analysis along with community engagement with a unified mission to identify and rank health priorities that aim to improve overall health and reduce disparities among residents of Oneida County. The health priorities identified within this report align with New York State's goal, which is to improve population health and reduce health disparities by preventing problems before they start and then addressing the root causes that impact well-being in partnership with local governments, health care providers, and community organizations across the state.[1] The collaborative community health planning partnership adopted the New York State (NYS) Prevention Agenda 2025-2030 priorities, which utilizes a broad perspective, emphasizing factors that influence health beyond traditional health outcomes, prevention strategies, medical care, and public health systems. The 2025-2030 Prevention Agenda shifts its focus from overall health outcomes to reducing health disparities and advancing health equity, allowing more proactive focus on preventative actions that address root causes of injury and illness.[2]

The main components of the 2025-2030 Prevention Agenda include[3]:

- **Domains and Priorities:** The Prevention Agenda includes five domains that focus on Social Determinants of Health (SDOH) and align with Healthy People 2030. The domains encompass 24 statewide priorities that were identified by the State Health Assessment. The priorities address contributing factors to health outcomes and quality of life, including: (1) Economic Stability, (2) Social and Community Context, (3) Neighborhood and Build Environment, (4) Health Care Access and Quality, and (5) Education Access and Quality. *(Described in detail below.)*
- **State Level Goals:** Across all domains and priorities, the universal goal is to reduce disparities and inequities over the next six years. Each domain has several priorities that have an overarching state-level goal or objective. These state-level goals inform each priority's objective, interventions, and tracking indicators.

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[1] Source: _New York State Department of Health Launches the 2025–2030 Prevention Agenda_
[2] Source: _New York State Department of Health Launches the 2025–2030 Prevention Agenda_
[3] Source: _NYS Prevention Agenda Plan_

- **Objectives:** The Prevention Agenda has a total of 84 measurable and equitable objectives to be achieved within the six-year timeframe. Each 2025-2030 Prevention Agenda priority has at least one objective that benefits the greater good and one objective that specifically addresses populations experiencing health disparities.
- **Interventions:** Prevention Agenda interventions are public health policies, programs, strategies, supporting activities, or other actions intended to address each priority's objectives. For each priority, the 2025-2030 Prevention Agenda includes evidence-informed interventions for local health departments, hospitals, community organizations, and other entities.
- **Tracking Indicators:** Prevention Agenda tracking indicators provide a specific metric or measure used to evaluate progress on a given objective by quantifying intermediate outcomes, typically expressed as a number, percent, or rate. The 2025-2030 Prevention Agenda incorporates at least one tracking indicator for each objective, including baselines, targets, and sources. Across all Domains, there are a total of 84 tracking indicators.

As mentioned above, the 2025-2030 Prevention Agenda outlines 24 key priorities to address health conditions, behaviors, and systemic issues such as poverty, education, housing, and access to quality health care. Addressing these issues is crucial for reducing health disparities. The 24 key priorities are grouped into five domains based upon Healthy People 2030's Social Determinants of Health. The domains referenced and discussed at length in the report include the following:

1. **Economic Stability** - *focuses on the financial resources that individuals and families need to maintain good health and well-being. It emphasizes the importance of factors such as employment, income, expenses, and financial security, as these directly impact people's ability to access necessary health care, live in safe environments, and afford healthy food and other resources that promote health. This domain recognizes that economic conditions are a foundation for improving health outcomes across populations.*
2. **Social and Community Context** - *focuses on how social relationships, community support, and civic engagement influence health outcomes. It emphasizes the importance of strong social networks, supportive communities, and fair treatment for promoting mental and physical well-being. This domain highlights that social factors—such as community support, fairness, and work conditions—are vital to improving health and reducing disparities.*
3. **Neighborhood and Built Environment** - *focuses on how physical environments—such as housing, transportation, and access to safe public spaces—affect health. This domain aims to improve living environments that support physical, mental, and social well-being, helping to reduce health disparities.*
4. **Health Care Access and Quality** - *focuses on improving access to high-quality health care services and ensuring that all individuals can receive timely, effective, and equitable care. The goal of this domain is to reduce barriers to health care, improve the quality of services, and ensure that health care is equitable, especially for underserved and marginalized populations.*

5. **Education Access and Quality** - *focuses on how access to quality education affects health outcomes. It recognizes that higher levels of education are linked to better health, healthier behaviors, and improved access to resources. This domain emphasizes the importance of education at all levels in promoting health, reducing health disparities, and improving life outcomes.*

The goal of this report is to provide a thorough review of and insight into the significant health needs across Oneida County, while focusing on improving population health and reducing health disparities in alignment with the 2025-2030 Prevention Agenda's six-year plan serving as a blueprint for community action to improve health statewide. The report will consider input from community members and key stakeholders who represent the broad interests of the community collectively serviced by OCHD, RH, and MVHS.

Steering Committee

The CHA/CSP process and the identification of priorities and interventions in the Improvement Plan was guided by a strategic team of members from OCHD, RH, and MVHS, that convened in a collaborative approach to identify and assess public health gaps and barriers as well as to identify and execute actionable solutions in alignment with the 2025-2030 Prevention Agenda. Through primary research, the Steering Committee obtained input from key community stakeholders and residents on perceptions of health issues within the community. The Steering Committee sought to establish, strengthen, and maintain collaborative alliances with key community stakeholders to ensure that actionable and evidence-based solutions are identified in alignment with the CHIP and are measured to evaluate impact.

Community Health Assessment

The CHA provides a comprehensive overview of health status indicator data for residents of Oneida County using the 2025-2030 Prevention Agenda framework and other reputable data sources. The assessment followed a thorough and rigorous comprehensive data collection and analysis process, which included review of relevant secondary data, followed with various methods of primary research, to identify the health needs for Oneida County residents. Secondary data analysis included a thorough review of Oneida County level data among various reputable data sources including: (1) 2025-2030 NYS Prevention Agenda Dashboard,[4] (2) NYS Community Health Indicator Reports (CHIRS)[5], (3) Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS) [6,7], (4) American Community Survey, [8] (5) County Health Rankings,[9] and (6) US Census Bureau.[10] Additionally, the Steering Committee

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[4] Source: *prevention_agenda_plan.pdf*
[5] Source: *New York State Community Health Indicator Reports Dashboard*
[6] Source: CDC *Behavioral Risk Factor Surveillance System*
[7] Source: NYS *Behavioral Risk Factor Surveillance System*
[8] Source: *American Community Survey (ACS)*
[9] Source: *Oneida, New York | County Health Rankings & Roadmaps*
[10] Source: *2000 Decennial Census Guidance for Data Users*

employed various forms of primary research by engaging input from the community. The qualitative research included an in-person Community Stakeholder Conference which provided a forum to engage and gather insights from key community partners and community members. Additionally, an online survey was conducted, gaining both quantitative and qualitative insights from 2,369 residents. This combination of primary and secondary research findings represented the key research references facilitating the development of a robust data-driven report detailing the health priorities for the 2025-2030 Prevention Agenda cycle.

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

OCHD, RH, and MVHS understand the complexities in addressing health issues in the community, recognizing that the community's greatest health challenges are often linked with other societal issues and extend beyond health care and traditional public health activities. Significant long term service partnerships have facilitated further understanding that health improvement strategies must address social determinants of health that require broader community planning, ensuring the engagement of community-based human service organizations, behavioral health care providers, private and government payers, regional planning organizations, and local governmental organizations. This collaborative and reciprocal partnership provides a solid foundation for achieving identified goals associated with reducing health disparities and advancing health equity, ensuring that progress is measured by meaningful improvements in health outcomes by focusing on the four foundations which the 2025-2030 Prevention Agenda was built on[11]:

1. *Health Across All Policies* – promoting an interdisciplinary, multi-sector collaboration.
2. *Health Equity* – focusing on addressing structural racism and implicit bias as social drivers of health.
3. *Prevention Across the Lifespan* – promoting health and preventing disease through evidence based-interventions, addressing social determinants and health equities at every stage of life.
4. *Local Collaborative Effort* – working collaboratively with partners and community members to achieve Prevention Agenda goals.

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[11] *Source: NYS Prevention Agenda Plan*

Methods for Selection of Priority Areas

The steering committee took a three-pronged approach to identifying *health priority areas* for this 2025-2030 CHA/CSP cycle. The community online survey respondents (2,369 Oneida County residents) were asked to rank health priorities based upon review of the primary data (online survey ranking), secondary data, and the stakeholder meeting discussion (Community Stakeholder Conference). Together, these data points were intended to gain insights which would provide the foundation for the broader need prioritization discussion. Lastly, the steering committee met with a goal of narrowing the priority areas to identify actionable priorities in alignment with the mission and vision of the organizations. During the collaborative session, the team was given an overview of the purpose and goal of the discussion, followed by an overview of the tools and processes used for both primary and secondary data collection/analysis and findings.

The Steering Committee independently, and in part with key stakeholders, applied a rigorous approach in considering and determining the significant health needs of the community. Stakeholder's were asked to use a multi-voting technique to rate the health problems' level of importance on a scale of 1 (not at all important) to 5 (very important). The strategic team considered the globally identified significant health themes utilizing findings from both the on-line survey and the community stakeholder conference. Need themes identified from the online survey included: (1) Improve mental health/address depression, stress, anxiety suicide; (2) housing stability and affordability; (3) increase preventive care for chronic disease prevention and management/primary care services; (4) dental/oral health care; and (5) poverty. Priorities identified during the stakeholder meeting discussion included: (1) childhood behavioral and mental health; (2) women's health and pregnancy/prenatal care; (3) improve mental health/help with depression, stress, anxiety disorders, suicide; (4) dental/oral health; and (5) housing stability and affordability. The leadership team engaged in a needs prioritization session where priorities identified from the online survey and Community Stakeholder Conference were thoroughly discussed and synthesized to five priority areas including: (1) mental health problems; (2) housing stability & affordability/poverty; (3) preventive care for chronic disease prevention & management; (4) dental/oral health care; and (5) women's health/pregnancy & prenatal care. The leadership team additionally considered significant health themes (which aligned with guidance drawn from American Hospital Association Community Health Improvement's Community Health Assessment (ACHI)[12]. Refer to page 105 of this report for a thorough description of the ACHI guidance documentation, as well as the footnote referenced below (12).

The priority areas identified include the following:

- **Priority 1: Poverty**
- **Priority 2: Anxiety and Stress**
- **Priority 3: Access to and Use of Prenatal Care**
- **Priority 4: Oral Health Care**

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[12] *Source: Step 5: Prioritize Community Health Needs and Assets | ACHI*

The initial discussion described above formed the foundation that will guide the leadership team's development of strategies to improve health outcomes and mitigate barriers to care over the next six years. In the need selection process, the team also discussed how and if identified needs are already being addressed through dedicated programs that have impactful goals driven by evidence-based practices and data-driven metrics. The leadership team also considered those needs that were not selected as priorities and identified potential timing on how to address them in the future as well as identifying those needs that are being addressed by partnering organizations. Housing insecurity and oral health care, while not selected as a priority, was discussed in length during the Community Stakeholder Conference. Oral Health Care will be addressed and monitored as a priority area through thoughtful community collaboration. Housing stability and affordability/poverty is being addressed as an outcome of a recent *Housing Market Inventory, Assessment, and Strategy report* [13], which was prepared by Urban Partners for Oneida County. Through this Housing Market Inventory, Assessment and Strategy report, the study enabled Oneida County to develop a better understanding of the existing housing market and the housing needs throughout the county. The report provided the platform for developing housing projects, programs, and resources to meet the needs of the community, as well as to provide a platform with an inventory of plans, goals, strategies, and recommendations. OCHD, RH and MVHS will seek opportunities for further community collaboration to address this community priority.

Evaluating Impact

The specific evaluation process for the County's designated priority area activities is documented within this CHA/CSP. OCHD, RH, and MVHS will continuously evaluate activities aligned with goals and strategies that have been identified and selected ensuring alignment with the 2025-2030 NYS Prevention Agenda domains and priorities. This on-going evaluation will ensure that strategies are being regularly monitored, barriers are regularly assessed, and solutions are identified, while focusing on achieving health equity. The steering committee continues to remain actively engaged with diverse agencies and representatives who are committed to improving the public's health and well-being. Continued focus will be on collaboration, education, advocacy, and promoting health and improved quality of life for individuals residing in Oneida County. Goals and strategies may be revised at any point during the 2025-2030 timeframe to better attain participation and adherence to achieving and maintaining programmatic goals. Timelines will be attached to certain activities to encourage adherence to action within a finite period to ascertain behavioral change or practice over time. Performance against goals will be regularly monitored annually to evaluate outcomes.

Prevention Agenda Comparison: 2019-2024 to 2025-2030 [14]

The Prevention Agenda is New York's State Health Improvement Plan (SHIP), a comprehensive blueprint for local and state action to improve health and well-being throughout New York, with a focus on preventing and reducing health disparities. The Prevention Agenda initiative began in 2008 and is updated every six years by the New York State Public Health and Health

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13 Source: Oneida County Department of Planning - Housing
14 Source: NYS Prevention Agenda Plan

Planning Council (PHHPC) at the request of the New York State Department of Health (NYSDOH). The Prevention Agenda is a tool to enhance state and local efforts in improving health, well-being, and equity across New York State.

In recognition of significant disparities in socioeconomic opportunity and its effects on health, the Prevention Agenda framework was revised to align with the five social determinants of health addressed in Healthy People 2030. The new framework (2025-2030 Prevention Agenda) incorporates each social determinant of health as a separate domain, similar to the priorities identified in previous Prevention Agenda cycles.

For the purposes of providing clarity in the foundational shift in the Prevention Agenda framework, we have provided a summary of the 2019-2024 Prevention Agenda compared to the 2025-2030 Prevention Agenda.

2019-2024 Prevention Agenda

The 2019-2024 Prevention Agenda focused on priorities derived from previous cycles, with a Health Across All Policies approach. It also added the cross-cutting principles of supporting healthy aging and making New York State the First Age-Friendly State. The 2019-2024 Prevention Agenda utilized a collaborative, holistic approach to address public health problems with more direct emphasis on social determinants of health. The progress of the 2019-2024 Prevention Agenda was undoubtedly affected by the COVID-19 pandemic, which put significant strain on health care systems and required a mass refocusing of effort to manage.

2025-2030 Prevention Agenda

The 2025-2030 Prevention Agenda was informed and developed using the 2024 (SHA) State Health Assessment. The SHA provides an overview of what is known about the health of people who are born, live, learn, work, play, and age in New York State. The SHA was developed by a cross-disciplinary team of NYSDOH staff and external partners. The SHA team collected and analyzed data from New York State data profiles, local health departments, and hospitals to identify key health issues and areas for state and local action. In recognition of significant disparities in socioeconomic opportunity and its effects on health, the Prevention Agenda framework was revised to align with the five social determinants of health addressed in Healthy People 2030. The new framework incorporates each social determinant of health as a separate domain, similar to the priorities identified in previous Prevention Agenda cycles.

OCHD, RH, and MVHS understand and embrace the goals set forth in the 2025-2030 Prevention Agenda and will strive to develop a collaborative process that strategically aligns with the intended goals. Further, a framework will be developed to address the unique needs of the community, considering contributing causes of health challenges and health disparities, which will be identified and executed through the CHA, CSP, and CHIP.

Community Health Assessment – Community Service Plan Overview

OCHD, RH, and MVHS are committed to the development of a thorough Community Health Assessment and understand that it is their combined commitment to invest in the community's future health and wellbeing. Together, the partners are invested in achieving the short- and long-term success of the process and subsequent community collaboration and improvement efforts. There is a clear understanding that the community partnership requires an ongoing concerted effort to cultivate and sustain relationships with key community stakeholders, while recognizing that these community partners are the connectors and pillars of the community. It will be the collaboration that ensures the successful implementation and evaluation of multiple interventions.

The leadership team has employed the American Hospital Associations Community Health Assessment (ACHI) nine-step guide to empower collaboration with communities and strategic partners for the execution of an impactful CHA.[15] Through the process, the leadership team will build upon what has been done in the past and seeks to embrace this opportunity to continuously strive to improve upon processes by fully accomplishing each of the following steps (1) Map Development Process; (2) Build Relationships; (3) Develop Community Profile; (4) Reduce Disparities with Data; (5) Prioritize Needs and Assets; (6) Document and Communicate Results; (7) Plan Health Strategy; (8) Develop Action Plan; (9) Evaluate Progress. The demonstration of each step will be reflected in the body of this report and in the subsequent CHIP, which will be evaluated annually.

Figure 1. Community Health Assessment Process

The 2025-2030 Prevention Agenda is New York's State Improvement Plan (SHIP). It is a six-year initiative aimed at improving the health status of individuals in New York and reducing disparities through a strong emphasis on prevention. The 2025-2030 Prevention Agenda adopts a broad perspective, emphasizing factors that influence health beyond traditional health outcomes, prevention strategies, medical care, and public health systems.[16] The 2025-2030 Prevention Agenda outlines 24 key priorities to address health conditions, behaviors, and systemic issues such as poverty, education, housing, and access to quality health care (Figure 2 below). Addressing these issues is crucial for reducing health disparities. It is the vision of the

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[15] Source: _Community Health Assessment Toolkit | ACHI_
[16] Source: _Prevention Agenda 2025-2030: New York State's Health Improvement Plan_

2025-2030 NYS Prevention Agenda to ensure every individual in New York State has the opportunity, regardless of background or circumstances, to attain the highest level of health across the lifespan. [17]

Throughout the next six years, the Prevention Agenda will be a dynamic document that has the flexibility to accommodate changes and revise interventions and support activities as needed to address complex health issues. OCHD, RH, and MVHS will focus efforts on activities associated with the Implementation Plan to align with the framework.[18]

Figure 2. 2025-2030 Prevention Agenda Framework

2025-2030 Prevention Agenda Framework

Vision	Every individual in New York State has the opportunity, regardless of background or circumstances, to attain their highest level of health across the lifespan.	
Foundations	Health Equity	
	Prevention Across the Lifespan	
	Health Across All Policies	
	Local Collaboration-Building	
Domain	**Priorities**	
Economic Stability	Economic Well-Being Poverty Unemployment	Nutrition Security Housing Stability & Affordability
Social & Community Context	Mental Well-Being & Substance Use Anxiety & Stress Suicide Depression Primary Prevention, Substance Misuse, & Overdose Prevention	Tobacco/E-cigarette Use Alcohol Use Adverse Childhood Experiences Healthy Eating
Neighborhood & Built Environment	Safe & Healthy Communities Opportunities for Active Transportation & Physical Activity Access to Community Services & Support Injuries & Violence	
Health Care Access & Quality	Health Insurance Coverage & Access to Care Access to & Use of Prenatal Care Prevention of Infant & Maternal Mortality Preventive Services for Chronic Disease Prevention & Control Oral Health Care	Healthy Children Preventive Services • Immunizations • Hearing Screening & Follow-up • Lead Screening Early Intervention Childhood Behavioral Health
Education Access & Quality	Pre-K-12 Student Success & Educational Attainment Health & Wellness Promoting Schools Opportunities for Continued Education	

As OCHD, RH, and MVHS strive to align activities with the vision of the 2025-2030 Prevention Agenda dashboard performance indicators, consideration will also be taken to align with County Heath Rankings & Roadmap, whose priority is *building power for health and equity.* With the adoption of a bold new model of health, County Health Rankings has adopted the University of Wisconsin Population Health Institute Model of Health (Figure 3 below). This model broadens the understanding of how well and how long we live by examining who and what influences our conditions and how this shapes our daily lives. This model of population

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[17] Source: _Prevention Agenda 2025-2030: New York State's Health Improvement Plan_
[18] Source: _NYS Prevention Agenda Plan_

health focuses on various factors which contribute opportunities for health as a society, including population health and well-being; community conditions; societal rules; and power. [19, 20, 21]

*Note: County Health Rankings and data will not be available after 2026. [22]*

The overall strategy for OCHD, RH, and MVHS is to develop robust plans and approaches that will improve the health and well-being of the entire population with a goal to achieve equity, which requires further assessment of social determinants of health. According to Healthy People 2030, social determinants of health have a major impact on people's health and wellbeing and quality of life. Further, social determinants of health are conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health and can also contribute to health disparities and inequities, which can significantly contribute to increased risk to health risk factors, such as heart disease, diabetes, and obesity, as well as impacting life expectancy[23]. Addressing the social determinants of health will be an essential step of OCHD, RH, and MVHS to strengthen the strategic development and execution of various activities aligned with the identified health needs of the community.

Figure 3. University of Wisconsin Population Health Institute: Model of Health

University of Wisconsin Population Health Institute Model of Health © 2025

The achievement of key milestones throughout this six-year plan requires execution of community-based initiatives to achieve goals which will be detailed within the CSP and CHIP. OCHD, RH, and MVHS will seek to employ evidence-informed strategies that will aim to address
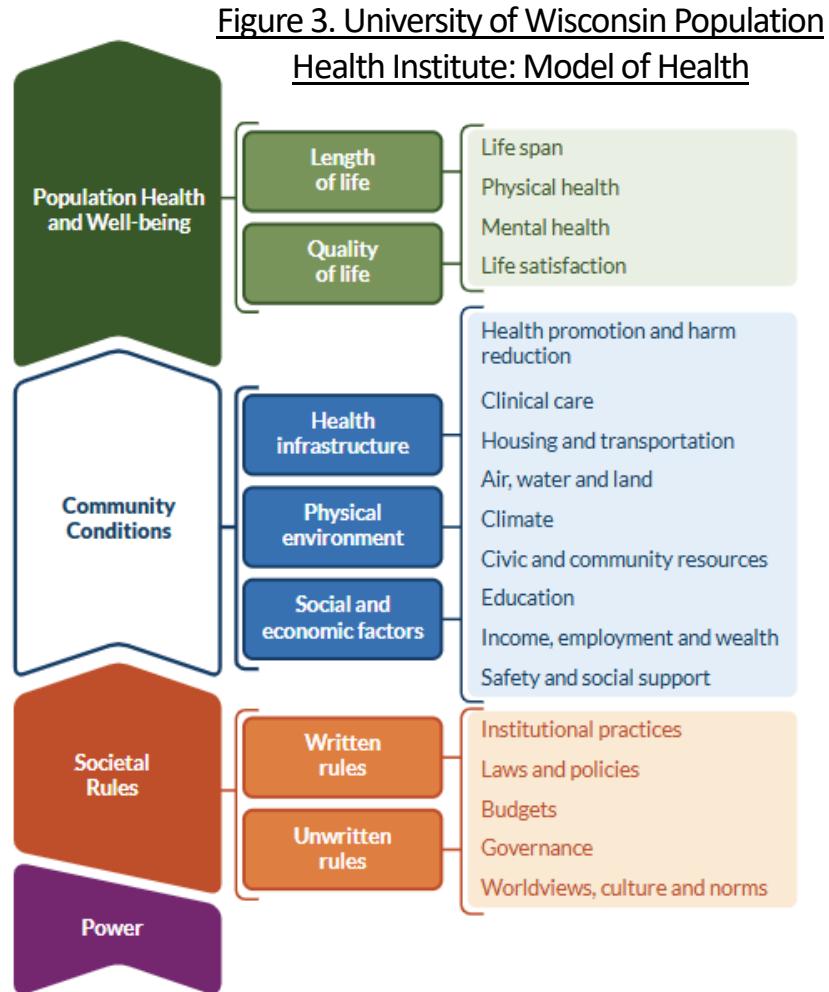
[19] Source: *What Impacts Health | County Health Rankings & Roadmaps*
[20] Source: *County Health Rankings & Roadmaps*
[21] Source: *2025 CHRR Report_0.pdf*
[22] Source: *RWJF funding for CHR&R to end in 2026 | County Health Rankings & Roadmaps*
[23] Source: *Social Determinants of Health - Healthy People 2030 | health.gov*

and identify solutions that focus on improving population health and reducing disparities through a comprehensive approach that addresses social determinants of health.[24] The leadership team understands that community collaboration is essential and integral to improving the residents of Oneida County. Key community stakeholder organizations will serve an integral role in providing relevant information and insights regarding the health needs of the community. Through communication, collaboration and a shared vision and commitment to improve the health of the community, the solidarity of key community stakeholders will provide the necessary programs and services to address and respond to health disparities and inequities and will provide long-term partnership which will be essential to achieve a coordinated approach to address the broader determinants of health which Oneida County residents are experiencing.

Community Health Assessment – Community Service Area and Demographics

Description of the Community Being Assessed

OCHD, RH, and MVHS serve health care needs and provide services to promote and protect the health of the residents of Oneida County (Figure 4*)*. Respective hospital patient census demographic analysis indicates that the majority of patients reside in Oneida, Herkimer, and Madison counties, with approximately 90% of RH and 78% of MVHS patients residing in Oneida County ZIP Codes. The two area hospitals providing inpatient and outpatient services include: Wynn Hospital (MVHS) and Rome Health Hospital (RH) – labeled accordingly in Figure 4. Wynn Hospital is located in the City of Utica (outlined in black in Figure 4 located in the southeastern region of Oneida County); Rome Health Hospital is located in the City of Rome (outlined in black in Figure 4, located in the central region of Oneida County).

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[24] *Source: Strategies and Solutions | County Health Rankings & Roadmaps*

Figure 4. Map of Service Area: Oneida County
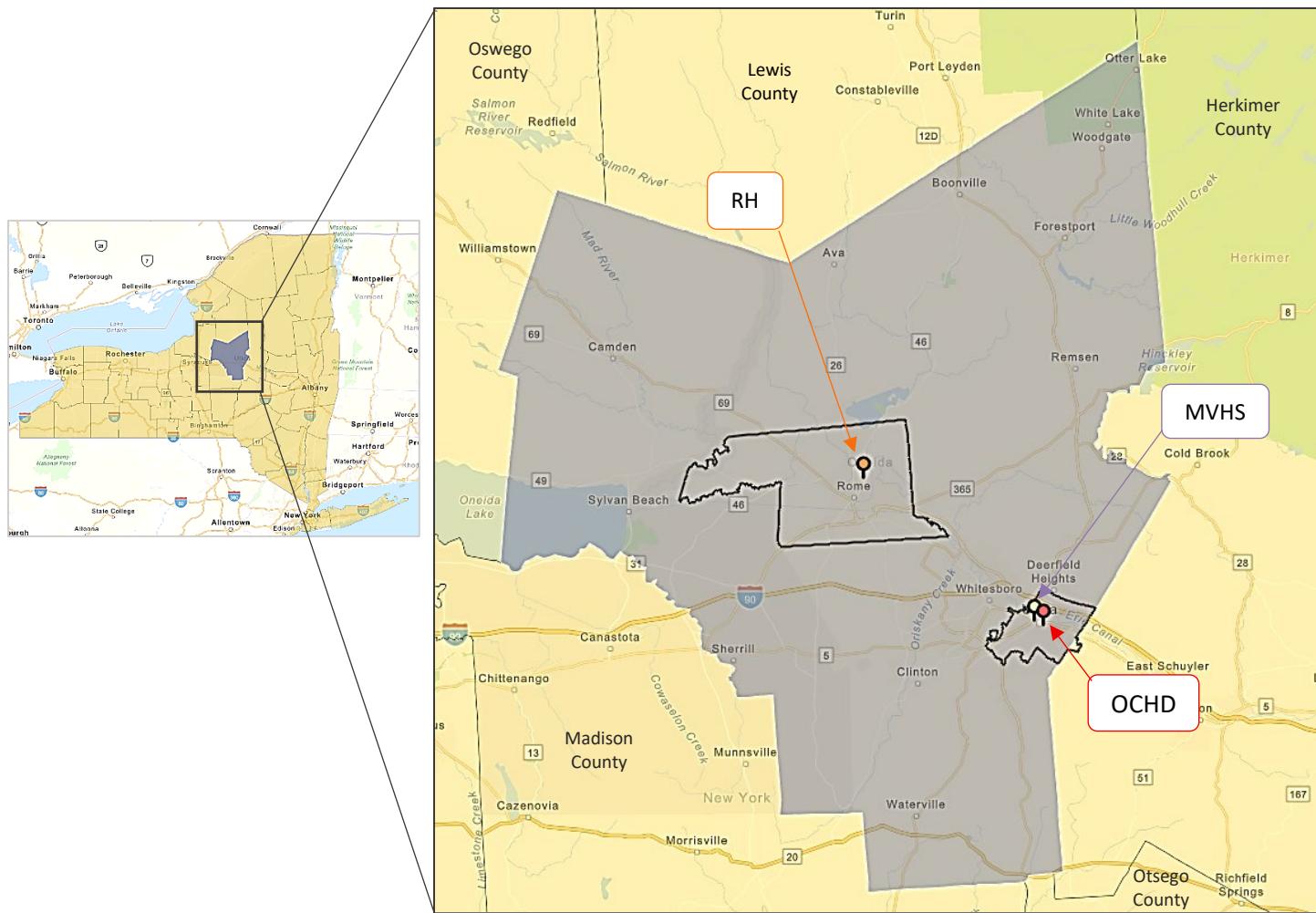
Communities Served

Oneida County borders five other counties (Figure 4 above): Oswego, Madison, Herkimer, Otsego, and Lewis. The County is the 505th largest county in the United States and the 11th largest county in New York. It covers 1,257.66 square miles of land and water area out of a total of 54,555 square miles of land and water area of New York state.[25] Oneida County is comprised of three cities, 26 towns, and 16 villages, including: the Cities of Rome, Sherrill, and Utica; the Towns of Annsville, Augusta, Ava, Boonville, Bridgewater, Camden, Deerfield, Florence, Floyd, Forestport, Kirkland, Lee, Marcy, Marshall, New Hartford, Paris, Remsen, Sangerfield, Steuben, Trenton, Vernon, Verona, Vienna, Western, Westmoreland, and Whitestown; and the Villages of Boonville, Camden, Clayville, Clinton, Holland Patent, New Hartford, New York Mills, Oneida Castle, Oriskany, Oriskany Falls, Remsen, Sylvan Beach, Vernon, Waterville, Whitesboro, and

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[25] *Source: U.S. Land Area County Rank (usa.com)*

Yorkville.[26] According to County Health Rankings, 34.4% of residents in Oneida County live in a rural area.[27]

Demographics of the Population Served and Correlated Health Risks

Overview

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

Table 1. Demographic Highlights of Oneida County in Comparison to NYS

Demographic Highlights		
Indicator	**Oneida County**	**New York State**
% Below 18 years of age	21.6%	20.7%
% 65 and older	19.4%	17.4%
% Hispanic	6.8%	19.6%
% Asian	4.2%	8.9%
% Non-Hispanic Black	5.6%	14.7%
% Non-Hispanic White	81.5%	55.1%
Median Age	40.8 years	39.6 years
% Living in rural communities	34.2%	14.5%
Median Household Income	$68,819	$84,578
Educational Attainment *(% of adults ages 25 and over with a high school diploma or equivalent)*	88.9%	86.0%
English Proficiency *(Proportion of community members that speak English "less than well")*	5.3%	13.3%
% of Children *(< 18 years)* **in Poverty**	20.3%	18.2%
% of Uninsured / no health insurance coverage	3.3%	5.1%
% of Population Age 16+ Unemployed	2.7%	3.9%
% of Veterans	7.3%	3.9%
% of Population Living with a Disability	15.1%	12.2%
Data Sources: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates (Data Tables DP02, DP03, DP04, DP05); U.S. Census Bureau, 2020 Decennial Census (Data Table H2).		

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[26] *Source: Oneida County Overview - NYS.gov*
[27] *Source: % Rural in New York | County Health Rankings & Roadmaps*

According to the latest 2023 U.S. Census Bureau 5-year estimates, the total Oneida County population is currently 229,645 residents, which has decreased by 3% since 2000. The population growth rate of New York State is 3.3% and that of the United States is 11.6%[28]; comparatively, Oneida County population is declining. Currently, residents between the ages of 55 to 64 years of age make up the largest proportion of the population (14.0%). The County's population is decreasing overall, but the older age groups (age 55+) are becoming larger proportionately due to the decline in total population. As such, with the decrease in total population, the County is estimated to become older by the year 2040. Oneida County already has a higher median age compared to the state, and this is projected to continue. As the population continues to age, specific attention will need to be directed to assess the ever-changing needs of older adults and their caregivers. It will be important to continue to evaluate existing services, and to ensure resources and services are available for the elderly population, ensuring that physical, mental, psychological, social, and financial needs are assessed and met, paying specific attention to risk of social isolation and determinants of health which can impact overall health status for this vulnerable population. It will be equally important to ensure services are available to address the ever-changing needs of individuals with disabilities, and their families. Continuity and coordination of care will be essential to allow seniors and individuals with disabilities to experience the highest quality of life.

In contrast, population distribution by race is forecasted to remain consistent, but has become more diverse since 2000 – although the majority of the County's population are White, Non-Hispanic residents and the county is considered less diverse than New York State. Despite this trend, the foreign-born population has become more prevalent in Oneida County. Just over 5% of the County's population speak a language other than English, which is representative of over 25,000 residents. For the past 41 years, Utica has housed The Center[29] (formerly known as the Mohawk Valley Resource Center for Refugees), resettling nearly 18,000 refugees. This influx of refugees has contributed significantly to the population profile of Oneida County. The most common religion among refugees to the Mohawk Valley Region is Pentecostalism, followed by Christianity and Muslim. Oneida County is culturally diverse in its largest city, Utica, where 21.5% of the population is foreign-born and 32.9% of the population five-years and older speaks a language other than English at home.[30] Overall, the Center has helped individuals from over 39 countries resettle in Utica which continues to help stabilize the County's population and economy. Cultural differences and complex coordination make providing health care to refugees, a patient population at elevated risk for significant pre-existing medical problems, difficult. Continued efforts on strategies for increased time allocation, education, and support will be needed to improve the health outcomes of refugees and their families. Cultural sensitivity and competency, as well as setting expectations and clear communication among refugee patients and families will be essential.

Most residents in Oneida County have health insurance, with private insurance being the most prevalent, representing 64.9% of the population.[31] However, the number of Oneida County

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[28] Source: _Oneida County, NY - USA.com™_
[29] Source: _The Center_
[30] Source: _2023 American Community Survey 5-Year Estimates_
[31] Source: _2023 American Community Survey 5-Year Estimates, Data Table DP03_

residents on public health insurance has steadily increased since 2000. Overall, though, the insured rate for Oneida County is slightly higher than the overall NYS rate for those with private health insurance. The evolving landscape of insurance status of Oneida County residents may impact health status. Individuals without health care coverage or who are underinsured can have serious health consequences because they may receive less preventive care, and may even delay in obtaining or receiving care, resulting in serious health problems and undue complications. Continued focus will need to be placed on ensuring all residents are insured and also build community awareness of low-cost or free screening services provided through partnering community agencies.

The median household income and per capita income have both steadily increased since 2000. However, income levels remain lower than New York State. Accordingly, there are greater proportions of County residents – both families and children – living in poverty compared to the state. Housing insecurities and poverty are two key social determinants of health impacting residents. Addressing housing insecurities will be key to impacting overall health status, specifically that of children under the age of five as older housing structures in poor status can lead to increased exposure to lead, which will have long-term health status and outcomes. Poverty can also contribute to lack of access to health care services; transportation issues as well contribute to compromising health choices. Lack of affordable housing, poor food choices, lack of access to healthy foods, and lack of food in general leads to hunger as well as increased health risks due to poor nutrition. Poverty, homelessness, poor living conditions, and poor nutrition are contributing factors that adversely impact childhood experiences. Focusing on the essentials for childhood, including creating safe, stable, nurturing relationships and environments are essential to preventing child abuse and neglect and laying the foundation for positive long-term impacts.[32] Partnering with community resources in tandem with educating primary care providers, health clinics, and hospital emergency rooms of available area resources for the uninsured and impoverished will be essential to positively impacting health status and mitigating long-term health risks. Building community awareness on available resources and placing focus on communication of available services is essential to minimizing and eradicating barriers while building awareness, trust, and access to services.

The educational attainment levels of Oneida County residents have increased since 2000 with greater proportions of the population obtaining a post-secondary degree of some sort (40.3% of Oneida County residents currently have an Associate's, Bachelor's, or Graduate degree). However, these levels remain less than those of the state where over half of the population has a post-secondary degree (52.5%). Despite the lower educational levels, Oneida County has a lower proportion of its working age population who are unemployed compared to the state (2.7% compared to 3.9% respectively). The most common industry of employment for Oneida County is "educational services, and health care and social assistance," followed by "retail trade," and "manufacturing." In Oneida County, nearly half of the population has access to two or more vehicles, and most people commute to work alone.

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[32] Source: _Essentials for Childhood |Violence Prevention|Injury Center|CDC_

Demographic Characteristics

Population and Sex Trends – Oneida County (2000-2040)

- According to the U.S Census Bureau, Oneida County's total population has been steadily declining over the past 23 years.
    - Cornell University estimates this trend will continue, and the County's total population will decline by 1.7% by the year 2040.
- The County's gender distribution remained nearly equal from 2000 to 2023, and this trend is expected to continue.

Table 2. Total Population by Sex of Oneida County: 2000 - 2040

Year	Total population	Male		Female	
		#	%	#	%
2000	235,469	116,913	49.7%	118,556	50.3%
2010	234,533	117,094	49.9%	117,439	50.1%
2020	229,074	114,219	49.9%	114,855	50.1%
2023	229,645	114,649	49.9%	114,996	50.1%
2030	227,622	112,605	49.5%	115,017	50.5%
2040	223,669	110,181	49.3%	113,488	50.7%

Data Sources: U.S. Census Bureau, 2000 Decennial Census (Data Table DP1); U.S. Census Bureau, 2010, 2020, 2023 American Community Survey 5-Year Estimates (Data Table DP05); Cornell University Program on Applied Demographics, County Projections.

Population by Age – Oneida County (2000-2040)

- Based upon the 2023 estimates, those 55 to 64 years of age represent the largest proportion of the County's total population at 14.0%, followed by those 25 to 34 years of age representing 12.2% of the population.
    - This trend is similar to previous years, however, those under 18 years of age have been steadily decreasing, which is consistent with the decrease in total population overall over the past 23 years.
- Based upon the 2023 estimates, the population over 85 years of age represents the smallest age group of the population (2.6%).
    - While the population of those 65 years of age and older has consistently been the smallest age group since 2000, this age group is projected to grow by 20.1% by the year 2040.
- Oneida County skews slightly older than New York State (median age of 40.8 compared to 39.6 years respectively). *Note: Reference Table 1 on page 16.*

Table 3. Total Population by Age of Oneida County: 2000 - 2040

Age Group	2000		2010		2020		2023		2030		2040	
	#	%	#	%	#	%	#	%	#	%	#	%
Under 5 years	13,348	5.7%	13,071	5.6%	12,915	5.6%	12,713	5.5%	11,775	5.2%	11,076	5.0%
5 to 9 years	15,787	6.7%	14,072	6.0%	13,405	5.9%	13,279	5.8%	12,070	5.3%	11,456	5.1%
10 to 14 years	16,912	7.2%	14,775	6.3%	13,932	6.1%	14,874	6.5%	12,370	5.4%	12,004	5.4%
15 to 19 years	16,744	7.1%	17,483	7.5%	14,885	6.5%	15,047	6.6%	13,623	6.0%	13,079	5.8%
20 to 24 years	13,729	5.8%	15,791	6.7%	15,210	6.6%	14,663	6.4%	13,935	6.1%	13,032	5.8%
25 to 34 years	29,497	12.5%	26,341	11.2%	28,565	12.5%	27,935	12.2%	25,358	11.1%	23,981	10.7%
35 to 44 years	36,797	15.6%	31,131	13.3%	25,490	11.1%	26,972	11.7%	28,562	12.5%	26,040	11.6%
45 to 54 years	32,136	13.6%	35,583	15.2%	29,623	12.9%	27,421	11.9%	28,136	12.4%	30,707	13.7%
55 to 64 years	21,766	9.3%	28,640	12.2%	32,100	14.0%	32,205	14.0%	26,935	11.8%	26,872	12.0%
65 to 74 years	18,275	7.8%	17,893	7.6%	23,578	10.3%	25,454	11.1%	26,907	11.8%	22,837	10.2%
75 to 84 years	15,042	6.4%	13,768	5.9%	12,700	5.5%	13,146	5.7%	19,068	8.4%	20,457	9.1%
85 years and over	5,436	2.3%	5,985	2.6%	6,671	2.9%	5,936	2.6%	8,883	3.9%	12,128	5.4%
Under 18 years	N/A	N/A	N/A	N/A	48,676	21.2%	49,542	21.6%	43,894	19.3%	41,984	18.8%
18 years and over	179,225	76.1%	182,461	77.8%	180,398	78.8%	180,103	78.4%	183,728	80.7%	181,685	81.2%
65 years and over	38,753	16.5%	37,646	16.1%	42,949	18.7%	44,536	19.4%	54,858	24.1%	55,422	24.8%
Median age	38.2 years		40.4 years		40.8 years		40.8 years		43.6 years		45.4 years	

Data Sources: U.S. Census Bureau, 2000 Decennial Census (Data Table DP1); U.S. Census Bureau, 2010, 2020, 2023 American Community Survey 5-Year Estimates (Data Table DP05); Cornell University Program on Applied Demographics, County Projections.

NOTE: *The largest age bracket for each time period is highlighted in blue in the table above.*

Population by Race/Ethnicity – Oneida County (2000-2023)
- Oneida County is primarily White, Non-Hispanic and is less diverse than New York State.
  - Those who identify as White (81.5%) make up the largest population in Oneida County; followed by those who identify as Two or more races (6.1%).
  - Most of the County identifies as non-Hispanic or Latino (93.2%), although the county has become increasingly more Hispanic since 2000.
- Population distribution by race and ethnicity has become slightly more diverse since 2000 and this trend is expected to continue.

Table 4. Total Population by Race and Ethnicity of Oneida County: 2000 - 2023

| Race & Ethnicity | Oneida County | | | | | | | | New York State | |
| | 2000 | | 2010 | | 2020 | | 2023 | | 2023 | |
	#	%	#	%	#	%	#	%	#	%
White	212,090	90.1%	205,844	87.8%	180,984	83.4%	187,061	81.5%	11.34 million	57.1%
Black or African American	13,398	5.7%	13,412	5.7%	14,989	6.9%	12,818	5.6%	2.93 million	14.7%
American Indian or Alaska Native	495	0.2%	495	0.2%	508	0.2%	364	0.2%	102,927	0.5%
Asian	2,740	1.2%	5,848	2.5%	10,522	4.9%	9,545	4.2%	1.77 million	8.9%
Native Hawaiian and Other Pacific Islander	-	-	116	0.0%	72	0.0%	127	0.1%	9,671	0.0%
Some other race	2,518	1.1%	3,713	1.6%	729	0.3%	5,658	2.5%	1.95 million	9.8%
Two or more races	4,173	1.8%	5,105	2.2%	9,130	4.2%	14,072	6.1%	1.77 million	8.9%
Hispanic	7,414	3.1%	10,220	4.4%	15,191	6.5%	15,588	6.8%	3.90 million	19.6%
Non-Hispanic	228,055	96.9%	224,313	95.6%	216,934	93.5%	214,057	93.2%	15.97 million	80.4%

Data Sources: U.S. Census Bureau, 2000 Decennial Census (Data Table DP1); U.S. Census Bureau, 2010, 2020, 2023 American Community Survey 5-Year Estimates (Data Table DP05).

Population by Nativity – Oneida County (2000-2023)

- Oneida County's foreign-born population has become larger over the past 23 years. But of the foreign-born population, the number of naturalized citizens has increased over time and non-citizenship has decreased.
- The largest ancestral backgrounds in Oneida County mirror that of New York State – although the Italian population and Irish population are larger proportions of the population in Oneida County compared to the state.

Table 5. Total Population by Nativity of Oneida County: 2000 - 2023

| Nativity & Ancestry | Oneida County | | | | | | | | New York State | |
| | 2000 | | 2010 | | 2020 | | 2023 | | 2023 | |
	#	%	#	%	#	%	#	%	#	%
Native	223,122	94.8%	218,964	93.4%	210,533	91.9%	210,038	89.6%	15.37 million	77.4%
Born in United States	219,790	93.3%	215,720	92.0%	207,307	90.5%	206,853	88.2%	14.87 million	74.8%
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	3,332	1.4%	3,244	1.4%	3,226	1.4%	3,185	1.4%	503,628	2.5%

	2000 #	2000 %	2010 #	2010 %	2020 #	2020 %	2023 #	2023 %	NY #	NY %
Foreign-born	12,347	5.2%	15,569	6.6%	18,541	8.1%	19,607	8.4%	4.50 million	22.6%
Naturalized U.S. citizen	4,861	39.4%	7,682	3.3%	10,760	58.0%	11,482	4.9%	2.69 million	13.5%
Not a U.S. citizen	7,486	60.6%	7,887	3.4%	7,781	42.0%	8,125	3.5%	1.81 million	9.1%
Top 5 Ancestries — Italian	46,824	19.9%	47,593	20.3%	39,720	17.3%	39,919	17.0%	2.21 million	11.1%
Top 5 Ancestries — Irish	40,392	17.2%	45,802	19.5%	32,881	14.4%	33,099	14.1%	2.10 million	10.6%
Top 5 Ancestries — German	38,667	16.4%	44,884	19.1%	30,756	13.4%	32,304	13.8%	1.74 million	8.7%
Top 5 Ancestries — English	26,138	11.1%	26,141	11.1%	18,083	7.9%	21,670	9.2%	1.09 million	5.5%
Top 5 Ancestries — Polish	24,777	10.5%	26,014	11.1%	20,381	8.9%	20,916	8.9%	806,476	4.1%

Data Sources: U.S. Census Bureau, 2000 Decennial Census (Data Table DP2); U.S. Census Bureau, 2010, 2020, 2023 American Community Survey 5-Year Estimates (Data Table DP02)

Population by Language Spoken – Oneida County (2000-2023)

- While the majority of the County speak only English (86.7%), there are more than 28,000 residents in Oneida County who speak a language other than English.
    - Of these residents, over 11,000 do not speak English well – just over 5% of the total population.
    - For those who speak a language other than English, other Indo-European languages are the most common followed by Spanish at 4.5% and 3.9% of the total population, respectively. Nearly 4% of the County's population speak Asian and Pacific Islander languages (3.7%).

Table 6. Language Spoken at Home in Oneida County: 2000 - 2023

Language Spoken	Oneida County								New York State	
	2000		2010		2020		2023		2023	
	#	%	#	%	#	%	#	%	#	%
Population 5 years and over	222,067		221,462		216,159		216,932		18.77 million	
English only	200,750	90.4%	197,618	89.2%	188,564	87.2%	188,052	86.7%	13.02 million	69.4%
Language other than English	21,317	9.6%	23,844	10.8%	27,595	12.8%	28,880	13.3%	5.75 million	30.6%
Speak English less than "very well"	8,968	4.0%	9,366	4.2%	10,637	4.9%	11,459	5.3%	2.50 million	13.3%
Spanish	5,983	2.7%	7,932	3.6%	7,655	3.5%	8,409	3.9%	2.76 million	14.7%

Speak English less than "very well"	2,178	1.0%	2,692	1.2%	2,128	1.0%	2,972	1.4%	1.20 million	6.4%
Other Indo-European languages	12,861	5.8%	10,882	4.9%	10,003	4.6%	9,686	4.5%	1.68 million	8.9%
Speak English less than "very well"	5,374	2.4%	4,174	1.9%	3,377	1.6%	3,577	1.6%	659,675	3.5%
Asian and Pacific Islander languages	1,862	0.8%	3,844	1.7%	7,734	3.6%	7,969	3.7%	958,133	5.1%
Speak English less than "very well"	1,237	0.6%	2,003	0.9%	4,139	1.9%	4,045	1.9%	526,038	2.8%
Other languages	-	-	1,186	0.5%	2,203	1.0%	2,816	1.3%	351,510	1.9%
Speak English less than "very well"	-	-	497	0.2%	993	0.5%	865	0.4%	106,074	0.6%

Data Sources: U.S. Census Bureau, 2000 Decennial Census (Data Table DP2); U.S. Census Bureau, 2010, 2020, 2023 American Community Survey 5-Year Estimates (Data Table DP02)

Refugee Resettlement[33]

- By 2006, most refugees have arrived from Vietnam, Cambodia, Laos, and Poland followed with refugees from Bosnia, Burma, and the Former Soviet Union.
- By 2019, more than 4,000 people from Burma were resettled in Utica by programs offered by the Center, with hundreds more moving to Utica as secondary migrants.
- Over the past several years, the number of refugee arrivals has varied.

  - 2016 – slightly over 400 individuals (412),
  - 2017 – 229,
  - 2018 – 200,
  - 2019 – just over 200 (206),
  - 2020 – just over 100 (104),
  - 2021 – well under 100 (58),
  - 2022 – 158,
  - 2023 – 241,
  - 2024 – 422, and
  - 2025 – 202 (from October 2024 to January 2025.)

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[33]*Source: The Center*

Table 7. Arrival Trends of Individuals Over Time: 1973- August 2025[34]

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	The Center Arrivals	1973-2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total	Total %
2	AFGHANISTAN	74	0	0	0	0	0	0	0	1	10	0	14	7	0	3	0	55	14	63	31	272	1.52%
3	ALGERIA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
4	AMERASIAN (VIETNAM)	1281	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1281	7.17%
5	VIETNAM	782	0	5	2	11	0	3	0	0	0	3	0	0	0	0	0	0	0	0	0	806	4.51%
6	BOSNIA AND HERZEGOVINA	4449	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4449	24.89%
7	BULGARIA	25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25	0.14%
8	CAMBODIA	365	0	0	0	0	0	0	12	5	0	0	0	0	1	0	0	0	0	0	0	383	2.14%
9	CAMEROON	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2	0.01%
10	CHINA	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	0.05%
11	CONGO (ZAIRE)/ DRC	21	0	0	0	9	0	0	0	0	0	29	19	32	8	5	1	9	30	65	0	228	1.28%
12	CUBA	63	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	63	0.35%
13	CZECHOSLOVAKIA	80	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	80	0.45%
14	EGYPT	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0.02%
15	ERITREA	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0.02%
16	ETHIOPIA	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12	0.07%
17	FORMER SOVIET UNION	2370	15	0	0	10	3	2	11	8	24	3	1	51	0	3	0	0	1	21	6	2529	14.15%
18	LITHUANIA	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0.03%
19	UKRAINE	35	18	16	2	4	8	6	7	15	6	26	17	31	82	29	4	14	29	21	6	376	2.10%
20	UZBEKISTAN	50	13	2	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69	0.39%
21	HAITY	89	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	89	0.50%
22	HUNGARY	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	29	0.16%
23	IRAN	49	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	52	0.29%
24	IRAQ	166	0	9	31	93	14	14	32	20	10	27	11	0	0	2	6	1	6	4	0	446	2.50%
25	KOSOVO	77	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	77	0.43%
26	LAOS	266	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	266	1.49%
27	LEBANON	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0.01%
28	LIBERIA	84	0	3	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	89	0.50%
29	LIBYA	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0.03%
30	BURMA/ MYAN MAR	519	542	547	266	349	262	230	282	257	331	256	57	72	107	61	22	52	101	112	97	4522	25.30%
31	POLAND	146	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	146	0.82%
32	ROMANIA	28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	28	0.16%
33	SIERRA LEONE	22	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22	0.12%
34	SOMALIA	269	10	1	0	13	0	9	27	36	38	19	47	1	0	0	0	7	18	50	29	574	3.21%
35	SUDAN/ SOUTH SUDAN	134	0	0	23	13	8	14	44	12	10	30	28	1	8	1	25	20	15	38	19	443	2.48%
36	YUGOSLAVIA	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0.03%
37	BHUTAN	0	0	0	17	27	100	60	62	52	18	13	12	5	0	0	0	0	0	0	0	366	2.05%
38	SYRIA	0	0	0	0	0	0	0	0	0	0	6	19	0	0	0	0	0	26	44	14	109	0.61%
39	EL SALVADOR	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	4	0.02%
40	Nicaragua	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	
41	TOTALS	11514	598	590	341	533	397	338	477	406	447	412	229	200	206	104	58	158	241	422	202	17873	100.00%
42																							0%

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[34] Source: The Center

Table 8. Arrival of Individuals in Fiscal Year as of August 2025[35]

THECENTER Arrivals FY2025	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	TOTAL
AFGHANISTAN	1	8	15	7									31
ALGERIA	0												0
AMERASIAN (VIETNAM)	0												0
VIETNAM	0												0
BOSNIA AND HERZEGOVINA	0												0
BULGARIA	0												0
CAMBODIA	0												0
Cameroon	0												0
CHINA	0												0
CONGO (ZAIRE) / DRC	0												0
CUBA	0												0
CZECHOSLOVAKIA	0												0
EGYPT	0												0
ERITREA	0												0
ETHIOPIA	0												0
FORMER SOVIET UNION	0	6											6
LITHUANIA	0												
UKRAINE	0		6										6
UZBEKISTAN/ M. TURKS	0												0
HAITI	0												0
HUNGARY	0												0
IRAN	0												0
IRAQ	0												0
KOSOVO	0												0
LAOS	0												0
LEBANON	0												0
LIBERIA	0												0
LIBYA	0												0
BURMA/MYAN MAR	5	3	55	34									97
POLAND	0												0
ROMANIA	0												0
SIERRA LEONE	0												0
SOMALIA	0	9	10	10									29
SUDAN/ SOUTH SUDAN	1	5	7	6									19
YUGOSLAVIA	0												0
BHUTAN	0												0
SYRIA	0		14										14
El Salvador	0												0
Nicaragua	0												0
TOTALS	7	31	107	57	0	0	0	0	0	0	0	0	202
							Arrived %	50.50%		To arrive by 09/30/2025	198	Yearly Goal	400

Socioeconomic Factors

Educational Attainment – Oneida County (2000-2023)
- Oneida County has become increasingly more educated since 2000. However, the educational attainment levels are less than those of New York State.
- The greatest proportion of the population in Oneida County has a High School Degree or equivalency while nearly 40% of the population has some sort of post-secondary degree.

Table 9. Educational Attainment of Oneida County: 2000 - 2023

Educational Attainment Level	Oneida County								New York State	
	2000		2010		2020		2023		2023	
	#	%	#	%	#	%	#	%	#	%
Less than 9th grade	10,959	6.9%	7,982	5.0%	6,702	4.2%	7,434	4.7%	836,124	6.0%
9th to 12th grade, no diploma	22,322	14.1%	14,357	9.0%	10,696	6.7%	10,172	6.4%	862,413	6.2%

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[35] Source: *The Center Utica*

High school graduate (includes equivalency)	51,748	32.6%	54,240	34.0%	48,928	30.8%	47,867	30.1%	3.44 million	24.6%
Some college, no degree	30,053	18.9%	30,685	19.3%	30,029	18.9%	29,397	18.5%	2.08 million	14.9%
Associate's degree	14,692	9.2%	17,831	11.2%	20,083	12.7%	20,057	12.6%	1.24 million	8.9%
Bachelor's degree	17,238	10.9%	20,512	12.9%	24,039	15.1%	25,310	15.9%	3.08 million	22.0%
Graduate or professional degree	11,834	7.4%	13,734	8.6%	18,250	11.5%	18,832	11.8%	2.45 million	17.5%
High school graduate or higher	125,488	79.0%	137,033	86.0%	141,329	89.0%	141,463	88.9%	12.30 million	87.9%
Bachelor's degree or higher	29,069	18.3%	34,258	21.5%	42,289	26.6%	44,142	27.8%	5.54 million	39.6%

Data Sources: U.S. Census Bureau, 2000 Decennial Census (Data Tables DP2); U.S. Census Bureau, 2010, 2020, 2023 American Community Survey 5-Year Estimates (Data Table S1501).

Income Levels – Oneida County (2000-2023)
- Within Oneida County, the most common household income range is $100,000 - $149,999 (17.9%) followed by $50,000 - $74,999 (17.0%) while those making less than $35,000 or less comprise a quarter of the population (25.4%).
  - A greater proportion of Oneida County (67.5%) residents have a household income level less than $100,000 compared to the state (56.7%) indicating a higher level of poverty in the County.
- The median household income level in the County has steadily increased since 2000 but is approximately $16,000 less than the state level ($68,819 vs. $84,578 respectively). The same is true for the mean household income level where the county level is approximately $37,000 less than the state level ($89,145 vs. $125,909 respectively).
- There are greater proportions of families and children living in poverty compared to New York State indicating Oneida County is a more impoverished community.

Table 10. Income Levels of Oneida County: 2000 - 2023

Income Level	Oneida County								New York State	
	2000		2010		2020		2023		2023	
	#	%	#	%	#	%	#	%	#	%
Less than $10,000	9,993	11.0%	7,157	7.8%	4,953	5.5%	4,320	4.6%	434,128	5.7%
$10,000 to $14,999	7,127	7.9%	5,639	6.1%	4,565	5.0%	4,392	4.7%	311,414	4.1%
$15,000 to $24,999	13,967	15.4%	12,232	13.3%	8,788	9.7%	7,457	7.9%	497,445	6.5%

$25,000 to $34,999	13,031	14.4%	10,331	11.2%	8,637	9.5%	7,797	8.3%	478,246	6.2%
$35,000 to $49,999	15,613	17.3%	13,624	14.8%	11,235	12.4%	10,551	11.2%	694,922	9.1%
$50,000 to $74,999	17,280	19.1%	17,961	19.5%	17,585	19.4%	16,067	17.0%	1,058,003	13.8%
$75,000 to $99,999	7,295	8.1%	11,204	12.2%	12,052	13.3%	13,073	13.9%	877,686	11.4%
$100,000 to $149,999	4,289	4.7%	9,897	10.8%	13,981	15.4%	16,867	17.9%	1.29 million	16.8%
$150,000 to $199,999	964	1.1%	2,463	2.7%	5,147	5.7%	7,305	7.7%	771,755	10.1%
$200,000 or more	948	1.0%	1,550	1.7%	3,732	4.1%	6,532	6.9%	1.26 million	16.4%
Median household income	$35,909		$46,708		$59,113		$68,819		$84,578	
Mean household income	$45,823		$58,906		$75,973		$89,145		$125,909	
Per capita income	$18,516		$23,458		$30,678		$36,865		$49,520	
Percentage of children (under age 18) living in poverty	18.9%		24.6%		20.7%		20.3%		18.2%	
Percentage of families and people whose income in the past 12 months is below the poverty level	9.8%		10.8%		10.3%		10.1%		9.8%	

Housing Characteristics – Oneida County (2000-2023)

- The vacancy rate in Oneida County has steadily been decreasing since 2000 and so has the average household size. This pattern is similar to that of New York State.
- Median household monthly costs have been steadily increasing since 2000.
- Median housing values are substantially less than the state levels, further indicating more poverty in Oneida County compared to New York State.
- 17% of Oneida County residents with a mortgage spend 35% or more of their household income on housing, indicating severe housing cost burden. However, this is a smaller proportion than the rest of the state (16.5% vs. 25.7% respectively).

Table 11. Housing Characteristics of Oneida County: 2000 - 2023

Housing Characteristics	Oneida County								New York State	
	2000		2010		2020		2023		2023	
	#	%	#	%	#	%	#	%	#	%
Total housing units	102,803		104,049		105,459		105,285		8.54 million	
Occupied housing units	90,496	88.0%	92,058	88.5%	90,675	86.0%	94,361	89.6%	7.67 million	89.8%
Owner-occupied housing units	-	-	62,515	67.9%	62,318	68.7%	63,966	67.8%	4.16 million	54.3%
Renter-occupied housing units	-	-	29,543	32.1%	28,357	31.3%	30,395	32.2%	3.50 million	45.7%
Average household size of owner-occupied unit	2.58		2.51		2.48		2.43		2.69	
Average household size of renter-occupied unit	2.13		2.15		2.19		2.07		2.31	
Median housing value	$76,500		$101,900		$133,100		$171,100		$403,000	
Median monthly owner costs (with a mortgage)	$942		$1,197		$1,247		$1,487		$2,501	
Median monthly owner costs (without a mortgage)	$359		$481		$531		$625		$927	
Median rent paid	$470		$638		$777		$917		$1,576	
Monthly owner costs - 35% or more of income (with a mortgage)	6,106	13.4%	6,827	18.5%	5,368	15.8%	5,429	16.5%	622,138	25.7%
Monthly owner costs - 35% or more of income (without a mortgage)	6,106	13.4%	3,024	12.2%	2,526	9.1%	2,901	9.5%	270,150	15.8%
Households with Food Stamp/SNAP benefits in the past 12 months	-	-	11,468	12.5%	13,742	15.2%	14,954	15.8%	1.15 million	15.0%
Households with no broadband Internet subscription	-	-	-	-	14,360	15.8%	11504	12.2%	800,329	10.4%

Data Sources: U.S. Census Bureau, 2000 Decennial Census (Data Tables DP1, DP3, DP4); U.S. Census Bureau, 2010, 2020, 2023 American Community Survey 5-Year Estimates (Data Tables DP02, DP03, DP04).

Employment Trends – Oneida County (2000 - 2023)

- Over half of Oneida County's population (age 16 years and older) is employed while nearly two-thirds of the state's population is employed.
- Oneida County has a smaller proportion of its working population unemployed compared to the state (2.7% vs. 3.9% respectively).

Table 12. Employment Trends of Oneida County: 2000 - 2023

Employment	Oneida County								New York State	
	2000		2010		2020		2023		2023	
	#	%	#	%	#	%	#	%	#	%
Population 16 years and over	186,008		188,927		185,823		185,603		16.24 million	
In labor force	109,496	58.9%	113,436	60.0%	108,007	58.1%	107,565	58.0%	10.23 million	63.0%
Civilian labor force	109,151	58.7%	113,222	59.9%	107,515	57.9%	107,136	57.7%	10.20 million	62.8%
Employed	102,740	55.25	105,467	55.8%	102,777	55.3%	102,077	55.0%	9.57 million	58.9%
Unemployed	6,411	3.4%	7,755	4.1%	4,738	2.5%	5,059	2.7%	632,127	3.9%
Armed forces	345	0.2%	214	0.1%	492	0.3%	429	0.2%	25,922	0.2%
Not in labor force	76,512	41.1%	75,491	40.0%	77,816	41.9%	78,038	42.0%	6.01 million	37.0%

Data Sources: U.S. Census Bureau, 2000 Decennial Census (Data Tables DP3); U.S. Census Bureau, 2010, 2020, 2023 American Community Survey 5-Year Estimates (Data Table DP03).

Industries of Employment – Oneida County (2000-2023)

- The most common industry of employment for Oneida County is (1): Educational services, and health care and social assistance (27.9%), (2) Retail trade (11.2%), and (3) Professional, scientific, and management, and administrative and waste management services (9.5%).
    - Of note, Manufacturing represents a larger proportion of the industrial makeup of Oneida County compared to the state (9.4% vs. 5.8% respectively) while Professional, scientific, and management, and administrative and waste management services represent a smaller proportion of the industrial makeup of Oneida County compared to the state (9.5% vs. 12.9% respectively).
- The least common industries of employment in the County include Agriculture, forestry, fishing and hunting, and mining and Information (both representing 1.1% each). This closely matches the industrial makeup of the state as well.

Table 13. Industry Trends of Oneida County: 2000 - 2023

Industry	Oneida County								New York State	
	2000		2010		2020		2023		2023	
	#	%	#	%	#	%	#	%	#	%
Agriculture, forestry, fishing and hunting, and mining	1,397	1.4%	963	0.9%	1,295	1.3%	1,079	1.1%	52,954	0.6%
Construction	4,370	4.3%	5,556	5.3%	5,072	4.9%	5,274	5.2%	549,110	5.7%
Manufacturing	14,212	13.8%	11,299	10.7%	9,567	9.3%	9,589	9.4%	554,587	5.8%
Wholesale trade	3,084	3.0%	2,474	2.3%	1,742	1.7%	1,635	1.6%	187,705	2.0%
Retail trade	12,525	12.2%	12,633	12.0%	11,323	11.0%	11,387	11.2%	924,784	9.7%
Transportation and warehousing, and utilities	3,978	3.9%	4,342	4.1%	4,439	4.3%	4,967	4.9%	547,156	5.7%
Information	2,434	2.4%	1,807	1.7%	1,087	1.1%	1,124	1.1%	265,249	2.8%
Finance and insurance, and real estate and rental and leasing	8,641	8.4%	7,957	7.5%	7,815	7.6%	8,111	7.9%	769,593	8.0%
Professional, scientific, and management, and administrative and waste management services	6,097	5.9%	7,450	7.1%	8,355	8.1%	9,704	9.5%	1.23 million	12.9%
Educational services, and health care and social assistance	26,468	25.8%	30,140	28.6%	31,072	30.2%	28,445	27.9%	2.79 million	29.2%
Arts, entertainment, and recreation, and accommodation and food services	7,486	7.3%	9,138	8.7%	9,223	9.0%	8,724	8.5%	796,182	8.3%
Other services, except public administration	5,036	4.9%	4,376	4.1%	4,340	4.2%	4,795	4.7%	440,780	4.6%
Public administration	7,012	6.8%	7,332	7.0%	7,447	7.2%	7,243	7.1%	455,043	4.8%

Data Sources: U.S. Census Bureau, 2000 Decennial Census (Data Table DP3); U.S. Census Bureau, 2010, 2020, 2023 American Community Survey 5-Year Estimates (Data Table DP03).

Health Insurance Coverage – Oneida County, New York State (2010-2023)

- Most individuals in Oneida County (96.7%) have health insurance coverage, which has increased steadily since 2010.
    - This is higher than the state where 94.9% of the population has health insurance.
- Nearly two-thirds of Oneida County residents have private insurance (64.9%) while just under half are on public health insurance (48.0%).
    - This is a slightly larger proportion of the population on public health insurance compared to the state (48.0% vs. 41.4%).
    - The proportion of County residents with public health insurance has been steadily increasing over the past 13 years. (38.3% in 2010 to 48.0% in 2023).

Table 14. Health Insurance Coverage Trends of Oneida County: 2010 - 2023

| Health Insurance | Oneida County | | | | | | New York State | |
| | 2010 | | 2020 | | 2023 | | 2023 | |
	#	%	#	%	#	%	#	%
Civilian noninstitutionalized population	224,915		221,504		223,627		19.67 million	
With health insurance coverage	210,563	93.6%	213,090	96.2%	216,183	96.7%	18.67 million	94.9%
With private health insurance	159,490	70.9%	150,121	67.8%	145,043	64.9%	13.02 million	66.2%
With public coverage	86,135	38.3%	97,953	44.2%	107,245	48.0%	8.15 million	41.4%
No health insurance coverage	14,352	6.4%	8,414	3.8%	7,444	3.3%	1.00 million	5.1%

Data Sources: U.S. Census Bureau, 2010, 2020, 2023 American Community Survey 5-Year Estimates (Data Table DP03).

Disability – Oneida County (2010-2023)

- According to the U.S. Census Bureau, 15.1% of the Oneida County population is living with a disability, which is a greater proportion than the state (12.2%).
    - This is true across every age category besides young children under the age of 5 years.
- There are more females than males living with a disability in Oneida County, although these segments of the population are equally proportionate (15.1% of the respective gender category each).
- More specifically, 7.6% of residents are living with an ambulatory disability, while 6.4% have an independent living disability and 6.1% have a cognitive disability.
    - These are all larger proportions of the population living with said disability in Oneida County compared to New York State.

- 1 in 25 Oneida County residents live with a hearing difficulty (4.3%) while fewer live with a vision difficulty (2.6%) or self-care difficulty (3.1%).
  - These are also all larger proportions of the population living with said difficulties in Oneida County compared to New York State.

Table 15. Disability Status of Oneida County: 2020 – 2023

| Disability Status | Oneida County | | | | New York State | |
| | 2020 | | 2023 | | 2023 | |
	#	%	#	%	#	%
Total civilian noninstitutionalized population	221,504		223,627		19.67 million	
With a disability	30,355	13.7%	33,755	15.1%	2.39 million	12.2%
Males with a disability	14,652	13.5%	16,629	15.1%	1.11 million	11.5%
Females with a disability	15,703	13.9%	17,126	15.1%	1.29 million	12.8%
Age 0 to 4 with a disability	117	0.9%	60	0.5%	6,210	0.6%
Age 5 to 17 with a disability	2,175	6.1%	2,574	7.0%	171,123	5.7%
Age 18 to 34 with a disability	3,268	6.8%	4,369	9.2%	299,045	6.6%
Age 35 to 64 with a disability	11,226	13.3%	12,824	15.2%	852,056	11.2%
Age 65 to 74 with a disability	5,524	23.9%	5,785	23.1%	438,330	22.1%
Age 75 or older with a disability	8,045	45.8%	8,143	46.4%	628,200	45.4%
With a hearing difficulty	8,690	3.9%	9,616	4.3%	556,228	2.8%
With a vision difficulty	4,389	2.0%	5,723	2.6%	428,005	2.2%
With a cognitive difficulty	11,161	5.4%	12,869	6.1%	933,088	5.0%
With an ambulatory difficulty	16,046	7.7%	16,087	7.6%	1.25 million	6.7%
With a self-care difficulty	6,446	3.1%	6,526	3.1%	516,534	2.8%
With an independent living difficulty	11,074	6.4%	11,149	6.4%	943,254	6.1%

Data Sources: U.S. Census Bureau, 2020, 2023 American Community Survey 5-Year Estimates (Data Table S1810).

Modes of Transportation Trends – Oneida County (2000-2023)
- In Oneida County, 11% of residents do not have access to a home vehicle, while 38.2% have access to one vehicle and 50.7% have access to two or more vehicles.
  - Larger proportions of the population in Oneida County have access to a vehicle compared to the rest of the state where nearly a third of households have no vehicles (29.0%).

- Most people in Oneida County commute to work alone (75.7%), while 8.7% carpool. A small percentage work from home (10.1) – although this proportion of the population has grown substantially since 2000.
- Very few Oneida County residents walk to work (3.4%) and even less use public transportation (1.1%).
  - In comparison, nearly a quarter (23.5%) of New York State residents use public transportation while just over 5% walk to work.

Table 16. Modes of Transportation Trends of Oneida County: 2000 - 2023

Modes of Transportation: Commuting to Work	Oneida County								New York State	
	2000		2010		2020		2023		2023	
	#	%	#	%	#	%	#	%	#	%
Workers 16 years and over	100,800		102,513		100,633		99,574		9.35 million	
Car, truck, or van -- drove alone	80,854	80.2%	84,348	82.3%	80,593	80.1%	75,403	75.7%	4.64 million	49.7%
Car, truck, or van -- carpooled	11,420	11.3%	8,805	8.6%	8,611	8.6%	8,624	8.7%	589,025	6.3%
Public transportation (including taxicab)	1,540	1.5%	1,404	1.4%	1,183	1.2%	1,078	1.1%	2.09 million	22.4%
Walked	3,815	3.8%	3,434	3.3%	3,564	3.5%	3,387	3.4%	531,922	5.7%
Other means	731	0.7%	1,091	1.1%	850	0.8%	1,063	1.1%	246,019	2.6%
Worked at home	2,440	2.4%	3,431	3.3%	5,832	5.8%	10,019	10.1%	1.25 million	13.3%
Mean travel time to work	20.1 minutes		19.4 minutes		19.9 minutes		20.4 minutes		32.8 minutes	

Vehicles Available	Oneida County								New York State	
	2000		2010		2020		2023		2023	
	#	%	#	%	#	%	#	%	#	%
Total Occupied Housing Units	90,496		92,058		90,675		94,361		7.67 million	
No vehicles available	11,130	12.3%	10,170	11.0%	9,395	10.4%	10,399	11.0%	2.23 million	29.0%
1 vehicle	33,957	37.5%	33,275	36.1%	33,782	37.3%	36,079	38.2%	2.56 million	33.4%
2 vehicles	34,311	37.9%	34,104	37.0%	32,813	36.2%	33,241	35.2%	1.96 million	25.6%
3 or more vehicles	11,098	12.3%	14,509	15.8%	14,685	16.2%	14,642	15.5%	923,156	12.0%

Data Sources: U.S. Census Bureau, 2000 Decennial Census (Data Tables DP3 & DP4); U.S. Census Bureau, 2010, 2020, 2023 American Community Survey 5-Year Estimates (Data Tables DP03 & DP04)

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

Background – CHA/CSP/CHIP Process

OCHD, RH, and MVHS convened in November 2024 to review the New York State Department of Health (NYSDOH) guidance document to ensure the development of the CHA, CSP, and CHIP for 2025-2030 cycle fully aligns with the 2025-2030 Prevention Agenda plan. The overall mission was to involve community partners through the assessment, priority selection, planning, implementation, and future evaluation of applied evidence-based guidelines.

The steering committee team embodied the overall mission of the NYS Prevention Agenda, engaging in collaborative community partnerships and sharing through regular meetings where primary research methodologies and secondary data were reviewed and discussed. Detailed analysis included the examination of 2025-2030 Prevention Agenda performance objectives for Oneida County, which compared rates of Oneida County and NYS as well as the NYS CHIRS data. CDC BRFSS data was reviewed and assessed to further identify emerging health trends. Healthy People 2030 was also referenced and assessed in the compilation of this report.

OCHD, RH, and MVHS, in partnership with the consultant, RMS Healthcare, understood that the successful strategic planning, identification of needs priorities, and execution of programmatic goals requires an active and collaborative partnership with community-based organizations, businesses, academia, media as well as other governmental sectors to address and achieve improved community health among residents of Oneida County.

Primary research was conducted to obtain feedback on perceptions of community health strengths, as well as to identify gaps and opportunities, allowing for thorough analysis to identify and prioritize community health needs. The primary research methodologies employed included: (1) Community online survey distributed to county residents; and (2) Community Stakeholder Conference to gather additional community input from key stakeholders in the County. The online survey was broadly promoted across various platforms to engage broad community engagement across all geographic regions of Oneida County. In addition to the online survey, the leadership team hosted a Community Stakeholder Conference where key community partners were invited to attend a two-hour strategic planning session to gather information from representatives from community-based organizations and planning committees across the County.

The CHA/CSP assessment process included the following components:

- Demographic, Sociographic, and Health Status Profile of the Community
- Inventory of Health-related Resources in the Community
- Review and analysis of Community Feedback from engagement in primary research (Online survey and Community Stakeholder Conference)
- Community Health Needs Prioritization
- Community Health Improvement Plan (CHIP) Development

The CHA/CSP is a dynamic operative and iterative document to be used throughout the multi-year community engagement process to drive informed decision-making to ensure community

health outcomes are aligned with the NYS Prevention Agenda and will serve as the guide for executing activities detailed within the CHIP for the 2025-2030 health planning cycle.

Identification of Health Needs in Oneida County

The 2025-2030 Prevention Agenda indicators and objectives were made available to OCHD from NYSDOH directly, which provided baseline data for health indicators and was used to compare Oneida County to other counties in NYS. Combined, the 2025-2030 Prevention Agenda Dashboard as well as the CHIRS and BRFSS data assisted Oneida County with identifying what influences the health status of residents, known as health outcomes, and how healthy a County could be in the future, known as health factors. Health outcomes weigh on the length of life and the quality of life equally, and health factors are comprised of health behaviors, clinical care, social and economic factors, and physical environment.[36] Over time, the priorities of OCHD, RH, and MVHS have changed to reflect the growing health care needs and changing demographics of Oneida County residents. The issues brought to light in this report represent the culmination of community collaboration to improve the social environment in which residents live and where services are provided. OCHD, RH, and MVHS remain committed to improving the health of community members, with specific attention to social determinants of health, recognizing that health and well-being are shaped not only by behavior choices of individuals, but also by complex factors that influence individual choices.

Environmental Changes Setting the Stage for Improving Health Care Delivery – Mobilizing Assets and Resources to Address Identified Health Issues

Over the last decade, New York State has placed significant rigor in creating plans and initiatives aimed at improving the health status of individuals and reducing health disparities through a strong emphasis on prevention. The Prevention Agenda has long provided a framework for local public health agencies, hospitals, government agencies, community-based organizations, health care providers, advocates, educators, policymakers, and other critical partners to promote action, maximize resources, and prioritize strategies to enhance health. The objectives and priorities of the Prevention Agenda have also evolved to focus on improving population health, transforming health care delivery, and eliminating health disparities. The 2025-2030 New York State Prevention Agenda has a strong focus on primary health drivers known as Social Determinants of Health, which include conditions in which people are born, grow, work, live, and age. These non-medical factors strongly influence health outcomes and can place individuals at an advantage for positive health outcomes or disadvantage for negative health outcomes. Eliminating health disparities, centered around improving social determinants of health, will align with the mission to protect and promote health and well-being for all, building on health equity.

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[36] *Source: NYSDOH Prevention Agenda Tracking Dashboard*

OCHD, RH, and MVHS collectively understand that the achievements of the collaborative advancement of the 2030 Prevention Agenda performance goals and State Health Improvement Plan (SHIP) require the shared vision that *every individual in New York State has the opportunity, regardless of background or circumstances, to attain their highest level of health across the lifespan.* OCHD works in accordance with the NYSDOH to provide programs and services to benefit the wellbeing and safety of those in their community and strive to present relevant and important information and guidance on general health, children and youth with special health care needs, immunizations and vaccinations, substance use disorders, and more, including environmental health. RH is a non-profit health care system, providing services to patients throughout Central New York. As a comprehensive health care system, they are committed to meeting the health care needs of the community. MVHS is a non-profit health care system that serves the geographic area of Oneida, Herkimer, and Madison counties and is an integrated delivery system. Primary care practices affiliated with Rome Health and MVHS are Patient-Centered Medical Home (PCMH) Recognized with National Committee for Quality Assurance (NCQA). NCQA's PCMH program is the most widely adopted PCMH evaluation program in the country.[37] The PCMH is a model of care that puts patients at the forefront of care. PCMHs build better relationships between patients and their clinical care teams. It is the collaboration between the primary care provider, the health care system, and global services provided by Oneida County collectively that support the foundational mission of the 2025-2030 Prevention Agenda priorities. In addition, New York State has also invested in increasing the strength of the delivery of social care services to Medicaid members across New York State. The *mission of New York State Department of Health is to protect and promote health for all, building on a foundation of health equity.* The establishment of the Social Care Networks (SCNs) is a core part of the New York Health Equity Reform (NYHER) Amendment[38].

New York State established nine regional SCN Lead Entities that are responsible for building a robust network of Community-Based Organizations (CBOs) and other organizations providing health-related social needs services and coordinating with health care providers (including behavioral health and primary care providers). Together, each SCN is responsible for ensuring that there is a seamless, consistent, coordinated, end-to-end process in their region for Screening, Navigation, and Delivery of health-related social needs services. This requires close collaboration within each Network as well as shared data and technology provided by the State. SCN Lead Entities also engage a broader system of partners to achieve their goals, including health insurance plans, local government, and child & family supports.

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[37] Source: *Patient-Centered Medical Home (PCMH) - NCQA*
[38] Source: *Social Care Networks*

The Role of Social Care Network Lead Entities

The SCN Lead Entities are organizations chosen for their expertise in supporting New York Medicaid Members, deep understanding of their region, and ability to coordinate an ecosystem of partners. They are responsible for creating and managing networks to provide screening and navigation to Medicaid Members, and ultimately to ensure services are delivered to address health-related social needs. The role of the Lead Entities includes:

- **Building a Network** within the region to provide screening, navigation, nutrition, housing, and transportation services to Medicaid Members.
- **Paying providers** in their Network for health-related social needs services delivered.
- **Facilitating secure data exchange** to support navigation and service delivery.
- **Reporting on Network performance** to support health equity goals and measure impact of the Social Care Network program.
- **Establishing a governing board that reflects the unique needs of the region.**
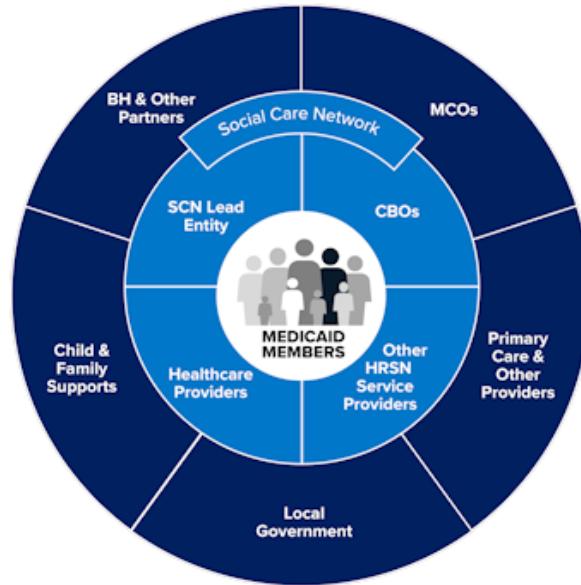
In alignment with NCQA PCMH Requirements, RH and MVHS primary care practices will align with the Healthy Alliance Foundation, Inc. to enhance quality of health and to address health disparities contributing to higher health risks and poorer health outcomes. Additionally, Oneida County maintains a commitment to deploy resources to collaborate on County-specific efforts in alignment with the priorities of the SCNs to improve population health. In addition, activities that have been implemented as part of the policy environment (addressed further in this report) will strengthen the overall mission of preventing chronic disease through education and providing infrastructure for promoting healthy lifestyles, such as smoke-free parks, bicycle paths, and access to healthy eating options. The processes, approaches, and strategies will provide a foundation to change population attitudes about healthy behavior, focusing on long-term positive health outcomes.

Promoting use of evidence-based care to manage chronic disease, including prevention of chronic disease, continues to require collaboration across the continuum of care in conjunction with community-based organizations which work on prevention education and changing attitudes about healthy behaviors with a focus on long-term sustainable change. Oneida County

maintains a commitment to deploy resources to collaborate on County-specific efforts to improve population health.

Findings from primary research conducted for the CHA/CSP support many of the initiatives underway as identified and described above. Setting the stage for improved health care delivery relies on not only mobilizing assets and resources but also gaining an understanding of the health challenges of the community. To identify and understand the significant health challenges facing the community and contributing causes of health challenges, OCHD, RH, and MVHS engaged community members and key stakeholder partners to identify factors contributing to health challenges in the community. Findings from the online survey and Community Stakeholder Conference allowed for further analysis of key factors contributing to health challenges in the community.

Key factors identified are detailed in alignment with the 2025-2030 Prevention Agenda's 5 domains which are based on the Healthy People 2030's Social Determinants of Health[39, 40]:

- **Economic Stability:** *Goal: Help people earn steady income that allows them to meet their health needs.* Many key stakeholders commented that income disparity plays a significant role in the health of the individuals they serve. Economic factors, such as poverty and housing stability/affordability, were identified as a barrier to access for residents of Oneida County.

- **Social and Community Context:** *Goal: Increase social and community support.* Key stakeholders shared that the community needs to communicate better and understand the needs of underserved populations. Many key stakeholders spoke about various social determinants of health or how people live, work, and play. Some mentioned cultural barriers, lack of transportation, coping skills, income disparities, diet, obesity, smoking, and nutrition. Mental health was a significant concern for community residents.

- **Neighborhood and Built Environment:** *Goal: Create neighborhoods and environments that promote health and safety.* When discussing issues around the natural and built environment (environmental factors), many key stakeholders discussed safe, healthy housing stability and affordability.

- **Health Care Access and Quality:** *Goal: Increase comprehensive, high-quality health care services.* Some key stakeholders mentioned that community residents expressed concerns that there are not enough providers in the area, especially for specialty care. There were also concerns regarding transportation barriers to accessing care, specifically to the outlying, more rural regions of the county.

- **Education Access and Quality:** *Goal: Increase educational opportunities and help children and adolescents do well in school.* Findings from the online survey indicated that community residents feel *"educational institutions should provide the proper personnel, tools and environment for a child to learn and grow."*

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[39] Source: *Social Determinants of Health - Healthy People 2030*
[40] Source: *Social Determinants of Health - Healthy People 2030*

Oneida County Health Status in Comparison with New York State Health Status – Prevention Agenda Trends

The 2025 Prevention Agenda was approved by the New York State Public Health and Health Planning Council (PHHPC) in September 2024. The plan outlines priorities for state and local actions to achieve the vision that every individual in New York State has the opportunity, regardless of background or circumstances, to attain their highest level of health across the life span. This iteration of the Prevention Agenda has a strong focus on primary health drivers known as Social Determinants of Health, which include conditions in which people are born, grow, work, live and age. The Prevention Agenda aligns priorities, advances initiatives, removes state-level barriers, eliminates redundancies, and coordinates efforts to maximize impact, ultimately driving progress toward health equity.[41] The new focus of the plan, including an emphasis on social determinants of health, has committed itself to regular review of progress during the 2025-2030 cycle to support successful implementation. The Prevention Agenda includes five domains which encompass 24 statewide priorities that were identified by the State Health Assessment (SHA). As part of the County's needs assessment analysis, those areas in which Oneida County demonstrated improvement (IMPROVEMENT AREAS) or demonstrated no significant change (STATIC AREAS) or showed worsening performance are listed below based upon data which was available at the time analysis was performed (September 2025). Additionally, charts which demonstrate Oneida County's performance over time for select indicators are incorporated into this evaluation. The following charts provide more detailed trending information for selected measures. Note that not all data has been updated through 2025. Some data points may be older than 2025.

