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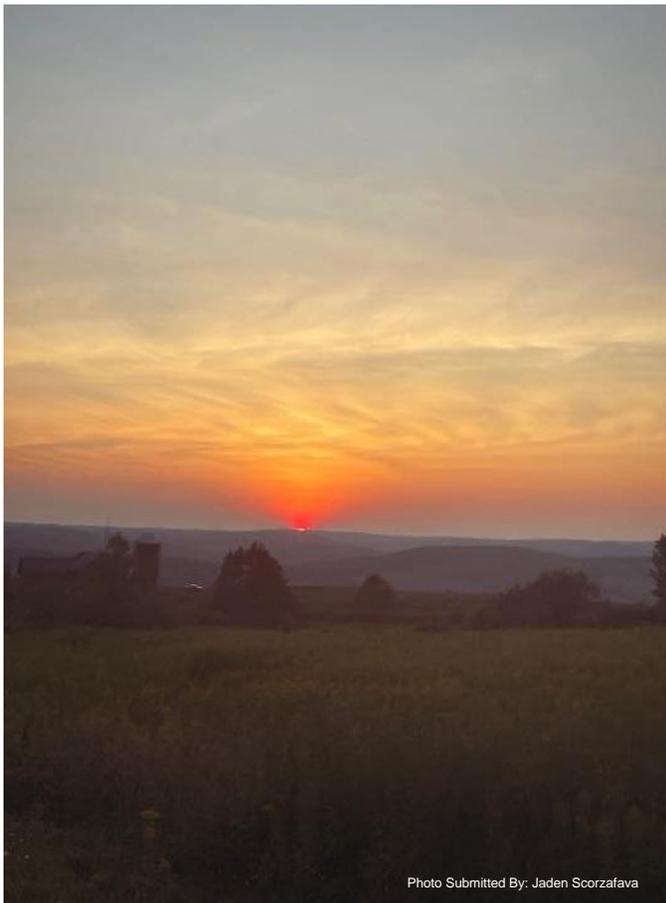


Photo Submitted By: Jaden Scorzafava

**COMMUNITY  
HEALTH  
ASSESSMENT  
2025-2030**

## Acknowledgements:

The Community Health Assessment is a collaborative project made possible through the dedication of our partners and staff. We thank all who contributed their time, expertise, and commitment to improving the health of our community.

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## EXECUTIVE SUMMARY

The Otsego County Department of Health collaborated with Mary Imogene Bassett Medical Center and A.O. Fox Hospital to conduct a comprehensive Community Health Assessment (CHA) for the 2025–2028 cycle. This collaborative effort included the collection and analysis of data from both federal and state sources, along with direct input from community members representing diverse perspectives.

The CHNA survey was available in both electronic and paper formats between February 3 and May 31, 2025. Survey distribution was guided by input from the Otsego County Department of Health, Bassett Healthcare Network, A.O. Fox Hospital, Bassett Medical Center, and other key stakeholders. A total of 2,968 Otsego County residents participated, with representation from across all county zip codes. These responses, combined with secondary data, provide a detailed snapshot of Otsego County’s health status and the pressing challenges that shape local well-being.

Findings highlight several demographic and geographic characteristics of Otsego County: a rural county of nearly 60,000 residents, with an aging population, high rates of homeownership, and significant pockets of economic disadvantage. While the community values its supportive residents, safe environment, and cultural assets, the assessment also identified notable concerns. Chief among these are provider shortages, difficulty obtaining timely appointments, limited affordable housing, and health challenges related to obesity, diabetes, and mental health.

Social Determinants of Health (SDOH) including transportation barriers, income disparities, housing quality, and food access, emerged as critical drivers of these concerns. For example, although 74.3% of homes are owner-occupied, substandard housing and homelessness persist. Access to transportation varies across the county, influencing access to healthcare and food. Additionally, while eight farmers’ markets and over 100 farms provide direct sales, affordability and equitable access to healthy food remain uneven.

Moving forward, this CHNA equips the Otsego County Department of Health, Bassett Medical Center, A.O. Fox Hospital, and community stakeholders with actionable insights to develop a Community Health Improvement Plan (CHIP). By aligning strategies with identified needs and leveraging community strengths, the county can advance equity, improve access to care, and address the most pressing health priorities.

## I. Introduction

The Otsego County Department of Health, in partnership with Bassett Medical Center and A.O. Fox Hospital, has completed the Community Health Assessment (CHA). This assessment equips the county health department, hospital system, and community stakeholders with essential data and insights to identify, prioritize, and address the most pressing health challenges facing Otsego County.

As part of the process, the Otsego County Department of Health worked closely with Bassett Healthcare Network to identify and engage key informants from across the service region. These informants represented a wide range of sectors, community interests, and organizations that serve medically underserved, low-income, and minority populations. Their perspectives provided valuable context and helped ensure that the assessment reflects the needs and voices of diverse community members.

In addition to qualitative input from key informants, the CHNA incorporates quantitative data sourced from federal, state, and specialized health agencies to ensure a comprehensive understanding of community health needs. Together, these data sources provide a robust foundation for identifying health disparities, highlighting assets, and guiding the development of strategies to improve health outcomes and equity throughout Otsego County.

### A. Otsego County Health Department

The Otsego County Department of Health works in collaboration with the community to protect and improve the health and well-being of all county residents. Its mission is carried out through health education, disease prevention and control, and public health preparedness. The department offers a wide range of services and resources on topics such as communicable diseases, diabetes, high blood pressure, lead poisoning prevention, maternal and child health, immunizations, head lice, MRSA, influenza, emergency preparedness, rabies, radon, sexually transmitted infections, tobacco use, and West Nile virus. In addition to public education, the department operates a public health clinic offering immunizations for children and adults, car seat safety checks, and a rabies vaccination program for pets. It also manages an Early Intervention Program to identify and support infants and toddlers with developmental delays, helping ensure timely access to necessary services.

### B. Bassett Healthcare Network

Bassett Healthcare Network (BHN), is a rural, not-for-profit, integrated healthcare system that connects comprehensive care and health services to over 700,000 people living in a 5,600-square-mile area across eight counties in the Mohawk Valley/Central New York Region. Bassett Healthcare Network consists of Bassett Medical Center, the Bassett Medical Group, A.O. Fox Hospital, A.O. Fox Nursing Home, Cobleskill Regional Hospital, O'Connor Hospital, Little Falls Hospital, At Home Care, First Community Care of Bassett, Valley Health Services, a free-standing nursing home, and Valley Residential Services, an assisted living community.

In Otsego County, Bassett Healthcare Network operates two hospitals including Bassett Medical Center and A.O. Fox Hospital, AO Fox Nursing Home, 21 community-based outpatient health centers, 1 dental clinic, and 11 school-based health centers providing medical, mental health, and preventive dental care to children who might otherwise never have the chance to receive this care.

Bassett Medical Center, is a sole community hospital located at 1 Atwell Road, Cooperstown, Otsego County, New York. For over 100 years, Bassett Medical Center has been delivering high-quality healthcare to rural communities in upstate New York. Today, the Bassett Medical Center remains the home-base for a network of healthcare delivery, medical education and both clinical and population-based research. Bassett Medical Center's mission is improving the health of its patients and the well-being of its communities. BMC is a 180-bed, acute care inpatient teaching facility in Cooperstown, New York. Bassett Medical Center offers 24-hour emergency and trauma care, comprehensive cancer and heart care, dialysis, and most medical and surgical specialties. BMC is a Level 1 Perinatal Center, Level 3 Adult Trauma Center and Primary Stroke Center. BMC operates two dozen community-based primary and specialty care centers throughout eight counties, including mental health, nephrology, cardiology, cancer, orthopedic care, vascular care, and dermatology. BMC staffs Bassett's 22 school-based health centers, across four counties,

A.O. Fox Hospital is a 67-bed community hospital offering comprehensive inpatient and outpatient care, with specialties in emergency, cancer, cardiac and primary care, plus an adjacent skilled-nursing home. Fox Hospital also has an outpatient facility, FoxCare Center, which offers primary care/internal medicine, and multiple specialties.

Bassett maintains a strong commitment to population and community health improvement. The Bassett Research Institute's Center for Rural Community Health and the New York Center for Agricultural Medicine and Health (NYCAMH) conduct clinical research and population studies, as well as, provide research support for the assessment of health indicators across the Network and its various health services and to clarify other public health issues. Bassett's Research Institute recently conducted and analyzed the Center for Disease Control's Youth Risk Behavior Survey in the region offering current data about numerous germane health issues especially among adolescents.

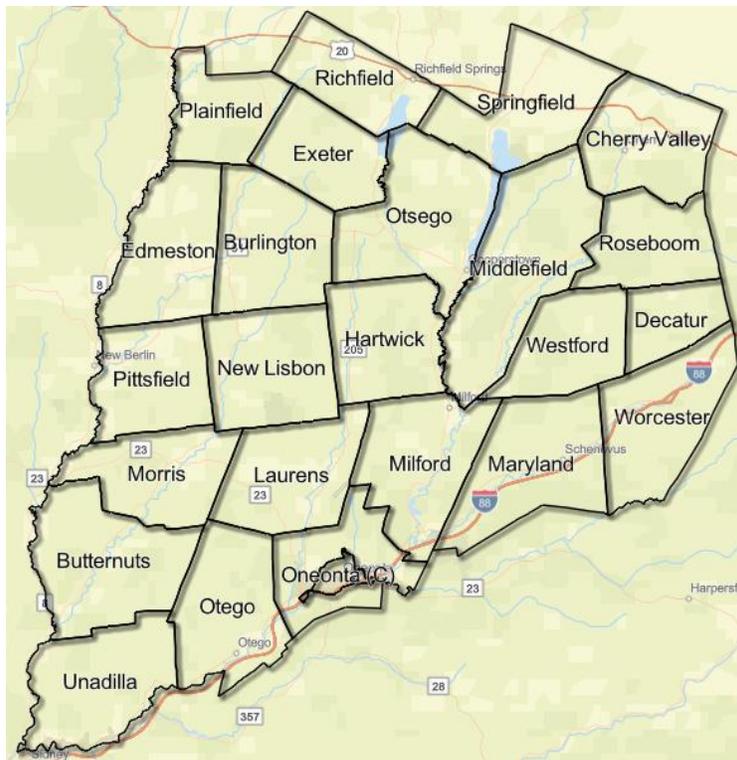
## II. Community Profile

### 1. Community Description

#### **Geography:**

Otsego County is a rural community located in upstate New York, encompassing 1,002 square miles of rolling hills and scenic landscapes within the northern Catskill Mountains. It ranks as the 17th-largest county in New York by area and sits at the northernmost edge of the Appalachian Region, within the Mohawk Valley. The county shares borders with Chenango, Delaware, Herkimer, Madison, Montgomery, Oneida, and Schoharie counties. Nearby metropolitan areas include Albany (80 miles east), Binghamton (60 miles west), and Utica (60 miles north).

The county is made up of 34 municipalities, including 24 towns, 9 villages, and 1 city. Cooperstown, the county seat, is known for its rich cultural and historical significance. Oneonta, the county's only city (population ~14,467), is home to SUNY Oneonta and Hartwick College and is undergoing downtown revitalization to enhance its arts, business, and dining scenes (U.S. Census Bureau, 2024).



*Note: Otsego County GIS*

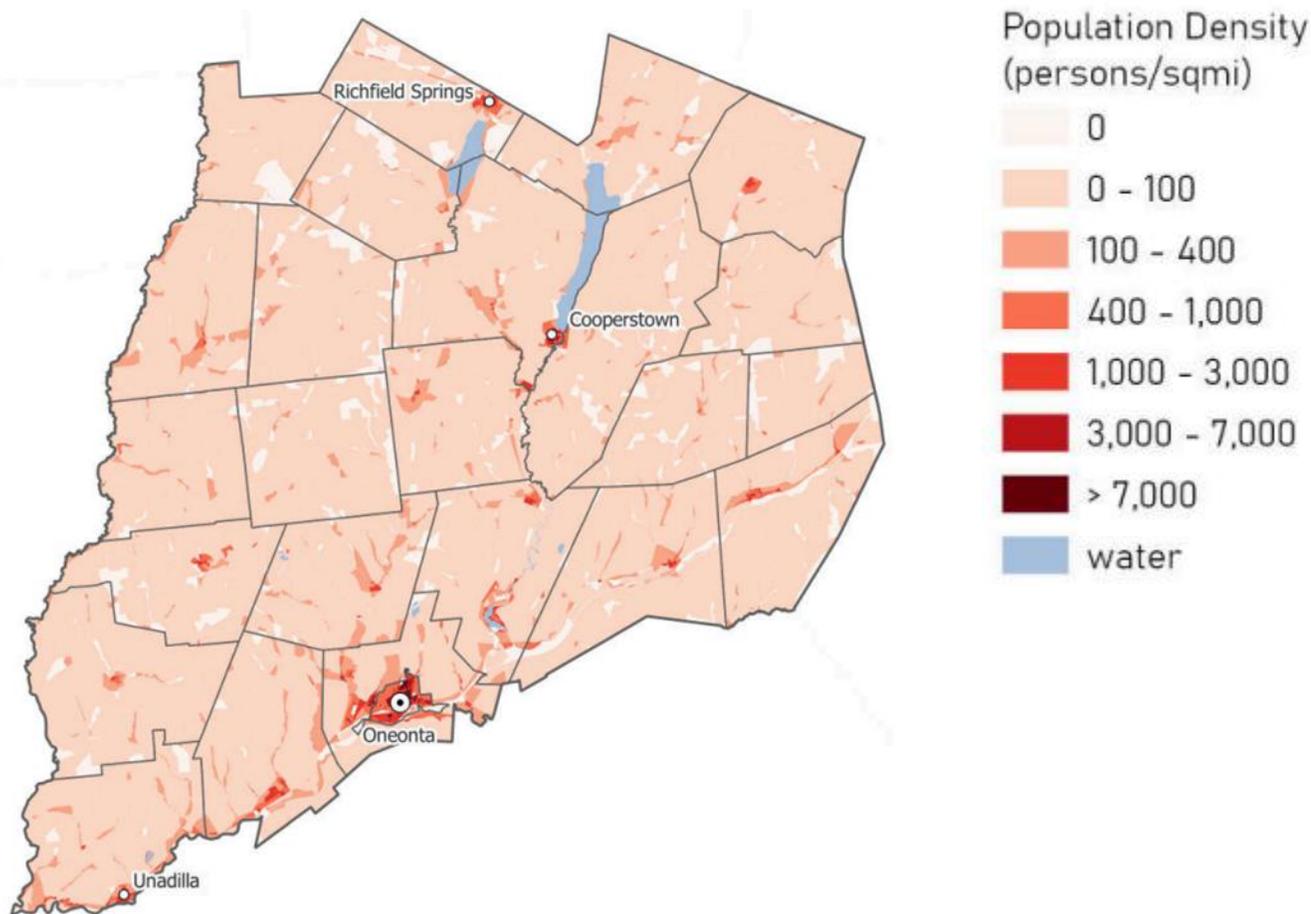
## 2. Demographics

### Population:

According to the U.S. Census Bureau’s 2023 Decennial Census, the defined assessment area of Otsego County has a total population of 59,738 residents across 1,002 square miles. This results in a population density of approximately 59.6 persons per square mile—significantly lower than the national average of 93.8 persons per square mile. The highest population density within the county is found in the City of Oneonta, located in the southern region of Otsego County.

Report Area	Total Population	Total Land Area (sq mi)	Population Density (sq mi)
<b>Otsego County, NY</b>	59,738	1,001.73	59.6
<b>New York</b>	19,872,319	47,123.4	421.7
<b>United States</b>	331, 449, 281	3,532,316	93.8

*US Census, Decennial Census (2020 & 2023); Total Population*



*Note: Russell Kwong; Cornell University (2024) <https://pad.human.cornell.edu/maps2020/maps/PopulationDensityAtlas2020.pdf>*

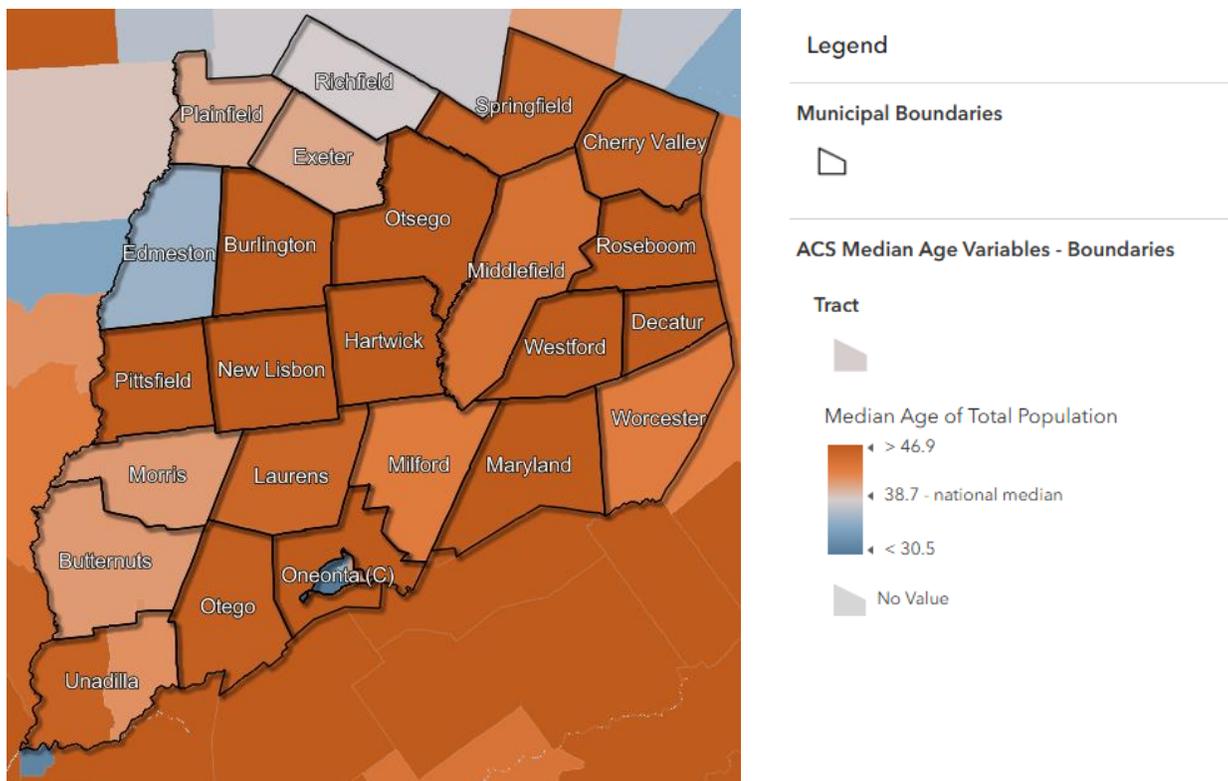
## Population by Age Groups

According to the 2023 U.S. Census, Otsego County has a total population of just under 60,000, with the largest age group being 45–64 years (14,725 residents), followed by 65 years and older (12,700 residents) and youth ages 5–19 (11,077 residents). Children under 5 make up the smallest group (2,401 residents). The county has a sizable 65+ population (12,700 residents), underscoring the aging trend present in many rural areas. With a median age of 40.4 years, Otsego County is slightly older than New York State (39.6) and the United States overall (39.2), suggesting greater demand for healthcare and aging-related services compared to broader benchmarks.

Report Area	0-4 yr	5-19 yr	20-24 yr	25-44 yr	45-64 yr	65+ yr	Median age
<b>Otsego County</b>	2,401	11,077	7,010	11,825	14,725	12,700	40.4
<b>New York State</b>	1,102,598	3,521,531	1,259,695	5,383,845	5,124,916	3,352,222	39.6
<b>United States</b>	9,688,436	22,186,756	10,992,185	44,925,090	41,237,298	25,219,079	39.2

Note: U.S. Census, Decennial Census (2023); Total Population

## Median Age of Total Population

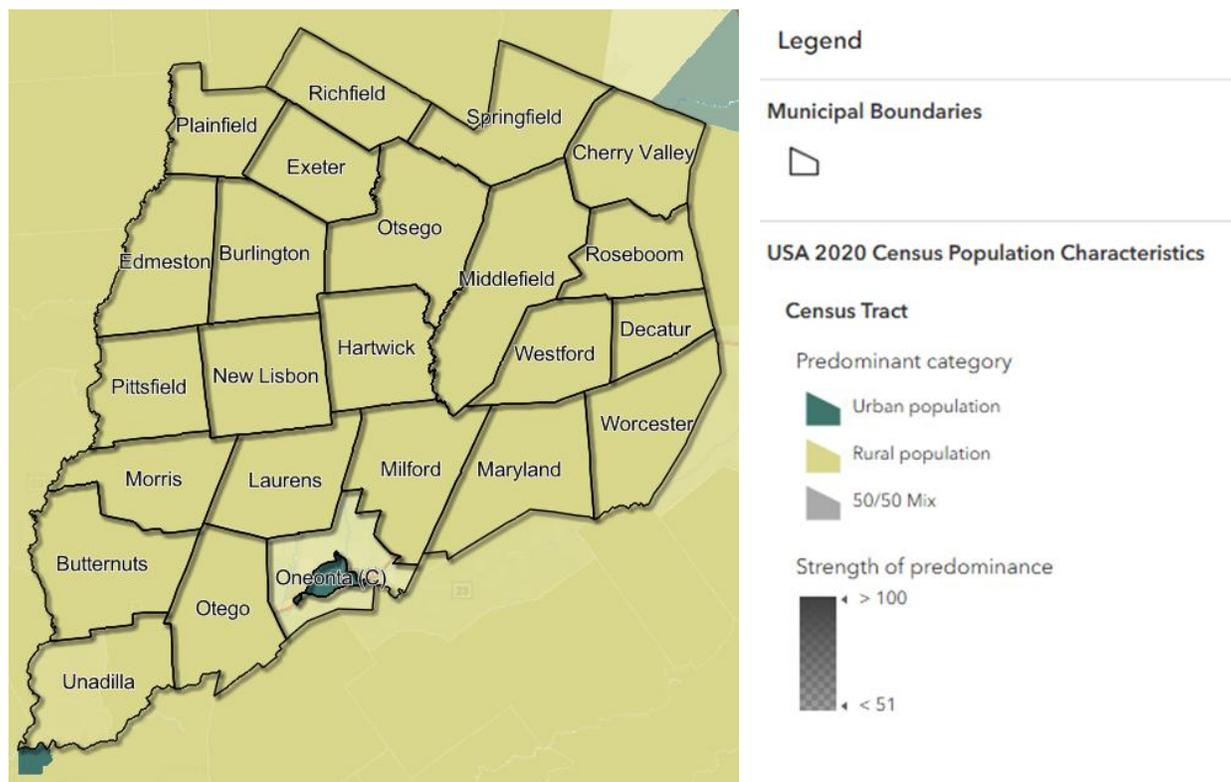


NOTE: American Community Survey, U.S. Census Bureau (2023)

## Population Characteristics: Urban vs. Rural

The U.S. Census Bureau defines an urban area as: "Core census block groups or blocks that have a population density of at least 1,000 people per square mile and surrounding census blocks that have an overall density of at least 500 people per square mile." By this definition, the majority of Otsego County is designated as "rural" with the average population density being 59.6 people per square mile. The location with the highest population density (2,972.5 people per square mile) is the City of Oneonta with an estimated population of 13,079 over 4.4 square miles (U.S. Census Bureau, 2024).

### Urban vs Rural Characteristics



NOTE: U.S. Census, Decennial Census (2020); Population Characteristics

## Population by Age and Sex

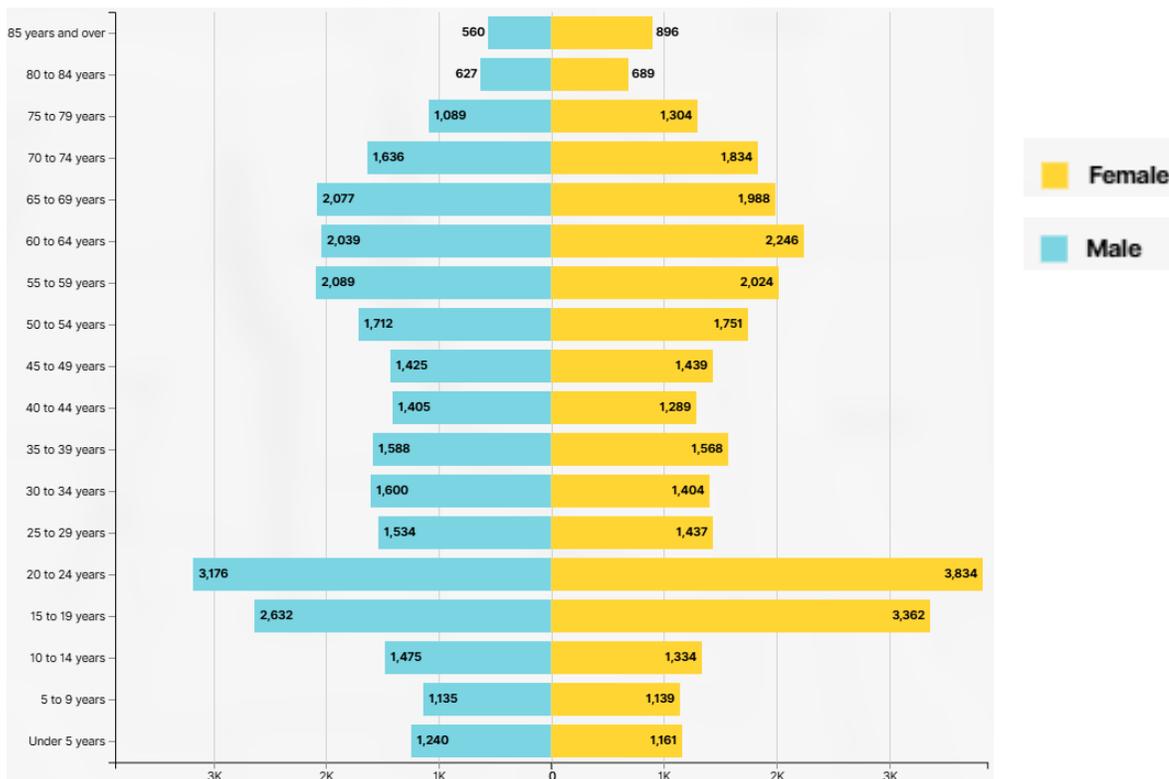
The population pyramid for Otsego County shows important differences in age distribution by gender. At younger ages (under 30), the male population is slightly larger than the female population, particularly in the 20–24 age group, where males (3,176) outnumber females (3,834). This peak reflects the presence of local colleges and universities that attract many young adults to the county.

Between the ages of 30 and 64, the male and female populations are relatively balanced, though slight variations exist within specific cohorts. This middle-age group makes up a large share of the county’s population, underscoring the importance of workforce, family health, and chronic disease prevention initiatives.

In the 65+ age range, the gender gap becomes more pronounced. Women significantly outnumber men in older age groups, especially among those 85 years and older, where women (896) are more numerous than men (560). This reflects the national pattern of women’s greater life expectancy and indicates a higher proportion of elderly women living alone or requiring long-term health and social support services.

The overall structure reveals a county with both a substantial young adult presence and an aging population. Gender differences across the life course highlight the need for tailored health and social services, including resources for younger men in higher education settings and support systems for older women who are more likely to experience widowhood, disability, and social isolation.

## Population by Age and Sex



U.S. Census, Decennial Census (2023); Population Pyramid: Population by Age and Sex

## Race

In Otsego County, the population is predominantly White (90.1%). Other groups include Black or African American residents (2.4%), people identifying with two or more races (1.7%), Asian residents (1.5%), and individuals of two or more races including Hispanic identity (1.4%) (U.S. Census Bureau, 2024).

Report Area	White	Black	Asian	American Indian/ Alaska Native	Native Hawaiian/Pacific Islander	Multiple Races
<b>Otsego County</b>	90.1%	2.4%	1.5%	0.2%	0.1%	4.5%
<b>New York</b>	53.4%	13.6%	8.8%	0.2%	0.1%	4.7%
<b>United States</b>	61.6%	12.4%	5.9%	1.1%	0.2%	10.2%

*U.S. Census, Decennial Census (2023, 2020(United States)); Diversity; Race and Ethnicity*

## Ethnicity

The population of Otsego County is predominantly non-Hispanic or Latino (95.7%), with Hispanic or Latino residents making up 4.3% of the population. This is a significantly smaller share compared to both New York State (19.6%) and the United States overall (18.7%).

Report Area	Non-Hispanic or Latino	Hispanic
<b>Otsego County</b>	95.7%	4.3%
<b>New York</b>	80.4%	19.6%
<b>United States</b>	81.3%	18.7%

*U.S. Census, Decennial Census (2023); Total Population Ethnicity*

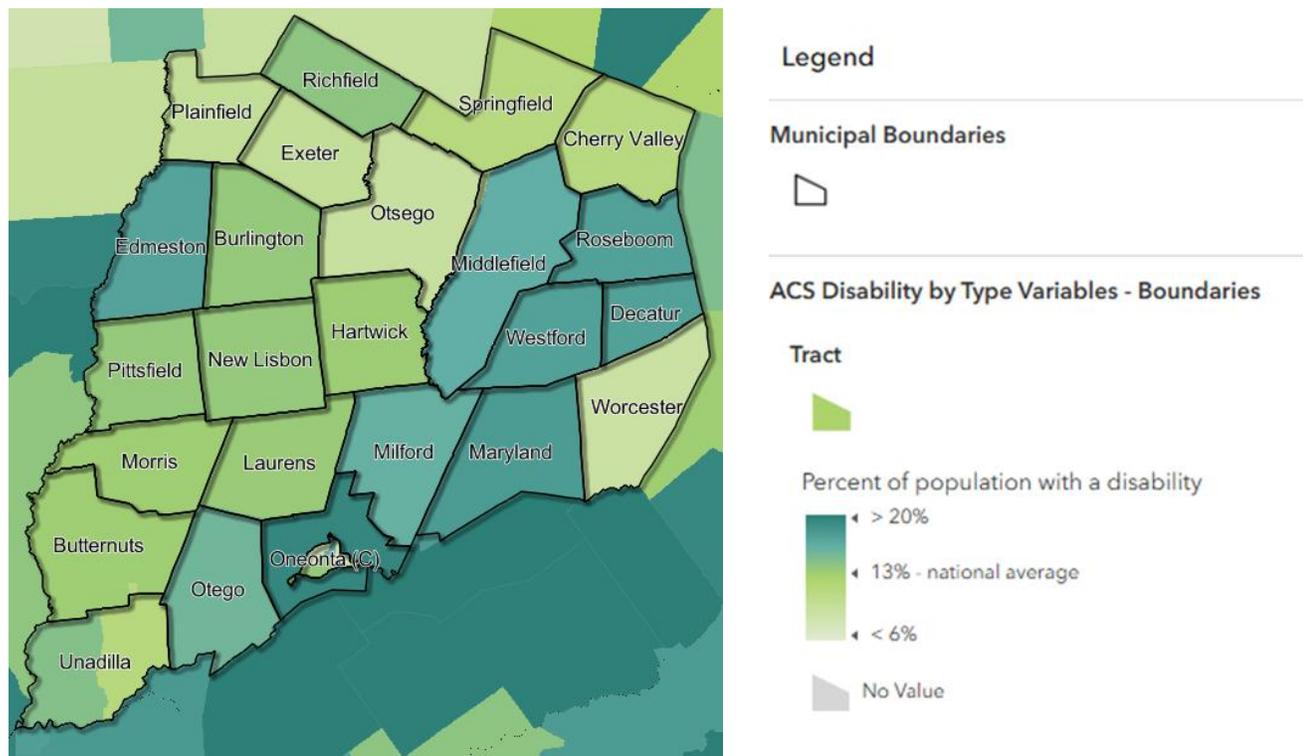
## Disability

Individuals with disabilities should be recognized as a vulnerable population that may require targeted services. Considering factors such as age and access to services allows community health interventions to better address their specific needs. Data from the ACS (2023) shows that the largest share of individuals with disabilities is within the 65 and older age group.

Report Area	Total Disabled	Under 18 yrs Disabled	18-64 yrs Disabled	65 yrs and older Disabled
<b>Otsego County</b>	13.7%	5.4%	10.7%	28.6%
<b>New York</b>	13.0%	4.8%	10.0%	32.4%
<b>United States</b>	13.6%	5.1%	11.1%	32.6%

*U.S. Census, American Community Survey (2023); Population Percentage Total Population with Disability; DP02*

### Percent of Population with a Disability



*NOTE: American Community Survey, U.S. Census Bureau (2023)*

## Foreign-Born

This indicator measures the share of individuals who were not U.S. citizens or nationals at birth. It includes both non-citizens and those born abroad who later became naturalized citizens. In contrast, the native U.S. population includes those born in the United States, Puerto Rico, U.S. Island areas, or abroad to American parents. Foreign-born populations may be considered vulnerable, as they can face challenges such as limited English proficiency, unfamiliarity with cultural practices, social isolation, and differing beliefs about medical care. According to the American Community Survey (2023), the highest concentration of foreign-born residents in Otsego County is in the town of Otsego and the city of Oneonta. Most immigrated prior to 2010 (62.3%), with the largest groups coming from Europe (34.7%) and Asia (30.5%).

