Monroe County, New York
2013 Joint Community Service Plan
2014-2016

For Health Systems Serving Monroe County, including:

Rochester General Health System
Unity Health System
University of Rochester Medical Center – Highland Hospital
University of Rochester Medical Center – Strong Memorial Hospital

With collaboration from
Monroe County Department of Public Health
University of Rochester Medical Center – Center for Community Health
Finger Lakes Health System Agency

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I. Introduction

Rochester, NY and its surrounding communities in the Western Rochester Region have a long history of collaboration to improve the health of the Monroe County residents. Hospital systems in Monroe County including Rochester General Health System, Unity Health System, University of Rochester Medical Center (URMC) Strong Memorial Hospital and Highland Hospital have jointly filed a community service plan to the New York State Department of Health for the past fourteen years, and this year is no exception. This unique effort, done in collaboration with the Monroe County Department of Public Health (MCDPH) and the Finger Lakes Health System Agency (FLHSA), demonstrates true community health assessment and improvement planning. This partnership assures synergistic, non-duplicative meaningful strategic efforts towards the common goal of improving the population's health.

This year's 2013 Monroe County Joint Community Service Plan (JCSP) builds on a collaborative Community Health Needs Assessment and Community Health Improvement Plan that was developed jointly between the hospitals and the Monroe County Department of Public Health with the assistance of the Finger Lakes Health System Agency representing several community organizations and initiatives. The Community Health Improvement Plan (CHIP) is based on the NY State Prevention Agenda 2013-2017.

Our CHIP and the JCSP are centered on the State Prevention Agenda 2013's first priority area: Preventing Chronic Disease. Collectively and based on our Community Needs Assessment, all hospitals and the MCDPH will concentrate on three focus areas:

1. Reduce Obesity in Children and Adults
2. Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure.
3. Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings.

Our intervention goals, objectives and action steps will be tackled as a community with participation and representation of all hospitals the health department and FLHSA.

The Monroe County hospitals are pleased and proud to submit this Joint Community Service Plan for 2014-2016.

II. **Mission Statements**

Rochester General Health System

Mission Statement: To improve the health of the people served by providing high quality care, a comprehensive range of services, convenient and timely access, delivered with exceptional service and compassion.

Unity Health System

Vision Statement: Unity will be viewed as the leading provider in the markets we serve, known for the excellent quality and service that we deliver to our customers.

Mission Statement: The mission of Unity Health System is to make a positive difference in the health and well-being of those we serve.

University of Rochester Medical Center – Strong Memorial

Mission Statement: We improve the well-being of patients and communities by delivering innovative, compassionate, patient-family centered health care, enriched by education, science and technology.

University of Rochester Medical Center – Highland Hospital

Mission Statement: Commitment to excellence in health care, with patients and their families at the heart of all we do.

III. Definition of Community Served

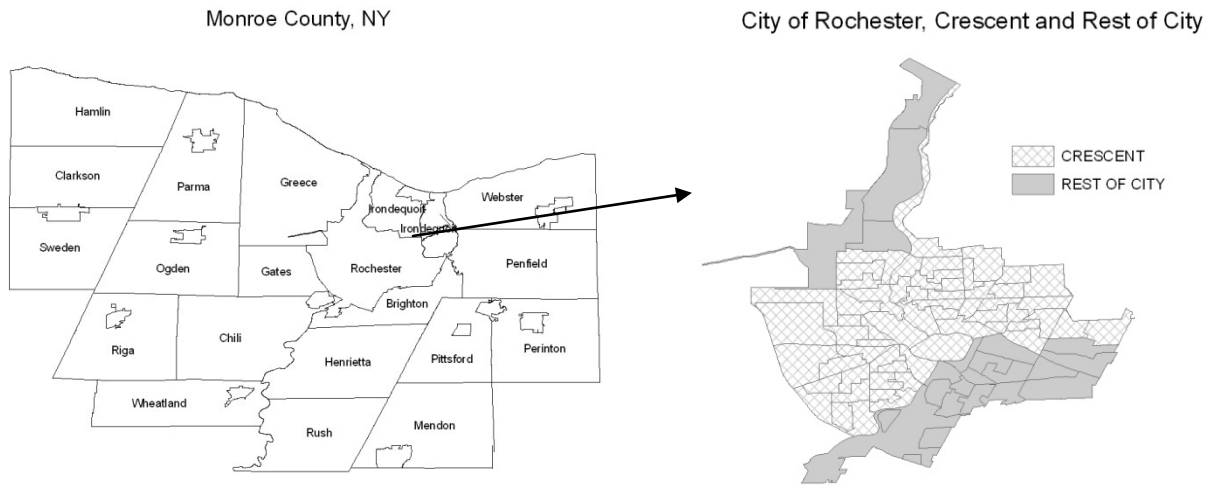
This plan is a joint submission of the hospitals in Monroe County and has been prepared in collaboration with the Monroe County Department of Public Health, and within the context of Monroe County's Community Health Assessment. Therefore, the plan's service area is Monroe County.

a. Demographics of the community served

Monroe County is located in western New York, centered on the City of Rochester, with 19 suburban and rural towns. The population of Monroe County is 744,344, with 210,565 City residents. Rochester and Monroe County serve as the hub for a 5-county metropolitan statistical area with a 2010 population of 1,054,323 that share health care and media resources.

Within the City of Rochester, certain socioeconomically disadvantaged neighborhoods bear the brunt of health disparities. These areas are referred to as the "Crescent" because they form an arc around the center of the City. The population of the Crescent numbers 143,000.

Figure 1: Monroe County, City of Rochester, and the Crescent



Fourteen percent or 107,488 of Monroe County residents are African-American; of those, 78% reside within the City of Rochester. Of the County's 54,055 Latino citizens, 64% reside in the City of Rochester. The Latino community, mostly of Puerto Rican descent, is the fastest growing segment of the Rochester population with a 100% increase since 1990.

The table below shows the percent of the population by race and Latino origin in Monroe County, the city and suburbs.

Table 1: Demographics Monroe County

Population by Race and Latino Origin Monroe County, 2010	Monroe County	City Total	Suburbs of Monroe
% White, Not Latino	73	38	87
% African American/Black, Not Latino	14	40	5
% Latino	7	16	4
% Other races, multiple rates, Not Latino	6	6	5

Source: Census 2010

Poverty and low educational levels are associated with higher rates of illness, premature death and fair or poor self-reported health status. Having limited financial resources has an impact on access to health care, and the ability to pay for medication and purchase healthy food. Literacy levels have a profound impact on an individual's ability to manage their health.

The median household income in Monroe County is $51,303, slightly below the national average ($51,914). In the city, the median household income is $30,540, far below the national average.

The table below shows poverty status by residence and race/Latino origin.

Table 2: Poverty status in Monroe County

Poverty Status	Monroe County	City Total	Suburbs of Monroe
% with income below poverty	**14%**	**30%**	**7%**
% White, Not Latino	**8%**	**19%**	**6%**
% African American/Black, Not Latino	**32%**	**37%**	**14%**
% Latino	**33%**	**42%**	**17%**

Source: American Community Survey, 2006-2010

A low graduation rate in the City (Rochester) is a major issue, with only 49% of 9th grade students graduating four years later (source: NYS Education Department, August 2011).

