Community Health - Monroe County, NY
2019-2021

Monroe County
Community Health Improvement Plan

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

Strong Memorial Hospital

Highland Hospital

Rochester General Hospital

Unity Hospital

Monroe County Department of Public Health



Monroe County, New York

Joint Community Health Needs Assessment (2019) and Community Health Improvement Plan 2019-2021

Work of the Monroe County Community Health Improvement Workgroup (CHIW)

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This assessment and improvement plan covers Monroe County, NY

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Monroe County Joint Community Health Improvement Plan 2019-2021

Monroe County Community Health Improvement Workgroup:

Local hospitals (University of Rochester Medical Center's Strong Memorial Hospital and Highland Hospital, Rochester Regional Health's Rochester General Hospital and Unity Hospital) and the Monroe County Department of Public Health are committed to working collaboratively with the residents and institutions of Monroe County, to improve the health of our community. Every three years, through a process mandated by the Affordable Care Act, and the New York State Department of Health, non-profit hospitals and the health department conduct a Community Health Needs Assessment (CHNA) to determine areas of community health concern. In Monroe County, the Community Health Improvement Workgroup (CHIW) brings together leaders from hospitals, health departments, and community agencies to prioritize community health needs and develop a Community Health Improvement Plan (CHIP) for addressing the needs of our county.

1. Community Engaged Needs Assessment

The priority areas and interventions selected for the Monroe County Combined Community Health Needs Assessment and Improvement Plan for 2019-2021 were selected with community input at each step in the process. Before reviewing data, the Community Health Improvement Workgroup (CHIW), comprised of representatives from four hospitals, the health department and several community organizations, identified criteria that would be used to prioritize areas of concern. It was important to the group that the CHIP focus areas met the following criteria:

- Address needs of vulnerable populations
- Represent an opportunity to intervene at an early prevention level
- Utilize an existing community capacity and willingness to act
- Is of clear importance to community
- Presents a potential to have a measurable impact on our community's health

The selected criteria demonstrate the CHIW's commitment to addressing the community's interests. Common Ground Health, a CHIW partner agency and the local PHIP (Population Health Improvement Program) leader, conducted the MyHealthStory Survey in 2018. These regional survey is similar in design to the Behavior Risk Factor Surveillance Survey (BRFSS) but with opportunity for narrative input on underlying causes of disease. MyHealthStory Survey analysis provided a statistical review of important topics to the Monroe County community and comment on some underlying causes that informed the CHNA. The survey also asked adult participants what issue they thought hospitals and the health department should be addressing to improve community health. Across all races, ethnicities, socioeconomic groups, and geographic classifications, the number one health that participants identified was Mental/Emotional Health. This decisive result, combined with the negative trends in mental health indicators for Monroe County as shown on the NYS Prevention Agenda Dashboard, led to the selection of Mental and Emotional health as a top focus area for the 2019-2021.

Extensive review of multiple sources of data outlined in the CHNA yielded several relevant areas of concern. However, disparities in Maternal Child Health (MCH) outcomes were especially striking. This focus area met the pre-established prioritization criteria, and several CHIW members and community agencies have begun work in this area and were hopefully that a focus in the CHNA/CHIP would add a synergistic effect to the progress.

Throughout the needs assessment process, representatives from the CHIW met with several community groups for feedback on the selected focus areas as well as goals and recommended interventions. The meeting dates for some of the most significant groups input sessions are shown below, and the comments, recommendations, and full summaries of these discussions are available in the "Community Engagement" section of the CHNA.

Group	**Date**
African American Health Coalition	March 14, 2019
Maternal Child Health Advisory Group	March 22, 2019
Latino Health Coalition	March 27, 2019
Community Advisory Council	April 11, 2019

The CHNA and CHIP were reviewed and adapted based on group feedback at each meeting, and discussed at the monthly CHIW meetings, until consensus was reached on the identified focus areas and types of intervention.

