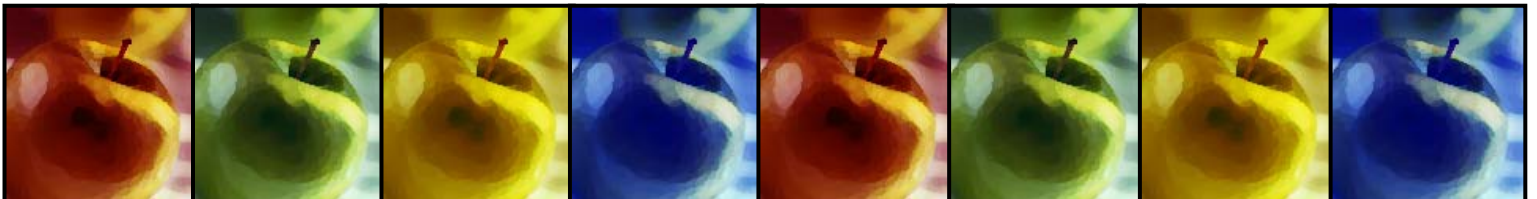
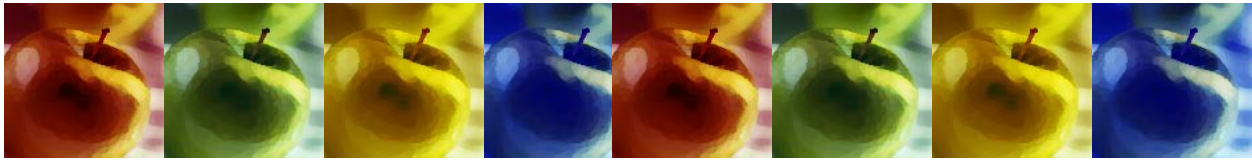


FROM PLANNING TO IMPLEMENTATION





FROM PLANNING TO IMPLEMENTATION

This Report outlines the current health status of Oneida County and puts forward fundamental activities that are needed to improve health in Oneida County. It recognizes that any one agency or many agencies working independently of each other cannot adequately address the many health issues and their multitude of underlying factors that span social and environmental dimensions. Only through the collaborative efforts of many organizations and individuals, coupled with a greater understanding of social and environmental determinants affecting health outcomes will positive health change occur in Oneida County. The Oneida County Health Coalition must assume a prominent role and direct the charge to improve public health in Oneida County.

Although implementation in some areas begins, the Oneida County Health Coalition must at the same time continue to tackle some of the issues where the answers are either not yet clear or agreed upon; this will require further planning. This final Section of the Oneida County Health Report describes the areas for action in Year 2005, a structure through which that work will be supported, and issues related to Coalition sustainability. The activities in 2005 focus primarily on three areas: health infrastructure development, health issue profiles development, issue specific actions.

HEALTH INFRASTRUCTURE DEVELOPMENT

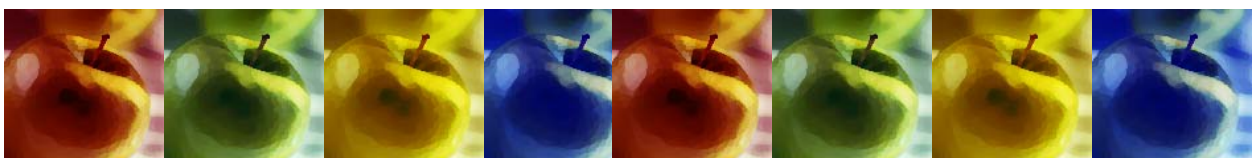
Coalition Development: Essential for success in Oneida County will be coalition development. Both the commitment of resources and a structure are in place to begin implementation on this first set of strategies. As a leadership activity the Oneida County Health Department (OCHD) will continue to facilitate the Coalitions activities and provide staffing to support its work. As a top priority for the Department, this long-term commitment is made regardless of the availability of outside funding.

