Cortland County Health & Human Services Committee

Committee Meeting

~ Minutes ~

60 Central Ave.
Cortland, NY 13045
www.cortlandcountyny.gov

Thursday, June 11, 2026 **10:00 AM** **Room 302**

Call to Order

The meeting was called to order at 10:09 a.m. by Chair VanDee.

Roll Call

PRESENT:	Legislator Douglas Bentley, Legislator William McGovern, Legislator Christopher Newell, Legislator Jason Prentice, Minority Leader Sandra Price, Legislator Ronald VanDee
ABSENT:	
EXCUSED:	Legislator Keith VanGorder
OTHERS PRESENT:	
Kevin Fitch	Chair of the Legislature
Ashley Millard	Deputy Clerk of the Legislature
Michael Ponticiello	County Adminisrator
Nicole Anjeski	Public Health Director
Rebecca Main	Public Health Programs Manager
Billie MacNabb	Deputy Commissioner of Social Services
Amber Giamei	Office for Aging Director
Amy Buggs	Cortland County Workforce Development Board Director
Patty Schaap	Director of Community Services
Katee Padburry	Programs Coordinator, Health Department
Morgan Spaulding	Grants Administrator
Isaac King	Health Department Intern
Reed Cleland	Legislator
Mitchell Eccleston	Legislator
Dan Considine	Cortland Standard Reporter
Kim Cameron	Resident
Nicole Compton	Executive Assistant to the County Attorney (Remote)
Gail Spitzer	Confidential Secretary to the Mental Health Director (Remote)
Andrea Herzog	Director of Finance (Remote)

Approval of Minutes

1. **May 13, 2026 - Health & Human Services Committee Minutes**

RESULT:	APPROVED

Resolutions

ON MOTION OF RONALD VANDEE **AGENDA ITEM NO. 1.**

Appoint/Reappoint Community Service Board Members and Subcommittees

WHEREAS, the Bylaws of the Cortland County Community Services Board (CSB), Article 3, Section 1 states that membership of the organization shall consist of (15) fifteen members appointed by the Cortland County Legislature, and Article 7, Section 1 states that the membership of the Mental Health (MH), Developmental Disabilities (DD) and Substance Use Disorder (SUD) Subcommittees shall consist of nine (9) members each, appointed by the Cortland County Legislature; AND

WHEREAS, a typical full term of each member of the Board and Subcommittees shall be four (4) years except when completing the term created by a member's resignation or death; AND

WHEREAS, members may serve for a maximum of two (2) consecutive terms, unless no recruitment is available; AND

WHEREAS, individuals have been nominated to fill vacancies on the Community Services Board and all the Subcommittees; NOW THEREFORE BE IT

RESOLVED, that the following members be and hereby are appointed/reappointed to the Cortland County Community Services Board and three Subcommittees for terms beginning immediately and ending as reflected below:

COMMUNITY SERVICES BOARD (CSB):
Appoint:

Matthew Cranson	29 Anderson Rd. Whitney Point, NY 13862	F&CCS Agency	12/31/2029
Jessica McGuire	54 Southworth Rd., Dryden, NY 13053	RHI- Coalition	12/31/28 (finishing term of resigned member Felicia Outlaw)
Loriann Spatola- Davis	87 Terrace Dr. Binghamton, NY 13905	WIC-CAPCO	12/31/2027 (finishing term of resigned member Julie Partigianoni)
Ann Homer	PO Box 106, 80 N. Main St. Cortland, NY 13045	Human Services	12/31/2029

MENTAL HEALTH SUBCOMMITTEE (MH):
Appoint:

Matthew Cranson	29 Anderson Rd. Whitney Point, NY 13862	F&CCS Agency	12/31/2029 (finishing term of resigned member Julie Partigianoni)
Kristina Gambitta	19 Atkins Ave. Cortland, NY 13045	RN with MH experience	12/31/2029

Reappoint:

Jennifer Sylstra	5139 Searls Rd. Cortland, NY 13045	Prevention & MHA	12/31/2029

SUBSTANCE USE DISORDER SUBCOMMITTEE (SUD):

Appoint:

Jessica McGuire	54 Southworth Rd. Dryden, NY 13053	RHI- Coalition	12/31/29

DEVELOPMENTAL DISABILITIES SUBCOMMITTEE (DD):

Appoint:

Irene Fiesinger	407 Shaver Ave. N. Syracuse, NY 13212	JM Murray Center	12/31/29 (finishing term of Neil Cavalieri - no longer with JM Murray)

RESULT:	**APPROVED (6 TO 0)**
MOVER:	Legislator Christopher Newell
SECONDER:	Minority Leader Sandra Price
AYES:	Douglas Bentley, William McGovern, Christopher Newell, Jason Prentice, Sandra Price, Ronald VanDee
NAYS:	None
EXCUSED:	Keith VanGorder
ABSENT:	

ON MOTION OF RONALD VANDEE **AGENDA ITEM NO. 2.**

Authorize Agreement with the YWCA Aid to Victims of Violence Program - Department of Social Services

WHEREAS, the NYS Office of Children and Family Services has allocated Temporary Assistance for Needy Families (TANF) funds for Non-Residential Domestic Violence Services; AND

WHEREAS, the Young Women's Christian Association (YWCA) Aid to Victims of Violence (AVV) program is an authorized provider of such services; AND

WHEREAS, the funding needed for this Agreement is provided through a State allocation of federal TANF money and will be paid from Account A60105.54800.4693 title Enhanced Non-Residential Domestic Violence and the revenue will be posted in Account A601044.44689.4693; NOW THEREFORE BE IT

RESOLVED, the County Administrator, upon review and approval by the County Attorney or designee and subject to appropriation of funding by the Legislature, be and hereby is authorized to sign an Agreement for the time period of October 1, 2026, through September 30, 2027, in an amount not to exceed $25,000 with the YWCA of Cortland for said services.

RESULT:	**APPROVED (6 TO 0)**
MOVER:	Legislator Jason Prentice
SECONDER:	Legislator Christopher Newell
AYES:	Douglas Bentley, William McGovern, Christopher Newell, Jason Prentice, Sandra Price, Ronald VanDee
NAYS:	None
EXCUSED:	Keith VanGorder
ABSENT:	

ON MOTION OF RONALD VANDEE **AGENDA ITEM NO. 3.**

Appoint Member Older Americans Act Advisory Council

WHEREAS, the By-Laws of the Older Americans Act Advisory Council of the Cortland County Office for Aging state membership shall be 15-25 voting members with at least fifty percent of the membership to be at least sixty years of age that represent target group seniors according to the Older Americans Act of 1965, as amended, and shall also include representatives of health care provider organizations, including veterans and supportive services provider organizations, be broadly representative of all aspects of the county, and include local elected official and the general public; AND

WHEREAS, Article 4, Section 4, states the term shall be for three years, or appointed to complete a term of a person who has resigned, the new person's length of term is defined as the period of the original member's term, with a maximum of two consecutive terms; NOW THEREFORE BE IT

RESOLVED, that the following individual be and hereby is appointed to the Older Americans Act Advisory Council, effective immediately, in the capacity and for the term set forth below:

Ann Homer – Community Member (1st Term) - Term to expire 12/31/28

RESULT:	**APPROVED (6 TO 0)**
MOVER:	Legislator Christopher Newell
SECONDER:	Minority Leader Sandra Price
AYES:	Douglas Bentley, William McGovern, Christopher Newell, Jason

	Prentice, Sandra Price, Ronald VanDee
NAYS:	None
EXCUSED:	Keith VanGorder
ABSENT:	

ON MOTION OF RONALD VANDEE **AGENDA ITEM NO. 4.**

Abolish One Part-Time/Create One Full-Time Public Health Educator - Health Department

WHEREAS, the needs of the Public Health Department will be better served by abolishing one (1) part-time position of Public Health Educator, and creating one (1) full-time position of Public Health Educator, which will be 100% grant funded; AND

WHEREAS, the Health and Human Services Committee recommends the abolition and creation of these positions; NOW THEREFORE BE IT

RESOLVED, that one (1) part-time position of Public Health Educator (Grade 18, CSEA, $27.0485-$34.2364/hr, competitive class) be abolished effective June 25, 2026 at midnight; AND BE IT FURTHER

RESOLVED, that one (1) full-time position of Public Health Educator (Grade 18, CSEA, $27.0485-$34.2364/hr, competitive class, full-time with benefits) be created with permission to fill effective June 26, 2026 at 12:01 a.m., said position to remain in effect only for the duration of available grant funding and to be abolished upon the discontinuation or unavailability of such funding.

RESULT:	**APPROVED (6 TO 0)**
MOVER:	Legislator Jason Prentice
SECONDER:	Legislator Christopher Newell
AYES:	Douglas Bentley, William McGovern, Christopher Newell, Jason Prentice, Sandra Price, Ronald VanDee
NAYS:	None
EXCUSED:	Keith VanGorder
ABSENT:	

ON MOTION OF RONALD VANDEE **AGENDA ITEM NO. 5.**

Authorize Agreement Department of Social Services with TipCo Automated Systems

WHEREAS, Tipco Automated Systems (TipCo) has created an Artificial Intelligence (AI) product to assist local Departments of Social Services with streamlining and automating common processes while ensuring compliance with state and federal timeliness standards; AND

WHEREAS, the TipCo AI powered worker assistant, referred to as EVA, allows for optimization of workforce and an allocation of resources to more efficiently process eligibility for crucial benefit programs to assist those in need; AND

WHEREAS, the EVA components to be provided include a companion product that will operate as a chatbot to assist workers in finding regulatory and policy information quickly, a Rights and Responsibility document assistant to ensure clients understand and acknowledge information required to be read to them, and

a dashboard to include case documentation, case change data and analytics; AND

WHEREAS, the funding needed for this Agreement will come from Account A60105.54015; NOW THEREFORE BE IT

RESOLVED, the County Administrator, upon review and approval by the County Attorney or designee and subject to appropriation of funding by the Legislature, be and hereby is authorized to sign an agreement for the time period of July 1, 2026 through June 30, 2027, in an amount not to exceed $22,000 with TipCo Automated Systems.

RESULT:	**APPROVED (6 TO 0)**
MOVER:	Minority Leader Sandra Price
SECONDER:	Legislator Christopher Newell
AYES:	Douglas Bentley, William McGovern, Christopher Newell, Jason Prentice, Sandra Price, Ronald VanDee
NAYS:	None
EXCUSED:	Keith VanGorder
ABSENT:	

ON MOTION OF RONALD VANDEE **AGENDA ITEM NO. 6.**

Authorize Lease Extension with 91-101 Main Street, LLC - Workforce Development

WHEREAS, the Cortland County Legislature adopted Resolution No. 283-25, authorizing a further lease extension at 91-101 Main Street, LLC through June 30, 2026; AND

WHEREAS, there is a need to extend the lease contract through December 31, 2026 with no increase in rent; AND

WHEREAS, the parties have agreed that upon 45 days' notice, Cortland County may terminate the lease agreement on or after October 31, 2026 (resulting in a minimum of a four [4] month extension); AND

WHEREAS, the funding for this shall come from Workforce Investment Opportunity Act (WIOA) grant funding, which is appropriated to Account No. CD62925.54067; NOW THEREFORE BE IT

RESOLVED, that the County Administrator, upon approval of the County Attorney or designee, is hereby authorized to execute an extension on the current lease with 91 – 101 Main Street, LLC for premises known as "99 Main Street, Cortland, NY 13045" through December 31, 2026 with no increase in rent and with a provision that the lease may be terminated on or after October 31, 2026 upon 45 days' written notice to the landlord; AND BE IT FURTHER

RESOLVED, that the funding for this lease extension shall come from Workforce Investment Opportunity Act (WIOA) grant funding, which is appropriated to Account No. CD62925.54067.

