Onondaga County Legislature

HASSINA K. ADAMS
Clerk

NICOLE WATTS
Chairwoman

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Deputy Clerk

HEALTH & HUMAN SERVICES
COMMITTEE MINUTES – JUNE 24, 2026
DAN ROMEO, CHAIR

MEMBERS PRESENT: Mr. Romeo, Ms. Denton, Ms. Block, Mr. Burtis, Mr. Kelly
ALSO ATTENDING: Legislator Chad Ryan; also see attached list

Chair Romeo called the meeting to order at 11:30 a.m., and the previous meeting's minutes were approved.

1. **ONONDAGA COUNTY DEPARTMENT OF HEALTH**: Rebecca Shultz, Deputy Commissioner
   a. INFORMATIONAL: Healthy Families (Maternal-Child Health) and Creating Healthy Schools and Communities

- Ms. Russell introduced herself as Director of Community Health, and Ms. Viens introduced herself as Director of Healthy Families.
- Ms. Shultz introduced herself as one of the deputy commissioners of the Onondaga County Department of Health, overseeing both the Division of Community Health and the Division of Healthy Families, and noted that Dr. Anderson regretted not being able to attend in person.

Division of Community Health, Presented by Ms. Shultz

- Programs in this division are largely grant funded and do not fall into public health law as mandated services; they are preventive in nature and focus on policy, systems, and environmental changes to help people make healthier choices
- Main program is Creating Healthy Schools and Communities, funded by the New York State Department of Health; works with local schools and surrounding communities to improve nutrition and physical activity policies
  - Engages school wellness committees to review and strengthen wellness policies
    - Recently helped purchase adaptive physical activity equipment for PE classes and helped procure refrigeration to offer healthier point-of-sale food items (yogurt, salads, hummus) in cafeterias
  - On the community side, works with early childhood centers, worksites, public spaces, and parks
  - Example of a site we work with: installed a walking trail at a worksite so employees could exercise during breaks; helped implement healthy vending machine policies; worked on environmental changes at community gathering sites such as the zoo or the MOST to promote nutrition and physical activity

    - Active transportation work includes increasing activity-friendly routes to school and other community destinations, partnering with transportation agencies on planning and signage; last year, worked with the Regional Market to install bike racks, repaint crosswalks, and add signage to improve pedestrian and cyclist access
- Recently notified that the program was funded for another five-year period for this work
- Cancer Services Program is a New York State grant program providing breast, cervical, and colorectal cancer screening for under- or uninsured individuals in the community
    - Connects individuals with a network of providers, sets up appointments, and helps overcome barriers to accessing those appointments
    - Recently awarded a small grant to provide transportation, working with rideshare and bus companies to help people get to and keep their appointments
    - If an individual identified through the program needs treatment, staff help enroll them in the Medicaid treatment program for cancer treatment so they are fully covered by Medicaid for the duration of treatment
    - Helped screen over 300 county residents in 2025; ongoing outreach is needed because insurance status can change over time
- Breastfeeding Friendly New York (BFFNY) program works to improve breastfeeding and chestfeeding initiation rates and to sustain them by facilitating supportive policies and environments
    - This past year, helped St. Joseph's outpatient OB-GYN practice achieve the official Lactation Friendly Practice designation conferred by New York State
    - Offers to pay for training toward the Certified Lactation Consultant certification
    - Works with worksites, healthcare providers, and community sites, and participates in coalition work to share best practices and facilitate breastfeeding- and chestfeeding-friendly environments

Questions/Comments

- Mr. Romeo: Can you talk a little bit about, with each of these categories, what kind of staffing you provide; are we doing the work or are we assisting?
- Ms. Shultz: For each of the programs discussed so far, we operate this internally. We have program coordinators for each of them and then health education or community health counselor staff. They are not large programs; they have between two and four staff people each. We do rely on partnerships, as I mentioned with the Cancer Services Program; we are not the ones medically completing the screenings, we have a provider network we work closely with to have people scheduled for appointments. For the most part, for what I've mentioned thus far, this work is taking place in the health department
- Mr. Romeo: Are those two to four people generally health-certified people, or people who don't have credentials that are just coordinating?
- Ms. Shultz: Most of our staff have a Master of Public Health or a Bachelor's in public health, and they have experience in health education and coordination