IMPROVING AREAS: Prevention Agenda 2025-2030 Priority Areas Where Oneida County Statistics Improved

1. Economic Stability Domain
   a. Housing Stability and Affordability Priority Area
      i. Indicator: Number of people living in HUD-subsidized housing in the past 12 months
   b. Unemployment Priority Area
      i. Indicator: Percentage unemployed, Black residents, aged 16+
2. Social and Community Context Domain
   a. Suicide Priority Area
      i. Indicator: Suicide mortality, age-adjusted rate per 100,000 population
   b. Primary Prevention, Substance Misuse, and Overdose Priority Area
      i. Indicator: Episodes when an opioid-naive patient received an initial opioid prescription, rate per 1,000 population
   ii. Indicator: Overdose deaths involving drugs - crude rate per 100,000 population
      iii. Indicator: Patients who received at least one buprenorphine prescription for opioid use disorder - crude rate per 100,000 population

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[41] *Source: NYS Prevention Agenda Plan*

iv. Indicator: Unique individuals enrolled in OASAS treatment programs who reported any opioid use as the primary substance, rate per 100,000 population
   c. Alcohol Use Priority Area
      i. Indicator: Prevalence of binge or heavy drinking among adults 18 years of age and older
3. Neighborhood and Built Environment Domain
   a. Opportunities for Active Transportation and Physical Activity
      i. Indicator: Percentage of adults 18 years of age and older who are physically active
4. Health Care Access and Quality Domain
   a. Access to and Use of Prenatal Care Priority Area
      i. Indicator: Percentage of births with early (1st trimester) prenatal care
   b. Prevention of Infant and Maternal Mortality Priority Area
      i. Indicator: Infant mortality rate per 1,000 live births
   c. Preventive Services for Chronic Disease Prevention and Control Priority Area
      i. Indicator: Asthma emergency department visit rate per 10,000, aged 0-17
   d. Preventive Services for Children: Immunization Priority Area
      i. Indicator: Percentage of 24–35-month-old children with the 4:3:1:3:3:1:4 combination series by their 2nd birthday
      ii. Indicator: Percentage of 13-year-old adolescents with a complete HPV vaccine series
   e. Early Intervention Priority Area
      i. Indicator: Percentage of children under 3 with an IFSP
5. Education Access and Quality Domain
   a. Opportunities for Continued Education Priority Area
      i. Indicator: Percentage of high school seniors that attend a 2- or 4-year college within 5 years
6. General Health Indicators
   a. Improve Health Status and Reduce Health Disparities
      i. Indicator: Adults 18 years of age and older who have a regular health care provider, age-adjusted percentage
      ii. Indicator: Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Black non-Hispanics and White non-Hispanics
      iii. Indicator: Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Hispanics and White non-Hispanics

Figure 5. Percentage of Prevention Agenda Domains That Have Improved in Oneida County, 2025

Domain	Improved
Economic Stability	33.3%
Social & Community Context	37.5%
Neighborhood & Built Environment	100.0%
Health Care Access & Quality	54.5%
Education Access & Quality	25.0%
General Health Indicators	42.9%

■ Improved □ Worsened
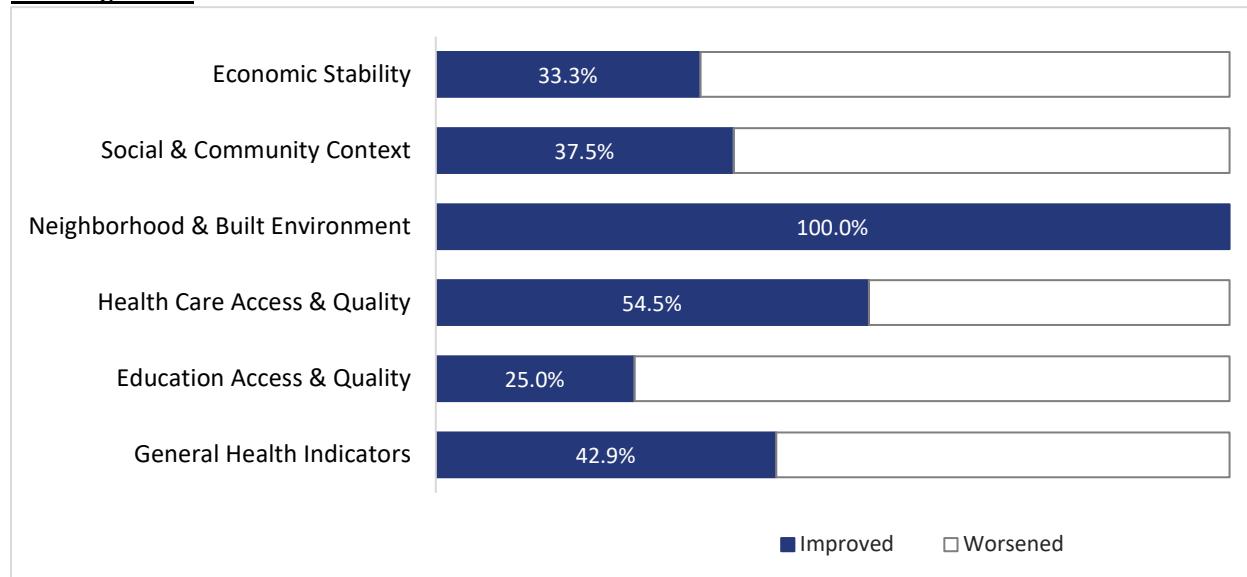
Improving Areas – Economic Stability Domain

Figure 6. Trends for Oneida County: Number of people living in HUD-subsidized housing in the past 12 months

NYS values: 1,205,914 · 1,184,065 · 1,173,703 · 1,134,562 · 1,080,368 · 985,104 · 1,000,730

PA Objective: 1,092,000

Oneida County values by year:
2012: 9,824
2013: 9,658
2014: 9,925
2016: 10,228
2017: 10,081
2018: 9,666
2019: 9,857
2020: 9,727
2021: 9,471
2022: 9,189
2023: 9,339
2024: 9,256

●—Oneida County ●—NYS ●—PA Objective
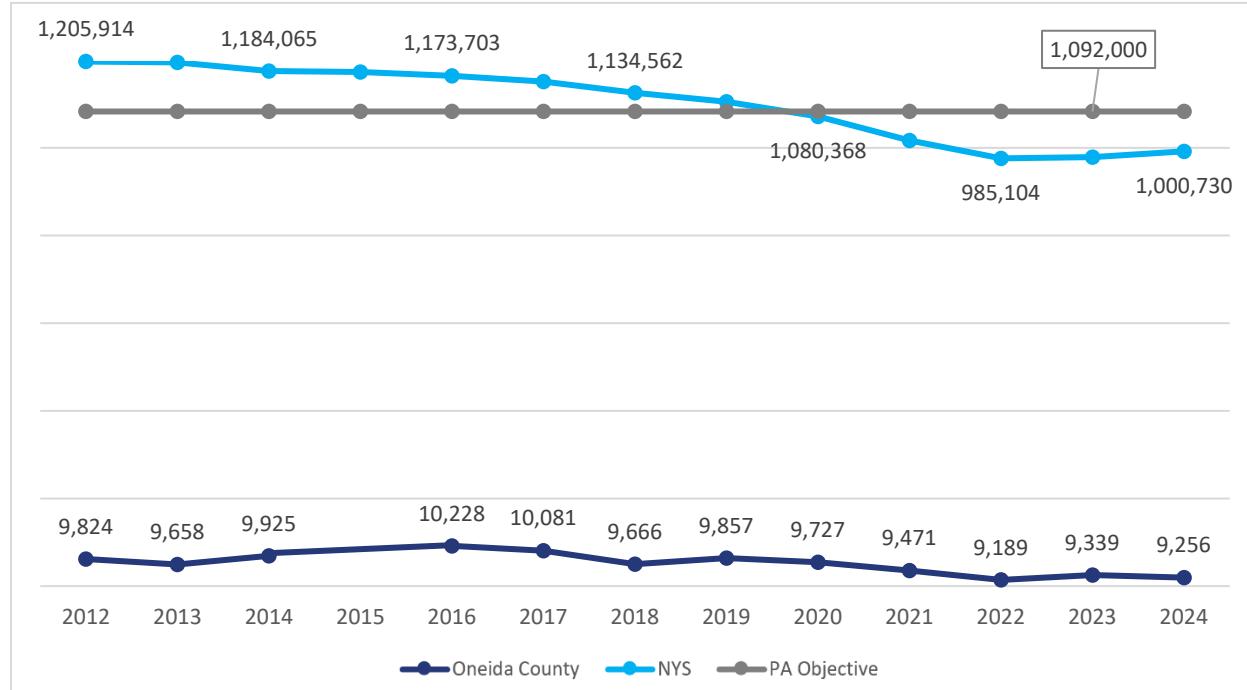
Source: U.S. Department of Housing and Urban Development (HUD)

Figure 7. Trends for Oneida County: Percentage unemployed, Black residents, aged 16+
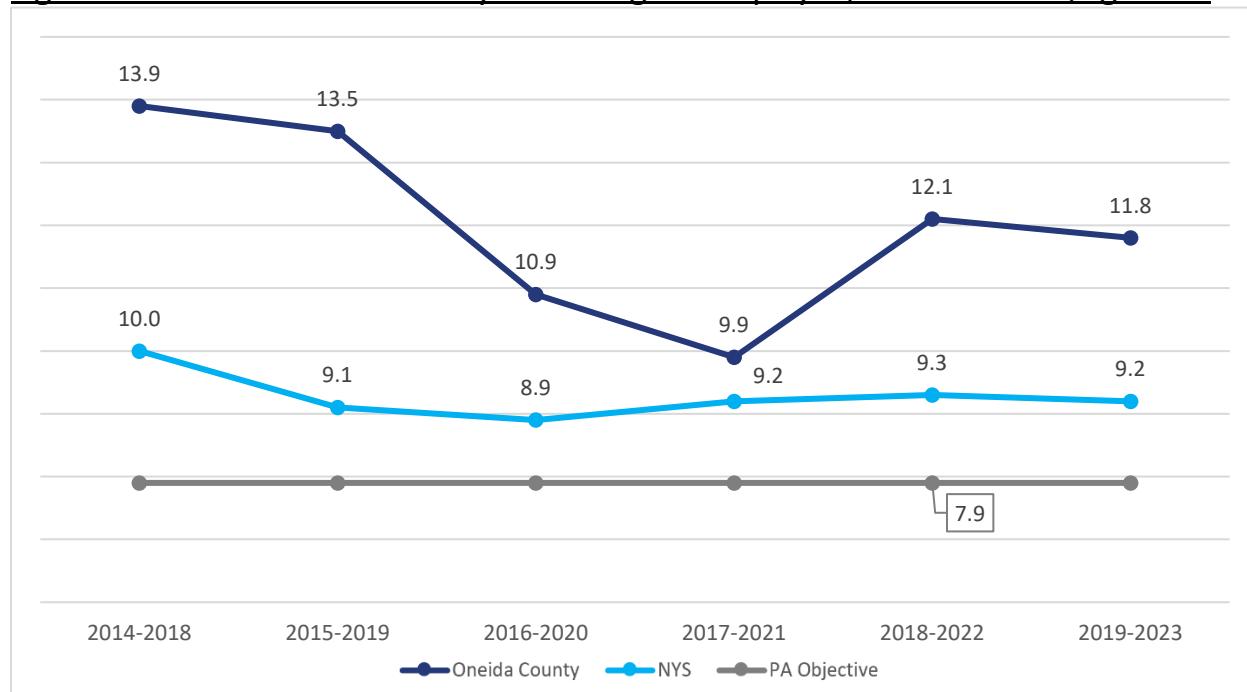
Source: ACS (table s2301)

Improving Areas – Social & Community Context Domain

Figure 8. Trends for Oneida County: Suicide mortality, age-adjusted rate per 100,000 population
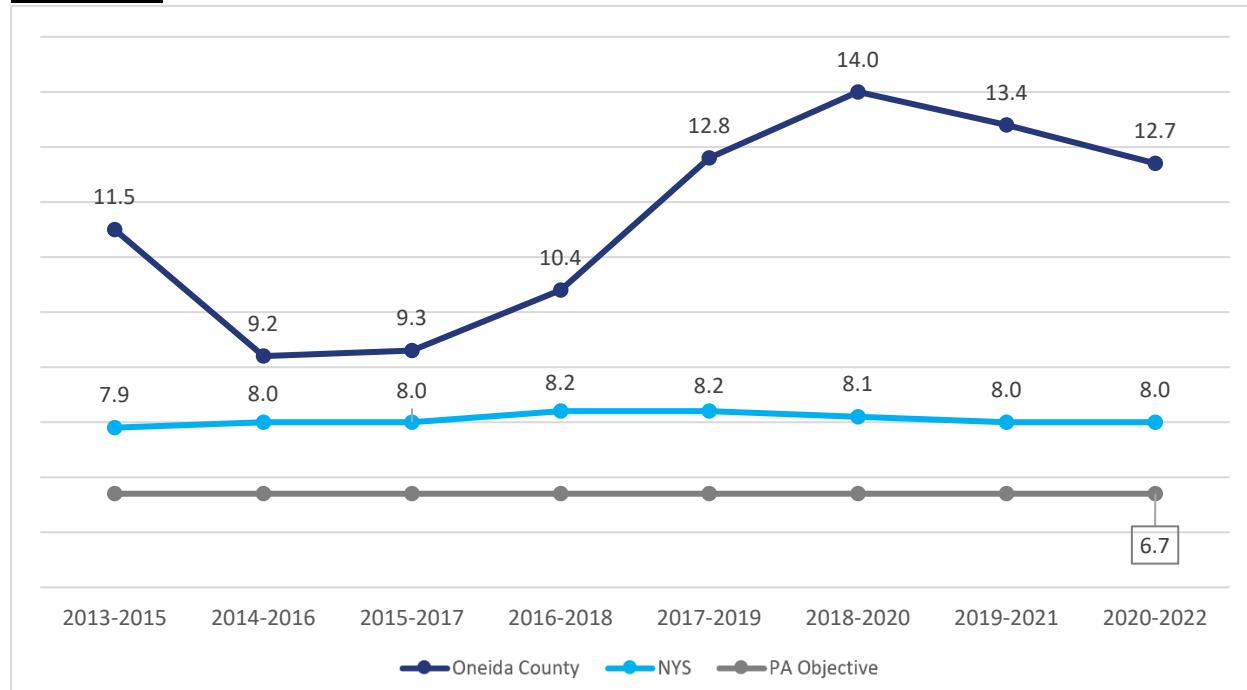
Source: NYS Vital Records

Figure 9. Trends for Oneida County: Episodes when an opioid-naive patient received an initial opioid prescription, rate per 1,000 population

116.8   117.8   118.0   116.1
88.7   90.6   87.7   86.5
77.9

| 2020 | 2021 | 2022 | 2023 |

● Oneida County   ● NYS   ● PA Objective
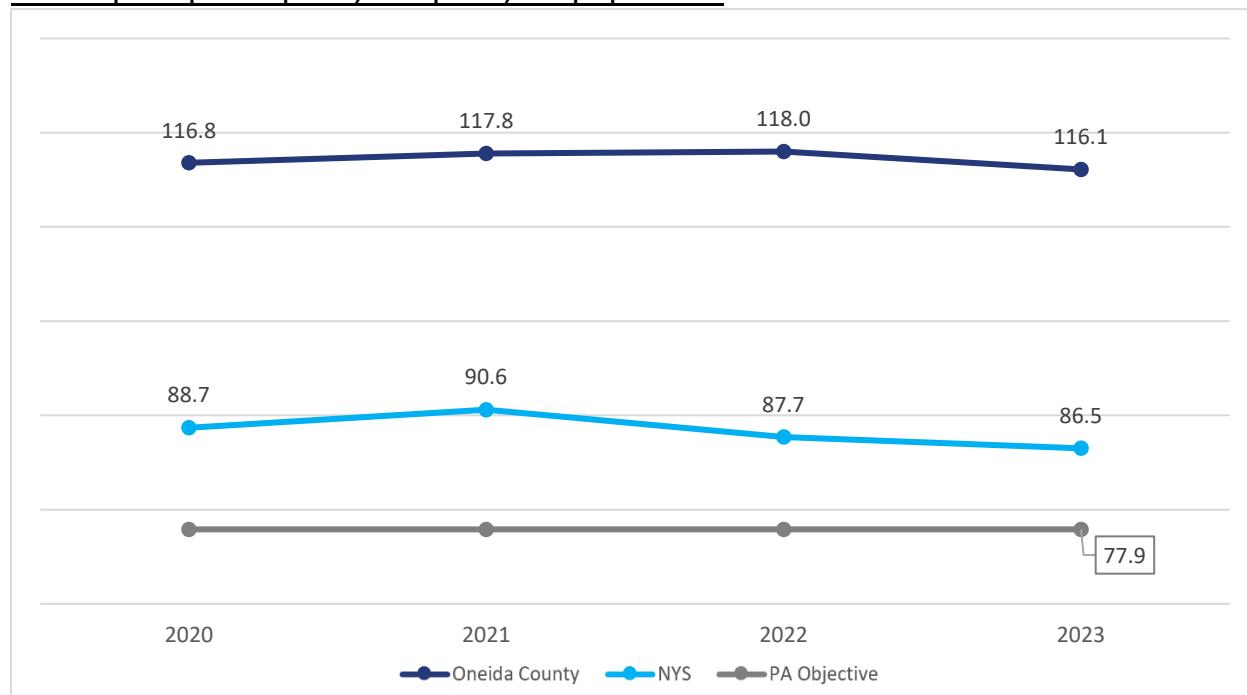
Source: NYS Prescription Monitoring Program

Figure 10. Trends for Oneida County: Overdose deaths involving drugs - crude rate per 100,000 population

36.3
34.8
31.4
32.5
32.3
24.7   24.8   19.6   24.0   29.7   25.2   27.2
17.2   17.3   20.2   18.8   18.6   22.6
12.0   11.5   19.0
9.5   9.5   11.1   13.9
7.3
6.4   6.8   6.4

| 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |

● Oneida County   ● NYS   ● PA Objective
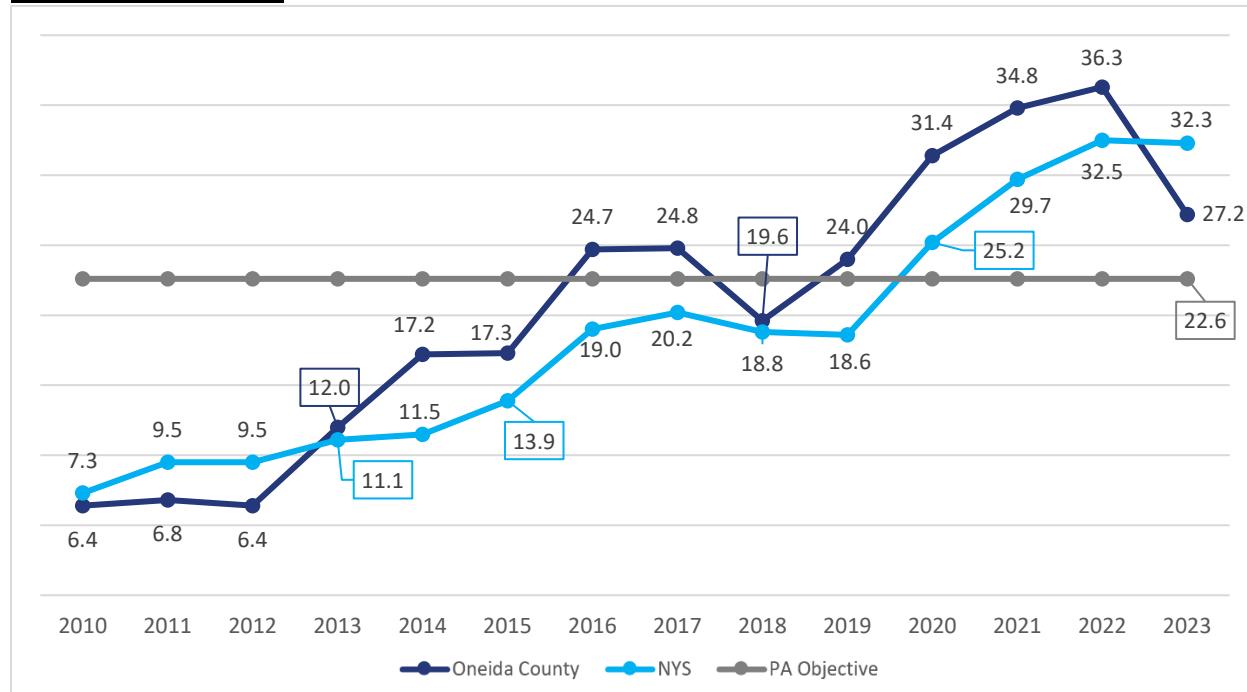
Source: NYS Vital Statistics

Figure 11. Trends for Oneida County: Patients who received at least one buprenorphine prescription for opioid use disorder - crude rate per 100,000 population
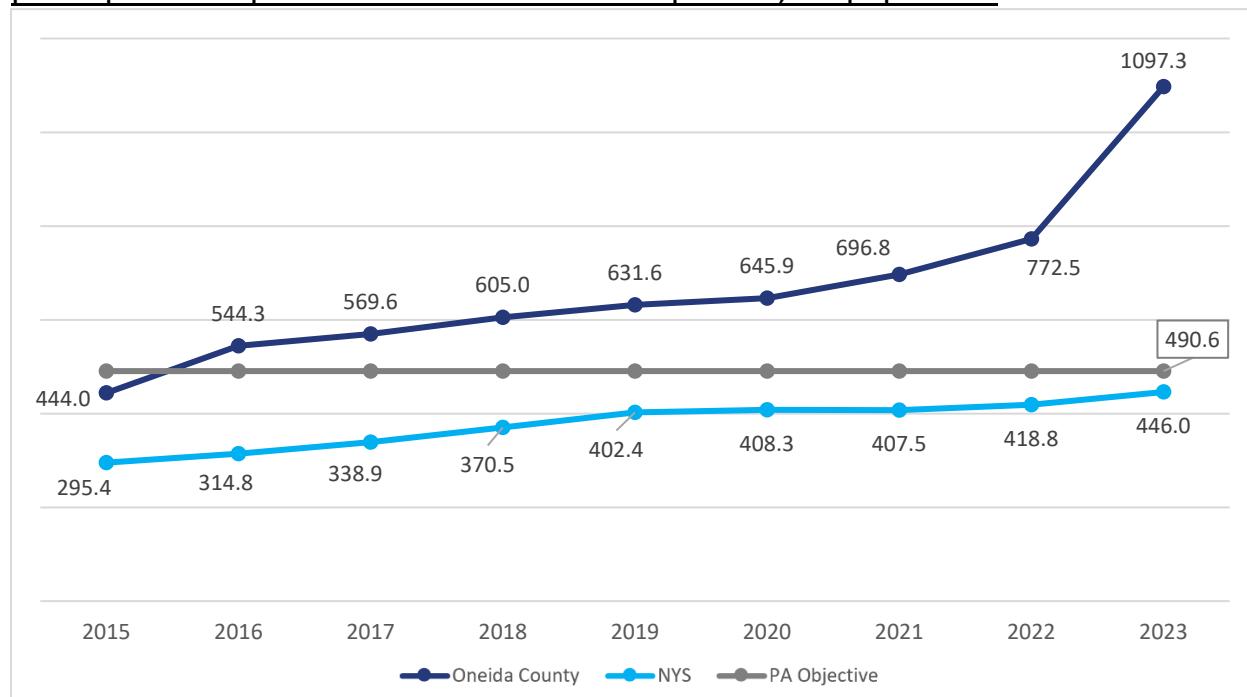
Source: NYS Prescription Monitoring Program

Figure 12. Trends for Oneida County: Unique individuals enrolled in OASAS treatment programs who reported any opioid as the primary substance, rate per 100,000 population
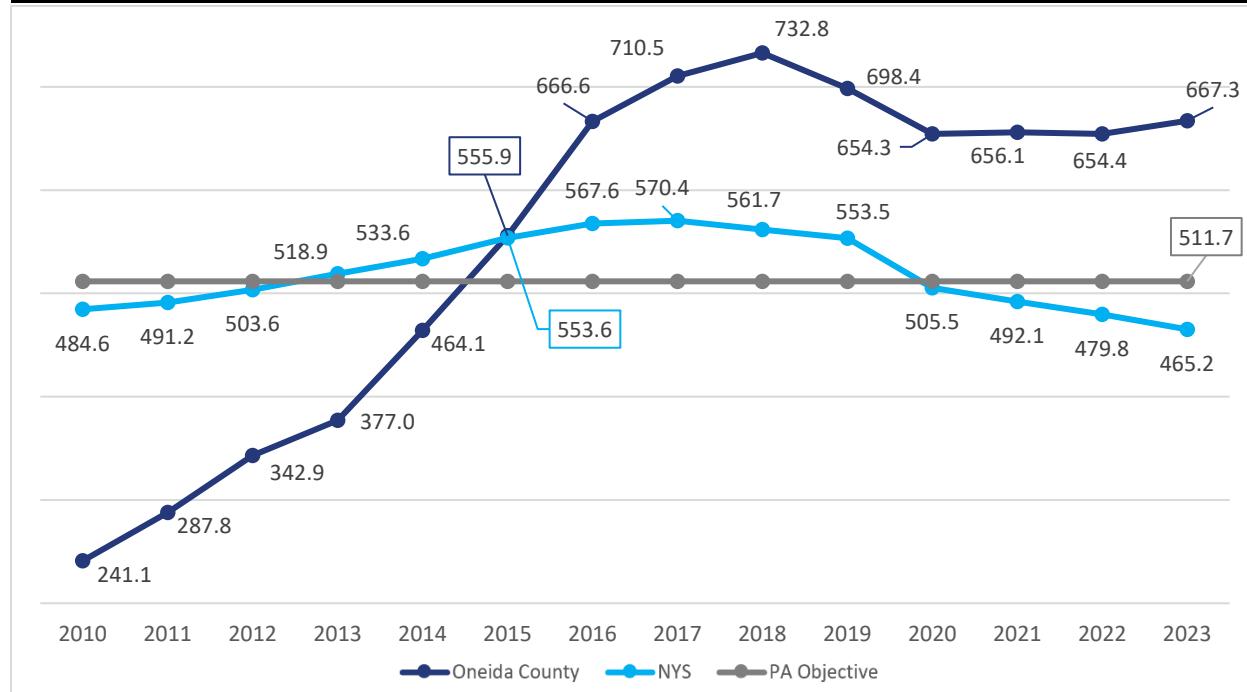
Source: New York State Office of Addiction Services and Supports (OASAS) Client Data System (CDS)

Figure 13. Trends for Oneida County: Prevalence of binge or heavy drinking among adults 18 years of age and older
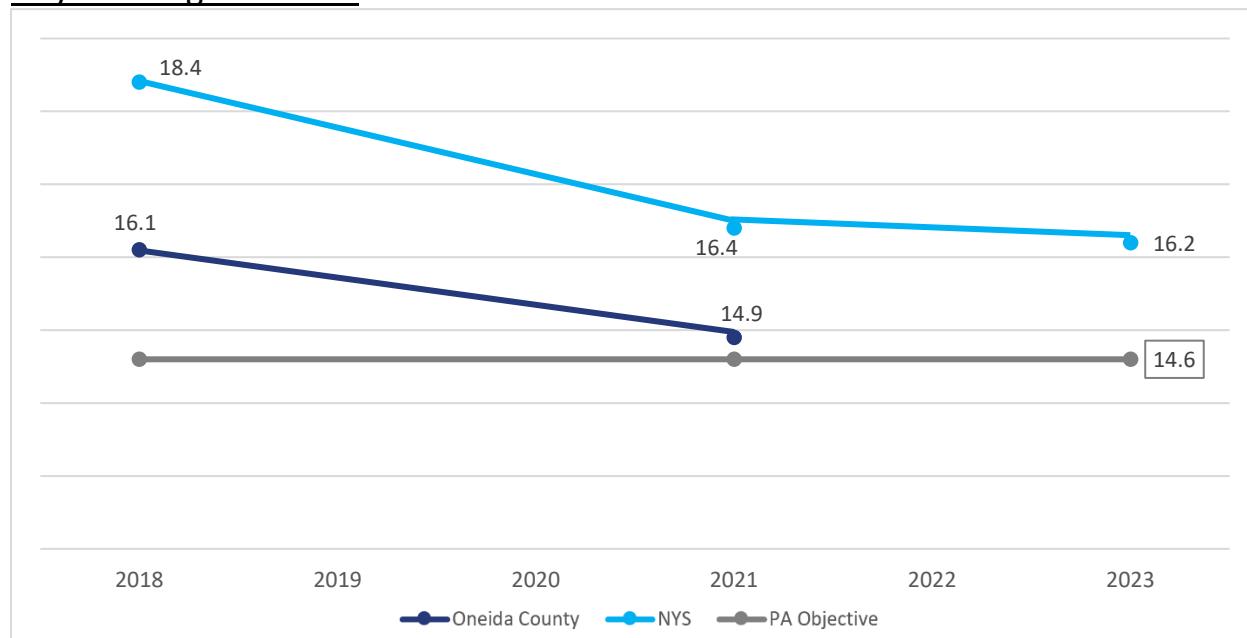
Source: BRFSS

Improving Areas – Neighborhood & Built Environment Domain

Figure 14. Trends for Oneida County: Percentage of adults 18 years of age and older who are physically active

Source: BRFSS

Figure 15. Trends for Oneida County: Percentage of births with early (1st trimester) prenatal care
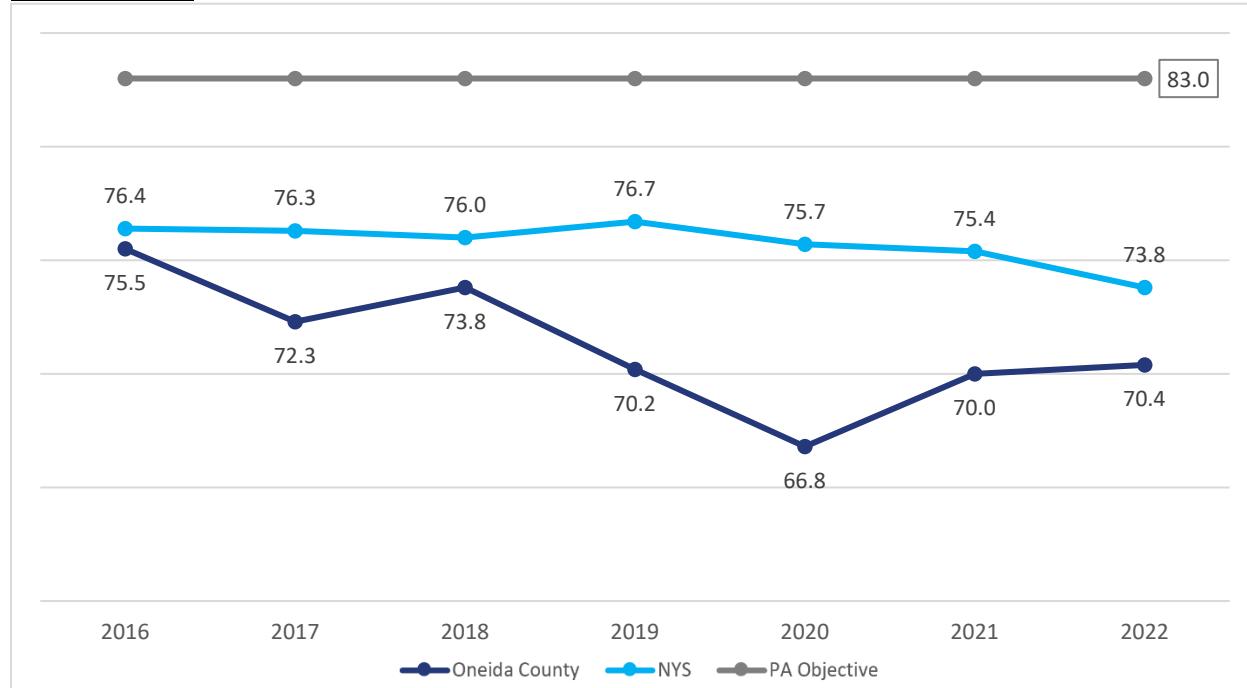
Sources: National Vital Statistics System; NYS Vital Statistics Event Registry

Figure 16. Trends for Oneida County: Infant mortality rate per 1,000 live births
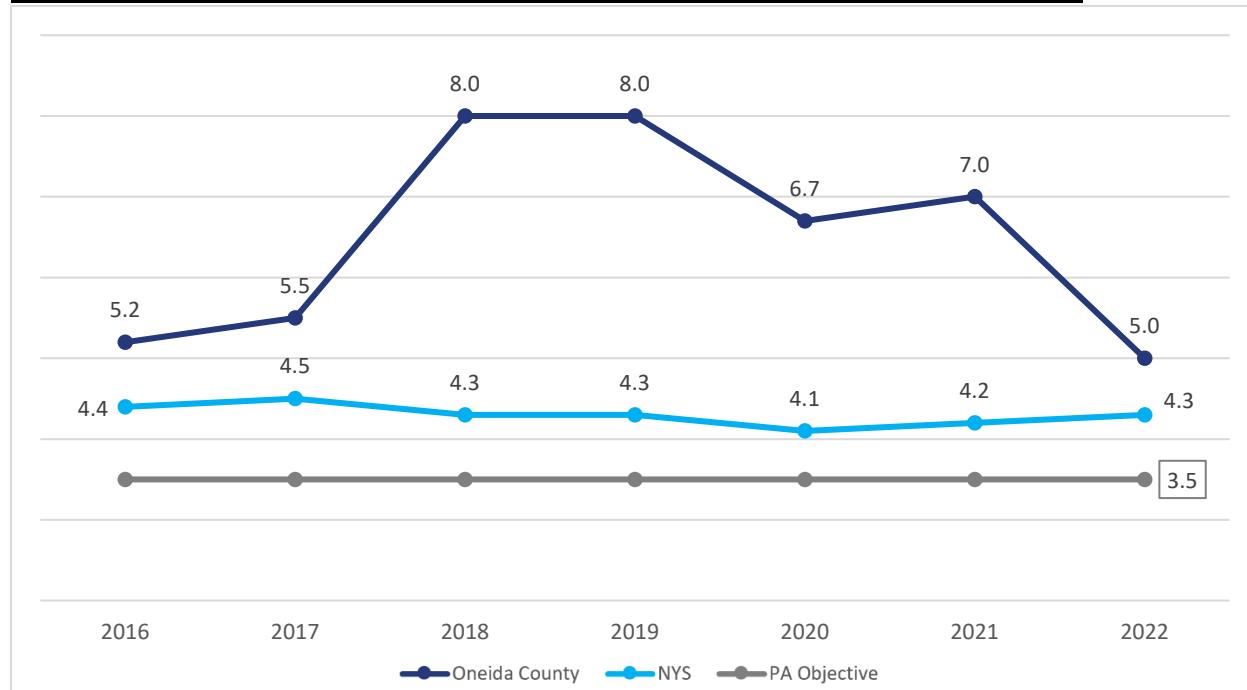
Sources: National Vital Statistics System; NYS Vital Statistics Event Registry

Figure 17. Trends for Oneida County: Asthma emergency department visit rate per 10,000, aged 0-17
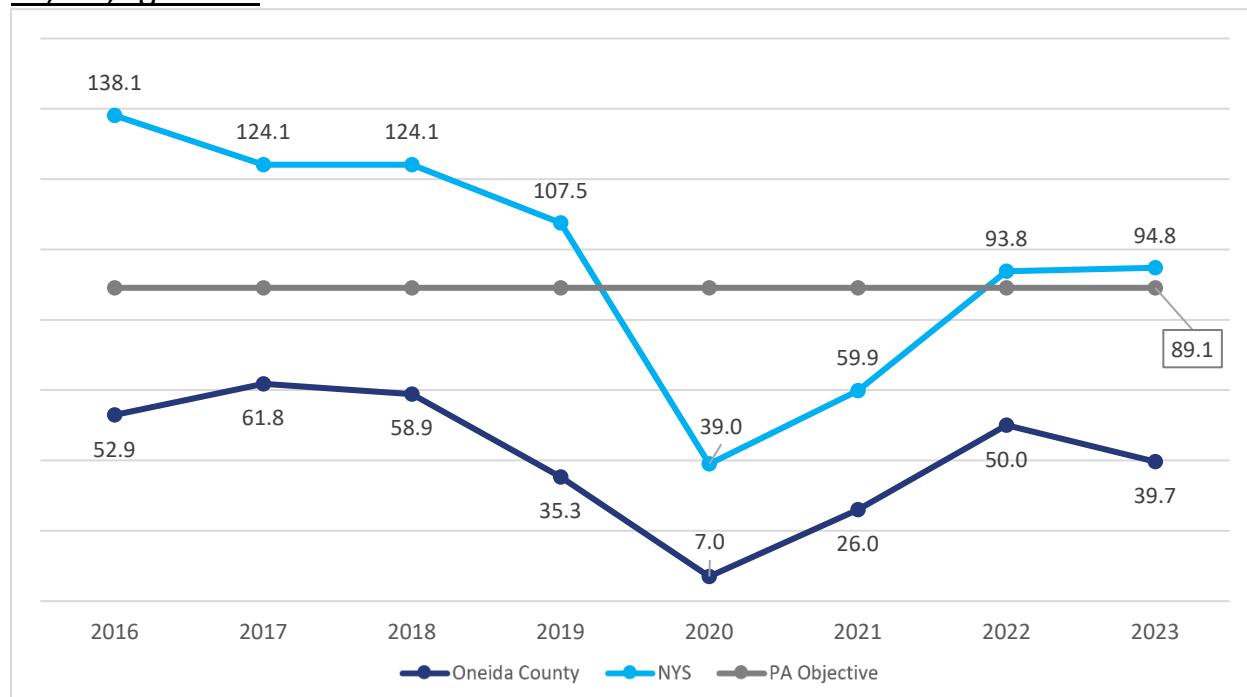
Source: SPARCS

Figure 18. Trends for Oneida County: Percentage of 24–35-month-old children with the 4:3:1:3:3:1:4 combination series by their 2nd birthday
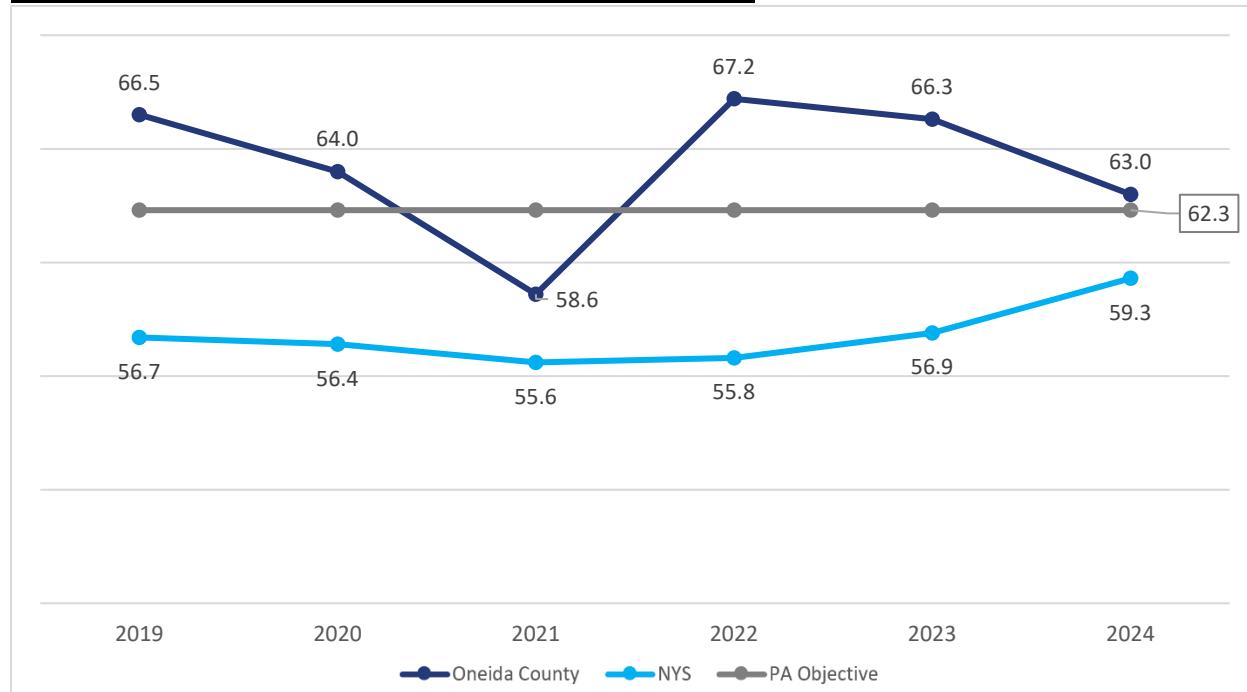
Source: NYSIIS, CIR

Figure 19. Trends for Oneida County: Percentage of 13-year-old adolescents with a complete HPV vaccine series
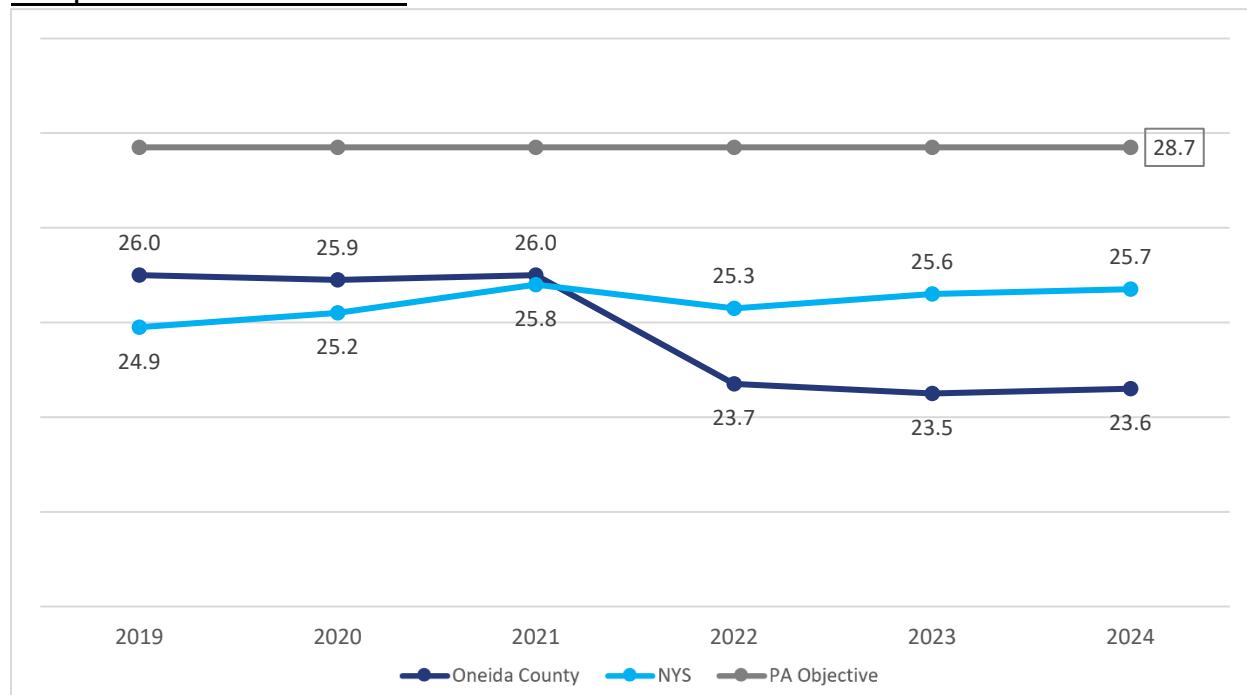
Source: NYSIIS, CIR

Figure 20. Trends for Oneida County: Percentage of children under 3 with an IFSP
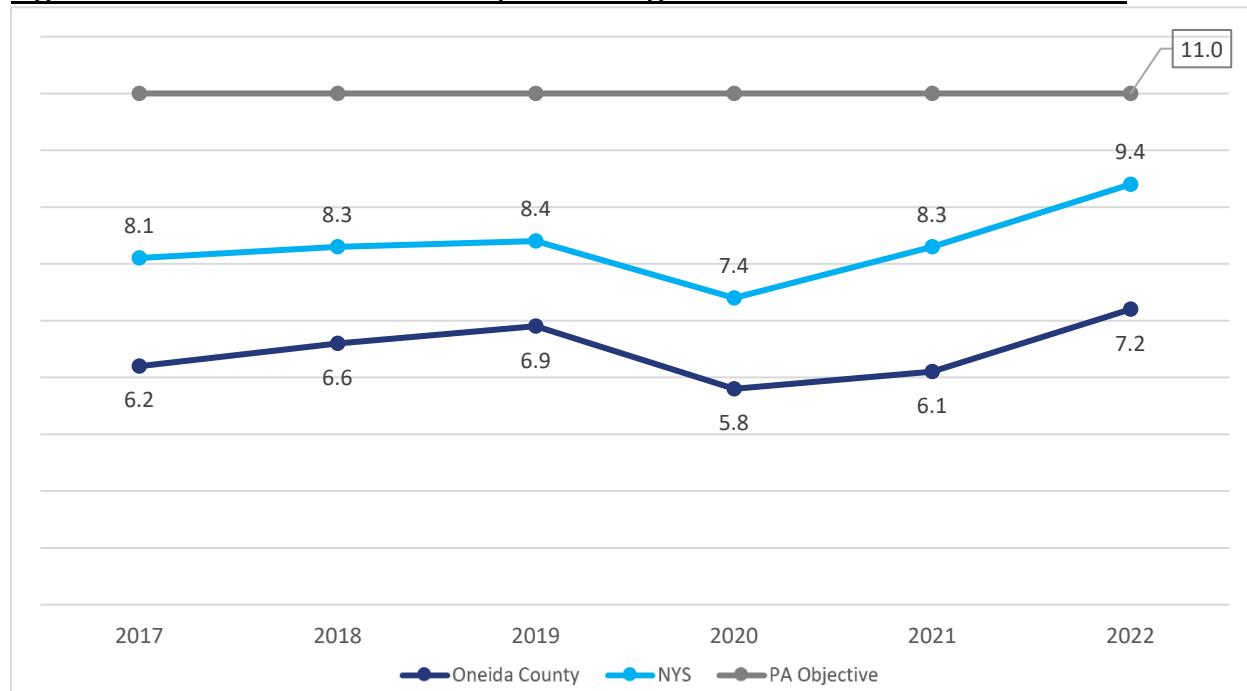
Source: NYS EIP Data System (NYEIS/EI-Hub)

Improving Areas – Education Access & Quality Environment Domain

Figure 21. Trends for Oneida County: Percentage of high school seniors that attend a 2- or 4-year college within 5 years
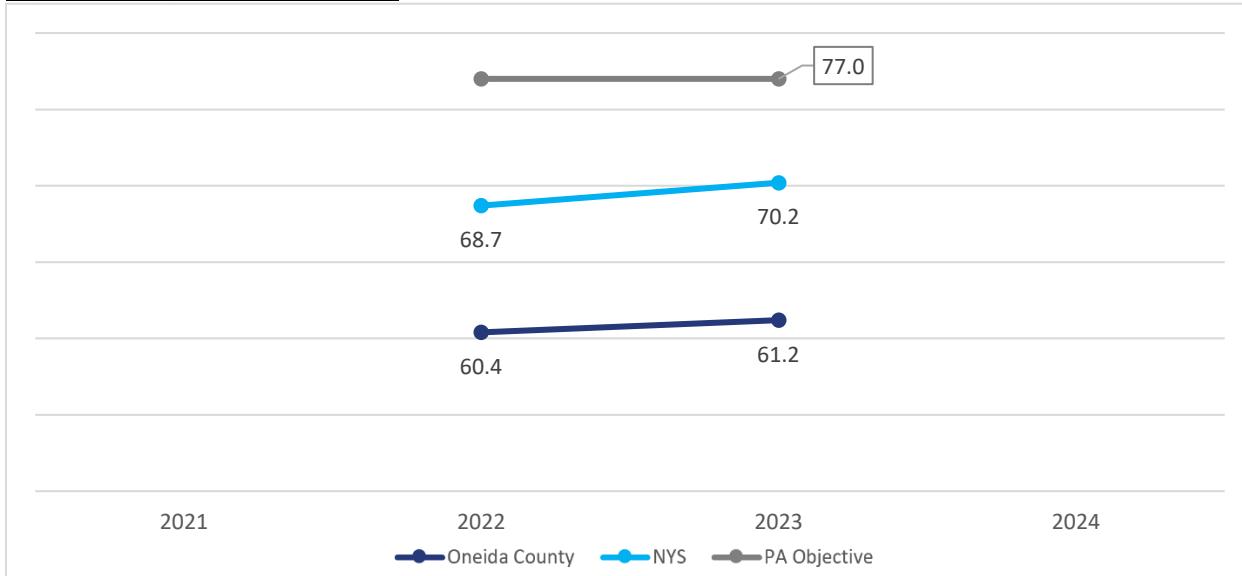
Source: NYSED report card

Improving Areas – General Health Indicators

Figure 22. Trends for Oneida County: Adults 18 years of age and older who have a regular health care provider, age-adjusted percentage
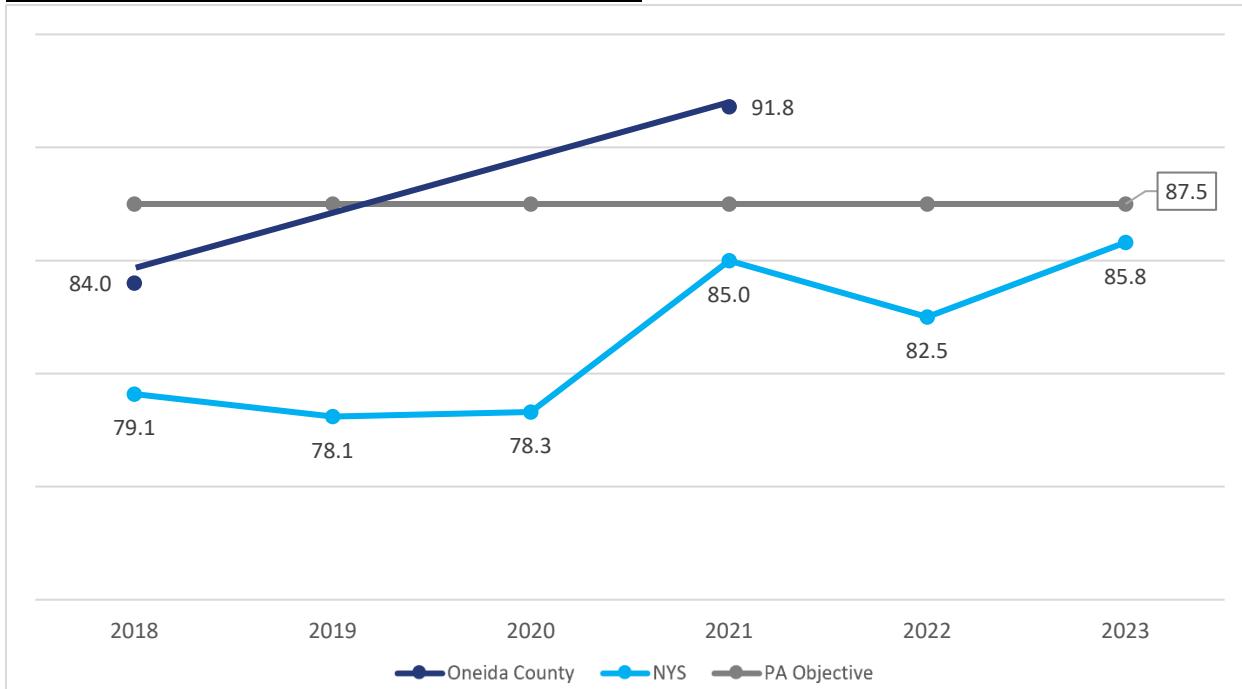
Source: BRFSS

Figure 23. Trends for Oneida County: Percentage of adults with health insurance, aged 18-64 years
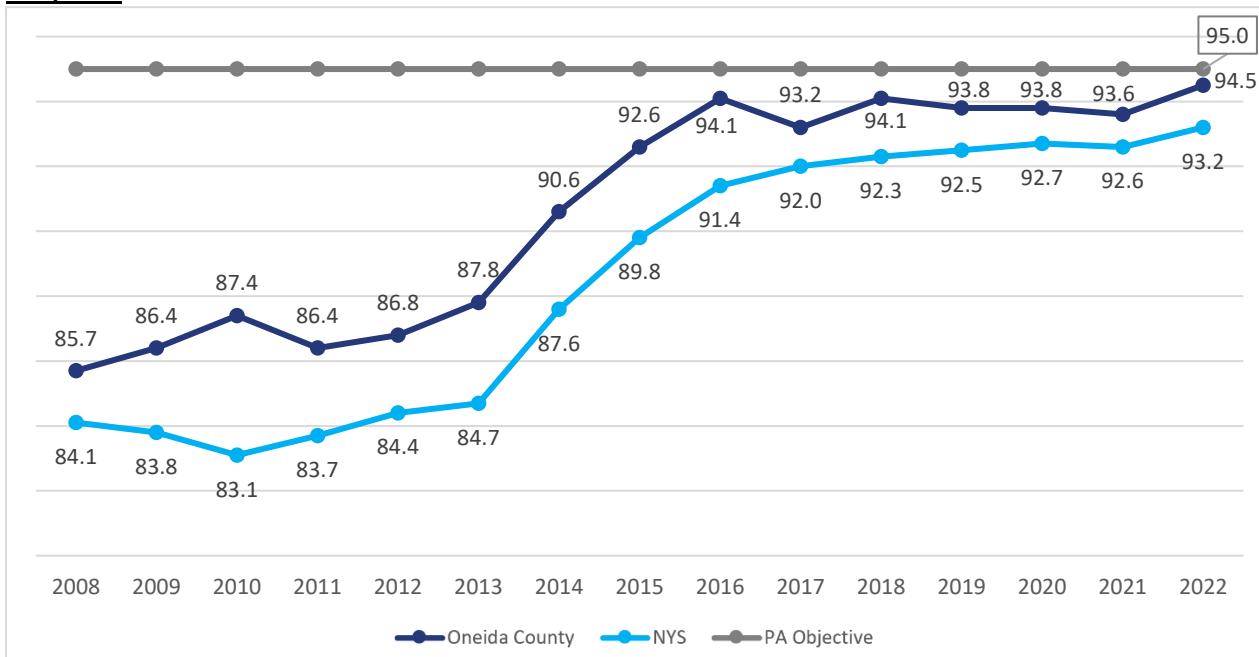
Source: US Census Bureau-SAHIE

Figure 24. Trends for Oneida County: Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Black non-Hispanics and White non-Hispanics
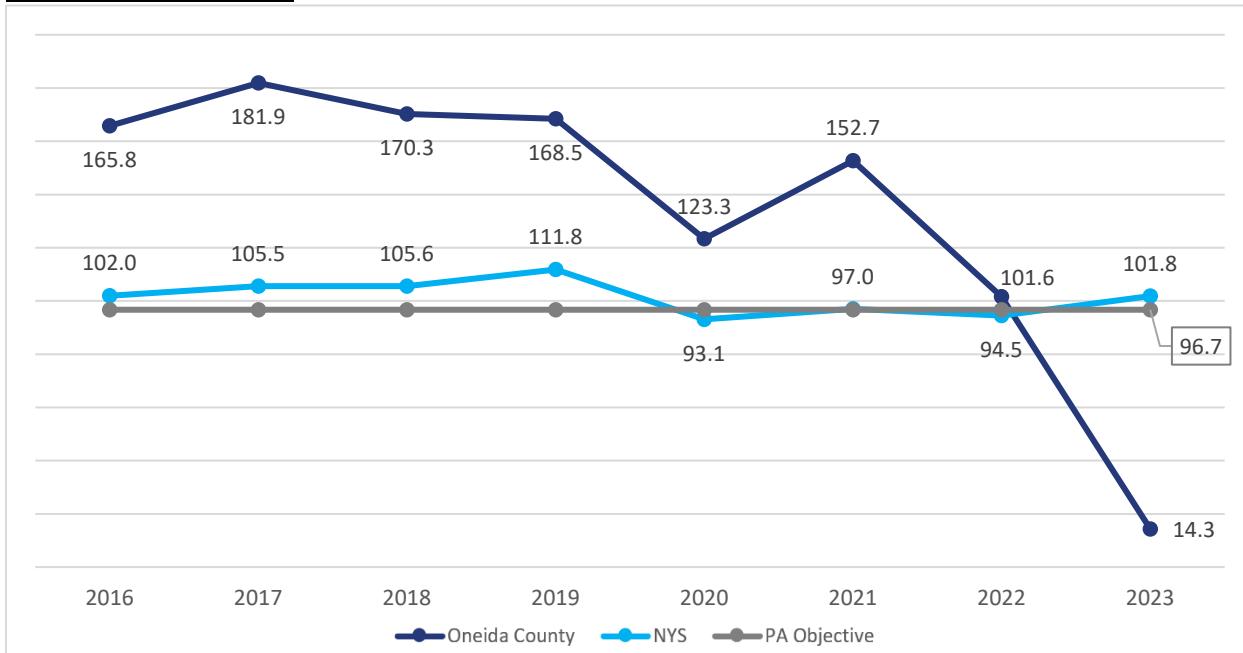
Source: SPARCS

<u>Figure 25. Trends for Oneida County: Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Hispanics and White non-Hispanics</u>
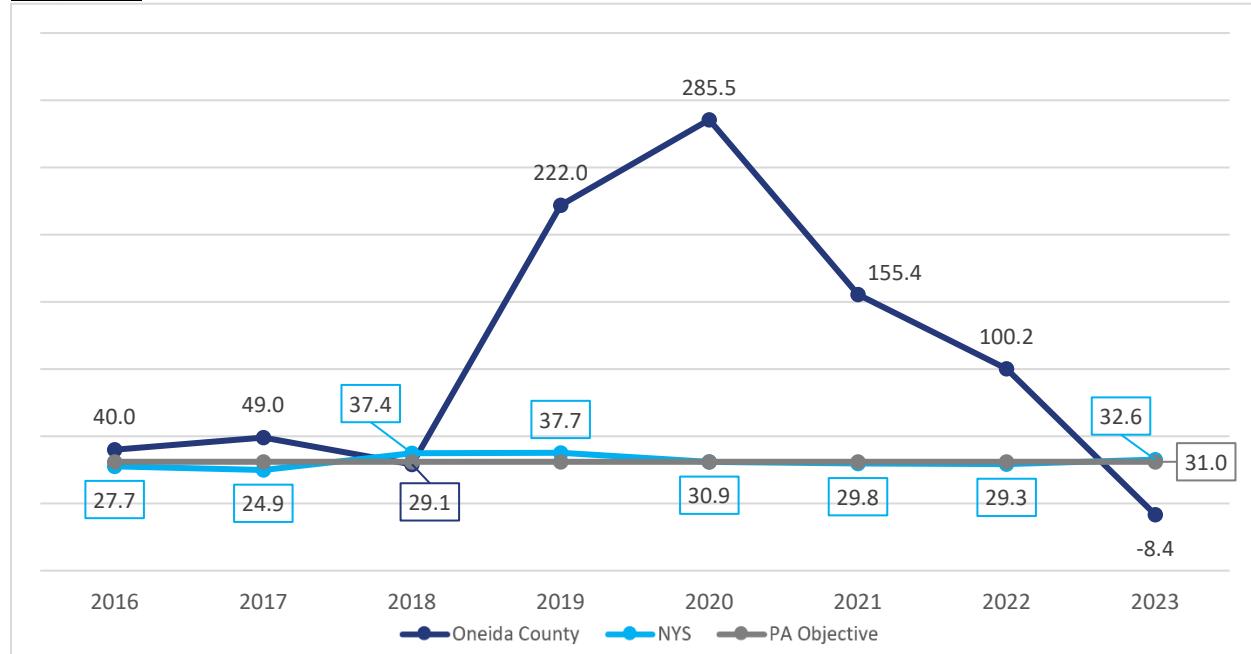
Source: SPARCS

<u>*STATIC OR WORSENING AREAS: Prevention Agenda 2025-2030 Dashboard Areas Where Oneida County Statistics Remained Unchanged/Worsened*</u>

1. Economic Stability Domain
    a. Nutrition Security Priority Area
        i. Indicator: Percentage of adults 18 years of age and older that were food secure in the past 12 months
    b. Poverty Priority Area
        i. Indicator: Percentage of people living in poverty
        ii. Indicator: Percentage of people, aged 65+, living in poverty
    c. Unemployment Priority Area
        i. Indicator: Percentage unemployed
2. Social and Community Context Domain
    a. Anxiety and Stress Priority Area
        i. Indicator: Percentage of adults 18 years and older experiencing frequent mental distress during the past month, age-adjusted percentage
    b. Primary Prevention, Substance Misuse, and Overdose Priority Area
        i. Indicator: Number of naloxone kits distributed
        ii. Indicator: Overdose deaths involving drugs - crude rate per 100,000 population - for Black, non-Hispanic residents

iii. Indicator: Percentage of episodes when patients were opioid-naive and received an opioid prescription of more than seven days

 c. Tobacco / E-cigarette Use Priority Area

  i. Indicator: Prevalence of cigarette smoking among adults 18 years of age and older

 d. Adverse Childhood Events (ACEs) Priority Area

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

  ii. Indicator: Indicated reports of abuse/maltreatment, rate per 1,000 Black children and youth, aged 0-17 years

  iii. Indicator: Indicated reports of abuse/maltreatment, rate per 1,000 Hispanic children and youth, aged 0-17 years

  iv. Indicator: Percentage of adults age 18 years and older who, as a child, experienced three or more adverse childhood experiences (ACEs)

 e. Healthy Eating Priority Area

  i. Indicator: Percentage of adults 18 years of age and older who consumed fewer than one fruit and fewer than one vegetable daily (no fruits or vegetables)

3. Health Care Access and Quality Domain

 a. Prevention of Infant and Maternal Mortality Priority Area

  i. Indicator: Maternal mortality rate per 100,000 live births

 b. Oral Health Care Priority Area

  i. Indicator: Percentage of Medicaid enrollees with at least one preventive dental visit within the last year

  ii. Indicator: Percentage of Medicaid enrollees aged 2-20 years, with at least one preventive dental visit within the last year

 c. Preventive Services for Children: Lead Screening Priority Area

  i. Indicator: Percentage of children in a single birth cohort year tested at least twice for lead before 36 months of age

 d. Early Intervention Priority Area

  i. Indicator: Percentage of Black children under 3 with an IFSP

4. Education Access and Quality Domain

 a. Health and Wellness Promoting Schools Priority Area

  i. Indicator: Percentage of public-school students in grades K-8 with >10% absenteeism (chronic absenteeism)

  ii. Indicator: Percentage of economically disadvantaged public-school students in grades K-8 with >10% absenteeism (chronic absenteeism)

 b. Opportunities for Continued Education Priority Area

  i. Indicator: Percentage of economically disadvantaged high school seniors that attend a 2- or 4-year college within 5 years

5. General Health Indicators

 a. Improve Health Status and Reduce Health Disparities

 i. Indicator: Percentage of deaths that are premature (before age 65 years)

      ii. Indicator: Premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics

      iii. Indicator: Premature deaths (before age 65 years), difference in percentages between Hispanics and White non-Hispanics

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

Figure 26. Percentage of Prevention Agenda Domains That Have Worsened or Remained Static for Oneida County
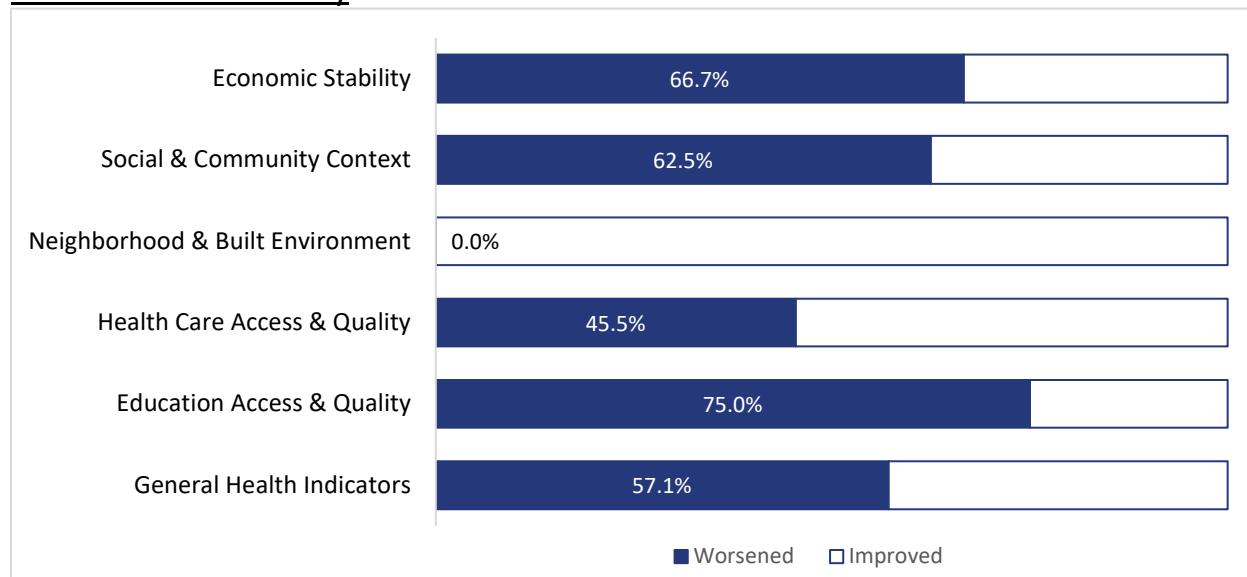
Static or Worsening Areas – Economic Stability Domain

Figure 27. Trends for Oneida County: Percentage of adults 18 years of age and older that were food secure in the past 12 months
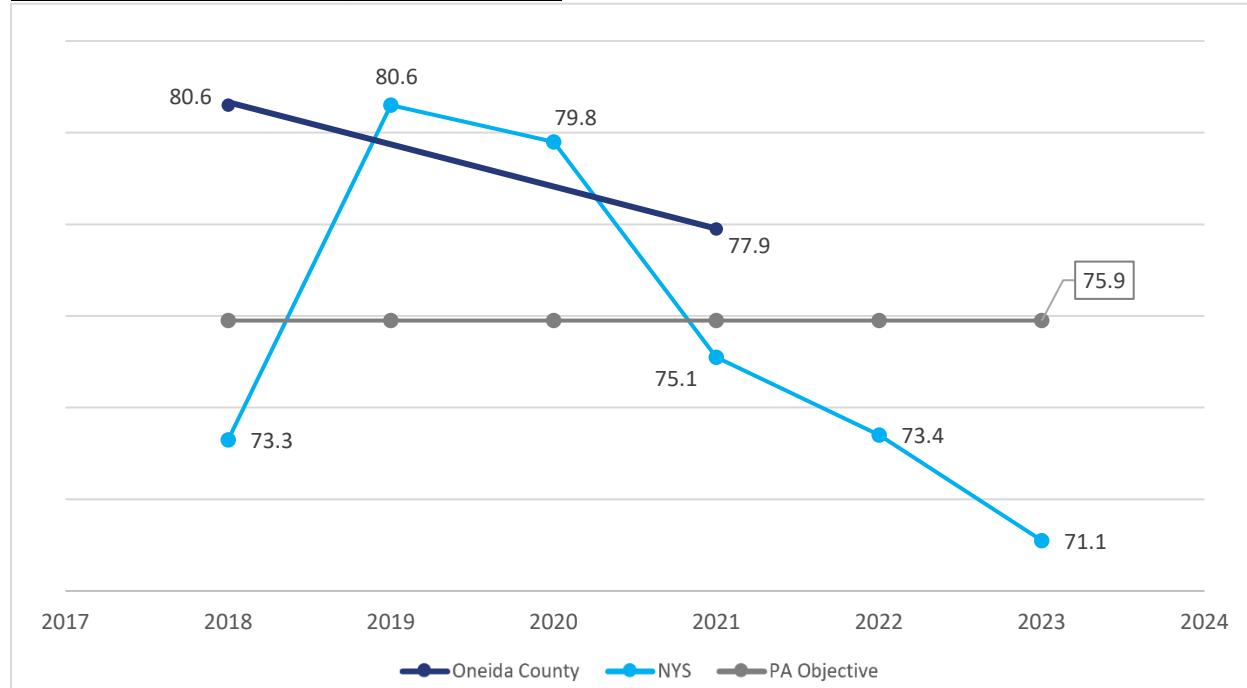
Source: BRFSS

Figure 28. Trends for Oneida County: Percentage of people living in poverty
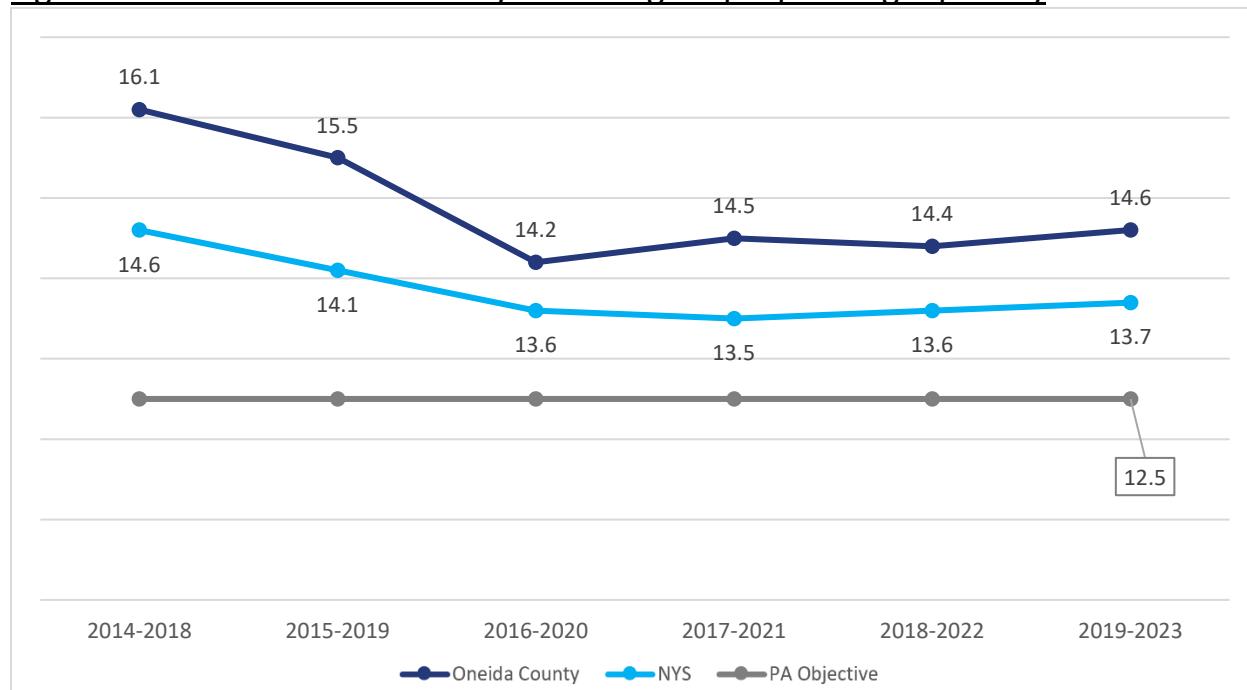
Source: ACS (table S1701)

Figure 29. Trends for Oneida County: Percentage of people, aged 65+, living in poverty
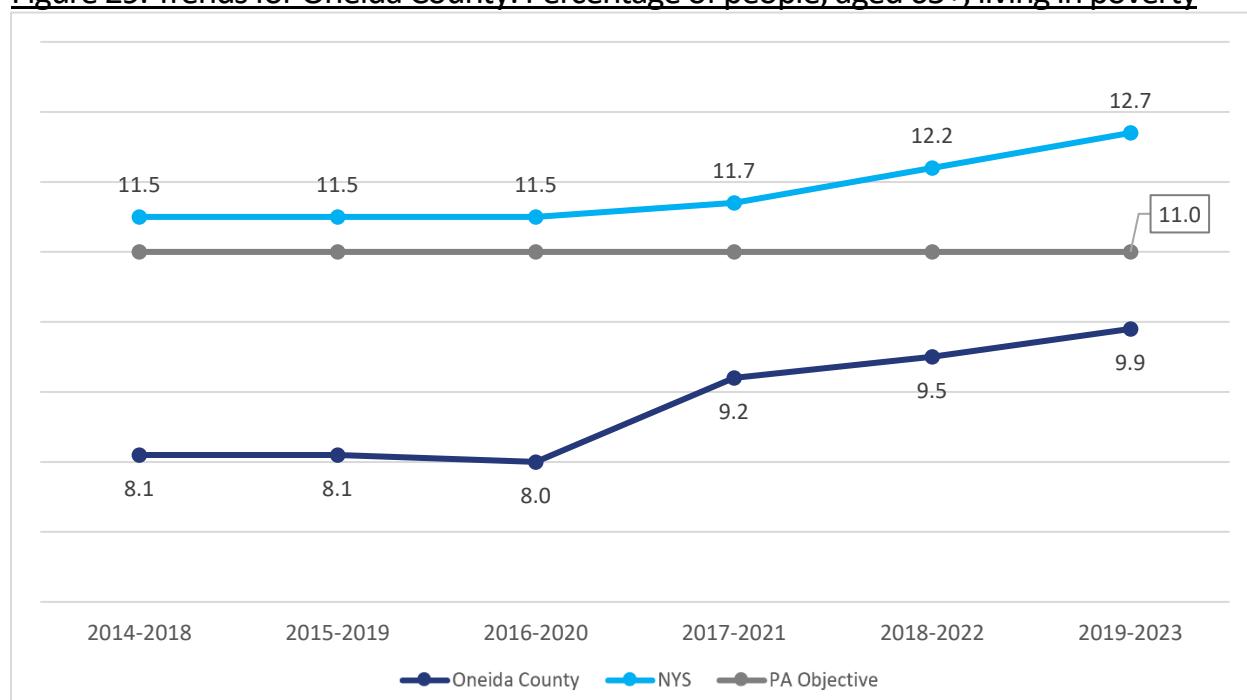
Source: ACS (table S1701)

Figure 30. Trends for Oneida County: Percentage unemployed
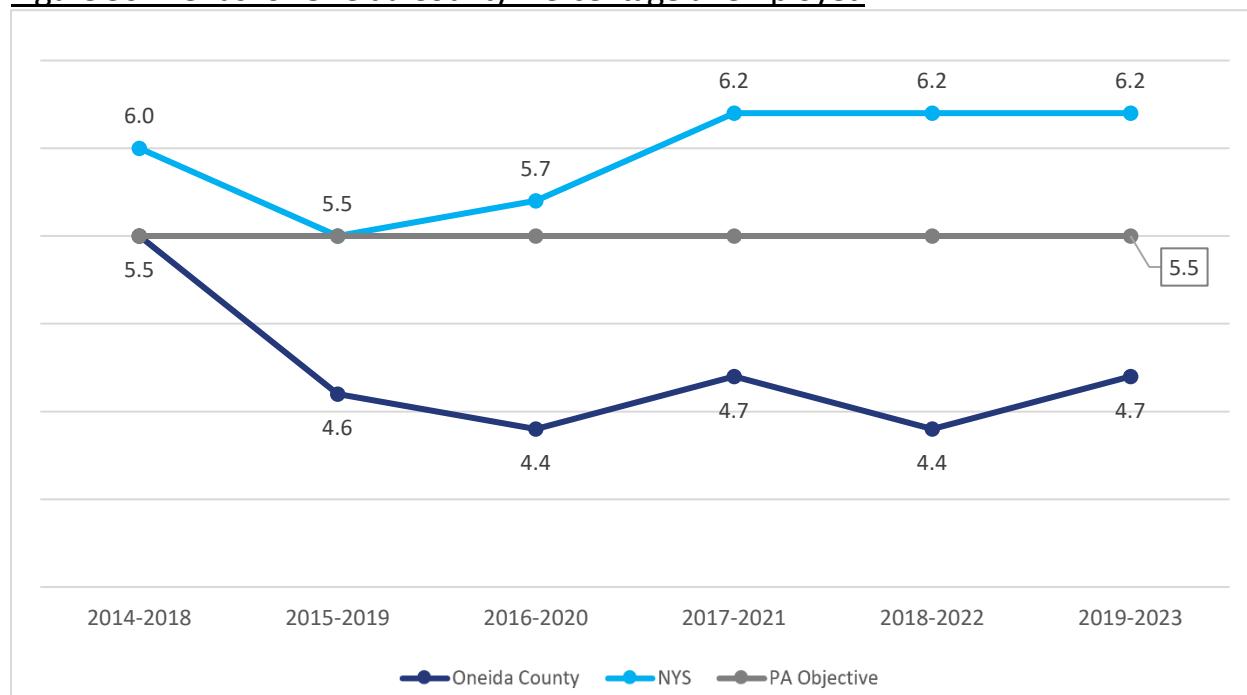
Source: ACS (table s2301)

Static or Worsening Areas – Social & Community Context Domain

Figure 31. Trends for Oneida County: Percentage of adults 18 years and older experiencing frequent mental distress during the past month, age-adjusted percentage
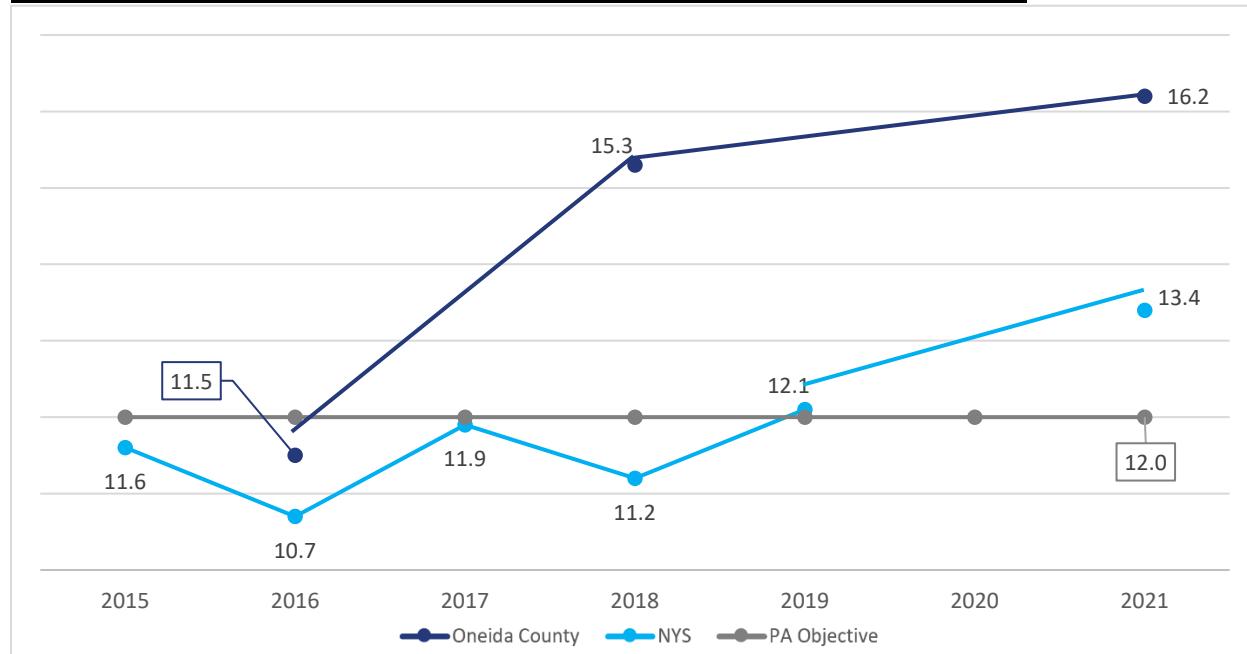
Source: BRFSS

Figure 32. Trends for Oneida County: Number of naloxone kits distributed
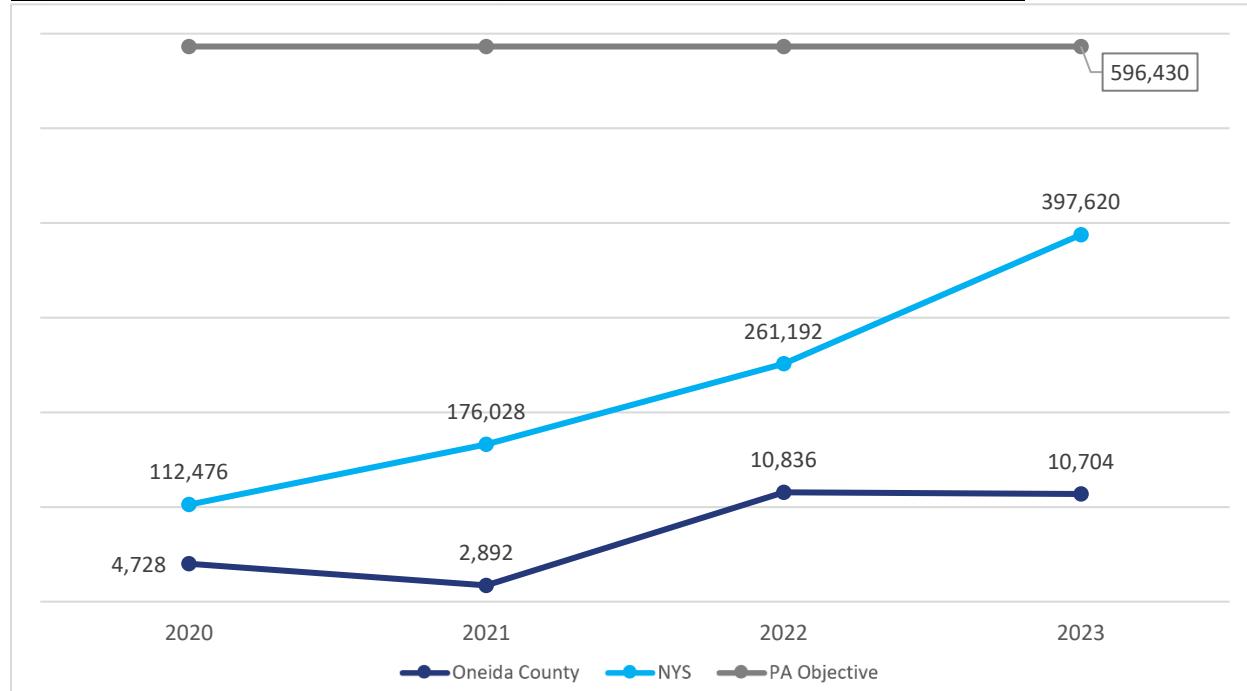
Sources: New York State Community Opioid Overdose Prevention Program Dataset; New York State Emergency Medical Services (EMS) Data; New York State Law Enforcement Naloxone Administration Dataset

Figure 33. Trends for Oneida County: Overdose deaths involving drugs - crude rate per 100,000 population - for Black, non-Hispanic residents
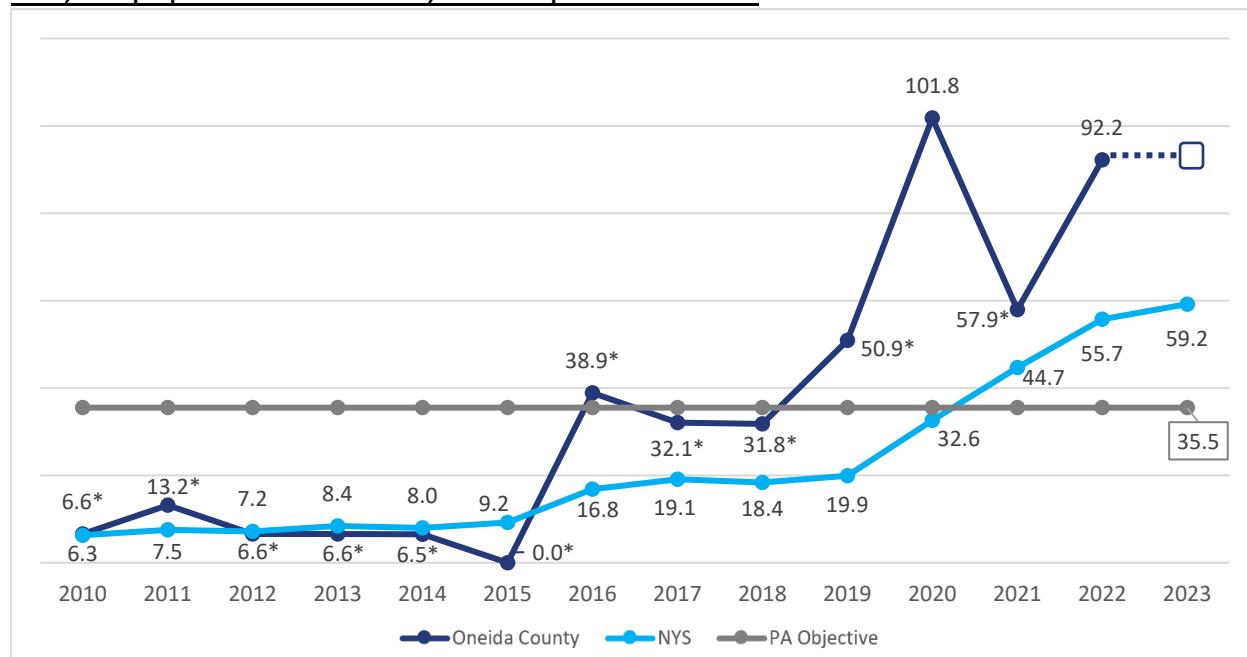
*Indicates unstable measurement
☐ Indicates suppressed measurement
Source: NYS Vital Statistics

Figure 34. Trends for Oneida County: Percentage of episodes when patients were opioid-naive and received an opioid prescription of more than seven days
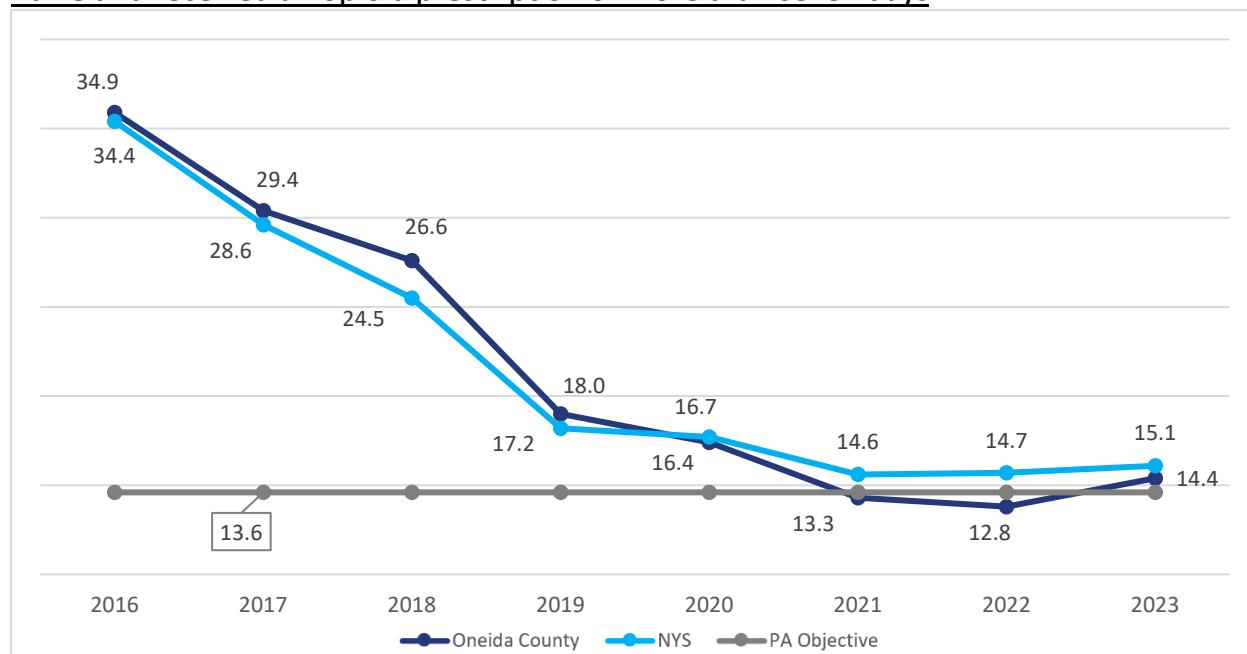

Source: NYS Prescription Monitoring Program

Figure 35. Trends for Oneida County: Prevalence of cigarette smoking among adults 18 years of age and older
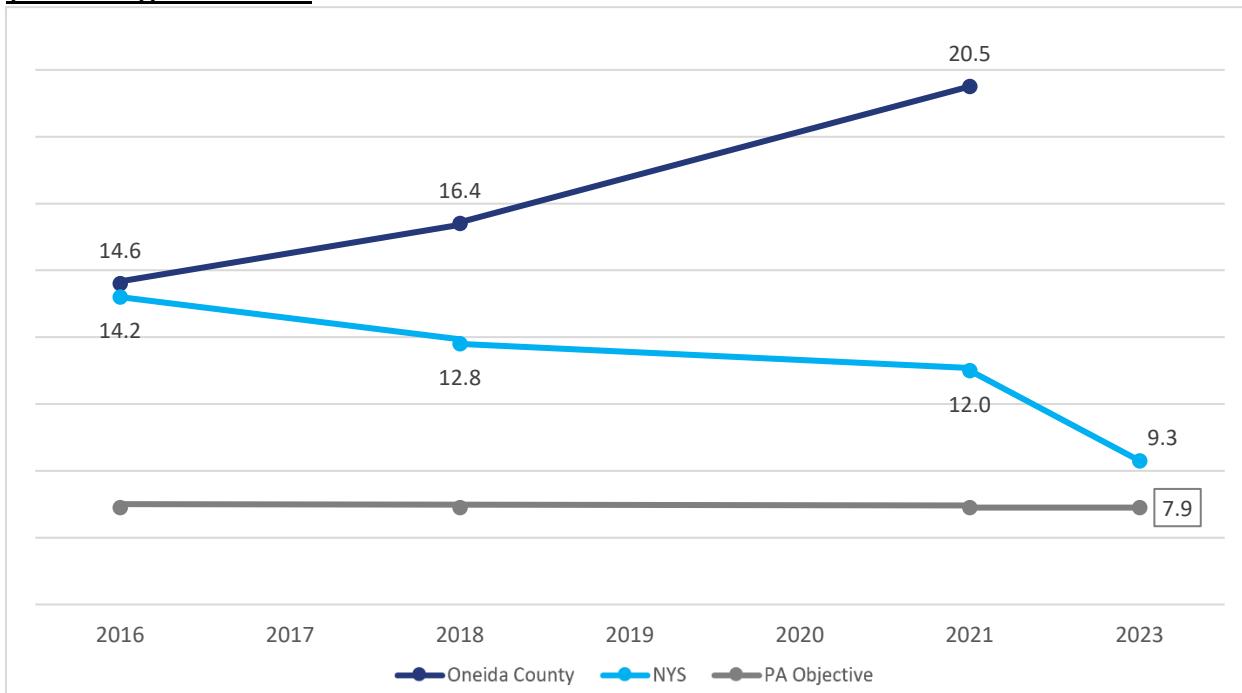

Source: BRFSS

Figure 36. Trends for Oneida County: Indicated reports of abuse/maltreatment, rate per 1,000 children, aged 0-17 years
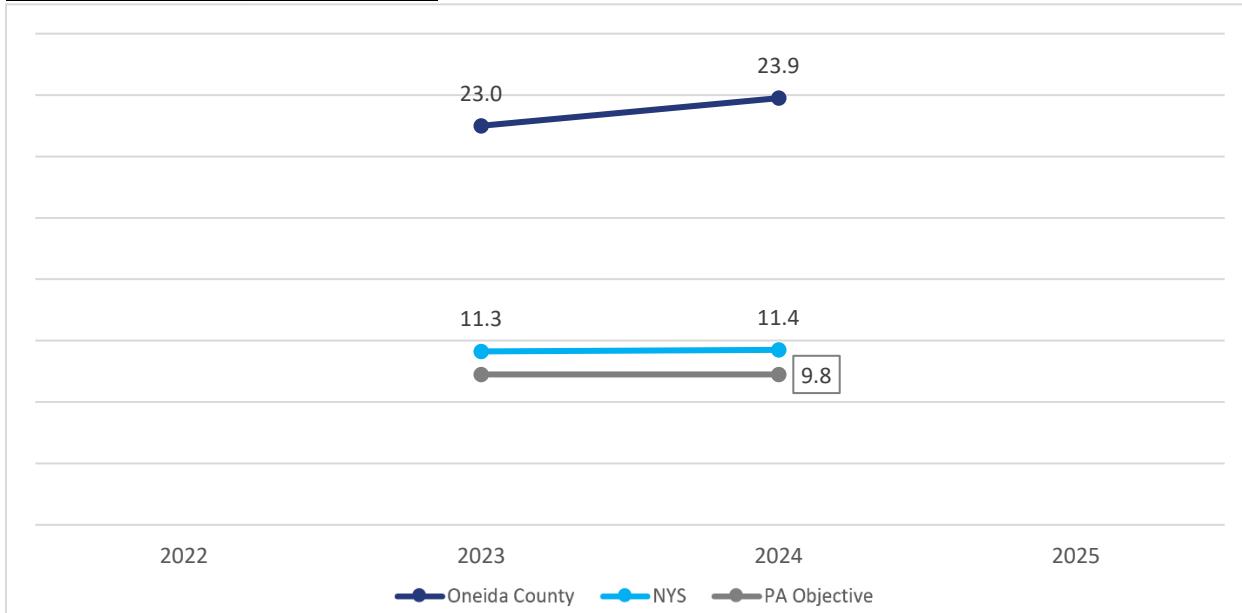

Source: NCANDS - DMR Dashboard from OCFS

Figure 37. Trends for Oneida County: Indicated reports of abuse/maltreatment, rate per 1,000 Black children and youth, aged 0-17 years
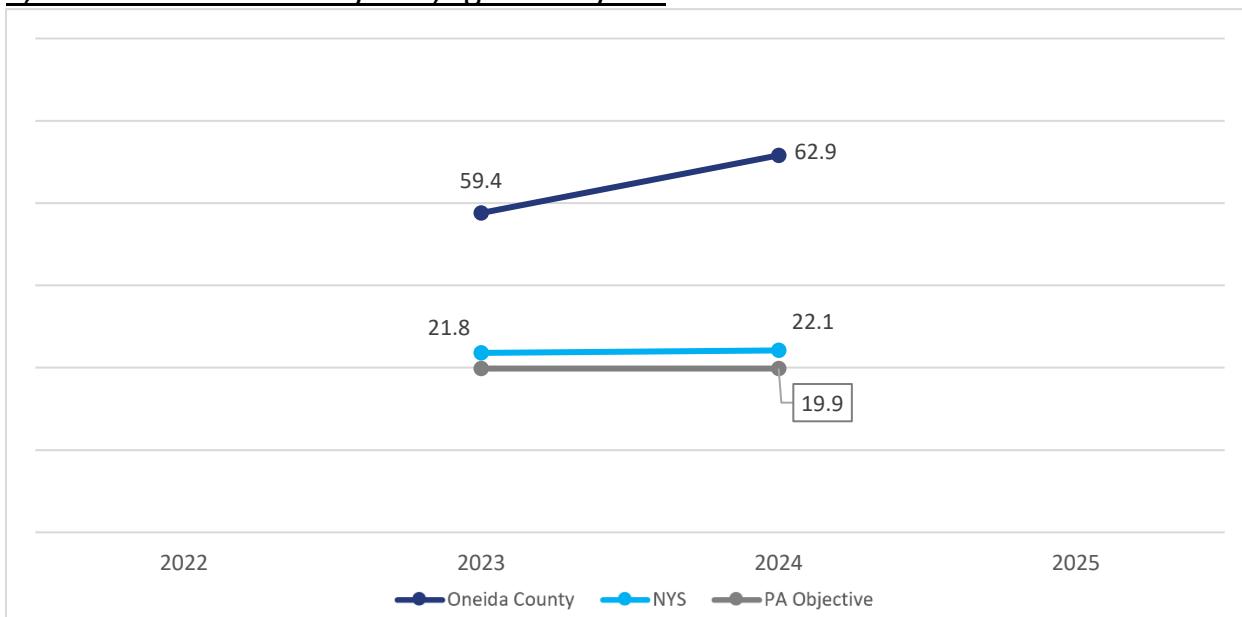

Source: NCANDS - DMR Dashboard from OCFS

Figure 38. Trends for Oneida County: Indicated reports of abuse/maltreatment, rate per 1,000 Hispanic children and youth, aged 0-17 years
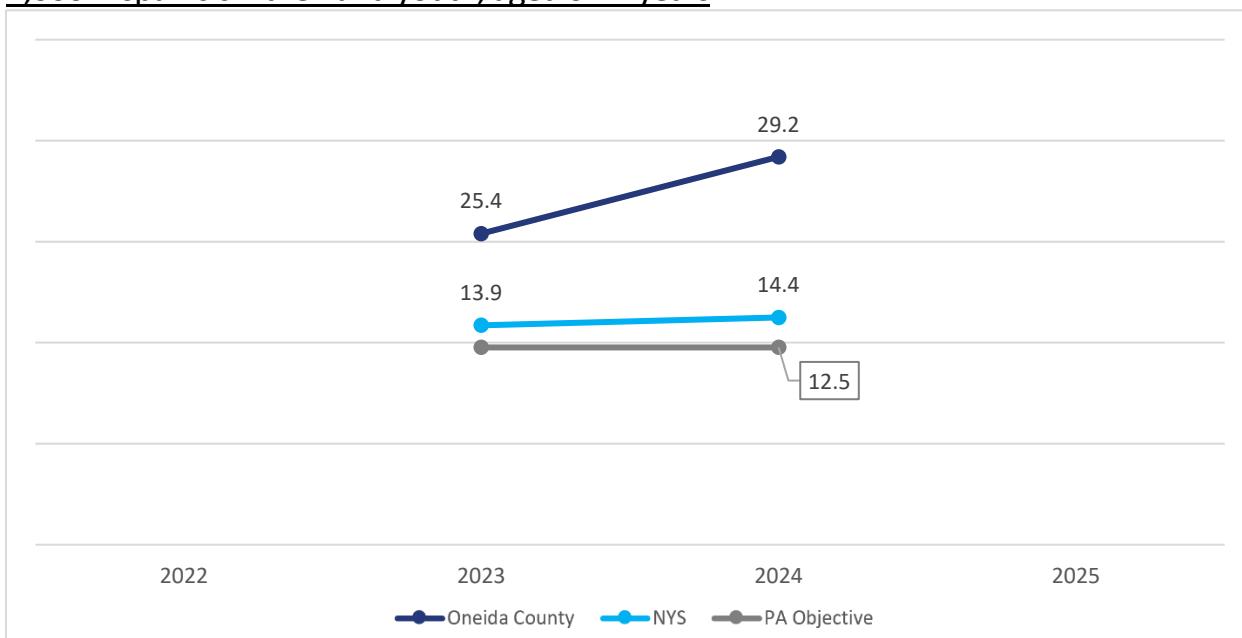