2. Implementation Plan

The objectives and interventions for each area of need were selected from the New York State Prevention Agenda's list of recommended, evidence-based interventions and programs. Maternal child health is an area of concern for Monroe County, and the current disparities are unacceptable. We intend to enhance collaboration with other programs by maintaining and expanding a Maternal Child Health Advisory group of community partners, clinicians, researchers, and hospital administration. We will listen to the voice of community members through listening sessions in collaboration with local maternal care and advocacy groups, and use their requests to direct the actions and policy recommendations for 2019-2021.

Promoting mental health and well-being is a priority area of particular importance to our community members. Interventions focus on the upstream approach of addressing social determinants of health including poverty and employment in order to impact the long term health of the community and address disparities in wealth. The CHIW will partner with the City of Rochester's Office of Community Wealth Building, RMAPI, and others to enhance synergy and collaboration around this issue. The CHIW will partner with the Office of Mental Health to facilitate supportive environments, including suggested policy and program interventions that promote inclusion, integration, and competence. Interventions include promoting local mental health education, stigma reduction, and trauma-informed care initiatives.

Prevention Agenda Focus Areas, Evidence Based Interventions and Evaluation

Focus Goal 1: Promote Healthy Women, Infants and Children	
Objective 1: Reduce racial, ethnic, economic and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child populations (specifically for unplanned pregnancy income disparity, preterm birth racial disparities and adverse childhood experiences)	
Evidence Based Interventions	**Measure of Success**
Enhance collaborations with other programs, providers, agencies, and community members to address key social determinants of health that impact the health of women, infants and families across the lifespan	• Increase # of collaborations • Increase the depth of relationship between MCH partners • Increase # of providers linking to SDH
Action 1: Partner with HBN to conduct community input sessions to identify the drivers and solutions to disparities	• Comprehensive summary of barriers to healthy outcomes among people of color, people with low SES, City
Action 2: Convene a Maternal Child Health Advisory Group to advise the implementation of the CHIP agenda to reduce disparities including: • Develop and support policy and advocacy agenda • Share current initiatives with each other and the community (211) • Sustain and improve partnerships between local organizations and the hospital systems	• Policy/advocacy agenda • Link to resources for patients (EMR changes, 211, survey or count) • Improved communication between programs and hospitals
Action 3: Host a Synergy Meeting on local Maternal and Child Health disparities annually presenting results of Focus groups and MCH Advisory Group work	• # of attendees learning from the Synergy meeting, # partnerships formed
Focus Goal 2: Promote Well-Being to Prevent Mental and Substance Use Disorders	
Objective 2.1: Strengthen opportunities to build well-being and resilience across the lifespan	
Evidence Based Interventions	**Measures of Success**
Explore opportunities to build community wealth such as supporting worker-owned cooperatives and businesses, using the power of hospitals as anchor institutions	• # SOS partners engaged in CHIP • Information distribution for hospitals developed for community wealth building (June 2020)
Action 1: Host a Synergy meeting to continue the work of the New York State of Solutions, including partnering with OWN Rochester and the City of Rochester's Mayor's Office of Community Wealth Building. Partner with RMAPI and ABC	• # of attendees learning from the Synergy meeting, # partnerships • Increased relationship with City, RMAPI, ABC
Objective 2.2: Facilitate supportive environments that promote respect and dignity for people of all ages	
Evidence Based Interventions	**Measures of Success**
Policy and program interventions that promote inclusion, integration and competence	• # of policy or program interventions that promote inclusion
Action 1: Incorporate stigma reduction and thoughtful language change into presentations and documents	• # stigma reduction documentation reviews • # changes made: websites, presentations, documents
Action 2: Offer at least one Mental Health First Aid training course for a new target audience in Monroe County	• # of trainings, attendees (Adult or Youth Mental Health First Aid)
Action 3: Partner with CCSI to hold at least one education session on trauma informed assessments for local organizations and clinical practices	• # of trainings, attendees • # organizations/clinical practices engaged in assessment