RESULT:	**APPROVED (6 TO 0)**
MOVER:	Minority Leader Sandra Price
SECONDER:	Legislator William McGovern
AYES:	Douglas Bentley, William McGovern, Christopher Newell, Jason Prentice, Sandra Price, Ronald VanDee

NAYS:	None
EXCUSED:	Keith VanGorder
ABSENT:	

ON MOTION OF RONALD VANDEE **AGENDA ITEM NO. 7.**

Authorize Agreement with Integrity Partners for Behavioral Health IPA- Mental Health Department

WHEREAS, Integrity Partners for Behavioral Health IPA, Inc. ("Integrity Partners IPA") is a New York independent practice association located in Batavia, New York, established to support integrated behavioral health care delivery, quality improvement initiatives, clinical integration, and value-based payment arrangements among participating behavioral health providers; AND

WHEREAS, Integrity Partners IPA contracts with health plans, managed care organizations, and other payers to facilitate participation in value-based payment arrangements and other healthcare initiatives designed to improve quality, outcomes, care coordination, accessibility, and cost-effectiveness of behavioral health services; AND

WHEREAS, participation in Integrity Partners IPA will provide Cortland County's Mental Health Department with opportunities to collaborate with other behavioral health providers throughout New York State, participate in clinical integration activities, access quality improvement resources, and engage in value-based payment initiatives that support improved health outcomes for individuals receiving mental health and substance use disorder services; AND

WHEREAS, participation in Integrity Partners IPA will support the County's ongoing efforts to strengthen integrated care delivery systems, promote wellness and recovery-oriented services, enhance data-driven decision-making, and improve coordination of care for Medicaid recipients and other individuals served by County behavioral health programs; AND

WHEREAS, the County Mental Health Department has reviewed the proposed Participant Agreement and determined that participation is consistent with the County's mission to provide high-quality, accessible, and cost-effective behavioral health services to residents of the County; AND

WHEREAS, there is no cost to the County for these services; NOW THEREFORE BE IT

RESOLVED, that the County Administrator, upon review and approval of the County Attorney or designee, is hereby authorized to execute an agreement with Integrity Partners IPA for said services; AND BE IT FURTHER

RESOLVED, that the County Mental Health Department is authorized to participate in Integrity Partners IPA clinical integration programs, quality improvement initiatives, value-based payment arrangements, data-sharing activities, and other collaborative efforts consistent with the terms of the Participant Agreement and applicable law; AND BE IT FURTHER

RESOLVED, that this Resolution shall take effect immediately.

RESULT:	**APPROVED (6 TO 0)**
MOVER:	Legislator Jason Prentice
SECONDER:	Minority Leader Sandra Price
AYES:	Douglas Bentley, William McGovern, Christopher Newell, Jason

	Prentice, Sandra Price, Ronald VanDee
NAYS:	None
EXCUSED:	Keith VanGorder
ABSENT:	

ON MOTION OF RONALD VANDEE **AGENDA ITEM NO. 8.**

Endorsement of New York State Senate Bill S.6832/Assembly Bill A.5087 Relating to Participation in World Trade Center Rescue, Recovery and Cleanup Operations by Members of the Organized Militia

WHEREAS, New York State Senate Bill S.6832 and Assembly Bill A.5087 have passed both houses of the New York State Legislature and await consideration by Governor Kathy Hochul; AND

WHEREAS, this legislation relates to participation in World Trade Center rescue, recovery and cleanup operations by members of the organized militia; AND

WHEREAS, this legislation would amend the Military Law and the Workers' Compensation Law to provide that members of the organized militia who were ordered into active service as part of World Trade Center rescue, recovery and cleanup operations shall qualify as employees for purposes of making a claim under Article 8-A of the Workers' Compensation Law; AND

WHEREAS, for purposes of this legislation, "organized militia" includes members of the New York Army National Guard, the New York Air National Guard, the New York Naval Militia, and the New York Guard; AND

WHEREAS, members of the organized militia who served in the aftermath of the September 11, 2001 terrorist attacks provided critical rescue, recovery, cleanup, and support services under extraordinarily difficult and dangerous circumstances; AND

WHEREAS, it is appropriate and necessary to ensure that those who answered the call to serve during one of the most devastating events in our nation's history are afforded access to the benefits and protections available to others who participated in World Trade Center rescue, recovery and cleanup operations; NOW THEREFORE BE IT

RESOLVED, that the Cortland County Legislature hereby endorses New York State Senate Bill S.6832 and Assembly Bill A.5087 and respectfully urges Governor Kathy Hochul to sign this important legislation into law; AND BE IT FURTHER

RESOLVED, that the Clerk of the Legislature is hereby directed to forward certified copies of this resolution to Governor Kathy Hochul, Senator Lea Webb, Assemblymember Anna Kelles, Assemblymember Jeff Gallahan, and any others deemed necessary and proper.

RESULT:	**APPROVED (6 TO 0)**
MOVER:	Minority Leader Sandra Price
SECONDER:	Legislator Christopher Newell
AYES:	Douglas Bentley, William McGovern, Christopher Newell, Jason Prentice, Sandra Price, Ronald VanDee
NAYS:	None
EXCUSED:	Keith VanGorder

ABSENT:

Action Items

Discussion Items

Monthly Reports

1. **Health Department Monthly Report**

RESULT:	COMPLETED

2. **Child Advocacy Center 1st Quarter Report**

RESULT:	COMPLETED

3. **Office for Aging Monthly Report**

RESULT:	COMPLETED

Adjournment

The meeting was adjourned at 10:34 a.m.

STATE OF NEW YORK

6832

2025-2026 Regular Sessions

IN SENATE

March 25, 2025

Introduced by Sens. WEBB, ASHBY, GALLIVAN, HELMING, MARTINEZ, ROLISON, SEPULVEDA, WEIK -- read twice and ordered printed, and when printed to be committed to the Committee on Veterans, Homeland Security and Military Affairs

AN ACT to amend the military law and the workers' compensation law, in relation to participation in World Trade Center rescue, recovery and cleanup operations by members of the organized militia

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section 6 of the military law is amended by adding a new subdivision 1-a to read as follows:

1-a. Notwithstanding any other law, regulation or rule to the contrary, an order into active service of the organized militia as part of the World Trade Center rescue, recovery and cleanup operations shall qualify such member of the organized militia as an employee under article eight-A of the workers' compensation law. For the purposes of this subdivision, "organized militia" shall mean members of the New York army national guard, the New York air national guard, the New York naval militia, and the New York guard. Alternative proof of an order into active service of the organized militia as part of the World Trade Center rescue, recovery, and cleanup operations, as determined by the division of military and naval affairs, including third-party verification and witness presence statements as included in the federal James Zadroga 9/11 Health and Compensation Act of 2010, as amended, shall qualify such member of the organized militia as an employee under article eight-A of the workers' compensation law.

§ 2. The opening paragraph of subdivision 1 of section 161 of the workers' compensation law, as added by chapter 446 of the laws of 2006, is amended to read as follows:

"Participant in World Trade Center rescue, recovery, or cleanup operations" means any (a) employee**, including members of the organized mili-**

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

LBD06849-01-5

tia as provided in subdivision one-a of section six of the military law, who within the course of employment, or (b) volunteer upon presentation to the board of evidence satisfactory to the board that [~~**he or she**~~] **they**:

§ 3. Section 169 of the workers' compensation law is amended by adding a new subdivision 3 to read as follows:

3. Notwithstanding section eighteen or twenty-eight or any other provision of this chapter, any claimant who was a member of the organized militia who was previously prohibited from filing a claim under this article may refile such claim or claims within two years of the effective date of this subdivision. The board shall accept proof of a member of the organized militia's service as determined by the division of military and naval affairs pursuant to section six of the military law.

§ 4. This act shall take effect immediately.

CORTLAND COUNTY HEALTH DEPARTMENT

Public Health
Prevent. Promote. Protect.
Cortland County Health Department

Health and Human Services Committee
June 2026

June is Men's Health Month

It's Men's Health Month! Courtney, our Cancer Services Program Coordinator, encourages men to get screened for cancer. Our Cancer Services Program can provide FREE cancer screenings if you, or a loved one, are uninsured or have high out of pocket costs. Our Cancer Services Program can provide an at home screening test for colorectal cancer called the FIT (Fecal Immunochemical Test) kit!

To learn more about the Colorectal Screenings we can provide please visit: https://www.cortlandcountyny.gov/529/ Cancer-Services-Program or Call Today: 607-758-5523

2nd Annual Community Beach Party: August 6

The 2nd Annual Cortland County Health Department's Community Beach Party will be held on Thursday, August 6th at Yaman Park Beach Starting at 5:00. Numerous community agencies will be on hand to highlight what they have to offer to the community in one convenient location. The Community Agency fair will be held from 5:00-7:00. WXHC will be on location to play some great music and showcase some of our amazing community partners. 7:30-8:30 Tailor Made is set to take the stage and entertain the community until the movie on the beach at dusk. Join us for food, fun and education.

Community Partners and Agencies Attending:

- Access to Independence
- CAPCO/WIC
- Breastfeeding Partnership/Healthy Families
- Seven Valley's Health Coalition/Doula Program
- Child Development Council
- Cancer Services Program
- Traffic Safety/Child Passenger Safety Program
- Cortland County Youth Bureau
- Way to Go Cortland

- Cortland County Mental Health
- Josie's Journey
- Child Advocacy Center
- Guthrie
- RHI
- Racker Center
- Family Health Network
- Cortland County Early Intervention
- JM Murray Center
- Planet Fitness
- MRC tent (Medical First Aid)

Pictures from last year's event (2025)

2026 NYS Cooling Center Finder

As warmer weather approaches, the NYS Department of Health gathers local cooling center locations that help residents find places to cool down during the day. Every year organizations are contacted to see if they would like to be listed as a cooling center for the public, this year with the local list; CCHD also included public transit information for each of the cooling centers. For more information and a list of cooling centers in Cortland County and the rest of NYS, visit: https://experience.arcgis.com/experience/20d9c0eb3f1544ac8697073311cdbd95/#data_s=id%3AdataSource_2-19e2beb3ec0-layer-4%3A192

Advancing Tobacco Free Communities (ATFC) Mini-Grant-Year 1

The ATFC grant requires Cortland County to provide a minimum of $35,000 each grant year within the 5-year grant cycle to one or more community organizations within its catchment area (Cortland, Tompkins and Chenango Counties) in support of addressing one or more work plan deliverables. The organizations should

serve individuals/communities most impacted by tobacco-related morbidity and mortality. The first year ATFC mini-grant was awarded to Access to Independence (ATI).

ATI's project proposal: The 2022 Cortland County Community Health Assessment found that adults with disabilities use most substances at higher rates than their peers, experience more related harms, and are less likely to receive services. To address these disparities, CANDLE will conduct outreach, education, and awareness efforts in community spaces serving people with disabilities, low-income residents, and other high-risk groups. This will be achieved in several ways:

1) Provide accessible education sessions and information at tabling events on the health impacts of retail tobacco marketing on people with disabilities.

2) Launch an accessible social norms and social marketing campaign on social media about the risks of retail tobacco marketing.

3) Because research shows that exposure to retail tobacco advertising makes quitting harder for many people with disabilities, CANDLE will create accessible brochures for consumers on the health risks of smoking and how to quit, and a companion brochure for providers on offering accessible cessation support. These materials will be distributed to community sites serving low-income people with and without disabilities. The goal of this initiative is to reduce tobacco-related harms among people with disabilities and other high-risk groups in Cortland County by increasing access to accessible education, outreach, and cessation support.

CCHD thanks ATI for their efforts to reduce tobacco related harms among people with disabilities and other high-risk groups in Cortland County. For ATI's project report and program activities, see attached documents.

Nicole Anjeski, MS, MPH
Public Health Director

Access To Independence
OF CORTLAND COUNTY, INC.

Community Conversation: Tobacco and Retail Marketing Experiences in Cortland County

Findings and Community Identified Solutions

Prepared by Access To Independence of Cortland County for the Cortland County Health Department and Tobaco Free Communities of Cortland County

Agency Contact: Alexandra Mikowski, Executive Director
(alex.mikowski@aticortland.org)

Public Health
Prevent. Promote. Protect.
Cortland County Health Department

T-Free Zone
Cortland-Tompkins-Chenango

EXECUTIVE SUMMARY

This report presents findings from a Community Conversation on tobacco retail marketing held on April 7, 2026, at Access To Independence of Cortland County. Nine participants took part, including current tobacco users, former users now vaping, and non-users.

