

2025-2027

Monroe County Joint Community Health Executive Summary

*A collaborative report from
The Community Health Improvement Workgroup which is managed by
the Center for Community Health & Prevention and includes several
community partners. This report serves the following hospitals and
health department:*



Strong Memorial Hospital
Highland Hospital



ROCHESTER
REGIONAL HEALTH

Rochester General Hospital
Unity Hospital

Monroe County Department of Public Health

Prepared for: Monroe County

Prepared Jointly with: Common Ground Health



Introduction

The Community Health Improvement Workgroup (CHIW) is a collaborative partnership of leaders from Rochester Regional Health (Rochester General Hospital and Unity Hospital), the University of Rochester Medical Center (UR Strong Hospital and Highland Hospital) and the Monroe County Department of Public Health, with several advisory community partners. The CHIW led the development of the 2025 Monroe County Community Health Needs Assessment (CHNA) and the 2025-27 Monroe County Community Health Improvement Plan (CHIP).

The CHIW, its hospitals and community leaders are committed to improving the health and well-being of Monroe County residents. The CHIW represents a diverse group of voices working together to identify priority health needs and implement strategies that address health disparities and improve equity. This group meets monthly to advance the priorities outlined in the implementation strategy for Monroe County, NY.

Mission

The mission of the CHIW is to improve the health and wellness of individuals and families of Monroe County by addressing prioritized needs and inequities through sustainable systems change, built on collaboration and supported by shared resources.

Community Health Improvement

Every three years, in alignment with federal mandates for hospitals from the Affordable Care Act (Section 501(r)(3) of the Internal Revenue Code) and New York State mandates for hospitals and health departments in the Public Health Law (PHL § 2803-1) the CHIW supports the development of the Community Health Needs Assessment and improvement plan. These documents are built with input from the community to identify the most pressing health concerns and guide collaborative efforts to implement and evaluate solutions.

In Monroe County, one CHNA and one CHIP is developed collaboratively for all four hospitals in the county. The CHIW oversees the needs assessment and implementation of the improvement plan including evaluation to assess if planned improvements are being met. Each hospital board has approved the CHNA and CHIP and has committed resources to its implementation.

Community members are crucial for success in the planning and implementation of community health improvement. All CHIW members are expected to actively participate, share best practices, and collaborate on strategies to improve community health outcomes. The CHIW has been meeting since 2000 to implement a collaborative plan. To learn more, visit the website at the [Center for Community Health & Prevention's Health Policy](#) site.

2025 – 2027 Health Priorities

After reviewing community input, local Monroe County hospital and survey data and the NYS Prevention Agenda 2025-2030 Dashboards, the CHIW identified priority health indicators where Monroe County performed worse than the state average and fell short of meeting the Prevention Agenda goals. Through extensive community engagement and input, in accordance with what the data showed, the CHIW identified the following three priority areas as the primary health challenges for community health improvement in 2025-2027:

Monroe County health priorities and goals for the 2025-27 CHNA and CHIP

VISION: Every individual in Monroe County has the opportunity, regardless of background or circumstances, to attain their highest level of health across the lifespan

DOMAIN	PRIORITIES	GOAL by Dec 2027
Economic Stability	Economic Wellbeing Decrease Poverty, a driver of health	Reduce the percentage of people living in poverty in Monroe County from the baseline of 13.1%, with special attention to Rochester residents (29.1%) (ACS 2019-2023). PA2030 Goal of 12.5%.
Social and Community Context	Mental Wellbeing and Substance Use Reduce Anxiety and Stress	Decrease the percentage of adults in Monroe County who experience frequent mental distress from 13.5% (BRFSS 2021) PA2030 Goal of 12%
Health Care Access and Quality	Insurance Coverage and Access to Care Prevent Maternal Mortality	Decrease the rate of maternal mortality in Monroe County from 26.5 per 100,000 Live Births, specifically reduce black maternal mortality and morbidity, currently 3 times worse than that of white birthing persons. (National Vital Statistics 2020-22) PA2030 Goal of 16.1 per 100K

For more information about the review of community input and analyzed data, please see the Community Health Needs Assessment. For more information about the priority areas and interventions, please see the Community Health Improvement Plan.

Model for Community Health Improvement

The Community Health Improvement Workgroup (CHIW) followed the American Hospital Association's (AHA) Association for Community Health Improvement's (ACHI) Community Health Assessment Model for needs assessment and improvement planning, The CHIW meets monthly to discuss all phases of the assessment and planning process

Data Review

To assess the health needs of Monroe County, a comprehensive review of secondary data sources was conducted, including county-specific data analyzed by Common Ground Health, the Finger Lakes regional health planner. While no new quantitative primary health data were collected by the Community Health Improvement Workgroup for the Community Health Needs Assessment extensive community engagement provided critical qualitative insight into lived experiences and emerging health concerns.

