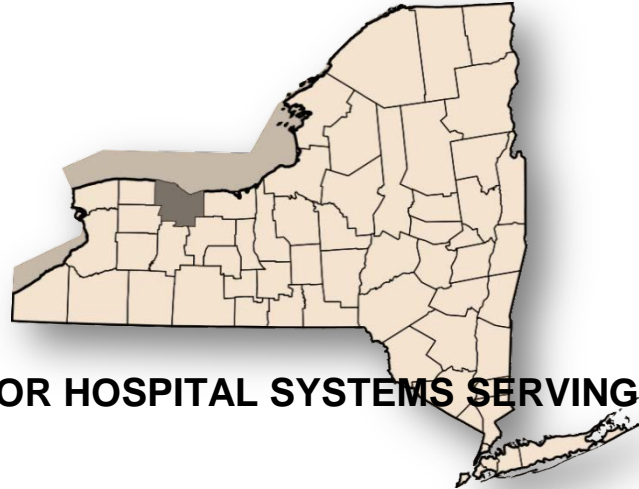


COMMUNITY HEALTH NEEDS ASSESSMENT COMMUNITY HEALTH IMPROVEMENT PLAN



FOR HOSPITAL SYSTEMS SERVING

MONROE COUNTY, NEW YORK 2013

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

Developed Collaboratively with
Finger Lakes Health System Agency
Monroe County Department of Public Health
University of Rochester Medical Center – Center for Community Health



UNIVERSITY of
ROCHESTER
MEDICAL CENTER



HIGHLAND
HOSPITAL

MEDICINE of THE HIGHEST ORDER



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Monroe County, New York

Community Health Needs Assessment 2012

Summary:

An assessment of Monroe County conducted jointly by University of Rochester Medical Center Strong Memorial Hospital, Highland Hospital, Rochester General Health System, Unity Health System and Lakeside Health System along with the Finger Lakes Health System Agency and the Monroe County Department of Public Health.

During 2012-13, a community health needs assessment (CHNA) was conducted by the hospital systems serving Monroe County, NY in collaboration with the Monroe County Health Department and the community planning agency.

Process for Conducting the Community Health Needs Assessment

The assessment process for this report is a continuation of a long history of collaboration and needs assessment for Monroe County. The four hospital systems provided financial and in-kind resources for the assessment process, and have supported a chair to convene the Community Benefits Reporting Team. 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 Health (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 1: Roster of Team Members

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	Deputy Director	Monroe County Department of Public Health
Barbara Ficarra	Director of Public Relations	Highland Hospital
Shawn E. Fisher RN, MBA	Administrative Director of Nursing & Director of Surgical Services	Lakeside Health
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

Table 2: List of 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

Although the team meetings are not advertised to the public, anyone is welcome to attend. 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.

The Monroe County CHNA began with a review of the Joint Community Service Plan Update that was submitted to the state of New York in September 2012. The state community benefits reporting process has been in place for over 12 years, and a 3-year Joint Community Service Plan for Monroe County was submitted to New York State Department of Health in 2009. Monroe County was unique in developing a joint service plan as a collaborative effort between all the hospital systems and the health department. A strong relationship had existed for years between the systems; and the health department already had established a robust process for taking data to the community for input in order to develop a relevant improvement plan. Collaboration in this work has continued since that initial report. A new Joint Community Service Plan is due to the state for 2013 so it was necessary to re-visit health data and prioritize needs for our community in 2012.

Description of the community

a. Definition of the community served

Rochester, NY and its surrounding communities in the Western New York Region provide a remarkable example of what can be accomplished through collaboration. Hospital systems in Monroe County including Lakeside Health System, Rochester General Health System, Unity Health System, University of Rochester Medical Center (URMC) Highland and Strong have jointly filed a community service plan to the New York State Department of Health for the past thirteen years, and this year is no exception. This unique effort, done in collaboration with the Monroe County Department of Public Health and the Finger Lakes Health System Agency, demonstrates true community health assessment and improvement planning for Monroe County and its surrounding neighborhoods.

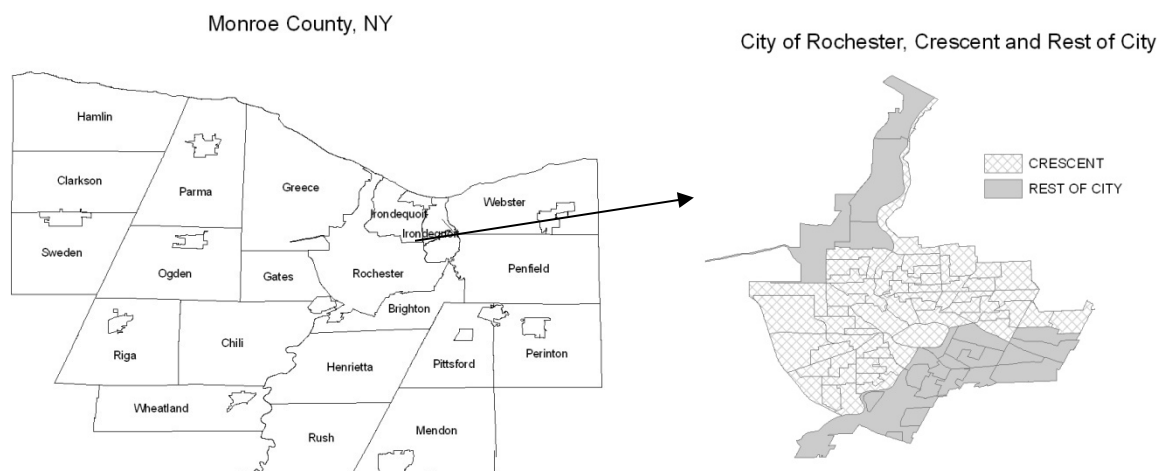
This needs assessment and implementation plan is a joint submission of the hospitals that serve Monroe County and has been prepared in collaboration with the Monroe County Department of Public Health. In addition, most data is available at the county level therefore the plan's service area will be defined as Monroe County.

b. 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 following table (Table 3) shows the demographic and socioeconomic characteristics of Monroe County, suburbs, City of Rochester, and the “Crescent” compared to the rest of the City.

Table 3: Demographic and select socioeconomic characteristics of community

Demographics	Monroe County	Suburbs of Monroe	City Total	Crescent	Rest of City
% White, Not Latino	76%	89%	42%	28%	75%
% African American/Black, Not Latino	14%	4%	38%	50%	14%
% Latino	6%	3%	13%	17%	5%
% of adults with less than a high school diploma	12%	8%	21%	27%	11%
% with income less than 200% of poverty level	29%	19%	54%	60%	39%

Source: American Community Survey, 2005-2009¹²

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).

