Community Health - Monroe County, NY
2019-2021

Monroe County
Community Health Needs Assessment

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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Representative: Ann Kern, Public Health Program Coordinator
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Hospitals

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Strong Memorial Hospital
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(585) 275-2100
Representative: Wendy Parisi, UR Medicine DISRP
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Highland Hospital
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Rochester Regional Health
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Rochester General Hospital
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(585) 922-4000
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Representative: Benjamin Snyder, MD
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Monroe County Combined

Community Health Needs Assessment

2019-2021

Community Health Needs Assessment

This Community Health Needs Assessment (CHNA) is primarily for the hospitals and health department that serve Monroe County, New York which includes the City of Rochester and several surrounding communities in the Western New York and Finger Lakes Region. Monroe County provides remarkable examples of how leaders from hospitals and the community can collaborate to improve the health of the population. There are two primary hospital systems in the region, each operating two hospitals in Monroe County. The University of Rochester Medical Center (URMC) operates Strong Memorial Hospital (Strong) and Highland Hospital, and Rochester Regional Health (RRH) operates Rochester General Hospital and Unity Hospital. The hospital systems have been filing a joint community service plan since the year 2000, and continue this process together with the Monroe County Department of Public Health to submit one CHNA and Community Health Improvement Plan (CHIP) for Monroe County for 2019-2021. Also instrumental in the community health improvement process are several partners including the local DSRIP organization Finger Lakes Performing Provider System (FLPPS), Common Ground Health (our local PHIP or Population Health Improvement Program), Monroe County Office of Mental Health, and many others described later in this report.

Community Description:

The population of Monroe County according to the 2017 Census population estimate is 747,642. The City of Rochester has an estimated population of 208,046 in 2017 according to the US Census population estimates and is the third largest city in New York. The city population is down from 209,511 in 2015 (U.S. Census Bureau, 2017).



The Rochester metropolitan area (also referred to as the Rochester, NY Metropolitan Statistical Area) includes Rochester, Monroe County, and 5 surrounding counties: Orleans, Genesee, Livingston, Ontario, Wayne, and Yates. The combined population of this entire area was estimated to be 1,077,948 in 2017 (Metropolitan Statistical Area 2017 Population Estimates, 2017). This larger area is the population center based around the City of Rochester, NY, and although the hospital systems operating in Monroe County run other hospitals and clinics in the broader area,

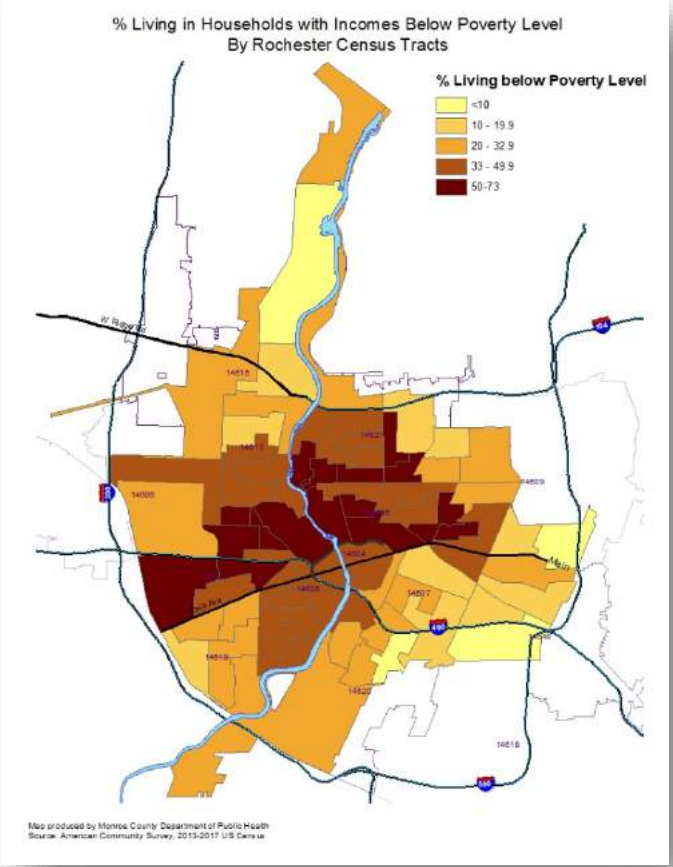
the target demographics for this CHNA is only Monroe County. Other hospitals in the URMC and RRH networks address community health needs in their respective county's Community Health Needs Assessment and Improvement Plan.

Monroe County as a whole is 51.7% female with 16.7% of the population over the age of 65. The county is 76.8% White, 16.2% Black or African American and 3.9% Asian, with 8.8% of the population identifying as Hispanic or Latino. In contrast, the City of Rochester is 46.6% White and 40.7% Black or African American. Monroe County averages 8.5% of its population characterized as "foreign born" and Rochester remains a sanctuary city, welcoming refugees from Somalia, Cuba, Bhutan, Iraq, Congo and Burma primarily.

Monroe County and the City of Rochester have very different demographics and there is a persistent and unfortunate disparity in the health outcomes and the underlying social structure between Rochester and the surrounding suburbs.

