

Health Committee



AGENDA - REGULAR MEETING

OSWEGO COUNTY, NEW YORK

Date/ Time: Wednesday, July 5, 2023 at 11:00 a.m.

Location: Conference Room E - Legislative Office Building 46 East Bridge Street Oswego

COMMITTEE MEMBERS:

James Karasek, Chair	Legislator, 22 nd District
Michael Solowy, Vice Chair	Legislator, 23 rd District
Nathan Emmons	Legislator, 15 th District
Frank Castiglia	Legislator, 25 th District
Marc Greco	Legislator, 24 th District
Richard Kline	Legislator, 12 th District
James Scanlon	Legislator, 16 th District

CALL TO ORDER:

- Pledge of Allegiance

APPROVAL OF MINUTES:

- Approval of the Minutes for the Health Committee's regular meeting on June 6, 2023

RESOLUTIONS:

- HE-1** Resolution to Reclassify Two Early Intervention Specialist to Senior Early Intervention Specialist
- HE-2** Resolution Awarding Professional Services Contract – RFP 23-HLTH-002- Analytical Testing Services

COMMITTEE REVIEW & DECISIONS:

- BID 23-HLTH-001 Outdoor Advertising Billboards
- BID 23-HLTH-003 Aerial Application of Pesticide

REPORTING DEPARTMENTS:

- Health Department Updates
 - Oswego County Health Department Strategic Plan 2023 – 2025
 - Director's Report

ADJOURNMENT:

Health Committee

DRAFT



MINUTES - REGULAR MEETING

OSWEGO COUNTY, NEW YORK

Date/ Time: Tuesday, June 6, 2023 at 11 a.m.

Location: Conference Room E - Legislative Office Building 46 East Bridge Street Oswego, New York 13126

COMMITTEE MEMBERS:

James Karasek, Chair	Legislator, 22 nd District	Present
Michael Solowy, Vice Chair	Legislator, 23 rd District	Present
Nathan Emmons	Legislator, 15 th District	Excused
Frank Castiglia	Legislator, 25 th District	Present
Marc Greco	Legislator, 24 th District	Present
Richard Kline	Legislator, 12 th District	Present
James Scanlon	Legislator, 16 th District	Present

STAFF AND GUESTS:

Vera Dunsmoor	Jennifer Walts	Noelle Salmonsens	Phil Church
Savannah Wyckoff	Kelly Jordal	Jodi Martin	

CALL TO ORDER:

A Regular Meeting of the Health Committee was called to order at 11:06 a.m. by Committee Chairman James Karasek with Deputy Clerk of the Legislature present. The meeting commenced with the Pledge of Allegiance

APPROVAL OF MINUTES:

Motion to approve the meeting minutes: Legislator Kline

Second: Legislator Greco

Vote: Unanimous, motion carried

The minutes for the Health Committee's Regular Meeting on May 2, 2023 are approved

RESOLUTIONS:

HE-1 Resolution to Accept Funding from University Emergency Services, Inc. D/B/A UBMD Emergency Medicine (UBMDEM) through its Division for Medication for Addiction Treatment & Electronic Referrals (MATTERS) to Purchase a Harm Reduction Vending Machine

Motion to approve: Legislator Kline

Second: Legislator Greco

Vote: 5 in favor, 1 opposed (Legislator Castiglia), 1 absent

COMMITTEE REVIEW & DECISIONS:

BID23-HLTH-001 Outdoor Advertising Billboards

Motion to approve: Legislator Greco

Second: Legislator Solowy

Vote: 3 in favor; 3 opposed (Legislator Greco, Kline and Castiglia); 1 absent motion fails

Legislator Greco left the meeting at 11:50 am

REPORTING DEPARTMENTS:

- Introduction of Jodi Martin, Deputy Director of Public Health
- Director Vera Dunsmoor reviews Health Department. A handout was distributed.

Motion to rescind the vote for BID23-HLTH-001: Legislator Kline

Second: Soloway

Vote: 4 in favor; 1 opposed (Legislator Castiglia)

Motion to table the BID: Legislator Kline

Second: Legislator Solowy

Vote: 6 in favor; 1 opposed (Legislator Castiglia)

ADJOURNMENT:

Motion to adjourn at 12:12 p.m. Legislator Castiglia

Second: Legislator Kline

Vote: Unanimous, motion carried

DRAFT

Betsy Sherman-Saunders
Clerk of the Legislature

RESOLUTION NO.

July 13, 2023

**RESOLUTION TO RECLASSIFY TWO EARLY INTERVENTION SPECIALISTS
TO SENIOR EARLY INTERVENTION SPECIALISTS**

By Legislator James Karasek:

WHEREAS, to reclassify two positions in the Early Intervention Division from Early Intervention Specialist to Senior Early Intervention Specialist; and

WHEREAS, the Senior Early Intervention Specialists will provide supervision to the current Early Intervention Specialists in the division. This reclass will create a line of succession within the Children with Special Needs Division, thus increasing staff retention; and

NOW, upon recommendation of the Health Committee and with approval of the Finance and Personnel Committee of this body, so be it

RESOLVED, that positions #405996602 and # 405919401 from Early Intervention Specialist to Senior Early Intervention Specialist, Grade 12 in the Oswego County CSEA Bargaining Unit. These positions will remain eligible for partial reimbursement through the Early Intervention grant; and be it

RESOLVED, that certified copies of this resolution delivered to the County Treasurer, Budget Officer, and Director of Human Resources shall be their authority to make such changes.

RESOLUTION PASSED/FAILED, WITH A VOICE/ROLL CALL VOTE

YES:

NO:

ABSENT:

ABSTAIN:

**INFORMATIONAL MEMORANDUM**

SUBJECT: Request for reclassification of two positions in the Early Intervention Division.

PURPOSE: To reclassify 2 positions from Early Intervention Specialists to Senior Early Intervention Specialists.

SUMMARY: The Children with Special Needs Division hosts 3 distinct programs. The Early Intervention/Child Find Program, the Children and Youth with Special Health Care Needs Program and the 3-5 Preschool Special Education Program. These programs constitute 65% of the Health Department's overall budget and are State and Federally Mandated Programs. The Senior Early Intervention Specialists will assume the function of Early Intervention Official Designee (EIOD) on behalf of the Early Intervention Official who is the Director of Programs for Special Needs. The EIOD is required to attend all Individualized Family Service Plan (IFSP) meetings for children eligible for Early Intervention Services. The Early Intervention Program serves between 400- 500 children each year. Each child has at least 2 IFSP meetings a year, totaling 800-1,000 meetings annually. By utilizing the EIOD role, the Director of Programs will no longer need to attend IFSP meetings. The Senior Early Intervention Specialists will also provide supervision to the current Early Intervention Specialists in the division. This reclass will create a line of succession within the Children with Special Needs Division, thus increasing staff retention.

These reclassifications are budget neutral due to a vacancy in the Special Ed Admin department. These positions will remain eligible for partial reimbursement through the Early Intervention grant.

RECOMMENDED ACTION: The Health Committee approve and recommend the reclassification of positions #405996602 and # 405919401 from Early Intervention Specialist to Senior Early Intervention Specialist.

POSITION REQUEST/DELETE BUDGET FORM

DEPARTMENT: Health Department

DIVISION/UNIT (NUMBER): A4059

A. NEW POSITION REQUEST

1. Position Title Requested: _____

2. Bargaining Unit: ☐ CO-OP ☐ Highway ☐ Silver Star ☐ Deputies ☐ OCPA ☐ Mgmt.

3. a. Bargaining Unit – Hourly Rate from Grade plan: _____ Grade: _____

b. Management or OCPA – Salary Requested: _____ Grade: _____

4. Percent of Federal and or State Reimbursement: _____ Fringe Reimbursed: ☐ Yes ☐ No

5. Justification of Need (Use additional sheets as necessary):

6. Complete New Position Duties Statement (p. 3 & 4).

B. RECLASSIFICATION REQUEST

1. Present Title: EI Specialist 2. Position #: 405919401

3. Present Salary/Hourly Rate: \$23.83 Grade: 10

4. Requested Title: Senior EI Specilast

5. Requested Salary: _____

a. Bargaining Unit: CSEA Hourly Rate: \$27.86 Grade: 12

b. Management or OCPA – Salary Requested: _____ Grade: _____

6. Percent of Federal and/or State Reimbursement: _____ Fringe Reimbursed: ☐ Yes ☐ No

7. Justification of Need (use additional sheets as necessary): *This position will supervise one EI Specialist currently working in the division. This will allow the Director of Programs for Children with Special Needs to provide general supervision to the Senior EI Specialists, giving the Program Director more time to focus on special projects and making sure all programs are complying with State and Federal Mandates. Upgrading to a Senior EI Specialist will allow this position to act as Early Intervention Official Designee thus freeing up the Program Director from attending all Individual Family Service Plan meetings. This is common practice among other counties for utilizing the Early Intervention Official Designee position. Upgrading this position will also bring much needed succession planning within the division.*

8. Complete New Position Duties Statement (p. 3 & 4).

C. POSITION DELETION	
1. Title to be Deleted:	
2. Position #	3. Salary Savings:
4. Reason for Deletion:	

Civil Service Law: Section 22. Certification for positions.
Before any new positions in the service of a civil division shall be created or any existing position in such service shall be reclassified, the proposal therefore, including a statement of the duties of the position, shall be referred to the municipal commission having jurisdiction and such commission shall furnish a certificate stating the appropriate civil service title for the proposed position or the position to be reclassified. Any such new position shall be created or any such position reclassified only with the title approved and certified by the commission.

**OSWEGO COUNTY HUMAN RESOURCES
DEPARTMENT**

NEW POSITION DUTIES STATEMENT

Department head or other authority requesting the creation of a new position, prepare a separate description for each new position to be created except that one description may cover two or more identical positions in the same organizational unit. Forward two typed copies to this office.

**1. DEPARTMENTS/SCHOOL
DISTRICT/TOWN OR VILLAGE**
Health

DIVISION, UNIT, OR WORK SECTION
Early Intervention

LOCATION OF POSITION
A4059

2. DESCRIPTION OF DUTIES: Describe the work in sufficient detail to give a clear word picture of the job. Use a separate Paragraph for each kind of work and describe the more important or time-consuming duties first. In the left column, estimate how the total working time is divided.

