Tioga County, New York
Community Health Improvement Plan

2026-2030

Acknowledgements

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Supporting Agencies

CASA-Trinity
Catholic Charities of Tioga County
Cornell Cooperative Extension of Tioga County
Family Resource Center of Tioga County
HealtheConnections
Newark Valley Community Connection
Open Door Mission Food Pantry
Racker Center
Spencer Van Etten Community Food Cupboard
Tioga County School Districts
Tioga County Agricultural Society
Tioga County ASAP Coalition
Tioga County Mental Hygiene
Tioga County Public Health
Tioga County Department of Social Services
Tioga County Information Technology & GIS
Tioga County Rural Ministry
Tioga Opportunities, Inc.
Tioga Theater
United Health Services (UHS)
Valley Food Pantry

Message from the Tioga County Healthy Communities Partnership

The 2025–2030 Tioga County Community Health Assessment provided valuable insights into the health status, needs, and priorities of Tioga County residents. Through a combination of data analysis, community perceptions, and key informant experiences, the assessment offered a comprehensive understanding of the factors influencing local health outcomes. This foundation was essential in identifying the most pressing public health challenges and opportunities for improvement.

Building on this foundation, the 2026–2030 Tioga County Community Health Improvement Plan (CHIP) was developed. This plan serves as a roadmap for improving health outcomes through targeted, evidence-based interventions designed to address the priority areas identified in the assessment. It outlines strategies for collaborative action, measurable goals, and a shared vision for a healthier Tioga County.

Tioga County Healthy Communities Partnership Steering Members:

Annie Depugh, UHS Hospitals
Danielle Fabregas, Tioga County Mental Hygiene
Theresa Krause, Food Bank of the Southern Tier
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New York State Prevention Agenda 2025-2030

The New York State Prevention Agenda is the state's comprehensive blueprint for improving population health and reducing health disparities. It provides a statewide framework that guides local health departments, hospitals, and community partners in identifying priorities, setting measurable objectives, and implementing evidence-based strategies to improve health outcomes.

The agenda is organized into major domains that address the social, economic, and environmental factors that influence health, as well as access to quality care. Local health assessments and Community Health Improvement Plans—like Tioga County's—are aligned with these domains to ensure consistent statewide progress and to support communities in targeting their most pressing health needs.

Domain 1: Economic Stability

- Poverty *
- Unemployment *
- Nutrition Security *
- Housing Stability & Affordability *

Domain 2: Social & Community Context

- Anxiety & Stress
- Suicide
- Depression
- Primary Prevention, Substance Use, Overdose Prevention
- Tobacco/E-cigarette Use
- Alcohol Use
- Adverse Childhood Experiences
- Healthy Eating

Domain 3: Neighborhood & Built Environment

- Opportunities for Active Transportation & Physical Activity
- Access to Community Services & Support
- Injuries & Violence

Domain 4: Health Care Access & Quality

- Access to and use of Prenatal Care
- Prevention of Infant & Maternal Mortality
- Prevention Services for Chronic Disease Prevention and Control
- Oral Health
- Preventive Services-Immunizations, Hearing Screening & Follow-Up, Lead Screening
- Early Intervention
- Childhood Behavioral Health

Domain 5: Education Access and Quality

- Health and Wellness Promoting Schools *
- Opportunities for Continued Education *

* Denotes a social determinant of health priority area.

Executive Summary

Selected by the Tioga County Healthy Communities Partnership Steering Committee, the following domains reflect the most pressing needs and opportunities for impact:

- **Economic Stability**: Housing Stability and Affordability.
- **Social and Community Context**: Anxiety and Stress, Suicide Prevention, Primary Prevention, Substance Misuse and Overdose Prevention, Tobacco and E-Cigarette Use, Alcohol Use, and Healthy Eating.
- **Health Care Access and Quality**: Preventive Services for Chronic Disease Prevention.

Each priority includes measurable goals, clear objectives, and defined community partners. Examples include distributing 300 Healthy Home Kits, conducting 10 campaigns to reduce alcohol misuse, increasing naloxone distribution, reducing tobacco use among adults and youth, expanding breastfeeding support, and increasing hypertension management through screenings and social marketing efforts.