The CHNA utilized a wide array of data sources, with the most significant including:

Behavioral Risk Factor Surveillance System (BRFSS): Offered data on health behaviors, chronic conditions, and preventive care at the state level.

CDC PLACES & Maternal and Child Health (MCH) Dashboards: Provided small-area and population-specific health estimates.

Common Ground Health's My Health Story (2022): A regional survey capturing nuanced community perspectives on health outcomes and social drivers, with enhanced inclusion of marginalized populations.

Finger Lakes Regional Perinatal Program: Offered maternal and infant health data through regional birth and NICU records.

Historic Redlining Indicator (HRI): Integrated redlining scores with health outcomes to analyze structural racism's long-term effects.

Immigration Data on Demand (IPUMS-USA): Informed analysis of health disparities affecting immigrant communities.

New York State Prevention Agenda Dashboards & Vital Statistics: Used to track progress toward state health goals and analyze mortality trends and life expectancy.

SPARCS (Statewide Planning and Research Cooperative System): Delivered detailed information on hospital inpatient and outpatient visits across demographics.

U.S. Census Bureau & American Community Survey (ACS): Provided demographic, economic, and housing data for population estimates and social determinants of health.

This data-driven, community-informed approach ensured that both quantitative trends and lived experiences informed the identification of key health challenges for the 2025–2027 CHNA/CHIP.

Partners and Roles

The CHIW—a collaborative of Rochester Regional Health (Rochester General Hospital and Unity Hospital), the University of Rochester Medical Center (UR Strong Hospital and Highland Hospital) and the Monroe County Department of Public Health—led the development of the 2025–2027 Community Health Needs Assessment and Community Health Improvement Plan. A wide range of community partners also played critical roles in both the assessment and engagement processes, ensuring broad representation, meaningful input, and data-informed decision-making.

Partner Roles in Assessment and Implementation

Hospitals, health department and several agencies comprise the CHIW, which has been meeting monthly for over 15 years. Key community-based organizations serve as advising members of the CHIW, contributing to data analysis, community outreach, and strategic planning. These partners include:

- [Common Ground Health](#) – Lead data and community survey partner (e.g., My Health Story survey, SPARCS data analysis).
- [Monroe County Medical Society](#), [211 Lifeline](#), [Action for a Better Community](#), [Cornell Cooperative Extension](#), and others – Provide expertise, outreach, and insight on clinical and social health needs.
- [Jordan Health](#), [Trillium Health](#), [Regional Health Reach](#) – Offer perspectives from federally qualified health centers and service providers for marginalized communities.
- [African American, Latino, and Indigenous Health Coalitions](#) – Represent racial and ethnic community voices and advance equity-focused strategies.
- [City of Rochester](#), [United Way of Greater Rochester and the Finger Lakes](#), [Finger Lakes Performing Provider System](#), and [Rochester RHIO](#) – Contribute local systems knowledge, infrastructure support, and data exchange.

These organizations participate in monthly CHIW meetings, offer ongoing feedback, and help inform implementation of priority strategies.

Community Engagement Efforts

Community engagement was foundational to identifying Monroe County’s health priorities. Between July and November 2024, CHIW leadership facilitated a series of engagement sessions with diverse groups across the county. These included:

- **My Health Story 2022** survey of 3,700+ residents, highlighting top self-reported concerns such as chronic conditions, mental health, and lifestyle challenges.
- **URMC Community Advisory Council**, **Patient and Family Advisory Councils (PFACs)**, and the **Board of Health** – Shared concerns around access, cultural competency, and systemic disparities.

- **Joint meeting of African American, Latino, and Indigenous Health Coalitions** – Emphasized maternal and infant health, mental health (especially for youth and postpartum individuals), and support for doulas.
- **Flower City AmeriCorps members** – Conducted a PhotoVoice project and group dialogue, identifying housing, nutrition, and mental health as top community needs.

Recurring themes from community input for the CHNA included the need for improved access to care, cultural humility in service delivery, attention to social determinants (especially housing and nutrition), and greater investment in mental and maternal health.

This robust partner and community engagement approach ensures that the CHNA/CHIP reflects lived experience, and positions Monroe County for equity-driven health improvement. These same groups will serve as advisors to CHIP implementation during the 2025-2027 interval.

