

HERKIMER COUNTY RISK ASSESSMENT PROFILE



Remsen Falls - McKeever, Photo by Herkimer County HealthNet

2016 Update

Herkimer County Integrated County Planning

Herkimer County Public Health

2016 HERKIMER COUNTY RISK ASSESSMENT PROFILE

March 31, 2017

Dear Agency Director,

Presented here is a copy of the 2016 Herkimer County Risk Assessment Profile, a data-based assessment of community strengths and challenges that affect the health and well-being of Herkimer County residents. The data included in the Profile gives a snapshot of the level of risk that exists in the community. These risk factors help to identify areas in which there is a need to work collaboratively to improve outcomes.

The 2016 Profile was developed by Herkimer County Integrated County Planning and Herkimer County Public Health, in collaboration with the members of the Comprehensive Assessment Task Force. It is the sixth edition of the Profile; the first edition was printed in 2000.

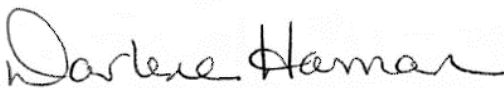
The Profile is organized utilizing the six Life Areas of the New York State Touchstones model: Community, Citizenship, Family, Economic Security, Physical and Emotional Health, and Education, and incorporates the New York State Department of Health's Prevention Agenda's Priority Health Areas into the Physical and Emotional Health section of the document.

We hope that the 2016 Risk Assessment Profile provides information that will help your agency assess the scale and scope of community needs. We also hope that it can be used as a resource as you plan for services that impact the health and well-being of Herkimer County's residents.

The 2016 Herkimer County Risk Assessment Profile is available for download in PDF format from the Herkimer County website, www.herkimercounty.org.

If you have any questions or comments regarding the 2016 Risk Assessment Profile, please contact Herkimer County Integrated County Planning at (315) 867-1425 or Herkimer County Public Health at (315) 867-1176.

Sincerely,



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Herkimer County Integrated County Planning
Co-Chair Comprehensive Assessment Task Force



Christina Cain
Director
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Comprehensive Assessment Task Force

ACKNOWLEDGEMENTS

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- The members of the Comprehensive Assessment Task Force for steering the development of the document.
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- Herkimer County Health Net, Inc. for their financial support and assistance.

Without the support and collaboration of all the individuals and agencies listed above, the development of the 2016 Herkimer County Risk Assessment Profile would not have been possible. Thank You.

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Introduction

The 2016 Herkimer County Risk Assessment Profile is an update to the previous Risk Assessment Profiles published every three years since 2000 (2000, 2003, 2006, 2009, and 2012).

The 2016 document is the result of the collaboration between Herkimer County Integrated County Planning (ICP), Herkimer County Public Health and the various agencies that make up the Comprehensive Assessment Task Force. The data collected within the Profile gives a snapshot of the level of risk that exists in Herkimer County and the areas in which there is a need to work collaboratively to improve outcomes.

The 2016 Profile is organized in accordance with the six Life Areas of the *New York State Touchstones* model: Community, Citizenship, Physical and Emotional Health, Family, Economic Security, and Education. This format, used since 2006, has allowed Herkimer County agencies and providers to take a comprehensive look at the needs of Herkimer County residents across a variety of domain areas. The 2016 Profile also incorporates the *New York State Department of Health's Prevention Agenda's Priority Health Areas* into the Physical and Emotional Health section of the document.

Background

From 1999 to 2015, Herkimer County Integrated County Planning, in existence since 1998, and Herkimer County HealthNet (HCHN), a Rural Health Network in existence since 1990, worked collaboratively to provide a comprehensive assessment of health and human service needs in Herkimer County. They created and co-chaired the Comprehensive Assessment Task Force, a diverse group of stakeholders from government, health, education, and human services, and tasked that group with conducting a comprehensive needs assessment and facilitating comprehensive long term planning geared to improve the quality of life for children, youth and families in Herkimer County.

In 2000, data-based predictors were collected and organized into the *Communities That Care* format of risk and resource assessment, focusing on the risk factors in the areas of community, family, school, and individual/peer that contribute to youth problem behaviors. Focus groups were held with community stakeholders, including youth, to review the data collected and identify priority needs. Out of the Risk Assessment process in 2000, five risk factors emerged as priorities for Herkimer County: Extreme Economic Deprivation, Family Conflict, Family Management, Early and Persistent Antisocial Behavior, and Early Initiation of Problem Behaviors. In October 2000, the first Herkimer County Risk Assessment Profile was published.

In 2001, Herkimer County departments, service providers and various community groups began to discuss ways to better support children, youth and families in order to reduce risks and address identified needs. A Resource Inventory was created to identify gaps in services, and promising approaches were researched that would reduce risks. Resources were allocated to address the issues identified, and various grants were pursued to address major service gaps.

In March 2003, ICP again partnered with HCHN to update the data collected within the original profile. An analysis of the 2003 Herkimer County Risk Assessment Profile confirmed the need to address the five priority risk factors identified during the 2000 planning process. In addition, other risk factors were identified in 2003 as emerging areas of concern: the Availability of Drugs, Lack of Commitment to School, and Alienation and Rebelliousness. Herkimer County planning groups continued to meet to address these concerns.

In 2006, HCHN and ICP partnered for the third time to create an updated Risk Assessment Profile. The *Touchstones* format was used, which expanded the scale and scope of the document and allowed for a more comprehensive look at the needs of Herkimer County residents, particularly in the areas of community demographics, physical and emotional health, the elderly, and children from birth to five. Herkimer County planning groups utilized the information presented to establish goals and identify strategies that reduced risks, addressed needs, and improved outcomes in their specific areas of focus.

In 2009, the *Touchstones* format was utilized again with slight changes. The NYS Department of Health, in partnership with federal, state and local partners, unveiled a new "Public Health Prevention Agenda for the Healthiest State" in 2009 which identified ten priorities for improving the health of all New Yorkers and asked communities to work together to address them. These ten priorities were used to organize the data in the Physical and Emotional Health Life Area of the Profile.

In 2012, the New York State Public Health Prevention Agenda was updated for the 2013-2017 period. The updated *Prevention Agenda* served as a guide to local health departments as they worked with their community to develop mandated Community Health Assessments. The Prevention Agenda's ten priority areas were condensed into the following five areas: Prevent chronic diseases; Promote healthy and safe environments; Promote healthy women, infants and children; Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare-associated infections; and Promote mental health and prevent substance abuse. A locally identified priority area, Access to Healthcare, was added to the five Prevention Agenda priority areas and included in the 2012 document.

In addition to these changes in 2012, a series of six Profile Life Area Focus Groups were held to review the information included in the 2012 Risk Assessment Profile and to identify priority areas of need. A new section was added to the 2012 Risk Assessment Profile summarizing these Focus Group results.

Due to staffing changes, the Herkimer County Risk Assessment Profile was not able to be published in 2015. In 2016, work on the document resumed, with ICP steering the development of the Community, Citizenship, Family, Economic Security and Education sections of the document. Herkimer County Public Health took the lead in developing the Physical and Emotional Health section of the document, again utilizing the NYS Prevention Agenda structure used in 2012 and including the Access to Healthcare priority area. In addition, the areas of Medicaid Reform and Suicide & Intentional Self-Inflicted Injury were added as priority areas based on current locally identified needs.

In 2017, the 2016 Herkimer County Risk Assessment Profile will be utilized by Herkimer County departments to again identify priority areas of need. With support from the Clear Impact Group, creators of the Results Based Accountability (RBA) system that Herkimer County currently utilizes to measure program strategies that work to reduce risks, Herkimer County will match identified Profile priority risk areas with the programs designed to reduce those risks, and will measure those outcomes over time.

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Community

History & Demographics

Herkimer County is located in central New York State, situated northwest of Albany and east of Syracuse.

The northern part of the county is in the Adirondack State Park, and the Mohawk River flows across the southern part of the county. Herkimer County is bordered by St. Lawrence County to the north, Otsego County to the south, Hamilton, Fulton and Montgomery Counties to the east, and Lewis and Oneida Counties to the west.

Herkimer County is the longest county in New York State, and has the sixth largest land area (1,412 square miles). Forty-seven square miles of the county is covered in water (3.32%). The New York Agricultural Statistics Service estimates that 14% of the land (140,270 acres) is used in farming.

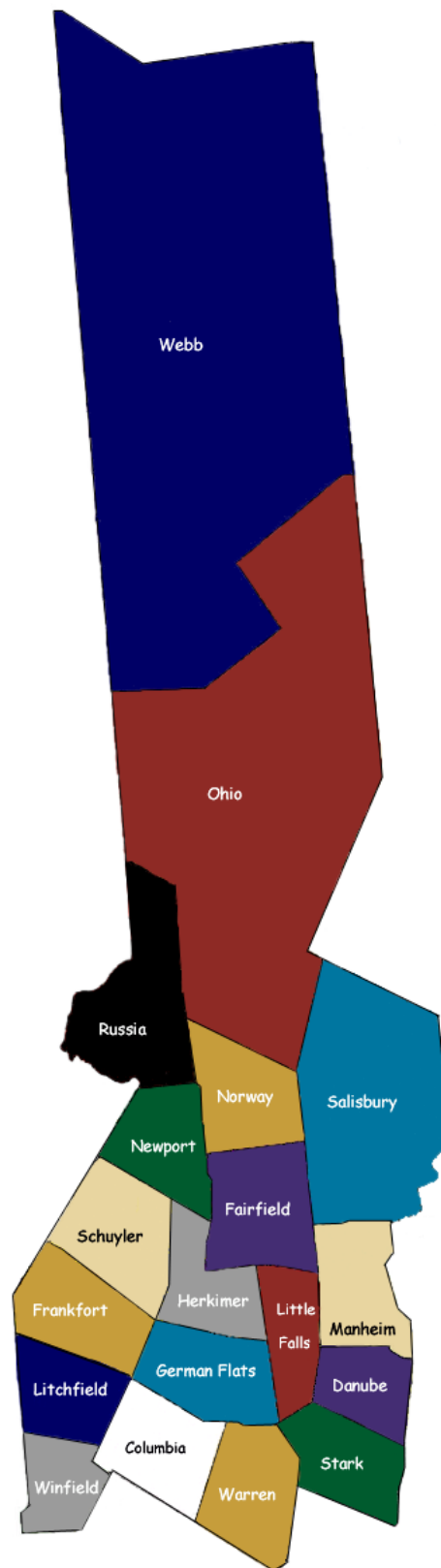
Herkimer County has a population of 64,442 (2011-2013 ACS). There are nineteen towns, ten villages and one city in Herkimer County. The city of Little Falls has 4,946 residents and is ranked 61st in population out of the 62 cities in New York State.

The majority of the county's population resides in the towns, villages and city that surround the Mohawk River, referred to as the Mohawk Valley Corridor. The county seat is the Village of Herkimer, which is home to the county's community college.

The county is named after General Nicholas Herkimer, a Revolutionary War hero who died after being wounded at the Battle of Oriskany in 1777.

County History

Herkimer County's rich history dates back hundreds of years. When counties were established in New York State in 1683, the present Herkimer County was then a part of Albany County. Albany County was an enormous county that included the northern part



Community

History & Demographics

of New York State as well as all of the present state of Vermont. Albany County was reduced in size on July 3, 1766 by the creation of Cumberland County, and again on March 16, 1770 by the creation of Gloucester County, both containing territories which are now in Vermont.

On March 12, 1772, what was left of Albany County was split into parts. One part remained under the name Albany County and one became Tryon County, which contained what is now 37 counties in New York State. The county was named for William Tryon, colonial governor of New York.

In 1784, following the peace treaty that ended the American Revolutionary War, the name of Tryon County was changed to Montgomery County to honor General Richard Montgomery. In 1789, Montgomery County's size was reduced when Ontario County was formed. Ontario County included the present Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Orleans, Steuben, Wyoming, Yates, and part of Schuyler and Wayne Counties.

In 1791, what was left of Montgomery County was split again by the creation of three additional counties: Herkimer County, Otsego County and Tioga County. Herkimer County in 1791 was much larger than the present county and was also reduced by a number of subsequent splits. These splits helped to form Onondaga, Oneida, Chenango and St. Lawrence Counties.

Herkimer County assumed its present form in 1817. Herkimer County now extends from the Adirondack Mountains to the Mohawk Valley. The forests to the north provide wood products while the southern valleys are favorable for farming.

As westward expansion provided access to land more suitable for growing wheat, Herkimer County farmers realized that dairying would be a more profitable use of their land. The lack of a mass market for milk led to the production of cheese. By the 1850s, Little Falls was the location of a world famous cheese market.

The Erie Canal spurred the development of large villages and provided a means to transport goods both east and west. Immigrants from Ireland and later from eastern and southern Europe arrived to work in local industries and agriculture, providing a diversity of culture.

Many products have been produced in Herkimer County over the last 200 years including rifles, typewriters, farm equipment, furniture, textiles, shoes, data recorders, bicycles, nutcrackers, and paper. The oldest Herkimer County industry, Remington Arms, still plays a major role in the county's economy.

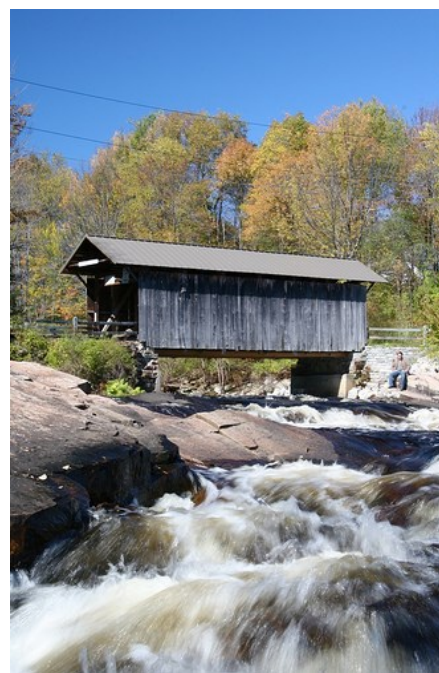
Many landmarks in Herkimer County have been included in the *National Register of Historic Places*. The 2015 listing is included on the following two pages.

Community

History & Demographics

National Register of Historic Places — Listing For Herkimer County (2015)

Village of Cold Brook - Cold Brook Feed Mill
Town of Danube - Herkimer Home
Town of Danube - Indian Castle Church
Town of Danube - Mohawk Upper Castle Archeological District
Town of Danube - Zoller-Frasier Round Barn (torn down)
Village of Dolgeville - Alfred Dolge Hose Co. No. 1
Village of Dolgeville - Breckwoldt-Ward House
Village of Dolgeville - Menge House Complex
Village of Dolgeville - Dolge Company Factory Complex
Village of Dolgeville - Post Office
Town of Fairfield - Trinity Episcopal Church
Town of Fairfield - Lalino Stone Arch Bridge (Rt. 29)
Town of Fairfield - Old City Stone Arch Bridge
Town of Frankfort - Balloon Farm
Town of Frankfort - Frankfort Town Hall
Town of Frankfort - Remington House
Village of Frankfort - Post Office
Town of German Flatts - Fort Herkimer Church
Village of Herkimer - Herkimer County Court House
Village of Herkimer - Herkimer County Historical Society
Village of Herkimer - Herkimer County 1834 Jail
Village of Herkimer - Reformed Church of Herkimer
Village of Herkimer - Post Office
Town of Herkimer - Palatine German Frame House
Village of Ilion - Remington Stables
Village of Ilion - First United Methodist Church
Village of Ilion - Thomas Richardson House
Village of Ilion - Post Office
City of Little Falls - Herkimer County Trust Company Building
(Little Falls Historical Society)
City of Little Falls - Overlook Mansion
City of Little Falls - Post Office
City of Little Falls - South Ann Street - Mill Street Historic District
Town of Manheim - Snells Bush Church and Cemetery
Village of Newport - Benjamin Bowen House



Salisbury Center Covered Bridge

Community

History & Demographics

- Village of Newport - Newport Stone Arch Bridge
- Village of Newport - Yale-Cady Octagon House and Yale Lock Factory Site
- Village of Newport - Masonic Temple - Newport Lodge No 445 F. & A.M.
- Town of Norway - Norway Baptist Church
- Town of Russia - Russia Corners Historic District
- Town of Salisbury - Salisbury Center Covered Bridge
- Town of Salisbury - Salisbury Center Grange Hall
- Town of Salisbury - Augustus Frisbie House
- Town of Warren - Jordanville Public Library
- Town of Warren - Church of the Good Shepherd
- Town of Warren - Sunset Hill
- Town of Warren - Holy Trinity Monastery
- Town of Webb - Covewood Lodge
- Town of Webb - Goodsell Memorial Home (Town of Webb Historical Association)

Source: [Herkimer County Historical Society \(County History & National Register\)](#)



General Herkimer Home Historic Site

Community

History & Demographics

Population and Demographics

Table 1 depicts Herkimer County's population demographics from the 2000 and 2010 U.S. Census and the 2013 U.S. Census American Community Survey (ACS) three-year estimate.

According to the 2013 U.S. Census ACS, there were 64,442 people living in Herkimer County. The county's population has remained relatively consistent between 2000 and 2013. Although the percentage of males has increased slightly since 2000, females continue to outnumber males in Herkimer County.

There has been an increase in the median age of Herkimer County residents, from 39 in 2000 to 42.4 in 2013. The number of Herkimer County households has also increased during this time period, but the average household and family size recorded in 2013 was slightly lower than that recorded in 2000 or 2010.

Table 1

Herkimer County Demographics: 2000,2010 and 2011-2013

	2000 U.S. Census	Percent	2010 U.S. Census	Percent	2011- 2013 ACS	Percent
Population	64,427	100%	64,519	100%	64,442	100%
Male	31,248	48.5%	31,579	48.9%	31,873	49.5%
Female	33,179	51.5%	32,940	51.1%	32,569	50.5%
Median Age	39	—	41.2	—	42.4	—
Total Households	25,734	100%	26,324	100%	26,910	100.0%
Average Household Size	2.46	—	2.40	—	2.34	—
Family Households	17,101	66.5%	16,871	64.1%	17,647	65.6%
Average Family Size	2.99	—	2.95	—	2.84	—

Source: U.S. Census Bureau, 2000 & 2010 Census, 2011-2013 American Community Survey

Age

Tables 2 and 3 on the following page illustrate demographic information taken from the 2011-2013 U.S. Census American Community Survey (ACS).

Table 2 illustrates the population of Herkimer County, NYS and US residents by age. As the table depicts, Herkimer County's population is slightly older than the population in New York State and the United States. The median age of Herkimer County residents, 42.4 years, is 4.3 years older than the median age in NYS and 5 years older than the median age in the U.S. When compared with NYS and the US, the percentage of individuals under age 35 in Herkimer County was lower than that found in NYS and the US, and the percentage of those age 55 and over was higher than found in both NYS and the US.

Community

History & Demographics

Herkimer County, NYS and US by Age: 2011–2013 Census

Table 2

	Herkimer County	New York State	US
Population	64,442	19,576,660	313,861,723
Median Age	42.4 years	38.1 years	37.4 years
Under Age 5	5.2%	6.0%	6.4%
5 to 19 years	19.1%	18.7%	19.9%
20 to 34 years	16.9%	21.4%	20.7%
35 to 54 years	26.5%	27.5%	27.0%
55 to 74 years	23.7%	19.8%	19.9%
75 and above	8.5%	6.3%	6.1%

Race and Ancestry

Herkimer County is less diverse when compared with NYS and the U.S. in the categories of race, as seen in table 3. Herkimer County also has a greater percentage of individuals with Irish, Italian, German, English and Polish ancestry than individuals in NYS and the U.S.

Herkimer County, NYS and US by Race and Ancestry 2011–2013

Table 3

	Herkimer County	New York State	US
Population	64,442	19,576,660	313,861,723
White	96.3%	65.0%	73.9%
Black or African American	0.9%	15.6%	12.6%
Asian	0.4%	7.7%	5.0%
Some Other Race	1.0%	8.9%	5.7%
Two Races	1.4%	2.8%	2.9%
Hispanic or Latino (any race)	1.9%	18.1%	16.9%
Ancestry			
Irish	22.3%	12.5%	10.8%
Italian	20.0%	13.3%	5.5%
German	21.6%	10.6%	14.9%
English	11.9%	5.4%	8.0%
Polish	9.2%	4.8%	3.0%

Source (both tables this page): U.S. Census Bureau, 2011–2013 American Community Survey



Community

History & Demographics

Income and Poverty

Herkimer County, NYS and US by Income

Table 4

	Herkimer County	Herkimer County	Herkimer County	New York State	United States
	2000	2008-2010	2011-2013	2011-2013	2011-2013
Median H.H. Income	\$43,092	\$42,318	\$43,722	\$57,327	\$52,176
Per Capita Income	\$21,126	\$21,908	\$23,374	\$32,083	\$27,884
<\$10,000	11.4%	7.7%	7.4%	8.1%	7.5%
<\$25,000	38.2%	28.3%	27.0%	23.5%	23.9%
\$100,000+	3.7%	10.4%	12.6%	27.1%	22.3%

The median and per capita incomes for Herkimer County are increasing, as seen in Table 4, but remain lower than those reported in NYS and the U.S. The percentage of individuals who make over \$100,000 per year in Herkimer County has more than tripled since 2000 (from 3.7% in 2000 to 12.6% in 2011-2013), but continues to be much lower than the percentages reported in NYS and the U.S. during that time period.

As seen in Table 5, poverty has increased for individuals in Herkimer County since 2000. The percentage of families and individuals in poverty in Herkimer County recorded in the 2011-2013 ACS are relatively similar to the percentages recorded for both NYS and the U.S. The percentage of children in poverty in Herkimer County is higher than in NYS and the U.S. Poverty rates for seniors have seen a slight decline since 2000 and are lower than those in NYS and the U.S.

Percent of Persons Living Below Poverty: Herkimer County, NYS, US

Table 5

	HC 2000	HC 2008-2010	HC 2011-2013	NYS 2011-2013	US 2011-2013
Families	8.9%	10.3%	12.0%	12.2%	11.7%
Individuals	12.5%	14.6%	15.4%	15.9%	15.9%
Children (<18)	16.1%	21.2%	25.1%	22.7%	22.4%
Adults (18-64)	11.7%	12.9%	12.8%	14.0%	13.9%
Seniors (65+)	10.4%	11.9%	8.8%	11.6%	9.5%

Source (Tables 4 and 5) :2000 U.S. Census Bureau, 2008-2010 American Community Survey and 2011-2013 ACS



Agriculture and Farming

Herkimer County is rich in scenic beauty, and has historical roots closely tied to agriculture. Throughout the eighteenth and nineteenth centuries, farming was the primary livelihood of the majority of the county's residents and a major force in its economic life. In the eighteenth century, 90 percent were farmers; by 1900, 30 percent were employed in agriculture or agriculture-related industries. In 1991, less than 2 percent of the population of the county worked at farming.

Herkimer County dairy farms numbered 1,433 in 1941 with 36,800 cows (an average of 26 cows per farm) and in 1991 fell to 378 dairy farms, with 23,000 cows (average 61 cows). In 1960, 1,100 producers were shipping over 260 million pounds of milk a year (about 30.5 million gallons). By 1990, despite far fewer farms, production was still over 400 million pounds of milk a year, maintaining Herkimer County's long standing place among the top dozen dairy counties in New York. In that year, Herkimer County's agricultural production totaled more than \$55 million. (Source: "Herkimer County at 200" published by the Herkimer County Historical Society 1992)

Farming continues to be an important aspect of the economy, culture, and way of life in Herkimer County. According to the 2015 New York State Agricultural Statistics, there were 687 farms and 140,270 farmed acres in Herkimer County, accounting for 14% of the total land area in the county. Dairy farming is the dominant agricultural activity in Herkimer County.

Table 6

Number of Farms and Acreage Used in Farming, Herkimer County

	2000	2002	2010	2015
Number of Farms	710	690	675	687
Land in Farms	154,200 acres	159,258 acres	136,600 acres	140,270 acres
Average Size of Farm	217 acres	231 acres	243 acres	204 acres

Source: 2000, 2010, and 2015 NYS Agricultural Statistics

Farming activities are located almost exclusively within the southern portion of the county outside of the Adirondack Park. It is important to note that a significant portion of the county is located within the Adirondack Park (555,690 out of 931,923 total acres) where the majority of the land is forested with little agricultural activity. Cornell Cooperative Extension reports that approximately 41% of the total acreage of all lands south of the Adirondack Park is farmland.

Information from the NYS Agricultural Statistics indicates that the number of farms and land used in farming in Herkimer County decreased between 2000 and 2010, but experienced a slight increase in 2015.

Top Livestock and Value of Sales, Herkimer County

Table 7

2012	Quantity	State Rank
Top Livestock		Number
Cattle and Calves	27,162	21
Layers	3,730	32
Bee Farms	3,206	4
Top Value of Sales by Commodity Group		Dollars
Milk and Other Dairy	52,000,000	21
Crops and Hay	6,758,000	17
Vegetables, melons, potatoes and sweet potatoes	3,278,000	27
Grains, Oil Seeds, Dried Beans and Peas	1,380,000	33
Nursery, Greenhouse and Sod	1,363,000	36

Source: 2012 Census of Agriculture County Profile

The table above illustrates the number of livestock and the value of farm sales in 2012. There were 172 dairy farms reported in 2012 with the value of milk and other dairy products estimated at \$52,000,000.

In 2015, the market value of Herkimer County agricultural products sold was \$70,442,000. Total farm production expenses were approximately \$55,825,000, and net farm income was an average of \$81,259 per farm.

Cornell Cooperative Extension reported the following challenges facing Herkimer County dairy farmers in 2015:

Milk prices were significantly below a year ago, and some farmers are losing their market for milk. Summer harvesting conditions in 2015 have been challenging, due to excessive moisture. Many farms are having difficulty making dry hay.

Call volume and the number of contacts made to NY Farm Net continue to be above the 2014 contact numbers of over 6,000. Calls to NY Farm Net related to stress were very high during the summer of 2015. More men are calling for help from family consultants at Farm Net, whereas in the past more women called for this support. A trend this year (2015) is increased interest in cash flow planning by dairy farmers.

Government Structure and Legislative Districts

Herkimer County has 17 legislative districts. The Chairman of the Legislature is designated as the Chief Elected Officer in Herkimer County.

Herkimer County is one of nineteen Charter counties in New York State, and is one of twenty-two counties in New York State that employs a County Administrator. The Herkimer County Administrator is appointed by and responsible to the Herkimer County Legislature. The County Administrator handles all administrative operations of the county.

Portions of Herkimer County are included in the 49th and 51st Districts of the New York State Senate and the 101st, 118th, and 119th Districts of the New York State Assembly. At the federal level, sections of the county are included in the 21st and 22nd Congressional Districts of the U.S. House of Representatives.

Expenditures Per Capita

Table 8 on the next page illustrates the expenditures, tax rates, and debt per capita for Herkimer County for the years 2007, 2010 and 2013, with benchmark comparisons to other counties in Upstate New York, small counties, and the six counties in the Mohawk Valley region (Fulton, Hamilton, Herkimer, Montgomery, Oneida, and Schoharie).

Total per capita expenditures in Herkimer County have declined between 2010 and 2013 and are currently slightly below the expenditures per capita recorded in 2007. Upstate small county average per capita expenditure rates rose between 2007 and 2013, and were over \$600 more than the expenditures recorded for Herkimer County in 2013 (\$2,174 vs. \$1,502 respectively).

In 2013, Herkimer County's expenditures for education (K-12 instruction, pupil services, transportation and the community college) declined from the expenditures recorded in 2007 and 2010. These expenditures remained higher in 2013 than the average expenditures recorded for upstate small counties, and ranked #1 in the Mohawk Valley region.

Herkimer County's Public Safety expenditures per Capita have seen a slight increase between 2007 and 2013, but continue to be lower than the average expenditures recorded in upstate small counties (\$113 per capita in Herkimer County vs. \$194 in upstate small counties). Herkimer County ranked the lowest (#6) overall in the Mohawk Valley region, #54 in NYS (minus NYC) and #47 (out of 50) for upstate small counties in per capita public safety expenditures in 2013.

Expenditures for Employee Benefits per Capita in 2013 were less than half of those recorded for upstate small counties (\$184 vs. \$376 respectively), and ranked #5 overall in the Mohawk Valley region, #52 in NYS (minus NYC) and #45 (out of 50) for upstate small counties.

A searchable database of comparative tax and spending data for local governments has been posted at <http://seethroughny.net/benchmarking>.

Community

History & Demographics

Table 8

Herkimer County Benchmarks: 2007, 2010, & 2013 Expenditures, Tax Rates, and Debt Per Capita

	Herkimer County			Upstate Small County Average			Upstate County Rank (out of 50)			Mohawk Valley Region Rank (out of 6)			NYS Rank (minus NYC 57 Counties)		
	2007	2010	2013	2007	2010	2013	2007	2010	2013	2007	2010	2013	2007	2010	2013
Total Expenditures Per Capita	\$1,535	\$1,695	\$1,502	\$1,961	\$2,254	\$2,174	45	43	45	6	6	5	50	53	51
Effective Property Tax rate	0.60%	0.51%	0.55%	0.75%	0.68%	0.75%	33	36	35	5	5	5	33	36	35
Debt Per Capita	\$134	\$132	\$108	\$409	\$484	\$496	40	43	45	3	3	4	47	50	52
Taxes Per Capita	\$841	\$862	\$889	\$908	\$930	\$1,037	32	31	36	4	4	4	38	38	43
Total Revenues Per Capita	\$1,563	\$1,505	\$1,525	\$1,958	\$2,048	\$2,146	43	47	46	5	6	6	48	53	51
General Government Per Capita	\$248	\$237	\$238	\$306	\$325	\$342	37	41	37	6	6	5	43	46	42
Education Per Capita	\$138	\$84	\$90	\$71	\$72	\$73	2	21	16	1	2	1	5	26	21
Public Safety Per Capita	\$109	\$97	\$113	\$162	\$172	\$194	49	48	47	6	6	6	56	55	54
Social Services Per Capita	\$505	\$460	\$513	\$491	\$500	\$510	27	31	27	3	4	2	28	33	29
Economic Development Per Capita	\$15	\$23	\$16	\$21	\$20	\$21	20	17	17	3	3	3	22	19	21
Culture and Recreation Per Capita	\$12	\$12	\$11	\$12	\$13	\$10	20	21	18	1	3	3	26	27	24
Employee Benefits Per Capita	\$134	\$160	\$184	\$264	\$320	\$376	46	45	45	5	5	5	53	52	52

Source: Office of State Comptroller, with further calculations by the Public Policy Institute, research affiliate of The Business Council of New York State, and the Empire Center for New York State Policy

DATA SOURCES

2012 Census of Agriculture Herkimer County Profile

Empire Center for New York State Policy

<http://seethroughny.net/benchmarking-ny/#/single?id=210100000000&date=2010>

Herkimer County Historical Society

<http://www.rootsweb.ancestry.com/~nyhchs/history.html>

2015 New York Agricultural Statistics Service

New York State Office of Comptroller

Public Policy Institute

U.S. Census Bureau, 2000, 2010 U.S Census and 2011-2013 American Community Survey

Herkimer Oneida Counties Comprehensive Planning Program

WHY THIS IS IMPORTANT

Understanding population trends can help communities plan for needed services and supports for their residents.

The place where an individual or family resides can impact activities of daily living. Access to health services and day care, engaging in activities, commuting to work, location of shopping venues, and accessing valuable supports and services are all connected to location.

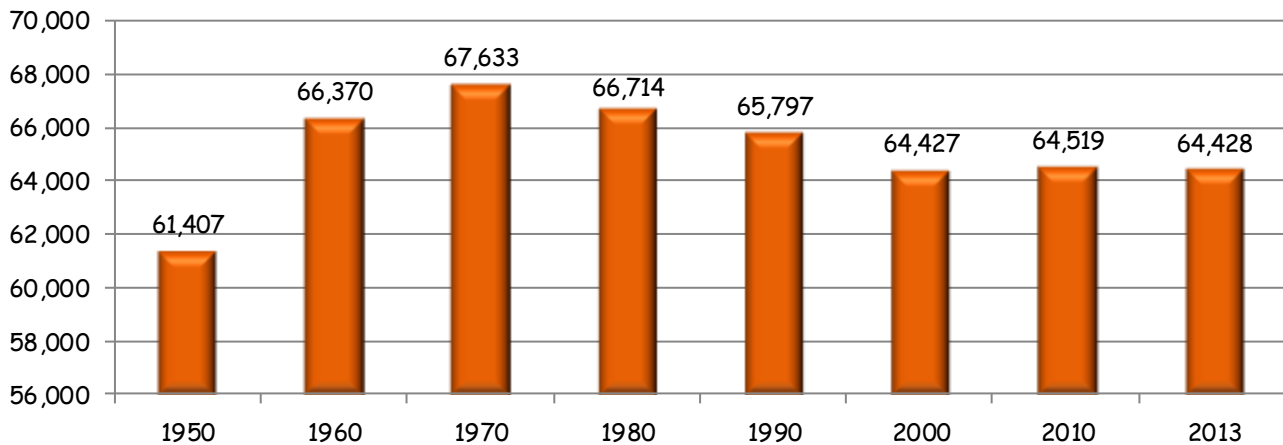
WHERE WE STAND

Population Trends

Herkimer County has seen an increase in population between 1950 and 2013. The overall population in Herkimer County has risen by 3,021 people, or 4.9%, over the last six decades. Between 1950 and 1970, the population in Herkimer County increased by over 6,200 people (10%). This was followed by a 3,205 persons decline (4.75%) between 1970 and 2013.

Graph 9

**Herkimer County Population
1950-2013**



Source: 1950-2010 U.S. Census, 2011-2013 American Community Survey (ACS)

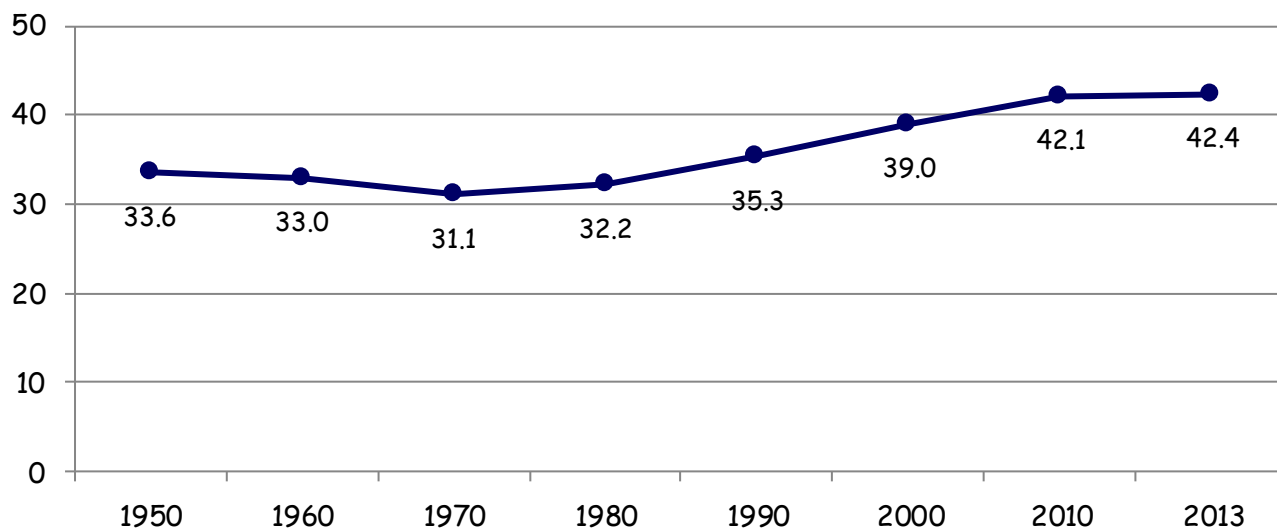
The graph on the next page illustrates the median age of Herkimer County residents from 1950 to 2013. The median age of Herkimer County residents has changed considerably over the last 60 years. This change has not, however, simply been one of a continually aging population. The median age of the population actually declined for a period of twenty years, from 33.6 in 1950 to 31.1 in 1970. After 1970, the median age began to climb, rising to its highest level of 42.4 years in 2013.

Community

Population by Age/Community

Graph 10

**Herkimer County Median Age
1950-2013**



Source: 1950-2010 U.S. Census, 2011-2013 American Community Survey (ACS)

The advancing age of the "baby boomers" (those born during the post-World War II baby boom from 1946 to 1964) has contributed to the aging population, and increased median age, within Herkimer County.

Median Age of Males & Females 1960-2013

Table 11

Year	Median Age Male	Median Age Female	Median Age All
1950	—	—	33.6
1960	32.1	34.0	33.0
1970	29.1	33.3	31.1
1980	30.5	33.9	32.2
1990	33.9	36.7	35.3
2000	37.7	40.2	39.0
2010	41.1	43.1	42.1
2013	40.6	43.7	42.4

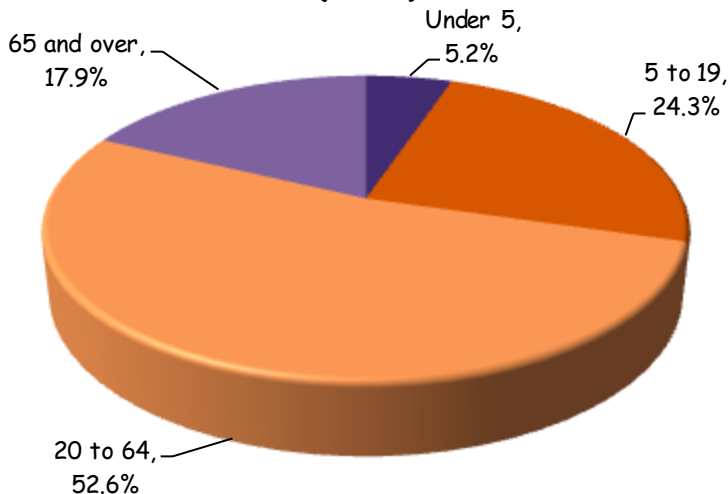
Source: 1950-2010 U.S. Census, 2011-2013 American Community Survey (ACS)

The table above depicts the median age of males and females in Herkimer County from 1960 to 2013. The median age of females in Herkimer County has been consistently higher than that of males during this time period.

Community

Population by Age/Community

Herkimer County Population by Age (2013)



Graph 12 According to the U.S. Census ACS, Half (52.6%) of the county's population is between the age of 20 and 64. In addition, around one in six county residents (17.9%) are age 65 or older. About one out of every four people (24.3%) in Herkimer County is between ages 5 and 19. The county's youngest cohort, those age 5 and under, make up 5.2% of the total population.

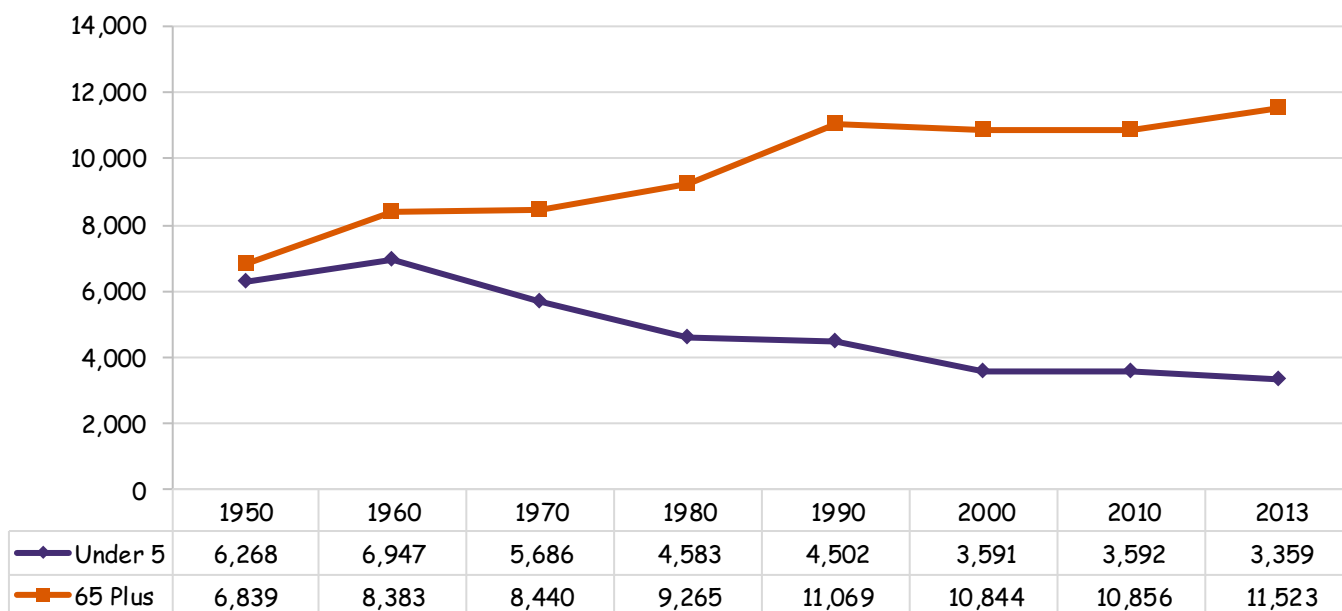
The growth of the county's elderly population (those age 65 and older) has increased significantly since 1950. While about 7,000 persons were in this

Source: U.S. Census Bureau, 2011-2013 American Community Survey

category at the midway point of the last century, by its end this age group had grown to more than 11,000 persons, an increase of nearly 60%. In contrast, the population of children under the age of five has decreased from 6,268 in 1950 to 3,359 in 2013, a decline of 46.4%.

Trends Among Selected Age Groups 1950-2013

Graph 13



Source: U.S. Census Bureau, 1950-2010 and 2011-2013 American Community Survey

Community

Population by Age/Community

Table 14

Herkimer County Births By Municipality 2006-2014

City	2006	2007	2008	2009	2010	2011	2012	2013	2014
Little Falls	69	70	65	57	55	59	61	47	49
Town	2006	2007	2008	2009	2010	2011	2012	2013	2014
Columbia	18	17	19	8	17	13	19	11	15
Danube	2	9	8	16	7	14	11	8	8
Fairfield	19	21	18	17	13	12	19	10	15
Frankfort	62	76	62	62	65	71	58	73	78
German Flatts	158	170	147	170	162	168	173	157	160
Herkimer	91	115	97	110	106	102	99	121	115
Litchfield	17	21	16	13	15	18	16	22	13
Little Falls	14	14	14	12	9	9	13	13	12
Manheim	37	40	35	41	29	38	36	35	37
Newport	24	30	24	28	23	25	17	22	22
Norway	12	8	8	3	9	6	6	8	5
Ohio	6	6	10	4	7	7	9	9	7
Russia	21	28	27	23	23	19	30	23	26
Salisbury	23	20	24	17	15	20	17	23	22
Schuyler	30	21	32	36	22	35	26	33	25
Stark	8	10	6	6	17	10	8	5	8
Warren	12	8	9	17	8	8	8	19	13
Webb	11	10	6	12	10	8	11	14	4
Winfield	17	17	19	19	23	17	21	20	23
Towns Total	582	641	581	614	580	600	597	626	608
County Total	651	711	646	671	635	659	658	673	657

Source: NYS Department of Health, Vital Statistics of NYS 2014, Table 55

Table 14 illustrates the number of births recorded by city and township in Herkimer County from 2006 to 2014. During that time period, a total of 5,961 children were born in Herkimer County. Births to residents in Little Falls have declined and births to residents in townships have experienced slight increases.

Table 15 on the next page illustrates the number of births recorded by villages in Herkimer County from 2006 to 2014. While the majority of village births during this time period were in the villages of Ilion and Herkimer, Ilion has experienced a decrease in yearly births while Herkimer has experienced an increase in births during this timeframe.

Community

Population by Age/Community

Herkimer County Births By Village 2006 to 2014

Table 15

Village	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cold Brook	2	4	4	5	2	1	8	4	0
Dolgeville	25	32	24	25	18	22	26	22	20
Frankfort	27	32	28	27	26	29	23	35	28
Herkimer	78	101	81	87	91	83	83	98	93
Ilion	109	119	106	109	114	126	120	111	99
Middleville	0	8	6	9	5	4	0	2	6
Mohawk	31	35	25	40	30	27	29	28	38
Newport	6	8	9	6	9	4	5	1	9
Poland	3	12	7	7	9	0	0	1	1
West Winfield	5	10	8	8	11	6	11	7	9

Source: NYS Department of Health, Vital Statistics of NYS 2014, Table 55

Table 16 below illustrates the number of live births in Herkimer County by mother's age between 2006 and 2014. The number of births to teen mothers ages 15-17 recorded in 2013 and 2014 were lower than those recorded in 2012 (a 42% reduction), and births to mothers ages 18-19 have been reduced by 23% between 2012 and 2014. Births to mothers over age 30 have slightly increased, from 197 births in 2006 to 232 births in 2014.

Live Births in Herkimer County by Mother's Age 2006-2014

Table 16

	2006	2007	2008	2009	2010	2011	2012	2013	2014
<15	0	2	0	0	0	0	0	0	0
15-17	13	16	20	23	15	8	19	11	11
18-19	40	44	34	50	48	35	47	34	36
20-24	197	192	188	177	171	185	185	193	163
25-29	204	219	176	200	183	221	189	214	215
30-34	132	148	148	144	143	135	139	158	154
35-39	51	73	63	61	60	63	64	51	64
40-44	14	17	15	14	14	11	15	11	13
45+	0	0	2	2	0	1	0	0	1
NR	0	0	0	0	1	0	0	1	0

Source: NYS Department of Health, Vital Statistics of NYS, Table 7

NR = Not Recorded



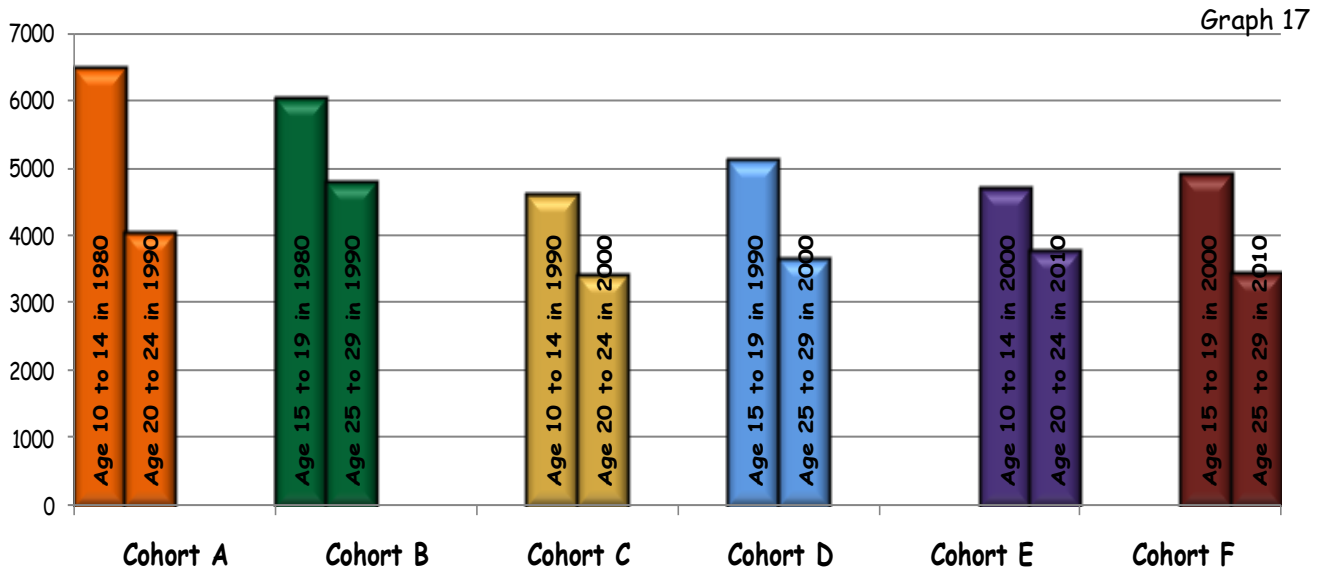
The Decline of Herkimer County Post-College and Early Employment Cohorts

This drain on the area's young people appears to be something that has been going on for at least the last 30 years, and is of great concern to Herkimer County families and communities.

In the graph below, six age cohorts are shown as they existed in one census, and then re-examined at the time of the following census. These cohorts include:

- Cohort A—youth age 10 to 14 in 1980, who would be ages 20 to 24 in the 1990 census
- Cohort B—youth age 15 to 19 in 1980, who would be ages 25 to 29 in the 1990 census
- Cohort C—youth age 10 to 14 in 1990, who would be ages 20 to 24 in the 2000 census
- Cohort D—youth age 15 to 19 in 1990, who would be ages 25 to 29 in the 2000 census
- Cohort E—youth age 10 to 14 in 2000, who would be ages 20 to 24 in the 2010 census
- Cohort F—youth age 15 to 19 in 2000, who would be ages 25 to 29 in the 2010 census

The Decline of Herkimer County Post-College and Early Employment Cohorts: A Comparison of Cohort Changes Between Censuses (1980-90, 1990-2000 and 2000-10)



Source: Herkimer-Oneida Counties Comprehensive Planning Program

In each case, the cohorts experienced considerable losses over each 10 year period. As Cohort A aged between 1980 and 1990, their number shrank by more than a quarter (28%). During the same time period, Cohort B also lost 28% of their members. Between 1990 and 2000, Cohort C lost more than a quarter of its members, dropping by 26%. The area lost almost 30% of Cohort D's members as they aged and the decade came to a close.

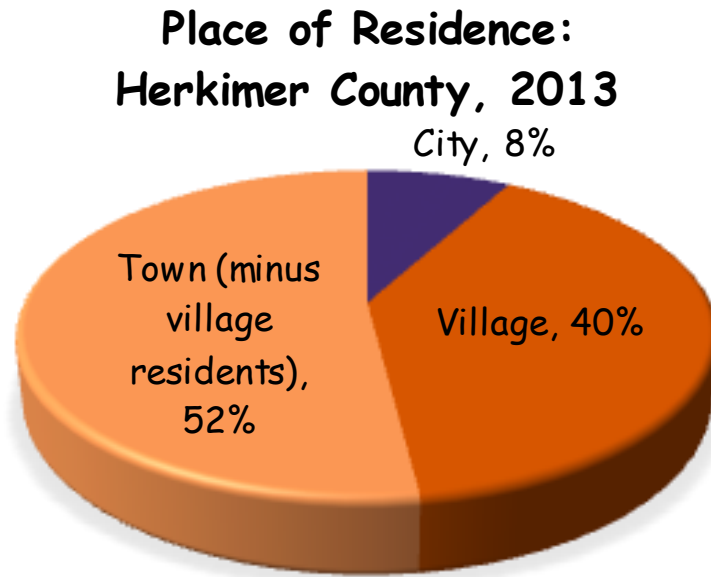
When reviewing the Cohort data for 2000 (Cohorts E and F), the same trend continues with population losses recorded between 2000 and 2010 of approximately 25% within each age range.

The data shows remarkable consistency in the county's loss of its post-college and early employment populations as they entered their twenties from 1980 through the year 2010.

Population by Municipality

There are 19 towns, 10 villages and one city that lie within Herkimer County's borders. The graph below illustrates the percentage of Herkimer County residents that live in these various areas.

Graph 18



Source: U.S. Census Bureau, 2011-2013 American Community Survey

According to the U.S. Census 2011-2013 ACS, approximately half of all residents that live in Herkimer County reside in towns (52%). Four in ten residents live in villages (40%) and the remaining 8% live in the City of Little Falls.

Population Changes by Municipality

Table 19 on the following page illustrates the population by municipality in 2000, 2010 and 2013 and the changes by municipality from 2000 to 2013 (2000 to 2010 for villages).

Overall, most municipalities in Herkimer County experienced population increases between 2000 and 2013. Twelve of the nineteen towns in Herkimer County saw growth in their populations, with the largest increases located in the towns of Norway (26.7%), Ohio (15.4%), and Warren (10.0%). The City of Little Falls has seen a 5.2% decline in population during this time period. Seven towns in Herkimer County experienced population losses of between -0.2% and -11.1%, and four of the ten villages in Herkimer County experienced declines in population ranging from 2.1% to 6.9%.

Community

Population by Age/Community

Approximately half of the total population continues to reside along the valley corridor in the Town of German Flatts (which includes the villages of Ilion and Mohawk), the Town of Herkimer (which includes the village of Herkimer), the Town of Frankfort (which includes the village of Frankfort), and the City of Little Falls.

Herkimer County Population Changes 2000 to 2013

Table 19

NAME	2000	2010	2013	% Change 2000- 2013	# Change 2000- 2013
Herkimer County	64,427	64,519	64,428	0.0%	1
CITIES					
Little Falls	5,188	4,946	4,917	-5.20%	-271
TOWNS					
Columbia	1,630	1,580	1,608	-1.3%	-22
Danube	1,098	1,039	1,100	0.2%	2
Fairfield	1,607	1,627	1,581	-1.6%	-26
Frankfort	7,478	7,636	7,613	1.8%	135
German Flatts	13,629	13,258	13,235	-2.9%	-394
Herkimer	9,962	10,175	10,147	1.9%	185
Litchfield	1,453	1,513	1,574	8.3%	121
Little Falls	1,544	1,587	1,506	-2.5%	-38
Manheim	3,171	3,334	3,321	4.7%	150
Newport	2,192	2,302	2,188	-0.2%	-4
Norway	711	762	901	26.7%	190
Ohio	922	1,002	1,064	15.4%	142
Russia	2,487	2,587	2,587	4.0%	100
Salisbury	1,953	1,958	1,976	1.2%	23
Schuyler	3,385	3,420	3,426	1.2%	41
Stark	767	757	771	0.5%	4
Warren	1,136	1,143	1,250	10.0%	114
Webb	1,912	1,807	1,699	-11.1%	-213
Winfield	2,202	2,086	1,964	-10.8%	-238
VILLAGES				% Change 2000-2010	# Change 2000-2010
Cold Brook	336	329		-2.08%	-7
Dolgeville*	2,066	2,206		6.78%	140
Frankfort	2,537	2,598		2.40%	61
Herkimer	7,498	7,743		3.27%	245
Ilion	8,610	8,053		-6.47%	-557
Mohawk	2,660	2,731		2.67%	71
Middleville	550	512		-6.91%	-38
Newport	640	640		0.00%	0
Poland	451	508		12.64%	57
West Winfield	862	826		-4.18%	-36
<i>* Herkimer County portion only</i>					

Source: Herkimer-Oneida Counties Comprehensive Planning Program, U.S. Census Bureau, 2011-2013 American Community Survey

Community

Population by Age/Community

Population by Age and Municipality

The table below illustrates the number of residents by age in Herkimer County towns and the city of Little Falls in 2013 and the changes in population distribution between 2000 and 2013.

Herkimer County Age and Municipality Data Census 2000 & 2013

Table 20

TOWNS and CITY	5 and under	6 to 18	19 to 64	65 and over	2013 TOTAL	2000 TOTAL	% Change 2000-2013
Columbia	111	287	958	252	1,608	1,604	0.2%
Danube	61	224	673	142	1,100	1,104	-0.4%
Fairfield	71	268	1,028	214	1,581	1,643	-3.8%
Frankfort	358	1,224	4,623	1,408	7,613	7,478	1.8%
German Flatts	828	2,325	8,032	2,050	13,235	13,657	-3.1%
Herkimer	473	1,458	6,108	2,108	10,147	9,944	2.0%
Litchfield	86	255	1,015	218	1,574	1,436	9.6%
Little Falls City	336	681	2,905	995	4,917	5,160	-4.7%
Little Falls	58	218	973	257	1,506	1,541	-2.3%
Manheim	194	669	1,899	559	3,321	3,170	4.8%
Newport	120	396	1,294	378	2,188	2,198	-0.5%
Norway	54	131	617	99	901	669	34.7%
Ohio	39	168	698	159	1,064	911	16.8%
Russia	121	504	1,610	352	2,587	2,473	4.6%
Salisbury	83	364	1,301	228	1,976	1,954	1.1%
Schuyler	172	549	2,037	668	3,426	3,403	0.7%
Stark	32	126	506	107	771	764	0.9%
Warren	65	222	761	202	1,250	1,175	6.4%
Webb	42	121	979	557	1,699	1,937	-12.3%
Winfield	157	344	1,143	320	1,964	2,206	-11.0%
TOTAL	3,461	10,534	39,160	11,273	64,428	64,427	0.0%

Source: U.S. Census Bureau, 2011-2013 American Community Survey

Racial Composition by Municipality

Table 21 on the following page illustrates the racial composition of Herkimer County as recorded in the 2000 and the 2011-2013 U.S. Census.

According to the 2013 Census, 96.4% of Herkimer County residents are white. Herkimer County has seen an increase in racial diversity in its population between 2010 and 2013, however, with an increase in residents reporting that they are Black or African American, Hispanic or Latino, or multiple races. The communities along the valley corridor are the most racially diverse.

Community

Population by Age/Community

Table 21

Municipalities by Race, 2000 & 2011-2013 Census

	Race													
	Total Population		Single Race		White (only)		Black or African American (only)		Other (only)		Multiple Race		Hispanic or Latino	
	2000	2013	2000	2013	2000	2013	2000	2013	2000	2013	2000	2013	2000	2013
Herkimer County	64,427	64,428	63,886	63,669	63,031	62,154	329	676	526	839	541	759	580	1,132
CITIES														
Little Falls	5,188	4,917	5,138	4,892	5,073	4,756	15	39	50	97	50	25	28	34
TOWNS (Include village populations)														
Columbia	1,630	1,608	1,618	1,595	1,606	1,572	1	14	12	9	12	13	6	36
Danube	1,098	1,100	1,088	1,098	1,064	1,015	9	55	10	28	10	2	10	16
Fairfield	1,607	1,581	1,591	1,575	1,582	1,560	6	15	16	0	16	6	4	19
Frankfort	7,478	7,613	7,392	7,567	7,323	7,289	37	169	86	109	86	46	76	109
German Flatts	13,629	13,235	13,487	13,132	13,339	13,005	80	42	142	85	142	103	196	245
Herkimer	9,962	10,147	9,906	9,993	9,646	9,633	97	199	56	161	56	154	117	211
Litchfield	1,453	1,574	1,446	1,527	1,433	1,507	1	0	7	20	7	47	9	10
Little Falls	1,544	1,506	1,538	1,475	1,521	1,426	4	23	6	26	6	31	4	3
Manheim	3,171	3,321	3,144	3,304	3,103	3,288	11	12	27	4	27	17	22	33
Newport	2,192	2,188	2,180	2,134	2,165	2,118	9	16	12	0	12	54	18	35
Norway	711	901	705	897	704	893	0	4	6	0	6	4	3	13
Ohio	922	1,064	918	1,042	894	1,000	5	10	4	32	4	22	5	10
Russia	2,487	2,587	2,474	2,527	2,431	2,490	8	18	13	19	13	60	11	42
Salisbury	1,953	1,976	1,935	1,934	1,921	1,848	3	18	18	68	18	42	3	9
Schuyler	3,385	3,426	3,356	3,417	3,316	3,288	17	0	29	129	29	9	21	178
Stark	767	771	766	771	760	771	3	0	1	0	1	0	2	0
Warren	1,136	1,250	1,118	1,209	1,103	1,152	7	42	18	15	18	41	15	23
Webb	1,912	1,699	1,899	1,696	1,873	1,686	13	0	13	10	13	3	17	10
Winfield	2,202	1,964	2,187	1,884	2,174	1,857	3	0	15	27	15	80	13	96

Source: U.S. Census Bureau, 2000 Census and 2011-2013 American Community Survey

DATA SOURCES

Herkimer-Oneida Counties Comprehensive Planning Program

New York State Department of Health, Vital Statistics of New York

http://www.health.ny.gov/statistics/vital_statistics/

U.S. Census Bureau., 1950 to 2010 Censuses; 2011-2013 American Community Survey

Community

Older Adults in the Community

WHY THIS IS IMPORTANT

Senior citizens are a vital part of our community; they are our parents, grandparents, and great-grandparents, and are part of our individual and community family. Seniors deserve our attention as many of them are as vulnerable as our youth. The senior population is diverse, ranging from age 60 to over 100 years of age.

While the majority of seniors are independent and self-supporting, many seniors suffer from serious health issues that restrict their ability to perform activities of daily living such as driving, housekeeping, and personal care. Many of them live alone due to the death of their partner; this usually results in a loss of household income which can result in a myriad of after effects. Although there are programs to assist seniors, a number of factors can limit their ability to access these services or for the services to be adequate to meet their needs.

WHERE WE STAND

Table 22

Herkimer County Senior Citizen Population 1970 - 2013

Herkimer County	1970	1980	1990	2000	2010	2013
Total Population	67,633	66,714	65,797	64,427	64,519	64,428
Total Senior Population (aged 60 & over)	11,545	13,164	14,243	13,781	15,022	15,948
Percentage of total population (rounded)	17%	20%	22%	21%	23%	25%
Total Aged 85 & over	740	910	1,157	1,443	1,737	1,809
Percentage of SENIOR population	6.4%	6.9%	8.1%	10.5%	11.6%	11.3%
Seniors (60+) as a percentage of TOTAL Population	1970	1980	1990	2000	2010	2013
United States	14%	16%	17%	15%	18%	19.4%
New York State	16%	17%	18%	17%	19%	20.7%
Herkimer County	17%	20%	22%	21%	23%	24.7%
Total Aged 85+ as a percentage of TOTAL Population						
United States	0.7%	1.0%	1.2%	1.5%	1.8%	1.9%
New York State	0.7%	1.1%	1.4%	1.6%	2.0%	2.1%
Herkimer County	1.1%	1.4%	1.8%	2.2%	2.7%	2.8%

Source: U.S. Census Bureau 1970 to 2010 Census; 2011-2013 American Community Survey

Community

Older Adults in the Community

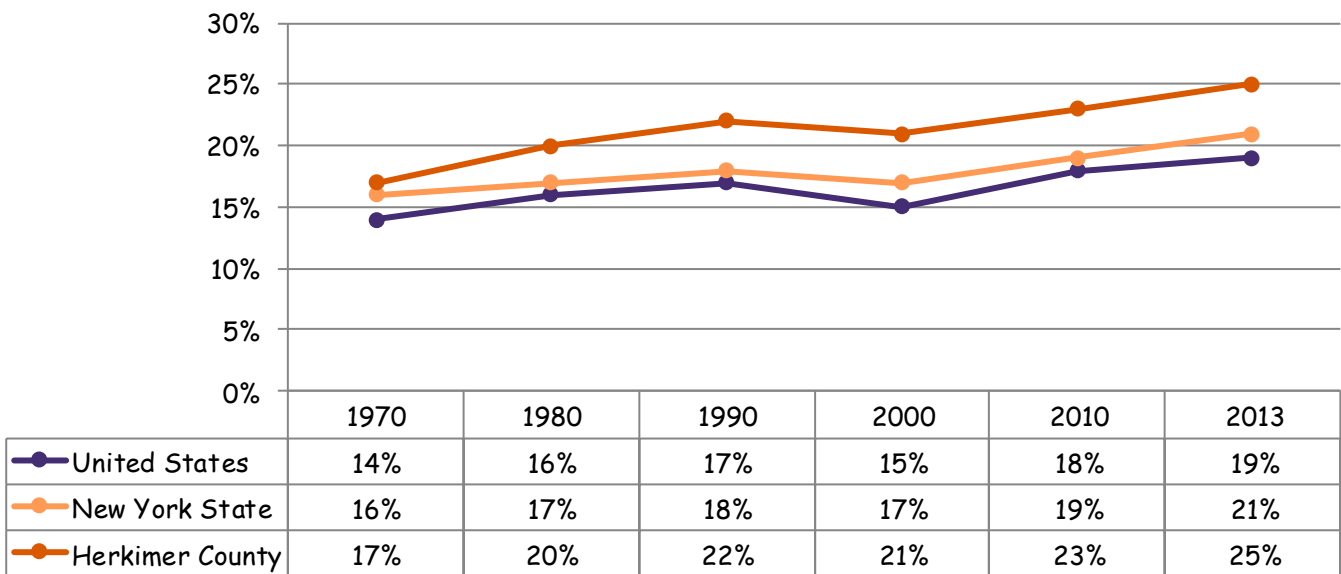
According to the 2013 Five Year ACS Data from the Census, Herkimer County ranks #5 in the State of aged 85+ population with 2.8% of the total county population. Montgomery County ranks #1 with 3.5% and Oswego County ranks lowest with only 1.5%. When compared to other counties in the United States, Herkimer County ranks 588 out of the 3,143 counties. This is within the top 20% nationally when measuring the proportion of counties' population age 85 or older.

As Table 22 displays, the Herkimer County population aged 85 and older has more than doubled since 1970, from 740 in 1970 to 1,809 in 2013. The group is much more likely to need of services in order to keep them home and out of a nursing home.

As seen in Graph 23, the percentage of seniors in Herkimer County has consistently exceeded the percentage of seniors in New York State and the United States from 1970 to 2013.

Graph 23

Percentage of Seniors (60+) 1960-2013



Source: Herkimer-Oneida Counties Comprehensive Planning Program

As a result of being "elder rich", our County is presented with unique challenges and opportunities well ahead of the rest of the nation. The areas of Health Care, Elder Care, and Quality of Life will be impacted greatly by these changes.

Table 24 on the next page depicts the population changes by age group for individuals over age 50 in Herkimer County. Overall increases were seen between 2000 and 2010 in the 50-59, 60-61, and 62-74 year old age groups. Seniors in the 62-74 age group experienced an additional population increase of 9.4% between 2010 and 2013.

The number of seniors aged 75+ have decreased by 7.46% between 2000 and 2010, but experienced an increase of 3.4% between 2010 and 2013.

Community

Older Adults in the Community

Herkimer County Population Changes by Age Group

Table 24

Age	2000	2010	2013	% change			
				2000-10	2010-13	2000-10	2010-13
50-54	4,333	5,089	4,833	17.45%	-5.0%	25.99%	-1.7%
55-59	3,461	4,731	4,821	36.69%	1.9%		
60-61	1,233	1,770	1,770	43.55%	0.0%	43.55%	0.0%
62-64	1,704	2,396	2,655	40.61%	10.8%	16.67%	9.4%
65-69	2,525	3,114	3,010	43.55%	-3.3%		
70-74	2,569	2,421	3,010	-5.76%	24.3%	-7.46%	3.4%
75-79	2,454	1,937	1,847	-21.07%	-4.6%		
80-84	1,853	1,647	1,847	-11.12%	12.1%	-7.46%	3.4%
85+	1,443	1,737	1,809	20.37%	4.1%		
Total	21,575	24,842	25,602	15.14%	3.1%		

Source: U.S. Census Bureau, 2000, 2010 Censuses & 2011-2013 American Community Survey

Projected Growth of the Elderly Population

Table 25 and Graph 26 (next page) illustrate the projected growth of Herkimer County's older population between the years 2020 and 2040. While it is projected that the overall population of Herkimer County will remain stable over the next 20 years, the population of adults over age 60 is expected to increase.

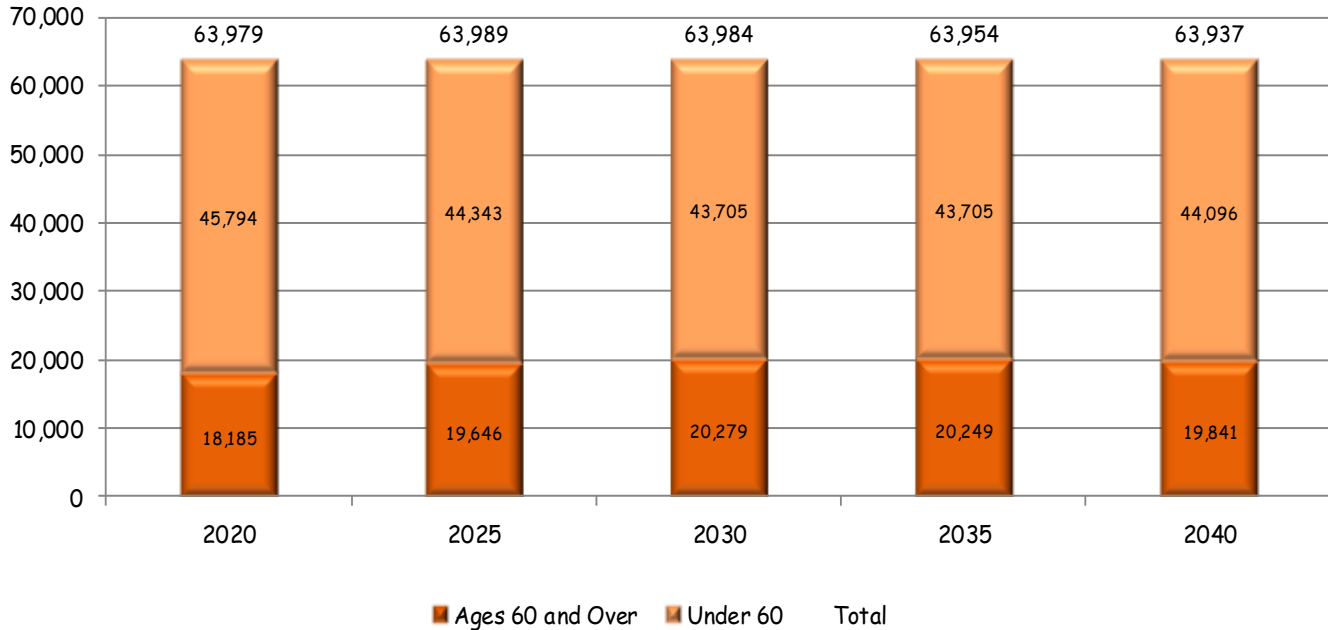
Population Projections for Herkimer County 2020 to 2040

Table 25

	2020	2025	2030	2035	2040
Total Population	63,979	63,989	63,984	63,954	63,937
Ages 60 and over	18,185	19,646	20,279	20,249	19,841
Ages 65 and over	13,335	14,947	16,285	16,728	16,440
Ages 75 and over	5,515	6,490	7,738	8,832	9,524
Ages 85 and over	1,747	1,797	2,068	2,587	3,056
Ages 60-74	12,670	13,156	12,541	11,417	10,317
Ages 75-84	3,768	4,693	5,670	6,245	6,468

Source: New York State Office for the Aging, County Data Book 2015

Population Projections Herkimer County 2020-2040



Source: New York State Office for the Aging, County Data Book 2015

DATA SOURCES

Herkimer County Office for the Aging

Herkimer-Oneida Counties Comprehensive Planning Program

New York State Office for the Aging
County Data Book 2015

<http://www.aging.ny.gov/ReportsAndData/2015CountyDataBooks/22Herkimer.pdf>

U.S. Census Bureau 1970 to 2010 Census; 2011-2013 American Community Survey

Community

Housing

WHY THIS IS IMPORTANT

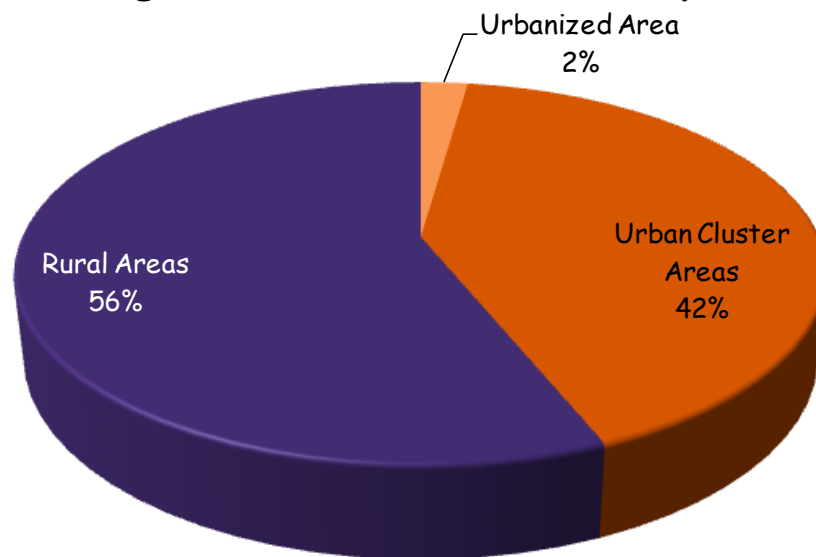
Decent, safe, and affordable housing is a luxury that many take for granted. But for those unable to provide their families with adequate accommodations, housing is an important issue. Only 67 percent of the nation currently owns their own home. The development of new housing, combined with the rehabilitation and preservation of existing housing stock, is a significant contributing factor to the stability and growth of communities.

WHERE WE STAND

The 2010 Census indicates that there are 33,314 housing units in Herkimer County. Two percent of these homes are located in an urban area (City of Little Falls) and 13,869 (42%) of these homes are considered to be within an urban cluster area (village or suburb). Rural homes make up 18,762 (56%) of the homes in Herkimer County.

Graph 27

Housing Units in Herkimer County—2010



Source: U.S. Census Bureau, 2010 Census

The 2011-2013 American Community Survey estimates that there are 33,277 housing units in Herkimer County. Of those, 26,910 (80.9%) are occupied. Of the 26,910 occupied housing units in Herkimer County, approximately 69.5% (18,690) are owner occupied and 8,220 (30.5%) are occupied by a renter. The average household size of an owner-occupied unit is 2.44 persons, and the average household size of a renter-occupied unit is 2.13 persons. The median value of an owner-occupied home in Herkimer County is \$95,100.

Median Year of Construction for Year-Round Housing

County	Median Year Built
Herkimer County	1954
Madison County	1963
Fulton County	1952
Montgomery County	1943
Otsego County	1958
Oneida County	1954
New York State	1956

Source: U.S. Census Bureau, 2011-2013 ACS

Table 28

Table 28 illustrates the median year of construction for year round housing for Herkimer County, neighboring counties, and New York State.

As the table illustrates, the median year of construction for year-round housing in Herkimer County is 1954. Herkimer County, and neighboring counties Fulton, Montgomery, and Oneida fall below the NYS average for their age of housing stock.

53.1% percent of the 18,690 owner-occupied units in Herkimer County have a mortgage, compared to 65.3% in NYS and 67.8% in the United States. Table 29 below illustrates the monthly owner costs for the 9,863 housing units in Herkimer County with a mortgage.

The median owner cost for a home with a mortgage in Herkimer County is \$1,093; the median monthly cost of home expenses without a mortgage is \$460.

Table 29

Selected Monthly Owner Costs, Herkimer County

Housing units with a mortgage	Total Number 9,920	Percentage of Total Housing Units w/Mortgage
Less than \$300/month	19	0.2%
\$300 to \$499/month	203	2.0%
\$500 to \$699/month	863	8.7%
\$700 to \$999/month	2,961	29.8%
\$1,000 to \$1,499/month	3,845	38.8%
\$1,500 to \$1,999/month	1,300	13.1%
\$2,000 or more/month	729	7.3%
Median Cost (dollars)	\$1,093	

Source: U.S. Census Bureau, 2011-2013 American Community Survey

Community

Housing

Table 30 illustrates the monthly owner costs as a percentage of household income for Herkimer County and the U.S. According to the 2011-2013 American Community Survey, 16.6% Herkimer County homeowners with a mortgage spent over 35% of their household income on home expenses, compared to the one in four (26.0%) of mortgaged homeowners in the United States. Almost half of all homeowners with a mortgage (49.8%) spent less than 20% of their income on housing expenses.

Monthly Owner Costs as a Percentage of Household Income, Herkimer County and U.S.: 2011-2013

Table 30

Housing units with mortgage	# of Units Herkimer County 9,920	Herkimer County PERCENT	United States PERCENT
Less than 20.0 percent	4,913	49.8%	38.1%
20.0 to 24.9 percent	1,665	16.9%	16.1%
25.0 to 29.9 percent	978	9.9%	11.7%
30.0 to 34.9 percent	669	6.8%	8.2%
35.0 percent or more	1,638	16.6%	26.0%
Not computed	57		

Source: U.S. Census Bureau, 2011-2013 American Community Survey

Of the 26,910 occupied housing units in Herkimer County, 8,220 (30.5%) are occupied by a renter. The 2011-2013 American Community Survey indicates that the median rent paid in Herkimer County is \$607. The gross rent paid by percentage of renters is listed in Table 31.

Gross Rent Paid, Herkimer County: 2011-2013

Table 31

Occupied units paying rent	7,555	Percent
Less than \$200	101	1.3%
\$200 to \$299	536	7.1%
\$300 to \$499	1,702	22.5%
\$500 to \$749	3,283	43.5%
\$750 to \$999	1,502	19.9%
\$1,000 to \$1,499	360	4.8%
\$1,500 or more	71	0.9%
Median Rent (dollars)	\$607	

Source: U.S. Census Bureau, 2011-2013 American Community Survey

Community

Housing

Table 32 illustrates the monthly rental costs as a percentage of household income for Herkimer County and the U.S. According to the 2011-2013 American Community Survey, 35.6% of Herkimer County renters spent over 35% of their household income on home expenses, which is slightly lower than the percentage who spent over 35% of their income in the United States (43.3%).

Based on the ACS data, it appears that renters in Herkimer County spend a greater percentage of their income on home related expenses than homeowners (with or without a mortgage).

**Gross Rent as a Percentage of Household Income,
Herkimer County and U.S.: 2011-2013**

Table 32

Occupied units paying rent	# of Units Herkimer County 7,475	Herkimer County PERCENT	United States PERCENT
Less than 15.0 percent	1,176	15.7%	11.7%
15.0 to 19.9 percent	985	13.2%	12.1%
20.0 to 24.9 percent	960	12.8%	12.4%
25.0 to 29.9 percent	903	12.1%	11.5%
30.0 to 34.9 percent	791	10.6%	9.0%
35.0 percent or more	2,660	35.6%	43.3%
Not computed	745		

Source: U.S. Census Bureau, 2011-2013 American Community Survey

Safe and decent rental housing at fair market levels was reported as the primary housing need in Herkimer County by focus group participants in an affordable housing needs study done by the NYS Division of Housing and Community Renewal. The issue of absentee landlords was also identified, as rental housing is increasingly owned by entities located outside the Region. Rehab and modernization funds for existing housing stock was cited as a need for both owner-occupied homes and rental stock. Although affordability of homeownership was found in much of the Region, it was noted that a preponderance of second home purchases in the Old Forge area has exerted strong upward pressure on home prices, making it difficult for year round residents to afford homes.

Home Sales

Table 33 on the next page illustrates the 2015 home sales in Herkimer County, neighboring counties and New York State. Sales of existing single family homes increased by 45.3% in Herkimer County between 2011 and 2015. Home sales also increased in neighboring counties and in New York State during this time period.

Community

Housing

2015 Home Sales: Herkimer County, Neighboring Counties and NYS

Table 33

County	Total Closed Sales 2015	Change from 2014	Change from 2011
Herkimer	353	+13.1%	+45.3%
Madison	603	-3.7%	+23.1%
Fulton	478	+1.7%	+48.4%
Otsego	496	+32.3%	+50.3%
Oneida	1,847	+11.3%	+50.3%
New York State	116,671	+8.0	+32.2%

Source: NY State Association of Realtors 2015 Annual Report

As Table 34 illustrates, the median sales prices of existing homes in Herkimer County rose by 4.1% between 2011 and 2015, but sales prices have remained lower than in neighboring counties and NYS.

Table 34

Median Sale Prices 2011-2015: Herkimer County, Neighboring Counties and NYS

County	2011	2012	2013	2014	2015
Herkimer	\$91,250	\$98,685	\$105,100	\$103,000	\$95,000
Madison	\$137,500	\$134,000	\$145,000	\$135,000	\$135,000
Fulton	\$105,450	\$110,000	\$115,000	\$110,000	\$112,000
Otsego	\$115,000	\$125,000	\$121,000	\$119,500	\$125,000
Oneida	\$109,950	\$112,900	\$115,000	\$116,600	\$118,500
New York State	\$214,000	\$215,000	\$226,5000	\$225,000	\$230,000

Source: NY State Association of Realtors 2015 Annual Report

DATA SOURCES

NYS Association of Realtors

http://www.nysar.com/docs/default-source/members-pdfs/nysar_ann_2015_final.pdf?sfvrsn=0

NYS Division of Housing and Community Renewal

Statewide Affordable Needs Study: Mohawk Valley Regional Report

U.S. Census Bureau, 2011-2013 American Community Survey

<http://www.ocgov.net/oneida/sites/default/files/planning/Census/2013/2013%20HC%20ACS%203%20Yr%20Est%20Housing.pdf>

Community

Religious Affiliation

WHY THIS IS IMPORTANT

Religious affiliation is the self-identified association of a person with a religion, denomination or sub-denominational religious group. A denomination is the church or religious sect that forms a subgroup of a religion.

Religiosity and religious involvement encompasses such dimensions as commitment to the religion, the strength of religious beliefs, and participation in religious activities individually or as part of a congregation. Research has indicated that religious affiliation affects economic and demographic behavior because of its impact on many interrelated decisions that people make over the life cycle. Religious involvement has also been associated with beneficial effects related to health and well-being.

WHERE WE STAND

The table below lists the number of churches and synagogues in existence in Herkimer County from 1980 through 2010. The types of churches and synagogues in existence have fluctuated during this time period, but the total number has remained relatively unchanged.

Table 35

Herkimer County Churches and Synagogues 1980-2010

Religious Denomination	1980	1990	2000	2010
Baptist	13	13	11	13
Catholic	16	19	11	12
Episcopal	4	5	4	5
Jewish	1	1	1	1
Lutheran	5	5	5	3
Methodist	24	23	20	19
Presbyterian	6	5	6	5
Reformed	2	2	2	2
Russian Orthodox	Not Available	1	1	2
Universalist	4	2	2	2
Other	9	10	13	21
Total	84	86	76	85

Source: The Association of Religion Data Archives

Community

Religious Affiliation

Table 36 illustrates the religious affiliation of Herkimer County residents between 1980 and 2010. There has been an overall reduction in the number of residents that are affiliated with a religious denomination during that timeframe.

Table 36

Religious Affiliation—Herkimer County, 1980-2010

Religious Denomination	1980	1990	2000	2010
Evangelical Protestant	932	821	1,096	1,461
Mainline Protestant	14,932	11,763	9,654	7,135
Orthodox	—	—	397	334
Catholic	23,732	16,630	23,534	15,425
Other	419	745	405	—
Unclaimed/Not Affiliated	26,699	35,838	29,341	39,714

Source: The Association of Religion Data Archives

A nation-wide study done in 2010 by the Association of Religion Data Archives that included Herkimer County found that religious affiliation had dropped between 2000 and 2010. The population of Herkimer County in 2000 was 64,627; in 2010 it was 64,519. The total population changed 0.1%. The adherent totals for 2000 (35,086) represented 54.5% of the 2000 population. The adherent totals for 2010 (24,805) represented 38.4% of the total population in 2010.

In the United States, the unadjusted adherent totals of religious groups included 48.8% of the total population in 2010 (150,596,792).

It is estimated that the ratio of people who are affiliated with a religious group to those who actually attend church is about 4 to 1 or 25%.

The Herkimer County Teen Assessment Project Survey results showed a decrease in the number of youth who report attending religious, education or prayer services at least one hour per week, from 48.8% in 2001 to 39.4% in 2009. This question was not asked in the 2013 TAP Survey.

DATA SOURCES

The Association of Religion Data Archives

http://www.thearda.com/mapsReports/reports/counties/36043_2010.asp

Herkimer County Teen Assessment Project Survey

WHY THIS IS IMPORTANT

Having adequate transportation allows individuals to access work, shopping and other activities necessary for daily living. It also allows residents to attend appointments and events, and to access services that help individuals maintain a good quality of life. Ensuring that transportation is available to all residents is critical, especially in counties such as Herkimer.

WHERE WE STAND

Table 37

Herkimer County—Household Size and Vehicles Available (2000, 2010, & 2013)

Subject	2000 Census		2010 Census		2011–2013 ACS		Change 2000 to 2013	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total population	64,427	100	64,519	100	64,442	100	15	0.1
HOUSEHOLD SIZE								
Total households	25,740	100	26,478	100	26,910	100	1,170	4.5
1-person household	7,099	27.6	7,816	29.5	7,708	28.6	609	8.6
2-person household	8,688	33.8	9,438	35.6	9,748	36.3	1,060	12.2
3-person household	4,283	16.6	3,754	14.2	4,132	15.4	-151	-3.7
4 or more persons household	5,670	22.0	5,470	20.7	5,322	19.8	-348	-6.5
VEHICLES AVAILABLE								
Total households	25,740	100	26,478	100	26,910	100	1,170	4.5
No vehicle available	2,524	9.8	2,831	10.7	2,568	9.5	44	1.7
1 vehicle available	10,014	38.9	9,257	35.0	9,993	37.1	-21	0.2
2 vehicles available	9,747	37.9	10,313	38.9	9,997	37.1	250	2.6
3 vehicles available	2,667	10.4	2,958	11.2	3,210	11.9	543	20.4
4 vehicles available	788	3.0	1,119	4.2	1,142	4.2	354	44.9

Source: U.S. Census Bureau, 2011-2013 American Community Survey

Table 37 illustrates the household size and number of vehicles available to Herkimer County households in 2000, 2010, and 2011-2013. According to the U.S. Census 2011-2013 American Community Survey (ACS), approximately 90% of the 26,910 households in Herkimer County reported that they had access to at least one vehicle. Approximately one in ten households (2,568 households, 9.5%) reported that they do not have access to a vehicle.

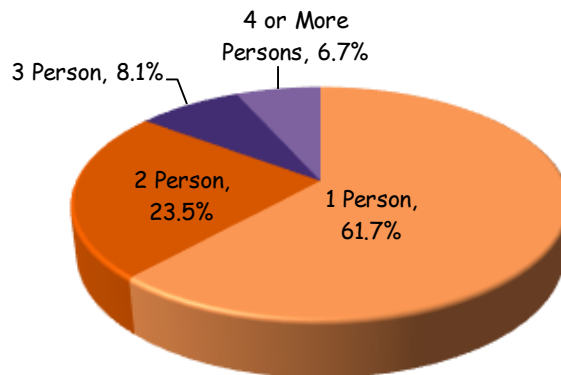
Graph 38 on the next page illustrates the Herkimer County households that report having no vehicle available by size of household (2011-2013 ACS). Three-fifths of the households without a vehicle (61.7%) are one-person households. The remaining two-fifths of the households without a vehicle (38.3%) are made up of two people (23.5%), three people (8.1%), or four or more people (6.7%).

Community

Transportation

No Vehicle Available by Household Size

Graph 38



Source: U.S. Census Bureau, 2011-2013 ACS

Table 39 below depicts the means of transportation used by workers 16 years and over in Herkimer County to get to their place of employment.

Means of Transportation to Work — Herkimer County

Table 39

	2000 Census		2010 Census		2013 Census		Change 2000 to 2013	
	#	%	#	%	#	%	#	%
Workers 16 years and over	28,622	100	28,163	100	28,427	100	-195	-0.7
Drove alone	22,132	77.3	23,023	81.7	22,798	81.0	666	3.0
Carpooled	3,570	12.5	2,360	8.4	2,427	8.6	-1,143	-32.0
Public transportation (including taxicab)	302	1.1	97	0.3	246	0.9	-56	-18.5
Bicycle or walked	1,498	5.2	1,194	4.2	1,372	4.9	-126	-8.4
Motorcycle or other means	152	0.5	164	0.6	248	0.9	96	63.2
Worked at home	968	3.4	1,325	4.7	1,336	4.7	368	38.0

Source: U.S. Census Bureau, 2000 & 2010 Censuses, 2011-2013

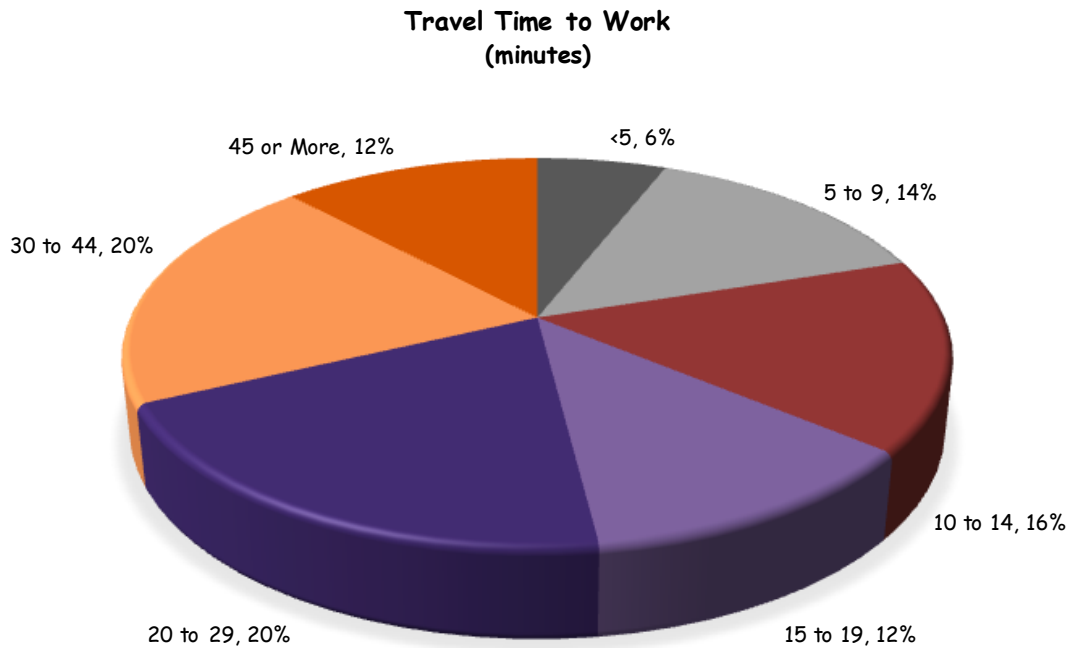
Nine out of ten workers in Herkimer County used a car or other vehicle to get to work in 2013, by either driving alone (81%), carpooling (8.6%), or driving a motorcycle (0.9%). Only 4.9% of people biked or walked to work, and less than 1% utilized public transportation. Approximately 1,336 workers (4.7%) worked from home.

Community

Transportation

It takes a Herkimer County resident an average of 22.8 minutes to commute to work each day. About one in five workers (19.6%) commutes less than 10 minutes to work and three in ten (32%) travels more than 30 minutes to work each day. About one half of all workers (46%) have a work commute of between 10 and 30 minutes each day.

Graph 40



Source: U.S. Census Bureau, 2011-2013 ACS

Public Transportation

There is very limited public transportation available in Herkimer County. Commuter bus service is available between Little Falls and Utica (in Oneida County), along the Routes 5 and 5S corridor providing services to the communities of Little Falls, Herkimer, Ilion, Mohawk and Frankfort. There are also two companies in Herkimer County that provide commercial taxi services. The majority of Herkimer County to the north and south of the Valley Corridor do not have public transportation services.

Community and Agency Assistance

Several agencies and one community have created small, localized services to meet the transportation needs of specific areas and/or populations. These services, however, are limited and are not intended to meet the needs of the general population.

Examples of these types of services include the Retired and Senior Volunteer Program (RSVP), the Herkimer County Office for the Aging Transportation Program, and the Town of Webb Community Transportation Program.

RSVP RIDE Program

The RSVP RIDE Program provides transportation for non-Medicaid ambulatory individuals, 55 years of age and older, to needed medical and health related services at facilities in Herkimer, Oneida, and Otsego Counties. The program has been in existence since 1985. In recent years, the program has expanded coverage to include destinations in Fulton, Onondaga, Monroe and Albany Counties. Calls for transportation have to be received 48 hours in advance of scheduled appointments. No weekend coverage is provided. The most common destinations include the Dialysis Center at Faxton/St. Luke's, Masonic Home, Slocum-Dickson Medial Group, Bassett Healthcare in Cooperstown, New Hartford Medical Group, Central New York Cardiology; St. Elizabeth's Hospitals, Mohawk Valley Retina, Utica Business Park, and medical providers on Genesee Street in Utica as well as New Hartford. Clients are not permitted to give the volunteer driver any reimbursement for the ride; however, donations can be made to the agency. Volunteer drivers are allowed to submit mileage reimbursement requests to the program. Drivers and clients are covered by CIMA excess auto, liability, and accidental insurance.

The RSVP RIDE Program is considered a valuable community asset as there is no other program that provides this one-on-one, door-to-door, escort and transportation service for seniors to destinations outside of Herkimer County from the Valley Corridor. Volunteers use their own vehicles and must submit to background checks and training before becoming active in the program.

Table 41 illustrates the activity of the RSVP RIDE Program from 2009 to 2015.

One unmet need identified in this program has been out-of-town transportation for wheelchair-bound seniors.

RSVP RIDE Program Statistics 2009 to 2015

Table 41

	2009	2010	2011	2012	2013	2014	2015
Volunteer Drivers	27	22	18	21	24	21	16
Volunteer Hours	1,814	2,056	2,105	3,664	4,214	4,669	3,051
Dispatchers	2	2	5	8	10	8	9
Mileage	32,300	32,958	30,815	44,524	67,556	69,513	62,884
Clients Transported	746	847	701	1,058	1,382	1,516	1,153

Source: Catholic Charities of Herkimer County

In 2015, a Client Satisfaction Survey was completed for the RSVP RIDE program. Two hundred surveys were mailed and 76 were returned.

- Regarding the drivers, 100% agreed that the drivers were punctual, helpful and courteous.
- 100% of clients stated that the transportation service is important to extremely important in helping access medical services.
- 96% of clients stated that the transportation has helped to improve and/or maintain their health status.
- 98% of clients agreed to strongly agreed that the transportation makes them better able to stay in their home.

Herkimer County Office for the Aging Transportation Services

The Herkimer County Office for the Aging (OFA) provides transportation services to senior citizens aged 60 and older. This service is a demand-response system, that is, rides are door-to-door, not traveling from one bus stop to another. Rides are provided for medical appointments, grocery store/pharmacy, banking, hairdresser, visiting, etc., basically wherever the senior wants to go. Due to the demand for services, the OFA does not travel outside the County and basically services the valley corridor from the town of Schuyler to Dolgeville. The OFA currently has two vehicles, both equipped with wheelchair lifts; one vehicle operates 5 days/week and the second operates 2 days/week.

Table 42

OFA Transportation
2008-2015

Year	# Rides Provided
2008	6,059
2009	5,403
2010	5,532
2011	5,326
2012	5,011
2013	4,686
2014	4,505
2015	4,275

Source: Herkimer County OFA

Table 42 illustrates the number of rides provided to Herkimer County seniors for the years 2008-2015.

The number of rides provided from 2013-2015 have decreased due to clients having more appointments outside of the valley corridor. Services provided through organizations such as Catholic Charities and Medicaid Transportation Services (MTS) have helped OFA clients gain transport outside of the county.

During 2015, 229 seniors received transportation from the OFA (unduplicated count), an increase from the 198 seniors that received transportation services in 2014. The average number of rides per senior served was 19 rides.

Table 43 on the next page shows the ages of clients served by the OFA Transportation Program in 2014 and 2015.

Table 43

Age of Clients Served with OFA Transportation 2014-2015

Age	2014		2015	
	#	%	#	%
85+	71	36%	75	33%
75-84	55	28%	54	24%
60-74	72	36%	100	43%
Total	198	100%	229	100%

Source: Herkimer County OFA

Of seniors served by the OFA transportation service during 2014, 81% were female and 19% were male. More than one-third of those served were ages 85 and older (36%), 28% were ages 75 to 84, and 36% were ages 60 to 74.

Four in ten (80%) of seniors who received services through the OFA transportation program during 2015 were female (80%), and 20% were male. One-third (33%) were age 85 and older, 24% were ages 75 to 84, and 43% were ages 60 to 74.

Webb Community Transportation Services (CTS)

Community Transportation Services, Ltd. was incorporated in 1987 as a not-for-profit (501, c, 3) organization. Its Certificate of Incorporation, Article 3, states "the purpose is to assist the elderly, disabled and disadvantaged in the Central Adirondack area by providing necessary transportation, **without cost**, for medical, health and other related necessary services". CTS is not a taxi service; it is a volunteer organization with no payroll. CTS exists strictly on "free will" donations.

Table 44 illustrates the CTS program statistics for 2010 to 2015. Since 2010, the overall number of rides and clients served has been decreasing.

Table 44

Webb Community Transportation Service

	2010	2011	2012	2013	2014	2015
Total Trips	466	421	398	447	377	357
# of Riders	941	797	748	751	589	541
Riders for Medical	419	436	348	416	348	344
Riders Over 60 Years Old	97%	97%	97%	97%	97%	98%
Total Mileage	39,680	40,477	38,663	41,367	32,869	32,949
Areas Served:						
Town of Webb	98%	98%	99%	98%	98%	99%
Other	2%	2%	1%	2%	2%	1%
Days of the Week	7	7	7	7	7	7
# of Volunteer Drivers	32	29	30	31	34	36

Source: Webb CTS Program

In 2015, a total of 357 trips were made to the following destinations: Utica (145), Syracuse (14), Albany (7), Rome (1), Herkimer (2), Cooperstown (1), Barneveld (62), Boonville (4), Glens Falls (1), Lowville (7), Watertown (7), and Old Forge (106). The percentage of rides given to Utica, Barneveld, and Old Forge has remained fairly steady.

DATA SOURCES

Catholic Charities of Herkimer County, RSVP Ride Program

Herkimer County Office for the Aging

U.S. Census Bureau, 2000 and 2010 Census, 2011-2013 American Community Survey

Webb Community Transportation Services, Ltd.

Community

Employment & Industry

WHY THIS IS IMPORTANT

Employment breakouts by industry show the diversity of the economy. Wage data by industry depicts the varied income levels of jobs in the area. The unemployment rate can be used as a barometer of the general economic health of an area. Since all of these statistics are calculated uniformly, comparison with other geographic areas can easily be done.

WHERE WE STAND

County Labor Force and Employment

Table 45 depicts the number of individuals in the Herkimer County labor force, the average number of individuals employed and unemployed, and the unemployment rate from 1990 to 2015.

Herkimer County Labor Statistics 1990-2015

Table 45

Year	Herkimer County Labor Force	Number Employed (annual average)	Number Unemployed (annual average)	Unemployment Rate (annual average)
1990	30,300	28,400	1,900	6.2%
1991	30,400	27,700	2,700	8.8%
1992	30,300	27,700	2,700	8.8%
1993	30,300	28,000	2,300	7.7%
1994	30,600	28,600	2,100	6.7%
1995	31,300	29,100	2,200	7.0%
1996	31,600	29,500	2,100	6.6%
1997	31,700	29,700	2,100	6.6%
1998	31,600	29,800	1,800	5.8%
1999	31,400	29,800	1,600	5.2%
2000	31,500	30,200	1,400	4.3%
2001	31,100	29,700	1,400	4.5%
2002	31,400	29,800	1,700	5.3%
2003	31,400	29,600	1,800	5.7%
2004	31,400	29,700	1,800	5.6%
2005	31,700	30,000	1,700	5.3%
2006	31,400	29,900	1,500	4.9%
2007	31,000	29,500	1,500	4.9%
2008	31,300	29,400	1,900	6.1%
2009	31,200	28,700	2,500	8.0%
2010	31,600	28,800	2,700	8.6%
2011	30,700	28,000	2,700	8.7%
2012	30,500	27,800	2,700	8.8%
2013	29,900	27,500	2,300	7.8%
2014	28,900	27,000	2,000	6.8%
2015	28,900	27,100	1,800	6.3%

Source: NYS Department of Labor, Local Area Unemployment Statistics Program

Community

Employment & Industry

The **labor force** is comprised of all civilians 16 years of age and over classified as employed or unemployed. The number of individuals in Herkimer County that are part of the labor force peaked in 1997 and 2005 and has declined steadily since 2010.

Employed persons are all civilians who, during the month, did any work at all as paid employees, in their own business, profession, or on their own farm, or who worked 15 hours or more as unpaid workers in an enterprise operated by a member of the family. Each person is counted only once, even if he or she holds more than one job. The number of Herkimer County residents that were employed peaked in 2000 and has dropped off the past few years during the national slowdown. However, employment increased slightly in 2015.

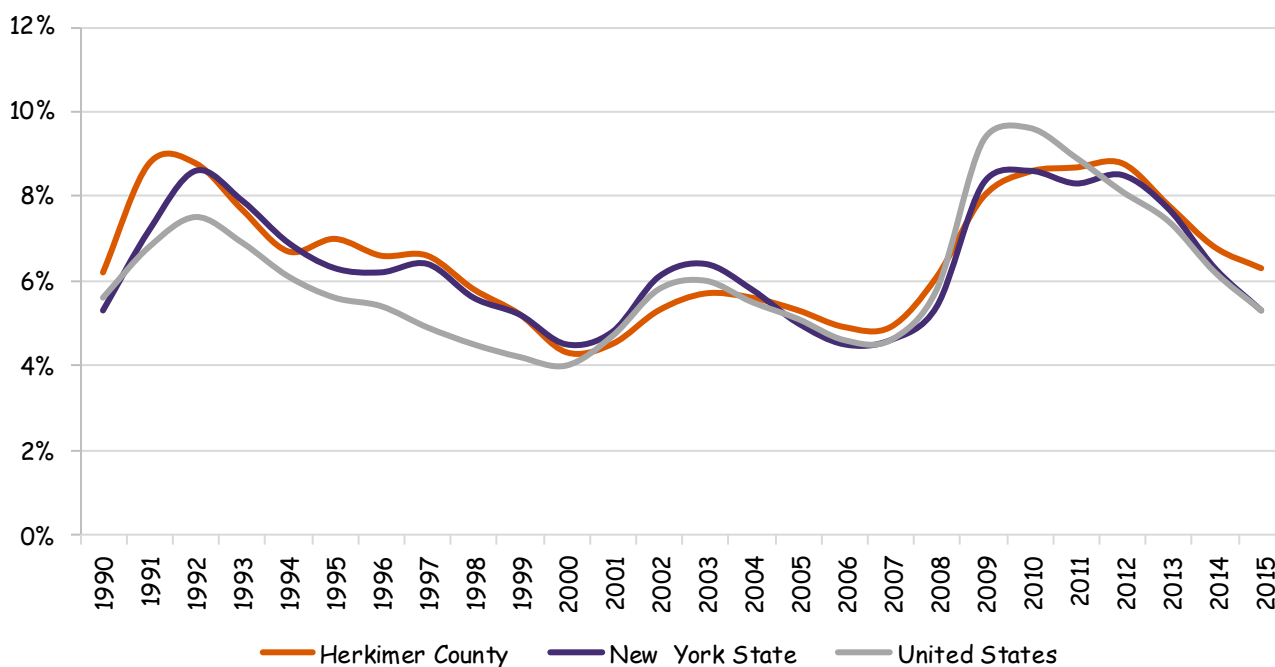
Unemployed persons are all persons who had no employment during the month, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4-week period. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.

The **unemployment rate** for all civilian workers represents the number of unemployed as a percent of the civilian labor force. The unemployment rate climbed from 2008 to 2012. The record jobless rate was posted in 1991, 1992 and 2012. The unemployment rate has inched downwards in 2013, 2014, and 2015, following 5 consecutive years of increases.

Graph 46 and Table 47 (next page) illustrate the unemployment rates for Herkimer County, NYS and the U.S. from 1990 to 2015.

Unemployment Rates 1990 to 2015

Graph 46



Source: NYS Department of Labor, Research and Statistics Division
US Department of Labor, Bureau of Labor Statistics

Community

Employment & Industry

Unemployment Rates 1990 to 2015: Herkimer County, NYS and US Table 47

Year	Herkimer County	New York State	United States
1990	6.2%	5.3%	5.6%
1991	8.8%	7.2%	6.8%
1992	8.8%	8.6%	7.5%
1993	7.7%	7.9%	6.9%
1994	6.7%	6.9%	6.1%
1995	7.0%	6.3%	5.6%
1996	6.6%	6.2%	5.4%
1997	6.6%	6.4%	4.9%
1998	5.8%	5.6%	4.5%
1999	5.2%	5.2%	4.2%
2000	4.3%	4.5%	4.0%
2001	4.5%	4.8%	4.7%
2002	5.3%	6.1%	5.8%
2003	5.7%	6.4%	6.0%
2004	5.6%	5.8%	5.5%
2005	5.3%	5.0%	5.1%
2006	4.9%	4.5%	4.6%
2007	4.9%	4.6%	4.6%
2008	6.1%	5.4%	5.8%
2009	8.0%	8.3%	9.3%
2010	8.6%	8.6%	9.6%
2011	8.7%	8.3%	8.9%
2012	8.8%	8.5%	8.1%
2013	7.8%	7.7%	7.4%
2014	6.8%	6.3%	6.2%
2015	6.3%	5.3%	5.3%

Source: NYS Department of Labor, Research and Statistics Division
US Department of Labor, Bureau of Labor Statistics

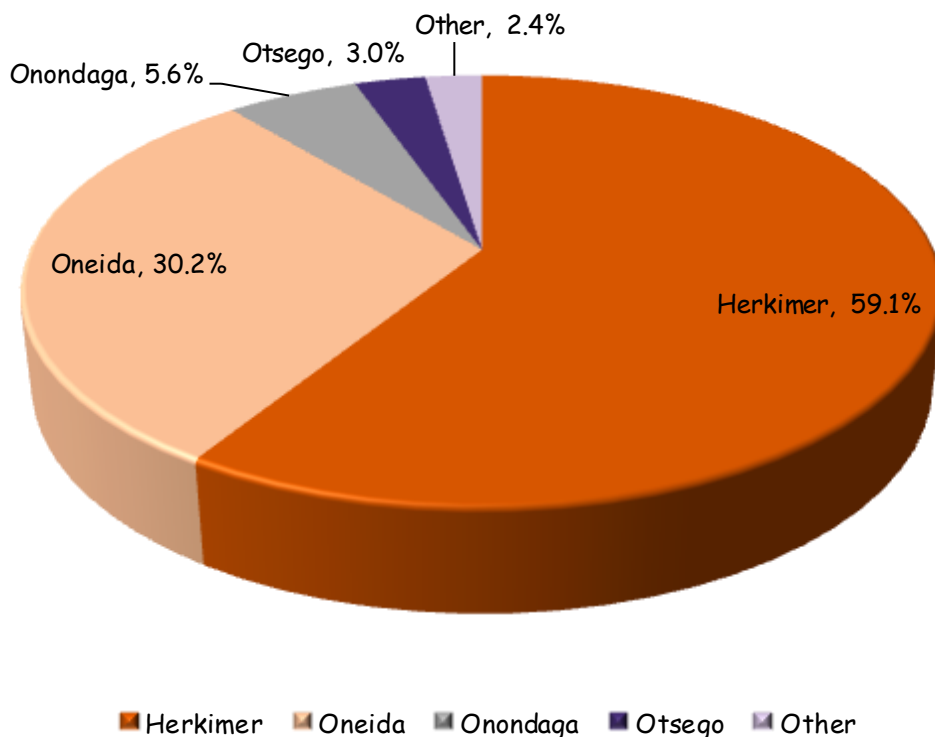
Location of Employment

Graph 48 on the next page identifies the top five counties where Herkimer County residents work (US Census, 2011-2013 ACS). As the graph depicts, the majority of residents who live in Herkimer County also work here (59.1%).

Most of the Herkimer County residents that worked outside of the county were employed in Oneida County (30.2%). Significantly less were employed in Onondaga County and Otsego County, and the remaining percentage worked in various counties in NYS.

Graph 48

Top 5 Counties Where Herkimer County Residents Work



Source: U.S. Census Bureau, 2011-2013 ACS

Of those individuals that work within Herkimer County, almost eight out of ten are Herkimer County residents. Residents of Oneida County (11.3%), Fulton County (2.1%), Otsego County (1.7%), Montgomery County (1.5%), and Lewis County (0.7%) commute to Herkimer County for employment.

Types of Employment—Herkimer County Industries

Table 49 on the next page depicts the industries present in Herkimer County, the number of persons employed and the average wages earned in 2015.

Employment information, by place of work, is based on quarterly reports from employers covered under New York State's Unemployment Insurance Law. Data by industry (using the North American Industry classification system) include employment, total annual and average annual wages, and the number of establishments.

The number of jobs in Herkimer County rose 75 or 0.5 percent from 2010 to 2015. Most of the growth occurred in Manufacturing, which rose by 180, or 7.4 percent over the 5-year period. Manufacturing job gains were centered in fabricated metal manufacturing. Other manufacturing industries with job gains include machinery manufacturing and wood product manufacturing.

Community

Employment & Industry

Types of Employment—Herkimer County Industries 2015

Table 49

Industry	Number of Firms	Employment	Total Payroll	Average Annual Pay	Employment Change 2010-2015	Employment % Change 2010-2015
All Industries	1,262	16,475	\$597,327,681	\$36,257	75	0.5%
Total Private:	1,132	12,151	\$430,803,285	\$35,454	306	2.6%
Natural Resources, Mining & Construction	160	704	\$36,121,105	\$51,308	100	16.6%
Manufacturing	57	2,621	\$123,037,566	\$46,943	180	7.4%
Trade, Transportation & Utilities	205	3,065	\$119,932,712	\$39,130	129	4.4%
Information	20	93	\$3,817,348	\$41,047	-39	-29.5%
Financial Activities	69	390	\$13,633,615	\$34,958	-29	-6.9%
Professional & Business Services	114	602	\$24,394,651	\$40,523	15	2.6%
Private Educational & Health Services	129	2,240	\$68,156,373	\$30,427	-127	-5.4%
Leisure & Hospitality	173	1,834	\$30,282,729	\$16,512	23	1.3%
Other Services	122	562	\$10,421,263	\$18,543	26	4.9%
Unclassified	43	44	\$1,005,923	\$22,862	31	238.5%
Total Government:	130	4,324	\$166,524,396	\$38,512	-231	-5.1%
Federal	19	104	\$5,355,489	\$51,495	-13	-11.1%
State	28	351	\$21,162,950	\$60,293	149	73.8%
Local (includes Public Schools)	83	3,869	\$140,005,957	\$36,187	-367	-8.7%

Source: NYS Department of Labor, Research and Statistics Division

Trade, Transportation, and Utilities added 129 jobs or 4.4 percent, primarily in wholesale trade, grocery stores, and transportation and warehousing.

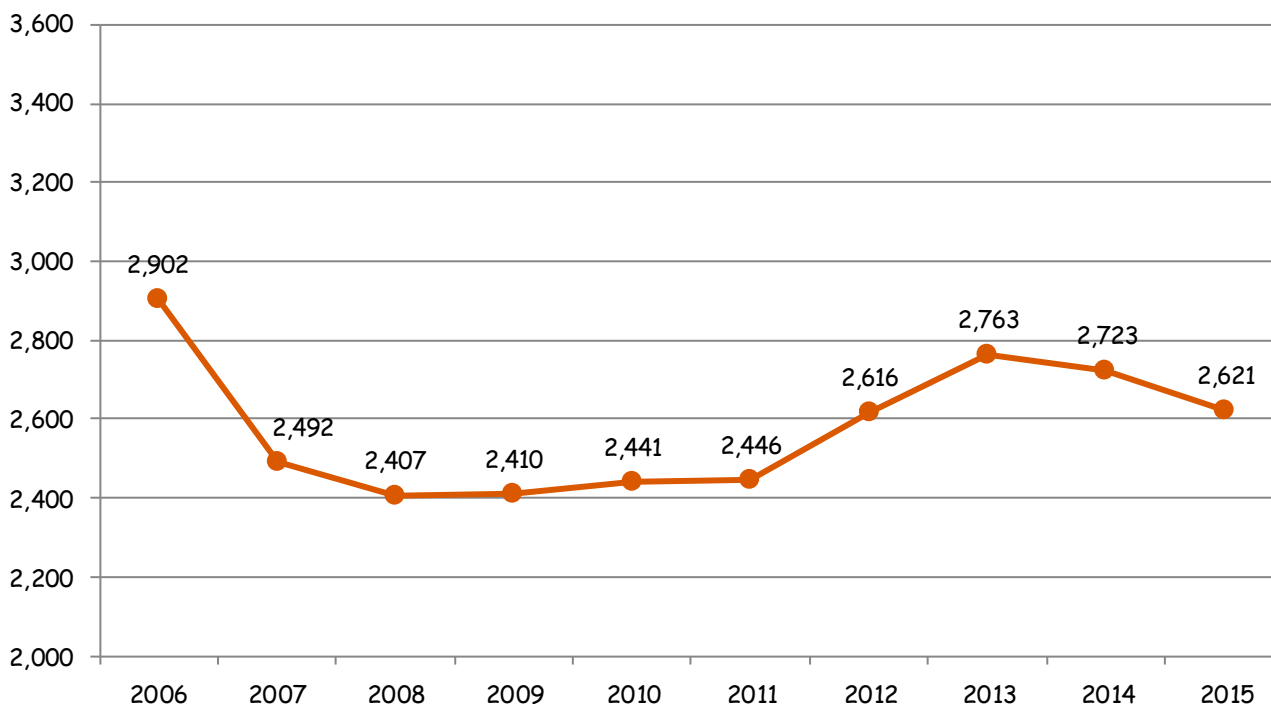
Government employment fell 231 or 5.1 percent from 2010 to 2015. Most of the decline was in local government, which includes public schools and colleges, and local government administration, such as county, town and village government.

Herkimer County fared worse than Upstate New York (as defined by the 52 counties outside New York City, Long Island, and the Putnam-Rockland-Westchester MSA) in employment growth. The Upstate New York areas posted a gain of 76,118 jobs, or 2.6 percent, from 2010-2015. Herkimer County employment increased 0.5 percent over the same period.

One industry of particular interest in Herkimer County and Upstate New York has been manufacturing. In the last 5 years, manufacturing rose in Herkimer County but declined Upstate. The upstate area lost 0.2 percent of its manufacturing employment base from 2010 to 2015, but Herkimer County grew 7.4 percent. This is an improvement over previous time periods. (During the 2006-2011 period, the percentage of manufacturing job losses in Herkimer County was 15.7 percent, compared to only a 7.1 percent decline upstate.)

Herkimer County Manufacturing Jobs 2006-2015

Graph 50



Source: NYS Department of Labor, Research and Statistics Division

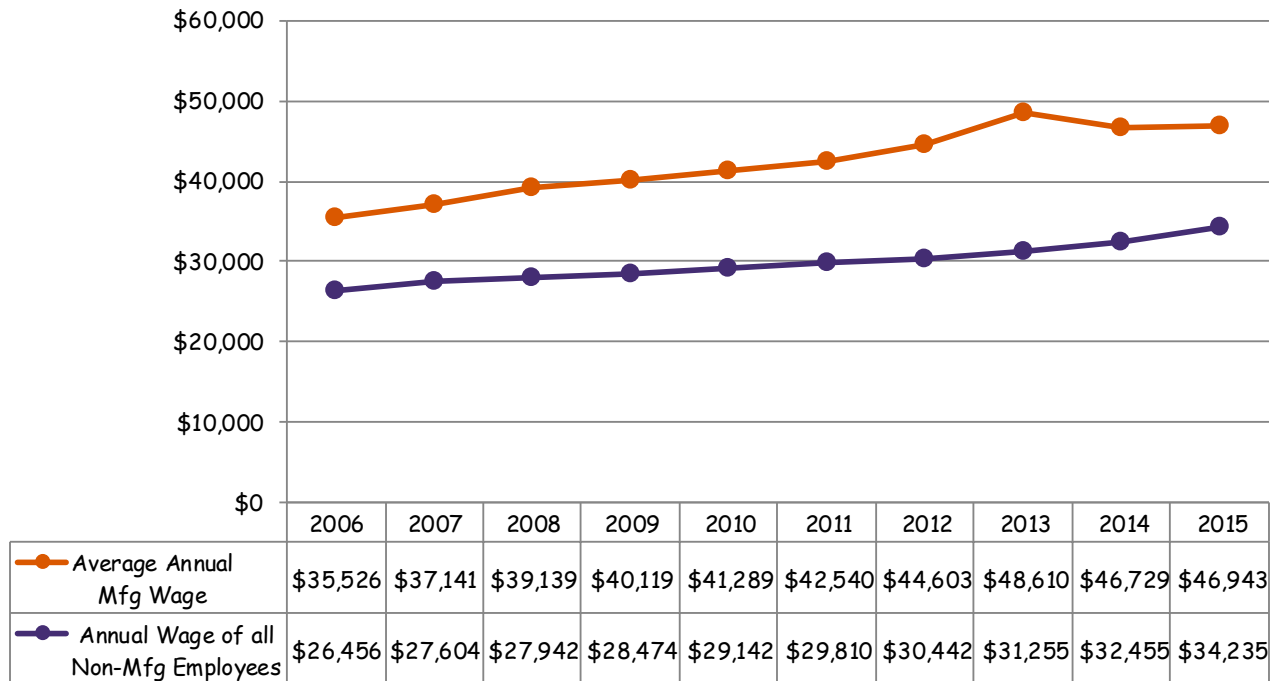
Although not as large as it was years ago, Manufacturing plays an important part in the local community. Manufacturing tends to be comprised of full-time higher-paying jobs with good benefits. Manufacturing also brings in money from outside the local area. Also, numerous suppliers benefit from manufacturing.

Manufacturing jobs in Herkimer County make up 15.9 percent of total employment, but more importantly, total manufacturing wages comprise 20.6 percent of the total payroll for all jobs in the county.

The average manufacturing wage in Herkimer County was \$46,943 in 2015, 37.1 percent higher than the average of \$34,235 for all nonmanufacturing jobs in the county. Graph 51 on the next page shows the average annual wage in manufacturing in Herkimer County compared to the average annual wage in nonmanufacturing.

Graph 51

Wages—Herkimer County Manufacturing vs. Non-Manufacturing Employment



Source: NYS Department of Labor, Research and Statistics Division

Employment Projections

Table 52 on the next page shows the number of persons in the Mohawk Valley Region employed in each of the major employment categories in 2012 and the number expected in 2022. The total number of jobs is expected to grow from 215,700 in 2012 to 228,280 in 2022, a gain of 12,580 or 5.8 percent.

Occupational groups with the highest growth rates include Personal Care and Service Occupations (+17.6%), Healthcare Practitioners and Technical Occupations (+15.6%), Healthcare Support Occupations (+14.7%), Food Preparation and Serving Related Occupations (+11.7%), and Building and Grounds Cleaning and Maintenance Occupations (+10.0%). Only 2 occupational groups are expected to decline over the 10-year period. Farming, Fishing, and Forestry Occupations is projected to decline by 1.3 percent and Production Occupations are projected to decline by 0.2 percent.

It is interesting to note that job openings are not only due to growth in an occupation, but also the need to replace workers that retire, move out of the area, die or leave their occupation grouping for a different occupation. Of the 6,530 expected annual job openings, only 1,530 or 23.4 percent are due to growth. The other 76.6 percent of job openings are due to replacement needs cited above.

Community

Employment & Industry

Employment Projections—Mohawk Valley 2012–2022

Table 52

TITLE	Employment		Change		Annual Average Openings			Annual Wages (\$) — 2016			
	2012	2022	Net	%	Total	Growth	Replacement	Mean	Median	Entry ¹	Experienced ²
Total, All Occupations	215,700	228,280	12,580	5.8%	6,530	1,530	5,000	\$42,960	\$33,960	\$21,370	\$53,760
Management Occ.	9,080	9,560	480	5.3%	250	60	190	\$100,920	\$88,460	\$59,190	\$121,790
Business and Financial Operations Occ.	7,380	7,670	290	3.9%	210	50	160	\$61,820	\$54,520	\$37,260	\$74,100
Computer and Mathematical Occupations	3,050	3,320	270	8.9%	80	30	50	\$67,870	\$62,540	\$38,390	\$82,620
Architecture and Engineering Occ.	2,060	2,100	40	1.9%	60	10	50	\$74,230	\$69,660	\$43,110	\$89,790
Life, Physical, and Social Science Occ.	1,130	1,200	70	6.2%	40	10	30	\$60,640	\$55,460	\$31,720	\$75,110
Community and Social Services Occupations	4,900	5,370	470	9.6%	160	50	110	\$47,780	\$44,810	\$28,790	\$57,280
Legal Occupations	1,560	1,620	60	3.8%	40	10	30	\$115,240	\$98,590	\$51,350	\$147,190
Education, Training, and Library Occ.	18,160	18,960	800	4.4%	460	80	380	\$49,690	\$46,940	\$24,310	\$62,390
Arts, Design, Entertainment, Sports, and Media Occupations	3,320	3,360	40	1.2%	100	20	80	\$49,940	\$40,500	\$25,480	\$62,170
Healthcare Practitioners and Technical Occupations	14,460	16,710	2,250	15.6%	530	230	300	\$73,420	\$59,400	\$35,350	\$92,450
Healthcare Support Occupations	8,220	9,430	1,210	14.7%	280	120	160	\$28,980	\$27,510	\$21,960	\$32,480
Protective Service Occ.	7,660	7,710	50	0.7%	250	20	230	\$52,330	\$52,450	\$27,370	\$64,810
Food Preparation and Serving Related Occ.	16,250	18,150	1,900	11.7%	790	190	600	\$23,810	\$19,910	\$19,280	\$26,080
Building and Grounds Cleaning and Maintenance Occupations	8,380	9,220	840	10.0%	250	80	170	\$27,190	\$23,840	\$19,800	\$30,890
Personal Care and Service Occupations	11,220	13,200	1,980	17.6%	410	200	210	\$26,670	\$23,170	\$20,000	\$30,010
Sales and Related Occ.	18,320	18,630	310	1.7%	630	50	580	\$30,730	\$22,740	\$19,200	\$36,500
Office and Administrative Support Occ.	36,190	36,370	180	0.5%	900	130	770	\$34,690	\$32,020	\$22,760	\$40,650
Farming, Fishing, and Forestry Occupations	790	780	-10	-1.3%	20	0	20	\$33,270	\$29,850	\$21,640	\$39,090
Construction and Extraction Occupations	8,440	8,730	290	3.4%	170	30	140	\$45,120	\$40,520	\$29,990	\$52,690
Installation, Maintenance, and Repair Occ.	7,850	8,280	430	5.5%	230	50	180	\$42,940	\$40,260	\$28,210	\$50,310
Production Occupations	12,490	12,460	-30	-0.2%	300	50	250	\$33,610	\$30,670	\$21,480	\$39,670
Transportation and Material Moving Occ.	14,800	15,490	690	4.7%	410	80	330	\$34,400	\$32,650	\$22,060	\$40,570

¹ Entry wage: The mean (average) of the bottom third of wages in an occupation.

² Experienced wage: The mean (average) of the top two-thirds of wages in an occupation.

Source: NYS Department of Labor, Research and Statistics Division

Table 53 shows the number of jobs in the Mohawk Valley in 2012 that require specific education requirements compared to the expected number of jobs in 2022 that require the same education requirements. For example, the number of jobs that will require an Associate's Degree is expected to grow 12.6 percent from 2012-2022, while the jobs that require a high school diploma or equivalent will grow 2.6 percent.

Overall, jobs requiring a high school diploma or less, are expected to grow by 5.2 percent over the 10-year period, compared with a 7.6 percent increase in jobs requiring more than a high school diploma. Although jobs requiring post-secondary education are expected to grow faster than other jobs, the total number of jobs in 2022 that will require post-secondary education (71,160) will still be well below the number of jobs that only require a high school education or less (141,380).

Table 53

Educational and Training Requirements 2012-2022 Mohawk Valley Region

Typical Education and Training Requirements	2012	2022	Net Change	% Change
			2012-2022	2012-2022
Less than High School	56,320	61,320	5,000	8.9%
High School Diploma or Equivalent	78,020	80,060	2,040	2.6%
Some College, No Degree	4,100	4,260	160	3.9%
Postsecondary Non-degree Award	13,740	15,110	1,370	10.0%
Associate's Degree	7,930	8,930	1,000	12.6%
Bachelor's Degree	30,210	31,440	1,230	4.1%
Master's Degree	4,110	4,690	580	14.1%
Doctoral or Professional Degree	6,050	6,730	680	11.2%
Information Not Available	15,220	15,740	520	3.4%
TOTAL	215,700	228,280	12,580	5.8%

Source: NYS Department of Labor, Research and Statistics Division

DATA SOURCES

New York State Department of Labor, Research and Statistics Division

U.S. Census Bureau, 2011-2013 American Community Survey

U.S. Department of Labor, Bureau of Labor Statistics

WHY THIS IS IMPORTANT

The health and well-being of a community—physical, social, economic or political—cannot be determined by statistics alone. Many intangible, immeasurable factors must also be considered. One of these factors is the ability of a community to provide its residents with a variety of amenities and opportunities that make it a great place to live, work, and raise a family. It also includes the perceptions of community members and their level of belief that community factors support or inhibit their quality of life.

WHERE WE STAND

Herkimer County's green space is crucial to the overall health of families and communities. Our parks and trails give the opportunity to build strong families, spawning economic development, and enhancing the area's quality of life.

With nearly a dozen golf courses, over 30 parks and scores of hiking trails, people of all ages and abilities have the opportunity to play, relax, and explore natural resources in Herkimer County.

Fitness Tracks and Hiking Trails

The recent edition of the Herkimer County Trail Guide displays trails that include the rolling hills of the southern part of the county, along the Mohawk River Valley and Erie Canal, and north



Rock Climbing—Moss Island

throughout the Adirondack Mountains. Walking, running, in-line skating, bicycling, and cross country skiing are some of the many activities that take place on these trails.

Table 54 on the next page details the tracks and hiking trails available in Herkimer County. These tracks and trails are located throughout the county and can be utilized by both the general public and experienced hikers alike.

Copies of the guide are available throughout the Mid-York Library System in Herkimer County, and an electronic version is available online through the following link:

<http://herkimerhealthnet.com/PDF/NEWTRAIL.pdf>.

Community

Quality of Life

List of Fitness Tracks and Trails in Herkimer County

Table 54

Name	Type	Location	Length (mi.)
Rondaxe Mountain (Bald Mountain)	Trail	Rondaxe Road, Old Forge	2.0 (Round Trip)
Bubb-Sis Trail	Trail	State Route 28, Old Forge	2.3
Canal Trail - Little Falls	Trail	State Route 5-S, Little Falls	3.0
Canal Trail - Mohawk	Trail	State Route 5-S, Mohawk	4.5 (Round Trip)
Cascade Lake Trail	Trail	Big Moose Road, Eagle Bay	6.0 (Round Trip)
Central Valley Academy (Ilion and Mohawk)	Fitness Tracks	Frederick Street, Ilion & Grove Street, Mohawk	~
Dolgeville Central School District	Fitness Track	Slawson Street, Dolgeville	~
Dolgeville-Salisbury Greenway Trail	Trail	Spencer Street, Dolgeville	3.2 (Round Trip)
Faville Falls Trail	Trail	Peckville Road, Dolgeville	1.8 (Round Trip)
Frankfort-Schuyler Central School District	Fitness Track	Palmer Street, Frankfort	~
Herkimer BOCES Nature Trail	Trail	Gross Boulevard, Herkimer	~
Herkimer College Nature Trail	Trail	100 Reservoir Road, Herkimer	1.8 (Round Trip)
Keegans Trail (Vista Trail) to Ledge Mountain	Trail	State Route 8, Poland	1.5 (Round Trip)
McCauley Mountain & Fitness Trail	Fitness Stations & Scenic Trail	Park Avenue, Old Forge	7.4 (Round Trip)
McKeever Area Trails (Bear Lake, Remsen Falls, & Woodhull Mountain)	Trail	McKeever Road, Forestport	0.5 - 7.6
Moreland Park Trail	Trail	Moreland Park Street, Little Falls	1.2 (Round Trip)
Moss Island Trail	Trail	Lock 17, Little Falls	Varies by Path
Moss Lake Trail	Trail	Big Moose Road, Eagle Bay	2.5 (Loop)
Mount Markham Nature & Fitness Trail	Fitness Track, Stations & Scenic Trail	Fairground Road, West Winfield	1.0
Nick's Lake Loop Trail	Trail	Bisby Road, Old Forge	2(Round Trip),9 (Loop)
Owen D. Young School Robert B. Woodruff Trail & Learning Center	Trail & Learning Center	State Route 80, Van Hornesville	2.5(Round Trip)
Poland Central School Nature Trails #1 and #2 (Town of Russia)	Trail	State Route 8, Poland	0.4, 0.6
Russell Park Trail	Trail	Frederick Street, Ilion	Varies by Path
TOBIE Trail	Trail	State Route 28, Old Forge	14
Town of Ohio Park & Fitness Stations	Fitness Station & Trail	Nellis Road, Ohio	1.0 (Two Trails)
West Canada Valley School Nature Trail and Track	Fitness Track & Trail	State Route 28, Newport	Varies by Path

Source: Herkimer County HealthNet, Inc., Trail Guide

Community

Quality of Life

Physical Activities

Tables 55, 56 and 57 represent a selection of opportunities for outdoor physical activity, including playgrounds, public beaches, and tennis courts.

Herkimer County Playgrounds

Table 55

Name	Location
Ward Wheelock, Jr. Community Park	State Route 51, Cedarville
American Legion	529 Main Street, Cold Brook
Village Playground	Helmer Avenue, Dolgeville
Fairfield Playground	Hard Scrabble Road, Fairfield
Frankfort Marina	Railroad Street, Frankfort
Hilltop Park	4 Hilltop Road, Frankfort
Basloe Playground	Gilbert Street, Herkimer
Brookwood Park	West German Street, Herkimer
Basloe Park	East German Street, Herkimer
Harmon Field	Frederick Street, Herkimer
Herkimer Town Park, Playground and Fields	Pine Grove Road, Herkimer
Lou Ambers Fields & Playground	Marginal Road, Herkimer
Barringer Road School Playground	Barringer Road, Iliion
Remington School Playground	East North Street, Iliion
Russell Park	Park Road, Iliion
Sixth Avenue & Montgomery Street Playground	Iliion
Dave Whalen Community Park	East Street, Iliion
Village Park	Park Street, Middleville
Fisher Elementary School	10 Fisher Avenue, Mohawk
Village Playground	7536 East Street, Newport
Recreational Park	Nellis Road, Ohio
Town of Russia Playground	26 Cold Brook Street, Poland
Town Park	State Route 29, Salisbury Center
Woods Lane Park	Woods Lane, Schuyler
North Street Playground	North Street, Old Forge
McCauley Mountain Playground	McCauley Road, Old Forge
Town of Webb School Playground	3002 Main Street, Old Forge
Waterfront Playground	Municipal Beach, Old Forge
Owen D. Young School	State Route 80, Van Hornesville
Town Park	U.S. Highway 20, West Winfield
Mount Markham Elementary	Fairground Road, West Winfield

Source: Herkimer County HealthNet, Inc.

Community

Quality of Life

Herkimer County Public Beaches

Table 56

Name	Location	Phone
Baker's Beach	Lake Road, Richfield Springs	(315) 858-2043
Hinckley Day Use Area	281 Stormy Hill Road, Cold Brook	(315) 826-3800
Nick's Lake Campground	278 Bisby Road, Old Forge	(315) 369-3314
Town of Webb Beach	Lakeview Lane, Old Forge	(315) 369-2039

Source: Herkimer County HealthNet, Inc.

Herkimer County Tennis Courts

Table 57

Name	Location
Dolgeville Central School	28 Slawson Street Ext., Dolgeville
Herkimer Central School	801 West German Street, Herkimer
Herkimer County Community College	100 Reservoir Road, Herkimer
East Herkimer Elementary School	Pine Grove Road, Herkimer
Central Valley Academy	111 Frederick Street, Ilion
Little Falls Veterans Park	Burwell Street, Little Falls
Lou Ambers Tennis Court	Marginal Road, Herkimer
Little Falls Central School	1 High School Road, Little Falls
Mt. Markham Central School	500 Fairground Road, West Winfield
Old Forge	Main Street, Old Forge
Town Park	State Route 29, Salisbury Center
West Canada Valley Central School	5447 State Route 28, Newport

Source: Herkimer County HealthNet, Inc.

Complete Streets

Complete Streets are roadways planned and designed to consider the safe, convenient access and mobility of all roadway users of all ages and abilities. This includes pedestrians, bicyclists, public transportation riders, motorists, children, the elderly, and persons with disabilities. Herkimer County HealthNet, through the Creating Healthy Places to Live, Work and Play Grant (funded by the New York State Department of Health) worked with Herkimer County communities to adopt Complete Streets. Seven communities adopted Complete Streets as a result of this initiative, including the Villages of Cold Brook, Dolgeville, Herkimer, Ilion, and Middleville, the City of Little Falls, and the Town of Webb.

As a result of adopting Complete Streets, these communities were awarded incentives (chosen from a set of menu items) that encourage physical activity. They range from bicycle racks, to recreation and crosswalk signage, to playground equipment. The incentives that each of the communities that adopted Complete Streets received are as follows.

Village of Cold Brook (Adopted in 2013)

The village received a foot bridge to access the playground from the parking area.

Village of Dolgeville (Adopted in 2014)

Dolgeville received five bike racks. They were placed outside of local businesses along Main Street, as well as at Albany Street near a yoga center, a museum of local history, a hostel, a fitness center, and a public park. Crosswalk signs were placed at three major intersections known to be a concern for pedestrians in the village. Recreational signs now direct traffic to places throughout town toward fun and adventure.

Village of Herkimer (Adopted in 2015)

Five bicycle racks were distributed and placed at Basloe Park (1), Marginal Road Basketball Court (1), Southfield Baseball Field (2), and Harmon Park (1). Six crosswalk signs were distributed and were placed on Marginal Road by the basketball court; in Harmon Park; on North Main Street, in front of the Basloe Library; on Prospect Street, in front of the Midtown Apartments; on Protection Avenue, in front of the Galinski Apartments; and at the intersection in front of the Herkimer High School entrance.

Village of Ilion (Adopted in 2011)

As a result of Complete Streets in Ilion, playground equipment for Russel Park and playground surface material for all of the village's parks were provided. The Village of Ilion has invested in projects that support Complete Streets: repairing and purchasing signage for their roadways, crosswalk striping, installing signage to notify of pedestrians and cyclists, as well as adding enhancements and curb cutting ramps to some of their crosswalks for the visually impaired and for wheelchair accessibility.

City of Little Falls (Adopted in 2015)

With assistance from Main Street First (an organization of stakeholders in Little Falls), the City of Little Falls adopted Complete Streets and received five bicycle racks. These were distributed and placed in Burke Park, the Little Falls YMCA, off of West Main Street in the business district, near Crabby's, which is a restaurant located along the Erie Canalway Trail, and next to The Nunnery/Little Falls Hostel on

Community

Quality of Life

John Street. The city also received four signs that encourage bicycling, four signs promoting hiking, two for canoeing, and two handicap accessibility signs. Three crosswalk signs were also distributed to the City of Little Falls, and they were placed on Anne Street adjacent to Anne Street Deli, on Main Street between M&T and Berkshire Banks, and near the Little Falls Post Office.

Village of Middleville (Adopted in 2014)

The Village received one crosswalk sign, three bicycling signs, and four handicap accessibility signs.

The Town of Webb (Adopted in 2014)

The Town of Webb's Complete Streets Initiative connects the two ends of the Old Forge extended business district between VIEW Arts on the north end of town, and the Adirondack Scenic Railroad depot within the historic district of Thendara. The project focused on safety signage to crosswalks in the business district, adding public bike racks (in an Adirondack theme) throughout the town, directing traffic to the Town's multiple recreational assets, and adding signage to snowmobile trails. The TOBIE Trail borders the Town of Webb Union Free School District (TOWUFSD), Lakeside Terrace (senior apartments) and much of the residential district of Old Forge and Thendara. It is also in close proximity to the KYAC Youth Center which runs after-school weekend programs for youth Grade 6 and up.

Complete Streets Principles

- Roadways are safe for all users
- Roadways combine social, economic, and environmental practices together to create a cohesive unit
- Roadways that promote health; are safe, comfortable, and convenient for travel via automobile, foot, bicycle, wheel chair, and transit
- Roadways are designed to fit into the context of their surrounding neighborhoods.
- Complete Streets support Herkimer County HealthNet's mission to improve the health and well-being of individuals who live, work, play, and learn in Herkimer County.

Farmers Markets

Nutrition is key to quality of life. Herkimer County prides itself in its diverse seasonal farmers' markets, located in Dolgeville, Herkimer, Ilion, Little Falls, Mohawk, Old Forge and Salisbury.

Eating locally grown and raised foods increases your awareness of where your food comes from, local growing seasons, and the importance of supporting local agriculture. Local food freshness is greater than that of imported food.

Additionally, Farmers' Market business provides economic benefits alongside health benefits.



Source: 2015 Herkimer County Local Foods Map

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When you buy directly from local farmers, your dollars stay within your community, strengthening local economy. This helps to preserve farming as a livelihood and rural landscapes as farmland.

Days of operation, hours, and an interactive map of Herkimer County's market locations can be found at either <http://farmmarket.herkimerhealthnet.com> or <http://www.cce.cornell.edu/herkimer>.

Air Quality

Table 58 illustrates the percentage of days for which air quality was monitored and found to be unhealthy in Herkimer County, either for sensitive groups, such as people with asthma, or the population as a whole.

Exposure to these pollutants can cause short-term health effects such as irritation to the eyes, nose and throat, coughing, sneezing, runny nose, and shortness of breath. Continued exposure can also worsen medical conditions such as asthma and heart disease.

Since 2009, Herkimer County has not had any unhealthy air days. Between 2000 and 2008, the county had a few unhealthy days, the greatest being 6 days reported in 2002. Most unhealthy days were unhealthy for sensitive groups, not for the population as a whole. The most common pollutant for Herkimer County is ozone.

**Percent of Days with Unhealthy Air Quality
Herkimer County 2000-2013**

Table 58

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Herkimer County	0.3%	1.4%	1.6%	0.8%	0.0%	0.3%	0.0%	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%

Source: Leadership Alliance for a Vital Community, Herkimer and Oneida Counties: Community Indicators Project, U.S. Environmental Protection Agency

Arts & Culture

Graph 59 on the following page depicts the amount of money (in 2014 dollars) granted by the New York State Council on the Arts for arts expenditures in Herkimer County, neighboring counties and NYS (excluding NYC), expressed as a rate per resident. Grants are issued to local

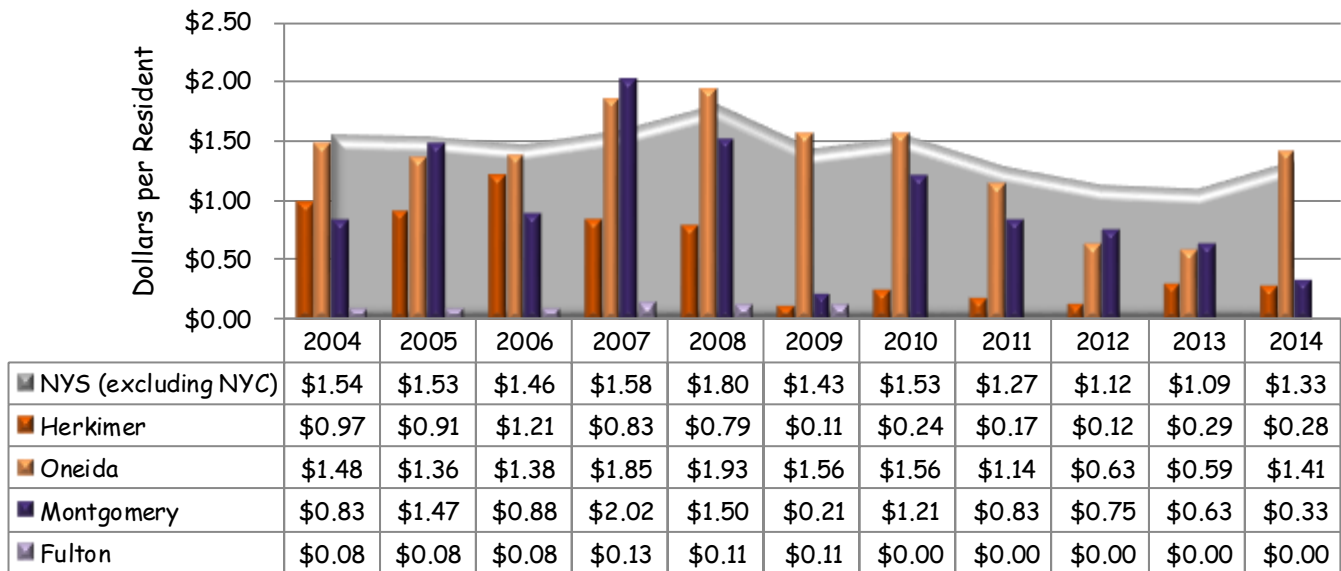
Community

Quality of Life

organizations, schools and governments. According to the Herkimer and Oneida Counties Community Indicators Project, New York State funding for the arts has fallen in the last several years throughout the state as well as in Herkimer and Oneida counties. In 2014, per-capita funding was 28 cents per resident in Herkimer County and \$1.41 in Oneida County, compared to \$1.33 for the state (excluding NYC). In the past ten years, Herkimer County experienced a 71 percent decrease.

New York State Art Grants

Graph 59



Source: Leadership Alliance for a Vital Community, Herkimer and Oneida Counties: Community Indicators Project

DATA SOURCES

Cornell Cooperative Extension and Herkimer County HealthNet, Inc.
2015 Herkimer County Local Foods Map

Herkimer County HealthNet, Inc.
Physical Activities Guide

<http://herkimerhealthnet.com/PDF/PhysicalActivityGuide.pdf>

Leadership Alliance for a Vital Community

Herkimer and Oneida Counties: Community Indicators Project

http://www.communityprofiles.org/herkimeroneida/glance_all.php

<http://hoc.communityprofiles.org/health/health-risks/air-quality/data-tables>

WHY THIS IS IMPORTANT

How children spend their time outside of school influences their development. Through involvement with after school activities, such as recreation programs, clubs and sports activities, children can learn social skills, improve academic performance and develop relationships with caring adults.

Based on research findings catalogued by the *Child Trends Data Bank*:

- Participation in club activities during middle childhood is linked to higher academic performance and self-esteem;
- Participation in sports is linked to higher social competence and contributes to better health and lower likelihood of obesity;
- Some research shows that children of low-income families who attend after-school programs are less likely to exhibit antisocial and problem behaviors; and
- Older children who consistently participate in after-school activities are more likely to attend college, vote, and volunteer later in life.

The Child Trends Data Bank documents that adolescents who volunteer their services in the community are more likely to experience overall positive academic, psychological, and occupational outcomes and are less likely to become pregnant or use drugs.

WHERE WE STAND

The community is where youth spend a lot of their free, often unsupervised, time. It is where young people can fall into trouble or become engaged in positive pursuits. There are a select number of questions in the Teen Assessment Project (TAP) Survey, which surveys all 7th, 9th, and 11th grade students in Herkimer County every four years, related to how youth perceive their community, how they spend their time in the community, how religious they are, how safe they feel there, and how important they believe it is to contribute to their community. It appears that our youth are finding more fun things to do within their communities, but earning money and finding jobs is becoming more difficult. They also seem to feel that adults value and care about teens more than their counterparts from the two previous surveys. The high number who report feeling safe in their communities remains steady throughout the four surveys, and over half of all teens feel it is important to contribute to their community.

