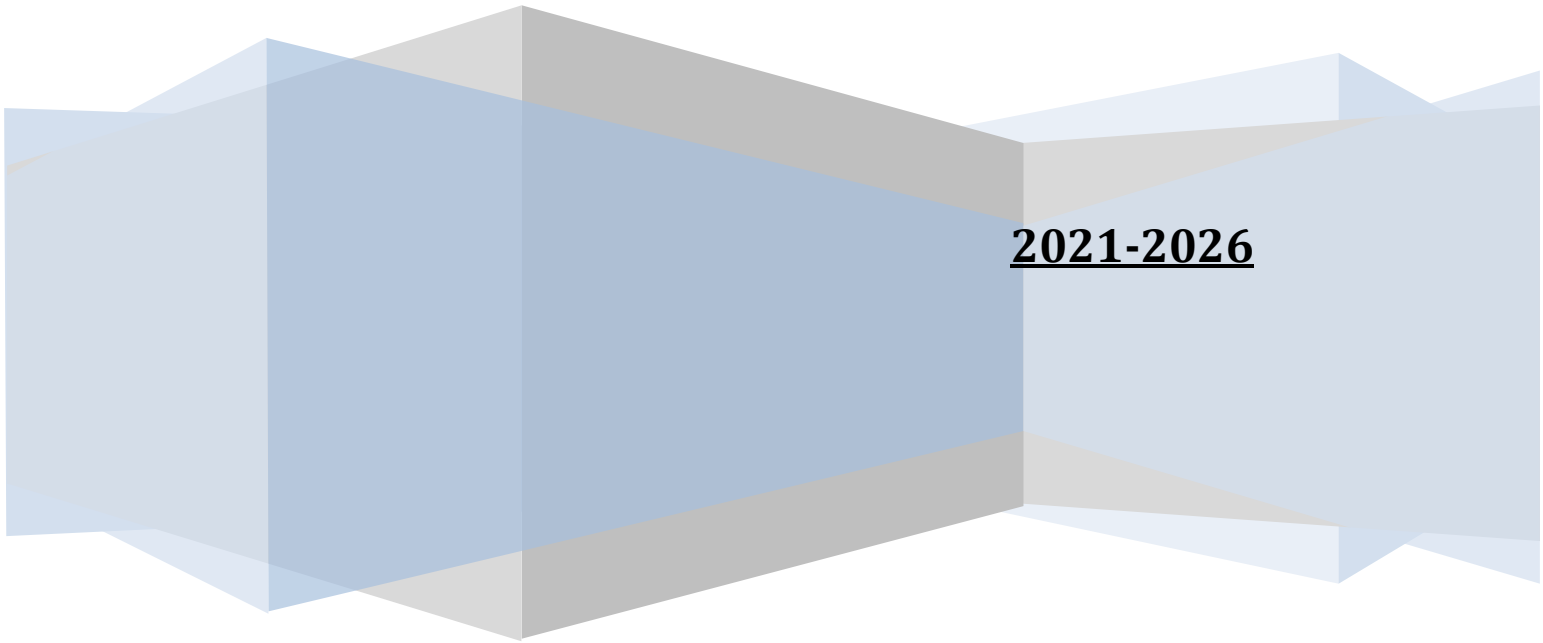
Communitywide Strategic Needs Assessment

Mohawk Valley Community Action Agency, Inc.

"Helping People, Changing Lives, Ending Poverty"



2021-2026

Mohawk Valley Community Action Agency, Inc.

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Helping People, Changing Lives, Ending Poverty

MVCAA conducted this community needs assessment as a tool to provide the information necessary for the development and implementation of programs, services and partnerships to accomplish its goal of ending poverty. The results of the assessment, conducted over a one-year period, are published in the following report; however, it is the intent of MVCAA to continuously maintain the assessment and use it as a barometer of the community, particularly the status of low-income families throughout Oneida and Herkimer Counties.

MVCAA would like to thank and acknowledge the many organizations, individuals and government agencies who contributed to this report. It is MVCAA's hope that not only the dialogue will continue regarding the elimination of poverty, but also that the community will identify the steps toward eliminating poverty and take appropriate action.

The Communitywide Strategic Needs Assessment 2018-2021 is a publication of MVCAA Inc., compiled and prepared by the Planning Dept. For information, please contact: Patricia Lawson, Special Projects Coordinator, 315-624-9930. The full report is also available electronically at www.mvcaa.com.

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I. Executive Summary

"There is no power greater than a community discovering what it cares about". Margaret Wheatley

Self-Sufficiency Continuum
Crisis → Vulnerable → Stable → Safe → Thriving

Every three years, MVCAA conducts a comprehensive Communitywide Strategic Needs Assessment (otherwise referred to in this report as the community assessment). During each subsequent year, a Communitywide Strategic Needs Assessment Update is prepared.

The community assessment represents a critical piece of the planning process developed to encourage strategic thinking about the agency's capacity to impact families and the community with the overall goal of eliminating poverty. This is an ongoing process which engages staff, The Board of Directors, and community partners in dialogues designed to stimulate continuous understanding about the strengths, needs, and resources of the community and families.

The document is formatted around three main themes which are found in the agency's strategic plan: family, community and agency. Each area is prefaced with an impact story thus connecting data and numbers with real families.

Several of the services provided by our agency are required by their funding sources to conduct a community assessment. In particular, the Head Start and Early Head Start Programs have specific requirements set forth by the United States Department of Health and Human Services Administration of Children and Families. Those considerations were incorporated into the overall process. This document is intended to provide an analysis of the state of poverty in the community in an effort to improve services intended to move families along a continuum to eliminate poverty in their lives.

The importance of eliminating poverty has never been as resonant as it is during these challenging economic times. Much research and discussion has been devoted to assessing the intrinsic value of social programs in an effort to strengthen the community and improve outcomes for families. This has prompted an entirely different way of thinking about the work that is done with families impacted by poverty. The emphasis for service delivery has shifted from temporary assistance to empowerment. Program development has embraced self-sufficiency as a real and viable outcome.

Dr. Ruby Payne, in her book Bridges out of Poverty, defines poverty as *the extent to which an individual does without resources.* Conversely, prosperity or sustainability is defined as *the extent to which an individual or community has these resources*. Sustainability truly has become an essential ingredient of our time. The United Nations defines sustainability as doing what is required *to meet the needs of the present without compromising the ability of future generations to meet their own needs.* It requires continuous decision making and thinking that emphasizes interconnectedness.

Community Action Agencies are at a critical moment, as the life and nature of our work is debated and at a time when our services are needed more than ever. Over the past several years we have developed a strategic framework shifting the way that we think about the work that we do. It expands the way we think, plan, organize, provide assistance, empower low-income families and build community capacity and supports. It shifts from a one problem one solution mindset to a more holistic approach which recognizes the interconnectedness of the family's challenges and works with them to set goals as they move along a continuum out of poverty.

Additionally, this framework is being further expanded to develop insight and understanding on how the work with families can be sustained throughout the family's or person's lifespan; shifting the focus to understanding the depth of impact we are able to foster. It is paramount for us to ensure that the work we do is not lost, and community resources are available to sustain lifelong learning and lifelong impact. This requires that we understand the social, political, and economic conditions and structures that create barriers to success for low-income people. It also requires that we establish the importance of poverty as a critical public policy and political agenda.

Sustainability

Birth to 6 → K-12 → Post Secondary → Workforce → Self-Sufficiency → Seniors → Community Sustainability

What follows is a framework for understanding *resources* as they relate to families and the community. With the expansion of Child Development services to include Head Start programming in Madison County, the agency's service area includes three large urban areas, three small urban areas and a multitude of rural communities. This makes service delivery both challenging and unique. The agency uses community forums / cafe's, community advisory committees and surveys involving the community, staff, Board of Directors, and Head Start Program Policy Council members to gain insight about the strengths, challenges, and opportunities of families and the community**.**

In September 2020, MVCAA released a COVID Community Assessment Addendum. The purpose of this report was to provide some initial information about the coronavirus, to describe the scope of the crisis in our community and to support the many different responses that would and/or will be required to address emerging and evolving needs. The full 2020 COVID-19 Community Assessment Addendum can be accessed at www.mvcaa.com. When that report was released, the only effective way to prevent mass illness was through social isolation. One year later a vaccine has been developed and is being rolled out around the globe. Students are beginning to return to school and slowly life is beginning to regain a sense of normalcy. The pandemic unfolded as a global crisis which has created a tsunami of change. Making sense of the effects of the pandemic on families and the community has posed challenges. There are many things that simply cannot be done the way they were always done. Much of the data that is available now is pre-pandemic, and there is a need in some arenas to rethink what and how we are collecting data and how to address the societal complexities that have and are evolving. For example, Cornell University School of Industry and Labor Relations conducted a forum to discuss the complexities of counting people who are unemployed. With the pandemic came more ways to classify someone who was unemployed. The forum brought awareness about emerging challenges associated with collecting data that can best inform policy and decisions. With this in mind, combing through data and understanding the unique strengths and challenges of families and communities in the report area will require that data be looked at in the context of how or if the events of the past year have impacted them. Each section in this report is formatted with subsections entitled **COVID-19 Impact** and **Community Input**.

Additionally, the September 2020 COVID-19 Community Assessment Addendum speculated about areas of long-term impact. Those areas included service disruptions, employment issues, agency capacity issues, community resource /coordination issues, and addressing equity implications. The COVID-19 addendum report also identified valuable themes that serve as a foundation for community conversations to map a path forward. These themes were not named as solutions but were suggested

as themes to guide conversation as data and planning occurred. These themes have been incorporated into MVCAA's Strategic Plan and serve as a foundation for mapping the agency's path forward.

Strategic Themes:

1. Mental and Emotional well-being:

   Mental and emotional well-being have become a veil of utmost importance. MVCAA along with many other organizations in our community and our nation have been working to understand emerging research around ACE's and Trauma-informed Care. At the heart of this work is ***resilience***, "the ability to thrive, adapt and cope despite tough and stressful times." This may be the most important ingredient in our response to the unfolding pandemic.

   Suggestions for incorporating this theme: Utilize a communitywide coalition to promote communitywide education about resilience and ACE's and the value of trauma-informed care practice. MVCAA in collaboration with SUNY Poly, have responded by initiating a "Building Self-Healing Communities Coalition" in the fall of 2020. The coalition assisted with identifying the impact of COVID-19 on families and the community and making sense out of data. It serves as a platform for developing ways to work together to map a path forward.

2. Inequality:

   COVID-19 has accelerated disparities that prevail in the community. Though immediate data may not yet be readily available regarding the demographics of those most impacted by the COVID-19 epidemic, previous Community Assessments, as well as countless government and academic studies have established that structural racism, xenophobia, sexism, stigmatization and othering persist – and are often exacerbated – in times of crisis. It is essential that MVCAA and community action agencies nationwide ensure that the barriers of structural race, gender, and other inequities are addressed during this time of crisis and beyond. Therefore, it is with this lens that communities are invited to use the equity lens and the question, "why", to understand the specific needs of the diverse populations served.

   Suggestions for incorporating this theme: Apply an "equity lens" to COVID-19 response and recovery to understand the specific needs of diverse populations served. Make the customer voice a priority to gain better understanding of why such disparities exist. Apply a health equity lens to ensure that services are deployed with cultural sensitivity. Interviewing, case

management, and the coordination of resources and referrals are an important lifeline for underrepresented people who experience an acute need for rental, mortgage, utility, food and other supports, especially if individuals must be quarantined. (Community Action COVID-19 Resource Series, 2020)

3. Capacity to meet changing needs of families and community:
   The COVID-19 Pandemic has accelerated the growing gap between essential resource needs and the capacity to meet those needs. It is essential that the most vulnerable populations have food, housing, health, and other essential resources.

   Suggestions for incorporating this theme: Facilitate communitywide conversations around the immediate and long-range impact of COVID-19. Responding to change has become a daily task, that is critical to the way things will look in a few weeks, months or even years to come. Our ability to respond with resilience, to thrive, adapt and cope despite tough and stressful times is vital to our future.

MVCAA initiated a planning committee and hosted a series of virtual roundtable discussions to learn about how COVID-19 is impacting families and the community. This marked the beginning of ongoing community dialogue intended to foster genuine understanding about how we can all move together to create a thriving community. Specifically, six roundtable discussions were planned around the following themes: 1) Health and Nutrition; 2) Mental Health and Addiction; 3) Family Violence and Crime; 4) Employment, Child Care and Higher Education; 5) Education and Child /Youth Development (0-24 years); and 6) Housing and Homelessness.

Summary of Themes from MVCAA Focus Groups - December 2020

Focus groups were conducted in collaboration with SUNY Poly; Veronica (Ronni) Tichenor pronouns Professor of Sociology, Community and Behavioral Health and Joanne Joseph, Interim Dean, College of Health Sciences.

The themes are presented using four main categories: Strengths/Evidence of Resilience in Families, Challenges Faced by Families, Needs/Gaps in Services, and Coalitions between Organizations (either in the past or desired).

STRENGTHS/EVIDENCE OF RESILIENCE IN FAMILIES:

- There was widespread agreement in the focus groups that at least some of the families served by the represented organizations had demonstrated strength and/or resilience in the wake of the COVID-19 pandemic in the following ways:

- For families that had not lost jobs (or experienced hardship), COVID restrictions brought opportunities to spend more time at home and "come together" as a family.
- Providers saw families and neighbors pooling resources (housing, food, childcare) in order to meet their collective needs.
- The most recent homelessness data shows only White, Black, and Hispanic individuals among the unhoused, suggesting that immigrant families (and families of other racial/ethnic groups) are taking people in, rather than allowing them to become homeless.
- For families that had access to expanded unemployment benefits, they were sometimes in a better financial position than *before* COVID.
- For some families, virtual connections (i.e. those necessary for school) pushed people out of their comfort zones and they became better acquainted with technology and its applications. These virtual connections allowed *some* providers to have an even better idea of what was going on in the homes (i.e. a virtual home visit that they may not have had otherwise).

ADAPTING TO NEW CIRCUMSTANCES (PARTICULARLY UNDER COVID) HAD OTHER BENEFITS FOR FAMILIES:

- Awareness about mental health issues, regardless of income level, seems to have increased.
- Relatedly, reaching out for help has become more normalized, less stigmatized.
- Some families became more effective advocates for themselves, including reaching out to more prominent community members they knew for specific kinds of assistance, and making their voices heard by calling local representatives and voting.

CHANGES IN THE COMMUNITY PRACTICES, LAWS/REGULATIONS, AND SPECIAL INITIATIVES ON THE PART OF LOCAL ORGANIZATIONS DESIGNED TO EASE THE BURDENS ON CONTRIBUTED TO SOME OF THIS RESILIENCE:

- More virtual (healthcare) services are now being covered due to COVID.
- Staff at one organization made masks and sent them to all of their clients. They also carried them with them wherever they went and gave them out freely.
- Communities increased the number and volume of food giveaways. Those communities that already had strong organizations were able to provide more resources to their residents. Urban communities, in particular, seemed to fare better in terms of amassing and distributing resources.
    - One notable exception is Old Forge, which solicited donations from the entire community, bought gift cards at local businesses, and then distributed those cards to local residents in need. This kept money flowing through the community, helping both residents and businesses stay afloat.
- Local growers (e.g. milk farmers) worked to help get food stuffs that they couldn't sell to people who needed them.
- Churches, which have always been sources of wide-ranging community support, became central places for families to go seeking assistance.
- DSS in Herkimer and Oneida Counties helped families get childcare waivers for their portion of their childcare costs.
- Other organizations created "childcare scholarships" to help with childcare costs.
- Businesses and non-profits have been more generous in their giving.
- Community service groups have been looking for more ways to help families.

CHALLENGES FACED BY FAMILIES:

Providers discussed a range of challenges faced by the families they serve—some very immediate and episodic, others more long-term, or ongoing.

- Food: Many more families are facing food insecurity—some for the first time due to COVID.
- People need cleaning supplies. Poor people/families are often stereotyped as "dirty," but providers made the point that they know how vulnerable they are to COVID, and pantries do not offer cleaning supplies.
- When service providers are working remotely, it can be harder to stay in touch with families.
- Relatedly, many clients report that service providers, working remotely, do not answer their phones.
- Those providers working to secure stable housing for their clients spoke of the tremendous challenges that those clients face:
    - They are not able to access resources until they are actually homeless.
    - There is a great deal of discrimination, particularly along racial/ethnic lines and for those using Section 8 vouchers.
    - The COVID crisis has put many people at risk of losing their homes. There is an eviction crisis emerging locally.
- Providers know that domestic violence cases are rising and worry about children (especially) who are not in school regularly and, therefore, mandated reporters are not able to monitor them as they normally would.
- Lack of regular schooling has brought multiple hardships:
    - Children are not getting enough socialization.
        - Some (especially older teens) seem to be giving up on school.
        - Others are "dropping off the map."
    - Families struggle to monitor their children's education and provide them with appropriate devices. Some do not have adequate wi-fi bandwidth to support educational needs.
        - Some must find local sources (school, library), parking their children outside so they can use the wi-fi.
    - Some parents have had to give up working in order to monitor their children.
    - Teachers struggle to help educate their own children, due to their work responsibilities.
- Stability in childcare is a challenge for everyone because schools are not open, or they open and close repeatedly depending on the spread of COVID.
- Some families do not want to admit that they are struggling and/or don't want to reach out for help.
    - Particularly if they are struggling with addiction.
- Many families have had adult children return home for a variety of reasons, which changes the household dramatically.
- Service providers are often struggling as much as the clients they serve.
- Many families are not aware of the services that are available, or that they qualify for them.
- Some families are volatile—especially those facing mental health issues. One day/minute they're fine, the next they're not.
- There is very little support for families who are forced to quarantine.

FURTHER, COVID HAS HIGHLIGHTED AND/OR EXACERBATED EXISTING PROBLEMS IN COMMUNITIES:

- Economic disparities between families in communities.
- Poor access to reliable transportation:
    - Getting to appointments.
    - Trying to apply for services
        - Residents in Northern Herkimer County can take half a day or more traveling to and from Herkimer, in addition to the time necessary to wait/apply for help.

    - People who used to volunteer to transport others are reluctant to do so now due to the risk of COVID.
- Those who are isolated even under "normal" conditions are more so—particularly the elderly and rural communities/families. The latter typically rely on "visitors" from other communities for interaction (and commerce), but that has dropped off dramatically due to COVID.

Needs/Gaps in Services

Identifying needs often grew out of the discussion of challenges families are facing, so there is much overlap between this topic and the previous one. However, some additional ideas were identified:

- There is very little good quality, affordable housing available locally—this is particularly true for larger families that need more space.
- Cornhill (in particular) is a food, transportation, and information desert.
    - For example, people do not know their rights vis-à-vis their landlords, which makes it difficult to self-advocate.
    - There is a need for a community clearing house of information/assistance.
    - We need better bridges between housing assistance and social services (case management).
- Similarly, landlords need a place to go when they are experiencing difficulties with a tenant before the problem escalates to eviction. For example, the tenant may need assistance with cleaning—we can think of this as a preventive service.
- Information, in a wide range of areas, needs to be disseminated in multiple languages. Again, a forum or clearinghouse for these kinds of community needs is paramount.
    - Relatedly, service providers need greater access to translators, and should hire more multilingual staff.
    - Migrant families are in exceptional need of services and outreach.
- There is a pressing need for more public wi-fi space—especially that which allows for social distancing.
- Because ACEs underly so many of the problems our families and communities face, we need broader training on/understanding of these social forces.
    - Such training must be relatable (use "survivors" as trainers and mentors).
    - One idea would be to use community/parenting cafes where people can share their stories.
- Service providers should expand their Internet offerings to increase their service reach to clients—especially for those who are isolated socially/geographically, or who have childcare responsibilities.
- Relatedly, service providers need to bring the services they can to where people are, which would similarly help those who are isolated socially/geographically, or who have childcare responsibilities.

Existing/Possible Coalitions

Exploring existing coalitions, as well as possibilities for new ones, was a key goal of these focus groups. Unfortunately, very little time was spent on this topic in any of the groups. Many providers stated that they were willing to "partner with anyone," but admitted that partnerships were difficult to cultivate and attention often turned quickly to obstacles. However, a few key ideas/themes did emerge:

- MVCAA is offering itself as a "train the trainers" facility on ACEs and resilience to all other local organizations.
- The MCCAA building in Utica is centrally located and could potentially service as an access point for resources/services/information.
- There was discussion of working with local health care providers to ensure that they are all screening for ACEs routinely.
- There is a great need for a consortium that can come together to talk about duplication of services across multiple service areas.
    - Organizations need to focus on the "success" of the individual, then create pathways for success based on the range of services individuals are likely to need.
    - The goal would be to hand the individual seamlessly back and forth between organizations, based on the next "need" to move the individual along that path.
- Providers felt that organizations need to do a better job of connecting with elected officials who have the power to make needed changes in policy and law.
- Organizations that work with feeding people should connect with grocery stores to help reduce food waste and get food to people who need it.
- Housing/homelessness coalition has partnered with Johnson Park Center's food pantry to feed people and to obtain information about housing insecurity among those seeking the pantry's services.

OBSTACLES IDENTIFIED TO PARTNERING:

- In order for coalitions to work, CEOs and board members must be fully supportive. But relationships between staff at all levels must be developed and maintained as well, so people know who to reach out to. The high rate of turnover at many organizations make this a challenge.
- Coalition building takes time, which is scarce for people. One thing COVID has taught us is that we don't need to have physical meetings (eliminating travel time), which *may* free up some time for coalition building.
- Partnerships are often short-term and instrumental, with organizations simply signing MOUs created by others for *their* grant purposes when they haven't been part of the planning process at all.

One overarching theme that emerged repeatedly—across these questions—was the importance of building relationships. Many people in the groups told stories of providers being able to help someone with a specific problem because they knew *exactly* who to call. In talking about how to address some of the challenge's families were facing, providers said that they needed to get all the relevant players involved. For example, transportation is a major problem for multiple constituencies; this means that representatives from bus and taxi companies should be involved in helping craft the solutions. Police should be working with providers who are interesting in solving problems around neighborhood safety, re-entry, and domestic violence. It was suggested that providers who personally know people in these areas should be the ones to reach out—to make it an invitation rather than a finger-pointing/blame session.

Coalitions were seen as most effective when they were able to attract people with the ability/power to initiate change. For example, one group pointed out that COVID has helped many local businesses realize just how important stable childcare is. It's difficult to run a business if employees have to miss

work regularly, or unpredictably, in order to care for their children. This is motivated a number of businesses to come together and take their concerns to Albany to seek changes in the law.

Recommendation: Building coalitions is a valuable enterprise; it is also time consuming. But taking a "personal relationship" approach seems like a viable way forward. Providers in the focus groups presented multiple examples of how they used their own relationships to more effectively serve their clients. When it comes time to partner on a project, or a grant opportunity, it is easier to reach out to someone you know and bring them in. Any effort at building relationships—whether at the top of organizations or somewhere in the middle—will likely increase opportunities to partner, strengthening service delivery for the entire community.

Family Focus Groups

Poll results from 2-4-21:

Polls were conducted 3X in a completely anonymous fashion. Below are the results directly from families, from staff regarding the families they work with and about staff themselves. This was done with cameras off so that everyone felt comfortable answering the questions honestly regardless of any reaction the questions may have triggered. Some of the participants in the family group chose to keep their cameras on. There was some dialogue in between questions about answers and how we are all experiencing the same storm (pandemic) just in different boats. Below are the results from all 3 with the highest answer highlighted. The #'s reflected are percentages.

Household Picture

Figure 1 Family Focus Group Summary

In the last year has the COVID pandemic affected you and / or your family in negative ways?
This was an overarching question and not specific at all to what negative ways.

	Families	Staff on Families	Staff on themselves
Not really	0	0	2
A little bit	29	17	24
Quite a bit	29	64	57
In too many ways to count	43	19	16

Overall has the picture of your household changed due to COVID in any way?
This was explained as does your household look different than it did pre COVID? births, deaths, added household members, new residence, etc.

	Families	Staff on Families	Staff on themselves
a little	14	17	31
a lot	57	79	49

not at all	29	4	20

Feelings and our Mental Health:

Do you have feelings and moods that you cannot always explain since COVID started? Check all that apply.

	Families	Staff on Families	Staff on themselves
Anger	25	20	29
Sadness	63	45	56
Fatigue	13	30	33
Irritability	13	50	33
Loss of Patience	0	43	31
Forgetfulness	13	20	19
Low Motivation	50	41	50
Low energy	25	27	40
All the above	25	45	33
No not at all	13	0	6

Have you sought professional help to deal with your feelings?

Along with this question we talked about the many opportunities and options available to staff and families. We also talked about how this has become much more "normalized" and with less stigma than ever before.

	Families	Staff on Families	Staff on themselves
I am in the process	25	5	10
I have received help	13	11	17
I have thought about it but never acted on it	13	41	31
I should have	0	11	8
I was never interested in seeking help	50	32	35

Have you turned to other ways to cope? Check all that apply

They were asked to answer if any of these ways to cope were new or have increased since COVID started.

	Families	Staff on Families	Staff on themselves
Exercise	75	16	38
Hobbies	38	25	33
More time with family	25	52	50
Alcohol / cigarettes / vaping	13	23	17
Drugs	13	7	2
Other healthy ways	38	16	23
Other unhealthy ways	0	36	13
No, not really	0	25	23

Other effects

Have you experienced any of the following due COVID? Check all that apply

	Families	Staff on Families	Staff on themselves
Food Insecurities	0	77	43
Hard to pay bills	30	74	54
Had to defer rent payments	0	53	11
Loss of job of anyone in household	20	70	34
Loss of a family member	20	47	26
Serious Illness of a family member	20	47	43
None of these	10	7	17

If you have experienced food insecurities during COVID… which of the following are true? Check all that apply

	Families	Staff on Families	Staff on themselves
I never experienced challenges with providing food for my family until COVID	57	35	60
I quickly found resources to assist my family and am good now	29	44	34
I am still struggling to provide food for my family	14	40	14

I have used the following resources during the past year related to food, check all that apply

	Families	Staff on Families	Staff on themselves
Food Pantry / Bank	29	56	11
Food Giveaways in the community	0	67	40
MVCAA Hot meal drive thru event	0	40	0
MVCAA's Harvest Celebration	0	42	11
Grab – n- Go Meals through Head Start	14	67	3
School District free lunch / breakfast	14	65	40
P-EBT Card	0	44	26
Addition SNAP allowances	0	42	23
Other	29	16	34

Employment

If you or someone in your household has lost a job or was temporarily laid off due to COVID which of the following are true? Check all that apply

	Families	Staff on Families	Staff on themselves
I have since started working again at the same job or a new job	33	41	60
I am still temporarily laid off but anticipate returning to same job / company	0	41	13
I am receiving unemployment but looking for another job	0	49	20
I am not receiving unemployment and am looking for a job	17	30	3
I am receiving unemployment but not searching for another job yet as the extra $ is helpful	0	54	10
I am not returning to work due to lack of childcare	33	73	3
I am not returning to work for other reasons	17	41	3

Agency Services

Are you aware that you can call our main # (315)624-9930 for any needs you may have whether our agency provides the service or not? You do not need to go through the staff you currently work with. They will help you apply or refer you to another agency.

	Families	Staff on Families	Staff on themselves
Yes	78		

No	22		

Virtual Services / learning

Whether you have been engaged in our virtual services or learning on a temporary or permanent basis, what has been your experience? check all that apply

	Families	Staff on Families	Staff on themselves
It has been perfect for my family	83	15	31
It has been too much for my family	0	85	62
We would love more	17	9	7
We have not been interested in any virtual services	0	44	17

Have you had challenges with virtual services? Check all that apply

	Families	Staff on Families	Staff on themselves
Weak or no WIFI	50	71	48
No devices to use	0	53	17
Not enough devices for all our needs	17	71	28
Work schedule conflicts	0	62	66
Conflicts with other children in the home virtual learning	33	79	41

In person services

When / if we can welcome children back in our classrooms what are your true feelings? Check all that apply

	Families	Staff on Families	Staff on themselves
I am nervous for my child but will send them	67	46	36
I am too nervous to send them	0	46	33
I feel safe enough to send my child	33	41	22
Despite my feelings I need my child to attend so that I can work	33	43	25

How comfortable are you with the idea of Family Support Specialist Home Visits?

	Families	Staff on Families	Staff on themselves

I am completely comfortable with in person in home visits	67	3	6
I am not comfortable at all with in person visits due to COVID	0	35	36
I am not ready to have someone in my home due to COVID	33	30	33
I would prefer to stay virtual for now	0	32	25

Silver Linings

Did you have any silver linings for you and your family over the past year? Check all that apply.

	Families	Staff on Families	Staff on themselves
family grew closer	50		
much more family time	25		
home improvements	13		
new hobby	25		
connect with far away friends / family using zoom	25		
started a virtual job	0		
stayed safe	75		
organized your home	13		
did more outdoor activities	13		

Comments:

The group was small, so this is a summary of comments made, stories shared, etc. to ensure we respect confidentiality. Some stories were shared about the number of funerals, sicknesses, and overall feelings all over the board including sadness and no motivation. The group was sad but relieved to hear that so many others had been experiencing similar challenges and that they were not alone. This group of families had not experienced food insecurities and referenced the amount of resources around food that there was throughout the pandemic. They mentioned that there were good things that happened such as more family time, becoming closer with their children, becoming more technologically comfortable, virtually connecting with loved ones more than they saw them in person to name a few. One also said that her husband had more time to put his efforts into starting up his own business which he did have before. Much of the stress was around the current and lasting effects on teenagers and some of the coping behaviors that they have already turned to and how would they continue to cope. One family had a teenager who had recently over dosed.

A closing comment was made by one and agreed by all: We can only hope at the end of this we are kinder to each other and our communities continue to come together to help one another.

Summary of Issues

Poverty

Between 2010 and 2019 poverty increased in all three counties. According to the American Community Survey (ACS) 5-year estimates, an average of 14.06% of all persons in New York State lived in a state of poverty during the 2015-2019 period. Oneida County indicated the highest estimates of people in poverty (15.1%). The poverty rate for all persons living in the report area is less than the national average of 13.42%. Oneida County has the largest share of people in "deep poverty" (7.4%). The largest change in the share of people in "deep poverty" occurred in Madison County, NY, which went from 3.9% to 4.7%.

Children in Poverty

The COVID-19 pandemic has pushed more children into poverty. Data is currently not available to estimate the extent of that impact. What we do know is that prior to the pandemic, children who identify as Black African American, Hispanic and children with immigrant families experienced poverty at persistently higher rates than white children. It is expected that these numbers will increase. As a result of the COVID-19 pandemic many families on the lower end of the economic spectrum were unemployed, temporarily laid off or experienced job loss for a variety of reasons.

According to the 2015-2019 American Community Survey, Oneida County (23.6%) had the highest poverty rate, followed by Herkimer County (19.86) and Madison County (11.0%). The poverty rate for Oneida and Herkimer Counties was higher than the state (19.6%) and national (18.5%). Children identified as Black African American, Asian, and Hispanic are more likely to experience poverty than children who identify as white.

Access to Internet and Technology

Access to the internet and technology has been a critical link for families and employers. A topic that surfaced in all focus groups and community meetings. Since the onset of the pandemic, the internet has been an essential resource. It has created a digital divide that truly hinders people's ability to complete everyday tasks. This was especially true for low-income families. Lack of internet or computer impacted students who were forced to work virtually and for people in rural areas where there was a lack of broad band to access the internet.

Mohawk Valley Economic Development District, Inc. (MVEDD) was awarded a CARES Act Resilience and Recovery Planning Grant from the U.S. Economic Development Administration (EDA) to help mitigate the economic impact of COVID-19 in the Mohawk Valley Region. Additionally, a $55,000 investment from the Burrell Fund and Daniel C. Hayes Fund of the Community Foundation was made to support community efforts to ensure that people have access to high-quality and reliable internet services. An initial assessment is underway to better understand the issues is being initiated to inventory broadband infrastructure and consumer need in the Mohawk Valley Region.

Family

Since the onset of COVID-19, the multitude of stressors for grandparents caring for grandchildren have increased. Many grandparents already living in or near poverty or working in lower income jobs have an added stress due to shuttered schools and its implications; virtual learning, the loss of care when children were in school and loss of food that children received while in school. Children in these situations are already emotionally vulnerable. Many have experienced multiple traumas and may have physical or mental health disabilities. The shear stress of this has added a layer of risk for grandparent's (caregiver) physical health and wellbeing. Grandparents also worry about contracting COVID and carry the fear of who would care for their grandchildren should they get sick.

Parents who are incarcerated are another emerging issue. This can be difficult to track because families are not always forthcoming with information. It could be of great value to better understand issues faced by parents who are incarcerated, have been incarcerated, or have a spouse who is or has been incarcerated deal with.

Ensuring that pregnant teens have healthy pregnancy and a strong start in life for both parent and newborn baby.

Health and Nutrition

A strong correlation was found between systemic health, social inequities, and people who were getting sick from COVID-19. Social inequities are largely a result of poverty and structural racism. Discrimination and disparities based on race and ethnicity are the most common and most persistent; however, discrimination extends beyond race. Many groups such as women, the LGBTQ community, people who are poor, the undereducated, and those with mental and physical delays and disabilities—face discriminatory treatment and are subject to discriminatory policies. (Bogard, 2017)

Health care access was limited for many groups due to of lack of transportation, childcare, the ability to take time off for work, communication and language barriers, cultural differences between patients and historical and current discrimination in healthcare systems. (Center for Disease Control and Prevention, 2020)

Food security became a major concern. Many food-insecure individuals have characteristics that put them at higher risk for severe illness associated with COVID-19. Children were not in school and were lacking nutrition that they would normally get while in school. Communities have made generous efforts to distribute food and make it accessible to families.

People, especially those in rural areas, lacked transportation and access to health and nutrition services. In Herkimer County, Catholic Charities facilitates volunteer transportation program that transports seniors to medical appointments. This service is temporarily unavailable due to COVID-19. It is unknown when this service will resume. This was a valuable transportation resource that seniors and disabled individuals previously utilized.

The community has come together with many charitable offerings of food; however, it is unknown how many people were unable to access needed food. MVCAA has been contacting families since the onset of the crisis delivering food, formula, diapers and other essentials as needed.

Obesity is recognized as a priority issue in all counties that we serve mirroring the increases indicated in New York State. More concerning is the increase that has been seen among children and adolescents. Obesity among children and adolescents has tripled over the past three decades.

Lead Poison is one of the most significant children's environmental health issues. Oneida County is among counties in NYS with highest confirmed lead levels among children. Herkimer County's rates were higher than NYS, Madison County was similar to NYS.

Mental Health and Substance Abuse

Overall mental and emotional health of people, families and children due to social isolation is a communitywide concern. It is currently unknown the extent of mental and emotional distress that families and children are experiencing. MVCAA offers virtual support groups to staff and families. This has been a valuable resource that has been well utilized.

Families who were already struggling before COVID-19 hit are facing compounded stress. The COVID-19 pandemic has accelerated the growing gap between essential resource needs and the capacity to meet those needs. According to the Center for Disease Control (CDC), populations who were already vulnerable, including people age 65 or older, populations with limited English-speaking abilities, uninsured population, people living in poverty, and people of color, are at a higher risk of contracting COVID-19. These populations are also at a higher risk of suffering from mental health concerns that may be exacerbated due to the pandemic.

Families do not always know who to reach out to for mental health support. Relationships are key in building trust. According to the November 2020 Focus Groups, many families are not aware of the mental health services that are available, or that they qualify for them, and may not feel comfortable reaching out for help or even admitting that they are struggling. Providers do not have as much face-to-face contact with families, and those who were already isolated prior to the pandemic have only become more vulnerable. It was noted that families are better able to get the support they need when they are assisted by a provider with whom they have a good relationship/trust.

Those who are isolated even under “normal” conditions are more so—particularly the elderly and rural communities/families. The latter typically rely on visitors from other communities for interaction (and commerce), but that has dropped off dramatically due to COVID. It is essential that the most vulnerable populations have food, housing, health and other essential resources, in addition to mental health support.

On April 7th, 2020, the Oneida County Overdose Response Team identified a spike in overdoses using the Overdose Detection Mapping Application Program due to a total of 20 overdoses and 2 deaths during the two weeks prior. The Overdose Detection Mapping Application Program

(ODMAP) reported a 17.59% increase of drug overdoses nationwide between the pre-quarantine time period (January - March 2020) and the post-quarantine time period (March - May 2020ht).

For the report area, the lack of mental health professionals has been identified especially for Medicaid eligible individuals.

Employment Childcare and Higher Education

Unemployment across the nation and in this area skyrocketed in April 2020. By December 2020 the unemployment rate began to come down, but it is still higher than it was in early 2019.

Advancements in technology are changing the employment landscape. Since jobs are changing there is a lack of skilled workers. This is a window of opportunity people looking for work, changing fields. Many of the new jobs offer better pay and job growth.

Compared to the state (excluding NYC) and nation, Herkimer and Oneida counties had lower proportions of adults with college degrees and higher shares with a high school diploma or alternative. In 2008-12, 20% of adults in Herkimer and 22% in Oneida had four-year degrees or higher, lower than the state (excluding NYC) figure of 32% and the national rate of 28%.

Education, Child/Youth Development (ages 0-24)

COCVID-19 Impact: A greater proportion of children are living in homes where at least one parent has been consistently unemployed. This is higher than those reported during the Great Recession. More children are living in households where meeting basic needs is difficult. As a result, children are living in households with inadequate food.

Safe Affordable Housing

There is very little good quality, affordable housing available locally—this is particularly true for larger families that need more space.

Building Self-Healing Communities

Lastly, when basic needs go unmet, the main focus becomes survival and basic tenants of well-being are compromised. It is important to keep in mind that the two are not separate from one another and one organization or program cannot do it all. Much research supports a holistic approach for working with families commonly referred to as a two-generation or whole family approach. The ACE's (Adverse Childhood Experiences) study has brought this to the forefront emphasizing resiliency as a key ingredient for interrupting ACE's.

The whole community is challenged with playing a role in promoting well-being in children and families. Collaborative efforts are emerging in our communities in the form of coalitions such as the youth coalition, R4K, Homeless Coalition and more. Keeping the whole family and whole community in focus is a critical factor making change.

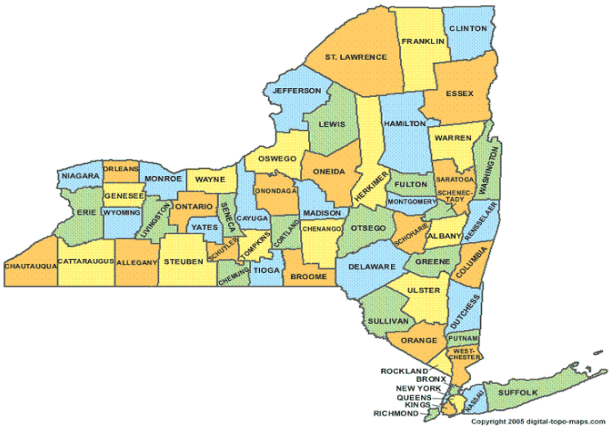
II. Community Description

Mohawk Valley Community Action Agency, Inc. currently provides services in Oneida, Herkimer and Madison Counties in New York State. The state ranks third in total population in the United States. Oneida County makes up 1.2%, Herkimer County makes up .32%, and Madison County makes up .36% of the total population in the state. The three counties are located in the central portion of New York State; approximately 75 miles west of Albany and 40 miles east of Syracuse. They are bordered by 9 counties: St. Lawrence, Lewis, Oswego, Onondaga, Cortland, Chenango, Otsego, Montgomery, Fulton, and Hamilton. The two counties span 4,028 square miles.

Community History

This community is rich in history, economics, and cultural diversity. The numerous water routes, from as early as the 18th century, were a fundamental link with surrounding communities and beyond. Fort Stanwix was built in and became known for its pivotal role in the Revolutionary War. The Erie Canal was constructed and contributed to economic growth and commerce. Both counties experienced an influx of mills and later manufacturing companies. Agriculture also contributed to this area's economic strength. In 1942 the Rome Air Depot was activated. It became known as Griffiss Air Force Base in 1948.

Figure 2 New York State Map



In 1995 the airbase closed, costing the community thousands of jobs and contributing to a population decline. This impacted the community with job loss, population decline and eventually giving way to a steady exodus of manufacturing jobs. Over the past two decades, manufacturing jobs have been replaced by low paying service jobs thus increasing the multitude of low-income families. The community is in transition.

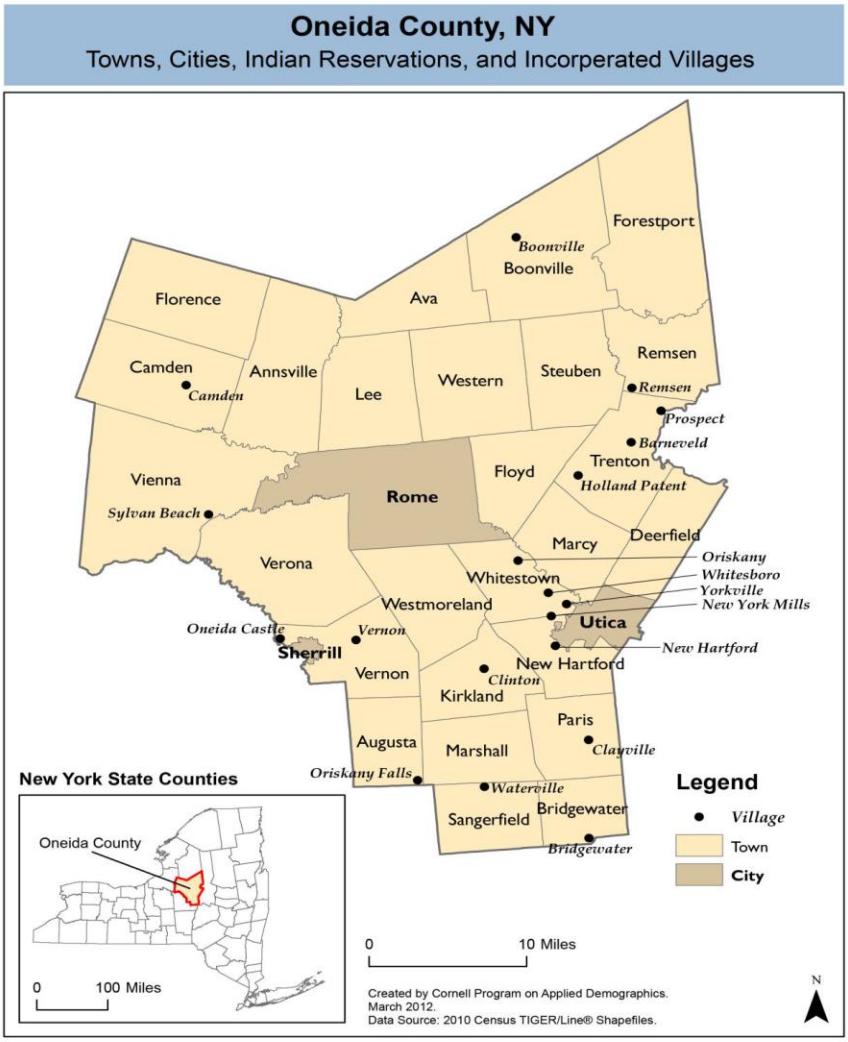
Through ten strategic regional economic development councils, New York State is committed to diversifying and growing regional economies. These councils have employed strategies to strengthen manufacturing and industry, to revitalize its urban core, encourage growth in agribusiness and more. Nano Utica, Cree/Wolfspeed a state-of-the-art carbide wafer fabrication facility and Griffiss International Airport's indoor drone facility are among the developments. Growth is forecasted for

industries like cyber-security, nanotechnology, manufacturing, banking and insurance, aviation, healthcare and more.

Oneida County

Oneida County is the 16th largest county by population in New York State with a total population of 235,469(2019 ACS) a-2.34% change from 229,959 (Census 2000). It is located east of Syracuse and west of Albany. Oneida Lake is located on the northwest corner of the county and the Adirondack Park is on the northeast. Part of the Tug Hill Plateau is in the northern part of the county. The Erie Canal bisects the county and Oneida Lake and the Oneida Creek form part of the western boundary. It is comprised of 19 villages, 26 towns and 3 Cities (Utica, Rome, and Sherrill),
15 public school districts and 4 colleges / universities.

Figure 3 Oneida County Map



Oneida County, New York

1,2158 square miles

19 Villages

26 Towns

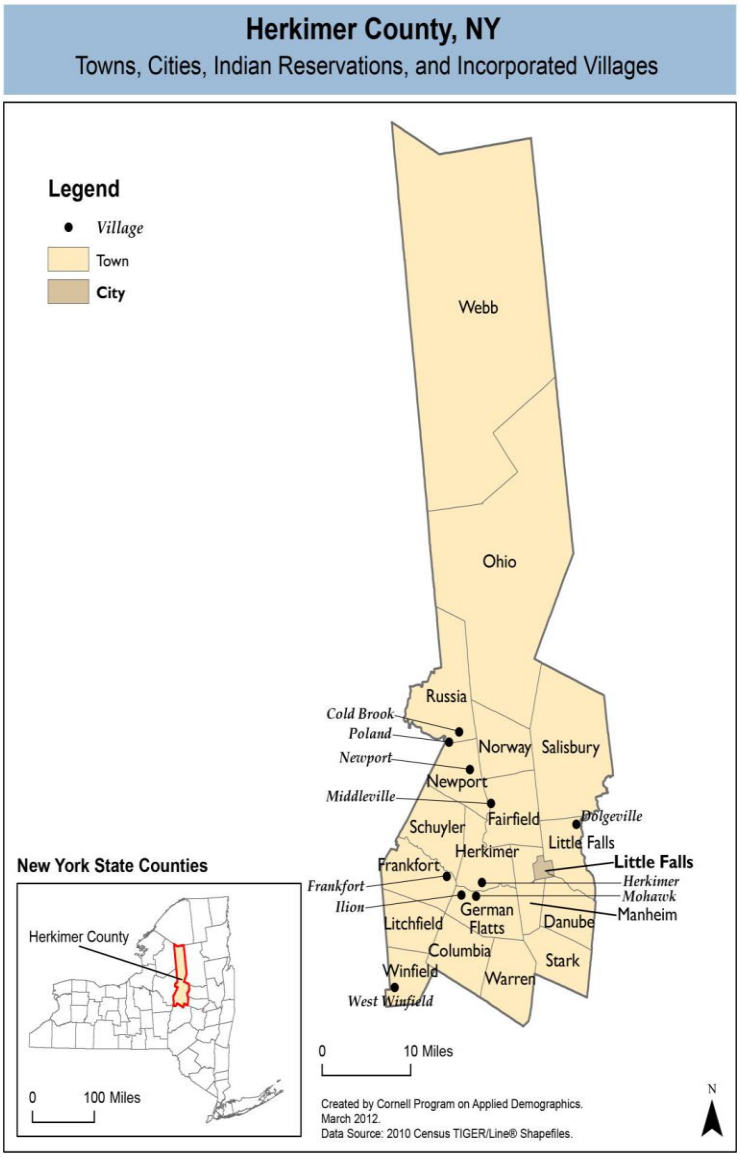
3 Cities

15 Public School Districts

Herkimer County

Herkimer County ranks 40th by population in New York state with a total population of 64,427 (2019 ACS); a -3.68% change from 62,057 (Census 2000). It is located northwest of Albany and east of Syracuse. The northern part of the county is in the Adirondack Park. The Mohawk River flows across the south part of the county. It borders the eastern side of Oneida County. It is comprised of 19 townships including one city, Little Falls. Although the village of Herkimer is not considered a city, it may be categorized as an urban area. Herkimer County has 11 public school districts and 1 college.

Figure 4 Herkimer County Map



Herkimer County

1,458 square miles

Total population of 64,034
Census 2015 ACS

19 Townships

1 City

1 Village (categorized as an urban area)

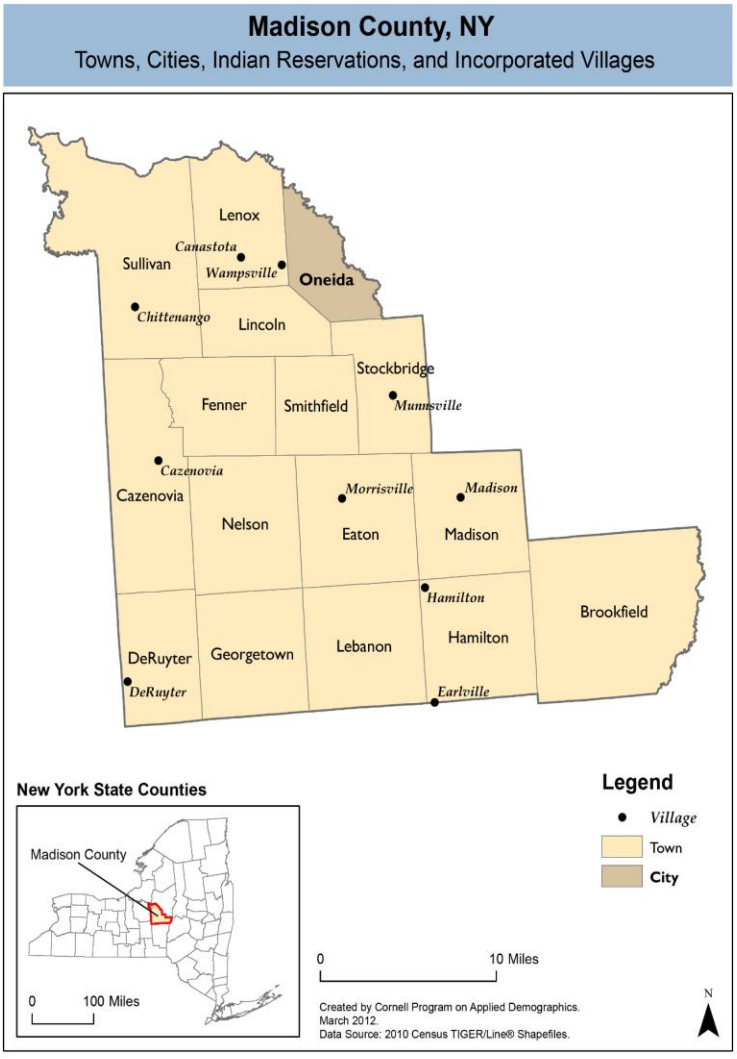
11 Public School Districts

1 College

Madison County

Madison County is the 37th largest county by population in New York State with a total population of 71,205 (2019 ACS); a change of 2.54% from 69,441 (Census 2000). It is located east of Syracuse, north of Binghamton, and slightly north of due west from Albany. It contains the geographic center of the state at Pratts Hollow in the Town of Eaton. Oneida Lake and Oneida Creek define part of the northern boundary. It is comprised of 9 villages, 15 towns and 1 city (City of Oneida). There are 10 public school districts, 4 colleges / universities.

Figure 5 Madison County Map



Madison County

1312 square miles

Total Population 72,427
Census 2015 ACS

9 Villages

15 Towns

1 City

10 Public School Districts

3 Colleges / 1 University

Population Density and Urban Areas

Figures on the following pages depict population density and identify urban boundaries for areas in each of the counties. Figures and table below show the percentage of the county population living in rural areas as of the 2010 Census. Counties with less than 50 percent of the population living in rural areas are classified as mostly urban; 50 to 99.9 percent are classified as mostly rural; 100 percent rural are classified as completely rural. In general, Madison and Herkimer Counties are classified as mostly rural and Oneida County is classified as mostly urban.