Secondary Priorities – Focus Areas to Follow

In addition to the two identified focus areas outlined above, there are several areas that were of noted concern to the CHIW. These secondary areas show unacceptable outcomes in one or more measurable indicator however limited resources do not allow for dedicated attention and intervention to address them. The CHIW has agreed to follow and support these areas in the CHIP 2019-2021, while dedicating primary attention to the two focus areas of mental health, and maternal child health inequities. The five areas the CHIW will follow are:

1. Smoking Cessation

Increasing smoking cessation was a focus area for the Monroe County Community Health Improvement Plan (2016-2018). Through a change in the electronic medical records process of all four hospitals in the CHIW collaborative, the referrals to the NYS Quit Line increased 100 fold. Electronic referrals to the NYS Quitline are available through both major health systems and several independent clinics and FQHCs throughout the region.

In addition, the local Million Hearts group continues to organize and host Tobacco Free College Campus Conferences and support T-21 legislative initiatives. The Tobacco Free College Campus Conferences was organized by the Million Hearts Collaborative, including members from the Rochester Chamber of Commerce, and LiDestri Foods Inc. and includes support and representation from local colleges including Rochester Institute of Technology, University of Rochester, St. John Fisher, Monroe Community College, and Nazareth College. This group meets to discuss progress, campus policies, and setbacks in developing and maintaining smoke-, tobacco-, and vape-free local college campuses.

2. Food Insecurity

Work on food insecurity was begun with the CHIP 2016-2018. Local systems integration projects are underway, and both Rochester Regional Health and University of Rochester Medical Center are involved in these projects, both as potential pilot locations, and advisory groups. As the Community Health Improvement Plan for 2019-2021 will be addressing community well-being, and social determinant impact on maternal-child health, these focus areas are related to and inseparable from food insecurity and resource provision. The CHIW will continue to support pediatric departments as they screen for social determinants including food security, and work with local organizations such as FoodLink and 2-1-1 to build collaborations with the health systems.

3. Opioid Crisis

The opioid crisis has been impacting Monroe County since the early 2010s. In 2016, the public health goal was to decrease overdose and death by overdose rates to below the 2015 level. Unfortunately, with the spread of the opioid crisis and the introduction of Fentanyl to the street marketplace, opioid overdoses and deaths have not decreased to this set goal, and they have increased in the past 3 years. There are many groups within

and outside of the health systems working to address this crisis. Increasing the hiring of toxicologists in the Office of the Medical Examiner, training more local providers with Buprenorphine waivers and training in medication-assisted treatment (MAT), the continuation and expansion of local Heroin and Opioid Task Forces including Law Enforcement, County officials, treatment centers, and medical professionals. The health systems are continuing work in the space of substance use disorder prevention, identification, and treatment with community and government partners.

Naloxone: There is a NYS policy Naloxone Co-payment Assistance Program (N-CAP) that provides a standing prescription and copay coverage available at pharmacies without an open prescription. Raising awareness about the availability and proper use of Naloxone will continue in Monroe County. Trainings on how to administer Naloxone in the case of an opioid overdose are provided by many community groups and healthcare providers including but not limited to Monroe County Department of Public Health, Rochester General Hospital, URMC, Oak Orchard Health, and Trillium Health. These trainings are frequent, often open to the public, and advertised online by each group.

4. Sexually Transmitted Infection (STI) Rates

Monroe County Department of Public Health runs the STD and HIV control program, including medical interventions, screenings, prevention, education, and provider training. The Maternal Child Health Advisory Group includes many groups that work in prenatal care, reproductive education, and STI education. Continuation of support and funding to the local providers of sex and reproductive education to both children and adults in Monroe County will be necessary to reduce the rate of STIs in the region.