Socioeconomic Factors:

The median income for a household (one or more people in a dwelling) in Monroe County is $57,561, representing a 5% growth. The healthcare industry comprises a significant portion of jobs in Monroe County. The U of R (including its numerous hospitals) is the largest employer regionally with over 27,000 workers; Rochester Regional Health (including Rochester General and Unity Hospitals) is the second largest consisting of over 15,000. Wegmans is third with about 13,000 local employees. In Monroe County, poverty rates are significantly higher in the city: an estimated 33.1% of the total population of the city for whom poverty status is determined live below the poverty level, while the percentage is 14.8% for the county overall. Furthermore, the percentage of children in the city below 18 years old living under the poverty level is 51.9%, and the rate for those under 5 years old is 51.2%. In comparison, children under 18 in Monroe



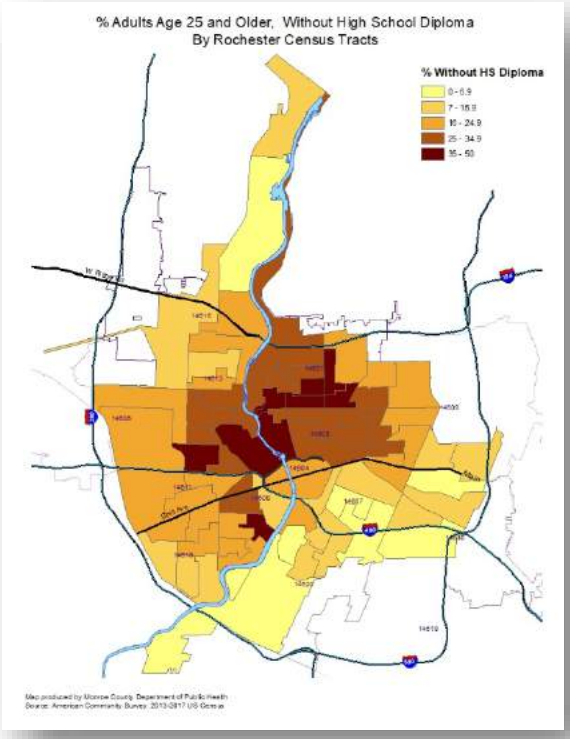
county overall have a poverty rate of 22.3% and children under 5 have a rate of 23.5% below the poverty level (US Census Bureau, 2013-2017 American Community Survey). There is also disparity in family income status as shown here:

Family Income:

Families	Monroe County	Rochester City
Number of Families	182,129	41,739
Median Family Income	$72,653	$36,793
Mean Family Income	$91,788	$52,861
Per Capita Income	$31,291	$21,055

Source: ACS Estimates, 2013-2017

Homeownership and housing also differs between the county overall and the city. For Monroe County, 63.8% of occupied housing units are owner occupied, while 36.2% are renter occupied. In the City of Rochester, these numbers are inverse: 36.5% are owner-occupied, while 63.5% are renter occupied. Housing expenditures that exceed 30 percent of household income is an indication of unaffordable housing. Of households that rent, 52% in Monroe County as a whole and 58% in the City of Rochester pay more than 30% of their income towards rent (American Community Survey Estimates, 2017).



Within Monroe County, there are more than a dozen school districts. The Rochester City School District (RCSD) has had improvements in overall graduation rates since 2015, but still faces significant challenges and disparities in graduation rates as compared to the county and state averages, as well as disparities in graduation rates by race, ethnicity, and socioeconomic status.

Graduation Rates 2015-2018				
	2015	2016	2017	2018
Rochester City School District	46%	48%	52%	54%
Monroe County	80%	80%	81%	82%
New York State	78%	80%	80%	80%

Environmental Factors

The City and suburbs of Rochester, NY obtain drinking water from the Hemlock and Canadice Lakes to the South, and from Lake Ontario to the North. Depending on location, the water is treated by either the City Water Bureau or the Monroe County Water Authority, and is fluoridated to optimal levels. Annual reports on the water quality can be found at: http://www.mcwa.com/mywater/waterqualityreport.aspx And also at https://www.cityofrochester.gov/waterquality/

The city overall is undergoing changes to become a safer and more accessible urban landscape. A Complete Streets Policy was added to the Municipal Code in 2011. Full details of the complete streets policy can be found at https://www.cityofrochester.gov/CompleteStreets/

The local Complete Streets policy addresses accessibility, both motorist and pedestrian safety, public health, and community impact. Rochester's policy requires all new projects to "incorporate active transportation into the planning, design, and operation of all future City street projects, whether new construction, reconstruction, rehabilitation, or pavement maintenance." In addition, the city has recently unveiled ***Rochester 2034***, a 15-year comprehensive plan to improve the community leading up to our 200th birthday. The Plan covers a wide variety of topics, from housing and transportation to economic growth and historic preservation.