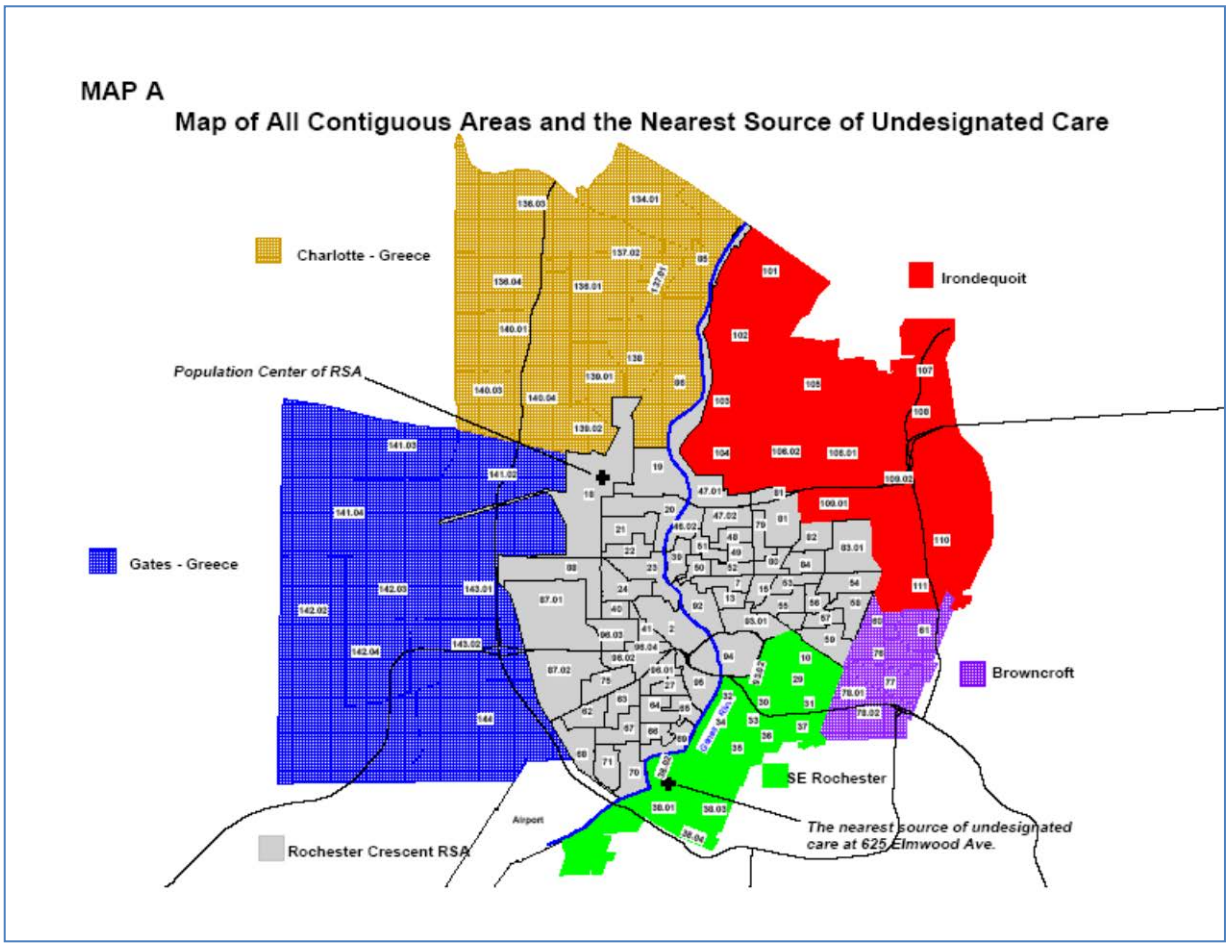
One distinct characteristic of Monroe County is the size of the deaf population; an estimated 10,000-15,000 primary American Sign Language (ASL) users. The deaf population is heterogeneous and complex, differentiated along lines of educational background, ASL fluency, age of onset of deafness, as well as race and ethnicity. Racial and ethnic disparities within this group, while likely, have not been well-documented.

b. Description of health system and services

Hospitals in Monroe County consists of three "systems" – University of Rochester Medical Center, including Strong memorial Hospital and Highland Hospital and the affiliated FF Thompson Hospital in Ontario County; Rochester General Health System, including Rochester General Hospital and Newark Wayne Community Hospital in Wayne County; and Unity Health System, including Unity Hospital (former Park Ridge Hospital) and the Genesee St campus (formerly St. Mary's Hospital) All three systems have associated nursing homes, health centers or clinics, and hospital-sponsored medical practices. Each of the hospitals care for many patients from outside

Monroe County – in the case of Strong Memorial, nearly one-third of patients are from outside Monroe – making them regional resources.

Much of inner city Rochester is federally designated as a Primary Care Health Personnel Shortage Areas (HPSA). The map below illustrates the designated area in grey. A similar area is also designated as a Dental HPSA.



To assist in the provision of quality and accessible medical and health care services, Monroe long has been served by a network of federally-qualified Community Health Centers (FQHCs) – Jordan, (sites at Holland Street, Woodward and Brown Square) and Oak Orchard. Rochester Primary Care Network (now also an FQHC) has affiliated health centers that also provide health care within the inner city. These centers include Clinton Family Health Center, Genesee Health Center, Northeast Health Services, Orchard Street Community Health Center, and Unity Family Medicine Center.

In addition, two free clinics serve primarily individuals who are uninsured – St. Joseph's Neighborhood Center and the Mercy Outreach Center.

IV. Public participation in improvement planning

The development of the Monroe County Community Health Needs Assessment, Improvement Plan and Joint Community Service plan began in 2012 with the organization of the Monroe County Community Health Improvement Workgroup (formerly the Community Benefits Reporting Workgroup).

The four hospital systems provided financial and in-kind resources for the assessment process, and have supported a chair to convene the Workgroup. The team meets monthly and has been doing so since May 2012. Each hospital system has one representative spot to the team in addition to public health experts from the Monroe County Department of Public Heath (MCDPH), and community member experts from the Finger Lakes Health System Agency (FLHSA). The University of Rochester Center for Community Health serves as a facilitating agency for this process.

Table 3: Roster of Team Members (September 2013)

NAME	TITLE	AFFILIATION
Al Bradley	Senior Project Manager, High Blood Pressure Initiatives	Finger Lakes Health Systems Agency
Wade Norwood	Director of Community Engagement	Finger Lakes Health Systems Agency
Andrea DeMeo	Executive Director & COO – Center for Community Health	University of Rochester Medical Center
Theresa Green, MBA	Director of Community Health Policy & Education – Center for Community Health	University of Rochester Medical Center
Anne Kern	Public Health Program Coordinator	Monroe County Department of Public Health
Byron Kennedy, MD, PhD	Director	Monroe County Department of Public Health
Barbara Ficarra	Director of Public Relations	Highland Hospital
Barbara McManus	Director, Marketing & Public Relations	Rochester General Health System
Kathy Parrinello	Associate VP and COO	Strong Memorial Hospital
Stewart Putnam	President, Health Care Services Division	Unity Health System
Wendy Wilts	Senior Vice President Clinical Service Lines	Unity Health System

a. Participants involved in the process

The needs assessment process for Monroe County involved collaborations with the members of the Community Health Improvement Workgroup (CHIW) as well as several addition community members, organizations and associations as described below:

Rochester General Health System
Rochester General Health System (RGHS) includes eight affiliates and a total team of nearly 10,000 physicians, nurses, team members and volunteers. The health system has earned national recognition for clinical integration among its affiliates, led by flagship Rochester General Hospital, a 528-bed tertiary care facility that treats more Monroe County patients than any other hospital. With nearly 124,000 emergency patients treated in 2012, the RGH Emergency Department is the region's busiest ED and among the busiest in the state outside of New York City. RGH is home to the Sands-Constellation Heart Institute – the state's fourth largest cardiac center; SCHI is widely recognized for leadership in cardiac surgery and overall cardiac care. Other key areas of specialization at Rochester General Hospital include General, Vascular and Orthopaedic surgery; comprehensive cancer care from the Lipson Cancer Center; and centers of excellence in Breast Cancer treatment, Bariatric Surgery and Minimally Invasive Gynecology.

RGHS also includes Newark-Wayne Community Hospital, a 120-bed facility primarily serving Wayne County; Hill Haven and DeMay Living Center, offering post-acute rehabilitation and other long-term care services to patients of all ages; the Rochester General Medical Group, with more than 40 member practices serving patients throughout Monroe and Wayne counties; a Behavioral Health Network, providing adult and pediatric care; the Independent Living for Seniors program, enabling elderly patients to live in their own homes with assistance from a comprehensive network of supportive medical services; and an Ambulatory Care division that provides outpatient care with wide community accessibility. www.rochestergeneral.org.

Unity Health System
Unity Health System has over 70 locations in Rochester and Monroe County, including Unity Hospital, located on the Unity Park Ridge Health Care Campus in the town of Greece, and the Unity St. Mary's Campus in Rochester.

Key services include Orthopaedics; Women's Services; Cardiovascular Care; Primary Care; Diabetes; Behavioral Health; and Neurosciences—including a Spine Center, Stroke Center, and Brain Injury and Physical Rehabilitation. Unity Medical Group employs over 300 physicians and advanced practice practitioners. They work alongside a large complement of private physicians on the staff at Unity. Unity is also

engaged in extensive programming designed to meet the needs of the underserved in Rochester, including a federally-funded Healthy Start Center and a federally-funded Health Care for the Homeless program.

Our Center for Aging has the area's most comprehensive range of services for older adults, which includes specialized care for dementia, a chronic ventilator unit, three skilled nursing facilities, assisted living, a short-stay transitional care center, home health services, adult day programs, and The Villages at Unity – an independent senior living community.