5. Violence Prevention

There are consistent trends of disparities in populations impacted by violence within Monroe County and the City of Rochester. The African American Health Coalition in 2019 is focusing on violence as a matter of community health, and hosted the “Speak Life!” Health Equity conference in Rochester with the support of the Latino Health Coalition. The CHIW and hospital systems will continue to assess the needs of the African American and Latino communities and listen to requests for action from anti-violence initiatives and public health or healthcare-centered interventions.

The Rochester Youth Violence Partnership (RYVP) is a hospital-based violence intervention program that targets trauma victims under the age of 18 when they present for medical care following a knife or gun injury. Rochester’s program is present at both URMC and RRH Emergency Departments, and the program has been recognized nationally since its inception.

Ongoing initiatives

One of the initial CHIW scoring criteria for selection of focus area was that the area of need should "Utilize an existing community capacity and willingness to act". It is not surprising then that there are several ongoing initiatives that already address the focus areas of maternal child health disparities and mental health and wellbeing. The hospitals and health department will continue their work in these areas where appropriate, and the CHIW will discuss progress.

Maternal-Child Health Inequities

UR Strong Memorial Hospital
• Pediatric screening programs for ACES using the We Care screening tool and referral system for food insecurity, housing issues, etc. • Strategic plan for cultural competency through DSRIP, and implementation of Culture Vision, a provider resource for cultural competency • Evidence based home visitation program "Baby Love" and "Building Healthy Children". Referral to NFP and Centering Pregnancy programming • Nursing Care Management model being piloted at women's health practices, adding behavioral health resources and practice transformation aimed at reducing disparities • School based health clinics and partnerships with local high schools
UR Highland Hospital
• Centering Pregnancy program and Baby Café for pregnant and high risk mothers • IMPLICIT Network evidence based care • Evidence based home visitation program "Baby Love" and "Building Healthy Children". • Lactation support services available prenatally, on delivery floor, and postpartum with drop-in options to promote breast feeding • Highland Family Planning clinic services and health education
Rochester Regional Health – Rochester General and Unity
• Several Centering Pregnancy programs throughout both hospitals • Breastfeeding resources available via RRH Midwifery group and Certified Lactation Consultants available • School based health clinics and partnerships with local high schools • Evidence based home visitation program "Healthy Family"
Monroe County Department of Public Health
• Nurse Family Partnership Program –home visitation services for high-risk mothers • Cultural competency and multilingual training for health educators and clinicians • Conduct the Youth Risk Behavior Survey to measure ACES in adolescents
Community Partners engaged in addressing disparities in Maternal child health outcomes
• Healthy Baby Network • Metro Council for Teen Potential • 2-1-1 for resources • Foodlink food hub • Jordan Health (FQHC) • Accountable Care Organizations – AHP and GRIPA • United Way • City of Rochester • Planned Parenthood • Rochester city School District

Mental Health and Well-Being

UR Strong Memorial Hospital
• Healing through Education Advocacy and Law (HEAL) Collaborative for victims of interpersonal violence • Office of Mental Health Promotion outreach
UR Highland Hospital
• BRIDGE Program from ED to treatment, Opioid guidelines applied system-wide
Rochester Regional Health – Rochester General and Unity
• New crisis center for immediate behavioral health and substance use disorder care • BRIDGE Program from ED to treatment
Monroe County Department of Public Health
• Completing trauma informed assessment within MCDPH - identify and implement at least 2 improvements • Conduct and analyze results from Monroe County-Rochester City School District Youth Risk Behavior Survey every 2 years • Incorporating education around stigma/language into Naloxone training and other trainings, will tailor these trainings for different community audiences
Community Partners engaged in addressing Mental Health and Well-Being
• Monroe County Office of Mental Health • Coordinated Care Services, Inc. • Common Ground Health • NY State of Solutions initiative • City of Rochester Office of Community Wealth Building

Work Plan for Implementation of new initiatives:
The following work plan will be implemented in Monroe County to progress towards the goals of the 2019-2021 Community Health Improvement Plan, using the resources of the CHIW. All four hospitals and the health department as well as community partners will work collaboratively on the same work plan towards the same goals. The interventions will be implemented in a collaborative manner, and the hospitals will delegate resources including representatives, meeting spaces, content experts and organizational connections. Our community partners are involved in the planning and implementation of all intervention strategies, from their selection to their completion.