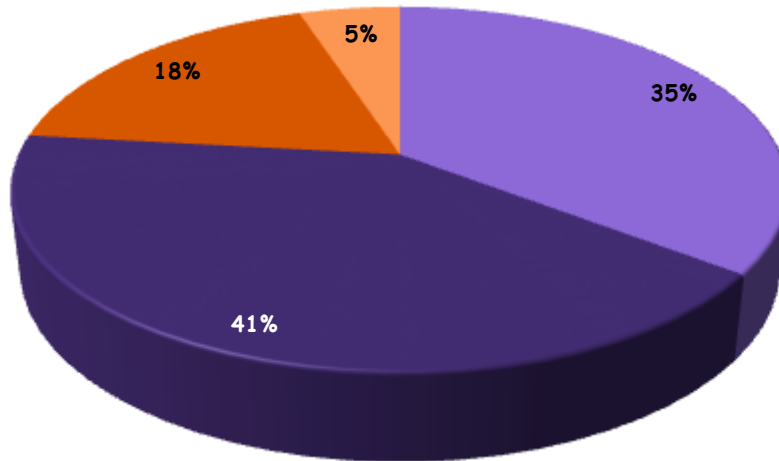
The Teen Assessment Project (TAP) Survey has several questions which examine young people's perception of the community. A new question in the 2013 TAP Survey asked the 7th, 9th and 11th graders how interested they were in staying in the Mohawk Valley region as an adult. As Graph 60 on the following page illustrates, over three out of every five teens surveyed (64%) said that they were at least interested in staying in the Mohawk Valley as adults. Of those, nearly a quarter (23%) said they were likely to stay, but 41% said despite being interested they would be unlikely to stay. Over one-third (35%) indicated they were not at all interested in staying in the area.

Community

Youth Perceptions of the Community

Graph 60

Percent of Teens Interested in Remaining in the Mohawk Valley as Adults



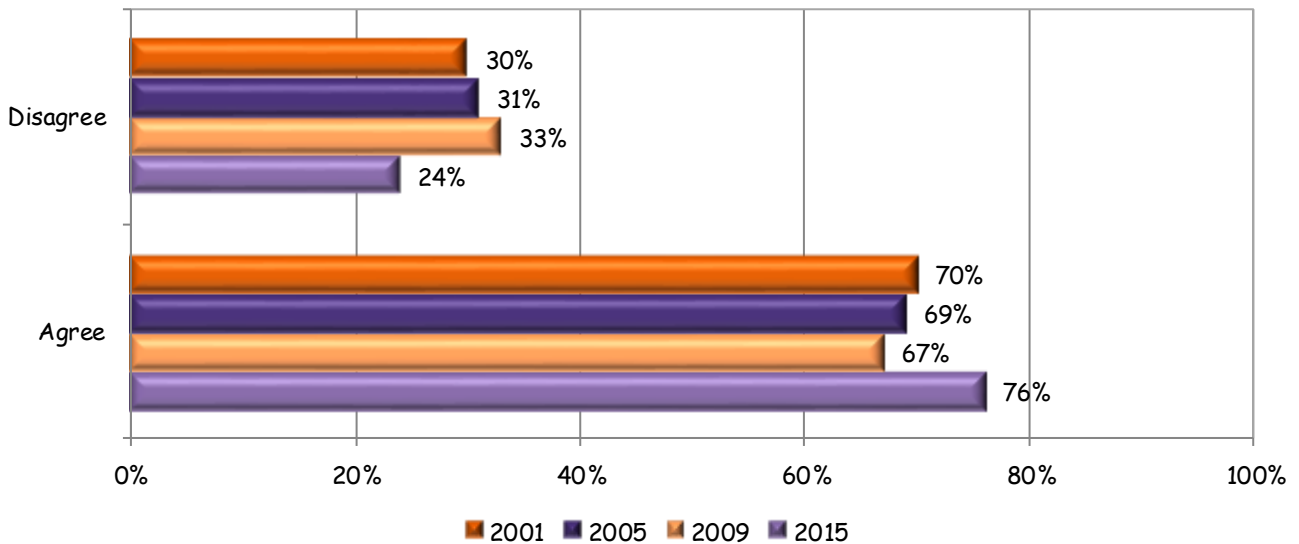
■ Not Interested ■ Interested But Unlikely ■ Interested and Likely Will ■ Very Interested and Plan to Remain

Source: 2013 Herkimer County Teen Assessment Project Survey

As Graph 61 illustrates, over three-quarters (76%) of teens indicated it was important to contribute to their community. This is significantly higher than in past surveys when it was consistently around 70%.

Graph 61

It is Important to Contribute to My Community...



Source: 2013 Herkimer County Teen Assessment Project Survey

Community

Youth Perceptions of the Community

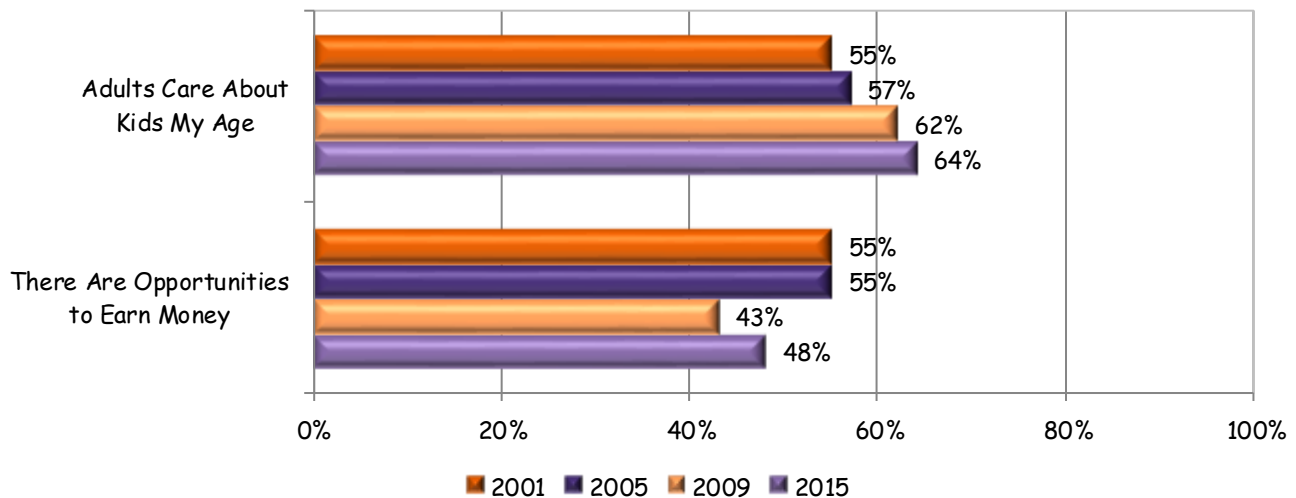
In regards to their sense of safety in the community, there was a slight decrease in the percent of young respondents that agreed they felt safe. Between 1997 and 2009, eight out of ten (80%) youth agreed their community was safe. In 2013 this percentage dropped to 76%, but this was likely impacted by a fatal shooting in the region spanning two villages about two weeks prior to the administration of the 2013 TAP Survey. Also, more males than females as a percentage feel their community is safe - 80% versus 72%.

In addition, more youth than in past TAP surveys indicated they felt adults in their community cared about youth their age (64% versus 56%), as illustrated in Graph 62.

The TAP Survey in 2009, when the country was in a recession, saw a decline in the confidence that youth had in finding a job and earning money from previous years in which the survey was conducted. Just 43% agreed there were opportunities to find jobs and earn money in 2009. In 2013, the percentage rebounded to 48% of teens, but this is still lower than the 55% of all teens that agreed or strongly agreed in 2001 and 2005.

Graph 62

The Percentage of Teens in Herkimer County That Agree That In Their Communities...



Source: 2013 Herkimer County Teen Assessment Project Survey

DATA SOURCES

Child Trends Data Bank

2013 Herkimer County Teen Assessment Project Survey

WHY THIS IS IMPORTANT

Employment is important for youth for various reasons. It provides a youth development opportunity which can help youth develop into productive adults, allows a chance for personal growth, and serves as a skill building opportunity. Youth learn to interact with adults and peers in a professional capacity, learn appropriate work related skills such as dress, promptness, and performance expectations that they will take with them throughout life. From an economic standpoint it provides the opportunity to earn a paycheck which can help families in difficult financial situations and provide a chance for youth to learn to manage their own funds.

Employment assistance for adults to help them enter or re-enter the workforce, improve their work-related skills and learn about resources available is an important service that promotes the economic well-being of individuals, families and communities.

WHERE WE STAND

Summer Youth Employment Program

The Herkimer County Youth Bureau Summer Employment Program employs youth aged 16 - 21 for a seven week time period each summer. Youth must initiate the process of obtaining a job by calling their individual county legislator and requesting an application for employment. As there are a limited number of applications available, generally the first youth to call are the ones who receive jobs. County Legislators maintain "waiting lists" after filling all their job slots in the event that there are job openings at some point in the program.

Whenever possible, youth are placed in jobs they request, especially when they have chosen a career path and are interested in gaining experience in that field. Reductions in the number of job slots are largely due to the increases in minimum wage. While youth in the program have been paid federal minimum wage (lower than state minimum wage) in order to provide job opportunities to more youth, wage increases for the program have been given to keep the youth at a fairly reasonable rate. It is a balancing act to provide a fair wage and to provide jobs for as many youth as possible.

It is never a problem finding worksites to place the young workers, as the salary is paid by Herkimer County. Our young workers gain work experience and employers are able to utilize our staff during the summer months.

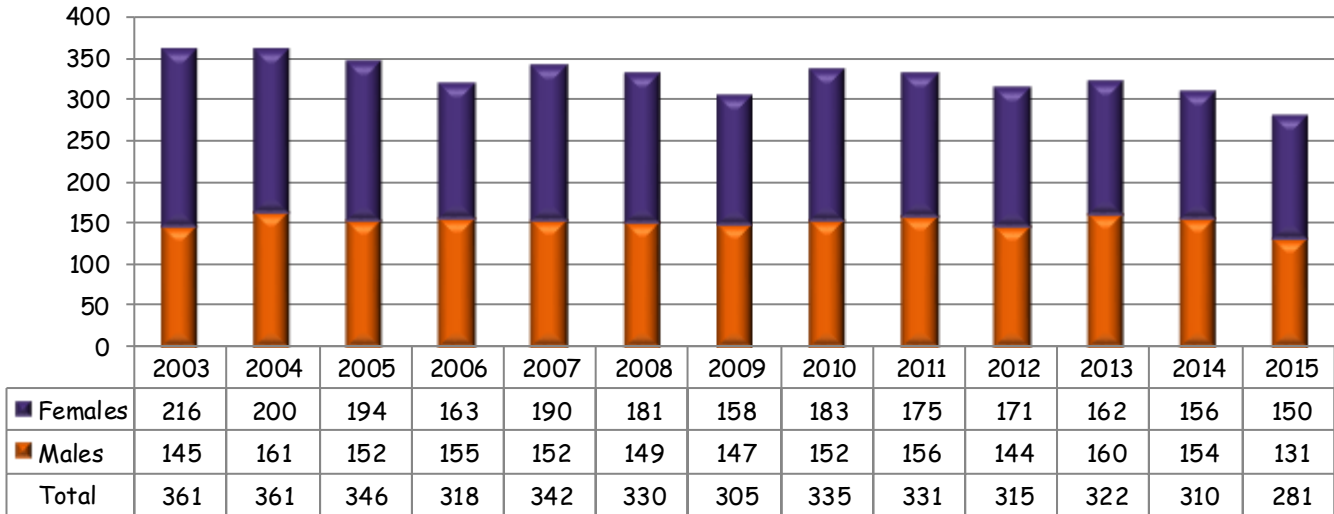
Graph 63 on the next page illustrates the number of youth that have participated in the Summer Youth Employment Program from 2003 to 2015. The number of youth employed in the program each year has consistently remained at program capacity; however, the number of jobs available in 2015 reflects the latest reduction due to the increase in minimum wage. More females than males have been employed in the program in all years recorded.

Community

Youth Development and Adult Employment Assistance

Graph 63

Herkimer County Summer Youth Employment Program 2003 to 2015

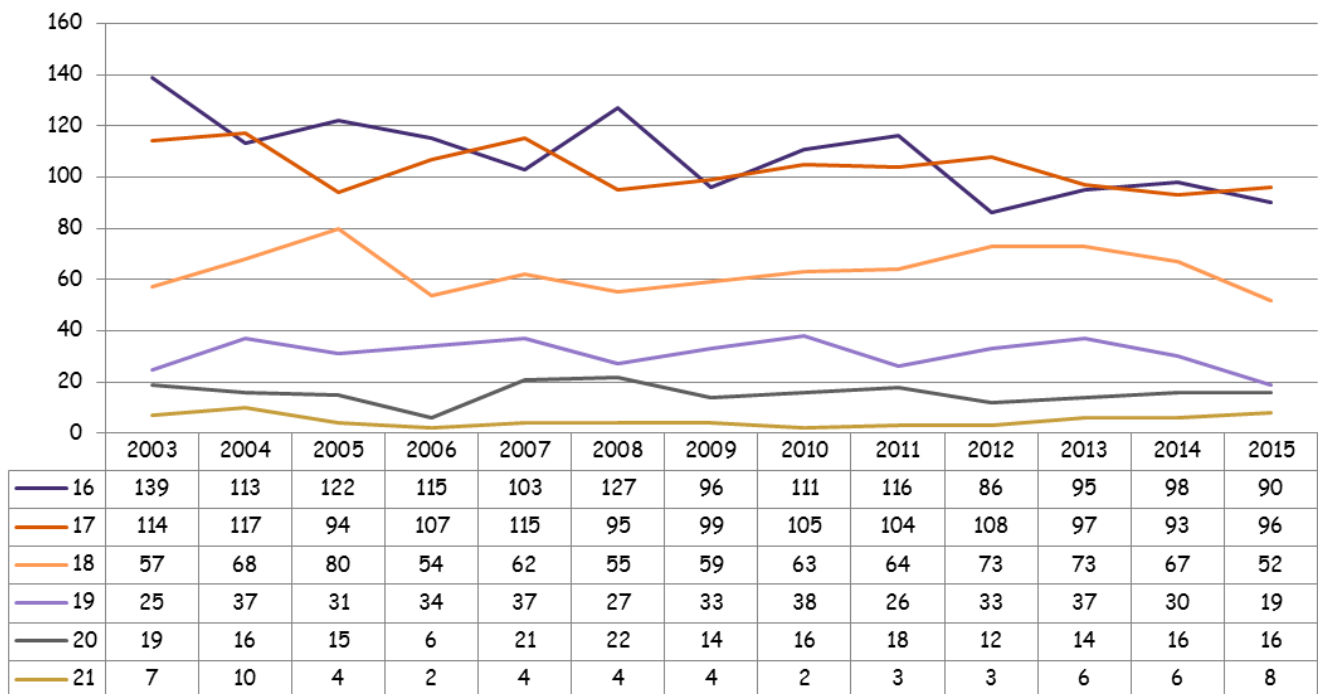


Source: Herkimer County Youth Bureau

Graph 64 illustrates the number of youth that have participated in the Summer Youth Employment Program from 2003 to 2015 by age.

Graph 64

Herkimer County Summer Youth Employment Program by Age of Youth 2003 to 2015



Source: Herkimer County Youth Bureau

The data indicate that age plays a big part in which county youth request these jobs. The number of 16-17 year olds working in the program is highest, with 18-19 year olds having a fairly high number of workers, and the 20-21 year old population having the lowest numbers working in this program.

This could be caused by a number of factors, such as these jobs being an introduction into the world of work and are sought more by the younger youth just starting to work. The number of hours is less than what they may work if they find another job, (such as restaurant or store) and the rate of pay is less than what they will earn elsewhere. Also, older youth tend to be more mobile and have access to cars—which means they are able to take higher paying jobs farther from home.

Old Forge Transportation Program

The Old Forge Transportation Program (bus program) provides free transportation to youth who have summer jobs in the northern region of Herkimer County. For some youth, this commute is more than an hour from home and the cost of driving back and forth daily would negate much of the salary they earn at their jobs.

Table 65 illustrates the number of youth that have utilized the bus program from 2003 to 2015 by pick up site.

Table 65

**Old Forge Transportation Program 2003 to 2015
Youth Served by Pick Up Site**

	Herkimer	Newport	Poland	Middleville	Total
2003	118	10	33	8	169
2004	103	13	31	16	163
2005	111	12	20	20	163
2007	62	20	11	26	119
2008	72	30	8	31	141
2009	48	18	12	24	102
2010	35	28	8	28	99
2011	52	14	13	16	95
2012	62	11	13	23	109
2013	54	15	14	17	100
2014	58	8	13	14	93
2015	40	4	16	18	78

Source: Herkimer County Youth Bureau

Note: 2006 Data Not Available

Community

Youth Development and Adult Employment Assistance

The buses pick up youth in four areas: the villages of Herkimer, Newport, Poland, and Middleville. Geographically, the highest number of program participants access the Herkimer pick-up point. This is most likely due to the fact that this is centrally located for the “Valley Corridor”—Frankfort, Ilion, Mohawk, Herkimer, and Little Falls. It is simply closer for youth from these villages to meet the buses in Herkimer than the other 3 designated pick up spots.

Overall usage of the Old Forge Transportation Program has declined between 2003 and 2015. 2015 was the first year that only one employer hired youth workers; in years past there were 5-6 businesses that hired Herkimer County youth. While the main employer traditionally hired the majority of youth, the other 4-5 employers usually hired a few each summer; however, in the summer of 2015, this did not happen. While declines were recorded for the pick-up sites in both Herkimer and Poland, increases have been recorded at both the Newport and Middleville pick-up locations.

Table 66 illustrates the number of youth that have utilized the bus program from 2003 to 2015 by age. Data indicate that the majority of youth taking advantage of this transportation program are between the ages of 15-17. In the past, 14 year olds were part of the larger numbers, however this trend has changed. In part, this is due to the employers in the area preferring to hire older workers and the fact that the 15-18 year olds are available and willing to work. The employers seem to hire the younger workers toward the very end of the summer, when the college students leave to go back to school and there are positions vacant.

Table 66

**Old Forge Transportation Program
Participants by Age 2003-2015**

	2003	2004	2005	2007	2008	2009	2010	2011	2012	2013	2014	2015
14	29	47	25	5	7	8	4	4	8	4	3	1
15	57	36	35	26	13	7	14	9	11	12	13	10
16	27	43	40	31	46	30	27	25	28	22	27	21
17	31	19	31	28	31	26	22	22	27	33	24	22
18	16	13	10	13	17	19	13	17	10	18	10	11
19	6	3	18	10	13	8	12	5	12	6	11	6
20	0	1	3	2	7	2	5	10	5	2	3	5
21	3	1	1	4	7	2	2	3	8	2	0	0

Source: Herkimer County Youth Bureau

Note: 2006 Data Not Available

Herkimer County Employment and Training Administration

The Herkimer County Employment and Training Administration (ETA) has been 100% federally funded under the Workforce Investment Act (WIA) since 1999.

On 7/22/14, President Obama signed the Workforce Innovation and Opportunity Act (WIOA). This law, passed with overwhelming bipartisan majorities, is helping transform federally funded job training programs across the country to ensure everyone can get the skills and training they need to obtain employment. WIOA went into effect on 7/1/15.

The goals of WIOA are as follows:

- Increase access to education, training and employment particularly for people with barriers
- Create a high quality workforce development system by aligning workforce investments and education
- Improve the quality of labor market relevance
- Promote improvement in the structure and delivery of services
- Increase the prosperity of workers and employers
- Reduce dependency, meet employer needs, enhance productivity and competitiveness in the nation

Table 67 illustrates the amount of federal funding allocated to the Herkimer County Employment and Training Administration. Funding for these programs are on a federal fiscal year (example: July 1, 2015 to June 30, 2016).

A decrease in funding for the program can be observed from 2006 until 2011, when a slight increase of funding was added to the program's budget. This increase is related, in part, to the rise in the unemployment rate in our area over these years.

**Workforce Investment Act
Funding Allocation to Herkimer County**

Table 67

2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
\$613,000	\$553,000	\$467,000	\$574,112	\$507,551	\$395,169	\$412,216	\$412,216	\$454,232	\$475,205

Source: Herkimer County Employment and Training

Youth Programming

Under the WIOA Act, the Herkimer County Employment & Training Administration receives funding to provide services to youth, ages 16-24. WIOA requires that at least 75% of the funds are served on out of school youth and places a new priority on work-based learning by also

Youth Development and Adult Employment Assistance

requiring that at least 20% of funds be used for work experiences that have academic and occupational education as a component. WIOA also links services to the attainment of secondary school diplomas, entry into post-secondary education and career readiness, and to the attainment of post-secondary credentials aligned with in-demand industry sectors or occupations. Additional allowable activities include financial literacy education and entrepreneurial skills training. Since WIOA began on 7/1/15, 30 Herkimer County youth have been served with WIOA funds.

Table 68 illustrates the number of youth that participated in the youth employment programs operated by ETA.

"SYEP-Summer Youth Employment Program" is funded with TANF (Temporary Assistance to Needy Families) money that DSS assigns to ETA. The purpose of this program is to provide a summer workplace experience to TANF-eligible youth ages fourteen to twenty. Youth are placed at worksites throughout the county where they gain valuable job skills and also earn federal minimum wage. ETA summer counselors visit the worksites periodically throughout the summer to provide career-related information. Each youth leaves the program with a résumé and some valuable experience.

"College Corps Internship Program" is a program administered by ETA with funds approved through the Herkimer County Legislature. Youth entering their junior or senior year of college can participate in a two-hundred hour internship with an area employer. The internship should be closely related to the student's major. Youth are paid \$9.00 per hour, and this cost is shared by the county and the employer. This program has been successful in helping students realize that there are opportunities available for them in the Mohawk Valley after graduation.

Table 68

Number of Youth in ETA Summer Youth Programs in Herkimer County

ETA Programs	College Corps	TANF SYEP
2007	24	100*
2008	24	97*
2009	16	200*
2010	21	59
2011	23	71
2012	25	86
2013	23	92
2014	24	92
2015	24	92

Source: Herkimer County Employment and Training Administration

*WIA and additional stimulus funding used

Adult Programming

The *On the Job Training (OJT)* program helps unemployed people re-enter the workforce. It gives businesses an incentive to hire and train them in full-time skilled or semi-skilled occupations. The OJT program matches businesses with qualified job seekers who are eager to work, but need the specialized training only an employer can supply. In OJT programs, the business agrees to hire workers and train them in measurable skills. In exchange, the government agrees to reimburse the business for a portion of their wages. The government repays the business from 50 to 90 percent of the trainee's starting wage, for a set period that the trainee needs to master the required occupational skills. As part of the OJT program, businesses may receive funds to help cover part of their training expenses. Over the last few years WIA funding has been supplemented by other state or federal grants in order to expand these services.

Table 69 illustrates the number of adults and dislocated workers that have participated in the employment programs operated by ETA.

**Number of Adults and Dislocated Workers in OJT Programs
in Herkimer County: 2009-2015**

Table 69

Period	Unemployed Adults (WIA Funds)	Dislocated (WIA)	Dislocated (Other Funds)
7/1/09-6/30/10	9	6	21
7/1/10-6/30/11	5	0	42
7/1/11-6/30/12	6	0	19
7/1/12-6/30/13	0	0	44
7/1/13-6/30/14	0	0	35
7/1/14-6/30/15	4	9	0

Source: Herkimer County Employment and Training Administration

Classroom Training (CRT)

The CRT program offers training assistance to eligible individuals who have been formally accepted into full-time vocationally certified training programs offered by area vocational technical colleges, community colleges, some four year colleges and universities, and other accredited public and private training institutions. Training must be aligned with in-demand industry sectors or occupations and all providers must be registered on the local Workforce Investment Area eligible provider list.

Youth Development and Adult Employment Assistance

Table 70 illustrates the number of Herkimer County adults and dislocated workers that have participated in the classroom training programs.

**Number of Adults and Dislocated Workers in CRT Programs
in Herkimer County: 2009-2015**

Table 70

Period	Unemployed Adults (WIA Funds)	Dislocated (WIA)	Dislocated (Other Funds)
7/1/09-6/30/10	25	32	30
7/1/10-6/30/11	6	6	21
7/1/11-6/30/12	7	2	14
7/1/12-6/30/13	1	6	29
7/1/13-6/30/14	0	1	48
7/1/14-6/30/15	6	8	17

Source: Herkimer County Employment and Training Administration

It is important to note that over the last few years, there has been more funding allocated to serve dislocated workers. These are workers who have been laid off due to a reduction in workforce at their company. They typically are receiving or have received Unemployment Insurance.

The *Trade Adjustment Assistance (TAA)* Program, known as the "Trade Act," helps workers who have lost or may lose their jobs as a result of foreign trade. This program seeks to provide adversely affected workers with opportunities to obtain the skills, credentials, resources, and support necessary to become reemployed. If determined eligible, an affected worker can receive benefits and services such as job training, income support payments, job search assistance, and moving allowances. A wage supplement may be available for those aged 50 or over who find a job in a new career. Although this program is administered through ETA, funding for these services comes directly from the state.

Herkimer Working Solutions Career Center

In 2001, federal legislation mandated that the Herkimer County Employment & Training Administration enter into a partnership arrangement with the New York State Department of Labor as well as other agencies to create a One Stop Career Center. The idea behind this was for a customer to come to one location and be able to access a variety of services and programs. Other agencies who have staff co-located at the Herkimer Working Solutions are the Herkimer County Department of Social Services, Herkimer College, Herkimer County BOCES, the Resource Center for Independent Living (RCIL) and the Office of Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR). In addition, Bassett Healthcare Navigators are

Youth Development and Adult Employment Assistance

able to be located at the One-Stop Career Center, and are able to assist customers with health insurance enrollment under the Affordable Health Care Act.

Convenient, no cost services of the Career Center include:

Career Counseling. Counselors help assess needs, skills and interests and guide a customer through a step-by-step approach to job search and re-entry into the workforce.

Resume Development. Expert staff helps write and design a resume that gets results and show how to tailor a resume for firms that use resume scanning software.

Career Workshops. Including: Job Search Strategies • Networking • Motivational Issues • Transferring Skills • Resume Preparation • Managing Stress • Finances and Budgeting • Practice Interviewing • Obtaining a Job and Keeping It • Moving Up with Your Employer

Computers/Internet Access. Job seekers can use computers, equipped with high-speed Internet connections. There is also hardware and software for the visually impaired.

Computer Workshops. The Career Center offers referrals to workshops in Microsoft Office Applications, QuickBooks, Internet Applications and various graphics programs.

Adult Basic Education/English as a Second Language. The Career Center can refer customers to free courses to obtain a high school equivalency diploma (GED) and/or to improve their English-language skills.

Phones, Faxes and Copiers. The Career Center has telephones that allow people to speak privately to prospective employers, both locally and throughout the United States. There are faxes and copiers for use at no charge, as well as a TDD/TTY line.

Career Resource Library. The Career Center library has books, videos, newspapers, special directories and other materials related to careers, as well as job search and labor market information.

Job Search Resources and Job Placement Assistance. Employers throughout New York State list diverse job openings with the Labor Department.

Many employers use One Stop Career Centers to conduct onsite interviews.

Table 71 on the following page illustrates the number of individuals that have utilized the Herkimer Working Solutions One Stop Career Center from 2012-2015.

It is important to note that both the numbers of new customers as well as the numbers of active customers has decreased over the past 3 years. ETA representatives report that this may be due to a positive change in the economy.

**Herkimer Working Solutions Career Center Use
by Year 2012-2015**

Table 7 1

Year	Number of New Career Center Customers	Number of Active Career Center Customers*
2012	3,257	3,967
2013	2,729	3,585
2014	1,827	2,371
2015	1,671	2,045

Source: Herkimer County Employment and Training Administration

*Includes New Customers

DATA SOURCES

Herkimer County Employment and Training Administration, Program Statistics 2006-2015

Herkimer County Youth Bureau, Program Statistics 2003-2015

WHY THIS IS IMPORTANT

Good quality child care is not only important for positive youth development, but also for social welfare and economic reasons. It is widely accepted that early childhood education can play a positive role in long-term human development, but the importance of good quality, reliable and affordable child care for families, workers, and for broader economic development is sometimes less obvious and acknowledged within traditional systems.

WHERE WE STAND

Child Care Supply

Table 72 illustrates the number and type of regulated child care programs, by modality, in Herkimer County. Regulated child care programs are those which comply with New York State Office of Children and Family Services (OCFS) child care regulations to care for over two children (unrelated to the caregiver) for over three hours a day.

2015 Supply of Regulated Child Care in Herkimer County

Table 72

Regulated Child Care Programs	Number of Programs	Number of Potential Slots	Age Range
Family Child Care Homes	28	224	6 wks.-12 yrs.
Group Family Child Care Homes	18	282	6 wks.-12 yrs.
School Age Care Programs	7	258	5 yrs.-12 yrs.
Day Care Centers	2	46	18 mo.-5 yrs.
Head Start	5*	110	3 yrs.-5 yrs.
		8	6 wks.-18 mo.
		6	19 mo.-35 mo.

Source: 2014-2015 Needs Assessment, Child Care Council of Cornell Cooperative Extension

*The **Head Start** program is licensed by the NYS Office of Children and Family Services (OCFS) as a day care center and operates a four hour program each day available only to children and families that meet eligibility standards.

The numbers of actual children being served by each regulated program is dependent on the age of the child being served—the younger the child, the lower ratio of caregiver to child, and the greater number of “slots” taken.

Of the two Day Care Centers in Herkimer County, **none** currently provide year-round care for the children that they serve. One center operates on a college schedule (closed on college breaks and between semesters), and the other one provides care during the K-12 school year (this center will remain open if enough parents request care).

Community

Availability of Day Care

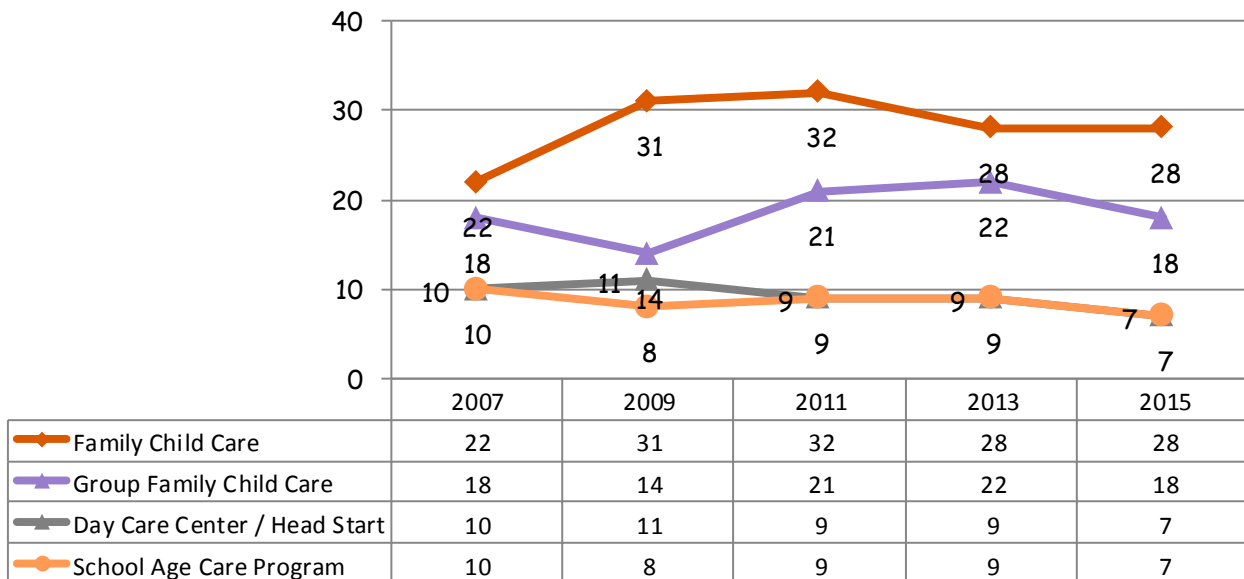
The 2014-2015 Needs Assessment conducted by the Child Care Council of Cornell Cooperative Extension reports that from September of 2013 to September of 2015, Herkimer County has seen an overall decrease in the availability of child care. The number of potential child care slots fluctuates when child care programs open or close as well as when child care programs modify their licensed/registered capacity through the Office of Children and Family Services.

Herkimer County lost the most slots in the region served by the Child Care Council (includes Madison and Oneida counties), with only 6 new slots added and 107 taken away, for a total loss of 101 slots.

Graph 73 illustrates the trends in the Child Care supply in Herkimer County from 2007 to 2015. Please note that each type of Child Care program contain multiple slots.

**Trends in Child Care Supply 2007-2015
Herkimer County**

Graph 73



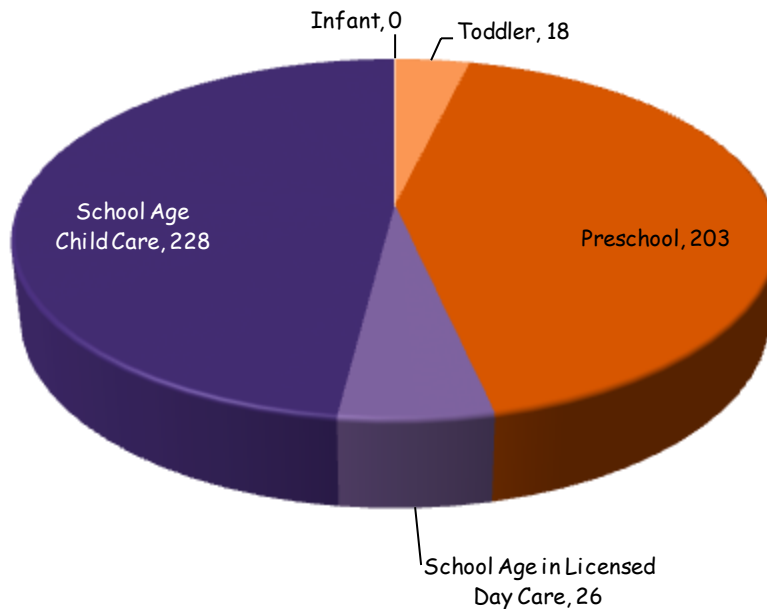
Source: 2014-2015 Needs Assessment Child Care Council of Cornell Cooperative Extension

Child Care Supply by Age Group and Extended Services

Graph 74 on the next page indicates the number of potential child care slots for child care centers and school-age child care programs by age group in 2015 for Herkimer County. As the graph indicates, no Herkimer County child care centers offer care for infants. There is also a significant lack of child care slots for toddlers. The majority of pre-school slots available are through the entitlement-based Head Start program.

Graph 74

**Child Care Slots By Age Group
Herkimer County—2015**



Source: Child Care Council of Cornell Cooperative Extension

Table 75 illustrates the number of regulated Child Care programs in Herkimer County that provide extended services such as evening, overnight, weekend and before and after school services. As the table illustrates, there are very few options for regulated care for families needing evening and weekend options, and no availability of regulated care for those needing overnight services.

Table 75

**Extended Services in Herkimer County Child Care Programs
2015**

	Evening	Overnight	Weekend	Before and After School
Family and Group Family Childcare	2	0	1	40
Center and School Age Child Care	0	0	0	7

Source: 2014-2015 Needs Assessment Child Care Council of Cornell Cooperative Extension

Availability of Day Care

While a decrease has been occurring in child care slots, there has been a substantial increase in the number of *Universal Pre-Kindergarten (UPK)* slots available. In Herkimer County, UPK slots increased from 90 in 2013 to 234 in 2015. While the addition of these slots is a wonderful thing, it can still cause an issue for parents needing child care. With 77% of the available slots only covering half of the day and only a few programs providing 'wrap-around' child care to cover the length of a full workday, the majority of families who use UPK will still need to find another form of child care to cover the remaining hours.

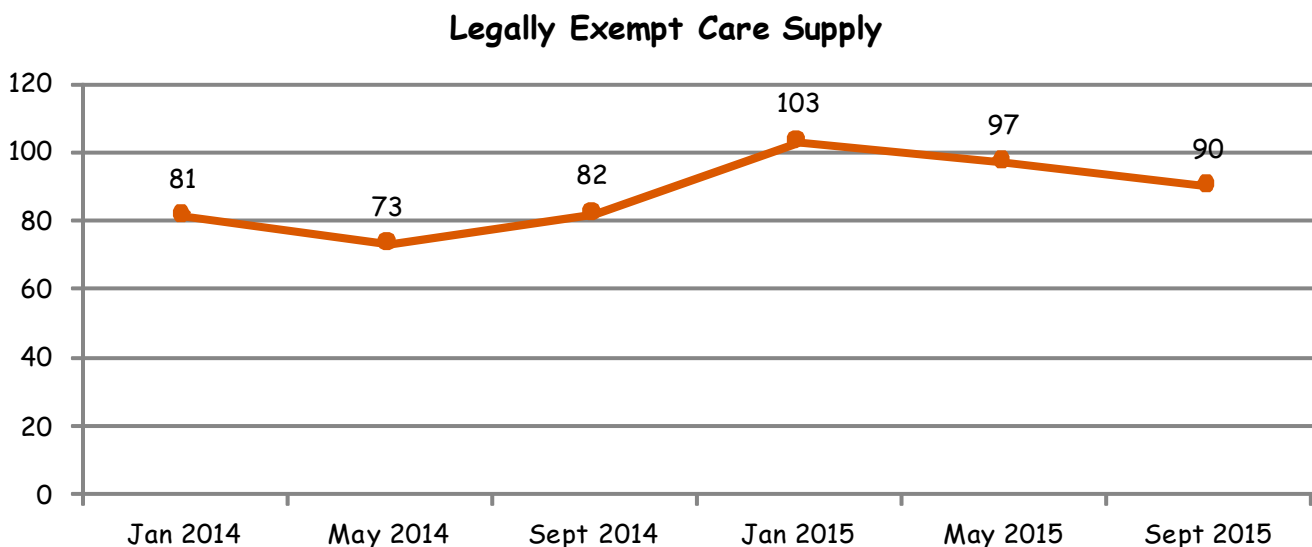
Legally Exempt Child Care

Legally Exempt Care is child care provided in a residence to families who are eligible for child care subsidies through their local Department of Social Services. There are two different types of Legally Exempt Care: Legally Exempt In-Home care is provided in the child's primary residence and Legally Exempt Family Child Care (LE FCC) is provided in a residence other than the child's own home.

Legally Exempt providers are not required to be licensed/registered by NYS OCFS. However, they are advised by enrollment agencies who are required to conduct on-site visits to at least 20% of enrolled Legally Exempt Family Child Care providers to provide education on compliance with NYS Health and Safety Standards.

Graph 76 represents the number of enrolled Legally Exempt providers in Herkimer County between January 2014 and September 2015.

Graph 76



Source: 2014-2015 Needs Assessment Child Care Council of Cornell Cooperative Extension

Community

Availability of Day Care

Child Care Slot Utilization

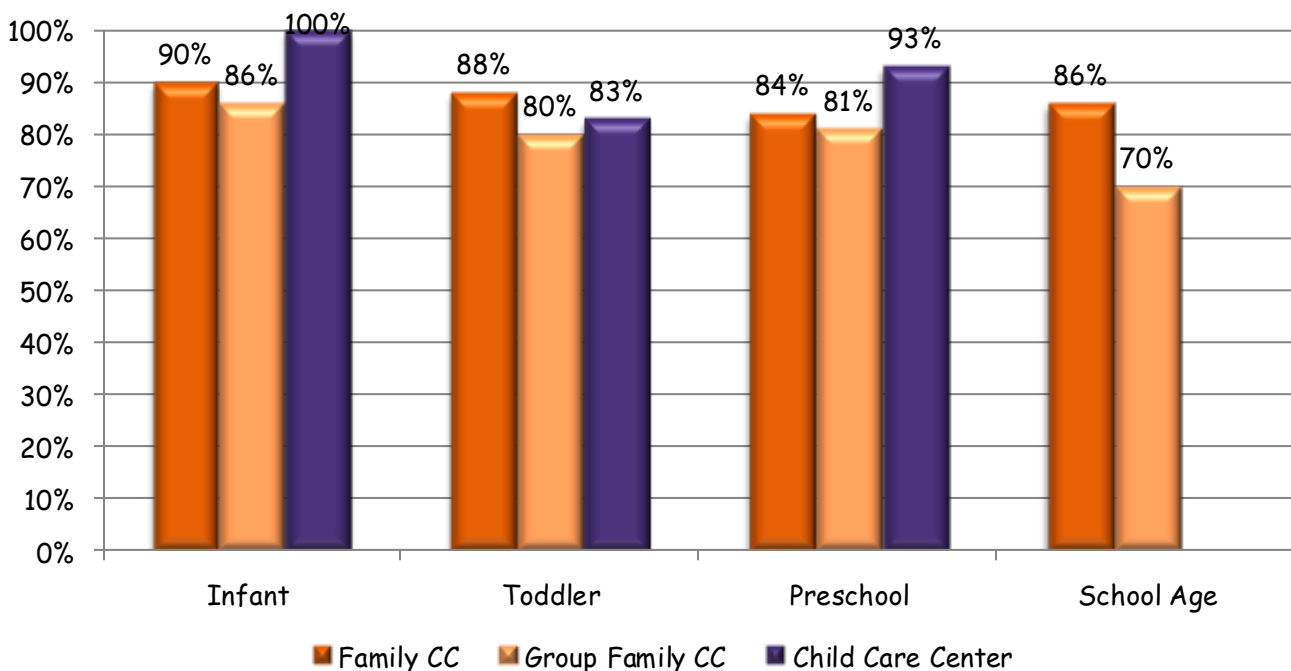
Graph 77 illustrates the utilization rate of child care slots within Herkimer County, as reported to the Child Care Council on a snapshot date of 1/7/2015. Utilization changes often, sometimes daily, and the recorded data represents responses to frequent outreach to programs, however it might not be exact. Therefore, it is important to remember that the utilization rate presented in this document is only an estimation of the percent of filled child care slots in Herkimer County.

Utilization of slots is determined by taking the percentage of slots that are full for the licensed capacity of a program. When looking at these numbers, keep in mind that this is the maximum number of slots a program is registered or licensed to serve, and sometimes does not reflect the actual number that a program may have available. This discrepancy is due to variation in the maximum number of slots available due to the age of children in care as well as program preference to only have a certain number of children.

Please note that there is no child care available to school age children in regulated day care centers operating in Herkimer County.

Graph 77

**Percent of Child Care Slot Utilization by Age Group & Modality
Herkimer County 2015**



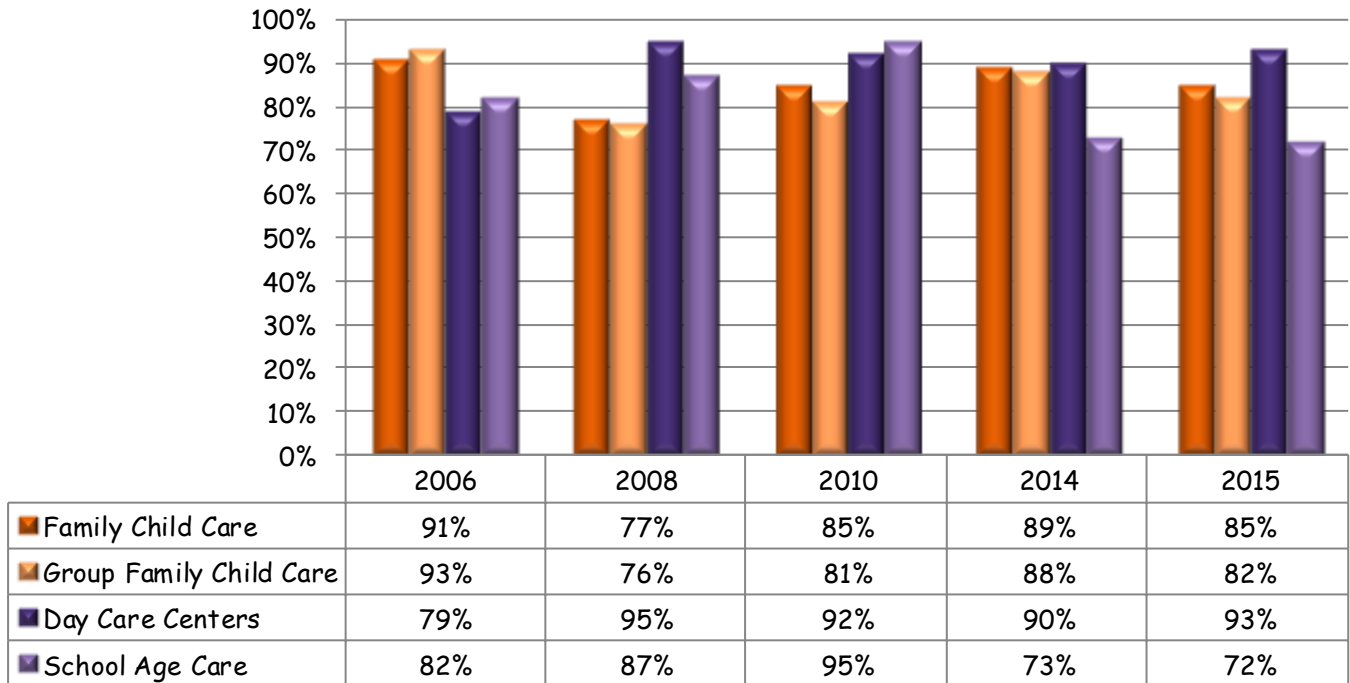
Source: Source: 2014-2015 Needs Assessment Child Care Council of Cornell Cooperative Extension,

Availability of Day Care

Graph 78 illustrates the trends in Child Care slots utilized, by modality, between 2006 and 2015. As the graph depicts, utilization rates have been above 80% for regulated family child care and group family child care since 2010, and at or above 90% utilization for day care centers since 2008.

Graph 78

**Trends in Child Care Slot Utilization by Modality
Herkimer County 2006–2015**



Source: Source: 2014–2015 Needs Assessment Child Care Council of Cornell Cooperative Extension

Need for Additional Child Care

According to 2013 KIDS Count data, labor force statistics indicate that 64% of children under age 6 and 66% of children age 6 to 12 could potentially need child care in New York State due to all available parents being in the workforce. Demand for child care considers children who may utilize a regulated setting, such as a child care center or in-home child care program, as well as those who choose a non-regulated form of care, such as care from a nanny, family member or legally exempt provider. In Herkimer County, this equates to 2,747 children under 6 and 3,079 children age 6 to 12.

The US Census Bureau reported that 32.9% of children under 5 were expected to use a non-relative care arrangement, including child care centers, family child care programs, nursery schools and Head Start programs. The remaining children were reported to be using either relative care, no regular care arrangement or multiple care arrangements.

Community

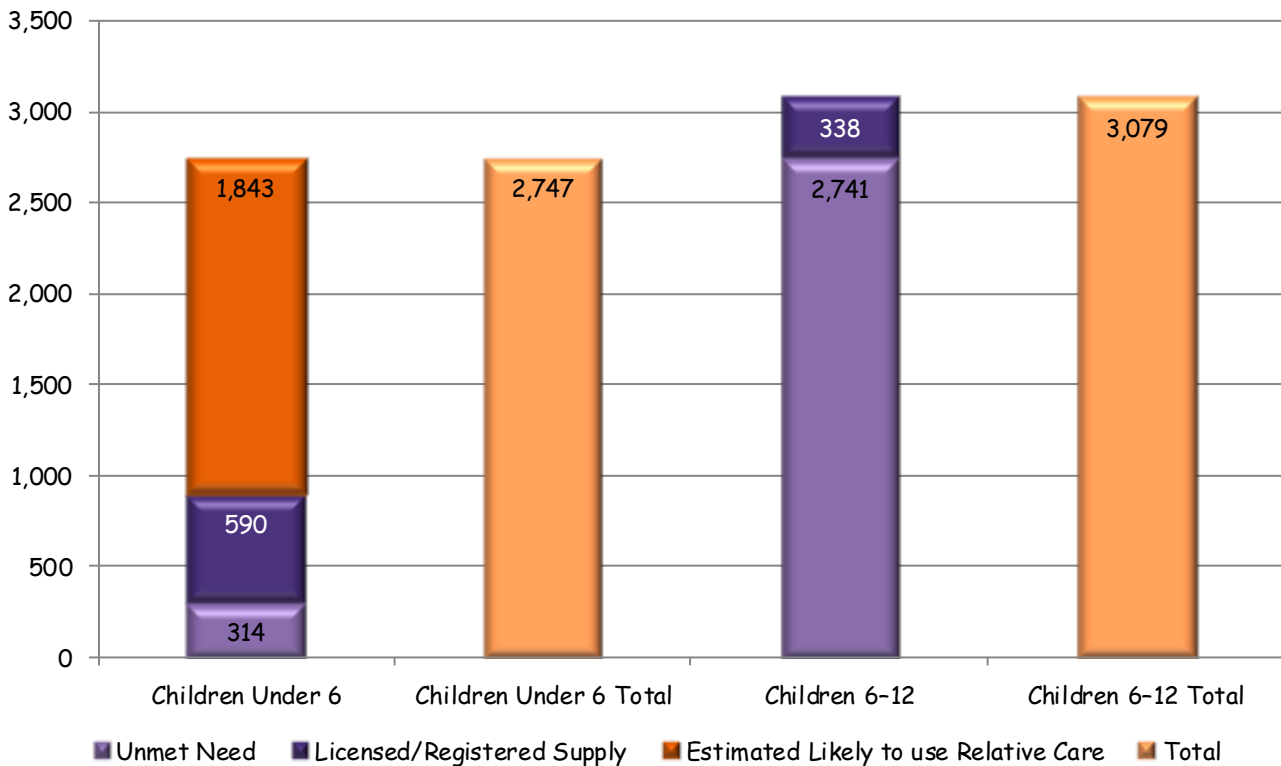
Availability of Day Care

Graph 79 compares the current child care supply for children under 6 in 2015 to the demand for child care, factoring in an estimate for children who would use relative care to determine the unmet need.

There is no data available to determine the approximate percentage of children age 6 to 12 who are cared for by relatives. Therefore, the graph is a comparison of the current supply of school age slots compared to the demand with no other factors.

Graph 79

Potential Need for Child Care for Children in Herkimer County 2015

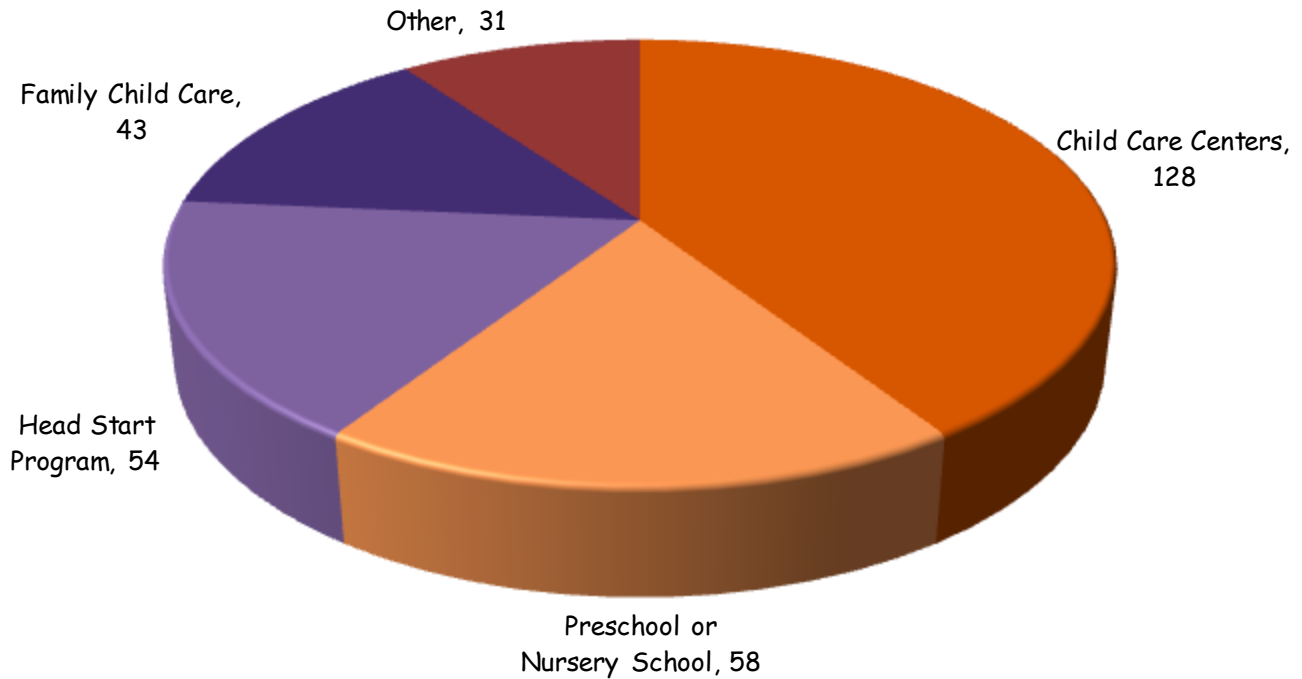


Source: Child Care Council of Cornell Cooperative Extension

Graph 80 on the next page illustrates the approximate type and quantity of non-relative child care required to fully address the needs of children under age 6 in Herkimer County who are not expected to use a relative care arrangement and currently fall into the "unmet need" category on Graph 79 (314 children).

Of the children who would utilize a non-relative care arrangement, 40.6% are expected to use a Child Care Center, 18.3% are expected to use a preschool or nursery school, 17% are expected to use a Head Start Program, 14% are expected to use a Family Child Care program and 10% would use another form of non-relative care.

Unmet Need for Child Care for Children Under Age 6 in Herkimer County 2015



Source: Child Care Council of Cornell Cooperative Extension

Cost of Child Care

The cost of child care can place a burden on families. Table 81 on the next page illustrates the child care rates by modality in Herkimer County. The average costs for child care in Herkimer County vary between \$126 and \$185 per week (depending on age and type of care).

A 2011 report by National Association of Child Care Resource and Referral Agencies indicates that New York State parents can expect to spend 15.7% of their income on child care expenses. The yearly cost of child care for one child can easily exceed the cost of one year's tuition at a community college.

The Child Care Council of Cornell Cooperative Extension reports that subsidy eligibility assistance requests have increased over the past year. In 2013, 54% of clients were eligible for assistance to help pay for child care with subsidy funding. For 2015, this percentage has decreased to 48% of clients being eligible for subsidy. This means that the Council has worked with a larger number of clients whose family income was higher than the federal poverty levels serviced by subsidy funds.

Community

Availability of Day Care

2015 Child Care Weekly Rates by Modality in Herkimer County

Table 81

Modality	Minimum	Maximum	Average
Infant/Toddler			
Child Care Centers (6 wks.-18 mo.)	n/a	n/a	n/a
Child Care Centers (19 mo.-35 mo.)	\$185.00	\$185.00	\$185.00
Family Child Care (6 wks.-23 mo.)	\$100.00	\$150.00	\$125.00
Family Child Care (24 mo.-35 mo.)	\$100.00	\$150.00	\$125.00
Group Family Child Care (6wks - 23mos)	\$125.00	\$150.00	\$138.00
Group Family Child Care (24mos - 35mos)	\$115.00	\$150.00	\$133.00
Preschool			
Child Care Centers (3-5 yrs.)	\$160.00	\$170.00	\$165.00
Family Child Care (3-5 yrs.)	\$100.00	\$150.00	\$125.00
Group Family Child Care (3-5 years)	\$115.00	\$150.00	\$133.00
School Age			
Child Care Centers (5-12 yrs.)	\$75.00	\$108.00	\$92.00
Family Child Care (5-12 yrs.)	\$45.00	\$150.00	\$123.00
Group Family Child Care (5-12 years)	\$50.00	\$150.00	\$100.00

Source: 2015 Child Care Needs Assessment, Child Care Council of Cornell Cooperative Extension

DATA SOURCES

Child Care Council of Cornell Cooperative Extension

<http://www.cceoneida.com/assets/PDFuploads/2014-2015-Needs-Assessment-Final.pdf>

WHY THIS IS IMPORTANT

People needing answers and help often do not know where to begin, They may spend a lot of time searching through various websites or calling multiple places with mixed results. Information and Referral systems help individuals receive the information they need in one simple step.

Information and referral may be the main service of an agency or a separate program within an organization. Some Information and Referral agencies are comprehensive in nature, providing information about all human services programs within a geographic area, while others are specialized, providing in-depth information about resources for specific population groups such as older adults, children and families or individuals with disabilities.

WHERE WE STAND

Herkimer County Human Services Directory

The Herkimer County HealthNet Human Services Directory is a referral database that is used to provide information related to the delivery of services to the residents of both Herkimer and Oneida counties. The main objective is to provide a multi information and referral process by which county residents can learn about services available to meet their individual needs. The Human Services Directory has been in existence since 2000. The first 12 editions were in print, and then in 2012 HCHN added a section for the Human Services Directory to its website.

Herkimer County HealthNet populates its Human Service Directory twice a year, and users are able to add and edit their own company and program information. All programs provided by the organization are listed alphabetically by organization, as well as being cross-referenced by Service Category in the Human Services Directory on Herkimer County HealthNet's website. (www.herkimerhealthnet.com).

During 2015 the Human Services Directory had information from 312 organizations. Many of these organizations provide multiple programs and therefore have multiple sub listings. For 2015, organizations in the directory made a total of 1,826 updates to their program information. Online updating by the providers helps ensure that the Human Services Directory has the most current information available. In 2015 there were 7,902 visits/logins to the Human Services Directory online database. This number includes returning users or multiple users from a particular organization. Online tracking data indicates that of the total visits in 2015, 4,285 were non-repeat visits from a unique source.

Companies can learn more about adding their programs and information to the Human Services Directory by calling Herkimer County HealthNet at 315-867-1552.

New York Connects

The Herkimer County Office for the Aging (OFA) and the Department of Social Services (DSS) are partners in a New York (NY) Connects project. New York Connects offers links to Long Term Services and Supports in Herkimer County and Information and Assistance to individuals of any age. New York Connects began in Herkimer County in 2006.

Table 82 illustrates the number of clients served and information calls received between 2011 and 2015. During the period of October 1, 2014 through September 30, 2015, 2,164 people were served through New York Connects. A total of 75% of these people requested information about home based services. Home based services include companionship, home delivered meals, home health care, personal care such as bathing, personal emergency response systems, private duty nursing and telephone reassurance.

Table 82

NY Connects/OFA Information and Assistance

Year	# Information and Assistance Units	# of Clients
2014-2015	3,926	2,164
2013-2014	3,345	2,429
2012-2013	3,287	2,381
2011-2012	3,245	2,294

Source: Herkimer County Office for the Aging

OFA/NY Connects uses several methods to educate the public about services available including press releases and paid ads in local newspapers, a quarterly newsletter, distribution of information directly to clients, the public library system, urgent care & the local emergency room, public speaking, mailings to senior clubs, distribution of brochures, and the internet. Word of mouth is probably the most effective tool for public education.

New York Connects utilizes the OFA/NY Connects Advisory Council as public educators and reinforce to Council members that their job is primarily 2-fold: to know enough about the OFA/NY Connects so they can refer people when someone needs assistance and to keep the OFA/NY Connects informed of aging concerns as they hear them. Each of these public education tools helps to reach people so that they know who to contact when they have concerns.

All educational publications produced by the OFA/NY Connects such as brochures and newsletter use techniques to make them more easily readable (i.e. large font size).

The internet is a very cost-effective way to reach the public. The OFA/NY Connects has been committed to making the most of this medium and provides a very large amount of information on its website. This web site as an effective way to reach the adult children of seniors more so than the seniors themselves, as many seniors served do not have computer access.

Table 83

NY Connects/OFA Information and Assistance Web Hits

Year	Web Hits
2015	50,231
2014	49,358
2013	59,192
2012	48,305

Source: Herkimer County Office for the Aging

The OFA/NY Connects website is part of the County of Herkimer website. The OFA/NY Connects portion of the website consistently reaches over 3,000 web hits per month.

2-1-1 Mid-York

2-1-1 Mid-York is a program of the United Way of the Valley and Greater Utica Area, Inc. For Madison, Oneida and Herkimer Counties, 2-1-1 Mid-York connects residents with up-to-date information about health and human services programs. The service is free, confidential and multi-lingual. 2-1-1 Mid-York provides a staffed contact center where trained call specialists are available to speak with callers 24 hours a day, seven days a week, 365 days a year.

Callers can learn about many different resources such as: food, housing, health services, managing finances, job assistance, care for a child or elderly person, mental health or substance abuse issues, tax help, transportation, education and volunteer opportunities.

2-1-1 Mid-York call specialists use a database that has been developed by surveying local agencies, government offices and healthcare organizations. In 2015, 2-1-1 Mid-York listed 599 agencies and 1,184 programs.

2-1-1 Mid-York became operational in February 2015. In February 2016 www.211midyork.org began to provide internet access to the 2-1-1 Mid-York database.

Community

Information & Referral

2-1-1 Mid-York 2015 Call Statistics

Table 84

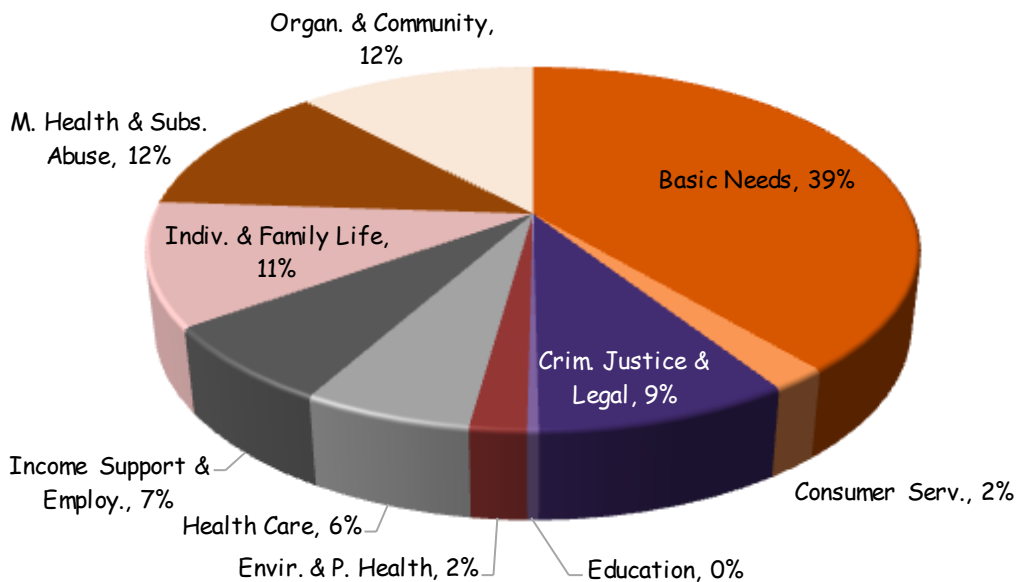
Location	Number of Calls	Number of Referrals
Madison County	236	310
Oneida County	1,616	2,256
Herkimer County	278	391
Out of Area	166	184
Unknown	76	<i>(included above)</i>
Total	2,372	3,141

Source: 2-1-1 Mid-York

Table 84 illustrates, by location, the number of calls received by 2-1-1 Mid-York in 2015 and the number of referrals recommended in response to those calls. Graph 85 illustrates the percentage of referrals by type made for Herkimer County callers in 2015.

**2-1-1 Mid-York, Herkimer County
% Referrals by Type
2015**

Graph 85



Source: 2-1-1 Mid-York

2-1-1 benefits the community by streamlining access and referral inquiries, reducing the time it takes for individuals to find the information and assistance they are seeking or connecting them

before they give up and stop seeking help. It also takes the burden of non-emergency calls from 9-1-1 call centers.

2-1-1 Mid-York also has a specialty database of resources for individuals with intellectual and developmental disabilities.

2-1-1 call specialists can be reached by dialing 2-1-1 or 844-DIAL-211. Both numbers are toll free. Anyone can call. People call for themselves or for someone else. Professionals often use 2-1-1 at their job to help others.

DATA SOURCES

The Alliance of Information and Referral Systems

<http://www.airs.org>

Herkimer County HealthNet

Herkimer County Office for the Aging

2-1-1 Mid-York

<http://www.211midyork.org/>

Citizenship

Voting

WHY THIS IS IMPORTANT

The entire structure of our government is based on citizens voting for representation, yet nationwide most presidential elections are decided by less than 70% of the eligible voting public. Even fewer people vote in off-presidential year elections and local elections. One of the distinguishing features of the American political system is the remarkably low levels of voter turnout it experiences, especially in its younger age groups.

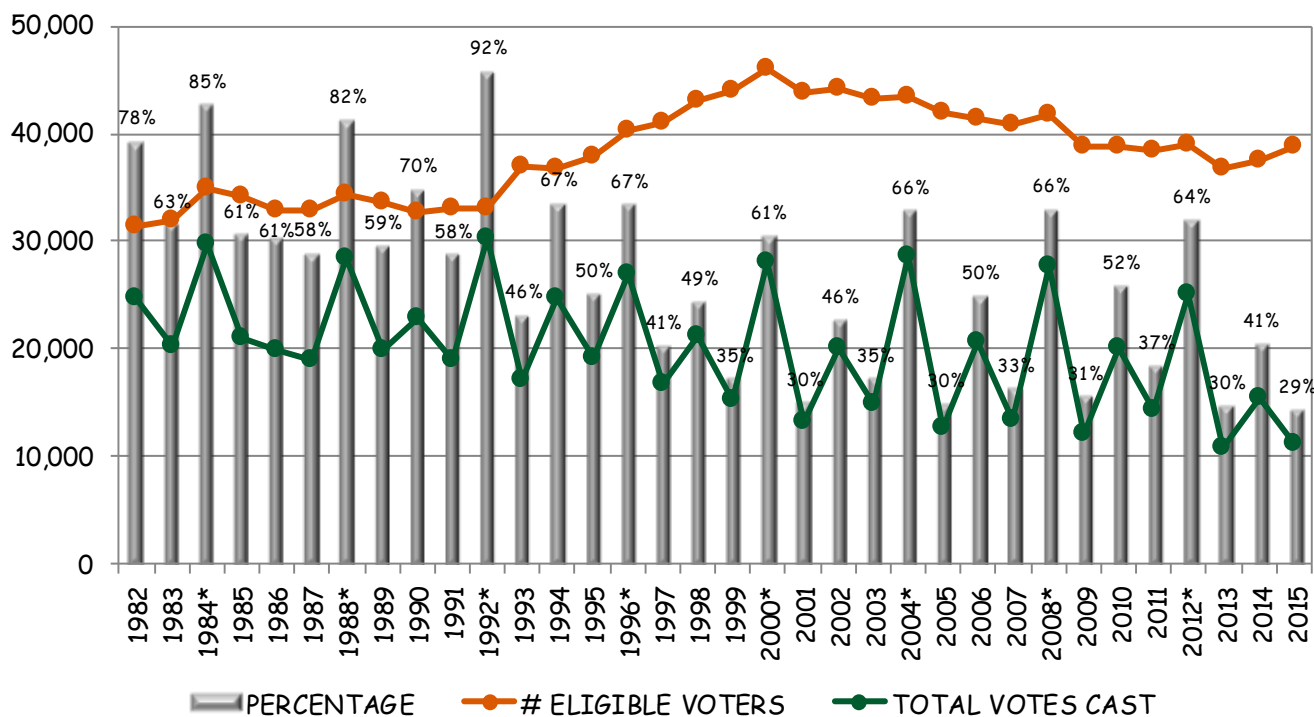
The United States Election Project reports that 58.6% of voting eligible citizens across the United States turned out to vote in the 2012 presidential election. While turnout was below that of the 2004 and 2008 elections (61% and 62% respectively), it still exceeded turnout for other presidential elections over the last 40 years. In Herkimer County, 64.1% of eligible voters cast ballots in 2012, which is above both state and national levels.

New York ranked 46th of all states (and the District of Columbia) in the percentage of eligible voters that cast ballots in the 2014 election (29%). In Herkimer County, 41% of eligible voters cast ballots in 2014, again surpassing both state and national turnout.

WHERE WE STAND

Graph 86

Number of Registered Herkimer County Voters & Votes Cast 1982-2015



Source: Herkimer County Board of Elections

* denotes Presidential Election year

Citizenship

Voting

Graph 86 on the previous page and Table 87 below depict the number of eligible voters, the number of votes cast, and the percentage of eligible voters that have cast votes in each election from 1982 to 2015 in Herkimer County. Eligible voters are those individuals over the age of 18 that are legally registered to vote and meet voting criteria.

Graph 86 illustrates the increasing disparity between those individuals that are registered to vote and those that actually vote in elections in Herkimer County. This change is consistent with both state and national trends.

Number & Percentage of Votes Cast — Herkimer County 1982 to 2015

Table 87

Year	Registered Voters	Votes Cast	Percentage
1982	31,450	24,704	78.6%
1983	32,000	20,182	63.1%
1984*	34,867	29,772	85.4%
1985	34,148	20,919	61.3%
1986	32,857	19,945	60.7%
1987	32,796	18,958	57.8%
1988*	34,341	28,327	82.5%
1989	33,510	19,853	59.2%
1990	32,640	22,740	69.7%
1991	32,952	18,970	57.6%
1992*	33,061	30,281	91.6%
1993	36,851	17,072	46.3%
1994	36,786	24,691	67.1%
1995	37,830	19,036	50.4%
1996*	40,249	26,888	66.8%
1997	41,046	16,703	40.7%
1998	43,120	21,085	49.0%
1999	44,060	15,203	34.5%
2000*	46,044	28,068	60.9%
2001	43,898	13,229	33.1%
2002	44,168	20,113	45.5%
2003	43,198	14,916	34.5%
2004*	43,387	28,517	65.7%
2005	41,950	12,545	29.9%
2006	41,379	20,663	49.9%
2007	40,782	13,317	32.7%
2008*	41,810	27,600	66.0%
2009	38,842	12,132	31.2%
2010	38,838	20,099	51.8%
2011	38,419	14,214	37.0%
2012*	38,967	24,975	64.1%
2013	36,699	10,821	29.5%
2014	37,578	15,409	41.0%
2015	38,824	11,204	28.9%

Source: Herkimer County Board of Elections

* denotes Presidential Elections

Citizenship

Voting

The greatest percentage of votes cast by eligible voters between 1982 and 2015 in Herkimer County occurred during the 1992 Presidential election, when 91.6% of eligible voters cast ballots. The lowest percentage occurred in the 2015 local election, when 28.9% of eligible voters cast ballots.

Turnout rates for midterm elections and local elections are traditionally lower than those for presidential elections.

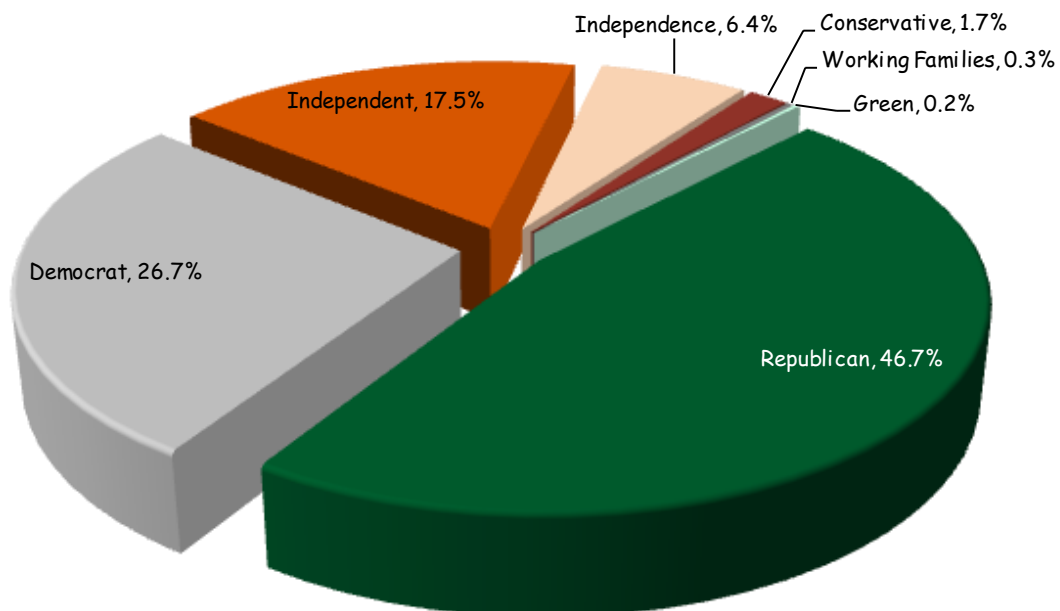
Political Party Affiliation

In November of 2015, nearly half (46.7%) of the registered voters in Herkimer County were Republican and over one quarter (26.7%) were affiliated with the Democratic Party. Over six percent of registered voters were registered with the Independence Party and less than two percent of registered voters were identified as Conservative. Less than one percent of all registered voters were affiliated with another political party (e.g. Working Families, Green).

Approximately one in six (17.5%) registered voters in Herkimer County were Independent and were not registered with any political party.

Political Party Affiliation Herkimer County 2015

Graph 88



■ Republican ■ Democrat ■ Independent ■ Independence ■ Conservative ■ Working Families ■ Green

Source: Herkimer County Board of Elections

DATA SOURCES

Herkimer County Board of Elections

New York State Board of Elections

http://www.elections.ny.gov/NYSBOE/enrollment/county/county_nov15.pdf

United States Election Project

<http://www.electproject.org/home/voter-turnout/voter-turnout-data>

Citizenship

Engaged & Informed Citizens

WHY THIS IS IMPORTANT

Media products inform us, entertain us and help us stay connected to our community and the world. But not all is positive. Public relations spin, hyper-commercialization, violence packaged as "entertainment," news bias, digital photo manipulation and other issues provide many reasons why both children and adults need media literacy skills.

A major worry in this age of the Internet is whether children and adults will want to read books for pleasure and information. And as more and more people rely on the Internet to become informed, engaged, and entertained, the "Digital Divide" between those with access to the Internet and those without access takes on significant importance.

The gap between rural and urban populations in their use of the Internet has remained fairly constant over time. According to the U.S. Dept. of Commerce National Telecommunications & Information Administration (NTIA), 28 percent of Americans living in rural areas used the Internet in 1998, compared to 34 percent of those in urban areas.

This disparity continues into 2015. Although Internet use has increased overall, 69 percent of rural residents reported using the Internet in 2015 versus 75 percent of urban residents. In addition, those who are less likely to use the Internet, such as individuals with lower levels of income or education, were at a greater disadvantage when living in a rural area. Rural individuals with higher levels of education or family income did not have significantly lower Internet use than those in urban areas according to the data.

WHERE WE STAND

Library Use

Libraries are lifelong learning centers that promote literacy among all members of their community. They provide community members with access to valuable information for education, resource and leisure purposes. Herkimer County's 13 libraries are members of the Mid York library consortium, which comprises 45 libraries from neighboring counties in the region. Borrowers have access to materials and services from all Mid York Libraries.

Table 89 on the next page displays and number of visits made to public libraries in Herkimer County from 2012 to 2015 and the number of registered borrowers recorded in 2015. As the chart illustrates, Herkimer County libraries have over 45,000 registered borrowers and close to 300,000 visits made to them each year.

Citizenship

Engaged & Informed Citizens

Table 89

2015 Registered Borrowers and Library Visits 2012-2015 Herkimer County Libraries

Library	Registered Borrowers as of	Visits			
	2015	2012	2013	2014	2015
Dolgeville	3,012	8,311	8,485	9,213	9,783
Frankfort	4,067	23,220	28,775	21,488	22,802
Herkimer	9,319	73,586	87,751	96,083	90,435
Ilion	10,129	40,131	37,350	35,050	33,939
Jordanville	956	4,464	4,476	4,230	3,874
Little Falls	8,348	60,920	45,000	52,650	54,341
Middleville	816	5,943	5,048	5,300	5,565
Mohawk	1,747	15,500	16,000	15,000	11,500
Newport	848	2,232	2,358	2,781	2,816
Old Forge	2,311	18,605	20,334	18,555	17,999
Poland	1,169	16,110	17,000	16,990	17,111
Salisbury	881	3,825	3,415	3,223	3,027
West Winfield	2,455	11,600	12,593	11,534	10,886
Total	46,058	284,447	288,585	292,097	284,078

Source: Mid-York Library

Library Circulation

Table 90 on the next page displays the circulation of Herkimer County libraries from 2009 to 2015.

As the chart depicts, cumulative circulation rates for Herkimer County libraries declined by one-third between 2009 and 2015. All but one of the libraries listed reported a decrease in circulation rates. Despite this decline in circulation, Herkimer County libraries provided over 245,000 circulated materials to individuals in 2015.

Citizenship

Engaged & Informed Citizens

Table 90

Herkimer County Library Circulation 2009 to 2015

Library Name	2009	2010	2011	2012	2013	2014	2015
Dolgeville	10,922	6,819	10,849	8,848	8,549	8,943	10,471
Frankfort	10,824	10,231	10,901	9,866	9,309	7,912	8,255
Herkimer	60,855	60,526	76,486	51,422	54,621	46,588	49,502
Ilion	69,954	55,521	64,376	53,191	49,711	45,650	43,858
Jordanville	5,274	5,553	6,823	5,247	4,035	4,002	5,296
Little Falls	76,733	54,958	60,375	48,116	48,536	43,569	39,656
Middleville	7,814	6,285	6,663	6,019	5,928	4,870	4,439
Mohawk	7,770	8,558	7,606	7,381	8,329	8,285	6,345
Newport	7,824	7,867	3,489	4,188	3,861	3,447	3,574
Old Forge	35,395	35,265	27,237	17,367	17,109	18,535	16,655
Poland	42,129	43,266	34,714	31,167	41,165	27,891	32,342
Salisbury	8,362	7,709	7,599	6,995	7,996	6,427	5,010
West Winfield	27,102	26,085	26,665	22,510	22,005	21,806	19,711
Total	370,958	328,643	343,783	272,317	281,154	274,925	245,114

Source: Mid-York Library

Reference & Research Transactions

In addition to providing circulation materials, library staff often assist patrons with obtaining reference and research materials. Table 91 on the next page displays the number of reference and research transactions recorded in Herkimer County libraries from 2012-2015.

As the chart depicts, cumulative reference and research transactions increased for Herkimer County libraries between 2009 and 2015. Eight of the thirteen libraries reported an increase in reference and research transactions.

Table 91

Herkimer County Library Reference and Research Transactions 2012-2015

Library	2012	2013	2014	2015
Dolgeville	1,826	2,496	2,583	2,872
Frankfort	2,576	2,607	2,522	2,335
Herkimer	3,136	3,644	3,357	3,501
Ilion	4,992	5,087	5,082	5,398
Jordanville	1,030	1,214	1,456	1,560
Little Falls	780	885	250	2,496
Middleville	1,521	1,107	808	819
Mohawk	432	564	654	597
Newport	N/A	130	145	160
Old Forge	649	459	388	454
Poland	3,990	3,800	3,350	4,050
Salisbury	63	72	63	54
West Winfield	1,090	1,487	1,185	1,026
Total	22,085	23,552	21,843	25,322

Source: Mid-York Library

Circulation of Electronic Materials

Graph 92 illustrates the circulation of electronic materials, such as downloadable E-books and Audiobooks, between 2010 and 2015. Electronic material circulation data is usually included in total circulation figures but it has been disaggregated to illustrate usage in Herkimer County.

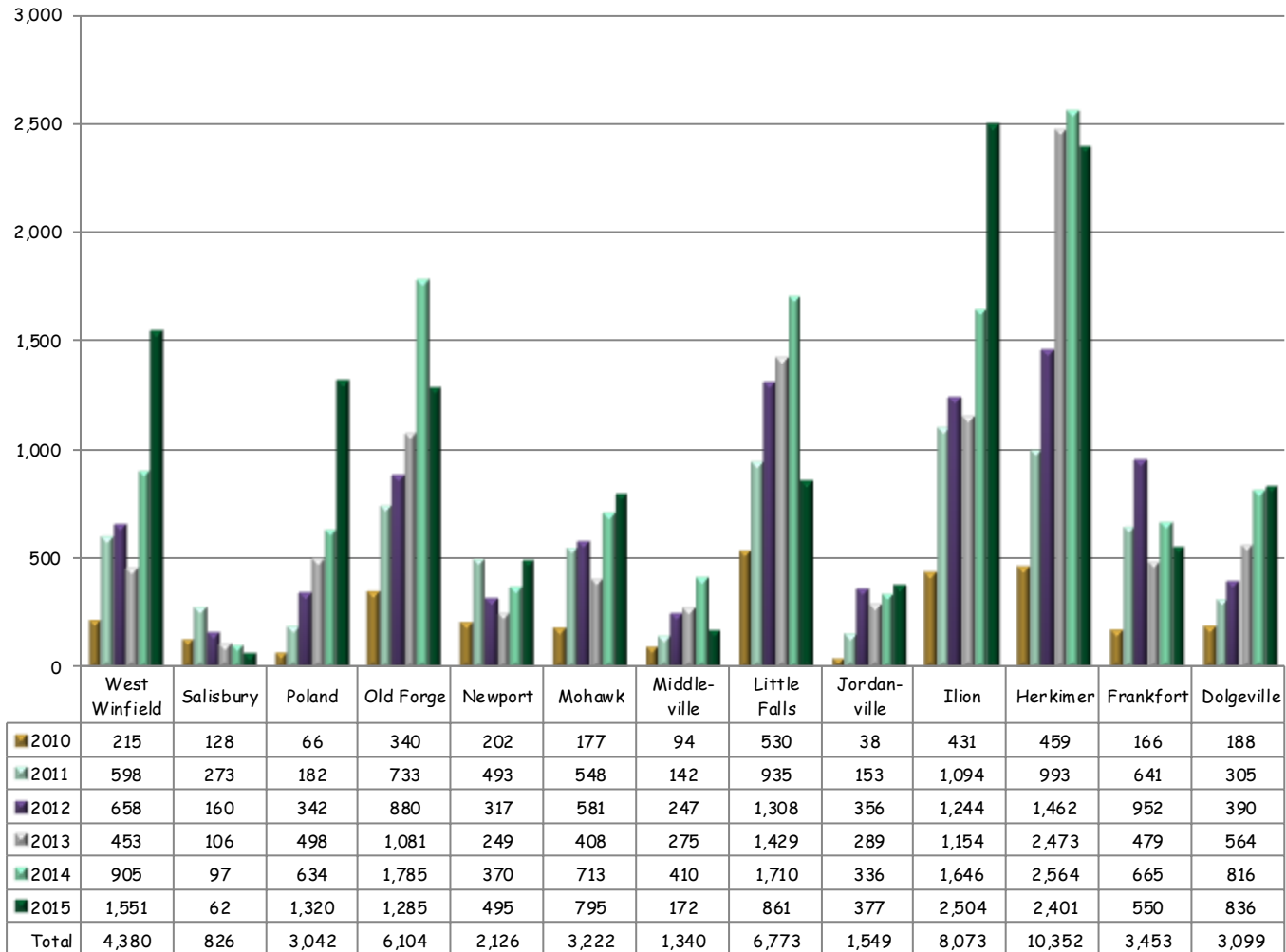
The graph shows that the circulation of electronic materials in Herkimer County libraries has quadrupled between 2010 and 2015. All but one library in Herkimer County experienced an increase during this time period.

Citizenship

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Graph 92

**Herkimer County Library Circulation of Electronic Materials
2010-2015**



Source: Mid-York Library

Library Programs and Attendance

Libraries provide programs and services which promote literacy and provide educational opportunities for children and adults in their communities. Table 93 on the following page lists the number of programs offered in Herkimer County libraries and the number of individuals attending these programs from 2010 to 2015.

As the table illustrates, there has been an overall increase in the cumulative number of programs offered in Herkimer County libraries and in the attendance of these programs between 2010 and 2015. Eight libraries in Herkimer County increased the number of programs offered and nine libraries increased attendance levels within this timeframe.

Citizenship

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**Library Programs and Attendance
2010 to 2015**

Table 93

Library	Programs					Program Attendance				
	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
Dolgeville	122	136	81	127	171	1,854	1,768	1,294	1,651	1,351
Frankfort	440	281	548	460	424	3,765	2,902	5,546	6,680	6,079
Herkimer	132	193	163	204	182	1,973	2,505	1,969	2,206	1,976
Ilion	273	300	263	257	274	5,752	5,195	4,153	3,902	3,911
Jordanville	23	19	19	72	80	330	309	411	777	881
Little Falls	78	54	108	32	174	720	869	747	452	1,108
Middleville	9	18	12	12	28	196	309	235	352	538
Mohawk	62	72	70	71	55	652	838	1,001	1,070	557
Newport	12	4	4	6	6	135	10	60	126	195
Old Forge	174	159	156	157	170	3,563	2,820	3,579	3,644	4,062
Poland	16	16	19	15	21	1,060	1,120	600	450	510
Salisbury	25	13	5	5	5	129	63	30	33	38
West Winfield	104	152	114	164	138	1,288	1,628	1,473	1,821	1,913
Total	1,470	1,417	1,562	1,582	1,728	21,417	20,336	21,098	23,164	23,119

Source: Mid-York Library

Public Computer and Wireless Internet Usage

Public Computers are available for use at all Herkimer County Public libraries. Table 94 on the following page displays the public computer usage statistics for Herkimer County libraries from 2009 to 2015. Numbers represent each time that a patron signs in and uses a computer.

In recent years, libraries have begun to offer wireless Internet connections to those patrons with their own electronic devices who wish to use the Internet. Table 95 on the following page shows number of wireless Internet connections made at public libraries in Herkimer County from 2013 to 2015.

Citizenship

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**Herkimer County Library Public Computer Usage
2009 to 2015**

Table 94

Library	2009	2010	2011	2012	2013	2014	2015
Dolgeville	3,250	2,865	3,963	2,931	2,396	2,295	2,096
Frankfort	6,738	6,723	7,639	6,622	6,929	4,822	5,040
Herkimer	9,600	10,245	10,158	13,033	13,182	13,092	12,873
Ilion	12,415	10,531	10,315	10,518	9,094	7,291	6,073
Jordanville	814	1,608	3,066	2,172	1,523	1,298	935
Little Falls	13,667	5,884	13,534	10,832	9,724	10,813	11,108
Middleville	1,787	1,582	1,645	1,762	1,434	930	1,272
Mohawk	4,500	5,744	5,800	6,200	6,800	7,200	2,500
Newport	772	761	382	385	412	1,504	1,515
Old Forge	5,650	4,514	6,776	4,794	5,489	4,644	5,165
Poland	3,500	3,775	3,500	3,450	2,400	2,700	3,200
Salisbury	1,388	1,273	1,648	1,942	2,022	1,816	1,757
W. Winfield	1,637	1,866	1,956	1,799	1,558	1,614	1,485
Total	65,718	57,371	70,382	66,440	62,943	60,019	55,019

**Herkimer County Library Wireless Internet Users
2013 to 2015**

Table 95

Library	2013	2014	2015
Dolgeville	257	2,695	3,613
Frankfort	950	1,050	3,513
Herkimer	3,120	3,214	4,216
Ilion	834	1,846	2,321
Jordanville	4,279	5,813	3,695
Little Falls	2,950	3,500	5,134
Middleville	200	210	838
Mohawk	500	1,560	580
Newport	50	250	511
Old Forge	5,910	4,644	5,165
Poland	4,000	4,500	396
Salisbury	248	728	1,757
West Winfield	156	26	296
Total	23,454	30,036	32,035

Source: Mid-York Library, both tables this page

Citizenship

Engaged & Informed Citizens

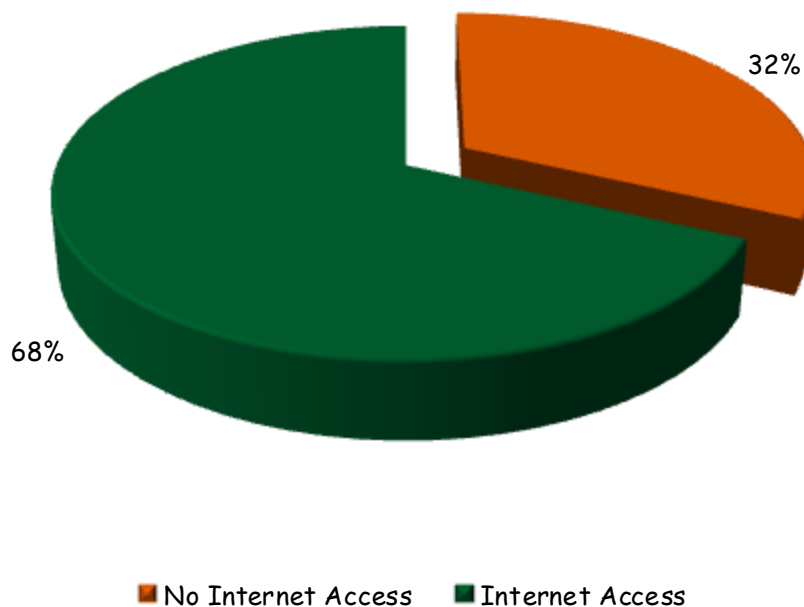
Internet Use

Graph 96 illustrates the percentage of households in Herkimer County that have internet access, based on an extrapolation of 2014 ACS data identifying households with access to a computerized device. Computerized devices include desktop, laptop, netbook or notebook computers, handheld computers including smart mobile phones or other handheld wireless computers, or some other type of computer which may include tablets or other devices.

As the table depicts, slightly more than two-thirds of all Herkimer County households had access to the Internet in 2014. One-third of all households lacked Internet access on any device.

Graph 96

Percentage of Herkimer County Households with Internet Access 2014



Source: U.S. Census Bureau, Summarized from 2014 ACS Single Year Estimate Data

The U.S. Dept. of Commerce National Telecommunications & Information Administration (NTIA) reported that 69 percent of rural residents reported using the Internet in 2015 versus 75 percent of urban residents. Individuals with lower levels of income or education were at a greater disadvantage when living in a rural area than those with higher levels of education or family income. Those in higher socioeconomic brackets did not have significantly lower Internet use than those in urban areas according to the data.

Citizenship

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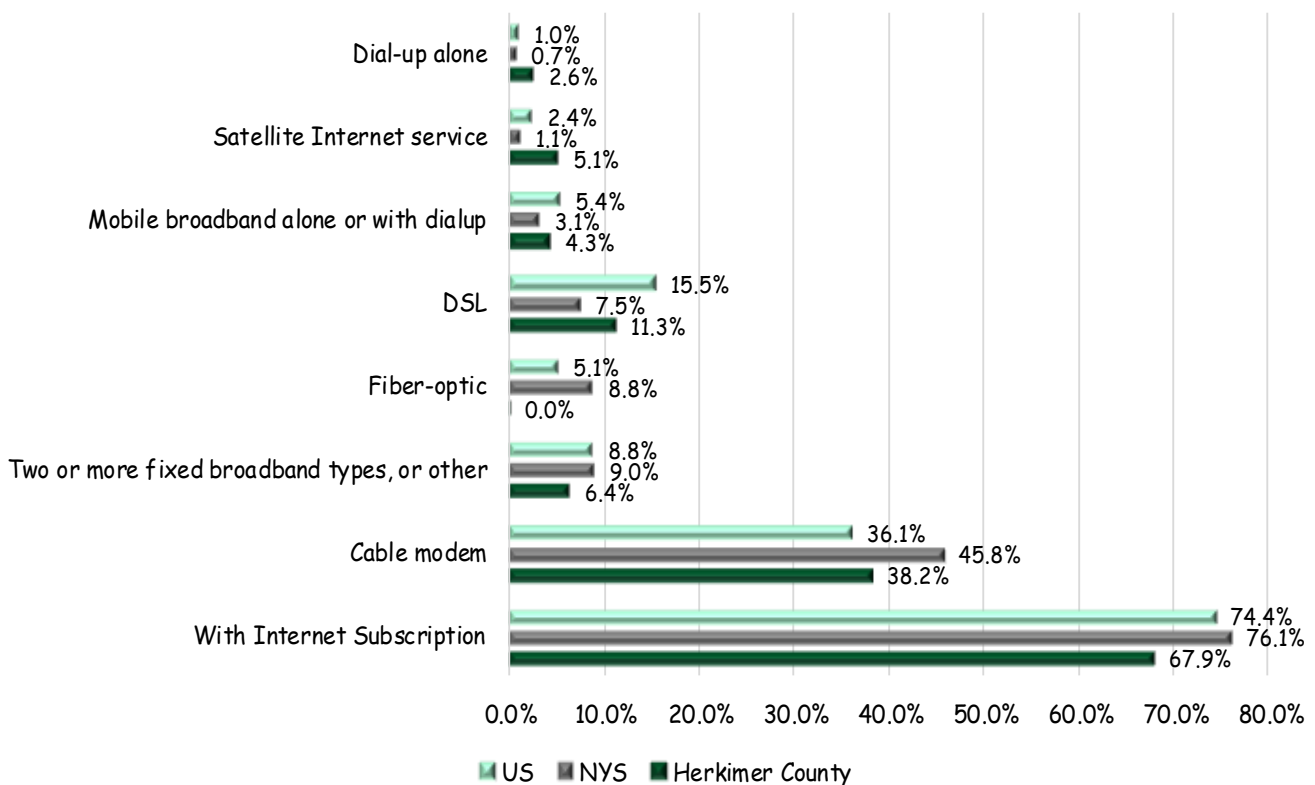
Herkimer County Internet Connectivity

The National Telecommunications & Information Administration in collaboration with the Federal Communications Commission maintains the National Broadband Map which compiles information about Internet access for the nation. Internet connections can be made via a DSL, cable, or wirelessly. According to the National Broadband Map, Herkimer county citizens have a maximum of 3 different wireline broadband Internet providers and 4 wireless providers available (dependent upon geography and location).

Graph 97 illustrates the percentage of households in Herkimer County, New York State, and the U.S. that have access to broadband connectivity by type of Internet access.

**Internet Connectivity by Type of Internet Access
Herkimer County**

Graph 97



Source: U.S. Census Bureau, Summarized from 2014 ACS Single Year Estimate Data

As the graph depicts, more than half of all Herkimer County households with Internet access utilize a cable modem. More than double the percentage of Herkimer County households utilize dial-up alone or Satellite services for Internet access than can be found in either New York State or the U.S.

Citizenship

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Youth Internet Use

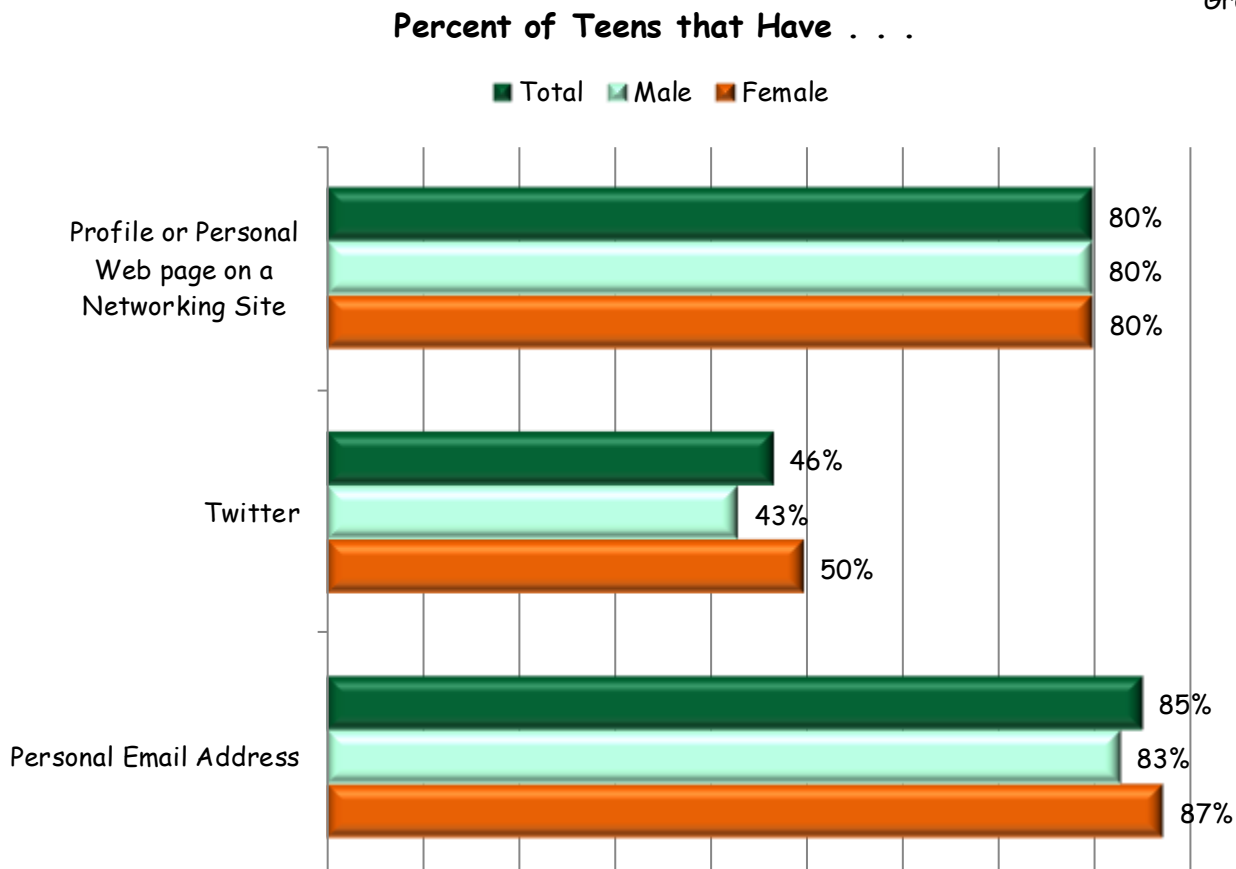
The Pew Research Center reports that approximately 95% of youth ages 12-17 in the U.S. have access to the Internet. Based on the 2009 and 2013 Herkimer County TAP Surveys, a growing majority of youth in Herkimer County have access to the internet.

Graph 98 illustrates the percentage of Herkimer County 7th, 9th and 11th grade youth that have a personal webpage, an e-mail address, and/or a Twitter account.

The percent of youth that reported having their own personal e-mail address grew from 79% in 2009 to 85% in 2013. In 2009 72% had their own personal profile page, i.e. Facebook. By 2013, it grew to 80%. And in 2013, 46% indicated they had their own Twitter account. In 2009, Twitter was just beginning to gain popularity internationally.

Females were significantly more likely than males to have a personal e-mail address (87% versus 83%) and to have a twitter account (50% versus 43%), but no more likely to have a Facebook page.

Graph 98



Source: 2013 Herkimer County Teen Assessment Project Survey

Citizenship

Engaged & Informed Citizens

DATA SOURCES

2013 Herkimer County Teen Assessment Project Survey

<http://ocgov.net/planning/humanservices>

Mid-York Library System

National Broadband Map

<http://www.broadbandmap.gov/>

Pew Research Center Internet, Science and Technology

<http://www.pewinternet.org/data-trend/teens/social-media/>

U.S. Census Bureau, Summarized from 2013 ACS Single Year Estimate Data

U.S. Census Bureau, Summarized from 2014 ACS Single Year Estimate Data

http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_SPL_K202801&prodType=table

U.S. Dept. of Commerce National Telecommunications & Information Administration

<https://www.ntia.doc.gov/blog/2016/first-look-internet-use-2015>

Citizenship

Youth Citizenship

WHY THIS IS IMPORTANT

Positive social values where youth believe in the importance of contributing to their community, being honest, and respecting others, are critical to building a healthy and supportive community. Conversely, criminal activity, such as shoplifting, vandalism, or assault perpetrated by youth brings down a community, and physical violence and harassment can cause both physical and psychological harm.

Youth violence can be particularly damaging and can lead to serious injury and even death, and when weapons are present, the chances increase that violent behavior will lead to serious health consequences. Research reviewed by the Child Trends Data Bank shows risk factors that predict violence by youth include substance abuse, conflict and abuse in the home, harsh or inattentive parenting, antisocial and delinquent peers, and neighborhoods where crime and drug use are prevalent. Youth who are involved in physical fighting are also often engaged in other high risk activities such as illegal drug use, binge drinking, carrying weapons, and having unsafe sex.

Harassment can lead to many negative consequences as well. Based on the research reviewed by the Child Trends DataBank, harassment can affect students' performance in school. Victims are more likely to express fear of violence when traveling to and from school and while being at school, which can lead to the avoidance of school and extracurricular activities. They may also feel anger, personal hurt and betrayal, a sense of powerlessness and isolation, loneliness, depression and low self-worth.

WHERE WE STAND

Youth Social Values

The Herkimer County Teen Assessment Project (TAP) Survey, which surveys all 7th, 9th, and 11th grade students in Herkimer County every four years, includes four questions that explore teens' pro-social values. As illustrated in Graph 99 on the following page, it appears that an increasing and overwhelming majority of teens as a percentage profess to share strong social values.

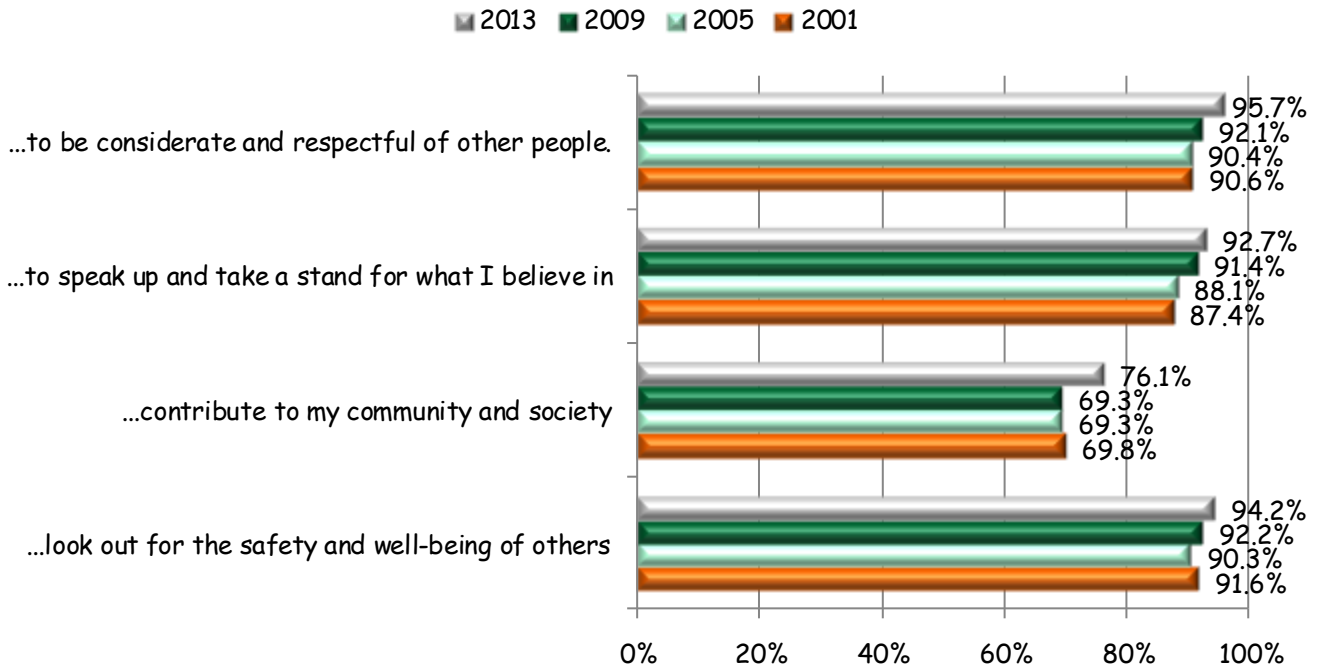
Between 2001 and 2013, the percent that said it was important "to speak up and take a stand for what I believe in" increased from 87% to 93%; the percent that indicated it was important "to look out for the safety and well-being of others" increased from 92% to 94%; and, the percent that said it was important "to be considerate and respectful of other people" increased from 91% to 96%. More than three out of four youth (76%) reported that it was important to "contribute to my community and society" in 2013, an increase from almost 70% in 2001.

Citizenship

Youth Citizenship

Graph 99

Percent of Teens in Herkimer County that Agree...



Source: 2013 Herkimer County Teen Assessment Project Survey

Based on the 2013 TAP Survey results teens have experienced less bullying and harassment than reported in the previous surveys. Table 100 illustrates that, when compared with 2009, fewer teens as a percentage in 2013 felt bullied (“constantly teased, threatened or harassed”)—14% versus 16%. In addition, fewer teens reported being cyberbullied—15% versus 23%; fewer noted being sexually harassed—18% versus 25%; and, fewer indicated they had been sexually assaulted—13% versus 16%. However, it is important to note that females are more often than males the victims of bullying as well as of physical and sexual harassment. In fact, they are over twice as likely to be cyberbullied, sexually harassed or sexually assaulted.

Table 100

Do you feel constantly teased, threatened or harassed by other youth?

	Total			2013				
	2005	2009	2013	Male	Female	7 th	9 th	11 th
No	79.8%	83.9%	86.2%	87.5%	85.1%	83.0%	87.7%	88.0%
Yes	20.2%	16.1%	13.8%	12.5%	14.9%	17.0%	12.3%	12.0%
#Youth	2139	1850	1562	736	823	525	530	491

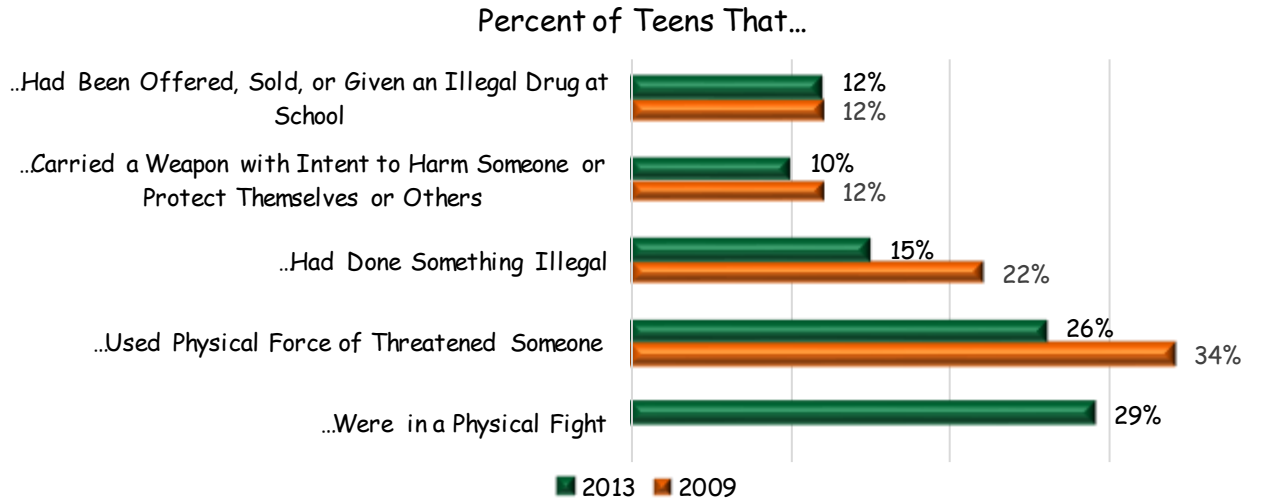
Source: 2013 Herkimer County Teen Assessment Project Survey

Citizenship

Youth Citizenship

Youth Violence and Criminal Behavior

Graph 101



Source: 2013 Herkimer County Teen Assessment Project Survey

Based on the 2013 TAP survey, youth reporting that they are involved in either violent or criminal behavior has remained low and even decreased. Looking at the Graph 101 above, when compared to 2009, fewer youth as a percentage in 2013 had "used physical force or threatened people in order to win an argument or get their own way" - 26% versus 34%; and, had "carried a weapon, such as a gun or knife, with the intent to harm someone or to protect themselves or others" - 10% versus 12%. The 2013 TAP Survey included for the first time the question of whether in the past year they had been in a physical fight. In response, 29% of all respondents said yes; but, as was the case with all of these questions regarding youth violence and criminal behavior, male teens were more likely than females to have said yes - 38% versus 21%. When asked if youth had "ever done something illegal that they could have been arrested for, such as shoplifting, vandalism, assault, etc." - 15% said yes in 2013 versus 22% in 2009 and 25% in 2005. More males than females answered yes in 2013, as displayed in Table 102 below.

Table 102

In the past year, have you ever done something that you could have been arrested for such as shoplifting, vandalism, assault, etc.?

	Total			2013				
	2005	2009	2013	Male	Female	7 th	9 th	11 th
No	75.5%	77.8	84.9%	80.9%	88.6%	90.1%	84.7%	80.0%
Yes	24.5%	22.2	15.1%	19.1%	11.4%	9.9%	15.3%	20.0%
Total	2143	1844	1541	722	816	507	528	490

Source: 2013 Herkimer County Teen Assessment Project Survey

Citizenship

Youth Citizenship

Youth Sexting

Based on the response rate in 2013 and 2009 to the four questions in the TAP Survey related to sexting, teens have slowed down their sexting activity. As illustrated in Graph 103, fewer, as a percentage, indicated they sent nude or semi-nude pictures of themselves to someone else (22% versus 27%); fewer received pictures from someone else of themselves (35% versus 40%); fewer shared pictures they received from someone else (11% versus 17%); and, fewer received pictures from someone else of another person (22% versus 32%). What did not decline much is the percentage of eleventh graders who reported sending nude or semi-nude pictures of themselves—it was 40% in 2009 and 39% in 2013.

Graph 103

Percent of Teens that Have Sent, Received, Shared Nude or Semi-Nude Pictures via Cell Phone, Email, etc.



Source: 2013 Herkimer County TAP Survey

The four questions about sexting were first introduced into the TAP Survey in 2009 and were originally from a national survey that was conducted in 2008 by the National Campaign to Prevent Teen and Unplanned Pregnancy. Though the survey method and teenage population differed from the national survey, the results appeared to show that Herkimer County youth were more likely to participate in sexting than teens nationally. Locally in 2009, 27% reported they had sent a nude or semi-nude picture of themselves to someone electronically. Based on the 2008 national survey, just 19% of teens across the country had done this.

DATA SOURCES

Child Trends Data Bank

Herkimer-Oneida Counties Comprehensive Planning Program

Herkimer County 2013 Teen Assessment Project (TAP) Report

<http://www.ocgov.net/oneida/sites/default/files/planning/HumanServices/HC%202013%20TAP%20Final%20Report.pdf>

Citizenship

Firearms

WHY THIS IS IMPORTANT

Communities That Care (CTC) research indicates that if a gun is present in the home, it is much more likely to be used against a friend or relative than an intruder or stranger. When a firearm is used in a crime or assault instead of another weapon or no weapon, the outcome is much more likely to be fatal. Given the lethality of firearms, the increase in the likelihood that conflict will escalate into homicide when guns are present, and the strong association between the availability of guns and homicide rates, firearm availability is considered a contributing risk factor for delinquency and violence.

The number of violent index crimes involving guns that are known to the police is the best official indicator of the frequency with which deadly weapons are used to commit serious violent crimes.

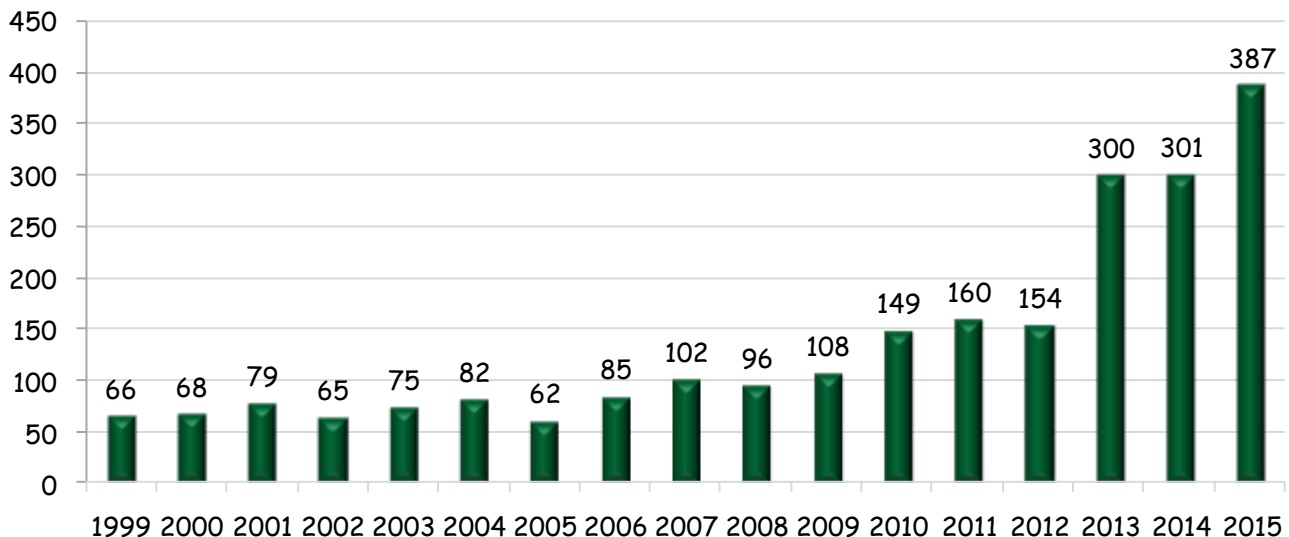
WHERE WE STAND

Availability of Firearms

The possession of a handgun in New York State requires a NYS Pistol Permit. New York does not recognize permits issued by other states. Graph 104 illustrates the number of new pistol permits that have been issued in Herkimer County from 1999 to 2015. It is difficult to determine the total number of pistols in the county because a single permit can have multiple pistols registered.

**Pistol Permits Issued in Herkimer County
1999-2015**

Graph 104



Source: Herkimer County Sheriff's Department

Citizenship

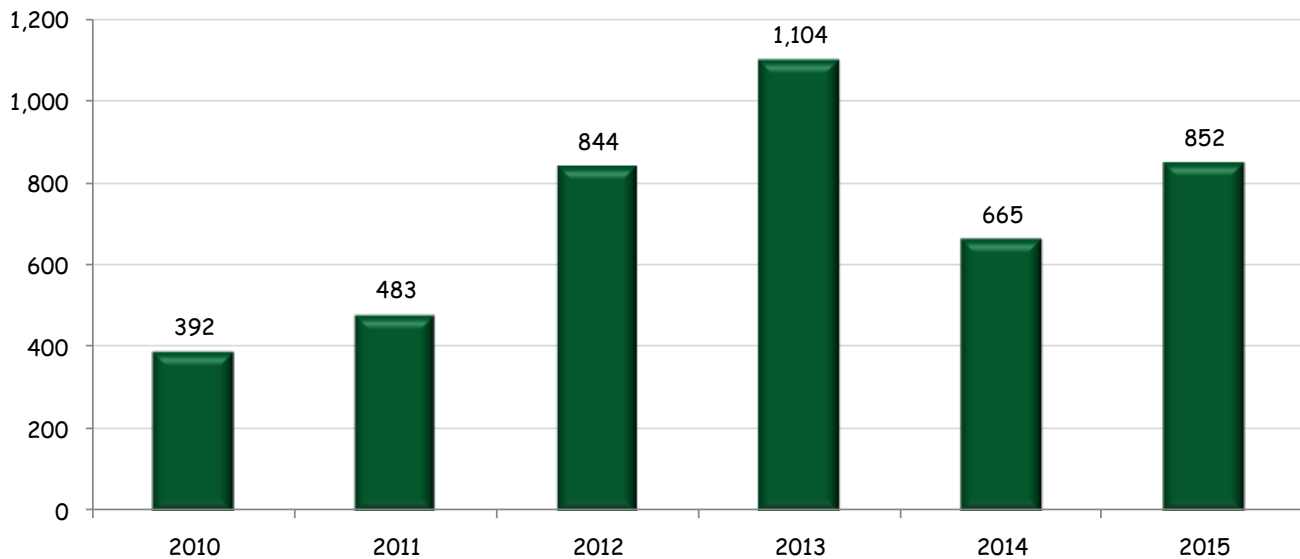
Firearms

Over 13,000 pistol permits have been issued in Herkimer County since the inception of issuing permits. Please note however that this does not illustrate the "true" total number of pistol permit holders currently in Herkimer County due to several factors: the unreported deaths of permit holders, surrendered permits (moving to a different state or no longer needed/wanted), revoked permits, and permit holders who have transferred out of Herkimer County.

Graph 105 illustrates the total number of pistol permit applications handed out in Herkimer County from 2010 to 2015. The number of applications handed out more than doubled during this timeframe. Due to the implementation of the NYS SAFE Act, there was an increase in pistol permit applications in 2013.

Graph 105

**Pistol Permit Applications Handed Out
2010-2015**



Source: Herkimer County Sheriff's Department

According to the Herkimer County Sheriff's Department, the increase in pistol licenses issued and applications handed out since 2010 has been due in part to (1) people exercising their rights under the Second Amendment, (2) women getting involved with target shooting, gun clubs, hiking and hunting, and (3) employment purposes.

Individuals needing a pistol permit for employment included the following: security guards, college campus security, arms manufacturing, financial institutions, private businesses, and sub-contractors with federal, state and local government.

Because hunting is a sport that many Herkimer County residents are involved in, hunting rifles are present in many Herkimer County homes. There is no state licensing requirement for the

Citizenship

Firearms

possession of a rifle or shotgun, although any person convicted of a felony or other serious offense and any person who "has been certified not suitable to possess a rifle or shotgun" is prohibited from possession.

Generally, it is unlawful for anyone under the age of 16 to possess any firearm; however, a rifle or shotgun may be possessed by a person between the ages of 12 and 16 who is engaged in supervised target shooting on a range or who is accompanied by an adult while hunting.

Firearm Crimes

Table 106 illustrates the number and rate of violent crimes committed with a firearm in Herkimer County, Non-NYC and NYS from 2010 to 2015. There were 4 violent crimes committed with the use of a firearm in Herkimer County in 2015 (6.3 per 100,000), a decrease from the 15 firearm crimes committed in 2010 (24.5 per 100,000). The rate of violent crimes committed with a firearm in 2015 in Herkimer County was more than six times lower than that reported for non-NYC counties and more than nine times lower than the rate reported for NYS.

Violent Crimes with Firearms and Rates per 100,000: 2010–2015 Table 106

	Number and Rate per 100,000	Herkimer County	Non-New York City	New York State
2010	number	15.0	5,088	n/a
	rate	24.3	46.1	n/a
2011	number	7.0	4,863	n/a
	rate	10.8	43.2	n/a
2012	number	7.0	4,919	13,064
	rate	10.9	43.6	66.8
2013	number	13.0	4,776	12,061
	rate	20.1	42.5	61.4
2014	number	7.0	4,604	11,609.0
	rate	10.9	40.9	58.8
2015	number	4.0	4,394	10,971
	rate	6.3	39.1	55.4

Source: DCJS, Uniform Crime/Incident-Based Reporting System

DATA SOURCES

Communities That Care, Developmental Research and Programs, Inc.

Herkimer County Sheriff's Department

New York State Division of Criminal Justice Services

<http://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm>

Citizenship

Youth Arrests

WHY THIS IS IMPORTANT

The reasons why adolescents commit crimes are very complex. Most adolescent behaviors simply represent “testing the limits” and youth experimentation with adult activities. Some youth, however, engage in more serious acts of delinquency or crime that may bring them to the attention of the juvenile or criminal justice systems.

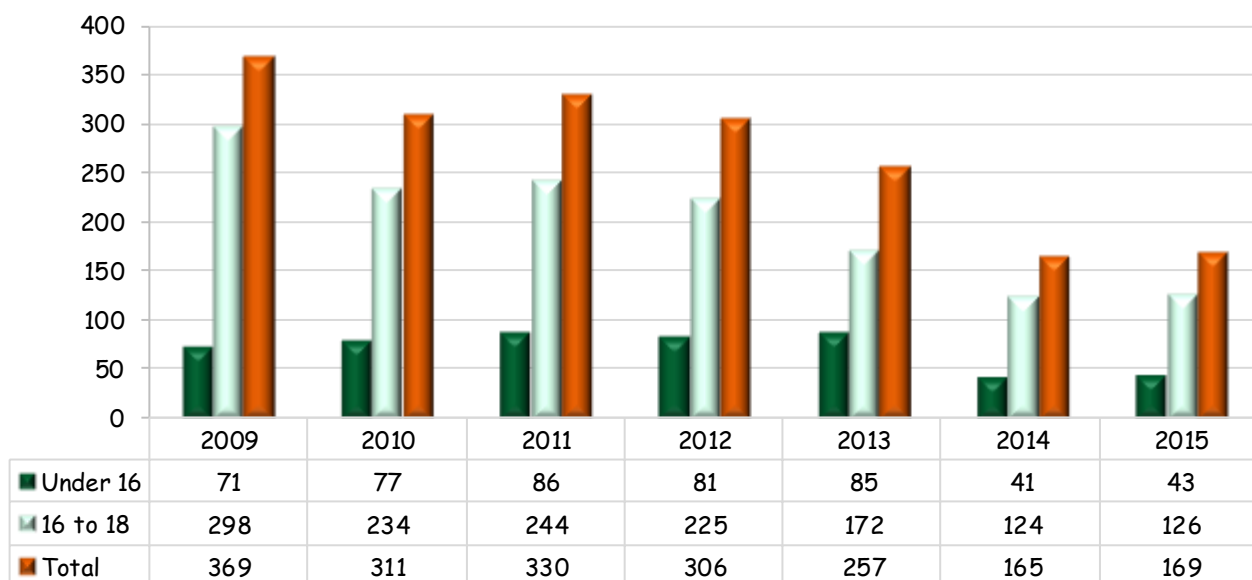
Arrests of adolescents are handled by different parts of the justice system, as determined by the age of the youth and the type of offense. In general, the juvenile justice or family court system handles arrests for youth ages 15 years and under. Arrests for youth ages 16 years and older are prosecuted in the criminal court system. New York’s laws covering juvenile offenders allow youth between the ages of 13 and 15 to be prosecuted in the criminal court system for specified serious offenses.

WHERE WE STAND

Graph 107 illustrates the number of youth arrests in Herkimer County from 2009 to 2015 for youth prior to age 19. The overall number of youth arrests in Herkimer County prior to age 19 has decreased by 54% between 2009 and 2015. Arrests for youth below age 16 decreased by 40% during this time period, while arrests for youth between the ages of 16 and 18 have decreased by 58%.

Graph 107

Herkimer County Youth Arrests 2009–2015



Source: DCJS, Uniform Crime Reporting System

Citizenship

Youth Arrests

Herkimer County youth arrests by category of violation for 2010 to 2012 are displayed in Table 108 below and for 2013 to 2015 in Table 109 on the following page.

Table 108

Herkimer County Youth Arrests by Violation: 2010 to 2012

	Year								
	2010			2011			2012		
	Under 16	16-18	Total	Under 16	16-18	Total	Under 16	16-18	Total
Total	77	234	311	86	244	330	81	225	306
Neg Manslaughter	0	0	0	0	0	0	0	0	0
Forcible Rape	0	0	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0	0	0
Agg Assault	1	10	11	2	3	5	5	5	10
Burglary	3	9	12	6	20	26	4	9	13
Larceny	10	41	51	18	62	80	16	42	58
MV Theft	1	2	3	0	2	2	0	1	1
Arson	1	0	1	0	0	0	0	0	0
Kidnapping	0	0	0	0	1	1	0	0	0
Controlled Substance Sale	0	1	1	1	2	3	2	1	3
Marijuana Sale	3	3	6	1	0	1	1	1	2
Controlled Substance Possession	1	3	4	1	3	4	2	4	6
Marijuana Possession	3	41	44	8	55	63	3	28	31
Dangerous Weapons	6	4	10	0	0	0	1	3	4
Sex Offenses	5	4	9	5	4	9	7	7	14
Forgery	0	1	1	0	0	0	0	1	1
Stolen Property	8	6	14	2	5	7	0	5	5
Coercion	0	1	1	0	0	0	0	0	0
Criminal Mischief	17	7	24	14	21	35	19	21	40
Fraud	0	0	0	1	1	2	1	5	6
Public Order Offenses	0	3	3	0	0	0	0	1	1
Embezzlement	1	0	1	0	0	0	0	0	0
Simple Assault	9	11	20	18	13	31	6	23	29
Family Offenses	0	0	0	0	0	0	0	2	2
DWI-Alcohol	0	9	9	0	7	7	0	3	3
DWI-Drugs	0	0	0	0	4	4	0	1	1
Unauth Use of Vehicle	0	1	1	0	0	0	0	0	0
Liquor Law	0	18	18	0	3	3	1	14	15
Disorderly Conduct	0	15	15	0	7	7	0	4	4
Public Intoxication	0	0	0	0	0	0	0	0	0
All Other	8	44	52	9	31	40	13	44	57

Source: DCJS, Uniform Crime/Incident-Based Reporting System



Citizenship

Youth Arrests

Herkimer County Youth Arrests by Violation 2013 to 2015

Table 109

	Year								
	2013			2014			2015		
	Under 16	16-18	Total	Under 16	16-18	Total	Under 16	16-18	Total
Total	85	172	257	41	124	165	43	126	169
Neg Manslaughter	0	0	0	0	0	0	0	0	0
Forcible Rape	0	1	1	0	0	0	0	0	0
Robbery	0	1	1	0	0	0	0	0	0
Aggravated Assault	6	10	16	2	5	7	5	2	7
Burglary	10	9	19	4	10	14	0	8	8
Larceny	16	34	50	4	16	20	5	26	31
MV Theft	0	1	1	1	0	1	2	2	4
Arson	1	0	1	1	0	1	0	0	0
Kidnapping	0	1	1	0	1	1	1	1	2
Controlled Substance Sale	0	0	0	1	0	1	0	0	0
Marijuana Sale	0	1	1	0	1	1	0	0	0
Controlled Substance Possession	1	0	1	2	3	5	1	1	2
Marijuana Possession	7	48	55	2	27	29	1	23	24
Dangerous Weapons	0	1	1	0	0	0	2	0	2
Sex Offenses	5	0	5	6	2	8	3	4	7
Forgery	0	0	0	0	0	0	0	0	0
Stolen Property	0	1	1	0	2	2	1	3	4
Coercion	0	0	0	0	0	0	0	0	0
Criminal Mischief	19	9	28	7	10	17	12	9	21
Fraud	0	0	0	0	0	0	0	0	0
Public Order Offenses	0	0	0	0	1	1	1	0	1
Embezzlement	0	0	0	0	0	0	0	0	0
Simple Assault	12	11	23	7	16	23	7	9	16
Family Offenses	0	1	1	0	1	1	0	1	1
DWI-Alcohol	0	4	4	0	1	1	0	4	4
DWI-Drugs	0	2	2	0	2	2	0	2	2
Unauth. Use of Vehicle	0	4	4	0	0	0	0	0	0
Liquor Law	0	10	10	0	7	7	0	9	9
Disorderly Conduct	0	6	6	0	5	5	0	6	6
Public Intoxication	0	0	0	0	1	1	0	0	0
All Other	8	17	25	4	13	17	2	16	18

Source: DCJS, Uniform Crime/Incident-Based Reporting System

Citizenship

Youth Arrests

The Kids Well-being Indicators Clearinghouse reports that the 2015 property crime arrest rate for juveniles (under 16 years old) in Herkimer County was 36.9 per 10,000 population, higher than the Rest of State (New York State minus New York City) rate of 24.0 per 10,000. The violent crime arrest rate for juveniles in Herkimer County in 2015 was also higher than the rate for the Rest of State (7.4 per 10,000 vs. 6.1 per 10,000 respectively).

New York is currently one of only two states in the nation to automatically prosecute 16- and 17-year olds as adults. State leaders have proposed increasing the state's age of criminal responsibility as an adult to age 18 to provide for a more appropriate handling of youth.

Table 110 illustrates the number of youth arrests in Herkimer County among 16 and 17 year olds between 2011 and 2015. As the table illustrates, overall arrests of 16 and 17 year olds have been steadily declining during this time period.

Table 110

Herkimer County Arrests Among 16-17 Year Olds 2011-2015

Age at Crime	Top Arrest Category	2011	2012	2013	2014	2015
16	Misdemeanor	40	31	21	14	16
	Non Violent Felony	4	7	6	5	8
	Violent Felony	2	0	0	1	2
	Total	46	38	27	20	26
17	Misdemeanor	37	42	28	25	23
	Non Violent Felony	6	5	7	4	1
	Violent Felony	3	0	3	10	2
	Total	46	47	38	39	26
Total	Misdemeanor	77	73	49	39	39
	Non Violent Felony	10	12	13	9	9
	Violent Felony	5	0	3	11	4
	Total	92	85	65	59	52

Source: DCJS, Uniform Crime/Incident-Based Reporting System

DATA SOURCES

Kids Well-being Indicators Clearinghouse

<http://www.nyskwic.org>

New York State Division of Criminal Justice Services (DCJS)

<http://www.criminaljustice.ny.gov/crimnet/ojsa/stats.htm>

New York State DCJS, Uniform Crime/Incident-Based Reporting System

Raise the Age

<https://www.governor.ny.gov/keywords/raise-age>

Citizenship

Crime Rates, Adult Arrests and Convictions

WHY THIS IS IMPORTANT

Having a safe place to live, work and raise a family is an important part of an individual's health and well-being. Effective crime control is a key element in ensuring that our communities are safe.

WHERE WE STAND

Index Crimes and Rates

Table 111 displays the number of index crimes reported for Herkimer County, Rest of State (New York State excluding New York City) and New York State between 2008 and 2015. Index crimes include the following: Violent Crimes (Murder, Forcible Rape, Robbery, and Aggravated Assault) and Property Crimes (Burglary, Larceny, and Motor Vehicle Theft).

Table 111

Index Crimes: Herkimer County, NYS and Rest of State 2008 to 2015

Year	Violent Crime			Property Crime		
	NYS Total	NYS exc. NYC	Herkimer County	NYS Total	NYS exc. NYC	Herkimer County
2008	77,441	29,011	201	387,249	237,260	1,083
2009	74,830	28,473	168	375,140	233,140	1,201
2010	75,836	27,347	169	374,597	234,982	1,025
2011	77,461	26,252	141	371,439	230,982	1,221
2012	79,304	26,311	124	373,032	230,271	1,184
2013	76,472	24,088	126	356,168	214,196	1,064
2014	72,346	22,902	110	337,561	201,814	1,013
2015	74,811	24,723	98	313,920	184,060	923

Source: DCJS, Uniform Crime/Incident-Based Reporting System

Citizenship

Crime Rates, Adult Arrests and Convictions

Table 112 displays the Index Crime Rates per 100,000 in Herkimer County, NYS and the Rest of State (non-New York City) from 2008 to 2015. Rates per 100,000 in all three locations declined during this time period.

In 2015, the rate in New York State for all index crimes was 1,971.8 per 100,000 (378.5 for violent index crime and 1,595.3 for property index crime). Non-New York City rates per 100,000 were 1,870.9 (all index crime), 220.9 (violent index crime) and 1,650.0 (property index crime). Herkimer County crime rates were lower than both NYS and Non-NYC rates in 2015 for all index, violent, and property index crimes (1,609.2, 154.5, and 1,454.8 per 100,000 respectively).

Table 112

**Index Crime Rates per 100,000: Herkimer County, NYS and Rest of State
2010 to 2015**

		Index Crime Rate per 100,000	Violent Crime Rate per 100,000	Property Crime Rate per 100,000
2010	Herkimer County	2,209.4	269	1,940.0
	Non-New York City	2,367.5	247	2,120.3
	New York State	2,319.8	391.2	1,928.6
2011	Herkimer County	2,809.5	217.6	1,876.0
	Non-New York City	2,267.5	230.5	2,022.7
	New York State	2,295.6	396.4	1,890.9
2012	Herkimer County	2,027.7	192.2	1,835.5
	Non-New York City	2,361.5	233	2,031.9
	New York State	2,305.8	405.1	1,900.7
2013	Herkimer County	1,845.3	195.1	1,650.3
	Non-New York City	2,115.4	213.9	1,901.0
	New York State	2,200.6	389.1	1,811.5
2014	Herkimer County	1,123.0	171.3	1,577.4
	Non-New York City	1,989.7	203.2	1,786.5
	New York State	2,073.7	366.4	1,707.3
2015	Herkimer County	1,609.2	154.5	1,454.8
	Non-New York City	1,870.9	220.9	1,650.0
	New York State	1,971.8	378.5	1,593.3

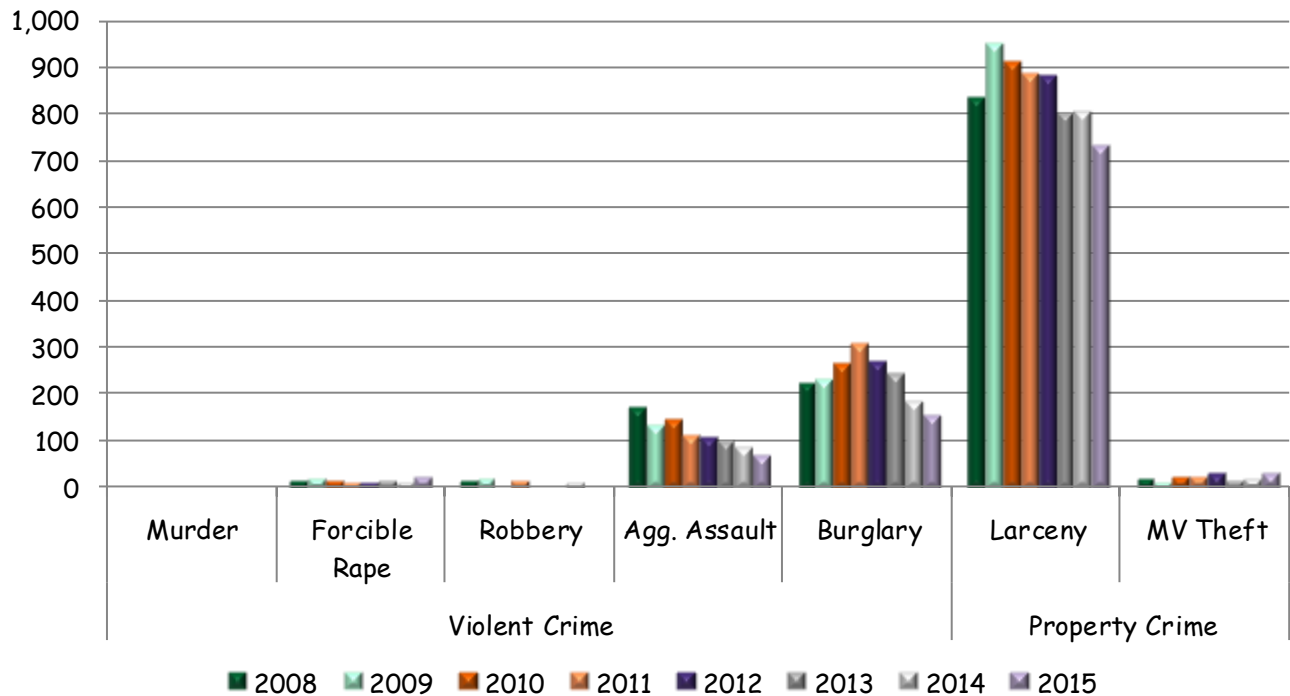
Source: DCJS, Uniform Crime/Incident-Based Reporting System

Citizenship

Crime Rates, Adult Arrests and Convictions

Graph 113

Herkimer County Index Crimes—2008-2015



Graph 113 and Table 114 illustrate the number of Herkimer County Index crimes reported from 2008 to 2015. These offense categories were developed by the FBI to standardize reporting across states. The seven Index crimes were chosen on the basis of their seriousness and frequency of occurrence, and are used to gauge trends in the volume and rate of crime. Table 114

Herkimer County Index Crime Summary: 2008 to 2015

Year	Grand Total	Violent Crime					Property Crime			
		Total	Murder	Forcible Rape	Robbery	Agg. Assault	Total	Burglary	Larceny	MV Theft
2008	1,284	201	0	14	14	173	1,083	226	837	20
2009	1,369	168	0	18	17	133	1,201	235	954	12
2010	1,374	169	0	16	7	146	1,205	268	913	24
2011	1,362	141	1	11	14	115	1,221	309	890	22
2012	1,308	124	2	9	3	110	1,184	271	883	30
2013	1,192	126	4	15	7	100	1,066	246	804	16
2014	1,123	110	0	11	10	89	1,013	187	808	18
2015	1,021	98	1	24	3	70	9*23	157	734	32

Source: DCJS, Uniform Crime/Incident-Based Reporting System graph and table this page

Citizenship

Crime Rates, Adult Arrests and Convictions

Adult Arrests

Table 115 illustrates the number of adult arrests (ages 16 and older and juvenile offenders prosecuted in adult courts) in Herkimer County for the period 2000 to 2015. Felony and misdemeanor offenses, along with subcategories for each, are listed.

**Adult Arrests by Category in Herkimer County
2000 to 2015**

Table 115

Year	Total	Felony	Drug	Violent	DWI	Other	Misdemeanor	Drug	DWI	Property	Other
2000	1,329	307	32	89	23	163	1,022	41	275	248	458
2001	1,395	318	36	90	32	160	1,077	32	283	217	545
2002	1,338	314	41	96	36	141	1,024	34	292	210	488
2003	1,401	339	35	102	31	171	1,062	30	285	229	518
2004	1,299	308	40	82	39	147	991	32	268	211	480
2005	1,353	301	21	97	30	153	1,052	53	292	236	471
2006	1,427	333	48	81	41	163	1,094	52	377	223	442
2007	1,483	322	23	65	52	182	1,161	52	360	251	498
2008	1,402	352	32	101	44	175	1,050	34	294	278	444
2009	1,317	262	16	75	41	130	1,055	45	271	301	438
2010	1,308	277	27	55	45	150	1,031	51	272	299	409
2011	1,326	300	31	68	43	158	1,026	68	237	313	408
2012	1,358	343	25	78	42	198	1,015	66	219	310	420
2013	1,282	347	25	80	50	192	935	45	217	293	380
2014	1,282	292	30	78	33	151	935	69	190	300	323
2015	1,195	305	39	46	38	182	890	70	184	302	334

Source: DCJS, Computerized Criminal History System

Adult arrests in Herkimer County have declined by nearly 10% between 2000 and 2015. Arrests in the felony category have experienced some variation but have remained stable overall during this time period, and misdemeanor arrests have fluctuated but have experienced an overall decline. Arrests for felony and misdemeanor drug offenses have experienced increases, with the highest misdemeanor drug arrests recorded in 2014 and 2015.

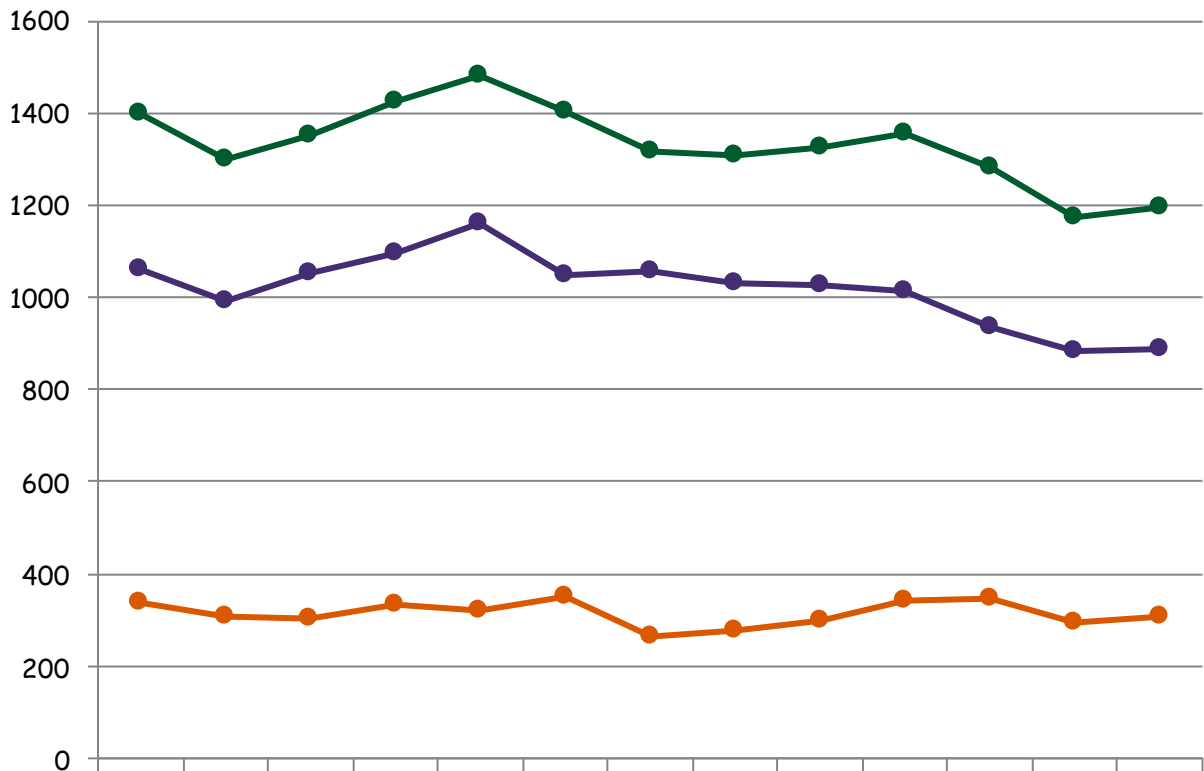
Citizenship

Crime Rates, Adult Arrests and Convictions

Graph 116 illustrates the total number of adult arrests, adult misdemeanor arrests, and adult felony arrests in Herkimer County from 2003 to 2015. Overall arrests and adult misdemeanor arrests were highest in 2007 and have experienced a decline of approximately 19% and 24% respectively between 2007 and 2015. Felony arrests were highest in 2008 and have decreased by approximately 14% between 2008 and 2015. In 2015, 25% of all arrests were felonies.

Graph 116

Adult Arrests in Herkimer County—2003 to 2015



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total	1401	1299	1353	1427	1483	1402	1317	1308	1326	1358	1282	1174	1195
Misdemeanor	1062	991	1052	1094	1161	1050	1055	1031	1026	1015	935	882	890
Felony	339	308	301	333	322	352	262	277	300	343	347	292	305

Source: DCJS, Computerized Criminal History System

New York is currently one of only two states in the nation to automatically prosecute 16 and 17 year olds as adults. Arrest data for 16 and 17 year olds is included in the adult arrest data above but has been disaggregated in Table 117 on the following page to illustrate the number of youth arrests in Herkimer County among 16 and 17 year olds between 2011 and 2015. As the table illustrates, overall arrests of 16 and 17 year olds have been steadily declining during this time period. State leaders have proposed increasing the state's age of criminal responsibility as an adult to age 18 to provide for a more appropriate handling of youth.

Citizenship

Crime Rates, Adult Arrests and Convictions

Herkimer County Arrests Among 16 and 17 Year Olds
2011-2015

Table 117

Age at Crime	Top Arrest Category	2011	2012	2013	2014	2015
16	Misdemeanor	40	31	21	14	16
	Non Violent Felony	4	7	6	5	8
	Violent Felony	2	0	0	1	2
	Total	46	38	27	20	26
17	Misdemeanor	37	42	28	25	23
	Non Violent Felony	6	5	7	4	1
	Violent Felony	3	0	3	10	2
	Total	46	47	38	39	26
Total	Misdemeanor	77	73	49	39	39
	Non Violent Felony	10	12	13	9	9
	Violent Felony	5	0	3	11	4
	Total	92	85	65	59	52

Source: DCJS, Uniform Crime/Incident-Based Reporting System

Conviction and Incarceration Rates

Table 118 on the next page provides a summary of the outcomes of adult felony arrests in Herkimer County from 2007 to 2015. The summaries are displayed according to the year in which the disposition occurred, regardless of when the arrest actually occurred. For example, a 2014 arrest that resulted in a conviction in 2015 is displayed in the 2015 column.

