



Meeting Agenda

DR. CHRISTINA MOYLAN, BOARD PRESIDENT

JENNIE SUTCLIFFE, WHOLE HEALTH COMMISSIONER
WILLIAM KLEPACK, M.D., MEDICAL DIRECTOR

February 24, 2026

<i>Call to Order</i>	12 Noon
I. Privilege of the Floor	Open to anyone, 3-minute limit
II. Approval Of Minutes	January 27, 2026
III. New Business	EH enforcement actions (3)
IV. Focus Topic	Community Health Assessment 2025-2030 Presentation and Discussion. <i>(Samantha Hillson and Anushka Bhargava)</i>
V. Monthly Reports	Division and program reports for January 2026
VI. Adjournment (12:45)	<i>A video recording of this meeting will be posted on the BOH YouTube Playlist.</i>

Summary of New Business

ENVIRONMENTAL HEALTH DIVISION ENFORCEMENT ACTIONS

1. Draft Resolution # EH-ENF- 25-0028 – Elm Tree Inn
2. Draft Resolution # EH-ENF-25-0030 – Ithaca Beer Company
3. Draft Resolution # EH-ENF-26-004 – La Tourelle

APPROVAL OF MINUTES

**Tompkins County Board of Health
January 27, 2026
12:00 Noon
Rice Conference Room**

Present: Christina Moylan, Ph.D., President; Melissa Dhundale, MD, Vice-President; Edward Koppel, MD; Samara Touchton; Dr. Andreia de Lima; and Frank Cantone

Staff: Jennie Sutcliffe, Commissioner; Brenda Grinnell Crosby, Deputy Public Health Director; Skip Parr, Director of Environmental Health; Dr. William Klepack, Medical Director; Rachel Buckwalter, Director of Community Health; Harmony Ayers-Friedlander, Deputy Commissioner of Mental Health Services; Holly Mosher, Deputy County Attorney; Samantha Hillson, Director of Health Promotion Program; Shannon Alvord, Public Health Communications Coordinator; and Karan Palazzo, LGU Administrative Assistant

Excused: Jessica Clark Mandeville, Director of Children with Special Care Needs.

Guests:

Call to Order: Dr. Moylan called the regular meeting of the Board of Health (BOH) to order at noon.

Privilege of the Floor:

Approval of October 28, 2025, BOH Minutes: Mr. Cantone moved to approve the October 28, 2025, BOH minutes, and Ms. Touchton seconded the motion. All were in favor of approving the October 28, 2025, minutes as written; it was unanimous.

ENVIRONMENTAL HEALTH (EH)

Enforcement Actions:

1. **Draft Resolution # EH-ENF-25-0016** – Ithaca Suzuki Institute, Operating without a Permit, Violation of Subpart 7-2 of the New York State Sanitary Code (Children's Camps) (5mins.) Dr. Koppel moved to accept the resolution as written; seconded by Ms. Touchton. Dr. Moylan recused herself.

Mr. Parr explains that the Ithaca Suzuki Institute is a camp operated by Ithaca College. It was operating without a permit while moving through the permit approval process, before meeting all requirements. A stipulation was issued, and communication with college representatives has been productive, helping avoid any issues in the upcoming season.

All were in favor; the vote to approve the resolution as written was unanimous.

2. **Draft Resolution # EH-ENF-25-0024** – Lev Kitchen, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.) Ms. Touchton moved to accept the resolution as written; seconded by Dr. Dhundale.

No discussion.

All were in favor; the vote to approve the resolution as written was unanimous.

3. **Draft Resolution # EH-ENF-25-0023** – Draft Resolution # EH-ENF-25-0023 – John Joseph Inn, Violations of Subpart 7-1 & 5-1 of the New York State Sanitary Code (Temporary Residence & Public Water) (5mins.) Ms. Touchton moved to accept the resolution as written; seconded by Dr. Koppel.

Mr. Parr has noted communication issues, including insurance issues with the operator, since 2024, prompting enforcement action. EH is not issuing a temporary permit.

All were in favor; the vote to approve the resolution as written was unanimous.

4. **Draft Resolution # EH-ENF-25-0025** – Fall Creek House, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.) Dr. Koppel moved to accept the resolution as written; seconded by Mr. Cantone.

No discussion.

All were in favor; the vote to approve the resolution as written was unanimous.

5. **Draft Resolution # EH-ENF-25-0026** – Newfield Estates MHP, Operating without a Permit, Violation of Board of Health Orders and Part 17 of the New York State Sanitary Code (Mobile Home Parks) (5 min). Mr. Cantone moved to accept the resolution as written; seconded by Ms. Touchton.

Mr. Parr explains that this is a challenging communication issue. The owner of Newfield Estates is very ill and continues to operate without a permit, with his daughter assisting. A full insurance application has not been received, and EH is unable to issue a permit, making this the second time the operation operated without a permit. EH is keeping tabs on the water system operation, ensuring that there are no issues, but is also concerned that there is no responsive water system operator.

Mr. Parr clarified the penalties, and EH will revise the cover letter for greater clarity and to include possible payment options. EH proposes a penalty of \$1,900.

All were in favor; the vote to approve the resolution as written was unanimous.

Dr. Moylan motioned to revise the cover letter for Resolution EH-ENF-25-00026 to separate prior and current fines, their due dates, and amounts for clarity and to avoid double payments, and to provide payment options. Dr. Koppel moved to accept a revised cover letter for clarity; seconded by Dr. Dhundale.

All were in favor of approving the motion with a revised cover letter for clarity; the motion to approve was unanimous.

6. **Draft Resolution # EH-ENF-25-0027** – Casper's Kitchen, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.) Dr. Koppel moved to accept the revised resolution as written; seconded by Mr. Cantone.

No discussion

All were in favor; the vote to approve the resolution as written was unanimous.

7. **Draft Resolution # EH-ENF-25-0029** – The Dorm Hotel, Violations of Subpart 7-1 of the New York State Sanitary Code (Temporary Residence (5 mins.) Mr. Cantone moved to accept the resolution as written; seconded by Ms. Touchton.

No discussion.

All were in favor; the vote to approve the resolution as written was unanimous.

8. **Draft Resolution # ENF-26-002** – Hanshaw Village Mobile Home Park, Violation of Board of Health Orders and Part 17 of the New York State Sanitary Code (Mobile Home Parks) (5 min). Dr. Dhundale moved to accept the resolution as written; seconded by Ms. Touchton.

Mr. Parr explains that this is a violation of discharging sewage onto the ground surface without notifying EH. EH is requiring them to have an engineer evaluate and monitor the system's functionality to prevent future discharges. EH proposes a \$500 penalty.

All were in favor; the vote to approve the resolution as written was unanimous.

Administrative Actions:

Medical Director Appointment – Ms. Sutcliffe recommended to the Board the reappointment of Dr. Klepack as Medical Director of the Tompkins County Health Department for another two years. Mr. Cantone moved to reappoint Dr. Klepack, seconded by Dr. De Lima.

All members were in favor to reappoint Dr. Klepack for another two years as Medical Director of the Tompkins County Health Department.

Emergency Response Plan Review (DCH) – Dr. De Lima moved to approve the Emergency Response Plan; seconded by Ms. Touchton. Ms. Buckwalter referred to the plan document included in the packet and explained that the Emergency Response Plan is required by the New York State DOH for our Article 28 and 36 licenses and outlines procedures for prioritizing clients and communicating with staff during emergencies. While the plan was developed by the Division for Community Health, it was noted that it should align with broader county and public health plans, with Ryan Stryker, the new public health preparedness person, who is scheduled to present in March or April.

All were in favor; the vote to approve the Emergency Response Plan as written was unanimous.

Medical Director’s Report:

Dr. Klepack had nothing to add to his report included in the packet.

Immunization Policies and Organizational Endorsements - Dr. Dhundale notes that the New York State Department of Health endorses the September 2025 Childhood Immunization schedule, which aligns with AAP's recommendations. There was a discussion about formalizing AAP's role in immunization requirements, as the state currently relies on ASIP. Dr. Dhundale noted that 12 major health organizations recently supported AAP's immunization guidance, and there is an ongoing effort to have AAP recognized alongside ASIP in state law. There are implications for codifying these endorsements into law, as well as potential challenges they might pose in the future.

Dr. Klepack states that the Department of Health is working within a system that currently leans on ACIP, but there are active discussion and clear professional support for formally recognizing AAP’s schedule as a central reference for New York’s immunization policy, especially for children and school requirements.

Administration Report: Ms. Sutcliffe reports:

- The ribbon-cutting event for the new mental health clinic on Brown Road took place in October 2025, with Congressman Josh Riley in attendance.
- 2024 Data Activity
 - 300+ social media posts; 70+ community events.
 - 924 food inspections; 579 animals vaccinated.
 - 131 public water supply inspections.
 - 233 children and 347 adult immunizations.
 - 27,000+ mental health clinic appointments.
 - 1,300+ WIC participants; 132 pregnant people supported; 415 children with special care needs served.

- Fentanyl/Overdose Work- participation in a congressional hearing on fentanyl and overdose impacts, and the launch of an internal program-alignment/reorganization process to improve coordination without reducing staff.
- Program Alignment / Reorganization
 - Ongoing staff-involved process (launched in November) to realign public health programs post-covid and post-merger.
 - No job losses; focus on better coordination, communication, and impact.
 - Further staff feedback and a more detailed update are planned for a subsequent Board meeting.
- Community Health Services reported new oral-health initiatives, including a proposed traveling hygienist for schools/daycares and a state-supported fluoride-varnish project with local pediatric and family practices.
- Community Health & Planning reported a successful healthcare careers fair for roughly 380 high-school students who attended: strong Health Department participation (EH, Mental Health, etc.)
- Completion and posting of the Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP)
 - **CHA** submitted to NYS DOH and posted on the website (with downloadable sections).
 - Work is continuing on the **CHIP**, which will specify strategies and partner roles for the next several years.
- Staffing Changes
 - Health Educator (Healthy Neighborhoods + tobacco) left to work as a nurse.
 - One community health worker left for further education in planning.
 - Using this as a chance to rethink how those positions are structured going forward.
- Radon Awareness
 - Radon Awareness Week: press release and reminders to test homes every 5 years (or every 2 years with mitigation).
 - Kits available via NYS and through Healthy Neighborhoods visits; Tompkins County is in a higher radon risk zone
- Environmental Health/Mobile Home Parks
 - Continued enforcement and improvement efforts at mobile home parks, including addressing sewage issues, leveraging a \$1.5M CDBG award for sewer connection at one park, and emphasizing ongoing responsibility for internal infrastructure and compliance. Emphasis that even with a future sewer connection, parks must maintain internal infrastructure and comply with health orders.
- Recent engagement sessions with community and mental health partners identified:
 - Availability and frequency—some wished there were more opportunities to see clinicians and fewer waitlists.
 - Collaboration—stakeholders wanted more coordinated efforts among different service providers and partner organizations. Notably, participants were very satisfied with the quality of services but saw a need for expanded capacity and improved access.
 - Physical access to services—clients and partners expressed a need for easier ways to get to appointments and service locations.

Ms. Sutcliffe encouraged the Board to provide feedback on program alignment and its impact on public health services.

Division for Community Health Services (CHS) Report:

Ms. Buckwalter had nothing to add to her written report. CHS will focus on oral health over the next few months and will explore a traveling hygienist model for schools and daycares. They are embarking on a performance incentive project through NYSDOH on fluoride environments and the support provided to local offices.

Health Promotion Program (HPP) Report: Ms. Hillson reports:

The health career expo for high school students in November had a huge turnout.

Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) were submitted at the end of December 2025, with the CHA posted on the website.

Staffing – Healthy Neighborhood Health Educator left to become a licensed nurse, and one community health worker also left for higher education.

Radon Awareness Week – Radon is a hidden cause of cancer in non-smokers. She encouraged everyone to test their homes for radon and to take advantage of available testing resources.

Children with Special Care Needs (CSCN) Report:

Ms. Clark Manderville was not present.

Environmental Health (EH) Report:

Mr. Parr had nothing to add to his written report included in the packet.

Mr. Cantone referred to the youth tobacco program. Ms. Sutcliffe shares that the plan is to rebuild and expand their youth tobacco capacity by refilling the youth tobacco education position. Historically, that role was split half-time between Healthy Neighborhoods and tobacco; they are now looking to make it a full-time tobacco position, funded through a mix of sources.

Leadership (including Environmental Health and Community Health) intends to:

- Watch what state-level (Albany) tobacco laws and regulations do next, and
- Then consider whether to propose local law changes or additional youth-focused tobacco measures at the county level.

The meeting adjourned at 1:15 pm.

The next meeting is on Tuesday, February 24, 2026, at noon.

NEW BUSINESS:

January 2026 Report | Meeting Date, February 24, 2026

Actions

Enforcement Actions

ENVIRONMENTAL HEALTH:

1. [Draft Resolution # EH-ENF- 25-0028](#) – Elm Tree Inn, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.)
2. [Draft Resolution # EH-ENF-25-0030](#) – Ithaca Beer Company, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.)
3. [Draft Resolution # EH-ENF-26-004](#) – La Tourelle, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.)

Find All Relevant Documents following this page

CERTIFIED, REGULAR, & ELECTRONIC MAIL

January 27, 2026

Charles & Nancy Peacock
Elm Tree Inn
2 McLean Road
PO Box 244
McLean, NY 13102

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-25-0028
Potentially hazardous food not stored under refrigeration
Elm Tree Inn, T-Groton**

Dear Charles and Nancy Peacock:

Thank you for signing the Stipulation Agreement on January 5, 2026, for Elm Tree Inn. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, February 24, 2026**.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Kristee Morgan or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,



Cyril Parr
Director of Environmental Health

Enclosures: Draft Resolution, Stipulation Agreement and Orders, and Case Summary

ec: TCWH: Cyril (Skip) Parr, Director of Environmental Health; Kristee Morgan; Joan Pike; Dillon Shults; Brenda Coyle
fw: Tompkins County Board of Health (via: SharePoint); CEO T-Groton; TC Legislature, Lee Shurtleff; Jennie Sutcliffe, Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director
file: Signed copy to F:Drive;
F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Elm Tree Inn\Enforcement\Draft Resolution 25-0028.docx

DRAFT RESOLUTION # ENF-25-0028

**Elm Tree Inn
Charles & Nancy Peacock, Owners/Operators
2 McLean Road, T-Groton
McLean, NY 13102**

Whereas, the owner/operator of a Food Service Establishment with a drinking water supply must comply with the regulations established under Subpart 14-1 and Subpart 5-1 of the New York State Sanitary Code (NYSSC); **and**

Whereas, it is a critical violation of Part 14-1 of the NYSSC to fail to store potentially hazardous foods under refrigeration; **and**

Whereas, it is a critical violation of Part 5-1 of the NYSSC to fail to provide adequate free chlorine residual; **and**

Whereas, April 23, 2025, and November 13, 2025, the Environmental Health Division (EH) observed critical violations of Subpart 14-1 and Subpart 5-1 of the NYSSC where potentially hazardous foods were not stored under refrigeration and adequate free chlorine residual was not maintained in the water supply; **and**

Whereas, Charles and Nancy Peacock, Owners/Operators, signed a Stipulation Agreement with Whole Health Commissioners Orders on January 5, 2026 agreeing that Elm Tree Inn violated these provisions of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Charles and Nancy Peacock, Owner/Operator, are ordered to:**

1. Pay a penalty of \$200 for these violations, due by **April 15, 2026**. (**Do Not** submit penalty payment until notified by the Tompkins County Environmental Health Division.); **and**
2. Maintain potentially hazardous foods under refrigeration and below 45°F except during necessary preparation; **and**
3. Ensure a free chlorine residual between 0.2 mg/l and 4.0 mg/l is observed at a kitchen tap prior to each day of operation; **and**
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments; **and**
5. Comply with all the requirements of Subpart 5-1 of the New York State Code for Drinking Water Supplies.



STIPULATION AGREEMENT AND ORDERS # ENF-25-0028

Received

JAN 23 2026

Elm Tree Inn
Charles & Nancy Peacock, Owners/Operators
2 McLean Road, T-Groton
McLean, NY 13102

Tompkins County
Environmental Health

I, Charles and/or Nancy Peacock, as a representative for the Elm Tree Inn, agree that on April 23, and November 13, 2025, Elm Tree Inn was in violation of Subparts 14-1 and 5-1 of the New York State Sanitary Code (NYSSC) for failing to maintain potentially hazardous foods under refrigeration, and for failure to maintain a minimum free chlorine residual.

I agree to pay a penalty not to exceed \$200 for these violations following adoption of a resolution by the Board of Health. (*Do not submit penalty payment until notified by the Tom-pkins County Environmental Health Division.*)

I also agree to comply with the following Orders when signed by the Tom-pkins County Whole Health Commissioner:

1. Maintain potentially hazardous foods under refrigeration and below 45°F except during necessary preparation; and
2. Ensure a free chlorine residual between 0.2 mg/l and 4.0 mg/l is observed at a kitchen tap prior to each day of operation; and
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments; and
4. Comply with all the requirements of Subpart 5-1 of the New York State Code for Drinking Water Supplies.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: Charles Peacock Date: 1/5/26
 Signed: Nancy Peacock Date: 1/5/26

Elm Tree Inn is hereby ordered to comply with these Orders of the Whole Health Commissioner.

Signed: Jennie Sutcliffe Date: 1/22/26
 Jennie Sutcliffe
 Whole Health Commissioner

CASE SUMMARY – FOR RESOLUTION # ENF-25-0028

**Elm Tree Inn
Charles & Nancy Peacock, Owners/Operators
2 McLean Road, T-Groton
McLean, NY 13102**

Compiled on January 23, 2026

Date	Action
Prior to 11/06/1997	Permit to Operate a Food Service Establishment issued.
07/23/2020	TCEH Inspection. No critical violations observed.
08/25/2021	TCEH Inspection. No critical violations observed.
09/14/2022	TCEH Inspection. No critical violations observed.
11/15/2023	TCEH Inspection. No critical violations observed.
02/28/2024	TCEH Inspection. No critical violations observed.
04/23/2025	TCEH Re-Inspection. Violations: See attached inspection report.
11/13/2025	TCEH Re-Inspection. Violation: See attached inspection report.

TOMPKINS COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
55 BROWN ROAD
Ithaca, NY 14850-0000
(607) 274-6688
TCEH@tompkins-co.org

Food Service Establishment Inspection Summary Report

Operation: ELM TREE INN (ID: 313445)
Facility Name: ELM TREE INN
Facility Code: 54-AG92 Facility Email: elmtreeinn@aol.com
Facility Address: 2 Mclean Cortland Road, Mclean, NY 13102

To the Attention of:

Charles & Nancy Peacock
2 Mclean Rd
Po Box 244
Mclean, NY.13102
Email: elmtreeinn@aol.com

Inspection

Date: April 23, 2025 03:00 PM
Inspector: Sarah Strapach (heath) (sheath@tompkins-co.org)
Responsible Person: Nancy M Peacock
Additional Email(s): kmorgan@tompkins-co.org

Summary

Number of Public Health Hazards Found: 3
Number of Public Health Hazards NOT Corrected: 0
Number of Other Violations Found: 1

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

FOODS ADULTERATED OR RECEIVED FROM UNAPPROVED SOURCES.