WORKPLAN: Focus Area 1: Promote Healthy Women, Infants and Children

Goal: (4.1 PA): Reduce racial, ethnic, economic and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child populations.

Objective: (PA2.1.2) Decrease the percentage of births that are preterm by 5%, by addressing disparity
Disparities: Reduce Monroe County Black to White ratio from 1.73 (2016) (PA goal is 1.42)
Disparities: Reduce Monroe County Medicaid to non-Medicaid ratio from 1.35 (PA goal is 1.00)

Objective: (PA not mentioned) Decrease the percentage of unintended pregnancies among live births from 28.4% by addressing disparity.
Disparities: Reduce Monroe County Black to White ratio from 2.81 (2016) (PA goal is 1.90)
Disparities: Reduce Monroe county Medicaid to non-Medicaid ratio from 2.68 (PA goal is 1.54)

Objective: (PA2.3.1) Reduce the percentage of adolescents experiencing two or more adverse childhood experiences (ACEs) by 5%, by addressing disparities
Disparity: Reduce the percent of African American high school students experiencing 3 or more ACEs (31%) (MC 2019 YRBS)

Intervention Strategy: (PA 4.1) Enhance collaborations with other programs, providers, agencies, and community members to address key social determinants of health that impact the health of women, infants and families across the lifespan.

Activity 1: Partner with Healthy Baby Network and other members of the Maternal Child Health Advisory Group to conduct community input sessions to identify the drivers and solutions to disparities
Objective: by December of 2020, complete a comprehensive summary of barriers to healthy outcomes among women of reproductive age, primarily people of color, people with low SES, and people who live in the City of Rochester.

Year 1 (2019): Conduct a state run listening session with Rochester women to begin to assess success with wrap around services. Assess results of the listening session and modify for extended focus groups.	**Process Measures:** • Listening session with 20+ community members • Report sent to state by 11/2019 • Results discussed with MCH AG prior to 12/19
Hospitals	Score and scribe as needed, send representatives to the MCH AG
MCDPH	Report out to MCH AG, attend meetings, assist with focus groups
HBN and other CBOs	Coordinate community engagement for listening sessions, send representatives to the MCH AG and share results with the group
Year 2 (2020): Conduct focus groups with Rochester women to begin to assess barriers to healthy outcomes with particular attention to addressing social determinants of health	**Process Measures** • Create a survey for focus groups by Jan 2020 • Listen to 100+ community members by June 20 • Conduct at least one focus groups with Centering Pregnancy patients, one with Spanish

	speaking patients, and one with non-pregnant teens • Comprehensive summary vetted and distributed to community by December 2020.
Hospitals	Provide access to participants through Centering groups and other maternal avenues Collect and analyze results
MCDPH	Collect and analyze results, provide local data
Community Based Organizations	Provide access and engagement with community members as participants for listening sessions

Activity 2: Convene a Maternal Child Health Advisory Group to discuss interventions and plan implementation to address barriers identified by the community.

Objective: by December of 2021, implement at least 3 systems changes that will address social barriers and improve disparities in maternal child health outcomes

Year 1 (2019): Create the Maternal Child Health Advisory Group and begin meeting to discuss a change agenda. Share resources among each other and begin the development of a resource compendium. Identify potential system changes	**Process Measures:** • Convene the MCH AG at least 3 times in 2019 • Create a membership inclusive of all MCH key stakeholders • Begin a resource compendium with consistent input from each partner by Dec 2019
Hospitals	Send representatives to the MCH AG who will be informed and invested – share relevant programs with the group
MCDPH	Send representatives to the MCH AG who will be informed and invested – share relevant programs with the group
HBN and other CBOs	Send representatives to the MCH AG who will be informed and invested – share relevant programs with the group
Year 2 (2020): Prioritize system changes and begin addressing top concerns. Link resource compendium with community. Review comprehensive summary from community focus groups and consider addressing the identified concerns	**Process Measures** • Policy/advocacy agenda developed and prioritized by July 2020 • Compendium completed and shared with all • Establish connection with 2-1-1 and others for updated information and resources to community
Hospitals	Provide input to advocacy agenda and support agreed upon changes as appropriate
MCDPH	Provide input to advocacy agenda and support agreed upon changes as appropriate
Community Based Organizations	Provide input to advocacy agenda and support agreed upon changes as appropriate