Participants described Cortland County as a community with strong social cohesion, viewing shared norms and trusted relationships as more influential on individual behavior than enforcement or policy alone.

Personal tobacco histories were shaped by family normalization, significant health consequences, and the psychological role tobacco plays in managing stress, routine, and daily life, particularly for those navigating mental health conditions, chronic illness, or caregiving responsibilities. Cessation was characterized as extremely difficult, with habit, stress, and mental health acting as compounding barriers that standard programs fail to address.

Youth vaping was a major concern, with participants describing flavored products, vape shop culture, access, and social media as driving uptake among younger generations. Flavored products were seen as normalizing use and expanding appeal across age groups.

Retail environments, especially point-of-sale displays and cashier promotions, were identified as consistent triggers for unplanned purchasing. Price significantly shaped buying behavior, but did not prevent it, with participants describing brand substitution, bulk buying, and cross-county sourcing to manage New York's high tobacco costs.

From these findings, the following recommendations were made: strengthen retail enforcement with meaningful, escalating consequences for repeat violators; advance point-of-sale restrictions to reduce product visibility in general retail settings; develop education for parents and caregivers on identifying new nicotine products; invest in disability-informed and trauma-aware cessation programming; leverage community norms through trusted organizations and peer-based outreach; prioritize health equity by engaging communities underrepresented in this session.

METHODOLOGY

STUDY DESIGN

This study employed a qualitative focus group design to gather in-depth community perspectives on tobacco use and retail marketing in Cortland County, New York.

RECRUITMENT AND PARTICIPANTS

Nine adult Cortland County residents participated in the Community Conversation. Recruitment was conducted with intentional outreach to individuals with disabilities and caregivers of people with disabilities, in recognition of the elevated prevalence of tobacco use in these populations and the limited representation of their voices in tobacco prevention research. Participants represented a range of tobacco use histories: current daily users, former users who have since transitioned to vaping or other nicotine products, and individuals who have never used tobacco. A second session was offered via Zoom to extend reach, but was cancelled prior to convening due to insufficient participant retention.

Flyer distributed at community events for participant recruitment

SETTING AND PROCEDURES

The session was held in person on April 7, 2026 at Access To Independence of Cortland County (ATI). Lunch was provided and participants received a $30 gift card in recognition of their time and contributions. A resource table was available throughout the session offering tobacco cessation support materials, including fidget items, cinnamon sticks, motivational stickers, breath work tools, stress balls, and mints, which participants were welcome to take for personal use or to share with others in their lives.

METHODOLOGY CONTINUED

Participants were provided with an informed consent form that was read through and explained to the group, then asked to read over the form on their own and sign if they agreed. All participants agreed to stay for the entire session; participants were reminded they were free to leave at any time.

Pictured: ATI staff and resource table

The session was facilitated by trained ATI staff members using a semi-structured discussion guide. Discussion topics were organized to move from general community context through personal tobacco histories, youth use and vaping, retail environments and marketing, pricing and product appeal, and community-level solutions. Prior to the session, all participants completed a written demographic survey covering gender, age, race and ethnicity, educational attainment, financial situation, disability identification, caregiver status, and current tobacco use.

ANALYSIS

Session data were captured through session notes. A thematic analysis approach was applied, with the notes reviewed to identify recurring patterns, points of agreement or tension, and prominent concerns across the group. Themes were organized inductively and are presented with illustrative participant quotes throughout this report.

LIMITATIONS

The sample size was entirely White, limiting the generalizability of findings across Cortland County's full population. The recruitment approach through Access To Independence, while intentional, means that perspectives of people with disabilities are well-represented but those of other community subgroups, including communities of color, youth, and lower-income residents without disability connections are not. Findings should be interpreted as reflective of this specific participant group and used to complement, not replace, broader community engagement.

PARTICIPANT DEMOGRAPHICS

GENDER IDENTITY

Response	Count	Percent
Woman	5	55.60%
Man	4	44.40%
Gender Non-Binary / Gender Queer	0	0%
Prefer not to answer	0	0%

AGE

Participant ages ranged from 28 to 69 years, with a mean age of 45 years.

RACE AND ETHNICITY

Response	Count	Percent
White	9	100%
Black or African American	0	0%
Hispanic or Latino	0	0%
Asian	0	0%
Native American or Alaska Native	0	0%
Native Hawaiian or Other Pacific Islander	0	0%
Another race or ethnicity	0	0%
Prefer not to say	0	0%

PARTICIPANT DEMOGRAPHICS CONTINUED

EDUCATIONAL ATTAINMENT

Response	Count	Percent
Less than high school	0	0%
High school diploma or GED	1	11.10%
Some college, no degree	1	11.10%
Associate degree	3	33.30%
Bachelor's degree	2	22.20%
Graduate or professional degree	2	22.20%
Prefer not to say	0	0%

FINANCIAL SITUATION

Response	Count	Percent
Stable	2	22.20%
Somewhat Stable	7	77.80%
Somewhat Unstable	0	0%
Unstable	0	0%

PARTICIPANT DEMOGRAPHICS CONTINUED

DISABILITY IDENTIFICATION

Response	Count	Percent
Yes	6	66.70%
No	2	22.20%
Prefer not to answer	1	11.10%

Two-thirds of participants identified as people with disabilities. This is consistent with the intentional recruitment approach through Access To Independence and reflects the higher prevalence of tobacco use among people with disabilities nationally. These findings should be understood in that context, that this group brings direct, lived experience of navigating tobacco use alongside disability, chronic illness, and mental health challenges.

CAREGIVER STATUS

Response	Count	Percent
Yes, I am a caregiver to a family member or friend	4	44.40%
No, I am not a caregiver	5	55.60%

Nearly half of participants serve as caregivers, adding a layer of stress and responsibility that participants consistently connected to tobacco use throughout the discussion.

PARTICIPANT DEMOGRAPHICS CONTINUED

TYPES OF DIFFICULITES (MULTIPLE SELECT)

Response	Count	Percent
Mental health (anxiety, depression, PTSD, etc.)	8	88.90%
Chronic illness (diabetes, asthma, substance use recovery, etc.)	6	66.70%
Visual (blindness, partial vision loss, use of glasses, etc.)	3	33.30%
Mobility (weakness, amputation, paralysis, MS)	2	22.20%
ADHD	2	22.20%
Autism Spectrum Disorder (ASD / Asperger's)	1	11.10%
Other learning difficulties (dyslexia, dyspraxia, etc.)	1	11.10%
Hearing (deafness, hearing loss, hard of hearing)	0	0%
None of these apply to me	1	11.10%

Mental health conditions were reported by nearly all participants (88.9%), and chronic illness by two-thirds (66.7%). These rates are significantly elevated compared to general population figures and are relevant to understanding why tobacco cessation is particularly challenging in this group, as nicotine is frequently used as a coping mechanism for stress, anxiety, and other mental health symptoms.

PARTICIPANT DEMOGRAPHICS CONTINUED

CURRENT TOBACCO OR NICOTINE PRODUCT USE

Response	Count	Percent
Yes, daily	4	44.40%
Yes, occasionally	0	0%
No, but I used to	3	33.30%
No, never	2	22.20%
Prefer not to answer	0	0%

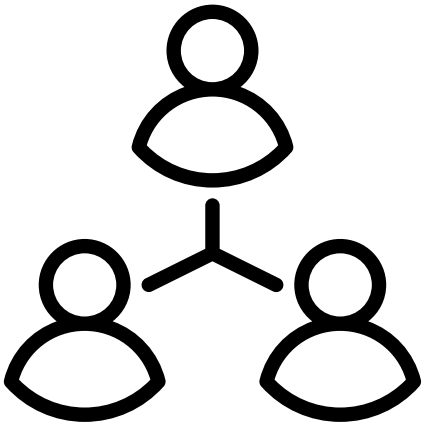
A copy of the demographics survey is included in the Appendix of this report.

THEMATIC ANALYSIS

The following section presents the major themes identified from the focus group discussion. Each theme is supported by illustrative quotes from participants. Given that the majority of participants identified as people with disabilities and/or caregivers, themes related to stress, mental health, habit, and systemic barriers carry particular weight throughout this analysis.

THEME 1: COMMUNITY IDENTITY AND SOCIAL CONTEXT

Participants opened the session with reflections on Cortland County's community character. Despite acknowledging economic challenges, participants expressed genuine care for their neighbors and a sense of collective responsibility.



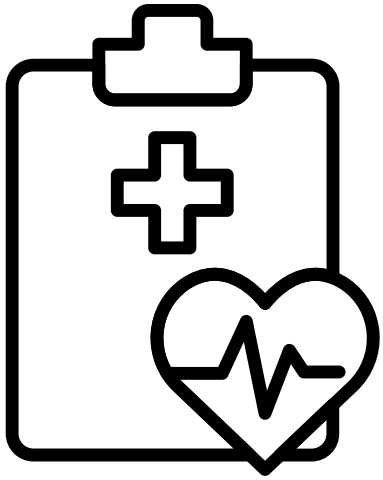
Participants described the county as a place where people want everyone to "do okay", including its most vulnerable members. They noted that local agencies and businesses share a commitment to community well-being, and that residents tend to be open and socially connected compared to larger urban centers.

> ***"Agencies pull together to promote the well-being of the county. Same with businesses — they want to be a part of change for the community."***
>
> ***"People are inclined to speak to each other, notice others, less closed off than somewhere like Syracuse — less leery of other people."***

This theme is significant for tobacco prevention efforts: community cohesion and social norms carry substantial influence on individual behavior. Several participants later echoed this directly, noting that peer attitudes and community consensus matter more to them than enforcement or legal deterrence. For participants with disabilities, many of whom are connected to advocacy networks and peer support systems, this community orientation is especially salient.

THEMATIC ANALYSIS CONTINUED

THEME 2: PERSONAL TOBACCO EXPERIENCES AND HEALTH IMPACT



Participants shared extensive personal histories with tobacco spanning decades, touching on health loss, financial strain, addiction, and family dynamics. Tobacco-related illness, including COPD, emphysema, and early death, was a recurring presence in participants' lives.

Many participants began smoking due to family environment and social normalization. Several described households where smoking was simply "what you do." Health impacts were widely acknowledged, yet many participants described tobacco as serving important psychological functions: stress relief, routine, identity, and connection to others. For participants managing mental health conditions and chronic illness, this psychological function was particularly significant. Several participants with lived experience of substance use recovery noted that tobacco addiction was closely tied to other substance use patterns, reflecting the overlap between tobacco use and the broader chronic illness and recovery experiences common in this group.

"I've smoked for 37 years, I've quit and never gone back."

"Had to drop out of school to take care of mom with COPD and Emphysema from smoking."

"It's never been good for my life, but it's good for the brain."

"Everything is gonna kill you one way or another — smoking is a normal thing."

THEMATIC ANALYSIS CONTINUED

THEME 3: QUITTING EXPERIENCES AND BARRIERS

Participants who had ever attempted to quit smoking described the experience in starkly difficult terms. Cessation was characterized by physical discomfort, psychological struggle, and frequent relapse triggered by stress, routine, and social context.

"You find a reason that you have to have a cigarette."

"My husband got in a car accident and on the way to the hospital I stopped and got a pack of cigarettes. It was only supposed to be a crutch for a little while but now it's been 5 years."

"It's MISERABLE!"

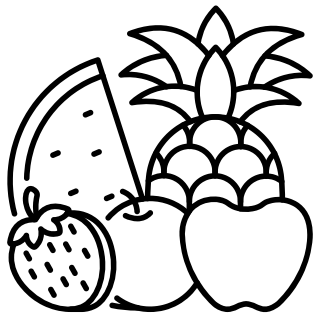
The following factors were recognized in relation to smoking cessation:

- **Habit and ritual:** Smoking is deeply embedded in daily routines, morning coffee, driving, work breaks, making it difficult to isolate and change.
- **Stress and mental health:** Tobacco serves as a primary coping mechanism for anxiety, depression, and emotional distress. With 88.9% of participants reporting mental health conditions, this connection is especially pronounced in this group.
- **Social identity:** For some participants, tobacco use is bound to social belonging, peer relationships, and personal history.
- **Caregiving stress:** Nearly half of participants are caregivers, and several connected tobacco use directly to the demands and emotional toll of that role.
- **Financial pressure:** The cost of tobacco is significant, yet participants described finding ways to afford it even under financial strain.