ITEM # 1B WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Water/ice: unsafe, unapproved sources, cross connections

Inspector Findings: Sanitary Survey conducted at the same time as food service inspection. No chlorine residual detected by neither the inspector nor the operator.

Action: Restaurants operating on their own public water system must maintain disinfection at all times.

Correction: Boil Water Order issued.

FOODS ADULTERATED OR RECEIVED FROM UNAPPROVED SOURCES.

ITEM # 1H WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Food from unapproved source, spoiled, adulterated on premises.

Inspector Findings: In walk-in cooler on top shelf across from door way, observed multiple food items that were spoiled. Also observed multiple containers of food and walls with mold on their exterior surfaces. This shelf is next to the condenser (see photos). Air inside walk-in felt moist - potential that condenser is not functioning properly.

Action: Food must be free from spoilage.

Correction: Operator voluntarily discarded spoiled food and will investigate potential sources of moisture.

IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 5C WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Potentially hazardous foods are not stored under refrigeration except during necessary preparation or approved precooling-procedures (room temperature storage).

Inspector Findings: Observed one quart-sized container of cooked peppers and onions stored at room temperature that measured at 66 degrees F. Operator stated she cooked the vegetables that morning.

Action: Potentially hazardous cold-held foods must be kept under refrigeration at all times, except temporarily during times of necessary prep.

Correction: Operator voluntarily discarded container of vegetables.

IMPROPER CLEANING, WASHING AND SANITIZING OF EQUIPMENT AND UTENSILS.

ITEM #11C WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Food contact surfaces not washed, rinsed and sanitized after each use and following any time of operations when contamination may have occurred

Inspector Findings: Observed one saute pan on stove top with about 1/2 inch of liquid grease, and one bus tub in low-boy unit containing only raw meat juice and plastic wrap.

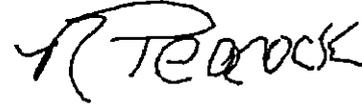
Action: Equipment must be washed, rinsed, and sanitized after each use and when coming in contact with sources of contamination.

Additional Information Collected During Inspection

Comments: Part 1: Observed one instance of Item 1B, one instance of Item 1H, and one instance of Item 5C.
Part 2: Observed one instance of Item 11C.
Reinspection required.



Inspector: Sarah Strapach (heath) (sheath@tompkins-co.org)



Received by: Nancy M Peacock

Photo

Caption



molded exterior of containers



molded containers adjacent to condenser



molded wraps

Photo	Caption
	<p data-bbox="841 400 1333 431">mold area on ceiling adjacent to condenser</p>

TOMPKINS COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
55 BROWN ROAD
Ithaca, NY 14850-0000
(607) 274-6688
TCEH@tompkins-co.org

Food Service Establishment Inspection Summary Report

Operation: ELM TREE INN (ID: 313445)
Facility Name: ELM TREE INN
Facility Code: 54-AG92 Facility Email: elmtreeinn@aol.com
Facility Address: 2 Mclean Cortland Road, Mclean, NY 13102

To the Attention of:

Charles & Nancy Peacock
2 Mclean Rd
Po Box 244
Mclean, NY 13102
Email: elmtreeinn@aol.com

Re-Inspection

Date: November 13, 2025 03:15 PM
Inspector: Sarah Strapach (heath) (sheath@tompkins-co.org)
Responsible Person: Nancy Peacock
Additional Email(s): kmorgan@tompkins-co.org; dshults@tompkins-co.org

Summary

Number of Public Health Hazards Found: 2
Number of Public Health Hazards NOT Corrected: 0
Number of Other Violations Found: 0

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

FOODS ADULTERATED OR RECEIVED FROM UNAPPROVED SOURCES.

ITEM # 1B WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Water/ice: unsafe, unapproved sources, cross connections

Inspector Findings: Checked chlorine residual of PWS during inspection three times at different intervals, no chlorine residual was observed. Operator showed inspector chlorine pump which appeared to be operating.

Correction: PWSs must maintain disinfection in the distribution system at all times.

Action: Boil Water Order was issued.

IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 5C WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Potentially hazardous foods are not stored under refrigeration except during necessary preparation or approved precooling procedures (room temperature storage).

Inspector Findings: Observed two baked potatoes stored at room temperature that measured at 62 degrees F. Operator stated that they were cooked earlier at 12:30 PM.

Action: Potentially hazardous foods must not be stored at room temperature, and must be cold-held at 45 degrees F or below.

Correction: Operator voluntarily discarded potatoes. This is a repeat violation from a previous inspection. Enforcement to follow.

NO ADDITIONAL VIOLATIONS REPORTED

Additional Information Collected During Inspection

Comments: Part 1: Observed one instance of Item 5C and one instance of Item 1B. These are repeat violations of a previous inspection's findings.
Part 2: No blue violations observed.
Reinspection required. Enforcement to follow.

Comments: Discussed importance of not reusing single-use containers. Discussed details of the BWO.



Inspector: Sarah Strapach (heath) (sheath@tompkins-co.org)



Received by: Nancy Peacock

CERTIFIED, REGULAR, & ELECTRONIC MAIL

January 20, 2026

Jessica Mitchell
Ithaca Beer Company, Inc.
122 Ithaca Beer Drive
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-25-0030
Potentially hazardous foods were not stored under refrigeration
Ithaca Beer Company, C-Ithaca**

Dear Jessica Mitchell:

Thank you for signing the Stipulation Agreement on January 13, 2026, for Ithaca Beer Company. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, February 24, 2026**.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Kristee Morgan or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,



Cyril Parr
Director of Environmental Health

Enclosures: Draft Resolution, Stipulation Agreement and Orders, and Case Summary

ec: TCWH: Cyril (Skip) Parr, Director of Environmental Health; Kristee Morgan; Joan Pike; Brenda Coyle
fw: Tompkins County Board of Health (via: SharePoint); CEO C-Ithaca; TC Legislature: John Hunt; Jennie Sutcliffe, Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director
file: Signed copy to F:Drive;
F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Ithaca Beer\Enforcement\Draft Resolution 25-0030.docx

DRAFT RESOLUTION # ENF-25-0030

**Ithaca Beer Company
Ithaca Beer Company, Inc./Jessica Mitchell, Owner/Operator
122 Ithaca Beer Drive
Ithaca, NY 14850**

Whereas, the owner/operator of a Food Service Establishment must comply with the regulations established under Part 14-1 of the New York State Sanitary Code (NYSSC); **and**

Whereas, it is a critical violation of Part 14-1 of the NYSSC to fail to store potentially hazardous foods under refrigeration; **and**

Whereas, April 2, 2025, and December 12, 2025, the Environmental Health Division (EH) observed critical violations of Subpart 14-1 of the NYSSC where potentially hazardous foods were not stored under refrigeration; **and**

Whereas, Jessica Mitchell, Operator, signed a Stipulation Agreement with Whole Health Commissioners Orders on January 13, 2026, agreeing that Ithaca Beer Company violated this provision of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Ithaca Beer Company, Inc., Owner, is ordered to:**

1. Pay a penalty of \$200 for these violations, due by **April 15, 2026**. (**Do Not** submit penalty payment until notified by the Tompkins County Environmental Health Division.); **and**
2. Maintain potentially hazardous foods under refrigeration and below 45°F except during necessary preparation; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



STIPULATION AGREEMENT AND ORDERS # ENF-25-0030

Ithaca Beer Company
Ithaca Beer Company, Inc./Jessica Mitchell, Owner/Operator
122 Ithaca Beer Drive
Ithaca, NY 14850

I, Jessica Mitchell, as a representative for Ithaca Beer Company, Inc., agree that on April 2, and December 12, 2025, Ithaca Beer Company was in violation of Subpart 14-1 of the New York State Sanitary Code (NYSSC) for failing to maintain potentially hazardous foods under refrigeration.

I agree to pay a penalty not to exceed \$200 for these violations following adoption of a resolution by the Board of Health. (**Do not submit penalty payment until notified by the Tompkins County Environmental Health Division.**)

I also agree to comply with the following Orders when signed by the Tompkins County Whole Health Commissioner:

1. Maintain potentially hazardous foods under refrigeration and below 45°F except during necessary preparation; **and**
2. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments; **and**

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Received

JAN 15 2026

Tompkins County
Environmental Health

Signed: Jessica Mitchell

Date: 01/13/2026

Ithaca Beer Company is hereby ordered to comply with these Orders of the Whole Health Commissioner.

Signed: Jennie Sutcliffe
for Jennie Sutcliffe
Whole Health Commissioner

Date: 1/16/26

Diversity Through Inclusion

CASE SUMMARY – FOR RESOLUTION # ENF-25-0030

**Ithaca Beer Company
Ithaca Beer Company, Inc./Jessica Mitchell, Owner/Operator
122 Ithaca Beer Drive
Ithaca, NY 14850**

Compiled on January 16, 2026

Date	Action
06/20/2019	Permit to Operate a Food Service Establishment issued.
04/23/2021	TCEH - Inspection. No critical violations observed.
09/16/2022	TCEH Inspection. Violation: Potentially hazardous foods not stored under refrigeration.
10/26/2022	TCEH Re-inspection. Violation cited on 09/16/2022 was observed to be corrected.
09/21/2023	TCEH Inspection. Violation: Potentially hazardous foods were not kept at or below 45°F during cold holding.
10/25/2024	TCEH Inspection. No critical violations observed.
06/11/2024	TCEH Inspection. No critical violations observed.
04/02/2025	TCEH Re-Inspection. Violations: See attached inspection report.
12/12/2025	TCEH Re-Inspection. Violation: See attached inspection report.

Food Service Establishment Inspection Summary Report

Operation: ITHACA BEER COMPANY (ID: 1028395)
Facility Name: ITHACA BEER COMPANY
Facility Code: 54-AM62
Facility Address: 122 Ithaca Beer Drive, Ithaca, NY 14850

To the Attention of:

Dan Mitchell
THE ITHACA BEER COMPANY, INC
122 Ithaca Beer Drive
Ithaca, NY 14850
Email: dan@ithacabeer.com

Inspection

Date: April 2, 2025 05:51 PM
Inspector: Sarah Strapach (heath) (sheath@tom-pkins-co.org)
Responsible Person: Karl J Townsend li
Additional Email(s): kmorgan@tom-pkins-co.org

Summary

Number of Public Health Hazards Found:	4
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	1

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

FOODS ADULTERATED OR RECEIVED FROM UNAPPROVED SOURCES.

ITEM # 1H WAS FOUND IN VIOLATION 2 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Food from unapproved source, spoiled, adulterated on premises.

Inspector Findings:

Observed two instances of this violation:

- 1) In pizza making lowboy unit adjacent to kitchen door, observed a carton of heavy cream with blue mold inside.
- 2) In reach in double door prep cooler in back of kitchen, observed a gallon of milk that was chunky and spoiled, and a block of soft cheese that had blue mold on its exterior.

Action: Food must be free from adulterants and spoilage.

Correction: Operator discarded spoiled items.

IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 5C WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Potentially hazardous foods are not stored under refrigeration except during necessary preparation or approved precooling procedures (room temperature storage).

Inspector Findings: Observed a bus tub of cooked French fries stored next to the fryer that measured at 56 degrees F. Operator stated that French fries are fried three times, twice before a customer orders them and a third time when they are ordered. Operator stated that fries were removed from refrigeration at 4 PM when they opened, about an hour prior to inspection.

Action: Potentially hazardous foods must be kept under refrigeration at all times except for times of necessary prep.

Correction: Operator placed the fries in the reach-in cooler directly behind fryer for rapid cooling and will retrieve orders of fries from that unit when needed.

IMPROPER HOT HOLDING OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 6B WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Enough hot holding equipment is not present, properly designed, maintained and operated to keep hot foods above 140°F.

Inspector Findings: Observed heating unit containing multiple sixth pans under service window where homemade alfredo sauce containing mozzarella and heavy cream measured at 119 degrees F. Other items in unit measured within proper range. Operator stated he believes the water keeping food items hot ran out which caused the sauce to drop in temperature. Sauce had been in heating unit since about 4 PM, about one hour prior to inspection.

Action: Hot-holding equipment must be maintained in order to keep food within proper temperature range.

Correction: Operator reheated sauce on stove and added boiling water to heating unit. Operator will assess methods used for hot holding alfredo sauce.

POOR SANITARY DESIGN, CONSTRUCTION, INSTALLATION OF EQUIPMENT AND UTENSILS.

ITEM #10B WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Non-food contact surfaces and equipment are improperly designed, constructed, installed, maintained (equipment not readily accessible for cleaning, surface not smooth finish)

Inspector Findings: Observed pizza making low boy unit to have about a quarter inch of standing water at the bottom. Did not observed water directly affecting food inside bus tubs inside unit.

Action: Equipment must be properly maintained to prevent potential contamination of food.

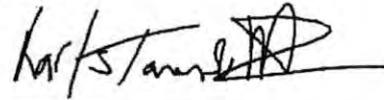
Additional Information Collected During Inspection

Comments: Part 1: Observed one instance of 5C, one instance of 6B, and two instances of 1H.
Part 2: Observed one instance of Item 10B.
Reinspection required.

Comments: Discussed removing standing water from pizza unit and placing food on risers to prevent potential contamination of food.



Inspector: Sarah Strapach (heath) (sheath@tompkins-co.org)



Received by: Karl J Townsend li



4/3/2025 ·

Food Service Establishment Inspection Summary Report

Operation: ITHACA BEER COMPANY (ID: 1028395)
Facility Name: ITHACA BEER COMPANY
Facility Code: 54-AM62 Facility Email: dan@ithacabeer.com
Facility Address: 122 Ithaca Beer Drive, Ithaca, NY 14850

To the Attention of:

Dan Mitchell
ITHACA BEER COMPANY, INC
122 Ithaca Beer Drive
Ithaca, NY 14850
Email: dan@ithacabeer.com

Re-Inspection

Date: December 12, 2025 03:00 PM
Inspector: Mikhail Kern (mkern@tomkins-co.org)
Responsible Person: Jess Mitchell
Additional Email(s): swagner@ithacabeer.com

Summary

Number of Public Health Hazards Found:	1
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	0

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 5C WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

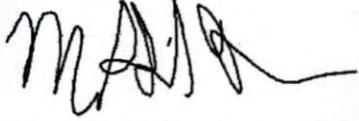
Code Requirements: Potentially hazardous foods are not stored under refrigeration except during necessary preparation or approved precooling procedures (room temperature storage).

Inspector Findings: Observed approximately 1/2 pound of blanched french fries stored at room temperature next to fryer.
Correction: Potentially hazardous food must be kept below 45 degrees F at all times.
Operator discarded fries during inspection. Discussed storing blanched fries in the reach-in refrigerator directly behind fryer and only removing fries to order.
This is a repeat violation.

NO ADDITIONAL VIOLATIONS REPORTED

Additional Information Collected During Inspection

Comments: Part 1: Critical violation of Item 5C observed.
Part 2: No violations observed.
Reinspection required.
Enforcement to follow.
All other items corrected from previous inspection.



Inspector: Mikhail Kern (mkern@tompkins-co.org)



Received by: Jess Mitchell

 12/15/2025

CERTIFIED, REGULAR, & ELECTRONIC MAIL

February 11, 2026

William Minnock
La Tourelle Partners LLC
1150 Danby Road
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # ENF-26-004
Adulterated food on premises
La Tourelle Catering, T-Ithaca**

Dear William Minnock:

Thank you for signing the Stipulation Agreement on February 4, 2026, for La Tourelle Catering. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, February 24, 2026**.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Kristee Morgan or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,



Cyril Parr
Director of Environmental Health

Enclosures: Draft Resolution, Stipulation Agreement and Orders, and Case Summary

ec: TCWH: Cyril (Skip) Parr, Director of Environmental Health; Kristee Morgan; Joan Pike; Brenda Coyle, Jonny Humble: jonny@latourelle.com
fw: Tompkins County Board of Health (via: SharePoint); CEO T-Ithaca; TC Legislature: Christy Bianconi; Jennie Sutcliffe, Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director
file: Signed copy to F:Drive;
F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\La Tourelle Catering\Enforcement\Draft Resolution 26-004.doc

DRAFT RESOLUTION # ENF-26-004

**La Tourelle Catering
Lat Tourelle Partners LLC/William Minnock, Owner/Operator
1150 Danby Road, T-Ithaca
Ithaca, NY 14850**

Whereas, the owner/operator of a Food Service Establishment must comply with the regulations established under Part 14-1 of the New York State Sanitary Code (NYSSC); **and**

Whereas, it is a critical violation of Part 14-1 of the NYSSC to have adulterated food within a food service establishment; **and**

Whereas, on May 22, and December 17, 2025, the Environmental Health Division (EHD) observed critical violations of Subpart 14-1 of the NYSSC where adulterated food was observed on premises at the facility; **and**

Whereas, William Minnock, Operator, signed a Stipulation Agreement with Whole Health Commissioners Orders on February 4, 2026, agreeing that La Tourelle Catering violated this provision of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That La Tourelle Partners, LLC, Owner, is ordered to:**

1. Pay a penalty of \$200 for these violations, due by **April 15, 2026**. (**Do Not** submit penalty payment until notified by the Tompkins County Environmental Health Division.); **and**
2. Monitor for food that is spoiled and/or adulterated and properly discard spoiled/adulterated foods immediately; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

STIPULATION AGREEMENT AND ORDERS # ENF-26-004

La Tourelle Catering
Lat Tourelle Partners LLC/William Minnock, Owner/Operator
1150 Danby Road, T-Ithaca
Ithaca, NY 14850

Received
FEB 05 2026
Tompkins County
Environmental Health

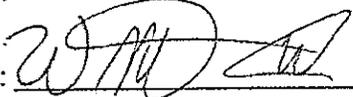
I, William Minnock, as a representative for La Tourelle Partners LLC, agree that on May 22, and December 17, 2025, La Tourelle Catering was in violation of Subpart 14-1 of the New York State Sanitary Code (NYSSC) for having adulterated food on premises at the facility.

I agree to pay a penalty not to exceed \$200 for these violations following adoption of a resolution by the Board of Health. *(Do not submit penalty payment until notified by the Tompkins County Environmental Health Division.)*

I also agree to comply with the following Orders when signed by the Tompkins County Whole Health Commissioner:

1. Monitor for food that is spoiled and/or adulterated and properly discard spoiled/adulterated foods immediately; and
2. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed:  Date: 2/4/26

La Tourelle Partners LLC is hereby ordered to comply with these Orders of the Whole Health Commissioner.

Signed:  Date: 2/9/26
 Jennie Sutcliffe
Whole Health Commissioner

Diversity Through Inclusion

CASE SUMMARY – FOR RESOLUTION # ENF-26-004

**La Tourelle Catering
Lat Tourelle Partners LLC/William Minnock, Owner/Operator
1150 Danby Road, T-Ithaca
Ithaca, NY 14850**

Compiled on February 10, 2026

Date	Action
08/06/2024	Permit to Operate a Food Service Establishment as part of a Temporary Residence issued to new owners of facility.
10/15/2024	TCEH - Inspection. No critical violations observed.
05/22/2025	TCEH Inspection. Violations: See attached inspection report.
12/17/2025	TCEH Re-Inspection. Violation: See attached inspection report.