Community Profile
Tioga County, located in New York's Southern Tier, has a population of 48,455. The county is predominantly white (94.2%), with a median age of 44.8 and a growing proportion of residents aged 65 and older. Demographic shifts include declining household numbers, more individuals living alone, and a rise in grandparents raising grandchildren. The county has experienced a 1.8% population decline since 2020.

Economic Stability
The median household income of $71,191 remains below state and national averages, and poverty rates—particularly among families—have increased. Survey participants frequently cited financial hardship and limited affordability as major concerns. Food security indicators, however, show Tioga County performing better than the state overall.

Social and Community Context
Substance use remains a major public health challenge. Adult smoking exceeds 20%, and binge drinking affects roughly one in five adults. Opioid-related treatment enrollment and prescriptions exceed state averages, though overdose mortality is lower. The county also experiences higher-than-average rates of adverse childhood experiences (ACEs) and child maltreatment reports, signaling persistent social stressors that affect health across the lifespan.

Healthcare Access and Quality
Cardiovascular disease is a critical concern. Tioga County is tied for the highest statewide prevalence of heart attack, angina/coronary heart disease, and stroke. Heart disease mortality outpaces state averages, driven in part by high adult obesity rates. While early prenatal care and infant health indicators are strong, gaps remain in preventive dental care, adolescent HPV vaccination, and lead testing for young children.

Tioga County, NY Health Report Card

Key:
☑: Met the New York State Prevention Agenda objective
X: Did not meet the New York State Prevention Agenda objective

Economic Stability			
Indicators	**Tioga County**	**New York State**	**Prevention Agenda**
Percentage of people living in poverty	12.2%	13.7%	☑
Percentage of people living in poverty, aged 65 years and older	7.8%	12.7%	☑
Percentage unemployed, 16 years and older	5.3%	6.2%	☑
Percentage unemployed, Black residents, aged 16 years and older	8.0%	9.2%	✖
Percentage of adults who were food secure in the past 12 months, aged 18 years and older	81.4%	75.1%	☑

Social and Community Context			
Indicators	**Tioga County**	**New York State**	**Prevention Agenda**
Percentage of adults experiencing frequent mental distress during the past month, age-adjusted, age 18 years and older	13.4%	13.4%	✖
Suicide mortality, age-adjusted per 100,000 population	8.5	8.0	✖
Episodes when an opioid-naïve patient received an initial opioid prescription, rate per 1,000	94.2	86.5	✖
Percentage of episodes when patients were opioid naïve and received an opioid prescription of more than seven days	17.5%	15.1%	✖
Unique individuals enrolled in OASAS treatment programs who reported any opioid as the primary substance, rate per 100,000	503.4	465.2	✖
Patients who received at least one buprenorphine prescription for opioid use disorder, crude rate per 100,000 population	482.0	446.0	✖
Overdose deaths involving drugs, crude rate per 100,000 population	25.1	32.3	✖
Prevalence of cigarette smoking among adults, aged 18 years and older	21.5%	12.0%	✖
Prevalence of binge-drinking among adults, aged 18 years and older	17.3%	16.4%	✖
Percentage of adults, who as a child, experienced three or more adverse childhood experiences (ACEs), aged 18 years and older	34.2%	25.3%	✖

Indicated reports of abuse/maltreatment, rate per 1,000 children and youth, aged 0-17 years	22.4	11.4	✗
Indicated reports of abuse/maltreatment, rate per 1,000 Black, non-Hispanic children and youth, aged 0-17 years	44.8	22.1	✗
Indicated reports of abuse/maltreatment, rate per 1,000 Hispanic children and youth, aged 0-17 years	5.4	14.4	☑
Percentage of adults who consumed fewer than one fruit and fewer than one vegetable daily (no fruits or vegetables), aged 18 years and older	39.5%	34.4%	✗
Percentage of infants who are exclusively breastfeeding in the hospital among all infants	62.1%	44.0%	☑