- Mr. Romeo: Okay, thank you. If you can kind of mention what the staffing is related to each of the programs as you go through, that would be great

Presentation continued:

- Tobacco Free CNY program has a program coordinator and two public health educators; it is a grant funded program that covers Onondaga, Cayuga and Oswego counties as part of a three-county area, and the team promotes sustainable environmental and policy changes around tobacco throughout that area
    - Works with municipalities to address retail density policies; a year or two ago the City of Syracuse passed a policy limiting the number of tobacco retailers that can be open at any time, particularly in proximity to places where children gather, such as schools and parks; that effort was assisted by the team
    - Unique component called Reality Check, where one of the public health educators leads a youth engagement program with middle school, junior high, and some high school students across the three-county area; students receive education and training and go on to become advocates for policy change themselves
    - One of the program's big events is a legislative education day in Albany each year, where students are trained and then speak to local elected officials about why this is an important issue
- Across the whole department, Ms. Russell has taken the lead on convening community health and public health educators, community health counselors, and outreach staff across different divisions and bureaus so staff can learn from each other and hold onto the health department's messaging
    - Goal is a coordinated, no-wrong-door approach so that if a resident approaches a table staffed by health department employees with a question outside that program's specific area, staff can either speak to it or know how to direct the person to the right resource

Questions/Comments

- Mr. Burtis: Regarding the Tobacco Free New York program, could you touch on vaping a little bit? Is that included in the program? It seems to be the hot concern
- Ms. Russell: Yes, that is included in our efforts around tobacco products as well as vapes; tobacco products now also include things like nicotine pouches, vapes, and cigarettes, all encompassed in a tobacco-free environment
- Ms. Shultz: Any questions on community health before I switch over to healthy families?
- Mr. Romeo: I've heard more and more about the built environment having an impact on people's health. You talked about working with municipalities on the tobacco retailer policy the city passed; are there other built environment initiatives you're working with municipalities on to take on the broader scope of what the health department would do?
- Ms. Shultz: That policy work also extends to parks and smoke-free housing, working collectively across different sectors. The other built environment piece is the safe routes activities that Creating Healthy Schools and Communities does; we've worked with school

districts in the past to identify safe routes for kids to walk to school, helping to facilitate improvements to sidewalks, signage, and curbs

- Ms. Russell: Updating the paint to make crosswalks nice and bright so people can identify pedestrian walkways, and delineating posts to separate bike lanes, things like that
- Mr. Romeo: So how do those conversations happen? Are we able to just go to a municipality and say, "Hey, we think this is an opportunity, would you like to invest?"
- Ms. Russell: It's kind of all of the above; we have a good presence in the community and are well known with our partners. We work closely with SMTC and Syracuse Urbanism Collective, so we're in touch with a lot of people already doing this work, and they're also able to refer us to others in the community interested in more projects
- Ms. Shultz: It definitely helps when we have something to offer, so being able to pay for certain parts of a project helps us solidify those partnerships and build them for future activities too
- Mr. Burtis: And walking to school, is that primarily the city?
- Ms. Russell: Primarily in the city, but we also do walk-to-school days for other districts that are interested
- Ms. Shultz: We also helped support a bike bus for one of the city elementary schools, Ed Smith
- Mr. Burtis: I'm sorry whats a bike bus?
- Ms. Shultz: There are adults present leading the bike bus, and kids join in from their houses along the route, and it gets bigger and bigger until they get to school
- Ms. Russell: We provide safety vests and helmets so participants are visible; it's really cute

Presentation continued:
Division of Healthy Families:

- Healthy families is a network of programs that work closely with each other and with community partners to support pregnant individuals, parents, infants, young children, and newly arrived refugee and immigrant families, typically through free home visiting and connection to other community resources
- Public Health Nurse home visiting program is geared toward people who need more of a clinical touch beyond what they get at their provider's office or in between appointments; nursing staff go into the home of pregnant individuals and people with young kids to conduct health assessments and coordinate with healthcare providers
    - Staff can help identify medical concerns and provide education on issues such as breastfeeding, safe sleep, infant care, and maternal care
    - There are currently four public health nurses in the field, two of whom are onboarding
- Perinatal and Infant Community Health Collaborative (PITCH) is a New York State funded program that is primarily community health worker based, designed to provide social supports and help families address social determinants of health that may impact birth outcomes