Food Service Establishment Inspection Summary Report

Operation: LA TOURELLE HOTEL CATERING - FSE-M (ID: 1134789)
Facility Name: LA TOURELLE HOTEL & SPA
Facility Code: 54-2492 Facility Email: jason@latourelle.com
Facility Address: 1150 Danby Road, Ithaca, NY 14850

To the Attention of:

Jason Sidle
LA TOURELLE PARTNERS LLC
1150 Danby Road
Ithaca, NY 14850
Email: jason@latourelle.com

Inspection

Date: May 22, 2025 12:24 PM
Inspector: Alexandra Dunn (adunn@tompkins-co.org)
Responsible Person: Jessica Vanetten
Additional Email(s): kmorgan@tompkins-co.org

Summary

Number of Public Health Hazards Found:	1
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	0

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

FOODS ADULTERATED OR RECEIVED FROM UNAPPROVED SOURCES.

ITEM # 1H WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Food from unapproved source, spoiled, adulterated on premises.

Inspector Findings: Observed a quart container of strawberries contaminated with what appeared to be mold.

Corrective action: Spoiled items were discarded.

Correction: All food items must be free from spoilage.

NO ADDITIONAL VIOLATIONS REPORTED

Additional Information Collected During Inspection

Comments: (1) Part 1 Critical Item Violations: 1H
(0) Part 2 Blue Item Violations

Re-inspection is required.



Inspector: Alexandra Dunn (adunn@tompkins-co.org)



Received by: Jessica Vanetten



5/22/2025

Food Service Establishment Inspection Summary Report

Operation: LA TOURELLE HOTEL CATERING - FSE-M (ID: 1134789)
Facility Name: LA TOURELLE HOTEL & SPA
Facility Code: 54-2492 Facility Email: jason@latourelle.com
Facility Address: 1150 Danby Road, Ithaca, NY 14850

To the Attention of:

Jason Sidle
LA TOURELLE PARTNERS LLC
1150 Danby Road
Ithaca, NY 14850
Email: jason@latourelle.com

Re-Inspection

Date: December 17, 2025 05:59 PM
Inspector: Sarah Strapach (heath) (sheath@tompkins-co.org)
Responsible Person: Jodi Jankowski
Additional Email(s): kmorgan@tompkins-co.org

Summary

Number of Public Health Hazards Found: 1
Number of Public Health Hazards NOT Corrected: 0
Number of Other Violations Found: 0

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

FOODS ADULTERATED OR RECEIVED FROM UNAPPROVED SOURCES.

ITEM # 1H WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Food from unapproved source, spoiled, adulterated on premises.

Inspector Findings: In top of flip top unit, observed approximately 4 cups of shredded orange cheddar that appeared to be molded, and one quarter-wheel of parmesan cheese that had mold-like spots on it. Operator stated the last time the kitchen was used was Monday December 15 (3 days ago) and the next event they have booked is January 3rd, so kitchen is not used frequently.

Correction: All food must be free from spoilage.

Action: Operator voluntarily discarded both types of cheese. Discussed cleaning out kitchen more frequently between events.

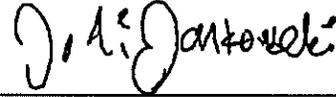
NO ADDITIONAL VIOLATIONS REPORTED

Additional Information Collected During Inspection

Comments: Part 1: One instance of Item 1H observed. This is a repeat violation from a previous inspection.
Part 2: No critical violations observed.
Reinspection required. Enforcement to follow.



Inspector: Sarah Strapach (heath) (sheath@tompkins-co.org)



Received by: Jodi Jankowski



12/19/2025

FOCUS TOPIC

Meeting Date, February 24, 2026

Community Health Assessment 2025-2030 Presentation and Discussion

PRESENTERS:

Samantha Hillson and Anushka Bhargave

INTRODUCTION

The 2025-2030 Tompkins County Community Health Assessment (CHA) provides an integrated, equity centered understanding of community health grounded in the New York State Prevention Agenda and social drivers of health domains. The assessment synthesizes local, state and federal surveillance data, a countywide Community Health Survey, qualitative research, and extensive community engagement to examine the conditions that shape health across five Prevention Agenda (PA) domains:

- Economic Stability,
- Social and Community Context,
- Neighborhood and Built Environment,
- Health Care Access and Quality, and
- Education Access and Quality.

This CHA was submitted to the NYS Department of Health (DOH) in December 2025, as required.

ON OUR WEBSITE

[Community Health Assessment 2025-2030](#)

Presentation slides follow.



What is CHI Tompkins?

During a 5 year cycle, representatives from public health, social services, healthcare, and the community will:



CHA & CHIP PROCESS



The Purpose

Building a healthy and equitable Tompkins County where every person has fair and just opportunities for optimal health and well-being

- Identify key health challenges
- Determine gaps and disparities
- Prioritize strengths and resources
- Advance Health Equity

Main Phases and Activities



Phase	Activities
Build the Foundation	Introduce the process Shape involvement Develop the community vision
Tell the Community Story	Conduct assessments of partners & community Analyze results Share findings
Continuously Improve the Community	Prioritize community health issues Get stakeholders involved Develop, implement, and evaluate plan



MAPP 2.0 Process



NYS Prevention Agenda



Social Drivers (Determinants) of Health



Source: [Healthy People 2030](#)

Primary Data Source



2025 TOMPKINS COUNTY COMMUNITY HEALTH SURVEY

- Eligibility: 18 or over and a resident of Tompkins County
- Total eligible respondents: 2266 opened survey/answered #1; ~1836 completed all/majority of survey



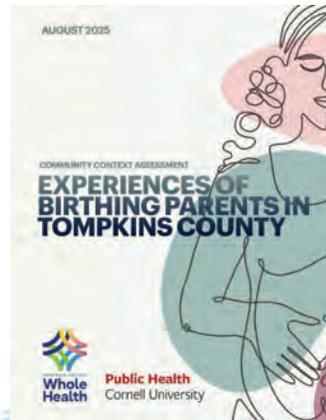
Primary Data Source



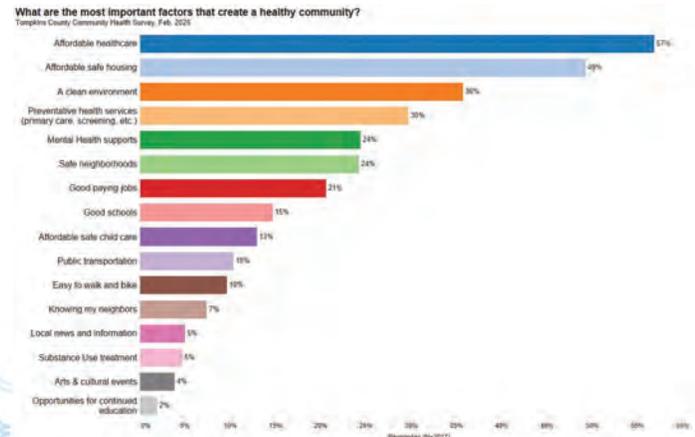
Qualitative Interviews: Experiences of Birthing

Parents in Tompkins County

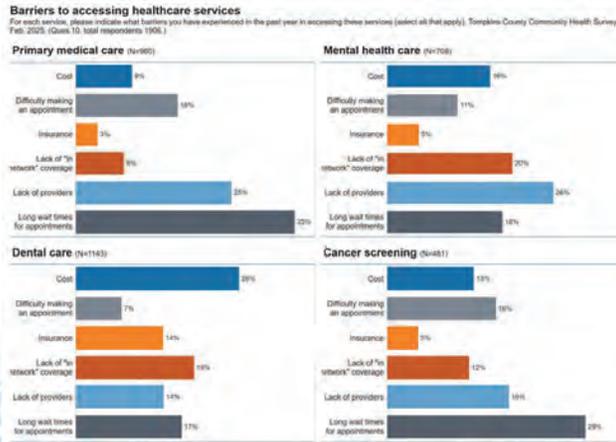
- Goal: Evaluate the barriers to and facilitators of health programs used by birthing parents in Tompkins County
- 26 birthing parents and providers who were over 18 years of age and who gave birth in Tompkins County after January 1, 2022.



Affordable healthcare, affordable safe housing, and a clean environment were identified as the 3 most important factors that create a healthy community.



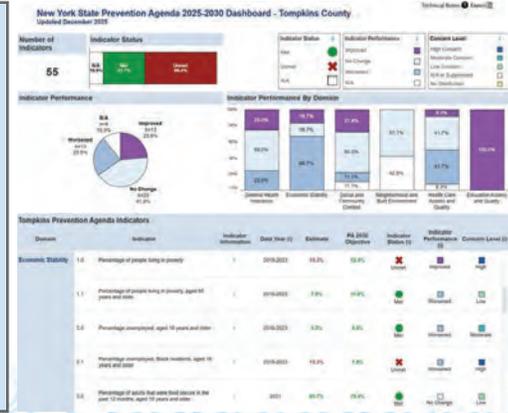
Barriers to access varied across service types, but cost, provider availability, and long wait times were the most commonly reported challenges overall. Lack of insurance coverage was a significant barrier only for dental care.



Secondary Data Sources



- U.S. Census Bureau
- NYSDOH
 - Prevention Agenda Indicators
 - Community Health Indicator Reports (CHIRS)
 - Kids Well-Being Indicators Clearinghouse (KWIC)
 - NYS Vital Statistics
- Behavioral Risk Factor Surveillance System (BRFSS)
- RWJF/Wisconsin County Health Rankings
- Community-Level Youth Development Evaluation Survey (CLYDE)
- Existing Local Reports



Main Health Issues



- Poverty
- Nutrition Security
- Housing Stability and Affordability



- Injuries and Violence



- Suicide
- Depression
- Drug Misuse and Overdose
- Tobacco and E-cigarette Use (youth vaping)



- Health and Wellness Promoting Schools: Chronic Absenteeism



- Access to and Use of Prenatal Care
- Preventive Services for Chronic Disease
- Oral Health Care

2025-2030 CHIP Priorities



1. Housing Stability and Affordability
2. Nutrition Security
3. Substance Misuse, Overdose Prevention, and Primary Prevention
4. Prenatal Care and Access
5. Chronic Disease Prevention



HEALTH CARE ACCESS AND QUALITY: CHRONIC DISEASE PREVENTION: BREAST CANCER

Tompkins County shows high overall breast cancer screening rates, but racial and access-related disparities remain, alongside elevated late-stage incidence and mortality.

83.5% of residents received breast cancer screenings
This exceeded the Healthy People 2030 Target of 80.3%

Only 53.1% of Medicaid eligible women aged 50-74 received a mammogram between October 2019 and December 2021
In "high concern" category

Breast cancer mortality rate is 19.6 per 100,000 population.
Does not meet the Healthy People 2030 target of 15.3

Late-stage breast cancer incidence rate is 44.9 per 100,000 population.
In "high concern" category

Only 33% of Black/African American women received mammography screenings
This is compared to 46% for White women

"I would love to see nontraditional hours... Having the ability to do these screenings on Saturday or Sunday, I think would be very well received and a great help to all of the practices locally, increasing their cancer screening rates." (Interviews, 2022)

Barriers such as long wait times, limited provider availability, and lack of in-network coverage continue to limit access. (CH Survey, 2025)



Data Sources: BRFSS, 2021; County Health Rankings; NYS CHIRS, 2025; Physician and Practice Manager Interviews, 2022; Community Health Survey, 2025.

HEALTH CARE ACCESS AND QUALITY: CHRONIC DISEASE PREVENTION: CARDIOMETABOLIC DISEASES

Cardiometabolic diseases remain a major public health concern in Tompkins County, with persistent racial and access-related disparities in both outcomes and prevention.

Diabetes mortality rate is 27.8 per 100,000 population
This is below the Healthy People 2030 Target of 13.7

Diabetes mortality rate among Black residents is 42.8 per 100,000 population
This is compared to 20.2 per 100,000 population for White residents

Among Black residents, 57% have controlled blood sugar
This is compared to 72% of adult White residents

63% of adults 45+ have been tested for high blood sugar
Does not meet NYS goal of 82.4%

Data Sources: BRFSS, 2021; County Health Rankings; NYS CHIRS, 2025; Cayuga Health Equity Dashboard, 2023.

HEALTH CARE ACCESS AND QUALITY: CHRONIC DISEASE PREVENTION: CARDIOMETABOLIC DISEASES

Cardiometabolic diseases remain a major public health concern in Tompkins County, with persistent racial and access-related disparities in both outcomes and prevention.

Overall heart disease mortality rate is 144.8 per 100,000 population
This is lower than the state average (230.3 per 100,000 population)

Black residents experience higher heart disease mortality rates (178.1 per 100,000 population)
This is compared to 125.4 per 100,000 population for White residents

The most cited barriers for primary medical care were long wait times, difficulty in making appointments, lack of providers and cost. (CH Survey, 2025)

Access to services, including specialists that are covered by insurance, is limited by regional availability. (CCA Report, 2025)

Data Sources: NYS CHIRE, 2020-2022; Community Health Survey 2025; Community Context Assessment (CCA) Report, 2025.

HEALTH CARE ACCESS AND QUALITY: ACCESS TO AND USE OF PRENATAL CARE

Access to timely and equitable prenatal care in Tompkins County remains a critical public health issue, with racial disparities and systemic barriers contributing to unequal maternal and infant health outcomes.



76% of birthing people receive prenatal care in the first trimester
This is below the NYS 2030 Target of 83%



65% of Black and African American individuals receive prenatal care during the first trimester
This is compared to 78% of White individuals



13% of Non-Hispanic Black infants have low-birth weight
This is compared to 6% for Non-Hispanic White infants



13% of Black infants are preterm
This is compared to 8% of White infants

Data Source: SPDS, 2024 and low birth weight is CHIRE, 2020-2022.



HEALTH CARE ACCESS AND QUALITY: ACCESS TO AND USE OF PRENATAL CARE

Access to timely and equitable prenatal care in Tompkins County remains a critical public health issue, with racial disparities and systemic barriers contributing to unequal maternal and infant health outcomes.

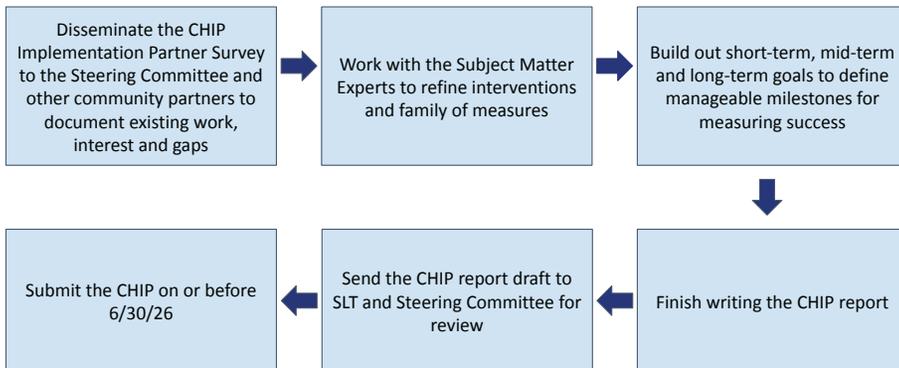


Most cited barriers were limited availability of services and specialists, poor continuity of care at the sole OGBYN office in Ithaca, and poor coordination of insurance and payment systems at local providers.

Data Source: Community Context Assessment (CCA): Experiences of Birthing People in Tompkins County, 2025.



Community Health Improvement Plan (CHIP) Action Plan



CHIP Implementation Framework



Domain	Healthcare Access and Quality
Priority	Preventative Services for Chronic Disease Prevention and Control
Objective 8: Increase the percentage of women aged 40-74 who have had a biennial mammogram from 46% to 51.4%.	
Evidence-Based Interventions	
8.1 Develop a pilot project that enables individuals to schedule a mammogram without first having a primary care visit.	
Process Measures	
<ul style="list-style-type: none"> # mammograms scheduled using new workflow 	
Existing Work	Lead Organization(s)
CHIP Work	Collaborator(s)
Disparities Being Addressed	
Individuals from communities facing structural racism and social injustice, particularly Black and Hispanic/Latino, Medicaid beneficiaries, Low-income	

CHIP Implementation Framework



Domain	Healthcare Access and Quality	
Priority	Access to and Use of Prenatal Care	
Objective 9: Increase the percentage of birthing persons who receive prenatal care during the first trimester from 81.3% to 83.6%.		
Evidence-Based Interventions		
9.1 Provide screenings to prenatal and postpartum clients/patients using validated tools (C-SSRS for suicide, Edinburgh), and social care needs screening tool.		
Process Measures		
<ul style="list-style-type: none"> # people screened (OB/GYN, TCWH) # referrals to prenatal care - patients enrolled in early prenatal care # referrals to MOMs PLUS+ (nurse home-visiting perinatal support and breastfeeding) # referrals to HIP Tompkins (PICH program, CHW support and navigation) # organizations enrolled in CHRN (Community Health Referral Network) # referrals to mental health services # postpartum follow-up visits completed 		
Existing Work	Lead Organization(s)	
CHIP Work	Collaborator(s)	
Disparities Being Addressed		
Birthing people from communities facing structural racism and social injustice, particularly Black, Hispanic/Latino; Low-income families		

Access to and Use of Prenatal Care



- Objective 9: Increase the percentage of birthing persons who receive prenatal care during the first trimester from 81.3% to 83.6%.
 - 9.1 Provide screenings to prenatal and postpartum clients/patients using validated tools (C-SSRS for suicide, Edinburgh), and social care needs screening tool.
 - 9.2 Establish policies/practices to support doula care and services, especially in areas of maternal deserts and historic under investments.



Access to and Use of Prenatal Care



9.1 Provide screenings to prenatal and postpartum clients/patients using validated tools (C-SSRS for suicide, Edinburgh), and social care needs screening tool.

Existing Work:

- HIP Tompkins - CHWs support clients to navigate pregnancy and health-related social needs (TCWH)
- MOMs PLUS+ - Nursing home visiting for prenatal and postpartum visits (TCWH)

CHIP Work:

- HIP Tompkins quality improvement initiative to increase postpartum engagement and visits by 5%. Participation in statewide learning community (Dec 2025-Nov 2026) (Ithaca OB-GYN, Cayuga Birthplace, pediatric offices, MOMs PLUS+, doula networks)

Preventative Services for Chronic Disease Prevention and Control



- Objective 6: Increase the percentage of younger adults aged 35-44 who had a test for high blood sugar in the past year by 5%.
 - 6.1 Incorporate navigation to community resources for chronic disease prevention and self-management into social care navigation among adults with unmet social needs
 - 6.2 Improve diagnosis of prediabetes and referrals to the National Diabetes Prevention Program



Preventative Services for Chronic Disease Prevention and Control



- Objective 7: Increase the percentage of adults aged 18 years and older with hypertension who are currently taking medication to manage their high blood pressure by 6%.
 - 7.1 Implement community screenings to detect and address hypertension.
- Objective 8: Increase the percentage of women aged 40-74 who have had a biennial mammogram from 46% to 51.4%.
 - **8.1 Develop a pilot project that enables individuals to schedule a mammogram without first having a primary care visit.**

Preventative Services for Chronic Disease Prevention and Control



8.1 Develop a pilot project that enables individuals to schedule a mammogram without first having a primary care visit.

Existing Work:

-

CHIP Work:

-

Who is working on this?