Report Area	Total Population	Naturalized U.S. Citizens	Population Without U.S. Citizenship	Total Foreign-Birth Population	Foreign-Birth Population, % Total Population
<b>Otsego County, NY</b>	59,738	1,355	1,163	2,518	4.22%
<b>New York</b>	19,571,216	2,687,784	1,830,212	4,517,996	23.08%
<b>United States</b>	334,914,896	24,970,066	22,861,345	47,831,411	14.28%

U.S. Census, American Community Survey (2023); Foreign-Born Population; DP02

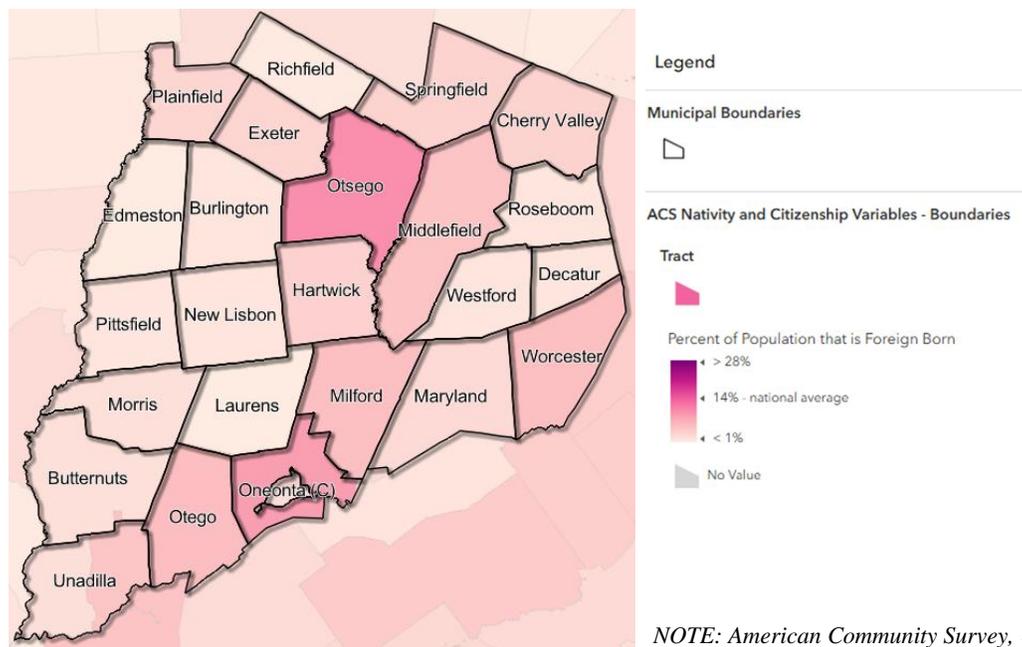
Year Entered United States	Estimate	% Foreign-Born Population
<b>2010 or later</b>	950	37.7%
<b>Before 2010</b>	1,568	62.3%

U.S. Census, American Community Survey (2023); Foreign-Born Year Entered

Foreign-born Region of Origin	Estimate	% Foreign-Born Population
<b>Europe</b>	875	34.7%
<b>Asia</b>	768	30.5%
<b>Africa</b>	94	3.7%
<b>Oceania</b>	1	0.0%
<b>Latin America</b>	694	27.6%
<b>Northern America</b>	86	3.4%

U.S. Census, American Community Survey (2023); Foreign-Born Region of Origin

## Percent of Population that is Foreign Born



NOTE: American Community Survey, U.S. Census Bureau (2023)

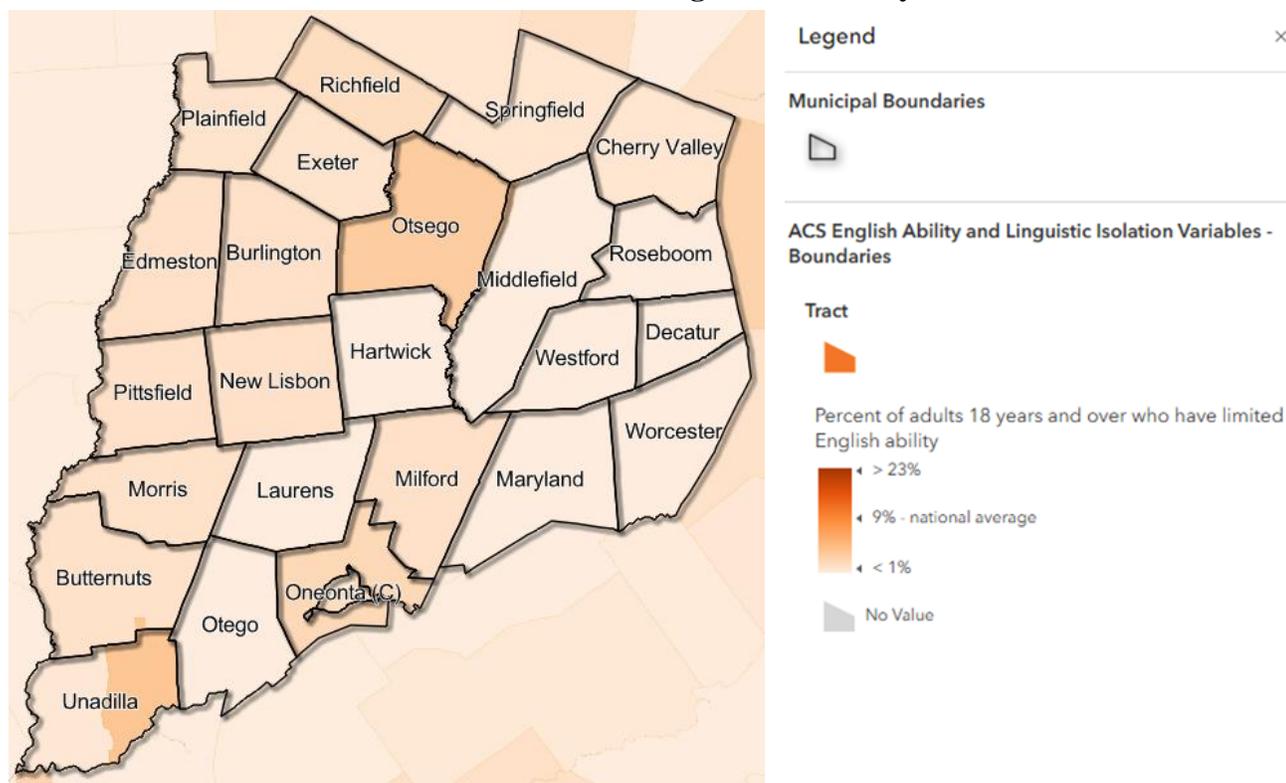
## Population with Limited English Proficiency

This indicator looks at residents age 5 and older who speak a language other than English at home and report speaking English less than “very well.” Limited English skills can make it harder for people to access healthcare, understand health information, communicate with providers, or give informed consent. According to the American Community Survey (2023), 1.9% of Otsego County residents have limited English proficiency.

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, %
<b>Otsego County, NY</b>	57,337	1,081	1.9%
<b>New York</b>	18,535,508	2,562,078	13.8%
<b>United States</b>	316,581,199	27,606,796	8.7%

U.S. Census, American Community Survey (2023); Population with Limited English Proficiency

## Percent of Adults 18+ Years who have Limited English Proficiency



NOTE: American Community Survey, U.S. Census Bureau (2023)

## Veteran Population

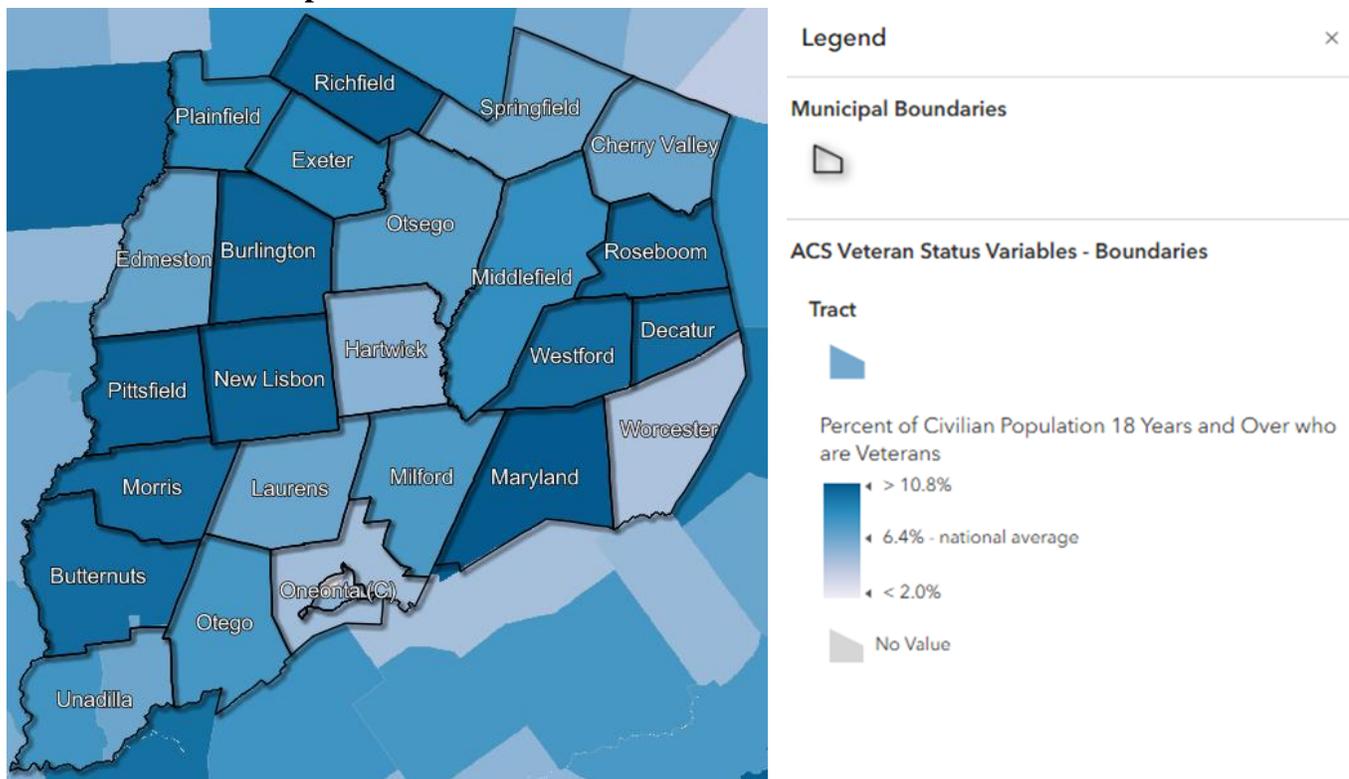
This indicator reflects the percentage of adults (age 18 and older) who previously served on active duty in the U.S. Air Force, Army, Navy, Marine Corps, or Coast Guard, as well as those who served in the U.S. Merchant Marine during World War II.

In Otsego County, veterans make up 6.6% of the population, which is higher than the overall percentage for New York State at 3.6% (American Community Survey, 2023).

Report Area	Total Population Age 18+	Total Veterans	Veterans, % Total Population
Otsego County, NY	50,513	3,341	6.6%
New York	15,596,323	563,400	3.6%
United States	260,971,464	15,813,955	6.1%

U.S. Census, American Community Survey (2023); Percentage of Total Veteran Population

## Percent of Civilian Population 18+ Years who are Veterans



NOTE: American Community Survey, U.S. Census Bureau (2023)

## Special Populations

Special populations are part of Otsego County’s community makeup. For example, Amish settlements are located in the towns of Morris, Richfield Springs, and South Columbia. According to the Young Center for Anabaptist and Pietist Studies at Elizabethtown College (2025), the Amish population in Otsego County is estimated at 625 individuals, representing about 1.07% of the county’s total population (Young Center for Anabaptist and Pietist Studies, 2025). The Amish population requires special consideration, as they are exempt from health insurance coverage, typically do not use birth control, and often decline preventive medical practices such as immunizations and prenatal care.

Town	Settlement Date	Population (2020)
Morris	2015	75
Richfield Springs	2000	320
South Columbia	2002	230

*Note: Elizabethtown College (2025); Amish Population in the United State by State and County, 2025*

### 3. Access to Clinical Care

Access to primary care providers for preventive and ongoing care plays a major role in shaping the health of a community. In rural areas like Otsego County, however, the limited number of providers often makes it difficult for residents to receive timely, high-quality care. This shortage contributes to poorer overall health outcomes and drives higher use of emergency rooms and hospital services, further straining an already understaffed health system. Otsego County reflects these challenges: while its patient-to-provider ratio is lower than the New York State average, the county faces additional gaps in access to dental and mental health providers.

Report Area	Patient to Primary Care Provider Ratio	Patient to Mental Health Care Provider Ratio	Patient to Dentist Ratio
Otsego County, NY	730:1	440:1	2,250:1
New York	1,240:1	260:1	1,200:1
United States	1,330:1	300:1	1,360:1

*County Health Rankings & Roadmaps (PCP; 2021, MH; 2024, Dentist; 2022)*

## Health Care Facilities in Otsego County

<b>Inpatient Care Hospitals</b>			
<b>Facility</b>	<b>Services</b>	<b>Location</b>	<b>Hours of Operation</b>
Bassett Medical Center	<p>Bassett Medical Center is a 180-bed, acute care inpatient teaching facility in Cooperstown, New York. Bassett Medical Center offers 24-hour emergency and trauma care, comprehensive cancer and heart care, dialysis, and most medical and surgical specialties.</p> <p>The Bassett Clinic is located on the same campus as the medical center, and provides outpatient primary and specialty care.</p>	1 Atwell Road, Cooperstown, NY 13326	<p>Hospital: 24 Hours/7 Days</p> <p>Clinic: Monday-Friday: 8am-5pm</p>
<p>A.O. Fox Memorial Hospital</p> <p>AO Fox Nursing Home – Long-term Skilled Nursing Facility</p>	This 67-bed hospital provides emergency services and comprehensive inpatient and outpatient services, including cardiology, cancer services, orthopedic surgery and rehab, spinal surgery, pulmonary medicine, imaging services, and a sleep disorders center.	1 Norton Ave, Oneonta, NY 13820	Hospital: 24 Hours/7 Days

<b>Health Care Facilities, Clinics &amp; Private Practices</b>			
<b>Facility</b>	<b>Services</b>	<b>Location</b>	<b>Hours of Operation</b>
<p>Bassett Pediatrics Cooperstown</p> <p>Bassett Prime Care Cooperstown (607) 547-4625</p>	Primary Care	<p>1 Atwell Road Clinic Building, Cooperstown</p> <p>(607) 547-3290</p>	Monday-Friday: 8am-5pm
Bassett Hartwick Seminary Specialty Services	Specialty Services Dermatology, plastic surgery and advanced skin care, vascular and vein care, and wound care services to referred patients.	4580 State Highway 28, Milford (607) 547-3400	Monday-Friday: 8am-5pm
Bassett Family Medicine – Oneonta	Primary Care	739 State Route 28 Suite 9 - Oneonta (607) 431-1015	Monday-Friday: 8am-5pm
Bassett Health Center Oneonta - 125 Main Street	The internists and pediatricians at Oneonta Internal Medicine & Pediatrics offer primary care services to adult and pediatric patients.	<p>125 Main Street – Oneonta Internal medicine patients, call (607) 433-1790.</p> <p>Pediatrics patients, call (607) 433-1792.</p>	Monday-Friday: 7am-5pm
Bassett Oneonta Specialty Services	Specialty Services Eye care, physical therapy, a 12-bed dialysis unit, & other specialty services to referred patients	<p>1 Associate Drive - Oneonta</p> <p>(607) 433-6400</p>	Monday-Friday: 8:00am-5:00pm

Bassett Convenient Care Oneonta	Convenient Care	1 Associate Drive Convenient Care Suite – Oneonta (607) 433-6400	Walk ins Welcome  Monday-Friday: 8:00am-7:00pm  Saturday & Sunday 9am-4pm
Oneonta Surgical Associates	Specialty Services Breast biopsies, endoscopies, and emergency and laparoscopic surgeries at both A.O. Fox Hospital and Oneonta Surgical Associates.	7 Associate Drive – Oneonta (607) 432-5680	Monday-Friday: 9:00am-5:00pm
FoxCare Center	Health Center Located less than 2 miles from A.O. Fox Hospital, the FoxCare Center houses primary & specialty care centers, FoxCare Fitness, FoxCare Family Dentistry, the Cyber Café, and FoxCare Center Pharmacy.	1 FoxCare Drive - Oneonta, NY 13820	Monday-Sunday: 8am-5pm
Oneonta Pediatrics (607) 432-5600  Oneonta Internal Medicine (607) 431-5290  Oneonta Family Practice (Fox) (607) 432-1163	Primary Care	1 FoxCare Drive Suite 308 - Oneonta	Monday-Friday: 8:00am-5:00pm
FoxCare Family Dentistry	Family Dentistry	1 FoxCare Drive Suite 304 – Oneonta (607) 431-1778	Monday-Friday: 8:00am-4:30pm
Bassett Cancer Institute at FoxCare	Cancer Care	1 FoxCare Drive Suite 310 – Oneonta (607) 433-6470	Monday-Friday: 8:00am-4:30pm
Bassett Heart Care Institute at FoxCare (607) 433-6491  Cardiac Rehab at Fox Care (607) 431-5242	Specialty Services Preventative and diagnostic services, surgical consultations, & cardiac rehab.	1 FoxCare Drive Suite 301 - Oneonta	Monday-Friday: 8:00am-4:30pm
Women's Health At FoxCare	Specialty Services Offers well woman exams, OB-GYN services, and other women’s health services to women in the local community	1 FoxCare Drive Suite 303 – Oneonta (607) 432-3711	Monday-Friday: 8:00am-5:00pm
Lab/Medical Imaging at FoxCare	Specialty Services	1 Foxcare Drive Suite 400 – Oneonta (607) 431-5200	Monday-Friday: 7:30am-4:00pm

Bassett Orthopedics at FoxCare	Specialty Services	1 FoxCare Drive Suite 211 – Oneonta (607) 432-2239	Monday-Friday: 8:00am-4:300pm
Rehab at FoxCare	Services are offered at Y Specialty Fitness within the FoxCare Center. Physical therapy, occupational therapy, aquatic therapy, and lymphedema therapy to referred patients	1 FoxCare Drive Suite 216 – Oneonta (607) 431-5702	Monday-Friday: 7:30am-5:000pm
Susquehanna Family Practice and Gender Wellness Center	Offer family medicine services to cisgender and transgender patients of all ages.	1 FoxCare Drive Suite 103 - Oneonta, NY (607) 431-5757	Monday-Friday: 8:00am-5:00pm
Bassett Health Center Edmeston-Burlington	Primary Care	15 Turner Lane – Edmeston (607) 965-8900	Monday-Friday: 7:00am-5:00pm
Bassett Health Center Richfield Springs	Primary Care (315) 858-0040	8550 State Route 28 Richfield Springs	Monday-Friday: 8:00am-5:00pm
School Based Health Centers	Primary Care	Cherry Valley- Springfield Cooperstown Edmeston Gilbertsville-Mt. Upton Laurens Milford Morris Richfield Springs Schenevus Springbrook Unadilla Valley Worcester	During School hours
Child and Adolescent Health Care Associates	Pediatrics	1 FoxCare Drive Suite 213 – Oneonta (607) 432-5600	Mon/Tues/Thurs/ Fri: 7:30am-5pm Wed: 8:00am-5pm
Family Planning Of South Central New York	Reproductive health care for women and men	37 Dietz St Oneonta, NY 13820 607-432-2250	Monday-Saturday 9:00am-5pm
Oneonta Community Health Center	No-Cost Healthcare Services For Uninsured Adults	31 Main St Oneonta, NY 13820 607-433-0300	Tuesday: 6:00pm- 8pm
Community Health Center of Cherry Valley	Family Medicine, Obstetrics/Gynecology	2 Main St Cherry Valley, NY 13320 607-264-3036	Mon, Tues, Thurs, Fri: 8:30am-5pm. Wed: 1:00pm-9pm

## 4. Income and Economic Stability

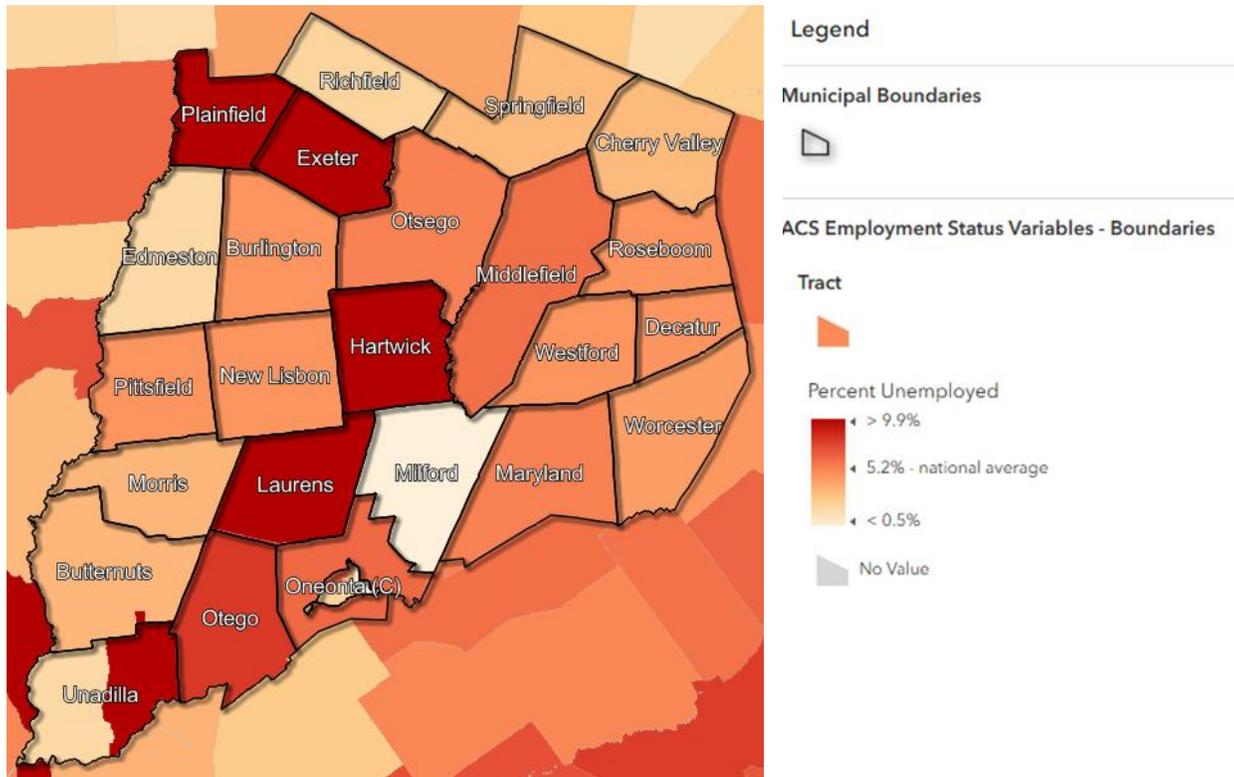
### Employment/Unemployment Rates

The unemployment rate measures the share of the civilian, non-institutionalized population aged 16 and older who are part of the labor force but not employed. According to the U.S. Department of Labor, Bureau of Labor Statistics (2025), Otsego County’s unemployment rate in July 2025 was 4.2%. This figure is slightly higher than the New York State average of 4.0% and matches the national rate of 4.0%. Data trends show that unemployment in Otsego County peaked between January and March; a seasonal pattern likely tied to the employment dynamics of rural upstate New York.

Report Area	Number Employed	Number Unemployed	Unemployment Rate, %
Otsego County, NY	25,354	1,118	4.2%
New York	9,475,706	392,297	4.0%
United States	168,315,000	7,236,000	4.2%

*New York State Department of Labor (July 2025)*

### Percent of Population Unemployed



NOTE: American Community Survey, U.S. Census Bureau (2023)

## Income – Household Income

Reporting household income can be challenging, since the number of people in each household varies. According to the American Community Survey (2023), the average household income in Otsego County is \$90,189.

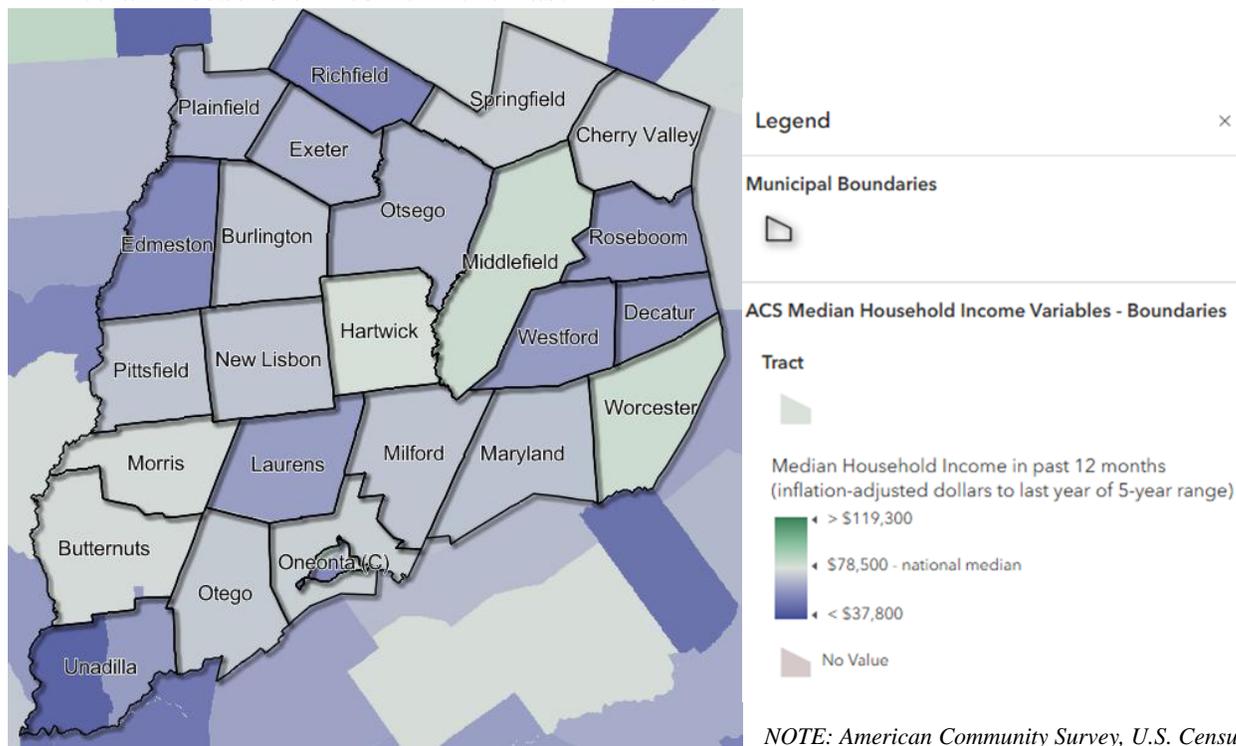
Report Area	Total Housing Units	Average Household Income	Median Household Income
Otsego County, NY	30,011	\$90,189	\$67,086
New York	8,631,232	\$122,227	\$82,095
United States	145,333,462	\$109,160	\$77,719

*U.S. Census, American Community Survey (2023); Income in the Past 12 Months – S1901*

Total Household Income – Otsego County	%
Less than \$10,000	3.6%
\$10,000 to \$14,999	4.5%
\$15,000 to \$24,999	9.1%
\$25,000 to \$34,999	7.8%
\$35,000 to \$49,999	1.8%
\$50,000 to \$74,999	19.3%
\$75,000 to \$99,999	14.1%
\$100,000 to \$149,999	18.0%
\$150,000 to \$199,999	6.8%
\$200,000 or more	6.0%

*U.S. Census, American Community Survey (2023); Total Household Income Distribution*

## Median Household Income in the Past 12 Months



<b>Industry for the Civilian Employed Population 16 Years and Over</b>	<b>%</b>
<b>Agriculture, forestry, fishing, hunting, and mining</b>	3.3%
<b>Construction</b>	7.2%
<b>Manufacturing</b>	7.3%
<b>Wholesale trade</b>	1.3%
<b>Retail trade</b>	12.7%
<b>Transportation, warehousing, and utilities</b>	3.0%
<b>Information</b>	1.3%
<b>Finance, insurance, real estate, rental, and leasing</b>	5.6%
<b>Professional, scientific, management, administrative, and waste management</b>	5.1%
<b>Educational services, health care, and social assistance</b>	34.3%
<b>Arts, entertainment, recreation, accommodation, and food services</b>	11.1%
<b>Other services, except public administration</b>	3.6%
<b>Public administration</b>	4.1%

*U.S. Census, American Community Survey (2023); Civilian Employed Population 16 Years and Over; DP03*

Because households vary in size, per capita income provides a more consistent measure of economic status. According to the U.S. Bureau of Economic Analysis (2024), the per capita income in Otsego County is \$53,098—lower than both the New York State average (\$85,733) and the U.S. average (\$68,531). While most county residents live above the federal poverty threshold of \$15,650 per person, income disparities remain an important consideration for community health planning (New York State Department of Health, 2025).

<b>Report Area</b>	<b>Total Population</b>	<b>Per Capita Income (\$)</b>
<b>Otsego County, NY</b>	59,738	\$53,098
<b>New York</b>	19,872,319	\$85,733
<b>United States</b>	331, 449, 281	\$68,531

*U.S. Bureau of Economic Analysis (2024); Per Capita Personal Income*

### **Income Inequality: GINI Index**

The GINI Index is a measure of income inequality that considers the entire distribution of income within a population. **The index values range from 0, which indicates perfect equality (every person has an equal share), to 1, indicating perfect inequality (one or a group of recipients is receiving most of the income)** (U.S. Census Bureau, 2021). The American Community Survey calculates GINI Index values to help identify high-risk populations, as high-income inequality often signals pockets of health inequities that broader data may overlook.

Otsego County has a GINI Index of 0.46, reflecting moderate income inequality. While not extreme, it indicates that some groups earn significantly more than others. This disparity may be tied to the county’s diverse industries and the concentration of wealth around higher education institutions. Compared to benchmarks, Otsego County shows a more favorable GINI Index than New York State overall, but less favorable than the national average.

<b>Report Area</b>	<b>Total Housing Units</b>	<b>GINI Index</b>
<b>Otsego County, NY</b>	30,011	0.46
<b>New York</b>	8,631,232	0.52
<b>United States</b>	145,333,462	0.48

*U.S. Census, American Community Survey (2023); B19083*

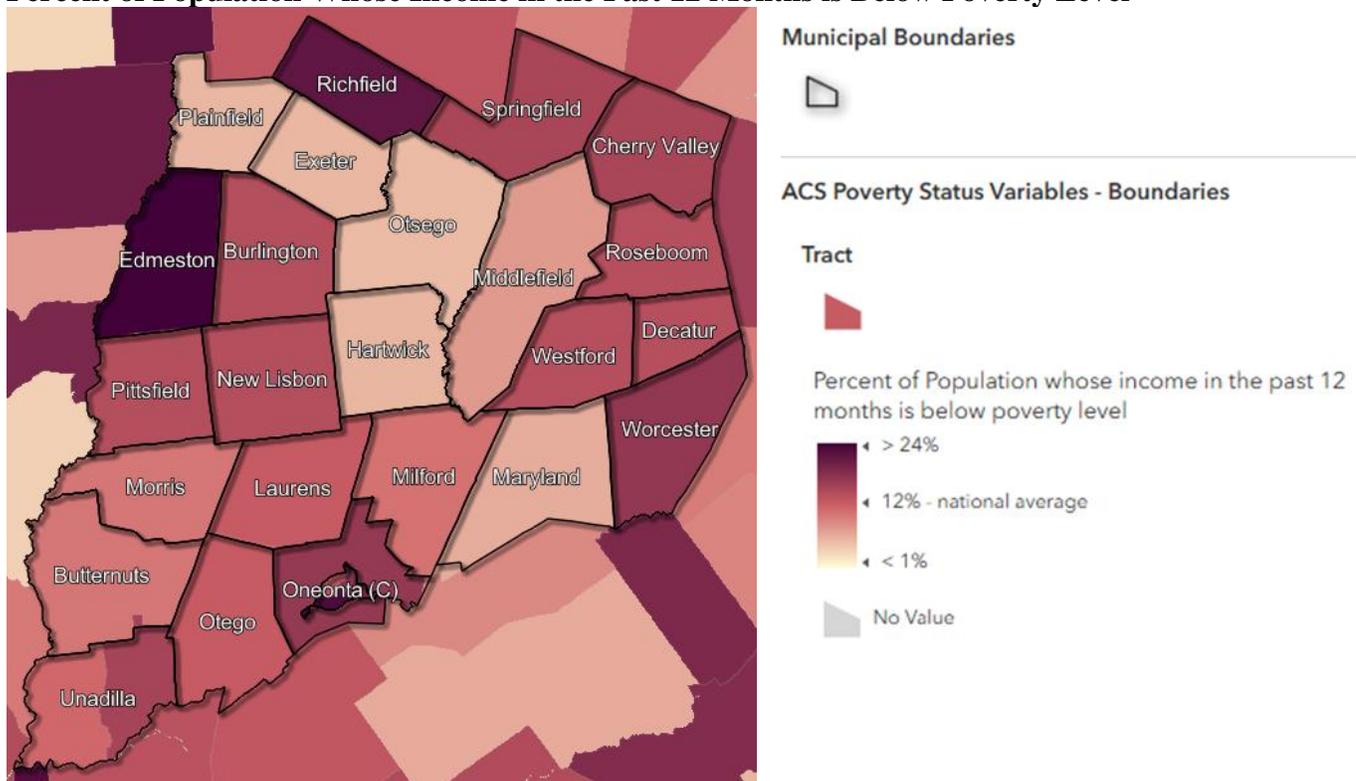
## 5. Poverty

In Otsego County, 23.7% of residents over the age of 18 live at or below the federal poverty level, according to the most recent estimates. This represents nearly one in four adults in the county. While the rate is slightly lower than the New York State average (26.6%), it is higher than the national average (22.8%). With more than 50,000 adults living in Otsego County, these figures underscore the need for targeted strategies to address economic hardship, access to services, and long-term health equity. Within the county, the highest concentrations of poverty are found in the City of Oneonta, Edmeston, and Richfield Springs.

Report Area	Total Population	Population Over Age 18	Population Over Age 18 in Poverty, %
<b>Otsego County, NY</b>	59,738	50,513	23.7%
<b>New York</b>	19,872,319	15,596,323	26.6%
<b>United States</b>	331, 449, 281	260,971,464	22.8%

*U.S. Census, American Community Survey (2023); Poverty by Age; S1701*

### Percent of Population Whose Income in the Past 12 Months is Below Poverty Level



*NOTE: American Community Survey, U.S. Census Bureau (2023)*

## Children Below 100% Federal Poverty Level (FPL)

According to the American Community Survey (2023), 14.1% of Otsego County residents under age 18 live at or below 100% of the Federal Poverty Level (FPL)—a rate lower than both the New York State and U.S. averages. The FPL is the standard used to determine eligibility for certain benefits and assistance programs<sup>7</sup>. Understanding local poverty levels helps identify barriers to food, health care, housing, and education, while also highlighting potential demand for social services offered through schools.

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty, %
<b>Otsego County, NY</b>	59,738	8,918	14.1%
<b>New York</b>	19,872,319	3,865,524	18.6%
<b>United States</b>	331, 449, 281	71,559,990	16.0%

*U.S. Census, American Community Survey (2023); Poverty by Age; S1701*

## Children Eligible for Free/Reduced Price Lunch

The National School Lunch Program (NSLP) is a federally funded initiative that operates in public and nonprofit private schools, as well as residential child care institutions. The program provides children with nutritious, low-cost or free lunches each school day (U.S. Department of Agriculture [USDA], Food and Nutrition Service, 2024). Children may be considered “categorically eligible” for free meals if they participate in certain federal assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP), or if they are identified as homeless, migrant, runaway, or in foster care. Enrollment in a federally funded Head Start Program or a comparable state-funded pre-kindergarten program also qualifies children for free meals.

Eligibility can also be based on household income and family size. Children from families with incomes at or below 130% of the Federal Poverty Level (FPL) qualify for free meals, while those from families with incomes between 130% and 185% of the FPL qualify for reduced-price meals (U.S. Department of Agriculture, 2024).

Of the 15,035 students over age 3 enrolled in school, 43% qualify for free or reduced-price lunches under NSLP guidelines. This highlights the importance of school-based meal programs in providing vulnerable students with access to healthy foods during the academic year.

Report Area	Total Students 3 years and over Enrolled in School	Students Eligible for Free or Reduced-Price Lunch, %
<b>Otsego County, NY</b>	15,035	43%
<b>New York</b>	4,552,603	57%
<b>United States</b>	79,814,912	55%

*U.S. Census, American Community Survey (2023); School Enrollment; S1401*

*County Health Rankings & Roadmap (2022-2023); Children Eligible for Free or Reduced-Price Lunch*

## Supplemental Nutrition Assistance Program (SNAP) Benefits

The Supplemental Nutrition Assistance Program (SNAP) is a federal initiative that helps low-income individuals and families by supplementing their food budget to purchase healthy foods. Eligibility is based on gross income and household size, with requirements varying by state. In New York, detailed eligibility charts are available at: <https://otda.ny.gov/programs/snap/#eligibility>.

As of June 2025, the New York State Office of Temporary and Disability Assistance reports that Otsego County, has 3,901 households and 6,654 individuals receiving SNAP benefits. This data highlights the important role SNAP plays in supporting food security for families at both the local and state levels. In Otsego County, thousands of residents rely on SNAP benefits to meet their nutritional needs, reflecting broader economic challenges faced by rural communities. Comparing local numbers with state totals also helps illustrate how food insecurity impacts smaller counties differently than more urbanized areas.