Special Populations: Deaf Population

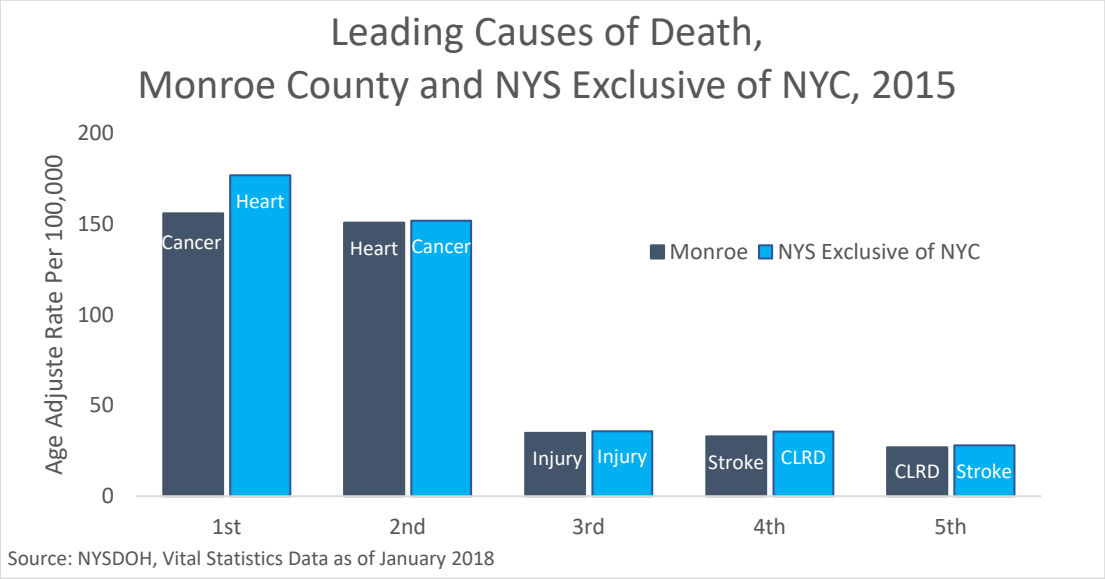
The Rochester region is unique in our attention to health of populations of Deaf sign language users and people with hearing loss, two health disparity populations overlooked by most health research and programs. The issues are particularly important in Rochester, with our large population of Deaf sign language users and many older adults with hearing loss. Rochester Institute of Technology (RIT) estimates that in the Rochester area there are 42,674 people who are deaf or have serious difficulty hearing, including 19,438 persons younger than 65 years old[1].

[1] Rochester Area's Deaf Population Better Defined. Rochester Institute of Technology, 2012. https://www.ntid.rit.edu/news/rochester-areas-deaf-population-better-defined

The Rochester NY region has a large, vibrant, and diverse Deaf population with deep local historical roots[2] The Rochester School for the Deaf (RSD), established in 1876 and still operating today, works with deaf and hard-of-hearing children and their families. RSD also employs Deaf teachers and staff and has an active alumni association. The National Technical Institute for the Deaf (NTID) was established as one of the colleges of Rochester Institute of Technology (RIT) in 1966 to provide postsecondary technical education to people who are deaf or hard of hearing. Today, NTID is the largest technical college for deaf and hard-of-hearing students in the USA, with approximately 1,400 NTID students included in the more than 15,000 RIT students. NTID and RIT employ faculty and staff who are Deaf, and a number of NTID/RIT graduates remain in Rochester. The critical mass of Deaf people influences the local Rochester economy, and many local companies hire qualified Deaf people for blue-collar and white-collar jobs, and local service industries, such as restaurants, are comfortable with Deaf customers. University of Rochester research and clinical training programs include Deaf graduate students, medical students, and fellows. Deaf people migrate to Rochester, attracted by the economic, social, and educational opportunities.

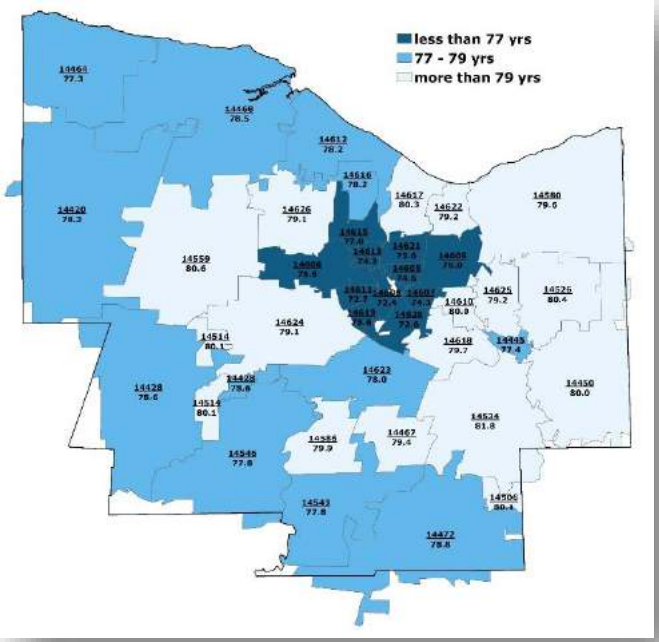
General Health Status of the Population

Consistent with national and state trends, cancer and heart disease are the leading causes of death in Monroe County.



[2] Barnett S, Cuculick J, DeWindt L, Matthews K, Sutter E. National Center for Deaf Health Research: CBPR with Deaf Communities. In: Wallerstein N, Duran B, Oetzel J, Minkler M, eds. Community-based Participatory Research for Health: Advancing Social and Health Equity. 3rd ed. San Francisco, CA: Jossey-Bass; 2018:157-174.

There is a great disparity in life expectancy by zip code within Monroe County.



The Monroe County Health Profile 2017 maps life expectancy by zip code and shows some areas in the city of Rochester with life expectancies as low as low as 72.4 years, with some areas of the suburbs reaching 81.1 years[3]. Not surprisingly, areas of low economic status are more likely to have lower life expectancy than areas of affluence.

Examining premature death in Monroe County also exposes several differences in subpopulations. The top five leading causes of greatest Years of Potential Life Lost (YPLL) for Monroe County vary by race/ethnicity.



Source: NYSDOH Vital Statistics 2010-2014 5-year averages with death before age 75, analysis by Common Ground Health, rankings exclude perinatal deaths, CLRD = Chronic Lower Respiratory Disease. All rates are age/sex adjusted.
*Unintentional injury does not include drug overdoses.

[3] Source: NYSDOH Vital Statistics 2012-2014 3-year estimates, calculations performed by Common Ground Health. ZIP codes eligible for highest and lowest ranking were required to have ≥2,000 residents.