Source: NCANDS - DMR Dashboard from OCFS

Figure 39. Trends for Oneida County: Percentage of adults age 18 years and older who, as a child, experienced three or more adverse childhood experiences (ACEs)
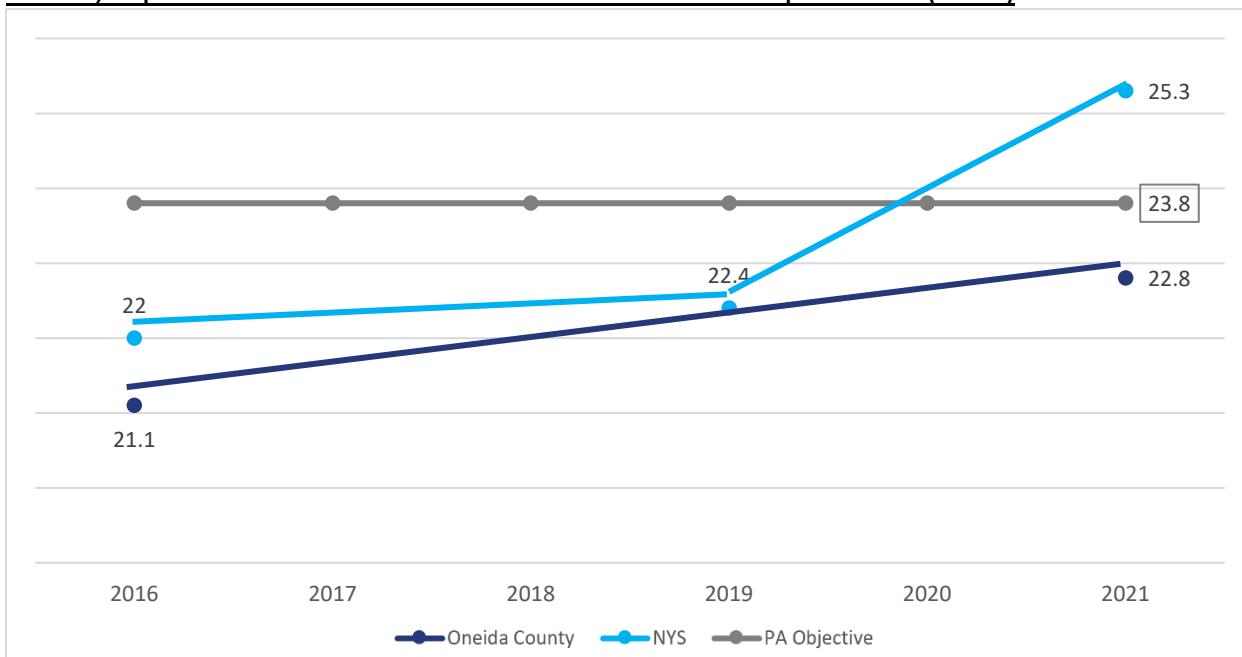

Source: BRFSS

Figure 40. Trends for Oneida County: Percentage of adults 18 years of age and older who consumed fewer than one fruit and fewer than one vegetable daily (no fruits or vegetables)
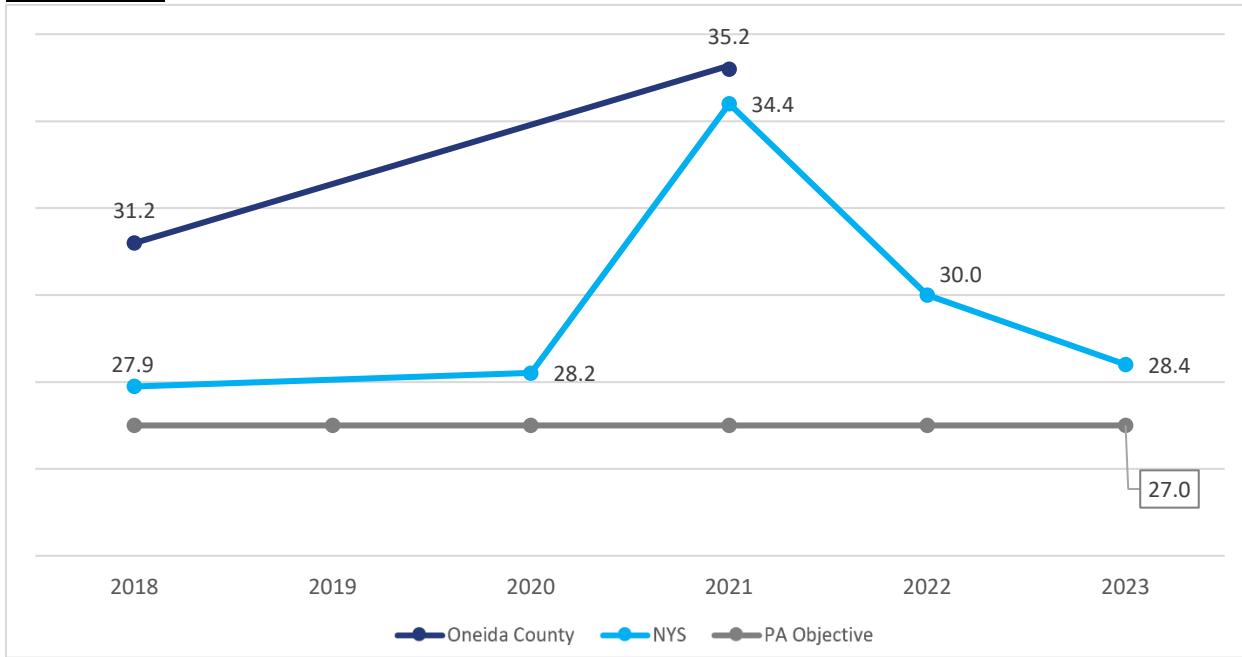
Source: BRFSS

Static or Worsening Areas – Health Care Access & Quality Domain

Figure 41. Trends for Oneida County: Maternal mortality rate per 100,000 live births
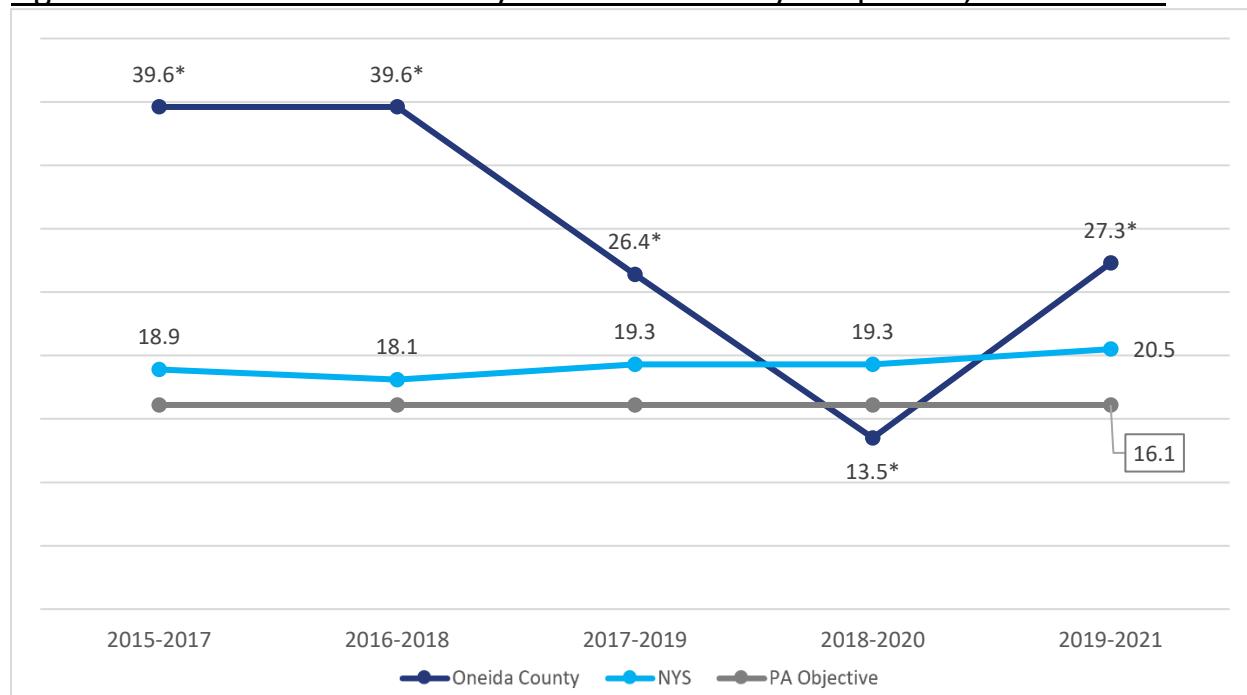
*Indicates unstable measurement

Sources: National Vital Statistics System; NYS Vital Statistics Event Registry

Figure 42. Trends for Oneida County: Percentage of Medicaid enrollees with at least one preventive dental visit within the last year
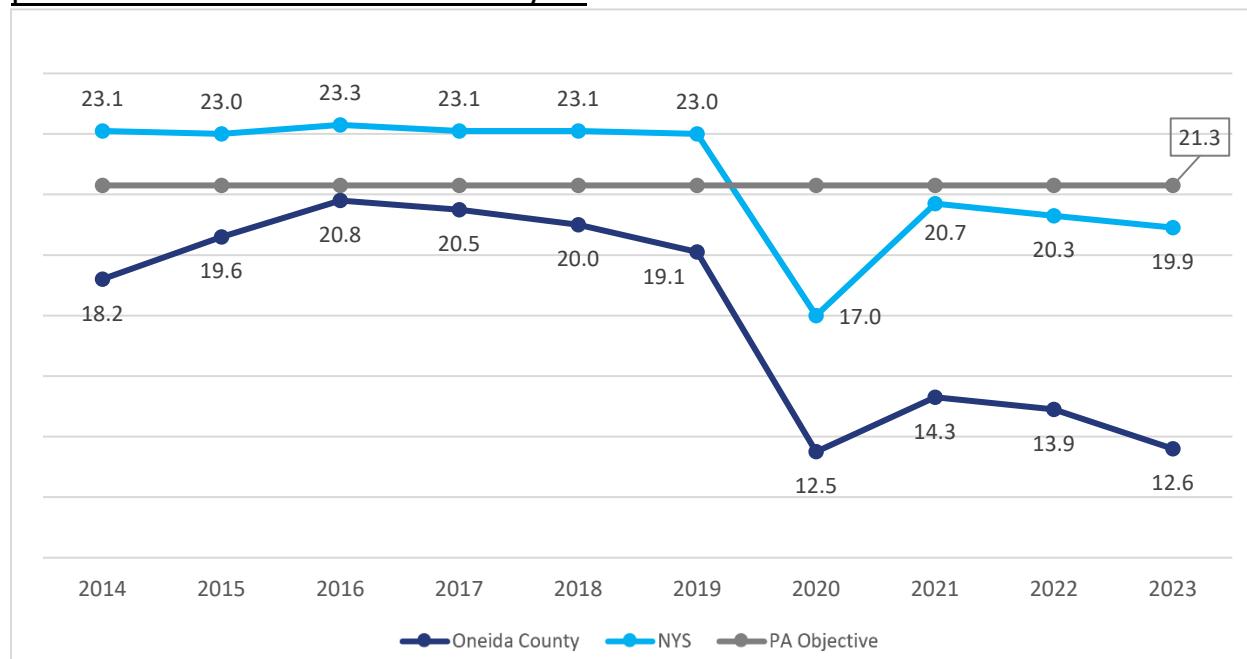
Source: NYS Medicaid Program

Figure 43. Trends for Oneida County: Percentage of Medicaid enrollees, aged 2-20 years, with at least one preventive dental visit within the last year
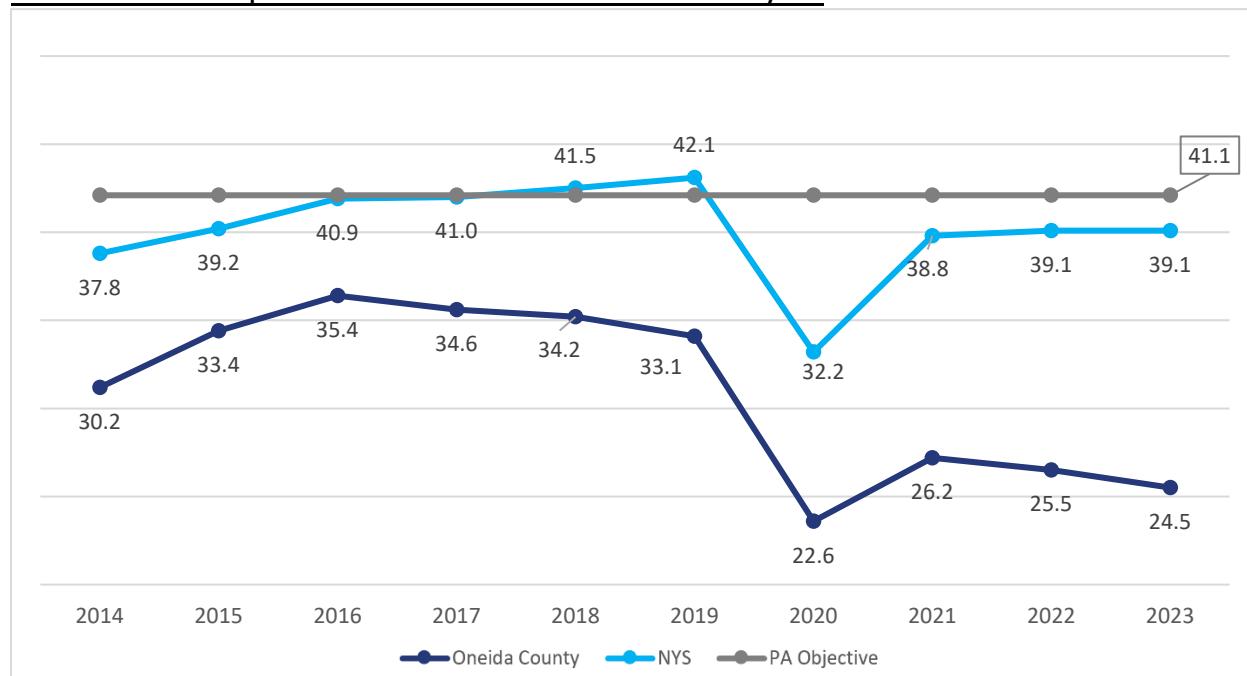
Source: NYS Medicaid Program

Figure 44. Trends for Oneida County: Percentage of children in a single birth cohort year tested at least twice for lead before 36 months of age
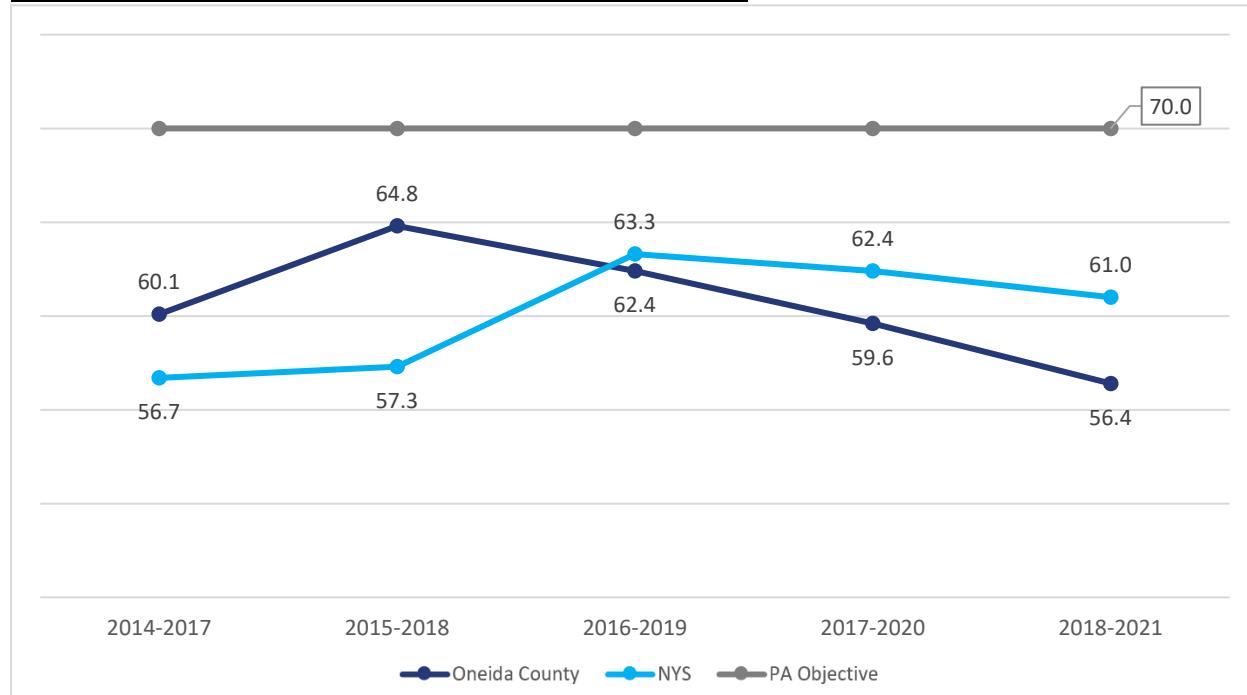
Source: NYS Lead Poisoning Prevention Program

Figure 45. Trends for Oneida County: Percentage of Black children under 3 with an IFSP
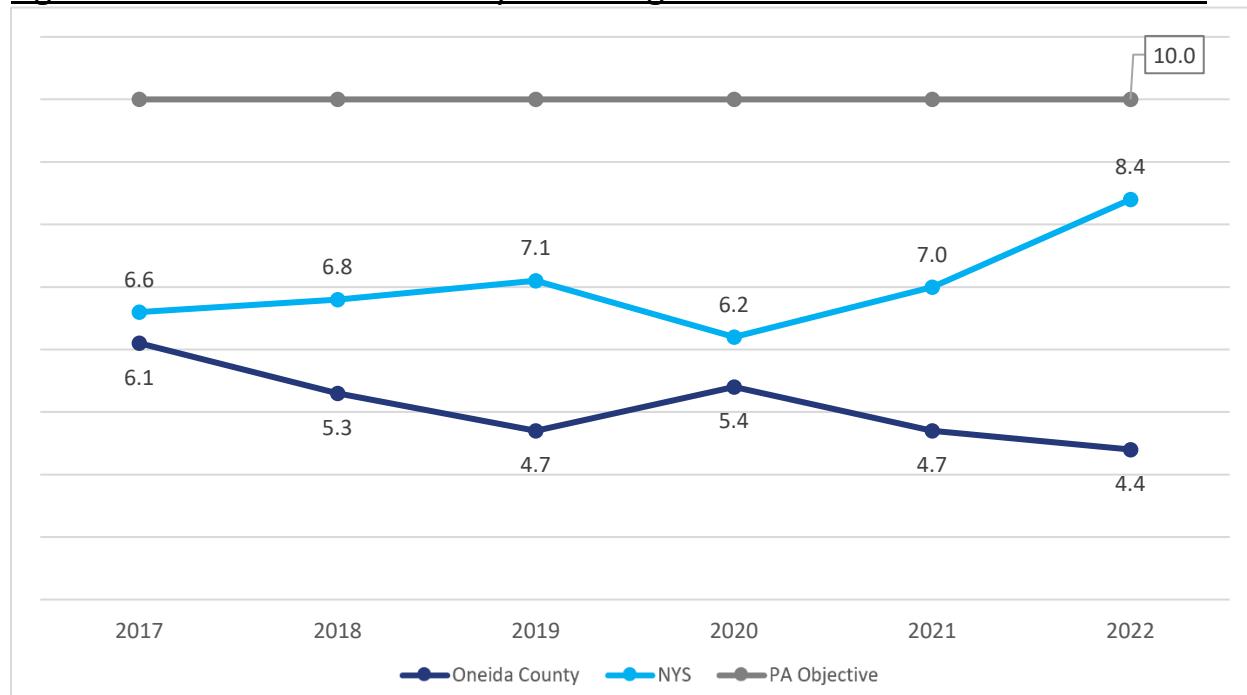
Source: NYS EIP Data System (NYEIS/EI-Hub)

Static or Worsening Areas – Education Access & Quality Domain

Figure 46. Trends for Oneida County: Percentage of public-school students in grades K-8 with >10% absenteeism (chronic absenteeism)
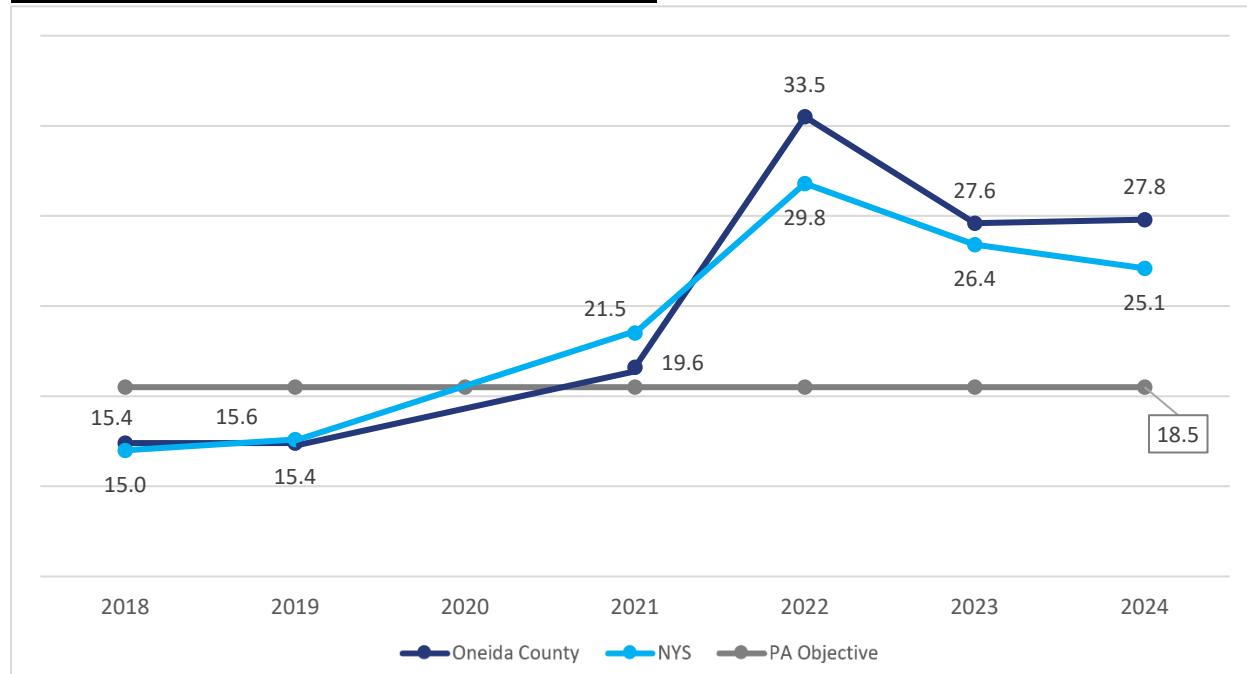
Source: NYSED Report Card

Figure 47. Trends for Oneida County: Percentage of economically disadvantaged public-school students in grades K-8 with >10% absenteeism (chronic absenteeism)
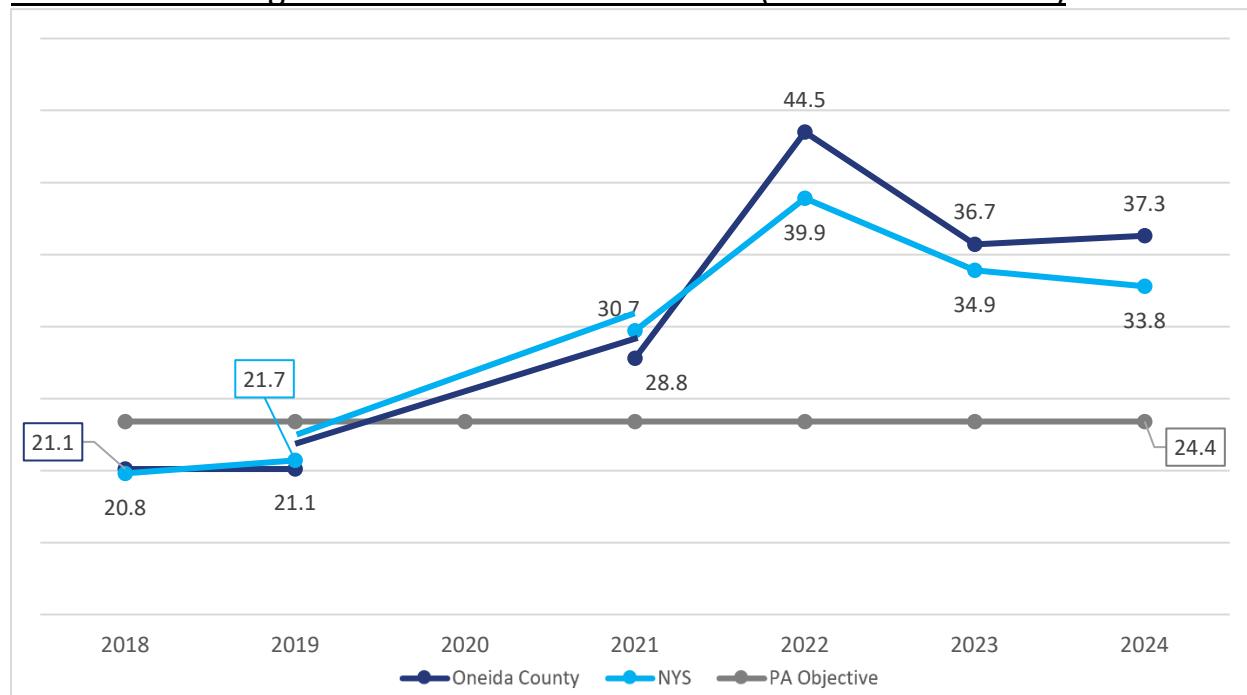
Source: NYSED Report Card

Figure 48. Trends for Oneida County: Percentage of economically disadvantaged high school seniors that attend a 2- or 4-year college within 5 years
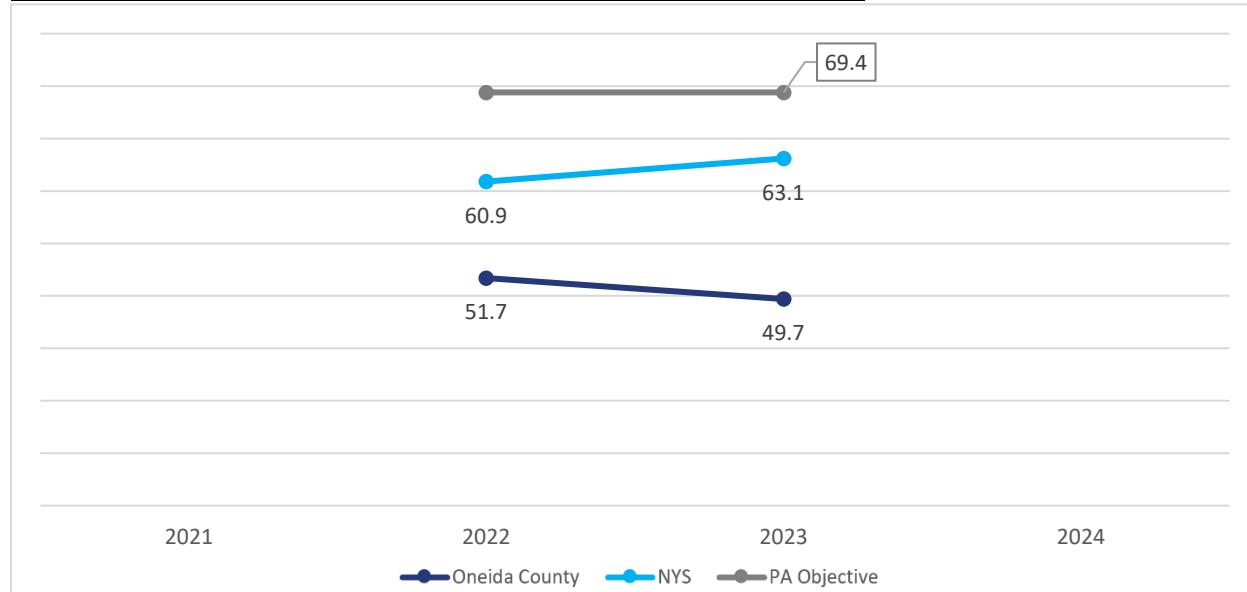
Source: NYSED Report Card

Static or Worsening Areas – General Health Indicators

Figure 49. Trends for Oneida County: Percentage of deaths that are premature (before age 65 years)
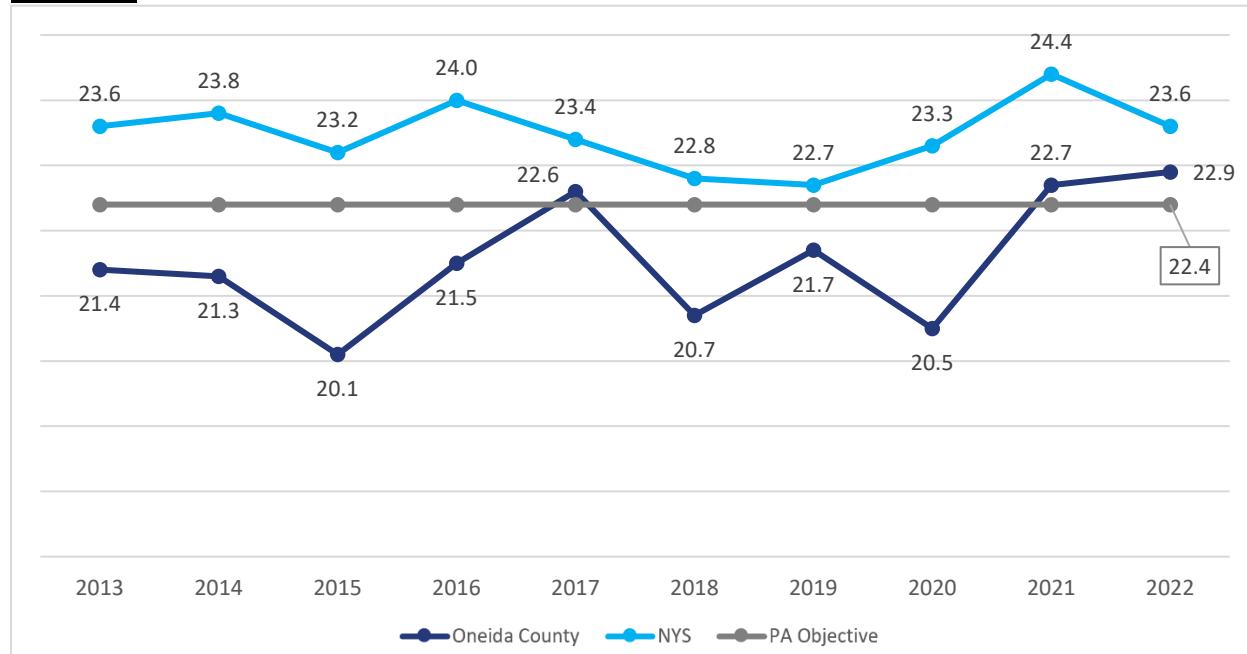
Source: NYS Vital Records

Figure 50. Trends for Oneida County: Premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics
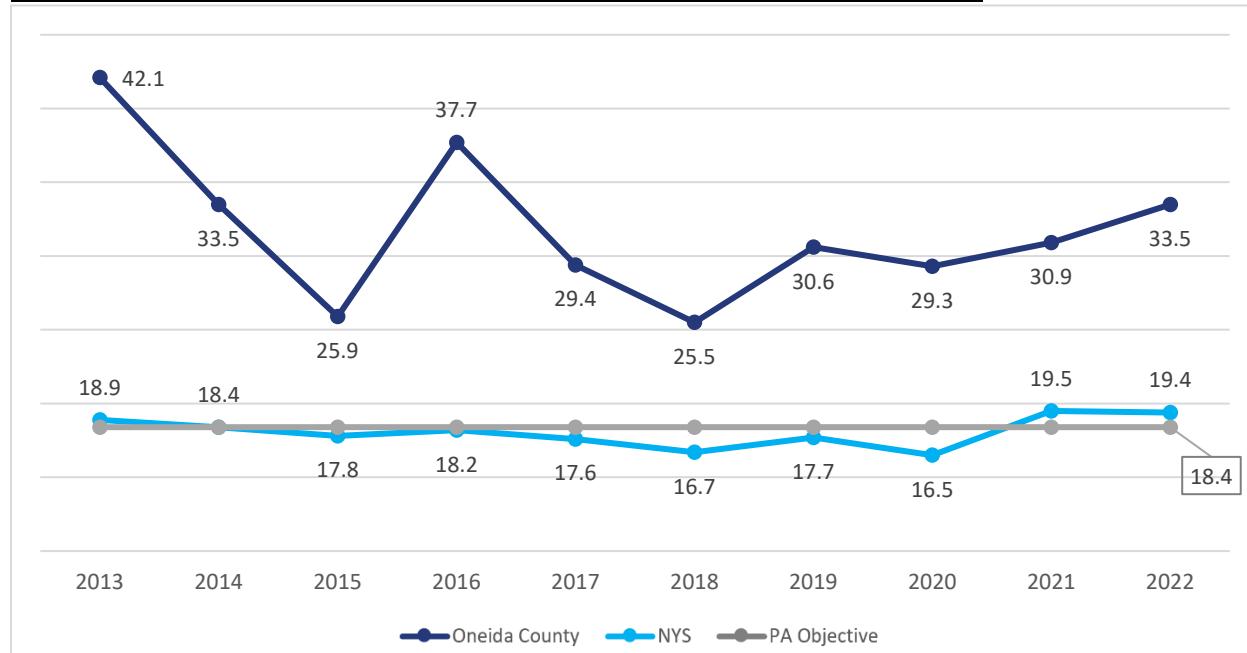
Source: NYS Vital Records

Figure 51. Trends for Oneida County: Premature deaths (before age 65 years), difference in percentages between Hispanics and White non-Hispanics
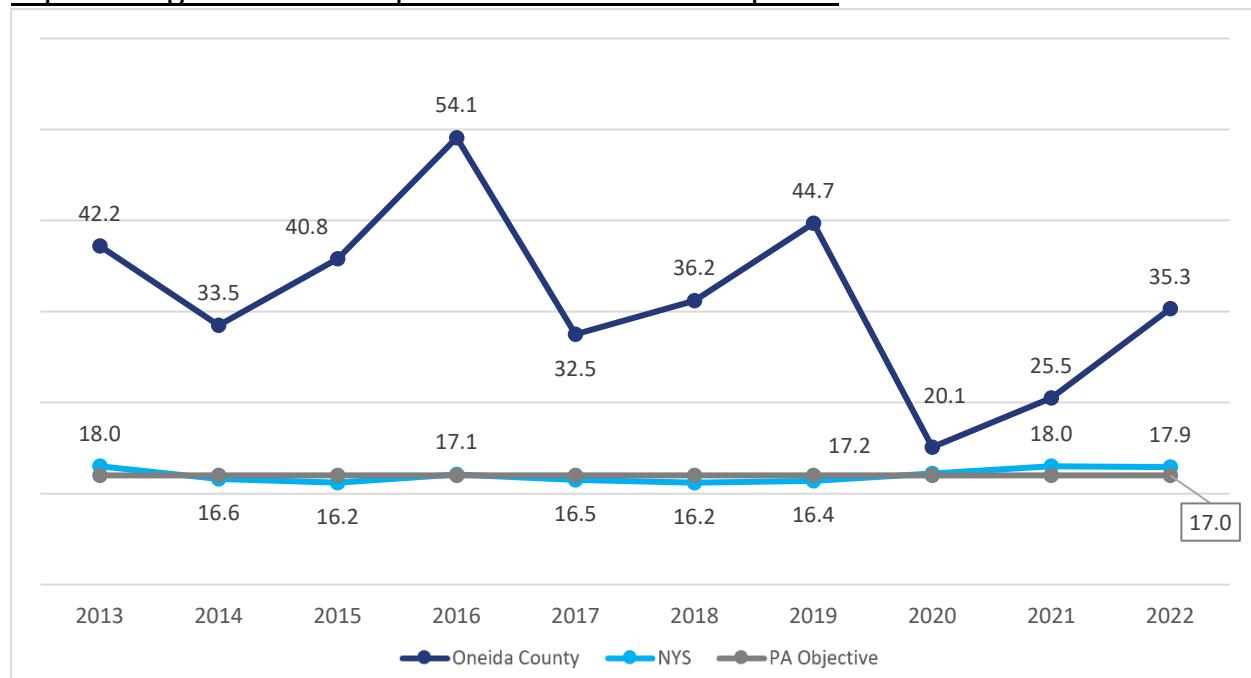
Source: NYS Vital Records

Figure 52. Trends for Oneida County: Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000
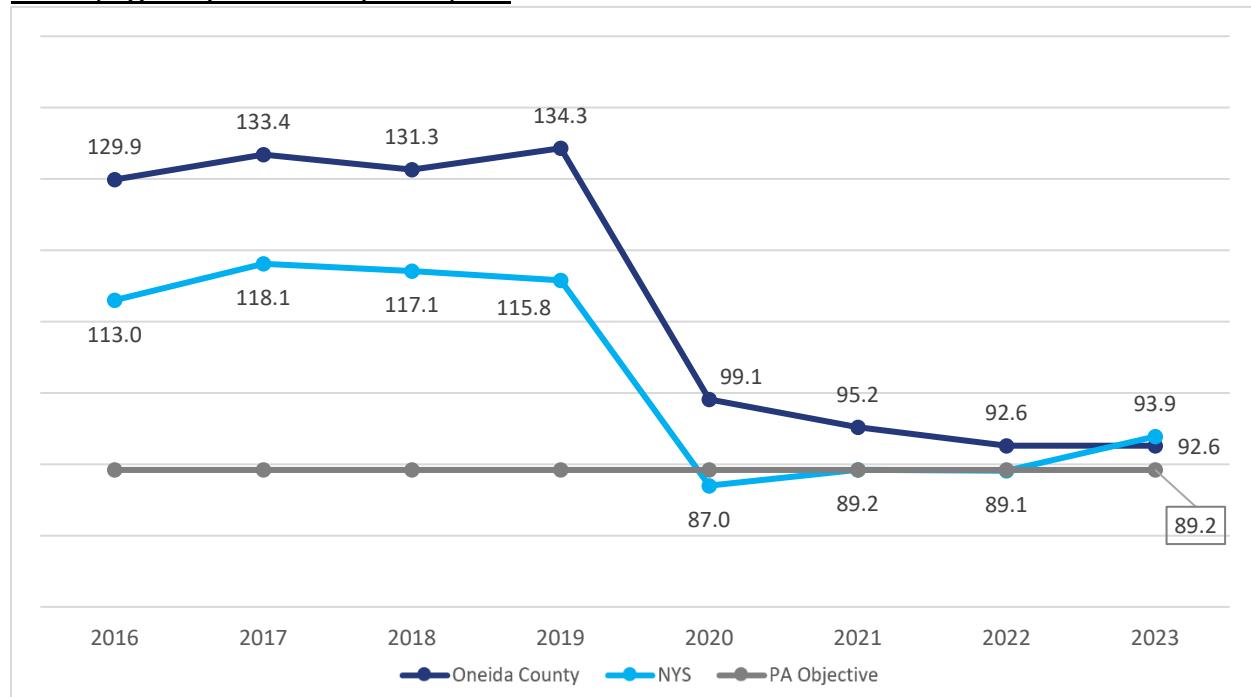
Source: SPARCS

An Analysis of Behavioral and Environmental Risk Factors

The 2025-2030 Prevention Agenda data points were made available to OCHD from NYSDOH. The dataset provides baseline data for most Prevention Agenda Dashboard performance indicators (as of the time this report was completed – September 2025), which was used to compare Oneida County to New York State and the Prevention Agenda 2025-2030 Dashboard performance objectives. Since completion of this report, the NYS Prevention Agenda Dashboard is now fully accessible[42]. The CHIRS data and County Health Rankings data for Oneida County were also referenced during a review of secondary research. Data from these sources better assisted OCHD, RH, and MVHS with understanding what influences the health of residents. The following details an analysis of behavioral risk factors for residents of Oneida County. The first section for each domain of the Prevention Agenda indicates the areas where the County is meeting the state objective and where the County does not meet the state objective for the priority areas within each of the five respective domains. The second section for each domain provides detailed data points for each indicator within the several priority areas of each domain for Oneida County, New York State, and the state objective for each indicator.

Economic Stability Domain – Oneida County, New York State (2025-2030)

Oneida County is currently meeting objectives for **4 of the 6** indicators (66.7%) for the Economic Stability domain, including:

1. Number of people living in HUD-subsidized housing in the past 12 months
2. Percentage of adults 18 years of age and older that were food secure in the past 12 months
3. Percentage of people, aged 65+, living in poverty
4. Percentage unemployed

Areas of opportunity for Oneida County include:

1. Percentage of people living in poverty
2. Percentage unemployed, Black residents, aged 16+

Table 17. Economic Stability Domain: Indicators for Oneida County

Priority Area	Indicator *(Source)*	Oneida County	New York State	NY State Objective
Poverty	Percentage of people living in poverty *(ACS (table S1701), 2019-2023)*	**14.6%** 🔻	**13.7%**	**12.5%**
	Percentage of people, aged 65+, living in poverty *(ACS (table S1701), 2019-2023)*	**9.9%** 🔼	**12.7%**	**11.0%**
Unemployment	Percentage unemployed *(ACS (table S2301) ,2019-2023)*	**4.7%** 🔼	**6.2%**	**5.5%**
	Percentage unemployed, Black residents, aged 16+ *(ACS (table S2301), 2019-2023)*	**11.8%** 🔻	**9.2%**	**7.9%**

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[42] *Source: Prevention Agenda 2025-2030 Tracking Dashboard*

Nutrition Security	Percentage of adults 18 years of age and older that were food secure in the past 12 months *(BRFSS, 2021)*	**77.9%** ⬆	**75.1%**	**75.9%**
	Percentage of adults 18 years of age and older with an annual total income less than $25,000 that were food secure in the past 12 months *(BRFSS, 2023)*	**-**	**42.0%**	**51.1%**
Housing Stability and Affordability	Number of people living in HUD-subsidized housing in the past 12 months *(U.S. HUD, 2024)*	**9,256** ⬆ *(4.1% of total population)*	**1,000,730** *(5.1% of total population)*	**1,092,000** *(5.3% of total population)*
	Percentage of adults 18 years of age and older who were able to pay their mortgage, rent, or utility bills in the past 12 months *(BRFSS, 2022)*	**-**	**85.1%**	**89.4%**

Data Sources: NYS Prevention Agenda, 2025
NOTE: *County indicators that are better than the state objective are displayed with a GREEN UP ARROW while county objectives that are not meeting the state objective are displayed with a RED DOWN ARROW. County indicators that are the same as the state objective are displayed with no arrow. Indicators with no county-level data available are indicated with a dash (-).*

Social and Community Context Domain – Oneida County, New York State (2025-2030)

Oneida County is currently meeting objectives for **4 of the 18** indicators (22.2%) for the Social and Community Context domain, including:

1. Number of naloxone kits distributed
2. Patients who received at least one buprenorphine prescription for opioid use disorder
3. Unique individuals enrolled in OASAS treatment programs who reported any opioid as the primary substance
4. Percentage of adults age 18 years and older who, as a child, experienced three or more adverse childhood experiences (ACEs)

Areas of opportunity for Oneida County include:

1. Percentage of adults 18 years and older experiencing frequent mental distress during the past month
2. Suicide mortality
3. Overdose deaths involving drugs
4. Overdose deaths involving drugs for Black, non-Hispanic residents
5. Episodes when an opioid-naive patient received an initial opioid prescription
6. Percentage of episodes when patients were opioid-naive and received an opioid prescription of more than seven days
7. Prevalence of cigarette smoking among adults 18 years of age and older
8. Prevalence of binge or heavy drinking among adults 18 years of age and older
9. Indicated reports of abuse/maltreatment of children aged 0-17 years
10. Indicated reports of abuse/maltreatment of Black children aged 0-17 years
11. Indicated reports of abuse/maltreatment of Hispanic children aged 0-17 years

12. Percentage of adults 18 years of age and older who consumed fewer than one fruit and fewer than one vegetable daily
13. Percentage of infants who are exclusively breastfed in the hospital among all infants
14. Percentage of infants who are exclusively breastfed in the hospital among Black infants

Table 18. Social & Community Context Domain: Indicators for Oneida County

Priority Area	Indicator (Source)	Oneida County	New York State	NY State Objective
Anxiety & Stress	Percentage of adults 18 years and older experiencing frequent mental distress during the past month, age-adjusted percentage (BRFSS, 2021)	16.2% ⬇	13.4%	12.0%
	Percentage of adults 18 years and older with an annual household income of less than $25,000 experiencing frequent mental distress during the past month (BRFSS, 2021)	-	21.0%	18.9%
Suicide	Suicide mortality, age-adjusted rate per 100,000 population (NYS Vital Records, 2020-2022)	12.7 ⬇	8.0	6.7
	Percentage of high school students who attempted suicide one or more times during the past year, outside of New York City (Youth Risk Behavior Surveillance System (YRBSS), 2023)	-	9.4%*	8.5%
Depression	Percentage of adults with major depressive episodes during the past year (National Survey of Drug Use and Health (NSDUH), 2021-2022)	-	6.7%	5.7%
	Percentage of women who were identified as having depression after birth who received counseling for depression (PRAMS, 2022)	-	53.1%	62.0%
	Percentage of women who were identified as having depression after birth who took a prescription medicine (PRAMS, 2022)	-	61.7%	70.0%
Primary Prevention, Substance Misuse, & Overdose Prevention	Overdose deaths involving drugs - crude rate per 100,000 population (NYS Vital Statistics, 2023)	27.2 ⬇	32.3	22.6
	Overdose deaths involving drugs - crude rate per 100,000 population - for Black, non-Hispanic residents (NYS Vital Statistics, 2022)	92.2 ⬇	55.7	35.5
	Number of naloxone kits distributed (New York State Community Opioid Overdose Prevention Program Dataset; New York State EMS Data; New York State Law Enforcement Naloxone Administration Dataset, 2023)	10,704 ⬆ (4,704 kits per 100,000 population)	397,620* (2,032 kits per 100,000 population)	596,430 (2,899 kits per 100,000 population)

	Episodes when an opioid-naive patient received an initial opioid prescription, rate per 1,000 population *(NYS Prescription Monitoring Program, 2023)*	116.1 🔻	86.5	77.9
	Percentage of episodes when patients were opioid-naive and received an opioid prescription of more than seven days *(NYS Prescription Monitoring Program, 2023)*	14.4% 🔻	15.1%	13.6%
	Patients who received at least one buprenorphine prescription for opioid use disorder - crude rate per 100,000 population *(NYS Prescription Monitoring Program, 2023)*	1,097.3 ⬆	446.0	490.6
	Percentage of high school students outside of New York City who had their first drink of alcohol before the age of 13 years *(YRBSS, 2023)*	-	13.6%*	12.2%
	Unique individuals enrolled in OASAS treatment programs - rate per 100,000 population *(NYS OASAS CDS, 2023)*	-	1,107.8	1,218.6
	Unique individuals enrolled in OASAS treatment programs - rate per 100,000 population - who reported any opioid as the primary substance *(NYS OASAS CDS, 2023)*	667.3 ⬆	465.2	511.7
	Unique individuals enrolled in OASAS treatment programs - rate per 100,000 population - who reported alcohol as the primary substance *(NYS OASAS CDS, 2023)*	-	402.8	443.1
Tobacco / E-cigarette Use	Prevalence of cigarette smoking among adults 18 years of age and older *(Source: BRFSS, 2021)*	20.5% 🔻	12.0%	7.9%
	Prevalence of any tobacco use among high school students *(Youth Tobacco Survey (YTS), 2024)*	-	17.0%	14.5%
Alcohol Use	Prevalence of binge or heavy drinking among adults 18 years of age and older *(BRFSS, 2021)*	14.9% 🔻	16.4%	14.6%
	Prevalence of alcohol use among high school youth (outside of NYC) – any alcohol use in past 30 days *(YRBS, 2023)*	-	23.9%*	19.1%
Adverse Childhood Experiences (ACEs)	Percentage of adults age 18 years and older who, as a child, experienced three or more adverse childhood experiences (ACEs) *(BRFSS, 2021)*	22.8% ⬆	25.3%	23.8%
	Percentage of Black, non-Hispanic adults age 18 years and older who, as a child, experienced three or more adverse childhood experiences (ACEs) *(BRFSS, 2021)*	-	29.0%	27.5%

	Percentage of Hispanic adults age 18 years and older who, as a child, experienced three or more adverse childhood experiences (ACEs) *(BRFSS, 2021)*	-	28.5%	26.1%
	Percentage of adults age 18 years and older who, as a child, always had an adult in the household who made them feel safe and protected and tried hard to make sure their basic needs were met *(BRFSS, 2021)*	-	65.1%	66.9%
	Percentage of Hispanic adults age 18 years and older who, as a child, always had an adult in the household who made them feel safe and protected and tried hard to make sure their basic needs were met *(BRFSS, 2021)*	-	51.0%	52.7%
	Indicated reports of abuse/maltreatment, rate per 1,000 children, aged 0-17 years *(NCANDS - DMR Dashboard from OCFS, 2024)*	23.9 ⬇	11.4	9.8
	Indicated reports of abuse/maltreatment, rate per 1,000 Black children and youth, aged 0-17 years *(NCANDS - DMR Dashboard from OCFS, 2024)*	62.9 ⬇	22.1	19.9
	Indicated reports of abuse/maltreatment, rate per 1,000 Hispanic children and youth, aged 0-17 years *(NCANDS - DMR Dashboard from OCFS, 2024)*	29.2 ⬇	14.4	12.5
Healthy Eating	Percentage of adults 18 years of age and older who consumed fewer than one fruit and fewer than one vegetable daily (no fruits or vegetables) *(BRFSS, 2021)*	35.2% ⬇	34.4%	27.0%
	Percentage of adults 18 years of age and older, in households who earn less than $50,000 per year, who consumed fewer than one fruit and fewer than one vegetable daily (no fruits or vegetables) *(BRFSS, 2021)*	-	40.1%	30.1%
	Percentage of infants who are exclusively breastfed in the hospital among all infants *(NYS Vital Records, 2022)*	46.4% ⬇	44.0%	48.2%
	Percentage of infants who are exclusively breastfed in the hospital among Black, non-Hispanic infants *(NYS Vital Records, 2022)*	15.4% ⬇	34.5%	35.8%

Data Sources: NYS Prevention Agenda, 2025
NOTE: *County indicators that are better than the state objective are displayed with a* GREEN UP ARROW *while county objectives that are not meeting the state objective are displayed with a* RED DOWN ARROW. *County indicators that are the same as the state objective are displayed with no arrow. Indicators with no county-level data available are indicated with a dash (-).*

Neighborhood and Built Environment Domain – Oneida County, New York State (2025-2030)

Oneida County is currently meeting objectives for **0 of the 3** indicators (0.0%) for the Neighborhood and Built Environment domain. Areas of opportunity for Oneida County include:

1. Percentage of adults 18 years of age and older who are physically active
2. Count of Climate Smart Community Actions related to community resilience
3. Percentage of higher vulnerability areas that have a cooling center

Table 19. Neighborhood & Built Environment Domain: Indicators for Oneida County

Priority Area	Indicator *(Source)*	Oneida County	New York State	NY State Objective
Opportunities for Active Transportation & Physical Activity	Percentage of adults 18 years of age and older who are physically active *(BRFSS, 2021)*	**75.6%** 🔻	**74.2%**	**77.6%**
	Percentage of adults 18 years of age and older with an annual household income less than $25,000 who are physically active *(BRFSS, 2023)*	**-**	**56.7%**	**59.5%**
Access to Community Services & Support	Count of Climate Smart Community Actions related to community resilience *(Climate Smart Community Application Data; NYSDOH Cooling Center Finder Data, 2024)*	**1** 🔻	**363**	**382**
	Percentage of higher vulnerability areas that have a cooling center *(Climate Smart Community Application Data; NYSDOH Cooling Center Finder Data, 2024)*	**20.8%** 🔻	**24.5%**	**27.0%**

Data Sources: NYS Prevention Agenda, 2025
NOTE: *County indicators that are better than the state objective are displayed with a* GREEN UP ARROW *while county objectives that are not meeting the state objective are displayed with a* RED DOWN ARROW. *County indicators that are the same as the state objective are displayed with no arrow. Indicators with no county-level data available are indicated with a dash (-).*

Health Care Access and Quality Domain – Oneida County, New York State (2025-2030)

Oneida County is currently meeting objectives for **3 of the 12** indicators (25.0%) for the Health Care Access and Quality domain, including:

1. Asthma emergency department visit rate
2. Hypertension management
3. Percentage of 24–35-month-old children with the 4:3:1:3:3:1:4 combination series by their 2nd birthday

Areas of opportunity for Oneida County include:

1. Percentage of births with early prenatal care
2. Infant mortality rate
3. Maternal mortality rate

4. Percentage of Medicaid enrollees with at least one preventive dental visit within the last year
5. Percentage of Medicaid enrollees, aged 2-20 years, with at least one preventive dental visit within the last year
6. Percentage of 13-year-old adolescents with a complete HPV vaccine series
7. Percentage of children in a single birth cohort year tested at least twice for lead before 36 months of age
8. Percentage of children under 3 with an IFSP
9. Percentage of Black children under 3 with an IFSP

Table 20. Health Care Access & Quality Domain: Indicators for Oneida County

Priority Area		Indicator (Source)	Oneida County	New York State	NY State Objective
Health Insurance Coverage & Access to Care	Access to & Use of Prenatal Care	Percentage of births with early (1st trimester) prenatal care (National Vital Statistics System, NYS Vital Statistics Event Registry, 2022)	70.4% ⬇	73.8%	83.0%
		Percentage of births with early (1st trimester) prenatal care, uninsured (National Vital Statistics System, 2022)	-	41.2%	45.0%
	Prevention of Infant & Maternal Mortality	Infant mortality rate per 1,000 live births (National Vital Statistics System, NYS Vital Statistics Event Registry, 2022)	5.0 ⬇	4.3	3.5
		Maternal mortality rate per 100,000 live births (National Vital Statistics System, NYS Vital Statistics Event Registry, 2019-2021)	27.3* ⬇	20.5	16.1
		Maternal mortality rate per 100,000 live births, among Black non-Hispanics (National Vital Statistics System, 2018-2022)	-	65.7	55.0
		Percentage of birthing persons who report depressive symptoms after giving birth (PRAMS, 2022)	-	11.9%	9.9%
		Percentage of birthing persons who report depressive symptoms after giving birth, aged 20-24 (PRAMS, 2022)	-	19.2%	18.0%
		Percentage of birthing persons who report depression during pregnancy (PRAMS, 2022)	-	9.2%	11.5%
		Percentage of birthing persons who report depression during pregnancy, aged 20-24 (PRAMS, 2022)	-	16.8%	19.0%
	Preventive Services for	Asthma emergency department visit rate per 10,000, aged 0-17 (SPARCS, 2023)	39.7 ⬆	94.8	89.1

Chronic Disease Prevention & Control	Asthma emergency department visit rate per 10,000, for Black, non-Hispanic children and youth aged 0-17 years *(SPARCS, 2023)*	-	**232.5**	**212.3**	
	High blood sugar/diabetes screening among adults aged 35+ *(BRFSS, 2023)*	-	**78.1%**	**82.4%**	
	High blood sugar/diabetes screening for younger adults aged 35-44 *(BRFSS, 2023)*	-	**62.4%**	**65.5%**	
	Hypertension management (percentage of adults 18 years of age and older reporting medication use to manage their hypertension) *(BRFSS, 2021)*	**83.8% ⬆**	**80.2%**	**81.7%**	
	Hypertension management (percentage of adults 18 years of age enrolled in Medicaid reporting medication use to manage their hypertension) *(BRFSS, 2023)*	-	**66.9%**	**75.5%**	
	Percentage of adults 45-75 years of age who receive colorectal cancer screening *(BRFSS, 2023)*	-	**73.7%**	**82.3%**	
	Percentage of adults, ages 45-54 years, who receive colorectal cancer screening *(BRFSS, 2023)*	-	**55.8%**	**63.4%**	
Oral Health Care	Percentage of Medicaid enrollees with at least one preventive dental visit within the last year *(NYS Medicaid Program, 2023)*	**12.6% ⬇**	**19.9%**	**21.3%**	
	Percentage of Medicaid enrollees, aged 2-20 years, with at least one preventive dental visit within the last year *(NYS Medicaid Program, 2023)*	**24.5% ⬇**	**39.1%**	**41.1%**	
Preventive Services	Percentage of 24–35-month-old children with the 4:3:1:3:3:1:4 combination series by their 2nd birthday *(NYSIIS, CIR, 2024)*	**63.0% ⬆**	**59.3%**	**62.3%**	
	Percentage of 13-year-old adolescents with a complete HPV vaccine series *(NYSIIS, CIR, 2024)*	**23.6% ⬇**	**25.7%**	**28.7%**	
	Percentage of infants who received diagnostic hearing test after failing their newborn screening *(Early Hearing Detection and Intervention (EHDI), 2023)*	-	**17.4%**	**35.1%**	
	Percentage of infants who received diagnostic hearing test after failing their newborn screening by 3 months of age *(EHDI, 2023)*	-	**14.1%**	**23.4%**	

Left margin labels: "Healthy Children" spans the Preventive Services section.

Priority Area	Indicator (Source)	Oneida County	New York State	NY State Objective
	Percentage of children in a single birth cohort year tested at least twice for lead before 36 months of age *(NYS Lead Poisoning Prevention Program, 2018-2021)*	56.4% ⬇	61.0%	70.0%
Early Intervention	Percentage of children under 3 with an IFSP *(NYS EIP Data System (NYEIS/EI-Hub), 2022)*	7.2% ⬇	9.4%	11.0%
	Percentage of Black children under 3 with an IFSP *(NYS EIP Data System (NYEIS/EI-Hub), 2022)*	4.4% ⬇	8.4%	10.0%
Childhood Behavioral Health	Percentage of children reported as flourishing in the NSCH survey *(National Survey of Children's Health (NSCH), 2022-2023)*	-	72.2%	79.4%
	Percentage of children, in a household living between 0-99% of the poverty level, reported as flourishing in the NSCH survey *(NSCH, 2022-2023)*	-	58.8%	67.6%

Data Sources: NYS Prevention Agenda, 2025
NOTE: *County indicators that are better than the state objective are displayed with a* GREEN UP ARROW *while county objectives that are not meeting the state objective are displayed with a* RED DOWN ARROW. *County indicators that are the same as the state objective are displayed with no arrow.*
*Indicates unstable measurement. Indicators with no county-level data available are indicated with a dash (-).

Education Access and Quality Domain – Oneida County, New York State (2025-2030)

Oneida County is currently meeting objectives for **0 of the 4** indicators (0.0%) for the Education Access and Quality domain. Areas of opportunity for Oneida County include:

1. Percentage of public-school students in grades K-8 with chronic absenteeism
2. Percentage of economically disadvantaged public-school students in grades K-8 with chronic absenteeism
3. Percentage of high school seniors that attend a 2- or 4-year college within 5 years
4. Percentage of economically disadvantaged high school seniors that attend a 2- or 4-year college within 5 years

Table 21. Education Access & Quality Domain: Indicators for Oneida County

Priority Area	Indicator (Source)	Oneida County	New York State	NY State Objective
Health and Wellness Promoting Schools	Percentage of public-school students in grades K-8 with >10% absenteeism (chronic absenteeism) *(NYSED report card, 2024)*	27.8% ⬇	25.1%	18.5%
	Percentage of economically disadvantaged public-school students in grades K-8 with >10% absenteeism (chronic absenteeism) *(NYSED report card, 2024)*	37.3% ⬇	33.8%	24.4%

Priority Area	Indicator (Source)	Oneida County	New York State	NY State Objective
Opportunities for Continued Education	Percentage of high school seniors that attend a 2- or 4-year college within 5 years *(NYSED report card, 2023)*	**61.2%** ⬇	**70.2%**	**77.0%**
	Percentage of economically disadvantaged high school seniors that attend a 2- or 4-year college within 5 years *(NYSED report card, 2023)*	**49.7%** ⬇	**63.1%**	**69.4%**

Data Sources: NYS Prevention Agenda, 2025
NOTE: *County indicators that are better than the state objective are displayed with a* **GREEN UP ARROW** *while county objectives that are not meeting the state objective are displayed with a* **RED DOWN ARROW**. *County indicators that are the same as the state objective are displayed with no arrow. Indicators with no county-level data available are indicated with a dash (-).*

General Health Indicators for Oneida County, New York State (2025-2030)

Oneida County is currently meeting **3 of the 8** general health indicators (37.5%), including:

1. Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Black non-Hispanics and White non-Hispanics
2. Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Hispanics and White non-Hispanics
3. Adults 18 years of age and older who have a regular health care provider

Areas of opportunity for Oneida County include:

1. Percentage of deaths that are premature
2. Premature deaths, difference in percentages between Black non-Hispanics and White non-Hispanics
3. Premature deaths, difference in percentages between Hispanics and White non-Hispanics
4. Potentially preventable hospitalizations among adults
5. Percentage of adults with health insurance

Note: The General Health Indicators are not assigned to a Domain in the 2025-2030 Prevention Agenda framework but rather provide essential information to assess the health of the community and can be assigned to a general priority area related to "Improving Health Status and Reducing Health Disparities."

Table 22. General Health Indicators for Oneida County

Priority Area	Indicator (Source)	Oneida County	New York State	NY State Objective
Improve Health Status & Reduce Disparities	Adults 18 years of age and older who have a regular health care provider, age-adjusted percentage *(BRFSS, 2021)*	**91.8%** ⬆	**85.0%**	**87.5%**
	Percentage of adults with health insurance, aged 18-64 years *(US Census Bureau-SAHIE, 2022)*	**94.5%** ⬇	**93.2%**	**95.0%**
	Percentage of deaths that are premature (before age 65 years) *(NYS Vital Records, 2022)*	**22.9%** ⬇	**23.6%**	**22.4%**

Indicator			
Premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics *(NYS Vital Records, 2022)*	33.5% ⬇	19.4%	18.4%
Premature deaths (before age 65 years), difference in percentages between Hispanics and White non-Hispanics *(NYS Vital Records, 2022)*	35.3% ⬇	17.9%	17.0%
Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000 *(SPARCS, 2023)*	92.6 ⬇	93.9	89.2
Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Black non-Hispanics and White non-Hispanics *(SPARCS, 2023)*	14.3 ⬆	101.8	96.7
Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Hispanics and White non-Hispanics *(SPARCS, 2023)*	-8.4 ⬆	32.6	31.0

Data Sources: NYS Prevention Agenda, 2025
NOTE: *County indicators that are better than the state objective are displayed with a* GREEN UP ARROW *while county objectives that are not meeting the state objective are displayed with a* RED DOWN ARROW. *County indicators that are the same as the state objective are displayed with no arrow. Indicators with no county-level data available are indicated with a dash (-).*

County Health Rankings

Oneida County currently ranks 53 out of 62 counties for measures relating to health outcomes and factors based upon data gathered from County Health Rankings.[43] This ranking is in the lowest quartile, 0-25% of all counties. The County's rank for health outcomes has worsened from 49 in 2019 to 55 in 2020, with some slight improvement to 53 in 2023. Note: the overall ranking is not unique to performance in Oneida County, but it is interdependent on performance of other counties within New York State.

Ranking	2019	2020	2021	2022	2023	Trend
Health Outcomes & Factors	Rank: 49 out of 62	Rank: 55 out of 62	Rank: 54 out of 62	Rank: 52 out of 62	Rank: 53 out of 62	Worsened
	13th Least Healthy County in NY	7th Least Healthy County in NY	8th Least Healthy County in NY	10th Least Healthy County in NY	9th Least Healthy County in NY	

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

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[43] *Source:* Oneida County, New York | County Health Rankings & Roadmaps

Population Health and Well-being

Per the County Health Rankings website[44], "Population health and well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual, and social well-being." Oneida County is faring slightly worse than the average county in New York for population health and well-being, but slightly better than the average county in the nation.

Oneida County is currently performing worse than New York State for all 5 of the Length of Life indicators, including:

1. Premature Death
2. Life Expectancy
3. Premature Age-Adjusted Mortality
4. Child Mortality
5. Infant Mortality

Table 23. Length of Life Indicators for Oneida County

Indicators	Description	Oneida County						NY State	U.S.
		2020	2021	2022	2023	2024	2025	2025	2025
Premature Death	*Years of potential life lost before age 75 per 100,000 population (age-adjusted)*	7,064	7,265	7,392	7,851	8,587	8,898 ⬇	6,637	8,352
Life Expectancy	*Average number of years people are expected to live*	78.4	78.2	77.5	77.5	76.6	76.3 ⬇	79.4	77.1
Premature Age-Adjusted Mortality	*Number of deaths among residents under age 75 per 100,000 population (age-adjusted)*	360	370	390	390	430	440 ⬇	340	410
Child Mortality	*Number of deaths among residents under age 20 per 100,000 population*	50	50	60	60	60	50 ⬇	40	50
Infant Mortality	*Number of infant deaths (within 1 year) per 1,000 live births*	7	7	7	7	7	7 ⬇	4	6
Data Source: County Health Rankings, 2020 − 2025									
NOTE: *County indicators that are better than the state level are displayed with a GREEN UP ARROW while county objectives that are worse than the state level are displayed with a RED DOWN ARROW. County indicators that are the same as the state level are displayed with no arrow.*									

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[44] *Source: Oneida County, New York | County Health Rankings & Roadmaps*

Oneida County is currently performing better than or the same as New York State for **5 of the 10** Quality of Life indicators (62.5%), including:

1. Low birth weight
2. Poor or fair health
3. Frequent physical distress
4. Diabetes prevalence
5. HIV prevalence

Areas of opportunity for Oneida County include:

1. Poor Physical Health Days
2. Poor Mental Health Days
3. Adult Obesity
4. Frequent Mental Distress
5. Suicides

Table 24. Quality of Life Indicators for Oneida County

Indicators	Description	Oneida County						NY State	U.S.
		2020	2021	2022	2023	2024	2025	2025	2025
Poor Physical Health Days	*Average number of physically unhealthy days reported in past 30 days (age-adjusted)*	3.8	4.5	4.1	3.1	3.8	4.0 🔻	3.9	3.9
Low Birth Weight	*Percentage of live births with low birth weight (< 2,500 grams or 5.5 pounds)*	8%	8%	8%	8%	8%	8%	8%	8%
Poor Mental Health Days	*Average number of mentally unhealthy days reported in past 30 days (age-adjusted)*	4.4	4.5	4.8	4.9	5.2	5.5 🔻	4.9	5.1
Poor Or Fair Health	*Percentage of adults reporting fair or poor health (age-adjusted)*	16%	19%	18%	13%	15%	16%	16%	17%
Frequent Physical Distress	*Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted)*	11%	13%	13%	10%	11%	12%	12%	12%
Diabetes Prevalence	*Percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted)*	14%	14%	10%	8%	10%	9% 🔼	10%	10%

HIV Prevalence	*Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population*	313	297	276	276	274	284 ⬆	742	387
Adult Obesity	*Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted)*	33%	33%	32%	32%	35%	38% ⬇	30%	34%
Frequent Mental Distress	*Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted)*	13%	15%	15%	15%	17%	18% ⬇	16%	16%
Suicides	*Number of deaths due to suicide per 100,000 (age-adjusted)*	10	11	12	12	13	13 ⬇	8	14

Data Source: County Health Rankings, 2020 – 2025
NOTE: *County indicators that are better than the state level are displayed with a GREEN UP ARROW while county objectives that are worse than the state level are displayed with a RED DOWN ARROW. County indicators that are the same as the state level are displayed with no arrow.*

Community Conditions

Per the County Health Rankings website[45], "Community conditions include the social and economic factors, physical environment, and health infrastructure in which people are born, live, learn, work, play, worship, and age. Community conditions are also referred to as the social determinants of health." Oneida County is faring slightly worse than the average county in New York for community conditions, and about the same as the average county in the nation.

Oneida County is currently performing better than or the same as New York State for **3 of the 9** Health Infrastructure indicators (46.2%), including:

1. Preventable Hospital Stays
2. Mammography Screening
3. Uninsured

Areas of opportunity for Oneida County include:

1. Flu Vaccinations
2. Access to Exercise Opportunities
3. Food Environment Index

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[45] *Source: Oneida County, New York | County Health Rankings & Roadmaps*

4. Primary Care Physicians
5. Mental Health Providers
6. Dentists

Table 25. Health Infrastructure Indicators for Oneida County

Indicators	Description	Oneida County						NY State	U.S.
		2020	2021	2022	2023	2024	2025	2025	2025
Flu Vaccinations	*Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination*	50%	50%	49%	53%	49%	49% ⬇	51%	48%
Access To Exercise Opportunities	*Percentage of population with adequate access to locations for physical activity*	88%	88%	76%	86%	86%	85% ⬇	93%	84%
Food Environment Index	*Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)*	8.0	8.1	7.9	7.8	8.1	8.0 ⬇	8.7	7.4
Primary Care Physicians	*Ratio of population to primary care physicians*	1,390:1	1,350:1	1,330:1	1,310:1	1,420:1	1,420:1 ⬇	1,240:1	1,330:1
Mental Health Providers	*Ratio of population to mental health providers*	610:1	580:1	540:1	510:1	480:1	450:1 ⬇	260:1	300:1
Dentists	*Ratio of population to dentists*	1,790:1	1,790:1	1,830:1	1,840:1	1,830:1	1,830:1 ⬇	1,200:1	1,360:1
Preventable Hospital Stays	*Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees*	4,718	4,520	4,297	2,891	2,578	2,558 ⬆	2,595	2,666

Mammography Screening	*Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening*	53%	51%	52%	47%	50%	53% 🟢⬆	44%	44%
Uninsured	*Percentage of population under age 65 without health insurance*	6%	5%	5%	5%	5%	5% 🟢⬆	6%	10%

Data Source: County Health Rankings, 2020 – 2025
NOTE: *County indicators that are better than the state level are displayed with a GREEN UP ARROW while county objectives that are worse than the state level are displayed with a RED DOWN ARROW. County indicators that are the same as the state level are displayed with no arrow.*

Oneida County is currently performing better than or the same as New York State for **6 of the 13** Additional Health Infrastructure indicators (46.2%), including:

1. Food Insecurity
2. Insufficient Sleep
3. Sexually Transmitted Infections
4. Uninsured Adults
5. Uninsured Children
6. Other Primary Care Providers

Areas of opportunity for Oneida County include:

1. Limited Access to Healthy Foods
2. Teen Births
3. Excessive Drinking
4. Alcohol-Impaired Driving Deaths
5. Drug Overdose Deaths
6. Adult Smoking
7. Physical Inactivity

Table 26. Additional Health Infrastructure Indicators for Oneida County

Indicators	Description	Oneida County						NY State	U.S.
		2020	2021	2022	2023	2024	2025	2025	2025
Limited Access to Healthy Foods	*Percentage of population who are low-income and do not live close to a grocery store*	4%	4%	6%	6%	6%	6% 🔴⬇	2%	6%
Food Insecurity	*Percentage of population who lack adequate access to food*	12%	12%	12%	12%	10%	13%	13%	14%

Insufficient Sleep	*Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted)*	35%	41%	41%	37%	37%	39%	39%	37%
Teen Births	*Number of births per 1,000 female population ages 15-19*	23	22	20	20	18	17 🔻	10	16
Sexually Transmitted Infections	*Number of newly diagnosed chlamydia cases per 100,000 population*	363.5	396.4	372.2	304.4	358.3	341.3 🔼	526.9	495.0
Excessive Drinking	*Percentage of adults reporting binge or heavy drinking (age-adjusted)*	20%	19%	24%	21%	18%	24% 🔻	20%	19%
Alcohol-Impaired Driving Deaths	*Percentage of driving deaths with alcohol involvement*	38%	36%	35%	35%	31%	29% 🔻	22%	26%
Drug Overdose Deaths	*Number of drug poisoning deaths per 100,000 population*	23	23	25	25	30	35 🔻	29	31
Adult Smoking	*Percentage of adults who are current smokers (age-adjusted)*	17%	21%	20%	17%	21%	15% 🔻	12%	13%
Physical Inactivity	*Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted)*	26%	25%	29%	25%	25%	26% 🔻	25%	23%
Uninsured Adults	*Percentage of adults under age 65 without health insurance*	7%	6%	6%	6%	6%	5% 🔼	7%	11%
Uninsured Children	*Percentage of children under age 19 without health insurance*	3%	2%	3%	3%	2%	2% 🔼	3%	5%
Other Primary Care Providers	*Ratio of population to primary care providers other than physicians*	691:1	650:1	610:1	580:1	550:1	520:1 🔼	610:1	710:1

Data Source: County Health Rankings, 2020 – 2025
NOTE: *County indicators that are better than the state level are displayed with a* ***GREEN UP ARROW*** *while county objectives that are worse than the state level are displayed with a* ***RED DOWN ARROW****. County indicators that are the same as the state level are displayed with no arrow.*

Oneida County is currently performing better than or the same as New York State for **3 of the 6** Physical Environment indicators (50.0%), including:

1. Severe Housing Problems
2. Long Commute – Driving Alone
3. Library Access

Areas of opportunity for Oneida County include:

1. Driving Alone to Work
2. Air Pollution – Particulate Matter
3. Broadband Access

Table 27. Physical Environment Indicators for Oneida County

Indicators	Description	Oneida County						NY State	U.S.
		2020	2021	2022	2023	2024	2025	2025	2025
Severe Housing Problems	*Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*	15%	15%	14%	14%	13%	13% ⬆	23%	17%
Driving Alone to Work	*Percentage of the workforce that drives alone to work*	82%	82%	80%	79%	77%	76% ⬇	50%	70%
Long Commute – Driving Alone	*Among workers who commute in their car alone, the percentage that commute more than 30 minutes*	21%	20%	21%	21%	22%	23% ⬆	39%	37%
Air Pollution: Particulate Matter	*Average daily density of fine particulate matter in micrograms per cubic meter*	8.1	6.3	6.5	6.7	6.7	7.0 ⬇	6.9	7.3

Drinking Water Violations	*Indicator of the presence of health-related drinking water violations; 'Yes' indicates the presence of a violation while 'No' indicates no violation*	No	Yes	Yes	No	No	Yes	-	-
Broadband Access	*Percentage of households with broadband internet connection*	-	81%	84%	86%	87%	88% ⬇	90%	90%
Library Access	*Library visits per person living within the library service area per year*	-	-	-	-	-	3	3	2

Data Source: County Health Rankings, 2020 – 2025
NOTE: *County indicators that are better than the state level are displayed with a* GREEN UP ARROW *while county objectives that are worse than the state level are displayed with a* RED DOWN ARROW. *County indicators that are the same as the state level are displayed with no arrow.*

Oneida County is currently performing better than or the same as New York State for **3 of the 5** Additional Physical Environment indicators (60.0%), including:

1. Traffic Volume
2. Homeownership
3. Severe Housing Cost Burden

Areas of opportunity for Oneida County include:

1. Access to Parks
2. Voter Turnout

Table 28. Additional Physical Environment Indicators for Oneida County

Indicators	Description	Oneida County						NY State	U.S.
		2020	**2021**	**2022**	**2023**	**2024**	**2025**	**2025**	**2025**
Traffic Volume	*Average traffic volume per meter of major roadways in the country*	532	283	283	145	74	74 ⬆	438	108
Homeownership	*Percentage of owner-occupied housing units*	67%	67%	69%	68%	68%	68% ⬆	54%	65%

Severe Housing Cost Burden	*Percentage of households that spend 50% or more of their household income on housing*	13%	12%	11%	11%	12%	12% ⬆	19%	15%
Access To Parks	*Percentage of population living within a half mile of a park*	-	-	-	-	-	41% ⬇	63%	51%
Census Participations	*Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone)*	-	-	-	63.1%	63.1%	63.1%	-	65.2%
Voter Turnout	*Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election*	-	-	-	58.4%	58.4%	58.4% ⬇	62.9%	67.9%

Data Source: County Health Rankings, 2020 – 2025
NOTE: *County indicators that are better than the state level are displayed with a* **GREEN UP ARROW** *while county objectives that are worse than the state level are displayed with a* **RED DOWN ARROW**. *County indicators that are the same as the state level are displayed with no arrow.*

Oneida County is currently performing better than or the same as New York State for **3 of the 8** Social and Economic Factors indicators (37.5%), including:

1. High School Completion
2. Unemployment
3. Social Associations

Areas of opportunity for Oneida County include:

1. Some College
2. Income Inequality
3. Children in Poverty
4. Injury Deaths
5. Childcare Cost Burden

Table 29. Social and Economic Factors Indicators for Oneida County

Indicators	Description	Oneida County						NY State	U.S.
		2020	2021	2022	2023	2024	2025	2025	2025
Some College	*Percentage of adults ages 25 and over with a high school diploma or equivalent*	61%	63%	64%	63%	64%	64% ↓	71%	68%
High School Completion	*Percentage of adults ages 25 and over with a high school diploma or equivalent*	84%	88%	89%	89%	89%	89% ↑	88%	89%
Unemployment*	*Percentage of population ages 16 and older unemployed but seeking work*	4.4%	4.3%	8.1%	5.1%	3.5%	3.7% ↑	4.2%	3.6%
Income Inequality	*Ratio of household income at the 80th percentile to the 20th percentile*	4.7	4.6	4.5	4.5	4.6	4.6 ↓	5.8	4.9
Children In Poverty	*Percentage of people under age 18 in poverty*	20%	19%	18%	21%	21%	20% ↓	19%	16%
Injury Deaths	*Number of deaths due to injury per 100,000 population*	67	69	75	75	79	82 ↓	60	84
Social Associations	*Number of membership associations per 10,000 population*	11.2	10.7	10.6	10.8	10.7	10.6 ↑	7.9	9.1
Childcare Cost Burden	*Childcare costs for a household with two children as a percent of median household income*	-	-	29%	31%	39%	40% ↓	38%	28%

Data Source: County Health Rankings, 2020 – 2025
NOTE: *County indicators that are better than the state level are displayed with a* GREEN UP ARROW *while county objectives that are worse than the state level are displayed with a* RED DOWN ARROW. *County indicators that are the same as the state level are displayed with no arrow.*
*The unemployed proportion of the population as provided by County Health Rankings is based upon 1-year estimates whereas the U.S. Census Bureau statistics are based upon 5-year estimates. Therefore, there are differences among the unemployment percentages presented.

Oneida County is currently performing better than or the same as New York State for **5 of the 12** Additional Social and Economic Factors indicators (37.5%), including:

1. School Segregation
2. School Funding Adequacy
3. Residential Segregation – Black/White
4. Children Eligible for Free / Reduced-Price Lunch
5. Disconnected Youth

Areas of opportunity for Oneida County include:

1. High School Graduation
2. Gender Pay Gap
3. Median Household Income
4. Living Wage
5. Childcare Centers
6. Motor Vehicle Crash Deaths
7. Firearm Fatalities

Table 30. Additional Social and Economic Factors Indicators for Oneida County

Indicators	Description	Oneida County						NY State	U.S.
		2020	2021	2022	2023	2024	2025	2025	2025
High School Graduation	*Percentage of ninth-grade cohort that graduates in four years*	84%	84%	85%	84%	86%	86% 🔽	87%	87%
School Segregation	*The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation*	-	-	0.23	0.24	0.24	0.24 🔼	0.33	0.24

School Funding Adequacy	*The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district*	-	-	$10,512	$11,354	$9,351	$11,014 ⬆	$12,745	$1,411
Children Eligible for Free / Reduced-Price Lunch	*Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch*	54%	54%	56%	55%	50%	53% ⬆	57%	55%
Gender Pay Gap	*Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar"*	$54,100	-	0.84	0.83	0.86	0.87 ⬇	0.88	0.81
Median Household Income	*The income where half of households in a county earn more and half of households earn less*	$54,100	$56,500	$58,700	$59,800	$63,900	$61,600 ⬇	$82,100	$77,700
Living Wage	*The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children*	-	-	$38.23	$42.47	$46.98	$49.60 ⬇	$61.75	-

Childcare Centers	*Number of child care centers per 1,000 population under 5 years old*	-	-	6	5	5	5 ▼	6	7
Residential Segregation – Black/White	*Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents*	66	70	70	70	74	73 ▲	75	63
Motor Vehicle Crash Deaths	*Number of motor vehicle crash deaths per 100,000 population*	9	8	8	8	9	9 ▼	6	12
Firearm Fatalities	*Number of deaths due to firearms per 100,000 population*	6	6	8	8	8	8 ▼	5	13
Disconnected Youth	*Percentage of teens and young adults ages 16-19 who are neither working nor in school*	6%	5%	5%	5%	6%	9%	7%	7%

Data Source: County Health Rankings, 2020 – 2025

NOTE: *County indicators that are better than the state level are displayed with a* GREEN UP ARROW *while county objectives that are worse than the state level are displayed with a* RED DOWN ARROW. *County indicators that are the same as the state level are displayed with no arrow.*

Policy Environments

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

The vision of the 2025-2030 Prevention Agenda is that *every individual in New York State has the opportunity, regardless of background or circumstances, to attain their highest level of health across the lifespan.* The main components of the 2025-2030 Prevention Agenda include (1) Domains and Priorities, (2) State Level Goals or Objectives, and (3) Interventions. The foundation for improving health outcomes is the development of policies and programs that aim to have a positive impact on health, as well as ongoing management. According to the 2025-2030 Prevention Agenda, interventions are public health policies, programs, strategies, supporting activities, or other actions intended to address each priority's objective. The *Neighborhood and Built Environment* and *Economic Stability* Domains are linked to policies aimed at improving health and well-being and are built upon a foundation in policy development. Environmental conditions where people live, work, and play influence the quality of life and health status of individuals both positively and negatively and can be considered the root causes of poor health status and affect health outcomes including quality of life and length of life. From the availability of community-based resources that support healthy lifestyle and opportunities for recreational and leisure-time activities to availability of resources to meet daily needs (e.g. housing stability and nutritional securities), opportunities for active transportation and physical activity and built environments (buildings, sidewalks, bike lanes, and safe roads), OCHD, RH, and MVHS remain fully engaged in continued collaborative work to address the social, economic, and physical conditions that contribute to health outcomes through further policy development. Programs and policies detailed below remain active. *Please note that this list of services is not exhaustive but provides an overview of actively engaged programs and services.*

- **Overdose Prevention and Substance Use Program:** OCHD's overdose prevention, overdose and drug surveillance, and substance use activities are aimed at implementing public health approaches to address the opioid epidemic as well as other drug-related issues the community is facing. Projects support the Oneida County Opioid Task Force (OTF), a collaborative multi-agency and multi-sector partnership working together to reduce overdose deaths in the community. The OTF is chaired by the County Executive, Sheriff, and District Attorney.[46]

  - **Opioid Overdose Prevention Program (OOPP):** OCHD is a NYS registered Opioid Overdose Prevention Program. The program trains community members on the

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[46] Source: *Overdose Prevention and Substance Use Program | Oneida County*

administration of nasal naloxone (NARCAN®), a medication which rapidly reverses an opioid overdose, and distributes free naloxone kits to individuals, businesses, and organizations.

- o The program provides <u>mail-in Narcan options for residents, "Save A Life" Overdose Rescue Kits to businesses and organizations as well as Narcan Emergency Cabinets.</u>

- **Adolescent Tobacco Use Prevention Act (ATUPA)[47]:** In July of 1992, the New York State Legislature passed the Adolescent Tobacco Use Prevention Act (ATUPA) establishing penalties for selling tobacco products to minors, restricting youth access to vending machines, and creating an enforcement mechanism managed by county health agencies. Oneida County remains responsible for enforcement of ATUPA and is expected to remain engaged by the following:

  - o Establish and maintain an up-to-date list of licensed and registered tobacco retailers and vendors in addition to locations of cigarette vending machines within their jurisdiction.
  - o Complete at least one compliance check at all retail tobacco vendors in the enforcement jurisdiction during the 12-month period.
  - o Identify and report unlicensed vendors to the Center for Environmental Health of the New York State Health Department. The Center will then communicate this information to the New York State Department of Taxation and Finance which is responsible for the licensing of tobacco vendors in the State.
  - o Implement enforcement actions for vendors and owners of vending machines who fail compliance checks.

- **Cornhill Revitalization Plan[48]:** On June 4, 2025, Oneida County released a revitalization plan for Cornhill that will transform the Utica neighborhood into a safer, stronger, and more connected community. The Cornhill Revitalization Public Realm Improvement Plan was developed in partnership with the City of Utica and the Community Foundation of Herkimer and Oneida Counties, and outlines targeted investments in infrastructure, streetscape enhancements, and public space improvements to support the redevelopment of one of Utica's most historic and diverse neighborhoods.

  - o The plan was created by the Oneida County Department of Planning and included active involvement of neighborhood residents, stakeholders, and civic organizations. It is part of a larger investment into the neighborhood's future, including the construction of two new Impact Centers on James and West Streets, which will provide affordable housing, educational programs, workforce development opportunities and spaces for entrepreneurship and cultural expression.
  - o Key points of the Cornhill Revitalization Public Realm Improvement Plan include:

    - **Safe, accessible, and complete streets** with wider sidewalks, enhanced crosswalks, lighting, signage, and stormwater management features.

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[47] Source: *Tobacco Control Program | Oneida County*
[48] Source: *Oneida County Releases Cornhill Revitalization Plan | Oneida County*

- **Improved parks and green spaces**, including tree planting, updated amenities, and connections to adjacent development.
- **Streetscape designs** that reflect community identity and cultural history through art, signage, and materials.
  - Priority actions include:
    - **Developing gateway nodes** at key intersections.
    - **Activating underused public spaces** with lighting, seating, art, and programming.
    - **Improving pedestrian and transit access** across the neighborhood.
    - Establishing a **unified maintenance strategy** with the City of Utica and local partners to ensure long-term care for new improvements.

Community Assets and Resources

Oneida County has many assets and resources available to help address the community health challenges and to support healthy lifestyles. Assets, including the capacity of individuals living in Oneida County, coalitions and advocacy groups where people work in pursuit of common goals, and institutions of higher education, healthcare, human services and local government are all important assets for community health. The breadth of assets identified, while not fully inclusive, represents a robust foundation of community resources and partners. By developing relationships between community residents, organizations, and institutions, we can leverage existing resources and capacities to improve health.

These assets will support not only the achievement of goals in alignment with the CHIP but also community efforts to address other health challenges identified in this assessment. OCHD, RH, and MVHS will seek to engage key stakeholder organizations in setting "SMART(IE)" objectives, identifying meaningful evidence-based interventions and executing targeted interventions with the aim of impactful and sustainable outcomes. These partnerships will be essential to achieve and to execute on key benchmarks with the implementation of evidence-based interventions and strategies that will be aimed at reducing disparities and inequities.

This section provides an overview of several assets including local government, healthcare systems, transportation, media resources, community-based health and human service organizations, institutions, information, and recreation.

Local Government Supports

Oneida County Government serves our residents and provides resources when needed to help improve their lives. County government provides a wide range of essential services including infrastructure, public safety and many programs and services impacting the daily lives of children, youth, families, and aging populations. https://oneidacountyny.gov/departments/

OCHD provides a broad range of public health services. The overarching mission of the health department is "*Promoting and Protecting the Health of Oneida County,*" followed with a broad vision that strives for Oneida County residents to be the healthiest people in New York State living in communities that promote health, are protected from health threats, and are assured access to quality health services. The Department's strategic plan guides the work that focuses

on promoting and protecting the health of the community by putting into practice the quality standards of public health accreditation, which are designed to drive continuous quality improvement focusing on increasing the value and visibility of public health through accountability.[49]

<u>Providers and Healthcare Services</u>

According to the New York Physician Workforce Profile 29F[50], there are 371 physicians practicing in Oneida County, which equates to 163 physicians per 100,000 population. Of these 371 physicians, 71 are family medicine / internal medicine physicians while there are 27 pediatricians in the county; this equates to 43 primary care physicians per 100,000. According to the Center for Health Workforce Studies[51], the ideal ratio for physicians to population is approximately 300 physicians per 100,000. Specifically for primary care physicians, the ideal ratio is approximately 50 physicians per 100,000. Based on these ratios, Oneida County has a shortage of overall physicians (by 46%) and more specifically, a shortage of primary care physicians (by 14%). Furthermore, there is evidence of shortages in select specialty areas including psychiatry. Physician recruitment and retention continues to be of paramount priority for both primary and specialty care. Limited physician availability can directly impact patient ability to have a regular provider as well as timely access for routine, urgent and chronic disease management, and most importantly, preventive care. The community survey and community stakeholder meetings also identified missing healthcare services (see Appendix A).

Oneida County has two main healthcare systems and a number of multi-provider partnerships, with some being affiliated with medical centers. Oneida County also has two Federally Qualified Health Centers. The following hospitals provide care to residents of Oneida County and may extend services to neighboring counties:

- **Rome Health Hospital** is an affiliate of St. Joseph's Health and an affiliated clinical site of New York Medical College. Rome Health is a non-profit healthcare system based in Rome, N.Y., providing services to patients throughout Central New York. The hospital maintains 130 inpatient beds and 80 skilled nursing beds within its skilled nursing facility. As a community healthcare facility, Rome Health Hospital provides a broad range of services to meet the healthcare needs of the community with a patient-driven philosophy where listening to patient needs will allow for the development of a catered comprehensive care plan. The hospital's mission is to provide quality healthcare with compassion. Their vision embodies exceptional people delivering exceptional care for a healthier community. Staff embrace values committing to accountability, respect, integrity, innovation, safety, and excellence always. The hospital has extension clinics providing primary care, prenatal care, outpatient treatment for chemical dependency, as well as a broad array of outpatient diagnostic and treatment services. For more information, visit Rome Health Hospital's website.

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[49] *Source: Annual-Report-2024_FINAL.pdf*
[50] *Source: New York State Physician Profile*
[51] *Source: Center for Health Workforce Studies*

- **Mohawk Valley Health System (MVHS)** is the parent company of the Wynn Hospital, MVHS Rehabilitation and Nursing Center (RNC), and Visiting Nurse Association of Utica and Oneida County, Inc. in Utica, NY. Wynn Hospital has 373 inpatient beds, with eight beds dedicated to pediatric patients. Wynn Hospital is a full service hospital providing inpatient Medical/Surgical units, Intensive Care, Intermediate Care, Maternity, Neonatal Intensive Care, Pediatrics, Hematology/Oncology, Psychiatry, Noninvasive and Interventional Cardiology, Surgical, Cardiothoracic Surgical Services, Dialysis, GI Services, Advanced Endoscopy, Interventional Radiology, Comprehensive Stroke Center Program, Level III Trauma Services, Vascular Access, Wound Care, Inpatient Rehab Therapies, Imaging Services, Laboratory Services and Pharmacy Services. Various outpatient services are also provided including Imaging and MRI services, Noninvasive and Interventional Cardiology, Interventional Radiology, Surgical Services, Emergency Department, and a Clinical Decision Unit. Accountability, Respect, Teamwork, Kindness, and Safety are the values that MVHS uses to deliver premier healthcare to the region. The hospital has extension campuses providing various outpatient services including cancer center; outpatient rehabilitation; medical imaging; diabetes education; women's health services; sleep disorders, bariatric services as well as additional services. For more information, visit Mohawk Valley Health System's website.