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

The table (Table 4) below shows poverty status by residence and race/Latino origin.

Table 4: 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

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.

Community Assets and Resources

Monroe County enjoys productive collaboration among its hospital systems including University of Rochester Medical Center's Strong Memorial Hospital and Highland Hospital, Rochester General Health System, Unity Health System and Lakeside Health System along with the Finger Lakes Health System Agency and the Monroe County Department of Public Health.

Lakeside Health System

Centered in Brockport, NY, Lakeside Health System consisted primarily of an acute care hospital which sadly closed on April 26, 2013. Lakeside was a 100 bed facility with a newly remodeled family birthing center and a New York state

designated stroke center. In addition to the hospital, Lakeside encompasses the Lakeside Beikirch Care Center specializing in care for the elderly. The Beikirch Care Center was founded in 1944, and has been expanded to 120 beds in its current location in Brockport. ElderBranch recently named the Beikirch Care Center one of the top nursing homes in the Rochester area, and the center contains a comprehensive rehabilitation facility. At this time, Lakeside's two primary care practices, Urgent Care in Spencerport, and Beikirch Care Center will remain open.

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, URMCC 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 URM.

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.

Data

The primary source of local data for the CHNA is the Monroe County Adult Health Survey. This phone survey 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 city zip codes. Oversampling was completed in zip codes with high proportions of residents with limited income, African American and Latino residents in order to achieve sufficient numbers of responses from these groups. The full report of the 2012 Adult Health Survey is expected to be completed by the summer of 2013. Reports of local data can be found on the Monroe County Department of Public Health at <http://www2.monroecounty.gov/health-healthdata.php#HealthAction> .

Other data is reviewed from New York state and local resources and includes:

- 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

State collected data and their resources can be found on the Prevention Agenda website for New York, at http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/monroe.htm .

Health Needs in Monroe County

After reviewing the County Health Rankings for the State of New York, Monroe County ranks 33 out of 62 counties for health outcomes (measured as a combination of premature death, poor physical and mental health days, and low birthweight).¹ Although Monroe County scored 9th in 'Clinical Care' (top quartile), the county ranked in the lower half of the state for 'Health Behaviors' measured by a composite score that includes adult smoking, obesity, physical inactivity, excessive drinking, motor vehicle

¹ County Health Rankings for Monroe County <http://www.countyhealthrankings.org/app/#/new-york/2013/monroe/county/outcomes/overall/snapshot/by-rank>

crash death rate, sexually transmitted infections and teen birth rate. In this data set the county scored worse than the state by a statistically significant difference in adult obesity, sexually transmitted infections and teen birth rate.

Many health needs show disparities by residence (city versus suburbs) and by race and Latino origin. Several health needs are explored below, individually.

Health Insurance Coverage/Access

Eight percent (8%) of adults age 18-64 years lack health insurance, which is better than the rate in NYS. Rates of uninsured however are nearly 3 times higher among City residents compared to Suburban residents and among African American and Latino residents compared to White residents.

Chronic Diseases

Cancer, heart disease and stroke are the leading causes of death in Monroe County, accounting for more than ½ of all deaths.

Table 5: Leading Causes of Death in Monroe County

Leading Causes of Death Monroe County, All Ages, and Adults Ages 20-64 and 65+, 2006-2010								
ALL AGES			AGE 20-64			AGE 65+		
CAUSE	AVE ANNUAL NUMBER DEATHS	% OF ALL DEATHS	CAUSE	AVE ANNUAL NUMBER DEATHS	% OF ALL DEATHS	CAUSE	AVE ANNUAL NUMBER DEATHS	% OF ALL DEATHS
CANCER	1503	24	CANCER	429	31	HEART	1268	26
HEART	1500	24	HEART	230	17	CANCER	1068	22
STROKE	335	5	UN. INJURY	98	7	STROKE	300	6
CLRD	258	4	SUICIDE	49	4	CLRD	230	5
UN. INJURY	202	3	HOMICIDE	37	3	ALZHEIMER'S	179	4
PNEUMONIA/FLU	184	3	STROKE	34	2	PNEUMONIA/FLU	167	3
ALZHEIMER'S	181	3	DIABETES	28	2	KIDNEY	112	2
KIDNEY	130	2	CLRD	28	2	UN. INJURY	89	2
DIABETES	108	2	LIVER DIS.	25	2	DIABETES	79	2
SEPTICEMIA	86	1	HIV/AIDS	22	2	SEPTICEMIA	69	1
Source: Vital Records, MCDPH								
CLRD=chronic lower respiratory disease, KIDNEY=nephritis, nephrotic syndrome, nephrosis, UN. INJURY=unintentional injury								

Cancer and heart disease are also the leading causes of premature death (average years of potential life lost before age 75 (YPLL)). County-wide, the average YPLL is 6.7 years. The average YPLL is two times higher in the city compared to the suburbs and more than 3 times higher among African American and Latino residents compared to White residents.

While hospitalization rates due to heart disease, diabetes and stroke in Monroe County are similar and in some cases lower than rates in NYS, within the county there are significant disparities by race and Latino origin.

Two conditions that are risk factors for heart disease include diabetes and high blood pressure. Among Monroe County adults, 10% have diabetes, and 32% have high blood pressure. The rate of diabetes in Monroe County is higher than NYS and the rate of high blood pressure is similar.

Prevalence rates of diabetes and high blood pressure in Monroe County are higher among City residents compared to Suburban residents, and among African American residents compared to White residents as shown in the table below (Table 6).

Table 6: Prevalence of diabetes and high blood pressure in Monroe County

Ever Told by a Doctor or Health Professional that they have Diabetes or High Blood Pressure Adults Ages 18+, 2012 (% of population)	City	Suburbs	African American	White
Diabetes	12*	9	16**	9
High Blood Pressure	36*	31	43**	31

Source Monroe County Adult Health Survey, 2012

*Statistical significance $p < 0.05$, City compared to Suburbs

** Statistical significance $p < 0.05$ African American compared to White

Behavior risks for cancer, heart disease and stroke include smoking, excess body weight, lack of physical activity and poor nutrition. The table below (Table 7) shows the percentage of Monroe County residents with these risks and the disparities. The rate of smoking in Monroe County is similar to New York State, but the rate of obesity is higher.

Table 7: Behavioral Risk Factors for cancer, heart disease and stroke

Risk Behaviors, Adults Ages 18+, 2012 (% of population)	Monroe County	City	Suburbs	African American	Latino	White
Currently Smoke	16	25*	13	23**	18	15
Obese	30	36*	27	38**	41**	27
No Physical Activity in the Past Month	16	25*	13	30**	26**	13
Consume 1+ Sodas/Sugar Sweetened Beverages per Day	23	30*	21	46**	23	20

Source Monroe County Adult Health Survey, 2012

*Statistical significance $p < 0.05$, City compared to Suburbs

** Statistical significance $p < 0.05$ African American compared to White

Cancer Screening

Mammography and colorectal cancer screening rates in Monroe County as a whole are better than NYS. However, significant disparities exist in Monroe County by insurance status for those under age 65 as shown in the table below.