Title requested: *Senior EI Specialist*

**PERCENT OF
WORK TIME**

40	<i>Act as the Early Intervention Official Designee for all Individualized Family Service Plan meeting.</i>
40	<i>Act as the Initial Service coordinator who is the first person to meet with families of children who are suspected of having a developmental delay or disabilities to explain the Early Intervention Program and all of the families rights under the programs</i>
10	<i>Provider supervision to EI Specialists. On a monthly basis, review EI Specialist notes to make sure they adhere to State Regulations. Provide other quality assurance measures on a regular basis.</i>
5	<i>Act as a resource for EI Specialist when there are situations that are tough in nature and provide support to them.</i>
5	<i>Other duties as assigned</i>

(Attach additional sheets if more space is needed)

3. Names and titles of person supervising (general, direct, administrative, etc.).

NAME	TITLE	TYPE OF SUPERVISION
Tammy Thompson	Director of Programs for CSN	General

4. Names and titles of persons supervised by employee in this position.

NAME	TITLE	TYPE OF SUPERVISION
Kassi Schultz	EI Specialist	General

5. Names and titles of persons doing substantially the same kind and level of work as will be done by the incumbent of this new position.

NAME	TITLE	LOCATION OF POSITION
Sonia Robinson	Senior Public Health Educator	Health Education/Health
Frances Anthony	Senior Sanitarian	Environmental
Gene Kush	Senior Sanitarian	Environmental

6. What minimum qualifications do you think should be required for this position?

Education: ☐ High School _____ years

☒ College 4 years, with specialization in Health, Human or Social Services

☐ Other 2 years, with specialization in EI Specilaist position

Experience (list amount and type): *At least 2 years as an EI Specialist or Service Coordinator in an Early Intetvnetion Program.*

Essential knowledge, skills and abilities: *Knowledge of all State and Federal Early Intervention Regulations, principals of supervision, ability to communicate effectively both orally and written, knowledge of chid development, knowledge of community resources, ability to monitor appropriate documentation required for service coordination.*

Type of license or certificate required:

7. The above statements are accurate and complete.

Date: _____ Title: _____ Signature: _____

CERTIFICATE OF OSWEGO COUNTY PERSONNEL OFFICER

8. In accordance with the provisions of Civil Service Law (Section 22), the Oswego County Personnel Officer certifies that the appropriate civil service title for the position described is:

POSITION CLASS TITLE:

JURISDICTIONAL CLASS:

Date: _____ Signature: _____

POSITION REQUEST/DELETE BUDGET FORM

DEPARTMENT: Health Department

DIVISION/UNIT (NUMBER): A4059

A. NEW POSITION REQUEST

1. Position Title Requested:

2. Bargaining Unit: ☐ CO-OP ☐ Highway ☐ Silver Star ☐ Deputies ☐ OCPA ☐ Mgmt.

3. a. Bargaining Unit – Hourly Rate from Grade plan: _____ Grade: _____

b. Management or OCPA – Salary Requested: _____ Grade: _____

4. Percent of Federal and or State Reimbursement: _____ Fringe Reimbursed: ☐ Yes ☐ No

5. Justification of Need (Use additional sheets as necessary):

6. Complete New Position Duties Statement (p. 3 & 4).

B. RECLASSIFICATION REQUEST

1. Present Title: EI Specialist 2. Position #: 405996602

3. Present Salary/Hourly Rate: \$29.16 Grade: 10

4. Requested Title: Senior EI Specialist

5. Requested Salary: _____

a. Bargaining Unit: CSEA Hourly Rate: \$33.83 Grade: 12

b. Management or OCPA – Salary Requested: _____ Grade: _____

6. Percent of Federal and/or State Reimbursement: _____ Fringe Reimbursed: ☐ Yes ☐ No

7. Justification of Need (use additional sheets as necessary): *This position will supervise one EI Specialist currently working in the division. This will allow the Director of Programs for Children with Special Needs to provide general supervision to the Senior EI Specialists, giving the Program Director more time to focus on special projects and making sure all programs are complying with State and Federal Mandates. Upgrading to a Senior EI Specialist will allow this position to act as Early Intervention Official Designee thus freeing up the Program Director from attending all Individual Family Service Plan meetings. This is common practice among other counties for utilizing the Early Intervention Official Designee position. Upgrading this position will also bring much needed succession planning within the division.*

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**OSWEGO COUNTY HUMAN RESOURCES
DEPARTMENT**

NEW POSITION DUTIES STATEMENT

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DISTRICT/TOWN OR VILLAGE**
Health

DIVISION, UNIT, OR WORK SECTION
Early Intervention

LOCATION OF POSITION
A4059

2. DESCRIPTION OF DUTIES: Describe the work in sufficient detail to give a clear word picture of the job. Use a separate Paragraph for each kind of work and describe the more important or time-consuming duties first. In the left column, estimate how the total working time is divided.

Title requested: *Senior EI Specialist*

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40	<i>Act as the Initial Service coordinator who is the first person to meet with families of children who are suspected of having a developmental delay or disabilities to explain the Early Intervention Program and all of the families rights under the programs</i>
10	<i>Provider supervision to EI Specialists. On a monthly basis, review EI Specialist notes to make sure they adhere to State Regulations. Provide other quality assurance measures on a regular basis.</i>
5	<i>Act as a resource for EI Specialist when there are situations that are tough in nature and provide support to them.</i>
5	<i>Other duties as assigned</i>

(Attach additional sheets if more space is needed)

3. Names and titles of person supervising (general, direct, administrative, etc.).

NAME	TITLE	TYPE OF SUPERVISION
Tammy Thompson	Director of Programs for CSN	General

4. Names and titles of persons supervised by employee in this position.

NAME	TITLE	TYPE OF SUPERVISION
Kylene Fletcher	EI Specialist	General

5. Names and titles of persons doing substantially the same kind and level of work as will be done by the incumbent of this new position.

NAME	TITLE	LOCATION OF POSITION
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6. What minimum qualifications do you think should be required for this position?

Education: ☐ High School _____ years
☒ College 4 years, with specialization in Health, Human or Social Services
☐ Other 2 years, with specialization in EI Specilaist position

Experience (list amount and type): *At least 2 years as an EI Specialist or Service Coordinator in an Early Intetvnetion Program.*

Essential knowledge, skills and abilities: *Knowledge of all State and Federal Early Intervention Regulations, principals of supervision, ability to communicate effectively both orally and written, knowledge of chid development, knowledge of community resources, ability to monitor appropriate documentation required for service coordination.*

Type of license or certificate required:

7. The above statements are accurate and complete.

Date: Title: Signature:

CERTIFICATE OF OSWEGO COUNTY PERSONNEL OFFICER

8. In accordance with the provisions of Civil Service Law (Section 22), the Oswego County Personnel Officer certifies that the appropriate civil service title for the position described is:

POSITION CLASS TITLE:

JURISDICTIONAL CLASS:

Date: Signature:

**COUNTY OF OSWEGO
BUDGET MODIFICATION REQUEST**

From			To			
ACCOUNT NUMBER		ACCOUNT NUMBER				
ORG.	OBJECT	PROJ.	ORG.	OBJECT	PROJ.	DOLLAR AMOUNT
A2980	511000					(6,699)
A2980	590308					(513)
			A4059	511000		6,699
			A4059	590308		513
						TOTAL AMOUNT

COMMITTEE SIGNATURES **DATE**

COUNTY TREASURER		DATE

HUMAN RESOURCES DIRECTOR	DATE
--------------------------	------

DATE	COUNTY ADMINISTRATOR
------	----------------------

DEPARTMENT HEAD	DATE
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RESOLUTION NO.

July 13, 2023

**RESOLUTION AWARDING PROFESSIONAL SERVICES CONTRACT –
RFP 23-HLTH-002- ANALYTICAL TESTING SERVICES**

By Legislator James Karasek:

WHEREAS, the County issued a request for proposal for a vendor to provide Analytical Testing Services; and

WHEREAS, in accordance with Oswego County Purchasing Policy, the Oswego County Purchasing Department solicited Requests for Proposals (RFP 23-HLTH-002) from multiple qualified firms to provide Analytical Testing Services; and

WHEREAS, the Oswego County Health Department and Oswego County Purchasing Department have reviewed the proposal received and determined the proposal from ALS Group USA, Corp., Rochester, NY 14623 meets the County's needs;

NOW, THEREFORE, BE IT RESOLVED, that upon the recommendation of the Health Committee that the County of Oswego awards the professional service contract for providing Analytical Testing Services, to ALS Group USA, Corp., 1565 Jefferson Rd., Bldg. 300, Suite 360, Rochester, NY 14623 at an approximate cost of \$581,043 and be it further

RESOLVED that a certified copy of this resolution delivered to the Treasurer and Purchasing Director shall be their authority to affect the procurement of services.

RESOLUTION PASSED/FAILED, WITH A VOICE/ROLL CALL VOTE

YES:

NO:

ABSENT:

ABSTAIN:



OSWEGO COUNTY PURCHASING

46 E Bridge Steet, Oswego NY 13126
 Phone (315)326-6050 Fax (315)342-2468
 Email: Purchasing@OswegoCounty.Com

RFP 23-HLTH-002 – ANALYTICAL TESTING SERVICES

Name of Company	Location	Proposed Price	Evaluation Rating	Required Documentation PRCS/PIS/SHC/NCC/RFC					
ALS GROUP USA, CORP.	1565 Jefferson Rd. Bldg. 300, Suite 360 Rochester, NY 14623	\$581,043.00	95%	<table border="1"> <tr> <td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> </table>	X	X	X	X	X
X	X	X	X	X					

SHC=Sexual Harassment Certification; PRCS=Proposer Reply Cover Sheet; PIS=Proposer Information Sheet; NCC=Non-Collusion Certification; RFC= Resolution for Corporations

Solicitation Process: RFP 23-HLTH-002 was publicly advertised in the official newspaper, on Bidnet, and on the Oswego County website on May 26, 2023. It was also sent directly to the following vendors:

ALS Group USA, Corp
 EAG Laboratories
 PACE

Atlantic Testing Laboratories
 EMSL Analytical, INC
 We Test It

Cerium Labs
 Enalytics, LLC

Number of Responses: One (1)

ALS GROUP USA, CORP.	Pro <ul style="list-style-type: none"> Familiar with all the Oswego County sampling requirements. Picks up samples so we don't need to ship to outside companies etc. Con
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Proposals Reviewed By:

Christopher Williams, Katelyn Parkhurst

Evaluation Summary: The evaluation committee reviewed and rated the proposal according to the criteria listed on the attached schedule. The Committee recommends awarding the contract to **ALS Group USA, Corp.**

Recommended Actions: Oswego County Purchasing Department certifies that the solicitation complies with Oswego County Purchasing Policy and New York State General Municipal Law. The Purchasing Department recommends awarding the contract.