Partners and Roles

CHIW Core Reporting Members (Roles)

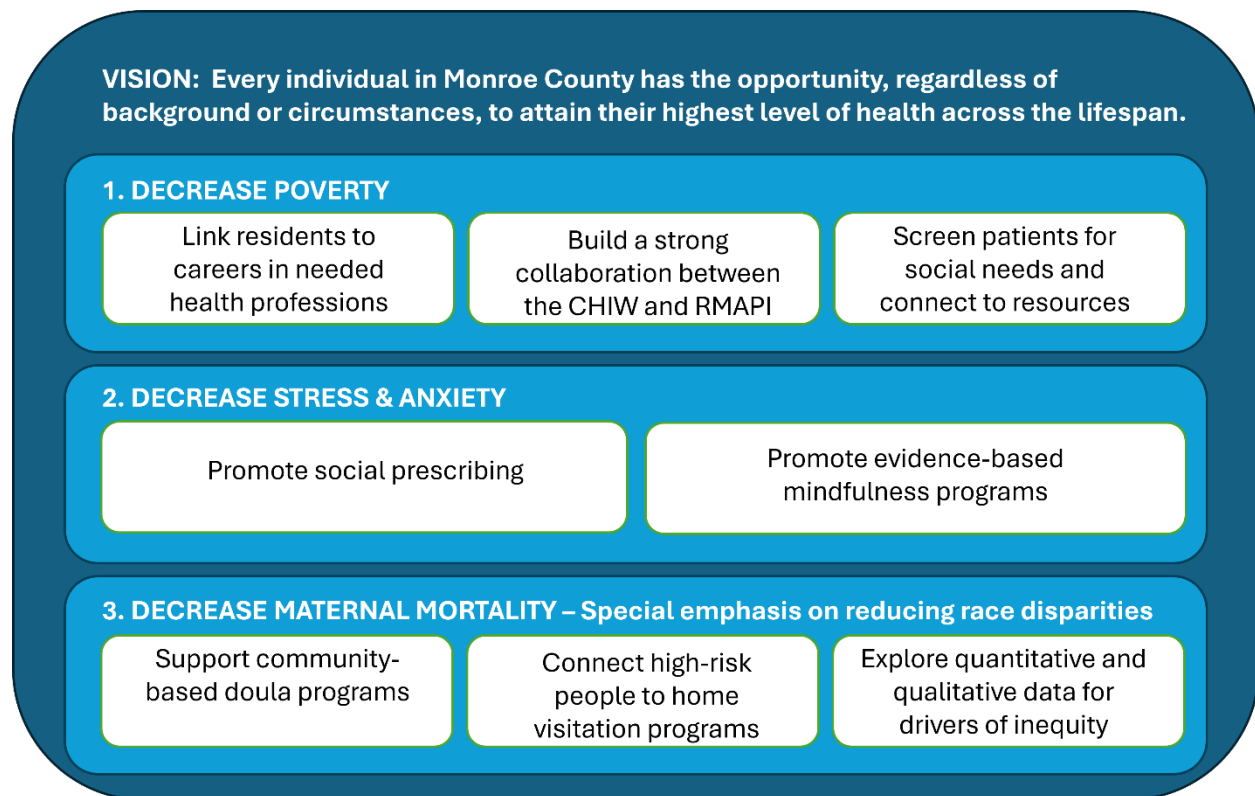
- Consistently send representatives to monthly CHIW meetings
- Participate and contribute to developing and implementing CHNA/CHIP
- Review of all reporting documents
- Serve as liaison between leadership and CHIW content
- Financially support the CHIW process and administration as able

CHIW Core Advising Members (Roles)

- Consistently send representatives to the monthly CHIW meetings
- Participate, contribute to the development and implementation of the CHNA/CHIP
- Advise the CHIW in specific areas of expertise important to that agency
- Bi-directional communication to connect hospital and health department to community agencies and community members for shared information and resources

CHIW Core Members - Reporting	CHIW Core Members - Advising
Monroe County Dept of Public Health URMC – Strong Memorial Hospital URMC – Highland Hospital RRHS – Rochester General Hospital RRHS – Unity Hospital	Goodwill (211, 988) Action for a Better Community African American & Latino Health Coalitions Center for Tobacco-Free Finger Lakes City of Rochester Common Ground Health Finger Lakes Performing Provider System Monroe County Office of Mental Health Regional Health Reach Rochester Monroe Anti-Poverty Initiative Rochester RHIO Ronald McDonald House Together Now Trillium Health United Way of Greater Rochester Wilmot Cancer Institute

Interventions and Strategies



Based on community input, review of several data sources, and discussion about the visions and priorities of the health systems in Monroe County, the CHIW is prioritizing three strategies in the CHIP:

1. Economic Stability

Reduce the percentage of people living in poverty in Monroe County from the baseline of 13.1%, with special attention to Rochester residents (29.1%) (ACS 2019-2023). PA2030 Goal of 12.5%.