Notably, one participant stated they had never tried to quit and saw no reason to, citing a lack of perceived negative health consequences in their own life. This underscores that cessation motivation is not universal and that intervention approaches must meet people where they are.

THEMATIC ANALYSIS CONTINUED

THEME 4: YOUTH TOBACCO AND VAPING



Youth use of vapes and nicotine products was one of the most extensively discussed topics of the session. Participants were deeply concerned about how vaping has taken root among young people and identified multiple contributing factors:

- **Flavor variety**: Sweet, candy-like, and fruit flavors were seen as deliberately appealing to younger users. Participants named specific flavors they found appealing or had heard young people discuss: Blackberry Peach, Hawaiian Punch, Mango, and Sour Skittles, among others.
- **Concealability:** Vapes produce little odor, making it easy for youth to use at home without detection.
- **Visual appeal:** Vaping devices are colorful, sometimes light up, and are designed to attract attention.
- **Vape shop culture:** Shops were described as experiential spaces with music, lounges, and knowledgeable staff, functioning as social hubs rather than simple retail environments.
- **Social media:** Platforms like TikTok were cited as normalizing and promoting vaping.
- **Access:** Youth reportedly access vapes through shops that don't card, online via the dark web, and through peer networks.

"All the flavors are too fun, and you can get away with it — you don't have to come home smelling like smoke."

"They're stamping 'safe' on these products so kids think vapes are healthier than cigarettes."

"When you go into one of these vape stores, it's a whole experience. It's bright, there's music, there's the guy behind the counter who knows everything about every product — it's a whole subculture."

THEMATIC ANALYSIS CONTINUED

THEME 5: RETAIL MARKETING AND STORE ENVIRONMENTS

Participants discussed tobacco's presence in retail environments at length. The "Power Wall" (the large behind-the-counter display of tobacco products) was recognized by participants as familiar, even if they did not know it by that name before the group discussion.

Point-of-sale displays, multipack promotions, and upselling by cashiers were identified as significant purchasing triggers, especially for people trying to cut back. Participants described scenarios where unplanned purchases were prompted by seeing products prominently displayed at checkout.

> ***"If you're trying to quit and you go in to get gas and a soda, when the cashier asks if you want anything else and they're '2 packs for $25,' you're gonna add it on."***

Participants also reflected on the role of historical marketing in normalizing tobacco from childhood. Candy cigarettes and tobacco-themed promotional merchandise were recalled by older participants, with several noting that **"we were groomed to smoke."**

> ***"Candy gum and cigarettes were so common, we loved them as kids."***
>
> ***"Marlboro Miles! When we were younger, there was an incentive program."***

Current tobacco product displays were seen as normalizing use, particularly in convenience stores and gas stations where tobacco is unavoidably visible. Participants questioned why tobacco products are sold in general retail spaces at all, rather than restricted to dedicated outlets.

THEMATIC ANALYSIS CONTINUED

THEME 6: PRICING, AFFORDABILITY, AND PURCHASING BEHAVIOR

Price was a consistently discussed factor in tobacco purchasing decisions. New York State tobacco prices were described as prohibitive, with cigarettes approaching $20 per pack, creating real strain for participants in financially somewhat stable but not secure situations.

Price increases through taxation were seen as a burden rather than a deterrent for most regular users. Participants also noted they would sacrifice other expenses to maintain their supply. The following factors were also discussed by the group in relation to purchasing:

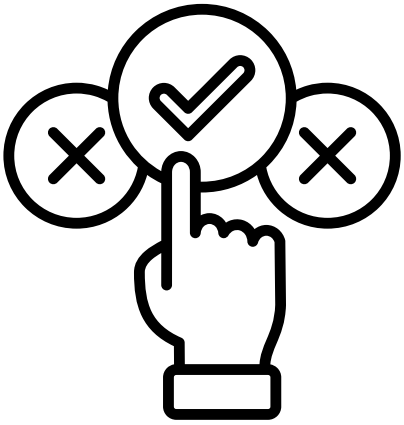
- **Brand substitution:** Some participants trade down to lower-cost brands when preferred brands become too expensive.
- **Geographic arbitrage:** Participants mentioned traveling to the Onondaga Nation territory or other states to purchase tobacco at dramatically lower prices.
- **Bulk purchasing during sales:** Vapers described buying in multiples during promotions to maximize savings.
- **Informal sourcing:** Buying through friends in other counties or towns was mentioned as a way to access lower-priced products.
- **Online purchasing:** Local prices and local deterrents (policies, enforcement) encouraged online purchasing of some products like vapes, and it was also seen as more affordable and convenient.

> ***"My friend, who lives in Auburn, I have her buy them for me, multiple packs, because they're cheaper over there!"***

THEMATIC ANALYSIS CONTINUED

THEME 7: POLICY, ENFORCEMENT, AND COMMUNITY SOLUTIONS

Frustration was expressed about the perceived lack of meaningful enforcement in the community. Shops that receive fines for selling to minors were described as simply rebounding and reopening, sometimes under new names, with no lasting consequence. To participants, this disconnect felt as a “signal that county leadership does not truly prioritize public health.”



> ***“They get fined and open right back up — how much does New York State really care? They know the shop hasn't corrected anything."***

Still, participants engaged thoughtfully with questions about what policy and environmental changes would be most effective in reducing tobacco's harm in the community. A number of consistent perspectives emerged, with particular emphasis on systemic solutions over individual blame.

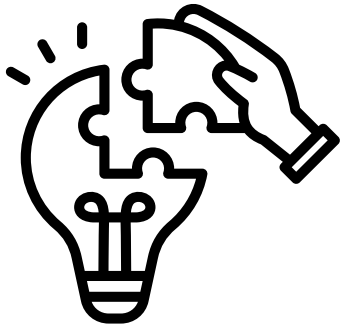
What Participants Believe Would NOT Work

- **Prohibition:** "Prohibition doesn't work" was a shared sentiment. Participants felt that banning tobacco outright would push use underground and generate resentment.
- **Criminalizing youth or users:** Participants strongly opposed approaches that penalize individual users rather than the systems that enable access. "We should go after the businesses instead of the smokers and users," summarized one of the participants. This was especially resonant given the group's disability identity as many participants are familiar with systems that regulate or penalize rather than support.
- **Enforcement without community buy-in:** Top-down enforcement without community support was seen as likely to backfire.

THEMATIC ANALYSIS CONTINUED

> ***"You need some regulation in any industry, but what seems helpful to me is giving the community the information so they can make their own choices, based on the facts."***

What Participants Believe COULD Work



- **Business accountability:** Targeting enforcement at retailers who sell to minors, with meaningful consequences beyond fines, was a top priority.
- **Community education:** Giving people accurate information to make their own choices was preferred over punitive approaches.
- **Point-of-sale restrictions:** Limiting visibility of tobacco products in stores was seen as potentially reducing impulse purchases.
- **Parent education:** Programming to help parents identify new tobacco and nicotine products , especially vapes, was identified as a significant gap.
- **Zoning:** Restricting tobacco retail near schools, parks, and youth settings was raised as a commonsense measure.
- **County-level leadership:** Participants wanted local government to signal that it takes the issue seriously through consistent enforcement and public commitment.
- **Disability-informed cessation support:** Given the high rates of mental health conditions and chronic illness in this group, cessation programming should be designed with the specific needs of people with disabilities in mind, including trauma-informed approaches, peer support, and integration with mental health services.

APPENDIX - INFORMED CONSENT

Consent to Participate in Focus Group

You have been asked to participate in a focus group sponsored by *Access to Independence of Cortland County, the Cortland County Health Department and Tobacco Free Communities of Cortland-Tompkins-Chenago*. The purpose of this focus group is to gain a better understanding of how tobacco retail marketing impacts community members in Cortland County. The information learned in this session will be used to create a report and then used to design further tobacco education and programming in Cortland County.

You can choose whether or not to participate in the focus group and you may stop at any time. Although the focus group will include a note taker, and some sessions may be recorded, your responses will remain anonymous and no names will be mentioned in the report.

There are no right or wrong answers to focus group questions. We want to hear many different view points and would like to hear from everyone. We hope you can be honest even when your responses may not be in agreement with the rest of the group. In respect for each other, we ask that only one individual speak at one time in the group and that responses made by all participants be kept confidential.

I understand the information above and agree to participate in my focus group session.

Signature:_____ Date: _____

APPENDIX - DEMOGRAPHIC SURVEY PG. 1

DO **NOT** WRITE YOUR NAME ON THIS PAPER.
YOUR ANSWERS WILL BE ANNOYMOUS

Please fill out this demographic survey by circling the response that best applies to you and then hand this form back to the focus group facilitators.

1. **Please specify the gender you identify with:**

   a. Woman
   b. Man
   c. Gender Non-Binary
   d. Prefer to not answer

2. **What is your age? _____years old**

3. **Which of the following best describes your race or ethnicity? *(Select all that apply)***

   a. White
   b. Black or African American
   c. Hispanic or Latino
   d. Asian
   e. Native American or Alaska Native
   f. Native Hawaiian or Other Pacific Islander
   g. Another race or ethnicity: _____
   h. Prefer not to say

4. **What is the highest level of education you have completed?**

   a. Less than high school
   b. High school diploma or GED
   c. Some college, no degree
   d. Associate degree
   e. Bachelor's degree
   f. Graduate or professional degree
   g. Prefer not to say

5. **How would you describe your financial situation? Circle one.**

   Stable Somewhat Stable Somewhat Unstable Unstable

APPENDIX - DEMOGRAPHIC SURVEY PG. 2

6. **Do you identify as a person with a disability?**

    a. Yes
    b. No
    c. Prefer not to answer

7. **Do you identify as having one or more of the following difficulties? (Choose all that apply)**

    a. Visual (Ex: blindness, partial vision loss, use of glasses, etc.)
    b. Hearing (Ex: deafness, hearing loss, hard of hearing, etc.)
    c. Mental health (Ex: anxiety, depression, PTSD, etc.)
    d. Mobility (Ex: weakness/ amputation /paralysis/multiple sclerosis)
    e. Attention-deficit/Hyperactivity Disorder (ADHD)
    f. Autism Spectrum Disorder (ASD); Asperger's
    g. Other Learning Difficulties (Ex: dyslexia/dyspraxia, etc.)
    h. Chronic Illness (Ex: Diabetes, alcohol use disorder and/or recovery from substance use disorder, asthma, chronic pain, etc.)
    i. Prefer not to answer
    j. None of these apply to me

8. **Some people provide unpaid care to family members or friends with a chronic condition, illness, or disability. This care may help these adults, or children, maintain independence through running errands, cleaning, personal medical assistance, cooking, medication assistance, transportation, and more. Do you consider yourself to be a caregiver for your family member or friend?**

    a. Yes, I am a caregiver to a family member or friend
    b. No, I am not a caregiver

9. **Do you currently use any tobacco or nicotine products?**

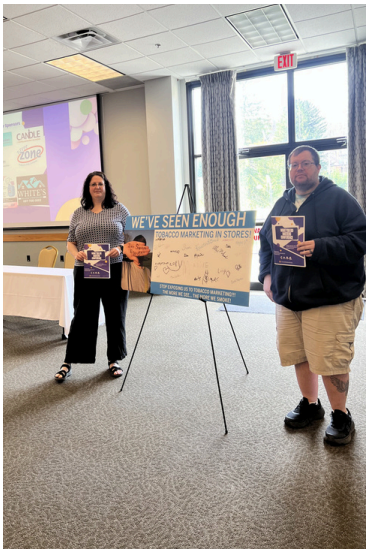
    a. Yes, daily
    b. Yes, occasionally
    c. No, but I used to
    d. No, never
    e. Prefer not to answer

Access To Independence
OF CORTLAND COUNTY, INC.