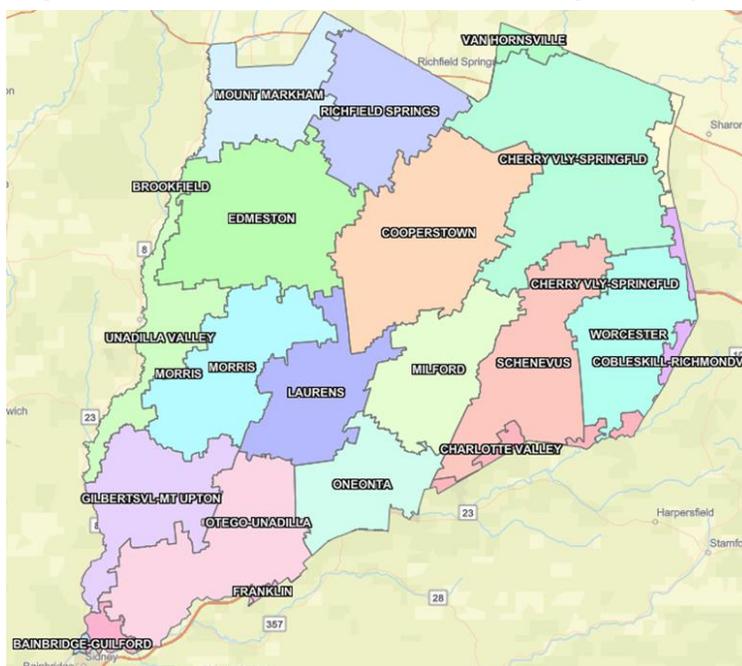
Report Area	Total Population	Total SNAP Households	Total SNAP Persons
Otsego County, NY	59,738	3,901	6,654
New York	19,872,319	1,076,627	2,955,731

*New York State Office of Temporary and Disability Assistance (June 2025)*

## 6. Education

Access to education throughout life equips individuals with the tools to achieve better health, higher quality of life, and greater socioeconomic mobility. Lower levels of education are often associated with reduced income, poorer health outcomes, and higher rates of chronic disease. By contrast, higher educational attainment supports improved housing, reliable transportation, health coverage, and access to nutritious foods. In Otsego County, residents are served by 22 school districts.

Otsego County School Districts	
Bainbridge-Guilford	Morris
Brookfield	Mount Markham
Charlotte Valley	Oneonta
Cherry Valley-Springfield	Owen D. Young
Cobleskill - Richmondville	Richfield Springs
Cooperstown	Schenevus
Edmeston	Sharon Springs
Franklin	Sidney
Gilbertsville-Mount Upton	Unatego
Laurens	Unadilla Valley
Milford	Worcester



NOTE: Otsego County GIS (2024); Otsego County School District Map

## Preschool Enrollment (3-4 years old)

This indicator reflects the percentage of children ages 3–4 who are enrolled in school, providing insight into the strength of the early education system. According to the American Community Survey (2023), 39.5% of 3- and 4-year-olds in Otsego County were enrolled in preschool—below both the New York State and national averages.

Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, %
Otsego County, NY	1,083	428	39.5%
New York	419,259	268,821	64.1%
United States	7,606,765	3,685,695	48.5%

*U.S. Census, American Community Survey (2023); School Enrollment; S1401*

## Attainment – High School Graduation Rate

Educational attainment in Otsego County reflects a well-educated population overall. According to the American Community Survey (2023), among residents age 25 and older (n = 39,250), 92.1% have earned a high school diploma or higher, and 33.9% hold a bachelor’s degree or higher. The largest share of adults (30.7%) are high school graduates, while 18.6% have completed a bachelor’s degree and 15.3% hold a graduate or professional degree. These levels of attainment suggest strong access to secondary and postsecondary education, though a small portion of the population (7.8%) has not completed high school, which may impact workforce opportunities and economic stability.

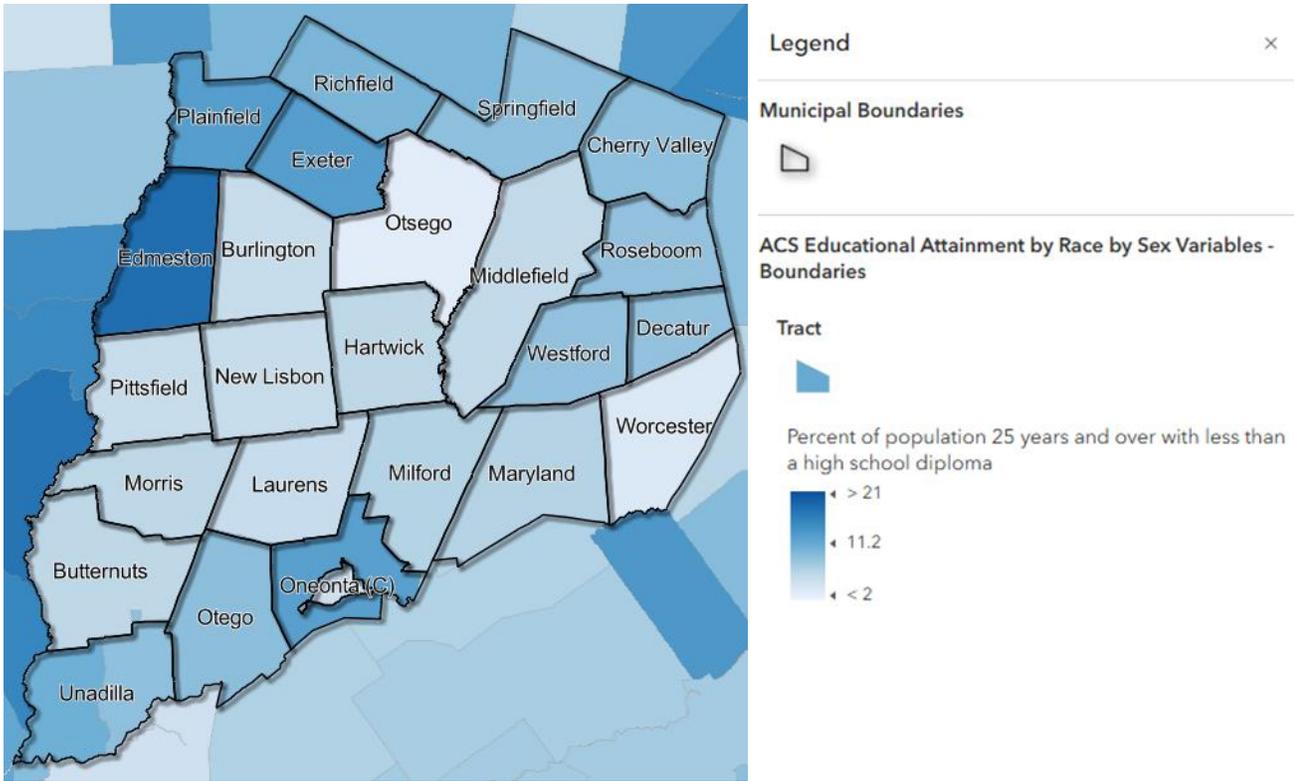
Educational Attainment – Otsego County Population 25 Years and Older (n = 39,250)	Total	%
Less than 9 <sup>th</sup> Grade	956	2.4%
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	2137	5.4%
High school graduate (includes equivalency)	12049	30.7%
Some college, no degree	6406	16.3%
Associate's degree	4415	11.2%
Bachelor's degree	7281	18.6%
Graduate or professional degree	6006	15.3%
High school graduate or higher	36157	92.1%
Bachelor's degree or higher	13287	33.9%

*U.S. Census, American Community Survey (2023); Educational Attainment; S1501*

Report Area	Population 25 Years and Over	Number of High School Graduates or Higher	Graduation Rate
Otsego County, NY	39,250	36,157	92.1%
New York	13,885,155	12,264,360	88.3%
United States	231,791,117	208,092,664	89.8%

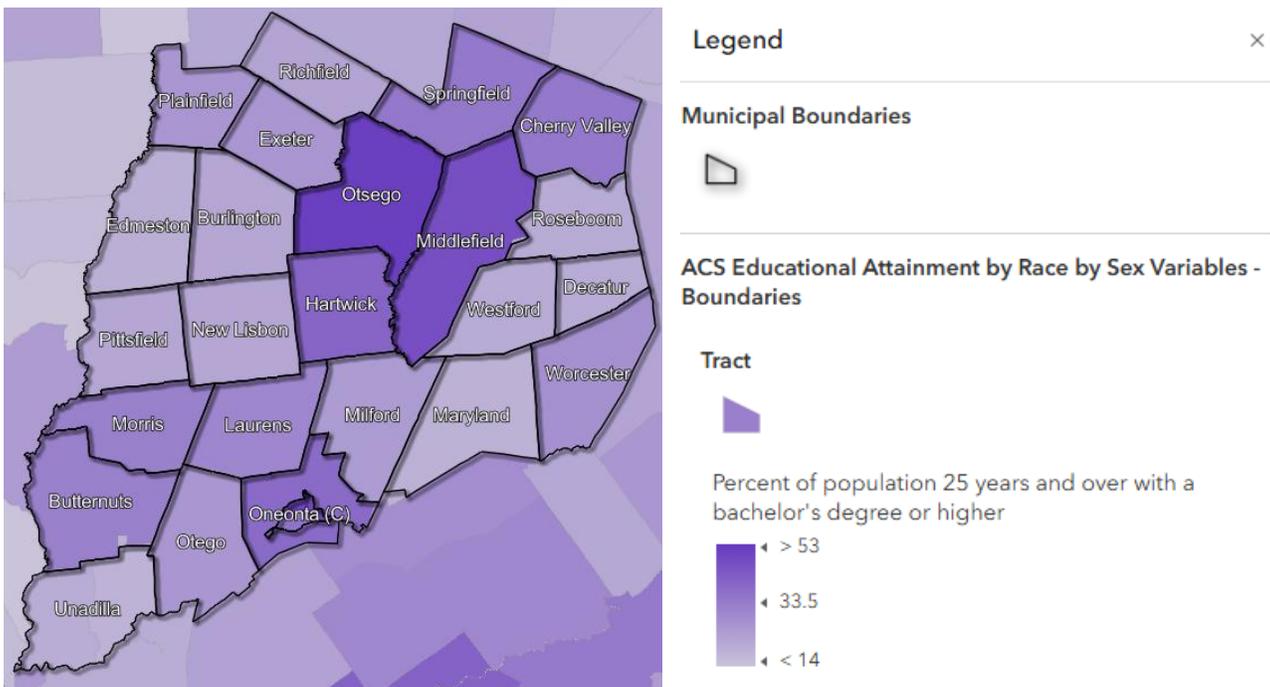
*U.S. Census, American Community Survey (2023); Educational Attainment; S1501*

### Percent of Population 25+ Years with Less than a High School Diploma



NOTE: American Community Survey, U.S. Census Bureau (2023)

### Percent of Population 25+ Years with a Bachelor's Degree or Higher



NOTE: American Community Survey, U.S. Census Bureau (2023)

## 7. Housing and Families

The housing indicator reflects key aspects of living conditions, including housing structures, family units, quality of housing, and neighborhood characteristics. Factors such as overcrowding, affordability, and housing quality are closely tied to health outcomes, influencing risks for infectious diseases, injuries, and mental health challenges. In addition, housing measures like homeownership rates and housing costs provide important insights into community economic stability and are central to understanding the Social Determinants of Health (SDOH).

### Total Housing Units with Year Built

According to the 2023 ACS, Otsego County has 30,011 housing units with a median year built of 1955, and more than half (54.6%) were constructed before 1960. The county’s housing stock is older than both the New York State median (1959) and the U.S. median (1981). The age of housing provides insight into availability, quality, and potential health concerns, such as outdated infrastructure or environmental hazards.

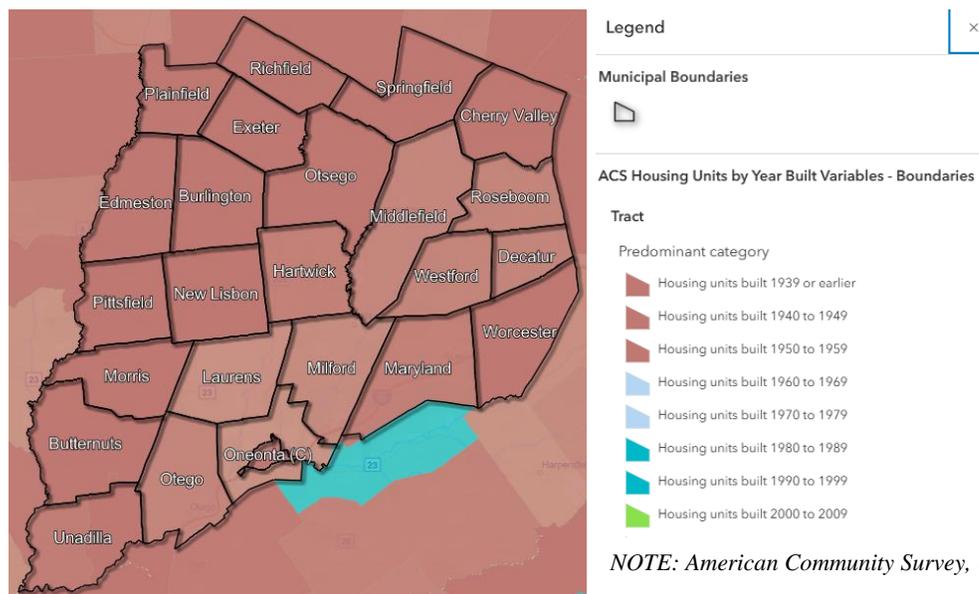
Report Area	Total Housing Units	Median Year Structures Built
<b>Otsego County, NY</b>	30,011	1954
<b>New York</b>	8,676,911	1959
<b>United States</b>	146,740,964	1981

U.S. Census, American Community Survey (2023); B25035

Report Area	Before 1960	1960-1979	1980-1999	2000-2009	2010-2019	2020 or later
<b>Otsego County, NY</b>	54.6%	15.8%	18.5%	6.3%	4.4%	0.5%
<b>New York</b>	51.2%	21.9%	13.2%	6.5%	5.6%	1.5%
<b>United States</b>	24.8%	23.3%	24.4%	13.6%	9.7%	4.1%

U.S. Census, American Community Survey (2023); DP04

### Housing Units by Year Built



## Owner vs. Renter Occupied Housing Units

According to the 2023 ACS, 74.3% of homes in Otsego County are owner-occupied—a rate higher than both New York State (54.3%) and the United States (65.3%). Homeownership is often associated with greater housing stability and community investment.

Report Area	Owner-Occupied, %	Renter-Occupied, %
Otsego County, NY	74.3%	25.7%
New York	54.3%	45.7%
United States	65.3%	34.7%

*U.S. Census, American Community Survey (2023); DP04*

## Homelessness

Although homelessness can be difficult to measure, the New York State Education Department (NYSED) Student Information Repository System (SIRS) provides some insight through public school enrollment data. For the 2023–2024 school year, NYSED reported 64 students in Otsego County experiencing homelessness, with the highest concentration in the Oneonta City School District. Most of these children reside in “doubled-up” situations, meaning they share housing with another family as their primary nighttime residence (NYSTEACHS, 2024).

Doubled Up	Hotel / Motel	Sheltered	Unsheltered
43	9	12	0

*New York State Student Information Repository System (SIRS) school year 2023-2024*

Otsego County School Districts with Unhoused Students	
School Name	2023-24
GILBERTSVILLE-MOUNT UPTON CENTRAL SCHOOL DISTRICT	0
EDMESTON CENTRAL SCHOOL DISTRICT	DS
LAURENS CENTRAL SCHOOL DISTRICT	5
SCHENEVUS CENTRAL SCHOOL DISTRICT	DS
MILFORD CENTRAL SCHOOL DISTRICT	DS
MORRIS CENTRAL SCHOOL DISTRICT	0
ONEONTA CITY SCHOOL DISTRICT	25
OTEGO-UNADILLA CENTRAL SCHOOL DISTRICT	17
COOPERSTOWN CENTRAL SCHOOL DISTRICT	DS
RICHFIELD SPRINGS CENTRAL SCHOOL DISTRICT	6
CHERRY VALLEY-SPRINGFIELD CENTRAL SCHOOL DISTRICT	DS
WORCESTER CENTRAL SCHOOL DISTRICT	0

**\*D.S.: Data suppressed (less than 5, more than 0)**

*New York State Student Information Repository System (SIRS) school year 2023-2024*

## Substandard Housing Quality

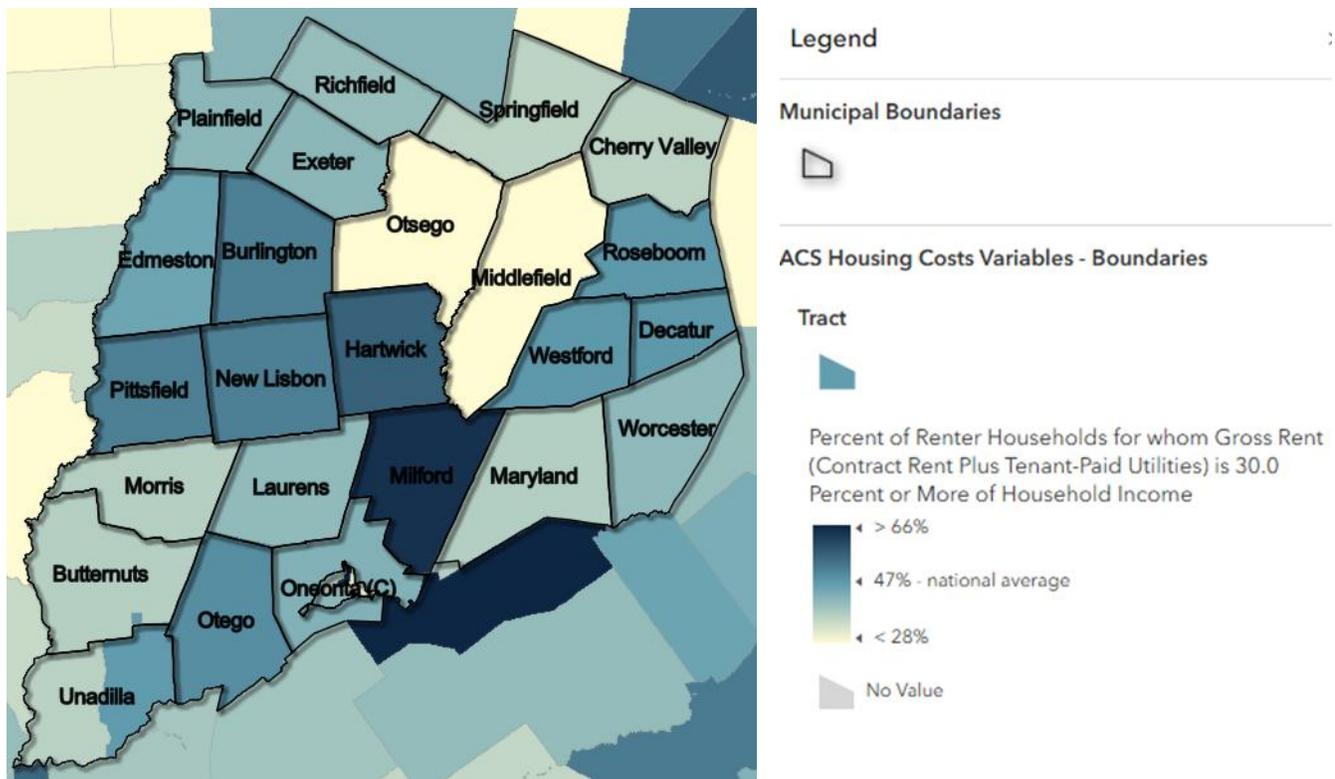
The quality of housing directly affects health, with risks stemming from cost burdens, lack of basic facilities, or overcrowding. Substandard housing is defined as lacking complete plumbing or kitchen facilities, having one or more occupants per room, or when housing costs (owner or rental) exceed 30% of household income.

According to the ACS (2023), cost burden is the most significant factor, with 20.4% of homeowners and 42.7% of renters spending more than 30% of their income on housing. Smaller but important proportions of households also lack complete plumbing (0.8%) or kitchen facilities (1.2%), or experience overcrowding (1.4%).

Substandard Housing Indicator	Otsego County, NY	New York	United States
Lacking Complete Plumbing Facilities	0.8%	0.4%	0.4%
Lacking Complete Kitchen Facilities	1.2%	0.8%	0.8%
Selected monthly owner costs as a percentage of household income greater than 30%	20.4%	27.8%	23.5%
Gross rent as a percentage of household income greater than 30%	42.7%	51.5%	51.7%
1 or more occupants per room	1.4%	5.3%	3.6%

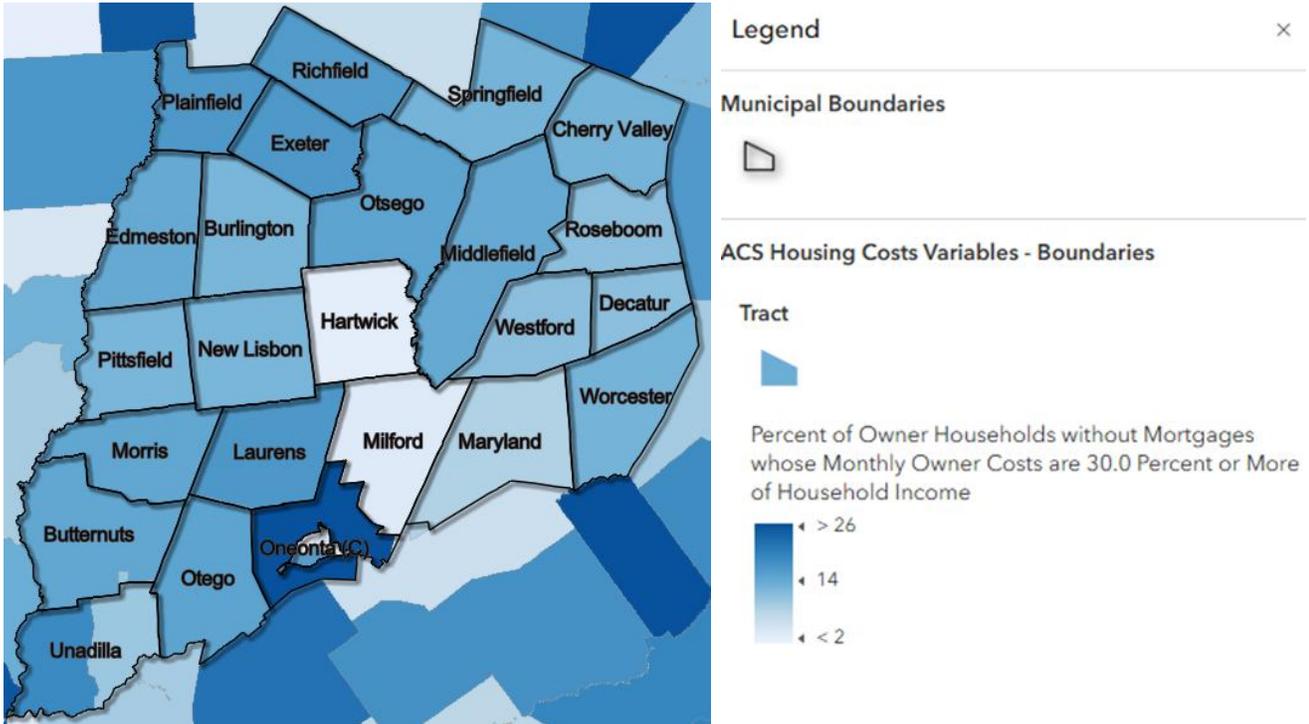
*U.S. Census, American Community Survey (2023); Comparative Housing Characteristics*

## Percent of Renter Households for whom Gross Rent is 30% or More of Household Income



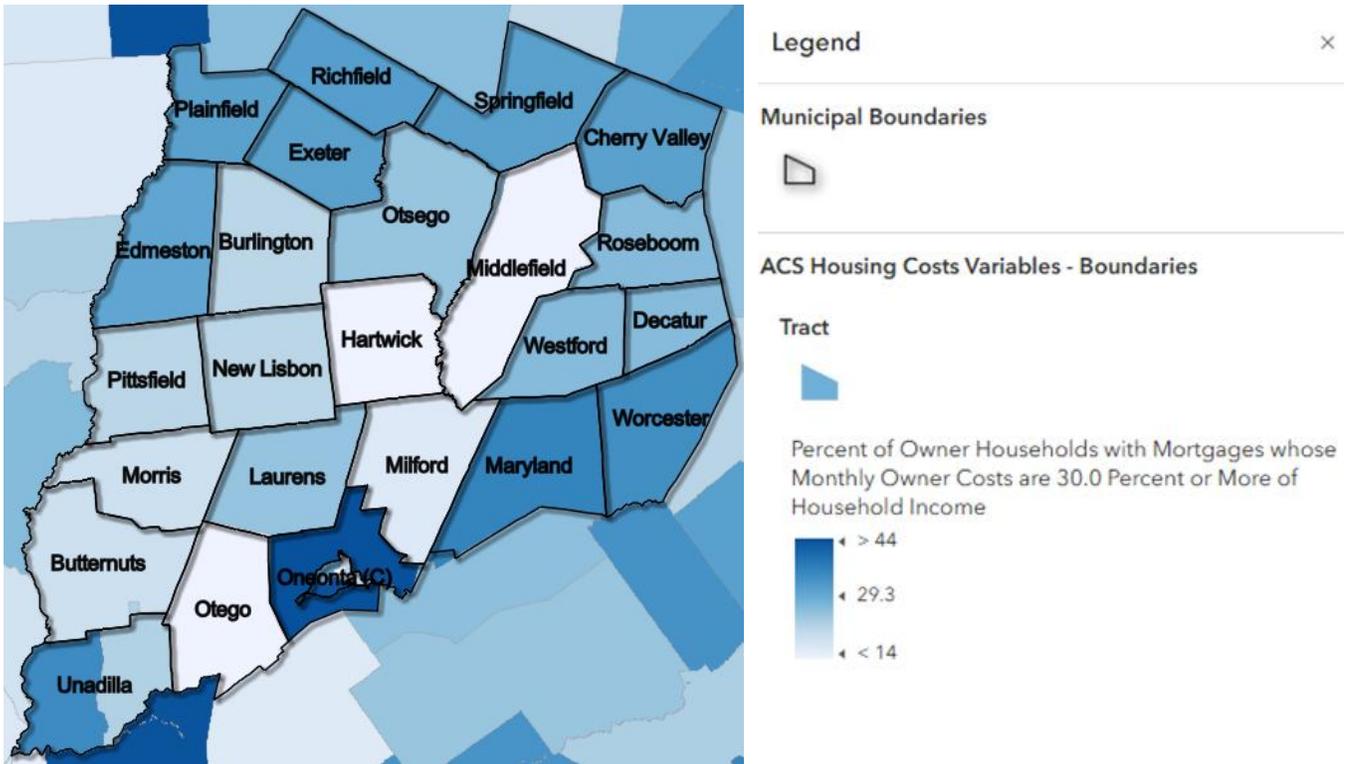
*NOTE: American Community Survey, U.S. Census Bureau (2023)*

**Percent of Owner Households without Mortgages whose Monthly Owner Costs are 30% or More of Household Income**



NOTE: American Community Survey, U.S. Census Bureau (2023)

**Percent of Owner Households with Mortgages whose Monthly Owner Costs are 30% or More of Household Income**



NOTE: American Community Survey, U.S. Census Bureau (2023)

## 8. Social Factors

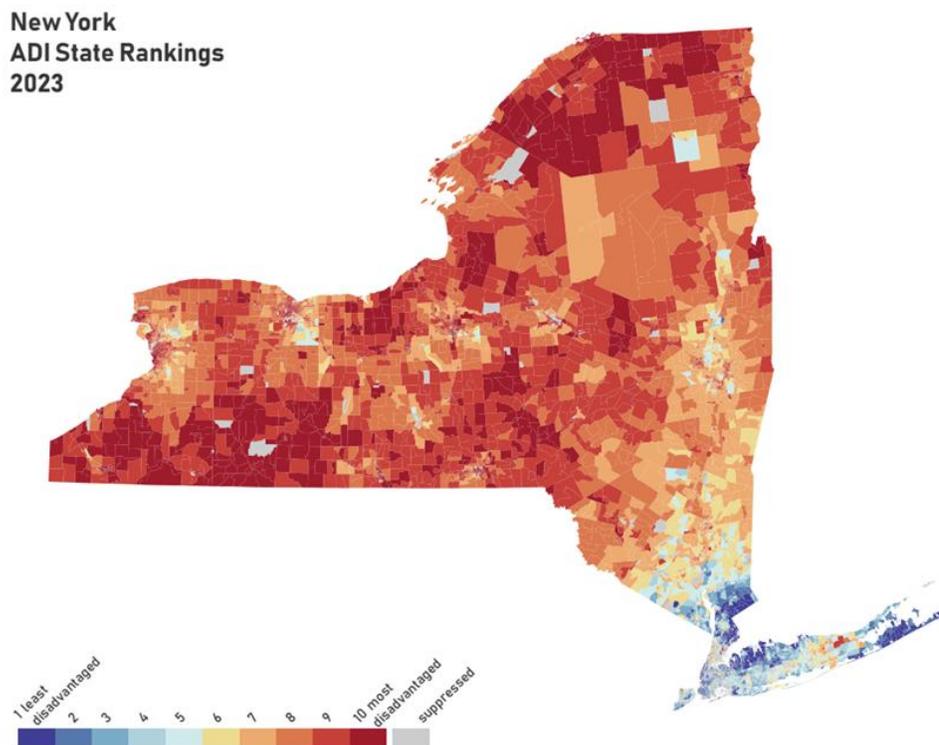
### Area of Deprivation Index (ADI)

Health is shaped by both genetics and environment. To fully understand health and disease prevention, environmental influences must be considered alongside biology. This includes physical, chemical, and social factors that affect human biology and, like the genome, differs for everyone.

The Area Deprivation Index (ADI) is a validated measure of environmental influences that ranks neighborhoods by disadvantage based on factors such as income, education, employment, and housing quality. Research shows that living in areas with a high ADI is linked to poorer health outcomes, including cardiovascular disease, premature aging, higher health service utilization, and worse brain health outcomes such as dementia and Alzheimer’s disease.

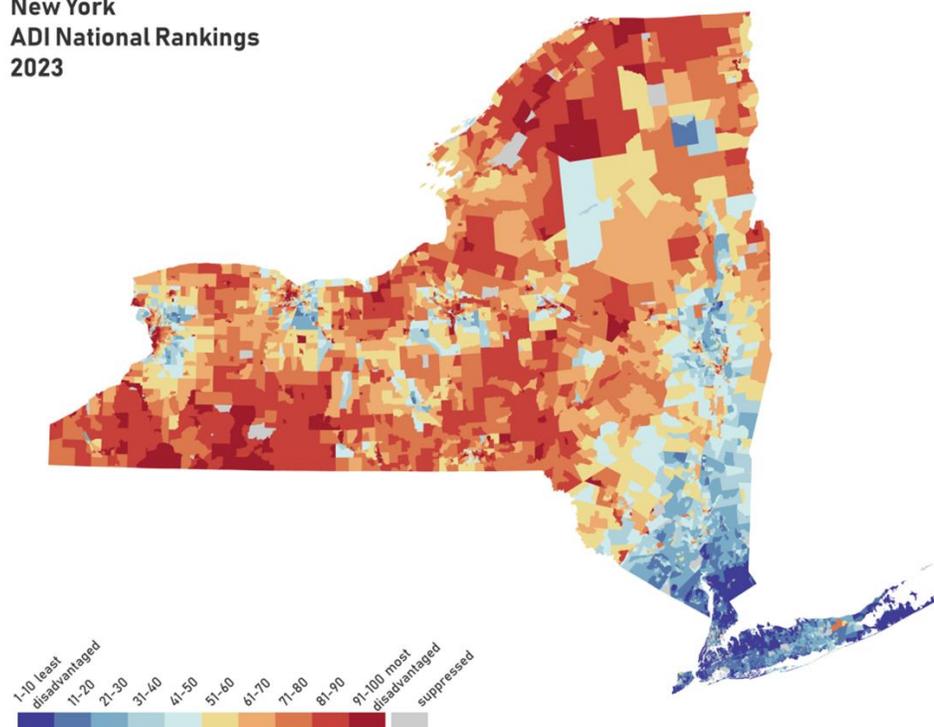
The Area Deprivation Index (ADI) is reported as a national percentile ranking from 1 to 100 at the census block group level. Rankings are ordered from least to most disadvantaged. A ranking of 1 represents neighborhoods with the lowest level of disadvantage (minimal exposure to adverse social factors), while a ranking of 100 represents neighborhoods with the highest level of disadvantage (greatest exposure to adverse social factors) (University of Wisconsin School of Medicine and Public Health, 2024).

Otsego County’s ADI data shows higher disadvantage compared to New York State overall, but it ranks closer to the middle nationally. More advantaged areas are clustered around Cooperstown, while rural regions and Oneonta face higher socioeconomic challenges.



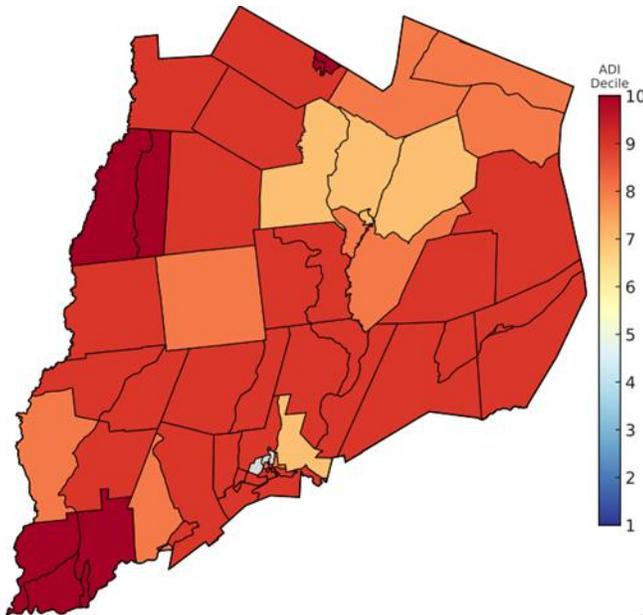
NOTE: University of Wisconsin, Neighborhood Atlas (2023); New York State ADI

**New York  
ADI National Rankings  
2023**

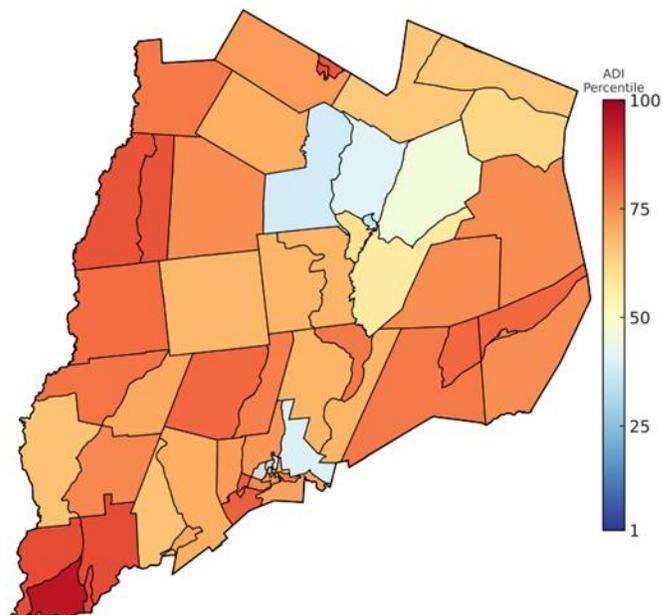


NOTE: University of Wisconsin, Neighborhood Atlas (2023); New York State ADI

**Otsego County – County Decile**



**Otsego County – National Percentage**



NOTE: University of Wisconsin, Neighborhood Atlas (2023); New York State ADI

## Personal Transportation

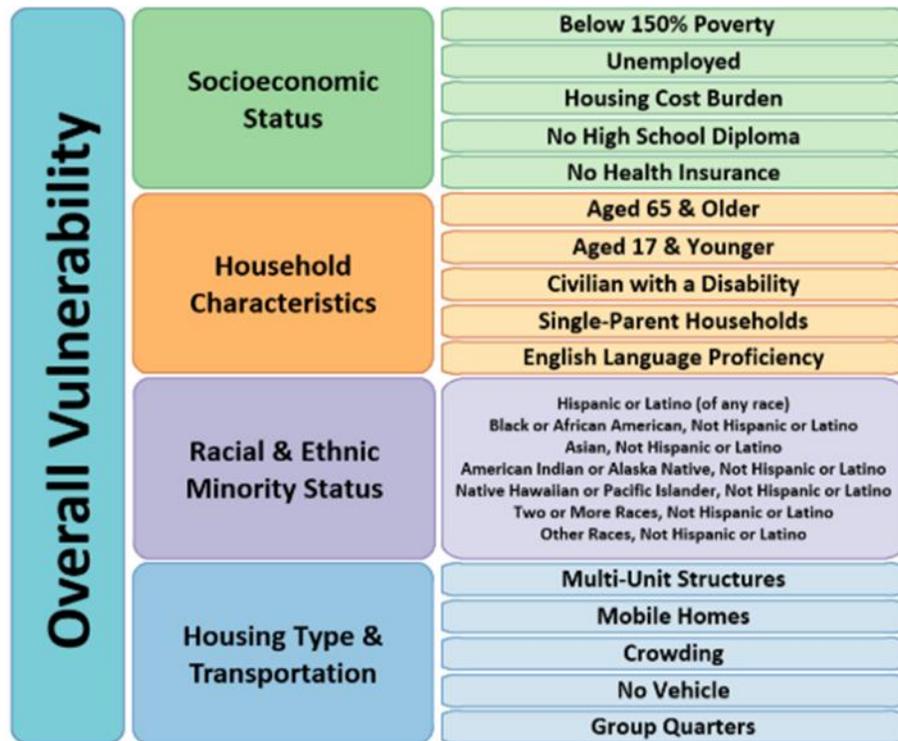
Access to a motor vehicle within a household strongly influences the ability to reach health care, food, medications, and social opportunities. According to the 2023 5-Year American Community Survey, 7.1% of households in Otsego County lack access to a motor vehicle. This rate is significantly lower than New York State overall (29.8% without access) and slightly lower than the national average (8.5% without access).

