



## TIOGA COUNTY BOARD OF HEALTH

***PLEASE RSVP TO 607-687-8630***

***IF YOU WILL NOT BE ABLE TO ATTEND THIS MEETING***

TO: Members of the Board of Health

FROM: A. Reigelman

DATE: June 11, 2026

RE: Board of Health Meeting - Thursday, June 18, 2026,  
7:30 a.m., **Conference Room B**, 2<sup>nd</sup> Floor of Health and Human Services  
Building at 1062 St. Rt. 38, Owego, NY 13827.

### AGENDA

1. Approval of Minutes- May 2026
2. Presentation- CLYDE Survey Results
  - K. Holochak, Public Health Project Coordinator
  - K. Russell, Public Health Educator
3. Old Business
4. Director's Report
  - Agency Updates- May (2026)
5. New Business
  - Enforcements
6. Additional Items
  - None
7. Next Meeting Information
  - Next Meeting: July 16, 2026

# TIOGA COUNTY BOARD OF HEALTH

## MEETING MINUTES May 21, 2026

### **BOARD MEMBERS' PRESENT:**

T. Nytch, DVM, President  
W. Simmons, Vice President  
T. Hills, DVM  
J. Raftis, DO, FACEP  
W. Standinger III, Legislator  
T. Leary, FNP  
R. Kapur-Pado, DO

### **ABSENT:**

None

### **OTHER(S) PRESENT:**

H. Vroman, Public Health Director  
A. Reigelman, Secretary  
S. Medina, Deputy Director of Public Health

**CALL TO ORDER:** at 7:32 a.m. by Dr. Nytch.

**APPROVAL OF MINUTES:** Motion to approve April 2026 meeting minutes made by Mr. Simmons, seconded by Dr. Hills. All were in favor of approving the minutes, none opposed, motion approved. Members also thanked Ms. Reigelman for the work she does in the community (referencing the Public Health Team Member of the First Quarter article in the Owego Pennysaver).

### **TCPH AUDIT SUMMARY, FIRST QUARTER 2026 (S. MEDINA)**

Ms. Medina shared the record audit summary for the first quarter of 2026. A total of 126 records were audited in various programs using audit tools, showing overall improvement. The audit tools for the dental program are being revisited to make sure it is comprehensive. A new audit tool has been proposed and is going around for formal review. In the Lead Environmental Management program, we want to review our process and documentation for when a parent/guardian is a homeowner and refuses Environmental Health home assessment.

Satisfaction Surveys: Nine satisfaction surveys were returned. The majority were for the dental program and were highly rated. One survey related to an animal bite/rabies investigation received low scores; however, the feedback stemmed from frustration over an aggressive animal that remained at large—an issue outside of TCPH's responsibility.

### Quality Improvement Projects:

- The dental van security project has been completed.
- Communicable disease backup training is nearing completion and is in its final stages.
- The preschool transportation project is currently in a monitoring phase and is expected to wrap up after the June summer program session. We are already receiving positive feedback regarding the transition to electronic forms.
- The rabies post-exposure prophylaxis payments and invoicing project is ongoing. We are working with healthcare systems to establish contracts that will streamline invoice submission and reimbursement processes.
- New QI Project – Food Safety Course: We offer a free food safety course to the public and also accept the ServSafe certification. This project aims to fully review our course to ensure it is comprehensive and addresses language barriers. We will also compare it to the ServSafe course.

There were no patient complaints or sharps injuries this quarter.

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Next record audit meeting will be in July.

- Discussion of the animal bite/rabies investigation complaint, rabies specimen testing accessibility, and veterinarian availability at Tioga County Rabies Clinics.
- Internal audit tool development explained.
- Dr. Nytch expressed interest in being involved in the Food Safety Course QI Project.

Ms. Medina departed at 7:48 a.m.

**DIRECTOR'S REPORT:** Ms. Vroman distributed and shared her Director's Report.

Public Health Information:

- Federal funding update- remains largely stable, with Congress maintaining CDC funding and increasing support for HRSA, SAMHSA and NIH core public health infrastructure and workforce capacity. At local level, do not anticipate cuts.
- NYS budget has still not been enacted but anticipate final passage soon and to remain in the status quo.
- We received \$10,000 grant from Floyd Hooker for Traffic Safety program (car seats and helmet program).
- Hantavirus continues to be monitored, with no confirmed cases in New York to date, and public risk remains low. No public messaging is planned, following the lead of the NYS DOH and CDC to avoid misinformation. Staff are prepared with Q&A documents for public inquiries.
  - Members and Ms. Vroman discussed Hantavirus-virus specifics and safety measures.
- Ebola outbreak in Congo has been declared a global health emergency. The risk of spread in the US remains low, and TCPH continues to monitor via weekly communicable disease calls with NYSDOH.
  - Additional discussion on latest update and how the virus is spread.
- Continue to see a significant increase in tickborne illnesses (over 100% since last month), with nine hospitalizations year-to-date. The current affected population is primarily 61-70 age bracket, many of whom spend significant time outdoors (i.e. gardening). Will be delivering informational packets to primary care offices to encourage earlier and more comprehensive testing using the full tick panel. Will also be doing targeted outreach at TOI Senior Center and flyers posted at locations like Agway.
  - Additional discussion of difficulty in diagnosing, treatment protocol, personal experience with patients, Alpha-Gal syndrome, and clinical trials of Lyme disease vaccine.

Staffing:

- TCPH has two recent vacancies—an Office Specialist II and Seasonal Clerk.
- Preparations are beginning for next year's budget, with a meeting for division directors in early June to discuss needs and wish list items (including assessment of staff needs/positions).
- Ms. Vroman acknowledged the recent personal loss experienced within the department and expressed gratitude for the supportive environment that TCPH provides during difficult times.
  - Ms. Leary thanked Ms. Vroman, noted that a strong support system within TCPH reflects her leadership and the culture that allows staff to care for one another during challenging moments.

Accomplished Activities:

- Managed H5-positive fox response activities, including case investigation, contact tracing, daily exposure monitoring, medical-director consultation, post-exposure prophylaxis coordination, and media and stakeholder notification.
- Conducted a functional exercise (emergency preparedness drill) simulating a Measles outbreak, led by PHEP Coordinator. The drill involved partners from NYS and Legislator Standing and was considered a valuable experience. An after-action report was created to identify improvements, such as better use of the incident command structure.
  - Ms. Vroman stated that she will email the after-action report to the Board.
  - The drill was a requirement for the department's application for national accreditation (Project Public Health Ready). TCPH is the only department in NYS currently applying.

## TIOGA COUNTY BOARD OF HEALTH

Documentation has been submitted to in-state reviewers, with a goal of full accreditation by March 2027.