ACM Medical Laboratory is a Unity subsidiary and is a world leader of patient and clinical trials testing, with locations in western New York; York, England; and India, as well as laboratory partnerships across the globe.

University of Rochester Medical Center

One of the nation's top academic medical centers, URMC forms the centerpiece of a patient care network consists of Strong Memorial Hospital (including Golisano Children's Hospital), Highland Hospital and affiliates, Thompson Health, the Eastman Institute for Oral Health, Visiting Nurse Service, and the University of Rochester Medical Faculty Group. Student rosters include approximately 400 medical students, 550 graduate students, and 600 residents and fellows who are engaged in community service throughout their education.

Strong Memorial Hospital

The University's health care delivery network is anchored by Strong Memorial Hospital, an 800-bed, University-owned teaching hospital. Strong boasts a state-designated Level One Trauma and Burn Center, pioneering transplant programs, a comprehensive cardiac service, esteemed programs for conditions such as Parkinson's Disease, epilepsy, and other neuromuscular illnesses, as well as tertiary care pediatric services delivered through the 132-bed Golisano Children's Hospital. With a solid reputation for quality, Strong Memorial has earned the National Research Corporation's "Consumer Choice Award" all 17 years since the award's inception.

U.S. News & World Report consistently lists Strong's adult and pediatric specialty programs in its rankings of Best Hospitals in America. Last year, Strong ranked two adult specialties in the Top 50 – Neurology/Neurosurgery and Urology – in addition to nine "high performing" specialties, with scores nearly as high as the Top 50. In addition, four pediatric specialties – Orthopaedics, Neonatology,

Gastroenterology, and Neurology/Neurosurgery – rank in the Top 50. Additionally, the Joint Commission has recognized Strong's leading patient care. The Palliative Care Program received the Gold Seal of Approval from the Commission, becoming the third in the nation – and the first at an academic medical center – to receive this level of recognition. The Commission also awarded special recognition to the Program in Heart Failure and Transplantation for both its heart failure and ventricular assist device programs. Strong offers the only comprehensive cardiac program in Upstate New York, with prevention services, cutting-edge treatments and devices, surgical options, and Upstate New York's only cardiac transplant service. Recently the center was the first in upstate to implant a total artificial heart.

Strong's cardiac and stroke programs are consistently honored annually by the American Heart Association/American Stroke Association's Get With the Guidelines initiative. Recent recognition includes the GWTG highest honor, the Stroke Gold Plus Quality Achievement Award for care provided by its state-designated stroke center, a Gold Achievement Award for heart failure, and a Silver Achievement Award for resuscitation. Strong also was tapped for the Target: Stroke Honor Role, which recognizes hospitals that have consistently and successfully reduced the time between a stroke victim's arrival at the hospital and treatment.

Highland Hospital

Highland is an affiliate of the University of Rochester Medical Center. It includes the 261-bed acute care hospital located at 1000 South Avenue in Rochester, Highland Family Medicine practice and 14 Primary Care-affiliated practices. The hospital has 2,519 employees; 715 are nursing staff members and 226 are mid-level providers, The medical staff, which includes employee physicians and those who do cases or refer patients to the hospital, numbers 1253.

The hospital serves the urban Rochester area and surrounding counties (Monroe, Genesee, Livingston, Ontario, Orleans and Wayne). Patients also travel to Highland from the Upstate New York region and Pennsylvania for its specialty services, which include: Orthopaedics/Joint Replacement; Bariatric Surgery; Geriatrics; Women's Services.

Highland Hospital conducts many health and wellness education events throughout the year. Examples include free or low-cost health education programs on topics related to geriatric health, diabetes management, joint pain/joint replacement, and bariatric surgery.

Highland's Breast Imaging Center partners with the Breast Cancer Coalition of Rochester and the Monroe County Cancer Services program to sponsor free mammography screening days several times a year for uninsured/underinsured women. These events serve several purposes: they raise awareness of the breadth of services offered by Highland to the community, especially those in the urban area of Rochester for whom Highland is their closest hospital; they encourage community members to engage in proactive wellness efforts, such as recommended annual mammograms for women over 40 and those at risk; and they educate community members on steps they can take to lead healthy lives through positive lifestyle choices. Highland staff provide health information and wellness screenings at numerous community events such as annual health fairs.

In addition to the outstanding health care system in Monroe County, several other resources are available through collaborative organizations, most notably:

The Monroe County Department of Public Health (MCDPH) provides direct services designed to protect the public from health risks, disease and environmental hazards by providing preventive services education and enforcement of health codes. The Division of Disease Control and Prevention provides essential health care services to the residents of Monroe County in the areas of disease surveillance, clinical services and preventive health education in order to prevent and control the spread of communicable disease, provide preventive care, treatment and medical case management to children in the care of Monroe County's Foster Care system. The Division of Maternal Child Health provides public health services to children and families in order to ensure healthy births and improve health and developmental outcomes for all children. Services include home visiting and outreach through nurses (Nurse Family Partnership) and community health workers to high risk pregnant women and their families, and visits by Early Intervention (EI) staff to families and children with suspected developmental delays. The Environmental Health Division promotes the improved health status of the community including individuals, business and industry, institutions and government by providing information and education; inspection of facilities or conditions that affect public health and the environment; enforcement of provisions of the Public Health Law, Environmental Conservation Law, the New York State Sanitary Code and the Monroe County Sanitary Code; emergency response to incidents that threaten public health and the environment; and coordination of program planning for county activities that protects public health and the environment.

In addition to providing these services, the Department leads a community health improvement effort called HEALTH *ACTION*. The HEALTH *ACTION* process involves assessing the health status of residents, community participation in priority setting and collaboration to assess common goals.

The University of Rochester Medical Center (URMC) has a long-standing and unusually robust commitment to community health, recognized as its fourth mission, along with research, education and patient care. The Center for Community Health (CCH) was established in 2006 to support community-academic public health partnerships and to provide consultation to faculty, students and staff to establish community initiatives and research. Its mission is to *join forces with the community to eliminate disparities and improve health through research, education and service*. Today, the CCH includes more than 60 faculty and staff and manages multiple programs funded by $5.6 million per year (Calendar year 2011) of extramural funding. In addition, the CCH is supported by the URMC financial, legal, and management infrastructure.

The Finger Lakes Health Systems Agency (FLHSA) is the community-based health planning agency dedicated to promoting the health of the region's population. The organization provides a neutral community table for comprehensive planning among the health systems of the region. In addition, FLHSA is skilled in supporting and facilitating diverse coalitions. They have provided coordination and staff-support to the African American and Latino Health Coalitions and are the lead agency for HEALTHI Kids and for the Rochester Business Alliance High Blood Pressure Initiative.

- HEALTHI Kids is a policy and practice advocacy coalition addressing environmental solutions to promote healthy weight among children. The HEALTHI Kids' Policy Team includes 27 organizations. Funded by the Greater Rochester Health Foundation (GRHF), the Robert Wood Johnson Foundation under its Healthy Kids, Healthy Communities initiative, and the NY Department of Health, this coalition has galvanized over 1,000 community constituents.
- The African American and Latino Health Coalitions, convened under the FLHSA umbrella, bring together community members, health professionals, and the FLHSA staff to define unmet needs, engage community members, develop new thought leaders, increase community knowledge, and develop standards and improve collection of data on patients' race, ethnicity, and preferred language. Each coalition has created a comprehensive report identifying pressing health issues and disparities confronting their respective communities. The *Nuestra Salud* ("Our Health") report offers strategies to expand access to care, reduce the uninsured Latino population, help health

care providers meet the unique needs of Latinos, and empower the Latino community to be better health care consumers. The "What's Goin on?" report specifically explores the link between the cultural environment and health behaviors for African Americans and makes a collective call for community action.

The business community, through the **Rochester Business Alliance's** (RBA) Health Planning Group and the Worksite Health Alliance of Greater Rochester, are increasingly engaged in addressing health in the worksite and the community. The RBA has worked with the community on a variety of health issues including support for the local regional health care information organization, the application of Lean Six Sigma approaches to hospital management, and physician compensation. The "eat well, live well" challenge, sponsored by Wegmans Food Markets (Business Week 11/23/09; HHS Certificate of Recognition for Outstanding Prevention Efforts, 2007) has been effective in promoting physical activity and nutrition. Over the past four years, 160,000 employees of 350 local organizations have participated, walking more than 60 billion steps and consuming 24 million cups of fruits and vegetables.