Evaluation Comparison
RFP 23-HLTH-002 ANALYTICAL TESTING SERVICES

Total Points	Evaluation Criteria	ALS GROUP USA CORP.	
		C.J.P.	K.P.
40	Evaluator Experience & Capabilities	40	40
30	Management Outline and Project Approach	25	30
10	Business & Organization	10	10
20	Cost	20	15
100	Total Points	95	95
Rating per Evaluation		95.0	

C.J.W = Christopher J. Williams
K.P. = Katelyn Parkhurst



OSWEGO COUNTY PURCHASING
46 East Bridge Street, Oswego, NY 13126
Phone (315) 326-6051 Fax (315)342-2468
Email: Purchasing@oswegocounty.com

TO: Health Committee
FROM: Holly F. Carpenter, Purchasing Director
DATE: July 5, 2023
RE: BID Report

1. BID 23-HLTH-001 Outdoor Advertising Billboards

Funding Source: COVID-Enhanced Detection Grant

Solicitation Process: BID 23-HLTH-001 OUTDOOR ADVERTISING BILLBOARD was publicly advertised in the official newspaper, on Bidnet, and on the Oswego County website on May 11, 2023. It was also sent directly to the following vendors:

Epoch Advertising Agency Lamar Advertising Zoey Advertising
FMN Creative, LLC Step One Creative

Number of responses: One (1)

Who, by title, evaluated the bid/proposal: Sonia Robinson and Diane Oldenburg with the Oswego County Health Department have evaluated the bid response and recommends approval to Lamar Advertising.

Name of Company	Location	Proposed Price	Required Documentation VRCS/NCC/VIS/RFC/SHC				
Lamar Advertising	594 E. Molloy Rd. Syracuse, NY 13211	\$29,248.00	X	X	X		X

SHC=Sexual Harassment Certification; VRCS=Vendor Reply Cover Sheet; VIS=Vendor Information Sheet; NCC=Non-collusion Certification; RFC=Resolution for Corporations

Evaluation: Lamar Advertising is the only responsible bidder. There is no objection to the bidder.

Recommended Action: The Oswego County Purchasing Department certifies that the solicitation complies with Oswego County Purchasing Policy and New York State General Municipal Law. The Committee is requested to affirm an award to the low bidder.



OSWEGO COUNTY PURCHASING
46 East Bridge Street, Oswego, NY 13126
Phone (315) 326-6051 Fax (315)342-2468
Email: Purchasing@oswegocounty.com

TO: Health Committee
FROM: Holly F. Carpenter, Purchasing Director
DATE: July 5, 2023
RE: BID Report

1. BID 23-HLTH-003 AERIAL APPLICATION OF PESTICIDE

Solicitation Process: BID 23-HLTH-003 AERIAL APPLICATION OF PESTICIDE was publicly advertised in the official newspaper, on Bidnet, and on the Oswego County website on June 6, 2023. It was also sent directly to the following vendors:

Clark-Mosquito Control
Airspray, Inc.

CNY Bugs
Odin Helicopters

Number of responses: One (1)

Who, by title, evaluated the bid/proposal: Katelyn Parkhurst with the Oswego County Health Department have evaluated the bid response and recommends approval to Lamar Advertising.

Name of Company	Location	Proposed Price	Required Documentation VRCS/NCC/VIS/RFC/SHC				
Duflo Spray Chemical, Inc.	8369 St Route 812 Lowville 13367	\$3.78/per acre	X	X	X		X

SHC=Sexual Harassment Certification; VRCS=Vendor Reply Cover Sheet; VIS=Vendor Information Sheet; NCC=Non-collusion Certification; RFC=Resolution for Corporations

Evaluation: Duflo Spray Chemical, Inc. is the only responsible bidder. There is no objection to the bidder.

Recommended Action: The Oswego County Purchasing Department certifies that the solicitation complies with Oswego County Purchasing Policy and New York State General Municipal Law. The Committee is requested to affirm an award to the low bidder.



BID COMPUTATION SHEET

OPENED: JUNE 20, 2023 2:00PM

BID 23-HLTH-003 AERIAL APPLICATION OF PESTICIDE

[illegible]

Oswego County Health Department Strategic Plan 2023 – 2025



HEALTH DEPARTMENT
OSWEGO COUNTY

Oswego County Health Department

70 Bunner Street

Oswego, NY 13126

315-349-3540

www.health.oswegocounty.com

Prepared By

Vera Dunsmoor, MSNE, RN
Director of Public Health

Jeanne King
Compliance Program Administrator

Jodi Martin, MSN-PHN
Deputy Director of Public Health

Diane Oldenburg
Associate Public Health Educator

Strategic Planning Committee

Danielle Carlone, MPH
Epidemiologist

Vera Dunsmoor, MSNE, RN
Director of Public Health

Jeanne King
Compliance Program Administrator

Jodi Martin, MSN-PHN
Deputy Director of Public Health

Diane Oldenburg
Associate Public Health Educator

Susan Reich
Senior Typist

Tammy Thompson
Director of Programs for Children with Special Needs

Jennifer Walts
Principal Accountant

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Mission Statement

Promote wellness, prevent disease, and protect all who live, work, play, or learn in Oswego County.

Vision Statement

A healthy, thriving community for all.

Values

Accountability, Collaboration, Compassion, Education, Excellence, Health Equity, Integrity, Leadership, Service, Sustainability, and Wellness

Acronyms and Definitions

BOH – Board of Health

CHA – Community Health Assessment

CHIP – Community Health Improvement Plan

OCHD – Oswego County Health Department

QAPI – Quality Assurance Performance Improvement

SPC – Strategic Planning Committee

SWOT – Strengths, Weaknesses, Opportunities, Threats

Principles of the Ethical Practice of Public Health

The Oswego County Health Department has adopted the “Principles of the Ethical Practice of Public Health” listed below as defined by the 2002 Public Health Leadership Society.

1. Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.
2. Public health should achieve community health in a way that respects the rights of individuals in the community.
3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.
4. Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.
5. Public health should seek the information needed to implement effective policies and programs that protect and promote health.
6. Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community’s consent for their implementation.
7. Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.
8. Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.
9. Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.
10. Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.
11. Public health institutions should ensure the professional competence of their employees.
12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public’s trust and the institution’s effectiveness.

Key Beliefs of Public Health Practice

Public health not only seeks to assure the health of whole communities but also recognizes that the health of individuals is tied to their life in the community.

The Oswego County Health Department has adopted the following key beliefs of public health perspective from the 2002 Public Health Leadership Society "Principles of the Ethical Practice of Public Health".

1. Humans have a right to the resources necessary for health.

The Public Health Code of Ethics affirms Article 25 of the Universal Declaration of Human Rights, which states in part "Everyone has the right to a standard of living adequate for the health and well-being of himself and his family...".

2. Humans are inherently social and interdependent.

Humans look to each other for companionship in friendships, families, and community; and rely upon one another for safety and survival. Positive relationships among individuals and positive collaborations among institutions are signs of a healthy community. The rightful concern for the physical individuality of humans and one's right to make decisions for oneself must be balanced against the fact that each person's actions affect other people.

3. The effectiveness of institutions depends heavily on the public's trust.

Factors that contribute to trust in an institution include the following actions on the part of the institution: communication; truth telling; transparency (i.e., not concealing information); accountability; reliability; and reciprocity. One critical form of reciprocity and communication is listening to as well as speaking with the community.

4. Collaboration is a key element to public health.

The public health infrastructure of a society is composed of a wide variety of agencies and professional disciplines. To be effective, they must work together well. Moreover, new collaborations will be needed to rise to new public health challenges.

5. People and their physical environment are interdependent.

People depend upon the resources of their natural and constructed environments for life itself. A damaged or unbalanced natural environment, and a constructed environment of poor design or in poor condition, will have an adverse effect on the health of people. Conversely, people can have a profound effect on their natural environment through consumption of resources and generation of waste.

Key Beliefs of Public Health Practice (cont.)

6. Each person in a community should have an opportunity to contribute to public discourse.

Contributions to discourse may occur through a direct or a representative system of government. In the process of developing and evaluating policy, it is important to discern whether all who would like to contribute to the discussion have an opportunity to do so, even though expressing a concern does not mean that it will necessarily be addressed in the final policy.

7. Identifying and promoting the fundamental requirements for health in a community are of primary concern to public health.

The way in which a society is structured is reflected in the health of a community. The primary concern of public health is with these underlying structural aspects. While some important public health programs are curative in nature, the field as a whole must never lose sight of underlying causes and prevention. Because fundamental social structures affect many aspects of health, addressing the fundamental causes rather than more proximal causes is more truly preventive.

8. Knowledge is important and powerful.

We seek to improve our understanding of health and the means of protecting it through research and the accumulation of knowledge. Once obtained, there is a moral obligation in some instances to share what is known. For example, active and informed participation in policy-making processes requires access to relevant information. In other instances, such as information provided in confidence, there is an obligation to protect information.

9. Science is the basis for much of our public health knowledge.

The scientific method provides a relatively objective means of identifying the factors necessary for health in a population, and for evaluating policies and programs to protect and promote health. The full range of scientific tools, including both quantitative and qualitative methods, and collaboration among the sciences is needed.

10. People are responsible to act on the basis of what they know.

Knowledge is not morally neutral and often demands action. Moreover, information is not to be gathered for idle interest. Public health should seek to translate available information into timely action. Often, the action required is research to fill in the gaps of what we don't know.

11. Action is not based on information alone.

In many instances, action is required in the absence of all the information one would like. In other instances, policies are demanded by the fundamental value and dignity of each human being, even if implementing them is not calculated to be optimally efficient or cost-beneficial. In both of these situations, values inform the application of information or the action in the absence of information.

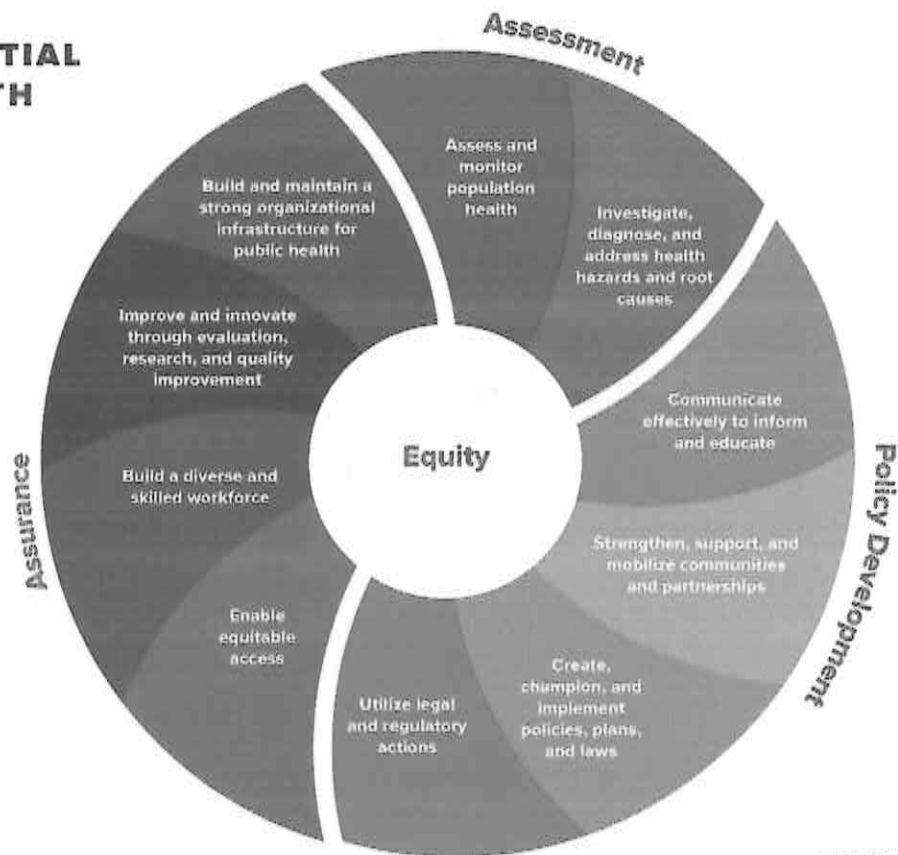
10 Essential Public Health Services

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



Created 2020

History and Overview of Oswego County

Description of Community

Established in 1816 through an act of the New York State Legislature, Oswego County occupies 951 square miles of land on the southeastern shore of Lake Ontario. While rich in natural beauty, the proximity to Lake Ontario and the Tug Hill Plateau located in the eastern portion of the county subjects the area to heavy lake-effect snowfall which can reach over 180 inches a season, particularly in the northern half of the county. The county is also home to Toad Harbor/Big Bay Swamp, which lies along the northern shore of Oneida Lake. These hardwood swamps create a hospitable environment for species of mosquitoes known to transmit Eastern Equine Encephalitis (EEE) and other mosquito-borne illnesses.