- Example: if someone needs mental health support, transportation, or is having housing instability, a community health worker can help facilitate access to those services and make connections to resources in the community

- Syracuse Healthy Start program is federally funded, with two full-time staff currently and an additional educator being hired; the goal is to reduce infant mortality, support families, and address social determinants of health, working exclusively in Syracuse city zip codes
  - Includes a community consortium of residents, healthcare providers, organizations, and agency representatives working together to address social determinants of health
  - Current consortium priorities are related to food access, including opportunities for food rescue, identifying food that would otherwise be discarded and repurposing it for families in need
  - Food access priorities also include making sure people know how and where to access food and helping eliminate barriers to that access, as well as food education and literacy, including building nutrition skills and helping with meal prep, meal planning, and budgeting

Questions/Comments

- Mr. Romeo: Can you talk about what that (food rescue work) looks like?
- Ms. Viens: One of the things we're trying to do with the food consortium is not duplicate any services, but identify the gaps that exist and capitalize on food rescue in that space.
  - There's an amazing amount of energy around food in Central New York and an interrelated food consortium with other amazing partners, but there's a gap in what is being rescued from more nontraditional sources, like retail food and restaurants that prepare food and don't have an outlet to send it to.
  - We're coming in the middle to link those food sites to consumption areas, doing this in different quadrants of the city and partnering with farms and other agencies that have smaller, more grassroots pop-ups, trying to help bring them into a sustainable model so we can support them as the need grows, in light of changes to SNAP and other federal benefits, while also being sensitive to the fact that people may want to continue going to places they typically would go and be served there as well
  - We're finding spaces where folks don't have to find a new place for food access, but can instead be complemented where they're already going; right now we're doing a lot of work with food rescue restaurants
- Mr. Burtis: A little bit about healthy families and new mothers, how is the rate of engagement there, the take rate? Is it good, does it need to be bolstered? Can you talk about that a little bit?
- Ms. Viens: We are very aware that opening your home, even to a trusted provider like a nurse, is a courageous thing to do. Our referral-to-onboarding conversion rate is a metric we track; it's pretty solid, though I don't have the exact number on hand, and we believe we can improve it. We'll always be working on it until we have full confidence we're at 100%, but it's a metric we track because we believe it's one of the best opportunities to build trust in the community and engage moms in a place they're most comfortable, their home, and get a

holistic view of what's happening so we can better support moms and babies where another provider cannot necessarily go

- Mr. Burtis: From my understanding, it is difficult, as I'm sure you're well aware, for people to ask for help and be open to it; it seems there's a gap there, but I understand it's complicated for all those reasons, and I appreciate that the program is there and that you're working at it
- Ms. Shultz: One of the things we try hard to do, especially within our programs, is have what I'd call a warm handoff, a very conscious, facilitated referral to whatever that person might need. If someone has developed trust with a public health nurse but might be better served by a community health worker, we make the effort to make that transition seamless with no barriers, to continue to build trust so that when there are subsequent pregnancies, there's no hesitation to re-engage
- Mr. Kelly: How are we navigating the workforce shortage, particularly in nursing, given the demands we're already seeing and the additional challenges of being a growing community? I know we had the nursing scholarship program in recent years; is that being looked at for expansion? What are we doing on the recruiting and retention side? How have we been able to keep up with the challenges that exist?
- Ms. Shultz: We have had some difficulty recruiting public health nurses; we feel like we're in a good place now, but it took time, and it's challenging to compete with the private sector. COVID played a role in how people are viewing their career paths.
    - At the same time, we've noticed anecdotally that many of our clients' needs are more within the social work and community health work realm, so as that workforce challenge has been happening, the needs have also been shifting.
    - We're investing in and building up our community health worker workforce, currently partnering with REACH CNY and Catholic Charities to employ some of those staff, while also sustaining the public health nursing side, hoping to find the right balance of staff to best meet the community's needs. It's been tough
- Mr. Romeo: I want a little bit of a higher-level view: what are some of the challenges we see with getting from the good work you're doing and expanding it, so that everyone is getting what they need or the overall health of the community is improving at a greater scale? What kind of barriers are we facing?
- Ms. Shultz: I can offer some observations about community barriers; we've collected data on this through our community health survey process for the community health assessment. What rose to the top in those results was mental health access and our community's capacity to meet the mental health needs currently being identified. This is community members identifying this themselves, not us looking at ER discharge data
    - Also substance use and neighborhood safety, since people are less likely to go outside and engage in physical activity if they don't feel their neighborhood is safe. We have a lot of wonderful individual programs in the department that can help meet these needs, but we rely heavily on, and are continuing to strengthen, partnerships with other agencies, because no one agency is going to achieve this alone;