Figure 6 Oneida County Map - Population per Square Mile

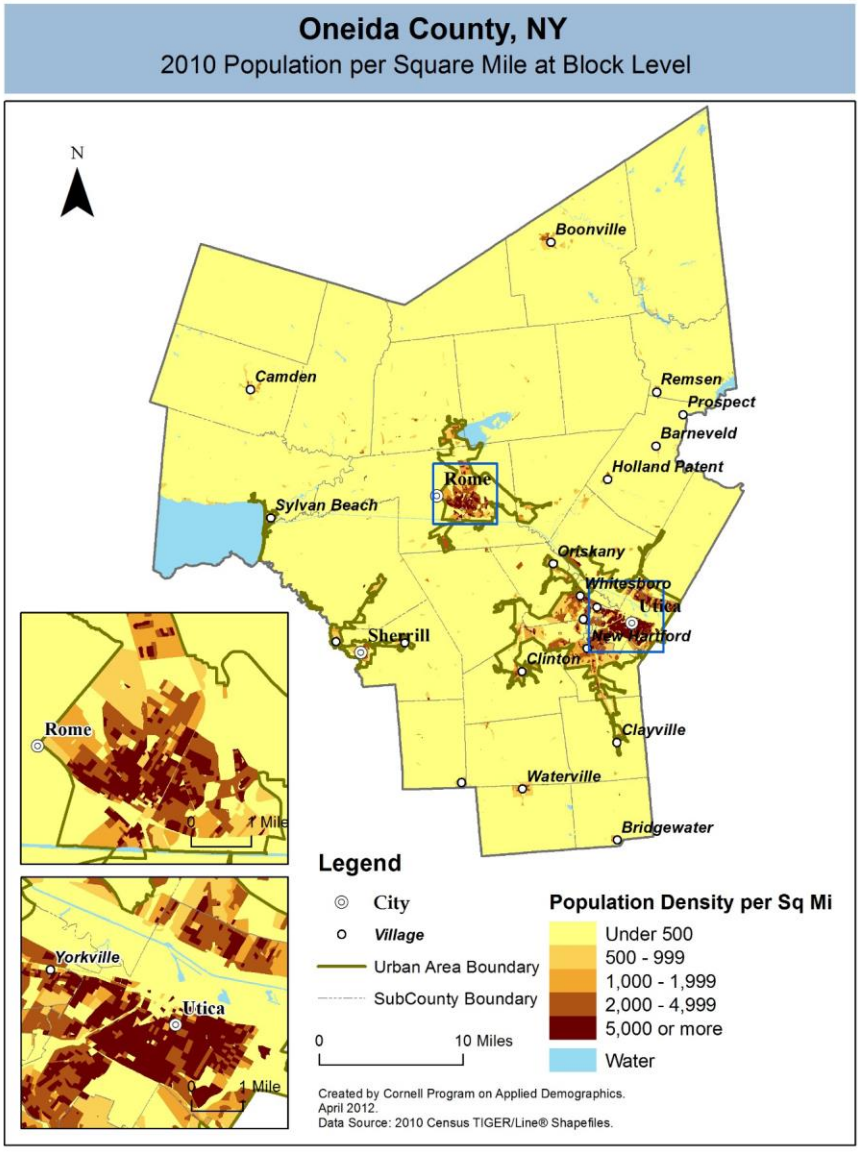


Figure 7 Herkimer County Map - Population per Square Mile

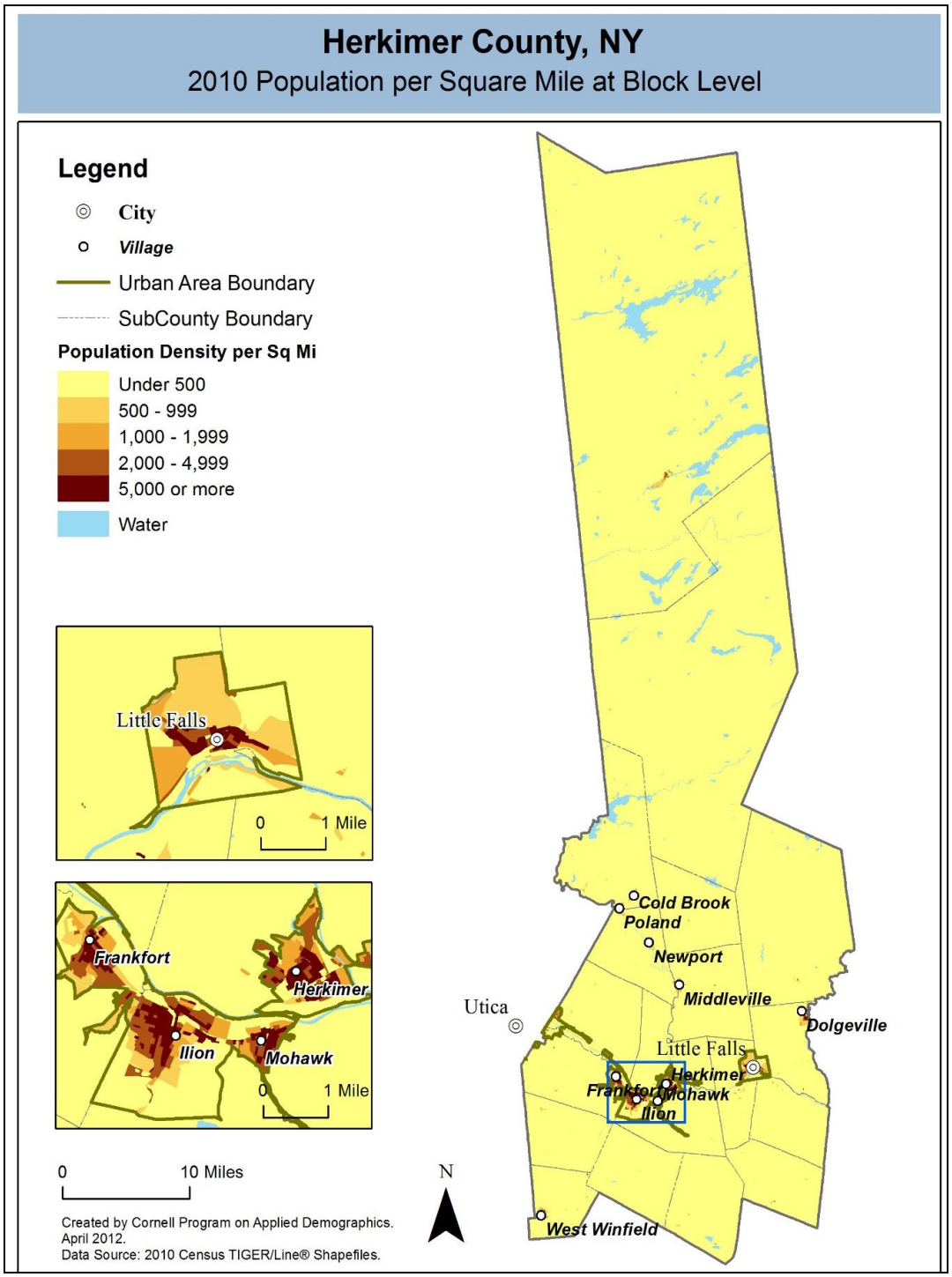


Figure 8 Madison County Map - Population per Square Mile

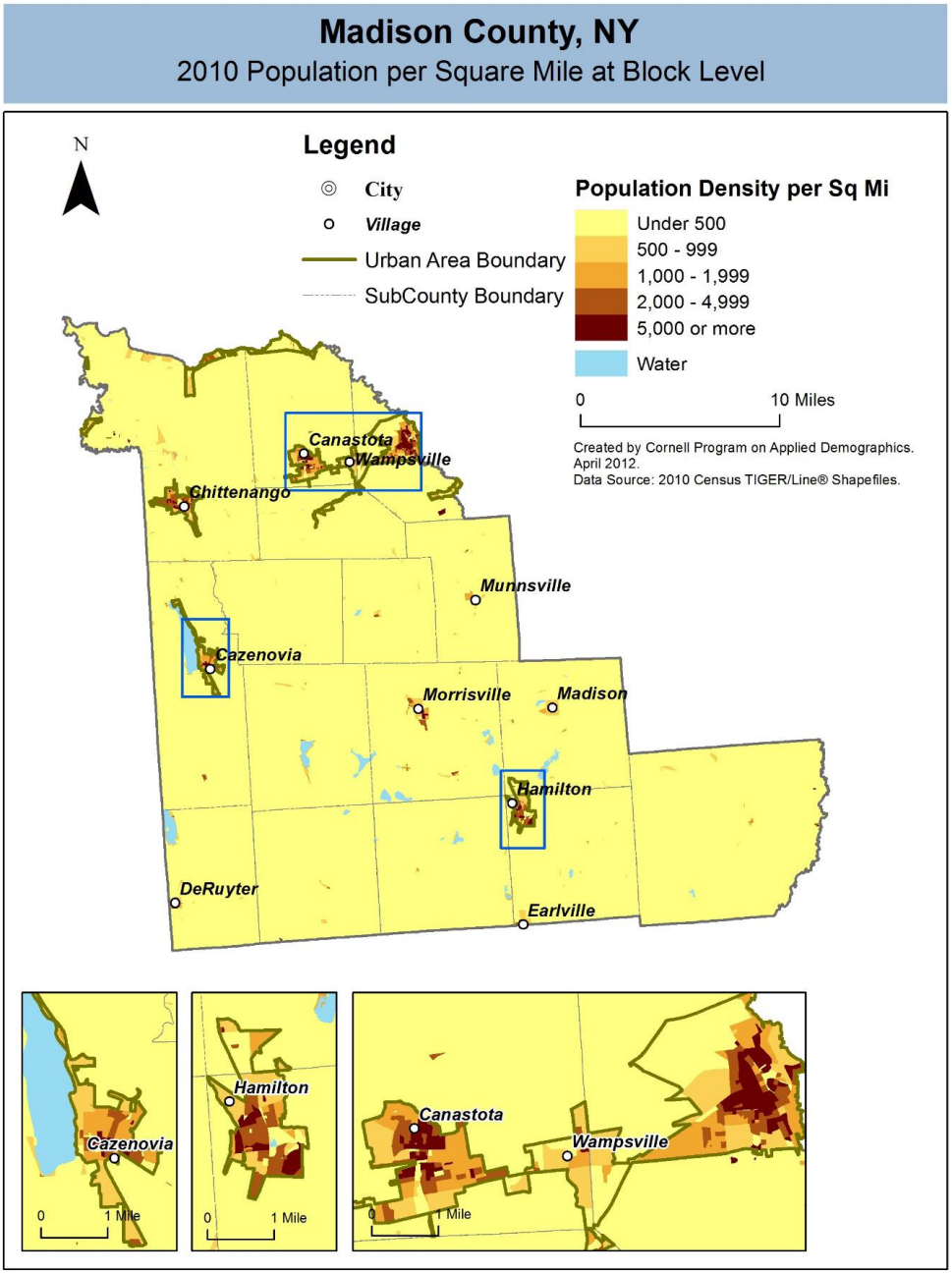


Table 1 Urban / Rural Population

Report Area	Total Population	Urban Population	Rural Population	Percent Rural	Urban / Rural Classification
Herkimer County	64,519	31,092	33,427	51.8	Mostly Rural
Madison County	73,442	30,151	43,291	58.9	**Mostly Rural**
Oneida County	234,878	157,406	77,472	33.0	**Mostly Urban**

(U.S. Census Bureau, 2012-16)

Changes in Total Population

Changes in total population can indicate the overall health of a community and its ability to attract and retain residents. Trends are used to gauge future demands for food, water, energy, and services – it impacts public policy, the economy and more.

Population change within the report area from 2000-2019 is shown below. During the sixteen-year period, total population estimates for the report area declined by -1.66 percent, decreasing from 369,337 persons in 2000 to 363,221 persons in 2019.

- Greatest decrease in population was Herkimer County (-3.68%).
- There was also a population decrease in Oneida County (-2.34%).
- This compares with an increase in New York State (3.14%)
- There was an increase in population indicated for Madison County (2.54%)

Table 2 Changes in Total Population

Race	Total Population, 2019 ACS	Total Population, 2000 Census	Population Change from 2000-2019, ACS/ Census	Percent Change from 2000-2019 Census/ACS
Report Location	363,221	369,337	-6,116	-1.66%
Herkimer County	62,057	64,427	-2,370	-3.68%
Madison County	71,205	69,441	1,764	2.54%
Oneida County	229,959	235,469	-5,510	-2.34%
New York	19,572,319	18,976,457	595,862	3.14%
United States	324,697,795	281,421,906	43,275,889	15.38%

(U.S. Census Bureau, 2015-19)

Population by Age and Gender

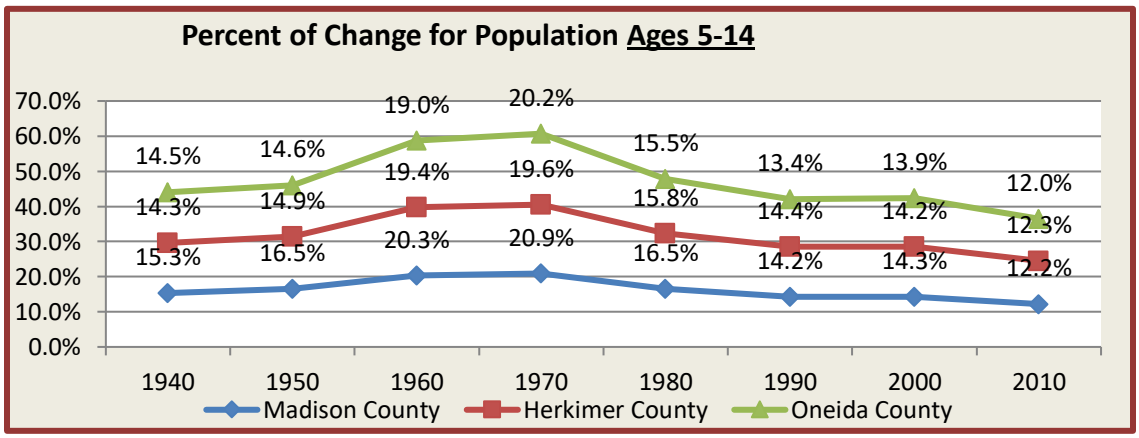
Population change for specified age groups, is depicted as a share of total population. Table below indicates total population for age groups in each county. Subsequent tables found on the next page, depict percent of change for population by age groups. Data for age groups 5-14, 25-64 years indicated a decrease in population while the group classified as over age 65 showed an increase. This was consistent for all counties. The median age increased for each county from year 2000 to 2015. This data is important for understanding the need for specific services in communities as affected by age.

Table 3 Total Population by Age Group

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Report Area	20,238	58,550	38,991	42,116	41,873	54,601	50,954	62,696
Herkimer County, NY	3,452	10,223	5,823	6,877	7,217	9,416	9,296	11,730
Madison County, NY	3,390	11,568	9,857	7,254	7,874	11,063	10,278	11,143
Oneida County, NY	13,396	36,759	23,311	27,985	26,782	34,122	31,380	39,823
New York	1,176,432	3,075,342	1,985,605	2,803,612	2,528,797	2,819,175	2,463,776	2,820,435
United States	19,912,018	53,771,807	31,368,674	42,881,649	40,651,910	43,895,858	39,417,628	44,615,477

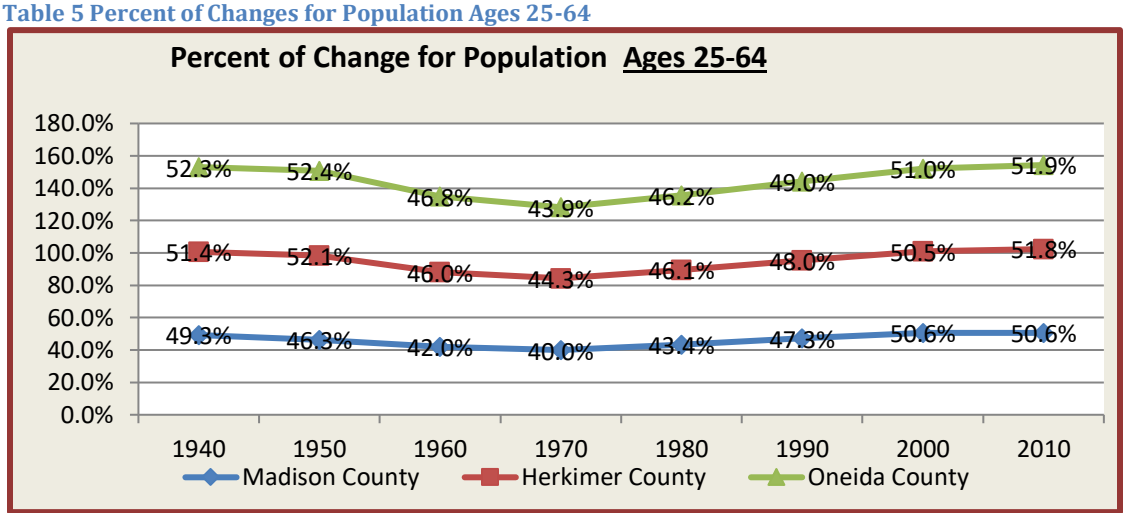
(U.S. Census Bureau, 2012-16)

Table 4 Percent of Change for Population Ages 5-14



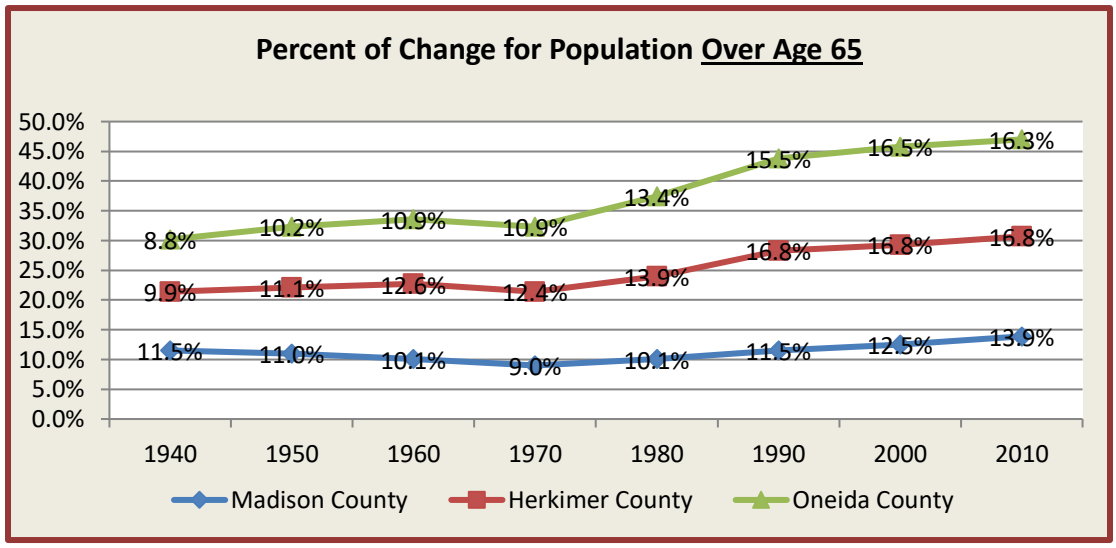
(U.S. Census Bureau, 2012-16)

Table 5 Percent of Changes for Population Ages 25-64



(U.S. Census Bureau, 2012-16)

Table 6 Percent of Change for Population Over Age 65



(U.S. Census Bureau, 2012-16)

Table 7 Median Age

	Oneida County	Herkimer County	Madison County	New York State
2000	38.2	39.0	36.1	35.9
2010	40.8	42.1	39.5	38.0
2015	41.2	43.6	41.3	38.3

(U.S. Census Bureau, 2012-16)

Population by age and gender within the report area is shown below using According to ACS 2015-2019 (5-year estimates).

- the female gender comprised 50.8% of the population in the report area.
- the male gender represented 49.2% of the population in the report area.

The median age in New York State (38.4 years) was lower than counties in the report area.

- Herkimer County (44.2 years age)
- Madison County (41.9 years age)
- Oneida County (41.1 years age)

Table 8 Age and Gender Demographics

Report Area	0 to 4 Male	0 to 4 Female	5 to 17 Male	5 to 17 Female	18 to 64 Male	18 to 64 Female	Over 64 Male	Over 64 Female
Herkimer County	1,691	1,474	4,916	4,789	18,433	18,271	5,042	6,802
Madison County	1,767	1,594	5,266	5,188	22,384	22,456	5,117	6,796
Oneida County	6,710	6,306	18,377	17,532	71,060	67,699	16,130	23,756
New York	590,459	563,742	1,510,451	1,443,847	6,051,827	6,265,687	1,199,629	1,798,042
United States	10,112,614	9,655,056	27,413,920	26,247,802	99,841,782	100,642,825	20,320,351	28,265,193

(U.S. Census Bureau, 2015-19)

Table 9 Percent Population by Age

	New York State		Oneida County		Herkimer County		Madison County	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 5	6.2	5.6	5.9	5.5	5.5	4.7	5	4.4
5 to 9	5.9	5.3	6.5	5.6	6	5.4	6.4	5.2
10 to 14	6.2	5.6	5.8	6.1	6	6.3	4.9	5.3
15 to 19	6.5	5.9	6.8	6.2	6.9	6	8.8	9.1
20 to 24	7	6.6	7.2	6.3	6.3	5.9	8.2	8
25 to 29	7.8	7.3	6.6	6	5.6	5.5	5.4	5
30 to 34	7.3	6.9	6.4	5.8	5.5	5.4	5.4	5.1
35 to 39	6.5	6.3	5.6	5.3	5	5.1	5.2	4.8
40 to 44	6.1	5.9	5.7	5.4	5.9	5.4	5.2	5.5
45 to 49	6.5	6.4	6.5	6.2	6.2	6.4	6.4	6.2
50 to 54	6.9	6.9	7	6.9	7.2	7.1	7.5	7.3
55 to 59	6.8	6.9	7.3	7.1	7.6	7.7	7.5	8.1
60 to 64	6.2	6.4	6.6	7	7.7	7.5	7.8	7
65 to 69	4.9	5.4	5.4	5.8	6.4	7.2	6.5	6.5
70 to 74	3.6	4.2	4.2	4.7	5	4.3	3.7	4
75 to 79	2.5	3.1	2.6	3.4	2.6	3.6	2.7	3.7
80 to 84	1.6	2.3	1.9	2.9	2.4	3.3	1.7	2
85 and over	1.6	2.9	2.1	3.8	2.1	3.3	1.8	2.7

(U.S. Census Bureau, 2015-19)

Population by Race and Ethnicity

Population by race and ethnicity within the report area is shown below using the American Community Survey (ACS) 2015-2019 (5 -year) population estimates. In this report area, Herkimer County and Madison County estimates indicated race predominately white (95.7% and 94.6% respectively) and ethnicity as predominately Not Hispanic or Latino (97.8%). Madison County identified 5.0% of the population as American Indian and Alaskan Native compared with 2.0% for Oneida and Herkimer Counties. Oneida County was the most diverse in this report area: 85.3% identifying as white, 15.7%, Black or African American and 4.0% Asian.

More diversity was indicated in the two urban cluster areas. In both urban cluster areas, most people identified as white (62.4% in Utica and 88.2% in Rome). However, in urban cluster areas, a greater percentage of people identified as Black, or African American than other parts of the county (15.2% in Utica and 6.4% in Rome). The same was found to be true for Ethnicity. Not Hispanic or Latino identified 93.2% Not Hispanic or Latino in Utica and 87.3% in Rome. Rome City had greatest percentage of Hispanic (12.7%) compared with Utica City (6.8%).

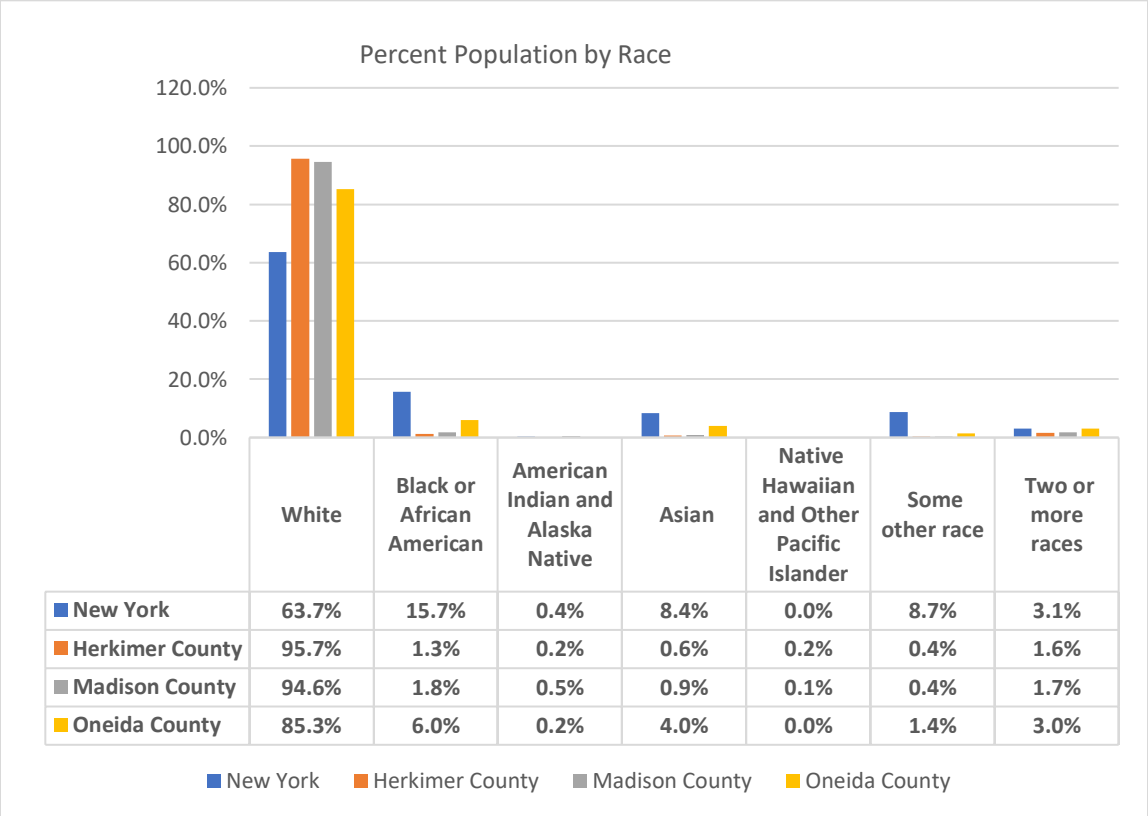
- Herkimer County and Madison County estimates indicated race predominately white (95.7% and 94.6% respectively) and ethnicity as predominately Not Hispanic or Latino (97.8%).
- Madison County identified 5.0% of the population as American Indian and Alaskan Native compared with 2.0% for Oneida and Herkimer Counties.
- Oneida County was the most diversity in this report area: 85.3% identifying as white, 15.7%, Black or African American and 4.0% Asian.
    - More diversity was indicated in the two urban cluster areas. In both urban cluster areas, most people identified as white (62.4% in Utica and 88.2% in Rome).
    - A greater percentage of people identified as Black, or African American than other parts of the county (15.2% in Utica and 6.4% in Rome).
    - Not Hispanic or Latino identified 93.2% Not Hispanic or Latino in Utica and 87.3% in Rome.
    - Rome City had greatest percentage of Hispanic (12.7%) compared with Utica City (6.8%).

Table 10 Total Population by Race

RACE	New York	Herkimer County	Madison County	Oneida County
Total population	19,572,319	62,057	71,205	229,959
White	12,459,687	59,365	67,360	196,219
Black or African American	3,065,471	836	1,268	13,771
American Indian and Alaska Native	79,512	135	339	542
Asian	1,647,606	373	638	9,304
Native Hawaiian and Other Pacific Islander	8,821	98	79	70
Some other race	1,694,965	272	309	3,263
Two or more races	616,257	978	1,212	6,790
HISPANIC OR LATINO AND RACE				
Hispanic or Latino (of any race)	3,720,983	1,340	1,572	13,276
Not Hispanic or Latino	15,851,336	60,717	69,633	216,683

(U.S. Census Bureau, 2015-19)

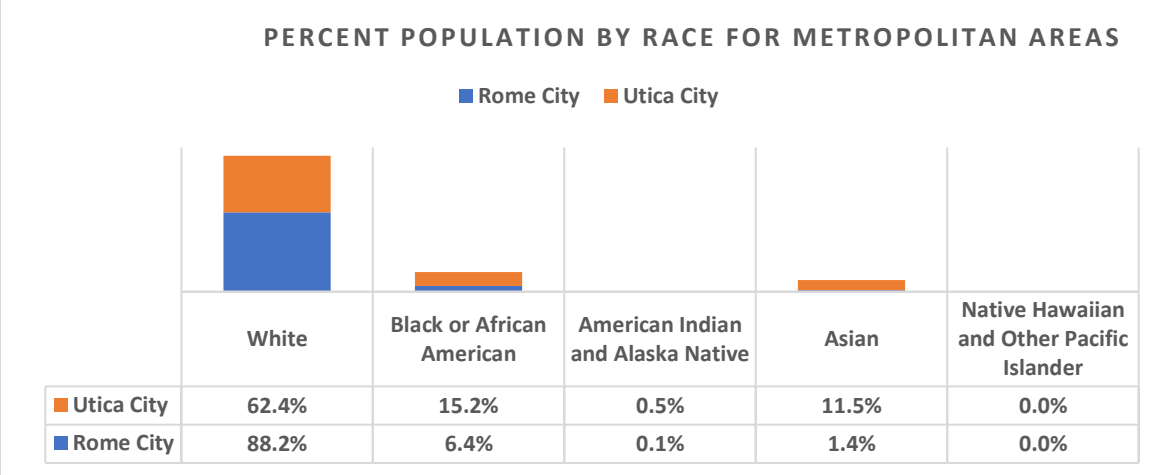
Table 11 Percent Population by Race



	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some other race	Two or more races
New York	63.7%	15.7%	0.4%	8.4%	0.0%	8.7%	3.1%
Herkimer County	95.7%	1.3%	0.2%	0.6%	0.2%	0.4%	1.6%
Madison County	94.6%	1.8%	0.5%	0.9%	0.1%	0.4%	1.7%
Oneida County	85.3%	6.0%	0.2%	4.0%	0.0%	1.4%	3.0%

(U.S. Census Bureau, 2015-19)

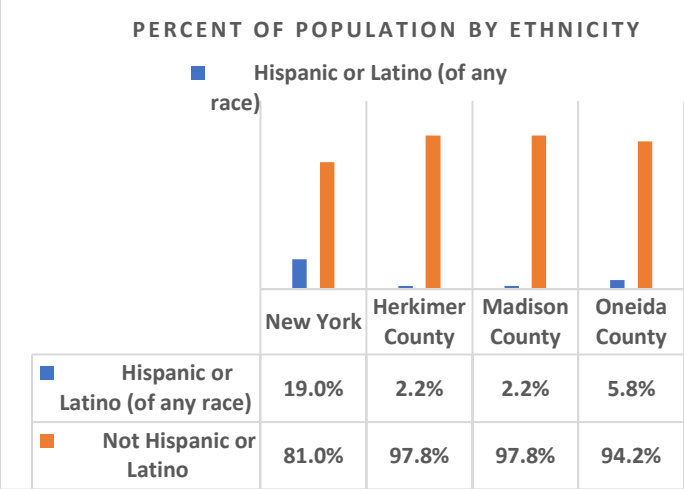
Table 12 Percent Population by Race for Metropolitan Areas



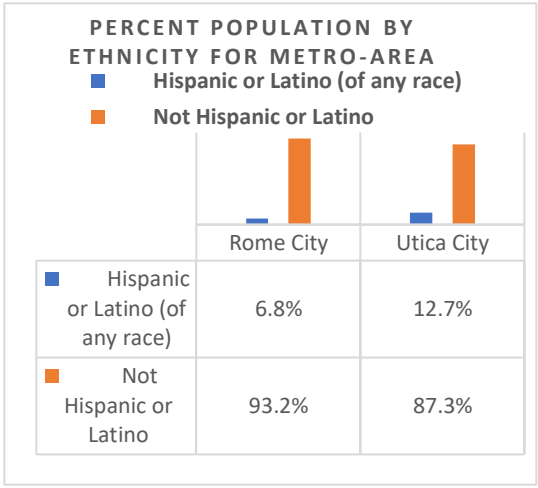
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander
Utica City	62.4%	15.2%	0.5%	11.5%	0.0%
Rome City	88.2%	6.4%	0.1%	1.4%	0.0%

(U.S. Census Bureau, 2015-19)

Table 13 Percent of Population by Ethnicity



	New York	Herkimer County	Madison County	Oneida County
Hispanic or Latino (of any race)	19.0%	2.2%	2.2%	5.8%
Not Hispanic or Latino	81.0%	97.8%	97.8%	94.2%



	Rome City	Utica City
Hispanic or Latino (of any race)	6.8%	12.7%
Not Hispanic or Latino	93.2%	87.3%

(U.S. Census Bureau, 2015-19)

Table 14 Population by Ethnicity (Percent)

Report Area	New York	Herkimer County	Madison County	Oneida County
Total population	19,673,174	64,034	72,427	233,558
Hispanic or Latino (of any race)	3,619,658	1,247	1,455	12,024
Not Hispanic or Latino	16,053,516	62,787	70,972	221,534
Some other race alone	101,300	49	24	232
Two or more races	340,269	797	955	4,579

(U.S. Census Bureau, n.d.)

III. Families

National Community Action Goals:

Goal 1: Low Income People become more self sufficient

Goal 6: Low income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments

Impact Story:

A large majority of our staff members are 11-month employees who return in August. During that month, our staff members are busy attending the many required professional development trainings and helping children and families with preparations for the new school year. It was at one of the all-staff trainings in August that one of our Home-Based family workers found herself, during the break, noticing a young pregnant woman while waiting in line in the bathroom. The young mom had 4 children with her who were taking turns using the bathroom. Being a hotel/conference center in the city, she did not appear as though she was a guest. So, the worker introduced herself sharing information about her work; a connection was made.

The young woman had recently been released from prison. She had 4 children ages 1, 3, 6, and 8. She looked to be about 5 months pregnant. As the conversation unfolded the worker learned that this young mother and her 4 children were homeless. The woman who was in prison on a drug charge did not want to return to where she resided prior to prison, as she was trying to distance herself from influences that might return her to prison. Unfortunately, she was staying with a friend locally and one night there was a drug raid on the house. The young mom called her parole officer and was instructed to get out of the house. She found herself spending nights with her 4 children sleeping on the street. Prior to her admission to prison, her 8-year-old child had found her mother almost dead from an overdose. The father of her unborn child is also in prison. The young mother's mother, who we will refer to as the grandmother, took care of the children while the mom was in prison. She too was a drug dependent at one time and is now in poor health. The children's father is in prison.

Immediate challenges spiral into crisis. The family worker patiently and methodically helps with basics; shelter and food. It is a daunting task to consider how many missing pieces there are to the puzzle. For example, the electric bill was in the young mother's name during the time that the grandmother was caring for her children and the account was delinquent. The mother and children were in dire need of furniture and clothing. The neighborhood where she finally acquired housing is a food desert and not easily accessible to a grocery store or even a corner store. The worker was picking up food boxes from the Rescue Mission adding some basics on her own. The children are getting food but hardly the nutrition required for growing children. Transportation is complicated when all of the children need to accompany the mother.

The story has no end; there is no pot of gold waiting at the end of a rainbow. This work is sustained by people who are committed, compassionate and passionate about connecting families and children with resources they need to live "wholeheartedly" i.e. "Wholehearted living is about engaging in our lives from a place of worthiness. It means cultivating the courage, compassion, and connection to wake up in the morning and think, No matter what gets done and how much is left undone, I am enough. It's going to bed at night thinking, yes, I am imperfect and vulnerable and sometimes afraid, but that doesn't change the truth that I am also brave and worthy of love and belonging." Brene' Brown

This story may sound familiar; the names and faces may change the places may be different but the common thread that connects these families and children is trauma. The immediate and long-term affects sustain impact reverberating repetitiously through generations. How can our reflections about this story deepen our understanding and inform our work?

Although all families have strengths, socioeconomic disparities in opportunities and barriers have produced generations of children and families at the lower end of the economic ladder who do not escape disadvantages. Poverty is a complex issue and its definition is deeply gnarled in causes, circumstances, and situations, all of which give poverty an ever-changing face, voice and definition. For some time, society's response to these disparities has been problem-focused and piecemeal instead of addressing these complex issues.

Families are supported through the work of Community Action Agencies across the nation. The national community action partnership agency has established broad goals for all Community Acton Agencies to work with families to enable low-income people to become more self-sufficient and to enable low-income people, especially vulnerable populations, to achieve their potential by strengthening the family and other supportive systems.

The impact story found in the textbox to the left is an illustration of how

agency resources are used to forge partnerships with families to create concentric circles of support thus allowing the family to emerge stronger and more independent.

The Family Development Model is one tool used for accomplishing this. The goal of this model is to empower families and the communities in which they live so they will be able to reach their goals of health and self-reliance. Empowerment is a dynamic process through which families reach their own goals. No one can empower someone else. Empowering families means helping families reclaim their ability to dream and restoring their own capacity to take good care of themselves.

Deeply imbedded in each person, lies the desire for freedom, self-respect, and the chance to make an important contribution to one's family, community, and the world. Without avenues to make these contributions, hopelessness can evolve into dependency, depression, violence, substance abuse and more. A program will not help families unless it incorporates the power, skills and resources that the family brings to the table. Programs should strive to promote "healthy interdependence" with the rest of the community. Healthy families are interdependent with extended family members, friends, fellow members of spiritual organizations and cultural and social groups, neighbors, co-workers, businesses, social and civic organizations, schools, daycare programs, health care providers and others. MVCAA recognizes this and utilizes a family strengthening approach to service delivery.

The core premise for the family development model focuses on the whole family. The Family Strengthening Policy Center depicts three fundamentals of strong families: loving nurturing relationships, financial stability (i.e., family economic success), and positive connections to people, organizations, and opportunities.

This section will examine families in the community that we serve. It will profile families in the community as well as families that are served throughout this agency. It is designed to present basic demographics about families, thus providing a snapshot of what families look like in our community. It is intended foster understanding about strengths and challenges facing families in the community.

A great deal of research has been conducted which connects family background with opportunity or lack thereof. For many years the American dream was built on the promise of economic opportunity. Economic growth was thought to be an indicator that the next generation would be economically better off; however, the economy represents one factor.

Research continues to explore the link between family background and the ability of a person to manifest upward economic mobility for future generations. The American family has changed dramatically over the past several decades as evidenced by a historic level of women in the workforce, a rise in single parent families, and demographic shifts due to new patterns of immigration, resettlement, and differential birthrates. (Reeves & Grannis, 2013)

Perhaps the most profound trend impacting families today is increasing inequality. In a speech to the Center for American Progress, President Obama said, "*the combined trends toward increased income inequality and decreased mobility pose a threat to the American Dream"*. (wilcox, 2014) Inequality is associated with social mobility, economic mobility, education, health, job success and more. It requires more comprehensive analysis of the social and economic challenges of our time. It also recognizes the complexity of challenges facing society today.

Rates of social mobility are impacted by social and economic gaps over a wide range of domains which span a person's entire life cycle. Life chances are not determined at birth, or in school, in college or in the workplace: they are shaped at every stage of life. In short, it is necessary to reinforce positive outcomes at every critical stage along the life cycle. No single program at any one life stage offers a solution: it will take many programs and changes in life courses at many stages. However, multiple programs–each with modest meaningful effects-together can make a real difference. (Grannis & Reeves, 2014)

Family Structure and Household Types

Research suggests that family structure is vital to positive life outcomes. The circumstances surrounding a child's birth particularly parents' marital status and mother's education- are highly predictive of life chances. While teen pregnancy rates have declined, about 70 % of pregnancies to unmarried women in their twenties are unintended. (Grannis & Reeves, 2014)

Family structure as depicted by household types is an important indicator of cultural and societal shifts. Households and families are basic units of analysis in demography; however, they are not the same thing. A household is composed of one or more people who occupy a housing unit; not all households contain families. Under the U.S. Census Bureau definition, family households consist of two or more individuals who are related by birth, marriage, or adoption, although they also may include other unrelated people. Nonfamily households consist of people who live alone or who share their residence with unrelated individuals. (McFalls Jr., 2003)

Between 2000 and 2010, the number of nonfamily households in the U.S. grew 16 %. Nonfamily households include people living alone or nonrelatives living together such as unmarried partners or roommates. Family households still make up the larger share of households nationally; however, their share is declining from 68% in 2000 to 66% in 2010.

There are factors which may account for these demographic shifts. For example, an increasingly aging population; an elderly person can become a single head of household when a partner passes away. There are also societal shifts such as the acceptability of couples living together without being married. However, even more significance might be attributed to the persistent economic downturn over the past decade.

Trends toward changing family structure have been strongly linked with poverty and economic insecurity. (Half in Ten , November 2013)Dr. Ruby Payne stresses the importance of understanding family patterns as they relate to people living in generational poverty. In middle class families, lineage is traceable through legal documents; however, with families living in generational poverty, many marital arrangements are common-law. (Payne R. K., 2001) Children living below the poverty line are more likely to have parents who are unmarried and living apart. (Half in Ten , November 2013) Furthermore, among low income families there is increased likelihood for being involved with the following systems: criminal justice, child welfare, homelessness, and immigration enforcement. (Half in Ten , November 2013)

Households in New York State

In 2015-2019, there were 7.3 million households in New York State. The average household size was 2.59 people. Married-couple households made up 44.1 percent of the households in New York while cohabiting couple households made up 6.1 percent of households. Female householder families with no spouse or partner present and own children under 18 years were 5.5 percent of all households, while 1.1 percent of households were male householder families with no spouse or partner present and own children under 18 years. Of people living alone, 12.7 percent were male householders, and 17.2 percent were female householders, for a total of 29.9 percent of all households. In New York, 29.3 percent of all households have one or more people under the age of 18; 30.8 percent of all households have one or more people 65 years and over.

Households in Oneida County

In 2015-2019, there were 89,729 households in Oneida County. The average household size was 2.43 people. Married-couple households made up 44.4 percent of the households while cohabiting couple households made up 8.3 percent of households. Female householder families with

no spouse or partner present and own children under 18 years were 5.6 percent of all households, while 1.1 percent of households were male householder families with no spouse or partner present and own children under 18 years. Of people living alone, 14.5 percent were male householders, and 17.1 percent were female householders, for a total of 31.6 percent of all households. In Oneida County, New York, 28.5 percent of all households have one or more people under the age of 18; 32.9 percent of all households have one or more people 65 years and over.

Households - Herkimer County

In 2015-2019, there were 24,524 households in Herkimer County. The average household size was 2.48 people. Married-couple households made up 49.5 percent of the households while cohabiting couple households made up 9.1 percent of households. Female householder families with no spouse or partner present and own children under 18 years were 3.6 percent of all households, while 1.5 percent of households were male householder families with no spouse or partner present and own children under 18 years. Of people living alone, 13.9 percent were male householders, and 16.4 percent were female householders, for a total of 30.3 percent of all households. In Herkimer County, New York, 26.2 percent of all households have one or more people under the age of 18; 35.1 percent of all households have one or more people 65 years and over.

Households - Madison County

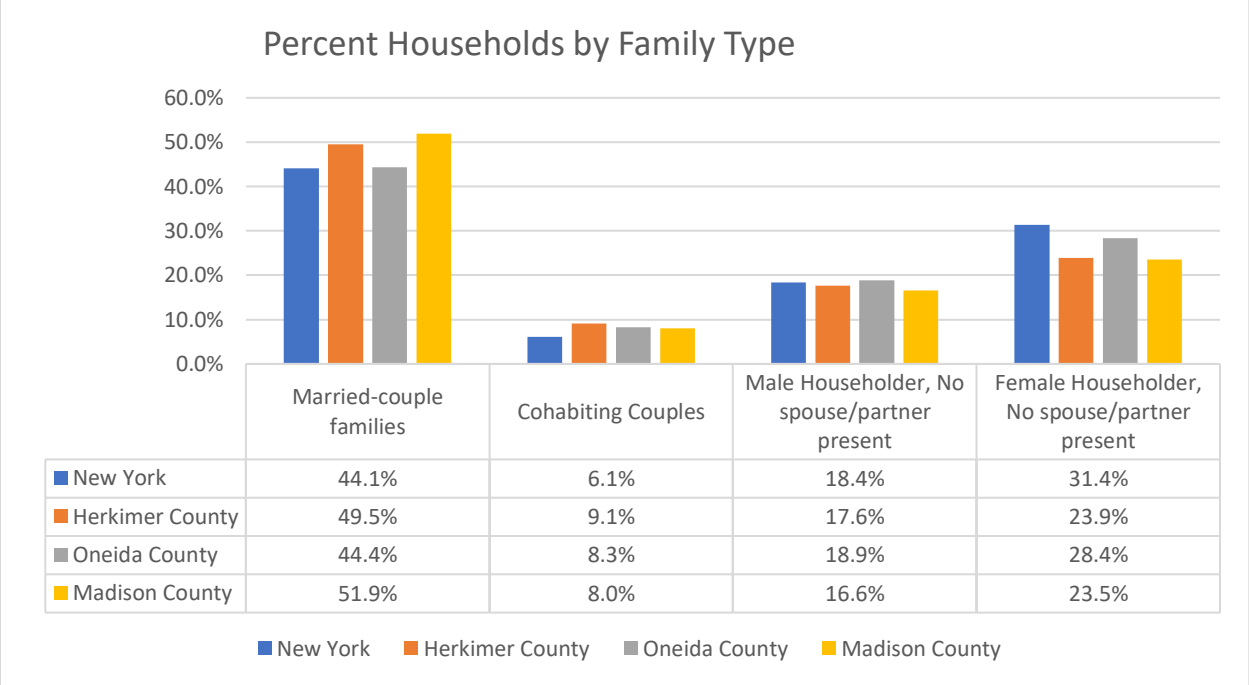
In 2015-2019, there were 25,877 households in Madison County. The average household size was 2.55 people. Married-couple households made up 51.9 percent of the households in while cohabiting couple households made up 8.0 percent of households. Female householder families with no spouse or partner present and own children under 18 years were 3.4 percent of all households, while 1.2 percent of households were male householder families with no spouse or partner present and own children under 18 years. Of people living alone, 13.2 percent were male householders, and 15.9 percent were female householders, for a total of 29.1 percent of all households. In Madison County, New York, 26.4 percent of all households have one or more people under the age of 18; 33.2 percent of all households have one or more people 65 years and over.

Table 15 Percent Households by Type

HOUSEHOLDS BY TYPE	New York	Herkimer County	Madison County	Oneida County
Total households	7,343,234	24,524	25,877	89,729
Married-couple family	44.10%	49.5%	51.9%	44.4%

With own children of the householder under 18 years	17.40%	15.4%	17.2%	15.8%
Cohabiting couple household	6.10%	9.1%	8.0%	8.3%
With own children of the householder under 18 years	1.90%	3.2%	2.4%	3.4%
Male householder, no spouse/partner present	18.40%	17.6%	16.6%	18.9%
With own children of the householder under 18 years	1.10%	1.5%	1.2%	1.1%
Householder living alone	12.70%	13.9%	13.2%	14.5%
65 years and over	3.70%	4.9%	4.4%	4.6%
Female householder, no spouse/partner present	31.40%	23.9%	23.5%	28.4%
With own children of the householder under 18 years	5.50%	3.6%	3.4%	5.6%
Householder living alone	17.20%	16.4%	15.9%	17.1%
65 years and over	8.40%	9.7%	8.9%	9.4%
Households with one or more people under 18 years	29.30%	26.2%	26.4%	28.5%
Households with one or more people 65 years and over	30.80%	35.1%	33.2%	32.9%

Table 16 Percent of Households by Family Type



(U.S. Census Bureau, 2015-19)

Change in Households

According to the American Community Survey (ACS) 5-year data, New York State indicated an increase in households (4.1%) from 2000 to 2015/2019. Madison County (2.0%) while Oneida and Herkimer Counties indicated a decrease in households. The greatest decrease was indicated in Herkimer County (-4.7%) and Oneida County (-0.9%).

This leads to some larger questions about our work with families. As new constellations of families evolve, the need to rethink policies, resource allocation and supports is inevitable. Some considerations / questions include: (1) How do the needs of grandparents as caregivers differ from the needs of biological parents? (2) Has there been an increase in challenges encountered around legal guardianship of children? (3) How so these emerging challenges impact day to day programs? And (4) Are needs for the elderly population being met adequately?

Grandparents Raising Grandchildren

While grandparents raising grandchildren is not new, their role as primary caregivers is a growing trend throughout the nation. National trends indicate that one child in 10 in the U.S. lives with a grandparent. Of those children, approximately 41% who live with a grandparent (s) are being raised primarily by that grandparent, 49% being raised by grandparents also live with a single parent and for 43% of these children, there is no parent present in the household. Approximately 18% of grandparent caregivers are living below the poverty line and approximately 47% have household incomes that fall between one and three times the poverty-line. (Livingston & Parker, 2010) In addition to this, the 2018 American Community Survey indicates that about 1.3 million grandparents responsible for basic needs of their grandchildren are also in the labor force. (U.S. Census Bureau, 2015-19)

The number of grandparents who are raising grandchildren has been attributed to their own children being addicted to heroin, prescriptions drugs, opioid use, or have died from an overdose. In the wake of the opioid epidemic that was declared a public health crisis in 2017, there has been increasing concern about what happens to the children of parents with substance abuse disorders who may be unable to care for their children. (U.S. Census Bureau, 2015-19) Census data shows that grandparents may sometimes step in to care for these children. Child welfare workers face a crisis in foster care because of the growing number of children who have been neglected or abandoned by parents who are addicted. Grandparents are often the first to turn to. (Livingston & Parker, 2010)

While grandparent care givers often cherish their relationship with their grandchildren, many face a host of financial and emotional challenges with becoming a primary caregiver. While grandparent care givers often cherish their relationship with their grandchildren, many face a host of financial and emotional challenges with becoming a primary caregiver. Grandparents may also face many legal challenges such as applying for legal custody and applying and qualifying for financial assistance. The Coronavirus pandemic has also presented challenges for this population. Many

older adults caring for grandchildren may face high risks during the COVID-19. There are also difficult choices about whether it's safe to send children to school or daycare.

The table below compares the percent of grandparents living with and providing basic needs for their grandchildren under 18. Madison County (42.1%) had the highest percent of grandparents responsible for basic needs followed by Herkimer County (37.7%) and Oneida County (32.5%). These counties indicated a higher percent than New York State (27%).

Table 17 Grandparent Caregivers

	Grandparents Living with Grandchildren	Percent Grandparents Responsible for Basic Needs
New York State	427,556	27.0%
Herkimer County	1,048	37.7%
Madison County	1,083	42.1%
Oneida County	3,805	32.5%

(U.S. Census Bureau, 2015-19)

COVID-19 IMPACT

Since the onset of COVID-19, the multitude of stressors for grandparents caring for grandchildren have increased. Many grandparents already living in or near poverty or working in lower income jobs have an added stress due to shuttered schools and its implications; virtual learning, the loss of care when children were in school and loss of food that children received while in school. Children in these situations are already emotionally vulnerable. Many have experienced multiple traumas and may have physical or mental health disabilities. The shear stress of this has added a layer of risk for grandparent's (caregiver) physical health and wellbeing. Grandparents also worry about contracting COVID and carry the fear of who would care for their grandchildren should they get sick.

Table 18 Grandparents Caring for Grandchildren

	New York State		Herkimer County		Madison County		Oneida County	
GRANDPARENTS	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Number of grandparents living with own grandchildren under 18 years	445,228	445,228	1,092	1,092	995	995	3,467	3,467
Grandparents responsible for grandchildren	123,568	27.80%	438	40.10%	348	35.00%	1,295	37.40%
Years responsible for grandchildren								
Less than 1 year	23,136	5.20%	121	11.10%	141	14.20%	280	8.10%
1 or 2 years	27,658	6.20%	67	6.10%	67	6.70%	204	5.90%
3 or 4 years	21,273	4.80%	31	2.80%	14	1.40%	170	4.90%
5 or more years	51,501	11.60%	219	20.10%	126	12.70%	641	18.50%

ACS 2013-2017

Head Start programs in the report area are experiencing rising numbers of grandparents who are guardians for their grandchildren. This has been largely due to drug abuse, incarceration, and mental health problems. The Oneida / Herkimer County Head Start Program reported 35 (5%) grandparent caregivers and Madison County Head Start Program reported 13 (12%) grandparent caregivers. In 2017, Grandparent caregivers started a support group that meets monthly. This has been very well attended and very much appreciated by attendees.

Since the onset of COVID, Head Start conducts weekly calls to check on the physical and emotional needs of families that we serve. Food is distributed as needed, activities for children are also provided. The program also provides virtual support group for parents and grandparents, facilitated by mental health counselor.

Parents Who are Incarcerated

With increasing incarceration rates, the criminal justice system is another system which interrupts family cohesion. "Between 1982 and 2007, the number of prison and jail inmates grew by 274 percent and now totals 2.3 million people. Many of these individuals have children. Approximately 51.2 percent of the male inmates in state prisons and 63.4% in federal prisons were fathers in 2009, accounting for an estimated 1.7 million children." (Half in Ten Campaign, November 2012)

The pain of losing a parent to because of incarceration, compares to the trauma of losing a parent to death or divorce. Children "on the outside" with a parent in prison suffer a special stigma. Too often they grow up and grieve under a cloud of low expectations and amidst a swirling set of assumptions that they will fail. (Justice Strategies, A Tides Center Project, 2011)

Researchers are examining the connection between parental incarceration and adverse outcomes for children; an increased likelihood of engaging in antisocial or delinquent behavior, including drug use; an increased likelihood of school failure; an increased likelihood of unemployment, and an increased likelihood of developing mental health problems.

Recent Trends:

- Over 53% of current prisoners are parents (Bureau of Justice Statistics)
- An estimated 1,706,600 children have a parent in prison (2.3% of U.S. population under the age of 18; Bureau of Justice and Statistics, 2007)
- More than 70% of children with parents who are incarcerated are children of color (Schirmer, Nellis, and Mauer, 2009)
- Incarceration increased 122% for mothers and 76% for fathers from 1991-2007 (Bureau of Justice Statistics, 2007)

Mohawk Valley Community Action Agency

Mohawk Valley Community Action Agency has recognized an increase in parents who are or have been incarcerated. This is not always an easy information to come by as families are not always forthcoming with this information. Circumstances associated with this present families with challenges. Learning how to have those conversations in a non-threatening manner takes time. It might be helpful if we were better able to connect with justice departments so protective layers of support can be put in place to assist all with these difficult transitions.

Veterans, Age and Gender Demographics

Veterans, Age and Gender Demographics show the number of veterans living in the report area. According to the American Community Survey (ACS), 8.36% of the adult population in the report area are veterans, which is higher than New York State (4.6%) and United States (8.0%).

COVID-19 IMPACT

Veterans are a population group that deserve special attention and support especially those who are already struggling with symptoms of posttraumatic stress disorder (PTSD). Maintaining contact with this population during periods of quarantine have posed challenges but some community outreach suggests that the pandemic has exacerbated existing issues such as substance use and addiction. (Lipinski, 2021) This report area is home to 24,008 veterans (14,917 in Oneida County and approximately 4,500 in Herkimer and Madison Counties).

Table 19 Veteran Population

	Total	Male	Female	% Over Age 18	% Males over age 18	% Females over age 18
Report Location	24,008	22,247	1,761	8.4%	15.7%	**1.2%**
Herkimer County, NY	4,585	4,241	344	9.3%	17.6%	**1.4%**
Madison County, NY	4,506	4,200	306	7.9%	15.0%	**1.1%**
Oneida County, NY	14,917	13,806	1,111	8.3%	15.5%	**1.2%**
New York	705,924	656,633	49,291	4.6%	8.9%	**0.6%**
United States	**18,230,322**	**16,611,283**	**1,619,039**	**8.0%**	**13.7%**	**1.3%**

(U.S. Census Bureau, 2015-19)

Table 20 Veteran Population by Age

	Males (age18-34)	Female (age 18-34)	Male (age 35-54)	Female (age 35-54	Male (age 55-64)	Female (age 55-64)	Male (over age 65)	Female (over age 65)
Report Location	1,769	0	4,248	664	4,200	349	12,030	**384**
Herkimer County	359	87	829	130	715	47	2,338	**80**
Madison County	240	5	936	167	882	112	2,142	**22**
Oneida County	1,170	272	2,483	367	2,603	190	7,550	**282**
New York	44,324	8,655	117,748	18,525	102,081	11,281	392,480	**10,830**
United States	**1,318,412**	**290,976**	**3,633,064**	**648,762**	**2,884,285**	**367,543**	**8,775,522**	**311,758**

(U.S. Census Bureau, 2015-19)

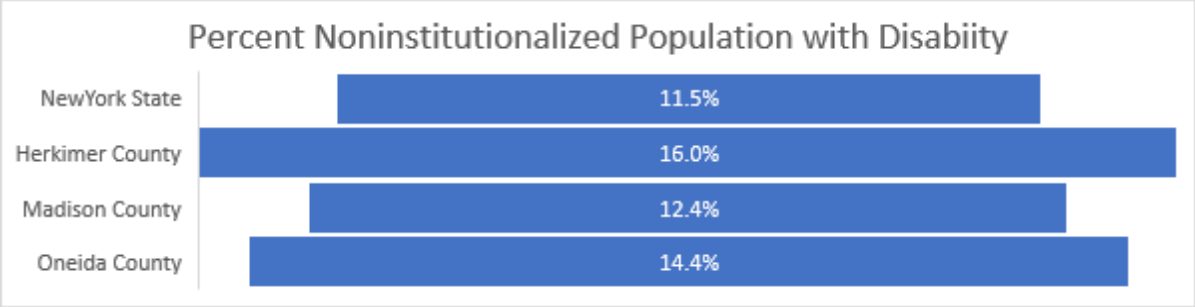
Population with Disability

The report area indicated a higher percentage of population with disabilities. Herkimer County had the highest percent population with disabilities (16.0%), followed by Oneida County (14.4%) and Madison County (12.4%). All counties in the report area had a higher percentage of individuals with disabilities than New York State (11.5%).