Program Activity Report

February 1 - April 30th 2026

Contact: Alexandra Mikowski, Executive Director
alex.mikowski@aticortland.org



T-Free zone
Cortland-Tompkins-Chenango

Table of Contents

Tabling and Education

A total of **959 people** were reached between March 7th and April 28th, 2026. This was accomplished through tabling events in the community that focused on youth, families, and college students. Tobacco cessation tools and materials on tobacco's retail marketing dangers were distributed.

	Date	Event	Attendees
1	3/7/2026	YWCA Girls Day Out	60
2	3/19/2026	County Mental Health Building Grand Opening D1	15
3	3/20/2026	County Mental Health Building Grand Opening D2	15
4	3/21/2026	Chamber of Commerce Vendor Showcase	200
5	3/26/2026	Student Family Transition Night, McEvoy BOCES	30
6	4/18/2026	YMCA Family Day	100
7	4/28/2026	AFSP Out of the Darkness Campus Walk	70
8	4/28/2026	BOCES Sensory Fair	25
9	4/28/2026	High School Job Fair at SUNY Cortland	400
10	4/24/2026	CARE Conference	44
		Total Reach	**959**

Community Conversation

The Community Conversation was held in person at Access To Independence of Cortland County on April 7th. Lunch was provided, and participants received a $30 gift card in appreciation of their time and participation. A resource table was available with tobacco cessation support items for participants to take for themselves or others, including fidget items, cinnamon sticks, motivational stickers, breath work tools, stress balls, and mints.

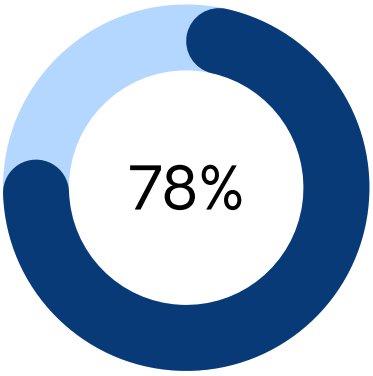
Participants included current smokers, former smokers who now vape, and non-users, with many identifying as people with disabilities or caregivers of individuals with disabilities. The discussion focused on tobacco use, retail tobacco marketing, vaping, and community solutions. Participant age ranged from 28 years old to 69 years old, with the mean participant age of 45 years.

A second virtual session via Zoom was also offered, but was cancelled due to participant retention issues.

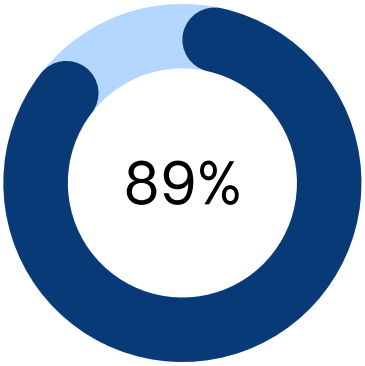
Participants described tobacco use as both harmful and historically normalized within families and communities. Many shared personal experiences with smoking-related illness, caregiving responsibilities, and repeated attempts to quit. Tobacco use was frequently described as connected to stress, routine, and daily habits, illustrating the complex factors that can make cessation challenging.

Retail marketing emerged as a major concern. Participants noted that tobacco products are highly visible in convenience stores and gas stations, while vape shops were described as creating social, youth-oriented environments through bright displays, flavors, music, and lounge-style settings. Flavored vaping products were widely seen as especially appealing to youth and easier to conceal from parents due to reduced odor.

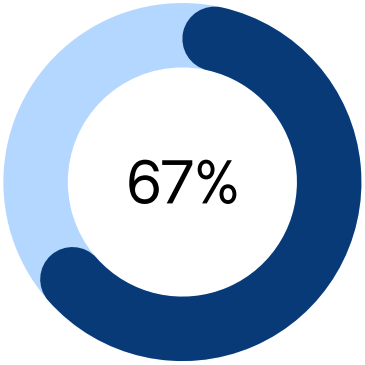
Participants also expressed concerns about inconsistent enforcement of age restrictions and retailer violations. Suggested solutions included reducing product visibility in stores, limiting retailer proximity to schools and parks, strengthening retailer accountability, and expanding education for youth, parents, and the broader community. Overall, participants emphasized that community norms, accurate information, and supportive environments are critical to reducing tobacco-related harm.



78% of participants reported using tobacco products currently or at some point in their lives.



89% of participants identified as having a mental health difficulty.



67% of participants identified as having a chronic illness.

Smoking Cessation Pouches

100 Support Pouches were created for this project. These encouraging pouches included cinnamon flavored gum, two types of flavored toothpicks, mints, stress balls, a small journal and pen, small motivational stickers, fidget items, and other adaptive stress relief items. These pouches were made available in ATI's front desk area and in the telehealth room for any community members who are considering smoking or vaping cessation.

Additonal Vulnerable Populations Reached

ATI staff distributed program literature to other partner organizations that serve vulnerable populations. These additional populations included:

- Victims of domestic violence / Aid to Victims of Violence
- Individuals who are facing housing insecurity / Catholic Charities
- Individuals in recovery / C.A.R.E. (Cortland R.C.O)
- Families facing food insecurity / Seven Valleys Health Coalition

Additionally, **500** provider focused brochures were created and printed to improve accessibility around tobacco cessation strategies in a clinical setting.

Retail Data Collection

Over the course of the project, ATI staff and volunteers visited 10 locations. Of these retail stores, 3 were in Cortland, 3 in Marathon, followed by 2 in Homer and 2 additional locations in surrounding areas of Polkville and Cuyler. Convenience stores are the most common store type, making up 6 of the 10 locations (split evenly between those with gas and without gas). There were also 2 grocery stores, 2 discount stores, and 1 tobacco/vape shop.

	Location	Address	Store Type
1	Bryne Dairy - Homer	36 S West St, Homer, NY 13077	Convenience store with gas
2	Joe's Kwik Mart - Homer	31 S. West St, Homer, NY 13077	Grocery store
3	Speedway - Polkville	3798 US Rt 11, McGraw, NY 13101	Convenience store with gas
4	Dollar General - Cuyler	5795 NY-13 Cuyler, NY 13052	Discount Store
5	Seven Eleven - Cortland	76 N Main St, Cortland, NY 13045	Convenience store without gas
6	Shop N Hop - Cortland	120 Groton Ave, Cortland, NY 13045	Convenience store without gas
7	Smokers Choice -Cortland	160 Clinton Ave, Cortland, NY 13045	Tobacco/Vape Shop
8	Greg's Supermarket - Marathon	28 Cortland St, Marathon, NY 13803	Grocery Store
9	Dollar General - Marathon	14 W. Main St, Marathon, NY 13803	Discount Store
10	Mirabito - Marathon	2 Broome S, Marathon, NY 13803	Convenience store with gas

Retail Data Collection

Store found within 1,000 feet of a...

Location	School	Daycare	Park or Playground	Other youth related facility	Faith-based Institution
Bryne Dairy - Homer	☐	☐	☐	☐	☐
Joe's Kwik Mart - Homer	☐	☐	☐	☐	☐
Speedway - Polkville	☐	☐	☐	☐	☐
Dollar General - Cuyler	☐	☐	☐	☐	☐
Seven Eleven - Cortland	☑	☐	☐	☐	☑
Shop N Hop - Cortland	☑	☐	☐	☐	☐
Smokers Choice - Cortland	☐	☐	☐	☐	☐
Greg's Supermarket - Marathon	☐	☐	☐	☐	☐
Dollar General - Marathon	☐	☐	☐	☐	☑
Mirabito - Marathon	☑	☐	☐	☐	☐

Retail Data Collection

The following stores were found to be advertising products outside:

-	Cigarettes	Little Cigars	Large Cigars	Chew, Snuff, Snus	Vaping Products	Pouch Products
Bryne Dairy - Homer	☐	☐	☐	☐	☐	☑
Joe's Kwik Mart- Homer	☑	☐	☐	☐	☐	☑
Speedway - Polkville	☐	☐	☐	☑	☐	☑
Smoker's Choice - Cortland	☐	☐	☐	☐	☑	☐

At the time of surveying, the *Bryne Dairy* location in Homer advertized different varieties of Zyn, Velo, and On!. Flavors shown were mint, cinnamon, blueberry. There was also a special sale on Blueberry Swisher Sweet and menthol flavored dip was available. *Joe's Kwik Mart* had signage focused on pricing of cigarette brands, Zyn, and Velo outside. *Smoker's Choice* promoted vape products outside the store. *The Speedway* in Polkville advertised Zyn's mint, coffee, and citrus flavors.

Signage at Joe's Kwik Mart

Pricing

Pricing data is incomplete due to several factors impacting our data collection team. Some of these include safety, small print, small handwriting, or unable to get close enough due to remodeling work being done near the tobacco section. From our limited data, we can estimate the average cost of a pack of cigarettes to be $14.

Retail Data Collection

Product sales inside the store

-	Cigarettes	Little Cigars	Large Cigars	Chew, Snuff, Snus	Vaping Products	Pouch Products
Bryne Dairy - Homer	☑	☐	☑	☑	☐	☑
Joe’s Kwik Mart-Homer	☑	☐	☑	☑	☐	☑
Speedway - Polkville	☑	☐	☑	☑	☐	☑
Dollar General - Cuyler	☑	☐	☐	☑	☐	☐
Seven Eleven - Cortland	☑	☑	☐	☑	☑	☑
Shop N Hop - Cortland	☑	☑	☐	☑	☐	☐
Smokers Choice - Cortland	☑	☑	☑	☑	☑	☑
Greg's Supermarket - Marathon	☑	☑	☐	☑	☐	☑
Dollar General - Marathon	☑	☐	☐	☑	☐	☑
Mirabito - Marathon	☑	☑	☑	☑	☐	☑

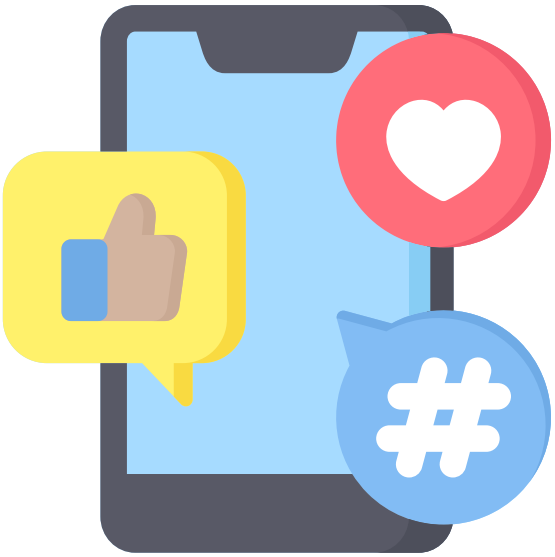
Note: Yellow square indicates flavored versions of the product are available for purchase at that location. All stores surveyed had tobacco products for sale that were visable to customers.

Social Media

ATI published 10 social media graphics on Facebook from 3/25/2026 to 4/28/2026.