<b>Report Area</b>	<b>Total Occupied Households</b>	<b>Households with No Motor Vehicle</b>	<b>Households with No Motor Vehicle, %</b>
<b>Otsego County, NY</b>	22,608	1,610	7.1%
<b>New York</b>	7,828,074	2,332,989	29.8%
<b>United States</b>	132,737,146	11,310,673	8.5%

*U.S. Census, American Community Survey (2023); Motor Vehicle Access; S2504*

## Social Vulnerability Index (SVI)

The Social Vulnerability Index (SVI) uses U.S. Census data to identify communities that may be more vulnerable during public health emergencies. Higher SVI scores indicate communities with fewer resources and greater health risks before, during, and after disasters. The current CDC/ATSDR SVI is based on 16 variables from the 5-year American Community Survey (ACS), organized into four themes: socioeconomic status, household composition and disability, minority status and language, and housing type and transportation. These themes are then combined into a single measure of overall social vulnerability (ATSDR, 2024).



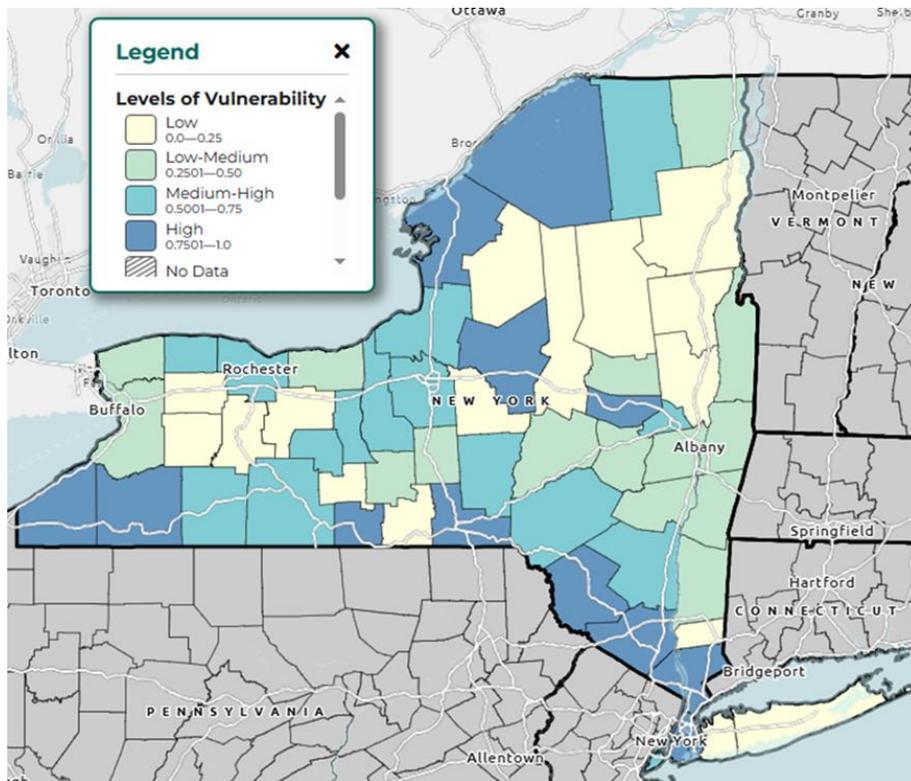
NOTE: Centers for Disease Control and Prevention, A Social Vulnerability Index (SVI) from the CDC (2024)

While not a precise predictor of all Social Determinants of Health (SDOH), the Social Vulnerability Index (SVI) offers an evidence-based tool for assessing a community’s capacity to achieve health equity. Using 2022 U.S. Census data, the CDC’s Geospatial Research, Analysis, and Services Program (GRASP) calculated SVI scores for Otsego County. Otsego County received an overall SVI of 0.33, with Housing & Transportation identified as the highest scoring theme. This suggests that community health assessments may benefit from prioritizing interventions in the areas of housing and transportation.

Report Area	Total Population	Socioeconomic Status Score	Household Characteristics Score	Racial & Ethnic Minority Status Score	Housing & Transportation Score	Social Vulnerability Index Score
<b>Otsego County</b>	59,738	0.34	0.10	0.31	0.68	<b>0.33</b>

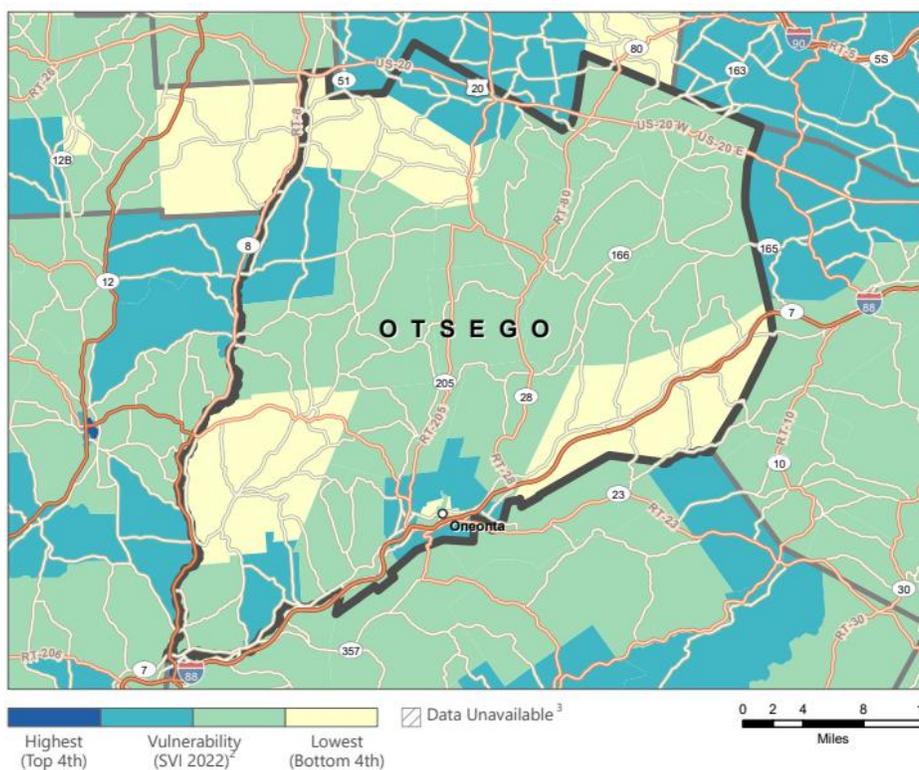
Centers for Disease Control and Prevention, GRASP (2022); SVI

### Overall Social Vulnerability – New York State



NOTE: Centers for Disease Control and Prevention. Agency for Toxic Substances and Disease Registry (2022)

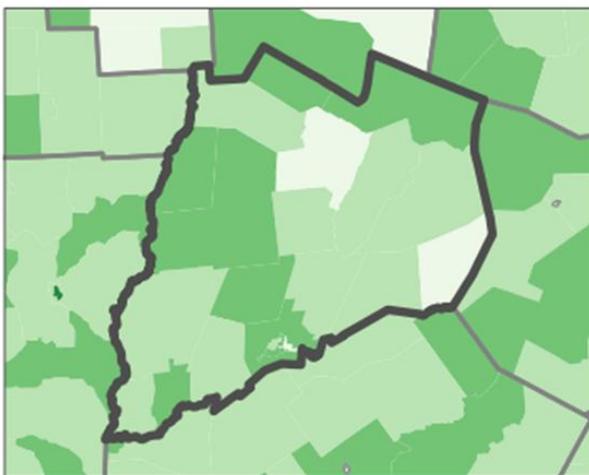
### Overall Social Vulnerability – Otsego County



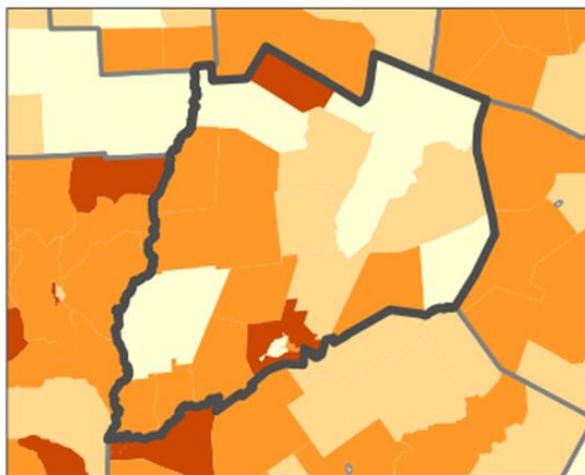
NOTE: Centers for Disease Control and Prevention. Agency for Toxic Substances and Disease Registry (2022)

### CDC/ATSDR SVI Themes – Otsego County

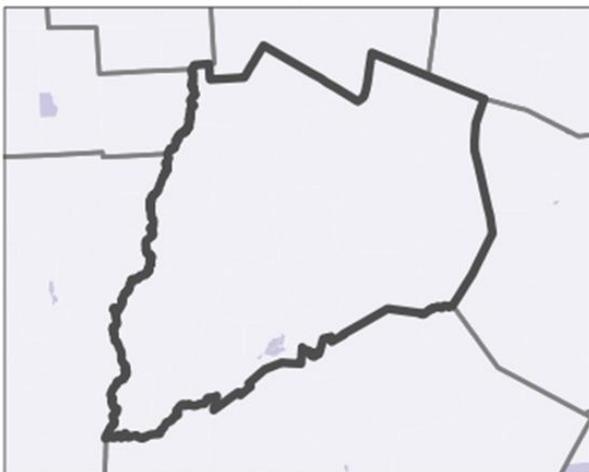
Socioeconomic Status<sup>5</sup>



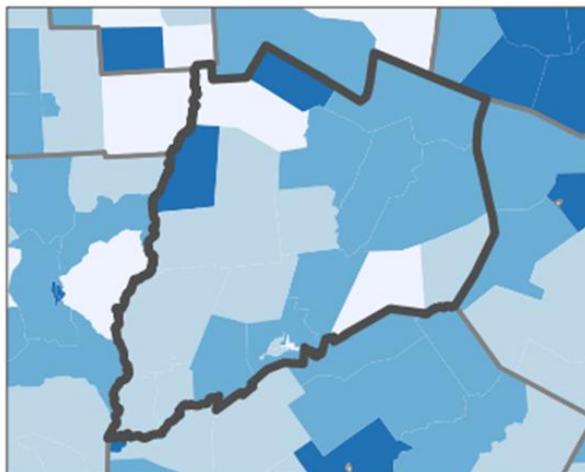
Household Characteristics<sup>6</sup>



Racial and Ethnic Minority Status<sup>7</sup>



Housing Type/Transportation<sup>8</sup>



NOTE: Centers for Disease Control and Prevention. Agency for Toxic Substances and Disease Registry (2022)

## Access to Health Insurance

Access to health insurance is a key factor in the “Access to Healthcare” domain of the Social Determinants of Health (SDOH). Without insurance, individuals are less likely to seek medical care, participate in preventive services, or maintain a relationship with a primary care provider. According to the 2023 ACS, 4.6% of Otsego County residents are uninsured—a rate lower than both New York State (5.0%) and the United States (8.2%). The age group with the highest percentage of uninsured residents is 26–34-year-olds, with 12.4% lacking coverage.

Report Area	Total Population, Insurance Status Determined	Uninsured Population	Uninsured Population, %
<b>Otsego County, NY</b>	59,167	2,717	4.6%
<b>New York</b>	19,666,716	973,715	5.0%
<b>United States</b>	331, 449, 281	27,479,253	8.2%

*U.S. Census, American Community Survey (2023)); Uninsured Population; S2701*

Report Area	Under Age 19	Age 19 - 64	Age 65 +
<b>Otsego County, NY</b>	6.3%	5.6%	0.2%
<b>New York</b>	2.7%	7.0%	0.9%
<b>United States</b>	6.0%	11.3%	0.8%

*U.S. Census, American Community Survey (2023); Uninsured by Age Group; S2701*

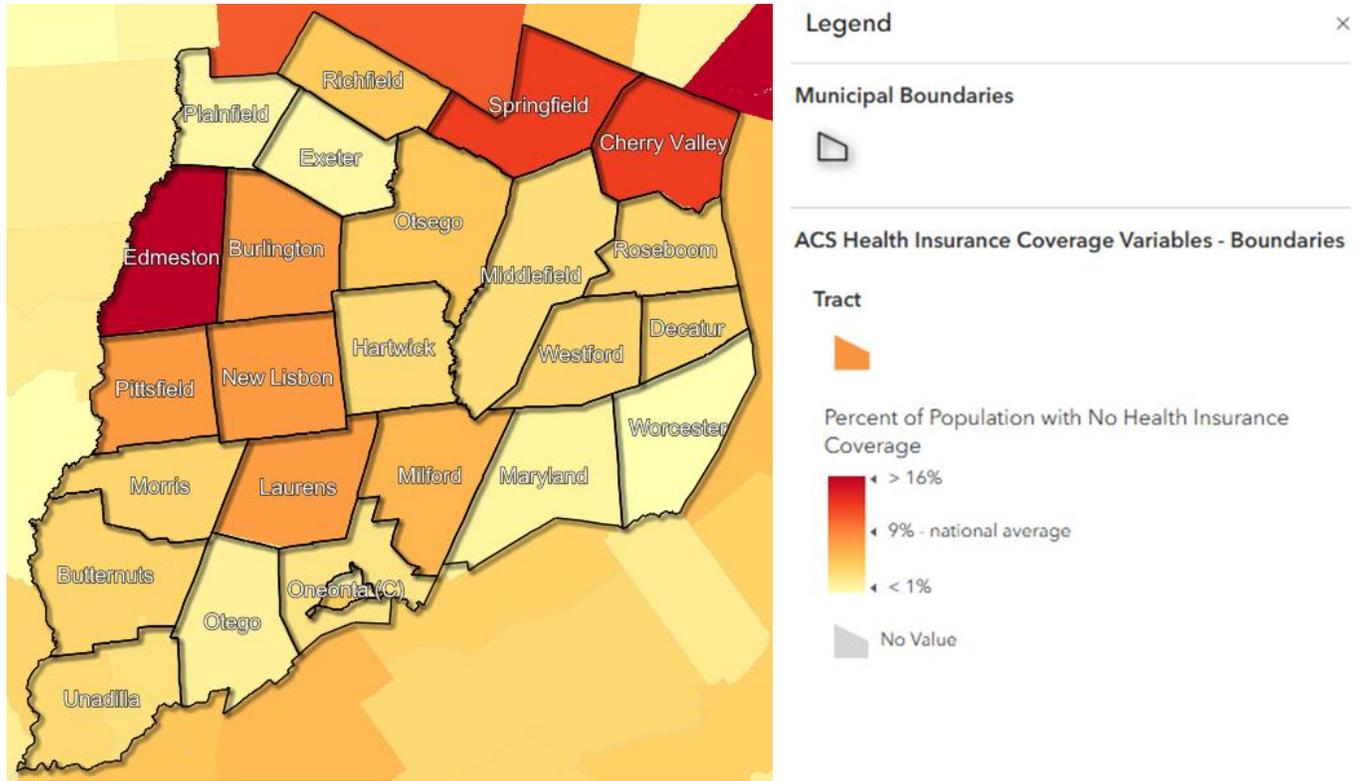
Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
<b>Otsego County, NY</b>	4.7%	4.6%	11.7%	0.4%	0.0%	2.8%	5.9%
<b>New York</b>	3.1%	5.0%	12.9%	4.6%	9.4%	11.8%	6.5%
<b>United States</b>	5.3%	8.9%	18.9%	5.2%	11.4%	19.3%	13.0%

*U.S. Census, American Community Survey (2023); Uninsured Population by Race; S2701*

Report Area	Hispanic or Latino, %	Not Hispanic or Latino, %
<b>Otsego County, NY</b>	4.5%	4.7%
<b>New York</b>	10.0%	3.1%
<b>United States</b>	17.0%	5.3%

*U.S. Census, American Community Survey (2023); Uninsured Population by Ethnicity; S2701*

### Percent of Population with No Health Insurance Coverage



NOTE: American Community Survey, U.S. Census Bureau (2023)

## Crime Rate

Crime rates are an important part of the Social Determinants of Health (SDOH) within the Neighborhood & Built Environment domain, as they influence factors such as walkability, social cohesion, isolation, and even economic stability. The New York State Division of Criminal Justice reports county-level crime data using the Federal Bureau of Investigation’s (FBI) Uniform Crime Reporting (UCR) system. These rates are tracked across four categories: Index crimes, Violent crimes, Property crimes, and Violent crimes involving a firearm.

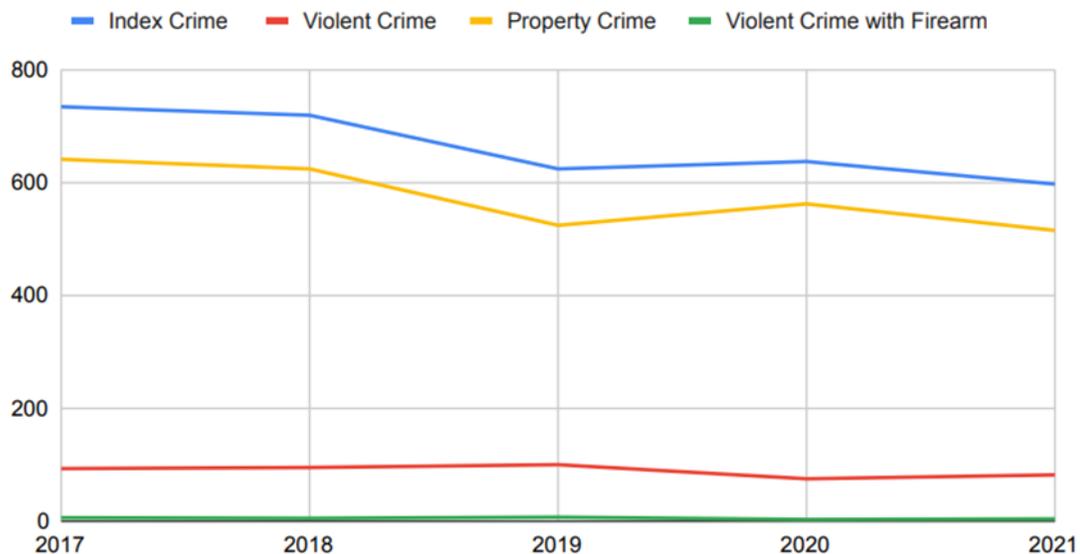
Type of Crime	Definition
<b>Index</b>	murder and non-negligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny (theft), and motor vehicle theft
<b>Violent</b>	Murder, Rape, Robbery, Aggravated Assault
<b>Property</b>	Burglary, Larceny, Motor Vehicle Theft
<b>Violent Crime w/ Firearm</b>	Murder, Rape, Robbery, Aggravated Assault while using a firearm

### 2021 Crime Rates per 100,000 people

	Index Crime		Violent Crime		Property Crime		Violent Crime with Firearm	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
<b>Otsego County, NY</b>	597	997.0	82	136.9	515	860.1	4	6.7
<b>New York State</b>	343,357	1,731.3	76,229	384.4	267,128	1,346.9	12,762	6.4

Federal Bureau of Investigation (FBI), Uniform Crime Reporting (UCR) (2021); Crime Rates

### Otsego County Crime Rates



Federal Bureau of Investigation (FBI), Uniform Crime Reporting (UCR) (2021); Crime Rates

## 9. Physical Environment

### **Access to High-Speed Internet**

High-speed internet access plays a vital role in connecting individuals to health information, linking them with healthcare providers, and supporting social connections. According to the 2023 American Community Survey, 91.7% of Otsego County residents have at least one computing device—such as a computer, laptop, smartphone, or tablet—and 85.6% have access to some form of broadband service.

Universal high-speed internet is a cornerstone of modern rural economic development. By ensuring reliable broadband access, rural communities can participate fully in the digital economy—creating products and services that can be exported nationally and globally, bringing resources and wealth back home. Supporting local entrepreneurs, businesses, and remote workers in digital fields helps generate high-paying jobs, retain talent that might otherwise leave for urban centers, and create new revenue streams that circulate back into local economies.

A thriving rural digital economy depends on three key conditions:

- Technology workforce growth — expanding the number of workers in digital roles, both locally and remotely.
- Education and training pipelines — from high schools and colleges to boot camps and professional development, ensuring a steady supply of local talent.
- Entrepreneurship culture — equipping residents with skills, resources, funding, and mentorship to start and grow digital businesses.

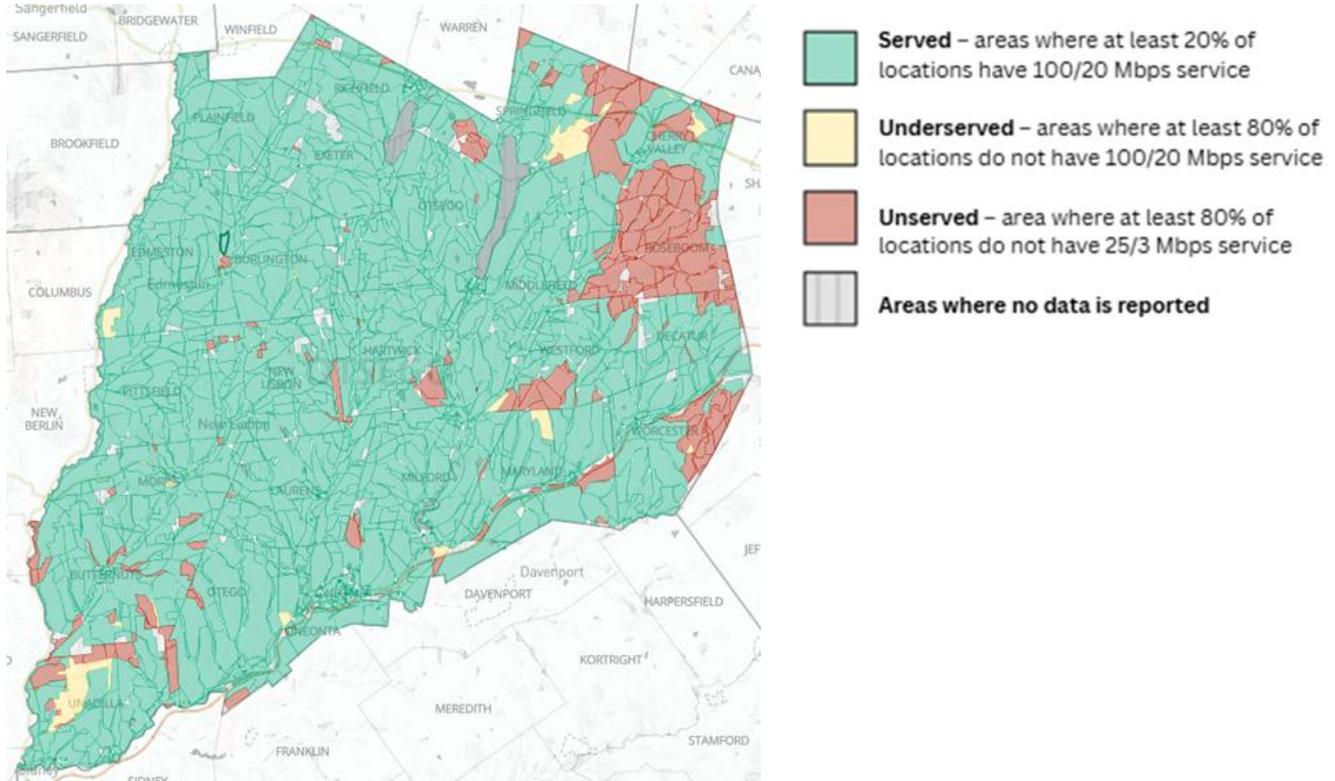
The benefits of broadband reach well beyond the tech sector. In the Southern Tier and other rural areas, universal high-speed internet can:

- Increase property values, boosting tax revenues for community improvements.
- Help local businesses become more efficient and competitive.
- Extend visitor stays by providing reliable connectivity, strengthening tourism.
- Improve healthcare access through telehealth, expanding services and lowering costs.
- Streamline government services with greater online citizen engagement.
- Strengthen emergency communications during climate-related disasters.

Broadband expansion and digital literacy initiatives can transform rural communities—spurring economic growth, improving quality of life, and preserving the character of these regions while preparing them for the future (New York State Department of Transportation, 2025).

The Federal Communications Commission (FCC) (2024) categorizes broadband availability at broadband serviceable locations (BSLs) based on internet speed capacity. Areas are considered unserved if service is unavailable or below 25 Mbps download and 3 Mbps upload. Locations with speeds between 25/3 Mbps and 100/20 Mbps are classified as underserved. Areas achieving at least 100 Mbps download and 20 Mbps upload are considered served.

### Rural Broadband Service Map



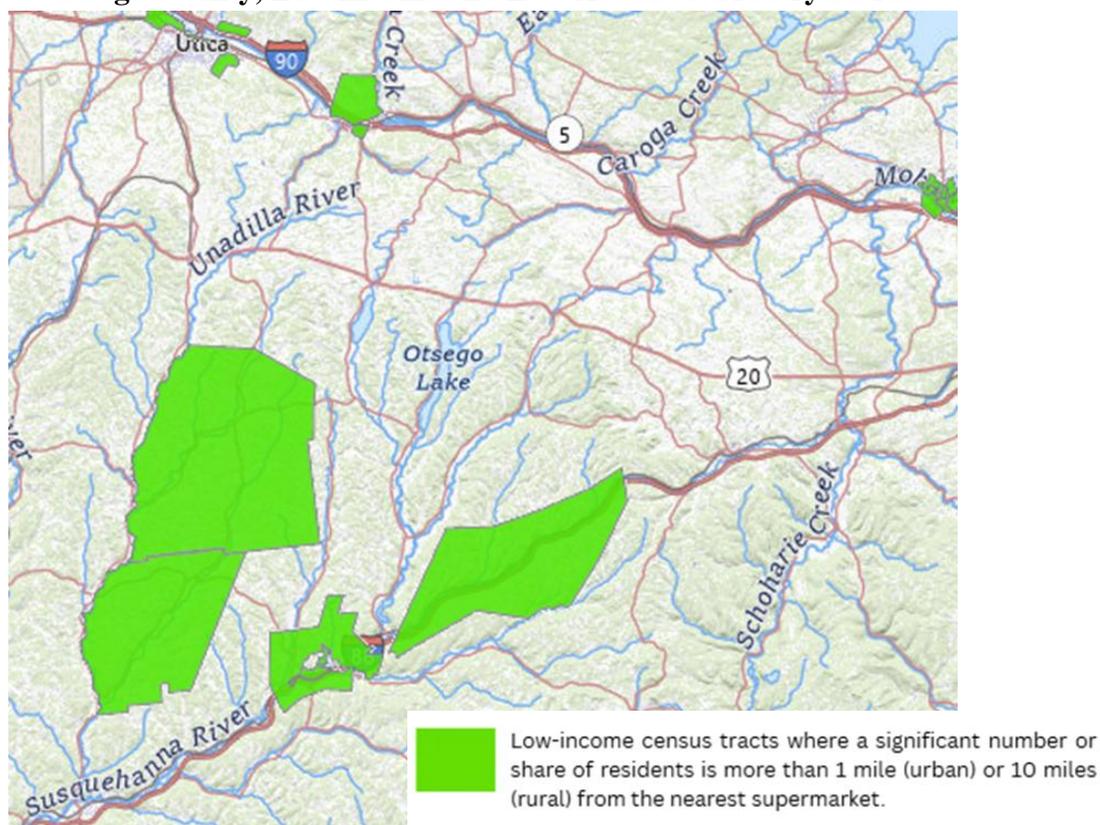
NOTE: Center on Rural Innovation; Interactive Rural Broadband Service Map (2024)

## Access to Healthy Food

Access to nutritious foods is a key factor in lifelong health, as healthy eating patterns help reduce the risk of chronic diseases such as high blood pressure, diabetes, and cancer. Grocery stores that provide fresh fruits and vegetables play an essential role in supporting these habits. National data from 2012–2013 shows that U.S. households are, on average, 2.1 miles from the nearest supermarket (Healthy People 2030, n.d.).

When assessing food access, income and distance are often the most significant determinants. The U.S. Department of Agriculture (USDA, 2024) defines low-income (LI) areas as those with a poverty rate of 20% or more, or with a median family income at or below 80% of the state or metropolitan median. Low-access (L.A.) areas are defined as low-income census tracts where at least 500 residents—or 33% of the population—live more than one mile from a supermarket in urban areas, or more than 10 miles in rural areas.

### Otsego County, Low Income and Low Access to Grocery Stores

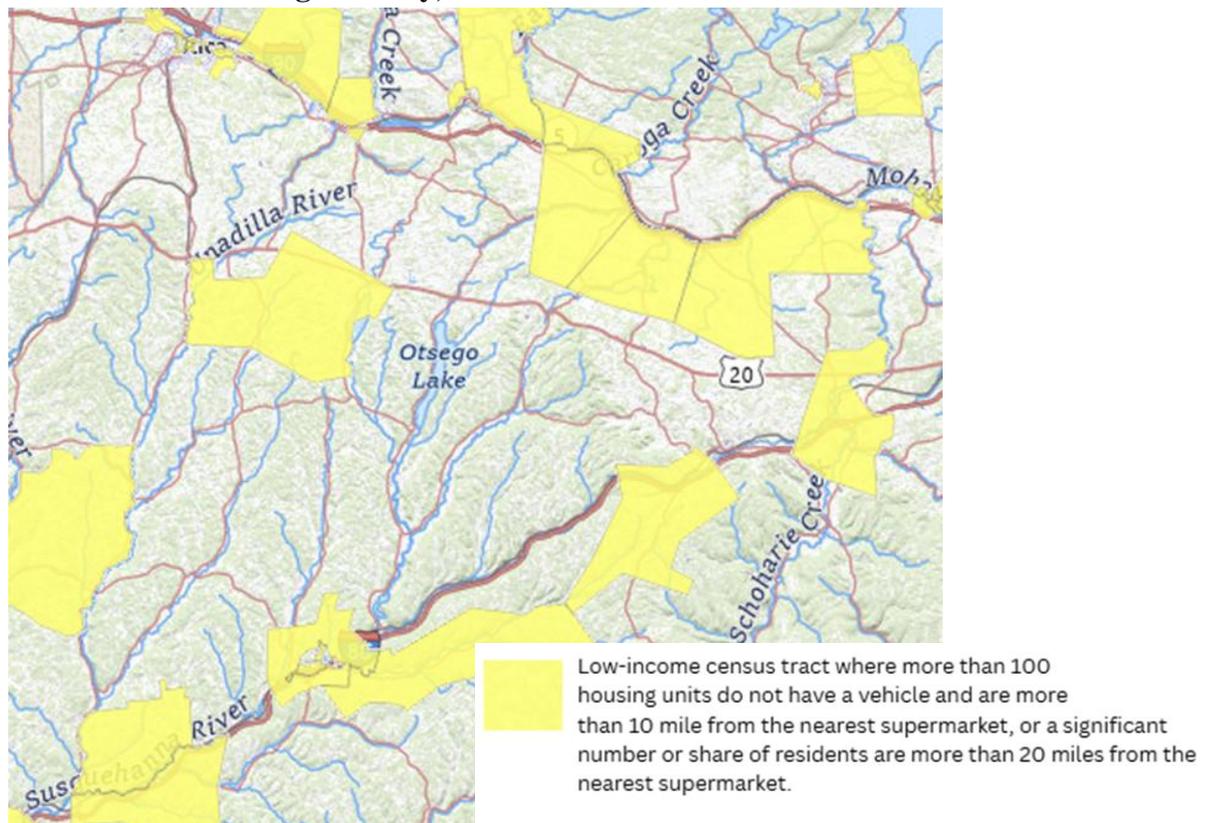


*Note: United States Department of Agriculture (USDA), Low Income & Low Access 2019 (2020)*

## Vehicle Access

The USDA defines low vehicle access as occurring when more than 100 households lack a vehicle and are located more than half a mile from the nearest supermarket, or when a significant number of residents live more than 20 miles from a supermarket (U.S. Department of Agriculture, Economic Research Service, 2024). In regions where grocery stores are far away, reliable transportation can help reduce the challenges of limited food access. In Otsego County, however, access to transportation varies by community, leaving some areas more vulnerable to food insecurity than others.

### Otsego County, Low Vehicle Access



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

## Public Transportation

Transportation is a key Social Determinant of Health (SDOH), directly influencing access to healthcare, employment, education, food, and social engagement. In a rural county such as Otsego, reliable and affordable transportation is essential for residents—particularly for seniors, low-income households, and those without access to a personal vehicle. According to the New York State Prevention Agenda data from 2018-2022 shows that 25.6% of Otsego County residents commute to work using alternative methods of transportation such as public transportation, carpooling, biking, walking, etc.