The conviction rate includes all convictions that resulted from plea bargains or trials and may include convictions for offenses other than that charged at arrest (e.g., a felony arrest may result in a misdemeanor conviction). In 2015, Herkimer County's conviction rate was 89.2%, higher than the conviction rate found in both New York State—64.7% and in Upstate New York (non-NYC)—77.1%.

The incarceration rate represents the number of sentences involving prison, jail, time served, or jail plus probation as a proportion of the total number of convictions. Herkimer County's felony

Citizenship

Crime Rates, Adult Arrests and Convictions

incarceration rate of 42.7% in 2015 was higher than the incarceration rates for New York State (32.6%) and Upstate New York (40%).

Adult sentences to Probation for felony convictions as an alternative to incarceration in Herkimer County in 2015 was 22.0%. The NYS rate in 2015 was 9.2% and the Upstate NY rate was 16.1%.

Table 118

**Felony Arrests Disposed, Conviction and Incarceration Rates in Herkimer County
2007 to 2015**

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Conviction Rate (percent of Disposed)	97.2%	94.0%	95.3%	94.4%	95.3%	92.4%	91.6%	94.4%	89.2%
Incarceration Rate (percent of Convicted)	38.9%	30.6%	33.9%	34.3%	33.9%	34.4%	40.6%	40.7%	42.7%
Percent Convicted of Felonies	53.2%	53.9%	57.1%	46.0%	50.0%	44.6%	46.5%	40.7%	38.4%
Percent Convicted of Misdemeanors	42.7%	40.4%	36.7%	36.5%	36.5%	35.3%	34.8%	42.2%	40.5%
Percent Convicted of Lesser Offenses	4.1%	5.7%	6.2%	7.5%	4.4%	5.4%	4.8%	6.7%	6.0%

Source: DCJS, Computerized Criminal History System

Table 119 on the following page provides a summary of the outcomes of adult misdemeanor arrests in Herkimer County from 2007 to 2015. The summaries are displayed according to the year in which the disposition occurred, regardless of when the arrest actually occurred. For example, a 2014 arrest that resulted in a conviction in 2015 is displayed in the 2015 column.

The conviction rate includes all convictions that resulted from plea bargains or trials and may include convictions for offenses other than that charged at arrest (e.g., a felony arrest may result in a misdemeanor conviction). In 2015, Herkimer County's misdemeanor conviction rate was 81.2%, higher than the conviction rate in New York State - 53.8% and in Upstate New York (non-NYC) - 64.5%.

The incarceration rate represents the number of sentences involving prison, jail, time served, or jail plus probation as a proportion of the total number of convictions. Herkimer County's

Citizenship

Crime Rates, Adult Arrests and Convictions

misdemeanor incarceration rate of 11.5% in 2015 was lower than the incarceration rate for New York State (17.8%) and Upstate New York (15%). Adult sentences to Probation for misdemeanor convictions as an alternative to incarceration in Herkimer County was 3.8%. The NYS rate in 2015 was 2.2% and the Upstate New York rate was 4.9%.

Table 119

**Misdemeanor Arrests Disposed, Conviction and Incarceration Rates
in Herkimer County 2007-2015**

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Conviction Rate (Percent of Disposed)	85.5%	84.2%	86.3%	87.5%	89.0%	86.3%	80.3%	83.0%	81.2%
Incarceration Rate (Percent of convicted)	9.5%	9.9%	8.7%	8.1%	7.8%	10.6%	8.9%	11.2%	11.5%
Percent Convicted of Felonies	13%	11%	0.7%	0.8%	1.0%	0.3%	1.0%	1.0%	0.9%
Percent Convicted of Misdemeanors	48.1%	52.5%	47.5%	38.8%	40.3%	34.4%	32.8%	36.7%	36.2%
Percent Convicted of Lesser Offenses	50.6%	46.4%	51.8%	45.6%	44.7%	47.4%	43.6%	43.2%	42.3%

Source: DCJS, Computerized Criminal History System

New York State is one of only two states in the nation that automatically prosecutes 16 and 17 year olds as adults. Currently in New York, these youth are detained with the adult population in local jails and prisons. Conviction and incarceration data for 16 and 17 year olds is included in tables 118 and 119 but has been disaggregated in Table 120 and 121 on the following page to illustrate the outcomes of youth felony and misdemeanor arrests in Herkimer County between 2011 and 2015.

Citizenship

Crime Rates, Adult Arrests and Convictions

**Felony Arrests Disposed, Conviction and Incarceration Rates
16 and 17 Year Olds in Herkimer County**

Table 120

	2011	2012	2013	2014	2015
Conviction Rate (Percent of Disposed)	100%	91.7%	100%	81.8%	46.7%
Incarceration Rate (percent of convicted)	25%	16.6%	30.8%	18.2%	33.3%
Percent Convicted of Felonies	8.3%	8.3%	38.5%	9.1%	6.7%
Percent Convicted of Misdemeanors	16.7%	8.3%	7.7%	9.1%	6.7%
Percent Convicted of Lesser Offenses	0%	0%	4.8%	9.1%	0%

Source: DCJS, Computerized Criminal History System

In 2015 there were 15 youth ages 16 and 17 that were prosecuted for felony crimes and 21 youth that were prosecuted for misdemeanors in Herkimer County. The conviction rate for felonies (46.7%) in Herkimer County was lower than in both Upstate NY (72.1%) and NYS (59.9%). Conversely, the conviction rate for misdemeanors in Herkimer County in 2015 (61.9%) was higher than found in Upstate New York (41.6%) and New York State (27.7%).

**Misdemeanor Arrests Disposed, Conviction and Incarceration Rates
16 and 17 Year Olds in Herkimer County**

Table 121

	2011	2012	2013	2014	2015
Conviction Rate (Percent of Disposed)	91.7%	77%	79.2%	74.2%	61.9%
Incarceration Rate (percent of convicted)	8.3%	9.8%	4.2%	9.7%	4.8%
Percent Convicted of Felonies	0%	0%	0%	0%	0%
Percent Convicted of Misdemeanors	16.7%	8.2%	14.6%	25.8%	9.5%
Percent Convicted of Lesser Offenses	44.4%	29.5%	47.9%	22.6%	33.3%

Source: Source: DCJS, Computerized Criminal History System

Citizenship

Crime Rates, Adult Arrests and Convictions

DATA SOURCES

New York State Division of Criminal Justice Services

<http://www.criminaljustice.ny.gov/crimnet/ojsa/stats.htm>

Index Crimes

<http://www.criminaljustice.ny.gov/crimnet/ojsa/indexcrimes/Regions.pdf>

<http://www.criminaljustice.ny.gov/crimnet/ojsa/indexcrimes/Glossary.pdf>

<http://www.criminaljustice.ny.gov/crimnet/ojsa/indexcrimes/Herkimer.pdf>

Arrests and Conviction Rates

<http://www.criminaljustice.ny.gov/crimnet/ojsa/arrests/Herkimer.pdf>

<http://www.criminaljustice.ny.gov/crimnet/ojsa/dispos/all.pdf>

<http://www.criminaljustice.ny.gov/crimnet/ojsa/youth-arrests/herkimer.pdf>

Citizenship

DWI

WHY THIS IS IMPORTANT

Driving while intoxicated is dangerous and drivers with high blood alcohol content (BAC) are at an increased risk of car accidents, highway injuries and vehicular deaths. The Centers for Disease Control and Prevention (CDC) reports that in 2014, 9,967 people were killed in alcohol-impaired driving crashes which accounted for nearly one-third (31%) of all traffic-related deaths in the United States.

The CDC also reports that over 1.1 million drivers were arrested for driving under the influence of alcohol or narcotics in 2014, which is only one percent of the 121 million self-reported episodes of alcohol-impaired driving among U.S. adults each year. These statistics reinforce that drunk driving remains a serious national problem that tragically affects thousands of victims annually.

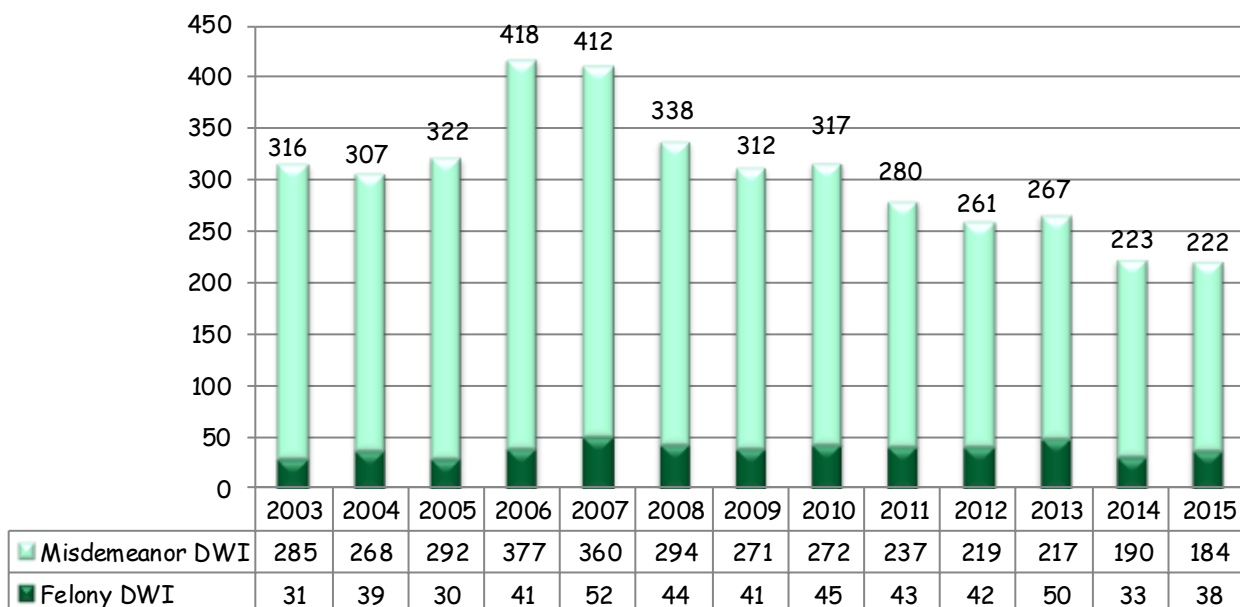
WHERE WE STAND

DWI Arrests

Graph 122 illustrates the number of DWI arrests in Herkimer County from 2003 to 2015. DWI arrests overall have declined during this time period with the lowest number of arrests recorded in 2015. Misdemeanor DWI arrests reached their peak in 2006 and have decreased by half since that time. Felony DWI arrests have fluctuated but have trended upward between 2003 and 2013, with a decline in felony arrests reported in 2014.

DWI Arrests Herkimer County 2003 to 2015

Graph 122



Source: DCJS, Computerized Criminal History System

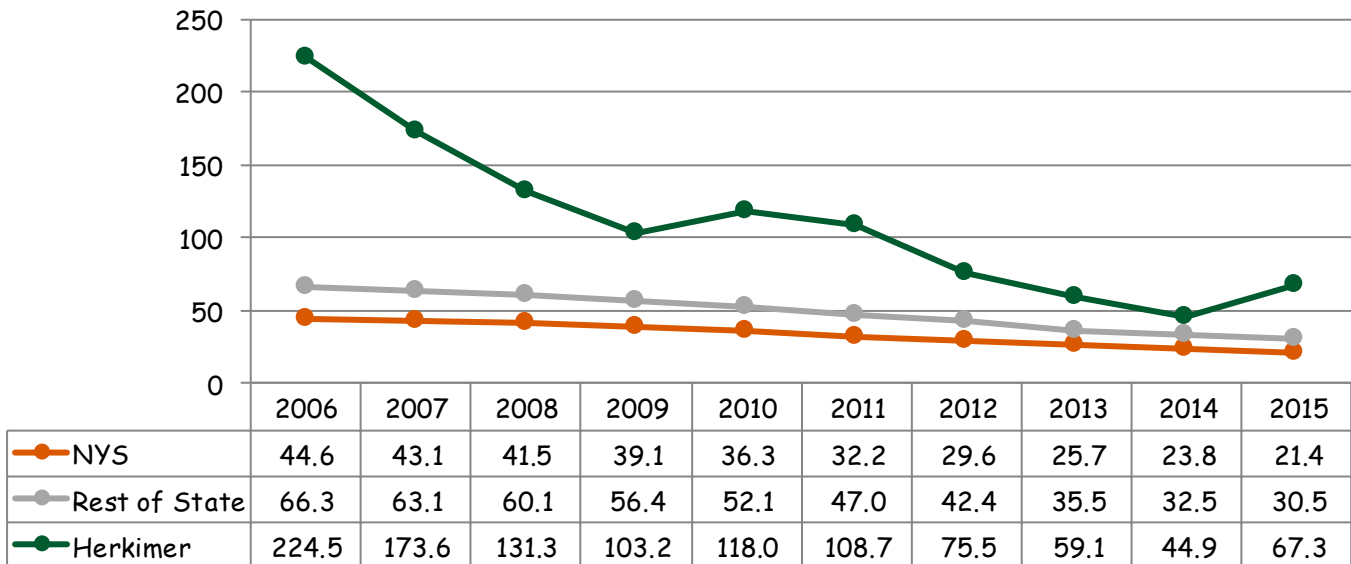
Citizenship

DWI

Graph 123 illustrates the young adult arrest rate for driving while intoxicated (DWI) in Herkimer County, Rest of State (non-New York City counties) and New York State. The DWI arrest rate is defined as the number of arrests for driving while intoxicated per 10,000 young adults aged 16 through 21. The data shown are counts of fingerprinted arrests for drunk driving.

Graph 123

**Herkimer County Youth DWI Arrest Rates
per 10,000 population**



Source: NYS Kids Wellbeing Clearinghouse

DWI youth arrest rates have declined across New York State between 2006 and 2015. The DWI rate in Herkimer County declined significantly during this time period, but remained higher in 2015 than in non-New York City counties and in New York State. According to the Council on Children and Families, *Kids' Well-Being Indicators Clearinghouse*, young adult DWI arrests occurred in 2006 at a rate of 224.5 per 10,000 in Herkimer County, compared to a rate of 66.3 per 10,000 for non-New York City counties (Rest of State) and 44.6 per 10,000 for New York State. In 2015, young adult DWI arrests occurred at a rate of 67.3 per 10,000, compared to a rate of 30.5 per 10,000 for non-New York City counties (Rest of State) and 21.4 per 10,000 for New York State.

The Herkimer County Special Traffic Options Program for Driving While Intoxicated (STOP-DWI) is supported entirely by driving while intoxicated fines. The goal of the program is to provide a plan for coordination of county, town, city, and village efforts to reduce alcohol-related traffic crashes, injuries and fatalities and confronting the youthful drinker/driver. Each year, the Herkimer County STOP-DWI Program invests DWI fines collected into local programs and services to achieve this goal.

Citizenship

DWI

Automobile Crash Fatalities

Table 124 illustrates the number and rates of automobile crash fatalities that were alcohol related in Herkimer County, neighboring counties and in NYS from 2011 to 2015. The percentage and rate of alcohol-related crash fatalities in Herkimer County exceeded all comparative counties in 2013, all but Oneida (percentage) in 2014, and all but Otsego (rate) in 2015.

Automobile Crash Fatality Data for New York State and Select Counties Table 124
2011 to 2015

County	2011				2012				2013			
	Total	Alcohol Impair	%	Rate Per 100k	Total	Alcohol Impair	%	Rate Per 100k	Total	Alcohol Impair	%	Rate Per 100k
Herkimer	6	2	33.3%	3.10	10	2	20.0%	3.10	6	4	66.7%	6.23
Madison	6	1	16.7%	1.37	5	1	20.0%	1.38	8	2	25.0%	2.76
Fulton	9	1	11.1%	1.81	2	0	0.0%	0.00	5	2	50.0%	3.66
Montgomery	10	1	10.0%	2.00	2	1	50.0%	2.00	7	2	28.6%	4.01
Otsego	2	1	50.0%	1.61	4	2	50.0%	3.23	5	1	20.0%	1.62
Oneida	13	5	38.5%	2.14	14	6	42.9%	2.57	21	8	38.1%	3.42
Onondaga	26	10	38.5%	2.14	29	11	37.9%	2.36	30	13	43.3%	2.78
NYS	1,171	328	28.0%	-	1,180	340	28.8%	-	1,199	364	30.4%	-

County	2014				2015			
	Total	Alcohol Impair	%	Rate Per 100k	Total	Alcohol Impair	%	Rate Per 100k
Herkimer	7	3	43%	4.71	4	2	50%	3.17
Fulton	7	1	14%	1.85	5	1	20%	1.85
Montgomery	3	1	33%	2.01	5	0	0%	0
Otsego	4	1	25%	1.64	7	2	29%	3.30
Oneida	15	7	47%	3.0	12	4	33%	1.72
NYS	1,041	312	30%		1,121	311	28%	n/a

Source: NHTSA Fatality Analysis Reporting System

Ignition Interlock Devices (IID)

On August 15, 2010 NY State Law was enacted mandating any DWI conviction to be sentenced to a minimum of a Conditional Discharge and all sentences must import the restriction of an Ignition Interlock Device (IID) in any vehicle registered, owned or operated by the offender. The IID is a tool installed in a motor vehicle that forces the operator to blow into the mouthpiece of the device, ensuring the operator is not impaired by alcohol prior to starting/driving the vehicle. If a measure of alcohol via breath sample is detected (0.025% Blood Alcohol Content or more), the IID will not allow the vehicle to start.

Citizenship

DWI

The Herkimer County Probation Department is the designated monitoring agency of IIDs for Herkimer County. Therefore, the department monitors all DWI offenders impaired with an IID restriction (including state prison, conditional discharge dispositions, and those placed on term of probation supervision). Table 125 displays the number of IID orders, devices and dispositions in Herkimer County from 2010 to 2015.

**Ignition Interlock Devices (IID) in Herkimer County
2010-2015**

Table 125

	2010*	2011	2012	2013	2014	2015
IID Orders Received	7	58	58	90	82	71
Sentenced to a Term of Probation	1	11	20	29	35	19
Conditional Discharge	6	47	38	61	47	52
Ignition Interlock Devices Installed	1	21	13	20	21	22
Violations	1	22	2	5	3	3
Successful	1	19	11	15	19	11

Source: Herkimer County Probation Department

* Program began in August 2010

Many convicted offenders do not own or have a vehicle registered therefore, those individuals are not required to have an IID installed during the court ordered disposition. However, they still may not operate another's vehicle without an IID installed. If an offender attempts to start vehicle in an impaired condition or if they have been found to operate a vehicle without an IID installed (as required)—this results in a violation and the matter is then returned to the court for further action. Those offenders who complete their court ordered term of the IID without any significant incidents or violations are considered successful.

DATA SOURCES

Council on Children and Families, Kids' Well-being Indicators Clearinghouse

Centers for Disease Control and Prevention

https://www.cdc.gov/motorvehiclesafety/impaired_driving/impaired-driv_factsheet.html

Herkimer County Probation Department

National Highway Traffic Safety Administration

http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/USA_WEB_REPORT.HTM

New York State Division of Criminal Justice Services

<http://www.criminaljustice.ny.gov/crimnet/ojsa/arrests/Allcounties.pdf>

Citizenship

Probation and Correctional Alternatives

WHY THIS IS IMPORTANT

The number of offenders being supervised by county probation departments has been increasing across New York State. An increasing number of supervision caseloads, like that displayed in Herkimer County, require that essential resources be available to perform effectively. The primary safety and security of the general public relies partly on the capability of probation personnel to properly monitor and provide for offenders in the community.

Providing successful alternatives to incarceration also helps Herkimer County better manage its ever-increasing jail population while advancing public safety.

WHERE WE STAND

Court Investigations

Table 126 lists the number of court ordered investigations conducted by the Herkimer County Probation Department from 2010-2015.

Table 126

Probation Investigations Completed in Herkimer County: 2009 to 2015

	2010	2011	2012	2013	2014	2015
Family Court- PDIs	15	1	3	0	1	0
Family Court- Other	237	270	226	190	203	220
Criminal Court- PSI/PPI/Other	227	319	263	292	276	256
Total Number of Investigations Completed	479	590	492	482	480	476

Source: Herkimer County Probation Department

New York State Criminal Procedure Law requires a Pre-Sentence Investigation (PSI) be conducted for the court prior to sentencing in all cases where an offender has been convicted of a felony. In cases where an offender has been convicted of a misdemeanor, a PSI is required before a sentence of probation or a sentence of imprisonment in excess of 179 days is imposed. Pre-Plea Investigations (PPI) are also ordered routinely when an offender fails to provide a plea to a specific criminal offense (felony or misdemeanor). Other investigations incorporate supplemental information and/or Certificate of Relief matters.

Family Court matters also require the court to request a Pre-Dispositional Investigation (PDI) on Juvenile Delinquency cases prior to disposition. Family Court may also order PDIs to be conducted before disposing of Person In Need of Supervision (PINS) cases. The Herkimer County

Citizenship

Probation and Correctional Alternatives

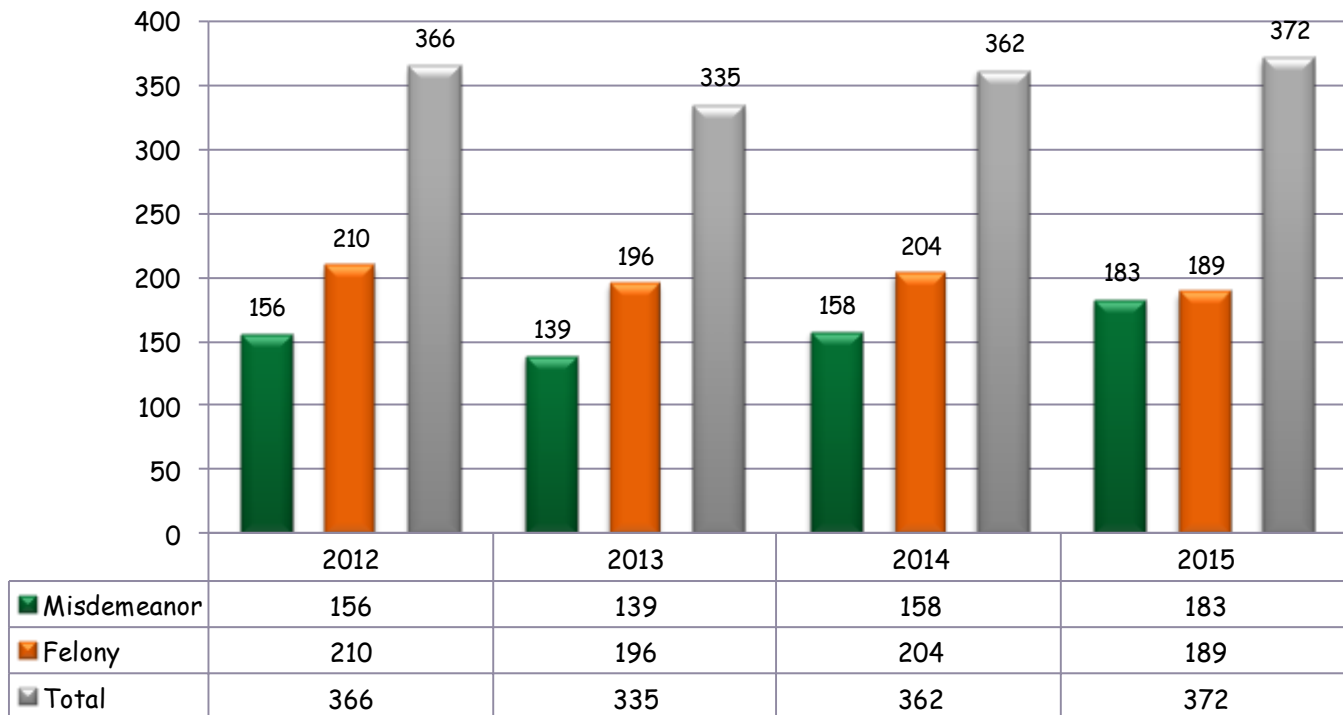
Probation Department also routinely conducts investigations for Family Court in regard to private adoption, custody and visitation matters.

Probation Supervisions

Graph 127 lists the total number of adult criminal supervisions that occurred in each calendar year from 2012 to 2015. This data includes new probationers opened in that year plus individuals served that were opened in previous years. The number of adult criminal Probation Supervisions has increased slightly during this time period.

Graph 127

**Total Number of Adult Criminal Supervisions
Herkimer County
2012 to 2015**



Source: Herkimer County Probation Department

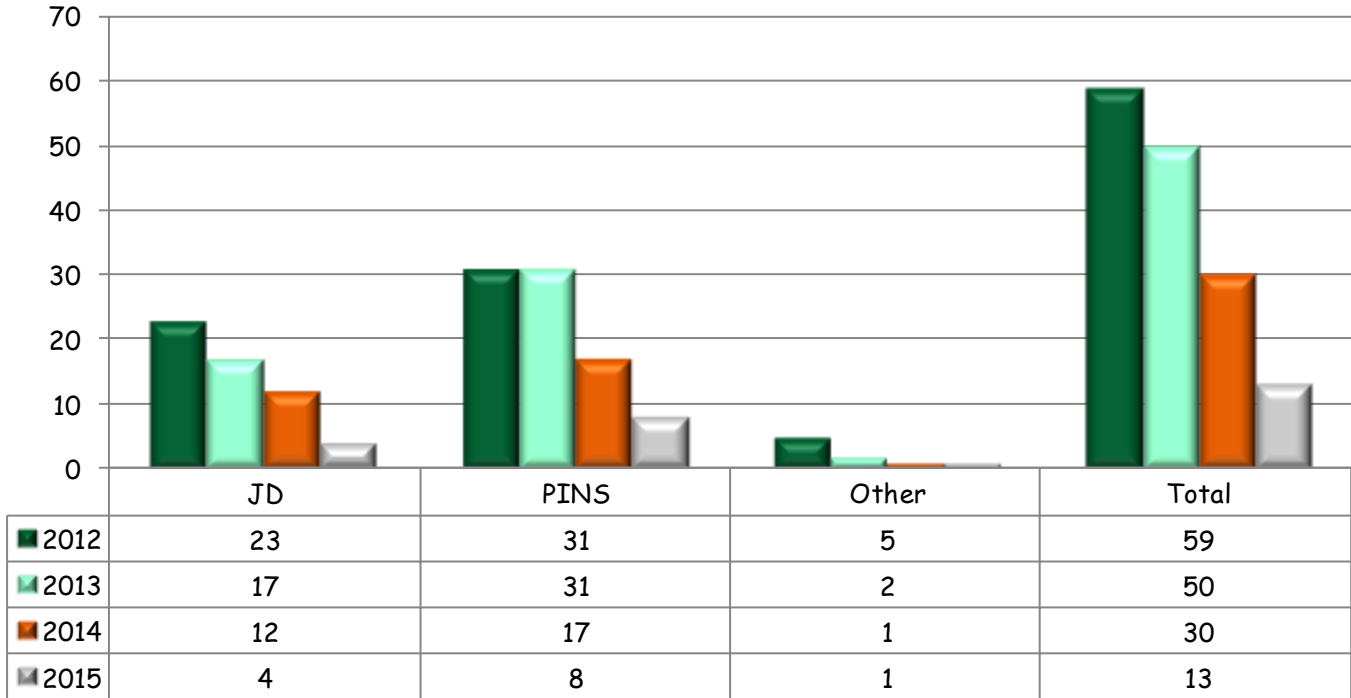
Graph 128 on the following page illustrates the total number of **new** probationers supervised as a result of a Family Court order (including Persons In Need of Supervision, Juvenile Delinquents and other individuals) in Herkimer County each year from 2012-2015. Data suggests that the total number of new clients under supervision has decreased during this time period.

Citizenship

Probation and Correctional Alternatives

**Total Number of Family Court Supervisions—Herkimer County
2012-2015**

Graph 128



Source: Herkimer County Probation Department

Table 129 lists the total number of Probationers Supervised in Herkimer County and comparable counties in NYS (NYS data varies slightly from local data). Herkimer County's supervision caseload decreased slightly during this time period.

Total Number of Probationers Supervised—2009 to 2015

Table 129

County	Population Size	Supervision Size						
		2009	2010	2011	2012	2013	2014	2015
Herkimer	64,519	399	372	385	339	340	372	370
Washington	63,216	580	587	613	582	587	543	508
Columbia	63,096	446	503	458	460	382	365	329
Otsego	62,259	236	254	226	198	190	190	204
Genesee	60,079	576	551	525	435	465	446	441
Fulton	55,531	314	308	323	300	329	344	384

Source: DCJS OPCA Integrated Probation Registrant System

Citizenship

Probation and Correctional Alternatives

Alternatives to Incarceration (ATI)

There are programs in existence in Herkimer County that help to reduce the incarceration rate in the Herkimer County Correctional Facility. NY State Division of Criminal Justice Services (DCJS) and the Office of Probation and Correctional Alternatives (OPCA) have authorized and approved an ATI plan through the Herkimer County Probation Department. The plan consists of a Pre Trial Release Program, which can incorporate Electronic Monitoring via a GPS ankle bracelet, and a Community Service Program - all operated through the Herkimer County Probation Department.

The Pre Trial Release Program targets offenders confined to the correctional facility prior to disposition. The program screens, assesses and interviews inmates to determine appropriate eligibility for Release on Recognizance (ROR) or Release Under Supervision (RUS) - again, often utilizing electronic monitoring. Notification of those considered eligible is submitted to the jurisdictional court and, if applicable, any release is court ordered. The courts have the option to use ROR or RUS on any of the released eligible. Electronic Monitoring affords the opportunity for specific offenders to be supervised in the offenders' communities.

Table 130

Pretrial Release and Jail Time Saved: 2008 to 2015 Herkimer County

	2008	2009	2010	2011	2012	2013	2014	2015
Defendants Screened	291	256	243	219	256	249	198	255
Defendants Interviewed	291	256	243	219	256	249	198	171
Defendants Rated Eligible	119	113	116	103	119	135	107	90
Defendants Rated Not Eligible	172	143	127	116	137	114	91	149
Defendants Released (Total)	70	70	71	65	87	115	92	94
Release on Recognizance (ROR)	0	0	0	0	0	0	0	0
Release Under Supervision (RUS)	4	1	3	2	10	6	3	0
RUS with Electronic Monitoring	66	69	68	63	77	109	89	77
Jail Time Saved (Days)	7,380	7,140	8,295	5,730	7,515	10,935	7,875	6,902

Source: Herkimer County Probation Department

Table 130 illustrates the number of offenders that were screened for Pre Trial Release, the number and types of releases granted, and the number of incarceration (jail) days saved as a result of the program. Effective in 2015 all offenders incarcerated in the Herkimer County Correctional Facility are considered eligible for Pre-Trial Release, and counted as screened in the Program total, even if they have been released/bailed out prior to being interviewed. Therefore, the number of screened offenders will likely differ from the number of those interviewed.

Citizenship

Probation and Correctional Alternatives

The Community Service Program provides a sentencing option for criminal courts by having selected offenders perform unpaid community work in lieu of incarceration in the County Correctional Facility. Offenders are screened for program eligibility and risk to public safety. Each offender assigned to the program is monitored by the Coordinator of the program via the Herkimer County Probation Department. Routine compliance and status reports are made to the sentencing court for each offender assigned.

Table 131 illustrates the number of offenders sentenced to a term of Community Service, the number of hours completed and the number of incarceration (jail) days saved as the result. Between 2009 and 2015 the number of offenders sentenced to community service as an alternative to incarceration has decreased. Around 10,241 hours of community service were performed and 10,510 jail days have been saved during this seven-year time period.

Table 131

Community Service and Jail Time Saved: 2009 to 2015 Herkimer County

	2009	2010	2011	2012	2013	2014	2015
Offenders Sentenced	26	26	29	36	25	17	10
Community Service Hours Ordered	1,260	1,455	1,467	1,652	1,275	1,153	550
Community Service Hours Completed*	1,386	2,077	1,532	1,344	1,875	1,567	460
Jail Days Saved	2,025	1,590	1,665	1,525	1,890	1,140	675

Source: Herkimer County Probation Department

*end of year

Electronic Monitoring

The Electronic Monitoring (EM) Program via the Herkimer County Probation Department was established in 2003. The program provides the sentencing courts an option for selected Pre Trial Release defendants as an alternative to incarceration in the County Correctional Facility. Courts may also utilize a term of EM as a condition of sentence or a sanction in regard to a period of probation supervision. Family Court has also used the program to aid in the management of juvenile cases in an effort to reduce residential and/or detention placement. The program's primary focus is to advance public safety and enhance offender control in the community.

Since 2007, the program has monitored offenders via an ankle bracelet using Global Positioning Satellite (GPS) technology. This unit allows the department to remotely monitor an offender's movement safely and discreetly providing immediate feedback if an offender is in non-compliance. The EM Program has been used by nearly every court in Herkimer County to maintain appropriate offenders in the community and help reduce jail overcrowding, thereby providing a significant cost saving to the County.

Citizenship

Probation and Correctional Alternatives

As Table 132 illustrates, the total number of offenders that are court ordered on EM has fluctuated but has trended upward between 2006 and 2015. Pre-trial use of EM has increased during this time period while post-sentence use experienced a decrease in use in 2014 and 2015. During this 10-year time period, Herkimer County has saved 67,002 jail days. With a jail cost estimated at \$95/day per inmate, Herkimer County saved over \$6.3 million using electronic monitoring between 2006 and 2015.

Table 132

Electronic Monitoring Program 2006 to 2015: Herkimer County

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total Orders	62	73	116	110	95	89	116	148	115	96
Pre Trial Release	26	30	66	65	64	62	77	109	89	76
Sentenced Offenders	36	43	50	45	31	27	39	39	26	20
Days Served/ Jail Days Saved	4,261	5,736	8,678	7,144	5,664	3,204	7,917	10,091	9,222	5,085

Source: Herkimer County Probation Department

As Table 133 illustrates, the number of youth placed on the Juvenile Electronic Monitoring Program has fluctuated between 2008 and 2015. During this 8-year time period, Herkimer County has saved 5,362 days of detention/placement.

Table 133

Juvenile Electronic Monitoring Program 2008 to 2015: Herkimer County

	2008	2009	2010	2011	2012	2013	2014	2015	
Total Court Ordered to Electronic Monitoring	JD	9	5	7	4	7	13	4	0
	PINS	3	9	7	3	7	3	7	3
Pre-adjudication	10	9	9	2	8	12	11	3	
As disposition	2	5	5	5	6	4	0	0	
Days Saved	922	1260	711	552	660	538	531	188	

Source: Herkimer County Probation Department

Herkimer County Treatment Court (HCTC)

The Herkimer County Treatment Court seeks to diminish substance abuse, crime, and recidivism through intense supervision, treatment, and judicial monitoring of Court participants. This program strives to end the cycle of addiction for each participant by providing a balance between therapeutic intervention and judicial accountability.

HCTC is designed for those individuals with a substance abuse problem, which has led to their repeated, non-violent criminal behavior. This is a long-term, highly structured, intensive program. Those participants who remain alcohol/drug-free are more likely to become productive members of the community, thereby benefitting all aspects of the criminal justice system and society.

The Herkimer County Treatment Court Program has been in existence since 2003. As of December 2015, HCTC has served over 100 offenders to date with 52 of those successfully graduating the program. About 25% of the total participants served have terminated their cases—willfully withdrawing or by violating program rules.

Overall, this program has proven to be an effective solution for those individuals willing to sacrifice and put in the work to gain sobriety and, hopefully, end their involvement with the criminal justice system.

DATA SOURCES

Herkimer County Probation Department

Herkimer County Treatment Court

New York State Division of Criminal Justice Services,
Office of Probation and Correctional Alternatives,
Integrated Probation Registrant System

Citizenship

Juvenile Delinquency

WHY THIS IS IMPORTANT

Juvenile delinquency is a challenging problem that takes a substantial toll on our society. Explaining crime and delinquency is a complex task. A multitude of biological, psychological and social factors exist that may lead someone to engage in delinquent behavior.

The prevention of delinquency rests on the principle of identifying individuals and environments at risk for delinquent activity before the behavior has occurred, and then either removing risk factors or strengthening resistance to the risk factors. The impact of this approach depends upon the risk factors identified and the choice of when and where to direct the intervention.

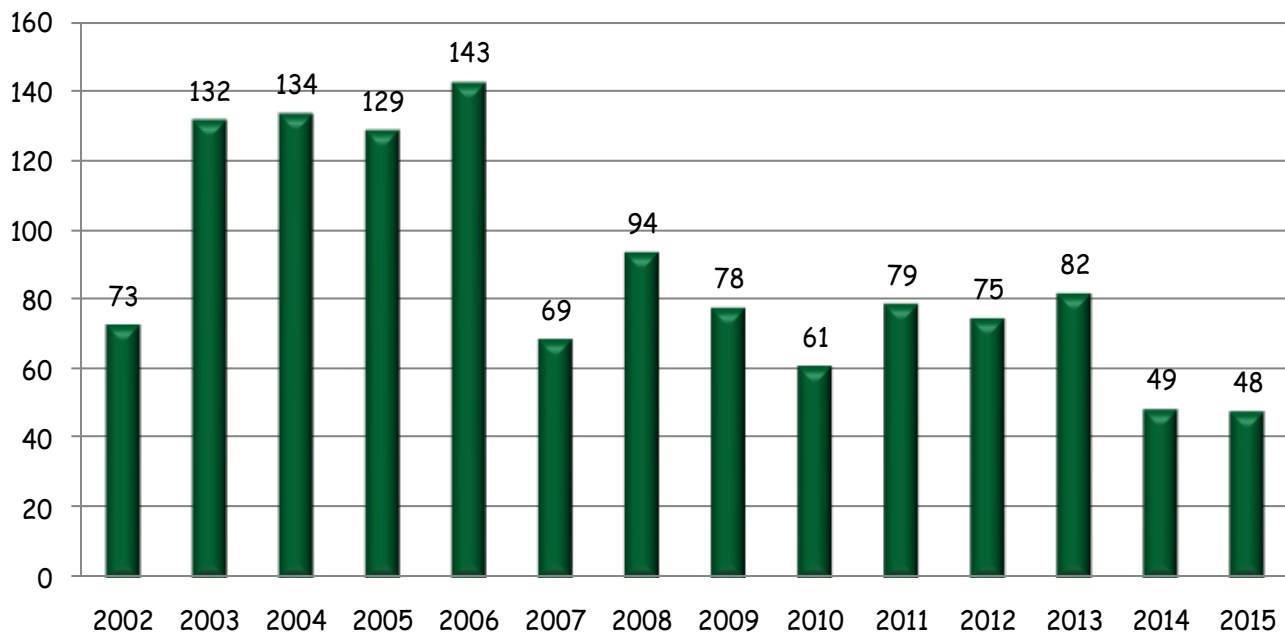
WHERE WE STAND

New York State Family Court Law defines a Juvenile Delinquent (JD) as "a person over seven and less than sixteen years of age, who, having committed an act that would constitute a crime if committed by an adult, (a) is not criminally responsible for such conduct by reason of infancy, or (b) is the defendant in an action ordered removed from a criminal court to the family court pursuant to article seven hundred twenty-five of the criminal procedure law."

Graph 134 displays the number of Juvenile Delinquency intakes from 2002 to 2015 in Herkimer County. As the graph illustrates, Juvenile Delinquency intakes doubled between 2002 and 2006 then trended downward, decreasing by almost 70% between 2006 and 2015.

Herkimer County Juvenile Delinquency Intakes 2002 to 2015

Graph 134



Source: Herkimer County Probation Department and Family Support PINS Diversion Program

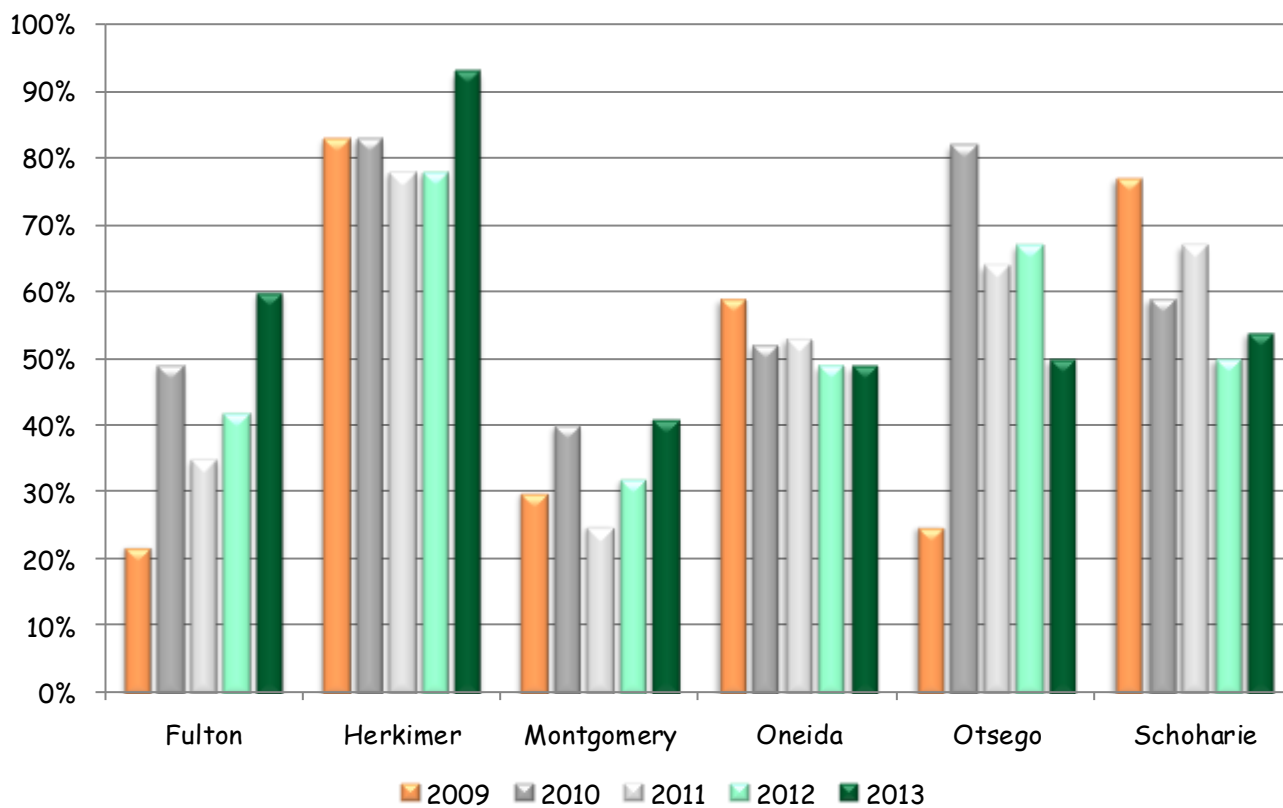
Citizenship

Juvenile Delinquency

Graph 135 depicts the percentage of Juvenile Probation intake cases in the Mohawk Valley Region that were adjusted at intake (services were provided and there was a successful resolution of issues without court involvement/placement) between 2009 and 2013. As the graph illustrates, a greater percentage of Herkimer County juvenile probation intake cases were adjusted successfully for all years measured.

Graph 135

**Percentage of Juvenile Probation Intake Cases Adjusted
Mohawk Valley Region by County 2009 to 2013**



County	2009	2010	2011	2012	2013
Fulton	22%	49%	35%	42%	60%
Herkimer	83%	83%	78%	78%	93%
Montgomery	30%	40%	25%	32%	41%
Oneida	59%	52%	53%	49%	49%
Otsego	25%	82%	64%	67%	50%
Schoharie	77%	59%	67%	50%	54%
Region Average	50%	61%	53%	53%	58%

Source: DCJS Uniform Crime Reporting (UCR) Research System

Citizenship

Juvenile Delinquency

Electronic Monitoring (EM)

The Electronic Monitoring (EM) Program is operated by the Herkimer County Probation Department and is used by Family Court to aid in the management of juvenile cases in an effort to reduce residential and/or detention placement. The program's primary focus is to advance public safety and enhance offender control in the community.

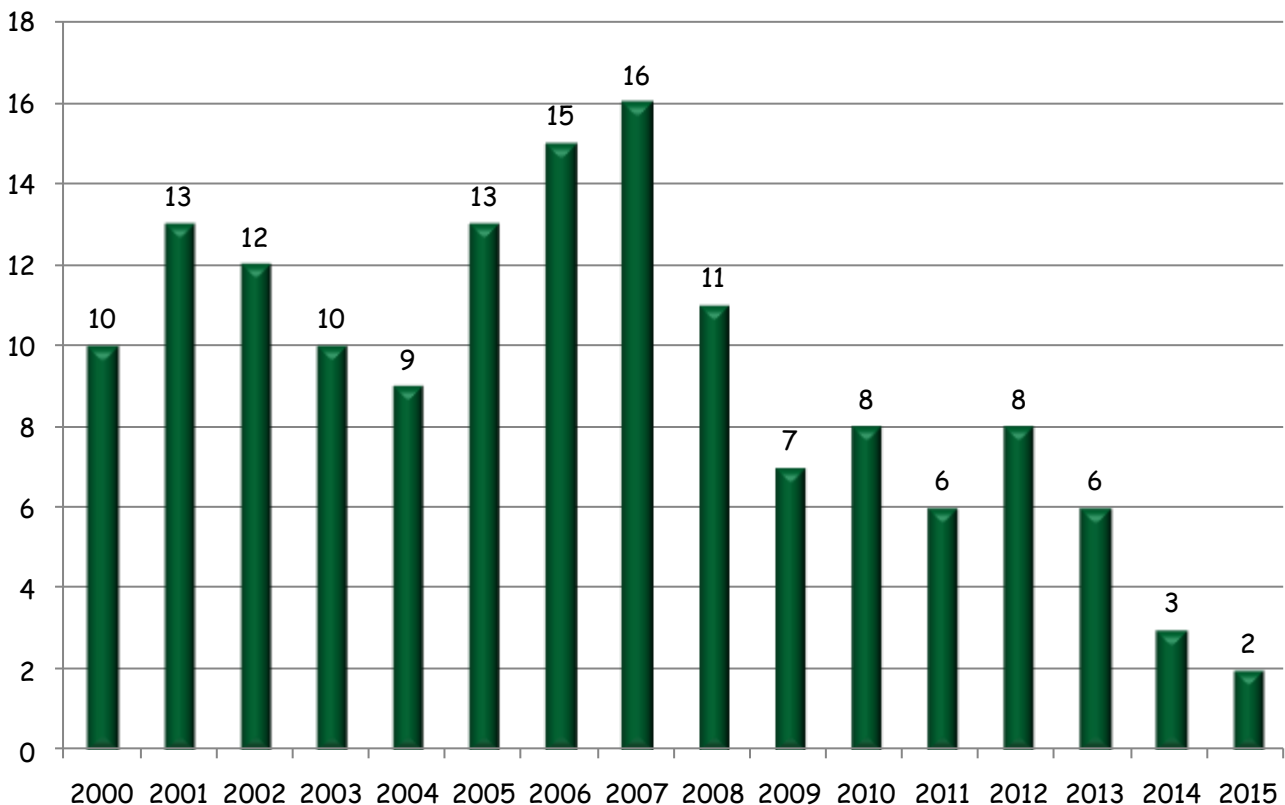
Table 133 on page 134 illustrates the number of youth served by the Juvenile Electronic Monitoring Program in Herkimer County.

Placements

Graph 136 illustrates the number of placements recorded for Juvenile Delinquent (JD) youth in Herkimer County from 2000 to 2015. Following some fluctuation, and a high of 16 youth placed in 2007, the rates decreased into single digits. In 2015, the number of youth placed dropped to a total of two. This is a sizeable decrease from the 10 youth placed in 2000 (80% decrease), as well as the 16 recorded in 2007 (88% decrease).

Graph 136

**JD Youth Placed: Herkimer County
2000 to 2015**



Source: Herkimer County Department of Social Services

Citizenship

Juvenile Delinquency

JD youth tend to require more intensive levels of care than traditional Foster Care homes can provide, and as a result the majority of JD placements are in costly alternatives such as institutions, group homes, and detention facilities.

Table 137 displays the number of residential and detention care days used for JD youth from 2006 to 2015. The yearly use of JD detention and residential care days declined by 78% during this time period.

**JD Residential and Detention Care Days: Herkimer County
2006 to 2015**

Table 137

2006	6,557
2007	9,544
2008	8,823
2009	6,551
2010	5,025
2011	3,149
2012	4,344
2013	3,911
2014	2,407
2015	1,403

Source: Herkimer County Department of Social Services

DATA SOURCES

Herkimer County Department of Social Services

Herkimer County Family Support PINS Diversion Program

Herkimer County Probation Department

Citizenship

Persons in Need of Supervision (PINS)

WHY THIS IS IMPORTANT

A Person In Need of Supervision (PINS) is an individual less than 18 years of age who does not attend school in accordance with the education law or who is incorrigible, ungovernable or habitually disobedient and beyond the lawful control of parent or other person legally responsible. PINS also includes the unlawful possession of marijuana (Penal Law 221.05).

Providing access to strength-based and family-centered services is essential to help reduce risks and improve outcomes for youth and families in need.

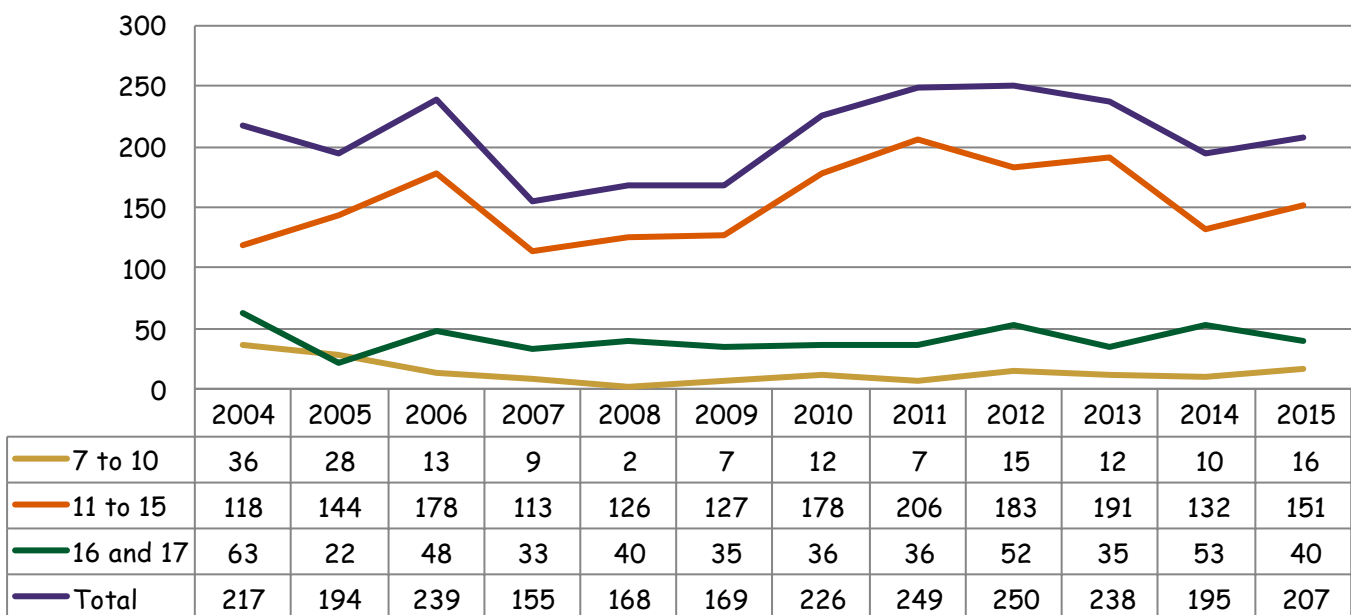
WHERE WE STAND

The Herkimer County Family Support PINS Diversion Program provides adjustment services for all Persons in Need of Supervision (PINS) referrals made in Herkimer County. All potential PINS cases are screened and offered services to help address these disobedient behaviors and prevent further involvement in the social welfare and criminal justice systems. Families are provided with services prior to filing a formal PINS complaint in Family Court and youth can continue to receive services once adjudicated.

Graph 138 illustrates the number of PINS and pre-PINS youth by age that received diversion services in Herkimer County from 2004 to 2015.

**Persons in Need of Supervision (PINS) by Age
2004 to 2015**

Graph 138



Source: Herkimer County Family Support PINS Diversion Program

Citizenship

Persons in Need of Supervision (PINS)

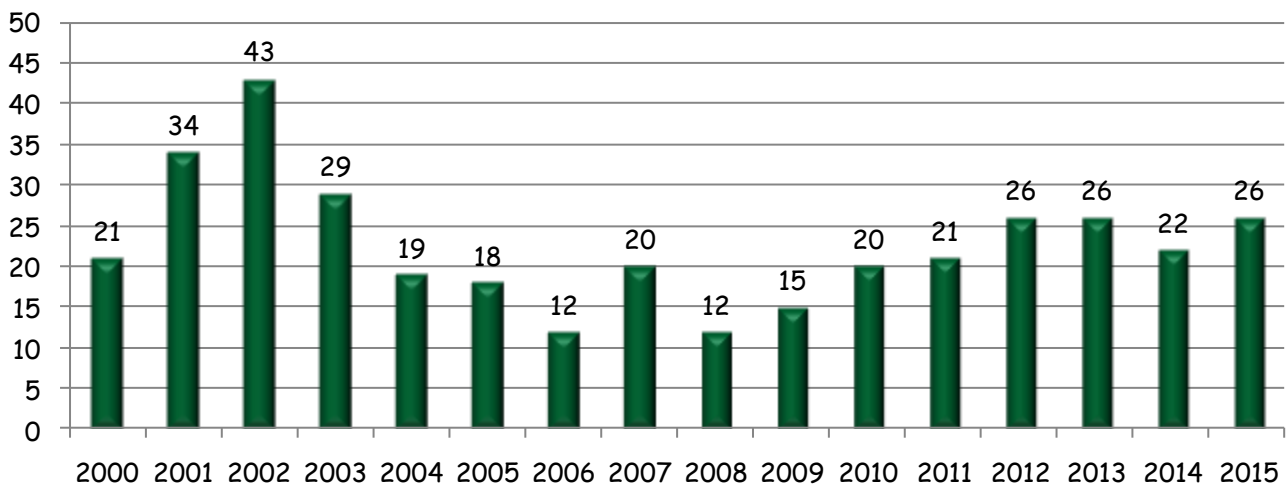
The majority of youth receiving services are between the ages of 11 and 15. This age group has seen an increase in the number of youth served yearly during this time period. Conversely, the number of PINS and pre-PINS youth ages 7 to 10 and 16 to 17 have seen a decline in the number of youth served on a yearly basis.

Placements

Graph 139 illustrates the number of PINS out of home placements recorded in Herkimer County from 2000 to 2015. PINS placements doubled between 2000 (21) and 2002 (43). With services provided by the Family Support PINS Diversion program which began in 2003, placements declined by almost 70% between 2002 (43) and 2008 (12). Since that time, placements have increased from 12 in 2008 to 26 in 2015.

Graph 139

Herkimer County PINS Placements 2000-2015



Source: Herkimer County Department of Social Services

PINS youth tend to require more intensive levels of care than traditional Foster Care homes can provide, and as a result the majority of PINS youth are placed in costly alternatives such as institutions, group homes, and non-secure detention centers.

Graph 140 on the following page displays the number of residential and detention care days used by PINS youth from 2002 to 2015. The number of care days in 2015 represents an overall reduction in use of 5,540 days, or a 45% decrease, from the 12,410 care days total in 2002.

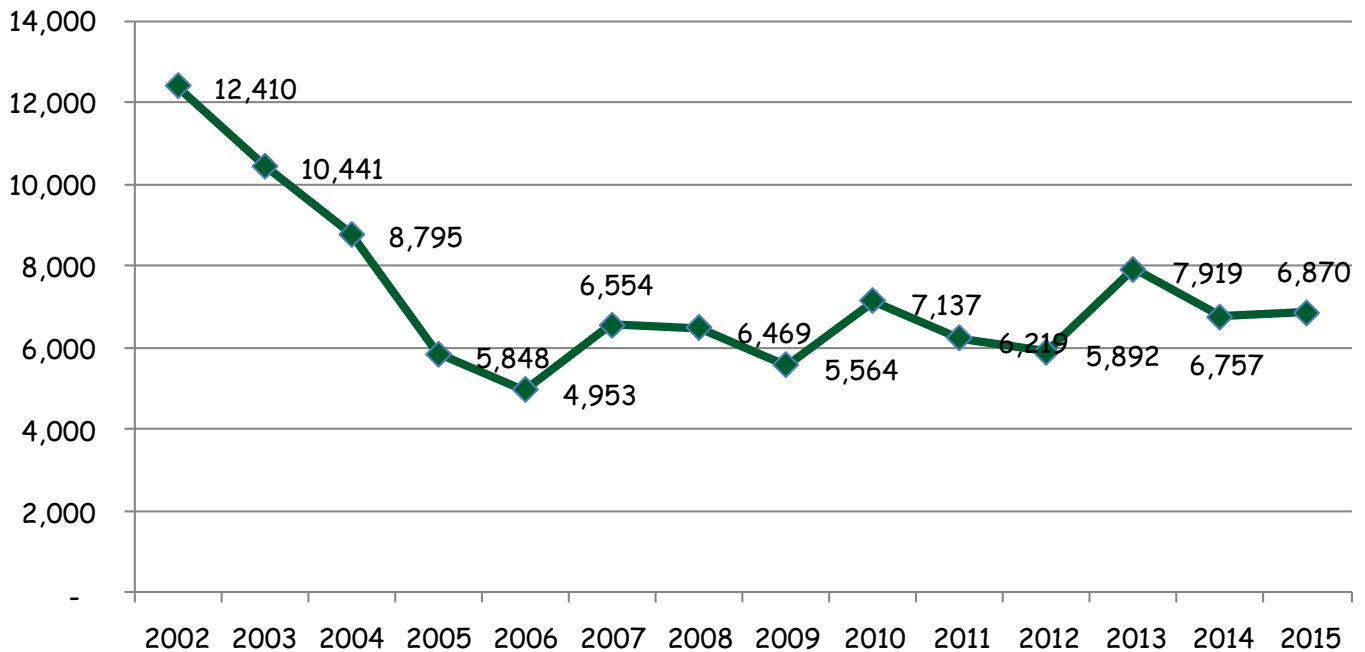
In 2008, Herkimer County entered into a contract with Kids Herkimer to provide Return Home Early home-based wraparound services for youth who would otherwise remain in placement.

Citizenship

Persons in Need of Supervision (PINS)

Graph 140

Herkimer County PINS Residential & Detention Care Days
2002 to 2015



Source: Herkimer County Department of Social Services

Juvenile Electronic Monitoring Program

In 2008, Herkimer County began to use Electronic Monitoring for PINS youth as an alternative to placement. The Electronic Monitoring (EM) Program is operated by the Herkimer County Probation Department and is used by Family Court to aid in the management of juvenile cases in an effort to reduce residential and/or detention placement.

During 2015, three PINS youth were placed on Electronic Monitoring as an alternative to detention or placement. Please refer to Table 133 on page 134 for additional information.

Respite

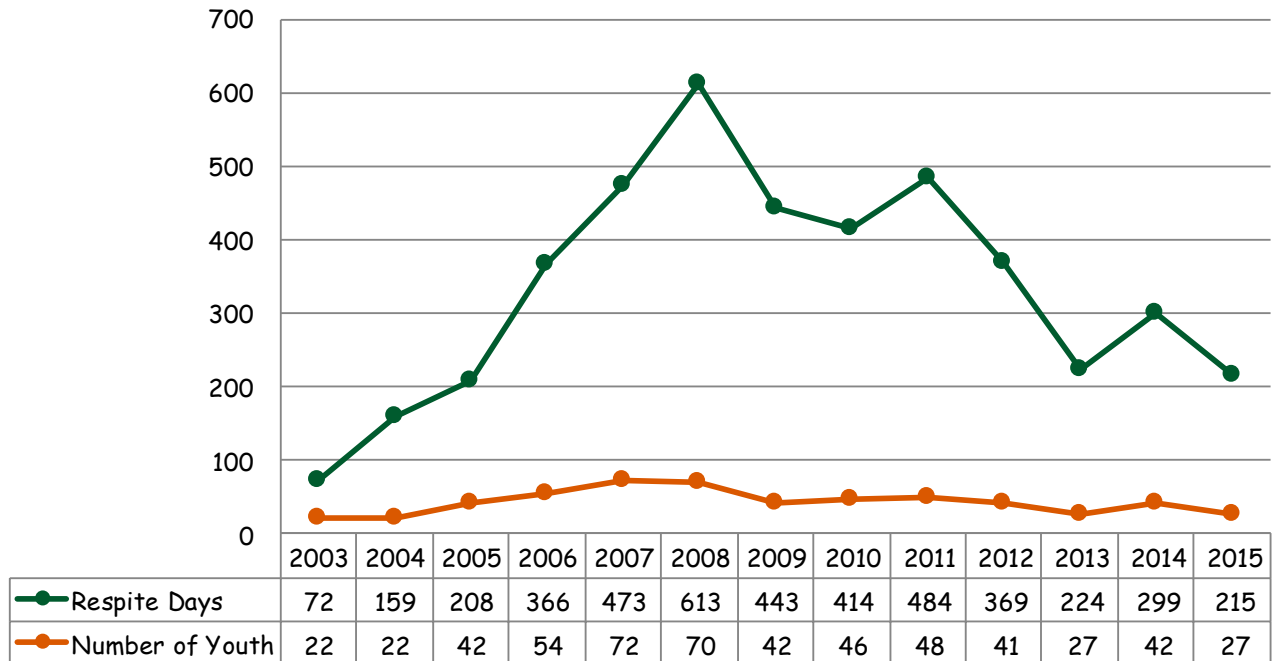
Since 2003, respite services have been available to PINS youth as an alternative to placement. Graph 141 on the following page illustrates the number of Herkimer County youth served by the respite program and the number of bed care days utilized from 2003 to 2015. Both the number of youth utilizing respite and the number of respite care days used increased between 2003 and 2008. Respite use has declined between 2009 and 2015.

Citizenship

Persons in Need of Supervision (PINS)

Graph 141

Herkimer County PINS and JD Respite Use—2003 to 2015



Source: Herkimer County Family Support PINS Diversion Program

DATA SOURCES

Herkimer County Department of Social Services

Herkimer County Family Support PINS Diversion Program

Herkimer County Probation Department

Citizenship

Incarceration

WHY THIS IS IMPORTANT

Incarceration, while important for community safety, can negatively impact family, employment prospects, and feelings of self-worth. The costs of incarceration not only take their toll on the person incarcerated and their family, but create economic, societal and cultural impacts in the community at-large.

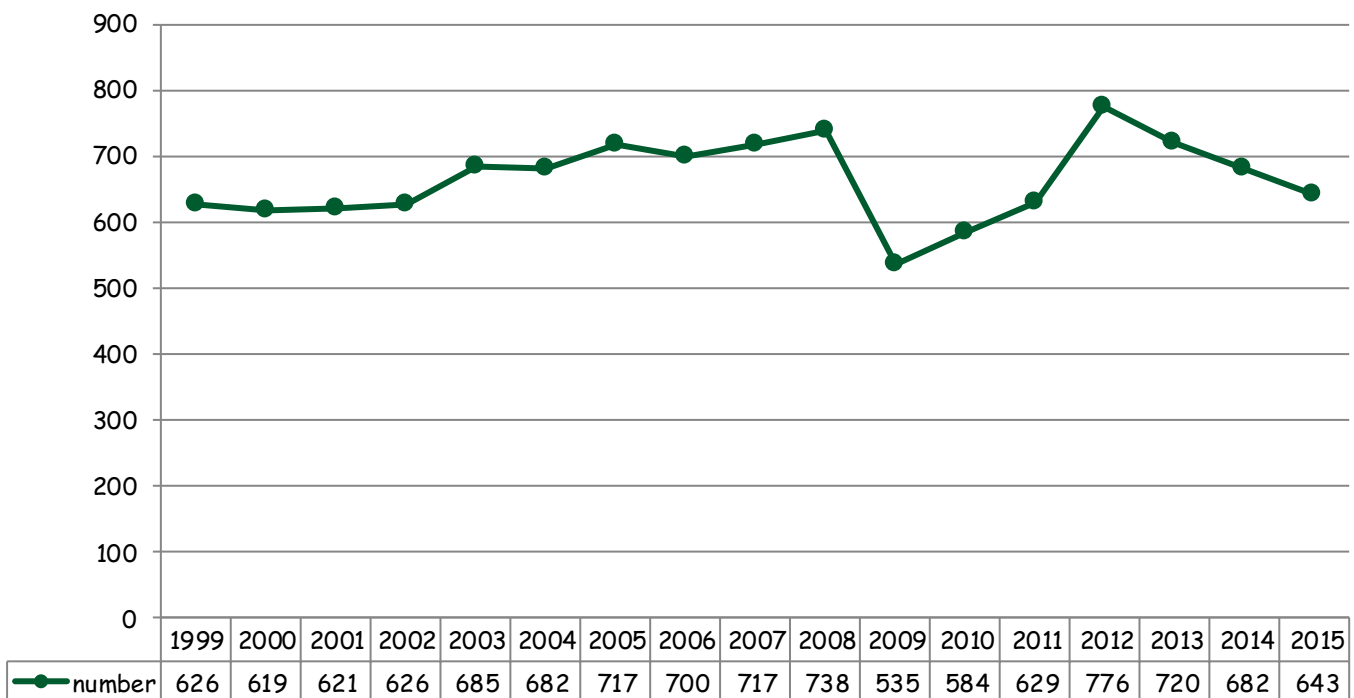
The incarceration of a care-taking parent leaves children of incarcerated parents vulnerable to elevated levels of anxiety, fear, loneliness, anger, and depression. They may be stigmatized and ostracized by classmates, lose self-esteem, withdraw from relationships with adults and peers, act out in school or become truant, and experience a decline in academic performance. Children of incarcerated parents also face an increased risk of substance abuse and the possibility of becoming involved themselves in the criminal justice system.

WHERE WE STAND

Graph 142 depicts the number of Herkimer County Correctional Facility (Jail) inmates from 1999 to 2015. The number of inmates remanded to the Correctional Facility (Jail) has fluctuated during this time period. Inmates increased by 18% between 1999 and 2008, then experienced a sharp decline of 27% between 2007 and 2008. The number of inmates then increased by 45% between 2009 and 2012, but experienced a 17% decline from 2012 to 2015.

Graph 142

Herkimer County Jail Inmates 1999-2015



Source: Herkimer County Sheriff's Department

Citizenship

Incarceration

Table 143 illustrates the number of adults that have been incarcerated in the county jail from 1999 to 2015. The total number of adults in jail has increased by approximately 25% during this time period. There has been an 11% increase in total number of males incarcerated from 1999 to 2015 and the total number of females has more than doubled.

Table 143

Adults in the Herkimer County Jail: 1999 to 2015

Adults in Jail		21-29	30-39	40-54	55+	All Ages	Total
1999	Male	177	132	91	7	407	453
	Female	19	18	8	1	46	
2000	Male	164	123	86	14	387	438
	Female	14	30	5	2	51	
2001	Male	171	127	68	7	373	446
	Female	27	34	12	0	73	
2002	Male	165	122	82	15	384	443
	Female	13	39	6	1	59	
2003	Male	188	119	76	19	402	469
	Female	27	26	13	1	67	
2004	Male	193	105	115	9	422	484
	Female	16	18	25	3	62	
2005	Male	216	117	99	8	440	521
	Female	31	25	24	1	81	
2006	Male	215	128	109	10	462	536
	Female	31	21	19	3	74	
2007	Male	239	97	117	8	461	544
	Female	32	22	23	6	83	
2008	Male	240	128	92	13	473	560
	Female	36	24	23	4	87	
2009	Male	190	84	74	10	358	413
	Female	28	15	10	2	55	
2010	Male	189	93	90	14	386	466
	Female	40	13	25	2	80	
2011	Male	201	114	86	22	423	513
	Female	38	22	27	3	90	
2012	Male	262	137	97	19	515	638
	Female	64	29	29	1	123	
2013	Male	228	135	104	17	484	603
	Female	55	37	22	5	119	
2014	Male	220	133	117	26	496	605
	Female	44	28	26	11	109	
2015	Male	207	139	84	24	454	565
	Female	54	25	31	1	111	

Source: Herkimer County Sheriff's Department

Citizenship

Incarceration

Table 144 displays the number of youth (16 to <21) that have been incarcerated in the county jail from 1999 to 2015. The total number of youth in jail has declined by 57% during this time period.

Table 144

Youth in the Herkimer County Jail: 1999 to 2015

Youths in Jail		<16	16-18	19	20	All Ages	Total
1999	Male and Female	0	98	38	37	173	173
2000	Male and Female	0	96	45	40	181	181
2001	Male and Female	0	100	38	37	175	175
2002	Male and Female	0	112	42	29	183	183
2003	Male	0	102	51	41	194	216
	Female	0	10	5	7	22	
2004	Male	0	97	30	40	167	198
	Female	0	13	9	9	31	
2005	Male	0	77	46	47	170	196
	Female	0	10	7	9	26	
2006	Male	0	70	22	36	128	164
	Female	0	18	8	10	36	
2007	Male	0	82	34	30	146	173
	Female	0	11	10	6	27	
2008	Male	0	78	43	37	158	178
	Female	0	9	7	4	20	
2009	Male	0	65	23	24	112	122
	Female	0	5	1	4	10	
2010	Male	0	46	28	33	107	118
	Female	0	6	5	0	11	
2011	Male	0	41	30	25	96	116
	Female	0	9	7	4	20	
2012	Male	0	52	32	32	116	138
	Female	0	10	4	8	22	
2013	Male	0	46	26	24	96	117
	Female	0	8	5	8	21	
2014	Male	0	22	14	19	55	77
	Female	0	9	8	5	22	
2015	Male	0	26	19	23	68	74
	Female	0	4	1	1	6	

Source: Herkimer County Sheriff's Department

Citizenship

Incarceration

Average Daily Census

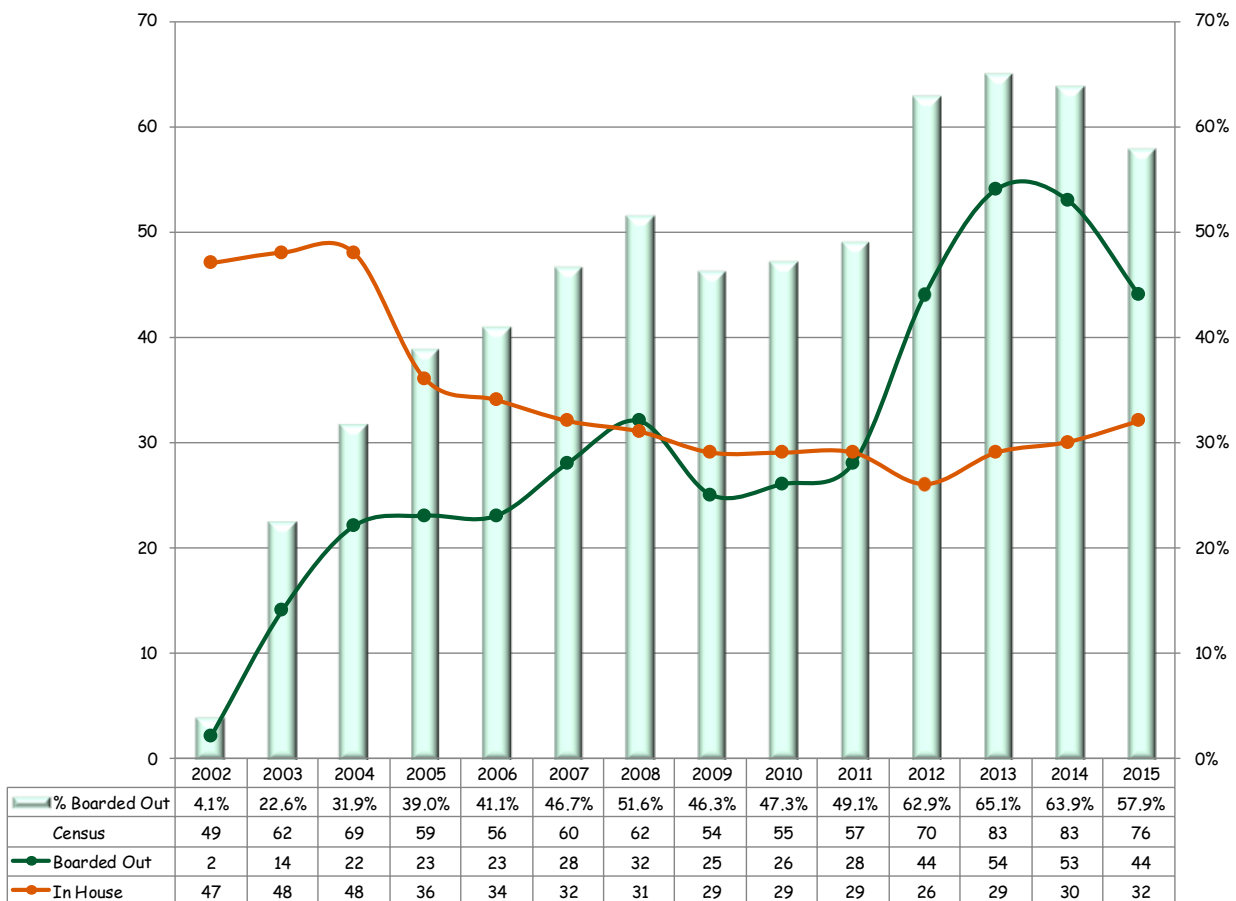
The increase in the jail population has resulted in the overcrowding of the Herkimer County jail and the boarding out of prisoners to other facilities. Graph 145 illustrates the yearly average daily census of the Herkimer County jail population between 2002 and 2015, including the number and percentage of those inmates that were boarded out to other facilities.

In 2002, 4.1% of the average daily census of jail inmates were boarded out to other facilities. This percentage increased twelve-fold by 2008, when more than half of all inmates (51.6%) were boarded out to other facilities at a significant additional cost to taxpayers. After slight declines in 2009 and 2010, the number of boarded out inmates rose again. From 2012 to 2014, over 60% of all inmates were boarded out.

In 2015, an average of 44 prisoners were boarded out to jails in other counties, representing 57.9% of the total average daily census of 76 in that year. The total cost for boarding out prisoners in 2015 was \$1,646,985.94 (\$1,549,812.58 for room/board and \$97,173.36 for transportation). There were 722 transports made for boarded out prisoners and 2,467.50 staff hours were devoted to this population.

Yearly Average Daily Census of Jail Population: 2002 to 2015

Graph 145



Citizenship

Incarceration

Jail Transports

Table 146 displays the total number and percentage of transports made to/from various courts for Herkimer County inmates both in-house and boarded out from 2013 to 2015.

Table 146

**Herkimer County Sheriff's Department - Court Transports
2013-2015**

Municipality	2013		2014		2015	
	Total	%	Total	%	Total	%
Town of Columbia	4	0.3%	5	0.40%	1	0.09%
Town of Danube	4	0.3%	6	0.4%	9	0.83%
Town of Fairfield	2	0.1%	11	0.9%	4	0.37%
Town of Frankfort	29	2.3%	43	2.3%	41	3.7%
Village of Frankfort	15	1.2%	6	0.5%	0	0.00%
Town of German Flatts	27	2.2%	16	1.3%	10	0.92%
Herkimer County Court	454	37.4%	483	36.8%	375	34.4%
Herkimer County Family Court	71	6%	92	6.3%	106	9.7%
Town of Herkimer	24	2%	29	2.3%	18	1.7%
Village of Herkimer	323	27.4%	410	5.0%	282	25.9%
Village of Ilion	78	6.3%	62	32.7%	110	10.1%
Town of Litchfield	0	0	6	0.5%	0	0.0%
City of Little Falls	113	9.1%	63	4.8%	72	6.6%
Town of Little Falls	15	1.2%	14	1.0%	12	1.1%
Town of Manheim	14	1.1%	7	0.6%	5	0.5%
Village of Middleville	1	.07%	0	0	0	0.0%
Town of Newport	1	.07%	0	0	7	0.6%
Town of Ohio	1	.07%	6	0.5%	5	0.5%
Town of Russia	1	.07%	0	0	6	0.6%
Town of Schuyler	17	1.3%	10	0.8%	13	1.2%
Town of Stark	1	.07%	1	0.1%	1	0.1%
Town of Norway	0	0	17	1.2%	1	0.1%
Town of Salisbury	.6	.45%	2	0.1%	0	0.0%
Town of Warren	0	0	4	0.3%	0	0.0%
Town of Webb	11	1%	9	0.7%	7	0.6%
Town of Winfield	0	0	6	0.5%	3	0.3%

Source: Herkimer County Sheriff's Department

Citizenship

Incarceration

The Herkimer County Sheriff's Department is also tasked with transporting inmates to Courts, medical appointments and to NYS Department of Corrections Facilities (once an inmate is sentenced). Table 147 below illustrates these transports for 2015.

Table 147

Transports for Herkimer County Jail Inmates—2015

Destination	Number of Transports
County Court	352
Local Criminal Courts (Includes Little Falls City Court)	526
Family Court	91
State Prison	96
Pickups at Other Facilities	1,575
Medical (Hospital, Medical & Dental Appointments)	359
Mental Health	77
Others (Order to Produce, funeral/deathbed visits, etc.)	129

Source: Herkimer County Sheriff's Department

DATA SOURCES

Herkimer County Sheriff's Department

New York State Division of Criminal Justice Services

http://www.criminaljustice.ny.gov/crimnet/ojsa/jail_population.pdf

Family

Household Composition

WHY THIS IS IMPORTANT

The family and the household are the most fundamental socioeconomic institutions in human society. The principal social function of the family has historically been to bring children into the world and to care for them until they can support themselves.

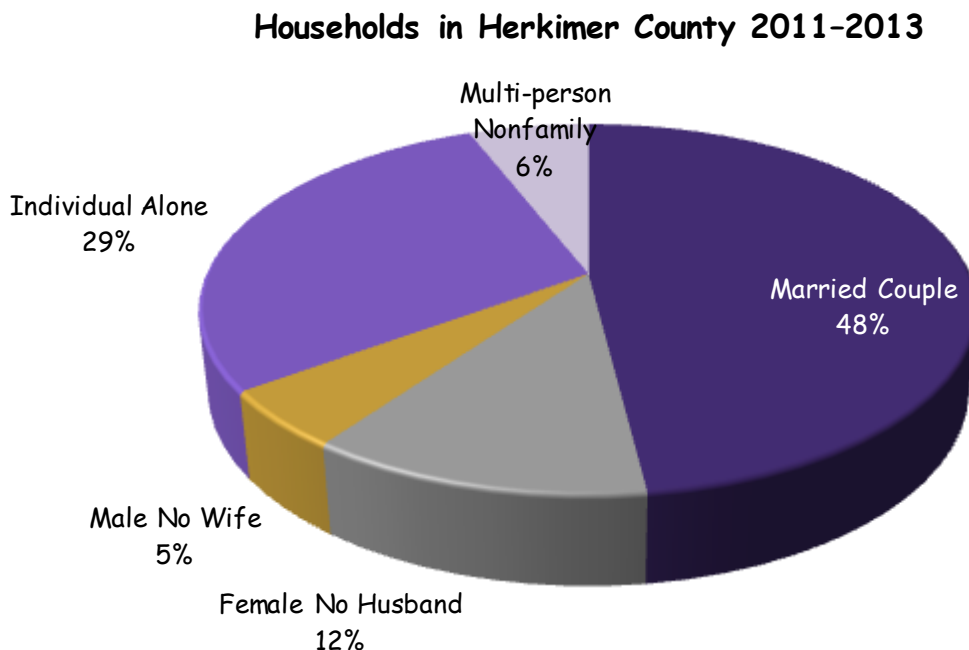
Household composition may have an impact on well-being. Children living in households with only one parent are much more likely to have families whose incomes fall below the poverty line. In addition, marital status can significantly affect the resources available to both women with children and women alone at any age.

WHERE WE STAND

Family and Household Demographics

According to the 2011-2013 U.S. Census American Community Survey (ACS), there are 64,442 people, 26,910 households, and 17,647 families residing in Herkimer County. Graph 148 illustrates the percentage of each type of household in Herkimer County. As illustrated, almost half (48.1%) of all households in Herkimer County are married couple families, over one in ten (12%) are female headed households, and one in twenty households (5%) are male headed (no wife present). Three in ten households (29%) are comprised of individuals living alone and over one in five households (6%) are multi-person nonfamilies.

Graph 148



Source: U.S. Census Bureau, 2011-2013 American Community Survey

Family

Household Composition

Table 149 compares the household and family demographics in Herkimer County in 2000 and 2011-2013. Although the number of households and families increased during this time period, the average household size, family size, and the number of households with children under the age of 18 have decreased.

Table 149

Herkimer County Households and Families	2000	2011-2013
Population	64,427	64,442
Households	25,734	26,910
Average Household Size	2.46	2.34
Families	17,101	17,647
Average Family Size	2.99	2.84
Households With Children < 18	32.8%	25.5%

Source: U.S. Census Bureau, 2000 Census & 2011-2013 American Community Survey

Table 150 compares household demographics in Herkimer County in 2000 and 2011-2013 with NYS and the U.S. in 2011-2013. As the table illustrates, the 2011-2013 ACS shows a slight increase since 2000 in the number of households and percentage of female householders (no spouse present) and individuals living alone in Herkimer County. A decrease in the percentage of married couples living together is also identified.

When compared to ACS data for New York State, Herkimer County has a higher percentage of married couples living together and non-family households, and a lower percentage of female-headed households (no spouse present) and individuals living alone.

Table 150

Households in Herkimer County, NYS and US	Herkimer County 2000	Herkimer County 2011-2013	NYS 2011-2013	US 2011-2013
Total Households	25,734	26,910	7,214,163	115,731,304
Married Couple Family	51.2%	48.1%	43.8%	48.2%
Female (no Husband Present)	10.3%	12%	14.8%	13.1%
Male (no Wife Present)	5.0%	5.0%	5.0%	4.8%
Individuals Living Alone	27%	29%	31.5%	27.7%
Non-Family	6%	6%	4.8%	6.2%

Source: U.S. Census Bureau, 2000 Census & 2011-2013 American Community Survey

Family

Household Composition

Households by Type

Table 151 compares households by type in Herkimer County, NYS and the U.S. in 2011-2013. The 2011-2013 American Community Survey estimates that 65.6% of all households in Herkimer County are comprised of families. Half of all families (48.1%) are traditional two-parent families, a decline from 51.2% in 2000. This percentage is higher, however, than both NYS and US percentages.

Female-headed families with no male present have increased as a percent of all families in Herkimer County, from 10.3% in 2000 to approximately 12% (2011-2013 ACS). This percentage is lower than both NYS and US percentages. Male householders comprise 5% of all households in Herkimer County, which is higher than the percentage found in NYS and the US.

In addition, 30.9% of all households in Herkimer County have someone in the home that is 65 years old or over, which is higher than the percentage found in both NYS and the US.

Table 151

Households By Type, ACS 2011-2013	Herkimer County	HC %	NYS %	US %
Total households	26,910	100%	7,214,163	115,731,304
Family households (families)	17,647	65.6%	63.7%	66.1%
With own children under 18 years	6,870	25.5%	28.0%	29.0%
Married-couple family	12,955	48.1%	43.8%	48.2%
With own children under 18 years	4,331	16.1%	18.3%	19.4%
Male householder, no wife present, family	1,469	5.5%	5.0%	4.8%
With own children under 18 years	683	2.5%	2.0%	2.3%
Female householder, no husband present, family	3,223	12.0%	14.8%	13.1%
With own children under 18 years	1,856	6.9%	7.6%	7.3%
Nonfamily households	9,263	34.4%	36.3%	33.9%
Householder living alone	7,708	28.6%	29.8%	27.7%
65 years and over	3,447	12.8%	10.9%	9.9%
Households with one or more people under 18 years	7,688	28.6%	31.2%	32.4%
Households with one or more people 65 or over	8,317	30.9%	27.1%	26.0%

Source: U.S. Census Bureau, 2011-2013 American Community Survey

Family

Household Composition

Family Structure 1960 - 2010

The Herkimer Oneida Counties Comprehensive Planning Program provided information on the structure of families in Herkimer County over the last 60 years utilizing decennial U.S. Census data, as reflected in Table 152.

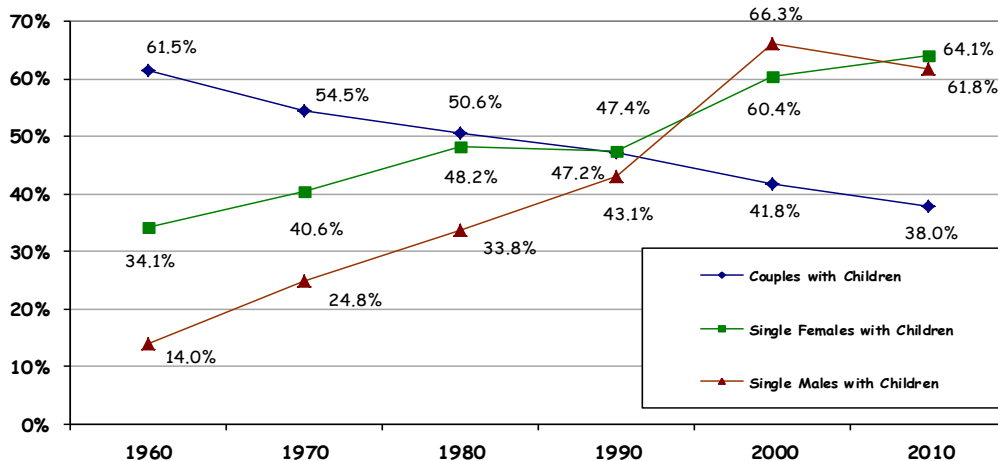
Herkimer County Two Parent and Female-Headed Families: 1960-2010 Table 152

	1960		1970		1980		1990		2000		2010	
	#	%	#	%	#	%	#	%	#	%	#	%
2-Parent Families	15,169	88%	14,975	87%	14,864	85%	14,511	82%	13,183	77%	12,534	74%
w/children	9,331	62%	8,156	55%	7,518	51%	6,843	47%	5,509	42%	4,765	38%
Female-Headed Families	1,365	8%	1,657	10%	2,071	12%	2,350	13%	2,648	16%	2,934	17%
w/children	466	34%	672	41%	999	48%	1,114	47%	1,600	60%	1,882	64%
Total Families	17,310	100%	17,185	100%	17,565	100%	17,714	100%	17,101	100%	16,871	100%

Source (table and graph this page): Herkimer Oneida Counties Comprehensive Planning Program

Data indicates that as a percentage of all families, fewer families are two-parent and more are single-parent, both female- and male-headed. Two-parent families comprised 88% of all families in 1960; by 2010 they dropped to only 74%. Eight percent (8%) of families were female-headed in 1960, they increased to 17% of all families by 2010. In addition, male-headed families made up about 4% of all families from 1969 to 1990, but by 2010, they increased to 7% of all families.

Herkimer County Family Structure:
Percent of Families with Children Under 18
Present at Home Graph 153



Since 1960, two-parent families have seen a steady decline in the percentage that have children under the age of 18 in the home, while single-parent families have seen a steady increase, as illustrated in Graph 153.

Family

Household Composition

For two-parent families, the percentage that had children at home dropped from 61.5% in 1960 to 38% in 2010. During this same period, the percentage of all female-headed families that have children under 18 in the home increased from 34.1% in 1960 to 64.1% in 2010. In addition, the percentage of all male-headed families that have children climbed even faster from 14% in 1960 to 62% in 2010.

Family Composition — Youth Survey

This change in family structure can also be seen from the results of the Herkimer County TAP Survey when students in 7th, 9th and 11th grade were asked about their family composition in 1997, 2001, 2005, 2009 and 2013, as Table 154 illustrates.

**Family Composition of Herkimer County TAP Survey Participants
1997, 2001, 2005, 2009, and 2013**

Question: Who do you live with most of the time?

Table 154

Response	1997	2001	2005	2009	2013
Two Parents (biological or adoptive)	63.7%	59.4%	57.0%	57.9%	56.0%
A Parent and a Step-parent	12.4%	15.4%	16.3%	17.2%	15.8%
Father most of the time	3.6%	3.7%	4.8%	4.3%	4.6%
Mother most of the time	14.4%	13.8%	14.4%	12.3%	13.5%
Mother part of the time, father part of the time	N/A	3.9%	3.9%	4.5%	5.7%
With relatives (aunt, uncle, grandparents, etc.)	2.0%	2.4%	2.6%	2.7%	3.2%
Group home or foster home	N/A	0.5%	0.3%	0.5%	0.4%
Alone or with friends only	1.5%	0.9%	0.7%	0.6%	0.9%

Source: Herkimer County TAP Survey

The percent of teens that live in a two-parent (biological or adoptive) household has been declining since 1997, when the first survey was conducted, from 64% to 56% in 2013. The largest change occurred between 1997 and 2001. Between 1997 and 2001, there was a jump in the percentage of teens living with a parent and step-parent from 3 percent to 15 percent; and a drop in the percentage living with a mother part of the time and father part of the time from 14 percent to 4 percent. Since then, the decline each four years has been slight, and there has been little change in the configuration of households.

Family

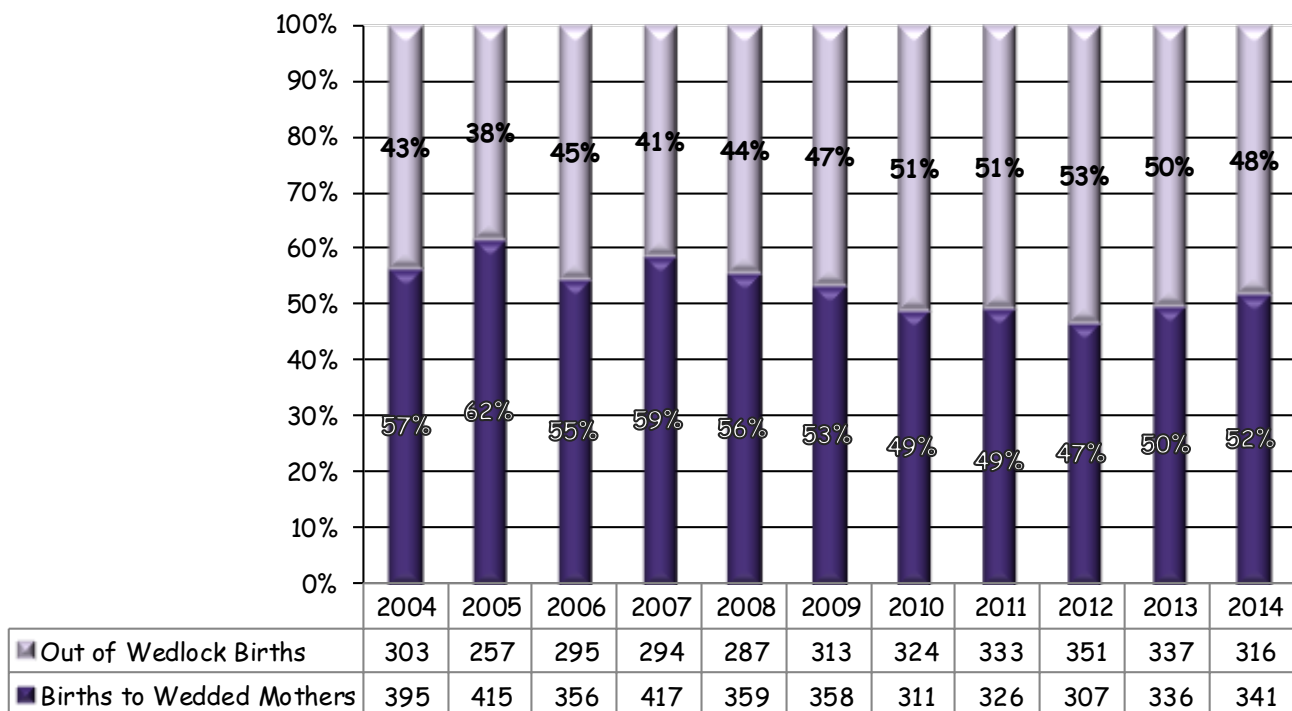
Household Composition

Births by Marital Status

Graph 155 illustrates the percentage of births to married and unmarried mothers in Herkimer County between 2004 and 2014. Herkimer County has seen increases in unwed women giving birth as a percentage of total live births in the county each year between 2007 and 2013, reaching over half of all births recorded from 2010 to 2013. In 2014, the percentage of births to unwed mothers was 48%, almost half of all births recorded.

Herkimer County Births by Marital Status: 2004 to 2014

Graph 155



Source: NYS Department of Health, Vital Statistics of NYS, Tables 7 and 10

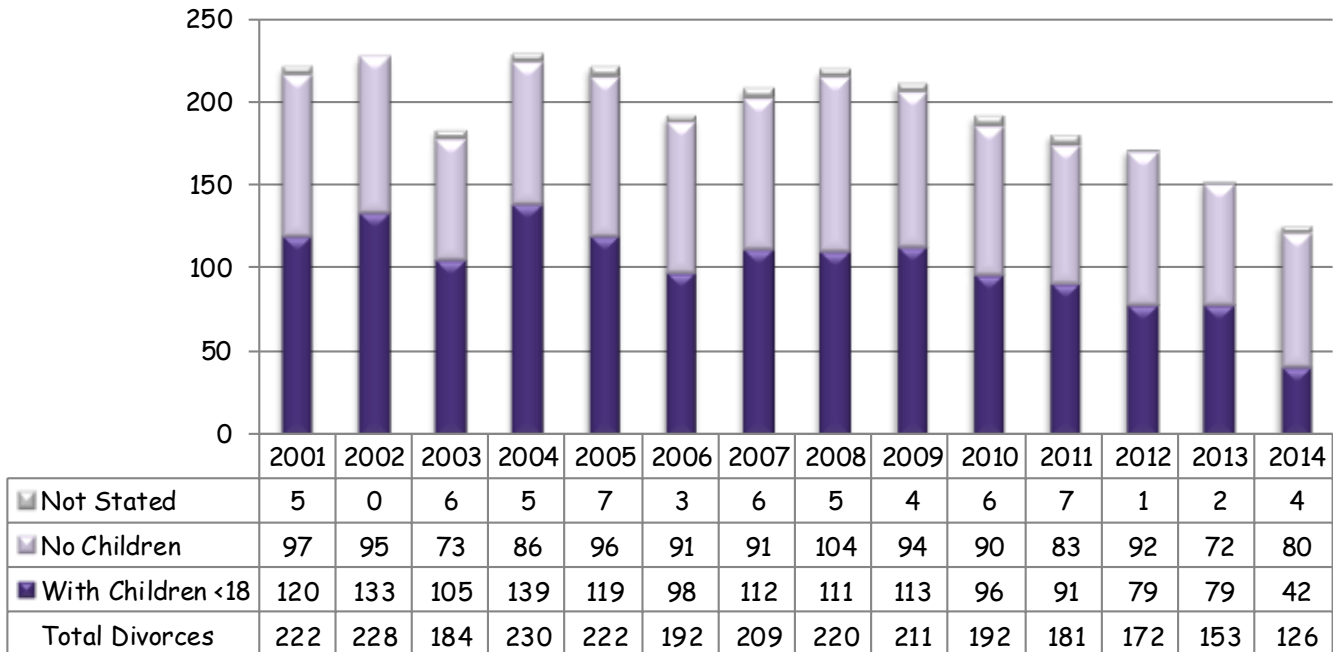
Households headed by single mothers, on average, have a lower median household income than both single, male-headed households and households with two parents.

Divorces

Graph 156 on the following page illustrates the number of divorces, both with and without children, between 2001 to 2014. The total number of divorces decreased by 43% during this timeframe, fluctuating between 2001 and 2008 but steadily declining between 2008 and 2014 to the lowest number recorded during this time period.

Divorces in families without children below the age of 18 decreased by 18% between 2001 and 2014, while divorces in families with children below the age of 18 declined by nearly two-thirds.

**Herkimer County Divorces
2001-2014**



Source: NYS Department of Health, Vital Statistics of NYS, Table 52

Parents in the Workforce

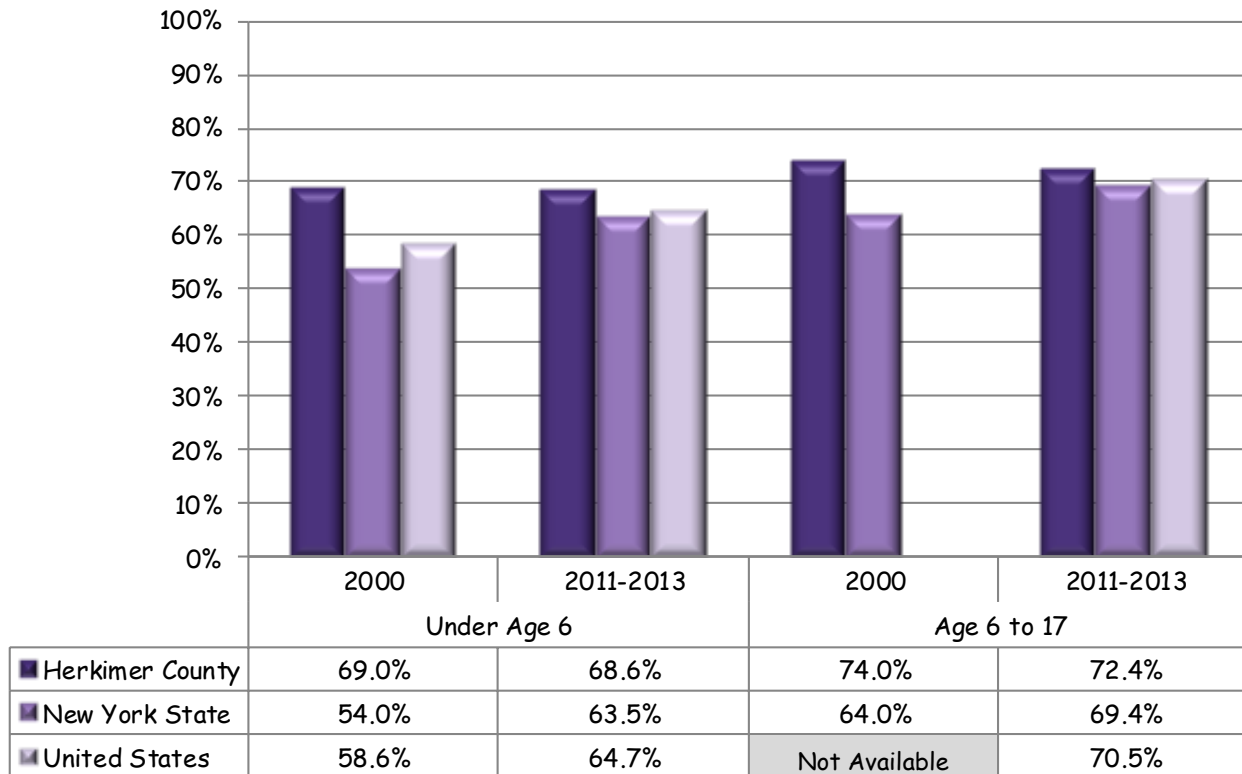
Graph 157 on the next page illustrates the percentage of children in Herkimer County, New York State and the United States that have all parents in the labor force for the years 2000 (US Census) and 2011-2013 (US Census, ACS estimates).

The percentages of children below the age of 18 that have all parents in the labor force in Herkimer County have remained steady during this timeframe, from 69.0% in 2000 to 68.6% in 2001-2013 for children under age 6, and from 74% in 2000 to 72.4% in 2011-2013 for children ages 6 to 17.

The percentages of New York State and U.S. children having all parents in the labor force have increased between 2000 and 2011-2013 for all age groups. These percentages, however, continue to be lower than the Herkimer County percentages recorded in 2011-2013.

For families with all parents in the workforce, there is a concern that the demands of activities of daily living may increase stress and interfere with family time for leisure and socialization.

Children Having All Parents in the Labor Force



Source: U.S. Census Bureau, 2000 Census & 2011-2013 American Community Survey

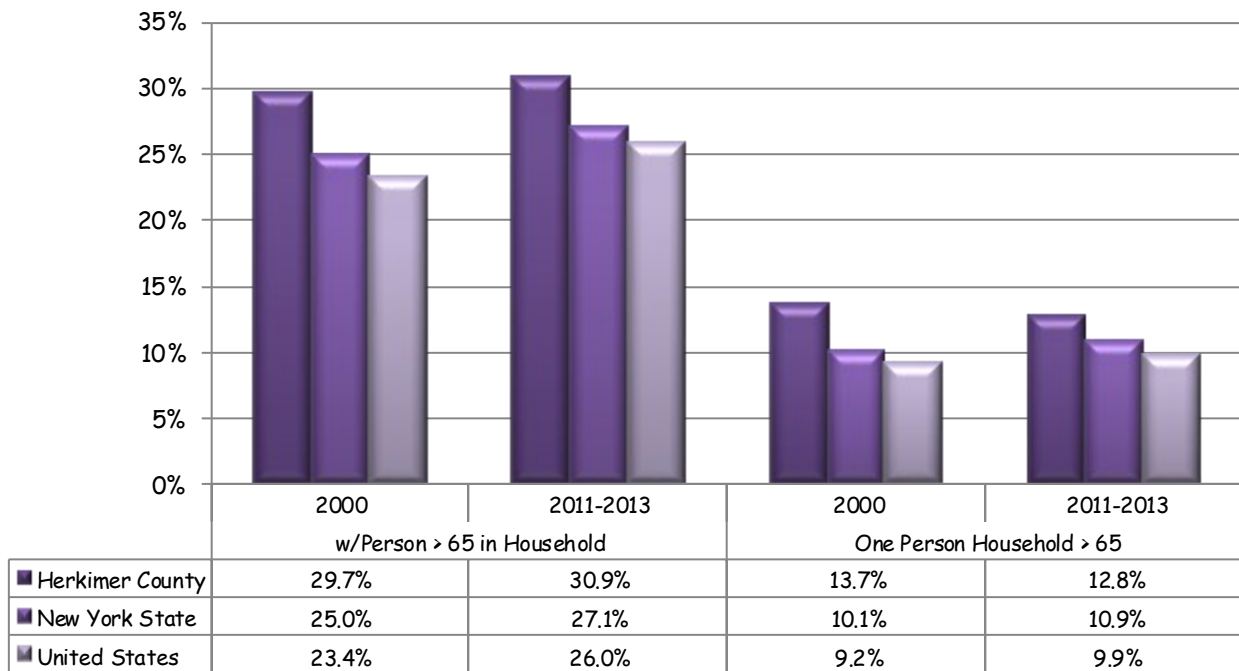
Senior Population

Graph 158 on the following page illustrates the percentage of households in Herkimer County, New York State, and the U.S. that include a person over age 65 for the years 2000 and 2011-2013 (ACS estimates).

The percentage of households in Herkimer County with a person over age 65 (either living with others or alone in own household) has remained fairly steady during this timeframe. Although the percentage of seniors living alone or in a household with others in both New York State and the U.S. have increased, these percentages have remained lower than the current percentages found in Herkimer County.

The 2011-2013 ACS reports that seniors over age 65 live with others (30.9%) or alone (12.8%) in Herkimer County more than in NYS (with others 27.1%, alone 10.9%) or the U.S. (with others 26.0%, alone 9.9%).

Households With Persons Age 65 and Over



Source: U.S. Census Bureau, 2000 Census & 2011-2013 American Community Survey

Senior Population 1960-2010

Herkimer County has a growing population of older senior citizens, and they comprise an ever increasing proportion of the total population. Utilizing decennial U.S. Census data from 1960 to 2010, Table 159 illustrates the number of seniors over the ages of 60 and 85 and the percentage of the total population in Herkimer County in these demographic groups.

Herkimer County Senior Population 60+ and 85+

	1960	1970	1980	1990	2000	2010
	# Persons	# Persons	# Persons	# Persons	# Persons	# Persons
Total Population	66,370	67,633	66,714	65,797	64,427	64,519
Population age 60+	11,588 (17.5% of total)	11,545 (17.1% of total)	13,164 (19.7% of total)	14,243 (21.6% of total)	13,781 (21.4% of total)	15,022 (23.3% of total)
Population age 85+	547 (4.7% of 60+)	740 (6.4% of 60+)	910 (6.9% of 60+)	1,157 (8.1% of 60+)	1,443 (10.5% of 60+)	1,737 (11.6% of 60+)

Source: U.S. Census Bureau, 1960-2010 Censuses

Family

Household Composition

Herkimer County has a high percentage of senior citizens (age 60+). Since 1960, the total County population has decreased by 1,851 while the senior population has increased by 3,434. The percentage of seniors, as a portion of the total County population, increased from 17.5% in 1960 to 23.3% with the 2010 Census. Also, during this time period, the number of those aged 85 and older has more than tripled.

This older population may require care and assistance to meet daily needs, and very often the caregiving responsibilities fall upon family members. However, with the rapid increase in the oldest segment of the population, the pool of available family caregivers is shrinking. This is invariably causing issues for the elderly regarding lack of appropriate care.

Especially with the growing 85+ population, these seniors are much more likely to be in need of services in order to keep them at home and out of a nursing home. Care for the elderly, and assistance with access to services, very often falls to their adult children, who may also have the responsibility for providing care for their own children and/or grandchildren. This phenomenon is often referred to as being in the "sandwich generation."

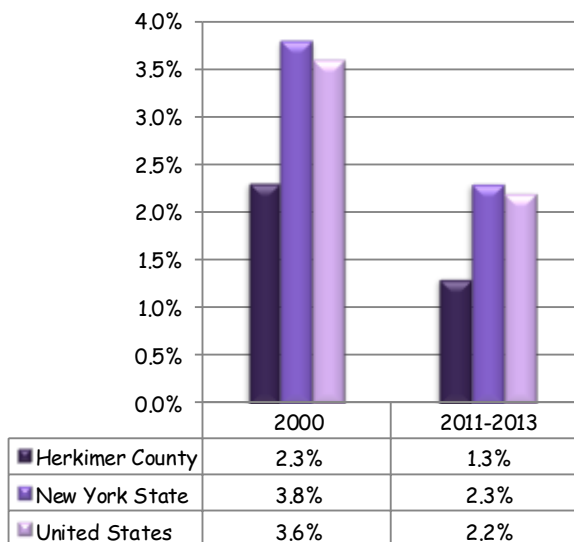
Grandparents as Care Givers

The U.S. Census asks a series of questions about grandparents living with their grandchildren and grandparents responsible for the care of their grandchildren. Graph 160 illustrates the percentage of persons over age 35 who live with their grandchildren, and Graph 161 illustrates the percentage of those grandparents that co-reside with their grandchildren and are responsible for their care in Herkimer County, New York State and the U.S. for the years 2000 and 2011-2013 (ACS).

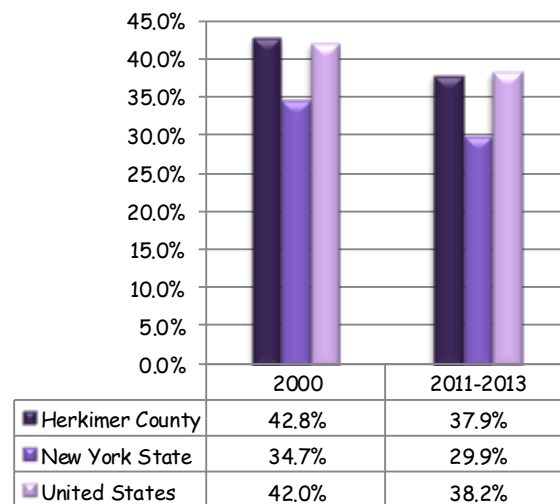
Graph 160

Graph 161

% of Grandparents Co-residing with Grandchildren



% of Grandparents Residing With Grandchildren and Responsible for Their Care



Source: U.S. Census Bureau, 2000 Census & 2011-2013 ACS—both graphs this page

Family

Household Composition

The 2011-2013 ACS reports that in Herkimer County approximately 1.3% of all persons over age 35 are grandparents co-residing with their grandchildren. This is below the percentage for both New York State (2.3%) and for the U.S. (2.2%).

According to the 2011-2013 ACS, of those grandparents that lived with their grandchildren in Herkimer County (1.3% of the total population over age 35), over one-third (37.9%) were responsible for the care of their grandchildren; this is above the NYS percentage (29.9%) but slightly below the percentage for the U.S. (38.2%).

Declines were noted between 2000 and 2011-2013 for the percentage of grandparents in Herkimer County, NYS and the U.S. that are either co-residing with their grandchildren or who are co-residing with grandchildren and responsible for their care.

There is no data available that would indicate how many grandparents that are not residing with their grandchildren provide care for their grandchildren for a significant period of time each day.

DATA SOURCES

Herkimer County Office for the Aging

Herkimer County Teen Assessment Project (TAP) Survey

Herkimer-Oneida Counties Comprehensive Planning Program. *Herkimer County Retrospective: 1950-2010.*

New York State Department of Health, Vital Statistics of New York

http://www.health.ny.gov/statistics/vital_statistics/

U.S. Census Bureau, American Community Survey

Family

Family Management

WHY THIS IS IMPORTANT

Poor family management practices can negatively impact a child's life. Family dysfunction (severe and inconsistent parenting and discipline, alcohol and substance abuse, and/or a chaotic home environment), the inability of the adult/family system to meet basic needs (i.e. medical, economic, safety), and the absence of a positive parent/child relationship (one that is supportive but sets clear rules and expectations for behavior) can have lasting negative consequences.

While the presence and exposure to these risk factors can increase the likelihood of negative outcomes, protective factors can help to mitigate these risks and increase resiliency. Improving family relationships, enhancing parenting skills, developing mechanisms to cope with stress in a positive way, building supportive relationships with caring adults beyond the immediate family, and obtaining supports and resources to better meet needs can help families improve functioning and foster a healthy and caring environment.

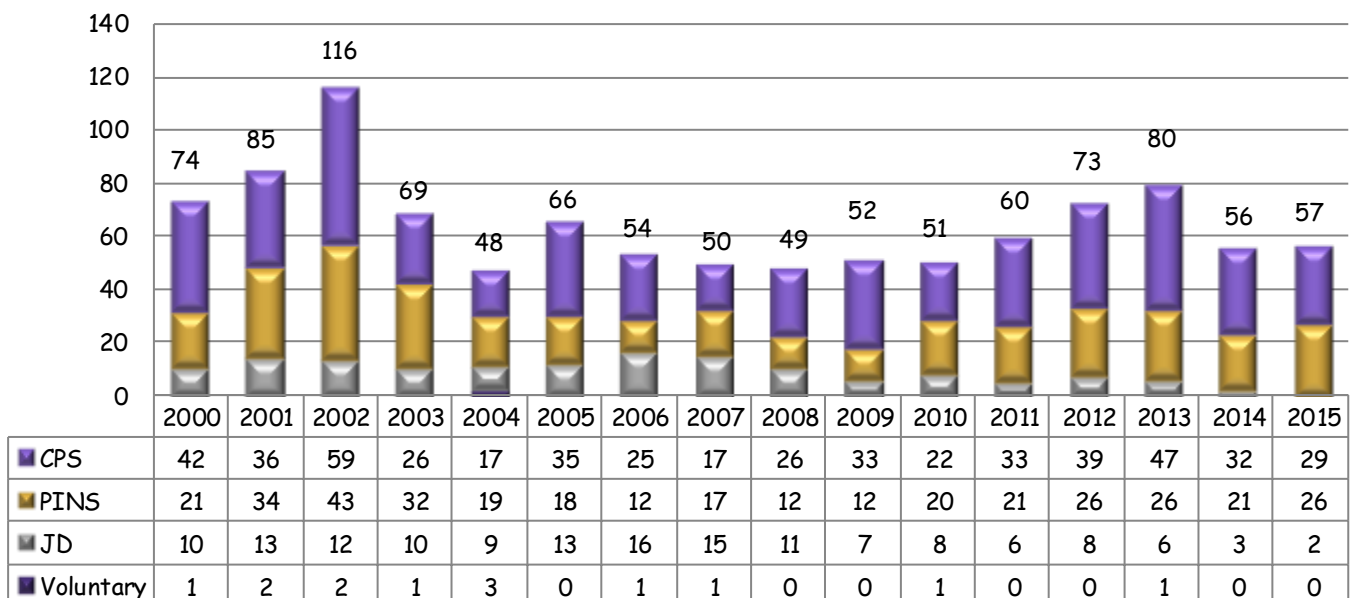
WHERE WE STAND

Foster Care Placements

Graph 162 illustrates the number of placements into foster care by source from 2000 to 2015. The total admissions into foster care have fluctuated during this period of time, peaking in 2002 at 116, and decreasing in 2004 to a low of 48 admissions. Remaining steady until 2010, admissions increased from 2010 to 2013, then fell in 2014 and 2015.

Graph 162

Herkimer County: Number of Foster Care Admissions by Source: 2000-2015



Source: Herkimer County Department of Social Services

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Table 163 displays the number and rates of foster children admitted to care in Herkimer County and rates for comparable counties for the years 2011 to 2015. Comparable counties include: Allegany, Chenango, Columbia, Cortland, Delaware, Essex, Franklin, Genesee, Hamilton, Lewis, Livingston, Montgomery, Orleans, Otsego, Putnam, Schuyler, Seneca, Tioga, Tompkins, Warren, Wyoming, and Yates.

Although there were declines in the number and admission rates per 1,000 youth to foster care in Herkimer County between 2011 and 2015, foster care admission rates in Herkimer County remained higher than the rates for comparable counties in all years listed.

Table 163

**Number and Rates of Foster Children Admitted
Herkimer County and Comparable Counties 2011-2015**

	#	Annual Rate per 1,000	Percent Change in Rate	Comparable Counties Rate	Percent Change In Comparable Counties Rate
2011	56	3.3	-	2.3	-
2012	70	4.1	25.5%	2.4	1.6%
2013	73	4.3	4.4%	2.5	6.0%
2014	49	2.9	-32.8%	2.6	3.3%
2015	48	2.8	-2.2%	2.4	-9.1%

Source: NYSOCFS, Bureau of Research, Evaluation, and Performance Analytics

Graph 164 on the following page illustrates the percentage of each primary placement type (congregate setting or non-congregate setting) for all youth placed in care in Herkimer County and the Rest of State (excludes New York City) from 2008 to 2015.

Congregate Care Settings include Institutions, Group Homes, Group Residences, Agency Operated Boarding Homes, and other group settings. Non-Congregate Care Settings include Foster Boarding Homes, Foster Adoptive Homes, and Approved Relative Homes.

Between 2008 and 2015, the majority of children in Herkimer County and in the Rest of State were placed in non-congregate care settings such as foster care homes, adoptive homes or relative care homes. When compared with the Rest of State, Herkimer County had a higher percentage of children placed in congregate care settings such as institutions and group homes

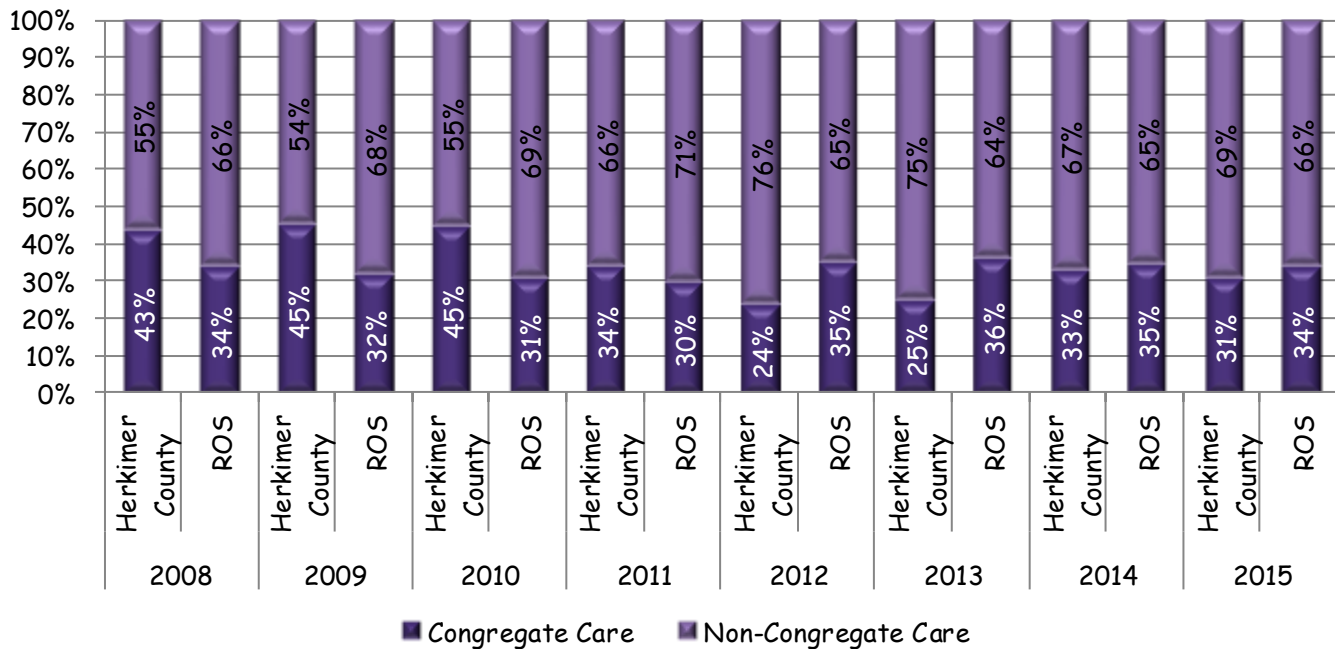
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between 2008 and 2011. From 2012 through 2015, Herkimer County's percentage of youth placed in congregate care settings declined below the percentage found in the Rest of State.

Graph 164

Primary Placement Type: Herkimer County 2008 to 2015



Source: NYSOCFS, Bureau of Research, Evaluation, and Performance Analytics

Days In Care

Graphs 165, 166 and Table 167 on the following two pages illustrate 1) the total number of care days used by youth admitted to foster care by level of care in Herkimer County from 2011 to 2015 (Graph 165), 2) the percent of care days used each year in Herkimer County by the level of care from 2011 to 2015 (Graph 166), and 3) the percent change in usage over the previous year by level of care in Herkimer County from 2011 to 2015 (Table 167).

As Graph 165 illustrates, overall care day usage has increased between 2011 and 2015, from 23,684 days to 27,126 days, but care day usage at the congregate care level (institutions, group homes, group residences, and agency operated boarding homes) has declined by over 1,200 days during that time period. As graph 166 illustrates, the use of approved relative homes increased from 1.6% of total yearly bed care days used in 2011 to 8.7% in 2015.

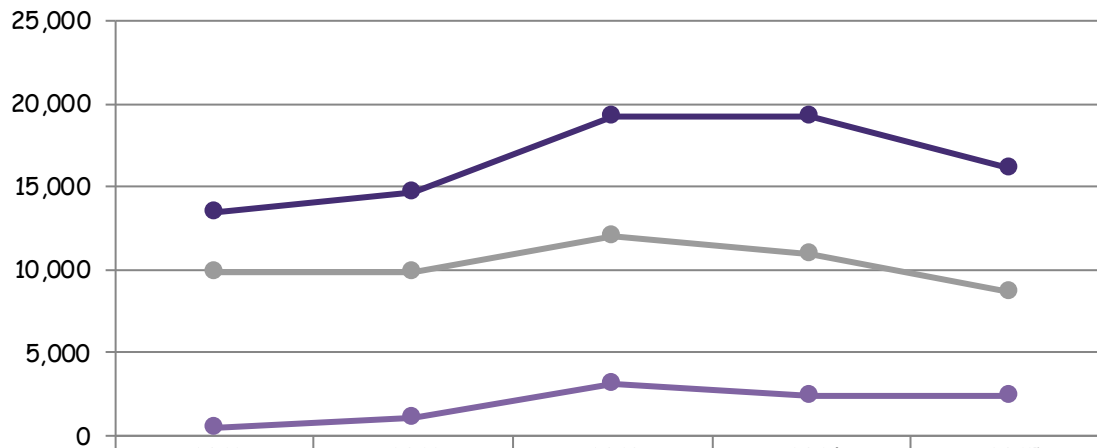
Care day usage in foster boarding homes/adoptive homes increased by 20% and in approved relative homes by 527% between 2011 and 2015., as illustrated in Table 167.

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Graph 165

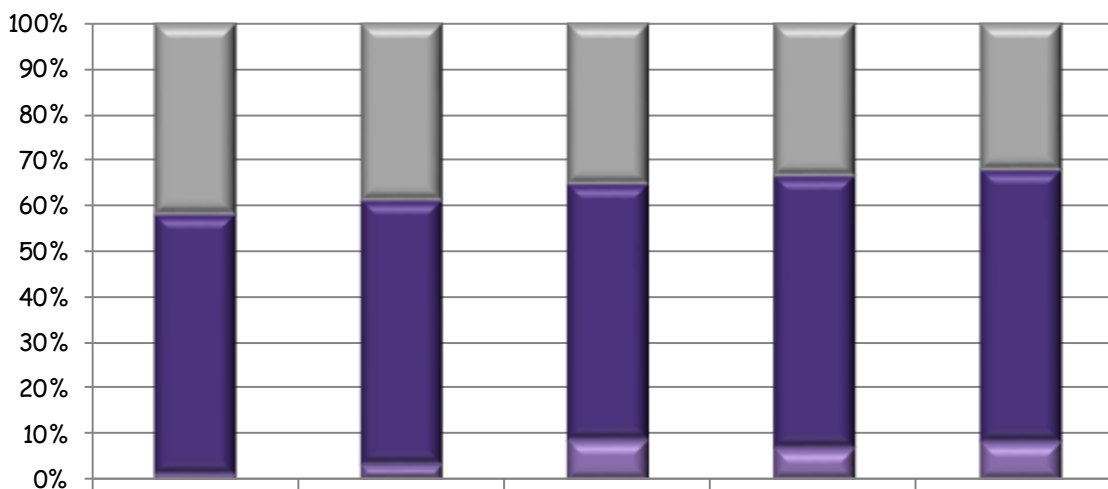
**Number of Care Days by Level of Care:
Herkimer County 2011 to 2015**



	2011	2012	2013	2014	2015
Foster Boarding Home/ Adoptive Home	13,410	14,639	19,231	19,300	16,107
Congregate Care	9,897	9,822	11,977	10,914	8,654
Approved Relative Home	377	1,031	3,048	2,329	2,365
Total	23,684	25,492	34,256	32,543	27,126

Graph 166

**Percent of Care Days by Level of Care:
Herkimer County 2011 to 2015**



	2011	2012	2013	2014	2015
Congregate Care	41.8%	38.5%	35.0%	33.5%	31.9%
Foster Boarding Home/ Adoptive Home	56.6%	57.4%	56.1%	59.3%	59.4%
Approved Relative Home	1.6%	4.0%	8.9%	7.2%	8.7%

Source: NYSOCFS, Bureau of Research, Evaluation, and Performance Analytics, both graphs this page

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Table 167

Percent Change in Care Days Over Previous Year: Herkimer County 2011 to 2015

	2011-2012	2012-2013	2013-2014	2014-2015	2011-2015
Congregate Care	-0.8%	21.9%	-8.9%	-20.7%	-12.6%
Foster Boarding Home/ Adoptive Home	9.2%	31.4%	0.4%	-16.5%	20.1%
Approved Relative Home	173.5%	195.6%	-23.6%	1.5%	527.3%
Total	7.6%	34.4%	-5.0%	-16.6%	14.5%

Source: NYSOCFS, Bureau of Research, Evaluation, and Performance Analytics

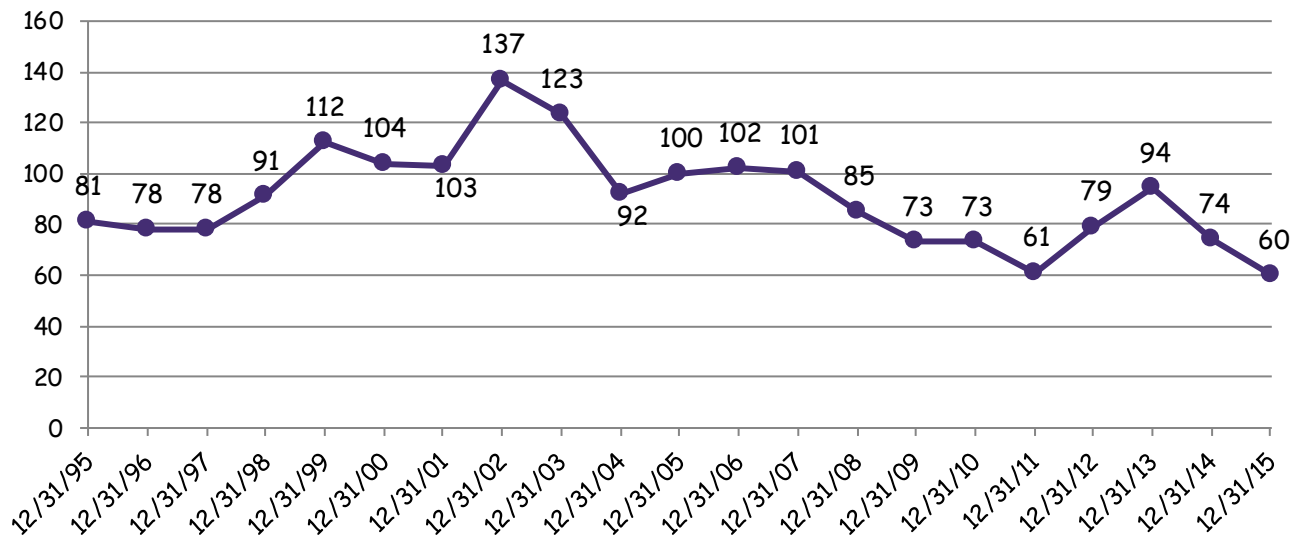
Out of Home Placement Census

Graph 168 illustrates the number of Herkimer County youth that were in foster care placement on the last day of each year from December 1995 to December 2015. The number of children in foster care placement at the end of the year includes the total number of children residing in any level of Foster Care placement. This number includes children who entered care due to abuse, neglect, a PINS or Juvenile Delinquency petition, or on a voluntary basis.

The number of youth in placement at the end of the year increased by 69% between 1995 (81) and 2002 (137), then experienced a 56% decline between 2002 and 2015 to a record low of 60 children in care.

Youth in Foster Care Placement Herkimer County 1995-2015

Graph 168



Source: NYSOCFS, Bureau of Research, Evaluation, and Performance Analytics

Table 169 displays the number of foster children in placement on the last day of the year in Herkimer County, and the rate per 1,000 of children in care in Herkimer County and comparable counties for the years 2011 to 2015. Comparable counties include: Allegany, Chenango, Columbia, Cortland, Delaware, Essex, Franklin, Genesee, Hamilton, Lewis, Livingston, Montgomery, Orleans, Otsego, Putnam, Schuyler, Seneca, Tioga, Tompkins, Warren, Wyoming, and Yates.

Table 169

**Herkimer County Foster Children in Care
Rate per 1,000 and Comparable Counties Rate
2011-2015**

	#	Herkimer County Annual Rate	Percent Change in Rate	Comparable Counties Rate	Percent Change In Comparable Counties Rate
2011	61	3.4		3.4	
2012	79	4.5	31.6%	3.7	9.4%
2013	94	5.4	20.9%	3.8	0.6%
2014	74	4.3	-20.5%	3.8	0.8%
2015	60	3.5	-18.7%	4.0	4.3%

Source: NYSOCFS, Bureau of Research, Evaluation, and Performance Analytics

Herkimer County's rate per 1,000 children in care at the end of each year exceeded the rate for comparable counties from 2012 to 2014, but was lower than the comparable counties rate in 2015.

Permanency

New York State, using rules provided by the Federal Children's Bureau, measures the length of time it takes a child in foster care to achieve *Permanency*, which is defined as a discharge from foster care to reunification with the child's parents or primary caregivers, living with a relative, guardianship, or adoption.

Table 170 on the following page compares yearly permanency outcomes achieved in Herkimer County with those in New York State and the United States for the years 2011 to 2015 according to the following variables: 1) the percent of all children who entered foster care during a one year period (2011, 2012 and 2013) that were discharged to permanency within one year of entry before turning 18. A higher percentage is better on this measure, meaning that a high percentage of children were discharged from foster care within one year of entry; 2) the percent of all children in foster care (in 2013, 2014 or 2015), who had been in foster care between 12-23 months, that were discharged to permanency within 12 months. A higher

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percentage is better on this measure, meaning that a high percentage of children who had been in care for one to two years were discharged to a permanency placement within the year; and 3) the percent of children who had been in foster care (in that episode) for 24 months or longer (in 2013, 2014 or 2015) and were discharged to permanency within 12 months. A higher percentage is better on this measure, meaning that a high percentage of children who had been in care for at least two years were discharged to a permanency placement within the year.

Table 170

Children who Entered Foster Care and Were Discharged Within Certain Time Frames

	(1) Permanency in 12 months for children entering foster care			(2) Permanency in 12 months for children in care 12 -23 months			(3) Permanency in 12 months for children in care 24 months or more		
	2011	2012	2013	2013	2014	2015	2013	2014	2015
Herkimer County	39.3%	35.4%	37.7%	28.6%	58.5%	50.0%	20.0%	35.3%	59.1%
New York State	33.5%	34.4%	34.2%	25.9%	27.4%	28.5%	27.4%	27.1%	29.2%
National Average	40.5%			43.6%			30.3%		

Source: OCFS Bureau of Research, Evaluation and Performance Analytics

As the table illustrates, Herkimer County was above NYS but below the national average for youth who (1) achieved permanency in 12 months for children entering foster care in 2011, 2012, and 2013. Herkimer County was above both the NYS and the national average for (2) permanency in 12 months for children in care 12 -23 months in 2014 and 2015. And Herkimer County was above NYS and the national average in 2014 and 2015 in (3) achieving permanency in 12 months for children in care 24 months or more.

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Adoption

Table 171 illustrates the number and percent of children that are freed for adoption in Herkimer County and the percent of children freed from comparable counties for the years 2011 to 2015. "Freed" is defined as the number of all children in foster care that became legally eligible to be adopted during that calendar year. As the table shows, Herkimer County had a higher percentage of children freed for adoption than found in comparable counties in all years except 2014.

Table 171

Children Freed for Adoption: Herkimer County and Comparable Counties 2011-2015

	# Herkimer County	Percent of All Children in Care	Percent Change From Previous Year	Comparable Counties Percent	Percent Change From Previous Year Comparable Counties
2011	10	8.3%		6.9%	
2012	12	8.7%	5.2%	7.3%	5.3%
2013	17	11.9%	36.7%	9.3%	28.0%
2014	9	6.2%	-48.1%	9.3%	0.1%
2015	22	17.9%	190.2%	7.2%	-22.4%

Table 172 illustrates the number and percent of children that are discharged to adoption in Herkimer County and the percent of children discharged to adoption for comparable counties for the years 2011 to 2015. As the table shows, Herkimer County had a higher rate of discharge to adoption than found in comparable counties in 2012 and 2015.

Table 172

Children Discharged to Adoption: Herkimer County and Comparable Counties 2011-2015

	# Herkimer County	Percent of All Children Freed for Adoption	Percent Change From Previous Year	Comparable Counties Percent	Percent Change From Previous Year Comparable Counties
2011	8	53.3%		61.6%	
2012	15	71.4%	33.9%	43.5%	-29.4%
2013	5	29.4%	-58.8%	45.5%	4.4%
2014	11	40.7%	38.5%	51.9%	14.2%
2015	24	72.7%	78.5%	53.7%	3.4%

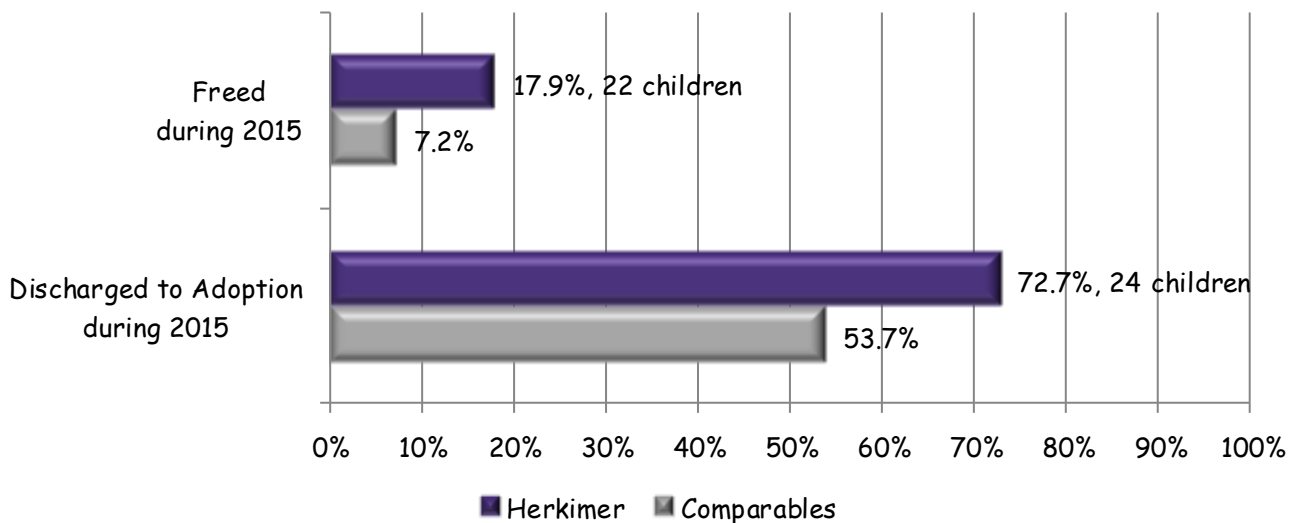
Source: NYSOCFS, Bureau of Research, Evaluation, and Performance Analytics, both tables this page

Comparable counties include: Allegany, Chenango, Columbia, Cortland, Delaware, Essex, Franklin, Genesee, Hamilton, Lewis, Livingston, Montgomery, Orleans, Otsego, Putnam, Schuyler, Seneca, Tioga, Tompkins, Warren, Wyoming, and Yates.

Graph 173 illustrates the percent of children in Herkimer County and Comparable Counties that achieved adoption milestones during 2015. As the graph shows, Herkimer County had a greater percentage of children that were either freed for adoption and/or discharged to adoption that year.

Graph 173

Children Who had an Adoption Milestone Occur During 2015 Herkimer County and Comparables



Source: NYSOCFS, Bureau of Research, Evaluation, and Performance Analytics

Children Re-Entering Foster Care

New York State, using rules provided by the Federal Children's Bureau, measures the percentage of children who were discharged from foster care in 12 months to reunification, relative or guardianship and re-entered foster care within 12 months of that discharge. For this measure, a lower percentage is better, meaning that fewer children who were discharged came back into care in a 12 month period. Any children that entered foster care in a 12 month period who were discharged to adoption have been excluded from this measure as they cannot be tracked for re-entry.

Table 174 on the following page compares the percentage of children who re-entered foster care within 12 months of discharge in Herkimer County with those in New York State and the United States for the years 2011, 2012 and 2013. As the table illustrates, Herkimer County had a higher percentage of children re-enter foster care than found in NYS and the U.S. for those discharged in 2011. Herkimer County reduced its rates of re-entry for children discharged from foster care in 2012 and 2013, and had a lower percentage of children re-enter care than observed in both NYS and the U.S.

Table 174

Children Who Exited Foster Care and Re-entered Care Within 12 Months			
	2011	2012	2013
Year Entering Care	Between 4/1/11 and 3/31/12	Between 4/1/12 and 3/31/13	Between 4/1/13 and 3/31/14
Re-entry within one year of exit, up to	3/31/13	3/31/14	3/31/15
Herkimer	17.6%	4.0%	5.6%
New York State	10.5%	10.4%	10.7%
National Average	8.3%	8.3%	8.3%

Source: OCFS Bureau of Research, Evaluation and Performance Analytics

Support Services for Youth and their Families

The need for family and youth supports in the home, school and community are of critical importance to help improve family functioning and prevent out of home placements. The Department of Social Services operates Preventive Services programs to help children and their families address needs, reduce risks and improve health and well-being. Eligibility for Preventive Services is determined by criteria established through the Child Welfare Reform Act of 1979. Eligibility is based on need, not income, and the child must be under 18 years of age.

The Mandated Preventive Services Program provides supportive assessment and referral services for children at-risk of placement and their families. Services may also include caseworker counseling, day care, homemaker services, transportation, clinical services, and 24 hour access to emergency services.

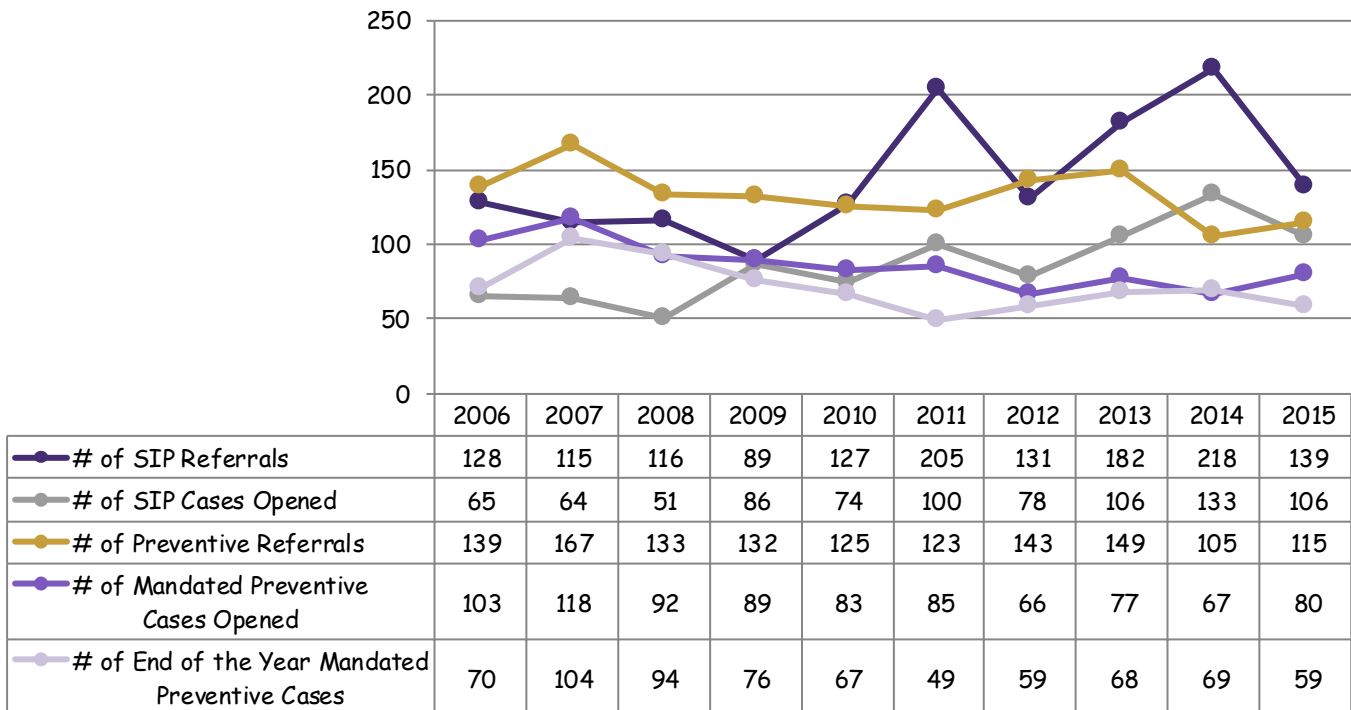
The School Intervention Partnership (SIP) Program provides a single point of entry for at-risk youth and families in need of assessment and intervention. Schools identify children in need of services through school Child Study or Pupil Personnel Support Services Teams. These children (and their families) are then referred to a SIP caseworker placed at participating Herkimer County school districts.

Graph 175 on the next page illustrates the number of Mandated Preventive & SIP referrals received between 2006 and 2015. SIP referrals have trended upward between 2006 (128) and 2014 (218) but saw a decline in 2015 (139). The highest number of SIP cases opened was 133 in 2014, a noticeable increase from 2006 (65 cases opened).

Mandated Preventive Services referrals and cases opened have fluctuated but have experienced overall declines between 2006 and 2015.

Graph 175

**Herkimer County Department of Social Services
Preventive and SIP Services Caseload 2006-2015**



Source: Herkimer County Department of Social Services

Runaway & Homeless Youth Program

The Runaway and Homeless Youth Program (RHYP) serves young people under the age of 21 who have either run away, been kicked out of their homes, or are homeless. Table 176 on the following page displays RHYP statistics for the years 2006 to 2015.

The numbers of intakes (cases opened) remains fairly consistent over the 2012-2015 time frames, with more females being served than males. The trend of serving older youth (age 18+) who do not have skills to live successfully on their own is continuing, and there has been an increase in cases involving conflict with parents, police involvement, and problems with school. Status at discharge indicates more of the youth are entering independent living than previously; this may be attributed to the fact that more older youth (18-21) are being served.

Older youth are more difficult to serve; due to their age they may not be appropriate for the host home program model used in Herkimer County. The host homes are volunteers who offer temporary, emergency shelter in their homes, and may not be as comfortable with older youth.

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Runaway & Homeless Youth Program Statistics 2006 to 2015

Table 176

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Intakes:										
Males	32	37	37	37	45	27	23	25	25	22
Females	51	58	52	42	58	41	39	30	33	39
Total Intakes:	83	95	89	79	103	68	62	55	58	61
Major Problems Faced**:										
Parental Conflict	71	85	83	65	77	43	44	45	50	57
Police Involvement	13	16	10	17	8	10	6	3	12	9
School	62	29	53	53	29	32	30	22	32	19
Status at Discharge:										
With Parent	40	65	58	33	48	26	32	30	22	*
Ind. Living (I.L.)	12	8	10	15	14	11	10	5	18	17
Friend/Relative	16	10	14	24	20	9	6	9	9	*
Private Residence*										27
Transitional I.L.										5

Source: Runaway and Homeless Youth Program Annual Reports (2006-2015)

*Private residence includes data previously reported in the With Parent and Friend/Relative categories

**Youth can indicate more than one problem. Only the top three discharges are indicated

Many times older youth are not willing to follow the strict restrictions in place for the host home (no cell phone use, 24 hour supervision, and keeping their location private from friends while in the program). Many end up "couch-surfing" with friends and contact the program when they have exhausted all of their resources.

For youth not appropriate for host homes, there are no homeless shelters within Herkimer County. Program staff must find a shelter in another county with space available and transport the youth there for services. There are no transitional residential programs in the county, and limited space is available in neighboring Oneida County. Program staff work with the youth to obtain housing and provide on-going case management to assist with stabilizing them.

The RHY Program has a community youth room where youth can come after school for help with schoolwork or to attend various groups such as anger management or independent living skills training. This venue does provide youth with a safe supportive environment, where they interact with program staff and receive additional services.

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Healthy Families of Herkimer County

Healthy Families of Herkimer County is a voluntary program that offers services to expectant families and families with newborns less than three months old, residing in all zip codes within Herkimer County who have screened positive on the universal screening tool.