Total reach for this time period was: **1,881**

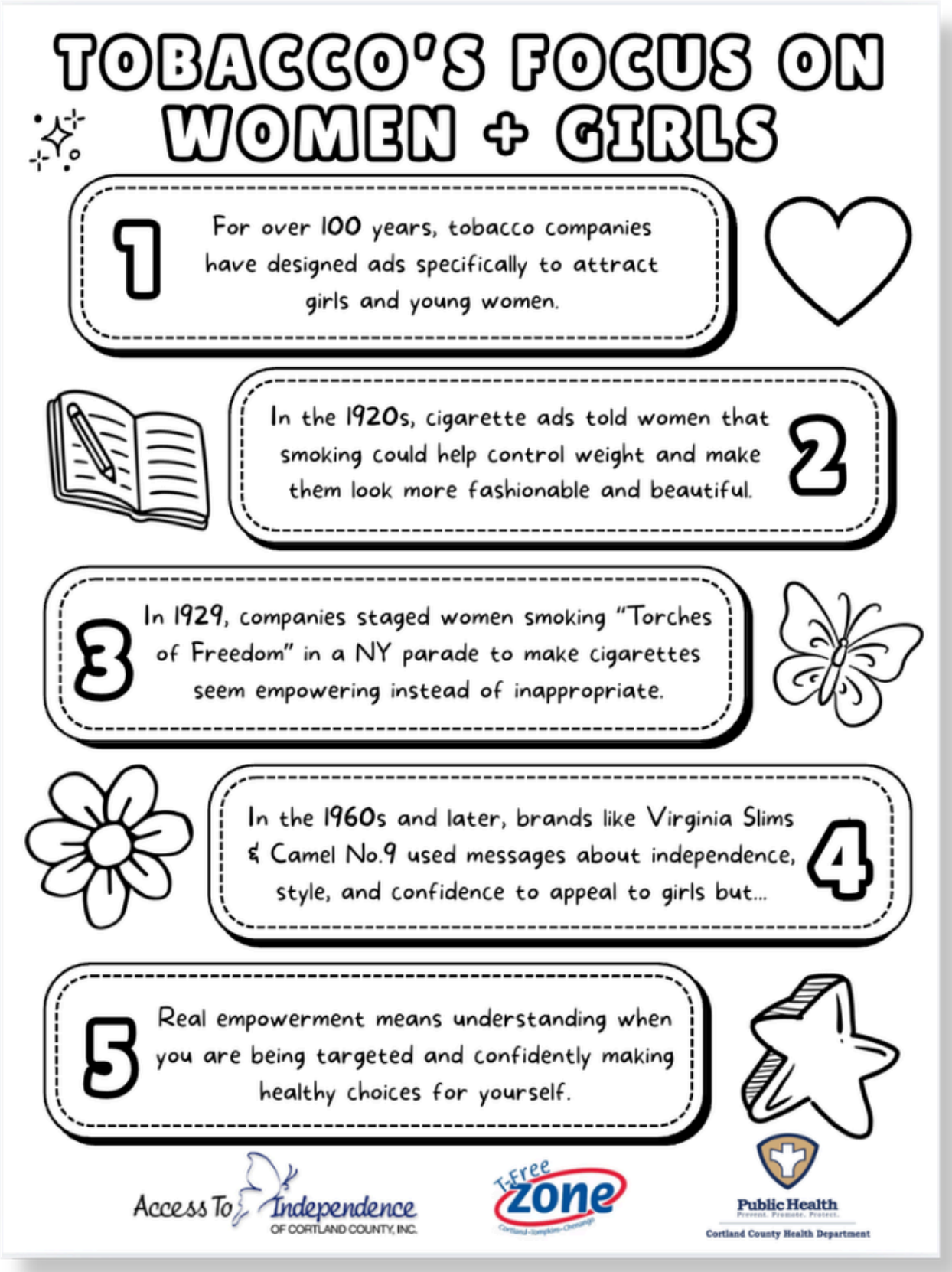
All posts included extended image descriptions and alternative text.



Tobacco Truths Campaign

Tobacco Truths Campaign - Continued

Worksheets for Youth



Worksheets for Youth

Spot The Marketing Tricks!

Companies try to make harmful tobacco products look fun or cool. Find the words in the puzzle that show how tobacco industry advertising tries to grab kids' attention. Circle or highlight each word when you find it.

S	O	C	I	A	L	M	E	D	I	A	A	B	C	D
A	B	M	U	S	I	C	K	L	P	Q	R	S	T	C
A	A	B	I	L	L	B	O	A	R	D	S	X	Q	E
S	T	O	R	E	S	A	B	C	D	E	F	G	H	L
J	G	A	M	E	S	K	L	M	N	O	P	V	Q	E
Z	I	N	T	E	R	N	E	T	A	K	L	I	N	B
P	Q	R	S	T	U	V	W	X	Y	A	B	D	C	R
H	H	C	A	R	T	O	O	N	P	Q	W	E	R	I
L	M	N	O	P	Q	R	S	T	U	V	W	O	X	T
C	O	L	O	R	S	A	B	D	E	F	G	S	I	Y
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
T	U	V	P	R	I	Z	E	S	A	B	C	D	E	F
G	H	I	J	E	V	E	N	T	S	K	L	M	N	O
Q	W	E	R	T	Y	U	I	O	P	A	S	D	F	G
Z	X	C	V	B	N	M	A	S	D	F	G	H	J	K

COLORS
CARTOON
MUSIC

CELEBRITY
GAMES
PRIZES

EVENTS
SOCIAL MEDIA
STORES

INTERNET
VIDEOS
BILLBOARDS

Access To Independence OF CORTLAND COUNTY, INC.

Public Health
Prevent. Promote. Protect.
Cortland County Health Department

T-Free zone
Cortland-Tompkins-Chenango

Brochure for Providers Side 1

ADAPTING QUIT PLANS

- ☐ Modify cessation strategies as needed.
- ☐ Involve the patient in creating their quit plan.
- ☐ Individualize based on ability, cognition, and routine.
- ☐ Break plan into clear, step-by-step actions.
- ☐ Encourage use of supports (reminders, caregivers).
- ☐ Allow flexible timelines or gradual reduction.
- ☐ Assess usability of NRT (dexterity, vision, method)
- ☐ Review medications for interactions/contraindications.
- ☐ Identify triggers and suggest realistic alternatives.
- ☐ Schedule regular follow-up and adjust as needed.

GET IN TOUCH, WE'RE HERE TO HELP

Access To Independence (ATI) is a nonprofit organization that helps people with disabilities live independently and access the services and support they need to participate fully in their communities. Our dedicated team is able to:

- connect community members with resources in our area!
- conduct a collaborative accessibility assessment of your workplace!
- help you implement accessibility and inclusivity practices in your organization!

CONTACT US

607-753-7363

info@aticortland.org

26 N. Main St, Cortland, NY

Access To Independence OF CORTLAND COUNTY, INC.

SUPPORTING PATIENTS

WITH DISABILITIES THROUGH TOBACCO CESSATION

Public Health
Prevent. Promote. Protect.
Cortland County Health Department

T-Free zone
Tobacco Free Cortland

Brochure for Providers- Side 2

RECOGNIZE COMMON BARRIERS TO CESSATION:

- Limited access to accessible cessation tools and programs
- Transportation challenges
- Higher levels of stress or social isolation
- Communication barriers (hearing, cognitive, or language differences)
- Tobacco use among caregivers or peers
- Health materials that are not accessible
- Limited access to healthy alternatives and activities

Knowing about a resource but not being able to access it is different than not knowing it exists!

DISABILITY-INCLUSIVE COUNSELING APPROACHES

- Ask, don't assume what support someone needs.
- Ask what has/hasn't worked before.
- Respect autonomy.
- Recognize that smoking may be used for:
  - pain management
  - coping with stigma
  - social connection
  - routine/structure

QUESTIONS

What role does smoking play in your day?

What would make quitting easier for you?

What have you wanted to try but didn't have the resources available to you?

COMMUNICATION & ACCESSIBILITY

- Use plain, direct language.
- Break information into clear steps.
- Confirm understanding (teach-back).
- Allow time for note-taking.
- Provide accessible formats (large print, visuals, high contrast).
- Keep content concise and easy to read.
- Allow extra time when needed
- Offer telehealth or flexible scheduling
- Ask about assistive devices and technology
- Ensure compatibility with accessibility tools

Community Conversation - Survey

DO **NOT** WRITE YOUR NAME ON THIS PAPER.
YOUR ANSWERS WILL BE ANNOYMOUS

Please fill out this demographic survey by circling the response that best applies to you and then hand this form back to the focus group facilitators.

1. **Please specify the gender you identify with:**

   a. Woman
   b. Man
   c. Gender Non-Binary
   d. Prefer to not answer

2. **What is your age? _____years old**

3. **Which of the following best describes your race or ethnicity? *(Select all that apply)***

   a. White
   b. Black or African American
   c. Hispanic or Latino
   d. Asian
   e. Native American or Alaska Native
   f. Native Hawaiian or Other Pacific Islander
   g. Another race or ethnicity: _____
   h. Prefer not to say

4. **What is the highest level of education you have completed?**

   a. Less than high school
   b. High school diploma or GED
   c. Some college, no degree
   d. Associate degree
   e. Bachelor's degree
   f. Graduate or professional degree
   g. Prefer not to say

5. **How would you describe your financial situation? Circle one.**

   Stable Somewhat Stable Somewhat Unstable Unstable

Community Conversation - Survey

6. **Do you identify as a person with a disability?**

    a. Yes
    b. No
    c. Prefer not to answer

7. **Do you identify as having one or more of the following difficulties? (Choose all that apply)**

    a. Visual (Ex: blindness, partial vision loss, use of glasses, etc.)
    b. Hearing (Ex: deafness, hearing loss, hard of hearing, etc.)
    c. Mental health (Ex: anxiety, depression, PTSD, etc.)
    d. Mobility (Ex: weakness/ amputation /paralysis/multiple sclerosis)
    e. Attention-deficit/Hyperactivity Disorder (ADHD)
    f. Autism Spectrum Disorder (ASD); Asperger's
    g. Other Learning Difficulties (Ex: dyslexia/dyspraxia, etc.)
    h. Chronic Illness (Ex: Diabetes, alcohol use disorder and/or recovery from substance use disorder, asthma, chronic pain, etc.)
    i. Prefer not to answer
    j. None of these apply to me

8. **Some people provide unpaid care to family members or friends with a chronic condition, illness, or disability. This care may help these adults, or children, maintain independence through running errands, cleaning, personal medical assistance, cooking, medication assistance, transportation, and more. Do you consider yourself to be a caregiver for your family member or friend?**

    a. Yes, I am a caregiver to a family member or friend
    b. No, I am not a caregiver

9. **Do you currently use any tobacco or nicotine products?**

    a. Yes, daily
    b. Yes, occasionally
    c. No, but I used to
    d. No, never
    e. Prefer not to answer

Community Conversation - Informed Consent

Consent to Participate in Focus Group

You have been asked to participate in a focus group sponsored by *Access to Independence of Cortland County, the Cortland County Health Department and Tobacco Free Communities of Cortland-Tompkins-Chenago*. The purpose of this focus group is to gain a better understanding of how tobacco retail marketing impacts community members in Cortland County. The information learned in this session will be used to create a report and then used to design further tobacco education and programming in Cortland County.

You can choose whether or not to participate in the focus group and you may stop at any time. Although the focus group will include a note taker, and some sessions may be recorded, your responses will remain anonymous and no names will be mentioned in the report.

There are no right or wrong answers to focus group questions. We want to hear many different view points and would like to hear from everyone. We hope you can be honest even when your responses may not be in agreement with the rest of the group. In respect for each other, we ask that only one individual speak at one time in the group and that responses made by all participants be kept confidential.

I understand the information above and agree to participate in my focus group session.