Transportation

Transportation is a vital resource for helping community members access needed health services. The Herkimer-Oneida Counties Transportation Council (HOCTC) is a Metropolitan Planning Organization (MPO) which is responsible for guiding and carrying out many of Oneida County's transportation planning activities. HOCTC shares responsibility with the state to develop cooperative transportation plans and programs for the two-county area. HOCTC also provides a forum for the identification of transportation needs by area residents and organizations. https://oneidacountyny.gov/departments/planning/transportation/.

Oneida County has a variety of transportation options available to residents. However, transportation is not equally accessible to everyone in the County. For a complete listing, visit the Oneida County CARES application.

- The Central New York Regional Transportation Authority (CENTRO) provides public transportation via bus within the counties of Oneida, Cayuga, Onondaga, and Oswego.[52] An accessible fleet of buses is available for persons with disabilities.
- There are also various non-emergency transportation services available through Medicaid Transportation Management. Source: Medicaid Transportation Management: MAS | A Driving Force in NEMT
- United Way of the Mohawk Valley Ride United program provides short-term ride services to low-income individuals and families across Oneida and Herkimer counties.
- Voluntary Transportation programs

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[52] *Source: Routes & Schedules*

- Ride share services, including Uber and Lyft, are also available for residents of Oneida County.
- Taxi services are also available.

<u>Local Media Resources</u>

Partnerships with local media outlets serve as vehicles to promote news events, new services, providers, and events to build awareness. Media resources in Oneida County include local television stations, several radio stations for news and talk, as well as newspaper publications. OCHD, RH, and MVHS work collaboratively with these resources and also utilize various social media platforms (including their organization's respective tools) to build community awareness of resources, programs, and services available to community members.

<u>Community-Based Organizations</u>

Community based organizations are one of the largest assets in Oneida County. These organizations offer a wide variety of programs and services to support the community. Building and maintaining collaborative partnerships with this rich network of organizations assists OCHD, RH, and MVHS with addressing the needs of the community. The collaborations enable partners to recognize the impact of mobilizing resources to achieve common goals as well as providing community members access to a broad range of services.

Oneida County's resources and comprehensive listings are a valuable asset, not only connecting community members with essential services, but also fostering information-sharing among local agencies to better serve the community. Major services include 211 Mid-York, Oneida County Systems of Care, and OC C.A.R.E.S. (Oneida County Community Access to Resources, Education, and Services).

- Through 211 Mid-York, community members and agencies have access to a broad range of health and human service resources in Madison, Oneida, and Herkimer Counties. Residents can call and speak with a trained specialist that can direct residents to services. Additionally, the website provides a comprehensive listing of services in the areas of health, counseling and Mental Health, and Housing and Utilities.www.211midyork.org
- The Oneida County System of Care consists of a group of cross system agencies who work with youth and families. They have collaborated to create a Resource Guide encompassing the services of their partner organizations. The resource guide is available at https://oneidacountysoc.com/
- Oneida County CARES is a new smartphone application that provides residents with mental health, addiction treatment and community resources and information. The Oneida County app is available for download for free in the Apple App Store and Google Play. Search "OC C.A.R.E.S." or click here to download.

Community stakeholders have recognized a need to have more recognition of this asset. Knowing and understanding the resources that are available is essential in maximizing the benefit of having such a large asset of organizations.

Coalitions and Advocacy Groups

Oneida County has many coalitions and advocacy groups that collaborate to help meet the health challenges of the diverse community. Many partners come together to address common goals within the prevention agenda priority areas such as maternal child health, youth, childcare, housing, suicide, mental health, healthy lifestyles, opioids, aging, nutrition security, and other important issues. The Community Foundation of Herkimer and Oneida counties is an important asset. Through a variety of funding programs, they help many of these nonprofit partners address community needs. https://foundationhoc.org/

Academic Institutions

There are a number of academic institutions located in Oneida County offering a wide range of degrees, trade, and certificate programs. Many of these programs partner with the local health department, healthcare systems, and other agencies to provide student opportunities. These institutions help enhance the workforce, are active participants in community events, and support public health work. Resources include:

- Hamilton College https://www.hamilton.edu/
- Madison Oneida BOCES https://www.moboces.org/
- Mohawk Valley Community College https://mvcc.edu/
- Oneida Herkimer Madison BOCES https://www.oneida-boces.org/
- Pratt Munson https://www.prattmunson.edu/
- St. Elizabeth College of Nursing https://www.secon.edu/
- SUNY Polytechnic Institute https://sunypoly.edu/
- Utica University https://www.utica.edu/

There are also a number of libraries within Oneida County offering a variety of printed and digital resources, internet access, child and adult programming, community meeting spaces, and technology. The Mid York library system assists 43 libraries across Oneida and neighboring counties. www.midyork.org

Recreation

Recreational activities are a foundation of community well-being and quality of life in Oneida County. From parks and hiking trials to sport leagues, cultural events, music and arts, and seasonal activities, the county offers a wide variety of opportunities for residents to stay active and engaged. These opportunities not only promote physical and mental health but also

strengthen community bonds, attract tourism and contribute to the local economy. Highlighted below are some of the County's key recreational resources.

- Oneida County https://oneidacountyny.gov/things-to-do/
- Herkimer and Oneida Counties Bicycle and Pedestrian Trail Guide. https://oneidacountyny.gov/planning/
- Oneida County Tourism: https://www.oneidacountytourism.com/

Stakeholder & Community Engagement Process to Conduct Assessment

OCHD, RH, and MVHS contracted with Research and Marketing Strategies, Inc. (RMS Healthcare) to complete the 2025-2030 CHA, CSP, and CHIP. A rigorous, thorough, and comprehensive process was followed, ensuring alignment with the 2025 New York State Prevention Agenda planning requirements, while engaging community stakeholders to identify the health needs of Oneida County residents via two forms of primary research, including an online survey as well as a Community Stakeholder Conference – both of which are described and detailed below. These methods provided additional perspectives on how to select and address top health issues facing the region. A summary of the process and results is outlined below and the detailed report for all primary research can be found in Appendix A. The Steering Committee recognized the value and importance of employing multiple modes of primary research to support the secondary data to ensure the development of a thorough and robust assessment.

The Steering Committee also recognizes the significance of the paradigm shift between the 2019-2024 and the 2025-2030 NYS Prevention Agenda priorities, and as such placed significant rigor in pivoting to best align with newly introduced domains and key priorities to address health conditions, behaviors, and systemic issues such as poverty, education, housing, and access to quality health care with the understanding that addressing these issues is crucial for reducing health disparities. As a Research firm, RMS Healthcare understood the importance of gaining community input and consensus in identifying the health needs of the broader community. RMS Healthcare consulted with a range of governmental, health care, public health, and community service organizations that best represented the broad interests and needs of the community overall.

Online Survey

An online survey was conducted by RMS Healthcare on behalf of the OCHD, RH, and MVHS to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health behaviors, social determinants of health, and clinical care, as well as perceptions on access and delivery of health care services. The online survey was administered between July and August 2025 and contained 14 questions to capture both quantitative and qualitative data. The survey was distributed by OCHD, RH, and MVHS to over 100 various key community stakeholders, health care providers, community partners, agencies, and community members through a promotional flyer containing a QR code and a link to the online survey, which allowed for easy access to the survey. The survey was also available in print versions as well as available in English and Spanish. Additionally, the survey was posted to various social media platforms and shared with community members via hospital-sponsored patient portals. In total, 2,369 Oneida County residents participated in this online survey reflecting a Margin of Error of ±2.0 at the 95% confidence level.

Online Survey

Key Summary Points

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

- A total of 2,369 residents of Oneida County participated in the survey. Most individuals were between 45 and 74, primarily identified as female, white, employed full-time, and had a household income between $50,000 and $99,000 per year.
- Most individuals who participated had some form of higher education. Only 15.4% indicated their highest level of education was a high school degree (or equivalent) or lower.
- The most common household makeup included living with a spouse or partner (61.5%) or no one (alone) (21.7%).
- Over two-thirds of respondents or respondents' family members are not living with a disability (68.6%).
- When asked about the quality of services, individuals provided a mean score of 2.38 (out of 5 where 5 = very good).
- When asked about the availability of services, individuals shared a mean score of 2.21 (out of 5 where 5 = very good).
- The easiest services to obtain in Oneida County are vaccinations for adults, vaccinations for children, and receiving information in your preferred language. The least easy (or most difficult) services to obtain in Oneida County are mental / behavioral health services, specialty care services, and primary care services.
- The majority of respondents have a regular health care provider (95.3%).
- While nearly half of respondents do not face any barriers to receiving medical care (49.6%), those that do face barriers indicated services are limited or not available, the appointment times do not fit their schedule / the hours are limited, or their insurance is not accepted.
  - Other barriers include provider shortages and turnover, long wait lists to get appointments, limited specialty care, and dental care, as well as financial and insurance difficulties.
- More availability for timely appointments, offering non-traditional hours for appointments, insurance coverage, time off work, and help with paying for health care costs or copays would help respondents receive their preventive tests and screenings.
- Just over half of the respondents travel outside of the County to access health care services.
  - Respondents feel specialty care is not available locally in the County and have to travel for specialty care, such as cardiology, oncology, neurology, endocrinology, orthopedics, gastroenterology, urology, ENT, dermatology, OB/GYN, and pediatrics as well as mental and behavioral health.

- - Many respondents mentioned traveling to Syracuse, Rochester, Albany, Hamilton, the North Country, and New York City while several mentioned travelling out-of-state.
  - When asked why they travel out of the County for health care, many mentioned the lack of specialty care, a lower overall quality of care, or being referred elsewhere by their provider.
- The top services that need to be improved in Oneida County are specialty care, emergency room services, and mental / behavioral health services for adults and youth as well as dental care.
- Just over a third of respondents do not face any health conditions (35.9%). But those that do indicate they are facing depression / anxiety, lack of sleep, and only having enough money to cover basic needs.
- The top five health priorities to be addressed in Oneida County over the next six years include improving mental health / help with depression, stress, anxiety, and suicide; housing stability and affordability; increasing preventive care for chronic disease management and prevention; dental / oral health care; and poverty.
- Nearly half of respondents exercise at least 30-60 minutes a day (46.6%) while 6 out of 10 respondents consume 1 to 2 fruits and vegetables daily (60.5%)
- Respondents would be motivated to participate in community events with improved promotion or advertisements as well as more interesting topic areas. They would also attend if the events were closer to their home.
- The best way to share health information with respondents include social media, local new outlets, mailers or flyers, health care providers, and emails.

Overall, these findings present a comprehensive look at the health care delivery system within the County. Many of the results aligned with those from the Community Stakeholder Conference. Collectively, these data present a strong narrative of not only the quality of services within Oneida County but the ways different populations access and experience health care in Oneida County.

Community Representation	Common Themes
2,369 individuals completed the survey. - Most individuals (61.7%) were between 45 and 74 years old. - Nearly three-quarters of respondents were women (70.7%). - Top ZIP Codes were 13502 (15.7%), 13440 (15.1%), and 13501 (14.7%). 86.2% of respondents were White. 48.5% were employed full-time and	- Community residents expressed concerns that there are not enough providers in the area, especially for specialty care. - Mental health was a significant concern for community residents. - The quality of care was viewed as overall less than that of surrounding counties. - Long wait times to get appointments and providers not accepting insurance types were barriers preventing individuals

another 32.9% were retired. • Nearly 60% had some form of higher education (56.6%). • Over 50% shared income less than $100,000 (55.2%).	from receiving health care. • Economic factors, such as housing stability and affordability as well as poverty, were identified as top priorities for Oneida County.

Meaningful Quotes

- *"Dental is limited in Oneida Country for many insurances, so patients are needing to pay out of pocket. Most cannot afford to do this!"*
- *"I do not like the care in Utica. It always feels subpar."*
- *"Locally, no one is accepting new patients, nor do they accept our insurance."*
- *"Outpatient behavioral/mental health services are sparse, overburdened, and lacking in this area. Difficulty getting a referral and long wait times."*
- *"Providers here locally are not as knowledgeable as other areas. The quality of doctors we have here is subpar."*
- *"Finding a primary care provider who accepted my insurance took over 9 months to actually get an appointment. It seems to me that Central New York is lacking primary service providers."*
- *"Access to affordable dental care in this area is nearly non-existent. Very few dentists accept insurance, and when they do, the coverage is so limited that out-of-pocket costs are still incredibly high making it feel almost pointless to have insurance in the first place. Dental care becomes an added expense that many simply can't afford, especially with the already overwhelming cost of living."*

To view online survey findings in its entirety, see Appendix A.

Community Stakeholder Conference

The strategic partners hosted a Community Stakeholder Conference in the beginning of August 2025 at Mohawk Valley Community College. The purpose of this conference was to invite key community stakeholder partners and community members to participate in an engaging and interactive informational, educational session to provide a forum to engage and gather insights from key community partners and community members to develop a collaborative CHA and CSP. The Community Stakeholder Conference commenced with an introduction led by the Oneida County Executive, Anthony J. Picente Jr. RMS Healthcare facilitated the discussion with input from senior leadership with each of the partners. Baseline secondary data was reviewed and followed with initial review of findings from the online survey. The bulk of the Conference agenda focused on a robust and interactive dialogue regarding key salient points pertaining to access to health care and community services, lacking services, and barriers to services. Over 45 participants representing various partnering community organizations and agencies participated in the conference. In addition to the open dialogue throughout the conference, participants were asked to engage in various polling exercises yielding perceptions regarding missing health care services; missing community services, and barriers to accessing services in

Oneida County. Key community stakeholders were also asked to identify key health "needs" for the community. Lastly, community partners were asked to share their interest in being engaged in future activities centered around the Community Health Improvement Plan. Responses regarding access to services, barriers to services, and perceived "needs" would be shared with the leadership team during the final needs' prioritization exercise. Of the more than 45 organizations that participated in the event, 35 organizations expressed an interest to be engaged in activities surrounding the development of the CHIP and further execution of activities associated with the final "needs" which will be selected. Insights from the session will be used by the leadership team as it seeks to support and enhance the County's scope of health care programs and community-based services.

Community Stakeholder Conference

Key Summary Points

- The quality and availability of health care services in Oneida County were rated slightly higher than online survey respondents (2.8 out of 5.0 where 5=very good).
- Health care services that are missing or not available in Oneida County include specialty care (65.8%), mental and behavioral health (60.5%), and primary care (50.0%).
- Community services that are missing or not available in Oneida County include childcare services (56.1%), support groups (51.2%), and public facilities' use at schools (29.3%). Other missing community services include recreation facilities, continued education opportunities, and workforce development (each at 26.8%).
- The majority of conference attendees (93.8%) feel there are barriers to accessing both health care and community services, including:
  - Transportation to care (84.4%)
  - Providers not accepting new patients (82.2%)
  - Lengthy appointment waitlists (77.8%)
  - Providers not accepting insurance types (60.0%)
  - Lack of after-hours availability / non-traditional hours for appointments (57.8%)
  - Housing and food insecurities (55.6%)
  - Costs / financial difficulties (55.6%)
  - Length of wait times in office (55.6%)
- Top health priorities identified by conference attendees include:
  - Childhood behavioral and mental health (mean of 4.6 / 5.0 where 5 = most important to address)
  - Women's health and pregnancy/prenatal care (mean of 4.6 / 5.0)
  - Address mental health problems, such as depression, stress, anxiety, and suicide (mean of 4.5 / 5.0)
  - Dental / oral health care (mean of 4.5 / 5.0
  - Housing stability and affordability (mean of 4.5 / 5.0)

Community Representation
• Over forty-five (45+) key stakeholders participated in the event, representing various key Community-Based Organizations (CBOs) and partnering organizations providing essential community-based services throughout Oneida County as well as a select number of community members.
Meaningful Quotes
• *"Definitely not enough providers to meet the needs of this population."* • *"I don't trust the health care industry in this area for health-related issues that need specialty care - but for basic checkups and health I feel our area is good."* • *"It is very difficult to find access to primary care services accepting new patients, and specialty care services, especially those accepting Medicaid and Medicare. We often have to refer out to Syracuse and beyond for specialists, especially for pediatrics and oral surgery."* • *"Incredibly hard to get connected to a primary doctor. Lack of communication and support. If your insurance is marginal a person or family is shamed at feeling they can't get good service even when they pay a lot for the marginal service."* • *"Lack of primary and specialty care. Inability to access timely care. Long waits for emergency care, misuse of emergency departments for primary and urgent care."* • *"Lack of services, lack of quality services, wait times"* • *"Long waiting lists for mental health providers, strict regulations for housing assistance and lack of connection from providers to other providers to ensure services are attainable."* • *"Many health care services are slow, inefficient, and difficult to get a timely appointment. Health care costs in general are too expensive for many to access."* • *"Not much availability in the area for healthcare, what is there is difficult to find, so getting 2nd opinions is challenging. Places which accept insurance (especially dental) are rare - especially as a new patient."* • *"Services exist but systems and providers of those services are overburdened and focused on how to support the business model and comply with regulations sometimes at the detriment of prioritizing client care."*

To view Community Stakeholder Conference data in its entirety, see Appendix A.

Participation of the Steering Committee

Following the primary and secondary research gathering phase of the CHA, the steering committee, representing the partnering organizations (OCHD, RH, and MVHS), engaged in a collaborative discussion which aimed to finalize the need themes for the 2025-2030 Community Health Assessment/Community Service Plan in preparation for developing the 2025-2030 Community Health Improvement Plan. The collaborative engagement and discussion were instrumental in supporting and endorsing operational change within each organization as well as at a public health system level. The leadership team reviewed the top five need themes identified based upon the broad community input through the online survey and insights from

stakeholder input during the Community Stakeholder Conference. The final need themes identified represent a collaborative culmination of top-ranking findings.

The objective of the interactive discussion was to introduce the five need themes as described above, and to narrow the themes to identify the most important priorities. The leadership team engaged in a conversation to narrow and identify the most critical issues that 1) are most appropriate for OCHD, RH, and MVHS to address, and 2) the partnering organizations have the collective capacity to actively address to drive impactful and sustainable improvement in the health priorities. The leadership team also took into consideration those need themes that are being addressed by community partners in which the needs impact is driven by meaningful goals and evidenced-based interventions with positive measurable outcomes.

The team engaged in a targeted exercise to rank and prioritize the most important and impactful need themes based upon guidance from the American Hospital Association Community Health Improvement (ACHI).[53] The mission of ACHI is to advance healthy communities by providing education, resources and engagement opportunities in the fields of community health, population health and community benefit. Each member was asked to rank the importance of several factors related to each needs theme (on a scale from 1 to 5 where 1=not at all important and 5=very important based on the following performance indicators: (1) The magnitude of the problem or asset; (2) The severity of the problem where failure to act or address will exacerbate the issue significantly; (3) The community's capacity and willingness to act on the issue; (4) The ability to have a measurable impact on the issue; (5) The availability of hospital and community resources (multiple hospital and health system departments have vested interest in the outcome); (6) Existing interventions focused on the issue (the community perceives the health care need to be significant); (7) The issue is a root cause of other problems (the community perceives the health care need to be significant; (8) The priority the community places on the problem; (9) Activities selected can be evidence-based and in alignment with the NYS 2025-2030 Prevention Agenda; and (10) Addressing the health care need falls within the scope of the mission, vision, values, and strategic plan for the 2025-2030 CHA cycle for the partnering organizations.

The leadership team reviewed the top-ranking priorities, considering vital issues in the community that require immediate and sustainable solutions. The goal will be to ensure the development of goals that are strategic, measurable, attainable, relevant, and time sensitive as well as inclusive and equitable that will have positive impact on driving change to improve 2025-2030 Prevention Agenda Dashboard Priority Rankings. This crucial step allowed the leadership team to exchange ideas, perspectives, and opinions regarding the vital issues in the community that require immediate and sustainable solutions. The overarching strategy of the 2025-2030 Prevention Agenda Dashboard is to implement public health approaches that improve the health and well-being of the entire population to achieve health equity, with a focus on addressing social determinants of health.

As an outcome of this ranking exercise, the team identified multiple priorities that currently have considerable influence on improving overall community health. Three priorities were

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[53] Source: Step 5: Prioritize Community Health Needs and Assets | ACHI

selected for the focus of this plan. Efforts will be dedicated to building on accomplishments and to seeking opportunities for further collaborative approaches currently being addressed within the community. Following this meeting, OCHD, RH, and MVHS solicited input from organization leadership where the top priorities were presented for further consensus building and approval to confirm the final priorities that would then become the basis of the CHIP. The team also recognized that each of the priorities is not mutually exclusive and agreed that select priorities were identified as goals that would support and align with the selected priority areas. The strategic exercise of establishing goals and strategies will be completed by a small ad-hoc group that will work collaboratively in the development of the CHIP.

Finalizing the Priority Areas

The leadership team discussed all identified priority areas and collectively confirmed the priorities. This process led OCHD, RH, and MVHS to select the following four priority areas the key focus in the upcoming CHIP:

- **Priority 1: Poverty**
- **Priority 2: Anxiety and Stress**
- **Priority 3: Access to and Use of Prenatal Care**
- **Priority 4: Oral Health Care**

The goal was to determine which priority areas OCHD, RH, and MVHS will incorporate into its strategic initiatives and focus on over the next six years. The goal of prioritization is to determine which priority areas OCHD, RH, and MVHS will incorporate into its strategic initiatives and focus on over the next six years. Oral Health Care, while identified as a priority area through primary and secondary data analysis, will not be addressed through the CHIP activities but will be addressed and monitored as a priority area through community collaboration. The leadership team will work collectively to promote existing services.

Community Health Priorities – Framework

The Community Health Improvement Plan will outline meaningful and impactful evidenced-based goals, strategies and interventions that will aim to have sustainable impact. *The 2025-2030 CHIP will be the roadmap which will guide the strategic team and key community partners in monitoring progress and achieving identified goals associated with each key need theme*.

The 2025-2030 CHIP will be prepared using the 2025-2030 Prevention Agenda framework which includes 84 objectives. 24 SMART objectives address a general population, and 24 SMARTIE objectives specifically address populations experiencing health disparities. All CHIP goals and objectives will be clear, measurable and equity driven objectives. OCHD's, RH's, and MVHS's commitment to addressing community needs is reflected in the Community Service Plan report which is updated annually. The report will be used by internal stakeholders and community partners to guide implementation strategies and community health improvement efforts as identified and discussed within the report. OCHD, RH, and MVHS will work collaboratively and cooperatively to maintain and expand existing partnerships with key community stakeholder organizations, agencies, and coalitions by providing updates and tracking progress at regularly scheduled organizational leadership meetings, at minimum on a quarterly basis.

OCHD, RH, and MVHS are committed to achieving meaningful, impactful, and sustainable outcomes based upon adoption of "SMART(IE)" goals as a framework in alignment with the 2025-2030 Prevention Agenda plan[54]:

- **S**pecific: the objectives should be clearly defined what is to be achieved.
- **M**easurable: The progress or success should be quantifiable, allowing for tracking.
- **A**chievable: The objective should be realistic and attainable given the resources and constraints.
- **R**elevant: The objective should align with broader goals and have a meaningful impact.
- **T**ime-bound: The objective should include a clear timeline or deadline
- *Inclusive: The objective should address equity, ensuring that it benefits all groups and accounts for disparities.*
- *Equitable: It should aim to reduce or eliminate disparities and promote fairness across populations.*

Targeted interventions will be implemented through targeted community health improvement efforts. The leadership team, in alignment with the 2025-2030 Prevention Agenda plan, will consider three different types of interventions, including:

- **Evidence-based Interventions** are those that have been proven effective within certain circumstances, environments, and cultures. The effects are clearly linked to the activities themselves and not related to outside events.
- **Best Practice Interventions** are those that have shown themselves to be effective in achieving positive health outcomes and can be implemented in various settings to address specific health issues.
- **Promising Practice Interventions** are those that have at least preliminary evidence or effectiveness in small-scale settings or with potential to generate data that will be useful for making decisions about generalizing the results to diverse populations and settings.[55]

Interventions that will be employed focus on primary prevention, secondary prevention, and access to care, all in alignment with the 2025-2030 Prevention Agenda. Measurable outcomes resulting from these interventions will continue to be reported annually to the community via the OCHD, RH, and MVHS websites through the Community Service Plan report and other reports.

Mid-course corrections may happen based on the assessment of the "Family of Measures" and additional community partners will be engaged as needed.

Progress on addressing community health priorities will be readily available to the public on OCHD, RH, and MVHS's website and through various social media venues to educate and build awareness among the public.

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

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[54] *Source: NYS Prevention Agenda Plan*
[55] *Source: NYS Prevention Agenda Plan*

Appendices

I. **Appendix A** – Primary Research Full Report
   a. Online Surveys
   b. Community Stakeholder Conference
II. **Appendix B**
   a. Community Health Improvement Plan Narrative Overview
   b. Community Health Improvement Plan Workplan

On-Line Survey

The following section provides a question-by-question analysis of the responses to the community online survey – a primary research methodology to support the Oneida County CHA. RMS Healthcare cleaned and ensured all responses were verified and then analyzed the data by calculating descriptive statistics (percentages and means) with the final dataset.

Table A31. Language of Survey Respondents

In which language would you like to take this survey?		
Language	**n**	**%**
English	2,355	99.4%
Spanish	14	0.6%

Table A32. Age of Survey Respondents

S1. Which of the following ranges best fits your age?		
Age Ranges	**n**	**%**
18 to 24	54	2.3%
25 to 34	256	10.8%
35 to 44	331	14.0%
45 to 54	376	15.9%
55 to 64	526	22.2%
65 to 74	559	23.6%
75 or older	256	10.8%
I prefer not to answer.	11	0.5%

Table A33. ZIP Code of Survey Respondents

S2. What is the ZIP Code where you live?			
ZIP Codes	**Town / City**	**n**	**%**
13042	Cleveland	4	0.2%
13054	Durhamville	4	0.2%
13157	Sylvan Beach	4	0.2%
13162	Verona Beach	2	0.1%
13303	Ava	9	0.4%
13304	Barneveld	31	1.3%
13308	Blossvale	18	0.8%
13309	Boonville	47	2.0%
13313	Bridgewater	2	0.1%
13316	Camden	21	0.9%
13318	Cassville	10	0.4%
13319	Chadwicks	11	0.5%

13321	Clark Mills	16	0.7%
13322	Clayville	8	0.3%
13323	Clinton	145	6.1%
13328	Deansboro	16	0.7%
13338	Forestport	18	0.8%
13352	Hinckley	1	0.0%
13354	Holland Patent	45	1.9%
13363	Lee Center	17	0.7%
13403	Marcy	63	2.7%
13413	New Hartford	231	9.8%
13417	New York Mills	50	2.1%
13421	Oneida	8	0.3%
13424	Oriskany	25	1.1%
13425	Oriskany Falls	14	0.6%
13431	Poland	2	0.1%
13435	Prospect	3	0.1%
13438	Remsen	61	2.6%
13440	Rome	357	15.1%
13441	Rome	1	0.0%
13456	Sauquoit	47	2.0%
13461	Sherrill	10	0.4%
13469	Stittville	10	0.4%
13471	Taberg	15	0.6%
13476	Vernon	17	0.7%
13477	Vernon Center	7	0.3%
13478	Verona	19	0.8%
13480	Waterville	43	1.8%
13486	Westernville	9	0.4%
13490	Westmoreland	15	0.6%
13492	Whitesboro	183	7.7%
13495	Yorkville	24	1.0%
13501	Utica	349	14.7%
13502	Utica	372	15.7%
13503	Utica	2	0.1%
13504	Utica	2	0.1%
13505	Utica	1	0.0%

Table A34. Gender of Survey Respondents

D1. How do you currently identify?		
Gender	n	%
Man	609	25.7%
Woman	1,676	70.7%
I prefer to self-identify	7	0.3%
I prefer not to answer.	77	3.3%

D1a.   If you prefer to self-identify, please specify (n=7): *(the following comments are verbatim)*

- *Bigender*
- *Gender fluid*
- *Nonbinary (n=5)*

Table A35. Race & Ethnicity of Survey Respondents

D2. Which of the following best describes you? *Participants could select all that apply.*		
Race/Ethnicity	n	%
American Indian or Alaska Native	23	1.0%
Asian or Asian American	37	1.6%
Black or African American	92	3.9%
Hispanic, Latino, Latina, or Latinx	101	4.3%
Middle Eastern or North African	17	0.7%
Native Hawaiian or other Pacific Islander	4	0.2%
White/Caucasian	2,043	86.2%
Another option not listed here.	4	0.2%
I prefer not to answer.	123	5.2%

D2a.   If another option not listed, please specify (n=4): *(the following comments are verbatim)*

- *Eastern European*
- *French*
- *I am Italian, Spanish, Mexican, and Dominican.*
- *Italian*

Table A36. Employment Status of Survey Respondents

D3. What is your employment status? *Participants could select all that apply.*		
Employment Status	n	%
Employed full-time	1,149	48.5%
Employed part-time	176	7.4%
Retired	780	32.9%
Unemployed	71	3.0%
Disabled	189	8.0%

Student	39	1.6%
Other	27	1.1%
I prefer not to answer.	60	2.5%

D3a.   If other, please specify (n=27): *(the following comments are verbatim)*

- o   *Currently on disability due to maternity leave*
- o   *Employed per diem (n=3)*
- o   *Homemaker (n=2)*
- o   *Injured on Workman's Comp*
- o   *On workers compensation; unable to work yet*
- o   *Put on Workman's Comp*
- o   *Recovering from a few surgeries*
- o   *Retired, but work part-time*
- o   *Self-employed (n=11)*
- o   *Stay-at-home mom (n=2)*
- o   *Stay-at-home parent (n=2)*
- o   *Surgical tech but haven't started yet*

Table A37. Educational Attainment Level of Survey Respondents

D4. What is your highest level of education?		
Educational Attainment	**n**	**%**
Less than high school	18	0.8%
Some high school	23	1.0%
High school graduate (or equivalent)	323	13.6%
Some college, no degree	407	17.2%
Two-year associate's degree from a college or university	407	17.2%
Four-year college or university degree/bachelor's degree (e.g., BS, BA, AB)	471	19.9%
Some postgraduate or professional schooling, no postgraduate degree (e.g. some graduate school)	94	4.0%
Postgraduate or professional degree (e.g., MA, MS, PhD, JD, graduate school)	461	19.5%
Trade school / Vocational training	68	2.9%
Certificate program	35	1.5%
I prefer not to answer.	61	2.6%

Table A38. Income Level of Survey Respondents

D5. What is your annual household income?		
Income Level	**n**	**%**
Less than $25,000	246	10.4%
$25,000-$49,999	399	16.9%
$50,000-$74,999	384	16.2%
$75,000-$99,999	277	11.7%

$100,000-$124,999	258	10.9%
$125,000-$149,999	163	6.9%
$150,000-$199,999	151	6.4%
$200,000 or more	102	4.3%
I prefer not to answer.	387	16.3%

Table A39. Household Makeup of Survey Respondents

S3. In your household, who lives with you? *Participants could select all that apply.*		
Household Makeup	n	%
Children over 18 years-old	424	17.9%
Children under 18-years-old	495	20.9%
Friends or unrelated roommates	41	1.7%
My parents or my partner's parents	134	5.7%
Relatives and/or extended family	112	4.7%
Spouse or partner	1,456	61.5%
Shared living space (group home, college housing, assisted living, transitional housing)	11	0.5%
Other	4	0.2%
No one – I live alone.	515	21.7%

S3a. If other, please specify (n=4): *(the following comments are verbatim)*

- *Caregiver*
- *Homeless*
- *I had to house on and off homeless mentally ill relative. Otherwise I live alone.*
- *My youngest when home from College out of state*

Table A40. Disability Status of Survey Respondents

S4. Are you or a family member living with a disability?		
Disability Status	n	%
Yes	743	31.4%
No	1,626	68.6%

Table A41. Quality of Health Care Services in Oneida County

Q1. Overall, how would you rate your experience regarding the quality of health care services you receive in Oneida County?		
Quality	n	%
Very good (5)	428	18.1%
Good	811	34.2%
Neutral	395	16.7%
Fair	447	18.9%
Poor (1)	276	11.7%
Don't know	12	0.5%
MEAN SCORE FOR QUALITY = 2.38 / 5.0		

Table A42. Availability of Health Care Services in Oneida County

Q2. Overall, how would you rate the availability of health care services in Oneida County?		
Availability	n	%
Very good (5)	334	14.1%
Good	646	27.3%
Neutral	375	15.8%
Fair	501	21.1%
Poor (1)	503	21.2%
Don't know	10	0.4%
MEAN SCORE FOR AVAILABILITY = 2.21 / 5.0		

Table A43. Accessibility of Health Care Services in Oneida County

Q3. Are these services easy to obtain in Oneida County?						
Services	Yes – easy to obtain		No – not easy to obtain		Don't know / Unsure	
	n	%	n	%	n	%
Affordable prescription drug medication	1,642	69.3%	458	19.3%	268	11.3%
Care for pregnant women	539	22.8%	209	8.8%	1,616	68.4%
End-of-life care	456	19.3%	356	15.1%	1,553	65.7%
Healthy foods	1,570	66.4%	622	26.3%	173	7.3%
Mental health / Behavioral health services	532	22.5%	996	42.1%	837	35.4%
Opportunities for physical activity	1,645	69.6%	460	19.5%	260	11.0%
Pediatric care / Child wellness services	700	29.6%	343	14.5%	1,321	55.9%
Primary care services	1,202	50.8%	1,034	43.7%	128	5.4%
Programs to help people quit smoking	486	20.6%	192	8.1%	1,686	71.3%

Receiving information in your preferred language	1,530	64.7%	98	4.1%	737	31.2%
Screenings and other preventive healthcare services	1,381	58.4%	570	24.1%	414	17.5%
Specialty care	710	30.0%	1,126	47.7%	527	22.3%
Telehealth visits *(using audio/visual technology to receive care and services at a distance)*	915	38.7%	369	15.6%	1,080	45.7%
Treatment and management of chronic conditions *(such as heart disease, diabetes, cancer, etc.)*	938	39.7%	715	30.2%	712	30.1%
Vaccinations for adults	426	18.0%	339	14.3%	1,599	67.6%
Vaccinations for children	1,978	83.6%	99	4.2%	288	12.2%

Table A44. Regular Health Care Provider

Q4. Have you gone to a healthcare provider for preventive care (i.e., annual physical exam, health checkup) in the <u>past 2 years</u>?		
Regular Healthcare Provider	**n**	**%**
Yes	2,257	95.3%
No	112	4.7%

Table A45. Barriers to Receiving Medical Care

Q5. What barriers have prevented you from receiving medical care, if any? *Participants could select all that apply.*		
Barriers to Receiving Medical Care	**n**	**%**
I couldn't afford the care or the copay.	252	10.6%
I didn't have transportation.	149	6.3%
I didn't know where to get the service.	149	6.3%
I don't have a regular healthcare provider (i.e., a primary care provider).	148	6.3%
I live in a rural area where the distance to the healthcare provider is too far.	82	3.5%
I was nervous about seeing a healthcare provider.	120	5.1%
My insurance didn't cover it.	329	13.9%
Services are limited or not available in Oneida County.	607	25.6%
The appointment times do not fit in my schedule / hours of appointment availability are limited.	407	17.2%
Other	167	7.1%
None of the above - I have not experienced any of these barriers to care.	1,174	49.6%

Q5a. If other, please specify (n=167): *(the following comments are verbatim)*

- *All hospitals in the area were closed and there is nowhere local to go.*
- *Always referred to Urgent Care from Primary Care Provider; there are no appointments available at the PCP office.*
- *Appointments are hard to make. Especially with specialists. They can be months away.*
- *ASL interpreter in person.*
- *Bad experience at Wynn. Wynn bad, Oneida + Rome the best. My husband died June 24 at Wynn Hospital.*
- *Breast Exams are not available to me till I'm 40, and I'm 32, while breast cancer runs in my family.*
- *Can never get in when I need to be seen. Why have a PCP if you can't see them.*
- *Can't get an appointment without a referral.*
- *Complicated system.*
- *Depression.*
- *Did not have medical coverage.*
- *Difficult to find competent care.*
- *Difficult to get primary care providers, and hard to get referrals.*
- *Difficulty finding primary care provider.*
- *Digestive disease - closing patients out of portal and not renewing.*
- *Disability prevents me from being reliable for appointments.*
- *Doctor not listening to my concerns and taking them seriously. Not being able to find and trust providers for my care*
- *Doctor.*
- *Doctors and hospitals do not communicate with each other, nor do they tell you exactly what their findings are.*
- *Doctors and PA's leave area.*
- *Doctors are not accepting new patients. Once you do find one, they leave the area soon after.*
- *Doctors didn't take insurance forcing me to drive long distances to other providers.*
- *Doctors in Utica stink. Dr Hunt at Slocum needs to retire.*
- *Either not accepting new patients or appointments are 6+ months out, making it feel pointless to even try or setting up an appointment. This is more prevalent with dental care which doesn't seem to be considered as important as other types of health care. Screenings for adults for ADHD/Autism are also lacking (availability, lack of coverage) and NOT set up in an accessible way for those who are neurodivergent leading to lack of care. Some of the issues lie with current diagnosis criteria, as it's set up more for diagnosing children. The other issues are lack of support from medical professionals, lack of available providers, and lack of coverage.*
- *Emergency room wait time was over 4 hours, so I left.*
- *Every time you contact a primary doctor they tell you to go to ER.*
- *Finding a primary who accepts my insurance. Not enough primaries in Oneida County accept my insurance.*
- *Frequent changes to my primary care provider due to retirements and/or relocations of doctors.*
- *Frequent turnover of doctors.*
- *Getting in to a gastroenterologist was impossible.*
- *Giant gaps in relatability, having doctors with cultural norms of looking down upon women. Often spoken down to by foreign doctors or seen as an unreliable participant in my own healthcare.*
- *Go to Onondaga county for doctors.*
- *Had to seek a specialist outside of Oneida County.*
- *Hard to find a primary provider.*
- *Health insurance issues.*
- *Healthcare providers - fewer & fewer choices. Needing more gerontologists.*
- *Hearing, ear doctors, dentists, ophthalmologists, and dermatologists are not available.*
- *History of lack of actual help prevents myself and others from seeking further care.*
- *Homelessness.*
- *I am disabled and sometimes it's a physical hardship for me.*
- *I can't get medication that could be prescribed by my primary. They make me see another provider resulting in unnecessary time off to go to additional appointments.*
- *I can't use my insurance and am working with an insurance assister.*
- *I don't trust local providers.*
- *I drive three hours downstate or one hour to Syracuse for dental and specialty medical care.*
- *I had abnormal blood work for a year and nobody checked it.*
- *I had to really work hard to get into a primary care office, and I have insurance through my employer. I now have a primary care doctor, but I'm unsure if I trust them. Prior to this, I had no primary care doctor for 9 years and instead, utilized urgent care and my OBGYN for issues.*

- *I have severe PTSD from healthcare professionals due to being 39weeks pregnant a few years ago, and went to hospital after hospital addressing my concerns because I felt something was wrong. I was told there's a 1 in a million chance of anything happening to my baby, and she passed the next day.*
- *I have to leave the area to receive advanced care, also no GI specialists available in this area.*
- *I have to leave the city of Rome and drive to get to a good provider.*
- *I left Oneida County healthcare after my HCP became a hospitalist, because they had amazingly long hours.*
- *I live in a nursing home and sometimes appointments and follow-ups fall through the cracks.*
- *I need Orthopedic Care a Neurosurgeon.*
- *I see them and they are not smart enough to know what is wrong. BAD PROVIDERS.*
- *I shouldn't have to travel to Syracuse to see the specialist I need. I was forced to change insurance carriers this year, and the specialist that my son has been seen by since he was 2months old for Albinism is not covered by my new insurance. Now he has no specialist who is covered by the new insurance and no one to treat him.*
- *I was looking for a second opinion and was not able to obtain one.*
- *I went to 2 different hospitals 3 times and not one would admit me when I was severely ill. I finally found one who is helping me get better after a 9 day stay.*
- *Impossible to get an appointment in Rome, NY.*
- *In the last four years, I have had three different providers. My new one is out on maternity leave. I was told that they were waiting for a fill-in person while she was out for my appointment. That was over two months ago, and I have heard nothing.*
- *Inability of healthcare staff to accommodate dementia patients.*
- *Inability to schedule with digestive doctor due to their unavailability.*
- *Interested in Naturopaths and alternative medicine.*
- *It is hard for them to fit me into the schedule.*
- *It is hard to find quality doctors.*
- *It takes months to get an appointment.*
- *Lack of availability of a good physician that accepts new patients.*
- *Lack of competence in some MVHS Doctors.*
- *Lack of competent healthcare in this area.*
- *Lack of doctors in area specializing in diabetes.*
- *Lack of providers. No problem getting an NP or PA.*
- *Lack of quality doctors.*
- *Lack of specialists not in area.*
- *Less qualified providers than in urban areas.*
- *Level of care very low and substandard.*
- *Limitation of specialized care for multiple complex conditions.*
- *Limited Early Intervention and therapy services for children.*
- *Long wait times for specialty care.*
- *Long wait to see a specialist.*
- *Lost my primary care provider took over a year to reestablish.*
- *Many providers aren't accepting new patients. Many providers don't have appointments available and require appointments to be booked months out. Providers refused to see me upon learning that I was already under the care of another provider, even though I sought a second opinion.*
- *Many providers don't accept new patients.*
- *MD office did not have any appointments to offer in a timely manner.*
- *More than half of my appointments with my MVHS primary care physician were canceled/rescheduled by them less than 24 hours prior to appointment in past 2 years. Happened about 5-6 times.*
- *MVHS can't keep doctors. It's hard to get good health care you can trust when you're always seeing a different doctor.*
- *MVHS goes through providers at a ridiculous rate! Mental Health, Specialists, especially for colon cancer testing! Psychiatrists are limited; only one Psychologist in the area who does neurocognitive testing.*
- *My disability makes communication difficult.*
- *My doctor left the practice!*
- *My PCP has changed three times in the past few years.*
- *My primary care left and it took 6 months to find a replacement.*
- *My primary care provider is not a good fit. I dislike how the nurse asks questions, followed by a resident asking the same questions, and then the doctor asks the same questions. It seems insidious, as if no one really cares or is listening. They just type on their computers and offer no answers.*
- *My primary rarely has appointments available that aren't 3-4 months out.*

- o *Need more male doctors for men.*
- o *No Allergist or Dentist in Rome who accept NY Medicaid.*
- o *No appointment available for about 6 months.*
- o *No babysitter availability.*
- o *No dentist in Rome takes my insurance. No specialty doctors who have recently graduated or practice integrated medicine. There are very old school opinions and biased healthcare in this area. The wait times to get into any doctor are 6 months on average. I actually need to go see an endocrinologist in NYC to get proper care.*
- o *No doctors.*
- o *No endocrinologists in the area closest is Syracuse.*
- o *No hay especialidades disponible. (There are no specialties available.)*
- o *Not enough practices to accommodate people, especially for genetic disorders after they closed the clinic in Albany.*
- o *Not in need. No wellness appointment given.*
- o *Not safe for people with mental health conditions or people who identify within the LGBTQIA community.*
- o *On multiple occasions, I had my healthcare provider mis-scheduled my visit and scheduled visits for a checkups that was not due yet.*
- o *Only one hospital in the area.*
- o *PCP office doesn't follow up with referrals. I never got an appointment, even after I called to inquire.*
- o *Phone calls, referrals, etc. are hard to manage with my conditions.*
- o *Poor care.*
- o *Poor insurance coverage with a high deductible.*
- o *Poor treatment by ROME MEDICAL & ROME HEALTH.*
- o *Primary care doctor will not refer me.*
- o *Primary care doctors keep leaving the area. As soon as you get set with one, they leave.*
- o *Primary Care Providers are constantly leaving and there are not enough of them.*
- o *Prior to insurance coverage, it was expensive to pay out of pocket.*
- o *Provider cancels on me and have to wait another 8-12 months to be seen even though they cancelled.*
- o *Provider not available.*
- o *Providers are limited and are indifferent to patient concerns.*
- o *Providers continually changing.*
- o *Providers rescheduling and/or providers leaving the practice.*
- o *Quality care is hard to find. Only treat problems and not enough focus on wellness.*
- o *Referrals take months. The doctor says it was made, but the office I was referred to never responded. After 3 months, they said they were months behind, and I'm the only person I. The office is doing this. Digestive disease medicine is terrible.*
- o *Refusal to listen to patients and refusal to check patient's symptom at request.*
- o *Rome Health Scheduling is inefficient.*
- o *Shortage of doctors and long wait times.*
- o *Shortages of many things.*
- o *Sick care is hard.*
- o *Significant time to access medical providers.*
- o *Specialist said my condition is not a priority.*
- o *Specialists are always canceling my appointments, and I have to wait over a year to get in.*
- o *Specialized care hasn't been as easily available.*
- o *Staff not doing their jobs.*
- o *Still waiting for an appointment from orthopedic specialist. It's been a month, no phone call yet.*
- o *Takes a long time to get appointments when you are a new patient.*
- o *The cost of healthcare is a concern, despite staying in network as much as possible.*
- o *The doctor is no longer serving, and the new PA does not accept my insurance.*
- o *The doctors are less than qualified.*
- o *The doctor's office on Noyes Street kept declining me to the point that I'm currently transferring to a new doctor.*
- o *The healthcare system, especially MVHS in Utica, NY is terrible.*
- o *The length of time between a referral and an appointment with a specialist is very long wait.*
- o *The primary care providers are not very good.*
- o *The waiting lists are too long.*
- o *The workers consistently fail to meet their responsibilities regarding scheduling and adequate care.*
- o *There are no services in Oneida County.*
- o *There are not many dental offices locally that are willing to accept Medicaid.*

- *There never seems to be any opening to see a provider when calling as soon as they open. I'm told I should probably go to urgent care or the ER, but I'm glad I pay a lot of money monthly to avoid being seen at the provider's office.*
- *They do not have the correct personal information.*
- *They kept changing my apts. I could not get through to talk to anyone on the phone.*
- *To see a good specialist, you have to go to Syracuse or Albany.*
- *Too far to travel.*
- *Too few gastroenterologists in the area.*
- *Too many changing providers - had 4 different ones in the past 3 years.*
- *Transportation, language support, ETC.*
- *Treated me like a low priority with Medicaid and assumed I was a drug seeker when having a real pain issue.*
- *Trying to find doctor that will take new patients/allow you to leave current doctors.*
- *Trying to get your Provider to send referrals.*
- *Unresponsive staff. Calling three times for a test scheduling.*
- *Utica fire department firing its employees for work place injuries with out any medic review or referral.*
- *Very hard to leave house.*
- *Very limited primary care providers in my zip code 13309.*
- *Very limited quality healthcare.*
- *Very rude nurses at the front desk at MVHS Crossroads in New Hartford.*
- *Wait time for appointments is very long.*
- *Wait times to see some areas of medicine are very long.*
- *Waiting lists for a PCP are 1+ years long!*
- *Waiting lists for an appointment are too long.*
- *We need more facilities offering services to the community.*
- *Wynn Hospital is too disgusting.*
- *You pay for health insurance and you still pay medical bills out the nose!*

Table A46. Help with Receiving Preventive Tests & Screenings

Q6. Which of the following would help you receive your preventive tests/screenings (for example, mammograms, colonoscopy, blood pressure, blood sugar, immunizations, pap smear)? *Participants could select all that apply.*		
Help with Receiving Tests & Screenings	**n**	**%**
Childcare assistance	71	5.9%
Community clinics or events	177	14.8%
Help with paying for healthcare costs or copays	317	26.5%
Insurance coverage	376	31.5%
More availability for timely appointments	537	44.9%
My provider recommending a screening or test to me	301	25.2%
Offering early morning or evening hours (non-traditional hours)	431	36.1%
Reliable transportation	142	11.9%
Time off work	331	27.7%
Other	73	6.1%
Not applicable - I do get preventive screenings/tests.	200	16.7%

Q6a.   If other, please specify (n=73): *(the following comments are verbatim)*

- *A better hospital, one that doesn't kill people.*
- *Add more mental health services to the area.*
- *Affordable insurance and premium rates are ridiculous.*
- *After hours (10pm-7am) clinics at urgent care outside of hospitals.*

- *Availability of providers. If you need a colonoscopy the waiting time is a year minimum.*
- *Cardiologists don't understand my SCAD diagnosis, which equals poor women's health knowledge, making it so I have to go to Onondaga County to receive care.*
- *Close Wynn and build new.*
- *Colonoscopy, for example, has very limited providers. Even as an established patient, it is very difficult to get an appointment. This means going out of the county for this patient.*
- *Competent doctors.*
- *Competent staff who can provide accurate appointment time and location information.*
- *Finding offices that will do those things without having to have a referral from a primary that you cant find.*
- *Finding someone who except my insurance.*
- *Having a doctor available to provide services.*
- *Having more providers available. Specialty care that I do receive locally usually books 8-10 months out for an appointment even if I'm having issues and need immediate attention.*
- *Having more Providers in Rome, NY that take Medicaid.*
- *Highly skilled doctors in the specialty fields are needed. Many of mine have left the area.*
- *High-quality specialty providers in this area.*
- *I don't know where to go.*
- *I have mobility issues, so I don't know.*
- *I have my screenings done in Syracuse - better facilities.*
- *I have no problem with any of the above.*
- *I waited 10 weeks for a GI appointment. Now I am waiting a month to get a colonoscopy.*
- *I would think the community clinics or events, but the lack of awareness of their existence defers me. Clinics are nice, but maybe we just need to make traditional healthcare more accessible and affordable so people don't need to try to figure out when a specific event is or if there even is a clinic near them. A clinic could be 20 minutes away but a doctors office may be just a few minutes. If that person doesn't have transportation to the clinic and the doctor isn't accepting new patients or doesn't take their insurance that person is now stuck with no healthcare. Make all forms of healthcare accessible to all.*
- *In home test.*
- *Lack of respect and condescending health professionals.*
- *Less complicated system. Reliance on IT systems for communication. People need to learn how to talk with others.*
- *Mailings that clearly explain options, benefits, and procedures in plain English, without overwhelming the reader with excessive information, and that include service locations, provider contact details, accepted insurance, clinic/event dates, etc.*
- *Make digestive disease NOT closing patients out of the patient portal when following recommendations of doctors.*
- *Make it easier to actually make appointment. Like online scheduling. A lot of offices, when trying to call them, the phones just ring due to the lack of people who are able to answer it.*
- *Many specialists are booked out for months. In a dire medical situation, one still has to wait months, no sense of urgency in critical situations. Also, when mother was ill, each doctor said to call a different doctor. Weeks of going round and round to figure out the cause of pain.*
- *Maybe patient advocacy to assist with anxiety surrounding appointments.*
- *More doctors are needed for screenings within a reasonable time frame, not 6 months out.*
- *More facilities offering services.*
- *More gynecologists and other specialists in area.*
- *More health care providers available.*
- *More health care providers needed.*
- *More people who do CT ultrasound type tests.*
- *More providers are too long to reduce wait time for appointments.*
- *More providers that are credible and not just checking the box in the area.*
- *More reliable healthcare and options for providers.*
- *More sensitivity training for staff around mental health and how to approach those within the LGBTQIA community to create a safe environment.*
- *More specialty doctors.*
- *More specialty doctors.*
- *MVHS making a true commitment to Primary Care (instead of diverting critical resources to prop up its expensive Wynn Hospital).*
- *Need more specialists in the area.*

- *Not enough doctors, so getting an appointment takes months.*
- *Not enough specialty providers in Oneida county, which causes a long wait to be seen.*
- *Not waiting 6 months for an appointment to establish with PCP.*
- *Online scheduling.*
- *Open up the availability of providers.*
- *Primary care is hard to get.*
- *Professionals poor/lack of follow thru of doctor's referrals.*
- *Providers that accept new patients.*
- *Quicker appointment times.*
- *Reduce the cost of visits and prescriptions.*
- *Referral process followed through.*
- *Require insurance companies to pay for tests if they want to do business in the county.*
- *Restricted local options for colonoscopy/endoscopy.*
- *So few doctors that I cannot see a gastroenterologist in a timely manner.*
- *Staff telling me that I need them as the doctor says.*
- *The need for more specialists to be in Oneida County.*
- *The wait times with only one hospital are at least 5 hours.*
- *We need to increase the number of healthcare providers in our area.*
- *What happened to WellCare?*
- *Will not get in Utica. The mammogram screening has women wearing gowns waiting in a common room.*
- *You need family to take you or they won't take you. Even after offering to sign a waiver to use medical transport, they refuse to help unless I have family to transport me & stay with me for 24 hours after.*

Q6b. Would you like to share more information about the barriers you have experienced to receiving healthcare services in Oneida County? (optional) (n=407): *(the following comments are verbatim)*

- *A lack of specialists that can see you in a timely or even reasonably timely manner.*
- *Absence of PCP in this area. I have had 3 different NP assigned to me in the last 3 years. No physicians available.*
- *Access to affordable dental care in this area is nearly non-existent. Very few dentists accept insurance, and when they do, the coverage is so limited that out-of-pocket costs are still incredibly high—making it feel almost pointless to have insurance in the first place. Dental care becomes an added expense that many simply can't afford, especially with the already overwhelming cost of living. People are forced to live with serious dental issues and pain because they have to choose between buying groceries or seeing a dentist. Those of us with decent jobs, no children, and living above the poverty line often fall into a gap—we make too much to qualify for assistance, but not enough to truly get ahead. Dental care becomes a last resort, something we only seek in cases of severe pain or emergency, because it means sacrificing something else that's essential until the next paycheck. It's terrifying and disheartening to be forced to make these kinds of decisions—not only for yourself but for your partner as well. It often feels like those of us who are trying to be self-sufficient are punished for it, while others receive more support simply because they've fallen farther behind, or given up entirely. In today's world, basic self-sufficiency feels nearly impossible unless you're wealthy. That's not just unfair—it's exhausting.*
- *Access to getting a Primary care provider as a new patient was very difficult and took almost 5 months to be seen for a follow up visit after going to the ER. Need better access to physicians for un-established patients.*
- *Adequate primary care. Specialty care (e.g., orthopedic, dermatology, eye doctor) have long wait times for appointments.*
- *After hours primary care from my provider is difficult at times. Call backs often don't happen from her office.*
- *Aging providers and many leaving the area.*
- *Almost impossible to get a quality GP who takes new patients. Well, not having BCBS for a year was very inconvenient, which means we need more urgent care options. I understand not the county's fault.*
- *Almost impossible to see GI doctor.*
- *Almost no actual doctors have availability and the hours that do usually only accept a limited number of insurances. That's just for primary care. ER visits in this county are some of the worst in all of New York State. Extremely long wait times, incompetent and uncaring staff and ridiculous costs.*
- *Ambulance Companies rerouted to Wynn Hospital when patient requested ER care at Rome Hospital.*
- *Ambulance has to go to Wynn even when doctor is in Rome + Oneida hospitals.*
- *Annual physical exams do not actually check anything. They are a joke around here. I've received much better care near Syracuse.*

- *Appointments booking out months before one can be seen.*
- *As I said, long wait times to see my doctor. Sometimes forced into WellNow or whatever. I want to see my doctor!*
- *Barriers have been lengthy times to establish care or questionable quality of care.*
- *Barriers to care involve the complexity of healthcare and the need for chart tracking/follow-up. In a rural area, primary care is available, but specialty appointments require traveling a distance, barriers being the need for reliable transportation, and hours of operation (requiring a whole day off from work for these appointments). Lack of resources to care navigators to ensure timely screenings for patients. Lack of preventative medicine as it relates to annual or more frequent follow up appointments with primary care providers, and systems with the relative ability to track when patients are due/past due for routine screening exams or bloodwork. Access to Care everywhere is helpful for this, but it requires systematic education of how to reconcile patient charts for screening tools to provide accurate timelines for proper notification of patient needs. Other barriers include the availability of mental and behavioral health services for the pediatric population, a growing concern. I have personally waited almost a year for a referral for both of my children with no follow up. I continue to travel to Rochester, NY for my kids to see a specialist for chronic atopic issues (also becoming more prevalent in the pediatric population) including asthma and food allergies.*
- *Because my back pain is getting worse I am now afraid to drive. I need help getting to all appointments, getting medication at the pharmacy, and groceries.*
- *Because of my age, 54, I feel it is hard to get a doctor specialist to take me on as a new patient.*
- *Behavioral Health Services for children are limited to clinic settings only and are exclusive based on location/affiliation.*
- *Being a working parent having to take time off for both mine and my child's appointment can be a barrier. It is easier to go to an after hours urgent care which ultimately costs more than it is to make it to an appointment in the middle of a work day.*
- *Being bounced from primary care provider to primary care provider due to high turnover within the health systems in our county. My physical exam has been rescheduled three times this year by the PROVIDER and by sending a letter by mail. Poor communication with patients. Too many automated systems and phone trees making it less accessible to those who have barriers to accessibility already.*
- *Being gaslit by doctors.*
- *Being non-verbal, I am basically stuck. The doctors all call and leave messages to call back, can't call in scripts, not able to speak to support staff, cut by the hospital to save money, like removing cancer survivors' gym after it was donated and no longer accessible.*
- *Better communication between doctors, prompt response that we have your referral, we will process it but fyi we are currently booking appointments in January and beyond. I should not have to wonder if they received the paperwork, nor should I have to harass them to find out the status. They never responded to voice mail inquiries.*
- *Can not find psychiatrist to go to. Not a social worker a psychiatrist.*
- *Can't get in when you need to be seen. Some of us can't always get out of work to go at a drop of a hat. Waiting for things like a colonoscopy is crazy, but our area has a long waiting list. Too many people are using the ER as primary care. Urgent Cares are overwhelmed as a result.*
- *Can't find a primary. The office leaves. The PR actioners leave. Never know who you might sea. You get use to one do. They leave...your given to someone new...or the whole office is gone.*
- *Can't find geriatric services -- particularly mental health services for seniors. There is a need for patient advocates for people with mental health issues (anxiety/depression/PTSD) to attend appointments with them. Need health care services specific to seniors including transportation and financial assistance.*
- *Can't find primary care providers and when you do find someone, they either are not from our country, hard to understand, or you can't get in because their practices are closed to new patients even though insurance carrier says they are taking new patients.*
- *Can't get an appointment for a colonoscopy in this county.*
- *Care for dementia here is lacking in diagnosis and treatment options. My vascular drs. Office has no ultrasound tech. Lack of qualified people in this area.*
- *Changed jobs and couldn't keep appointments.*
- *Coming up on two years now, I was admitted inpatient behavioral health. Since being discharged after a 5 day stay it has been hell trying to find a good fit for a psychiatrist and it has been impossible to get in with a mental health counselor for talk therapy.*
- *Communication and follow up. No one wants to call anyone back.*
- *Communication needs much improvement between primary care providers and specialists and other medical professionals. Nothing should be classified. The patient deserves to know everything, and I mean everything!!! Patients deserve to be told the truth, no guessing or wild goose chasing.*

- *Community involvement, mental health services the way they handle situations (not to use excessive force) inpatient psychiatric services Rome and Oneida health.*
- *Constantly losing providers and starting all over.*
- *Current providers not accepting new patients.*
- *Dental care is a type of healthcare that is often impossible to get without insurance.*
- *Dental Care/Surgery is not available for child, we had to go to Rochester. Several specialists for children are not available in Oneida County (Pediatric Cardiology, Pediatric Endocrinology, Pediatric Craniomaxillofacial).*
- *Dentist are hard to find in network. It is also hard to make appointments for doctors due them not having after work hours.*
- *Dermatology and Ear, Nose, and Throat Doctors are in high demand. There were few to begin with; two of them have retired, leaving a huge void in the Utica/New Hartford area. The closest is in Oneida, NY. Competent, highly skilled Dermatologists & ENTs are needed. It will not help if the retirements are replaced with sub-par doctors. 'Bed-side manner, physician demeanor, respect, communication and listening skills and also lacking in the area. Too many specialists don't listen, don't ask the right questions, are rude, condescending, which negatively affects patient care and overall efficiency in the medical field.*
- *Difficult getting psychiatric help for my adult son. And even harder to get help for me as his caregiver, to talk with someone about the issues we face.*
- *Difficulty getting a dermatology appointment. Choose a reliable, available provider in Syracuse. Also, too many visits with Pas*
- *Difficulty obtaining a primary care doctor. My doctor retired and hasn't gone to a new one.*
- *Difficulty traveling.*
- *Digestive Disease - I have had a previous colonoscopy (3), last one in 2014 - doctor's recommendation repeat in 10 years - called for follow-up to schedule and informed I am no longer a patient in their practice and they are not accepting new patients. Therefore, I am already one year overdue colonoscopy.*
- *Doctors are not listening to the patient. Appointments are a year out or more. No staff.*
- *Doctors change often. Long waits on telephones to make appointments.*
- *Doctors keep leaving, forcing me to have to go to Syracuse.*
- *Doctors leave and are not replaced. Too long to get an appointment for specialists.*
- *Doctors retiring/leaving - hard to get long term relationships.*
- *Doctors seem overwhelmed, hard to get appointments with primary doctors, they often tell you to go to the ER. If you have an injury on the weekend no ENT in the Utica-Rome area, you have to go to either Syracuse or Albany.*
- *Don't take insurance.*
- *Dr's in Utica - gave wrong diagnosis - almost killed my husband - experience has left him with heat failure and ruined quality of life - nothing you do will make us confident in medical services at the Wynn - with Rome Health's affiliation with St Joseph's we might consider health services there.*
- *Due for the upper scope this year, the office used to mail an appointment for that to you, but didn't. I called the office to schedule an appointment and was told they were full for the year. How can you already have your year booked, and it's only April? I was told to call back to October because they should have their books for 2026 by then! When asked why I didn't get an appointment mailed to me, I was told we're cutting costs. I will now be going to Cooperstown.*
- *Due to the limited availability of services, I had to schedule my first GI appointment for colonoscopy screening 9 months ahead of time. I also have a chronic illness that is not well treated in NY, which meant I had to travel to Baltimore to see a specialist.*
- *During COVID, people who refused COVID treatments were denied healthcare. When I had pneumonia, they forced me to take Remdesivir, which I did not want, for treatment. All I wanted was oxygen for a period of time until I healed naturally. Let patients make their own healthcare decisions without bullying them.*
- *During my pregnancy I felt there was a lack of communication from the OBs in the area, felt I was often pushed to the side when I raised concerns and I didn't feel I had an OB team I could trust in this area.*
- *Emergency services are horrible. Living in low income housing with many disabled persons. There is a running joke that Rome hospital is where you go to die. In my building we had three deaths this winter in so many months. two of which were related to pneumonia and flu, both were sent home multiple times from the ER and both were found dead within a week afterward. One of which I personally spoke to the day before he passed.*
- *Endocrinologists for diabetics. The few we have don't take new patients. I had to go through Cooperstown/Herkimer Office.*
- *Endodontist or not available in my area the closest one is the Catskills or they don't take my insurance if they're here in Oneida county I need a root canal.*
- *Especially concerning Rome Health, I would like a full list of all doctors who offer services there.*

- *Everything is booked months in advanced and getting an appointment is hard. Reaching out to see if anyone is accepting new patients is difficult and I'm sometimes hit with hostility or annoyance from the receptionists when asking if anyone is accepting new patients.*
- *Expertise levels here require second opinions and travel to other cancer facilities.*
- *Extended wait period for scheduling colonoscopy due to lack of doctors.*
- *Extremely limited, unsustainable for continued living, and especially dangerous prospects for aging into the community long term for people living with celiac and or digestive disease disorders AND /OR thyroid/ endocrine related disorders. The practitioners who are here are courageously fighting to serve patients' needs. This is not just my own opinion, but that of many friends, neighbors, and or others I meet on a casual basis such as waiting rooms etc. The Extremely limited and unsupported.*
- *Eye care at Wynn Hospital is poor.*
- *Eye doctor who took Medicaid retired; dental clinic in New Hartford; no skin doctor.*
- *Finding a local PCP is impossible. To get any help, I need to find a PCP but waiting lists are 1+ years long or they're not accepting new patients!*
- *Finding a primary care provider who accepted my insurance took over 9 months to actually get an appointment. It seems to me that central New York is lacking primary service providers.*
- *Finding a primary doctor. I have to go to the clinic.*
- *Finding dental providers that accept insurance - finding PCPs that have timely availability.*
- *Gastroenterology care- Colonoscopy booking over a year out for follow up on precancerous cells. Waited for it but it was cancelled when provider left the practice. Scheduled with a new provider- had to wait months for appt. Had to reschedule due to fever that day- had to wait another 6 months. Went to appt and was told I'd get call for colonoscopy which would be scheduled at least a year out. Still haven't received a call two months later. I've been waiting over 2 years to get a colonoscopy that I was told was urgent due to medical history.*
- *Great doctors staying in the MVHS system! I have had 2 doctors I really like and understand my health issues, and both left for better jobs. Good for them, but bad for the patients.*
- *Had Fidelis Insurance with NYS they dropped me and told me that I had Oneida County Services since 1998 which was not true and tried to go through Oneida County and gave the paperwork that was needed and just kept getting the run around, have not had health insurance since November 2024.*
- *Had to seek out an Orthopedic doctor that specializes in feet and ankles. Getting an appointment to see a Gastroenterologist is just about impossible. I have been cancelled three times by their office.*
- *Had to wait 4 months for a gastroscopy. Appointment canceled. Wanted me to wait an additional 7 months.*
- *Had to wait 6 months for a colonoscopy.*
- *Hard to find any good practices.*
- *Hard to get appointments for some issues as doctors not available in the local area.*
- *Hard to trust the advice you're getting sometimes. I had medication prescribed to me by CNY Cardiology that was dangerous when mixed with other meds I was already taking. Once my primary found out, I needed an emergency telehealth visit to discuss and immediately stop taking the new medication. On my next follow-up to CNY Cardiology, the doctor asked why I had done the recent Stress Test I was there to follow up on so I mentioned he ordered it formed to do. He turned to me, confused and said I Ordered it? No I didn't. Which, yes he had so that was a less-than-ideal start to our appointment. After which, he changed 50% of my medication so I followed up with my MVHS primary to make sure the changes were okay (given the previous issue I had run into with my med change). She used that time to inform me she was leaving MVHS but would answer my question before she was gone. That was the last time I heard from her or anyone at MVHS, essentially leaving me without a primary care provider or anyone to contact in case of an emergency. All of this took place during a 2 month period in April-May 2025 but the same level of unreliability has been consistent for 2+ years.*
- *Have an issue and appointment to see PCP is 2 to 3 months. The nurse I talked to said, Go to the ER.*
- *Have been bounced around with primary care providers. It seems they all leave the MVHS system.*
- *Have faced transphobic and ableist discrimination from mental healthcare providers which prevented me from seeking therapy for some time and has led to increased medical PTSD and agoraphobia.*
- *Have to travel for healthcare not convenient for seniors.*
- *Having only one hospital option - family and friends will drive 40+ minutes to avoid Winn Hospital.*
- *Having to take time off work has been hard.*
- *Health care costs are the biggest barrier. Even with insurance, the deductibles, copays, and providers in/out of network are horrible. Dental is far worse than medical. But BOTH need HUGE change!*
- *Health insurance cost for self-Employment is very high.*
- *Healthcare access is a daily struggle for most. When being established with providers, most are not sensitive or adapTable Ato people with disabilities or limited supports.*

- o *Healthcare in Oneida County is controlled by non-medical (take MVHS's journalist CEO) and profit is everything rather than patient health or access. Take non-Winn hospital politically built in downtown, flood zone Utica instead in a more accessible place like up near SUNY or between Rome and Utica (like on Griffiss).*
- o *Healthcare should be 100% tax payer funded.*
- o *Healthcare too expensive.*
- o *Highly motivated to share more information through a personable interaction.*
- o *I am a type 1 diabetic who has had 2 heart attacks. My doctor in Rome, Health has no clue about diabetes, so he just keeps increasing my insulin, which causes heart attacks. You need good doctors and specialists. Or better yet, having to go through a weekend with no insulin or being told to borrow it from my brother.*
- o *I am not happy with the specialist in this area. I would go out of this area for any serious illness.*
- o *I asked my doctor if I could get a second option on my wife's problem. They said that they would set it up & then stone walled me for 5 weeks telling me they didn't receive an answer. I got an appointment in 1 week an that was the week that my wife DIED.*
- o *I called for senior transportation for an eye appointment after which I would not be able to drive. I called the office seven times to report the aging, only to be told I was calling the wrong number. At one point, I was told I did not even live in Oneida County and was told to call Lewis County. They finally called me two days before my appt at which time I had already ,are other arrangements. I shouldn't have to call ten times to arrange transport.*
- o *I can only find a nurse practitioner who takes new patients. Cannot find a doctor at all to handle my diabetes or other health problems. NO specialty doctors in the area.*
- o *I constantly hear about people having to travel outside the area to larger cities to obtain the care they need.*
- o *I dislike how doctors are changed through MVHS every 3 to 5 years at certain locations.*
- o *I do not feel that Oneida County has expertise in specialty care, and some doctors will not refer out and attempt to handle the care. Also, Oneida County should have early morning hours, evening hrs, and Saturdays to accommodate the working people. We cannot always go as this is a huge barrier.*
- o *I do not know where to go, or what offices take my insurance. When you do find an office who does, they aren't taking new patients, or tell you that you have to wait 6+ months to be seen by someone, and that is if you can even get someone on the phone in order to be able to schedule an appointment.*
- o *I don't appreciate being talked down to from doctors who don't appreciate my issues.*
- o *I don't have transportation, and taking a bus isn't always that easy. It takes me 2 hours to get home from work, which is only a 20-minute ride. Next, my son is very sick with mental health issues. He has needed help for paranoid schizophrenia, explosive mood disorder, autism spectrum, and psychosis. He also has addiction issues trying to self-medicate. We have tried now for many months to get him to an inpatient dual diagnosis' institution and everyone tell me that he needs more help than they can provide. He has destroyed my house and I have had to have my mentally ill son arrested for grabbing me and going crazy and the hauled him off in handcuffs. It is devastating to have to have your own child taken away in a cop car to go get help at a hospital and in a couple hours let him leave and walk home (about a 45 min walk or more) about 4am. Anything could of happened because he also claimed he want to hurt other people. I am furious with the mental health in Onieda County.*
- o *I end up going to Syracuse or Albany for most specialists.*
- o *I find that when seeing a primary care physician, they are very hands off and referring services out of office. Information sharing is challenging between offices, and my prior medical records aren't on file with current doctor, or they aren't actually using them.*
- o *I had two tests on the same day, with each copay being $300.00, totaling $ 600.00. I only live on a social security check. Took almost 12 months to pay it off.*
- o *I have a child who needs an evaluation for Autism, and the waiting list is very long, causing my wife and me to look outside of Oneida County for services. Some places charge out of pocket for the evaluation, and it is too costly without the help of insurance.*
- o *I have a major issue with digestive disease. I had a doctor prescribe the wrong medicine. So I will not go back to that office, nor will they let me see a different doctor in their office. Now I'm going to have to go to Albany for a doctor for a chronic disease. Oneida County is very lacking with their care.*
- o *I have a primary care provider but do not have faith in their knowledge however I stay with them due to having limited other options. I cannot call for a sick visit.*
- o *I have a step daughter who has bipolar. In and out of the psyche ward, in and out of jail, drug and alcohol addiction. She will not help herself. She needs long term involuntary commitment but no one will help. We have tried everything for over 20 years with no one helping.*
- o *I have been going to Syracuse for specialty appointments due to lack of doctors in this area.*
- o *I have been sick, very sick for over two months and have been seen twice by urgent care, but can't afford ER care. No PCPs are accepting new patients and my ENT can't see me until August and there are not any other ENTs in the area.*

- o *I have been waiting since April for a surgery at Winn Hospital, which only has an OR available to my doctor on Tuesdays. I am still number six on the list. What do you think my problem is? They say we will know within a week if they have space. Menopause problems for woman don't seem to be a priority. No money in compared to delivering babies. How about a couple of specialist for Menopause in the area. Primary doctor retiring and replacement can't get a visa to come from Canada. Doctor's in general don't want to come here and if they do they don't want to stay due to long hours. What happened to your doctor coming to the hospital when you were inpatient. Not a strange doctor who has no idea what your medical history is so they can start all over and charge you for items you already have had. why do doctor's have to answer to insurance do the data entry people have a degree we are not aware of?*
- o *I have co pays, charges for tests, charges for facilities.*
- o *I have found it difficult to find a dentist that accepts my insurance.*
- o *I have had 7 primary doctors in 10 years, because they keep leaving the area.*
- o *I have had a hard time finding adult ADHD/Autism testing services covered by my insurance.*
- o *I have had great difficulty trying to find a new primary. MVHS dominates many of the providers in my area, and every time I try to call a doctor's office that lists themselves as accepting new patients, I am redirected to MVHS central scheduling line & told no, that provider is not taking new patients. I can not get through to the actual office to speak to an employee. My insurance is an out-of-state carrier, so my options are already greatly limited. I do not feel my primary provides adequate care, but I am struggling to find an appropriate replacement because of central scheduling.*
- o *I have had several different providers in Oneida County. Unfortunately, doctors leave all the time. We need more qualified and quality doctors in the area. For many of the doctors in the area, I feel like we have the B or C- team. Our nursing professionals are typically higher quality and local, but nurses are not trained the same as doctors. We need more good doctors!*
- o *I have leukemia and travel to Rochester for my care. I started in Utica, but the care was poor. The doctors I see in Rochester agree on the subpar care in Utica.*
- o *I have not had too many, but the public has. There are no mental health treatment facilities for children to go and be evaluated for mental health or suicide help. They have to go places outside of Oneida County for placement. Same for adult mental health. We need better proactive mental health care.*
- o *I have to go out of the area for good quality care and providers you can trust that have good reputations.*
- o *I have to travel out of town for high-quality primary and specialty care. Too many offices in this region are staffed by nurse practitioners instead of doctors. This is a problem even for specialty care.*
- o *I have trouble driving, so I have to rely on a family member.*
- o *I have waited months for referrals. I experienced vertigo for a year and a half; it took 3 months to see an ENT and 5 months for a neurologist. At the ENT, I learned my suspicion that I was losing my hearing was correct; my insurance (Medicaid) decided my hearing loss is not sufficient enough at this point to warrant the expense of hearing aids. When I arrived at the neurologist, I was told they did not accept my insurance. Subsequently, I made an appointment with a neurologist in Rome - when I told her that having the vertigo for so long was starting to mess with my mental health she told me Just try to ignore it (this was Dr. Glady Jacob in Rome) I am now paying out of pocket to go to a chiropractor who has helped my vertigo immensely.*
- o *I moved here to take an employment position; very difficult to find a doctor/ provider. Called so many, all I got was, not taking on new patients. Then no one puts you on a waiting list, they tell you, to call back in 6 months. County dental insurance is AWFUL; no one takes, unless your willing to go to ASPEN dental, which I am not.*
- o *I moved to Utica, NY three years ago. After looking for local providers of primary, dental, and psychological, and for specialist care when I broke my elbow, I decided that balancing cost, time, and quality of care, it made most sense for me to take time off work to drive three hours downstate, and/or an hour to Syracuse, for care.*
- o *I need a surgery done, but the only place nearby that will take my insurance has stopped doing the surgery for an unknown period of time.*
- o *I no longer have a car and it is hard to find ride services, through insurance for older citizens.*
- o *I once ended up in Emergency Services because of dizziness, and they charged me $5,800 just for a medical check-up. And they don't take my insurance, I ended up paying everything because I was so scared.*
- o *I pay $225 a month for insurance, then a $30 copay or $50 for a specialist (and a gynecologist is a specialist), and I can't always afford that.*
- o *I personally visited Wynn Hospital's ER while profusely bleeding and waited 4 hours to be seen by a physician. Two friends also had elderly parents who visited Wynn Hospital's ER for cardiac and fall-related injuries, and they each waited between 4 and 6 hours to be seen by a physician. Slocum-Dickson's Urgent Care has limited hours and must turn more serious cases over to Wynn Hospital's ER. Many don't feel safe parking in Wynn Hospital's parking garage or nearby nor do they want to travel to Rome or Oneida. More and more providers are pushing off their less serious patient cases to Physician Assistants who are not sufficiently trained or experienced to*

provide the level of care and referrals despite their credentials and background. The education, experience, and care level offered by all healthcare professionals in Oneida County has been substandard with significant specialty gaps for years and the pay is lower for them which drives patients and providers to Syracuse, Rochester and beyond.

o *I spent more than 10 years trying to find a primary care provider through MVHS that either took my insurance, was taking new patients, or didn't treat me poorly or inappropriately. I have a lot of anxiety related to medical trauma in my childhood, and it was extremely hard to find a doctor that had time to talk to me about it, was reliable (not canceling appointments, staying at the same practice), and didn't treat my anxiety like an inconvenience in their day. Each time I reached out to MVHS to try to get into a primary care doctor, I would be given an office, which when I called, would not be taking patients. Because of this I have not been able to get many of my prescriptions, preventative care, or check-ups regularly. I have finally found a doctor, after calling Bassett Healthcare just once, and unfortunately have to travel out of the county for their services.*

o *I struggle with getting timely diagnosis, with appointments being made months out. Ridiculous wait times. I made an endocrinologist appointment in February and just saw the doc in July. This is typical of all specialist appointments in the area. The portals in this area are a technology challenge to health care workers, doctors and patients. I have had to walk multiple, older relatives thru the process. They barely know how to work their phones, much less confirm appointments they didn't even talk to a human about! And, if you miss a confirmation, they cancel the appointment. This just happened to my uncle at CNY Cardiology in Rome. The MVH portal in my chart is great, but I've found that it is not utilized by all doctors and patients struggle with it. Perhaps better onboarding or training would help, and patients must be better informed on how to use it. The tutorials on the site are ok, but if they can't even set up their own email, they can't use it. If you miss appointments, you get booted as a patient because of a no show. Hire some tech people to help!! Create a job and an in-person office to help these people. I'd do it in a heart beat. I have a Master's degree in Information Design and Technology.*

o *I tend to find that most Primary Care providers are not taking new patients.*

o *I think that asking this question is frivolous as my response won't do anything to change the system. The system is broken and has been commandeered by insurance companies. That's the barrier.*

o *I think the Rome hospital and Oneida hospital are a joke. Would not admit me after being severely ill for over 5 weeks. Finally went to Wynn and being treated and had a 11 day long hospital stay.*

o *I want to move out of this county because I have struggled to receive the most basic care for over a decade. Not a fan of MVHS!*

o *I went twice to Wynn Hospital and twice was misdiagnosed. So I sought a second opinion at SDMG (Slocum Dickson), where they actually took the time and examined me at my request, and found multiple issues I was having and gave a proper diagnosis.*

o *I work overnight in the hospital so normal appointment times do not work for me. And the days that I'm off I have my infant and have a hard time finding childcare to go to appointments or go get lab work/ imaging done that is needed.*

o *I would like to elaborate on your question about services/availability in the area - I believe these answers are most affected by how much money the individual makes/has available to them. If you have more money, then it's easier to get transportation, prescription meds seem more affordable, etc. So I would say lack of money (I'm a disabled senior on a limited income) affects my access to healthcare. Having access to transport is good but it doesn't help in cases where your car breaks down a day or 2 b4 an appt. I have also been impacted by lack of local specialty doctors (going out of area for dermatologist, endocrinologist, ENT), also I've experienced that some specialty doctors refuse to see you/change drs due the shortage of these types of drs (at least that's what I've been told) For example I was seeing Digestive Disease doctor in Oneida- they left their Oneida practice-I stayed at Oneida office and after 2 years I was quite dissatisfied with that practice, but Digestive Disease refuses to see me, stating I already have a doctor in that field and I have to stay with them, even though I'm dissatisfied! I also so a doctor from Digestive Disease (in Utica) while in Wynn who told me to call the office for a colonoscopy appt and when I did, I'm told that the only way I could get in was if his hospital notes specifically stated that he said that - but was also told (in August) that the notes from Wynn (from February!) were not yet in my file, & even if they were able to book an appt for me, it wouldn't be until 2026 sometime! So it's like, stay with a dr you don't like/trust/can't communicate with, because there aren't enough drs in the area, so u can't change. I've also had trouble getting appts in a good time frame, needing mostly afternoon appts. In the past I've also had difficulty meeting co-pays - Covid helped solve that, as I finally became poor enough to receive Medicaid during that time (and just in time for Trump to gut Medicaid). And availability of healthy food/access to activities also depends on your income and distances to those items. If you make more money, you have better access to transport to those items, & a better ability to pay for those items. I am lucky enough to have health insurance that pays for a gym membership- which is something I couldn't afford otherwise.*

- *I would love Rome Health and CNY Cardiology to adopt MY Chart. Their patient portals are hard to use and share records with other providers.*
- *I wouldn't go to the Wynn Hospital even if I was dying. Waste of time, money, and resources.*
- *I'm grateful to live in a state that has more options and accessible care than others but it's not enough. Right now I'm currently struggling with finding accessible dental care that takes my insurance, as I'm on Medicaid. I called over 20 places within a 50 mile radius and no one is accepting new patients or won't accept Medicaid for patients over 21. I have two dental abscess and have been told by my dentist they need to come out. Antibiotics didn't help and it got worse. While I can't afford anything ATM, I was willing to try a finance option at Aspen Dental to find out their surgeon is only in once a month. The only surgeon around my area is booked out and not accepting new patients. I had to go to the ER for IV antibiotics. I can't get the actual issue fixed anytime soon. I was able to book a appointment for 3 months out and an hour away. I'm grateful to have finally found someone but what am I supposed to do until then? I can only hope it gets better. I'm out of work and going back to school to try and create a better life for myself and I'm terrified the pain will come back and I'll struggle in school. My situation isn't nearly as dire as some. I can't imagine what it would be like for a parent or someone with little to no resources such as transportation or even knowledge about accessing care. I'm hoping I can an appointment for one of the free dental care days but this isn't how our system should work for health care. People shouldn't have to hope they get lucky with a popup event for any kind of health care.*
- *I'm new to the area and it has been very difficult to find health care providers that are taking new patients and/or have available appointments in a reasonable time frame.*
- *Impossible to get through to providers and get questions answered.*
- *In my last experience of requesting a referral to a specialist (neurologist), it took 6 months from the time of referral to the time of my appointment. This is way too long.*
- *In Oneida, it is very hard to find a GI doctor; the appointment wait list is more than 6 months.*
- *Inability to see provider outside of my work hours.*
- *Inconsistency is the most consistent thing about healthcare in Oneida County. No one is on the same page; they promise they will be this time, and they never are. They promise one thing, but always do the opposite.*
- *Inconsistent care and practices make it concerning. Oneida County has this reputation for not having good healthcare. The rushed opening of Wynn and the mixed reviews don't help either. Doctors do not always have hospital rights; I had a family member need to be transported to Albany from the ER at Wynn because they didn't have an ENT with hospital privileges! That's just not right, especially since that seems like something that should be reasonably expected in a decent sized city hospital.*
- *Insurance coverage and wait lists are very long for some specialty services.*
- *Insurance does not cover dental providers I would prefer.*
- *Insurance gets denied by a provider; they deny me paying cash. What are my options? I was a current and well-established patient at this practice and denied care. I was told it was illegal for them to accept cash payment. Now I have gone without services that are vital to my care.*
- *Insurance is absolutely abysmal through workplace here and they cover just about nothing meanwhile eating up 20% of my paycheck and having high deductibles. Provider care costs are also extremely expensive. Getting billed $200 for a 10 minute doctor visit or $3k for an hour long ER visit is unacceptable Aand disgusting.*
- *Insurance often denies procedures and specialists they do not deem necessary, but make living more difficult, such as corrective sinus surgery.*
- *It has become increasingly difficult for new patients to secure medical appointments, as many doctors are currently not accepting new cases. This presents a significant challenge for individuals in need of care, as they are often left without timely medical attention or support.*
- *It has been difficult to find certain specialists, such as genetic counselors, for example.*
- *It is almost impossible to afford mental health care, and the sad part is, WE are the individuals who are looking to get the resources and WANT to put in the work to better ourselves, but between paying an outrageous premium for the plan itself and the ridiculously high copays/deductibles, it's really near impossible. Unless you can afford $145 appointments out of pocket for the first $3000-$9000 (deductible), on top of around $320 per month (premium), you're out of luck. It's depressing, honestly. Please fix the system.*
- *It is hard to find a providers is office that is well versed in obtaining referrals for my specific insurance carrier.*
- *It is hard to find providers that take your insurance, work the same hours, and practices are open.*
- *It is ridiculous to only have one option for digestive care in our area. We should not have to wait weeks for a return phone call & nearly a year or more to get an appointment for a colonoscopy or endoscopy. The fact that we are not allowed to call to see when our appointment may be coming up is also outrageous.*
- *It is very difficult to get into see certain specialties in Oneida county, Gastroenterologist, Allergist. Dental cleanings, Some times when given an apt is 6 months or more.*

- *It seems like many of the primary care offices are not taking new patients, or if they are taking new patients, I feel the care is not high-quality because providers are stressed with too many patients.*
- *It seems like no one cares anymore.*
- *It seems that there isn't much choice of providers, both specialists and GPs alike. My company changed insurance, and I had to travel to Syracuse because my doctor didn't take my insurance. Those that did accept new patients had a 4-6 month wait for an appointment. To see a specialist (pulmonologist) it will be 6 months and they do not offer evening appointments. Endocrinology was a little better unfortunately I just gave up on a dermatologist.*
- *It takes forever to get an appointment or schedule a procedure. I have been waiting almost a year for a colonoscopy that I was told I needed.*
- *It takes months before you can get into see some providers. Then they cancel your appointment. I had to wait three times before one doctor could see me. Then when to primary care they said we can only see you for that problem need to make another appointment. II used to be able to see my primary care same time for all problems. Everybody is out to make money, no patient care. I even have to travel to some doctors that are 70 miles away for care. No neurologists around here. All booked or not taking patients, same with any specialty care doctors.*
- *It took a year to get into a gastro office and other year before my colonoscopy when I was having stomach issues.*
- *It's very difficult to get in to see providers, because they are so booked and booking out so far, you are forced to accept whatever appointment you can get, regardless of whether or not the time works for you. In the meantime, you have to wait and suffer with symptoms.*
- *It's time the powers that be stop ignoring the problem with Wynn Hospital. ER service is a joke. The ER is not large enough to accommodate combining 3 ERs. People wait for sometimes days to get a bed. Pediatric is non existent with children being sent to Syracuse. We all looked forward to a wonderful new hospital and better health care. It didn't materialize. So disappointed.*
- *I've had multiple specialist doctors who have retired or closed their practice, with no one to replace them.*
- *Lack of a specialist. Sometimes, you have to go outside the area to get service.*
- *Lack of availability, service providers.*
- *Lack of dentists, oral surgeons in Oneida County accepting new patients that take MVP and CHP Fidelis. We had to drive to Albany for my son's oral surgery.*
- *Lack of doctors. Especially specialists like Gastro Dr's, Heart specialists, etc.*
- *Lack of physicians accepting new patients. Lack of mental health providers as well.*
- *Lack of physicians available. For example, my spouse was trying to get in for a routine colonoscopy locally and kept getting pushed back and rescheduled for over a year. Finally got into a doctor in Syracuse and was diagnosed with colon cancer. We don't want to think about the possibilities if he had waited longer.*
- *Lack of primary car providers. I am concerned about the high turnover rate of healthcare providers in Rome. Why are we having so much difficulty keeping providers? Is it the 15 minute visits that Rome health mandates? Dr Wolfe here less than 2 months for GI. Dr. Cooley left in slightly over a year. Hard to see a doctor- must see NP or PA. There is lack of continuity of care.*
- *Lack of Primary Physicians and specialists. Help with lower health costs and prescriptions.*
- *Lack of providers in the area.*
- *Lack of providers.*
- *Lack of specialized providers.*
- *Lack of the number of physicians.*
- *Lack of timely scheduling and overworked support staff.*
- *Last time I tried to find a provider with an opening, I took an entire day off of work, calling every office that would accept my insurance, and there were no openings. It was a bit disheartening.*
- *Limited health care providers.*
- *Limited healthcare. Not being seen properly. Having medical staff make assumptions about who I am and my behaviors not understanding that I was in distress and suffering show signs of mental health symptoms, and not drug use. Only to have the medical staff label me as an addict, and not want to provide service to me, and so in which I received no help. This is an ongoing issue in this community, and within this medical system, and something needs to be done about it.*
- *Limited service for area in specialties, and some bookings for screens/tests can book out months away for urgent tests.*
- *Long wait time for many appointments (when trying to schedule, especially if not already a patient).*
- *Long wait times for an initial appointment; not accepting new patients; appointments rescheduled by providers office.*
- *Long wait times for appointments*

- *Long wait times for appointments with specialist and tests.*
- *Long wait times for specialist.*
- *Long wait times in all area ER's.*
- *Long waitlists.*
- *Long waits and availability.*
- *Low primary care doctor availability who are essential in scheduling referrals to other care like psychiatric or gynecology. All require you to be in the system and it took over 6 months and a reschedule to get a new patient appointment.*
- *Low quality of providers and abuse of Healthcare system by addicts.*
- *Many health care provider don't accepted new patients. The worst was St Luke's dentist.*
- *Many times when you call you call your primary care provider for non-emergent issues you are given an appointment months in advance or told to go the ED, which adds to the overcrowding in that setting.*
- *Many, but the most recent and severe was my partner being told his broken collarbone was properly set and healed. Went on to BASIC training for the Navy and subsequently rebroke it only to discover if never properly set and his muscles were atrophying.*
- *Medicaid cabs say they come to my area, but I cannot find any that are willing to drive to Camden to pick up my daughter for her appointments.*
- *Medical provider hours are awful; we need more after-hours.*
- *Mental Health is horrible. You have to fight to get help unless you are a drug addict, abuse alcohol, or want to kill yourself. The 988 emergency service is staffed by young individuals with little or no actual experience. I called, and if I really wanted to hurt myself, they would have been useless and probably push me towards it. I called several times in crisis, and they just parroted back ridiculous and useless phrases like oh that must be frustrating or how does that make you feel Psych 101 course garbage!*
- *Mental health providers that accept insurance.*
- *Mental Health services have a lack of professional providers, and requesting refills takes longer than healthcare services. Changing your primary health care provider can take up to 6 months.*
- *Misled by Dr. Sikder at Slocum. Dr Hunt laughed at me when I asked for weight loss help. Medicare refuses to pay for it.*
- *More affordable options to healthcare.*
- *More mental health options in this area.*
- *More options. Dental care for children in the area that take Medicaid.*
- *More specialty doctors so we don't have to travel to larger cities.*
- *Most of the strong specialists are near larger cities. Even Onondaga country has not the best providers for specialty. It will take a massive amount of funding to land the care providers that are needed in our area.*
- *Most providers have become impersonal with the patients, in my personal experience, and if they do not have my health interest as a priority, I'm not paying for services.*
- *Most times it's because I can't afford to pay for the visit or copays. something along that.*
- *Mostly high co-pays for meds and to see other Doctors. When on SSDI your income is a fixed rate and insufficient to the rising cost of living.*
- *Multiple primary care physicians leave without replacements available. Also, many specialists have left New York or retired with no replacements available. Also new hospital has declining care compared to the former hospital.*
- *MVEC booked way out for screening procedures.*
- *MVHS in Waterville only has one reliable doctor, Dr. Sullivan. She is overworked and understaffed, with inexperienced, new nurses and PAs who fail to listen to patients' needs or adhere to a routine that has been effective for patients for over 15 years. I have yet to be established with anyone on a full time basis since moving to the area in 2023. My yearly physical has been postponed, rescheduled or cancelled I'm now due for September 2025. I've had 2 pre-op physical appointments completed by Dr. Sullivan who is amazing but unfortunately has no room for me as a new patient. Unfortunately I will be leaving this office in search of a new pcp, that will take my insurance and is accepting new patients at this time in the SDMG in New Hartford, CMH in Hamilton. If you know of any Dr's accepting new patients at either of these locations that accept Humana Medicare and Medicaid for insurance coverage please let me know.*
- *MVHS leadership has mismanaged its finances, damaged the physician training programs that are so vital to our communities' physician workforce needs, engaged in coverups, retaliated against key employees, and misdirected resources to prop up its public appearances and its new Wynn Hospital -- all at the expense of equally vital women's health and primary care needs. This leads to ongoing serious access problems for patients.*
- *My doctor would like me to have a sleep study, but my job insurance won't cover this.*
- *My healthcare provider (doctor) retired so my husband and I were given to a PA. This person left and we were never notified until we called for physicals. We still haven't been assigned a replacement. The group insists I come*

in (45 minutes away) for an appointment to review my prescriptions (same 2 scripts for many years) but won't give me a physical. Obviously just interested in my copay. Also, my father just passed from cancer. His urologist failed to find a 12cm mass in his bladder. He had a cat scan in January and the urologist only saw debris. Hard to believe that by June he had a mass that large. He was obviously dying of cancer yet Dr. Humar in Wynn only continued to treat him for an UTI and was less than interested in his case. He flew in and out of the room just to collect his fee for the day. Oneida County is horrendous.