Oswego County is comprised of the cities of Oswego and Fulton, 10 villages, and 22 towns. The current population in Oswego County is about 117,630. The population of Oswego County has remained relatively stable over the last decade. Oswego County is not very racially or ethnically diverse. Approximately 94% of Oswego County residents identify themselves as White (Non-Hispanic), 2% as Multiracial (Non-Hispanic), 1.4% as White (Hispanic). The average household size between 2016 and 2020 was 2.42 persons as reported by the US Census Bureau.

The number of migrant workers in Oswego County is estimated to be around 300 in total for 2022, according to Oswego County Opportunities (OCO). Most are H2A workers on temporary work visas, and mainly come from Puerto Rico, Mexico, and Jamaica. Oswego County does have a growing population of Amish families, settling primarily in the northeastern portion of the county.

Income, Poverty, Unemployment

Poor economic indicators are frequently associated with poor health outcomes. Poverty often creates barriers to accessing health care, healthy food, and other necessities to promote a healthy lifestyle. Families in crisis may not be in the position to make lifestyle changes to promote good health. Poverty issues continue to be a concern in Oswego County. Based on data from the U.S. Census Bureau, the median household income for Oswego County between 2016 and 2020 is \$59,070. This is much lower than the NY State median income from the same years which is \$71,117, but comparable to other Central NY counties.

There has been a steady increase in the annual median household income in Oswego County over the past 10 years. The percentage of Oswego County residents living in poverty is 15.6%. This percentage is higher than the NY State average of 13.1%, updated in 2019.

Oswego County has experienced a steady decline in unemployment over the past few years. However, there was a large spike in unemployment between 2019 and 2020 due to the COVID-19 pandemic. The unemployment rate in Oswego County increased from 5.4% in 2019 to 8.9% in 2020. This trend was also seen at the state level.

Main Industries

Oswego County is home to two nuclear power plants, Nine Mile Point Nuclear Station and Fitzpatrick Nuclear Generating Station. It is also home to the first U.S. location of Novelis, which is the leading producer of flat-rolled aluminum products and the world's largest recycler of aluminum.

Few areas in the Northeast offer the quality and diversity of fishing found in Oswego County. From trolling on Lake Ontario for trophy trout, salmon and walleyes to fly fishing for wild brook trout in a freestone stream tucked away in the wilderness of the Tug Hill Plateau, Oswego County offers angling opportunities unmatched in New York State.

Health Insurance Status

The percentage of persons without health insurance decreased 7.84% between 2019 and 2020. There has been a slow decline in uninsured rates in the county since 2013. In 2020, 4.21% of the Oswego County population was uninsured. Medicaid covered 22.7% of the population and Medicare covered about 12.3%.

The health insurance coverage rate of minors in Oswego County is 97.8%, which is very similar to surrounding counties. Compared to other Central New York counties, Oswego has a value of 93.6% of adults with health insurance, updated in 2019. This is similar to the insurance coverage reported in the previous Community Health Assessment and similar to the New York State percentage. However, the 2024 Prevention Agenda goal for this indicator is 97%.

Access to Health Care

The access to health care indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to obtaining preventive healthcare and avoiding unnecessary emergency department visits. 81.3% of people in Oswego County report they have a primary care provider. The patient to primary care physician ratio in 2021 for Oswego County is 2,508 to 1.

Education

According to the US Census Bureau, 88.5% of people 25 and older have a high school degree, but only 32.9% have a bachelor's degree or higher. SUNY Oswego and Cayuga Community College both have campuses located in Oswego County. In 2020, 2,206 degrees were awarded in Oswego County. The student population is skewed with slightly more females than males, with a majority being white. The most popular bachelor's degrees in Oswego County are General Business Administration and Management, Radio and Television, and General Psychology.

Housing Issues

Housing quality has often been identified as a key social determinant of health. A growing body of literature continues to support the idea that access to and quality of housing play a role in one's health status. The median property value in Oswego County was \$109,500 in 2020 compared to the national average of \$229,800. The home ownership rate in Oswego County is 72.8%, which has increased from the previous report. Median gross rent in the county was \$806 in 2020 and there were a reported 8,051 vacant housing units. Economic hardship makes proper

housing a challenge for many residents in the county. Homelessness is an increasing yet silent problem in Oswego County. Oswego County Opportunities (OCO), Oswego County Catholic Charities, and Oswego Department of Social Services reported serving 658 adults and children with homelessness issues in 2021 and that number increased to 752 persons in 2022.

Disabilities

The American Community Survey data from 2020 shows that about 14.8% of people in Oswego County live with a disability. This is slightly higher than the NY average of 11.6%. The most reported disability is an ambulatory difficulty. Those ages 75+ were the most common age group to report having a disability.

Mobility/Transportation

Vehicle ownership is directly related to the ability to travel. In general, people living in a household without a car make fewer than half the number of journeys compared to those with a car. This limits their access to essential local services such as supermarkets, post offices, doctors' offices, and hospitals. The average commute time based on 2020 data is about 24 minutes, and 81.4% of people drove alone. The average number of cars per household in Oswego County is 2, although 2.58% report no car at all.

The Strategic Planning Process

Pre-Planning

In January 2018, discussions began about the strategic planning process. Staff attended a strategic planning training in Atlanta in March 2018 and a Strategic Planning Committee was formed a few months later. During the early stages of this process, regular meetings were held during which time plans were made to move toward accreditation. Several trainings were attended for staff to familiarize themselves with this process. Focus groups were then held, surveys and SWOT analyses were conducted and internal QAPI programs were formed. In November 2018, data analysis began using the phenomenological research method which puts everything into brackets and looks at common themes. The SPC continued to meet throughout 2019, during which time they refined the mission and vision statements, created a trauma informed care collaborative, assisted departments with creation of QAPI programs, and continued to attend trainings. In January 2020, the COVID-19 pandemic began and the SPC was placed on hold while all OCHD staff members assisted with pandemic response and mitigation efforts.

Completion of the 2022-2024 CHA and CHIP process was vital in resuming the pre-planning process of OCHD's Strategic Plan. OCHD, Oswego Health, Rural Health Network, Farnham Family Services, Oswego County OBGYN, and Oswego County Prevention Coalition completed the 2022-2024 CHA/CHIP planning process in December 2022. View here: [Oswego County CHA/CHIP 2022-2024](#).

In September 2022, the Strategic Planning Committee (SPC) resumed. The SPC includes designees from each division and staff at all levels (administration, management, and frontline staff).

The first phase of the process, the Environmental Scan, was to be led by the Compliance Program Administrator. The Environmental Scan would involve collection of historical department and program level data, a series of two surveys for OCHD staff (Appendix A & Appendix B), and community partners (Appendix C). Following the Environmental Scan, the SPC would review the data collected and conduct a SWOT analysis to inform the selection of the 2023-2025 OCHD Strategic Priorities. The target date discussed was to have the OCHD Strategic Plan approved by the BOH at the July BOH Meeting.

Environmental Scan

The Environmental Scan involved creating a big picture view of internal operations at OCHD. The purpose was to collect and analyze internal data to outline key historical factors, understand current context, and determine what the future outlook of the organization is. The results of the Environmental Scan were presented to the SPC and the data was used to complete the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis as a group.

SWOT Analysis

After completion of the environmental scan, the SPC met on December 9, 2022, to complete a SWOT analysis based on the OCHD Staff Survey results. Themes of these surveys are located in Appendix D. During creation of this document, it was realized that a SWOT analysis was not completed on the community-based survey. The SPC met on April 14, 2023, and decided to conduct a SWOT analysis with the following groups: BOH, the Oswego County Legislature, and Professional Advisory Committee (PAC). Over the next few months, SWOT analysis was conducted on these groups and the data compiled is in Appendix E, F, G respectively.

Community Health Assessment Priorities

Every three years OCHD completes a comprehensive CHA. The most recent assessment was completed in 2022. In addition to gathering data from multiple credible locations, two community surveys were sent out to identify what community members ranked as high priority areas.

OCHD conducted a survey from August to October 2022, in which 177 responses were received. This survey identified five community health problems including: Addiction and overdose related to prescription medications or illegal drugs; Mental health concerns and suicide; Alcohol dependency and abuse; Weight management and obesity; and Cancer.

A Community Health Needs Assessment survey was conducted by Oswego Health in 2021. There was a total of 1,330 online responses. Key findings included: Lack of doctors/specialists; Drug addiction/abuse; and Mental health. The survey also identified unmet needs in the community such as primary providers for preventive care, mental health services, and local stroke care resources.

Review of feedback from community engagement activities, progress made on past priorities, and review of the most current data was used in determining priorities for 2022 – 2024.

Identified Priorities/CHIP

- Prevent Chronic Disease
 - Physical activity
- Promote Healthy Women, Infants, and Children
 - Perinatal and Infant Health
 - Maternal & Women's Health
- Prevent Communicable Diseases
 - Sexually Transmitted Infections
- Promote Well-Being and Prevent Mental Health and Substance Use Disorder
 - Prevent Mental and Substance User Disorders

Strategic Priority Areas**Strategic Priority #1. Public Health Marketing, Partnership, and Sustainability****Goal 1.1: Improve image, reduce stigma, and ensure longevity of OCHD**

Objective 1.1.a. By December 2023, create brochures for every division in OCHD.

Objective 1.1.b. By December 2024, 100% of OCHD website pages and materials will be reviewed and edited to align with updated branding.