Table 8: Cancer screening rates in Monroe County

Cancer Screening Adults Ages 18+, 2012 (% of population)	Uninsured	Insured
Had a mammogram in the past 2 years (women ages 40-64)	64*	84
Had a PAP test in the past 3 years (women ages 18-64)	65*	86
Had a colonoscopy in the past 10 years, and/or had a blood stool test in the past year (age 50-64)	64*	84
Source Monroe County Adult Health Survey, 2012		

*Statistical significance $p < 0.05$, uninsured compared to insured

Sexually Transmitted Diseases (STDs) and HIV

STD rates in Monroe County are significantly higher than rates in NYS. Most STD cases occur among youth and young adults who reside in the City, and are African American and Latino. The incidence rate of HIV in Monroe County is lower than NYS. African American and Latino residents are disproportionately affected by HIV, with nearly $\frac{3}{4}$ of cases in Monroe County occurring among these two populations.

Maternal and Infant Health

According to state and local data, teen pregnancy rates in Monroe County are comparable to rates in NYS. While teen pregnancy rates have declined in both the county and city in recent years, rates in Rochester remain higher than rates in Buffalo and Syracuse. In Monroe County, rates among African Americans and Latinas are 5-6 times higher than rates among Whites.

Compared to rates in NYS, low birth weight and premature birth rates in Monroe are similar, while the infant mortality rates and unintended pregnancy rates are significantly higher. Disparities by residence and rates exist in all of these measures.

Mental Health

The suicide rate in Monroe County is similar to NYS. Data from the adult health survey show that 11% of adults reported they felt calm and peaceful none or a little of the time in the past month and 5% felt downhearted or depressed all or most of the time. City residents were 1 $\frac{1}{2}$ to 2 times more likely than Suburban residents and Latino residents were 2-3 times more likely to report these mental health issues.

Homicides/Violence

The age adjusted homicide rate in Monroe County is higher than NYS. Nearly $\frac{3}{4}$ of homicide victims in Monroe County are African American or Latino residents. The assault hospitalization rate in Monroe County is lower than NYS. In Monroe County, compared to the rate among Whites, the assault hospitalization rate is nine time higher among African Americans and four times higher among Latinos.

Main Health Challenges in Monroe County

After reviewing the health status and disease distribution 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 use² (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.

In addition, we can review data that the state had compiled in order to track progress on the New York State Prevention Agenda³. 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 9 below.

Table 9: Health 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

² 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.

³ http://www.health.ny.gov/prevention/prevention_agenda/indicators/county/monroe.htm

Indicator	Monroe County	New York State	NYS 2017 Objective
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 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 and 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. Our primary health challenge corresponds to The New York State Prevention Agenda for 2013 priority area #1: Prevent Chronic Disease.

Services to Address Community Health Needs

Many community organizations have been working on the identified needs in Monroe County. Some of the current services are described briefly below, organized by the areas of concern indicated above.

Chronic Disease Prevention and Management:

- The HEART community transformation grant is working on environmental and organizational changes to improve activity and nutrition among the residents of Monroe County. Some interventions include developing a Food Hub, increasing farm stands, improving corner stores, smoking policies, building safe neighborhoods, diabetes prevention program, and many others
- Rochester City School District is implementing a new wellness policy including healthier foods and mandated recreation. The schools are also working with HEART to evaluate the school environment for promoting healthy lifestyles. The schools have school health teams that are working on improvements to address shortcomings discovered through the evaluation.
- HealthiKids is working on daycare centers and family day care policies to increase healthy menus in these venues.
- Blood Pressure Collaborative initiated the worksite wellness index to evaluate worksites for healthy environments. This group oversees the Blood Pressure Advocate program, the Ambassador program, Quality Improvement initiative, and many other educational programs
- Smoking Health Action Coalition is working with HEART to develop campus clean air policies, low-income housing policies for clean indoor air, and policies related to smoking in parks, playgrounds and beaches.
- The Monroe County Department of Public Health developed a Cancer Action Plan to improve screening especially for colorectal cancer.

Decreasing Risky Sexual Behaviors

In Monroe County, there are numerous STD/HIV prevention and treatment services available.

- The Monroe County Department of Public Health (MCDPH) STD/HIV Disease Control Program provides free and confidential STD testing and a treatment clinic, anonymous HIV testing, partner notification services, behavioral counseling and provider training on STD/HIV treatment and prevention.
- AIDS Care provides education and outreach services to prevent HIV and STDs, free and confidential HIV testing, and a syringe exchange program.
- To address high rates of STDs and pregnancies among youth several programs are in place:
 - In 2013, the Rochester City School District implemented the Condom Availability Program (CAP) which provides counseling related to STD prevention and makes available free condoms to students through school based health clinics or school nurses.

- Several community based organizations, along with the City of Rochester Bureau of Youth Services, offer educational and youth development programs to prevent teen pregnancy, STDs and HIV.
- The Rochester Coalition to stop HIV launched a successful public awareness campaign in 2010 to address the increase in new HIV cases among youth. For more details about these youth services go to: <http://www2.monroecounty.gov/files/health/DataReports/adolescent%20report%20card>

Improving Mental Health

Services for mental health in Monroe County is oriented primarily to treatment and support, however some prevention and proactive support for the maintenance of good mental health is becoming more universal.

- NY Safe Act and other policies to assist suicide prevention are underway at the state level and nationally, that affect us locally. <http://www.ncbi.nlm.nih.gov/pubmed/23488515>
- Several community agencies are working on mental health including:
 - Monroe County Office of Mental Health (Kathy Plum, Director)
 - <http://www2.monroecounty.gov/mh-index.php>
 - System of Care is working on trauma training for service professionals who work with youth. <http://www.monroecountysystemofcare.org/access/get-involved>
 - Mental Health Association of Rochester (<https://www.mharochester.org/>) and National Alliance on Mental Illness (NAMI) conducts provider and peer outreach training and support groups. (see <http://nami.org/MSTemplate.cfm?MicrositeID=317>).
 - The American Foundation for Suicide Prevention has a western NY chapter
 - The City of Rochester runs recreation programs, gang interventions and safety net meetings for mental health issues. The Rochester City School District also has resources centers that help kids with mental health concerns.
- Promoting Mental Health for Children and Youth
 - screening of local Head Start participants, training and phone consultation with medical providers
 - Children's Center at Monroe County Family Court (drop-in daycare that provides screening and referrals, and telemedicine)
 - Raising 100,000 Voices (introduction for youth to make short films to strengthen and improve community health from their voice and perspective). Partnership with WXXI and local youth-serving groups.
 - Rochester Youth Violence Partnership (harm-reduction effort for kids entering the emergency department as victims of violence)
 - The Children's Institute conducts a parent report of child behaviors for all children entering kindergarten.