- o *My healthcare provider left - leaving very few choices.*
- o *My insurance covers bare minimum.*
- o *My job only allows so much time off and none for medical appointments. So I need my appointments very early in the morning, or after 4:30 pm, or on Saturdays.*
- o *My new patient appointment I made in April, the soonest available was September. A bit ridiculous.*
- o *My PCP retired 5 years ago. I have been through 6 since then. Some left the practice before I even saw them. I have one now but I don't know for how long. I just got a letter telling me my gastroenterologist is leaving. Digestive Diseases doesn't have availability until the middle of next year. We have one periodontist and very few oral surgeons. I had to go to Oneida and see a specialist from Syracuse. My current PCP is with community memorial out of Hamilton. I am not alone in this boat.*
- o *My Primary closed his office and I'm waiting a year to get an appointment with a new doctor.*
- o *My primary doctor's office is in Barneveld, NY, and I do not know where to go for urgent care or which hospital I should go to that is connected to my primary doctor. Rome Hospital is awful with provide interpreter immediately and services there awful.. Strong Hospital in Rochester, NY is great because they have an on-site ASL interpreter 24/7, ready in person, not VRI.*
- o *My primary is in Oneida County. Naturally, my primary will refer me to doctors in Oneida County if a different specialty is needed. There are times though where doctors will review cases and refuse to take them on and therefore you either get a doctor that your primary doesn't recommend or you have to travel out of county. Also depending on the specialty, Oneida County still does not have a wide variety like neighboring counties.*
- o *My provider completed a referral but didn't refer to a particular doctor. No communication between providers.*
- o *Need a dentist in the Utica area that takes Fidelis.*
- o *Need more incentive for young doctors to come to the area (I say this as a young doctor who lives in the area!). I came back here because of family, but people my age need well-paying jobs with good benefits, reasonable hours, nice parks/public spaces, and quality certified childcare.*
- o *Need more knowledgeable doctors. For example, my primary just pushes meds, she is condescending and treats me like I'm lying. Planning on finding a new one.*
- o *Need more physicians, not PA's or nurse practitioners.*
- o *New primary cate providers continually leave the area.*
- o *No access to specialists unless you go out of state or travel to Rochester or Albany. Little follow-up and actually caring about a patient's symptoms. I deal with chronic illness related to dysautonomia, and no one treats it and wants to do tests or do the appropriate bloodwork. It is frustrating and overwhelming when you become your own physician and do the research and start treating yourself because no one can be bothered. Can't even get into an endocrinologist unless you are a diagnosed as a diabetic.*
- o *No dentist takes Medicaid. I've had a broken tooth for 6+months. Hard to get into OB for both me and my daughter. I often feel like doctors are rushed, and their appointments feel rushed too. Primary care is always changing. Never seeing the same doctor. No mental health services available.*
- o *No in network providers.*
- o *No primary providers available. The only option is newly graduated nurse practitioners. Haven't seen a doctor in years.*
- o *No specialty providers like podiatry, neurology, pediatric endocrinology, pediatric GI. One can die waiting for the appointment.*
- o *No time off applicable for use besides PTO for these services.*
- o *No understanding of medical conditions by providers or the government. instant changing of providers so as tom prevent any rational continuity of care.*
- o *Not enough doctors anymore to care for the growing population, also, charges for all medical services are extremely expensive - because - the system is set up based upon HEALTH INSURANCE covering the costs - but - unfortunately, CO-PAYs are now obscene - mine is $3,000/year out of my pocket before insurance kicks in.*
- o *Not enough doctors available in the Rome area and if there is, appointments are at least 3 months out. Forced to go to Utica for appointments. Some won't put you on a cancellation list, stating it's not their policy. VERY POOR CHOICE OF DOCTORS IN ROME.*
- o *Not enough doctors. Pushing medication and vaccines isn't always good.*
- o *Not enough offered for the elderly.*

- *Not enough practitioners for areas of specialization.*
- *Not enough primary care physician accepting new patients.*
- *Not enough providers in specialty areas.*
- *Not enough proviers. Too long of a wait time for an appointment.*
- *Not enough reliable mental health services in this area.*
- *Not enough services.*
- *Not enough specialists such as neurology and urology.*
- *Not every specialty have readily available appointments- sometimes have to wait a long time or go out of town to receive services.*
- *Not having all health care needs all in one county with proper insurance coverage for every need! The new Wynn Hospital is lacking in personal care services.*
- *NOT just medical BUT Dental. I have coverage but my insurance is forcing me to drive over an hour and 20 minutes. I can't afford the time or gas to drive that far. I haven't had a Dental cleaning in over a year or more. I already had a mouth full of cavities. I can't afford an out of network dentist.*
- *Not me but a special needs person I work with cannot find an endodontist to perform a root canal. No one accepts Medicaid patients.*
- *Nothing is readily available or available in a timely manner. My PCP referred me to a specialist, but the wait was 10 months. I was told I missed the appointment because the referral I received from my PCP listed the date as April 21st, when in fact it was March 21st. So now I have to wait another nearly year to be seen. That's unacceptable.*
- *Once established as a patient, it's not terrible, but getting started with a provider as a new patient can take several months.*
- *One has to wait a long time to get into see a Specialist! The co-pays are very hefty for tests! Insurance does not seem to cover as much as it once did! Medications are still very high in cost!*
- *One of the biggest barriers is finding service after work with a service provider who accepts my insurance. I have had to pay out of pocket for care because there weren't any service providers open that accepted my insurance.*
- *Oneida County is in a health care desert. We need more providers, especially special care providers, of higher quality. Syracuse, Rochester, and Albany have better qualified and easier access than Oneida County.*
- *Oneida County is in the stone age for healthcare, surgeries, old testing equipment, a lack of specialty doctors like kidney doctors, mental health, and you should have clinics. We need more primary care doctors. I shouldn't have to travel to Syracuse to get the best doctors and up to date medical equipment.*
- *Oneida County lacks chronic illness education. I have to teach many of the local providers I see about my chronic illness even though it isn't very rare. If I need testing or referrals, I often get sent much further away. Its unfortunate.*
- *Only having one hospital was not a well-thought-out plan for the healthcare of the community.*
- *Options are sparse in northern Oneida County - especially for home care.*
- *Our cancer center is in an abandoned hospital. One has to drive to Syracuse or Hamilton for reliable orthopedic care. It's 2025 and women in Oneida County still don't have easy access to 3D mammography, Wynn is always short on beds both upstairs and in ER, the staff everywhere is comprised of traveling techs / nurses, etc.*
- *Our law enforcement being racist and shooting our children is a cause of death here. None of you wants to solve any of these health problems; you just need a job. If you'd like our health to get better here in the Mohawk Valley, you need to get rid of all the garbage in charge of **** that keeps making things worse. Yes, let's consolidate all our heath systems so it's easier to monopolize on the poor people. Y'all are a joke to humanity.*
- *Outpatient behavioral/mental health services are sparse, overburdened, and lacking in this area. Difficulty getting a referral and long wait times.*
- *PCP leaving the practice and then being assigned a random NP or DR and not knowing who you will see and no continuity of care and having to wait long periods of time to been seen.*
- *PCP providers refusing to provide routine care and instead pushing to referrals for specialty providers with no availability; patient abandonment over a continuance for a birth control prescription so I changed to an online ordering service.*
- *People not doing their jobs. It took 6 phone calls to get an appt. Answering machines instead of people.*
- *Physicians are rushed. Twice (2 different) physicians ordered medications that clashed with ones I was on. Thank heavens for Parkway Drugs pharmacists. Physician fired my adult daughter for questioning about her medical disorder. Will never return to Oneida County for healthcare.*
- *Poor experience with Wynn Hospital and therefore will go longer distances to receive better quality care.*
- *Primaries are not doctors, just NP's, they run you thru like sheep then prescribe pills and don't follow up. Haven't seen a primary Doctor in years.*

- *Primary care doctor attempted to schedule a test for me at Rome Health. They responded that I didn't meet the criteria. I've had the same test performed there prior.*
- *Primary care doctor is at MVHS. They schedule a yearly physical to push vaccines and unnecessary medication. Try getting an appointment when you are sick, injured, or concerned about a condition that they didn't find - impossible to get in. My doctor harassed me for 3 years to take cholesterol meds. I did a test in Florida that proved I didn't need them, and they were annoyed both when I refused the meds and when I had solid proof that they were unnecessary. A specialty provider thru MVHS kept canceling my appointments with promises to call when they got the Dr's schedule and I even called them multiple times to maintain my patient status but haven't been seen in 4 years by this provider. Went to a better specialist in Florida to get a handle on a serious condition that must be monitored and also have the same specialty Dr in Syracuse so I am covered in both places throughout the year, as opposed to being afraid of what might happen if my life threatening condition flairs during the part of the year when I'm in Oneida County. I have been to WellNow between myself and my children 4-5 times this year due to needing care and getting no Response from MVHS provider.*
- *Primary Care doctors have given over their care to PA or Np too busy for their patients. MVHS is the worst! Cannot get a heart doctor.*
- *Primary care doctors keep leaving. I've established three times in under 5 years, and I've just been notified that I'll have to do it again soon. I have had to recently go to the ER with extremely high blood pressure. I was seen relatively soon and was told I was to receive medication to help bring it down. After 6 hours and begging to be seen for further help, I was seen by another MD and was apologetic for the long wait. This was a very scary situation for me to have gone through.*
- *Primary care physicians are non existent in Oneida County! We need to attract more providers to this area.*
- *Primary care providers keep leaving the practices. This has happened to me three times since living in Oneida County. Most of it is not the availability of the service but the quality of the providers and the support staff.*
- *Primary care services are lacking. The response time for a follow-up call or appointment from a provider is unacceptable.*
- *Primary care staff always quitting. I haven't had a primary care provider in nearly a year.*
- *Provider offices and specialist keeps canceling on me, and I have to wait 10+ months to be seen, even though THEY CANCELLED. Have considered getting reconnected to the old provider in upstate NY to receive services.*
- *Providers and specialists have been quick to dismiss in my experience. You wait past your appointment time to get into the office and when you finally do the appointment is 30 seconds or less. No real resolution with potential health concerns.*
- *Quality of everything has gone way down over time. No local specialists, any referrals is for Syr or Alb. Our systems in Utica are over burdened and likely under funded.*
- *Replacing 3 with 1 smaller hospital was the worst thing NYS and Oneida County did to this area. MVHS only cares about the almighty dollar. Politicians only care about getting re-elected. The people are left to suffer, fend for themselves, and pay the outrageous taxes.*
- *Ridiculous wait times to get in with a provider....that is, if they are taking new patients. Lack of specialists.*
- *Scared of doctors and painful tests.*
- *Scheduling with primary. Wait times at Urgent Care/ER are horrendous.*
- *SDMC did not take our insurance when an endocrinologist was needed so we went to Onondaga County.*
- *Service not available when needed. Waited 8 months for eye appointment, traveled to Syracuse for diabetes appointments, doctor providing colonoscopy left area, child has not seen the same pediatrician ever because they quit each year.*
- *Services offered in the area but doctors have bad reviews causing me to go out of the area for good quality care.*
- *Shortage of Healthcare workers. When a provider retires or leaves the area, it is hard to get into another provider due to not accepting new patients. Also, it sometimes takes months to get an appointment with a specialist. Emergency departments are filled with non-emergency patients because the Urgent Cares are not open 24 hours a day. Urgent Cares that used to take walk-in's are now asking you to book an appointment on line and you may get a time hours later or the next day.*
- *Shortage of providers.*
- *Some health care staff I've encountered have been truly great and value my care, but I've also had some very negative experiences where it is clear I'm not a priority to my provider and that they are not listening to my and my concerns or medical history.*
- *Some MDs are booking new patients or consults 6 months or more out. MVHS doesn't have dermatology.*
- *Some services are booked weeks or months ahead of timely availability. The need for services is greater than availability.*
- *Some specialties are booking consults out 1.5 - 2 years, like endocrinology or GI, for example. Honestly, I don't think GI is even accepting new patients anymore.*

o   Sometimes they've gotten an incorrect diagnosis.
o   Specialist providers are few and far between. The ones we have in the area are booked out for at least a year. Some Double or triple book, so when you do get an appointment, you are waiting for over an hour in the waiting room before even going back to the exam room.
o   Specialists are booking out months. Lack of PCPs and specialists accepting new patients.
o   Specialists- my child has to be taken to Colonie, Albany, and Rochester for neurology, pulmonologist, and GI for peds. I have had to wait 8 months to meet with my own neurologist here in Oneida county.
o   Specialty practices list NUMEROUS providers on their letterhead, but it takes several months to be seen.
o   Specialty services are not easy to come by, GI and other specialist are scarce.
o   Surgeons, specialty care docs leaving the area, NURSING SHORTAGE!!!
o   Takes over a year to get in to see a specialist.
o   Takes to long for an appointment for medical testing.
o   The access to quality healthcare in Oneida County is absolutely abysmal, by far the worst of anywhere I have lived. No one is accepting new patients. Wait times to schedule most appointments are half a year out, and communication from the existing providers is extremely poor; many places are not available when you try to contact them or don't call you back. I will probably end up traveling to Syracuse for all of my healthcare needs. As a person living with a chronic condition, I have serious doubts about my ability to live in the area long term and will be looking for employment elsewhere precisely because access to healthcare is so poor here.
o   The amount of providers in the county has been in fluctuation for years. You think you finally get in with a PCP but all of a sudden your appointment gets moved back over and over until you get the call of Sorry! The provider has left the practice and we don't have any open availability. Please try clinic XYZ. No one wants to live here because there's nothing for them to do. Just because there's new state of the art facilities doesn't mean that's what attracts providers. We have a city in the county that is colloquially known as Shootica, not exactly the premium welcoming environment for any new providers to set roots down here.
o   The biggest barrier is trying to get appointments. Providers are more than 3 months out to give you an appointment. Waiting 3 months to see a provider is extreme. Providers are overwhelmed, it seems, and I think they can only spend a certain amount of time with each patient and have to move on to the next.
o   THEY CLOSED ALL 3 HOSPITALS, LEAVING ONE AND A 5-HOUR WAIT TIME!
o   The continuous leaving of the primary care doctor. Every time I go for my physical or need my doctor for an illness, they are no longer there, and I have to start all over with a new doctor. It never seems that there is someone in my corner to support my healthcare obstacles or at MVHS long enough to establish a relationship to care for me in my aging years.
o   The cost is too high, especially considering the financial loss from taking time off work.
o   The doctors aren't good and healthcare out of pocket costs are expensive.
o   The doctors dismissing your concerns, always saying its either anxiety or being overweight so you stop going to the doctors all together.
o   The general consensus is that to get the best care you need to travel to Syracuse or Rochester.
o   The lack of Child emergency care in Oneida County as we have to travel to Syracuse.
o   The main barrier is not that there is no healthcare, but that the healthcare you can access is subpar at best. I travel outside of Oneida County to get any medical care needed. Even if it were a small issue.
o   The merger of hospitals has created the largest barrier to keeping highly skilled physicians in the area.
o   The number of providers is decreasing, while the number of clients is not. It is typically a 3-4 week wait if I call my PCP to get an appointment for an illness or injury, so many times I end up at urgent care or the ER. I also have been unable to find a PCP for my child who has aged out of his pediatrician's office. The number of specialists in the area, even for basic things like OBGYN care is low. Mental health care availability in the area is ridiculously low. After my daughter's suicide attempt (and stay at Pinefield) it took 2 months to get her into a place that provided psychiatric help for people with regular (not Medicaid) insurance. Many dentists and doctors aren't accepting new patients, and many of the ones who do don't take insurance.
o   The only problems I have so far is that I have to go to New Hartford or Utica for a Dentist, and my Dentist is having a hard time finding a hygienist. Thus, we haven't seen the Dentist in two years. I have to go out of Rome, NY for an Allergy Test because we don't have an Allergist anymore. Also, there are no Mental Health Providers in Rome, NY, except for Substance Abuse. I need one for Anxiety, Depression, and to test for Autism and ADHD. I do NOT take drugs or have a drinking problem, so I can't use what is available.
o   The out of pocket costs are extremely high even with decent insurance. Trying to find a primary care doctor accepting new patients near me for an appointment this year 2025 was not easy.
o   The providers I have been to are incompetent for my most serious health issues or there is no one to go to in this area. I have had medical professionals get things wrong or insist that I need to go to a different specialist which is usually the type of specialist that sent me to them. Everyone I have ever worked with in this area all say that they

need to go to Syracuse to see a doctor for anything more than a basic physical. My current job, which is a county civil service job, also provides insurance that most of us can't use because the copays are too expensive.

- o *The rural areas have no doctors.*
- o *The wait times for primary care and psychiatric services are truly unbelievable, especially for people in crisis.*
- o *The Winn Hospital is poorly run and gives poor and inadequate care.*
- o *The Wynn emergency room needs better management and staffing. I spent an entire twelve hours there last week.*
- o *The Wynn Hospital ER is crazy.*
- o *There are a limited number of specialty doctors (i.e.: allergists) in the area and I have to travel to Syracuse for care.*
- o *There are just not enough health care providers here! I moved here over 2 years ago, and I still cannot find a Primary Care Physician!! My daughter is having trouble finding a pediatrician for her kids. Her kids need a specialist for autism and ADHD, and she has been unable to get them seen or even tested!! I tried to find a therapist and had very few choices there either!!*
- o *There are limited doctors accepting new patients in Oneida County.*
- o *There are limited mental health services in the county. We experienced a long wait list of 6 months or more and sub par mental health crisis help in the ER.*
- o *There are not a lot of primary care providers anymore. I have one, but it is not easy to get in if you need to, due to illness. Emergency rooms are overcrowded with people who could have gone to a private MD or an urgent care, but again, the lack of primary care and even urgent care facilities is poor!*
- o *There are not enough dental places that accept Medicaid. We need more dental places that accept Medicaid.*
- o *There are not enough doctors in this area to meet the number of patients. MVHS and Wynn Hospital lack sufficient experienced doctors and prioritize profits over patient care.*
- o *There are not enough doctors, especially PCPs, which you know.*
- o *There are not enough primary care physicians (MD, NP, PA) available. Many are overwhelmed, booking appointments months in advance, or no longer accepting new patients.*
- o *There are not enough primary care physicians nor specialists in the area accepting new patients. Hours are restrictive.*
- o *There are not enough providers to receive care timely and efficiently.*
- o *There are very few medical resources for autistic adults. And the primary care doctors are too busy to spend any time with you, we need more of them.*
- o *There are very few specialty providers who are competent in their fields locally. Most of my family's specialists are all in Syracuse as a result. The providers that are local have long wait times. I don't even stay local for emergency care due to the wait times and poor care provided at Wynn ER.*
- o *There aren't enough doctors or ophthalmologists who accept Medicare and Medicaid in Rome.*
- o *There is a lack of dental care available in the area. The offices in my area either do not accept my insurance or do not have availability. I have not had a dentist in years.*
- o *There is a lack of focus on preventative healthcare and focus on nutrition for our overall health. It is also a challenge to find healthcare in all areas that are up to date in guidelines and provide more than just the basic level of care. Neighboring areas provide much better care and options for providers i.e.. Syracuse.*
- o *There is a lack of qualified, competent providers which has led us to pursue care outside of Oneida County.*
- o *There is a severe shortage of specialists in Oneida county. The facilities are dilapidated and there is General lack of co ordination between specialists and lack of urgency.*
- o *There is absolutely no specialty care of decent quality in the county, or, frankly, in CNY at all. I have repeatedly referred to as close as NYC or as far as Mayo (Ohio) for care.*
- o *There is an enormous deficit in therapy services in the birth to 5 population of children. This is becoming a critical need with the number of children in waiting lists for intervention.*
- o *There is limited expertise, limited providers, lack of base level blood testing/screenings, medical gaslighting is prevalent here.*
- o *There is no crisis in healthcare access in this region. As we age, we plan to move out of the area; this is one of the primary reasons why. We have encouraged our now adult children, as they graduate from college and move out of the area, to consider staying in the states where they are living.*
- o *There is not an endocrinologist with MVHS, only diabetologist or Slocum Dickson endocrinology.*
- o *There was a specialist for Lyme disease in Albany when traditional methods had not produced relief. It was 3000 out of pocket for the initial visits. Insurance didn't cover it... also had a wrist ligament tear, and it took months to get in for screening to find out what the issue was to get it addressed.*
- o *This survey was difficult to answer. Some providers are easy to obtain services from, but other providers are very difficult to schedule appointments with in a timely manner.*

- *Time frame for open appointments. They are scheduling months out.*
- *Too few doctors in every specialty, especially gastroenterologists. Also, the available urgent care facilities, WellCare, make the patient enter all the information on their phone, and will not enter information themselves at check-in, and that is why I do not go to this clinic, although I would like to use them.*
- *Too long at the only hospital to go to an ER. Wait in the room once your name is called is a long wait.*
- *Too many blood tests for everything but what we should look for because insurance doesn't cover it.*
- *Took me two years to get in for a colonoscopy, and then when I finally had it, they didn't have the equipment to remove a large polyp, and I had to go to Albany.*
- *Transportation is an issue. When you live in a rural area, there isn't any public transportation. When you are on a fixed income, taxi services or Uber are too expensive.*
- *Transportation is difficult to arrange, and the website is frustrating to navigate. Providers are backed up and appointments are becoming more and more difficult to get, so if transportation falls through, I'm stuck for months waiting for another chance. Some doctors' offices aren't even handicap accessible. I struggled to use the toilet at the hospital for pity's sake, because it wasn't designed for a wheelchair user. can does what they can to help me, but I'm only a monthly checking for a single worker. It just isn't enough. Senior Network was absorbed into VNS, and now I don't know who any of my workers are. My Dr moved to a new location and I haven't been able to find a provider worth a darn since. My current provider at Rome Health has dismissed me from care for threatening to complain about him. There isn't an oral surgeon in this area that takes my insurance. I have to get transportation to Syracuse to get my teeth pulled. I live alone and don't have any help with any of this since my husband died, but caregivers is only giving me 4 of the 8 hrs a week I'm allotted for a home health aide. I'm grateful for what I have but there is so much room for improvement.*
- *Transportation.*
- *Tried to find someone to do a colonoscopy because I should have had one 10 years ago. Three different receptionists told me (in so many words) we are booked and not taking new patients, and no, I do not know where to tell you to go. Ask your primary care doctor. Well, I don't have one. So, I gave up. I'll go to Urgent Care if I get sick, and just pray I stay healthy - which is not a smart thing to do.*
- *Trying to get a PCP is near impossible. A year wait, only to be told it is ONLY a new patient appointment and THEN you get to schedule your annual physical, another 6-12 months later.*
- *Trying to schedule tests quickly has been close to impossible. Unless it's on a regular screening schedule, if you suddenly should have a problem, it's extremely difficult to get a test done quickly. Thank goodness I haven't had an issue, but I know too many people who have. And timely medical care can be the difference between a successful outcome and one that isn't.*
- *Two Primary concerns: 1) not enough specialty providers, so an appointment will be available in 6-9 months, and 2) some appointments require a designated driver and do not allow taxi/Uber (not easy when you live alone).*
- *Unfortunately, often I find unfriendly, uneducated, and disassociated healthcare providers in our local area, thus creating a bad patient experience.*
- *VA Services are becoming worse. Doctors at the VA move around frequently.*
- *Vaccinations are not given in primary care offices or by home health agencies. My pharmacy recently closed.*
- *Very difficult to find Primary Care services and the specialty offices are hard to get into.*
- *Very few healthcare providers deal with post transplant people and how their care changes. Even fewer are capable of dealing with complex patients with several chronic conditions.*
- *Very Few primary care DOCTORS and few of those accepting new patients.*
- *Very limited care at Wynn. Awful facility and area is scary for people to go to. It's small for an area, not a trauma center, and everyone has to pay to get shipped to Syracuse. There are not many new doctors in the area. Faxton Cancer Center outdoors is very upsetting - not kept up, weeds, needles, trash outdoors, inside very run down, not inviting, especially if you have cancer. Also never seen security. All around area needs a real hospital and care givers all over. Quite disgusting*
- *Very limited options. No ability to change PCP as none accepting new patients. Very limited Endocrinology options and gerontology is mostly limited to Digestive Disease and they are an absolute mess. Personally, I travel outside of Oneida Country for most specialized care. I am fortunate enough for that to be possible for myself, but am concerned for those for whom that is not an option. Mental Health Care is severely limited. If it is not an immediate crisis, there practically no affordable options for therapy or medication management. Telehealth is not the answer to everything. People often need to seem in person. Oneida County needs to do a better job attracting and supporting medical professionals to live and work in our communities.*
- *Very long wait times for a new patient visit, if facility/provider is even taking new patients, which many aren't.*
- *Wait times for appointments are 2 or more hours, not enough providers to take in patients, and doctors refusing you if you leave your appointment because you've been waiting for two hours to be seen.*
- *We don't have enough doctors for the people who need appointments.*

- *We don't have enough immediate specialists. I have an autoimmune disease affecting my GI tract, and luckily, I was established at Digestive Disease years ago. Now, I have close family suffering from similar conditions (genetic) and they cannot get in with a digestive specialist anywhere in central New York.*
- *We don't have good specialists in the area, and instead drive out of the county for good ones. The same applies to hospital care most of the time. Its known to go to Albany or Syracuse or even NYC for better treatment options and providers.*
- *We have no Gastroenterologists. The ones we have are booking out more than a year. We also have very poor dental services. Rome health primary care is a disaster.*
- *We have no proper hospitals or facilities to actually receive proper mental health care in times of crisis. If you go to the hospital you are lucky to receive any kind of hold in the case of mental crisis.*
- *We have very limited specialists.*
- *We need more choices other than MVHS in the Utica area. MVHS has been aggressive in requesting payment for services, before my insurance has paid them, and I know the negotiated co-pay I need to pay.*
- *We need more doctors that care about a person not just a number.*
- *We need more Dr. in this area We have a shortage of doctors in this area.*
- *We need more options and lower cost for people in the Utica area. It's too expensive for services and treatments.*
- *We need more pediatric dentists and dental clinics. No one wants to have to drive over 50 miles to get dental care, and no one wants to be referred to Wilson Dental in Syracuse. It is deplorable it's dirty, the staff has become a product of its environment.*
- *We need more providers. Specifically, primary care. Also, specialists do not have to wait months for an appointment. People also need transportation to and from appointments, both for people without transportation and also for disabled or seniors who need help with transportation.*
- *Weekend illness, locating where available on these days, getting there, getting in.*
- *When I had a mental health crisis, it took three months to be able to get an appointment with a psychiatric nurse practitioner even longer if I wanted to see a psychiatrist. They were that far booked out. And they only did medicine at the place I was able to get into.*
- *While a general amount of healthcare workers (90%) Are incredibly talented they lack common sense. Using this healthcare system is basically a death sentence. I spent 3 days in labor at the new hospital me and my daughter almost died because of an overlooked medication. Please do better.*
- *While the care for certain conditions, like heart health, are robust and plentiful, other conditions like diabetes and prenatal care are almost non-existent. The services that are provided are done so with doctors who are brand new or sub par or should have retired decades ago. For other services like children's dental, there is a single provider in the area and they refuse to work with insurance.*
- *Winn Hospital ER dept needs training in triage, professional conduct for admission personnel, and signage.*
- *With both my spouse and I working full time jobs we are unable to afford work sponsored healthcare or a meaningful Fidelis essential plan. We can afford to pay our house bills and barely food.*
- *Wynn Hospital is just a nightmare. Actually, it's a death trap for patients, especially if they have no one to advocate for them. The politicians who rammed this hospital through should pay a heavy price.*
- *Wynn Hospital went in at 6 am on a Saturday for pneumonia, and Covid had to wait to see a cardiologist on Sunday at noon, none of the nurses were working, so no food; at least the nurses let me drink. Went in for high blood levels and bio duct problems, was sent to Albany Medical Hospital because no surgeon was available.*
- *Wynn is not large enough to handle the volume. Utica needs a 2nd hospital. Everything that is complicated gets transferred to Syracuse/Albany. Lack of Urology, Trauma, Orthopedic, Neuro-Surgical, and Pediatricians.*
- *YES! Trying to find a primary care provider that is accepting new patients is almost impossible! My Medicare physical was due in May. My PCP left MVHS in January. In April I received a phone call from MVH telling me that my new PCP would not be available until OCTOBER! There is no one available for questions or to refill prescriptions or provide routine (non-emergency) health concerns. I was told PCPs accepting new patients are scheduling appointments for NEXT YEAR. And, forget trying to find a GI specialist accepting new patients! I moved here 6 years ago from Ilion. My health care used to be with Bassett. I wanted to find care closer to home - but I still find I need to rely on Bassett for some care services. Slocum Dickson provides some of the services I need - but their facility is so overcrowded. I sure hope the new hospital is providing better care than MVHS outpatient offices. (by the way - my former MVHS pcp was WONDERFUL!!!! But she is gone - and apparently MVHS can't - or won't - hire sufficient family practitioners to cover the need in this area. How sad)*
- *Yes, Oneida County Hospital needs new blood to run them and listen to patients. I went out of state for one foot surgery, and that's how a hospital should run.*
- *You can not get through to clinics or doctors' offices. They make you go online to make an appointment or call a different number for a scheduler. Then they change the appointment date for you. We had four hospitals in Utica, now we have one. That isn't enough. That is crazy.*

- o *You have to wait weeks or sometimes months for an appointment.*
- o *Young inexperienced general practitioners are the only ones with availability and no had to move here and leave my more experienced GP so it's a struggle to trust the people providing me care.*

Table A47. Travelling Outside of Oneida County for Health Care Services

Q7. Do you or anyone in your household travel outside of Oneida County to access healthcare services?		
Travel Outside of Oneida County	**n**	**%**
Yes	1,209	51.1%
No	1,159	48.9%

Q7a.　If yes, for what type(s) of service(s)? (n=1,209): *(the following comments are verbatim)*

- o *A few different things*
- o *A MOH's surgeon and Specialist GYN surgeon*
- o *Addictive services*
- o *Advance GI Dr*
- o *Advanced screening for cochlear implants*
- o *All (n=3)*
- o *All doctors*
- o *All except primary medical doctor, all other specialists out of Utica and or Rome, no specialist out here*
- o *All health services*
- o *All healthcare*
- o *All medical*
- o *All medical needs*
- o *All medical services (n=5)*
- o *All of my health care is achieved outside of Oneida County*
- o *All of my healthcare needs: primary, gyn, ortho, & pharmacy*
- o *All of our health services*
- o *All primary, gynecologist, and spine doctor*
- o *All services (n=4)*
- o *All services except family primary care.*
- o *All special Spinal cord md, urology, neurology, neurosurgeon. ALL MD AND TESTING. Even emergency room if we can make.*
- o *All specialty medical care*
- o *Allergies (n=2)*
- o *Allergies and heart issues*
- o *Allergies, Dental procedures, and surgical needs*
- o *Allergy (n=2)*
- o *Allergy specialist, pediatric neurology, and outpatient procedures.*
- o *Allergy- was given an appointment locally in 10 months- May 2026 Dermatology- not locally available, family history of BCC Dental- long wait for first visit Mental Health- use private provider in Schenectady*
- o *Allergy/Asthma, Pain Management Specialist, and ENT Surgical Consultation*
- o *Almost all healthcare*
- o *Almost all specialized care - primary care as well once my PCP retires due to limited options accepting new patients in the county.*
- o *Ambulatory services and specialist care.*
- o *Anatomy scan for fetus*
- o *Ankle issues*
- o *Annual mammography and specialized service due to prior biopsy*
- o *Any and All*
- o *Any major health issues*
- o *Any thing not available in Oneida county. Mostly because of the length of time it takes to be seen locally.*
- o *Anything*

- *Anything emergency related*
- *Anything I need*
- *Anything serious or where I need a specialist*
- *Anything that isn't a basic physical or urgent care need*
- *Arthritis and pediatric*
- *Arthritis, Back, and knee issues.*
- *Arthroscopic knee surgery*
- *As many as possible.*
- *As needed*
- *Asthma*
- *Asthma care*
- *Asthma, Allergy, Immunology, and Rheumatology*
- *Asthma, genetic counselor, GI, and hematology*
- *Audiologist/ENT, allergy, pediatric specialty, and orthopedic surgery*
- *Audiology*
- *Audiology and anywhere I can possibly go if I can get a ride there*
- *Autism (n=3)*
- *Autism and Mental Health*
- *Autism/add for adults*
- *Auto-immune disease treatment*
- *Back and orthopedic.*
- *Back care and digestive care*
- *Back pain*
- *Back problems*
- *Balance and eyes*
- *Bariatric doctor who specialize in gastric stimulator*
- *Basal cell carcinoma removal surgery.*
- *Behavioral health (n=2)*
- *Better specialty care*
- *Biopsy*
- *Bloodwork, CT and MRI, surgery, and specialty Dr's*
- *Bone & joint*
- *Botox*
- *Brachial Plexus injury*
- *Brain surgery and MRI*
- *Breast cancer (n=2)*
- *Breast care (n=2)*
- *Breast Care and dental Care*
- *Breast care and ER visits*
- *Breast care and follow up appointments*
- *Breast care and neurological care*
- *Breast care post mastectomy*
- *Breast care, skin cancer, and non-Hodgkin's lymphoma*
- *Breast care-cancer*
- *Breast exams*
- *Breast imaging*
- *Breast imaging surgery*
- *Breast Surgeon*
- *Bypass surgery*
- *Cancer (n=10)*
- *Cancer care (n=2)*
- *Cancer centers*
- *Cancer check UPS*
- *Cancer doctor and Gastro*
- *Cancer follow-up*
- *Cancer Monitoring*
- *Cancer related care and screenings*
- *Cancer removal on my nose*

- o *Cancer screening (n=2)*
- o *Cancer treatment (n=8)*
- o *Cancer treatment and Dermatology*
- o *Cancer treatment and hip replacement*
- o *Cancer treatment and varicose vein treatment*
- o *Cancer treatments (n=2)*
- o *Cancer, cardiology, endocrinology, rheumatologist, and orthopedic*
- o *Cancer, primary, and neurologist*
- o *Cardiac (n=2)*
- o *Cardiac and hip replacement*
- o *Cardiac and infectious disease*
- o *Cardiac and Urology*
- o *Cardiac Care and Cancer Care*
- o *Cardiac care and surgery, vascular surgery, and gynecology surgery are also looking for a new primary care doctor out of the area since ours retired.*
- o *Cardiac specialty care*
- o *Cardiac surgery (n=2)*
- o *Cardiac surgery, urology, and dental*
- o *Cardiac, cancer, and plastic surgery*
- o *Cardiac, gynecologist, dermatologist, and allergist*
- o *Cardiac, liver, and kidney care*
- o *Cardiac, MRI, cardio catheter, and colonoscopy*
- o *Cardiac, pulmonary, x-ray, radiology, GI, and Primary care.*
- o *Cardio (n=2)*
- o *Cardiovascular Care and Neurology/MS Care*
- o *Cardio, Endo, and Genetics*
- o *Cardio, osteoarthritis, hearing, on-gym, and dermatology*
- o *Cardio/vascular specialties*
- o *Cardiologist (n=6)*
- o *Cardiologist surgeon*
- o *Cardiologist, concussion rehab, and neurologist*
- o *Cardiologist, Neurologist, and Cancer treatment*
- o *Cardiologists*
- o *Cardiology (n=11)*
- o *Cardiology and Electrophysiology*
- o *Cardiology and hematology*
- o *Cardiology and Hepatology*
- o *Cardiology and Internal Medicine*
- o *Cardiology and neurology*
- o *Cardiology and Orthopedic*
- o *Cardiology and Pediatric Surgery*
- o *Cardiology and Pulmonology (n=2)*
- o *Cardiology specialty care*
- o *Cardiology, Cancer, and Bloodless Surgery's*
- o *Cardiology, dermatology, primary care, and anything that really matters.*
- o *Cardiology, neurology, and orthopedic*
- o *Cardiology, orthopedics, dermatology, and plastic*
- o *Cardiology, urology and orthopedic specialists*
- o *Cardiology, Urology, and Ortho*
- o *Carotid artery surgery at St. Joseph's Hospital.*
- o *Carpal Tunnel Surgery and Eye Surgery.*
- o *Chemo*
- o *Child Dental*
- o *Child Health care*
- o *Child specialist*
- o *Chronic disease management*
- o *Chronic heart condition*
- o *Chronic illness*

- Chronic illness specialists care
- Chronic pain
- Colon Rectal, Hematology, and Diverticulosis
- Colonoscopy (n=8)
- Colonoscopy, pediatrics, and cardiac procedures
- Colonoscopy; heart
- Consult cancer care
- Consults with doctor at Mt. Sinai in New York City regarding CLL
- Cortisone injection, mental health services, vital and infectious disease, orthopedic surgical evaluation, joint replacement, and more. MVHS consolidating 2 hospitals into one was, and is, a horrible mistake! The Emergency Room waiting room is packed. It takes almost 24 hours to get treated and admitted! I had to go to Rome Health to get care.
- Crouse Irving, back surgery. Gastroenterologist, Syracuse. Removal of basil cell skin cancer, Syracuse Sigmoid Colon Resection, Albany Med
- Dental (n=35)
- Dental and breast cancer
- Dental and Cardiac
- Dental and cardiology
- Dental and dermatologist
- Dental and dermatology
- Dental and Gynecological
- Dental and health
- Dental and hypothyroidism
- Dental and medical
- Dental and mental health therapy
- Dental and optical
- Dental and specialty doctors
- Dental and surgeries
- Dental care (n=3)
- Dental pediatrician for gastroenterology dermatology all of these are out of the area and Medicaid cabs are not easy to take when you have children to take too long appointments
- Dental Services (Cancer screening)
- Dental surgery
- Dental Workmen compensation
- Dental, cancer, and medical
- Dental, Colonoscopy, and Holistic Natural Medicine.
- Dental, eye doctor, primary care, and urologist
- Dental, orthodontic, and medical specialty services
- Dental, pediatric GI, and pediatric endocrinologist
- Dental, surgical, specialist, and ENT
- Dentist (n=7)
- Dentist and eye doctor
- Dentist and ophthalmology
- Dentist para niños (Dentist for my kids)
- Dentist, pulmonologist, and all specialists
- Dentistry
- Dentistry and orthopedic care
- Depends on VA authorization for local service
- Dermatologist (n=6)
- Dermatologist and gynecologist
- Dermatologist for skin cancer
- Dermatologist, eye surgery, and ENT
- Dermatology (n=5)
- Dermatology and dental
- Dermatology and ENT
- Dermatology and Gastroenterology (colonoscopy)
- Dermatology and osteoporosis
- Dermatology surgery

- *Dermatology, breast cancer, and orthopedic services*
- *Dermatology, cardiologist, urologist, and endocrinologist*
- *Dermatology, dental, and primary care*
- *Dermatology, ENT, Neurology, Neuromuscular, and Audiology*
- *Dermatology, MOHS procedures, and Urgent Care. CNY Cardiology in Oneida. (My preference)*
- *Dermatology, Orthopedic Surgery, and Psychiatry*
- *Developmental pediatrician*
- *Developmental Services*
- *Diabetes (n=4)*
- *Diabetes management*
- *Diabetes management, OBGYN, spinal monitoring, mammography, breast care and primary care.*
- *Diabetes regulation, eye exams, radiation and specialty testing*
- *Diabetes, Retina Care, and Prenatal Care*
- *Digestive disease*
- *Disability*
- *Doctor*
- *Dry eyes disease*
- *Electro cardiology, electro neurology, urology, and rheumatology*
- *Emergency*
- *Emergency care and cardiac care*
- *Emergency care, fertility, cancer, and heart*
- *Emergency or surgical services*
- *Emergency room (n=4)*
- *Emergency services*
- *Endo*
- *Endocrinologist (n=4)*
- *Endocrinologist and OBGYN*
- *Endocrinologist and orthopedic specialist*
- *Endocrinologist and pulmonologist*
- *Endocrinologist and SOS Clinic for shoulder*
- *Endocrinologist, ER, and Urgent Care*
- *Endocrinology*
- *Endocrinology and cancer treatment*
- *Endocrinology and Gastro (GI)*
- *Endocrinology and Gastroenterology*
- *Endocrinology and Neurologist*
- *Endocrinology and neurology*
- *Endocrinology and OBGYN*
- *Endocrinology and orthopedics*
- *Endocrinology and rheumatology*
- *Endocrinology Cardiologist*
- *Endocrinology for diabetes*
- *Endocrinology, Allergist, and Neurology*
- *Endocrinology, Cardiology, Pulmonary, and Vascular Surgery*
- *Endocrinology, gastroenterology, neurology, and podiatry*
- *Endocrinology, orthopedics, and gallbladder removal*
- *Endodontics and ultrasound. (Also had a 10 month wait for an endocrinologist, in-county.)*
- *Endoscopy*
- *ENT (n=17)*
- *ENT and allergist*
- *ENT and dentist*
- *ENT and Dermatologist*
- *ENT and Endocrinology*
- *ENT and GI*
- *ENT and neurologist*
- *ENT and surgeon*
- *ENT and Urology*
- *ENT doctor and hernia repair surgery*

- ENT specialist and gastrointestinal specialist
- ENT, audiologist, Ophthalmologist, and Pediatric specialist (ortho, ENT)
- ENT, Endocrinologist, dermatologist, and dentist
- ENT, gastroenterologist, and OBGYN
- ENT, Orthopedic, Oncology, Surgeries, and Mental Health
- Epilepsy specialty care beyond the general care offered here.
- ER
- ER visit
- Every service
- Everything (n=2)
- Everything except annual physical from Clinton satellite office from Basset Healthcare
- Eye care (n=5)
- Eye doctor (n=5)
- Eye health
- Eye Specialists (n=4)
- Eye surgery, hand surgery, and breast cancer surgery
- Eye, dermatology, and specialty orthopedic
- Eyes
- Family Dental Services
- Family doctor
- Family Medicine, General Practitioner, and Dermatology
- Fertility
- Fertility care
- Fertility care, pregnancy care, psychiatry, and ophthalmology.
- Fertility experts
- Fertility treatment and MFM specialist
- Follow up pancreatectomy from IPMN
- Follow up post op Breast Cancer Services to include surgeon and plastic surgeons
- Foot surgery and bone cyst surgery
- For a surgeon to get my gallbladder out.
- For surgeries we go to Albany Medical
- Functional Medical Care
- Functional Medicine Provider
- Further evaluation of CKD 4
- Gastric
- Gastric bypass doctor
- Gastro (n=2)
- Gastro and dermatologist
- Gastro and wound care
- Gastro issues
- Gastro specialist
- Gastro, allergy, and Nero
- Gastroenterologist (n=5)
- Gastroenterology (n=4)
- Gastroenterology and integrative medicine
- Gastroenterology and women's health issues.
- Gastroenterology, endocrinology, and mental health especially psychiatry
- Gastroenterology, Gynecology, and Surgeons.
- Gastrointestinal (n=5)
- Gastrointestinal and cancer
- Gastrointestinal and OBGYN
- Gastrointestinal care
- Gastrointestinal care, mental health care, pulmonologist, sleep medicine, breast care, and imaging
- Gastrointestinal, dental, and periodontist
- Gastrologist and Cardiologist
- General care
- General Practitioner
- Geriatrics

- GI (n=11)
- GI and Allergy specialists
- GI and Breast Care
- GI and orthopedic
- GI and Orthopedics
- GI and pulmonary
- GI Doctor
- GI doctor for a colonoscopy
- GI Pediatric Cardiology, Pediatric GI Cardiology ,Women's health, Hematology, and Breast care
- GI specialist and mental health
- GI specialist, Prostate Cancer, and eye care
- GI specialists
- GI, allergy, asthma, ENT, sleep test, pulmonary, breast care, and skin cancer treatment
- GI, ENDO, ENT, etc.
- GI, gynecologist, and urologist
- GI, Ortho, and OBGYN
- GI, Peds dental, and peds optimal
- Glaucoma specialist
- Gyn
- GYN and hospital/ER
- GYN, Dermatologist, Eye, and Physical Therapy
- Gyn, primary care, dermatology, psychiatry, dentist, and oral surgeon
- Gynecological, obstetrical care, and ENT.
- Gynecologist
- Gynecologist and Breast Care
- Gynecologist and Breast Care Surgeon
- Gynecologist, plastic surgery, and cancer surgery
- Gynecology
- Gynecology, GI, oncology, and soon to be primary care and endocrinology
- Gyno and Dentist
- Had to travel for colonoscopy due to long wait time, and specialty care for various conditions
- Hand doctor
- Hand surgery, cardiac care, and cancer treatment
- Health care (n=2)
- Hearing
- Heart (n=3)
- Heart and diabetes
- Heart and lungs
- Heart bypass surgery
- Heart care
- Heart services and Back surgery
- Heart surgery and urologic procedure
- Heart valve replacement and cancer
- Heart, cancer screening, and dermatology
- Heart, Cancer screening, and urology
- Heart, cancer, and neurological issues
- Heart, cancer, and second options
- Heart, kidney, and eyes
- Heart, neurological, and ENT
- Hematology
- High quality specialized care
- High risk prenatal care
- Higher level hospital care
- Higher level hospital care and wound treatment/surgery to save my leg
- Hip and shoulder replacement
- Hip, knee, and dental
- HIPEC surgery
- Hospital (n=2)

- *Hospital (Oneida) - x-rays, breast exam, cancer treatment for the hubby (Syracuse), ENT, and mental health*
- *Hospital visit*
- *Hospital, doctors, emergency room, and quick care*
- *Husband - Vascular & Pulmonary*
- *I had to take my daughter to Syracuse for pediatric cardiology care as she was born with two holes in her heart/heart murmur. The holes have closed now, but I had to drive her to Syracuse pediatric cardiology (60 mins away) 5 times in the course of 3 years for the care/ECHO, exams, check ups.*
- *I travel so I have doctors in other areas*
- *I travel to Syracuse for my kidney doctor. Ortho doctor, I travel to Liverpool, NY to get a 3D MRI, which this area does not have.*
- *I went to my old doctors in Manlius because there were none available here. I stopped now and go to Kate Schultz at MVHC but she is not a doctor!!! Still looking for primary care and neurologist. Also my old dentist in Canastota*
- *I would in a heartbeat for something major*
- *Immunotherapy cancer care*
- *In network services my doctor is associated with Bassett*
- *Inclusive Health Services*
- *Infectious Disease, Rheumatology, and Endocrinology*
- *Infertility treatment and allergy specialist for my child*
- *Interventional radiology*
- *Iron Infusions and office visits*
- *Joint replacement*
- *Kidney (n=2)*
- *Kidney disease*
- *Kidney follow ups*
- *Kidney issues (n=2)*
- *Kidney Surgery*
- *Kidney Transplant*
- *Kidney transplant team*
- *Knee*
- *Knee and hip pain*
- *Knee replacement*
- *Knee replacement and pancreatic care*
- *Laryngectomy services*
- *Leukemia treatment*
- *Life saving*
- *Liver, psychological, optical surgery, and gastro*
- *Lumbar surgery*
- *Lung Cancer*
- *Lung doctor*
- *Lyme Disease with co-infections*
- *Lymphedema*
- *Mammogram (n=4)*
- *Mammogram - breast doctor*
- *Mammogram, CT scans, and women's health*
- *Mammogram, specialists, and colonoscopy*
- *Mammograms (n=2)*
- *Mammography (n=2)*
- *Med management*
- *Medical (n=2)*
- *Medical and dental*
- *Medical, Dental, anything medical at all*
- *Mental health (n=4)*
- *Mental Health Services - Specialty Services (orthopedic) - Emergency Services - Podiatry - Dental - Lab Services*
- *Mental health, pulmonologist, dentist, primary care, gastroenterologist, and eye care*
- *Microscopic colitis*
- *MOHS surgery*
- *Most care*
- *Most everything*

- o *Most recently hearing problems and a few years ago (4) SHOULDER REPLACEMENT*
- o *Most Specialists*
- o *MRI*
- o *MS medication infusion in Rochester*
- o *MS TREATMENT*
- o *Mt. Sinai in New York City- annual oncology consult for my husband who has CLL*
- o *Multiple Sclerosis (n=2)*
- o *Multiple Sclerosis specialist*
- o *Muscular Dystrophy clinic at Strong Hospital*
- o *My husband gets IPL therapy to treat his dry eyes*
- o *Nearly all medical treatment*
- o *Neck, back, diabetes, and OBGYN*
- o *Neuro (n=2)*
- o *Neuro and Pediatric*
- o *Neuro, GI, and Ortho*
- o *Neurologic autoimmune disease*
- o *Neurological disability*
- o *Neurological, allergies and MRI*
- o *Neurological, cancer, and audiologist*
- o *Neurologist (n=7)*
- o *Neurologist and dermatologist*
- o *Neurologist Rochester, NY and dental Syracuse, NY*
- o *Neurologist, epileptologist, and oncology*
- o *Neurologist, Gastroenterologist, Audiologist, Infusions, and Otolaryngologist*
- o *Neurologists, heart, cancer, and bone*
- o *Neurology (n=14)-*
- o *Neurology and Cardiology*
- o *Neurology and dental*
- o *Neurology, Orthopedic, Spinal/Pain Management, Mental Health, Primary Care, and Breast Care*
- o *Neurology, Rheumatologist, Endocrinologist, Ophthalmologist, and Neurosurgeon.*
- o *Neurology, Rheumatology, gastrointestinal, allergist, endocrinologist, and Otolaryngologist*
- o *Neurology, Rheumatology, Gynecology, possible Strong Hospital in Rochester for Dental and OAF repair*
- o *Neurosurgery (n=3)*
- o *Neurosurgery checkups for occluded carotid arteries.*
- o *Neurosurgical care for spine*
- o *NIC Unit*
- o *Numerous*
- o *OB and ENT*
- o *OB/GYN and orthopedic acupuncture*
- o *OB/GYN, geneticist for Ehlers-Danlos Syndrome, Ophthalmology, and GI*
- o *OB/Gyn, primary care, CV Surgery, cancer care, pediatric specialty care, ophthalmology and ophthalmologic subspecialties*
- o *OBGYN (n=6*
- o *OBGYN and children's orthopedic*
- o *OBGYN and dental*
- o *OBGYN and dermatology*
- o *OBGYN and gastro*
- o *OB-GYN and ophthalmologist specialist*
- o *OBGYN and Pregnancy Care*
- o *OBGYN and Primary Care*
- o *OBGYN, cancer surgery and plastic surgery*
- o *OBGYN, hematology, allergist, pediatric urgent care, and pediatric emergency room*
- o *OBGYN, PCP, Dermatology, and Orthopedics*
- o *OBGYN who is a Menopause specialist (n=2)*
- o *Oncology (n=7)*
- o *Oncology and GI*
- o *Oncology, endocrinology, neurology, and emergency room*
- o *Oncology, genetic testing, mammography and MRI*

- *Ophthalmologist (n=2)*
- *Ophthalmology services*
- *Ophthalmology, optometry, dentistry, orthodontic care, gynecology, joint replacement and ocular surgery, prosthetics, and cardiology*
- *Oral surgeon and pediatric dentistry*
- *Oral Surgery, A hematologist, and PCP.*
- *Ortho (n=2)*
- *Ortho and endo*
- *Ortho and neuro*
- *Ortho and surgery*
- *Ortho back specialist and ENT*
- *Ortho, Cardiology, and Gastroenterology*
- *Ortho, neurologist, ENT, general surgery, pulmonologists, and psychiatric care. Lack of affordable dental care for Medicare -those who are here are not good- no preventative care, will only extract poor vision services for Medicare I am very worried about losing our Hospital in upstate due to GOP health plan changes*
- *Orthopedic (n=24)*
- *Orthopedic (multiple specialists), Gastroenterologist, and Neurology*
- *Orthopedic and behavioral health.*
- *Orthopedic and dermatologist*
- *Orthopedic and Diabetic/metabolic*
- *Orthopedic and Endocrinologist*
- *Orthopedic and gastroenterologist (n=2)*
- *Orthopedic and Gastrointestinal*
- *Orthopedic and neurologist*
- *Orthopedic and primary care*
- *Orthopedic and pulmonary for myself, heart care for my partner*
- *Orthopedic and rheumatologist*
- *Orthopedic and Spinal Care*
- *Orthopedic and Spine*
- *Orthopedic and spine care*
- *Orthopedic and Vision*
- *Orthopedic care (n=2)*
- *Orthopedic care for shoulder*
- *Orthopedic care, OB-GYN, and pediatric care*
- *Orthopedic doctor (n=4)*
- *Orthopedic foot care*
- *Orthopedic neurosurgery*
- *Orthopedic specialists*
- *Orthopedic Specialists and Rheumatology*
- *Orthopedic spine surgeon*
- *Orthopedic surgeon*
- *Orthopedic surgery (n=2)*
- *Orthopedic surgery and serious illnesses*
- *Orthopedic, Cardiac care, allergy/asthma, and dermatology*
- *Orthopedic, Cardiology, ENT, Pain Clinic, and Heartburn Clinic*
- *Orthopedic, oncology, cardiovascular, and pulmonary*
- *Orthopedic, rheumatologist, and Neurologist*
- *Orthopedic, vision services, and dermatology*
- *Orthopedic, women's routine care, mammogram, cancer, and eye health*
- *Orthopedics (n=8)*
- *Orthopedics and breast /thyroid surgeon*
- *Orthopedics and cardiology*
- *Orthopedics and dermatology*
- *Orthopedics and emergency medicine*
- *Orthopedics rheumatologist*
- *Osteopathy and cardiology*
- *Osteoporosis*
- *Ovarian Cancer follow ups*

- o Ovarian neoplasm and angioedema
- o Pain control
- o Pain Management (n=2)
- o Pain management, Audiologist, and Orthopedist
- o Pain management, Gastro, and spinal surgery
- o Pain management, PT, and MRI
- o Pancreas monitoring
- o PCP (n=2)
- o PCP and OBGYN
- o PCP, eye doctor, and back doctor
- o PCP, tests, and labs
- o Pediatric (n=2)
- o Pediatric allergist
- o Pediatric cardiac care
- o Pediatric care specialists
- o Pediatric care, Women's Health, and Vision Care
- o Pediatric dental surgery (gas and IV sedation), pediatric endocrinology, pediatric cardiology, and pediatric Craniofacial
- o Pediatric Dentist
- o Pediatric dentist and pediatric neurologist
- o Pediatric dentistry
- o Pediatric dentists, pediatric thyroid specialist, and pediatric cardiovascular care
- o Pediatric Dermatology
- o Pediatric Emergency Care and ENT
- o Pediatric Endocrinology and nephrology
- o Pediatric ENT
- o Pediatric ENT, Pediatric allergist, Pediatric ortho, Adult ortho, and Adult pain management
- o Pediatric gastrointestinal
- o Pediatric gastrointestinal, pediatric cardiology, and genetics
- o Pediatric GI, neurology and pulmonology, and ENT. Then adult Bogy, Ent, GI and I'll probably be getting a new neurologist because the wait for an appointment is too long
- o Pediatric hospital and ENT
- o Pediatric Neurology
- o Pediatric orthopedic doctor
- o Pediatric Pulmonology and Pediatric Cardiology
- o Pediatric services (n=2)
- o Pediatric specialists (n=3)
- o Pediatric specialists and dental services.
- o Pediatric specialty care, screenings, specialist and likely will transfer to our of area pep.
- o Pediatric specialty services
- o Pediatric surgery
- o Pediatric surgery and urology
- o Pediatrician
- o Pediatrics and cancer treatment
- o Pediatrics cardiology, pediatrics pulmonary, and Boston Children's Down Syndrome Clinic
- o Pediatrist
- o Periodontal
- o Periodontal and Neurologist
- o Periodontal services Gastrointestinal
- o Periodontist
- o PET scan and ENT
- o Physical Medicine Specialist
- o Podiatrist
- o Podiatrist and back doctor
- o Podiatry (n=3)
- o Podiatry, Endocrinology, and Dental
- o Post concussion syndrome
- o Pregnancy

- o *Prenatal care*
- o *Prescriptions*
- o *Preventative cancer screenings and primary care*
- o *Preventative, cancer, and emergency*
- o *Previous Breast Cancer*
- o *Primary (n=2)*
- o *Primary and many specialists*
- o *Primary and specialty care*
- o *Primary care (n=24)*
- o *Primary care and Behavioral Health Care*
- o *Primary care and cardiology*
- o *Primary care and everything more specific.*
- o *Primary care and mental health*
- o *Primary care and specialists (n=3)*
- o *Primary care and specialty care*
- o *Primary care doctor for me and my spouse is in Oswego county, my spouse's heart specialist is in Onondaga county, and my mammogram and thyroid scan are in Oswego county. Emergency orthopedics.*
- o *Primary Care Provider*
- o *Primary care provider and Specialist/Surgeons*
- o *Primary Care Provider is in Madison County*
- o *Primary Care, Cardiology, Urgent Car, and Vision Care*
- o *Primary Care, ER visits, lab and other testing, specialists*
- o *Primary care, gynecologist, ENT, general surgery, and gastroenterologist*
- o *Primary care, NP and ENT*
- o *Primary care, surgeries, and dental*
- o *Primary Care. Cardiology, Surgery, Dental, and Colonoscopy*
- o *Primary doctor (n=2)*
- o *Primary doctor and dental.*
- o *Primary health care*
- o *Primary physician and specialist*
- o *Primary provider*
- o *Primary, urgent care, specialty, and infusion services*
- o *Prostate*
- o *Prostate Biopsy (n=2)*
- o *Prostate cancer (n=2)*
- o *Prostate consultation*
- o *Prostate radiation and ENT*
- o *Psychiatric (n=2)*
- o *Psychiatry*
- o *Pulmonary (n=2)*
- o *Pulmonary care*
- o *Pulmonary care and bone problems*
- o *Pulmonary Evaluation*
- o *Pulmonary Hypertension and Sarcoidosis*
- o *Pulmonary rehab*
- o *Pulmonology, dermatology, cardiovascular, and GI*
- o *Quality Mental Health-Bassett*
- o *RA doctor*
- o *Regular care and heart care. Wynn is NOT on my list of places to go*
- o *Rehab and OBGYN*
- o *Related to past organ transplant*
- o *Removal of skin cancer*
- o *Renal, primary care, GI, and neurology*
- o *Retinal care and orthopedic care Also gastrointestinal surgical specialist*
- o *Retinal Ophthalmologist*
- o *Retinal Specialist*
- o *Rheumatologist (n=3)*
- o *Rheumatologist and dermatologist*

- o *Rheumatologist, digestive health, eye care dental, and primary care*
- o *Rheumatologist, endocrinologist, and geneticist*
- o *Rheumatologist, endocrinologist, and urologist*
- o *Rheumatologist, endocrinologist, ENT, and OBGYN*
- o *Rheumatology (n=7)*
- o *Rheumatology and Endocrinology (n=2)*
- o *Rheumatology and gastroenterology*
- o *Rheumatology and genetic testing*
- o *Rheumatology specialists*
- o *Rheumatology, Dermatology and ENT*
- o *Rheumatology, dermatology, pulmonologist, and cardiologist*
- o *Rheumatology, gender and affirming care*
- o *Scans*
- o *Screening*
- o *Services for RA*
- o *Shots and colds*
- o *Shoulder surgery*
- o *Skin Cancer (n=4)*
- o *Skin Cancer and the Related Plastic Surgery*
- o *Skin cancer removal*
- o *Skin care*
- o *Skin care, orthopedic care, and neurology*
- o *Sleep disorders*
- o *Special Care Syracuse and surgical*
- o *Specialist (n=9)*
- o *Specialist care (n=3)*
- o *Specialist care, Specialist evals, and surgeries*
- o *Specialist consultations*
- o *Specialist GI and Specialist Neurologist*
- o *Specialists (n=15)*
- o *Specialists and children's dental care*
- o *Specialists and hernia surgery*
- o *Specialists and surgical procedures*
- o *Specialists for Different Auto-Immune Issues. Also health issues for different problems concerning arthritis, bladder, etc.*
- o *Specialized care*
- o *Specialized treatment for otolaryngology*
- o *Specialized, primary care, and eye care.*
- o *Specialty care or testing*
- o *Specialties*
- o *Specialties like Gastroenterological care. The providers in Oneida County are dreadful. I had to find a doctor in Syracuse.*
- o *Specialties such as Eye and Hearing doctors*
- o *Specialty (n=7)*
- o *Specialty and mental health in-patient*
- o *Specialty and surgical*
- o *Specialty appointments*
- o *Specialty appointments, surgeries, and emergency room visits*
- o *Specialty Cancer services and heart*
- o *Specialty care (n=6)*
- o *Specialty care and diagnostic testing*
- o *Specialty care for disorder*
- o *Specialty doctors (n=3)*
- o *Specialty eye care*
- o *Specialty for pediatrics*
- o *Specialty MRIs*
- o *Specialty Physicians*
- o *Specialty Providers*

- *Specialty services (n=6)*
- *Specialty Services- Cystic Fibrosis*
- *Specialty such as GI and Hepatobiliary*
- *Spinal issues*
- *Spinal orthopedic surgery*
- *Spinal surgeries and cancer services*
- *Spinal surgery*
- *Spinal surgery and rheumatology*
- *Spine*
- *Spine and orthopedic treatments*
- *Spine pain*
- *Spine surgery (n=2)*
- *Surgeries and specialist visits*
- *Surgery (n=14)*
- *Surgery after care*
- *Surgery and cancer treatment*
- *Surgery and emergency*
- *Surgery for a hernia as I am not confident in area surgeons. My grandson traveled to obtain better pediatric services. My husband traveled to Syracuse for prostate biopsies and PET scan.*
- *Surgery, cancer treatment, and broken bones*
- *Surgery, chemotherapy, testing and knee surgery*
- *Surgical (eye reconstruction and cancer surgery)*
- *Surgical procedures and specialized care*
- *Surgical removal of thyroid*
- *Surgical specialists*
- *Testing*
- *Therapy*
- *Therapy and dental*
- *Thyroid*
- *Thyroid and demonologist orthopedic*
- *Thyroid cancer monitoring*
- *Thyroid, orthopedic, vascular surgeon, dermatologist, digestive issues, and therapy*
- *Transgender care and dental care*
- *Trauma*
- *Treatment for eye cancer.*
- *Treatment of Parkinson's*
- *Urgent Care (n=2)*
- *Urologist*
- *Urologist and Nephrologist*
- *Urologist and orthopedic*
- *Urology (n=5)*
- *Urology and cancer treatment*
- *Urology and endocrinologist*
- *Urology and ENT*
- *Urology and Gastro*
- *Urology and oncology*
- *Urology biopsy*
- *Urology ENT*
- *Urology, cardiac, and endocrinology*
- *Urology, Cardiac, Neurosurgery, Neurology, and Nephrology*
- *Urology, Endocrinology, Nutrition, and GI*
- *Urology, orthopedic, and cardiology*
- *V.A. and specialists such as my dermatologist, and primary care*
- *VA (n=4)*
- *VA covered services and orthopedics*
- *VA hospital specialist*
- *VA in Syracuse*
- *Various specialists*

- *Vascular (n=3)*
- *Vascular surgeon*
- *Veteran Hospital and care*
- *Veterans*
- *Veterans and hearing*
- *Vision*
- *We only receive pediatric care in county through Utica Pediatrics. Our doctor at Utica Pediatrics even told us that she receives her own care outside of this county because the lack of reliable and quality primary care doctors.*
- *We recently had to travel out to Syracuse when my son had HSP. We went to Wynn hospital with him and they knew so little about what he had that he did not receive the needed tests. When we went to the pediatric specialists in Syracuse, they had all heard of what he had and knew exactly what to do.*
- *We travel to Syracuse for the best nephrology care*
- *Women health (n=2)*
- *Women's health and heart conditions*
- *Workers Compensation doctors*
- *Zenker's diverticulum and ENT*

Q7b. If yes, where do you travel outside of Oneida County? (n=1,162): *(the following comments are verbatim)*

- *Adirondack Oral Surgeons*
- *Albany*
- *Albany (Specifically: Saratoga Springs & Clifton Park)*
- *Albany and New York City (n=2)*
- *Albany and Rochester (n=2)*
- *Albany and Saratoga*
- *Albany and Syracuse (n=8)*
- *Albany Gastroenterology Consultants*
- *Albany Gastroenterology in Clifton Park, Integrative Medicine in Chittenango*
- *Albany GI, Albany NY*
- *Albany Medical Center (n=10)*
- *Albany Medical, Upstate Syracuse*
- *ALBANY MEDICAL, TRINITY Hospital*
- *Albany metro and NYC*
- *Albany NY - Albany Medical*
- *Albany NY, don't remember the name of facility.*
- *Albany or Syracuse*
- *Albany Saint Peter's Hospital & Dr Heckman*
- *Albany, NY (n=29)*
- *Albany, NY for dental and Syracuse for Cardiac*
- *Albany, Syracuse, and Rochester*
- *Albany, Syracuse, Boston, MA*
- *All over New York from Buffalo to NYC and from Rochester to Watertown*
- *AMP, Syracuse, NY*
- *Amsterdam, NY (n=4)*
- *Asthma and allergy associates (Fayetteville and Cortland offices), Your family fertility in Buffalo NY.*
- *Asthma and Allergy Associates in Fayetteville*
- *Bassett (n=2)*
- *Bassett health care Cooperstown*
- *Bassett Health Care Cooperstown; Joslin Center Health Science Center, Syracuse, NY*
- *Bassett Healthcare (n=2)*
- *Bassett Healthcare Hamilton*
- *Bassett Healthcare in both Herkimer and Cooperstown*
- *Bassett Healthcare in Herkimer and Cooperstown*
- *Bassett Healthcare in Herkimer and Otsego County. Hamilton if I am having an emergency.*
- *Bassett Hospital, Cooperstown (n=2)*
- *Bassett in Cooperstown, Crouse Medical in Syracuse, and Oneida Healthcare*

- o *Bassett in Cooperstown, Otsego county*
- o *Bassett in Herkimer/Cooperstown/Little Falls*
- o *Boonville, NY*
- o *Boston Children's Hospital*
- o *Boston, MA (n=5)*
- o *Brooklyn, Ny. Maimonides Medical Center*
- o *Buffalo - Roswell Park Cancer Institute (n=2)*
- o *Buffalo and Boston*
- o *Buffalo, NY (n=3)*
- o *Camillus ENT*
- o *Chicago, IL*
- o *Chittenango and Syracuse*
- o *Chittenango, Kinney drugs*
- o *City of Oneida*
- o *Cleveland Clinic (n=2)*
- o *Cleveland Clinic, Englewood NJ- Englewood Hospital, Syracuse, NY St Joseph's , NYC, Upstate Hospital, Syracuse*
- o *Clifton Park, NY (n=3)*
- o *CNY hematology/ Oncology of CNY*
- o *CNY Neurology Consulting*
- o *CNY Retinal Associates*
- o *Colombia*
- o *Community General Hospital*
- o *Community Memorial Health Center*
- o *Community Memorial Hospital*
- o *Community Memorial in Hamilton, NY (n=2)*
- o *Community Memorial, Syracuse oral surgery in Oneida, and St Joseph's in Syracuse.*
- o *Cooperstown (n=2)*
- o *Cooperstown Bassett, Herkimer Bassett, Syracuse for neurologist*
- o *Cooperstown Bassett. Upstate Medical.*
- o *Cooperstown, Albany, Sherrill, Hamilton*
- o *Cooperstown, Herkimer, and Syracuse*
- o *Cooperstown, NY (n=5)*
- o *Cooperstown, Rome, Oneida, and Syracuse*
- o *Crouse*
- o *Crouse Hospital. Syracuse NY*
- o *Crouse in Syracuse (n=3)*
- o *Crouse Neuro medical Syracuse NY*
- o *Crouse System. Syracuse, NY*
- o *Crouse, Hamilton, Oneida*
- o *Crouse, St Josephs*
- o *Dana Farber Boston, Crouse Syracuse*
- o *Derm- Albany private practice-Skin Specialists of the Capital region, PLLC Allergy- private due to lack of availability locally. Dr Mark Hyman in Lenox Mass Mental Health -Rocky Bonsai, CSW, Niskayuna NY Ophthalmology- previous provider Dr Mackenzie Biggers.*
- o *Dermatology and ENT- Samaritan Medical, Jefferson County. Neurology- Boston, MA (Do have primary Neurologist in Oneida County), Neuromuscular- NY Neuromuscular Healthcare, Cortland County, Audiology- Lewis County General Hospital*
- o *Dominican Republic*
- o *Dutchess County*
- o *East Syracuse, NY (n=2)*
- o *East Syracuse, Syracuse and Camillus*
- o *Elbridge, NY*
- o *Electric z. Wende, Watertown*
- o *Elizabeth Wende Breast Care Watertown NY*
- o *Elizabeth Wende Clinic*
- o *Face cancer*
- o *Family care medical in Manlius. Smile solutions in Canastota*
- o *Fayetteville and Oneida*

- *Fayetteville, NY (n=7)*
- *Fayetteville, Clifton park dentist, Syracuse*
- *Fayetteville, NY, St. Joseph's*
- *Fayetteville, NY for hearing and Syracuse NY for shoulder replacement*
- *Fayetteville, St. Josephs Health*
- *Florida*
- *For the past 9 years I travel to Syracuse, New York in Onondaga County.*
- *Ft. Drum, NY*
- *Gloversville, NY*
- *Golisano children's Hospitals Syracuse*
- *Golisano pediatric*
- *Golisano, Oneida health*
- *Greater Syracuse area and Albany*
- *Gyn, primary care, dermatology: NY, NY; Psychiatry: Irvington, NY; Dentist: Tarrytown, NY; Oral surgeon: Auburn, NY*
- *Hamilton*
- *Hamilton - Community Memorial Hospital*
- *Hamilton and Oneida City and Syracuse*
- *Hamilton and Oneida NY*
- *Hamilton Community Memorial*
- *Hamilton County (n=5)*
- *Hamilton Dental and Fox Care Dental (Bassett healthcare), AMP Urology Oneida, NY*
- *Hamilton Emergency Room*
- *Hamilton Family Health Center and Hamilton Hospital*
- *Hamilton Hospital (n=2)*
- *Hamilton Hospital Primary Care*
- *Hamilton orthopedics*
- *Hamilton, Community Memorial Hospital*
- *Hamilton, NY (n=2)*
- *Herkimer*
- *Herkimer Bassett*
- *Herkimer County (n=6)*
- *Herkimer County - Wadas Eye Care Herkimer*
- *Herkimer County Mohawk Valley Dental*
- *Herkimer MVHS (n=2)*
- *Herkimer, Little Falls and Cooperstown (n=2)*
- *Herkimer, NY (n=2)*
- *Herkimer, NY/ Bassett Health Care*
- *Hernia surgery in Oneida Hospital outpatient facility. Pediatric care at Golisano Children's for both emergency attention after a bad experience at Wynn and then at the Golisano Rochester Children's Hospital for cardiac ablation treatment. The prostate biopsies were done at AMP Urology as well as the PET scan.*
- *Hess*
- *HOA, East Syracuse*
- *HOUSEL DERMATOLOGY, PO BOX 2003 , EAST SYRACUSE, NY 13057-4503*
- *Housel Dermatology, Syracuse; Pluta Cancer Center, Rochester; Bone & Joint Center, Syracuse*
- *Housel in Liverpool, NY*
- *I am still looking. Probably going to have to go to Syracuse, NY.*
- *I go to Florida in the winter*
- *Ilion and Syracuse*
- *Jefferson County*
- *Johnstown, NY*
- *Johnstown, NY Saratoga Springs, NY*
- *Johnstown/ Gloversville. Also had to go to Saratoga for dental surgery for child.*
- *Joslin Center, GHCNY. In Syracuse*
- *Joslin Diabetes Center and Syracuse Orthopedic Specialists*
- *Lewis County*
- *Lewis County & Upstate Hospital*
- *Lewis County Hospital*

- *Lewis County Lowville*
- *Lewis county, Lyons Falls NY. Lewis County General Hospital. Syracuse*
- *Little falls and Cooperstown*
- *Little Falls and Syracuse, NY*
- *Little Falls Hospital*
- *Little Falls mph's*
- *Little Falls mph's clinic*
- *Little Falls MVHS*
- *Little Falls, Cooperstown, and Herkimer*
- *Little Falls, NY*
- *Liverpool, NY (n=4)*
- *Lockport, NY and Buffalo, NY*
- *Long Island, NY*
- *Lowville, NY*
- *Madison and Onondaga Counties*
- *Madison and Onondaga county*
- *Madison County (n=6)*
- *Madison County, City of Oneida (n=2)*
- *Madison County, Rochester, Syracuse*
- *Malta medical and Albany Med*
- *Manhattan, NY*
- *Manhattan, Weill Cornell brain and spine and New York presbyterian Hospital Manhattan*
- *Manlius and Roswell*
- *Mayo Clinic MN*
- *Medication infusion*
- *Memorial Hosp, Hamilton*
- *Memorial Sloan Kettering, NYC. St. Joseph Hospital, Syracuse*
- *Most is Madison County because of where we live, but cancer radiation and my therapist are in Syracuse.*
- *Mostly Oneida, and specialist closer to Syracuse as where given appointment*
- *MSLK IN NYC. (n=2)*
- *Mt. Sinai in New York City (n=2)*
- *Munnsville - Madison County*
- *MUSC in Charleston SC*
- *MVHS Herkimer office*
- *MVHS Little Falls*
- *Nappi Wellness Institute SUNY Upstate Syracuse*
- *National Jewish Hospital, Denver, Co Pacemaker, Upstate Medical, Syracuse, NY*
- *Neurology @ Crouse Syracuse, Orthopedic & Spinal/Pain Management @ Syracuse Orthopedic Specialists, Mental Health telehealth from New Jersey, Primary @ Bassett Hamilton NY, Breast Care @ Bassett Herkimer NY*
- *Neurology @ Upstate Medical, Syracuse and Dental @ Albany*
- *NEW HARTFORD*
- *New Haven (Yale), NYC (NYU)*
- *New York City*
- *New York City and Boston*
- *New York City- NY Presbyterian Neurosurgery Hospital*
- *No good neurologist here and no dentist that takes my insurance*
- *North Syracuse*
- *Northeast states*
- *Northern Family care Central square NY, Dentist for CHN was Fulton Dental Health, Fulton NY before they stopped taking insurance now looking for new one. Dr. Fox Oral Surgeon Gloversville NY. SOS plus Onondaga county.*
- *Not outside of the county, but need to travel to Rome vs Utica where I live for quality care.*
- *NYC (n=7)*
- *NYC - Mt. Sinai (n=2)*
- *NYC (queens/Manhattan)*
- *NYC and Syracuse*
- *NYC Manhattan Sloan Kettering*
- *NYC Sloan Kettering*

- *NYC, NY Presbyterian Hospital, Bassett Medical Center, Albany Medical Center, Crouse Cardiology*
- *NYC: Langone*
- *Ohio and Syracuse*
- *Old Forge*
- *Oneida*
- *Oneida , Hamilton, Syracuse*
- *Oneida and Bassett*
- *Oneida and Roswell*
- *Oneida and Syracuse (n=2)*
- *Oneida and Syracuse & Rochester*
- *Oneida castle*
- *Oneida City Hospital*
- *Oneida Community Hospital*
- *Oneida County (n=14)*
- *Oneida ENT, Syracuse SOS, Syracuse Urologist, Rochester*
- *Oneida Health (n=3)*
- *Oneida Health - St. Joseph's – Upstate*
- *Oneida Health physicians and offices.*
- *Oneida Health system in Oneida, N.Y.*
- *Oneida Health thru Roswell*
- *Oneida Health, Oneida, NY*
- *Oneida health, St. Joseph's, Rochester strong, children's neurology Colonie, Albany pediatric GI*
- *Oneida Health, Upstate Medical, Crouse*
- *Oneida healthcare, Hamilton NY community memorial. St Luke's Allentown pa, pa foot an ankle*
- *Oneida Hospital (n=3)*
- *Oneida Hospital - Oneida Pulmonary*
- *Oneida Hospital and Saint Joseph's in Syracuse.*
- *Oneida Hospital, HOA Syracuse, Strong Memorial Rochester*
- *Oneida Medical*
- *Oneida or Syracuse*
- *Oneida Roswell cancer*
- *Oneida Roswell Radiation*
- *Oneida, Albany and NYC*
- *Oneida, ARC of Madison/Lewis county*
- *Oneida, NY (n=10)*
- *Oneida, NY and Syracuse, NY*
- *Oneida, NY - Oneida Health & Syracuse, NY*
- *Oneida, Onondaga county*
- *Oneida, Syracuse*
- *Oneida. Women's Health, Empire Dermatology, Allen Eye Associates, Oneida Health PT*
- *Onondaga and Herkimer Counties*
- *Onondaga County (n=15)*
- *Onondaga County Facilities*
- *Onondaga County- Syracuse*
- *Onondaga County, Crouse Cardiology and PCP*
- *Onondaga county, SUNY, Crouse Queens Cohen Children's Hospital*
- *Onondaga County. St. Joes, SOS, and Crouse*
- *Onondaga or Otsego County*
- *Onondaga, Upstate University Hospital*
- *Perelman Center Philadelphia PA*
- *Philadelphia Shriners Hospital, Cleveland Clinic*
- *Poughkeepsie, NY*
- *Pulaski NY Watertown, NY*
- *Quick Care, Oneida; St. Joseph's Physicians, Fayetteville; Upstate/Crouse specialists; University of Rochester neurology and urology*
- *Reflections Dermatology in Syracuse. Quick Care Urgent Care in Oneida CNY Cardiology in Oneida (my choice)*
- *Rochester Wilmot Cancer Center*
- *Rochester and Albany*

- o *Rochester and Fayetteville and Oneida city Hospital.*
- o *Rochester and Syracuse*
- o *Rochester GI Associates*
- o *Rochester Highland Hospital*
- o *Rochester Minnesota - Mayo clinic*
- o *Rochester Strong Memorial Hospital*
- o *Rochester Strong U of R*
- o *Rochester Strong, Rochester General, Oneida Hospital, Upstate Syracuse*
- o *Rochester U of R*
- o *Rochester URMC*
- o *Rochester, Albany*
- o *Rochester, Buffalo, and Syracuse*
- o *Rochester, Elizabeth Wende Breast Care Center*
- o *Rochester, NY (n=15)*
- o *Rochester, NY - University of Rochester Medical Center*
- o *Rochester, Strong Memorial, University of Rochester*
- o *Rochester, Syracuse, Albany, NYC*
- o *Rochester, Unity Hospital*
- o *Rochester, URC*
- o *Rochester/ University of Rochester Parkinson's Clinic*
- o *Rochester/University of Rochester Medical Center*
- o *Rome and Oneida (n=2)*
- o *Rome and Syracuse*
- o *Rome Hospital, Syracuse Hospitals*
- o *Rome NY, St Josephs Syr*
- o *Roswell and Buffalo*
- o *Roswell Hospital, Buffalo, New York*
- o *Roswell in Buffalo*
- o *Roswell Park Comprehensive Cancer Center*
- o *Roswell Park in Buffalo and Memorial Sloan Kettering in NYC*
- o *Roswell Park, Buffalo, NY*
- o *Saint Joseph's Syracuse*
- o *Saratoga Schenectady Endoscopy*
- o *Savannah, Georgia*
- o *Schoharie*
- o *Sherrill, NY, Camillus, NY*
- o *Sloan, Upstate medical, Rome*
- o *Smile Lodge - Clifton Park All appts for disabled daughter need to drive to Syracuse*
- o *Smile lodge and Clifton park*
- o *Smile lodge dentist*
- o *SOS – Syracuse (n=5)*
- o *SOS in Syracuse for orthopedic care Allergy &Asthma Diagnostics -East Syracuse ENT care - Syracuse Dermatologist - Fayetteville Gynecological surgical procedures - Albany Med*
- o *SOS in Syracuse, NY (n=2)*
- o *SOS, Dermatology Assoc of CNY, CNY Eye Care in East Syracuse*
- o *SOS, Fayetteville Dermatology*
- o *SOS, NTSW in Syracuse. Rome Health for Gastro.*
- o *SOS, Onondaga County*
- o *South Lewis Health Care & LCGH*
- o *St Joseph's Hospital, Syracuse*
- o *St Joseph's cariology Syracuse, NY, arthritis heath associates, Syracuse, NY, Albany med*
- o *St Josephs Hospital*
- o *St Joseph's in Onondaga County for PCP and cardiology; Oneida for Urgent Care and Vision care*
- o *St Joseph's in Syracuse*
- o *St Lawrence Health Systems - Behavioral Health (Potsdam, NY)*
- o *St Peters Albany, Upstate, Cleveland Clinic*
- o *St Peters Hospital or Albany medical*
- o *St. Joseph in Syracuse, NY*

- St. Joseph's surgical, Fayetteville NY
- St. Joseph's Hospital (n=2)
- St. Joseph's Northeast Surgery Center in Fayetteville
- St. Joseph's OBGYN, Allergy and Asthma Specialists, Upstate- Galliano
- Strong Fertility Center/Hospital in Rochester, NY
- Strong Hospital in Rochester (n=3)
- Sullivan County
- SUNY
- Suny upstate cancer center
- SUNY Upstate medical Center Syracuse, NY
- Suny Upstate Syracuse
- SUNY Upstate, Syracuse. Joslin Diabetes Center, Syracuse. Oneida Women's Health, Oneida.
- Syracuse - Upstate Medical, SOS
- Syracuse and Oneida
- Syracuse – Cardiology
- Syracuse - cornea disease
- Syracuse - Crouse Hospital System Syracuse - private providers not at Crouse
- Syracuse - multiple providers through Upstate and SOS
- Syracuse - St Joe's
- Syracuse - St. Joe's , Fayetteville - Asthma & Allergy Associates
- Syracuse St. Joseph's Hospital
- Syracuse - SUNY Upstate Medical, Albany - U Albany Genetics
- Syracuse - Syracuse Gastroenterological Association
- Syracuse – Upstate
- Syracuse - Upstate Medical
- Syracuse - Upstate- SOS- Hamilton orthopedic
- Syracuse - Upstate, St. Joseph's
- Syracuse - Upstate.
- Syracuse & suburbs (Cicero, Liverpool, Dewitt)
- Syracuse (upstate) Westchester medical center
- Syracuse (VA and Upstate)
- Syracuse , Mayo Clinic, and Cleveland Clinic
- Syracuse ; Crouse / St Joes
- Syracuse Albany even Rochester
- Syracuse and Albany (n=12)
- Syracuse and Albany. May have to go to NYC for an Autism evaluation for our son.
- Syracuse and Binghamton (n=2)
- Syracuse and Boston IVF
- Syracuse and Canastota
- Syracuse and Cleveland, OH
- Syracuse and Clifton park
- Syracuse and Cooperstown (n=3)
- Syracuse and Cooperstown/Herkimer
- Syracuse and Crouse H for surgery
- Syracuse and Fayetteville
- Syracuse and Fayetteville for Allergist, Gastro specialist, emergency room care, neurologist and ENT
- Syracuse and Hartford Connecticut
- Syracuse and Herkimer, respectively
- Syracuse and Homer NY
- Syracuse and NYC
- Syracuse and Oneida (n=4)
- Syracuse and Oneida – Costello
- Syracuse and Oneonta
- Syracuse and Pennsylvania
- Syracuse and Rochester (n=15)
- Syracuse and Rochester NY - St. Josephs Health, University of Rochester
- Syracuse and Rome
- Syracuse and Toledo

- *Syracuse Area (n=2)*
- *Syracuse at SOS*
- *Syracuse at upstate medical pediatrics*
- *Syracuse better services better doctors good doctors don't stay in Oneida county*
- *Syracuse bone and joint*
- *Syracuse Breast care*
- *Syracuse Crouse and SOS*
- *Syracuse Eye Specialists*
- *Syracuse Eye Surgery Center, Syracuse Orthopedic Surgery Center, Rochester General Hospital*
- *Syracuse Eye Surgery, Syracuse. SOS Surgery Center, Syracuse.*
- *Syracuse for both (CNY Obstetrics and Gynecology and Orthopedic & Sports Acupuncture)*
- *Syracuse for cancer screening and Dermatologist, Travis Hayden at Empire Dermatology , Cardiologist Avneet Singh, MD - Hamilton - Community Memorial Hospital*
- *Syracuse for many physicians and Hospital services*
- *Syracuse for Orthopedic Specialists.*
- *Syracuse Gastroenterological Associates*
- *Syracuse Hospital and Ballston spa for children's dental visits*
- *Syracuse Hospital, Strong Memorial Hospital Rochester, NY*
- *Syracuse- Joslin Diabetes Center and Center for Kidney Diseases and Transplantation*
- *Syracuse Joslin endocrinology*
- *Syracuse -Nami, Helio*
- *Syracuse New York, St Joseph and upstate medical*
- *Syracuse numerical group*
- *Syracuse NY*
- *Syracuse NY Upstate medical*
- *Syracuse NY and Albany NY*
- *Syracuse, NY and Cicero, NY*
- *Syracuse NY and Geneva NY*
- *Syracuse NY different doctors*
- *Syracuse or Albany*
- *Syracuse or New York City (n=2)*
- *Syracuse Ortho, Syracuse Gastro, Oneida, NY Neuro.*
- *Syracuse Orthopedic*
- *Syracuse Orthopedic Specialists/Joslin Diabetes Center*
- *Syracuse Orthopedic Surgeons in Syracuse and Vision services in Syracuse.*
- *Syracuse Plastic Surgery*
- *Syracuse Podiatry - East Syracuse*
- *Syracuse Regional Perinatal Center*
- *Syracuse St Joes Hospital*
- *Syracuse- St. Joseph*
- *Syracuse SUNY*
- *Syracuse to the Josilin Center, SOS, St Josephs*
- *Syracuse Trinity CARE*
- *Syracuse Upstate*
- *Syracuse- Upstate and Crouse*
- *Syracuse Upstate Hospital*
- *Syracuse Upstate Medical*
- *Syracuse- Upstate Rochester- Strong*
- *Syracuse upstate, and Boston's children's*
- *Syracuse VA (n=2*
- *Syracuse VA - Syracuse Orthopedic Specialists (SOS)*
- *Syracuse VA Hospital*
- *Syracuse VA, Housel Dermatology, South Lewis Health Center*
- *Syracuse VA, Upstate Medical*
- *Syracuse VA, UPSTATE University*
- *Syracuse various. Albany Med*
- *Syracuse Wilson Dental*
- *Syracuse, a few offices*

- o *Syracuse, Albany*
- o *Syracuse, Albany, & Lewis County depending on the service.*
- o *Syracuse, Albany, and Rochester (n=3)*
- o *Syracuse, Albany, Rochester and NYC*
- o *Syracuse, Albany, Rochester and sometimes out of state.*
- o *Syracuse, bone & joint (n=2)*
- o *Syracuse, Buffalo*
- o *Syracuse, Buffalo, and Rochester*
- o *Syracuse, Cooperstown, and Oneida*
- o *Syracuse, Cooperstown, Rochester*
- o *Syracuse, Cornell Weill strong memorial*
- o *Syracuse, Joslin diabetes center*
- o *Syracuse, Latham*
- o *Syracuse, Malta*
- o *Syracuse, N.Y. C.N.Y. Retinol specialist*
- o *Syracuse, New Hartford, Oneida*
- o *Syracuse, NY (n=354)*
- o *Syracuse, NY Upstate Cancer Center, Upstate in Verona NY*
- o *Syracuse, NY - Upstate University*
- o *Syracuse, NY (Syr. Ortho Specialists)*
- o *Syracuse, NY (telehealth)*
- o *Syracuse, NY and Hamilton, NY*
- o *Syracuse, NY and Johnson City, NY*
- o *Syracuse, NY and Oneida, NY*
- o *Syracuse, NY and Rochester, NY (n=3)*
- o *Syracuse, NY at the Joslin Center*
- o *Syracuse, NY at Upstate Medical Center*
- o *Syracuse, NY to get Skin Cancer removed by a Skin Doctor*
- o *Syracuse, NY Upstate Medical*
- o *Syracuse, Ny Upstate Orthopedics*
- o *Syracuse, NY Veterans Administration Hospital Center*
- o *Syracuse, NY, Dewitt, NY, and Camillus, NY*
- o *Syracuse, NYC (n=2)*
- o *Syracuse, NYC, Southern Florida, Mayo Clinic*
- o *Syracuse, Oneida*
- o *Syracuse, Pediatric Cardiology Associates*
- o *Syracuse, Rochester, and Buffalo*
- o *Syracuse, Rochester, and Florida*
- o *Syracuse, Rochester, and New York City*
- o *Syracuse, SOS*
- o *Syracuse, SOS, upstate medical*
- o *Syracuse, St. Joseph's Hospital*
- o *Syracuse, Syracuse Gastroenterology's*
- o *Syracuse, the closest I would go is Oneida, NY, Albany or Rochester. Maybe would go to Rome Hospital as there are some good providers there*
- o *Syracuse, Upstate (n=3)*
- o *Syracuse, Upstate and Syracuse gastrointestinal*
- o *Syracuse, Upstate Medical*
- o *Syracuse, Upstate Medical, Joslin*
- o *Syracuse, Upstate.*
- o *Syracuse, Vernon, possible Rochester, possible Albany though some of those appointments are waiting on referral*
- o *Syracuse. Boston Children's Hospital*
- o *Syracuse. Clifton Park, Rochester.*
- o *Syracuse. Hamilton, Oneida*
- o *Syracuse. one time it was Auburn for some fertility testing.*
- o *Syracuse. Rochester. Albany.*
- o *Syracuse. Upstate Hosp & Rochester*
- o *Syracuse/Albany (family member)*