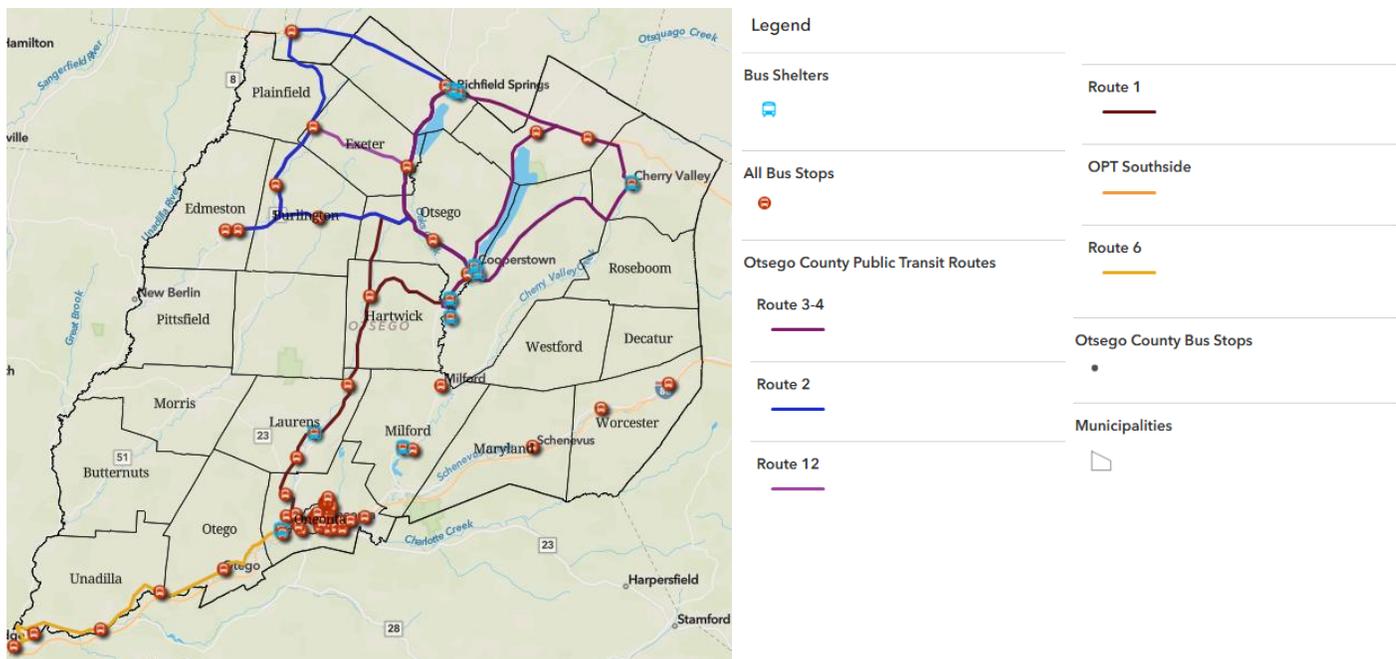
Otsego County offers several public and specialized transportation options, though service availability varies

across the county. The primary public transit system, Otsego Express, is managed by the County Planning Department in partnership with Birnie Bus Service, Inc. and Oneonta Public Transit (OPT). This system provides fixed-route services that connect major population centers, with OPT also offering city routes in Oneonta and a connection to Cooperstown.

Beyond fixed-route transit, specialized transportation programs play an important role in meeting community needs. The County Veterans’ Office provides transportation to Albany VA medical appointments, while the Otsego County Office for the Aging offers rides for seniors to healthcare visits and shopping on a first-come, first-served basis. Bassett Healthcare Network operates a free shuttle for patients and staff between hospital facilities and parking areas. Additional options are available through private companies such as A&D Transport and several local taxi services, though costs can present barriers to frequent use. Seasonal services, such as Cooperstown’s summer trolley, further contribute to local mobility.

Despite these resources, **significant gaps remain**. Coverage is strongest in the population hubs of Oneonta and Cooperstown, but rural areas are often underserved. Limited evening and weekend hours present challenges for residents working nontraditional schedules. Concerns about affordability, long travel distances, and a lack of volunteer driver capacity also persist—with only one dedicated volunteer driver currently serving the county. As a result, residents without personal vehicles or Medicaid coverage often face barriers to accessing healthcare, employment, and community services.

While Otsego County benefits from a mix of public, specialized, and private transportation services, transportation access remains a major challenge for many residents. Addressing these gaps will be critical for ensuring equitable access to healthcare and improving overall quality of life across the county (New York State Department of Transportation, 2025).



NOTE: Otsego County GIS, 2025

## Farming

Given the county's large rural landscape, local farms play an important role in food access by offering direct sales to residents who may otherwise face barriers. According to the USDA Food Environment Atlas (2024), 119 farms in Otsego County reported providing direct sales in 2017. In addition, USDA data from 2018 identified eight farmers' markets in the county—equating to 0.13 markets per 1,000 residents—further expanding food accessibility. In terms of affordability, one market (12.5%) accepts WIC benefits and six markets (75%) accept SNAP benefits, helping ensure low-income households can also benefit from fresh, local foods.

## 10. Relevant Health Indicators

Morbidity and mortality rates tied to specific health behaviors provide valuable insight into community culture and highlight connections between Social Determinants of Health (SDOH) and outcomes. For instance, limited walkability in a community can restrict opportunities for exercise, contributing to higher obesity rates. To track these patterns, the CDC conducts the National Health Interview Survey (NHIS), which gathers data on health status and behaviors through telephone interviews with individuals across the country.

For Otsego County, NHIS data can be paired with local survey findings to better understand how lifestyle behaviors—such as diet, physical activity, and tobacco use—affect chronic disease trends. This information helps public health leaders identify areas where the built environment (like walkability, transportation, or access to recreation) intersects with health outcomes, guiding targeted interventions to improve community well-being.

## Leading Causes of All Deaths for Total Population

Over the past decade in Otsego County, the leading causes of death have remained consistent, mirroring broader rural trends. Heart disease and cancer have occupied the top two positions nearly every year, with age-adjusted death rates for heart disease peaking at approximately **193.5 per 100,000** in 2022 and cancer around **140.4 per 100,000** in that same year. Unintentional injury has also featured prominently, rising in rank and registering **58.6 per 100,000** in 2022. The emergence of COVID-19 in 2020 added a new dimension, accounting for 40.8 deaths per 100,000 in 2022 and ranking as the fourth leading cause of death that year. Chronic lower respiratory diseases (CLRD) have likewise been persistent, with a rate of **29.8 per 100,000** in 2022 (NYSDOH, n.d.). Together, these data highlight the dominance of chronic diseases and injury as drivers of mortality in the county, underscoring the need for sustained prevention efforts around cardiovascular health, oncology, injury prevention, and emerging threats such as pandemics.

		Number of deaths and age-adjusted death rate					
		Total Deaths	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death
Otsego	2022	Total Deaths 715 847.0 per 100,000	Heart Disease 169 193.5 per 100,000	Cancer 128 140.4 per 100,000	Unintentional Injury 37 58.6 per 100,000	COVID-19 35 40.8 per 100,000	CLRD 28 29.8 per 100,000
	2021	Total Deaths 733 890.7 per 100,000	Cancer 133 150.0 per 100,000	Heart Disease 131 154.0 per 100,000	COVID-19 81 95.7 per 100,000	Unintentional Injury 40 72.0 per 100,000	Cerebrovascular Disease 32 37.4 per 100,000
	2020	Total Deaths 690 757.4 per 100,000	Heart Disease 175 182.4 per 100,000	Cancer 146 161.7 per 100,000	CLRD 41 41.5 per 100,000	Cerebrovascular Disease 31 31.9 per 100,000	Unintentional Injury 21 36.7 per 100,000
	2019	Total Deaths 638 706.6 per 100,000	Heart Disease 154 160.9 per 100,000	Cancer 132 146.0 per 100,000	CLRD 39 40.4 per 100,000	Diabetes 27 29.0 per 100,000	Unintentional Injury 25 36.3 per 100,000
	2018	Total Deaths 618 677.3 per 100,000	Heart Disease 153 157.4 per 100,000	Cancer 133 146.8 per 100,000	CLRD 36 33.9 per 100,000	Diabetes 26 26.5 per 100,000	Cerebrovascular Disease 23 23.2 per 100,000

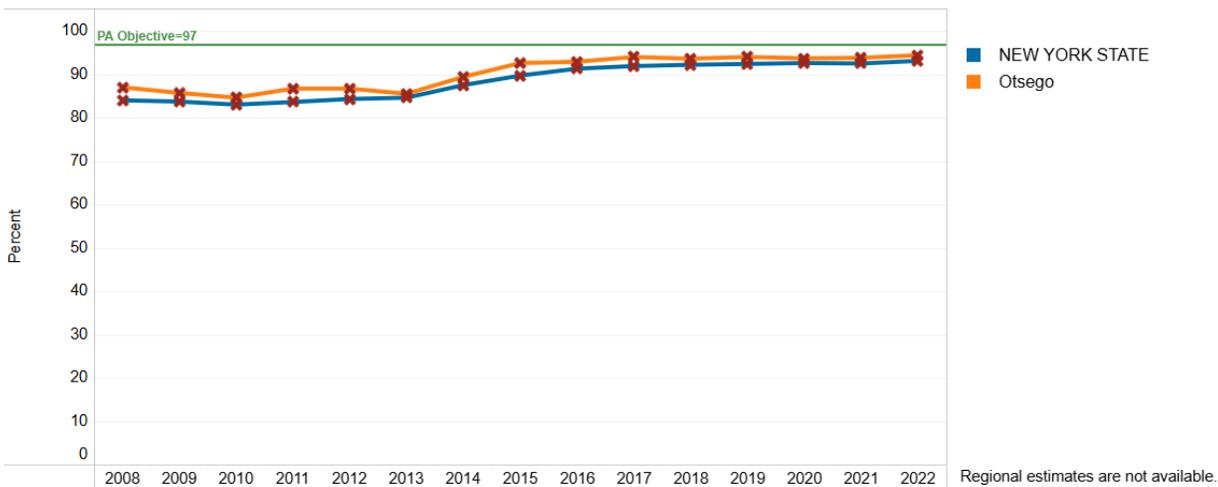
NOTE: New York State Department of Health, n.d. Leading Causes of All Deaths for Total Population; updated February 2025

## New York State Prevention Agenda Priority Area: Improve Health Status and Reduce Health Disparities

### Percent of Adults with Health Insurance, Aged 18-64 years

In 2022, **5.5%** of adults aged 18–64 in Otsego County lacked health insurance coverage, meaning a portion of the working-age population remains without consistent access to care. While Otsego County’s coverage rate (**94.5%**) is slightly higher than the New York State average (**93.2%**), it still falls short of the New York State Prevention Agenda 2024 objective of **97%**. This gap highlights the ongoing challenge of ensuring universal access to affordable healthcare. Uninsured residents are less likely to seek preventive or routine medical services and often delay care until conditions become severe, contributing to higher rates of potentially preventable hospitalizations. Continued efforts are needed to expand insurance enrollment, particularly among part-time workers, self-employed individuals, and young adults who may not have access to employer-sponsored coverage.

Percentage of adults with health insurance, aged 18-64 years



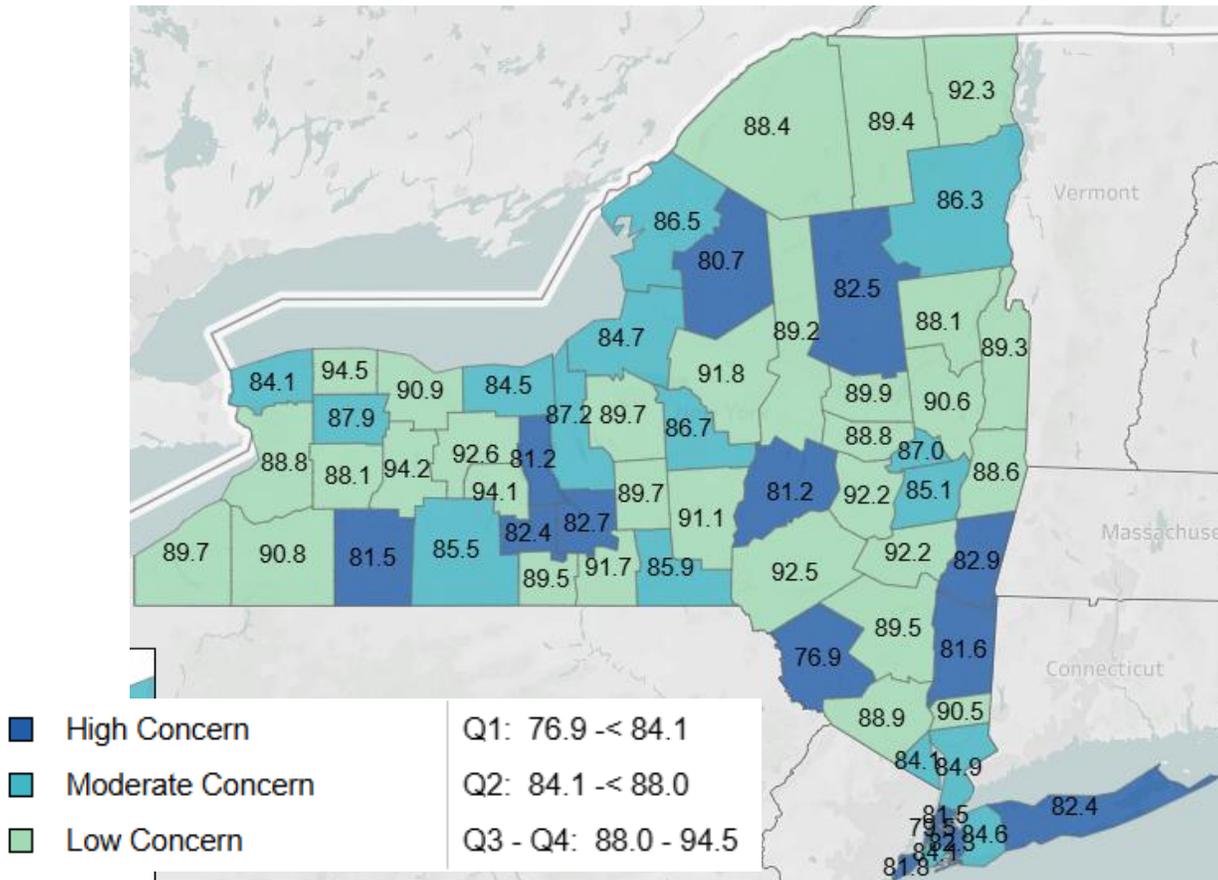
Indicator Status  
 x Unmet

Note: New York State Department of Health Prevention Agenda

## Adults who Have a Regular Health Care Provider

In 2021, **81.2%** of adults in Otsego County reported having a regular healthcare provider, a figure that falls short of both the New York State average of **85.0%** and the Prevention Agenda 2024 objective of **86.7%**. This gap indicates that nearly one in five adults in the county lacks a consistent source of primary care, which can lead to delayed treatment, increased use of emergency services, and poorer management of chronic conditions. Limited provider availability, transportation barriers, and long appointment wait times likely contribute to this shortfall. Strengthening access to primary care through expanded provider networks, telehealth services, and community-based outreach remains a key opportunity to improve continuity of care and advance local health outcomes.

### New York State, Adults who Have a Regular Health Care Provider, age-adjusted percentage



NOTE: New York State Department of Health Prevention Agenda: Adults who Have a Regular Health Care Provider, age-adjusted percentage (2021)

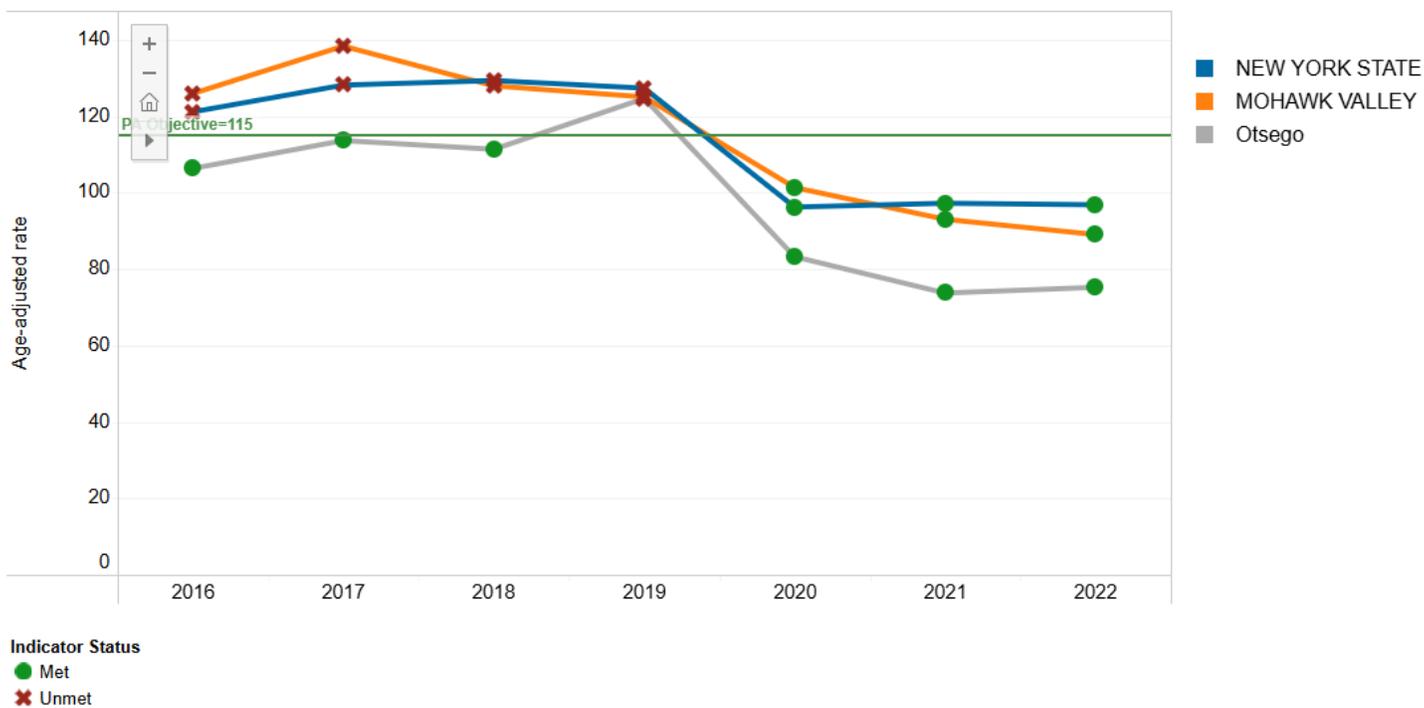
## Potentially Preventable Hospitalizations Among Adults

This indicator reflects how effectively a community’s healthcare system is managing chronic diseases and providing timely, appropriate outpatient care. Lower rates suggest that residents are accessing preventive and primary care services that help reduce avoidable hospital admissions.

In 2022, Otsego County reported an age-adjusted rate of **75.2 potentially preventable hospitalizations per 10,000** adults, which is well below the New York State Prevention Agenda 2024 objective of **115.0**. This achievement indicates strong local performance and represents one of the county’s notable public health successes.

These results suggest that investments in care coordination, chronic disease management programs, and expanded access to outpatient and primary care are helping residents better manage health conditions before they become severe. Continued focus on preventive health education and addressing barriers such as transportation and provider availability will help sustain and further improve these outcomes.

**Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000**



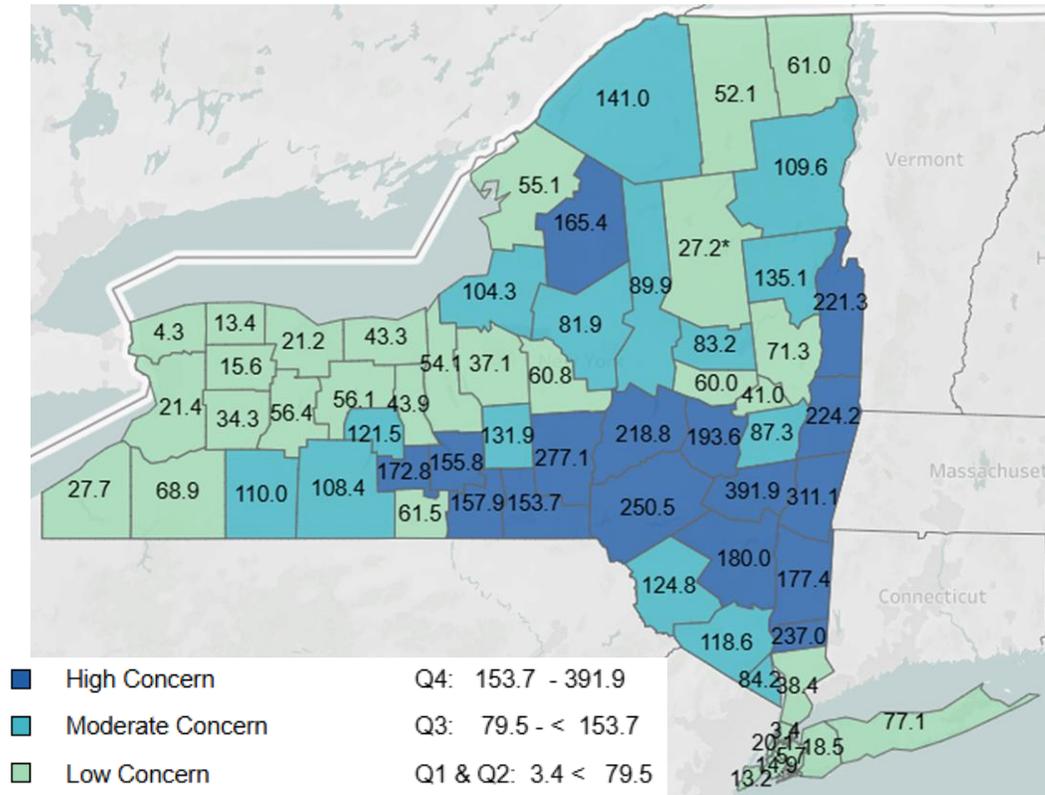
Note: New York State Department of Health Prevention Agenda

## Lyme Disease

Lyme disease incidence is closely tied to health behaviors, particularly those related to outdoor activity, use of personal protective measures, and engagement in preventive health care. Behaviors such as wearing protective clothing, using insect repellent, performing regular tick checks after outdoor activities, and seeking timely medical evaluation all influence individual risk. Counties with higher rates of outdoor recreation, such as Otsego County, or occupations in wooded or grassy areas may experience greater exposure, making preventive behaviors critical in reducing Lyme disease incidence.

According to the New York State Community Health Indicator Reports (CHIRS), Otsego County recorded a Lyme disease incidence rate of **218.8 per 100,000** residents between 2020 and 2022—substantially higher than the Mohawk Valley region (**125.8**) and the New York State average (**46.5**).

**New York State, Lyme Disease Incidence per 100,000**



NOTE: New York State Community Health Indicator Reports Dashboard: Lyme disease incidence per 100,000, 2020-2022

## New York State Prevention Agenda Priority Area: Prevent Chronic Diseases

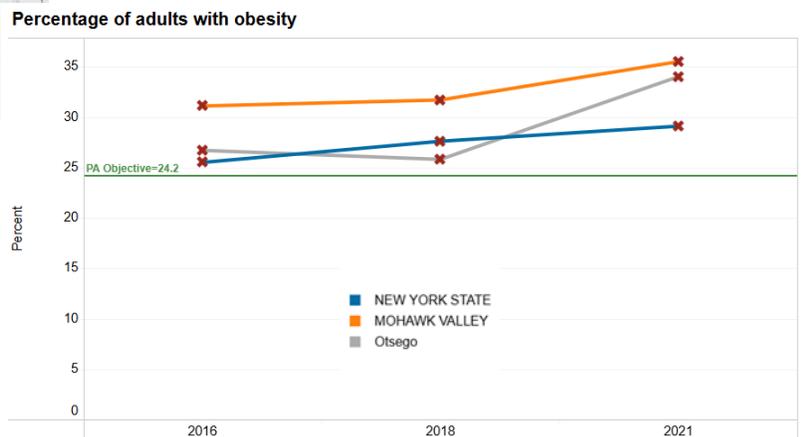
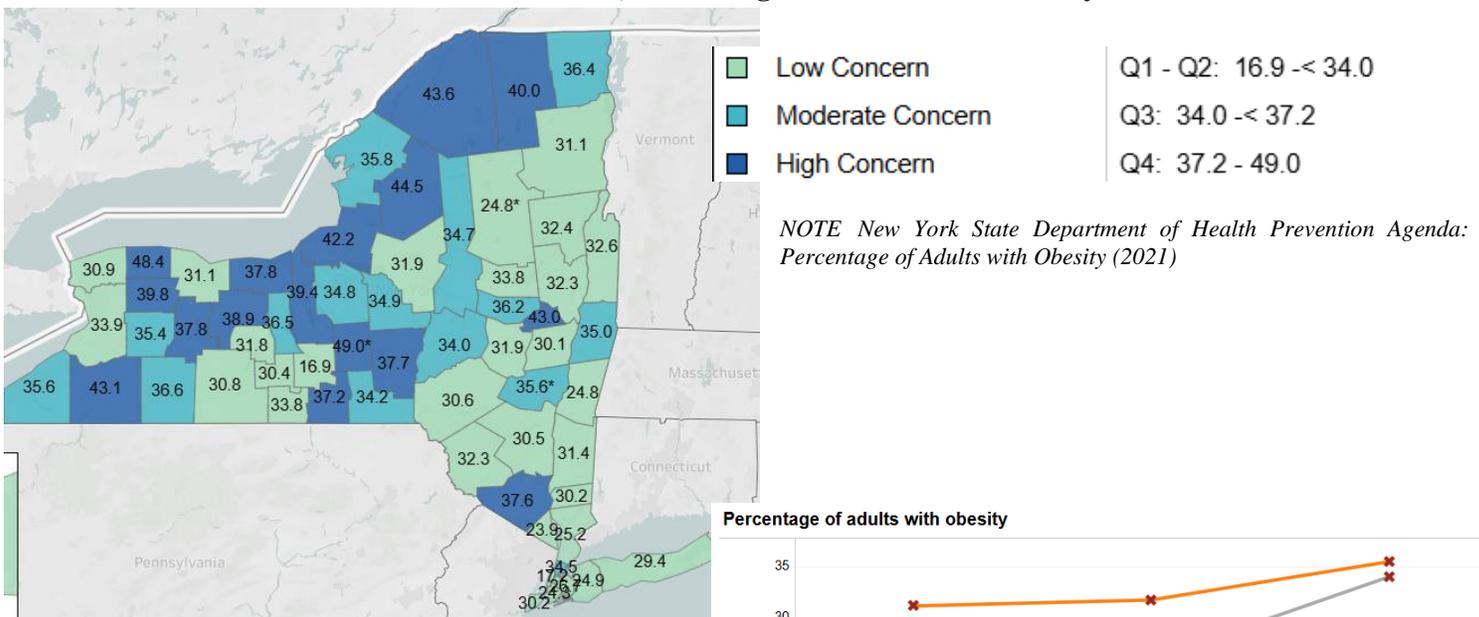
### Adult Obesity

Obesity remains a significant health challenge in Otsego County, reflecting a persistent gap between local outcomes and state prevention goals. According to the New York State Prevention Agenda, **34%** of adults in Otsego County were classified as obese in 2021, based on a body mass index (BMI) of 30 kg/m<sup>2</sup> or higher. This rate exceeds both the Prevention Agenda 2024 objective of **24.2%** and the New York State average of **29.2%**, indicating a continuing upward trend in adult obesity.

Multiple factors contribute to this disparity, including limited access to affordable healthy foods, insufficient opportunities for physical activity—particularly in rural areas—and transportation challenges that restrict participation in health and wellness programs. Social determinants such as income, housing stability, and neighborhood walkability also play an important role in shaping lifestyle behaviors.

The elevated prevalence of obesity in Otsego County underscores the need for expanded community-based nutrition education, enhanced access to recreational spaces, and stronger integration of preventive health initiatives. Addressing these underlying barriers is critical to improving long-term health outcomes and reducing chronic disease risks associated with obesity.

**New York State, Percentage of Adults with Obesity**



*NOTE: New York State Department of Health Prevention Agenda*

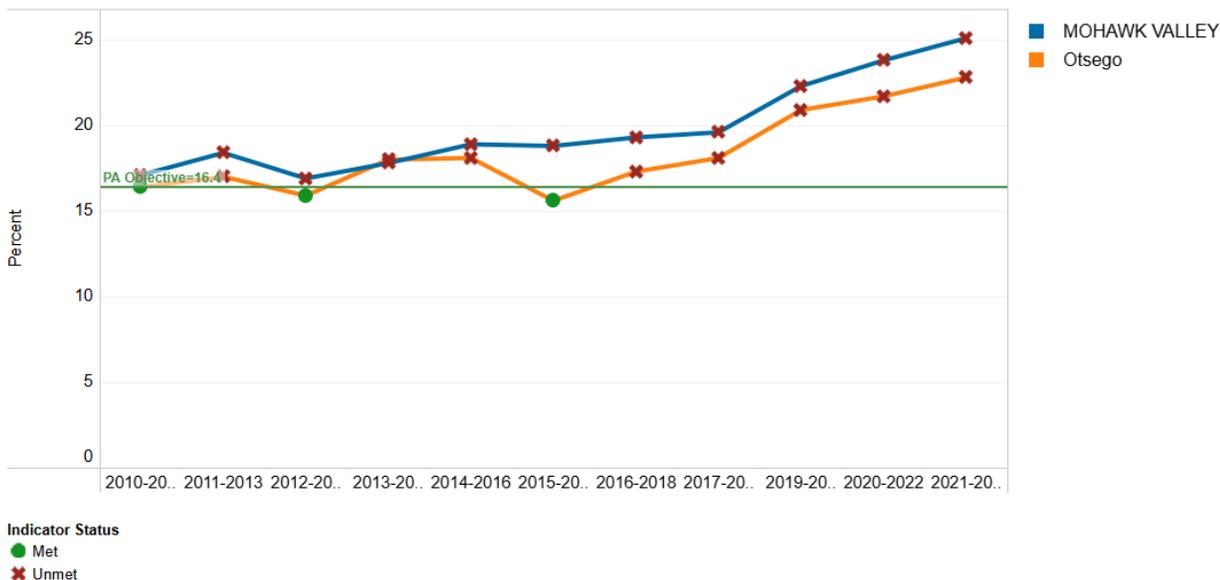
Indicator Status  
 ✖ Unmet

## Childhood Obesity

Childhood obesity continues to be a concern in Otsego County, with current rates exceeding state prevention targets. According to the New York State Prevention Agenda, **16.0%** of children aged 2–4 years participating in the WIC program were classified as obese in 2017—above the state’s 2024 objective of **13.0%**. Among children and adolescents statewide (outside New York City), the obesity rate for 2021–2023 was **22.8%**, also higher than the Prevention Agenda goal of **16.4%**.

These findings indicate that progress toward reducing childhood obesity has not yet been met, and trends continue to worsen. Contributing factors likely include limited access to affordable, nutritious foods; inadequate opportunities for physical activity; and environmental or socioeconomic barriers that make healthy lifestyle choices more difficult for families. Early prevention through school-based wellness initiatives, nutrition education, and increased access to safe play and recreation spaces remains critical to reversing these trends and supporting healthier outcomes for children across Otsego County.

Percentage of children and adolescents with obesity (New York State outside New York City)



NOTE: New York State Department of Health Prevention Agenda

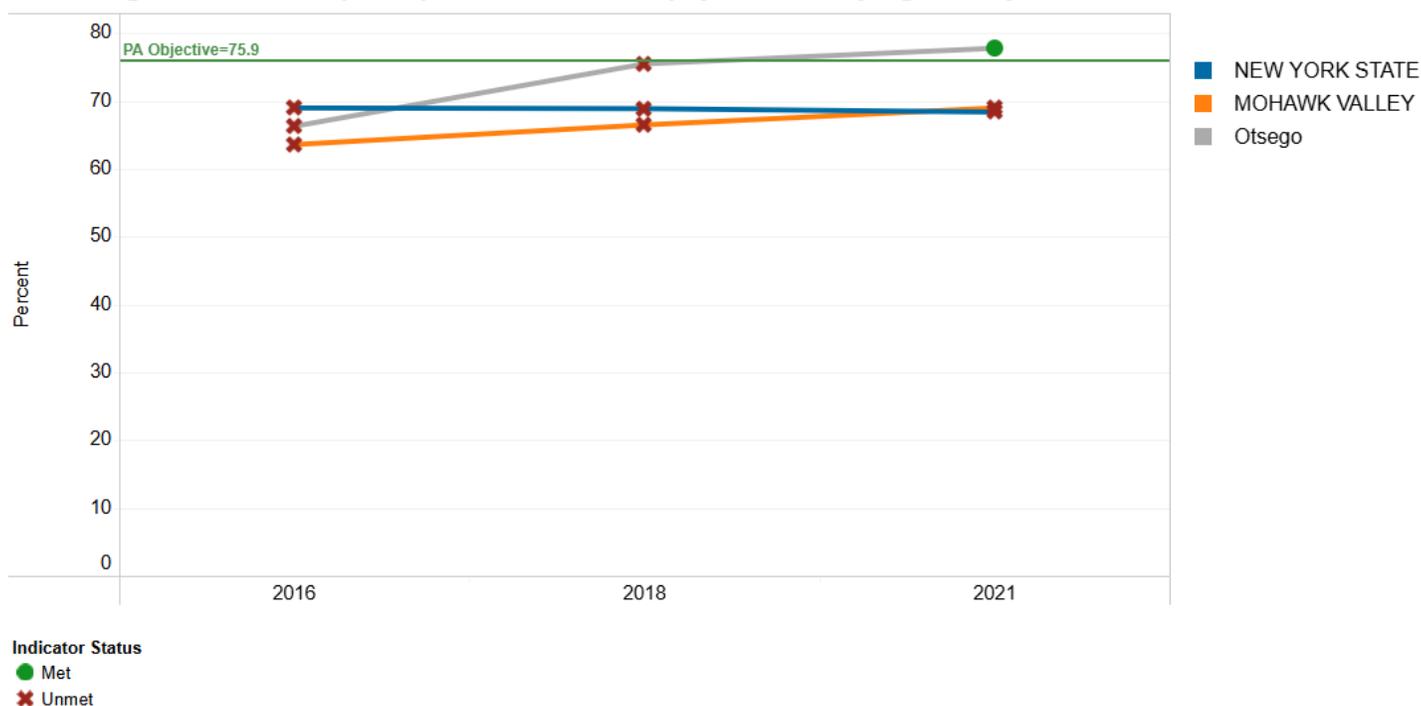
## Adults 65+ Years who Participate in Leisure-Time Physical Activity

Physical activity plays a critical role in maintaining health, independence, and quality of life among older adults. Engaging in regular leisure-time physical activity helps reduce the risk of chronic diseases, supports mental health, and improves mobility and balance, which are key to preventing falls and maintaining autonomy in later life.

According to the New York State Community Health Indicator Reports (CHIRS), in 2021, **77.8%** of adults aged 65 years and older in Otsego County participated in leisure-time physical activity. This rate is higher than both the Mohawk Valley region (**69.0%**) and New York State (**68.4%**), exceeding the Prevention Agenda 2024 objective of **75.9%**.

These results suggest that Otsego County’s older population is relatively active compared to state and regional averages—an encouraging sign of healthy aging. Continued investment in accessible recreational spaces, senior fitness programs, and walkable community design will be important to sustaining and improving these positive trends.