There are clearly areas and populations of Monroe County at much greater risk of adverse health outcomes than other areas. Areas of poverty in Rochester area associated with greater incidence of disease and shorter life expectancies. While cancer and heart disease are leading causes of death, the White population dies prematurely from injury more frequently than heart disease, while the African American population has homicide as the third leading cause of preventable death.

Examining the underlying behaviors associated with cancer and heart disease reveal similar disparities and unequal distribution throughout the county. Adult behaviors are most easy studied through results of the Behavior Risk Factor Survey (BRFSS). Although Monroe County no longer conducts a local BRFSS, state data covers the county in general terms. Smoking, poor nutrition and other unhealthy behaviors are linked to adverse health outcomes. Rates in Monroe County are not statistically different than NYS exclusive of NYC for these behaviors. It is likely that these rates are not uniform across Monroe County and that Rochester exhibits higher incidence of these risky behaviors.

Monroe County vs. New York State Risk Factors and Behaviors,2016

Risk Factors and Behaviors	Monroe County	NYS (excluding NYC)
Obesity	32.2	27.4
Obese or Overweight	66	63.7
Consume one or more sugary drinks daily	25.1	23.3
Consume less than 1 fruit or vegetable per day	27.5	28.7
Current Smoking	15.8	16.2
Did not participate in leisure time physical activity in the past 30 days	21.3	25.4
Engaged in binge drinking in the past 30 days	16.9	17.7

Source: 2016 Behavioral Risk Factor Surveillance System, NYSDOH

https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n

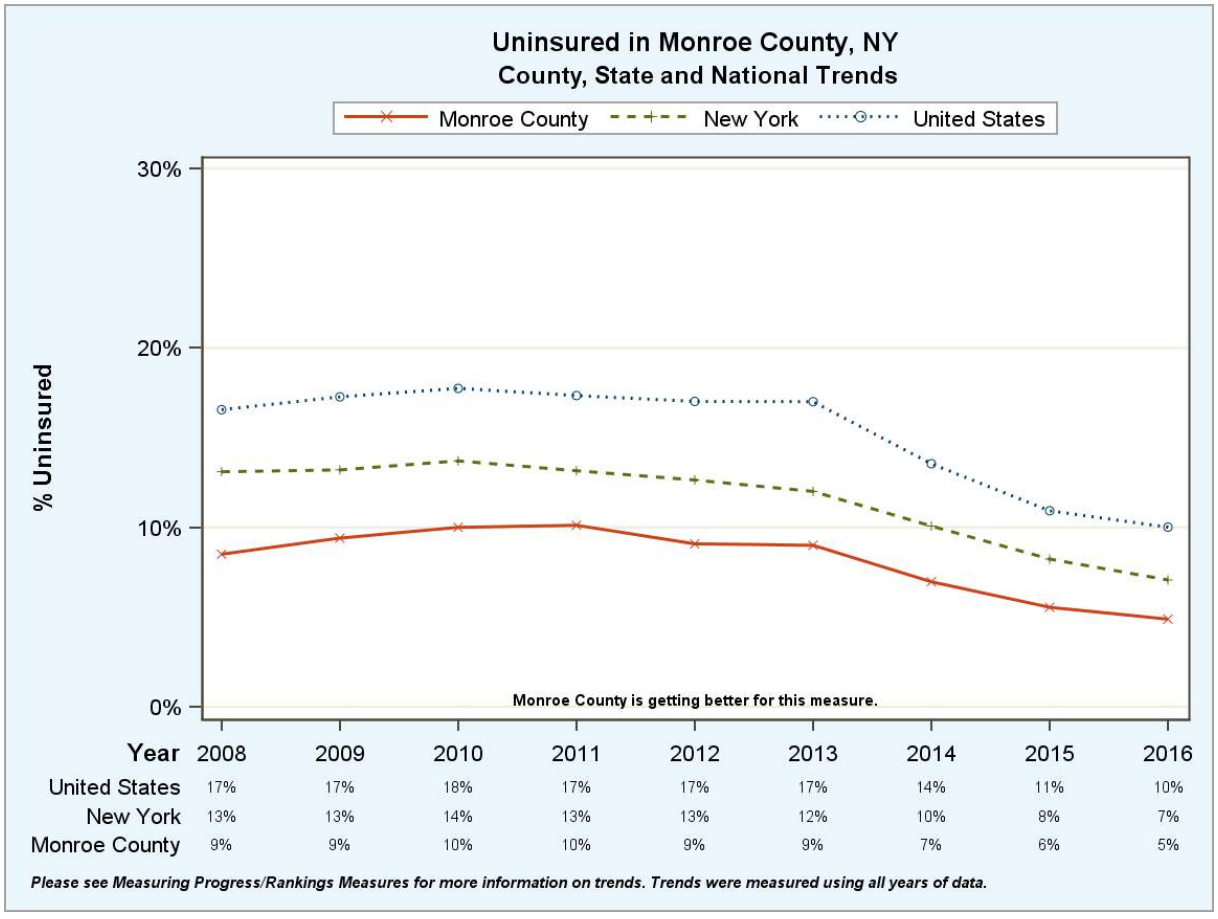
The Youth Risk Behavior Survey (YRBS) is conducted locally. The most recent Youth Risk Behavior Survey (YRBS) was conducted in the 2016-2017 school year and was published in 2017. Reports were published for Monroe County overall, and for Rochester City School District Only. Results can be found on the Monroe County Department of Public Health website (https://www2.monroecounty.gov/health-health-data)

Between 2007 and 2017 there were several positive and negative trends in the Monroe County YRBS, which are presented in the following chart.