- *Syracuse/Albany / Rochester / Buffalo*
- *Syracuse/Upstate*
- *Syracuse/Upstate Cancer Center*
- *Syracuse/Upstate Orthopedics*
- *Syracuse: Upstate Hospital*
- *Syracuse; Baltimore (John Hopkins); Troy; Oneida (Oneida Hospital)*
- *Syracuse; Quest Dental and Fayetteville; Pediatric Dentistry and Family Orthodontics*
- *Syracuse-upstate-sops*
- *Telehealth via health insurance.*
- *The Smile Lodge*
- *To Oneida. Madison county*
- *Trenton, Florida*
- *Tri Care Canastota*
- *U of R*
- *U of R and Upstate -Syracuse*
- *U of R in Rochester*
- *University of Buffalo & Columbia University in Manhattan*
- *University of Buffalo Gates Neurosurgery*
- *University of Rochester*
- *University of Rochester healthcare*
- *University of Rochester Medical Faculty Group*
- *University of Rochester, neurologist*
- *University of Rochester, Rochester, NY*
- *University of Rochester, Strong Memorial Hospital, Rochester, NY*
- *Upstate (n=5)*
- *Upstate Hospital- Syracuse*
- *Upstate Orthopedics Syracuse NY Upstate University Hospital Syracuse NU*
- *Upstate and Bassett*
- *Upstate and Madison County*
- *Upstate and St Joseph's Syracuse NY*
- *Upstate and St. Joes Syracuse NY*
- *Upstate Bone & Joint, Cazenovia Family Care, women's health Oneida, Dougherty's Canastota*
- *Upstate Bone and Joint Center (n=2)*
- *Upstate Bone and Joint Center- Syracuse NY and Basset Healthcare- Cooperstown NY*
- *Upstate Cancer Center (n=2)*
- *Upstate cancer center Syracuse.*
- *Upstate Cancer Center; Community Hospital - Hamilton, NY*
- *Upstate Golisano Children's Hospital in Syracuse*
- *Upstate Hospital (n=8)*
- *Upstate Hospital – Syracuse*
- *Upstate Hospital, Upstate Community, Syracuse Va - Syracuse NY*
- *Upstate in Syracuse (n=4)*
- *Upstate in Syracuse U of R for orthopedic*
- *Upstate in Syracuse, NY*
- *Upstate Medical*
- *Upstate Medical Center, Joslyn Center, Pediatric Cardiology -Syracuse Eastman Dental -Rochester*
- *Upstate Medical Center, Syracuse*
- *Upstate medical, East Syracuse NY.*
- *Upstate orthopedic. Upstate Alzheimer's. Upstate Rheumatology*
- *Upstate Orthopedics (n=2)*
- *Upstate Orthopedics Rochester NY and St Joes Cardiology, Brimfield Office, Syracuse NY*
- *Upstate Otolaryngology, Oneida GI*
- *Upstate Syracuse (n=6)*
- *Upstate University (n=2)*
- *Upstate University Hospital*
- *Upstate University in Syracuse*
- *Upstate Urology, Syracuse, NY*
- *Upstate, Asthma & Allergy Associates, Northeast Medical Center in Fayetteville*

- o *Upstate, providers in Syracuse and Buffalo*
- o *Upstate, Syracuse, Crouse, Syracuse*
- o *URM*
- o *VA Hospital, Syracuse, NY*
- o *VA in Syracuse*
- o *VA Syracuse. University of Rochester*
- o *Verona cancer center*
- o *Virtual and Albany*
- o *Watertown and Syracuse*
- o *Watertown Eye Center*
- o *Watertown, NY (n=3)*
- o *Waterville, NY*
- o *Waterville, Oneida*
- o *We use capital district area physicians. Mostly, Albany Med and St. Peter's associates.*
- o *Weill Cornell NY Presbyterian*
- o *Wellesley, MA - New England Eye Associates*
- o *West Surgery Center- Camillus*
- o *White Plains NY*
- o *Wilmont Center (Rochester) for cancer screenings. Elbridge, NY for PCP.*
- o *Wilmot Cancer Center in Rochester, Hematology Oncology in Syracuse, Women's Wellness in Syracuse, and Crouse for MRIs, Boston Medical Center*
- o *Women's Cancer Care Associates in Albany, NY*

Q7c. If yes, why do you travel outside of Oneida County for healthcare services? (n=1,143): *(the following comments are verbatim)*

- o *Absolutely.*
- o *Access.*
- o *Accessibility and quality of care.*
- o *Adequate appropriate timely care.*
- o *Adequate care not available in the area.*
- o *Adequate trained professional Are not available in Lowville ,Utica, Rome, and Old forge area.*
- o *Advanced nephrology information specific to my personal needs.*
- o *After research on line I choose SOS in Syracuse and have been very pleased with my decision. The gastroenterologist left SDMG therefore my son had to get referred to another gastroenterologist and Syracuse was only group accepting new patients.*
- o *Airlifted locally.*
- o *Already established patient. Intimidated by trying to find providers locally.*
- o *Appointment cancellations with digestive disease medicine in Utica.*
- o *Appropriate MDs jot available. Minimal 4-5 star surgeons locally.*
- o *Aqui son malos (Here is bad)*
- o *As stated above.*
- o *Availability and physician who will listen.*
- o *Availability and quality of care.*
- o *Availability of care, specialty.*
- o *Availability of Doctors.*
- o *Availability of services and larger choice of doctors.*
- o *Availability of services.*
- o *Availability of services. Also, my husband's CT scan was misread by a Radiologist at MVHS regarding his lung cancer. Now the Upstate Cancer Team sends him to Oneida Health for CT scans.*
- o *Availability of specialist with specific training in this field. Access to clinical research studies, and academic medicine.*
- o *Availability, ease of access.*
- o *Availability, quality of care and how I am treated as a patient.*
- o *Availability, quality of care, care needed.*
- o *Availability. (n=5)*
- o *Available and trustworthy providers.*

- o *Available doctor.*
- o *Available excellent physicians, that provide services needed.*
- o *Available.*
- o *Because a lot of doctors/ providers are not taking on new patients and county dental insurance is awful!*
- o *Because after my team is and I love them.*
- o *Because healthcare services in Oneida county are poor.*
- o *Because I couldn't get into anyone locally to see soon for an appointment.*
- o *Because I couldn't get a doctor that I trusted/would take my insurance/accept me as a patient in Oneida County.*
- o *Because I don't want to switch my provider. I have been with him for many years!*
- o *Because I grew up locally and need further assistance from doctors who know me.*
- o *Because insurance doesn't cover the places they refer me & my kids to locally in Utica most of the time.*
- o *Because is too expensive.*
- o *Because it's closer to my home.*
- o *Because I've lost faith in current facilities after a botched surgery, not getting back to me with test results losing test results or not communicating with each other.*
- o *Because local GI clinics are overbooked and unhelpful.*
- o *Because locally are specialists that have good reputation and availability and knowledge to treat and time to spend with me.*
- o *Because locally aren't good dentists around Oneida county.*
- o *Because locally is a lack of quality care in this area. We have a large low income population. There is no economic sustainability to incentivize any worthwhile practices opening up locally.*
- o *Because locally is nobody in the area to provide the service.*
- o *Because locally were no other options locally.*
- o *Because MVHS has a decade-long pattern of mismanagement of its physician workforce, leading to access issues.*
- o *Because no oral surgeon in Oneida county takes United Healthcare Medicare/Medicaid dual advantage.*
- o *Because of limited availability through my insurance.*
- o *Because of the care.*
- o *Because Oneida county care is poor.*
- o *Because quality healthcare is not readily available in Oneida County.*
- o *Because services are not available locally.*
- o *Because services locally are limited and not up to my standards.*
- o *Because that's where my doctor is located.*
- o *Because that's where my surgeon has Surgical privileges to perform surgery.*
- o *Because that's where the services are.*
- o *Because the care in Utica in these areas is sub par. There are very few choices for providers and they are not proficient enough for my family.*
- o *Because the closed all the good hospitals and opened one that stinks.*
- o *Because the dental services available in Oneida County with our insurance are either nonexistent, full of patients, or very poorly rated.*
- o *Because the healthcare services are more expandable outside of Oneida county. There's more physicians and help available. More caring providers.*
- o *Because the only care you can get in Utica is connected to the Wynn Hospital.*
- o *Because the providers in this area are incompetent, lazy, or condescending and judgmental.*
- o *Because the services offered in this County for a GOOD Specialist is lacking.*
- o *Because the surgeon I wanted had no access to a Oneida County Hospital.*
- o *Because the type of Dr I need to see isn't available in Oneida County.*
- o *Because these services aren't easily available in Oneida county.*
- o *Because they can't help me locally.*
- o *Because they can't do it locally.*
- o *Because they don't know what is causing it and don't know how to treat the seizures.*
- o *Because they told me to.*
- o *Because this area is near impossible to find good care.*
- o *Because this area is terrible for access to healthcare and quality of service.*
- o *Because too many providers can't see you for 6 months or more. Specialists are limited in Oneida County. Doctors at Syracuse hospitals have better education, attended better medical schools, and are more up to date on new options for treatment.*
- o *Because we were forced to go to one hospital by politicians that wanted a legacy wing with locally name at a new facility. The care is subpar now and shameful.*

- *Because you can't get the care locally that you need or no doctor/specialist you need.*
- *Been going locally for years.*
- *Behind the times in this area, Rochester is smooth running, other out of area specialist as well, results obtained quickly, patient portal friendly, doctors that actually listen and take their time! Pediatrician out locally misdiagnose constantly, don't think out of box , list goes on, nurses need to be involved to change healthcare , I could go on how different other places provide healthcare, I don't want my children to stay in Utica due to poor healthcare out locally, and early intervention for children is horrific, not available in Oneida County , I hope this survey is a start to change things but doctors/pediatrician out locally I don't think will change*
- *Best care for me.*
- *Best care for my son's medical issue.*
- *Best care.*
- *Best facility for these procedures.*
- *Best Neurologist in the area.*
- *Best surgeon on earth.*
- *Better and more choices.*
- *Better and more professional care.*
- *Better and more trustworthy.*
- *Better care, and my doctor moved so I followed.*
- *Better care and more experienced and proven methods.*
- *Better Care and more knowledgeable doctors.*
- *Better care and service.*
- *Better care and specialist.*
- *Better care for specialized services and screenings.*
- *Better Care Options.*
- *Better care, easier to get appointment. Friendlier staff, available parking, short wait time at office.*
- *Better care, highly educated and recommended.*
- *Better care, more doctors.*
- *Better care, more options.*
- *Better care, service and wait times.*
- *Better care, specific needs not available In Oneida County.*
- *Better care. (n=21)*
- *Better care. I have several severe issues. Doctors available during surgery to take care of urgent issues.*
- *Better care. Local doctor did 2 botched surgeries.*
- *Better care. More options for providers.*
- *Better care. Reliable doctors.*
- *Better care/convenience.*
- *Better care/recommended by Pediatrician.*
- *Better care/services.*
- *Better care/treatments in Syracuse.*
- *Better care; actually listen and care for patients*
- *Better doctor.*
- *Better doctors and better care. Also, locally are no doctors in the areas for sone specialties.*
- *Better doctors and better hospital.*
- *Better doctors and specialists.*
- *Better doctors recommended to me by my physician.*
- *Better doctors. (n=13)*
- *Better doctors. Better doctor offices.*
- *Better equipment, prompt appts if you need extra images or biopsy.*
- *Better health care providers.*
- *Better healthcare. (n=2)*
- *Better machine-larger, availability of provider.*
- *Better more up to date treatment options.*
- *Better options and better rated physicians.*
- *Better options. (n=2)*
- *Better Ortho doctor then I could find locally.*
- *Better physician.*
- *Better physicians outside this area.*
- *Better physicians.*

- *Better provider and all in 1 service for labs & tests infusion. One stop shop.*
- *Better providers and faster service.*
- *Better providers and more opportunities to be seen and not have to wait months.*
- *Better providers in that specialty.*
- *Better providers when we began needing treatment for my child.*
- *Better providers. (n=2)*
- *Better quality and more availability.*
- *Better quality care and availability.*
- *Better quality care and treatment.*
- *Better quality care.*
- *Better quality doctors. (n=2)*
- *Better quality healthcare.*
- *Better quality of care. (n=4)*
- *Better quality of care. NYS regulations and healthcare insurance are restricting my wife quality of service and testing.*
- *Better rated facilities and doctors.*
- *Better recommendations and no providers.*
- *Better reliable cardiac team. Consistency of care. See same provider. Never know who you will see in follow up in Utica. No consistency.*
- *Better reputation, more experience with thyroid surgery.*
- *Better results.*
- *Better selection of physician, can get an appointment quicker, and the office is more efficient.*
- *Better service and better Doctors.*
- *Better service and healthcare.*
- *Better service options.*
- *Better service. (n=4)*
- *Better services -- Endocrinologist who actually listens to his patients and is not just trying to see as many people as possible in a given day. ER & Urgent Care is MUST better and has almost no wait times in Hamilton, NY.*
- *Better services and easier to schedule timely.*
- *Better services for neurology.*
- *Better services in Syracuse.*
- *Better services, better doctors.*
- *Better services, more availability.*
- *Better services, more services, they spend quality time with patients at appointments, great communication.*
- *Better services. (n=4)*
- *Better specialists. (n=3)*
- *Better specialty care.*
- *Better surgeons.*
- *Better treatment opportunities and specialists.*
- *Better Urologist that I like.*
- *Better variety of doctors, quality of service, specialists, etc.*
- *Better, more qualified doctors.*
- *Better.*
- *Biopsy.*
- *Both were places that have been providers before moving to Oneida County.*
- *Brain Aneurysm.*
- *Buffalo.*
- *By recommendation.*
- *Can get appointments in a timely manner.*
- *Can get appts and trust the doctor more. Lot of doctors. Locally they do not have good healthcare.*
- *Can't find a dentist.*
- *Can't find it around locally.*
- *Can't find primary care physician locally.*
- *Can't get a decent doctor locally in Oneida County. Waits are too long, and care isn't as good.*
- *Can't get appointments locally, no responses from doctors' offices, bad reputation of hospital, staff, doctors, and results. Why would I go to Wynn for a heart issue, with the fiasco they had with heart surgery and repeated lies that it would be open soon.*
- *Can't get those services in Oneida County because they weren't available to me locally.*

- o *Cancer center of excellence.*
- o *Cancer treatment center.*
- o *Cannot find provider.*
- o *Cannot get doctors locally because, gastrointestinal are not taking patients. CNY cardiology is not taking patients.*
- o *Can't find a good Neurologist in Oneida County.*
- o *Can't find anyone taking new patients (I really prefer female doctors so that may be part of the issue).*
- o *Can't get a provider for the problems in Oneida county.*
- o *Can't get treated or diagnosed locally. I was referred out.*
- o *Cardiac care in Oneida county is not good.*
- o *Cardiac issues.*
- o *Cardiologist made appointments locally.*
- o *Care is not available in the Clinton, NY area.*
- o *Care locally is horrible locally.*
- o *Close proximity of PCP to workplace.*
- o *Close to home. (n=2)*
- o *Closer and better.*
- o *Closer for us.*
- o *Closer than Utica, closer to where I live.*
- o *Closer to her family.*
- o *Closest area I can find a provider that accepts my insurance.*
- o *Closest location that offers services.*
- o *Closest specialists.*
- o *Collusion of endodontists (and orthodontists) to not take [Medicaid] insurance. Limited availability of facilities/appointments in a timely manner.*
- o *Competency.*
- o *Convenience.*
- o *Corticosteroid injections.*
- o *Cost and availability.*
- o *Could not find provider accepting new patients.*
- o *Could not get a GI appointment locally in a reasonable amount of time. Hepatobiliary not available.*
- o *Could not get in around locally.*
- o *Couldn't get into a local office.*
- o *Couldn't get in locally.*
- o *Coverage, appointment availability.*
- o *Daughter lives with locally and needed aftercare.*
- o *Death of competent providers in the area. Wouldn't send my worst enemy to MVHS-affiliated facilities or Slocum Dickson, for that matter.*
- o *Dental - none would take 4 children for new patients; and better cardiology in Syracuse.*
- o *Dental care for children is so hard to find that takes insurance and even for myself, finding dental care that takes my insurance is a challenge.*
- o *Dental is limited in Oneida Country for many insurances, so pts are needing to pay out of pocket. Most can not afford to do this! Cardiac is due to wanting the best care.*
- o *Dental locally don't take our health care.*
- o *Dental.*
- o *Derm, Allergy, Mental Health- not available Previous affiliations in Albany area.*
- o *Dermatology because my surgical records are with Bassett. Gastroenterology because I was unable to find anyone taking new patients in Oneida County.*
- o *Dermatology- history of skin cancer for both myself and mother. ENT- Personal preference over ENT services offered locally. Neurology- Primary Neurologist is in Oneida County. Mother has MS and has been referred out to the Lahey Clinic in Boston several times for more advanced testing. Neuromuscular- Have seen several local doctors for chronic medical issue and have been referred out to Cortland for advanced testing. Audiology- Mother is the audiologist at Lewis County and ENT often needs up to date audiograms for appointments.*
- o *Dermatology: Multiple appointments scheduled & rescheduled by SDMG Dermatologist. Out of frustration, located and chose Reflections in Syracuse. Urgent Care: NO WAITING! No appointment, just walked in. In and out in less than 20 mins . I choose CNY Cardiology in Oneida because I'm more likely to see the same Cardiologist each visit, and can get most diagnostic and screening tests without the hassle of Utica*
- o *Did not trust initial consultation of Oneida County ENT, Allergy/Asthma care services had more appointment dates/times, was recommended Pain Management Specialist in Onondaga County.*

- *Did not trust plastic surgeons in Utica and my surgeon retired.*
- *Different option.*
- *Displeased with providers in Rome/Utica.*
- *Do not like Wynn Hospital.*
- *Doctor Housel was recommended by dermatologist.*
- *Doctor is at Oneida Hospital.*
- *Doctor is top in her field. We have back locally in Utica, but she makes final decisions.*
- *Doctor recommended.*
- *Doctor relocated from New Hartford to Syracuse.*
- *Doctor sent us.*
- *Doctor since childhood.*
- *Doctor would not do knee replacement in Utica.*
- *Doctor.*
- *Doctors are not accepting new patients, services not available in Oneida county, do not trust some doctors in Oneida county for these services.*
- *Doctors don't take his insurance.*
- *Doctors suck in Oneida County...Dr. Hunt doesn't care. I've received excellent care outside of Utica and Oneida County. I was misled by the Utica cancer doctor and went to Rochester. I was misled by np at Slocum Dickson, who told me the skin issue was not cancer. When I went to Fayetteville, I had basal cell cancer and have been being treated for the last.18 months...had I listened to her, it would have turned malignant.*
- *Doctors who care. Not ones that make fun of their patients.*
- *Does not offer services. Also, the child's pediatrician does not believe MVHS offers optimal services for children and prefers the use of specialists in other areas.*
- *Don't like the new hospital.*
- *Don't trust wynn and poor service providers.*
- *Don't trust Wynn, can't stand SDMG billing practices, attitudes, and even THEY don't have a diabetes dr anymore.*
- *Dr Heckman specialist who arranges MRI on my pancreas yearly. It's filled with cysts and not operable. He arranged my latest one at CMI at Business Part. I was referred to specialist a few years ago in Syracuse. He in turn referred me to Dr Heckman in Albany for second opinion. He has been monitoring it for several years since. My latest report showed the growth of cysts in size and dilated hear. Have a yearly phone report with him or another Dr locally. At first I'd go to StPeters in Albany for MRI.*
- *Dr. Tallerico came highly recommended.*
- *Drive.*
- *Earlier appointments, accepts insurance and familiarity of healthcare network.*
- *Ease of getting an appointment with specialist.*
- *Easier and quicker to get appointments, followed my Endocrinologist.*
- *Easy to obtain an appointment.*
- *Either no local doctor available or local doctor not familiar with my condition.*
- *Either too long for appointments locally, better care elsewhere, bloodless hospitals, world renown Specialists.*
- *Employed by Community Memorial so no co-pay for screening.*
- *Endocrinologist moved His practice to the Syracuse area.*
- *ENT doctor is not good locally.*
- *ENT services limited and prefer the surgeons in Oneida Hospital.*
- *ENT.*
- *Establish care in Savannah, Georgia, that is not available in Oneida county.*
- *Established with a provider several years ago.*
- *Established with providers prior to moving to Utica.*
- *Even though I have been a patient at Digestive Diseases for years they keep putting off my appointment so now I'm trying to find someone who is taking patients. My spouse goes to Oneida for her gastro. My local urology has referred me to Syracuse to see a specialist. My spouse travels to Cooperstown to see a physician who is an expert in urogynecology and reconstructive surgery.*
- *Excellent care.*
- *Excellent service.*
- *Exceptional surgeon with great office staff.*
- *Existing health conditions.*
- *Experienced quality care.*
- *Expertise and availability.*
- *Expertise of my condition.*

- o *Expertise.*
- o *Facilities were used for a second opinion & liked them better for efficiency, time management and after care. Very happy with the care.*
- o *Family connections to providers.*
- o *Family member travels for cancer treatments.*
- o *Family member was referred locally for cancer treatments.*
- o *Feel like locally are better educated and more experienced options outside of Oneida county.*
- o *Feel locally are better doctors in Syracuse for certain healthcare needs.*
- o *Feel better care.*
- o *Follow the doctors.*
- o *Follow up with the doctor who removed my kidney Referred to ENT in Oneida by my primary healthcare provider.*
- o *Followed our Primary when they left Vernon office.*
- o *Foot surgery: the first foot surgery the doctor from Slocum put 2 screws in my foot and one missed the bone. Went to better doctor in Syracuse who couldn't believe she left the screw in flesh in foot and he removed it. Bone cyst: the doctor at Slocum wanted to cut my finger off went for second opinion in Syracuse and that doctor said it would be ridiculous to cut the finger off and he did the surgery and fixed it.*
- o *For a better chance at getting my health concerns listened to and addressed.*
- o *For a surgeon that specializes in my brain condition.*
- o *For any VA services not offered at Rome VA.*
- o *For better answer.*
- o *For better care.*
- o *For better care.*
- o *For exam consistency.*
- o *For heart not comforTable Ain Utica area.*
- o *For myself continuity of care from when I lived in the Syracuse area as most places aren't accepting new patients. And for my daughter locally is no pediatric ortho pediatric doctors or ENTs.*
- o *For neurosurgery related care Albany &/or Buffalo have the best specialists in that field available.*
- o *For Pancreatectomy which was not available in Oneida County.*
- o *For someone who specializes as many concerns are dismissed by regular OBGYN or docs not specializing.*
- o *For specialists for specific conditions, to be seen without waiting 6-12 months for an appointment, to have choices about how to solve serious ailments, to access testing that Doctors locally in Utica refuse to do or don't know about. Also Doctors in other places are able to stick to a timely schedule, it is unfortunate that locally, no respect is shown for the patient's time or privacy.*
- o *For specialty services.*
- o *For timely treatment. Long wait for Apex Surgery Center.*
- o *Former resident of Hamilton, continued doctor care for both wife and children locally.*
- o *Gastro in the business park was unable to diagnose me for a serious condition that could have been fatal. We need more dental specialists in Oneida County.*
- o *GI is great in Syracuse, Allergy specialist in Rochester takes my sons insurance, couldn't find one in Oneida county.*
- o *Go to dermatology in Syracuse because of family recommendation, go to ENT in Syracuse as recommended as a second opinion for ENT since the one I was originally seeing in this area was not good.*
- o *Good doctors and services offered.*
- o *Good provider.*
- o *Great care by my surgeon.*
- o *Great providers.*
- o *Great specialist.*
- o *Greater availability and better care.*
- o *Had a poor experience with the healthcare services I received in Oneida county.*
- o *Had bad experience with local provider.*
- o *Had no choice.*
- o *Had to go locally to get some testing done once that wasn't available locally.*
- o *Had to wait too long for appointment in Oneida County at the eye doctors I was referred to after current one retired.*
- o *Have been going locally for years before we moved.*
- o *Have gone since living in Lewis County, trusted provider.*
- o *Have not had good experience with provider in Utica.*
- o *He came highly recommended.*
- o *He used to live locally.*

- *He was originally diagnosed locally, and we continue to visit yearly, even though we do have an oncology doctor locally too, who he sees every 3 months, who monitors his blood work and general condition.*
- *Healthcare is better outside of Oneida County. CNY Cardiology doesn't take or have the time to see and listen to patients.*
- *Healthcare network.*
- *Herkimer.*
- *High risk pregnancy.*
- *Higher knowledge levels to treat problem.*
- *Higher level hospital care.*
- *Higher level of care is not offered locally.*
- *Higher level of care, Availability.*
- *Higher level of care. (n=2)*
- *Higher level surgery.*
- *Higher quality of care.*
- *Higher rated specialists; recommendations from primary care physicians, friends, and family.*
- *Highly rated doctors and care for patients*
- *History of biopsies of breast and uterus.*
- *I am a veteran.*
- *I can't find these specialties locally.*
- *I couldn't get my daughter into anywhere else in Oneida County.*
- *I did not get the care I needed for MS and every time I went to the Wynn hospital I did not receive the appropriate care I needed to alleviate my symptoms.*
- *I do not like the care in Utica. It always feels subpar. I do not like the hospitals. St. Lukes was a sick hospital and after a surgery locally I had an infection from a dirty Catheter. My husband's care at St. Elizabeth's was terrible. The ER was ancient and dirty, the care was subpar. I had to bring a friend to the ER at the new hospital and the ER dept was filthy after only a few months of use. I know too much about behind the scenes with the dr's and nurses that work locally and I would not go locally by choice.*
- *I do not trust the heart MDs in Utica anymore. The Wynn Hospital is using a lot of rent a docs. They do not have a vested interest in the area.*
- *I do not trust the neurosurgeons in my county.*
- *I don't feel like the doctors locally have the experience that the other provider have.*
- *I don't trust the doctors locally.*
- *I don't like the doctor's around locally.*
- *I don't like the services in this county.*
- *I don't trust the Wynn. Horrible reputation and its a smaller hospital that's less equipped than the two it was supposed to replace.*
- *I don't trust Wynn hospital to provide the same level of care.*
- *I feel like we get more professional care.*
- *I feel the care is better, plus all my care is with one group.*
- *I felt more comfortable with the providers and the hospital.*
- *I found a G.P. that I like and communicates via patient portal very quickly. She is also very quick to send out referrals when needed.*
- *I got established as a new patient in a timely manner and am satisfied with the care provided.*
- *I have a blood-clotting disorder, so I see a hematologist. I also see a bariatric doctor and a doctor who specializes in gastroenterology. Not all are available locally.*
- *I have chronic Diverticulitis and have been treated at Rome Hospital several times. One of the first times I was treated at Rome Hospital for diverticulitis, I was told locally were no gastroenterologists affiliated with Rome Hospital, and my mother-in-law suggested Syracuse.*
- *I have more confidence in Rochester medical.*
- *I have more trust in them.*
- *I have not heard of a surgeon through word of mouth or my Primary that specialized in this surgery other than the ones that were working at Rome or Oneida. Although horror stories about Wynn have been less lately, my confidence is not strong yet. For the biopsies, the procedure was more in line with those provided at NYU Langone where a family member works in Urology in terms of the number of samples taken and the locations for example than seems to be happening locally. The children's services are fine for some minor viruses and respiratory illness but can not compare with Golisano. It doesn't appear they have even tried since they did not previously utilize area hospitals.*
- *I have to because the treatments locally don't work.*

- *I have used the facility for 40 years, and do not wish to find a new primary care provider.*
- *I knew someone that works for the provider.*
- *I like Bassett.*
- *I like those providers.*
- *I only live locally six months out of the year.*
- *I prefer those providers.*
- *I see a nurse practitioner in Oneida County - Bassett Health care in Clinton. If I needed a service connected to a hospital I would go to either Syracuse or beyond depending on the need.*
- *I used to go locally when I worked in Little Falls, and I just don't want to switch to a closer location.*
- *I was able to be seen much quicker.*
- *I was in urgent care because I fell on the floor due to dizziness. The Doctor Who took care of me had dealt with a similar situation in the past and recommended Crouse Hospital in Syracuse. Immediately I contacted them and finally found out it was for my neck. Immediately started therapy. Thank you for helping me out with transportation.*
- *I was not able to find a consistent primary care provider through MVHS. Got fed up with the process and the lack of respect for myself as a patient, and moved on, as much as I wanted to support MVHS and the new hospital.*
- *I was recommended.*
- *I was referred locally and my surgeon is great, and so it's my team. I love them.*
- *I was referred locally many years ago when locally there were no similar facilities in my area, and so I continue to go locally.*
- *I was referred to a specialist.*
- *I went to an MVHS Ortho doc and got a diagnosis of Achilles Tendonitis. He told me If it doesn't get better in 3-4 weeks, I will send you to Syracuse. I called his office to get said referral twice, and never got any help, so I went to a SOS clinic as a walk in and was treated with kindness, compassion and got the info and treatment needed to get better. Between the fact that I could not get pointed in the right direction for a colonoscopy and this event, that is 2 strikes. I am not waiting for a 3rd because, well, I might not have time to wait and waste time without answers.*
- *I'm not confident in the care of my cancer diagnosis from the physicians available in the Utica area after consulting with them.*
- *If someone is better and recommended by friends.*
- *I'm comfortable with my doctor.*
- *In 2014…11 years ago I had to call Dr Aiello's(endocrinologist), office and cancel my appointment in which I gave a 2 week prior notice to this office. Unbeknownst to me, when My PCP referred me back again to Dr Aiello's office in 2024, is when I was informed by his office staff that I wasn't allowed back and my initial patient information intake had been locked out of his practice. His office staff was very rude and displayed no empathy or humility towards me.*
- *This is how Oneida county residents are treated by doctors . This was not a no show on my part. I called and gave that office plenty of notice I needed to cancel. No lose to me… I have phenomenal providers in Syracuse, well worth the drive.*
- *In my opinion much better doctor. Have had two shoulder surgeries and now have arthritic shoulders.*
- *In network availability of specialty services, for example bone density test.*
- *In network.*
- *In the past when I went to get these services in the county the waiting times were absurd but could be reduced by paying out of pocket. that is absurd, to deny a child timely care due to them having to use insurance is just crazy. So I went to a place that would never make having insurance a barrier to timely care.*
- *Inadequate specialty services.*
- *Inefficient in Oneida county d/ t lack of proper facilities and providers.*
- *Inferior or limited services.*
- *Initially referred by MD in Rome and continue to receive care from this provider.*
- *Insurance accepted.*
- *Insurance coverages.*
- *Insurance not accepted locally.*
- *Insurance. (n=3)*
- *It is for healthcare services.*
- *It is the pharmacy we established with when we moved to Central New York.*
- *It was going to take over a year to get into a local eye doctor.*
- *It was recommended by my previous primary care provider for more efficient and detailed exam and care.*
- *It's not available locally.*

- *It's what the insurance will pay to be referred out to these appointments nothing is local much that or everyone is leaving.*
- *It's not busy locally.*
- *It's where I could get in for primary care. Most don't accept new patients.*
- *It's where the provider is at times.*
- *Kidney.*
- *Lack of a good provider in this area for our needs.*
- *Lack of affordable dental care in the area.*
- *Lack of availability in area. (n=3)*
- *Lack of availability in Oneida County.*
- *Lack of available reliable doctors in my area.*
- *Lack of available reliable doctors.*
- *Lack of competent providers in this area.*
- *Lack of confidence in local Utica Wynn.*
- *Lack of confidence in MVHS.*
- *Lack of dentists that take our insurance. Some providers are closer to my home in Oswego and Onondaga county.*
- *Lack of doctors that take the time to listen and do not gaslight you when you attempt to discuss things.*
- *Lack of experienced care in this area.*
- *Lack of high quality doctors in specialty areas.*
- *Lack of options locally. Few ENTs available. Better quality services, generally.*
- *Lack of pediatric hospital in Utica--told by pediatrician to go locally in emergency; referred to Oneida ENT by pediatrician. If I were to have another child, I would likely give birth outside the county as well due to limited OBGYNs and lack of birthing centers in the county.*
- *Lack of physicians available in CNY.*
- *Lack of primary care availability in Oneida County.*
- *Lack of providers and low quality of care.*
- *Lack of providers in Oneida County. And, lack of quality specialists in Oneida County.*
- *Lack of QUALITY care in the Utica area. The plan of a new hospital in the city of Utica was a poor choice by all politicians. Looking back at past plans, the plan was to have the NEW hospital built from Friendly's to Washington doctor in New Hartford.*
- *Lack of quality providers.*
- *Lack of quality services available locally.*
- *Lack of services in our area. (n=2)*
- *Lack of services.*
- *Lack of services/providers within Oneida County.*
- *Less wait time.*
- *Less wait. Better diagnostics. Services available.*
- *Level 1 medical services and disability dental care.*
- *Level of brain and neuro care services needed do not exist in Oneida County.*
- *LGTBQ+ inclusive health services and Psychiatric services.*
- *Like the doctor associated with Hamilton Hospital.*
- *Limited access to quality care.*
- *Limited availability locally.*
- *Limited endocrinologists locally because need special case and not basic endocrinologist.*
- *Limited good providers in Oneida County. Too many local specialists, of whom locally are (in some specialties) few, are too cursory in their assessments/treatment and/or lacking in good patient communication and empathy.*
- *Limited local services.*
- *Limited options and concern for quality of care.*
- *Limited or no options within the county.*
- *Limited providers.*
- *Limited specialists not accepting new patients.*
- *Limited-service providers available.*
- *Lipoma removal on my ankle.*
- *Little to no wait for ER.*
- *Lived in Potsdam when I was originally established and have never had luck finding a provider in Oneida county. So until they no longer allow it, I choose to keep my Psychiatrist from out of the area.*
- *Local doctors not excepting new patients, or local doctors with poor reputation.*
- *Local leadership decisions.*

- *Local not current.*
- *Local options are not available and if available take to long to get an appointment.*
- *Local providers are booked three to six months out.*
- *Local providers are incompetent and couldn't care less about their patients. You almost always see an NP that knows as much as a 2nd year RN student.*
- *Local providers refused to see me.*
- *Long waits for services. No openings for appointments.*
- *Lousy local care.*
- *MVHS is not the best doctors for specialty are not the best.*
- *Many bad experiences with Oneida County doctors and hospitals.*
- *Many services do not exist in Oneida County.*
- *Medical condition requires me to do so - more knowledgeable of the disease. This area is not.*
- *Medical group was more concerned and better feedback from physicians.*
- *Monroe.*
- *More accessible and timely services.*
- *More attentive doctors, nurses.*
- *More availability and resources to initiate needed specialty care.*
- *More availability.*
- *More choices for specialty services.*
- *More confidence and trust in the care team! My care for the service I require is comprehensive, professional and innovative!*
- *More confident in doctors and treatment.*
- *More efficient scheduling and better quality of treatment.*
- *More experienced provider and staff.*
- *More faith in doctors.*
- *More knowledgeable providers.*
- *More modern approach to testing.*
- *More options better availability and more knowledge.*
- *More options for treatment.*
- *More options, cleaner facilities, better communication between provider and patient.*
- *More options, more doctors.*
- *More providers, specialists not available locally or too long of waits.*
- *More qualified doctors. (n=2)*
- *More qualified physicians.*
- *More services offered, better quality.*
- *More specialists.*
- *More/better options of places to go with flexible hours.*
- *Most Oneida county providers do not accept all insurance coverage.*
- *Much better quality of care and much less waiting for appointments.*
- *MVHS provides sub-par service and would prefer to have people know what they're doing.*
- *My cardiologist at Rome Health affiliated with St. Joseph's.*
- *My choice.*
- *My daughter has a pacemaker and Crouse offers the closest care for her Surgery was in Rochester.*
- *My dentist is worth the trip My orthopedic dr. is in Watertown.*
- *My dermatologist did not want me to receive the care in Utica.*
- *My doctor at Joslin moved from Slocum-Dickson, and I liked him very much, so I followed him. Gastroenterology services around locally are limited, with long waiting lists. Psychiatric help that is GOOD has always been an issue locally. My husband uses telehealth for this with providers out of the area.*
- *My Doctor does not associate with Wynn hospital.*
- *My doctor does not practice in Oneida county.*
- *My doctor is locally. (n=2)*
- *My doctor moved out of the area and I did research to locate him so I could continue to see him.*
- *My doctors are affiliated with my oncologist.*
- *My kidney doctor has good knowledge and state of the art tests that this area does not have.*
- *My Neurologist is in Rochester and I was in a 2 year study.*
- *My parents and my daughter.*
- *My pep is within the Herkimer office. I've been seeing him since I was young.*
- *My preferred doctor.*

- *My Primary care Provider left Oneida county, and I followed him.*
- *My primary recommended those specialists outside of the area especially MVHS.*
- *My provider is in Lowville.*
- *My provider is locally and willing to accept my insurance.*
- *My son is on Medicaid and it is difficult to find a provider that accepts it.*
- *My specialist location.*
- *My specialty Dr is in Syracuse. I would not go to the Wynn Hospital- EVER.*
- *My wife has been seeing the same cardiologist for 35+ years.*
- *need specialty in this field.*
- *Needed a higher level of care than could be addressed locally. We have no burn center or level 1 or 2 trauma centers.*
- *Needed neurosurgeon- was recommended by primary care about 14 years ago.*
- *Needed specialty surgery.*
- *Needed surgery was referred to them by my podiatrist who is retiring.*
- *Needs to see specialist and locally were no OBGYN locally taking new patients.*
- *Neurology locally can't accommodate me and they don't believe me.*
- *New hospital to many issues with it and lack of doctors.*
- *No adequate service available.*
- *No appointment available in Oneida County.*
- *No availability at a provider in Oneida County for 1 1/2 years.*
- *No availability in my area.*
- *No availability nearby.*
- *No availability of good GI doctors and Specialist for orthopedic services.*
- *No availability of providers.*
- *No caring doctors. The doctors don't listen an often treat for something you don't have.*
- *No charge.*
- *No Child dental services in our area that accept my insurance.*
- *No comparable providers in Oneida County.*
- *No coverage in the area.*
- *No CT at an urgent care that I am aware of.*
- *No dental coverage from ethical dental offices locally.*
- *No dental in the Oneida county.*
- *No dental places accept my insurances that include Medicaid.*
- *No dental.*
- *No dentists in the area that accept insurance.*
- *No dentists in the area that take insurance.*
- *No dentists who specialize with autistic adults are available in Oneida county.*
- *No doctor available. No doctor taking new patients.*
- *No doctor in this area for what I needed.*
- *No doctors are locally to treat this rare eye cancer.*
- *No doctors available in Oneida County.*
- *No doctors take new patients.*
- *No endo accepting new patients. SOS clinic in Syracuse for specialty service for shoulder.*
- *No ENT has openings locally.*
- *No GI doctors in Rome and surrounding areas are taking new patients, have to go to Rochester.*
- *No good Dentist or Pediatric Oral Surgeons in Oneida County.*
- *No good doctor locally.*
- *No good local providers.*
- *No good options in Utica for ENT. No GI doctors in Utica currently accepting patients.*
- *No good providers in Oneida county.*
- *No help locally.*
- *No highly qualified eye doctors locally.*
- *No in network providers.*
- *No local availability or timely appointments.*
- *No local doctors available. (n=9)*
- *No local doctors.*
- *No local places accepting new clients.*
- *No local provider specializes.*

- o *No MRI machine locally to no mess up my SCS.*
- o *No one available locally, not taking the insurance, not taking new patients.*
- o *No one could take me locally in a timely fashion. Had a very bad experience at MVHS while pregnant and will never go to them for anything OBGYN/gyn related again.*
- o *No one in Oneida County can do the Mohs Procedure.*
- o *No one in Oneida County is qualified.*
- o *No one in Oneida County.*
- o *No one in the area who can assist.*
- o *No one is accepting new patients. Loyal to the drs who have helped me.*
- o *No one local.*
- o *No one locally does it.*
- o *No one locally for them to see.*
- o *No one locally takes our insurance. The only dentist that does ruined her teeth. Locally is no pediatric cardiologist.*
- o *No one locally to care for my severe case of glaucoma. Was referred locally by my Ophthalmologist .*
- o *No one takes insurance.*
- o *No one takes Tricare. For thyroid issues locally is Limited Endocrinologist in the area and getting an appointment is impossible.*
- o *No one was taking new patients.*
- o *NO ONE WOULD TAKE MY 85 YEAR OLD MOM FOR DENTAL SURGERY WITH NO INSURANCE.*
- o *No options locally.*
- o *No options locally.*
- o *No orthopedic acupuncturists in Oneida County. For OB/GYN, no Oneida County hospitals perform VBAC deliveries, so we switched to a provider with admitting rights at Crouse.*
- o *No pediatric emergency services locally that I would trust.*
- o *No pediatric neurology and endocrinology in Oneida county.*
- o *No pediatrics ophthalmologist available.*
- o *No provider.*
- o *No providers accept our insurance in Oneida county.*
- o *No providers around will see transplant patients.*
- o *No providers in our area.*
- o *No providers in this specialty in Oneida County.*
- o *No providers local.*
- o *No providers locally.*
- o *No pulmonary rehab available.*
- o *No services available and more understanding doctors for my situation.*
- o *No services available in Oneida County/ Dentists not taking our Dental insurance or not wanting to deal with complicated cases. We had to go to Langone for a heart procedure a few years ago, in Manhattan. I do not believe locally is a pediatric cardiology, endocrinology, or craniofacial clinic in Oneida County.*
- o *No services in Oneida County.*
- o *No services in Utica.*
- o *No services like those locally. Much more professional and more trusting.*
- o *No special doctors that take Medicaid near me.*
- o *No specialist in the area for condition.*
- o *No specialist in the area.*
- o *No specialist locally. (n=2)*
- o *No specialty care who treats my conditions in the county.*
- o *No specialty services locally. Severe lack of dental availability.*
- o *No trust.*
- o *No Utica area urologist did robotic surgery. Wait for Nephrologist was very excessive.*
- o *No VA hospital in Oneida County.*
- o *No wait for ER services and quicker, more reliable care. Have had my parents drive (from Utica) to Oneida, receive care, and travel home before people at similar time windows are first seen at Wynn.*
- o *Nobody can do the surgery locally.*
- o *None accept my insurance.*
- o *None available locally. (n=3)*
- o *None available or not taking new patients.*
- o *None in Oneida county.*
- o *None in this area specialized in the services we needed for my additional needs daughter.*

- *None of the multiple doctors I seen in the Utica/Rome and Syracuse are couldn't figure out my issues.*
- *Not a service provided locally in Utica (fertility TX), allergist availability better in Syracuse.*
- *Not able to be seen in Oneida County. Did not like the local practitioner in specialty.*
- *Not accepting new patients locally.*
- *Not available close by.*
- *Not available in county.*
- *Not available in my area, No providers.*
- *Not available in Oneida County or options for specialists are few.*
- *Not available in Oneida County. (n=2)*
- *Not available in Oneida County. Then once you get a hookup, you keep it.*
- *Not available in the area or wont take my insurance.*
- *Not available in the area.*
- *Not available in the area. Specialists I have seen are locally for a short time and leave to other cities send then I'm stuck finding someone new. Rome Medical Group had a revolving door of Primary doctors where I went through 12 Dr's, PA' & N.P.s in 9yrs. My latest one, Dr. Lyn Wyn couldn't figure out the laptop and went through 4 patients before he got to me & released medical info of one patient while arguing with me that I had diseases and on meds I don't have. That was it for me and left the group after 20yrs being in it.*
- *Not available in the Utica areas.*
- *Not available in Utica, NY.*
- *Not available locally for specific ailment.*
- *Not available locally or received poor care when we attempted to see the one local provider and received better care elsewhere.*
- *Not available locally, no open appointments or not taking new patients, don't accept our insurance.*
- *Not available locally. (n=15)*
- *Not available long wait.*
- *Not available or waiting time up to 7 months.*
- *Not available services on Oneida county or not as good as Syracuse.*
- *Not available.*
- *Not available/ better quality of care.*
- *Not comfortable Awith the quality and ability of local service providers.*
- *Not confident in the local network for this problem.*
- *Not confident in the ones in Oneida county.*
- *Not enough care in my county and many doctors in Rome have moved into Rome Hospital is not easily accessible for someone who uses a walker.*
- *Not enough choices, not good reputations.*
- *Not enough experienced and trust worthy dentists in Oneida.*
- *Not enough options/no providers available locally.*
- *Not enough pediatric services, more experienced/better providers.*
- *Not enough primary care doctors.*
- *Not getting good care locally.*
- *Not offered in Utica.*
- *Not offered locally.*
- *Not provided in Oneida County or providers subpar in Utica.*
- *Not readily available locally.*
- *Not reliable locally.*
- *Not satisfied with care in the area.*
- *Not satisfied with in county services.*
- *Nothing available in Oneida County that specializes in chronic Lyme Disease.*
- *Nothing available.*
- *Nothing closer.*
- *Nothing was offered to me for Oneida county.*
- *OBGYN- had midwives/natural birthing center/high risk patient care and NICU available Allergist- Pediatrician referred out Pediatric Urgent Care/ER- more specialized care for pediatric population, especially the babies. Horrible experience waiting at St. Lukes ER with sick 3 year old. Forgot us in the covid waiting room for 4 hours. I didn't test for RSV until I pushed for it (it was positive). Told chest x-ray was negative. Followed up with pediatrician in the morning and diagnosed with pneumonia.*
- *On hand no need to wait.*
- *On recommendation of doctor.*

- On the recommendation of orthopedic surgeon for complicated surgery.
- Oncology Care.
- Oneida - Syracuse.
- Oneida County doctor recommended it.
- Oneida county doesn't offer quality care.
- Oneida County doesn't support this service or aftercare.
- Oneida County healthcare treats patients like nuisances, the ERs are not well staffed, many healthcare providers in the hospitals/ERs are terse and often less than kind.
- Oneida county urology doctor doesn't have biopsy equipment.
- Ongoing challenges for people living with liver transplant.
- Only available appointments were at the Herkimer location.
- Only available primary at the time.
- Only doctor to treat my type of skin cancer.
- Only one provider at Rome health, and it takes way too long to get an appointment or an MRI.
- Only option that accepts insurance.
- Only pediatrician who would take us in 2020, and don't want to change now.
- Only place close with colorectal surgery.
- Only place that provides services I need.
- Only place to go.
- Only possible availability.
- Only provider at the time that offered multi disciplinary approach to breast cancer.
- Only services are available outside of the county.
- Only surgeon in area who does ankle replacement surgery.
- Options limited for dentists and oral surgeons that take our insurance.
- Originally saw these specialists while I lived in the Albany area. These specialists are great so I continue to see them. Additionally I've heard concerning things about the quality of Cardiology care in the local area, so I'd rather stay with my specialist in Albany.
- Ortho - Husband had to go to Syracuse for his foot injury and has stayed with that provider even though locally are orthopedic offices locally in Utica due to the relationship/trust/they know his medical history, etc. Behavioral health - see a provider in Florida (telehealth) due to the fact that most around locally do not take insurance so we see someone who was recommended by a friend, but would like to see someone locally.
- Our county lacks medical personnel outside of urgent or primary care.
- Our Digestive Disease Medicine locally is a joke. They have cancelled my colonoscopy now for the 5th time. No real reason. I am supposed to be seen every three years. I am already two years behind.
- Pain management in Oneida County is terrible.
- Parkinson's disease specialist.
- Partly because we live 5 miles from Oneida. Our PCP moved from a practice in Oneida County to St. Joe's in Fayetteville. Went to St. Joe's Hospital in Syracuse for a heart attack and continued with service through their Cardiology department.
- Past experiences with specialist in this area have been very poor. In addition, communication is not existent and billing departments are ridiculous to navigate.
- PCP referral.
- Pediatric care.
- Pediatric pulmonologist and dental that are not available locally.
- Personal desire.
- Personal preference. (n=2)
- Personal reasons for not switching from Middle Settlement Rd to the Imaging Center.
- Personnel are not available in the practice we use.
- Physician and facility options
- Physician located in Syracuse, we moved to Boonville.
- Physician referred 10 years ago, biopsy completed same day of visit, specialized physicians on site for any procedures at time of appointment. Results completed before you leave every visit. Very prompt appointments, on time, no waiting longer than 10 minutes.
- Physician reputation.
- Places locally don't take my insurance or don't specialize in mine and my family needs.
- Podiatrist, Orthopedic, and dental.
- Poor care in Oneida county.
- Poor care in this area for children.

- o *Poor healthcare and not enough good Physicians in the area excepting new patients.*
- o *Poor healthcare in Utica.*
- o *Poor quality care and uneducated staff and long waitlist.*
- o *Poor quality in Oneida County.*
- o *Poor selection of doctors or they aren't accepting new patients.*
- o *Poor service in this area!*
- o *Poor service in Utica.*
- o *Poor service inside Oneida County.*
- o *Por qué no aparecen dentistas para mis hijos (Because there are not any dentists for my children.)*
- o *Prefer the doctor whom I go to, as he left the Utica area.*
- o *Prefer the doctor.*
- o *Prefer the provider.*
- o *Prefer this provider.*
- o *Prefer to go to this group.*
- o *Prefer.*
- o *Preferred doctor location.*
- o *Preferred Doctors.*
- o *Preferred more to select from.*
- o *Preferred.*
- o *Previous area we lived and my husband likes his providers locally and the Neurosurgeon did not even know he could not get an MRI with his current brain shunt in place.*
- o *Previous doctor prior to moving to Oneida county.*
- o *Previous insurance issues and quality of care.*
- o *Primary care doctor.*
- o *Primary care is locally.*
- o *Primary care provider referred me.*
- o *Primary Doctor.*
- o *Prior neurology services were not meeting needs.*
- o *Problems finding providers taking new patients.*
- o *Procedure was not provided in the area in January.*
- o *Provider (AMP) directed.*
- o *Provider accepting patients.*
- o *Provider recommendation. (n=2)*
- o *Provider referred, easier to obtain appointments.*
- o *Provider was only one offering a specific treatment I needed.*
- o *Provider was recommended.*
- o *Providers and availability of specialized care.*
- o *Providers available.*
- o *Providers in my area were not a good match/not accepting new patients.*
- o *Providers in Oneida County lack adequate resources appointments or very impersonal with patients.*
- o *Providers in our area are poorly trained and aren't capable of recognizing more abstract diseases or ailments, fail to intervene in a timely manner, demand too much of the patient to "prove" their medical condition exists, and don't advocate for more advanced medical practices.*
- o *Providers in our area are rude, too quick with their visits.*
- o *Qualified providers.*
- o *Quality and availability of doctors.*
- o *Quality and availability.*
- o *Quality and experience. Hearing how others were failed in this area by the doctors.*
- o *Quality and Pediatric Dentistry for Special Needs Children.*
- o *Quality of care and availability and confidence in experience of providers.*
- o *Quality of care for children under 18 who use child health plus and quality of care for children with severe disabilities is not what it should be in Oneida County.*
- o *Quality of care is better.*
- o *Quality of care is higher.*
- o *Quality of care provided.*
- o *Quality of care. (n=7)*
- o *Quality of doctor and better availability.*
- o *Quality of doctors.*

- o *Quality of healthcare in Oneida County is not good.*
- o *Quality of service, primary preferred provider.*
- o *Quality of service.*
- o *Quality physicians not available in Oneida County.*
- o *Quality. (n=2)*
- o *Quicker service and more specialties.*
- o *Quicker services.*
- o *Rare cancer no one locally that can treat it.*
- o *Rarely go outside the Oneida county.*
- o *Recommendation of GI Specialist; personal choice of surgeon.*
- o *Recommendation. (n=2)*
- o *Recommended and was able to get in faster.*
- o *Recommended by a friend.*
- o *Recommended for certain Cancer treatment.*
- o *Referral*
- o *Referral after going to Oneida Hospital.*
- o *Referral.*
- o *Referrals from primary care. Expect to get more care away from the area, as I do not trust Wynn.*
- o *Referrals to other, more specialized doctors..*
- o *Referrals.*
- o *Referred by a local practitioner.*
- o *Referred by local doctor.*
- o *Referred by my doctor.*
- o *Referred by my physician.*
- o *Referred by physician.*
- o *Referred by primary or other specialist.*
- o *Referred by primary. (n=2)*
- o *Referred by two physicians.*
- o *Referred for specialty care.*
- o *Referred locally by provider.*
- o *Referred to Dr. Semel.*
- o *Referred. (n=6)*
- o *Reputation and availability.*
- o *Reputation, availability, specialty services.*
- o *Retina problems and glaucoma.*
- o *Robotic surgery by a highly rated surgeon who didn't come locally.*
- o *Roswell Park and Sloan Kettering are comprehensive cancer centers with better technology, have major advancements, access to clinical trials and better trained/staffed to care for people with cancer.*
- o *Safety.*
- o *Second opinion.*
- o *Second opinion.*
- o *Seek specialty/doctor that I prefer. Did not prefer local MD for treatment.*
- o *Seeking a quality provider.*
- o *Sent by doctor no one locally did procedure.*
- o *Sent by my doctor.*
- o *Sent by VA.*
- o *Sent locally by doctor.*
- o *Sent to Syracuse for biopsy.*
- o *Service is better.*
- o *Services are offered and better care.*
- o *Services are unsatisfactory locally. Appointment wait times are too long. Not enough high-quality MD providers. Doctors are not diverse locally in terms of race, gender, ethnic origin, or sexual orientation. Most are from India.*
- o *Services available locally. Been going since my Primary referred me 18 years ago.*
- o *Services not available in Oneida County when needed.*
- o *Services not available in our county.*
- o *Services not available locally.*
- o *Shortage of providers when I first needed one.*
- o *Skilled care available.*

- o *Slocum Dickson urgent care made the appointment for husband.*
- o *So many Doctors left Oneida County and don't trust care available locally .*
- o *Some services are not offered in Oneida County and others offer more caring and have positive referrals outside the area.*
- o *Some services are unavailable locally.*
- o *Something this area did not provide or know about.*
- o *Sometimes it's mandatory.*
- o *Special health services for a child with special needs.*
- o *Specialist*
- o *Specialist and expert in the field of orthopedics.*
- o *Specialist appointment.*
- o *Specialist are highly skilled and recommended.*
- o *Specialist are locally.*
- o *Specialist better locally.*
- o *Specialist due to specific conditions.*
- o *Specialist location.*
- o *Specialist not local - recommended by local Doctor.*
- o *Specialist. (n=9)*
- o *Specialists and Expertise.*
- o *Specialists are locally that perform complicated surgeries/robotics.*
- o *Specialists in rheumatology are not available in Oneida County.*
- o *Specialists too hard to get into or they don't understand my cardiac condition most never heard of it.*
- o *Specialists. (n=2)*
- o *Specialization in my condition was not available in this area at the time of diagnosis.*
- o *Specialized care for children.*
- o *Specialized providers.*
- o *Specializes services.*
- o *Specialty not local in regards to my infection and cornea ulcer.*
- o *Specialty services not recommended or trusted in Utica; local Drs/health care workers recommend going out of the city for specific issues.*
- o *Specialty services. (n=2)*
- o *Specialty surgery.*
- o *Specialty. (n=3)*
- o *Specific specialists were not available in Oneida County at a high enough level.*
- o *Specific testing and treatment.*
- o *Spend winters in Florida.*
- o *Spouse is an established patient with Dr. Virendra Sharma.*
- o *St. Joseph's reputation for cardiac surgery.*
- o *Started for cancer and continued with facility.*
- o *Sub par neurosurgeons in Oneida county.*
- o *Subpar Healthcare in Oneida County.*
- o *Substandard care, training, and experience from local doctors and other healthcare professionals, doctors who specialize in certain medical fields and procedures aren't available in Oneida County, more services are encompassed under one roof at larger facilities so they can process labs, scans, x-rays, etc. faster and they do them in-house to reduce the use and travel to additional parties/facilities and the bills are consolidated instead of being billed by multiple facilities, etc.*
- o *Superior care.*
- o *Superior services, such drastically shorter wait times; better qualified staff and better facilities.*
- o *Superior services.*
- o *Surgeon affiliation.*
- o *Surgery not available in Oneida County.*
- o *Syracuse NY.*
- o *Syracuse.*
- o *Takes to long for appointments or medical tests.*
- o *Terrible Oneida county ER experiences.*
- o *Tests are not available at Rome.*
- o *That is where I am sent, not because I want to....I hate Syracuse with a passion.*
- o *That is where I see my ENT for the previous Cancer sent by the Rome doctor.*

- o *That is where my cancer doctor is.*
- o *That is where my doctor is at.*
- o *That is where my husband is used to going. They know more about Sickle Cell.*
- o *That is where our insurance has referred us to.*
- o *That is where the better trained professionals work.*
- o *That was the nearest provider in my network.*
- o *That's locally my gynecologist is located.*
- o *That's where my doctor is.*
- o *That's where his doctor wanted him to go.*
- o *That's where my doctor sent me.*
- o *That's where the specialists that accept my insurance are.*
- o *That's the place it was offered.*
- o *That's where I was referred to (n=2)*
- o *That's where my doctor is at.*
- o *That's where my doctor moved to.*
- o *Thats where my specialist is.*
- o *That's where the provider is located.*
- o *That's who my PCP is affiliated with.*
- o *The care available in Oneida was limited and providers did not have a good reputation for prenatal care.*
- o *The care is better and physician and nurses don't treat me as inconvenience. They know how to read a chart and understand complex injury. The lack of empathy and management at local hospitals is horrible.*
- o *The child emergency services locally were terrible.*
- o *The dentist is really good to my kids and has things that Oneida county dentists don't offer.*
- o *The doctor is an acquaintance.*
- o *The Doctor moved his practice From Utica to Syracuse.*
- o *The doctor was recommended to me.*
- o *The doctors and the quality of care.*
- o *the doctors are not as good.*
- o *The doctors in Syracuse who treat me are top notch in their specialty. Dr Aiello's office locked me out of his practice when I had to cancel 1 appt. in which I gave a 2 week notice. Dr Furlough is rude, and pressures me to use LabCorp instead of my preferred MVHS lab.*
- o *The doctors locally lack the expertise to provide proper care. Have had several wrong diagnoses have left my husband with severe heart issues due to their incompetence - we will never seek medical help at the Wynn.*
- o *The ENT's locally where not helpful and one ENT diagnosed my husband with something and never told him.*
- o *The expertise of the surgeon is superior to what is available in Oneida County.*
- o *The GI specialists in Oneida County are terrible and their offices are notoriously difficult to deal with. The providers in Syracuse are infinitely better. Very much worth the drive.*
- o *The guy in Utica told me it was nothing to worry about. The guy in Syracuse said I'll never walk again and maybe will lose my leg. The guy in NYC said he had seen these numerous times before. He cured me and allowed me to live my life to the fullest since.*
- o *The healthcare in this county is horrible. Healthcare is not about care of the patient anymore. It is all about insurance and money. Proper and involved healthcare is non-existent in this County, at least in my experiences.*
- o *The lack of choices for providers and lack of knowledge of treatment options.*
- o *The local Ortho providers have become lazy and arrogant and the cardiologists locally and their continued unavailability to provide continuity of care is just not acceptable. Also, from personal experience, want absolutely nothing to do with the Wynn or with MVHS in general.*
- o *The neurologist I saw a few times in the Mohawk Valley was not competent. Wrong diagnosis and medication. They even tried to tell me I would have to take shots! Thank goodness URMC was available to help me out. Hopefully our community can get services and competent staff like they have.*
- o *The number of neurologists in Oneida county is very limited.*
- o *The options for dental surgery within Oneida County were expensive and not recommended to me.*
- o *The options for specialist are better qualified.*
- o *The PCP I see in Syracuse is very responsive to my needs and has easy appointments. I left CNY Cardiology as a patient, as they treated me like a number and not a person. I have had high blood pressure for many years, and the treatment was less than successful--continued high blood pressure and subsequent development of a-fib. I decided to get a second opinion in Syracuse. On my first visit, the doctor sat with me and listened to my concerns. Within a half hour, he determined I was on the wrong medication. He changed my medications and within a month my blood pressure was normal, no more daily headaches, and I felt much better in general.*

- *The quality of service in Oneida County is usually insufficient.*
- *The quality of services in Syracuse are generally better. Reputation of on/gyn and delivery services through mph's is poor with an astronomical cesarean rate and no delivering midwife's which shows a lack of insight and care for women's health.*
- *The service is far superior to care locally. We went to Rochester for a second opinion and were shocked at how much better the doctor and the services are.*
- *The service was not readily available at the time the referral was made. I was able to sell care within two weeks if the referral at my current gastroenterologist.*
- *The specialist practices in Syracuse. Not aware of a specialist in Oneida County.*
- *The specialists I need are located out of the area. My Rheumatologist was local but moved to Syracuse. Therefore, I see him in Syracuse now. When first diagnosed with an autoimmune disease, I was very unhappy with the Rheumatologist I saw. Therefore, I searched for an HCP who specialized in my specific disease. Therefore, I travel to Malta to see this provider. When diagnosed with Lyme Disease, my primary HCP referred me to an Infectious Disease Specialist who practices in Syracuse.*
- *The urology physicians work in Syracuse.*
- *The VA in Syracuse.*
- *The Wynn Hospital is incompetent.*
- *The Wynn hospital is not well run. Appointments take forever if you're seen at all. For a little further drive the care is great and I can still get in and back home in the time id still be sitting at the Wynn.*
- *There are certain specialties that we don't have quality providers for.*
- *There are few primary care doctors with availability, and few specialty care providers. We have no board-certified dermatologists. Wait times for all care is way too long.*
- *There are few providers that will specialize in menopause.*
- *There are limited pediatric specialists in Oneida county and none for my son's conditions.*
- *There are long waits for care locally and some aren't offered.*
- *There is no dentist in area for my 8 and 12 year olds. Also a lot of dentists don't accept my insurance.*
- *There are no fertility specialists in the area.*
- *There are no openings in local providers.*
- *There are no providers for these services in Oneida County.*
- *There are none locally.*
- *There are not enough Experienced Doctors only NP.*
- *There are not quality ENT providers locally.*
- *There aren't any competent endocrinologists in Oneida county since Dr Jason Sloane left SDMG. I followed Dr Sloane to Syracuse.*
- *There hasn't been qualified competent care providers. There has been numerous misdiagnosis and mistakes in care received.*
- *There is a lack of specialty care providers in this area.*
- *There is no infertility clinics locally.*
- *There is no provider in all of Oneida county or any area between locally and Brooklyn, NY that has a bariatric surgeon that can provide services for abdomen pacemaker.*
- *There is not dentist in Oneida county available.*
- *There is nothing locally or waitlists are too long.*
- *There isn't anyone local that can help my husband's stomach condition.*
- *There were no GI specialists in my area that were accepting new patients.*
- *There weren't well qualified specialists.*
- *These services are not available or no appointments available in Oneida County.*
- *They were better equipped to deal with the situation.*
- *They are exposed to an increased number of complex patients.*
- *They are great with special needs and offer sedation dentistry (Wilson dental).*
- *They are not available locally.*
- *They are pleased with the care they have received locally.*
- *They are the only ones that I trusted, and also the only office that does allergy shots.*
- *They couldn't do my procedure locally.*
- *They dealt with this type of injury.*
- *They do not have these types of services in Oneida county.*
- *They do not offer these services in Rome. That we know of anyway. My 22-year-old daughter has been trying to get a referral for a rheumatologist, and no one will see her.*
- *They don't offer what I need in a reasonable time.*

- *They don't take my insurance for some services i.e. Dental Specialist.*
- *They have better specialty doctors and more availability.*
- *They have more specialists with less biased opinions available. Women's health care is an abomination in this area, with hormone replacement treatments being ignored based on an old study from 2002 that claimed HRT causes cancer. The study wasn't even done on the right age group. Thats just one example od old school doctor bias in the area. With the exception of my PCP, I'd gladly travel to Albany or NYC to be treated more efficiently.*
- *They have the expertise and better equipment or being referred to them.*
- *They specialize in pediatrics.*
- *This has been my PCP for years.*
- *This type of screening unavailable in Oneida County.*
- *This type of specialty service was not available in Oneida county.*
- *Those services are not available at the local VA Clinic in Rome, NY.*
- *Timely appointments, good providers, and services are not available locally.*
- *Timely availability.*
- *To access treatment options not available locally.*
- *To afford medical visitation and treatments.*
- *To find a doctor that specializes in treatment of my disease. Additionally, unless locally is no other alternative available, we will not utilize Wynn Hospital due to the lack of professional care and transient doctors and nurses. We have personally experienced poor care at Wynn for friends and family members - which in 2 cases has led to death that could have been preventable.*
- *To get better quality care and more experienced doctors.*
- *To get decent specialist care.*
- *To get the same level of care I received from the physicians who left the area.*
- *To receive better healthcare services.*
- *To see specialist.*
- *Top tier providers.*
- *Treatment for joints is focused on maintaining activity.*
- *Treatment of Crohn's Disease.*
- *Trust factor.*
- *Trusting doctors.*
- *Two reasons. I don't think I am getting help for hearing in Oneida County. At the time I had the shoulder replacement the most reliable doctors were in the Syracuse NY area. Also, I have a son who lives in Onondaga County that can help me when I need it.*
- *Unable to get adequate service in Oneida county. Took five years to get the endocrinologist in Syracuse. Tried the one available in Oneida county and his amount of ability was unacceptable. Also took me years to get a GP. Which I never got, I go to a PA.*
- *Unable to get any primary care, therefore no referrals, Any appointments needed were being scheduled at least 9 months in advance, even though service was needed sooner.*
- *Unavailable in area especially in timely manner.*
- *Unavailable specialist in Oneida County.*
- *Unhappy with physicians in Oneida County to assist with my concerns.*
- *Unhappy with providers.*
- *Unnecessary surgery.*
- *Unqualified doctors, unable to obtain services and appointments, more innovative technology.*
- *Unsure.*
- *Usually referral or unavailability of specialist.*
- *Utica area is not so good.*
- *Utica hospital is inept. I wouldn't wish it on my worst enemy.*
- *Utica Pediatrics do not have privileges locally.*
- *Utica wanted to treat my leukemia the way it was treated in the 1980's, I would be dead by now if I stayed in Utica.*
- *V A*
- *VA located in Syracuse, unless Video appointments available at Rome VA or at home.*
- *Very limited, QUALITY mental health providers.*
- *Very long wait time (was told 6+ months) in Oneida County, Hamilton got us scheduled in a couple of weeks3*
- *Veterans Administration services availability.*
- *Veterans services.*
- *Waiting for over 1 year.*

- *Waiting list too long.*
- *Waiting lists to get an appointment in Oneida County were close to a year while Albany GI could get me in within a week. Quality of care was also a consideration with positive reviews of Albany GI while providers locally had few, often negative reviews.*
- *Waiting too long locally and better quality of care.*
- *Wanted a 2nd opinion.*
- *Wanted a different cardiologist.*
- *Wanted a second opinion. Doctor locally in Oneida county wanted to do surgery on my tumor. Doctor at Roswell said if I had the surgery I would have died due to location of tumor. Also couldn't find a doctor in Oneida County to treat my daughter's rare cancer.*
- *Was not happy with the local allergist at the time.*
- *Was referred by ER doctor.*
- *Was referred locally for surgery and follow-ups.*
- *Was uneasy about getting treatment locally in Oneida/Herkimer County.*
- *We do not have access to good pediatric emergency medicine locally in Utica.*
- *We do not have appropriate specialists.*
- *We do not have enough quality Doctors to do surgery we have to wait 6 months or more for surgery or wait for a appointment to see a specialist.*
- *We like the facilities & were recommended by a few people for each.*
- *We live very close to the border of Madison Co. I grew up in Cicero and am more knowledgeable of Onondaga Co. rather than Oneida.*
- *When appointments made and started 20 yrs. Ago for both places, only ones available at the time that took my insurance.*
- *When this service was needed 30 years ago… this Doctor was the closest one… stayed with him.*
- *When we moved locally 25+ years ago, the first thing people locally told us was, "Don't get sick!" Sadly, our experiences with health professionals locally have not been good for a variety of reasons. Currently, the only provider we use locally is our primary care doctor. That may change soon, as he is getting harder to see because he is so booked and overworked. We started with local physicians, but quickly looked elsewhere for care. Recently had our first experience at the Wynn. Not impressed, not happy. You can pretty it up all you want and have great equipment, but until you get better care - including more staff - it doesn't change the poor quality of care received.*
- *Where providers are with openings.*
- *Where specific procedures are performed.*
- *Where we found provider.*
- *Will not to surgery at Wynn based on reputation. No endocrinologist for diabetes available in this area.*
- *Workers Comp case.*
- *Wynn couldn't offer services.*
- *Wynn couldn't do it at that time.*
- *Wynn is a death trap.*
- *You don't have a rheumatologist locally that deals with fibromyalgia and lupus effectively, and locally is a consistent pattern of neurodiverse women being ignored when bringing up health concerns. You also don't have services for genetic testing. I will probably have to go out of the area to get help for my PTSD/ADHD/mental health services since I literally cannot get anyone locally in the area to call me back just to get information about the wait time to be seen.*
- *You get seen quicker, people return your phone calls, when you arrive for an appointment you are seen promptly, appointments for X-rays ,CTs, lab work etc. are arranged quickly. The people you are in contact with are kind and courteous and companionate. They actually seem happy at their jobs.*
- *Young pediatric specialists, higher level of pediatric emergency care, and dental coverage for young children are very limited in Oneida County.*

Table A48. Services to be Improved in Oneida County

Q8. Of the healthcare services listed below, please select the top three (3) that need to be improved in Oneida County. *Participants could select exactly three services.*		
Services to be Improved	**n**	**%**
Ambulance/EMS services	152	6.4%
Behavioral or mental health services for adults (therapists, counseling, psychiatrists)	836	35.3%
Behavioral or mental health services for youth (therapists, counseling, psychiatrists)	582	24.6%
Dental care (routine checkups, emergency dental)	780	33.0%
Emergency services (hospital emergency room)	858	36.3%
End of life care (hospice, palliative)	162	6.8%
Home healthcare services	420	17.8%
Long-term care (nursing homes)	611	25.8%
Primary care for adults (regular checkup, cancer screening)	665	28.1%
Primary care for children (regular checkups, vaccinations, childhood blood lead screenings)	141	6.0%
Reproductive care (family planning, sexually transmitted infection testing, pregnancy)	146	6.2%
Specialty care (such as cardiology, gastroenterology, neurology, etc.)	948	40.1%
Treatment or harm reduction for substance use	208	8.8%
Urgent care facilities	581	24.6%

Q8a. If ambulance/EMS services need to be improved, how can these services be improved upon in Oneida County? (n=120): *(the following comments are verbatim)*

- *911 center is more focused on sending police before sending EMS. First responders are having many problems with digital radios. Police notified 4-5 minutes before EMS/FIRE DEPT notified.*
- *Allow more ambulance company's, instead of competing between each other! All day every day you hear ambulance co. say unavailable.*
- *Allow people to request a different ER other than Wynn.*
- *Allow the patient to go to the Hospital of their choice.*
- *As a 50+ year member of a local VFD and a retired 33 year member of a paid fire department, I see first hand that way more than 1/2 of ambulance calls are for non-emergency situations that either don't require an ambulance or the person could be taken by private vehicle. Paid ambulances won't admit this because they stand to lose money. Something has to be done soon so that true emergency calls can be handled in a timely manner. If a family member or friend of mine is unable to receive prompt care because our local ambulance is transporting a person who doesn't need emergency transport, there is going to be HELL to pay.*
- *Becoming a professional county based fire rescue like Prince George County in Maryland.*
- *Better coordination between organizations and more of them.*
- *Better coordination with Wynn.*
- *Better vehicles.*
- *Better wages for EMS*
- *Cost for ambulance is unreasonable.*
- *Cost. The expense will surely cost someone's life.*
- *County needs to oversee the ambulances. And NYS DOH needs to manage the ER at Wynn. Make EMS an essential service. Stop beating up the fire departments who are overwhelmed as it is.*
- *Driver had physical limitations that impaired her from doing her job.*

- *Encourage more to become EMTs. Make it free or help with their certification and required CEUs. We always need more people at this level*
- *Faster care at home to get patient out the door to the hospital.*
- *Financial support.*
- *Higher pay offered to EMS workers and have more ambulance services for the county.*
- *Higher pay offered to EMS workers and have more ambulance services for the county.*
- *Higher pay offered to EMS workers and have more ambulance services for the county.*
- *Hire at a high quality start pay. Can't live off of 18-20$ an hour and stop closing ambulance services.*
- *I live in a rural area and have noticed that it takes a long time for ambulances to reach us. Perhaps more ambulances and qualified medical professionals would help.*
- *I worry that as many volunteer firefighters and EMS grow older, there will soon be a big gap in first responder service in this area. I think there should be more investment in getting young people involved in volunteer fire departments and EMS.*
- *If there called patient must go. No more multiple calls by same people then not going costly to all and waste of precious time*
- *If there was a company run by the city, it wouldn't pick and choose which services to provide and could help declutter local emergency room.*
- *If you need to be brought back home via ambulance they should.*
- *Improved reimbursement from Medicaid. Increased training and educational incentives.*
- *Improving options of health centers.*
- *Increase in providers and accepting insurance.*
- *It is so expensive! My insurance doesn't pay for it & no discounts are given. The service is excellent when I do use it though!*
- *It seems when we are in a dire need, it takes too long to obtain emergency services.*
- *Lack of funding making it difficult for locations outside of the city settings to receive ambulance services within a timely manor.*
- *Lowering cost. It is ridiculous the fees charged.*
- *More affordable.*
- *More ambulance services for the county, more EMS staff, quicker response times, and improved training for EMS responders.*
- *Need more EMT's and Paramedics hired to meet the needs of 911 calls.*
- *Non private company's.*
- *Not enough people or funds to keep volunteer ambulances running. Rural areas still need them. Money always seems to be the answer.*
- *Not listening to our choice of hospital by EMS. We should not be forced to go to Wynn.*
- *Offer higher pay for EMS.*
- *Pay EMS more.*
- *Pay EMTs. Insurance should cover all services.*
- *Provide funding to Services such a Central Oneida County Volunteer Ambulance, Edwards Etc.*
- *State funding! Recognize EMS as essential workers like police and fire departments. We rely heavily on Medicaid patient's to stay open due to the fact is their insurance has to pay. What happens when millions are cut as a result of the big beautiful bill?*
- *Stop Medicaid pts using them for a minor problem like stomach ache. When I was young you only called an ambulance if you were dying.*
- *Stop transporting non-emergency patients.*
- *Taking the pt where they want to go*
- *The county needs to start a County Ambulance. The small private agencies are dying and nobody from county government gives a darn. County EMS provides funding and a retirement for EMS workers. COC being bought out by Mercy, Start being bought out by Marcellus (they only care about the transfers), Camden not being staffed, AmCare not covering calls in Rome due to being out on transfers or mutual aid calls.*
- *The fee for the ambulance is not covered by insurance, even for my elderly mother-in-law. You must pay out of pocket.*
- *The reimbursement from the insurance companies need to be better so that the ambulance agencies can increase pay rates for the EMS providers. Also the number of calls that these ambulances do that are not medically necessary and could be handled at primary doctors offices and or urgent care would cut down the number of calls And decrease the overcrowding of the emergency rooms.*
- *The Wynn hospital is not capable of handing patients in a timely manner which leads to the shortages of ambulance service*

- o *The Wynn was not designed with ambulances and EMS providers in mind. They are often delayed at the Wynn and it strips the county of EMS coverage regularly. Despite this happening semi-frequently they have done nothing to improve this at all.*
- o *There are parts of the county where it can take over 20 minutes for an ambulance to arrive to the patient. If one ambulance service is unavailable the dispatch or multiple tones for another ambulance is ridiculous. The county needs to know the availability of ambulances so another one can be started quicker. Like Onondaga County does.*
- o *There is not enough Ambulances nor hospital ER rooms. Its criminal we have been forced to go to one hospital. Ambulance services need to step it up and offer better quicker care.*
- o *They can transport patients from EDs in a timely manner. Currently they frequently deny or have lengthy wait times to transport patients to facilities outside Rome. This causes a delay in care for the patient despite an accepting facility and doctor. This, in turn, impacts the ED throughput which is already struggling.*
- o *They need to have a better understanding of different injuries and shouldn't have to explain spinal cord injury and AD. We need more options for them Rome hospital and Wynn hospital are not state of art hospital. They are horrible!! Has a complex patient. They do the best they can but also need to be supported.*
- o *To many question when you have an emergency.*
- o *Too expensive.*
- o *Waited an hour for ambulance for injured child at a football game in Holland Patent. Unacceptable.*
- o *Waterville lost it's ambulance corporate due to the fact there are too many tests/classes involved to help out even as a volunteer.*
- o *We waited at Wynn for hours for an ambulance to arrive to take our child to Syracuse. More ambulances are probably needed.*
- o *Worth every penny, but so expensive. Insurance companies should pay them a fair amount and it should be accepted.*
- o *You should be able to get transported to your hospital of choice. The services should not be tied to the Wynn Hospital.*

Q8b. If behavioral / mental health services for adults need to be improved, how can these services be improved upon in Oneida County? (n=444): *(the following comments are verbatim)*

- o *Accepting any and all insurances. Having flexible hours. Not waiting months to be seen.*
- o *Add more facilities, for a start. There are so few that young psych patients sit for weeks or even months in local EDs needing placement. Train psych providers thoroughly in youth mental health services.*
- o *Appointments need to be sooner, the waiting too long for services.*
- o *Available appointments during times of crisis. Sometimes it takes weeks to get an appointment.*
- o *Awareness of what is available where.*
- o *Barriers include the availability of trained professionals, and travel distance to receive this type of care. More behavioral health specialists need to be available for kids through the school systems. Add contracts with local healthcare systems like MVHS or Rome Health to have providers outsourced and available for kids in the upstate NY region (north of Utica). My child was turned down for help through the school, and had to seek referral through pediatrician office for behavioral health assessment and evaluation. We pay taxes for this resource, but my child's behavior wasn't considered "bad enough" for him to acquire these services. Research shows that early intervention and therapy through individualized education plans (IEPs) help children with ADHD and Autism have a reduction in their symptoms over the lifetime. But when these children aren't "bad enough" to be able to get the diagnosis, and or therapy, it's due to the scarcity of these resources, and availability of specialists in the area to provide services to kids in needs.*
- o *Better doctors, facilities, more availability for appointments (time-wise). Doctors keep leaving, too many private practices that do not take new patients or don't accept current insurance.*
- o *Better recruitment/retainment of providers.*
- o *Build more fun stuff for them to do. Fix the parks. They have nothing to do here.*
- o *By making it commonplace to have appointments with professionals and dealing with the barriers of stigma surrounding mental health services.*
- o *Collaboration and government funding.*
- o *Create more opportunities for youth to talk with people before a crisis by creating opportunities for gatherings that will be set up to spot those individuals that are struggling. Boys and girls club was helpful but not the best. What they have now are just a pool of youngsters not being manager or influenced.*
- o *Dándole prioridad (It should be given priority)*

- *Doctors and therapists who hold eugenicist values should not be employed.*
- *Early detection and intervention. Encouraging peer involvement.*
- *Education on negative effects of social media.*
- *Engaging youth in more activities to keep them motivated throughout the year.*
- *Expanding the provider network to include individuals who share commonalities with the communities they serve is a strategic priority.*
- *Facility for juveniles who commit crimes and need services. Many come from broken homes or with no guidance or care.*
- *Find a way to attract and keep psychiatrists and therapists.*
- *For educational institutions to provide the proper personnel, tools and environment for a child to learn and grow.*
- *From our experience, the providers in Oneida County either weren't accepting new patients or did not accept our insurance (BCBS).*
- *Getting more available programs placed into the schools whether it's after school or during the summer.*
- *Getting to children at risk for early intervention schools should listen to the teachers who are the first to re recognize potential problems And get early intervention for these children.*
- *Getting to root cause and work towards resolution from there through various specific programs dealing with mental and behavioral health.*
- *Greater access in poor neighborhoods*
- *Have facilities that will actually help when youth are admitted, and its only for 3 days if you are lucky. If not they just send them home from the ER without any help for their issues.*
- *Have more groups for the youth to get involved in and when a parent calls to make an appointment for their teen to actually care and take the call. I called the neighborhood center for my teen years ago and they acted like they couldn't be bothered*
- *Have more places that aren't private practice so that way the ones that exist the clinicians can have smaller case loads and see the individuals on the caseload more frequently.*
- *Have more providers have higher staffing levels in agencies which in turn will give more services and options to mentally ill children.*
- *Have people that have mental health issues, be the ones to speak about their own personal experiences to help give perspective. To help people learn how they can help. More people need to be open to the fact that mental health issues in youth begin typically stem from trauma/abuse. Youth need to be believed, and we need to allow them to speak and be heard.*
- *Have reasonable appointment times for working single parents.*
- *Having more available doctors which can cut back years or months before a child can be seen. It's imperative that we as teachers, teach our youth that we care and have more options available.*
- *Hire staff that actually want to help the youth get better. Sometimes kids just want someone to listen to them without judgement.*
- *Hours outside of the regular school day 9am-3pm so children don't need to miss school to get mental health services.*
- *I don't have the answers for that , but I do know our youth needs to get off social media and communicate more on a one on one.*
- *I don't know but teenage trying suicides get sent home and parents are to watch them.*
- *I feel that ALL mental health treatment centers, not just rehabs, should be open 7 days a week for people. The United States has a CRISIS and no one is addressing this crisis.*
- *I have a granddaughter that really needs services and is denied because of her insurance (Medicaid). She is a victim of bullying, has suffered 4 concussions due being jumped in school and nobody does anything to help her (they try to blame her). She has tried to commit suicide, threatened to run away and no agency will help her.*
- *I have been trying to find a therapist for my teen for two years now. They are all booked up. I keep getting turned away stating sorry we don't take new patients.*
- *I know a teen that only can go to hospital psych ward short term. Need group homes, clinic, social workers. Urgent care.*
- *I think having a specialist in the school system that works with the family is important. This should be on-going and it should start in kindergarten through 8th grade.*
- *I think to many kids fall through the cracks and don't get the care as needed.*
- *Improve the social service system to help the homeless find proper medical care and housing.*
- *Improved access to care and linkages to supports for youth and their families. There is a shortage of mental health providers for youth.*
- *Improved medication intervention for those truly in need. Better counseling services for children under 10.*

- *Increase providers and shorten the wait lists. Wait lists aren't helpful for youth in crisis and need immediate attention.*
- *Increase the pay and benefits for providers do they actually stay in the office they start working at.*
- *Intensive inpatient services should be looked into more. Not everything can be properly treated on an outpatient basis.*
- *It takes an absurd length of time to receive diagnosis for autism and similar mental health challenges. Diagnosis for such mental health services should NOT take two years to obtain. Our family personal experience speaking.*
- *It's needs to be improved these poor children and young adults are going thru the craziest times in world history. You try and get help from case managers which I wish they would not have to leave so soon constant rotating we need programs for kids to go to.*
- *Joint services with agencies and providers. More availability to hold trouble youth.*
- *Lack of Autism and ADHD, insurance covered providers.*
- *Let the younger generation know they have outlets to reach out to and let them know they're not alone no matter what they're dealing with.*
- *Make parents responsible for their children.*
- *Making more inpatient facilities available.*
- *Minimal services are offered. The people working at the clinics that are available are burnt out and don't appear to like their jobs or want to help the youth.*
- *More awareness. More after school activities.*
- *More emergency placement services for youth during time of crisis and ER visits. Lack of beds in the area.*
- *More facilities that help good shepherd and the youth of Utica. It's a shame that these kids struggle and cannot get the help they deserve. The system is failing our next generation.*
- *More in home services and supports. More children's outpatient clinics, respite home, and residential options. There needs to be parent and guardian engagement in preventive care.*
- *More MH providers. Help available in schools. Remove stigma from MH care. Group sessions for high school students.*
- *More offices in Rome for people that depend on buses or cabs to get to appointments.*
- *More outreach in the community. More community programs.*
- *More providers and a variety of providers on treatment teams to assist with diagnosis and support for youth individually and in different areas of their lives (therapists, mentors, peer supports, etc.).*
- *More providers and more correspondence with school districts to assist in navigating mental health issues and issuing referrals for services as a preventative measure.*
- *More residential treatment facilities need to be provided.*
- *More services for autism.*
- *More support for therapists to accept children in private practice settings. Increase in payout from Medicaid for private therapists to be able to accept more children.*
- *Most lacking are the number and quality of providers. Our area has trouble recruiting MH providers to begin with, and those who do start working here burn out quickly through overwhelming caseloads with inadequate supervision. Our local system does a poor job of recruiting and supporting those starting out in this field, with a focus in the clinics on numbers, not quality. As a retired child psychologist I could go on and on about the inadequacies in this area. There needs to be a comprehensive look at the entire MH system and how to revamp it rather than simply plugging holes or developing new programs without adequate staffing.*
- *My child needs therapy to tackle some anxiety and there are no resources available to her.*
- *Need more information for parents and guardians.*
- *Need more mental health facilities. When a young teenage tried to commit suicide and was taken to hospital there was no place for her to go. Telling the parents to watch her isn't the solution.*
- *Need more providers that can see kids more then once every two weeks or once a month and more assess to help for kids that need inpatient services.*
- *Need more psychologists & social workers to provide counseling for children. Need more availability for ADHD/autism testing & services without parents having to wait 1 year or more for children to be evaluated & treated. Need these services to also be available to families where English is not their primary language.*
- *Need permanent Behavioral Health specialist in the area.*
- *Needs to be proactive and not re-active. Spot the need in their earliest school years and offer early mentoring and intervention. Don't wait until it is too late.*
- *Needs to have the stigma removed. There should be a coordinated campaign to encourage children from a young age to be willing to talk to a professional mental health care specialist.*
- *Observing home life, support systems and education to parents.*
- *Offer a facility that can provide proper care without sending them out of the area for care.*

- *Offer more services for working class people and that is feasible.*
- *Oneida county needs facilities that specialize in mental health for the youth*
- *Oneida County needs to have a NAMI center. They also need a 24/7 crisis center for mental health help.*
- *Provide early screening and intervention in the schools by a qualified provider who can identify issues at an early age. Then the provider can work with a school social worker to help the parents find long term help.*
- *Provide long term facilities with specialized care.*
- *Quicker and easier access to needed services and more providers for preventive care.*
- *Recruiting mental health counselors for youth More mid level providers such as NP that specialize in youth mental health.*
- *Reduce the stigma and have Pediatricians focus on it and not gloss over the topic.*
- *Reopen the behavioral facilities that were closed a few years ago. There is nothing in this area that offers more than a band aid and out the door.*
- *Services are not readily available. The Emergency room is the only option for these kids.*
- *Services that meet needs of those with actual disabilities and a mental health, diagnosis, bridging gaps between access to service and being educated on services embedding service providers into the hospital to assist with linkage to service and I'm going support.*
- *Simply need more providers willing to work with youth and the range of issues that they deal with today. They also need to accept insurance because that's another issue, whether it's Medicaid or private.*
- *STable Aproviders. Both of my children went through multiple therapists at the Neighborhood Center due to their high turn over rate. Also need more providers, and more insurance accessibility. When looking for a new provider for my children outside of the Neighborhood Center, many places were not accepting new patients or wait times were like a year.*
- *Stop having the MH providers carry an agenda. They need to be in schools to be there for kids. Need counseling not just medications thrown at them.*
- *Talk to them in here is a lot going on in the world.*
- *The rules set in place for the only wards and hospitals in the area are extremely strict, so much so that I have been told and have experienced it myself that patients in these units do not leave better than when they left, and while they're in the units their symptoms and conditions only worsen due to poor treatment from the nurses, and patient care techs and doctors.*
- *The services we have now are long waiting times. Need a better system for those who need help right away that don't really require the psych unit at a hospital.*
- *There are not enough certified providers to assess the mental health and behavior needs to kids with multiple potential diagnosis. Parents have to wait months for ADHD, autism, and mental health evaluations. Many parents have tooting packet for these evaluations.*
- *There are not enough therapist. My child has needed services for a few years and I have been unsuccessful in finding anyone that takes new patients, if they are taking new patients they don't accept insurance.*
- *There are very few Psychologists care in upstate period. With a rise in mental health issues beginning in our youth.*
- *There are very limited resources both inpatient and outpatient for children under 18. The one facility on Champlain Ave is a total joke. They hire staff that cannot regulate their own emotions, let alone those they serve. Staff are too young, inexperienced and the facility has lowered their standards to hire bodies.*
- *There needs to be added providers qualified to help youth available at all times who accepts all insurances or has affordable prices for those without insurance.*
- *There needs to be more options and the agencies that are supposed to do health care management need to do their job. Families are too often being dropped or discouraged from using resources as they are constantly given the run around or assigned to someone who does nothing.*
- *There needs to be more providers. I teach at a school and see firsthand the mental health crisis affecting youth. They are put on very long waiting lists for mediocre services.*
- *There's limited information and resources for young people.*
- *Time management for quicker access to psychiatrist and therapists.*
- *To improve youth behavioral and mental health services in Oneida County, we must expand access to trauma-informed care, reduce wait times, and invest in growing a local mental health workforce. Strengthening school-based supports, telehealth options, and family engagement can ensure earlier intervention and more equiTable Acare. Collaboration across healthcare, education, and community services is key to building a system where no child falls through the cracks.*
- *Too many have to go to other counties and they don't have the means of transportation needed.*
- *We have too few well trained Providers. These Families need quality care provided by Well trained Providers that specialize in treating Children.*

- o *We have violent juveniles that need to be in a secure facility for treatment and to protect the public.*
- o *We need a facility that they can go to for mental health placement . Better resources for the family.*
- o *We need availability to doctors and therapists to help our youth. We need to not be afraid to talk to our kids about suicide prevention and let them know there are places to help them and people who will listen to them and not judge.*
- o *We need more places for children to get the mental and behavioral help they need as residential and out patient.*
- o *We need more providers who will accept all insurances to allow for improved access to this service. Wait times, insurance, and appointment wait times should not be an obstacle in obtaining this type of help for any one within our communities.*
- o *We need more sTable Aproviders, which will provide consistency. We also need providers that can see children outside of school hours.*
- o *We need to have a in patient mental health facility for long term patients.*
- o *Well Governor Cuomo cut many services and the current Administration hasn't done anything about it.*
- o *When a parent sees an issue early on there needs to be more information to help child needs to be available.*
- o *When a parent suggests to her sons' primary to have him checked and his reply is "he's a good kid; he doesn't have anger issues; but let's do a sleep study on him" I don't think it is a good service.*
- o *Youth with Medicaid type insurances are not able to get consistent, reliable, expert, timely, mental health services. Good psychiatric help is hard to come by period. My daughter had to travel to Syracuse and pay out of pocket for services.*

Q8c.   If behavioral / mental health services for youth need to be improved, how can these services be improved upon in Oneida County? (n=664): *(the following comments are verbatim)*

- o *Access to available providers and more timely appointment schedules.*
- o *Access to more inpatient psych, as well as more follow ups at home are level and outpatient accessibility for psychiatric conditions . I think the issue is psych patients do not have support once they get home , so they do not continue with medications , etc. so the repeat offenders come right back to the hospital*
- o *Actually have facilities that will accept adult patients with a variety of insurances. I am a NYS employee with their health insurance and no one wants to take it. Or they say they're only taking children under 18 and don't take anymore adult patients. I literally can't get anywhere.*
- o *Add services to senior centers or community centers.*
- o *Address modalities needed based on family referral.*
- o *Adults and youth both need better advocacy and easier access to assistance.*
- o *Adults with Medicaid type insurances are not able to get consistent, reliable, expert, timely, mental health services. Good psychiatric help is hard to come by period. my daughter had to travel to Syracuse and pay out of pocket for services. Many times the affordable services are with social workers and it's a hit or miss.*
- o *Affordable or volunteer services for Veterans, elderly living on extremely fixed income.*
- o *Allow a first-time appointment to everyone who calls (because they are indicating they need help). And give this appointment without a lot of advance paperwork. This would at least get the person in the door, rather than delaying with paperwork. And also, not turn them away because they don't fit certain "criteria". Then have a full-time staff person who could hear the issues and decide where in the county they can get help.*
- o *Alot of adults don't like the tele-provider route. Online telehealth isn't reliable. We need access to well trained professionals at hours that we're not working.*
- o *Applying programs into jobs that help de stress or give you a safe zone (area) where your able to sit and just talk to someone.*
- o *Appointments take months. People are misdiagnosed. Doctor doesn't have time to discuss major concerns from patient.*
- o *As you get older, the loss of your spouse, friends, and domestic animals is so hard. Perhaps more access to counseling would be nice. Also, exercise classes for elderly over 80 years old would be wonderful to prevent falls, etc.*
- o *Availability of higher tier/specialized mental health professionals taking Medicaid managed care and other low income insurance. The therapists available can't adequately handle or assist with advanced mental illnesses or lack the experience. Especially with CPTSD. Most programs are geared towards veterans leaving out the rest of us.*
- o *Availability of licensed Psychiatric practitioners.*

- *Availability on weekends and evenings. More marketing to know that the services are available transparency reducing the stigma.*
- *Be more consistent*
- *Behavioral health clinics that take the widest forms of insurance have a significant stigma surrounding mental health medications and may be limited in what they can prescribe by biased policies (my partner had been prescribed a controlled substance by one such organization for over a year, then they had staff turnover and his new psychologist refused to renew his prescription and refused him treatment because it was a controlled substance. That the organization gave him in the first place). They're also significantly understaffed, leading to limited availability and a lack of comprehensive care. We also have no options for long term or temporary in-patient care for adult mental health outside of a rehab facility for substance abuse.*
- *Better access I've gone to neighborhood center for their open enrollment, been there within two minutes of opening and turned away because they are at capacity. I've had this happen 5 times, so I am still without much needed mental health care.*
- *Better communication.*
- *Better Facilities and Specialized Doctors for Autism and Bipolar.*
- *Better insurance coverage for mental health.*
- *Better insurance coverage.*
- *Better organize availability of therapists and provide patient times that are available for working professionals. Reduce the stigma associated.*
- *Better recruitment/retainment of providers.*
- *Better staff and better providers surrounding these mental patients the staff is horrible towards these patients.*
- *Bring back hospitals for mentally ill.*
- *By listening to the people.*
- *By making services more accessible via Telehealth and also providing psychiatric medication management services to individuals that need them in a timely manner.*
- *Capacity.*
- *Collaboration and government funding to open more treatment centers*
- *Communication and funding.*
- *Copays not covered. All out of pocket money needed*
- *Counseling and follow up counseling services.*
- *Create a NAMI center and a 24/7 days a week crisis center. We need to attract more social workers, psychiatrists and nurses who specialize in psychiatric care to the area.*
- *Day care centers.*
- *Doctors and therapists with eugenicist values should not be employed. They should not be allowed to discriminate against patients on the basis of gender, sexuality, race, or religion but they do and nothing is done when it is reported.*
- *Don't supply them needless, etc. Taken to a rehabilitation. That's helping.*
- *Educating children about drugs and alcohol at younger ages keep educating throughout high school also counselors one on one. Not group therapy and there are parents that want to help their children get help not push them away.*
- *Emergency room at Rome health need to improve their staffing.*
- *Engagement with workplaces, large employers*
- *Entice more Psychiatrist and Social Workers to the area. Open more facilities to accommodate.*
- *Expanded hours and expanded rural locations.*
- *Facilities to house people, supportive care, and food.*
- *Find a way to attract and keep psychiatrists and therapists.*
- *Find caregivers who care, stay in the area, and don't just push drugs! The psych ward at MVHS, threw my wife out because they did want to move her from St. Lukes to Wynn. the week she is there. It took 4 days for a psychiatrist to see her. They just have patients sitting untreated, mistreated, and ignored unless they start being a problem!*
- *Find placement for these folks so they don't get dumped into nursing homes, that aren't properly trained and cant care for their needs, as then they are also mixed with elderly demented residents.*
- *For one, making it so primary care physicians actually refer patients for care and don't leave it up to them. When I spoke to my doctor about needing a psychiatrist, wanting to be screened for ADHD/Autism I was simply given a list of numbers to call. From experience, while not as inaccessible, mental health scare suffers from lack of available providers who accept your insurance or they aren't accepting new patients. Telehealth can be useful but I spent years doing telehealth therapy and only a brief time doing in person (started in person, pandemic happened, telehealth appointments) and the in person care was much more effective. Telehealth opens up more*

opportunities for care but I don't like the road we're going down with it. We, as a nation, are suffering from a loneliness epidemic where we are glued to screens. I don't think we need to be using screens to receive much needed human interaction. The point of therapy is just that. Sure it may be handy for someone with social anxiety but should only be used in the beginning to start care, as some may not even start without the option of telehealth but a big part of managing anxiety in general is exposure therapy. Leaving the house to go speak with someone with no judgement is crucial to success in managing mental health. I feel this for all types of healthcare and not just mental health. I'm scared that telehealth will become a main form of health care and end up worsening the current issue with loneliness and screen addiction.