- Members additionally discussed vaccination rates for Measles in Tioga County, vaccination gaps in children and challenges in Primary Care.
- The lactation education program is now fully operational and currently serving a caseload of five. It is the only program in the county that provides services to individuals who are not WIC-eligible. Most client support is provided via text, and the program completed its first in-person consultation this past week.
- Submitted grant application in collaboration with Mental Hygiene for Suicide Prevention initiatives.

### In-Progress Tasks:

- Began planning for new department strategic plan aligned with the county and national accreditation guidelines. Stakeholder feedback is being solicited through surveys.
- Community Health Improvement Plan is being finalized, and we are planning to present to the Board of Health in July or September. Key priorities include housing stability and affordability, alcohol use, anxiety, stress, and suicide prevention, primary prevention, substance misuse, and overdose prevention, tobacco/e-cigarette use, healthy eating and preventative services for chronic disease prevention and control.
- We continue to promote the Year 14 Performance Incentive: Oral Health in Primary Care. Outreach emails have been sent to primary care providers, with follow-up in-person visits planned. We also intend to offer fluoride varnish in our own clinic for patients receiving other services.
- Weights and Measures program is performing well. The director is developing and updating forms, creating internal workflows and bringing inspections up to date.

### Board Action Items:

- Members received two surveys—the SWOC Survey and the Board of Health Feedback Survey—available in both hardcopy and via QR code. Ms. Vroman asked members to complete the SWOC Survey as soon as possible and noted that the Board of Health Feedback Survey is due June 30. Both surveys are required for the strategic planning process and accreditation.
  - Ms. Vroman asked that the surveys be filled out anonymously and honestly.

### Other:

- Appalachian Regional Commission (ARC) case study brief completed by East Tennessee State University was distributed to members during meeting. The study features an evaluation completed last year of the Tioga Mobile Dental Program. Ms. Vroman asked members to peruse at their leisure. Plan to distribute to stakeholders and then post to website and social media.
- Next meeting is June 18<sup>th</sup>, plan to have Ms. Holochak and Ms. Russell attend to present CLYDE Survey Data.

### **NEW BUSINESS:**

- Enforcements: Brief discussion of Chef Stanley's enforcement. Ms. Vroman listed violation items and stated that items were corrected in a timely manner.

Motion to adjourn meeting made by Dr. Nytech, seconded by Dr. Hills, all in favor, none opposed, motion approved. Adjournment of meeting called 9:15 a.m.

Minutes respectfully submitted by Abigail Reigelman

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Thomas Nytech, DVM, President

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Abigail Reigelman; Secretary

Minutes approved June 18, 2026



June 2026 Enforcements

<u>Business</u>	<u>Type of Violation</u>	<u>Fine Paid/Date</u>	<u>Repeat Violation(s) within 12 Month Period</u>
Megan Bell Berkshire Dollar General 12343 St. Rt. 38 Berkshire, NY	Water	\$225.00 5/19/2026	No
Stephanie Whitmore The Cellar Restaurant 196 Front St. Owego, NY	Food	\$425.00 6/1/2026	No
Danielle & Allen Banfield The Richford Diner 13334 NY-38 Richford, NY	Water	\$100.00 6/9/2026	No



## **AGENCY REPORT**

**April 23-May 20, 2026**

### **Highlights**

- TCPH's Traffic Safety Program was awarded \$5,000 from the Community Foundation of South-Central NY to continue to fund the needs of the program for child safety seats. The program was also awarded \$10,000 from the Floyd Hooker Foundation for new injury prevention initiatives for children.
- Strategic Plan Implementation Team (PIT) met to start planning out the 2027-2029 TCPH Strategic Plan. A project timeline has been created to complete the Strategic Plan by the end of 2026. So far, SPIT has sent out a SWOC Analysis survey to partners and stakeholders to gain feedback on TCPH's strengths, weaknesses, opportunities and challenges. Additional surveys have been created and will be distributed to TCPH staff in the coming weeks. The feedback gathered from these surveys will be utilized in steering the work of our department over the next three years.
- In partnership with Tioga County ASAP and Tioga County Sheriff's Office, staff participated in the April DEA Drug Take Back Day. Over 100 pounds of medication were collected, and five large boxes of sharps were collected.
- Managed H5-positive fox response activities, including case investigation, contact tracing, daily exposure monitoring, medical-director consultation, post-exposure prophylaxis coordination, and media and stakeholder notification.
- The TCPH PHEP Team conducted a Functional Exercise (emergency preparedness drill) simulating a Measles outbreak, led by our PHEP Coordinator and developed an After-Action Report.
- Appalachian Regional Commission (ARC) case study brief was completed by East Tennessee State University in the fall of 2025. The study features an evaluation completed of the Tioga Mobile Dental Program (See *Attachments* for full case study).

### **Health Education**

- Staff continued community engagement efforts, including attending Family Resource Center story times—where they read *Sophie the Sun Safe Surfer*, discussed sun safety, helped kids make visors, and distributed sunscreen—and providing naloxone at the Tioga Catholic Charities Outreach Center.
- ASAP Coalition staff conducted multiple coordination and evaluation activities: the Tioga County ASAP Coalition Evaluator completed a site visit to review logic models, data gaps, funding opportunities, and focus group questions; staff also met with school district administrators to discuss CLYDE survey results and future opportunities; and Sector Representative meetings were held to identify areas for improvement and potential coalition activities.
- Staff participated in youth-focused outreach by tabling at Waverly High School and the Owego Boys & Girls Club to gather data on students' access to prescriptions, medications, and substances on social media, and by supporting STOP DWI education at Waverly in partnership with the Tioga County Sheriff's Office.

- The Public Health Project Coordinator attended and presented at the S-VE School District Safety Symposium.

### **Environmental Health**

- We hosted an AWWA water training at HHS Building. The course was on Chlorine and Sodium Hypochlorite Water and Wastewater Treatment.
- Newark Valley Rabies Vaccine Clinic was a success, vaccinating a total of 164 pets.

### **Patient Services (EI, Dental, Clinic)**

- Sent provider letters to Guthrie, UHS, and Tioga Opportunities regarding year 14 incentive-applying fluoride varnish in medical setting, which was endorsed by the Tioga County Board of Health.
- At a NYSDOH School-Based Clinic quarterly meeting, TCPH received a shout-out for our use of social media, educational materials and story times to promote dental health. They also complimented the use of the Tioga Smiles Program for our continued dental care during the summer months and school breaks.
- Public Health Nurse sent letters to all Tioga County healthcare providers about testing and treatment of sexually transmitted infections and the importance of Expedited Partner Therapy.

### **Administration**

- We held our first quarter 2026 record audit meeting with medical consultant, Dr. Zevan.
- Director of Administrative Services and Assistant Director of Administrative Services have held internal meetings with division directors to discuss budget wishes to plan for upcoming budget season.
- We submitted our first application for Project Public Health Ready (PH Emergency Preparedness) to be reviewed by in-state reviewers.