- It's about aligning our goals and mission with others and leveraging funds where we can for the greatest impact. We have this great suite of programs, but we're not able to do it all by ourselves

Presentation continued:

- Refugee and Immigrant Health Hub is now part of the Healthy Families division; it began out of a need identified when the community had a lot of newly arriving individuals and it was becoming challenging to triage folks medically and ensure those needing to be seen in a short time were able to get care
  - While the program may not be receiving as many primary arrivals as when it began, there are still a lot of secondary arrivals and families who continue to need support becoming integrated into the community, gathering information, accessing medical care, and identifying and meeting emerging refugee health needs in a culturally responsive way
  - There are two nurses in the Refugee and Immigrant Health program

Questions/Comments

- Mr. Kelly: On the refugee and immigrant health side, what's the longitudinal relationship? Is it simply, welcome to our community, let's get you set up with providers, or what's the follow-through over time with individuals?
- Ms. Viens: That's an interesting question, because in these cultures the bonds that are created tend to turn into lifelong relationships. People come in to get what they need and are connected to whatever care, access, or referrals they need to thrive and move forward, and some of them move on, and we wouldn't necessarily have knowledge of that
  - But our team of two integrates very well and builds relationships with these folks in a way that they continue to touch base even after services have expired, which may be cultural. There is data captured where the team reaches out to ask what someone needed, does a closed-loop referral, and follows up after that
  - Beyond that, the community often reaches back out because a relationship has been formed, which I don't know if that was originally intended, but it certainly has happened
- Mr. Kelly: It's nice to know there's positive follow-through, to hear some of the success stories with the work going on

Presentation continued:

- Women, Infants and Children (WIC) program also operates out of the Healthy Families division; there are about 30 staff, including a program coordinator, nutritionists, nutrition assistants, and breastfeeding peer counselors
- Federally funded nutrition program providing healthy foods to pregnant individuals and their children up to age five, including breastfeeding support and fruits, vegetables, whole grains, and dairy
- Currently serving over 9,800 participants every month, which is approximately 108% of the target caseload the state has assigned, meaning the program is over performing

Questions/Comments

- Mr. Kelly: We've been over 100% for as long as I've been around, which speaks to our success in getting people the support they need. What exactly are the metrics from the state to establish that target population?
- Ms. Shultz: I can get back to you with the exact metrics, but I believe they look at the Medicaid-eligible population and take a proportion of that, since it's essentially women and young kids
- Mr. Kelly: Are we concerned at all about our level of success? Has there been any threat of a cap, like we've seen with different programs over the years?
- Ms. Viens: Funding has remained flat, but it hasn't changed our operations; the team has shifted from in-person to virtual post-pandemic, which has continued to be highly successful, which we attribute to the flexibility that was offered. As long as that flexibility remains, we don't anticipate a dip, because funding hasn't necessarily increased even as our capacity to serve has grown
- Ms. Shultz: The team does a great job, and especially relevant right now, we're aware that other food benefits might be going away for some folks, so we're making sure to stay connected with community partners, partner agencies, and other county departments; for example, if a family used to be enrolled in WIC and discontinued when their child turned one but is still eligible, we want to be able to reach out and re-engage them to make sure their food access needs are being met

C. Adjournment

Motion by Ms. Denton, seconded by Ms. Block, to adjourn the meeting. MOTION CARRIED UNANIMOUSLY.

The meeting was adjourned at 12:07 p.m.

Respectfully submitted,

Jamea Andy Johnson

JAMEA JOHNSON, Acting Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE: **HEALTH AND HUMAN SERVICES**
DATE: **JUNE 24, 2026**

NAME (Please Print)	DEPT/AGENCY/ORGANIZATION
Rebecca Shultz	OCHD
Rachael Russell	OCHD
Rachel Viens	OCHD