COVID-19 IMPACT

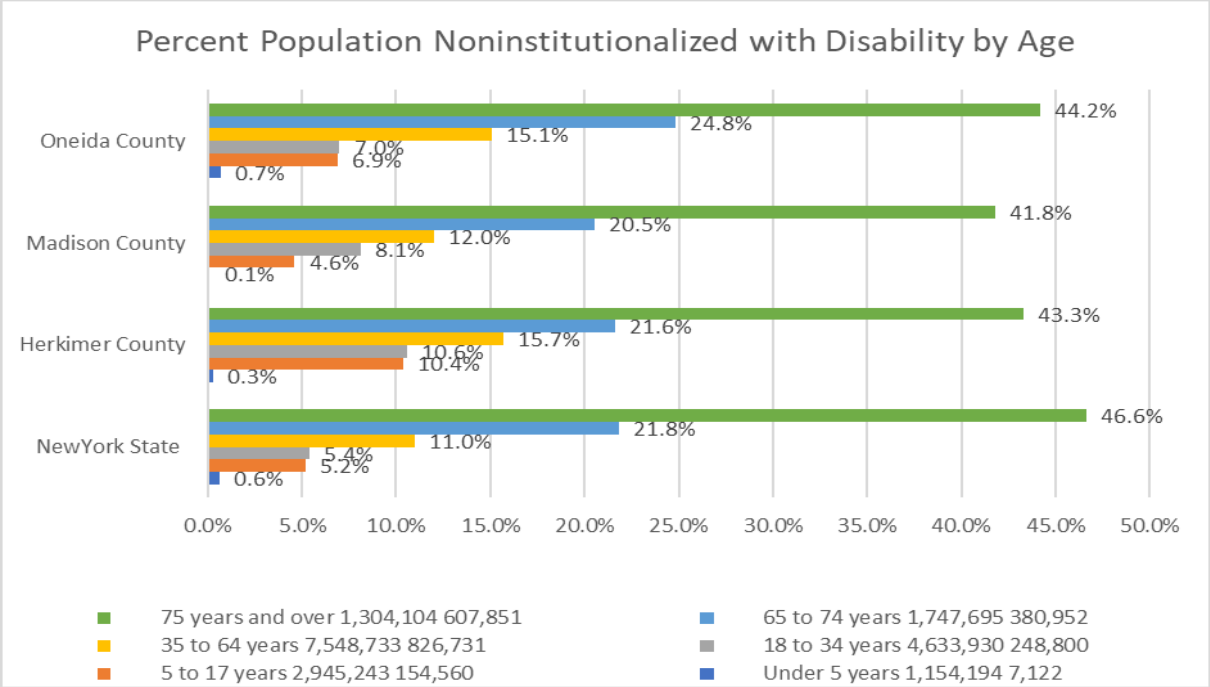
People with developmental and intellectual disabilities are disproportionately affected by COVID for many reasons. Difficulty communicating with health care workers when they are not feeling well. Individuals with disabilities also may communicate their feelings through behaviors that are easily overlooked without probing the possibility of underlying health problem. Higher incidence of diabetes, obesity, and lung disease which increase the risk of death if COVID were contracted. There may be more risk of exposure if they receive supportive or assistive in-homes services.

Table 21 Percent Population Noninstitutionalized Population with Disability



(U.S. Census Bureau, 2015-19)

Table 22 Percent Population Noninstitutionalized with Disability by Age



(U.S. Census Bureau, 2015-19)

Foreign Born

Foreign populations have played a fundamental role in shaping the United States. Often referred to as a "melting pot", the US is home to successive waves of immigrants and refugees from all parts around the globe. Public policy as well as public and political attitudes have evolved over the years; and the complexity of these issues continues to resonate with current legislation.

Understanding the difference between immigrants and refugees in important. Immigrants generally move by choice in search of a better life. Refugees on the other hand move due to fear of persecution caused by war, violence, and more.

Immigrants and Refugees are Different

Immigrants move by choice and due to promise of a better life. The main reasons include better economic conditions, education and family reasons. However, they still have a choice to return to their own country at any time.

Refugees move due to fear of persecution caused by war, violence, political instability, aggression or due to their religion, beliefs, caste, or political opinion. In most cases, it is not possible for them to go back to their country.

Oneida County

An estimated 92.5 percent of the people living in Oneida County, New York in 2015-2019 were native residents of the United States and 79.6 percent of these residents were living in the state in which they were born. An estimated 7.5 percent of the people living in Oneida County, New York in 2015-2019 were foreign born. Of the foreign-born population, 57.2 percent were naturalized U.S. citizens, and 86 percent entered the country before the year 2010. An estimated 14 percent of the foreign born entered the country in 2010 or later.

Approximately 20.0 percent of Utica city, New York residents in 2015-2019 were foreign-born. 52.0 percent of foreign born were naturalized U.S. citizens and an estimated 68.6 percent entered the country before the year 2010.

Herkimer County

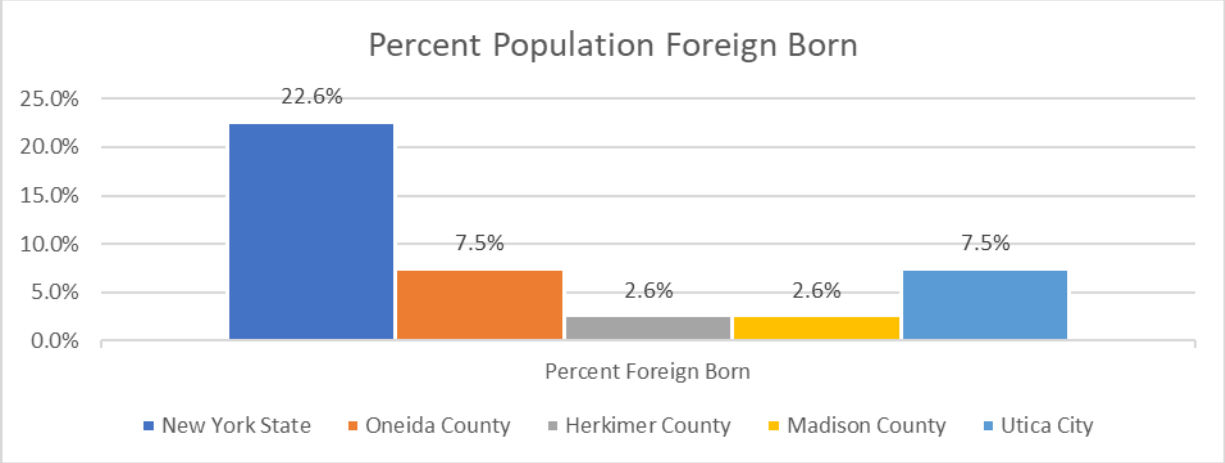
An estimated 97.4 percent of the people living in Herkimer County, New York in 2015-2019 were native residents of the United States and 86.4 percent of these residents were living in the state in which they were born. An estimated 2.6 percent of the people living in Herkimer County, New York in 2015-2019 were foreign born. Of the foreign-born population, 65.5 percent were naturalized U.S. citizens, and 86.6 percent entered the country before the year 2010.

Madison County

An estimated 97.4 percent of the people living in Madison County, New York in 2015-2019 were native residents of the United States and 81.6 percent of these residents were living in the state in which they were born. An estimated 2.6 percent of the people living in Madison County, New York in

2015-2019 were foreign born. Of the foreign-born population, 55.4 percent were naturalized U.S. citizens, and 67.5 percent entered the country before the year 2010.

Table 23 Percent Foreign Born



(U.S. Census Bureau, 2015-19)

For over 200 years Utica, New York, a city of 60,000, has attracted immigrants and refugees. The immigrant communities that have settled in the city include Italian, Irish, German, Polish, and Arab populations. In the past 20 years, Utica has attracted more than 10,000 refugees. This phenomenon has been the subject of numerous national and international news articles and has provided Oneida County with the fourth highest concentration of refugees in the United States and the City of Utica with a refugee population of 17%.

Refugees have played an important role in restabilizing the population in Utica. In 1910, the foreign-born population of Utica constituted 28.6% of the city's population, but by 1990 had declined to 5.4%. Utica experienced a sharp population decline from 100,410 in 1960 to 60,651 in 2000. The Mohawk Valley Resource Center for Refugees has resettled over 16,500 individuals since it opened in 1981.

The refugees have been resettled to the region by the Mohawk Valley Resource Center for Refugees (MVRCR), one of the largest resettlement agencies in the Lutheran Immigration and Refugee Service network. The center strives to promote the well-being of culturally diverse individuals and families within the community by welcoming refugees and immigrants and by providing individual and community centered activities designed to create opportunity and facilitate understanding.

The center offers a combination of programs and services, including refugee resettlement, health services and referrals, interpretation, translation, English as a Second Language (ESL) education, and technical assistance. The center has assisted refugees from more than 31 countries, including Bosnia,

Cambodia, Czechoslovakia, Haiti, Hungary, Laos, Poland, Romania, the former Soviet Union, Vietnam, Sudan, Somalia, Afghanistan, Iraq, Iran, China, Somalia, Burma and others.

Since 2000, the center has assisted 3,564 refugees in resettling in our community. Many who have arrived during the past five years have presented cultural challenges, language barriers and a host of other challenges. Reportedly there are 64 different languages that are spoken in Oneida County, primarily in the city of Utica. More than 40 languages are spoken in the Utica City School District, which is as diverse as New York City. And 29.2% of individuals in the city of Utica speak a language other than English at home. This large refugee population makes translation services a vital part of the services to be offered in Oneida County. The figure below shows the arrival of refugees from 1973-2019.

Figure 9 Arrival of Refugees 1973-2019

MVRCR ARRIVALS 1973-2019

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	MVRCR ARRIVALS	1973-2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Total	Total %
2	AFGHANISTAN	68	6	0	0	0	0	0	0	0	0	1	10	0	14	7	0	106	0.64%
3	AMERASIAN (VIETNAM)	1281	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1281	7.77%
4	VIETNAM	782	0	0	0	5	2	11	0	3	0	0	0	3	0	0	0	806	4.89%
5	BOSNIA	4448	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	4449	26.99%
6	BULGARIA	25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25	0.15%
7	CAMBODIA	365	0	0	0	0	0	0	0	0	12	5	0	0	0	0	1	382	2.32%
8	CHINA	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	0.05%
9	CONGO (ZAIRE)	21	0	0	0	0	0	9	0	0	0	0	0	29	19	32	8	110	0.67%
10	CUBA	63	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	63	0.38%
11	CZECHOSLOVAKIA	80	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	80	0.49%
12	EGYPT	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0.02%
13	ERITREA	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4	0.02%
14	ETHIOPIA	10	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	12	0.07%
15	FORMER SOVIET UNION	2319	23	28	15	0	0	10	3	2	11	8	24	3	1	51	0	2498	15.16%
16	LITHUANIA	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0.03%
17	UKRAINE	0	22	13	18	16	2	4	8	6	7	15	6	26	17	31	72	191	1.16%
18	UZBEKISTAN	0	18	32	13	2	0	4	0	0	0	0	0	0	0	0	0	69	0.42%
19	HAITI	89	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	89	0.54%
20	HUNGARY	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	29	0.18%
21	IRAN	49	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	52	0.32%
22	IRAQ	166	0	0	0	9	31	93	14	14	32	20	10	27	11	0	0	427	2.59%
23	KOSOVO	77	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	77	0.47%
24	LAOS	266	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	266	1.61%
25	LEBANON	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0.01%
26	LIBERIA	53	3	28	0	3	0	0	2	0	0	0	0	0	0	0	0	89	0.54%
27	LIBYA	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0.04%
28	MYANMAR (BURMA)	247	131	141	542	547	266	349	262	230	282	257	331	256	57	72	107	3970	24.09%
29	POLAND	146	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	146	0.89%
30	ROMANIA	28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	28	0.17%
31	SIERRA LEONE	20	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22	0.13%
32	SOMALIA	189	72	8	10	1	0	13	0	9	27	36	38	19	47	1	0	470	2.85%
33	SUDAN	124	10	0	0	0	23	13	8	14	44	12	10	30	28	1	8	317	1.92%
34	YUGOSLAVIA	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0.03%
35	BHUTAN						17	27	100	60	62	52	18	13	12	5	0	366	2.22%
36	SYRIA													6	19	0	0	25	0.15%
37	EL SALVADOR														4	0	0	4	0.02%
38	TOTALS	10968	294	252	598	590	341	533	397	338	477	406	447	412	229	200	196	16482	100.00%
39				Updated by Dzevad on 08/23/2019															0%

COVID-19 IMPACT

Foreign population particularly refugee populations have been found be at higher risk for being diagnosed with the COVID-19 virus. In Oneida County, there was a higher incidence of people diagnosed with COVID-19 among refugee populations especially people from Asian countries. There are several reasons that account for this. Many Asian families live in multi-generational households where grandparents, parents and children reside in one apartment and/or multiple families live in multi-family dwelling. People in theses households live in close contact with one another. Many of these families are essential workers where their work situation placed them at higher risk. They would then risk bringing the virus back to their family household(s). This situation occurred at when outbreak was discovered at an aluminum processing plant in Montgomery County where many people from these families worked. They typically carpool to work (a 45-minute commute). This heightened the risk for exposure. This outbreak infected 63 residents from Oneida County.

There are other factors impacting immigrants and refugees such as language barriers, fear of health care workers or health treatments and cost of health care. There is also the case of illegal status which would prevent individuals from seeking needed treatment. The mohawk Valley Resource Center for Refugees has been pivotal in educating and supporting and facilitating care for residents in these communities.

Mohawk Valley Community Action Agency

MVRCR works cooperatively with our agency to provide translation services. MVCAA employs bilingual staff, which includes refugees' representative of the large refugee population in Oneida County

Young Parent Families

Teen and young parent families and their children face unique challenges that make them more vulnerable than older parent families. Understanding the complex needs of this population is often overlooked. While a great deal of progress has been made in reducing teen pregnancy, it is more important than ever to consider the special needs of young parent families (including teen parent families).

Recent data indicates that "3.4 million children live with parents ages, 18 – 24; and 37% of them, mostly babies, toddlers, and preschoolers, live in poverty – nearly twice the national poverty rate-

and 69% live in families with incomes less than 200 percent of the federal poverty level. (Opening Doors for Young Parents, 2018)

Early parenthood can hinder young parents from completing their education, prevent access to jobs with food pay and result in chronic economic challenges. At the same time, these parents-not yet complete in their own development- are faced with meeting the needs of their young children. A recent review of teenage pregnancy and parenthood by the National Conference of State Legislators presents sobering data on the life trajectory of these young parents and their children.

Poverty

While progress has been made in rebuilding the economy since the great recession, issues surrounding poverty are complex. The American Enterprise Institute for Public Policy Research and the Brookings Institution published a report, *Opportunity, Responsibility and Security: A Consensus Plan for Reducing Poverty and Restoring the American Dream.* This report resulted from bringing together a working group of top experts on poverty which was evenly balanced with progressives, conservatives (and including a few centrists). Together they developed a plan that acknowledged collective concerns and challenges and outlined broad solutions that could have a positive impact on the development of policy around poverty. Poverty is a "massive waste and loss of human potential that costs United States in economic terms and is a tragedy in human terms". (The American Enterprise Institute for Public Policy Research and the Brookings Institution, 2015) Understanding the findings of this report provide a strong basis for analyzing data and developing future strategies.

"Economic trends, cultural changes, and changes in family and marriage patterns are combining in new ways that make it harder for those born on the bottom rungs of the economic ladder to be lifted up". There have been increasing concern that "children growing up today in lower-income families have fewer social supports and pathways into the middle class than in past generations". Three shared values were identified; *opportunity* (opportunity for self-advancement is available*), responsibility* (accountability), and *security* (sustainability). These shared values served as a foundation, for developing solution focused goals.

Three broad areas were identified by the American Enterprise Institute for Public Policy Research and the Brookings Institution: to strengthen families, improve education, and improve quality and quantity of work. These points speak directly to the work that is being done in community action agencies. (1) Strengthen families in ways that will prepare children for success in education and work by promoting a new cultural norm surrounding parenthood and marriage, promoting delayed

and responsible childbearing, increasing access to effective parenting education, and helping young, less-educated men and women prosper in work and family. (2) Improve education in ways that will better help poor children avail themselves of opportunities for self-advancement by increasing public investment in two underfunded stages of education: preschool and postsecondary. Educating the whole child to promote social-emotional and character development as well as academic skills. Modernizing the organization and accountability of education and closing resource gaps to reduce education gaps. (3) Improving the quantity and quality of work in ways that will better prepare young people—men as well as women—to assume the responsibilities of adult life and parenthood by improving skills to get well-paying jobs, make work pay more for the less educated, raise work levels among the hard-to-employ, including the poorly educated and those with criminal records, and ensure that jobs are available (The American Enterprise Institute for Public Policy Research and the Brookings Institution, 2015)

Poverty Measure

Poverty guidelines are issued by the United States government annually, designed to represent the annual amount of cash income minimally required to support families of various sizes. http://www.americanprogress.org/issues/2009/08/new_poverty_measure.html

Persons in Household	2021 Federal Poverty Level for the 48 Contiguous States (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	$12,880	$17,130	$17,774	$19,320	$25,760	$38,640	$51,520
2	$17,420	$23,169	$24,040	$26,130	$34,840	$52,260	$69,680
3	$21,960	$29,207	$30,305	$32,940	$43,920	$65,880	$87,840
4	$26,500	$35,245	$36,570	$39,750	$53,000	$79,500	$106,000
5	$31,040	$41,283	$42,835	$46,560	$62,080	$93,120	$124,160
6	$35,580	$47,321	$49,100	$53,370	$71,160	$106,740	$142,320
7	$40,120	$53,360	$55,366	$60,180	$80,240	$120,360	$160,480
8	$44,660	$59,398	$61,631	$66,990	$89,320	$133,980	$178,640
Add $4,540 for each person in household over 8 persons							

FPL thresholds were established in the 1960s. At that time, research indicated that the typical family spent about one-third of its income on food, so poverty thresholds were derived by multiplying a low-cost food budget by three. Since then the thresholds have only been adjusted for inflation. A family is considered poor if its pre-tax cash income falls below the applicable poverty threshold.

This measure determines the estimated number of people with incomes below the poverty line, as a percentage of those for whom poverty status has been determined. Poverty thresholds vary by family

composition and year. In 2019, a family of four with two children and annual income less than $29,750 was considered poor. This is important because the percentage of people living in poverty is a measure of the overall economic health of a region. It also indicates the level of need for social and government supports within the community.

The official poverty rate in 2019 was 10.5 percent, lower than 11.8 percent in 2018. This is the fifth consecutive annual decline in poverty. Since 2014, the poverty rate has fallen 4.3 percentage points, from 14.8 percent to 10.5 percent. In 2019, there were 34.0 million people in poverty, approximately 4.2 million fewer people than 2018.

Population using ALICE Threshold

While the Federal Poverty Level (FPL) remains a baseline for gauging the level of poverty for an area or group, it doesn't account for cost of living changes over time, difference in the cost of living from one geographic area to another and the actual cost of necessities.

To account for this, many government and nonprofit agencies determine eligibility using multiples of the FLP; for example, a person might be deemed eligible for a service or program if they are 135% over the FLP.

The U.S. Census Bureau developed the Supplemental Poverty Measure (SPM) to provide a more accurate snapshot of poverty across communities. The SPM is based on expenditures reported through the Bureau of Labor Statistics Consumer Expenditure Survey and is adjusted for geographic differences in the cost of housing. However, the SPM does not account for the actual cost of basic goods.

The United Way's ALICE Project published a report that captures a more realistic snapshot of households struggling in our communities. ALICE is an acronym that stands for Asset Limited, Income Constrained, Employed. It represents the growing number of individuals who are working but are unable to afford the necessities of housing, food, childcare, healthcare, and transportation.
"The ALICE Threshold is a realistic standard developed from the Household Survival Budget, a measure that estimates the minimal cost of the five basic household necessities – housing, childcare, food, transportation, and health care." (United Way Alice, 2019) This data is formatted to help stakeholders better understand the challenges low-income households face trying to make ends meet.

The table below represents the bare minimum that a household needs to make ends meet today. This does not account for savings for emergencies or future goals such as college. In 2016, the

Federal Poverty Level was $11,880 for a single adult and $24,300 for a family of four; compared with estimated survival budget in 2016 was $21,330 for a single adult $62,916.00 for a family of four. Family costs increased 22% statewide from 2010 to 2016. (United Way Alice, 2019)

Table 24 Household Survival Budget by County

	Oneida County		Herkimer County		Madison County	
Monthly Costs	Single Adult	2 Adults, 1 Infant, 1 Preschooler	Single Adult	2 Adults, 1 Infant, 1 Preschooler	Single Adult	2 Adults, 1 Infant, 1 Preschooler
Housing	$556.00	$741.00	$556.00	$741.00	$545.00	$809.00
Child Care		$1,250.00		$1,250.00		$1,250.00
Food	$182.00	$603.00	$182.00	$603.00	$182.00	$603.00
Transportation	$341.00	$682.00	$341.00	$682.00	$341.00	$682.00
Health Care	$213.00	$792.00	$213.00	$792.00	$213.00	$792.00
Technology	$55.00	$75.00	$55.00	$75.00	$55.00	$75.00
Miscellaneous	$162.00	$477.00	$162.00	$477.00	$160.00	$486.00
Taxes	$271.00	$623.00	$267.00	$650.00	$258.00	$536.00
Monthly Total	$1,780.00	$5,243.00	$1,780.00	$5,243.00	$1,686.00	$4,915.00
ANNUAL TOTAL	$21,360.00	$62,916.00	$21,360.00	$62,916.00	$20,232.00	$58,980.00
Hourly Wage	$10.68	$31.46	$10.68	$31.46	$10.12	$29.49

Source: (United Way Alice, 2019)

According to the 2020 New York ALICE report, between 2007 and 2018, the percent of households in poverty in New York remained stable, increasing from 13 percent in 2007 to 14 percent in 2018. At the same time, the percentage of ALICE households increased at a faster rate from 23 percent in 2007 to 31 percent in 2018. To meet the ALICE threshold for survival, a 4-person household (two adults, two children in care) needs an annual income of $78,156 or $39.08 per hour. An individual needs an annual income of $21,312 or $13.66 per hour, to meet the household survival budget. Economic data show that the number of low-wage jobs increased by 33% from 2007 to 2018 and accounted for the largest number of jobs in New York in 2018. All but one of New York's 62 counties has 30 percent or more households earning less than what is needed to afford a basic household budget.

"The spread of COVID-19 is impacting all of us in all of our communities," said Ruth Mahoney, Capital Region president and regional retail leader, KeyBank. "Already struggling to make ends meet before the pandemic, ALICE families are particularly vulnerable to the economic struggle that will follow the COVID-19 response. This year's ALICE report shines a light on the challenges

facing New York's income constrained families, and it is our hope the report can inform conversations about how we can collaboratively open doors for more people to achieve financial stability." (United Way Alice, 2019)

Population in Poverty

The tables below illustrate the number of people for whom poverty status has been determined (2019), percent of total in poverty (2019), and the change in percentage points (2010-2019). According to the American Community Survey (ACS) 5-year estimates, an average of 14.10% of all persons in the report area lived in a state of poverty during the 2015-2019 period.

- Between 2010 and 2019 poverty increased in all three counties
- According to the American Community Survey (ACS) 5-year estimates, an average of 14.06% of all persons in New York State lived in a state of poverty during the 2015-2019 period.
- Oneida County indicated the highest estimates of people in poverty (15.1%). The poverty rate for all persons living in the report area is less than the national average of 13.42%.
- Oneida County has the largest share of people in "deep poverty" (7.4%).
- The largest change in the share of people in "deep poverty" occurred in Madison County, NY, which went from 3.9% to 4.7%.

Table 25 Individuals in Poverty

	Oneida County, NY	Herkimer County, NY	Madison County, NY	Combined Area	United States
Total population for whom poverty status is determined, 2019*	217,905	60,914	66,057	344,876	316,715,051
People in poverty	33,715	8,307	6,459	48,481	42,510,843
People in "deep-poverty"**	16,029	3,314	3,089	22,432	18,957,462
Both in poverty and over 65	3,244	1,047	965	5,256	4,587,432
Percent of Total, 2019*					
People in poverty	15.5%	13.6%	9.8%	14.1%	13.4%
People in "deep-poverty"**	7.4%	5.4%	4.7%	6.5%	6.0%
Both in poverty and over 65	1.5%	1.7%	1.5%	1.5%	1.4%
Change in Percentage Points, 2010*-2019* For example, if the value is 3% in 2010* and 4.5% in 2019*, the reported change in percentage points is 1.5.					
People in poverty	0.6	0.8	0.0	0.5	-0.4
People in "deep-poverty"**	0.7	0.6	0.7	0.7	0.0
Both in poverty and over 65	0.2	0.1	0.6	0.2	0.2

(U.S. Census Bureau, 2015-19)

Individuals with Income at or Below 100%, 125% and 200% of Federal Poverty Level (FPL)

The following tables compare total population to population with income at or below 100%, 125% and 200% of Federal Poverty Level (FPL). This is important because some funding sources are increasing eligibility for certain services which expands the number of individuals and families eligible for them.

- Oneida County population increased from 15.5% for people with income at or below the 100% poverty level to 32.8% for people with income at or below 200% of the poverty level.
- Herkimer County population increased from 13.6% for people with income at or below the 100% poverty level to 32.2% for people with income at or below 200% of the poverty level.
- Madison County population increased from 9.8% for people with income at or below the 100% poverty level to 26.7% for people with income at or below 200% of the poverty level.

Table 26 Total Population with Income at or below 100%, 125% and 200% FPL

	Total Population	Population with Income at or Below 100% FPL	Population with Income at or Below 125% FPL	Population with Income at or Below 200% FPL
Report Location	344,876	48,481	63,775	108,661
Herkimer County	60,914	8,307	10,753	19,632
Madison County	66,057	6,459	9,114	17,665
Oneida County	217,905	33,715	43,908	71,364
New York	19,063,180	2,681,277	3,459,108	5,665,922
United States	316,715,051	42,510,843	56,269,559	97,747,992

(U.S. Census Bureau, 2015-19)

Table 27 Percent Population with Income at or below 100%, 125% and 200% FPL

	Total Population	Population with Income Population at or Below 100% FPL, Percent	Population with Income at or Below 125% FPL, Percent	Percent Population Income at or Below 200% FPL
Report Location	344,876	14.10%	18.49%	31.50%
Herkimer County	60,914	13.60%	17.65%	32.20%
Madison County	66,057	9.80%	13.80%	26.70%
Oneida County	217,905	15.50%	20.15%	32.80%
New York	19,063,180	14.10%	18.15%	29.70%
United States	316,715,051	13.42%	17.77%	30.90%

(U.S. Census Bureau, 2015-19)

Poverty by Age

The following tables examine the population of people in poverty by age groups. 2018 poverty estimates show a total of 47,447 persons living below the poverty level in the report area. Poverty information is at 100% of the federal poverty income guidelines.

- Children ages 0-17 account for the highest poverty rate by age group. Oneida County (19.6%) and Herkimer County (18.5%) were both higher than New York State average (17.8%)

Table 28 Population in Poverty

	Total (All Ages)	Poverty Rate (All Ages)	Total (Ages 0-17)	Poverty Rate (Ages 0-17)	Total (Ages 5-17)	Poverty Rate (Ages 5-17)
Report Location	47,447	13.0%	13,993	18.40%	9,869	**17.51%**
Herkimer County	8,176	13.5%	2,516	20.1%	1,727	**18.5%**
Madison County	7,121	10.8%	1,892	14.3%	1,308	**13.2%**
Oneida County	32,150	14.8%	9,585	20.1%	6,834	**19.6%**
New York	2,603,303	13.7%	751,694	18.8%	511,149	**17.8%**
United States	**41,852,315**	**13.0%**	**12,997,532**	**17.7%**	**8,930,152**	**16.2%**

(U.S. Census Bureau, 2015-19)

Population in Poverty by Gender

This indicator reports the population in poverty in the report area by gender. Poverty rate for females was higher in both Oneida County (16.6%) and Herkimer County (14.9%) was higher than New York State (15.3%).

Table 29 Population in Poverty by Gender

Report Area	Male	Female	Male, Percent	Female, Percent
Report Location	22,199	26,282	13.1%	**15.0%**
Herkimer County	3,749	4,558	12.4%	**14.9%**
Madison County	2,851	3,608	8.6%	**10.1%**
Oneida County	15,599	18,116	14.0%	**16.3%**
New York	1,174,844	1,506,433	12.7%	**15.3%**
United States	**18,909,451**	**23,601,392**	**12.2%**	**14.6%**

(U.S. Census Bureau, 2015-19)

Population in Poverty by Race and Ethnicity

This indicator reports the population in poverty in the report area by ethnicity alone. The three tables below illustrate the total and percent of population in poverty by race and ethnicity. Of the three-county area, Oneida County is the most diverse. Highest poverty rates were noted for Black or African American, 40.3 percent; Asian, 29.3 percent; and Hispanic, 29.4% percent. This is significant because

the percentage of Black or African American, Asian and Hispanic individuals are disproportionately represented by poverty.

Table 30 Population in Poverty by Ethnicity

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Report Location	3,706	44,775	26.3%	**13.5%**
Herkimer County	232	8,075	18.1%	**13.5%**
Madison County	44	6,415	3.8%	**9.9%**
Oneida County	3,430	30,285	29.4%	**14.7%**
New York	808,858	1,872,419	22.3%	**12.1%**
United States	**11,256,244**	**31,254,599**	**19.6%**	**12.1%**

(U.S. Census Bureau, 2015-19)

Table 31 Population in Poverty Race Alone, Percent

	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	11.9%	39.9%	22.0%	28.2%	50.6%	28.9%	**33.3%**
Herkimer County	13.5%	27.1%	11.1%	16.8%	0.0%	6.2%	**15.9%**
Madison County	9.6%	27.0%	10.3%	2.3%	100.0%	19.1%	**5.9%**
Oneida County	12.1%	40.3%	33.3%	29.3%	65.7%	31.5%	**40.3%**
New York	10.4%	21.1%	23.2%	15.0%	22.7%	25.1%	**18.9%**
United States	**11.2%**	**23.0%**	**24.9%**	**10.9%**	**17.5%**	**21.0%**	**16.6%**

(U.S. Census Bureau, 2015-19)

Table 32 Total Population in Poverty by Race

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	36,683	4,883	210	2,729	125	1,008	**2,843**
Herkimer County	7,859	204	15	60	0	15	**154**
Madison County	6,096	138	35	5	79	44	**62**
Oneida County	22,728	4,541	160	2,664	46	949	**2,627**
New York	1,268,529	621,618	17,858	241,278	1,893	417,017	**113,084**
United States	**25,658,220**	**9,114,217**	**660,695**	**1,922,319**	**101,826**	**3,313,183**	**1,740,383**

(U.S. Census Bureau, 2015-19)

Poverty by Family Type

The total family and percentage of family households in poverty by household type are shown for the report area in the tables below.

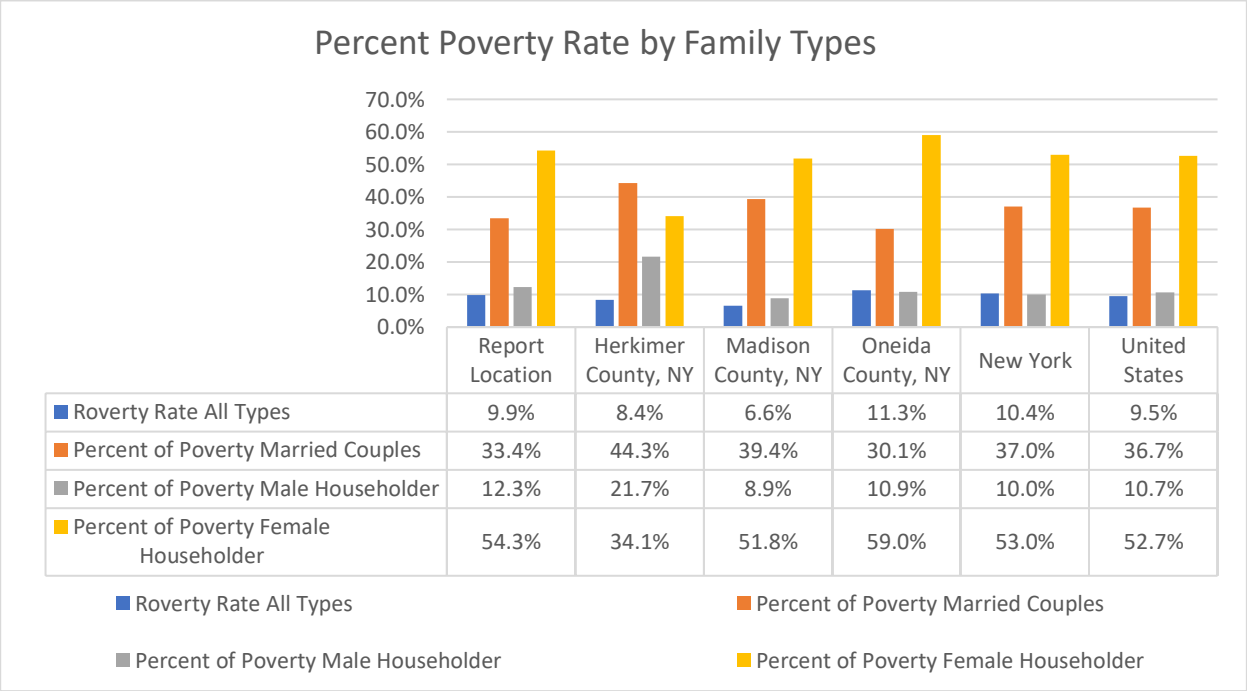
- It is estimated that 9.9% of all households were living in poverty within the report area, compared to the national average of 9.5%. Of the households in poverty, female headed households represented 54.3% of all households in poverty, compared to 33.4% and 12.3% of households headed by males and married couples, respectively.
- Female householders made up the highest family type living in poverty. Oneida County (59.0%) compared with New York State (53%), Herkimer County (34.1%) and Madison County (51.8%).
- For married couple householders, the area with highest poverty was Oneida County (30.1%) compared with New York State (37%), Madison County (39.4%) and Herkimer County (44,3%).

Table 33 Families in Poverty by Type

	Total Families	Families	Married Couple	Male Householder	Female Householder
Report Location	88,333	8,759	2,926	1,073	4,760
Herkimer County	15,617	1,315	582	285	448
Madison County	16,627	1,095	431	97	567
Oneida County	56,089	6,349	1,913	691	3,745
New York	4,632,289	479,951	177,574	48,113	254,264
United States	79,114,031	7,541,196	2,764,595	803,863	3,972,738

(U.S. Census Bureau, 2015-19)

Table 34 Percent in Poverty by Family Type



	Report Location	Herkimer County, NY	Madison County, NY	Oneida County, NY	New York	United States
Roverty Rate All Types	9.9%	8.4%	6.6%	11.3%	10.4%	9.5%
Percent of Poverty Married Couples	33.4%	44.3%	39.4%	30.1%	37.0%	36.7%
Percent of Poverty Male Householder	12.3%	21.7%	8.9%	10.9%	10.0%	10.7%
Percent of Poverty Female Householder	54.3%	34.1%	51.8%	59.0%	53.0%	52.7%

(U.S. Census Bureau, 2015-19)

Women (Ages 15-50) Who Had a Birth in the Past 12 Months by Marital Status and Poverty Status

Table 35 Women (Ages 15-50) Who Had a Birth in the Past 12 Months by Marital Status and Poverty Status

	New York	Herkimer County	Madison County	Oneida County
Total:	4,587,477	12,716	13,621	46,915
Women who had a birth in the past 12 months:	220,595	580	591	2,981
Now married (including separated and spouse absent):	153,926	303	431	1,912
Below 100 percent of poverty level in the past 12 months	20,408	50	20	210
100 to 199 percent of poverty level in the past 12 months	23,703	58	82	318
200 percent or more of poverty level in the past 12 months	109,815	195	329	1,384
Unmarried (never married, widowed, and divorced):	66,669	277	160	1,069
Below 100 percent of poverty level in the past 12 months	28,522	174	71	525
100 to 199 percent of poverty level in the past 12 months	15,499	9	18	161
200 percent or more of poverty level in the past 12 months	22,648	94	71	383

(U.S. Census Bureau, 2015-19)

In Oneida County there were 846 births to women who were 100% of poverty level in past 12 months. This compares with 295 for Herkimer Count and 88 for Madison County.

Population in Poverty by Age

Table 36 Population in Poverty by Age

Report Area	All Ages No of Persons	All Ages Poverty Rate	Age 0-17 No of Persons	Age 0-17 Poverty Rate	Age 5-17 No of Persons	Age 5-17 Poverty Rate
Report Location	47,447	13.01%	13,993	18.40%	9,869	17.51%
Herkimer County, NY	8,176	13.5%	2,516	20.1%	1,727	18.5%
Madison County, NY	7,121	10.8%	1,892	14.3%	1,308	13.2%
Oneida County, NY	32,150	14.8%	9,585	20.1%	6,834	19.6%
New York	2,603,303	13.7%	751,694	18.8%	511,149	17.8%
United States	41,852,315	12.96%	12,997,532	17.67%	8,930,152	16.62%

(U.S. Census Bureau, 2015-19)

Children in Poverty

The youngest children in New York State continue to experience poverty at the highest rate. Prior to the COVID pandemic, there were 712,000 children living 100% below the Federal Poverty level. That number is expected to drastically increase.

Poverty has a dramatic effect on the development of a child's social-emotional, and cognitive well-being. It creates and widens achievement gaps and increases the likelihood of child welfare involvement. In New York State (2019 ACS).

- Eighteen percent of all children ages 0-17
- Nineteen percent of children ages 0-5
- Twenty percent of infants and toddlers
- More than 1/3 of all children live in and just above poverty (200%)
- Eight percent of children live in extreme poverty (50% of the Federal Poverty Level)

COVID-19 Impact

The COVID-19 pandemic has pushed more children into poverty. Data is currently not available to estimate the extent of that impact. What we do know is that prior to the pandemic, children who identify as Black African American, Hispanic and children with immigrant families experienced poverty at persistently higher rates than white children. It is expected that these numbers will increase. As a result of the COVID-19 pandemic many families on the lower end of the economic spectrum were unemployed, temporarily laid off or experienced job loss for a variety of reasons.

According to the 2015-2019 American Community Survey 5-year, population and poverty estimates for children age 0-17 are shown below for the report area. An average of 20.7% percent of children in the report area lived in a state of poverty during the survey calendar year. Oneida County (23.6%) had the highest poverty rate, followed by Herkimer County (19.86) and Madison County (11.0%). The poverty rate for Oneida and Herkimer Counties was higher than the state (19.6%) and national (18.5%). The tables below show that children identified as Black African American, Asian, and Hispanic are more likely to experience poverty than children who identify as white.

Table 37 Child Poverty Rate

Report Area	Ages 0-17, Total Population	Ages 0-17, In Poverty	Ages 0-17, Poverty Rate
Report Location	73,803	15,293	20.7%
Herkimer County	12,517	2,532	20.2%
Madison County	13,671	1,509	11.0%
Oneida County	47,615	11,252	23.6%
New York	4,031,379	791,913	19.6%
United States	72,235,700	13,377,778	18.5%

(U.S. Census Bureau, 2015-19)

Children in Poverty by Ethnicity

Table 38 Children in Poverty by Ethnicity (Age 0-17)

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic or Latino
Report Location	1,853	13,440	34.01%	19.66%
Herkimer County	142	2,390	29.28%	19.86%
Madison County	2	1,507	0.48%	11.37%
Oneida County	1,709	9,543	37.55%	22.16%
New York	287,906	504,007	29.21%	16.55%
United States	4,839,972	8,537,806	26.63%	15.79%

(U.S. Census Bureau, 2015-19)

All Children (Total) Age 0-17 by Race

Table 39 Children (Total) Age 0-17 by Race

	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	57,735	3,760	223	3,320	52	1,203	4,407
Herkimer County	11,311	225	45	89	32	113	475
Madison County	12,454	113	30	100	0	105	612
Oneida County	33,970	3,422	148	3,131	20	985	3,320
New York	1,949,242	673,907	17,265	305,944	1,449	442,350	246,353

(U.S. Census Bureau, 2015-19)

All Children (in Poverty) by Race (Age 0 - 17)

Table 40 Children in Poverty by Race Alone: Age 0-17

	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	8,994	2,144	92	1,140	20	380	1,444
Herkimer County	2,264	40	0	24	0	0	106
Madison County	1,396	64	0	0	0	12	37
Oneida County	5,334	2,040	92	1,116	20	368	1,301
New York	242,427	198,464	4,737	51,726	272	147,249	53,847

(U.S. Census Bureau, 2015-19)

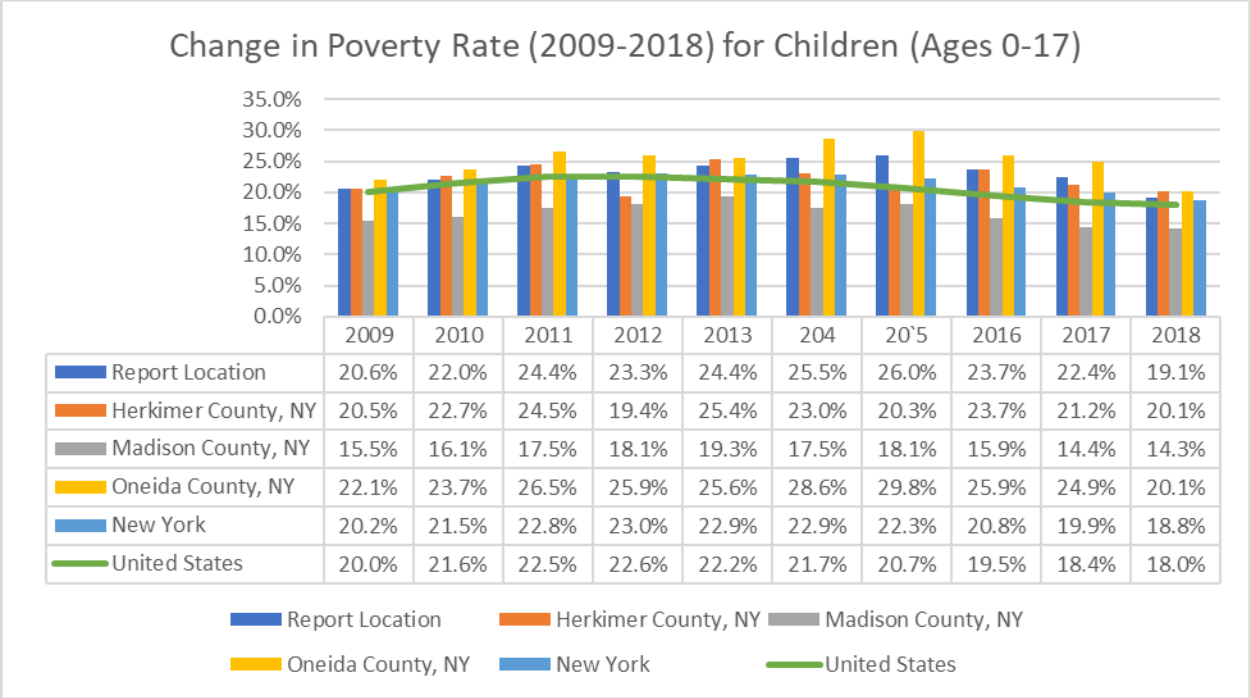
Table 41 Percent Children in Poverty (Ages 0-17) by Race

	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	15.58%	57.02%	41.26%	34.34%	38.46%	31.59%	32.77%
Herkimer County	20.02%	17.78%	0.00%	26.97%	0.00%	0.00%	22.32%
Madison County	11.21%	56.64%	0.00%	0.00%	No data	11.43%	6.05%
Oneida County	15.70%	59.61%	62.16%	35.64%	100.00%	37.36%	39.19%
New York	12.44%	29.45%	27.44%	16.91%	18.77%	33.29%	21.86%
United States	11.13%	33.23%	32.23%	10.64%	24.13%	29.19%	18.78%

(U.S. Census Bureau, 2015-19)

Change in Poverty for Children Ages 0-17

Table 42 Change in Poverty Rate (2009-2018) for Children (Ages 0-17)



(U.S. Census Bureau, 2015-19)

Children in Poverty (Ages 0-5)

Table 43 Children in Poverty (Ages 0-5)

Report Area	Ages 0-5 Total Population	Ages 0-5 In Poverty	Ages 0-5 Poverty Rate
Report Location	23,269	5,658	24.3%
Herkimer County	3,868	955	24.7%

Madison County	4,199	499	11.9%
Oneida County	15,202	4,204	27.7%
New York	1,343,818	279,835	20.8%
United States	23,253,254	4,697,964	20.2%

(U.S. Census Bureau, 2015-19)

Children in Poverty by Ethnicity (Ages 0-5)

Table 44 Children in Poverty by Ethnicity (Ages 0-5)

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic or Latino
Report Location	690	4,968	37.40%	23.2%
Herkimer County	30	925	16.57%	25.1%
Madison County	0	499	0.00%	12.4%
Oneida County	660	3,544	44.56%	25.8%
New York	100,047	179,788	29.02%	18.0%
United States	1,688,343	3,009,621	28.20%	17.4%

(U.S. Census Bureau, 2015-19)

Children in Poverty by Race (Ages 0-5)

Table 45 Total Children in Poverty by Race (Ages 0-5)

Report Area	Non-Hispanic White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Report Location	3,228	803	14	513	0	78	723
Herkimer County	900	0	0	12	0	0	27
Madison County	433	32	0	0	0	0	34
Oneida County	1,895	771	14	501	0	78	662
New York	89,418	67,923	1,898	17,523	152	49,022	21,055

(U.S. Census Bureau, 2015-19)

Poverty Older Adults (Ages 65 and Up)

The tables below provide data for individuals age 65 and up. Data indicates that this age group experience poverty at a lower rate than the state and the nation. The figure below illustrates pockets of poverty in each of the three counties. Females age 65 and up experience poverty at slightly higher rates than males age 65 and up.

Population Below the Poverty Level, Senior (Age 65+), Percent by Tract, ACS 2015-19

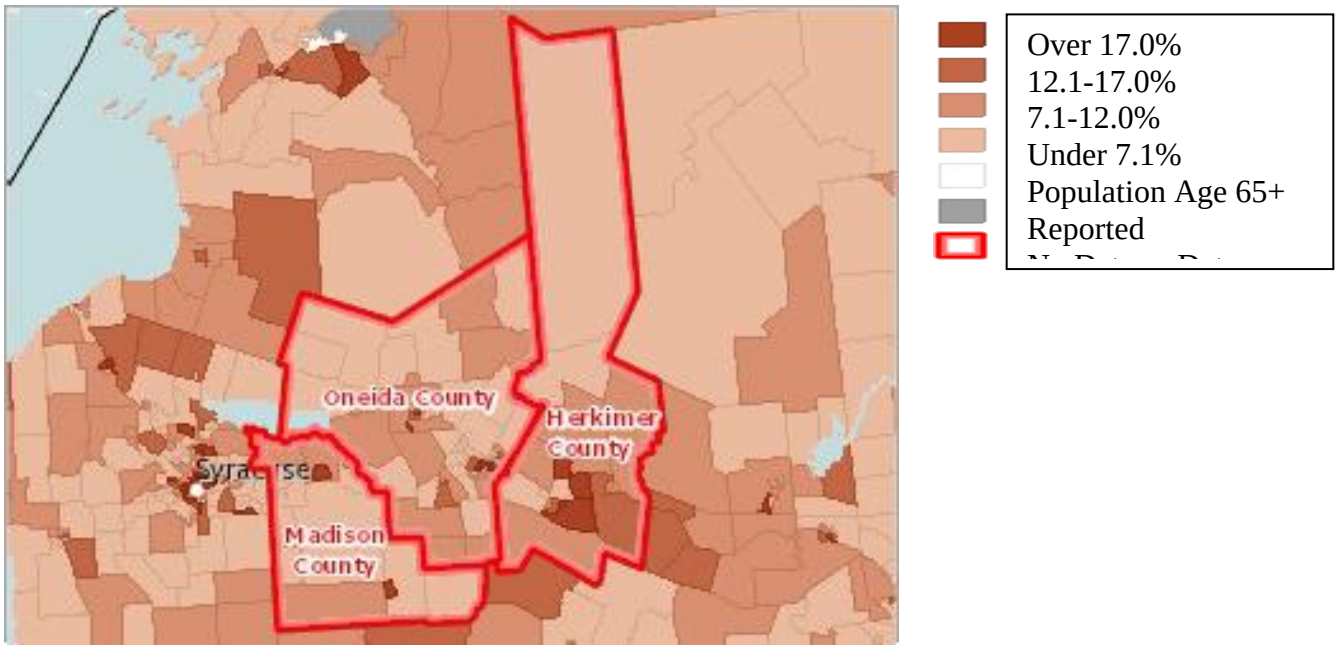


Table 46 Population in Poverty (Ages 65 and Up)

Report Area	Ages 65 and Up Total Population	Ages 65 and Up In Poverty	Ages 65 and Up Poverty Rate
Report Location	64,301	5,256	8.2%
Herkimer County	12,006	1,047	8.7%
Madison County	12,271	965	7.9%
Oneida County	40,024	3,244	8.1%
New York	3,051,799	350,709	11.5%
United States	49,488,799	4,587,432	9.3%

(U.S. Census Bureau, 2015-19)

Poverty by Gender: Age 65 and Up

Table 47 Population in Poverty by Gender (Ages 65 and Up)

Report Area	Total Male	Total Female	Percent Male	Percent Female
Report Location	1,975	3,281	6.8%	9.3%
Herkimer County	359	688	6.5%	10.7%
Madison County	328	637	5.8%	9.6%
Oneida County	1,288	1,956	7.3%	8.8%
New York	122,130	228,579	9.3%	13.2%
United States	1,656,650	2,930,782	7.5%	10.7%

(U.S. Census Bureau, 2015-19)

Minimum Wage

The minimum wage rate is the lowest hourly pay that can be awarded to workers, also known as a pay floor. The Fair Labor Standard Act (FLSA) determines the minimum wage for employees in private and public sectors, in both Federal and State governments. Under the FLSA, non-exempt employees must be paid the minimum wage or higher.

The federal minimum wage of $7.25 per hour has remained unchanged since 2009. The minimum wage varies from state to state. Minimum wage for New York State increased from $7.15 to $7.25 in July 2009, again from $7.25 to $8.00 in December 2013, from $8.00 to $8.75 in December 2014 and from 8.75 to $9.00 in December of 2015.

Governor Andrew M. Cuomo today signed legislation enacting a statewide $15 minimum wage plan and a 12-week paid, family leave policy. The legislation was passed as part of the 2016-17 state budgets, and marks a major accomplishment in the Governor's efforts to restore economic justice and fairness to working families in New York State. (NYS GovernorOffice, 2016)

For Oneida, Herkimer and Madison Counties, the minimum wage increased to $9.70 at the end of 2016, then another .70 each year after until reaching $12.50 on 12/31/2020 – after which will continue to increase to $15 on an indexed schedule to be set by the Director of the Division of Budget in consultation with the Department of Labor. (New York State Department of Labor)

Economic Profiles of Families

The resources associated with lower incomes are due to resource disparities, not character weaknesses. Family Strengthening Policy Center identified a family's economic success as one of the three core areas which are essential to strengthening families. It stresses the importance of helping families improve self-sufficiency through expanded opportunities to work, earn a living wage that provides for the basic needs of the family, and build assets that grow with the family over time.

Increasing family income is not always enough to move families out of poverty and into a financial stable place. While increasing income is critical, it is also important for families to have access to the tools needed to build savings, acquire financial assets and acquire other assets such as literacy, skills desired by employers, reliable transportation, and a positive credit history. Children do better when their families are strong, and families do better when they live in communities that help them to succeed. (Reeves & Grannis, 2013) Income inequality is also a critical factor impacting low income families. "America's next generation of workers ... including, children (under 18) and young adults (ages18 to 24) have the highest poverty rates-sharply exceeding the national average." (CLASP, 9/2015)

Inequality is a critical issue that is easy to overlook; however, it is a fast-emerging trend. One that demands our attention. The Center for American Progress reports that nearly 11 million children that are poor making up almost one third of all people living in poverty in the country. Black, Hispanic, and Asian children are disproportionately represented among children living in poverty. While 14% of children in the country are Black, they account for more than one quarter of children living below the poverty line. Children under age 5 are more likely to live in poverty (15.5%) compared with 12.9% for children ages 6-11 and 12.9% for children ages 12-17. Lastly, children who live in

households headed by unmarried women live in poverty at a rate of 36.4% compared with 6.4% for children in married couple households. The figure below illustrates income inequality for this report area.

Table 48 Income Inequality for Report Area

	Oneida County	Herkimer County	Madison County
Children 0-17	24%	21%	11%
Black / African American Children ages 0-17	59%	18%	57%
Hispanic Children Ages 0-17	38%	29%	-1%
Female Householder	59%	34%	52%

(U.S. Census Bureau, 2015-19)

COVID-19 Impact

- A greater proportion of children are living in homes where at least one parent has been consistently unemployed. This is higher than those reported during the Great Recession.
- More children are living in households where meeting basic needs is difficult. As a result, children are living in households with inadequate food.

Income

Three common measures of income are Median Household Income, Per Capita Income, and Average Income based on American Community Survey (ACS) estimates. All Three measures from the 2015 - 2019 ACS are shown for the report area below. The Census Bureau defines an earner as someone age 15 and older that receives any form of income, whether it be wages, salaries, benefits, or other type of income.

Table 49 Median Household Income

Report Area	Median Household Income	Per Capita Income	Average Income Per Earner
Report Location	No data	$29,527	$40,533
Herkimer County	$54,646	$27,850	$37,171
Madison County	$61,633	$30,469	$41,286
Oneida County,	$56,027	$29,687	$41,239
New York	$68,486	$39,326	$55,327
United States	$62,843	$34,103	$48,350

(U.S. Census Bureau, 2015-19)

Household Income

Median annual household incomes in the report area for 2018 are shown in the table below.

Table 50 Household Income

Report Area	Estimated Population	Median Household Income
Herkimer County	62,505	**$53,168**
Madison County	71,359	**$59,114**
Oneida County	230,782	**$54,096**

New York	19,618,453	**$67,648**
United States	**322,903,030**	**$61,937**

(U.S. Census Bureau, 2015-19)

Table 51 Household Income Trend (2009-2018)

Report Area	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Herkimer County	$40,523	$42,876	$40,504	$45,137	$42,460	$44,148	$49,504	$49,633	$46,733	**$53,168**
Madison County	$51,389	$50,270	$49,326	$48,220	$51,057	$51,600	$58,094	$57,703	$56,477	**$59,114**
Oneida County	$45,663	$46,409	$45,957	$45,973	$44,031	$48,350	$47,390	$52,404	$53,234	**$54,096**
New York	$54,554	$54,047	$55,147	$56,357	$57,255	$58,771	$60,805	$62,700	$64,783	**$67,648**
United States	**$50,221**	**$50,046**	**$50,502**	**$51,371**	**$52,250**	**$53,657**	**$55,775**	**$57,617**	**$60,336**	**$61,937**

(U.S. Census Bureau, 2015-19)

Wages

Average weekly wages for the report area during the period of December 2019 are provided below. Wage and employment figures are shown by county of employment. The report area has an average weekly wage of $886.61

Table 52 Average Weekly Wages

	Total Employees	Average Weekly Wage	Federal Employees	Average Federal Government Weekly Wage	State/Local Employees	Average State/Local Government Weekly Wages	Private Employees	Average Private Weekly Wage
Report Location	144,907	$886.61	2,577	$1,370.10	33,126	$955.56	109,204	$854.29
Herkimer County	16,607	$793	109	$1,076	4,342	$1,038.50	12,156	$767
Madison County	21,655	$853	133	$1,065	4,335	$1,012.50	17,187	$844
Oneida County	106,645	$899	2,335	$1,397	24,449	$1,055	79,861	$860
New York	9,691,038	$1,499	117,259	$1,673	1,346,304	$1,396	8,227,475	$1,517
United States	149,857,130	$1,185	2,849,237	$1,726	19,367,883	$1,132.50	127,640,010	$1,189

Living Wage

The living wage shown is the hourly rate that an individual must earn to support their family if they are the sole provider and are working full-time (2080 hours per year). The Minimum Hourly Wage for most New York counties is $11.80. In New York City, it is $15.00 per hour. In Long Island and Westchester Counties, it is $13.00 per hour.