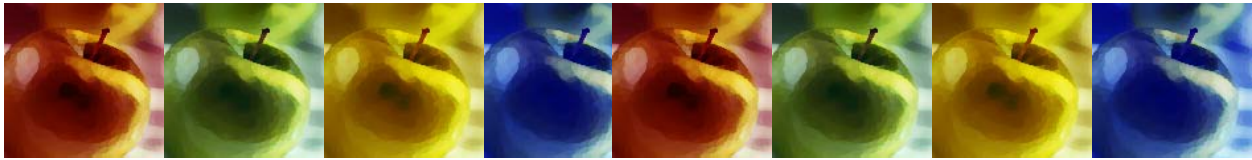
At the core of this plan for a strengthened public health infrastructure is active involvement of various community-based agencies and individuals in the Coalition. To begin, the Coalition should establish a Coalition Partners Committee. The primary duties of this Committee will be to: (a) identify and recruit representatives from local agencies and organizations for membership on the Coalition, (b) monitor the establishment of Coalition membership, and (b) assist as able in identifying membership sponsors.

Because of its importance to the success of the public health system, the Coalition should focus efforts to obtain funds to support activity in two areas. First, the Committee should engage a community organizer who will work to (a) mobilize the development of local members, (b) conduct outreach to identify potential sponsors to provide financial and other support to Coalition, and (c) arrange for the technical assistance needed. The community organizer will also provide staff support to the Coalition Partners Committee.

In 2005, Oneida County Health Department staff will present this Report throughout the County to encourage community involvement and participation in the Coalition, and discuss approaches to strengthening coordination among local health agencies and organizations in Oneida County.

Coalition Sustainability: Key to the success of efforts to implement the strategies contained in this Report and to conduct further system planning is the sustainability of the Oneida County Health Coalition. And at the heart of sustainability is the commitment of individual partners to the work of the larger Coalition. Throughout the Coalition's strategic planning process, members have come to numerous meetings, engaged in passionate dialogue, and provided critical feedback as their efforts evolved into their strategic plan, and subsequently into this report. Yet despite their hard work, some may still view this as 'another health department project.' Part of this may be due to the nature of the work to date, that is coming to meetings and conducting planning.





At present, the principle activity of the Coalition has been planning. Through the strategic planning process, members have deliberated and come to consensus on the points made and strategies presented in this Report. Yet they and the agencies they represent may still have different values and missions than one another.

While the Oneida County Health Coalition represents a collaborative body, much of the work to date has been at the level of thinking and dialogue; the real test of commitment will come as the focus moves to implementation and action. As the Coalition works to become more effective by expanding its membership, it cannot be presumed that new members will simply embrace the approaches that have been historically employed. New members bring new ways of thinking and may challenge more traditional members on longstanding and firmly held beliefs. Maintaining commitment will require working through differences and finding common ground in recognition that the effectiveness of the Coalition is in its collective action.

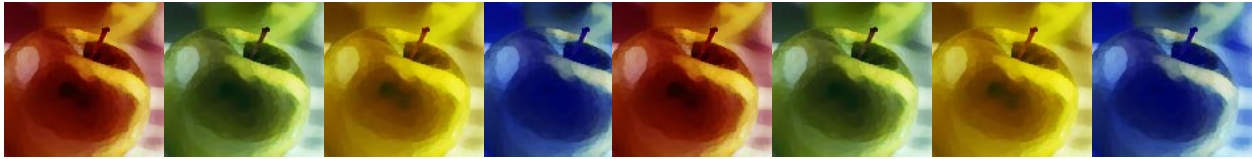
Sustainability for the Coalition will hinge upon the development and assurance of organizational structure, staff support, and resource development.