The universal screening tool measures four demographic risk areas for child abuse and neglect: marital status, late or no prenatal care, inadequate income and being under 21 years old at the time of screening. The majority of the screens that are collected come from Bassett Healthcare, Herkimer WIC, and the Slocum Dickson clinic in Ilion. A positive screen allows families the opportunity to have an in-home visit with the Family Assessment Worker, who completes a Kempes Assessment and offers referrals to community resources; which may include home visiting services through the Healthy Families Program.

Table 177 shows the number of Healthy Families screenings completed from 2012 to 2015. The numbers of yearly screenings completed have declined between 2012 and 2015, but the numbers of screenings deemed eligible for an assessment have increased by 22% between 2012 and 2015.

Healthy Families Screenings Completed By Year: 2012 to 2015

Table 177

	2012	2013	2014	2015
Screens Completed	771	540	666	620
Screens referred for assessment	228	265	361	278

Source: Herkimer County Healthy Families

The Kempes Assessment is a tool that is used to determine the risks that over-burdened families face and their level of risk for child abuse and neglect. Select families that score positive on the Kempes assessment are offered home visiting services, when possible. Table 178 shows the number of Kempes Assessments completed between 2012 and 2015 and the number and percentage of those screenings that were determined to be positive.

Kempes Assessments Completed By Year: 2012 to 2015

Table 178

	2012	2013	2014	2015
Kempes Completed	35	80	106	107
Positive Kempes	29 (83%)	70(88%)	96 (91%)	100 (93%)

Source: Herkimer County Healthy Families

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The Healthy Families home visiting service is considered to be a voluntary and comprehensive program that has different levels of intensity. The program is designed to help parents balance the demands of parenting along with other responsibilities. Families are provided a Family Support Worker who visits their home and provides support, education, information, referrals, and on occasion, incentives. The focus for families receiving home visiting is to reduce parental stress, improve self-sufficiency and maximize parent-child interactions. This is accomplished by developing trusting relationships, focusing on accomplishments and using strengths to develop areas of need.

Table 179 illustrates the percentage of primary caretakers open to home visiting services who self-reported that they experienced particular issues at the point of program enrollment and at the end of each year. Areas/levels of concern decreased in the majority of areas with the exception of domestic violence and smoking. It is believed that the increase in these numbers is directly related to the families learning to trust their Family Support Worker over time which allowed primary caretakers to disclose openly about issues.

Table 179

**Herkimer County Healthy Families Home Visiting Program
Primary Caretaker Issues 2012 to 2015**

Issues	2012		2013		2014		2015	
	At Enrollment	Year End	At Enrollment	Year End	At Enrollment	Year End	At Enrollment	Year End
Substance Abuse	1%	0%	0%	0%	2%	1%	3%	2%
Physical Disability/Health Problems	7%	4%	8%	3%	5%	5%	7%	7%
Mental Health	36%	14%	37%	20%	39%	26%	37%	25%
Stress/ Emotional Difficulties	48%	18%	38%	21%	29%	21%	48%	24%
Developmental Disability	3%	2%	3%	2%	6%	4%	4%	9%
Domestic Violence	3%	5%	2%	5%	4%	4%	4%	3%
Marital/Relationship Difficulties	19%	15%	21%	14%	27%	14%	14%	17%
Legal Issues	5%	1%	6%	1%	5%	1%	1%	1%
Resource Issues	74%	26%	69%	32%	46%	32%	32%	23%
Homelessness/ Inadequate Housing	28%	2%	22%	3%	14%	4%	4%	3%
Social Isolation	23%	8%	17%	8%	10%	8%	10%	9%
Smoking	28%	38%	22%	32%	23%	36%	21%	35%

Source: Herkimer County Healthy Families

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Healthy Families Program services are individualized to meet the needs of the families being served in Herkimer County. A strength-based, solution-focused approach is used to best address the particular needs of each family. Data from 2012-2015 shows that 76% of mothers that enrolled in the program were first time mothers, 53% being between the ages of 20-30 years old. 94% of children that were included in the home visiting program were on Medicaid, with 11% of their parents being married. Father participation is highly encouraged and welcomed in program services. Workers have contact with non-custodial parents and make every effort to involve these parents with program services.

The program performance targets focus on three main area: health and development, parent-child interaction, and family life course. Table 180 displays the Healthy Families of Herkimer County Program Outcomes, by quarter (3 months), from 2012 to 2015.

Table 180

Healthy Families of Herkimer County Program Outcomes 2012 to 2015

Targets	2012	2013	2014	2015	Explanation
At least 90% of target children will be up to date on immunizations as of first birthday	Q1 100% Q2 100% Q3 100% Q4 96 %	Q1 96% Q2 95% Q3 100% Q4 100%	Q1 100% Q2 100% Q3 100% Q4 100%	Q1 95% Q2 100% Q3 100% Q4 100%	Family Support Workers (FSWs) track each target child's immunizations to ensure children's immunizations are up to date.
At least 98% of target children will demonstrate age appropriate developmental milestones on the Ages and Stages Questionnaire or be referred for further services if delays are detected.	Q1 97% Q2 100% Q3 100% Q4 100%	Q1 99% Q2 100% Q3 100% Q4 100%	Q1 100% Q2 100% Q3 100% Q4 100%	Q1 100% Q2 98% Q3 100% Q4 100%	FSWs assist parents with administrating the ASQ, a tool utilized to measure children's developmental level. Workers work closely with the Early Intervention Program to ensure children are referred to appropriate services when needed.
30% of primary care takers will breast feed their target children for at least 3 months from the birth of the child.	Q1 35% Q2 29% Q3 47% Q4 37%	Q1 31% Q2 32% Q3 25% Q4 26%	Q1 46% Q2 47% Q3 26% Q4 37%	Q1 20% Q2 11% Q3 21% Q4 31%	During home visiting, FSWs provide families with information about the benefits of breast feeding. Many mothers begin breast feeding but quit before the 3 month mark which is required to meet the target.
80% of primary caretakers with a total score above the 85 th percentile on initial Parenting Stress Index (PSI) will score below the 85 th percentile for total score on the one year follow-up PSI	Q1 0% Q2 33% Q3 50% Q4 50%	Q1 N/A Q2 N/A Q3 N/A Q4 100%	Q1 100% Q2 100% Q3 100% Q4 100%	Q1 100% Q2 67% Q3 0% Q4 33%	There are only a few families that score high on the PSI, making the Cohort very small. These families are considered to be Special Services families that require more than just typical services. FSWs provide these families with additional home visits and connect them to other providers in the community that can also assist with their high level of needs.
75% of families will be enrolled in an education program, job training or job placement program or will be employed by the target child's second birthday.	Q1 88% Q2 79% Q3 75% Q4 88%	Q1 75% Q2 100% Q3 90% Q4 93%	Q1 93% Q2 100% Q3 94% Q4 78%	Q1 75% Q2 86% Q3 83% Q4 94%	As the data indicates, most of the families involved in the program see the value in becoming educated and employed.
At least 50% of families who were receiving TANF benefits at intake will no longer be receiving TANF benefits on the target child's first birthday.	Q1 60% Q2 50% Q3 67% Q4 78%	Q1 100% Q2 100% Q3 80% Q4 80%	Q1 100% Q2 100% Q3 67% Q4 100%	Q1 50% Q2 50% Q3 60% Q4 33%	Once again, most of the families want to be employed and successful.

Source: Herkimer County Healthy Families Home Visiting Program

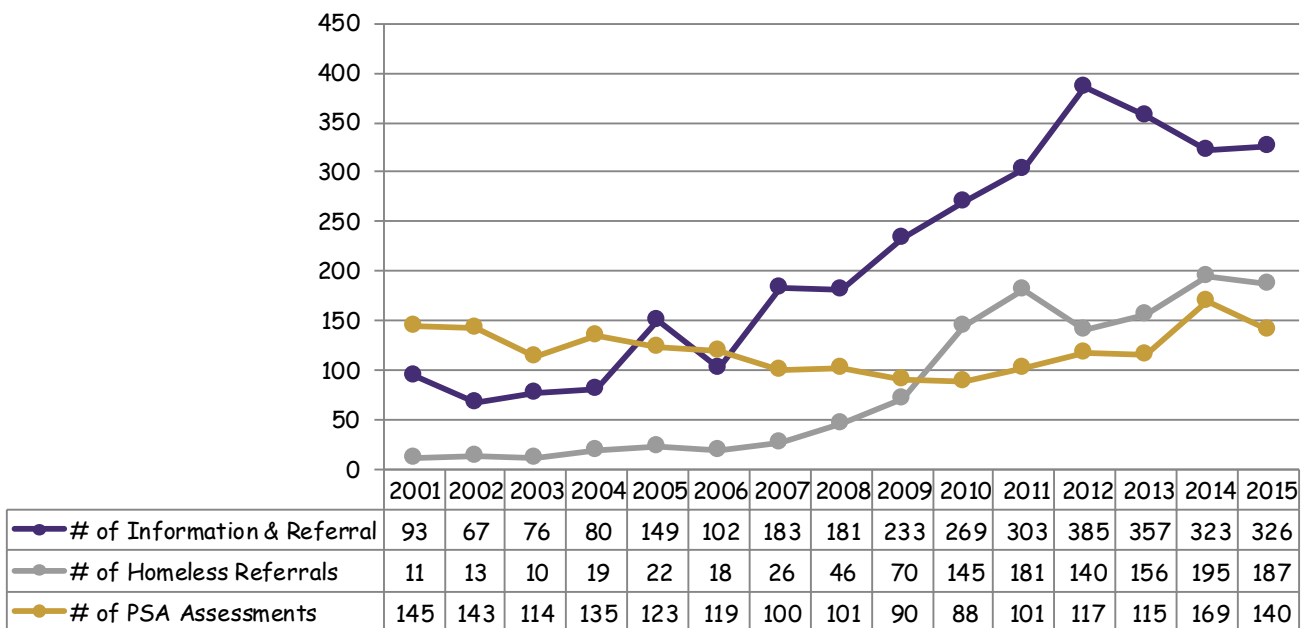
Vulnerable Adults — Protective Services for Adults

Protective Services for Adults (PSA) helps adults, 18 years or older, who may need protection because they can (1) no longer care for themselves and, thus, are endangered or (2) they are being abused or threatened by others.

Graph 181 illustrates (1) the number of information and referral calls (minus fuel emergency calls); (2) the number of referrals regarding concerns of homelessness; and (3) the number of Protective Services for Adults (PSA) assessments that assess risk for the Protective Services for Adults Program from 2001 to 2015. As depicted in the graph, from 2001 to 2012 the number of information and referral calls to the program increased four-fold, with a slight reduction in calls noted between 2012 and 2015. The number of referrals for homelessness increased from 11 in 2001 to 187 in 2015. PSA assessments have fluctuated during this time period, from a low of 88 in 2010 to a high of 169 in 2014.

Graph 181

Adult Protective Services Referrals 2001-2015



Source: Herkimer County Department of Social Services

Graphs 182 and 183 on the next page provide information on the total population of open Protective Services for Adults (PSA) cases from 2004 through 2015. Graph 182 looks at the percent with certain impairments, and Graph 183 shows the percent with certain risks or unmet needs.

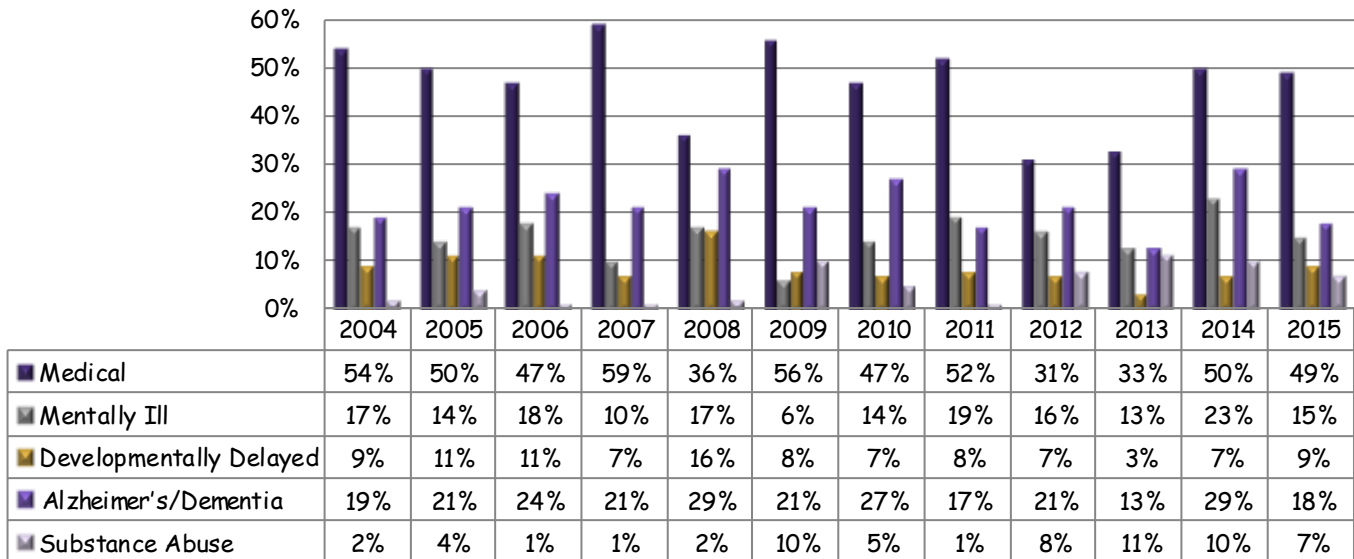
Graph 182 indicates the prevailing impairment of this population has been medical in nature. In 2015, 49% of the impairments were medical, 18% of the impairments were Alzheimer's/ Dementia, and over one in six (15%) involved mental illness.

Family

Family Management

Graph 182

Protective Services for Adults by Impairment

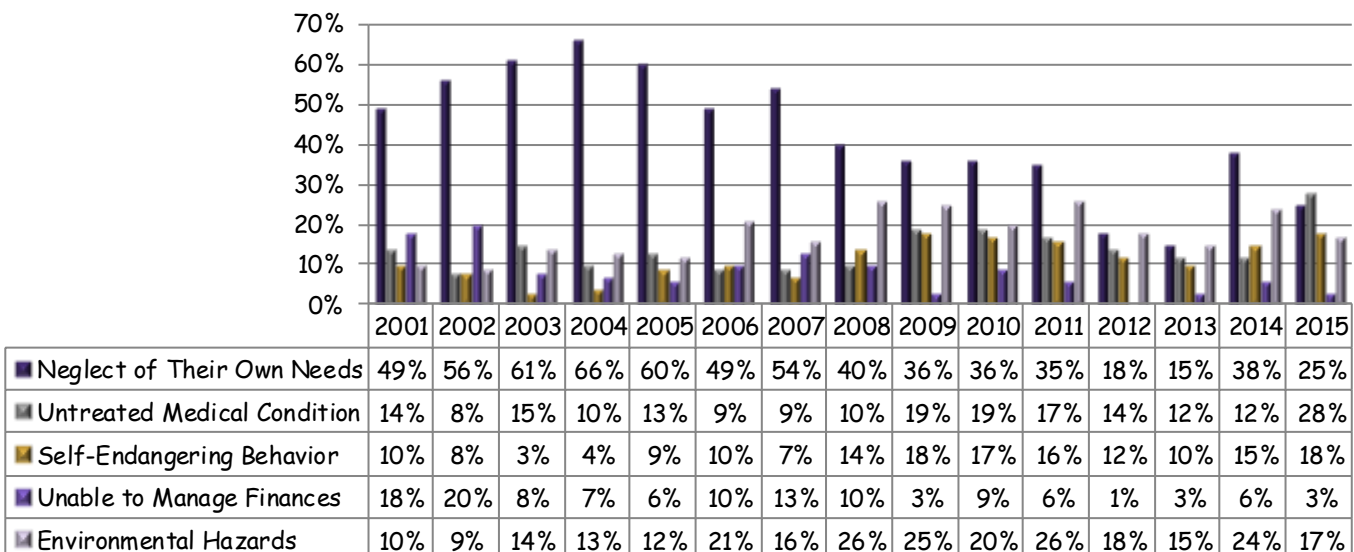


Source: Herkimer County Department of Social Services

Graph 183 shows that the majority of open PSA cases during this time period received services due to a neglect of their own needs, with the exception of 2015, when 28 percent of all referrals were due to an untreated medical condition and 25 percent were due to neglect of their own needs. Eighteen percent (18%) had self-endangering behavior in 2015, and 17 percent were living in unsafe accommodations (environmental hazards). Three percent (3%) of those served needed assistance managing their finances.

Graph 183

Protective Services for Adults by Type of Risk of Harm/Unmet Need



Source: Herkimer County Department of Social Services

DATA SOURCES

Communities That Care, Developmental Research and Programs, Inc.

Herkimer County Department of Social Services

Herkimer County Healthy Families Home Visiting Program

Herkimer County Runaway and Homeless Youth Program

Herkimer-Oneida Counties Comprehensive Planning Program

New York State Office of Children and Family Services,
Bureau of Research, Evaluation and Performance Analytics
CFSR Data Packet

New York State Office of Children and Family Services,
Bureau of Research, Evaluation and Performance Analytics
Monitoring and Analysis Profiles <http://ocfs.ny.gov/main/reports/maps/default.asp>

WHY THIS IS IMPORTANT

Across the country, the nature of homelessness has changed. Some thirty years ago homelessness was mostly comprised of single adults. Since then, families and children make up a larger and larger share of the homeless. Homelessness causes serious disruptions in the lives of the children, families and adults and exacts a heavy cost on society.

The causes of homelessness in rural areas are largely the same as in urban areas. Poverty and the lack of affordable housing are major factors. As elsewhere across the country, Herkimer County has experienced job losses, underemployment and an increase of low-wage jobs while the cost of living and housing costs have increased. Other underlying factors, both nationally and locally, are domestic violence, substance abuse, mental illness and the psychological wounds of war. Connected to this has been the closing of the New York State psychiatric institutions without the development of community based housing and services that were supposed to have followed. What is different in rural areas is the limited availability and access to resources. Due to remoteness, the lack of transportation options and fewer services, it is generally harder for people in rural areas facing housing insecurity to find the help that may solve their housing issues or related factors. Generally speaking, in rural areas there are fewer homeless using shelters and fewer on the streets. More tend to find shelter in cars, tents, campers or barns, and more tend to rely on extended families or a network of friends that they then double-up with in housing. Some, particularly young people, will couch-surf moving from the house of one friend or acquaintance to another. Also, compared to the urban population, more rural households tend to live in substandard housing. (Rural Homeless, N. C. (2009), Rural Homelessness, <http://www.nationalhomeless.org/factsheets/rural.html>.)

WHERE WE STAND

The Herkimer Oneida Counties Comprehensive Planning Program collected and analyzed numerous sources of data regarding homelessness in Herkimer County. Some sources appear more reliable than others, but together they help both to determine the local trend for this population and to show how it affects three different homeless population groups: 1. Single Adults; 2. Families; and, 3. Runaway and Homeless Youth.

Homeless Adults

The best local source of data on adults appears to be the monthly number of homeless adults referred by the Herkimer County Department of Social Services (HCDSS) Intake Office to the Protective Services for Adults Unit. In addition, there is the Point-In-Time Survey conducted quarterly as part of the Quarterly Homeless Statistical Report that HCDSS submits to the New York State Office of Temporary and Disability Assistance (OTDA) Bureau of Shelter Services. This survey counts both sheltered homeless single adults and sheltered homeless families on a particular day four times per year. This data is largely dependent on the availability of shelters

Family

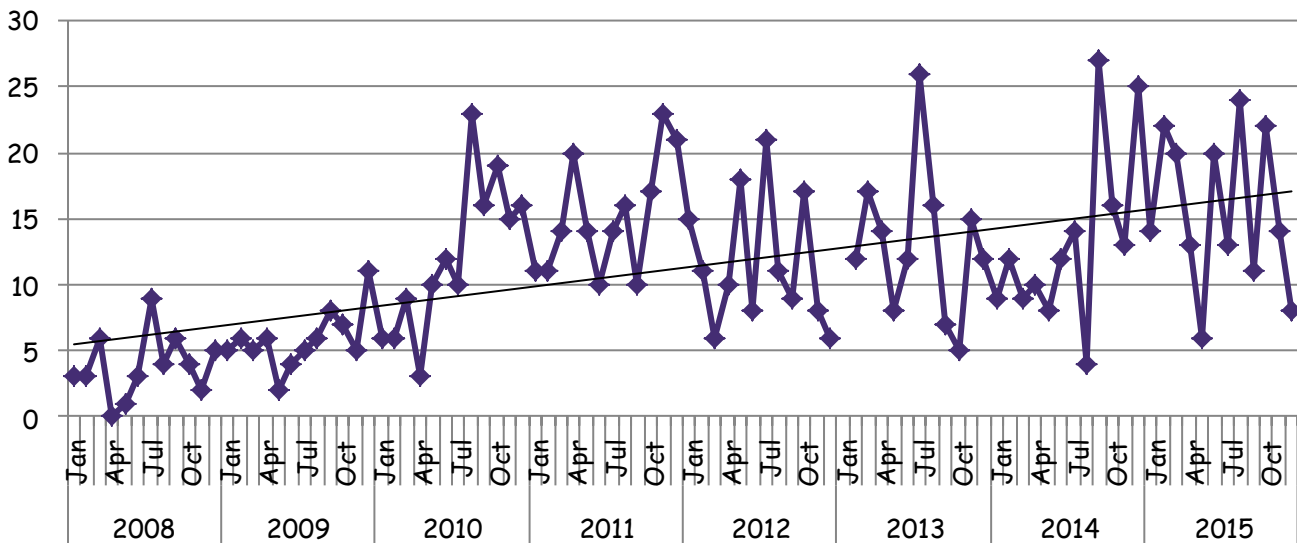
Housing & Homelessness

and the vagaries of a point-in-time survey with such a small population. There is also the annual account of emergency payments HCDSS spends each fiscal year for emergency shelter both for adults and for families. And, the Herkimer County Office for Aging keeps records on calls for housing assistance.

Graph 184 shows the monthly count of homeless single adults referred by the Intake Office to Protective Services for Adults from 2008 through 2015. Based on the trend line, it is clear the number of referrals has been increasing since 2008. Although there was a clear jump in the number of referrals in the middle of 2010, and the trend since then has been relatively flat. The yearly totals are as follows: 2008 - 46; 2009 - 70; 2010 - 145; 2011 - 181; 2012 - 140; 2013 - 156; 2014 - 195; and, 2015 - 187. In 2008, the monthly numbers ranged from a low of zero (0) in April to a high of nine (9) in July with a median of 3.5. Two years later, in 2010, they ranged from a low of three (3) in April to a high of 23 in August and a median of 11. By 2015, the high was 24 in August, the low was six (6) in May, and the median was 14. There is significant variation from month to month; and, there is no discernable monthly pattern from year to year.

Graph 184

Total Number Monthly of Homeless Referred to Protective Services for Adults 2008-June 2015



Source: Herkimer County Department of Social Services

Graph 185 on the next page illustrates the results of the Point-in-Time Quarterly Survey of single homeless adults in Herkimer County by shelter type from 2006 to 2016. The Survey is conducted four times a year - the 15th day of January, April, July and October - and they count the number of sheltered homeless adults on those days. Over the ten and a half years from 2006 through March 15, 2016, the highest number of adults in shelter at a point-in-time was six (6) - this happened six times, twice in 2010, once in 2013, twice in 2015 and once in 2016. As Graph 185 shows, it would seem there was an increase in sheltered homeless adults after 2009,

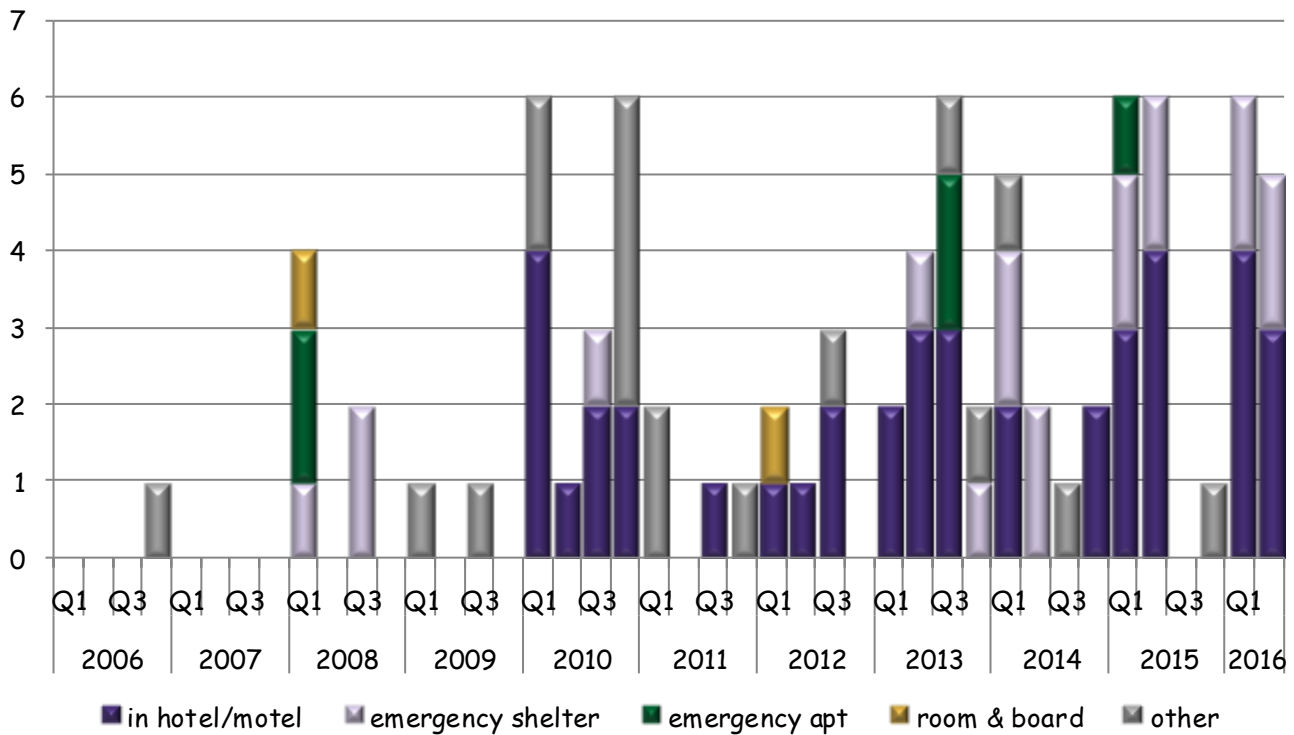
Family

Housing & Homelessness

but this, as stated before, is speculative given the vagaries of a point-in-time survey with such a small population. Based on these point-in-time numbers, which may not reflect the pattern of actual annual totals, the shelter option most often used over these ten and a half years was "Hotel/Motel" (39 times), next was "other" (22 times), then emergency shelter (19 times), then emergency apartment (five times), the last was "Room and Board" (two times).

Graph 185

Point-in-Time Quarterly Survey of Single Homeless Adults by Shelter Type 2006-2016



Source: Herkimer County Department of Social Services

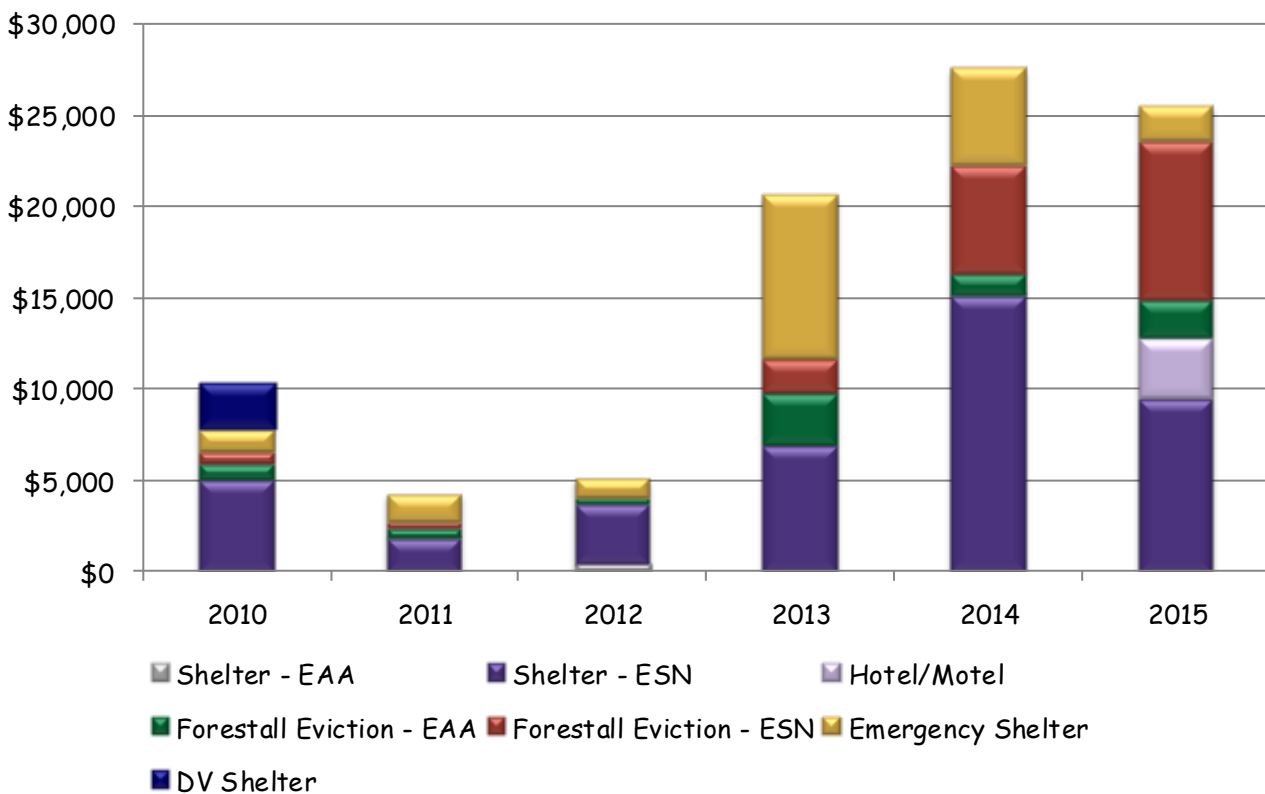
Graph 186 on the following page illustrates the amount the HCDSS expends each fiscal year (September through August) from 2010 to 2015 on emergency payments to prevent adult homelessness. The combined stacked bars show the total amount expended annually and each section of the stacked bars breaks down the spending by the type of emergency aid, i.e. Shelter - Emergency Aid to Adults (EAA), Shelter - Emergency Safety Net (ESN), Hotel/Motel, Forestall Eviction - EAA, Forestall Eviction - ESN, Emergency Shelter and Domestic Violence (DV) Shelter.

The notable change over these six years is the jump in payments in 2013, when there was an increase in payments both for emergency shelter and to forestall evictions. During 2011 and

2012, the combined expenditures were about \$5,000. In 2013, the total expenditures jumped up to over \$20,000; and then in 2014 to almost \$28,000. In 2015, the declined somewhat to just over \$25,000.

Graph 186

Amount of Emergency Aid Annually to Adults to Prevent Homelessness by Type of Aid (2010-2015)



Source: Herkimer County Department of Social Services

As noted, the Herkimer County Office for Aging tracks each year the number of people that call for housing assistance. This would include such things as needing an apartment, seeking Section 8 Housing, facing tax or mortgage foreclosure or fearing homelessness for some other reasons.

In 2011, they had 36 housing assistance related calls; in 2012 - 53; in 2013 - 79; in 2014 - 88; and in 2015 - 80 calls. Clearly, this has trended upward given the number more than doubled between 2011 and 2013, but the number of calls has not increased appreciably since 2013.

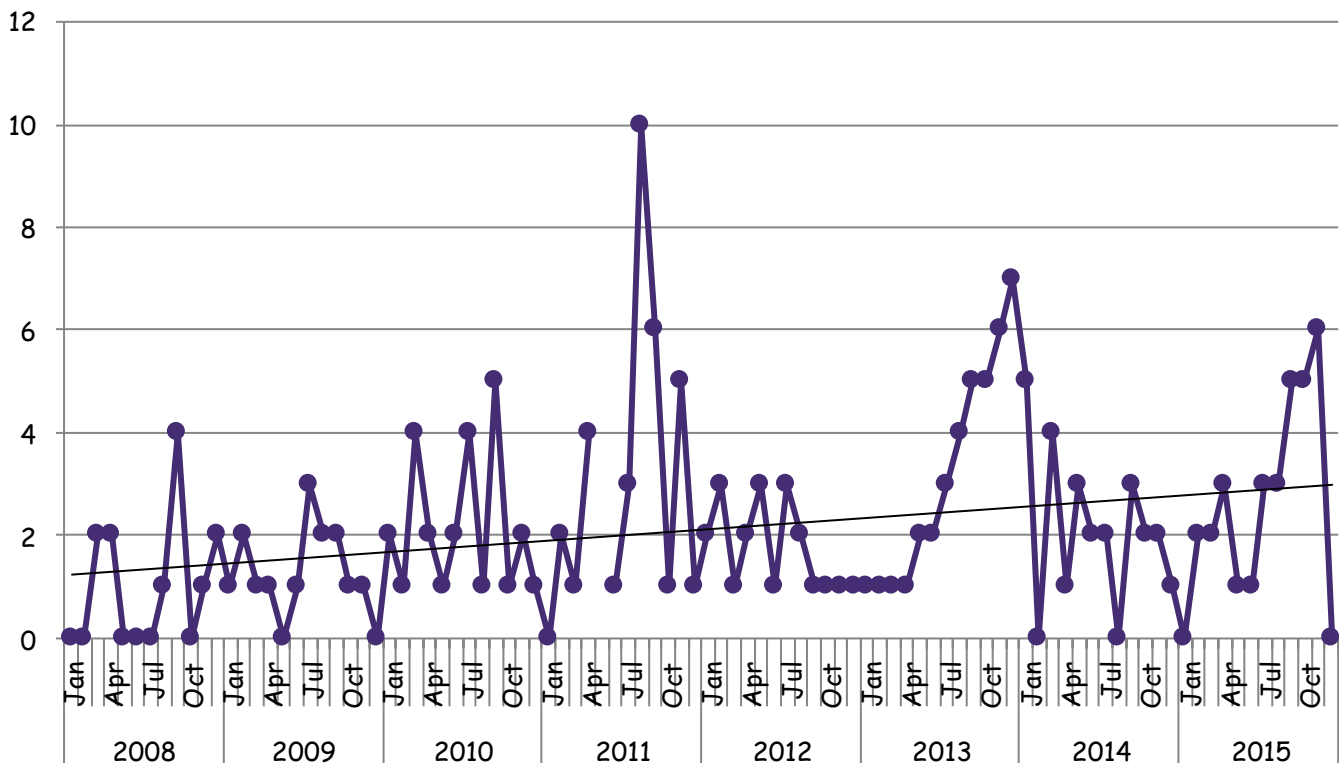
Local Data on Homeless Families

The best local source of data on homeless families, just as with homeless adults, is the HCDSS Intake Office. For families, it is the number of cases they refer to the Preventive Services for Children Unit. Also, as with homeless adults, there are the same two other sources: the Point-In-Time Survey that HCDSS submits to the New York State Office of Temporary and Disability Assistance (OTDA) Bureau of Shelter Services and the annual account of HCDSS payments for emergency shelter for families.

Graph 187 shows the monthly count of families the DSS Intake Office refers, due to housing insecurity or homelessness, to the Preventive Services Unit for the years 2008 through 2015. The trend line suggests that the number of referrals has been increasing slightly. The median number of monthly referrals increased from one (1) in 2008 and 2009 to two (2) in 2010. In 2011, the median remained at two (2), but during the month of August there was a high of ten (10) families referred. The monthly median declined in 2012 to 1.5, increased to 2.5 in 2013, decreased to two (2) in 2014, and then increased again to 2.5 in 2015. The yearly totals for each year are as follows: 2008 - 12; 2009 - 15; 2010 - 26; 2011 - 36; 2012 - 21; 2013 - 38; 2014 - 25; and, 2015 - 31.

Graph 187

Total Number Monthly of Homeless Referred to Preventive Services 2008-2015



Source: Herkimer County Department of Social Services

Family

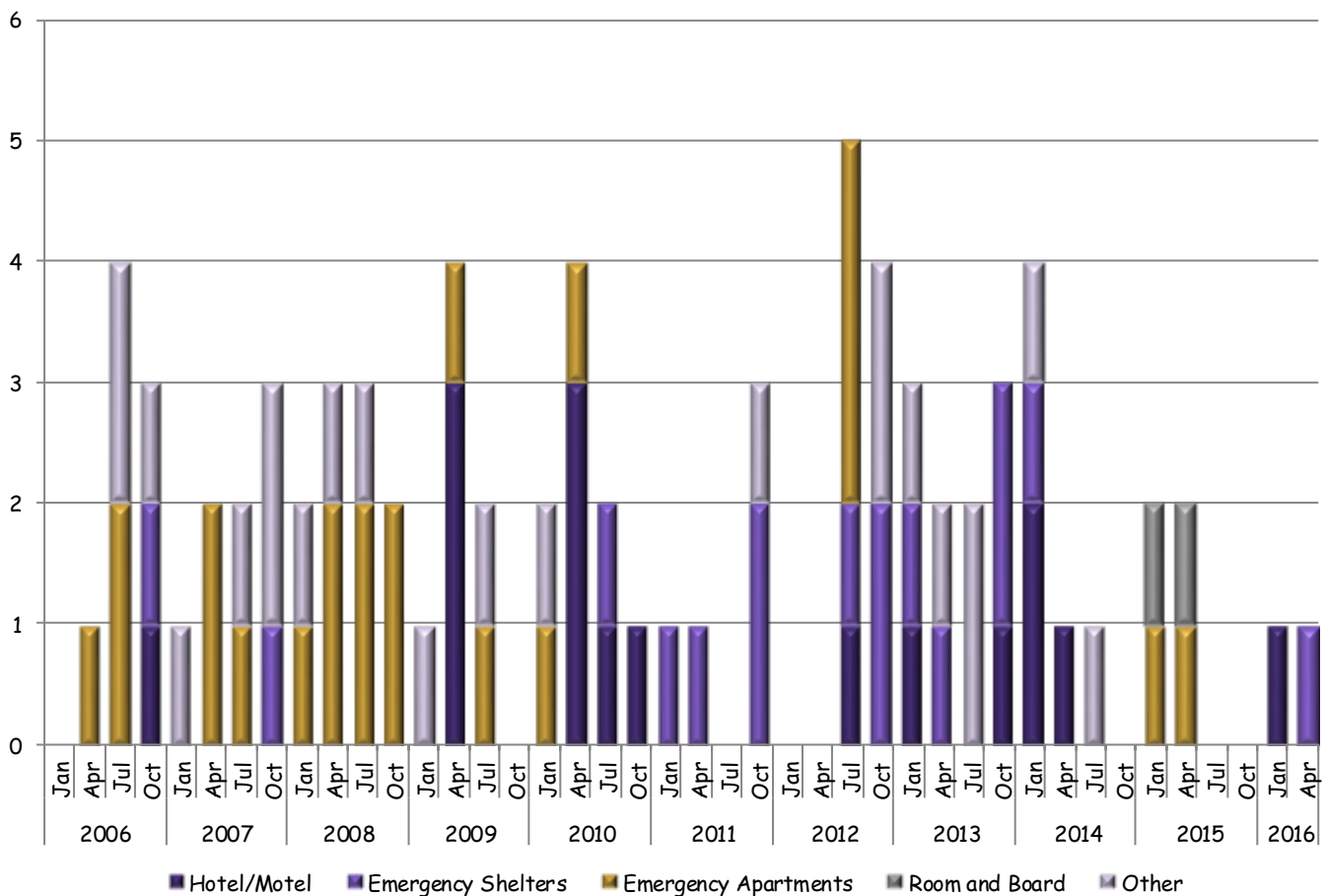
Housing & Homelessness

Graph 188 shows the point-in-time count of homeless families in a shelter based on the Quarterly Homeless Statistical Report the HCDSS submits to NYS OTDA Bureau of Shelter Services. And, like the count of sheltered adults, the combined stacked bars on the graph show the total number of families sheltered and each bar breaks down the number for each type of shelter as recorded on the 15th day of the four months—January, April, July and October.

During the ten and a half years from 2006 through March 15, 2016, the point-in-time count does not show a clear trend either way. The maximum number ever counted was five (5) on July 15, 2012. In examining the type of shelter families used, there was a greater reliance in past years (2006–2010) on emergency apartments. Since then, families have been sheltered through a greater variety of aid.

Graph 188

Point-in-Time Quarterly Survey of Homeless Families by Shelter Type 2006–2016



Source: Herkimer County Department of Social Services

Family

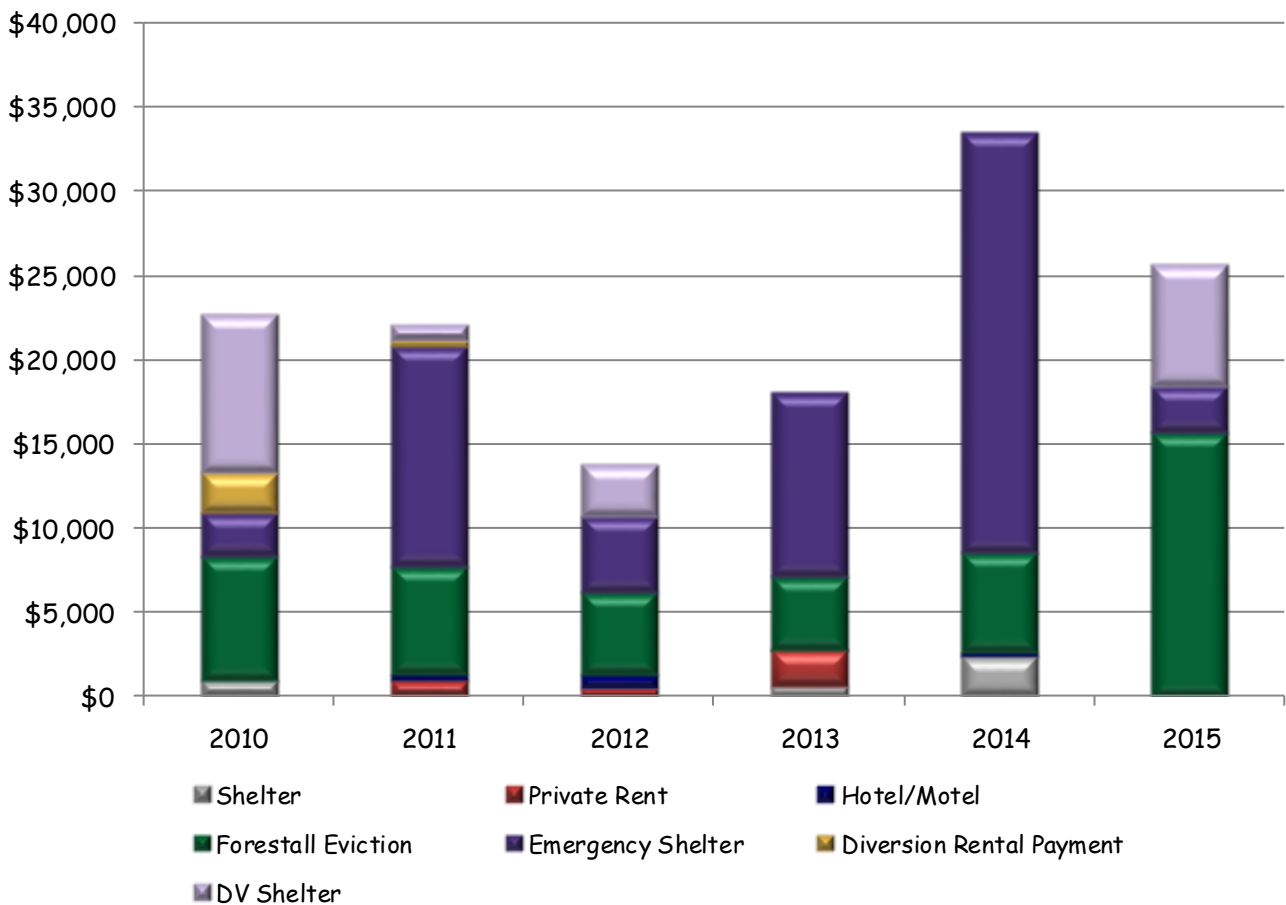
Housing & Homelessness

Looking at the amount of emergency payments to prevent family homelessness from 2010 to 2015, as seen in Graph 189, there has been an increase in the last two fiscal years (September through August 2014 and 2015). In 2010, total expenditures equaled \$23,000—the largest share being the \$9,000 for the domestic violence shelter. In 2011, total expenditures were \$22,000; in 2012—\$14,000; and in 2013—\$18,000. In 2014, the total expenditures for aid to prevent family homelessness rose to \$33,500; most of that (\$25,000) was for emergency shelter. In 2015, it declined somewhat to \$25,500, and most of that (\$15,500) was to forestall eviction.

Totaling the expenditures over these six years by type of shelter assistance, the largest expenditures were for emergency shelter—\$58,883; next largest was for emergency allowance to forestall eviction—\$44,626.

Graph 189

Amount of Emergency Aid Annually to Families to Prevent Homelessness by Type of Aid Herkimer County 2010-2015



Source: Herkimer County Department of Social Services

Local Data on Runaway and Homeless Youth

For runaway and homeless youth, there are three local sources of data. The New York State Department of Education (NYSED) Student Information Repository System (SIRS) is designed to track the number of students that school districts report as homeless. Unfortunately, the data is incomplete and unreliable. The second local source is the Herkimer County TAP Survey. Every four years, students in the seventh, ninth and eleventh grade in Herkimer County schools take the survey, and in 2009 and 2013 there were a couple of questions that inquired about youth and family homelessness. The third source of local data is the Survey of Services that the Runaway and Homeless Youth Program of Herkimer County submits annually to New York State Office of Children and Family Services. This was a fairly comprehensive annual survey, which includes the numbers served, information regarding the youth served, the number sheltered and their discharge destination.

The New York State Technical & Education Assistance Center for Homeless Students (NYS-TEACHS) uses a simple formula to estimate the approximate annual number of students who experience homelessness. Using Census data (2011) they estimate there are 2,247 children ages 5-17 (school age) living in poverty in Herkimer County. They then calculate that 10 percent of these poor children, based on research conducted by the Urban Institute, will likely experience homelessness in any given year. If this is true, this would mean there are about 225 homeless children annually in Herkimer County.

Based on the responses of the seventh, ninth and eleventh grade students who have taken the Herkimer County Teen Assessment Project (TAP) Survey, this estimate of 225 homeless children ages 5-17 seems reasonable. When asked in the TAP Survey if during the past year they or their family had been homeless for a week or longer, about 2 percent in both 2009 and 2013 indicated yes, and for another question again about 2 percent said they had run away in the past year. In 2009, there was another question that asked whether in the past year they had left home and been homeless for a day or longer; 4 percent responded yes. Based on the Census, there are about 5000 youth in Herkimer County between the ages of 13 and 17, which are the ages that correspond to those taking the survey. Assuming that 2 percent of this 5000 would experience homelessness, based on the results of the TAP Survey, then there would be roughly 100 youth ages 13-17 homeless annually. And, this, of course, would not include the younger students, age 5- 12 years, included in the NYS-TEACHS estimate of 225 homeless youth, and also would underrepresent poor and homeless youth who are less likely to be at school to even participate in this survey.

The Runaway and Homeless Youth Program of Herkimer County provides short-term crisis services for young people under the age of 21 who are at risk of running away, have run away, have been thrown out of their home or are homeless. They also provide a hotline for crisis calls and support a network of three Runaway and Homeless Youth host homes. The Runaway and Homeless Youth Program submits a Survey of Services annually to New York State Office of

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Children and Family Services. Based on this survey, from 2004-2013, the total number of cases the Runaway and Homeless Youth Program has served annually has ranged from a high of 103 in 2010 to a low of 55 in 2013 with an annual median number of 78.5.

Every year there have been more young women than men. Over this ten year period, 58% were female and 42% male. Based on the information from the three surveys (2011-2013): most of the youth (71%) served by the Program indicated they were experiencing some conflict with their parents/guardians; almost a quarter (23%) had serious mental health issues; more than that (29%) had health issues; 42% reported they had been victims of abuse and/or neglect; and, close to a third (29%) said they were homeless.

During these three years, there were 46 young people the Program was unable to assist due to specific issues with the individual or due to program constraints. The two main reasons cited were first, they had too severe mental health issues, and second, they were too old.

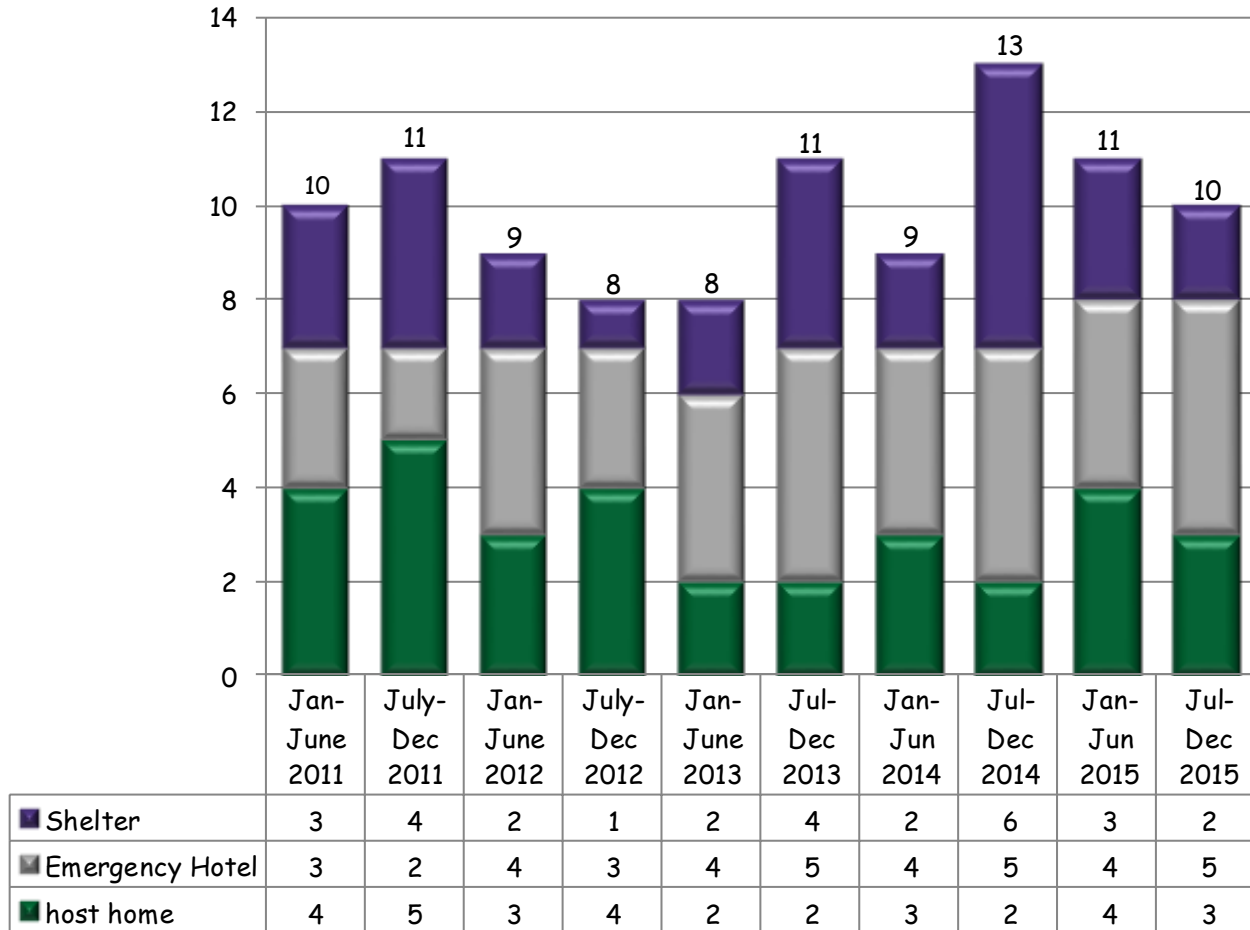
Of those discharged from the Program over these three years, about half (48%) returned home; 12% went off to live independently; another 15% went to live with a relative or friend; and, almost one-in-ten (9%) ended up in a transitional independent living program, e.g. New Horizons, Evelyn House or John Bosco House - all in Utica. The Survey of Services also asks what services are needed but not available in Herkimer County. Out of the list of some 17 service areas, the two services noted as needed are short-term (less than one year) supportive housing and long-term (more than one year) supportive housing.

The Runaway and Homeless Youth Program, since 2011, reports to the Herkimer County Results Based Accountability Program the number of youth they help place by the type of placement, i.e. shelter, emergency hotel or host home. As can be seen in Graph 190 on the following page they consistently have in placement between eight and eleven youth each six month period. The Director of the Runaway and Homeless Youth Program has noted that finding beds can often be a challenge. They have just three host homes with a total of four beds. These beds tend to be utilized more by younger youth, first because the host homes shy away from older teens and second because older teens often are less interested in structured, supervised settings.

There are no shelters located in Herkimer County. For older youth, over age 18, who need a shelter placement, the Runaway and Homeless Youth Program can refer them to shelters in Utica, such as the Rescue Mission, Emmaus House, or the Johnson Park Center, and to the shelter in Rome, the Rome Rescue Mission.

For youth under age 18, if they cannot be placed at one of the host homes, then they might be referred to a runaway and homeless youth shelter somewhere across New York State - the closest being the Booth House in Syracuse.

**Herkimer County Runaway & Homeless Youth Program
Number of Youth Placed 2011-2015**



Source: Herkimer County Department of Social Services

Key Informant Description of Herkimer County's Homeless Population

There is a limited supply of affordable, decent housing, and for those with low incomes and little or no assistance, the supply is extremely limited. So, in effect there exists a double whammy for those facing homelessness. There is little decent rental housing they can afford, even with assistance; and, there is virtually no emergency shelter available, except outside the county, where they can have some time and support to help them get back on their feet. The ones that know this best are those who are trying to assist the homeless.

To get beyond the data and better understand who the homeless are and whether this population has changed over time, 16 key informants, including administrators and direct service workers who assist the homeless, were interviewed by the Herkimer Oneida Counties Comprehensive Planning Program. Just as the data has indicated, many of the key informants observed that the problem of homelessness in Herkimer County has increased, but only

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incrementally. The housing specialist from the Mohawk Valley Community Action Agency (MVCAA) estimates that about half of the homeless are single adults and the rest are families - most being single parent families, generally a mother with children. She also reported that the majority of the homeless population is already receiving some form of public assistance, i.e. TANF, Safety Net, or SSI.

Several key informants report encountering many who they term as "repeaters," meaning they have helped them previously in the past years or have helped their parents or grandparents in the past. Many of these people, and certainly those dependent on public assistance, are living on the edge. Any mismanagement of money, unexpected expenses, physical or mental health issues, substance abuse problems, marital conflicts or domestic violence incidents can push them over that edge. A common case is a young single mother with children, who due to poverty has lived with her parents, other relatives or friends. They then may overextend their welcome, or sometimes they are forced out of their host's rental unit by the landlord due to a violation of the lease which restricts the number that can stay in the unit.

A representative from Upstate Cerebral Palsy noted some increase in young people in their 20's who have both mental health and substance abuse issues. She also reported a general increase in those with mental illness needing community-based housing due to the closure of the Psychiatric Center.

Similar observations regarding young people were reported by key informants from both the Runaway and Homeless Youth Program and the Little Falls YMCA. The YMCA Director noted an increase in unemployed young men struggling with substance abuse. The Director of the Runaway and Homeless Youth Program reported seeing more older teens, age 18-20, who need a place to stay. Both said that some of these young people are from outside of the area. The Department of Social Services Preventive Services Unit Supervisor mentioned a similar trend - more families from outside the area coming off the New York State Thruway seeking assistance. They all noted the impact of the internet. Individuals and even single parents meet someone on line and take to the road only to find themselves stranded in Herkimer County.

At the other end of the age spectrum, the Herkimer County Office for the Aging (OFA) Director has reported that there is a growing number of seniors seeking assisted housing and on the waiting list for senior housing and Section 8 housing. What OFA sees are older seniors in their 80's who need to downsize and move out of their homes. They also receive calls from seniors in their 60's and 70's who are low-income, disabled and often face foreclosure.

A difficult population to house are those released from the County Jail or prison. If they have no residence or no family or friends to help them, the Sheriff's Office will refer them to the Department of Social Services. Their caseworkers struggle to find decent, affordable housing for them, and, if they are registered sex offenders, there is virtually no place to house them.

Two Codes Enforcement Officers were also interviewed, one who inspects multiple dwellings every three years and also tries, though this is a relatively new initiative (7/1/14), to inspect a rental property every time people move out of a unit, and another who inspects rental dwellings of three or more units every three years and whenever a landlord or tenant makes a complaint regarding the property.

Both noted that there are an increasing number of low-income rental units which are owned by landlords from outside of the area. Often these are properties that had undergone foreclosure and then were auctioned off either by a bank for mortgage foreclosure or by the County for tax delinquency and foreclosure. Outside landlords rent out the units but then may exhibit little interest or knowledge about the condition of the property. Further, both officers interviewed noted that it is often hard to contact these landlords and even harder to get them to repair their properties.

DATA SOURCES

Catholic Charities Runaway and Homeless Youth Program

Herkimer County Department of Social Services

Herkimer-Oneida Counties Comprehensive Planning Program

New York State Technical & Education Assistance Center for Homeless Students

<http://www.nysteachs.org/info-topic/statistics.html>

Rural Homeless, N. C. (2009), Rural Homelessness, <http://www.nationalhomeless.org/factsheets/rural.html>.

Family

Family Conflict

WHY THIS IS IMPORTANT

Persistent and serious conflict between primary caregivers or between caregivers and children increases risks for children. Conflict between family members appears to be more important than family structure, and children raised in families high in conflict appear to be at high risk.

The Centers for Disease Control-Kaiser Permanente Adverse Childhood Experiences (ACE) Study conducted investigations on the effects of childhood abuse and neglect on later-life health and well-being. They found that the more ACEs, (abuse, neglect, and family/household challenges such as domestic violence or parental substance abuse, mental illness, or incarceration) a person experienced as a child, the greater the negative health and well-being outcomes experienced across the life span. These negative outcomes include disease, disability and social problems (i.e. depression, heart disease, poor work and academic performance, financial stress), the adoption of health risk behaviors (i.e. alcohol/substance abuse, smoking), and early death.

WHERE WE STAND

Child Protective Services (CPS)

One indicator of family conflict is the number of child abuse and neglect reports. The State Central Registry (SCR) is the NYS central hotline to report suspicions of child abuse or neglect. Table 191 compares the number, rates and outcomes of CPS reports received in 2015 in Herkimer County with comparable counties in New York State.

Table 191

2015 Child Protective Services Statistics: Herkimer County and Comparable Counties

	Herkimer County		Comparable Counties
	#	Rate per 1,000	Rate per 1,000
Initial Reports Received	802	56.9	54.9
	#	%	%
Reports by Mandated Reporter	454	56.6%	61.7%
Of Reports Determined:			
Reports Indicated	142	18.0%	30.7%
Reports Unfounded	646	82.0%	69.3%
Of Reports Registered:			
Not Determined	14	1.7%	1.9%

Source: NYS OCFs, Bureau of Research, Evaluation, and Performance Analytics

Family

Family Conflict

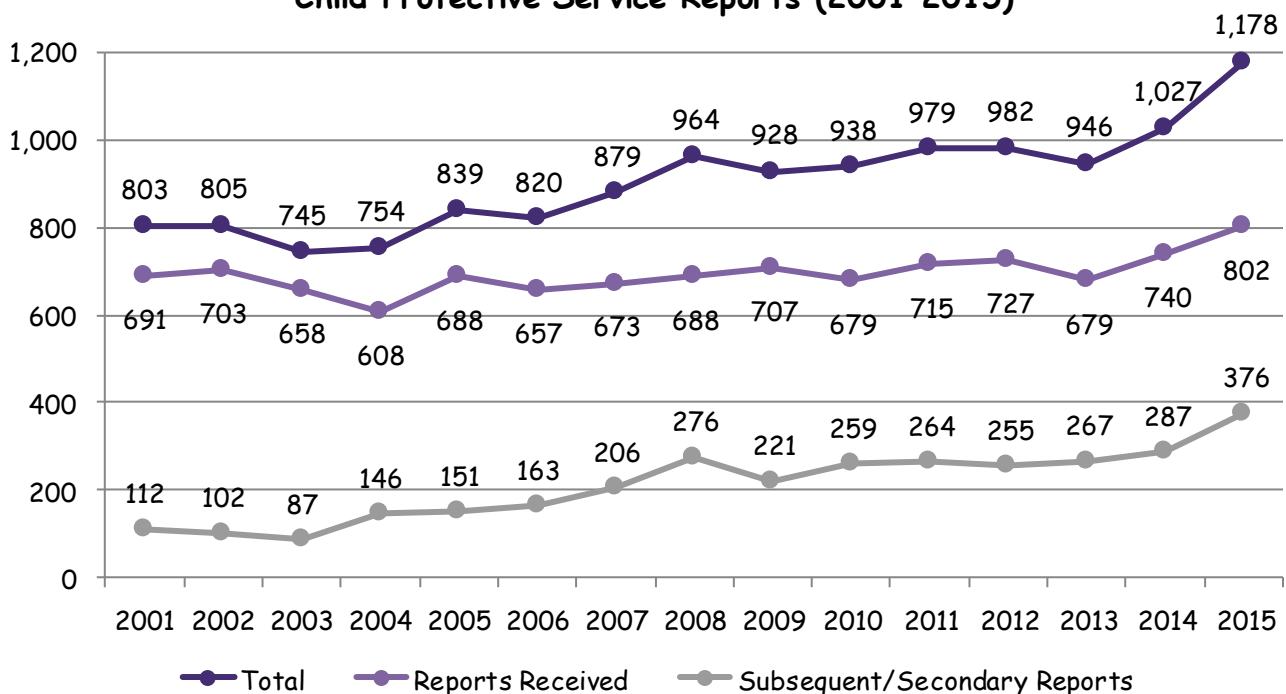
Comparable counties include: Allegany, Chenango, Columbia, Cortland, Delaware, Essex, Franklin, Genesee, Hamilton, Lewis, Livingston, Montgomery, Orleans, Otsego, Putnam, Schuyler, Seneca, Tioga, Tompkins, Warren, Wyoming, and Yates.

The rate of reports received in Herkimer County (the number of reports received during the calendar year for every 1,000 children in the district) was slightly higher than the rate for comparable counties in 2015. The percentage of reports received from mandated reporters (individuals who are trained and required to report incidences of suspected abuse/neglect) was slightly lower in Herkimer County than in comparable counties in 2015. Herkimer County, when compared with comparable counties, had a lower indication rate, which is the percentage of all determined reports that are found to be valid. For Herkimer County the indicated report rate in 2015 was 18% and the comparable counties rate was 30.7%. The percentage of reports that were registered in calendar year 2015 and had no determination by March 2016 were similar for both Herkimer County and comparable counties.

Graph 192 illustrates the total number of Child Protective Services (CPS) reports received in Herkimer County from 2001 to 2015, including both initial reports received and subsequent/secondary reports. A *subsequent* report is when a report is received on a family that already has an open CPS investigation. A *secondary* report is a report that the county does not have primary investigative or determination responsibility but is involved because someone named in the report is in the county at the time the report was made.

Graph 192

**Herkimer County Department of Social Services
Child Protective Service Reports (2001-2015)**



Source: Herkimer County Department of Social Services

Family

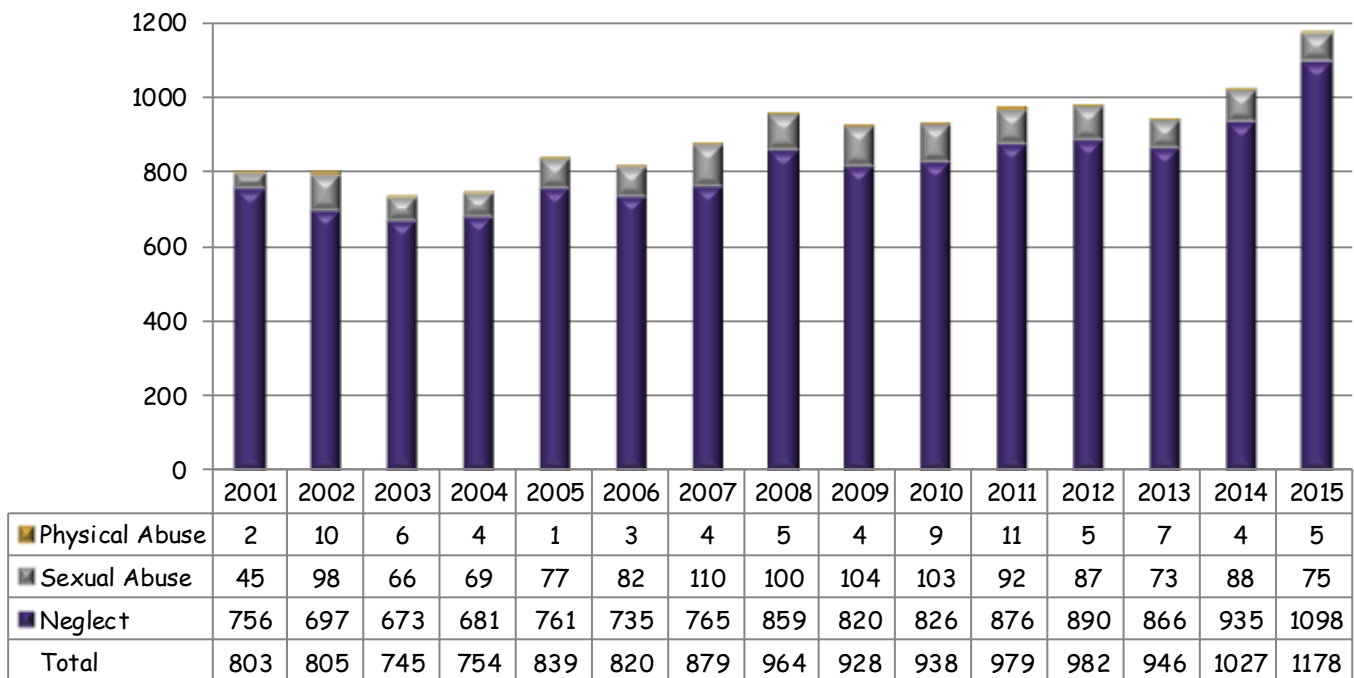
Family Conflict

The total number of reports received in Herkimer County has increased by 47% between 2001 and 2015.

Graph 193 illustrates the types of Child Protective Services Reports received in Herkimer County from 2001 to 2015 on all initial, secondary and subsequent reports. the majority of CPS reports received involve neglect; these reports have increased by 45% between 2001 and 2015. CPS reports of sexual abuse trended upward from 2001 to 2009, and have trended downward since that time to 75 reports in 2015, which represents 6% of all CPS reports received that year. The number of physical abuse reports have consistently been much lower than sexual abuse or neglect reports. As the graph shows, they are generally in the single digits.

Graph 193

**Herkimer County Department of Social Services
Child Protective Services Report Types**



Source: Herkimer County Department of Social Services

Table 194 on the following page includes the number and rate (per 1,000 children) of Herkimer County Child Protective Services initial reports received from 2011-2015 (does not include secondary and subsequent reports). As the table illustrates, the rate of initial reports received during this time period has increased from 50.2 per 1,000 children to 56.9 per 1,000 children.

Family

Family Conflict

Table 194

Herkimer County Child Protective Services Reports Received* 2011-2015

	#	Annual Rate per 1,000	Percent Change in Rate
2011	715	50.2	-
2012	727	51.4	2.4
2013	679	48.2	-6.2
2014	740	52.6	9.1
2015	802	56.9	8.2

Source: NYS OCFS 2015 Monitoring and Analysis Profiles

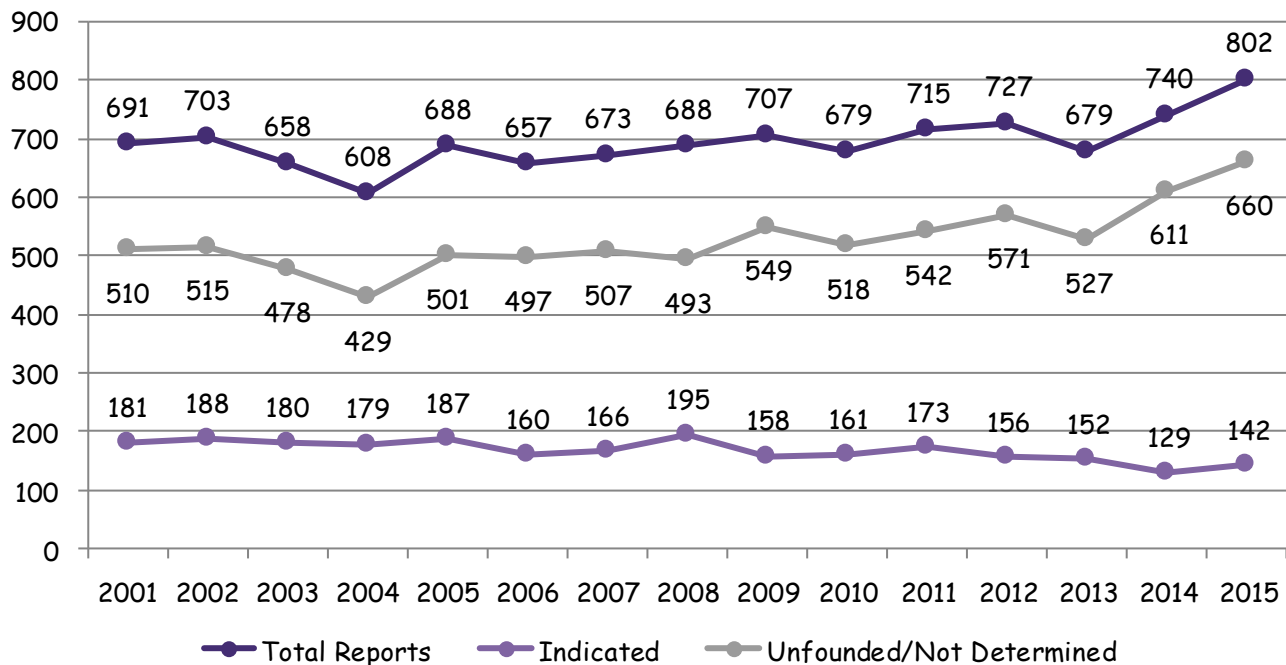
*Does not include secondary/subsequent reports

Reports Determined

Graph 195 illustrates the determinations made for all initial CPS reports received by Herkimer County from 2001 to 2015. A CPS report is either found to be indicated (valid), unfounded, or, in the case of year end data, still an open investigation and not yet determined. As the graph shows, the number of indicated reports has declined during this time period.

Graph 195

Child Protective Services Report Determination



Source: NYSOCFS, Bureau of Research, Evaluation, and Performance Analytics

Family

Family Conflict

Table 196 includes the number and rate (per 1,000 children) of Herkimer County Child Protective Services initial reports that were found to be indicated (valid) from 2011-2015 (does not include secondary and subsequent reports). As the table illustrates, the indication rate during this time period has declined from 24.2 per 1,000 children to 18 per 1,000 children.

Herkimer County Child Protective Services Reports Indicated 2011-2015

Table 196

	#	Annual Rate per 1,000	Percent Change in Rate
2011	173	24.2	
2012	156	21.5	2.5
2013	152	22.4	3.3
2014	129	17.4	-5.9
2015	142	18.0	-1.7

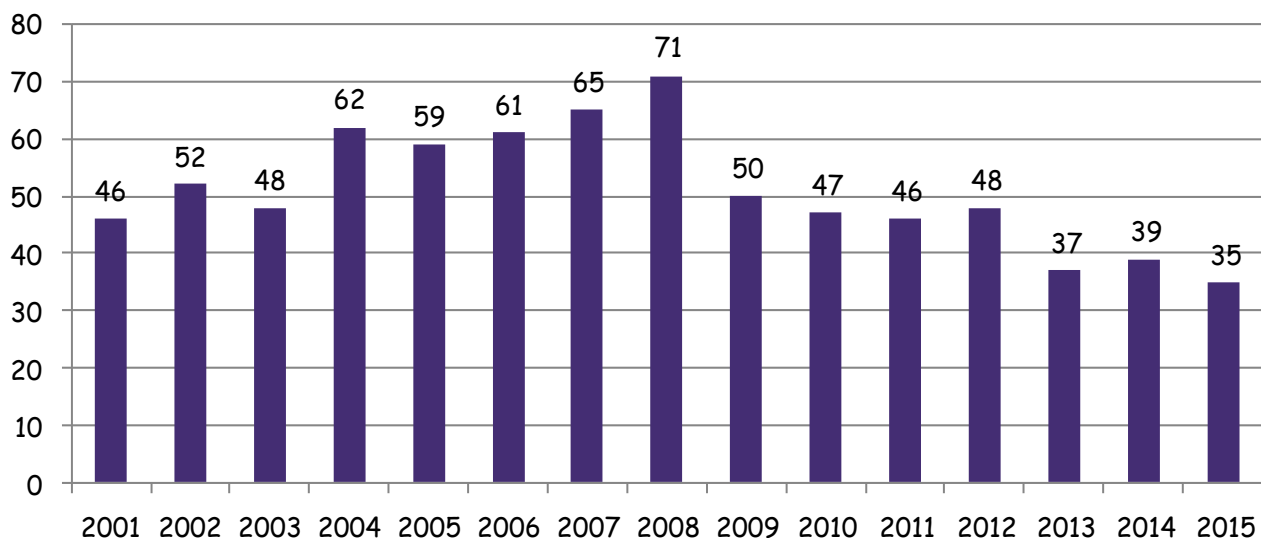
Source: NYS OCFS 2015 Monitoring and Analysis Profiles

Court Filings

Graph 197 illustrates the number of abuse/neglect petitions filed by the Department of Social Services in Family Court. Following an increase of abuse/neglect petitions filed from 2001-08, the numbers have decreased steadily to a fifteen year low of 35 petitions in 2015.

Graph 197

Number of Abuse/Neglect Petitions Filed in Family Court 2001-2015



Source: Herkimer County Department of Social Services,

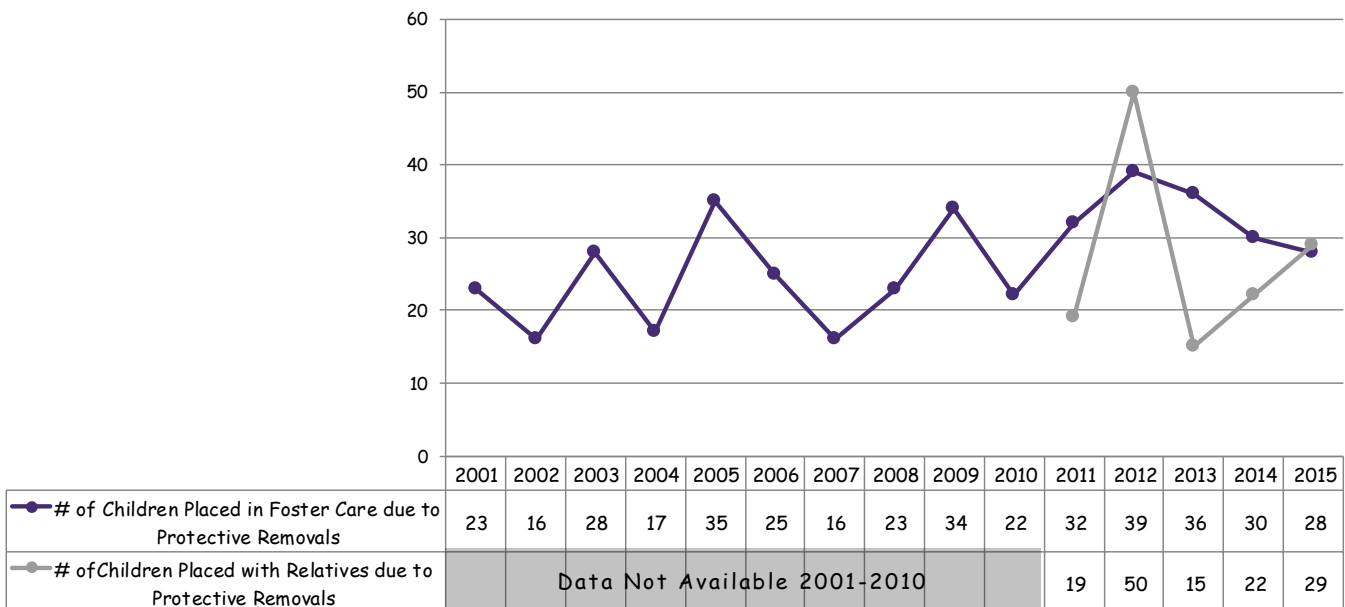
Placements

Graph 198 illustrates the number of Herkimer County children placed in foster care due to concern for their safety from 2001 to 2015. This number has fluctuated since 2001, with a high of 39 placements in Foster Care recorded in 2012. These placements have declined steadily between 2012 and 2015, when 28 children were placed in a foster care setting.

Graph 198 also illustrates the number of children from 2011 to 2015 that were taken out of the home of their parent or primary caregiver and placed with a relative due to concern for that child's safety. Placing the child with a relative ensures a safe living arrangement while diverting these children from foster care placement.

Graph 198

Herkimer County Department of Social Services
Children Placed due to Protective Removals



Source: Herkimer County Department of Social Services,

The number of relative placements has fluctuated between 2011 and 2015. Relative placements reached a high of 50 children in 2012, and surpassed foster care placements in two of the five years measured (2012 and 2015).

Family

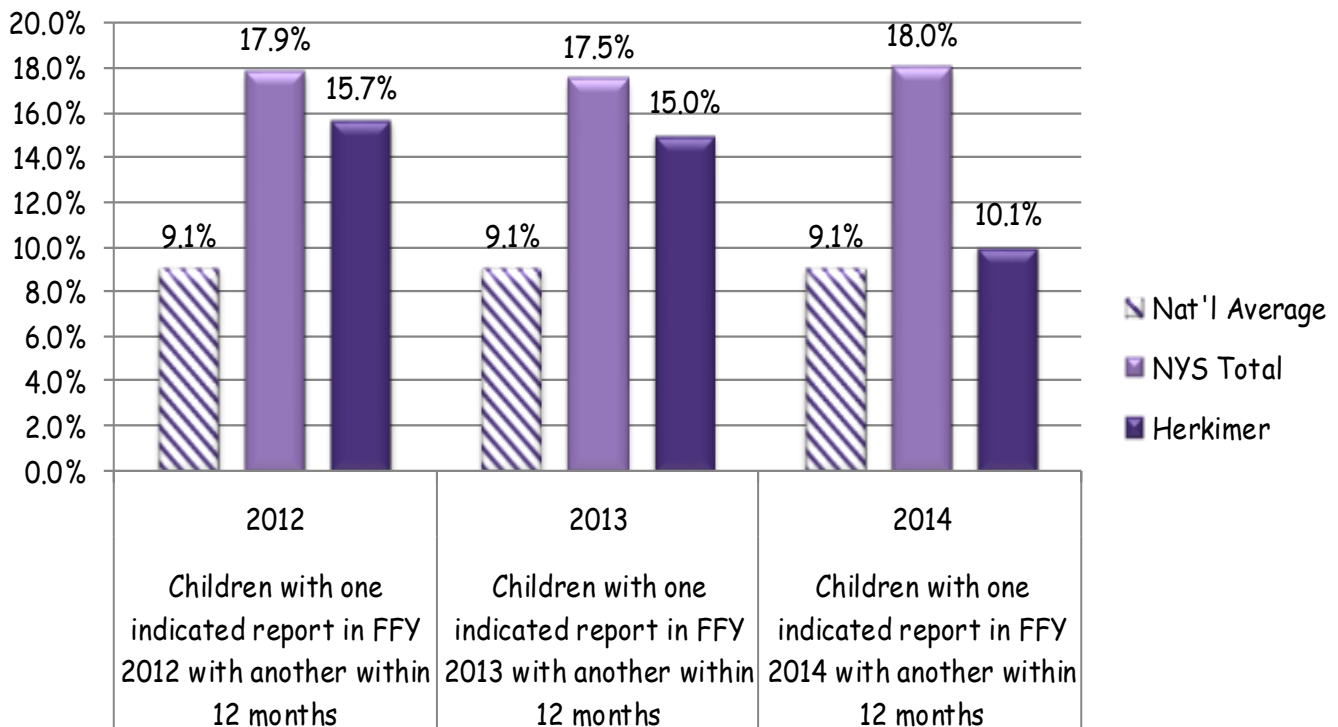
Family Conflict

Recurrence of Maltreatment

A national performance measure for child welfare services, as well as a measure for family conflict, is the rate of "Recurrence of Maltreatment". New York State, using rules provided by the Federal Children's Bureau, measures the number of children with at least one indicated report of maltreatment in a 12-month period who had another indicated report of maltreatment within 12 months of the initial report. A lower percentage is better for this measure.

Graph 199

Recurrence of Maltreatment



Source: Office of Children and Family Services -Bureau of Research, Evaluation and Performance Analytics

Graph 199 compares the percentage of children in Herkimer County with those in New York State and the United States who have had at least one indicated report of maltreatment in a 12-month period and another indicated report of maltreatment within 12 months of the initial report for 2012 through 2014.

As the graph illustrates, Herkimer County's percentage of children that had a second indicated report of maltreatment within 12 months was higher than the percentage in the U.S. but lower than the percentage in NYS for all three years.

Family

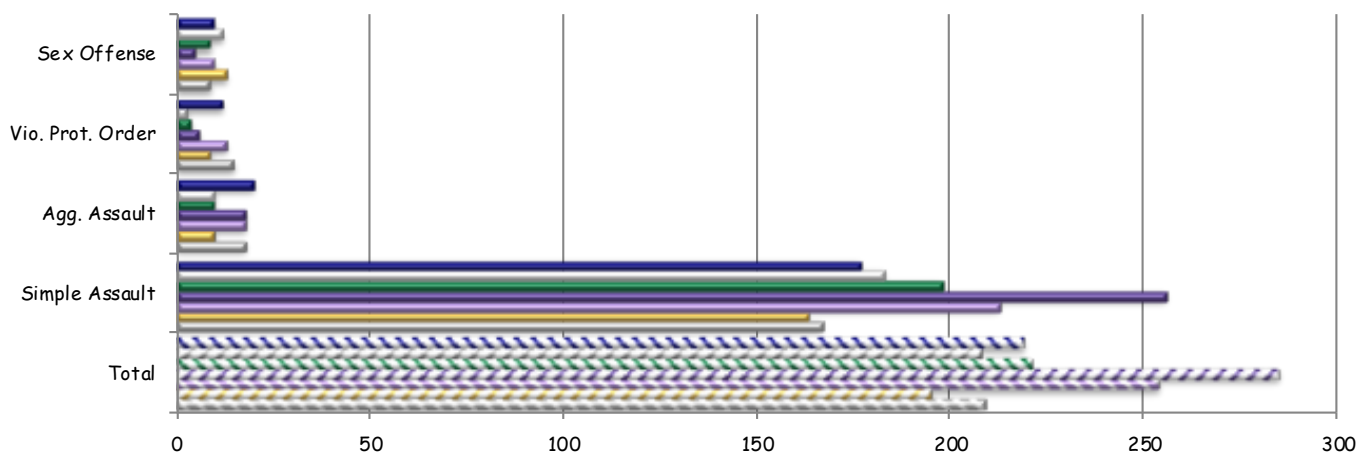
Family Conflict

Domestic Violence

Graph 200 illustrates the number of domestic violence arrests by category in Herkimer County for the years 2009 to 2015. Total domestic violence arrests have fluctuated but increased overall by 5% during this time period, trending upward from 2009 to a high of 285 arrests reported in 2012, then declining between 2012 and 2015.

Graph 200

Herkimer County Domestic Violence Arrests 2009 to 2015



	Total	Simple Assault	Agg. Assault	Vio. Prot. Order	Sex Offense
2015	219	177	20	12	10
2014	208	183	10	3	12
2013	221	198	10	4	9
2012	285	256	18	6	5
2011	254	213	18	13	10
2010	195	163	10	9	13
2009	209	167	18	15	9

Source: DCJS, Uniform Crime Reporting System

Table 201 on the next page displays the annual statistics for the Herkimer County Domestic Violence Program at Catholic Charities for the years 2006 to 2015. The overall number of calls made to the Domestic Violence Hotline during this time period has declined slightly (8%), however, the number of victims needing assistance with obtaining emergency orders of protection and/or custody has more than doubled between 2006 and 2015.

The domestic violence program director reports that there continues to be a consistent demand for program services. There continues to be a need for the offender to be held accountable legally for their actions, and finding affordable housing options when relocating remains a problem area.

Family

Family Conflict

Table 201

Domestic Violence Program Annual Statistics 2006-2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Calls to the Domestic Violence 24-hr. Hotline	1425	1365	1245	1680	1526	1209	1368	1287	1109	1307
Adult victims of domestic violence receiving services	489	434	421	449	411	412	458	425	371	461
Child victims/witnesses of domestic violence receiving services	66	76	81	87	59	49	69	64	75	63
Children sheltered in the Safe House	29	21	18	21	19	16	25	24	17	36
Assistance with emergency orders of protection and/or custody	111	102	78	184	174	164	189	214	230	249
Reports made by Domestic Violence Program staff to the NYS Child Abuse and Neglect Hotline	3	2	6	18	13	18	13	18	6	2

Source: Herkimer County Domestic Violence Program

Conflict in the Home

The Herkimer County Teen Assessment Project (TAP) Survey, which surveys all 7th, 9th, and 11th grade students in Herkimer County every four years, includes several questions that broach the issue of possible conflict in the home environment, including perceived safety at home, statistics on threat and physical hurt occurrences, and teens' concerns at home.

Table 202 on the following page displays the percentage of teens that report they feel safe in their home. The percent of teens that report they "strongly agree" they feel safe in their home has consistently trended upward, a 14% increase from the 1997 survey to the 2013 survey. However, the percentage that either "disagrees" or "strongly disagree" has not notably changed, remaining between 5% and 7%. Females seem more likely to be concerned for their safety at home than males (6% versus 3%).

Past analysis of 2009 TAP Survey results found, for those teens indicating they felt unsafe at home, that they were over twice as likely to have felt unsafe at school (59% vs. 23%); three times more likely to have missed school because they felt unsafe (35% vs. 12%); and were over three times more likely to have felt unsafe in their community (58% vs. 31%).

Family

Family Conflict

I feel safe in my home.

Table 202

	Total					2013				
	1997	2001	2005	2009	2013	Male	Female	7 th	9 th	11 th
Strongly Agree	58.9%	61.3%	64.2%	67.9%	73.1%	77.0%	69.5%	75.8%	72.6%	71.0%
Agree	34.3%	33.8%	29.8%	27.1%	22.4%	19.9%	24.8%	19.8%	23.5%	24.0%
Disagree	3.0%	2.7%	3.8%	3.4%	2.4%	1.2%	3.4%	2.3%	2.2%	2.4%
Strongly Disagree	3.7%	2.2%	2.2%	1.5%	2.1%	1.9%	2.3%	2.1%	1.7%	2.6%
N=	2,275	2,151	2,174	1,875	1,615	770	842	565	537	496

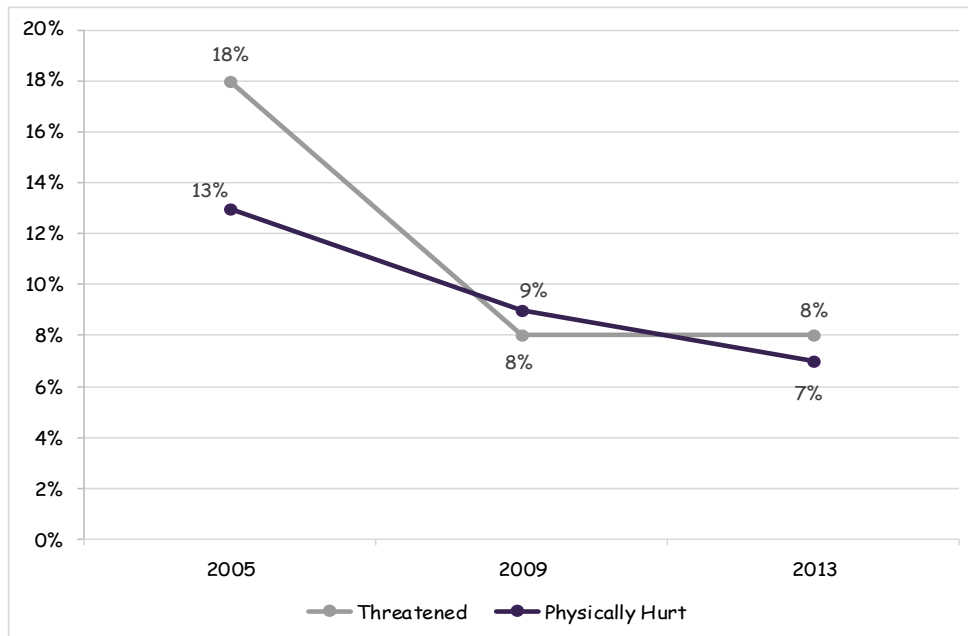
Source: Herkimer County Teen Assessment Project (TAP) Survey

In addition, youth that felt unsafe at home were much more likely to have smoked cigarettes (53% vs. 30%), drank alcohol (60% vs. 49%), used marijuana (40% vs. 21%), tried cocaine (18% vs. 5%), and were more likely to have seriously considered suicide (50% vs. 19%) or attempt suicide (34% vs. 10%).

Graph 203 illustrates the percentage of teens that reported on the 2005, 2009, and 2013 TAP

Graph 203

Percent of Teens That Said They Have Been Threatened or Physically Hurt by an Adult at Home in the Past Year



surveys that they had been threatened or physically hurt by an adult at home in the past year.

In 2005, 18% said yes they had been threatened, but in 2009 and 2013, a much lower percentage said yes (8%).

The percent of teens that indicated they had been hurt by an adult in the home was 13% in 2005, and then dipped down to 9% in 2009 and just 7% in 2013.

Source: Herkimer County Teen Assessment Project (TAP) Survey

Family

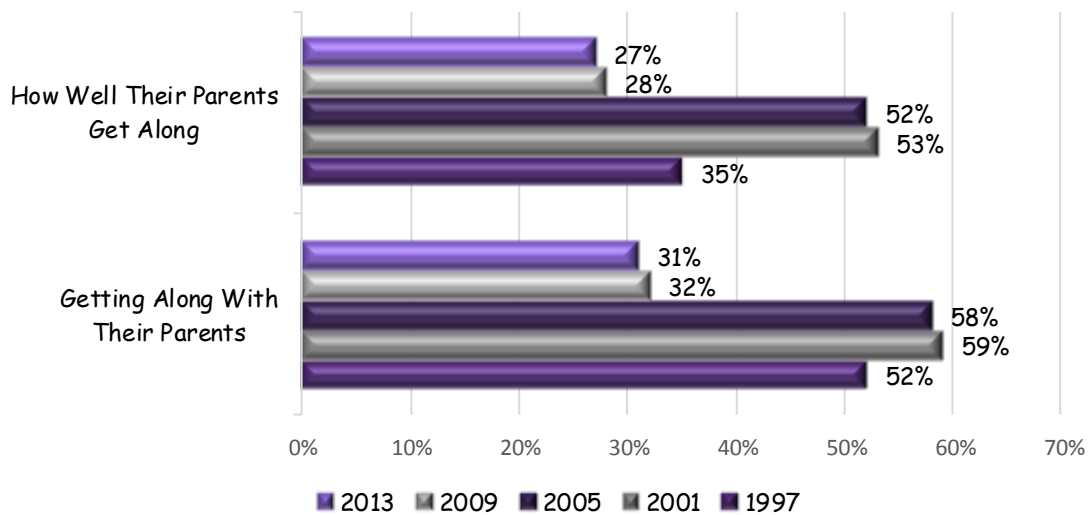
Family Conflict

Graph 204 illustrates the responses on the 1997 to 2013 TAP surveys that indicate how much teens worry about how well their parents get along with each other, and how much teens worry about how well they get along with their parents.

When asked how much they worry about getting along with their parents, over half of the teens in 1997, 2001 and 2005 indicated they worried a "fair amount" to "a lot." In 2009 and 2013, the percent of all teens dropped to less than one-third (32% and 31% respectively). A similar pattern is evident when teens were asked how much they worry about how well their parents get along with each other. In 2001 and 2005 just over half worried a "fair amount" to "a lot." In 2009 and 2013 the percentages were at 28 % and 27%, another significant decrease.

Percent of Teens That Said They Worry a Fair Amount to a Lot About...

Graph 204



Source: Herkimer County Teen Assessment Project (TAP) Survey

DATA SOURCES

Catholic Charities Domestic Violence Program

Centers for Disease Control and Prevention

<https://www.cdc.gov/violenceprevention/acestudy/about.html>

DCJS, Uniform Crime Reporting System

Herkimer County Department of Social Services

Herkimer County Teen Assessment Project (TAP) Surveys

NYS OCFS, Bureau of Research, Evaluation and Performance Analytics

Family

Parental Attitudes & Family Norms

WHY THIS IS IMPORTANT

Parental attitudes and behaviors influence their children's attitudes and behaviors. Children of parents who approve of or excuse the children for breaking the law are more likely to develop problems. Children whose parents engage in violent behavior inside or outside the home are at greater risk for exhibiting violent behaviors. Parental approval of a child's moderate drinking, even under parental supervision, increases the risk of the use of alcohol and other drugs.

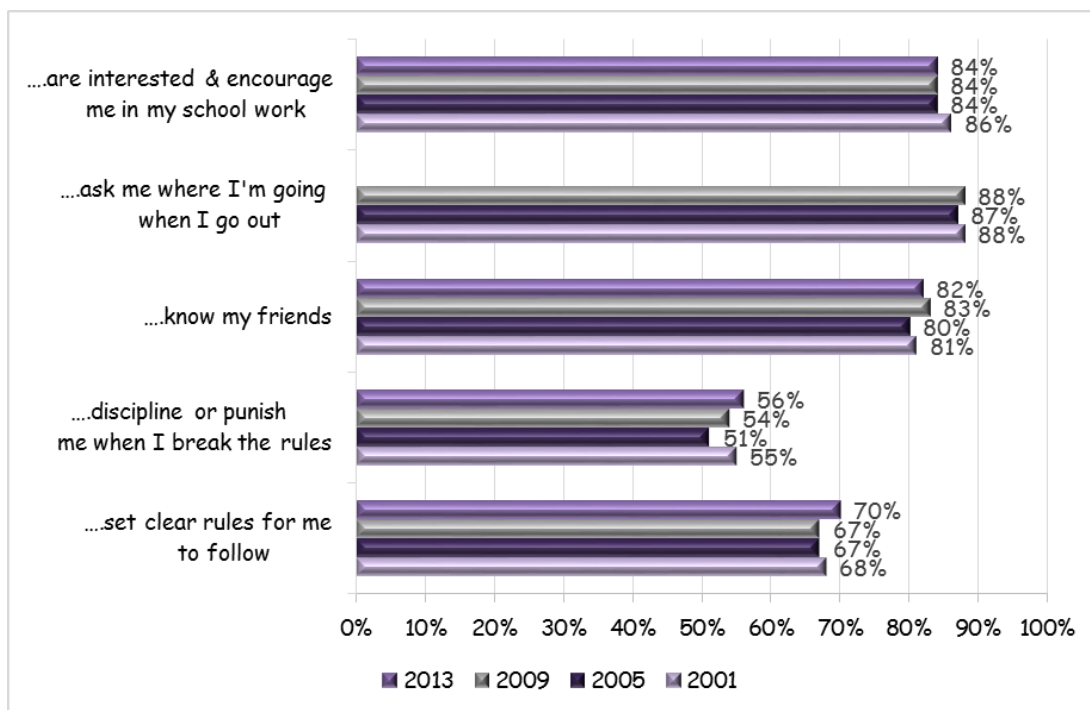
Parents that monitor their children's behavior, hold them accountable for their actions, and are generally engaged in their children's lives help to protect them against involvement in problem behaviors.

WHERE WE STAND

Graph 205 illustrates several questions from the Herkimer County Teen Assessment Project (TAP) Survey that examine the relationship that teens feel they have with their parents. By looking at their responses from the last four TAP Surveys in 2001, 2005, 2009, and 2013 it appears that most youth have a good relationship with their parents.

Graph 205

Teens That Said Their Parents Either Often or Always. . .



Source: Herkimer County TAP Survey

**My Parents Ask me where I'm going when I go out" was not asked in 2013

Family

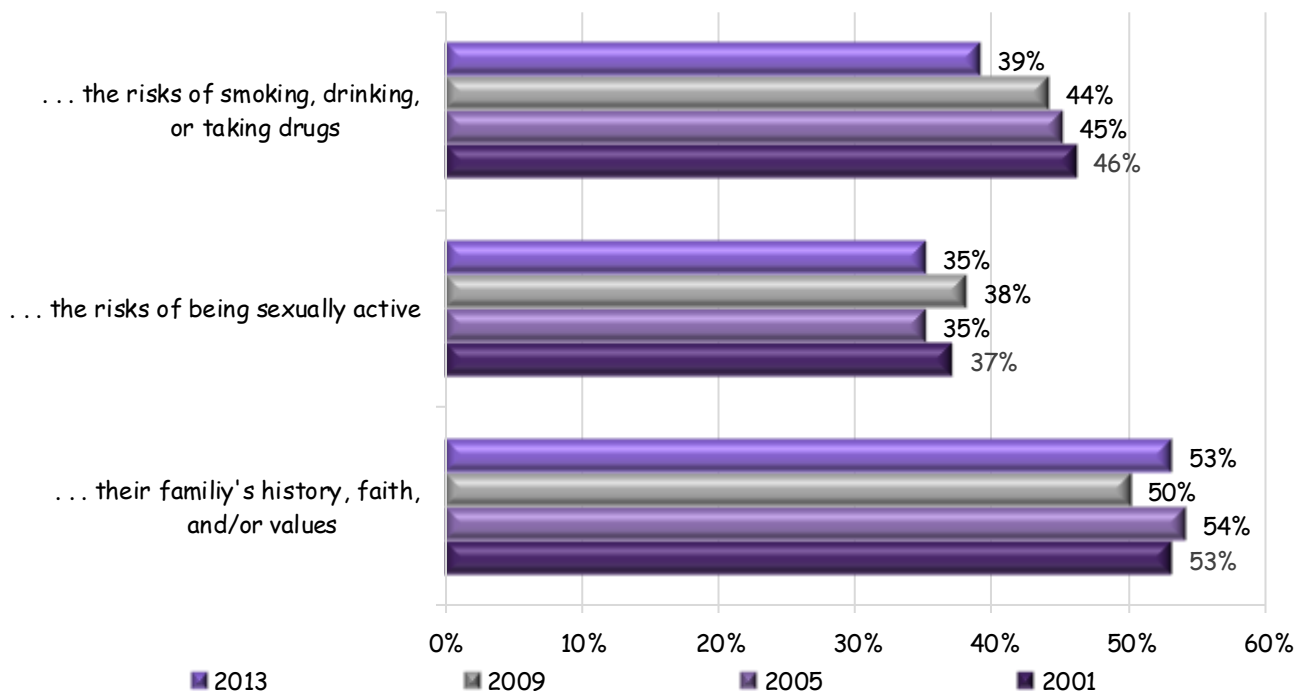
Parental Attitudes & Family Norms

Parents, for the most part, seem to be monitoring their children's behavior, holding them accountable and are generally engaged in their children's lives. For example, when asked if their parents set clear rules for them to follow, over two-thirds of teens (67%-69%) between 2001 and 2013 have consistently said that they did often or always, versus never or occasionally. And, over half (51%-56%) between 2001 and 2013 have said their parents often or always disciplined or punished them when they broke the rules. It also appears that the great majority of parents know their children's friends and keep track of their schoolwork. The 2013 TAP Survey results indicated that 82% of parents often or always know their teen's friends, and 84% often or always are interested and encourage them in their schoolwork. These percentages are similar to the results of the previous survey.

On the other hand, as Graph 206 illustrates, many parents are not talking to their children about some of the risks they face. Only 39% of teens said their parents talked at least sometimes to them about the dangers of drinking, smoking, and using drugs; this is down from 46% in 2001. An even lower percentage - 35% - reported that their parents talked at least sometimes to them about being sexually active. In 2009, that number was 38%.

Graph 206

Percent of Teens That Said That Their Parents at Least Sometimes Talk to Them About . .



Source: Herkimer County TAP Survey

Family

Parental Attitudes & Family Norms

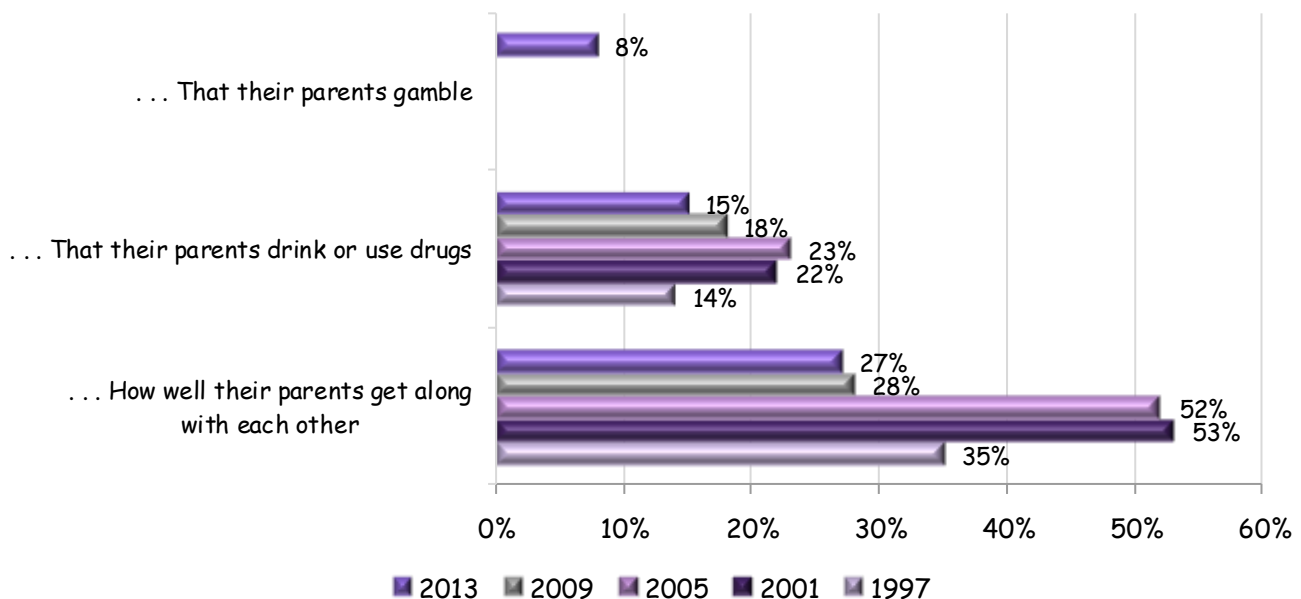
Over half of the teens in 1997, 2001 and 2005 indicated they worried a “fair amount” to “a lot” when asked how much they worry about getting along with their parents. In 2009 and 2013, the percentage of all teens dropped to less than one-third (32% and 31% respectively).

The same pattern appears in the results from when teens were asked how much they worry about how well their parents get along with each other. As Graph 207 illustrates, in 2001 and 2005, just over half worried a “fair amount” to “a lot” about this; and, in 2009 and 2013 the percentages of teens dropped to a little above a quarter.

Teens also seem less concerned that their parents drink or use drugs. As Graph 207 shows, in 2001, 22% indicated they worried a “fair amount” to “a lot” about this; by 2013, this dropped down to 15%. The 2013 TAP Survey asked for the first time whether or not teens worried about their parents’ gambling. Based on their response, 8% reported they worried a “fair amount” to “a lot” about their gambling.

Graph 207

**Percent of Teens That Said
They Worry A Fair Amount Or A Lot About . . .**



Source: Herkimer County TAP Survey

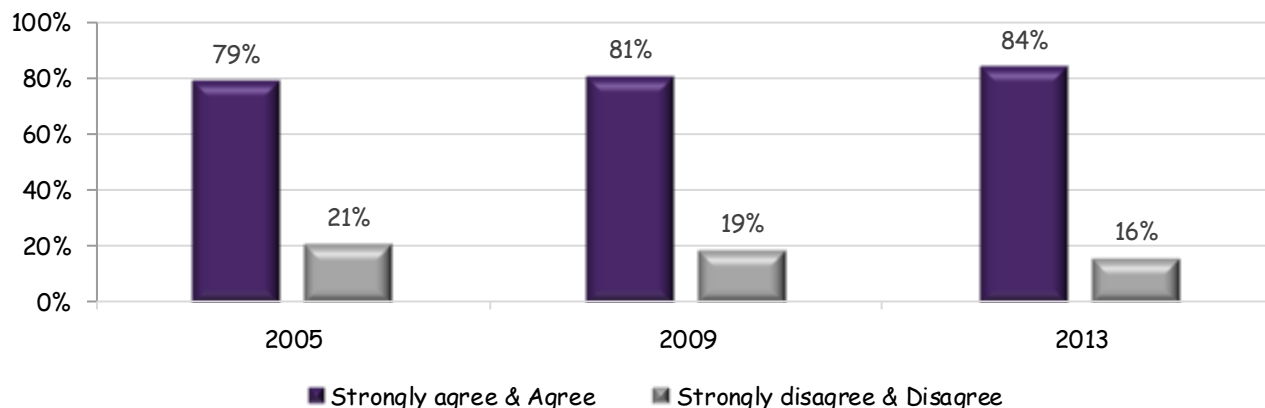
As Graph 208 on the following page illustrates, the percentage of teens who said they “strongly agree” or “agree” that they could turn to their parents with a serious problem has steadily increased from 79% in 2005 to 84% in 2013.

Family

Parental Attitudes & Family Norms

Graph 208

I can turn to one of my parents if I have a serious personal problem and need someone to talk to:

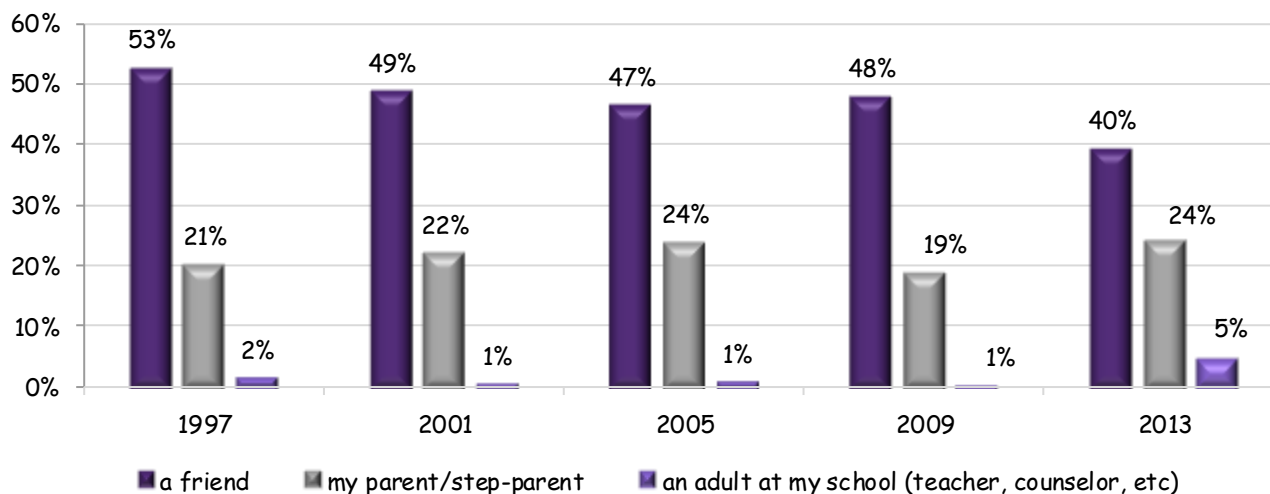


Source: Herkimer County TAP Survey

When asked who they generally talk to when they have a problem, most youth have said a friend, as illustrated in Graph 209 below. However, the percentage relying on friends has decreased from 49% in 2001 to 40% in 2013, while the percentage relying on parents has generally stayed the same - between 20 and 24%. An increasing percentage seem to be turning to adults at their school (teachers, counselors, etc.), which increased from under one percent in 2009 to 5% in 2013.

Graph 209

Who Do You Generally Talk to When You Have a Problem?



Source: Herkimer County TAP Survey

Family

Parental Attitudes & Family Norms

A new question was asked in the 2013 TAP survey concerning parent presence in the home. As Graph 210 illustrates, less than one-third of teens (31%) are not at home without an adult for more than two hours. Over one-fifth (21%) are home five days or more a week with no adult at home.

Table 210

How many days a week are you home with no adult present for more than 2 hours?

	2013	Male	Female	7th	9th	11th
No days a week	31.0%	30.2%	31.8%	44.4%	27.6%	21.4%
One day a week	17.2%	16.8%	17.7%	18.4%	17.1%	16.5%
Two days a week	16.5%	15.1%	17.7%	9.2%	20.5%	19.5%
Three days a week	8.8%	8.9%	8.9%	6.4%	9.7%	10.5%
Four days a week	5.0%	4.3%	5.6%	2.4%	5.9%	6.4%
Five days a week	9.6%	10.1%	9.1%	9.0%	9.3%	10.7%
Six days a week	1.9%	2.1%	1.7%	1.6%	1.3%	2.9%
Seven days a week	9.9%	12.6%	7.5%	8.6%	8.6%	12.1%
N=	1,527	722	802	500	526	486

Source: Herkimer County TAP Survey

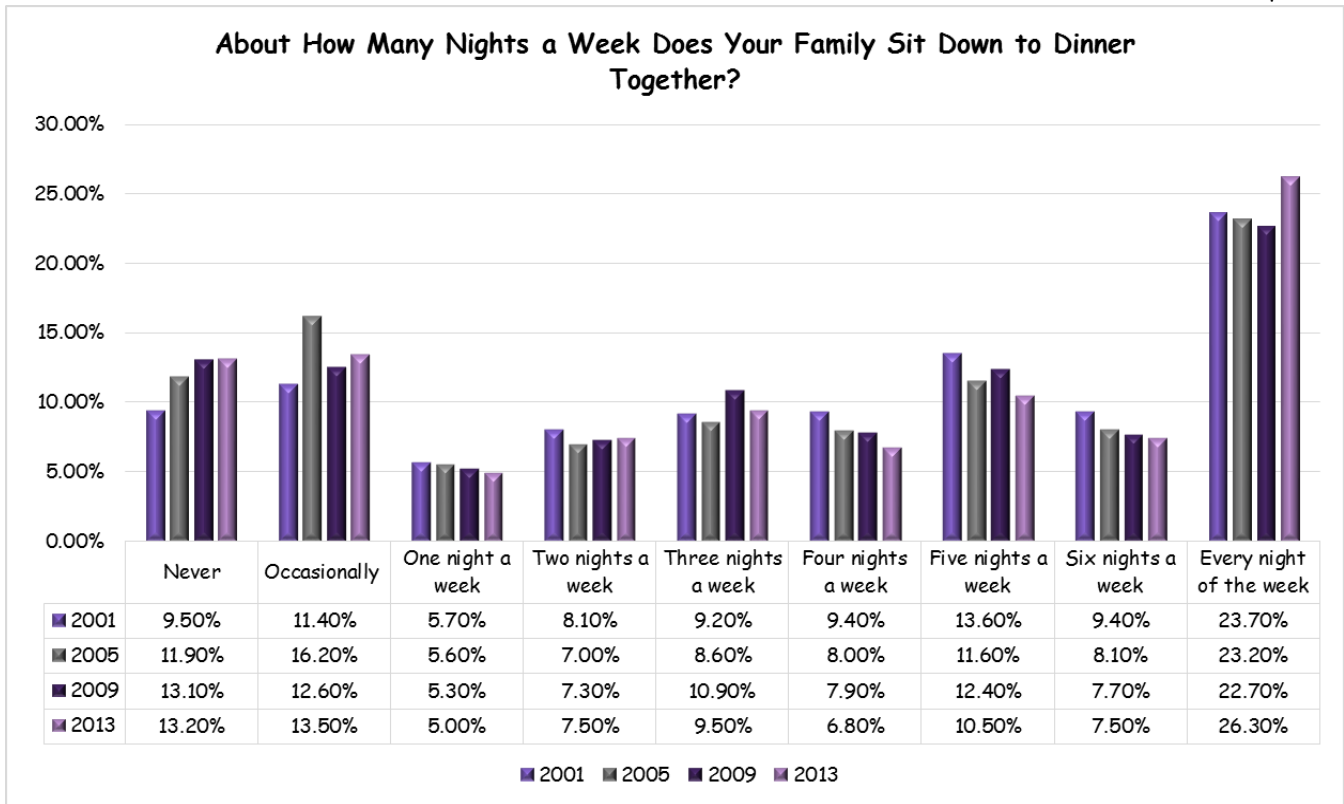
Family Meals

According to the Child Trends Data Bank, research has shown a positive relationship between frequent family dinners and positive teen behavioral outcomes. Teens who regularly have meals with their family not only get better nutrition and develop healthier eating habits, they also are less likely to get into fights, think about suicide, smoke, drink, and use drugs. They are also more likely to have later initiation of sexual activity, and better academic performance than teens who do not.

Based on the Herkimer County TAP Survey, the percentage of teens in 7th, 9th and 11th grades that said they sit down to dinner with their family at least five times a week has fluctuated between 43% and 47% since 2001. Graph 211 on the following page shows the total percentages of teens who ate with their families, broken down by frequency.

According to a national survey by the National Center on Addiction and Substance Abuse at Columbia University, the percentage of 12- to 17-year-olds that said they ate dinner with their families at least five times weekly increased from 47% in 1998 to 57% in 2012. Over this period, when the national percentage of adolescents that eat dinner together with their families at least five times per week has increased, it remained the same or well below the national percentage in Herkimer County.

Graph 211



Source: Herkimer County TAP Survey

DATA SOURCES

Child Trends Data Bank

Communities That Care, Developmental Research and Programs, Inc.

Herkimer County Teen Assessment Project (TAP) Survey

Herkimer Oneida Counties Comprehensive Planning Program

Economic Security

Income & Employment

WHY THIS IS IMPORTANT

Employment and household income can be used as indicators for individual and family well-being. If individuals are unemployed or are not earning a high enough wage to support themselves and their dependents, they may either live without basic necessities or depend on some form of public assistance to meet needs. This can have a negative impact on families, put a strain on community resources and be a detriment to the economic growth of a region.

WHERE WE STAND

Table 212 illustrates the median household income in Herkimer County, New York State and the United States for 2000 (U.S. Census), 2010 and 2015 (ACS 5 year estimates). Household income is defined as the total income received by all household members over age 15 and may include earnings from employment, Social Security benefits, pensions and other income sources.

During this time period, the median household income in Herkimer County has consistently been lower than the median household income reported in New York State and the U.S.

Table 212

Median Household Income: Herkimer County, New York State, and the United States

	Herkimer County			New York State			United States		
	2000	2010	2015	2000	2010	2015	2000	2010	2015
Median Income	\$45,303	\$45,998	\$46,229	\$59,282	\$60,438	\$59,269	\$57,604	\$56,428	\$53,889
<\$10,000	11.4%	7.7%	7.0%	11.5%	8.1%	7.8%	9.5%	7.2%	7.2%
<\$25,000	38.3%	28.3%	25.8%	29.5%	23.4%	22.8%	28.7%	23.5%	23.1%
<\$100,000	96.3%	89.5%	86.0%	84.7%	75.0%	86.0%	87.7%	79.0%	89.6%
\$100,000+	3.7%	10.5%	14.0%	15.3%	25.0%	14.0%	12.3%	21.0%	10.4%

Note: Households Incomes Inflation Adjusted to 2015 Dollars

Source: U.S. Census Bureau, 2000 Census SF3; 2010 and 2015 5-Year ACS Estimates

Tables 213 and 214, on the following two pages, display the per capita income, median family income and median household income for all New York State counties in 2015 (ACS 5 year estimates). When compared with the 62 counties in New York State, Herkimer County is ranked 51st in per capita income, 48th in median family income, and 54th in median household income.

Economic Security

Income & Employment

Table 213

**2015 Per Capita Income, Median Family Income and Median Household Income
New York State Counties (A-Ne)**

Population Rank	County	Per Capita Income	Median Family Income	Median Household Income	Population	Number of Households
14	Albany	\$32,779	\$83,085	\$59,887	307,463	123,451
52	Allegany	\$20,940	\$52,942	\$42,776	48,070	18,285
5	Bronx	\$18,456	\$38,517	\$34,299	1,428,357	484,902
19	Broome	\$25,105	\$62,558	\$46,261	198,093	79,132
35	Cattaraugus	\$22,336	\$53,921	\$42,601	78,962	31,635
34	Cayuga	\$25,786	\$63,969	\$52,082	79,173	30,972
23	Chautauqua	\$22,903	\$54,131	\$42,993	132,646	53,546
32	Chemung	\$26,262	\$65,135	\$50,320	88,267	35,167
49	Chenango	\$23,036	\$57,090	\$45,668	49,549	19,641
33	Clinton	\$24,941	\$64,371	\$49,930	81,685	31,898
42	Columbia	\$32,851	\$72,171	\$59,105	62,195	25,235
50	Cortland	\$24,228	\$65,019	\$49,514	49,043	17,935
53	Delaware	\$23,835	\$55,835	\$43,720	46,901	19,262
15	Dutchess	\$33,923	\$89,486	\$71,904	296,928	106,771
8	Erie	\$28,879	\$67,607	\$51,247	921,584	382,846
56	Essex	\$26,805	\$65,902	\$52,758	38,912	15,268
46	Franklin	\$22,488	\$57,790	\$47,923	51,280	19,148
45	Fulton	\$24,339	\$55,841	\$46,969	54,606	22,281
44	Genesee	\$25,240	\$64,483	\$50,880	59,458	23,938
51	Greene	\$26,261	\$64,058	\$50,278	48,312	17,634
62	Hamilton	\$26,968	\$60,650	\$48,243	4,760	1,376
40	Herkimer	\$23,753	\$58,822	\$46,229	64,034	26,130
25	Jefferson	\$23,659	\$57,300	\$49,505	118,947	44,306
1	Kings	\$26,774	\$53,808	\$48,201	2,595,259	931,786
59	Lewis	\$24,772	\$59,877	\$49,819	27,124	10,539
39	Livingston	\$24,142	\$67,532	\$51,734	64,801	24,226
37	Madison	\$25,984	\$67,122	\$54,145	72,427	26,288
9	Monroe	\$29,424	\$69,363	\$52,553	749,356	299,764
48	Montgomery	\$23,554	\$55,000	\$43,764	49,779	19,539
6	Nassau	\$43,206	\$114,662	\$99,465	1,354,612	440,640
3	New York	\$64,993	\$89,291	\$72,871	1,629,507	750,419

Source: U.S. Census Bureau, 2015 American Community Survey (ACS) 5-Year Estimates

Economic Security

Income & Employment

Table 214

**2015 Per Capita Income, Median Family Income and Median Household Income
New York State Counties (Ni-Y)**

Population Rank	County	Per Capita Income	Median Family Income	Median Household Income	Population	Number of Households
18	Niagara	\$26,891	\$65,275	\$49,449	214,150	87,807
16	Oneida	\$25,982	\$61,842	\$48,246	233,558	90,844
11	Onondaga	\$29,444	\$71,545	\$55,092	468,304	184,641
27	Ontario	\$30,934	\$71,483	\$57,416	109,192	44,252
12	Orange	\$31,023	\$85,312	\$70,848	375,384	125,270
54	Orleans	\$22,070	\$55,530	\$46,359	42,204	16,016
24	Oswego	\$23,466	\$59,137	\$47,860	121,183	45,300
43	Otsego	\$24,625	\$60,490	\$48,588	61,399	23,636
29	Putnam	\$ 41,173	\$111,425	\$96,148	99,488	34,090
2	Queens	\$26,876	\$64,475	\$57,720	2,301,139	780,644
21	Rensselaer	\$30,803	\$76,726	\$60,709	159,900	63,447
10	Richmond	\$32,041	\$85,788	\$73,197	472,481	165,784
13	Rockland	\$34,647	\$98,801	\$84,855	320,688	98,806
17	Saratoga	\$35,922	\$87,551	\$71,496	223,774	89,921
22	Schenectady	\$28,902	\$76,417	\$58,114	154,796	56,760
58	Schoharie	\$25,498	\$64,673	\$51,195	31,913	12,409
61	Schuyler	\$25,189	\$61,155	\$47,680	18,410	7,686
57	Seneca	\$24,666	\$63,975	\$49,292	35,144	13,561
26	St. Lawrence	\$22,562	\$54,481	\$44,705	112,011	41,449
30	Steuben	\$25,800	\$57,508	\$47,280	98,665	41,058
4	Suffolk	\$37,634	\$102,582	\$88,663	1,501,373	493,849
36	Sullivan	\$25,742	\$62,222	\$50,710	76,330	28,404
47	Tioga	\$29,427	\$68,659	\$57,514	50,199	19,872
28	Tompkins	\$28,460	\$74,524	\$52,624	103,855	38,460
20	Ulster	\$30,732	\$74,546	\$58,918	181,300	69,474
38	Warren	\$ 30,611	\$68,409	\$56,798	65,180	26,788
41	Washington	\$24,345	\$61,344	\$51,143	62,700	24,237
31	Wayne	\$25,609	\$61,933	\$50,798	92,416	36,476
7	Westchester	\$48,885	\$108,108	\$83,958	967,315	341,866
55	Wyoming	\$23,960	\$64,100	\$52,564	41,446	15,787
60	Yates	\$25,224	\$61,588	\$49,510	25,187	9,725

Source: U.S. Census Bureau, 2015 American Community Survey (ACS) 5-Year Estimates

Economic Security

Income & Employment

Table 215 displays the median household, family and per capita incomes in Herkimer County municipalities in 2000 (U.S. Census) and 2015 (ACS 5 year estimates).

**Herkimer County Municipalities
Median Household, Family and Per Capita Income**

Table 215

	Median Household Income		Median Family Income		Per Capita Income	
	2000	2015	2000	2015	2000	2015
City						
Little Falls	\$32,985	\$38,897	\$47,600	\$51,796	\$20,837	\$21,652
Towns						
Columbia	\$50,594	\$55,667	\$60,374	\$65,481	\$21,459	\$24,329
Danube	\$43,790	\$52,120	\$44,733	\$67,589	\$18,681	\$24,080
Fairfield	\$55,199	\$58,173	\$62,033	\$66,983	\$21,476	\$28,937
Frankfort	\$52,852	\$50,047	\$60,003	\$63,345	\$23,012	\$24,407
German Flatts	\$45,107	\$42,421	\$54,203	\$55,573	\$20,467	\$23,003
Herkimer	\$39,589	\$44,349	\$58,216	\$53,589	\$23,689	\$22,302
Litchfield	\$58,365	\$60,677	\$67,100	\$72,734	\$22,616	\$31,593
Little Falls	\$53,508	\$58,487	\$59,726	\$59,539	\$28,055	\$25,573
Manheim	\$43,701	\$41,958	\$53,724	\$50,592	\$21,236	\$19,915
Newport	\$51,340	\$54,044	\$58,185	\$63,864	\$23,459	\$24,120
Norway	\$50,540	\$54,375	\$56,777	\$58,750	\$21,191	\$25,459
Ohio	\$41,035	\$35,833	\$50,468	\$43,594	\$18,775	\$19,358
Russia	\$48,983	\$45,671	\$56,222	\$60,795	\$24,174	\$25,106
Salisbury	\$44,690	\$45,740	\$50,079	\$48,750	\$17,400	\$18,606
Schuyler	\$48,690	\$47,083	\$58,497	\$61,838	\$25,057	\$24,639
Stark	\$43,381	\$52,000	\$47,548	\$54,375	\$19,446	\$23,574
Warren	\$50,305	\$48,750	\$53,842	\$54,712	\$19,049	\$19,678
Webb	\$48,919	\$64,000	\$59,895	\$86,643	\$27,404	\$40,359
Winfield	\$48,983	\$61,667	\$58,966	\$67,262	\$23,136	\$25,460

Note: 2000 Income Data Adjusted for Inflation

Source: U.S. Census, 2000 SF3 and 2015 Five Year ACS Estimates

Economic Security

Income & Employment

Table 216 displays the income levels of all Herkimer County households by type of household and income level in 2015 (ACS 5 year estimates). The mean income of all Herkimer County households according to ACS estimates in 2015 was \$57,466. Non-family households earned the lowest in 2015, with a mean income of \$33,737. Families in Herkimer County had a mean income of \$68,170 and of those, married couple families had the highest mean income recorded at \$77,895.

Table 216

Herkimer County Income Levels by Household Type 2015

	Herkimer County			
	Households	Families	Married-couple Families	Nonfamily Households
Total Number	26,130	16,909	12,670	9,221
Income				
Less than \$10,000	7.00%	5.40%	1.40%	12.80%
\$10,000 to \$14,999	6.70%	3.00%	1.70%	13.80%
\$15,000 to \$24,999	12.10%	7.40%	5.10%	21.70%
\$25,000 to \$34,999	11.50%	9.40%	8.10%	15.60%
\$35,000 to \$49,999	16.20%	16.60%	15.20%	15.40%
\$50,000 to \$74,999	19.70%	22.60%	25.90%	12.20%
\$75,000 to \$99,999	12.80%	16.40%	18.70%	5.70%
\$100,000 to \$149,999	10.30%	14.20%	17.70%	2.20%
\$150,000 to \$199,999	2.10%	2.80%	3.40%	0.20%
\$200,000 or more	1.60%	2.20%	2.90%	0.40%
Median Income	\$46,229	\$58,822	\$67,169	\$25,781
Mean Income	\$57,466	\$68,170	\$77,895	\$33,737

Source: U.S. Census Bureau, 2015 5-Year ACS Estimates

Economic Security

Income & Employment

Income Growth

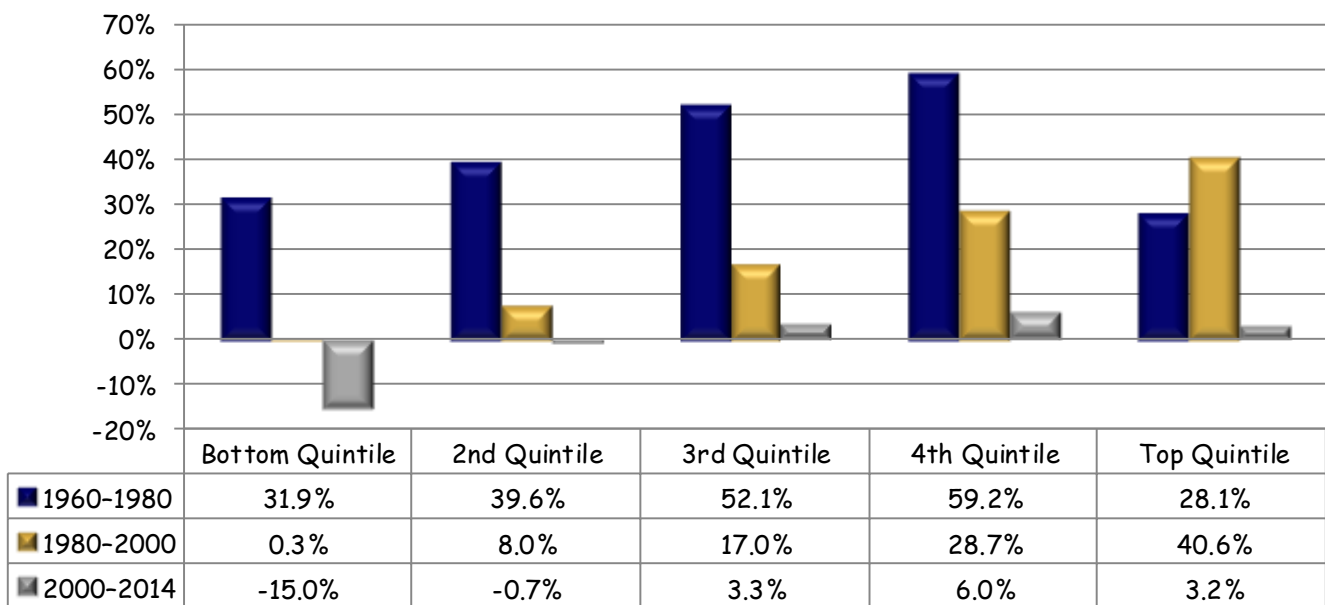
According to the Herkimer-Oneida Counties Comprehensive Planning Programs (HOCCPP), income increases are only beneficial if they outpace the rising costs of living. By only matching the rising costs of living, a family is only able to maintain a level of fiscal consistency and cannot provide an increase in the ability to save for major purchases or prepare for unexpected expenses. Growth of income, in terms of real purchasing power, probably provides a more accurate picture of the financial health of families.

Graph 217 illustrates the real income growth in Herkimer County families by quintile between 1960 and 2014. As the graph illustrates, from 1960 to 1980 income levels provided true real income growth for all families within Herkimer County. While those families in the middle and upper middle groups (3rd and 4th quintiles) saw real income growth in excess of 50%, each quintile saw their purchasing power grow. The group experiencing the least growth was, in fact, those making the most money—those families in the top quintile. They experienced real income growth of about 28%.

The period 1980-2000 saw a shift in real income growth. Families in the top quintile were the only ones to see an increase in real income in excess of what they experienced from 1960 to 1980. The Top Quintile experienced a growth of 40.6% from 1980-2000 compared to the 28.1% experienced during the previous twenty years. Compare this to the growth of the bottom two quintiles of 0.3% for Herkimer County's poorest families and 8% for the Second Quintile.

Real Income Growth by Herkimer County Families 1960-2014

Graph 217



Source: HOCCPP/U.S. Census Bureau, 1960-2000 Censuses, 2014 U.S. Census 5 Year Estimates

Economic Security

Income & Employment

Over the last 15 years (2000 to 2014) these real income changes have slowed considerably, and in the case of those at the lower end of the spectrum, appear to have actually resulted in a decline in purchasing power. Those in the middle (or third) quintile saw a real growth in income of slightly more than 3%, similar to those in the top quintile. Those in the 4th quintile saw the most real growth in income, increasing by 6% in the last 15 years. But the two bottom quintiles have actually seen a decline in purchasing power. Their income levels have actually fallen, in the case of the bottom quintile by 15%.

So while all families saw their income levels grow from 1960 to the turn of the century, since 2000 those at the bottom of the income pool have experienced a decline in real income.

The U.S. Census Bureau's report on Household Income Disparity in U.S. Counties shows how each county in the U.S. ranks on the Gini Index, a summary measure of income inequality. As an index, it only has a value between 0 and 1. A value of "0" would mean that every household had the same exact income; a value of "1" would mean that income was concentrated solely in a single household.

Nationally the value ranges from 0.645 in East Carroll Parish in Louisiana, to 0.207 in Loving County in Texas. This would mean that the place where the most disparity or inequality of income exists is East Carroll, LA and the county where the most equity exists is in Loving County, TX. In Herkimer County, the Gini Index is 0.42 and is in the middle of the range of inequity.

Unemployment Rates

Unemployed persons are all persons who had no employment during the month, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4-week period. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.

The unemployment rate for all civilian workers represents the number of unemployed as a percent of the civilian labor force. The unemployment rate is by residence. For example, the unemployment rate for Herkimer County is the percentage of Herkimer County residents that are unemployed out of the number of Herkimer County residents in the labor force. It doesn't matter where the residents work, but only where they reside.

Table 218 and Graph 219 on the following pages illustrate the Unemployment Rates for Herkimer County, New York State and the U.S. from 1990 to 2015. As the table and graph illustrate, record jobless rates were posted in Herkimer County in 1991, 1992 and 2012. Unemployment reached its lowest rate in Herkimer County in 2000. The unemployment rate in Herkimer County climbed from 2008 to 2012, and has inched downwards in 2013, 2014, and 2015 following 5 consecutive years of increases.

Economic Security

Income & Employment

Unemployment rate data from 1990 through 2015 shows that, when compared with New York State, Herkimer County's unemployment rate was better (lower) than that of New York State from 2000-2004 and again from 2009-2010, but was worse than the state rate in all other years in this time period. When compared with the United States, Herkimer County's unemployment rate was better (lower) than that of the United States from 2001-2003 and 2009-2011, but was worse than the United States rate in all other years in this time period.

**Unemployment Rates 1990 to 2015:
Herkimer County, New York State and the U.S.**

Table 218

Year	Herkimer County	New York State	United States
1990	6.2%	5.3%	5.6%
1991	8.8%	7.2%	6.8%
1992	8.8%	8.6%	7.5%
1993	7.7%	7.9%	6.9%
1994	6.7%	6.9%	6.1%
1995	7.0%	6.3%	5.6%
1996	6.6%	6.2%	5.4%
1997	6.6%	6.4%	4.9%
1998	5.8%	5.6%	4.5%
1999	5.2%	5.2%	4.2%
2000	4.3%	4.5%	4.0%
2001	4.5%	4.8%	4.7%
2002	5.3%	6.1%	5.8%
2003	5.7%	6.4%	6.0%
2004	5.6%	5.8%	5.5%
2005	5.3%	5.0%	5.1%
2006	4.9%	4.5%	4.6%
2007	4.9%	4.6%	4.6%
2008	6.1%	5.4%	5.8%
2009	8.0%	8.3%	9.3%
2010	8.6%	8.6%	9.6%
2011	8.7%	8.3%	8.9%
2012	8.8%	8.5%	8.1%
2013	7.8%	7.7%	7.4%
2014	6.8%	6.3%	6.2%
2015	6.3%	5.3%	5.3%

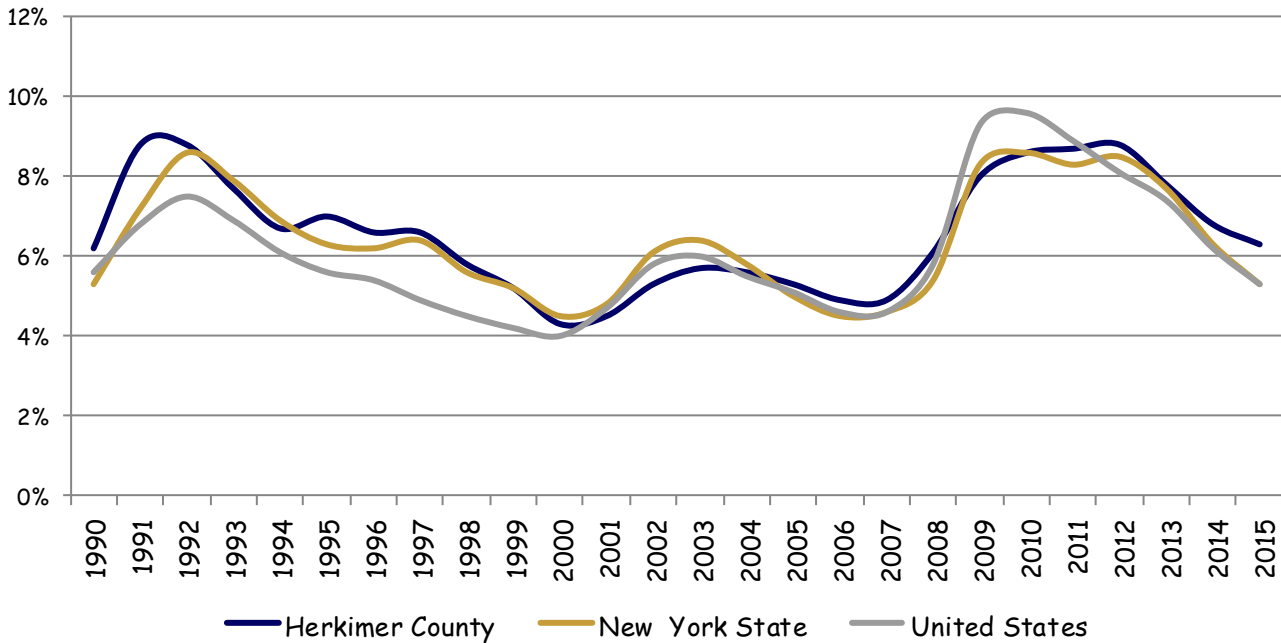
Source: NYS Department of Labor, Research and Statistics Division
US Department of Labor, Bureau of Labor Statistics

Economic Security

Income & Employment

Graph 219

Unemployment Rates 1990-2015



Source: NYS Department of Labor, Research and Statistics Division
US Department of Labor, Bureau of Labor Statistics

Average Annual Wages and Types of Industries

Unlike the unemployment rate, "Average Annual Wages of Public and Private Industry Employees Covered by the New York State Unemployment Insurance", as displayed in Table 220 on the following page, is by place of work instead of by place of residence. For example, private sector employees who *worked in Herkimer County* in 2015, had an average annual wage of \$36,268. This is an important statistic because it shows the average wage of public and private sector jobs in the county. Of the comparable-sized counties, Herkimer had the lowest average annual wage each year from 2000-2015. Herkimer County's growth rate over the period was 55.4%. Only Otsego County had a higher 2000-2015 growth rate in wages at 56.5%.

Tables 221 and 222 on page 218 show the types of employment in Herkimer County in 2015 and the amount of change in employment by sector from 2010 to 2015. As the tables display, private industry makes up 89.6% of employment and 72.1% of total payroll in Herkimer County. Trade, Transportation & Utilities provides the largest number of private employment sector jobs and local government (including schools) provides the most jobs in the public sector.

Employment in the Private Sector increased 2.6% while the Government Sector decreased 5.1% between 2010 and 2015. The sector with the largest decrease was the Information sector, followed by the Federal sector. The largest increase was in the Unclassified Sector.

Economic Security

Income & Employment

Table 220

Average Annual Wages of Public & Private Industry Employees Covered by NYS Unemployment Insurance New York State & Selected Counties 2000-2015

County	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Columbia	26,889	27,934	28,720	29,273	31,371	31,192	32,055	33,482	33,900	34,277	36,422	37,337	37,769	37,542	38,216	39,746
Genesee	24,932	25,818	25,841	26,049	26,956	28,921	30,425	31,373	32,237	32,950	33,808	35,046	35,507	36,226	37,032	38,544
Livingston	25,650	26,677	27,151	27,704	28,930	29,493	30,537	31,890	33,392	32,731	33,692	34,486	35,513	35,728	35,788	36,870
Madison	25,273	25,837	27,554	28,739	29,426	29,650	29,871	31,231	33,151	33,586	34,808	34,934	35,692	36,635	37,465	38,259
Otsego	25,584	25,995	26,437	26,862	27,867	28,480	30,950	32,642	34,660	35,310	35,810	36,643	36,826	37,481	38,495	40,050
Warren	26,795	27,016	28,269	28,676	29,468	30,924	32,041	33,087	34,172	34,867	35,505	36,190	36,928	37,036	38,727	39,565
Washington	28,779	29,760	30,401	30,886	32,237	33,836	34,096	34,736	35,691	36,325	37,559	38,887	40,574	41,076	41,995	42,883
Herkimer	23,341	24,216	25,150	25,126	26,041	27,135	28,012	29,043	29,566	30,180	30,950	31,723	32,694	34,143	34,760	36,268
Mohawk Valley	26,256	27,189	27,872	28,577	29,562	30,269	31,883	33,240	34,487	35,082	35,825	36,511	37,130	37,890	38,385	39,392
Upstate New York	32,288	33,412	34,033	34,907	36,069	36,894	38,745	40,003	41,320	41,714	42,458	43,513	44,492	45,243	46,363	48,220
New York State	45,358	46,729	46,328	47,266	49,953	51,941	55,478	59,499	60,384	57,794	60,263	61,768	62,766	63,120	65,903	67,527

Source: NYS Department of Labor, Quarterly Census of Employment and Wages

Economic Security

Income & Employment

Types of Employment—Herkimer County Industries 2015

Table 221

Industry	Number of Firms	Employment	Total Payroll	Avg. Annual Pay
Total Private:	1,132	12,151	\$430,803,285	\$35,454
Natural Resources, Mining & Construction	160	704	\$36,121,105	\$51,308
Manufacturing	57	2,621	\$123,037,566	\$46,943
Trade, Transportation & Utilities	205	3,065	\$119,932,712	\$39,130
Information	20	93	\$3,817,348	\$41,047
Financial Activities	69	390	\$13,633,615	\$34,958
Professional & Business Services	114	602	\$24,394,651	\$40,523
Private Educational & Health Services	129	2,240	\$68,156,373	\$30,427
Leisure & Hospitality	179	1,834	\$30,282,729	\$16,512
Other Services	122	562	\$10,421,263	\$18,543
Unclassified	43	44	\$1,005,923	\$22,862
Total Government:	130	4,324	\$166,524,396	\$38,512
Federal	19	104	\$5,355,489	\$51,495
State	28	351	\$21,162,950	\$60,293
Local (includes Public Schools)	83	3,869	\$140,005,957	\$36,187
All Industries	1,262	16,475	\$597,327,681	\$36,257

Herkimer County Industries Change from 2010-2015

Table 222

Industry	Change 2010-2015	% Change 2010-2015
Total Private:	306	2.6%
Natural Resources, Mining & Construction	100	16.6%
Manufacturing	180	7.4%
Trade, Transportation & Utilities	129	4.4%
Information	-39	-29.5%
Financial Activities	-29	-6.9%
Professional & Business Services	15	2.6%
Private Educational & Health Services	-127	-5.4%
Leisure & Hospitality	23	1.3%
Other Services	26	4.9%
Unclassified	31	238.5%
Total Government:	-231	-5.1%
Federal	-13	-11.1%
State	149	73.8%
Local (includes Public Schools)	-367	-8.7%
All Industries	75	0.5%

Source: New York State Department of Labor, Research and Statistics Division, both tables this page

Economic Security

Income & Employment

DATA SOURCES

Herkimer-Oneida Counties Comprehensive Planning Program.

New York State Department of Labor, Research and Statistics Division and Quarterly Census of Employment and Wages

U.S. Census Bureau, 1960-2010 Census, 2014 and 2015 5-Year ACS Estimates

US Department of Labor, Bureau of Labor Statistics

Economic Security

Poverty (Extreme Economic Deprivation)

WHY THIS IS IMPORTANT

Poverty impacts homes, schools neighborhoods and communities. It is linked with negative conditions such as substandard housing, homelessness, food insecurity, inadequate child care, lack of access to health care, unsafe neighborhoods, and under-resourced schools.

The American Psychological Association reports that living in poverty has a wide range of negative effects on the physical and emotional health of adults and children alike. Children living in poverty are at greater risk of developing behavioral, emotional, academic and health related problems. Families exposed to chronic stress may experience depression, marital distress and exhibit harsher parenting behaviors. Unsafe neighborhoods may expose children and adults to violence which places them at greater risk of trauma, injury, and entry into the justice system.

WHERE WE STAND

In January or February of each year the federal government releases Federal Poverty Income Guidelines, an official income level for poverty often referred to as the Federal Poverty Level. Table 223 displays the federal poverty levels established for one person and a family of four from 2002 to 2016. The benefit levels of many low income assistance programs are based on this poverty guideline.