Health Care Access and Quality			
Indicator	**Tioga County**	**New York State**	**Prevention Agenda**
Percentage of births with early (1st trimester) prenatal care	76.7%	73.8%	✗
Infant mortality rate per 1,000 live births	2.0	4.3	☑
Maternal mortality rate per 100,000 live births	0	20.5	☑
Asthma emergency department visit rate per 10,000, aged 0-17 years	20.9	85.3	☑
Hypertension management (percentage of adults reporting medication use to manage their hypertension, aged 18 years and older)	74.5%	80.2%	✗
Percentage of Medicaid enrollees with at least one preventive dental visit within the last year	20.5%	19.9%	✗
Percentage of Medicaid enrollees with at least one preventative dental visit within the last year, aged 2-20 years	43.1%	39.1%	☑
Percentage of 24-35-month-old children with the 4:3:1:3:3:1:4 combination series by their 2nd birthday	59.9%	59.3%	✗
Percentage of 13-year-old adolescents with a complete HPV vaccine series 6	18%	25.7%	✗
Percentage of children in a single birth cohort year tested at least twice for lead before 36 months of age	38.6%	61%	✗
Percentage of children under 3 with an Individualized Family Service Plan (IFSP)	4.6%	9.4%	✗

Community Voices: My Health Story Survey Insights

Community members actively engaged in the assessment process by participating in the *My Health Story Survey*. Tioga County residents had multiple options for completing the survey, including an online version, a paper form, or verbally with a TCPH team member. To ensure a diverse demographic was reached, including disproportionately marginalized groups, the survey was made available at various community organizations and events throughout the collection period. These included food pantries, community meal sites, and the Tioga County Fair, among others. A total of 938 surveys were completed, exceeding the target of 805 to constitute a valid survey.

Top 5 Problems Tioga County Should Focus On

- Living Wage Jobs that Support Household Expenses
- Limited Affordable Housing
- Access to Community Services
- Substance Overuse
- Lack of Access to Affordable Healthy Foods

Notable Findings

- 75% of individuals report having at least one chronic disease.
- 57% report that the cost of healthy food options was the biggest barrier to purchasing them for their families, including fruits, vegetables, whole grains, and meats.
- Of the women who reported being pregnant in the last 3 years, 94% started prenatal care in the first trimester. 58% reported breastfeeding or pumping for 6 months or longer.
- Individuals reported seeking care for mental illness or emotional distress from a primary care provider (32%), a personal support system (22%), Tioga County Mental Hygiene (8%), or virtual counseling (8%).

Selection Process

Determining the priority domains and interventions was completed by the Tioga County Healthy Communities Partnership (TCHCP) / Community Health Improvement Plan Steering Committee. The group relied on both quantitative and qualitative data while aligning all decisions with the overarching goals of the New York State Prevention Agenda.

The selection process began with a thorough review of the updated Tioga County Health Report Card, which reflects the 2025 release of the New York State Prevention Agenda dashboard. This provided the Steering Committee with the most current, standardized data metrics aligned with key community health indicators. In addition to these metrics, the committee reviewed the summary findings from the *My Health Story Survey*, which captured community-reported perceptions, needs, and lived experiences.

Using this combined evidence base, the committee examined each Prevention Agenda domain and discussed opportunities for meaningful local impact. The group considered factors such as feasibility, community partners' capacity, the potential for measurable improvement, and alignment with ongoing county initiatives. The result was a set of priority areas that balance community needs, resource capacity, and strategic opportunities for intervention. Ultimately, selected domains and interventions reflect both the evidence and the voice of Tioga County residents.

Through this deliberate and collaborative selection process, the Steering Committee ensured that the 2026–2030 CHIP is both data-informed and community-responsive—positioning Tioga County to make targeted, sustainable progress over the next several years.