Objective 1.1.c. By December 2024, increase the number of social media posts from the 2022 baseline of 4 to 5 per week.

Objective 1.1.d. By December 2024, OCHD staff will participate in coalitions, committees, and task forces associated with our mission/vision.

Objective 1.1.e. By December 2024, each supervisor level employee will sit on one community agency board or advisory committee.

Objective 1.1.f. By December 2024, identify and send one staff member to a grant writing class to apply for at least one public health related grant.

Objective 1.1.g. Attend two town hall meetings annually to educate on OCHD programming, including relevant health issues.

Objective 1.1.h. Table at a minimum of ten community events per year such as health fairs, county fair, school events, senior days, etc. to market OCHD services.

Strategic Priority #2. Build a supportive work environment**Goal.2.1. Improve employee job satisfaction and decrease staff turnover**

Objective 2.1.a. By December 2024, increase the percentage of OCHD staff that state the organization adequately promotes employee wellness from the 2022 baseline of 78% to 85%.

Objective 2.1.b. At least one member from each department will attend monthly Wellness Committee meetings.

Objective 2.1.c. At least one member from each department to attend Staff Association monthly meetings.

Objective 2.1.d. Staff association will host at least one departmental event per quarter (luncheon, after-hour social event, etc.).

Objective 2.1.e. Continue to promote a trauma informed work environment by hosting at least one trauma informed in-service annually.

Objective 2.1.f. By December 2024, increase the percentage of OCHD staff that state they are satisfied working at the organization from the 2022 baseline of 87% to 95%.

Objective 2.1.g. By December 2024, increase the percentage of OCHD staff that feel they are growing professionally from the 2022 baseline of 77% to 85%.

Objective 2.1.h. Offer monthly “OCHD Presents” to all staff, which will highlight different topics throughout the year.

Objective 2.1.i. By December 2024, increase the percentage of OCHD staff that would recommend Health Department services to friends and family from the 2022 baseline of 82% to 90%.

Strategic Priority #3. Communication**Goal 3.1: Ensure, maintain, and enhance effective internal communications between administration, management, and staff**

Objective 3.1.a. By December 2024, increase the percentage of OCHD staff that state their manager creates a trusting and open environment from the 2022 baseline of 80% to 90%.

Objective 3.1.b. Each division within OCHD will hold recurring staff meetings to keep staff up to date with current activities, changes, etc.

Objective 3.1.c. Staff newsletter will be distributed to all OCHD staff at least quarterly.

Objective 3.1.d. Performance Evaluations will be completed annually for all OCHD staff.

Objective 3.1.e. All senior level staff and higher will complete at least one leadership course/training per year.

Objective 3.1.f. Continue to hold monthly management team meetings to ensure all managers are aware of the activities in other programs.

Objective 3.1.g. The Public Health Director will send out department updates no less than quarterly.

Objective 3.1.h. By December 2024, increase the percentage of OCHD staff that state their manager is responsive to their ideas, requests, and suggestions from the 2022 baseline of 84% to 90%.

Objective 3.1.i. By December 2024, increase the percentage of OCHD staff that state they know what is needed to meet goals and objectives from the 2022 baseline of 82% to 90%.

Strategic Priority #4. Health Promotion

Goal 4: Provide services to enhance the health of Oswego County

Objective 4.1.a. By December 2024, offer at least two Diabetic Self-Management courses annually.

Objective 4.1.b. By December 2024, decrease the number of businesses that sell tobacco and vaping products to minors from the 2023 count of 6 to 3.

Objective 4.1.c. By December 2024, distribute information on Medicaid smoking cessation benefit to all Maternal Child Health and Healthy Families clients.

Objective 4.1.d. By December 2024, promote free exercise activities at home or in the community at least monthly.

Objective 4.1.e. By December 2024, offer at least one suicide related training to every Oswego County school district.

Objective 4.1.f. By December 2024, 20% of the mothers admitted to the Maternal Child Health program will accept breastfeeding assistance from our Certified Lactation Counselor.

Objective 4.1.g. By December 2024, the number of families enrolled in Healthy Families Oswego County will increase from 16 families in 2022 to 40 families in 2024.

Objective 4.1.h. By December 2024, treat at least ten STI exposed individuals using the Universal Expedited Partner Therapy program.

Objective 4.1.i. By December 2024, offer at least ten Narcan trainings throughout the community.

Appendix A. 2022 Annual Staff Survey Results

Survey Question	Yes	No	Other	%
1. Do you feel valued for your contributions at OCHD?	21	4	10	84%
2. Do you feel that OCHD takes adequate action to promote employee wellness?	18	5	12	78%
3. Do you feel that you are growing professionally?	23	7	5	77%
4. Do you feel your job allows you to develop new skills?	28	3	4	90%
5. Do you feel like your job utilizes your skills as much as it could?	23	7	5	77%
6. Do you see a path to advance your career in the county?	13	17	5	43%
7. Does your direct manager value your opinions?	27	1	7	96%
8. Does your manager create a trusting and open environment?	27	6	5	80%
9. Does your manager treat everyone on the team fairly?	21	9	5	67%
10. Is your manager responsive to your ideas, requests, and suggestions?	27	5	3	84%
11. When you approach your manager with a problem, do you trust they will listen?	27	2	6	93%
12. Do you feel that your job allows you to develop new skills?	25	2	8	93%
13. Do you enjoy the colleagues you work with?	28	0	7	100%
14. Do you think you're given enough freedom to decide how to do your work?	33	1	1	97%
15. Do you know what is needed to meet your goals and objectives?	28	6	1	82%
16. Do you have the materials and equipment you need to do your job successfully?	27	3	5	90%
17. Do you find your workload reasonable?	30	4	1	88%
18. Do you think that work is distributed evenly across your team?	18	13	4	58%
19. Do you feel a sense of accomplishment from what you do?	25	3	7	89%
20. Do you find your work meaningful?	29	2	4	94%
21. Do you enjoy the culture at OCHD?	22	0	13	100%
22. Are you satisfied working for the Health Department?	27	4	4	87%
23. Would you recommend the Health Department to friends and family?	23	5	7	82%

Appendix B. 2022 Annual Staff Survey Follow-up Results

Question 1: Other than pay increases, what steps can management take to make you feel more valued as an OCHD team member?

- More vacation days, new office furniture (desks, cubical dividers, filing cabinets).
- Honestly, I have never felt more valued than in the last 6 months. So please continue doing what you are doing.
- More vacation days, furniture upgrades - desks, chairs & equipment.
- Making entering and exiting the building easier, making sure that with pay increases, increases in deductibles do not happen. Do your employees know how their work contributes to Health Department operations? Do all departments know the value and contribution of the rest of the Health Department? Celebrating all departments.
- Increased/better communication from the top down, focus on inclusiveness, continue access to trainings outside health department and during work hours, include wellness + SA information w/new employee orientation, "Employee of the Month" recognition = premier parking, e-mail recognition + poster at entrance.
- Treating people the same way across the board and not extending special courtesies to select members of staff would help the majority of staff here feel more valued.
- Listen to concerns and ideas, answer questions.
- Just acknowledgement and a thank you is usually enough, but any kind of staff appreciation lunch, snack or giveaway is always nice, since there are no vending machines in the building - maybe a snack cupboard, kind of like Hospice had - something to prevent people from getting hangry in the afternoons, or who just need a chocolate or caffeine fix.
- Mental health check-ins, mental health days, encourage staff to go back to school or if in school, support that person & try to help them out.
- I worry about whether I could do both tasks after 1 year's fellowship program. I love to do data analysis, and there is no problem to focus on the numbers to give you the conclusion that you want or need, but I have to say there is no way I could answer the phone, and make the appointment, and deal with file things and do others' arrangements at the same time, when I have to figure out the meaning of the data at same time with a lot of interruptions. That will be too much.
- Allowing departments and OCHD to have separate days for retreats each year, allow departments to choose what they would like to do together, OCHD can choose what they would like to do for the entire office (catered cookout for example), allows employees to have a paid day to de-stress, get to have quality time with other staff member to get to know them, celebrate something for employee appreciation day/week or just little things throughout the year to show appreciation.
- Follow up on first survey, open communication, rather than only communicating with a select few staff, discontinue openly showing favoritism to certain staff, consistency and transparency in policy, support/allow staff to pursue enforcement action & work to develop these policies, make decisions on staffing & policy based on real time actualities.

Question 2: Regarding wellness, what type of activities or topics are you interested in?

- Competitions, walking groups, taking classes together outside of work, meditation.
- Walking group, healthy lunches, etc.
- Mental health and exercise (walking, bowling, golf), group exercise, challenges, healthy meals.
- Discounted rates at local fitness clubs, meditation, massage, or yoga studios (or something similar), discounted rates or stipend for classes that would relax like cooking, baking, arts, crafts, discounted rates for audio books or music.
- Any, including mindfulness, physical activities, healthy eating, challenges between departments or individuals.
- Walking programs, possibly a weight management group.
- Stress help.
- Walking/fitness programs or tracking, healthy eating/quick recipes.
- Mental health, stress coping skills - goat yoga :), walking club.
- If we could have some professional exercises training, like how to gain more muscle, how to lose the fat one the organ or some partial of the belly fat via the professional training, I am sure the professional suggestion can make us keep the healthy way with good body shape. And another one is I hope I could learn more professional knowledge which are all about the different kinds of food, which are harmful, and which are helpful truly. Like GMF, transfer fat and so forth.
- Animals - therapy animals/bring your animal to work day, fitness/healthy living - guided meditation/yoga, encouraging breaks away from desks/sitting too long, financial assistance - money management (help with budgeting, increasing savings, investing, etc.) ***Not a way this question is asked, but it would be nice to have at least one water fountain that you can specifically fill a water bottle in.

Question 3: What professional development/trainings would benefit you, your division, or OCHD as a whole?

- More certificate type things - like things you could put on a resume (CPR, Stop the Bleed, like the fellows certificate) that other agencies would know, national type trainings, more conferences we can go to in person.
- Learning about different departments within the health department, understanding what everyone does, learning about various software that the county has so that they can be utilized.
- Time management, communication skills, conflict management & resolution.
- Making sure each department can use their programs properly and fully, if not, set up trainings, someone working outside the box may be the route to go - ask them, employees that know what they are doing feel more confident, training employees with meditation and relaxation techniques, onsite available therapist to talk about work or personal issues.
- Improving communication skills - in-person and electronically (e-mail), continue monthly staff meeting.
- Training in improving our knowledge of computer programs such as Word or Excel would be great.
- Leadership training, policy understanding.