- Mt Hope Family Center (part of the UR Psychology Department run by Sheree Toth) has a SAMHSA grant to disseminate therapeutic intervention for children exposed to violence
- Promoting Mental Health for Adults
 - SHARE Alliance (a partnership with Eldersource, Lifespan, etc.) to help address community-dwelling elders mental health needs.
 - Developing brain science translations for adults and parents caring for teens is being planned.
 - Mind/Body Stress reduction interventions
 - Natural Helpers Learning Collaborative (supporting resident leaders in promoting mental wellness and reducing norms supporting violence in their neighborhoods).
 - Resiliency projects - teaching adult paraprofessionals (school settings) how to improve behavior of children at risk.
 - Saint Joseph's Neighborhood Center. Partnership to serve the under- and uninsured adults with mental health needs in surrounding areas
 - Homicide and suicide support for family members/survivors (planning and support - starting with a recent needs assessment)
 - Lifeline program to access a mobile crises team that will visit a person's home when they are facing a mental health crisis
 - Center of Excellence on Suicide Prevention for veterans which runs a national suicide prevention hotline
 - CDC funded Injury Control and Research Center on Suicide Prevention (started fall 2012)
 - Mental Health Promotion Educational Reading Materials and "Giveaways", e.g., pamphlets, magnets with mental health contact numbers, book marks, Stress Balls, at health fairs, etc. provided at community health fairs and at other community forums.

Prioritizing Main Health Challenges

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. Some of these needs include:

- 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 Benefit Reporting Team members agreed that a criteria 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 10: 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 and 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 health needs were discussed in an open forum among the team members. Each of the prioritized needs were 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 always a concern among the community, the community benefits reporting group felt that the degree of the problem was not as severe as some other health issues. Although Monroe County is worse than the state for Prevention Agenda indicators, this difference is not 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 by addressing their underlying behaviors, through environmental design and policy change, seemed likely to end in success. In addition, there is a high level of community complementary activity, and the hospitals are already engaged in some preliminary efforts to decrease blood pressure and decrease obesity. 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:

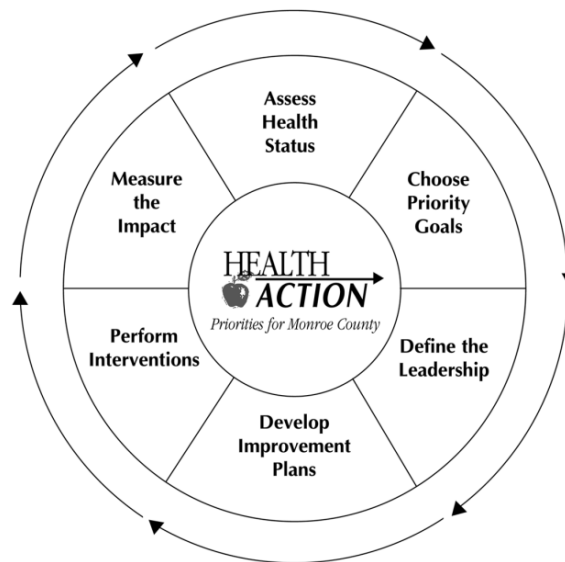
1. Obesity rates
2. Smoking rates especially city residents
3. Blood pressure control among those diagnosed with high blood pressure
4. Chronic disease management

Gathering Community Interests

HEALTH ACTION is a community-wide health improvement initiative coordinated by the Monroe County Department of Public Health to assure continuous, measurable improvement in health status in Monroe County. The four health systems represented in our community service plan and our improvement plans are key participants in this process along with several other community agencies of diverse disciplines. We believe it is unique in New York State and that it has resulted in a more comprehensive needs assessment than any system could perform individually. It has also allowed the health systems to be involved in planning efforts and service provisions that go beyond clinical care and enter the domains of prevention and public health.

HEALTH ACTION is a robust process used in Monroe County to select action priorities based on community input and reaction to health report cards in four unique focus areas: Maternal and Child Health, Adolescent Health, Adult/Older Adult Health, Environmental Health (not discussed in this report). The process used by HEALTH ACTION is shown in the following graphic.

Figure 2: HEALTH ACTION Process



The Steering Committee of HEALTH ACTION established subcommittees corresponding to the focus areas to develop the initial community health report cards: Maternal/Child Health, Adolescent Health, Adult/Older Adult Health, and Environmental Health. These committees compile and analyze existing data to identify measures of health status for each of the focus areas, identify five to ten goal areas, prepare report cards for publication, and make recommendations about priorities for action.

The Health Action Subcommittees are designed for a broad perspective from community members' input who are experts on each focus area. Below are lists of community agencies/organizations represented on the committees for each of the life stage areas.

Table 11: Health Action Committees

Maternal/Child Health Report Card Committee		
Child Health Studies Unit, University of Rochester		
Children's Institute		
Healthy Start Rochester		
Monroe County Department of Public Health		
Monroe Plan for Medical Care		
Perinatal Network of Monroe County		
Social Work Department, Golisano Children's Hospital		
Adolescent Health Report Committee		
Children's Agenda		
City of Rochester		
Fairport Central School District		
Metro Council for Teen Potential		
Monroe County Department of Public Health		
Monroe County Office of Mental Health		
Monroe County Youth Bureau		
Rochester City School District		
Threshold Center for Alternative Youth Services		
University of Rochester Departments of Community and Preventive Medicine, Pediatrics		
Adult/Older Adult Health Report Card Committee		
Center for Community Health, URM		
Department of Geriatrics, Rochester General Health System		
Department of Medicine, Highland Hospital		
Department of Psychiatry, University of Rochester Medical Center		
Evercare	Excellus	MVP Health
Excellus		
Finger Lakes Health System Agency		
Lifespan of Greater Rochester		
Monroe County Office for the Aging	Nursing Program, College at Brockport	
Olsan Medical Group	Rochester Area Community Foundation	

After the publication of each report card the committee hosts a series of community forums with health professionals, community organizations and Monroe County residents in order to obtain input on which health goals should be priorities for action. During the forums there is a brief presentation of the goals and measures contained in the report card. Community members are then asked to rank the goals based on the following criteria: importance;

sensitivity to intervention; control; and timeliness. In addition, participants are asked which goal they think should be a priority for action.