Priority Health Needs

Domain 1: Economic Stability
Priority 1: Housing Stability and Affordability

Domain 2: Social and Community Context
Priority 1: Anxiety & Stress
Priority 2: Suicide
Priority 3: Primary Prevention, Substance Misuse, and Overdose Prevention
Priority 4: Tobacco/E-Cigarette Use
Priority 5: Alcohol Use
Priority 6: Healthy Eating

Domain 4: Health Care Access and Quality
Priority 1: Preventive Services for Chronic Disease Prevention and Control

Goals and Objectives Framework

Economic Stability

Priority: Housing Stability and Affordability

Data Indicators:

1) U.S. Census Bureau: Housing Cost Burden- Households (renters and owners) spending more than 30% of income on housing.
    a. Tioga County, NY- 23.8%
2) United States Department of Housing and Urban Development: Number of people living in HUD-subsidized housing in the past 12 months.
    a. Tioga County, NY - 435 individuals

Community Partners:

- Tioga County Public Health
- Tioga County Department of Social Services
- Tioga Opportunities, Inc.

Goal: Statewide, increase the percentage of adults, with an annual income of less than $25,000, who were able to pay their mortgage, rent, or utility bills in the past 12 months from 85.1% to 89.4%.

- Objective: By December 31, 2030, distribute "Healthy Home Kits" and provide education on the items contained in them. Examples include: Radon detectors, Mold test kits, Carbon monoxide detectors, Nontoxic cleaning supplies, Guidance materials on reducing indoor pollutants, private well water contaminants, and state programs that assist with environmental testing.

Measuring Our Success:

Metric	Target/Measure
Number of Healthy Home Kits distributed/education provided	300 kits

Social And Community Context

Priority: Alcohol Use

Data Indicators:

1) New York State Behavioral Risk Factor Surveillance System (BRFSS): Prevalence of binge or heavy drinking among adults, aged 18 years and older.
    a. Tioga County, NY-17.3%

Community Partners:

- Tioga County Advocacy, Support, And Prevention (ASAP) Coalition

Goal: Decrease the prevalence of binge or heavy drinking among all adults aged 18 years and older from 17.3% to 14.6%.
➢ Objective: By December 31, 2030, use health campaigns and earned media to educate individuals on the benefits of drinking less alcohol or choosing not to drink. For example, including strategies such as alcohol awareness observations and campaigns designed to encourage less drinking, etc.
Goal: Statewide, decrease the prevalence of drinking by high school students from 23.9% to 19.1% (New York State outside New York City).
➢ Objective: By December 31, 2030, develop and/or disseminate educational materials and resources to communicate with the public about the harms associated with excessive alcohol use, including the association between excessive alcohol use and chronic disease outcomes (e.g., cancer, cardiovascular disease, and liver disease).

Measuring Our Success:

Metric	Target/Measure
Number of campaigns around alcohol use	10 campaigns/ads
Number of campaigns around preventing underage drinking	10 campaigns/ads
Number of Project Sticker Shock campaigns conducted	3 campaigns conducted

Priority: Anxiety, Stress, and Suicide Prevention

Data Indicators:

1) New York State Behavioral Risk Factor Surveillance System (BRFSS): Age-adjusted percentage of adults aged 18 years and older experiencing frequent mental distress during the past month.
    a. Tioga County, NY- 13.4%
2) New York State Vital Records: Suicide mortality, age-adjusted rate per 100,000 population.
    a. Tioga County, NY-16.4%

Community Partners:

- Tioga County Suicide Prevention Coalition

Goal: Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%.
➢ Objective: By December 31, 2030, promote and increase awareness of evidence-based mindfulness resources to reduce the negative impact of stress and trauma.
Goal: Reduce the suicide mortality rate from 16.4% to 6.7%.
➢ Objective: By December 31, 2030, provide training for community members, organizations, and other groups to identify and respond to people who may be at risk of suicide-on-suicide prevention.
Goal: Statewide, reduce adolescent suicide attempts from 9.4% to 8.5% (New York State outside New York City).
➢ Objective: By December 31, 2030, promote calling or texting 988 through social media, digital marketing campaigns, and other utilized marketing strategies.

Measuring Our Success:

Metric	Target/Measure
Number of outreach activities	39 activities
Number of people trained	75 individuals
Number of QPR trainings provided	15 trainings

Priority: Primary Prevention, Substance Misuse, and Overdose Prevention

Data Indicators:

1) New York State Community Opioid Overdose Prevention Program Dataset: Number of naloxone kits distributed.
    a. Tioga County, NY- 660

Community Partners:

- Tioga County ASAP Coalition

Goal: Provide or expand access to naloxone to reduce overdose fatalities.
➢ Objective: By December 31, 2030, increase the number of naloxone kits distributed.