Monroe County Youth Risk Behavior Survey TRENDS from 2007-2017

POSITIVE Trends: Declines in the proportion of youth who report…	**NEGATIVE** Trends: Increases in the proportion of youth who report…
• Engaging in physical fighting • Smoking cigarettes • Drinking alcohol • Engaging in sexual intercourse • Being offered, sold or given illegal drugs at school • Using over the counter drugs to get high	• Not going to school on one or more days in the past month because they felt unsafe • Feeling sad or hopeless • Seriously considering suicide • Spending 5+ hours per day engaging in screen time (TV, Video games, computer, phone)
Similar trends were seen nationally between 2007 and 2015. For 2017, the state data trends are similar for physical fighting, smoking, drinking, and sexual intercourse.	While trend data are not yet available, there is concern that about one in five students report vaping in the past month.

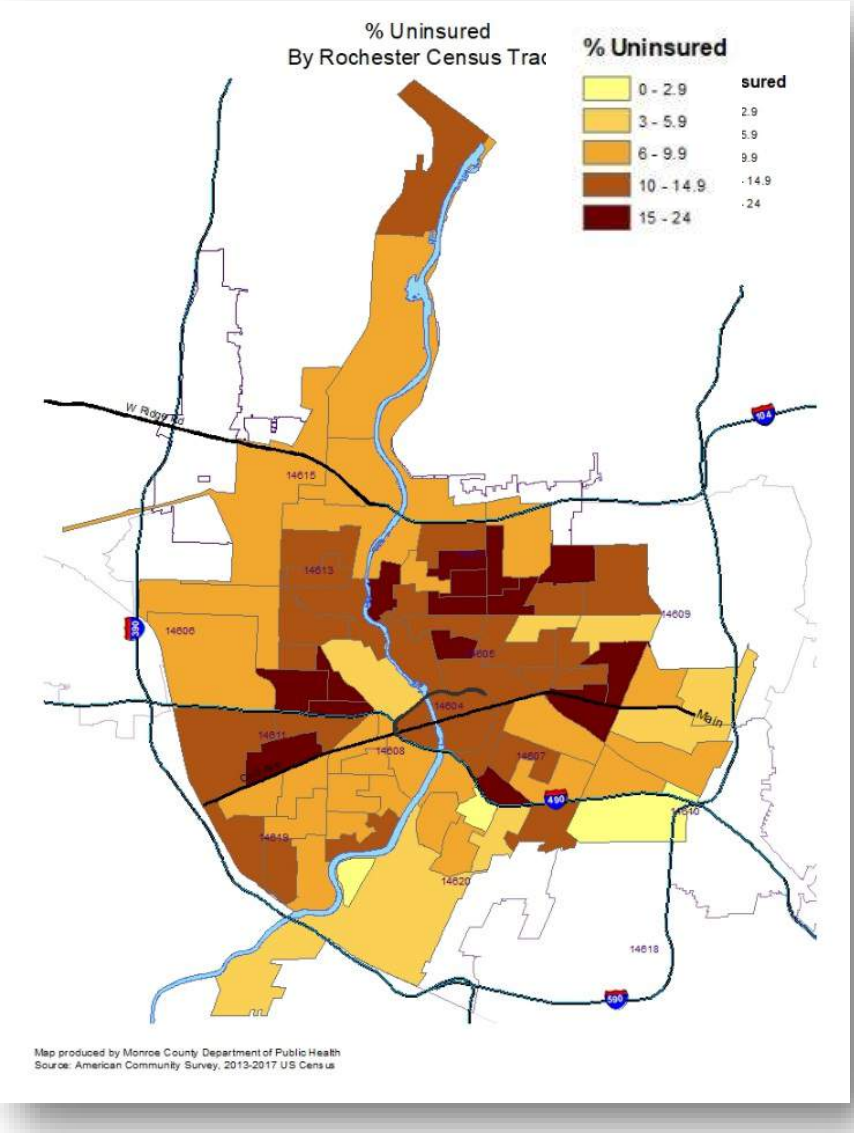
Health Insurance: According to the County Health Rankings and Roadmaps for 2018, Monroe County's uninsured rate is exceptional at 5%, surpassing the state and national trends.



Specifically, according to the ACS 2013-2017 5-year estimates, the number of insured individuals (noninstitutionalized, 18+) with health insurance in Monroe County was 707,848, and the uninsured estimate was 33,682. Of those with insurance, 273,613 (38%) received at least some public coverage.

For the City of Rochester, 190,986 individuals (noninstitutionalized, 18+) received health insurance, while 15,350 (7.4%) remained uninsured. Of those with insurance in the City 107, 251 (56%) received public health coverage.

Health Insurance Coverage by Census Tract:



Assets and Resources Available to Address Health Issues Identified

The not-for-profit hospitals and the local public health department who are engaged in the Community Health Improvement Workgroup (CHIW) for this process are instrumental assets for addressing the health needs in Monroe County.

UR Medicine

As part of one of the nation's top academic medical centers, UR Medicine forms the centerpiece of the University of Rochester Medical Center's patient care network. UR Medicine consists of Strong Memorial Hospital (including Golisano Children's Hospital and the Wilmot Cancer Institute), as well as Highland Hospital, Thompson Health, Noyes Health, St. James Hospital, Jones Memorial Hospital, the Eastman Institute for Oral Health, UR Medicine Home Care, the Highlands at Pittsford and Highlands at Brighton, nine urgent care centers, an extensive primary care network, and the University of Rochester Medical Faculty Group. URMC's student rosters include more than 400 medical and MD-PhD students, 500 graduate students, and 800 residents and fellows, all of whom are engaged in community service throughout their education. Two UR Medicine hospitals, Strong Memorial and Highland, and the Strong West Emergency Department in Brockport, are located in Monroe County.