### **Workforce Development**

- Public Health Educators participated in an Advanced Microsoft Excel training.
- Director of Patient Services, Director of Dental Health Services and Public Health Nurse attended training on fluoride varnish in medical settings (as part of Year 14 Performance Incentive).
- Senior Early Intervention Service Coordinator attended the New York State's annual Statewide conference.
- Director of Environmental Health attended the NYS Environmental Health Director's meeting.
- PHEP Coordinator attended a training at the Town of Owego's Emergency Operation Center on floodplain management.
- Public Health Director and PHEP Coordinator attended SUNY Broome Mock Disaster Drill.
- Public Health Deputy Director and Project Coordinator attended the Tioga County Food Alliance meeting.

## **Ongoing Support/Partnerships**

### **TCPH team members actively serve in leadership roles or participate in the following:**

- Advocacy, Support & Prevention (ASAP) Coalition
- Child Fatality Review Team
- Family Enrichment Network (Head Start)
- Lourdes PACT Advisory Board
- Mothers and Babies Perinatal Network
- New York State Association of County Health Officials (NYSACHO)
- New York State Association for Rural Health (NYSARH)
- New York State Association of Counties (NYSAC)
- Racker Center
- Rural Health Network
- S2AY Pivotal Public Health Partnership Early Childhood Committee
- Team Tioga
- Tioga County Board of Health
- Tioga County Commissioner's Advisory Council
- Tioga County Community Organizations Active in Disaster (COAD)
- Tioga County Council of Governments
- Tioga County Local Emergency Planning Committee (LEPC)
- Tioga County Mental Health Sub-Committee
- Tioga Opportunities, Inc.
- Tioga County Suicide Prevention Coalition
- Tioga County Threat Assessment Management Team
- Tioga County Water Quality Committee
- Tioga County Youth Bureau

### **Attachments:**

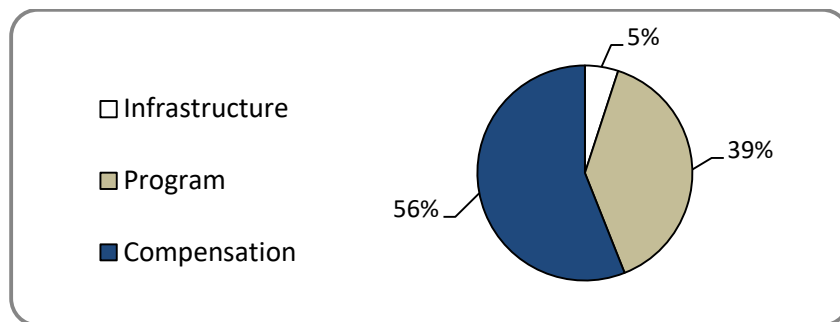
1. Financial Snapshot, YTD thru April 2026.
2. Photographs: Family Resource Center Storytime and Activity, May 2026.
3. Article: "Legislature Oks seeking suicide prevention grant," Morning Times, May 14, 2026.
4. Article: Fox tests positive for Avian Influenza in Tioga County," Tioga County Courier, May 13, 2026.
5. Case Study: Evaluation of ARC's Health Grants- A Case Study Brief Featuring Tioga County Public Health; prepared by East Tennessee State University for the Appalachian Regional Commission, October 2025.
6. Flyer: "What the Health!?", May 2026.
7. Bulletin Board: "Health is Strength: Prioritize Yourself," HHS Building, Owego, NY, May 2026.
8. Bulletin Boards: "Motorcycle Safety Tips," 56 Main St., Owego, NY, May 2026.
9. Data Spreadsheet April 23- May 20, 2026.

**Financial Snapshot  
Year-to-date through April 2026\*<sup>1,2,3</sup>**

	<b>Budget 2026</b>	<b>Actual YTD 2026</b>	<b>Percentage of 2026 Budget</b>
<b>REVENUES</b>			
Fees	838,850	166,695	20 %
State/Federal	3,633,567	16,478	0 %
Local	3,868,709	1,453,003	38 %
<b>TOTAL</b>	<b>8,341,126</b>	<b>1,636,176</b>	<b>20 %</b>

<b>EXPENSES</b>			
Compensation	3,476,616	911,833	26 %
Program Expense	4,405,697	647,181	17 %
Core Infrastructure	458,813	77,162	17 %
<b>TOTAL</b>	<b>8,341,126</b>	<b>1,636,176</b>	<b>20 %</b>

**Allocation of Expenses  
Year-to-date through April 2026**



**\*Notes:**

1. These figures represent the most recent 'closed out' month by the Treasurer, which is April 2026.
2. Most of January & February revenue are adjusted back to prior year as payments during this time are for services performed in the prior year. State Aid reimbursement is reported a couple months after each quarter ends.
3. Additional funds not including in the reported numbers above are JUUL Settlement Funds & ASAP Coalition grants. These are excluded as they are outside of our County approved budgets and would skew the figures to not being accurate reflections of financial status.



Children's Outreach Storytime and Activity, FRC various locations, May 2026

# Legislature OKs seeking suicide prevention grant

By **Matt Freeze**  
Senior Staff Writer

OWEGO — The Tioga County Legislature voted Tuesday to pursue a grant targeting suicide prevention.

The county's mental hygiene department had found a grant to provide \$132,000 toward ensuring the appropriate building capacity is in place to address the needs of rural suicide prevention.

"This is a good pursuit and a good use of money if we get it," Legislator Bill Standing said. "Unfortunately, suicides occur, and anything we can do to prevent it is a good thing."

Standing said he's involved with the Coalition for Suicide Prevention.

"I'm glad they're applying for this money, and I hope it comes in and helps people," he added.

The county's mental hygiene department will coordinate with Tioga County Public Health in the grant application, program management and deliverables associated with the grant if awarded.

The Legislature unanimously voted to authorize the application.

Connect with Matt: 570-888-9643, Ext. 1504; mattf@morning-times.com

Article: Morning Times, May 14, 2026

## TIOGA COUNTY PUBLIC HEALTH:

### Fox tests positive for Avian Influenza in Tioga County

*Submitted article*

On May 6, Influenza A H5 virus, also known as Avian Influenza or Bird Flu, was detected in a fox that was originally submitted by Tioga County Public Health for rabies testing, according to a news release from Tioga County Public Health. Avian Influenza is common worldwide among wild birds and can occasionally spread to poultry and dairy cattle. Wild mammals, such as foxes, skunks, and rodents, have also tested positive for Avian Influenza. Since 2023, fewer than 100 human cases of Avian Influenza have been confirmed in the United States. No reported human cases have resulted from contact with an infected wild mammal. There has been no reported human to human spread of Avian Influenza.