- o *Getting to root cause and work towards resolution from there through various specific programs dealing with mental and behavioral health.*
- o *Greater number of providers, expanded hours, more time for evaluations. Less staff burden.*
- o *Have inpatient at Rome and Oneida hospitals, have a lack of these for both youth and adults.*
- o *Have providers offer services outside of the regular 9-5 business hours. Weekends and evenings are the only availability some people have without taking time off from work.*
- o *Have providers offer services outside of the regular 9-5 business hours. Weekends and evenings are the only availability some people have without taking time off from work.*
- o *Have qualified providers and Christian based counselors.*
- o *Have therapists OF COLOR who can empathize with racism, sexism, anti-Blackness.*
- o *Health insurance is issues. Need health insurance authorization waiting for long time.*
- o *Helping the population understand services are available through media.*
- o *Hire nurses from the area in Wynn hospital. The traveling nurses don't do their job in the emergency room.*
- o *Hire staff that actually want to work in the field and help others get better and listen to what patients/clients have to say without judgement.*
- o *Home health services for behavioral therapy.*
- o *I am a personal trainer and nutritionist. Behavioral care really means education on our choices and our behaviors. The food that is offered on the tray at a hospital or in the dining room at an assisted living or a nursing home is what is causing the health issues. Type two diabetes is the pandemic. Covid was nothing compared to type two. Type two is caused by behavioral choices. Lack of exercise means minimal muscle in the body. Every single, one of us consumes way too much sugar every single day. The sugar might be in the form of a cookie or chips or soda or bread or pasta.*
- o *I deal with plenty of individuals on a daily basis that seem to have many barriers accessing quality mental healthcare. Individuals get taken to the hospital for mental health services and are usually discharged shortly afterwards.*
- o *I had an urgent referral out for severe postpartum depression that took 9 weeks and a second referral before I was contacted. And then another 5 weeks before I was seen by a provider.*
- o *I know of way too many Adults who need Mental Health and Behavioral help, but there are no places that are willing to take them in and give them the Counseling/ Medication/ Support/ and Follow through that they need. I have had 2 people that I know of that were not given help for Suicidal thoughts who ended up committing suicide because they could not get the help that they needed. There is no reason for this. They reached out for help and none was given.*
- o *I waited 3 months for a therapist. That is unreasonably long. I have a good therapist but that is too long.*
- o *If the Adults are committing Crimes and acting in a bizarre manner put them in a Secure facility where they can be treated*
- o *If we can get to them before they are adults will be best if not we should create ways to deal with the young person inside of them that wasn't cared for.*
- o *Improved access to psychological testing. More providers to accommodate adults and potential barriers with scheduling, and access to additional professional supports such as peers, group therapy, etc.*
- o *In patient beds as well as out patient services including quality providers.*
- o *In person availability outside of traditional work hours.*
- o *Increase number of providers and shorten wait times to get initial appointment.*
- o *Increase staff so follow up appointments aren't so far apart. These poor people need help and support.*
- o *Increased access/availability to psychiatrists*
- o *Increased comprehensive diagnosing!*
- o *Instead of releasing patients back on to the streets have a place they can get help. Some place where they can live while getting treatment.*
- o *Insurance Coverage.*
- o *Its hard to find anyone who will see you if you are on Medicaid unless you have a drug or alcohol problem. People without substance abuse issues get pushed aside.*

- *Larger facility for inpatient psychiatric care.*
- *Less rotation of therapists.*
- *Longer evaluation time more than 24-72 hours.*
- *Make it a free service, provide transportation, and remember the elderly.*
- *Make more available for short term house visits.*
- *Make outpatient work so people can maintain employment.*
- *Make them feel comforTable Ait's a lot of things people go threw but they won't say.*
- *Make therapy and mental health services available to those in poverty and to those who don't have insurance.*
- *Making sure the staff is 100% caring, kind & compassionate, not just there for a paycheck. When people are at their lowest, they don't need to deal with anything other than kindness.*
- *Many people who appear to be in crisis are menacing others in the community. More inpatient care and monitoring is needed.*
- *Mental health services need to be readily accessible to everyone in all areas in the county. They should market the services, so people know what is there and know how to get help. This will also help normalize mental health issues and reduce the fear of reaching out for help.*
- *More access and awareness. I am not optimistic on this and other health related topics since the Republican Big Beautiful Bill will devastate health care in NYS.*
- *More access and community outreach and more workers.*
- *More access and hiring MH staff that are well qualified and don't have the basic credentials to get anyone in the door.*
- *More behavioral health services available in a short time frame*
- *More capable doctors that actually care about the mental health of their patients.*
- *More community outreach is needed for those who work with mental needs adults.*
- *More community outreach. More work alongside local law enforcement and hospitals/other medical facilities.*
- *More empathetic psychological evaluators more equal access to medications without clinical stigma especially ADHD medication.*
- *More highly trained and experienced providers. Had to be put on a waiting list last time before being seen by a new provider.*
- *More in person treatment facilities.*
- *More in rural areas. People with mental health issues will not travel 30 minutes to get to appointments.*
- *More inpatient beds and lots more supportive living/group homes.*
- *More inpatient services, specifically geriatric behavioral.*
- *More money to be able to hire and keep staff.*
- *More non judgmental counselors and other providers.*
- *More online options.*
- *More options for testing for adults. Like autism, ADHD, and ADD.*
- *More options- telehealth.*
- *More pop up clinics maybe going to the farmers markets.*
- *More providers who aren't overloaded with patients. Support groups, group therapy. Specialized therapists for CBT and OCD, etc.*
- *More providers would allow for reduced caseloads and increased progress within any given situation.*
- *More providers. Less of a wait time. Private counselors need to accept more insurances.*
- *More psychiatrists available. More inpatient mental health. More prevention programs for youth, young adult, and adults.*
- *More psychiatrists/counselors. Mandatory psychiatrist follow-up within one week of input psych hospital stay.*
- *More residential and income-based treatment facilities.*
- *More service providers with diversity of programs.*
- *More therapists, more providers accepting patients, and affordable services.*
- *Most of the problems with violent crime seem to stem from lack of hospitals. After hospitals got turned into prisons, there is no where except prison for mentally ill people to go when long term care is needed.*
- *My adult child had to wait 1.5 years for a Psychiatrist. We were able to utilize CHUBS, however, the provider was disinterested and did not listen to my dependents needs. It was a scary time for our family. I am so thankful for SUNY Upstate inclusive health clinic.*
- *Need facilities for the mentally disabled.*
- *Need more facilities and providers (doctors not therapists) that are qualified to treat mental health issues throughout the county. They need to be available to everyone 24 hours day. They need to accept all insurances.*
- *Need more providers so we need to figure out how to attract them to stay in this area.*

- *Need more providers to offer mental health services to those who do not have insurance or have Medicaid, where the wait times for an appointment are not months out and so there are providers available at all times when people experience a crisis.*
- *Need more providers to offer mental health services, so the wait times for an appointment are not months out and so there are providers available at all times when people experience a crisis.*
- *Need more providers to offer mental health services.*
- *Need outreach on the streets to provide homeless and addicted people with the mental health issues through inpatient services. Help them to get better and become the best version of themselves.*
- *Needs to be a more welcoming environment.*
- *Needs to be available to someone immediately, rather than being placed on a long wait list.*
- *No choice of a provider.*
- *Non-Medicaid clinic Psychiatrists. Private Practice Psychiatrists are in need. Highly skilled, competent Psychiatrists are needed.*
- *Normalize mental health.*
- *Not enough experts once again too many unqualified therapists and wait times too long and insurance coverage lacking for Medicare managed care.*
- *Offer an intensive outpatient program for mental health that offers therapeutic groups, counseling, med management.*
- *Offering various ways to get the services for example, over the phone, video chat, in home etc.*
- *Once you get in your ok but it could take months to get into a place that does both meds and therapy and again these poor workers get overloaded and they leave within 6 months then you have to tell your story again to someone new and it's just leads to more cases walking out.*
- *Open mental health facilities that offer inpatient services and long term assistance.*
- *Outpatient services in northern Oneida County at least 2 to 3 days a week and an urgent care center for more immediate help so you don't have to travel to Rome or Utica.*
- *Pay the professionals more money and they will move here. Living in a declining rust belt city has to have a trade off.*
- *People need a group facility to live in and get treatment.*
- *People who do NOT have substance abuse problems can't get help in Rome, NY.*
- *Provide long-term residential care facilities.*
- *Provide more homes for people living with mental illness.*
- *Provide more out reach and more treatment facilities. Go back to mental hospitals, instead of the ill walking the streets.*
- *Provide supportive housing with on site therapists to see to it that the proper medications are being taken. Keeping people with mental problems off the streets for their own safety and protection.*
- *Provide them readily and affordably.*
- *Providers that do marriage counseling and take insurance.*
- *Recruit and retain providers. Takes months for patients to get in to be seen.*
- *Reinstitute psych center.*
- *Remove the corner stores and/or make laws from prevent them form selling drugs out of them. This impacts the Mental Health population negatively. Offer in patient treatment in fact mandate it. Include life skills and education job training so when they returned back into the community they have a better quality of life.*
- *Re-open psychiatric facilities so people can get the help they need with well trained staff.*
- *Reopen the state mental institutions.*
- *Seems as though we need more availability to adults needing MH care. They seem to be sent to the hospital and quickly sent back out and don't get the actual help they need.*
- *Services are not available on consistent basis.*
- *Somehow, those who need it but won't seek it need to be forced to go before something bad happens.*
- *Someone needs to be able to help families deal with someone who refuses to help themselves. You used to be able to make someone get treatment but now they just end up on the street, doing drugs, stealing cars, generally a danger to society and themselves.*
- *Stop hiring the spoiled rotten brats to be in charge of everything and our heath will improve.*
- *System is overwhelmed, quality providers nonexistent, no one appears to truly care much.*
- *The accessibility and being able to have care that is consistent.*
- *The County needs its own urgent care, treatment facility, risk management facility center versus the hospital.*
- *The offices are uninviting and navigating the Foxton Campus is not easy.*
- *The psychiatrists would rather over drug you than help you.*

- *There appears to be a lack of more qualified providers, such as psychiatrists when needed. Individuals have extremely long wait periods to see qualified providers. Hospitals tend to discharge these patients rapidly and without adequate follow up with appropriate professionals that can assist with the individual's actual needs. This appears to be an issue between both the Utica area facilities as well as Rome. I have no personal experience with these issues but have heard this numerous times from very close family members.*
- *There basically no mental health help here.*
- *There currently are no facilities for adults, had to move my Dad to Cortland. Long term care units all said not eligible as he could dress himself and feed himself, he had frontal lobe dementia. NO facility would take him.*
- *there is limited amount in this area, mostly in Utica area, need to bring closer to Rome*
- *There is too much turnover of providers, lack of available appointments due to long wait lists, and restrictive policies on the part of providers and practices that prevent existing patients from continuing with their services.*
- *There isn't enough therapists that take Medicaid for adults that are seeking therapy. I'm a therapist myself and go through hoops trying to find someone for my adult benefits. Therapists don't get paid enough.*
- *There just isn't anyone available or taking adults with autism. Everyone is geared to kids, and they are booked solid anyway. We need adult resources, too, autism doesn't go away just because you turn 18.*
- *There needs to be added providers qualified to help youth available at all times who accepts all insurances or has affordable prices for those without insurance.*
- *They don't refer you to the right places. Physicians don't seem knowledgeable and just let you talk without any feedback or actual counseling or behavioral therapy.*
- *They need to diagnose people the right way and get them the right meds to take care of their issues. Also it seems people with mental health issues just get tossed to the side and left to wonder the streets or turn to illicit drug use.*
- *They need to reach out to the community often and check on adults that are suffering from mental illnesses. Some of whom have severe mental issues.*
- *They should market the services, so people know what is there and know how to get help.*
- *They should market the services, so people know what is there and know how to get help. This will also help normalize mental health issues and reduce the fear of reaching out for help.*
- *This service seems non existent or completely ineffective.*
- *Thorough trainings for providers and more accessibility for patients.*
- *Time management for quicker access to psychiatrist and therapist and possibly a facility where they can go for long term help.*
- *To improve adult mental health services in Oneida County, we need to increase access to qualified therapists and counselors by investing in workforce development and expanding service availability across settings. Strengthening community-based programs like mobile outreach, supportive housing, and peer support can help meet people where they are. Streamlining care coordination through systems like SPOAA ensures individuals receive timely, personalized support without falling through the cracks.*
- *Try to work to get rid of the stigma and make it easier for adults to try it. Once they try it they will understand what it can do for them.*
- *Understanding what services are available and where for people with chronic, severe mental illness. How to access without long wait times.*
- *Until I started working for the county, I really didn't know how to go about finding services for therapy in Oneida County. I only started therapy because of listening to a podcast suggesting an app, but would probably benefit from more one on one interaction. I think really having the information out there of how to find help would be best.*
- *Very difficult for adults to find supports and counseling.*
- *We need more and better providers and insurance needs to start allowing more time for it. Most mental health providers are overworked and over booked. That is not good mental health! Some insurance providers only offer an hour a month.*
- *We need more of a variety of specialties. There aren't enough therapists and psychologists that can handle complex needs or neurodivergent needs.*
- *We need more providers and better continuity of information of available services for on individuals and families managing a mental health crisis.*
- *We need more Psychiatric NPs and Psychiatrist who can prescribe medications outside of the clinics, like CHBS and Neighborhood Center. There has been an increase in independently practicing therapist, but those clinic's require you to see one of there's prior to seeing their Psychs.*
- *We need providers for adhd/autism for adults. All the local places cut off at age 24 or 25. Kellerman center is a joke.*
- *We need psychologists- Ones that take Medicare and Excellus. We also need psychiatrists.*

- We need to make the area more appealing to pull more providers into the area. Existing programs should be expanded and advertised.
- Wide ranging telehealth services for adult mental health.
- Working with school administration to get referrals.
- You put people that are different people in the same bracket you cannot rehabilitate people in a group setting has to be individualized.

Q8d. If dental care services need to be improved, how can these services be improved upon in Oneida County? (n=649): *(the following comments are verbatim)*

- *A dental clinic that isn't just to treat problems. More preventative dentistry.*
- *Adding more emergency basis care.*
- *Appointment are months away for simple check up to fillings*
- *Availability of emergency dental services.*
- *Because of lack of services you have to wait up to a year for appointments*
- *Better dental facilities or information on local facilities.*
- *Better dentists and periodontists*
- *Cheaper orthodontist.*
- *Children that need dental work travel to or near Albany for any special extractions or dental work*
- *Dental hygienists.*
- *Dental services are a joke, there aren't enough trust worthy dentists and most procedures other than cleanings aren't even covered and they are over priced. Having healthy teeth is a very import part of life and there needs to be better options, lesser price and dentist that wont do not needed procedures or lies about what needs to be done.*
- *Dental services need to be offered affordable options for those working without insurance and free services to those with no working income.*
- *Dentist that are equipped to care for the disabled.*
- *Dentists can set their own fees which can be mostly unattainable for people on private dental plans. These plans reimburse very little for dental services resulting in the patient paying astronomical dollars for crowns, extractions, etc.*
- *Los dentistas deben aceptar los planes médicos que tenga la gente.. (Dentist should accept medical plans that people have.)*
- *Dentists need to broaden their in network insurance coverage and accept more dental insurances.*
- *Dentists offices need to be more flexible with scheduling.*
- *Easier appointments for emergencies.*
- *ENTICE ORAL SURGEONS TO COME TO THE AREA AND ACCEPT CASH PAYMENTS*
- *Evening and weekend availability.*
- *Expanded QUALITY of care for pediatric dental especially for those who utilize child health plus.*
- *For a lot of people the prices for the kind of dental care needed is little to non-existent. Prices are out of control.*
- *Have dentists provide latest dental technology and accept patients dental plan coverage which you find in Syracuse and area.*
- *I don't have a problem with this but if I did I would like to know I wouldn't have to pay a lot of money*
- *I have called a lot of dentist around and could not get myself nor my daughter in anywhere and I don't have money to go to a place like Aspen Dental where you pay our of pocket.*
- *I have heard several people I know say they have been unable to find a good dentist*
- *I'm established with my dentist m but my mother-in-law isn't. It was very difficult to find a dentist taking new patients. The ones who were had a 6month to one year wait*
- *Improve services beyond routine cleanings. Too many dentist don't provide a good array of services and don't want to recommend one.*
- *It's difficult to get a new dentist or even a timely appointment. I had to wait 5 months.*
- *Las citas son muy lejanas (The appointments are too far away.)*
- *Las mayorías de los centro dentales no están aceptando el seguro de la ciudad (The majority of dentists do not accept insurance from the City.)*
- *Make dealing with disabilities part of training.*
- *Make getting an appointment easier. Even though I am established with a dentist, I have to wait almost a year for another appointment, they are short staffed and overbooked.*

- *Many dentists have recently retired. It's difficult to get an appointment now.*
- *Mejores servicios (Better services)*
- *More access to hygienists.*
- *More access to oral surgeons in our area.*
- *More available appointments.*
- *More clinic for emergency dental care.*
- *More dental hygienists and dentists.*
- *More dental hygienists available. I am unable to receive 6 month cleanings because my dental office has no availability. I have to wait 1.5 years between my cleanings which is not best practice.*
- *More dentists in my area.*
- *More dentists need to accept Medicaid/Fidelis insurance plans.*
- *More dentists offering emergency care.*
- *More dentists that accept Fidelis and Medicaid.*
- *More emergency hours.*
- *More options for people with Managed care plans.*
- *More pediatric dentists.*
- *More schools for dental hygiene.*
- *Most dentists have little to no room for new patients so just increasing the number of available dentists.*
- *Need more availability for appointments.*
- *Need more competent dentists beside the usual chain establishments.*
- *Need more dental providers in my area that are accepting new patients.*
- *Need more dental providers in my area.*
- *Need more Dentists. Dentists affiliated with hospitals would help.*
- *Need more hygienists and Doctors. Oral health care is not well insured as an Oneida County employee.*
- *Need more oral surgeons.*
- *Need more younger private practice dentists.*
- *No emergency places.*
- *No oral surgeons locally, we have to go to other counties to get help.*
- *Not for myself, but have heard have to wait for appointment.*
- *Offer dental surgery in Utica instead of Syracuse.*
- *Offering sedation dentistry and practices specialized with children and special needs children.*
- *Offices are often in old homes and are not easily accessible for the handicapped.*
- *One of the challenges in Oneida County is the lack of dental specialists in the area.*
- *Open a dental school so people can get replacement teeth without paying an arm and a leg.*
- *Over haul the entire system.*
- *Poniendo más centros de cuidados dentales para adultos y niños que todos los centros están full y algunos no hay donde uno hacerse limpieza dentales si quiera (We need to add more dental care centers for adults and children as they are all full and some have no place to get their teeth cleaned.)*
- *Providing more sanitary care and having more dentists in the area and dental surgeons so people wouldn't have to travel so far away..*
- *Schedule appointments not out months.*
- *Seems like more dentists are needed in the area. My current office is always scheduling 7-8 months out for routine care, so if you have to reschedule an appointment you're waiting another 7+ months. Several others I know have the same problem with their dentists too.*
- *Service is available but this County has a high number of elderly who have no coverage.*
- *Should cover my dental services at least 75 percent.*
- *Shouldn't have to wait once to be seen if it's emergency.*
- *The ability to set up as a patient if you can get the office to respond.*
- *The quality of the dentists we have seen have been relatively poor.*
- *There are no options for hygienist.*
- *There is not many places in Oneida County to go and I have to have teeth pulled you have to travel to get it done.*
- *There needs to be an emergency dental clinic. The MVHS dental facility could utilize their students and facility for this.*
- *There needs to be more advertising for emergency clinics if there even are any. It is a crime that people can't get routine dental care without going bankrupt or turned away due to lack of finances.*
- *They could have better dentist in the area so if your referrals are out of Oneida county for braces etc. They could be here instead of Clifton park.*

- We get told if we have a dental emergency to hang up and dial 911 or hope that they can get us in that day.
- We have to travel to Syracuse, we have to pay cash in an emergency, dentist are very expensive.
- We need ones that can deal with Adonal needs children and who specialize with dealing with children who won't do X-rays or exams without meds.
- We need eye doctors, dentists, dermatologists, probably can't be - doctors want to be in urban areas, not rural, poor areas
- Without good dental care, you can't chew your food and are unwilling to show your smile.

Q8e. If emergency room services need to be improved, how can these services be improved upon in Oneida County? (n=712): *(the following comments are verbatim)*

- *$200 co-pays for the ER are not affordable for most seniors. There should be a program to help with the costs.*
- *A higher level of Trauma care.*
- *A stand alone emergency room.*
- *Actually listen to the patient when they tell you something. It is our body we know if something is wrong. To sit there twice to be told it's a viral infection only for them to be wrong and misdiagnose me it neglect and medical malpractice.*
- *Actually see a physician.*
- *Again this is State wide problem, treat & street is not the answer when you don't treat in the first place, having the patient come back to ER because of treat & street.*
- *Always behind. A Senior citizen sat for 13 hours in a chair in the hallway at Wynn, 7/7/2025, being treated, no beds.*
- *As long as I'm able to speak, my disabled son has learned one mantra if the need arises to call for an ambulance. "Take me to SYRACUSE!!!!" I don't believe hospitals here are able to attract and retain quality caregivers. Period, full stop.*
- *Availability of specialized services.*
- *Be able to accommodate based on the number of patients seeking this service.*
- *Be treated as a person and not a number.*
- *Better patient care, patient privacy, more welcoming staff, real testing.*
- *Building non -urgent care facilities staffed 24/7 for non -urgent visits around the clock - so ER gets the real emergencies. Make sure the ER has full RN nurse staffing they deserve.*
- *By actually listening to patient and not assuming they are making things up and check everything.*
- *Communication with doctors and nurses when a family member is being treated, and you call the hospital to get an update.*
- *Cut almost 24 hours for treatment to admittance from almost 24 hours to 4 hours like a real hospital! There is only one option now.*
- *Decreasing the cost of an ER visit.*
- *Doctors and nurses in certain shifts don't take you seriously.*
- *Doctors need to listen to a patient or family. Doctors deciding a patient's discharge from the ER should be in direct contact with the patient or their family, rather than making decisions based solely on patient charts.*
- *Don't allow emergency room services at night be taken over by homeless/transient/troubled individuals. Put on additional staff at night, including security.*
- *Emergency care that can coordinate with local physicians.*
- *Establish a pediatric care program and a SANE program rather than shipping them off to Syracuse.*
- *Everything was out in the open and nothing was confidential; they need to comply with HIPPA laws.*
- *Expand urgent care so ER can handle true emergencies.*
- *Get bums out of ER*
- *Get rid of traveling and dedicate education and training to sTable Astaff.*
- *Get the freeloading scum that use the ERs as the primary care providers OUT*
- *Get you in and out as quick as possible. Not eight hours and then do nothing.*
- *Habiendo otros lugares nocturnos*
- *Have a "fast track" area so non-critical patients can be seen separately, and the patients who have a true critical emergency can be seen by the ER doctors.*
- *Having been a front line worker at MVHS for 24 plus years… I witness everyday the ED doctors and especially the nurses retaliate against patients who speak up simply by asking for a drink or question their care.*
- *Hay que esperar mucho para que le atiendan*

- *HIPPA privacy at front desk staff not well organized need toilet for patients in room better hands on care hope to be seen in a timely manner or keep you informed*
- *Hiring Competent Doctors that are committed to our area and medical staff.*
- *How can emergency room services be improved upon in Oneida County?*
- *I am told there is no acute trauma care here anymore.*
- *I have heard many bad stories about the new hospital's emergency room services from a variety of people, including healthcare workers who ended up there or their family members ended up there. My friend recently died there, unexpectedly.*
- *Improve services available at Rome and Oneida. It would require specialty doctors like GI, Psych, and general surgery. Observation units to prevent the backup. Urgent cares that don't require appointments. More triage, have doctor involved in triage. Someone to handle the small stuff, also to prevent backup.*
- *Increase urgent care services, educate public were to seek services, educate primary care practitioners to minimize referrals to ER vs having extended hours or possibly home services*
- *Increasing staff during each shift in the ER would reduce the extremely long wait times and improve the patient experience.*
- *Increasing staff during each shift in the ER would reduce the extremely long wait times for getting tests conducted and receiving results.*
- *Increasing the capacity of the ER to treat and increasing staff to accommodate the additional beds to ensure quicker turnover times.*
- *It doesn't make any sense to close St. Elizabeth and St. Luke's for the Wynn. It makes me very nervous that our area went from three hospitals (before Faxton closed) and now we only have one. It makes me wonder if I'll get the care I need in a timely manner when there is only one hospital.*
- *It would be nice if someone shows up who is having a cardiac event that there would be a cardiologist on call. The same for orthopedic services. (Specifically WINN) ER personnel did not listen to my (adult) daughter nor my friend when they were in the ER. Example: BOTH, neither of whom smoke, were told to stop smoking.*
- *Keep checking in with the person so they don't feel lost in the system.*
- *Make sure the hospital is cleaned and sanitized.*
- *Mas seguridad y privacies en la sala de emergencias (More security and privacy in the emergency room.)*
- *Maybe do some testing to find out the underlying problem and treat it instead of throwing pills at someone and sending them home.*
- *More education on neurological, chronic pain and long term illnesses.*
- *More services offered and Child emergency services.*
- *My family and I have used emergency room services three times within the past year. This last time we had asked that our family member be taken to Upstate due to the last two unsatisfactory experiences both in the Emergency Room and overall stay at Wynn. We were told that the ambulance could not bypass a local trauma hospital. When our family member got to the Emergency Room, the security guard, (not a doctor, nurse, medical professional etc.) had to deem them a trauma. Now this happened the last time too, after a major fall that resulted in 15 fractures. The Security Guard wanted to deem my family member not a trauma and send them away. If we can't bypass a trauma hospital to go to another, but a security guard can make a medical decision of treatment/care- to improve Emergency Room services, I really think that that should be looked into.*
- *My last visit I spent over 13 Hrs. in the emergency Dept with a blood pressure cuff on my arm and pressure was automatically taken every 15 minutes and when I asked they said it was proto cal. My arm was black and I mean black for a wk. This was not necessary and very painful.*
- *My mother was brought in by ambulance, put in an ER room with lights off and didn't see anyone for almost an hour. Then she found she was having a heart attack. Lucky she lived.*
- *My personal issue here is PEDIATRIC emergency medicine. If my child has an issue I have to drive 60 minutes to upstate or galisano for pediatric emergency care . We need a larger access and more specialized pediatric unit. I had a fabulous experience on 8 peds unit the one time my daughter was admitted, but if anything was emergency room related, there is no pediatric specialist in the ER.*
- *Not let homeless people use them for shelter.*
- *Not something Oneida County can do, but the quality of managers and staff would be better.*
- *Opening another hospital so that people have access to more than one. Wait times would reduce significantly if everyone were not going to the same ER.*
- *Opening another hospital so that people have access to more than one. Wait times would reduce significantly if everyone were not going to the same ER. Wynn staff are overworked and that is directly negatively impacting the patient experience.*
- *Opening another hospital so the entire county is not using one ER. Wait times would reduce significantly if everyone was not going to the same ER.*

- *People are afraid to go to Wynn due to the bad reports from other people who have gone there.*
- *Perhaps screening and separate clinic on site for non-emergencies (although sure you've thought of that). Less dependence on outside contractor and pay and develop in-house expertise.*
- *Provide more Ambulances and EMTs.*
- *Stop poisoning people with Ciprofloxacin, (Cipro) is supposed to be used as a last resort. YOU ruined my body for no good reason when a form of Amoxicillin was the correct choice to give. Cipro does not cause an allergic reaction; it is a grotesque poisoning of the body's DNA causing widespread lasting harm throughout the body.*
- *Take care of patients. They don't listen they are rude they are not caring. I recently spent over a week in Syracuse because Rome ED wouldn't listen to her. She ended up sicker because they did not provide her with proper care or listen to what she was saying! Syracuse admitted her immediately and was appalled at the care she got in Rome!*
- *The emergency room experience can be improved by scheduling (or hiring) additional staff for each shift and streamlining patient organization, which in return should reduce the extremely long wait times and improve the patient experience.*
- *The emergency room experience can be improved by scheduling (or hiring) additional staff for each shift and streamlining patient organization, which in return should reduce the extremely long wait times and improve the patient experience. Make sure the hospital is cleaned and sanitized.*
- *There is no communication within this department. One person says one thing, and another person says something different. The only time they pay attention to you is if you're brought in on an ambulance, otherwise they treat you as if you're a homeless piece of **** that's walked in off the street, and just another bum for them to take care of. There's serious issues in this emergency room, but we all know nothing will get done.*
- *Well for starters better security and more HIPPA friendly intake in the emergency room. Then allowing staff to do their job to keep patients safe i.e. allowing them to kick out malingering individuals.*
- *When I was admitted to Wynn Hospital about a year ago, the nurse who was assigned to monitor my condition (heart) paid no attention to me. Never asked if I was doing okey had no verbal interaction with me. She sat at her computer eating and drinking and chatting with the other nurses. I felt absolutely a banded.*
- *Wynn emergency department has many issues. All emergency departments are overwhelmed nationwide, but solving the "through-put" problem of bottlenecks in the Emergency Department can help. Rome Emergency Department is proportionately just as busy as Wynn, but the administration works hard to mitigate the delays. It is a COMMON occurrence to have 6-8 ambulances held at the Wynn ER because there is no staff and/or beds to off load patients. This has a direct result of affecting the entire Oneida County emergency services (police/fire/EMS) response to 911 calls. It is a ripple effect. First the City of Utica (UFD and Kunkel) are "held" at the Wynn, which pulls in Edwards and Central Oneida County to handle 911 in the City. When those ambulances arrive at the Wynn, they are also "held", unable to offload their patients. Then the ask for help goes out further, and Kuyahoora volunteer ambulance from Poland is asked to handle 911 calls within the City. It's a cycle that never stops, and happens on a DAILY basis. This affects not only all of Oneida County, but Herkimer County also. Resources that should be used to answer 911 calls outside of the City of Utica (New Harford, Rome, Oneida and all points in between) are not able to because the patients at the Wynn can't be off loaded in a timely fashion. It is common to have ambulances holding patients on their own stretchers for hours at a time. There needs to be a shift in the mentality of the administration at the Wynn to protect the WHOLE community, not just the money making services such as ambulatory surgery, cardiac services and rehab. Those services are very important, but shouldn't be at the expense of common everyday 911 calls coming to the Emergency department. When there is 8 ambulances out of service because they can't offload, and 2 whole areas of the emergency department not staffed and lying dormant until the next shift arrives, you have a problem. When there is no area to handle the "non-emergent" patients coming in because they don't have a Primary Care Physician, or the Primary Care physician tells them to go to the ER for treatment, there is a problem. This discussion has been raised more times than I can count with Administration at Wynn, but there is no answer or change in sight. They do not address the problem, despite being cited for violations by the NYS DOH. The problem continues. Eventually, the problem becomes "the norm", and goes on the back burner for something more flashy and spectacular.*

Q8f. If end-of-life care services need to be improved, how can these services be improved upon in Oneida County? (n=99): *(the following comments are verbatim)*

- *Accessible facilities for hospice and end of life services.*
- *Addition of more Hospice care home, and respite services.*
- *Allow people with an incurable illness decide when it is time to end their own life.*
- *Availability and accessibility.*
- *Available as well as more counseling.*

- *Be more available and good quality.*
- *Be there to help the family with death, especially at the time of death. Both of my parents were on hospice care when they died at their homes. In each case, I was there to provide care for them, but hospice was unable to help me as they were dying and immediately afterward. It was overwhelming and had a negative impact on me. It would have helped if someone could have been there with me, especially right after they died, before the funeral home came to collect their bodies.*
- *Better access to hospice.*
- *Better care.*
- *Better communication to family; not letting a dying patient suffer long.*
- *Death doulas could be utilized in more of a house call type visit.*
- *Discussions around advanced illness management.*
- *Do not force those in end-of-life care to go to LTC to die. The hospital should focus on the patient's comfort and let the last few days play out in peace.*
- *Do not offer end of life fees, or unhelpful services.*
- *Don't literally put people down like sick dogs and call it health care.*
- *Educate the community about options available & the differences (palliative care/Abraham house/will writing courses etc.)*
- *End of life care should be ALL types if End of life… including age!*
- *Expanding palliative care and education.*
- *Funding for Hospice. Allowing legally assisted suicide for terminally ill patients.*
- *Get them.*
- *Greater access and more providers.*
- *Have more healthcare providers that are elder care and end of life specialist.*
- *Help people be aware.*
- *Helping pay for funeral expenses.*
- *Helps individuals both at home care and nursing homes make informed decisions about their life/death, educating those with chronic diseases.*
- *Hospice care is limited availability.*
- *Hospice is horrible to deal with and the service lacks empathy.*
- *Increased advertising so that adults know what options are open to them.*
- *Investment in facilities that can comfortably respond to people at this stage of life.*
- *It took so long to get care set up and hospice visits.*
- *Let me choose when I want to die.*
- *Let people know of services and access to it.*
- *Make it easier for the family to obtain help at a time that is very crucial to them.*
- *Make it easier to find support.*
- *Make it more available and have providers have conversations with affected individuals and their families.*
- *Make it more public so that people understand what is available for them in their county. There isn't any way of finding out what services the county offers*
- *Make more options available especially in light of the new law.*
- *More access to services.*
- *More access: we have limited access for out of home services.*
- *More affordable options and more quality providers.*
- *More agencies and ombudsman programs.*
- *More availability and more compassion training.*
- *More availability is needed. We were told the waiting list was 3 months for mother. She was dead in few weeks.*
- *More availability.*
- *More available.*
- *More awareness of availability.*
- *More choices than Abraham House.*
- *More choices.*
- *More coverage and options available.*
- *More facilities available.*
- *More hospice facilities.*
- *More hospice facilities.*
- *More Hospices facilities and once that can begin facilitation as inpatient.*
- *More info about it.*
- *More info to the public about its resources.*

- o *More information.*
- o *More in-home hospice.*
- o *More Inpatient Hospice options. We were put on a waiting list for a month!*
- o *More mobility.*
- o *More options other than Abraham house and Hospice for non-insured or underinsured patients.*
- o *More options.*
- o *More options.*
- o *More providers.*
- o *More resources for families to be prepared for a transition like end of life care for a loved one.*
- o *More spaces and funding for hospice services.*
- o *My experience is that it can be difficult to find a half-way decent place to place somebody.*
- o *My father was a veteran, worked for the state for 30 years and the only place he could afford was surrounded by crime. We ended up paying out of pocket for in home care. It cost a fortune. I had to take a second job after he passed to replenish my savings.*
- o *Need more availability.*
- o *Need more hospice beds.*
- o *Need more laws that allow end of life decisions by the individual.*
- o *Need more services.*
- o *Need to increase the services and educate the public on end of life care.*
- o *Need to know how to access the services and where they are available.*
- o *Needs to be more widely available/less wait lists for facilities.*
- o *No idea. Have no experience with such services.*
- o *Not enough beds.*
- o *Not enough services or education on how to access them, too many hoops to jump through to access the resources we have.*
- o *Open dialog, acceptance, and physician buy-in. Palliative care services.*
- o *Palliative care should Not just be for cancer patients…end of life should cover old age.*
- o *People do better with at home care but the actual workforce of available caretakers is small and most are rouge independents that Escape regulation and work for cash. No taxes paid, bullying families to pay cash, many lazy slobs who just sit and stare at tv. This isn't everyone but is grossly unfair to legitimate home health providers who have to charge more to cover the taxes and other employment costs and can't keep workers who figure out they pocket more money going rouge. Stop rewarding the abusive, irresponsible, and incompetent cheats and help real agencies stay in business by rewarding those who follow rules and do the job right*
- o *Providing in home services and more palliative care centers.*
- o *Reduce the costs.*
- o *Show more compassion and provide aid to these people.*
- o *Stop forcing Medicaid on patients and threatening to take their homes.*
- o *The family shouldn't have to ask. It should be obvious to the professionals that someone is dying of cancer. My father was obviously dying of cancer and Doctor Humar at Wynn continued treating him for a UTI until we asked for help from Hospice.*
- o *The law seed to be changed for support for end of life decisions.*
- o *There are great programs out there, but again, the time allotment is not enough for most patient care.*
- o *There doesn't seem to be enough availability, or people run into difficulties paying for it or getting it approved.*
- o *There is always a need for mor care givers.*
- o *There is limited hospice and palliative care services. There are too few beds at Abraham House to serve what is needed in the community. My father was terminal and we could not get him into the Abraham house which is the support he needed. He ended up dying in the Wynn which was heartbreaking.*
- o *There is often a waitlist for these too in my experience, which is again counterproductive.*
- o *There was a long waiting list for hospice care. Lewis County was able to accommodate in three days.*
- o *There's need for more availability to help families.*
- o *We need a place where people can die with dignity and respect and feel like they are in a home environment.*
- o *We need more options, especially affordable end of life care like the Abraham House.*
- o *We need physician assisted suicide as an option. And better transmission of post death disposal methods available, i.e. cremation, human composting, dig a hole and chuck me in?*

Q8g. If home healthcare services need to be improved, how can these services be improved upon in Oneida County? (n=294): *(the following comments are verbatim)*

- *Better screening of health care givers coming into a person's home.*
- *Faster evaluation in getting home health aides to the individuals that need them and qualify for them*
- *Home health care needs to be affordable for those with and without insurance. Create a sliding scale where people can pay based on their income.*
- *Home healthcare service providers should offer services using a sliding scale for payment to those that either don't have insurance or their insurance only pays a portion and the patient is responsible for paying the rest.*
- *I am a nurse of 43 years, and home care in Oneida and Herkimer County is almost non-existent. We need to pay the working providers the money that they earn. The agencies want their money, and so do the people providing health care.*
- *In home blood tests for handicapped.*
- *Increase wages for those doing home health care. The work is hard and most of the companies are short staffed, so they are working extra hard. You must pay people what they are worth. It is easier to keep staff happy and treat them right then it is hiring and training new people who may not last. Reducing turnover by paying people and incentivizing the work.*
- *Increased staffing, lack of home health services causes difficulty with discharge planning from hospital bogging down hospital beds as patients cannot receive care they need*
- *Making it easier for people to find information on home care services and what the options are for home care*
- *Many of the individuals I work with experience great difficulty with their home health aide services as their aides will steal from them or treat them poorly. Vulnerable populations should be better protected against these concerns.*
- *Mobile clinics for screenings. An urgent care center in northern Oneida*
- *My history with home health with a family member was deplorable. The aides would show up for a 2 hour window and basically do nothing. Aunt needed a shower so she helped her wash face and hands!! Was supposed to help with very light housework- do a load of laundry, wash a few dishes (as explained to us). Aide said oh I don't do that. Useless!*
- *PCPs should promote home health care services when they see that the patient is starting to struggle. They should have a social worker or case manager in the office to go over how to get help with the patient and family. These are older people who don't all know how to use the internet to find things.*
- *Primarily in the elderly population, very difficult to find programs*
- *Provide continuous training to all staff that work in homes to help people. Require the home healthcare companies to do random follow-ups after visits to ensure the patients are receiving the care they are supposed to during a visit.*
- *Provide continuous training to all staff that work in homes to help people. Require the home healthcare companies to do random follow-ups after visits to ensure the patients are receiving the care they are supposed to during a visit.*
- *Provide in home services for drawing blood and taking care of elderly.*
- *The CDPAP through PPL is confusing and hard to manage. Caretakers are charged by their insurance for vaccinations and physicals for employment. This sitting be covered by PPL*
- *There is an increased need for home health caregivers to provide treatment and care for individuals requiring home healthcare assistance. Agencies, doctors, and all caregivers should accept all insurances, including Medicaid and state-funded policies. Those without insurance should be assisted through funds or grants or pay on a sliding scale.*
- *There needs to be more home health care agencies that cover services in urban and rural areas, who accept all types of insurance, including Medicare and all state funded insurances, that can provide quality consistent home heath care services.*
- *There needs to be more home health care agencies that cover services in urban and rural areas, who accept all types of insurance, including Medicare and all state funded insurances, that can provide quality consistent home heath care services. Home healthcare service providers should offer services using a sliding scale for payment to those that either don't have insurance or their insurance only pays a portion and the patient is responsible for paying the rest.*
- *There needs to be more home health care agencies that cover services in urban and rural areas, who accept all types of insurance, including Medicare and all state funded insurances, that can provide quality consistent home heath care services. Home healthcare service providers should offer services using a sliding scale for payment to those that either don't have insurance or their insurance only pays a portion and the patient is responsible for paying the rest. Increase wages for those doing home health care. The work is hard and most of the companies*

are short staffed, so they are working extra hard. You must pay people what they are worth. It is easier to keep staff happy and treat them right then it is hiring and training new people who may not last. Reducing turnover by paying people and incentivizing the work.

- o *There needs to be more home health care agencies that cover services in urban and rural areas, who accept all types of insurance, including Medicare and all state funded insurances, that can provide quality consistent home heath care services. Home healthcare service providers should offer services using a sliding scale for payment to those that either don't have insurance or their insurance only pays a portion and the patient is responsible for paying the rest.*
- o *There needs to be more home health care agencies that cover services in urban and rural areas, who accept all types of insurance, including Medicare and all state funded insurances, that can provide quality consistent home heath care services. Home healthcare service providers should offer services using a sliding scale for payment to those that either don't have insurance or their insurance only pays a portion and the patient is responsible for paying the rest. Increase wages for those doing home health care. The work is hard and most of the companies are short staffed, so they are working extra hard. You must pay people what they are worth. It is easier to keep staff happy and treat them right then it is hiring and training new people who may not last. Reducing turnover by paying people and incentivizing the work.*
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- o *There needs to be more home health care agencies that cover services in urban and rural areas, who accept all types of insurance, including Medicare and all state funded insurances, that can provide quality consistent home health care services. Seems there's always a barrier of insurance coverage for home health aides. lots of red tape to get through to get any help.*
- o *They don't have very many people and half of the health aids don't do anything but sit there and don't do anything for there people I've seen it with my own eyes*
- o *Transportation for handicapped people.*

Q8h. If long-term care services need to be improved, how can these services be improved upon in Oneida County? (n=430): *(the following comments are verbatim)*

- o *Again getting the services quicker it takes way to long when they are needed. Poor follow-up just had a call about services from two years ago*
- o *Again, this can only happen when the Federal and State legislatures realize the need to take care of our elderly. Better pay for aides and nurses.*

- *All I have seen were one star reviews when I had to choose one of facilities in the county.*
- *Background checks on companies buying up small size nursing homes then causing major State Inspection issues and criminal neglect toward the residents. In addition, being allowed to continue operations despite the major inspection failures.*
- *Bariatric services.*
- *Because of government funding cutbacks, various facilities are under strain.*
- *Being able to provide care to people with in-depth ailments. Be able to take care of a patient with a tracheotomy who has other complications at the same time. Dialysis, heart, etc., without sending them to NYC or NJ, far away from their family. I've seen this with family and friends in the last 6 months.*
- *Better advertising and knowledge of services available.*
- *Better advertising of services available.*
- *Better facilities with administrators who are held responsible for the lack of adequate care and caregivers.*
- *Better in home support.*
- *Better regulations and inspections followed.*
- *Camaras to prevent abuse.*
- *Communications. Often people aren't aware of services available or alternatives.*
- *Complete overhaul of processes and procedures.*
- *Conditions in nursing homes need to be improved. Some areas are not clean, and staffing appears to be minimal.*
- *Conduct audits and surprise visits from the state to ensure standards are being met.*
- *Crack down on the facilities that are only there to make a profit and pour funding into facilities that are there for the right reasons aka non profit aka Rome health RHCF.*
- *Ensuring patients are cared for properly and not left in a bed waiting to expire*
- *Extremely poor management in long term care nursing homes as Sitrin Healthcare Center, many nursing homes do not provide a break room (as Sitrin) where overworked nursing aides can comfortably take a much needed break when possible and Nursing home CEOs are overpaid unlike former Nursing Home Administrators which were much better managers.*
- *Give the patient therapy and/or stimulation of some kind. Improve the "food" as this is the main time of day they look forward to. It is probably the only social experience. I was just at a nursing home at dinner time, and they were serving 75+ year old patients, Philly steak with "green" peppers on a hard roll. Green peppers give me indigestion. I could have used the roll to pound in nails. My friend has had a stroke and cannot use her hands or handle this dinner. The sweet potatoes served with it had no butter and/or seasoning. I truly feel that when you end up in a long-term care facility, you are shoved in a corner, and they wait for you to die. You fill a bed, and they receive the money for it. I realize that this is a service and company that needs to make money, but it has to get better. The system is so broken, and God help you if you end up in a facility and have no one to be your advocate. I asked when my friend sees a doctor and was told they come by every three months. Their condition is not evaluated and no therapy provided as the "insurance company" will no longer cover it.*
- *Governing through consistently monitoring the facility and staff.*
- *Greater availability of services in rural areas.*
- *Help people who need services get services easier.*
- *Help with at-home healthcare.*
- *Hiring people that appreciate there job who want to take care of our older population.*
- *I am a CNA and I believe that the nursing homes are not provided with enough supplies to care for the residents supplies is always so limited.. also would help if the cans not neglecting the residents and not abusing the residents are not fired for doing nothing wrong.*
- *I can't say anything favorable about too many nursing homes. My husband was in Sitrin. The worst experience for both my husband and me. Very expensive if it becomes a permanent thing. With Medicaid about to be cut, how will people afford to stay permanently in a nursing home? My sister was in St Luke's Nursing Home for rehab, but she didn't get very much of the 4 weeks there. There were ants crawling in the room, and she didn't receive her medications.*
- *I have seen unspeakable things happen to residents and these nursing homes need to be monitored and cameras need to be installed at every level.*
- *I know several older adults in need of LT, but are on the waiting list. They live alone and depend on neighbors, friends, and family to assist. This assistance is not timely for them.*
- *I think we sometimes prolong the agony of long term patients. Death is part of life and I think we sometimes think we have to keep people breathing even though we know they are in suffering along with their family.*
- *Improve conditions.*
- *Improve the number of facilities and highly skilled personnel.*

- *Improved quality of care - there are few choices and the "best" options often still do a poor job taking care of residents, putting their health in jeopardy.*
- *Improving access.*
- *Improving Medicaid reimbursements while encouraging LTC facilities to out source quality programs such as OT, PT. Oversight on medications etc., Reimbursements to LTC have been grossly underestimated while the cost for nursing homes are rising to unheard of rates of up and over $350 daily. This is a very old issue that is not addressed properly here after year. The White House conference of aging used to meet and even at that level is not a clear understanding what the cost of aging meant in our country.*
- *Increase qualified staff to provide superior care.*
- *Increase wages for qualified staff who provide superior care.*
- *Increased availability. Increase ease of admittance.*
- *Invest in Education and Training by giving employees thorough instruction and continuing education in subjects including specialized care, person-centered care, and communication methods. To address the shortage of healthcare workers, investigate methods for attraction and retention of skilled medical personnel such as good benefits and work-life balance.*
- *Involve family and support system in care. Teach what is necessary, let them do it, monitor effectiveness. Pay them*
- *It takes 1-2 yrs to get a room at the good facilities. And many of the facilities are dilapidated and smell bad. They need updating*
- *I've known of a lot of patients not receiving care in a timely manner.*
- *I've seen some of your nursing homes, places built long ago that are not fit to house dogs. You need new buildings built to modern standards and better care services for those who are living out their last days.*
- *Just do your job and think of the American people who need help. Be fair coverage shouldn't cost someone their entire check just to be able to smile.*
- *Limited facility options and too often care seems haphazard.*
- *Mental health facility for homeless, vets and those on a fixed income.*
- *Money from the state needs to be invested in our Seniors for their well being and care.*
- *Monitoring for quality of care.*
- *More affordable facilities that are well-staffed with a qualified team of healthcare individuals to give quality care to those in need.*
- *More affordable facilities that are well-staffed with a qualified team of healthcare individuals to give quality care to those in need. Staffing shortage is a significant problem in long-term care facilities. Facilities need more staff to give the quality care the residents need.*
- *More affordable, so that all people who need long-term care can afford it.*
- *More qualified management and higher budgets.*
- *Most nursing homes are places I wouldn't send my enemies*
- *Most nursing homes in the area have sub standard care, residents are neglected and have no quality of life and certainly no dignity.*
- *My father was in rehab at a Rome nursing home. The facility was filthy, and his room smelled of urine, windows left open made no difference. Another resident kept entering his room at night to which made my father being scared. When visiting I saw residents soiled and some with the same clothes on from the previous day. I voiced my concerns to several administrators, no one addressed any of my concerns. He did not complete his rehab, I brought him home before his release date*
- *Need much better quality at low or no cost, especially with upcoming cuts to Medicaid, this is going to be a crisis for families with elderly members.*
- *Need to know where they are available .*
- *Needs to be easier to get into long-term care. Too many times have to wait for someone to leave or die.*
- *Not really sure but I do know that there are many complaints about actual one on one care or lack there of.*
- *Nursing home care is the absolute worst. Even with decent insurance, the care is still horrible. Revamp the entire nursing home care experience for everyone, not just those who can afford luxury services.*
- *Nursing home/home care for dementia and Alzheimer's patients is severely lacking. Can't get anyone to help. There's no rooms, no home care attendants that show up/treat them well etc.*
- *Programs to help plan for care and assist families having to make this decision.*
- *Quality nursing homes, and or other supervised living facilities are needed in this area.*
- *Rehab and Nursing homes need to be separate. My father passed away from infections that he received in a "Rehab/NH". Patients are treated poorly, and my father never really got "rehab". They left him in a chair all day long. The place smelled of urine. So disgusting.*

- *Some nursing homes in Oneida County are in bad shape, they need updating and better care for the residents. I know that is not an easy job, but our elderly and those needing that care deserve better care.*
- *Some of the long term care options have bad reputations, like some in Rome. It makes it so the better options are much further away from home, like Sitrin.*
- *Staffing in every aspect of long-term care. Shortage of CNAs, overworked admins and nurses, poor quality care, especially overnight and on weekends.*
- *Staffing shortage is a significant problem in long-term care facilities. Facilities need more staff to give the quality care the residents need.*
- *Staffing shortage is a significant problem in long-term care facilities. Facilities need more staff to give the quality care the residents need. Update nursing homes and provide a higher standard of service to patients.*
- *Supervision and oversight of nursing homes is poor. Quality of care is not consistent from day to day droning on who is working and/or how many staff are working. When my mother was in a nursing home the Hoyer lifts regularly broke down. Staffing was also a concern. Clearly not rough caregivers on duty to provide basic care needed for feeding...cleaning and assisting residents to bed.*
- *Surprise inspections. I went to The Grand for Rehab after a long hospital admission. There was no rehab options, they put me with nursing room patients. They promised to have my meds that keep me alive, they didn't have them. I was there for 19hrs and cried the entire time. Hitting the call button repeatedly for a bed pan. When I didn't have a choice there were 3 people yelling at me. I called my husband at 5am to get me out of there. They sent me a bill. I have videos and pictures. I have written a report for the head of nursing homes for NYS and will be sending my proof to them. They need to have surprise inspections frequently.*
- *The availability and quality of long-term care is in dire need of improvement. Elder care in our area is broken.*
- *The ratios for CNA to patients is 1:40 on an overnight shift in Oneida County. It's overwhelming and unfair to staff and residents.*
- *There is a bed shortage at these facilities. Build more long-term care facilities to reduce the need for people being placed on long waiting lists.*
- *They are terrible. Do more inspections.*
- *Through collaboration and betting services to have an emergency rooms and doctors office to assist with leakage of services and I'm going to support by looking at the needs and bridging those gaps by creating services that meet those needs*
- *Update nursing homes and provide a higher standard of service to patients.*
- *Update nursing homes and provide a higher standard of service to patients. There is a bed shortage at these facilities. Build more long-term care facilities to reduce the need for people being placed on long waiting lists.*

Q8i. If primary care services for adults need to be improved, how can these services be improved upon in Oneida County? (n=530): *(the following comments are verbatim)*

- *Access and promotion of daily care improves community health and helps decrease emergency and inpatient care.*
- *Adult children cannot obtain a primary after having a pediatrician. Appointment wait times are too long.*
- *Better care and attention. My provider doesn't even know how to write scripts and causes me to have an emergency room visit because of it*
- *By compelling MVHS leadership to re-invigorate primary care.*
- *Cat Scan. screening for cancer as preventative care.*
- *Clinical support.*
- *Decrease the wait times to get in on sick visits. The office staff is to quick to tell a sick pt to go to the ED when so many of these sicknesses can be handled by the PCP.*
- *Doctors easily dismiss patients concerns with little to no testing.*
- *Don't just order tests, look at it and advise.*
- *Find a way to attract and keep more doctors.*
- *Finding providers who will actually stay in the practices they join. Treat them better so they don't want to leave and provide more support.*
- *Get all the darn facilities in the area on the same online healthcare system app. NONE of this should be so hard to navigate.*
- *Getting tough to find a primary care physician as our existing Dr is retiring and we are having a very difficult time finding someone to take my wife and I on.*
- *Have doctors accept a variety of insurance, including all private and government-provided, so services are affordable for all.*

- *Have doctors accept a variety of insurance, including all private and government-provided, so services are affordable for all. Offer a free clinic for individuals without insurance, and provide a sliding scale for those who are working but lack insurance.*
- *Have doctors accept a variety of insurance, including all private and government-provided, so services are affordable for all. We need to increase the number of providers in our area who are accepting new patients. This would reduce the wait time for appointments.*
- *Hire more doctors, not NP or PA's.*
- *I happen to have a decent DO all be it less experienced however I know that a lot of low income patients are treated poorly or treated like drug seekers while others that are addicts go untreated for their addiction. not everyone with tattoos and on Medicaid is a drug addict.*
- *I have a primary physician, but fear that if she retires, I won't be able to find another pcp that is taking new patients.*
- *I have had three primary care physicians leave in the past three years. Maybe improve their employment settings to incentivize them to stay.*
- *I have no idea, it seems hopeless. A brand new hospital that everyone raves about the facility and staff, but has a bad reputation. It will take years to rebuild it. A "minor issue" was that they couldn't do surgeries when Wynn opened. Oh sure, "it couldn't be tested in advance." Who's the genius who decided to close both hospitals on the same day? Those managers run a first aid station at a closed Hospital. And most have retired/about to retire, with bonuses included. Our community leaders and media joined right in. You built this mess at Wynn. Btw, Rome is great*
- *I've been with the same medical practice for twenty years, and I kept getting new primary doctors, because doctors would leave. Ultimately, the last doctor left, and they didn't replace him, and I had to leave the practice to find a PCP.*
- *Improve retention with current providers in the area.*
- *Improve short and long term rehab facilities.*
- *It would be nice if these physicians stayed more than a year.*
- *Keep primary care physicians longer than 2 years. The constant changing is difficult to keep doing.*
- *Keep the doctors here by keeping the promises made to the doctors you convinced to come here, so they stay.*
- *Medicare for all.*
- *More elderly doctors.*
- *More PCPs and lower turnover rate.*
- *Most primary care in easy to access area for someone who is disabled and cannot walk far.*
- *My personal opinion is reviewing current patients experiences possible that some of the physicians are not having the best interest of clients and just billing for routine visits or services not rendered.*
- *Need more INDEPENDENT primary care not hospital affiliated.*
- *Offer a free clinic for individuals without insurance, and provide a sliding scale for those who are working but lack insurance. Have doctors accept a variety of insurance, including all private and government-provided, so services are affordable for all.*
- *Offer every imaginable type of service so adults have a choice to stay local if they want.*
- *Offices need to stop double booking patients because we end up waiting twice as long.*
- *Offices need to stop double booking patients because we end up waiting twice as long. We need to increase the number of providers in our area who are accepting new patients. This would reduce the wait time for appointments.*
- *Pay the providers more. Who wants to move to a declining rust belt city? Incentivize living in or near Oneida County.*
- *Retain Dr/NP to provide services and have a replacement ready to accept the rollovers instead of patients having to follow up and wait another 6 months to finally see someone.*
- *Retain qualified Drs that don't leave when they see how bad this county is. People in Oneida county who work hard are second class compared to the Medicaid patients*
- *Seniors should be treated as a priority.*
- *So hard to book a physical or general problem. No office should be scheduling 4 or months out. My only choice for 2 issues I had over the past couple of years was to go to the Urgent Care in Whitestown.*
- *Start really caring about patients, not money.*
- *Stop bouncing us around to new NPFCs all the time.*
- *Stop treating some of us like children.*
- *Stop turnover of primary care physicians. Especially at MVHS.*
- *Took over a year to get established my appointment was canceled twice by the provider.*

- Turnover is crazy... many of my clients don't have consistency in providers and just cannot get in for months and months.
- Two years and I will soon be getting my 4th primary doctor. Because MVHS cuts their doctors. Too thin and they don't stay. The workload is too much.
- We need doctors who offer appointments during the evening and on weekends.
- We need to increase the number of providers in our area who are accepting new patients. This would reduce the wait time for appointments.
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- We need to increase the number of providers in our area who are accepting new patients. This would reduce the wait time for appointments. Have doctors accept a variety of insurance, including all private and government-provided, so services are affordable for all. We need doctors who offer appointments during the evening and on weekends.
- We need to increase the number of providers in our area who are accepting new patients. This would reduce the wait time for appointments. Why is the turnover rate so high?
- When a PCP leaves the area, other PCP should be available to take in patients that have lost their PCP especially in the medical group.
- When I wasn't in a nursing home I had trouble finding primary care practitioners that took Medicaid within Oneida County. At one point one retired, then the next facility stopped doing primary care, then the next moved out of the county, and the next switched to a specialty. This was all within 3 years.
- Would like doctors to speak clear English, so I can understand them better when they talk to me.

Q8j. If primary care services for children need to be improved, how can these services be improved upon in Oneida County? (n=98): *(the following comments are verbatim)*

- Bien (It's fine)
- By compelling MVHS leadership to re-invigorate primary care
- Check up thoroughly for their health
- Children need to be taking care of especially mentally.
- Communication for families of where to go and how it can be afforded (I am a teacher and see students who are not getting care)
- Dr are constantly changing; the county needs to focus on improving retention rates.
- Encouraging parents to seek care; years ago many of us were working hard to implement services at the schools. Has this gone any further since then?
- Every time my kids have. A new doctor they retire or leave within the year and I've got to find a new pediatrician.
- Have a pediatric doctor available in the hospital for emergency care
- Have doctors accept a variety of insurance, including all private and government-provided, so services are affordable for all. Offer a free clinic for individuals without insurance, and provide a sliding scale for those who are working but lack insurance.
- Have doctors accept a variety of insurance, including all private and government-provided, so services are affordable for all. Offer a free clinic for individuals without insurance, and provide a sliding scale for those who are working but lack insurance.
- Have doctors accept a variety of insurance, including all private and government-provided, so services are affordable for all. Offer a free clinic for individuals without insurance, and provide a sliding scale for those who are working but lack insurance.
- Have pediatric specialists in OC.
- I think pediatric care in this community is well served.
- I would like to see consult services; I should be able to talk to the doctor one on one.
- In my day, Oneida County sponsored doctors and nurses who came to our school to conduct health check-ups on all the kids in the school. Vaccines even fluoride treatments were offered in school or readily available at the Elizabeth Street Heath office. There was no "opting-out" and it offered the county early awareness of what ailments were spreading around in the schools. I don't think that level of connection, action & awareness is available today. In some cases it seems that parents are either unaware or just don't care, if it is left up to them to seek appropriate health care for their kids.
- Just like other major cities, we should have a children's hospital.
- Limited pediatricians in the area resulting in having a long wait to get in or look out of the area.

- *Make it available. My daughter takes her children to Syracuse.*
- *Make vaccinations mandatory,*
- *Neonatal ICU. Increased early school screening for physical/mental health.*
- *Offer a free clinic for individuals without insurance, and provide a sliding scale for those who are working but lack insurance.*
- *Pediatric emergency services (i.e. pediatric ED) are not available, pediatric surgeons eye*
- *Physicians treat children at this hospital not send to Syracuse.*
- *Provide services in schools and have mobile medical services to go out to homes where parents do not have transportation*
- *Services specializes*
- *There are not anywhere near enough pediatrician in this area!!!*
- *There aren't many services for children.*
- *We need doctors who offer appointments during the evening and on weekends.*
- *We need doctors who offer appointments during the evening and on weekends. We need to increase the number of providers in our area who are accepting new patients. This would reduce the wait time for appointments.*
- *We need the pediatricians that have been selected for each child to be able to treat them in the hospital instead of a hospitalist.*
- *We need to increase the number of providers in our area who are accepting new patients. This would reduce the wait time for appointments.*

Q8k. If reproductive care services need to be improved, how can these services be improved upon in Oneida County? (n=107): *(the following comments are verbatim)*

- *Access and funding.*
- *Add more physicians.*
- *Again more professionals in the area. Very few providers making it difficult to find appointments and care.*
- *ALL OF IT. THEY KILLED MY BABY.*
- *Better providers and more opportunities for care. Almost everyone I know goes to Syracuse for their OB-GYN and pregnancy care.*
- *Better training, better listening to women and actually following through and being sympathetic.*
- *Bring in more midwives and fully integrate midwives into all OBGYN offices and hospitals.*
- *By compelling MVHS leadership to reinvigorate primary care and women's health. Also, MVHS leadership should come clean on its suppressed scandal regarding the forced closure of its nascent OBGYN residency training program by the national accrediting body (the ACGME). Leadership failures, coverups, falsehoods, retaliation against key employees, and much more. Appoint an independent investigator and compel MVHS to come clean to the public.*
- *Can't wait a year to get in. Lack of facilities.*
- *Check more thoroughly.*
- *Continue to fund Planned Parenthood. Communicate to women where they can get services including family planning and services including abortion and sterilization.*
- *Critical cases are sent to Crouse.*
- *Don't mess with them. EVER.*
- *Expanded hours and expanded rural locations.*
- *Fertility clinics.*
- *First, provide more community education, then don't allow insurance companies to opt out of birth control for women.*
- *Fully support Planned Parenthood. It's a necessary option for many that is in danger of being taken away by political religious zealots.*
- *Get more providers.*
- *Give more funding to Planned Parenthood.*
- *Have an infertility clinic local.*
- *Have to travel out of the county for fertility services.*
- *Having professionals that actually know what they are doing. I've been to a lot of them and only Planned Parenthood had providers that were knowledgeable and respectful. Problem is PP is overbooked and it takes a long time to get an appointment. I'm now going to Syracuse for this care because I'm fed up with the unprofessional and ignorant providers around here*
- *High risk physician office.*

- *I couldn't find soon availability for my daughter and had to go out of county for one taking new patients, her insurance and not too far out appt.*
- *I have to travel nearly an hour from my house to see a GYN that is in my insurance network. Small towns need offices staffed with rotational providers or some type of similar arrangement.*
- *I received reproductive care services in Utica and it was awful. Bedside manner didn't exist and I should have been given a c-section. Two years later I'm still in pain and need PT because of the awful care I received.*
- *I was disappointed to find that there were no fertility clinics in our area when I needed help. I had to call Syracuse and I really don't like driving that far and in an area I'm not familiar with. I would have felt more at home if there was a specialist in the area.*
- *Increase funding to places such as Planned Parenthood so they can provide needed services (birth control, gyn exams, abortions, etc.).*
- *Increase options for expectant mothers. Increase the availability in first time appointments. List of reproductive care doctors available in all MVHS locations.*
- *Increase the number of providers. Closing the residency program at MVHS was the opposite of what is needed.*
- *Insurance*
- *Keep available for all age groups, i.e., Planned Parenthood.*
- *Keep Planned Parenthood open and able to continue providing their full range of services. I get my gynecological screenings done there and they have always been fantastic with patient care and especially privacy. They even do breast exams and referred me to the mammogram I just had a couple hours ago. They also inserted my IUD called Mirena that helps with my polycystic ovarian syndrome symptoms, amongst other things. I don't know where I would go for cervical cancer screening or mammogram referrals or STD testing or birth control if Planned Parenthood was forced to close.*
- *Less stigma for Planned Parenthood. No assembly area outside clinics that shame people in a difficult situation*
- *Make these specialists more available to the public that offer insurance acceptance and guide people in the direction they need.*
- *Many people I know go to Syracuse. We are good friends with a former midwife who left the region because she worried about the negligence of certain OBGYN's in the region and not wanting to be part of manipulative and dishonest practices (i.e. persuading women to get C-sections ahead of doctor's planned vacations or weekends even though they are less safe).*
- *Mas information y accesibilidad.*
- *More advertisement.*
- *More availability and actually taking patients seriously.*
- *More availability and easier access.*
- *More available providers.*
- *More aware of unhealthy babies before birth.*
- *More care.*
- *More choices other than traveling to Syracuse.*
- *More clinics for women.*
- *More clinics.*
- *More doctors who specialize in infertility.*
- *More doctors.*
- *More facilities are needed, more counseling needed, more doctors, nurses, and staff needed.*
- *More free services.*
- *More gynecologists.*
- *More midwives.*
- *More midwives. A birthing center. Flexible providers that actually see patients and not just attend births. Less of a focus on c-sections and more willingness to allow V-back attempts.*
- *More OBGYNs*
- *More OBGYNS and doulas; improve maternity ward at Wynn; build a birthing center; more Planned Parenthood locations; more comprehensive sex education in the schools.*
- *More OBs in Utica that deliver! MVHS also gets a bad rep for high c-section rates.*
- *More options and longer hours.*
- *More options for people without insurance.*
- *More private care less corporate owned care.*
- *More providers and better providers. I have had terrible experiences with my current obgyn but was afraid to go somewhere else due to the wait times, availabilities for new patients, and afraid of getting another provider that didn't take my concerns and health seriously.*
- *More providers and better quality providers.*

- *More providers and bring IVF service to this area.*
- *More providers and information available.*
- *More providers and more women OBGYNs.*
- *More providers who specialize in reproductive health.*
- *More providers.*
- *More providers. 84% of maternal deaths in the US are preventable Abut not if you can't get in to see an OB who's caseload is too heavy. Also, need OBGYN in ER.*
- *More skilled, experienced providers, more provider genders, more hours of availability on all days of the week, more educational awareness campaigns with billboards, posters, mailers, and TV ads to help all to learn about what's available, what is and isn't normal, about preventative care, and include insurance, service location, and contact info; require more refresher trainings and conference attendance as most of the providers are woefully behind the times and are citing and working with ridiculously barbaric antiquated info, especially in the areas of perimenopause and menopause.*
- *More specialists.*
- *More specialized services for infertility and IVF.*
- *More support for Planned Parenthood.*
- *Need more providers.*
- *Need more service providers particularly for OBGYN who can deliver at local hospitals.*
- *Need more.*
- *Needs more doctors who are not booking out 10 months.*
- *Needs to be more accessible.*
- *Needs to be more affordable.*
- *None out here , you get a hospitalist who does not know the mom.*
- *Not being gaslit by doctors and further research on difficult disorders like endometriosis.*
- *Not enough women's clinics.*
- *OBGYNs in the area don't seem to be up to date on new research, don't offer things like PT for pelvic floor, or properly evaluate post partum for prolapse and diastasis recti, and don't take symptoms seriously during pregnancy that could prevent issues post partum.*
- *Offered closer.*
- *Outreach programs in the community.*
- *Proactive and preventative education in young ages or among small groups on reproductive activities.*
- *Protection.*
- *Providing more highly skilled physicians in this area of expertise. The major failures of the Wynn Hospital merger has caused many long-term issues for the medical services in the area. When doctors and nurses start leaving facilities and the area, so do patients. Trust has been broken and will take a long time to regenerate.*
- *Quality care.*
- *Recruit and hire proficient doctors for women. MVHS really set women's health back in this area during the changeover to Wynn and stopping new births for a bit. It will take quite a herculean effort to win back the trust of women in this area who are able to travel for their care.*
- *Reproductive care services in Oneida County can be improved by expanding access to affordable, comprehensive contraception and prenatal care, alongside increasing education and outreach programs to raise awareness. Integrating these services with primary care and behavioral health can also enhance overall care coordination and support.*
- *Reproductive services could be expanded in the area, as there are very few options available.*
- *Same thing with reproductive care as adult care. Do testing sooner rather than later. So many women are having miscarriages nowadays and being diagnosed with ovarian cancer. Having more appointments too while they are pregnant to make sure the baby is healthy.*
- *Services that offer free or extremely low cost care without religious.*
- *St. Luke's should have remained a birthing center. Once MVHS took over, many OBGYNs left the area due to contract issues, also.*
- *Step up the care at MVHS and provide a true Maternal Fetal Medicine care provider and higher level of neonatal care.*
- *The Foxton Campus layout is not ideal for flow of people through the office. The waiting area could be improved as it is uninviting and doesn't flow well. The actual patient rooms are fine.*
- *The L and D and maternity nurses and doctors were rushing my fiancé out of the hospital when she had to be hospitalized for severe preeclampsia, they didn't listen to my fiancé at all when she was voicing concerns and every time she had a concern she was right to be concerned about it later on, on top of this when our child was*

born they did not let her hold the child they took her away right away to do their jobs so they can leave the room, more attentive and passionate care towards patients would be nice.

- o *The nearest is Syracuse see if they will provide service in Oneida County.*
- o *There are no fertility clinics at all. I didn't love my two choices in Syracuse either. Then, when I was pregnant, I ended up giving birth unexpectedly in Pennsylvania, but it was a bit of a godsend because they actually had a NICU, which my preemie almost needed.*
- o *There are very limited OBGYN in the area. When I had my first child there were many options but once I had my second child (3 years ago) I needed to go to Syracuse for quality care.*
- o *There aren't any that accept insurance so have to go to Onondaga.*
- o *There is very limited no-cost/low-cost clinics for the community to access reproductive care services.*
- o *There isn't any. Have to go to Syracuse from Herkimer county for all testing and treatment. 2-hour commute for weekly bloodwork.*
- o *Too many people having tons of kids outside their income level, creates a strain on our system.*
- o *We need more providers in the area. Hardly any OBGYN's are still delivering babies in the area. There are no fertility specialists in the area.*
- o *We need more specialists in the area. Many women and families travel outside of the county to find a provider accepting new patients.*
- o *We no longer provide women with reproductive care in this area. They need to leave the area to have their babies. We also need to provide women with updated health care that treats menopause. The doctors around here are still working with information and studies from the 80s. Women's health is neglected here.*

Q8l. If specialty care services need to be improved, how can these services be improved upon in Oneida County? (n=769): *(the following comments are verbatim)*

- o *A lot of specialties are dwindling (OB for example) and others are so overbooked that it's difficult to get into a new provider (Gastro).*
- o *Accessing specialty care providers when needed is extremely difficult. Those practicing (if any) have long wait times to get an appointment. No follow-up or follow-through if you have an appointment. No longer does it feel like you are a human looking for a human to care for you.*
- o *Actually have them available with reliable doctors that care.*
- o *Attract higher quality specialists particularly in cardiology to increase competition and decrease caseloads.*
- o *Audiology care is limited and extremely expensive.*
- o *Availability, taking on new patients, telehealth services, locations, referrals.*
- o *Available to care and not say you need to go to ER.*
- o *Be listed better.*
- o *Better care - listen to your patients and make time for them.*
- o *Better communication between providers.*
- o *Billing is annoying.*
- o *By creating a diverse, quality of life atmosphere that can attract and retain medical candidates that have holistic-rather than vocational- skill sets.*
- o *Care coordination.*
- o *Competitive services instead of singular providers.*
- o *Create a Hospital with the level of care patients have had the privilege of receiving before its induction. Until you build that needed care and reputation...patients will continue to go outside the area for care. Especially specialty care.*
- o *Create economic and cultural opportunities to make this region attractive to the best skilled providers.*
- o *Dental and vision.*
- o *Dermatology, ENT, Psychiatry & Rheumatology. Neurosurgeons, Orthopedics could also be better.*
- o *Diabetes dr? Cardiologist that isn't CNY? There are no options in the area. Everyone I know goes OUT OF THE AREA for care.*
- o *Doctor's that take their time to evaluate and refer if necessary.*
- o *Find a full service podiatrist in a handicap accessible setting for diabetic patients. Just lost Dr. Powers who was great. Now being told to go to a nail salon and call office if serious problems develop. Looking for preventative care.*
- o *Find out what to do and then do it - to attract specialists that are top of their field. Help them build their practices so they find it lucrative to come here.*
- o *Fund a medical university in the county.*

- o *Get quality doctors that actually care about their patients and not just the bottom line (sometimes it's who the doctor works for that forces them to see a certain number of people a day -- that should NEVER happen)*
- o *Get rid of lawyers.*
- o *Get the primary doctor to send referrals as soon as possible. Providing that you can get into too line.*
- o *Get up to date its 2025 not 1980.*
- o *GI Services in Oneida County are terrible. DDM in New Hartford is no longer taking patients. Wait times for routine GI care is prolonged or you have to travel SEVERAL counties away to find a gastroenterologist.*
- o *Give good pay to attract more people who work in these area and provide incentives.*
- o *Greater need for specialty care other than GI or Surgery, Infectious Disease, Rheumatology, etc.*
- o *Have all specialties here in this region so we don't have to travel to Albany or Syracuse*
- o *Have current aging providers looking for potential young partners who could take over the business when they are ready to retire, so services don't become absent.*
- o *Have doctors accept a variety of insurance, including all private and government-provided, so services are affordable for all.*
- o *Have doctors accept a variety of insurance, including all private and government-provided, so services are affordable for all.*
- o *Have doctors accept a variety of insurance, including all private and government-provided.*
- o *Have doctors accept a variety of insurance, including all private and government-provided. In my case, there was only one endocrinologist in Oneida County, for which I had to wait ten months to see,*
- o *Have doctors accept a variety of insurance, including all private and government-provided. Insurance need to approve tests that are needed.*
- o *Heart specialists that know what they are doing and hormone replacement providers that offer more options such as NJ does.*
- o *Hire a consultant, do a survey. Don't forget to toss out the outlier responses. The beatings will continue until morale improves.*
- o *Hire professionals who are the best in their field or at least trained by the best.*
- o *Holistic care.*
- o *I frequently have patients traveling to Syracuse or Albany for more specialized orthopedic and neurological care Additionally we also have had to drive to Syracuse for my daughter's cardiac care.*
- o *I get treated for 2 autoimmune diseases, and my son was getting treated for one. I have to travel for my appointments, blood work, and treatments. Why can't we just hire doctors here locally? My son's treatment has been stopped because insurance doesn't cover the doctor who has taken care of him since he was 2 months old, and there is no other doctor here.*
- o *I have not experienced any problems but that is what is covered by the news locally.*
- o *I have requested several referrals for neurological care for my mother, and referrals are NEVER completed by the primary physicians of MVHS. The current Neurologist that she was seeing placed her on a seizure medication without evaluation, and it was causing major side effects; he DENIED ever prescribing the medication. The MVHS physicians are absolutely horrible*
- o *I know you're trying hard to recruit and groom local talent more likely to return. Hard to compete against warm climates and top resources.*
- o *I thought that's what the survey was for.*
- o *I wish we had better equipment for testing, and the expertise to read these.*
- o *I'm not sure honestly things like teaching hospitals likely help a lot.*
- o *I'm not sure I'd go right to upstate with the knowledge and man power.*
- o *I'm not sure beyond enticing more specialists to move to Oneida County. There aren't enough GI doctors to get timely appointments.*
- o *Improve availability of scheduling appointments.*
- o *Improve cardiologists in area specifically, but in general (for all practices), improved knowledge of the doctors available. I shouldn't be the one explaining current medical papers to a doctor.*
- o *Improve your staff in the lead department. Nothing but a bunch of immature 20 year-old children.*
- o *Improved communication between PCP's and specialists.*
- o *Improved the specialty departments with highly trained doctors. A highly experienced doctor doesn't want to start over; when they decide to move, they want to improve their office.*
- o *In some instances the wait time for a first appt/consultation is very long which is a problem when addressing very serious diseases like cancer.*
- o *Incentivize young specialists to come here (see my previous comments) - I am a young specialist and we can be incentivized!*

- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Additionally, the office staff is more efficient and accommodating. I had an office worker refuse to make an appointment and then hang up on me. I am now looking for another specialist to get my test results.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Also, WYNN hospital needs intervention with their ER department, especially with handling people hanging out and doing drugs in the bathrooms. I will travel to Oneida Hospital or Rome before I go to the ER at the Wynn Hospital again.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. I am over 2 years overdue for a colonoscopy, have had TWO preliminary visits and still do not have an appointment for the actual test. I am sure there are other specialties with similar stories.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. I go to Syracuse, Rochester or Albany for specialists.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. I waited 6 months to see a neurologist.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Lack of Dr's such as Podiatrists, GI, Allergists which results in long waits for appointments or more traveling. Look at how to Dr's to come to Utica.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. My GI doctor had canceled my upcoming appointment twice, and the second time did not have another appointment to give me, so I have no follow-up appointment for a condition I am supposed to be screened for.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Residents should not have to travel out of county to see specialists.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. We have not been impressed with many of the providers at MVHS.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. . All doctors I have visited for Diabetes care have been behind the curve on technology in a field where technology is at the forefront.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. A 5 5-year check-up should not be pushed back 6 or 7 years.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Be available here and not having to travel hours for specialty care.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Bring doctors from Syracuse here.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Bring the services to Oneida County.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. GI is so hard to get into most are booking out over a year.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. GI network needs Doctors, 1 year wait for colonoscopy.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. GI providers are not taking new patients because of the influx of patients.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Have doctors accept a variety of insurance, including all private and government-provided.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Having more doctors to practice in the Utica area.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. I currently can't get a colonoscopy appointment because of the lack of gastro specialists.*

- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. I had to travel to Syracuse for services, my son had to travel to Albany*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. I should not need to travel out of the area more than 1 hour to receive quality care*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. I shouldn't have to go to another county for treatment.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. I waited 2 months to have a cancerous tumor removed, which was the earliest surgical time.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. I'm 2 years behind on my colonoscopy. Not right.. keep getting pushed back farther and farther. Suppose to have it in 2024, then June of 2025, got a letter now Feb 2026.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Increase knowledge level of providers including technology.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Need endocrinologists.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Need pediatric specialists in Utica. Parents often have to travel to Syracuse or Albany for specialty care.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Need to recruit and retain.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Needed a GI appointment and was told the wait was 7-9 months. Went to PA to obtain the services and needed surgery*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Oneida County does not have the same quality of specialists as the surrounding counties.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Oneida county lacks quality specialty care services.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Patients have to travel out of the county to find quality services that one can trust.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Patients should not have to wait months before seeing a specialist. That's worse than a 3rd world country.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. People feel it is better to go to Syracuse to get reliable care*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Podiatry averaged 3 months to be seen. Ridiculous*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Promote Oneida County as an area of opportunity, to entice a new younger generation of Specialists. Have some of the older Specialists mentor the new Younger Specialists.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Providers with better bedside manner and training.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Rome needs specialists.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Some specialty care requires I go to Syracuse If I need a podiatrist. Therefore I don't see a podiatrist.*
- *Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. The specialists at Slocum SUCK.*

- Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. There are barely specialty services, and the quality of healthcare is poor here, and a lot of people travel to Syracuse for specialty care.
- Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. There are no Allergists in Rome, NY.
- Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. There's not enough, waiting 1 year for a neurology appointment is bad.
- Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Too many people I know have to travel outside the area for doctors' appointments with specialties.
- Increase the number of quality specialty providers in the county, including both urban and rural areas, that accept new patients to reduce the wait times for appointments. Waiting 3 months or more to see a specialist isn't good for people.
- Increase the number of quality specialty providers in the county, including both urban and rural areas, to reduce the wait times for appointments.
- Increase the number of quality specialty providers in the county, including both urban and rural areas, to reduce the wait times for appointments. Providers that LISTEN and treat you as a human, not just a paycheck
- Increase the number of quality specialty providers in the county, including both urban and rural areas.
- Increase the number of quality specialty providers in the county, including both urban and rural areas. I have yet to find a rheumatologist still or gender, affirming care provider
- Increase the number of quality specialty providers in the county, including both urban and rural areas. It is hard to get a colonoscopy without a 1-2 year wait in Oneida County.
- It can't be the caliber of doctors is woefully lacking. Any good doctor cares less about the patients and more about using the Utica area as a stepping stone to move up the ladder somewhere else, because of that they are not focused on patients / or they are not very good to begin with.
- It would be much better if the big medical groups didn't exist. Doctors should be able to see who they want on their own terms; that's why we lost our gastroenterologist and have to go to Albany. It isn't a rare specialty; we should have plenty in this area, but we don't.
- Keep referrals in the county.
- Lack of access and reputation.
- Lack of specialized doctors, lack of all available treatments due to no competition, no coordination and lack of urgency. The experience here has been lackadaisical and borderline incompetent.
- Less regulation.
- Level up the abilities and qualifications of providers, return healthcare to "patient oriented" rather than a business. Providers are so busy meeting the "paperwork" requirements, time allotted per patient, that they rarely look at or touch the patient.
- Make it easier to seek treatment without referrals.
- Make it easier to talk with staff when making an appointment or rescheduling an appointment after cancelling by office. Make it easier to talk with nurse when a problem arises especially after a procedure.
- Make the healthcare environment in the area conducive to specialty physicians wanting to stay and utilizing our hospitals.
- Many of the specialists I saw at Slocum Dickson-ENT, gastroenterologist, breast care specialist, urologist, retired, and were not replaced.
- Many specialists locally are prima donnas, "big fish" who act as though they are doing you a favor by seeing you. Some of them present as if their word is gospel, and that to seek a second opinion is to reject them personally. These attitudes naturally affect the public perception of the quality of treatment locally. I know from personal experience with MVHS how difficult it is to recruit specialists, but only through the addition of more quality providers (and therefore more competition with the current group) can this attitude and perception change. The local medical group or systems also could increasingly promote, reinforce, and honor better quality of care, as well (as too many "bad apples" have been retained locally, due to the lack of alternative providers).
- Maybe when your patient calls with a complain they should make an appointment to actually see the patient instead of blowing them off for 5 weeks.
- More after hours walk in appts for sports injuries.
- More appointments available for urgent matters when a visit to the Emergency Room wasn't enough and a specialist is needed.
- More consistent availability. Recruitment is difficult but there must be some out of the box thought to attract sufficient specialties to maintain adequate coverages.