Year 3 (2021): Build sustainability to systems changes and evaluate results. Set agenda for future work	**Process Measures** • Implement at least 1 system change to improve MCH disparities as defined in the advocacy agenda by December 2021 • Set of goals for future MCH activities
Hospitals	Depending on the system change, all organizations will work towards maintaining sustainable improvement.
MCDPH	
Community Based Organizations	

Activity 3: Host a synergy meeting on local Maternal and Child Health Disparities annually presenting results of focus groups and MCH Advisory Group work

Objective: by December of 2021, host 2 well attended Synergy Meetings focusing on MCH disparities and progress of the Advisory Group.

Year 1 (2019): Transition from AAMC team to MCH Advisory Group with an input meeting Spring 2019	**Process Measures:** • Convene and expand the AAMC advisory team to form the MCH Advisory Group • MCH AG will provide input to the CHIP for 2019
Year 2 (2020): Synergy Meeting	• Host Synergy Meeting
Year 3 (2021): Synergy Meeting	• Host Synergy Meeting
Hospitals	Send representatives to the Synergy meeting who will be informed and invested – share relevant programs with the group
MCDPH	Send representatives to the Synergy meeting who will be informed and invested – share relevant programs with the group
HBN and other CBOs	Send representatives to the Synergy meeting who will be informed and invested – share relevant programs with the group

WORKPLAN: Focus Area 2: Promote Mental Health and Prevent Mental and Substance Use Disorders

Goal: (1.1 PA): Strengthen opportunities to build well-being and resilience across the lifespan.

Objective: (PA1.1.2) Reduce the age-adjusted percentage of adult New Yorkers reporting 14 or more days with poor mental health in the last month by 10%. Monroe County 12.3% (PA Goal 10.1%).

Objective: (PA1.1.3) Reduce the number of youth, grades 9-12, who felt sad or hopeless by 10%. Monroe County is at 32% (PA Goal 27.4%)

Intervention Strategy: (PA 1.1.1) Build Community Wealth.

Activity 1: Explore opportunities to use the power of anchor institutions such as hospitals to revitalize neighborhoods, supporting democratically operated worker cooperatives, reemployment, and supported employment.

- By December of 2021, complete a comprehensive summary of interventions that anchor institutions have successfully implemented to improve community wealth and present at least one recommended option to each of the hospitals in the Community Health Improvement Workgroup.

Year 1 (2019): Reunite the state initiated SOS group of local stakeholders to address wealth building for Rochester	**Process Measures:** • By December 2019, gather one meeting of the SOS wealth building group • Create an attendance list of stakeholders for future meetings and discussions
Hospitals	Send at least one representative from purchasing departments or leadership to the SOS group meeting, explore opportunities for wealth building
MCDPH	Attend the meetings, provide local data
CBOs	Representation to the meetings as appropriate. Common Ground Health instrumental in the process, and in poverty data analysis
Year 2 (2020): Community wealth building group meeting regularly to set goals and begin to research possible interventions	**Process Measures:** • Documented community wealth-building assets (e.g. land trusts, public spaces for meaningful engagement, worker cooperatives) • Dollars invested in creating community wealth (e.g. inclusive health spaces, community owned businesses, community development) • At least 6 meetings for community wealth building
Hospitals	Attend biannual meetings, track wealth-building activities
MCDPH	Attend biannual meetings, present data on local poverty and health correlations (also with Common Ground Health)
CBOs	Attend biannual meetings, track wealth-building activities