Table 53 Living Wage

	One Adult	One Adult One Child	Two Adults	Two Adults One Child	Two Adults Two Children
Herkimer County	$11.39	$26.04	$9.22	$14.40	$19.44
Madison County	$11.68	$26.51	$9.48	$14.63	$19.67
Oneida County	$11.39	$26.04	$9.22	$14.40	$19.44
New York	$15.56	$30.92	$11.46	$16.84	$21.88

(U.S. Census Bureau, 2015-19)

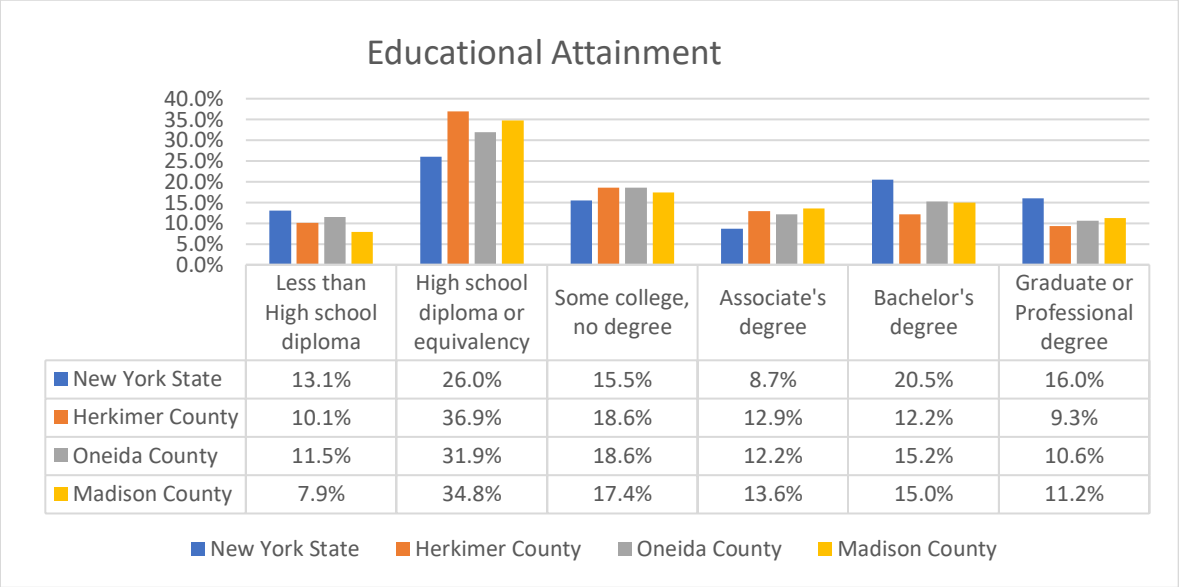
Educational Attainment

This indicator measures the number of residents with a particular level of education, expressed as a percentage of all residents 25 and older. It is important because an educated population makes a more attractive workforce and is better prepared to instruct the next generation of residents. High educational attainment represents a region's investment in human capital and preparation for long-term growth. For families with children, educational attainment of parents is a critical factor.

Child Trends report, November 2015, identifies parental educational attainment as strongly linked with positive outcomes for children across many areas including school readiness, educational achievement, incidence of low birthweight, health-related behaviors including smoking and binge drinking, and pro-social activities such as volunteering. Increasing education for parents improves the likelihood of higher income and improves outcomes for children and increases the potential for lasting economic security. (Data Bank Indicator Parental Education, 2015)

Compared to the state (excluding NYC) and nation, Herkimer and Oneida counties had lower proportions of adults with college degrees and higher shares with a high school diploma or alternative. In 2008-12, 20% of adults in Herkimer and 22% in Oneida had four-year degrees or higher, lower than the state (excluding NYC) figure of 32% and the national rate of 28%. About 36% of adults in Herkimer and 33% in Oneida finished education at the high school level, compared to 29% in the state (excluding NYC) and 28% in the nation.

Table 54 Educational Attainment



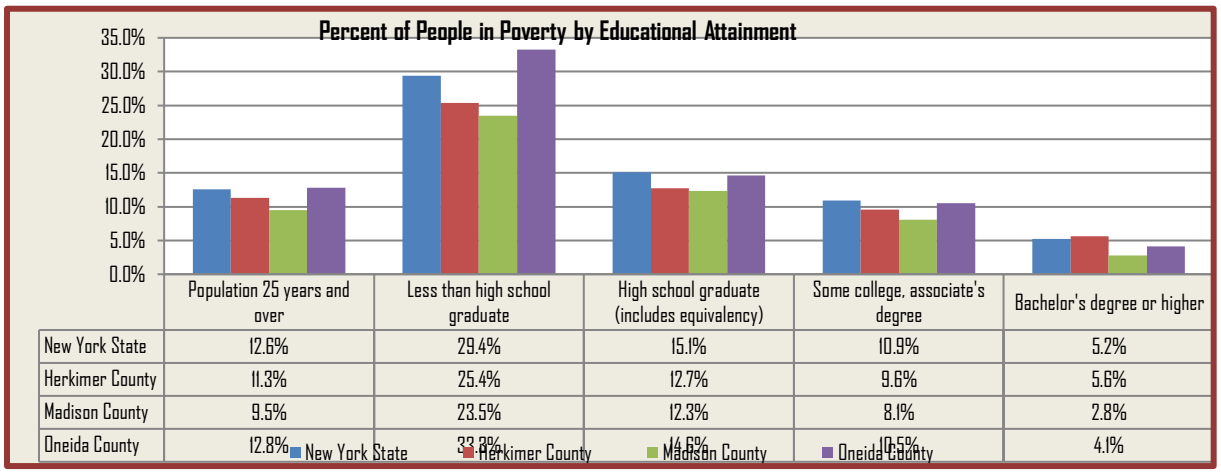
	Less than High school diploma	High school diploma or equivalency	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or Professional degree
New York State	13.1%	26.0%	15.5%	8.7%	20.5%	16.0%
Herkimer County	10.1%	36.9%	18.6%	12.9%	12.2%	9.3%
Oneida County	11.5%	31.9%	18.6%	12.2%	15.2%	10.6%
Madison County	7.9%	34.8%	17.4%	13.6%	15.0%	11.2%

(U.S. Census Bureau, 2015-19)

People in Poverty by Educational Attainment

This indicator measures the number of residents with a particular level of education, expressed as a percentage of all residents 25 and older. Compared to the state (excluding NYC) and nation, Herkimer and Oneida counties had lower proportions of adults with college degrees and higher shares with a high school diploma or alternative. In 2008-12, 20% of adults in Herkimer County and 22% in Oneida County had four-year degrees or higher. This was lower than New York State (34%) excluding NYC and national rate of 28%. About 36% of adults in Herkimer and 33% in Oneida finished education at the high school level, compared to 29% in the state (excluding NYC) and 28% in the nation.

Table 55 Percent of People in Poverty by Educational Attainment



	Population 25 years and over	Less than high school graduate	High school graduate (includes equivalency)	Some college, associate's degree	Bachelor's degree or higher
New York State	12.6%	29.4%	15.1%	10.9%	5.2%
Herkimer County	11.3%	25.4%	12.7%	9.6%	5.6%
Madison County	9.5%	23.5%	12.3%	8.1%	2.8%
Oneida County	12.8%	33.8%	14.8%	10.5%	4.1%

(U.S. Census Bureau, 2012-16)

Education Levels of People in Poverty by Race/Ethnicity

This measures the number of residents of various racial and ethnic backgrounds with a particular level of education, expressed as a percentage of all residents 25 and older. Oneida, 55% of whites had at least some college, compared with 43% of Asians, 43% of African Americans and 34% of Hispanics. In Herkimer, 52% of whites had at least some college, compared to 61% in the state (excluding NYC) and 59% nationwide. Figures for Asians, African Americans, and Hispanics in Herkimer were not reliable due to small overall populations. For almost all groups, these education rates were lower than the comparable figures for the state (excluding NYC) and nation. (U.S. Census Bureau, 2012-16)

Early Care and Education

The supports and experiences that children receive have a cumulative effect. Each experience influences the next and sustains previous growth and development. The report, The Research Base for a Birth through Age Eight State Policy Framework, asserts that "development is a dynamic, interactive process that is not predetermined but occurs in the context of relationships, experiences and environments." Children's developmental trajectories are created over time and interacting with the world is built on the experience's children have. There is a dynamic interplay between individual growth and the contexts of development which can include biological context of the child as well as the home, school, and community context.

Quality early childcare is a critical element for improving the quality of life for children, youth, and families. Early childcare programs, such as Head Start and Early Head Start, are known to improve children's cognitive development and their behavior as well as parenting skills. Preschool education has been found to be just as critical. Furthermore, high quality early childhood experiences provide a valuable link to reducing future generations of poverty.

The National Center for Children in Poverty suggests that; access to child care, investment in quality child care centers (including Head Start, Early Head Start and Pre-kindergarten), and investment in infant/toddler specialist networks, credentials and Quality Rating Improvement Systems are critical to children's development and parents ability to work. The cost and availability of childcare is equally as critical and often makes quality early childcare inaccessible.

The following tables estimate the availability of childcare in the report area. In Herkimer County, there is one slot for every 5 children. Cornell Childcare Council reports an increase in utilization across all modalities. The majority of programs reported being at or near capacity. Childcare is not a one size fits all. There are many factors that influence a parent's choice for care. For example, if a parent is looking for care for an infant, the number of slots is limited. Additionally, there may be a

slot, but it may be a long distance from the parent's home or work. This is particularly true for rural areas in the counties, especially northern Herkimer County and Madison County. Refer to the appendix for maps showing areas of greatest need.

The two tables below estimate number of children in each county by age and labor force participation by mothers which is used as a base line for estimating need for childcare in the agency's service area.

Table 56 Number of Children by Age Group

	Herkimer County	Madison County	Oneida County
Total In households:	12,822	13,772	48,662
Under 3 years	2,002	1,938	7,126
3 and 4 years	1,163	1,423	5,880
5 years	808	883	2,569
Under 6 years	3,973	4,244	15,575
6 to 8 years	1,888	2,410	8,381
9 to 11 years	2,138	2,144	7,952
6 to 12 years	4,026	4,554	16,333
12 to 14 years	2,523	2,314	8,461
15 to 17 years	2,300	2,660	8,293
In group quarters	48	43	263

(U.S. Census Bureau, 2015-19)

Table 57 Labor Force Participation of Mothers

Labor force participation rate of mothers by age of youngest child	
Group	Labor Force Participation Rate
Children ages 6-17, none younger	76.4
Children under 6	65.1
Children under 3	61.9
Children under 1	57.8

(Bureau, 2021)

According to Kids Count Data Center, in 2019, approximately 68% of children under age 6 had all available parents in the labor force in the United States. The demand or need for childcare was estimated by considering children who may utilize a regulated childcare setting such as childcare center or in-home care as well as those using non-regulated form of care such as a nanny, family member or legally exempt provider.

The next table explores qualities that may impact childcare for children ages 0-5. It provides information regarding potential need for childcare (68%), children whose parents are in the

workforce, median income, children in poverty and the number of licensed / regulated childcare slots in each county. In considering this data it is important to understand that not all children who need care will use licensed / regulated care; however, it provides a snapshot of potential need.

Table 58 Potential Need for Child Care

	Herkimer County	Madison County	Oneida County
Total Children Under 6 years of age	3,973	4,244	15,575
Potential Need for Child Care (68%)	2,702	2,872	10,591
Median Income	$70,028	$79,122	$71,559
Total Children under 6 years of age in poverty	955	499	4,204
Percent of children under 6 years of age in poverty	24.70%	11.90%	27.70%
Childcare slots	890	1,276	5,901

(Extension C. C., 2017)

Decisions about childcare discussed in a report published by Child Care Aware identify several theories of influence; with the caveat that decisions are commonly made with the information that is available. That said, several theories were discussed; 1) price affects preference 2) location being close to work or where they drive by daily; 3) referred to by a trusted friend or elder; and lastly 4) when parents make decisions about child care, they are not making choices but instead are making accommodations based on factors in their lives. Factors of influence may include special needs of a child, rural area that they reside in, non-traditional work hours, and affordability etc.

Table 59 Child Care Programs and Child Care Slots

	Herkimer County		Madison County		Oneida County	
	Programs	Total Slots	Programs	Total Slots	Programs	Total Slots
Family Child Care	26	208	20	160	94	747
Group Gamily Child Care Programs	16	250	9	138	51	806
School Age Child Care Programs	7	258	6	438	30	1,922
Child Care Centers Including Head Start Care	7	174	9	540	40	2,426
Total Slots		723		1,276		5,901

(Extension C. C., 2017)Potential Child Care Slots by Age Groups

Table 60 Potential Child Care Slots by Age Groups

	Herkimer County	Oneida County	Madison County
Potential Family Child Care Slots			
Infant Slots	52	186	40
Preschool	104	374	80
School Age	52	187	40
Potential Group Family Child Care Slot			
Infant Slots	62	201	34
Preschool	125	403	69
School Age	63	202	35
Potential Child Care Center* Slots			
Infant Slots	8	136	84
Preschool	145	238	114
Toddler	3	1,673	329
School Age	0	233	105
* Child Care Center data includes Head Start programs that have income eligibility requirements			

(Extension C. C., 2017)

Child Care Programs Offering Care During "Non-Traditional" Hours

The need for childcare offered during non-traditional hours has become important because many parents work diverse shifts, others work two jobs and still others are challenged with working and going to school simultaneously with caring for their children. Currently the offering of childcare during non-traditional hours is limited. Mohawk Valley Regional Development Council identified a need for childcare during non-traditional hours. For more information on that initiative please refer to barriers to opportunity in the Community Section of this report

Table 61 Programs Offering Non-Traditional Hours

	Herkimer County	Oneida County	Madison County
Family & Group Family Child Care			
Evening Care	3	18	0
Overnight Care	1	3	0
Weekend Care	1	13	0
Before and After School Care	34	109	34
Center & School Age Child Care Center			
Evening Care	0	0	0
Overnight Care	0	0	0
Weekend Care	0	0	0

(Extension C. C., 2017)

Supply of Regulated Child Care: Regulated Center-Based Child Care Providers (Day Care Centers and School Age Child Care)

Herkimer County

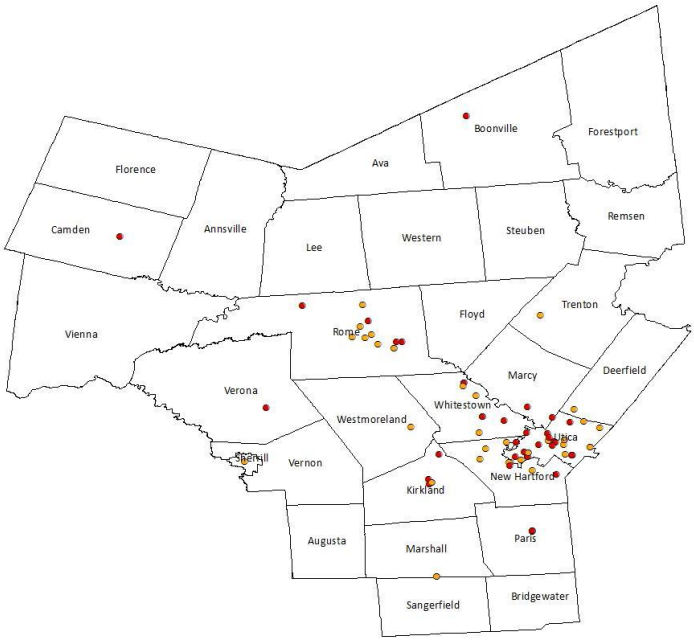
Figure 10 Map: Herkimer County -Regulated Center-Based Child Care Providers (see appendix to view full scale)

Red Dot -	Day Care Centers
Yellow Dot School	Age Child Care Programs

(Early Care and Learning in New York State, Key Data on Child Care Supply, Demand, Affordability and quality, 2017)

Oneida County

Figure 11 Oneida County - Regulated Center-Based Child Care Providers(see appendix to view full scale)



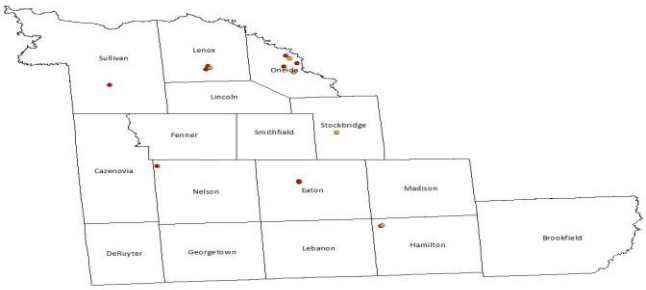
Red Dot -	Day Care Centers
Yellow Dot School	Age Child Care Programs

(Early Care and Learning in New York State, Key Data on Child Care Supply, Demand, Affordability and quality, 2017)

Supply of Regulated Child Care: Regulated Center-Based Child Care Providers (Day Care Centers and School Age Child Care)

Madison County

Figure 12 Madison County - Regulated Center-Based Child Care Providers (see appendix to view full scale)



Red Dot -	Day Care Centers
Yellow Dot School	Age Child Care Programs

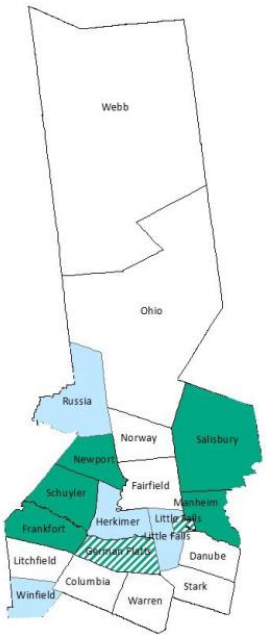
(Early Care and Learning in New York State, Key Data on Child Care Supply, Demand, Affordability and quality, 2017)

Availability of Regulated Child Care

Herkimer County

Number of Children Under 5 Years Per Regulated Child Care Slot* by Sub-County Area^

Figure 13 Herkimer County - Availability of Regulated Child Care(see appendix to view full scale)



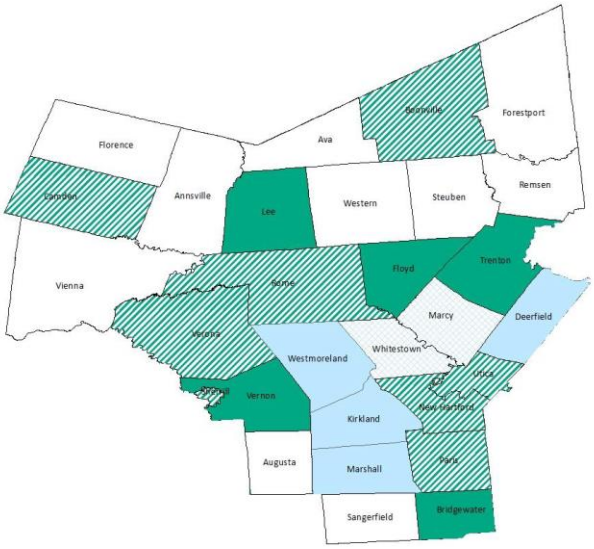
Cross Hatched	0 to 1.99 Children per Regulated Slot
Light Blue	2 to 2.99 Children per Regulated Slot
Hatched	3 to 5.99 Children per Regulated Slot
Green	6 or More Children per Regulated Slot
No color	No Child Care Provider Slots for Infants, Toddlers, or Preschoolers

Availability of Regulated Child Care - Number of Children Under 5 Years Per Regulated Child Care Slot* by Sub-County Area^

(Early Care and Learning in New York State, Key Data on Child Care Supply, Demand, Affordability and quality, 2017)

Oneida County

Figure 14 Oneida County - Availability of Regulated Child Care(see appendix to view full scale)

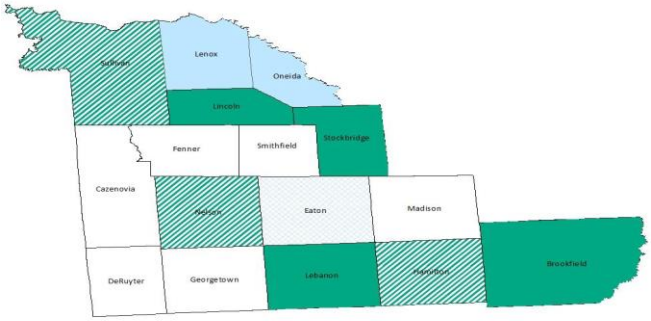


Cross Hatched	0 to 1.99 Children per Regulated Slot
Light Blue	2 to 2.99 Children per Regulated Slot
Hatched	3 to 5.99 Children per Regulated Slot
Green	6 or More Children per Regulated Slot
No color	No Child Care Provider Slots for Infants, Toddlers, or Preschoolers

(Early Care and Learning in New York State, Key Data on Child Care Supply, Demand, Affordability and quality, 2017)

Source: New York State Child Care Facility System.
**Slots for children under 5 years are defined here as infant, toddler, or pre-school slots in a Day Care Center or any slot in a Family or Group Family Day care for children 6 weeks to 12 years.*
^The sub-county areas used in this report are geographic areas by the U.S. Census Bureau: county subdivisions for the counties outside of New York City.

Figure 15 Madison County - Availability of Regulated Child Care see appendix to view full scale)



Cross Hatched	0 to 1.99 Children per Regulated Slot
Light Blue	2 to 2.99 Children per Regulated Slot
Hatched	3 to 5.99 Children per Regulated Slot
Green	6 or More Children per Regulated Slot
No color	No Child Care Provider Slots for Infants, Toddlers, or Preschoolers

Source: New York State Child Care Facility System.
**Slots for children under 5 years are defined here as infant, toddler, or pre-school slots in a Day Care Center or any slot in a Family or Group Family Day care for children 6 weeks to 12 years.*
^The sub-county areas used in this report are geographic areas by the U.S. Census Bureau: county subdivisions for the counties outside of New York City.

High Child Care Need Areas

"High childcare need area" is defined here as being both high poverty and low relative availability of licensed or registered childcare. Sub county areas* are identified as "high childcare need areas " if 25% or more of families have incomes below 200% of the Federal Poverty Level and there is a ratio of 3 children or more children under 5 years of age per regulated child care slot.

Figure 16 Herkimer County - Availability of Regulated Child Care see appendix to view full scale) (see appendix to view full scale)

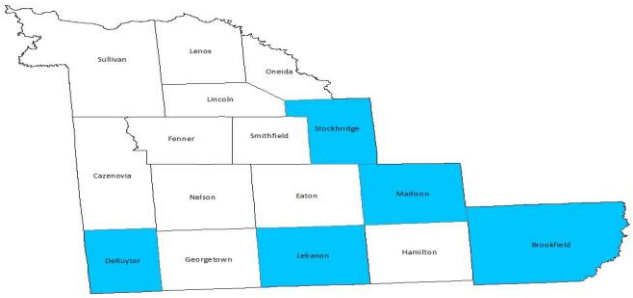
No color	Not a “High Child Care Need Area”
Blue Color	“High Child Care Need Area

Sources: U.S. Bureau of the Census, 2015 American Community Survey 5-Year Estimates and New York Child Care Facility System.
**The sub-county areas used in this report are geographic areas by the U.S. Census Bureau: county subdivisions for the counties outside of New York City.*

High Child Care Need Areas (see appendix to view full scale)

"High childcare need area" is defined here as being both high poverty and low relative availability of licensed or registered childcare. Sub county areas* are identified as "high childcare need areas " if 25% or more of families have incomes below 200% of the Federal Poverty Level and there is a ratio of 3 children or more children under 5 years of age per regulated childcare slot.

Figure 17 Madison County - High Child Care Need Areas (see appendix to view full scale)



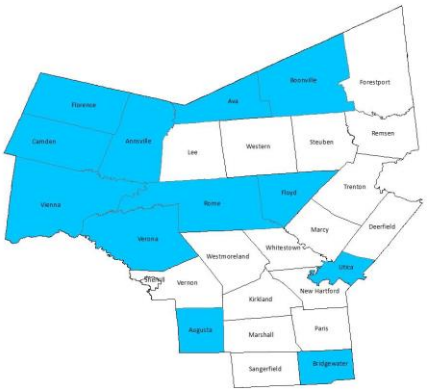
No color	Not a “High Child Care Need Area”
Blue Color	“High Child Care Need Area

Sources: U.S. Bureau of the Census, 2015 American Community Survey 5-Year Estimates and New York Child Care Facility System.
**The sub-county areas used in this report are geographic areas by the U.S. Census Bureau: county subdivisions for the counties outside of New York City.*

High Child Care Need Areas (see appendix to view full scale)

"High childcare need area" is defined here as being both high poverty and low relative availability of licensed or registered childcare. Sub county areas* are identified as "high childcare need areas " if 25% or more of families have incomes below 200% of the Federal Poverty Level and there is a ratio of 3 children or more children under 5 years of age per regulated childcare slot.

Figure 18- Oneida County - High Child Care Need Areas (see appendix to view full scale)



No color	Not a "High Child Care Need Area"
Blue Color	"High Child Care Need Area

Sources: U.S. Bureau of the Census, 2015 American Community Survey 5-Year Estimates and New York Child Care Facility System.
**The sub-county areas used in this report are geographic areas by the U.S. Census Bureau: county subdivisions for the counties outside of New York City.*

Births per School District

A table with births per school district is a good planning resource for gauging where sites should be. See appendix for full table.

Access to Early Care:

Need for access to early childcare is critical to improving quality of life for children, youth and families. It also provides a foundation for the child's cognitive development and behavior as well as parenting skills. Demand for childcare is based on estimates provided by the Cornell Cooperative Extension Child Care Coordinating Council Assessment 2014-2105. Labor statistics indicate that 64% of children ages 0 – 5 are likely to need childcare.

- In Herkimer County, there are 4,040 children ages 0-5; 2,586 are estimated to potentially need care and 540 childcare slots are available for that age range.

- In Madison County, there are 4,187 children ages 0-5; 2,680 are estimated to potentially need care and 1007 slots are available for that age range.

- In Oneida County, there are 115,802 children ages 0-5; 10,113 are estimated to potentially need care and 3,156 slots are available for that age range.

Mohawk Valley Community Action Agency Impact:

MVCAA Inc. Head Start/Early Head Start programs provide services for the following number of children:

- Head Start Oneida /Herkimer Counties - 666 children ages 3-5
- Head Start Madison County - 119childrenages 3-5
- Early Head Start Oneida / Herkimer Counties - 98 pregnant women and children ages 0-3

Affordability of Child Care

The cost of childcare has surpassed housing as the most expensive category of basic living, creating a significant barrier for families especially for median and low-wage families. Infant care for one child would consume 22.1% of a median family's income. Childcare access continues to be a struggle with only 9.1% of childcare programs offering non-traditional hours (evening, overnight or weekend hours).

Childcare workers also struggle to get by. According to the Early Care and Learning Council, 70% of childcare providers report working a second job to make ends meet. Additionally, 65% of New York childcare worker families are participating in at least one public income support or health care program (EITC, Medicaid and CHIP, SNAP and/or TANF).

Table 62 Percent of Children in School Districts Covered by Medicare/CHIP, Alone or in Combination, 2013 - 2017

School District	County	Percent Children
Utica City School District	Oneida County	67.5%
Central Valley School District	Herkimer County	51.0%
Oneida City School District	Madison County	45.5%
Dolgeville Central School District	Herkimer County	43.7%
Little Falls City School District	Herkimer County	42.4%
Herkimer Central School District	Herkimer County	42.2%
New York Mills Union Free School District	Oneida County	38.8%
Mount Markham Central School District	Herkimer County	38.7%
Adirondack Central School District	Oneida County	38.6%
Remsen Central School District	Oneida County	38.5%
Camden Central School District	Oneida County	38.4%
Waterville Central School District	Oneida County	35.2%
Canastota Central School District	Madison County	31.1%
Stockbridge Valley Central School District	Madison County	28.7%
West Canada Valley Central School District	Herkimer County	28.3%
Chittenango Central School District	Madison County	23.9%

Whitesboro Central School District	Oneida County	22.8%
Westmoreland Central School District	Oneida County	20.1%
Clinton Central School District	Oneida County	19.1%
Holland Patent Central School District	Oneida County	19.1%

(U.S. Census Bureau, 2015-19)

Children with Disabilities

Early help for children with disabilities can help prepare them for school and even prevent them from being classified with disabilities once they enter school. The process of identifying children with suspected disabilities is a critical part of the process. Once a disability is suspected, services, supports and intervention for the child and family need to be coordinated. Coordination is critical in order for services for the child to be integrated and implemented effectively.

Early Intervention Program is a New York State Department of Health program that provides many different types of early intervention services to infants and toddlers ages 0 to 3 years of age with disabilities or developmental delays and their families. The services that are available to every eligible Early Intervention child is audio logy, services such as speech pathology, physical therapy, occupational therapy and vision services. Services are provided by qualified professionals through home and community-based visits, facility and center-based visits, parent-child groups, family support groups and or group developmental intervention.

Early Intervention

The table below represents the percentage of children ages birth to three years who receive services in the Early Intervention Program. This is the number of children served in the Early Intervention Program compared to all children ages birth to three in the municipality. The percentage of children receiving Early Intervention Program Services in the report area is less than that in New York State. Herkimer County has the lowest percent receiving services.

Table 63 Percent of Children Ages Birth to Three Years Who Receive Early Intervention Services

	2018	2017	2016	2015	2014
New York State					
Percent of children (ages birth to 1 year) served by Early Intervention	10.20%	1.10%	1.20%	1.10%	1.20%
Percent of children (ages birth to 3 years) served by Early Intervention	4.00%	4.60%	4.40%	4.40%	4.20%
Oneida County					
Percent of children (ages birth to 1 year) served by Early Intervention	0.80%	1.00%	1.00%	0.80%	0.90%

Percent of children (ages birth to 3 years) served by Early Intervention	4.00%	3.40%	3.40%	3.10%	3.00%
Herkimer County					
Percent of children (ages birth to 1 year) served by Early Intervention	1.00%	0.80%	0.80%	0.90%	0.90%
Percent of children (ages birth to 3 years) served by Early Intervention	3.40%	3.30%	3.10%	2.10%	2.80%
Madison County					
Percent of children (ages birth to 1 year) served by Early Intervention	1.50%	0.80%	1.00%	1.00%	0.80%
Percent of children (ages birth to 3 years) served by Early Intervention	4.40%	4.20%	4.10%	3.10%	2.80%

(New York State Department of Healht, n.d.)

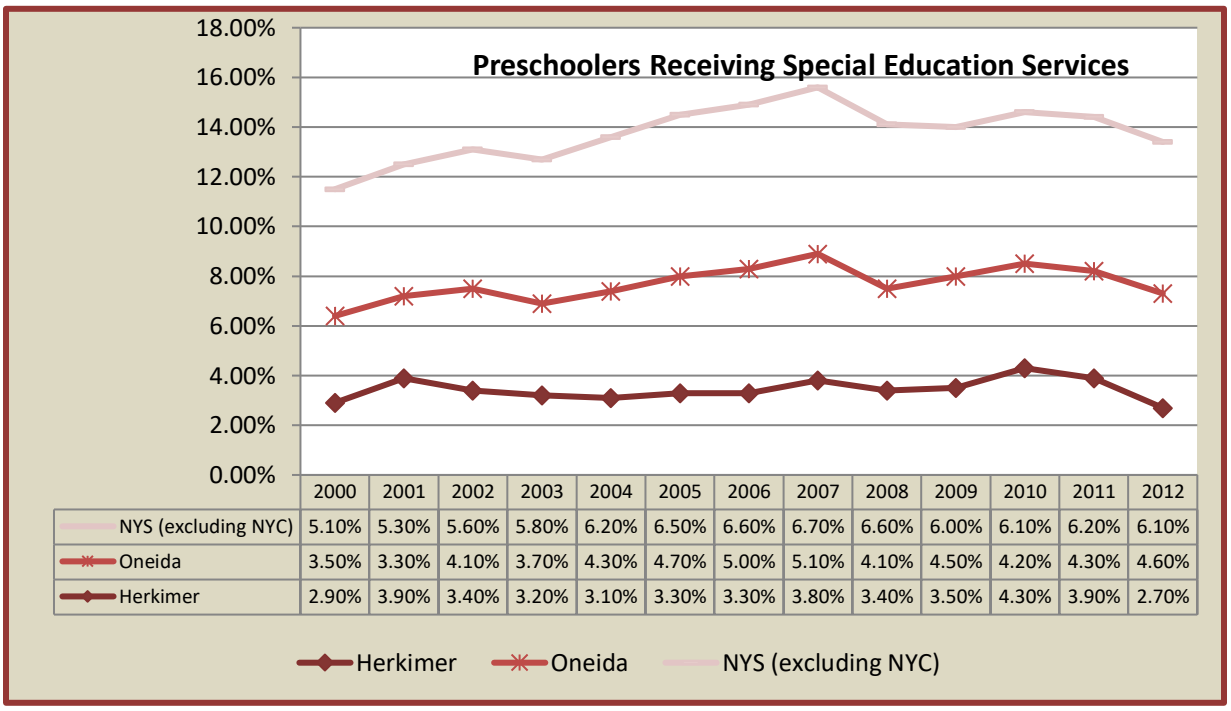
Preschool Special Education Program and Services

Preschool Special Education Program and Services is administered by the New York State Education Department (NYSED) through local school districts, preschool special education programs and services for preschool students with disabilities, ages 3 to 5 years of age. The Board of Education (BOE) or trustees of each school district are required to identify all students with disabilities who reside in the school district and establish a register of children who are entitled to attend public schools in the district or to attend a preschool program during the next school year.

In addition, various people can refer a child to the Committee on Preschool Special Education (CPSE), such as the parent, doctor, judicial officer, designated person in a public agency, or someone from an Early Childhood Direction Center, an approved preschool program or the Early Intervention Program (EIP).

In 2012, 2.7% of preschoolers in Herkimer and 4.6% in Oneida received special education services, less than the 6.1% across the state (excluding NYC). Herkimer's rate decreased and Oneida's increased compared to 2000, though there were small fluctuations throughout the decade. (2014 Center for Government Research, Inc.)

Table 56 Preschoolers Receiving Special Education Services



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
NYS (excluding NYC)	5.10%	5.30%	5.60%	5.80%	6.20%	6.50%	6.60%	6.70%	6.60%	6.00%	6.10%	6.20%	6.10%
Oneida	3.50%	3.30%	4.10%	3.70%	4.30%	4.70%	5.00%	5.10%	4.10%	4.50%	4.20%	4.30%	4.60%
Herkimer	2.90%	3.90%	3.40%	3.20%	3.10%	3.30%	3.30%	3.80%	3.40%	3.50%	4.30%	3.90%	2.70%

Source: New York State Education Department
Note: Figures reflect percentage of 3- to 5-year-olds receiving services.

Universal Pre-Kindergarten

Over the past 10 years, access and enrollment of 4 year olds in Pre-K programs has increased. This increase is the result of many factors. Research supports positive academic outcomes resulting from early-education programs. Additionally, there is growing interest in closing the achievement gaps so all children have a good start in school. This has resulted in strong advocacy efforts which have pushed preschool into the public policy agenda.

Locally there has been steady increase in the number of pre-K programs throughout the three counties that we serve.

In Oneida County approximately 1,166 children were enrolled in Pre-K Half Day and 90 children were enrolled in Pre-K full day. Using the number of children enrolled in full day kindergarten, it is approximated that 65% of children eligible for pre-k are enrolled in a formal program.

In Madison County approximately 178 children were enrolled in Pre-K Half Day and 49 children were enrolled in Pre-K full day. Using the number of children enrolled in full day kindergarten, it is approximated that 34% of children eligible for pre-k are enrolled in a formal program.

In Herkimer County approximately 172 children were enrolled in Pre-K Half Day and 241 children were enrolled in Pre-K full day. Using the number of children enrolled in full day kindergarten, it is approximated that 65% of children eligible for pre-k are enrolled in a formal program.

Table 64 Prekindergarten Participation

	Pre-K Half Day (Number Enrolled)	Pre-K Full Day (Number Enrolled)	Kindergarten (Number Enrolled Full Day)	Estimate percentage of 4 year olds enrolled in Pre K
Herkimer County	172	241	645	65%
Madison County	178	49	669	34%
Oneida County	1,166	90	2644	48%
New York State	29,630	93,051	191,352	64%

(New York State Department of Education, n.d.)

Universal Pre-Kindergarten:

11 out of the 15 school districts in Oneida County have Universal Pre-Kindergarten (UPK) programs and 8 out of 11 school districts in Herkimer County have UPK programs. MVCAA works actively to form partnerships with local school districts to provide UPK programming for children. MVCAA has formal agreements with four local school districts.

Child Outcomes:

In an effort to generate positive outcomes for children and families while promoting the children's school readiness, child assessments are conducted strategically throughout the year. This provides a platform for acquiring accurate information on each child's current level of development. This information is used to individualize the classroom program, plan activities and modify teacher-child interactions in ways that are directly aligned to children's developmental characteristics and needs. Educational status is assessed in the 10 Domains of Learning: Approaches to learning; Logic & Reasoning; Language Development; Literacy Knowledge & Skills; Mathematics; Science Knowledge & Skills: Creative Arts Expressions; Social Studies Knowledge & Skills; Social & Emotional; and Physical Development & Health. Data evidenced that each domain demonstrated, on average, a growth of 30%. It is important to note that the Physical Development & Health domain showed the least amount of growth; however, children were evidenced as being strongest in this domain. The domains of learning in which the greatest percentage of children showed improved outcomes were Physical Development & Health (18.4%) and Creative Arts Expression (81.2%). The domains of

learning in which children had achieved the smallest percentage were; Logic & Reasoning (42.8%), Mathematics (43.5%) and Literacy & Knowledge (43.7%).

11 out of the 15 school districts in Oneida County have Universal Pre-Kindergarten (UPK) programs and 8 out of 11 school districts in Herkimer County have UPK programs. MVCAA works actively to form partnerships with local school districts to provide UPK programming for children. MVCAA has formal agreements with four local school districts.

Home Visiting

Home visiting has been demonstrated to be an effective method of supporting families, particularly as part of a comprehensive and coordinated system of high-quality, affordable early care and education, health and mental health, and family support services for families of children from the prenatal through the pre-kindergarten stages. These voluntary programs tailor services to meet the needs of individual families and offer information, guidance, and support directly in the home environment. While home visiting programs vary in goals and content of services, in general, they combine parenting and health care education, child abuse prevention, and early intervention and education services for young children and their families.

The Early Head Start–Home-Based Option is a comprehensive, two-generation federal initiative aimed at enhancing the development of infants and toddlers while strengthening families. MVCAA has an Early Head Start-Home Based Option that is funded to serve families. Other Home-Based options in this service area are listed in the appendix.

Mohawk Valley Community Action Agency Impact on Early Childhood Education and School Readiness:

Research has shown that children who get off to a good start in Kindergarten ten to maintain that advantage as they progress through school. Studies have also shown that young children's home environment-including both family background factors and interactions between children and other family members –is strongly associated with their relative skills and abilities upon entry to kindergarten. Early care and education programs that include family components, such as Head Start/Early Head start, can boost children's educational success, both short-term and long-term. Head Start and Early head Start are comprehensive child development programs service children from birth up to age five, expectant mothers and families.

In 2011, Mohawk Valley Community Action Agency, invited 28 school districts in the two-county area, community partners and parents to participate in MVCAA's Child Development School Readiness Committee. The committee comprised of parents, staff, public school administrators and teachers, and local community partners; met to develop goals which would align with state early learning standards and the Head Start Child Development and Early Learning Framework, as well as goals which are critical for children to achieve prior to entering kindergarten. This committee continues to work collaboratively with public school systems, community leaders and parents to promote awareness and education for lifelong learning and success in school.

In addition to this committee, the R4K initiative also supports early identification of children with disabilities and developmental delays. Organized through the United Way, the consortium is a diverse group of professionals that includes dedicated professors from local university, as well as public school administrators including Head Start and more. The focus of their work evolves around ensuring that services are coordinated to optimize resources for children and families.

Another community resource that was initiated in 2016 is NYS Health Homes which children are now eligible for. This program facilitates access to an array of medical care including behavioral health care and community-based social services and supports. This should help to ensure that services are attained by families that need them. It also helps to prevent duplication of services as well as gaps in services. Coordination of services include comprehensive case management, care coordination, transitional care, family support, referral to community and social support services and linkage to health information and technology. It is thought that this service might help our program identify and link children to needed services in a timelier manner. Their case management may be helpful in connecting rural families for whom transportation is a hindrance to care.

Education, Child, and Youth Development

Table 65 Student Education Performance

Life Area: Education	Oneida County		Herkimer County		Madison County		NYS
	Number	Rate	Number	Rate	Number	Rate	Rate
Student Math Performance - Gr. 8 - All students, percent at or above Level 3 (2015/16;2018/19)	381	28.9	58	16.2	76	24.8	33.2
Student ELA Performance - Gr. 3 - All students, percent at or above Level 3 (2015/16 ;2018/19)	947	41.6	235	38.7	262	45.3	52.3

Student ELA Performance - Gr. 4 - All students, percent at or above Level 3 (2015/16;2018/19)	866	38.7	174	33	260	42.7	47.7
4-Year Cohort HS Graduation Rate - All students, percent students in freshman cohort (2015/16;2019/20)	2,176	85.2	619	87.6	634	88.5	84.8
4-Year Cohort HS Dropout Rate - All students, percent students in freshman cohort (2015/16;2019/20)	177	6.9	48	6.8	43	6	5.1

(U.S. Department of Education, n.d.)

Free and Reduced Lunch Program by School District

The table below shows the number of students eligible for the Free and Reduced Lunch Program during January 2020. The figures below include all School Food Authority agencies, including public and non-public.

Table 66 Free and Reduced Lunch Program Eligibility by School District

	Enrollment	Free Eligible (Total)	Free Eligible (Percent)	Reduced Eligible (Total)	Reduced Eligible (Percent)	Free and Reduced (Percent)
Herkimer County						
Central Valley CSD At Ilion-Mohawk	2,253	1,687	74.9%	0	0.0%	74.9%
Dolgeville CSD	867	681	78.5%	0	0.0%	78.5%
Little Falls City SD	1,092	525	48.1%	55	5.0%	53.1%
Town Of Webb UFSD	272	78	28.7%	34	12.5%	41.2%
West Canada Valley CSD	693	243	35.1%	44	6.3%	41.4%
Herkimer County Total	5,177	3,214	62.1%	133	2.6%	64.7%
Madison County						
Canastota CSD	1,338	567	42.4%	56	4.2%	46.6%
Cazenovia CSD	1,386	273	19.7%	29	2.1%	21.8%
Chittenango CSD	1,951	597	30.6%	102	5.2%	35.8%
Deruyter CSD	377	302	80.1%	0	0.0%	80.1%
Hamilton CSD	589	157	26.7%	20	3.4%	30.1%
Madison CSD	469	205	43.7%	25	5.3%	49.0%
Morrisville-Eaton CSD	652	291	44.6%	53	8.1%	52.8%
Oneida City SD	2,146	885	41.2%	108	5.0%	46.3%
Stockbridge Valley CSD	473	213	45.0%	32	6.8%	51.8%
Madison County Total	9,381	3,490	37.2%	425	4.5%	41.7%
Oneida County						
Adirondack CSD	1,189	557	46.8%	85	7.1%	54.0%

Camden CSD	2,305	1,847	80.1%	0	0.0%	80.1%
Holland Patent CSD	1,309	406	31.0%	87	6.6%	37.7%
Notre Dame Elementary School	339	60	17.7%	28	8.3%	26.0%
Notre Dame Junior-Senior High School	325	45	13.8%	18	5.5%	19.4%
Rome City SD	5,733	3,221	56.2%	267	4.7%	60.8%
Sherrill City SD	1,975	747	37.8%	99	5.0%	42.8%
Utica City SD	12,099	12,099	100.0%	0	0.0%	100.0%
Whitesboro CSD	3,168	916	28.9%	119	3.8%	32.7%
Oneida County Total	28,442	19,898	70.0%	703	2.5%	72.4%

(New York State Department of Education, n.d.)

Older Youth (ages 18-25)

Older youth ages 18-25 are a unique population who often face social and emotional challenges as they transition to adulthood. Young adults must learn new skills to enable them to live and work independently from a caregiver. This transition to self-sufficiency can be particularly difficult for youth who have faced traumatic experiences such as unstable housing, homelessness, teen pregnancy, familial rejection, violence, or placement in foster care. Many youths involved with MVCAA's current youth programs have experienced these risk factors in addition to homelessness. Homelessness is traumatic for individuals and families, and the risk factors that lead to homelessness often continue even after they are housed. To combat these risk factors and set young adults up for success, they must first have access to safe housing and then must be connected with community resources that can pave the way for independence. However, the supports commonly available to at-risk children and teens, through the school system or child welfare system, often expire once that child enters young adulthood.

A 2010 report entitled "Transition to Adulthood" from Princeton University and the Brookings Institution highlights the importance of community connections, relationships, and skills to increase resilience in young adults. Youth need life skills training such as budgeting, parenting, job training, accessing healthcare, pregnancy prevention, and basic skills training such as cooking. Many young adults strongly benefit from counseling to help mitigate the effects of past trauma. The "Transition to Adulthood" publication affirms the importance of continuing assistance from adults for this population.

COVID-19 Impact

During the current COVID-19 health crisis, at-risk youth are more likely to be overlooked due to social isolation and lack of access to supportive adults outside of family.

Community Schools

The foundations for community schools' places children at the center, surrounded by families and communities' support. The students' educational success, health and well-being are the focus of every community school with three interconnected support systems: (1) a strong core instructional program which helps students meet high academic standards; (2) Expanded learning opportunities designed to enrich the learning environment for students and their families; and (3) A full range of health, mental health and social services designed to promote children's well-being and remove barriers to learning.

"Most changes in public education over the past decade have focused mainly around fundamental elements of the education system, the teacher instructor equation, which includes improving instruction, aligning assessments, and improving teacher effectiveness. However, new research around public education and student success reveals that the instructional side of the teaching and learning equation is only part of what it takes to move the bar on lifelong student success. Community Schools are taking center stage, transforming public education." (Children's Aid Society)

"A leading urban school superintendent described community schools as "a strategy for organizing the resources of the community around student success." This simple definition summarizes 20 years of research and practice. Through extended hours, services and relationships, community schools reconceive education as a coordinated, child-centered effort in which schools, families and communities work together to support students' educational success, build stronger families and improve communities." (Children's Aid Society)

Community schools' model is embedded in three local schools in the city of Rome through the Rome Alliance for Education, Community Schools: Francis Bellamy, Gansevoort and George R. Staley Elementary Schools. The goal is to bring the community and all the resources in it to the school.

COVID-19 Impact on Education

In March 2020 school districts across the nation closed, children and their families in remote and virtual learning platforms. On August 2, 2020, Governor Andrew M. Cuomo announced that based on each region's infection rate, schools across the state would be permitted to open in the fall. School

districts submitted reopening plans that were reviewed by the Department of Health. How individual districts reopened - in-person vs a hybrid model - be made by local school districts under strict Department of Health guidelines. (Cuomo A. G., 2020)

Of all the systems impacted by COVID-19, education is perhaps one of the most impacted. Administrators, policy makers and parents have been working tirelessly to come up viable solutions that seem to change almost as quickly as they are devised. Virtual learning is becoming a mainstream platform. These changes come with both benefits and risks all of which need to be considered. However, the most urgent issue might be that the crisis has cast a bright light on inequities that have persisted in education but are expected to worsen without some interventions. In many ways it is a crisis of its own waiting to unfold.

Safety is an obvious concern for parents, teachers and administrators. The best available evidence indicates if children become infected, they are far less likely to suffer severe symptoms. Death rates among school-aged children are much lower than among adults. Well-known and significant concerns, in both short-and long-term include the social, emotional, and behavioral health, economic well-being, and academic achievement of children.

Most importantly, the lack of in-person educational options disproportionately harms low-income and minority children and those living with disabilities. These students are far less likely to have access to private instruction and care and far more likely to rely on key school-supported resources like food programs, special education services, counseling, and after-school programs to meet basic developmental needs. (Center for Disease Control and Prevention, 2020)

Individuals in the educational field – especially teachers and assistants in Head Start and Early Head Start as well as other early childhood care settings – are working remotely due to school shutdowns. Lower-wage workers in these fields are more vulnerable to layoffs and/or may lack the technology resources in their home to work remotely.

The closing of public schools in the report area are having an immediate impact on children's education. Children with less access to resources (broadband internet, computers/tablets, technology expertise, language barriers, etc.) are most at-risk for suffering learning loss during a potentially protracted period of school closure.

Caregivers of school-age children must secure day care arrangements for their children or sacrifice employment to care for their children. These same caregivers are also expected to be primary teachers for their children during the period of the closure. Parents with limited resources face numerous challenges as a result of this situation.

It is important to consider that understanding student needs during a periods remote learning are difficult to measure and do not all directly correlate with other student needs such as the share of students living in poverty. A report published by the Urban Institute, Mapping Student Needs during COVID-19 stresses the value of understanding the unique challenges each community faces is the first step in identifying potential solutions. In this study the following categories were examined; poverty, linguistically isolated, is in a vulnerable economic sector, single parent, is in crowded conditions and lacks computer or broadband access. (Blagg, Blom, Gallagher, & RAiner, 2020)

Older displaced youth also represent a population that is often overlooked. They often present with multiple disparities lacking education, family support, and employment. They may be at risk of homelessness, have history of incarceration, at risk for food insecurity, often lack transportation may present with history of disability and/or mental health issues. This is a population that is more vulnerable due to social isolation imposed by COVID-19.

IV. Community

Agencies and programs do not lift people out of poverty, they create conditions by which low-income people and the community can do that for themselves – building on the premise that every individual has the opportunity to contribute, to the fullest, of his capabilities and to participate in the workings of society.

National Community Action Goals:
Goal 2: The conditions in which low-income people live are improved.
Goal 3: Low income people own a stake in their community.
Impact Story:

MVCAA has been leading the community in conversations, inspiring new visions, fostering understanding and taking action. Poverty is recognized as being a significant problem in the local communities and the area schools have initiated conversations to address challenges faced by children and families who are at risk. Through collaborations with the New York State Regional Teacher Center, MVCAA has been facilitating Poverty Simulations in local schools. Aligning our communities for the emerging economic growth and development has spurred much discussion about how we can ensure that local children (the leaders of tomorrow) have the knowledge and skills necessary to become a part of the area's future success.

"Achieving Excellence in our Schools", closing the learning gap, is a critical challenge facing our community. One of the poverty simulations was prefaced with a presentation on the urgency of poverty. Poverty was assimilated with "culture". In order to effectively impact poverty, it is necessary and urgent that the culture of poverty is understood and embraced i.e. "Culture Trumps Strategy". Key points included; poverty thresholds impact families, poverty thresholds impact learning, the gateway out is the gateway to educational excellence, the need to work with community partners to align resources to move people out of poverty, and "culture trumps strategy". In order for a strategy to be effective, there needs to be a guttural understanding of the culture that prevails.

Against incredible odds, many families in impoverished neighborhoods manage to give their children a good start in life. Such families possess much strength, including access to external supports that they can use when they hit rough spots. Too many other families, however, are overwhelmed by the odds against them. Events outside their control-an ill child, a delayed bus to their job or a rent hike-can easily disrupt their delicate balancing act. When community support for families is inadequate, getting back on track is difficult. When communities offer support, resources, and opportunities, families can be better strengthened and have the means to raise children into healthy, productive adults.

Community Action embraces these principles. It utilizes a collaborative approach that capitalizes on community assets, talents and resources to help families overcome problems, thus creating an ongoing mobilization which improves community conditions that ultimately strengthen families. Community Action supports the idea that *families and communities must be part of the solution…not viewed as the source of the problems needing to be fixed.* This section will examine those families *within the context of the community*. It aims to examine the capacity of the community to support

the family in their efforts to improve their lives and become stakeholders in the community within which they live.

Economy and Employment

Regional Development

Research developed by the Brookings Metropolitan Policy Program is looking at cities and metropolitan leaders to build an advanced economy that works for all. They speculate that metropolitan areas have concentrations of assets which fuel the U.S. economy. Leaders in these areas are positioned to align these assets to ensure that growth generates good jobs, rising incomes, and better opportunities for workers and families. Networks of cities and metro leaders, with their state partners, are already stepping up to the challenge. They include elected officials, innovative companies, universities and community colleges, regional chambers and business groups, labor unions, civic organizations, cultural institutions, and philanthropies. These leaders are investing to strengthen their competitive advantages in advanced manufacturing, energy, and services. (Berube & Amy, 1/2016)

Through ten strategic regional economic development councils, New York State is committed to invest in diversify and grow regional economies. Counties in this report area are part of the Mohawk Valley Economic Region which includes Oneida, Herkimer, Otsego, Fulton, Montgomery and Schoharie counties and the Central Economic Region which includes Cayuga, Cortland, Madison, Onondaga, and Oswego Counties.

Economic Development in Oneida and Herkimer Counties (Mohawk Valley Region) includes strengthening manufacturing, revitalizing urban core, creating the area as a global tourism destination, building resilient infrastructure to help families overcome barriers to employment, and continuous pursuit of advanced industries of the future. Some of the regional development initiatives include:

- Cree/Wolfspeed: State of the art silicon carbide wafer fabrication facility at Marcy Nano Center
- Airforce Research Lab's open innovation campus
- Griffiss International Airport's indoor drone testing facility, Sky Dome
- Orgill's new distribution Center: Independent hardware distribution for northeastern U.S.
- Cybersecurity is an industry that continues to grow. Firms in the report area include AFRL, PAR Technology, BAE Systems, ITT Industries, Black Rivers Systems, Assured Information Security, and Booz Allen-Hamilton.

- Utica College is poised to develop a cyber-nano test range one of the first in the nation for use in the private sector — cybersecurity professionals in the Mohawk Valley (and throughout NYS) will be able to test computer systems to gauge their reactions to security threats.
- Griffiss International Airport is one of seven national sites testing the commercial use of unmanned aerial systems, an effort led by NUAIR (Northeast UAS Airspace Integration Research Alliance). Commercial drones and unmanned deliveries will be made possible through work done at the UAS test site at Griffiss. An integral part of electric vehicle industry depends on the power electronics that will be produced here in the Mohawk Valley.
- Major employers in this region are diverse. Employers include MetLife, Bank of New York Mellon, ECR International Inc., the nationally acclaimed Brewery Ommegang, Briggs & Stratton, Indium Corporation, and distribution centers for Walmart, Target, Family Dollar, Tractor Supply, Orgill and Dollar General.
- The region's workforce is being fine-tuned through a $1 million joint training program between Herkimer College and the New York Power Authority (NYPA). The partnership will train Mohawk Valley residents for jobs at NYPA and upgrade training of current NYPA workers.
- Redesign of waterfronts and downtown areas; Rome Brownfield Opportunity Area, Rome Environmental Justice and Smart Growth, Net-Zero digester, and Utica downtown revitalization initiative, the construction of new MVHS Campus, and the Nexus Center.
- A report by Georgetown University estimated that 60,000(total) direct, indirect, and construction jobs are attributable to nanotechnology. The Semi-Conductor Industry Association estimated that each direct semi-conductor industry job enables 4.89 jobs in other sectors of the economy.