Focus areas rotate so that a HEALTH ACTION process is occurring most years. For example, while Adult Health Survey data was collected in 2012, the Adolescent Health community input process was occurring.

Publication dates of the most recent report cards are as follows:

- Maternal Child Health Report Card -2011
- Adolescent Health Report Card – 2012
- Adult/Older Adult Health Report Card – 2008 (planned for 2013)

Report cards containing all relevant data and community input can be found on the Monroe County Department of Public Health website at: <http://www2.monroecounty.gov/health-healthdata.php#surveys>

All strategies suggested in each of these report cards based on community input were considered and prioritized when developing the CHNA for Monroe County in 2012. In addition, the African American Health Coalition and the Latino Health Coalition developed health status reports in 2012. 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 URM Center for Community Health community input is an ongoing, continuous and vital piece that directs our work

The process for developing the New York State Joint Community Service Plan for Monroe County, which includes an implementation plan, was informed by the HEALTH ACTION process and the actions prioritized by the community. That community service plan for 2009-2012 focused on two health challenges:

- Increase Physical Activity and Improve Nutrition
- Improve Prevention and Management of Chronic Disease.

For the CHNA, community priority actions were reviewed for each population focused area.

Table 12. Community Health Goals 2012

Population Focus Area	Health Goals for 2012
Maternal/Child Health	<ul style="list-style-type: none">• Increase Physical Activity and Improve Nutrition• Improve Social and Emotional Well Being and Reduce Child Abuse/Neglect and Violence Against Children.
Adolescent Health	<ul style="list-style-type: none">• Increase Physical Activity and Improve Nutrition• Build Youth Assets
Adult/Older Adult	<ul style="list-style-type: none">• Increase Physical Activity and Improve Nutrition• Improve Prevention and Management of Chronic Disease• Improve Mental Health (reduce violence among adults and elder abuse among older adults).

Increasing physical activity and improving nutrition are priorities for action that all three demographic forums chose independently. Because this is an obvious community priority, this action will be a priority for the CHNA and improvement plan in 2012. Community input will continue to be solicited to assure that priorities remain in line with expressed community need.

In summary, the top three causes of death in Monroe County are heart disease, cancer and stroke. The actual, or underlying, causes of death for these mortalities are tobacco, poor diet, and physical inactivity which also lead to chronic disease, hypertension of particular interest to Monroe County.

Information Gaps

During the Community Health Needs Assessment process, the community benefits reporting team discussed the data and what data was inadequate or missing. All members of the team, including all the hospital representatives felt that there was more than enough adequate and understandable data. In general, our data is very good.

It was noted that the Monroe County Adult Health Survey is less effective in assessing people without land lines, who rely solely on mobile phones, although the 2012 survey did include 300 cell phone surveys. In addition, people living in congregate-care facilities, those without telephones or cell phones, and those with a primary language other than English or Spanish were not included in the survey. There is also an issue with folks who don't always answer their phone, or transient populations, which may represent a bias.

Input from the Community Served

Community input is an ongoing process in Monroe County and collaboration among the hospitals and the community is vital to inform our agenda. Each of the hospital systems included in this report: University of Rochester Medical Center Strong Memorial Hospital, Highland Hospital, Rochester General Health System, Unity Health System and Lakeside Health System took into account input from persons who represent the community. The Monroe County Department of Public Health, was represented at each community benefits meeting by either Anne Kern, Public Health Program Coordinator, or Byron Kennedy, MD, PhD Deputy Director of the Health Department. Both are aware of community needs, oversee the Adult Health Survey and are experts in effective public health assessment and intervention. Theresa Green, Director of Community Health Policy and Andrea DeMeo, Executive Director and Chief Operating Officer, both for the URMH Center for Community Health, provided expert advice on community engagement and evidence based interventions. In addition, Finger Lakes Health System Agency, who represents the community voice and who manages both the African American Health Coalition and the Latino Health Coalition and the Blood Pressure Collaborative for Monroe County, was represented at each meeting by either Wade Norwood, Director of Community Engagement or Al Bradley, Senior Manager.

This high level collaboration among community members, public health providers and hospital systems, along with the robust *HEALTH ACTION* process of community input gathering, provides a truly community based health needs assessment and improvement plan.

Next Steps and Public Dissemination

Now that needs have been identified and prioritized, a plan for addressing these needs must be developed. Monroe County has some of these plans already developed in the Joint Community Service Plan developed for Monroe County in 2009, and followed and reported on to New York Department of Health each year since. The latest Monroe County Joint Community Service Plan 2012 is posted on the hospitals' websites:

Lakeside Health:

http://www.lakesidehealth.com/quality_of_care.asp

<http://www.lakesidehealth.com/index.asp>

Rochester General Hospital:

<http://www.rocheatergeneral.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>

Based on the Community Health Needs Assessment, for each prioritized need a set of goals, SMART objectives and measures will be identified in the Community Health Improvement Plan to monitor progress. Each hospital system as well as the health department will take responsibility for interventions that will help to address the needs. The team will continue to meet to monitor each hospitals' progress and the overall goals of the improvement plan. The team will also summarize our community's progress for federal requirements as well as state reporting.

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 Community Health Needs Assessment and Improvement Plan is shared with board members for approval prior to dissemination. They are encouraging of this cooperative effort.

This Community Health Needs Assessment and Improvement Plan will be available to the public upon request and will be posted on each of the hospital systems websites and on the Monroe County Department of Public Health's website, and on the Center for Community Health, URM's website.

Monroe County, New York Community Health Improvement Plan and Implementation Strategy: 2013-2017

In response to the Community Health Needs Assessment, a Community Health Improvement Plan for Monroe County was developed jointly by University of Rochester Medical Center Strong Memorial Hospital, Highland Hospital, Rochester General Health System, Unity Health System and Lakeside Health System along with the Finger Lakes Health System Agency and the Monroe County Department of Public Health.

During 2012, a community health needs assessment (CHNA) was conducted by the hospital systems serving Monroe County, NY in collaboration with the Monroe County Health Department and the community planning agency.

Description of the Target Area

Rochester, NY and its surrounding communities in the Western Rochester Region provide a remarkable example of what can be accomplished through collaboration. Hospital systems in Monroe County including Lakeside Health System, Rochester General Health System, Unity Health System, University of Rochester Medical Center (URMC) Highland and Strong have jointly filed a community service plan to the New York State Department of Health for the past thirteen years, and this year is no exception. This unique effort, done in collaboration with the Monroe County Department of Public Health and the Finger Lakes Health System Agency, demonstrates true community health assessment and improvement planning.

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 will be defined as Monroe County.

Summary of the Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) was developed based on several sources of local, state and national data, with extensive input from community members and public health experts. Data pointed to the underlying behaviors and risk factors that lead to chronic disease as a needed area of improvement.