2. Mental Wellness

Decrease the percentage of adults in Monroe County who experience frequent mental distress from 13.5% (BRFSS 2021) PA2030 Goal of 12%

3. Healthcare Access and Quality

Decrease the rate of maternal mortality in Monroe County from 26.5 per 100,000 Live Births, specifically reduce black maternal mortality and morbidity, currently 3 times worse than that of white birthing persons. (National Vital Statistics 2020-22) PA2030 Goal of 16.1 per 100K

To address these strategies, several evidence-based interventions were selected. The CHIW extensively reviewed the [NYS Prevention Agenda](#) for evidence-based interventions for each strategy. The CHIW created a catalogue of current efforts being conducted by hospitals, health departments, and community-based organizations for each of the strategies. CHIW members, advised by community partner agencies and mindful of hospital missions, selected evidence-based interventions to fill the gaps not covered by current efforts, or interventions that further support existing programs. Further discussion in the Community Health Improvement Plan.

Detailed Intervention Plan with Metrics

Interventions	Baseline/Metrics/Measures	Goals
Reduce the % of people living in poverty in Monroe County and mitigate the impact of poverty	<ul style="list-style-type: none"> 13.1% of residents in poverty 29.1% of Rochester in poverty 	12.5 % Monroe County
Support educational programs in high need healthcare positions	<ul style="list-style-type: none"> MC unemployment in healthcare Attendance in programs 	Increasing
Engage in multi-sector partners about health and poverty	<ul style="list-style-type: none"> MC unemployment in healthcare Collaborative goals met with RMAPI 	Increasing
Screen for SDH and connect patients to resources	<ul style="list-style-type: none"> Social needs screening rates 	increasing
Decrease the % of adults in Monroe County who experience frequent mental distress	<ul style="list-style-type: none"> 13.5% (BRFSS 2021) frequent mental distress during the past month among adults 	12% Monroe County
Promote evidence-based mindfulness resources	<ul style="list-style-type: none"> Number of residents engaged in selected mindfulness programs 	Increasing
Promote social prescribing for residents to local resources	<ul style="list-style-type: none"> Number of residents engaged in selected social programs 	Increasing
Decrease the rate of maternal mortality in Monroe County particularly among Black women	<ul style="list-style-type: none"> MC maternal mortality = 26.5 per 100,000 live births (PA) Black maternal morbidity = 151/10K (SPARCS data) 	16.1 per 100,000 in MC
Support community-based Doula programs	<ul style="list-style-type: none"> Number of hospitals that institute doula-friendly policies number of births involving doula care, Medicaid doula benefit 	Increasing
Connect high risk families to home-visitation programs	<ul style="list-style-type: none"> # of people served by home visitation programs (NFP, RFTC, Healthy Moms, Baby Love, BHC) 	Increasing
Analyze data to identify drivers of inequity	<ul style="list-style-type: none"> Summary and findings contributing to inequities from at least 2 planning initiatives 	Report completed

Each intervention has several action steps with metrics that can be found in the Community Health Improvement Plan.

Progress and Evaluation of 2025-27 CHIP

The CHIW will continue to meet monthly throughout the implementation period of the 2025-27 CHIP. Representatives from all hospitals, the local health department, the local Office of Mental Health, and our community partners will continue to provide updates and feedback as the interventions are implemented. Progress updates will be given to the state of New York annually via the reporting structure provided, and community updates to local stakeholders and interested parties will be provided as requested.

Community-wide meetings through the Maternal Child Health Advisory Group (MCH-AG) and other large group meetings as needed will ensure community participation and collaboration throughout the implementation period. Mid-course adjustments will be made if a change in approach or implementation is recommended by community partners. In addition, activities of the CHIW and progress measures will be posted on a newly forming website for community health improvement.

The meeting schedule has been developed through 2026 and is in development for 2027. Monthly meetings will focus on one of the three strategies each quarter and metrics for each strategy will be reviewed.

Closing

The 2025–2027 Monroe County Community Health Improvement Plan represents a collective commitment to addressing health disparities and improving the well-being of all residents. Through data-driven priorities, community-informed strategies, and robust partnerships, the CHIW is working to advance solutions that promote equity and long-term impact. Together the CHIW will continue to track progress, adapt to emerging needs, and strengthen the systems that support healthier lives for everyone in Monroe County.