Cornell Cooperative Extension
Tompkins County



Public Health
Cornell University



TOMPKINS COUNTY
OFFICE FOR THE AGING
Aging Better. Together



Thank you



ECONOMIC STABILITY: HOUSING STABILITY AND HOMELESSNESS

Addressing housing insecurity in Tompkins County is essential to decreasing homelessness, decreasing physically inadequate housing, and decreasing illness and injury caused by unsafe living spaces.

13 per 10,000 residents were homeless. (2022)
3rd highest among comparable CoCs



40% of CoC (Continuum of Care) homeless population identified as survivors of domestic violence. (2024)



Individuals who were formerly incarcerated are 10 times more likely to experience homelessness. (2025)

13% of the CoC homeless population identifies as BIPOC. (2024)

48% of shelter residents and 22% of unsheltered individuals identify as BIPOC.

38% of CoC Shelter population report a mental health disorder; 27% report a substance use disorder. (2024)

11% of individuals staying in the shelter were ages 18-25 (2025)
1 in 4 youth who are homeless identify as LGBTQ+

Data Sources: Horn Research, 2024; Homelessness, Mental Health and Disabilities, NY 510 CoC, 2024; A path Forward, TC Youth Services, 2025; Sunflower Houses, URO, 2023.

ECONOMIC STABILITY: HOUSING STABILITY AND AFFORDABILITY

Housing insecurity is defined as unstable housing conditions due to factors such as affordability, safety, or reliable occupancy. Unstable housing can interfere with an individual's ability to choose appropriate healthcare and other basic needs.



Rental vacancy rate is 3%. (2022)

33% of households spend 50% or more of their income on housing. (2022)

This is compared to 26% in NYS and 24% in the US.

Waitlist for Section 8 vouchers and public housing is 2-2.5 years. (2022)

"I think [getting housing] should be an easier process. It shouldn't have to be ten different steps. I think they should help you, give you options. I just know it needs to be a lot easier. The waiting process is forever. They'll say they will get you a place in 10 months. You forget about it and move on. It definitely should be easier." (Horn Research, 2022)

"There is not enough affordable housing here, yet luxury apartments sit empty." (Horn Research, 2022)

Data Source: Homelessness and Housing Needs Assessment, Horn Research, 2022.

ECONOMIC STABILITY: NUTRITION SECURITY

Consistent access to affordable, healthy food is an important factor in reducing hunger and preventing chronic disease, especially for populations at high risk for nutrition-related health disparities.

13% of residents were food insecure in 2023
Compared to 15% in NYS.



12% of older adults reported not having enough to eat in 2023

Food insecurity is not limited to those in poverty; about one-third of food-insecure residents earn too much to qualify for public assistance but still struggle to afford food. Tompkins Food Future, 2022

33% of Black population; 28% of Latino population were food insecure in 2023.

Compared to 12% of white population

1 in 8 children were food insecure in 2024 (12.5%)

"You know, you got all these bills, food is outrageous, I would say. And not having to worry about where your food's coming from, and being able to feed your children, lifts the burden off your shoulders..." (MCH Report 2025)

Data Sources: Feeding America, 2023; Tompkins COFA Community Assessment Survey for Older Adults, 2023; Food Bank of the SouthTier, 2024.

SOCIAL AND COMMUNITY CONTEXT: SUBSTANCE MISUSE AND OVERDOSE PREVENTION

Substance use, misuse, and fatal overdoses continue to be a public health challenge in Tompkins County. This issue has ongoing negative outcomes socially, medically, and economically across the life span.

Overdose deaths involving any drugs crude rate is 26.1 per 100,000 population

This is below the State average (32.3) but fails to meet the 2030 target (22.6)



18.1% episodes when patients were opioid naïve and received an opioid prescription of more than seven days

This is above the State average (15.1%) and fails to meet the 2030 target (13.6%)

Overdose deaths involving any opioids crude rate is 3.9 per 100,000 population

This is below the State average (8.9) and meets the 2030 target (14.3)



Outpatient ED visits involving opioid-related overdose crude rate is 42.5 per 100,000 population

This is above the State average (26.1)

All ED Visits involving any drug overdose crude rate is 167.8 per 100,000 population

This is below the State average (191.9)

Data Sources: Vital Statistics, 2023; NYS Opioid Dashboard, Q3 and Q4 2024; SPARCS, 2022; NYS PMP Data, 2023.

SOCIAL AND COMMUNITY CONTEXT: SUBSTANCE MISUSE AND OVERDOSE PREVENTION

Substance use, misuse, and fatal overdoses continue to be a public health challenge in Tompkins County. This issue has ongoing negative outcomes socially, medically, and economically across the life span.

Unique individuals enrolled in OASAS treatment programs who reported any opioid as the primary substance rate is 775.5 per 100,000 population

This is below the State average (12.3) but fails to meet the 2030 target (23.6)



6264 naloxone kits distributed in 2024

Compared to 1284 in 2020

Unique naloxone administrations by EMS agencies rate is 4.7 per 1000 unique 911 EMS dispatches

This is close to the State average (4.8)



6% of the respondents reported access barriers to substance use treatment. (CH Survey, 2025)

12% of the respondents experienced using substances (such as drugs, THC) more than they would like to. (CH Survey, 2025)

The most cited barriers for accessing mental health care were lack of providers, cost and difficulty making an appointment. (CH Survey, 2025)

Data Sources: OASAS Data, 2024; NYS EMS Data, 2023; NYS Community Opioid Overdose Prevention Program Dataset, 2025; Community Health Survey, 2025.

MONTHLY REPORT PACKET

January 2026 Report | Meeting Date, February 24, 2026

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FINANCIAL SUMMARY

JEREMY PORTER, FISCAL ADMINISTRATOR

January 2026 Report | Meeting Date, February 24, 2026

See following page

Tompkins County Financial Report for Public Health

Year: **26**

Month: **1**

Percentage of Year: 8.33%

		<u>Expenditures</u>			<u>Revenues</u>			<u>Local Share</u>		
		Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010	PH ADMINISTRATION	2,206,547	64,192	2.91%	308,880	0		1,897,667	64,192	3.38%
4012	WOMEN, INFANTS & CHILDREN	613,818	18,955	3.09%	613,818	0		0	18,955	
4015	VITAL RECORDS	98,543	3,032	3.08%	115,500	7,252	6.28%	-16,957	-4,220	24.89%
4016	COMMUNITY HEALTH	2,170,368	68,136	3.14%	602,851	1,602	0.27%	1,567,517	66,534	4.24%
4018	HEALTHY NEIGHBORHOOD PROG	199,000	12,776	6.42%	199,000	0		0	12,776	
4047	PLNG. & COORD. OF C.S.N.	1,863,163	47,294	2.54%	682,421	0		1,180,742	47,294	4.01%
4090	ENVIRONMENTAL HEALTH	2,466,346	101,451	4.11%	638,828	2,205	0.35%	1,827,518	99,245	5.43%
4095	PUBLIC HEALTH STATE AID				2,394,489	0		-2,394,489	0	
Non-Mandate		9,617,785	315,836	3.28%	5,555,787	11,060	0.20%	4,061,998	304,776	7.50%
2960	PRESCHOOL SPECIAL EDUCATI	4,715,531	-1	0.00%	3,146,736	0		1,568,795	-1	0.00%
4017	MEDICAL EXAMINER PROGRAM	391,575	0		3,000	0		388,575	0	
4054	EARLY INTERV (BIRTH-3)	388,000	13,445	3.47%	150,000	0		238,000	13,445	5.65%
Mandate		5,495,106	13,445	0.24%	3,299,736	0	0.00%	2,195,370	13,445	0.61%
Total Public Health		15,112,891	329,280	2.18%	8,855,523	11,060	0.12%	6,257,368	318,220	5.09%

BALANCES (Including Encumbrances)

		Available Budget	Revenues Needed			Available Budget	Revenues Needed
Non Mandate				Mandate			
4010	PH ADMINISTRATION	2,093,844	308,880	2960	PRESCHOOL SPECIAL EDUCATI	4,715,532	3,146,736
4012	WOMEN, INFANTS & CHILDREN	580,080	613,818	4017	MEDICAL EXAMINER PROGRAM	391,575	3,000
4015	VITAL RECORDS	95,313	108,248	4054	EARLY INTERV (BIRTH-3)	374,555	150,000
4016	COMMUNITY HEALTH	2,099,338	601,249			5,481,661	3,299,736
4018	HEALTHY NEIGHBORHOOD PROG	186,125	199,000				
4047	PLNG. & COORD. OF C.S.N.	1,813,844	682,421				
4090	ENVIRONMENTAL HEALTH	2,361,101	636,623				
4095	PUBLIC HEALTH STATE AID	0	2,394,489				
		9,229,645	5,544,727				
Total Public Health Balances							
Available Budget						14,711,306	8,844,463
Revenues Needed							

Comments: This shows expenses and revenues for January 2026. Payroll is through 1/17/26. No fringe on salary has been applied as the 2026 fringe rate has not yet been determined. Final claims for 2025 are being generated currently. Final 2025 year-end report will be distributed once finalized.

MEDICAL DIRECTOR REPORT

WILLIAM KLEPACK, M.D., MEDICAL DIRECTOR

January 2026 Report | Meeting Date, February 24, 2026

MEASLES -NATIONAL PICTURE IN S. CAROLINA, AND NEW MEXICO

As of February 11, 2026 there have been a total of 933 cases in South Carolina (the most recent region to be hit), with 235 people in quarantine, and six in isolation.

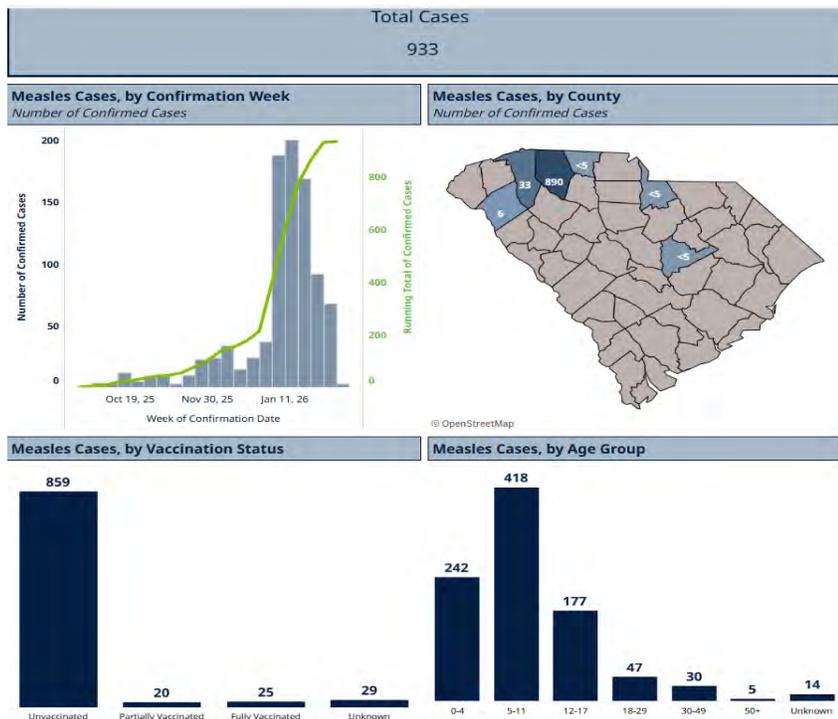
OUTBREAK DATA POINTS

Age breakdown of 876 cases:

- Under 5: 245
- 5-17: 594
- 18+: 80
- Unknown: 14

Vaccination status:

- 859 unvaccinated,
- 20 partially vaccinated with one of the recommended two-dose MMR sequence,
- 25 vaccinated, and
- 29 unknowns.



The incubation period (time from exposure to rash onset) is 7-21 days with an average of 14 days. A person is contagious from 4 days BEFORE rash onset to 4 days after. Thus, people with exposure must be quarantined for at least 21 days to prevent the spread.

Complications usually occur within the first 4 weeks after rash onset, ranging from otitis media to encephalitis (which can have its own complications). A rare (and extremely serious) complication is subacute panencephalitis (4-11/100,000 cases), which occurs several years after infection.

The death rate in this country should be <1%. It is higher in countries with malnutrition, lower healthcare standards, and lower socioeconomic status.

The New Mexico Department of Health is investigating measles cases at the Luna County Detention Center in Deming after five detainees tested positive for measles.

“The cases at the Luna County Detention Center are a stark reminder that the measles outbreak in New Mexico is not over,” said Dr. Chad Smelser, a medical epidemiologist with the New Mexico Department of Health (NMDOH). “We urge everyone in New Mexico, especially Luna County residents, to ensure they are fully vaccinated against measles.”

Dr. Oz of HHS has chosen to ask the public to vaccinate against measles.

COMMUNICABLE DISEASE

Seasonal influenza incidence in NYS has dropped significantly since the end of December and is now showing a slight increase. This may be due to the rising prevalence of the B strain of the virus. It is quite common to see a second seasonal influenza peak due to B. At the same time, some increase in Covid and RSV is being seen. Fortunately, hospitalizations for all 3 are decreasing at present.

Nationwide, there have been 60 or more pediatric deaths, with about 3 in NYS. Over 12,000 people have died nationwide. 90% of the pediatric deaths were in unvaccinated children, some of whom were perfectly healthy before being struck.

Overall, the cumulative national hospitalization rate is 59.5 per 100,000 population.

- CDC's in-season severity assessment framework classified the season as moderate across all ages. CDC also assesses severity by three age groups: pediatric (0-17 years), adult (18-64 years), and older adults (≥65 years). At this point in the season, the pediatric age group is classified as having high severity, while both the adult and older adult age groups are classified as having moderate severity. These assessments are conducted each week during the season, and the season's severity assessment can change if activity increases again.
- [Weekly US Influenza Surveillance Report: Key Updates for Week 3, ending January 24, 2026, | Flu View | CDC](#)

Laboratory-Confirmed Case For the Week Ending: February 7, 2026

Influenza Laboratory-Confirmed Cases²

Cases:	
Current Week:	6,142
Previous Week:	5,289
% Change from Previous Week:	16% ▲
Season-to-Date:	344,762

COVID-19 Laboratory-Confirmed Cases²

Cases:	
Current Week:	3,508
Previous Week:	2,977
% Change from Previous Week:	18% ▲
Season-to-Date:	66,968

RSV Laboratory-Confirmed Cases²

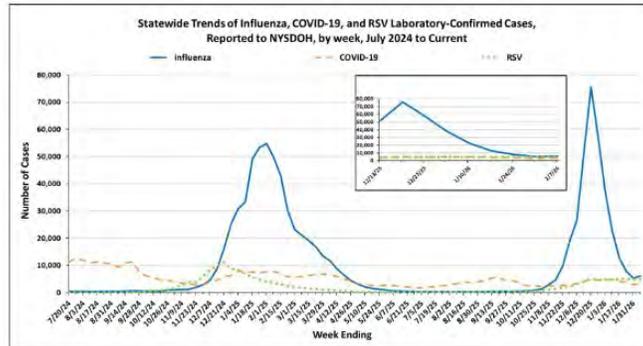
Cases:	
Current Week:	5,010
Previous Week:	4,752
% Change from Previous Week:	5% ▲
Season-to-Date:	55,836

Influenza:

48% Influenza A
52% Influenza B
1% Type Not Specified

RSV:

1% Type A
1% Type B
98% Type Not Specified



¹ Data are preliminary. Please do not circulate, as the data displayed is subject to change when the final version of the flu report is distributed.

² The Electronic Clinical Laboratory Reporting System (ECLRS) provides laboratories that serve New York State with a single electronic system for secure and rapid transmission of reportable disease information to the New York State Department of Health (NYSDOH), county health departments, and the New York City Department of Health and Mental Hygiene (NYCDOHMH).



Flu A vs Flu B, Generally Speaking

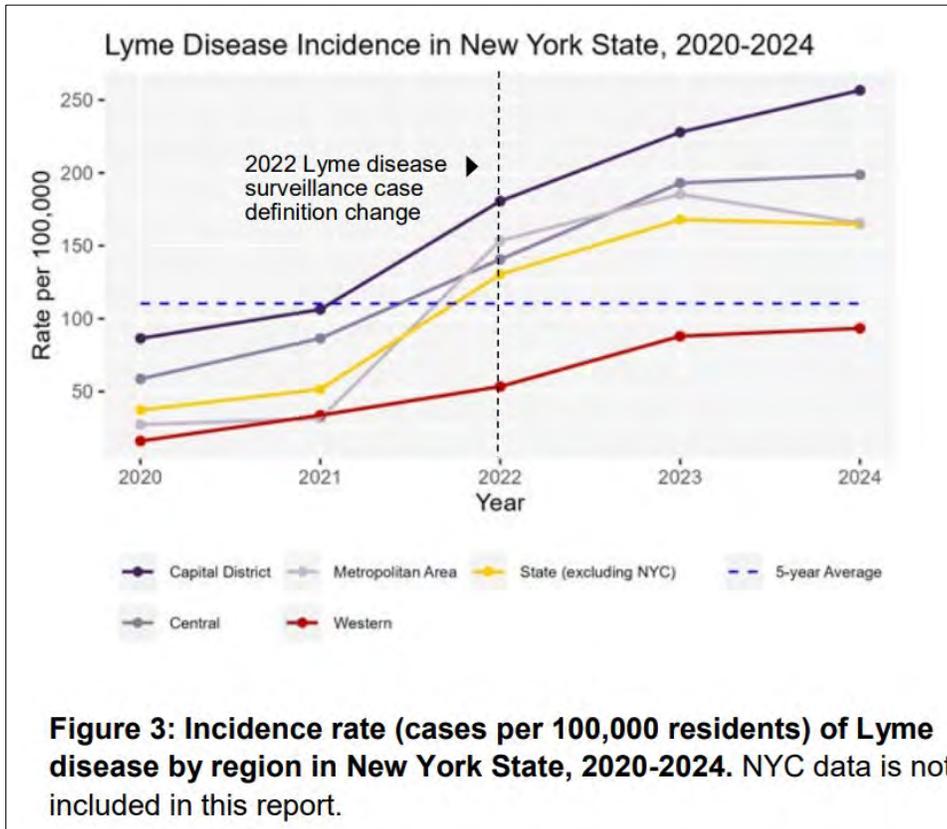
- Flu A includes the various H and N subtypes
- Flu B just one circulating now, Victoria
- Flu A is more common, roughly 75% of cases
- Flu A starts earlier, usually fall and winter
- Flu A found in humans and animals...meaning that Flu A is more likely to mutate = varying protection
- Flu B found in humans only...less likely to mutate = more immune system recognition
- Symptoms same for Flu A and Flu B
- Flu B usually results in milder illness, but more likely to see severe cases in children

It is not too late to get your seasonal influenza vaccination.