- *More home therapies and more rural area pick-ups for appointments, dialysis and such. There are way better services in other states... maybe do some research?*
- *More opportunity for state of the art care holistic care.*
- *More Quality primary care doctors that aren't just interested in vaccinating or prescribing, but in actual assessment and evaluation are needed.*
- *MRI machines and ear nose throat doctor.*
- *MVHS lacks empathy and humility. They treat their employees as a number. This employer will kick you out the door and never look back. Why would specialists look at this county for the long term? Damage here has been done by MVHS, and it is well known throughout NYS.*
- *My father needs hearing aids, but can't afford them because his insurance only covers the exam. He's not only a Senior Citizen and worked his whole life, but he also served his country. He's a Veteran. There are others just like him in this situation. Make these services affordable and available.*
- *My issue, and an issue family members also deal with, is the wait to see a specialist. 6 months to see someone about a messed up arm? What are you going to do until then? There's so much potential to make it worse before you can even get it examined which results in more care needed and more financial strain on the patient or their insurance (which is their job and I could careless if they have to pay but could result in the financial burden falling eventually falling on the patient).*
- *Need access to GI, the few in the area are over burdened which results in long wait times and insufficient follow up to serious health conditions. Cardiology care also needs to be expanded and improved upon.*
- *NEED BETTER NEUROLOGIST IN THE AREA. MOST SEEK TREATMENT OUTSIDE THE COUNTY.*
- *Need gastroenterology for both screening colonoscopies and for office assessment and management. Most of current/past GI would do endoscopy on everyone and never actually address patient's complaint. Need more endocrinologist, most have retired.*
- *Need pediatric specialists in the county.*
- *Need to attract more physicians who provide quality care in specialty areas.*
- *Need to attract more physicians who provide quality care in specialty areas. There are shortages of endocrinologists, dermatologists, gerontologists.*
- *Neurosurgery. Cardiac surgery*
- *News flyers of appropriate services being offered.*
- *No good physicians want to come here. It needs so much fixing. Some of our very best have retired or now travel to Rome or Oneida to do their surgeries. What does that say?*
- *No one locally can deal with the after affects of radiation due to cancer treatment.*
- *No one wants to go to Wynn.*
- *None in the area with good reviews.*
- *Observation at a hospital like Strong Memorial or Cardiologist in Syracuse would have to be observed for changes to be made or not going to happen, CNY is a very good group but surgeons none here I would trust.*
- *Offer close to home care.*
- *On urgent care issues doctors need to take patients upon referral from Primary Care.*
- *Oneida County and cities like Utica and Rome do not do enough to recruit specialists to this area. Spend some money on a huge PR campaign.*
- *Only issue I had with this was my Urologist in Oneida County. (not going to name him) He was the worst, no manners at all. Upstate Urologist in Syracuse is the best.*
- *Options are limited for oncology and pain man agent.*
- *Pay the providers more. Improve the quality of local schools. No professional family wants to live here without some incentives.*
- *Pediatric services would be huge.*
- *Pediatric specialty care doctors are needed.*
- *People that care.*
- *Perhaps deductions for those that bring their practice to the area as incentives to provide here.*
- *PERSONALLY, I HAVE BEEN VERY FORTUNATE TO GET THE HELP I NEEDED AND THE TREATMENTS NEEDED VERY QUICKLY, BUT A NEIGHBOR HAS BEEN GETTING THE RUN AROUND AND HAVING TO DUPLICATE THINGS AND STILL IS WAITING FOR A DOCTOR'S RECOMMENDATION FOR TREATMENT.*
- *Prevent patients from having to travel outside the area to receive specialty care.*
- *Providers need to come to Oneida County and stay here. We finally got a gastroenterologist, Dr. Wolf, and he was gone in months. No follow-up to let patients know. There's too long a wait time to see Dr. Mirza. Digestive Disease is not taking new patients. Dr. Cesare, the breast specialist, had only been here a year. Better treatment, so providers will stay here.*

- *Quality services are difficult to find, and I'm not sure that our area can compete for specialists to set up camp in Oneida County. It seems a given that one will need to look outside the area to a large city to find a specialist.*
- *Quicker appointment times.*
- *Recruit and retain more specialists who will actually stay within our region.*
- *Recruit higher-skilled doctors to the area. If you have a serious illness, it is well known that people should seek medical attention outside of Oneida County.*
- *Recruit, recruit, recruit, and retain. Sister Rose Vincent personally visited Dr. Rysniak for Neurosurgery recruitment. CEO/COOs/CNOs need to have an interest in the community. Darlene was way overcompensating.*
- *Recruiting top physicians that you can retain in community.*
- *Referrals to specialists almost always (for fidelis) seem to be to facilities that are in uncomfortable Aareas, with staff that don't seem to care, dismiss concerns, or are just rude. Constantly put on waiting lists for services with no follow-ups or callbacks, or told insurance doesn't cover any options.*
- *Remember the hamlets, there is more to Oneida co than Utica and Rome. Perhaps offer a clinic outreach to country elders.*
- *Retain good staff.*
- *Review all geographic areas to be sure that no matter if someone lives in Rome, Utica, Oneida or Rochester, etc. that all specialty services are available within those regions.*
- *Severe shortage of anything to do with Celiac disease and or other gastro related conditions. Practically totally unsupported the whole community of Oneida County including stores, food vendors, restaurants, availability of physicians , specialty dieticians…you name it.. Extremely poor PARKINSONS support system.*
- *Sleep specialist, only two options in area. One is horrible and I can't get into the other one, not taking new patients.*
- *Specialists tend to congregate into larger group practices to increase their profits. This in turn makes it harder for non-affiliated specialists to compete, and they end up leaving the community. And these conglomerates will generally back up whatever their partners say, instead of conducting a true independent examination. This makes a "second opinion" a misnomer. I experienced this with both cardiology and gastroenterology. We need to create incentives to keep independent specialists on the playing field.*
- *Specialists want access to a good hospital. Many doctors don't want a downtown hospital.*
- *Specialties like gastroenterology and rheumatology are inadequate or absent altogether in Oneida County. One of my parents was hospitalized in Oneida County a few years back and needed a rheumatologist to evaluate him and there was no treating rheumatologist that could come see him in the hospital. He ended up being transferred after weeks in the hospital to Upstate, where he received exceptional care and still sees his specialist there.*
- *Specialty car doctors are always completely booked and seem to not have time/care for people who might need medication adjustments. Patients often get brushed off because doctors are booked out for months, sometimes not getting an appointment until a year later.*
- *Specialty care services are limited and friends and extended family are now being sent to Syracuse or Albany for these services.*
- *Stop wasting time and make primary care manage non-complicated cases. People who truly need to see a specialist can't get in and are dying because illegals, addicts, and non-compliant people are given priority*
- *Taking client feedback seriously.*
- *That's a loaded question. Some of the specialists here are AWFUL. There ratings are so low, why are they still practicing. Better, faster care available outside of Oneida County*
- *The doctors need to be better trained with far more experience to diagnose, treat, and support the patient in a time-sensitive fashion; they need better diagnostic equipment and stronger advocacy with insurance carriers to reduce redundancy of testing and reach a diagnosis in a quicker timeframe, their staffing needs to be more professionally trained and public-facing feedback needs to be taken seriously while understanding the staff are often uncertain of their own expectations and lacking support. In short, these offices / practices rely on doctors to be managers, and their respective expertise in the human anatomy does NOT quality they to be effective managers or supervisors of an office staff that requires a different skill-set.*
- *The medical community needs to be able to draw specialists to our area.*
- *The specialists in this area are either leaving the area or have only one chose to send someone too when surgery is needed. Based on experience with Wynn hospital for a loved one in my family, we will not consider having any procedures done in this area.*
- *The specialty care doctors should not require a doctor referral if their insurance states one is not needed. Insurances have the benefit of not needing a referral, but that means nothing when every specialty doctor requires one.*
- *The specialty care services that dealt with my father seemed to ignore his dire needs. In my opinion, due to his age.*

- *The thing about specialty care is that the good providers leave the area for greener pastures. There have been many retirements recently as well.*
- *The two specialists I saw in Utica were both incompetent.*
- *There are lots of them but if you need real help they seem to be sending you to a larger area.*
- *There are no rheumatologists. There are no notable Aorthopedists. You have to go to Oneida or Syracuse for gastroenterology, neurologists, etc. The local area needs to attract more esteemed specialists.*
- *There are not enough Specialists practicing in the area for some types of care. My experience is that cardiac care is fine, but podiatry, nephrology need additional doctors. Although there are excellent wound care specialists, more are needed and should have been part of the hospital's immediate care and recovery plan.*
- *There are virtually no neurologist or ENT options in the area. The ones that are here are booked out for months. That to me is unacceptable.*
- *There is one Rheumatologist in Oneida County.*
- *There is very little trust for most specialty care in the area. There are also very few pediatric specialist.*
- *There need to be some specialists in Rome. We don't have an endocrinologist, a rheumatologist, a hematologist, or a pain clinic. We don't even have a podiatrist. Not everyone can drive to Utica, Oneida or Syracuse for care. And Ubers get very expensive. There are taxis for those on Medicaid, but for those of us on Medicare, we are just out of luck.*
- *There needs to be offices outside of the hospitals.*
- *They just aren't good. As I said about primary care, we need better "talent" and no good doctors are incentivized to stay in this area.*
- *This item is lower on my list than the other services mentioned, we do need more specialists, but I certainly understand that this is a complicated and expensive proposition.*
- *Too many specialists have left the area since Wynn Hospital.*
- *Transparency.*
- *Trauma and emergency pediatric services.*
- *Trust in specialty doctors in this area needs to be restored somehow.*
- *Unfortunately the doctors we had either have retired or moved out of the area. Oneida County does continue to get better and better. We are making the area more enticing to those out of the area. I think if we continue this, we may get more doctors eventually.*
- *Very difficult to get GI, GU or Hematology appointments. Ortho is iffy.*
- *We are probably not large enough to become like Albany and Syracuse.*
- *We currently don't have enough neurologist, and for whatever reason were not attracting as many specialists, thus creating a situation that people that can afford to go out of town, choose to do so looking for options and quality specialist.*
- *We have a large older populations and welfare individuals that use services that are meant for different reasons and they "more so" the welfare people take up the appts so that others that need screening are left waiting and seek care outside the area.*
- *We just don't have a lot of specialists in the area, so more doctors would help. We have a lot of specialists that cover many areas (e.g. internal medicine, instead of gastroenterologists, nephrologists, herpetologists, etc.). This makes sense, because we don't have huge numbers of those cases, but your specialist is going to be less well versed in your specific conditions.*
- *We need a larger variety of pediatric specialty services, even if clinics are only once a week.*
- *We need competent surgeons in the area. For any surgery in the area, we've had to travel to Syracuse or farther. would not go to anyone here for major surgery.*
- *We need to expand. Our GI services are horrible. As I explained, my appointment has been cancelled 6 times.*
- *We need to modernize.*
- *We travel to Syracuse for proper specialty care on a regular basis. All doctors we see are great, but so very busy. We have required hospital stays in Syracuse as well. We can't say enough for the exceptional care we have received are Crouse & St. Joseph Hospital in Syracuse.*
- *Well keep up on woman's differing health concerns and diagnoses for a start or attract more experience into the area.*
- *When a patient is at the point where they need specialty care, it is typically because their blood sugars have run so rampant for so long, it is now affecting other parts of their body acutely. At this point, the patient might be scared enough to actually Change their daily habits of food, choices, and movement choices. Or, the patient might have zero interest in improving their health whatsoever. However, without an inspirational teacher of exercise and nutrition available, the specialist and the patient will never really improve the patient's well-being.*

- When a specialist such as endocrinologist Dr Aiello can boot a new patient out of his practice just for cancelling 1 appointment, there is a huge problem with that. And this county wonders why so many travel out of Oneida County for specialty services.
- When you find a new specialist they usually leave the area within a couple of years.
- Who knows, there are no specialists here that can accommodate the number of people we have, including all the refugees that we have. Providers can't like on Medicaid payments. Oneida County has a very large Medicaid community. These patients are put out for months and months. I know this first hand because I have a person in my family that can't even get a diagnostic colonoscopy for 7 months, so I had to take him to Syracuse, who gave him an appt in a weeks' time due to it being diagnostic. He was then diagnosed with colon cancer. There simply anything here to keep the providers here.
- Wynn was supposed to attract highly qualified and trained medical professionals, the Wynn hospital has failed in the public's eyes. Poor planning, rushed construction, poorly trained nurses and doctors. All these things pushed patients out of the Oneida county medical care treatment facilities.
- You do not have them in hospital in case people need it. If they are in hospital they pretty much skip over it .
- You have an aging population you serve. They need cardiologists and orthopedists. Get some.
- You need specialists here, full stop. Make it enticing to work in the county! We need better access to genetic testing for preventative care and common but untested genetic conditions, we need better support for autoimmune disorders, too.

Q8m. If treatment or harm reduction services for substance use need to be improved, how can these services be improved upon in Oneida County? (n=132): *(the following comments are verbatim)*

- *28 days for drug rehabilitation is not long enough. Offer long-term treatment to those who need it.*
- *A rehab that doesn't have drugs flowing through it. One with real groups that actually help people. More peer advocate groups instead of forcing 12-step.*
- *Access to after-care services once they have completed treatment.*
- *Access to after-care services once they have completed treatment.*
- *Alcoholism should receive as much attention as other substance abuse (illegal drugs).*
- *As a social worker, I see limited resources outside of Utica. More state assistance and peer support.*
- *Better mental health care! MCAT does nothing, only tells you over the phone to calm down. If I or my autistic daughter could, we wouldn't need assistance*
- *By improving people's addictions, it is getting people back with their families and getting them back in the workforce to provide for themselves and families.*
- *By treating us better because we actually want the same treatment as anyone else and actually want help but are too afraid to ask for it. Also when going to the hospital because of an overdose we are constantly left alone in the room with no help from medical staff and not getting checked on and being neglected.*
- *Dándole prioridad (Give this priority)*
- *Difficult to do but get more people into the programs.*
- *Do outreach in all areas, making those in need aware that help is there for them. Tell them where and how to get help.*
- *Do outreach in all areas, making those in need aware that help is there for them. Tell them where and how to get help. Education for family members. More support in the community. Groups (not self-run) in the community during the evening hours for family/friends and individuals struggling with substance use.*
- *Do outreach in all areas, making those in need aware that help is there for them. Tell them where and how to get help. More availability to treatment centers that can take anyone at all times, that have providers, therapists, and social workers throughout the county, not just in larger cities.*
- *Do outreach in all areas, making those in need aware that help is there for them. Tell them where and how to get help. Not just the person in need, but families and students alike.*
- *Do outreach in all areas, making those in need aware that help is there for them. Tell them where and how to get help. Provide more education to not only those in need, but also educate the family members on how to cope with their loved one's addiction.*
- *Easier to find meetings (like AA meetings) instead of having to sign up for them.*
- *Ensure insurance covers proper inpatient and outpatient treatment, and for those without insurance, provide free or reduced rates to support families caring for their loved ones.*

- *Ensure insurance covers proper inpatient and outpatient treatment, and for those without insurance, provide free or reduced rates to support families caring for their loved ones. Provide more education to not only those in need, but also educate the family members on how to cope with their loved one's addiction.*
- *Expanded hours, outreach, access in rural areas*
- *Finding leadership that isn't worthless would help the health of Oneida County.*
- *Free Narcan, and fentanyl strips should be more widely available.*
- *Get the addicts off the streets. Young children don't need to see them strewn all over the streets.*
- *Greater availability of inpatient and outpatient treatment centers that can accommodate anyone at all times, with qualified providers, therapists, and social workers available throughout the county, not just in larger cities. Provide after-care services to help them become independent. More specifically, in the Rome area.*
- *Greater availability of inpatient and outpatient treatment centers that can accommodate anyone at all times, with qualified providers, therapists, and social workers available throughout the county, not just in larger cities. Provide after-care services to help them become independent. Ensure insurance covers proper inpatient and outpatient treatment, and for those without insurance, provide free or reduced rates to support families caring for their loved ones.*
- *Greater availability of inpatient and outpatient treatment centers that can accommodate anyone at all times, with qualified providers, therapists, and social workers available throughout the county, not just in larger cities. Provide after-care services to help them become independent.*
- *Greater availability of inpatient and outpatient treatment centers that can accommodate anyone at all times, with qualified providers, therapists, and social workers available throughout the county, not just in larger cities. Provide after-care services to help them become independent. Making rehab services free to those with no insurance.*
- *Greater availability of inpatient and outpatient treatment centers that can accommodate anyone at all times, with qualified providers, therapists, and social workers available throughout the county, not just in larger cities. Provide after-care services to help them become independent.*
- *Have more holistic/wrap-around services for those seeking recovery (housing, case management, medical care, counseling, etc.) under one roof.*
- *I can find a good counselor. They all say the same things to me over and over and I still have a lot of issues.*
- *I don't think harm reduction should be promoted because it enables drug use in some cases however treatment should be available to all, and when I say all I mean everyone.*
- *I don't see any kind of action being taken towards these homeless people and walking around like zombies on the street.*
- *If you are not physically dependent on a substance there are not a lot of services offered. Or you have to wait for a long time while trying to not to relapse while seeking help.*
- *Improve the overall financial base. Treating the homeless with mental health issues and addiction at no charge. Provide after-care services to help them succeed.*
- *Increase funding for harm reduction shelters, develop an actual program to house the unhoused in our community with supportive housing.*
- *Less stigma.*
- *Making rehab services free to those with no insurance. More availability to inpatient and outpatient treatment centers that can take anyone at all times, with providers, therapists, and social workers available throughout the county, not just in larger cities. Provide after-care services to help them become independent.*
- *Mandated treatment for homelessness. Also could use emergency services when in crisis (like ACC) used to provide.*
- *More availability to inpatient and outpatient treatment centers that can take anyone at all times, with providers, therapists, and social workers available throughout the county, not just in larger cities. Provide after-care services to help them become independent.*
- *More availability to treatment centers that can take anyone at all times, that have providers, therapists, and social workers throughout the county, not just in larger cities.*
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- *More availability to treatment centers that can take anyone at all times, with providers, therapists, and social workers available throughout the county, not just in larger cities. Access to after-care services once they have completed treatment.*
- *More availability to walk-in treatment centers and access to after-care services once they have completed treatment.*
- *More availability to walk-in treatment centers and places to safely detox throughout the county.*

- *More availability to walk-in treatment centers and places to safely detox throughout the county. Ensure insurance covers proper inpatient and outpatient treatment, and for those without insurance, provide free or reduced rates to support families caring for their loved ones.*
- *More Counselors. Increase in Peer Services Giving programs. More control of their programs rather than the patients (OASAS) changed these policies.*
- *More facilities, smaller counties come to Oneida County for treatment and then Oneida County residents need to travel elsewhere for care when services are full.*
- *More housing/shelter for homeless, food banks, kitchens, business's donated outdated/ near outdated foods, fruits and vegetables.*
- *More political and police.*
- *More programs.*
- *More providers who are qualified to treat those in need.*
- *More resources and not so many questions/paperwork before being seen.*
- *My interest in improving this resource also lies with the increased homeless population in Rome, and looking to help these people through treatment for substance abuse.*
- *My sister went through this with her son. The amount of available beds in Oneida County for detox and then treatment is so few and far between, and so overtaken with the immense problem we have in this county, that it's hard to get the help when you need to help. And then, Medicaid generally only pays for a 30-day stay at a rehab, in 30 days is nothing when you have a chronic problem.*
- *Narcan is free for use in public places, more education regarding addiction, and more compassion for addicts when treating them.*
- *Offer long-term treatment to those who need it.*
- *On any given day there are people using drugs openly on our streets, police are called and not sure what happens to these people after that.*
- *Opioids are out of control.*
- *People need one on one not be corralled in groups to get the help they need.*
- *Placement services, with the ability to enforce.*
- *Provide free or inexpensive transportation for those who cannot readily access the help they need.*
- *Provide more education to not only those in need, but also educate the family members on how to cope with their loved one's addiction.*
- *Providing shelter and food.*
- *Send people to rehabilitation facilities instead of sending them to jail.*
- *Stop giving out Narcan and syringes to users.*
- *Stop over prescribing opioids.*
- *Stop the stores from selling synthetic drugs.*
- *Substance testing.*
- *The system does not work when someone is having a mental issue. If the patient doesn't think they need help or a medication adjustment, nothing gets done. You can not just wait until the patient is a threat to themselves or someone else. The programs have high staff turnover, so no one knows the patient. Access to psych. Doctors are next to none unless you are harmful. The police &emergency response teams can do nothing to help someone breaking down unless they are a threat. The family this person lives with lives in hell, with no relief in sight. When a patient is admitted, (my nephew) Medicaid approved a month ago, and they sent him home in a week. Still having the same issues. Need more beds in this area for care. Need more structured homes to care for adults with mental health & administer meds.*
- *There is a need for facilities that over other services than the traditional services that include going to NA or AA meetings along with other treatment. Increased coordination between mental health and substance use services can be better facilitated too.*
- *There is nothing for the average middle class, only services for homeless and very poor people.*
- *This ties in with mental health. No one listens to the youth. No one believes the young folks when they tell you they need help, and that their family member is abusing them and that's why they are acting out. Mental health isn't talked about enough, this is what leads to all these other things. First things first.*
- *Treat more than the addiction, provide mental health services to cure the root of the reason they turned to drugs and alcohol.*
- *Treating the homeless with mental health issues and addiction at no charge. Provide after care services to help them succeed.*

Q8n. If urgent care services need to be improved, how can these services be improved upon in Oneida County? (n=431): *(the following comments are verbatim)*

o *24 hour services. And there is also a need for a 24 hour pharmacy. People who get discharged from an ED late evenings or overnight with a prescription are unable to get it filled on way home.*
o *A call to Dr. office.*
o *Accessibility or location*
o *Actually provide treatment*
o *Add an urgent care to my hometown.*
o *Advertise locations of urgent care facilities, so everyone doesn't go to the same one.*
o *All we have is ****ing well now. **** them.*
o *Allow ambulances to transport people to urgent care to not tie up the emergency rooms.*
o *Ambulance services fees are ridiculous! The fire/police response is not necessary for a lot of responses. I will take Uber next time. There has to be a way to make things cost less, not bring every vehicle to the response if not needed and drive up costs - though I get hospitals, ambulances needs to make money. But $1700 for a 2 mile ride. I get the medical care but still insanely expensive.*
o *At one time there was an urgent care facility at Foxton Hospital that I used but that has been closed. I have found an urgent care facility at Slocum Dickson Clinic which I find very good. I can call in and set up a time to be seen. I would rate them very good.*
o *Attract urgent care services to the area.*
o *Be available and not close emergency rooms*
o *Be quicker in treating people.*
o *Better collaboration with primary*
o *Better qualified personal.*
o *Better quality medical professionals. Timely service.*
o *Better quality of care given. Not charge copay to people who don't have one and then refuse to even speak to them about issuing a refund for their mistake*
o *Better triage*
o *Broaden the insurance that the local urgent care facilities accept and make it affordable for those with no insurance.*
o *Broaden the insurance that the local urgent care facilities accept.*
o *Build one in northern Oneida*
o *Choices of service*
o *Cleaning up the urgent care facilities in the area.*
o *Closer to rural locations*
o *Competent professional providers*
o *Doctor's should be on site and costs are too high*
o *Don't take so long and be correct.*
o *Eliminate appointment requirements*
o *Emphasis on urgent*
o *ER reputations good. I think we're short on urgent care. MVHS was good, but "they" decided….*
o *Es muy larga las hora de espera (The waiting time is very long.)*
o *Expand options for working people*
o *Expand services. With a limited selection, services are overwhelmed by, mostly, non-urgent care needs.*
o *Expanded urgent care hours. Urgent care within the MVHS or Rome Health networks so that records are maintained. Urgent care imaging capability so patients don't need to be sent to an ER to get a cat scan.*
o *Extend the urgent care hours; ideally they should be open 24/7, so people can go there instead of the emergency room. Urgent Care shouldn't require you to schedule appointments and if you don't have an appointment, you have to wait hours.*
o *Extend urgent care hours and open more urgent care facilities staffed with adequate doctors and nurses, so wait times are not so long.*
o *Give care to patients who are in pain first*
o *Gone downhill. Not available like it was before*
o *Habiendo más centros nocturnos (Having more nighttime hours.)*
o *Hard to say how to properly staff. But the waiting is long and you do not see staff enough to tell you why the wait.*
o *Have separate facilities for drug OD's on weekends so that real emergencies can fit in. I was taken to the ER at 8:00 PM and didn't get examined until 5:00 am.*

- *Have urgent cares that don't require an appointment.*
- *Having caring caregivers.*
- *Healthcare worker employment should be increased.*
- *Hire people that care to work in these places and give them a better wage. The times that I have gone My visit couldn't be completed because certain personnel were lacking, and those that were their acted as if they were miserable.*
- *Hospital affiliated Urgent Care offices.*
- *I hate well now. They just send you to the ER anyway*
- *I really don't care for Well Now which is mostly what is available for urgent care.*
- *I recently went to an urgent care due to a pediatric ankle sprain for an x-ray to ensure it was not broken. I was informed that we could stay but they were technically appointment only. There were no appointments available there that day (and obviously we didn't plan on a sprain). I made an appt at another urgent care while sitting at the first just to be texted after the fact that there were no providers available and it would have to be telehealth. So we stayed at the first urgent care and it took 3 hours. We need more providers and access to manage the "who should be in the emergency room," vs "who should be at urgent care," versus "who can wait for primary care."*
- *I went to Slocum Dixon, urgent care a month ago. The place was packed, wall to wall people. Not one open seat, children were sitting on the floor. I was the 15th person standing inline and not one person was taken care of for 30 minutes. People were turning around and walking out without service, including myself.*
- *If one is going to an urgent care- because it's urgent. Why are appointments now needed?*
- *If they were made to take ALL insurances it sure would be easier. Sometimes people just don't need to clog up an ER at a hospital, but cannot wait for their Primary Doctor the following week!*
- *Immediately seen*
- *Increased staffing and knowledge. Using local former healthcare sites to run multi floor urgent care.*
- *Information at MVHS offices*
- *It seems like there are not that many urgent cares, they require appointments, and the one in Rome stopped taking Excellus insurance for a little which is absurd. It's absurd. Whoever heard of an emergency service place that didn't take a well known insurance. I hope that issue has been resolved but its barriers like that which keep people from getting the care they need.*
- *It would be great to have urgent care services linked to the MVHN.*
- *its way to busy and if you are really sick sitting in er or urgent care doesn't work out well*
- *Less automation more human contact. have had scheduled appointment with well-now but was turned away on arrival. they said their computer system overbooks all the time and they didn't have time to see everyone. went to Slocum Dickson and was seen right away even though they were busy because it really was an urgent problem.*
- *Less copays for urgent care*
- *Limited and only see PA or NP, need to have a doctor available*
- *Listen to patient and not assume everyone is there just to get drugs, but help to feel better*
- *Many times one receives incorrect diagnoses.*
- *Mas horarios extendidos (More extended hours)*
- *Maybe clinics to relieve some of the ER congestion.*
- *More 24/7 open, insurance accepting doctor/pa-np run places that are open for non-life threatening emergencies. Ambulances should go there first.*
- *More are needed near Wynn hospital.*
- *More clear information where to access this service beyond the more private urgent care clinics that is, MVHS associated urgent care clinics.*
- *More doctors and nurses, so there are shorter wait times.*
- *More doctors and nurses.*
- *More locations. County supported location as well now is only option and does not accept all I*
- *More options affiliated to MVHS and Slocum Dixon.*
- *More urgent choices*
- *Most of the urgent cares are private Well Now. ER at MVHS Wynn overrun with what should be urgent care visits*
- *Most urgent cares require an appointment which defeats the purpose of urgent care. Or urgent care doesn't want to treat patients and sends them right to the ER. Which then clogs up the ER with non emergencies.*
- *MVHS should have a Urgent Care separate from the Emergency Department*
- *My husband drove 30 minutes to the closest on in network and had a terrible experience with an office run by a large corporation.*
- *Needs to go in at appointment time*
- *No need to book on line ahead of time. Walk in service at ALL TIMES*

- o *Non-corporate urgent care.*
- o *Not at Wynn to dangerous around there*
- o *Not enough in the area*
- o *Not enough locations. The ED should not be used as Urgent Care*
- o *Not have to call for appointments*
- o *Not having the monopoly there is now that sends to the ED anyway*
- o *Not many options outside of well now*
- o *Not really an answer, however, "people" should not be using the Emergency Rooms for urgent care visits. This detracts from people who are truly in need of Emergency care; perhaps, at the entrance: a true triage: with ability (staff/providers) who can quickly decide who needs "urgent care" versus "Emergency care". Also, If urgent care is needed, that opportunity to get to a clinic/ have another clinic at the facility which would be able to work through these issues. Another idea is to have the ability to "schedule" a visit at the urgent care. Decrease wait times; people are seen; increased "customer satisfaction" Also this would free providers to be able to see their day to day patients on time. I am not sure if these are available already.*
- o *Offer CT scan at urgent cares.*
- o *Often tough to get into an urgent care. We typically use Slocum Dickson and often by 10am all slots are filled.*
- o *One of the MVHS campus locations should have remained an urgent care for the other side of town which would relieve the overcrowding at the only hospital in Utica. Only 1 urgent care in Rome results in the same overcrowding of the Rome ED*
- o *Only used once and they were very good to me.*
- o *Open more facilities, so there are more urgent care's available locally.*
- o *Open more urgent care. There is no urgent care in Utica.*
- o *Open up another ER*
- o *Provide 24 urgent care services.*
- o *Provide better staffing*
- o *Provide more varied options for Urgent Care. Recently Well-Now, which is obviously the most visible standalone urgent care in the community wasn't accepting Excellus, the most common insurance carrier in this area. That has been resolved, but now all of the Well-Now's are staffed with a skeleton crew so you can't get seen, or need to travel to multiple locations to receive a diagnosis. When there was an urgent care inside of Faxton, the process ran much smoother, in my opinion.*
- o *Provide X-rays, CT scans n not just see you, charge you and then send you to the ER*
- o *Quality care. Never diagnosed properly. Seemed to be rushed out and quick to diagnose.*
- o *Reduce co pay*
- o *Reduce co-pays*
- o *Reopen them*
- o *Rome needs quality urgent care services that are not well now*
- o *Should be open longer, Majority seems to close at 8 pm.*
- o *Should not have closed the ones that they did in our area.*
- o *Shouldn't have to call for appointment It's Urgent Care*
- o *Staff it with someone knowledgeable*
- o *Staff the urgent care facility so the wait times are not so extensive.*
- o *Staffing.*
- o *Take care of walk-ins immediately*
- o *Teach those who work in UC to use their diagnostic skills instead of relying on too many tests and to actually care about the patient. Make eye contact and without showing the gum they are chewing*
- o *The County/State should do more surprise visits to places like Well Now to see how they are really run and how some of the people actually interact with the people that go in those places.*
- o *There is no place to go for medical services for urgent but not critical except emergency room.*
- o *There is no really help in urgent care. They give you some medicine and advise how to act and that's it.*
- o *There needs to be a 24 hour urgent care, or the ER will continue to receive the inappropriate patients in the night time.*
- o *There needs to be a place closer to our town*
- o *There Needs to be Urgent Care access in Utica to lessen the burden of Walk-in patients on Wynn Hospital ER so that emergent patients can be seen. There needs to be an urgent care associated with Wynn Hospital so that the ER can triage patients and direct them to the Urgent Care for non-emergent issues*
- o *They are not equipped with the products or personal necessary*
- o *They could be better*

- *They don't seem to do in-depth assessment. I know a woman who was sent home from UC with back pain, then died shortly afterwards. UC waiting rooms and exam rooms; I know someone who has an appt at UC for 12:30; got called back to an exam room at 3:00.*
- *They have a habit saying they can't treat people because they don't have certain equipment and send them to the ER Especially Well Now*
- *This is very poor in Oneida County. Trying to find an urgent care that takes different insurances. Having providers available. Waiting extremely long to be seen. Not having a provider who has experience available in the clinic to provide support so people are not told they have to go to the ER and pay high copay for something that should be able to be taken care of at an urgent care. This recently happened to my daughter at Well now!*
- *Travel out of our town for urgent care in winter is hard.*
- *Treat patients*
- *Type and quality of services.*
- *UC now you need appts for urgent care?????*
- *Urgent care affiliates with hospital*
- *Urgent Care facilities are a scam, they only refer you to hospital then it cost $500 or so of your money. It's a waste of time and a crime.*
- *Urgent care in my immediate area is adequate.*
- *Urgent care in the area you need an appointment and many well now office is telehealth*
- *Urgent Care is a great concept and there should be more facilities so people without regular doctors don't crowd the Emergency Room*
- *Urgent care is needed in small towns and villages.*
- *Urgent care is too focused on symptoms to provide proper care.*
- *Urgent care providers in Oneida County often face challenges in accepting new patients, and when they do, care is frequently limited to addressing immediate symptoms without comprehensive follow-up or management. Additionally, patients are typically referred back to their primary care providers without adequate coordination or consideration of the urgency of their condition, which can result in fragmented care and unmet medical needs.*
- *Urgent care services can be approved on improved upon by making them so that they are seeing as adults and as children if you were to split the area so that it was made as adults and as children, the flow would be easier because not every child is seen as emergent as adult My name.*
- *Urgent care should be located with the ERs to be able to decide the level of care needed*
- *Urgent cars should be affiliated with each ER. Keep the colds and flu out of the ER and use ER's for real emergencies.*
- *We don't have a lot of urgent care services here anymore and when we do go there is not enough staff and cause long wait times and sometimes get skipped over. We rely on going to urgent care when we can't get into our providers.*
- *We need a more advanced urgent care that is not going to provide x -rays and quick CT or more last repair so we can clear up ER.*
- *We need more of them. The only options are Well Now and SDMG. The north country is in significant need of an urgent care/after hours type of clinic (Barneveld, Boonville, HP, Remsen, etc. area)*
- *We need more to accommodate the area Most urgent care centers have closed in my area … forces you to go to the ER unnecessarily, this also adds an extra expense to the individual. By forcing us to utilize the ER it becomes over crowded and they become frustrated, as the wait time is too long, as the staff is attending to legitimate emergency treatment - correctly so.*
- *We need more Urgent Care service for children*
- *We need urgent care back so you don't fill the emergency room with minor things. The private urgent cares now need appts if you don't want to sit there forever and you cant get appts when you need them due to they are full first thing in the am.*
- *We need urgent care centers available that aren't Well Now. MVHS needs an urgent care, Rome needs an urgent care. The rural communities should have Urgent care at their local MVHS offices.*
- *Well now is lacking (care, wait times, etc.).*
- *Well Now isn't a great urgent care service if they don't accept Medicaid which if you didn't know most of the county is on).*
- *Well now urgent care does BASIC care. Need to have MVHS or Slocum open an urgent care with lab and imaging to better meet the needs of the community and clear the ER from unneeded visits*
- *WELL NOW urgent care is awful!!!!!!!!!!!!!!!! not many urgent care available here in Rome, NY*
- *Wellness facilities in the area often don't even have providers present at their facilities. I went to three facilities for care and found no providers. Only SDMG has a true Urgent Care facility by appointment. I have heard many*

negative things about Wynn hospital and would choose to leave the county than go there, especially for cardiac care.
- o *Wider range of services.*
- o *Winn ER needs organizing*
- o *You cant walk in you have to make appt.*
- o *You need to offer urgent care for matters that need care urgently. Not be sent home with an appointment for some later time, not a company that is interested in profits and not in providing healthcare. Do not deal with companies that refuse to provide adequate care.*
- o *You should not have to make an appointment for an urgent care visit, why call it an "Urgent Care" facility.*

Table A49. Health Conditions

Q9. Have you or anyone in your household experienced any of the following conditions in the past year? *Participants could select all that apply.*		
Health Conditions	n	%
Bullying	147	6.2%
Caring for an adult or child with disabilities	341	14.4%
Child abuse/neglect	10	0.4%
Depression/Anxiety	988	41.7%
Homelessness	43	1.8%
Not being able to find or afford childcare	128	5.4%
Not getting enough sleep	932	39.4%
Not having enough money for the doctor, dentist pharmacy, or mental health provider	422	17.8%
Only having enough money to cover basic needs like food, transportation, housing	507	21.4%
Reckless driving (driving while impaired, texting while driving)	57	2.4%
Substance Use	89	3.8%
Use of tobacco products/vaping products	328	13.9%
None of the above / Not applicable	849	35.9%

Table A50. Top Health Priorities in Oneida County

Q10. What are the most important health priorities for Oneida County to address? *Participants could select exactly five priorities.*			
Health Priorities		n	%
Economic Stability Domain	Poverty	780	33.0%
	Unemployment	423	17.9%
	Nutrition Security (access to healthy and affordable foods)	697	29.5%
	Housing stability and affordability	1,010	42.7%
Social & Community Context Domain	Improve mental health / help with depression, stress, anxiety disorders, suicide	1,141	48.2%
	Drug misuse and overdose prevention	608	25.7%
	Tobacco/cigarette use and vaping	240	10.1%
	Alcohol use	160	6.8%

	Adverse Childhood Experiences (ACEs)	159	6.7%
	Healthy eating	656	27.7%
Neighborhood & Built Environment Domain	**Opportunities for active transportation (walking, biking) and physical activity (e.g., gyms, parks, etc.)**	394	16.7%
	Injuries from violence, falls, accidents in the workplace, etc.	152	6.4%
	Access to community services and support	607	25.7%
Health Care Access & Quality Domain	**Women's health and pregnancy/prenatal care**	306	12.9%
	Prevention of infant and maternal mortality	123	5.2%
	Increase preventive care for chronic disease prevention and management (i.e., wellness visits, annual physicals, screenings, etc.)	817	34.5%
	Dental/oral health care	809	34.2%
	Child wellness services (i.e., pediatric annual physicals, screenings, etc.)	295	12.5%
	Early Intervention for children with developmental delays and disabilities	520	22.0%
	Childhood behavioral and mental health	622	26.3%
Education Access & Quality Domain	**Health and wellness opportunities promoted in schools (e.g., immunization clinics, healthy school meals, social-emotional learning, substance abuse prevention, mental health counseling)**	759	32.1%
	Opportunities for continued education (e.g., high school completion programs, transitional and vocational programs, literacy initiatives, reskilling and retraining programs)	534	22.6%

Table A51. Physical Activity

Q11. During the past month, on average, how many minutes a day have you participated in physical activities or exercise, such as running, walking, golf, soccer, etc.?		
Physical Activity	**n**	**%**
Less than 30 minutes a day	939	39.7%
30–60 minutes a day	1,101	46.6%
More than 60 minutes a day	325	13.7%

Table A52. Consumption of Fruits & Vegetables

Q12. How many servings of fruits and vegetables do you eat each day?		
Consumption of Fruits and Vegetables	n	%
None	167	7.1%
1 to 2	1,431	60.5%
3 to 5	644	27.2%
More than 5	123	5.2%

Table A53. Participating in Community Events

Q13. What would motivate you to participate in community events (like health information sessions and health fairs)? *Participants could select all that apply.*		
Participating in Community Events	n	%
Better promotion or advertisements	1,071	45.3%
Closer to my home	692	29.3%
Food or other refreshments	445	18.8%
Interesting topic areas	1,122	47.5%
Prizes or raffles	354	15.0%
Someone to attend with me	540	22.8%
Transportation	208	8.8%
Other	157	6.6%
I already attend events.	340	14.4%

Q13a. If other, please specify (n=157): *(the following comments are verbatim)*

- Access to advanced screening and care
- Access to food pantry's
- Accessibility (n=3)
- Accessibility for mobility impaired
- advertise on WKTV / local newspapers
- Availability of mobility devices
- Being physically capable of doing so
- Better health
- Better times offered after work hours
- Cannot walk
- Comfortability cost
- Community events are not necessary. Improve access to healthcare providers.
- Convenient time of day
- Days events held
- Different times, I work overnights
- Do not like crowds
- Events that occur outside of normal business hours.
- Free access and giveaways
- Free screenings, dental services, vaccinations and other preventative services
- Free time
- Guaranteed safety
- Have dementia don't like leaving home.
- Haven't been informed of any
- Having things based on age groups or like interests

- o *Hire more officers at the jail I work at so I don't have to work so much*
- o *Hold events during day light hours.*
- o *Holding them outside of normal business hours. Can't leave work to go. No work=no pay=more debt=more problems=food insecurity=not ok*
- o *Housebound. Don't get out much, but to doctors. And to be honest my PCP is terrible.*
- o *I am a house plant.*
- o *I am disabled*
- o *I am informed about health information/ would not attend events*
- o *I don't do public events*
- o *I don't like crowds.*
- o *I don't like people*
- o *I don't participate in community events. I am a private person.*
- o *I have pastoral office attic tachycardia syndrome. POTS, for short, so I physically can't participate in those activities. I wish that yoga were a covered option because I would greatly benefit from attending yoga classes.*
- o *I have to work 60 hours a to maintain*
- o *I tend not to participate in these because I'm anxious in very large crowds.*
- o *I use the web for health info*
- o *I work overnight and sleep during the day 4 days a week, so time and day of week are an issue for me*
- o *I work six days a week. No time to attend.*
- o *I work too much to participate*
- o *I would not attend. I got more than enough information from multiple sources already.*
- o *I wouldn't go to these types of events*
- o *I'm handicapped and not able to walk*
- o *If it is scheduled at a convenient time.*
- o *I'm 89 with limited mobility.*
- o *I'm 92. I don't care to participate in community events*
- o *I'm not interested*
- o *I'm not interested in them*
- o *I'm not sure this is something my family needs as we are serious about health and wellness in our everyday lives. From the community stand point, maybe money spent on these types of events could be better spent elsewhere.*
- o *Interactive activities*
- o *Internet has it all. Plus, talking about isn't going to change most people habits*
- o *Just my personal work load/schedule gets in the way of free time*
- o *Live Activities - vaccinations, book an appointment, screenings, tests, etc.*
- o *Medication to reduce severe chronic low back pain.*
- o *Mobility issues cannot attend.*
- o *Money*
- o *More affordable*
- o *More fun activities offered at these fairs.*
- o *More time.*
- o *My anxiety*
- o *Need a hip replacement ..can't walk*
- o *No interest*
- o *No more murders in Utica*
- o *No se (Don't know)*
- o *No time*
- o *No time in my schedule*
- o *None*
- o *Not during normal work hours.*
- o *Not interested (n=2)*
- o
- o *Not supposed attend events due to my immunity issues*
- o *Nothing*
- o *Off normal work hours*
- o *Online*
- o *Online access*
- o *Online… disabled*
- o *Outside of work hours*

- *People around here are very bigoted about mental health disorders.*
- *People wearing masks*
- *Probably nothing would motivate me.*
- *Provide on-site American Sign Language (ASL) interpreters so deaf residents may more readily participate*
- *Rather not attend any.*
- *Relevant medical topics*
- *Safety (n=2)*
- *Safety concerns such as shootings.*
- *Safety. it seems like there is a high probability for violence at any large gathering or event.*
- *Security or police presence*
- *Social media publicity*
- *Some besides kids, abuse, and lower income only target groups*
- *Suggestions and concerns need to be HEARD*
- *The terrible people in charge, out of their position.*
- *The times when things are offered, I am working*
- *Things to DO (walks, jogs, yoga, etc.)*
- *Time*
- *Time from work to attend.*
- *Time of day*
- *Time off of work to go*
- *Times events are offered*
- *Times events are offered. Not everyone can attend daytime events*
- *Too many unsTable Apeople*
- *Work schedule 12 hours a day does not free my time to participate*
- *Work schedule doesn't allow me the time*
- *You can lead a horse to water. Need to be taught in schools*
- *Zoom or teams as an optional way to participate*
- *Zoom/online*

Table A54. Sharing Health Information

Q14. What is the best way to share information about healthcare services and health education materials with you? *Participants could select all that apply.*		
Sharing Health Information	**n**	**%**
Brochures	386	16.3%
Community events	626	26.4%
Doctor or nurse	839	35.4%
Emails	820	34.6%
Faith-based organization or Church	203	8.6%
Friends or family	577	24.4%
Health department	297	12.5%
Local news outlet	956	40.4%
Magazines	94	4.0%
Mailers/flyers	899	37.9%
Newspapers	356	15.0%
Online reviews	337	14.2%
Pharmacist or drug store	497	21.0%
Podcasts	154	6.5%
School	379	16.0%
Social media (Facebook, Instagram, X, etc.)	1,240	52.3%
Television	784	33.1%
Workplace	513	21.7%
Other	57	2.4%

Q14a. If other, please specify (n=57): *(the following comments are verbatim)*

- *Accessible ways to receive information that don't require you to own a phone or PC with Internet. Using social media or email leaves a chunk of people out from receiving said info. But really? all of the options. The information needs to be in every aspect there is so there's a higher chance of people learning about what resources are available.*
- *All above*
- *Build a new website*
- *Bulletins in the village*
- *Doctors' offices*
- *Email (n=2)*
- *Get a better system in this area and word of mouth will work.*
- *Go back to mailing via US Postal Services*
- *I use search engines to look up this stuff*
- *Internet/Websites (n=3)*
- *Internet/Websites, brochures in Dr's offices*
- *Mail to my home.*
- *Mobile notifications*
- *MyChart (n=3)*
- *Navigators Comunitarios*
- *None we do not have good health care at all*
- *Not everyone has a cell phone or computer or on line.*
- *OD E newspaper & Text messages*
- *Public library*
- *Put it somewhere accessible on the web*

- *Radio*
- *Radio*
- *Radio announcements: FM public radio (WAER, WAMC, WCNY, WRVO) and our local 950 AM, WIBX, early morning program*
- *Reading and education yourself*
- *Remember - not all people on "social media" !!*
- *Send to my caregiver.*
- *Targeted seminars, classes, and expos*
- *Text*
- *Through taking action.*
- *Websites (n=7)*
- *WKTV on air and website / app*
- *You could start implementing them in my chart possibly add a wellness portion of it to focus on finding things that promote learning, skill building, getting exercise, etc.*
- *Zoom*

The following section provides a question-by-question analysis of the responses to the polls that were utilized during the community stakeholder conference – a primary research methodology to support the Oneida County CHA. RMS Healthcare cleaned and ensured all responses were verified and then analyzed the data by calculating descriptive statistics (percentages and means) with the final dataset.

Table A55. Results of Polling Exercise #1: Quality

Q1. Using a scale of 1 to 5, where 1 indicates "poor" and 5 indicates "very good", how would you rate the overall quality of health care services in Oneida County?		
Quality	n	%
1 (Poor)	2	4.4%
2	11	24.4%
3	27	60.0%
4	5	11.1%
5 (Very good)	0	0.0%
MEAN SCORE FOR QUALITY = 2.78 / 5.0		

Q1a.   Why did you rate the quality of health care services in Oneida County as a 1 (poor) out of 5? (n=2): *(the following comments are verbatim)*

- *Access to mental health services for youth*
- *Long wait in Emergency Dept at Wynne, mistreatment of patients in ED*

Q1a.   Why did you rate the quality of health care services in Oneida County as a 2 out of 5? (n=11): *(the following comments are verbatim)*

- *Access difficulty, lack of professionalism and expertise*
- *Because the hospital has poor quality of care. They have long ER wait times, lack of informed and knowledgeable staff, discharge patients without proper care and diagnosis. There is a high percentage of individuals in poverty but few providers that accept Medicaid. Lack of services for those with co-occurring intellectual disabilities and mental health diagnosis. Also, lack of representation amongst providers which causes patient symptoms to be dismissed.*
- *Crowded waiting rooms, lack of staff and stress on staff to see high number of patients daily makes it difficult to get quality care in a timely manner*
- *Hard to find. Hear horror stories. Long waits to get in.*
- *Lack of available providers - especially primary care providers.*
- *Lack of primary and specialty care. Inability to access timely care. Long waits for emergency care, misuse of emergency departments for primary and urgent care.*
- *Lack of services, lack of quality services, wait times*
- *Long waiting lists for mental health providers, strict regulations for housing assistance and lack of connection from providers to other providers to ensure services are attainable.*
- *Many healthcare services are slow, inefficient, and difficult to get a timely appointment. Healthcare costs in general are too expensive for many to access.*
- *Not much availability in the area for healthcare, what is there is difficult to find, so getting 2nd opinions is challenging. Places which accept insurance (especially dental) are rare - especially as a new patient.*
- *Services exist but systems and providers of those services are overburdened and focused on how to support the business model and comply with regulations sometimes at the detriment of prioritizing client care.*

Q1a. **Why did you rate the quality of health care services in Oneida County as a 3 out of 5? (n=27):** *(the following comments are verbatim)*

- *Although I do not work in the field, my knowledge is based off of data and people with experience who have shared a lack of quality care and being seen.*
- *Although there are options out there for various health services, the quality of those health services vary from decent to nonexistent in Oneida County*
- *Because of the limited access/availability of healthcare services, many healthcare providers- in the ED, primary care, and specialty services are working too quickly to see too many patients. Providers only have time to address the most severe problem of the moment, as opposed to being able to treat the person holistically and look for root cause of problems.*
- *Doctor availability*
- *Due to lack of advocacy and support. General knowledge base*
- *I am not fully versed on all of the services available.*
- *I don't trust the healthcare industry in this area for health related issues that need specialty care- basic checkups and health I feel our area is good.*
- *I feel that some of the workers providing the services are under paid and over worked and that shows in the quality of their work. If you are not giving 80 percent of yourself as a worker to the client then the client is not all ways giving what they need.*
- *It's good but could be improved*
- *Lack of access.*
- *Lack of choices/availability of healthcare services. Too few providers means the quality of services declines as providers don't have the time to spend with a patient.*
- *Lacking pediatric care. Lacking women's healthcare. Lacking specialty healthcare. Lacking pediatric psychiatric*
- *Need more Primary care physicians instead of using Urgent Care. More specialists who are present and available. Mental Health acute care*
- *Need stronger link from ER to services*
- *Neither good nor bad*
- *Not consistent or collaborative.*
- *Not enough available services in the area*
- *Not enough medical personnel to meet the demand*
- *Not everyone has access to insurance or most places only take certain insurances.*
- *Picked 3 as a neutral/don't know response. I do not use Oneida county health services often enough to answer this question. I do not work in a capacity to gauge community feedback on quality either*
- *Primary care access, difficulty linking services between different agencies*
- *Primary Care and linkage to mental health services. Chronic Disease state management and discussion of when appropriate to begin EOL discussions*
- *The availability of specialists is quite limited, the physical infrastructure is generally run down, and the service among individual providers varies quite vastly.*
- *The general understanding is that Syracuse or Albany have higher quality services. That the support staff at many primary and specialty locations are not thorough enough.*
- *There are silos of services that are excellent while others are poor. I averaged them. Some concern areas are dermatology, cardiology, dental, mental health along with primary care.*
- *There's always room for improvement but the knowledge of what is available is lacking*
- *Time available for each provider is minimal.*

Q1a. **Why did you rate the quality of health care services in Oneida County as a 4 out of 5? (n=5):** *(the following comments are verbatim)*

- *Have had good experiences with my primary as well as my child's primary, needs met*
- *It seems like the group with whom I work (older adults) have access to healthcare if they are aware of the resources that exist. But there is a need for publicizing these resources.*
- *Once you are able to get in- it seems to be positive*
- *Personal experiences and general overall impressions*
- *Quality providers I am not fully versed on all of the services available.*

Table A56. Results of Polling Exercise #1: Availability

Q2. Using a scale of 1 to 5, where 1 indicates "poor" and 5 indicates "very good", how would you rate the overall availability of health care services in Oneida County?		
Availability	**n**	**%**
1 (Poor)	0	0.0%
2	16	35.6%
3	22	48.9%
4	7	15.6%
5 (Very good)	0	0.0%
MEAN SCORE FOR QUALITY = 2.80 / 5.0		

Q2a.   Why did you rate the availability of health care services in Oneida County as a 2 out of 5? (n=16): *(the following comments are verbatim)*

- o   *Definitely not enough providers to meet the needs of this population*
- o   *Difficult to get appointments with providers using insurance*
- o   *For some services you need transportation or internet connection without these things some services a patient would not have access.*
- o   *I answered this question in the last explanation*
- o   *I believe that health care services are widely available to those that can afford, but limited to those with various obstacles (e.g. monetary, transport, etc.)*
- o   *Incredibly hard to get connected to a primary doctor. Lack of communication and support. If your insurance is marginal a person or family is shamed at feeling they can't get good service even when they pay a lot for the marginal service. I have experienced decrease*
- o   *It is very difficult to find access to primary care services accepting new patients, and specialty care services, especially those accepting Medicaid and Medicare. We often have to refer out to Syracuse and beyond for specialists, especially for pediatrics and oral surgery.*
- o   *Lack of primary and specialty care. Few accepting new patients, and long waits for initial visit for those that are.*
- o   *Lack of providers in various disciplines, wait times to see providers*
- o   *Limited services availability in the time of trauma. For example, sending people out of the area for care*
- o   *Long wait times to get into providers, likely due to too few providers in the area.*
- o   *Mental health services for youth*
- o   *Often times there are long waits for appointments, 3-4 months out from when they are attempted to be scheduled*
- o   *The opportunities to find up to date referrals and accurate openings for new patients are strained. The wait times once referred to public insurance are quite long. The services available are also limited to very preliminary or un-nuanced care.*
- o   *There don't seem to be many providers, and those that are here are either booked far out or not accepting new patients.*
- o   *When you are told your pcp has left the practice and you will need to wait 11 months that is a problem!*

Q2a.   Why did you rate the availability of health care services in Oneida County as a 3 out of 5? (n=22): *(the following comments are verbatim)*

- o   *Again, lack of access.*
- o   *Availability of Doctors*
- o   *Based only on personal experience, the group I work with (older adults) seem to have healthcare services available.*
- o   *Care hit or miss long waits in urgent care and Wynne hospital*
- o   *Depends on insurance*
- o   *It depends on the service needed*
- o   *It's there for the people it's available but a lot of people need help right now not 6 months down the line!!!*
- o   *Limited number of providers across all specialties, more in some areas than others*
- o   *Long waiting lists, noncompliance from several individuals making it more challenging for people to access services*

- *Mental health for adult and pediatrics seems to use EDs as a revolving door*
- *Needs to be improved*
- *Not enough available services in the area*
- *Not enough Doctors*
- *Oneida County is definitely missing out on important health services that the community needs to travel out of the county to receive*
- *See first response*
- *Some services are more available than others. Lacking specialized care in some areas- women's health, pediatric psych, maternal care*
- *Specialty service availability is not always available, difficulty in linking services together*
- *There are many services available but long wait times makes it difficult to get into a specialty provider*
- *There are some, but even the regular GP takes a while to get into to be seen*
- *There are very few pediatric specialty providers like ENT and GI amongst other specialties that are simply not available in Oneida county.*
- *There's not always enough spots available to much time in between for people waiting for healthcare*
- *Waitlists for Primary Care or other health services. Being dropped from primary care for missed appointments. Not getting phone calls back from services*

Q2a.   Why did you rate the availability of health care services in Oneida County as a 4 out of 5? (n=7): *(the following comments are verbatim)*

- *A wide variety of services exists as well as varied providers of those services.*
- *At times it is difficult to get into Dr.*
- *Excellent facilities*
- *NA*
- *There are many providers available*
- *There are several resources available it's just the lack of awareness that people have*
- *We have many areas of healthcare in this area that specialize in various aspects.*

Table A57. Results of Polling Exercise #2: Missing Health Care Services

Q1. Do you feel there are any missing <u>healthcare</u> services in the Oneida County service area?		
Missing Health Care Services	n	%
Yes	38	79.2%
No	10	20.8%

Table A58. Results of Polling Exercise #2: Missing Health Care Services

Q2. If yes, which healthcare services are MISSING or NOT AVAILABLE in Oneida County? *Participants could select all that apply.*		
Missing Health Care Services	n	%
Affordable prescription drug medication	14	36.8%
Care for pregnant women	14	36.8%
End-of-life care / hospice or palliative care	3	7.9%
Mental & Behavioral health services	23	60.5%
Pediatric care / Child wellness services	14	36.8%
Primary care services	19	50.0%
Programs to help people quit smoking	3	7.9%

Screenings and other preventive healthcare services	8	21.1%
Specialty care, such as cardiology, gastroenterology, urology, etc.	25	65.8%
Treatment and management of chronic conditions (such as heart disease, diabetes, cancer, etc.)	9	23.7%
Treatment for drug and alcohol use	12	31.6%
Vaccinations	0	0.0%
Other	8	21.1%

Q2a.   If other, please specify (n=8): *(the following comments are verbatim)*

- *Care for the homeless*
- *Dental*
- *Dental, mental health services for those with special needs, ex: autism*
- *Emergency services such as after hour services and domestic violence services. On going services*
- *Health care for the Street Homeless for wound care, diabetes, substance use, mental health*
- *Oral surgery, community partnerships actually partnering with providers to ensure compliance and success.*
- *PHP (partial hospitalization program). Also, dual diagnosis programs for youth with mental health and behavioral issues who fall within both OMH and OPWDD*
- *Psychiatry separate from mental health therapy.*

Table A59. Results of Polling Exercise #2: Missing Community Services

Q3. Do you feel there are any missing <u>community</u> services in the Oneida County service area?		
Missing Community Services	**n**	**%**
Yes	41	85.4%
No	7	14.6%

Table A60. Results of Polling Exercise #2: Missing Community Services

Q4. If yes, which community services are MISSING or NOT AVAILABLE in Oneida County? *Participants could select all that apply.*		
Missing Community Services	**n**	**%**
Farmers markets / access to fresh, local food	8	19.5%
Local parks and trails	3	7.3%
Recreation facilities (e.g., gyms, recreation centers, etc.)	11	26.8%
Public facilities at schools (e.g., use of school facilities for community/public use)	12	29.3%
Support groups	21	51.2%
Food pantries	10	24.4%
Clothing pantries / thrift stores	8	19.5%
Childcare services	23	56.1%
Continued education opportunities	11	26.8%
Workforce development	11	26.8%
Other	12	29.3%

Q4a.   If other, please specify (n=12): *(the following comments are verbatim)*

- *Advocacy for housing services for the homeless, landlord assistance services*
- *General community events for people to look forward to in the community.*
- *Homes for the homeless*
- *Public community centers*
- *Recovery Center*
- *Trade school programs*
- *Transportation (n=2)*
- *Transportation options to those in rural areas for those who do not drive/ have cars*
- *Transportation to these services*
- *Transportation. Financial education*
- *Women's shelters and support for women leaving difficult relationships but may not be to level of DV.*

Table A61. Results of Polling Exercise #2: Barriers to Accessibility

Q5. Are there accessibility issues or barriers that community members face with healthcare services in the Oneida County service area?		
Accessibility Barriers	**n**	**%**
Yes	45	93.8%
No	3	6.3%

Table A62. Results of Polling Exercise #2: Barriers to Accessibility

Q6. If yes, which community services are MISSING or NOT AVAILABLE in Oneida County? *Participants could select all that apply.*		
Accessibility Barriers	**n**	**%**
Transportation to care	38	84.4%
Cost	25	55.6%
Availability of childcare (if applicable)	24	53.3%
Providers not accepting new patients	37	82.2%
Availability of providers accepting your health insurance	27	60.0%
Length of time it takes to obtain an appointment (i.e., appointment wait lists due to provider availability and schedules)	35	77.8%
Length of waiting times in office	25	55.6%
Healthcare literacy (i.e., not understanding healthcare terminology and definitions used by providers and insurance companies)	24	53.3%
After-hours availability (i.e., non-traditional hours, weekend availability for appointments)	26	57.8%
Housing and food insecurities	25	55.6%
Other	2	4.4%

Q6a.   If other, please specify (n=2): *(the following comments are verbatim)*

- *Literature in other languages including ASL*
- *Providers who are sensitive to the needs of those with special needs.*

Table A63. Results of Polling Exercise #3: Top Health Priorities

Q1. From the list below, please indicate whether or not each healthcare theme needs to be addressed in Oneida County.				
Health Priorities to be Addressed	**No, this does not need to be addressed.**		**Yes, this needs to be addressed.**	
	n	**%**	**n**	**%**
Poverty	6	20.7%	36	79.3%
Unemployment	12	14.3%	26	85.7%
Nutrition Security	8	31.6%	31	68.4%
Housing stability and affordability	5	20.5%	39	79.5%
Improve mental health / help with depression, stress, anxiety disorders, suicide	3	11.4%	44	88.6%
Drug misuse and overdose prevention	11	6.4%	32	93.6%
Tobacco/cigarette use and vaping	16	25.6%	22	74.4%
Alcohol use	16	42.1%	21	57.9%
Adverse Childhood Experiences (ACEs)	7	43.2%	38	56.8%
Healthy eating	10	15.6%	30	84.4%
Opportunities for active transportation and physical activity	13	25.0%	30	75.0%
Injuries from violence, falls, accidents in the workplace, etc.	28	30.2%	9	69.8%
Access to community services and support	4	75.7%	43	24.3%
Women's health and pregnancy/prenatal care	9	8.5%	35	91.5%
Prevention of infant and maternal mortality	4	20.5%	41	79.5%
Increase preventive care for chronic disease prevention and management	11	8.9%	33	91.1%
Dental/oral health care	4	25.0%	40	75.0%
Child wellness services	6	9.1%	37	90.9%
Early Intervention for children with developmental delays and disabilities	4	14.0%	38	86.0%
Childhood behavioral and mental health	1	9.5%	47	90.5%
Health and wellness opportunities promoted in schools *(e.g., timely immunization, healthy school meals, social-emotional learning, counseling and mentoring including avoidance of risky substances)*	6	2.1%	38	97.9%
Opportunities for continued education *(e.g., high school completion programs, transitional and vocational programs, literacy initiatives, reskilling and retraining programs)*	9	13.6%	30	86.4%

Table A64. Results of Polling Exercise #3: Top Health Priorities

Q2. On a scale from 1 to 5, where 1 indicates "not at all" and 5 indicates "extremely", how important is it to address each of the following?											
Health Priorities to be Addressed	1 – Not at all important		2		3		4		5 – Extremely important		Mean Score
	n	%	n	%	n	%	n	%	n	%	
Poverty	1	2.9%	1	2.9%	2	5.9%	11	32.4%	19	55.9%	4.35
Unemployment	0	0.0%	0	0.0%	7	26.9%	11	42.3%	8	30.8%	4.04
Nutrition Security	0	0.0%	2	6.9%	6	20.7%	6	20.7%	15	51.7%	4.17
Housing stability and affordability	0	0.0%	0	0.0%	3	7.9%	13	34.2%	22	57.9%	4.50
Improve mental health / help with depression, stress, anxiety disorders, suicide	0	0.0%	0	0.0%	2	4.7%	17	39.5%	24	55.8%	4.51
Drug misuse and overdose prevention	0	0.0%	2	6.5%	7	22.6%	6	19.4%	16	51.6%	4.16
Tobacco/cigarette use and vaping	0	0.0%	2	10.0%	6	30.0%	6	30.0%	6	30.0%	3.80
Alcohol use	0	0.0%	3	14.3%	10	47.6%	6	28.6%	2	9.5%	3.33
Adverse Childhood Experiences (ACEs)	0	0.0%	4	10.5%	13	34.2%	9	23.7%	12	31.6%	3.76
Healthy eating	0	0.0%	2	6.7%	10	33.3%	9	30.0%	9	30.0%	3.83
Opportunities for active transportation and physical activity	0	0.0%	2	7.1%	9	32.1%	10	35.7%	7	25.0%	3.79
Injuries from violence, falls, accidents in the workplace, etc.	0	0.0%	1	11.1%	3	33.3%	4	44.4%	1	11.1%	3.56
Access to community services and support	0	0.0%	0	0.0%	10	23.8%	7	16.7%	25	59.5%	4.36

Women's health and pregnancy/prenatal care	0	0.0%	0	0.0%	2	5.9%	11	32.4%	21	61.8%	**4.56**
Prevention of infant and maternal mortality	0	0.0%	2	5.1%	7	17.9%	8	20.5%	22	56.4%	**4.28**
Increase preventive care for chronic disease prevention and management	0	0.0%	1	3.1%	4	12.5%	9	28.1%	18	56.3%	**4.38**
Dental/oral health care	0	0.0%	1	2.6%	5	12.8%	8	20.5%	25	64.1%	**4.46**
Child wellness services	0	0.0%	2	5.9%	5	14.7%	7	20.6%	20	58.8%	**4.32**
Early Intervention for children with developmental delays and disabilities	0	0.0%	1	2.7%	4	10.8%	10	27.0%	22	59.5%	**4.43**
Childhood behavioral and mental health	0	0.0%	0	0.0%	5	10.9%	7	15.2%	34	73.9%	**4.63**
Health and wellness opportunities promoted in schools	0	0.0%	1	2.6%	8	21.1%	16	42.1%	13	34.2%	**4.08**
Opportunities for continued education	0	0.0%	4	14.3%	10	35.7%	7	25.0%	7	25.0%	**3.61**

Oneida County

Community Health Improvement Plan & Community Service Plan (CHIP/CSP) Workplan Narrative

2025-2030

PREPARED FOR:

Oneida County Health Department
Rome Health
Mohawk Valley Health System

PREPARED BY:

Research & Marketing Strategies, Inc.

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Community Health Priorities – Framework

The Oneida County Health Department (OCHD), Rome Health (RH), and Mohawk Valley Health System (MVHS) came together in a unified approach to assess the community's health care needs and identify health priorities to collectively have the greatest impact on improving the health of the community. Together, the partnering organizations followed a comprehensive process to identify the health priorities of Oneida County. The partnering organizations will be referenced as the *Steering Committee* throughout the body of this framework summary.

OCHD, RH and MVHS collaborated to develop a six-year Community Health Assessment, Community Service Plan, and Community Health Improvement Plan (CHA/CSP/CHIP). The development of the CHA, CSP, and CHIP for the period of 2025-2030 involved a systematic approach of data retrieval and analysis along with community engagement with a unified mission to identify and rank health priorities that aim to improve overall health and reduce disparities among residents of Oneida County. The health priorities identified within this report align with New York State's goal, which is to improve population health and reduce health disparities by preventing problems before they start and then addressing the root causes that impact well-being in partnership with local governments, health care providers, and community organizations across the state.[1] The Steering Committee adopted the New York State (NYS) Prevention Agenda 2025-2030 priorities, which utilizes a broad perspective, emphasizing factors that influence health beyond traditional health outcomes, prevention strategies, medical care, and public health systems. The 2025-2030 Prevention Agenda shifts its focus from overall health outcomes to reducing health disparities and advancing health equity, allowing more proactive focus on preventative actions that address root causes of injury and illness.[2]

The main components of the 2025-2030 Prevention Agenda include[3]:

- **Domains and Priorities:** The Prevention Agenda includes five domains that focus on Social Determinants of Health (SDOH) and align with Healthy People 2030[4]. The domains encompass 24 statewide priorities that were identified by the State Health Assessment[5]. The priorities address contributing factors to health outcomes and quality of life, including: (1) Economic Stability, (2) Social and Community Context, (3) the Neighborhood and Built Environment, (4) Health Care Access and Quality, and (5) Education Access and Quality.
- **State Level Goals:** Across all domains and priorities, the universal goal is to reduce disparities and inequities over the next six years. Each domain has several priorities that

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[1] Source: *New York State Department of Health Launches the 2025–2030 Prevention Agenda*
[2] Source: *New York State Department of Health Launches the 2025–2030 Prevention Agenda*
[3] Source: *NYS Prevention Agenda Plan*
[4] Source: *Healthy People 2030 | odphp.health.gov*
[5] Source: *Prevention Agenda 2025-2030: New York State's Health Improvement Plan*

have an overarching state-level goal or objective. These state-level goals inform each priority's objective, interventions, and tracking indicators.

- **Objectives:** The Prevention Agenda has a total of 84 measurable and equitable objectives to be achieved within the six-year timeframe. Each 2025-2030 Prevention Agenda priority has at least one objective that benefits the greater good and one objective that specifically addresses populations experiencing health disparities.
- **Interventions:** Prevention Agenda interventions are public health policies, programs, strategies, supporting activities, or other actions intended to address each priority's objectives. For each priority, the 2025-2030 Prevention Agenda includes evidence-informed interventions for local health departments, hospitals, community organizations, and other entities.
- **Tracking Indicators:** Prevention Agenda tracking indicators provide a specific metric or measure used to evaluate progress on a given objective by quantifying intermediate outcomes, typically expressed as a number, percent, or rate. The 2025-2030 Prevention Agenda incorporates at least one tracking indicator for each objective, including baselines, targets, and sources. Across all Domains, there are a total of 84 tracking indicators.

OCHD, RH, and MVHS understand the complexities in addressing health issues in the community, recognizing that the community's greatest health challenges are often linked with other societal issues that extend beyond health care and traditional public health activities. Significant long-term service partnerships have facilitated further understanding that health improvement strategies must address SDOH which requires broader community planning, ensuring the engagement of community-based human service organizations, behavioral health care providers, private and government payers, regional planning organizations, and local governmental organizations. This collaborative and reciprocal partnership provides a solid foundation for achieving identified goals associated with reducing health disparities and advancing health equity, ensuring that progress is measured by meaningful improvements in health outcomes by focusing on the four foundations which the 2025-2030 Prevention Agenda was built on[6]:

1. **Health Across All Policies** – promoting an interdisciplinary, multi-sector collaboration.
2. **Health Equity** – focusing on addressing structural racism and implicit bias as social drivers of health.
3. **Prevention Across the Lifespan** – promoting health and preventing disease through evidence based-interventions, addressing social determinants and health equities at every stage of life.
4. **Local Collaborative Effort** – working collaboratively with partners and community members to achieve Prevention Agenda goals.

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[6] *Source: NYS Prevention Agenda Plan*

Process and Criteria Used to Identify Priorities – Prioritization Methods

The CHA/CSP process and the identification of priorities and interventions in the Improvement Plan was guided by a strategic team of members from OCHD, RH, and MVHS, that convened in a collaborative approach to identify and assess public health gaps and barriers as well as to identify and execute actionable solutions in alignment with the 2025-2030 Prevention Agenda. Through primary research, the Steering Committee obtained input from key community stakeholders and residents on perceptions of health issues within the community. The Steering Committee sought to establish, strengthen, and maintain collaborative alliances with key community stakeholders to ensure that actionable and evidence-based solutions are identified in alignment with the CHIP and are measured to evaluate impact.

Description of Prioritization Process-Community Engagement

The Steering Committee took a three-pronged approach to identifying health priority areas for this 2025-2030 CHA/CSP cycle:

1. ### Online Survey:
   As part of the Online survey, Oneida County residents were asked to select their top 5 priorities they believed most important for Oneida County to address. A total of 2,369 community members participated in this exercise. Survey participants also were asked to indicate their most important health priorities. Need themes identified from the online survey included: (1) Improve mental health/address depression, stress, anxiety, and suicide; (2) Housing stability and affordability; (3) Increase preventive care for chronic disease prevention and management/primary care services; (4) Dental/oral health care; and (5) Poverty.

2. ### Stakeholder Meeting Discussion (Community Stakeholder Conference):
   This conference provided a forum to engage and gather insights from community partners and community members to develop a collaborative Community Health Assessment and Community Service Plan. Secondary data findings such as demographics and select health status indicators were presented and the participants were asked to engage in various polling exercises to obtain vital feedback. Participants gained insights on community demographics, based upon those who engaged in the online survey, as well as broader secondary data reflecting the County's entire population. Together, these data points were intended to gain insights which would provide the foundation for the broader need prioritization discussion.

Stakeholders were asked to use a multi-voting technique to rate level of importance, on a scale from 1 to 5, where 1 indicates (not at all) to 5 indicates (extremely). Health Priorities identified during the stakeholder meeting discussion included: (1) Childhood behavioral and mental health; (2) Women's health and pregnancy/prenatal care; (3) Improve mental health/address depression, stress, anxiety disorders and suicide; (4) Dental/oral health; and (5) Housing stability and affordability.

3. Steering Committee Engagement in Needs Prioritization Session:

The Steering Committee met with a goal of narrowing the priorities identified in the primary data analysis to identify the final priorities which would be detailed in the CHIP. During this collaborative session, the team reviewed the purpose and goal of the discussion and then was provided with an overview of the tools and processes used for both primary and secondary data collection/analysis and findings. The Steering Committee was asked to rate the level of importance, on a scale of 1 (not all important) to 5 (very important), of each health theme. Priorities identified from the online survey and Community Stakeholder Conference were thoroughly discussed and synthesized to five priority areas, including: (1) Mental health problems; (2) Housing stability & affordability/Poverty; (3) Preventive care for chronic disease prevention & management; (4) Dental/oral health care; and (5) Women's health/pregnancy/ pregnancy & prenatal care. The Steering Committee additionally considered significant health themes (which aligned with guidance drawn from American Hospital Association Community Health Improvement's Community Health Assessment (ACHI) Refer to page 105 of the CHA/CSP for a thorough description of the ACHI guidance documentation, as well as the footnote referenced below[7].

The final priority areas identified by The Steering Committee to be addressed in the CHIP include the following:

- **Priority 1: Poverty**

- **Priority 2: Anxiety and Stress**

- **Priority 3: Access to and Use of Prenatal Care**

The initial discussion described above formed the foundation that will guide the Steering Committee's development of strategies to improve health outcomes and mitigate barriers to care over the next six years. In the need selection process, the team also discussed how and if identified needs are already being addressed through dedicated programs that have impactful goals driven by evidence-based practices and data-driven metrics.

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[7] Source: _Step 5: Prioritize Community Health Needs and Assets | ACHI_

The Steering Committee also reviewed the top-ranking priorities, considering vital community issues that require immediate and sustainable solutions. The goal is to ensure the development of objectives that are strategic, measurable, attainable, relevant, and time-sensitive, as well as inclusive and equitable, to positively impact the 2025–2030 Prevention Agenda Priority Rankings. This crucial step allowed the Steering Committee to exchange ideas, perspectives, and opinions regarding key community issues requiring prompt and sustainable intervention.

As an outcome of this ranking exercise, the team identified multiple priorities that currently have considerable influence on improving overall community health. Three priorities were selected for the focus of this plan. Efforts will be dedicated to building on accomplishments and to seeking opportunities for further collaborative approaches currently being addressed within the community. Following this meeting, OCHD, RH, and MVHS solicited input from organizational leadership, during which the top priorities were presented for consensus building and approval to confirm the final priorities that would form the basis of the CHIP. The team also recognized that each priority is not mutually exclusive and agreed that select priorities could serve as goals that support and align with the identified priority areas. The development of strategies aimed at achieving goals will be completed through robust and thoughtful collaborative efforts. This targeted approach will lead to execution and tracking of targeted interventions for each priority area.

Justification for Unaddressed Health Needs

Additionally, the Steering Committee considered needs that were not selected as priorities and identified potential timing for addressing them in the future, as well as determining which needs are currently being addressed by partnering organizations. Housing insecurity and oral health care, although not selected as priority areas, were discussed at length during the Community Stakeholder Conference. Oral health care will be addressed and monitored as a priority area through thoughtful community collaboration. Housing stability and affordability/poverty are being addressed as an outcome of a recent Housing Market Inventory, Assessment, and Strategy report prepared by Urban Partners for Oneida County[8]. This study provided the county with a better understanding of the existing housing market and community housing needs and served as a platform for developing housing projects, programs, and resources. OCHD, RH, and MVHS will continue to seek opportunities for community collaboration to address this important need.

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[8] *Source: Oneida County Department of Planning - Housing*

Developing Objectives, Interventions, and an Action Plan

The Community Health Improvement Plan will outline meaningful, impactful, evidence-based goals, strategies, and interventions that aim to generate sustainable outcomes. The 2025–2030 CHIP will serve as a roadmap to guide the strategic team and key community partners in monitoring progress and achieving identified goals associated with each key need area, with specific focus on social determinants of health such as poverty, unemployment, and housing stability and affordability.

The 2025–2030 CHIP will be developed using the 2025–2030 Prevention Agenda framework, which includes 84 objectives: 42 SMART objectives addressing the general population and 42 SMARTIE objectives specifically addressing populations experiencing health disparities. All CHIP goals and objectives will be clear, measurable, and equity driven. The commitment of OCHD, RH, and MVHS to address community needs is reflected in the annually updated Community Service Plan report, which will guide implementation strategies and community health improvement efforts.

The three priority areas which will be included in the CHIP include Poverty, Anxiety and Stress, and Access to and Use of Prenatal Care. All priorities are vital in the overall approach ensuring adoption of the SMART and SMARTIE framework which address both the general population and populations experiencing health disparities. OCHD, RH and MVHS are committed to identifying resources to address community needs.

The first priority, *poverty*, falls under the domain of *Economic Stability*. Two objectives, a combination of a SMART and SMARTIE framework, were chosen to address poverty in the community. All partners are engaged in activities aimed to raise awareness and to reduce both the number of people living in poverty and the impact it has on the community. Interventions will address all residents of Oneida County with a focus on the subpopulation of those over the age of 65. These actions will address significant health disparities including poverty and food insecurities among populations over the age of 65, lack of exposure to career paths in healthcare for low-income community members and low-income individuals and families. Collectively, interventions identified as well as a commitment from partnering key stakeholder groups, these actions will attempt to break down the barriers that are often associated with facing poverty. All partners are committed to this priority, evident through active engagement of collaborative meetings (hospital and community-based organizations) focused on addressing poverty in the community, building bridges for employment opportunities through the development of hospital-sponsored educational programs as well as supporting the mission to hire past students as employees of each hospital institution (RH, MVHS). Lastly, key stakeholder organizations that participated in the Stakeholder Conference committed to remain actively engaged as partnering organizations, including but not limited to various rural community-

based organizations. OCHD, RH, and MVHS also recognize that key stakeholder engagement is anticipated to become more robust over the duration of this community service plan/community health improvement plan.

The second priority, *Anxiety and Stress,* falls under the domain of *Social and Community Context.* Two objectives, a combination of a SMART and SMARTIE framework were chosen to address Anxiety and Stress. Stressful circumstances can make people feel worried, anxious, and unable to cope[9]. Chronic stress can lead to negative health effects. OCHD, RH and MVHS understand the importance of addressing this priority, with a focus on addressing disparities facing low-income adults experiencing frequent mental distress. Each of the partner organizations will take a role in outreach, education and implementation of interventions. All work will be targeted to all residents within Oneida County, with specific attention to adults with an annual income of less than $25,000, adults who experience frequent mental distress, low-income adults with chronic illnesses. Key partnering organizations will be actively engaged in supporting implementation of interventions as well as hosting services. Activities will be targeted to close the gaps as they pertain to anxiety and stress.

The third priority, *Access to and Use of Prenatal Care,* falls under the domain of *Healthcare Access & Quality*. One objective, applying the SMART framework was chosen for the development of targeted interventions to ensure access to prenatal care in the first trimester, with a specific focus on low-income household disparity. Targeted interventions for this priority extend into primary and specialty care with a focus on patient education and referrals to community-based resources. The partnering organizations will support implementation through education and referrals. Screenings, education and training will be provided as well as working with community health workers/doulas.

Each partnering organization engaged key community stakeholders to identify activities needed to achieve programmatic goals. The partnering organizations will work collaboratively to maintain and expand partnerships with stakeholder organizations, agencies, and coalitions, providing updates and tracking progress at organizational leadership meetings at least quarterly. Subgroups composed of partnering organizations and community stakeholders will meet regularly to carry out activities that advance goals.

As additional activities are identified, the team will establish baseline measures as appropriate, track specified indicators, and make mid-course corrections as necessary.

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[9] *Source: Prevention Agenda 2025-2030 Tracking Dashboard*

Alignment with Prevention Agenda

OCHD, RH, and MVHS are committed to achieving meaningful, impactful, and sustainable outcomes using both SMART and SMART(IE) goals aligned with the 2025-2030 Prevention Agenda plan[10]:

- **Specific:** The objectives should be clearly defined as what is to be achieved.

- **Measurable:** The progress or success should be quantifiable, allowing for tracking.

- **Achievable:** The objectives should be realistic and attainable given the resources and constraints.

- **Relevant:** The objectives should align with broader goals and have a meaningful impact.

- **Time-bound:** The objectives should include a clear timeline or deadline

- **Inclusive:** The objectives should address equity, ensuring that it benefits all groups and accounts for disparities.

- **Equitable:** It should aim to reduce or eliminate disparities and promote fairness across populations.

Process for Monitoring Plan Progress with Community Partners and Making Mid-Course Corrections

Interventions will be implemented through focused community health improvement efforts in alignment with the 2025–2030 Prevention Agenda Plan.

OCHD, RH and MVHS will measure progress using specific metrics to evaluate the effectiveness of interventions that are tied to each priority included in the CHIP. Metrics used to evaluate progress may include number of patients screened, number of referrals made, communication methods, number of events held, meetings with community partners, among others. The identification of metrics align with the forum in which the intervention was hosted.

Interventions that will be employed focus on primary prevention, secondary prevention and access to care, all in alignment with the 2025-2030 Prevention Agenda. Measurable outcomes resulting from these interventions will continue to be reported annually to the community via the OCHD, RH, and MVHS websites through the Community Service Plan report and other reports.

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[10] Source: *NYS Prevention Agenda Plan*

Mid-course corrections may happen based on the assessment of the "Family of Measures" and additional community partners will be engaged as needed.

Progress on addressing community health priorities will be readily available to the public on OCHD, RH, and MVHS's website and through various social media venues to educate and build awareness among the public.

Plans for Disseminating the CHA/CSP/CHIP – Sharing Findings with Community

The CHA/CSP and CHIP will be available on each partnering organization's websites, announced on various media platforms, and will be shared with various committees and coalitions, specifically for those partnering organizations actively engaged in the CHIP.

Submitting Organization

Organization Name	County(ies) of Service	Liaison Name	Liaison Email
Oneida County Health Department, Mohawk Valley Health System, Rome Health	Oneida	Krista Drake	kdrake@oneidacountyny.gov
Is this a joint plan? Yes/No	Yes		

Note: a joint plan is defined as submitting one Community Health Assessment and Community Health Improvement Plan for both the LHD(s) and hospital(s) within the same county.

Participating Organization(s)

Organization Name	County(ies) of Service	Liaison Name	Liaison Email
Oneida County Health Department	Oneida	Krista Drake	kdrake@oneidacountyny.gov
Mohawk Valley Health System	Oneida	Patricia Charvat	pcharvat@mvhealthsystem.org
Rome Health	Oneida	Deborah Welch	DWelch@romehealth.org

Instructions:
Please review the Community Health Improvement Planning Guidance for the required elements of the Community Health Improvement Plan (CHIP) and Community Service Plan (CSP):
https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/letter_and_guidance.pdf.

Column B: Select a priority from the dropdown menu. For new priorities NOT listed in the Prevention Agenda, first identify the appropriate SDOH domain tab, then manually enter the priority name. See page 9 of the guidance for details about adding additional priorities.
Column C: Select an objective from the dropdown menu. To add an additional objective not in the dropdown, type it in the blank cell. See page 9 of the guidance for details about adding additional objectives not included in the Prevention Agenda.
Column D: Enter and cite the intervention. List each intervention on a separate row; use evidence-based interventions; if not available, best or promising practices.
Column E: List disparities the intervention addresses.
Column F: Identify the specific metric or measure used to evaluate the intervention's implementation progress.

Domain	Priority (select one from drop down list)	Objective (select one from drop down list)	Intervention	Disparities Being Addressed	Family of Measures	Timeframe Start Date (mm/dd/yyyy)	Timeframe Completion Date (mm/dd/yyyy)	Implementation Partner (Please select one partner from the dropdown list per row)	Partner Role(s) and Resources
Economic Stability	Poverty	1.1 Reduce the percentage of people aged 65 years and older living in poverty from 12.2% to 11%.	Partner with organizations that provide services for older adults in rural areas to reduce food insecurity for those living in poverty. (Source: Prevention Agenda)	Poverty and food insecurity among population age 65 years and older	Number of meetings held with partner organizations (OCHD). Number of information sharing events held (OCHD). Number of resources shared with people in need. (OCHD). (Oneida County percentage of people, aged 65+ living in poverty is 9.9% for the reporting period of 2019-2023. *Source: ACS (table S1701).*	1/1/2026	12/31/2030	Community-based organizations	Oneida County Health Department (OCHD) Public Health Educator (PHE) (Coordination and Implementation), Oneida County Department of Family and Community Services (DFCS) Office for the Aging (Coordination and Implementation), 50 Forward Mohawk Valley Liveable Communities-Health (Cordination and Implementation), Partner with rural Community Based Organizations (CBOs)
Economic Stability	Poverty	1.0 Reduce the percentage of people living in poverty from 13.6% to 12.5%.	Incorporate educational programs that enhance recruitment for needed positions while mitigating disparities in recruitment efforts in the community. (Source: Prevention Agenda)	Lack of exposure to career paths in healthcare for low income community members	Number of educational institutions partnered with to offer educational programs. (Rome Health) Number of job shadowing and Internships created, both clinical/non-clinical.(Rome Health) Number of students engaged by outreach (MVHS). Number of students hired by MVHS. (MVHS) (Oneida County percentage of people living in poverty is 14.6% for the reporting period of 2019-2023. *Source: ACS (table S1701).*	1/1/2026	12/31/2030	Educational institution	MVHS (Coordinator, implementation, employer), Rome Health (Coordination and Implementation), Schools (implementation and hosting), Community-based organizations (coordinator and hosting).
Economic Stability	Poverty	1.0 Reduce the percentage of people living in poverty from 13.6% to 12.5%.	Collaborate with local departments of social services to provide information on child-care subsidy programs by developing guidelines and training on the referral process. (Source: Prevention Agenda)	Low income individuals and families	Number of meetings held with partner organizations. (OCHD) Number of people and agencies receiving resources on child-care subsidy program and referral process. (OCHD) Number of families and children receiving childcare assistance. (OCHD) (Oneida County percentage of people living in poverty is 14.6% for the reporting period of 2019-2023. *Source: ACS (table S1701).*	1/1/2026	12/31/2030	Social Services	OCHD PHE (Coordination), Oneida County DFCS (Implementation), Cornell Cooperative Extension Childcare Council (Implementation)
Economic Stability	Poverty	1.0 Reduce the percentage of people living in poverty from 13.6% to 12.5%.	Promote and partner with family-based prevention program Healthy Families Home Visiting Program (OCFS). (Source: Prevention Agenda)	Low income individuals and families	Number of meetings held with partner orgranization to identify resources and collaboration opportunitiies (OCHD, Rome Health). Number of people receiving resources about the program. (OCHD, Rome Health). Number of referrals (Rome Health) (Oneida County percentage of people living in poverty is 14.6% for the reporting period of 2019-2023. *Source: ACS (table S1701).*	1/1/2026	12/31/2030	Community-based organizations	OCHD PHE (Coordination and Implementation), Rome Health (Coordination and Implementation), ICAN Healthy Families (Implementation)

Instructions:
Please review the Community Health Improvement Planning Guidance for the required elements of the Community Health Improvement Plan (CHIP) and Community Service Plan (CSP):
https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/letter_and_guidance.pdf.

Column B: Select a priority from the dropdown menu. For new priorities NOT listed in the Prevention Agenda, first identify the appropriate SDOH domain tab, then manually enter the priority name. See page 9 of the guidance for details about adding additional priorities.
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Column D: Enter and cite the intervention. List each intervention on a separate row; use evidence-based interventions; if not available, best or promising practices.
Column E: List disparities the intervention addresses.
Column F: Identify the specific metric or measure used to evaluate the intervention's implementation progress.

Domain	Priority (select one from drop down list)	Objective (select one from drop down list)	Intervention	Disparities Being Addressed	Family of Measures	Timeframe		Implementation Partner (Please select one partner from the dropdown list per row)	Partner Role(s) and Resources
						Start Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)		
Social & Community Context	Anxiety & Stress	5.0 Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%.	Promote and increase awareness of evidence-based mindfulness resources to reduce the negative impact of stress and trauma. (Source: Prevention Agenda)		Number of people/patients provided with resource Breath-Body-Mind™ information/flyer and other resources (OCHD, MVHS) Number of webpage visits. (OCHD) Number of primary care/CRC patients that attend mindfulness sessions. (Rome Health) Number of mindfulness sessions provided in community based setting.(Rome Health)(Oneida County percentage of adults 18 years and older experiencing frequent mental distress during the past month, age adjusted percentage is 16.2% for the reporting period of 2021. *Source: BRFSS .)*	1/1/2026	12/31/2030	Community-based organizations	MVHS (implementation of evidence-based, integrated primary care) , Rome Health (Implementation), OCHD PHE (Implementation), Helio Health, Mosaic, CFLR (Implementation)
Social & Community Context	Anxiety & Stress	5.1 Decrease the percentage of adults in households with an annual income of less than $25,000 who experience frequent mental distress from 21.0% to 18.9%.	Promote and increase awareness of evidence-based mindfulness resources to reduce the negative impact of stress and trauma. (Source: Prevention Agenda)	Low income adults experiencing frequent mental distress	Number of people/patients provided with resource Breath-Body-Mind™ information/flyer and other resources (OCHD, MVHS) Number of webpage visits. (OCHD) Number of primary care/CRC patients that attend mindfulness sessions. (Rome Health) Number of mindfulness sessions provided in community based setting.(Rome Health. (Note that there is no County level data available for this indicator.)	1/1/2026	12/31/2030	Community-based organizations	MVHS (implementation of evidence-based, integrated primary care) , Rome Health (Implementation), OCHD PHE (Implementation), Helio Health, Mosaic, CFLR (Implementation)
Social & Community Context	Anxiety & Stress	5.0 Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%.	Promote Mental Health First Aid course training. (Source: Prevention Agenda)		Number of outreach events sharing information. (OCHD, MVHS) Number of fliers distributed.(OCHD, MVHS) Number of Mental Health First Aid trainings provided for clinical/non-clinical staff. (Rome Health) Number of training sponsored at community based settings.(Rome) Number of sites hosting trainings (MVHS) (Oneida County percentage of adults 18 years and older experiencing frequent mental distress during the past month, age adjusted percentage is 16.2% for the reporting period of 2021. *Source: BRFSS.)*	1/1/2026	12/31/2030	Community-based organizations	MVHS community outreach nurses (coordinator and implementation) - promote and partner with training, Rome Health (Coordination and Implementation), OCHD (Outreach and implementation), Oneida County Mental Health (Education), Community Based Organizations (CBOs) (Education).

Domain	Priority	Objective	Intervention	Disparities Being Addressed	Family of Measures	Timeframe		Implementation Partner	Partner Role(s) and Resources
Social & Community Context	Anxiety & Stress	5.1 Decrease the percentage of adults in households with an annual income of less than $25,000 who experience frequent mental distress from 21.0% to 18.9%.	Promote Mental Health First Aid course training. (Source: Prevention Agenda)	Low income adults experiencing frequent mental distress	Number of outreach events sharing information. (OCHD, MVHS) Number of fliers distributed.(OCHD, MVHS) Number of Mental Health First Aid trainings provided for clinical/non-clinical staff. (Rome Health) Number of training sponsored at community based settings.(Rome) Number of sites hosting trainings (MVHS). (Note that there is no County level data available for this indicator.)	1/1/2026	12/31/2030	Community-based organizations	MVHS community outreach nurses (coordinator and implementation) - promote and partner with training, Rome Health (Coordination and Implementation), OCHD (Outreach and implementation), Oneida County Mental Health (Education), Community Based Organizations (CBOs) (Education).
Social & Community Context	Anxiety & Stress	5.0 Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%.	Promote resilience-building strategies for people living with chronic illness by enhancing protective factors (Independence, Social support, Positive explanatory styles, Self-care, Self-esteem, Reduced anxiety). (Source: Prevention Agenda)	low income adults with chronic illness	Number of outreach events sharing information (OCHD). Number of fliers distributed. (OCHD) Number of website visits. (OCHD) Number of classes offered on resilience building for adults with chronic illness. (Rome Health) Number of materials shared at health focused events (Rome Health)(Oneida County percentage of adults 18 years and older experiencing frequent mental distress during the past month, age adjusted percentage is 16.2% for the reporting period of 2021. *Source: BRFSS.*)	1/1/2026	12/31/2030	Community-based organizations	Rome Health (Implementation), OCHD (Resource development, Outreach),NAACP (Outreach), 50 Forward Senior Sites (Hosting and Implementation)

Instructions:
Please review the Community Health Improvement Planning Guidance for the required elements of the Community Health Improvement Plan (CHIP) and Community Service Plan (CSP):
https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/letter_and_guidance.pdf.

Column B: Select a priority from the dropdown menu. For new priorities NOT listed in the Prevention Agenda, first identify the appropriate SDOH domain tab, then manually enter the priority name. See page 9 of the guidance for details about adding additional priorities.
Column C: Select an objective from the dropdown menu. To add an additional objective not in the dropdown, type it in the blank cell. See page 9 of the guidance for details about adding additional objectives not included in the Prevention Agenda.
Column D: Enter and cite the intervention. List each intervention on a separate row; use evidence-based interventions; if not available, best or promising practices.
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Domain	Priority (select one from drop down list)	Objective (select one from drop down list)	Intervention	Disparities Being Addressed	Family of Measures	Timeframe Start Date (mm/dd/yyyy)	Timeframe Completion Date (mm/dd/yyyy)	Implementation Partner (Please select one partner from the dropdown list per row)	Partner Role(s) and Resources
Healthcare Access & Quality	Access to and Use of Prenatal Care	25.0 Increase the percentage of birthing persons who receive prenatal care during the first trimester from 80.7% to 83.0%.	Provide screenings to prenatal and postpartum patients using validated tools. (Source: Prevention Agenda)		Number of people screened. (MVHS) Number of successful referrals made. (MVHS). (Oneida County percentage of births with early (1st trimester) prenatal care) is 70.4%. Source: National Vital Statistics System, NYS Vital Statistics Event Registry, 2022)	1/1/2026	12/31/2030	Hospital	MVHS (implementing evidence-based screenings)
Healthcare Access & Quality	Access to and Use of Prenatal Care	25.0 Increase the percentage of birthing persons who receive prenatal care during the first trimester from 80.7% to 83.0%.	Connect birthing people at high risk to evidence-based or evidence-informed home visitation programs. (Healthy Families, Perinatal and Infant Community Health Collaborative community health workers). (Source: Prevention Agenda)		Number of people served by home visiting programs (OCHD). Number of referrals made to home visiting programs (OCHD, Rome Health). (Oneida County percentage of births with early (1st trimester) prenatal care) is 70.4%. Source: National Vital Statistics System, NYS Vital Statistics Event Registry, 2022)	1/1/2026	12/31/2030	Community-based organizations	Rome Health (Referral), OCHD PHE (Coordination and Implementation), The Center (Referral), Mosaic (Referral). Mohawk Valley Perinatal Network PICHC CHW program (Implementation), ICAN Healthy Families (implementation).
Healthcare Access & Quality	Access to and Use of Prenatal Care	25.0 Increase the percentage of birthing persons who receive prenatal care during the first trimester from 80.7% to 83.0%.	Offer free childbirth education classes. (Source: Prevention Agenda)	Low income households	Number communication methods utilized to advertise classes. (Rome Health, MVHS) Number of referrals. (Rome Health, MVHS) Number of participants.(Rome Health, MVHS) Number of flyers distributed. (OCHD) (Oneida County percentage of births with early (1st trimester) prenatal care) is 70.4%. Source: National Vital Statistics System, NYS Vital Statistics Event Registry, 2022)	1/1/2026	12/31/2030	Hospital	MVHS (coordinate and implement classes), Rome Health(Coordination and Implementation), OCHD PHE (Outreach), MVPN Perinatal Education Specialist (Outreach, Referral), FQHC (referral)
Healthcare Access & Quality	Access to and Use of Prenatal Care	25.0 Increase the percentage of birthing persons who receive prenatal care during the first trimester from 80.7% to 83.0%.	Promote use of Project TEACH (pediatric and perinatal psychiatry access program) for primary care, pediatric, OB-GYN practices, doulas, nurses, CHWs, to improve provider knowledge and capacity to address maternal mental health needs. (Source: Prevention Agenda)	Low income households	Number of Providers trained. (Rome Health) Number of consults requested. (Rome Health) Number of referrals provided.(Rome Health) (Oneida County percentage of births with early (1st trimester) prenatal care) is 70.4%. Source: National Vital Statistics System, NYS Vital Statistics Event Registry, 2022)	1/1/2026	12/31/2030	Hospital	Rome Health (implementation)
Healthcare Access & Quality	Access to and Use of Prenatal Care	25.0 Increase the percentage of birthing persons who receive prenatal care during the first trimester from 80.7% to 83.0%.	Develop training for Community Health Workers/Doulas that is culturally responsive to assist families in navigating the health system and accessing care. (Source: Prevention Agenda)		Number of meetings held with community partners. (OCHD, MVHS) Number of people reached with trainings. (OCHD, MVHS) (Oneida County percentage of births with early (1st trimester) prenatal care) is 70.4%. Source: National Vital Statistics System, NYS Vital Statistics Event Registry, 2022)	1/1/2026	12/31/2030	Community-based organizations	OCHD PHE (Coordination and Implementation), MVHS (coordinate and partner with doulas and doula organizations), The Center (Resource Development), Rome NAACP (Resource Development), Community Based Organizations (Implementation).