State of the Workforce (2019 Snapshot)

The economic landscape is changing in New York State and the United States. In 2019, the unemployment rate was 4.2%; however, a report published by the New York Association of Training & Employment Professionals (NYATEP) contends that the unemployment rate could be much higher if the unemployed person is discouraged, marginally attached (is not considered to be either employed or unemployed, so they are not included in the "official" unemployment number that is released by the US government every month), or if they are part time for economic reasons.

Even before the COVID-19 Pandemic outbreak, the economy was showing signs of a slowdown. Some signs include an increase in part time employees, decrease in auto sales, and people working multiple jobs. Youth unemployment rate remains high at 20.7% for ages 16 to 19 and 11.6% for ages 20 -24. Low-wage jobs continue to dominate New York's labor market; 9 out of the 10 top occupations pay less than $32,000 per year.

With the onset of the COVID pandemic, the unemployment rate skyrocketed in April 2019; Oneida County (15.1%), Herkimer County (14.9%), and Madison County (16.2%). By December 2020, the unemployment rate began to come down, but it is still higher than it was early in 2019; Oneida County (6.2%), Herkimer County (7.4%) and Madison County (5.8%).

The New York State labor force lacks skilled workers. Approximately 39% of New Yorkers have a high school diploma/equivalency or less. In the report area the percentage individuals are slightly higher; Oneida County (44%), Herkimer County (47%), and Madison County (43%). In New York State, of the individuals who completed less than high school equivalency, half have less than a 9th grade education. Furthermore, of the New Yorkers who have some college or an associate degree, two-thirds have some college credits, but no degree.

Advancements in technology are changing the employment landscape. There are not necessarily fewer jobs but the jobs themselves are changing and the masses of people do not have work skills to match them. "In a McKinney Global Institute Study, research showed that existing technology could fully automate only 5% of occupations today, but 60% of occupations could see at least 30% of their activities automated indicating the potential for dramatic change." (New York Association of Training and Employment Professionals, 2019)

All regions in New York have clean energy workforce opportunities across all education and experience levels. Most of the entry-level positions start at several dollars higher than minimum wage, while experienced workers can make well over $70 per hour in certain occupations. Over 80% of employers who hired clean energy workers in the past year had difficulty hiring, with incoming talent lacking experience, training, or technical skills, as well as industry-specific knowledge.

There is a considerable portion of the population who fall into the category of underutilized labor or individuals who are willing and able to work; however, lack the appropriate skills, experience or opportunities to access employment. Many are veterans, individuals with disabilities, New Yorkers who are justice involved, and immigrants. Some factors to consider when thinking about underutilized labor in the community: (1) Individuals with disabilities experience a high rate of unemployment (over 62.7%) and more than one quarter of working-age Americans with disabilities live in poverty compared to one in the persons without disabilities, (2)Justice involved individuals make up a considerable portion of the population (230,000 NY residents are in the criminal justice

system; New York State Prison (50,000) Federal Prison (11,000), Local Jails (27,000), Youths (1,400),involuntary confinement (1,000), and Probation (96,000)

Demand for Employment and Wages

Career Opportunities in Science, Technology, Engineering and Math (STEM)

Opportunities are growing for workers educated and trained in STEM (Science, Technology, Engineering and Math). Fields include research, design, engineering, health care and biotechnology. These jobs are in high demand and are expected to grow. While many of these jobs require at least a bachelor's degree, there are many occupations that offer on-the-job training opportunities for a person with a high school education.

The median wage of New York State STEM occupations is $76,270 a year, which is 59 percent higher than the median annual wage of $47,880 for all workers in the State. This compares with Mohawk Valley Region where the median annual wage of STEM occupations is $57,360 a year, which is 53 percent higher than the median annual wage of $37,490 for all workers in the region

Jobs in Demand

These occupations, in the labor market analysts view, will offer a qualified jobseeker a reasonable expectation of obtaining employment in the region.

Table 67 Jobs in Demand

Occupations with the Most Expected Hiring in the Mohawk Valley
Carpenters
Cashiers
Construction Laborers
Customer Service Representatives
Heavy and Tractor-Trailer Truck Drivers
Home Health Aides
Janitors and Cleaners, Except Maids and Housekeeping Cleaners
Laborers and Freight, Stock, and Material Movers, Hand
Personal Care Aides
Retail Salespersons
Stock Clerks and Order Fillers

(Labor, 2014)

Percent Employment by Industry

Table 68 Percent Employed by Industry

	New York	Oneida County	Herkimer County	Madison County

Agriculture, forestry, fishing and hunting, and mining	0.6	1.2	2.1	3
Construction	5.6	4.9	6.8	6.1
Manufacturing	6.3	9.8	12.8	10.6
Wholesale trade	2.5	1.7	2.2	2.5
Retail trade	10.7	11.2	13	11
Transportation and warehousing, and utilities	5.1	4.1	3.9	4.4
Information	2.9	1.2	0.9	1.9
Finance and insurance, and real estate and rental and leasing	8.1	7.5	5.1	4.7
Professional, scientific, and management, and administrative and waste management services	11.6	7.5	6.6	8.2
Educational services, and health care and social assistance	27.4	29.6	28.1	28.9
Arts, entertainment, and recreation, and accommodation, and food services	9.6	8.8	8.6	10.2
Other Services, except public administration	5	5.2	5.2	4.5
Public administration		7.4	4.8	4

(Labor, 2014)

The Largest Private Sector Employers

Table 69 Largest Private Sector Employers

10 Largest Private Sector Employers (in alphabetical order)		
New York Statewide	Mohawk Valley Region Fulton, Herkimer, Montgomery, Oneida, Otsego, and Schoharie counties	Central New York Region Region includes Cayuga, Cortland, Madison, Onondaga and Oswego counties
Home Depot	A. O. Fox Hospital	Crouse Hospital
JPMorgan Chase Bank	Bassett Healthcare Network	Lockheed Martin Corp.
Macy's Retail Holdings, Inc.	Faxton-St Luke's Healthcare	Loretto Health and Rehabilitation Center
McDonald's	Hannaford Supermarket	National Grid
Mount Sinai Health System	Metropolitan Life Insurance Co.	Price Chopper
New York-Presbyterian University Hospital	Price Chopper	St. Joseph's Hospital Health Center
Northwell Health, Inc.	St. Elizabeth Medical Center	Syracuse University
Stop & Shop Supermarkets	St. Mary's Hospital	Tops Friendly Markets
Wal-Mart Stores, Inc.	Utica National Insurance Group	Wal-Mart Stores, Inc.
Wegmans Food Markets	Wal-Mart Stores, Inc.	Wegmans Food Markets

(Labor, 2014)

Central New York Projections, 2014 - 2024- Top 15 Fastest Growing Job Titles

Table 70 Central New York Projections, 2014-2015 Top 15 Fastest Growing Job Titles

	2014	2024	Net	Percent	Median Annual Pay*
Nurse Practitioners	480	650	170	35.4%	$99,160
Emergency Medical Technicians & Paramedics	680	910	230	33.8%	$33,200
Physical Therapist Assistants	300	400	100	33.3%	$40,630
Physical Therapist Aides	120	160	40	33.3%	$29,930
Insulation Workers, Mechanical	120	160	40	33.3%	$57,890
Electronic Home Entertainment Equipment Installers & Repairers	60	80	20	33.3%	$35,730
Brick masons & Block masons	290	380	90	31.0%	$62,890
Home Health Aides	2,640	3,440	800	30.3%	$24,720
Web Developers	270	350	80	29.6%	$50,740
Self-Enrichment Education Teachers	1,120	1,450	330	29.5%	$37,630
Healthcare Social Workers	450	580	130	28.9%	$53,490
Helpers -- Electricians	70	90	20	28.6%	NA
Millwrights	140	180	40	28.6%	$61,320
Physician Assistants	460	590	130	28.3%	$108,430
Roofers	400	510	110	27.5%	$36,380

https://www.labor.ny.gov/stats/cen/cnyindex.shtm

Unemployment

The impact of COVID-19 on employment cannot be understated. Across most regions of New York State, unemployment peaked in April 2020. The seasonally adjusted unemployment rate reported April 2020 was noted to be record high (14.5%) in contrast to the state's record low (3.7%) reported in February 2020. Month by month and year by year job losses in New York State were among the highest reported nationally. The Mohawk Valley Region (includes Oneida and Herkimer County) and the Central Region (includes Madison County) fell somewhere in the middle when looking at unemployment region by region. The unemployment rate has shown signs of improvement. Unemployment rate for New York State reported December 2020 (8.1%) improved dramatically from April 2020.

Current Unemployment

Labor force, employment, and unemployment data for each county in the report area is provided in the table below. Overall, the report area experienced an average 6.3% unemployment rate in December 2020.

Table 71 Current Unemployment

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Report Location	155,347	145,536	9,811	6.3%
Herkimer County	27,068	25,076	1,992	7.4%
Madison County	30,839	29,058	1,781	5.8%
Oneida County	97,440	91,402	6,038	6.2%
New York	9,037,394	8,304,223	733,171	8.1%
United States	161,035,853	150,525,335	10,510,519	6.5%

Data Source: US Department of Labor, Bureau of Labor Statistics. 2020 - December. Source geography: County

Unemployment Change (2019-2020)

Unemployment change within the report area from December 2019 to December 2020 is shown in the chart below. According to the U.S. Department of Labor, unemployment for this thirteen-month period grew from 4.8% to 6.3%.

Table 72 Unemployment 2019-2020

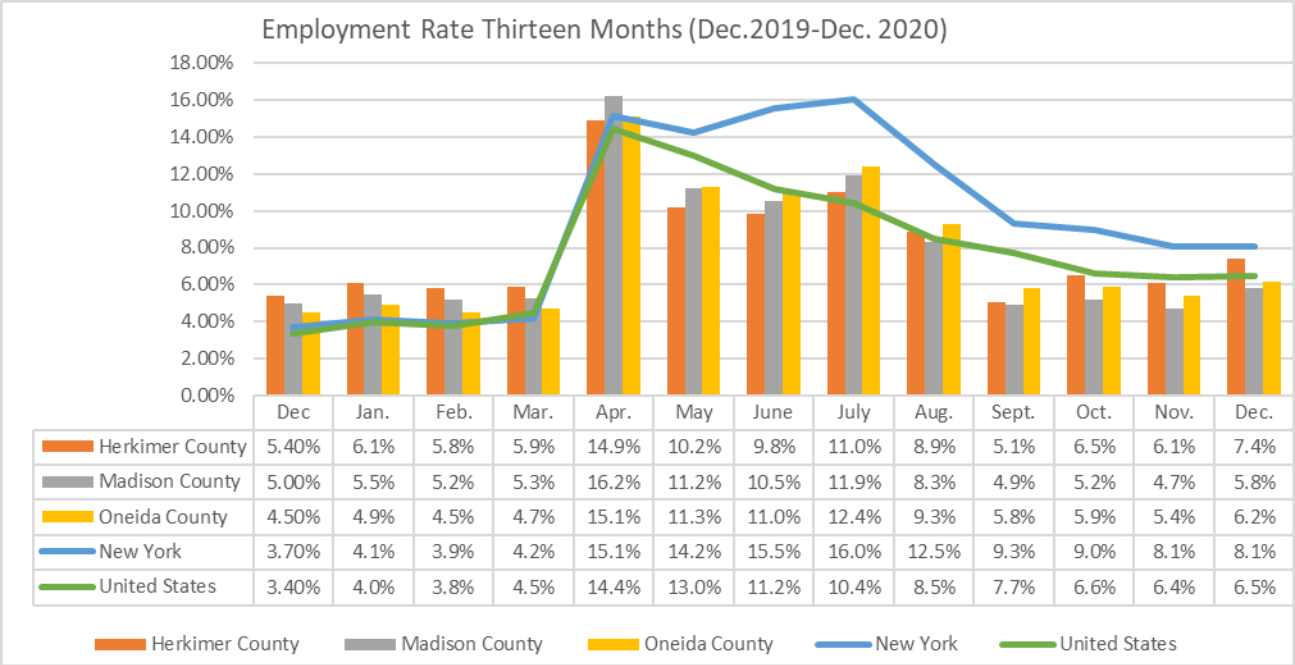
	Total, December 2019	**Total, December 2020**	**Rate, December 2019**	**Rate, December 2020**	**Rate Change**
Report Location	7,686	9,811	4.8%	6.3%	**1.5%**
Herkimer County	1,509	1,992	5.4%	7.4%	**1.9%**
Madison County	1,633	1,781	5.0%	5.8%	**0.8%**
Oneida County	4,544	6,038	4.5%	6.2%	**1.7%**
New York	351,928	733,171	3.7%	8.1%	**4.4%**
United States	**5,582,592**	**10,510,519**	**3.4%**	**6.5%**	**3.1%**

Data Source: US Department of Labor, Bureau of Labor Statistics. 2020 - December. Source geography: County

Thirteen Month Unemployment Rates

Unemployment change within the report area from December 2019 to December 2020 is shown in the chart below. According to the U.S. Department of Labor, unemployment for this thirteen-month period grew from 4.9% to 5.0%. Unemployment change within the report area from December 2019 to December 2020 is shown in the chart below. According to the U.S. Department of Labor, unemployment for this thirteen-month period grew from 4.8% to 6.3%.

Table 73 Employment Rate Thirteen Months (Dec 2019-2020)



	Dec	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Herkimer County	5.40%	6.1%	5.8%	5.9%	14.9%	10.2%	9.8%	11.0%	8.9%	5.1%	6.5%	6.1%	7.4%
Madison County	5.00%	5.5%	5.2%	5.3%	16.2%	11.2%	10.5%	11.9%	8.3%	4.9%	5.2%	4.7%	5.8%
Oneida County	4.50%	4.9%	4.5%	4.7%	15.1%	11.3%	11.0%	12.4%	9.3%	5.8%	5.9%	5.4%	6.2%
New York	3.70%	4.1%	3.9%	4.2%	15.1%	14.2%	15.5%	16.0%	12.5%	9.3%	9.0%	8.1%	8.1%
United States	3.40%	4.0%	3.8%	4.5%	14.4%	13.0%	11.2%	10.4%	8.5%	7.7%	6.6%	6.4%	6.5%

Data Source: US Department of Labor, Bureau of Labor Statistics. 2020 - December. Source geography: County

Unemployment Insurance

The table below shows the private sector employment, payrolls, and average weekly wages of employees that are covered by Unemployment Insurance for the years 2004, 2009, and 2014.

Table 74 Unemployment Insurance (Average Wages)

	Average Employment 2004	Average Employment 2009	Average Employment 2014	Total Payroll ($ millions) 2014	Total Payroll ($millions) 2009	Total Payroll ($millions) 2014	Average Weekly Wage 2004	Average Weekly Wage 2009	Average Weekly Wage 2014
Report Location	112,161	108,239	106,754	$3,172	$3,594	$3,924	$543.86	$638.54	$706.87
Herkimer County	12,783	11,823	12,466	$322	$340	$417	$484.32	$553.50	$643.90
Madison County	16,871	16,283	16,957	$485	$536	$616	$552.91	$633.07	$699.12
Oneida County	82,507	80,133	77,331	$2,365	$2,718	$2,891	$551.24	$652.21	$718.99
New York	6,856,764	6,893,201	7,481,411	$348,280	$405,583	$502,803	$976.80	$1,131.50	$1,292.44

Data Source: US Department of Labor, Bureau of Labor Statistics. 2020 - December. Source geography: County

While jobs and the economy are showing signs of improvement, the impact of the pandemic remains stark. Between March and April, two point two million initial unemployment claims were filed for New York State. During that time, the number of employed workers decreased by more than 1.8

million, a 19% month-over-month decrease. Additionally, 1.9 million non-farm jobs were lost. (Weaver R. , 2020)

COVID-19 Impact

Individuals in many sectors of the economy – but particularly the service sector, the retail sectors, gig economy, and others most affected by quarantine policies experienced sudden and unexpected unemployment. Many people were experiencing unemployment for the first time and were unaware of resources available.

- The Industrial and Labor Relations (ILR) Program at Cornell University published a report that identified indicators important track in order to better understand the many ways the labor market and jobs are being impacted by the pandemic. It illustrates the complexity of the current labor market especially with regard to data. Indicators are as follows:
  - Employed workers not at work—workers on leave from their employer, whether paid or not (for illness, family reasons, vacation, etc.) —the bureau believes that many of these are misclassified workers actually on temporary layoff.
  - Workers part-time for economic reasons—workers who prefer to work full-time but only found a part-time job or who usually work full-time but had their hours reduced by their employer.
  - Unemployed workers on temporary layoff (furloughed)—laid-off workers who expect a recall.
  - Unemployed workers not on temporary layoff—includes workers permanently laid off, new and re-entrants and job leavers.
  - People out of the labor force who currently want a job—people without a job who are not looking for work but say they want a job.
  - People out of the labor force who do not want a job—largely students, retirees and people with disabilities or caring for family members (Groshen, 2020)

Looking at employment issues using an equity lens is important. Many people/workers who are most impacted by COVID-19 are working low wage jobs. In many instances people of color make up the majority of these workers. For that reason, it is more important than ever to connect people with needed supports related to housing, high quality childcare, transportation, and accessible healthcare. (Community Action COVID-19 Resource Series, 2020) The economic downturn has affected some

Americans more than others. PEW Research Center offered the following facts that illustrate how some Americans are affected by the economic downturn more than others:

- More women than men lost their jobs from February to May (11.5 million vs 9.0 million). Job losses were concentrated in sectors in which social distancing of workers is difficult or the option to telework was not possible. Just three sectors – leisure and hospitality, education and health services, and retail trade – accounted for 59% of the total loss in nonfarm jobs from February to May. Furthermore, these sectors also accounted for 47% of jobs held by women in February, compared with 28% for men, exposing women to a higher risk of unemployment in recent months.
- Hispanic women experienced a steeper decline in employment (-21%) in the COVID-19 downturn than other women or men. They are also more likely than others to be employed in leisure and hospitality services; some 14% of Hispanic women were in 2018 compared with 10% of women and 8% of men overall.
- The leisure and hospitality sector lost more of its workforce from February to May than any other sector (39%) of its workforce.
- Among men, Asian (-17%), Hispanic (-15%) and black (-13%) workers have experienced a greater loss than white (-9%) workers in the COVID-19 recession.
- Employment among immigrant workers has decreased more sharply than among U.S.-born workers in the COVID-19 recession
- Among the foreign born, employment losses have been equally sharp for Hispanic and non-Hispanic workers, -19% for each group.
- Hispanics overall are relatively young and less likely to have graduated from college, two factors that put them at a higher risk of unemployment in economic downturns.
- The employment of young adult workers ages 16 to 24 has been severely impacted by the COVID-19 downturn, with one-quarter of them losing their jobs from February to May.
- Nearly half of young adult workers (48%) were employed in higher-risk industries in February, compared with 24% of workers overall.
- Job losses for older workers were also sizable, ranging from 9% to 13%, but less severe than for young adults.
- Notably, 4.8 million adults ages 55 and older, nearing the traditional retirement age, have lost their jobs in recent months.
- Workers without any college education were more likely to have lost their jobs than workers with at least some college education in the COVID-19 downturn.

- The decrease in employment from February to May ranged from 6% among workers with a college degree or more education to 21% among workers without a high school diploma.
- One difference between the COVID-19 recession and past recessions is in the significance of teleworking in saving jobs at the moment. Workers with a college degree or higher education are much more likely to have the option to telework (62%) in February compared with 22% of high school graduates who did not go to college. (Kochhar, 2020)

Community Input

In the report area, many families are unemployed expecting to be employed, or unemployed working for work. Many businesses are reducing their workforce. As uncomfortable as it can be to change, it is more important than ever to support our most vulnerable families and workers by creating platforms for them to learn about opportunities that are emerging in the area. New industries, businesses and companies coming to the area bring with them job opportunities that offer room for job growth.

Childcare has become an increasing challenge for families. This is a challenge that is seen as a growing problem as the crisis unfolds. Plans for the reopening of schools changes almost daily. Parents struggle with virtual school for their children for a number of reasons. Some parents are working at home and unable to teach their children and work at the same time. Other parents are essential workers and are challenged with what to do with their children when they are at work, often working nontraditional work hours.

Early Care and Education Workforce

In today's economy, when having both parents in the workforce is an economic necessity for many families, we need affordable, high-quality childcare more important than ever. Early care and education (ECE) systems provide care and instruction to children before they enter kindergarten, i.e., to infants and children generally younger than five years old. The systems include the educators providing the care and instruction and the resources to access that care. A high-quality early education experience depends on a high-quality workforce of early educators. How we value and support those early educators through access to higher education, professional development and commensurate compensation has direct implications on their ability to do their difficult and important job well. The table below indicates that nationally, most mothers (70%) are in the workforce.

Table 75 The need for Child Care

70%	**Of U.S. mothers are in the workforce**
50%	Of mothers with infant's work
75%	Of employed mothers work 30+ hours per week
29%	of dual wage earners have women as primary earner
	Single parent families have increased in the U.S.

Source: Child Care Coordinating Council Cooperative Extension Oneida County

A universal challenge expressed by childcare providers locally and at the state and national level is filling the increasing number of jobs available for early educators. Wage gaps are pervasive depending on the setting. In New York State, there four classifications for childcare settings: for-profit center, nonprofit center, family care home, and group family care home. Childcare providers are made up of individuals with varying degrees of education starting with Child Development Associate (CDA) credentialing to master's degree.

CHILDCARE WORKER WAGES

	Master's	Bachelor's	Associate's	CDA
For-Profit Center	$21.64	$17.25	$14.63	$13.31
Non-Profit Center	$19.21	$16.28	$13.71	$12.43
Family Care Home	--	$14.50	$13.60	$10.88
Group Family Care Home	$17.87	$15.68	$13.63	$10.63

Additionally, there is a stark wage gap between those who work with infants and toddlers and those who work with preschool age children. If employed full-time for a standard 2,080-hour year, the average staff salary would translate to a difference of $8,944 per year. (US Department of Health and Human Services, 2016)

The lower wages of those working with infants and toddlers makes it even more difficult to attract and retain well educated and trained staff. Yet, we know from cutting-edge neuroscience, that the earliest years are when the architecture for brain development is wired – providing a strong or weak foundation for future social, emotional, physical, and cognitive development. (US Department of Health and Human Services, 2016)

Similar challenges have been experienced for preschool programs. At the national and state level, there has been an expansion of programs for preschool age children. This includes programs for four-year-old children with many schools offering programs for three-year-old children. Some of these programs are offered in school settings and others are provided in community-based settings. The Improving Head Start for School Readiness Act of 2007 required 50 percent of center-based Head Start teachers nationwide to have bachelor's degrees by 2013. As of 2015, 73 percent of all Head Start teachers had a bachelor's degree or higher." (Head Start Policy and Regulations, 2019)

There is a stark difference in these early educator salaries. Preschool teachers working in a public-school setting earn much higher wages than preschool teachers working in community-based settings. The wage gap for early educators is stark. Nationally, the median wage for preschool teachers is $31,000, compared with $60,120 for kindergarten teachers and $38,540 for elementary school teachers. Unfortunately, salaries rarely compensate for the time and money spent on postsecondary education in this sector.

Childcare workers also struggle to get by. Many childcare providers report working a second job to make ends meet and many are participating in public income support or health care programs such as Medicaid, CHIP, SNAP and/or TANF. (State of the Workforce, 2019 Labor Market Snapshot of New York, 2019)

Housing

Whether a family is forced into an unstable living situation due to dire financial circumstances is highly dependent on whether their house or apartment was affordable to begin with. Housing fulfills the basic human need for shelter and is a strong measure of a community's cost of living, relative wealth, and general prosperity. It is also a factor impacting relative quality of life.

Housing is generally considered affordable when it consumes less than 30 percent of household income. Households are considered severely cost burdened when such costs are 50 percent or more of income. For renters housing affordability is measured by dividing median rent by median household income. For homeowners, it is calculated by dividing median home value by median household income of homeowners.

The percentages of New Yorkers with housing costs exceeding these affordability benchmarks rose for both homeowners and renters since 2008. For renter households, about half of New York State households paid rent or experienced housing costs as it refers to renters that exceeded the affordability threshold, and more than one in four renter households were considered severely cost

burdened in 2017. While the percentage of owner-occupied units that exceeded these benchmarks was lower, almost 1.1 million New York homeowners had housing costs above the affordability threshold.. (Thomas P. Di Napoli, 2019)

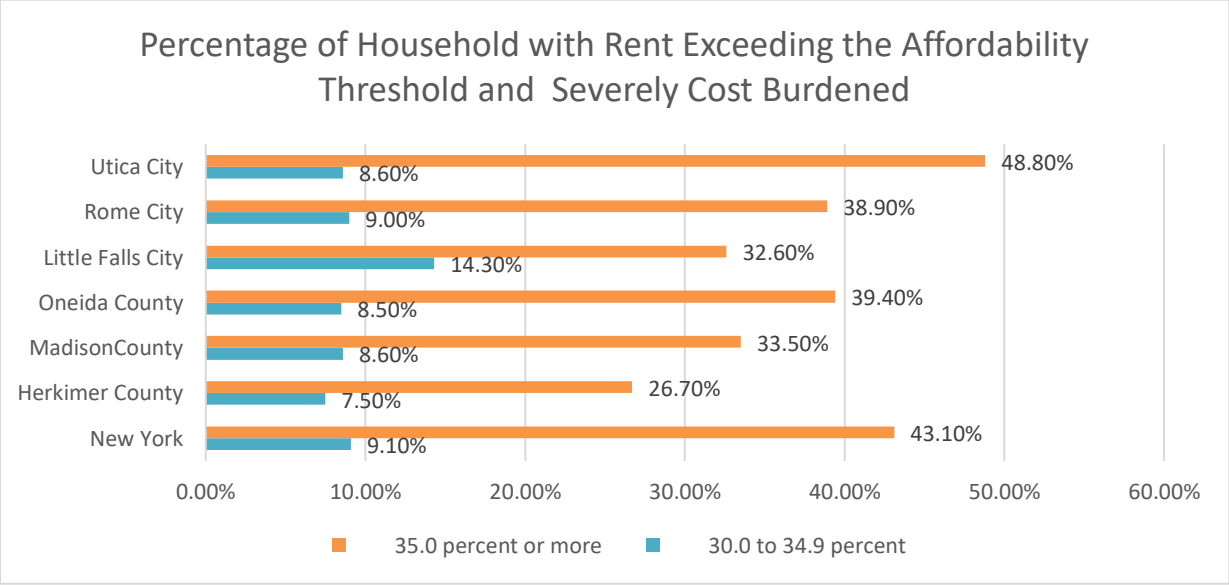
The American Community Survey (2015-2019) reports 47.9% of households in Oneida County, 34.2% in Herkimer County and 42.1% in Madison County lived in cost burdened households, rent exceeds more than 30% of household income. For metropolitan areas in the report area, the percent of housing burdened households was higher. The tables below illustrate households that are above the affordability threshold and those that are severely cost burdened.

Table 76 Gross Rent as a Percentage of Household Income

	New York	Herkimer County	Madison County	Oneida County	Little Falls City	Rome City	Utica City
Total	3,190,799	5,742	5,288	26,893	714	5,379	11,055
Less than 15.0 percent	13.90%	25.40%	21.00%	18.10%	15.40%	19.60%	14.30%
15.0 to 19.9 percent	11.60%	15.10%	12.20%	11.60%	15.10%	11.10%	9.10%
20.0 to 24.9 percent	11.60%	11.50%	13.70%	11.80%	11.30%	10.10%	9.50%
25.0 to 29.9 percent	10.70%	13.80%	11.00%	10.60%	11.20%	11.30%	9.70%
30.0 to 34.9 percent	9.10%	7.50%	8.60%	8.50%	14.30%	9.00%	8.60%
35.0 percent or more	43.10%	26.70%	33.50%	39.40%	32.60%	38.90%	48.80%

(U.S. Census Bureau, 2015-19)

Table 77 Percentage of Households with Rent Exceeding the Affordability Threshold and Households Severely Cost Burdened



(U.S. Census Bureau, 2015-19)

Housing Units Available

The number of housing units within the report area in July of each year from 2010-2019 is shown below. According to the U.S. Census, there were a total of 171,979 housing units in the report area in 2019, an increase of 2,580 (or 1.52%) since 2010 compared to a 3.57% increase statewide.

Table 78 Housing Units Available (2020-2019)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Herkimer County	33,382	33,454	33,516	33,616	33,661	33,716	33,772	33,825	33,862	33,909
Madison County	31,780	31,850	31,897	31,974	32,051	32,112	32,217	32,305	32,386	32,456
Oneida County	104,237	104,395	104,516	104,669	104,894	104,990	105,109	105,219	105,454	105,614

(U.S. Census Bureau, 2015-19)

Market Rent

Fair market monthly rent for 2020 (0-4 bedrooms) is shown below.

Table 79 Fair Market Rent

	0 Bedrooms	1 Bedrooms	2 Bedrooms	3 Bedrooms	4 Bedrooms
Herkimer County	$563	$613	$790	$984	$1,096
Madison County	$633	$723	$900	$1,127	$1,291
Oneida County	$563	$613	$790	$984	$1,096
New York	$805.92	$885.60	$1,076.23	$1,378.45	$1,520.37

(U.S. Census Bureau, 2015-19)

Cost of Rent Compared with Household Earning

The National Low-Income Housing Coalition reports each year on the amount of money a household must earn in order to afford a rental unit based on Fair Market Rents in the area and an accepted limit of 30% of income for housing costs.

Table 80 Housing Affordability

	Average Renter Hourly Wage	Hourly Wage 0 Bedrooms	Hourly Wage 1 Bedrooms	Hourly Wage 2 Bedrooms	Hourly Wage 3 Bedrooms	Hourly Wage 4 Bedrooms
Herkimer County	$11.37	$10.83	$11.79	$15.19	$18.92	$21.08
Madison County	$11.37	$12.17	$13.90	$17.31	$21.67	$24.83
Oneida County	$10.98	$10.83	$11.79	$15.19	$18.92	$21.08
New York	$25.68	$26.51	$28.02	$32.53	$41.27	$44.66

(U.S. Census Bureau, 2015-19)

Vacancy Rates

The U.S. Census Bureau provides vacancy data based on American Community Survey 5-year estimates (2015 - 2019). Vacancy rates for the report area are reported below. Vacant Non-Rental Housing totals 3,178 units and includes those for sale only and sold but not occupied. For the report area, there is a Non-Rental Housing vacancy rate of 1.85% slightly higher than the national rate is 1.39%. Vacant Rental Housing totals 3,780 units and includes those for rent and rented but not occupied. For the report area, there is a Rental Housing vacancy rate of 2.2% which is lower than the national rate is 2.47%. Vacant Other Housing totals 24,288 units and includes those used for seasonal, recreational, or occasional use, as well as units used for migrant workers. For the report area, the Other Housing vacancy rate of 14.17%, in comparison the national rate is 8.27%.

Table 81 Vacancy Rates

	Total Housing Units	Vacant Non-Rental	Vacant Non-Rental Rate	Vacant Rental	Vacant Rental Rate	Vacant Other	Vacant Other Rate
Report Location	171,376	3,178	1.85%	3,780	2.21%	24,288	14.17%
Herkimer County	33,831	684	2.02%	369	1.09%	8,254	24.40%
Madison County	32,278	940	2.91%	572	1.77%	4,889	15.15%
Oneida County	105,267	1,554	1.48%	2,839	2.70%	11,145	10.59%
New York	8,322,722	107,781	1.30%	191,251	2.30%	680,456	8.18%
United States	137,428,986	1,912,626	1.39%	3,397,827	2.47%	11,362,485	8.27%

(U.S. Census Bureau, 2015-19)

Homeowners

The U.S. Census Bureau estimated there were 98,615 owner occupied homeowners of the estimated 171,376 housing units in the report area in 2019. This 57.54% is a decrease over the 69.31% owner occupied homes in 2000.

Table 82 Owner Occupied Homes

	Total Housing Units 2000	Owner Occupied Homes 2000	Owner Occupied Homes 2000	Total Housing Units 2019	Owner Occupied Homes 2019	Owner Occupied Homes 2019
Report Location	141,598	98,142	69.3%	171,376	98,615	57.5%
Oneida County	90,496	60,810	67.2%	105,267	60,547	57.5%
Herkimer County	25,734	18,316	71.2%	33,831	18,052	53.4%
Madison County	25,368	19,016	75.0%	32,278	20,016	62.0%
New York	7,056,860	3,739,166	53.0%	8,322,722	3,957,802	47.6%

United States	105,480,101	69,815,753	66.2%	137,428,986	77,274,381	56.2%

(U.S. Census Bureau, 2015-19)

Overcrowded Housing

Occupied housing units, overcrowded housing units, and percent overcrowded for 2000 and 2019 are provided for the report area below. The average for the report area for 2019 is 1.72%, compared to a statewide average of 7.46%.

TABLE 83 OVERCROWDED HOUSING

	Occupied Housing Units 2000	Overcrowded Housing Units 2000	Percent Overcrowded 2000	Occupied Housing Units 2019	Overcrowded Housing Units 2019	Percent Overcrowded 2019
Report Location	141,598	110	0.1%	130,098	2,239	1.7%
Herkimer County	25,734	5	0.0%	23,947	320	1.3%
Madison County	25,368	25	0.1%	25,189	264	1.1%
Oneida County	90,496	80	0.1%	80,962	1,655	2.0%
New York State	7,056,860	92,454	1.3%	5,025,821	374,931	7.5%
United States	106,741,426	1,075,110	1.0%	93,073,655	4,078,372	4.4%

(U.S. Census Bureau, 2015-19)

Housing Age

American Community Survey (ACS) totals for housing units, median year built and median age in 2019. Areas indicated as having largest percentage of houses build earlier than 1939 are Little Falls, Oneida City and Utica City. This is important because many of the older homes contain lead that is toxic especially for young children.

Table 84 Housing Units - Median Year Built and Median Age

Report Area	Total Housing Units	Median Year built	Built After 2000	Built 1980 - 1999	Built 1960 - 1979	Built Before 1960
Herkimer County	33,831	1953	2,947	5,838	6,080	18,966
Madison County	32,278	1963	3,250	7,284	6,354	15,390
Oneida County	105,267	1955	6,836	16,386	20,870	61,175
New York	8,322,722	1957	744,490	1,142,785	1,865,483	4,569,964
United States	137,428,986	1978	26,276,812	37,527,914	35,404,384	38,219,876

(New York State Department of Labor)

Age of Housing Stock

American Community Survey (ACS) totals for housing units, median year built and median age in 2015 for the report area are shown in the table below.

Table 85 Age of Housing Stock

	New York State	Herkimer County	Madison County	Oneida County	Utica City	Little Falls City	Oneida City	Rome City
Total housing units	8,191,568	33,368	31,774	103,958	27,389	2,386	5,000	15,256
Built 2014 or later	0%	0%	0%	0%	0%	0%	0%	0%
Built 2010 to 2013	1%	1%	1%	1%	0%	0%	0%	0%
Built 2000 to 2009	7%	7%	7%	5%	2%	1%	3%	1%
Built 1990 to 1999	6%	9%	10%	7%	2%	4%	4%	3%
Built 1980 to 1989	8%	10%	12%	9%	4%	2%	6%	8%
Built 1970 to 1979	10%	11%	11%	9%	6%	7%	9%	9%
Built 1960 to 1969	13%	8%	10%	10%	9%	4%	8%	9%
Built 1950 to 1959	15%	9%	9%	15%	13%	7%	9%	22%
Built 1940 to 1949	9%	5%	4%	7%	8%	3%	4%	12%
Built 1939 or earlier	33%	41%	37%	36%	56%	73%	56%	35%

(U.S. Census Bureau, 2012-16)

Homelessness

The National Center on Family Homelessness reports that approximately 2.3 to 3.5 million Americans experience homelessness at least once of year. They are categorized into three subgroups; single adults a subset of whom are referred to as "chronically homeless"; unaccompanied youth (e.g. runaway, throwaway, or homeless youth; and families with children in tow). Addressing issues related to homelessness in our community requires collaboration on many levels. Issues facing this at-risk population need to be looked at as part of a wide range of issues including substance abuse, mental health issues, education, employment and more. *The Mohawk Valley Housing and Homeless Assistance Coalition* which is funded by the Department of Mental Health is instrumental in assessing and supporting program services for homeless and at-risk populations.

Homeless Assistance Programs

The most recently available Point in Time Counts from the two Continuums of Care covering MVCAA's service are: the New York State Balance of State (BoS) Continuum of Care (CoC # NYS- 525); and the Mohawk Valley Housing & Homeless Coalition (MVHHS) (CoC # NYS-518). The BoS CoC, established in October 2018, represents five counties: Fulton, Herkimer,

Montgomery, Putnam and Schoharie. MVHHS is designated by the US Department of Housing and Urban Development (HUD) as the single official homeless assistance "Continuum of Care" for Oneida County (including the Utica-Rome Metropolitan Area) and Madison County, NY.

MVHHS reported a total number of 168 homeless persons during the January 2019 Point in Time count. Twenty-five were between the ages of 18 and 24, and 30 were under the age of 18. Seven youth were parenting a total of 10 children. Eighteen adults were adult victims of domestic violence.

The BoS CoC likewise reported 168 homeless persons during the most recent Point in Time count; however, a higher number of these individuals were currently in emergency housing. A summary report from the BoS CoC reported 21 of these individuals were in Herkimer County (the only BoS CoC county within MVCAA's service area). One out of 21 was between the ages of 18-24. Four were adult victims of domestic violence.

The number of homeless victims of domestic violence may be underreported in Point in Time Counts, due to the prohibition of domestic violence survivor information in HMIS. The need for supportive housing options for this population may be much higher than is demonstrated through Point in Time counts. For example, in 2016 there were 1899 reported incidents of domestic violence in Oneida County and 249 reported incidents in Herkimer County.

In Oneida County, there are 338 permanent supportive housing beds for households without children, and 142 permanent supportive housing beds for households with children. Organizations operating permanent supportive housing options in Oneida County include: CNY Services, Inc. (for individuals in recovery); Johnson Park Center (for women in recovery and their children); UCP-Dual Recovery Network (housing and case management for homeless individuals in recovery); Catholic Charities Oneida-Madison (variety of supportive housing programs for persons with a mental health or substance abuse diagnosis); AIDS Community Resources, Inc. (Permanent Supportive Housing for persons with HIV/AIDS). Only one permanent supportive housing option specifically targeted for young adults age 18-24 (Catholic Charities of Oneida and Madison Counties/Grady's Way: eleven emergency shelter units for homeless male youth ages 12-

18; three permanent supportive housing units for older male youth ages 18-24) is currently under development.

In Herkimer County, there are five permanents supportive housing beds available. These five beds are reserved for veterans through the Veteran's Administration of Syracuse.

In Oneida County, all services and referrals for homeless individuals and families are managed by the local Continuum of Care, Mohawk Valley Housing & Homeless Coalition (CoC NY-518). Mohawk Valley Housing & Homeless Coalition (MVHHC) is a group of private and public organizations and community members whose goal is to prevent and end homelessness and address the conditions that cause homelessness in the Mohawk Valley, NY region

In Herkimer County, the New York State Balance of State Continuum of Care (BoS CoC), established in October 2018, handles all homeless services and referrals. The BoS CoC represents five counties: Fulton, Herkimer, Montgomery, Putnam and Schoharie.

Youth Homelessness

Older youth (ages 18-24 years) in the Mohawk Valley are particularly vulnerable to insecure living arrangements and environmental stressors that may lead to them not having a safe place to live. The local Continuum of Care (Mohawk Valley Housing and Homeless Coalition) collects data on the homeless population in Oneida County over 12-month periods, with the most recent data available from 10/1/17 to 9/30/18. During this time, there were 550 homeless households in the region, 16% of which were headed by an 18-24-year-old youth (a significantly higher proportion than the national average of 9%). There was a substantial increase of unaccompanied homeless youth from the previous data collection period (from 59 to 72). Twelve of the homeless youth were parenting a total of 17 children.

This population, commonly referred to as "transitional age youth" (TAY), are a unique population that must contend with many new challenges that come with the transition to adulthood. Young adults are often living on their own for the first time and must learn new skills to enable them to live and work independently from a caregiver. The transition to adulthood can be extremely difficult, particularly for youth who have faced difficult or traumatic experiences such as violence, an unstable living situation, homelessness, teen pregnancy, familial rejection, or circumstances that have led to a placement in foster care. The supportive services available to children and teens,

such as state supported foster care placement and positive relationships with teachers and counselors at school, often expire once that child enters young adulthood.

Runaway and homeless youth who come through MVCAA's program need support beyond shelter alone. The experience of homelessness causes trauma to individuals and families, and the risk factors that can lead to homelessness often continue to affect them even after they are housed. To combat these risk factors and set young adults up for success and self-sufficiency, they must be connected with community resources that can pave the way for independence. A 2010 report entitled "Transition to Adulthood" from the Woodrow Wilson School of Public and International Affairs at Princeton University and the Brookings Institution highlights the importance of introducing community connections, relationships, and skills that will increase resilience in young adults. Youth need life skills training such as money management, parenting, resume and interview skills, accessing healthcare, pregnancy prevention, and basic skills training such as cooking. Many young adults, especially those who have been involved in foster care or fallen victim to domestic violence, strongly benefit from counseling to help mitigate the effects of past trauma.

Young adults aging out of foster care face additional or exacerbated challenges as they make the transition to adulthood. Many of the same risk factors that may give way to a child being placed in foster care coincide with a risk of becoming homeless. A 2016 "Foster Care Transitional Toolkit" from the U.S. Department of Education notes that youth aging out of foster care are even less likely to have access to a supportive network of caring adults, and thus lack the benefits produced by such a network (financial support, child care options, a place to live during the transition). The toolkit lays the groundwork for supporting youth through this complex transition, offering guidance in the following areas: finances; employment; life skills; identity; permanence; education; health; housing; transportation; and community. The "Transition to Adulthood" publication affirms the importance of continuing assistance from adults for this population.

Homeless individuals who have been subject to domestic violence are in immediate danger and need a safe, confidential place to live. The 2013 SHARE (Safe Housing and Rent Assistance Evaluation) study from the Domestic Violence Housing First project linked housing instability among domestic violence survivors to greater risk of extreme danger, PTSD, depression, poor quality of life, higher utilization of hospital, emergency, or urgent care, missed days of work or

school, and negative outcomes for children. These individuals need support to both maintain stable housing and recover from the trauma of domestic violence. In addition to the aforementioned life skills training, which would particularly benefit young adult survivors, domestic violence victims need safety and security precautions, including a secure building entrance and mail forwarding services, in order to safely gain independence. Individual and group counseling are immensely beneficial to begin trauma recovery.

It is MVCAA's experience that consistent, empowering relationships between staff members and clients help to build the bridge between an individual client and the resources they need, leading to better long-term outcomes. This support can take the form of completing paperwork together to enroll a client in benefits, transportation to and from appointments, and regular check-ins to ensure the client is safe and stable. MVCAA's current Runaway & Homeless Youth/Street Outreach program consistently delivers this kind of support to clients, but the support provided could drastically improve in quality and quantity if MVCAA could provide permanent supportive housing for the youth coinciding with onsite resources. MVCAA embraces the "Housing First" philosophy and believes that clients are in a better position to benefit from supportive services when their immediate housing needs are met.

The Mohawk Valley Housing and Homeless Coalition has identified a gap in permanent supportive housing for young adults, youth aging out of foster care, and victims of domestic violence. Many emergency and transitional housing options are available but there are few permanent options that include ongoing supportive services. This is especially true for homeless families with children, as summarized in section 2m of this application. Overall, there is a lack of opportunity for youth and victims of domestic violence in the region to receive safe and stable permanent housing in tandem with onsite supportive services.

Youth in foster care are even more vulnerable to situations that put them at risk of homelessness. According to the Oneida County Department of Social Services 2017 Annual Report, foster care is provided to children either by order of Family Court (involuntary) or because their parents are willing to have them cared for temporarily outside the home (voluntary). An involuntary placement occurs when a child has been or is at "imminent" risk of abuse or neglect by a parent or someone else in the household. A voluntary placement occurs when parents are temporarily unable to care for their child for reasons other than abuse or neglect such as hospitalization or incarceration. The

circumstances that lead to foster care placement are traumatizing for children and youth. Many of the same risk factors that may lead to foster care placements, such as volatile relationships with parents and family members, may lead youth to run away or be kicked out of the house. The aforementioned "Transition to Adulthood" publication links placement in foster care with difficulties later in life, including higher rates of academic deficits, criminal activity, teen pregnancy, and homelessness.

The traumatic experiences of homelessness and domestic violence are often intertwined. The United States Department of Housing & Urban Development (HUD) estimates that domestic violence is the third leading cause of homelessness in the country. Nearly 80% of homeless mothers have experienced domestic violence at some point in their lives. Abusive partners often use emotional manipulation tactics such as control and isolation to make it more difficult for the victim to leave the relationship and the home. Victims of domestic violence are often isolated from support networks and have limited access to financial resources. Upon fleeing the relationship, they have nowhere to go and either end up on the street or in an emergency shelter if it is available to them. Mohawk Valley Housing & Homeless Coalition (CoC # NY-518) and the New York State Balance of State (CoC # NY-525) reported in the most recently available Point in Time counts that the percentage of homeless individuals included in the count who were survivors of domestic violence was 17% and 14%, respectively.

The Mohawk Valley Housing & Homeless Coalition's Runaway & Homeless Youth Task Force completed an Independent Living Survey in 2017 to assess the current state of homeless youth in the Mohawk Valley. Forty-one youth were interviewed about the factors that led up to their homelessness, their individual strengths, and continued struggles. As summarized in the 2017 report:

"The purpose of the Independent Living Survey has been to better understand who our local homeless youth are, why they became homeless, how they were currently coping, what could have been done to prevent their homelessness and what they need to get back on their feet. In many ways these local findings mirror what has been found in the national research on youth homelessness. Dysfunctional family relationships, conflict with parents, disruptions or changes within families resulting in conflict with another adult who is not a relative, mental health and substance abuse problems facing parents, youth or both, youth identifying as LGBTQ, young women becoming pregnant - all of these circumstances can cause youth homelessness, and all of these were evident causes amongst the survey respondents.

When the respondents were asked what could have helped them to continue to live with their family, the common response was – "nothing.""

Point in Time Homeless

Point-in-time counts (collected January 23, 2019) by the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Assistance Programs are provided for the report area below. This indicator section has been broken into three different tables, with the first being totals for both households and per person counts. Additionally, there are tables indicating numbers collected for both traditional housing homeless and emergency shelter homeless. NOTE: Continuum of Care (CoC) areas can be made up of multiple counties. Numbers listed for those areas with "Included CoC Counties" are the sum of all homeless counted in those counties

Table 86 Point-in-Time Homeless

	CoC Counties	Households Without Children	Households at Least 1 Adult 1 Child	Households with only children	Persons Without Children	Persons At Least 1 Adult 1 child	Persons with Only Children
Report Location	no data	238	28	2	238	94	4
Madison County	Oneida	119	14	1	119	47	2
Oneida County	Madison	119	14	1	119	47	2
New York	No data	36,104	16,368	125	39,686	52,070	141

Data Source: US Department of Housing and Urban Development. Source geography: County

Transitional Housing Homeless Count

Table 87 Transitional Housing Count

	Included CoC Counties	Household Without Children	1	Household With Only Children	Persons Without Children	1 Child	Persons With Only Children
Report Location	no data	10	14	2	10	50	4
Madison County	Oneida	5	7	1	5	25	2
Oneida County	Madison	5	7	1	5	25	2
New York	No data	3,852	422	39	3,943	1,242	48

Data Source: US Department of Housing and Urban Development. Source geography: County

Emergency Shelter Homeless Count

Table 88 Emergency Shelter Housing Count

	Included CoC Counties	Household Without Children	Household At Least 1 Adult	Household With Only Children	Persons Without Children	Persons At Least 1 Adult	Persons With Only Children
Report Location	no data	206	12	0	206	38	0
Madison County	Oneida	103	6	0	103	19	0
Oneida County	Madison	103	6	0	103	19	0
New York	No data	28,004	15,934	79	31,486	50,799	85

Data Source: US Department of Housing and Urban Development. Source geography: County

Table 89 Point in Time Sub-Population

		Unsheltered	Total
Chronically Homeless (Federal definition)	14	5	19
Severely Mentally Ill	179	5	184
Chronic Substance Abuse	158	9	167
Veterans	29	5	34
Persons with HIV/AIDS	5	0	5
Victims of Domestic Violence	59	3	62
Unaccompanied Youth (under 18)	4	0	4

Data Source: Utica/Rome/Oneida County Continuum of Care Project: NY-518 COC Registration 2009

Table 90 Continuum of Care Point-in-Time Homeless Population

	Sheltered		Unsheltered	
	Emergency	**Transitional**	**Emergency**	**Transitional**
Total Number of Households	**75**	**191**	**17**	**283**
Total Number of Persons	**100**	**226**	**17**	**343**

Data Source: Utica/Rome/Oneida County Continuum of Care Project: NY-518 COC Registration 2009

Health

A person's health is intricately connected to many factors that the CDC organizes into five broad categories: genetics, behavior, environmental and physical influences, medical care and social factors. While each of the factors are essential, it is easy to overlook the role that social factors or the social determinants of health contribute to health outcomes. This category encompasses the economic and social conditions that influence the health of people and communities. Achieving health equity, eliminating disparities, and improving the health of all groups is an overarching goal

for Healthy People 2020 and a top priority for the Centers for Disease Control and Prevention (CDC). One commonly used definition of health equity is when all people have "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'"

COVID Impact

Since the onset of COVID-19 there has been heightened awareness around how systemic health and social inequities impact individual and family health. This emphasizes the importance of achieving health equity, eliminating disparities, and improving the health of all groups, is an overarching goal for Healthy People 2020 and a top priority for the Centers for Disease Control and Prevention (CDC).

A strong correlation was found between systemic health and social inequities and people who were getting sick from COVID-19. Social inequities are in large part a result of poverty and stuctural racism. Discrimination and disparities based on race and ethnicity are the most persistent; however, discrimination extends beyond race. Many groups such as women, the LGBTQ community, people who are poor, the undereducated, and those with mental and physical delays and disabilities—face discriminatory treatment and are subject to discriminatory policies. (Bogard, 2017)

Health care access was limited for many groups due to of lack of transportation, childcare, the ability to take time off for work, communication and language barriers, cultural differences between patients and historical and current discrimination in healthcare systems. (Center for Disease Control and Prevention, 2020) Once the quarantine was lifted, physicians and hospital officials said that people were still not going to the doctor. People who were being admitted to the hospital or emergency rooms were much sicker than what they would typically expect.

Food security became a major concern. Many food-insecure individuals have characteristics that put them at higher risk for severe illness associated with COVID-19. Children were no in school and were lacking nutrition that they would normally get while in school. Communities have made generous efforts to distribute food and make it accessible to families.

- Should unemployment and poverty increase to the level of the Great recession, 9.9 million more people may experience food insecurity. Demand for charitable food assistance has increased and is expected to continue to increase for the foreseeable future.

- According to the Center for Disease Control and Prevention (CDC), individuals who experience food insecurity are more likely to have poor health, and to have diet-related conditions like diabetes. Many seniors are at risk for food insecurity and regularly face challenges accessing food due to limited mobility, transportation limitations and social distancing measures. (Feeding America, 2020)
- Households with children are more likely to be food insecure
- A significant rise in unemployment (7.6 percentage points) and a corresponding rise in child poverty (+5.0 percentage points) would result in a total of 18 million children (1 in 4) experiencing food insecurity. (Feeding America, 2020)

Community Input

- During the shutdown, many health centers were either closed or had limited in-office appointments, scheduled health testing was delayed, and health appointments delayed except for emergency needs. Immediate doctor appointments and procedures were postponed.
  - People especially those in rural areas lacked transportation and access to health and nutrition services. In Herkimer County, Catholic Charities facilitates volunteer transportation program that transports seniors to medical appointments. This service is temporarily unavailable due to COVID-19. It is unknown when this service will resume. This was a valuable transportation resource that seniors and disabled individuals previously utilized.
- Schools have offered free lunch to students via pick up locations; however, many families without transportation or those who were essential workers may not have been able to access this service.
- The community has come together with many charitable offerings of food; however, it is unknown how many people were unable to access needed food.
- MVCAA has been contacting families since the onset of the crisis delivering food, formula, diapers and other essentials as needed.
- Social distancing, temporary shut down and quarantine has limited access to many needed services
- With senior centers in the community closed, many seniors who would normally access a hot meal there, are missing that service. It is assumed that seniors are isolated and practicing quarantine (for safety reasons and sometimes out of fear). As a result, they are at high risk of food insecurity, isolation, loneliness and depression. One person shared the following; this person's mother passed away over the summer (2020). She was living in an assisted facility where family were unable to visit due to COVID restrictions. The family member shared that they felt she may have died from loneliness, isolation and depression"

- There has been an increase in drive up or walk through food give a way.
  - Individuals in the health care field are at high-risk of exposure to COVID-19 and are under tremendous stress due to additional work hours and challenging work conditions. In particular many of those workers with close, frequent contact with vulnerable individuals are lower-wage individuals.

Access to Health Care

Health insurance is critical to families' and individuals' access to care, financial security and peace of mind. Those without insurance may delay getting needed care and forgo preventive care altogether, which can lead to medical problems that are more serious and expensive to treat. Insurance allows the often-high cost of health services to be spread out over many years and facilitates risk-sharing across the population. Financial ruin can be the result if an uninsured family must cope with a major illness or injury. In addition, charity care provided by hospitals to those without insurance drives up the cost of private insurance and the tax burden.

Health Providers and Health Coverage

Health insurance coverage among the civilian non-institutionalized population was similar for each county; Oneida County(93 percent had health insurance 7 percent did not have health insurance) coverage, Herkimer county (91% had health insurance 9% did not have health insurance), and Madison County(94% had health insurance 6% did not have health insurance). In comparison to New York State; 90% had health insurance and 10 % did not have health insurance.

Insurance coverage for people under 18 years of age compared as follows; Oneida County (3% had no health insurance coverage), Herkimer County (3% had no health insurance coverage), Madison County (2% had no health insurance coverage) compared with New York State (4% had no health insurance coverage)

In Herkimer and Oneida Counties approximately 66% had private insurance and 42% had public coverage, Madison County reported having 74% private vs. 33% public compared to New York State with 66% private and 36% public.

Affordable Care Act

The Affordable Care Act has made health care affordable, accessible and of a higher quality, for families, seniors, businesses, and taxpayers alike. It has also helped previously uninsured Americans, and Americans who had insurance that didn't provide them adequate coverage and security.