DATA ON TICK-BORNE DISEASE

From the recently released NYSDOH report [tbd_report_2025.pdf](#)

When reviewing these data, please note that in 2022 the Lyme disease reporting criteria changed, resulting in an increase in our numbers. (On and after 2022, only clinical criteria were required for a confirmed diagnosis. Formerly, laboratory data was also required.) Similarly, in 2024, the criteria for anaplasmosis and babesiosis changed.



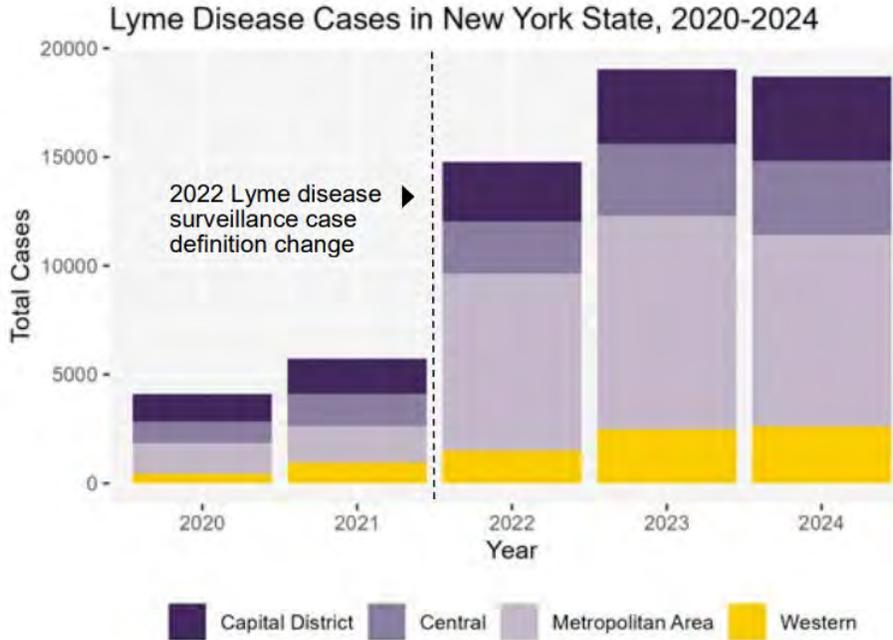


Figure 4: Lyme disease cases by region in New York State, 2020-2024. NYC data is not included in this report.

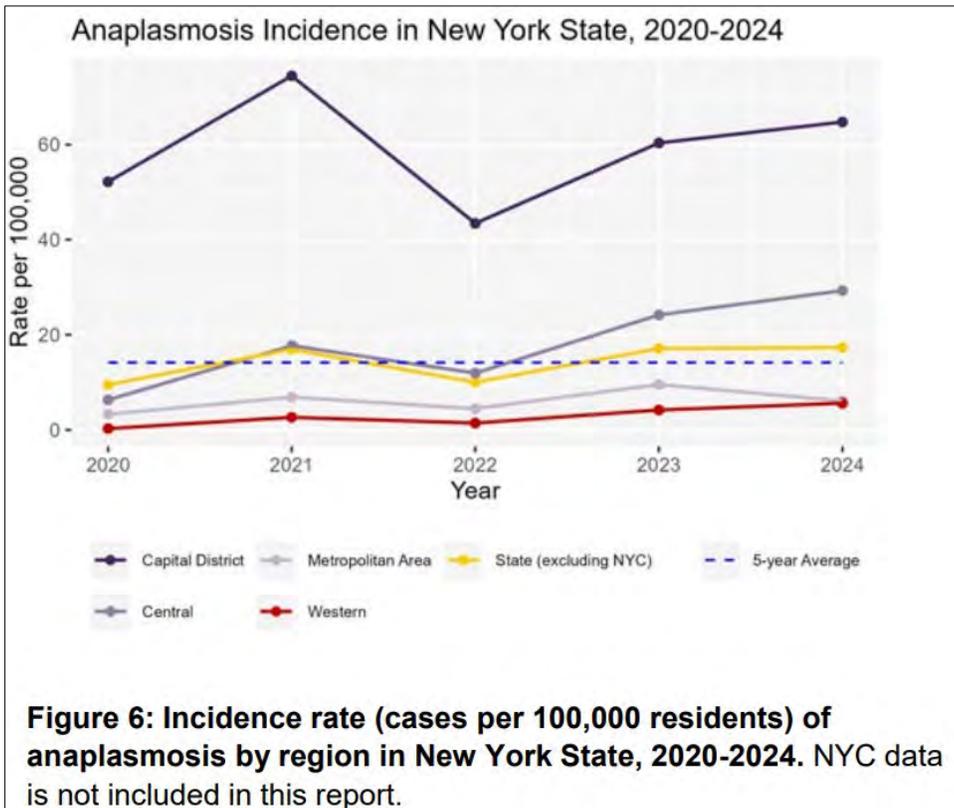


Figure 6: Incidence rate (cases per 100,000 residents) of anaplasmosis by region in New York State, 2020-2024. NYC data is not included in this report.

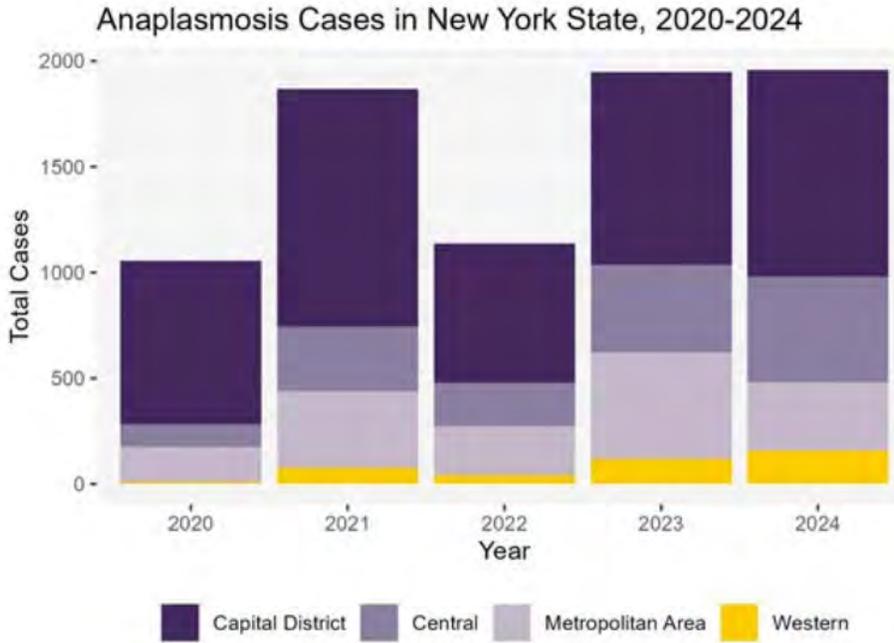


Figure 7: Anaplasmosis cases by region in New York State, 2020-2024. NYC data is not included in this report.

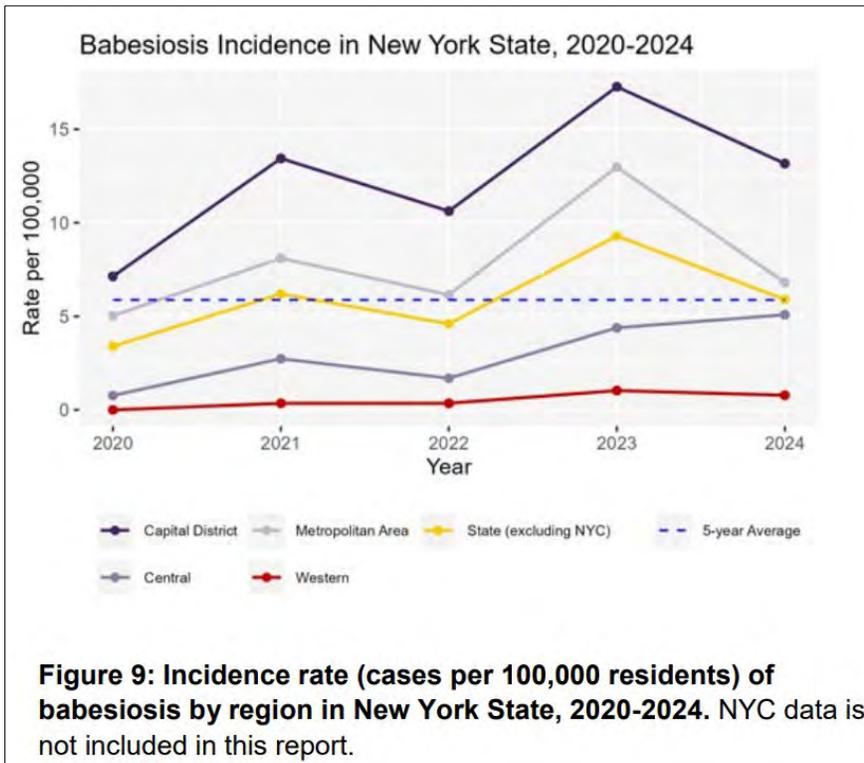


Figure 9: Incidence rate (cases per 100,000 residents) of babesiosis by region in New York State, 2020-2024. NYC data is not included in this report.

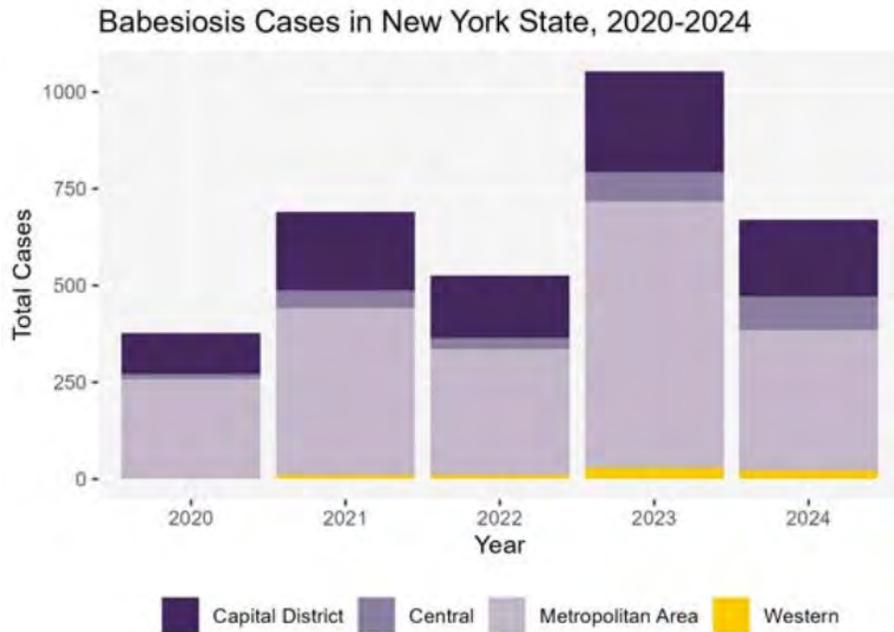


Figure 10: Babesiosis cases by region in New York State, 2020-2024. NYC data is not included in this report.

ORAL HEALTH PROJECT

We have been making good progress on our oral health project. We expect to publish a white paper in the coming months that will be useful for communicating with the county, funding organizations, the public, practitioners, and, of course, the BOH. An upcoming Practitioner Bulletin will focus solely on the subject.

WHCU interviews

- Heart Health – nutrition, early recognition, prevention, and hypertension
- A history of public health and of Whole Health
- Radon Awareness Week (January 26-30, 2026); Test Your Home, Protect Your Health
- January is Cervical Health Awareness Month – HPV vaccine and prevention of head and neck cancers
- 2025 public health successes and challenges for 2026

COMMISSIONER'S REPORT

JENNIE SUTCLIFFE, COMMISSIONER OF WHOLE HEALTH

January 2026 Report | Meeting Date, February 24, 2026

Highlights

- Update on Public Health Realignment Process
- Quick overview of 2026 Departmental Goals (see Appendix)

DIVISION FOR COMMUNITY HEALTH

RACHEL BUCKWALTER, DIRECTOR

January 2026 Report | Meeting Date, February 24, 2026

tompkinscountyny.gov/health/chs

Highlights

COMMUNICABLE DISEASE

- **Campylobacteriosis** 3 cases: Two of the 3 case patients are students in their 20's who had international travel as most likely source of where they obtained this infection. One required overnight hospitalization. The other student was also co-infected with Ecoli Shiga Toxin but did not need to be hospitalized. The 3rd case patient is about 60 years old with no travel or infectious contacts noted and declined our interview.
- **Cryptosporidiosis** 4 cases: All of these case patients are veterinary students and in their mid 20's. One of the 4 case patients had international travel, worked with small animals there and consumed home-cooked meals with host family. Three of the four case patients are associated with a cluster who all participated in a large animal surgical clinic. One of these 3 case patients was quite ill and required a 4-day hospital stay.
- **Ecoli Shiga Toxin** 1 case: As mentioned in the Campylobacter section, this case patient was co-infected with both. The case patient is a 20 yo with international travel as likely source of these infections.
- **Giardiasis** 1 case: The case patient is a person in their 50s who had ongoing symptoms for many months. They believe that their infection arose from their work in sanitation.
- **Strep Group A Invasive** 2 cases: One case patient is a 69yo with multiple co-morbidities and required a hospital stay for 1 week. The other case patient is a 35 yo with wound abscess turned sepsis with co-morbidities and substance abuse disorder, requiring 10 days of hospitalization.
- CD Nurses remotely attended the Bimonthly Hepatitis B and C Surveillance Call for local health departments.

TUBERCULOSIS

- Our TB team continued care for our 2 active cases along with assisting with the evaluation of our B2 class immigrants and latent TB community members.

ORAL HEALTH

- Dr. Klepack is connecting with local pediatric and family practice offices to encourage the use of fluoride varnish at well visits for children ages 0-6. This is a performance incentive project from NYSDOH to improve the oral health of communities. We will be providing training and support for

provider offices to start providing fluoride varnish if they aren't doing this already. We will track the impact of our efforts and report back to NYSDOH in June/July of 2026.

- Sagarika Vemprala, public health fellow, is compiling oral health data for a white paper to fully illustrate the current situation regarding oral health in Tompkins County and the need for a prevention-focused oral health program for children to address the barriers and lack of access to care. We will share this document with the BOH when it is completed.

STAFFING

- CHN Emily Baker resigned, her last day was February 4th, 2026. Her CHN position has been posted to the county personnel site and to the Whole Health website here: [Job Openings | Tompkins County](#). This position involves working in communicable disease surveillance, immunizations and rabies post-exposure vaccination.

IMMS

- Our Immunization clinics have lower utilization this time of year. In January, we vaccinated 11 adults and 12 children with various vaccinations.
- In January, we also visited and vaccinated 5 homebound individuals against flu and/or Covid.
- Our January Immunization Coalition meeting focused on recent changes to the CDC immunization schedule. The decision was made to hold meetings more frequently than the current quarterly schedule to continue to discuss these changes and outreach/education opportunities for the community.

WIC

- Enrollment remains above the assigned targeted caseload of 1,320, with the final January enrollment at 1,327 participants. However, participation numbers (benefits issued to participant that show to their appointments) have decreased from 1,289 to 1,252 since the beginning of November.
- Exciting Changes Coming to the WIC Food Packages: New York State WIC will roll out food package updates in three phases during 2026, aligned with the Dietary Guidelines for Americans. *The first phase begins February 2, 2026, focusing on the infant food package.*
- Summary of the changes:
 - Formula: Increased the allowable formula for mostly breastfed infants (0–1 month) to better support breastfeeding goals and ensure adequate nutrition.
 - Reduced amounts of infant cereal to align with AAP recommendations.
 - Reduced amounts of Jarred Infant Meats and Fruits and vegetables for fully breastfed infants: Adjusted amounts to improve nutritional balance and support increased cash-value benefits (CVB) for fruits and vegetables.
 - Allow half or all jarred Infant fruits and vegetables to be substituted for fresh fruits or vegetables starting at 6 months of age. (An increase of \$4.00 per month to \$22.00 per month)
 - Increase the Cash-Value Benefit amount.

- Allow the purchase of fresh, frozen or canned fruits and vegetables with the CVB.
- Families will have more flexibility and options to purchase fruits and vegetables.
- These updates support healthy infant feeding and align with AAP complementary feeding recommendations.

SAFECARE PROGRAM

- Our SafeCare nurses made 4 visits in January 2026 compared to 7 visits in December 2025. There was a new referral made in January; however our nurse provider was unable to meet with them during January to admit them into this program. We continue to work with and support 3 families throughout January 2026.

MOMS PLUS+

- The Moms PLUS+ nurses met with Katie Peters from Mental Health to discuss the referral process and how we serve our clients who need mental health support.
- Rachel Buckwalter, Caryl Silberman and Gail Birnbaum met with a Cornell nutrition professor who has studied components and supply of breast milk. We met to discuss any ways that we can help support her research.
- Caryl Silberman participated in the PICHC Learning Community Kick-off Session to look into how we can improve postpartum visit rates in our county. This will be ongoing for the next several months.
- Our Childbirth Ed nurses geared up for their next session of classes to begin February 4th. We have 12 pregnant persons signed up along with their support persons!
- Please refer to the tables in the Appendix for referrals, admits, visits and caseload for January 2026 and take note that visits for January rose to 74 vs. 49 visits made in December 2025. There were more admits as well as caseload count for January 2026 while our referrals fell off a bit this month.
- In May of 2025 we re-launched a client satisfaction survey for Moms PLUS+ which is offered to all clients when they are discharged from the program. We have summarized the data from this survey from May up until January of 2026 for your review. Please see appendix for this summary. This program continues to be highly rated by clients.

RABIES

- 22 rabies vaccinations were administered to 11 individuals potentially exposed to rabies. This number is up from 15 vaccinations administered last January. The exposures this month were mostly again bat in the bedroom exposures and also 2 cat bites that occurred in China and 2 dog bites that occurred in Alaska.
- CH Director Rachel Buckwalter and SCHN Sue Laratta met with members of the ED at Cayuga Medical Center to discuss moving low-risk rabies post-exposure treatment out of the ED into Outpatient Infusion which will reduce burden on the ED. Conversations are ongoing with CMC regarding this.

LEAD

- There are currently 18 children receiving case management in our lead program. There were no new admissions or discharges during the month of January.
- EH is in the planning phase of another EPA certification course for contractors, painters and landlords seeking Lead Safety Certification. This year's course will take place on March 16th.

HIV

- Liz Lawrence and Caryl Silberman were finalizing partner presenters and date/time for a Peace of Mind Community Partnership meeting to be held in March. The focus of this group will be to make sure Tompkins County is making HIV testing available and how we can do even better to serve our population.