In summary, the top three causes of death in Monroe County are heart disease, cancer and stroke. The actual, or underlying, causes of death for these mortalities are tobacco,

poor diet, and physical inactivity which also lead to chronic disease, hypertension of particular interest to Monroe County.

Increasing physical activity and improving nutrition are priorities for action that all three demographic forums in the HEALTH ACTION community input process chose independently. Because this is an obvious community priority, this action will be a priority for the CHNA and improvement plan in 2012.

Community-Wide Health Improvement Plan (CHIP)

When developing a county wide improvement plan, the Community Benefits Reporting team employed the New York State Prevention Agenda for 2013 for not only organizing priorities and measures, but for examples of evidence based implementation strategies. We identified an improvement priority based on our identified needs from the CHNA.

The priority area for Monroe County for 2013-2017 is preventing chronic disease. Three focus areas from the NY State Prevention Agenda were selected for implementation in Monroe County:

PREVENTING CHRONIC DISEASE through the following:

1. Reduce obesity in children and adults
2. Reduce illness, disability and death related to tobacco use
3. Increase access to high-quality chronic disease preventive care and management in clinical and community settings, especially among high risk (low SES) populations

Process for Developing the Implementation Strategy

a. Organizations that participated: Community Benefits Reporting Team

The recent hospital systems' community benefits reporting process is a continuation of a long history of collaboration and improvement planning for Monroe County. The four hospital systems provided financial and in-kind resources for the improvement planning process, and have supported a chair to convene the Community Benefits Reporting Team. 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 Health (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 1. Roster of Team Members

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	Deputy Director	Monroe County Department of Public Health
Barbara Ficarra	Director of Public Relations	Highland Hospital
Shawn E. Fisher RN, MBA	Administrative Director of Nursing & Director of Surgical Services	Lakeside Health
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

Table 2. List of 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

Although the team meetings are not advertised to the public, anyone is welcome to attend. 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.

The Community Benefits Reporting Team worked together to develop a community improvement plan and each hospital's implementation piece. The hospital representatives assured that each hospital system discussed their unique

implementation process, however all hospitals will be working collaboratively towards the same improvement goals based on the community health needs assessment.

Hospital systems are described in greater detail in the CHNA, however the vision and mission statements are given below:

Highland Hospital - University of Rochester Medical Center

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

Lakeside Health System

Vision Statement: Lakeside Health System seeks to be a national model for community healthcare through its delivery of high quality, personal trusted care.

Mission Statement: Lakeside Health System is to be the center of our healthcare community and to provide the highest level of quality, compassionate, cost-effective care. The services we provide to our customers are rooted in an integrated delivery system.

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.

Strong Memorial - University of Rochester Medical Center

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.

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.

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.

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.

b. Stakeholder sessions that were held

In addition to the team meetings of all the organizations to decide collectively which health issues are priorities, community input was solicited in several organizational meetings throughout the planning process. Great consideration was given to the already collected results of the HEALTH ACTION community stakeholder sessions.

HEALTH ACTION is a robust process used in Monroe County to select action priorities based on community input and reaction to health report cards in four unique focus areas: Maternal and Child Health, Adolescent Health, Adult/Older Adult Health, Environmental Health (not discussed in this report).

After the publication of each report card which presents health data particular for the population group, the committee hosts a series of community forums with health professionals, community organizations and Monroe County residents in order to obtain input on which health goals should be priorities for action. During the forums there is a brief presentation of the goals and measures contained in the report card. Community members are then asked to rank the goals based on the following criteria: importance; sensitivity to intervention; control; and timeliness. In addition, participants are asked which goal they think should be a priority for action.

Focus areas rotate so that a HEALTH ACTION process is occurring in most years. For example, while Adult Health Survey data was collected in 2012, the Adolescent Health community input process was occurring.

Publication dates of the most recent report cards are as follows:

- Maternal Child Health Report Card -2011
- Adolescent Health Report Card – 2012
- Adult/Older Adult Health Report Card – 2008 (planned for 2013)

Report cards containing all relevant data and community input can be found on the Monroe County Department of Public Health website at: <http://www2.monroecounty.gov/health-healthdata.php#surveys>

All strategies suggested in each of these report cards based on community input were considered and prioritized when developing the CHNA and improvement plan for Monroe County in 2012. In addition, the African American Health Coalition and the Latino Health Coalition developed health status reports in 2012. 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 URM Center for Community Health community input is an ongoing, continuous and vital piece that directs our work.

For this 2012 CHNA and Improvement Plan, community priority action items were again reviewed for each population focused area.

Table 3. Community Health Goals for 2012 by Population Focus Area

Population Focus Area	Health Goals for 2012
Maternal/Child Health	<ul style="list-style-type: none">• Increase Physical Activity and Improve Nutrition• Improve Social and Emotional Well Being and Reduce Child Abuse/Neglect and Violence Against Children.
Adolescent Health	<ul style="list-style-type: none">• Increase Physical Activity and Improve Nutrition• Build Youth Assets
Adult/Older Adult	<ul style="list-style-type: none">• Increase Physical Activity and Improve Nutrition• Improve Prevention and Management of Chronic Disease• Improve Mental Health (reduce violence among adults and elder abuse among older adults).

Increasing physical activity and improving nutrition are priorities for action that all three demographic forums chose independently. Because this is an obvious community priority, this action will be a priority for the CHIP in 2012. Community input will be solicited to re-visit these priorities based on data from the Adult Health Survey 2012.

c. Data and information used to select the priorities

The priorities for improvement were chosen in response to the needs that were developed in the CHNA. Full discussion of the data sources and interpretation can be found in the Community Health Needs Assessment.

The primary source of local data for the CHNA is the Monroe County Adult Health Survey. This phone survey 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 city zip codes.

Oversampling was completed in zip codes with high proportion of residents with limited income, African American and Latino residents in order to achieve sufficient numbers of responses from these groups. The full report of the 2012 Adult Health Survey is expected to be completed by the summer of 2013.

Reports of local data can be found on the Monroe County Department of Public Health at <http://www2.monroecounty.gov/health-healthdata.php#HealthAction> .

Other data is reviewed from New York state and local resources and includes:

- Mortality and natality data: New York State birth and death files
- Hospitalization data: Statewide Planning and Research Cooperative Systems
- Disease and condition specific data: Department of Health disease registries, including cancer, AIDS/HIV, communicable disease, rabies, TB and STD
- 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):
- Local Monroe County Blood Pressure Registry data of Hypertensives

State collected data and their resources can be found on the Prevention Agenda website for New York, at http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/monroe.htm .

d. Rationale for selecting the issue

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. Some of these needs include:

- Decrease cigarette smoking among adults
- Decrease adult obesity
- Increase number of hypertensive patients who have 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 Benefit Reporting Team members agreed that criteria were needed to help prioritize the needs so that improvement plans could be focused. Team members agreed on a set of criteria which includes: Importance (magnitude of affect), likelihood of impactful success, community support, hospital support, level of complementary current activity and the potential to address health disparity.