Through the Health Insurance Marketplace, people are able to compare qualified health plans, get answers to questions, find out if they are eligible for lower costs for private insurance or health programs like Medicaid and the Children's Health Insurance Program (CHIP), and enroll in health coverage.

The Affordable Care Act has also made it possible for states to expand Medicaid coverage to individuals with family incomes at or below 133 percent of the federal poverty level. This expansion includes non-elderly adults without dependent children, who have not previously been eligible for Medicaid in most states. New York has been able to expand Medicaid.

It has also increased access to comprehensive coverage by requiring most health plans to cover hospitalization, prescription drugs, maternity and newborn care, and mental health and substance use disorder services. The health care law expands mental health and substance use disorder benefits and federal parity protections.

Federally Qualified Health Centers

Table 91 Federally Qualified Health Centers

County	FQHC Name	Address	City
Herkimer County	VALLEY FAMILY HEALTH CENTER	55 CENTER PLAZA, STE B	CEDARVILLE
Madison County	FAMILY HEALTH NETWORK CENTRAL NEW YORK	5729 ROUTE 13, BOX 13	DERUYTER
Madison County	ONEIDA INDIAN NATION HEALTH DEPARTMENT	2 TERRITORY RD	ONEIDA
Oneida County	MOSAIC HEALTH UTICA- UTICA COMMUNITY HLTH CTR	1651 ONEIDA STREET	UTICA

(US Department of Health and Human Services, n.d.)

Utica Community Health Center

Utica Community Health Center (UCHC) is located in the Mohawk Valley in Utica, New York. The Center was opened by RPCN and its partners in 2010, in order to improve access to medical and dental care in the city after it was identified by HRSA as being a high need area. UCHC is currently the only Federally Qualified Health Center in Oneida County.

UCHC patients are managed by a Care Team, which includes the providers you see at the Center—such as your physician, physician assistant and nurse practitioners, dentist, hygienist, dental assistant, social workers, and care navigators—and are referred to local providers and agencies for non-clinical support services.

The center is currently accepting new Medical patients. All forms of health insurance are welcome, including Medicaid and Medicare. Utica CHC also accepts patients without insurance or with limited insurance. Sliding Fee discounts are available to those who qualify.

Supply of Doctors

The number of doctors in a community is an indicator of its ability to promote health, treat problems and maintain a healthy population. It is also a measure of how prepared the region is to combat health-related emergencies. It is measured by looking at the number of physicians per 10,000 residents.

In 2010, there were 8 doctors per 10,000 residents in Herkimer County and 22 in Oneida County, compared to 30 per 10,000 statewide (excluding NYC). Both counties have lost a bit of ground since 2000; Herkimer's ratio fell 8% and Oneida's 2%, while the state (excluding NYC) and comparison counties all saw increases.

Medicare and Medicaid Providers

Total institutional Medicare and Medicaid providers, including hospitals, nursing facilities, Federally qualified health centers, rural health clinics and community mental health centers for the report area are shown. According to the U.S. Department of Health and Human Services, there were 75 active Medicare and Medicaid institutional service providers in the report area in the fourth quarter of 2019.

TABLE 92 MEDICARE AND MEDICAID PROVIDERS

	Total Institutional Providers	Hospitals	Nursing Facilities	Federally Qualified Health Centers	Rural Health Clinics	Community Mental Health Centers
Herkimer County	9	1	4	1	1	0
Madison County	12	2	3	2	2	0
Oneida County	54	5	17	3	1	0
New York	2,431	234	618	494	14	0
United States	74,721	7,072	15,491	9,215	4,455	125

Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. September 2020. Source geography: County

Persons Receiving Medicare

The total number of persons receiving Medicare is shown, broken down by number over 65 and number of disabled persons receiving Medicare for the report area. The U.S. Department of Health and Human Services reported that a total of 81,702 persons were receiving Medicare benefits in the

report area in 2019. A large number of individuals in our society are aware that persons over 65 years of age receive Medicare; however, many of them are unaware that disabled persons also receive Medicare benefits. A total of 14,080 disabled persons in the report area received Medicare benefits in 2019.

TABLE 93 PERSONS RECEIVING MEDICARE

Report Area	Persons Over 65 Receiving Medicare	Disabled Persons Receiving Medicare	Total Persons Receiving Medicare
Report Location	67,621	14,080	81,702
Herkimer County	12,420	2,438	14,858
Madison County	12,422	2,144	14,566
Oneida County	42,779	9,498	52,278
New York	6,270,186	988,028	7,258,219
United States	52,987,966	8,519,960	61,507,926

Data Source: Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File . Source geography: County

Persons Receiving Medicaid

The average number of persons receiving Medicaid during 2014 is shown below for the report area.

TABLE 94 POPULATION RECEIVING MEDICAID

	Recipients Children	Recipients Adults	Recipients Elderly	Recipients Disabled	Recipients Family Health	Recipients Other	Total	Per 1000
Report Location	30,611.42	26,615.67	3,345.83	13,959.25	3,854.92	347.25	$77,793.50	209.42
Herkimer County	5,055.75	4,486.42	556.5	2,291.42	730.25	42.92	$13,001.50	201.8
Madison County	4,200.00	3,892.50	435	1,866.92	608.17	17.92	$10,878.92	149.36
Oneida County	21,355.67	18,236.75	2,354.33	9,800.92	2,516.50	286.42	$53,913.08	230.2
New York	1,816,194.58	1,679,607.67	292,636	634,979.42	220,514.50	260,806.50	$4,842,490.00	248.5

Data Source: New York State Department of Health. Source geography: County

Child Health Plus

The table below shows the total enrollment for the New York Child Health Plus program for each September 2010 - 2019. According to the New York Department of Health, there were 8,340 persons enrolled in the Child Health Plus Program during September 2019. Between September 2010 and September 2019, enrollment decreased in the report area by -986 persons, or -10.6%.

Table 95 Child Health Plus Use (2010-2019)

	Enrollment September									
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Report Location	9,326	9,903	7,937	7,058	6,392	5,970	6,513	7,504	7,842	8,340
Herkimer County	2,170	2,273	1,806	1,599	1,456	1,352	1,545	1,652	1,733	1,755
Madison County	1,429	1,630	1,354	1,215	1,065	981	1,074	1,259	1,295	1,419
Oneida County	5,727	6,000	4,777	4,244	3,871	3,637	3,894	4,593	4,814	5,166
New York	395,312	411,892	345,741	309,335	292,802	277,947	303,430	350,195	377,789	414,986

Data Source: New York State Department of Health. Source geography: County

Health County Level Maternal Child Health Indicators

Table 96 New York State Maternal and Child Health (MCH) Dashboard - County Level

			Herkimer		Madison		Oneida	
Maternal and Child Health (MCH) Indicator	Data Years	MCH 2020 Objective	Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage
Maternal and Women's Health								
Percentage of births with early (1st trimester) prenatal care	2015	79.2	443	73.6	532	82.6	1,868	74.4
Maternal mortality rate per 100,000 live births	2013-2015	16.1	1	51.6*	0	0.0*	2	26.1*
Newborns with withdrawal syndrome and/or affected by narcotics via placenta or breast milk, rate per 1,000 delivery hospitalizations/newborn discharges	2014	5.2	s	s	9	15.7*	17	6.8
Perinatal and Infant Health								
Infant mortality rate per 1,000 live births	2015	4	10	16.4	5	7.7*	18	7.2
Neonatal mortality rate per 1,000 live births	2015	3.3	4	6.6*	3	4.6*	12	4.8
Post-neonatal mortality rate per 1,000 live births	2013-2015	1.3	6	3.1*	8	4.1*	20	2.6

			Herkimer		Madison		Oneida	
Maternal and Child Health (MCH) Indicator	Data Years	MCH 2020 Objective	Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage
Perinatal mortality rate per 1,000 live births plus fetal deaths	2015	5.5	6	9.8*	2	3.1*	17	6.7
Percentage of preterm births (less than 37 weeks gestation)	2015	8.4	52	8.7	48	7.5	230	9.2
Newborns with withdrawal syndrome and/or affected by narcotics via placenta or breast milk, rate per 1,000 delivery hospitalizations/newborn discharges	2014	5.2	s	s	9	15.7*	17	6.8
Adolescent Health								
Percentage of NYS residents served by community water systems that have optimally fluoridated water	2016	77	2,209	5.7	6,438	22.4	136,122	68.2
Child mortality rate per 100,000 children ages 1-9 years	2013-2015	14.3	4	20.7*	3	15.0*	19	25.9
Child and adolescent mortality rate ages 10-19 years per 100,000 population	2013-2015	20.4	6	24.8*	9	27.6*	19	21.6
Suicide mortality rate ages 15-19 years per 100,000 population	2013-2015	4.7	2	15.9*	3	15.4*	1	2.2*
Percentage of NYS residents served by community water systems that have optimally fluoridated water	2016	77	2,209	5.7	6,438	22.4	136,122	68.2

Perinatal Profile

Table 97 Perinatal Data Profile 2014-2016

	Total Births 2014-2016	Premature Birth	Low Birth Weight	Out of Wedlock	Medicaid or Self-Pay		Late or No Prenatal Care
New York State excluding New York City	358,176	10.6%	7.6%	39%	45%	161,179	4%
Oneida County	7,518	12.5%	7.7%	49.7%	58.6%	4,406	4.9%
Herkimer County	1,846	11%	7%	50%	51%	941	5.3%
Madison County	2,175	9.5%	7.2%	45.3%	43.6%	948	3.4%

(Department of Health, Vital Statistics, 2018)

Health Indicators for Oneida County by Race and Ethnicity

Table 98 Health Indicators for Oneida County by Race and Ethnicity

	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
Socio-Economic Indicators					
Population (2017)	190,991	15,654	9,627	13,269	230,127
Percentage of population (2017)	83%	7%	4%	6%	100%
Median annual household income in US dollars (2013-2017)~	54,306	28,736	34,755	23,286	51,316
Percentage of families below poverty (2013-2017)~	9%	33%	32%	42%	12%
General Health Indicators					
Total mortality per 100,000 population, age-adjusted	771.8	909.5	460.5	587.1	781.4
Percentage of premature deaths (< 75 years)	37%	72%	57%	78%	39%
Years of potential life lost per 100,000 population, age-adjusted	6,672.70	11,124.40	4,235.70	7,923.00	7,096.60
Birth-Related Indicators					
Number of births per year (3-year average)	1,845	223	158	205	2,528
Percentage of births with early (1st trimester) prenatal care	79%	56%	59%	69%	74%
Percentage of births with adequate prenatal care (APNCU)^	84%	66%	74%	77%	81%
Percentage of premature births (< 37 weeks gestation - clinical estimate)	9%	14%	8%	11%	9%
Percentage of low birthweight births (< 2.5 kg)	7%	15%	8%	9%	8%
Teen pregnancies per 1,000 females aged under 18 years	2.7	11.3	5	11.2	7.3
Pregnancies per 1,000 females aged 15-44 years	61.2	88	67.6	79.4	79.8
Fertility per 1,000 females aged 15-44 years	56.7	76.2	69	74.2	62.2
Infant mortality per 1,000 live births	4.3	10.4*	10.5*	11.4*	5.9
Injury-Related Indicators					
Motor vehicle-related mortality per 100,000 population, age-adjusted	11.4	7.6*	7.1*	5.6*	10.7
Unintentional injury mortality per 100,000 population, age-adjusted	51.1	50	20.0*	57.3	50
Unintentional injury hospitalizations per 10,000 population, age-adjusted (2016-2017)++	62.1	69.2	23.5	46.6	64.1
Poisoning hospitalizations per 10,000 population, age-adjusted (2016-2017)++	10	13.2	s	11.7	10.2

	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
Fall hospitalizations per 10,000 population, aged 65+ years (2016-2017)++	214	99.5	70.6*	73.7	215
Suicide mortality per 100,000 population, age-adjusted	9.5	7.4*	12.4*	6.8*	9.4
Respiratory Disease Indicators					
Asthma hospitalizations per 10,000 population, age-adjusted (2016-2017)++	3.9	9.9	4.2*	9.3	5.1
Asthma hospitalizations per 10,000 population, aged 0-17 years (2016-2017)++	6.4	15.9	s	12.8	8.6
Chronic lower respiratory disease mortality per 100,000 population, age-adjusted	49.6	23.0*	45.5*	27.1*	48.8
Chronic lower respiratory disease hospitalizations per 10,000 population, age-adjusted (2016-2017)++	27.1	54.1	12.1	31.6	29.5
Heart Disease and Stroke Indicators					
Diseases of the heart mortality per 100,000 population, age-adjusted	197.9	208.9	71.4	122.1	197.8
Diseases of the heart hospitalizations per 10,000 population, age-adjusted (2016-2017)++	84.1	137.9	33.9	67.1	90.5
Cerebrovascular disease (stroke) mortality per 100,000 population, age-adjusted	27.9	63	18.1*	22.4*	29.6
Cerebrovascular disease (stroke) hospitalizations per 10,000 population, age-adjusted (2016-2017)++	24.2	31.1	16.1	20.9	25.1
Coronary heart disease mortality per 100,000 population, age-adjusted	135.1	137.9	51.8*	103.1	135.1
Coronary heart disease hospitalizations per 10,000 population, age-adjusted (2016-2017)++	28.3	25.8	12.5	26.5	30.6
Congestive heart failure mortality per 100,000 population, age-adjusted	11.7	28.8*	0.0*	0.0*	12.4
Potentially preventable heart failure hospitalization rate per 10,000 population - Aged 18 years and older (2016-2017)++	46.1	66.7	9.6	19.8	46.6
Diabetes Indicators					
Diabetes mortality per 100,000 population, age-adjusted	20.3	37.9	0.0*	22.5*	21.1
Diabetes (primary diagnosis) hospitalizations per 10,000 population, age-adjusted (2016-2017)++	17.2	57.8	7.5*	46.4	21.4
Diabetes (any diagnosis) hospitalizations per 10,000 population, age-adjusted (2016-2017)++	211	487.7	141.8	341.4	235.3

	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
Potentially preventable diabetes short-term complications hospitalization rate per 10,000 population - Aged 18+ Years (2016-2017)++	6	24.4	s	21.6	7.9
Cancer Indicators					
Lung cancer incidence per 100,000 population, age-adjusted (2014-2016)	73.1	103.5	33.8*	42.4*	72.9
Colorectal cancer mortality per 100,000 population, age-adjusted (2014-2016)	12.1	22.7*	s	s	12
Colorectal cancer incidence per 100,000 population, age-adjusted (2014-2016)	38.1	s	s	s	36.3
Female breast cancer mortality per 100,000 female population, age-adjusted (2014-2016)	15.7	0.0*	s	s	15.4
Female late stage breast cancer incidence per 100,000 female population, age-adjusted (2014-2016)	36.2	s	s	65.7*	36.9
Cervix uteri cancer mortality per 100,000 female population, age-adjusted (2014-2016)	2	0.0*	0.0*	0.0*	1.8
Cervical cancer incidence per 100,000 female population, age-adjusted (2014-2016)	5.9	0.0*	0.0*	0.0*	5.6

s	Data are suppressed. The data do not meet the criteria for confidentiality
++	In 2015, SPARCS transitioned from ICD-9-CM to ICD-10-CM diagnosis codes. These two are not comparable, so data for 2016-and-forward should not be compared with earlier data.
~	White non-Hispanic, Black (including Hispanic), Asian (including Hispanic, excluding Pacific Islanders), and Hispanic
NA	Data do not meet the criteria for statistical reliability or data quality, or data not available
^	APNCU: Adequacy of Prenatal Care Utilization Index

(New York State Department of Health, 2020)

HIV/AIDS

In 2013, there were 806 reported cases of HIV/AIDS in the report area. HIV/AIDS cases are reported as total cases and non-prison cases. Based on this, an estimated 53% of reported cases were in the prison population.

Table 99 HIV and AIDS Cases

	Including Prisoners			Excluding Prisoners		
	Total HIV/AIDS	HIV Only	AIDS Only	Total HIV/AIDS	HIV Only	AIDS Only
Report Location	806	335	471	375	158	217
Herkimer County, NY	53	22	31	50	22	28
Madison County, NY	52	26	26	41	23	18
Oneida County, NY	701	287	414	284	113	171

New York	28,176	11,758	16,418	22,415	9,471	12,944

Data Source: The Nelson A. Rockefeller Institute of Government. Source geography

Lead Poison Data Lead Poisoning

Lead poisoning is significant children's environmental health threat in New York State. Despite nation-wide decreases in lead poisoning rates, rates remain high in upstate New York, particularly among low-income children living in older housing.

Lead is a toxin that affects the brain, heart, bones, and kidneys. Lead poisoning occurs when lead enters the body, usually through swallowing paint, dust, or soil that contains lead. The effects of lead poisoning are irreversible. Although lead poisoning cannot be treated, it can be prevented by reducing exposure to lead. (Korfmacher, 2009)

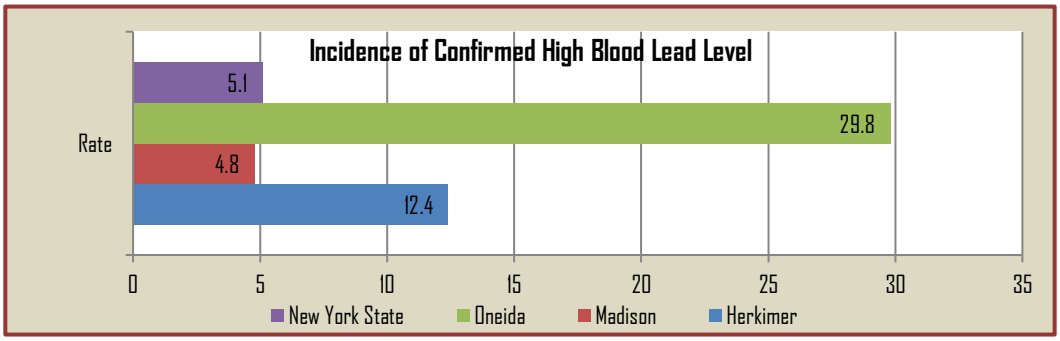
Lead poisoning has a larger impact on children than adults because their brains and bodies are actively growing. Even low amounts of lead in children's bodies can cause learning and behavioral problems, often with no physical symptoms. Lead poisoning may result in a lower IQ, difficulty paying attention, and delinquent behavior. Public health guidelines state that the "level of concern" for blood lead levels (BLL) is 10 mcg/dL (micrograms per deciliter, also written µg/dL). However, medical research has shown that lower levels of lead in the blood can also be harmful (Canfield, 2003).

Although lead poisoning in children is of greatest concern, lead has negative effects on adults as well. Because lead affects all organ systems and is stored in the bones, adults may be affected by past lead exposure or by ongoing exposure, usually from workplaces or hobbies. It is important to note that pregnant mothers can pass lead to their babies.

Data indicates that in New York State, the average number of lead poison cases was 1.6 percent (2014 most recent data). In Herkimer County it was 2 percent and in Oneida County it was 6.7 percent. While testing rates are up among children in these counties, the community has chosen to make this a priority.

The Community Foundation of Herkimer and Oneida Counties launched a $1 million initiative to further reduce lead poisoning in the area. Lead poisoning is a long-term problem. According to Dr. Howard Weinberger, director of the SUNY Upstate New York Lead Poisoning Resource Center, it is important to focus on prevention because exposure to lead can have lifelong repercussions, including development disabilities or even death. (Payne H. , January 2016)

Table 100 Incidence of Confirmed High Blood Level by County



The table below illustrates the incidence of confirmed high blood lead level (10 micrograms or higher per deciliter) - rate per 1,000 tested children aged <72 months.

Table 101 Incidence of confirmed high blood lead level from 2014-2016

Cases					
Region/County	2014	2015	2016	Cases	Average children (aged <72 months) tested
Herkimer	13	12	15	40	900
Madison	3	2	2	7	806
Oneida	114	88	101	303	3,784
New York State	2,642	1,787	1,919	6,348	489,306

Data Source: 2013-2016 NYS Child Health Lead Poisoning Prevention Program Data as of June 2018
Notes*: Fewer than 10 events in the numerator, therefore the rate/percentage is unstable

Table 102 Incidence of confirmed high blood level (total and percentage)

County Name	Total Population of Children < 72 Months of Age	Number of Children Tested < 72 Months of Age	Percentage of Children Tested < 72 Months of Age	Children with Confirmed BLLs ≥ 5 µg/dL		Children with Confirmed BLLs ≥ 10 µg/dL	
	Number	Number	Percent	Number	Percent	Number	Percent
Herkimer County	3,941	1,153	29.3%	62	5.4%	20	1.7%
Madison County	4,021	884	22.0%	40	4.5%	9	1.0%
Oneida County	15,981	4,431	27.7%	519	11.7%	139	3.1%

Data received and processed by CDC as of April 30, 2019.
Population estimates calculated as population under 5 years of age plus 20% of population ages 5-9 years (From: U.S. Census Bureau's American Factfinder, http://factfinder.census.gov/)

Pregnant Women Eligible for Head Start

Pregnant women eligible for Head Start was estimated using New York State Vital Statistics Data. Of the 7,518 births in Oneida County 59% were Medicaid or Self-Pay; of the 1,846 births in Herkimer County, 51% were Medicaid or Self-Pay; and of the 2,157 births in Madison County, 44% were Medicaid or Self-Pay. Oneida and Herkimer County combined had 5,347 births and Madison County had 948 births to women who were Medicaid or Self-Pay.

Table 103 County Perinatal data Profile 2014-2016

	Total Births 2014-2016	Percent of Total Births Medicaid or Self-Pay	Number of Total Births, Medicaid or Self Pay

New York State excluding New York City	358,176	45%	161,179
Oneida County	7,518	58.6%	4,406
Herkimer County	1,846	51%	941
Madison County	2,175	43.6%	948

Source:2014-2016 New York State Vital Statistics Data as of June, 2018

Teen Births

Teen birth rate has declined over the past 25 years, the lowest ever recorded. However, it remains higher than that in many other developed countries including Canada and the UK. In 2016, there were 20.3 births for every 1,000 adolescent females ages 15-19. Not all teen births are first births. In 2016, one in six (17%) births to 15 to-19-year-olds were to females who already had one or multiple births. (Trends in Teen Pregnancy and Childbearing, 2016)

According to U.S. Health and Human Services, Office of Adolescent Health, in 2016, there were 20.3 births for every 1,000 adolescent females ages 15-19. Births to teens ages 15-19 account for 5.3 percent of all births in 2016. Nearly nine in ten (89 percent) of these births occurred outside of marriage. (Trends in Teen Pregnancy and Childbearing, 2016)

The 2016 teen birth rate (births per 1,000 females ages 15-19 in a given year) is down nine percent from 2015, when the birth rate was 22.3, and down 67 percent from 1991 when it was at a record high of 61.8. The teen birth rate has declined continuously over the past quarter century and is at the lowest level ever recorded. Yet the teen birth rate in the United States remains higher than that in many other developed countries, including Canada and the United Kingdom. (Trends in Teen Pregnancy and Childbearing, 2016)

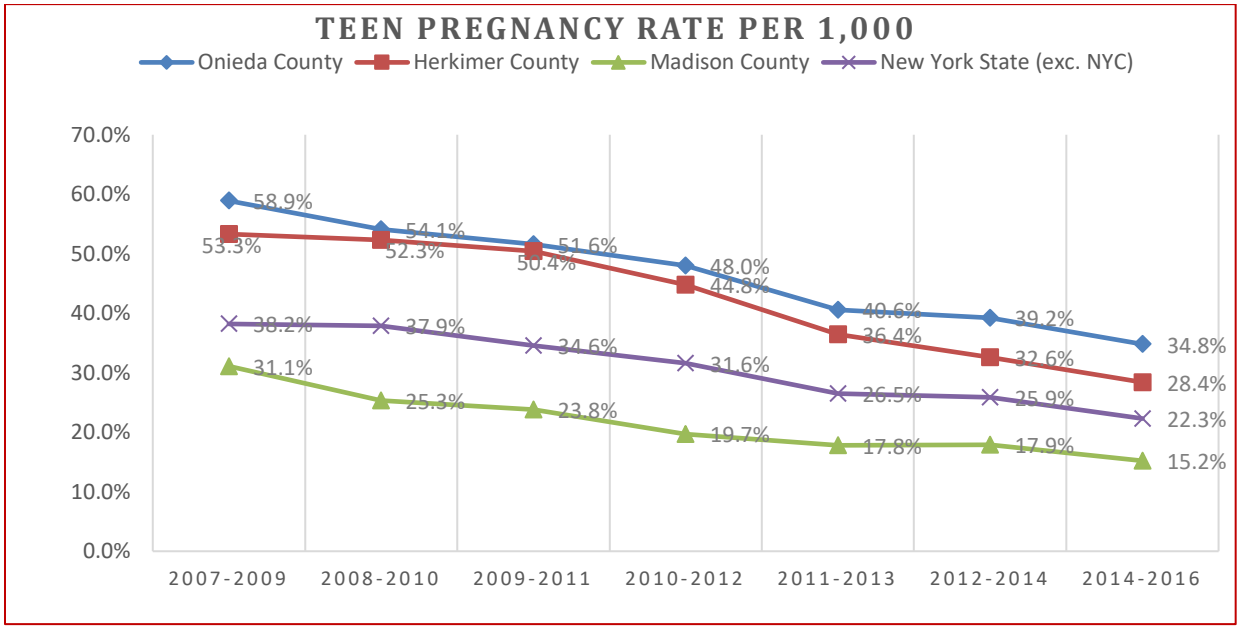
The graph below indicates a steady decline in teen pregnancy since 2007, however in Oneida and Herkimer Counties the pregnancy rate for teens is still above the New York State and Madison County. (Trends in Teen Pregnancy and Childbearing, 2016)

Table 104 Teen Births

	Age Under 15	Age 15 to 17	Age 18 to 19	Total Live Births	Births to Teens	Births to Teens
Report Location	4	54	155	3,826	213	5.6%
Herkimer County	0	9	21	588	30	5.1%
Madison County	0	10	25	672	35	5.2%
Oneida County	4	35	109	2,566	148	5.8%
New York	68	1,794	5,659	228,501	7,521	3.3%

Note this indicator is compared to the state average.
Data Source: *New York State Department of Health*. Source geography: County

TABLE 105 TEEN PREGNANCY RATE PER 1,000



SOURCE: (Teen pregnancy rate per 1,000 females aged 10-14 years , n.d.)

Much progress has been made in reducing the prevalence of teen pregnancy; yet births to teens and young adults is worthy of consideration. Not all teen births are first births. In 2016, one in six (17 percent) births to 15- to 19-year-olds were to females who already had one or more births. Teen parents face unique challenges since they are not fully matured and lack education and work skills to support themselves. The U.S. Department of Health and Human Services, Office of Adolescent Health addresses this issue through the Pregnancy Assistance Fund, designed to reduce teen pregnancy and avoid repeat teen births. (Martin, 2018)

The highest teen pregnancy rate per 1,000 by zip code areas were identified for each of the three counties that we serve. In Oneida County, the highest rates were found in the following zip code areas; Utica (13501 and 13502), Taberg (13471), Rome (13440), Oriskany Falls (13425) and Blossvale (13380). In Herkimer County, the highest rates were found in the following zip code areas; West Winfield (13491), Mohawk (13470), Little Falls (13365) and Herkimer (13350). In Madison County, the highest rates were found in West Edmonston (13485), Madison (13402), Georgetown, (13072) and Oneida City (13421). (Teen pregnancy rate per 1,000 females aged 10-14 years , n.d.)

Children with Asthma

Table 106 Children with Asthma

	Oneida County		Herkimer County		Madison County		NYS Current
Rate or percent (base year; current year)	Number	Rate	Number	Rate	Number	Rate	Rate
Asthma - Hospitalizations 0-4 years (Three-Year Average), rate/10,000 children ages birth-4 years (2009-2011;2012-2014)	34	25.6	5	15.6	12	35.8	49.3

Hospitalizations resulting from Assault for Youth (Ages 10-19)

Table 107 Hospitalizations Resulting from Assault for Youth (Ages 10-19)

Civic Engagement	**Oneida County**		**Herkimer County**		**Madison County**		**NYS Current**
Rate or percent (base year; current year)	Number	Rate	Number	Rate	Number	Rate	Rate
Hospitalizations Resulting from Assault (Three-Year Average), rate/100,000 youth ages 10-19 years (2004-2006;2012-2014)	5	16.8	N/A	N/A	N/A	N/A	39.1

Obesity

The percentage of adults 18 and over with a Body Mass Index (BMI) greater than 25, based on a national survey of residents. The index is a statistical measurement which compares a person's weight and height. It does not measure body fat but is a useful estimate of a healthy body weight based on a person's height. A person with a BMI between 25 and 30 is considered overweight, and those over 30 are considered obese.

Being overweight or obese puts a person at greater risk for a wide variety of health problems, including heart disease, stroke, type II diabetes, some types of cancer and sleep apnea. Obesity is recognized as a national problem that has grown tremendously over the last three decades. Since 1980, the percentage of adults who were overweight or obese has quadrupled. Obesity is estimated to cost New York State more than $6 billion annually in direct medical expenditures for treatment of related diseases, as well as indirect costs such as lost productivity.

Obesity has reached epidemic proportions in New York State and across the nation. While many epidemics can be defeated with a pill or a vaccine, preventing or reversing obesity requires changes in behavior as well as access to affordable, nutritious foods and opportunities for physical activity in the places where people live, learn, eat, shop, work and play.

Obesity and overweight are currently the second leading preventable cause of death in the United States and may soon overtake tobacco as the leading cause of death. Failing to win the battle against obesity will mean premature death and disability for an increasingly large segment of New York residents.

In New York State, the percentage of adults who are overweight or obese increased from 42% in 1997 to 60.8% in 2016; the percentage who are obese increased from 16% in 1997 to 25.5% in 2016. Obesity among children and adolescents has tripled over the past three decades. Currently, a third of New York's children are obese or overweight. Overweight and obesity cause serious health problems, including type 2 diabetes, heart disease, high cholesterol, high blood pressure, stroke, several forms of cancer, asthma, osteoarthritis

Table 108 Prevalence of People Overweight or Obese

	Overweight	Obese	Overweight or Obese
Herkimer	32%	30%	61%
Oneida	31%	26%	57%
NYS (excluding NYC)	36%	24%	61%
United States	37%	27%	63%

Source: Centers for Disease Control and Prevention, New York State Department of Health
Note: Figures are adults, 18 and over, with a BMI greater than 25. Survey results cover 2008 and 2009.

Childhood Obesity

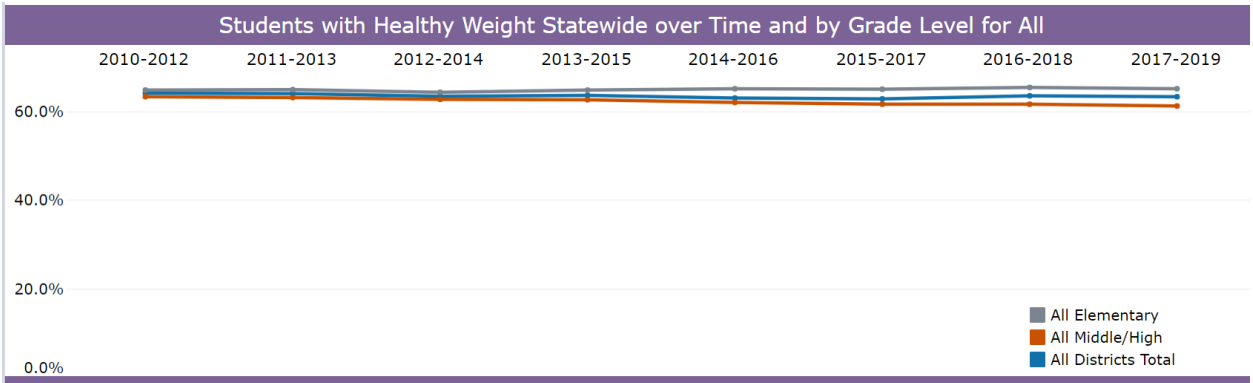
Increasingly, many of these diseases, previously associated only with adulthood, are also being seen in overweight and obese children. Along with the risks for life-shortening chronic diseases, being overweight in a society that stigmatizes this condition contributes to poor mental health associated with serious shame, self-blame, low self-esteem and depression.

Table 109 Students Obese

Region	Students in Elementary School(Obese)			Students in Elementary, Middle and High School (Obese)		
	Students in elementary 2014-2016	Total Obese	Percent	Students in elementary, middle and high school 2014-2016	Total Obese	Percent
Herkimer	1,585	502	19%	2,704	502	19%
Madison	1,973	632	18%	3,560	632	18%
Oneida	6,408	2,060	21%	10,105	2,060	20%
New York State (excluding NYC)	291,742	85,223	17%	491,777	85,223	17%

2014-2016 Student Weight Status Category Reporting System (SWSCRS) Data as of May, 2017

Table 110 New York State Obesity Rates

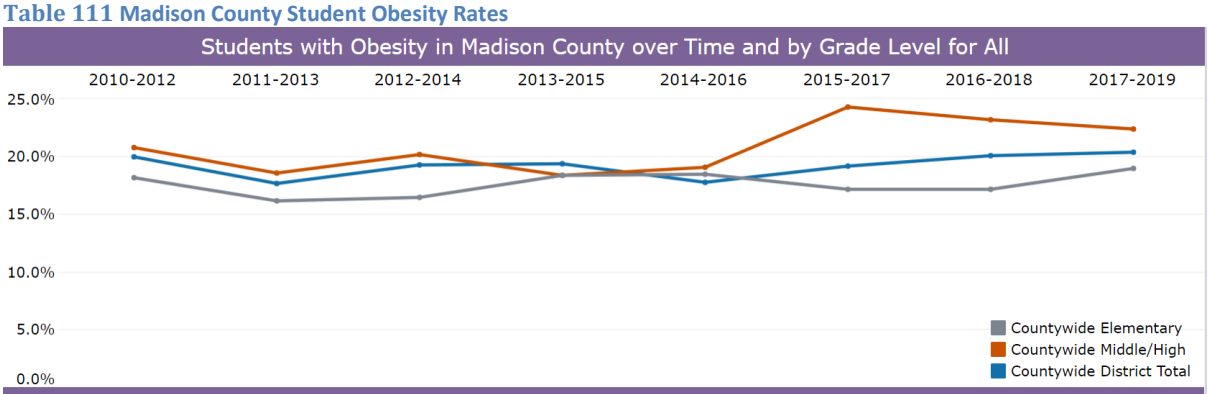


Student Weight Data Table For New York Statewide for All

		2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
All Elementary	Percent Obese	17.2%	16.7%	16.8%	16.4%	16.3%	16.5%	16.0%	16.2%
	Percent Overweight	15.8%	15.9%	16.4%	16.3%	15.9%	15.8%	15.7%	15.8%
	Percent Overweight Or Obese	33.0%	32.6%	33.1%	32.7%	32.3%	32.3%	31.8%	31.9%
	Percent Healthy Weight	64.8%	64.9%	64.3%	64.8%	65.1%	65.0%	65.4%	65.1%
All Middle/High	Percent Obese	18.2%	17.9%	18.1%	18.1%	18.5%	18.9%	18.8%	19.1%
	Percent Overweight	16.8%	17.0%	17.1%	17.2%	17.3%	17.4%	17.4%	17.5%
	Percent Overweight Or Obese	35.0%	34.9%	35.2%	35.3%	35.9%	36.2%	36.3%	36.6%
	Percent Healthy Weight	63.3%	63.1%	62.7%	62.6%	62.0%	61.6%	61.6%	61.2%
All Districts Total	Percent Obese	17.6%	17.2%	17.3%	17.1%	17.3%	17.5%	17.2%	17.3%
	Percent Overweight	16.2%	16.3%	16.7%	16.8%	16.5%	16.5%	16.5%	16.5%
	Percent Overweight Or Obese	33.7%	33.4%	33.9%	33.9%	33.9%	34.0%	33.7%	33.8%
	Percent Healthy Weight	64.1%	64.0%	63.4%	63.6%	63.0%	62.8%	63.5%	63.3%

(U.S. Census Bureau)

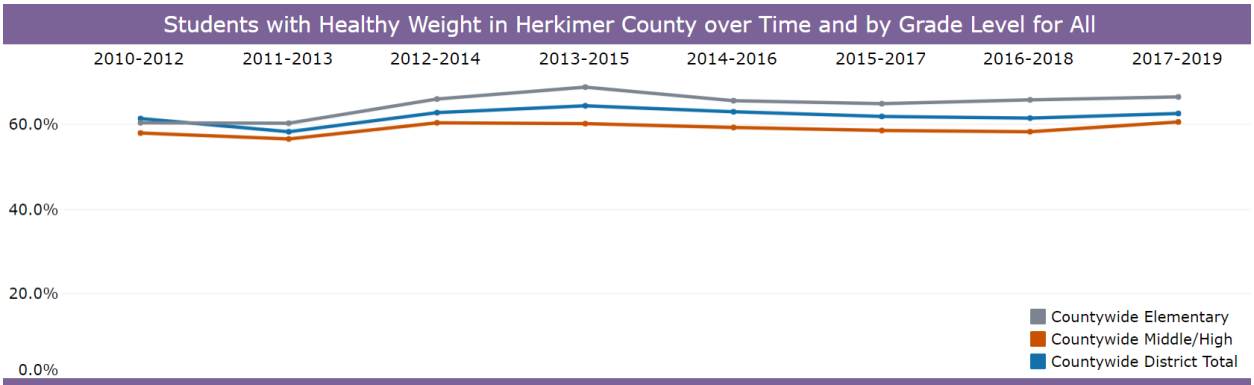
Table 111 Madison County Student Obesity Rates



Student Weight Data Table For Madison County for All

		2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Countywide Elementary	Percent Obese	18.1%	16.1%	16.4%	18.3%	18.4%	17.1%	17.1%	18.9%
	Percent Overweight	16.7%	15.5%	16.3%	16.2%	14.5%	14.4%	15.1%	15.9%
	Percent Overweight Or Obese	34.8%	31.6%	32.7%	34.5%	32.9%	31.5%	32.3%	34.8%
	Percent Healthy Weight	64.3%	67.5%	65.4%	64.5%	66.5%	65.5%	64.0%	63.9%
Countywide Middle/High	Percent Obese	20.7%	18.5%	20.1%	18.3%	19.0%	24.2%	23.1%	22.3%
	Percent Overweight	19.1%	18.2%	15.1%	16.3%	18.3%	16.5%	15.9%	17.7%
	Percent Overweight Or Obese	39.8%	36.7%	35.1%	34.6%	37.3%	40.8%	39.0%	40.0%
	Percent Healthy Weight	59.8%	61.8%	63.7%	64.4%	61.6%	57.2%	59.0%	59.6%
Countywide District Total	Percent Obese	19.9%	17.6%	19.2%	19.3%	17.7%	19.1%	20.0%	20.3%
	Percent Overweight	17.6%	17.1%	15.9%	16.1%	17.3%	16.7%	15.8%	16.8%
	Percent Overweight Or Obese	37.5%	34.7%	35.1%	35.4%	35.0%	35.8%	35.7%	37.0%
	Percent Healthy Weight	61.3%	64.4%	63.4%	63.1%	63.7%	61.4%	61.0%	61.9%

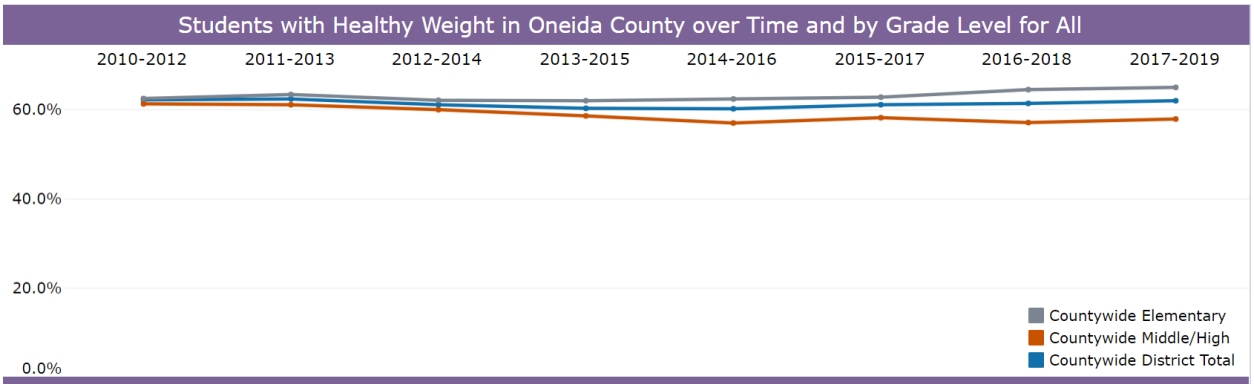
Table 112 Herkimer County Student Obesity Rates



Student Weight Data Table For Herkimer County for All

		2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Countywide Elementary	Percent Obese	21.8%	20.8%	15.2%	14.6%	16.5%	17.2%	18.0%	17.7%
	Percent Overweight	16.8%	17.7%	16.4%	14.2%	16.0%	16.3%	15.3%	15.7%
	Percent Overweight Or Obese	38.6%	38.5%	31.6%	28.8%	32.5%	33.6%	33.3%	33.5%
	Percent Healthy Weight	60.2%	60.1%	65.8%	68.6%	65.4%	64.7%	65.6%	66.3%
Countywide Middle/High	Percent Obese	19.3%	19.6%	18.4%	20.4%	21.1%	21.7%	22.4%	22.7%
	Percent Overweight	21.4%	23.6%	20.6%	17.7%	18.1%	18.8%	18.8%	16.9%
	Percent Overweight Or Obese	40.7%	43.2%	39.0%	38.1%	39.3%	40.5%	41.2%	39.6%
	Percent Healthy Weight	57.8%	56.4%	60.2%	60.0%	59.1%	58.4%	58.1%	60.4%
Countywide District Total	Percent Obese	17.9%	20.2%	16.6%	17.1%	18.5%	19.0%	19.5%	19.5%
	Percent Overweight	18.4%	19.9%	18.6%	16.5%	17.3%	17.6%	17.3%	17.1%
	Percent Overweight Or Obese	36.3%	40.1%	35.2%	33.6%	35.9%	36.6%	36.9%	36.6%
	Percent Healthy Weight	61.2%	58.1%	62.6%	64.2%	62.8%	61.7%	61.3%	62.4%

Table 113 Oneida County



Student Weight Data Table For Oneida County for All

		2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Countywide Elementary	Percent Obese	19.6%	18.7%	19.3%	20.0%	19.1%	18.6%	16.3%	16.1%
	Percent Overweight	16.7%	16.2%	16.5%	16.2%	16.5%	16.1%	16.5%	16.6%
	Percent Overweight Or Obese	36.3%	35.0%	35.8%	36.2%	35.7%	34.7%	32.8%	32.7%
	Percent Healthy Weight	62.5%	63.4%	62.1%	62.0%	62.4%	62.8%	64.5%	65.0%
Countywide Middle/High	Percent Obese	21.1%	21.3%	21.5%	21.8%	22.8%	23.2%	21.8%	21.5%
	Percent Overweight	16.8%	16.4%	17.2%	17.1%	17.0%	17.0%	20.0%	19.3%
	Percent Overweight Or Obese	38.0%	37.7%	38.7%	38.9%	39.8%	40.3%	41.7%	40.8%
	Percent Healthy Weight	61.3%	61.1%	60.0%	58.6%	57.0%	58.2%	57.1%	57.9%
Countywide District Total	Percent Obese	19.7%	19.6%	20.1%	20.7%	20.3%	20.1%	18.3%	18.1%
	Percent Overweight	16.8%	16.3%	16.8%	16.6%	16.6%	16.3%	17.8%	17.6%
	Percent Overweight Or Obese	36.5%	35.8%	36.9%	37.3%	37.0%	36.4%	36.1%	35.7%
	Percent Healthy Weight	62.2%	62.4%	61.1%	60.3%	60.2%	61.1%	61.4%	62.0%

Oral Health

Oral diseases are a major health concern affecting almost every person in New York State. Dental caries and periodontal diseases have a huge economic and social cost and can be a portal for serious physical health problems. Most oral diseases are preventable which can then reduce pain, suffering and healthcare cost.

Mohawk Valley Community Action Agency

Mohawk Valley Community Action Agency Health Coalition is a strong collaborative component. Collaborations established through this coalition have allowed the agency to campaign a strong dental education program for staff and families. Furthermore, there are several area dentists who donate their time to providing examinations to all Head Start Children who need such.

In the Head Start Program, 100% of the children were reported to have access to dental care. 100% of the children received preventative care and 80% received dental examinations. 23% were diagnosed as needing treatment.

Immunizations

Vaccines are among the greatest public health achievements of the20th century. Immunizations can prevent disability and death from infectious diseases for individuals and can help control the spread of infections within the communities. *Healthy People 2010*

Both children and adults need immunizations. Adults need protection against preventable diseases such as measles, mumps, rubella, tetanus, diphtheria, pneumococcal disease, influenza and hepatitis B. College students need immunization against measles and meningococcal disease. Children should be receiving 12 – 16 doses of vaccine by age 2 years to be protected against 10 vaccine-preventable childhood diseases. This recommendation will change in years ahead as new vaccines are developed, including combinations of current vaccines that may even reduce the number of necessary shots. *Herkimer County Risk Assessment* All children in the Head Start and Early Head Start program were up to date on all immunizations possible to receive.

Mental Health

Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. It is important at every

stage of life, from childhood and adolescence through adulthood. (https://www.cdc.gov/mentalhealth/learn/index.htm, n.d.)

According to the CDC (Center for Disease Control and Prevention), the following factors know to contribute to risk for mental illness includes:

- Early adverse life experiences, such as trauma or a history of abuse (for example, child abuse, sexual assault, witnessing violence, etc.)
- Experiences related to other ongoing (chronic) medical condition, such as cancer or diabetes.
- Biological factors, such as genes or chemical imbalances in the brain
- Use of alcohol or recreational drugs
- Having few friends
- Having feeling of loneliness or isolation

Although the terms are often used interchangeably, poor mental health and mental illness are not the same things. A person can experience poor mental health and not be diagnosed with a mental illness. Likewise, a person diagnosed with a mental illness can experience periods of physical, mental, and social well-being.

Mental health issues will often (although not always) present with co-existing disorders such as substance abuse (tobacco, alcohol or other substance use, gambling, or risky sexual activity. Additionally, eating disorders, disability, suicide, school failure, poor overall health, incarceration, and homelessness are often present. (https://www.cdc.gov/mentalhealth/learn/index.htm, n.d.)

Services for mental health issues may include; Case Management, Crisis Services, Vocational-Educational Services, Peer Advocacy, Clinics, Emergency Services, Continuing Day Treatment, Compeer, Drop-In Center, Representative Payee, Discharge Planning, Legal Services, Individual Case Reviews, Residential Services, Incident Review/ Risk Management, Forensic Services, and Transportation.

Both Oneida and Herkimer Counties identified Mental Health and Substance Abuse as priority areas of focus. According to the Oneida County Health Assessment Report, New York State trends indicate:

- The New York State Office of Mental Health estimates that 500,000 NYS children experience SED or Serious Emotional Disturbance (in any 12 months), a diagnosable mental health disorder and functional impairment in children ages (9-17).

- Children with the highest SED have the highest rate of high school dropout among all disabilities and have higher co-morbid health, social and learning problems.
- 3,500,000 New Yorkers have mental illness (diagnosable mental health disorder).
- 790,000 have SMI (mental health disorder and substantial functional impairment).
- 380,000 have SPMI (mental health disorder, substantial functional impairment, of prolonged duration). Oneida County Health Department 2005-2010 Community Health Assessment

According to the Surgeon General's Report on Mental Health (1999), approximately 20% of the total U.S. population is affected by mental illness during a given year. Of all mental illnesses, depression is the most common disorder. More than 19 million adults in the United States suffer from depression. Major depression is the leading cause of disability and is the cause of more than two-thirds of suicides each year. Oneida County Health Department 2005-2010 Community Health Assessment

The U.S. Surgeon General has estimated that as many as 21% of all youth suffer from mental health disorders that result in at least a minimal functional impairment (United States Public Health Service, 1999). It is estimated that up to 12% of youth below the age of 17 may suffer from a serious Emotional Disturbance (SED), and that 5.4% of the population over 18 may suffer from a Serious Mental Illness (SMI), which may indicate an even more significant impairment. Furthermore, 2.6% of the adult population is estimated to have a mental illness categorized as Serious and Persistent (SPMI). Oneida County Health Department 2005-2010 Community Health Assessment

In 1997, less than 25% of all adults' diagnoses with depression received treatment. Serious For children, serious emotional disturbances affect their ability to function at home, school and in the community. The results of the 2003 patient Characteristics Survey administered by the New York State Office of Mental Health found that as many as 30% of youth ages 7-12 and 35% of youth ages 13-17 that received mental health services were behind at least one grad level in school. This underscores the urgency of treating and preventing mental disorders and promoting mental health in our society. 2006 Herkimer County Community Health Assessment

COVID-19 Impact

Families who were already struggling before COVID-19 hit are facing compounded stress. The COVID-19 pandemic has accelerated the growing gap between essential resource needs and the capacity to meet those needs. According to the Center for Disease Control (CDC), populations who were already vulnerable, including people age 65 or older, populations with limited English-speaking abilities, uninsured population, people living in poverty, and people of color, are at a higher risk of contracting

COVID-19. These populations are at a higher risk of suffering from mental health concerns that may be exacerbated due to the pandemic.

Families do not always know who to reach out to for mental health support. Relationships are key in building trust. According to the November 2020 Focus Groups, many families are not aware of the mental health services that are available, or that they qualify for them, and may not feel comfortable reaching out for help or even admitting that they are struggling. Providers do not have as much face-to-face contact with families, and those who were already isolated prior to the pandemic have only become more vulnerable. It was noted that families are better able to get the support they need when they are assisted by a provider with whom they have a good relationship/trust.

Those who are isolated even under "normal" conditions are more so—particularly the elderly and rural communities/families. The latter typically rely on visitors from other communities for interaction (and commerce), but that has dropped off dramatically due to COVID. It is essential that the most vulnerable populations have food, housing, health and other essential resources, in addition to mental health support.

Protecting the mental and emotional well-being of people in our community is of utmost importance. MVCAA along with many other organizations in our community and our nation have been working to understand emerging research around ACE's and Trauma-informed Care. At the heart of this work is resilience, "the ability to thrive, adapt and cope despite tough and stressful times." This may be the most important ingredient in our response to the unfolding pandemic. The long-term goal of the MVCAA Cares Drive-Thru event will be to promote residents' ability to be resilient and cope with stressful circumstances.

Substance Use and Abuse

A new set of epidemics is facing the nation. According to a report by Trust for America's Health and Wellbeing Trust, more than a million Americans have died in the past 10 years (2006-2016) from drug overdoses, alcohol and suicides and, life expectancy in the country decreased for the first time in two decades. These trends in death resulting from drug/alcohol induced suicides constitute a serious public health crisis. There has also been a dramatic increase in the use of illicit opioids heroin and it blending with even more potent carfentanil has made the immediate situation more dire and complicated. (Pain in the Nation, November 2017)

New York, like many states, is suffering the consequences of an opioid epidemic. Governor Andrew M. Cuomo convened a Heroin and Opioid Task Force in May 2016. The Task Force gathered

perspectives and information from communities across the state to produce a comprehensive report with actionable recommendations to target heroin and opioid abuse. Additionally, New York State Department of Health focuses on statewide prevention activities to build a coordinated approach to fight addiction, reduce deaths from overdose and evaluate state and local programs. Efforts include:

- Identifying and sharing data between agencies and affected communities
- Developing training for health care providers on addiction, pain management and treatment
- Making the prescription drug monitoring program easier for providers to access and use
- Providing resources to assist communities in combating the opioid epidemic at the local level
- Coordinating statewide and community programs to improve the effectiveness of opioid prevention efforts.

As a result of these efforts, New York has restrictions on opioid and other controlled substance prescriptions. New York has also established educational programs for healthcare providers on safe prescribing practices. The state is working to expand the availability of the overdose prevention drug naloxone, and buprenorphine, a type of Medication Assisted Treatment.
https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jan18.pdf

COVID Impact

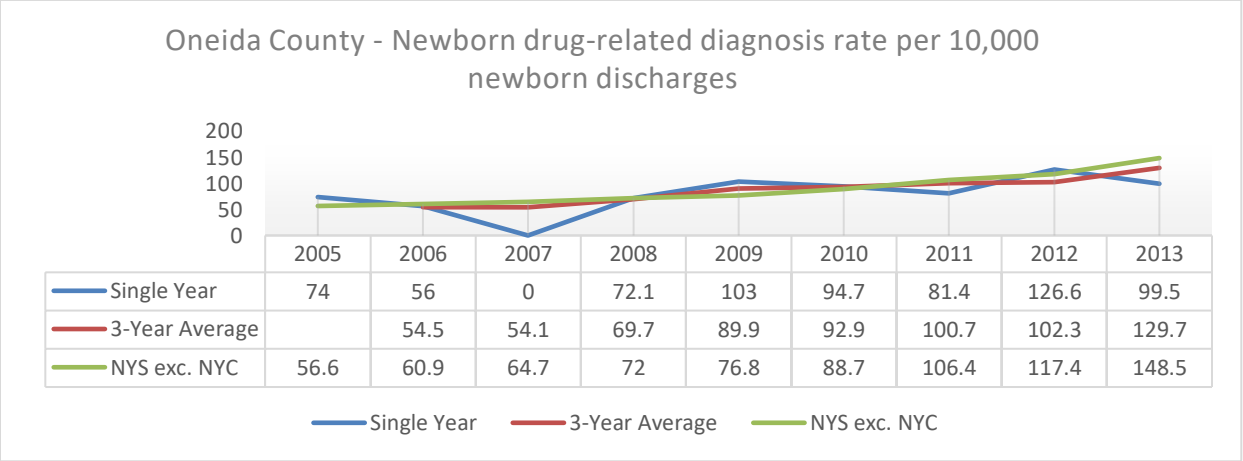
People who struggle with mental health concerns combined with addiction are at an increased risk of relapse and overdose during the pandemic. Stress associated with a health crisis such as this can worsen mental health conditions and increase use of tobacco, alcohol and/or other substances. (Center for Disease Control and Prevention, 2020) On April 7th, 2020, the Oneida County Overdose Response Team identified a spike in overdoses using the Overdose Detection Mapping Application Program due to a total of 20 overdoses and 2 deaths during the two weeks prior. The Overdose Detection Mapping Application Program (ODMAP) reported a 17.59% increase of drug overdoses nationwide between the pre-quarantine time period (January - March 2020) and the post-quarantine time period (March - May 2020). According to the Oneida County Opioid Task Force, there were a total of 342 drug overdoses between March 2020 and January 2021 in Oneida County, 62 of which were fatal.

Substance Use and Abuse Impact on Children and Families

The impact of substance use and abuse extends to families, households and communities who live in its wake on a daily basis. An estimated 8.7 million children currently live in homes where there is active substance abuse or misuse. This environment, for children, plays a significant role in negative health, behavioral and academic outcomes. These children are often at risk of being removed from their home; placed in the child welfare system, or with grandparent (another caregiver). Furthermore, there is a greater risk of being exposed to abusive behavior.