**Percentage of adults who participate in leisure-time physical activity, aged 65+ years**



NOTE: New York State Department of Health Prevention Agenda

## Adult Smoking

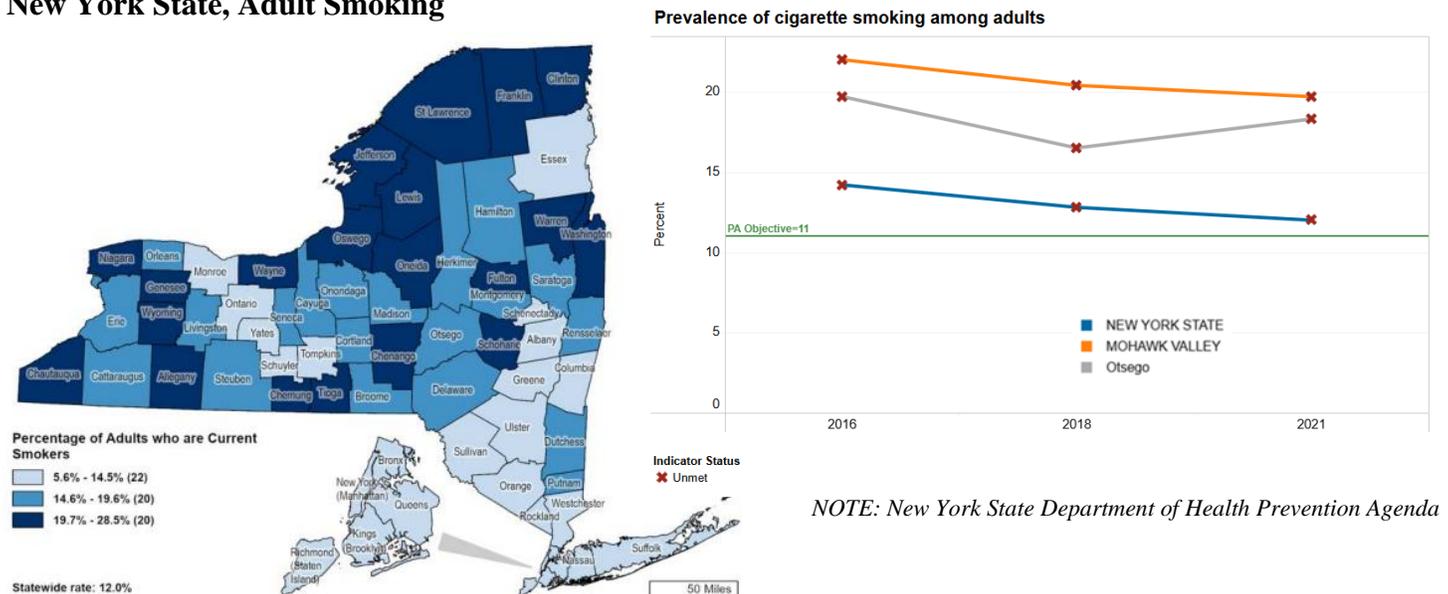
According to the National Health Interview Survey (NHIS, 2022), adult cigarette smoking has steadily declined nationwide over the past several decades. However, most tobacco users continue to rely on combustible products, with cigarettes remaining the most used form. E-cigarettes, or vapes, are now the second most common tobacco product, and their use among adults increased between 2019 and 2022.

Locally, smoking rates in Otsego County remain higher than state targets and have shown only minimal improvement over time. According to the New York State Behavioral Risk Factor Surveillance System (BRFSS), 18.3% of adults in Otsego County were current smokers in 2021, compared to 19.7% in 2016. This is a decline of just 1.4% over five years, indicating that progress has been slow and stagnant. These rates remain higher than both the Mohawk Valley region (19.7%) and the New York State average (12.0%).

Further data from the New York State Prevention Agenda reinforce this concern: 18.3% of adults in Otsego County smoke cigarettes, exceeding the state objective of 11.0%. Among adults with annual incomes below \$25,000, the rate increases to 25.8%, compared to a goal of 15.3%.

While the long-term trend shows a gradual decline, the pace of reduction is alarmingly slow, underscoring the need for renewed focus on tobacco prevention and cessation. Expanding access to cessation programs, increasing education about vaping and tobacco alternatives, and addressing the socioeconomic factors driving tobacco use are key steps to accelerating progress toward statewide health goals.

### New York State, Adult Smoking



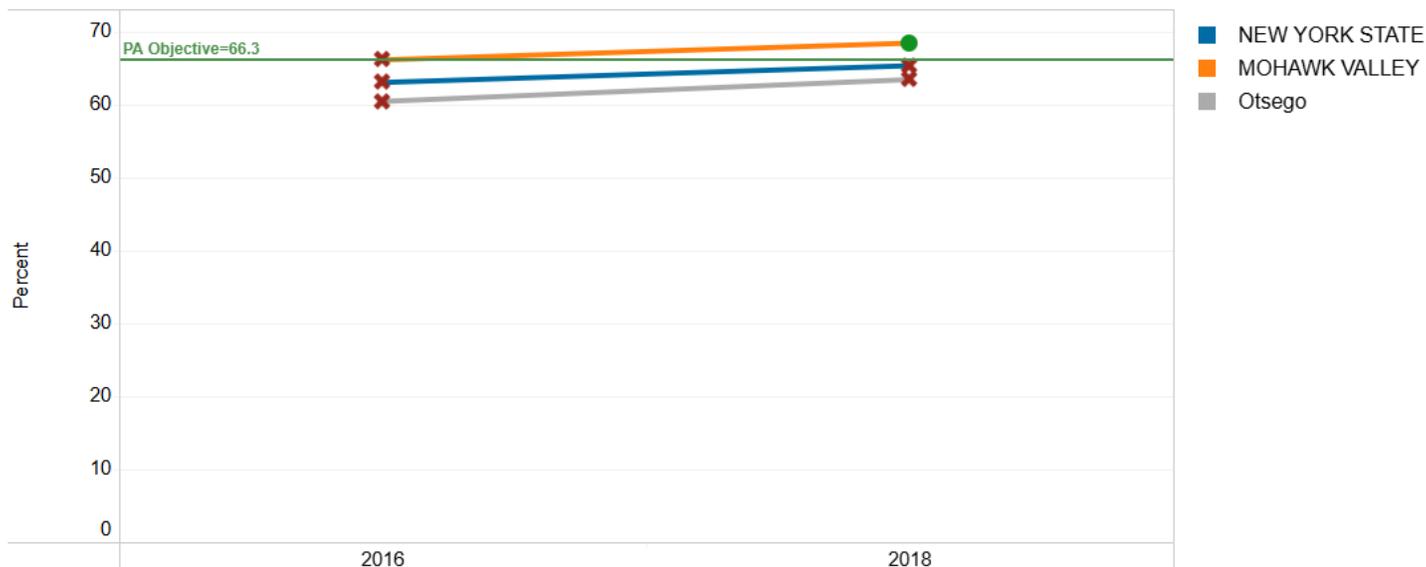
NOTE: New York State Behavioral Risk Factor Surveillance System (BRFSS); Prevalence of Current Smoking Among Adults in New York State by County (2021)

## Colorectal Cancer Screening

The rate of colorectal cancer screening among adults in Otsego County remains slightly below the state’s Prevention Agenda target. In 2018, **63.5%** of adults aged 50–64 reported receiving a colorectal cancer screening based on the most recent guidelines, compared to the New York State Prevention Agenda 2024 objective of **66.3%**. This indicator was marked as “unmet” with no change in performance since the previous reporting period, indicating that progress toward increasing screening rates has stalled.

Early detection through regular cancer screening plays a critical role in reducing mortality and improving outcomes. The modest screening rate suggests that barriers such as limited access to preventive care, lack of awareness, and transportation challenges may still hinder participation. Continued efforts to promote education, expand screening accessibility, and integrate preventive care within primary health services are essential to closing this gap and improving long-term health outcomes in the county.

**Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines, aged 50-64 years**



**Indicator Status**

- Met
- ✘ Unmet

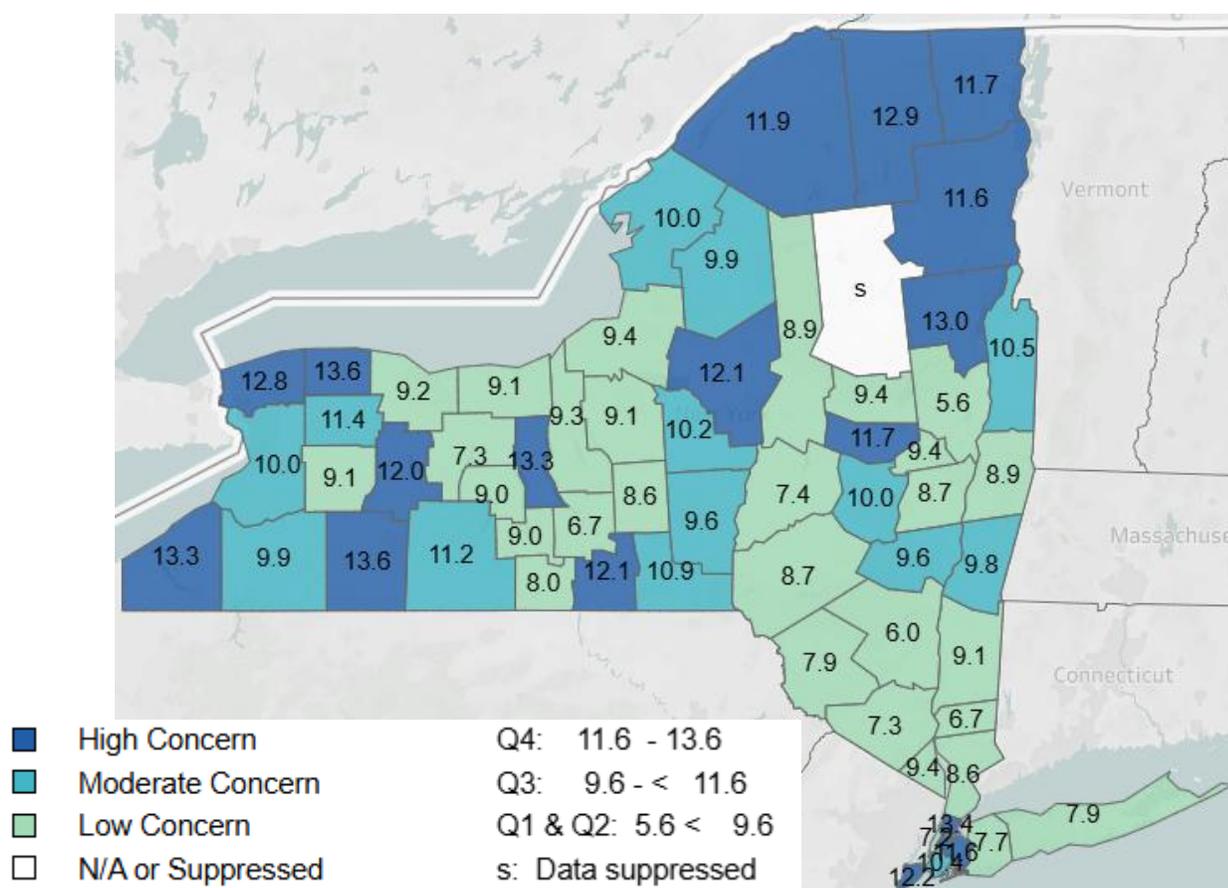
NOTE: New York State Department of Health Prevention Agenda

## Adult Diabetes

Diabetes is a chronic disease marked by high levels of glucose (blood sugar) in the blood. Glucose comes from the foods we eat, and the hormone insulin helps move it into cells to be used for energy. In Type 1 diabetes, the body does not produce insulin. In Type 2 diabetes—the more common form—the body does not use insulin effectively, making it difficult to maintain normal blood sugar levels. Risk factors for developing diabetes include obesity, physical inactivity, age over 45, and family history (Centers for Disease Control and Prevention [CDC], 2024).

According to the New York State Community Health Indicator Reports (CHIRS), **7.4%** of adults in Otsego County had physician-diagnosed diabetes in 2021 (age-adjusted). This rate is lower than both the Mohawk Valley region (**9.7%**) and the New York State average (**10.2%**) (New York State Department of Health, 2024).

**New York State, Adult Diabetes**



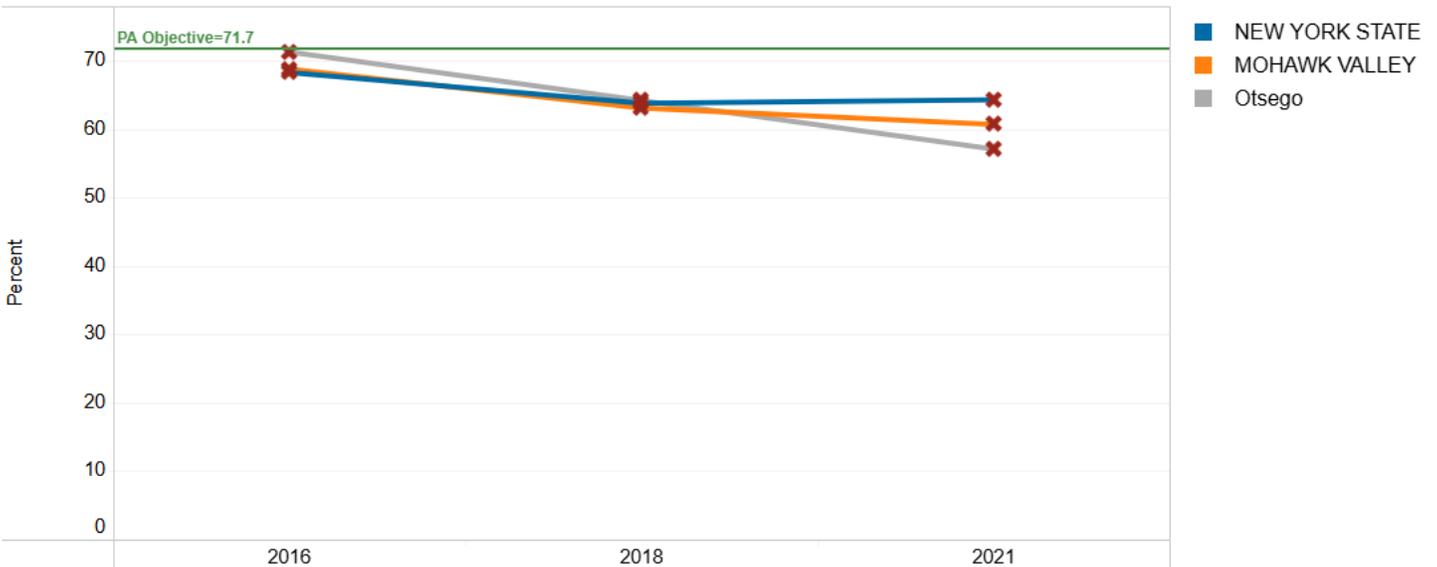
*NOTE: New York State Community Health Indicator Reports Dashboard: Age-adjusted percentage with physician diagnosed diabetes (2021)*

## Diabetic/High Blood Sugar Testing

The percentage of adults aged 45 and older in Otsego County who reported having a test for high blood sugar or diabetes within the past three years has declined over time, indicating a concerning trend in preventive care participation. In 2016, **71.3%** of adults had been tested, but this figure dropped to **64.2%** in 2018 and further to **57.1%** by 2021. This represents a decline of more than 14 percentage points over five years, moving the county further from the New York State Prevention Agenda 2024 objective of **71.7%**.

Otsego County now trails both the Mohawk Valley region (**60.7%**) and the New York State average (**64.3%**) in diabetes screening rates. Regular screening is essential for early detection and management of diabetes, particularly as rates of obesity and chronic disease continue to rise. The downward trend suggests that barriers such as limited provider access, transportation challenges, and gaps in preventive health awareness may be reducing participation. Strengthening community outreach, expanding access to primary care, and promoting the importance of routine screening are key strategies to help reverse this decline and improve long-term health outcomes in the county.

**Percentage of adults who had a test for high blood sugar or diabetes within the past three years, aged 45+ years**



Indicator Status  
 ✘ Unmet

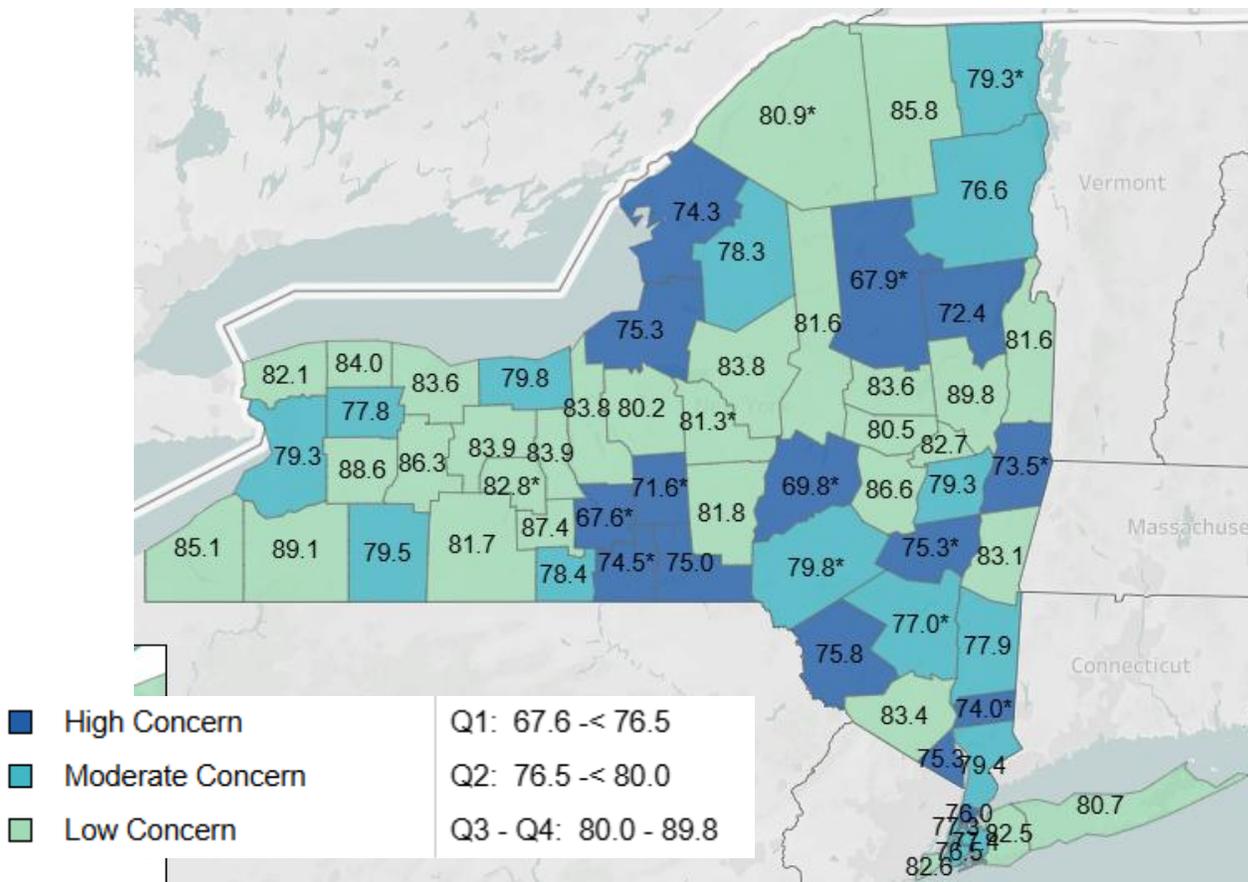
NOTE: New York State Department of Health Prevention Agenda

## Hypertension Management

In Otsego County, **69.8%** of adults with hypertension reported taking medication to manage their high blood pressure in 2021—a rate that has remained virtually unchanged since 2016 (**69.9%**). This figure falls significantly below both the New York State average (**80.2%**) and the Mohawk Valley regional rate (**80.9%**), as well as the New York State Prevention Agenda 2024 objective of **80.7%**.

The lack of progress over the past five years highlights persistent barriers to effective hypertension management within the county. Potential contributing factors include limited access to primary care providers, inconsistent follow-up care, medication affordability, and gaps in preventive health education. High blood pressure remains a major risk factor for heart disease and stroke—the leading causes of death in Otsego County—making improved management and treatment adherence a key public health priority. Targeted interventions that expand access to care, support medication adherence, and promote healthy lifestyle changes are essential to closing this gap and reducing cardiovascular disease burden.

### New York State, Percentage of Adults with Hypertension who are Currently Taking Medicine to Manage their High Blood Pressure



*NOTE New York State Department of Health Prevention Agenda: Percentage of Adults with Hypertension who are Currently Taking Medicine to Manage their High Blood Pressure (2021)*

## **New York State Prevention Agenda Priority Area: Promote Healthy Women, Infants, and Children**

### **Women with a Preventive Medical Visit in the Past Year, aged 45+ years**

Preventive medical visits are a cornerstone of women's health, helping identify potential health issues early and supporting long-term well-being. Regular checkups allow healthcare providers to conduct important screenings for chronic conditions, cancer, and other age-related health concerns, as well as promote vaccinations and healthy lifestyle habits.

According to the New York State Prevention Agenda Indicators, in 2021, **88.7%** of women aged 45 years and older in Otsego County reported having a preventive medical visit in the past year. This rate exceeds both the Mohawk Valley region (**88.6%**) and the Prevention Agenda 2024 objective of **85.0%**.

These findings highlight a strong local commitment to preventive care among women in Otsego County.

Maintaining this progress will depend on continued efforts to ensure access to healthcare providers, promote health education, and address potential barriers such as transportation, insurance coverage, and appointment availability.

## New York State Prevention Agenda Priority Area: Promote a Healthy and Safe Environment

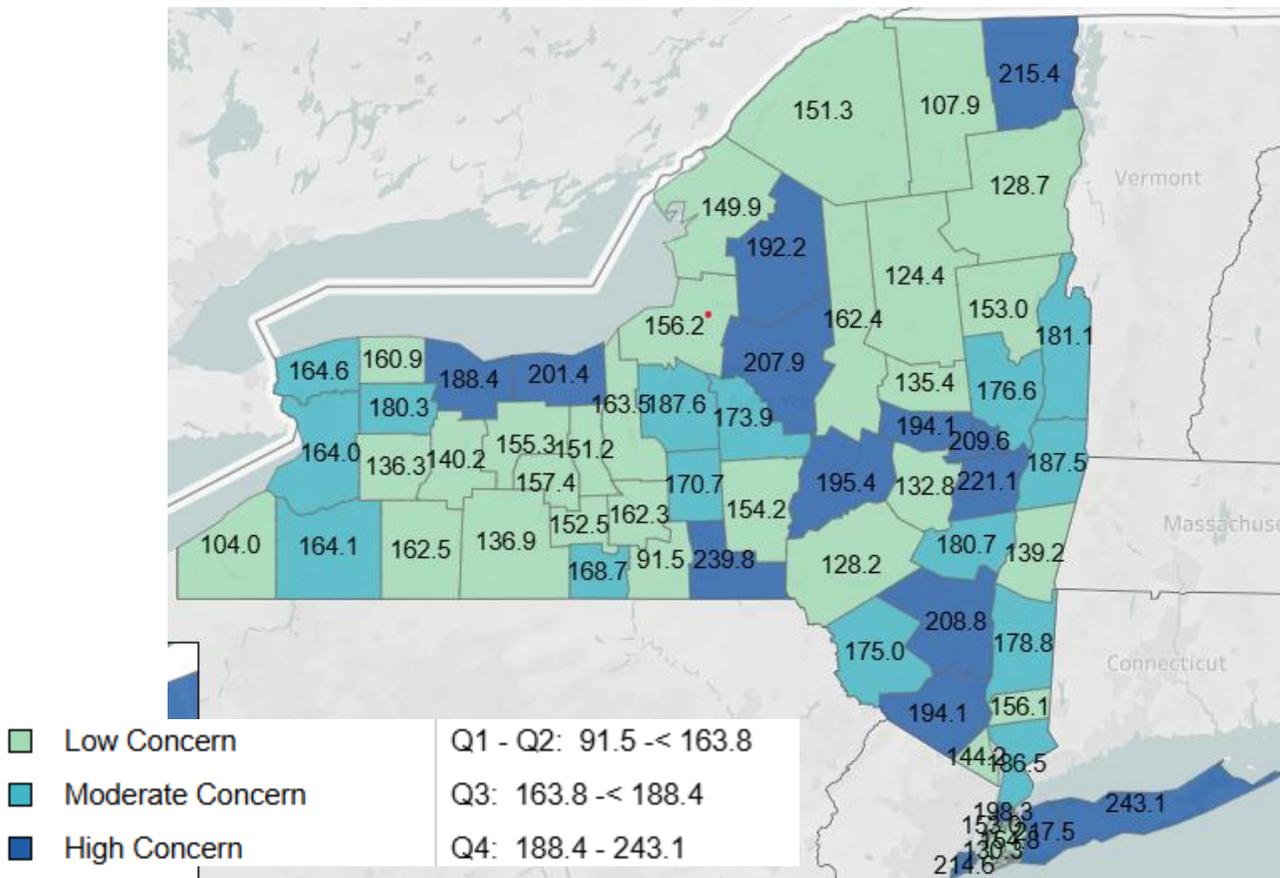
### Hospitalizations Due to Falls, Ages 65+ Years

In 2020, Otsego County reported a hospitalization rate of **195.4 per 10,000** adults aged 65 and older due to falls, which is higher than both the New York State average (**177.2**) and the Mohawk Valley regional rate (**166.5**). This rate also exceeds the New York State Prevention Agenda 2024 objective of **173.7**, indicating that falls among older adults remain a significant public health concern in the county.

Falls are a leading cause of injury-related hospitalizations and deaths among seniors and are often linked to factors such as limited mobility, medication side effects, environmental hazards, and underlying chronic conditions. Otsego County’s higher fall-related hospitalization rate may also reflect the challenges of living in a predominantly rural area, where uneven terrain, limited home safety modifications, and reduced access to preventive programs—such as strength training and balance classes—can increase risk.

Addressing this issue will require coordinated efforts between healthcare providers, community organizations, and senior service programs to expand fall-prevention education, improve home safety assessments, and enhance access to supportive services that help older adults maintain strength, balance, and independence.

#### New York State, Hospitalizations due to Falls Among Adults, rate per 10,000 population, aged 65+ years



NOTE: NYS DOH Prevention Agenda: Hospitalizations due to Falls Among Adults, rate per 10,000 population, aged 65+ years (2020)

## New York State Prevention Agenda Priority Area: Promote Well Being and Prevent Mental and Substance Use Disorders

### Excessive Alcohol Consumption

According to the Centers for Disease Control and Prevention (CDC, 2024), excessive alcohol use includes:

- Binge drinking: Four or more drinks on one occasion for women, or five or more for men.
- Heavy drinking: Eight or more drinks per week for women, or 15 or more for men.
- Underage drinking: Any alcohol use by individuals under age 21.
- Drinking during pregnancy: Any alcohol use while pregnant.

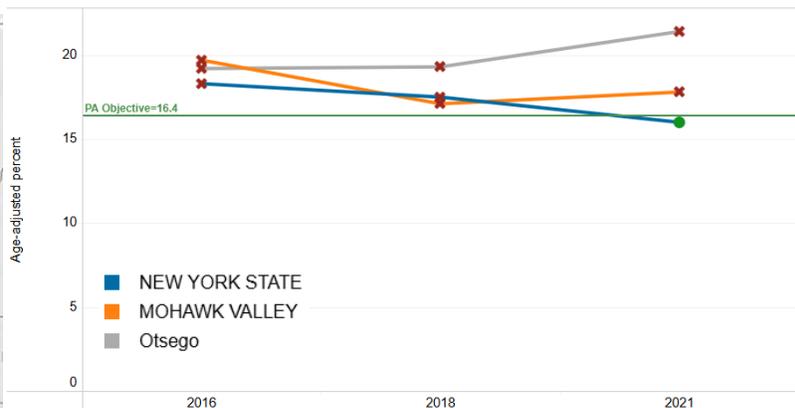
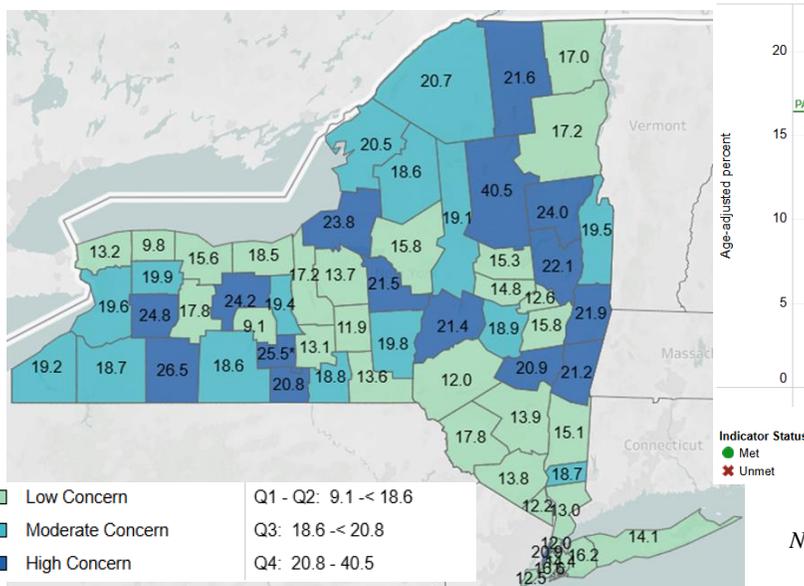
Excessive drinking, such as heavy and binge drinking, contributes to approximately 178,000 deaths per year in the United States. It is also associated with numerous long-term health effects, including certain cancers, heart and cardiovascular diseases, liver disease, and mental health disorders.

According to the New York State Community Health Indicator Reports (CHIRS), in Otsego County, the age-adjusted percentage of adults who reported binge drinking during the past month was **21.4%** in 2021—an increase from **19.3%** in 2018 and **19.2%** in 2016. This upward trend stands in contrast to state and regional progress, as rates have declined in both New York State (from **18.3%** in 2016 to **16.0%** in 2021) and the Mohawk Valley region (from **19.7%** to **17.8%**).

Otsego County’s rate now exceeds both the Mohawk Valley and state averages, indicating that binge drinking remains a persistent public health concern. The trend suggests a need for continued community-based prevention efforts, including public education, harm reduction strategies, and partnerships with local healthcare providers to address alcohol misuse and its associated health risks.

### New York State, Adult Binge Drinking

Binge drinking during the past month among adults, age-adjusted percentage



NOTE: New York State Department of Health Prevention Agenda

NOTE: NYS Community Health Indicator Reports Dashboard: Age-adjusted percentage of adults binge drinking during the past month (2021)

### Drug Overdose Death

Drug overdose deaths remain a significant public health concern in the United States. Monitoring mortality rates provides important insight into the changing nature of the epidemic and helps guide interventions and policies. The CDC’s National Vital Statistics System (NVSS) tracks county-level causes of death, including overdoses. In response to the growing opioid public health crisis, New York State established a Heroin and Opioid Task Force in May 2016 (New York State Department of Health, 2024).

In Otsego County, the age-adjusted rate of overdose deaths involving any opioids was **27.9 per 100,000** population in 2022—higher than both the Mohawk Valley region (**25.8**) and New York State (**26.7**) and nearly double the Prevention Agenda 2024 objective of **14.3**. These elevated rates highlight the ongoing impact of opioid misuse and underscore the importance of sustained prevention and harm reduction efforts.

According to the New York State Prevention Agenda Indicators, in 2022, the age-adjusted rate of emergency department visits involving any opioid overdose in Otsego County was **48.1 per 100,000 population**. This rate is lower than both the Mohawk Valley region (**67.1**) and the state average (**53.3**), and it meets the New York State Prevention Agenda 2024 objective of **53.3**.

Provisional data show a decrease in drug overdose deaths from 2023 to 2024, which may be linked to the widespread availability of naloxone (commonly known by the brand name Narcan), a medication that rapidly reverses opioid overdoses and can save lives when administered promptly. Local public health agencies and community partners have expanded access by distributing Narcan kits and installing Narcan vending machines, ensuring this lifesaving resource is readily available across the county. Such coordinated community efforts have played a critical role in reducing fatal overdoses and strengthening local response capacity.

While the decline in fatal overdoses is a positive sign, the continued presence of nonfatal overdoses leading to emergency department visits highlights the importance of maintaining harm reduction, treatment access, and recovery support initiatives. These ongoing interventions are essential to sustain progress and address the broader substance use challenges affecting Otsego County residents.

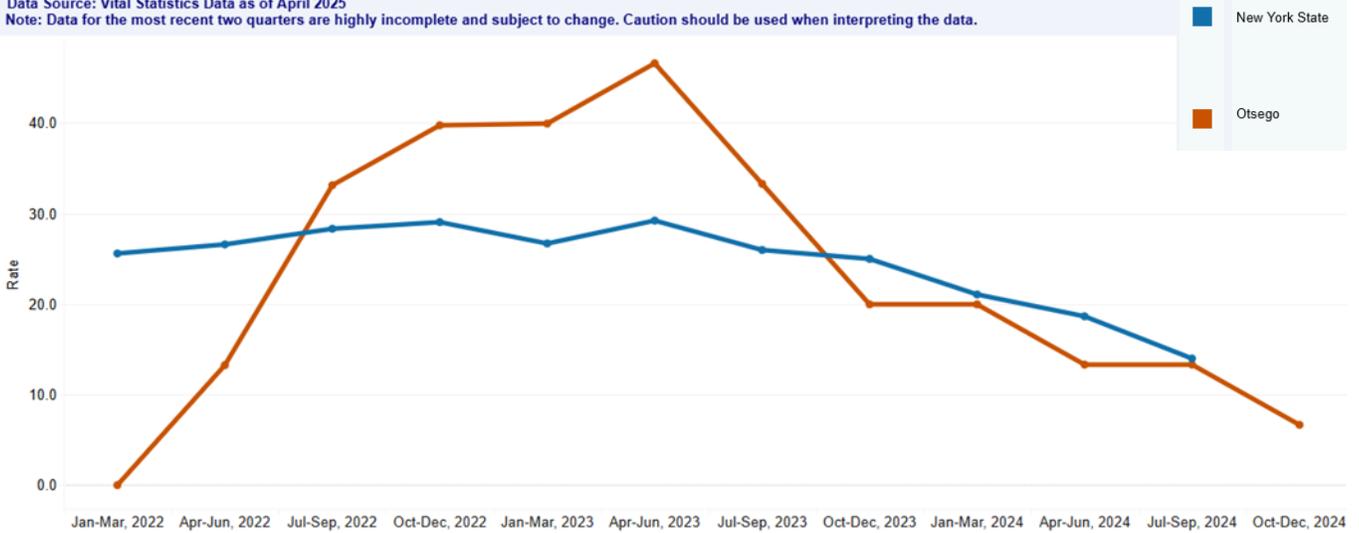
Quarter	Crude rate of Overdose Deaths Involving Opioids per 100,000 person-years			
	Otsego County	Chenango County	Herkimer County	Schoharie County
Jan-Mar, 2022	0.0	17.3	13.4	0.0
Apr-Jun, 2022	13.2	25.9	40.3	26.6
Jul-Sept, 2022	33.1	17.3	13.4	13.3
Oct-Dec, 2022	39.7	25.9	20.1	0.0
Jan-Mar, 2023	39.9	34.9	26.9	13.3
Apr-Jun, 2023	46.3	52.3	26.9	13.3
Jul-Sept, 2023	33.0	8.7	20.0	13.3
Oct-Dec, 2023	20.0	17.4	26.9	0.0
Jan-Mar, 2024	19.8	8.7	13.4	13.3
Apr-Jun, 2024	13.2	0.0	0.0	26.5
Jul-Sept, 2024	13.2	8.7	6.7	13.3
Oct-Dec, 2024	6.6	0.0	0.0	13.3

NOTE: New York State County Opioid Quarterly Report; Vital Statistics Data as of July 2025

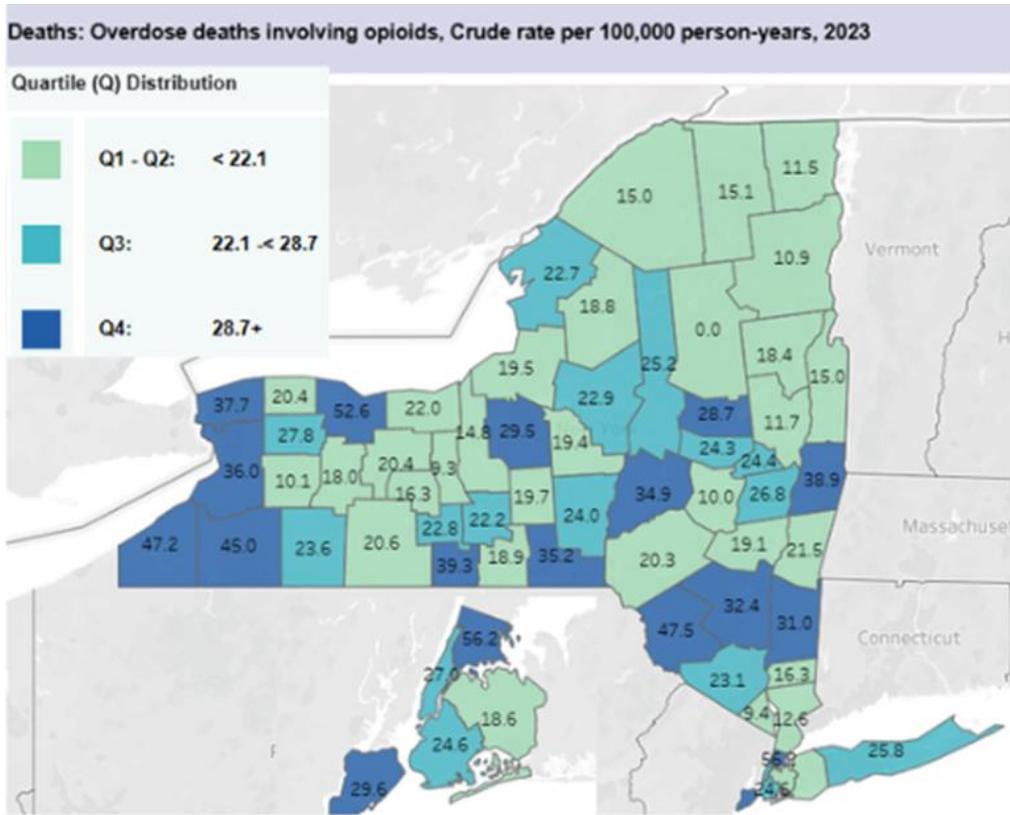
Deaths: Overdose deaths involving opioids, Crude rate per 100,000 person-years

Data Source: Vital Statistics Data as of April 2025

Note: Data for the most recent two quarters are highly incomplete and subject to change. Caution should be used when interpreting the data.