CHS Appendix

- NYSDOH Communicable Disease Reports
- WIC Caseload table
- Moms PLUS+ Caseload table
- Moms PLUS+ discharge survey report

DIVISION OF HEALTH PROMOTION

SAMANTHA HILLSON, DIRECTOR

tompkinscountyny.gov/health/hpp

January 2026 Report | Meeting Date, February 24, 2026

Highlights

- Community Health Assessment 2025-2030 is available on the Tompkins Whole Health website, [Community Health Improvement | Tompkins County](#)

STAFFING

- PICHC/HIP Tompkins CHW vacancy will be posted in February.

Program Updates

COMMUNITY HEALTH WORKER (CHW), PICHC/HIP TOMPKINS PROGRAMS, AND CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN)

- Thrive Postpartum Follow-Up Visit Learning Community kicked off in January. Our team is creating an action plan and Key Driver Diagram to identify strategies to test to increase postpartum follow-up visits.
- CHWs met with Human Services Coalition Health Advocate to better understand 2026 changes to NYS of Health.
- Examples of client challenges being addressed and resources navigated with a CHW: co-occurring disorders, coordination with community partners to secure funding for rent, connection with employment programs, coordination with Medicaid transport and other transportation resources.
- CHWs are supporting clients to feel hopeful, relieved to have services and secure housing, build stability and see a path forward.
- The CYSHCN program is transitioning to Health Promotion. Planning has begun to review the workplan and develop a budget. This is a 5-year NYS Department of Health grant that support children, youth, and their families ages 0-21 to support, navigate, and create a more inclusive and accessible community for children and youth with special health care needs.
- Staff attended a training to conduct listening sessions with families who have children or youth with special health care needs to better inform our program.
- TCWH is also receiving one-time funding in 2026 for special projects that increase inclusion and accessibility in the community (e.g. Workshops for families, adaptive and sensory equipment, etc.)
- Staffing for this program will include one half-time position, this is still being determined.

COMMUNITY HEALTH ASSESSMENT (CHA) & COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

- The CHA was disseminated with the partner organizations. Presentations of the process and findings will also be delivered to various committees and community organizations.
- The Community Health Improvement (CHI) Steering Committee restarted monthly meetings. Partners will engage in developing the CHIP implementation document to identify action items for interventions of selected priorities, and support communications and dissemination of the CHA and CHIP.
- TCWH will continue working closely with the Subject Matter Experts to ensure the CHIP remains realistic, achievable and impactful.

HEALTHY NEIGHBORHOODS PROGRAM

- Ambra Munlyn (.5) left the Healthy Neighborhoods Program, for a position in nursing, leaving a vacancy.
- The NYS Executive Budget proposes eliminating the Healthy Neighborhoods Program across the State. Staff have compiled educational resources about the impact of HNP in Tompkins County to share with NYSACHO and other stakeholders.

TOBACCO FREE TOMPKINS

- Updating job description for vacant position.
- Developing a spending plan for the JUUL Settlement Funding.

COMMUNICATIONS AND COMMUNITY ENGAGEMENT

- Video production project with MOMS Plus+ ongoing
- Promotion of Community Health Assessment (press release, social media, media coordination for interviews with Tompkins Weekly, WHCU)
- Staff coordinated a meeting with American Heart Association and Greater Ithaca Activities Center to learn more about resources for youth Community CPR and First Aid. There is community interest in engaging youth in these skills and trainings.

HPP Appendix

- Opioids, Monthly overdose calls to 911
- CHWs
- HNP, Monthly Activity table
- COVID-19
- Media
 - [Press releases](#)
- Outreach and Training (all staff)
- Committee and Partnership Meetings

CHILDREN WITH SPECIAL CARE NEEDS

JESSICA CLARK MANDERVILLE, DIRECTOR

tompkinscountyny.gov/health/cscn

January 2026 Report | Meeting Date, February 24, 2026

Highlights

Program Work:

- Service Coordinators are continuing to attend the Come and Play Cafés that are put on by Racker for children on the therapy needs list.
- Director and Sr Community Health Nurse attended NEP staff meeting to discuss the EIP and how to better partner in the future around referrals and follow ups.
- APR Findings: NYDOH BEI sent out Annual Performance Reports for 2023-2024. Tompkins County did not achieve 100% compliance on three indicators and will have to follow up with a non-compliance plan.
- Division Goals for 2026 were met on and finalized on 1/22/26

Staff Training:

- Weekly Regulation Refreshers have been sent out weekly to review State regulations for the EIP.
- A chart audit screening tool is being used for all chart discharges and to track errors.
- Acuity Form, renamed Case Management Tool, has been created and implemented to be able to assign cases equally.
- Monthly Stat chart has been created and will be monitored and reviewed with staff at the quarterly check-ins.
- All Nurses attended the Disaster Mental Health Team Info Session on 1/12/26

Program Updates

EARLY INTERVENTION

- Stipends per service rendered are being billed and sent out to private providers and agencies, including services for ongoing therapy sessions, core evaluation and supplemental evaluations. Any stipend payments that have not been billed yet are being tracked by support staff.
- Part-Time SI Teacher has resigned from EI with Tompkins County
- Early Intervention experiencing wait lists for all specialties- **Post 1/29/26**
Speech (35) Feeding (6), OT (9), PT (25), SI (25), SW (2)
- New Referrals received **January: 28**

- EI Core Eval Teams are back down to 4 Racker slots per week and eval in Syracuse at Liberty Post
- Currently serving **161** active/qualified children in Early Intervention. 0 Total Child Find Cases

PRESCHOOL

- Continued Medicaid Consent Documentation Chart review completed for CPSE. Districts notified of students missing consent and encouraged them to obtain consent for billing purposes.
- Continued follow-up with districts regarding timely submission of reimbursement for services documents.
- Small County workgroup established with Steuben, Cayuga, Schuler and Tioga to share knowledge, workflows and discussion around shared barriers.

[CSCN Appendix](#)

- Statistics based on Calendar Year
- Early Intervention Program statistical highlights
- Preschool Special Education Program statistical highlights

ENVIRONMENTAL HEALTH

SKIP PARR, DIRECTOR

tompkinscountyny.gov/health/eh

January 2026 Report | Meeting Date, February 24, 2026

Highlights

ASTERI ENFORCEMENT:

On January 28, 2026, TCEH issued Whole Health Commissioner's Orders requiring the removal of uncontained garbage and refuse from the trash rooms and hallways of the building, as well as the evaluation and proper cleaning of areas in stairwells containing biohazards by February 2, 2026.

On February 3, 2026, EH staff conducted a site visit and observed that most of the uncontained garbage had been removed; however, biohazards remained in areas of the stairwell. During the follow-up, EH discussed these issues with the new building manager and provided the manager with the Resolution adopted by the Board of Health, along with the approved waste management plan developed for Asteri.

Whole Health has scheduled a meeting with County Administration and plans to meet with the City of Ithaca to ensure coordination across agencies in resolving recurring issues at Asteri. Following discussions with other partners, it is expected that a draft resolution will be presented to the Board of Health for violating the Board of Health Order requiring implementation of the approved waste management plan adopted in July 2025.

BOIL WATER ORDERS:

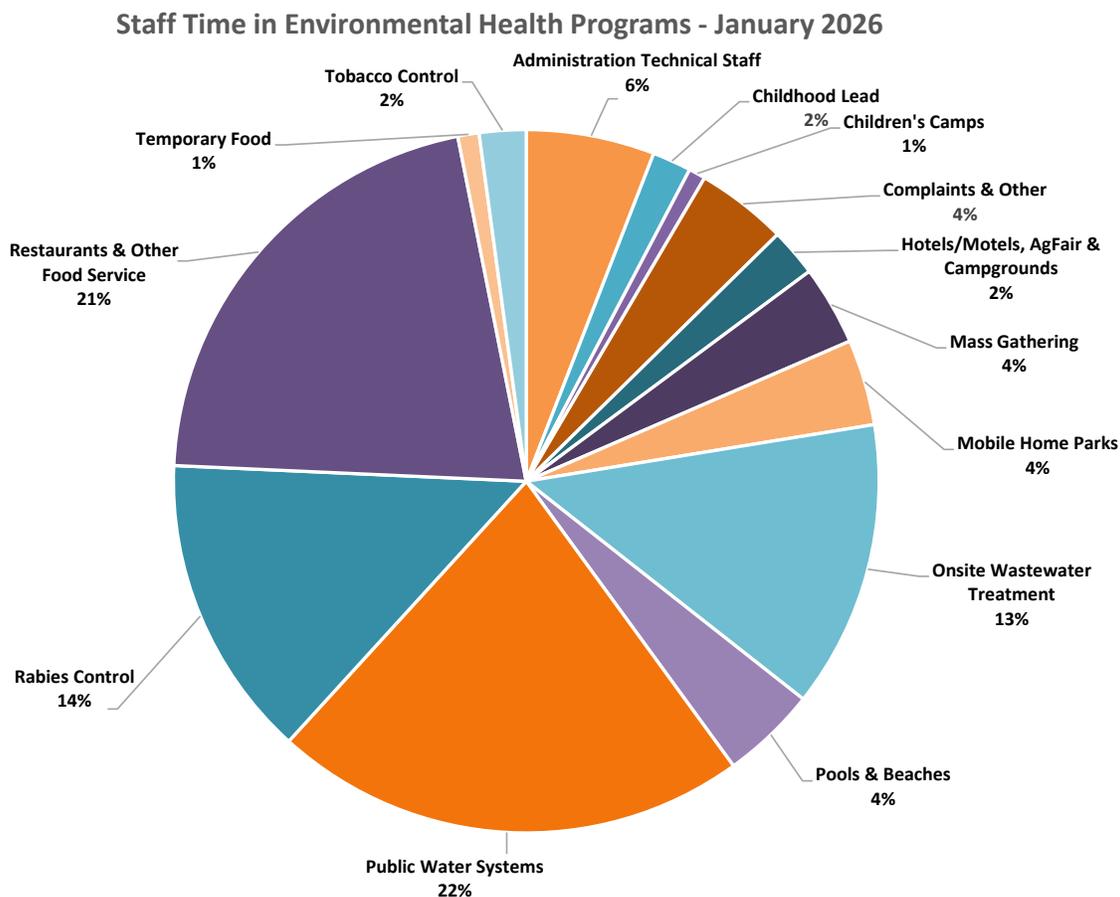
Cold weather at the end of January resulted in water leaks resulting in the issuance of Boil Water Orders because of the loss of water in storage at Hanshaw Village and Bailey Park.

- Hanshaw Village – A leak was detected on January 23rd, that was significantly impacting storage tank levels, requiring bulk water to be truck in to supplement water supply from the wells. As a result, EH issued a boil water order. It took several days to locate the leak which was discovered in a vacant home. The boil water order was released on February 11th following satisfactory sampling.
- Bailey Park – A leak was also detected on January 23rd. Given the significance of the leak, Bailey park is unable to continuously supply water to the homes. In response, the park has been, and will continue to, provide bottled water and scheduled water service to homes during designated hours (two hours in the morning and two hours in the evening) until the leak is found and repaired. The park experienced difficulty securing leak detection services and had planned to begin line replacement. However, the work did not proceed as scheduled, prompting Environmental Health to

issue a Notice of Violation on February 5th, requiring correction by February 13th. Bailey Park is still under a boil water order.

After the immediate concern of restoring water supply is corrected, EH will explore options to have the park improve its distribution system to prevent future water outages affecting the entire park.

Summary of Activity



[Also see appendix](#)

Program Updates

Food Program

FSE INSPECTIONS

The [results of food service establishment inspections](#) conducted in Tompkins County can be viewed directly on the Environmental Health website. Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest.

PLANS APPROVED THIS PERIOD

- Ithaca Taichi Bubble Tea - Commons, C-Ithaca
- Jersey Mike's Subs, C-Ithaca

NEW PERMITS ISSUED

- CU - Nolan Food Management Laboratory, C-Ithaca
- Pokelava - Dryden Rd., C-Ithaca
- Qahwa House, C-Ithaca
- Sichuan Braised Delicacies, Throughout Tompkins

Boil Water Orders (BWOs)

NEW

Facility Name	BWO Issued	Reason	Corrective Action	Status
Bailey Park	01/23/26	Inadequate Disinfection	Restore adequate disinfection & submit satisfactory samples	Satisfactory samples pending
Hanshaw Village MHP	01/23/26	Inadequate Pressure	Restore adequate pressure & submit satisfactory samples	Satisfactory samples received; BWO released 02/11/26

ONGOING

Facility Name	BWO Issued	Reason	Corrective Action	Status
Dollar General North Lansing	02/08/22	Operating without TCEH approval	Water System Approved	Monitoring System Operation; BOH Action Pending
Glenwood Apartments	11/06/25	Unapproved Source	Submit plans for EH review	NOV issued; Monitoring Compliance

RELEASED

Facility Name	BWO Issued	Reason	Corrective Action	Status
Dollar General Dryden	01/06/26	Inadequate Disinfection	Restore adequate disinfection & submit satisfactory samples	Satisfactory samples received; BWO released 01/20/26

Summary of Open BOH Enforcement Actions

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
01/28/25	Hanshaw Village MHP – ENF-24-0019	CNY MHPS, LLC	PWS – Violation of BOH Orders	NA	Draft feasibility study under review	In discussions with NYSDEC and others on options
09/23/25	Little Venice Ristorante – ENF-25-0015	Jessica Gardner, Stevearenazz, Inc	FSE – Repeat critical violations; foods not kept below 45°	\$200	11/14/25 Penalty	Late penalty letter to be sent
10/28/25	Empire State Special Needs – ENF-25-0022	Cynthia Reuter, ESSNE	Pool – Failure to maintain disinfection	\$400 (Paid 11/25/25)	05/31/26 Repair/Replace pool disinfection system	Proof or repair/replacement pending
01/27/26	Ithaca Suzuki Institute – EHF-25-0016	Ithaca College Suzuki Institute	Children’s Camp – Operating without a permit	\$500 due 03/15/26	03/15/26 Penalty	Payment Pending
01/27/26	John Joseph Inn – ENF-25-0023	John Hamilton	TR – Improper storage of flammables; PWS – Failure to meet monitoring requirements	\$800 due 03/15/26	02/10/26 Submit sampling/operational reports	Reports pending

01/27/26	Lev Kitchen – ENF-25-0024	Benjamin Plotke	FSE – Violation of BOH Orders; foods not kept below 45°	\$600 due 03/15/26	03/15/26 Penalty	Payment Pending
01/27/26	Fall Creek House – ENF-25-0025	Frank Welch	FSE – Adulterated food	\$200 due 03/15/26	03/15/26 Penalty	Payment Pending
01/27/26	Newfield Estates MHP – ENF-25-0026	Newfield Estates MHP, LLC	MHP – Violation of BOH Orders; Operating without a permit	\$1,900 due 03/15/26	02/26/26 Submit complete renewal application & fee	Application pending
01/27/26	Casper’s Kitchen – ENF-25-0027	Kevin Griffin	FSE – Foods not cooled using approved method	\$200 due 03/15/26	03/15/26 Penalty	Payment Pending
01/27/26	Hanshaw Village MHP – ENF-26-002	CNY MHPS, LLC	MHP – Violation of BOH Orders Discharge of sewage	\$500 due 03/15/26; PAID 02/10/26	02/15/26 Submit engineer report	Report pending

[EH Appendix](#)

- Summary of Activity Tables

APPENDIX

- [Commissioner's Report](#)
 - [Community Health Services](#)
 - [Health Promotion Program](#)
 - [Children with Special Care Needs](#)
 - [Environmental Health](#)
-

Commissioner's Report

- 3 documents directly following this page:
 - TCWH program alignment opportunities
 - TCWH Public Health Services
 - TCWH Departmental Goals 2026



Public Health Services Alignment Opportunities

Introduction & Program Alignment So Far

Public Health Services has recently embarked on a collaborative process to review and realign existing programs and initiatives across all four divisions (EH, CSCN, HPP, CHS). This effort—referred to as program alignment—is designed to strengthen how we collaborate, improve coordination, and increase access to shared resources, to ultimately improve how we serve Tompkins County communities. This process began in the fall of 2025 and will continue into the spring of 2026, with several opportunities for staff to participate and provide input. So far, we **held a series of workshops with over 40 PHS team members** to:

- **explore the history and current state of the PHS programmatic model,**
- **identify how program alignment may address current challenges in serving Tompkins County communities,**
- **articulate a vision for an integrated and empowered team in PHS, and**
- **explore scenarios for program alignment.**

This document provides a synthesis of what we uncovered in the discussions so far. It ends with the next steps in the program alignment process, and upcoming opportunities for providing feedback.

Opportunities & Concerns

Throughout the sessions, we identified PHS's vision for an integrated and empowered team and the ways that improved program alignment and complementary changes to

how we work together may address current gaps. We arrived at a majority consensus that these changes are necessary to improve how we serve communities. As expected

with any major change, we also uncovered shared **concerns about the outcomes of the program alignment process**. These included:

Gaps and Inefficiencies	Opportunities with an Integrated Team
<p>For clients:</p> <ul style="list-style-type: none"> having to undergo a lengthy intake and other onerous processes with every program that they try to access <p>For staff:</p> <ul style="list-style-type: none"> fragmented work, e.g., multiple intakes, data entry 	<p>To the extent possible given data sharing restrictions, restructuring the PHS divisions will:</p> <ul style="list-style-type: none"> reduce the duplication of work, create streamlined processes, ensure adequate administrative and billing support, and potentially result in clients engaging with more of our services.
<p>For clients:</p> <ul style="list-style-type: none"> not knowing about all the available services they might access at TCWH; receiving referrals without follow-through 	<p>Restructuring the PHS divisions will facilitate:</p> <ul style="list-style-type: none"> closer collaboration with and better knowledge of other programs on the part of staff, improve the quality of referrals and communication about available services, and (again) potentially result in clients engaging with more of our services.
<p>For clients and staff:</p> <ul style="list-style-type: none"> disjointed data that does not inform decision making or understanding of population health 	<p>More centralized and cohesive data collection and analysis will promote better data use and greater understanding of community needs</p>
<p>For staff:</p> <ul style="list-style-type: none"> unclear or overlapping roles, including floating positions not currently under a division; high workload and burnout 	<p>Better utilization of staff members' skills will improve communication among staff and divisions, and may reduce burnout</p>
<p>For staff:</p> <ul style="list-style-type: none"> lack of clear goal-setting because teams have disparate lines of work 	<p>Staff will feel confident and empowered to take their work to the next level and provide input on how the work is done</p>

Opportunities & Concerns

As expected with any major change, we also uncovered shared **concerns about the outcomes of the program alignment process**. These included:

- The program alignment process is occurring on the heels of other changes, such as the Whole Health merger and the Covid-19 response. Staff were concerned about making yet another big change, and what will happen if the new approach to organizing PHS programs does not work well or if additional external events call for even more adjustments. To that end, there was interest in setting up a structure that is flexible and adaptable enough to accommodate further evolution if needed, with minimal disruptions.
- Some staff questioned the benefit of changing how divisions are organized instead of how staff communicate and collaborate in the current structure. However, others pointed out that the ongoing efforts to improve collaboration—such as cross-team meetings and referral processes—have not yielded the desired results due to the persistent silos, duplication, and lack of knowledge of other programs. And, some staff viewed realignment as a necessary solution to ongoing coordination issues. Nonetheless, moving forward it will be important to continue and build on efforts to improve communication even within better-aligned divisions.
- Reorganizing programs will likely necessitate changes in supervision, which will take some adjustment. Some were also concerned about placing too many programs under any one division director.
- Some staff pointed out that Mental Health has so far not been included in the discussions around program alignment. Given the amount of collaboration and cross-referrals between some programs and the Mental Health branch, staff members from Mental Health will be consulted in upcoming feedback opportunities.