The prevalence of neonatal abstinence syndrome (NAS) has increased nationwide and in our communities. It is critical for programs such as Head Start and Early Head Start to explore innovative ways to target early childhood trauma related to substance use and abuse.

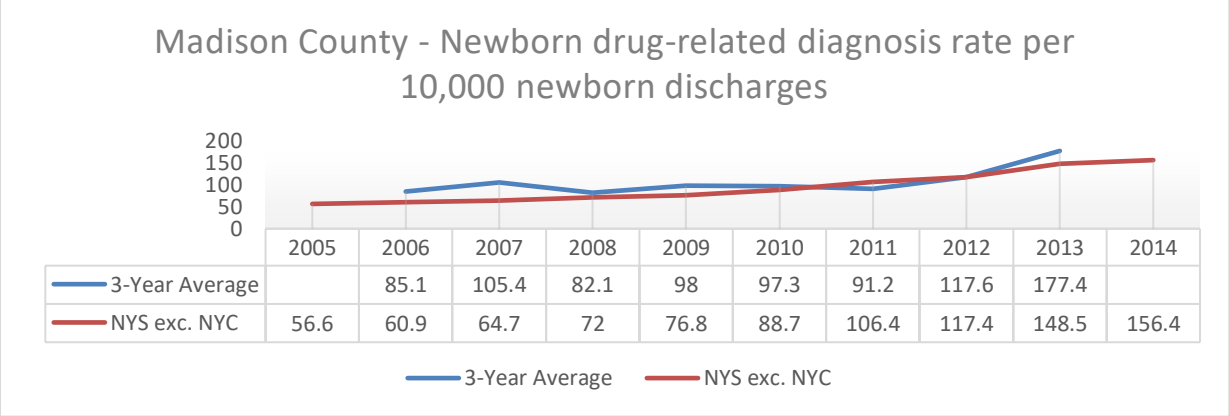
Table 114 Oneida County - Newborn Drug-Related Diagnosis Rate per 10,000 Newborn Discharges



	2005	2006	2007	2008	2009	2010	2011	2012	2013
Single Year	74	56	0	72.1	103	94.7	81.4	126.6	99.5
3-Year Average		54.5	54.1	69.7	89.9	92.9	100.7	102.3	129.7
NYS exc. NYC	56.6	60.9	64.7	72	76.8	88.7	106.4	117.4	148.5

https://www.health.ny.gov/statistics/chac/hospital/h46.htm

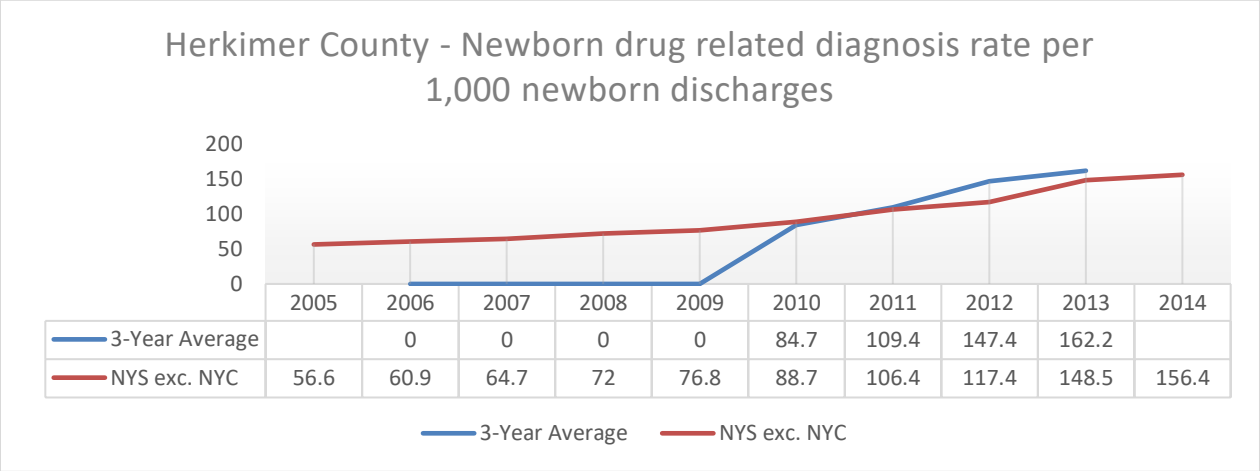
Table 115 Madison County- Newborn Drug-Related Diagnosis Rate per 10,000 Newborn Discharges



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
3-Year Average		85.1	105.4	82.1	98	97.3	91.2	117.6	177.4	
NYS exc. NYC	56.6	60.9	64.7	72	76.8	88.7	106.4	117.4	148.5	156.4

https://www.health.ny.gov/statistics/chac/hospital/h46.htm

Table 116 Herkimer County - Newborn Drug-Related Diagnosis Rate Per 1,000 Newborn Discharges



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
3-Year Average		0	0	0	0	84.7	109.4	147.4	162.2	
NYS exc. NYC	56.6	60.9	64.7	72	76.8	88.7	106.4	117.4	148.5	156.4

https://www.health.ny.gov/statistics/chac/hospital/h46.htm

COVID Impact

Mental health resources will need to be available in new and increased ways to deal with the many different stressors/traumas caused by the pandemic, especially its impact over an extended period of time. Parents in particular have shared concern: saying that there are children missing social interaction with their peers. This is further complicated with virtual schooling. Parents have shared that especially young children simply do not engage with this type of learning; it is disengaging for many children who require a different type of stimulation. This has the potential to impose mental health issues down the road for many families and their children.

The COVID-19 crisis is extremely stressful for people. Fear and anxiety about this new disease can be overwhelming. Additionally, feelings of isolation and loneliness due to social distancing can increase the stress factor. It is imperative that we educate, model and encourage coping with stress in positive ways. (Center for Disease Control and Prevention, 2020)

Stress associated with a health crisis such as this can also worsen mental health conditions and increase use of tobacco, alcohol and/or other substances. (Center for Disease Control and Prevention, 2020)

Both Oneida and Herkimer Counties identified Mental Health and Substance Abuse as priority areas of focus. New York State trends indicate a shortage of mental health providers in this service area.

Community Input

- Increase in drug overdose.
- On April 7th, 2020, the Oneida County Overdose Response Team identified a spike in overdoses using the Overdose Detection Mapping Application Program due to a total of 20 overdoses and 2 deaths during the two weeks prior. The Overdose Detection Mapping Application Program (ODMAP) reported a 17.59% increase of drug overdoses nationwide between the pre-quarantine time period (January - March 2020) and the post-quarantine time period (March - May 2020ht).
- Access to mental health services is being offered in different ways has presented challenges for some people.
- Overall mental and emotional health of people, families and children due to social isolation is a communitywide concern. It is currently unknown the extent of mental and emotional distress that families and children are experiencing.
- There are numerous resources available on the internet to assist people virtually; however, it is unknown how many individuals in the community are unable to have access to this resource.
- MVCAA offers virtual support groups to staff and families. This has been a valuable resource that has been well utilized.

Family Economic Security

Family economic security refers to the ability of a family to meet the basic, day-to-day needs. While the economy has indicated signs of improvement, there are still too many families who have serious problems making ends meet. The primary reason for this is due to families struggling with stagnant wages, rising food and housing costs and more. When the labor market and economy do not serve as a foundation for families to thrive, then the safety net fills in. This often puts a strain on our safety net programs. In short, these programs lift people out of poverty, prevent hunger and homelessness. It is important to consider these factors as a part of the solution for very complex issues. What follows is a snapshot of safety-net program use in our community; Temporary Assistance, SNAP, Public Assistance, Earned Income Tax Credit, and Medicaid.

Temporary Assistance for Needy Families (TANF)

The number of persons receiving TANF in January 2020, within the report area is shown in below. The New York Office of Temporary and Disability Assistance reported that 7,503 persons were receiving TANF benefits at a cost of $2,140,226, or $285.25 per recipient.

Table 117 Population receiving Temporary Assistance

Report Area	Recipients Total	Recipients Children	Recipients Adults	Cases	Expenditures Total	Expenditures Per Case	Expenditures Per Person
Report Location	7,503	4,443	3,060	3,709	$2,140,226	$577.04	$285.25
Herkimer County	755	442	313	433	$245,241	$566.38	$324.82
Madison County	532	320	212	325	$196,701	$605.23	$369.74
Oneida County	6,216	3,681	2,535	2,951	$1,698,284	$575.49	$273.21
New York	457,899	221,843	236,056	249,463	$171,228,057	$686.39	$373.94

Temporary Assistance for Needy Families (TANF) Trend

Below are trend amounts for total recipients of Temporary Assistance for Needy Families (TANF) for the selected report area. The total recipients decreased from 7,958 in 2010 to 7,503 in 2020. The data listed is for January of each year.

Table 118 Population Receiving Temporary Assistance for Needy Families (Trends 2010-2020)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Report Location	7,958	8,437	10,438	11,688	12,063	12,485	11,702	10,515	9,542	8,712	7,503
Herkimer County	750	817	883	982	874	945	854	820	749	780	755
Madison County	799	800	738	751	735	707	677	646	619	533	532
Oneida County	6,409	6,820	8,817	9,955	10,454	10,833	10,171	9,049	8,174	7,399	6,216
New York	546,348	559,452	565,870	585,685	560,991	569,551	566,387	556,305	540,031	494,824	457,899

Free and Reduced Lunch Program by School

The table below shows the number of students eligible for the Free and Reduced Lunch Program during January, 2020. The figures below include all School Food Authority agencies, including public and non-public.

Table 119 Free and Reduced Lunch Program Use

	Enrollment	Free Eligible (Total)	Free Eligible (Percent)	Reduced Eligible (Total)	Reduced Eligible (Percent)	Free and Reduced (Percent)
Herkimer County						
Central Valley CSD At Ilion-Mohawk	2,253	1,687	74.9%	0	0.0%	74.9%
Dolgeville CSD	867	681	78.5%	0	0.0%	78.5%
Little Falls City SD	1,092	525	48.1%	55	5.0%	53.1%
Town Of Webb UFSD	272	78	28.7%	34	12.5%	41.2%
West Canada Valley CSD	693	243	35.1%	44	6.3%	41.4%
Herkimer County Total	5,177	3,214	62.1%	133	2.6%	64.7%
Madison County						
Canastota CSD	1,338	567	42.4%	56	4.2%	46.6%
Cazenovia CSD	1,386	273	19.7%	29	2.1%	21.8%
Chittenango CSD	1,951	597	30.6%	102	5.2%	35.8%
Deruyter CSD	377	302	80.1%	0	0.0%	80.1%
Hamilton CSD	589	157	26.7%	20	3.4%	30.1%
Madison CSD	469	205	43.7%	25	5.3%	49.0%
Morrisville-Eaton CSD	652	291	44.6%	53	8.1%	52.8%
Oneida City SD	2,146	885	41.2%	108	5.0%	46.3%
Stockbridge Valley CSD	473	213	45.0%	32	6.8%	51.8%
Madison County Total	9,381	3,490	37.2%	425	4.5%	41.7%
Oneida County						
Adirondack CSD	1,189	557	46.8%	85	7.1%	54.0%
Camden CSD	2,305	1,847	80.1%	0	0.0%	80.1%
Holland Patent CSD	1,309	406	31.0%	87	6.6%	37.7%
Notre Dame Elementary School	339	60	17.7%	28	8.3%	26.0%
Notre Dame Junior-Senior High School	325	45	13.8%	18	5.5%	19.4%
Rome City SD	5,733	3,221	56.2%	267	4.7%	60.8%
Sherrill City SD	1,975	747	37.8%	99	5.0%	42.8%
Utica City SD	12,099	12,099	100.0%	0	0.0%	100.0%
Whitesboro CSD	3,168	916	28.9%	119	3.8%	32.7%
Oneida County Total	28,442	19,898	70.0%	703	2.5%	72.4%

Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp Program)

The number of persons receiving SNAP benefits and the total SNAP dollars issued per county in January 2019, within the report area is shown in below. The New York Office of Temporary and Disability Assistance reported that 27,384 households were receiving SNAP benefits totaling $6,371,082, or $232.66 per household.

Table 120 Supplemental Nutritional Assistance Program Benefits

	Households Receiving Benefits			Persons Receiving Benefits			Benefits			
	Total	Temp	Non-Temp	Total	Temp	Non-Temp	Total	Temp	Non-Temp	Per Household
Report Location	27,384	8,943	18,441	51,795	13,003	38,792	$6,371,082	$1,957,081	$4,414,001	$232.66
Herkimer County	4,684	1,209	3,475	8,356	1,542	6,814	$971,551	$238,820	$732,731	$207.42
Madison County	3,496	989	2,507	6,381	1,204	5,177	$739,929	$184,093	$555,836	$211.65
Oneida County	19,204	6,745	12,459	37,058	10,257	26,801	$4,659,602	$1,534,168	$3,125,434	$242.64
New York	1,478,960	617,107	861,853	2,570,601	887,410	1,683,191	$356,606,380	$139,351,935	$217,254,445	$241.12

Supplemental Nutrition Assistance Program (SNAP) Trend

Below are trend amounts for Benefits Per Household of the Supplemental Nutrition Assurance Program (SNAP) for the selected report area. The amount has decreased from $288.29 to $232.66 over the last 10 years. The data listed is for January of each year.

Table 121 SNAP Benefit (Amount per Household Trends)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Report Location	$288.29	$280.16	$266.20	$263.68	$247.36	$252.96	$244.10	$235.96	$237.37	$235.02	$232.66
Herkimer County	$268.46	$259.71	$247.12	$246.10	$229.76	$235.67	$221.24	$209.38	$210.53	$209.48	$207.42
Madison County	$296.61	$281.21	$264.66	$264.69	$246.64	$251.40	$237.48	$227.62	$226.42	$220.56	$211.65
Oneida County	$291.58	$285.61	$271.69	$268.22	$252.14	$257.99	$251.58	$244.77	$246.10	$243.95	$242.64
New York	$289.35	$282.09	$275.63	$272.50	$252.56	$253.86	$250.83	$248.27	$243.48	$247.54	$241.12

Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp Program)

The number of persons receiving SNAP benefits and the total SNAP dollars issued per county in January 2019, within the report area is shown in below. The New York Office of Temporary and Disability Assistance reported that 27,384 households were receiving SNAP benefits totaling $6,371,082, or $232.66 per household.

Table 122 Population Receiving SNAP

	Households Receiving Benefits			Persons Receiving Benefits			Benefits			
	Total	Temp	Non-Temp	Total	Temp	Non-Temp	Total	Temp	Non-Temp	Per Household
Report Location	27,384	8,943	18,441	51,795	13,003	38,792	$6,371,082	$1,957,081	$4,414,001	$232.66
Herkimer County	4,684	1,209	3,475	8,356	1,542	6,814	$971,551	$238,820	$732,731	$207.42
Madison County	3,496	989	2,507	6,381	1,204	5,177	$739,929	$184,093	$555,836	$211.65
Oneida County	19,204	6,745	12,459	37,058	10,257	26,801	$4,659,602	$1,534,168	$3,125,434	$242.64
New York	1,478,960	617,107	861,853	2,570,601	887,410	1,683,191	$356,606,380	$139,351,935	$217,254,445	$241.12

Supplemental Security Income

The below table shows the number of Supplemental Security Income recipients and expenditures by the state and federal governments issued per county in January 2020 for the report area. The report area average payment of $605.04 to each recipient is less than the state average of $619.36 per recipient.

Table 123 Supplemental Security Income Use

	Recipients	Recipients Total	Recipients Federal	Recipients State	Expenditure per Recipient
Report Location	11,684	$7,069,239	$6,233,894	$835,345	$605.04
Herkimer County	1,762	$1,008,253	$865,196	$143,057	$572.22
Madison County	1,436	$843,297	$738,672	$104,625	$587.25
Oneida County	8,486	$5,217,689	$4,630,026	$587,663	$614.86
New York	670,556	$415,314,998	$365,897,515	$49,417,483	$619.36

Data Source: New York Office of Temporary and Disability Assistance. Source geography: County

Family Assistance

The number of persons receiving Family Assistance within the report area is shown in the table below. The New York Office of Temporary and Disability Assistance reported that 3,623 persons were receiving Family Assistance benefits at a cost of $893,877, or $246.72 per recipient, in the report area during January 2020.

Table 124 Family Assistance

	Family Assistance Recipients Total	Cases Children	Cases Adult	Cases Total	Expenditures Total	Expenditures Per Case	Expenditures Per Person
Report Location	3,623	2,832	791	1,510	$893,877	$591.97	$246.72

Herkimer County	418	342	76	192	$104,213	$542.78	$249.31
Madison County	274	231	43	141	$75,461	$535.18	$275.41
Oneida County	2,931	2,259	672	1,177	$714,203	$606.80	$243.67
New York	169,951	126,569	43,382	74,332	$50,846,137	$684.04	$299.18

Data Source: New York Office of Temporary and Disability Assistance. Source geography: County

Safety Net Assistance

The number of persons receiving Safety Net Assistance within the report area is shown in the table below. The New York Office of Temporary and Disability Assistance reported that 3,880 persons were receiving Safety Net Assistance benefits at a cost of $1,246,349, or $321.22 per recipient, in the report area during January 2020.

Table 125 Safety Net Assistance

	Safety Net Recipients Total	Cases Children	Cases Adult	Cases Total	Expenditures Total	Expenditures Per Case	Expenditures Per Person
Report Location	3,880	1,611	2,269	2,199	$1,246,349	$566.78	$321.22
Herkimer County	337	100	237	241	$141,028	$585.18	$418.48
Madison County	258	89	169	184	$121,240	$658.91	$469.92
Oneida County	3,285	1,422	1,863	1,774	$984,081	$554.72	$299.57
New York	287,948	95,274	192,674	175,131	$120,381,920	$687.38	$418.07

Data Source: New York Office of Temporary and Disability Assistance. Source geography: County

Child Support Collections

Child support collections for the report area are shown below. During January 2020, child support collections totaled $2,636,726.93.

Table 126 Child Support Collections

	Child Support Collections Total	Child Support Collections Current Assistance	Child Support Collections Former Assistance	Child Support Collections Never Assisted
Report Location	$2,636,726.93	$117,281.26	$1,665,814.76	$853,630.91
Herkimer County	$497,614.68	$16,229.38	$306,016.45	$175,368.85
Madison County	$500,075.04	$12,999.11	$283,790.91	$203,285.02
Oneida County	$1,639,037.21	$88,052.77	$1,076,007.40	$474,977.04
New York	$151,743,813.46	$5,092,366.92	$81,882,304.06	$64,769,142.48

Data Source: New York Office of Temporary and Disability Assistance. Source geography: County

Family Violence and Crime

Agencies across the Unites States are reporting an increase in domestic violence calls. In contrast, there is growing concern that child welfare agencies are noting a significant drop in reports of child abuse or neglect. With the closure of schools and other key community organizations, detection of child abuse of is limited. (Campbell, 2020)

COVID-19 Impact

Restrictions associated with COVID-19 such as sheltering in place, restricted travel, social distancing and closures of community organizations have created a perfect scenario for family violence to percolate. Domestic violence abusers will often isolate their victims as a way of exercising control which expands opportunity for this to occur. Perpetrators may find it easy to surveil electronic sources of outreach such as cell phones, social media or internet. Stress due to unemployment, reduced income, limited resources and limited social support further add to the situation. People may also turn to alcohol or drug abuse. It is also important to consider the role that schools, libraries and other public places have played in offering a safe haven for victims. Many of these community spaces are closed due to COVID-19. (Campbell, 2020)

Community Input

In March 2020, all activities that children engage in outside of the home - schools, recreation centers, gyms, classes - were shut down. Between mid-March and the end of May, the Child Advocacy Center (CAC) saw a 50% reduction in reported cases of suspected sexual abuse against children ages 0-17. During that same time period, the CAC received a 50% increase in requests for mental health services, which the CAC provides in-house as well as via referral to outside agencies. As more families started to access mental health services through May and June, the number of reports increased again dramatically. Another wave of reports occurred at the beginning of July when Family Court re-opened. As of September 1st, the CAC had received 600 cases so far in 2020, a higher number than was reported at the same time in 2019. 80 reports were made in August, almost double the amount from a typical August. Children are less isolated than they were in March and April due to increased use of mental health services and contact with adults outside the family. The CAC typically sees a spike in reports at the beginning of the school year after children have spent the summer at home. It is unknown whether cases will increase at the same level in 2020 due to the varied school district reopening plans throughout the county.

Community leaders, law enforcement agencies and family workers at MVCAA have iterated similar concerns, noting an increase in domestic violence calls and a reduction in child abuse and neglect reports.

Domestic Violence

Table 127 Domestic Violence Victims Reported

DOMESTIC VIOLENCE VICTIMS REPORTED IN 2016						
		Intimate Partner			OTHER FAMILY VICTIM	TOTAL
		FEMALE VICTIM	MALE VICTIM	TOTAL		
Herkimer County	Agg Assault	2	0	2	11	13
	Simple Assault	107	36	143	79	222
	Sex Offense	0	1	1	4	5
	Violate Protection Order	7	0	7	2	9
	Total	**116**	**37**	**153**	**96**	**249**
Madison County	Agg Assault	7	3	10	5	15
	Simple Assault	133	51	184	115	299
	Sex Offense	11	0	11	15	26
	Violate Protection Order	3	2	5	2	7
	Total	**154**	**56**	**210**	**137**	**347**
Oneida County	Agg Assault	43	18	61	46	107
	Simple Assault	910	283	1,193	441	1,634
	Sex Offense	17	0	17	35	52
	Violate Protection Order	87	8	95	11	106
	Total	**1,057**	**309**	**1,366**	**533**	**1,899**
New York exc NYC Total	Agg Assault	1,660	706	2,366	1,302	3,668
	Simple Assault	20,565	5,094	25,659	12,064	37,723
	Sex Offense	437	32	469	718	1,187
	Violate Protection Order	2,891	398	3,289	1,454	4,743
	Total	**25,553**	**6,230**	**31,783**	**15,538**	**47,321**

Gang Activity

Gang activity has not eluded this service area either. The Cornhill neighborhood of Utica is consistently a true "inner city" area with high rates of poverty, crime, unemployment and homelessness. Crime analysis conducted by the Utica Police Department has shown that there are ten actives, confirmed street gangs in the City of Utica. According to this Task Force data, gangs are becoming more organized and committing crimes to fund themselves. Homeless youth have become involved in gang activity as a means to survive and obtain basic necessities.

Child Welfare

The Bureau of Research, Evaluation and Performance Analytics compile data using a statewide computerized database. Data is compiled to serve as a framework for quantifying select

characteristics of county child welfare services. It is included in this report to better understand child and family need.

Child Protective

Data includes the number of reports received and indicated as well as rates and percentages. Rate is defined as the number of reports received / indicated during the calendar year for every 1,000 children in the district. Data is indicated for (1) Reports received: annual rate and the percent of change and (2) reports indicated: annual rate indicated and annual rate of change.

Table 128 Number of Child Protective Reports Received and Indicated

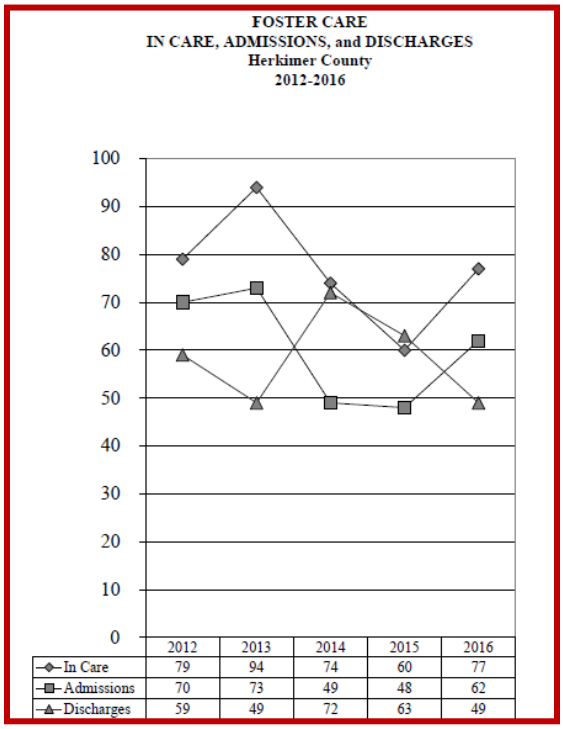
		Oneida County	Herkimer County	Madison County
Number of Reports **Received**	2012	3,349	727	989
	2013	3,142	679	931
	2014	3,045	740	957
	2015	3,155	802	955
	2016	3,274	806	968
Number of Reports **Indicated**	2012	1,000	156	253
	2013	1,027	151	211
	2014	882	129	192
	2015	876	138	208
	2016	857	174	187

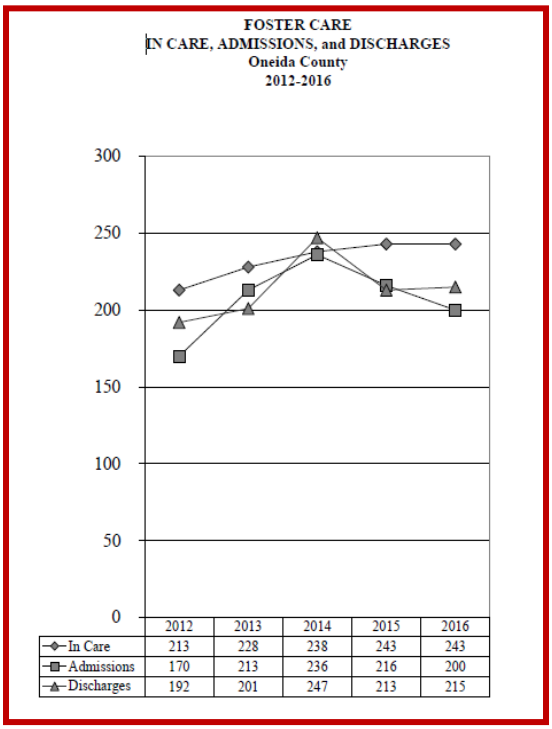
Table 129Annual Rate and Percentage of Child Protective Reports Received and Indicated

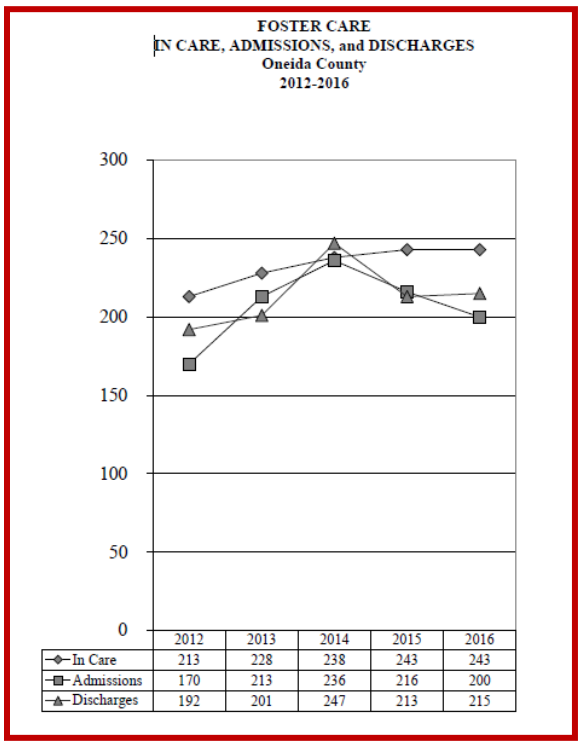
	Oneida County		Herkimer County		Madison County	
Annual Rate **Received / % Change**	66		51.4		64.2	
	62.3	-5.7 %	48.2	-6.2%	61.4	-4.5%
	60.4	-3.1%	52.6	9.1%	63.5	3.4%
	62.6	3.7%	56.9	8.2%	63.7	0.4%
	65	3.9%	57.1	0.4%	64.5	1.3%
Annual Rate **Indicated / % Change**	29.9		21.5		37	
	32.7	9.5	22.2	3.6%	33.5	-9.6%
	29	-11.4	17.4	-21.6%	31.4	-6.2%
	27.8	-4.1	17.2	-1.3%	33.6	6.9%
	28.1	1.3	23.1	34.3%	34.2	1.7%

Foster Care

Figure 19 Foster Care Summary Herkimer County - Oneida County - Madison County







Child Trafficking

Oneida County has disturbingly seen an increase in instances of child trafficking in recent years. The Oneida County Child Advocacy Center (CAC) handles investigations of child sexual abuse in which the victim is under 17 years of age. Director Derrick O'Meara reported in 2019 that "of the 83 cases investigated in 2018, victims are primarily girls between 13 and 16-years-old, and the exploitation mostly occurs within and in the immediate area of Uti9ca." However, it is often difficult to bring charges against perpetrators because victims may not cooperate, for a variety of reasons including fear of medical examinations. Many victims know their abuser and due to manipulation, may be reluctant to cooperate in an investigation against them. According to a 2019 report, the Oneida County District Attorney's office handles about 20 cases of human trafficking per year. In response, the County is considering implementing a dedicated Human Trafficking court. In 2016, 14 youth in Oneida County were identified to be at risk of sexual exploitation, according to the Safe Harbour NY Program Data. Safe Harbor is a child welfare-led system response to enhance identification and service delivery to trafficked, exploited, and at-risk youth.

Safety

Violent Crime

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-14. Source geography: County

Table 130 Total Violent Crimes / Property Crimes

			Violent Crime						Property Crime		
County	Year	**Index Total**	**Violent Total**	Murder	Rape	Robbery	Aggravated Assault	**Property Total**	Burglary	Larceny	MV Theft
Herkimer	2012	**1,309**	**124**	2	9	3	110	**1,185**	271	884	30
Herkimer	2013	**1,190**	**126**	4	15	7	100	**1,064**	245	803	16
Herkimer	2014	**1,123**	**110**	0	11	10	89	**1,013**	187	808	18
Herkimer	2015	**1,021**	**98**	1	24	3	70	**923**	157	734	32
Herkimer	2016	**1,060**	**121**	0	31	11	79	**939**	151	767	21
Madison	2012	**1,336**	**59**	0	12	5	42	**1,277**	271	974	32
Madison	2013	**1,156**	**55**	1	9	7	38	**1,101**	210	868	23
Madison	2014	**1,134**	**61**	1	10	6	44	**1,073**	211	846	16
Madison	2015	**1,010**	**106**	1	51	12	42	**904**	154	729	21
Madison	2016	**1,024**	**122**	1	59	11	51	**902**	139	728	35

Oneida	2012	**6,389**	**595**	2	44	164	385	**5,794**	1,212	4,387	195
Oneida	2013	**5,989**	**537**	13	45	136	343	**5,452**	1,055	4,228	169
Oneida	2014	**5,766**	**560**	9	41	152	358	**5,206**	1,050	3,984	172
Oneida	2015	**5,453**	**583**	7	141	110	325	**4,870**	883	3,816	171
Oneida	2016	**5,229**	**659**	4	158	141	356	**4,570**	854	3,563	153

(New York State Department of Criminal Justice, n.d.)

Table 131 Violent Crime Rate Per 100,000 Pop.

Report Area	Total Population	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
Report Area	366,808	796	216.8
Herkimer County, NY	59,903	128	213.1
Madison County, NY	72,712	70	95.8
Oneida County, NY	234,193	598	255.3
New York	19,576,253	77,223	394.5
United States	311,082,592	1,181,036	379.7

Violent Crime

Occurrences of violent crime within the report area are shown in the table below. According to the New York State Division of Criminal Justice Services reporting system, a total of 8 murders, 447 assaults, 116 robberies and 280 rapes took place within the report area in 2018.

TABLE 132 VIOLENT CRIME OCCURRENCES

	Total	Homicide	Assault	Robbery	Rape
Report Location	851	8	447	116	**280**
Herkimer County	72	0	44	6	**22**
Madison County	134	1	64	5	**64**
Oneida County	645	7	339	105	**194**
New York	**22,391**	**274**	**13,009**	**5,214**	**3,894**

(New York State Department of Health, 2020)

Domestic Violence

Table 133 Domestic Violence Victims Reported

DOMESTIC VIOLENCE VICTIMS REPORTED IN 2016						
		Intimate Partner			OTHER FAMILY VICTIM	TOTAL
		FEMALE VICTIM	MALE VICTIM	TOTAL		
Herkimer County	Agg Assault	2	0	2	11	13
	Simple Assault	107	36	143	79	222

	Sex Offense	0	1	1	4	5
	Violate Protection Order	7	0	7	2	9
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Oneida County	Agg Assault	43	18	61	46	107
	Simple Assault	910	283	1,193	441	1,634
	Sex Offense	17	0	17	35	52
	Violate Protection Order	87	8	95	11	106
	Total	**1,057**	**309**	**1,366**	**533**	**1,899**
New York exc NYC Total	Agg Assault	1,660	706	2,366	1,302	3,668
	Simple Assault	20,565	5,094	25,659	12,064	37,723
	Sex Offense	437	32	469	718	1,187
	Violate Protection Order	2,891	398	3,289	1,454	4,743
	Total	**25,553**	**6,230**	**31,783**	**15,538**	**47,321**

(New York State Department of Health, 2020)

Occurrences of property crime within the report area are shown in the table below. According to the New York State Division of Criminal Justice Services reporting system, a total of 967 burglaries, 4,780 incidents of larceny, and 181 automotive thefts were recorded in 2018 within the report area.

TABLE 134 PROPERTY CRIME

	Total Property Crime	Burglary	Larceny	Auto Theft
Report Location	5,928	967	4,780	**181**
Herkimer County, NY	970	148	794	**28**
Madison County, NY	879	153	702	**24**
Oneida County, NY	4,079	666	3,284	**129**
New York	**290,945**	**34,727**	**242,888**	**13,330**

(New York State Department of Health, 2020)

Average Daily Population Counts in County Jails

The average daily number of persons held in county jails are shown in the selected report area. An average total of 607 persons were held in county jails on 2014.

TABLE 135 DAILY POPULATION COUNTS IN COUNTY JAILS

	Average Daily	Average Daily	Average Daily	Facility	Facility Capacity,

	Population Count, Total	Population Count, Male	Population Count, Female	Capacity, Total	Total
Report Location	607	512	95	805	75.40
Herkimer County	30	26	4	41	73.17
Madison County	95	80	15	126	75.40
Oneida County	482	406	76	638	75.55
New York	16,227	14,204	2,023	21,869	74.20

(New York State Department of Health, 2020)

Transportation

Commuter Travel Patterns

This table shows the method of transportation workers used to travel to work for the report area. Of the 161,542 workers in the report area, 81.6% drove to work alone while 8.1% carpooled. 0.8% of all workers reported that they used some form of public transportation, while others used some optional means including 3.9% walking or riding bicycles, and 0.9% used taxicabs to travel to work.

Table 136 Transportation Use

	Workers 16 and Up	Percent Drive Alone	Percent Carpool	Percent Public	Percent Bicycle or Walk	Percent Taxi or Other	Percent Work at Home
Report Location	161,542	81.60%	8.10%	0.80%	3.90%	0.90%	4.80%
Herkimer County	28,042	81.40%	8.60%	0.70%	4.20%	1.30%	3.90%
Madison County	33,349	80.60%	7.50%	0.40%	4.60%	0.80%	6.20%
Oneida County	100,151	81.90%	8.20%	1.00%	3.60%	0.80%	4.50%
New York	9,300,315	53.00%	6.50%	28.00%	6.80%	1.30%	4.40%
United States	152,735,781	76.30%	9.00%	5.00%	3.20%	1.30%	5.20%

Travel Time to Work

Travel times for workers who travel (do not work at home) to work is shown in the table below. Oneida and Herkimer Counties had similar commute times, approximately 21 minutes compared with New York State (30 minute) average commute time.

Table 137 Travel Time to Work 2008-2012

County	Workers 16 and Up	Travel Time to Work in minutes (Percent of Workers)				Average Commute Time (mins)
		Less than 10	10 to 30	30 to 60	More than 60	

Herkimer	28,491.00	20.44	49.33	24.97	5.26	21.95
Oneida	101,686.00	21.19	58.33	16.68	3.80	18.91
Report Area	130,177.00	20.27	54.37	17.81	3.97	19.00
Statewide	8,877,453.00	10.71	41.39	31.69	16.21	30.29
Nationwide	139,893,632.00	13.65	50.79	27.48	8.07	24.35

U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013.

V. Agency

Community Action Agencies are the nation's largest federally assisted network of organizations whose sole purpose is to eliminate the causes and conditions of poverty. Operating on many platforms, community action agencies strive to assess the needs and resources of low-income people. Additionally, they devise strategies for eliminating poverty, identify sources of financial support and administer a variety of programs. Furthermore, its programs span the entire lifespan from prenatal care and Head Start for children to family case management, housing assistance and job training for working adults to senior centers and more. The agencies principles are grounded in community and emphasize maximizing the participation of those who are poor.

Critical to creating strategies, goals and action plans that work, is the need to understand the connectedness that influences and impacts the family, community and agency. This section is formatted to better understand the agencies capacity to positively impact the family and community.

National Community Action Goals:
Goal 4: Partnerships among supporters and providers of services to low-income people are achieved.
Goal 5: Agencies increase their capacity to achieve results.

Guiding Principle:
We believe that MVCAA is a resource which connects families and the community in a productive, positive partnership.

Organizational goal:
MVCAA will build its program, administrative governance capacities, ensuring that all resources and partnerships are mission-focused and demonstrate positive results for individuals, families and the community.

Impact Story:
In 2014, The New York State Community Action Association will undertake a statewide public education and outreach effort to confront myths and misconceptions about poverty and to highlight the successful anti-poverty programs and community and family services provided by Community Action Agencies (CAAs). NYSCAA and its community and statewide partners will convene public awareness events, host training and technical assistance programs, and coordinate media outreach efforts to create a coordinated, statewide effort to promote public dialogue and increase knowledge about poverty and Community Action.

MVCAA is actively involved with this statewide campaign. In October 2013, we collaborated with NYSCAA to host a Poverty Simulation at Mohawk Valley Community College. It attracted a crowd of 150 participants from all walks of life in the community many of which were community leaders. Most participants expressed a deepened awareness around issues that impact families living in poverty in our community. The event was a success and has attracted interest from local school systems who would like their teachers and staff to have a similar experience.

Building awareness and understanding is the first step in creating impact – this is truly success in progress.

Family and Community Resources

Family and community resources serves as a central tenant for our agency. Families typically work initially with a resource specialist; a whole family approach is used in an effort to offer a person or family choice of resources and supports that might be needed to resolve imminent problem or achieve a goal. Customers might utilize one or more services offered by the agency or community.

Because our service area is so large we are in the process of developing *community access points (CAP's)*. This makes supports and resources more accessible to customers. Access points are available in Ilion, Utica and Rome.

Early Head Start / Head Start

Early Head Start and Head Start programs provide comprehensive education, health, nutrition, and parent involvement services to low-income children and their families. Early Head Start works with children from 0-3 years of age, while Head Start prepares 3 & 4-year olds for Kindergarten. Sites are located throughout Oneida and Herkimer Counties.

This is one of the largest programs offered by the agency. Serving more than 1,000 children and their families in any given year throughout Oneida, Herkimer and Madison Counties. See Appendix for complete listing of sites, classrooms and more.

Runaway and Homeless Youth

The goal of the Runaway and Homeless Youth Program is to ensure the safety of youth and help them to get off the street, reuniting youth with their families whenever possible. The program serves youth up to age 21 years and their families. Services are free and confidential. Short-term residential services are provided via volunteer Host Home Families or staff will work with youth on a non-residential basis. Other services offered include: Crisis Counseling; intervention; referrals to other agencies/services; advocacy with other agencies; prevention education; transportation when necessary and aftercare services. The program is in operation 24-hours a day, 7 days a week. The youth must call to initiate services, as the program is voluntary.

Street Outreach

Services are mobile--staff meets with youth curbside or wherever they congregate throughout Oneida and Herkimer Counties. Services are free and confidential Street Outreach provides a direct referral to the Runaway and Homeless Youth Program and other resources for youth in need and works to aid youth in taking the first step to get off the streets.

Foster Grandparent Program

The Foster Grandparent Program (FGP) is part of Senior Corps, a network of national service programs that provide older Americans the opportunity to put their life experiences to work for local communities. Foster Grandparents serve as mentors, tutors, and caregivers for at-risk children and youth with special needs through a variety of community organizations, including schools, Head Start and day-care centers.

DDSO Family Support Services/ Teen Recreation

Center City Recreation Program (CCR), held at Martin Luther King Jr. Elementary School, Utica, offers recreational and learning opportunities that serve youth in the Cornhill neighborhood. In partnership with the School, CNYDSO, Family Support Services, Oneida County Youth Bureau and CSBG, MVCAA offers youth supervised after school recreational activities, homework assistance, and special events throughout the year. Community Volunteers assist with the program, which is open evenings and Saturdays.

Parent Aide Program

Family Specialists provide family and community-based services to children at imminent risk of placement into Foster Care in Oneida County. Families are referred through the Department of Social Services and family court. Services are targeted to prevent foster care and/or reunify children in foster care with their families.

Emergency Food & Shelter

Program provides one-time financial assistance (rent/mortgage only) for families in Oneida County who are at risk of becoming homeless.

Volunteer Income Tax Assistance (VITA)

The Volunteer Income Tax Assistance or VITA Program offers free tax help to low- to moderate-income people. Certified staff members have received training to help prepare both Federal and State returns and are certified by the IRS. Certified staff will help complete basic e-file tax forms and point out special credits the family may be eligible for (i.e., Earned Income Tax Credit). All MVCAA sites prepare tax returns by appointment.

Food Stamp Outreach

Resource Specialists assist applicants in completing and submitting an application for food stamp benefits and assist in submitting supporting documentation through New York's FS e-app.

EMPOWER NY

The Empower NY Program provides energy conservation education and services to HEAP-eligible Oneida and Herkimer County residents that reduce the electric & heating costs, improve living conditions by removing health & safety threats, and preserve or increase the value of the community's housing stock. This is a fee-for-service Program.

MVCAA and the EMPOWER New York program offer no-cost energy services for income-qualified families. The program is funded through the New York State Energy Research and Development Authority (NYSERDA) under an agreement with the Public Service Commission. Services may include attic and/or wall insulation, draft reduction measures, replacement of old and inefficient appliances, installation of high-efficiency lighting, and/or tips on how to save energy.

Herkimer Homeless Housing Assistance Program HHAP

The Herkimer HHAP Program provides housing to homeless or at-risk individuals and families in Herkimer County. Tenants continue to be in arrears with rental payments. at the end of January, the Board of Directors decided to sell the two rental buildings in Ilion. All three tenants have been

working with Section 8 staff and Ilion CAAP Resource Specialists to relocate to other units. The purchase contracts have been signed and the tenants have until 5/31/2018 to vacate the units.

National Grid Fuel Conversion Program

The National Grid Fuel Conversion Program assists with replacements of oil/ kerosene furnaces and/ or domestic hot water (DHW) heaters for HEAP eligible customers throughout Oneida and Herkimer County with high efficiency heating equipment, where natural gas is available. This is a fee-for-service Program.

Oneida County Section 8 Rental Assistance Program

The Oneida Section 8 Rental Assistance Program provides rental subsidies to Oneida County renters that ease the financial burden and preserve or improve the conditions in which they live. Priority is given to families affected by domestic violence and natural disaster. The program provides: monthly rental subsidy, inspections of rental units, referrals to other Housing Authorities, and referrals to Dispute Resolution Specialists. Income limits are 50% of Area Median Income. This is a fee-for-service Program. Yearly Target for leasing is 3522 units.

Statewide Section 8 Housing Choice Voucher Program

The Statewide Section 8 Housing Choice Voucher Program provides rental subsidies to Herkimer and Oneida County renters that ease the financial burden and preserve or improve the conditions in which they live. Income limits are 50% of Area Median Income.

Oneida HOME Program

The Oneida HOME Program provides funds to assist single family homeowners with incomes below 50% of Area Median Income with the following: health & safety concerns, Code violations, failures of major systems identified with less than 5 years useful life, Weatherization/ energy efficiency or other special purpose measures. Program goal is to assist 6 homeowners in Oneida.

Weatherization

the Weatherization Program provides energy conservation education and services to HEAP-eligible Oneida and Herkimer County residents that reduce the electric and heating costs, improve living conditions by removing health & safety threats and preserve or increase the value of the community's hosing stock.

The Herkimer HOME Program

The Herkimer HOME Program provides funds to assist single family homeowners with incomes below 50% of Area Median. Income with health & safety concerns, Code violations, failures of major systems identified with less than 5 years useful life, Weatherization/ energy efficiency or other special purpose measures. Program goal is to assist 6 homeowners in Herkimer County over a two-year contract period. Priority will be given to homeowners with incomes below 30% of Area Median Income (extremely low income), senior citizens over the age of 60, persons with disabilities and families with children under 6 years old.

HOME Tenant Based Rental Assistance Program

The HOME Rental Assistance Program proposes to utilize $390,000 to provide tenant-based rental assistance and security deposit assistance to eligible individuals/ families currently on the waiting list for the Section 8 Housing Choice Voucher Program. Program goal is to provide rental assistance to 65 families/ individuals with income at or below 30% AMI. Also, the Program will seek to help 65 eligible individuals/ families with security deposits (up to 2 month's rent) for families with income at or below 30% AMI and security deposits (1 month's rent) for families/ individuals with income at 31-50% AMI over a two-year contract period.

AHC Home Improvement Program

The AHC Home Improvement Program provides funds to assist single family homeowners with incomes below 112% of Area Median Income with any home repairs. It requires a 40% match from a different funding source. Program goal is to assist 40 homeowners in Oneida and Herkimer County over a two-year contract period. Priority will be given to homeowners with incomes below 30% of Area Median Income (extremely low income), senior citizens over the age of 60, persons with disabilities and families with children under 6 years old.

RESTORE Emergency Repair Program for the Elderly

The RESTORE Program provides emergency home repair services to elderly homeowners in Oneida and Herkimer County aged 60 or over who occupy the building on a year-young basis and have a household income at or below 80% Area Median Income. Program goal is to assist 20 elderly homeowners in Oneida and Herkimer County over a one-year contract period.

VI. Appendix

Appendix I. Agency Impact

Appendix II. Administrative Addresses

Appendix III. Head Start Locations

Appendix IV. Births per School District – Oneida County

Appendix V. Births per School District – Herkimer County

Appendix VI. Births per School District – Madison County

Appendix VII. Child Care Programs (Herkimer County)

Appendix VIII. Child Care Programs (Oneida County)

Appendix IX. Child Care Programs (Madison County)

Appendix X. Child Care Need Madison County

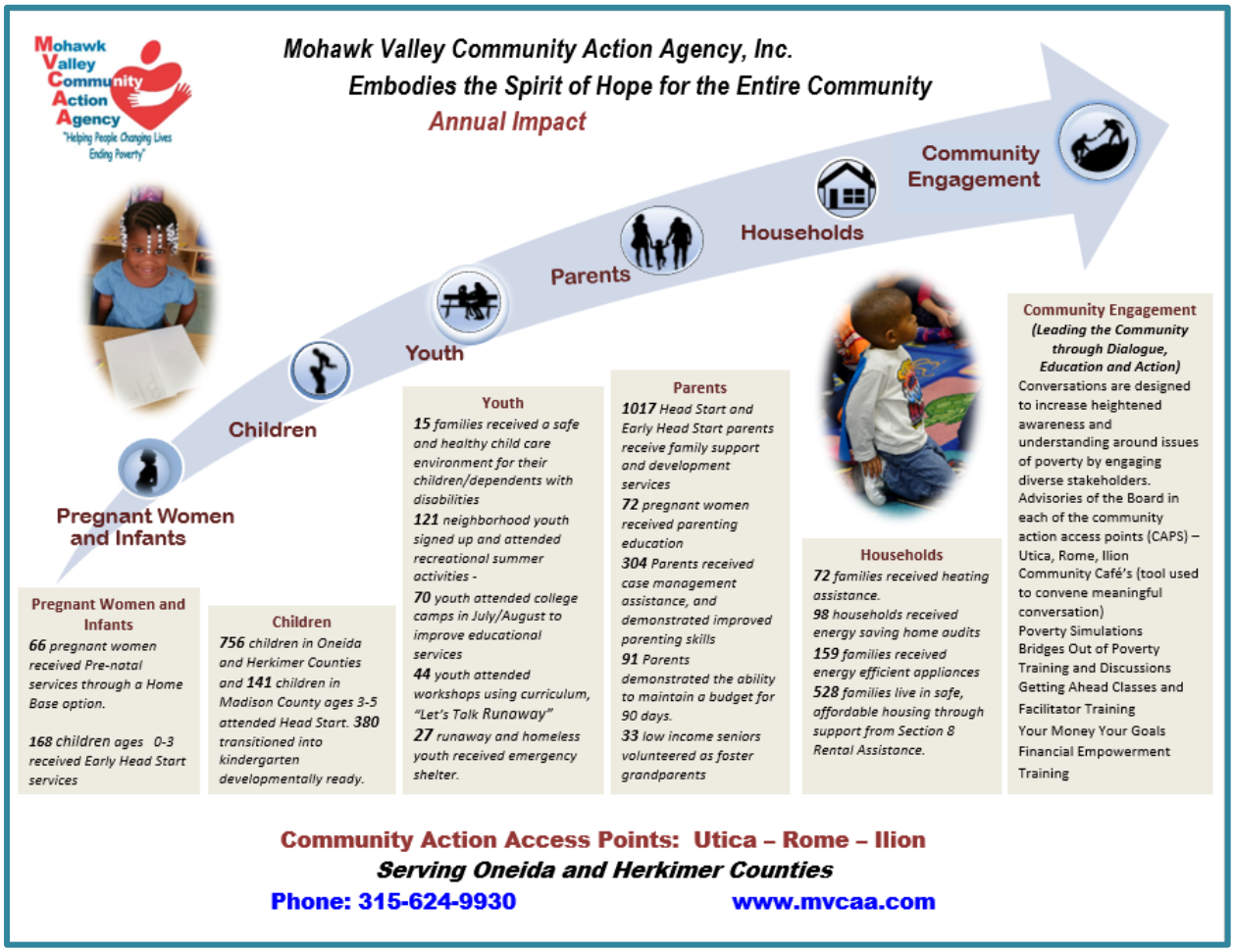
Appendix XI. Child Care Need Oneida County

Appendix XII. Child Care Need Herkimer County

Appendix XIII. Summary of Themes from MVCAA Focus Groups

Appendix XIV. Bibliography

Appendix I. Agency Impact



Mohawk Valley Community Action Agency
"Helping People Changing Lives Ending Poverty"

Mohawk Valley Community Action Agency, Inc.

Embodies the Spirit of Hope for the Entire Community

Annual Impact

Pregnant Women and Infants

Children

Youth

Parents

Households

Community Engagement

Pregnant Women and Infants

66 pregnant women received Pre-natal services through a Home Base option.

168 children ages 0-3 received Early Head Start services

Children

756 children in Oneida and Herkimer Counties and *141* children in Madison County ages 3-5 attended Head Start. *380* transitioned into kindergarten developmentally ready.

Youth

15 families received a safe and healthy child care environment for their children/dependents with disabilities

121 neighborhood youth signed up and attended recreational summer activities -

70 youth attended college camps in July/August to improve educational services

44 youth attended workshops using curriculum, "Let's Talk Runaway"

27 runaway and homeless youth received emergency shelter.

Parents

1017 Head Start and Early Head Start parents receive family support and development services

72 pregnant women received parenting education

304 Parents received case management assistance, and demonstrated improved parenting skills

91 Parents demonstrated the ability to maintain a budget for 90 days.

33 low income seniors volunteered as foster grandparents

Households

72 families received heating assistance.

98 households received energy saving home audits

159 families received energy efficient appliances

528 families live in safe, affordable housing through support from Section 8 Rental Assistance.

Community Engagement
(Leading the Community through Dialogue, Education and Action)

Conversations are designed to increase heightened awareness and understanding around issues of poverty by engaging diverse stakeholders.
Advisories of the Board in each of the community action access points (CAPS) – Utica, Rome, Ilion
Community Café's (tool used to convene meaningful conversation)
Poverty Simulations
Bridges Out of Poverty Training and Discussions
Getting Ahead Classes and Facilitator Training
Your Money Your Goals Financial Empowerment Training

Community Action Access Points: Utica – Rome – Ilion

Serving Oneida and Herkimer Counties

Phone: 315-624-9930 **www.mvcaa.com**

Appendix II. Administrative Addresses

MVCAA's service area covers all of Oneida and Herkimer Counties. MVCAA has Community Action Access Points (CAAPs) where all of MVCAA's programs and services may be accessed that are located in Rome, Utica and Ilion. MVCAA has classrooms in 20 different locations throughout the service area. MVCAA's Foster Grandparents Program and Head Start Program also serve Madison County, as well as Oneida & Herkimer Counties.

Oneida County:
Rome Community Action Access Point
203 West Liberty Street
Rome, NY 13440

Marcy Administration Office
9882 River Rd.
Utica, NY 13502

Cornerstone
1100 Miller St.
Utica, NY 13501

Herkimer County:
Herkimer County Community Action Access Point
38 Morgan St.
Ilion, NY 13350

Appendix III. Head Start and Early Head Start Program Overview, Locations and Enrollment

The Early Head Start & Head Start programs contribute to the full development of a child's potential achievement in future school years and to continued success throughout a child's life.

Head Start

Helps to create healthy development in low-income children ages three to five. Programs offer a wide variety of services, that depend on a child's and each family's heritage and experience, to influence all aspects of a child's development and learning.

- Available to Oneida, Herkimer, and Madison County residents
- Serves families with children between the ages of 3 and 5
- Federally funded, comprehensive preschool developmental program
- Free & confidential
- Offers training and job opportunities for Head Start parents
- Provides services to children with special needs

Early Head Start

Promotes healthy prenatal outcomes, promotes healthy family functioning, and strengthens the development of infants and toddlers beginning as young as newborn infants.

- Available in Oneida and Herkimer Counties
- Serves pregnant women and families with infants and toddlers from birth to age 3
- Free & confidential
- Offers training and job opportunities for Head Start parents
- Provides services to children with special needs

Support for Pregnant Mothers and Newborns

Prenatal services set the stage for children's healthy development. Early experiences, supported by loving adults, are essential to the brain developing the healthy connections needed for learning.

Through this home-based program option, Early Head Start works closely with pregnant women to secure comprehensive prenatal and postpartum care. With each expectant woman enrolled in EHS, we collaboratively develop a plan to ensure that she receives risk assessments, including a nutritional screening; medical and dental examinations; and mental health interventions as needed or required in anticipation of the child's birth (as well as subsequent to childbirth). The Family Partnership Agreement provides the framework for staff; pregnant women and their families to jointly determine individual needs and interests. This agreement is also used to develop a labor and delivery plan in anticipation of childbirth, as well as the transition plan after the child is born. Transitioning newborns from the pre-natal program to our Early Head Start program is a critical component in the continuum of care.

The Family Partnership Agreement is also used as the collaborative process to develop a plan of program services that is driven by parents' identification of family strengths, needs, resources, and goals. The Family Partnership Agreement process occurs as early as possible so that the specific needs of each pregnant woman and her family can be determined, the goals set, and the services planned. Whenever possible the father is included as full participant in the EHS services to pregnant women, as well as following the birth of their baby. The Prenatal Home Visitor, or Health Manager, provide educational resources to expectant mothers on a series of topics, which they then use to plan, including:

- Fetal development (including the risks of smoking and alcohol)
- Labor and delivery
- Postpartum recovery (and the potential for postpartum depression)
- Importance of Secure Attachment
- Breastfeeding
- Community resources relevant to pregnant mothers.