From the HEALTH ACTION community forums it was clear that increasing physical activity and improving nutrition were key priorities for stakeholders, and therefore moved to the top of our improvement strategy. Since these goals fall under 'improving chronic disease' and since the data from the New York State prevention goal measures showed

that Monroe County was behind both the state average and the 2017 goals in 6 of the chronic disease prevention and management indicators, and since the hospitals felt that chronic disease best fit their mission and goals, this was the priority area chosen.

Table 4. Health 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

In addition, cancer and heart disease remain the leading causes of death in Monroe County. 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

Based on key sources of data, stakeholder engagement and prioritization criteria, our primary health improvement interventions corresponds to The New York State Prevention Agenda for 2013 priority area #1: Prevent Chronic Disease.

Details of the Implementation Strategy

For each priority, the Community Benefits Reporting Team has collectively identified goals, objectives, evidence-based strategies and measures that are based on the NY State Prevention Agenda 2013-17. Each of the identified priorities will contribute to preventing chronic disease.

Focus: PREVENT CHRONIC DISEASE through the following:

1. Reduce obesity in children and adults
2. Reduce illness, disability and death related to tobacco use
3. Increase access to high-quality chronic disease preventive care and management in clinical and community settings, especially among high risk (low SES) populations

Preventing Chronic Disease Action Plan

Focus Area 1: Reduce obesity in children and adults

Defining the Problem:

Childhood and adult overweight and obesity continue to plague Monroe County, as the rest of the nation.

- 14% of children age 2-10 are obese and another 14% are overweight. (36% in the city are obese or overweight).
- 16% of adolescents ages 11-18 are obese and another 15% are overweight (45% in the city are obese or overweight).
- 30% of adults are obese and another 36% are overweight.

Obesity and overweight are the second leading cause of preventable death and are a contributing factor to both cancer and heart disease, consistently the leading causes of death for Monroe County.

The underlying causes of obesity are complex but include lack of exercise and poor nutrition, both priority action steps identified by community forums during the HEALTH ACTION process. Behavior risks for cancer, heart disease and stroke include smoking, excess body weight, lack of physical activity and poor nutrition. The table below shows the percentage of Monroe County residents with these risks and the disparities.

Table 5: Risk Behaviors and Disparities for Monroe County

Risk Behaviors, Adults Ages 18+, 2012	Monroe County	City	Suburbs	African American	Latino	White
Currently Smoke	16	25*	13	23*	18	15
Obese	30	36*	27	38*	41*	27
No Physical Activity in the Past Month	16	25*	13	30*	26*	13
Consume 1+ Sodas/Sugar Sweetened Beverages per Day	23	30*	21	46*	23	20

Source Monroe County Adult Health Survey, 2012

Overarching Goal 1.1: By December 31, 2017, reduce the percentage of adults ages 18 years and older who are obese by 5% from 30% (Monroe County AHS, 2012) to below 28.5% among all adults.

Evidence-Based Strategy: To expand the role of public and private employers in obesity prevention. 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 programs⁴. Employer role will be expanded by implementing evidence-based

⁴ Baicker K, Cutler D, Song Z. Workplace wellness can generate savings. Health Affairs (Millwood) 2010; 29(2):304-11

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 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.

Objectives

Goal 1.1a: Expand the role of public and private employers in obesity preventions

Objective 1.1.1. By December 31, 2017 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

Objective 1.1.2. By December 31, 2017 increase by 10% the percentage of small to medium worksites that offer a comprehensive worksite wellness program for all employees (comprehensive worksite wellness will be defined as a particular score on the Worksite Wellness Index, once baseline data is collected)

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.

The Affordable Care Act requires the Centers for Disease Control and Prevention (CDC) to evaluate worksite wellness programs. The subjects for evaluation will include participation levels, changes in employees health status and productivity, worksite injury rates and changes in employers medical costs. We will track the progress of the CDC on this initiative and use these measures as well, were appropriate.

Preventing Chronic Disease Action Plan

Focus Area 2: Reduce illness, disability and death related to tobacco use and second hand 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 States⁵. 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. (does not include those who drop out of school)
- 16% of adults in Monroe County smoke, which equates to approximately 91,000.
 - There are significant disparities in those who smoke. 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 6: Smoking Prevalence and Disparities for Monroe County

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

Source Monroe County Adult Health Survey, 2012

Overarching Goal 2.1: By December 31, 2017, reduce the percentage of adults ages 18 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.

Evidence-Based 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 intervention⁶ 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 Smokers' Quitline offers a *Fax to Quit* program to all health care providers to help their patients stop smoking. The quitline offers confidential counseling and other cessation-related services to patients who use tobacco products. Health care providers can refer their tobacco-using patients to the New York State Smokers' Quitline using the *Fax to*

⁵ 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.

⁶ Representative sampling of evidence for quitline effectiveness can be accessed at <http://globalqnetwork.wordpress.com/about-quitlines/the-evidence-base/landmark-research/>

Quit referral form. Patients will then receive a follow-up call from a *Quit-Coach* who will provide a stop smoking or stop smokeless-tobacco counseling session to tailor a cessation plan for the patient.

Currently, hospital systems in Monroe County conduct some form of cessation planning with tobacco users as they are discharged from a hospital stay. A summary of current initiatives is given below:

Table 7: Current Hospital Based Smoking Cessation Initiatives

Hospital	Current Initiatives
Lakeside	Smoking cessation teaching is addressed and preselected in every Admission order set along with every Discharge order set for meaningful use. It is also built in Clinical Care Station for the nurses to document when they do smoking cessation teaching. Smoking cessation folders are provided by the Wellness Center and stocked on the floors for the nurses to provide to patients. As a meaningful use requirement we ask our ED patients if they have ever smoked, current or former. We enter that into our registration system for ED patients.
Strong	We are currently piloting a comprehensive smoking program on 612 for inpatients that smoke. They are screened on admission for smoking by an initial nurse health screen. Physicians will also screen for smoking during the initial history and physical. The Rochester model provides bedside counseling by nurses and providers. Medications are discussed and encouraged. After these steps, the patient is referred (his/her choice) either to the NYS Quitline or the Healthy Living Center.
Unity	Every patient is asked if they smoke upon their admission when an admission history is completed by the admitting Provider or Mid-level. Also for Surgical patient's this is addressed in Surgical Pre -Testing. The history is then reviewed by the nurse upon arrival to the designated unit. Smoking Cessation printed material is given to the patient. HIS referrals are made and Nicorette patches and gum are offered as routine and prn interventions.
Highland	A provider asks patients about their tobacco-use history upon admission. If the patient does smoke, a sliding-scale nicotine replacement therapy (NRT) is offered. If the patient would like NRT, a physician will write an order for the appropriate NRT. Highland Hospital also offers patients counseling on smoking cessation. (Highland is a Designated Stroke Center, and this is one of the performance measures for stroke patients.)
RGH	For patients, we have a smoking cessation protocol; All patients are screened on admission for smoking or history of smoking. Teaching and informal counseling are done and documented during the hospitalization. NRT will be offered as ordered by provider. As part of discharge, smokers are referred to the quit line.