Strong Memorial Hospital

The University's health care delivery network is anchored by Strong Memorial Hospital, an 846-bed, University-owned teaching hospital. Strong boasts a state-designated Level 1 Trauma and Burn Center, pioneering liver, kidney and heart transplant programs, a comprehensive cardiac service, and esteemed programs for conditions such as Parkinson's disease, epilepsy and other neuromuscular illnesses. Pediatric tertiary services are delivered through the 132-bed Golisano Children's Hospital, the leading pediatric referral center in Western New York offering specialized services, including critical care, a 68-bed Level 4 NICU, and a full range of medical and surgical subspecialty care.

With a solid reputation for quality, Strong Memorial has consistently earned the annual National Research Corporation "Consumer Choice Award" for more than two decades. In 2018, the hospital earned re-designation as a Magnet® hospital from the American Nurses Credentialing Center (ANCC), a division of the American Nursing Association. Recognized around the globe as the gold standard for nursing excellence, fewer than 8 percent of American hospitals currently hold this honor.

U.S. News & World Report consistently lists Strong Memorial's adult and pediatric specialty programs in its rankings of Best Hospitals in America. Over the past several years, Strong has ranked in multiple adult specialties in the Top 50 – Neurology and Neurosurgery; Nephrology; Otolaryngology; and Diabetes and Endocrinology. In addition, Strong has been recognized for

"high-performing" specialties - Cardiology & Heart Surgery; Gastroenterology and GI Surgery; Geriatrics; Orthopaedics; Urology; and Pulmonology – with scores in the top 10 percent of nearly 5,000 hospitals analyzed. Recently, Golisano Children's Hospital ranked in Pediatric Neurology and Neurosurgery; Nephrology; and Neonatology.

The Joint Commission 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, leading-edge treatments and devices, surgical options, and Upstate New York's only cardiac transplant service. The center was the first in Upstate to implant a total artificial heart.

Strong Memorial's cardiac and stroke programs are honored by the American Heart Association/American Stroke Association's Get with the Guidelines initiative. Strong also is recognized with the Target: Stroke Honor Role, which cites hospitals that have consistently and successfully reduced the time between a stroke victim's arrival at the hospital and treatment. Further improving treatment for stroke patients, Strong debuted Upstate New York's first mobile stroke unit, partnering with local EMS providers to bring highly specialized staff, equipment and medications right to the patient, providing lifesaving care before the patient reaches the hospital.

Highland Hospital

An affiliate of the University of Rochester Medical Center, Highland is a 261-bed community hospital committed to providing compassionate patient- and family-centered care. Its more than 2,900 employees help provide outstanding care to patients from the Rochester area and surrounding counties. Signature services include Evarts Joint Center, Geriatrics, Geriatric Fracture Center, Bariatric Surgery Center, OB/GYN and GYN Oncology, and Highland Family Medicine. Highland also offers Surgery, Radiation Oncology, Women's Services, and a network of more than 11 Primary Care-affiliated practices. Highland Family Medicine is one of the largest providers of Family Medicine in upstate New York with an extensive network comprised of Highland Hospital and University of Rochester Medical Center physicians. It also is the site of the University of Rochester's Family Medicine Residency Training Program.

Highland Hospital conducts many community health initiatives throughout the year. Examples include free or low-cost health education programs on topics related to nutrition, heart health, and bariatric surgery. Also, Highland's Breast Imaging Center sponsors a free mammography screening day for uninsured/underinsured women. The hospital also offers seminars for EMS personnel to further their medical education.

In late 2016, the hospital completed construction on a new two-story, 30,000 square-foot building addition on the south side of its campus. The new building and renovation of existing hospital space provides room for six new operating rooms and a 26-bed Observation Unit.

Rochester Regional Health:

Rochester Regional Health is a leading provider of comprehensive care for Western New York and the Finger Lakes region. Formed in 2014 with the joining of Rochester General and Unity Health systems, now, as one organization, Rochester Regional Health brings to its mission a broad spectrum of

resources, an ability to advocate for better care, a commitment to innovation and an abiding dedication to caring for the community. RRH serves families in communities across Western New York and the Finger Lakes region. This new direction is the result of years of careful planning, in anticipation of healthcare's historic transition to a value-based care model designed to improve the overall health of individuals and communities. That transition is now underway - and the network, people, and their dedication to excellence and our commitment to this region and its people, all ensure that we are well-positioned to thrive in the future. The system includes five hospitals that serve the community as a truly integrated health services organization. The RRH network includes:

- Hospitals and physicians
- ElderONE/PACE and home health programs
- Outpatient laboratories
- Rehabilitation programs and surgical centers
- Independent and assisted living centers and skilled nursing facilities

Rochester General Hospital
Rochester General Hospital serves the greater Rochester and Finger Lakes region and beyond. The hospital combines the resources, skills and accomplishments of Rochester Regional Health in an integrated network of nationally recognized, community-focused services. The full care continuum includes comprehensive ambulatory services; leading cardiac, orthopedic, neuroscience, oncology, surgery, women's health and medicine programs; more than 80 primary and specialty medical practices; innovative senior care programs, facilities and independent housing; a wide range of chemical dependency and behavioral health services; and ACM Medical Laboratory, a global leader in patient and clinical trials testing, with worldwide locations and lab partnerships.