NOTE: New York State County Opioid Quarterly Report; Vital Statistics Data as of April 2025



NOTE: New York State County Opioid Quarterly Report; Vital Statistics Data as of April 2025

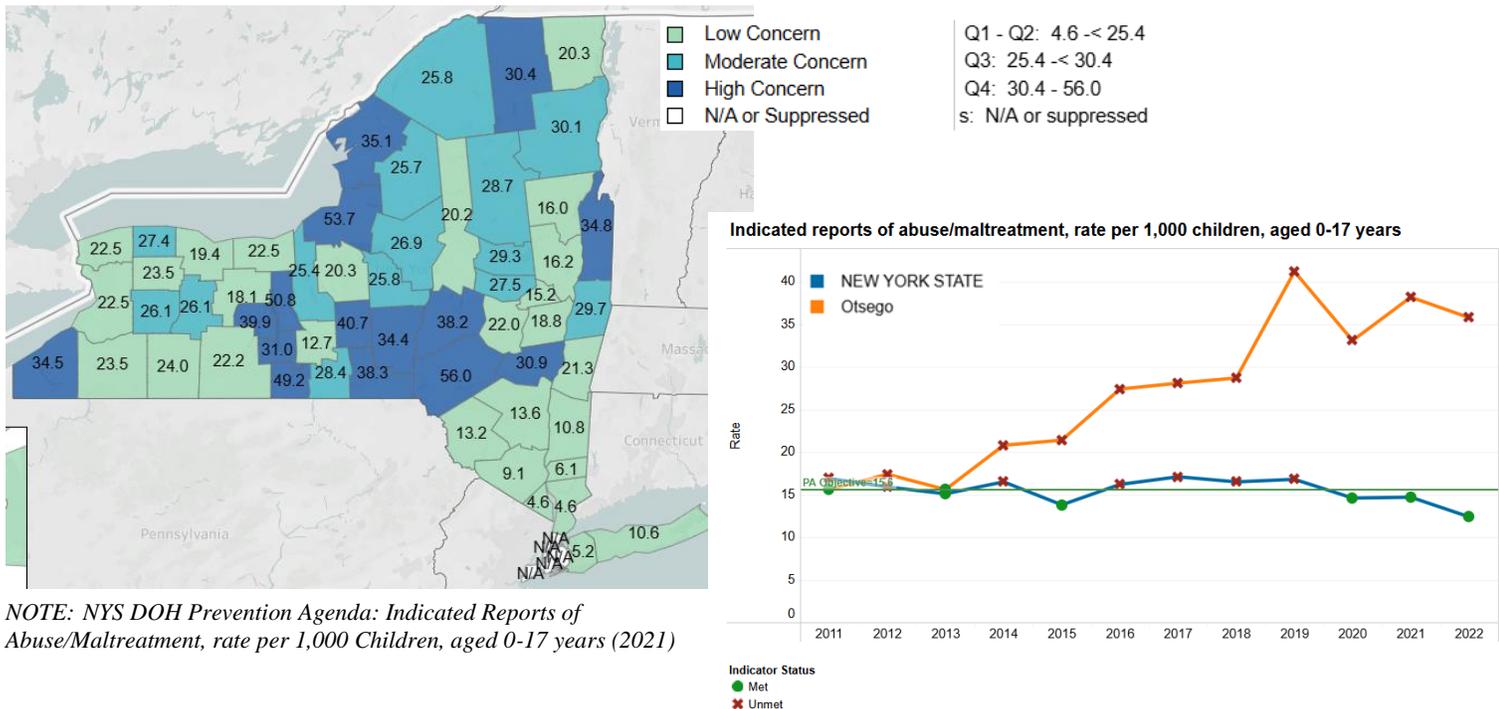
## Child Abuse/Maltreatment

Child maltreatment and abuse are significant indicators of family and community well-being, often linked to broader social determinants such as poverty, substance use, and mental health challenges. Tracking indicated reports of abuse and maltreatment helps identify at-risk populations and informs prevention and intervention strategies.

According to the New York State Prevention Agenda Indicators, Otsego County’s indicated reports of child abuse and maltreatment have fluctuated over the past decade but remain higher than the state average. In 2022, Otsego County reported **35.8 indicated cases per 1,000 children** aged 0–17 years—more than double the New York State average of **12.4**. While the county saw a slight decline from **38.2** in 2021, rates remain significantly elevated compared to earlier years such as 2013 and 2014, when the rate was **15.6** and **20.8** respectively.

This sustained increase suggests persistent challenges related to family stressors, economic instability, and service accessibility. The trend underscores the importance of strengthening early intervention programs, child protective services, and community-based supports that address both prevention and recovery. Collaboration among public health agencies, schools, and social service organizations remains critical to reducing maltreatment rates and promoting safe, stable, and nurturing environments for children across Otsego County.

### Indicated Reports of Abuse/Maltreatment, rate per 1,000 Children, aged 0-17 years



NOTE: NYS DOH Prevention Agenda: Indicated Reports of Abuse/Maltreatment, rate per 1,000 Children, aged 0-17 years (2021)

NOTE: New York State Department of Health Prevention Agenda

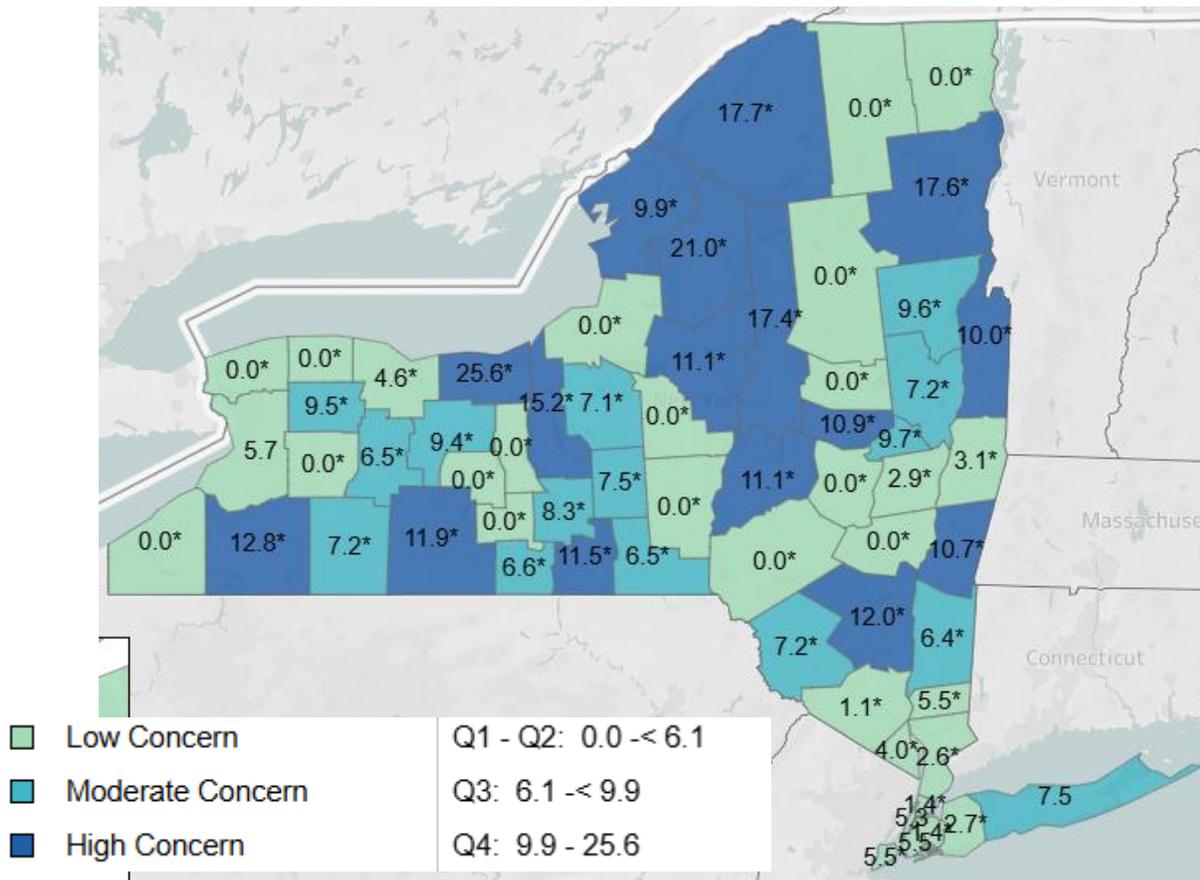
## Suicide Mortality Among Youth

Between 2019–2021 and 2020–2022, Otsego County experienced an increase in youth suicide mortality, rising from **5.9 deaths per 100,000** youth aged 15–19 years to **11.1 per 100,000**. This rate is more than double the New York State average (4.8) and higher than the Mohawk Valley regional rate (9.2). The upward trend marks a significant and concerning shift, particularly after several years where the county reported minimal or no measurable youth suicide deaths.

The increase underscores growing mental health challenges among Otsego County youth, which align with broader community concerns identified in the Community Health Needs Assessment (CHNA)—including social isolation, limited access to behavioral health providers, and the lingering effects of the COVID-19 pandemic on emotional well-being.

With the New York State Prevention Agenda 2024 objective aiming to reduce youth suicide rates to **4.7 per 100,000**, Otsego County’s rate highlights a critical gap. Strengthening school-based mental health programs, expanding crisis intervention resources, and promoting early identification and support for at-risk youth will be essential to reversing this trend and supporting adolescent mental health in the county.

### New York State, Suicide Mortality Among Youth, rate per 100,000, aged 15-19 years



NOTE New York State Department of Health Prevention Agenda: Suicide Mortality Among Youth, rate per 100,000, aged 15-19 years (2020-2022)

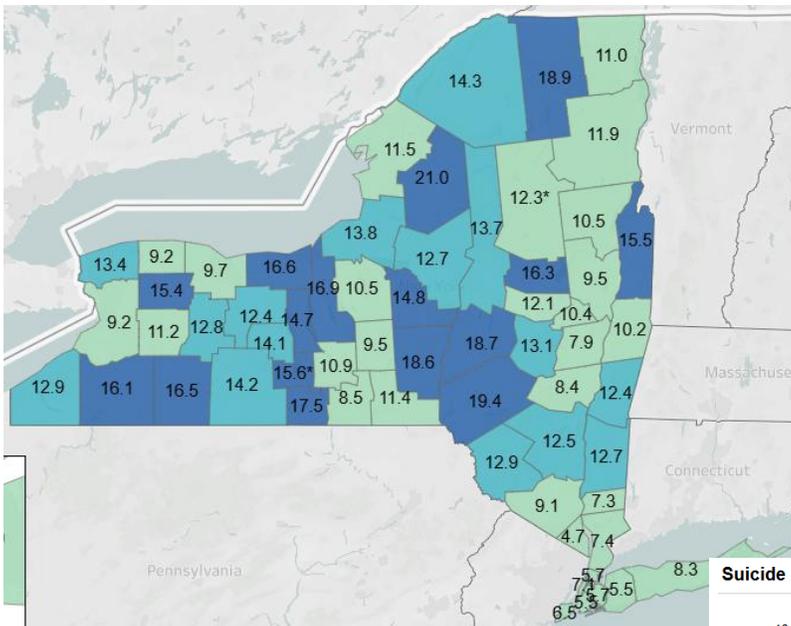
## Suicide Mortality, Age-Adjusted

Between 2013 and 2022, Otsego County’s suicide mortality rate has shown a concerning upward trend. The age-adjusted suicide rate increased from **16.7 per 100,000** population (2013–2015) to **18.7 per 100,000** (2020–2022)—a rise of **12%**. This current rate is substantially higher than both the New York State average (**8.0**) and the Mohawk Valley regional rate (**14.7**), and it exceeds the New York State Prevention Agenda 2024 objective of **7.0**.

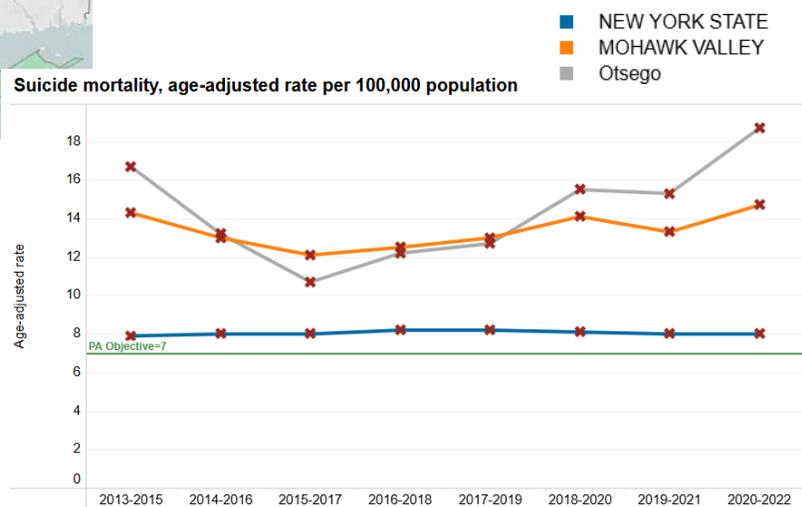
While New York State’s suicide rate has remained relatively stable over the past decade, Otsego County’s steady rise highlights persistent and growing mental health challenges within the community. Contributing factors may include social isolation, limited access to behavioral health providers, economic stress, and rural barriers to care such as transportation and provider shortages.

This data underscores the urgent need for expanded suicide prevention efforts—particularly early intervention, crisis response capacity, and community-based programs that address both mental health stigma and accessibility. Strengthening partnerships among healthcare systems, schools, and local organizations will be critical to reversing this trend and improving mental health outcomes across Otsego County.

### New York State, Suicide Mortality, age-adjusted rate per 100,000 population



NOTE: NYS Department of Health Prevention Agenda: Suicide Mortality, age-adjusted rate per 100,000 population (2020-2022)



NOTE: New York State Department of Health Prevention Agenda

Indicator Status  
 ✖ Unmet

## New York State Prevention Agenda Priority Area: Prevent Communicable Diseases

The prevention and control of communicable diseases remain a vital public health priority in Otsego County. The most recent data from the New York State Prevention Agenda Indicators highlight strong local performance across several key measures compared to state and regional averages.

Immunization coverage among young children in Otsego County surpasses both state and regional rates. In 2023, **76.9%** of children aged 24–35 months received the full 4:3:1:3:3:1:4 immunization series, exceeding the Prevention Agenda 2024 objective of **70.5%**. Similarly, adolescent vaccination rates are strong—**48.5%** of 13-year-olds have completed the HPV vaccine series, outperforming both the Mohawk Valley region (**25.6%**) and the state average (**37.2%**). These findings reflect effective outreach and preventive care programs that promote childhood and adolescent immunization.

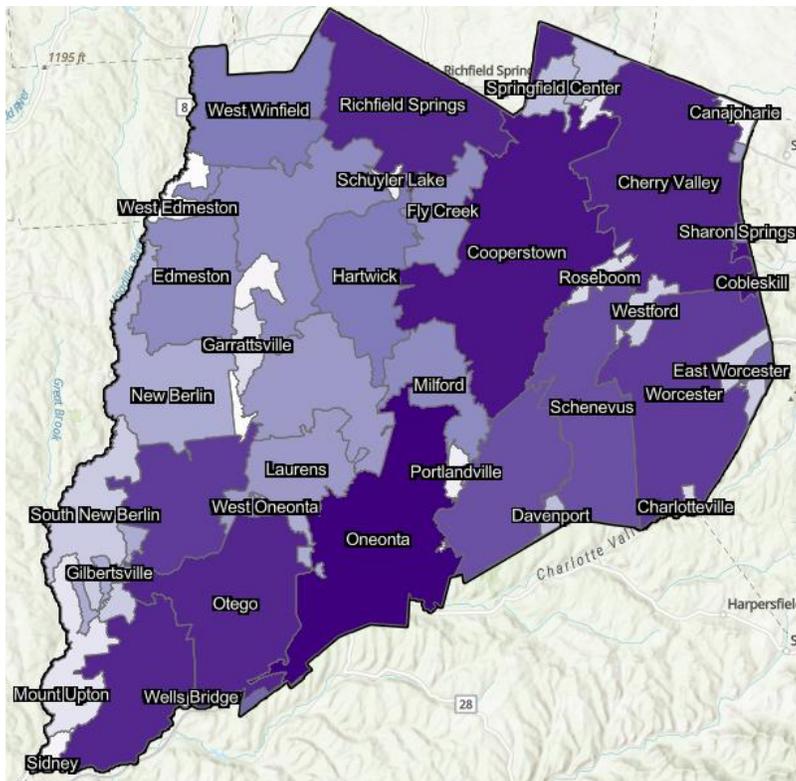
Infectious disease rates in Otsego County also remain lower than state and regional levels. The county reported gonorrhea and chlamydia diagnosis rates of **65.0 and 191.0 per 100,000** population, respectively—well below both the Mohawk Valley and New York State rates. Early syphilis diagnoses were also lower (**11.0 per 100,000**) compared to the state average (**79.6**). These trends suggest that local prevention, education, and testing efforts are helping to control the spread of sexually transmitted infections.

Although county-level data for newly diagnosed HIV cases are suppressed due to small numbers, regional data indicate generally low incidence rates across upstate areas. Continued focus on prevention, testing, and early treatment will be critical to maintaining this progress.

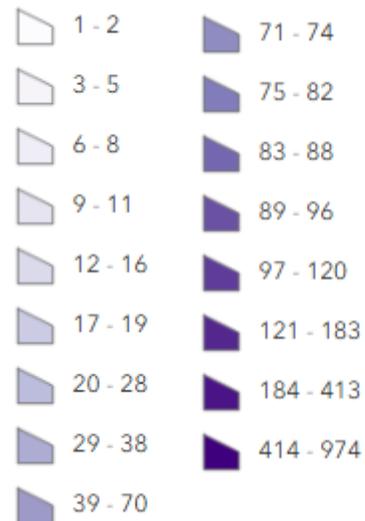
Overall, Otsego County demonstrates strong performance in immunization and communicable disease prevention, with rates that exceed or outperform state and regional averages. These successes highlight the value of ongoing vaccination programs, public health education, and accessible testing and treatment services in safeguarding community health.

### III. Community Health Assessment Survey Results

The Otsego County Department of Health and Bassett Healthcare Network, in collaboration with community partners and stakeholders, developed and distributed a community health assessment survey to gather resident input. The survey was promoted through multiple channels, including press releases, social media outreach, and distribution via the Bassett Healthcare Network’s MyChart application. In total, 2,968 residents participated, with responses representing every zip code in Otsego County, ensuring a broad and inclusive snapshot of community perspectives.



Surveys



## Respondent Demographics

A total of 2,968 residents from across Otsego County participated in the Community Health Assessment survey, offering a diverse range of perspectives. The majority of respondents were 65 years and older (53.3%), followed by those aged 56–65 (21.9%), while younger adults made up a smaller share of the sample. In terms of gender, 61.5% identified as female and 32.5% as male.

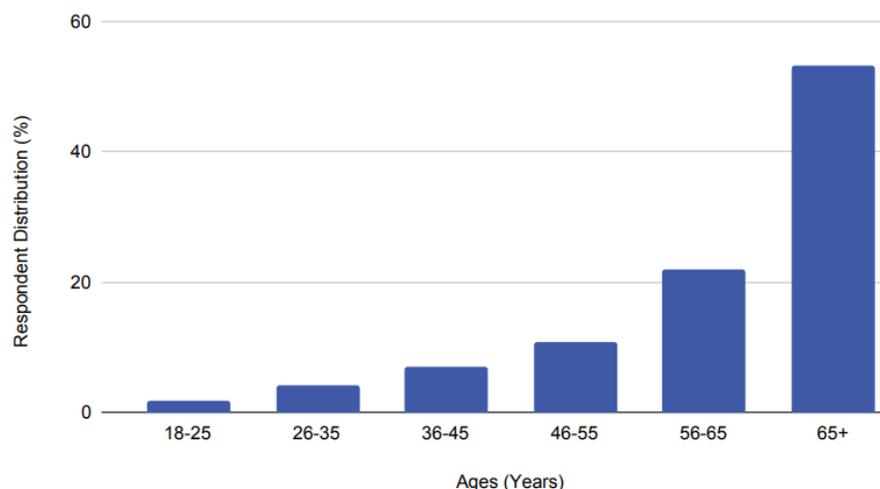
The survey reflected limited racial and ethnic diversity, with 87% of respondents identifying as white, non-Hispanic, and smaller shares identifying as Black/African American (0.6%) or Asian (0.6%).

Employment patterns showed that over half of respondents (52.5%) were retired, while 31.6% reported full-time work and 9.2% part-time work. Education levels varied, with nearly one-third (29%) holding a graduate degree, 22.7% a four-year college degree, and 15.7% a high school diploma or GED.

Housing stability was strong among respondents, with 78.9% reporting homeownership and 11% renting, while a small proportion reported living in shared housing (4.5%) or lacking housing (2%).

Overall, the demographics reflect an older, primarily white, and relatively well-educated respondent group, with high rates of homeownership and retirement. These characteristics provide important context for interpreting community priorities and perceived health needs.

### Respondent Distribution by Age



Gender	Respondent Distribution (%)
Female	61.52%
Male	32.51%
Gender Non-Conforming	0.2%
Transgender Female	0.17%
Transgender Male	0.17%
Genderqueer/Non-Binary	0.51%
Prefer not to answer	0.54%
Other	0.24%

Race	Respondent Distribution (%)
White	87.03%
Black / African American	0.64%
Asian	0.64%
Native American or Alaskan Native	0.07%
Native Hawaiian or Pacific Islander	0.03%
Multiple Races	0.81%
Prefer not to answer	2.9%
Other	0.61%

Ethnicity	Respondent Distribution (%)
Not Hispanic or Latinx	83.09%
Hispanic or Latinx	1.55%
Prefer not to answer	7.28%
Don't Know	2.12%

Level of Education	Respondent Distribution (%)
Less than high school	0.84%
High school graduate or GED	15.73%
Some college, no degree	14.35%
2-year college degree	13.81%
4-year college degree	22.68%
Graduate degree	29.04%
Trade school	1.75%
Prefer not to answer	0.67%

Employment	Respondent Distribution (%)
Full-Time	31.64%
Part-Time	9.20%
Multiple jobs	3.07%
Student	0.84%
Homemaker	2.59%
Unemployed – looking for work	1.08%
Unemployed – disabled	4.95%
Retired	52.53%
Prefer not to answer	1.18%

<b>Housing Status</b>	<b>Respondent Distribution (%)</b>
I own my home	78.91%
I rent my home	10.98%
I live in shared housing (living in another person’s house or apartment, in a group home, or other communal living)	4.45%
I do not have housing (living in a shelter, outside, in a car, park, or other temporary shelter such as a tent or camper)	0.17%
My housing is secondary such as a vacation home, Airbnb, or travelling professional accommodations	0.03%
Prefer not to answer	1.04%
Other	1.55%
I own my home	78.91%
I rent my home	10.98%

## Community Assets

The Community Health Assessment survey invited residents to share what they value most about living in Otsego County, with a focus on local people, activities, and available resources. Their responses highlight several key assets that contribute to quality of life.

When asked about the people in their communities, 35% of respondents emphasized friendliness, helpfulness, and supportiveness, while another 18.6% noted feeling connected to others in the county.

Regarding activities, residents identified local events and festivals (19.7%) and year-round access to fitness and exercise opportunities (17.3%) as standout strengths.

In terms of quality of life, 34.7% of participants felt safety and low crime were the most positive aspects, while 23.7% highlighted the informal and simple lifestyle the county provides.

When asked about community services and resources, healthcare (17.5%) and local businesses (15.9%) were considered the strongest.

These findings illustrate a community where supportive social connections, safety, and accessible activities are seen as core strengths, supported by valued services such as healthcare and small businesses.

## Community Concerns

The Community Health Assessment also asked residents to share their concerns about health, health services, and related issues. Responses highlighted challenges across both the social environment and healthcare system, underscoring critical barriers to overall well-being in Otsego County.

Top concerns related to community and social conditions included a lack of affordable housing and homelessness (17.2%) and insufficient jobs offering livable wages (11.9%). When focusing on healthcare service availability, residents most frequently identified a shortage of primary care providers (24.3%) and difficulties securing appointments within 48 hours (20.5%) as the greatest concerns.

From this assessment, the top five overarching concerns were:

- Availability of primary care providers and nurses
- Inability to secure healthcare appointments within 48 hours
- Lack of affordable housing/homelessness
- Obesity, overweight, and diabetes among adults
- Mental health

#### Availability of Primary Care Providers and Nurses

Nearly one in four respondents (24.3%) identified provider shortages as a major barrier to accessing care. Residents noted challenges recruiting and retaining physicians, long waits for appointments, and fears of losing local health centers. Open-ended responses repeatedly emphasized “too few physicians, too many vacancies, and difficulty accessing specialty care.”

#### Timely Access to Healthcare Appointments

For 20.5% of respondents, securing an appointment within 48 hours was a significant concern. Additional barriers included limited evening and weekend availability (5.4%), challenges accessing specialists (6.2%), and difficulties with transportation (1.4%). Free-response comments noted that wait times for specialists could stretch six to nine months.

#### Housing and Homelessness

A lack of affordable housing and homelessness was identified by 17.2% of respondents as one of the most pressing issues. Open-ended responses frequently connected this concern to broader challenges of poverty. While most respondents reported homeownership (78.9%) and 10.9% reported renting, 3.4% expressed concern about losing safe housing in the near future.

#### Obesity, Overweight, and Diabetes

Among adult health concerns, 16.4% of respondents identified obesity, overweight, and diabetes as key issues. Limited exercise and physical activity were noted by 10.3% of participants, while 9.9% pointed to gaps in wellness and disease prevention programs, highlighting strong demand for expanded preventive care.

#### Mental Health

Mental health emerged as a cross-cutting concern. Among youth, 16.1% of respondents identified it as the number one issue. For adults, 15.7% reported it as a major concern, and among seniors, 3.5% cited mental health and social isolation as critical challenges. In total, 12.1% of residents reported that poor mental health prevented them from carrying out daily activities in the past month, underscoring the wide-reaching impact of this issue.

## Age-Specific Health Concerns

The survey sample skewed older, with more than half of all respondents aged 56 or older, meaning the data reflects a particularly strong perspective from seniors in the community.

Youth were most often associated with behavioral health and lifestyle issues. Respondents identified overuse and misuse of social media (503 responses) as the number one concern, closely followed by mental health (477) and substance use (376). Additional concerns included a lack of activities for children and youth obesity, highlighting the importance of prevention and early intervention.

For adults, the top concerns shifted toward chronic disease and wellness. The leading issues included overweight and obesity (487), mental health (467), and lack of physical activity (307). Substance use (297) and gaps in wellness and disease prevention services (295) were also commonly reported, pointing to a focus on managing and preventing long-term health conditions within the working-age population.

Seniors expressed a different set of priorities, with the most frequently reported concern being the availability of resources to help older adults remain independent (733 responses). Other major concerns included the ability to meet basic needs (551) and the cost of long-term or nursing home care (252). While less common, mental health and social isolation were identified by 105 respondents, reflecting the unique social and health challenges facing older residents.

Overall, the results show a clear age-related progression of health concerns: mental health and social behaviors dominate among youth, chronic disease prevention and wellness among adults, and independence, affordability, and caregiving resources among seniors.

## Demographic Trends

Survey findings revealed meaningful differences in health concerns across housing, employment, education, race/ethnicity, and gender, pointing to how social and demographic factors shape community health priorities.

### Housing Status

While most respondents reported owning their homes, renters and those worried about housing stability were more likely to identify affordability, access to health services, and stress around meeting basic needs as their top concerns. These findings suggest that housing insecurity directly influences health perceptions and priorities.

### Employment and Education

Employment and educational attainment also shaped responses. Retired and unemployed residents often highlighted the cost of care, access to providers, and transportation barriers, reflecting vulnerabilities tied to fixed or limited incomes. In contrast, working-age adults more often reported difficulties with securing timely appointments and the limited availability of services outside standard business hours, concerns closely tied to balancing healthcare with work and family responsibilities.

### Race and Ethnicity

Patterns largely mirrored county demographics, with most respondents identifying as White. However, among underrepresented groups, open-ended responses frequently emphasized barriers to culturally competent care, limited access to local specialists, and difficulties navigating services that address diverse community needs.

### Gender

Differences also appeared along gender lines. Women more often raised concerns about youth mental health, family health, and the availability of preventive services, while men were more likely to identify provider shortages and healthcare affordability as pressing issues.

Overall, while many concerns were shared countywide, these findings show that housing stability, employment status, cultural identity, and gender roles shape how residents experience health challenges and access available services.

## **Open-Ended Response Trends**

The open-ended survey responses added important context to the quantitative data, highlighting consistent themes about both the strengths and challenges of health and community life in Otsego County.

### Provider Shortages

Many residents emphasized shortages of healthcare providers as a pressing issue. Respondents described difficulties recruiting and retaining doctors, long wait times for appointments, and limited access to specialty care. Concerns about the potential closure of local health centers further reflected widespread anxiety about losing critical services.

### Access Barriers

Barriers to accessing care were another recurring theme. Residents cited limited evening and weekend appointment availability, lack of transportation options, and long travel distances to reach needed services. For some, these obstacles led to delays of months in securing appointments—or postponing care altogether.

### Affordability

The affordability of both healthcare and housing was frequently raised. Residents described financial strain tied to the cost of prescriptions, long-term care, and basic needs such as housing and food security. These financial pressures were often linked to increased stress and negative impacts on mental health.

### Mental Health

Mental health concerns were widely reported, with respondents pointing to stigma, shortages of local providers, and long wait times for services. Concerns about youth mental health and senior social isolation were particularly common, underscoring the need for expanded prevention and support services.

### Community Strengths

Despite these challenges, residents also highlighted notable community strengths. Many praised the friendliness and supportiveness of neighbors, the value of local events and festivals, and the overall quality of rural life. These assets were seen as critical to balancing the difficulties of limited resources.

Overall, the open-text responses portray a community that deeply values its strong social ties and rural character, while facing persistent struggles with provider shortages, affordability, and timely access to care.

## IV. Stakeholder Perspectives on Community Health

Stakeholder responses provided valuable insights into the most pressing health issues in Otsego County, as well as the factors driving these challenges and potential solutions.

### **Top Health Concerns**

Across organizations, stakeholders consistently identified a shortage of healthcare providers, particularly in primary care and mental health, as one of the most pressing concerns. Chronic conditions such as obesity, diabetes, and substance use were frequently mentioned, alongside social issues including housing insecurity, transportation barriers, and food access challenges. Many respondents stressed the interconnectedness of these issues, with limited healthcare access compounding the effects of poverty, housing instability, and unemployment.

### **Contributing Factors**

Stakeholders pointed to systemic barriers such as workforce shortages, geographic isolation, lack of affordable housing, and gaps in transportation as key contributors to poor health outcomes. Many also emphasized social determinants of health (SDOH), including limited access to healthy food, economic insecurity, and stigma around mental health and substance use, as underlying drivers of community health disparities.

### **Mental Health Needs**

Mental health emerged as a major theme throughout the responses. Stakeholders described long wait times, a lack of providers—particularly for children and youth—and insufficient access to ongoing counseling or case management services. Barriers such as transportation and geographic isolation were cited as compounding factors that make it difficult for residents to access consistent, high-quality mental health care.

### **Recommendations for Improvement**

Several recommendations emerged from the survey. Stakeholders called for expanded integration of community resources and stronger partnerships to increase access to services. Priorities included investment in mental health and addiction treatment services, development of affordable and accessible housing, and improvements to transportation infrastructure. Respondents also emphasized the importance of prevention—through education, early intervention, and health promotion programs—as a way to reduce long-term disease burden.

Taken together, the responses reflect a county where provider shortages, economic instability, and limited access to resources remain persistent barriers to health. However, stakeholders also highlighted opportunities for collaboration and resource-sharing to build a stronger, more resilient health system.

## V. OTSEGO COUNTY 2025–2028 PRIORITY HEALTH AREAS

### Access to Care

Access to healthcare remains one of the most critical challenges facing Otsego County, particularly within its rural and medically underserved areas. While 94.5% of adults aged 18–64 report having health insurance—slightly above the state average (93.2%)—this figure still falls short of the New York State Prevention Agenda 2024 objective of 97%. Furthermore, 81.2% of adults in the county report having a regular healthcare provider, compared to 85% statewide. These indicators highlight that coverage alone does not guarantee care; provider shortages, limited transportation options, and a lack of available appointments continue to restrict timely access to essential services.

Otsego County faces significant workforce limitations, with shortages in primary care, dental, and behavioral health providers. Long wait times, limited after-hours appointments, and travel distances disproportionately affect low-income and elderly residents, many of whom lack consistent transportation. Despite these barriers, the county demonstrates strength in hospital system performance: the rate of potentially preventable hospitalizations (75.2 per 10,000 adults) is far below both the state average and Prevention Agenda objective of 115.0, indicating that when residents do access care, management and follow-up are effective.

However, the burden on the healthcare system is compounded by a high prevalence of modifiable health behaviors and underutilization of preventive services. Data show that 18.3% of adults in Otsego County smoke cigarettes—significantly above the state goal of 11%—while only 57.1% of adults aged 45 and older have been screened for diabetes in the past three years, reflecting a decline from 71.3% in 2016. Similarly, only 63.5% of adults aged 50–64 have undergone colorectal cancer screening, below state and Prevention Agenda targets. Poor medication adherence among individuals with chronic conditions, such as hypertension and diabetes, also places additional strain on healthcare resources and emergency departments.