In response to animal bites or exposures, it is routine for Tioga County Public Health to investigate the incident and submit animals for rabies testing. In this situation, rabies testing was negative, and an additional test detected Avian Influenza virus. Our department has been, and will continue to be, in close communication with the New York State Department of Health. Please note that there is no current threat to the community.

Tioga County Public Health would like to remind residents never to handle wild animals. Even wild animals that are young or appear to need help can transmit rabies, a fatal disease, as well as many other diseases. If you encounter a wild animal that appears injured or in need of help, contact the Department of Environmental Conservation (DEC) at 1-315-426-7400 (regular office hours), 1 877 457 5680 (after office hours). It is important to note that if a wild animal is allowing a human to approach or handle it, this is unusual behavior and should be a red flag that it is ill. If an animal appears to be in immediate danger or poses a risk to humans or pets, keep a safe distance and contact local law enforcement for assistance.

All potential rabies exposures, including bites and scratches, must be reported to Tioga County Public Health by calling (607) 687-8600 during business hours or 607 687 1010 after hours, on weekends, or on holidays. An online Rabies Exposure Bite Form is also available at <https://tiogacountyny.gov/departments/public-health/>. *TC Courier 5/13/2026*

Article submitted by Tioga County Public Health.

Article: Tioga County Courier, May 13, 2026



# Evaluation of ARC's Health Grants

## A Case Study Brief Featuring Tioga County Public Health

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October 2025

Prepared for:



Appalachian Regional Commission  
1666 Connecticut Avenue, NW  
Suite 700  
Washington, DC 20009-1068

Prepared by:



East Tennessee State University  
Center for Rural Health and Research  
P.O. Box 70704  
Johnson City, TN 37614

# TIOGA COUNTY PUBLIC HEALTH



## Grant Profile

**Project Title:** Tioga County Mobile Dental Services

**Location:** Tioga County, New York

**Dates:** 2/2018 to 4/2019

**Project Purpose:** Equipment

**Project Type:** Healthcare Access

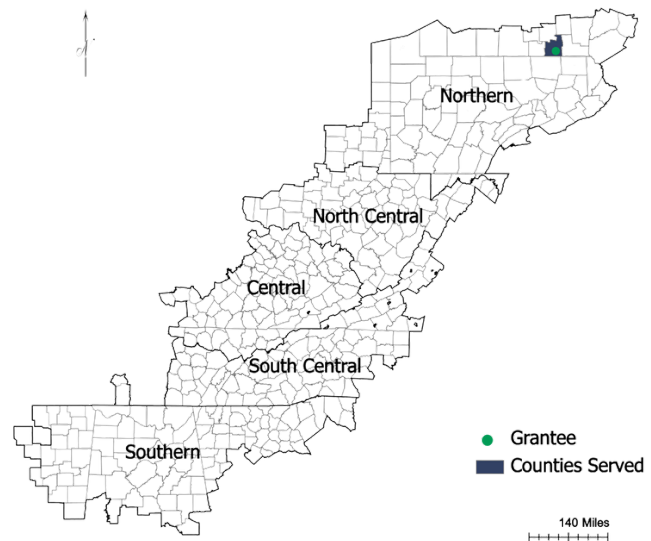
**ARC Funds:** \$150,000

**Matching Funds:** \$325,000

## Introduction

Located in the Southern Tier region of New York, Tioga County Public Health's mission is to "protect and promote the health and well-being of our community through advocacy, education, enforcement, prevention, and partnerships." As the county's public health leader, they support residents by providing essential public health services, including dental, environmental health, nursing, and health education. In collaboration with local K-12 schools and other partners, Tioga County Public Health leveraged a health grant from the Appalachian

Regional Commission (ARC) in the amount of \$150,000 in 2018 to expand the provision of affordable dental services for residents in Tioga County. They sought to bridge gaps in dental services by purchasing a state-of-the-art van to replace an outdated mobile dental unit. The new unit was designed to travel to schools and community-based sites, providing dental services to children and adults. Annually, Tioga County Public Health has served an estimated 2,000 residents with the mobile dental unit, enhancing access to affordable dental services and improving oral health for underserved populations.



**Figure 1. Project location (Map/ETSU)**

**Table 1. Characteristics of the County Served by Tioga County Mobile Dental Services<sup>a</sup>**

	Tioga County, NY	All Appalachian Counties	All US Counties
ARC Subregion	Northern	--	--
ARC Economic Distress Status	Transitional	--	--
ARC Rurality	Small Metros (pop. <1 million)	--	--
Health Professional Shortage Area Designation(s)	Whole county coverage for primary care and dental health	--	--
Total Population (2017-2021)	48,455	26,135,136	329,725,481
Labor Force Participation (%) (2017-2021)	82.1%	74.2% (8.5)	78.5% (9.1)
Poverty Rate (%) (2017-2021)	9.3%	16.8% (5.3)	14.4% (6.1)
Education (population over 25 who completed college) (%) (2017-2021)	26.0%	18.2% (7.4)	22.0% (9.6)
No Health Insurance (%) (2017-2021)	4.2%	8.7% (3.7)	9.6% (5.1)
All-Cause Mortality (per 100,000) (2018-2021)	1,092.2	847.4 (139.9)	817.5 (142.8)

<sup>a</sup> Appendix A provides information on data sources and indicators.

## Site Description

Tioga County, New York, is characterized by rolling hills and the Susquehanna River that runs through the region.<sup>1</sup> The county was established in 1791, and early industries included farming, logging, and the fur trade.<sup>2</sup> By the early to mid-1800s, Tioga County had established infrastructure such as roads, bridges, steamboats, and the second-oldest railroad in the state. Agriculture remains a key component of Tioga County's economy in addition to manufacturing.<sup>3</sup>

Despite its scenic beauty and historical significance, Tioga County faces challenges with access to dental and other health services, particularly in its rural communities. Table 1 presents a selection of demographic and health characteristics of the county. Tioga County has a higher all-cause mortality rate per 100,000 (1,092.2) than the national (817.5) and Appalachian (847.4) averages. It is also designated as a Health Professional Shortage Area

for both primary and dental care. Personnel, partners, and patient beneficiaries of the mobile dental unit underscored a need for accessible and affordable dental services. They highlighted the presence of “pockets of poverty” combined with a lack of dental providers that accept Medicaid within the county. They also reported a high prevalence of dental decay and other oral health needs, particularly in lower-income communities.

## Key Findings

### Project Design and Implementation

Tioga County Public Health has a longstanding commitment to providing access to affordable dental services. In 2003, they launched a mobile dental unit. With the unit aging, Tioga County Public Health used an ARC health grant and other funding sources to purchase a custom-built, RV-style van and supplies for a new mobile dental unit. According to personnel, this funding was essential for sustaining services and partnerships established through the original unit. The new unit contains two dental operatories, a lab, and a reception space. Staffed by dental hygienists and, on specific days, a dentist, it provides preventative and restorative services, such as cleanings, fillings, and extractions, to children and adults.