Signature:_____ Date: _____

Child Advocacy Center Statistical Summary - Quarter 1					
	2022	2023	2024	2025	2026
Victim: Female	29	34	23	47	25
Victim: Male	14	14	16	25	15
Victim: Intersex	0	0	0	0	0
Victim: Unknown	0	0	0	0	0
Victim: Decline to Answer	0	0	0	0	1
Victim: TOTAL	**43**	**48**	**39**	**72**	**41**
Victim: American Indian / Alaska Native	0	0	0	0	0
Victim: Asian East or Southeast Asian	0	0	1	0	1
Victim: South Asian	0	0	0	0	0
Victim: Black / African American	0	2	0	0	2
Victim: Hispanci or Latino	0	0	0	7	0
Victim: Native Hawaiian / Other Pacific Islander	0	0	0	0	0
Victim: Non-Latino Caucasian	42	42	35	60	35
Victim: Another Racial Identify not listed	0	0	0	0	0
Victim: Multiple Racial Identities	1	2	3	4	3
Victim: Not Reported	0	2	0	1	0
Victim: Not Tracked	0	0	0	0	0
Victim: 0-5 yrs old	9	10	1	16	6
Victim: 6-10 yrs old	9	14	12	24	15
Victim: 11-17 yrs old	25	24	26	32	20
Victim: 18-24 yrs old	1	2	0	0	0
Victim: 25+ yrs old	0	0	0	0	0
Victim: Undisclosed	0	0	0	0	0
Victim: Deaf / Hard of Hearing	0	0	0	0	0
Victim: Unstably Houses / Unhoused	0	0	0	0	0
Victim: Immigrants / Refugee or Asylum Seeking	0	0	0	0	0
Victim: LGBTQIA+	0	0	0	0	0
Victim: Military-Dependent	0	0	0	0	0
Victim: Cognitive, Physical, or Mental Disability	16	20	11	13	1
Victim: Limited English Profeciency	0	0	0	0	1
Victim: Vision Impaired	0	0	0	0	0
Victim: Indigenous / Tribal Community	0	0	0	0	0
Victim: Other	0	0	0	0	0
Advocacy: Crisis Intervention	34	124	92	119	114
Advocacy: Medical Referrals	10	1	0	1	4
Advocacy: Medical Evaluations	7	2	2	2	1
Advocacy: Mental Health Referrals	11	15	16	43	20
Advocacy: Mental Health Treatment	17	9	11	4	9
Suspect: Step-Parent	1	2	5	3	1
Suspect: Other Relative	8	20	5	17	11
Suspect: Other Known Person	14	15	6	5	7
Suspect: Unknown Relationship	6	2	4	19	1
Suspect: Adoptive Parent	0	0	1	0	3
Suspect: Foster Parent	0	0	0	3	1
Suspect: Stranger Unknown Offender	0	0	0	0	0
Suspect: Stranger Internet Crime	0	0	0	0	0
Suspect: School Personnel / Volunteer	0	0	0	0	1
Suspect: Coach/Sport Personnel/Volunteer	0	0	0	0	0
Suspect: Medical Professional	0	0	0	0	0

Child Advocacy Center Statistical Summary - Quarter 1					
	2022	2023	2024	2025	2026
Suspect: Daycare	0	0	0	0	0
Suspect: Babysitter	2	0	0	1	1
Suspect: Biological Parent	20	10	26	31	14
Suspect: Parent's Significant Other	1	3	6	4	9
Suspect: Religious Personnel / Volunteer	0	0	0	0	0
Suspect: 11 yrs old and under	4	5	1	2	5
Suspect: 12-17 years old	9	8	8	5	2
Suspect: 18-24 years old	5	12	1	13	10
Suspect: 25+ years old	34	27	36	31	27
Suspect: Not Disclosed	0	0	7	32	5
Abuse: Sexual	31	40	25	54	26
Abuse: Physical	5	3	13	15	9
Abuse: Neglect	1	0	0	1	6
Abuse: Witness to Violence	0	0	4	1	0
Abuse: Drug Endangerment	6	3	5	0	1
Abuse: Other	1	0	7	3	7
Abuse: Mass Violence	0	0	0	0	0
Abuse: Intrpersonal Violence/Family Violence	2	0	0	0	0
Abuse: Community Violence	0	0	0	0	0
Abuse: Child Labor Trafficking	0	0	0	0	0
Abuse: Child Sex Trafficking	2	2	0	0	0
Abuse: Commercial Sexual Exploitation of Children (CSEC)	0	0	0	0	0
Abuse: Child Sexual Abuse Material (CSAM)	4	1	0	0	0
Abuse: Sextortion	0	0	0	0	0
Abuse: Teen Dating Victimization	0	0	0	0	0
Abuse: Adult Survivor	0	0	0	0	0
Forensic Interview: On-site	25	33	11	37	26
Forensic Interview: Off-site	6	3	2	2	1
% of Interviews On-site	81%	92%	85%	95%	96%
CPS: Administative Closure	0	0	0	0	0
CPS: Unable to Determine	0	0	0	0	0
CPS: Other Reason for Closure	0	0	0	0	0
CPS: Screened Out	0	0	0	0	0
CPS: Differential Response	0	0	0	0	0
CPS: Unable to Complete	0	0	0	0	0
CPS: Child with Sexual Behavior Problem	0	0	0	0	0
CPS: Substantiated / Indicated / Founded	23	15	6	18	20
CPS: Unsubstantiated / Unfounded	17	18	2	20	20
CPS: Moved / Transferred	0	0	0	0	0
Prosecution: Accepted	7	10	1	6	0
Prosecution: Convictions	0	1	0	1	0
Prosecution: Pleas	10	3	2	1	3
Prosecution: Acquittals	0	2	0	0	0
Prosecution: Referred for Prosecution	0	0	0	0	0
Prosecution: Charges Dismissed	0	0	0	0	1
Prosecution: Diversion Response	0	0	0	0	0

Cortland County Office for Aging

Health and Human Services Committee
June 2026

Agency Updates & Events

World Elder Abuse Awareness Day

Please join us on Monday, June 15, at 1:00 p.m. on the front lawn of the County Office Building as we show our support for World Elder Abuse Awareness Day (WEAAD).

This important event will feature speakers discussing scam awareness, elder abuse recognition and prevention, available community resources, and ways we can all help protect older adults from abuse, neglect, and exploitation.

Together, we can raise awareness, promote dignity and respect for older adults, and help create a safer community for everyone.

SilverSheild

SilverShield is a scam and fraud protection service designed to help older adults and other users recognize and avoid common scams. The agency has remaining SilverShield licenses available for distribution and will host and enrollment event on Tuesday, June 16th at 2pm at the Age Well Center.

Age Well Center (AWC)

- The Age Well Center (AWC) continues to grow in popularity, with 12 new participants enrolled in May.
- Total unduplicated attendance for participants age 60 and older reached 177 individuals during the month.
- Wellness programs remain highly attended, including:
  - Line Dancing, Chair Yoga, Tai Chi, Zumba
- Participants have shown increasing interest in:
  - Technology assistance, nutrition education, health and wellness topics, safety-related presentations
- Upcoming June special events include:
  - Pride Month documentary and discussion, Food Sense presentation, Juneteenth documentary, Father's Day live music and trivia, Fire and home safety presentation
- Additional information and the full activity schedule are available through the Age Well Center Activity Calendar (https://www.cortlandcountyny.gov/1117/Age-Well-Center).

Senior Farmers Market Nutrition Program (SFMNP)

- The Senior Farmers' Market Nutrition Program (SFMNP) is administered through a partnership between the New York State Department of Agriculture and Markets and the New York State Office for the Aging to support local farmers and promote access to fresh, locally grown fruits and vegetables for older adults.
- Coupon booklets are typically received and distributed in July. Each eligible participant receives a $25 booklet containing five $5 coupons, subject to age (60+) and income eligibility requirements.
- Cortland County received a preliminary allocation of 300 coupon booklets for 2026.
- The 2026 allocation represents a significant decrease from the 1,500 booklets received in 2025 and is below the county's typical annual allocation of 750–850 booklets.
- The state surveyed counties regarding their capacity to distribute additional coupons if funding became available. Cortland County reported the ability to distribute approximately 800 additional booklets.
- NYSOFA has indicated that a limited number of additional coupons may be available and counties experiencing reductions of 70% or more may receive a modest allocation increase.
- No updated allocation information has been received at this time.

Expanded In-Home Services for the Elderly Program (EISEP)

- Expanded In-Home Services for the Elderly Program (EISEP) helps eligible adults age 60+ remain safely and independently in their homes, reducing the need for nursing home or institutional care.
- Provides non-medical support services for older adults who need assistance with daily activities and are not eligible for Medicaid-funded long-term care services.
- Services may include:
  - Personal care assistance (bathing, dressing, grooming), housekeeping and chore services, case management and care coordination, ancillary services
- Uses an income-based cost-sharing model, with many participants receiving services at little or no cost.
- Helps fill gaps in long-term care services and supports independence, safety, and quality of life for older adults living in the community.
- 2026 Managed Long-Term Care (MLTC) eligibility changes have increased the importance of EISEP:
  - Medicaid recipients must now require assistance with three or more Activities of Daily Living (ADLs), or more than one ADL for individuals with documented dementia, to qualify for MLTC services.
  - Many individuals who previously qualified for MLTC no longer meet eligibility requirements despite needing in-home assistance.
- The agency has received NYSOFA approval to serve certain Medicaid recipients who are denied MLTC services but otherwise meet EISEP eligibility criteria.
- The program helps address a significant service gap, ensuring vulnerable older adults can continue living safely at home.
- Since Medicare does not cover ongoing in-home personal care assistance, EISEP is often the only available option for residents who need long-term in-home support.

Program Snapshot

Core Services

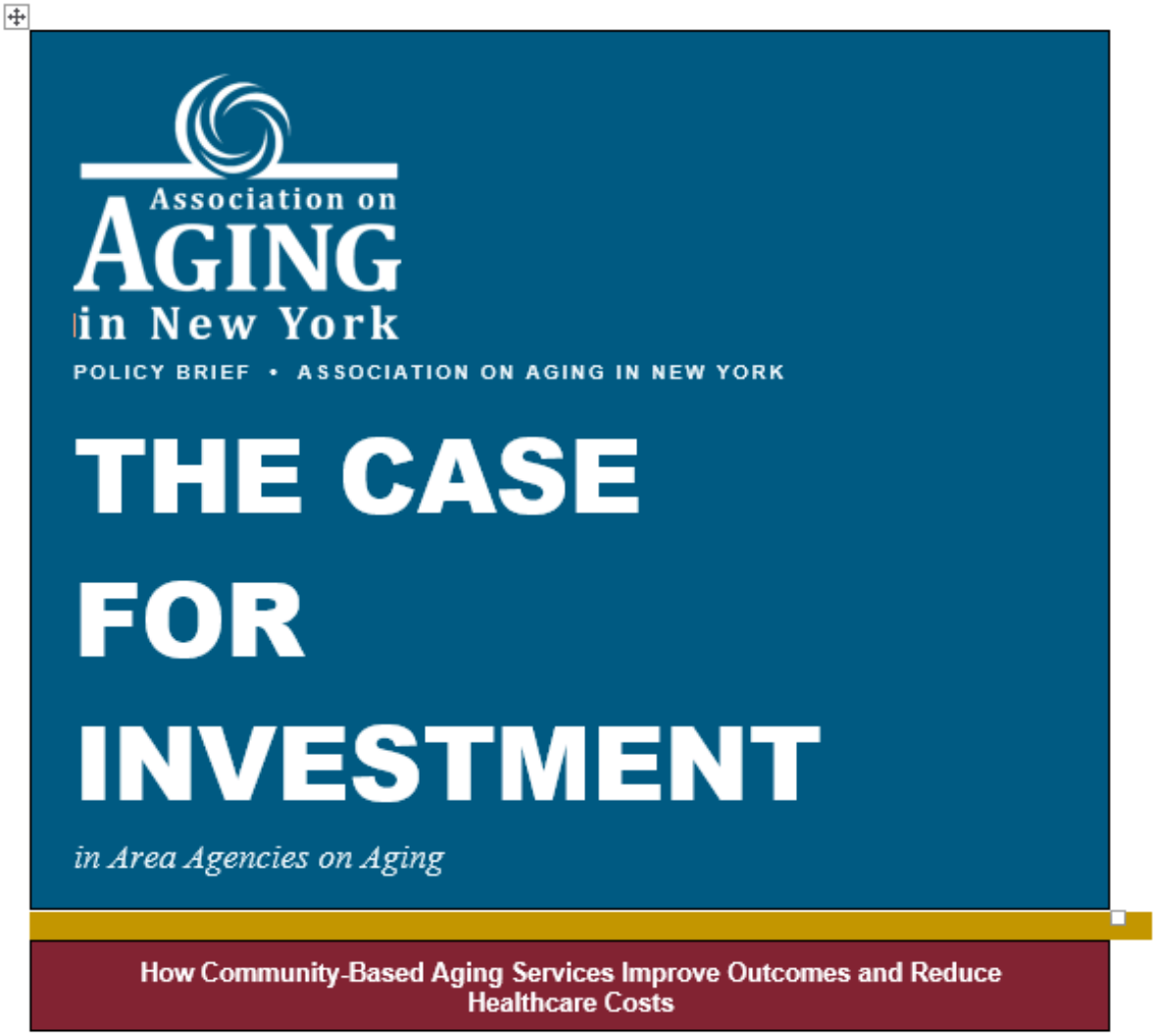
Service Type	March 2026 Units	March 2026 Unduplicated Clients	April 2026 Units	April 2026 Unduplicated Clients
Case Management	222	81	254	100
Home Care / Respite	551	37	559	40
Congregate Meals	309	67	276	57
Home Delivered Meals	6,218	202	6,201	199
Health Promotion	770	61	757	79
HIICAP Beneficiary Contact	118	95	105	88
NY Connects	222	130	213	126
Personal Emergency Response	45	45	45	45
Home Repair & Modifications	7	6	7	5
Senior Center Rec & Ed	178	110	158	132
Transportation	387	28	419	39
HEAP (25/26 season)	431	431	437	437
Food Pantries	591	37 (duplicated)	822	70 (duplicated)

Waitlists

Service Type	Individuals	Reason
Home Care / Respite	2	Pending assessment
Personal Emergency Response	2	Pending assessment
Home Repair & Modifications	43	Pending assessment / contractor
Home Delivered Meals	11	Case load
Bonesavers	16	Class size limited due to space / volunteer leader
Shopping Assistance	1	Lack of interested volunteers due to client location

Association on Aging Policy Brief

This policy brief from the Association on Aging in New York argues that investing in Area Agencies on Aging (AAAs) is a cost-effective strategy that improves health outcomes for older adults while reducing healthcare and Medicaid expenditures.