Most recently, the RBA and the Finger Lakes Health Systems Agency have developed the High Blood Pressure Collaborative, a group of more than 70 individuals from 40 organizations, working together to increase the percentage of people with high blood pressure who meet goal blood pressure measures through interventions in worksites, the community and the health care system. The long term goal is to decrease the incidence of heart attacks, heart failure, strokes, and kidney failure.

The **Smoking and Health Action Coalition** (SHAC) of Monroe County is a Community Partnership of the New York State Tobacco Control Program. The goals of the coalition are to: promote cessation from tobacco use; decrease the social acceptability of tobacco use; prevent the initiation of tobacco use among youth and young adults; eliminate exposure to secondhand smoke. Current coalition projects include educating leaders and community members about smoke-free parks and playgrounds, and working with tenants and landlords on implementing smoke-free multi-unit housing. Current member agencies include: MCDPH, American Lung Association, American Heart Association, American Cancer Society, the Monroe County Medical Society, and the Smoking Research Program at the URMC.

Another community asset is the **Deaf Health Community Coalition** (DHCC) which oversees the National Center for Deaf Health Research (NCDHR), a CDC-funded prevention research center. Initially funded in 2004, NCDHR's mission is health promotion and disease prevention with

deaf and hard-of-hearing populations through community based participatory research.

Two recent Rochester community health grant awards are notable:

Transforming Primary Care Delivery: Monroe County CMMI Grant

In July 2012, the Finger Lakes Health System Agency was awarded $26.6M through the Centers for Medicaid and Medicare Innovations (CMMI) to be used for the project: Transforming Primary Care Delivery: A Community Partnership. Over the three year grant period, Finger Lakes and the community will work with 65 primary care practices, integrating these practices with those already involved with the on-going Primary Care Medical Home pilot and care manager project practices. This penetration will reach 80% of the at-risk population by year three in the six county region. The intervention will target practices with high numbers of patients "at risk" for avoidable utilization of hospital and ED services.

This was the largest CMMI grant awarded nationwide and is understandably a huge resource and transforming force for the community in Monroe County. All hospital systems are involved in this grant and most of the 65 targeted primary care practices are affiliated with one of the hospital systems.

HEART: Monroe County Community Transformation Grant

In 2011 the University of Rochester Medical Center, the Monroe County Department of Public Health and numerous community partners were awarded a five-year, $3.6 million Community Transformation Grant (CTG) by the Centers for Disease Control and Prevention. The funding will be used to develop HEART (Health Engagement and Action for Rochester's Transformation), a comprehensive initiative to improve the health of Monroe County residents by creating a community environment that supports healthy behaviors, thus preventing chronic disease and reducing health care costs.

Community Transformation Grants were awarded to communities in the U.S. to create healthier communities by making healthy living easier and more affordable where people work, live, learn, and play. The core principles of CTG's are to maximize health through prevention, advance health equity and reduce health disparities.

b. Community input

HEALTH *ACTION* is a community health improvement initiative that uses data and community input to select priority health goals, and develops interventions to address these goals. The four health systems represented in our community service plan are key participants in this process along with several other community agencies of diverse disciplines.

Health assessments by lifecycle groups, in the form of report cards, are developed by the Monroe County Department of Public Health under the direction of report card advisory committees. Members of these committees include representatives from health care systems and organizations, community-based organizations, schools, and public programs. These committees are tasked with reviewing data and providing input and insight on analysis and interpretation.

There are several sources of data used in the report cards including the Monroe County Adult Health Survey (AHS). This phone survey of adults aged 18 years and older is very similar to the Behavior Risk Factor Survey administered nationally through the Centers for Disease Control and Prevention (CDC), and was last conducted in Fall 2012. The Youth Risk Behavior Survey (YRBS) is a primary source of data for the Adolescent Health Report Card. The survey is a random sample survey of public high school students in Monroe County. It was last conducted in 2011.

Additional data include the following:

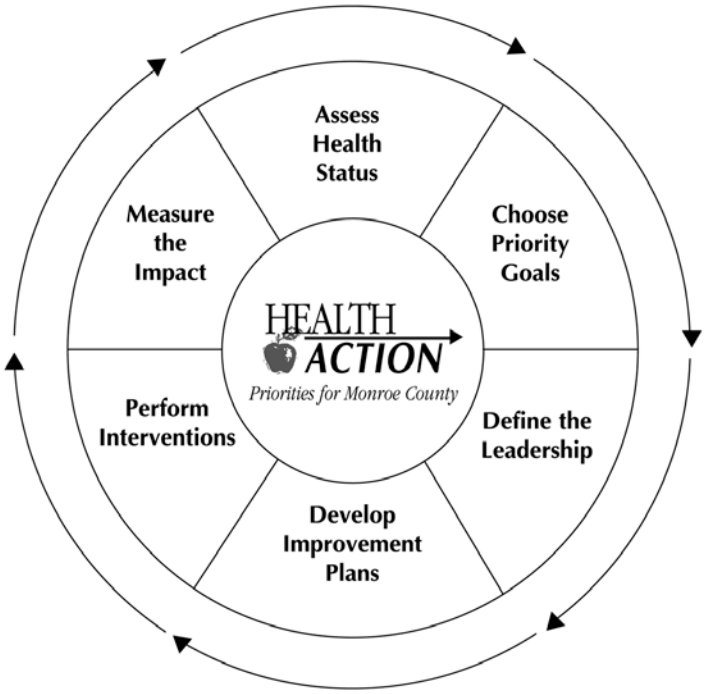
- Natality and mortality data: birth and death files
- Hospitalization data: Statewide Planning and Research Cooperative Systems (SPARCS) files,
- Disease and condition specific data: including cancer, AIDS/HIV and sexually transmitted diseases
- Program-based data: WIC program, Childhood Lead Poisoning Prevention Program

After the publication of the report cards, a series of health forums are held to present the data and get input on priority health goals. These forums are set up by report card committee members. To ensure diverse input, forums are held throughout the community and participants include representatives from health care organizations, community-based organizations, residents, parents and adolescents. Based on the input received during these forums, priority health goals are selected. Table 4 contains a list of the current report cards and priorities for each lifecycle group.

Table 4: HEALTH *Action* Report Cards

Lifecycle Group	Report Date	Current Priorities
Mothers and Children	2011	-Increase Physical Activity and Improve Nutrition -Improve Social/Emotional Well Being
Adolescent	2012	-Reduce Teen Pregnancy -Improve Mental Health -Reduce Youth Violence/Bullying
Adult	2013	-Increase Physical Activity and Improve Nutrition -Improve Prevention and Management of Chronic Disease

The process used by **HEALTH *ACTION*** for each focus area is shown in this graphic.



The most recent priorities for each lifecycle group were reviewed and considered along with input from several community organizations including the African American Health Coalition and the Latino Health Coalition (as reported through FLHSA) and several others including those described above.

c. Dates of meetings, description and public notification

Each member of the CHIW brought input from all the agencies and processes described above to the team meetings each month, the dates of which are listed in Table 5.

Table 5: Community Health Improvement Work Team Meetings

Date	Time	Location	# of Attendees
June 20, 2012	2:00 – 3:00	Center for Community Health	5
July 24, 2012	12:30 – 1:30	Center for Community Health	8
August 22, 2012	3:00 – 4:00	Center for Community Health	6
October 15, 2012	3:00 – 4:00	Center for Community Health	8
November 12, 2012	3:30 – 5:00	Center for Community Health	7
December 17, 2012	3:30 – 5:00	Center for Community Health	6
January 21, 2013	3:30 – 5:00	Center for Community Health	5
February 6, 2013	12:30 – 1:30	Center for Community Health	9
March 25, 2013	3:00 – 5:00	Center for Community Health	8
April 22, 2013	3:00 – 5:00	Center for Community Health	7
June 19, 2013	3:30 - 5:00	Center for Community Health	6
August 26, 2013	3:30 - 5:00	Center for Community Health	11
September 16, 2013	3:30 - 5:00	Center for Community Health	8
October 21, 2013	3:30 - 5:00	Center for Community Health	7

Although the team meetings are not advertised to the public, anyone is welcome to attend. Often content experts join the meetings. Information discussed at the meeting is shared with hospital leadership and to various community groups for input and comment as team members feel is appropriate. Discussion from several community groups, including the African American Health Coalition, the Latino Health Coalition, the Community Advisory Committee for University of Rochester, the Rochester Business Alliance and the Advisory Committee for Cancer Action Plan is an integral part of many team conversations, as leadership from those committees are members on our team.