Rochester General Hospital is a 528-bed tertiary care hospital that has been serving the residents of the Rochester Region and beyond since 1847. Rochester General Hospital offers primary medical care and a broad range of specialties. Rochester General Hospital's medical staff includes over 1,000 primary care physicians and specialists, many of whom have offices at the hospital and throughout the community.

Unity Hospital of Rochester
Unity Hospital of Rochester serves the greater Rochester and Finger Lakes region and beyond. The hospital combines the resources, skills and accomplishments of Rochester Regional Health in an integrated network of nationally recognized, community-focused services. The full care continuum includes comprehensive ambulatory services; leading cardiac, orthopedic, neuroscience, oncology, surgery, women's health and medicine programs; more than 80 primary and specialty medical practices; innovative senior care programs, facilities and independent housing; a wide range of chemical dependency and behavioral health services; and ACM Medical Laboratory, a global leader in patient and clinical trials testing, with worldwide locations and lab partnerships.

Unity Hospital is a 287-bed community hospital in the town of Greece. After a four-year total renovation in 2014, Unity is now the only Monroe County hospital to feature all private patient rooms and free parking. Unity offers a broad range of specialty centers, including the Golisano Restorative Neurology & Rehabilitation Center; the Charles J. August Joint Replacement Center and the August Family Birth Place. The hospital is also a NY State-designated Stroke Center.

The Monroe County Department of Public Health (MCDPH)

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 Nursing Services Division protects and promotes the health of the community through support, education, empowerment, and direct nursing care services. Programs and services include immunizations, tuberculosis control, sexually transmitted disease prevention and treatment, HIV screening and treatment, and overseeing the Children's Detention Center.
- The Maternal and Child Health Division includes WIC - a supplemental food and nutrition program for women and children, Nurse Family Partnership, an evidence-based, nurse-led home visiting program for first time mothers with limited income, Starlight Pediatrics, which provides medical care for children in foster care, and Children With Special Healthcare Needs.
- The Special Children's Services Division includes the Early Intervention (EI) Program, which services children (Birth - 2) who are at risk of developmental delays and the Pre-School Special Ed Program which serves children ages 3-5 who have delays that may affect their education.
- The Division of Environmental Health provides information, education, and inspection of facilities, in addition to emergency response at incidents that threaten the public's health and the environment. Environmental Health promotes the health of the community 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, 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 planning for activities that protect public health and the environment.
- The Division of Epidemiology and Disease Control provides expertise in epidemiology and data analysis to the Department and the community. The Division publishes community health assessments, develops community health improvement plans with input from stakeholders, and provides public health data for community organizations to utilize for grant writing, education and

policy development. The Division also conducts surveillance, epidemiological investigations, and community intervention to prevent and control communicable diseases in accordance with New York State Department of Health requirements.

Other programs within the MCDPH organization include the Office of Public Health Preparedness, which coordinates response to large-scale public health emergencies and communicable disease events; Office of the Medical Examiner, which investigates all unattended deaths; and Vital Records, providing Monroe County birth and death records.

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Other Important Community Resources and Assets:

Center for Community Health and Prevention (CCHP)

URMC has a commitment to community health, recognized as its fourth mission along with research, education, and patient care. The Center for Community Health and Prevention was established in 2006, and is supported by URMC financial, legal, and management infrastructure. The CCHP changed its name from The Center for Community Health in 2017 to include Prevention, an important pillar of its mission. The CCHP supports and facilitates community-academic public health partnerships, and provides consultation to faculty, staff, and students who wish to establish community initiatives and

research. The mission of the CCHP is to "join forces with the community to promote health equity; improve health research, education, services, and policy; and establish local and national models for prevention and community engagement.

Through disease prevention and healthy living programs, research, education, and policy—the Center for Community Health & Prevention works to create environments that support healthy behaviors. From disease surveillance, to clinical programs, to workforce navigation, to cancer prevention and diabetes prevention programs, the Center, made up of 60 employees, encompasses a wide variety of programs and initiatives aimed at preventing disease to create a healthier community. Dr. Theresa Green, the CCHP Director for Education and Policy, and Rachel Allen, the Health Policy Coordinator work with all local hospitals, and the Monroe County Department of Public Health, and many community partners to coordinate the CHNA/CHIP Process. The Community Health Improvement Workgroup convenes monthly at the Center.

Common Ground Health

Common Ground Health is a community based health planning agency dedicated to promoting the health of the region's population, and serves as our community's Population Health Improvement Program (PHIP). The organization provides a neutral community table for planning among health systems and community organizations throughout the Finger Lakes region. Their mission is "to bring focus to community health issues via data analysis, community engagement, and solution implementation through community collaboration and partnership". Common Ground Health provides coordination and staff support to the African American and Latino Health Coalitions, and take the lead with Healthi Kids, a policy and advocacy coalition for children.

> **Healthi Kids:** The Healthi Kids Coalition is a grassroots community coalition and an initiative of Common Ground Health. Since 2008, they have been advocating for healthier kids in the City of Rochester and across the Finger Lakes region (Monroe, Wayne, Livingston, Ontario, Yates, Steuben, Schuyler, Seneca and Chemung counties). They believe in the power of youth and resident voice to co-create solutions, influence decision makers, and transform systems that support healthy development for all kids.
>
> Their agenda embraces kids and families at the center of all decision making. They advocate policies, systems, and environmental changes that nurture the physical, social, emotional, and

cognitive development of kids from birth to age 8. They do this by focusing on policies that promote healthy habit building and healthy relationships, create safe and secure environments and psychological safety, and cultivate skills and competencies of adults who care for children.