Within two weeks of the infant's birth, the Prenatal Home Visitor or Health Manager conducts a home visit to ensure the well-being of both the mother and the child, as required by the Head Start Program Performance Standards. During this visit, the mother's needs and the child's optimal development are discussed and begins the process of fostering the child's development through the Partners for a Healthy Baby.

Eligibility

- You live in Oneida or Herkimer County for Early Head Start,
- You live in Oneida, Herkimer or Madison County for Head Start
- You are expecting a child, or
- You have a child age 5 or younger
- Your family income meets Federal Guidelines

6 Building Blocks of Success

- School Readiness in the classroom and in the home
- Family and Community Partnership
- Health
- Nutrition
- Special Services
- Parent Involvement

Enrollment

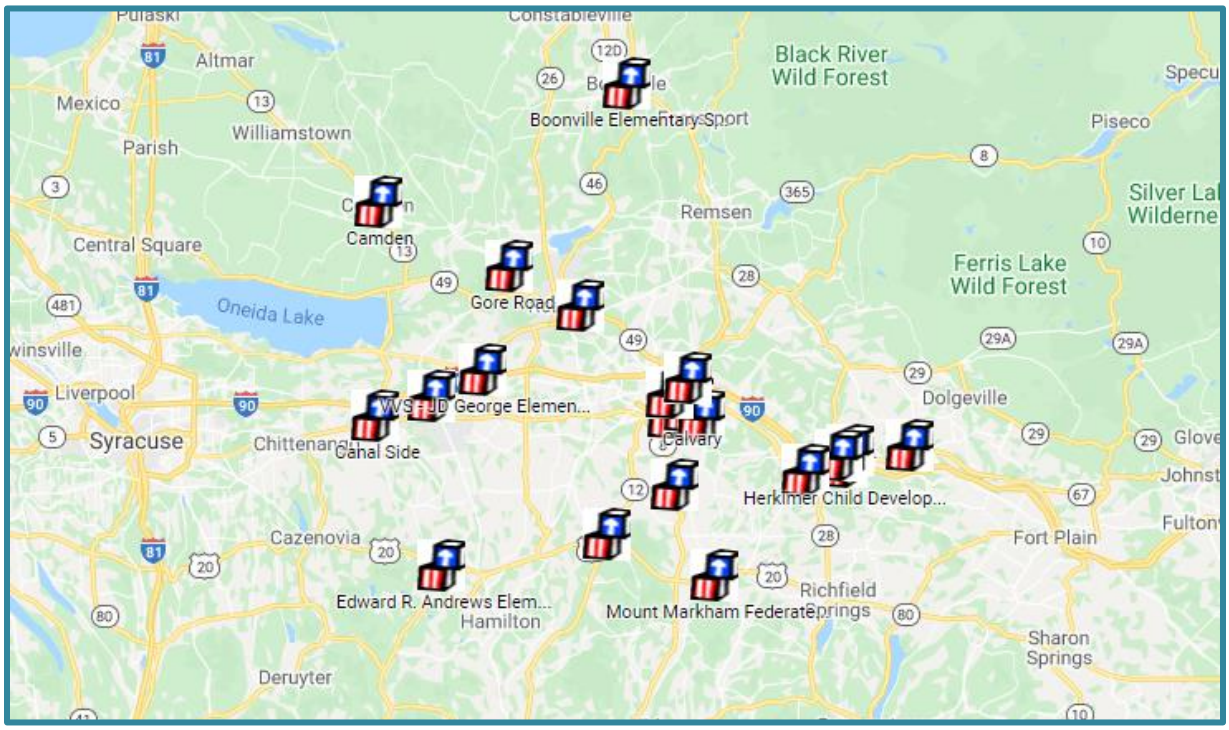
CALVARY *	**HS 2 EHS 2**	**MLK** *	**HS/UPK 1**
308 South Street	**HS/UPK 3**	Martin Luther King Elementary School	
Utica, NY 13501	**{85 + 16}**	211 Square Street Utica, NY 13501	**{15}**
CAMDEN	**HS 2**	**MORRISVILLE** #	**HS 1**
132 Main Street		E.R. Andrews Elementary School	
Camden, NY 13316	**{36}**	55 Eaton St Morrisville, NY 13408	**{14}**
CANAL SIDE #	**HS 3**	**MOUNT MARKHAM**	**HS 1**
110 N Main Street		Federated Church	
Canastota, NY 13032	**{52}**	452 E Main St West Winfield, NY 13491	**{18}**
CORNERSTONE	**HS 3**	**ND PETERS**	**HS 1**
1100 Miller Street	**EHS 2**	1600 Armory Drive	
Utica, NY 13501	**{42+16}**	Utica, NY 13501	**{18}**
DOLGEVILLE	**HS 1**	**NEY AVE** *	**HS 4 EHS 1**
Dolgeville Elementary School		1110 Ney Ave	**HS/UPK 1**
38 Slawson St Dolgeville NY 13329	**{17}**	Utica, NY 13502	**{90 + 8}**
GRIFFISS	**HS 6 EHS 1**	**ONEIDA** #	**HS 3**
276 Brookley Road		1122 N Main Street	
Rome, NY 13440	**{89+16}**	Oneida, NY 13421	**{53}**
HERKIMER CDC	**EHS 2**	**RIVER ROAD** *	**HS 4/EHS HB**
360 Protection Ave		9882 River Road	**HS/UPK 1**
Herkimer, NY 13350	**{14}**	Utica, NY 13502	**{114+72}**
HERKIMER PERC	**HS 1**	**SAUQUOIT**	**HS 1**
229 Harter Street		Sauquoit Valley Elementary School	
Herkimer, NY 13350	**{18}**	2640 Sulphur Springs Rd Sauquoit, NY 13456	**{18}**
HUGHES *	**HS/UPK 1**	**SHERRILL**	**HS 1**
John F. Hughes Elementary School		EA McAllister Elementary School	
24 Prospect Street Utica, NY 13501	**{15}**	217 Kinsley St Sherrill, NY 13461	**{18}**
		WATERVILLE	**HS 1**
{#} = slots funded. If 2 numbers, 2nd is EHS		Memorial Park Elementary School	
		145 E Bacon St Waterville, NY 13480	**{18}**

Funded Enrollment

2020-21 FUNDED ENROLLMENT PER SITE	Oneida/Herkimer	
	HS	EHS
Calvary Center	85	16
Camden Center	36	0
Cornerstone	42	16
Dolgeville	17	0
Griffiss Child Development Center	89	16
Herkimer 2 (PERC)	18	0
Herkimer CDC	0	14
John F. Hughes	15	0
Martin Luther King Site	15	0
Mount Markham Center	18	0
ND Peters	18	0
Ney Ave Center	90	8
River Road Center(EHS is Home Base)	114	72
Sauquoit Site	18	0
VVS	18	0
Waterville Site	18	0
	611	**142**

Madison	
Canal Side	52
Morrisville	14
Oneida	53
	119

Site Map



Appendix IV. Births per School District in Oneida County 2002-2015

School District	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
ADIRONDACK	93	113	100	91	101	108	92	104	90	97	86	95	76	83
CAMDEN	133	152	153	135	130	134	157	161	129	134	117	116	112	130
CLINTON	76	86	93	91	87	71	77	86	68	95	56	68	77	65
HOLLAND PATENT	84	106	84	98	79	98	84	82	93	66	81	87	84	77
NEW HARTFORD	156	133	139	131	146	143	124	135	128	132	117	120	154	143
NEW YORK MILLS	63	61	46	50	46	57	47	43	52	46	53	49	49	37
ORISKANY	35	37	38	38	34	40	32	42	33	37	39	35	33	25
OWEN D. YOUNG	18	12	14	17	15	17	14	20	21	22	19	21	17	12
POLAND	48	38	41	38	29	43	36	36	35	31	46	39	40	43
REMSEN	31	41	28	31	31	27	32	31	31	39	27	29	38	32
ROME	447	484	437	447	456	506	475	458	457	502	469	483	442	398
SAUQUOIT VALLEY	65	69	56	52	76	72	55	73	62	61	57	63	58	58
SHERRILL	119	109	141	114	136	125	119	108	114	132	124	125	121	96
UTICA	790	846	858	846	906	883	987	942	1,037	974	1,010	1,018	938	908
WATERVILLE	58	62	67	62	60	67	68	59	59	66	66	64	67	52
Utica	790	846	858	846	906	883	987	942	1,037	974	1,010	1,018	938	908
WESTMORELAND	67	55	58	60	57	51	45	62	43	64	57	57	39	37

Appendix V. Births Per School District in Herkimer County 2002-2015

School District	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
BRIDGEWATER-W.WINFLD	86	76	83	85	74	70	65	60	76	76	88	85	67	75
DOLGEVILLE	71	63	51	56	59	64	58	57	42	51	60	55	64	55
FRANKFURT-SCHUYLER	73	70	82	61	61	71	64	62	65	68	52	73	75	61
HERKIMER	103	114	113	115	88	117	97	106	104	104	94	120	115	98
ILION	98	123	119	115	121	130	116	123	127	132	137	123	115	146
LITTLE FALLS	76	82	84	87	88	87	84	85	71	79	83	66	68	66
MOHAWK	53	66	56	47	59	53	52	63	48	47	55	47	66	0
W. CANADA VALLEY	45	41	48	43	59	47	50	46	47	44	45	44	42	33
WEBB	17	7	11	12	14	16	9	14	15	13	14	20	5	9

Appendix VI. Child Care Programs (Herkimer County)

Program Type	Facility Name	City	School District Name	Capacity Description	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	Total Capacity
FDC	Heron, Merrilyn	Little Falls	Little Falls	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Pierson, Tanya	Poland	W. Canada Valley	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	YMCA of the Mohawk Valley, Inc.	Little Falls	Little Falls	30 School-Aged Children	0	0	0	30	30
FDC	Miller, Julie	West Winfield	Bridgewater-W.Winfld	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Johnson, Janice	Poland	Poland	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Millar, Bonnie	Ilion	Ilion	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Trevor, Rhonda	Ilion	Ilion	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Rando, Kelly	Ilion	Ilion	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Hanford, Richard	Ilion	Ilion	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
DCC	MVCAA, Inc. Herkimer Head Start	Herkimer	Herkimer	16 Toddlers	0	16	0	0	16
FDC	Eaker, Lisa	Ilion	Ilion	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Huyck, Sally	Herkimer	Herkimer	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
GFDC	Burdick, Nina	West Winfield	Bridgewater-W.Winfld	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Stubba, Sheri	Poland	Poland	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	MVCAA, Inc. Herkimer PERC Head Start	Herkimer	Herkimer	20 Preschoolers	0	0	20	0	20
FDC	Joann's Daycare	Utica	Whitesboro	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Brown, Pamela	Herkimer	Herkimer	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Lewis, Denise	West Winfield	Bridgewater-W.Winfld	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	YMCA of the Mohawk Valley	Little Falls	Little Falls	18 Preschoolers	0	0	18	0	18
FDC	Barnes, Karen	Cold Brook	Poland	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8

Program Type	Facility Name	City	School District Name	Capacity Description	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	Total Capacity
FDC	Dingman, Christine	Poland	Poland	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	A to Z Daycare	Ilion	Ilion	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
DCC	MVCAA, Inc. Mt. Markham Head Start	West Winfield	Bridgewater-W.Winfld	18 Preschoolers	0	0	18	0	18
FDC	Weiss, Veronica	Herkimer	Herkimer	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Chrisman, Elizabeth	Little Falls	Little Falls	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
SACC	YMCA of the Mohawk Valley	Frankfort	Frankfurt-Schuyler	44 School-Aged Children	0	0	0	44	44
GFDC	Gebo, Joan	Mohawk	Mohawk	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
SACC	Herkimer Reformed Church	Herkimer	Herkimer	40 School-Aged Children	0	0	0	40	40
FDC	Bright Beginnings Child Care	Herkimer	Herkimer	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Shepardson, Donna	Little Falls	Little Falls	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Perkett, Shannon	Mohawk	Mohawk	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	YMCA of the Mohawk Valley	Mohawk	Mohawk	35 School-Aged Children	0	0	0	35	35
FDC	Roberts, Kathleen	Frankfort	Frankfurt-Schuyler	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Discovery Island Child Care LLC	East Herkimer	Herkimer	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
GFDC	Congdon, Lisa	Little Falls	Little Falls	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Davis, Debra	Dolgeville	Dolgeville	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Grosse, Myrna	Little Falls	Little Falls	12 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	14
GFDC	Brewer, Melissa	Ilion	Ilion	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
SACC	Healthy Kids Extended Day Program	Dolgeville	Dolgeville	40 School-Aged Children	0	0	0	40	40

Program Type	Facility Name	City	School District Name	Capacity Description	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	Total Capacity
GFDC	Hey Diddle Diddle Daycare	Frankfort	Frankfurt-Schuyler	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
GFDC	Moore, Jaclyn	Ilion	Ilion	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	The Learning Tree	Frankfort	Frankfurt-Schuyler	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Post, Melisa	Frankfort	Frankfurt-Schuyler	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Crim, Stacey Jo	Ilion	Ilion	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Tot Town Daycare	Utica	Whitesboro	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Leaf, Carolyn	Ilion	Ilion	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	ABC's with Ms. Patty	Mohawk	Mohawk	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	Little Hearn PlaySkool	Little Falls	Little Falls	8 Infants, 5 Toddlers, 18 Preschoolers	8	5	18	0	31
FDC	Maley, Sara	Ilion	Ilion	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	Healthy Kids Extended Day programs	Old Forge	Webb	7 Infants, 10 Toddlers, 20 Preschoolers	7	10	20	0	37
GFDC	Shining Stars Child Care	Ilion	Ilion	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Busy Bee's Day Care	Newport	W. Canada Valley	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Milliron, Sarah	Little Falls	Little Falls	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	Healthy Kids Extended Day Program	Old Forge	Webb	67 School-Aged Children	0	0	0	67	67

NYS Office of Children and Family Services

Appendix VII. Child Care Programs (Oneida County)

Program Type	Facility Name	City	School District Name	Capacity Description	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	Total Capacity
FDC	Gillette, Nancy	Whitesboro	Whitesboro	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Fanelli, Danielle	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	Thea Bowman House, Inc.	Utica	Utica	24 Toddlers, 52 Preschoolers	0	24	52	0	76
GFDC	Just Like Home Daycare	Rome	Westmoreland	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
GFDC	Ossowski, Shulamith	Utica	Utica	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
SACC	YMCA of the Greater Tri-Valley	New Hartford	Utica	30 School-Aged Children	0	0	0	30	30
DCC	Half Pint Academy Child Care Center	Clinton	Clinton	30 Preschoolers	0	0	30	0	30
FDC	Something New Daycare	Rome	Rome	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	YMCA of the Greater Tri-Valley	Deerfield	Whitesboro	40 School-Aged Children	0	0	0	40	40
GFDC	Potter, Sabrina	Rome	Oriskany	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
GFDC	Kids T. L. C.	Clark Mills	Clinton	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
GFDC	De Los Santos Abreu, Yokasti	Utica	Utica	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
DCC	Upstate Cerebral Palsy	Whitesboro	Whitesboro	22 Preschoolers	0	0	22	0	22
FDC	Blehar, Mary	Sherrill	Sherrill	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	The Eastern Star, Day Care Center, Inc. - Bldg. I	Oriskany	Oriskany	16 Infants, 20 Toddlers, 60 Preschoolers	16	20	60	0	96
DCC	Upstate Cerebral Palsy, Inc. New Discoveries Learning Center	Utica	Utica	64 Preschoolers	0	0	64	0	64
SACC	Utica Safe Schools/Healthy Students Partnership, Inc.	Utica	Utica	99 School-Aged Children	0	0	0	99	99
GFDC	Parkin- Ibrahim, Amanda	Verona	Sherrill	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
SACC	Treehouse After School Program	Whitesboro	Whitesboro	75 School-Aged Children	0	0	0	75	75

Program Type	Facility Name	City	School District Name	Capacity Description	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	Total Capacity
FDC	Lawrence, Bonnie	Barneveld	Holland Patent	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Dainotto, Francesca	Rome	Rome	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Beck, Lynne	Rome	Rome	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Harvey, Kimberly	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	YMCA of the Greater Tri-Valley	Utica	Utica	30 School-Aged Children	0	0	0	30	30
DCC	Mohawk Valley Community Action Agency, Inc.	Rome	Rome	8 Toddlers, 123 Preschoolers	0	8	123	0	131
FDC	Mcgowan I, Tina	Rome	Westmoreland	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	Utica Safe Schools/Healthy Student Partnerships, Inc.	Utica	Utica	105 School-Aged Children	0	0	0	105	105
FDC	Henao, Marina	Rome	Rome	5 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	7
FDC	Bello, Ylonka	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Bohning, Cleopatra	Rome	Rome	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Hoffman, Beatrice	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Reich, Deborah	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	Mohawk Valley Community Action, Inc.	Utica	Utica	17 Preschoolers	0	0	17	0	17
SACC	YMCA of the Greater Tri-Valley	New Hartford	New Hartford	30 School-Aged Children	0	0	0	30	30
FDC	Fragapane, Leigh	Rome	Rome	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	MVCAA, Inc. Calvary Head Start	Utica	Utica	8 Infants, 10 Toddlers, 86 Preschoolers	8	10	86	0	104
FDC	Cronizer, Heidi	Durhamville	Oneida City	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Cottage Hill Day Care	Rome	Rome	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Tritten, Mary	Whitesboro	Whitesboro	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Sanfilippo, Amy	Oriskany	Oriskany	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8

Program Type	Facility Name	City	School District Name	Capacity Description	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	Total Capacity
FDC	Mahoney, Cynthia	Yorkville	New York Mills	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	Upstate Cerebral Palsy	Sauquoit	Sauquoit Valley	42 Preschoolers	0	0	42	0	42
SACC	Utica Safe Schools/Healthy Students Partnership, Inc.	Rome	Rome	80 School-Aged Children	0	0	0	80	80
GFDC	Owen, Candace	Stittville	Holland Patent	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
DCC	Upstate Cerebral Palsy	Utica	Utica	7 Preschoolers	0	0	7	0	7
GFDC	Di Giorgio, Kristen	Yorkville	New York Mills	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
GFDC	Robin's Little Blessings Daycare	Oneida	Oneida City	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
GFDC	Little Brook Daycare LLC	Rome	Rome	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Carchedi, Charisse	Sauquoit	Sauquoit Valley	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	MVCAA, Inc. - ND Peters Head Start	Utica	Utica	21 Preschoolers	0	0	21	0	21
SACC	YMCA of the Greater Tri-Valley	Rome	Rome	44 School-Aged Children	0	0	0	44	44
FDC	Elizabeth Rienzo Wittle Lizzie Childcare	Rome	Rome	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Lilly Pad's Day Care	Rome	Westmoreland	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Hepler, Emily	Rome	Westmoreland	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
DCC	MVCAA, Inc. Ney Ave. Head Start	Utica	Whitesboro	8 Toddlers, 95 Preschoolers	0	8	95	0	103
GFDC	Yozzo, Christine	Marcy	Whitesboro	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
DCC	Masonic Care Community of New York	Utica	Frankfurt-Schuyler	16 Infants, 20 Toddlers, 30 Preschoolers	16	20	30	0	66
DCC	Junior Junction, Inc. at St. Luke's Memorial Hospital Center	New Hartford	New York Mills	16 Infants, 10 Toddlers, 35 Preschoolers	16	10	35	0	61
FDC	Smith, Amanda	Rome	Rome	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Decker, Karen	Waterville	Waterville	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16

Program Type	Facility Name	City	School District Name	Capacity Description	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	Total Capacity
GFDC	Thalmann, Heidi	Rome	Westmoreland	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Giannatelli, Valerie	Chadwicks	Sauquoit Valley	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Pfeiffer, Nancy	Boonville	Adirondack	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Estevez, Lorenza	Utica	Utica	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Splann, Lorraine	New Hartford	New Hartford	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Friends Forever Group Daycare	Rome	Rome	12 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	14
FDC	Ingerson, Kristen	Whitesboro	Westmoreland	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	YMCA of the Greater Tri-Valley	Holland Patent	Holland Patent	44 School-Aged Children	0	0	0	44	44
FDC	Moxley, Wendy	Boonville	Adirondack	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	Eastern Star After School Program	Oriskany	Oriskany	50 School-Aged Children	0	0	0	50	50
SACC	YMCA of the Greater Tri-Valley	Rome	Rome	240 School-Aged Children	0	0	0	240	240
FDC	Dombrowski, Tracy	Verona	Sherrill	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	YMCA of the Greater Tri-Valley	Sauquoit	Sauquoit Valley	40 School-Aged Children	0	0	0	40	40
GFDC	Westcott, Jennifer	Sherrill	Sherrill	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Humphrey, Pamela	Oriskany	Oriskany	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Brown, Melissa	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	MVCAA, Inc. - MLK Head Start	Utica	Utica	15 Preschoolers	0	0	15	0	15
FDC	Huckabone, Kimberly	Prospect	Holland Patent	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Bohrer, Barbara	Clinton	Clinton	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Pleasant Street Schoolhouse	Utica	New Hartford	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
DCC	MVCAA, Inc. River Rd. Head Start	Utica	Whitesboro	95 Preschoolers	0	0	95	0	95
FDC	Kemp, Amy	Cassville	Bridgewater-W.Winfld	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8

Program Type	Facility Name	City	School District Name	Capacity Description	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	Total Capacity
GFDC	Gomez, Francesca	Utica	Utica	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
DCC	St. James Church Day School	Clinton	Clinton	18 Preschoolers	0	0	18	0	18
GFDC	Stockbridge, Stacy	Waterville	Waterville	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
SACC	YMCA of the Greater Tri-Valley	New York Mills	New York Mills	20 School-Aged Children	0	0	0	20	20
DCC	MVCAA, Inc. Sauquoit Head Start	Sauquoit	Sauquoit Valley	20 Preschoolers	0	0	20	0	20
DCC	The Neighborhood Center, Inc.	Utica	Utica	16 Infants, 30 Toddlers, 66 Preschoolers and 10 School-Aged Children	16	30	66	10	122
DCC	Clinton Early Learning Center	Clinton	Clinton	8 Infants, 12 Toddlers, 36 Preschoolers and 50 School-Aged Children	8	12	36	50	106
FDC	Hopler, Jennifer	Boonville	Adirondack	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	Sitrin Child Day Care Facility , Inc.	New Hartford	New Hartford	24 Infants, 10 Toddlers, 30 Preschoolers	24	10	30	0	64
GFDC	Little Hearts Daycare	Rome	Rome	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
DCC	MVCAA, Inc. Waterville Head Start	Waterville	Waterville	19 Preschoolers	0	0	19	0	19
FDC	Smith, Melissa	Rome	Oriskany	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Morton, Patty	Whitesboro	Whitesboro	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Asencio, Denise	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Cabreja, Yanet	Utica	Utica	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Home Spun Daycare	Rome	Rome	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	France, Rebecca	Rome	Westmoreland	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Bowman, Jenifer	New Hartford	New Hartford	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
SACC	YMCA of the Greater Tri-Valley	Whitesboro	Whitesboro	40 School-Aged Children	0	0	0	40	40
DCC	Genesee Street Children's Center	Utica	Utica	7 Toddlers, 60 Preschoolers and 41 School-Aged Children	0	7	60	41	108
FDC	Lockwood, Patricia	Whitesboro	Whitesboro	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8

Program Type	Facility Name	City	School District Name	Capacity Description	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	Total Capacity
FDC	Wiggles n Giggles	Rome	Rome	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Little Folks Daycare	Rome	Rome	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
GFDC	Loving Hands Daycare	Rome	Rome	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	De Santis, Elaine	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Dayhuff, Jennifer	Rome	Holland Patent	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
GFDC	Teck's Just Like Home Day Care, LLC	Rome	Westmoreland	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
DCC	Upstate Cerebral Palsy, Inc. New Discoveries Learning Center	Rome	Rome	84 Preschoolers	0	0	84	0	84
FDC	Occhipinti, Eleonora	Rome	Rome	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Smith, Lena	Marcy	Whitesboro	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Maret, Ashley	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	The Eastern Star, Day Care Center, Inc. Extended Care SACC Program	Oriskany	Oriskany	40 School-Aged Children	0	0	0	40	40
DCC	MVCAA, Inc. Camden Head Start	Camden	Camden	42 Preschoolers	0	0	42	0	42
SACC	YMCA of the Greater Tri-Valley	Rome	Rome	44 School-Aged Children	0	0	0	44	44
DCC	Little Lambs	Marcy	Whitesboro	10 Toddlers, 46 Preschoolers and 49 School-Aged Children	0	10	46	49	105
SACC	YMCA of the Greater Tri-Valley	Westmoreland	Westmoreland	44 School-Aged Children	0	0	0	44	44
FDC	Burgy, Jennifer	Camden	Camden	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Felicia's Helping Hands Childcare	Rome	Rome	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
GFDC	Degrace, Kelly	Utica	Utica	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Grems, Debra	Durhamville	Oneida City	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Stanley, Michelle	Remsen	Holland Patent	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Knight, Diane	New Hartford	New Hartford	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8

Program Type	Facility Name	City	School District Name	Capacity Description	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	Total Capacity
DCC	St. John's the Evangelists Church	New Hartford	New Hartford	85 Preschoolers and 20 School-Aged Children	0	0	85	20	105
DCC	North Utica Senior Citizens Recreation Center, Inc.	Utica	Utica	41 Preschoolers and 60 School-Aged Children	0	0	41	60	101
FDC	Opitz, Karen	Utica	Whitesboro	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Agbley, Peace	Clinton	Clinton	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Cancel, Aurea	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	Court Street Children's Center	Utica	Utica	5 Toddlers, 25 Preschoolers and 25 School-Aged Children	0	5	25	25	55
DCC	St. Mary's Roman Catholic Church of Clinton	Clinton	Clinton	39 Preschoolers	0	0	39	0	39
FDC	Anderson, Traci	Clinton	Clinton	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	Jewish Community Center Preschool	Utica	Utica	22 Toddlers, 82 Preschoolers and 15 School-Aged Children	0	22	82	15	119
DCC	MVCAA, Inc. Cornerstone Head Start	Utica	Utica	8 Infants, 8 Toddlers, 42 Preschoolers	8	8	42	0	58
GFDC	Calenzo, Donna	Deerfield	Whitesboro	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
SACC	YMCA of the Greater Tri Valley	Rome	Rome	44 School-Aged Children	0	0	0	44	44
SACC	YMCA of the Greater Tri-Valley	Sherrill	Sherrill	54 School-Aged Children	0	0	0	54	54
FDC	Kurgan, Josephine	New York Mills	New York Mills	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Stevens, Autumn	Whitesboro	Whitesboro	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	YMCA of the Greater Tri-Valley	New Hartford	New Hartford	30 School-Aged Children	0	0	0	30	30
FDC	Bougourd, Mary	Vernon	Sherrill	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	Junior Junction, Inc. at St. Elizabeth's Hospital	Utica	Utica	16 Infants, 20 Toddlers, 30 Preschoolers and 15 School-Aged Children	16	20	30	15	81
FDC	Colangelo, Cynthia	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8

Program Type	Facility Name	City	School District Name	Capacity Description	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	Total Capacity
DCC	St. Paul's Church - Nazareth Child Care Center	Whitesboro	Whitesboro	78 Preschoolers and 60 School-Aged Children	0	0	78	60	138
GFDC	Wolfe, Kathleen	Oneida	Oneida City	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Fuller, Danielle	Durhamville	Oneida City	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	The Neighborhood Center, Inc.	Utica	Utica	80 School-Aged Children	0	0	0	80	80
SACC	Masonic Care Community of New York	Utica	Frankfurt-Schuyler	137 School-Aged Children	0	0	0	137	137
GFDC	Here We Grow Again Creative Learning Center	Rome	Rome	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Lascurettes, Sara	Whitesboro	Whitesboro	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Jones, Tina	Rome	Rome	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Rodriguez, Margarita	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Stapleton, Julia	Oriskany	Oriskany	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Klein, Kaitlyn	Rome	Oriskany	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Little Ducklings Daycare	Rome	Westmoreland	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Small Turtle	Utica	Utica	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
SACC	Utica Safe Schools Healthy Students Partnership, Inc.	Rome	Rome	60 School-Aged Children	0	0	0	60	60
FDC	Christian, Robyn	Sherrill	Sherrill	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Phillips, Mikayla	Camden	Camden	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
GFDC	Hutchings, Laura	Deerfield	Whitesboro	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
SACC	Clinton Early Learning Center, Inc.	Clinton	Clinton	70 School-Aged Children	0	0	0	70	70
GFDC	Crever, Nicole	Rome	Rome	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
DCC	ROME CHRISTIAN CENTER, INC.	Rome	Rome	44 Preschoolers and 20 School-Aged Children	0	0	44	20	64
FDC	Kountry Kids Daycare	Verona	Sherrill	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Witt, Lacey	Rome	Rome	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8

Program Type	Facility Name	City	School District Name	Capacity Description	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	Total Capacity
GFDC	Home Grown Tots Daycare	Rome	Rome	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Vikkis Playhouse	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Toddler Time	Rome	Rome	12 children, ages 6 weeks to 12 years	0	0	0	0	12
FDC	Familia, Yasmiri	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Smith, Kelly	Rome	Rome	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Williams, Lisa	Utica	Utica	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Titus, Inez	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Viola, Bobbyjo	Rome	Rome	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Sprouts Family Daycare	Durhamville	Oneida City	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	YMCA of the Greater Tri-Valley	New Hartford	New York Mills	40 School-Aged Children	0	0	0	40	40
FDC	Lockhart, Charisse	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Waterman, Kayla	Marcy	Whitesboro	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Brunie's Daycare	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	YMCA of the Greater Tri-Valley	Utica	Utica	30 School-Aged Children	0	0	0	30	30
GFDC	Fort, Ellen	Verona	Sherrill	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
DCC	New Discoveries Learning Center	Westmoreland	Westmoreland	40 Preschoolers	0	0	40	0	40
SACC	Utica Safe Schools/Healthy Student Partnerships, Inc.	Utica	Utica	100 School-Aged Children	0	0	0	100	100
DCC	Mohawk Valley Community Action	Sherrill	Sherrill	19 Preschoolers	0	0	19	0	19
GFDC	Wakefield, Andrea	Sauquoit	Sauquoit Valley	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
DCC	Thea Bowman House, INC.	Utica	Utica	100 Preschoolers and 166 School-Aged Children	0	0	100	166	266
FDC	Stelzer, Sandy	Vernon	Sherrill	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	The Kelberman Center	Utica	Utica	35 Preschoolers	0	0	35	0	35
FDC	Davis, Robin	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8

Program Type	Facility Name	City	School District Name	Capacity Description	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	Total Capacity
DCC	Academics First Daycare - Preschool, Inc.	Utica	Utica	8 Infants, 10 Toddlers, 52 Preschoolers and 27 School-Aged Children	8	10	52	27	97
DCC	Leaps and Bounds Early Childhood Center	Barneveld	Holland Patent	16 Preschoolers	0	0	16	0	16
FDC	Milligan, Aja	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Bri & Key's Busy Bees Daycare	Utica	Utica	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Meier, Tiffany	Rome	Rome	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Stevener, Jessica	Utica	Utica	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8

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Appendix VIII. Madison County

Program Type	Facility Name	City	School District Name	Capacity Description	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	Total Capacity
GFDC	Leggett, Monte	Canastota	Canastota	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Van Lare, Kathleen	Canastota	Canastota	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	Oneida Area Day Care Center, Inc.	Oneida	Oneida City	24 Infants, 36 Toddlers, 36 Preschoolers and 33 School-Aged Children	24	36	36	33	129
DCC	MVCAA, Inc. Morrisville Head Start	Morrisville	Morrisville-Eaton	18 Preschoolers	0	0	18	0	18
DCC	Upstate Cerebral Palsy	Oneida	Oneida City	36 Preschoolers	0	0	36	0	36
DCC	The Children's Center at Morrisville State College, Inc.	Morrisville	Morrisville-Eaton	8 Infants, 24 Toddlers, 34 Preschoolers	8	24	34	0	66
DCC	Chenango Nursery School	Hamilton	Hamilton	24 Infants, 10 Toddlers, 46 Preschoolers and 10 School-Aged Children	24	10	46	10	90
DCC	Celebration Childrens Center of Canastota Inc.	Canastota	Canastota	12 Infants, 12 Toddlers, 18 Preschoolers	12	12	18	0	42
FDC	Powers, Pamela	Chittenango	Chittenango	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Terrier, Patricia	Hubbardsville	Brookfield	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
DCC	MVCAA, Inc. Canalside Head Start	Canastota	Canastota	54 Preschoolers	0	0	54	0	54
FDC	Lyke, Mary	Bridgeport	Chittenango	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Carpenter, Susan	Canastota	Canastota	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Brenda's Daycare Home	Chittenango	Chittenango	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Elmy, Amy	Kirkville	Chittenango	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
GFDC	Smith, Shari	Canastota	Canastota	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
GFDC	Vanwie- Snyder, Jennifer	Oneida	Oneida City	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Rashford, Jamie	Oneida	Oneida City	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	YMCA of the Greater Tri-Valley	Oneida	Oneida City	80 School-Aged Children	0	0	0	80	80
DCC	Cazenovia Children's House, Inc.	Cazenovia	Cazenovia	16 Infants, 22 Toddlers, 30 Preschoolers and 30 School-Aged Children	16	22	30	30	98
GFDC	Jackson, Susan	Chittenango	Chittenango	12 children, ages 6 weeks to 12 years	0	0	0	0	12

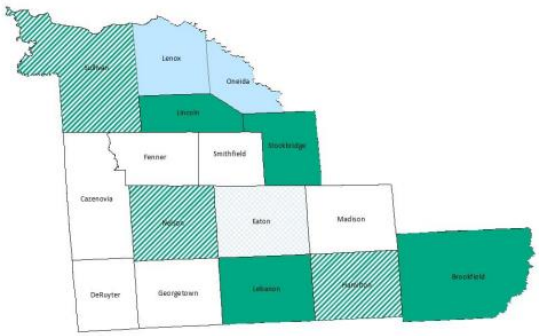
Program Type	Facility Name	City	School District Name	Capacity Description	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	Total Capacity
SACC	YMCA of the Greater Tri-Valley	Oneida	Oneida City	60 School-Aged Children	0	0	0	60	60
DCC	MVCAA, Inc. Oneida Head Start	Oneida	Oneida City	53 Preschoolers	0	0	53	0	53
SACC	Children's Center at Morrisville State College, Inc. - SACC	Morrisville	Morrisville-Eaton	23 School-Aged Children	0	0	0	23	23
FDC	Sterle, Carolyn	Morrisville	Harrisville	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	Celebration's Discovery Program	Canastota	Canastota	45 School-Aged Children	0	0	0	45	45
SACC	Chenango Nursery School, Inc.	Hamilton	Hamilton	40 School-Aged Children	0	0	0	40	40
GFDC	Little Leaps Home Daycare	Munnsville	Stockbridge	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
DCC	Chittenango Child Care Center, Inc.	Chittenango	Chittenango	12 Toddlers, 21 Preschoolers and 40 School-Aged Children	0	12	21	40	73
GFDC	Pratt- Mc Donell, Melissa	Chittenango	Chittenango	12 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	14
GFDC	Musacchio, Thelma	Canastota	Canastota	12 children, ages 6 weeks to 12 years AND 4 additional school-aged children	0	0	0	4	16
FDC	Palmer's Half-Pint Daycare	Hubbardsville	Hamilton	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Brookins, Tabitha	Chittenango	Chittenango	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Klish, Jodi	Morrisville	Morrisville-Eaton	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
SACC	YMCA OF THE GREATER TRI - VALLEY	Oneida	Oneida City	20 School-Aged Children	0	0	0	20	20
DCC	The Rippleton Center	Cazenovia	Cazenovia	12 Toddlers, 30 Preschoolers and 30 School-Aged Children	0	12	30	30	72
SACC	YMCA OF THE GREATER TRI - VALLEY	Oneida	Oneida City	20 School-Aged Children	0	0	0	20	20
FDC	Higgins, Danielle	Chittenango	Chittenango	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8
FDC	Rhyde, Margaret	Hamilton	Hamilton	6 children, ages 6 weeks to 12 years AND 2 additional school-aged children	0	0	0	2	8

(NYS Office of Children and Family Services, 2021)

Appendix IX. Child Care in Madison County

Availability of Regulated Child Care

Number of Children Under 5 Years Per Regulated Child Care Slot* by Sub-County Area†



- 0 to 1.99 Children per Regulated Slot
- 2 to 2.99 Children per Regulated Slot
- 3 to 5.99 Children per Regulated Slot
- 6 or More Children per Regulated Slot
- No Child Care Provider Slots for Infants, Toddlers, or Preschoolers

Source: New York State Child Care Facility System.

*Slots for children under 5 years are defined here as infant, toddler, or pre-school slots in a Day Care Center or any slot in a Family or Group Family Day care for children 6 weeks to 12 years.
†The sub-county areas used in this report are geographic areas by the U.S. Census Bureau: county subdivisions for the counties outside of New York City.

High Child Care Need Areas

"High child care need area" is defined here as being both high poverty **and** low relative availability of licensed or registered child care. Sub-county areas* are identified as "high child care need areas" if 25% or more of families have incomes below 200% of the Federal Poverty Level and there is a ratio of 3 children or more children under 5 years of age per regulated child care slot.

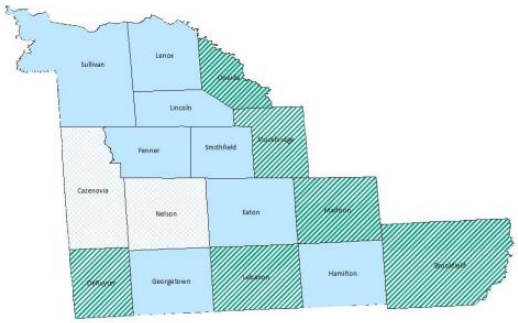
- Not a "High Child Care Need Area"
- "High Child Care Need Area

Sources: U.S. Bureau of the Census, 2015 American Community Survey 5-Year Estimates and New York Child Care Facility System.

*The sub-county areas used in this report are geographic areas by the U.S. Census Bureau: county subdivisions for the counties outside of New York City

Low Income Families

Percentage of Families Below 200% Poverty Level by Sub-County Area*



- 10 to 14.99% of Families with Income Below 200% of the Federal Poverty Level
- 15 to 24.99% of Families with Income Below 200% of the Federal Poverty Level
- 25 to 34.99% of Families with Income Below 200% of the Federal Poverty Level
- 35 to 100% of Families with Income Below 200% of the Federal Poverty Level
- No Family Poverty Status Data for the Census Tract

Source: U.S. Bureau of the Census, 2015 American Community Survey 5-Year Estimates.

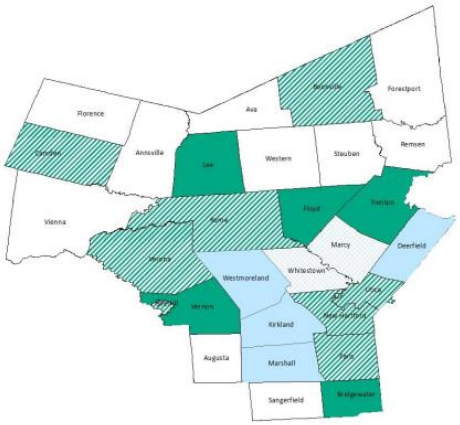
*The sub-county areas used in this report are geographic areas by the U.S. Census Bureau: county subdivisions for the counties outside of New York City.

(Office of Children and Family Services, 2021) (Office of Children and Family Services, 2021)

Appendix X. Child Care in Oneida County

Availability of Regulated Child Care

Number of Children Under 5 Years Per Regulated Child Care Slot* by Sub-County Area†



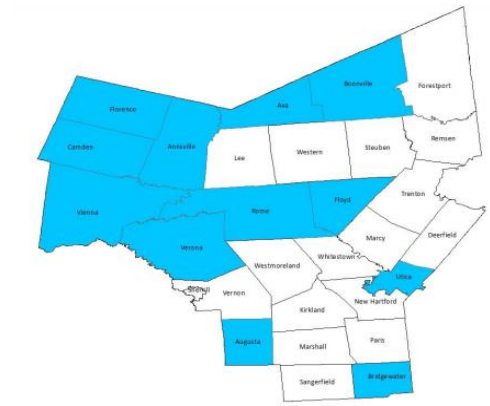
- 0 to 1.99 Children per Regulated Slot
- 2 to 2.99 Children per Regulated Slot
- 3 to 5.99 Children per Regulated Slot
- 6 or More Children per Regulated Slot
- No Child Care Provider Slots for Infants, Toddlers, or Preschoolers

Source: New York State Child Care Facility System.

*Slots for children under 5 years are defined here as infant, toddler, or pre-school slots in a Day Care Center or any slot in a Family or Group Family Day care for children 6 weeks to 12 years.
†The sub-county areas used in this report are geographic areas by the U.S. Census Bureau: county subdivisions for the counties outside of New York City.

High Child Care Need Areas

"High child care need area" is defined here as being both high poverty **and** low relative availability of licensed or registered child care. Sub-county areas* are identified as "high child care need areas" if 25% or more of families have incomes below 200% of the Federal Poverty Level and there is a ratio of 3 children or more children under 5 years of age per regulated child care slot.



- Not a "High Child Care Need Area"
- "High Child Care Need Area

Sources: U.S. Bureau of the Census, 2015 American Community Survey 5-Year Estimates and New York Child Care Facility System.

*The sub-county areas used in this report are geographic areas by the U.S. Census Bureau: county subdivisions for the counties outside of New York City.

Percentage of Families Below 200% Poverty Level by Sub-County Area*

- 10 to 14.99% of Families with Income Below 200% of the Federal Poverty Level
- 15 to 24.99% of Families with Income Below 200% of the Federal Poverty Level
- 25 to 34.99% of Families with Income Below 200% of the Federal Poverty Level
- 35 to 100% of Families with Income Below 200% of the Federal Poverty Level
- No Family Poverty Status Data for the Census Tract

Source: U.S. Bureau of the Census, 2015 American Community Survey 5-Year Estimates.

*The sub-county areas used in this report are geographic areas by the U.S. Census Bureau: county subdivisions for the counties outside of New York City.

(Office of Children and Family Services, 2021)

Appendix XI. Herkimer County

Percentage of Families Below 200% Poverty Level by Sub-County Area*

- 10 to 14.99% of Families with Income Below 200% of the Federal Poverty Level
- 15 to 24.99% of Families with Income Below 200% of the Federal Poverty Level
- 25 to 34.99% of Families with Income Below 200% of the Federal Poverty Level
- 35 to 100% of Families with Income Below 200% of the Federal Poverty Level
- No Family Poverty Status Data for the Census Tract

Source: U.S. Bureau of the Census, 2015 American Community Survey 5-Year Estimates.

*The sub-county areas used in this report are geographic areas by the U.S. Census Bureau: county subdivisions for the counties outside of New York City.

High Child Care Need Areas

"High child care need area" is defined here as being both high poverty **and** low relative availability of licensed or registered child care. Sub-county areas* are identified as "high child care need areas" if 25% or more of families have incomes below 200% of the Federal Poverty Level and there is a ratio of 3 children or more children under 5 years of age per regulated child care slot.

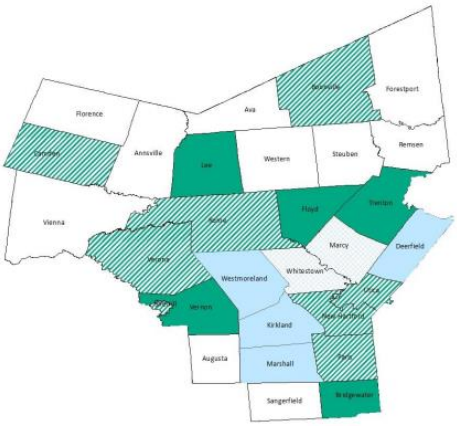
- Not a "High Child Care Need Area"
- "High Child Care Need Area

Sources: U.S. Bureau of the Census, 2015 American Community Survey 5-Year Estimates and New York Child Care Facility System.

*The sub-county areas used in this report are geographic areas by the U.S. Census Bureau: county subdivisions for the counties outside of New York City.

Availability of Regulated Child Care

Number of Children Under 5 Years Per Regulated Child Care Slot* by Sub-County Area†



- 0 to 1.99 Children per Regulated Slot
- 2 to 2.99 Children per Regulated Slot
- 3 to 5.99 Children per Regulated Slot
- 6 or More Children per Regulated Slot
- No Child Care Provider Slots for Infants, Toddlers, or Preschoolers

Source: New York State Child Care Facility System.

*Slots for children under 5 years are defined here as infant, toddler, or pre-school slots in a Day Care Center or any slot in a Family or Group Family Day care for children 6 weeks to 12 years.
†The sub-county areas used in this report are geographic areas by the U.S. Census Bureau: county subdivisions for the counties outside of New York City.

(Office of Children and Family Services, 2021)

Appendix XII. Summary of Themes from MVCAA Focus Groups December 2020

The themes are presented using four main categories: Strengths/Evidence of Resilience in Families, Challenges Faced by Families, Needs/Gaps in Services, and Coalitions between Organizations (either in the past or desired).

Strengths/Evidence of Resilience in Families:

There was widespread agreement in the focus groups that at least some of the families served by the represented organizations had demonstrated strength and/or resilience in the wake of the COVID-19 pandemic in the following ways:

- For families that had not lost jobs (or experienced hardship), COVID restrictions brought opportunities to spend more time at home and "come together" as a family.
- Providers saw families and neighbors pooling resources (housing, food, childcare) in order to meet their collective needs.
- The most recent homelessness data shows only White, Black, and Hispanic individuals among the unhoused, suggesting that immigrant families (and families of other racial/ethnic groups) are taking people in, rather than allowing them to become homeless.
- For families that had access to expanded unemployment benefits, they were sometimes in a better financial position than *before* COVID.
- For some families, virtual connections (i.e. those necessary for school) pushed people out of their comfort zones and they became better acquainted with technology and its applications. These virtual connections allowed *some* providers to have an even better idea of what was going on in the homes (i.e. a virtual home visit that they may not have had otherwise).

Adapting to new circumstances (particularly under COVID) had other benefits for families:

- Awareness about mental health issues, regardless of income level, seems to have increased.
- Relatedly, reaching out for help has become more normalized, less stigmatized.
- Some families became more effective advocates for themselves, including reaching out to more prominent community members they knew for specific kinds of assistance, and making their voices heard by calling local representatives and voting.

Changes in the community practices, laws/regulations, and special initiatives on the part of local organizations designed to ease the burdens on contributed to some of this resilience:

- More virtual (healthcare) services are now being covered due to COVID.
- Staff at one organization made masks and sent them to all of their clients. They also carried them with them wherever they went and gave them out freely.

- Communities increased the number and volume of food giveaways. Those communities that already had strong organizations were able to provide more resources to their residents. Urban communities, in particular, seemed to fare better in terms of amassing and distributing resources.
    - One notable exception is Old Forge, which solicited donations from the entire community, bought gift cards at local businesses, and then distributed those cards to local residents in need. This kept money flowing through the community, helping both residents and businesses stay afloat.
- Local growers (e.g. milk farmers) worked to help get food stuffs that they couldn't sell to people who needed them.
- Churches, which have always been sources of wide-ranging community support, became central places for families to go seeking assistance.
- DSS in Herkimer and Oneida Counties helped families get childcare waivers for their portion of their childcare costs.
- Other organizations created "childcare scholarships" to help with childcare costs.
- Businesses and non-profits have been more generous in their giving.
- Community service groups have been looking for more ways to help families.

Challenges Faced by Families:

Providers discussed a range of challenges faced by the families they serve—some very immediate and episodic, others more long-term, or ongoing.

- Food: Many more families are facing food insecurity—some for the first time due to COVID.
- People need cleaning supplies. Poor people/families are often stereotyped as "dirty," but providers made the point that they know how vulnerable they are to COVID, and pantries do not offer cleaning supplies.
- When service providers are working remotely, it can be harder to stay in touch with families.
- Relatedly, many clients report that service providers, working remotely, do not answer their phones.
- Those providers working to secure stable housing for their clients spoke of the tremendous challenges that those clients face:
    - They are not able to access resources until they are actually homeless.
    - There is a great deal of discrimination, particularly along racial/ethnic lines and for those using Section 8 vouchers.
    - The COVID crisis has put many people at risk of losing their homes. There is an eviction crisis emerging locally.
- Providers know that domestic violence cases are rising, and worry about children (especially) who are not in school regularly and, therefore, mandated reporters are not able to monitor them as they normally would.

- Lack of regular schooling has brought multiple hardships:
    - Children are not getting enough socialization.
        - Some (especially older teens) seem to be giving up on school.
        - Others are "dropping off the map."
    - Families struggle to monitor their children's education and provide them with appropriate devices. Some do not have adequate wi-fi bandwidth to support educational needs.
        - Some must find local sources (school, library), parking their children outside so they can use the wi-fi.
    - Some parents have had to give up working in order to monitor their children.
    - Teachers struggle to help educate their own children, due to their work responsibilities.
- Stability in childcare is a challenge for everyone because schools are not open, or they open and close repeatedly depending on the spread of COVID.
- Some families do not want to admit that they are struggling and/or don't want to reach out for help.
    - Particularly if they are struggling with addiction.
- Many families have had adult children return home for a variety of reasons, which changes the household dramatically.
- Service providers are often struggling as much as the clients they serve.
- Many families are not aware of the services that are available, or that they qualify for them.
- Some families are volatile—especially those facing mental health issues. One day/minute they're fine, the next they're not.
- There is very little support for families who are forced to quarantine.

Further, COVID has highlighted and/or exacerbated existing problems in communities:

- Economic disparities between families in communities.
- Poor access to reliable transportation:
    - Getting to appointments.
    - Trying to apply for services
        - Residents in Northern Herkimer County can take half a day or more traveling to and from Herkimer, in addition to the time necessary to wait/apply for help.
    - People who used to volunteer to transport others are reluctant to do so now due to the risk of COVID.
- Those who are isolated even under "normal" conditions are more so—particularly the elderly and rural communities/families. The latter typically rely on "visitors" from other communities for interaction (and commerce), but that has dropped off dramatically due to COVID.

Needs/Gaps in Services

Identifying needs often grew out of the discussion of challenges families are facing, so there is much overlap between this topic and the previous one. However, some additional ideas were identified:

- These is very little good quality, affordable housing available locally—this is particularly true for larger families that need more space.
- Cornhill (in particular) is a food, transportation, and information desert.
    - For example, people do not know their rights vis-à-vis their landlords, which makes it difficult to self-advocate.
    - There is a need for a community clearing house of information/assistance.
    - We need better bridges between housing assistance and social services (case management).
- Similarly, landlords need a place to go when they are experiencing difficulties with a tenant before the problem escalates to eviction. For example, the tenant may need assistance with cleaning—we can think of this as a preventive service.
- Information, in a wide range of areas, needs to be disseminated in multiple languages. Again, a forum or clearinghouse for these kinds of community needs is paramount.
    - Relatedly, service providers need greater access to translators, and should hire more multilingual staff.
    - Migrant families are in exceptional need of services and outreach.
- There is a pressing need for more public wi-fi space—especially that which allows for social distancing.
- Because ACEs underly so many of the problems our families and communities face, we need broader training on/understanding of these social forces.
    - Such training must be relatable (use "survivors" as trainers and mentors).
    - One idea would be to use community/parenting cafes where people can share their stories.
- Service providers should expand their Internet offerings to increase their service reach to clients—especially for those who are isolated socially/geographically, or who have childcare responsibilities.
- Relatedly, service providers need to bring the services they can to where people are, which would similarly help those who are isolated socially/geographically, or who have childcare responsibilities.

Existing/Possible Coalitions

Exploring existing coalitions, as well as possibilities for new ones, was a key goal of these focus groups. Unfortunately, very little time was spent on this topic in any of the groups. Many providers stated that they were willing to "partner with anyone," but admitted that partnerships were difficult to cultivate and attention often turned quickly to obstacles. However, a few key ideas/themes did emerge:

- MVCAA is offering itself as a "train the trainers" facility on ACEs and resilience to all other local organizations.

- The MCCAA building in Utica is centrally located and could potentially service as an access point for resources/services/information.
- There was discussion of working with local health care providers to ensure that they are all screening for ACEs routinely.
- There is a great need for a consortium that can come together to talk about duplication of services across multiple service areas.
    - Organizations need to focus on the "success" of the individual, then create pathways for success based on the range of services individuals are likely to need.
    - The goal would be to hand the individual seamlessly back and forth between organizations, based on the next "need" to move the individual along that path.
- Providers felt that organizations need to do a better job of connecting with elected officials who have the power to make needed changes in policy and law.
- Organizations that work with feeding people should connect with grocery stores to help reduce food waste and get food to people who need it.
- Housing/homelessness coalition has partnered with Johnson Park Center's food pantry to feed people and to obtain information about housing insecurity among those seeking the pantry's services.

Obstacles identified to partnering:

- In order for coalitions to work, CEOs and board members must be fully supportive. But relationships between staff at all levels must be developed and maintained as well, so people know who to reach out to. The high rate of turnover at many organizations make this a challenge.
- Coalition building takes time, which is scarce for people. One thing COVID has taught us is that we don't need to have physical meetings (eliminating travel time), which *may* free up some time for coalition building.
- Partnerships are often short-term and instrumental, with organizations simply signing MOUs created by others for *their* grant purposes when they haven't been part of the planning process at all.

One overarching theme that emerged repeatedly—across these questions—was the importance of building relationships. Many people in the groups told stories of providers being able to help someone with a specific problem because they knew *exactly* who to call. In talking about how to address some of the challenges families were facing, providers said that they needed to get all the relevant players involved. For example, transportation is a major problem for multiple constituencies; this means that representatives from bus and taxi companies should be involved in helping craft the solutions. Police should be working with providers who are interesting in solving problems around neighborhood safety, re-entry, and domestic violence. It was suggested that providers who personally know people in these areas should be the ones to reach out—to make it an invitation rather than a finger-pointing/blame session.

Coalitions were seen as most effective when they were able to attract people with the ability/power to initiate change. For example, one group pointed out that COVID has helped

many local businesses realize just how important stable childcare is. It's difficult to run a business if employees have to miss work regularly, or unpredictably, in order to care for their children. This is motivated a number of businesses to come together and take their concerns to Albany to seek changes in the law.

Recommendation: Building coalitions is a valuable enterprise; it is also time consuming. But taking a "personal relationship" approach seems like a viable way forward. Providers in the focus groups presented multiple examples of how they used their own relationships to more effectively serve their clients. When it comes time to partner on a project, or a grant opportunity, it is easier to reach out to someone you know and bring them in. Any effort at building relationships—whether at the top of organizations or somewhere in the middle—will likely increase opportunities to partner, strengthening service delivery for the entire community.

Submitted by Ronni Tichenor
SUNY Poly
January 13, 2021

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