V. Selection of Public Health Priorities

The process for developing the 2014-16 Joint Community Service Plan, involved representatives from the four health systems and the Monroe County Department of Public Health meeting together throughout the past two years as described in the previous section (Section IV.c). The process involved the following steps:

1. Review of the data

The primary source of local data is the Monroe County Adult Health Survey (AHS). This phone survey of adults aged 18 years and older is very similar to the Behavior Risk Factor Survey administered nationally through the Centers for Disease Control and Prevention (CDC). The Adult Health Survey was first administered in 1997 and was repeated again in 2000, 2006, and most recently in the spring and summer of 2012. In the 2012 survey, 1800 responses were collected with half of the respondents from the City of Rochester. Oversampling was completed in zip codes with high proportions of residents with limited income in order to achieve sufficient numbers of responses from African American and Latino residents. Reports of Monroe County Adult Health Survey can be found on the Monroe County Department of Public Health website at http://www2.monroecounty.gov/health-healthdata.php#HealthAction .

Other data was reviewed from national, state and local resources including:

- Mortality and natality data: New York State birth and death files
- Hospitalization data: Statewide Planning and Research Cooperative Systems (SPARCS) files, based on hospital discharges
- Disease and condition specific data: Department of Health disease registries, including cancer, AIDS/HIV, communicable disease, rabies, tuberculosis and sexually transmitted disease
- Program-based data: WIC program, Youth Tobacco Survey, Childhood Lead Poisoning Prevention Program, and Heavy Metals Registry
- National survey data: Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Survey (YRBS)
- Monroe County Youth Risk Behavior Survey data
- Pregnancy Risk Assessment Monitoring System (PRAMS): Prevalence of Smoking During Pregnancy
- Local Monroe County Blood Pressure Registry data of Hypertensives

An extensive review was conducted of state data and their resources provided by the Prevention Agenda website for New York, at http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/monroe.htm .

2. Identification of health needs

If we compare Monroe County with New York State and with the NY State Objectives for 2017, we can prioritize areas where Monroe County is doing worse than the state and worse than the NYS 2017 objectives. These areas, among the Indicators for Tracking Public Health Priority Areas 2013-2017 for New York State, are shown in the Table 6 below.

Table 6: Challenges for Monroe County Based on NY State Prevention Agenda

Indicator	Monroe County	New York State	NYS 2017 Objective
17. Percent of commuters who use alternate modes of transportation	18.2	44.6	49.2
18. Percentage of population with low-income and low access to a supermarket or large grocery store	6.9	2.5	2.24
21. Percentage of adults who are obese	31.7	23.1	23.2
23. Percentage of cigarette smoking among adults	19.6	17.0	15.0
28. Rate of hospitalizations for short-term complications of diabetes per 10,000 (ages 6-17 years)	3.9	3.2	3.1
29. Rate of hospitalizations for short-term complications of diabetes per 10,000 (ages 18+ years)	6.0	5.6	4.9
36. Gonorrhea case rate per 100,000 women ages 15-44	425.4	203.4	183.1
37. Gonorrhea case rate per 100,000 men – ages 15-44	360.1	221.7	199.5
38. Chlamydia case rate per 100,000 woman – age 15-44	2,431.9	1,619.8	1,458
60. Percentage of unintended pregnancy among live births	32.3	26.7	24.2
65. Percentage of live births that occur within 24 months of a previous pregnancy	24.4	18.0	17.0
66. Age-adjusted percentage of adults with poor mental health for 14 days or more in the last month	12.4	10.2	10.1
68. Age-adjusted suicide death rate per 100,000	7.7	7.1	5.9

It appears as though Monroe County is doing fairly well on most indicators, of the 68 county level indicators tracked by the state, we fare worse compared to the state *and* the objectives on only 13 of the indicators. However, much work remains in order to improve on these 13 indicators. The target indicators where improvement is needed fall into four general categories: 1. Preventing Chronic Diseases (indicators 17-29), 2. Preventing

STDS (indicators 36-38), 3. Promoting Healthy Women, Infants and Children (indicators 60 and 65), and 4. Improving Mental Health (indicators 66, 68).

Review of the Table 9 above shows that 6 of the 13 indicators fall in the category of chronic disease prevention and management (17, 18, 21, 23, 28 and 29). Five of the indicators fall under risky sexual behavior (36, 37, 38, 60 and 65) while two indicators address mental health (66 and 68). Based on comparing Monroe County to New York State on prevention agenda indicators, chronic disease prevention and management is a major health need.

After reviewing the health status, disease distribution and risk factors in our community it is difficult to identify the "main health challenges" to address. Each health challenge presents several contributing causes. Clearly, the leading causes of death in Monroe County, and the nation, continue to be cancer and heart disease. An enormous body of literature supports the view that differences in health are determined as much by social circumstances that underlie them as by the biologic process that mediate them. McGinnis and Foege summarized the role of health behaviors as a leading cause of death and labeled them the "actual causes of death". Later updated by Mokdad et al, these studies concluded that approximately half of all deaths in the U.S. could be attributed to factors such as smoking, physical inactivity, poor diet and alcohol use[a] (Mokdad, Remington 2010). Improving the health of individuals is bi-directionally linked to improving the health of communities where they live, work and play.

If we keep in mind that cancer and heart disease are mediated primarily by the behaviors of smoking, physical activity and healthy eating we could assume that affecting these behaviors should equate to our main health challenges. These risky behaviors remain a problem for Monroe County as indicated by the data.

3. Consider community input

All strategies suggested in each of the HEALTH Action report cards based on community input were considered and prioritized when developing the needs assessment for Monroe County. In addition, the African American Health Coalition and the Latino Health Coalition develop health status reports that were considered. This community input was also included the multiple team discussions to develop the CHNA report. For Monroe County hospital systems, and its health department, Finger Lakes Health System Agency, and URMC Center for Community Health community input is an ongoing, continuous and

[a] Mokdad, A., Remington, P., (2010). Measuring health behaviors in populations. Prev Chronic Dis 2010; 7(4). Retrieved March 29, 2013 from http://cdc.gov/pcd/issues/2010/jul/10_0010.htm.

vital piece that directs our work. Increasing physical activity and improving nutrition are priorities for action that all three demographic forums chose independently. Because this is an obvious community priority, these actions are a priority for the CHNA, improvement plan and JCSP. Community input will continue to be solicited to assure that priorities remain in line with expressed community need.

4. Prioritization of health needs

In summary, from the various sets of data, from the multiple community forums, from the current initiatives active and new in Rochester, we established a list of health needs from which to focus, including:

- Decrease cigarette smoking among adults
- Decrease adult obesity
- Increase hypertensives who have their blood pressure in control
- Decrease unintended pregnancy rates
- Decrease STDs/STIs, especially chlamydia and gonorrhea rates
- Improve mental health among adults and adolescents

The Community Health Improvement Work team members agreed that a criterion was needed to prioritize the needs which should be addressed. Team members agreed on a set of criteria to use to evaluate the health needs identified. The criteria were as follows:

Table 7: Criteria for Prioritization

CRITERIA	SCORE/Comments
IMPORTANCE (How important is this goal?) Number affected How much disability/illness this will prevent Long term impact on health	
LIKELIHOOD of IMPACTFUL SUCCESS What is the likelihood that setting this goal will result in substantial health improvements in 3-5 years?	
COMMUNITY SUPPORT Is there willingness on the part of community leaders, partner organizations, and residents to address this goal?	
HOSPITAL SUPPORT How likely are hospital leaders to strongly support this initiative and dedicate resources to its success?	
LEVEL of CURRENT COMPLEMENTARY ACTIVITY What is the level of community plans, activities and resources already directed to address similar goals?	
What is the potential to address health disparity?	
OVERALL RANK	

The criteria as they relate to the identified health needs for Monroe County were discussed in an open forum among the team members. Each one of the prioritized needs was discussed.

Regarding issues of risky sexual behavior: Although our measures of success indicate that Monroe County is 'worse than' the state and has not reached the goals set in the NY State Prevention Agenda, this priority was NOT selected. Hospital leaders felt that although this issue certainly affects the members in the hospital's target areas, this is not a top priority for use of the hospitals' resources. Hospital leaders felt they were not the best entity to address this problem. There are community organizations who have this goal as their mission, and several initiatives that have just started in Monroe County that could be quite impactful.

Regarding issues of mental health: Although mental health is frequently a concern among the community, and the Community Health Improvement Work Group viewed it as important, the issue ranked lower in "likelihood of success" and "level of current complementary activity". Although Monroe County is worse than the state for Prevention Agenda indicators, this difference is not statistically significant, so Monroe County is somewhat in line with goals and the rest of the state. In addition, the hospitals felt that the level of interest and level of complementary activity in our community was not strong. The team was also not confident in the likelihood of success if the hospitals concentrated on addressing mental health. There are other organizations more equipped, and although certain parts of the hospitals address mental health treatment, preventing mental health from the hospital perspective was difficult to anticipate.