THE AGING NETWORK AT A GLANCE	
Area Agencies on Aging operating nationwide	600+
Local service providers in the national network	20,000+
Americans age 65 and older served annually	Millions
Peer-reviewed studies confirming cost savings	Multiple

> *"Area Agencies on Aging are not social programs. They are preventive healthcare infrastructure — and they pay for themselves many times over."*

515 Broadway, Suite 402 • Albany, NY 12207 • agingny.org • evelyn@agingny.org

THE ECONOMIC CASE

Older Americans Are an Economic Engine

Older Americans are a major economic engine for the United States, contributing trillions of dollars annually through work, consumer spending, taxes, caregiving, and volunteerism.

THE ECONOMIC CONTRIBUTION OF OLDER AMERICANS	
Contribution of adults 50+ to U.S. GDP — roughly 40% of the entire economy (AARP)	**$8.3 trillion**
Projected annual economic contribution of adults 50+ by 2050	**$26.8 trillion**
Share of all U.S. consumer spending driven by older adults	**>50%**
Annual unpaid caregiving and volunteer contributions, adults 50+ (AARP)	**$745 billion**
Annual value of unpaid family caregiving — equivalent to ~24 million full-time workers	**>$1 trillion**

Older adults account for more than half of all consumer spending in the United States, driving demand across healthcare, housing, retail, transportation, and service industries. Beyond formal economic activity, older Americans provide enormous unpaid social and caregiving contributions that reduce pressure on public systems and strengthen families and communities. Family caregivers — many of whom are older adults themselves — now provide over $1 trillion worth of unpaid care each year. Without these contributions, costs to Medicaid, healthcare systems, and long-term care institutions would rise dramatically.

> *"Investments in programs supporting older Americans are not simply expenditures — they are investments in a population that already generates immense economic and social value for the nation."*

Increased funding for aging services, nutrition programs, transportation, caregiving support, healthcare access, and community-based services helps older adults remain healthy, independent, and engaged — while preserving billions of dollars in economic productivity and unpaid community support.

EXECUTIVE SUMMARY

What Every Legislator Needs to Know

Area Agencies on Aging (AAAs) are among the most cost-effective tools a legislator has for reducing Medicaid expenditures, cutting hospital readmissions, and keeping older New Yorkers out of nursing homes — all at a fraction of institutional care costs.

Established under the Older Americans Act of 1965, the national AAA network coordinates home-delivered meals, case management, transportation, caregiver support, and health promotion for millions of older adults every year. A robust body of federal data and peer-reviewed research demonstrates, consistently, that these services reduce hospitalizations, lower emergency department utilization, delay nursing home placement, and generate significant Medicaid savings.

The choice facing policymakers is not whether to spend money on older adults — it is whether to spend it efficiently now, or expensively later.

BACKGROUND

What Area Agencies on Aging Do

Area Agencies on Aging were created through the Older Americans Act of 1965 to coordinate community-based services for older adults and caregivers. Today, the national network spans all 50 states, serving every urban, suburban, and rural community in the country.

Core Services Delivered by AAAs

- Home-delivered and congregate nutrition programs
- Case management and long-term care navigation
- Transportation to medical appointments and community services
- Family caregiver support and respite programs
- Benefits counseling, including Medicare and Medicaid navigation
- Evidence-based fall prevention and health promotion programs

The Administration for Community Living (ACL) identifies AAAs as critical infrastructure for "aging in place" — the strongest predictor of reduced institutional care costs. AAAs are already embedded in communities, operational, and scalable. Creating this infrastructure from scratch would cost orders of magnitude more than strengthening what already exists.

THE EVIDENCE

What the Research Tells Us

AAA Partnerships Reduce Medicare Spending

A landmark study published in Health Affairs examined partnerships between Area Agencies on Aging and healthcare systems and found measurable, sustained reductions in spending and institutional utilization.

$136

Reduction in annual Medicare spending per beneficiary
through AAA–hospital partnerships — Brewster et al., Health Affairs 2020

- Mental health agency partnerships reduced potentially avoidable nursing home use
- Collaborative community initiatives improved measurable health outcomes

> *"Integrating health and social services through AAAs yields health returns among older adults, in the form of reduced health care use and spending."*
>
> — Brewster AL, et al. Health Affairs, 2020

Brewster AL, et al. Health Affairs. 2020;39(4):587–594.

Home-Delivered Meals Prevent Nursing Home Placement

Research published in Health Affairs provided the first large-scale evidence that expanding home-delivered meal programs produces direct, measurable Medicaid savings at the state level.

$109M+

Potential annual Medicaid savings per state

from a 1% increase in low-care seniors receiving home-delivered meals — Thomas & Mor, Health Affairs 2013

Meal delivery programs delay institutionalization by supporting nutrition, medication adherence, and basic health stability among seniors who would otherwise deteriorate and require placement.

Thomas KS & Mor V. Health Affairs. 2013;32(10):1796–1802.

Meal Programs Reduce Hospitalizations and Emergency Department Use

A Health Affairs study of medically tailored and home-delivered meal programs among high-risk Medicare and Medicaid beneficiaries found significant reductions across every major cost driver:

- Fewer emergency department visits
- Fewer inpatient hospital admissions
- Lower overall healthcare expenditures

Berkowitz SA, et al. Health Affairs. 2018;37(4):535–542.

AAA Case Management Reduces Hospital Readmissions

Federal research supported by the Agency for Healthcare Research and Quality (AHRQ) demonstrated that AAA-led transitional care and case management programs substantially reduce the readmissions that drive hospital costs.

39.6%

Reduction in 30-day hospital readmissions

achieved by a Massachusetts AAA through post-discharge case management — AHRQ-supported research

FEDERAL DATA

What ACL's National Surveys Show

The Administration for Community Living conducts annual surveys of Older Americans Act participants. The results are consistent across years and geography: AAA services work, and they are reaching the people who need them most.

ACL NATIONAL PARTICIPANT SURVEY — KEY FINDINGS	
Recipients who say services help them continue living independently	93%
Recipients who report improved nutrition and health	85%
Participants who live alone — among the most isolated and vulnerable	63%
Participants with mobility limitations or difficulty leaving home	42%

Federal officials emphasize that home-delivered meals also serve as a critical safety monitoring system: drivers and volunteers identify emerging medical problems, check on homebound seniors, and connect them to care before crises occur and hospitalizations result.

THE FISCAL STAKES

The Cost of Doing Nothing Is Not Zero

Warning: The Status Quo Is Expensive

Failing to invest in community-based aging services does not save money. It shifts costs downstream into nursing homes, emergency departments, and Medicaid—at three to ten times the per-person expense. Every dollar not spent on prevention today becomes several dollars in crisis care tomorrow.

THE COST OF INSTITUTIONAL CARE VS. COMMUNITY-BASED SERVICES	
Average annual nursing home cost nationally	>$100,000
Home-delivered meals, case management, and support services	Fraction of that
Even a one-year delay in nursing home placement saves Medicaid	Tens of thousands
Return on every dollar invested in AAA services (est.)	Multiple ×

As the U.S. population ages, these dynamics only intensify. Americans age 65 and older now number more than 58 million. The population age 85 and older—the cohort with the highest care needs—is projected to more than double over coming decades. Healthcare workforce shortages are worsening. Family caregivers face increasing economic strain. Without investment in community-based infrastructure, Medicaid costs will escalate in ways that will make today's challenges look manageable.

"The question is not whether we can afford to invest in Area Agencies on Aging. It is whether we can afford not to."

HEALTH EQUITY

Addressing What Drives Healthcare Costs

A growing body of research confirms that the most expensive health outcomes among older adults are driven not primarily by clinical conditions, but by unmet social needs. AAAs directly address the social determinants of health most closely linked to high-cost outcomes:

- Food insecurity → malnutrition, hospitalization, cognitive decline
- Transportation barriers → missed appointments, delayed diagnosis, avoidable ER visits
- Social isolation → depression, dementia progression, premature mortality
- Caregiver stress → caregiver burnout, premature institutionalization
- Housing instability → falls, infection, emergency department utilization

By intervening upstream at these root causes, AAAs reduce the downstream hospitalizations, nursing home placements, and emergency utilization that drive public program expenditures. This is not social work. It is cost containment.

LEGISLATIVE PRIORITIES

The Ask: Four Actions That Will Make a Difference

Area Agencies on Aging are shovel-ready, community-tested, and proven. The following four investments will produce measurable returns in reduced institutional care costs, improved health outcomes, and stronger communities.

1	**Increase Federal and State Funding for Older Americans Act Programs** Expand investments in home-delivered meals, congregate nutrition, transportation, case management, and caregiver support. These are the core services with the strongest evidence base for reducing institutional care costs.
2	**Strengthen Healthcare Partnerships with AAAs** Encourage hospital–AAA partnerships, Medicare managed care collaboration, and value-based care integration. The evidence shows these partnerships reduce Medicare spending and avoidable utilization.
3	**Expand Evidence-Based Community Interventions** Scale programs proven to reduce hospital readmissions, falls, malnutrition, and social isolation. The research is robust. What is needed now is the investment to bring these programs to scale.
4	**Support Workforce and Infrastructure Capacity** Invest in case management staffing, technology modernization, and rural service delivery capacity to meet growing demand before the demographic wave crests.

CONCLUSION

An Investment America Cannot Afford to Delay

The evidence is unambiguous. Area Agencies on Aging reduce hospitalizations, lower Medicaid expenditures, delay nursing home placement, and improve quality of life for millions of older Americans.

This is not an argument for expanding a social program. It is an argument for investing in infrastructure that is already working—infrastructure that saves money, reduces pressure on hospitals and long-term care systems, and delivers what older Americans and their families need most: the ability to age with dignity and independence in their own communities.

AAA programs are operational nationwide, community-embedded, and highly scalable. The research is compelling. The need is urgent. The demographic pressure is not slowing down.

> *"Rather than viewing aging services as optional social programs, policymakers should recognize AAAs as essential components of the nation's healthcare and long-term care infrastructure."*

The question before legislators is straightforward: invest now in proven, cost-effective community-based services—or pay far more later in nursing homes, emergency departments, and Medicaid. The right choice, both fiscally and morally, is clear.

Association on AGING in New York
Association on Aging in New York
515 Broadway, Suite 402 • Albany, NY 12207
becky@agingny.org • agingny.org