Table 224 in the following page displays the percentage of Herkimer County children, adults and seniors living in poverty from 1990 to 2015. According to the U.S. Census and 2015 ACS estimates, the percentage of children living below the poverty threshold has steadily increased during this timeframe, while the percentage of seniors in poverty has decreased. The percentage of adults (age 18-64) in poverty declined between 1990 and 2010, then experienced a slight increase in 2015.

22.2% of children under the age of 18, 13.8% of adults (18-64) and 8.3% of seniors in Herkimer County are currently estimated to live below the Federal Poverty Level.

Table 223

Federal Poverty Levels 2002-2016

Year	One Person	Four Person Family
2016	\$11,770	\$24,250
2015	\$11,770	\$24,250
2014	\$11,670	\$23,850
2013	\$11,490	\$23,550
2012	\$11,170	\$23,050
2011	\$10,890	\$22,350
2010	\$10,830	\$22,050
2009	\$10,830	\$22,050
2008	\$10,400	\$21,200
2007	\$10,210	\$20,650
2006	\$9,800	\$20,000
2005	\$9,570	\$19,350
2004	\$9,310	\$18,850
2003	\$8,980	\$18,400
2002	\$8,860	\$18,100

Source: U.S. Department of Health & Human Services

Economic Security

Poverty (Extreme Economic Deprivation)

Table 224

**Percent of Herkimer County Persons Living Below Poverty
1990, 2000, 2010, 2015**

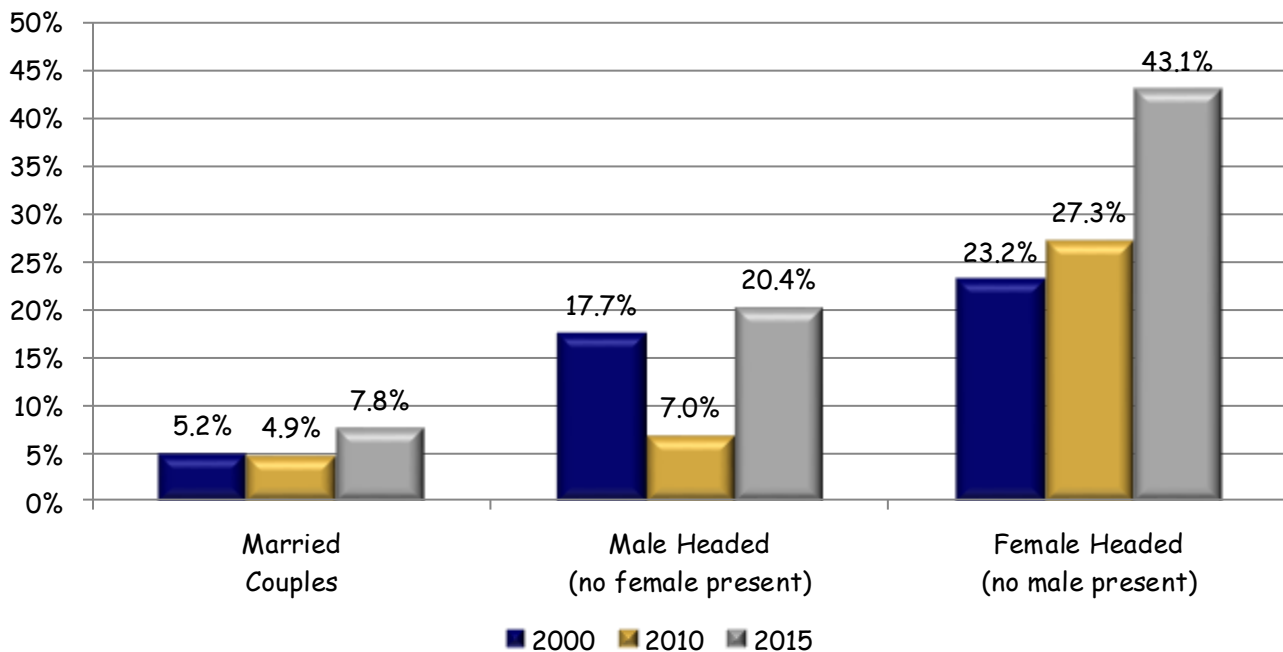
	1990	2000	2010	2015
Children (<18)	16.8%	16.1%	18.2%	22.2%
Adults (18-64)	14.8%	11.7%	11.4%	13.8%
Seniors (65+)	13.9%	10.4%	10.4%	8.3%

Source: 1990-2010 U.S. Census & 2015 Five Year ACS Estimates

Graph 225 illustrates the percentage of families with children in the home that were living in poverty in Herkimer County from 2000 to 2015. According to the U.S. Census and 2015 ACS estimates, the percentage of families with children present living in poverty has increased during this timeframe. Among male-headed single-parent families (with no female present), one in five (20.4%) are currently estimated to live in poverty. Among female-headed single-parent families (no male present) the rate has almost doubled during this time period, climbing to 43.1%, which is not only the highest rate of poverty for families in 2015, but represents the largest increase in the rate in poverty over the time period.

Graph 225

**Among Families in Herkimer County with Children Present,
Percent in Poverty**



Source: U.S. Census Bureau, 2000-2010 Censuses & 2015 Five Year ACS Estimates

Economic Security

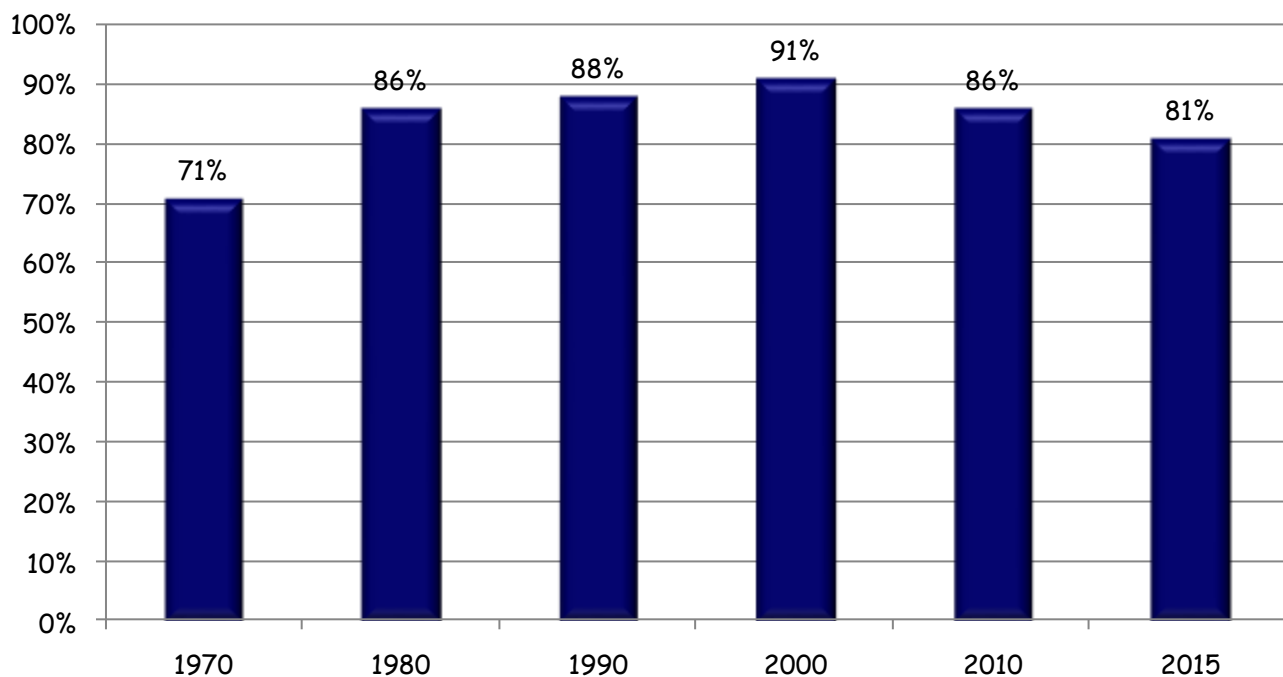
Poverty (Extreme Economic Deprivation)

The majority of single females in poverty in Herkimer County have children present in the home that are below the age of 18. Graph 226 illustrates the percentage of Herkimer County females in poverty with children present between 1970 and 2015.

In 1970, about 7 out of 10 of single females (71%) in poverty had children under the age of 18 present. The percentage of single females in poverty with children present in the home increased steadily over the next three decades, reaching a high of 91% in 2000. The percentage then declined slightly to four out of five single females (81%) in 2015.

Graph 226

**Herkimer County Single Women in Poverty,
Percent with Children Present 1970-2015**



Source: U.S. Census Bureau, 1970-2010 Censuses & 2015 Five Year ACS Estimates

The percentage of those in poverty in Herkimer County varies by age and geographic location, as reflected in Table 227 on the following page. 14.6% of all Herkimer County residents were estimated to live in poverty in 2015. Percentages for residents in each municipality vary from 0.00% to 22%. For families with children below the age of 18, percentages in poverty ranged from 0.00% to 35.4% (22.2% for Herkimer County). And for those families with children below age five, percentages in poverty in each municipality ranged from 0.00% to as high as 57.7%. 31.7% of children below age five were estimated to be in poverty in Herkimer County in 2015.

8.3% of all seniors were estimated to be in poverty in Herkimer County in 2015. The percentage of seniors (age 65 and above) in poverty in each municipality varied from 2.5% to 25%.

Economic Security

Poverty (Extreme Economic Deprivation)

Table 227

Poverty by Age Group in Herkimer County Municipalities—2015

	Poverty			Population in Poverty Age <5		Population in Poverty Age <18		Population in Poverty Age >64	
	Population for Whom Poverty Was Determined	Total Persons in Poverty	As % of All	# in Poverty	As % of All those Under Age 5	# in Poverty	As % of All those Under Age 18	# in Poverty	As % of All those Over Age 64
Herkimer County	62,691	9,145	14.6%	1,059	31.7%	2,941	22.2%	937	8.3%
City									
Little Falls	4,769	964	20.2%	143	47.2%	243	23.9%	186	20.4%
Towns									
Columbia	1,534	182	11.9%	56	57.7%	77	21.1%	21	7.5%
Danube	1,045	143	13.7%	16	33.3%	44	21.2%	4	2.5%
Fairfield	1,493	95	6.4%	7	9.2%	15	4.2%	25	10.8%
Frankfort	7,530	910	12.1%	83	34.0%	232	17.2%	67	4.6%
German Flatts	12,889	2,419	18.8%	302	38.2%	932	31.0%	221	10.6%
Herkimer	9,384	1,567	16.7%	232	42.3%	498	29.7%	129	7.2%
Litchfield	1,437	117	8.1%	15	17.6%	21	6.3%	14	6.3%
Little Falls	1,626	227	14.0%	24	30.4%	70	20.3%	23	9.3%
Manheim	3,304	537	16.3%	48	25.3%	266	30.4%	41	6.5%
Newport	2,138	193	9.0%	15	9.4%	67	12.6%	20	6.0%
Norway	914	97	10.6%	14	29.8%	27	13.9%	4	4.3%
Ohio	985	217	22.0%	13	38.2%	64	35.4%	21	12.3%
Russia	2,556	314	12.3%	25	28.4%	82	13.3%	32	7.0%
Salisbury	2,162	251	11.6%	18	11.2%	73	13.0%	8	3.4%
Schuyler	3,348	344	10.3%	10	6.4%	97	15.4%	31	4.2%
Stark	744	33	4.4%	2	5.9%	6	3.6%	10	8.0%
Warren	1,124	235	20.9%	16	27.6%	45	17.0%	37	25.0%
Webb	1,642	69	4.2%	0	0.0%	0	0.0%	17	3.4%
Winfield	2,067	231	11.2%	20	18.0%	82	18.7%	26	6.6%

Source: U.S. Census Bureau, 2015 American Community Survey Five Year Estimate

Economic Security

Poverty (Extreme Economic Deprivation)

Low Income Households

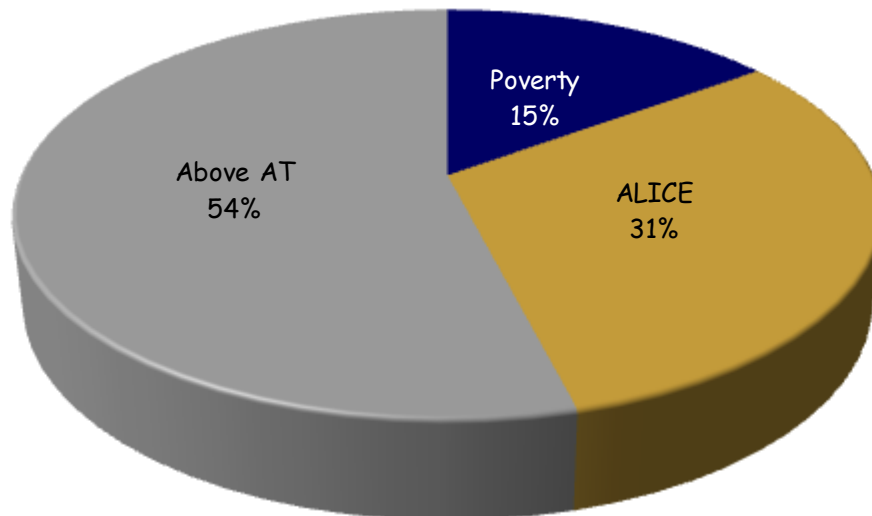
Most researchers agree that income above the poverty level is sometimes not sufficient to support most working families. The Economic Policy Institute estimates that families need an income equal to about two times the federal poverty guideline to meet their basic needs.

The United Way of New York State did research on these Asset Limited, Income Constrained, Employed (ALICE) households that have income above the Federal Poverty Level but not high enough to afford basic necessities that include housing, child care, food, transportation, and health care. They developed an ALICE Threshold that describes the average level of income that a household needs to afford the basics. The number of households in poverty combined with the number of ALICE households equals the total population struggling to afford basic needs.

The United Way of New York State concluded that, in 2014, 46% of all Herkimer County households were struggling to meet basic needs, slightly above the 44% recorded for New York State and the 42% recorded for the Rest of State. Fifteen percent of Herkimer County households were identified as being in poverty and 31% of Herkimer County households met ALICE criteria., as illustrated in Graph 228.

Graph 228

Struggling Households in Herkimer County



Source: United Way, 2016 ALICE Report

Table 229 on the following page displays the percentage of households struggling to meet basic needs in each Herkimer County town (T), city (C) or village (V) in 2014. The percentages of households in each municipality that were at poverty level or met ALICE criteria ranged from 32% to 66%.

Economic Security

Poverty (Extreme Economic Deprivation)

Households Struggling to Meet Basic Needs
Herkimer County Municipalities, 2014

Table 229

Town	Total HH	% ALICE & Poverty
Cold Brook (V)	144	62%
Columbia (T)	590	32%
Danube (T)	419	39%
Dolgeville (V)	847	49%
Fairfield (T)	557	34%
Frankfort (V)	1,046	53%
Frankfort (T)	3,127	44%
German Flatts (T)	5,638	50%
Herkimer (V)	3,330	55%
Herkimer (T)	4,294	50%
Ilion (V)	3,471	53%
Litchfield (T)	606	34%
Little Falls (C)	2,200	58%
Little Falls (T)	632	36%
Manheim (T)	1,315	49%
Middleville (V)	213	34%
Mohawk (V)	1,098	49%
Newport (V)	217	66%
Newport (T)	849	44%
Norway (T)	355	42%
Ohio (T)	436	57%
Old Forge (V)	293	66%
Poland (V)	150	32%
Russia (T)	1,045	49%
Salisbury (T)	766	44%
Schuyler (T)	1,415	40%
Stark (T)	301	40%
Warren (T)	387	50%
Webb (T)	855	34%
West Winfield (V)	348	42%
Winfield (T)	796	32%

Source: United Way of New York State, 2016 ALICE Report

Economic Security

Poverty (Extreme Economic Deprivation)

The United Way of New York State also created an Economic Viability Dashboard to evaluate three important economic conditions in each county in New York State. The ALICE Report scored Herkimer County as Good for Housing Affordability, Poor for Job Opportunities, and Poor for Community Resources.

The ALICE Report developed a Household Survival Budget which calculates the actual costs of basic necessities in different counties and household types. Table 230 displays the cost of these basic necessities and the household income required to afford these by household type in Herkimer County.

Household Survival Budget, Herkimer County

Table 230

	Single Adult	2 Adults, 1 Infant, 1 Preschooler
Housing	\$601	\$779
Child Care	—	\$1,208
Food	\$202	\$612
Transportation	\$369	\$738
Health Care	\$143	\$573
Miscellaneous	\$159	\$444
Taxes	\$274	\$528
Monthly Total	\$1,748	\$4,882
ANNUAL TOTAL	\$20,976	\$58,584
Hourly Wage	\$10.49	\$29.29

Source: United Way, 2016 ALICE Report

DATA SOURCES

American Psychological Association <http://www.apa.org/pi/families/poverty.aspx>

Economic Policy Institute <http://www.epi.org/>

Herkimer-Oneida Counties Comprehensive Planning Program

United Way of New York State, 2016 ALICE Report

U.S. Census Bureau, 1970-2010 Census, 2015 Five Year ACS Estimates

U.S. Department of Health & Human Services

Economic Security

Economic Assistance for Basic Needs

WHY THIS IS IMPORTANT

Unemployment and underemployment, disability and the rising costs of goods and services have left families, seniors and other vulnerable populations with fewer resources to provide for basic necessities such as food, shelter and utilities. The availability of financial assistance and support services are essential to helping these poor and low-income populations obtain the resources they need to make ends meet.

WHERE WE STAND

Table 231

Home Energy Assistance Program (HEAP) Utilization: Herkimer County 2011-2015

		Non-Emergency	Emergency Benefits	Emergency Furnace Replacement	Furnace Repair	Totals
10/1/10-9/30/11	# of Households	7,036	2,893	82	32	10,043
	\$ Amount Authorized	\$3,279,397	\$1,595,870	\$267,135	\$19,394	\$5,161,786
10/1/11-9/30/12	# of Households	6,889	1,833	31	14	8,767
	\$ Amount Authorized	\$2,060,654	\$967,975	\$93,109	\$16,763	\$3,138,501
10/1/12-9/30/13	# of Households	6,810	1,527	32	14	8,383
	\$ Amount Authorized	\$2,795,455	\$817,910	\$100,755	\$8,961	\$3,723,081
10/1/13-9/30/14	# of Households	6,752	1,698	17	9	8,476
	\$ Amount Authorized	\$2,847,136	\$919,380	\$55,378	\$2,332	\$3,824,226
10/1/14-9/30/15	# of Households	7,160	2,234	13	7	9,414
	\$ Amount Authorized	\$2,723,738	\$1,162,200	\$38,092	\$9,428	\$3,933,458

Source: NYS Office of Temporary and Disability Assistance

Economic Security

Economic Assistance for Basic Needs

Home Energy Assistance Program (HEAP)

In an effort to help income-eligible home owners and renters cope with the higher fuel bills of winter, New York State participates in the federally funded Home Energy Assistance Program (HEAP). If eligibility requirements are met, HEAP will make a lump-sum payment directly to the energy supplier on the clients' behalf. This payment is known as a grant and appears as a credit on their fuel account.

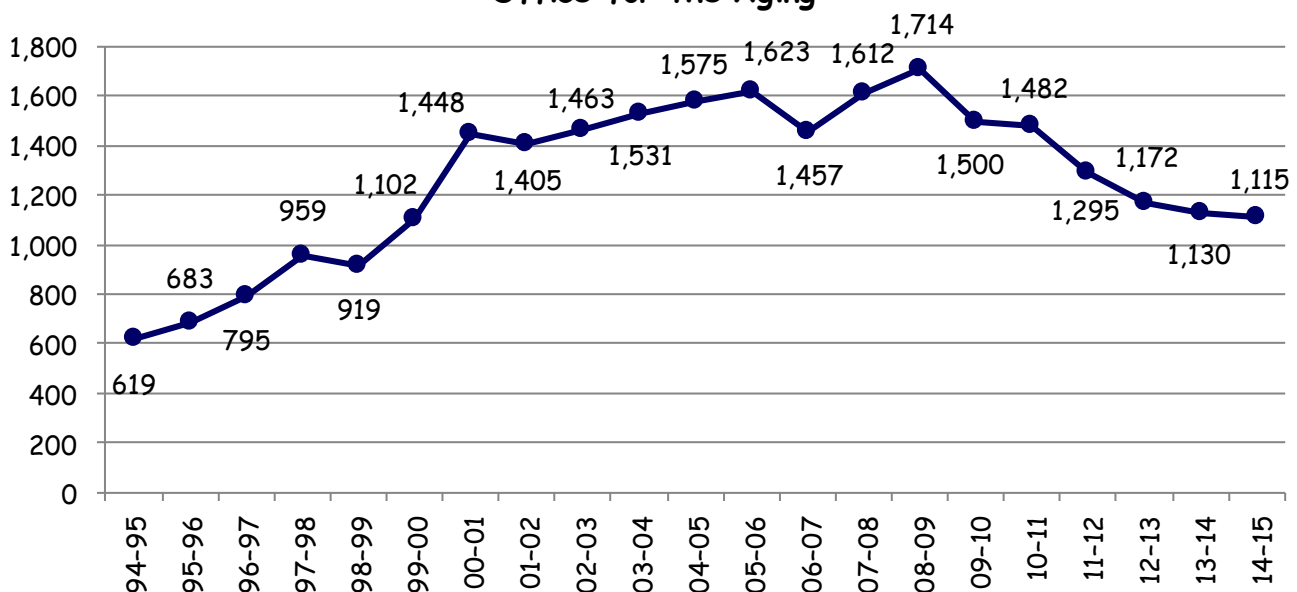
HEAP benefits are also authorized for emergencies such as impending fuel shut offs, furnace replacement or repair, and cooling assistance (added in 2013). HEAP may also be provided to income eligible renters that have their utilities included in their rent payment as a one time direct payment (\$25).

Table 231 on the previous page displays the number of households that utilized HEAP benefits and the amount benefits authorized by category in Herkimer County from 2011 to 2015. HEAP benefits authorized in Herkimer County decreased between 2010-2011 and 2011-2012, from 5.16 million to 3.13 million respectively, but have increased steadily since that time. to over 3.9 million in 2014-2015. Funding from the state varies from year to year as does the weather and both factors impact totals authorized each year.

The Herkimer County Office for the Aging (OFA) processes HEAP applications for individuals age 60+ and adults eligible for Supplemental Security Income (SSI) living in their own household. Graph 232 illustrates the number of these applications processed between 1994-1995 and 2014-2015.

Total HEAP Applications Processed by Office for the Aging

Graph 232



Source: Herkimer County Office for the Aging

Economic Security

Economic Assistance for Basic Needs

Income eligibility for HEAP extends beyond the poverty level and does not count assets. The percentage above Federal Poverty Level is set by HEAP each heating season. So, someone can have assets (savings & investments) and still be eligible for HEAP as only the interest and dividends are counted as income. However, for Emergency HEAP, there is an asset test.

As Graph 232 depicts, there has been a decrease in OFA HEAP applications since 2009 which is believed to be due to the fact that more and more seniors are receiving Supplemental Nutrition Assistance Program (SNAP) benefits. These individuals automatically receive HEAP benefits and do not need to apply through OFA.

Temporary Assistance for Needy Families (TANF) and Safety Net

TANF and Safety Net are temporary assistance entitlement programs for adults (and their children) that are unable to work, can't find a job, or that have a job that does not pay enough to cover basic expenses.

TANF provides cash assistance to eligible needy families that include a minor child living with a parent or a caretaker relative. Eligible adults are limited to receiving benefits for a total of 60 months in their lifetime, including any TANF-funded assistance granted in other states. Parents and other adult relatives receiving benefits who are determined to be able to work must comply with federal work requirements.

As clients come off of the TANF program they are legislatively entitled to five months of guaranteed SNAP benefits and six months of Medicaid if the case is closed due to earned income. Under the continuous coverage guarantee children are eligible for an additional year of Medicaid coverage.

Safety Net provides cash assistance to single adults, children living apart from any adult relative, families of persons found to be abusing drugs or alcohol, and persons who have exceeded the 60-month TANF limit on assistance. Eligible persons can receive cash Safety Net benefits for a maximum of two years in a lifetime. After that it is provided in non-cash form. Recipients who are determined to be able to work must also comply with work requirements.

Graph 233 on the following page illustrates the average monthly number of adults and children that received TANF and Safety Net benefits in Herkimer County from 2012-2015. The monthly average adult TANF caseload has increased by 5% and the monthly average number of children receiving TANF benefits has declined by 8% between 2012 and 2015.

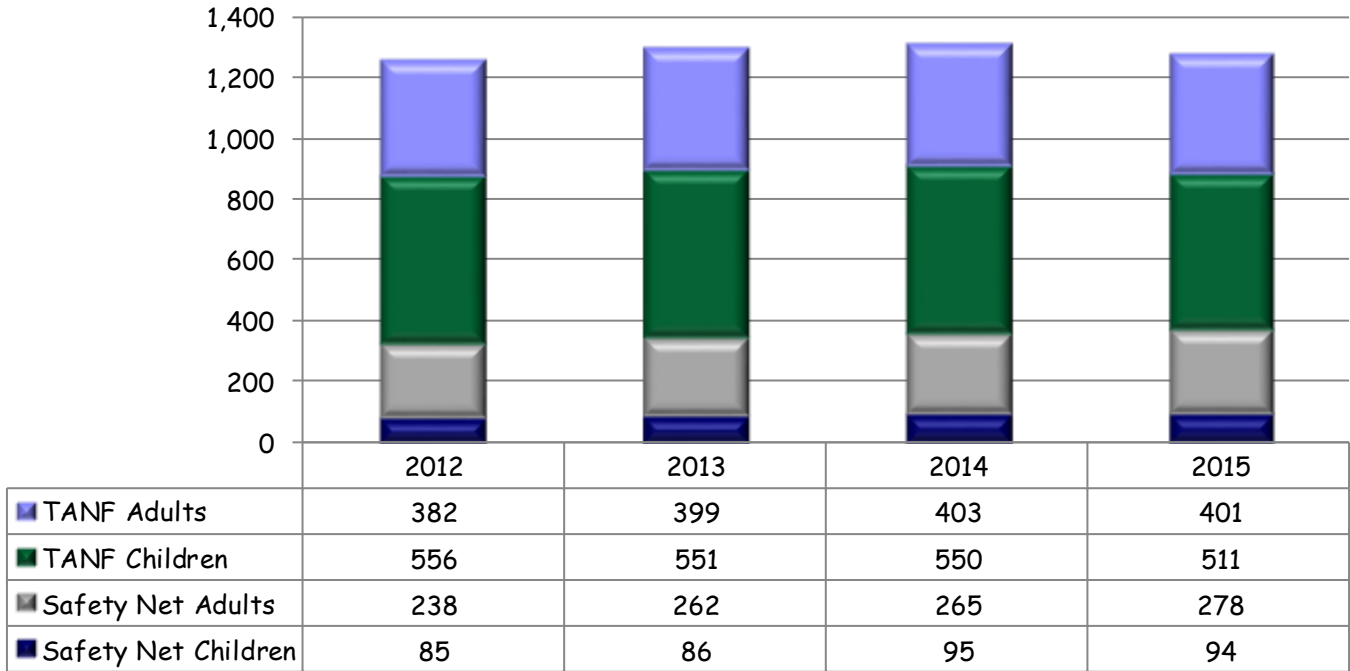
The monthly average number of both adults and children that received Safety Net benefits in Herkimer County increased between 2012 and 2015. The monthly average number of adults increased by 17% and the monthly average number of children increased by 11%.

Economic Security

Economic Assistance for Basic Needs

Graph 233

**TANF/Safety Net Monthly Average Eligible Individuals
2012-2015**



Source: NYS Office of Temporary and Disability Assistance

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) is the new name for the Food Stamp Program (effective August 29, 2012). SNAP issues monthly electronic benefits that can be used like cash to purchase food at authorized retail food stores. SNAP benefits help low-income working people, seniors, the disabled and others feed their families. Eligibility and benefit levels are based on household size, income, assets and other factors.

There are two categories of SNAP benefit recipients: Temporary Assistance recipients who meet TANF/Safety Net eligibility (usually with little or no income) and Non-temporary Assistance recipients who meet SNAP financial eligibility requirements (may include working families, disabled individuals and seniors).

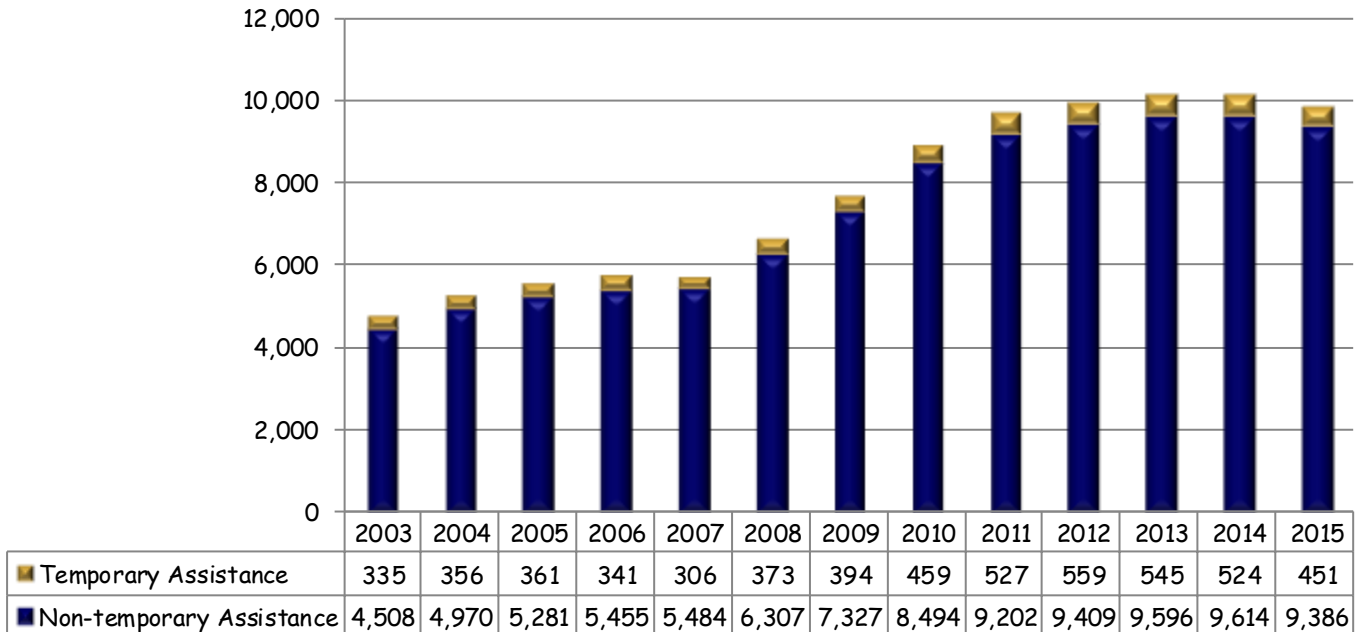
Graph 234 on the following page illustrates the average monthly number of individuals (adults and children) that received SNAP benefits by case type in Herkimer County from 2003 to 2015. The Temporary Assistance SNAP average monthly caseload has fluctuated between 2003 and 2015 but has experienced an overall increase of 34% during this time period. The Non-Temporary Assistance average monthly caseload has more than doubled during this timeframe, from a monthly average of 4,508 recipients in 2003 to 9,386 recipients in 2015.

Economic Security

Economic Assistance for Basic Needs

Graph 234

**Average Monthly Supplemental Nutrition Assistance Program
Individuals by Type**



Source: NYS Office of Temporary and Disability Assistance

Nutrition Outreach & Education Program (NOEP)

NOEP is funded by the Office of Temporary and Disability Assistance and the USDA and provides information, confidential pre-screening, and application assistance to those who may potentially be eligible for Supplemental Nutrition Assistance Program (SNAP) benefits. NOEP services began in 2004 and are provided by Catholic Charities of Herkimer County.

Home visits are provided for consumers unable to access the office. NOEP's on-going public relations campaign is designed to eliminate the stigma associated with receiving SNAP benefits and emphasizes the benefits to consumers and the community alike. Changes in financial guidelines beginning in 2008, coupled with the sluggish economy, have made more individuals eligible for the program.

Table 235 on the following page displays the number of households prescreened, the number of households that are eligible and receive SNAP benefits, and the dollar amount of benefits that were brought in to households and the community for the Nutrition Outreach & Education Program in Herkimer County from 2006 to 2015. As the table shows, the total number of households prescreened and those determined eligible to receive SNAP benefits have fluctuated during this time period but have increased by 6% and 25% respectively. In 2014-2015, \$653,184 in benefits were obtained with the assistance of NOEP services in Herkimer County.

Economic Security

Economic Assistance for Basic Needs

**Herkimer County Nutrition Outreach & Education Program Cases
2006 to 2015**

Table 235

	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Households Prescreened	297	474	771	422	445	527	399	367	315
Households that Receive SNAP	160	219	349	265	277	288	253	230	199
Monies generated by SNAP program for Herkimer County	552,960	756,864	1,206,864	915,840	957,312	995,328	874,368	794,880	653,184

Source: Catholic Charities of Herkimer County

Catholic Charities of Herkimer County Emergency Assistance Program

The Emergency Assistance Program acts as a safety net to catch those county residents who have fallen through the cracks of the other systems in place. To be eligible for Emergency Assistance, it must be determined that the applicant has exhausted all other available resources from agencies such as the Department of Social Services, Red Cross, Salvation Army, Veterans Administration, HEAP, FEMA, and including assistance from family members.

No cash is dispensed by the program. All transactions are completed by a voucher system and direct payment from Catholic Charities of Herkimer County is made to the relevant entity. The Emergency Assistance Program provides assistance in the following areas:

- Shelter (motels, utilities, heating fuel, household appliances, etc.)
- Transportation (Gas vouchers, bus tickets, emergency auto repairs, etc.)
- Food/Formula (Food vouchers, meal vouchers, formula, etc.)
- Clothing/Diapers
- Medical (Emergency medications, Medicaid spend-downs, adaptive equipment repair, etc.)

The Emergency Assistance Program is funded by local contributions as well as the agency's fundraising efforts; the budget rarely completely covers the need for services. The ability to serve as many families in need as possible is protected by placing a cap on the amount of funding a family may receive in any calendar year.

Table 236 on the next page displays the number of households served by the Emergency Assistance Program in Herkimer County and the amount budgeted and disbursed by category from 2008 to 2015. As the chart shows, the number of households helped by the Program has varied but has experienced an overall increase of 25% between 2008 and 2015. Expenditures have

Economic Security

Economic Assistance for Basic Needs

consistently surpassed budgeted amounts each year. Severe flooding in the area during the 2013-2014 program year caused the number of households served to increase by 43% over the previous year and for expenditures to triple over the amount originally budgeted for the program that year.

Households Served by Emergency Assistance Program & Amount Budgeted & Disbursed by Category 2008-2015

Table 236

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Number of Households	160	195	146	116	194	278	200
Amount Budgeted	\$10,000	\$10,000	\$13,000	\$13,000	\$7,650	\$7,600	\$13,129
Total Disbursed	\$11,210	\$14,384	\$18,568	\$15,575	\$17,669	\$23,588	\$17,188
Shelter*	\$8,147	\$9,192	\$14,395	\$12,556	\$12,913	\$11,930	\$13,614
Transportation	\$2,514	\$3,882	\$3,136	\$1,491	\$1,913	\$1,587	\$1,458
Food/Formula	\$171	\$434	\$557	\$711	\$656	\$698	\$541
Clothing/Diapers	\$85	\$313	\$13	\$24	\$65	\$274	\$225
Medical	\$293	\$572	\$467	\$793	\$403	\$283	\$0
Household/Other					\$1,749	\$856	\$1,350
Flood Victims					\$0	\$7,960	\$0

Source: Catholic Charities of Herkimer County

*The greater proportion of shelter assistance was disbursed for utilities (electric, water, heating, fuel, etc.).

Food Pantries

There are nine community-based food pantries in Herkimer County that are affiliated with the Food Bank of Central New York. Nearly all pantries are supervised and operated by volunteers, most of whom are affiliated with the RSVP Program of Catholic Charities. Each food pantry must raise local revenue greater than the grants that they receive in order to keep the shelves stocked. For each of the larger pantries, annual food costs run between \$23,000 and \$29,000. With the cuts in FEMA funding that provide support to the food pantries and the rise in food prices, pantries are paying more as well as raising more funds to keep pace. The demand for emergency food programs has continued to climb. The increase can be attributed to the elevated unemployment and poverty rates; service industry jobs continuing to replace manufacturing positions; single head of households; high transportation, medical and utility costs; and the increased publicity and education regarding the availability of assistance programs.

Tables 237 and 238 on the following page display the Herkimer County food pantry and soup kitchen usage by individuals, households, location and meals provided from 2014 to 2015.

Economic Security

Economic Assistance for Basic Needs

**Herkimer County Food Pantry/Soup Kitchen Usage
Individuals, Households and Total Meals 2014-2015**

Table 237

	2014	2015
Children	15,379	13,560
Adults	29,654	25,253
Seniors	6,711	4,637
Total People	51,744	43,450
Total Households	14,994	12,900
Total Meals	594,884	540,870

Source: Food Pantry/Soup Kitchen Service Report—Food Bank of Central New York (both tables this page)

Herkimer County Food Pantry Use by Site 2014-2015

Table 238

	Total Individuals		Total Households		Total Meals	
	2014	2015	2014	2015	2014	2015
Dolgeville	8,548	6,950	2,877	2,388	109,116	99,414
Frankfort/Ilion	5,615	4,440	1,810	1,533	80,585	66,570
Herkimer/ Mohawk	5,704	5,092	2,145	1,923	85,560	76,350
Kuyahora	5,972	5,011	1,731	236	80,652	62,289
Little Falls	7,285	6,679	2,312	184	106,324	97,539
St. Bartholomew	952	1,166	374	476	9,941	9,870
Van Hornesville/ Jordanville	1,273	1,245	356	358	19,095	18,675
West Winfield*	-	4,781	-	2,106	-	67,245
Salvation Army*	-	2,427	-	824	-	21,723
Totals**	35,349	35,364	11,605	12,402	491,273	497,952

*This data is not available for 2014

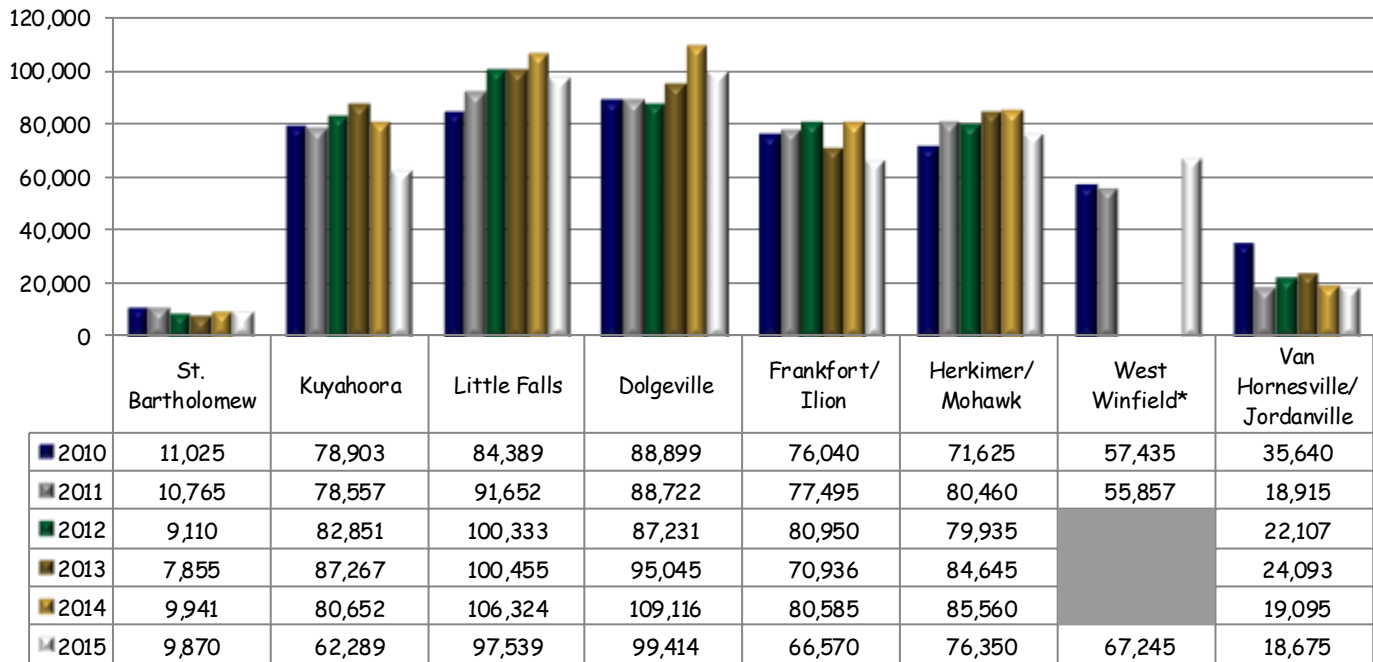
** Totals do not include Soup Kitchen meals served

Economic Security

Economic Assistance for Basic Needs

Graph 239

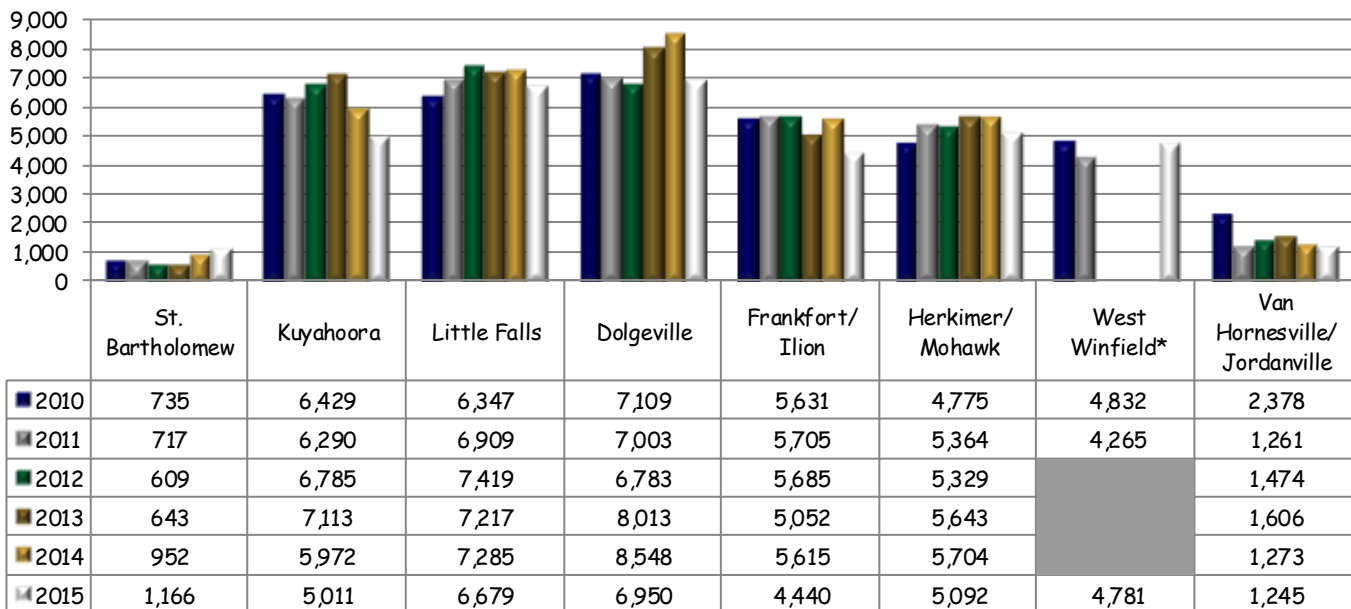
2010-2015 Food Pantry Meals Distributed by Site



Graphs 239 and 240 illustrate the number of meals distributed and the number of food pantry clients by site in Herkimer County from 2010 to 2015.

Graph 240

2010-2015 Food Pantry Clients by Site



* Data not available 2012-14 for West Winfield ** Salvation Army data not included.

Source: Catholic Charities of Herkimer County (both graphs this page)

Economic Security

Economic Assistance for Basic Needs

Without volunteers, food pantry operations could cease. Between 2009-2015, 252 RSVP volunteers contributed 63,807 hours of service assisting at food co-op and emergency feeding programs throughout Herkimer County.

Local stores supplement the pantries food supply. Farmers also donate produce to local pantries, and many stores and organizations conduct annual food drives that aid in stocking food.

The Herkimer County Hunger Coalition provides diapers for pantries to distribute and acts as the safety-net for Herkimer County Pantries in the event of funding shortages.

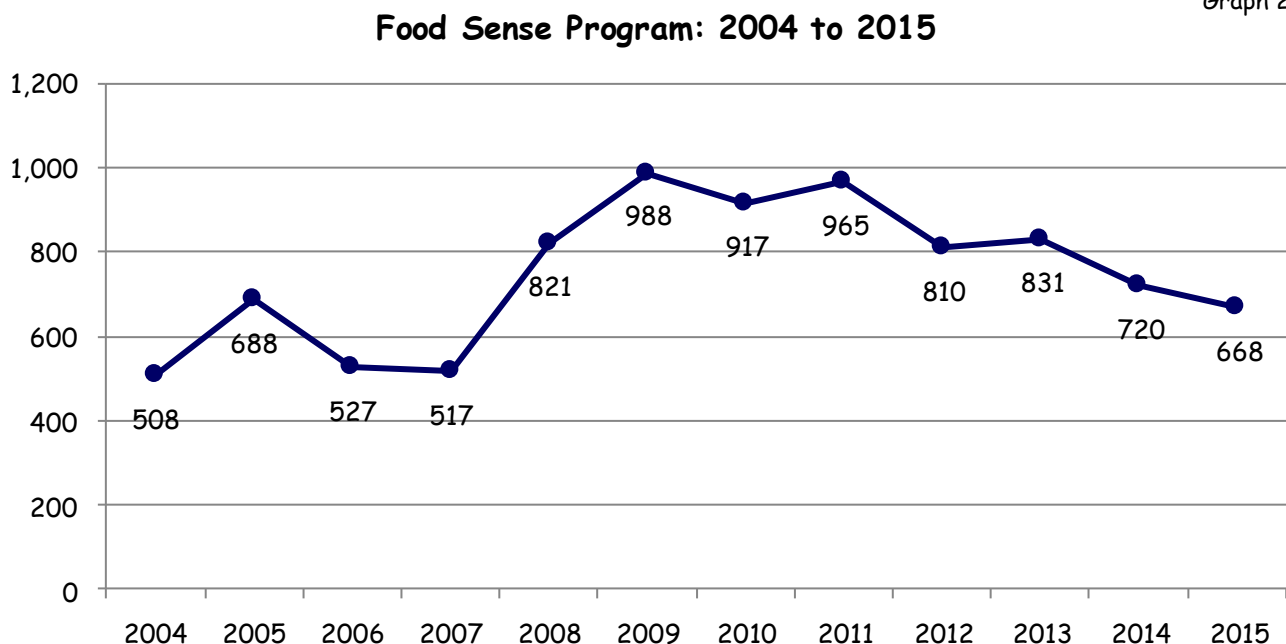
Food Co-ops continue to offer an alternative to clients. Catholic Charities' Food Sense Program, as well as the Angel Food Ministries Program offered through area churches, provides wholesome foods at lower-than-retail prices.

Food Sense Program

Food Sense is a food co-op program affiliated with the Food Bank of Central New York. The cost per month of the program is \$15.50 per food package, paid in cash or SNAP benefits at the time of registration. Multiple packages of food can be purchased by an individual or family and at times bonus items are also offered. Currently, Old Forge and Iliion are the two sites for registrations and distribution of Food Sense packages in Herkimer County.

Graph 241 illustrates the number of Food Sense packages purchased by year in Herkimer County from 2004 to 2015.

Graph 241



Source: Catholic Charities of Herkimer County

Economic Security

Economic Assistance for Basic Needs

DATA SOURCES

Catholic Charities of Herkimer County

Food Bank of Central New York

Herkimer County Department of Social Services

Herkimer County Office for the Aging

New York State Office of Temporary and Disability Assistance
<https://otda.ny.gov/programs/temporary-assistance/>

Economic Security

Health Care Coverage Assistance

WHY THIS IS IMPORTANT

People with inadequate or no health insurance often forego routine preventive care. As a result, some health problems may not be treated until they become more serious. This adds tremendous cost to an already costly health care system, and can add stress to families' lives.

Preventive care for children is especially important for lifelong health. According to the Mohawk Valley PHIP, children with adequate health insurance are more likely to receive required immunizations, fall ill less frequently, obtain necessary treatment when they do get sick, and perform better at school.

Having good health insurance also lowers barriers to accessing care, which is likely to prevent the development of more serious illnesses.

Many individuals, seniors, and families who have health insurance coverage struggle with the cost of increasing health insurance premiums and co-pays, which in itself can be a barrier to accessing preventive care, medical treatment, and prescription drugs.

WHERE WE STAND

Health Care Coverage

The 2014 U.S. Census estimates that in Herkimer County 96.3% of all children below the age of 19 and 90% of adults age 18 to 64 have some type of health insurance coverage.

A large proportion of these individuals obtain health insurance coverage privately, usually through their employer, but many rely on assistance programs to obtain and afford health care coverage.

The NY State of Health, which began in 2012 as part of the Affordable Care Act, helps people shop for and enroll in health insurance coverage. Individuals, families and small businesses can compare insurance options, calculate costs, select coverage, and see if they qualify for financial assistance. Applicants can also see if they are eligible for health care programs like Medicaid, Child Health Plus, and the Essential Plan, a new low-cost option for low income individuals.

The NY State of Health reports that as of January 31, 2017, more than 1.2 million people in New York State enrolled in a non-Medicaid program and over 2.4 million people enrolled in Medicaid through the Marketplace. This total enrollment of 3.6 million represents a 28% increase from 2016. In addition, approximately 60% of individuals that enrolled in a Qualified Health Plan were eligible for assistance to reduce monthly premiums.

Economic Security

Health Care Coverage Assistance

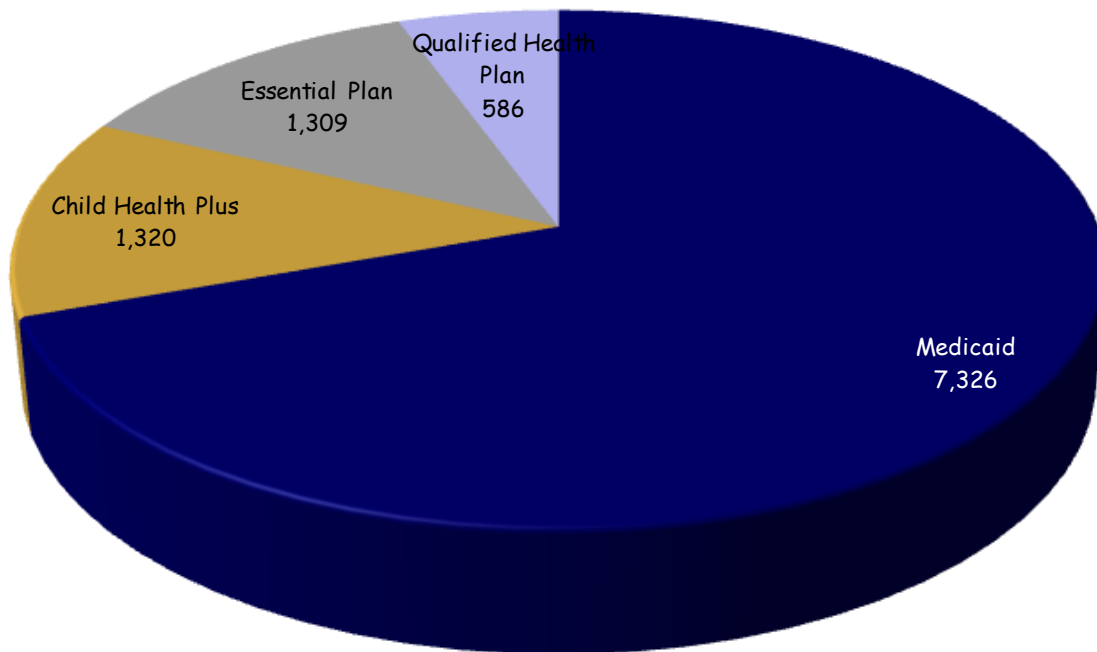
NY State of Health reports that total Marketplace enrollment increased in every county of the State during the 2017 enrollment period. They report that the counties with the highest increases were: Rockland (68.5%), Orange (59.7%), Madison (48.3%), Cortland (48.1%), Fulton (46.7%), Oneida (46.6%), Sullivan (45.4%), **Herkimer (43.8%)**, Montgomery (43.5%), Oswego (43.0%) and Seneca (43.0%).

A total of 10,541 people in Herkimer County obtained health insurance coverage through the NY State of Health Marketplace during the 2017 enrollment period. Graph 242 illustrates the number of Herkimer County enrollees by type of plan for 2017. As the graph illustrates, 69.5% of all Marketplace applicants enrolled in Medicaid, 12.5% enrolled in Child Health Plus, 12% in the Essential Plan, and 6% in a Qualified Health Plan.

In Herkimer County there are three Qualified Health Plan options (medical and dental) for individuals to choose from, and there are three medical and five dental provider options available to small businesses.

Graph 242

Herkimer County NY State of Health Enrollment



Source: NY State of Health, 2017 Open Enrollment

Economic Security

Health Care Coverage Assistance

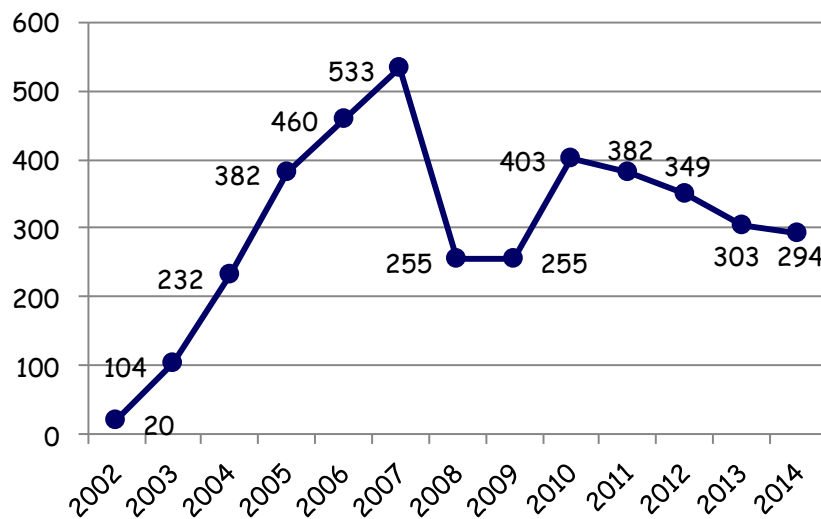
Healthy New York

The Healthy NY program is designed to assist small business owners in providing health insurance for themselves, their employees and their families. Employees that work for employers that do not provide health insurance may also purchase coverage through the Healthy NY program. The program creates standardized health insurance benefit packages that are offered by all health maintenance organizations (HMOs) in New York State. These packages are made more affordable through State sponsorship, so that more uninsured small employers and uninsured employed individuals are able to purchase health insurance coverage.

Graph 243 illustrates the number of individuals enrolled in the Healthy New York insurance program in Herkimer County from 2002-2014. In 2002, Herkimer County only had 20 Healthy NY participants. In 2014, Herkimer County had 294 participants.

Graph 243

**Herkimer County Healthy NY Enrollees,
2002-2014**



Source: NYSDOH, Managed Care Annual Enrollment Reports

Medicaid

Medicaid is a program for individuals who cannot afford to pay for medical care. Individuals with low incomes, those who meet categorical eligibility requirements (ex. receive Supplemental Security Income benefits or are pregnant), and/or people with high medical expenses may qualify.

Applications for Medicaid can be made through the Department of Social Services or the NY State of Health Marketplace. The application process is dependent upon qualifying criteria.

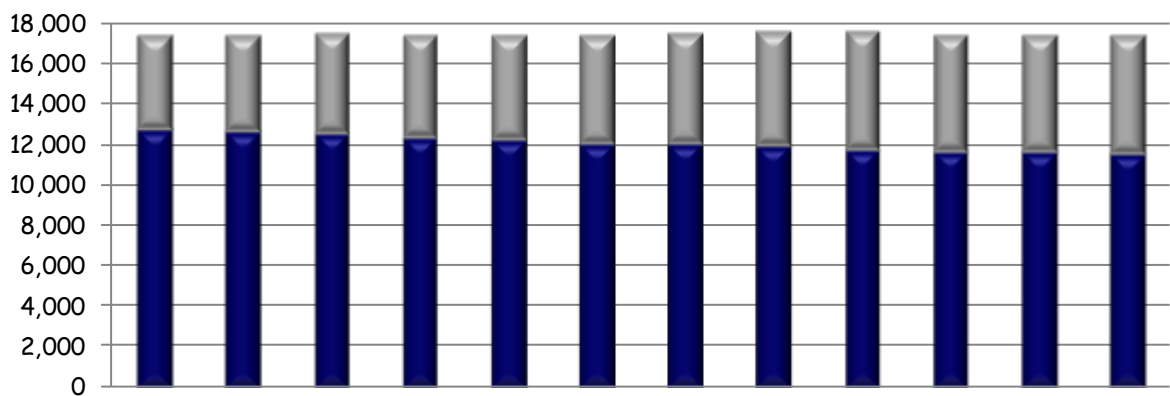
Economic Security

Health Care Coverage Assistance

Graph 244 illustrates the number of individuals enrolled in Medicaid in Herkimer County for the State Fiscal Year (SFY) 2015-16 by application source. The first row entitled NYS Health Exchange (NY State of Health Marketplace) are applications processed by individuals on-line or with the assistance of Navigators or Certified Application Counselors. The Welfare Management System (WMS) enrollment numbers are those Medicaid applicants enrolled and managed through the Herkimer County Department of Social Services.

Graph 244

**Medicaid Enrollment by Source
Herkimer County SFY 2015-2016**



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
■ NYS Health Exchange	4,720	4,826	4,938	5,054	5,193	5,323	5,492	5,614	5,780	5,777	5,814	5,845
■ WMS (local District)	12,731	12,617	12,523	12,375	12,231	12,092	11,999	11,958	11,795	11,669	11,612	11,530
Total	17,451	17,443	17,461	17,429	17,424	17,415	17,491	17,572	17,575	17,446	17,426	17,375

Source: Herkimer County Department of Social Services and the NYS Department of Health

Graph 245 on the following page illustrates the Medicaid enrollees in Herkimer County by category of eligibility from 2004 to 2013 (most recent data available).

Subsistence Medicaid includes those Medicaid recipients that are receiving other benefits to meet basic needs. This includes TANF children and adults, Safety Net Children and Adults, and SSI recipients that are Aged, Blind or Disabled.

Medicaid Only individuals include those individuals that are low income individuals who do not get subsistence benefits. It also includes those that receive Family Health Plus benefits.

Graph 245 indicates an overall increase in the total population receiving some form of Medicaid in Herkimer County. During the time period covered there has been a larger increase in the Medicaid only population, "working poor," when compared to the population receiving Medicaid because of receipt of a government subsistence grant of some type.

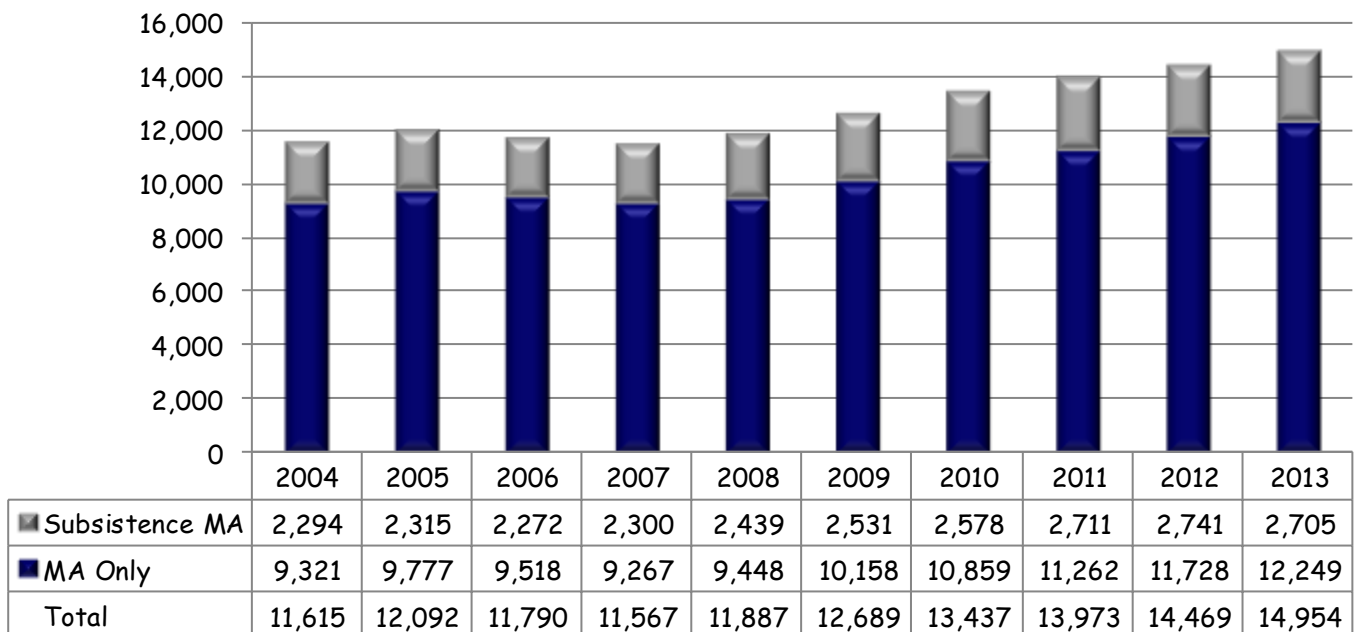
Economic Security

Health Care Coverage Assistance

Data from the NYSDOH, as of 2013, indicate 14,954 individuals were receiving some type of services through Medicaid. This is an increase of 28.75% when compared with the number of recipients in 2004 and, based on population estimates for 2013, this translates to about 23.2% of all Herkimer County Residents in 2013 were in receipt of Medicaid benefits. The percentage in 2011 was estimated at 21.8%. And with 17,376 individuals receiving Medicaid in March 2016, this indicates an ever-increasing percentage of Herkimer County residents are eligible for Medicaid.

Graph 245

**Medicaid (MA) Enrollees in Herkimer County by Category of Eligibility
2004 to 2013**



Source: NYS Department of Health

Child Health Plus

New York State has a health insurance plan for kids, called *Child Health Plus*. Depending on the family's income, a child may be eligible to join either *Children's Medicaid* or *Child Health Plus*. To be eligible for either program, children must be under the age of 19 and be residents of New York State. Whether a child qualifies for *Child Health Plus* depends on gross family income.

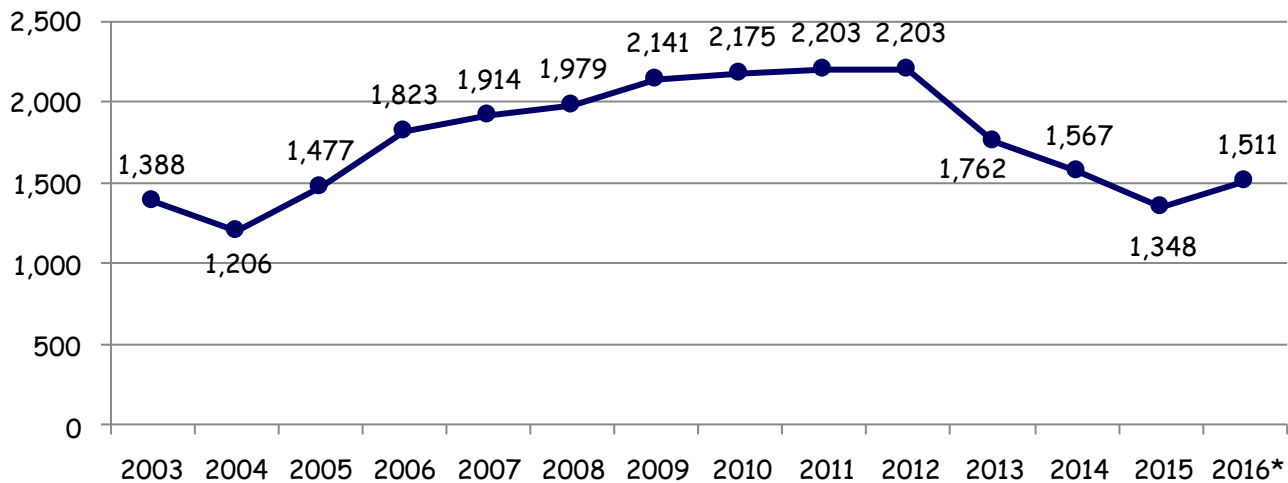
Under *Child Health Plus*, there is no monthly premium for families whose income is less than 1.6 times the poverty level. Families with somewhat higher incomes pay a monthly premium per child, depending on their income and family size. For larger families, the monthly fee is capped at three children. There are no co-payments for services under *Child Health Plus*.

Economic Security

Health Care Coverage Assistance

Graph 246

Herkimer County Child Health Plus Enrollees



Source: NYS Department of Health

* Data for 2016 is as of August 2016

Graph 246 illustrates the number of children in Herkimer County that were enrolled in the Child Health Plus program each year from 2003 to 2016. From 2003 to 2012 the number of children on Child Health Plus increased from 1,388 to 2,203. That represents a 58.7% increase. However, numbers have dropped from 2,203 in 2012 to 1,511 enrollees in 2016 (August), a 31.5% decrease.

Health Insurance Information, Counseling & Assistance Program (HIICAP)

HIICAP is a federally-funded program from the Centers for Medicare and Medicaid Services (CMS). HIICAP is administered by the New York State Office for the Aging and is operated by Catholic Charities of Herkimer County. The program has been in existence in Herkimer County since 2006. HIICAP counselors provide information, education and counseling about Medicare and other health insurances. Trained staff and volunteers answer questions and facilitate enrollments. The service free.

HIICAP helps clients understand the Medicare prescription drug benefit (Medicare Part D) and how to select the best plan; facilitate Medicare Part D, Medigap, and Medicare Advantage Plan enrollments; complete applications for the Medicare Savings Plan; apply for assistance through the Patient Assistance Programs; assist with enrollments into EPIC; choose between original Medicare and Medicare Advantage plans including HMOs, PPOs, Special Needs Plans and Private Fee-for-Service-Plans; discover ways to fill in Medicare's gaps in services; explore New York State Partnership for Long Term Care options; file insurance claims and deal with paperwork; and advocate on behalf of the client with suppliers and providers regarding healthcare billing and coverage.

Economic Security

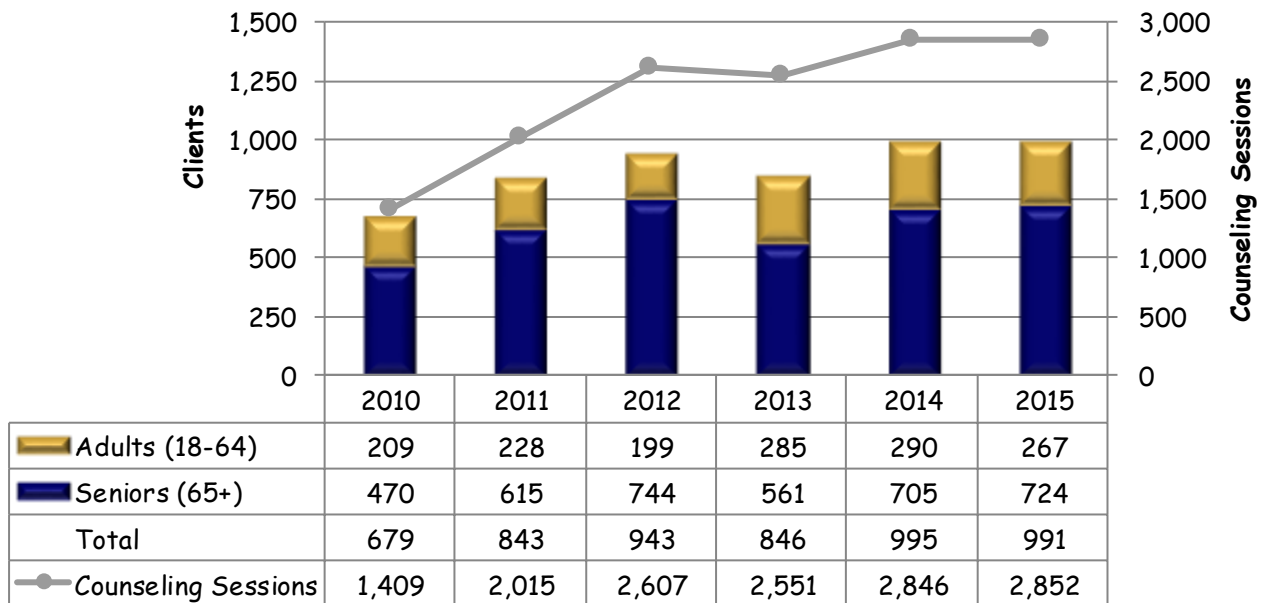
Health Care Coverage Assistance

Graph 247 illustrates the number of individuals that received HIICAP services in Herkimer County from 2010 to 2015 and the total number of counseling sessions provided in each year.

The HIICAP program has seen a 46% increase in the number of clients served between 2010 and 2015. Counseling sessions have more than doubled during this timeframe, from 1,409 sessions to 2,852. These increases are primarily due to on-going changes affecting Medicare beneficiaries; EPIC changes; employers dropping coverage; seniors needing to apply for benefits to cut costs; aging of the baby-boomer generation; and word-of-mouth referrals.

Graph 247

**Herkimer County HIICAP Clients and Counseling Sessions
2010-2015**



Source: Catholic Charities of Herkimer County

Elderly Pharmaceutical Insurance Coverage Program (EPIC)

The Elderly Pharmaceutical Insurance Coverage Program (EPIC) is a New York State sponsored prescription plan for senior citizens who need help paying for their prescriptions. Over 360,000 seniors already belong and are saving, on average, over 80% of the cost of their medicines. EPIC can be used with other prescription coverage for greater benefits and savings.

EPIC members are required to be enrolled in a Medicare Part D drug plan or a Medicare Advantage (HMO) health plan with Part D. After a Part D deductible is met (if applicable) EPIC provides secondary coverage for approved Part D and EPIC covered drugs. EPIC also covers approved Part D-excluded drugs such as prescription vitamins as well as cough and cold preparations for those enrolled in a Part D drug plan.

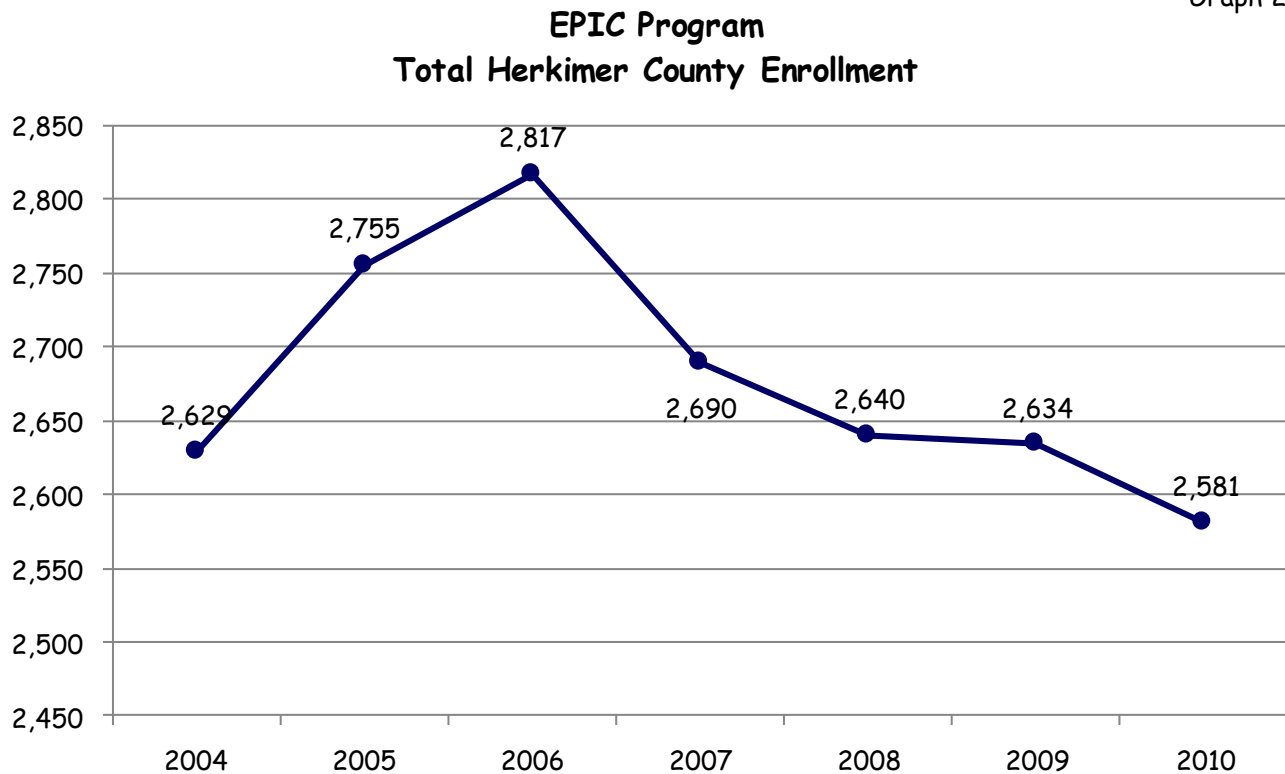
Economic Security

Health Care Coverage Assistance

Because EPIC is a State Pharmaceutical Assistance Program, EPIC can also provide a Medicare Special Enrollment Period (SEP) so that a new member may enroll in a Part D drug plan at any time during the year, a Medicare one-time plan change per calendar year for existing members, Medicare Part D drug plan premium assistance, and co-payment assistance after the Medicare Part D deductible is met, if the member has one.

The most recent data available from the NYS Department of Health on EPIC enrollments in Herkimer County are illustrated in Graph 248.

Graph 248



Source: NYS Department of Health, EPIC Annual Reports

NYS Long-Term Care Partnership Policies

The New York State Partnership for Long-Term Care was initiated in 1993 to help New Yorkers financially prepare for the possibility of needing nursing home care, home care, or assisted living services by purchasing long term care insurance policies. These policies are offered through private carriers meeting state criteria. When insurance benefits are exhausted in the policy the recipient qualifies for Medicaid while protecting some assets traditionally subject to "spend down" guidelines.

Economic Security

Health Care Coverage Assistance

Table 249 displays the number of active NYS Long Term Care Partnership policies in Herkimer County by year. As the table shows, Herkimer County had 163 NYS Long Term Care Partnership Policies in effect in 2015. This represents only 1.3% of eligible residents over age 65 in Herkimer County. The percentage of active policies in counties across New York State range from a high of 6.8% to a low of 0.3%.

There are other long term care insurance policies that do not classify as "partnership policies"; statistics are not available on the number of these policies in Herkimer County.

Table 249

NYS Long-Term Care Active Partnership Policies Herkimer County

2006	137
2008	167
2011	188
2014	149
2015	163

Source: NYS Partnership for Long-Term Care

Herkimer County Prescription Savings Program

As part of the New York State Prescription Savings Program, Herkimer County partnered with ProAct, a pharmacy benefit management company, to help lower prescription drug costs for county residents. The program began in 2009; Statistics are provided in Table 250. Any county resident, regardless of age, income, or existing health coverage, can use the card. There is no cost to individuals or county government to provide the prescription drug discount program. The card is designed to be used if a person does not have insurance or if something is not covered by current health insurance. Every prescription medication, including some pet medications, are eligible for a discount.

Herkimer County Prescription Savings Card Usage

Table 250

Year	Total Claims	Total Cards Used	Member Rx Cost	Avg. Member Rx Cost	Price Savings	Avg. Price Savings	% Price Savings
2009	6,305	2,411	\$175,687.01	\$27.86	\$126,655.57	\$20.09	42%
2010	16,271	4,346	\$411,979.64	\$25.32	\$348,951.18	\$21.45	46%
2011	19,804	5,272	\$437,948.52	\$22.11	\$487,525.30	\$24.62	53%
2012	22,404	4,970	\$442,612.18	\$19.76	\$651,206.42	\$29.07	60%
2013	21,262	3,892	\$397,428.83	\$18.69	\$868,797.04	\$40.86	69%
2014	12,644	2,509	\$228,392.53	\$18.06	\$468,833.25	\$37.08	67%
2015	6,294	2,062	\$110,137.37	\$17.50	\$139,540.75	\$22.17	56%
2016	4,514	1,586	\$95,551.52	\$21.17	\$110,001.39	\$24.37	54%
Totals	109,362	26,996	\$2,291,997.29	\$20.96*	\$3,213,368.89	\$29.38*	58%*

Source: ProAct Inc.

*Averages

Economic Security

Health Care Coverage Assistance

Health Friends

Health Friends is a community partnership founded by the Mohawk Valley Network, Catholic Charities of Herkimer County and St. Francis de Sales Parish in Utica. Health Friends helps individuals without prescription insurance and those that do not have the means to purchase medication meet their immediate and long-term prescription medication needs by covering the cost of medications and/or helping them to access drug companies' indigent programs.

Medication samples from doctor's offices are also obtained to assist applicants and Health Friends counselors also advocate for other medical/insurance needs.

Table 251 displays the number of Herkimer County residents served by Health Friends and the type of assistance provided from 2010 to 2015.

Table 251

Health Friends Assistance to Herkimer County Residents 2010 to 2015

	Clients	Visits	Number of RXs Purchased	Cost of Medication Assistance	Applications for Free Medication
2010	158	182	264	\$36,786	141
2011	151	164	226	\$39,588	170
2012	149	166	284	\$38,240	112
2013	110	117	165	\$27,525	100
2014	90	111	212	\$12,670	53
2015	76	85	112	\$11,158	27
Total	734	825	1,263	\$165,967	603

Source: Health Friends, Catholic Charities of Herkimer County

There has been a decline in the number of Herkimer County residents utilizing this service and the dollar value of medication assistance to Herkimer County residents. Many individuals now "self" re-enroll for medication assistance programs through pharmaceutical companies (enrollment is every three months for long-term need). As a result there are fewer visits for re-enrollment (required only once a year). In addition, many brand name medications have gone generic and are no longer available on patient assistance programs. Many pharmacies now have low cost generic programs to help with these purchases.

While Health Friends usage is down, Herkimer County residents now have access to more options to meet their medication needs, and as a result, this area of access to healthcare has improved. A new program of assistance called Bridges to Access offers two months of immediate medication assistance with a \$10 coupon. Often individuals in need can afford the cost. When they cannot, it is covered by Health Friends. Other programs, such as the Herkimer County Prescription Savings Program, are available for medications with a small monthly cost.

Economic Security

Health Care Coverage Assistance

DATA SOURCES

Catholic Charities of Herkimer County

Health Friends

<http://www.healthfriendscny.com/>

Mohawk Valley PHIP Community Dashboard

<http://www.mvphip.org>

New York State Department of Health, Child Health Plus

https://www.health.ny.gov/statistics/child_health_plus/enrollment/docs/2016-08.pdf

New York State Department of Health, EPIC Annual Reports

http://www.health.ny.gov/health_care/epic/annual_reports.htm

New York State Department of Health, Managed Care Annual Enrollment Reports

http://www.health.ny.gov/health_care/managed_care/report/q_report.htm

New York State Department of Health, Medicaid Eligibles and Expenditures by County

http://www.health.ny.gov/statistics/health_care/medicaid/eligible_expenditures/

New York State of Health, The Official Health Plan Marketplace

<https://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-announces-county-level-open-enrollment-numbers>

<https://info.nystateofhealth.ny.gov/sites/default/files/2017%20OEP%20Number%20of%20Enrollees%2C%20By%20Program%20and%20County.pdf>

New York State Partnership for Long-Term Care

https://nyspltc.health.ny.gov/docs/biannual_update_q1_q2_2015.pdf

ProAct Inc.

<http://proactrxsavings.com/new-york-prescription-savings-program>

Physical & Emotional Health

Medicaid Reform

Medicaid Redesign

After the Affordable Care Act was signed into law in 2010, New York State established the Medicaid Redesign Team in 2011. Behavioral Health Organizations (BHOs), Health Homes, Managed Care Organizations (MCOs), Health and Recovery Plans (HARPs), and the Delivery System Reform Incentive Payment (DSRIP) Program soon followed. These initiatives are laying the groundwork for system transformation from a fee-for-service chronic care model to a community based Medicaid Managed Care model. Population Health Improvement Programs (PHIPs) with the support of Regional Planning Consortia (RPCs) and other state initiatives driven by the Prevention Agenda 2013-2018 and the State Health Innovation Plan (SHIP), will assist New York State in delivering a community based, recovery-oriented system of care for both primary health and mental hygiene services.

The Medicaid Redesign Team (MRT) has been leading change and advancing the State toward the seamless integration of health and mental healthcare for beneficiaries of Medicaid. A cornerstone of transformation in the State health system, Medicaid Redesign aligns with research findings demonstrating that outcomes improve, and healthcare dollars are saved, when integrated care approaches are implemented effectively in primary care settings, behavioral health settings and health homes. Governor Cuomo established the MRT in 2011 and charged it with finding ways to reduce costs and increase quality and efficiency in the Medicaid program. The goals of the transition are to improve patient outcomes, reduce inpatient hospitalizations and create a comprehensive, accessible and recovery oriented system that enables individuals to thrive in the community.

Medicaid Managed Care: The centerpiece of the MRT vision is the expansion and redesign of the State's behavioral health Medicaid program through a broader managed care strategy and "carving in" previously managed care exempt Medicaid services and beneficiaries into a managed, coordinated benefit package.

Adults in Managed Care For adults aged 21 and older: The integration of all Medicaid behavioral health and physical health benefits under managed care will be delivered through two behavioral health managed care models:

- **Qualified Mainstream Managed Care Organizations (MCOs):** For all adults served in mainstream MCOs throughout the State, the qualified MCO will integrate all Medicaid State Plan covered services for mental illness, substance use disorders and physical health conditions.
- **Health and Recovery Plans (HARPs):** HARPs will manage care for adults with significant behavioral health needs. These specialized Plans will facilitate the integration of physical health, mental health and Substance Use Disorder services for individuals requiring specialized expertise, tools and protocols which are not consistently found within most medical plans. In addition to the State Plan Medicaid services offered by mainstream MCOs, qualified HARPs will offer access to an enhanced benefit package comprised of Behavioral

Physical & Emotional Health

Medicaid Reform

Health Home and Community Based Services (BH HCBS) designed to provide the individual with a specialized scope of support services not currently covered under the State Plan. BH HCBS will be available to beneficiaries based on their detailed plan of care, which will be informed by a full functional assessment. In order to qualify as HARPs, plans were required to demonstrate that they have the organizational capacity and culture to ensure the effective management of behavioral health care and facilitate system transformation.

Children in Managed Care: The MRT Children's Health and Behavioral Health Team has designed a separate framework for children's integrated health and behavioral health services under managed care. The separate framework is due to recognition of gaps in the current service system, the complexity of multi-systems involvement by children and families, and the fluidity of children's needs and challenges as they develop. The team leadership, which is shared between OMH, OASAS, DOH, and the Office of Children and Family Services (OCFS), has developed a model to guide design. This model takes into consideration the unique specialty health and behavioral health care service needs of children in the mental health, substance use disorder, foster care and health system and their families. The model indicates the importance of:

- ◆ Earlier intervention;
- ◆ Use of evidence-based practices;
- ◆ Application of team based, family-centered approaches; and
- ◆ Family empowerment, skill building and advocacy.

Children will begin to receive care coordination from Health Homes starting in 2017, transitioning existing case management programs. This will be followed by the implementation of six new State Plan Services around January 1, 2017 for all Medicaid eligible children who meet medical necessity criteria.

These services are:

- ◆ Crisis Intervention;
- ◆ Community Psychiatric Support and Treatment;
- ◆ Psychosocial Rehabilitation Services;
- ◆ Family Peer Support Services;
- ◆ Youth Peer Training and Support; and
- ◆ Other Licensed Practitioners Services.

Regional Planning Consortia: In preparation for both the opportunities and challenges the expansion of behavioral health services in Medicaid Managed Care will present at the local level, the state and the counties/New York City collaborated to develop 11 Regional Planning Consortia throughout the State where key stakeholders can discuss and monitor issues inherent to this type of transition. Each RPC represents natural local patterns of access to care and include representatives from Local Governmental Units, the State, mental health, substance use disorder, and primary care service providers, the child welfare, criminal and or juvenile justice, housing, and social service systems, Health Homes, hospitals and MCOs, as well as Medicaid recipients and behavioral health service recipients, peers, families, and advocates.

Physical & Emotional Health

Medicaid Reform

The RPC will function as the vehicle through which behavioral health and Medicaid managed care issues are identified, discussed, 2017 Local Services Plan Guidelines for Mental Hygiene Services Page 12 brainstormed, resolved locally when possible, and communicated to the State's health agencies (OMH, OASAS and DOH). The four core focus areas within the scope of RPC function are:

- Service access and capacity: monitoring the timely access to services, including BH HCBS, for Medicaid recipients of behavioral healthcare, as well as service gaps.
- MCO performance: observing MCO actions with respect to their responsibilities to behavioral health service recipients and providers of Medicaid services.
- System stability & improvement: facilitate collaboration among any and all regional sectors that touch the Medicaid behavioral health system.
- Service quality, efficiency, and efficacy: improving care of behavioral health service recipients overall by voicing concerns as they arise and making recommendations to State Partner Agencies (DOH, OMH, and OASAS).

Delivery System Reform Incentive Payment (DSRIP) Program

DSRIP is the main mechanism by which New York State will implement the Medicaid Redesign Team (MRT) Waiver Amendment.

DSRIP's purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to \$6.42 billion dollars are allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health.

SHIP (State Health Improvement Plan) and DSRIP can be considered synergistic. SHIP focuses on leveraging the work done with the state on the Patient Centered Medical Home (PCMH) by all payers, as well as the HIT connectivity being built through the Statewide Health Information Network of New York (SHIN-NY). In this context, SHIP will focus, in part, on building the Advanced Primary Care Model from the work done on the PCMH, building the All Payer Database (APD) to further build the analytics on health care in New York State, and enhancing the reach and utilization of the SHIN-NY to enhance the coordination and transparency of health care. With these three key pieces in place, quality of care can be monitored more efficiently and effectively, allowing payment reform to focus on payment for outcomes/payment for performance, one other key goal of SHIP.

Please review the SHIP documents on the New York State DOH website for additional details.

Physical & Emotional Health

Medicaid Reform

Population Health Improvement Program

The New York State Department of Health's Population Health Improvement Program (PHIP) will promote the Triple Aim—better care, better population health and lower health care costs—through regional contractors that will convene stakeholders and establish neutral forums for identifying, sharing, disseminating and helping implement best practices and strategies to promote population health and reduce health care disparities in their respective regions. The PHIP will help achieve improvements in population health through stakeholder collaboration, data-driven prioritization, and regional or local strategies for addressing health disparities.

In particular, the PHIP will help support and advance ongoing activities related to the New York State Prevention Agenda 2013-2017 and the State Health Innovation Plan (SHIP). Further, upon request, PHIP contractors shall serve as resources to local Performing Providers Systems (PPSs) under the Delivery Reform System Incentive Payment (DSRIP) Program, which builds on the work of the Medicaid Redesign Team.

The PHIP will bring together a variety of stakeholders that impact, or are impacted by, health and health care issues. These stakeholders will include: health care consumer and patient advocacy organizations; behavioral health advocacy organizations; disability rights organizations; health, behavioral health and disabilities service providers; rural health networks; insurers and other payers; local public health officials and other local officials; local human service agencies; the business community; unions; schools and institutions of higher education; local housing authorities; and local transportation authorities.

DATA SOURCES

New York State Department of Health

Physical & Emotional Health

New York State Prevention Agenda

The Prevention Agenda 2013-18 is New York State's health improvement plan, developed by the New York State Public Health and Health Planning Council (PHHPC) at the request of the Department of Health, in partnership with more than 140 organizations across the state. This plan involves a unique mix of organizations including local health departments, health care providers, health plans, community-based organizations, advocacy groups, academia, and employers, as well as state agencies, schools, and businesses whose activities can influence the health of individuals and communities and address health disparities. This unprecedented collaboration informs a five-year plan designed to improve the health and quality of life for all New Yorkers.

The Prevention Agenda 2013-2018 has five overarching goals:

1. Improve health status in five priority areas and reduce health disparities for racial, ethnic, disability, socioeconomic and other groups who experience them.
2. Promote attention to the health implications of policies and actions that occur outside of the health sector, such as in transportation, community and economic development, education and public safety.
3. Create and strengthen public-private partnerships to achieve sustainable health improvement at state and local levels.
4. Increase investment in prevention and public health to improve health, control health care costs and increase economic productivity.
5. Strengthen governmental and non-governmental public health agencies and resources at state and local levels.

Complete Prevention Agenda Objectives

The Prevention Agenda is the framework that the New York State Department of Health (NYSDOH) uses to move forward with its vision of "New York as the Healthiest State in the Nation." The agenda features five priority areas on which to focus in order to attain the above five goals:

- Prevent chronic diseases
- Promote healthy and safe environments
- Promote healthy women, infants and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated infections

Physical & Emotional Health

New York State Prevention Agenda

New York State Focus Areas for Public Health Priorities

Table 252

Focus Area	Goals
Prevent Chronic Diseases	
Reduce Obesity in Children and Adults	<ul style="list-style-type: none"> • Create community environments that support healthy choices and physical activity. • Promote good nutrition and physical activity in early child care and school settings. • Expand the role of health care providers and insurers in obesity prevention. • Expand the role of public and private employers in obesity prevention.
Tobacco Use and Secondhand Smoke Exposure	<ul style="list-style-type: none"> • Prevent tobacco use by youth. • Promote quitting smoking. • Eliminate exposure to secondhand smoke.
Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings	<ul style="list-style-type: none"> • Increase chronic disease screenings (heart disease, cancer, diabetes, etc.). • Promote the use of evidence-based care to manage chronic diseases. • Promote culturally relevant chronic disease self-management education.
Prevent HIV, STDs and Vaccine-Preventable Diseases, and Health Care-Associated Infections	
HIV and STDs	<ul style="list-style-type: none"> • Decrease Human Immunodeficiency Virus (HIV) infection. • Increase early access to and engagement in HIV care. • Decrease sexually transmitted diseases (STDs).
Vaccination Against Vaccine-Preventable Diseases	<ul style="list-style-type: none"> • Increase childhood, teen and adult vaccination rates. • Educate all parents about the importance of vaccines. • Decrease the burden of the flu, whooping cough and human papillomavirus (HPV).
Hepatitis C Virus (HCV)	<ul style="list-style-type: none"> • Increase and coordinate HCV prevention and treatment.
Healthcare-Associated Infections	<ul style="list-style-type: none"> • Reduce hospital infections caused by <i>Clostridium difficile</i> • Reduce infections caused by multidrug resistant organisms. • Reduce device-associated infections from catheters, respirators, etc.
Promote Healthy Women, Infants and Children	
Maternal and Infant Health	<ul style="list-style-type: none"> • Reduce premature births. • Increase the proportion of babies who are breastfed. • Reduce the rate of maternal deaths.
Child Health	<ul style="list-style-type: none"> • Increase the percentage of children who receive comprehensive well-child health services. • Reduce cavities among children.
Reproductive Health and Wellness	<ul style="list-style-type: none"> • Reduce rates of teen and unplanned pregnancy. • Increase the use of preventive health care services by women ages 15-44.

Physical & Emotional Health

New York State Prevention Agenda

Promote Mental Health and Prevent Substance Abuse	
Mental, Emotional and Behavioral Health	<ul style="list-style-type: none">• Implement proven community interventions that promote mental, emotional and behavioral well-being in communities, especially among young people who do not have a diagnosis of a mental, emotional or behavioral health disorder.
Substance Abuse and Mental, Emotional, and Behavioral Health Disorders	<ul style="list-style-type: none">• Prevent underage drinking, recreational use of prescription drugs by teens and excessive alcohol consumption by adults.• Prevent and reduce the occurrence of mental, social and behavioral disorders among teens and adults.• Prevent suicides among teens and adults.• Reduce tobacco use among adults who report poor mental health.
Integration of Promotion, Prevention, Treatment and Recovery Services	<ul style="list-style-type: none">• Support collaboration among mental health and chronic disease professionals.• Strengthen health systems to integrate mental health promotion, prevention, treatment and recovery.
Promote a Healthy and Safe Environment	
Injuries and Violence	<ul style="list-style-type: none">• Reduce factors that create the risk of falls, particularly among the elderly and young children.• Reduce violence by supporting violence prevention programs.• Reduce work injuries and work-related illness.
Outdoor Air Quality	<ul style="list-style-type: none">• Reduce exposure to outdoor air pollutants.
Built Environment	<ul style="list-style-type: none">• Improve the design and maintenance of homes, parks, buildings and transportation to promote healthy lifestyles, reduce illness and address climate change.
Water Quality	<ul style="list-style-type: none">• Increase access to fluoridated drinking water.• Reduce health risks that result from contaminated drinking water and recreational water.

Source: NYSDOH Prevention Agenda

The Prevention Agenda establishes goals for each priority area and defines indicators to measure progress toward achieving these goals, including reductions in health disparities among racial, ethnic and socioeconomic groups and person with disabilities.

A select group of 58 Prevention Agenda objectives were chosen to be tracked annually for New York State. Data are available by county for 43 of these objectives, by healthcare plan for four objectives and by hospital for two objectives. Baseline and updated data is published on the DOH website.

The Prevention Agenda serves as a guide to local health departments as they work with their community to develop mandated Community Health Assessments and to hospitals as they develop mandated Community Health Assessments. It will also guide hospitals as they develop mandated Community Service Plans and Community Health Needs Assessments required by the Affordable Care Act.

Physical & Emotional Health

New York State Prevention Agenda

Herkimer County has selected two priority areas of the Prevention Agenda to focus on over the five year cycle: Chronic Disease and Women, Infants and Children

DATA SOURCES

New York State Department of Health

Physical & Emotional Health

Chronic Disease

WHY THIS IS IMPORTANT

Chronic diseases, such as cancer, diabetes, heart disease, stroke and asthma, are conditions of long duration and are generally slow in progression. They are also among the leading causes of death, disability and rising health care costs in New York State (NYS). Specifically, they account for over 70 percent of all deaths in NYS and affect the quality of life for millions of New Yorkers, causing major limitations in daily living for about one in ten residents. Costs associated with chronic diseases and their major risk factors consume more than 75 percent of our nation's spending on health care.

Chronic diseases, however, are also among the most preventable diseases. Three modifiable risk behaviors—lack of physical activity, unhealthy nutrition, and tobacco use—are largely responsible for the incidence, severity and adverse outcomes of chronic disease. The World Health Organization has estimated that if the major risk factors for chronic disease were eliminated, at least 80 percent of all heart disease, stroke and type-2 diabetes would be prevented, and more than 40 percent of cancer cases would be avoided.

Therefore, increasing physical activity, improving nutrition, and decreasing tobacco use form the core of the "Preventing Chronic Diseases Action Plan" for the New York State Prevention Agenda. The Action Plan places emphasis on three key areas:

1. health promotion activities to encourage healthy living and limit the onset of chronic diseases;
2. early detection opportunities that include screening populations at risk; and
3. successful management strategies for existing diseases and related complications.

Due to the well-documented and widespread disparities in chronic disease incidence and mortality among vulnerable populations, addressing these health disparities is a focal point for the chronic disease action plan.

WHERE WE STAND

Poor General Health

As Table 253 displays on the following page, within Herkimer County, 14.2% of adults, age 18 and older, self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?".

Physical & Emotional Health

Chronic Disease

Adults Self-Reporting of "Poor" or "Fair" Health

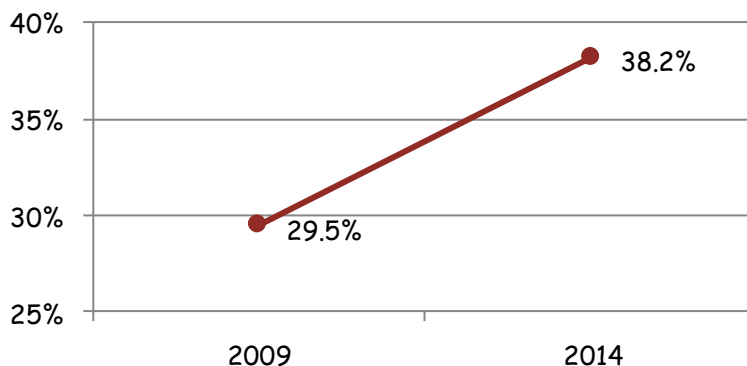
Table 253

Report Area	Total Population Age 18+	Estimated Population with Poor or Fair Health	Crude Percentage	Age-Adjusted Percentage
Herkimer County	49,936	7,341	14.7%	14.2%
New York	14,954,839	2,318,000	15.5%	15.0%
United States	232,556,016	37,766,703	16.2%	15.7%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Graph 254

**Herkimer County
Adults Who are Obese —
Change over Time**



Note: The value is age-adjusted to the 2000 U.S. Standard Population.
Source: Mohawk Valley Population Health Improvement Program

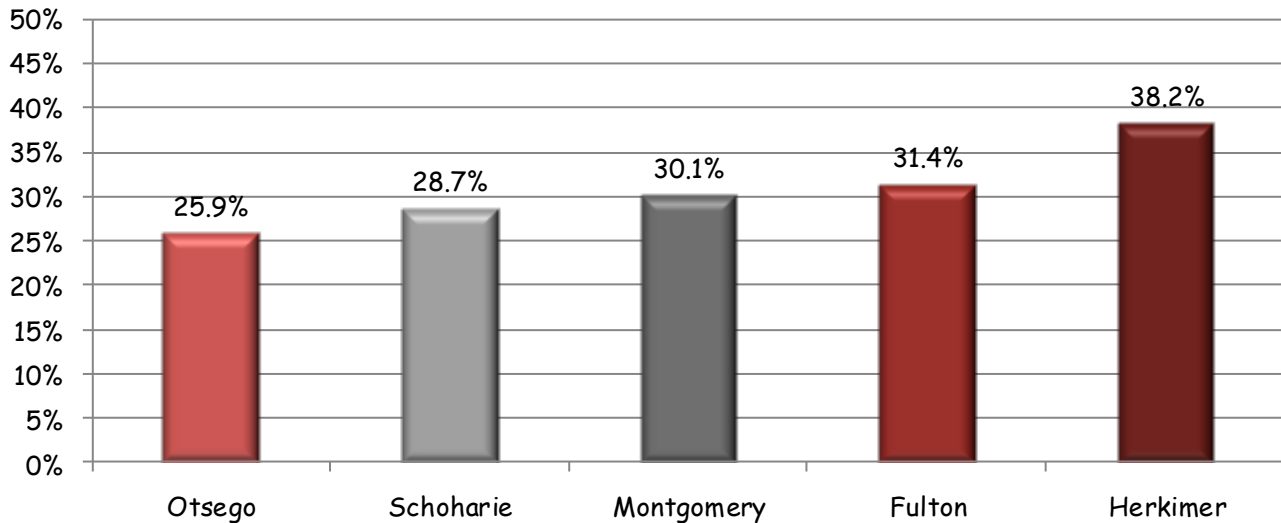
Herkimer County has a higher rate of adult obesity than New York State and neighboring counties. It also exceeds the Prevention Agenda 2018 Benchmark.

Physical & Emotional Health

Chronic Disease

Graph 255

Adults Who are Obese (2014)



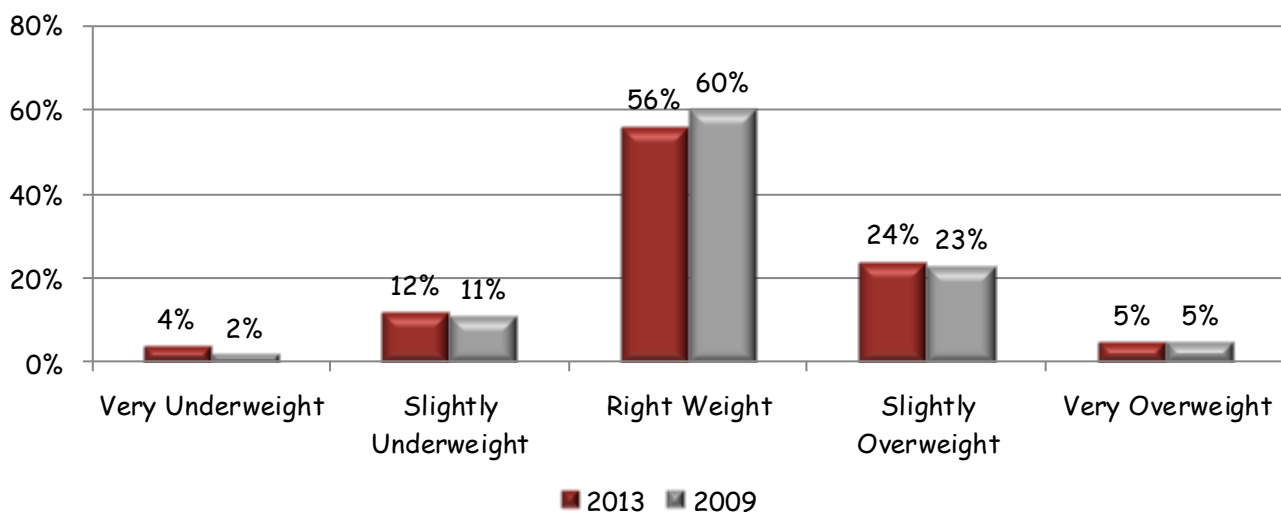
Source: New York Expanded Behavioral Risk Factor Surveillance System

The chart above depicts Herkimer County as having a higher percentage of obese adults than neighboring counties.

In a survey of high school students in Herkimer County, slightly over half report they are at the "right weight". In 2013, 24% report being slightly overweight and 5% report being "very overweight". When combining slightly overweight and very overweight, 29% self report as outside the "appropriate weight range".

Graph 256

How Teens Describe Their Weight



Source: 2013 Teen Assessment Project Survey

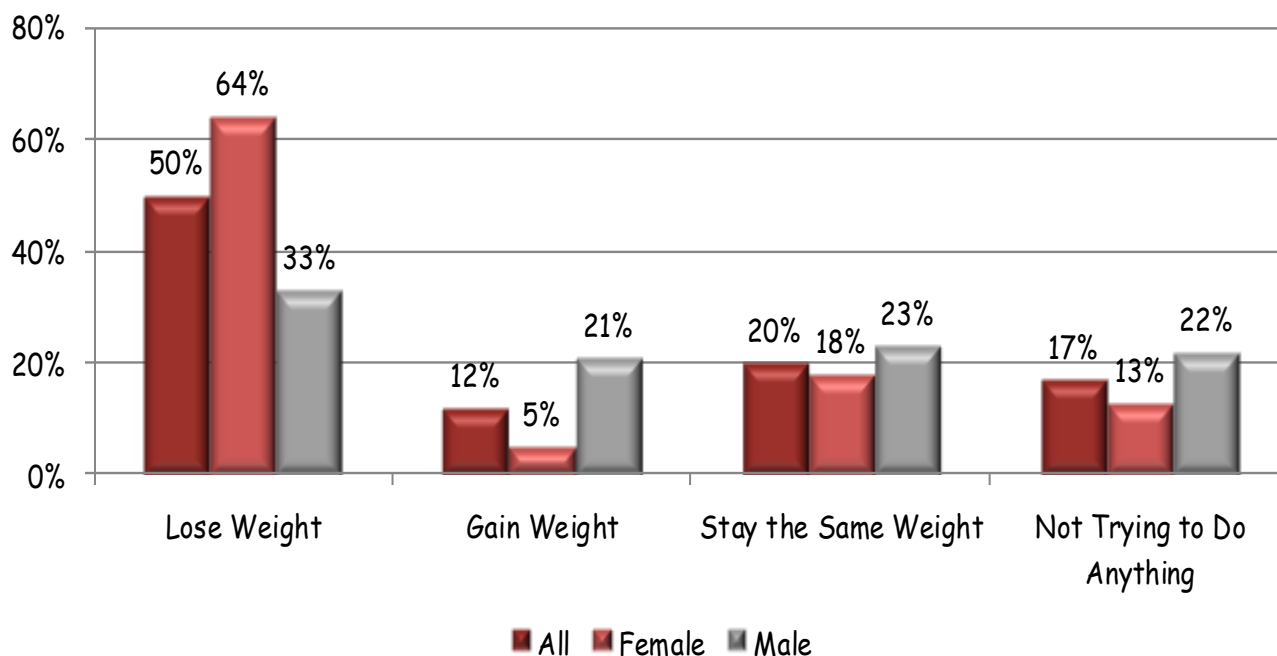
Physical & Emotional Health

Chronic Disease

In a follow up question on the TAP Survey, teens were asked what they were doing to control their weight. 64% of females reported attempting to lose weight as compared to 33% of males.

Graph 257

What Teens are Doing to Control Their Weight



Source: 2013 Teen Assessment Project Survey

Meals-on-Wheels & Congregate Meal Consumers

Meals-on-Wheels and congregate meals are services offered through the Herkimer County Office for the Aging. Meals-on-Wheels are home delivered to seniors while congregate meals are provided at five senior housing facilities in the County.

Meals-on-Wheels and congregate meals are not income-based programs. Meals-on-Wheels are based on the need for meals and congregate meals are available to any senior aged 60 or older. Meals are more of a health-related program than an economically-based program.

Physical & Emotional Health

Chronic Disease

Herkimer County Meals-on-Wheels and Congregate Meal Consumers 2015

Age	Number	Percent
<60	36	5%
60-74	213	30%
75-84	183	26%
85+	275	39%
Sum	707	100%

Source: Herkimer County OFA

Table 258

Meals-on-Wheels are home delivered to seniors who are disabled due to chronic conditions or because of a temporary condition such as caused by an accident or post-hospitalization recovery.

Congregate meals are available to any senior regardless of disability. They are also offered to individuals under the age of 60 if the person lives in the facility where congregate meals are being provided.

Table 259

Total Consumers Served: A total of 707 people received either home delivered Meals-on-Wheels or congregate meals during 2015.

- 5% of those consumers were under the age of 60 (all of the under 60's were congregate meal clients),
- 30% were between the ages of 60 and 74,
- 26% were between 75 and 84 years, and
- 39% were aged 85 or older.

The vast majority of the aged 60+ consumers receiving congregate meals meet the eligibility criteria for home delivered meals. If these people did not live in the housing facility where congregate meals are provided, they would receive Meals-on-Wheels.

Of the total 707 people receiving meals, 545 (78%) received Meals-on-Wheels and 162 (22%) received congregate meals.

Herkimer County Meals-on-Wheels Consumers 2015

Age	Number	Percent
60-74	146	25%
75-84	156	29%
85+	243	46%
Sum	545	100%

Source: Herkimer County OFA

Herkimer County Meals-on-Wheels Consumers 2015

Sex	Number	Percent
Females	348	64%
Males	197	36%
Sum	545	100%

Source: Herkimer County OFA Table 260

Meals-on-Wheels:

During the 2015 calendar year, 545 seniors received Meals-on-Wheels. With a senior population of approximately 15,000+, this is the equivalent of about 3.5% of the senior population.

Of these Meals-on-Wheels seniors 46% were aged 85 or older, 64% were females, and 52% lived alone.

Physical & Emotional Health

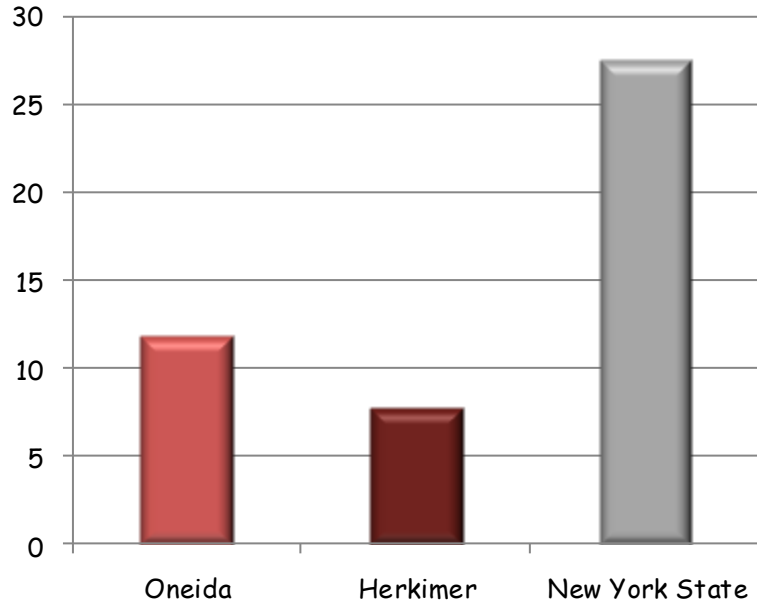
Chronic Disease

Graph 261 illustrates the number of recreational facilities per 100,000 population in a given county. Recreational facilities are defined as establishments primarily engaged in operating fitness and recreational sports facilities, featuring exercise and other active physical fitness conditioning or recreational sports activities such as swimming, skating, or racquet sports.

Herkimer County falls below the National Benchmark of 16 per 100,000 with 7 per 100,000.

Access to Recreational Facilities per 100,000 (2015)

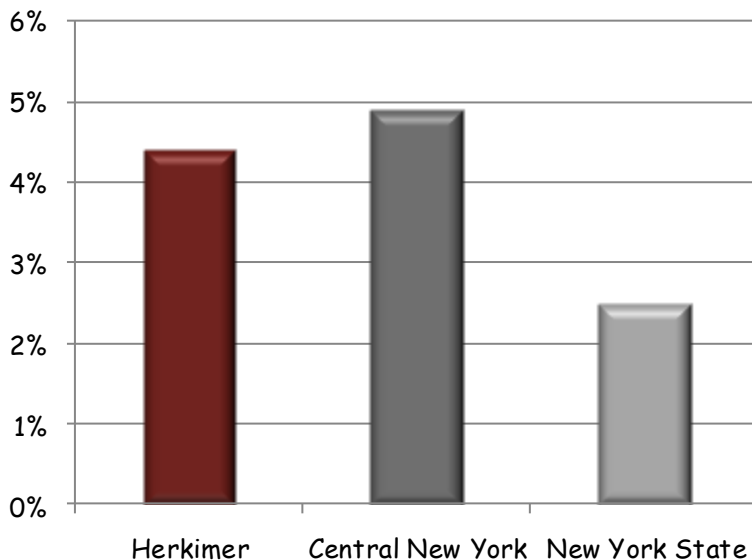
Graph 261



Source: County Health Rankings & Roadmaps

Percentage of Low Income Population with Low Access to a Large Grocery Store

Graph 262



Populations with low income are considerably more likely to have limited or no access to a large grocery store. In Herkimer County, as Graph 262 illustrates, over 4% of low income individuals do not have access to a large grocery store. Those individuals and families are likely to reside in rural areas with no supermarket or grocery store in the vicinity. Such areas are called "food deserts," which are areas with little or no access to large grocery stores and a higher concentration of convenience stores with no fresh food or produce as well as fast food restaurants.

Source: New York State Department of Health

Physical & Emotional Health

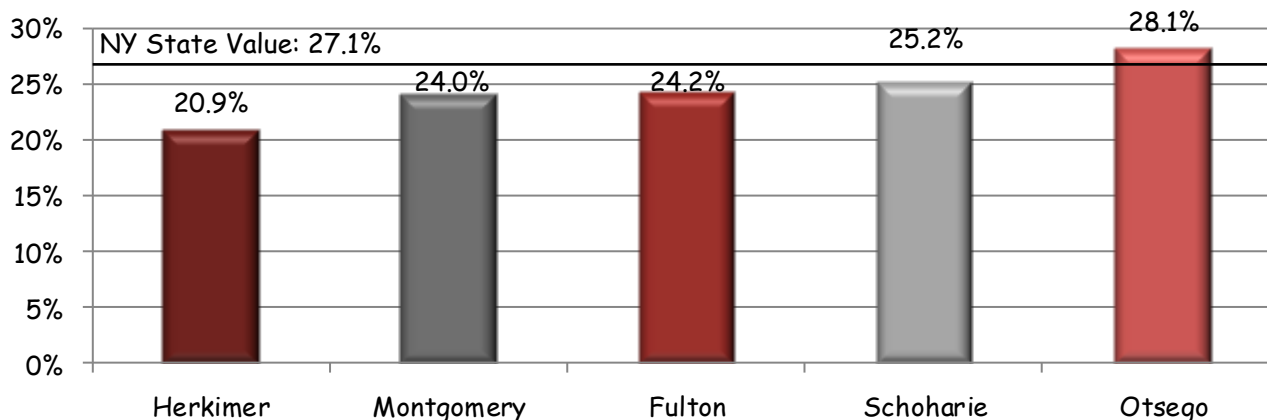
Chronic Disease

Fruit and Vegetable Consumption

In the report area an estimated 40,818, or 84.3% of adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day. This is especially relevant as current behaviors are determinants of future health, and because unhealthy eating habits are associated with, and often causative of, significant health issues such as obesity and diabetes.

Adult Fruit and Vegetable Consumption (2009)

Graph 263



Source: New York Expanded Behavioral Risk Factor Surveillance System

Fruit and Vegetable Expenditures

This indicator reports estimated expenditures for fruits and vegetables purchased for in-home consumption, as a percentage of total household expenditures. While Herkimer County ranks 29 out of 50 states, the data is suppressed indicating small sample size.

Estimated Expenditures for Fruits and Vegetables Purchased for In-home Consumption, as a Percentage of Total household expenditures

Table 264

Report Area	State Rank	Z-Score (US)	Z-Score (State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Herkimer County	29	-0.22	-0.44	suppressed	suppressed
New York	no data	0.44	0.00	\$796.78	13.09%
United States	no data	no data	no data	\$744.71	12.68%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2005-09. Source geography: County

Physical & Emotional Health

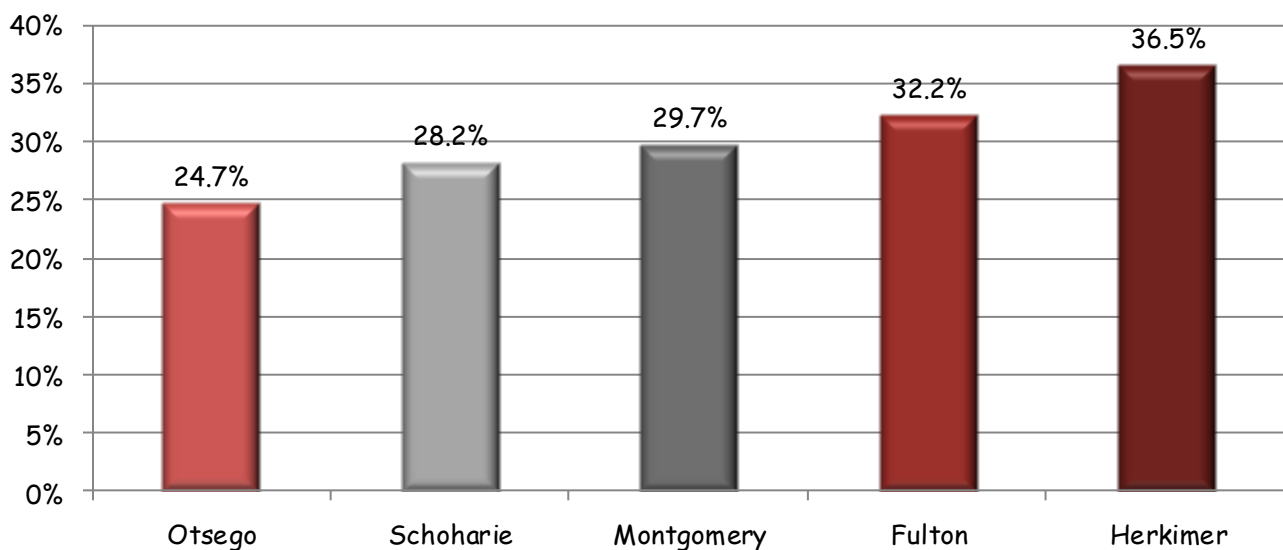
Chronic Disease—Cardiovascular

High Blood Pressure (Hypertension)

Hypertension, also known as high blood pressure, is a significant increase in blood pressure in the arteries. Many people with hypertension may not experience symptoms, even if their blood pressure is dangerously high. However, a few might experience severe headaches, dizziness, irregular heartbeats, and other symptoms. According to the CDC, nearly 1 in 3 adults have hypertension with only half of these individuals having their condition under control.

Graph 265

High Blood Pressure Prevalence (2014)



Source: New York Expanded Behavioral Risk Factor Surveillance System

Having a diagnosis of hypertension, increases the risk of heart disease, stroke and other serious conditions, such as kidney disease and blindness. However, keeping it controlled (below 140/90 mm/Hg) can reduce your risk. In 2007, 27 % of NY adults reported they were told they had high blood pressure (Behavioral Risk Factor Surveillance System (BRFSS) - a telephone survey of adults). Nationally, about 28% of adults have hypertension and 28% have pre-hypertension. Of those with hypertension, 64% have it controlled with medication.

High Blood Pressure has many risk factors, some of which can be controlled, and/or reduced, through lifestyle changes:

- Overweight or being obese
- Diabetes
- Diet high in salt or sodium
- Lack of physical activity
- Drinking too much alcohol
- Smoking tobacco

Physical & Emotional Health

Chronic Disease—Cardiovascular

There are also some risk factors that cannot be controlled that may increase the likelihood of having high blood pressure:

- Age—Risk increases with age
- Race—African Americans have a higher risk
- Family History—People who have family members with hypertension have a higher risk

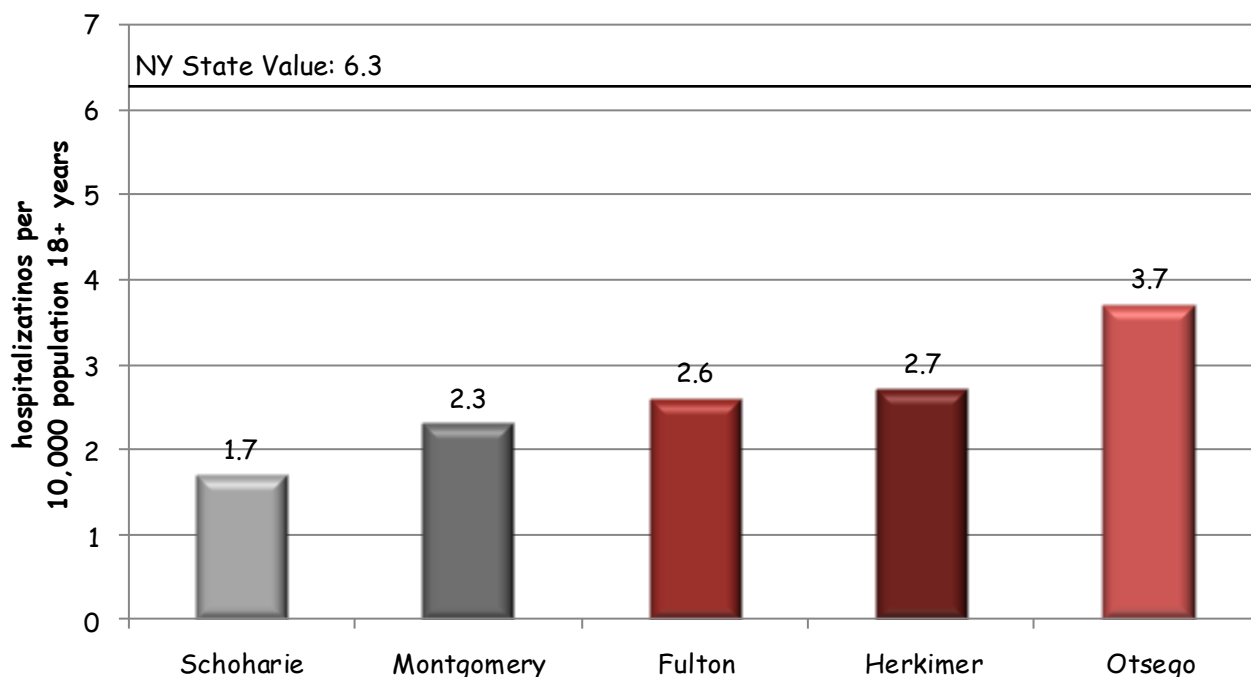
For people with "pre-hypertension" (pre-hypertension is the precursor to developing hypertension), paying attention to their health is very important to reduce the chance of developing hypertension. To avoid pre-hypertension and hypertension:

- be physically active,
- eat more fruits and vegetables,
- lose weight if overweight according to BMI
- maintain weight if normal weight, and eat less sodium.

As indicated by the chart below, Herkimer County falls below the State value for age-adjusted hospitalization rate due to hypertension. It is also comparable with surrounding counties.

Graph 266

Age-adjusted Hospitalization Rate due to Hypertension (2012-2014)



Source: NY Statewide Planning and Research Cooperative System

Physical & Emotional Health

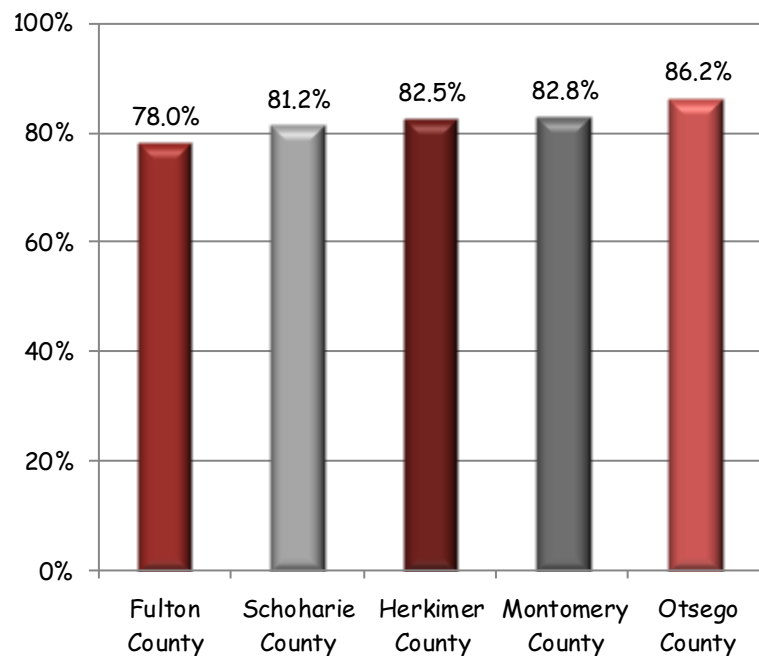
Chronic Disease—Cardiovascular

High Blood Cholesterol

Cholesterol is a waxy, fat-like substance in the body. It is needed for normal body function, such as making hormones and vitamin D. When there is an excess in the bloodstream, it can build up in the arteries causing heart disease and stroke. The two major types of blood cholesterol are low density lipoprotein (LDL) and high density lipoprotein (HDL). LDL has been named the "bad" cholesterol that can clog arteries and HDL is considered the "good" cholesterol that can help control excess cholesterol.

Cholesterol Test History (2014)

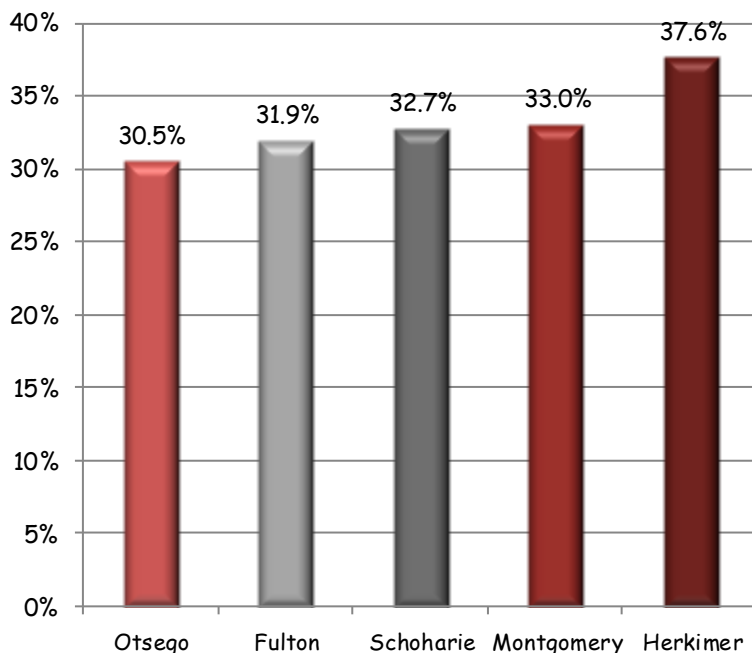
Graph 267



Source: NY Expanded Behavioral Risk Factor Surveillance System

High Cholesterol Prevalence (2014)

Graph 268



In 2013, approximately 80% of adult New Yorkers had their cholesterol checked in the past five years. In addition, 38% who had had their cholesterol checked, were diagnosed with elevated cholesterol levels.

Source: NY Expanded Behavioral Risk Factor Surveillance System

Physical & Emotional Health

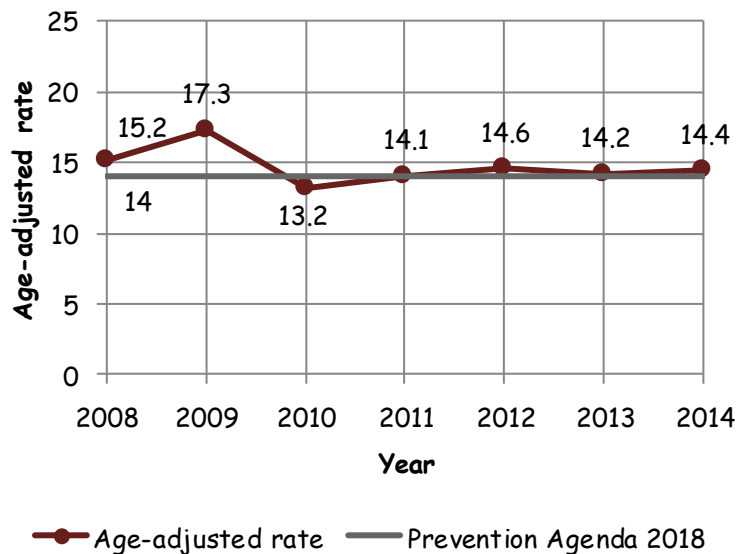
Chronic Disease—Cardiovascular

Coronary Heart Disease

Coronary heart disease (also called coronary artery disease) occurs when the coronary arteries become narrowed or clogged by fat and cholesterol deposits (plaques) and cannot supply enough blood to the heart. As the arteries narrow, or as the plaques rupture, the flow of blood to the heart can slow or stop, causing chest pain, shortness of breath, a heart attack, or other symptoms. According to the Centers for Disease Control and Prevention, coronary heart disease is the most common type of heart disease, causing nearly 400,000 deaths per year and costing over \$100 billion overall in health services, medication, and lost productivity. As indicated by the above chart, the county rate has been fairly steady over the past few years. However, Herkimer County's rate remains higher than the NYS value.

Graph 269

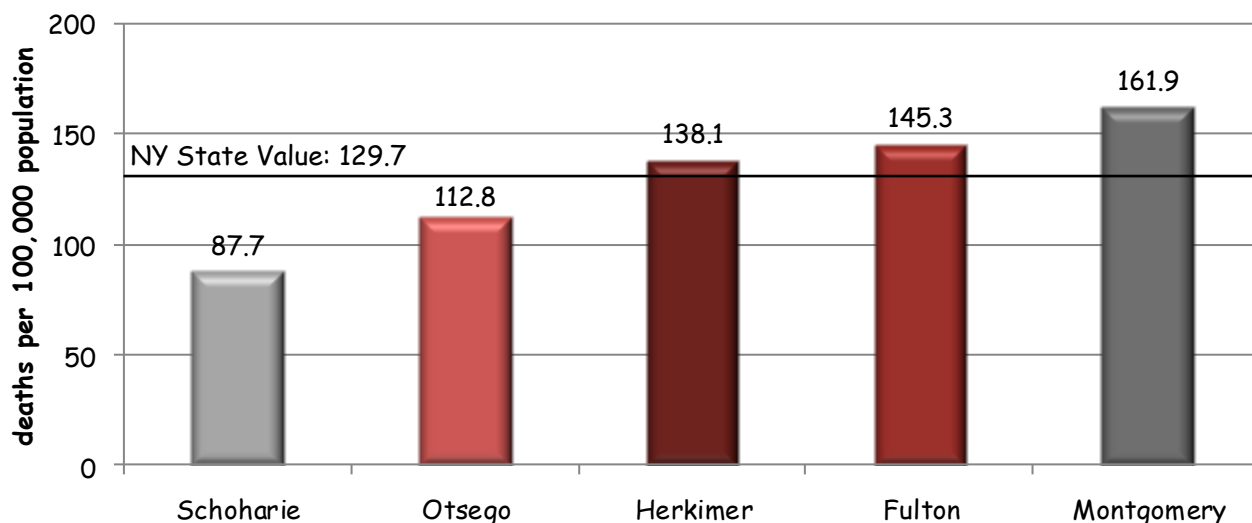
Herkimer County—
Age-adjusted heart attack
hospitalization rate per 10,000



Source: NYSDOH Prevention Agenda

Graph 270

Age-adjusted Death Rate due to
Coronary Heart Disease (2012-2014)



Source: Centers for Disease Control and Prevention

Physical & Emotional Health

Chronic Disease—Cardiovascular

Heart Failure

Graph 271

Heart failure is a condition in which the heart cannot pump enough blood to the other organs. This can result from a variety of conditions including coronary artery disease, diabetes, past heart attacks, hypertension, heart infections, diseases of the heart valves or muscle, and congenital heart defects.

Due to the inability of the heart to work efficiently, blood backs up in the tissues causing edema or swelling. Edema can occur in the legs and ankles as well as in the lungs, where it causes shortness of breath, especially while lying down.

According to the Centers for Disease Control and Prevention, approximately around 5.7 million people in the United States have heart failure, and about half of people who develop heart failure will die within five years of diagnosis.

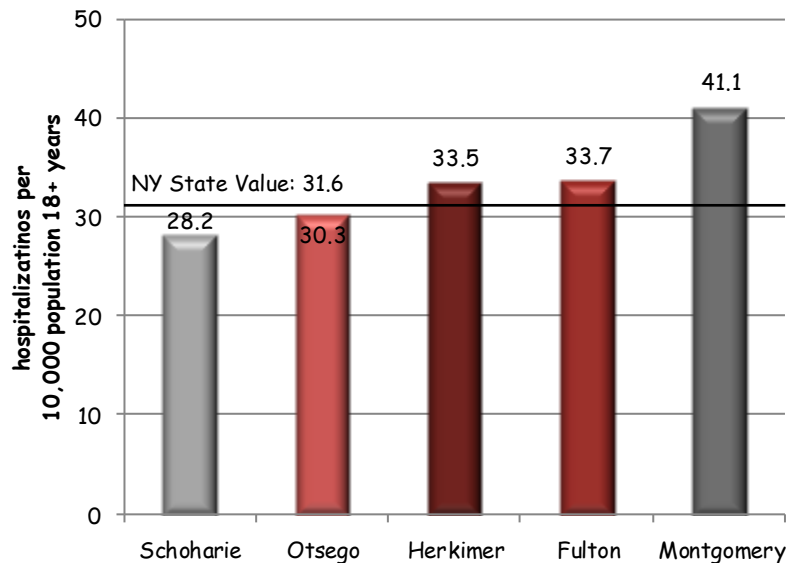
The chart above demonstrates the County's age-adjusted hospitalization rate due to Heart Failure is above the NYS value, however, remains fairly consistent with contiguous counties.

Stroke

A Stroke occurs when the blood supply to a certain area of the brain is cut off. When this happens, brain cells are deprived of oxygen and begin to die. When brain cells die during a stroke, abilities controlled by that area of the brain, such as memory or muscle control, are lost.

How a person is affected by a stroke depends on the where the stroke occurs in the brain and how much the brain is damaged. Some people recover from strokes, but more than two-thirds of survivors will have permanent effects. According to the Centers for Disease control, stroke is the leading cause of disability and third leading cause of death in the United States.

Age-adjusted Hospitalization Rate due to Heart Failure (2012-2014)



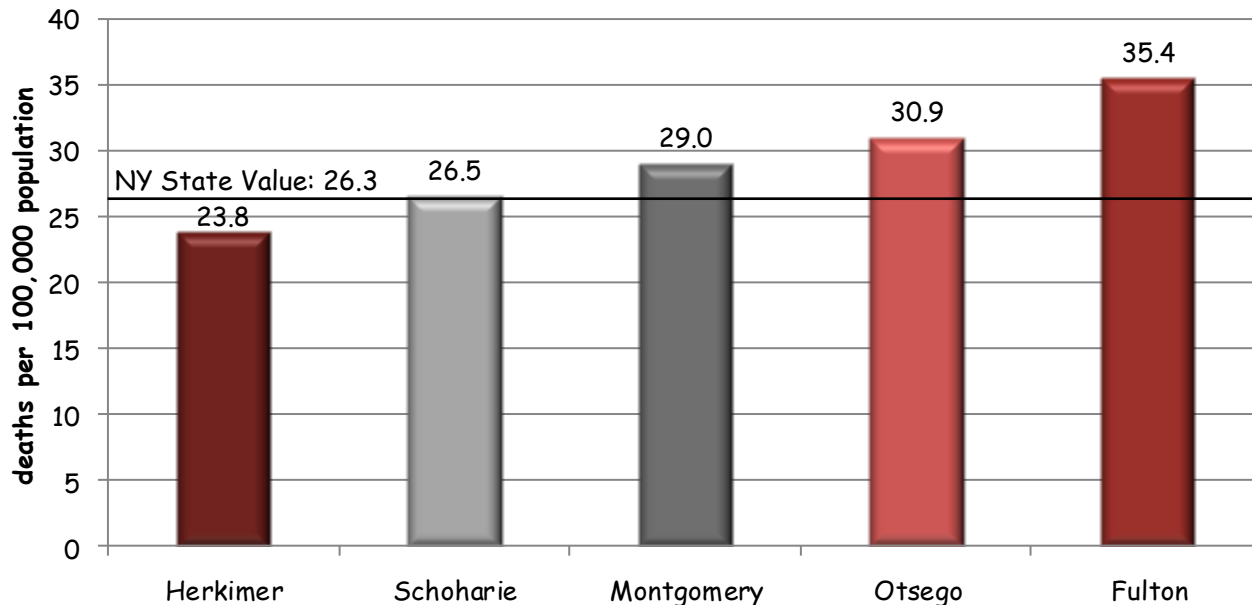
Source: NY Statewide Planning and Research Cooperative System

Physical & Emotional Health

Chronic Disease—Cardiovascular

Graph 272

**Age-Adjusted Death Rate
due to Cerebrovascular Disease (Stroke) (2012-2014)**

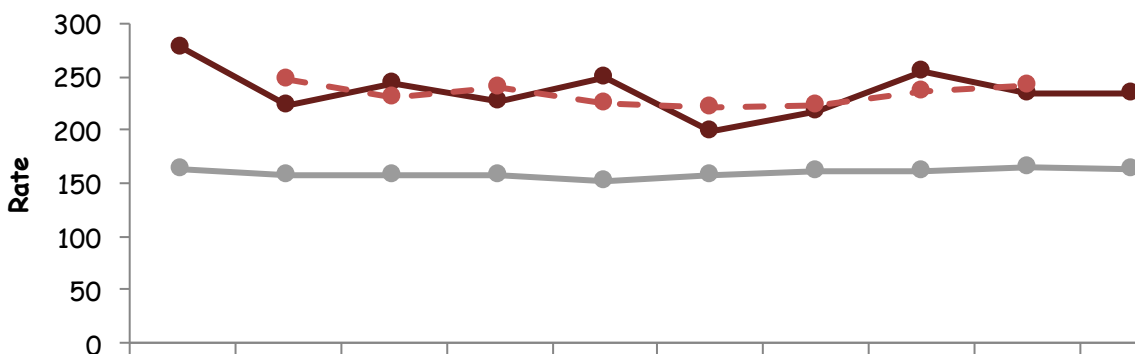


Source: Centers for Disease Control and Prevention

Cerebrovascular mortality rates in Herkimer County are slightly lower than New York State but pre-transport mortality is markedly higher.

Graph 273

**Herkimer County Cardiovascular disease
pretransport mortality rate per 100,000**



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
—●— Single Year	277.5	222.6	244.6	226.7	249.1	198.4	218.2	255.8	233.7	233.7
-●- 3-Year Average		248.3	231.3	240.1	224.4	221.6	224.1	235.9	241.1	
—●— NYS exc. NYC	164.1	158.0	157.5	157.0	152.7	158.0	160.6	161.4	164.7	164.1

Source: New York State Department of Health

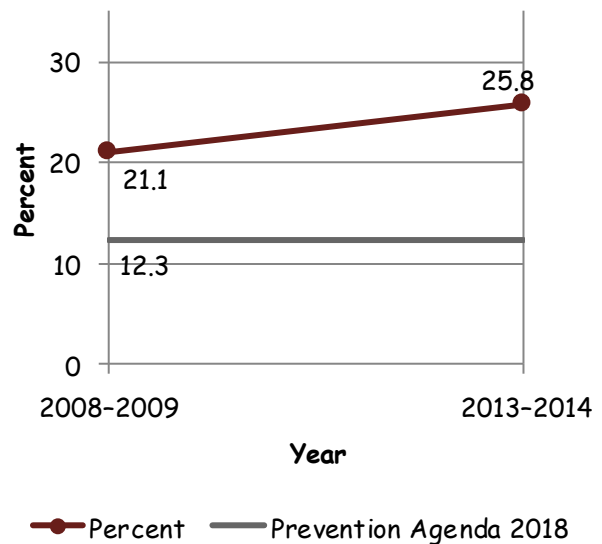
Physical & Emotional Health

Chronic Disease—Cardiovascular

Tobacco is the agent most responsible for avoidable illness and death in America today. According to the Centers for Disease Control and Prevention, tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. The World Health Organization states that approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects such as cancer, respiratory infections, and asthma.

As indicated by the chart to the right, the percentage of Herkimer County residents who smoke increased from 2008-2009 to 2013-2014. In addition, it also has a higher percentage of adults who smoke than the State as a whole.

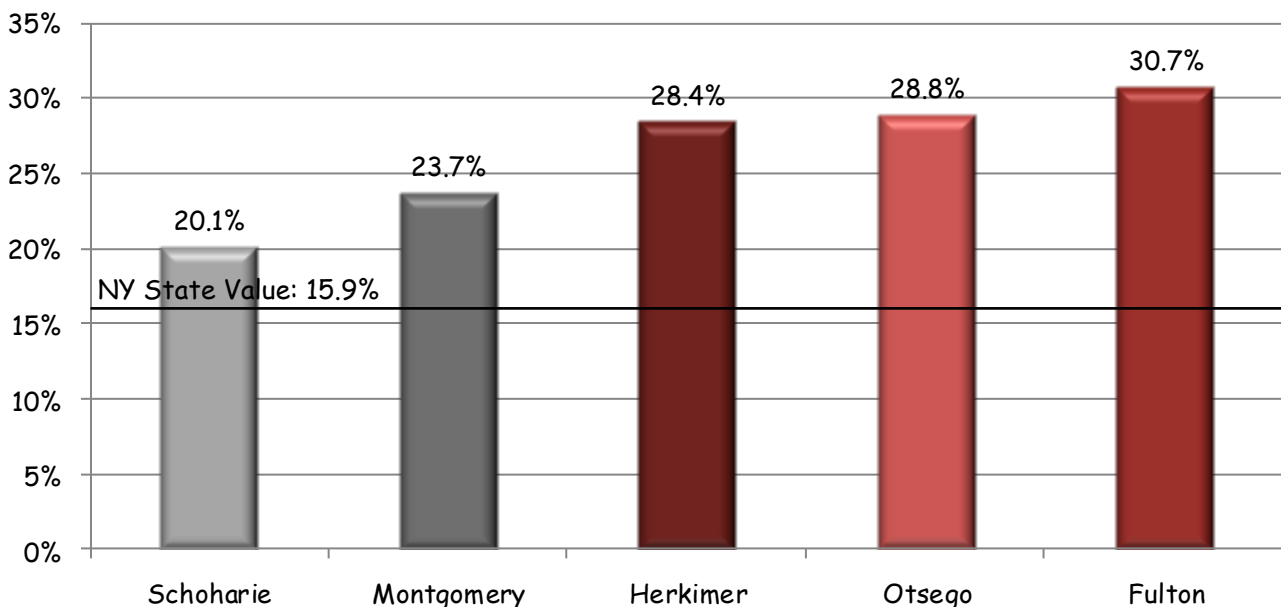
Graph 274
**Herkimer County—
 Percentage of cigarette smoking
 among adults**



Source: NYSDOH Prevention Agenda

Adults Who Smoke (2014)

Graph 275



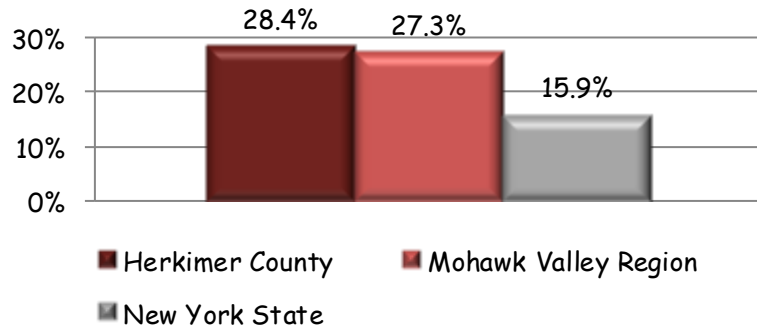
Source: New York Expanded Behavioral Risk Factor Surveillance System

Physical & Emotional Health

Chronic Disease—Cardiovascular

Graph 276

Age Adjusted Percentage of Adults Who Smoke Cigarettes 2013-2014

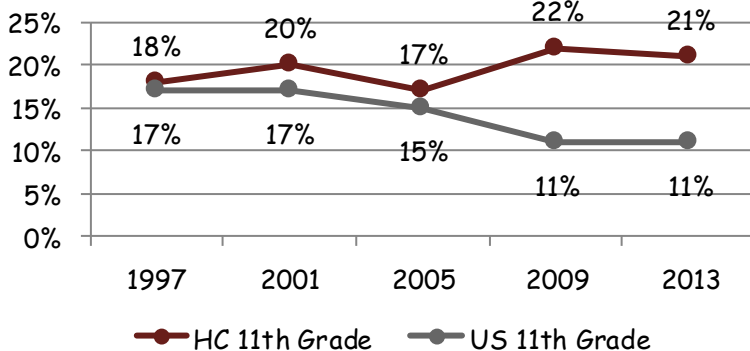


The percentage of Herkimer County adults who smoke is higher at 28.4% when compared to other counties in the Mohawk Valley Region, 27.3% and New York State as a whole at 15.9%. Smoking cigarettes is a known contributing factor to chronic respiratory diseases.