Regarding issue of chronic disease prevention: Preventing chronic diseases may be addressing by changing underlying behaviors. In addition, there is a high level of community initiatives underway that could be enhanced. The Prevention Agenda indicators show significant room for improvement in the areas of chronic disease, and there are definitely areas of disparity that can and should be addressed.

The prioritization process identified four main health priorities for the community:

1. Obesity rates
2. Smoking rates especially city residents
3. Blood pressure control for those diagnosed with high blood pressure
4. Chronic disease management

Based on the Prevention Agenda, Monroe County will address the following:

Focus: **PREVENT CHRONIC DISEASE** through the following:
Priority Area 1: Reduce obesity in children and adults
Priority Area 2: Reduce illness, disability and death related to tobacco use
Priority Area 3: Increase access to high-quality chronic disease preventive care and management in clinical and community settings, especially among high risk (low SES) populations

VI. Three Year Plan of Action 2014-2016

PRIORITY AREA 1: REDUCE OBESITY IN CHILDREN AND ADULTS

Defining the Problem:
Obesity/overweight is the second leading cause of preventable deaths and is a contributing factor to both cancer and heart disease, consistently the leading causes of death for Monroe County.

According to the Monroe County Adult Health Survey (AHS), 30% of Monroe County adults are in the obese weight category and an additional 36% are in the overweight category. The rate of obesity in Monroe County is higher than the rate in NYS in 2012 (24%*), while the rates of overweight are not statistically different.

Rates of obesity are higher in the city compared to the suburbs and among African American and Latino residents compared to White residents. Rates of overweight however are higher in the suburbs compared to the city and among Whites compared to Latinos. When the categories are combined, the statistically significant difference is between African Americans and Whites.

Table 8: Overweight and obesity in Monroe County

Obese/Overweight, Adults Ages 18+, 2012	Monroe County	City	Suburbs	African American	Latino	White
Obese	30	36*	27	38**	41**	27
Overweight	36	31*	38	37	23**	38
Obese or Overweight	66	67	66	75**	65	64

**Statistical significance p<0.05, City compared to Suburbs,*
*** Statistical significance p<0.05 African American and Latino compared to White*

Source Monroe County Adult Health Survey, 2012

The basic behavioral causes of obesity are lack of physical activity and poor nutrition, both priority areas identified by community forums during the HEALTH *ACTION* process. The table below shows the percentage of Monroe County adult residents with these risks and the disparities.

Table 9: Disparity in risk factors for obesity and overweight

Risk Behaviors, Adults Ages 18+, 2012	Monroe County	City	Suburbs	African American	Latino	White
Engaged in Leisure-Time Physical Activity in the Past Month	84	75*	87	70**	74**	88
Consume 1+ Sodas/Sugar Sweetened Beverages per Day	23	30*	21	46**	23	20
Consume fruit less than one time per day	28	33*	26	36**	42**	26
Consume vegetables less than one time per day	20	30*	16	39**	31**	16

**Statistical significance p<0.05, City compared to Suburbs,*
*** Statistical significance p<0.05 African American and Latino compared to White*

Source Monroe County Adult Health Survey, 2012

Overarching Goal 1: By December 31, 2017, reduce the percentage of adults age 18 years and older who are obese by 5% from 30% (Monroe County AHS, 2012) to below 28.5% among all adults.

Objective Summary: To expand the role of public and private employers in obesity prevention

Evidence-Based Improvement Strategy: Evidence suggests that worksite wellness programs are cost-beneficial, saving companies money in health-care expenditures and producing a positive return on investment (ROI) as well as better employee and consumer health. Baicker et al calculated an average return of $3.27 in medical costs for every dollar spent on worksite wellness programs[b]. As stated in the NY Prevention Agenda, evidence based strategies include developing community partnerships to increase comprehensive worksite wellness programs among small- to medium-sized employers, and ensure that the programs are appropriate for people with disabilities. (IOM Obesity Prevention)

The employer role will be expanded by implementing evidence-based wellness programs for all public and private employees, starting with the hospital systems of Monroe County. Through the HEART Community Transformation Grant initiative, in collaboration with the Monroe County FLHSA Blood Pressure Collaborative, a Worksite Wellness Index was

[b] Baicker K, Cutler D, Song Z. Workplace wellness can generate savings. Health Affairs (Millwood) 2010; 29(2):304-11

developed. The Worksite Wellness Index scores employers based on healthy eating, tobacco, physical activity, support for breastfeeding, health programs, behavioral health, health risk assessment, and organizational support of healthy environments for employees. Each of the hospital systems has agreed to use the Worksite Wellness Index as a tool for evaluating their environments on an annual basis, and then to make evidence-based improvements over the course of the implementation period.

Since the hospital systems are among the largest employers in the county, they will act as role models and examples for smaller businesses. Through partnership with the Rochester Business Alliance, hospital systems will assist smaller businesses in completing the Worksite Wellness Index and will share resources to help small businesses initiate healthy changes.

Objective 1.1. By December 31, 2016 expand the worksite wellness package at each hospital system by 3 effective interventions, as measured by increase in each hospital systems score on the community Worksite Wellness Index.

Performance Measures

1.1 Hospital worksite wellness improvement	Year 1 (2014)				Year 2 (2015)				Year 3 (2016)			
Activities	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Develop and release worksite wellness index (FLHSA, HEART)	x											
Hospital systems complete worksite wellness index (all hospitals)	x			x				x				x
Hospitals identify team and/or champion to review index and set improvement strategy (all H)	x				x				x			
Implementation of strategies (all H, FLHSA, MCDPH)		x	x	x		x	x			x	x	
Report results to CHIW (all H)	x	x	x	x	x	x	x	x	x	x	x	x

Objective 1.2. By December 31, 2016 increase from 0 to 10 the number of small to medium worksites that complete the worksite wellness index annually and implement at least one improvement.

Performance Measures

1.2 Small business worksite wellness improvement	Year 1 (2014)				Year 2 (2015)				Year 3 (2016)			
Activities	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Asssess baseline levels of worksite wellness index completion by small and medium size businesses (FLHSA, HEART, CHIW)	x			x				x				x
Develop strategies for assisting businesses with improved worksite wellness		x			x				x			x
Develop a list of worksite wellness champions and mentors from the hospital systems who can mentor and implement strategies (all H)		x			x				x			x
Partner with Rochester Business Alliance to offer services to interested worksites (FLHSA, CHIW)		x	x			x	x			x	x	
Collaborate with insurers and wellness staff consultants to coordinate intervention strategies (FLHSA, CHIW)		x	x			x	x			x	x	
Report results to CHIW (all H)	x	x	x	x	x	x	x	x	x	x	x	x

Measures

The Worksite Wellness Index will be finalized and then used as the primary measure for this goal. We will count the number of hospitals and other worksites that conduct the Index, and then track improvements year to year. We will count the number of hospitals and other worksites that make improvements each year, and will track the areas of improvement.

Ultimately, the Monroe County Adult Health Survey will be used to measure obesity changes in adults. The survey will be conducted again in 2015, and those results will be compared to 2012 for improvement.

Other on-going community initiatives to address obesity

- Crime Prevention through Environmental Design (CPTED)
- Increased walking routes and walking clubs in high risk neighborhoods
- Promote active transportation through newly dedicated city staff (active transportation specialist) and committee
- Establish a Food Hub and mobile market through Foodlink

PRIORITY AREA 2: REDUCE ILLNESS, DISABILITY AND DEATH RELATED TO TOBACCO USE AND SECONDHAND SMOKE EXPOSURE

Defining the problem: Tobacco addiction is the leading preventable cause of morbidity and mortality in New York State (NYS) and in the United States[c]. Secondhand smoke is also a major health risk as it is a known cause of lung cancer, heart disease, low birth weight and other health problems.[d] The economic costs of tobacco are overwhelming and include both health care costs for smoking-related illnesses and lost productivity. Despite public education and policy to decrease tobacco use, there are still a substantial and troublesome amount of current smokers in Monroe County:

- 13% of public high school students smoke cigarettes.
  - (Monroe County, YRBS, 2011)
- 16% of adults in Monroe County smoke, which equates to approximately 91,000. (Monroe County AHS, 2012)
  - There are significant disparities in those who smoke as shown in Table 10. Of those who live in the City of Rochester 25% smoke in comparison to the suburbs where only 13% smoke. In addition, of those who earn <$25,000 per year 23% smoke vs. 14% of those earning more than $25,000
  - Of those who smoke daily 49% tried to quit in the past year.
  - There were only 7,389 calls in 2011 to the NYS smokers quit-line from Monroe County (unique callers)

Table 10: Disparity in smoking rates for Monroe County

Adults Ages 18+, 2012	Monroe County	City	Suburbs	African American	Latino	White
Currently Smoke (%)	16	25*	13	23*	18	15

According to the Monroe County Adult Health Survey 2012, of smokers who visited their physician for a routine check-up in the past year, 82% said that their provider advised them to quit smoking.