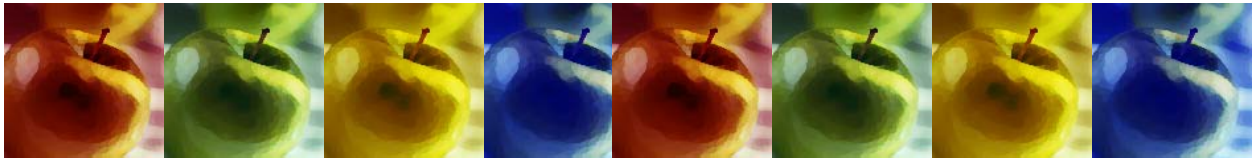
Coalition Structure: In 2003 the Coalition progressed from a “Health Department” run entity to non-governmental leadership. The Coalition chair and co-chair represent non-government agencies. The Health Department continues to provide meeting facilitation and staff support. The current structure supports implementation and ongoing system planning activities. The Coalition has demonstrated proficiency in balancing efforts between subcommittees and with the body as a whole. As specific strategies have now been identified and in an effort to maximize the time committed by the partners, much of the future work will likely occur in committees.

It is also anticipated that ad hoc workgroups will be established to consider specific system’s issues that may be most effectively addressed through the efforts of a limited number of partners, such as the delivery of clinical health services. These workgroups will be established as issues arise and will last until they are resolved. Both committee and workgroup membership will be open to non-Coalition members. In an effort to better integrate the work of the Coalition into the priorities of the member agencies, partners will be encouraged to involve other staff from their organizations at the committee level. The Coalition committees will report and make recommendations to the full membership.

Staff Support: As noted above, the Oneida County Health Department will continue to provide staff support to the Coalition. To date, staff has included the Health Director with periodic assistance from Health Administration office staff. In an effort to more fully integrate the activities of the Coalition into those of the Health Department, Year 2005 will see expanded involvement of OCHD planning, epidemiology and community health staff. Where appropriate, additional OCHD staff will support the Coalition’s work as the need arises.

Resource Development: While the resources are in place to support the process of the Partnership and some of the strategies contained in this Report, implementation of other strategies will require the identification and procurement of additional resources. Resource development will occur through at least two mechanisms. First, as a priority initiative of the Oneida County Health Coalition, a Grants Committee should be formed to identify and obtain funds to support the Coalition’s strategies. Additionally, Coalition member agencies will also provide development support, as they are able. Second, the Coalition should solicit funds to support the Coalition.





Planning: The Oneida County Health Report provides only a cursory scan of the complex Oneida County public health system. To truly understand the public health system, its strengths and weaknesses, a more expansive and comprehensive assessment of the County's public health system will be required. While the assessment and strategic planning process led to the identification of several concrete actions intended to strengthen Oneida County's public health system, there remain issues that have yet to be considered and whose resolution are key to the system's success. Many of these issues pertain to coordination and service delivery in very specific areas of the system, for example determining how the Oneida County Health Department and other public health providers can work together to most effectively and efficiently deliver clinical health services to County residents.

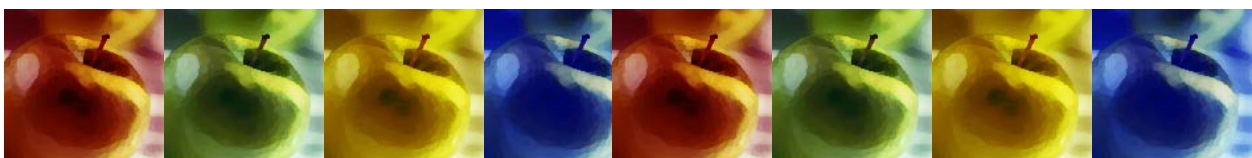
Action Planning: Beginning in early 2005, one of the Coalition's first tasks will be the development of specific action plans. As previously noted, many of the strategies developed by the Coalition are broad in scope and could be advanced by any number of activities. Action planning will help to determine specific activities, implementers, timeframes and needed resources.