Scenario-based Exploration

During the in-person workshops, we explored three possible scenarios for how PHS divisions might be organized. Participants agreed that none of the scenarios alone was ideal, and that the configuration with the most potential is likely a combination of scenarios 1 and 2. In the pages that follow, we review the scenario explorations, with the understanding that none of these is the answer; more work is under way to advance this thinking.

Scenario 1: Programs grouped by client population or client type

Benefits

PHS identified the following potential benefits of Scenario 1

For clients:

- easier and quicker access to services and awareness of what other services are available to them
- seamless coordination across services
- streamlined intake
- more client engagement
- potential to reach more people

For staff:

- shared knowledge and expertise
- more effective communication and data sharing across programs
- cross-coverage and cross-training
- more effective referrals stemming from better knowledge of other programs

Downsides

PHS identified the following potential downsides of Scenario 1

For clients:

- disengagement of clients who may not identify with certain population categories or have multiple needs

For staff:

- disentangling programs that serve overlapping, multiple, or general populations
- grouping programs that have incompatible regulations, documentation requirements, and funding streams
- potentially increased workload for some staff

This was one of three ways that workshop participants grouped PHS programs by client population.

Children / Families / Mothers	Adults	All TC Residents & Adults	Businesses/Facilities/EH	Admin & Operation (connected to All TC residents)
Preschool Special Education Program	CHW- General/adults/older adults	Tobacco Free Tompkins Program	Tobacco/Smoking Regulation	Public Health Medical Director
Early Intervention Program	Immunization Clinics	Healthy Neighborhoods	Neighborhood Notification Law for Pesticides	Public Health Preparedness
WIC	Communicable Disease Surveillance	Rabies Control and Prevention	Onsite Wastewater Treatment Systems	Public Information/Communications
Moms PLUS Program			Permits & Inspections	Data and Epidemiology
Child Fund Program			Realty Subdivisions and Developments	
HNP			Public Water Systems	
CHW- Hip Tompkins			Public Health Nuisance Complaints	
CHW-CYSHCN ages 0-21				
Childhood Lead Poisoning Prevention				
Childhood Lead Poisoning Primary Prevention Program				

Scenario 2: Programs grouped by scope: direct service, population health, environmental health

Benefits

PHS identified the following potential benefits of Scenario 2

For clients:

- streamlined referrals and intake
- easier and quicker access to centralized services
- one-stop shopping for direct services

For staff:

- more collaboration among staff with similar mindsets and approaches
 - better team cohesion
 - less need for cross-team meetings
 - better use of data for systems-level thinking
 - easier to group billable services
 - cleaner than Scenario 1
- [Scenario 2 was preferred by more workshop participants]

Downsides

PHS identified the following potential downsides of Scenario 2

For clients:

- harder to understand this breakdown—would require clearer naming of divisions and additional public communication

For staff:

- direct services and population health inform each other—separating them would mean having to establish a process to continue the connection
- disentangling roles that have both direct service and population health responsibilities
- grouping programs with incompatible regulations
- reorganizing physical office space to implement this model
- Environmental Health still siloed
- unclear how coordination with Mental Health would work

This was one of three ways that workshop participants grouped PHS programs by client population.

Direct Service	Population Health	Environmental Health	Enabling Infrastructure
Moms PLUS Program	Childhood Lead Poisoning Primary Prevention Program	Rabies Control and Prevention	Public Health Preparedness
WIC	Communicable Disease Surveillance	Realty Subdivisions and Developments	Communications
Early Intervention Program	Tobacco Free Tompkins	Healthy Neighborhoods Program	Public Health Medical Director
Child Fund Program	Tobacco Free Policies/Signage	Public Water Systems	
CHW-CYSHCN ages 0-21	Chronic Disease Prevention	Public Health Nuisance Complaints	
Preschool Special Education Program	Data and Epidemiology	Tobacco/Smoking Regulation	
Immunization Clinics	Public Information/Communications	Neighborhood Notification Law for Pesticides	
CHW- General/adults/older adults		Onsite Wastewater Treatment Systems	
CHW- Hip Tompkins		Childhood Lead Poisoning Prevention	
		Permits & Inspections	

Scenario 3: Programs grouped by clinical/non-clinical staffing requirements

Benefits

PHS identified the following potential benefits of Scenario 3

For clients:

- [none identified]

For staff:

- less audit risk and more streamlined billing
- better alignment of responsibilities for some clinical staff who currently do non-clinical work
- continued cross-training and learning among nursing staff

Downsides

PHS identified the following potential downsides of Scenario 3

For clients:

- more barriers and slower,
- more confusing access to services, potentially resulting in poorer health outcomes

For staff:

- deepening silos by separating programs that should work closely together
- requires more referrals
- reinforces hierarchies
- minimizes some staff members' contributions
- increases burnout

This was one of three ways that workshop participants grouped PHS programs by staffing requirements.

Clinical	Non-clinical	Environmental
Moms PLUS Program	Data and Epidemiology	Public Water Systems
Immunization Clinics	Healthy Neighborhoods Program	Public Health Nuisance Complaints
WIC	CHW	Permits & Inspections
Public Health Medical Director	Tobacco/Smoking Regulation	Tobacco Free Tompkins
Child Fund Program	Childhood Lead Poisoning Primary Prevention Program	Onsite Wastewater Treatment Systems
Rabies Control and Prevention	Public Health Preparedness	Neighborhood Notification Law for Pesticides
Childhood Lead Poisoning Prevention	Public Information/Communications	Realty Subdivisions and Developments
Early Intervention Program		
Preschool Special Education Program		
Communicable Disease Surveillance		



Next Steps

Building from these initial discussions, PHS leadership is currently developing a plan for program grouping for further consideration, based on the following criteria::

- PHS preference for Scenarios 1 and 2 above, and potential benefits identified
- Ensuring the availability of cross-cutting resources such as communications, data, and preparedness across divisions
- Opportunities to build in flexibility and adaptability to future change

Later this winter, PHS staff who are most directly affected by the restructuring plan will have the chance to provide feedback on the draft plan. PHS leadership will refine the program configuration based on this next round of feedback, and the changes will go into effect in the spring of 2026. Staff who are affected by changes in supervision, location, and/or team will receive support in making a smooth transition.

Current	New
<p>Community Health</p> <ul style="list-style-type: none"> • Communicable disease • Immunizations • Rabies • MomsPlus • Safecare • Childhood Lead Case Management • WIC <p>Children with Special Care Needs</p> <ul style="list-style-type: none"> • Early Intervention • Preschool age developmental supports <p>Health Promotion</p> <ul style="list-style-type: none"> • Tobacco • Community Health Workers <ul style="list-style-type: none"> ○ Healthy Infants Partnership Tompkins County (CHW program) • Healthy Neighborhoods Program • Communication • Health Planning <p>Environmental Health</p> <ul style="list-style-type: none"> • Permits and inspections • Camp Services • Air Quality Control • Environmental communicable disease control • Onsite waste water treatment • Rabies control and prevention • Water Quality Services 	<p>Office of Communication, Planning, and Equity (Office of the Commissioner)</p> <ul style="list-style-type: none"> • Communication • Health Planning • Equity (new) <hr/> <p>Community Wellness</p> <ul style="list-style-type: none"> • Epidemiology (new) • Disease Prevention <ul style="list-style-type: none"> ○ Communicable disease ○ Immunizations ○ Rabies • Health Education <ul style="list-style-type: none"> ○ Tobacco ○ Community Health Workers ○ Healthy Neighborhoods Program <p>Children and Family Health</p> <ul style="list-style-type: none"> • WIC • Children with Special Care Needs • Maternal and Infant Health <ul style="list-style-type: none"> ○ MomsPlus ○ SafeCare ○ Childhood Lead Case Management ○ Healthy Infant Partnership Tompkins County (CHW Program) <p>Environmental Health (no change)</p>

2026 Whole Health Departmental Goals

Internally by December of 2026

- Realign public health services programs to more closely reflect evolving community health priorities and further strengthen integration between public health and mental health services through an inclusive process that enhances internal coordination and collaboration, using data to guide interventions and evaluate impact.
- Assess Mental Health Services to identify needed changes in scope, focus, and workforce practices, using staff and client input to guide activities that strengthen workforce resilience and advance equitable, person-centered integrated substance use and mental health care for those who need it most in Tompkins County.
- Embed the Whole Health core values of Compassion, Integrity, Respect, Excellence, Equity, and Stewardship into departmental operations and decision-making to strengthen community trust, enhance satisfaction with Whole Health services, and advance equitable health outcomes across the population.
- Enhance the organizational culture of safety and security including psychosocial safety through the development and implementation of trauma-informed policies and comprehensive staff training, ensuring that all personnel are equipped to effectively manage safety concerns while upholding the dignity, trust, and equitable treatment of individuals receiving Whole Health services.

In collaboration with sibling agencies and community partners, *externally* by December 2026:

- Improve access to integrated prenatal and postpartum care, including mental health and nutrition services, for birthing people in Tompkins County by strengthening coordination among Whole Health, healthcare, and community partners to increase use of validated screening tools and health-related social needs screening and increase postpartum follow up visits by 5% for Whole Health perinatal clients.
- Deepen collaborations with sibling agencies by establishing or strengthening at least three partnerships that align with shared public or mental health priorities, include regular bidirectional communication and joint problem-solving, and intentionally engage leaders and staff representing diverse roles, disciplines, and communities.
- Establish and launch in partnership with key stakeholders a multidisciplinary Suicide and Overdose Fatality Review Board in Tompkins County to systematically review local deaths, identify contributing factors, and develop actionable insights that inform community-driven prevention and response efforts across public health, behavioral health, and partner organizations.

- Evaluate opportunities to strengthen local water protection by proposing updates to the Sanitary Code, expanding septic system support, improving resiliency for residents on non-municipal water, and expanding outreach efforts related to harmful algal blooms ensuring equitable access to clean and safe drinking water and water recreation opportunities for all communities.
- Complete a comprehensive, equity-focused implementation plan for a school-based oral health program in Tompkins County, developed in collaboration with community partners, to expand preventive dental services, connect children to a dental home, and reduce access barriers for underserved populations.

TCWH Equity Indicators

- Expand recruitment pathways and build a stronger workforce pipeline so that new hires more closely reflect the racial, ethnic, and linguistic diversity of the community, by deepening partnerships with educational institutions and community organizations and using inclusive, bias-aware hiring practices.
- Deepen Whole Health’s community engagement by formalizing and sustaining partnerships with community-based organizations, while providing technical assistance and capacity-building support that enables community-based organizations to actively lead and participate in shared planning, program design, and decision-making.

Community Health Services

WIC CASELOAD DATA FFY 2026

TCWH WIC Program	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	AVG.
Target Caseload	1320	1320	1320	1320	1320	1320	1320	1320	1320	1320	1320	1320	
Participation	1289	1272	1251	1252									1266
% Caseload Served	97.65%	96.36%	94.77%	94.85%									95.91%
% Change Per Month	-1.06%	-1.29%	-1.59%	0.08%									-0.97%
Enrolled	1340	1355	1338	1327									1340
Participation/ Enrollment	96.19%	93.87%	93.50%	94.35%									94.48%

MOMS PLUS+ CASELOAD DATA CY 2026

MOMS Data 2025	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Caseload	69											
Visits	74											
Admissions	24											
Referrals	45											

ATTACHMENTS

- Moms PLUS+ discharge survey report
- NYSDOH Communicable Disease Reports.

MOMS PLUS+

Discharge Survey Results



SURVEY

- Launched a new client satisfaction survey at the beginning of May 2025
- Purpose: Gather actionable client feedback to improve our services
- We also changed our survey distribution method
- Nurses now text the survey link directly to clients at discharge
- Clients receive the survey from a familiar person and phone number
- This personalized approach increases trust and engagement

RESULTS

40 responses since May 2025
25% response rate (40 completed surveys/159 discharged clients)
4.9 / 5 ★ avg rating
95% would recommend our services to friends & family
98% thought our services met their needs
Nearly half (48%) of clients first learned about Moms PLUS+ through their healthcare provider

FEEDBACK →

- “This program is an amazing resource. The lactation support we received helped nursing succeed for our family.”
- “I loved the opportunity to get all my questions answered and to have that extra level of support during the newborn phase.”
- “My nurse was amazing, compassionate, and caring. She was very helpful and informative. She always made me and my son comfortable. **VERY TRUSTWORTHY!!!**”
- “I received support for breastfeeding and tools to help with pain during latching. My nurse checked in multiple times to see how we were doing and answered any questions we had.”
- “My nurse truly helped me through the biggest transition of my life and she always left me feeling empowered.”

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 03FEB26
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=January

Disease	2026		2025		2024		2023		Ave (2023-2025)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	0	0	1	11.3	0	0.0	0	0.0	0	0.0
BABESIOSIS**	1	11.3	0	0.0	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	3	34.0	3	34.0	2	22.7	1	11.3	2	22.7
COVID-19	139	1576.2	112	1270.0	261	2959.5	421	4773.8	265	3004.9
CRYPTOSPORIDIOSIS**	4	45.4	0	0.0	0	0.0	2	22.7	1	11.3
DENGUE FEVER**	0	0	0	0.0	1	11.3	0	0.0	0	0.0
ECOLI SHIGA TOXIN**	1	11.3	0	0.0	0	0.0	0	0.0	0	0.0
GIARDIASIS	1	11.3	0	0.0	3	34.0	1	11.3	1	11.3
HEPATITIS B,CHRONIC**	2	22.7	3	34.0	3	34.0	2	22.7	3	34.0
HEPATITIS C,ACUTE**	0	0	0	0.0	0	0.0	1	11.3	0	0.0
HEPATITIS C,CHRONIC**	0	0	0	0.0	3	34.0	1	11.3	1	11.3
INFLUENZA A, LAB CONFIRMED	384	4354.3	302	3424.5	199	2256.5	68	771.1	190	2154.5
INFLUENZA B, LAB CONFIRMED	27	306.2	14	158.7	12	136.1	2	22.7	9	102.1
LYME DISEASE** ****	21	238.1	10	113.4	14	158.7	11	124.7	12	136.1
MALARIA	0	0	0	0.0	0	0.0	1	11.3	0	0.0
RESPIRATORY SYNCYTIAL VIRUS	23	260.8	87	986.5	102	1156.6	0	0.0	63	714.4
SALMONELLOSIS**	0	0	0	0.0	0	0.0	1	11.3	0	0.0
SHIGELLOSIS**	0	0	0	0.0	2	22.7	0	0.0	1	11.3
STREP,GROUP A INVASIVE	2	22.7	1	11.3	1	11.3	0	0.0	1	11.3
STREP PNEUMONIAE,INVASIVE**	0	0	0	0.0	1	11.3	0	0.0	0	0.0

Disease	2026		2025		2024		2023		Ave (2023-2025)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
VARICELLA	0	0	1	11.3	0	0.0	0	0.0	0	0.0
YERSINIOSIS**	0	0	0	0.0	1	11.3	0	0.0	0	0.0
SYPHILIS TOTAL.....	0	0	1	11.3	1	11.3	0	0.0	1	11.3
- EARLY LATENT**	0	0	1	11.3	1	11.3	0	0.0	1	11.3
GONORRHEA TOTAL.....	1	11.3	7	79.4	2	22.7	10	113.4	6	68.0
- GONORRHEA	1	11.3	7	79.4	2	22.7	10	113.4	6	68.0
CHLAMYDIA	13	147.4	24	272.1	16	181.4	18	204.1	19	215.4

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted

***Not official number

**** Beginning in 2022, extrapolated results were no longer used and all confirmed/probable cases are counted.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 03FEB26
 Through January
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2026		2025		2024		2023		Ave (2023-2025)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	0	0	244	2766.8	107	1213.3	116	1315.4	156	1768.9
BABESIOSIS**	1	11.3	61	691.7	28	317.5	34	385.5	41	464.9
BLASTOMYCOSIS	0	0	0	0.0	0	0.0	1	11.3	0	0.0
CAMPYLOBACTERIOSIS**	3	34.0	37	419.6	39	442.2	26	294.8	34	385.5
CHIKUNGUNYA**	0	0	0	0.0	0	0.0	1	11.3	0	0.0
COVID-19	149	1689.5	764	8663.2	1565	17746	2748	31160	1692	19186
CRYPTOSPORIDIOSIS**	4	45.4	6	68.0	8	90.7	7	79.4	7	79.4
CYCLOSPORA	0	0	1	11.3	4	45.4	0	0.0	2	22.7
DENGUE FEVER**	0	0	0	0.0	6	68.0	0	0.0	2	22.7
ECOLI SHIGA TOXIN**	1	11.3	6	68.0	2	22.7	4	45.4	4	45.4
EHRlichiosis (EWINGII)**	0	0	0	0.0	0	0.0	1	11.3	0	0.0
GIARDIASIS	1	11.3	12	136.1	16	181.4	14	158.7	14	158.7
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0	0	0.0	4	45.4	1	11.3	2	22.7
HEPATITIS B,ACUTE	0	0	0	0.0	0	0.0	1	11.3	0	0.0
HEPATITIS B,CHRONIC**	2	22.7	14	158.7	19	215.4	10	113.4	14	158.7
HEPATITIS C,ACUTE**	0	0	4	45.4	3	34.0	5	56.7	4	45.4
HEPATITIS C,CHRONIC**	0	0	8	90.7	17	192.8	22	249.5	16	181.4
HERPES INF, INFANT =< 60 DAYS	0	0	0	0.0	0	0.0	1	11.3	0	0.0
INFLUENZA A, LAB CONFIRMED	407	4615.1	1539	17451	1130	12813	251	2846.2	973	11033
INFLUENZA B, LAB CONFIRMED	30	340.2	296	3356.4	125	1417.4	30	340.2	150	1700.9
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0	1	11.3	0	0.0	0	0.0	0	0.0
LEGIONELLOSIS	0	0	2	22.7	2	22.7	15	170.1	6	68.0