- The trainings at OCC were really good - it would be nice if those were available again. They had several topics from software use to management strategies.
- Communication trainings, signs and symptoms of poor mental health and stress, how to cope with stress.
- Learn more things about public health, I still don't have the whole page of what we are doing in public health. Especially, we shut down hospice and get the fellows program from New York State. I want to enroll in some programs, because I am sure I can do more than just only sitting in front of the computer.
- For OCHD: Offer Narcan and CPR training (but make it optional/paid work time if someone wants to be trained and certified), offer better fire training than mandatory one offered online, the information on it isn't all correct, also, maybe offer an active shooter training since it could also be relevant with our agency.
- Should allow for line items in each program budget to allow for trainings specific to the program, including those that are not local, attending events that allow for networking with other agencies across the country is crucial to staff development.
- Trainings on newer computer programs to keep up with younger generation coming into the Health Department. The programs that they use I have never even heard of before.

Question 4: What team building activities would bring staff together across the agency?

- I think I have great relationships across the divisions. I got those by working on projects with people in other departments, I think trying to come up with or support cross division projects is the best way. Kind of like how I got to know everyone due to COVID clinics, making projects less siloed might help.
- We used to do a secret person throughout the year, a holiday party, various luncheons to celebrate holidays.
- Trivia or outdoor events (golf/bowling/kickball tournaments).
- Wellness activities, group outings, hikes, picnics, happy hours.
- Wellness programs, staff association activities, encouragement/support from supervisors to attend & support wellness + SA.
- The staff meetings go a long way for bringing people together and opening the lines of communication.
- Unsure at this time - food usually works.
- Any kind of group activities or games - within departments or across the whole OCHD, not sports, but fun games where fitness and coordination don't necessarily give an advantage.
- We all love food! More grazing days, staff picnics & activities - team hikes or day camping.
- We can set up a task which needs all the department staffs to attend in, or maybe we could discuss together to get the better idea from different departments because we are the whole, and we will be stronger when we unite together.
- Fitness/Healthy living - walking clubs, sports team competition (volleyball, pickleball, badminton or ping pong), office field day - like done at elementary schools with different relay/competitive games.
- Have luncheons again, maybe quarterly.

Appendix C. Community Health Assessment Survey

Survey Design, Distribution, and Analysis

Understanding the needs of the community is a vital part of public health, especially as we strive to grow beyond COVID-19. To conduct this engagement efficiently, the health education team with the Oswego County Health Department drafted a needs assessment survey with inspiration from other health departments in the region and experience from previous outreach within the county. The product, reviewed and approved by Interim Director of Public Health Vera Dunsmoor, MSNE, RN, presented questions to collect information in six main areas:

- “Please select the five (5) things you believe are the ***most important for a healthy community.***”
- “Please select the five (5) ***biggest health problems*** you believe our community is currently facing.”
- “Please select the five (5) ***health behaviors or social factors*** you believe are the biggest problems for our community.”
- “Please select the five (5) ***healthcare system issues*** you believe are the biggest problems in our community.”
- “Over the course of the last three years, have you or your family had ***difficulty when seeking medical care?***” – If yes:
 - “Which of the following have you, or your family, experienced when seeking medical care in the last three years? (Select all that apply.)”
- “When it comes to ***COVID-19, what are you most concerned about*** moving forward? (Please select three (3) responses)” (Respondents were asked to choose a certain number of items to encourage them to prioritize their responses.)

The survey was distributed on social media (Facebook, Instagram, and the Oswego County Health Department Website), through flyers at our COVID-19 vaccine clinics, with a press release distributed to local media agencies, and in an internal email distributed to all county employees. The survey was available through Google Forms from August 1st to October 17th.

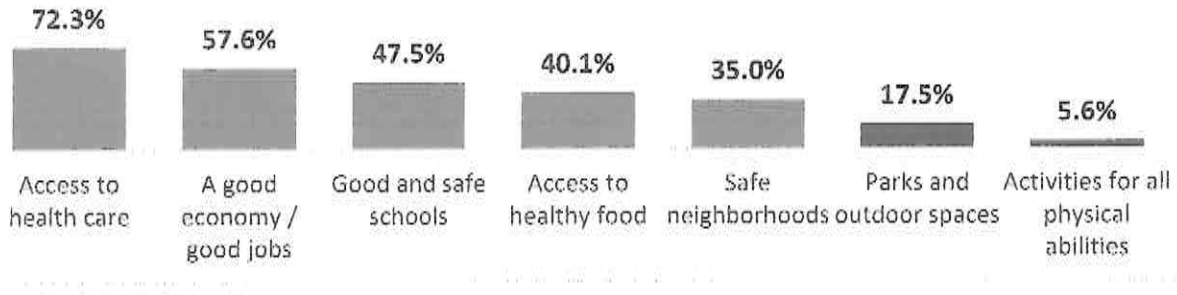
Upon closing the survey, the data was exported to Excel where it was cleaned for further analysis using R and R Studio. Because of the nature of the survey items, Pearson’s Chi-squared test with Yates’ continuity correction and Cramér’s V were used to assess the associations in groups’ responses. Statistical significance is defined at a p-value less than 0.05.

Descriptive Statistics

Due to the volume of data collected, this report will highlight only the most relevant results. The descriptive data output is valuable to visualize what respondents prioritize in community health and see how this aligns with the priorities of public health professionals.

Question 1:

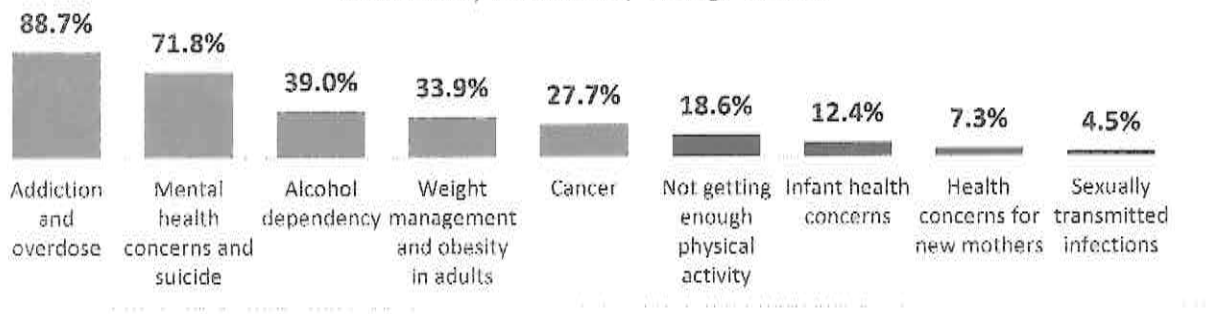
"Please select the five (5) things you believe are the most important for a healthy community." n=177



The top five items as ranked by respondents are listed in blue. The items in red are those outside of the top five that are goals included in the CHIP or otherwise prioritized by local public health professionals. These two items are related to Goal 2.3: "Increase access, for people of all ages and abilities, to indoor and/or outdoor places for physical activity." As discussed in the "Promote a Healthy and Safe Environment" section, Oswego County scores lowest in Central New York in percent of population with access to exercise opportunities, with only 53% of residents having consistent access. The priority of safe neighborhoods extended beyond this item and into the open-ended questions that were included in the survey. 32 participants mentioned being afraid of walking in their neighborhood, commented on the safety or cleanliness of their neighborhood, or mentioned increased crime in their area.

Question 2:

"Please select the five (5) biggest health problems you believe our community is currently facing." n=177



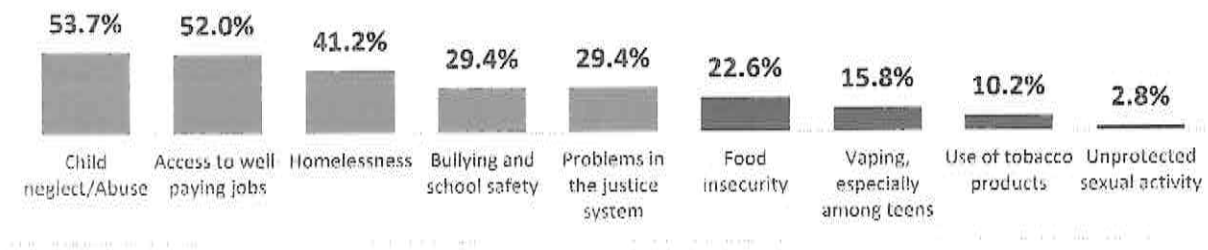
Respondents in this survey identify substance use and mental health concerns as their highest priorities. As was discussed in the "Promote Well-Being and Prevent Mental and Substance Use Disorders" section, the overdose death rates in Oswego County are much higher than Central New York and New York State as a whole. Similarly, mental health has consistently been a point of concern in Oswego County, as the suicide rate outpaces that of New York State. These are

reflected in the CHIP by Goal 2.2: “Prevent opioid overdose deaths” and Goal 2.5: “Prevent suicides.”

Maternal and infant health concerns are addressed in the CHIP (Goal 1.1: “Increase use of primary and preventive health care services by women, with a focus on women of reproductive age,” and Goal 2.1: “Reduce infant mortality and morbidity”), though they are not highly prioritized among respondents. Similarly, only 4.5% of respondents identified sexually transmitted infections as a concern, though reducing the annual prevalence of chlamydia and gonorrhea is a priority in accordance with Goal 3.1: “Reduce the annual rate of growth for STIs.” The “Prevent Communicable Disease” section outlines that incidence of chlamydia and gonorrhea in Oswego County have increased markedly over the last decade and have remained elevated since. If sexually transmitted infections and, as we see in the figure below, unprotected sexual activity remain a lower community priority, these rates may continue to increase.

Question 3:

“Please select the five (5) health behaviors or social factors you believe are the biggest problems for our community.” n=177



From the discussion in the “Promote a Healthy and Safe Environment” section, Oswego County has the greatest percentage of the population experiencing food insecurity among Central New York counties. Vaping and the use of tobacco products have been of growing concern in the county, especially among teens and young adults. Faculty of the county school districts have indicated that underage vaping is becoming an enormous concern. The CHIP includes multiple priorities within Goal 3.2 “Promote tobacco use cessation.”

Question 4:

“Please select the five (5) healthcare system issues you believe are the biggest problems in our community.” n=177

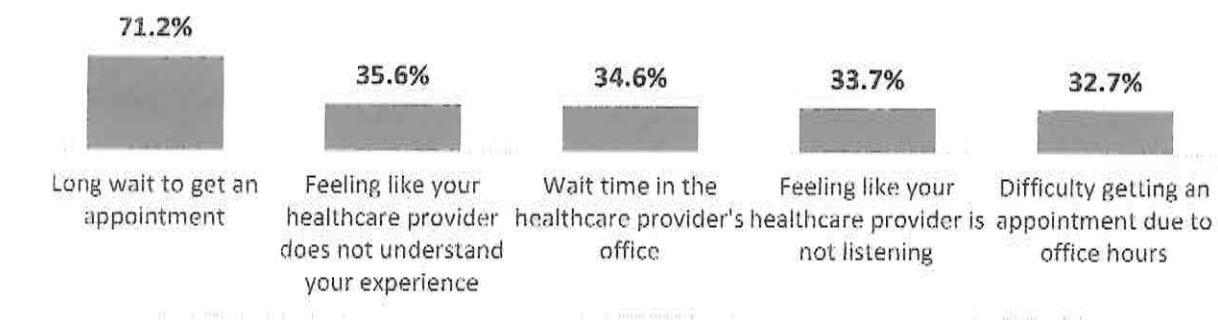


The increasing costs of health care and the long waits for appointments have been prevalent topics in health, especially since the start of the COVID-19 pandemic. Respondents also identified access to mental health services and access to substance use treatment as problems, which corresponds with the strong responses in the health problems section.