Measuring Our Success:

Metric	Target/Measure
Number of naloxone kits distributed	800 kits
Number of people trained on Opioid Overdose Prevention	100 individuals

Priority: Tobacco/E-Cigarette Use

Data Indicators:

1) New York State Behavioral Risk Factor Surveillance System (BRFSS): Percentage of adults aged 18 years and older who smoke cigarettes.
    a. Tioga County, NY-21.5%

Community Partners:

- Tioga County ASAP Coalition

Goal: Reduce the percentage of adults who use tobacco products from 21.5% to 7.9%.
➢ Objective: By December 31, 2030, use media and health communication campaigns to highlight the harms and health risks of commercial tobacco, promote effective tobacco control policies, and reshape social norms.
Goal: Statewide, reduce the percentage of high school students who use tobacco products from 17.0% to 14.5%.
➢ Objective: By December 31, 2030, educate residents on the harms of tobacco and the benefits of tobacco-free treatment.

Measuring Our Success:

Metric	Target/Measure
Number of anti-tobacco/anti-nicotine ads completed	150 ads
Number of educational campaigns conducted	9 campaigns
Number of quit kits distributed at schools	180 kits

Priority: Healthy Eating

Data Indicators:

1) New York State Vital Records: Percentage of infants who are exclusively breastfed in the hospital among all infants.
    a. Tioga County, NY-59.1%

Community Partners:

- Tioga County Public Health
- Tioga Opportunities, Inc.

Goal: Statewide, increase the percentage of infants who are exclusively breastfed in the hospital from 45.9% to 48.2%.

- Objective: By December 31, 2030, foster community environments that proactively promote, protect, and support breastfeeding and chest feeding.

Measuring Our Success:

Metric	Target/Measure
Number of lactating women served	30 individuals
Number of worksites to improve or adopt lactation policies and best practices	3 policies or practices

Health Care Access & Quality

Priority: Preventative Services for Chronic Disease Prevention & Control

Data Indicators:

1) New York State Behavioral Risk Factor Surveillance System (BRFSS): Percentage of adults aged 18 years and older reporting medication used to manage their hypertension.
    a. Tioga County, NY- 74.5%

Community Partners:

- Tioga County Public Health
- Tioga Opportunities, Inc.

Goal: Increase the percentage of adults aged 18 years and older with hypertension who are currently taking medication to manage their high blood pressure from 74.5% to 81.7%.
➢ Objective: By December 31, 2030, develop and implement targeted social marketing programs aimed at reducing/deterring the consumption of unhealthy food and beverage options in alignment with national dietary standards and clinical practice guidelines.
➢ Objective: By December 31, 2030, develop and implement targeted social marketing programs to promote increased physical activity that align with national standards and clinical practice guidelines.
Goal: Statewide, increase the percentage of adult Medicaid members aged 18 years and older with hypertension who are currently taking medication to manage their high blood pressure from 66.9% to 75.5%.
➢ Objective: By December 31, 2030, implement community screenings to detect and address hypertension.

Measuring Our Success:

Metric	Target/Measure
Number of community blood pressure screening events conducted	250 screenings conducted
Number of community events	12 community events
Number of social media posts	36 messages
Social media engagement	180 social media interactions

Progress and Evaluation

The Tioga County Community Health Improvement Plan will be considered a living document, revisited, monitored, and adjusted as needed. Tioga County Public Health will oversee the plan by maintaining a system to track interventions, report activities, and conduct regular check-ins with community partners.

Intervention activities will be reported quarterly and recorded in the Metopio platform, which serves as a means to track progress toward defined targets. Additionally, the Tioga County Healthy Communities Partnership will evaluate the overall progress of the Tioga County Health Improvement Plan and its impact on the community's health outcomes.