Disease	2026		2025		2024		2023		Ave (2023-2025)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
LYME DISEASE** ****	30	340.2	262	2970.9	375	4252.2	415	4705.8	351	3980.1
MALARIA	0	0	0	0.0	1	11.3	2	22.7	1	11.3
MENINGITIS, ASEPTIC	0	0	0	0.0	1	11.3	0	0.0	0	0.0
PERTUSSIS**	0	0	5	56.7	16	181.4	0	0.0	7	79.4
Q FEVER**	0	0	0	0.0	1	11.3	0	0.0	0	0.0
RESPIRATORY SYNCYTIAL VIRUS	24	272.1	201	2279.2	230	2608.0	64	725.7	165	1871.0
ROCKY MTN SPOT FEVER**	0	0	1	11.3	0	0.0	0	0.0	0	0.0
SALMONELLOSIS**	0	0	16	181.4	22	249.5	12	136.1	17	192.8
S.PARATYPHI	0	0	0	0.0	1	11.3	0	0.0	0	0.0
SHIGELLOSIS**	0	0	5	56.7	3	34.0	1	11.3	3	34.0
STREP,GROUP A INVASIVE	2	22.7	4	45.4	10	113.4	11	124.7	8	90.7
STREP,GROUP B INVASIVE	0	0	12	136.1	3	34.0	1	11.3	5	56.7
STREP PNEUMONIAE,INVASIVE**	0	0	0	0.0	6	68.0	3	34.0	3	34.0
TOXIC SHOCK SYNDROME,STREPTOCOCCAL**	0	0	0	0.0	0	0.0	1	11.3	0	0.0
TUBERCULOSIS***	0	0	4	45.4	0	0.0	1	11.3	2	22.7
TYPHOID FEVER	0	0	0	0.0	0	0.0	1	11.3	0	0.0
VARICELLA	0	0	4	45.4	1	11.3	0	0.0	2	22.7
VIBRIO - NON 01 CHOLERA**	0	0	1	11.3	0	0.0	3	34.0	1	11.3
WESTNILE VIRUS**	0	0	0	0.0	1	11.3	0	0.0	0	0.0
YERSINIOSIS**	0	0	2	22.7	5	56.7	1	11.3	3	34.0
SYPHILIS TOTAL.....	1	11.3	8	90.7	18	204.1	12	136.1	13	147.4
- EARLY LATENT**	1	11.3	4	45.4	9	102.1	6	68.0	6	68.0
- LATE LATENT**	0	0	4	45.4	9	102.1	6	68.0	6	68.0
GONORRHEA TOTAL.....	4	45.4	74	839.1	107	1213.3	120	1360.7	100	1133.9
- GONORRHEA	4	45.4	74	839.1	107	1213.3	120	1360.7	100	1133.9
CHLAMYDIA	14	158.7	256	2902.9	277	3141.0	328	3719.3	287	3254.4
CHLAMYDIA PID	0	0	2	22.7	0	0.0	0	0.0	1	11.3

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted; Campylobacter confirmed and suspect

***Not official number

**** Beginning in 2022, extrapolated results were no longer used and all confirmed/probable cases are counted.

Health Promotion Program

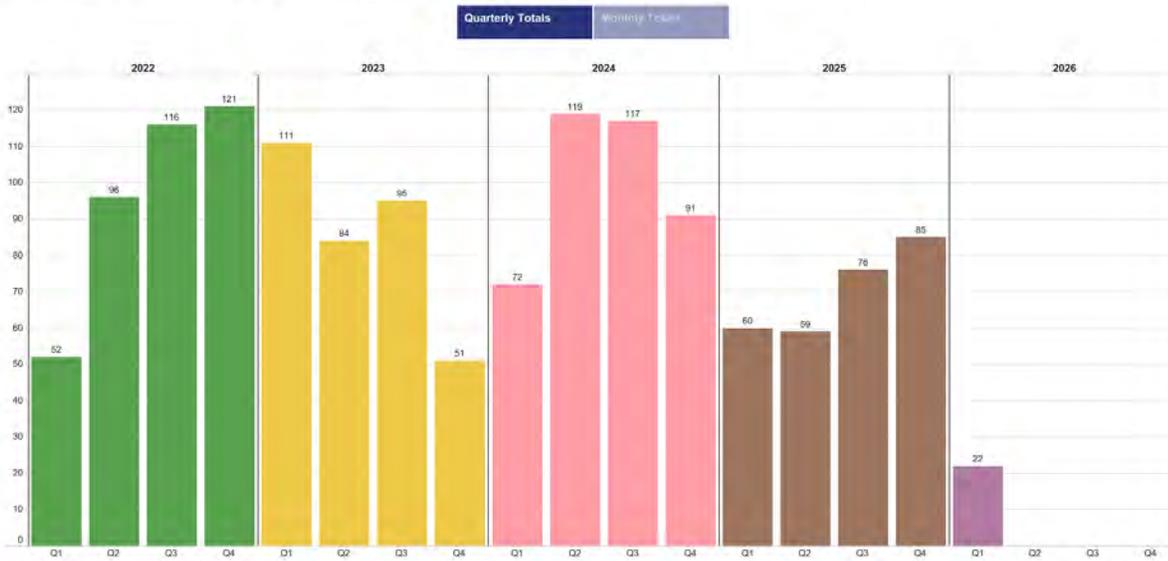
Opioids

911 CALL REPORTS

All calls that come into Tompkins County's 9-1-1 center are coded based on the type of emergency. To help direct the call, the dispatcher assigns each a "Nature." The Department of Emergency Response (DoER) sends the monthly totals to Whole Health for calls coded as "Overdose/Poisoning." The visuals below show call numbers by quarter and by month for years 2022-2026.

911 Calls for Overdose/ Poisoning x Year

Tompkins County, Total number of calls that are coded as "Overdose/Poisoning." Source: Tompkins County Department of Emergency Response (DoER). Note: Most recent quarter may be a total of 1, 2, or 3 months.



Note: Q1 2026 includes only 1 month of the quarter.

911 Calls for Overdose/ Poisoning x Year

Tompkins County, Total number of calls that are coded as "Overdose/Poisoning." Source: Tompkins County Department of Emergency Response (DoER). Note: Most recent quarter may be a total of 1, 2, or 3 months.



[Click here for these and additional data visuals on the WH website.](#)

CHWs

MONTHLY STATS

Enrolled CHW Clients	January 2026	YTD 2026	January 2025	TOTAL 2025
HiP Tompkins	32	32	30	43
General CHW Program	36	36	16	36

OUTREACH

- Loaves and Fishes - 1/5
- Magnolia House – 1/5
- Groton Resource Hub 1/6, 1/13, 1/20, 1/27
- Southern Tier Connect and CYSHCN – 1/6
- The Village at Ithaca – 1/8
- Community Action Board 1/12

TRAININGS

- Advocacy Center’s CSEC Event – 1/8
- Coordinated Entry of Tompkins County Training – 1/13
- NYSOH Changes and Updates Presented by HSC – 1/14
- CYSHCN Office Hours – 1/15
- Immigration Policy and Health – 1/20
- Monthly PICHC Statewide Meeting 1/21
- PICHC Thrive After Birth Kick-off Training 1/22
- APN PICHC Quarterly Meeting 1/28
- 1115 Waiver Training – Housing and Transportation with HSC 1/29

HNP

MONTHLY STATS

HEALTHY NEIGHBORHOODS PROGRAM	January 2026	YTD 2026	January 2025	TOTAL Jan-Dec 2025
# of Initial Home Visits (including asthma visits)	20	20	15	393
# of Revisits	3	3	1	13
# of Asthma Homes (initial)	5	5	2	106
# of Homes Approached	0	0	0	8

OUTREACH & TRAINING

- HNP Presentation to Head Start Family Partners/Home Visitors
- Training on the Essentials of Adverse Childhood Experiences
- Whole Family Wellness: Tips for Every Generation
- Bed Bugs Uncovered: Identifying, Preventing, and Protecting

- SDOH Series: Radon, Lung Health and Health Equity

COVID-19

- Continued distribution of COVID-19 self-tests to the public, available at our offices, public libraries and community partners (i.e. FLIC)
- Promotion of vaccination (flu, Covid); "data shows flu and COVID rate spikes Jan-March"

Media

SOCIAL MEDIA

- Cervical Cancer Awareness Month
- Radon Awareness Month/Week
- Special Topics:
- Winter Weather/Preparedness
- Promotion of Rabies Vaccination Clinic
- TCWH Vacancy Promotions

PRESS RELEASES

- [TCWH Affirms NYS' Adherence to AAP's Childhood Vaccination Schedule](#) (1/9/26)
- [TCWH Releases Updated 2025-2030 Community Health Assessment](#) (1/22/26)
- [Radon Awareness Week: Test Your Home, Protect Your Health](#) (1/27/26)

Outreach & Training

Conducted by Health Promotion, PH Fellows, CSCN, and Mental Health staff

OUTREACH

- Advocacy Center CSEC Event (1/8/26), at Tompkins County Public Library

TRAINING

- NYSIIS Data Dashboard Training (1/5/26)
- Cornell University MPH program 4 Part Live Training Series: *Strategic Approaches for Communication, Engagement, and Trust Building* (1/14/26)
- County Health Rankings & Roadmaps webinar: *Immigration policy and health: Building understanding and solidarity* (1/20/26)
- Public Health Communications Collaborative webinar: *Ask Us Anything: Communicating About Immunization in 2026* (1/29/26)

Committee and Partnership Meetings

Group, Organization	Activity/Purpose	Date
Chronic Disease Population Health Working Group	Regular meeting	Monthly
Health Planning Council	Advisory Board and Executive Committee, Hillson reappointed as Secretary and Co-Chair of Community Health and Access Cte.	Bi-monthly
Community Health and Access Committee	Sub-committee of the HPC. Focus on telehealth, maternal health, etc.	Quarterly
COFA Advisory Board	Updates and Age Friendly	Quarterly
Community Health and Resource Network	Local organizations and health care providers working together to connect people to the resources they need.	Monthly
Immunization Coalition	Quarterly meeting, updates about COVID-19 vaccine and discussion/feedback, youth vaccination promo	Quarterly
Lead Poisoning Prevention Network	Quarterly meeting, review lead cases, prevention, new regulation	Quarterly
TC Cancer Screening Working Group	Regular meeting	Monthly
Community Services Board Subcommittees	Monthly meetings for Developmental Disabilities; Substance Use	Monthly
Homeless & Housing Taskforce	Regular meeting	Bi-monthly
Narcan Partnership Meeting	Joint Tompkins/Cortland quarterly meeting of Opioid Overdose Prevention Programs and partners	Quarterly
PICHC State Call	Monthly meeting for PICHC programs in NYS	Monthly
CHS Quality Improvement Committee	Regular meeting	Quarterly

Children with Special Care Needs (CSCN)

STATISTICAL HIGHLIGHTS

- *See following pages.*

**Children with Special Care Needs Division
Statistical Highlights 2026
EARLY INTERVENTION PROGRAM**

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 Totals	2025 Totals	2024 Totals
Initial Concern/reason for referral:															
-- DSS Founded Case	0													0	1
-- Gestational Age	0													3	4
-- Gestational Age/Gross Motor	0													1	1
-- Global Delays	0													2	1
-- Hearing	0													1	4
-- Physical	0													0	0
-- Feeding	0													6	10
-- Feeding & Gross Motor	1													10	5
-- Feeding & Social Emotional	0													1	0
-- Gross Motor	5													41	32
--Gross Motor & Hearing	0													1	
--Gross Motor, Feeding & Social/Emotional	1													1	
-- Gross Motor & Fine Motor	1													5	1
-- Gross Motor, Speech & Social Emotional	1													3	5
Gross Motor, Speech& Hearing	0													0	4
--Fine Motor & Feeding	0													1	
-- Fine Motor	0													0	1
-- Social Emotional	0													0	3
-- Social Emotional & Gross Motor	1													2	0
-- Speech	9													115	102
-- Speech & Cognitive	1													0	1
-- Speech & Feeding	0													3	3
-- Speech & Fine Motor	0													2	1
-- Speech & Gross Motor	0													3	6
-- Speech & Hearing	0													3	3
-- Speech & Sensory	1													4	2
-- Speech & Social Emotional	0													3	6
-- Speech, Feeding & Gross Motor	0													1	0
-- Speech, Fine Motor, Social/Emotional, Other	0													6	3
-- Adaptive	0													0	0
-- Adaptive/Sensory	0													0	0
-- Adapative/Fine Motor	0													0	0
-- Qualifying Congenital / Medical Diagnosis	0													2	0
-- Other -- Birth Trauma	0													0	3
-- Overall Development	0													2	4
-- Sensory, Safety, Motor	0													1	1
-- Child in Foster Care	0													0	2
-- Maternal Drug Use	0													4	1
Total # of CYSHCN Referrals	0													10	10

EARLY INTERVENTION PROGRAM

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 Totals	2025 Totals	2024 Totals
-- To CPSE	5												5	69	59
-- Aged out	0												0	14	14
-- Skilled out	0												0	14	22
-- Moved	0												0	13	9
-- Not Eligible/DNQ	9												9	68	62
-- Family Refused/Unable to Locate	4												4	40	26
--Child Deceased	0												0	0	0
Total Number of Discharges	18												18	218	192
Child Find															
Total # of Referrals	0												0	2	4
Total # of Children in Child Find	0												0	7	6
Total # Transferred to Early Intervention	0												0	0	3
Total # of Discharges	0												0	3	5

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 Totals	2025 Totals	2024 Totals
Children per School District															
-- Ithaca	125														
-- Dryden	36														
-- Newfield	21														
-- Groton	33														
-- Moravia	0														
-- Lansing	23														
-- Trumansburg	11														
-- Cortland	0														
-- Homer	0														
-- Odessa-Montour	0														
-- Spencer VanEtten	0														
-- Candor	0														
-- Newark Valley	0														
Total # of Qualified and Receiving Services	249	0	0	0	0	0	0	0	0	0	0	0			

--Candor	0															
-- # attending Franziska Racker Centers	32															
-- # attending Ithaca City School District	29															
-- # attending Dryden Central School	7															
-- # attending Newfield Central School District	1															
Total # attending Special Ed Integrated Tuition Progr.	69	0	69													

Municipal Representation Committee on Preschool Special Education	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 Totals	2025 Totals	2024 Totals
-- Ithaca	6												6	200	243
-- Candor	0												0	1	3
-- Dryden	0												0	35	57
-- Groton	1												1	40	44
-- Homer	0												0	0	0
-- Lansing	0												0	20	30
-- Newfield	0												0	14	26
-- Trumansburg	0												0	14	16
-- Spencer VanEtten	0												0	0	1
-- Moravia	0												0	0	0
Total CPSE Meetings Attended	7	0	0	0	0	0	0	0	0	0	0	0	7	324	420

Environmental Health

Division of Environmental Health														
Summary of Activity (2026)														
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2025 Totals
FOOD PROTECTION PROGRAM - Restaurants & Other Food Service														
Permitted Operations (550 Permitted Operations*)														
Inspections**	57												57	897
Critical Violations	17												17	166
Other Violations	43												43	404
Plans Approved	2												2	12
Complaints Received	5												5	51
Temporary FSE (140 Estimated Operations*)														
Permits Issued	0												0	141
Inspections**	0												0	76
Critical Violations	0												0	10
Other Violations	0												0	8
MOBILE HOME PARKS (39 Permitted Operations, 2019 Lots*)														
Inspections**	0												0	30
Critical Violations	0												0	11
Other Violations	0												0	100
Complaints Received	0												0	12
TEMPORARY RESIDENCES - Hotels & Motels (34 Permitted Operations, 2411 Rooms*)														
Inspections**	0												0	49
Critical Violations	0												0	35
Other Violations	0												0	35
Complaints Received	0												0	4
MASS GATHERING (Fingerlakes GrassRoots Festival)														
Inspections**	0												0	5
Critical Violations	0												0	1
Other Violations	0												0	34
Complaints Received	0												0	0
MIGRANT FARM WORKER HOUSING (2 Operation)														
Inspections**	1												1	2
Critical Violations	0												0	0
Other Violations	0												0	0
Complaint Investigations	0												0	0
CAMPGROUNDS & AGRICULTURAL FAIRGROUNDS (10 Operations, 645 Sites*)														
Inspections**	0												0	23
Critical Violations	0												0	6
Other Violations	0												0	12
Complaints Received	0												0	0
CHILDREN'S CAMPS (27 Operations)														
Inspections**	0												0	48
Critical Violations	0												0	2
Other Violations	0												0	2
Injury/Illness Investigations	0												0	0
Complaints Received	0												0	0
SWIMMING POOLS & BATHING BEACHES - (51 Operations*)														
Inspections**	2												2	85
Critical Violations	1												1	10
Other Violations	5												5	36
Injury/Illness Investigations	0												0	0
Complaints Received	0												0	1
PUBLIC WATER SYSTEMS (PWS) 88 Community PWS, 62 Other PWS*)														
Inspections**	5													133
Boil Water Orders Issued	3													27
Complaints Received	0													4

Division of Environmental Health														
Summary of Activity (2026)														
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2025 Totals
ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)														
Permits Issued	5	0	0	0	0	0	0	0	0	0	0	0	0	223
New Construction/Conversions	2													114
Replacements	3													109
Completion Certificates Issued	0	0	0	0	0	0	0	0	0	0	0	0	0	171
New Construction/Conversions	0													74
Replacements	0													97
ENGINEERING PLAN REVIEWS														
Realty Subdivisions	0												0	1
OWTS	1												1	30
Collector Sewer	0												0	1
Public Water Systems	0												0	3
Water Main Extension	0												0	4
Cross-Connection Control Devices	0												0	9
Other Water System Modification	0												0	3
Other Engineering Reviews	0												0	3
RABIES CONTROL PROGRAM														
Potential Human Exposure Investigations	36												36	642
Human Post-X Treatments	13												13	184
Animal Specimens Tested	10												10	151
Animals Testing Positive	0												0	15
Pet Quarantine	0												0	0
Rabies Clinics Offered	1												1	4
Dogs Vaccinated	73												73	301
Cats Vaccinated	75												75	242
Ferrets Vaccinated	0												0	0
CHILDHOOD LEAD PROGRAM														
# of Active Cases	20												20	20
# of Home Assessments Performed	0												0	8
# of Homes Identified w/ Lead-based Paint	0												0	6
# of Cases Identified w/ Non Lead-based Paint	0												0	2
# of Cases Identified due to Workplace Exposure	0												0	0
# of Notice of Demands Issued	0												0	5
FOIL REQUESTS														
Total Received	6												6	90
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (56 Operations *) & CLEAN INDOOR AIR ACT (CIAA)														
ATUPA (Adult & Minor) Compliance Checks	3												3	144
Total Violations	11												11	4
CIAA Complaints	0												0	4
COMPLAINTS - General/Nuisance														
Complaint Investigations Opened	1												1	36
ENFORCEMENT ACTIONS														
Total Cases	8												8	23
Cases Related to FSE	3												3	9
BOH Penalties Assessed	\$5,100												\$5,100	\$28,150
BOH Penalties Collected	\$0												\$0	\$29,750
CUSTOMER SERVICE/SUPPORT														
Calls Received	337												337	6707
Walk-In Customers	23												23	716
TCEH Emails Received	360												360	5146
Applications Processed	28												28	1685
Payment Receipts Processed	16												16	1306
Renewals/Billings/Info Requests Sent	151												151	1206

* As of 1/1/2025

** Includes Pre-op, Inspection, Re-inspection, HAACP, Sanitary Surveys (Doesn't include Co-Inspector/Field Visits)