**Figure 2. Mobile dental unit  
(Photo/ETSU)**

Guided by data and community input, public health personnel prioritize pediatric and adult patients without access to or the ability to afford dental care. This includes people with low incomes, people who are uninsured or underinsured, and people living in rural areas, among others. To ensure accessibility, the unit partners with local organizations to travel to different sites throughout Tioga County, accepts both public and private health insurance, and offers a sliding payment scale to minimize patient costs.

With a focus on expanding access to dental services among children, the mobile dental unit is school-based from September through June. It is stationed at each local public K-12 school for several weeks at a time, enabling staff to serve children during school hours and adults before or after those hours. In addition to receiving the full scope of services, children receive a “goodie bag” with dental supplies like a toothbrush and educational materials to promote oral hygiene.

Personnel and partners identified several features of the mobile dental unit that they deemed innovative. They indicated that leveraging a mobile dental unit in and of itself was innovative and emphasized the value of mobility when serving rural communities, where transportation can be challenging. As one partner noted, “Mobile services are a great way to provide to a rural population.”

They also suggested that pairing a mobile dental unit with a school-based approach was particularly innovative. This combination has allowed them to reach children whose parents may have had various reasons for not seeking dental services, such as cost, transportation, or the need to take time off from work. It also has facilitated collaboration with school staff (e.g., nurses), who serve as champions, support patient enrollment, or help identify students and families with the greatest needs.

### Project Impacts and Successes

The mobile dental unit was described as “very successful,” with personnel, partners, and patient beneficiaries citing numerous health and economic benefits. The unit bridged critical gaps in care by increasing service accessibility and affordability and improving health, oral health, and oral hygiene practices for populations in need.

Personnel projected that the new mobile dental unit would serve 2,000 unique patients per year, an increase of 800 patients relative to the prior unit. Estimates suggested that over 5,100 patients have been served by the unit as of Fall 2024, many of whom otherwise would not have had access to or received care. As one partner explained, “. . . [T]here are kids who literally would never see a dentist if it weren’t for that van.”

Patients overall reported positive experiences, complimenting the dental staff and noting the affordability, convenience, and quality of services. Similarly, personnel and others reported key successes in patient oral health, such as eliminating pain, improving smiles, and preserving teeth. For some children, impacts reportedly extended beyond oral health to improvements in confidence, behavior, and the ability to learn.

*“. . . [W]e had in a school district that a student was pretty much mute. She was not talking. She wouldn’t smile. Then she came out and had her front teeth taken out . . . Then a couple of weeks later, the school is like, ‘She’s smiling.’ It was a whole new child.” (Personnel)*

Alongside health-related successes, personnel, partners, and patient beneficiaries described impacts on economic development. They highlighted cost savings for individuals and families. Personnel estimated that thousands of dollars in services have been provided annually at little to no cost to residents. School-based sites likewise eliminated the need for parents to take time off from work for their children to receive services, contributing to further savings.

*“The connection with the school is different than just having a mobile dental. You could have a mobile dental thing and hope to get kids, but their parents aren’t going to come and take them out of school. The parents didn’t get dental care, they don’t do dental care. They don’t put a priority on it. They won’t take any time off to bring the kid, but if it’s at school, they’ll let them do it. I think even though it’s great that people have mobile dental units, if they’re not associated with schools and a school-based program, they’re missing probably the best element.” (Personnel)*

Similarly, personnel and partners described cost savings for local health systems and the broader community due to a reduction in emergency care for oral health problems.

*"... [W]e've done thousands of dollars worth of treatment on people for basically free, sometimes it's a couple of bucks. A 90 percent reduction if it's work that we can do... versus a private office and then... an emergency room, even though it would be free sometimes to the patient, it's incredibly expensive to the community to get seen at an emergency room setting." (Personnel)*

Lastly, they identified benefits for employers and employees stemming from greater access to affordable dental services, such as reduced healthcare costs, reduced absenteeism, increased productivity, and improved morale. Similarly, the unit has created jobs and supported job-seeking by giving patients greater confidence in their appearance.

## Partnerships

Local, multi-sector partnerships were, and continue to be, key factors in implementing the mobile dental unit. Deemed a "great partnership," collaboration between Tioga County Public Health and the local school system has been instrumental. Schools provide a physical space for the unit, including maintenance support for electricity and water. School nurses likewise played a pivotal role in communicating with parents, children, and families in need.

*"I'm a firm believer that the creation of any jobs is an economic development positive, and this creates jobs, some high-paying jobs." (Partner)*

Overall, school partners expressed high regard for the mobile dental unit, emphasizing its value to students, families, and the broader community. Given its minimal impact on school operations and resources combined with positive impacts, school administrators, in particular, described the unit as "independent," self-sustaining, and an asset to the school system.

*"It's a free service. It's available. I know a lot of parents who take advantage of that because they don't have to take their kids and pay. A lot of people don't have dental insurance and even people that have dental insurance." (Patient Beneficiary)*

Additional local partnerships have been key to the success of the mobile dental unit. Tioga County Public Health, for example, collaborated with the Department of Public Works to secure staff with a Commercial Driver's License (CDL).

## Project Challenges

Tioga County Public Health and its partners experienced several challenges implementing the mobile dental unit. These challenges were not tied to the administration of ARC funds; instead, they reflected broader factors that can hinder health programs, particularly in rural communities.

They reported early challenges with satisfying the requirements needed to be certified by the state of New York to operate the mobile dental unit. While they were successfully certified, they had to adhere to requirements that personnel considered more aligned with the operations of brick-and-mortar clinics due to state policy lacking a carve-out for mobile units.

Several factors have limited some patients' engagement with the mobile dental unit. Most notably, patients or their parents may lack transportation to sites. They may also have difficulty prioritizing their oral health or that of their children, which can exacerbate needs. Similarly, some parents reportedly experience literacy or other communication barriers that limit child engagement. Importantly, while systemic barriers like transportation challenges may remain, key features of the unit, such as its mobility, use of school-based sites, and minimal patient costs, were designed to alleviate them for many families.

*"You're doing your best to get each patient, especially the kids, get them done before we move on to the next school. A lot of times we'll have availabilities over the summer and unfortunately, the kid doesn't get seen again until the next year when we're at the school because the parents can't or don't want to bring them. The stuff that was maybe a small filling now maybe has to be an extraction." (Personnel)*

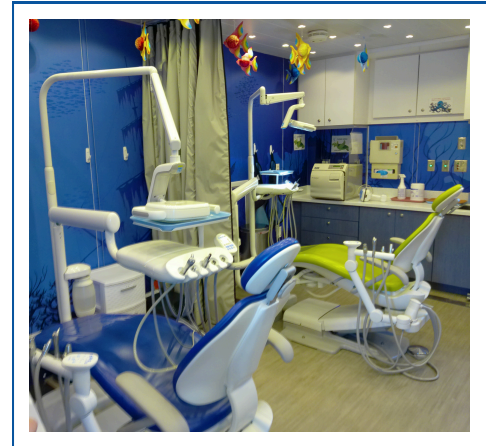
Securing sufficient staffing for the mobile dental unit remains a challenge. While the unit has historically maintained appropriate staffing levels, recruiting and retaining dental providers can be difficult. The demand for dental services also often exceeds provider capacity. These challenges are common in rural and underserved communities; however, the unit may have additional staffing considerations given its unique work environment relative to brick-and-mortar clinics.