Respondents were first asked “Over the course of the last three years, have you or your family had difficulty when seeking medical care?” If they answered “Yes,” they were directed to a list of adverse experiences. Below are the five most frequently selected responses:

Question 5:

Among participants who indicated they had experienced difficulty seeking medical care: “Which of the following have you, or your family, experienced when seeking medical care in the last 3 years? (Select all that apply.)” n=104

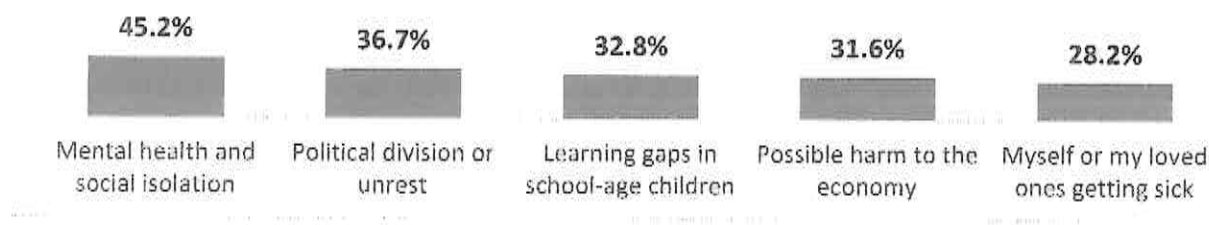


Once again, long waits and difficulty getting appointments were common. Respondents also identified that they felt like their provider was not listening to them, or that their provider did not understand their experience.

The last core section was about concerns related to COVID-19:

Question 6:

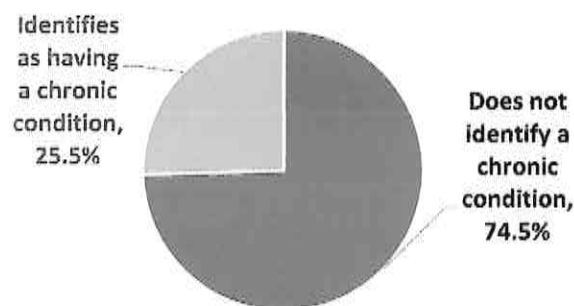
“When it comes to COVID-19, what are you most concerned about moving forward? (Please select three (3) responses)” n=177



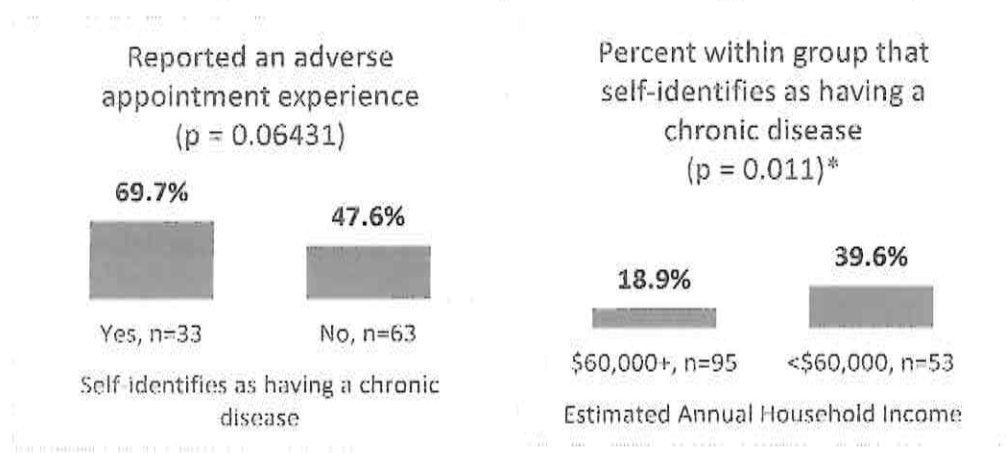
Once again, concerns related to mental health were the most selected by respondents.

Inferential Statistics

"Do you have a long-lasting or chronic condition... that requires ongoing accommodations?" n=165

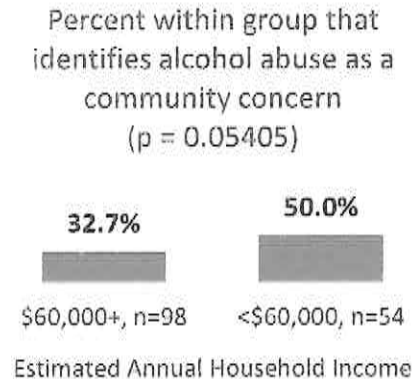


Respondents were also asked to indicate whether or not they have a chronic condition. Of those that volunteered a response, 25.5% identified that they did have a chronic condition. From the earlier questions about challenges in pursuing medical care or negative experiences at visits, an item was created that merged these into one singular "Adverse Appointment Experience."

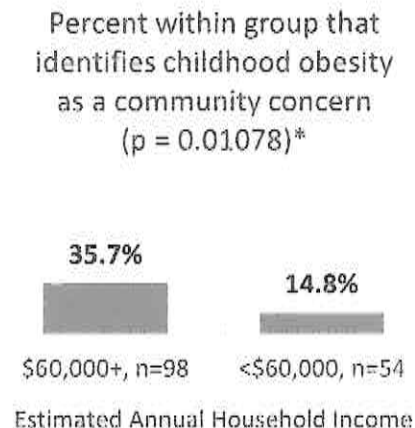
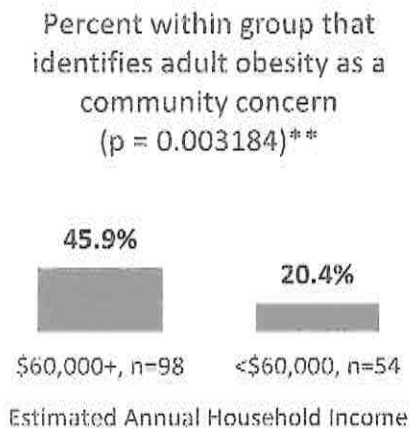


Though quite close, this data is not statistically significant. This being addressed, the trend is interesting and provides some valuable insight into the experience of this respondent group. The majority of respondents who reported having chronic disease also reported having an adverse medical care experience. Also of note, respondents who reported having a chronic condition were significantly more likely to report a lower household income. Research has shown that during the COVID-19 pandemic, inequities in health care delivery existed for persons of lower socioeconomic status and persons with chronic conditions. These results may be an intersection of these health equity concerns. The CHIP includes forward-focusing plans that align with Goal 4.4: "In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity."

There were several other trends related to reported household income that arose in the health assessment survey data.

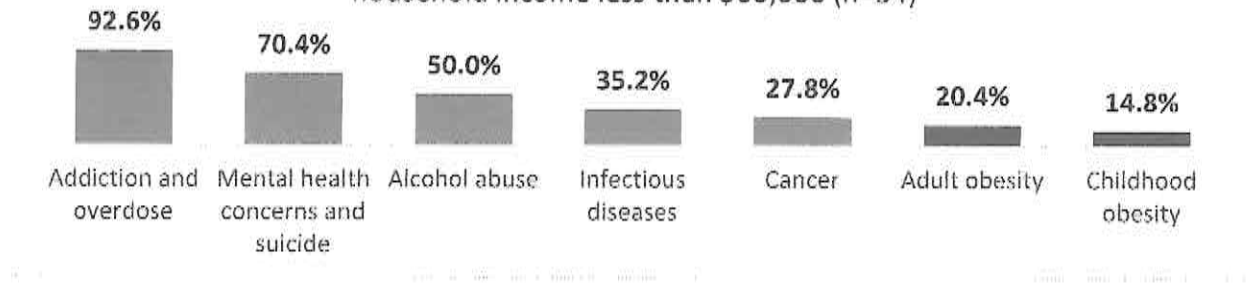


Though not statistically significant, this finding indicates that persons of lower socioeconomic status tend to view alcohol abuse as a community concern moreso than persons of higher socioeconomic status. This speaks to an insidious global trend where socioeconomically disadvantaged groups have a generally lower intake of alcohol, but much greater harm associated with alcohol use and abuse. Especially in the wake of the stress and social isolation of the COVID-19 pandemic, risks of harm related to alcohol consumption may be greater than what is immediately visible.

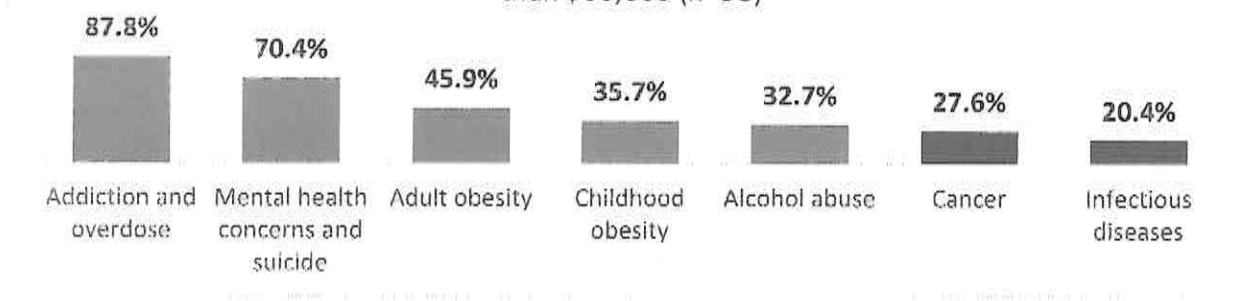


Across both adult obesity and childhood obesity, persons of higher reported socioeconomic status were significantly more likely to identify weight management and obesity as a community health concern. The health consequences and burdens of obesity are known to disproportionately affect persons of lower socioeconomic status. Despite this burden, obesity is a significantly lower priority. To explore this further, the figures below depict the top five concerns by household income, where the blue bars are the five most chosen within that group and the red bars are the values which placed within the top five of the other group:

Priority of community health problems as identified by persons with a household income less than \$60,000 (n=54)



Health problems as identified by persons with a household income greater than \$60,000 (n=98)



Addiction and mental health concerns remained consistent between groups, where cancer and infectious diseases showed difference in priority. There is a noteworthy difference with regards to infectious diseases:

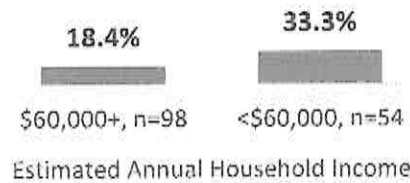
Percent within group that identifies incidence of infectious disease as a community concern
($p = 0.07149$)



Though not statistically significant, a trend is visible where lower socioeconomic status households lend greater priority to concerns about infectious diseases. This aligns with the disproportionate burden of COVID-19 witnessed among persons of lower socioeconomic status.