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 hospitals plan to increase the use of the NYS quitline by enhancing the use of the refer to quit (RTQ) services including on-line referrals and Fax to Quit service. The health department and the Center for Community Health, with the help of the NY state Quitline leadership, will help to standardize a process and implement that process throughout the hospitals, so that during a hospital stay and/or at discharge, someone will individually talk to patients about tobacco cessation, and ask if for patients' permission for referral.

In addition, the CMMI initiative in Monroe County and surrounding areas, is developing patient centered medical homes at primary care clinics. Each clinic will have a care manager, and hospitals will work with the care managers to promote the Refer to Quit service to tobacco-using patients.

Objectives

Goal 2.1a: Promote tobacco use cessation, especially among low SES populations and those with poor mental health.

Objective 2.1.1. By December 31, 2017 increase the number of unique callers from Monroe County using the NYS Smokers' Quitline by 20%, from baseline of 7,389 (2011) to 8,900, (Data source: NYS Smokers' Quitline Annual Report) assuming there are no substantial changes with this program at the state level.

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. The survey will be conducted again in 2015, and those results will be compared to 2012 for improvements.

Calls to the NY quitline and numbers of faxes to quit and online referrals will be measured and tracked through the state of New York. In addition, once the process is standardized, each hospital and each CMMI primary Care patient centered medical home will measure their referrals and report to the Community Benefits team at least annually. Other process measures can be collected as appropriate.

Preventing Chronic Disease Action Plan

Focus Area 3: Increase access to high quality chronic disease preventive care and management in both clinical and community settings.

Defining the Problem:

Management of chronic disease goes beyond hospital care to where people live, work and play. Many underlying risk factors of chronic disease including heart disease and cancer can be reduced by building healthy environments. Once people develop a chronic disease, it is important to manage the disease effectively so that it does not progress to a more serious, and more expensive, state. Tertiary prevention is the focus of this priority area. Many chronic diseases are prevalent in Monroe County, however several agencies have collaborated to address high blood pressure. Many initiatives are on-going that involve the hospital systems as well as the Monroe County Health Department. The Monroe County Blood Pressure Collaborative is a joining of the Rochester Business Alliance and the Fingerlakes Health System Agency, along with many community partners.

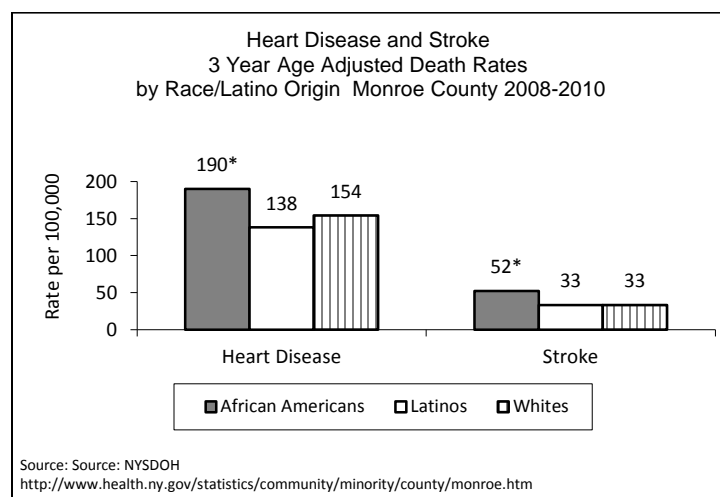
High blood pressure affects approximately one in three people in the Rochester area (32% among Monroe County residents) and it is 40% more prevalent among African Americans than among whites. Hypertension can lead to more serious and potentially fatal diseases, such as heart attacks, strokes, kidney disease and other chronic conditions. Prevalence rates in Monroe County are higher among City residents compared to Suburban residents, and among African American residents compared to White residents as shown in the table below.

Table 8: Diabetes and Blood Pressure and Disparities for Monroe County

Ever Told by a Doctor or Health Professional that they have Diabetes or High Blood Pressure, Adults Ages 18+, 2012	City	Suburbs	African American	White
Diabetes	12*	9	16*	9
High Blood Pressure	36*	31	43*	31

Source Monroe County Adult Health Survey, 2012

Figure 1: Heart Disease and Stroke in Monroe County



Overarching Goal 3.1 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%.

Evidence-Based 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 to address these issues. In partnership with the Finger Lakes Health Systems Agency, they are now being implemented in the Finger Lakes Region. 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 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 best practices 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 through the CMMI grant award.

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.

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 CHW will provide a vital link between primary care practices and community services by supporting patients with a toolkit of health improvement strategies, neighborhood resources, problem-solving skills to improve care management and health maintenance.

Objectives

Goal 3.1a: Promote the use of evidence-based care to manage chronic diseases.

Objective 3.1.1. By December 31, 2017 all primary medical homes in the CMMI initiative will be linked to community resources. This will be done by developing an electronic database of community resources and then linking the care managers and the CHWs to the resources to better manage patients.

Objective 3.1.2. By December 31, 2017 increase the percentage of patients at the CMMI primary care practices in Monroe County that have engaged a CHW for management of a chronic disease. (Baseline data and improvement measures to be determined once CHWs are in place)

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'. Engagement of CHWs will be measured and tracked at the CMMI clinics.

Needs that were not addressed

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. Some of these primary needs include:

- 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 Benefits Planning Team chose to prioritize preventing chronic disease, which clearly includes the top three bullet points. Due to limited resources and to avoid 'mission creep' the hospital systems chose not to address risky sexual behaviors and mental health promotion in the improvement plan.

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, 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. In addition, 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 always a concern among the community, the community benefits reporting group felt that the degree of the problem was not as severe as some other health issues. Although Monroe County is worse than the state for Prevention Agenda indicators, this difference is not 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 activity being conducted by many agencies in our community was 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.

Maintaining Engagement with Community Benefit Partners

All current members of the Community Benefits reporting team 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. Beyond the federal requirements, the state of New York requires progress reporting on the measures outlined in the Community Health Improvement Plan, so 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 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.