Further, the COVID-19 pandemic tremendously impacted the operations of the mobile dental unit soon after the ARC health grant closed. During the pandemic, New York state designated dental care as non-urgent, forcing the program to close and negatively impacting patients' access. Since the pandemic, however, the unit has returned to full operation.

*"They somehow always figure out a way to get it staffed. It's just not enough. The demand is greater than what they can do." (Partner)*

## Project Sustainability

Since the closure of their ARC health grant, Tioga County Public Health and its partners have successfully sustained project-related activities at a similar scope. A mix of funding from local government, program revenue, and health insurance reimbursement support operations. Through the combined operations of the current and prior units, they have provided affordable, accessible dental services to residents for over 20 years. With an estimated lifespan of 15-20 years, the current unit should continue serving residents for years to come.



**Figure 3. Inside of mobile dental unit (Photo/ETSU)**

The commitment, infrastructure, and resources of Tioga County Public Health remain critical to the sustained operations of the mobile dental unit. Perhaps most notably, they contribute funding to cover any costs remaining after reimbursement or revenue from other funding sources, helping to ensure the unit remains financially viable. For Tioga County Public Health, multiple factors continue to drive their financial commitment. Public health personnel report that supporting the unit fills a gap in dental services that otherwise would be unmet, addresses a significant need for dental services, and facilitates school-based collaboration on other health initiatives. Strong partnerships with local organizations—particularly schools—buy-in from the broader community, and resource commitments from the Tioga County Legislature further promote long-term success. As one personnel member concluded, *"It's one of those things you just have to feel good about. There's nothing negative about it."*



**Figure 4. Educational graphic (Image/Tioga County Public Health)**

## Lessons Learned

With the mobile dental unit in operation for over 20 years, personnel and partners shared several lessons learned.

Collaborating with staff with grant writing experience, whether at the lead or a partner organization, can be beneficial when seeking funds for a health project. Given that the grant application process can be intensive, leveraging prior experience can help ensure that requirements are satisfied.

Identifying and engaging key partners, along with members of the population to be served, early in the course of a health project can facilitate success.

Staying committed to implementing a health project is crucial, even in the face of challenges.

*"I would say stick to it and be committed because you are doing a good thing and know that you are making a difference. I feel like we are. Stick to it even though it's difficult to get everything running smoothly and figure out the logistics and the right people and whatever it may be. Especially in the winter when everything freezes, you have to muscle through and power through some of those obstacles. Just being committed to what you're doing I think is probably the biggest thing." (Personnel)*

## Appendices

- **Appendix A. Data Sources, Indicators, and Descriptions for County Characteristics**
- **Appendix B. Case Study Methods and Limitations**

## Appendix A. Data Sources, Indicators, and Descriptions for County Characteristics

As part of the evaluation of the health grants, a comprehensive set of county-level indicators were identified in collaboration with ARC staff to describe the characteristics of counties with health grant funding. A master data file containing all county-level indicators for all counties in the U.S. and in the Appalachia Region was developed. Specific to the case study briefs, a subset of indicators was selected for inclusion, with indicators provided for each county(ies) served by a featured health project, all Appalachian counties, and all U.S. counties. Each case study brief includes a table with the indicators. For data on individual counties, cells generally represent a count, category, or percentage. For data on the region or nation, cells generally represent a mean (SD) of applicable counties. Table 2 presents details on the included data sources and indicators.

**Table 2. Data and Indicator Descriptions for County Characteristics**

Data Source and Year	Indicator	Description/Categories
American Community Survey (ACS) 5-year estimates, 2017-2021 <sup>4</sup>	Education	% Population 25 years and over who completed college (Bachelor's degree or graduate or professional degree)
	Labor force participation rate	Among the civilian non-institutionalized population aged 25 to 54, the % that is working or actively looking for work
	No health insurance coverage	% People who have no health insurance coverage, public or private
	Poverty rate	Among the population for whom poverty status is determined, the % of the population that has an income in the past 12 months below the poverty level
	Total population	Count of total population
Centers for Disease Control and Prevention (CDC) WONDER, 2018-2021 <sup>5</sup>	All-cause mortality per 100,000	Crude mortality rate per 100,000 population

Data Source and Year	Indicator	Description/Categories
Appalachian Regional Commission (ARC), 2024 <sup>6-7</sup>	Economic distress status	<ul style="list-style-type: none"> <li>• Distressed</li> <li>• At-Risk</li> <li>• Transitional</li> <li>• Competitive</li> <li>• Attainment</li> </ul>
	Appalachian subregion	Contiguous regions of relatively similar characteristics within Appalachia: Central, North Central, Northern, South Central, Southern
U.S. Department of Agriculture (USDA) Economic Research Service (ERS) <sup>8</sup>	Urban Influence Codes	<p>Twelve urban-rural county classifications were condensed into five categories consistent with ARC’s scheme:</p> <ol style="list-style-type: none"> <li>1. Large Metro: Counties in large metropolitan areas with populations of 1 million or more (USDA ERS code 1).</li> <li>2. Small Metro: Counties in metropolitan areas with populations less than 1 million (USDA ERS code 2).</li> <li>3. Nonmetro, Adjacent to Large Metro: Micropolitan or noncore counties adjacent to a large metro (USDA ERS codes 3–4).</li> <li>4. Nonmetro, Adjacent to Small Metro: Micropolitan or noncore counties adjacent to a small metro (USDA ERS codes 5–7).</li> <li>5. Rural: Nonmetro counties not adjacent to a metro area (USDA ERS codes 8–12).</li> </ol>
Health Resources & Services Administration (2024) <sup>9</sup>	Primary Care	Primary Care Health Professional Shortage Areas
	Dental Health	Dental Health Health Professional Shortage Areas
	Mental Health	Mental Health Health Professional Shortage Areas

## Appendix B. Case Study Methods and Limitations

**Purpose.** The purpose of the case studies was to highlight a selection of health grantees and their projects, with a focus on the use of promising practice(s) and/or innovative approach(es) for addressing challenges or advancing health for all residents. In-person site visits with selected grantees underpinned the case studies. The evaluation was deemed non-human subjects research by the Institutional Review Board at East Tennessee State University (ETSU).