Source: NYS Expanded Behavioral Risk Factor Surveillance System

Graph 277

Youth Who Used Chewing Tobacco or Snuff in the Last 30 Days

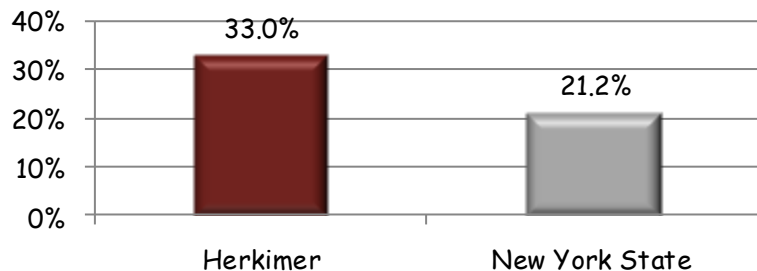


According to the 2013 TAP Survey, students in the 11th grade in Herkimer County use chewing tobacco and snuff at a higher rate than their counterparts in the United States.

Source: Herkimer County TAP Survey 2015

Graph 278

Prevalence of any tobacco use (cigarettes, cigars, smokeless tobacco) by high school age students (who have ever smoked)



Tobacco use and dependence is the leading preventable cause of morbidity and mortality in New York State. Cigarette use alone results in an estimated 25,500 deaths in New York State.

Source: NYSDOH Prevention Agenda Dashboard

Physical & Emotional Health

Chronic Disease—Cancer

Cancer

According to the NYSDOH and Healthy People 2020, Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in 5 years, yet cancer remains a leading cause of death in the United States, second only to heart disease.

The cancer objectives for Healthy People 2020 support monitoring trends in cancer incidence, mortality, and survival to better assess the progress made toward decreasing the burden of cancer in the United States. The objectives for 2020 also highlight the importance of monitoring the incidence of invasive cancer (cervical and colorectal) and late-stage breast cancer, which are intermediate markers of cancer screening success.

Also, many cancers are preventable by reducing risk factors such as:

- Use of tobacco products
- Physical inactivity and poor nutrition
- Obesity
- Ultraviolet light exposure

Other cancers can be prevented by getting vaccinated against human papillomavirus (HPV) and hepatitis B virus.

Screening is effective in identifying some types of cancers in early, often highly treatable stages including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap test alone or combined Pap test and HPV test)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

However, for cancers with evidence-based screening tools available, early detection must still include the continuum of care from the initial screening to the appropriate follow-up of abnormal test results and referral to cancer treatment providers. These recommendations all strive to achieve the goal of a reduction in the number of new cancer cases, as well as illness, disability, and death caused by cancer.

Physical & Emotional Health

Chronic Disease—Cancer

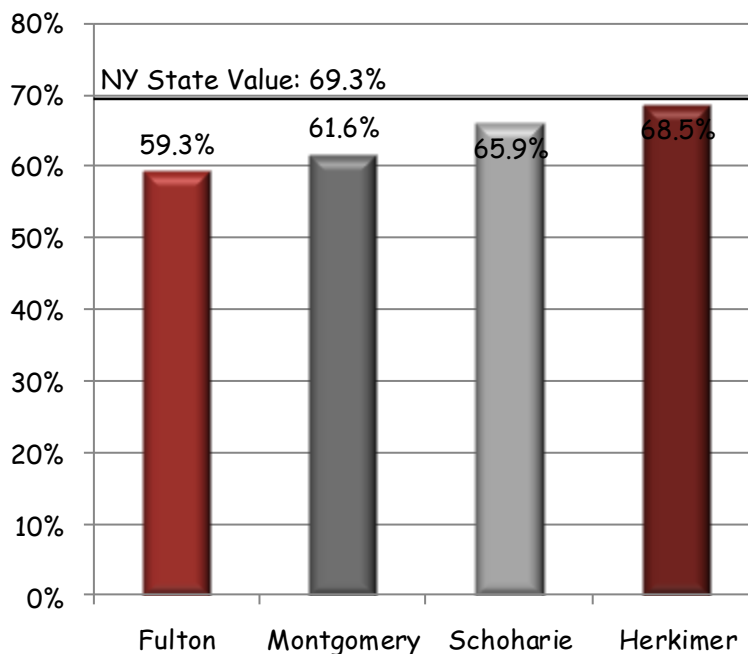
Colorectal Cancer

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer—cancer of the colon or rectum—is one of the most commonly diagnosed cancers in the United States, and is the second leading cancer killer in the United States. The CDC estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. Risks and benefits of using different screening methods, such as stool-based tests, sigmoidoscopies, and colonoscopies, vary. The US Preventive Service Task Forces

recommends that screening begin at age 50 and continue until age 75; however, testing may need to begin earlier or be more frequent if colorectal cancer runs in the family, or if there is a previous diagnosis of inflammatory bowel disease.

Colon Cancer Screening (2014)

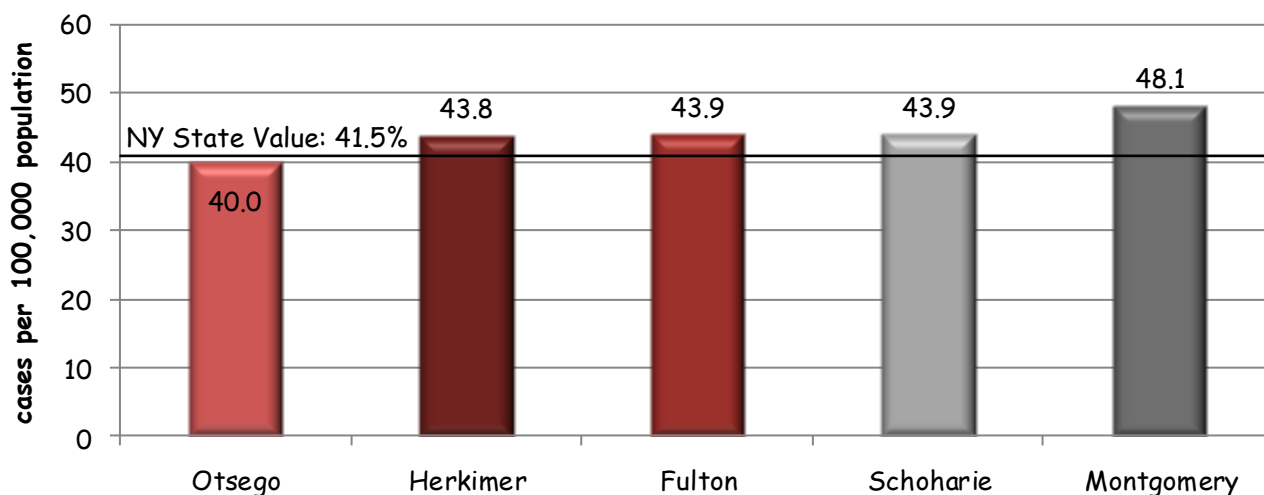
Graph 279



Source: NY Expanded Behavioral Risk Factor Surveillance System

Colorectal Cancer Incidence Rate (2009–2013)

Graph 280



Source: National Cancer Institute

Physical & Emotional Health

Chronic Disease—Cancer

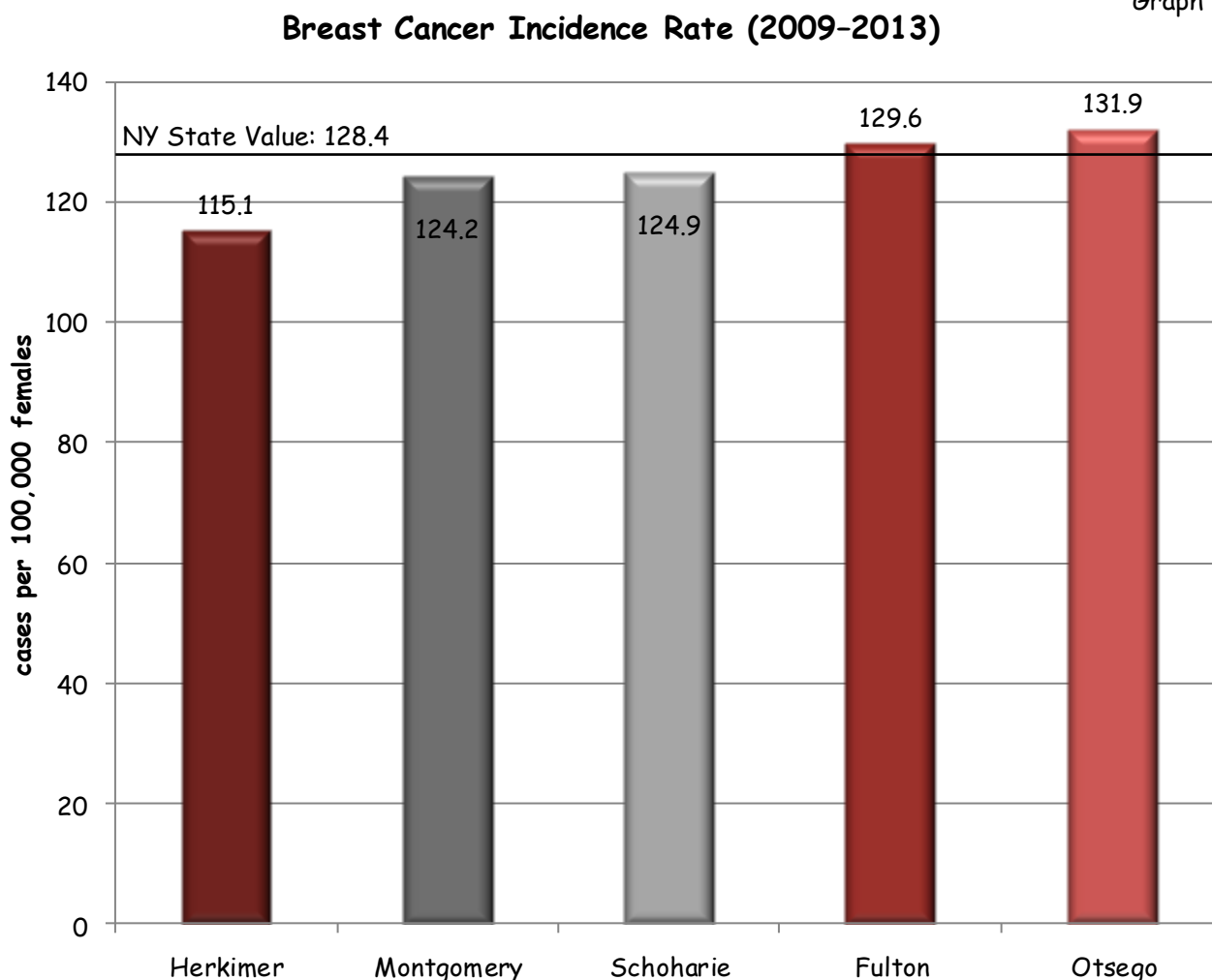
While Herkimer County has a higher percentage of the population being screened for Colorectal cancer than the surrounding counties, it still comes in lower than the State level. Subsequently, the incidence rate is also higher in Herkimer County than the State.

Breast Cancer

Breast cancer is a leading cause of cancer death among women in the United States. According to the American Cancer Society, about 1 in 8 women will develop breast cancer and about 1 in 36 women will die from breast cancer. Breast cancer is associated with increased age, hereditary factors, obesity, and alcohol use. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection.

The incidence rate of breast cancer in Herkimer County is lower than that of the State, as well as the neighboring counties.

Graph 281



Source: National Cancer Institute

Physical & Emotional Health

Chronic Disease—Cancer

Cervical Cancer

Cervical cancer forms in tissues of the cervix (the organ that connects the uterus and vagina) and is slow-growing. Cervical cancer that is detected early is one of the most successfully treatable cancers, and can be cured by removing or destroying the pre-cancerous or cancerous tissue. Cervical cancer is detected by Pap test screenings and is most often caused by human papillomavirus (HPV), which is a type of infection transmitted through sexual contact and can lead to cervical cancer.

Herkimer County has a lower incidence rate of cervical cancer than that of the contiguous counties. However, it has a higher mortality rate registering at 2.2/100,000 female residents.

Table 282

Cervical Cancer Incidence and Mortality

	Incidence		Mortality	
	Average Annual Cases	Rate per 100,000 Females	Average Annual Cases	Rate per 100,000 Females
Schoharie	1.4	9.0	0.6	2.4
Herkimer	2.0	5.6	0.8	2.2
Fulton	2.2	7.1	0.4	1.9
Montgomery	2.2	7.5	1.0	3.5
Otsego	2.6	8.3	1.0	2.6

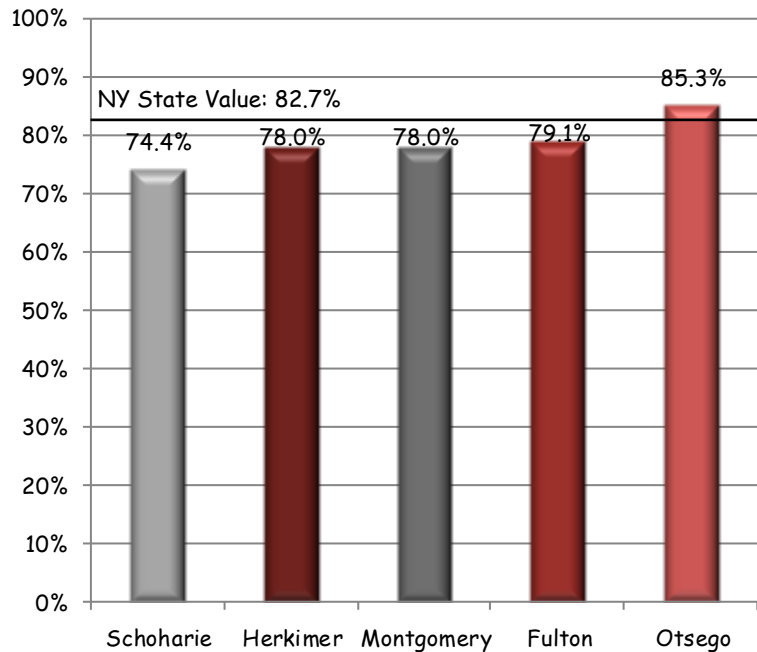
Source: New York State Cancer Registry

Physical & Emotional Health

Chronic Disease—Cancer

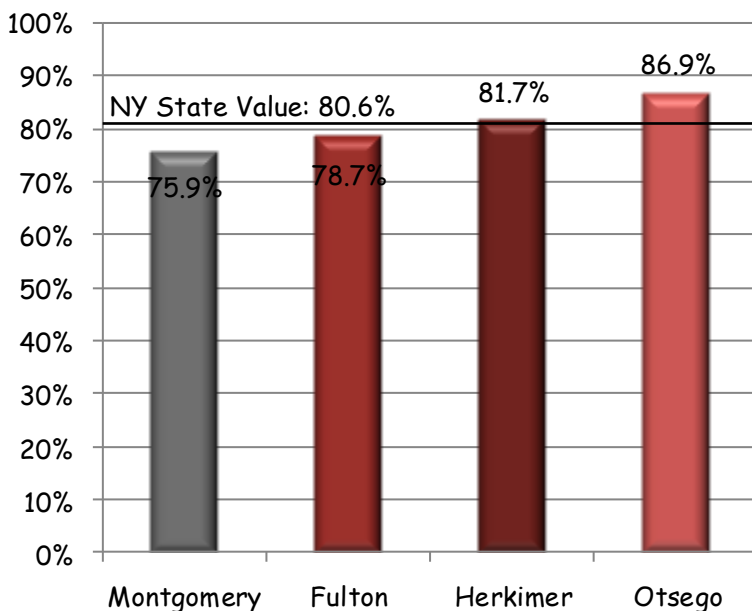
The Pap test, also known as a Pap or Pap smear, checks for changes in the cells of the cervix that can be early signs of cervical cancer. Cervical cancer is a common cancer that has a very high cure or remission rate when caught early. If Pap results are abnormal, further testing or treatment may be necessary. Many abnormalities resolve without leading to cancer. The American College of Obstetricians and Gynecologists recommends that all women aged 21-29 have a Pap test every 3 years while women aged 30-65 should have a Pap test and an HPV test every 5 years or a Pap test alone every 3 years.

Pap Test in Past 3 Years (2009) Graph 283



Source: NY Expanded Behavioral Risk Factor Surveillance System

Pap Test in Past 3 Years: 21-65 (2014) Graph 284



Source: NY Expanded Behavioral Risk Factor Surveillance System

The graph above shows the overall percentage of Herkimer County women who received a Pap test in the past 3 years. While the County has attained a 70% success rate, that percentage is still below the State value of 82.7%.

The chart to the left specifies the percentage of women in Herkimer County, who were ages 21-65, and received a Pap test in the last 3 years. This is considered a higher risk age group. By this measurement, Herkimer County has a higher testing rate at 81.7%, than the State as a whole at 80.6%.

Physical & Emotional Health

Chronic Disease—Diabetes

Diabetes

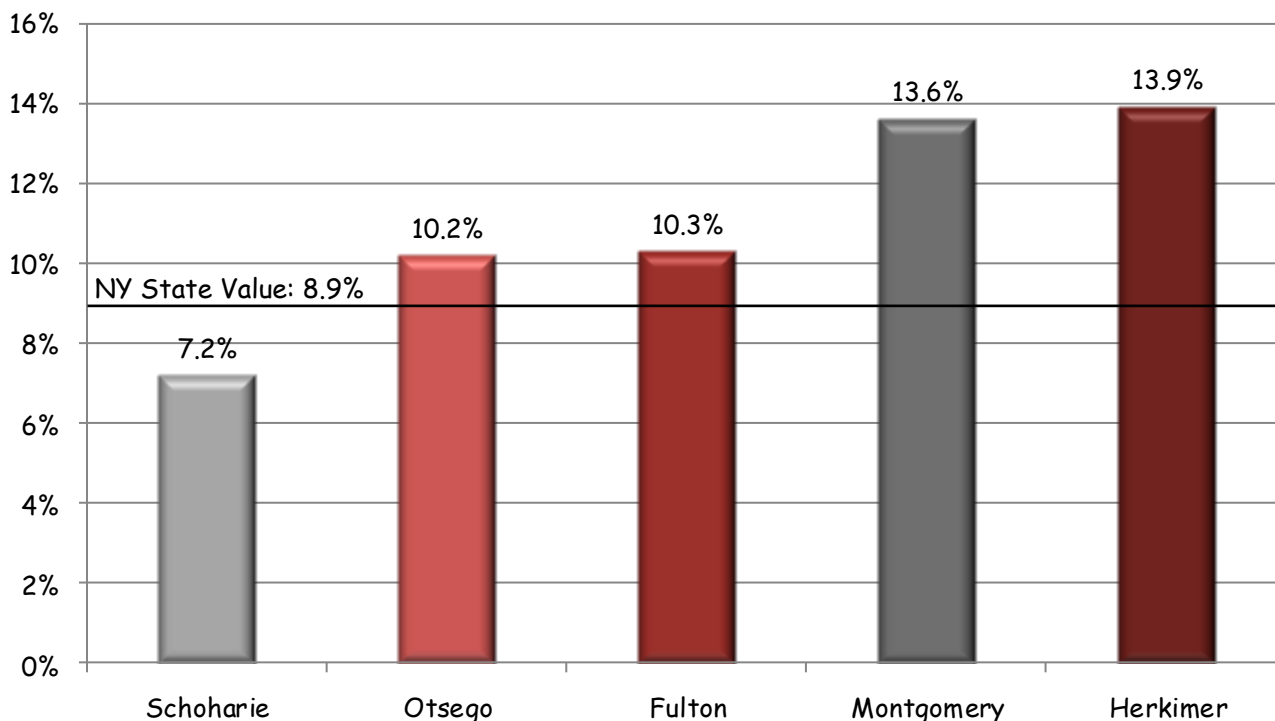
Diabetes is a leading cause of death in the United States. According to the Centers for Disease Control and Prevention (CDC), more than 25 million people have diabetes, including both diagnosed and undiagnosed cases. This disease can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke.

According to the CDC, the direct medical expenditures attributable to diabetes are over \$116 billion. Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population ages.

The chart below shows that Herkimer County has the highest percentage of adult residents with diabetes when compared with the contiguous counties. The range of these geographically clustered counties starts at 7.2% in Schoharie and proceeds up to 13.9% in Herkimer. In addition, Herkimer is also higher than the State value which is 8.9%.

Graph 285

Adults with Diabetes (2014)



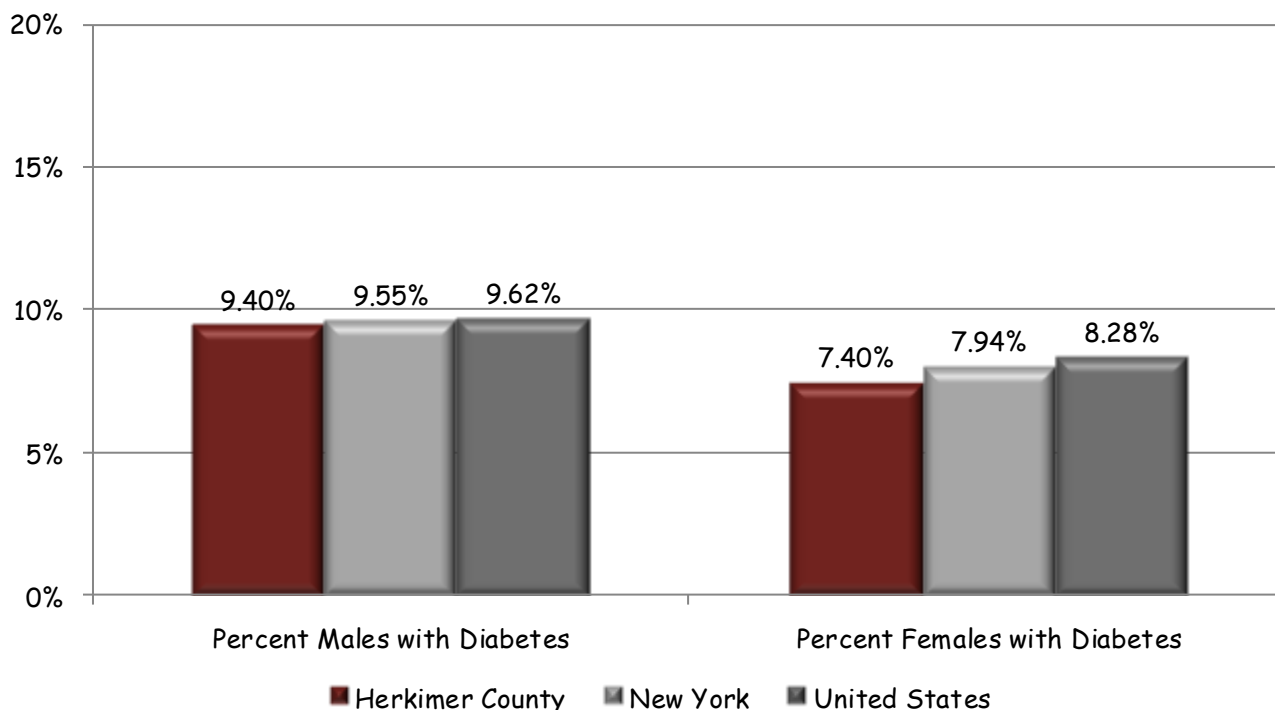
Source: NY Expanded Behavioral Risk Factor Surveillance System

Physical & Emotional Health

Chronic Disease—Diabetes

Graph 286

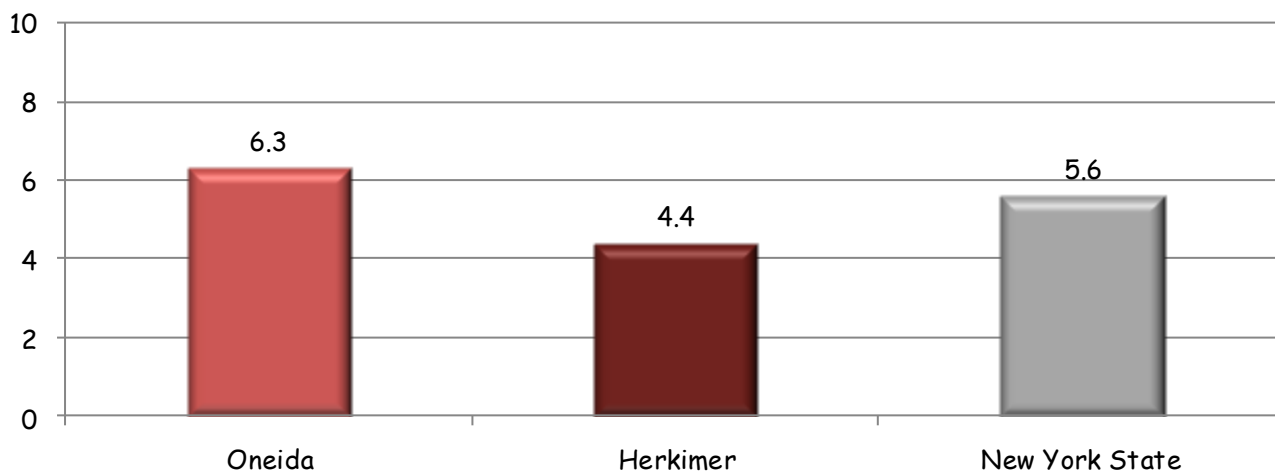
Adults with Diagnosed Diabetes by Gender, 2012



The graph above illustrates the distribution of Diabetes diagnoses by gender within Herkimer County, New York State, and the United States as a whole. As shown, the distribution is fairly constant across each category within the same gender. Overall, males have a slightly higher rate of Diabetes diagnoses than females.

Graph 287

Rate of Hospitalizations for short-term complications of diabetes Ages 18+ (2011-2013)



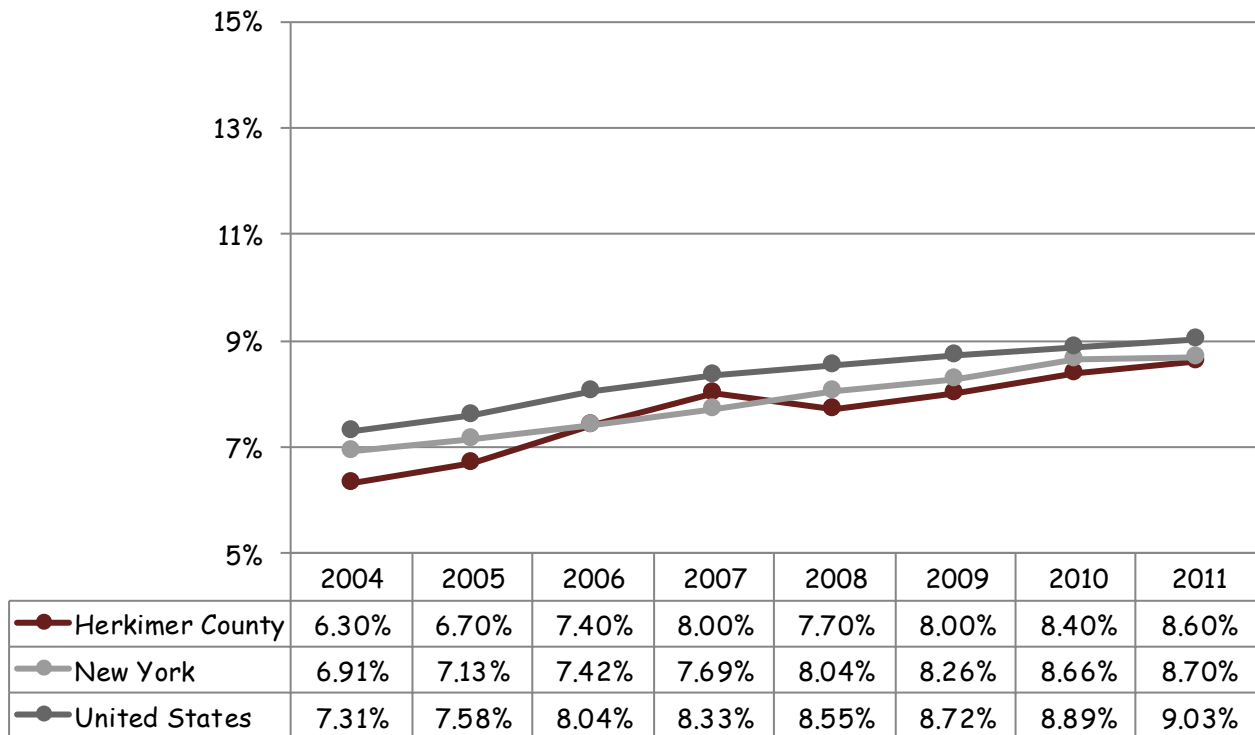
Source: NYSDOH Community Health Indicator Reports, both graphs this page

Physical & Emotional Health

Chronic Disease—Diabetes

Graph 288

Percent of Adults with Diagnosed Diabetes by Year 2004–2011



Source: CDC, Diabetes Data and Trends, New York Surveillance Data

The above graph shows an overall increasing trend in New York State with respect to the total number of adults diagnosed with Diabetes over the 8 year time period. Concurrently, from 2008–2009 to 2013–2014 the obesity rate in Herkimer County increased from 29.9% to 37.6%.

(Source: New York State Prevention Agenda Dashboard - County Level: Herkimer County https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=21)

Diabetes Medicare Population, 2012

Table 288

Report Area	Total Medicare Beneficiaries	Beneficiaries with Diabetes	Percent with Diabetes
Herkimer County	8,116	2,106	25.95%
New York	1,877,165	591,309	31.5%
United States	34,126,305	9,224,278	27.03%

Source: NYS Community Health Indicator Reports

Physical & Emotional Health

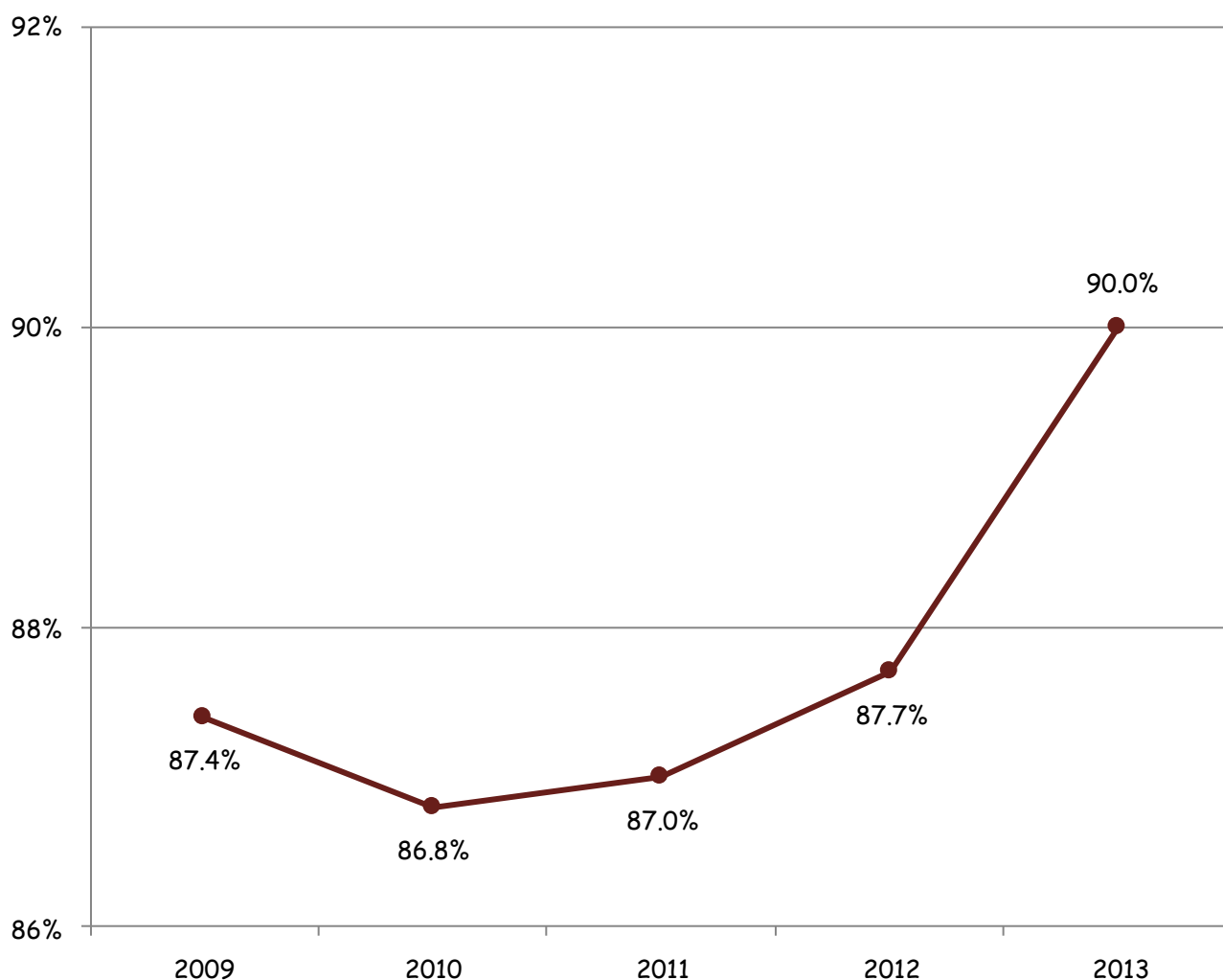
Chronic Disease—Diabetes

Regular HbA1c screening among diabetics helps assess whether or not the patient is properly managing their disease and is considered the gold standard of care. Diabetes is a leading cause of death in the United States. According to the Centers for Disease Control and Prevention (CDC), more than 25 million people have diabetes, including both diagnosed and undiagnosed cases. Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population ages. This disease can have a harmful effect on most of the organ systems in the human body; possibly resulting in end-stage renal disease, non-traumatic lower-extremity amputation, and blindness.

Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. With regard to economics, the CDC estimates that direct medical expenditures attributable to diabetes is over \$116 billion.

Diabetic Screening: Medicare Population—Change over Time

Graph 289



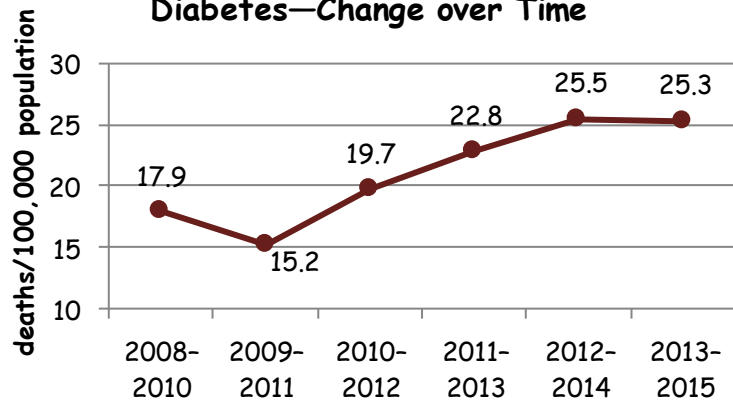
Source: County Health Rankings

Physical & Emotional Health

Chronic Disease—Diabetes

Graph 290

Age-adjusted Death Rate due to Diabetes—Change over Time

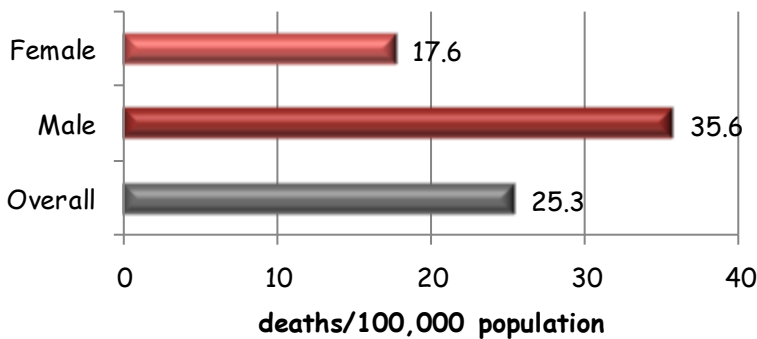


Graph 290 demonstrates the steady increase over time of the Age-adjusted death rate due to Diabetes.

Source: Centers for Disease Control and Prevention

Graph 291

Age-adjusted Death Rate due to Diabetes by Gender

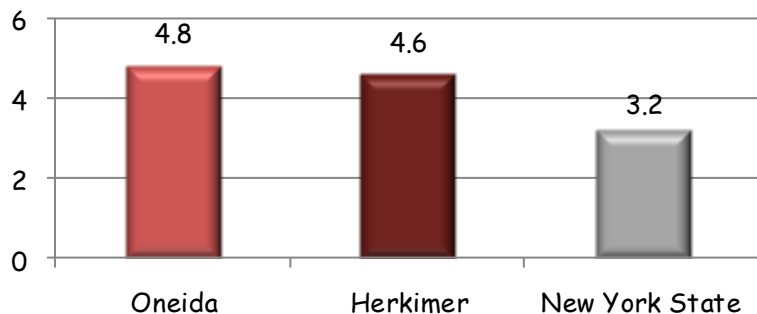


In addition, the Graph 291 distinguishes, by gender, the Age-adjusted death rate due to diabetes. A disparity can be clearly seen between males and females.

Source: Centers for Disease Control and Prevention

Graph 292

Rate of Hospitalization for Short Term Complications of Diabetes Ages 6-17 years per 10,000 (2011-2013)



Graph 292 describes the rate of hospitalizations for 6-17 year old residents due to short-term complications of diabetes. Short term complications of diabetes can include such things as hypoglycemia and ketoacidosis.

Source: SPARCS

Physical & Emotional Health

Chronic Disease—Asthma

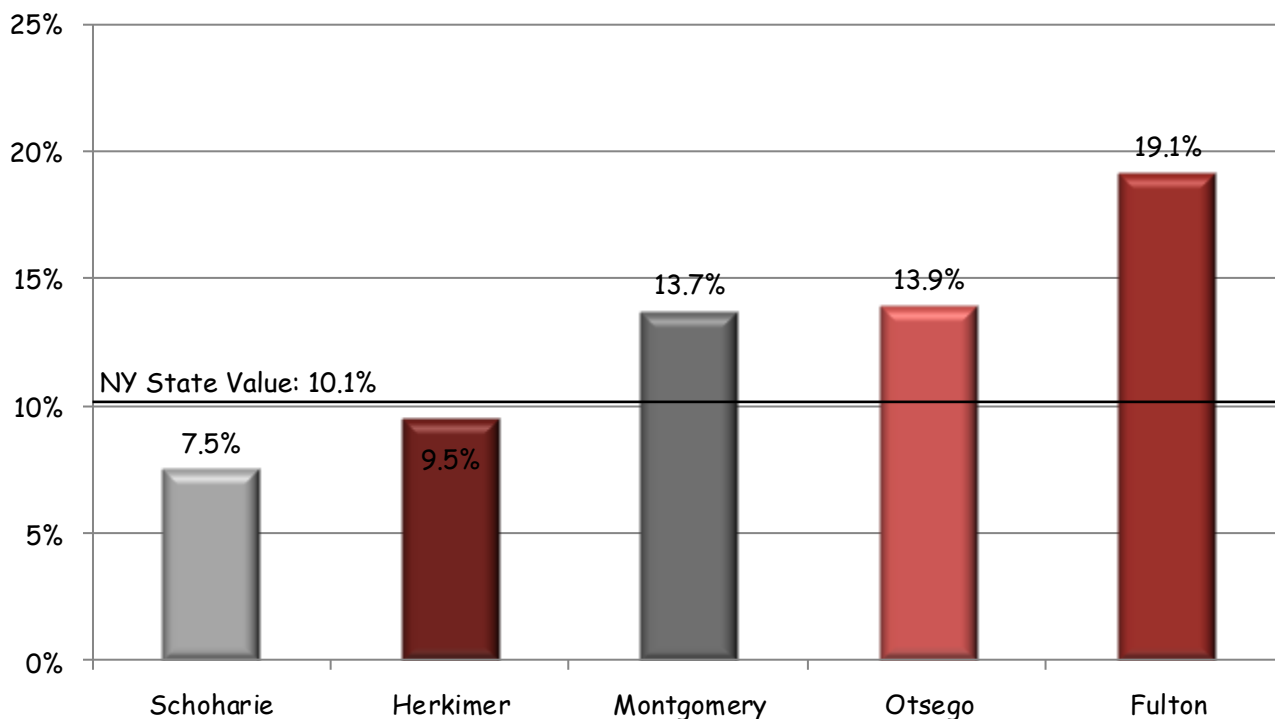
Asthma

Asthma is a condition in which a person's air passages become inflamed, and the narrowing of the respiratory passages makes it difficult to breathe. Asthma is one of the most common long-term diseases of children, but it also affects millions of adults nationwide. Symptoms can include tightness in the chest, coughing, and wheezing. These symptoms are often brought on by exposure to inhaled allergens, such as dust, pollen, mold, cigarette smoke, and animal dander, or by exertion and stress. Reducing exposure to poor housing conditions, traffic pollution, secondhand smoke and other factors impacting air quality can help prevent asthma and asthma attacks. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and short-term quick relievers. In some cases, however, asthma symptoms are severe enough to warrant hospitalization, and can result in death.

As described by the graph below, Herkimer County's percentage of adults with asthma is lower than the State average of 10.1%. It is also lower than most of the surrounding counties with the exception of Schoharie at 7.5% as opposed to Herkimer's rate of 9.5%.

Graph 293

Adults with Asthma (2014)



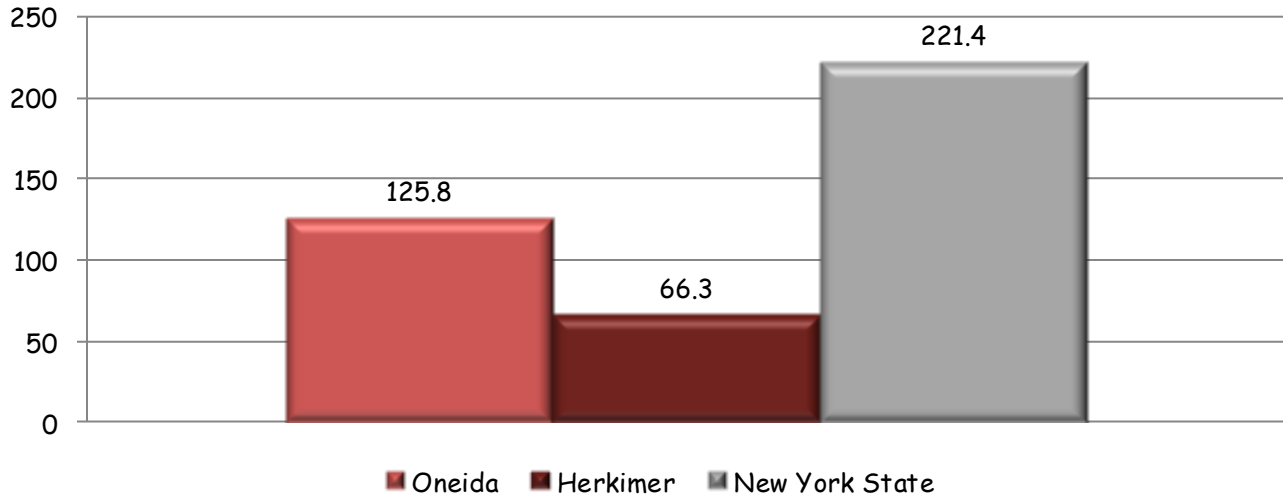
Source: NY Expanded Behavioral Risk Factor Surveillance System

Physical & Emotional Health

Chronic Disease—Asthma

Graph 294

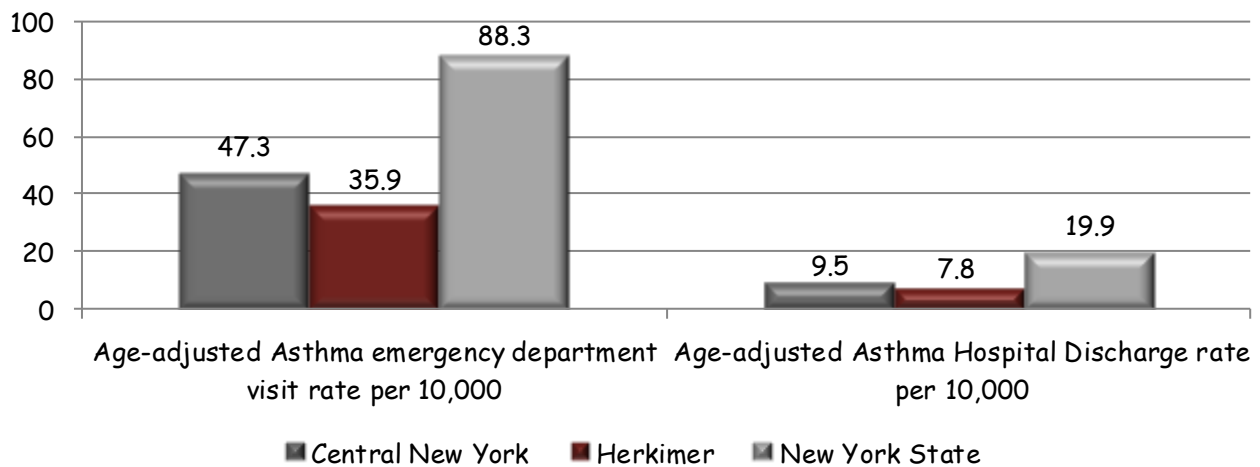
Asthma Emergency Department Visit Rate per 10,000— Ages 0-4 years



Herkimer County's incidence of asthma emergency department visits for ages 0-4 years of age is lower than neighboring Oneida County and New York State.

Graph 295

Age-adjusted Asthma Emergency Department Visits & Hospital Discharge Rates per 10,000 Population, 2009-2011



Source: New York State Community Health Indicators Reports, both graphs this page

Physical & Emotional Health

Chronic Disease—Lyme Disease

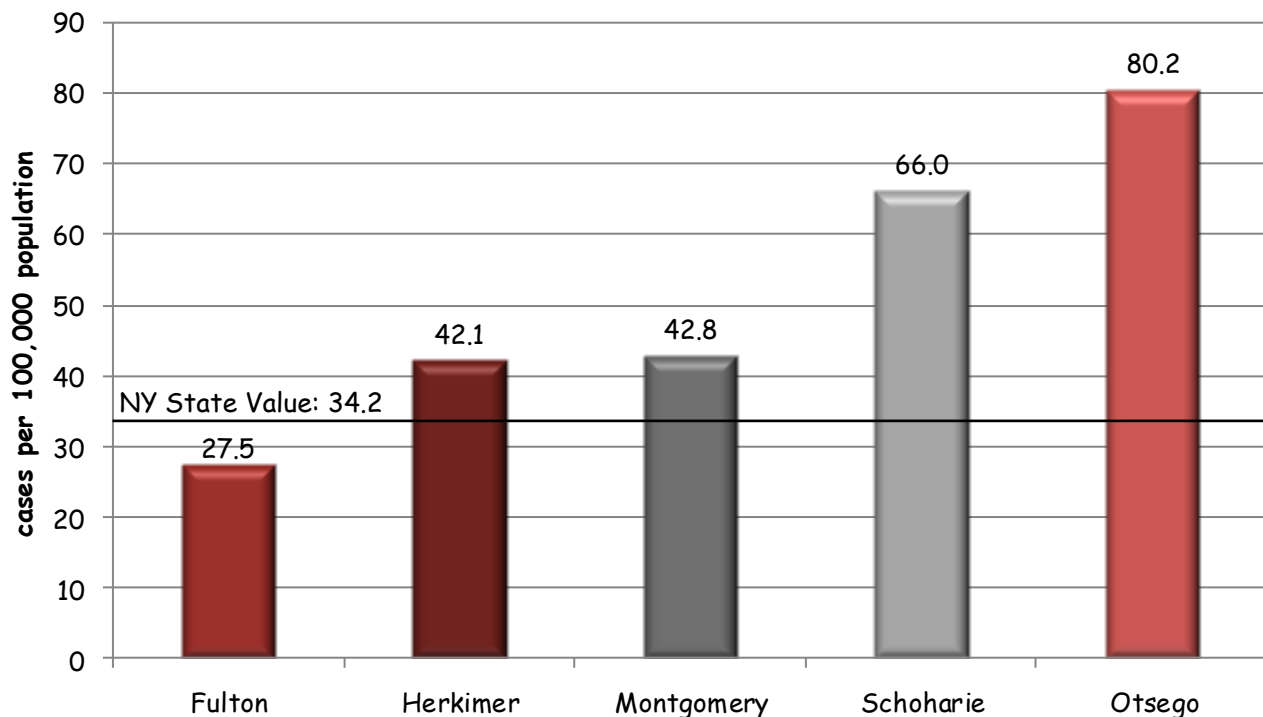
Lyme Disease

Lyme disease is caused by infection with the bacterium *Borrelia burgdorferi*. Lyme disease is transmitted by the bite of an infected black-legged tick (*Ixodes scapularis*). According to the Centers for Disease Control and Prevention (CDC), the tick must be attached to the skin for 36 to 48 hours or more for bacterium transmission to occur. Typical symptoms include fever, headache, fatigue, and a characteristic skin rash called erythema migrans. If left untreated, infection can spread to joints, the heart, and the nervous system. Lyme disease is diagnosed based on symptoms, physical findings (e.g., rash), and the possibility of exposure to infected ticks; laboratory testing is helpful if used correctly and performed with validated methods. Most cases of Lyme disease can be treated successfully with a few weeks of antibiotics. Steps to prevent Lyme disease include using insect repellent, removing ticks promptly, applying pesticides, and reducing tick habitat. The ticks that transmit Lyme disease can occasionally transmit other tick-borne diseases as well. Lyme disease is the most commonly reported vector-borne illness in the United States.

The graph below shows that Herkimer County's incidence rate of Lyme Disease is above the State average, it is one of the lowest counties in the region. There is a distinct disparity between the rates in Herkimer and Otsego Counties, of which Otsego is almost double.

Lyme Disease Incidence Rate (2012-2014)

Graph 296



Source: New York State Department of Health

Physical & Emotional Health

Chronic Disease—Diseases of Cognition

Dementia and Alzheimer's Disease

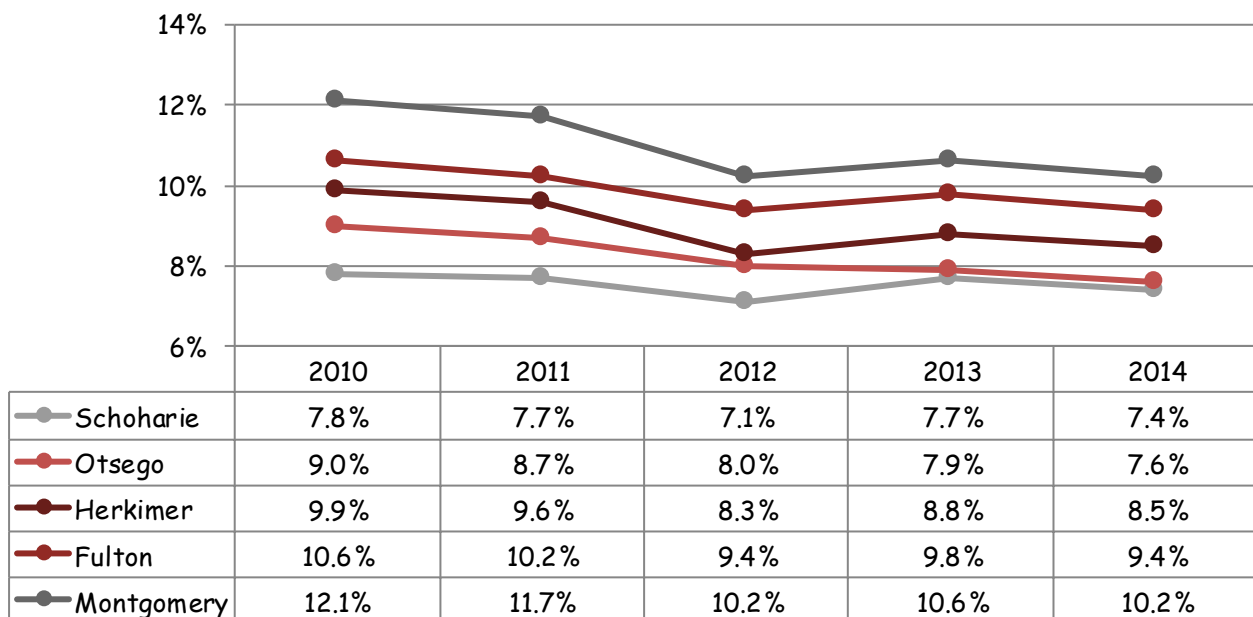
Dementia is a non-specific syndrome that severely affects memory, language, complex motor skills, and other intellectual abilities seriously enough to interfere with daily life. Although dementia is much more common in the geriatric population (approximately 5 percent of those over 65 are said to be affected), it can occur in the younger population, in which case it is termed "early onset dementia."

Alzheimer's disease is the most common form of dementia among the geriatric population, accounting for 50 to 80 percent of dementia cases. It is a progressive and irreversible disease where memory and cognitive abilities are slowly destroyed making it impossible to carry out even simple, daily tasks. Alzheimer's disease typically manifests after the age of 60. According to the Centers for Disease Control and Prevention, Alzheimer's disease is the fifth leading cause of death among adults aged 65 and older. The Alzheimer's Association notes that the number of people age 65 and older with Alzheimer's disease is estimated to reach 7.1 million by 2025—a 40 percent increase from the estimated 5 million age 65 and older currently affected by the disease. Medicare costs for those with Alzheimer's and other dementias are estimated to be \$107 billion dollars in 2013.

As seen in the chart below, there has been a slight decrease in Alzheimer's Disease or Dementia in the Medicare Population in Herkimer County over the past four years.

Graph 297

Alzheimer's Disease or Dementia: Medicare Population (2010-2014)



Source: Centers for Medicare & Medicaid Services

Physical & Emotional Health

Chronic Disease

DATA SOURCES

Centers for Disease Control and Prevention

Centers for Medicare & Medicaid Services

<https://www.cms.gov/>

County Health Rankings & Roadmaps

<http://www.countyhealthrankings.org/>

Health Indicators Warehouse

<https://www.healthindicators.gov/>

Herkimer County Office for the Aging

Herkimer-Oneida Counties Comprehensive Planning Program, 2013 Teen Assessment Project Survey

<http://www.ocgov.net/oneida/planning/humanservices>

Mohawk Valley Population Health Improvement Program

<http://www.mvphip.org/>

National Cancer Institute

New York State Department of Health, Cancer Registry

<https://www.health.ny.gov/statistics/cancer/registry/>

New York State Department of Health, Community Health Indicator Reports

<https://www.health.ny.gov/statistics/chac/indicators/>

New York State Department of Health, Expanded Behavioral Risk Surveillance System

<https://www.health.ny.gov/statistics/brfss/expanded/>

New York State Department of Health, Prevention Agenda 2013-2018

https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

New York State Department of Health, Statewide Planning and Research Cooperative System

<https://www.health.ny.gov/statistics/sparcs/>

Physical & Emotional Health

HIV, STDs, Vaccine-Preventable Diseases, & Health Care Associated Infections

HIV and STDs

The human immunodeficiency virus (HIV) damages the immune system, eventually leading infected individuals to develop acquired immunodeficiency syndrome (AIDS), a chronic and potentially life-threatening condition. People infected with HIV may develop mild infections or chronic symptoms like fever, fatigue, shortness of breath, and weight loss. If left untreated, HIV typically progresses to AIDS in about 10 years, at which point the immune system is weakened to the point of being unable to fight infections. Men who have sex with men of all races, African Americans, and Hispanics/Latinos are disproportionately affected by HIV.

Today, more people than ever before are living with HIV/AIDS. People with HIV are living longer than in years past because of better treatments. Also, more people become infected with HIV, than die from the disease each year. While the total number of people living with HIV in the US is increasing, the number of annual new HIV infections has remained stable in recent years.

The same behaviors and community characteristics associated with HIV also place individuals and communities at risk for STDs and viral hepatitis. STDs increase the likelihood of HIV transmission and acquisition. Epidemiological data increasingly point to HIV, STDs, and HCV (Hepatitis C Virus) as "syndemics", or infections which occur in similar groups of people with the same behavioral risk factors. Notably, in the United States in 2010, the leading cause of death among people with HIV was liver disease from co-infection with HCV.

The impact of HIV, STDs, and HCV is greater in some population groups. For instance, non-whites have rates of infection that are several times higher than whites. Prevention interventions, including those that affect underlying factors such as stigma and discrimination, are needed to address these historical inequities. People of color account for more than 75 percent of new HIV diagnoses and, for persons living with HIV, the racial/ethnic distribution is 21 percent White, 43 percent Black, 32 percent Hispanic, 1.2 percent Asian/Pacific Islander, 0.1 percent Native American, and 2.8 percent more than one racial group. Data on race and ethnicity of people with STDs and HCV suggest significant disparities exist as well. Men who have sex with men, transgender persons, and women of color continue to have much higher rates of these diseases than the general population. Though HIV among injection drug users has decreased steadily (due in large part to expanded access to sterile syringes), HCV among drug injectors is prevalent.

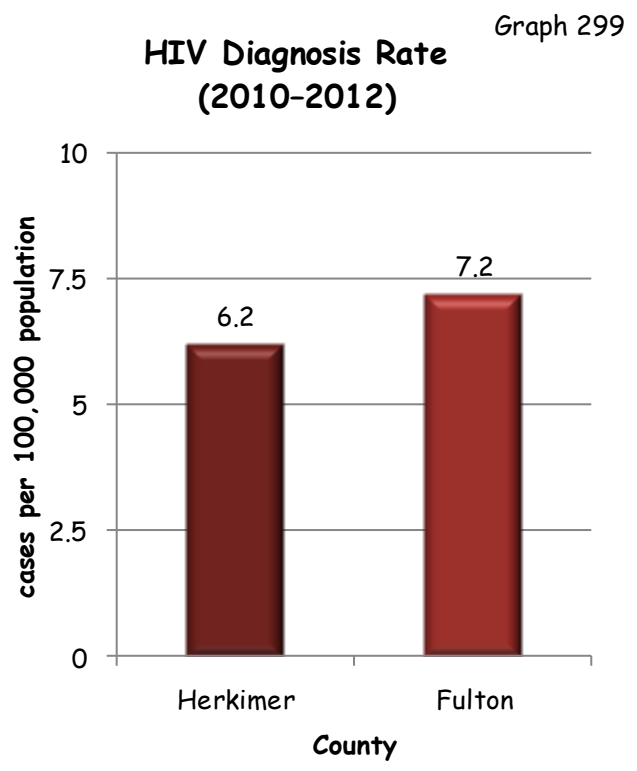
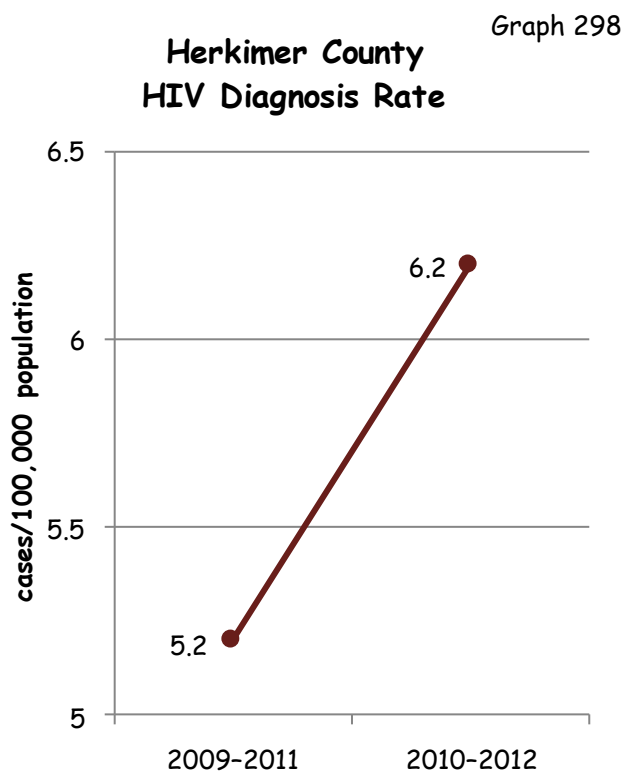
Multiple drug regimens exist for HIV, STDs, and HCV, although some are more effective than others. A key approach to preventing more infections is to identify infected people as soon as possible and link them to care. The health of infected people will improve, and the likelihood they will transmit the infection to others will be reduced. Early initiation of anti-retroviral medication is recommended for HIV and reduces through viral suppression the chances that HIV-positive persons will infect others. For bacterial STDs such as Syphilis, Gonorrhea and

Physical & Emotional Health

HIV, STDs, Vaccine-Preventable Diseases, & Health Care Associated Infections

Chlamydia, infections can be cured, though Cephalosporin-resistant Gonorrhea is a growing concern. Many barriers prevent people from getting into care, as well as remaining compliant to a prescribed regimen. More than half of all HCV infections are undiagnosed, mainly because the level of testing is low. After 30 years of awareness campaigns, 20 percent of HIV-infected people nationally are still undiagnosed and one-third of diagnoses are made so late that people are diagnosed with AIDS concurrently or within one year. In addition to the lack of better testing strategies, other barriers to care exist, including those with deep societal and historical roots such as poverty, lack of translation services, homelessness, and inadequate educational opportunities. These factors often result in people being at high risk for infection and unable to get appropriate preventive treatment and care. Minimal public transportation in many parts of the State and other obstacles faced by people with disabilities also present significant challenges. Widely available screening for all these diseases and improved access to care are major goals.

Community-driven prevention efforts must be maintained, including the widespread availability of prevention supplies such as sterile injection equipment, and male and female condoms. In addition, there is an important role for biomedical interventions such as HPV vaccination, pre-exposure prophylaxis for HIV, and anti-retrovirals to prevent mother-to-child transmission during childbirth. Continued investments in community-based strategies are needed to ensure the successful implementation of State Medicaid reform and the federal Affordable Care Act.



Source: New York State Department of Health, both graphs this page

Physical & Emotional Health

HIV, STDs, Vaccine-Preventable Diseases, & Health Care Associated Infections

HIV/AIDS Case Rate per 100,000 Population—2013

Table 300

		Herkimer County	NYS (exc NYC)
HIV Case Rate per 100,000	<i>Rate</i>	5.3	7.4
	<i>Sig Dif from NYS</i>	No	N/A
AIDS Case Rate per 100,000	<i>Rate</i>	3.2*	5.6
	<i>Sig Dif from NYS</i>	No	N/A
AIDS Mortality Rate per 100,000	<i>Rate</i>	0.0*	1.7
	<i>Sig Dif from NYS</i>	Yes	N/A

Source: NYSDOH Prevention Agenda Dashboard

*Rates Unstable

HIV Screenings

This indicator reflects the percentage of adults age 18–70 who self-report that they have never been screened for HIV. This is especially relevant because engaging in preventive behaviors allows for early detection and treatment of serious health problems. This indicator might also associate with a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Table 301

Adults 18–70 Who Self-Report Never Being Screened for HIV 2011–2012

Report Area	Survey Population	Total Adults Never Screened for HIV / AIDS	Percent Adults Never Screened for HIV / AIDS
Herkimer County	58,634	30,116	51.36%
New York	13,239,915	7,487,841	56.56%
United States	214,984,421	134,999,025	62.79%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011–12. Source geography: County

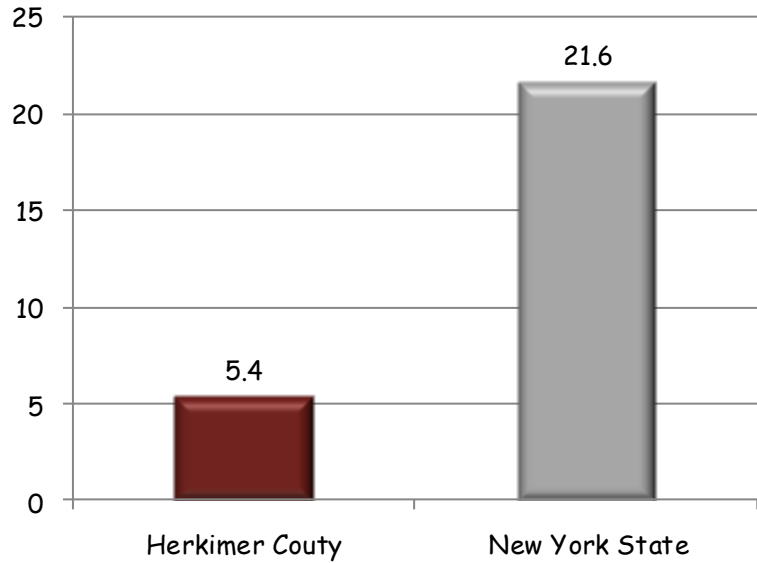
Physical & Emotional Health

HIV, STDs, Vaccine-Preventable Diseases, & Health Care Associated Infections

Graph 302

Newly diagnosed HIV case rate
per 100,000
(2008-2010)

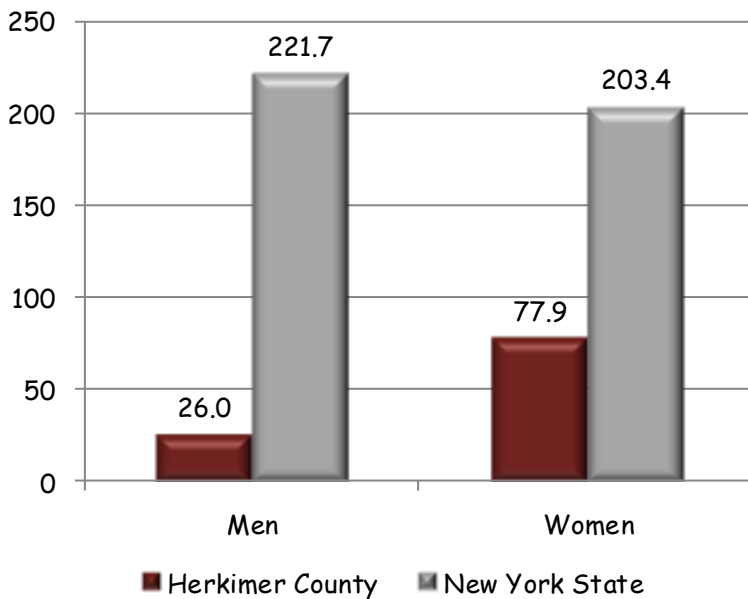
Herkimer County has a relatively low rate of newly diagnosed HIV infections for the period 2008-2010 when compared to New York State.



Source: NYSDOH Prevention Agenda Indicators

Graph 303

Gonorrhea Case Rate per 100,000
(2010)



In 2010, the case rate for gonorrhea in Herkimer County was significantly lower than the case rate for New York State. At both the state and county level, the rate is higher for women than men.

Source: NYSDOH Prevention Agenda Indicators

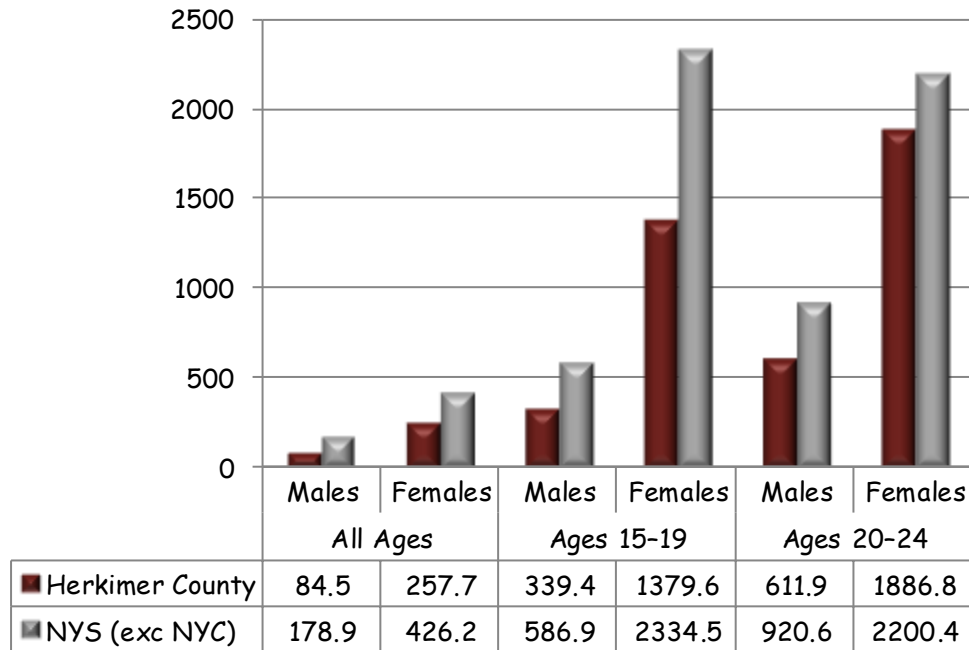
Physical & Emotional Health

HIV, STDs, Vaccine-Preventable Diseases, & Health Care Associated Infections

Shown in the graph on the right is the case rate in Herkimer County for Chlamydia as compared to the State (excluding NYC). The rate is shown to be higher in females than males in the County, across the age cohorts. However, the County rate is relatively lower than the State rate in all categories, as well.

Chlamydia Case Rate per 100,000, 2008-2011

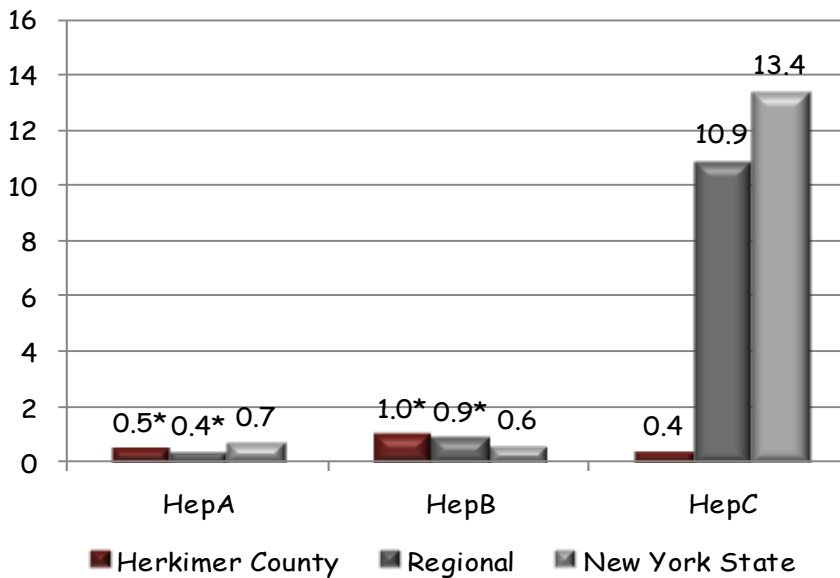
Graph 304



Source: NYSDOH, Community Health Indicator Reports

Hepatitis Rate per 100,000 (2010)

Graph 305



Hepatitis

Hepatitis B and C virus infections are reportable conditions under New York State Public Health Law. Laboratories and healthcare providers are required to report positive hepatitis B and C test results and cases to the local health department (LHD) in the county in which the patient resides. LHDs, in turn, are required to report hepatitis B and C cases to the NYS Department of Health.

*Fewer than 10 events in the numerator, therefore the rate is unstable

Source: NYSDOH, Community Health Indicator Reports

Physical & Emotional Health

HIV, STDs, Vaccine-Preventable Diseases, & Health Care Associated Infections

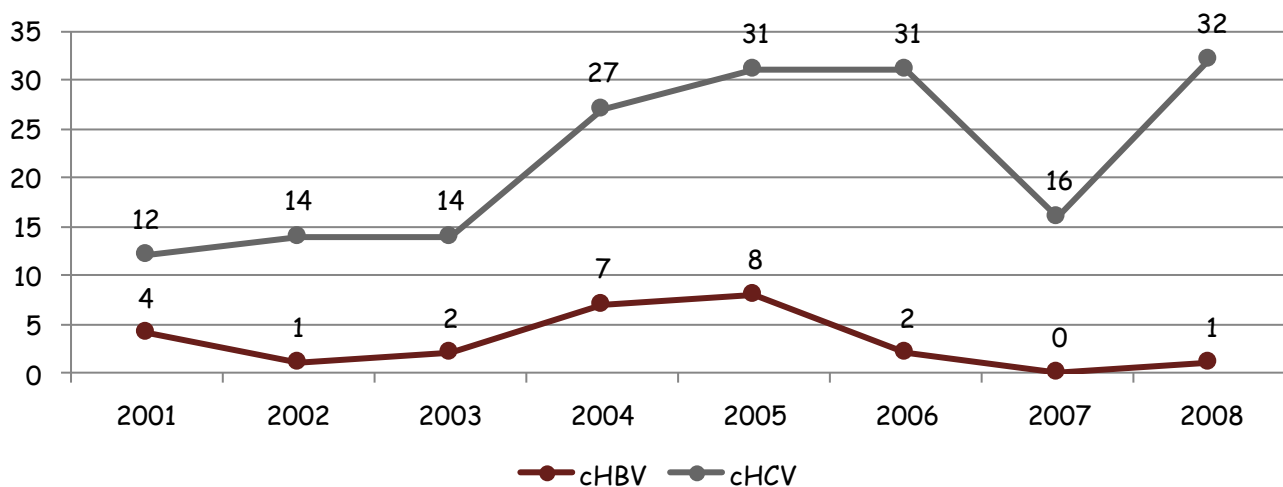
Hepatitis C (caused by the Hepatitis C Virus) is the most common blood borne infection in the U.S. Approximately 3.6 million (1.3%) persons in the U.S. have ever been infected with HCV, of whom 2.7 million are chronically infected. It has been estimated that roughly 75% of persons infected are unaware of their status and that 3 out of 4 persons infected are "Baby boomers" (persons born between 1945 and 1965).

Hepatitis C is a blood borne pathogen that is transmitted primarily by percutaneous exposure (inoculation via the skin with infected blood such as a needle-stick injury). Injection drug use currently accounts for most new HCV cases in the U.S. and has accounted for a substantial proportion of HCV infections in past decades. Other factors associated with transmission include receiving a transfusion or organ transplant before 1992, receiving long-term hemodialysis, or receiving clotting factor produced before 1987. The CDC recommends screening individuals based on the above mentioned risk factors and, as of 2012, additionally recommends a one-time screening of persons born between 1945 and 1965 ("Baby boomers"). Hepatitis C is curable in many cases.

Hepatitis B is a liver infection caused by the Hepatitis B virus (HBV). Hepatitis B is transmitted when blood, semen, or another body fluid from a person infected with the Hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact; sharing needles, syringes, or other drug-injection equipment; or from mother to baby at birth. For some people, hepatitis B is an acute, or short-term, illness but for others, it can become a long-term, chronic infection. Risk for chronic infection is related to age at infection: approximately 90% of infected infants become chronically infected, compared with 2%-6% of adults. Chronic Hepatitis B can lead to serious health issues, like cirrhosis or liver cancer. The best way to prevent Hepatitis B is by getting vaccinated.

Confirmed Cases of Hepatitis, 2001 - 2008

Graph 306



Source: New York State Community Health Indicator Reports

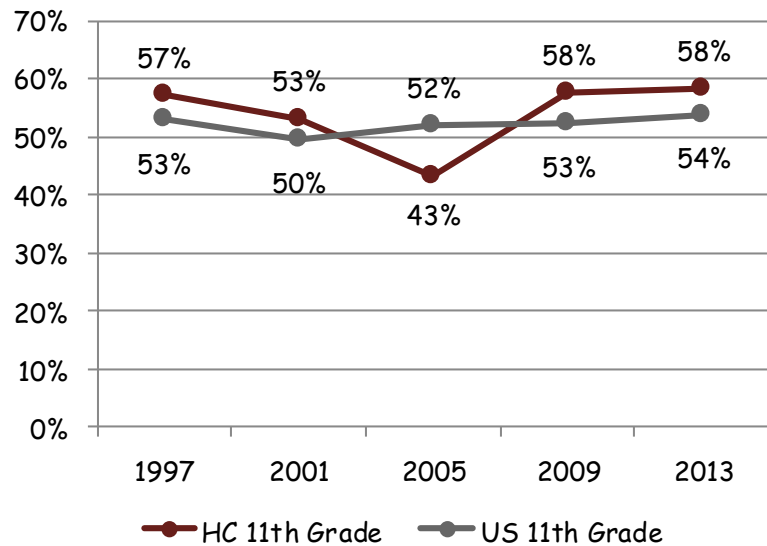
Physical & Emotional Health

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Graph 307

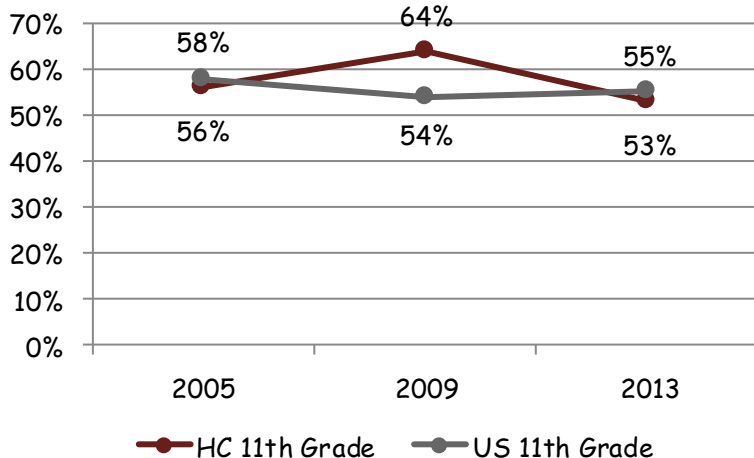
Percent of 11th Grade Females In The U.S. and Herkimer County Who Ever Had Sexual Intercourse (1997-2013)

The percentage of Herkimer County 11th grade females who have ever had sexual intercourse has run slightly higher than their counterparts in the United States as a whole.



Graph 308

Percent of Sexually Active 11th Grade Females In The U.S. and Herkimer County Who Used a Condom the Last Time They Had Sexual Intercourse (2005-2013)



Condom use by sexually active 11th grade females in Herkimer County has been fairly stable over the time period with approximately a little over 50% using a condom the last time they had sexual intercourse.

Source: 2013 TAP Survey, Herkimer County, both graphs this page

Physical & Emotional Health

HIV, STDs, Vaccine-Preventable Diseases, & Health Care Associated Infections

Immunizations

Immunization of the population is one of the most successful public health strategies for preventing communicable diseases. High immunization rates have reduced vaccine-preventable diseases (VPD) to extremely low levels in the United States.

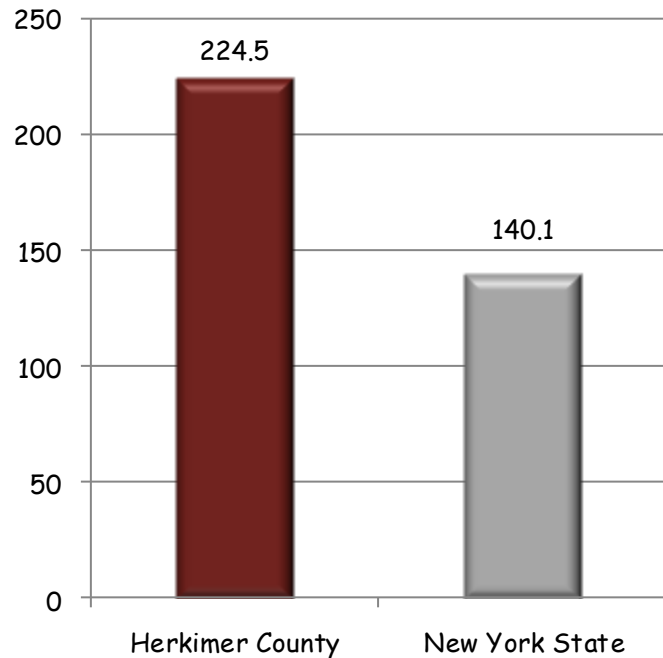
In New York State (NYS), appropriate immunization levels are usually achieved by the time children reach school-age and the need is also reinforced by school entry laws. However, the immunization rates of very young children, 19-35 months of age, are still below the Healthy People 2020 goal of 80 percent.

With regard to vaccines recommended for adolescents, NYS has achieved the Healthy People 2020 goal only for Tdap, which is a school entry requirement for sixth grade. Parent education is needed to ensure that all children are immunized on schedule.

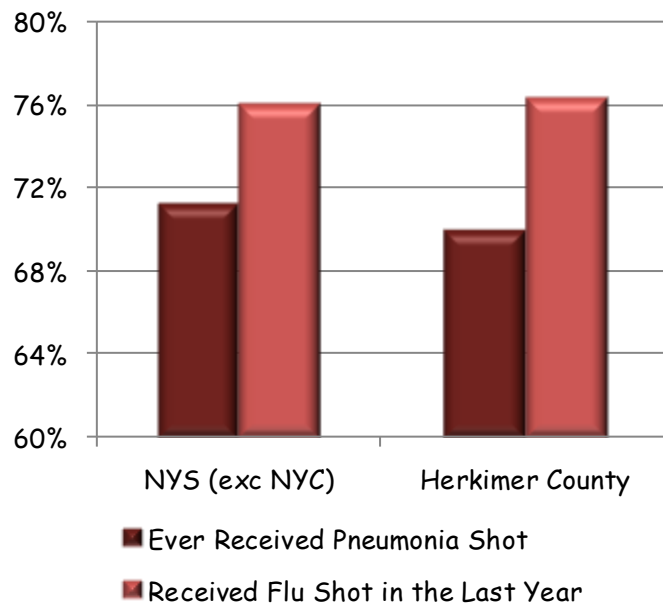
Finally, pertussis, influenza and disease caused by human papilloma virus (HPV) remain priorities for intervention because of their high prevalence, their levels of morbidity and mortality, and the opportunity for prevention through vaccination.

Herkimer County has a high rate of pneumonia/flu hospitalization rate for the 65 and older population.

Graph 309
Pneumonia/Flu Hospitalization Rate (ages 65 yrs & older) per 10,000 (2008-2010)



Graph 310
Adults 65 Years and Older Ever Received a Flu or Pneumonia Shot (2008-2009)



Source: NYSDOH, CHIRS, all graphs this page.

Physical & Emotional Health

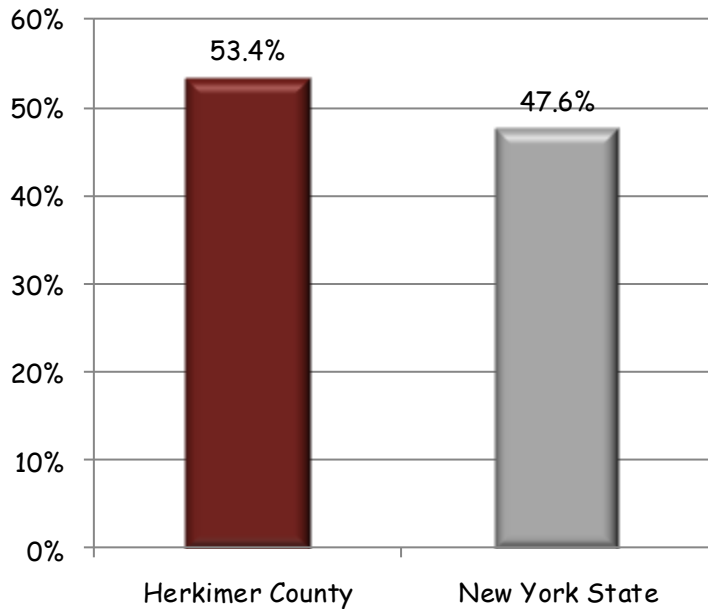
HIV, STDs, Vaccine-Preventable Diseases, & Health Care Associated Infections

The Prevention Agenda 2018 benchmark for the percentage of children with 4:3:1:3:3:1:4 immunization series by 19-35 months at 80% is much higher than the New York State and Herkimer County percentages, although the Herkimer County rate is slightly higher as compared to the State rate.

The Prevention Agenda 2018 benchmark for percentage of adolescent females (ages 13-17) with 3-dose HPV immunization is 50%. Neither New York State or Herkimer County were close to that figure in 2011.

Graph 311

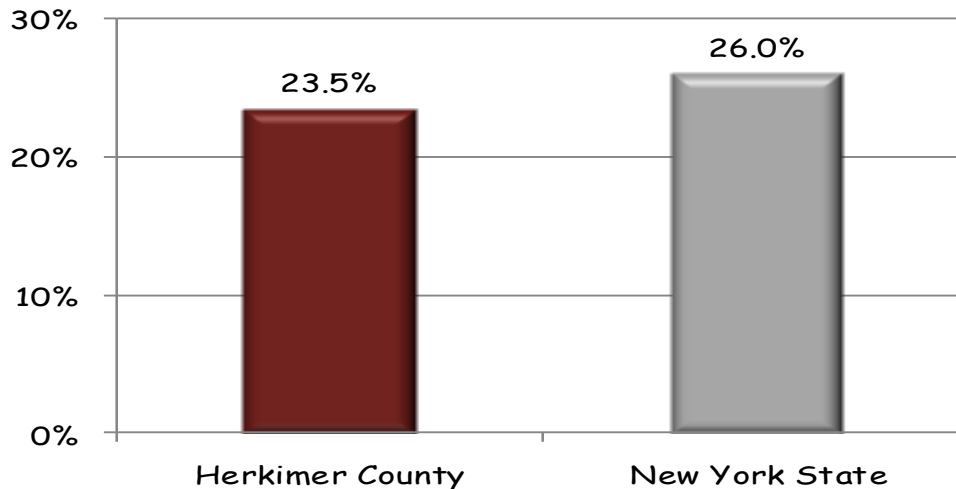
Percentage of children with 4:3:1:3:3:1:4 immunization series— Aged 19-35 months (2011)



4:3:1:3:3:1:4 series (4 Tdap, 3 polio, 1 MMR, 3 Hep B, 3 Hib, 1 varicella, 4 PCV13)

Graph 312

Percentage of adolescent females with 3-dose HPV immunization— Aged 13-17 years (2011)



Source: NYSDOH, http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/herkimer.htm, all graphs this page

Physical & Emotional Health

HIV, STDs, Vaccine-Preventable Diseases, & Health Care Associated Infections

Tuberculosis

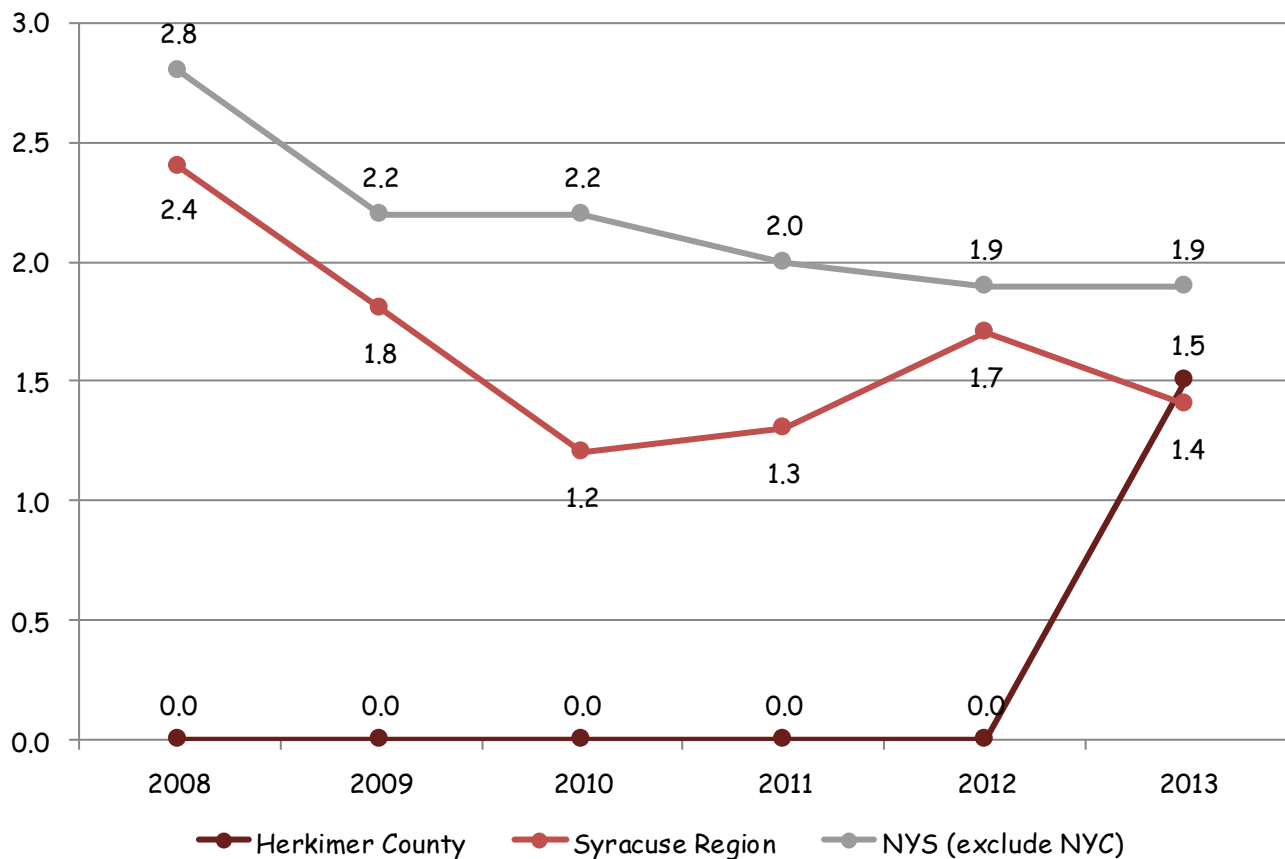
Between 2012 and 2013, tuberculosis (TB) morbidity increased in New York State. The 2013 total of 873 cases (656 cases in New York City, 217 cases in the remainder of New York State) represents less than a one percent increase from the 866 cases reported in 2012. The nation, as a whole, experienced a 3.5 percent decline in morbidity related to Tuberculosis. Since 1992, the recent peak epidemic year with 4,574 cases, New York State has experienced an 80.9 percent decrease compared to a national decline of 62.7 percent.

In New York State (exclusive of New York City), the number of TB cases increased 0.9 percent from 215 cases in 2012 to 217 cases in 2013. The number of TB cases in New York City increased by 0.8 percent from 651 cases in 2012 to 656 cases in 2013. In 2013, the nation as a whole reported 9,588 TB cases, down from the 9,945 cases reported in 2012.

Herkimer County experienced an uptick in the tuberculosis rate in 2013. However the rate is low when compared to the United States as a whole.

Tuberculosis Rates per 100,000 Population

Graph 313



Source: Communicable Disease Indicators—Herkimer County

Physical & Emotional Health

HIV, STDs, Vaccine-Preventable Diseases, & Health Care Associated Infections

DATA SOURCES

Centers for Disease Control and Prevention

Herkimer-Oneida Counties Comprehensive Planning Program, 2013 Teen Assessment Project Survey

<http://www.ocgov.net/oneida/planning/humanservices>

New York State Department of Health, Community Health Indicator Reports

<https://www.health.ny.gov/statistics/chac/indicators/>

New York State Department of Health, Prevention Agenda 2013-2018

https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

Physical & Emotional Health

Healthy Women, Infants, and Children

WHY THIS IS IMPORTANT

“Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.”

Healthy People 2020

Improving health outcomes for women, infants and children is a priority for the New York State Prevention Agenda, aligning with goals of the State’s Medicaid program and Title V/Maternal Child Health Services Block Grant. Of great concern, New York’s key population indicators of maternal and child health have been stagnant or worsened during the last decade. Even for measures with improving trends, there are striking racial, ethnic and economic disparities.

Maternal and child health encompass a broad scope of health conditions, behaviors and service systems. There is increasing recognition that a ‘life course’ perspective is needed to promote health and prevent disease across the lifespan. This perspective approaches health as a continuum and considers the impact of social, economic, environmental, biological, behavioral and psychological factors on individuals and families throughout their lives. This perspective recognizes that more than half of all pregnancies are unplanned, underscoring the importance of promoting women’s health across the lifespan, with increasing attention to health during preconception (before pregnancy) and inter-conception (between pregnancies).

As part of the NYS Prevention Agenda and State Health Improvement Plan, the Promoting Healthy Women, Infants and Children (PHWIC) Action Plan addresses three key life course periods—**maternal and infant health**, **child health** and **reproductive/preconception/inter-conception health**—with goals, objectives and indicators for each.

WHERE WE STAND

Select County Health Ranking Measures, 2013

Table 314

	Herkimer	NYS	National Benchmark (90 th percentile)
RANKING out of 62 counties	#39		
LBW (<2500 g)	6.9	8.2	6%
Teen Birth Rate (per 1000)	27	25	21%
Children in Poverty	25%	23%	14%
Children in Single Parent Households	31%	34%	20%
Limited Access to Healthy Foods	4%	2%	1%
Inadequate Social Support	22%	24%	14%

Source: County Health Rankings

Physical & Emotional Health

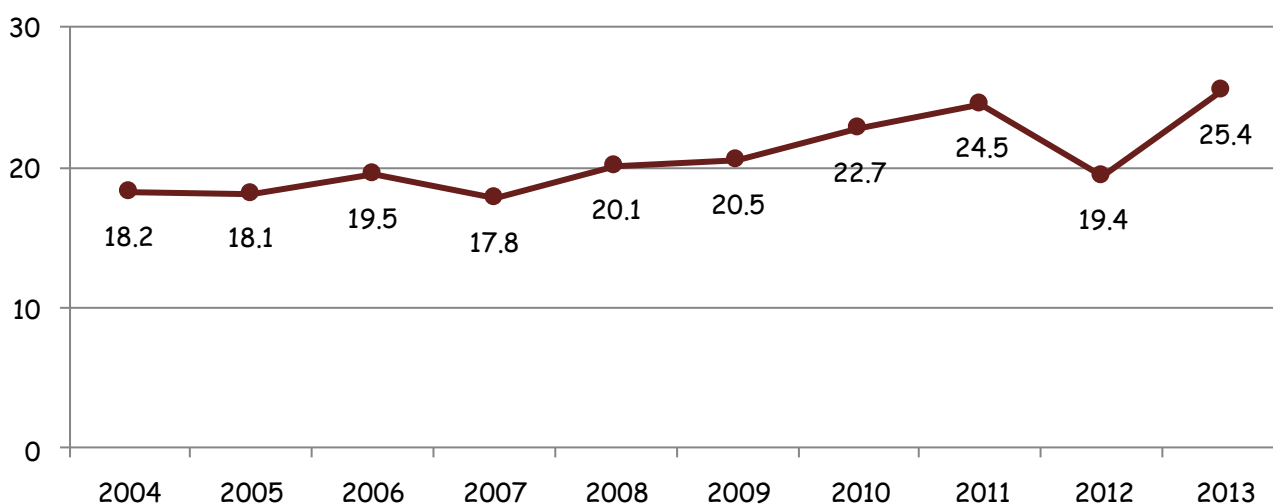
Healthy Women, Infants, and Children

Herkimer County is ranked 39th out of 62 New York State counties on important health indicators for healthy women, infants and children., which is the bottom half of all counties.

In the graph below the percentage of children under age 18 who are at or below poverty level has increased from 2004 to 2013. Poverty is an important factor in poor overall health of a given population.

Percentage of Herkimer County Children Under 18 At or Below Poverty Level

Graph 315



Source: NYSDOH County Health Assessment Indicators

Neonatal Deaths, Post Neonatal Deaths, and Perinatal Deaths, Herkimer County v. New York State, 2013

Table 316

	# Infant Deaths ¹	Infant Death Rate	# Neonatal Deaths ²	Neonatal Death Rate	# Post Neonatal Deaths ³	Post Neonatal Death Rate	Perinatal Mortality ⁴	Perinatal Death Rate ⁵
Herkimer County	6	8.9	5	7.4	1	1.5	8	11.8
New York State (excluding NYC)	666	5.5	482	4.0	179	1.5	1,021	8.5

1 Infant Death Rate - deaths under 1 year of age per 1,000 live births

2 Neonatal Death Rate - deaths under 28 days of age per 1,000 live births

3 Post Neonatal Death Rate - deaths at age 28 days and older but less than 1 year per 1,000 live births

4 Perinatal Mortality = number of neonatal deaths + spontaneous fetal deaths of gestation 20+ weeks

5 Perinatal Mortality Rate = (number of neonatal deaths + spontaneous fetal deaths of gestation 20+ weeks)*1000/(spontaneous fetal deaths of gestation 20+ weeks + live births)

Source: NYSDOH http://www.health.ny.gov/statistics/vital_statistics/2013/table45.htm

Physical & Emotional Health

Healthy Women, Infants, and Children

Health Provider Availability 2013 per 100,000

Table 317

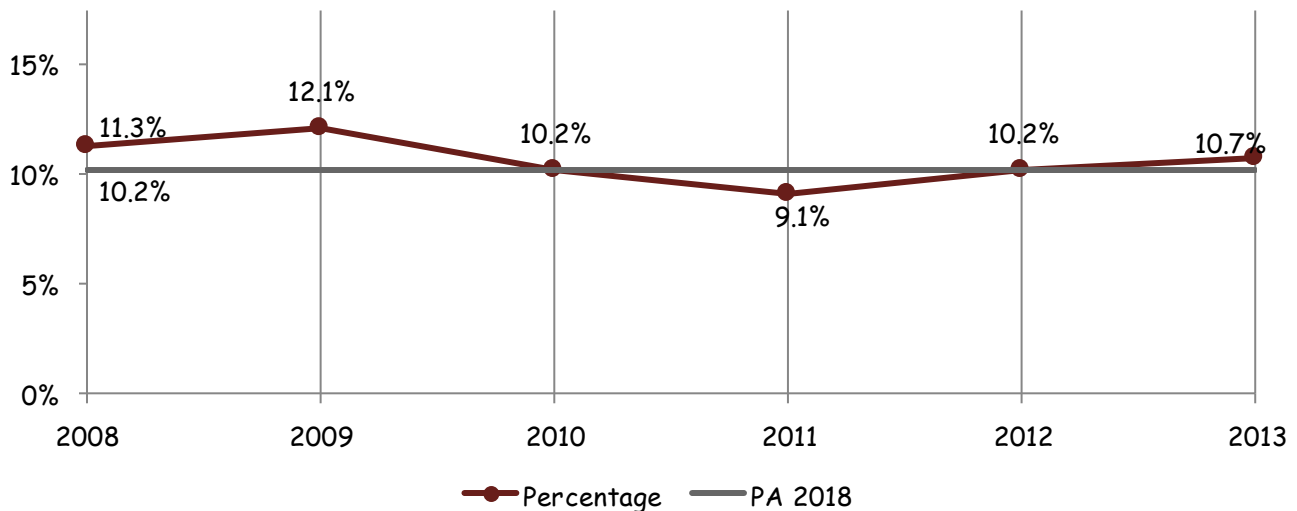
	Physicians	PC Physicians	Nurse Practitioners	OB-GYN Physicians	CNMs	Pediatric Physicians	Physician Assistants
Herkimer County	63.9	40.5	32.9	0	1.6	3	15.6
New York State	274.2	83.3	62.8	151	5.1	227	50.7

Source: US Department of Health and Human Services

Herkimer County is below NYS with respect to health provider availability, including physicians, Certified Nurse Midwives, and Physician Assistants. Herkimer is also particularly underserved in the specialties that most concern mothers, infants and children: Pediatrics and OB-GYN. Pregnant women in Herkimer County, which is predominantly rural, usually deliver in Albany, Cooperstown, Utica, and occasionally in Rome.

Graph 318

Herkimer County Percentage of Preterm Births



Source: NYS Prevention Agenda Dashboard

The percentage of preterm births for Herkimer County varies slightly over the past six years and exceeds the Prevention Agenda benchmark for all years except 2011.

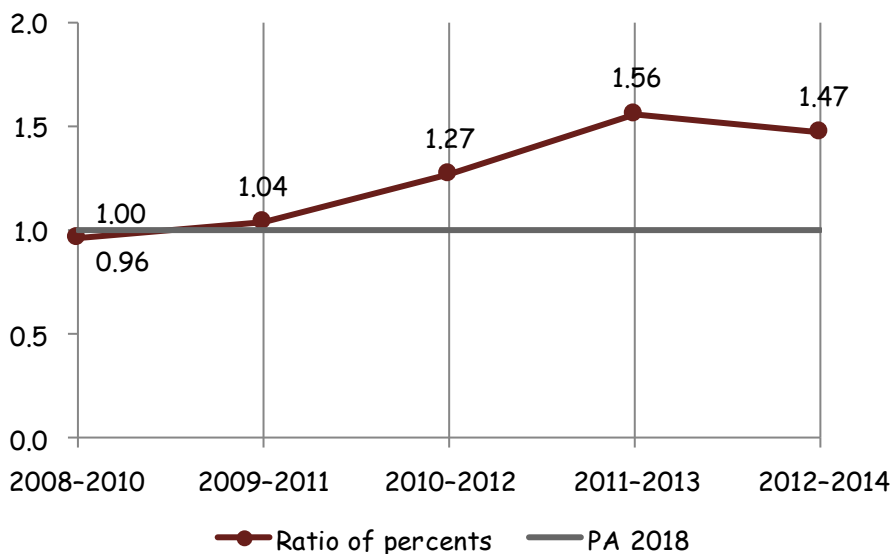
Physical & Emotional Health

Healthy Women, Infants, and Children

Graph 319

Herkimer County Premature Births: Ratio of Medicaid Births to Non-Medicaid Births

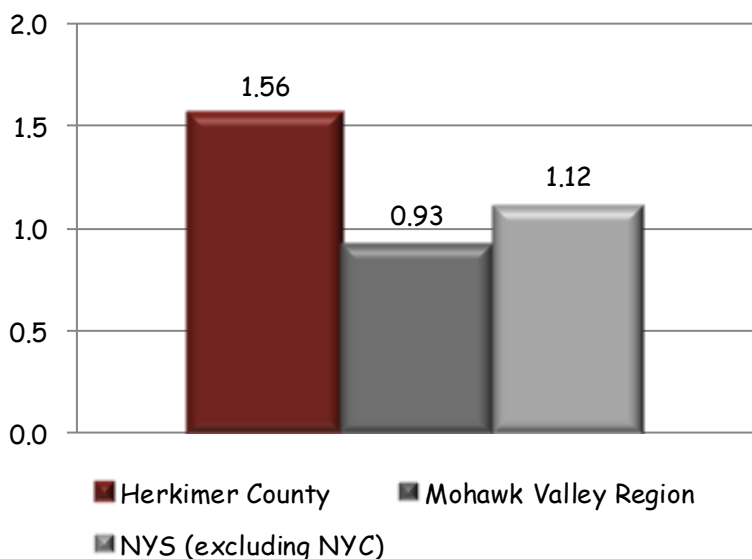
The premature birth rates ratio of Medicaid births to Non-Medicaid births in Herkimer County has been on the rise from 2008 to 2014 and exceeds the Prevention Agenda 2018 benchmark. This reflects the increasing poverty rate for families with children age 18 or under.



Source: New York State Prevention Agenda Dashboard

Graph 320

Comparison of Premature Births: Ratio of Medicaid Births to Non-Medicaid Births 2011-2013



When the Herkimer County rate of Medicaid births to Non-Medicaid births is compared to the other counties in the Mohawk Valley Region and New York State (excluding New York City), the ratio in Herkimer County is higher.

Source: New York State Prevention Agenda Dashboard

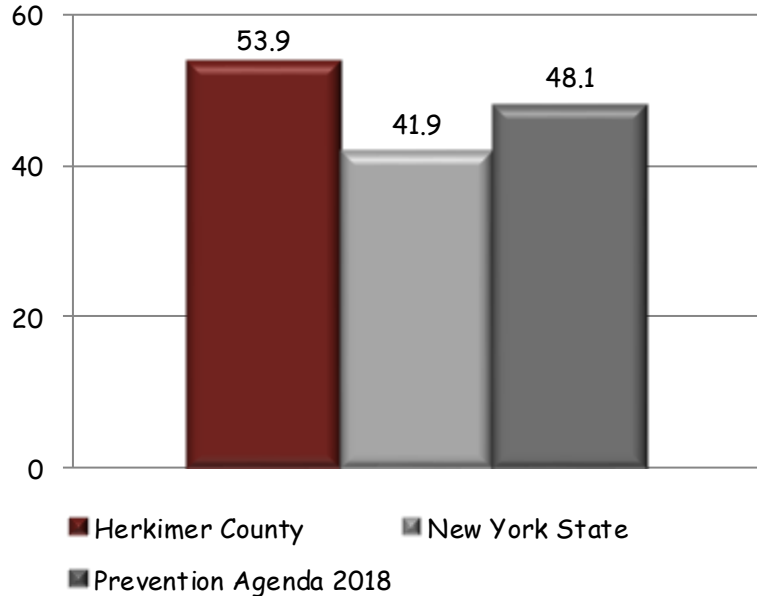
Physical & Emotional Health

Healthy Women, Infants, and Children

Graph 321

Percentage of Infants Exclusively Breastfed in the Hospital 2013

Herkimer County has better exclusive breastfeeding rates in the hospital than New York State, and exceeds the 2018 Prevention Agenda benchmark. If mothers are successfully breastfeeding while hospitalized, then continued success once home is more probable. Breastfed babies receive all the nutrients required for healthy development and receive important antibodies from their mother.

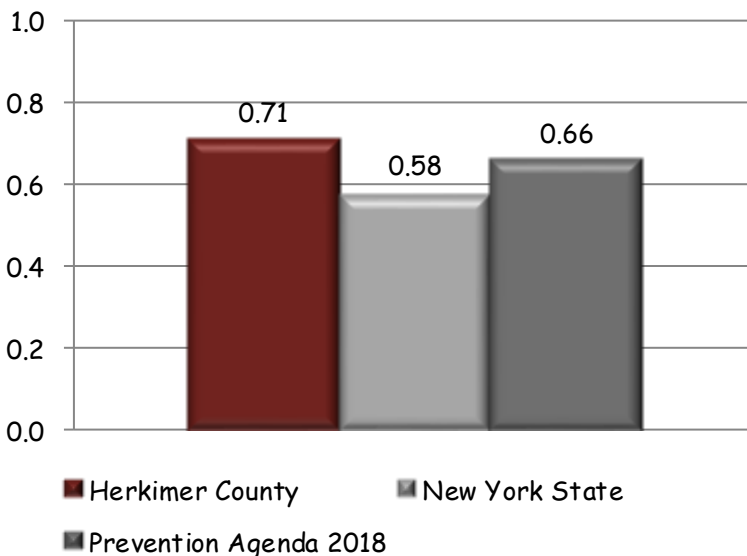


Source: Vital Records

Graph 322

Exclusively Breastfed: Ratio of Medicaid Births to non-Medicaid Births 2011-2013

Mothers giving birth while on Medicaid have higher rates of exclusive breastfeeding than Mothers not on Medicaid.



In Herkimer, new mothers breastfed at a rate of 62.5% overall, and 54.5% for Medicaid births.

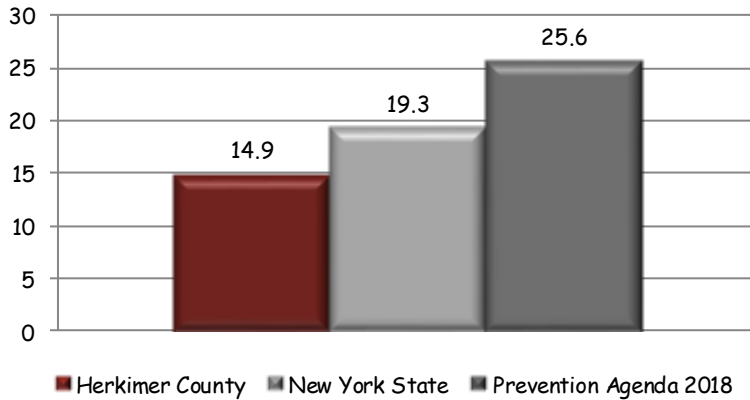
Source: County Tracking Indicators for the Priority Areas from the NYSDOH Website: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm

Source: New York State Prevention Agenda Dashboard

Physical & Emotional Health

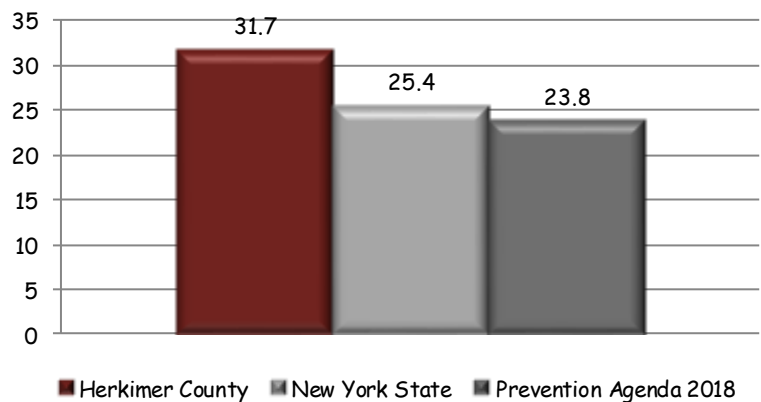
Healthy Women, Infants, and Children

Graph 323
Adolescent Pregnancy Rate per 1,000 Females
Aged 15-17 years



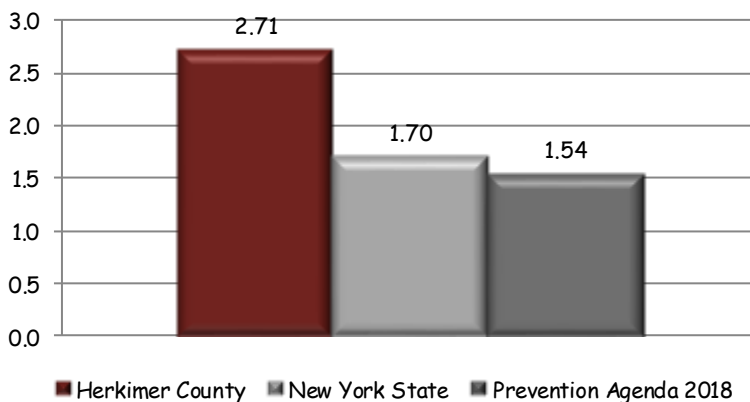
Herkimer County's adolescent pregnancy rate meets the Prevention Agenda 2018 benchmark and is lower than the rate for New York State.

Graph 324
Percentage of Unintended Pregnancy Among
Live Births 2013



However, the percentage of unintended pregnancies in Herkimer County does not meet the Prevention Agenda 2018 benchmark and also exceeds the percentage in New York State overall.

Graph 325
Unintended Pregnancy Ratio: Ratio of
Medicaid Births to non-Medicaid Births 2013



Unintended pregnancies in Herkimer County exceed both the New York State rate and the Prevention Agenda 2018 benchmark. Eligibility for Medicaid indicates a household that is under economic distress and adding an unintended pregnancy may exacerbate that stress.

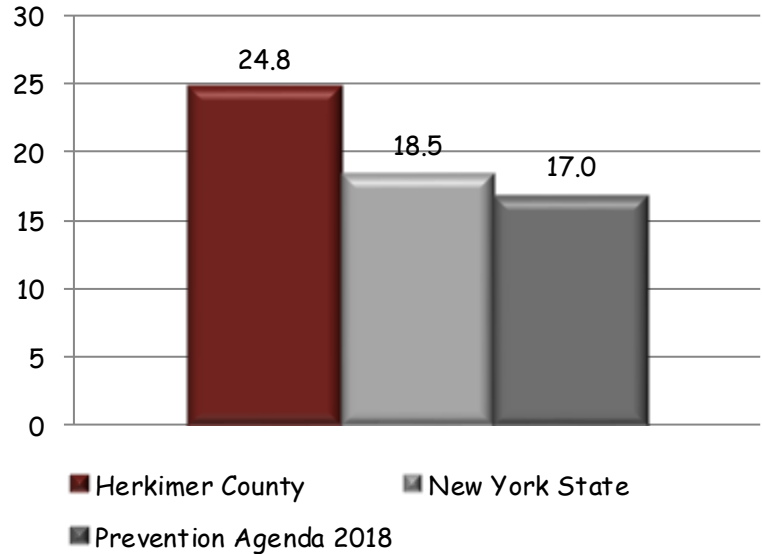
Physical & Emotional Health

Healthy Women, Infants, and Children

Graph 326

Percentage of Live Births that occur within 24 Months of a Previous Pregnancy 2013

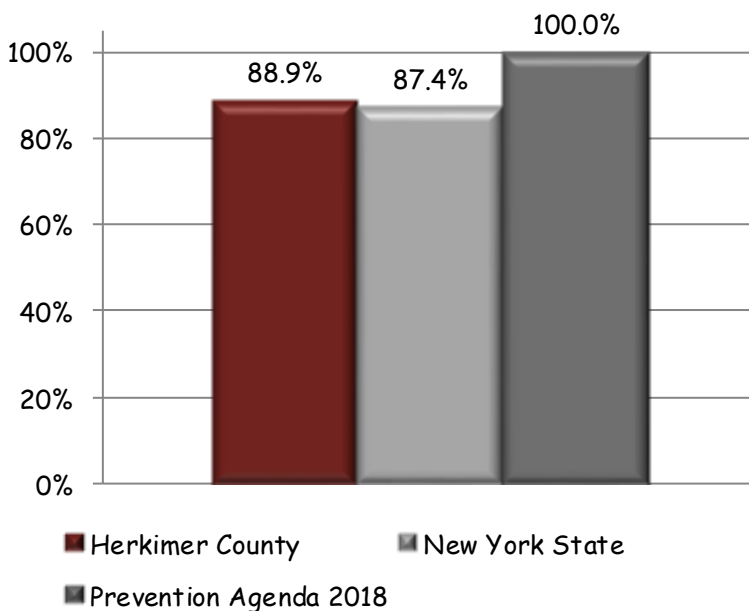
Spacing the birth of children too closely can add both emotional and economic distress. Herkimer County's percentage of live births that occur within 24 months of a previous pregnancy does not meet the 2018 Prevention Agenda benchmark and is higher than the state percentage.



Source: Vital Records data as of April 2015

Graph 327

Percentage of Women (aged 18-64) with Health Insurance 2013



Women of child bearing age in Herkimer County have a fairly stable rate of health insurance coverage at 88.9%. The 2018 Prevention Agenda benchmark of 100% coverage has not been met, and the state rate of 87.4% is even lower than that of Herkimer County.

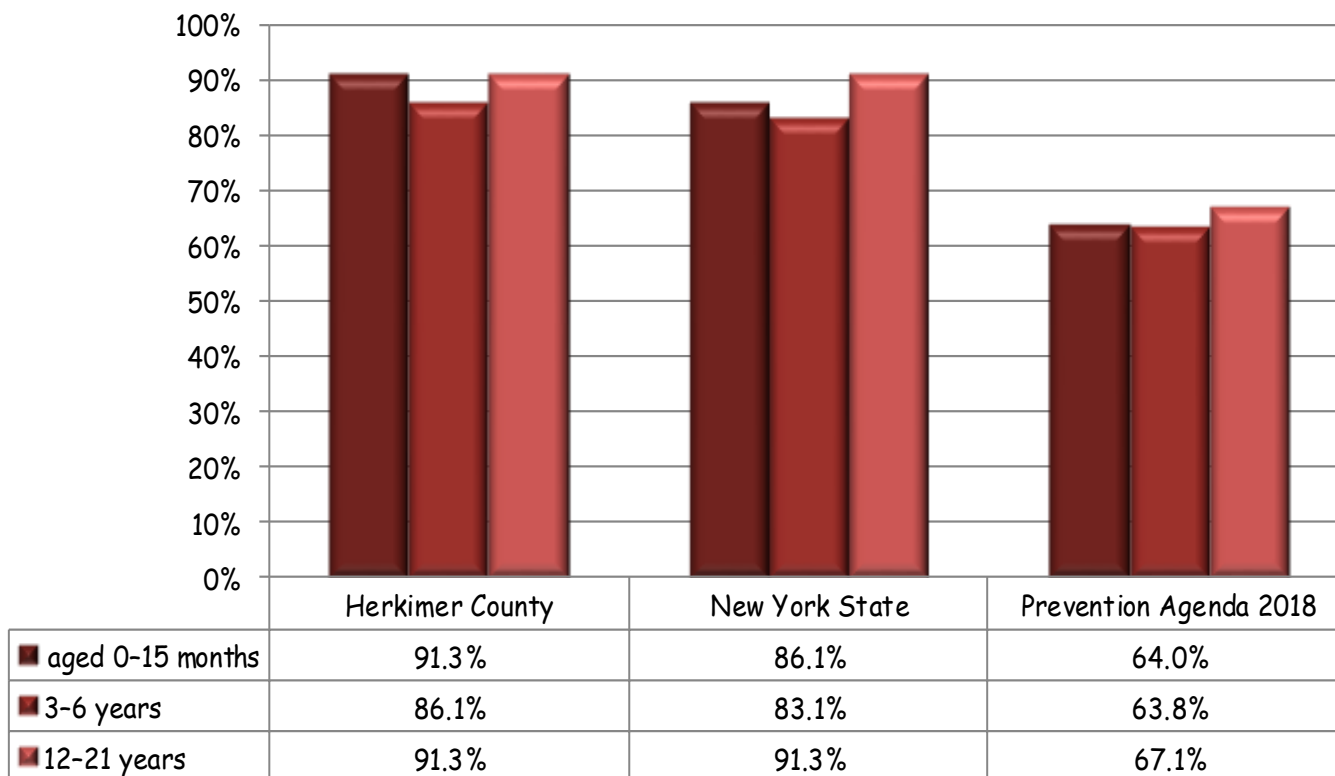
Source: U.S. Census Bureau data as of March 2015

Physical & Emotional Health

Healthy Women, Infants, and Children

Graph 328

Percentage of children Receiving recommended number of well child visits in government sponsored programs 2013



Source: NYSDOH Office of Quality and Patient Safety data as of January 2015

Oral Health

Oral health has been shown to impact overall health and well-being. According to the Centers for Disease Control and Prevention, nearly one-third of all adults in the United States have untreated tooth decay, or tooth caries, and one in seven adults ages 35 to 44 years old has periodontal (gum) disease. Tooth decay is the most prevalent chronic infectious disease affecting children in the U.S., and impacts more than a quarter of children ages 2 to 5 and more than half of children ages 12 to 15.

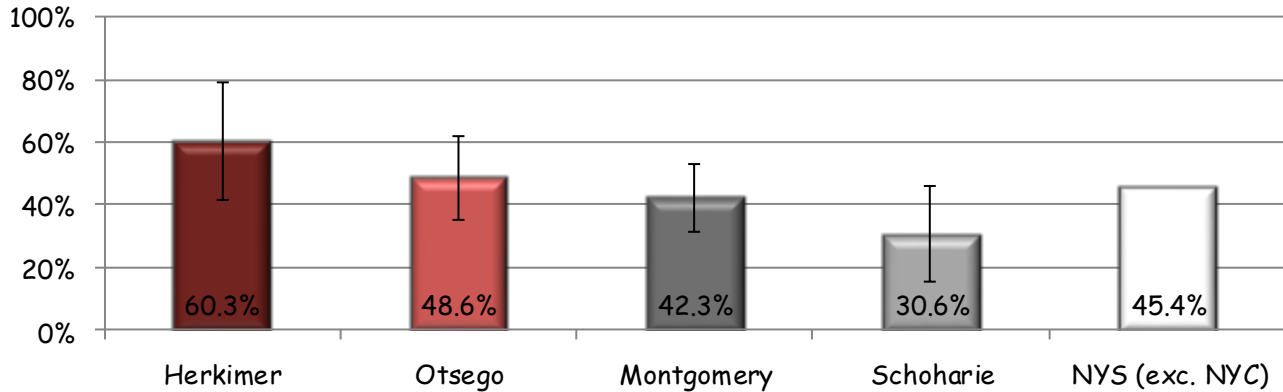
Given these serious health consequences, it is important to maintain good oral health. It is recommended that adults and children see a dentist on a regular basis. Professional dental care helps to maintain the overall health of the teeth and mouth, and provides for early detection of pre-cancerous or cancerous lesions. People living in areas with low rates of dentists may have difficulty accessing the dental care they need.

Physical & Emotional Health

Healthy Women, Infants, and Children

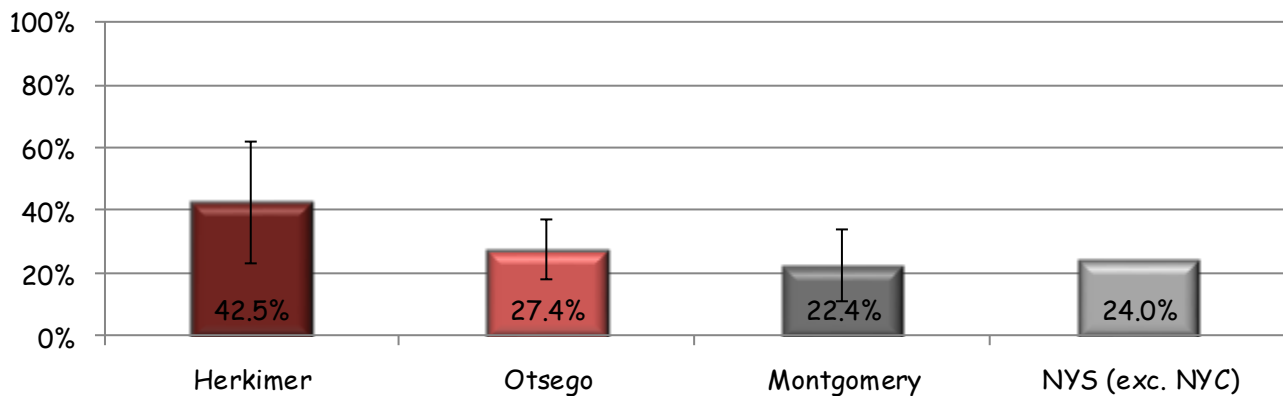
Graph 329

Percent of 3rd Grade Children with Caries Experience (2009-2011)



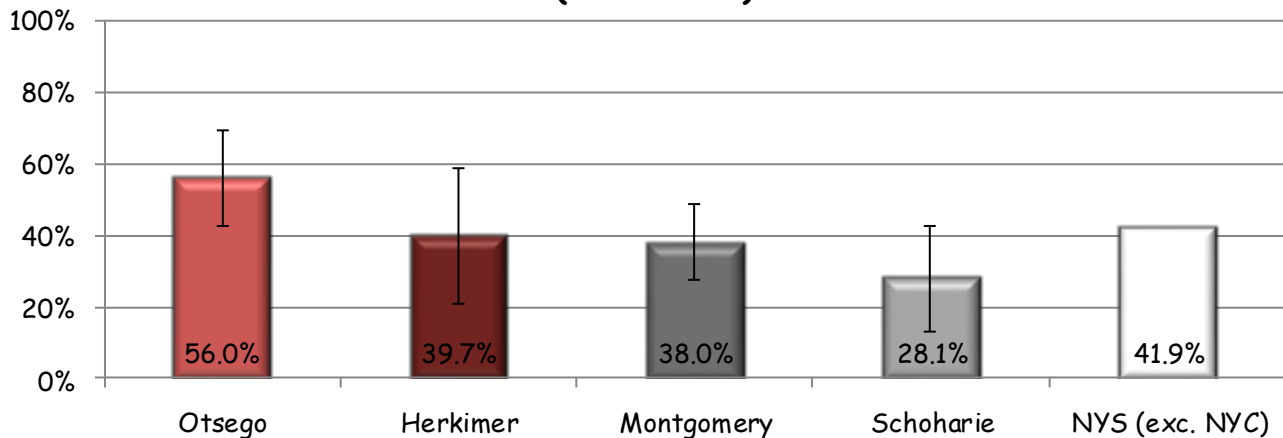
Graph 330

Percent of 3rd Grade Children with Untreated Caries (2009-2011)



Graph 331

Percent of 3rd Grade Children with Dental Sealants (2009-2011)



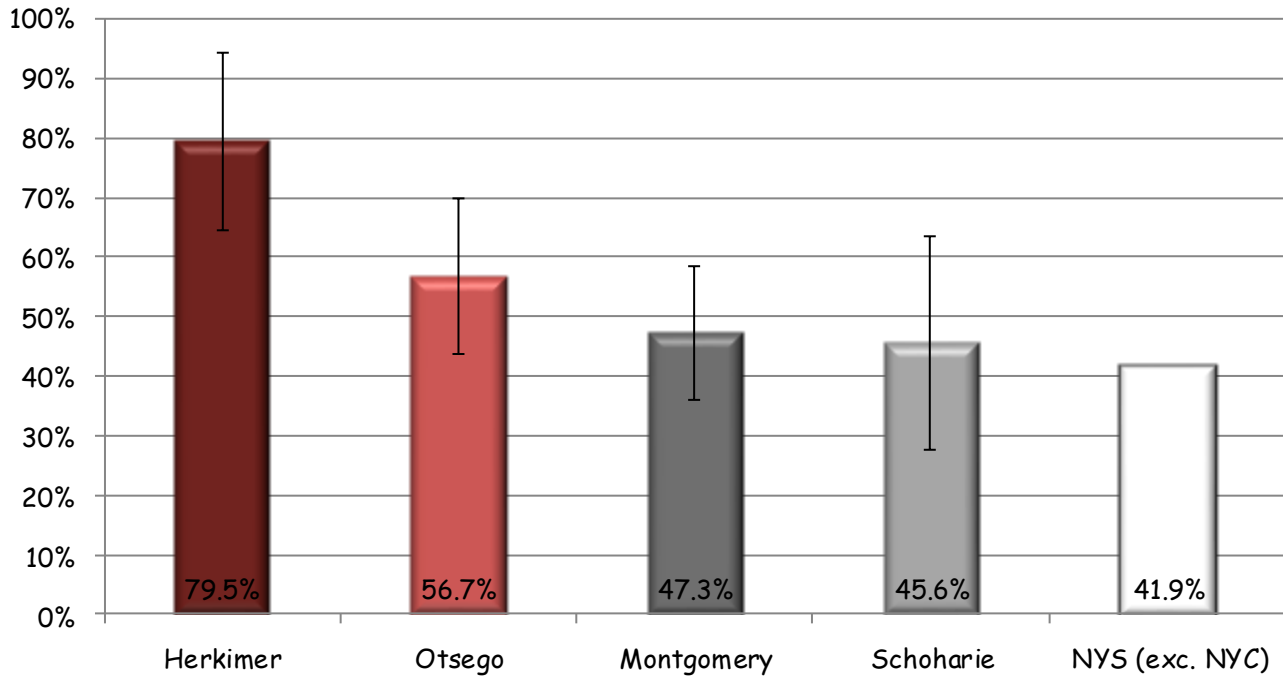
Source: NYSDOH County Health Assessment Indicators, all graphs this page

Physical & Emotional Health

Healthy Women, Infants, and Children

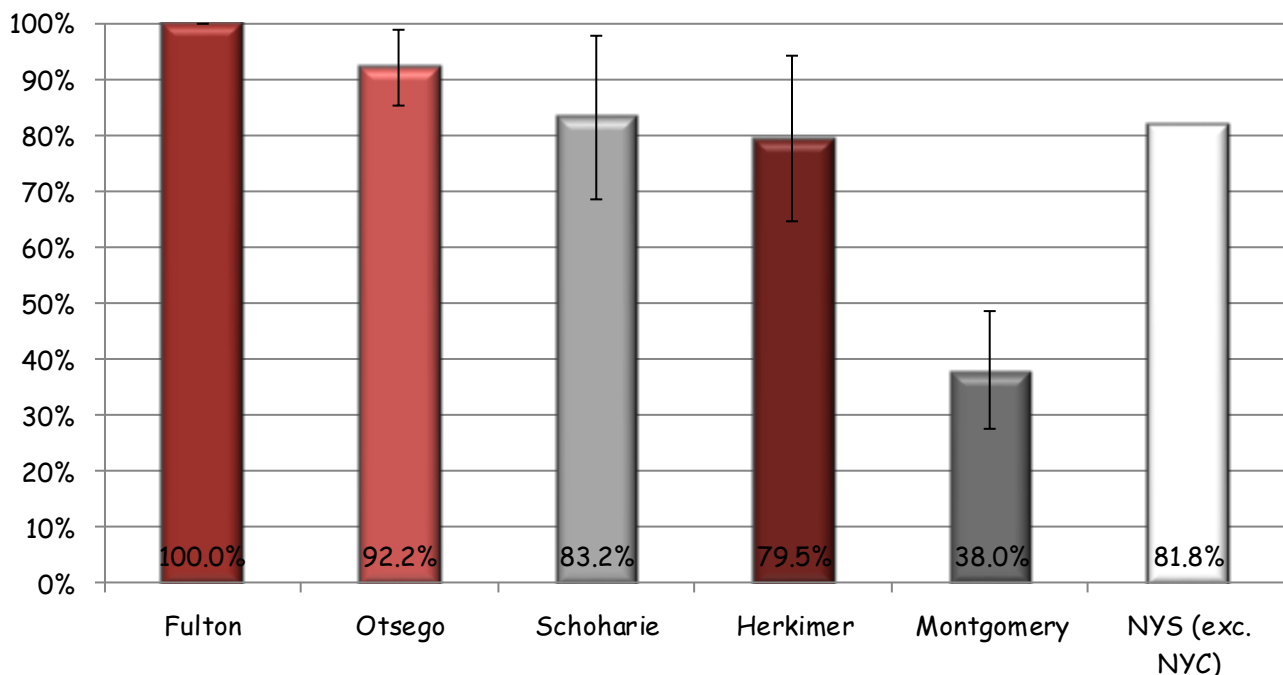
Graph 332

Percent of 3rd Grade Children Reported Taking Fluoride Tables Regularly (2009-2011)



Graph 333

Percent of 3rd Grade Children with Dental Insurance (2009-2011)



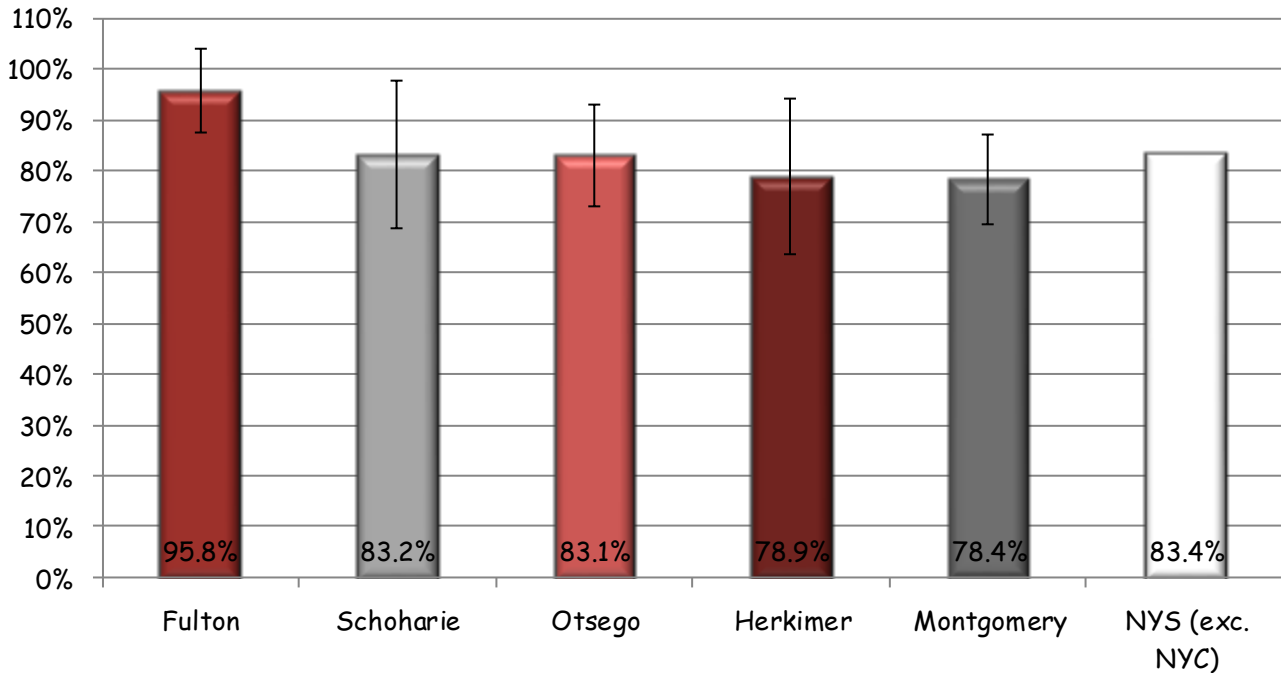
Source: NYSDOH County Health Assessment Indicators, all graphs this page

Physical & Emotional Health

Healthy Women, Infants, and Children

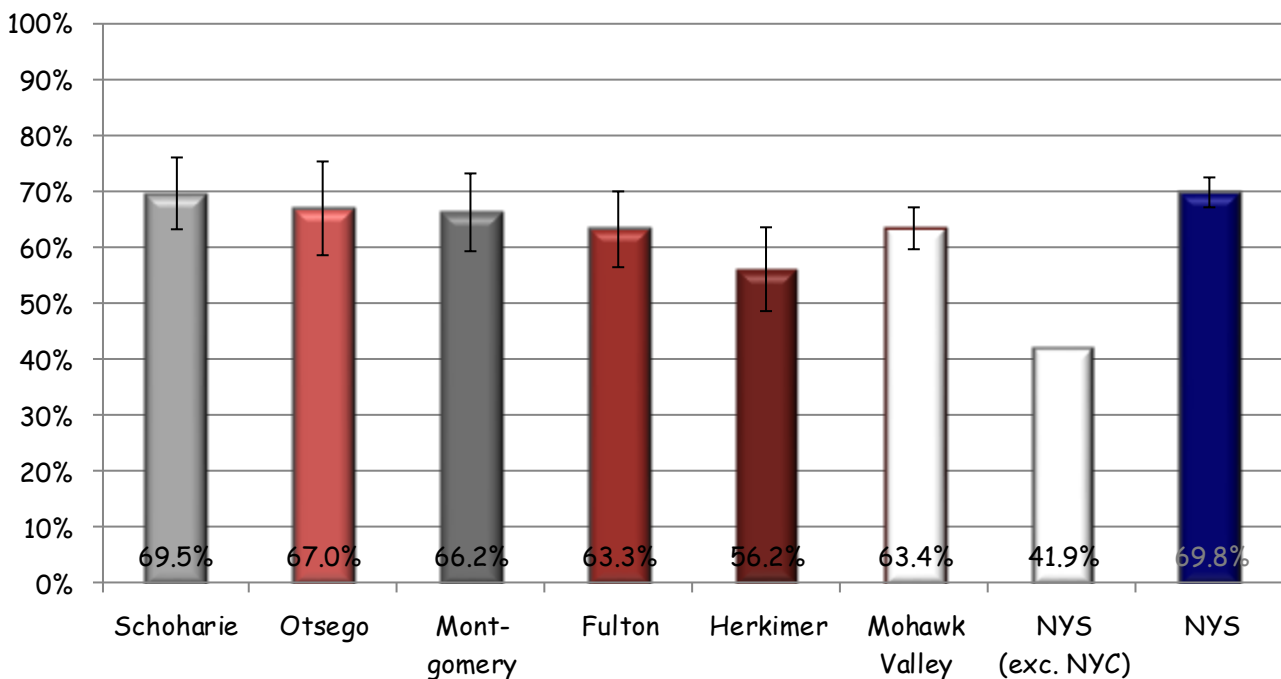
Graph 334

Percent of 3rd Grade Children with at Least One Dental Visit in Last Year (2009-2011)



Graph 335

Age-adjusted Percentage of Adults Who Had a Dentist Visit within the Past Year (2013-2014)



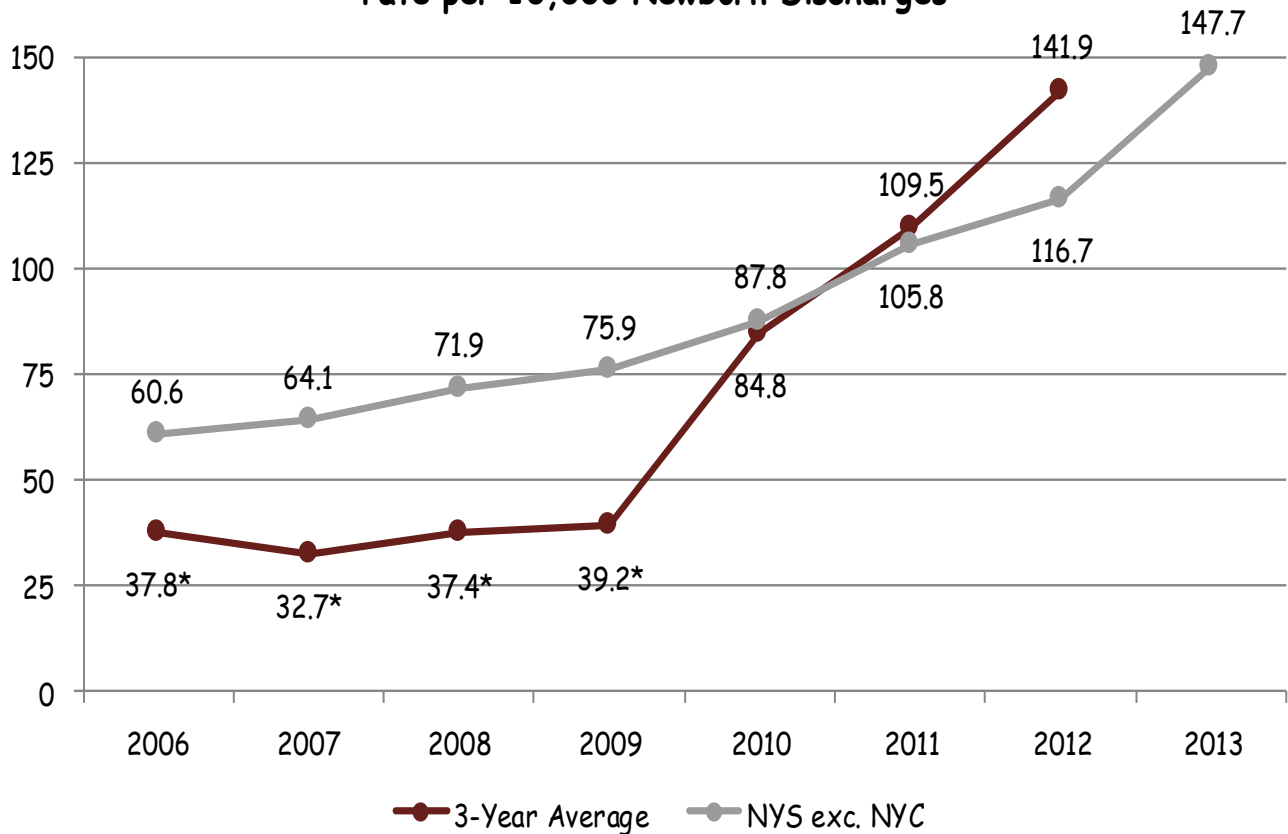
Source: NYSDOH County Health Assessment Indicators, all graphs this page

Physical & Emotional Health

Healthy Women, Infants, and Children

Graph 336

Herkimer County Newborn drug-related Diagnosis rate per 10,000 Newborn Discharges



*Fewer than 10 events in the numerator, therefore the rate is unstable
Source NYSDOH Community Health Indicator Reports

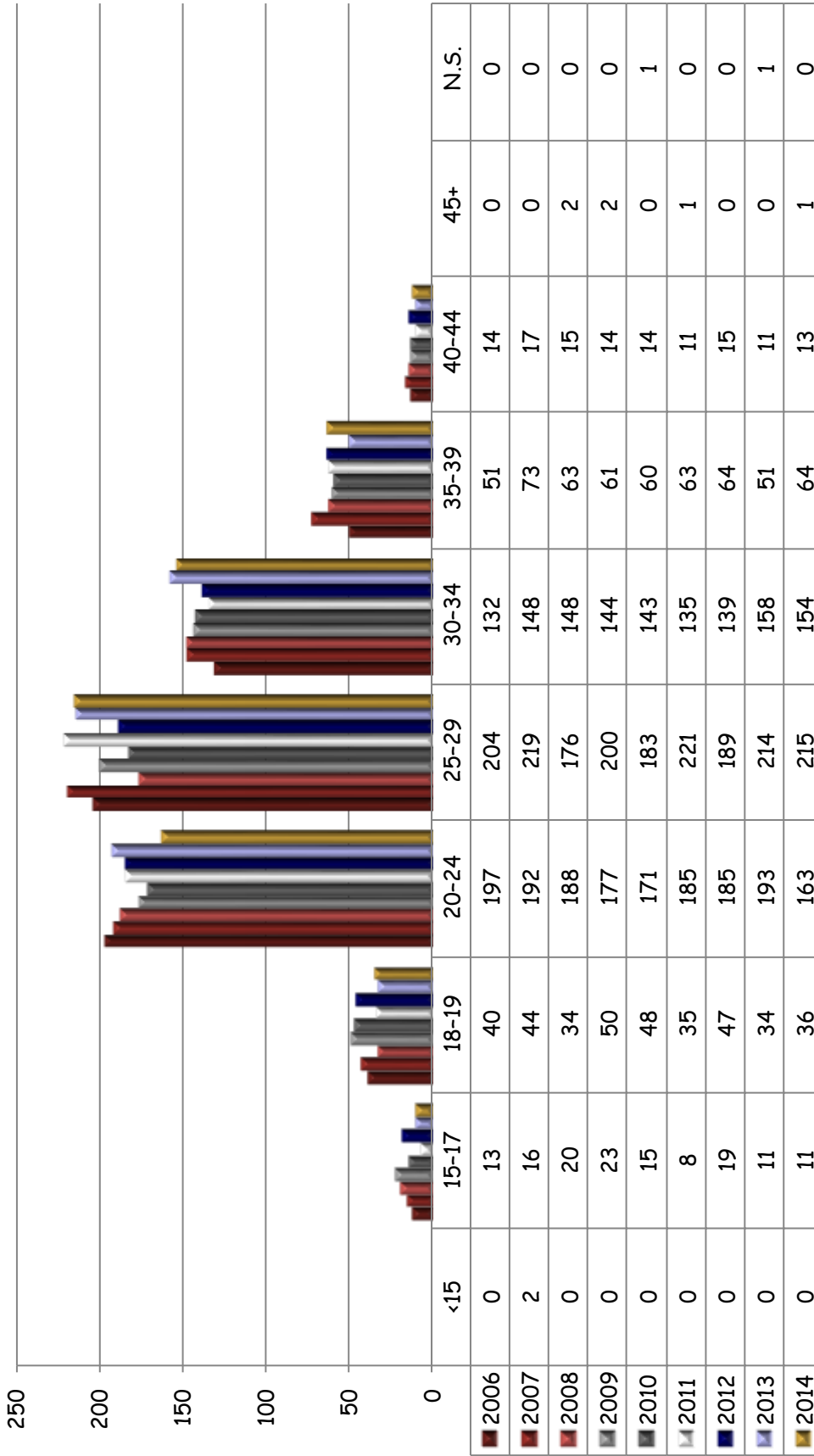
From 2010 until 2012 Herkimer County has seen a considerable increase in the rate of newborns diagnosed with drug-related problems. Newborns born to mothers using illegal drugs during pregnancy will potentially have health challenges the rest of their lives.

Physical & Emotional Health

Healthy Women, Infants, and Children

Graph 337

Total Births by Mother's Age Herkimer County



Source: NYSDOH Vital Statistics, Table 7

Each year there are a number of births to women under the age of 20. Beginning motherhood at such an early age, many times without the support of a full-time father or complete education, increases the likelihood of a prolonged period of public support and greater risk to the child developing into a healthy productive member of society.