Year 3 (2021): Presentation of comprehensive summary to anchor institutions and discussion of possible implementation	**Process Measures**: • Completed comprehensive summary Jan 2021 • At least 1 implementation being considered for implementation by Dec 2021
Hospitals	Internal meeting to present findings and propose action steps to implement
MCDPH	Attend community meeting to present findings and propose community roles in implementation actions
CBOs	Community meeting to present findings and propose community roles in implementation actions

Goal: (1.2 PA): Facilitate supportive environments that promote respect and dignity for people of all ages

Objective: 1.2.2 Increase New York State's Community Scores by 7% to 61.3%

Intervention Strategy: (PA 1.2.2) Mental Health First Aid

Activity 1: (PA 1.2.2) Mental Health First Aid is an evidence- based public education program that teaches people how to respond to individuals who are experiencing one or more acute mental health crises (such as suicidal thoughts or behavior, an acute stress reaction, panic attacks or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (such as depressive, anxiety or psychotic disorders, which may occur with substance abuse).

- By December 2021, Host at least 4 Mental Health First Aid sessions to Increase mental health literacy, awareness, and education about mental health and available services in Monroe County.

Year 1 (2019): Host at least one Mental Health First Aid course and promote attendance. Identify opportunities for youth first aid.	**Process Measures:** • # of MHFA trainings hosted • # of attendees
Hospitals	Host at least one MHFA course
MCDPH	Identify at least one new audience for a youth MHFA course and host the training
CBOs	Identify at least one new audience for a youth MHFA course and host the training
Year 2 (2020): Promote Mental Health first Aid courses and support Spanish language implementation.	**Process Measures:** • # of MHFA courses hosted • # of Spanish Language Providers trained • # of Spanish Language MHFA courses held • # of attendees
Hospitals	Train at least 1 provider in Spanish Language MHFA, continue to host Youth and Adult MHFA trainings to new and unique audiences
MCDPH	Identify at least one new audience for a youth MHFA course and host the training

CBOs	Identify at least one new audience for a youth MHFA course and host the training
Year 3 (2021): Support Mental Health first aid to youth, adults and Spanish speaking communities	**Process Measures**: • # of MHFA courses hosted • # of Spanish Language MHFA courses held • # of attendees
Hospitals	Support Spanish Language MHFA
MCDPH	Identify at least one new audience for MHFA course and host the training
CBOs	Identify at least one new audience for a youth MHFA course and host the training

Intervention Strategy: (PA 1.2.3) Policy and program interventions that promote inclusion, integration and competence

Activity 1: (PA 1.2.3) Review and edit documents using thoughtful messaging and stigma-reducing language on mental illness and substance use in health system's internal and external-facing documents.

- By December 2021, review at least 3 types of documents internal to the hospital systems, and seek help from language experts to change and adapt language that is not enhancing stigma and is designed to be more inclusive. If relevant, make these language changes to default language that is used in the EMR.

Year 1 (2019): Identify areas of stigmatizing language in hospitals and health department	**Process Measures:** • List of opportunities for improvement
Hospitals	Work internally to identify areas of stigmatizing language. Check with mental health departments and substance abuse coalitions to identify similar efforts that are ongoing.
MCDPH	Begin study of opioid discharge notes, indicating problematic language and instructions
CBOs	Content experts for inclusive language, help to identify improvements
Year 2 (2020): Host a community wide event to discuss stigmatizing language and ways to improve inclusivity	**Process Measures:** • Partners and hospitals attending the community-wide event • Commitment to explore improvements in inclusive language
Hospitals	Support community wide event and send representatives
MCDPH	Support community wide event and send representatives