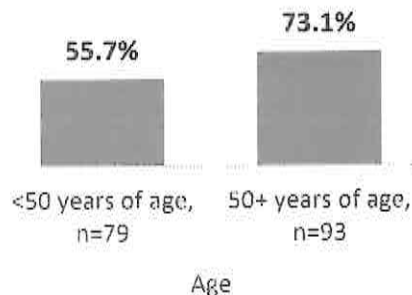
Beyond these health problems, disparities in some healthcare system concerns were visible from the data:

Percent within group that
identifies access to
transportation for health care
appointments as a concern
($p = 0.06041$)

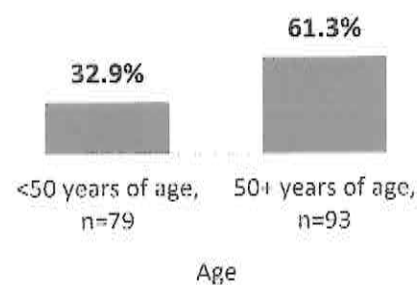


A greater percentage of persons with lower reported household income identified access to transportation for health care appointments as a concern. Though not statistically significant, it does present the possibility of a substantial barrier to health care access.

Percent within group that
identifies healthcare costs as
a concern
($p = 0.02584$)*



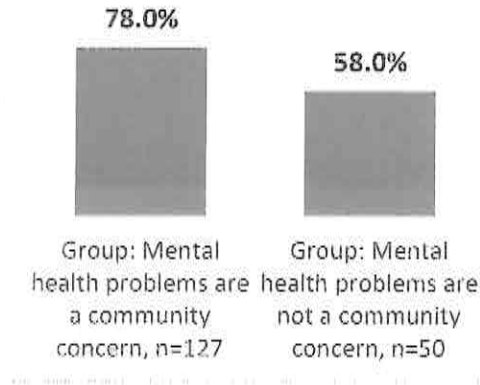
Percent within group that
identifies cost of prescription
medications as a concern
($p = 0.0003727$)* **



In addition to this, age plays a major role in healthcare system utilization and burden. Persons age 50 and older identified concerns about costs related to health care and prescription medications.

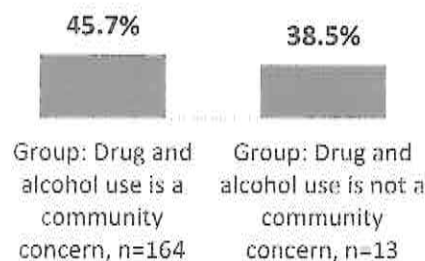
Respondents consistently identified addiction and overdose and mental health and suicide as two primary community health concerns. Hypothetically, these groups should also perceive deficits in treatment in these areas. Regarding mental health, this was the case:

Percent within group that
identifies lack of mental
health treatment as a concern
($p = 0.01298$)*



Respondents who indicated that mental health and suicide was a community health concern were significantly more likely to also say that access to mental health treatment was a healthcare system concern. However, this was not the case for respondents that identified addiction and overdose or alcohol abuse as a concern:

Percent within group that
identifies lack of substance
use treatment as a concern
($p = 0.8278$)



To identify a limitation in this method, once the items were merged, it left only 13 respondents as not identifying drug and alcohol use as a community concern. This being addressed, less than half of the merged group (accounting for 164 out of 177 total respondents) who identified drug or alcohol use as a community health concern also identified the lack of substance use treatment as a healthcare system concern.

These results may be indicative of the stigma surrounding these two issues. If more respondents are identifying mental health as a community problem and acknowledging a lack of mental health treatment resources, it may suggest that the tide is turning for social awareness regarding mental health treatments. This could also be driven by the repercussions of the COVID-19

pandemic, as respondents in this survey identified that mental health and social isolation was a leading priority. By comparison, 92.7% of all respondents identified that a problem exists with drug or alcohol use, but only 45.2% total identified that access to treatment options was a concern. Nationwide, stigma persists around the prescription of medications for opioid use disorder and other harm reduction strategies. Confronting this stigma may be an important step in accomplishing the objective to increase enrollment in medication-assisted treatment programs associated with Goal 2.2: “Prevent opioid overdose deaths.”

Limitations

While the results of this survey provide valuable insight into the community, it is not without shortcomings. With 177 participants, it would be inappropriate to generalize these findings to the entirety of Oswego County. Similarly, the demographics of the respondents were not representative of the county as a whole. Some key perspectives were underrepresented, especially those from lower-income households, racial and ethnic minorities, and the rural areas of the county. To address these concerns in future iterations of the survey, we will explore additional options to make the survey more accessible and to reach a broader audience. We will also remove and consolidate components based on relevance and volume of responses in order to reduce overall time commitment.

These limitations identify opportunities for growth and improved community engagement. This year’s survey was a resounding success, allowing the partners collaborating on the CHA / CHIP to better understand the needs of the community as defined by the community. The results identified the demand for improved access to mental health resources, and thus the window of opportunity for the Oswego County Health Department to explore evidence-based suicide prevention programs. It also highlights disparities in priority and where stigma may create barriers to vital resources. Building upon this understanding will help the public health professionals in Oswego County better serve the community.

Appendix D. SWOT Analysis – OCHD – December 9, 2022

<u>Strengths</u>	<u>Weaknesses</u>
<ul style="list-style-type: none"> • Vaccine clinics • Trainings • Wellness Committee programs • Physical programs/challenges • Camaraderie/chemistry amongst staff • Transfer of knowledge/mentors • Staff meetings/communication/Inside OCHD • Restructure of the health department/new positions • Support from Medical Director, Board of Health and Health Committee • Support from community partners • Family friendly • Dedicated staff • Continuing education/professional development • Diversity of ages and genders • Security/Sheriff • County cars 	<ul style="list-style-type: none"> • Mental health/emotional wellness • Wellness not considered during pandemic • No programs/incentives to participate in wellness • Not all staff are aware of actions to promote wellness • No clean, cold water for employees • Mold in Environmental • Air quality • Temperature control • No kitchen area in some departments • Loss of large number of staff/turnover • Lack of competitive wages • Separation of departments • Loss of Hospice • Lack of policies and procedures • IT and B&G not available/competent
<u>Opportunities</u>	<u>Threats</u>
<ul style="list-style-type: none"> • Staff retreat • OCHD re-model/Epidemiologist • Review of salaries among counties • Fellowship program • Alternate schedules • Accreditation • Monthly meetings • Improved communication strategies/monthly memo • Opportunity to re-brand public health in the county • Trauma informed care community • Continuing education support/professional development • Open house • OCHD Presents • Increase community outreach • Raise rates/fees 	<ul style="list-style-type: none"> • Mistrust of public health • New, emerging illnesses • Loss of funding • Nursing shortage • Civil service process/regulations • Loss of contract agencies • Weather/climate change

Appendix E. SWOT Analysis – Board of Health – May 5, 2023

<p style="text-align: center;"><u>Strengths</u></p> <ul style="list-style-type: none"> • Providing public information • Dedicated, knowledgeable staff • Willingness to be open and honest about issues • Taking charge of local issues • Rabies programming • Inter department collaboration • Accreditation process • Legislative/BOH support 	<p style="text-align: center;"><u>Weaknesses</u></p> <ul style="list-style-type: none"> • Provide more public information • Public not knowing the services offered at OCHD – clarity of services • Statewide meetings to show what Oswego County does • Centralization of services • Transportation issues • Veterinarian communication • Staff (nursing) shortage • Messaging about different hospice related services in Oswego County • Increase provider education on emerging issues
<p style="text-align: center;"><u>Opportunities</u></p> <ul style="list-style-type: none"> • Fellowship program • Technology to provide more public information • Statewide meetings to show what Oswego County does • Taking charge of local issues • Stronger relationship with local government • Accreditation process • Provider tab on website 	<p style="text-align: center;"><u>Threats</u></p> <ul style="list-style-type: none"> • State budget • County budget • Employee retention • Opioid crisis • Lack of mental health services • Environmental threats (floods, droughts, tornadoes, etc.)

Appendix F. SWOT Analysis – Oswego County Legislature – May 15, 2023

<p style="text-align: center;"><u>Strengths</u></p> <ul style="list-style-type: none"> • Setting up crisis immunization clinics, etc. • Very dedicated staff that work well as a team • Involved with the community • Management is hands on • All prenatal programs are the reason the health departments rankings improved • Leadership • Approachable • Comfortable seeking assistance • Warm and friendly 	<p style="text-align: center;"><u>Weaknesses</u></p> <ul style="list-style-type: none"> • Lack of funding • More recruitment events • More collaboration with the jail to identify substance use and mental health disorders. Provide post release medical treatment for substance use disorder • Inability to council mental health patients • Mental illness
<p style="text-align: center;"><u>Opportunities</u></p> <ul style="list-style-type: none"> • Low County health rankings – room for growth but funding is needed • Educational programs are needed • More emphasis on mental health • Mental health first aid – taking advantage of training opportunities • Education about LGBTQ+ population • Develop positions that can assist the health department that do not require a 4-year degree or develop more opportunities to train people 	<p style="text-align: center;"><u>Threats</u></p> <ul style="list-style-type: none"> • Low county rates of residents with college degree • Nursing shortage • Unhealthy habits of residents • Pandemic brought many directives and mandates that the public objected to, some of which were ineffective and unnecessary. • Loss of public trust

**Appendix G. SWOT Analysis – Professional Advisory Committee –
June 8, 2023**

<p style="text-align: center;"><u>Strengths</u></p> <ul style="list-style-type: none"> • Staff dedication • Collaboration <ul style="list-style-type: none"> - With community partners - Within the Health Department • Education and outreach • Social media presence • Working with entire community – all age groups/populations • Advocates for health initiatives • “Meet them where they’re at”/go to the population for services 	<p style="text-align: center;"><u>Weaknesses</u></p> <ul style="list-style-type: none"> • Staffing issues • Communication – re: staffing/program changes • Credibility
<p style="text-align: center;"><u>Opportunities</u></p> <ul style="list-style-type: none"> • Coordinate with other programs • Expand education to include more mental health issues - post-partum depression • Outreach • Climate education • Technology 	<p style="text-align: center;"><u>Threats</u></p> <ul style="list-style-type: none"> • Workforce • Technology • Social media • Unreliable information sources • Lack of civility/kindness • Staff safety • Politics