These trends underscore the dual challenge facing Otsego County: insufficient access to timely care and inconsistent engagement with preventive health practices. Strengthening health literacy, increasing outreach around chronic disease management, and expanding transportation and telehealth infrastructure are essential steps toward improving access and reducing preventable disease burden across the county.

### Nutrition, Obesity, and Physical Activity

Nutrition and physical activity remain deeply intertwined with the leading causes of illness and death in Otsego County. Poor dietary habits, limited access to affordable healthy foods, and sedentary lifestyles continue to

drive rising rates of obesity and related chronic diseases such as diabetes and cardiovascular disease. In 2021, 34% of adults in Otsego County were classified as obese—a figure higher than both the state average of 29.2% and the Prevention Agenda 2024 target of 24.2%. Childhood obesity also persists as a significant concern, with 16% of WIC-participating children aged 2–4 meeting criteria for obesity—exceeding both the state (13%) and Prevention Agenda benchmarks.

The rural geography of Otsego County presents unique barriers to healthy living. Many residents live miles from full-service grocery stores, rely on convenience outlets with limited healthy options, or face transportation barriers that restrict food access. Physical activity is similarly shaped by the built environment: while some communities offer walkable downtown areas or recreational facilities, others lack safe sidewalks, bike paths, or community fitness opportunities. These structural challenges highlight the role of Social Determinants of Health (SDOH) in shaping behaviors at both individual and community levels.

Still, there are promising trends. Among adults aged 65 and older, 77.8% engage in regular leisure-time physical activity, surpassing the state (68.4%), regional (69.0%), and Prevention Agenda goal (75.9%). This demonstrates strong community engagement among older adults, suggesting that targeted programs promoting active aging and accessible recreation are effective.

To address obesity and its associated health risks, Otsego County must continue to expand access to healthy foods through local markets, community gardens, and nutrition assistance programs. Strengthening infrastructure for physical activity—such as safe walking routes, park improvements, and accessible recreation facilities—will also be key. Combined with education campaigns and preventive care initiatives, these efforts can foster healthier behaviors, reduce chronic disease prevalence, and promote long-term wellness.

## Mental Health

Mental health remains one of the most urgent and complex public health priorities for Otsego County. Data from the New York State Prevention Agenda show persistent and widening disparities in mental health outcomes compared to state averages. The age-adjusted suicide rate in the county increased from 16.7 per 100,000 (2013–2015) to 18.7 per 100,000 (2020–2022)—significantly exceeding both the state rate of 8.0 and the Prevention Agenda 2024 objective of 7.0. Among youth aged 15–19, suicide rates have more than doubled in recent years, rising from 5.9 per 100,000 (2019–2021) to 11.1 per 100,000 (2020–2022).

These trends reflect the broader mental health challenges identified in the community health survey, where respondents consistently cited depression, anxiety, and substance use as top concerns. In 2021, 21.4% of adults reported binge drinking in the past month—up from 19.3% in 2018—indicating an upward trend contrary to statewide improvements. Meanwhile, the county’s opioid overdose death rate reached 27.9 per 100,000 in 2022, above both the state (26.7) and regional averages (25.8). However, there are encouraging signs: emergency department visits related to opioid overdoses have decreased, likely due to expanded naloxone (Narcan) availability and harm reduction initiatives led by the Otsego County Department of Health and partner organizations.

The intersection between mental health and access to care further complicates outcomes. Workforce shortages, particularly in child and adolescent mental health, have resulted in long wait times and limited access to counseling or psychiatric services. The rural context also contributes to social isolation and transportation barriers, which can prevent individuals from seeking care.

Moving forward, Otsego County’s approach must prioritize integrated behavioral health models that embed mental health services within primary care and community settings. Expanding crisis intervention programs, promoting early detection through schools and primary care, and increasing mental health literacy across populations are essential to reversing current trends. The county’s coordinated response to the opioid epidemic serves as a strong model for collaboration—one that can be expanded to address the broader continuum of mental and behavioral health needs.

### Community Health Commitment: Actions Guided by the CHA Findings

The CHA provided critical insight into the health strengths, challenges, and priorities identified by Otsego County residents, community partners, and local healthcare organizations. In direct response to these findings, Bassett Medical Center and A.O. Fox Hospital have developed a Community Health Commitment—a framework outlining specific initiatives designed to address the priority areas of access to care, mental health, and nutrition/obesity. These commitments reflect a shared responsibility to act on the needs expressed by the community and to advance equitable, sustainable improvements in population health across Otsego County.

Bassett Medical Center and A.O. Fox Hospitals are dedicated to improving the health and well-being of the communities they serve. Through a series of strategic initiatives, they address critical social and behavioral health challenges that impact quality of life. Their programs focus on **social isolation, food security, suicide prevention training, behavioral health collaboration**, and the **Promise to Talk campaign** under the Suicide Prevention Coalition (SBC).

#### **1. Reducing Social Isolation**

Social isolation is a growing concern, particularly among older adults and vulnerable populations. This initiative fosters meaningful connections through outreach programs, volunteer engagement, and community partnerships. By creating opportunities for social interaction, Bassett Medical Center and A.O. Fox aim to reduce loneliness and its associated health risks, promoting mental and emotional well-being.

#### **2. Food Security**

Access to nutritious food is essential for health. Bassett Medical Center and A.O. Fox partner with local organizations to provide food boxes, support community pantries, and connect patients to resources that alleviate food insecurity. This program prioritizes individuals and families facing economic hardship, ensuring they have the sustenance needed for recovery and overall wellness.

### 3. Suicide Prevention Training

Healthcare professionals are often the first point of contact for individuals in crisis. Bassett Medical Center and A.O. Fox’s suicide prevention training equips staff with the skills to identify warning signs, respond effectively, and connect individuals to life-saving resources. This proactive approach strengthens their ability to protect patients and staff, fostering a culture of compassion and safety.

### 4. Behavioral Health Collaborative

Recognizing the complexity of mental health needs, Bassett Medical Center and A.O. Fox are planning a Behavioral Health Collaborative that brings together providers, community organizations, and support services. This integrated approach ensures timely access to care, coordinated treatment plans, and improved outcomes for individuals experiencing behavioral health challenges.

### 5. Promise to Talk – SBHC Campaign

As part of the Suicide Prevention Coalition’s **Promise to Talk** campaign, Bassett Medical Center and A.O. Fox encourage open conversations about mental health and suicide prevention. By breaking the stigma and promoting awareness, they empower individuals to seek help and support one another. This campaign reinforces their commitment to creating a community where mental health is prioritized and no one feels alone.

**Together, these initiatives reflect Bassett Medical Center and A.O. Fox’s shared mission: to provide holistic care that addresses physical, emotional, and social needs, building healthier communities for all.**

### Summary

The 2025–2028 Community Health Assessment identifies access to care, nutrition and obesity, and mental health as the leading health priorities for Otsego County. Although the county performs well in several areas such as low preventable hospitalization rates, strong immunization performance, and high levels of physical activity among older adults, significant challenges persist. Limited availability of healthcare providers, long wait times, transportation barriers, and insufficient behavioral health capacity continue to restrict residents’ ability to obtain timely, appropriate care.

These access challenges are compounded by high rates of modifiable risk behaviors, including smoking, binge drinking, obesity, and underutilization of preventive screenings. These behaviors contribute to avoidable disease burden and increase dependence on acute care services. Additionally, poor medication adherence, particularly among individuals with hypertension, diabetes, and other chronic illnesses, further complicates disease management and increases emergency department utilization. Although many of these conditions are preventable or modifiable, the combination of behavioral risk factors and barriers to accessing care creates a cyclical pattern that reinforces poor health outcomes.

Mental health, substance use, and chronic disease risk continue to pose major challenges in Otsego County. Suicide rates remain above state averages, youth mental health needs are increasing, and alcohol- and opioid-related harms continue to impact residents. At the same time, high rates of obesity and poor nutrition are influenced by limited access to affordable healthy foods, transportation barriers, and insufficient opportunities for physical activity, all of which contribute to elevated chronic disease burden and poorer long-term health outcomes.

In response to these findings, Bassett Medical Center and A.O. Fox Hospital launched the Community Health Commitment, a coordinated framework addressing the priority areas through initiatives focused on food security, mental health support, suicide prevention, social connection, and integrated behavioral health care. These efforts reflect the system's shared responsibility to act on community-identified needs and improve population health.

Overall, the CHA demonstrates that improving health outcomes in Otsego County will require continued collaboration, expanded preventive services, strengthened behavioral health infrastructure, and community-based strategies that address both structural barriers and individual health behaviors.

**Attachments:**

Attachment A: Otsego County Community Health Assessment Survey

The 2025 Community Health Assessment is a series of anonymous questions meant to get a larger picture of the needs in Otsego County. Your information **will not** be used to identify you or be shared. By answering these questions, you will be providing necessary information for future community health interventions and county work. This survey is meant for only those who live in Otsego County, NY, and are 18 years of age or older.

Please answer these questions as honestly as possible and in their entirety. **If you do not know the answer or do not feel comfortable answering, you can leave a question blank.** Questions regarding the survey can be directed to Otsego County Public Health office at 607-547-4230. Thank you for your time and effort!

**Demographics:** Understanding how individuals from different backgrounds feel about health issues in Otsego County helps us plan the best ways to improve the county.

1. Do you live in Otsego County?

- Yes – I am a year-round resident
- Yes – I live here seasonally for 4 or more months per year
- No – I vacation here 3 months or less per year
- No – I do not live in Otsego County
- Prefer not to answer

2. What zip code is your primary residence in Otsego County located in?

- Zip Code: \_\_\_\_\_
- Unhoused (what zip code area do you tend to spend most of your time?) \_\_\_\_\_
- Prefer not to answer

3. What is your age (in years)?

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- Over 65
- Prefer not to answer

4. What is your race?

- White
- Black/African American
- Asian
- Native American or Alaskan Native
- Native Hawaiian or Pacific Islander
- Multiple Races
- I don't know
- Other: \_\_\_\_\_
- Prefer not to answer

5. What is your ethnicity?

- Hispanic or Latinx
- Not Hispanic or Latinx
- I don't know
- Prefer not to answer

6. How would you describe your gender?

- Female
- Male
- Gender Non-conforming
- Transgender Female
- Transgender Male
- Genderqueer/ Non-binary
- Other: \_\_\_\_\_
- Prefer not to answer

7. What is your highest level of education?

- Less than high school
- High school graduate or GED
- Some college, no degree
- Trade School
- 2-year college degree
- 4-year college degree
- Graduate Degree
- Prefer not to answer

8. How would you describe your employment status? (Check all that apply)

- Full-time
- Part-time
- Multiple Jobs
- Homemaker
- Unemployed – looking for work
- Unemployed – disabled
- Retired
- Student
- Prefer not to answer

**Social Determinants of Health:** Health starts in our homes, schools, communities, and workplaces. The questions below will give us a better understanding of the social and community factors that affect you personally. Please answer as honestly as possible.

9. In the past month, did poor **physical health** prevent you from doing your usual activities like work, school, or hobbies?

- Yes
- No
- Prefer not to answer

10. In the past month, did poor **mental health** prevent you from doing your usual activities like work, school, or hobbies?

- Yes
- No
- Prefer not to answer

11. What is your current housing situation?

- I own my home
- I rent my home
- I live in shared housing (living in another person’s house or apartment, in a group home, or other communal living)
- I do not have housing (living in a shelter, outside, in a car, park, or other temporary shelter such as a tent or camper)
- My housing is secondary such as a vacation home, Airbnb, or travelling professional accommodations
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

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

- Yes
- No
- Prefer not to answer

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

- Food
- Clothing
- Transportation
- Childcare
- Medicine, including prescription medicines and over the counter medicines like Benadryl or Tylenol
- Health Care (Medical/Dental/Vision/Mental Health)
- Utilities
- Phone (Landline and/or Cell)
- Internet
- Other (please specify): \_\_\_\_\_
- N/A – I have gotten everything I have needed
- Prefer not to answer

14. How often do you see or talk to people that you care about and feel close to? (For example, talking to friends on the phone, visiting family, going to church, clubs, or other group meetings)

- Less than once a week
- 1-2 times a week
- 3-5 times a week
- More than 5 times a week
- Never
- Prefer not to answer

15. What is your normal mode of transportation?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Personal vehicle                       | <input type="checkbox"/> Friend or relative drives me | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Taxi                                   | <input type="checkbox"/> Walk or bike                 | _____  |
| <input type="checkbox"/> Public transportation (OPT/Bernie Bus) | <input type="checkbox"/> Community/County Agency      | <input type="checkbox"/> Prefer not to answer          |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Less than 10 minutes | <input type="checkbox"/> More than 30 minutes          | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 10-20 minutes        | <input type="checkbox"/> Other (please specify): _____ |   |
| <input type="checkbox"/> 20-30 minutes        | _____  |   |

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Health/Medical reasons                                | <input type="checkbox"/> Do not know how to use/access public transportation | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> General comfort with driving certain places/distances | <input type="checkbox"/> No driver's license                                 | <input type="checkbox"/> Prefer not to answer          |
| <input type="checkbox"/> No vehicle  | <input type="checkbox"/> N/A   |  |

**Community Assets:** Please tell us about the things in your community that you like the **most** by choosing 1 option from each category below.

18. Thinking about the **PEOPLE** in your community, the thing you consider to be the best is:

**Please select one (1).**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Community is socially and culturally diverse  | <input type="checkbox"/> People are friendly, helpful, supportive           | <input type="checkbox"/> People are involved in local decision making |
| <input type="checkbox"/> Feeling connected to the people who live here | <input type="checkbox"/> People who live here are involved in the community | <input type="checkbox"/> Other (please specify): _____                |
| <input type="checkbox"/> Local government is accessible                | <input type="checkbox"/> People are tolerant, inclusive, and open-minded    | <input type="checkbox"/> Prefer not to answer                         |

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

**Please select one (1).**

- |  |  |
|--|--|
| <input type="checkbox"/> Availability of healthy foods                         | <input type="checkbox"/> Youth programs and activities   |
| <input type="checkbox"/> Active faith community                                | <input type="checkbox"/> Quality school system   |
| <input type="checkbox"/> Access to local businesses (restaurants, shops, etc.) | <input type="checkbox"/> Affordable childcare  |
| <input type="checkbox"/> Community groups, clubs, or other social activities   | <input type="checkbox"/> Social policies and programs (parental leave, social security, employment health insurance, etc.) |
| <input type="checkbox"/> Healthcare  | <input type="checkbox"/> Other (please specify): _____   |
| <input type="checkbox"/> Opportunities for education or job training           | <input type="checkbox"/> Prefer not to answer  |
| <input type="checkbox"/> Public transportation                                 |  |

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

**Please select one (1).**

- Closeness to work and activities
- Family-friendly; good place to raise kids
- Informal, simple, laidback lifestyle
- Job opportunities or economic opportunities
- Safe place to live; little or no crime
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

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

**Please select one (1).**

- Activities for families and youth
- Arts and cultural activities
- Local events and festivals
- Recreational and sports activities
- Year-round access to fitness and exercise opportunities
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

**Community Concerns:** Please tell us about the concerns you have regarding your community in each of the following topic areas.

22. Thinking about the **COMMUNITY SOCIAL AND ENVIRONMENTAL HEALTH** in your community, the things you are **most concerned** about is:

**Please select one (1).**

- Attracting and retaining young families
- Not enough jobs with livable wages, not enough to live on
- Not enough affordable housing / homelessness
- Poverty
- Decreases in population size
- Crime and safety
- Water quality (well water, lakes, streams, rivers)
- Air quality
- Litter (amount of litter, adequate garbage collection)
- Having enough childcare / daycare services
- Having enough quality school resources
- Not enough places for exercise and wellness activities
- Not enough public transportation options / cost of public transportation
- Racism, prejudice, hate, discrimination
- Traffic safety, including speeding, road safety, seatbelt use, and drunk/distracted driving
- Physical violence, domestic violence, sexual abuse
- Child abuse
- Elder abuse
- Food insecurity (not having enough to eat)
- Bullying/cyber-bullying
- Social isolation
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

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

**Please select one (1).**

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

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

**Please select one (1).**

- |  |  |
|--|--|
| <input type="checkbox"/> Alcohol use/abuse   | <input type="checkbox"/> Wellness and disease prevention, including vaccine preventable diseases |
| <input type="checkbox"/> Substance use, including misuse of prescription medications | <input type="checkbox"/> Not getting enough exercise / physical activity                         |
| <input type="checkbox"/> Smoking, vaping, and exposure to second hand smoke          | <input type="checkbox"/> Hunger, poor nutrition  |
| <input type="checkbox"/> Marijuana use and exposure to second hand marijuana smoke   | <input type="checkbox"/> Eating Disorders  |
| <input type="checkbox"/> Overweight/Obesity/Diabetes                                 | <input type="checkbox"/> Crime   |
| <input type="checkbox"/> Mental Health   | <input type="checkbox"/> Dropping out of school  |
| <input type="checkbox"/> Suicide   | <input type="checkbox"/> Overuse/misuse of social media/technology/internet                      |
| <input type="checkbox"/> Teen Pregnancy  | <input type="checkbox"/> Availability of disability services                                     |
| <input type="checkbox"/> Not enough activities for children and youth                | <input type="checkbox"/> Other (please specify): _____   |
| <input type="checkbox"/> Sexual Health   | <input type="checkbox"/> Prefer not to answer  |

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

**Please select one (1).**

- |  |  |
|--|--|
| <input type="checkbox"/> Alcohol use/abuse   | <input type="checkbox"/> Sexual Health (including STDs/STIs)                                     |
| <input type="checkbox"/> Substance use, including misuse of prescription medications | <input type="checkbox"/> Overweight/obesity  |
| <input type="checkbox"/> Smoking, vaping, and exposure to second hand smoke          | <input type="checkbox"/> Hunger, poor nutrition  |
| <input type="checkbox"/> Marijuana use and exposure to second hand marijuana smoke   | <input type="checkbox"/> Wellness and disease prevention, including vaccine preventable diseases |
| <input type="checkbox"/> Mental Health   | <input type="checkbox"/> Not getting enough exercise/physical activity                           |
| <input type="checkbox"/> Suicide   | <input type="checkbox"/> Availability of disability services                                     |
|  | <input type="checkbox"/> Other (please specify): _____   |
|  | <input type="checkbox"/> Prefer not to answer  |

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

**Please select one (1).**

- |   |  |
|---|--|
| <input type="checkbox"/> Ability to meet needs of older population                          | <input type="checkbox"/> Availability of transportation for seniors                              |
| <input type="checkbox"/> Long-term/nursing home care options                                | <input type="checkbox"/> Mental Health/Social Isolation  |
| <input type="checkbox"/> Assisted living options  | <input type="checkbox"/> Ability to access and use electronic portals and telehealth services    |
| <input type="checkbox"/> Availability of resources to help the elderly stay in their homes  | <input type="checkbox"/> Substance use, including misuse of prescription medications and alcohol |
| <input type="checkbox"/> Availability/cost of activities for seniors                        | <input type="checkbox"/> Elder Abuse   |
| <input type="checkbox"/> Availability of resources for family and friends caring for elders | <input type="checkbox"/> Hunger, poor nutrition  |
| <input type="checkbox"/> Quality of elder care  | <input type="checkbox"/> Other (please specify): _____   |
| <input type="checkbox"/> Cost of long-term / nursing home care                              | <input type="checkbox"/> Prefer not to answer  |

27. What single issue do you feel is the biggest challenge affecting **your community**?

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28. What single issue do you feel is the biggest challenge affecting **YOU**?

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29. Overall, how would you rate the health of **the community in which you live**?

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Very Health | <input type="checkbox"/> Unhealthy      | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Healthy     | <input type="checkbox"/> Very Unhealthy |   |

30. Overall, how would you rate the health of **Otsego County**?

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Very Health | <input type="checkbox"/> Unhealthy      | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Healthy     | <input type="checkbox"/> Very Unhealthy |   |

31. Overall, how would you rate **your** health?

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Very Health | <input type="checkbox"/> Unhealthy      | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Healthy     | <input type="checkbox"/> Very Unhealthy |   |

**Healthcare Delivery and Healthcare System:** Please tell us about the healthcare systems in your community.

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

- |   |  |
|---|--|
| <input type="checkbox"/> Bassett Healthcare Network         | <input type="checkbox"/> Don't know                          |
| <input type="checkbox"/> United Health Services (UHS)       | <input type="checkbox"/> Do not have a primary care provider |
| <input type="checkbox"/> Mohawk Valley Health System (MVHS) | <input type="checkbox"/> Other (please specify): _____       |
| <input type="checkbox"/> A community health center          | <input type="checkbox"/> Prefer not to answer                |
| <input type="checkbox"/> Veteran's Affairs (VA)             |  |

33. Which of the below do you feel like are the **top 3** health system issues are in Otsego County?

**Please select three (3).**

- Access to a dentist
- Access to a regular doctor or health care provider
- Access to drug or alcohol abuse treatment
- Access to language translators
- Access to mental health services
- Access to services that can prevent disease or find it earlier (vaccines, screening tests, etc.)
- Discrimination or bias from medical providers/lack of empathy
- High cost of prescription medications
- Lack of health insurance coverage
- Lack of transportation to medical appointments (car, bus, ride from a friend, etc.)
- High cost of healthcare
- Not understanding health information from a medical provider
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

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

**Difficulty or not getting to a medical appointment due to:**

- Lack of transportation
- Provider location
- Lack of childcare
- Not having sick leave at work
- Provider office hours
- Provider Rescheduling
- Lack of available providers
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

**Felt like your provider:**

- Does not understand you or your experience
- Is not listening
- Is not spending enough time with you
- Is not providing a clear explanation of health information
- Is not providing language or translation needs
- Is judging you (stigma/discrimination)
- Is not providing continuous care from the same provider at each visit
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

**Had difficulty seeking care because:**

- Not having health insurance
- Couldn't find a provider who accepts your insurance
- High cost
- Wait time in the providers' office impacted your ability to meet your obligations (work, family, etc.)
- Too long of a wait to get an appointment
- Telehealth/technology challenges
- Don't know about or unsure about local services
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

35. What additional health services would you like to see in Otsego County?

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

- Social Media (Facebook, X, Instagram, etc.)
- Newspaper, magazines, or other printed materials
- Internet (YouTube, Rumble, Yahoo News, etc.)
- 24-hour Television news outlet (Fox, CNN, MSNBC, etc.)
- Local news outlet (WSKG, WBNG, Spectrum, etc.)
- Conversations with my doctor / nurse
- Hospital or County Website
- Conversations with friends and family
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

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

- Email
- TV/Radio
- Mailed to your home
- Social Media
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

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

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Attachment B: Otsego County Stakeholder Survey

To help inform a collaborative approach to improving community health, the Otsego County Health Department seeks to identify priorities, factors and resources that influence the health of residents of Otsego County.

You have been identified as a key informant who can provide insight into health and well-being of the people your organization/agency serves. Please answer the survey questions in the context of your role within your organization/agency and in representing the population(s) your organization/agency serves.

All survey information will be held confidential and no responses will be attributed to any one individual or agency.

**Organization/Agency Information**

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

1. **Organization/Agency name:** \_\_\_\_\_

2. **Your name (Please provide first and last name):** \_\_\_\_\_

3. **Your job title/role:** \_\_\_\_\_

4. **Your email address:** \_\_\_\_\_

**5. Indicate the one community sector that best describes your organization/agency:**

- |  |  |
|--|--|
| <input type="checkbox"/> Business                    | <input type="checkbox"/> Local Government (e.g. elected official, zoning/planning board) |
| <input type="checkbox"/> Civic Association           | <input type="checkbox"/> Media   |
| <input type="checkbox"/> College/University          | <input type="checkbox"/> Mental, Emotional, Behavioral Health Provider                   |
| <input type="checkbox"/> Disability Services         | <input type="checkbox"/> Public Health   |
| <input type="checkbox"/> Early Childhood             | <input type="checkbox"/> Recreation  |
| <input type="checkbox"/> Economic Development        | <input type="checkbox"/> School (K – 12)   |
| <input type="checkbox"/> Employment/Job training     | <input type="checkbox"/> Seniors/Elderly   |
| <input type="checkbox"/> Faith-Based                 | <input type="checkbox"/> Social Services   |
| <input type="checkbox"/> Food/Nutrition              | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Foundation/Philanthropy     | <input type="checkbox"/> Tribal Government   |
| <input type="checkbox"/> Health Based CBO            | <input type="checkbox"/> Veterans  |
| <input type="checkbox"/> Health Care Provider        | <input type="checkbox"/> Other (please specify): _____                                   |
| <input type="checkbox"/> Health Insurance Plan       |  |
| <input type="checkbox"/> Housing                     |  |
| <input type="checkbox"/> Law Enforcement/Corrections |  |

## Health Priorities, Concerns and Factors

The NYS Prevention Agenda for 2019-2024 identifies five main priority areas that are key to improving the health of residents that you serve. These main priority areas are listed in question #6.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Prevent Chronic Diseases                    | <input type="checkbox"/> Promote a Healthy and Safe Environment                            |
| <input type="checkbox"/> Promote Healthy Women, Infants and Children | <input type="checkbox"/> Promote Well-Being and Prevent Mental and Substance Use Disorders |
| <input type="checkbox"/> Prevent Communicable Diseases               |  |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Adverse childhood experiences   | <input type="checkbox"/> Infectious disease                                      |
| <input type="checkbox"/> Alzheimer's disease/Dementia  | <input type="checkbox"/> LGBT health   |
| <input type="checkbox"/> Arthritis   | <input type="checkbox"/> Maternal health   |
| <input type="checkbox"/> Autism  | <input type="checkbox"/> Mental health conditions                                |
| <input type="checkbox"/> Cancers   | <input type="checkbox"/> Motor vehicle safety impaired/distracted driving)       |
| <input type="checkbox"/> Child/Adolescent physical health  | <input type="checkbox"/> Opioid use  |
| <input type="checkbox"/> Child/Adolescent emotional health   | <input type="checkbox"/> Overweight or obesity                                   |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Pedestrian/bicyclist accidents                          |
| <input type="checkbox"/> Disability  | <input type="checkbox"/> Prescription drug abuse                                 |
| <input type="checkbox"/> Dental health   | <input type="checkbox"/> Respiratory disease (asthma, COPD, etc.)                |
| <input type="checkbox"/> Domestic abuse/violence   | <input type="checkbox"/> Senior health   |
| <input type="checkbox"/> Drinking water quality  | <input type="checkbox"/> Sexual assault/rape                                     |
| <input type="checkbox"/> Emerging infectious diseases (Ebola, zika virus, tick and mosquito-transmitted, etc.) | <input type="checkbox"/> Sexually transmitted infections                         |
| <input type="checkbox"/> Exposure to air and water pollutants/hazardous materials                              | <input type="checkbox"/> Social connectedness                                    |
| <input type="checkbox"/> Falls   | <input type="checkbox"/> Stroke  |
| <input type="checkbox"/> Food safety   | <input type="checkbox"/> Substance abuse   |
| <input type="checkbox"/> Heart disease   | <input type="checkbox"/> Suicide   |
| <input type="checkbox"/> Hepatitis C   | <input type="checkbox"/> Tobacco use/nicotine addiction – smoking/vaping/chewing |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Underage drinking/excessive adult drinking              |
| <input type="checkbox"/> HIV/AIDS  | <input type="checkbox"/> Unintended/Teen pregnancy                               |
| <input type="checkbox"/> Hunger  | <input type="checkbox"/> Violence (assault, firearm related)                     |
| <input type="checkbox"/> Infant health   | <input type="checkbox"/> Other (Please specify):                                 |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Addiction to alcohol  | <input type="checkbox"/> Crime/violence/community blight                                    |
| <input type="checkbox"/> Addiction to illicit drugs  | <input type="checkbox"/> Deteriorating infrastructure (roads, bridges, water systems, etc.) |
| <input type="checkbox"/> Addiction to nicotine   | <input type="checkbox"/> Discrimination/racism  |
| <input type="checkbox"/> Age of residents  | <input type="checkbox"/> Domestic violence and abuse  |
| <input type="checkbox"/> Changing family structures (increased foster care, grandparents as parents, etc.) | <input type="checkbox"/> Environmental quality  |

- Excessive screen time
- Exposure to tobacco smoke/emissions from electronic vapor products
- Food insecurity
- Health care costs
- Homelessness
- Inadequate physical activity
- Inadequate sleep
- Inadequate/unaffordable housing options
- Lack of chronic disease screening, treatment and self-management services
- Lack of cultural and enrichment programs
- Lack of dental/oral health care services
- Lack of educational opportunities for people of all ages
- Lack of educational, vocational or job-training options for adults
- Lack of employment options
- Lack of health education programs
- Lack of health insurance
- Lack of intergenerational connections within communities
- Lack of mental health services
- Lack of opportunities for health for people with physical limitations or disabilities
- Lack of preventive/primary health care services (screenings, annual check-ups)
- Lack of social supports for community residents
- Lack of specialty care and treatment
- Lack of substance use disorder services
- Late or no prenatal care
- Pedestrian safety (roads, sidewalks, buildings, etc.)
- Poor access to healthy food and beverage options
- Poor access to public places for physical activity and recreation
- Poor educational attainment
- Poor community engagement and connectivity
- Poor eating/dietary practices
- Poor health literacy (ability to comprehend health information)
- Poor referrals to health care, specialty care, and community-based support services
- Poverty
- Problems with Internet access (absent, unreliable, unaffordable)
- Quality of schools
- Religious or spiritual values
- Shortage of child care options
- Stress (work, family, school, etc.)
- Transportation problems (unreliable, unaffordable)
- Unemployment/low wages
- Other (please specify)

## Social Determinants of Health

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

- Economic Stability (consider poverty, employment, food security, housing stability)
- Education (consider high school graduation, enrollment in higher education, language and literacy, early childhood education and development)
- Social and Community Context (consider social cohesion, civic participation, perceptions of discrimination and equity, incarceration/institutionalization)
- Neighborhood and Built Environment (consider access to healthy foods and beverages, quality of housing, crime and violence, environmental conditions, transportation)
- Health and Health Care (consider access to primary care, access to specialty care, health literacy)

**10. In your opinion, what population in the counties your organization/agency serves experiences the poorest health outcomes? Please select one population.**

- |  |  |
|--|--|
| <input type="checkbox"/> Specific racial or ethnic groups                  | level  |
| <input type="checkbox"/> Children/adolescents                              | <input type="checkbox"/> Individuals with mental health issues   |
| <input type="checkbox"/> Females of reproductive age                       | <input type="checkbox"/> Individuals living in rural areas       |
| <input type="checkbox"/> Seniors/elderly                                   | <input type="checkbox"/> Individuals with substance abuse issues |
| <input type="checkbox"/> Individuals with disability                       | <input type="checkbox"/> Migrant workers                         |
| <input type="checkbox"/> Individuals living at or near the federal poverty |  |
| <input type="checkbox"/> Other (please specify):                           |  |

**Improving Health and Well-Being**

The NYS Prevention Agenda 2019-2024 identifies specific goals for improving the health of New Yorkers of all ages. New York State envisions that improving the health of all New Yorkers requires strategies that can be implemented by a diverse set of health and non-health organizations and agencies.

**\*\*\*For questions 11-15, select the top 3 goals your organization/agency can assist in achieving in the counties it serves.\*\*\***

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

- |  |  |
|--|--|
| <input type="checkbox"/> Increase access to healthy and affordable food and beverages  | <input type="checkbox"/> Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use including: low income; frequent mental distress/substance use disorder; LGBT; and disability |
| <input type="checkbox"/> Increase skills and knowledge to support healthy food and beverage choices  | <input type="checkbox"/> Eliminate exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products  |
| <input type="checkbox"/> Increase food security  | <input type="checkbox"/> Increase screening rates for breast, cervical, and colorectal cancer  |
| <input type="checkbox"/> Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities | <input type="checkbox"/> Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity   |
| <input type="checkbox"/> Promote school, child care, and worksite environments that support physical activity for people of all ages and abilities                 | <input type="checkbox"/> Promote the use of evidence-based care to manage chronic diseases   |
| <input type="checkbox"/> Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity                         | <input type="checkbox"/> Improve self-management skills for individuals with chronic disease   |
| <input type="checkbox"/> Prevent initiation of tobacco use, including combustible tobacco and vaping products by youth and young adults                            |  |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Increase use of primary and preventive care services by women of all ages, with a focus on women of reproductive age | <input type="checkbox"/> Increase supports for children with special health care needs   |
| <input type="checkbox"/> Reduce maternal mortality and morbidity  | <input type="checkbox"/> Reduce dental caries (cavities) among children  |
| <input type="checkbox"/> Reduce infant mortality and morbidity  | <input type="checkbox"/> Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child health populations |
| <input type="checkbox"/> Increase breastfeeding   |  |
| <input type="checkbox"/> Support and enhance children and adolescents' social-emotional development and relationships                         |  |

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

- Reduce falls among vulnerable populations
- Reduce violence by targeting prevention programs to highest risk populations
- Reduce occupational injury and illness
- Reduce traffic-related injuries for pedestrians and bicyclists
- Reduce exposure to outdoor air pollutants
- Improve design and maintenance of the built environment to promote healthy lifestyles, sustainability, and adaptation to climate change
- Promote healthy home and schools' environments
- Protect water sources and ensure quality drinking water
- Protect vulnerable waterbodies to reduce potential public health risks associated with exposure to recreational water
- Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure
- Improve food safety management

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

- Strengthen opportunities to promote well-being and resilience across the lifespan
- Facilitate supportive environments that promote respect and dignity for people of all ages
- Prevent underage drinking and excessive alcohol consumption by adults
- Prevent opioid and other substance misuse
- Prevent and address adverse childhood experiences
- Reduce the prevalence of major depressive episodes
- Prevent suicides
- Reduce the mortality gap between those living with serious mental illness and the general population

**15. Prevent Communicable Diseases (select up to 3)**

- Improve vaccination rates
- Reduce vaccination coverage disparities
- Decrease HIV morbidity (new HIV diagnoses)
- Increase HIV viral suppression
- Reduce the annual growth rate for Sexually Transmitted Infections (STIs)
- Increase the number of persons treated for Hepatitis C
- Reduce the number of new Hepatitis C cases among people who inject drugs
- Improve infection control in health care facilities
- Reduce infections caused by multidrug resistant organisms and C. difficile
- Reduce inappropriate antibiotic use

**16. Based on the goals you selected in Questions 11-15, please identify the primary assets/resources your organization/agency can contribute toward achieving the goals you have selected.**

- Provide subject-matter knowledge and expertise
- Provide knowledge of and/or access to potential sources of funding (grants, philanthropy)
- Facilitate access to committees, work groups, coalitions currently working to achieve the selected goals
- Participate on committees, work groups, coalitions to help achieve the selected goals
- Share knowledge of community resources (e.g. food, clothing, housing, transportation, etc.)
- Facilitate access to populations your organization/agency serves (to encourage participation in programs, provide feedback about health improvement efforts, etc.)

- Promote health improvement activities/events through social media and other communication channels your organization/agency operates
- Share program-level data to help track progress in achieving goals
- Provide in-kind space for health improvement meetings/events
- Offer periodic organizational/program updates to community stakeholders
- Provide staff time to help conduct goal-related activities
- Provide letters of support for planned health improvement activities
- Sign partnership agreements related to community level health improvement efforts
- Assist with data analysis
- Offer health related-educational materials
- Other (please specify):

**19. Please add any other comments/recommendations you have about improving the health and well-being of the residents of the counties your organization/agency serves.**

**20. What do you see as being the most significant mental health needs that are not currently being adequately addressed in our community?**

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