CBOs	Support community wide event and send representatives
Year 3 (2021): Continue to critically examine stigmatizing language and work towards improvement	**Process Measures**: • Count of documents with improved language from stigmatizing to inclusive
Hospitals	Implement suggested language changes to promote inclusion, integration, and competence
MCDPH	Implement suggested language changes to promote inclusion, integration, and competence
CBOs	Implement suggested language changes to promote inclusion, integration, and competence

3. Continued Community Engagement and Evaluation

The Community Health Improvement Workgroup will continue to meet monthly throughout the implementation period of the 2019-2021 CHIP. Representatives from all hospitals, the local health department, the local office of mental health, and our community partners will continue to provide updates and feedback as the interventions are implemented. Progress updates will be given to the state of New York annually via the reporting structure provided, and community updates to local stakeholders and interested parties will be provided as needed. Some of our process measures involve community-wide synergy meetings for Community Wealth Building and Maternal-Child Health, and those gatherings will ensure community participation and collaboration throughout the implementation period. Mid-course adjustments will be made if a change in approach or implementation is recommended by community partners. In addition, activities of the CHIW and progress measures will be posted on a newly forming website for community health improvement. The meeting schedule has been developed through 2020.

Community Health Improvement Workgroup

Meeting Schedule for CHIP 2019-2021

Meeting Location: Center for Community Health and Prevention, 46 Prince Street, Rochester NY
3rd floor Kitchen Conference Room
Access: In Person and via Zoom video and audio connection
Recurring: Monthly, on the 3rd Monday of each month, excluding holidays

Date	Main Topics	Updates
July 15, 2019	Group Structure	Mission Statement
August 19, 2019	Maternal Child Health	Following Areas
September 16, 2019	Mental Health	Wealth Building and SOS Group
October 21, 2019	Maternal Child Health	Following Areas: Violence and Opioid
November 18, 2019	Mental Health	Following Areas: System Integration
December 16, 2019	2020 Planning	End of Year Updates+Summary
January 27, 2020	Maternal Child Health	
February 17, 2020	Mental Health	
March 16, 2020	Maternal Child Health	
April 20, 2020	Mental Health	
May 18, 2019	Maternal Child Health	
June 15, 2019	Mental Health	
July 20, 2020	Group Structure and Revisions	
August 17, 2020	TBD	
September 21, 2020	TBD	
October 19, 2020	TBD	
November 16, 2020	TBD	
December 21, 2020	TBD	
January 2021	TBD	TBD

Please Note: Agenda items and priorities are occasionally subject to change. The agenda will be sent out prior to each meeting with a more detailed outline of the upcoming meeting and guests.

The Community Health Improvement Workgroup is comprised of representatives from each of the four hospitals, and the local public health department. Several other community based organizations have joined the CHIW over the years and all are welcome to attend the meetings. Current membership includes:

University of Rochester Strong Memorial	Rochester Regional Health Rochester General
University of Rochester Highland Hospital	Rochester Regional Health Unity Hospital
Monroe County Dept of Public Health	Common Ground Health (NY PHIP)
Center for Community Health and Prevention	Monroe County Office of Mental Health
Center for Tobacco Free Finger Lakes	Cornell Cooperative Extension
2-1-1, Goodwill	United Way
Excellus	City of Rochester
Oak Orchard Health FQHC	Rochester Regional Health Information Organ

4. Dissemination

The executive summary and full text documents of the Monroe County Combined Community Health Needs Assessment and Improvement Plan for 2019-2021 will be made available on the websites of:
URMC: Strong and Highland:
https://www.urmc.rochester.edu/community.aspx

Rochester Regional Health: Unity and Rochester General
https://www.rochesterregional.org/about/community-investment

Monroe County Dept. Public Health: https://www2.monroecounty.gov/health-health-data

Physical copies of the Monroe County 2019-2021 CHNA/CHIP executive summary will be made available to all CHIW partners including health systems and health department for distribution. Copies will be made available at the Center for Community Health and Prevention, Common Ground Health, and other community partner locations as requested. Printouts and digital copies of any CHIP related documents are always available upon request to interested parties.