Overarching Goal 2: By December 31, 2016, reduce the percentage of adults ages18 years and older who currently smoke by 5% from 16% (Monroe County AHS, 2012) to below 15% among all adults. Also, reduce the percentage of adults ages 18 years and older who live in the City and who currently smoke by 7% from 25% to 23% or less.

[c] U.S. Department of Health and Human Services. *Reducing the health consequences of smoking: 25 years of progress. A report of the Surgeon General*. US Dept of Health and Human Services, Public Health Service. 1989.

[d] US Department of Health and Human Services (HHS). *The Health Consequences of Smoking. A Report of the Surgeon General*, 2004.

Objective Summary: Promote tobacco use cessation, especially among low SES populations and those with poor mental health (although we will not specifically address those with poor mental health).

Evidence-based Improvement Strategy: Although preventing people from initiating smoking is the primary goal, getting smokers to quit tobacco is equally important. Much research shows that quit lines are an effective cessation intervention[e] and the reach of quit lines due to access and no/low caller cost means that they can have a huge public health impact. The New York State has a Smokers' Quitline that offers programs that health care providers could use to help their patients stop smoking. The Quitline offers confidential counseling and other cessation-related services to patients who use tobacco products. Patients receive follow-up contacts from a Quit-Coach who will provide a stop smoking or stop smokeless-tobacco counseling session to tailor a cessation plan for the patient. However, getting providers to enroll patients in the quit line via fax referrals or other modalities has not had overwhelming results**.**

All hospital systems are aware of the NY Quitline and give information to patients about the Quitline. Some hospitals have used the Quitline Fax to Quit referral system but all hospital leaders agree that more intervention and evaluation of compliance and effectiveness is necessary. The Monroe County strategy is to enlist the NYS Quitline Opt-to-Quit Program. Through the Opt-to-Quit program, hospitals develop a policy to automatically enroll tobacco using patients either through the electronic medical records, or other means, unless the patient opts out of the program.

Despite national data showing that more than 70% of smokers want to quit[f], only half of smokers in Monroe County reported they tried to quit in the past year. In 2012, only 2500 Monroe County residents received counseling and/or NRT from the NYS Quitline, a small proportion of the 91,000 who are estimated to smoke. Research shows that quit lines are an effective cessation intervention[g] and the reach of quit lines due to access and no/low caller cost means that they can have a huge public health impact.

Each hospital system, including the primary care practices in the CMMI initiative, has agreed to explore developing and implementing a smoking cessation policy which includes the Opt-to-Quit Program.

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[e] Representative sampling of evidence for quitline effectiveness can be accessed at http://globalqlnetwork.wordpress.com/about-quitlines/the-evidence-base/landmark-research/

[f] 1 *Public Health Service Guidelines for Treating Tobacco Use and Dependence,* page 26, June, 2000.

[g] Representative sampling of evidence for quitline effectiveness can be accessed at http://globalqlnetwork.wordpress.com/about-quitlines/the-evidence-base/landmark-research/

Objective 2.1: By December 31, 2016, increase from 0-6 the number of hospitals and primary care practices (including hospital based CMMI practices and/or FHQCs) that have a smoking cessation policy and which includes linkage to the NYS Quitline Opt-To-Quit Program. (Source: Community Health Improvement Work Team/GRATCC).

Performance Measures

2.1 Smoking Cessation Opt-to-Quit	Year 1 (2014)				Year 2 (2015)				Year 3 (2016)			
Activities	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Assess current policies/procedures related to assessing smoking status at hospitals (All H)	x											
Review benchmark policy and process provided by Opt-to-Quit Program (CHIW, All H)	x	x			x							
Identify committee or champion at each hospital for policy development and adoption (all H)	x	x			x				x			
Develop and pass policy with Opt-to-Quit (all H)		x	x	x	x							
Work with NY Quit line and Opt-to-Quit logistics for implementation (all H, CHIW, MCDPH)			x	x	x	x	x	x	x	x	x	
Report results to CHIW (all H)	x	x	x	x	x	x	x	x	x	x	x	x

Measures: Ultimately, the Monroe County Adult Health Survey will be used to measure smoking rate changes in adults, and differentiate those in the City versus the suburbs and those with low income. The survey will be conducted again in 2015, and those results will be compared to 2012 for improvements.

As a short term measure we will count policy implementation success. In addition, once policies are implemented, we will collect reports on the patients served by the NY quitline from Monroe County. Other process measures can be collected as appropriate.

Other on-going community initiatives to address tobacco use:

- Educating the community on the influence of marketing on youth and mobilizing residents to advocate for change
- Reduce exposure to secondhand smoke in venues including multi-use dwellings, parks, and playgrounds

PRIORITY AREA 3: INCREASE ACCESS TO HIGH QUALITY CHRONIC DISEASE PREVENTIVE CARE AND MANAGEMENT IN BOTH CLINICAL AND COMMUNITY SETTINGS

Defining the Problem: Chronic diseases are the leading causes of death in Monroe County. Heart disease, cancer, stroke and diabetes combined account for more than half of all deaths. In addition, there are significant disparities in death and hospitalization rates for cardiovascular diseases and diabetes as shown in Figure 3 and Figure 4. Underlying most heart disease and stroke is hypertension and thirty two percent (32%) of Monroe County adults have high blood pressure.

Figure 3. Death rates from chronic disease

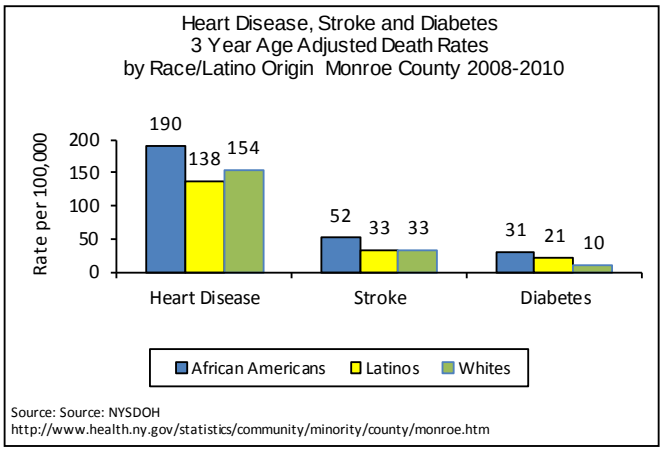
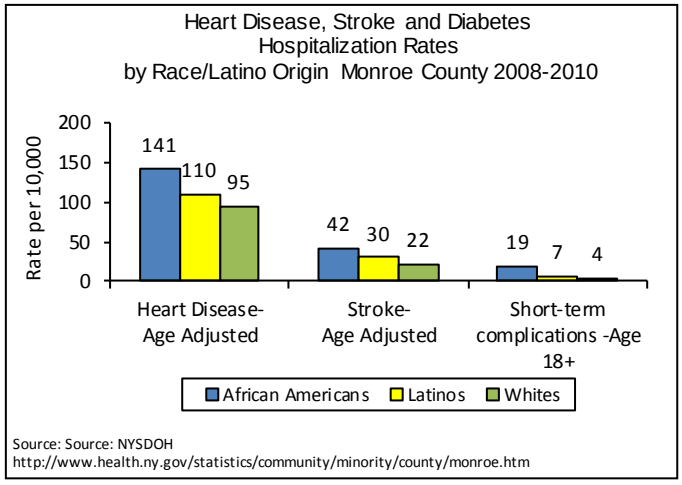


Figure 4. Hospitalization from chronic disease



As indicated above there are disparities in both of these measures based on race. There is also disparity when measuring whether adults age 35 and older have ever been told that they have high blood pressure or diabetes as shown in Table 11.