Physical & Emotional Health

Healthy Women, Infants, and Children

Table 338

Teen Pregnancies (19 & Under) & Outcomes in Herkimer County 2003-2014

Year	Total	Rate	Live Births	Abortions	Spontaneous Fetal Deaths
2014	65	32.1	47	17	1
2013	67	31.5	45	22	0
2012	83	38.4	66	17	0
2011	76	33.3	43	31	2
2010	103	41.8	63	39	1
2009	117	57.4	73	39	5
2008	101	48.3	54	40	7
2007	97	44.5	60	34	3
2006	109	50.1	53	53	3
2005	86	40.1	55	29	2
2004	131	60.7	92	36	3
2003	128	59.7	86	37	5

Source: NYSDOH Vital Statistics, Table 30

Of the teen pregnancies each year, a significant number end in abortion and a small number in spontaneous fetal deaths.

On the following page the two graphs demonstrate the number of pregnancies to school-age females compared to all other age groups, and the number of out of wedlock births compared to births to married females.

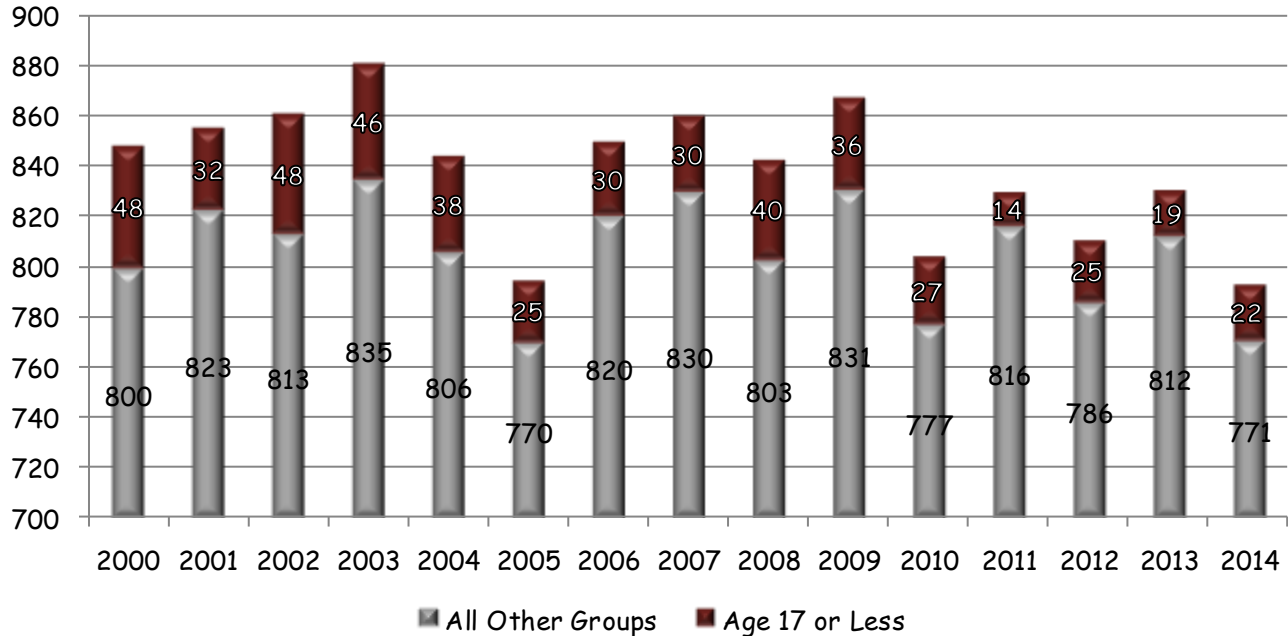
Each year shows a fairly consistent rate of pregnancies to school aged females compared to all pregnancies within the county. There remains a high number of live births to unwed females in Herkimer County. In recent years, the number of births to unwed women is close to the number of births to married women.

Physical & Emotional Health

Healthy Women, Infants, and Children

Graph 339

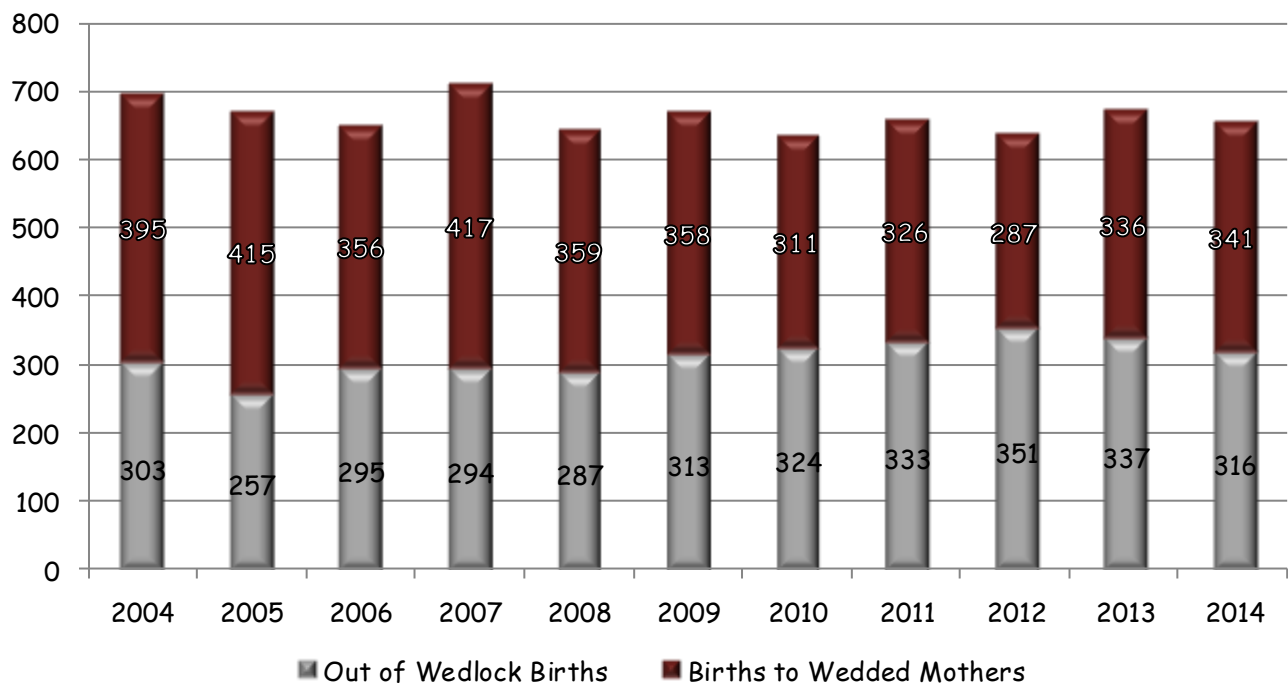
Pregnancies to Herkimer County School-Age Females v. All Other Age Groups



Source: NYSDOH Vital Statistics, Table 26

Graph 340

Out of Wedlock Births v. Births to Wedded Mothers



Source: NYSDOH Vital Statistics, Tables 9 & 10

Physical & Emotional Health

Healthy Women, Infants, and Children

DATA SOURCES

County Health Rankings & Roadmaps

<http://www.countyhealthrankings.org/>

New York State Department of Health, Community Health Indicator Reports

<https://www.health.ny.gov/statistics/chac/indicators/>

New York State Department of Health, Office of Quality and Patient Safety

New York State Department of Health, Prevention Agenda 2013-2018

https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

New York State Department of Health, Vital Statistics

https://www.health.ny.gov/statistics/vital_statistics

US Census Bureau

US Department of Health and Human Services

Physical & Emotional Health

Access to Quality Health Care

WHY THIS IS IMPORTANT

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States. Limitation in access to care extend beyond basic causes, such as a shortage of health care providers or a lack of facilities. Individuals also may lack a usual source of care or may face other barriers to receiving services, such as financial barriers (having no health insurance or being underinsured), structural barriers (no facilities or health care professionals nearby), and personal barriers (sexual orientation, cultural differences, language differences, not knowing what to do, or environmental challenges for people with disabilities).

Strong predictors of access to quality health care include having health insurance, a higher income level, and a regular primary care provider or other source of ongoing health care. Use of clinical preventive services, such as early prenatal care, can serve as indicators of access to quality health care services. Health insurance provides access to health care. Persons with health insurance are more likely to have a primary care provider and to have received appropriate preventive care such as a recent Pap test, immunization, or early prenatal care. Adults with health insurance are twice as likely to receive a routine checkup as are adults without health insurance. More than 40 million Americans do not have a particular doctor's office, clinic, health center, or other place where they usually go to seek health care or health-related advice. Even among privately insured persons, a significant number lacked a usual source of care or reported difficulty in accessing needed care due to financial constraints or insurance problems.

(Source: Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, D.C.: U.S. Government Printing Office, November 2000.)

WHERE WE STAND

Access to Quality Healthcare Indicators

Table 341

Indicator	US	NYS	Herkimer County
% of Adults (18-64) with Health Care Coverage	85.0% (2010) 82.1% (2011)	88.6% (2010) 84.7% (2013)	83.4% (2008) 85.4% (2009) 86.6% (2013)
% of Adults with Regular Health Care Provider	86.0% (2008)	86.6% (2010) 83.6% (2011)	86.1% (2008) 88.3% (2009) 87.8% (2013)
% of Adults who have seen a Dentist in the Past Year	69.9% (2010)	72.5% (2010) 69.8% (2013)	67.2% (2008) 65.8% (2009) 56.2% (2013)
Early Stage Cancer Diagnosis:			
Breast	60%	64.6% (2008) 64.8% (2010)	65.9% (2008) 68.2% (2010)
Cervical	48%	46.1% (2008) 42.0% (2010)	46.2% (2008) 50.0% (2010)
Colorectal	39%	45.1% (2008) 43.6% (2010)	39.4% (2008) 35.5% (2010)

Source: NYSDOH Herkimer County Indicators for Tracking Public Health Priorities

Physical & Emotional Health

Access to Quality Health Care

Medicare Health Insurance Coverage 2012

Table 342

Medicare	Total Enrollees	% of Total Population
New York State	3,160,615	19.27%
Herkimer County	14,788	23.04%

Source: CMS, Medicare Enrollment Reports

Herkimer County has 14,788 Medicare enrollees, which is 23.04% of the total county population. This percentage has increased since 2010 when it was 18.49%. The rate is also higher than that of New York State as a whole.

Child Health Plus Enrollment—January 2016

Table 343

Child Health Plus	Total Enrollees
Herkimer County	1,320
New York State	269,253

Source: NYSDOH Child Health Plus Enrollment by Insurer

Table 344

Percent of Population with Medicaid Health Insurance Coverage 2013

	Total Medicaid Enrollees	SSI Aged	SSI Blind & Disabled	Family Health Plus	Other
New York State	26.9%	2.39%	1.35%	.23%	.24%
Herkimer County	23.29%	1.92%	4.80%	2.19%	.08%

Source: NYSDOH, Medicaid Enrollees by Category of Eligibility by Social Services District

As of the end of 2013, Herkimer County had 14,951 individuals on Medicaid, which is 23.29% of the total population. When you look at the total population on Medicare and/or Medicaid combined the result is 46.33% of the county population is on Medicare and/or Medicaid.

Physical & Emotional Health

Access to Quality Health Care

Uninsured Rates: Comparison, 2013

Table 345

	Children Ages 0-19		Adults 18-64		Total Individuals Ages 0-65	
	2010	2013	2010	2013	2010	2013
Herkimer	5.5%	4.4%	15.4%	13.4%	12.7%	11.0%
New York	5.1%	4.1%	14.2%	15.3%	13.3%	12.4%

Source: US Census Bureau, Small Area Health Insurance Estimates, 2010 & 2013

According to most recent estimates, only 11% of non-elderly Herkimer County residents are uninsured. This rate has improved since 2010. In fact, all age groups in Herkimer County have shown improvement in rates of uninsured individuals from 2010 to 2013. These figures do not provide any insight into the percentage of individuals underinsured.

Transportation

The geographic layout of Herkimer County, availability of roads, and general lack of a public transportation system can limit an individual's access to healthcare given their resources. The Herkimer-Oneida Transportation Study reviewed transportation needs and gaps. Needs and gaps were prioritized into high, high-medium, medium, and low importance.

High Importance

- Coordination of bus routes and service hours for employment, childcare, and medical appointments
- Public and private agencies coordinating programs with available transportation service
- Accessible and affordable transportation options for the elderly, disabled, and low-income to social activities, shopping, medical, and employment facilities
- Easy to obtain information on available transit services, including non-English
- Filling vehicles with clients from various agencies traveling the same routes at the same times

High-Medium Importance

- Improved pedestrian access, safer sidewalks, crosswalks, signals, pedestrian-friendly streets especially within walking distance to bus stops and rail stations

Physical & Emotional Health

Access to Quality Health Care

Medium Importance

- Getting workers to employment locations currently not served by public transit
- Provide transportation service during evenings, weekends, holidays, and non-traditional work hours
- Guaranteed ride for commuters who regularly take public transit, vanpool, carpool, bike, or walk to and from work in the event of an unexpected emergency
- On-demand transportation options to medical care facilities and options for adults with limited mobility
- Rural service to local cities and to areas such as Syracuse and Cooperstown

Low Importance

- Being able to track the location of buses on computer, automate trip schedules, dispatching and billing

Since results are prioritized based on the two county region, Herkimer County individual concerns may vary from the above ratings. For instance, "on-demand transportation options to medical care facilities and options for adults with limited mobility" scored as being of medium importance for the two county region.

However, the geography, lack of public transportation, and roads in Herkimer County would indicate a higher level of importance, especially to individuals who are isolated or have physical limitations.

To address transportation needs of particular geographic regions of the county, or particular populations within the county, various transportation services have been initiated to meet transportation demands.

- The Herkimer County Office for the Aging provides transportation services to senior citizens aged 60 and older.
- Community Transportation Services, Ltd., a non-profit incorporated in 1987, exists "to assist the elder, disabled and disadvantaged in the Central Adirondacks area by providing necessary transportation, without cost, for medical, health and other related necessary services."
- The Herkimer County Department of Social Services provides medical transportation to individuals receiving Medicaid when no other source of transportation related to medical appointments is available.
- Catholic Charities of Herkimer County sponsors the RIDE Program utilizing RSVP volunteers to transport elderly or disabled individuals to medical appointments.

Physical & Emotional Health

Access to Quality Health Care

Herkimer County Office for the Aging Transportation

The Herkimer County Office for the Aging (OFA) provides transportation services to senior citizens aged 60 and older. This is a demand-response system taking the senior wherever they would like to go. Rides are provided for medical appointments, grocery store/pharmacy, banking, hairdresser, visiting etc. Due to demand for services, the OFA does not travel outside the county and provides services through the valley corridor from the town of Schuyler to Dolgeville. The OFA currently has two vehicles, both equipped with wheelchair lifts; one vehicle operates 5 days/week and the second operates 2 days/week.

Table 346
OFA Transportation
2008-2015

Year	# Rides Provided
2008	6,059
2009	5,403
2010	5,532
2011	5,326
2012	5,011
2013	4,686
2014	4,505
2015	4,275

Source: Herkimer County OFA

The number of rides provided from 2013 through 2015 has decreased slightly due to OFA clients having more appointments outside of the valley corridor as explained above. Programs and services provided through organizations such as Catholic Charities and Medicaid Transportation Service have helped OFA clients gain transport outside of the valley corridor.

During 2015, 229 seniors received transportation from the OFA (unduplicated count). The average number of rides per senior served was 19 rides.

The demographics of seniors served with

the OFA transportation service during 2015 was 80% females and 20% males. The ages of those served were 33% age 85 and older, 24% ages 75 to 84 and 43% ages 60 to 74.

Table 347
Age of Clients Served with
OFA Transportation 2014-2015

Age	2014		2015	
	#	%	#	%
85+	71	36%	75	33%
75-84	55	28%	54	24%
60-74	72	36%	100	43%
Total	198	100%	229	100%

Source: Herkimer County OFA

Webb Community Transportation Service

Due to lack of public transportation or other viable options, Community Transportation Services, Ltd., was incorporated in 1987 as a not-for-profit (501(c)(3). Its Certificate of Incorporation, Article 3, states "the purpose is to assist the elderly, disabled and disadvantaged in the Central Adirondack area by providing necessary transportation, without cost, for medical, health and other related necessary services." CTS is not a taxi service; it is a totally volunteer organization with no payroll. CTS exists strictly on "free will" donations.

Physical & Emotional Health

Access to Quality Health Care

Webb Community Transportation Service

Table 348

	2010	2011	2012	2013	2014	2015
Total Trips	466	421	398	447	377	357
# of Riders	941	797	748	751	589	541
Riders for Medical	419	436	348	416	348	344
Riders Over 60 Years Old	97%	97%	97%	97%	97%	98%
Total Mileage	39,680	40,477	38,663	41,367	32,869	32,949
Areas Served:						
Town of Webb	98%	98%	99%	98%	98%	99%
Other	2%	2%	1%	2%	2%	1%
Days of the Week	7	7	7	7	7	7
# of Volunteer Drivers	32	29	30	31	34	36

Source: Webb Community Transportation Service

RIDE Program

RSVP volunteers, utilizing their private vehicles, provide transportation to elderly county residents to medical appointments when no other means of transportation is available. Catholic Charities provides some reimbursement for gasoline but higher gas prices can put the program in jeopardy.

RSVP RIDE Program Statistics 2009 to 2015

Table 349

	2009	2010	2011	2012	2013	2014	2015
Volunteer Drivers	27	22	18	21	24	21	16
Volunteer Hours	1,814	2,056	2,105	3,664	4,214	4,669	3,051
Dispatchers	2	2	5	8	10	8	9
Mileage	32,300	32,958	30,815	44,524	67,556	69,513	62,884
Clients Transported	746	847	701	1,058	1,382	1,516	1,153

Source: Catholic Charities of Herkimer County

Physical & Emotional Health

Access to Quality Health Care

Medicaid Transportation

Medicaid recipients often do not have transportation (private vehicle or public transportation) available for necessary medical appointments. Medical transportation, in those instances, is provided through the Medicaid Program. Specialized transport (via van or stretcher) may be required for some individuals with special medical needs. During 2013, administration of medical transportation passed to New York State from the local Departments of Social Services. Data for 2013 is a compilation of Herkimer County DSS data and Medical Answering Services, LLC. Going forward all data is from Medical Answering Services, LLC.

Based on the data provided it appears fewer clients require assistance with medical transportation but use of reimbursement for auto and stretcher transport is up.

Table 350

Medicaid Transportation by Modality 2008-2015

Year	# of clients	Mode of Transportation		
		Auto	Van	Stretcher
2008	3,710	14,673	4,170	355
2009	3,428	14,518	3,552	344
2010	3,184	7,042	1,629	290
2011	3,482	7,777	1,752	359
2012	3,578	7,641	1,430	346
2013	2,744	8,868	2,133	283
2014	1,544	21,957	3,441	467
2015	1,868	29,322	2,812	595

Source: Herkimer County Department of Social Services & Medical Answering Services, LLC

Physical & Emotional Health

Access to Quality Health Care

EISEP

Other Long Term Care Programs

Individuals living with chronic disease(s) may require support to maintain a level of independence and remain in their homes. Individuals may have functional limitations defined as ADLs (Activities of Daily Living) and/or IADLs (Independent Activities of Daily Living).

The Alternatives in Long Term Care Program, located in the Department of Social Services. Staff and/or financial support is provided by three separate county departments; Social Services, Office for the Aging, and Public Health. The Alternatives in Long Term Care Program oversees several different home based programs for individuals of any age. The various programs have different age or income eligibility criteria. One thing they have in common, however, is that they provide in-home services to people who have functional limitations and need assistance with ADLs (Activities of Daily Living) or IADLs (Independent Activities of Daily Living). ADLs include: bathing, personal hygiene, dressing, mobility, toileting, eating and transferring. IADLs include: housework, self-administration of medications, shopping, laundry, transportation, preparation of meals, handling personal business/finances and telephone.

Table 351

**Herkimer County Alternatives in Long Term Care Program:
Number of Consumers and Payment Source by Program
As of December 2015**

Program	Payment Source	# of Consumers	Percent of Total
Care at Home (CAH)—from birth to 18 years of age	Medicaid	2	2%
Consumer Directed Personal Assistance Program (CDPAP)	Medicaid	33	23%
DSS Personal Emergency Response System (PERS)	Medicaid	29	21%
EISEP Level I - Housekeeper/Chore (Age 60+)	Non-Medicaid	9	6%
EISEP Level 2 - Homemaker/Personal Care (Aged 60+)	Non-Medicaid	42	30%
Personal Care Aide Level 1 (PCA 1)	Medicaid	20	14%
Personal Care Aide Level 2 (PCA 2)	Medicaid	3	2%
Private Duty Nursing (PDN)	Medicaid	2	2%
Total		140	100%

Source: Herkimer County Alternatives in LTC Program, Herkimer County Office for the Aging

Physical & Emotional Health

Access to Quality Health Care

Individuals may receive services from more than one program. Although there are 140 cases, the total number of consumers is 111.

EISEP 2 had a wait list of 29 individuals on 12/31/15. The Long Term Home Health Care Program, which was meant to provide residential health care facility level care in the home, no longer exists in Herkimer County.

Table 352

Demographic breakdown of individuals served by Alternatives in LTC.

Marital Status	Number	Percent
Divorced	18	16%
Married	21	19%
Never Married	27	24%
Separated	3	3%
Widowed	42	38%
Living Arrangement	Number	Percent
Alone	63	56%
With Others (non-relative)	5	5%
With Relatives	23	21%
With Spouse Only	20	18%
Age	Number	Percent
85+	36	32%
75-84	20	18%
60-74	30	27%
<60	25	23%

Source: Herkimer County Alternatives in LTC Program

Physical & Emotional Health

Access to Quality Health Care

DATA SOURCES

Catholic Charities of Herkimer County

Centers for Medicare & Medicaid Services

<https://www.cms.gov/>

Herkimer County Alternatives in Long Term Care Program

Herkimer County Department of Social Services

Herkimer County Office for the Aging

Medical Answering Services, LLC

New York State Department of Health, Child Health Plus Enrollment by Insurer

https://www.health.ny.gov/statistics/child_health_plus/enrollment/

New York State Department of Health, Community Health Indicator Reports

<https://www.health.ny.gov/statistics/chac/indicators/>

New York State Department of Health, Medicaid Statistics

https://www.health.ny.gov/health_care/medicaid/statistics

U.S. Census Bureau

U.S. Department of Health and Human Services

Webb Community Transportation Service

Physical & Emotional Health

Promote a Healthy and Safe Environment

WHY THIS IS IMPORTANT

The 2013–2017 State Health Improvement Plan to “Promote a Healthy and Safe Environment” in New York State focuses on four core areas that impact health. These are: the quality of the *water* we drink, the *air* we breathe, and the built *environments* where we live, work, learn and play; and *injuries and occupational health*. ‘Environment,’ as used here, incorporates all dimensions of the physical environment that impact health and safety.

County Health Rankings and Roadmaps ranks Herkimer County 44th out of the 62 New York counties in its physical environment category which encompasses air quality, drinking water safety, access to recreational facilities and access to healthy food.

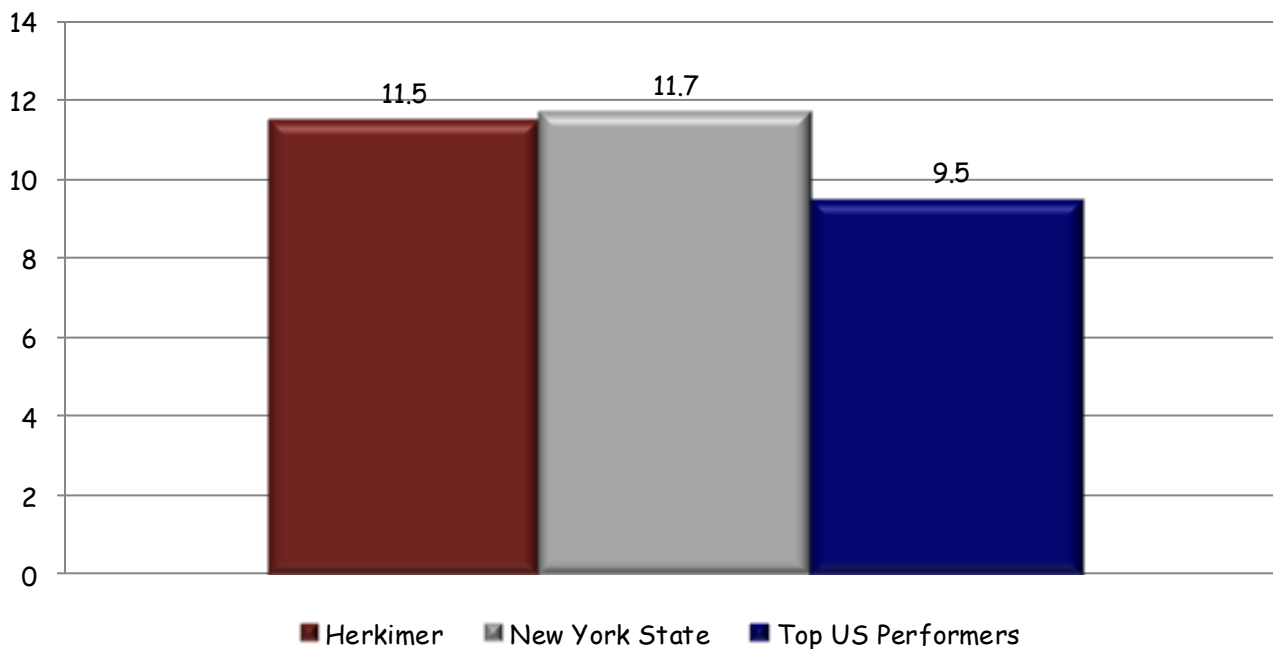
WHERE WE STAND

Air Quality

The air quality in Herkimer County does not currently give cause for concern. Between 2009 and 2015 Herkimer County had no days with air quality deemed to be unhealthy. The presence of fine particulate matter in the air is slightly below the overall New York State levels and somewhat higher than the national benchmark.

**Average daily density of fine particulate matter
in micrograms per cubic meter (PM2.5), 2015**

Graph 353



Source: County Health Rankings & Roadmaps

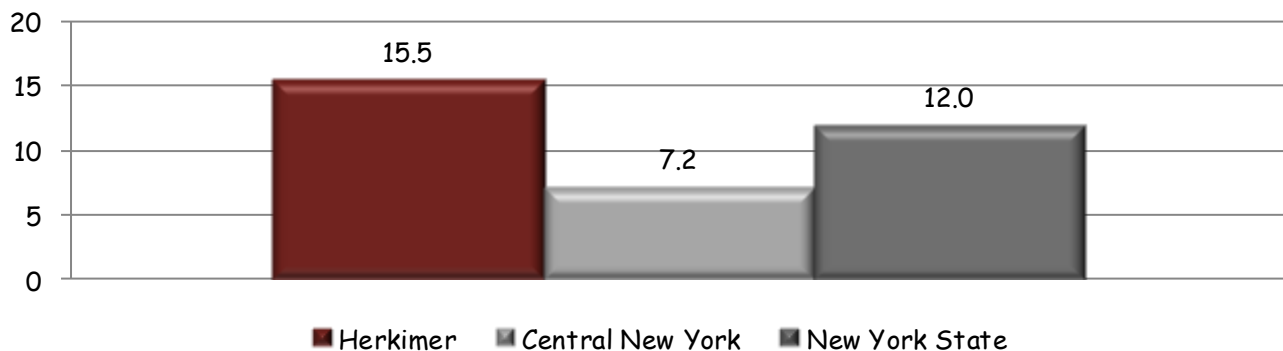
Physical & Emotional Health

Promote a Healthy and Safe Environment

Asthma is a chronic disease that affects people of all ages but could be often prevented or mitigated by improving house related conditions. Asthma is not always caused by poor indoor environment but can be associated with housing related hazards, such as smoking, old, and indoor pests or chemical pollutants. Asthma prevalence is a cause of ED visits and hospitalizations. The rates of ED visits and hospital discharges for asthma are somewhat lower in Herkimer County than those in the entire state.

Graph 354

**Age-Adjusted Asthma Death Rates Per 10,000
(2008-2010 Averages)**



Source: New York State Department of Health

The age-adjusted asthma death rate per 10,000 population for 2008-2010 is higher in Herkimer County than in the Central New York Region or New York State.

Safe Drinking Water

The County Health Rankings and Roadmaps project defines drinking water safety by measuring the percentage of the population exposed to water exceeding the violation limit in the past year. It appears to be a cause for concern in the Herkimer County. The private well water supplies widely used throughout the county are substantially less regulated than municipal water sources and more subject to pollution, especially by agricultural contaminants. Regular testing for common contaminants such as bacteria and nitrate is an important way to ensure continued safety of the water supply.

Table 355

% of Population Exposed to Potential Drinking Water Violations in 2015

Herkimer	New York State	National Benchmark
22%	4%	0%

Source: County Health Rankings and Roadmaps

Physical & Emotional Health

Promote a Healthy and Safe Environment

Fluoridating drinking water is an effective way to promote oral health by preventing tooth decay. The Centers of Disease Control and Prevention (CDC) designate it as one of the ten greatest public health achievements of the 20th century. However, in New York State, fluoridated water is not available in many rural areas with "off the grid" homes and private wells as water sources, which is an even more serious concern in high poverty areas where people have limited access to dental care. Another obstacle to a wide-spread consumption of fluoridated water are misconceptions about its safety and efficiency, so efforts to make optimally fluoridated

water more available to broader segments of the state's population should be accompanied by the public health education about its safety and effectiveness in promoting dental health. The availability of fluoridated water to the population of the largely rural Herkimer County is predictably much lower than in the region and the overall state of New York.

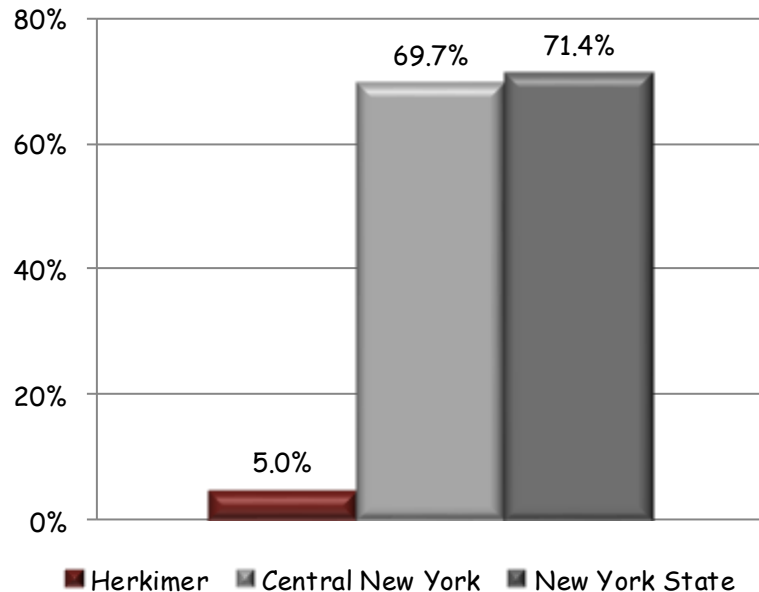
Lead in the Environment

Lead is a metal that can harm children and adults when it gets into their bodies. There are many sources of lead in the environment. Lead can be found in dust, air, water, soil, and in some products used in our homes.

Lead can harm a young child's growth, behavior, and ability to learn. Children under six years old are more likely to get lead poisoning than any other age group. Most often, children get lead poisoning from breathing in or swallowing dust from old lead paint that gets on floors and windowsills, hands, and toys. Lead can also be passed from mother to baby during pregnancy. Although lead poisoning is preventable, lead continues to be a major cause of poisoning among children. Thousands of children are still at risk.

Adults can also get lead poisoning, especially through contact with lead in certain jobs or hobbies or when disturbing lead paint through renovation or remodeling activities.

Graph 356
Percentage of Residents Served by Optimally Fluoridated Water (2012)



Source: New York State Department of Health

Physical & Emotional Health

Promote a Healthy and Safe Environment

The most common test for lead is a blood test which measures how much lead is in the bloodstream. A person with lead poisoning usually does not look or feel sick and because children continue to be at risk, New York State requires health care providers to test all children for lead with a blood lead test at age 1 year and again at age 2 years. At every well-child visit up to age six, health care providers must continue to ask parents about any contact their child might have had with lead. If there has been a chance of exposure, providers are required to test for lead again. Parents can ask their child's doctor or nurse if their child should get a lead test, and what the health test results mean.

Herkimer County Lead Screening Rates as of May 2015

Table 357

	Herkimer	Central New York	New York State
Percent of children born in 2010 with a lead screening 0-8 months	2.0	2.6	3.5
Percent of children born in 2010 with a lead screening 9-17 months	67.2	63.8	65.0
Percent of children born in 2010 with at least two lead screenings 18-35 months	68.8	69.8	65.6
Incidence rate per 1,000 among children less than 72 months of age with a confirmed blood level of 10 µg/dL or higher	10.4	18.8	4.9

Source: New York State Department of Health

The lead screening rate for Herkimer County children, born in 2010 at 0-8 months, is lower than New York State and the Central New York Region. However, the Herkimer County screening rates improve compared to New York State at both 9-17 months and 18-35 months. The confirmed rate of elevated levels of lead in children's blood ages 72 months of age for Herkimer County is higher than New York State.

Physical & Emotional Health

Promote a Healthy and Safe Environment

Built Environment

The 'built environment' includes homes, schools, workplaces, public and commercial buildings, transit systems, multi-use trails, roadways, streetscapes and parks. How the built environment is designed and maintained can affect human health through the products and materials used and through land use, zoning, economic development and infrastructure decisions that affect access to nutritious food and opportunities for physical activity.

At the neighborhood level, sidewalks, cross-walks, multi-use trails, safe streets, "complete streets," inter-connected streets and trails and public transportation are associated with physical activity, energy usage and the risk of being overweight or obese, especially among children, adolescents and the elderly. These factors are also associated with decreased risks of heart disease, hypertension, stroke, type-2 diabetes, colon and breast cancer, and falls. Many low-income and minority communities have disproportionately less access to public transportation, green and open space, recreational facilities, safe streets and healthy foods. These communities also experience elevated rates of obesity, diabetes, cardiovascular disease and mortality. Additionally, many neighborhoods and buildings are not designed to accommodate the needs of the elderly and disabled.

Injuries, Violence and Occupational Health

Injuries are a leading cause of death and disability in New York State and are the leading cause of death between ages one and 44. Almost 7,500 (21 daily) New Yorkers die every year, as a result of an injury. Non-fatal injuries also result in adverse health outcomes ranging from temporary pain to long-term disability, chronic pain, and diminished quality of life. Hospitalization and rehabilitation services are also often needed. Injuries are consistently among the leading cause of hospitalization for New Yorkers of all ages. About 160,000 individuals annually (440 daily) are injured severely enough to require hospitalization. Another 1.6 million injured New Yorkers each year (4,374 daily) are treated and released from an emergency department.

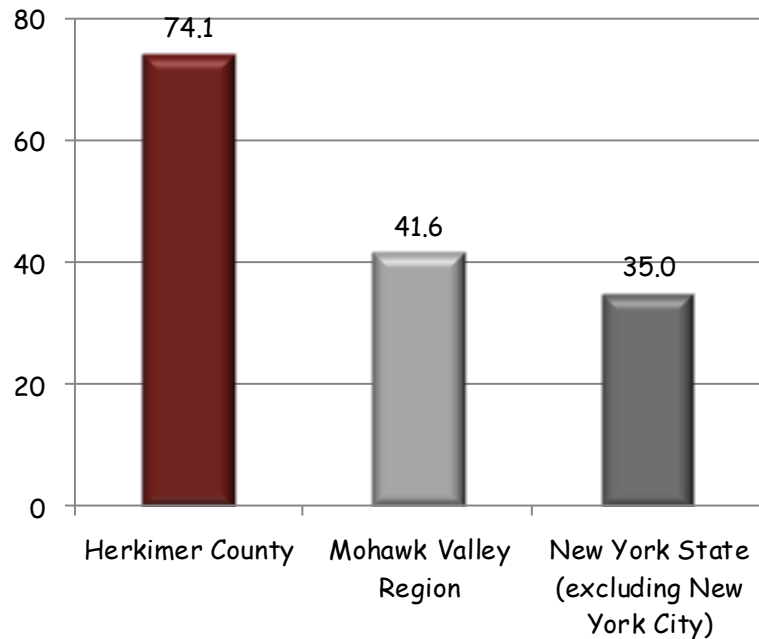
In New York State, falls are the leading cause of unintentional injury and deaths, among people ages 65 years and over. Falls are also the leading cause of nonfatal injuries, in this age group, and among children up to age four years. Among young children, the primary location of falls is the home, primarily falls from beds or slips and trips. More than one in three people over 65 years of age fall each year. The annual cost for falls account for \$2 billion in hospitalization and \$624.4 million outpatient emergency department. Approximately 95% of hospitalization charges, for older adults, are billed to publicly funded programs, i.e., Medicaid and Medicare. Half of all fall-related hospitalizations, for adults age 65 or older, subsequently result in the patient being transferred to a nursing home or rehabilitation center. The US Preventive Services Task Force recommends, for best prevention actions, addressing muscle weakness, gait, and balance problems. Recommended treatments include Vitamin D supplements, exercise and physical therapy.

Physical & Emotional Health

Promote a Healthy and Safe Environment

Graph 358

**Individual Occupational Injuries
Treated in the Emergency Department
Ages 15-19 Rate per 10,000 (2013)**



Between 2007 and 2009, homicides and assaults accounted for 832 deaths, 9,273 hospitalizations, and 85,337 emergency department visits in New York State. Those at highest risk are males between the ages of 15 and 24 years of age (SPARCS 2007-2009).

These hospitalizations cost almost \$240 million and the emergency department visits cost approximately \$134 million, annually. This does not include societal costs, such as potential life lost, emergency and protective services.

Each year in the United States, more than 4,000 occupational fatalities, three million

occupational injuries, and 160,000 cases of occupational illnesses occur. Efforts to incorporate patients' occupational information into electronic health records would lead to more informed clinical diagnosis and treatment plans, as well as more effective policies, intervention, and prevention strategies to improve the overall health of the working population. It would also reduce the reporting burden for hospitals and health care providers associated with Part 22 of the State Sanitary Code.

Source: New York State Department of Health

Research also has shown associations between many chronic diseases and occupation. Electronic health records also will facilitate the exploration of these data for research purposes to identify appropriate interventions. (This section taken from New York State Prevention Agenda *Promote a Healthy and Safe Environment Action Plan*)

Occupational injuries are more likely to occur in young people, and teens who suffer an injury on the job are more likely to seek medical help in the emergency room. In the Mohawk Valley region and Herkimer County, teens are more likely to get injured on the job than in the overall state. It is important to address general and work safety skills among teenage workers, and educate employers about safety and occupational hazards for their younger workers.

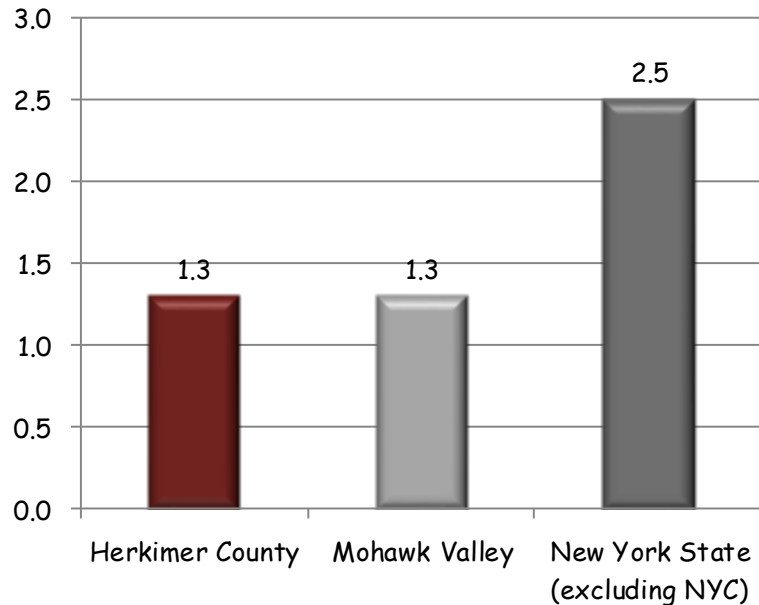
Physical & Emotional Health

Promote a Healthy and Safe Environment

Assault related injuries have serious personal and societal costs. They are most common among young males between fifteen and twenty-four years of age. Assault related hospitalization rates are lower in both Herkimer County and the Mohawk Valley Region than the rest of New York State, excluding New York City.

Falls are the most common unintentional injury among New Yorkers, mainly among people who are over sixty-five and young children before four years of age. Many falls occur at home due to unsafe living arrangements.

Graph 359
Assault Related Hospitalization Rates per 10,000 (2013)



Source: New York State Department of Health

Rate of Hospitalizations Due to Falls per 10,000—Aged 65+ Years, 2013

Herkimer County	Mohawk Valley Region	New York State (excluding NYC)
188.0	184.9	193.8

Source: SPARCS data as of December 2014

Table 360

About half of older adults who are hospitalized for falls are discharged into nursing homes or rehabilitation facilities. Herkimer senior residents have higher rates of falls compared with the region. Young children residing in both counties are also more likely to show in emergency department due to fall related injuries.

Rate of Emergency Department Visits Due to Falls per 10,000 Ages 1-4 Years, 2013

Herkimer County	Mohawk Valley Region	New York State (excluding NYC)
446.8	576.7	462.1

Source: SPARCS data as of December 2014

Table 361

Physical & Emotional Health

Promote a Healthy and Safe Environment

Herkimer County Traumatic Brain Injury Hospitalization Rate

Year	Single Year	3-Year Average	NYS exc. NYC
2004	8.8		9.0
2005	7.0	8.0	9.1
2006	8.3	7.8	9.4
2007	8.1	9.1	9.9
2008	10.9	9.1	9.4
2009	8.4	9.1	9.6
2010	8.1	8.6	9.4
2011	9.3	8.3	9.4
2012	7.6	7.5	9.2
2013	5.6		9.0

Adjusted Rates are Age Adjusted to The 2000 United States Population.
Source: 2011-2013 SPARCS Data as of December, 2014 Table 362

Table 362 depicts the rate of traumatic brain injury-related hospitalizations in Herkimer County over a ten year period. During that time span there has been a marked decrease in the hospitalization rate observed.

Age Adjusted Herkimer County Motor Vehicle Mortality Rate per 100,000

Table 363

Year	Single Year	3-Year Average	NYS exc. NYC
2004	22.7		10.4
2005	10.7*	15.3	9.5
2006	13.0*	8.8	9.8
2007	2.6*	12.3	9.3
2008	21.5	12.4	8.1
2009	13.5*	15.2	7.6
2010	10.5*	13.0	8.2
2011	14.7	12.3	8.2
2012	11.7*	12.2	8.3
2013	10.4*		7.6

*Fewer than 10 events in the numerator, therefore the rate is unstable
Adjusted Rates Are Age Adjusted to The 2000 United States Population
Source: 2011-2013 Vital Statistics Data as of February, 2015

Table 363 illustrates the Herkimer County Motor Vehicle Mortality Rate from 2004 to 2013. Although numbers are unstable due to small sample size, one can still perceive a downward trending over time.

Table 364 on the following page displays the Age Adjusted Herkimer County Non-motor vehicle mortality rate from 2004 to 2013.

Table 365 on the following page shows the Herkimer County Alcohol Related Motor Vehicle Injuries and Deaths from 2004 to 2013.

Physical & Emotional Health

Promote a Healthy and Safe Environment

Table 364

Age Adjusted Herkimer County Non-motor vehicle mortality rate per 100,000

Year	Single Year	3-Year Average	NYS exc. NYC
2004	8.9*		13.7
2005	18.0	15.2	17.4
2006	19.2	18.6	17.3
2007	18.7	18.6	18.2
2008	17.4	18.5	20.3
2009	18.8	15.5	16.1
2010	9.9*	12.3	18.9
2011	8.6*	10.8	21.7
2012	13.5	11.1	22.7
2013	10.9		23.9

*Fewer than 10 events in the numerator, therefore the rate is unstable
 Adjusted Rates Are Age Adjusted to The 2000 United States Population
 Source: 2011-2013 Vital Statistics Data as of February, 2015

Table 365

Herkimer County Alcohol Related Motor Vehicle Injuries and Deaths per 100,000

Year	Crude Rate		
	Single Year	3-Year Average	NYS exc. NYC
2004	75.2		62.8
2005	59.6	68.6	59.3
2006	71.1	58.5	55.5
2007	44.8	53.2	54.7
2008	43.4	50.8	52.0
2009	64.3	47.1	51.7
2010	34.1	45.6	46.2
2011	39.0	40.4	45.3
2012	48.1	51.3	45.8
2013	67.0		41.9

Source: 2011-2013 NYS Department of Motor Vehicles Data as of June, 2015

Physical & Emotional Health

Promote a Healthy and Safe Environment

DATA SOURCES

County Health Rankings & Roadmaps

<http://www.countyhealthrankings.org/>

New York State Department of Health, Information on Asthma in New York State

https://www.health.ny.gov/statistics/ny_asthma/

New York State Department of Health, Prevention Agenda 2013-2018

https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

New York State Department of Health, Community Health Indicator Reports

<https://www.health.ny.gov/statistics/chac/indicators/>

New York State Department of Health, Statewide Planning and Research Cooperative System

<https://www.health.ny.gov/statistics/sparcs/>

New York State Department of Health, Vital Statistics

https://www.health.ny.gov/statistics/vital_statistics

New York State Department of Motor Vehicles, Statistical Summaries

<https://dmv.ny.gov/about-dmv/statistical-summaries>

Physical & Emotional Health

Mental Health and Substance Abuse

WHY THIS IS IMPORTANT

Mental health and substance abuse disorders negatively affect physical and emotional well-being. They may occur at all ages among individuals from different socioeconomic and ethnic backgrounds, and in both genders. There is growing evidence that poor mental health frequently co-occurs with many chronic conditions and may worsen related health outcomes and lead to higher morbidity and mortality. The U.S. Surgeon General estimates that one in five Americans suffers from a mental health disorder each year.

Poor behavioral health is another pervasive problem that affects our society. It includes smoking, alcohol use, and drug abuse, all of which frequently accompany mental health problems as well as aggravate common chronic diseases.

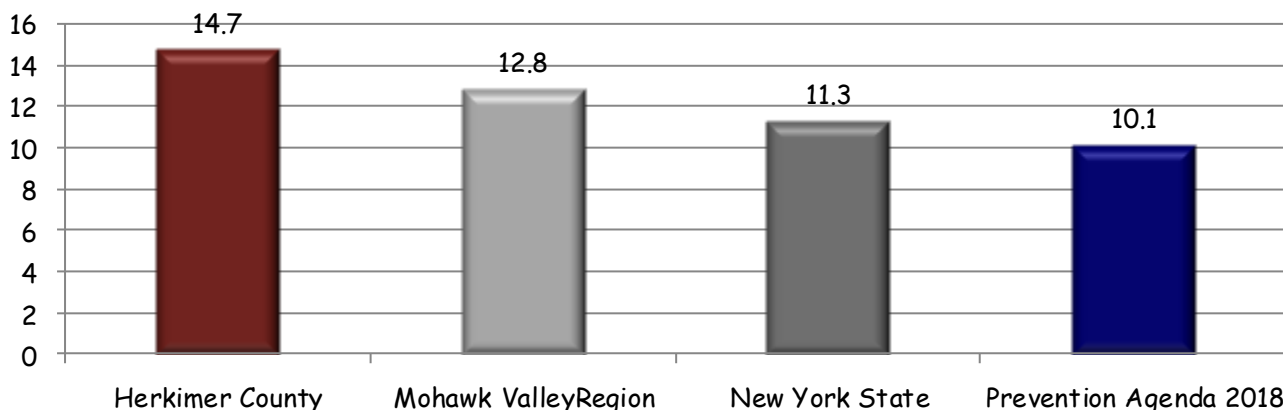
When mental health, behavioral health and substance use disorders remain unaddressed, it inevitably results in heavy human and economic costs. Decreased productivity, work and school absenteeism, poor quality of life, negative health outcomes and an increased burden on the health care system can result.

WHERE WE STAND

Graph 366 illustrates the percentage of adults that reported poor mental health in the last 14 days of the last month in Herkimer County, the Mohawk Valley Region, and New York State in 2014, and compares this with the NYS Prevention Agenda goal for 2018. As the graph shows, a higher percentage of Herkimer County residents reported 14 or more poor mental health days within a one month period than the percentages reported in the Mohawk Valley Region or NYS. All were above the NYS Prevention Agenda goal of 10.1%.

Graph 366

Herkimer County Age Adjusted % of Adults with Poor Mental Health in the Last 14 Days in the Last Month 2013-2014



Source: 2013-2014 NYS Expanded Behavioral Risk Factor Surveillance System data

Physical & Emotional Health

Mental Health and Substance Abuse

Table 367 displays the estimated number of youth and adults that are diagnosed with a Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) in New York State, the Central NY Region, and Herkimer County. As the table shows, over 850 children and 2,700 adults in Herkimer County are estimated to have serious mental health needs which may require treatment and support services.

Table 367

2015 Estimated SED and SMI Prevalence—NYS, Central NY Region, and Herkimer County

Region	Age 9-17	Age 18-64	Age 65 and Older
	Est. SED Population	Est. SMI Population	Est. SMI Population
Statewide	259,123	679,971	156,497
Central NY	27,069	66,356	17,480
Herkimer County	857	2,066	648

Source: 2015 OMH Patient Characteristics Survey

Table 368 displays the ratio of available mental health providers to the general population of residents in 2015 in Herkimer County, New York State and in top performing U.S. Counties. A lower ratio is better and means that there are ample professionals available to meet needs. Providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure.

Availability of Mental Health Providers 2015

Table 368

Herkimer County	New York State	Top US Performers*
2,139:1	443:1	386:1

Source: County Health Rankings

*90th percentile, i.e., only 10% of counties are better

As the table shows, there is one mental health services provider available for every 2,139 residents in Herkimer County. The availability of mental health providers is almost five times better in New York State as a whole, and is 5.5 times better in high-performing communities.

Herkimer County has been identified as a federally designated Health Professional Shortage Area (HPSA) for mental health providers.

Adults and children from Herkimer County requiring outpatient care sometimes travel out of county to obtain services. Children or adults requiring inpatient care are served by facilities outside Herkimer County.

Physical & Emotional Health

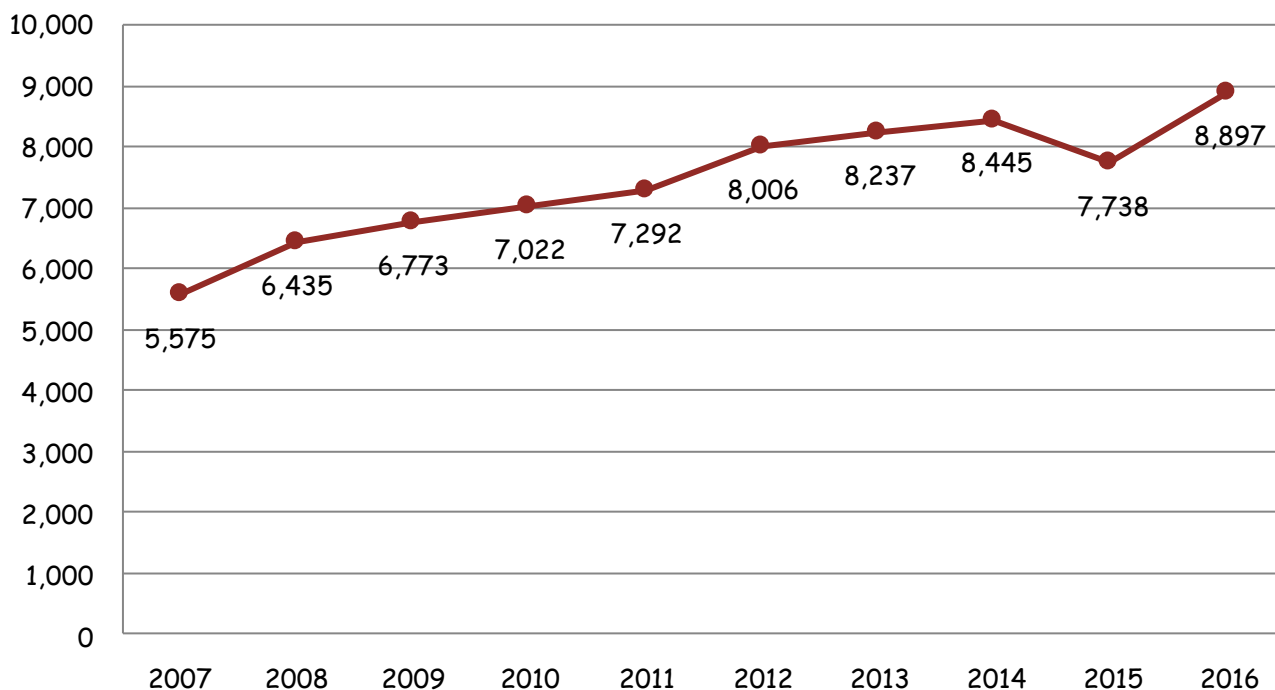
Mental Health and Substance Abuse

Graph 369 illustrates the number of clinic visits made to the Herkimer County Mental Health Clinic each year from 2007 to 2016. As the graph illustrates, yearly clinic visits have increased by 59% during this time frame. Of the 8,897 clinic visits made in 2016, 7,135 visits were with adults and 1,762 were with children below the age of 18. There was on average of 498 people open to clinic services each month in 2016. Approximately 20% of people open to clinic services each year are children.

In addition to these services, New York State operates a clinic in Herkimer County that provides regional outpatient clinic services to SMI adults with admission histories. Approximately 900 clients are served each year by that clinic.

Graph 369

**Herkimer County Mental Health Clinic Visits
2007 to 2016**



Source: Herkimer County Mental Health Department

Graph 370 on the following page illustrates the number of visits made to inmates in the Herkimer County Jail each year from 2010 to 2016. As the graph illustrates, jail visits have increased by 28% during this time frame.

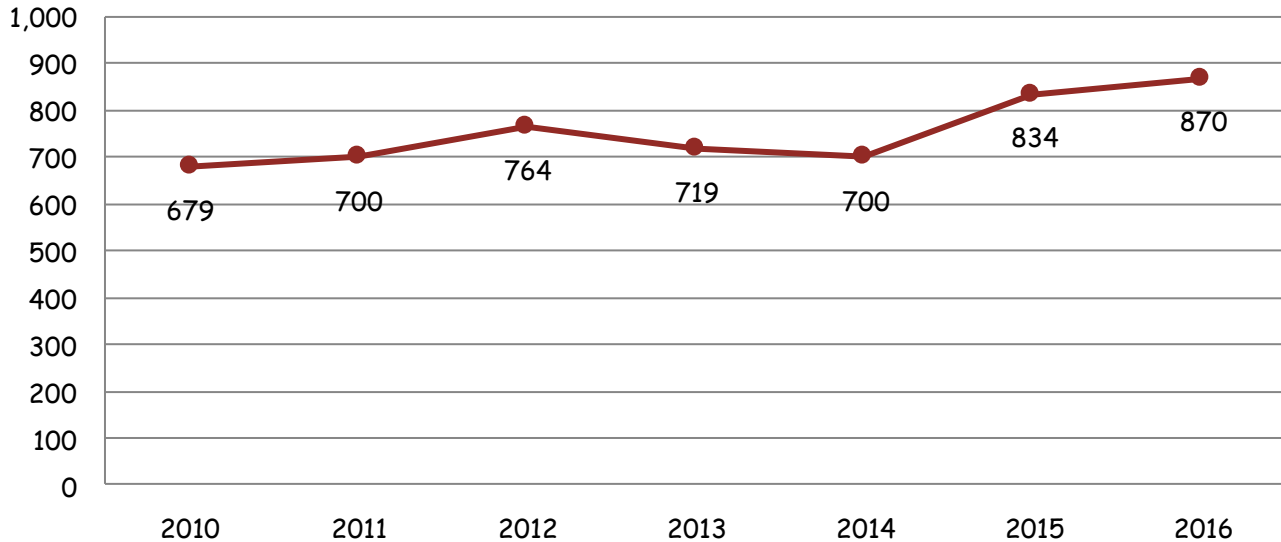
Over 600 inmates received mental health screening and monitoring visits in the Herkimer County Jail in 2016. Of those, ninety three inmates were identified as at-risk of harm to self or others and required enhanced monitoring (194 visits made).

Physical & Emotional Health

Mental Health and Substance Abuse

Graph 370

**Herkimer County Mental Health Jail Visits
2010 to 2016**



Source: Herkimer County Mental Health Department

Table 371 displays the number of clients that were served by all outpatient mental health clinics in Herkimer County during 2014 (unduplicated). It is estimated that 1,387 clients were served by outpatient clinic services in that year.

2014 Herkimer County Mental Health Clinic Service Use

Table 371

	Clinics: Total Number of Clients			
	Locally Operated Clinics		Recipients in State-operated Clinics	Clinic Treatment per 100,000
	Medicaid Recipients	Non-Medicaid Recipients (Estimated #)		
Children	76	4	—	497
Adults	265	144	892	2,736

Source: Mohawk Valley DSRIP Region Needs Assessment—December 2016

Table 372 on the following page shows adult and child average daily census for inpatient mental health services in 2014 and the rate per 10,000 persons in Herkimer County and New York State. As the table shows, rates for inpatient hospital use in Herkimer County are below NYS rates for both children and adults.

Physical & Emotional Health

Mental Health and Substance Abuse

In 2014, an average of 15 Herkimer County residents were in an inpatient setting each day in a general hospital, private hospital, state psychiatric hospital, or in a residential treatment facility (children).

Table 372

Mental Health Inpatient Use Profile for Herkimer County and NYS 2014

	Herkimer County		New York State	
	Daily Census	Rate/10,000 Pop	Daily Census	Rate/10,000 Pop
Adults (age 18+)	11.8	2.3	7,100.0	4.6
General Hospital	6.8	1.4	3,846.6	2.5
Private Hospital	0	0	300.4	0.2
State Psychiatric Center	5.0	1.0	2,953.0	1.9
Children (age 0-17)	3.1	2.3	1,464.6	3.4
General Hospital	0	0	295.8	0.7
Private Hospital	1.6	1.2	283.8	0.7
State Psychiatric Center	1.1	0.8	370.2	0.9
Residential Treatment Facility (RTF)	0.4	0.3	514.8	1.2

Source: NYS Office of Mental Health Dashboard

Table 373 on the following page displays the total number of hospital admissions by mental health diagnosis and rate per 10,000 persons for Herkimer County and counties in the Mohawk Valley region in 2012 (most recent data available). Almost half of the 2,288 Herkimer County hospital admissions in 2012 were for depressive disorders (46%), which is consistent with the percent of admissions for the Mohawk Valley region (also 46%).

Physical & Emotional Health

Mental Health and Substance Abuse

Table 373

Total Inpatient Hospital Admissions by Mental Health Diagnosis—2012

County	Mental Health Diagnosis												Total Admissions	Total Admissions per 10,000
	Bi-Polar Disorder		Depressive Disorders		Schizophrenia		Chronic Stress and Anxiety Diagnoses		Post Traumatic Stress Disorder		Other Mental Health Diagnoses			
	#	%	#	%	#	%	#	%	#	%	#	%		
Fulton	322	10%	1,377	43%	433	14%	425	13%	96	3%	536	17%	3,189	576
Herkimer	167	7%	1,053	46%	251	11%	364	16%	43	2%	410	18%	2,288	355
Montgomery	170	8%	932	44%	300	14%	311	15%	51	2%	336	16%	2,100	420
Otsego	62	6%	527	49%	119	11%	149	14%	32	3%	188	17%	1,077	173
Schoharie	13	3%	240	61%	43	11%	75	19%	0	0%	20	5%	391	120
Totals	734	8%	4,129	46%	1,146	13%	1,324	15%	222	2%	1,490	16%	9,045	342

Source: Mohawk Valley DSRIP Region Needs Assessment—December 2016

Table 374

Total Patient Emergency Room Visits by Mental Health Diagnosis-2012

County	Mental Health Diagnosis												Total Visits	Total Visits per 10,000 pop
	Bi-Polar Disorder		Depressive Disorders		Schizophrenia		Chronic Stress and Anxiety Diagnoses		Post Traumatic Stress Disorder		Other Mental Health Diagnoses			
	#	%	#	%	#	%	#	%	#	%	#	%		
Herkimer	558	7%	4,712	36%	1,655	13%	1,972	15%	443	3%	2,932	22%	13,171	2,379
DSRIP Region	3,518	9%	15,252	38%	4,939	12%	6,791	17%	1,448	4%	8,556	21%	40,504	1,530

Source: Mohawk Valley DSRIP Region Needs Assessment—December 2016

Table 374 displays the total number of emergency room visits in Herkimer County and the Mohawk Valley DSRIP Region by mental health diagnosis in 2012. Overall, the region had 1,530 MH diagnosis emergency room (ER) visits per 10,000 population. Herkimer County's rate of 2,379 per 10,000 population was higher than the regional rate.

Physical & Emotional Health

Mental Health and Substance Abuse

In New York State, adult behavioral health housing services are provided in licensed beds in congregate treatment (community residences) and apartment treatment programs, and in unlicensed beds in housing support and supported housing programs.

Table 375 displays the 2015 mental health residential programs profile for Herkimer County and New York State.

Table 375

2015 Adult Mental Health Residential Programs Profile for Herkimer County and NYS

Characteristics	Herkimer County				New York State			
	Congregate Treatment	Apartment Treatment	Support Programs	Supported Housing	Congregate Treatment	Apartment Treatment	Support Programs	Supported Housing
Characteristics								
# of Beds	21	8	-	30	5,245	4,593	3,373	19,809
Beds/10,000 Adult Pop	4.2	1.6	-	5.9	3.4	3	2.2	12.9
% Occupancy Rate	96.3%	92.8%	-	97%	91.7%	89.6%	94.3%	87.6%
Median LOS (days)	235	411	-	947	389	537	837	1,243
% LOS >2 years	9.5%	20%	-	66.7%	31.9%	38.5%	55.6%	64.2%
Admissions								
# Persons	31	5	-	9	3,510	1,990	935	4,937
% From State Psychiatric Center (PC)	0%	0%	-	11.1%	29.6%	3.9%	20.6%	2%
% Priority Pop	25.8%	0%	-	11.1%	62.7%	32.5%	72%	28.2%
Discharges								
# Persons	30	8	-	8	3,538	1,872	854	3,636
% To State PC	0%	0%	-	0%	9.4%	3.5%	12.1%	2.3%

Source: NYS Office of Mental Health Dashboard

LOS = Length of Stay

Physical & Emotional Health

Mental Health and Substance Abuse

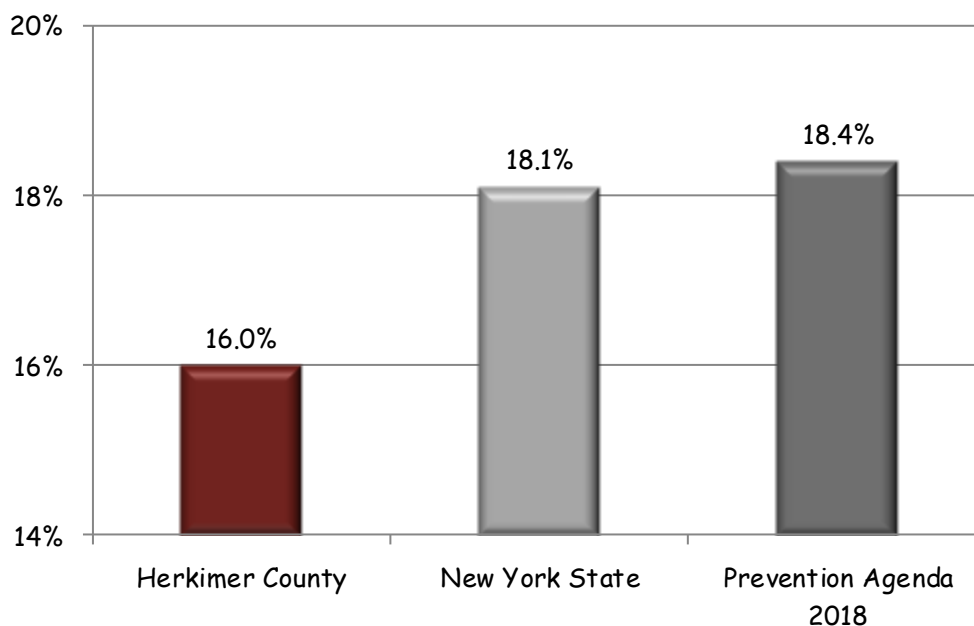
Substance Use Prevalence

Binge drinking (5 or more drinks on one occasion for men, 4 or more drinks on one occasion for women) is associated with many health problems; including unintentional injury, alcohol poisoning, poorly controlled diabetes, and cardiovascular diseases.

Graph 376 displays the percent of adults that report on the Behavioral Risk Factor Surveillance Survey (BRFSS) that they engaged in binge drinking during the past month of responding to the survey in Herkimer County and New York State, and compares this percentage with the benchmark established by the Department of Health, NYS Prevention Agenda. Herkimer County meets the Prevention Agenda 2018 Benchmark, and at 16%, is lower than the percentage of adult binge drinking reported in New York State.

Graph 376

Age-adjusted percentage of adult binge drinking during the past month, 2013-2014



Source: NYS Prevention Agenda Dashboard—County Level: Herkimer County

According to the 2013 TAP Survey teenage alcohol use has decreased from 1997 to 2013. This holds true for teens who; ever drank alcohol, drank alcohol at least a few times a month, and teens who have been binge drinking in the past month.

Physical & Emotional Health

Mental Health and Substance Abuse

Graph 377 shows the number of adult felony and misdemeanor DWI arrests in Herkimer County from 2012 to 2015. Arrests have declined by 16% during this time period.

Herkimer County Adult DWI Arrests 2012-2015

Graph 377

	Year			
	2012	2013	2014	2015
DWI-Felony	42	50	33	38
DWI-Misdemeanor	219	217	190	184
Total	261	267	223	222

Source: DCJS, Uniform Crime/Incident-Based Reporting System

Graph 378 displays the number of youth DWI arrests for alcohol and drugs in Herkimer County from 2012 to 2015.

Herkimer County Youth DWI Arrests 2012-2015

Graph 378

	Year											
	2012			2013			2014			2015		
	Under 16	16-18	Total	Under 16	16-18	Total	Under 16	16-18	Total	Under 16	16-18	Total
DWI-Alcohol	0	3	3	0	4	4	0	1	1	0	4	4
DWI-Drugs	0	1	1	0	2	2	0	2	2	0	2	2

Source: DCJS, Uniform Crime/Incident-Based Reporting System

Physical & Emotional Health

Mental Health and Substance Abuse

Table 379 displays the opioid death, outpatient emergency department, and hospitalization rates in Herkimer County and NYS (excluding NYC) in 2014 and 2015. Death rates have increased in Herkimer County in 2015 but remain lower than the rates found in NYS (minus NYC). Emergency department and hospitalization rates for overdoses involving opioid pain relievers were greater in Herkimer County than in NYS (minus NYC).

Table 379

Herkimer County Opioid Overdose Rates per 100,000 Population 2014–2015

Indicator	Location	2014 Total	2015 Total
		Rate per 100,000	Rate per 100,000
Deaths			
All Opioid Overdoses	Herkimer	3.1	11.1
	NYS excl. NYC	8.8	13.4
Heroin Overdoses	Herkimer	0.0	6.3
	NYS excl. NYC	4.0	6.1
Overdoses Involving Opioid Pain Relievers	Herkimer	1.6	4.8
	NYS excl. NYC	5.3	8.8
Outpatient Emergency Department Visits			
All Opioid Overdoses	Herkimer	37.7	26.9
	NYS excl. NYC	29.7	39.8
Heroin Overdoses	Herkimer	15.7	12.7
	NYS excl. NYC	19.2	28.7
Overdoses Involving Opioid Pain Relievers	Herkimer	22.0	14.3
	NYS excl. NYC	10.5	11.1
Hospitalizations			
All Opioid Overdoses	Herkimer	20.4	14.3
	NYS excl. NYC	17.0	16.1
Heroin Overdoses	Herkimer	<i>s</i>	<i>s</i>
	NYS excl. NYC	4.9	5.5
Overdoses Involving Opioid Pain Relievers	Herkimer	17.3	12.7
	NYS excl. NYC	12.2	10.6

Source: NYS Department of Health Opioid Supplemental Reports 2014 and 2015

s = suppressed

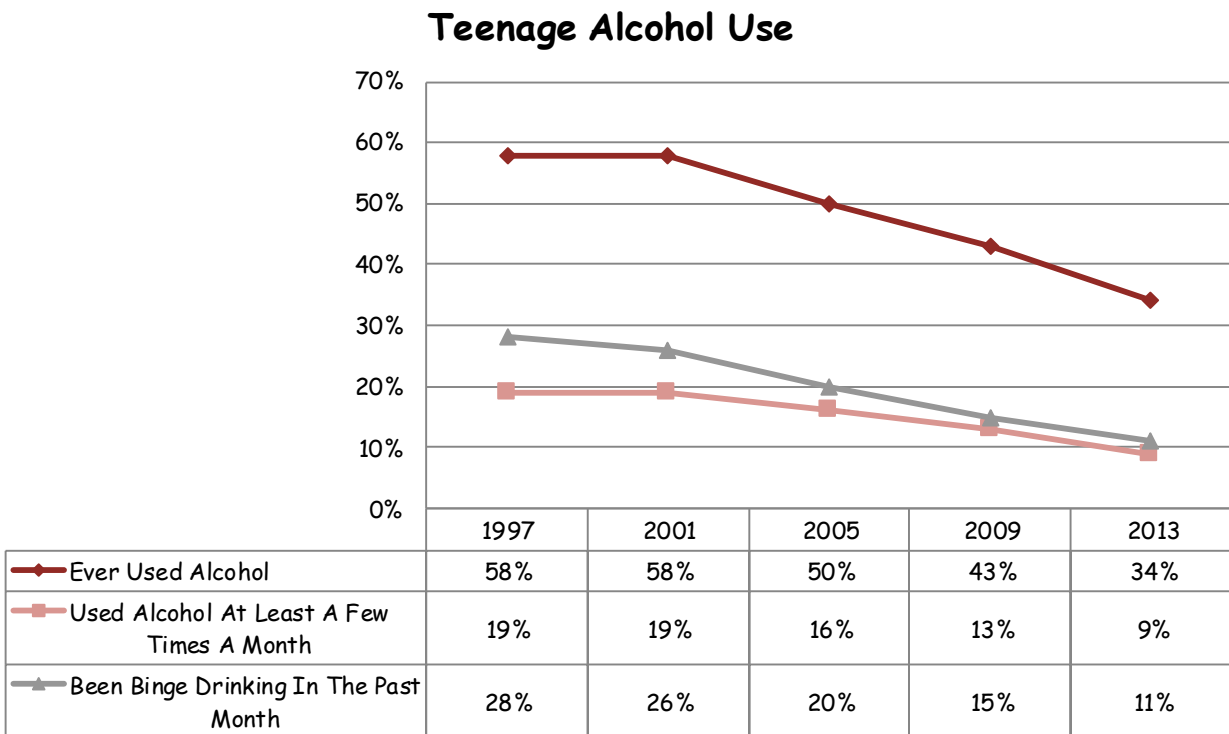
Physical & Emotional Health

Mental Health and Substance Abuse

Alcohol and Substance Use by Teens

The Herkimer County Teen Assessment Project (TAP) Survey has inventoried the behaviors and perceptions of 7th, 9th and 11th grade students across Herkimer County every four years from 1997 to 2013. Graph 380 illustrates survey responses regarding teen alcohol use.

Graph 380



Source: Herkimer County 2013 TAP Survey

According to the TAP Survey, drinking has been declining among Herkimer County teens. The percent that ever drank alcohol dropped from about 58% in 1997 to just 34% in 2013. Fewer teens also reported that they drink regularly (at least a few times per month), from 19% in 1997 to 9% in 2013. Binge drinking (having five or more drinks in a three hour period) declined from 28% in 1997 to 11% in 2013.

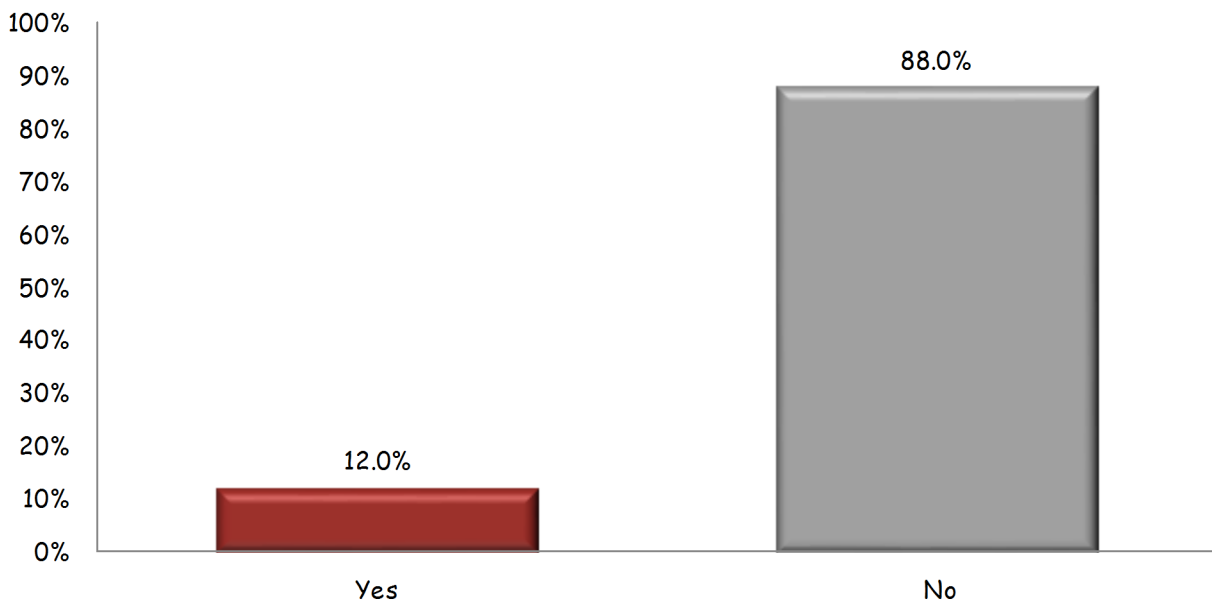
Physical & Emotional Health

Mental Health and Substance Abuse

As illustrated in Graphs 381, 12% of teens reported they had been offered, sold or given illegal drugs on school property during the school year. Not surprisingly, the rate went up for the older students, as illustrated in Table 382. In 2013, 7% of seventh graders, 13% of ninth, and 17% of eleventh were offered, sold or given illegal drugs at school.

Graph 381

During the 2012-2013 School Year Has Anyone Offered, Sold, or Given You an Illegal Drug on School Property ...



Source: Herkimer County 2013 TAP Survey

Table 382

Percent of Students Offered, Sold or Given Illegal Drugs During the 2012-2013 School Year On School Property by Grade Level

7th	9th	11th
7%	13%	17%

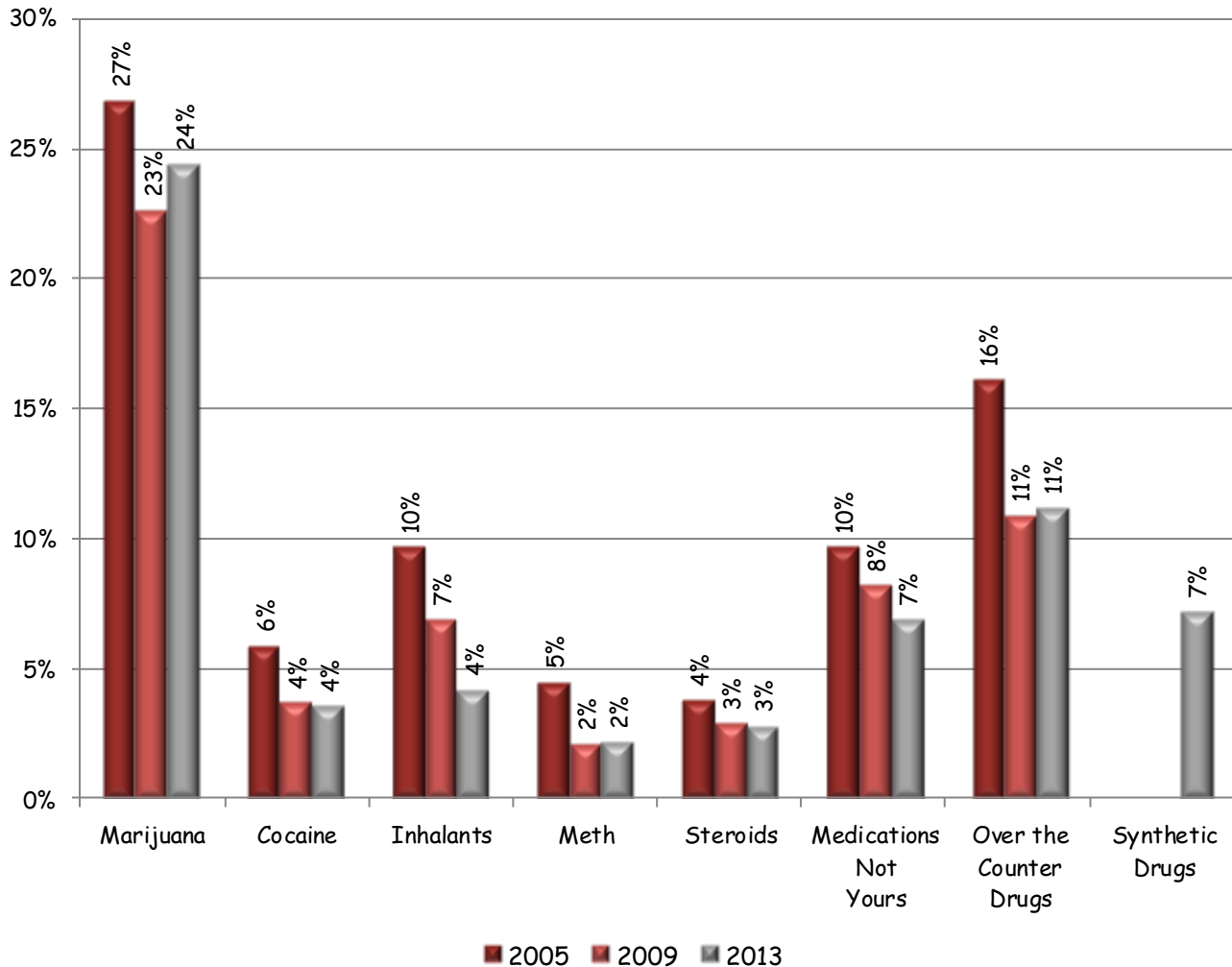
Source: 2013 TAP Survey

Physical & Emotional Health

Mental Health and Substance Abuse

Since 2005, drug use overall has declined amongst teens as seen in Graph 383. These rates for drug use in Herkimer County have been similar to the rates seen nationally, though fewer teens in Herkimer County than nationally reported ever using inhalants or unauthorized prescription medicine.

Percent of Herkimer County Teens Reporting Drug Use by Type Graph 383



Source: Herkimer County 2013 TAP Survey

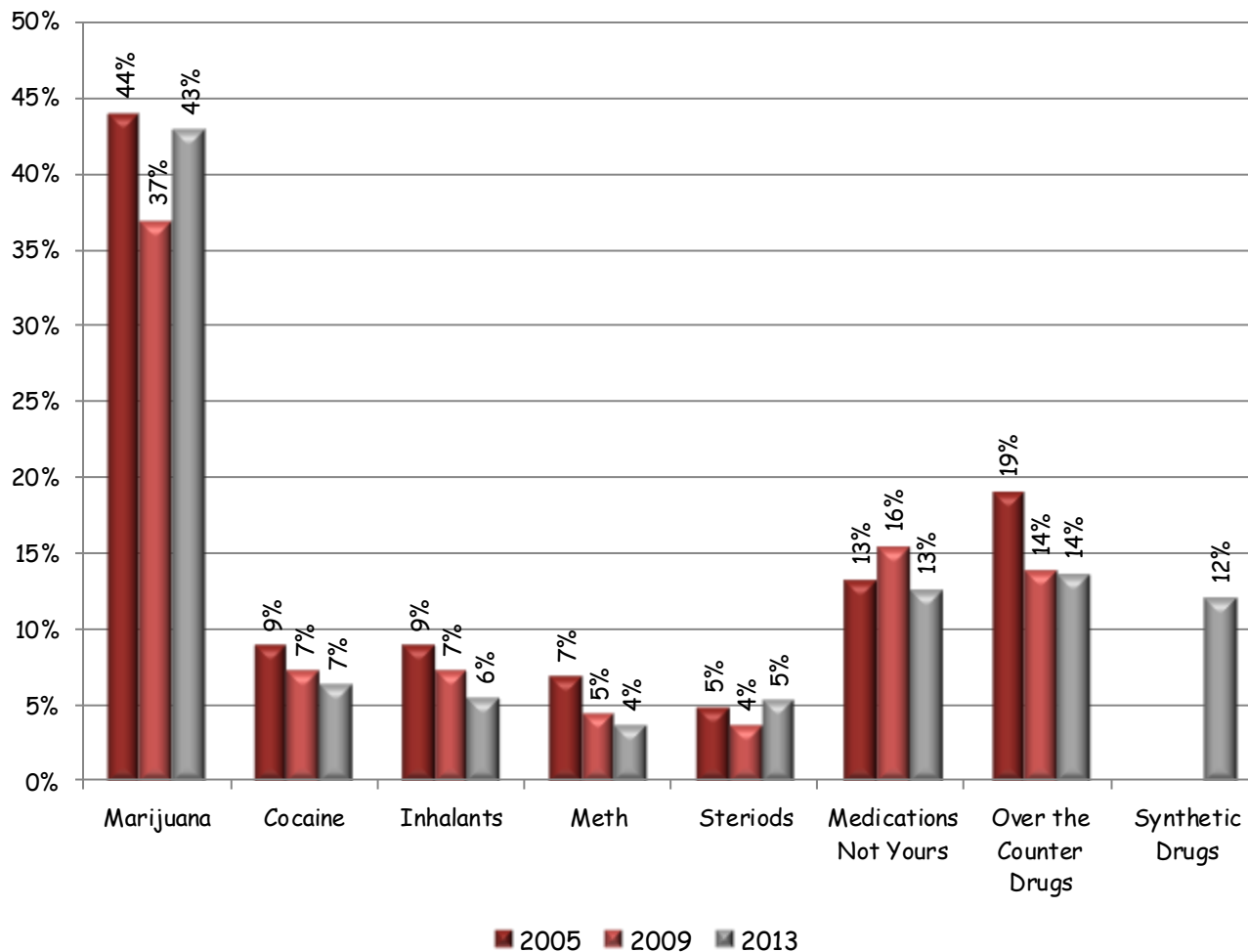
The Herkimer County TAP Survey includes 7th, 9th and 11th graders. Naturally, teens in the 11th grade, being the oldest, would be more likely to have ever tried various illegal drugs. Examining their drug use over time provides a more focused view of the impact of illegal substances.

Physical & Emotional Health

Mental Health and Substance Abuse

Graph 384 illustrates the percent of 11th grade students that report that they have used specific drugs over their lifetime. Use appears to be trending down slightly for most categories, including cocaine, inhalants and methamphetamine, but their use has never been higher than 9% and by 2013 was down at or below 7% for each of them.

Percent 11th Grade Students Who Uses Different Drugs During Their Life Graph 384



Source: Herkimer County 2013 TAP Survey

For the three most tried drugs—marijuana, prescription drug misuse and over the counter drug misuse—the percentage of 11th graders to ever try them has fluctuated but declined since 2005. For marijuana, the most widely used illegal drug, 44% in 2005, 37% in 2009 and 43% in 2013 of the 11th graders reported they had ever tried it. The question regarding use of synthetic drugs, such as “bath salts” or synthetic marijuana, was first asked in 2013; in response, 12% of the 11th graders indicated they had tried a synthetic drug.

Physical & Emotional Health

Mental Health and Substance Abuse

Treatment

New York State has a variety of substance use disorder (SUD) outpatient programs including clinic and rehabilitation. In the Mohawk Valley region, all counties have SUD outpatient programs. The average daily enrollment (ADE) in these programs is displayed in Table 385. In the region, Herkimer County has the lowest average daily enrollment of 94.

Table 385

**Mohawk Valley Region Substance Use Disorders Outpatient Program
Average Daily Enrollment—2015**

	Outpatient Program	
	Average Daily Enrollment	
	Total	Rate Per 10,000
Fulton	147	27
Herkimer	94	15
Montgomery	202	40
Otsego	116	19
Schoharie	95	29
Totals	655	25

Source: Mohawk Valley DSRIIP Region Needs Assessment—December 2016

Table 386 on the following page displays the percentage of individuals who initiated and engaged in alcohol and other drug (AOD) dependence treatment in the Mohawk Valley Region.

The "initiation" measure is the percentage of individuals who initiate treatment within 14 days of the diagnosis of AOD dependence. The "engagement" measure is the percentage of individuals who are engaged in treatment within 30 days after initiation.

In the Mohawk Valley region, 52% of individuals initiate treatment within 14 days of AOD dependence diagnosis and 21% engage in treatment within 30 days after initiation (79% do not). Herkimer County has the highest percentage of AOD initiation of treatment (54%) in the region and the second highest percentage of AOD engagement in treatment (23%).

Physical & Emotional Health

Mental Health and Substance Abuse

Table 386

Mohawk Valley Region: Initiation and Engagement in AOD Treatment

County	Initiation	Engagement
Fulton	52%	19%
Herkimer	54%	23%
Montgomery	51%	19%
Otsego	50%	19%
Schoharie	52%	27%
Region Avg. %	52%	21%

Source: Mohawk Valley DSRIP Region Needs Assessment—December 2016

Table 387 displays the total ER visits by the major diagnostic category of substance use disorders (SUD) in Herkimer County and the Mohawk Valley region. Overall, the Mohawk Valley region had 417 SUD ER visits per 10,000 population. Herkimer County's rate was slightly lower at 400 per 10,000.

Table 387

Total Patient Emergency Room Visits by Substance Use Disorder Diagnosis—2012

County	Substance Use Disorder Diagnosis										Total Visits	Total Visits per 10,000
	Cocaine Use Disorder		Alcohol Use Disorder		Opioid Use Disorder		Drug Abuse: Cannabis/NOS/NEC		Other SUD Diagnoses			
	#	%	#	%	#	%	#	%	#	%		
Herkimer	618	24%	297	12%	595	23%	527	20%	538	21%	2,575	400
Mohawk Valley Region	2,727	25%	907	8%	2,615	24%	2,867	26%	1,930	17%	11,046	417

Source: Mohawk Valley DSRIP Region Needs Assessment—December 2016

Physical & Emotional Health

Mental Health and Substance Abuse

Table 388 displays the total hospital inpatient admissions by the major diagnostic category of substance use disorders (SUD) in Herkimer County and the Mohawk Valley region. Overall, the Mohawk Valley region had 97 inpatient admissions per 10,000 population. Herkimer County's rate was higher at 106 per 10,000 population. Inpatient admissions in Herkimer County for cocaine use disorder (12%) and opioid use disorder (28%) exceeded Region averages.

Table 388

Total Inpatient Hospital Admissions by Substance Use Disorder Diagnosis - 2012

County	Substance Use Disorder Diagnosis										Total SUD Admissions	Total Admissions per 10,000
	Cocaine Use Disorder		Alcohol Use Disorder		Opioid Use Disorder		Drug Abuse: Cannabis/NOS/NEC		Other SUD Diagnoses			
	#	%	#	%	#	%	#	%	#	%		
Herkimer	82	12%	183	27%	190	28%	127	19%	101	15%	683	106
Mohawk Valley Region	231	9%	817	32%	623	24%	539	21%	362	14%	2,572	97

Source: Mohawk Valley DSRIP Region Needs Assessment—December 2016

Table 389 illustrates the number of Herkimer County individuals that were admitted to an OASAS Certified Chemical Dependence Treatment Program on a quarterly basis from Jan. 2015 to June 2016. The number of unique clients admitted per year does not equal the sum of the unique clients admitted each quarter because an individual can be admitted to treatment in more than one quarter during the year.

Table 389

Herkimer County: Unique Clients Admitted to OASAS Certified Chemical Dependence Treatment Programs 2015-2016

Indicator	Jan-Mar 2015	Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Total 2015	Jan-Mar 2016	Apr-Jun 2016
Unique clients admitted for heroin	80	59	68	55	209	69	75
Unique clients admitted for any opioid (incl. heroin)	95	79	98	87	359	88	97

Source: NYS Office of Alcoholism and Substance Abuse Services

*Data as of October 2016

Physical & Emotional Health

Mental Health and Substance Abuse

Prevention Services

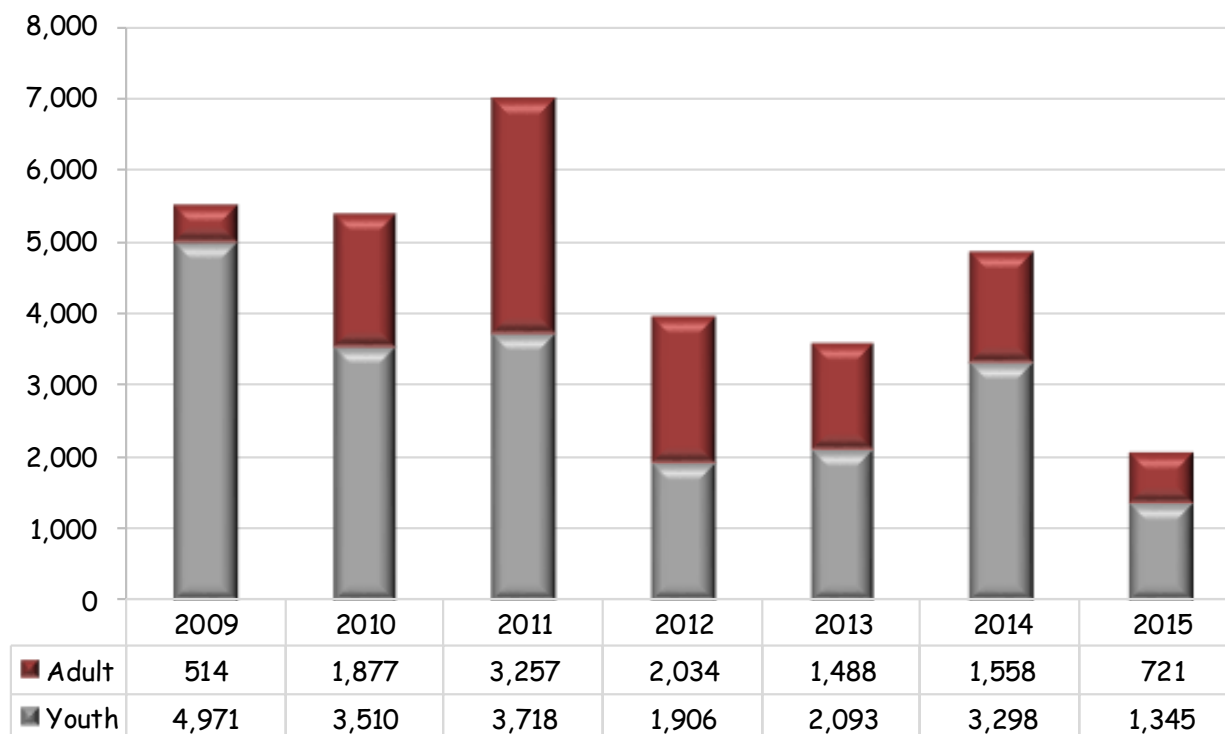
Prevention Services are provided by the Herkimer County Prevention Council (HCPC), a program of Catholic Charities of Herkimer County, and include classroom education Kindergarten - College, prevention counseling, brief intervention, information and referral, and community education and training. Graph 390 illustrates the number of youth and adults that have received educational services from HCPC from 2009 to 2015.

The HCPC utilizes evidence-based programs in local schools, including Life Skills Training, Too Good for Drugs, Too Good for Violence and Teen Intervene. HCPC has a full time coordinator at Herkimer College who provides Freshmen Seminar, Teen Intervene, Substance Abuse Lecture Series and an Alcohol & Drug Awareness Program (SAAP).

HCPC provides educational and awareness outreach targeting middle school youth through the annual Herkimer County Drug Quiz Show, and educates parents through environmental strategies such as the "Parents who Host, Lose the Most" Campaign, educating communities and parents about the health and safety risks of serving alcohol at teen parties. Additional educational awareness campaigns include Red Ribbon Week, National Drug Facts Week and Unity Day.

Graph 390

Youth & Adults Receiving Educational Services from the Herkimer County Prevention Council 2009-2015



Source: Herkimer County Prevention Council

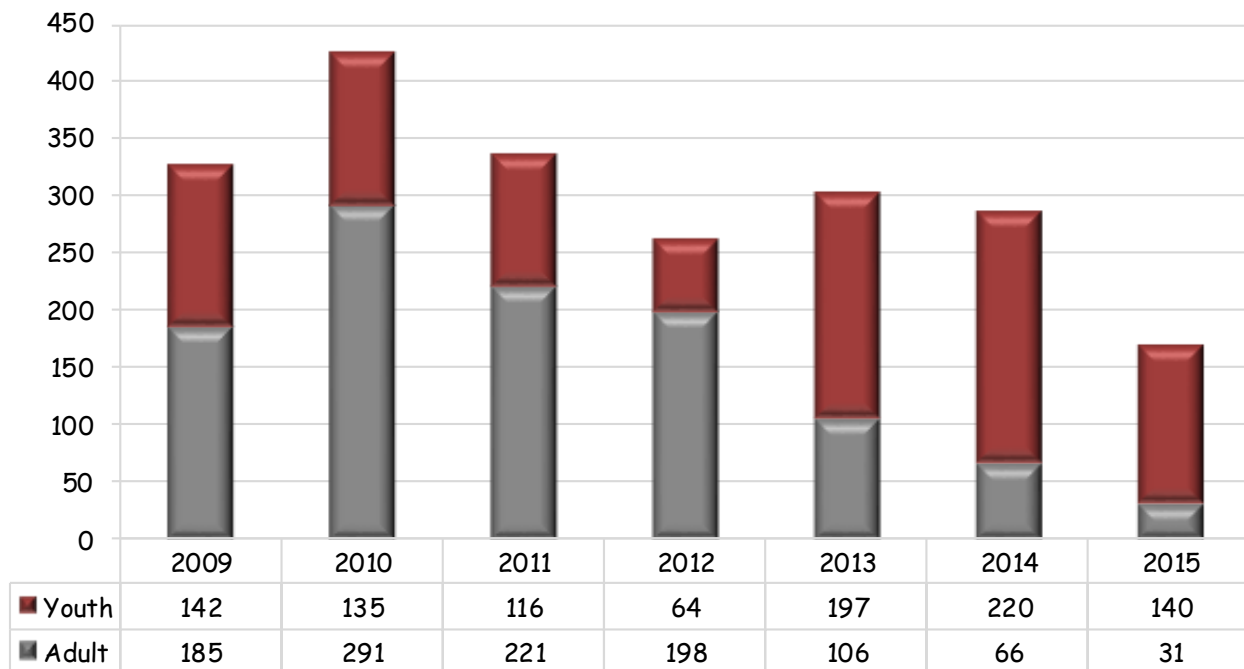
Physical & Emotional Health

Mental Health and Substance Abuse

Prevention Counseling is provided in grades 6-12 in six school districts and at Herkimer College. Graph 391 illustrates the number of youth and adults in Herkimer County that have received counseling services from the HCPC from 2009 to 2015.

Graph 391

Youth & Adults Receiving Counseling Services from the Herkimer County Prevention Council 2009-2015



Source: Herkimer County Prevention Council

HCPC has a website that provides resources for individuals, schools, parents and the community. Information is available on current drug trends, support group meeting schedules and referral sources for prevention and treatment.

HCPC formed the Community Partnership Coalition of Herkimer County in May of 2012. The Partnership consists of 52 members from law enforcement, school /college personnel, health care, media, religious/fraternal organizations and various human service agencies. The Partnership's mission is to prevent alcohol and substance abuse focusing on youth and including adults through the collaboration and mobilization of community members. The partnership has addressed issues surrounding underage drinking, synthetic drugs, prescription drug abuse, and heroin and methamphetamine abuse.

In 2015, the Partnership was awarded a five-year federal Drug Free Communities (DFC) grant to support local efforts to prevent and combat youth substance abuse.

Physical & Emotional Health

Mental Health and Substance Abuse

DATA SOURCES

2013-2014 NYS Expanded Behavioral Risk Factor Surveillance System

County Health Rankings

<http://www.countyhealthrankings.org/>

Herkimer County Department of Mental Health

Herkimer County Prevention Council

Herkimer County Teen Assessment Project (TAP) Survey

Mohawk Valley DSRIP Region Needs Assessment—December 2016

NYS Department of Health Opioid Supplemental Reports 2014 and 2015

NYS Division of Criminal Justice Services, Uniform Crime/Incident-Based Reporting System

NYS Office of Mental Health (OMH) 2015 Patient Characteristics Survey

NYS Office of Mental Health (OMH) Dashboard

<http://bi.omh.ny.gov/cmhp/dashboard#tab2>

NYS Office of Alcoholism and Substance Abuse Services (OASAS)

NYS Prevention Agenda Dashboard—County Level: Herkimer County

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=21

Physical & Emotional Health

Suicide & Intentional Self-Inflicted Injury

WHY THIS IS IMPORTANT

Suicide is one of the leading causes of death in the U.S., presenting a major, preventable public health problem. More than 33,000 people die by suicide each year, according to the Centers for Disease Control and Prevention, and an estimated 25 suicide attempts occur per every completed suicide. Those who survive an attempt may have serious injuries, in addition to having depression and/or other mental health issues. Other repercussions of suicide include medical and "lost work" costs on the community, which total over \$30 billion for all suicides in a year, and the emotional toll on family and friends. Men are about four times more likely than women to die by suicide, but three times more women than men report attempting suicide. Suicide occurs at a disproportionately higher rate among adults 75 years and older.

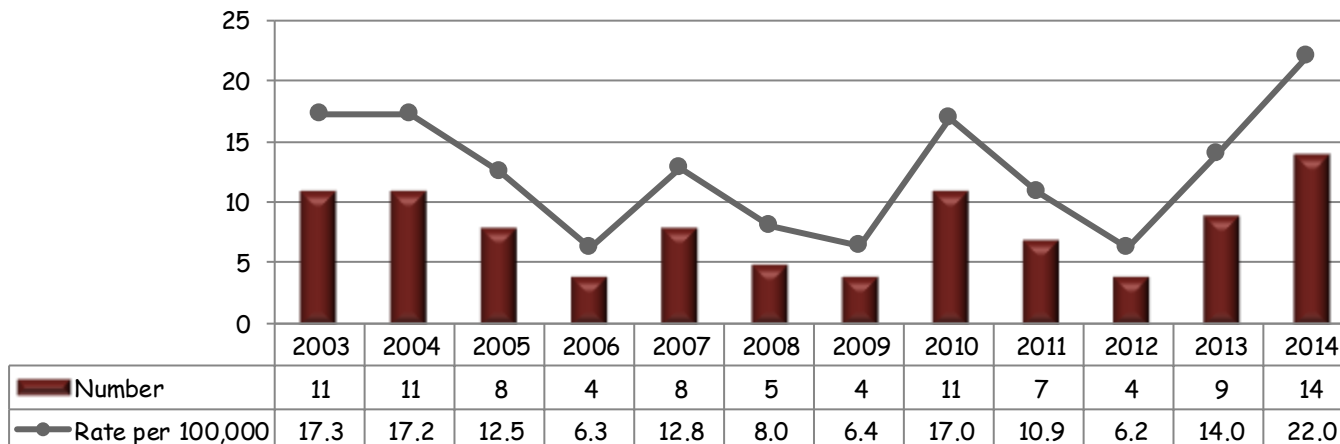
Suicide is also a leading cause of death for youth; approximately 4,600 lives are lost each year due to youth suicide. However, many more survive suicide attempts than complete suicides. About 157,000 youth receive medical care at Emergency Departments for intentional self-inflicted injuries each year. Risk factors include depression, physical/mental illness, alcohol/substance abuse, incarceration, and other stressful life events. Addressing psychiatric illness through early recognition, intervention, and treatment is an effective way to combat suicide.

WHERE WE STAND

Graph 392 illustrates the number of suicides in Herkimer County and the rate per 100,000 population from 2003 to 2014. Rates have fluctuated but have experienced a steady increase since 2012. The Herkimer County rate in 2014 (22 per 100,000) was much higher than the rate for NYS and the Rest of State (8.3 and 10 per 100,000 respectively) in that year.

Graph 392

**Suicide Deaths and Rates per 100,000
Herkimer County 2003-2014**



Source: NYS Department of Health, Bureau of Vital Statistics

Physical & Emotional Health

Suicide & Intentional Self-Inflicted Injury

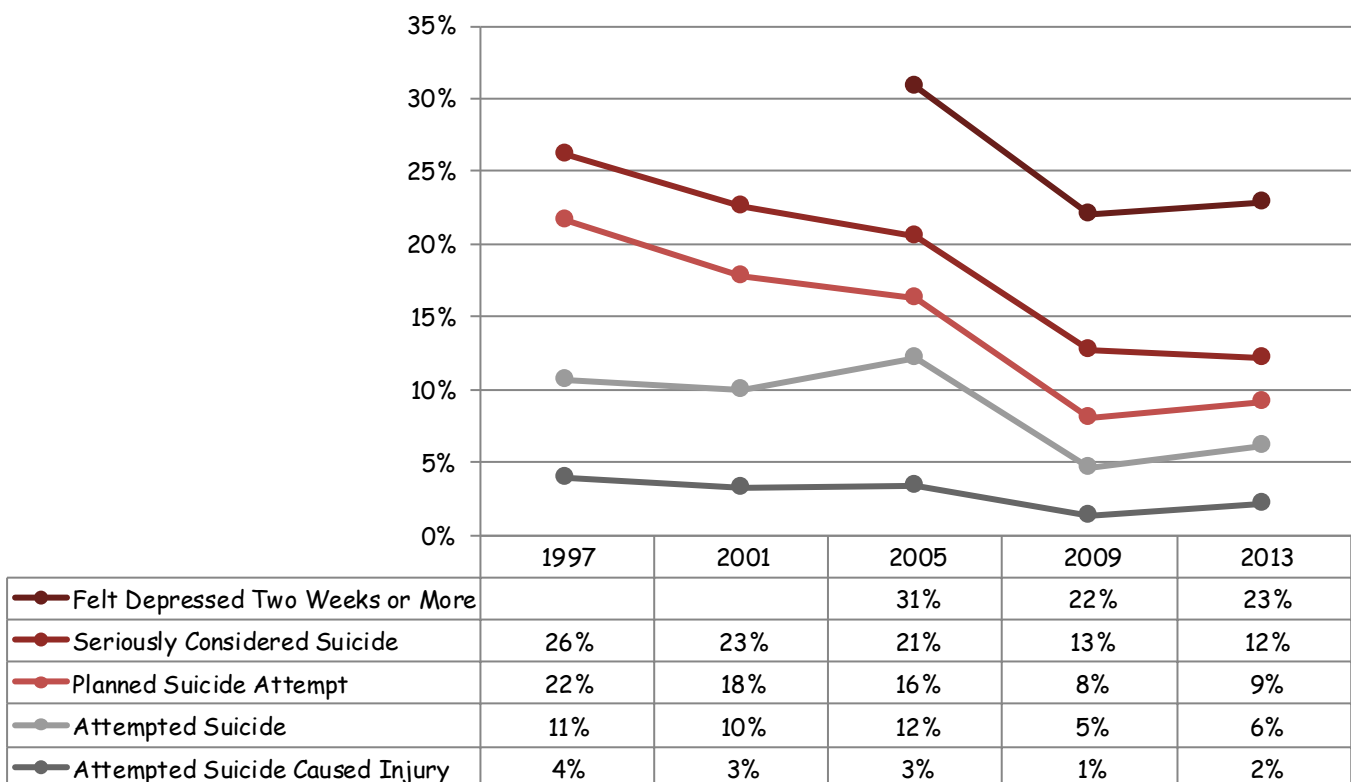
Depression and Suicidal Ideation

The Herkimer County Teen Assessment Project (TAP) Survey inventoried the behaviors and perceptions of 7th, 9th and 11th grade students across Herkimer County every four years from 1997 to 2013. Graph 393 illustrates survey responses regarding depression and suicidal ideation.

The percentage of teens in Herkimer County that indicated that in the past year they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activity declined from 31% in 2005 to 22% and 23% in 2009 in 2013 respectively.

Graph 393

Percent of Teens that Felt Depressed, Experienced Suicide Ideation, & Attempts in Herkimer County (1997-2013)



Source: Herkimer County 2013 TAP Survey

Since 1997, the percentage of teens that either thought about suicide or actually attempted suicide in the past year also declined. When asked in the TAP Survey if during the past year they had "ever seriously considered attempting suicide," over a quarter (26%) of respondents in 1997 reported they had; by 2013, only 12% said they had seriously thought about suicide. The percentage that indicated they had "made a plan about how they would attempt suicide" in the past year also declined from 22% in 1997 to just 9% in 2013. As far as actual suicide attempts in the past year, this went down from 11% in 1997 to 6% in 2013.

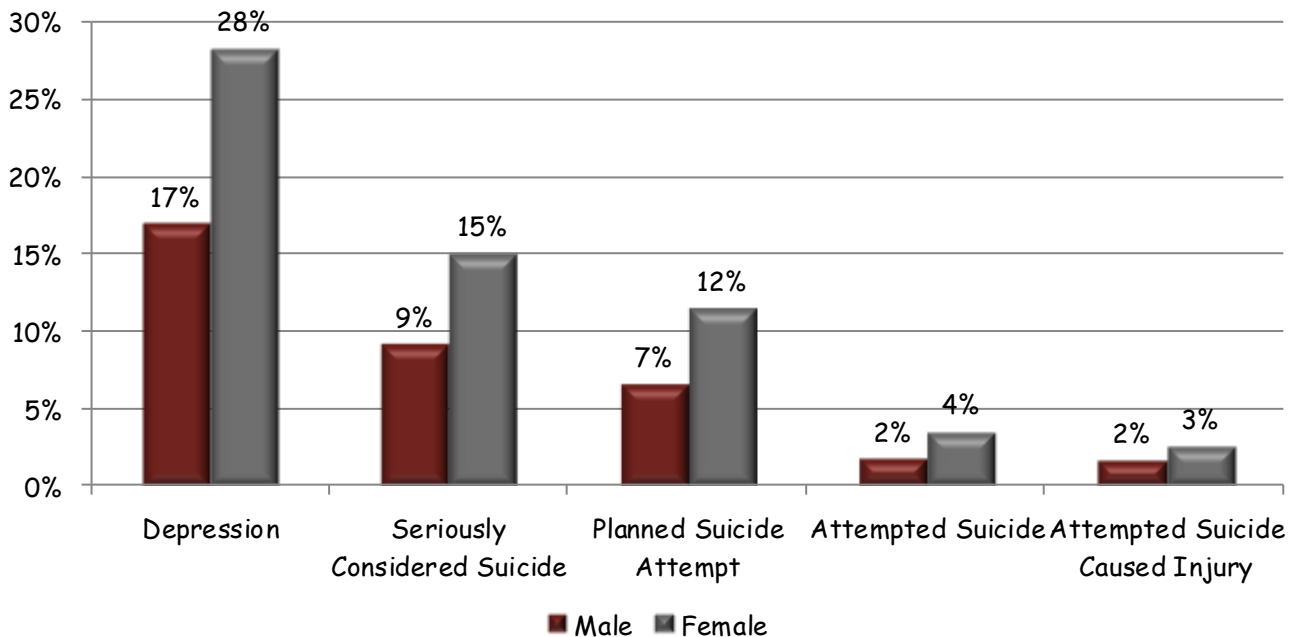
Physical & Emotional Health

Suicide & Intentional Self-Inflicted Injury

Female teens experienced depression, suicide ideation and suicide attempts at a higher rate than male teens. As seen in Graph 394, females were more likely during the year prior to the 2013 survey to "feel so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activity" (28% versus 17%); more likely to seriously consider suicide (15% versus 9%); and, more likely to attempt suicide (4% versus 2%).

Graph 394

**Percent Suicide Ideation & Attempts
Males & Females in Herkimer County (2013)**



Source: Herkimer County 2013 TAP Survey

Crisis Assessment and Intervention

The Mobile Crisis Assessment Team (MCAT) is available to anyone seeking crisis intervention services in Herkimer County. MCAT has the ability to respond to crises where they occur and provide 24 Hour, 7 Days/Week Intervention; Mental Health Assessment; Crisis De-Escalation and De-Briefing; Linkage and Follow-up to Services; Alerts to identify and assist those at an increased risk; and Coordination with schools, medical/mental health providers and other agencies to provide crisis intervention and to help monitor clients who are at-risk. Calls to their 24 hour hotline can be made by individuals in crisis, their families, law enforcement, school personnel or the general community.

Table 395 on the following page displays the number of individuals served by the MCAT Program from 2013 to 2015 by service received, age, gender, and recommended and final dispositions.

Physical & Emotional Health

Suicide & Intentional Self-Inflicted Injury

Table 395
**Mobile Crisis Assessment Team (MCAT) Service Utilization
 Herkimer County 2013-2015**

MCAT Service	2013				2014				2015			
	Face to Face Assessment	Total Number of Telephone Assessment	Total Number of Wellness/Alert Calls	Total Number of Consult Calls	Face to Face Assessment	Total Number of Telephone Assessment	Total Number of Wellness/Alert Calls	Total Number of Consult Calls	Face to Face Assessment	Total Number of Telephone Assessment	Total Number of Wellness/Alert Calls	Total Number of Consult Calls
Client Age												
0-11	4	7	0	20	7	0	4	15	7	1	8	22
12-14	16	5	30	37	28	4	21	40	11	8	8	39
15-17	10	11	21	28	14	5	2	28	15	7	41	53
18+	46	396	124	185	64	540	106	252	58	744	181	283
Gender												
Male	26	212	62	111	46	183	42	148	41	250	97	165
Female	50	207	113	159	67	366	91	187	50	510	141	232
Remain in Community	70	419	175	270	106	549	133	355	80	753	238	390
Recommended Dispositions												
Inpatient Hospitalization	6	0	0	0	7	0	0	0	11	7	0	7
# Discharged	6	0	0	0	6	0	0	0	8	7	0	7
Final Dispositions												
# Admitted	0	0	0	0	1	0	0	0	3	0	0	0

Source: MCAT Program, Neighborhood Center

Physical & Emotional Health

Suicide & Intentional Self-Inflicted Injury

Table 396 displays the referral sources for in-person assessments made by MCAT for the years 2013 to 2015. The majority of referrals made for in-person assessments each year have come from families/guardians/friends, emergency departments, and self-referrals.

Table 396

**Mobile Crisis Assessment Team (MCAT) Referral Sources for Face-to-Face Assessments
Herkimer County 2013-2015**

Referral Source	2013	2014	2015
Law Enforcement	9	7	5
Self	15	23	18
Medical Provider	5	16	11
Family/Guardian/Friend	17	31	20
Probation	0	1	0
Residential Program	2	0	1
School	7	15	10
Case Management	1	0	0
Mental Health Clinic	0	1	2
Social Service Agencies	2	2	1
Emergency Department	17	12	20
Other	1	7	3

Source: MCAT Program, Neighborhood Center

The Herkimer County Mental Health Department provides mental health screening for all inmates in the Herkimer County Jail and ongoing monitoring visits to those who are identified as at-risk of harm to self or others. Table 397 displays the number of mental health screenings performed, the number of inmates identified as at-risk to self or others, and the number of enhanced monitoring visits made in the Herkimer County Jail from 2010 to 2016.

Table 397

Inmates Screened and Identified as At-Risk: Herkimer County Jail 2010 to 2016

	2010	2011	2012	2013	2014	2015	2016
Inmate Screenings	679	700	764	719	700	834	870
Inmates Identified as At-Risk	57	68	79	89	96	134	93
Constant Watch Visits	85	98	119	154	163	198	194

Source: Herkimer County Mental Health Department

The number of inmates screenings performed has risen by 28% during this time period. The number of inmates identified as at-risk has increased overall by 63%, and constant watch monitoring visits have increased by 128% during this time frame. The spike in inmates identified as at-risk in 2015 can be attributed to a rise in inmates with substance use disorders.

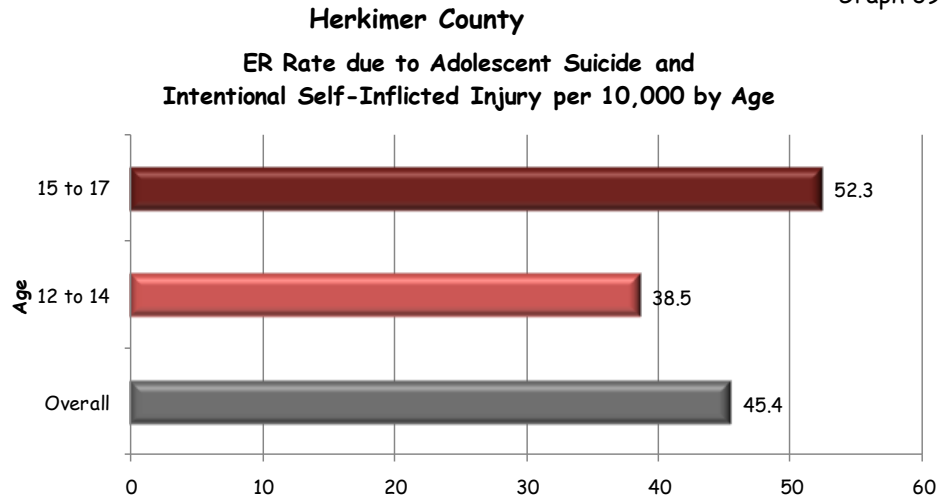
Physical & Emotional Health

Suicide & Intentional Self-Inflicted Injury

Emergency Room (ER) Visits

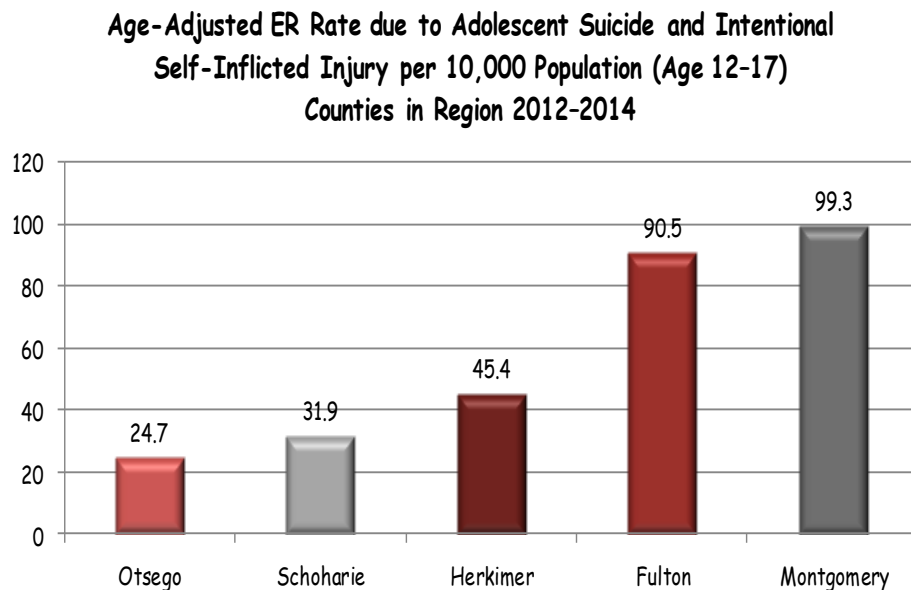
Graph 398 illustrates the regional adolescent age-adjusted emergency room utilization rate per 10,000 due to suicide and self-inflicted injury by age in Herkimer County. Herkimer County's rate for the 15 to 17 age cohort (52.3 per 10,000) exceeds the rate for the 12-14 cohort (38.5 per 10,000).

Graph 398



Graph 399 illustrates the adolescent age-adjusted ER rate due to suicide and self-inflicted injury by county in the Mohawk Valley Region. As the graph shows, Herkimer County's rate of 45.4 per 10,000 falls in the middle when compared to other counties in the region.

Graph 399

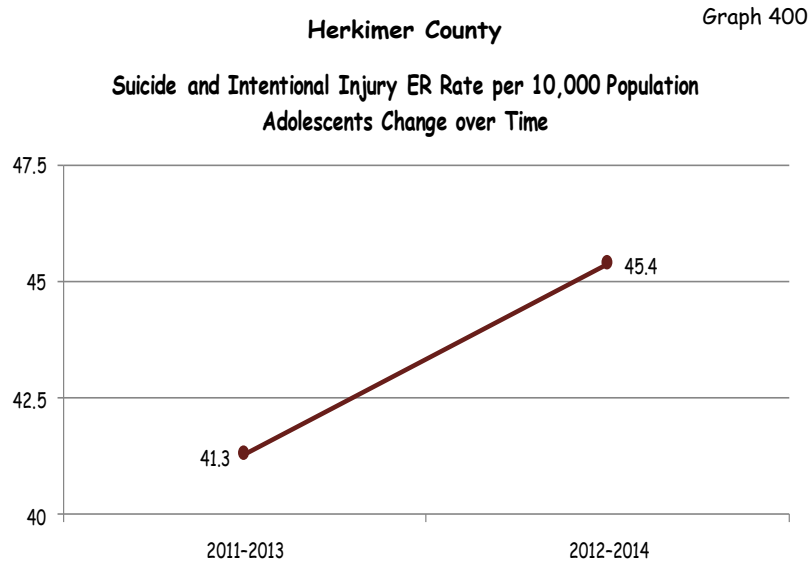


Source: Mohawk Valley PHIP, both graphs this page

Physical & Emotional Health

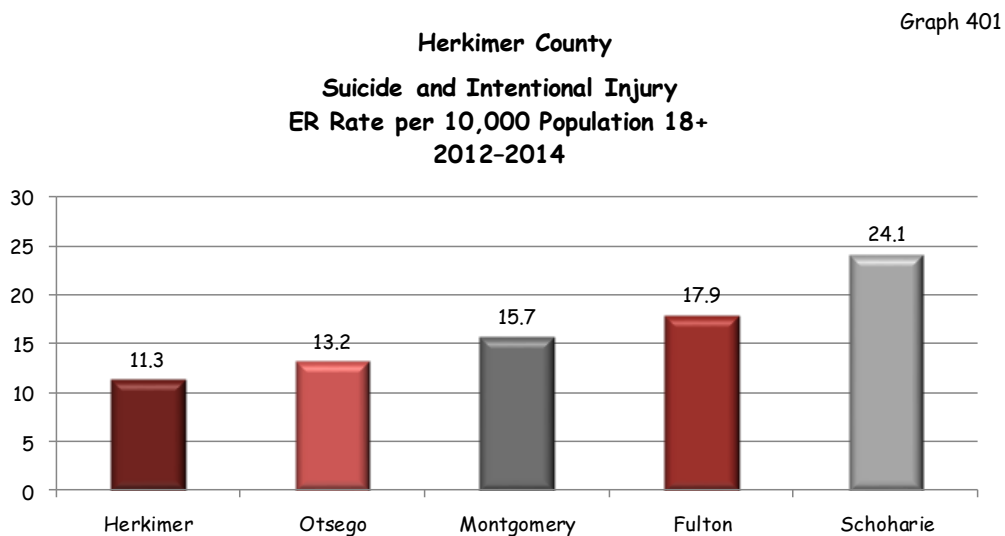
Suicide & Intentional Self-Inflicted Injury

Graph 400 illustrates the change over time for the three year average age-adjusted emergency room visit rate due to suicide or intentional self-inflicted injury per 10,000 population aged 12-17 years in Herkimer County. As shown, the County's age-adjusted ER rate has increased since 2011-2013.



Source: Mohawk Valley PHIP

Graph 401 illustrates the Suicide and Intentional Injury average emergency room visit rate for the adult (18+) population of Herkimer County and surrounding counties in the Mohawk Valley region for 2012 to 2014. Herkimer's rate is the lowest in the five county region.

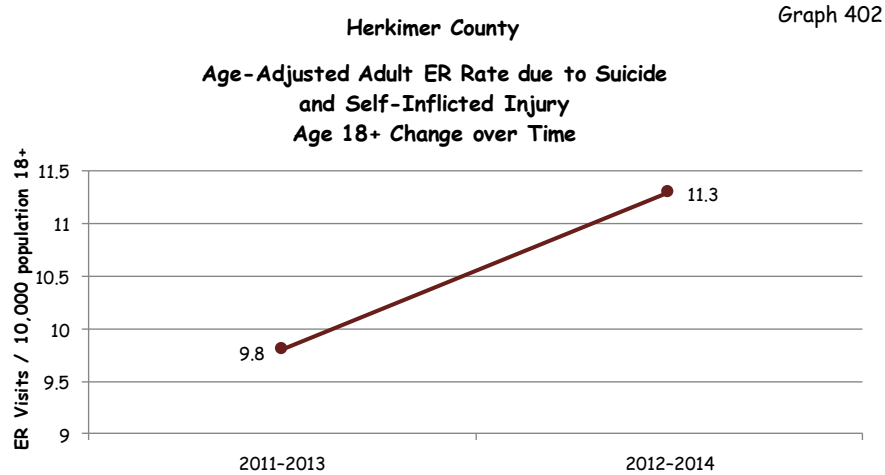


Source: Mohawk Valley PHIP

Physical & Emotional Health

Suicide & Intentional Self-Inflicted Injury

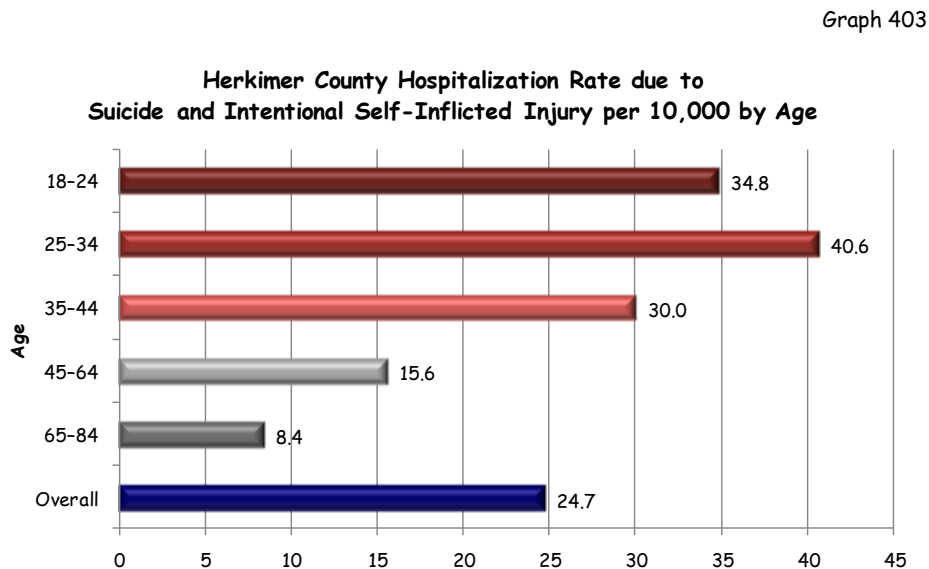
Graph 402 illustrates the trend for Age-Adjusted Adult (18+) ER Rate due to Suicide and Self-Inflicted Injury in Herkimer County. This line reflects the increase over the periods measured as three year averages. As shown, the County's age-adjusted ER rate has increased since 2011-2013.



Source: Mohawk Valley PHIP

Hospitalization Rates

Graph 403 illustrates the average annual age-adjusted hospitalization rate in Herkimer County due to suicide or intentional self-inflicted injury per 10,000 population aged 18 years and older broken-out by age group. Admissions are included if a primary or additional diagnosis code indicates suicide or intentional self-inflicted injury. As the graph shows, adults age 25 to 34 had the highest rate of hospitalization due to suicide and intentional self-injury during this time period.



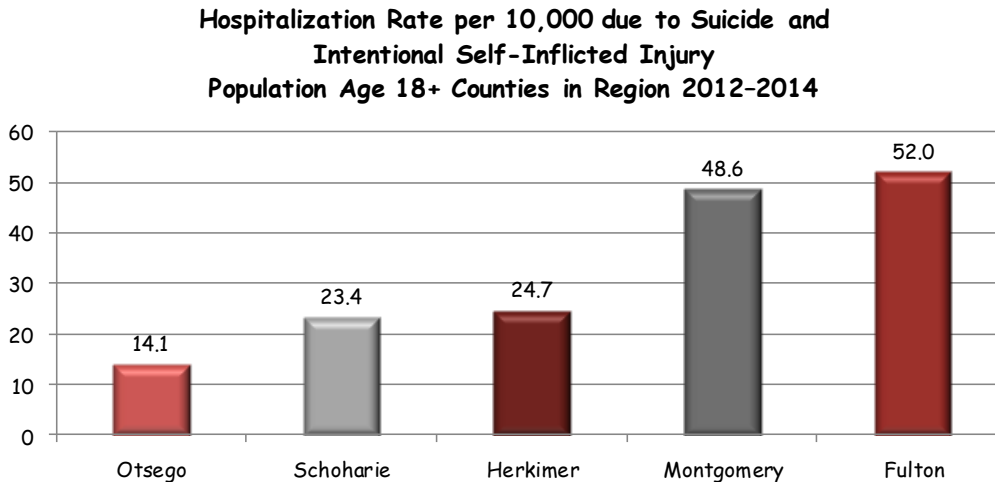
Source: Mohawk Valley PHIP

Physical & Emotional Health

Suicide & Intentional Self-Inflicted Injury

Graph 404 illustrates the average annual age-adjusted hospitalization rates in Herkimer County and the Mohawk Valley region due to suicide or intentional self-inflicted injury per 10,000 population aged 18 years and older. As the graph shows, Herkimer County's rate of 24.7 per 10,000 falls in the middle when compared to other counties in the region.

Graph 404

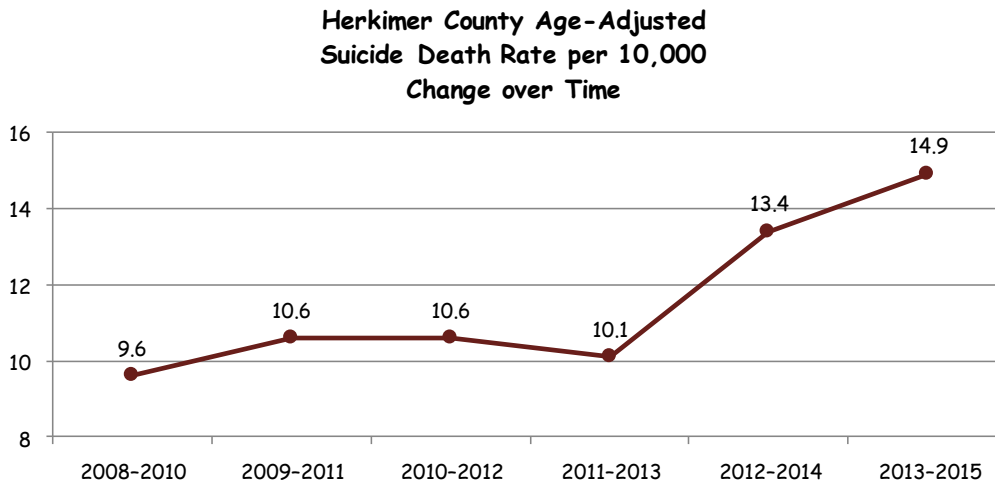


Source: Mohawk Valley PHIP

Annual Suicide Rates

As Graph 405 illustrates, Herkimer County's age-adjusted average three-year death rates due to completed suicide have risen fairly steadily since 2008. The graph below shows a three year average for each period of time listed and normalizes for age differences between measured areas (counties across NYS and the U.S.) and the changes in yearly rates due to small numbers.

Graph 405



Source: Mohawk Valley PHIP

Physical & Emotional Health

Suicide & Intentional Self-Inflicted Injury

DATA SOURCES

Centers for Disease Control and Prevention

Herkimer County Department of Mental Health

Herkimer County Teen Assessment Project (TAP) Survey

Mohawk Valley Population Health Improvement Program (PHIP)

www.mvphip.org

Neighborhood Center, Mobile Crisis Assessment Team (MCAT) Program reports

NYS Department of Health, Bureau of Vital Statistics

Education

Pre-K to 12 Demographics & Environment

WHY THIS IS IMPORTANT

Our public schools are mandated to serve all children in grades K-12, and many local districts provide a Pre-K experience or send children to a BOCES Pre-K program. Studying the demographics and enrollment trends in our region is an important step in predicting staffing and program needs and school district budgets.

Providing adequate programs and services is critical to the education process. Less financial resources significantly affect school districts' ability to provide essential programs for students. School districts receive aid from the state according to their income and property wealth. Poorer schools receive a higher percentage of aid. As state support for schools fell in recent years local tax bases struggled to absorb the shortfall.

With the recent revisions to education accountability and instructional standards as set forth in the Elementary & Secondary Education Act's (ESEA) Reauthorization (a.k.a. "No Child Left Behind", 2001) and as of December 2015 the "Every Student Succeeds Act", there are even greater pressures on schools to account for the effectiveness of their curricular, instructional, and assessment practices. Data-driven decision making and instructional practices, becomes even more critical in the effort to lead our schools and help our children become "College AND Career Ready."

Understanding issues regarding poor attendance (chronic absenteeism), attitudes towards school, safety concerns and graduation rates is vital to identify at-risk behaviors that might interfere with successful completion of an educational program.

WHERE WE STAND

Table 406 on the following page displays the number of students enrolled by grade level (Pre-Kindergarten to 12th grade) in all Herkimer County school districts from the 2010-2011 to the 2015-2016 school years. During this time period, total enrollment in Herkimer County school districts decreased by 9.3%.

Enrollment data are collected as part of the New York State Education Department's (NYSED's) Basic Educational Data System (BEDS), a web-based system which collects district/school student enrollment and staff counts. Enrollment is typically a count of the number of students enrolled in the district as of the first Wednesday in October. Enrollment counts for public and charter school students by various demographics are available.

Education

Pre-K to 12 Demographics & Environment

Enrollment by Grade Level—Herkimer County

Table 406

	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Pre-K	330	352	211	333	413	361
Kindergarten	696	676	730	682	660	692
Grade 1	769	711	681	743	685	638
Grade 2	748	739	691	661	706	692
Grade 3	729	732	720	669	629	686
Grade 4	736	707	728	697	646	634
Grade 5	718	734	694	742	705	659
Grade 6	750	720	727	696	720	697
Ungraded Elementary	13	13	25	16	23	22
	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Grade 7	773	752	725	739	712	743
Grade 8	768	768	746	718	709	686
Grade 9	832	790	782	765	745	729
Grade 10	793	764	735	746	716	720
Grade 11	837	737	729	705	694	670
Grade 12	760	818	723	718	700	678
Ungraded Secondary	10	21	29	29	35	31
Total Enrollment PreK-12	10,262	10,034	9,676	9,659	9,498	9,338

Source: New York State Education Department data.nysed.gov

Table 407 on the following page reflects the K-12 enrollment for all Herkimer County School Districts for each school year from 2010-2011 through 2015-2016. This data does not include Pre-Kindergarten enrollment. In Herkimer County, K-12 enrollment declined by 955 students (9.6%) during this time frame.

Graph 408 on the following page illustrates the number of K-12 students that were classified as economically disadvantaged in each Herkimer County school district from the 2010-2011 through 2015-2016 school years. Overall, the percentage of Herkimer County students identified as economically disadvantaged has increased from 43.7% in the 2010-2011 school year to 55.1% in the 2015-2016 school year. All school districts, with the exception of Owen D. Young, experienced increases in the percentages of economically disadvantaged students identified.

Education

Pre-K to 12 Demographics & Environment

Enrollment by District—Herkimer County

Table 407

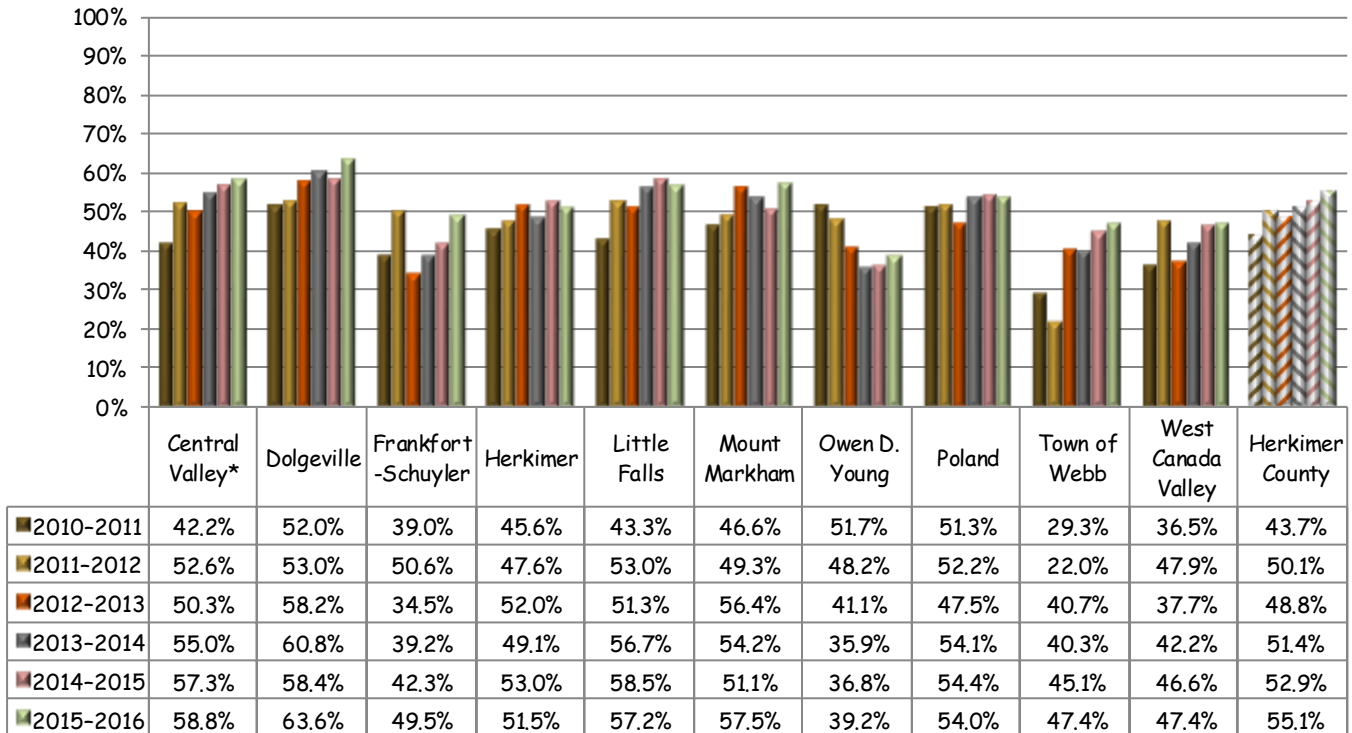
	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Central Valley*	2,391	2,382	2,360	2,309	2,249	2,224
Dolgeville	879	866	902	893	856	865
Frankfort-Schuyler	1,183	1,128	1,040	1,028	985	950
Herkimer	1,212	1,193	1,146	1,153	1,131	1,138
Little Falls	1,178	1,132	1,103	1,122	1,085	1,072
Mount Markham	1,216	1,178	1,142	1,081	1,060	1,049
Owen D. Young	207	166	190	184	185	176
Poland	630	604	596	580	557	548
Town of Webb	290	286	270	268	277	272
West Canada Valley	746	747	716	708	700	683
Herkimer County	9,932	9,682	9,465	9,326	9,085	8,977

Source: New York State Education Department data.nysed.gov

*Ilion & Mohawk data consolidated 2010-2013

Graph 408

Herkimer County 2010-2016
K-12 Enrollment: % Economically Disadvantaged



Source: New York State Education Department data.nysed.gov

*Ilion & Mohawk data consolidated 2010-2013

Education

Pre-K to 12 Demographics & Environment

Table 409

Percent of Herkimer County Students Eligible for Free/Reduced Lunch Program

	2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		2013-2014		2014-2015		2015-2016	
	FREE %	RED %	FREE %	RED %	FREE %	RED %	FREE %	RED %	FREE %	RED %	FREE %	RED %	FREE %	RED %	FREE %	RED %
Central											42	11	47	6	45	7
Dolgeville	34	12	48	14	39	13	42	11	40	11	46	12	28	6	50	11
Frankfort-	24	9	25	10	29	10	38	12	38	10	31	9	37	8	38	9
Herkimer	40	9	36	9	37	9	40	7	40	8	40	8	45	6	45	4
Ilion	34	12	34	13	34	11	39	10	40	11						
Little Falls	34	10	36	8	34	9	44	9	41	11	42	11	47	9	47	8
Mohawk	21	13	28	9	31	5	43	16	42	13						
Mt.	29	15	30	11	33	13	37	12	40	12	41	11	37	12	47	9
Owen D.	40	18	42	15	36	15	32	16	32	14	38	7	38	10	40	10
Poland	28	16	29	15	36	15	40	12	41	11	40	12	40	11	40	11
Town of	19	9	12	9	12	18	10	12	21	17	20	16	27	14	30	11
West Canada	18	12	22	15	23	14	33	15	44	19	27	9	33	8	37	9
NYS	39	8	40	8	42	7	43	7	41	7	45	6	47	6	47	5

Source: New York State Education Department data.nysed.gov

Table 409 displays the percentage of Herkimer County students, by school district, that are eligible for free or reduced price lunch from the 2008-2009 to 2015-2016 school years. As the table shows, eligibility percentages have increased during this time period; more than half (52%) of all students were eligible for either free or reduced lunch in Herkimer County during the 2015-2016 school year..

Education

Pre-K to 12 Demographics & Environment

Pre-Kindergarten Programs and School Readiness

Table 410 identifies the number of Pre-Kindergarten students that were enrolled in a Pre-K program in Herkimer County by full day or half day enrollment. As the table displays, full day enrollment has increased by 85% and half day enrollment has decreased by 17.5% between the 2013-2014 and 2015-2016 school years.

Pre-K Students in Herkimer County

Table 410

	Half Day	Full Day
2013-2014	248	85
2014-2015	220	193
2015-2016	204	157

Source: New York State Education Department data.nysed.gov

For children with special learning-related needs, being ready to enter school partly depends upon having had early intervention services and supports. Table 411 displays the number of Herkimer County children that received preschool special education services from 2013-2017.

Special Education Pre-K Students in Herkimer County

Table 411

	In County			Out of County		Referrals		
	Half Day BOCES	Full Day BOCES	1:1 Aide	Full Day UCP	Promise Program	Total Referrals	Early Intervention Referral	Out of County Transfer
2013-2014	6	23	2	10	7	54	16	1
2014-2015	7	27	11	1	7	63	20	3
2015-2016	5	28	8	3	7	56	36	7
2016-2017*	10	21	1	1	6		1	

Source: Herkimer BOCES & Herkimer County Public Health

*as of 9/16

Preschool Special Education Services are provided to children ages 3 and 4 that are found to be qualified after a multidisciplinary evaluation. Services range from in-home therapies to intensive facility-based programs. Costs for these services can range from \$20,000 to \$44,000 per child per year, not including transportation costs.

Education

Pre-K to 12 Demographics & Environment

Many educators and community agencies have expressed concerns about the readiness of children who are entering kindergarten. There has been no actual data on student readiness available because there was no consistent tool used to measure kindergarten readiness. The Literacy Coalition of Herkimer County and the United Way devised a simple data-collecting tool to obtain information on kindergarten readiness in Herkimer BOCES districts. This tool was used for the first time in the beginning of the 2015-2016 school year; 695 assessments were conducted for 350 females and 342 males (three assessments did not identify gender).

Table 412 displays the aggregate results of the 2015 Herkimer County Kindergarten readiness skills analysis by gender and preschool attendance. As the table shows, approximately four out of five children were determined to be ready for Kindergarten. Readiness percentages were higher for both males and females that attended preschool. More females than males were determined to be ready for Kindergarten regardless of preschool attendance.

Table 412

Kindergarten Readiness Skills Analysis by Gender and Preschool Attendance Herkimer County Fall 2015

		Males		Females	
		Number	Percentage	Number	Percentage
With Known Preschool	Not Ready	48	19.4%	26	10.0%
	Ready	199	80.6%	233	90.0%
Without Preschool	Not Ready	24	46.2%	19	39.6%
	Ready	28	53.8%	29	60.4%
Total	Not Ready	80	23.4%	63	18.0%
	Ready	262	76.6%	287	82.0%

Source: The Literacy Coalition and The United Way

Table 413 on the following page displays the mean skill scores identified by skill area, gender and preschool experience. Children were assessed in each of ten skill areas (A-J) and were identified as being 1=Below Expectations; 2=Meeting Expectations; or 3=Above Expectations.

The table shows that in each of the aggregate skill categories, mean scores fall slightly below 2 - Meeting Expectations. Skill mastery was highest for self-help skills and pre-reading activities (Skills D and J) and lowest for self-regulatory skills (Skill A). Mean skill attainment scores were higher for both males and females that attended preschool. Females had higher skill attainment scores in all skill categories.

Education

Pre-K to 12 Demographics & Environment

Table 413

Kindergarten Readiness Skills by Skill, Gender and Preschool Attendance—Fall 2015

	Total	Males Total	Females Total	Males		Females	
				With Known Preschool	Without Preschool Experience	With Known Preschool	Without Preschool Experience
Skill A	1.79	1.70	1.88	1.73	1.54	1.95	1.65
Skill B	1.85	1.77	1.93	1.79	1.62	1.97	1.81
Skill C	1.84	1.78	1.94	1.83	1.53	1.99	1.69
Skill D	1.99	1.94	2.03	1.97	1.75	2.08	1.88
Skill E	1.87	1.82	1.91	1.82	1.75	1.99	1.63
Skill F	1.91	1.83	1.99	1.87	1.60	2.04	1.85
Skill G	1.82	1.73	1.90	1.79	1.54	1.96	1.65
Skill H	1.84	1.80	1.87	1.85	1.34	1.94	1.66
Skill I	1.95	1.87	2.01	1.89	1.70	2.08	1.79
Skill J	1.98	1.92	2.04	1.95	1.72	2.10	1.90

Mean Skill Scores: 1=Below Expectations; 2=Meets Expectations; 3=Above Expectations

SKILL	DEFINITION
A	Child demonstrates self-regulatory skills (holds hand up before speaking, is able to take turns, manages emotions).
B	Child interacts cooperatively and constructively with others.
C	Child is able to communicate his or her thoughts and ideas.
D	Within his/her physical abilities, child is able to take care of basic self-help needs (i.e.: toileting skills, dressing self).
E	Child adapts to structured and unstructured school environments (i.e.: routines, transitions, separation from parents).
F	Child engages in classroom activities.
G	Child manipulates and explores objects appropriately (i.e. pencil grip, use of scissors, crayons).
H	Child can use reason and logic.
I	Child demonstrates positive approaches to learning.
J	Child enjoys a variety of pre-reading activities (i.e.: listening as adults read to them, looking at and handling books, showing interest in letters.)