**Grantee selection.** Grantees expressed interest in being featured in a case study brief and participating in a site visit through the web-based survey of grantees that was administered as part of the overall evaluation. Multiple criteria guided the selection of interested grantees, with a goal of including an array of projects implemented across Appalachia. As part of this process, two team members independently evaluated interested grantees on relevant project and service area characteristics. Projects that were designed to serve rural, economically distressed, or otherwise underserved communities (e.g., Health Professional Shortage Area [HPSA] designation) were of particular interest when feasible. In collaboration with ARC, interested grantees were purposively selected and invited via email to participate. As part of the invitation, grantees received an overview document outlining the purpose, main activities, products, and next steps for site visits. Recruitment continued until site visits were scheduled with a total of 10 grantees. Grantee participation was voluntary.

**Data sources.** Case studies leveraged multiple data sources, with the in-person site visits being a primary source. Grantees participated in a virtual, pre-site visit meeting with team members to help develop an agenda for the site visit. Two team members traveled to each grantee to complete the site visit. While each site visit was tailored to grantee preferences and their projects as appropriate, interviews and/or focus groups with key audiences to learn more about projects were a priority and conducted across all 10 site visits. The discussions primarily involved grant-related personnel, partner organizations, and/or beneficiaries over the age of 18 (e.g., participants or patients). The discussions were voluntary and conducted in-person or virtually during the site visit using semi-structured guides, though some were conducted virtually after the site visit when needed. They were audio-recorded with permission when possible, and field notes were taken for additional context. Across 10 site visits, team members completed over 40 discussions and engaged with over 110 personnel, partners, beneficiaries, and other individuals. The discussions were supplemented by site tours and/or document reviews where applicable.

In addition to site visits, case studies drew from information on grantees and their projects available in other data sources used in the evaluation. These included grant portfolio data, data from the web-based survey of grantees, and publicly available, secondary data on the characteristics of the Appalachian county(ies) served by projects.

**Data analyses.** All data associated with each case study were reviewed, combined, and

analyzed as appropriate. Specific to each site visit, interviews and/or focus groups were transcribed for qualitative analysis. In some instances, discussions were not recorded, in which case, field notes were used for analysis purposes. A rapid coding approach using Excel was applied to code and synthesize findings by site visit,<sup>10-12</sup> with discussions for three site visits double-coded to promote consistency in coding across team members.

**Brief development.** With input from ARC, a template was crafted to guide each case study brief. It offered a general format, while allowing flexibility to accommodate the unique elements of each grantee and their project. A multi-step process was used to draft and refine each brief, integrating information from various data sources as applicable. As part of this process, each brief was initially reviewed by team members who completed the site visit. Each brief was reviewed by the respective grantee and then ARC, with requested revisions made to ensure accuracy and clarity. Grantees approved their brief for release to ARC and as a public-facing document.

**Limitations.** Some limitations should be considered when interpreting findings from the case studies. The case studies reflect a purposeful selection of health grantees included in the evaluation. Their projects and experiences may not reflect those of other health grantees. Grantees that did not respond to the web-based survey and express interest in participating would likewise not be considered. Additionally, the case studies leveraged self-reported data, including discussions with individuals who were selected by grantees for potential participation. This introduces possible bias. With the evaluation focused on health grants that closed between fiscal years 2017 and 2021, factors such as staff turnover at times limited the perspectives that could be represented as well. Further, some site visit elements, such as specific interviews or focus groups, were cancelled and could not be rescheduled.

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# What the Health!?


May 2026


## Check in on the important women in your life for Mother's Day!

Women's health faces different challenges than men, and often common health conditions present differently in women. Make sure you and the women in your life are keeping up with their health!

 **Attend annual primary appointments.** These can include important blood work and lipid tests that can identify early signs of disease!

 **Get your cancer screenings!** Women should be screened for breast, cervical, colorectal cancers.

 **Discuss family planning with your Ob-Gyn.** Family planning discussions include contraception and STI consulting and testing.

 **Get your blood pressure checked!** Heart disease is the leading cause of death in women, so it's important to pay close attention.

**For more on women's health visit: [womenshealth.gov](http://womenshealth.gov)**

## Know Before You Glow!

1. **TRUE or FALSE:** If I'm wearing sunscreen, I can stay outside as long as I want.



2. **How often do you reapply water-resistant sunscreen?**

- a. Every 2 hours
- b. After sweating or swimming
- c. After you towel dry
- d. All of the above



3. **Which rays cause skin cancer?**

- a. UVA
- b. UVB
- c. UVC
- d. Both A & B

4. **TRUE or FALSE:** Trees and shade structures are adequate ways to protect yourself from the sun.

1. False    2. D    3. D    4. True



# Be a Parent Not a Bartender!

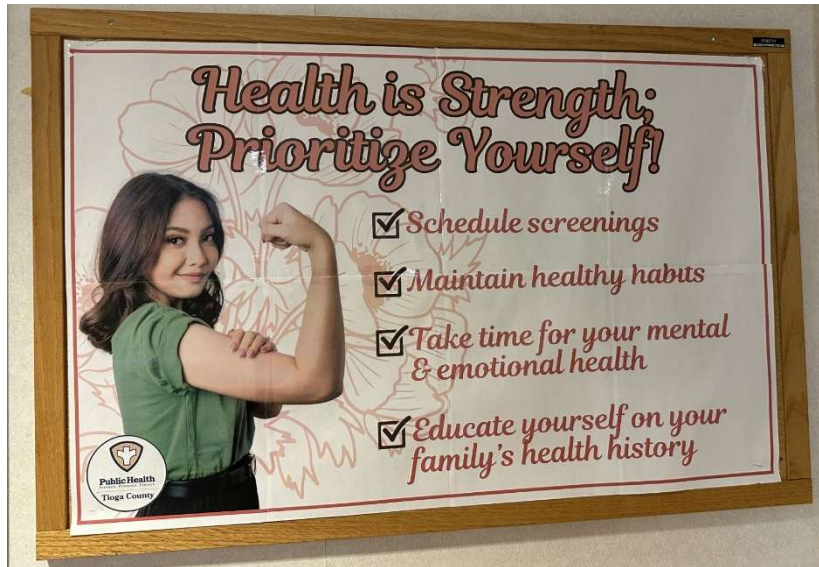
## Got Bats?