Table 11: Ever been told you have diabetes or high blood pressure

Ever Told by a Doctor or Health Professional that they have Diabetes or High Blood Pressure, Adults Ages 35+, 2012	City	Suburbs	African American	Latino	White
Diabetes (% of adults 35+)	19*	12	24*	19*	12
High Blood Pressure (% of adults 35+)	50*	39	64*	42*	39

Source Monroe County Adult Health Survey, 2012
*Statistical significance P<.05, city compared to suburb and African American and Latino compared to White

Overarching Goal 3: By December 31, 2017, increase the percentage of adults ages 18+ years with hypertension who have controlled their blood pressure (below 140/90) by 10% from 66.7% (2012) for residents in the blood pressure registry to 73.4%.

Objective Summary: Promote the use of evidence-based care to manage chronic diseases, primary hypertension.

Evidence-Based Improvement Strategy: Several evidence-based strategies are in effect in Monroe County to keep those with hypertension "in control". The High Blood Pressure Collaborative was created by the Rochester Business Alliance Health Care Planning Team in partnership with the Finger Lakes Health Systems Agency. Together, they have the critical support of 50 partner organizations—including all major hospital systems—and more than 100 volunteers. It's estimated the Collaborative's work can save our community more than $8.5 million each year in hospitalization costs alone.

The Goals of the High Blood Pressure Collaborative

- To improve the number of people in our region who are in control of their blood pressure.
- To do so through community partnerships which include regional businesses, organized labor, faith-based organizations, and nonprofit agencies.
- To work with the medical community on transforming care to more proactively identify and effectively treat patients with high blood pressure.
- To ultimately help achieve sustainable health care cost trends in our region.

The Finger Lakes Health System Agency is leading the Community Engagement Strategy which includes outreach, an ambassador program for health education in the community setting, training and media, and a community health worker model to link patients with hypertension to community resources and care management. There is an "Eat Well. Live Well. Blood Pressure Challenge" that kicked off in spring 2012 that encourages worksites to get involved with blood pressure control and prevention.
Rochester General Health System, Strong Health and Unity Health System have collaborated on a quality-improvement initiative. Working with the High Blood Pressure Collaborative, more than 40 primary care practices owned by the hospital systems are working to enhance their current efforts to identify patients who have high blood pressure and to manage the disease more actively.

Representatives from Unity, Rochester General Hospital, Highland Family Medicine, the VA and Wegmans (grocery) were trained as Performance Improvement Consultants for high blood pressure management through an academic detailing initiative. Through the registry, practices that are high performers were visited to explore how they were able to be successful. Materials were collected from these practices to support practice improvement visits to the other practice sites.

These hospital and community efforts will continue. In addition, an exciting new opportunity has emerged. In July 2012, the Finger Lakes Health System Agency was awarded $26.6M through the Centers for Medicaid and Medicare Innovations (CMMI) to be used for the project: Transforming Primary Care Delivery: A Community Partnership. Over the three year grant period, Finger Lakes and the community will work with 65 primary care practices, integrating these practices with those already involved with the on-going Primary Care Medical Home pilot and care manager project practices. This penetration will reach 80% of the at-risk population by year three in the six county region. The intervention will target practices with high numbers of patients "at risk" for avoidable utilization of hospital and ED services. All hospital systems are involved in this grant and many of the 65 targeted primary care practices are affiliated with one of the hospital systems.

In addition to care managers at each of the 65 targeted practices, the Community Health Worker (CHW) model will be used in at least 6 of the Monroe County settings. The care managers and CHWs will provide a vital link between primary care practices and community services and resources.

Objective 3.1. By December 31, 2016 develop a central repository for community based resources that is sustainable and user-friendly and link the repository to health care providers, including care managers and community health workers.

Performance Measures

3.1 Repository of community resources linked to providers	Year 1 (2014)				Year 2 (2015)				Year 3 (2016)			
Activities	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Establish an advisory group (AG) comprised of representatives from health care and community based organizations providing support services (All)	x											
Discuss goals and objectives for community linkages and establish an assessment plan of the current system (AG, CHIW)		x										
Explore community resource information systems and identify gaps in information and barriers to providers accessing the information (FLHSA, MCDPH, AG)		x										
Compile an inventory of community health support programs, resource guides, and online databases (AG)			x	x								
Develop an action plan for user-friendly access to an updated and accurate inventory (FLHSA, MCDPH, AG)					x	x						
Work with hospital systems and providers to implement the action plan to establish easy and effective linkage points (All H, AG)						x	x					
Continually evaluate and assess the use of the resource repository and adapt accordingly (AG, CHIW)							x	x	x	x	x	x
Report results to CHIW (all H)	x	x	x	x	x	x	x	x	x	x	x	x

Objective 3.2. By December 31, 2016 expand the practice of meaningful data use to improve the management of patients with chronic disease, especially hypertension.

Hospitals will utilize the blood pressure registry data to drive practice improvement through several on-going initiatives including:

- Academic Detailing
- Practice Improvement Consultants (PICs)
- Professional education at practices
- Implementation of best practices
- Primary Care Quality Improvement; Performance Improvement Project to encourage compliance with JNC performance goals
- National Committee for Quality Assurance Patient-Centered Medical Home (PCMH) accreditation.
- Others

Performance Measures

3.2 Meaningful Use Data	Year 1 (2014)				Year 2 (2015)				Year 3 (2016)			
Activities	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Compile baseline inventory of initiatives to increase control of HTN and the hospitals participating in each (FLHSA, All H)	x	x										
Discuss inventory, measures of success and plans for expansion with RBA (FLHSA, CHIW)		x										
Work with Blood Pressure Collaborative to help hospitals use registry data to monitor control rates as needed (FLHSA, All H)		x		x		x		x		x		x
Update inventory of initiatives and the hospitals participating in each (FLHSA, All H)				x				x				x
Offer evidence-based improvement strategies as they become available		x	x	x	x	x	x	x	x	x	x	
Report results to CHIW (all H)	x	x	x	x	x	x	x	x	x	x	x	x

Measures: The Blood Pressure Collaborative has generated a registry of patients in Monroe County and surrounding communities that are diagnosed with blood pressure. As of December 2012, there are over 130,300 people in the registry that are diagnosed with blood pressure and have provided socio-demographic information. 104,000 patients in the registry also have blood pressure data. The registry encompasses approximately 70 practices including 192 internists and 116 family physician practices.

Of the patients in the registry there is a 66.7% control rate, and 13% have had no blood pressure data entered in the past 13 months.

This registry will be used to track success of management efforts to get diagnosed hypertensives to remain 'in control'.

Other on-going community initiatives to address chronic disease management:

- Increase the numbers of practices submitting data to the registry
- development and dissemination of community-wide physician guidelines for diabetes and pre-diabetes
- Community Ambassador program for screenings and education

VII. Dissemination of the Report to the Public

All of the health systems in Monroe County are fortunate to be governed by boards made up of community representatives who volunteer their time and expertise. This Joint Community Services Plan is shared with our board members and they are encouraging of this cooperative effort. In addition, we will be posting this plan on our websites and submitting copies to the Healthcare Association of New York State. Also, members of the Monroe County Community Health Improvement Workgroup will disseminate the report to the community members with which they interact, including the Community Advisory Council to the University of Rochester Medical Center.

2013 Hospital Websites posting the Monroe County Joint Community Service Plan include the following:

Rochester General Hospital:
http://www.rochestergeneral.org
http://www.rochestergeneral.org/about-us/community/

Unity Health System:
www.unityhealth.org/about/serviceplan

University of Rochester Medical Center Strong / Highland:
http://www.urmc.rochester.edu/community-engagement/

http://www.urmc.rochester.edu/highland/about-us.aspx

VIII. Maintaining Engagement

All current members of the Monroe County Community Health Improvement Workgroup are committed to this process and will continue to meet at least quarterly. Representing four hospital systems necessitates more frequent meetings while the hospitals complete their reporting process which includes Federal reporting of the CHNA and CHIP as well as state reporting of the Joint Community Service Plan.

The team will continue to meet to track progress and develop reports. At each meeting of the team improvement measures will be reviewed and mid-course correction will be discussed as appropriate, using the Plan-Do-Study-Act process for quality improvement. The Director for Community Health Policy for the Center for Community Health will continue to convene the group and the Center for Community Health at URMC is committed to providing space and resources for meetings moving forward. Sustainability funding has been collected from each of the hospital systems for this process.

The workgroup meets monthly and will rotate the focus of the group among the priority areas. For example in January 2014 the focus will be worksite wellness so that hospital representatives can bring worksite wellness experts from their organizations to the table. The February meeting will focus on smoking cessation, March on chronic disease management and then back to worksite wellness in April. All hospital boards have voted and approved the Community Health Needs Assessment and Improvement Plan, which is the basis for the Joint Community Service Plan so hospitals are internally motivated to continue the process to assure the plan is successful.