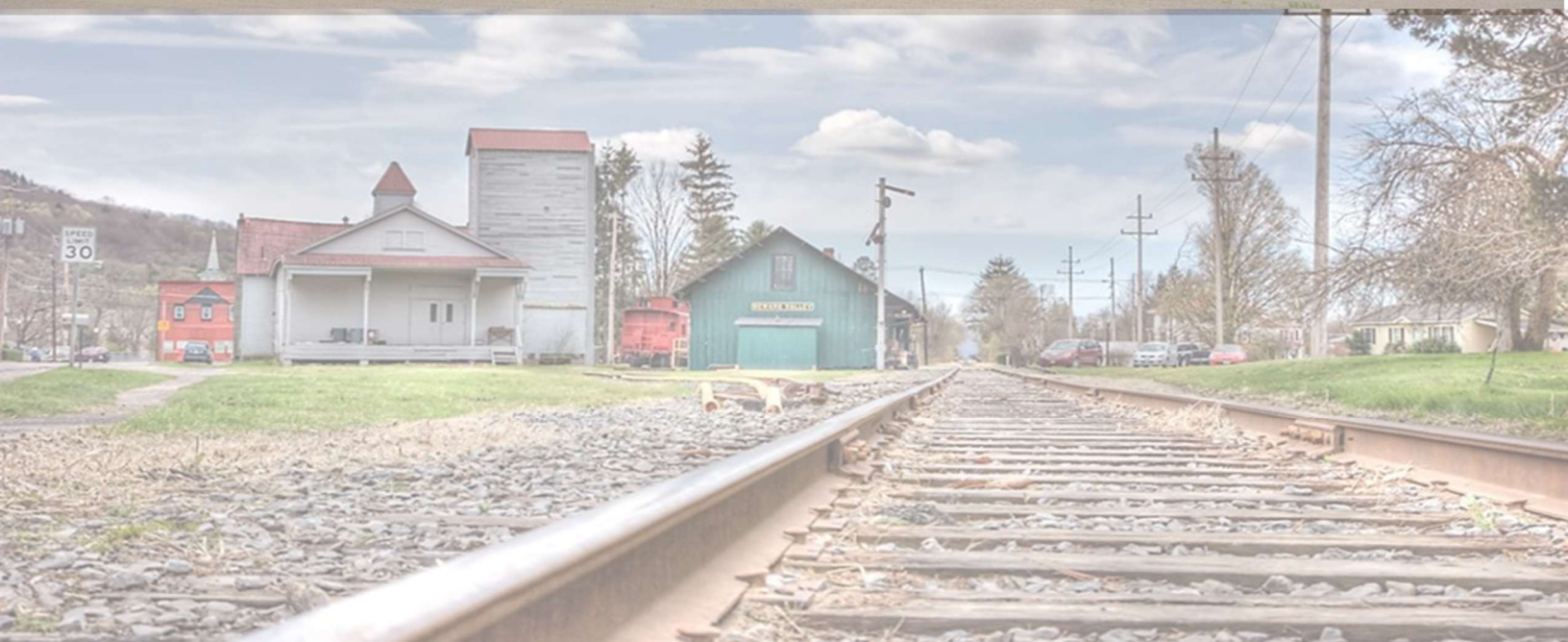
Conclusion

The 2026–2030 Tioga County Community Health Improvement Plan represents a shared commitment to improving the health and well-being of all residents. Through comprehensive data analysis, community input, and the collaborative work of our many partner organizations, we have identified priority areas that reflect both the most urgent needs and the most meaningful opportunities for impact.

By focusing on economic stability, social and community well-being, chronic disease prevention, healthy behaviors, and equitable access to care, this plan provides a clear roadmap for coordinated action. The goals and objectives outlined throughout the document emphasize evidence-based strategies, measurable outcomes, and strong partnerships—ensuring accountability and progress over the next several years.

This plan will continue to evolve as community needs change and new data emerge. However, the foundation remains constant: a commitment to collaboration, prevention, and equity. With the ongoing support of residents, local agencies, and community leaders, Tioga County is well-positioned to create healthier environments, strengthen support systems, and improve the quality of life for all who live here.

Together, we move forward with purpose and optimism—building a healthier Tioga County, now and for future generations.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