Bats can have and transmit rabies. The risk of rabies can be concerning if you are bitten or unsure if you were bitten. **If you suspect you were bitten or unsure capture the bat here's what to do:**

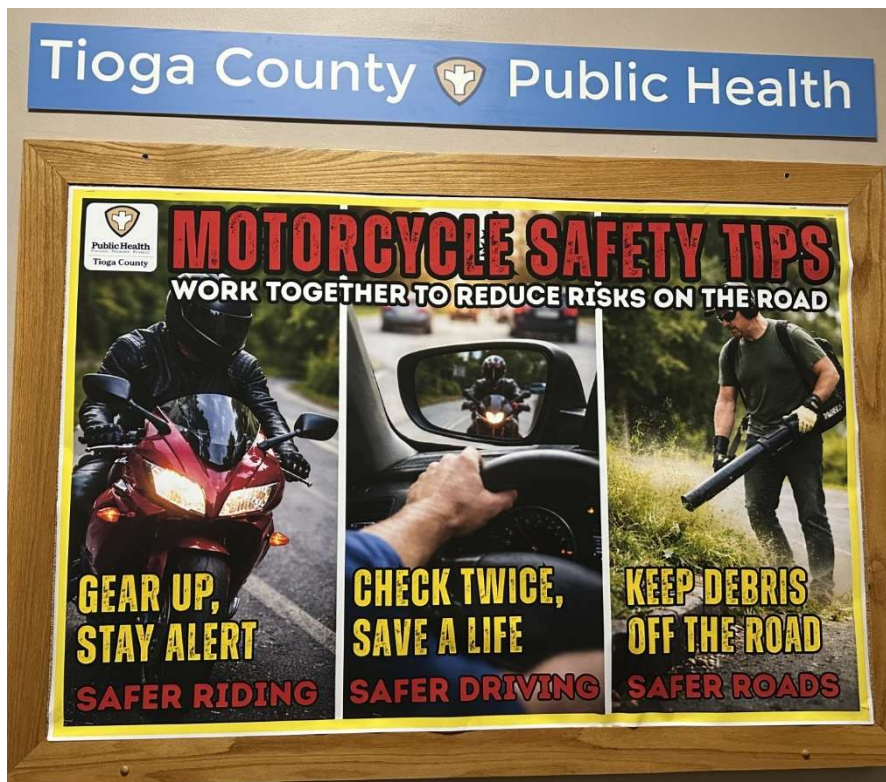
- Close all windows and doors, turn on all the lights and wait for the bat to land.
- Wear heavy gloves and use a hard container with a lid to trap the bat.
- Call Tioga County Public Health at **607-687-8600**.
- Do not bring the bat to Public Health! Staff will give you instructions on what to do.



Flyer: "What the Health!?" May 2026.



Bulletin Board: Health & Human Services Building, Owego, NY, May 2026.



Bulletin Board: 56 Main St., Owego, NY, May 2026.

## DATA SPREADSHEET

April 23- May 20, 2026

<b><u>PUBLIC HEALTH ACTIVITIES</u></b>	<b><u>Y-E 2024</u></b>	<b><u>Y-E 2025</u></b>	<b><u>Apr-26</u></b>	<b><u>May-26</u></b>	<b><u>Y-T-D</u></b>
<b>Community Health</b>					
Communicable Disease	3082	2643	269	47	1302
- General Infectious Diseases (Campylobacterious, Salmonellosis, etc.)	330	363	30	10	233
- Zoonotic Diseases (Anaplasmosis, Lyme, etc.)	352	474	23	28	86
- Vaccine-Preventable Diseases (COVID- 19, Influenza, etc.)	2281	1710	64	4	904
Child Passenger Safety Seats Inspected	49	39	0	0	8
- Child Seats PASS Inspection	9	10	0	0	0
- Child Seats FAILED Inspection	40	29	0	0	8
- Child Seats Distributed	62	47	0	0	8
CredibleMind Users	N/A	2857	158	110	935
Immunizations: Total children and adults	87	54	0	1	9
Newly Identified Children with Elevated Blood Lead Levels	10	13	3	2	6
Environmental Health Assessments due to Child with EBLL	8	9	1	1	3
Current Children with EBLL Caseload	N/A	N/A	19	17	N/A
- Welcome Baby Packets Mailed	298	433	34	38	181
Lactation Consultant Requests	N/A	N/A	5	4	9
Lactation Consultant Current Caseload	N/A	N/A	5	6	11
Individuals Naloxone Trained (Opioid Overdose Prevention Program)	96	72	0	0	25
<b>Dental</b>					
New Clients	325	383	31	16	173
Dental Screenings	1227	1359	109	80	597
- Clients with Low Decay Risk	461	287	19	12	110
-Clients with Moderate Decay Risk	274	445	28	28	210
- Clients with High Decay Risk	493	619	62	40	275
Extractions	170	205	13	12	74
<b>Children Services</b>					
Referrals for Services (ChildFind & EI)	N/A	N/A	14	26	84
Referrals forwarded to Early Intervention (Prev. Early Intervention Referrals)	195	138	6	20	63
- Early Intervention CURRENT Caseload *Monthly total	N/A	N/A	43	45	N/A
- EI children waiting for service(s)	N/A	N/A	13	14	N/A
- Active EI Providers	N/A	N/A	9	9	N/A

	<u>Y-E 2024</u>	<u>Y-E 2025</u>	<u>Apr-26</u>	<u>May-26</u>	<u>Y-T-D</u>
<b>Preschool</b>					
- Children in a tuition-based program	N/A	N/A	26	25	N/A
- Children receiving transportation services under the Serafini contract	N/A	N/A	17	17	N/A
- Children receiving transportation from their parents	N/A	N/A	9	8	N/A
<b>Child Find</b>					
- Current Children being served	N/A	N/A	16	20	N/A
<b>Environmental Health</b>					
Animal bite investigations	238	237	25	24	90
- Individuals requiring Rabies Series (N)	51	39	3	5	12
Rabies Clinics	9	8	1	1	3
- Number of Animals Vaccinated	1377	1140	82	165	364
Food Establishment Inspections	228	240	14	23	88
Food Course Certificates Issued	N/A	N/A	14	45	96
Temporary Food Inspections	62	64	0	7	8
Clean Indoor Air Act Complaints (Smoking)	1	5	0	0	1
Mobile Home Park Inspections	35	35	5	2	20
Swimming Pool Inspections	11	20	1	1	5
Tanning Inspections	2	2	1	0	1
Children's Camp Inspections	13	14	0	0	0
Agriculture Fairground Inspections	3	2	0	0	0
ATUPA Checks (Underage Tobacco Sales)	116	157	0	0	35
Enforcement Actions	45	64	3	2	18
<b>Weights &amp; Measures</b>					
Inspection Sites	201	141	13	15	38
-Devices Inspected	448	257	35	114	219
-Devices PASS Inspection	N/A	N/A	31	110	209
-Devices FAIL Inspection	N/A	N/A	3	4	9
<b>Fiscal-Electronic Payments &amp; Applications</b>					
Total Number of Electronic Payments (All Programs)	N/A	133	18	19	67
Total Dollar Amount of Electronic Payments Received (All Programs)	N/A	\$25,876	\$3,442	\$3,511	\$12,150
Number of Electronic Applications Received	N/A	47	0	0	27