Source: The Literacy Coalition and The United Way

Education

Pre-K to 12 Demographics & Environment

Per Pupil Expenditures and State Foundation Aid

Table 414 displays the per pupil expenditures by district and county-wide for both general and special education in Herkimer County school districts from 2010-2011 to 2013-2014. The per pupil expenditure is the ratio of instructional expenditures to pupils and does not include transportation and district-wide administration costs. Instructional expenditures for general education include K-12 expenditures for classroom instruction (excluding Special Education), plus a proration of building-level administration and instructional support services. Special Education expenditures include K-12 expenditures for students with disabilities (including summer Special Education expenditures) plus a proration of building-level administration and instructional support services. Per-pupil expenditure figures do not include expenses related to Pre-K.

Table 414

Per Pupil Expenditures by District—Herkimer County and NYS

	2010-2011		2011-2012		2012-2013		2013-2014	
	General	Special	General	Special	General	Special	General	Special
Central Valley							\$9,602	\$25,356
Dolgeville	\$9,543	\$17,482	\$11,208	\$15,316	\$11,292	\$20,681	\$10,175	\$23,008
Frankfort	\$7,317	\$18,989	\$7,493	\$19,062	\$8,251	\$23,286	\$7,813	\$23,515
Herkimer	\$8,795	\$16,315	\$8,344	\$20,918	\$8,830	\$21,760	\$8,425	\$19,370
Ilion	\$7,788	\$14,376	\$8,325	\$16,288				
Little Falls	\$8,813	\$17,509	\$8,504	\$19,410	\$9,594	\$20,455	\$8,875	\$24,326
Mohawk	\$7,862	\$18,481	\$8,241	\$21,226				
Mount Markham	\$8,853	\$22,948	\$8,899	\$20,258	\$9,205	\$20,058	\$9,222	\$21,682
Owen D. Young	\$8,667	\$34,551	\$8,705	\$22,689	\$10,450	\$23,022	\$8,536	\$27,002
Poland	\$10,419	\$14,562	\$9,725	\$21,634	\$10,963	\$23,056	\$10,320	\$24,504
Town of Webb	\$15,548	\$32,439	\$14,352	\$28,682	\$14,353	\$21,594	\$15,348	\$15,611
West Canada Valley	\$9,462	\$23,949	\$9,825	\$26,614	\$10,074	\$29,578	\$9,081	\$32,791
Herkimer County	\$9,370	\$21,055	\$9,420	\$21,100	\$10,335	\$22,610	\$9,740	\$23,717
New York State	\$11,105	\$26,888	\$10,963	\$29,741	\$11,615	\$30,207	\$11,260	\$29,922

Source: New York State Education Department data.nysed.gov: Fiscal Supplement

Special education costs, on average, were almost 2½ times higher than per pupil expenditures for general education in the 2013-2014 school year. Herkimer County Schools, on average, have had a lower per-pupil expenditure rate for both general and special education than NYS expenditures.

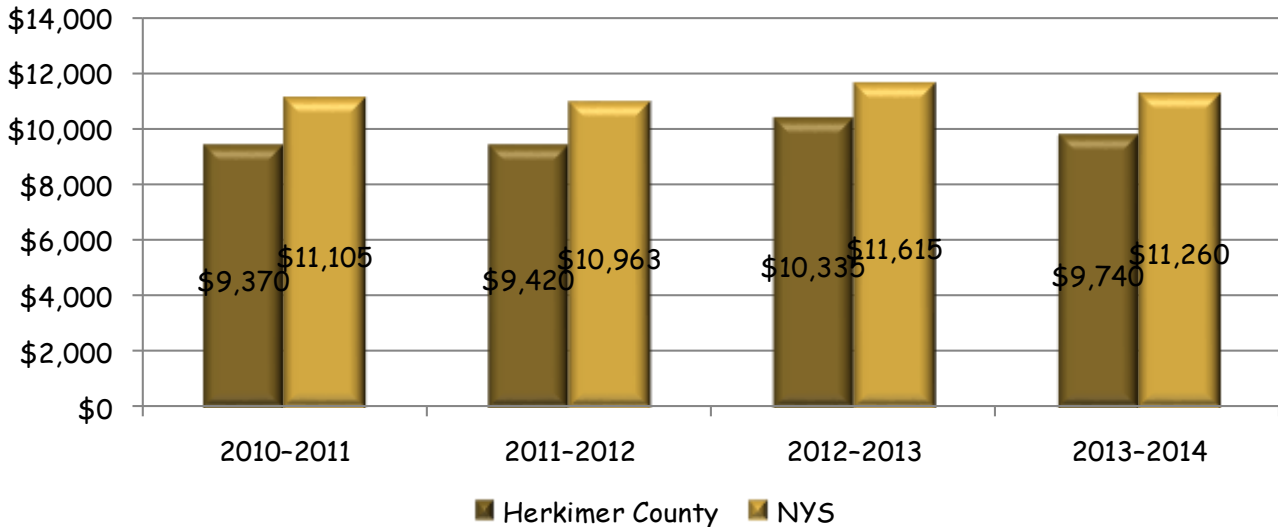
Education

Pre-K to 12 Demographics & Environment

Graph 415 compares the average per-pupil general education expenditures for Herkimer County school districts and New York State for the academic years 2010-2011 through 2013-2014.

Graph 415

Per Pupil Expenditure 2010-2014
General Education: Herkimer County/NYS

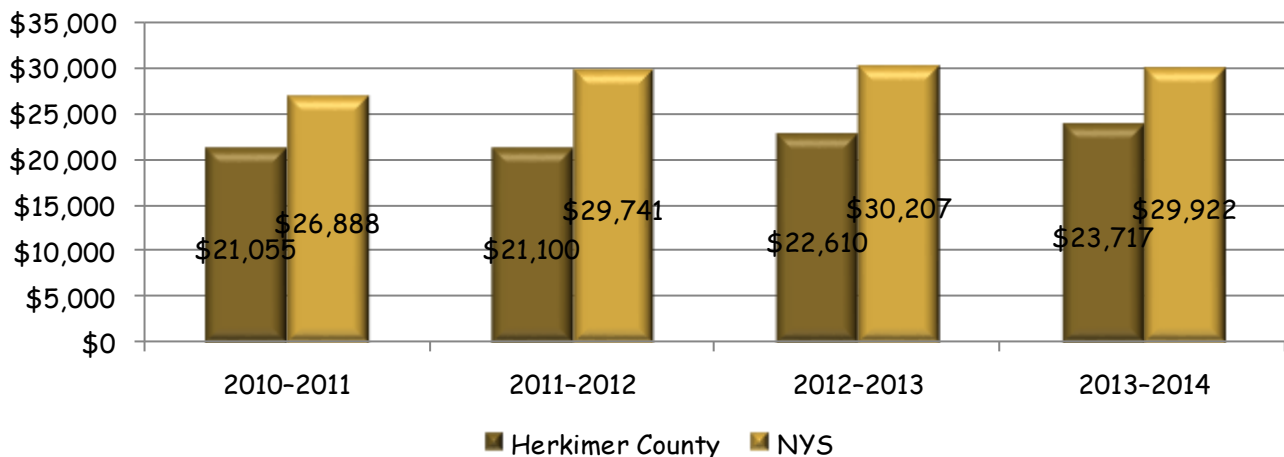


Source: New York State Education Department data.nysed.gov, both graphs this page

Graph 416 compares the average per-pupil special education expenditures for Herkimer County school districts and New York State for the academic years 2010-2011 through 2013-2014.

Graph 416

Per Pupil Expenditure 2010-2014
Special Education: Herkimer County/NYS



Source: New York State Education Department data.nysed.gov, both graphs this page

Education

Pre-K to 12 Demographics & Environment

School districts in New York receive aid from the state in proportion to their income and property wealth, with poorer schools receiving a higher percentage of aid and wealthier schools receiving less. The bulk of the remaining cost of education is borne by local property tax payers. While income wealth measures in all of the County's schools are below average, property wealth propels Poland Central to within the average range and the Town of Webb to the above average range. All other schools are between one third and one half of the state average wealth, in other words, poor.

In 2009, New York State instituted a "Gap Elimination Adjustment" (GEA) upon education aid in order to close a state budget deficit. It also froze Foundation Aid, which is the largest aid category funding schools' basic operations. The GEA has significantly affected school districts' ability to provide programs for students, as state support for schools fell rather dramatically and local tax bases could not absorb the shortfall.

Table 417

Foundation Aid Received (minus GEA) by Year in Herkimer County Districts

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Central Valley*	19,919,818	18,667,431	17,314,743	18,085,529	18,918,306	19,741,530	20,342,487
Dolgeville	8,462,512	7,913,979	7,350,189	7,679,044	8,063,307	8,501,408	8,706,701
Frankfort-Schuyler	6,466,090	5,490,742	4,627,171	5,040,240	5,469,340	5,853,058	6,357,525
Herkimer	7,161,040	6,536,117	5,878,269	6,253,937	6,623,370	7,157,992	7,451,793
Little Falls	7,962,704	7,297,665	6,652,481	7,044,210	7,432,273	7,979,505	8,275,187
Mount Markham	11,325,092	10,522,439	9,763,061	10,221,518	10,716,149	11,258,612	11,561,667
Owen D. Young	2,086,890	1,910,540	1,737,602	1,808,307	1,939,779	2,035,234	2,126,298
Poland	4,187,876	3,767,308	3,361,186	3,517,963	3,829,469	4,095,064	4,273,775
Town of Webb	544,060	409,637	337,782	347,143	434,861	509,527	540,518
West Canada Valley	6,611,744	6,142,934	5,692,138	5,933,336	6,262,063	6,605,282	6,750,511
Herkimer County	74,727,826	68,658,792	62,714,622	65,931,227	69,688,917	73,737,212	76,386,462

Source: Herkimer-Fulton-Hamilton-Otsego BOCES

*Ilion & Mohawk data consolidated 2010-2013

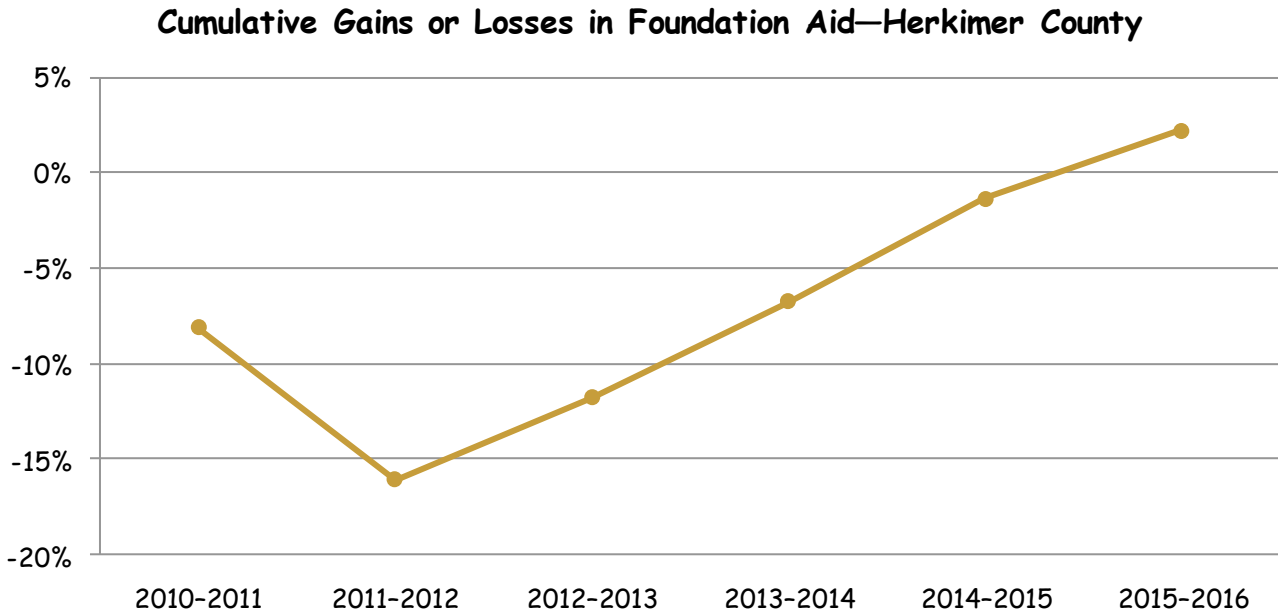
Table 417 details state aid by district for each year of the GEA. In the 2015-2016 school year, much of the funding eliminated through the GEA was restored, and additional funding was added to foundation aid as well, but the cumulative effect of the previous six years of the GEA has caused millions of dollars of reductions to school programs. The 2015-16 school year is the first time that schools have foundation aid higher than it received in 2009-10.

Education

Pre-K to 12 Demographics & Environment

Graph 418 illustrates the cumulative gains or losses for Herkimer County in total when compared with the 2009–2010 foundation aid allocation.

Graph 418



Source: Herkimer-Fulton-Hamilton-Otsego BOCES

School Environment—VADIR and DASA

The *Violent and Disruptive Incident Reporting (VADIR)* system gathers data annually on violent and disruptive incidents in schools and uses the information to comply with state and federal reporting requirements. The data is also used to identify schools as persistently dangerous, as required by the No Child Left Behind Act (NCLB) of 2001.

Beyond the “persistently dangerous” identification, VADIR does not characterize or rank order schools on the basis of violence. No comparative date, therefore, is presented here. Herkimer County schools have not been designated as “persistently dangerous” in any of the years since VADIR reporting was required.

Table 419 on the following page provides definitions for twelve violent and disruptive behavior categories included in the VADIR report. Additional categories on the VADIR system do exist, but Herkimer County schools documented no incidences of those behaviors so they are not included in this report.

Education

Pre-K to 12 Demographics & Environment

Table 419

Violent and Disruptive Incident Reporting (VADIR) Definitions

Category	Definition
Minor Altercations	Minor altercations involving physical contact but no physical injury.
Harassment/ Bullying	Intimidation, harassment, menacing or bullying with no physical contact but intentionally placing another person in fear of imminent physical injury.
Criminal Mischief	Intentional or reckless damaging of school property or the property of another person, including but not limited to vandalism and the defacing of property with graffiti.
Endangerment	Subjecting individuals to danger by recklessly engaging in conduct that creates a grave risk of death or serious injury but no actual physical injury.
Weapons Possession	A list of several weapons is provided, including not only guns and knives, but firecrackers, imitation guns and slingshots.
Larceny or Other Theft	Unlawful taking and carrying away of personal property with intent to deprive the rightful owner of property. Permanently or unlawfully withholding property from another.
Assault with Physical Injury	Intentional or reckless act causing impairment of physical condition or substantial pain.
Drugs	Use, possession, or sale.
Alcohol	Use, possession, or sale.
Other Sex Offenses	Involving inappropriate sexual contact (no forcible compulsion.)
False Alarm	Falsely activating a fire alarm or other disaster alarm.
Other Disruptive Behaviors	Disruption to the educational process serious enough to lead to one or more disciplinary consequences.

Source: NYS Education Department, School Safety and the Educational Climate Part 1 (VADIR)

Table 420 on the following page displays the total number of reported incidences (not number of students) in Herkimer County schools for each of the 12 categories defined above for the 2011-2012 to 2014-2015 school years.

As the table shows, there has been a decrease in the overall number of infractions reported during this time period. Minor altercations appear to have fluctuated but remain as the reporting category where the highest number of infractions are reported (besides "other disruptive behaviors"). Harassment and bullying infractions appear to have experienced a 22% decrease in this time frame.

Education

Pre-K to 12 Demographics & Environment

Table 420

VADIR Summary—Herkimer County

Category	2011-2012	2012-2013	2013-2014	2014-2015
Minor Altercations	158	96	101	161
Harassment/ Bullying	158	96	100	123
Criminal Mischief	19	19	11	9
Endangerment	24	6	5	7
Weapons Possession	11	13	15	9
Larceny or Other Theft	30	15	14	10
Assault with Physical Injury	17	16	27	0
Drugs	36	15	29	19
Alcohol	1	1	10	8
Other Sex Offenses	6	11	3	2
False Alarm	1	1	1	4
Other Disruptive Behaviors	443	331	326	384
TOTAL Infractions	904	620	642	736

Source: NYS Education Department, School Safety and the Educational Climate Part 1 (VADIR)

New York State's *Dignity for All Students Act (DASA)* seeks to provide the State's public elementary and secondary school students with a safe and supportive environment, free from discrimination, intimidation, taunting, harassment, and bullying on school property, a school bus and/or at a school function. The Dignity Act was signed into law on September 13, 2010 and took effect on July 1, 2012. Amendments to the act were effective as of July 1, 2013.

The original legislation amended State Education Law by creating a new Article 2—Dignity for All Students. The Dignity Act also amended Section 801-a of New York State Education Law regarding instruction in civility, citizenship, and character education by expanding the concepts of tolerance, respect for others and dignity to include: an awareness and sensitivity in the relations of people, including but not limited to, different races, weights, national origins, ethnic groups, religions, religious practices, mental or physical abilities, sexual orientations, gender identity, and sexes. The Dignity Act further amended Section 2801 of the Education Law by requiring Boards of Education to include language addressing The Dignity Act in their codes of conduct.

Additionally, under the Dignity Act, schools will be responsible for collecting and reporting data regarding material incidents of discrimination and harassment. Cyberbullying was added to the list of incidents to be reported in 2013.

Education

Pre-K to 12 Demographics & Environment

Table 421 is a summary of data submitted to NYSED by Herkimer County public schools, BOCES and charter schools regarding material incidents of harassment, bullying, and discrimination on school grounds or a school function as required by the Dignity for All Students Act.

Cyberbullying was added to the reporting requirements in 2013 and is defined as harassment or bullying by any form of electronic communication, to include incidents occurring off school property that create or would foreseeably create a risk of substantial disruption within the school environment.

Table 421

Herkimer County: Material Incidents of Discrimination or Harassment

	Enrollment	DASA Incidents		Cyberbullying	
		#	%	#	%
2012-2013	7,221	215	2.98%		
2013-2014	9,551	219	2.29%	56	0.59%
2014-2015	9,394	196	2.09%	26	0.28%

Source: NYS Education Department, School Safety and the Educational Climate Part 2 (DASA)

Attendance and Suspension Rates

Table 422 on the following page displays the Attendance rates (percentage of students that attended school) and Suspension rates (number and percentage of all students that were suspended in any given year) for all Herkimer County school districts for the 2009- 2010 to 2013-2014 academic years.

Herkimer County's average attendance rate (and every individual school district rate) was at or above New York State's average attendance rate for each academic year during this time period.

The average suspension rate for Herkimer County schools has been below that of the New York State rate in all years except 2011-2012, although some districts within the county have higher suspension rates in a given year when compared to the NYS average rate.

Education

Pre-K to 12 Demographics & Environment

Table 422

Attendance & Suspension Rates Herkimer County and NYS

District	2009-2010			2010-2011			2011-2012			2012-2013			2013-2014		
	Attend %	# Susp	Susp. %	Attend %	# Susp	Susp. %	Attend %	# Susp	Susp. %	Attend %	# Susp	Susp. %	Attend %	# Susp	Susp. %
Central Valley										94	9	0	95	103	4
Dolgeville	95	38	4	95	38	4	96	67	8	94	34	3	96	49	5
Frankfort-Schuyler	94	81	7	95	60	6	94	72	6	95	39	4	94	37	4
Herkimer	94	-	4	95	41	3	95	50	5	94	65	6	95	55	5
Ilion	95	34	2	95	23	1	95	115	7						
Little Falls	95	53	5	94	71	6	95	75	7	95	64	6	95	28	2
Mohawk	93	56	6	95	44	5	95	39	5						
Mt. Markham	95	31	2	95	32	3	95	36	3	95	26	2	95	11	1
Owen D. Young	94	7	3	96	9	4	96	3	2	95	5	3	95	11	6
Poland	96	33	5	96	40	6	96	33	5	95	18	3	96	7	1
Town of Webb	94	6	2	94	3	1	95	5	2	95	4	1	95	2	1
West Canada Valley	95	27	3	96	10	1	96	25	3	95	12	2	96	14	2
Herkimer County Average	94.5	-	3.9	95.1		3.6	95.3	-	4.8	95		3	95	-	3.1
New York State Average	93	-	5	95		5	94	-	4	93		4	93	-	4

Source: New York State Education Department data.nysed.gov

DATA SOURCES

Herkimer County Public Health

Herkimer-Fulton-Hamilton-Otsego BOCES

Literacy Coalition of Herkimer County (United Way)

New York State Education Department, Public Data Site

<http://data.nysed.gov/>

New York State Education Department, School Safety and the Educational Climate

http://www.p12.nysed.gov/irs/school_safety/school_safety_data_collection.html

New York's Dignity for All Students Act

<http://www.p12.nysed.gov/dignityact/documents/DignityActBrochureUpdateFinal.pdf>

School Safety and the Educational Climate Incident Data Collection

http://www.p12.nysed.gov/sss/documents/VADIRFAQ_April2016.pdf

WHY THIS IS IMPORTANT

Children who fall behind in core subjects are not only at higher risk of failing to graduate from high school and succeed in college or a career, they also at at-risk of developing a poor self-image and may be more likely to engage in high risk behaviors. Reading fluency is a particularly critical milestone. Research finds that children who struggle to read in grade 3 will continue to struggle in high school, and students who are not reading at grade level in middle school are likely to have more disciplinary problems, fail classes or drop out as they may struggle to attain grade level or graduate on time. Difficulties in basic literacy (reading, writing and math skills) also correlate with life long economic issues and hardships.

WHERE WE STAND

Testing Proficiency

The New York State Department of Education requires that every student be tested in grades 3 through 8 in English Language Arts (ELA) and Mathematics, and in grades 4 and 8 in Science.

For each grade, there are students performing along a proficiency continuum with regard to the skills and knowledge necessary to meet the demands of grade-specific Common Core Standards. There are students who are above proficiency, students who are proficient, students who are not quite proficient, and students who are well below proficient at each grade level. New York State assessments are designed to classify students into one of four proficiency categories:

NYS Level 4

Students performing at this level excel in standards for their grade. They demonstrate knowledge, skills, and practices embodied by the New York State P-12 Common Core Learning Standards for English Language Arts/Literacy that are considered more than sufficient for the expectations at this grade.

NYS Level 3

Students performing at this level are proficient in standards for their grade. They demonstrate knowledge, skills, and practices embodied by the New York State P-12 Common Core Learning Standards for English Language Arts/Literacy that are considered sufficient for the expectations at this grade.

NYS Level 2

Students performing at this level are partially proficient in standards for their grade. They demonstrate knowledge, skills, and practices embodied by the New York State P-12 Common

Education

Academic Proficiency: Grades 3-8 ELA/Math, Grades 4 & 8 Science

Core Learning Standards for English Language Arts/Literacy that are considered partial but insufficient for the expectations at this grade. Students performing at Level 2 are considered on track to meet current New York high school graduation requirements but are not yet proficient on Common Core Learning Standards at this grade.

NYS Level 1

Students performing at this level are well below proficient in standards for their grade. They demonstrate limited knowledge, skills, and practices embodied by the New York State P-12 Common Core Learning Standards for English Language Arts/Literacy that are considered insufficient for the expectations at this grade.

The tables and graphs on the next few pages describe the results of the proficiency tests for students in Herkimer County School Districts, Herkimer County and New York State for 2013, 2014, and 2015. This data is arranged by grade level, and includes the percentage of students in Herkimer County, New York State and individual Herkimer County school districts that met proficiency standards (Level 3 or Level 4). For individual school districts, percentages are shaded if proficiency standards identified by the state were met or exceeded.

Tables and Graphs include:

Graph 423—Percent proficient in ELA, 3rd Grade, Herkimer County and NYS
Table 424—Percent proficient in ELA, 3rd Grade, Herkimer County Districts

Graph 425—Percent proficient in Math, 3rd Grade, Herkimer County and NYS
Table 426—Percent proficient in Math, 3rd Grade, Herkimer County Districts

Graph 427—Percent proficient in ELA, 4th Grade, Herkimer County and NYS
Table 428—Percent proficient in ELA, 4th Grade, Herkimer County Districts

Graph 429—Percent proficient in Math, 4th Grade, Herkimer County and NYS
Table 430—Percent proficient in Math, 4th Grade, Herkimer County Districts

Graph 431—Percent proficient in ELA, 5th Grade, Herkimer County and NYS
Table 432—Percent proficient in ELA, 5th Grade, Herkimer County Districts

Graph 433—Percent proficient in Math, 5th Grade, Herkimer County and NYS
Table 434—Percent proficient in Math, 5th Grade, Herkimer County Districts

Graph 435—Percent proficient in ELA, 6th Grade, Herkimer County and NYS
Table 436—Percent proficient in ELA, 6th Grade, Herkimer County Districts

Education

Academic Proficiency: Grades 3-8 ELA/Math, Grades 4 & 8 Science

Graph 437—Percent proficient in Math, 6th Grade, Herkimer County and NYS

Table 438—Percent proficient in Math, 6th Grade, Herkimer County Districts

Graph 439—Percent proficient in ELA, 7th Grade, Herkimer County and NYS

Table 440—Percent proficient in ELA, 7th Grade, Herkimer County Districts

Graph 441—Percent proficient in Math, 7th Grade, Herkimer County and NYS

Table 442—Percent proficient in Math, 7th Grade, Herkimer County Districts

Graph 443—Percent proficient in ELA, 8th Grade, Herkimer County and NYS

Table 444—Percent proficient in ELA, 8th Grade, Herkimer County Districts

Graph 445—Percent proficient in Math, 8th Grade, Herkimer County and NYS

Table 446—Percent proficient in Math, 8th Grade, Herkimer County Districts

Graph 447—Percent proficient in Science, 4th Grade, Herkimer County and School Districts

Table 448—Number and percent proficient in Science, 4th Grade, Herkimer County, School Districts, and New York State

Graph 449—Percent proficient in Science, 8th Grade, Herkimer County and School Districts

Table 450—Number and percent proficient in Science, 8th Grade, Herkimer County, School Districts, and New York State

For Grades 3-8 ELA 2013-2015, Herkimer County Percent Proficient was at or below the New York State Proficiency levels.

For Grades 3-8 Math 2013-2015, Herkimer County Percent Proficient was at or below the New York State Proficiency levels.

For Grades 4 and 8 Science, Herkimer County Percent Proficient continued to be above the New York State Percent Proficient for the 2010-11 through 2014-15 academic school years.

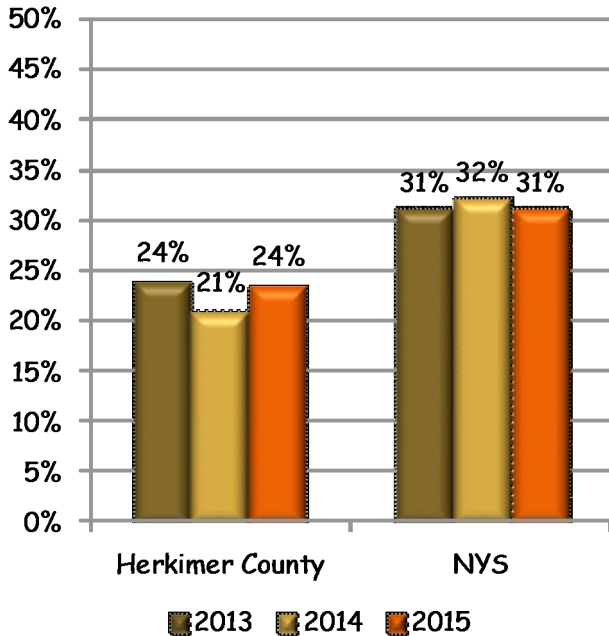
Cohort Proficiency

Tables 451 and 452 measure how the same group of students performed over time on the Grades 3-8 ELA and Math standardized tests respectively. The tables measure the percent of proficiency on the tests by cohort group over a three-year period.

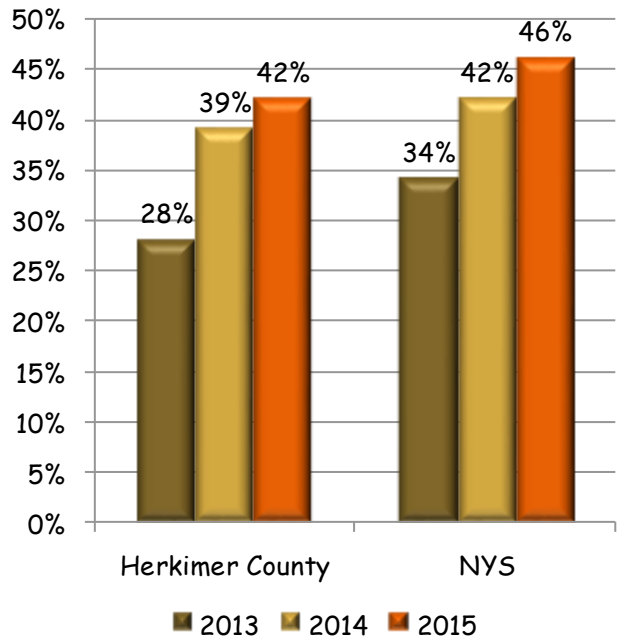
Education

Academic Proficiency: Grades 3-8 ELA/Math, Grades 4 & 8 Science

Percent Proficient in ELA
Grade 3
Graph 423



Percent Proficient in Math
Grade 3
Graph 425



Percent Proficient in ELA
Grade 3
Table 424

	2013	2014	2015
Central Valley	26%	25%	19%
Dolgeville	23%	18%	14%
Frankfort-Schuyler	13%	24%	35%
Herkimer	11%	18%	16%
Little Falls	28%	18%	27%
Mt. Markham	21%	14%	21%
OD Young	17%	38%	33%
Poland	38%	11%	30%
Town of Webb	18%	23%	21%
West Canada	33%	28%	40%

Percent Proficient in Math
Grade 3
Table 426

	2013	2014	2015
Central Valley	38%	39%	39%
Dolgeville	16%	53%	57%
Frankfort-Schuyler	16%	21%	33%
Herkimer	28%	39%	37%
Little Falls	42%	33%	49%
Mt. Markham	18%	33%	41%
OD Young	39%	13%	56%
Poland	40%	47%	43%
Town of Webb	45%	62%	43%
West Canada	43%	47%	63%

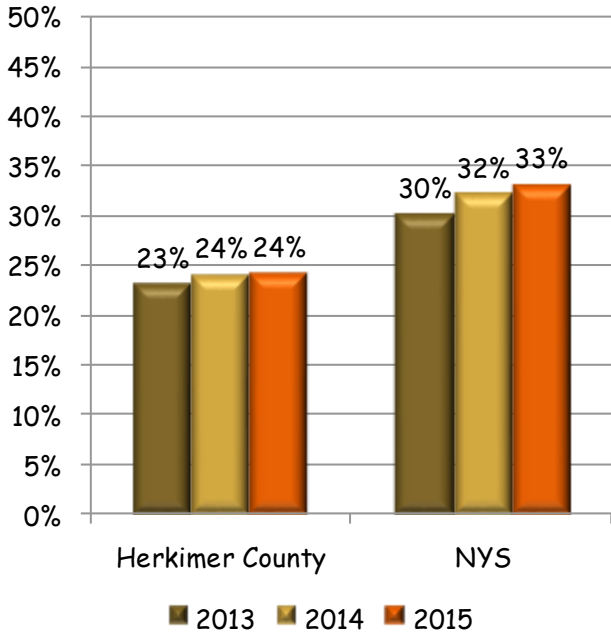
Source: data.nysed.gov, all graphs and tables this page

shaded %—met or exceeded state benchmarks

Education

Academic Proficiency: Grades 3-8 ELA/Math, Grades 4 & 8 Science

Graph 427
Percent Proficient in ELA
Grade 4



Graph 429
Percent Proficient in Math
Grade 4

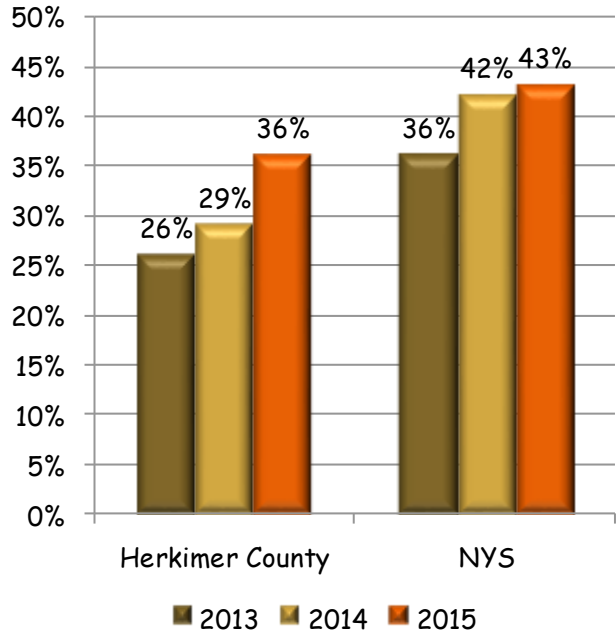


Table 428
Percent Proficient in ELA
Grade 4

	2013	2014	2015
Central Valley	21%	22%	28%
Dolgeville	16%	13%	0%
Frankfort-Schuyler	26%	9%	22%
Herkimer	15%	18%	21%
Little Falls	33%	42%	24%
Mt. Markham	28%	21%	17%
OD Young	38%	15%	22%
Poland	26%	33%	33%
Town of Webb	37%	20%	17%
West Canada	28%	41%	26%

Table 430
Percent Proficient in Math
Grade 4

	2013	2014	2015
Central Valley	23%	29%	38%
Dolgeville	16%	23%	40%
Frankfort-Schuyler	15%	12%	33%
Herkimer	25%	15%	35%
Little Falls	31%	42%	42%
Mt. Markham	27%	15%	29%
OD Young	13%	21%	22%
Poland	48%	49%	33%
Town of Webb	63%	45%	67%
West Canada	37%	63%	30%

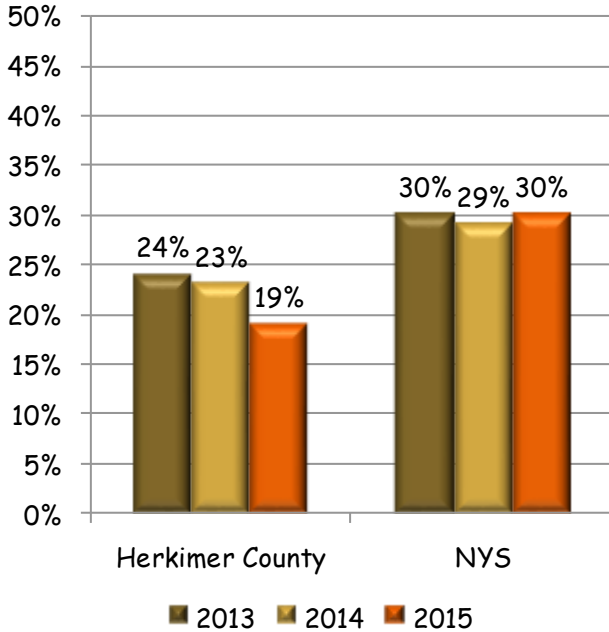
Source: data.nysed.gov, all graphs and tables this page

shaded %—met or exceeded state benchmarks

Education

Academic Proficiency: Grades 3-8 ELA/Math, Grades 4 & 8 Science

Graph 431
Percent Proficient in ELA
Grade 5



Graph 433
Percent Proficient in Math
Grade 5

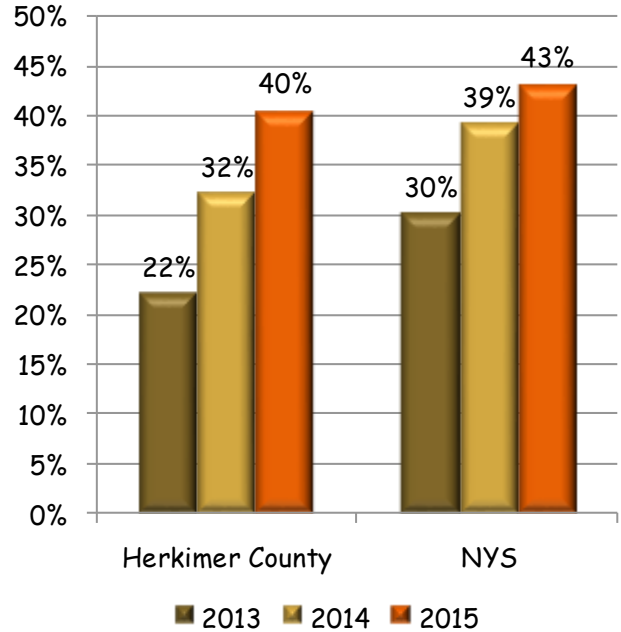


Table 432
Percent Proficient in ELA
Grade 5

	2013	2014	2015
Central Valley	28%	24%	19%
Dolgeville	20%	12%	<i>s</i>
Frankfort-Schuyler	24%	28%	21%
Herkimer	25%	24%	16%
Little Falls	22%	24%	30%
Mt. Markham	23%	13%	16%
OD Young	19%	6%	17%
Poland	24%	37%	14%
Town of Webb	25%	32%	0%
West Canada	21%	43%	10%

Table 434
Percent Proficient in Math
Grade 5

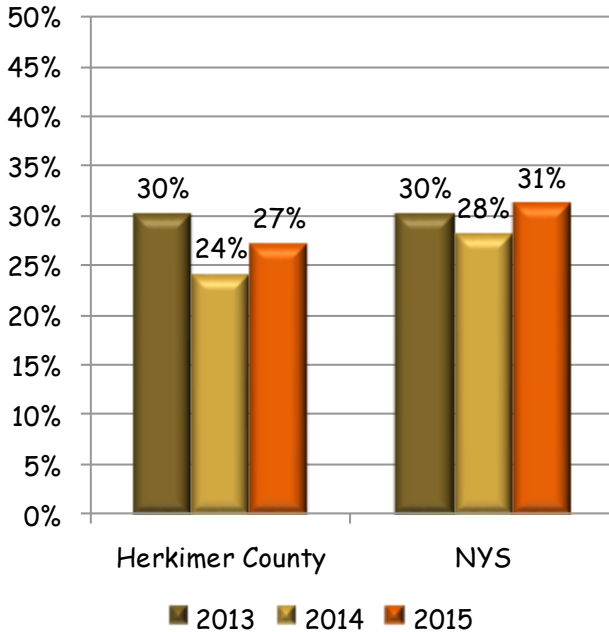
	2013	2014	2015
Central Valley	21%	39%	45%
Dolgeville	28%	29%	<i>s</i>
Frankfort-Schuyler	22%	33%	37%
Herkimer	24%	38%	39%
Little Falls	17%	29%	47%
Mt. Markham	11%	11%	26%
OD Young	13%	25%	17%
Poland	26%	33%	43%
Town of Webb	35%	39%	40%
West Canada	32%	49%	53%

Source: data.nysed.gov, all graphs and tables this page shaded %—met or exceeded state benchmarks *s* = suppressed

Education

Academic Proficiency: Grades 3-8 ELA/Math, Grades 4 & 8 Science

Graph 435
Percent Proficient in ELA
Grade 6



Graph 437
Percent Proficient in Math
Grade 6

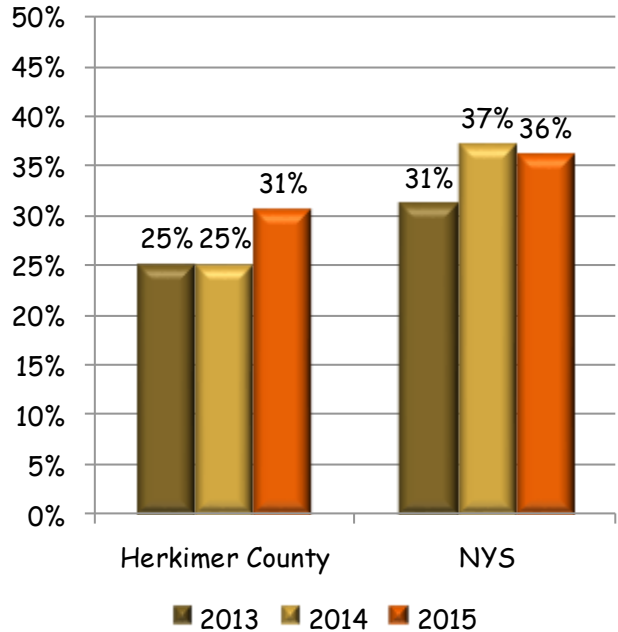


Table 436
Percent Proficient in ELA
Grade 6

	2013	2014	2015
Central Valley	34%	29%	28%
Dolgeville	26%	14%	10%
Frankfort-Schuyler	43%	28%	35%
Herkimer	29%	25%	24%
Little Falls	21%	20%	12%
Mt. Markham	29%	22%	27%
OD Young	23%	18%	33%
Poland	27%	17%	40%
Town of Webb	31%	12%	22%
West Canada	36%	30%	43%

Table 438
Percent Proficient in Math
Grade 6

	2013	2014	2015
Central Valley	17%	25%	22%
Dolgeville	40%	41%	38%
Frankfort-Schuyler	34%	14%	31%
Herkimer	25%	43%	44%
Little Falls	23%	13%	28%
Mt. Markham	12%	5%	10%
OD Young	59%	47%	33%
Poland	23%	40%	48%
Town of Webb	38%	32%	48%
West Canada	30%	31%	42%

Source: data.nysed.gov, all graphs and tables this page

shaded %—met or exceeded state benchmarks

Education

Academic Proficiency: Grades 3-8 ELA/Math, Grades 4 & 8 Science

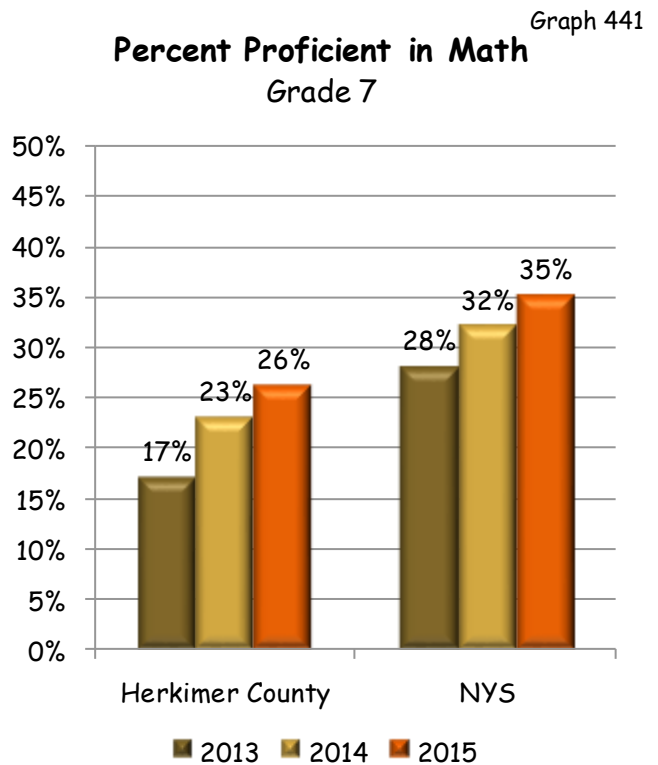
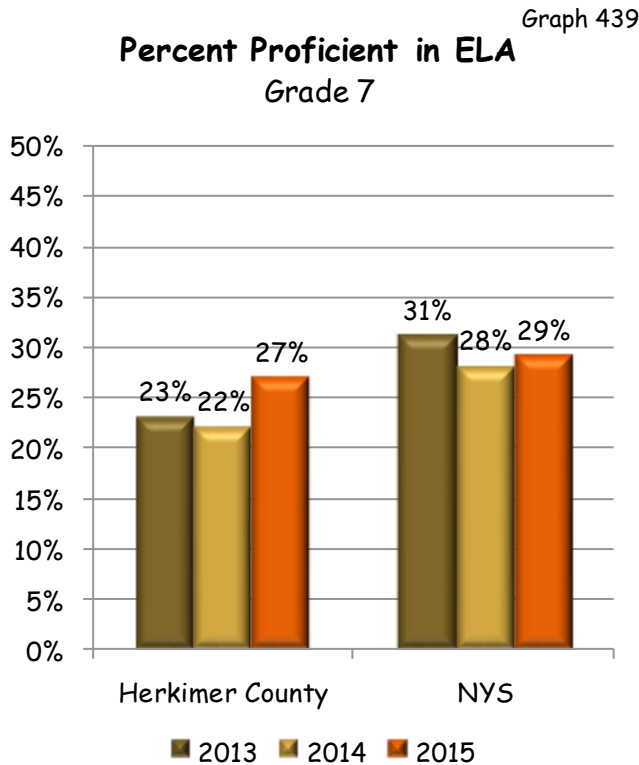


Table 440

Percent Proficient in ELA Grade 7

	2013	2014	2015
Central Valley	16%	18%	27%
Dolgeville	17%	16%	s
Frankfort-Schuyler	27%	40%	36%
Herkimer	12%	16%	29%
Little Falls	23%	18%	16%
Mt. Markham	29%	28%	16%
OD Young	0%	25%	19%
Poland	28%	29%	35%
Town of Webb	44%	29%	41%
West Canada	0%	25%	29%

Table 442

Percent Proficient in Math Grade 7

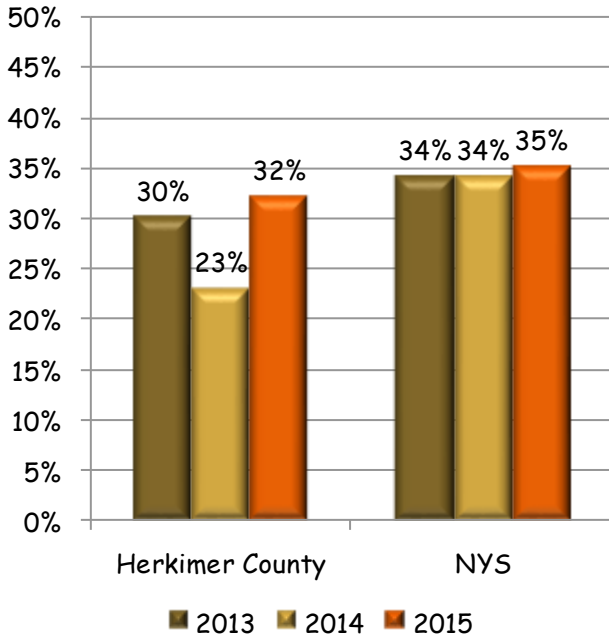
	2013	2014	2015
Central Valley	10%	22%	17%
Dolgeville	13%	7%	s
Frankfort-Schuyler	27%	60%	36%
Herkimer	20%	19%	40%
Little Falls	14%	17%	23%
Mt. Markham	26%	23%	14%
OD Young	8%	50%	7%
Poland	14%	24%	43%
Town of Webb	36%	22%	25%
West Canada	20%	21%	20%

Source: data.nysed.gov, all graphs and tables this page shaded %—met or exceeded state benchmarks s = suppressed

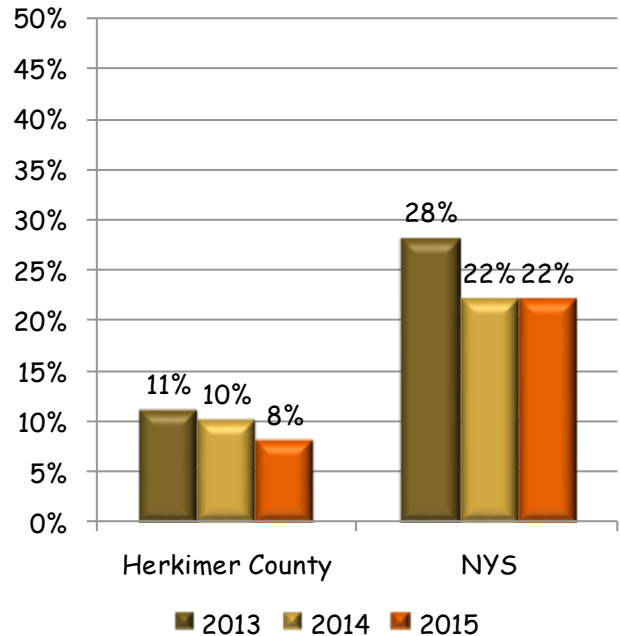
Education

Academic Proficiency: Grades 3-8 ELA/Math, Grades 4 & 8 Science

Percent Proficient in ELA
Grade 8
Graph 443



Percent Proficient in Math
Grade 8
Graph 445



Percent Proficient in ELA
Grade 8
Table 444

	2013	2014	2015
Central Valley	37%	25%	29%
Dolgeville	28%	12%	<i>s</i>
Frankfort-Schuyler	37%	20%	71%
Herkimer	21%	19%	14%
Little Falls	15%	32%	30%
Mt. Markham	26%	27%	46%
OD Young	16%	6%	37%
Poland	36%	18%	32%
Town of Webb	36%	37%	29%
West Canada	43%	31%	36%

Percent Proficient in Math
Grade 8
Table 446

	2013	2014	2015
Central Valley	14%	3%	2%
Dolgeville	2%	5%	<i>s</i>
Frankfort-Schuyler	18%	27%	63%
Herkimer	7%	11%	7%
Little Falls	8%	3%	0%
Mt. Markham	11%	4%	7%
OD Young	5%	7%	9%
Poland	7%	3%	8%
Town of Webb	14%	27%	20%
West Canada	26%	28%	0%

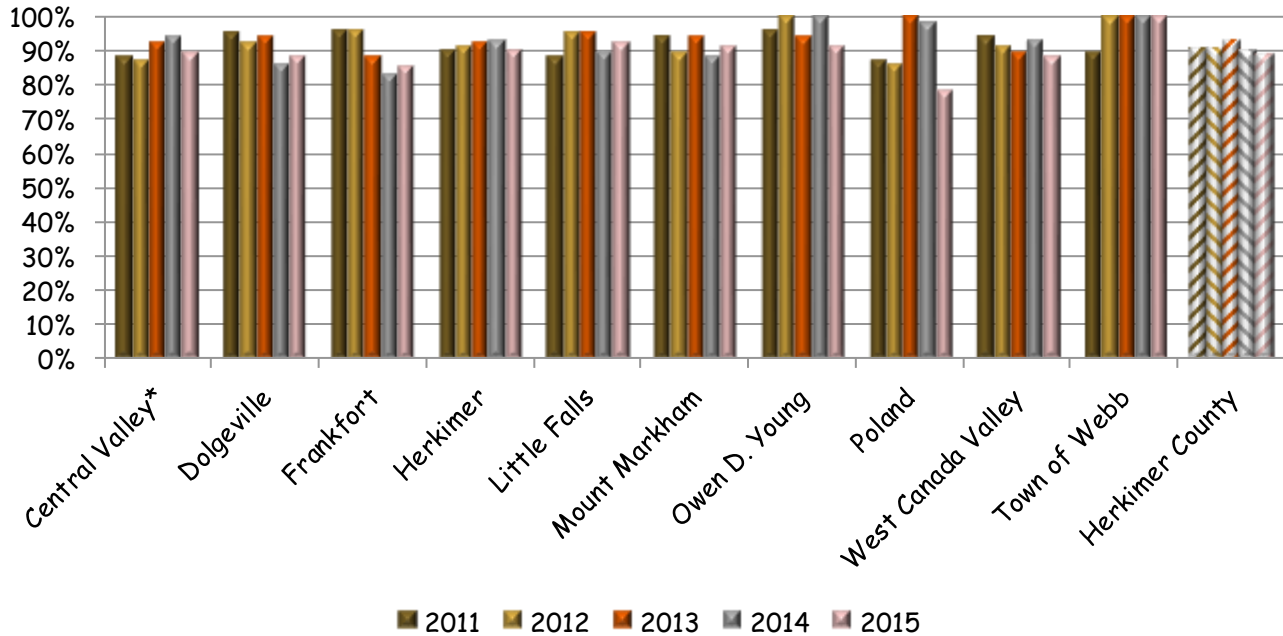
Source: data.nysed.gov, all graphs and tables this page shaded %—met or exceeded state benchmarks *s* = suppressed

Education

Academic Proficiency: Grades 3-8 ELA/Math, Grades 4 & 8 Science

Graph 447

Percent Proficient in Science
Grade 4



Number and Percent Proficient in Science
Grade 4

Table 448

	2011		2012		2013		2014		2015	
	#	%	#	%	#	%	#	%	#	%
Central Valley*	170	88%	157	87%	203	92%	153	94%	168	89%
Dolgeville	66	95%	64	92%	82	94%	62	86%	65	88%
Frankfort	75	96%	91	96%	72	88%	53	83%	43	85%
Herkimer	86	90%	89	91%	86	92%	96	93%	79	90%
Little Falls	94	88%	78	95%	70	95%	92	89%	52	92%
Mount Markham	84	94%	87	89%	96	94%	90	88%	33	91%
Owen D. Young	23	96%	15	100%	16	94%	13	100%	8	91%
Poland	63	87%	44	86%	46	100%	41	98%	36	78%
Town of Webb	18	89%	21	100%	19	100%	11	100%	13	100%
West Canada Valley	54	94%	58	91%	46	89%	57	93%	34	88%
Herkimer County	733	91%	704	91%	736	93%	668	90%	531	89%
New York State		88%		89%		90%		87%		86%

Source: data.nysed.gov, both graph and table this page

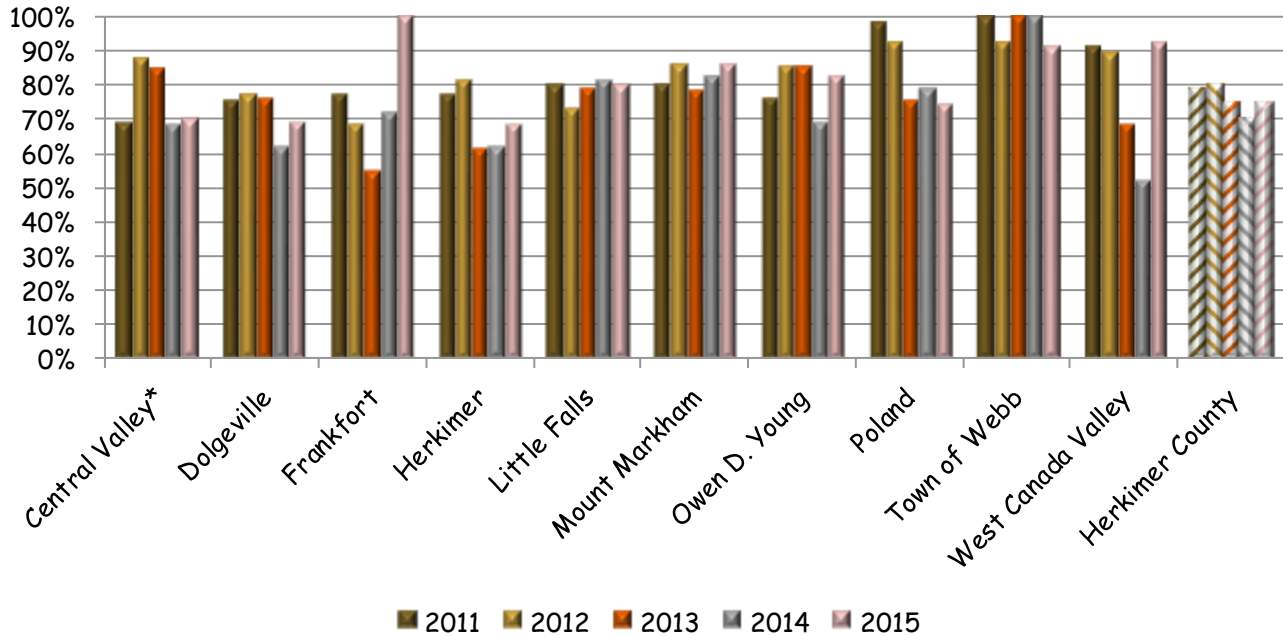
*Ilion & Mohawk consolidated 2011-2013

Education

Academic Proficiency: Grades 3-8 ELA/Math, Grades 4 & 8 Science

Graph 449

Percent Proficient in Science
Grade 8



Number and Percent Proficient in Science
Grade 8

Table 450

	2011		2012		2013		2014		2015	
	#	%	#	%	#	%	#	%	#	%
Central Valley*	185	69%	166	88%	165	85%	171	68%	168	70%
Dolgeville	71	75%	52	77%	77	76%	73	62%	49	69%
Frankfort	93	77%	78	68%	65	55%	57	72%	10	100%
Herkimer	84	77%	93	81%	92	61%	88	62%	69	68%
Little Falls	80	80%	100	73%	85	79%	77	81%	58	80%
Mount Markham	96	80%	100	86%	95	78%	70	82%	30	86%
Owen D. Young	17	76%	13	85%	19	85%	16	69%	22	82%
Poland	45	98%	49	92%	60	75%	33	79%	26	74%
Town of Webb	22	100%	36	92%	21	100%	26	100%	23	91%
West Canada Valley	70	91%	51	89%	54	68%	42	52%	12	92%
Herkimer County	763	79%	738	80%	733	75%	653	70%	467	75%
New York State		69%		69%		69%		62%		62%

Source: data.nysed.gov, both graph and table this page

*Ilion & Mohawk consolidated 2011-2013

Education

Academic Proficiency: Grades 3-8 ELA/Math, Grades 4 & 8 Science

Tables 451 and 452 look at how various cohort groups performed on the ELA and Math tests in Herkimer County schools. For example, look at the Percent Proficient in ELA (by cohort) graph for students entering* 6th grade in 2015 (shaded). This group of students earned a 24% level of proficiency on the 2013 Grade 3 ELA, a 24% level of proficiency on the 2014 Grade 4 ELA, and a 20% level of proficiency on the 2015 Grade 5 ELA assessment.

Table 451

Percent Proficient in ELA
by Cohort in Herkimer County

Entering*	2013	2014	2015
4th Grade			24%
5th Grade		21%	24%
6th Grade	24%	24%	20%
7th Grade	23%	23%	28%
8th Grade	24%	24%	27%
9th Grade	30%	22%	32%
10th Grade	23%	23%	
11th Grade	30%		
12th Grade			

Table 452

Percent Proficient in Math
by Cohort in Herkimer County

Entering*	2013	2014	2015
4th Grade			42%
5th Grade		39%	36%
6th Grade	28%	29%	40%
7th Grade	26%	32%	31%
8th Grade	22%	25%	26%
9th Grade	25%	23%	8%
10th Grade	17%	10%	
11th Grade	11%		
12th Grade			

Source: data.nysed.gov, both tables this page

*Cohort Entering Grade 2015-2016

DATA SOURCES

New York State Education Department, Public Data Site
<http://data.nysed.gov/>

WHY THIS IS IMPORTANT

Regents Exams are achievement tests that are aligned with New York State's learning standards. Prepared by teacher examination committees and Department subject and testing specialists, Regents Exams provide schools with a basis for evaluating the quality of instruction and learning that have taken place. They are used by school personnel to identify major learning goals, offering both teachers and students a guide to important understandings, skills, and concepts. The exams also provide students, parents, counselors, administrators, college admissions officers, and employers with objective and easily understood achievement information for use in making sound educational and vocational decisions. Passing scores on the Regents Exams in English, Mathematics, Science, and Social Studies satisfy the State testing requirements for a high school diploma.

WHERE WE STAND

Graphs 453 and 454 on the following two pages represent the percent of Herkimer County students attaining Mastery (85-100%) on a Regents exam (Graph 453) and the percent of Herkimer County students earning a passing score of 65-84% on a Regents exam (Graph 454) by exam and year.

Regents Exams are based on the 2005 Learning Standards and have 4 performance levels: Level 1 = 0-54, Level 2 = 55-64, Level 3 = 65-84, and Level 4 = 85-100.

Regents Exams and Common Core Standards were aligned in 2013. For each subject area, there are students performing along a proficiency continuum with regard to the skills and knowledge necessary to meet the demands of Common Core Learning Standards for ELA and Mathematics (CC Algebra 1, CC Geometry). There are students who exceed the expectations of the standards (Level 5), students who meet the expectations (Level 4), students who partially meet the expectations (Level 3 and 2), and students who do not demonstrate sufficient knowledge or skills required for any performance level (Level 1).

Table 455 on page 395 identifies the number and percentage of Herkimer County students that achieved Levels 1-5 on the Common Core Regents Exams for the 2013-2014 and 2014-2015 school years by exam.

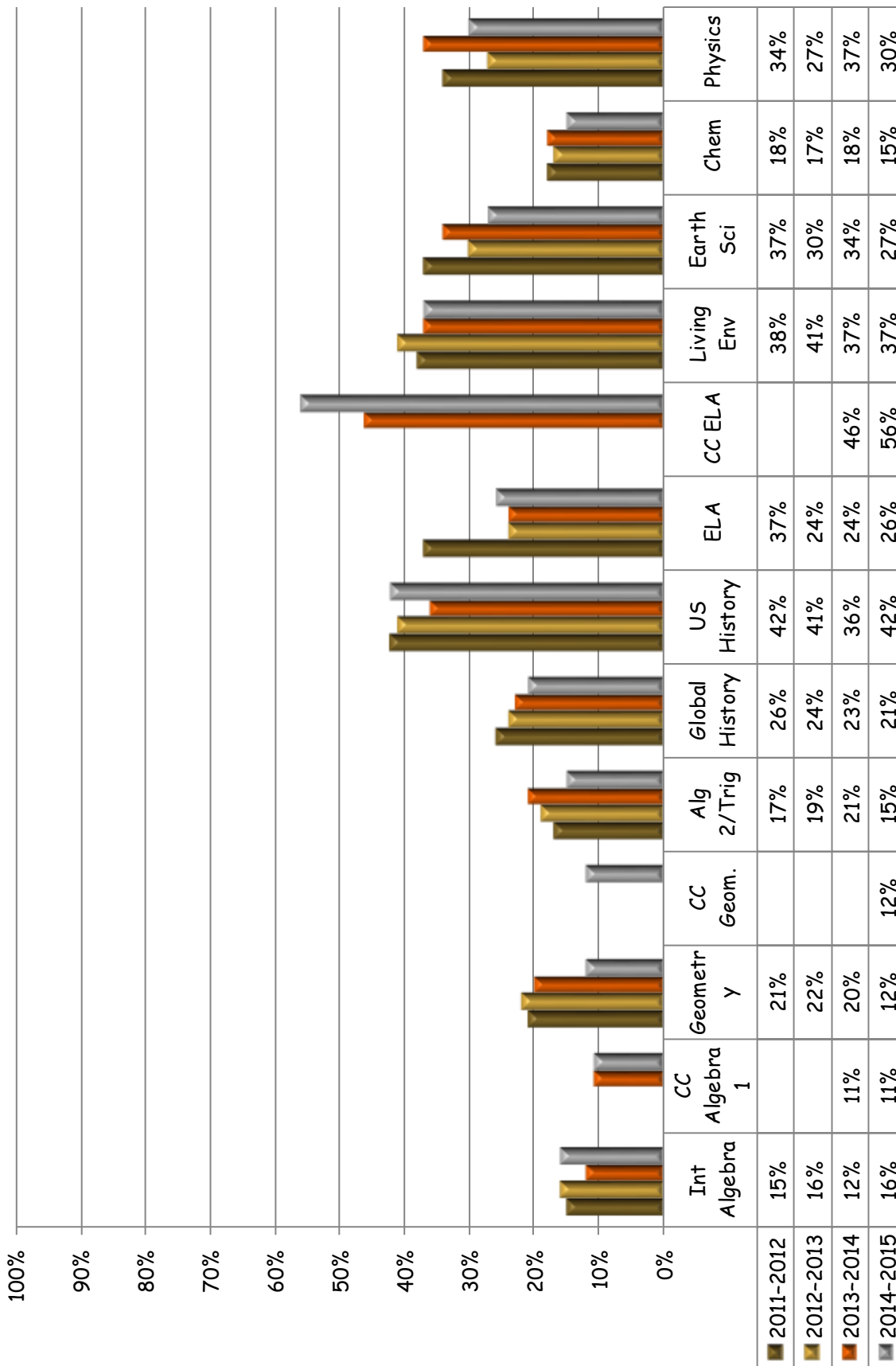
Tables 456 and 457 on pages 395 and 396 respectively identify the number and percentage of Herkimer County students that achieved Levels 1-4 on the (traditional) Regents Exams from 2011-2012 to 2014-2015 by exam.

Education

Academic Proficiency: Regents Exams

Graph453

Herkimer County: Regents 2011-2015
% Mastery (85-100)



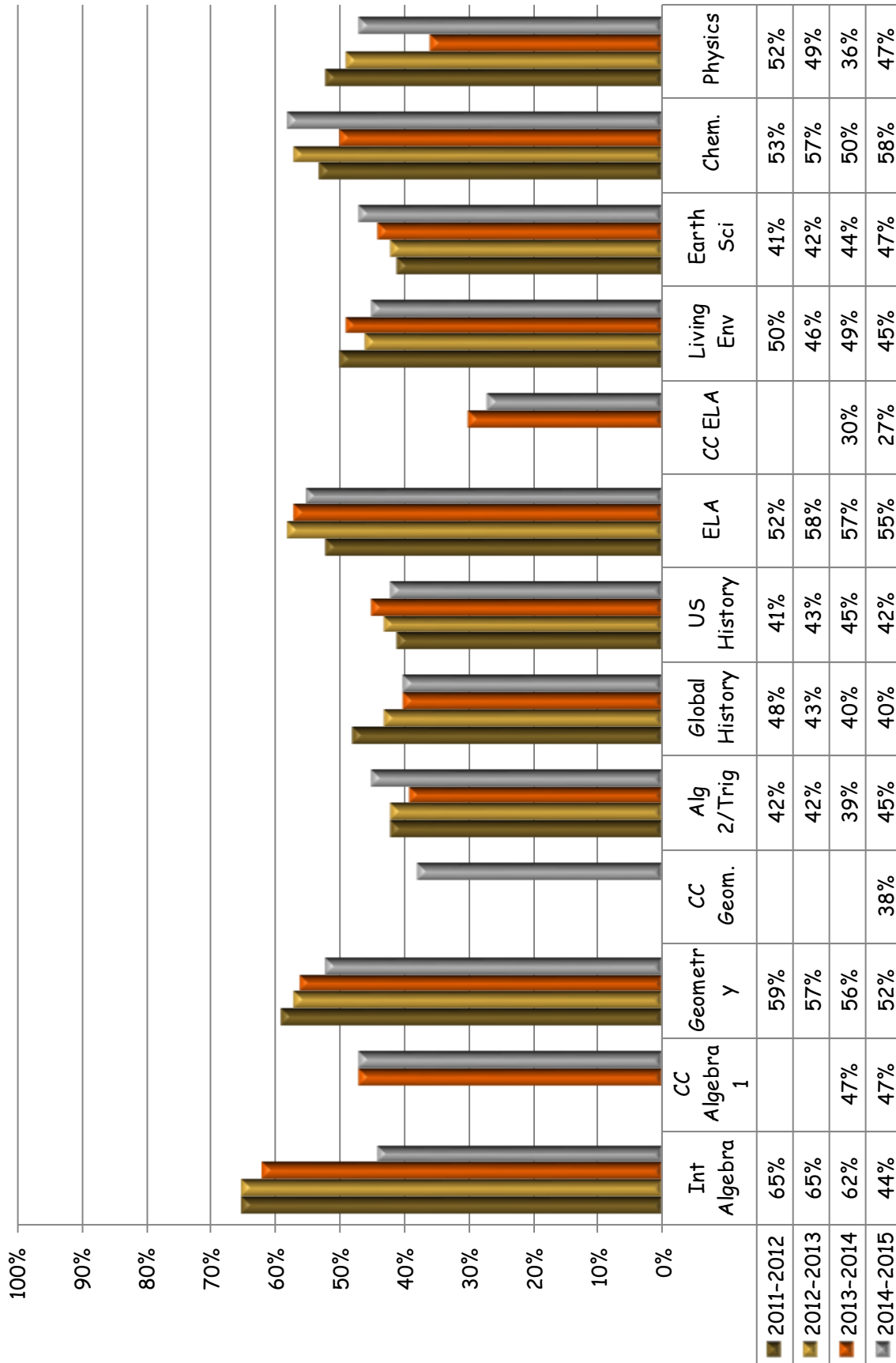
Source: data.nysed.gov

Education

Academic Proficiency: Regents Exams

Graph 454

Herkimer County: Regents 2011-2015
% Students Earning 65-84%



Source: data.nysed.gov

Education

Academic Proficiency: Regents Exams

Common Core Regents Exams 2011-2015—Herkimer County

Table 455

	Year	0-54%	55-64%	65-73%	74-84%	85-100%	Total Tested	Level 1	Level 2	Level 3	Level 4	Level 5
CC ELA	2013-2014	13%	12%	30%	23%	23%	419	53	49	125	96	96
	2014-2015	10%	8%	27%	15%	40%	568	54	44	154	87	229
CC Algebra 1	2013-2014	15%	27%	47%	10%	1%	674	100	183	317	68	6
	2014-2015	18%	24%	46%	10%	1%	718	129	174	333	72	10
CC Geometry	2014-2015	26%	22%	38%	6%	5%	469	122	105	179	29	25

Source: data.nysed.gov

Regents Exams 2011-2015—Herkimer County

Table 456

	Year	55-100%	65-100%	>85% mastery	Total Tested	0-54%	55-64%	65-73%	85-100%
ELA	2011-2012	94%	89%	37%	723	43	37	376	270
	2012-2013	94%	81%	24%	748	46	93	430	179
	2013-2014	93%	81%	24%	774	51	95	442	186
	2014-2015	93%	81%	26%	685	55	86	374	179
Int. Algebra	2011-2012	92%	80%	15%	855	80	106	555	128
	2012-2013	94%	81%	16%	921	55	124	597	145
	2013-2014	89%	73%	12%	928	107	140	573	109
	2014-2015	79%	59%	16%	432	90	85	188	69
Geometry	2011-2012	92%	80%	21%	559	43	68	329	119
	2012-2013	93%	80%	22%	537	38	71	308	120
	2013-2014	91%	76%	20%	554	48	84	309	113
	2014-2015	86%	65%	12%	530	76	112	277	65
Alg. 2/ Trig.	2011-2012	74%	60%	17%	370	98	51	157	64
	2012-2013	74%	61%	19%	411	106	55	172	78
	2013-2014	73%	60%	21%	373	97	51	145	78
	2014-2015	74%	59%	15%	365	94	54	163	54

Source: data.nysed.gov

Education

Academic Proficiency: Regents Exams

Table 457

Regents Exams 2011-2015—Herkimer County

	Year	55-100%	65-100%	>85% mastery	Total Tested	0-54%	55-64%	65-54%	85-100%
Living Env.	2011-2012	94%	87%	38%	751	42	52	372	285
	2012-2013	94%	87%	41%	810	50	56	373	331
	2013-2014	94%	85%	37%	846	54	71	412	309
	2014-2015	92%	82%	37%	825	75	82	368	309
Earth Science	2011-2012	90%	78%	37%	725	70	86	299	270
	2012-2013	85%	72%	30%	766	118	96	323	229
	2013-2014	89%	78%	34%	708	78	80	311	239
	2014-2015	87%	74%	27%	716	76	90	337	195
Chemistry	2011-2012	83%	71%	18%	404	70	48	215	72
	2012-2013	94%	73%	17%	332	25	68	188	55
	2013-2014	91%	72%	18%	376	34	71	205	66
	2014-2015	88%	73%	15%	332	34	51	191	50
Physics	2011-2012	94%	85%	34%	143	9	12	74	48
	2012-2013	92%	76%	27%	165	14	26	81	44
	2013-2014	89%	72%	37%	123	14	20	44	45
	2014-2015	91%	77%	30%	174	16	24	81	53
Global History	2011-2012	86%	74%	26%	906	131	102	436	237
	2012-2013	83%	67%	24%	827	144	132	356	195
	2013-2014	80%	63%	23%	824	216	146	330	187
	2014-2015	81%	61%	21%	987	185	195	396	211
US History	2011-2012	91%	84%	42%	793	68	62	328	336
	2012-2013	92%	84%	41%	771	60	64	332	315
	2013-2014	89%	80%	36%	727	80	62	326	259
	2014-2015	91%	84%	42%	787	71	58	329	329

Source: data.nysed.gov

DATA SOURCES

New York State Education Department, Engage NY

<http://engageny.org>

New York State Education Department, Public Data Site

<http://data.nysed.gov/>

Education

Graduation Rates and College & Career Readiness

WHY THIS IS IMPORTANT

College and career readiness is rapidly supplanting high school graduation as a key priority of the K-12 education system. As workforce demands change, it has become increasingly apparent that students will benefit greatly from at least some postsecondary education or training as they prepare to participate in today's global economy. For example, recent projections indicate that by 2018, 63 percent of all jobs in the United States and 90 percent of new jobs in growing industries will require some postsecondary training (Carnevale, Smith, & Strohl, 2010).

With the growing complexity of the world and the increasing demands of the 21st-century workforce, there is little question that all students should graduate from high school fully prepared for college AND careers.

From an academic perspective, college and career readiness means that a high school graduate has the knowledge and skills in English and mathematics necessary to qualify for and succeed in entry-level, credit-bearing postsecondary coursework without the need for remediation—or put another way, a high school graduate has the English and math knowledge and skills needed to qualify for and succeed in the postsecondary job training and/or education necessary for their chosen career (i.e. community college, university, technical/vocational program, apprenticeship, or significant on-the-job training).

To be college- and career-ready, high school graduates must have studied a rigorous and broad curriculum, grounded in the core academic disciplines, but also consisting of other subjects that are part of a well-rounded education. Academic preparation alone is not enough to ensure postsecondary readiness, but it is clear that it is an essential part of readiness for college, careers, and life in the 21st century.

WHERE WE STAND

Graduation Rate by Cohort

The four-year cohort graduation rate is the number of students who graduate in four years with a regular high school diploma divided by the number of students who form the cohort for the graduating class. For example, 2011 Cohort graduation data would be collected in June 2015. The graduation rate as of August of the 4th year, June of the 5th year, and June of the 6th year of high school are also calculated and available but are not included in the cohort rate.

Cohort year is determined using the First Date of Entry into Grade 9. For example, students who entered grade 9 in the fall of 2011 are considered members of the 2011 cohort and would graduate in 2015.

Education

Graduation Rates and College & Career Readiness

Table 458 reflects the cohort enrollment for all Herkimer County School Districts based on their First Date of Entry into 9th Grade.

Table 458

Total Cohort Enrollment by District—Herkimer County

	2006 Cohort	2007 Cohort	2008 Cohort	2009 Cohort	2010 Cohort	2011 Cohort
Central Valley*			209	186	193	174
Dolgeville	84	76	70	67	62	76
Frankfort	103	100	113	84	100	88
Herkimer	130	109	117	107	102	88
Ilion	140	118				
Little Falls	92	100	89	94	109	73
Mohawk	77	79				
Mt. Markham	118	120	119	107	88	87
Owen D. Young	22	24	11	12	16	19
Poland	53	69	58	48	55	47
Town of Webb	22	28	33	35	24	24
West Canada Valley	71	61	79	62	73	69
Herkimer County	912	884	900	802	809	745

Source: data.nysed.gov

*Ilion/Mohawk combined: 2008 & 2009 Cohorts

Table 459 on the following page reflects the cohort graduation rate for Herkimer County School Districts, Herkimer County, and NYS for the 2006 to 2011 cohort groups (those who graduated from 2010 to 2015).

The percentages of Herkimer County cohort graduates exceed NYS cohort graduation percentages for all years measured.

Education

Graduation Rates and College & Career Readiness

**Four-Year Graduation Rate by Cohort
School Districts, Herkimer County and NYS**

Table 459

	2006 Cohort	2007 Cohort	2008 Cohort	2009 Cohort	2010 Cohort	2011 Cohort
Central Valley*			80%	81%	82%	84%
Dolgeville	83%	75%	84%	84%	82%	82%
Frankfort	80%	80%	81%	70%	72%	73%
Herkimer	70%	68%	75%	72%	74%	80%
Ilion	84%	81%				
Little Falls	76%	79%	83%	77%	78%	86%
Mohawk	82%	75%				
Mt. Markham	84%	79%	86%	89%	78%	85%
Owen D. Young	91%	88%	91%	58%	75%	84%
Poland	85%	77%	88%	92%	82%	81%
Town of Webb	100%	93%	70%	73%	92%	100%
West Canada Valley	89%	74%	85%	81%	90%	96%
Herkimer County	77%	77%	80%	80%	79%	84%
New York State	73.4%	74%	74%	74.9%	76%	78%

Source: data.nysed.gov

*Ilion/Mohawk combined: 2008 & 2009 Cohorts

Graph 460 on the following page illustrates the outcomes for the 2010 and 2011 cohort groups in Herkimer County and New York State as of June 2014 and June 2015 respectively (expected four year graduation date for cohort group). Outcomes include graduation, dropout, GED, or still enrolled.

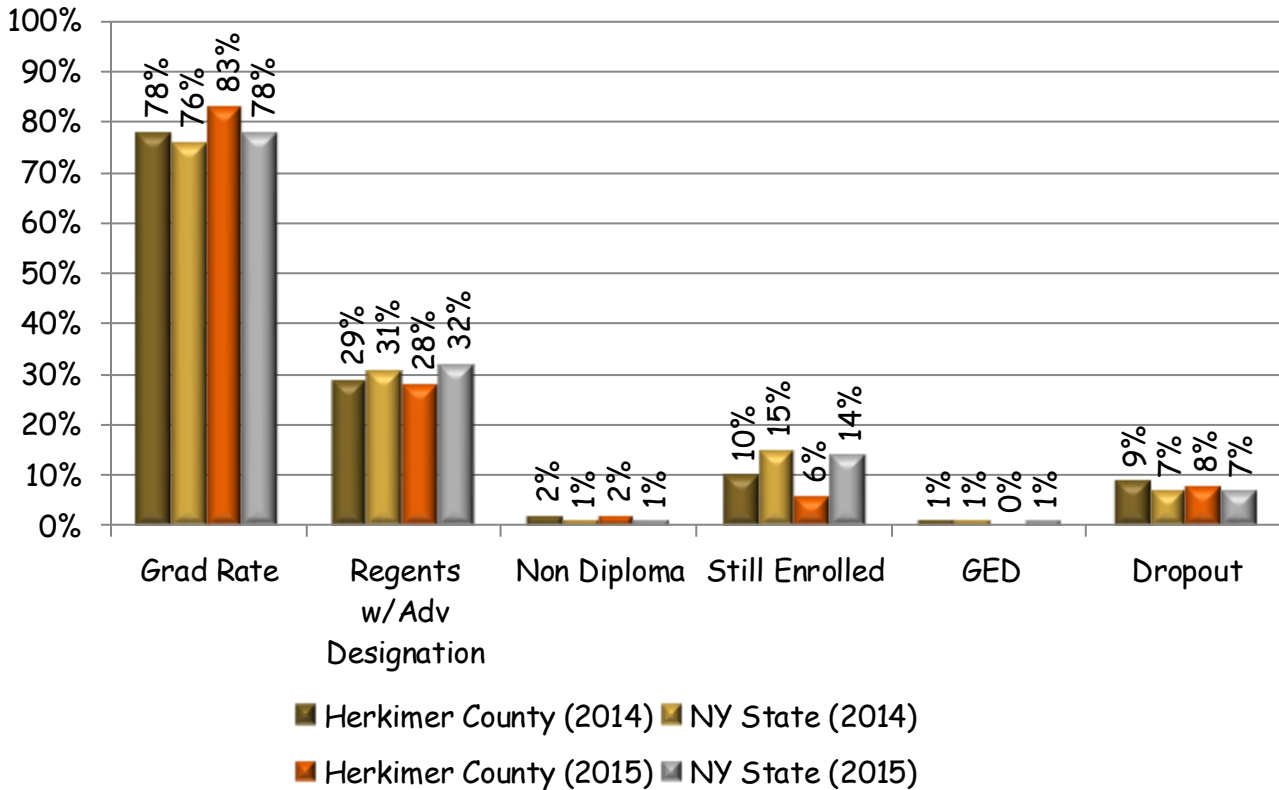
When compared with NYS, Herkimer County had a higher percentage of cohort graduation in 2014 and 2015 but a lower percentage of Regents with Advanced Designation diplomas awarded. A lower percentage of Herkimer County 2010 and 2011 cohort members were still enrolled in school than in NYS, and a greater percentage dropped out of school.

Education

Graduation Rates and College & Career Readiness

Graph 460

**Herkimer County
Enrollment Outcomes: 2010 & 2011 Cohorts**



Source: data.nysed.gov

The next four graphs on the following four pages describe the diploma types received by the 2006 to 2011 cohort groups in all Herkimer County school districts (graduates from 2010 to 2015).

Graph 461 illustrates the percentage of Herkimer County 2006 to 2011 cohort groups that graduated with any diploma type by school district.

Graph 462 illustrates the percentage of Herkimer County 2006 to 2011 cohort groups that graduated with a Regents Diploma with Advanced Designation by school district.

Graph 463 illustrates the percentage of Herkimer County 2006 to 2011 cohort groups that graduated with a Regents Diploma by school district.

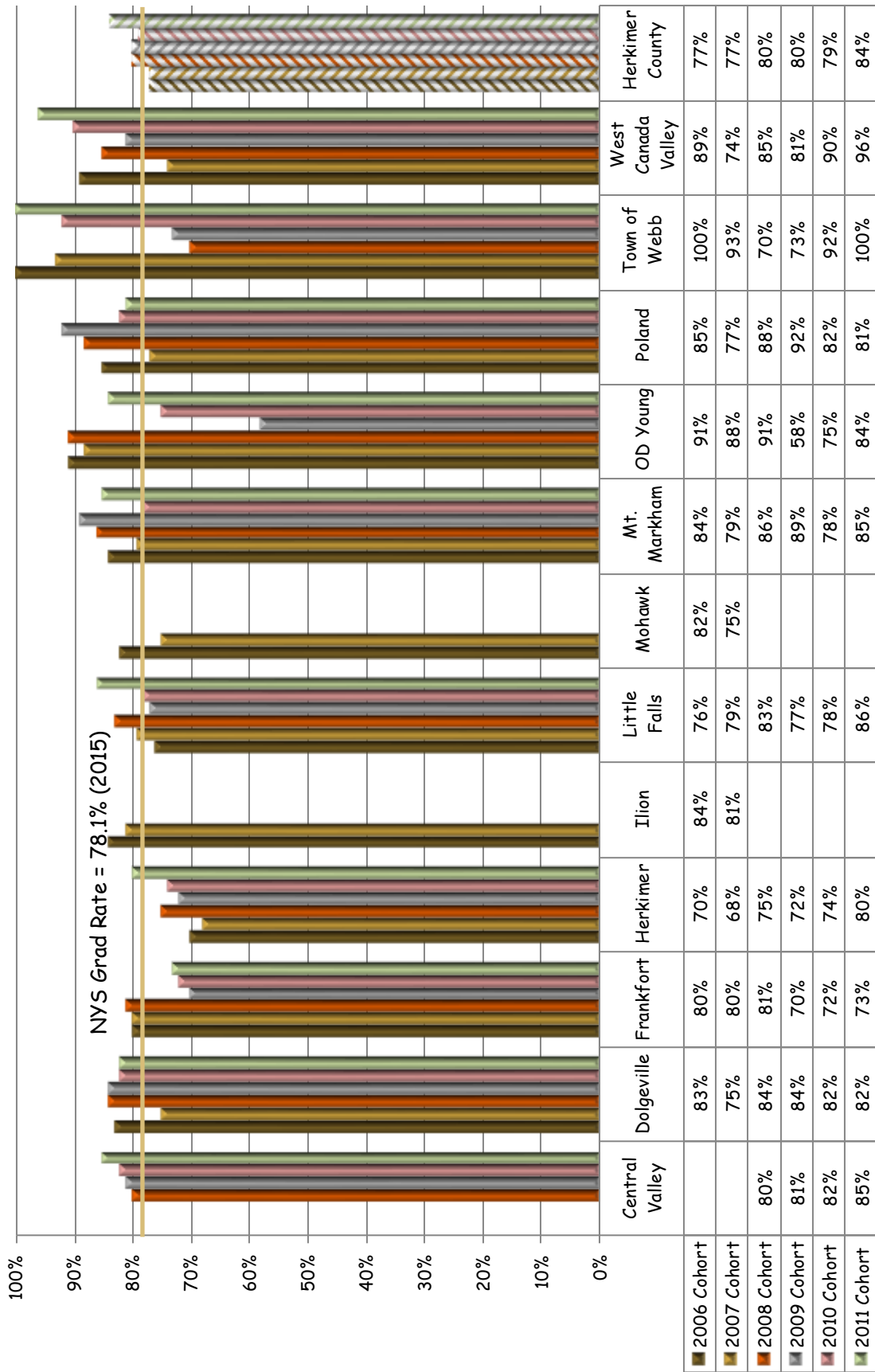
Graph 464 illustrates the percentage of Herkimer County 2006 to 2011 cohort groups that graduated with a Local (non-Regents) Diploma by school district.

Education

Graduation Rates and College & Career Readiness

Graph 461

**Herkimer County 2010-2015
Graduation Rate: Cohorts 2006-2011
All Diploma Types**



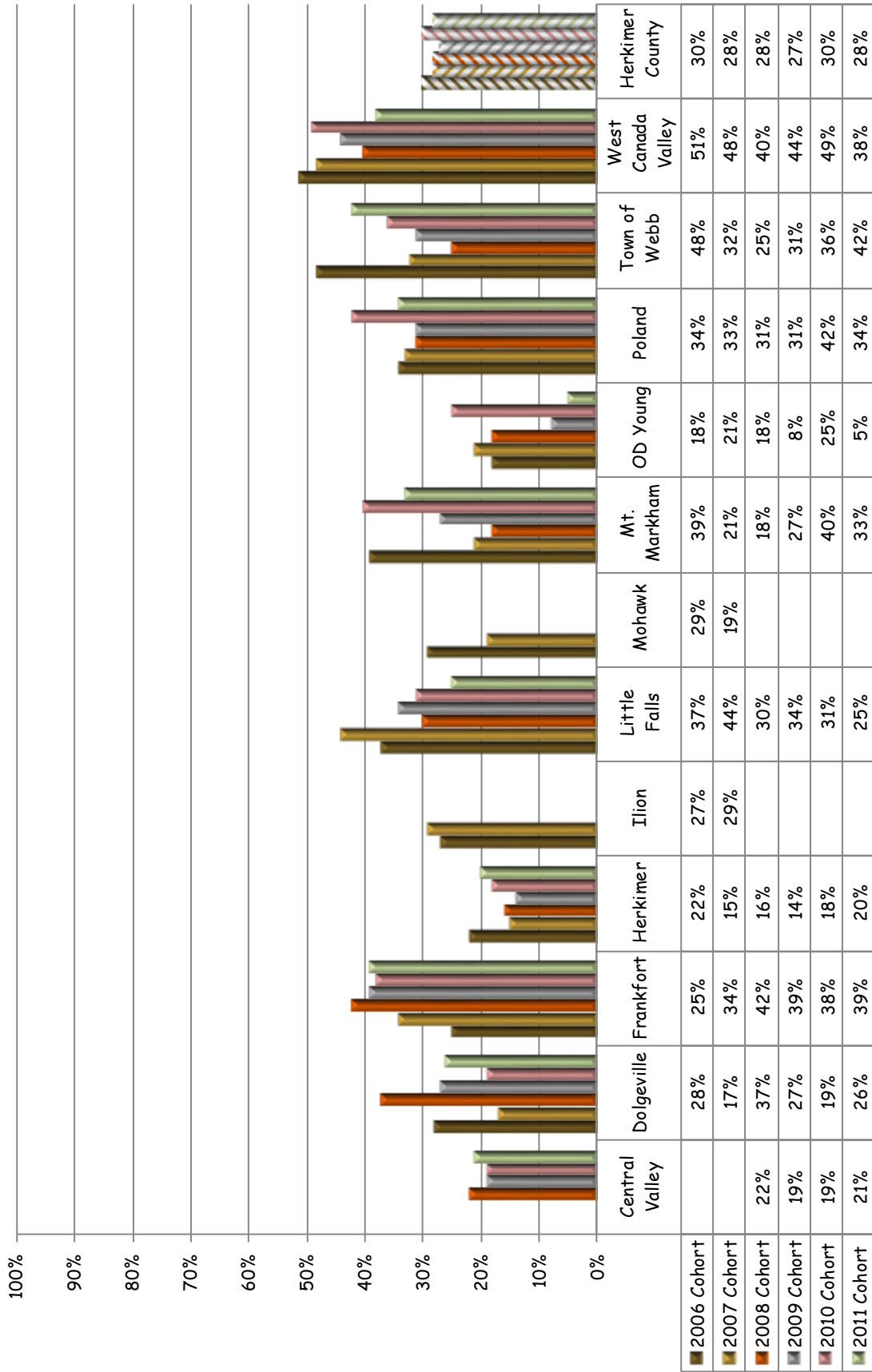
Source: data.nysed.gov

Education

Graduation Rates and College & Career Readiness

Graph 462

**Herkimer County 2010-2015
Graduation Rate: Cohorts 2006-2011
Regents w/ Advanced Designation**



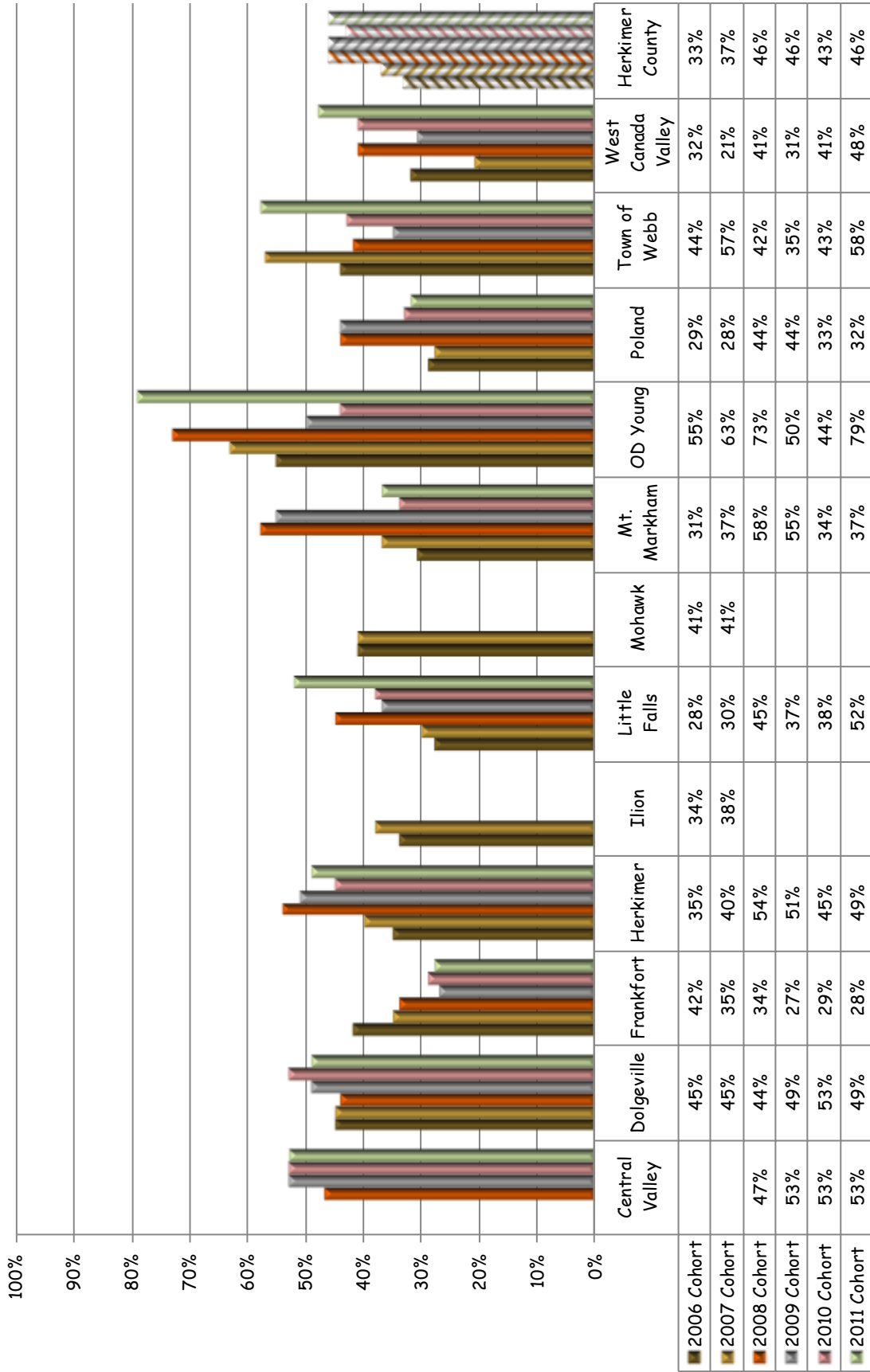
Source: data.nysed.gov

Education

Graduation Rates and College & Career Readiness

Graph 463

**Herkimer County 2010-2015
Graduation Rate: Cohorts 2006-2011
Regents Diploma**



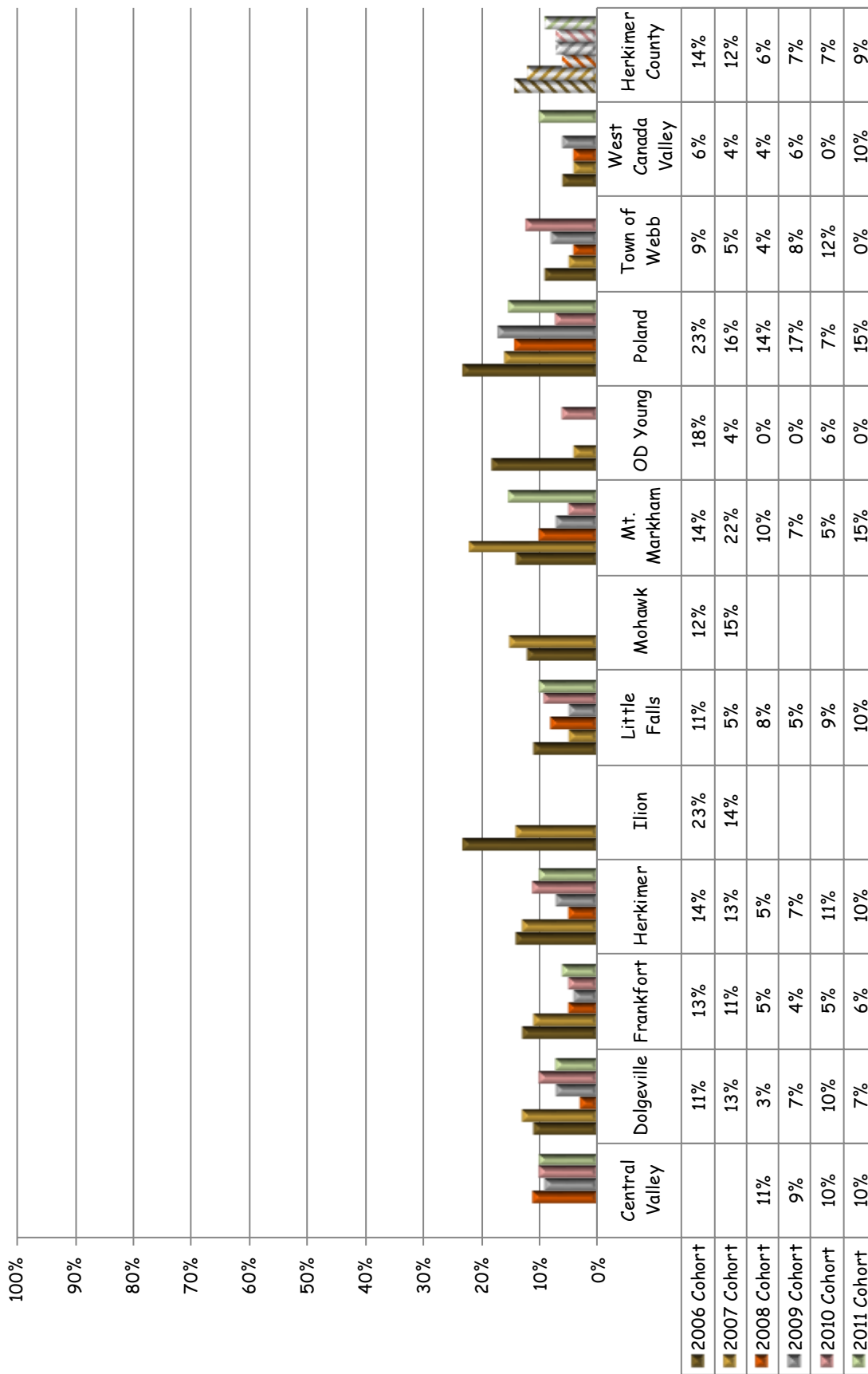
Source: data.nysed.gov

Education

Graduation Rates and College & Career Readiness

Graph 464

**Herkimer County 2010-2015
Graduation Rate: Cohorts 2006-2011
Local Diploma**



Source: data.nysed.gov

Education

Graduation Rates and College & Career Readiness

Aspirational Performance Measure (APM)

In addition to the graduation rate, cohort outcomes on Aspirational Performance Measures (APMs) are reported. APM is an indicator of an individual's readiness for college work. A student must achieve the following to meet the state's aspirational performance standards:

ELA/Math—Cohort students who graduated with a Local, Regents, or Regents with Advanced Designation diploma and earned a 75 or greater on their English Regents examination and earned a 80 or greater on a Math Regents examination, or achieved a standard of Level 4 or higher on their English and Math Common Core Regents examinations; or met the level put in place by the Office of State Assessment (OSA) for approved alternatives to the Regents examinations.

Advanced Regents Diploma—Cohort students who earned a Regents Diploma with Advanced Designation (22 units of credit, 7-9 Regents examinations at 65 or above, and advanced course sequences in languages other than English, Career and Technical Education (CTE), or the arts).

**Aspirational Performance Measure
2006 to 2011 Cohort Groups**

Table 465

	2006 Cohort	2007 Cohort	2008 Cohort	2009 Cohort	2010 Cohort	2011 Cohort	2006 Cohort	2007 Cohort	2008 Cohort	2009 Cohort	2010 Cohort	2011 Cohort
Central Valley*	221	197	211	186	193	172	28%	31%	23%	23%	19%	25%
Dolgeville	83	76	70	67	62	76	45%	36%	39%	34%	26%	29%
Frankfort-Schuyler	101	100	113	84	100	88	26%	29%	34%	42%	27%	33%
Herkimer	124	109	117	107	102	88	28%	15%	21%	10%	27%	25%
Little Falls	90	100	89	94	109	77	34%	37%	24%	28%	22%	37%
Mount Markham	118	120	119	107	88	87	44%	23%	29%	27%	35%	45%
Owen D. Young	22	24	11	12	16	19	23%	4%	36%	33%	25%	30%
Poland	53	69	58	47	55	47	30%	38%	31%	36%	33%	38%
Town of Webb	23	28	33	35	24	24	70%	54%	70%	48%	38%	46%
West Canada Valley	71	61	79	62	73	73	42%	38%	32%	34%	41%	43%
Herkimer County	906	884	900	801	822	751	33%	29%	28%	28%	28%	33%

Source: data.nysed.gov

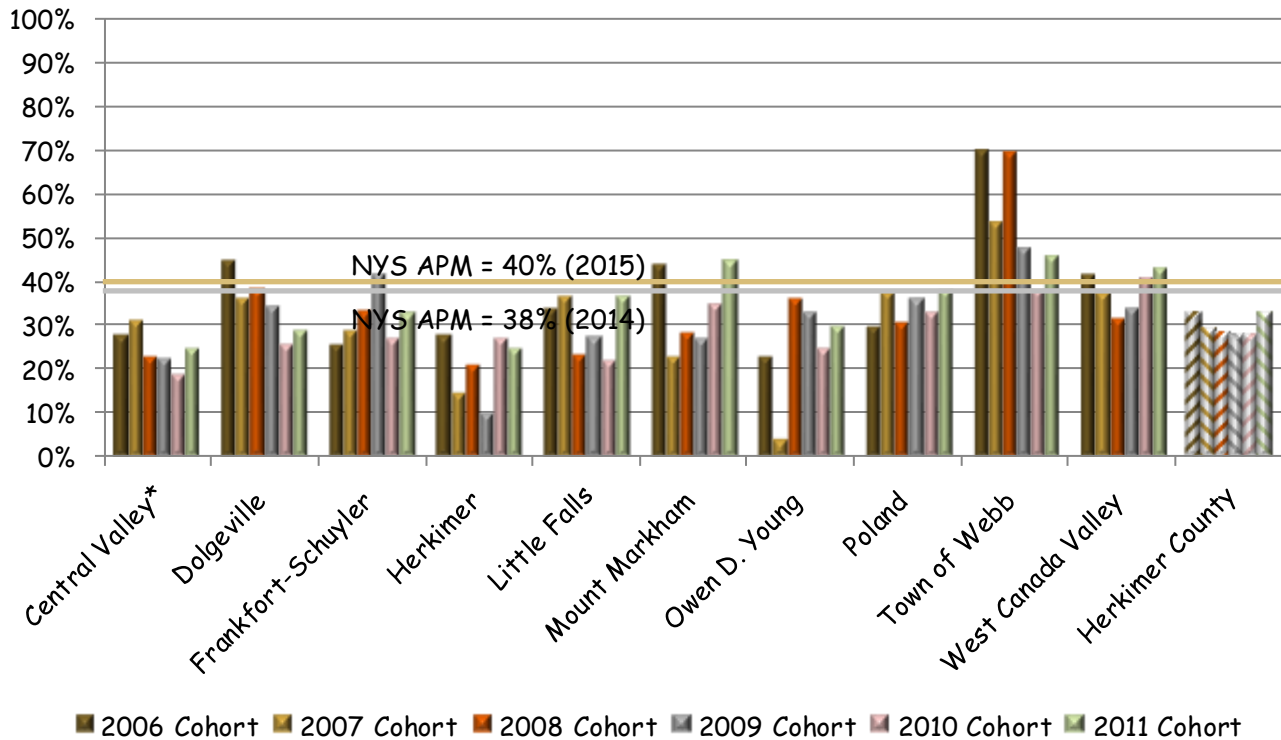
Table 465 displays the number and percent of 2006 to 2011 cohort groups in Herkimer County school districts that met APM criteria. Graph 466 on the following page illustrates these results and includes APM percentages in NYS for 2014 and 2015.

Education

Graduation Rates and College & Career Readiness

Graph 466

Herkimer County: 2006–2011 Cohorts College & Career Readiness Aspirational Performance Measure (APM)



Source: data.nysed.gov

Career & Technical Education (CTE)

New York State's Career and Technical Education studies are organized in New York State in the following content areas: Agricultural education, Business & Marketing education, Family & Consumer Sciences education, Health Occupations education, Technology education, and Trade, Technical & Industrial education.

CTE services are provided with federal funding support from the Carl D. Perkins Career and Technical Education grant which is allocated to states to support Career and Technical Programs.

CTE students ("concentrators") must meet all requirements set forth by New York State for graduation, and are measured on the following criteria:

Reading/Language Arts Regents—The percentage of CTE concentrators who have met the proficient or advanced level on the Statewide high school reading/language arts assessment [i.e., New York State English Regents examination] administered by the NYS.

Education

Graduation Rates and College & Career Readiness

Mathematics Regents—The percentage of CTE concentrators who have met the proficient or advanced level on the Statewide high school mathematics assessment [i.e., New York State Regents examination in mathematics] administered by NYS.

Technical Skill Endorsement—The percentage of CTE concentrators who passed technical skill assessments that are aligned with industry-recognized standards, if available and appropriate, during the reporting year.

Secondary School Completion and Graduation Rate—The number and percentage of CTE concentrators who earned a secondary school diploma and/or graduated with their cohort group.

Graph 467 illustrates the percentage of Herkimer-Fulton-Hamilton-Otsego (HFHO) BOCES CTE students that graduated (any diploma type) and compares this with the NYS Target Rate. HFHO BOCES has exceeded the NYS Target rate for all years measured.

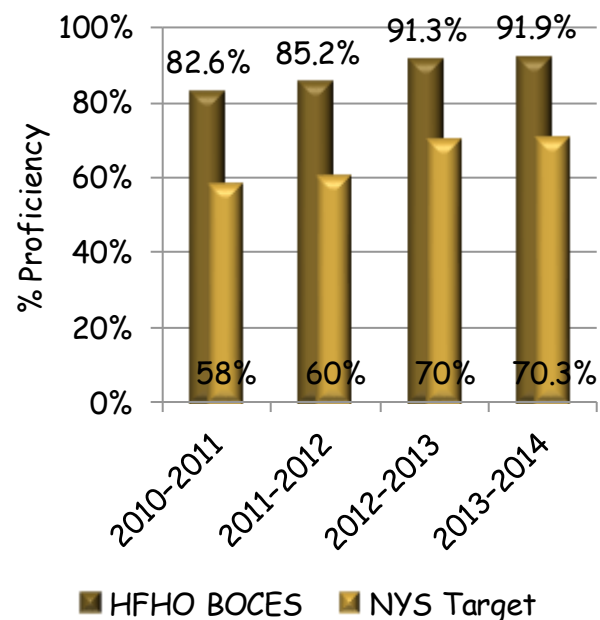
Graph 467

Table 468 on the following page displays the number and percent of HFHO BOCES CTE students that met the criteria for passing the Reading/Language Arts and Math Regents, Technical Skill Endorsement, and Secondary School Completion; and the number and percent of students included in the Graduation Rate, for the 2010-2011 through 2013-2014 school years.

As the table shows, HFHO BOCES has exceeded the NYS Target Rates in all categories for all years measured.

Graphs 469, 470 and 471 on page 410 further illustrate the percentage of Herkimer-Fulton-Hamilton-Otsego (HFHO) BOCES CTE students that met the criteria for passing the Reading/Language Arts Regents, Math Regents, and Technical Skill Endorsement, and compares this with the NYS Target Rate.

HFHO BOCES CTE: NYS Proficiency/Technical Skill Attainment Graduation Rate 2010-2014



Source: Carl D Perkins Report

Education

Graduation Rates and College & Career Readiness

**Herkimer-Fulton-Hamilton-Otsego (HFHO) BOCES
Career & Technical Education Program 2010-2014**

Table 468

		Reading/ Language Arts Regents	Math Regents	Technical Skill Endorsement	Secondary School Completion	Graduation Rate
2010- 2011	# Students HFHO BOCES CTE Program	185	180	160	219	213
	Total met CTE Measure	144	134	104	211	176
	HFHO BOCES %	77.80%	74.40%	65.00%	96.40%	82.60%
	NYS Target %	72.30%	73.30%	57.30%	72%	58%
2011- 2012	# Students HFHO BOCES CTE Program	189	186	200	213	216
	Total met CTE Measure	158	139	124	210	184
	HFHO BOCES %	83.60%	74.70%	62.00%	98.60%	85.20%
	NYS Target %	72.50%	73.50%	57.50%	74%	60%
2012- 2013	# Students HFHO BOCES CTE Program	135	136	137	158	288
	Total met CTE Measure	116	117	84	153	263
	HFHO BOCES %	85.90%	86.00%	61.30%	96.80%	91.30%
	NYS Target %	77%	77%	60%	80%	70%
2013- 2014	# Students HFHO BOCES CTE Program	160	161	40	176	345
	Total met CTE Measure	135	137	30	158	317
	HFHO BOCES %	84.40%	85.10%	75.00%	89.80%	91.90%
	NYS Target %	77.30%	77.30%	70.00%	82.30%	70.30%

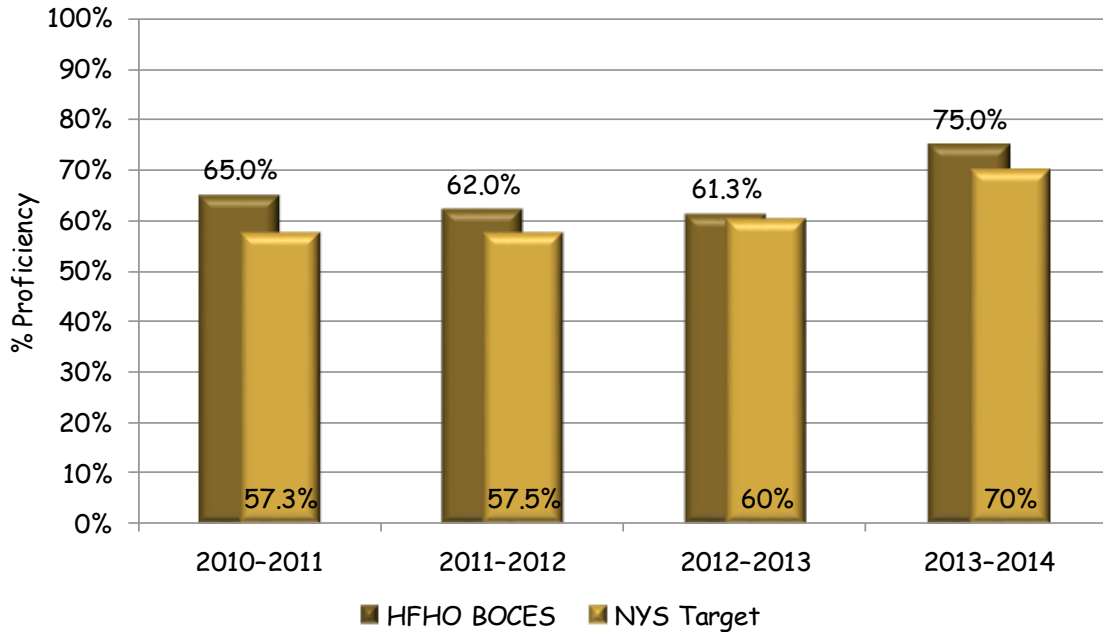
Source: Carl D Perkins Report

Education

Graduation Rates and College & Career Readiness

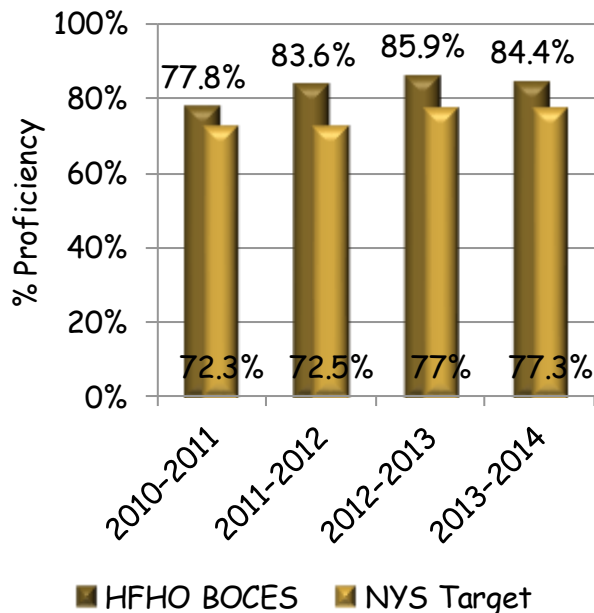
Graph 469

HFHO BOCES CTE: NYS Proficiency/Technical Skill Attainment
Technical Skill Endorsement 2010-2014



HFHO BOCES CTE: NYS Proficiency/Technical Skill Attainment
Reading/Language Arts Regents 2010-2014

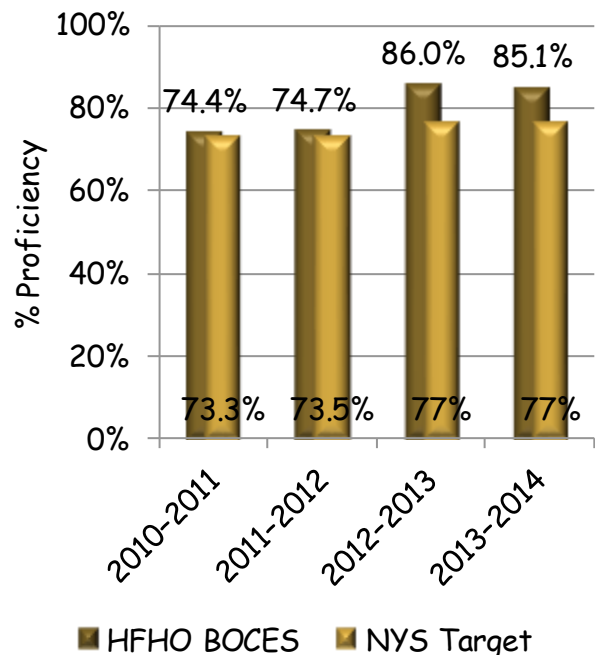
Graph 470



HFHO BOCES CTE: NYS Proficiency/Technical Skill Attainment

Graph 471

Math Regents 2010-2014



Education

Graduation Rates and College & Career Readiness

High School Completers

High school completers are Graduates plus students who received an Individualized Education Plan Diploma (IEP). Table 472 illustrates the number and percent of high school completers by diploma type in Herkimer County from 2011 to 2015.

Table 472

Herkimer County High School Completers by Cohort Group and Diploma Type

	Completers	HS Grad	Diploma Type								Credential	
			Regents	% Regents	Advanced Designation	% Advanced Designation	Regents CTE	% Regents CTE	Local Diploma	% Local Diploma	IEP/commencement credit	% IEP/commencement credit
Class of 2011	740	712	595	84%	246	35%					28	4%
Class of 2012	772	738	672	91%	253	34%					35	5%
Class of 2013	694	673	603	90%	217	32%	66	10%	70	10%	21	3%
Class of 2014	678	661	600	91%	243	37%	76	11%	61	9%	17	3%
Class of 2015	679	662	581	88%	209	32%	81	12%	81	12%	17	3%

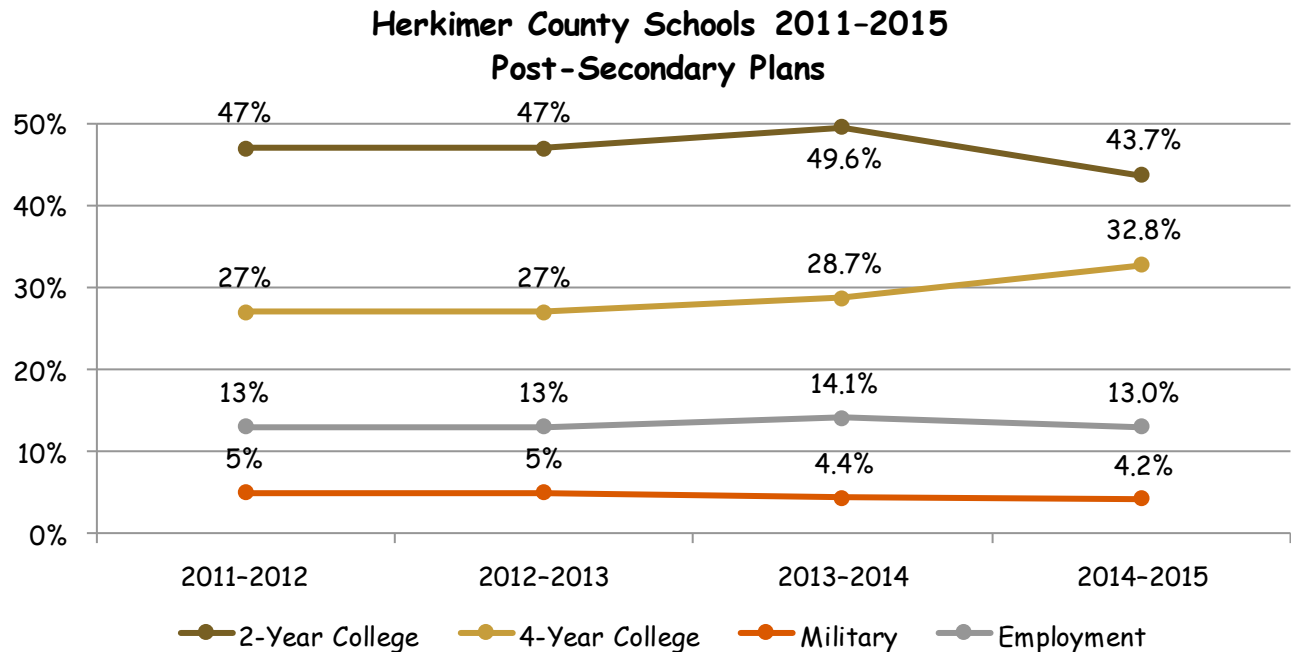
Source: data.nysed.gov

Graph 473 on the following page illustrates the post-secondary plans of Herkimer County high school completers from 2011 to 2015. The percent of students with Regents or local diplomas (high school completers) who reported their post-graduation plans to be attending college (two or four year), entering the military, or entering into employment has remained fairly consistent during this time period, with the majority of students reporting that they plan to pursue higher education.

Education

Graduation Rates and College & Career Readiness

Graph 473



Source: data.nysed.gov

Dropout Rate

Students are identified as Dropouts if, during the school year, they reached maximum legal age and have not earned a Diploma or Certificate, transferred to a High School equivalency (GED) preparation program, had a permanent expulsion, and/or left school with no documentation of transfer.

Table 474 on the following page displays the percentage of dropouts in all Herkimer County school districts from 2010-2011 to 2014-2015, and compares them to Herkimer County and NYS averages.

As the table shows, the dropout rate for Herkimer County schools range from a low of 0.0% to a high of 7%. Average dropout percentages for Herkimer County are consistent with those found in New York State.

Education

Graduation Rates and College & Career Readiness

Table 474

Percentage of High School Dropouts—Herkimer County & NYS

District	2010-2011		2011-2012		2012-2013		2013-2014		2014-2015	
	% Drop-out	Total Enrollment	% Drop-out	Total Enrollment	% Drop-out	Total Enrollment	% Drop-out	Total Enrollment	% Drop-out	Total Enrollment
Central Valley							4	691	2	689
Dolgeville	1	331	3	264	1	256	2	269	2	285
Frankfort-	3	487	4	387	4	363	7	342	2	347
Herkimer	4	476	5	383	6	354	3	349	4	333
Ilion	2	641	4	497	4	484				
Little Falls	3	456	7	374	6	363	2	357	5	332
Mohawk	1	341	3	261	3	228				
Mount Markham	1	527	2	404	2	387	3	343	3	318
Owen D. Young	0	53	2	86	s	64	s		s	
Poland	0	261	3	209	s	203	2	192	3	181
Town of Webb	2	142	1	116	s		s		s	
West Canada Valley	2	327	0	277	2	255	2	2	2	223
Herkimer County	2	4,082	4	3,225	3	2,967	3	2,967	3	2,878
NYS Average	3		4		3		3		3	

Source: data.nysed.gov

s - suppressed

DATA SOURCES

American Institutes for Research, Promoting College and Career Readiness

http://www.air.org/sites/default/files/downloads/report/CCR_Pocket_Guide_0.pdf

Carl D Perkins Report

New York State Education Department, Public Data Site

<http://data.nysed.gov/>

Education

Perceptions & Attitudes Towards School

WHY THIS IS IMPORTANT

The National Center on Safe and Supportive Learning Environments reports that a positive school environment is linked to higher test scores, graduation rates, and attendance rates. Peer support for positive behaviors, such as studying or participating in class, is also strongly tied to positive school climate and academic achievement.

School discipline policies that are considered by students to be fair and consistently enforced are related to higher student attendance rates and levels of engagement. Responses to negative behaviors that are individualized and help to prevent future misbehavior also bolster positive school climate. Teachers and staff who develop positive relationships with students to help them resolve issues can help students to see the school environment as a positive resource.

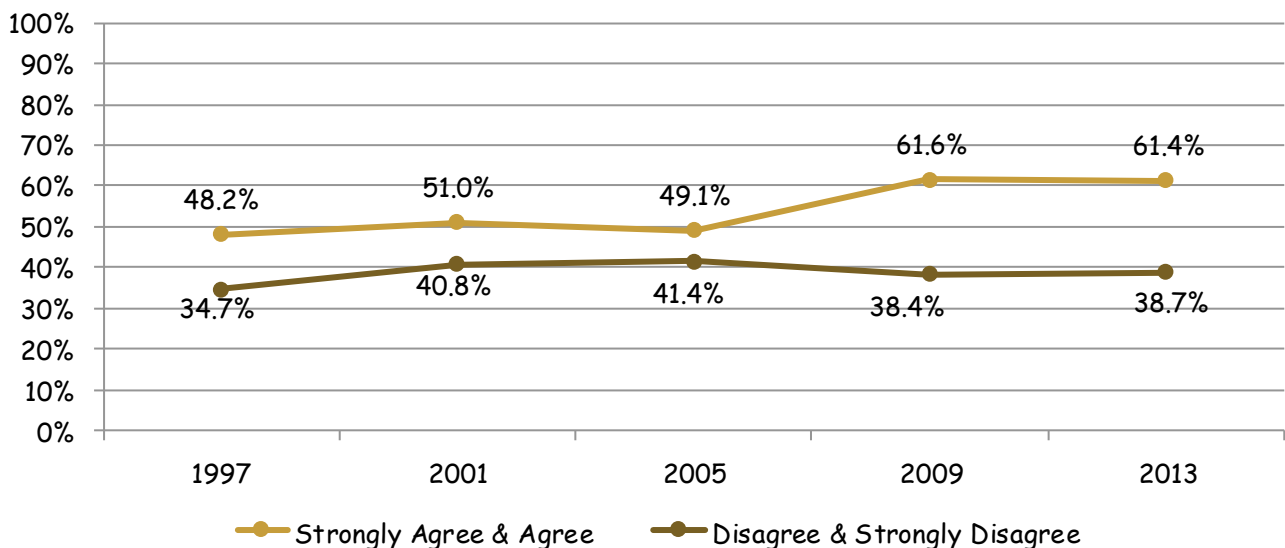
WHERE WE STAND

The Herkimer County Teen Assessment Project (TAP) Survey has inventoried the behaviors and perceptions of 7th, 9th and 11th grade students across Herkimer County every four years from 1997 to 2013. Students are asked several questions on the TAP Survey regarding their perceptions and attitudes toward school.

When students were asked if they enjoy going to school, 61.4% in 2013 said that they did, as illustrated in Graph 475. This is an increase over the percentage that reported they enjoyed going to school in 1997, 2001 and 2005.

Graph 475

Students Who Enjoy Going to School



Source: Herkimer County TAP Survey 2013

Education

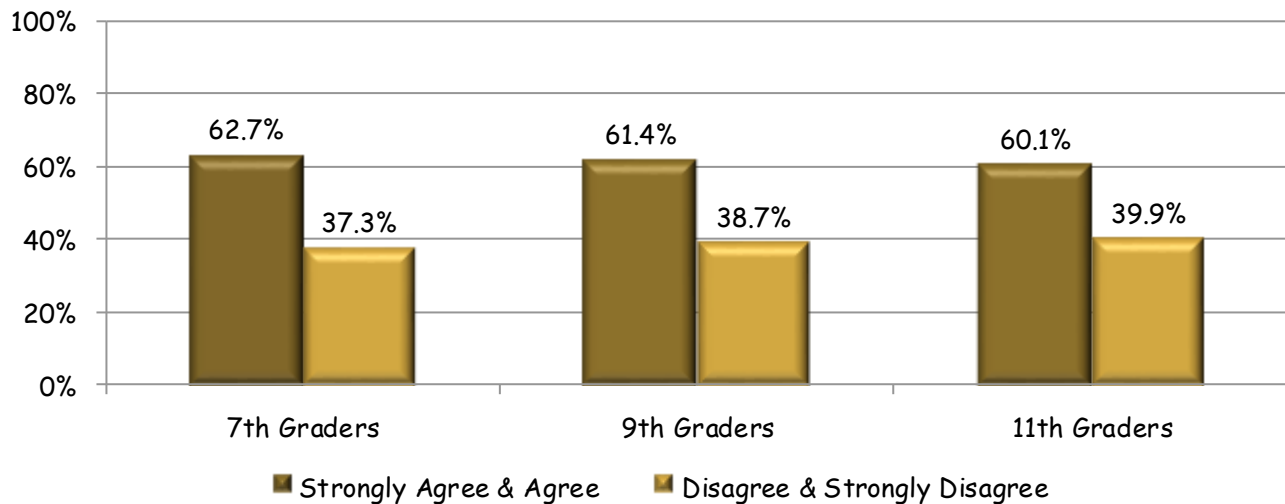
Perceptions & Attitudes Towards School

Based on the TAP Surveys, the percentage of students who indicate they enjoy going to school has remained relatively constant between 2009 and 2013.

There tends to be slight decrease in the percentage of students that seem to enjoy school as they get older, as depicted in Graph 476. For seventh graders - 63% agree they enjoy school; for ninth graders - 61% ; and, for eleventh graders - 60% based on the 2013 TAP Survey.

Graph 476

**Herkimer County Students
Who Enjoy Going to School by Grade—2013**



Source: Herkimer County TAP Survey 2013

Since 2005, an increasing percentage of students have said they "strongly agree" or "agree" that rules were the same for everyone at their school.

As Graph 477 on the following page illustrates, in 2005 - 49% agreed; in 2009 - 53%; and in 2013 - 59 % of teens agreed that rules were the same for everyone. What is also evident from the 2013 TAP Survey (and in past TAP surveys) is that as students age, fewer as a percentage agree that rules are the same for everyone. 72% of seventh graders, 55% of ninth, and only 47% of eleventh graders agreed.

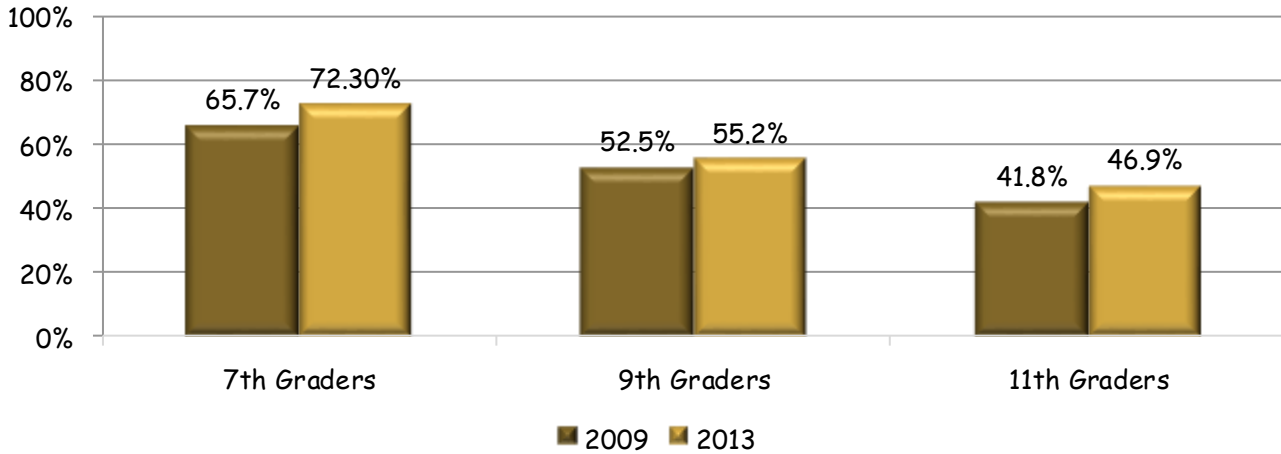
Based on the 2013 TAP Survey, 83% of students either "strongly agreed" or "agreed" that teachers in their school generally have high expectations of them, care about them and care how well they do in school, as shown in Graph 478 on the following page. 35% "strongly agreed."

Education

Perceptions & Attitudes Towards School

Graph 477

Herkimer County Students Who Agree Rules in Their Schools Are The Same For Everyone by Grade

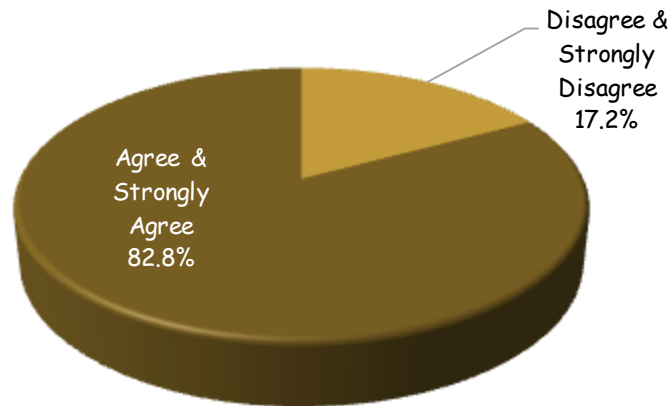


Source Herkimer County TAP Survey 2013

A similar percentage (82%) in 2009 said they "strongly agree" or "agree," but a significantly lower percentage (29%) indicated they "strongly agree." Overall the percentage that either "disagreed" or "strongly disagreed" did not change between 2009 and 2013, but what is evident is the intensity of those that strongly agreed that their teachers had high expectations of them.

Graph 478

Teachers Generally Have High Expectations of Me, Care About Me, and How Well I Do



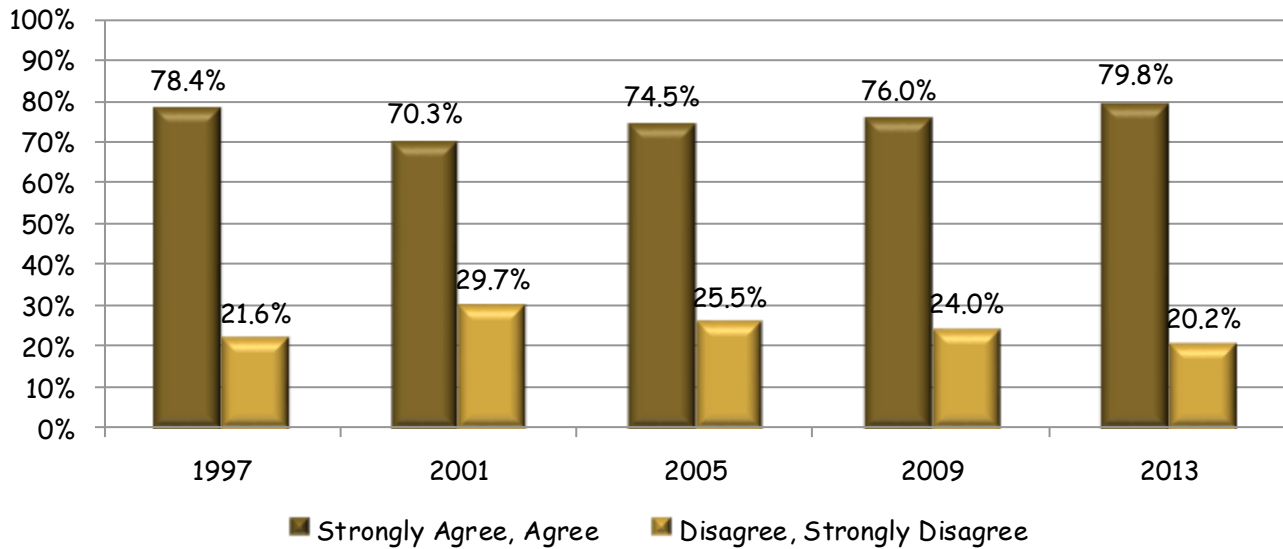
Source: Herkimer County TAP Survey 2013

Education

Perceptions & Attitudes Towards School

Graph 479

Students Who Feel Safe in Their School

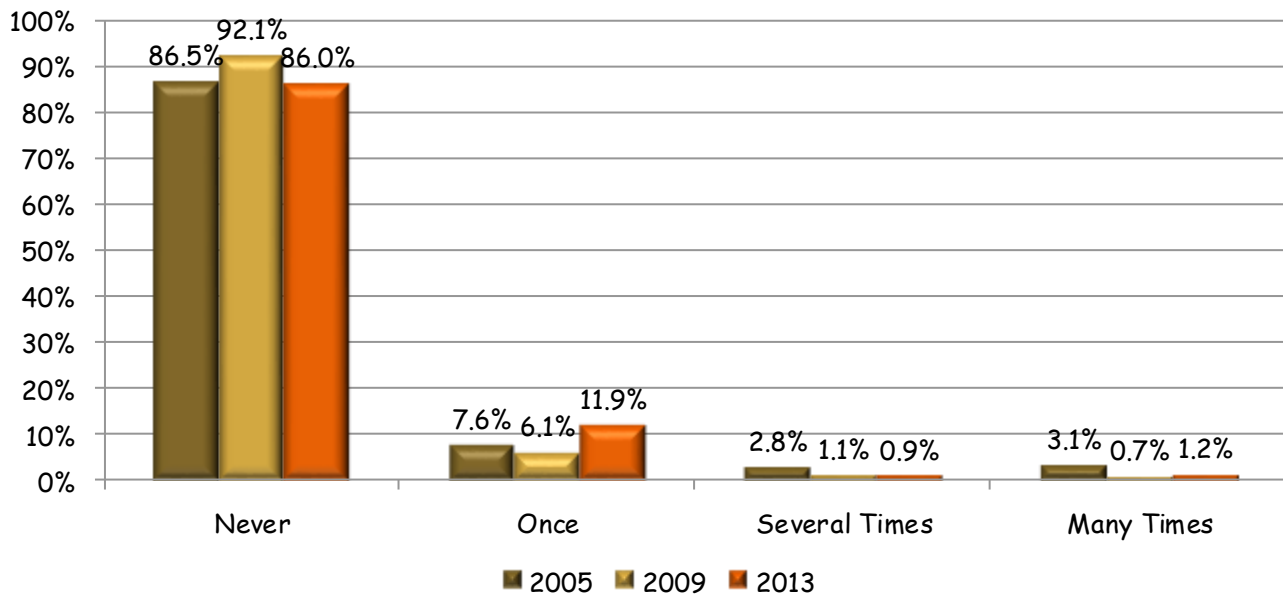


Source: Herkimer County TAP Survey 2013, both graphs this page

Since 2001, teen sense of safety at school appears to have increased, as shown in Graph 479. In 2001, 70% of students indicated they either "strongly agreed" or "agreed" that they felt safe at school, increasing to 74% in 2005, 76% in 2009, 80% in 2013. Also, the percent that "strongly agreed" increased from 19% in 2009 to 20% in 2013.

Graph 480

Students Who Missed School Because They Felt: Unsafe at School or Unsafe Traveling To and From School



Education

Perceptions & Attitudes Towards School

When comparing local ninth and eleventh graders responses to national data from the Center for Disease Control Youth Risk Behavior Survey, more local students as a percentage appear to have missed days of school in 2013 because they felt unsafe at school or on their way to or from school.

Graph 480 illustrates that in Herkimer County, based on the 2013 TAP Survey, 12% of students reported that they missed at least one day of school because they felt unsafe. When looking at responses by grade level, 15% of ninth graders and 11% of eleventh graders missed at least one day of school because they felt unsafe. Nationally, 8% of ninth graders and 7% of eleventh graders said they missed at least one day of school for this reason.

DATA SOURCES

Herkimer County 2013 Teen Assessment Project (TAP) Survey Report

National Center on Safe Supportive Learning Environments

Education

Continuing Education: Community College

WHY THIS IS IMPORTANT

America's community colleges create a significant positive impact on the national economy and generate a return on investment to students, society, and taxpayers.

According to the American Association of Community Colleges, nearly half of all undergraduates in the United States attend community colleges. From recent high school graduates to adult learners, the affordability and flexibility offered by community colleges can help put any person's educational and career goals within reach.

Students that have studied at community colleges have gone on to further their education at other institutions of higher learning, and have entered or re-entered the workforce with newly-acquired skills.

WHERE WE STAND

Herkimer College, formerly Herkimer County Community College, was founded in 1966, and plays a vital role in providing accessible and affordable higher education and training.

Table 481 displays the enrollment for the years 2009-2010 to 2014-2015 and includes information on full and part time enrollment, gender, age, and degrees awarded during that time period.

Table 481

Herkimer College* Enrollment Statistics 2009-2010 to 2014-2015

Year	Enrollment			Gender		Age		# of Degrees & Certificates Awarded	
	Total #	Part-	Full-	F	M	24 and	25 and	Degrees	Certificates
2009-10	3,725	32%	68%	58%	42%	77%	23%	581	35
2010-11	3,774	32%	68%	60%	40%	74%	26%	570	38
2011-12	3,680	33%	67%	60%	40%	77%	23%	**640	
2012-13	3,463	35%	65%	NA	NA	NA	NA	NA	NA
2013-14	3,216	35%	65%	62%	38%	72%	28%	568	38
2014-15	3,259	43%	57%	59%	41%	77%	23%	540	31

Source: Herkimer College Annual Reports *Name Changed from HCCC Fall 2012 NA=Data Not Available
 Source for 2012-2013: NYSED Office of Research and Information ** Only Combined # available

Education

Continuing Education: Community College

In addition to offering traditional on-campus programs, Herkimer College offers more than 150 courses, 19 degrees, and three certificates programs online as part of the Internet Academy.

Local high school students can also earn Herkimer College credits at 1/3 the current tuition through a concurrent enrollment program called College Now.

Table 482 describes the percentage of Herkimer College students that are enrolled in On-Campus instruction, the Internet Academy, and the College Now program.

Table 482

Herkimer College* Enrollment Types 2009-2010 to 2014-2015

	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
On-Campus	62%	64%	61%	NA	55%	51%
Internet Academy	23%	22%	23%	NA	26%	22%
College Now	15%	14%	16%	NA	18%	27%

Source: Herkimer College Annual Reports *Name Changed from HCCC Fall 2012 NA=Data Not Available

In 2014-2015, 94% of students came from within New York State, 3% of students came from out of State, and 3% of students were International. These percentages are consistent with those observed in the previous five years.

The NYSED Office of Higher Education and Research Information Systems reports that approximately 30% of all students are from Herkimer County (2012).

The retention rates of college students, particularly from one academic year to the next, is an important indicator to help determine whether a student will complete their degree.

Table 483 on the following page shows the first year retention rates of first-time, full-time students in an Associate Degree program for student cohorts entering school in Fall 2011, Fall 2012, and Fall 2013 for Herkimer College and all Community Colleges in New York State. As the table displays, retention percentages were slightly lower for Herkimer College than for all NYS Community Colleges.

Education

Continuing Education: Community College

Table 483

First Year Retention Rates of First-time Full-time Students in an Associate Degree Program, Entering Cohorts Fall 2011, Fall 2012, Fall 2013

		All Community Colleges	Herkimer
Fall 2011 to Fall 2012	Entering Cohort	43,616	956
	# of Students Returning	26,172	519
	% Returning	60.00%	54.3%
Fall 2012 to Fall 2013	Entering Cohort	42,111	815
	# of Students Returning	25,842	479
	% Returning	61.50%	58.80%
Fall 2013 to Fall 2014	Entering Cohort	41,780	671
	# of Students Returning	25,872	382
	% Returning	61.90%	56.90%
2 Year Percentage Point Change		1.90%	2.60%
1 Year Percentage Point Change		0.50%	-1.90%

Source: SUNY System Administration Office of Institutional Research—SUNY Data Warehouse

Table 484 on the following page shows the graduation rates for first-time full-time students in an Associates Degree program and earning a degree from the same institution through the spring of year two or year three from date of original enrollment for Herkimer County and all Community Colleges in NYS. Students not completing their program within three years of admission are not included in the cohort.

As the table displays, graduation rates are higher for Herkimer College than for all NYS Community Colleges for all years and cohort groups listed.

Education

Continuing Education: Community College

Table 484

**Graduation Rates of First-time Full-time Students in an Associate Degree Program,
Entering Cohorts Fall 2008, Fall 2009, Fall 2010**

		All Community Colleges	Herkimer
Fall 2008 as of Fall 2012	Two Year Grad Rate	10.90%	19.60%
	Three Year Grad Rate	22.90%	31.70%
	Four Year Grad Rate	27.90%	33.80%
Fall 2009 as of Fall 2013	Two Year Grad Rate	10.50%	19.10%
	Three Year Grad Rate	22.60%	30.00%
	Four Year Grad Rate	27.50%	31.80%
Fall 2010 as of Fall 2014	Two Year Grad Rate	10.90%	17.50%
	Three Year Grad Rate	22.90%	27.00%
	Four Year Grad Rate	27.8%%	29.5%

Source : SUNY System Administration Office of Institutional Research—SUNY Data Warehouse

DATA SOURCES

American Association of Community Colleges
<http://www.aacc.nche.edu/Pages/default.aspx>

Herkimer County Community College
<http://www.herkimer.edu>

NYS Education Department, CTEDS-2 Report

New York State Education Department, Office of Higher Education, Research and Information System
<http://www.highered.nysed.gov/oris/>

SUNY System Administration Office of Institutional Research—SUNY Data Warehouse

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**Human Resource Planning Team
(Integrated County Planning Steering Committee)**

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Understanding the ACS

In the past, every ten years the Census Bureau conducted our decennial census to provide information to Congress and policymakers about the country. This was done through two forms - the short form (with only 7 or 8 basic questions) and the long form (which had lots of questions on everything from income to education).

Beginning in 2010, the decennial census was ONLY done with what amounted to the short form. In place of the long form, a new tool called the American Communities Survey was fully implemented in 2005. The American Community Survey (ACS) is a nationwide survey designed to provide communities a fresh look at how they are changing.

With the ACS, the Census Bureau now collects and produces population and housing information every year, instead of every ten years. About three million housing unit addresses are sampled each year throughout the United States and Puerto Rico to produce this data.

Beginning with the 2005 ACS (and continuing every year thereafter), a variety of demographic, social, economic and housing data for each year was made available for geographic areas with a population of 65,000 or more. These are called the "1-year estimates" - they are based on a single year's sampling of our local population. Because these "1-year estimates" were only released for communities with populations of 65,000 or more, in our region this only covered Oneida County as a whole.

In 2008, however, the ACS began releasing its first multi-year estimates based on ACS data collected from 2005 through 2007. These are called the "3-year estimates". The "3-year estimates" of demographic, social, economic and housing characteristics are available for geographic areas with a population of 20,000 or more. For our region, this now means 3-year estimates of data are available for Oneida and Herkimer Counties.

Data was also made available for less populated areas (areas under 20,000 population) when the "5-year estimates" were finally released in 2010. The 5-year estimates are similar to the other forms of the ACS data being released, but will be based on ACS data collected from five year periods, for example from 2005 to 2009.

These multi-year estimates require slightly different thinking about the data they contain. These estimates are called "period estimates". So when discussing child poverty data, for example, the best way to characterize this information would be along the following lines: "The child poverty rate for Herkimer County *over the period 2011 to 2013* was X percent."

If comparing across geographic areas (like between two towns or two counties), make sure you are comparing apples to apples. That is, compare 1-year estimates to 1-year estimates, or 3-year estimates to 3-year estimates, and 5-year estimates to 5-year estimates. **DO NOT** compare one-year estimates with multi-year estimates across geographies.

If comparing data for a single area (like just one town or one county to itself) over time, this can be done but it must be done with caution. Comparing the 2010 Census for Herkimer County to the 2011-2013 three year estimate for Herkimer County is acceptable, but keep in mind there can be problems with differences in residency rules, reference period differences, and question wording changes.

If you are more interested in current data, 1-year estimates are the better source to use; if precision is more important, then use the 3 or 5 year estimates. The multi-year estimates represent a larger sample size over a longer period of time so they have more reliability, especially for smaller areas.



2016 Herkimer County Risk Assessment Profile is available online:

www.herkimercounty.org

-or-

www.herkimerhealthnet.com