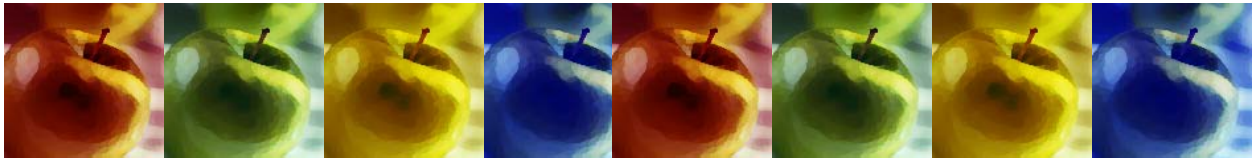
Workforce Development: Our County is challenged to improve the health of County residents and the capacity of the local health workforce to meet those challenges. Successful provision of the essential public health services requires collaboration among public and private partners i.e., all agencies and private or voluntary organizations in the areas of health, mental health, substance abuse, environmental health and protection, and public health, within a given community and across various levels of government. A Coalition lead Workforce, Training, and Education Committee should be established and use these essential services as a framework for their respective activities.

The Committee should be charged with the following activities:

- Provide a profile of the current county public health workforce and make projections regarding the workforce over the next decade,
- Examine the current and future shortfalls in the county's public health workforce, looking broadly at the local level in public health departments as well as mental health, substance abuse, and environmental health agencies and at the emerging need for public health competencies in managed care systems, health plans, health care provider, and in other governmental agencies,
- Address training and education issues including curriculum development for training in public health and ongoing training and development activities to ensure a competent workforce to perform the essential functions of public health now and in the future,
- Analyze minority representation in public health disciplines and the programs to increase representation,
- Distance learning and other advanced technology training methods should be explored to ensure that training and education activities are carried out in the most efficient and cost-effective manner,
- Document educational programs (both formal and informal) that currently exist in our community,
- Identify national competency standards to measure performance standards for health care workers in our community,
- Develop a consumer awareness campaign,
- Examine the financing mechanisms for curriculum development and for strengthening the training and education infrastructure, and
- Review factors related to workforce challenges and to make recommendations for an action plan.

Monitoring: This document will be used both to guide the Coalition's implementation efforts and to serve as a monitoring tool.



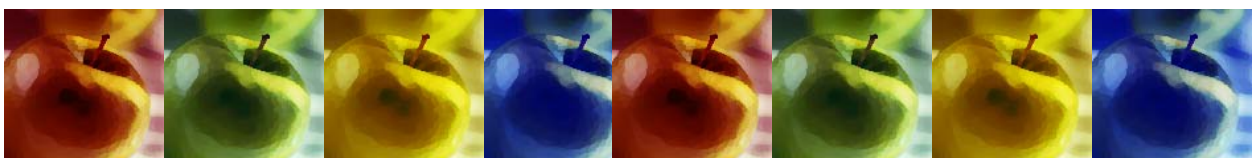


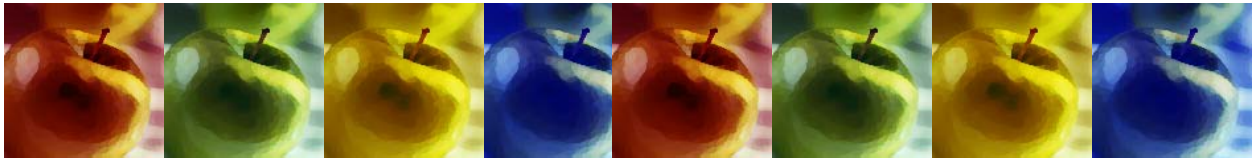
Health Issue Profiles:

- Establish “Health Councils” with Coalition members represented for each of the ten community-identified health issues (e.g., Council for Sports, Fitness and Health to address nutrition and obesity). Each Council would be comprised of key community stakeholders relevant to the specific health issue. The Coalition could serve as a coordinating body for the ten Councils to facilitate planning efforts and ensure communication linkages between Councils. The Councils would be responsible for developing the comprehensive health profiles and action plans, and overseeing their implementation,
- Actively engage local colleges and universities in the research and development of the profiles. For example, the Maxwell School of Citizenship and Public Affairs, at Syracuse University requires graduate students within the Health Services Management and Policy Program to conduct research projects in health related areas. Health Services Management and Policy Program graduates prepared the *Obesity in Onondaga County* Report. Through arrangements with the Maxwell School similar research and reports could be developed for the Oneida County health profiles. In addition, Hamilton College faculty and staff have been involved with several community projects evaluating social issues. Funds are available through the colleges/universities for school-to-school partnerships. Funding should be sought from the colleges/universities to fund “collegiate teams” to assist the Coalition in developing the profile information.
- Funds should be obtained to hire a Council Facilitator that would assist in respective Council’s planning activities and facilitate council members through a process to develop and implement the health profiles and subsequent action plans.
- Although Environmental Health was identified as an important health issue in the Community, it was unclear as to which environmental health issues, e.g., water quality, vector control, food safety, air quality, etc., the community holds most in concern. The Environmental Health Council will need to engage in a separate assessment process to determine the community’s environmental health concerns. The Oneida County Director of Health is a national advisor on the CDC/NACCHO’s Protocol for Assessing Community Excellence in Environmental Health (PACE:EH) tool for assessing local community concerns, and could guide the planning process. A PACE:EH Coordinator would need to be hired to manage the implementation of the process. Funds will be requested from NACCHO to implement the PACE:EH process.

Community Education:

- Coalition should establish a Community Outreach and Education Committee to develop and implement a coordinated promotion of the public health system programs and services, along with pertinent health information to Oneida County community. The OCHD Public Education Coordinator will chair a Coalition Community Outreach and Education Committee that should be comprised of individuals who is responsible for this function within their individual agency. Representatives from local media organizations, i.e., TV, newspaper, radio should be included on this committee.
- Establishment of a universal marketing template that could facilitate message development and promotion activities.
- Seek funds to hire marketing consultant to assist committee with marketing efforts
- Provide members with training in social marketing. (NYSDOH) Host brown-bag luncheons with guest speakers discussing ways to “get the word out” on health issues and services. Provide assistance to smaller agencies that lack the resources to adequately market by identifying coalition members or member agencies that could provide training. Develop inventory of coalition resources to this affect.
- Development of Internet/Web-based application to share information with, Community, Agencies, and Coalition members,
- Immediate educational activities can ensue pertaining to the health issues identified by the County residents utilizing existing educational materials. As the health profiles are developed, messages better tailored to Oneida County will be developed and disseminated.





HEALTH ISSUE SPECIFIC ACTIONS

Childhood Lead Poison Prevention: The formation of an Oneida County Lead Coalition, chaired by OCHD Director of Environmental Health and facilitated by NYSDOH Lead Staff. OCHD EH division staff would provide necessary staff support for coalition meetings and activities. Other agencies contribute as their resources allow. Focus on three areas

- ▣ Coordination of county environmental health (Lead Program, Healthy Neighborhoods Program), city building codes, and DSS, non-governmental agency inspection activities with HOPE VI project activities to identify lead homes in high risk zip code areas of Utica for targeted abatement and lead reduction activities
- ▣ Formation of coalition lead education and training committee tasked to develop Landlord Lead training program and community outreach. Training activities could be coordinated with previous action and complement targeted identification and abatement activities mentioned above. Committee would also develop and disseminate Lead-related educational materials. Mohawk Community Action could be the lead agency for this committee.
- ▣ Formation of Legislative Committee to evaluate current state, county, and municipal laws and ordinances and provide policy recommendations in such areas as certificate of occupancy, enforcement and compliance, abatement, planning and zoning.

Clinical Services: A special task force should be established to evaluate the needs of clinical services in Oneida County. The OCHD Director of Clinical Services will chair a task force comprised of key stakeholders including health care agencies, policy and political leaders, and community representatives. The task force will be charged with the following:

- ▣ Assess the County's clinical service delivery system and identify strengths and gaps, unmet service needs, access to care, availability of providers, and applicable local, state and federal policies. Task force should include the 10 essential public health services as a component of the system assessment. The *Making Strategic Decisions About Service Delivery: An Action Tool for Assessment and Transitioning* document developed by CDC and NACCHO should be used as a template for the task force assessment activities.
- ▣ Determine which providers within the system are best suited to provide the services needed in the community,
- ▣ Develop action plan that may include steps and timetables, human resource issues, communication plan, transition and partnership models, funding support, and monitoring and performance evaluation elements.