African American Health Coalition: The coalition seeks to eliminate health disparities among communities of color. They engage community leaders, health professionals and Common Ground Health staff to help identify unmet needs, increase community knowledge and improve the collection of data on patients' race, ethnicity and preferred language. The coalition focuses on non-medical interventions and on mobilizing the community in health promotion, health education and the practice of positive health behaviors. They advocate with health systems through public policy to improve the community health status of African Americans. The African American Health Coalition meets monthly at Common Ground Health and meetings are free and open to the public.

Latino Health Coalition: To eliminate health disparities among Latinos in our community, this coalition works with community leaders on a range of issues, including youth risk behaviors, health literacy, economic stress, mental health and cultural competency. Using non-medical interventions, the coalition seeks to improve the scope, quality and availability of health services. It also looks for opportunities to support healthy behaviors and health education in the Latino community. The coalition advocates for policies and practices through local government and health care systems that will improve Latino health status. The Latino Health Coalition monthly at Common Ground Health and meetings are free and open to the public.

Finger Lakes Performing Provider System (FLPPS)

The Finger Lakes Performing Provider System (FLPPS), the regional DSRIP organization, is a partnership comprised of 19 hospitals, 6,700 healthcare providers and more than 600 healthcare and community-based organizations in a 13 county region (Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming and Yates counties). FLPPS vision is to create an accountable, coordinated network of care that improves access, quality and efficiency of care for the safety net patient population.

FLPPS is divided into five geographic sub-regions, termed Naturally Occurring Care Networks (NOCN). These Networks represent the full continuum of care and organizational leadership within a

shared geographic service area. Each NOCN is led by a participant workgroup that represents the healthcare providers and community based organizations in their area.

The FLPPS Partnership includes a diversity of healthcare and community-based providers including:

- Hospitals
- Primary Care Physicians (PCP) / Pediatricians
- Federally Qualified Health Centers (FQHC)
- Health Home/Care Management organizations
- Community-Based Organizations (CBO)
- Behavioral Health organizations (Mental Health & Substance Use Disorder)
- Skilled Nursing Facilities (SNF)
- Organizations serving individuals with Intellectual & Developmental Disabilities

Monroe County Office of Mental Health (MC-OMH):

The Monroe County Office of Mental Health joined the CHIW as the 2019-2021 goals and objectives changed to include more focus in mental health and well-being initiatives. MCOMH is an administrative division within the Department of Human Services and is the governmental entity authorized to receive and allocate public mental hygiene funds in accordance with NYS law. As the agency charged with system oversight and encouragement of programs aimed at prevention and treatment, the MCOMH:

- Develops a comprehensive county plan for mental health, developmental disability and alcohol/substance abuse services.
- Allocates funding to local agencies based on community priorities, treatment outcomes, and program performance.
- Ensures coordination of services across levels of care and among an array of community providers.
- Assists in the transformation of our system to providing flexible services that are person/family centered, strengths-based, culturally competent, recovery-oriented and evidence-based.

To accomplish these objectives, the MCOMH oversees the local service system through a variety of sub-contracts; provides fiscal oversight and technical assistance to agencies; and collaborates extensively with other DHS and county divisions, service providers, and community groups. Provider contracts are monitored by Coordinated Care Services, Inc. (CCSI) on behalf of MCOMH.

Rochester Regional Health Information Organization (RHIO):

The Rochester RHIO (Regional Health Information Organization) is a secure, electronic health information exchange (HIE) serving authorized medical providers and over 1.4 million patients in Monroe, Allegany, Chemung, Genesee, Livingston, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates counties in upstate New York.

The service allows a medical care team to share records across institutions and practices, making patient information available wherever and whenever needed to provide the highest quality care. Multiple studies conducted by the Weill Cornell Medical College on the Rochester RHIO — published in peer-reviewed journals — conclude that patients benefit from reduced hospital admissions and readmissions, as well as fewer repeated radiology imaging tests. Through our work locally and with New York State, the RHIO is recognized for our progressive, innovative approach to supporting collaborative health care. The mission of the Rochester RHIO is to provide the greater Rochester medical service area with a system for a secure health information exchange that allows for timely access to clinical information and improved decision making. The primary goal is to share patient healthcare information in a secure environment to improve patient care and to reduce system inefficiencies. The Rochester RHIO is a critical link in the Statewide Health Information Network of New York (SHIN-NY), and seeks to collaborate with health information exchange efforts across New York State.

National Center for Deaf Health Research (NCDHR):

Collaborative health research with Deaf populations also has local historical roots. The Rochester Deaf Health Task Force (RDHTF), a diverse local stakeholder group convened by the Finger Lakes Health Systems Agency (now called Common Ground Health) first met in 2003, and, using a process modeled after the African American Health Coalition and the Latino Health Coalition, identified the lack of health data as a barrier to identifying and addressing health disparities experienced by Deaf communities. RDHTF led to the successful proposal to CDC to establish the Rochester Prevention Research Center: National Center for Deaf Health Research (RPRC/NCDHR) in 2004. RPRC/NCDHR's subsequent community engaged public health surveillance in American Sign Language (ASL) unique to the Rochester region identified Deaf community strengths, such as low prevalence of current smokers, and well as disparities in health, healthcare, and social determinants of health.

Specific 2019-2021 Community Health Needs Assessment
Process and methods for identifying and prioritizing community health needs

The Community Health Improvement Workgroup (CHIW) representing each hospital, the health department and several community partners, meets monthly to discuss successes and challenges in addressing the goals of the 2016-2018 Community Health Improvement Plan. In the summer of 2018, the CHIW began the 2019 CHNA process by having CHIW leadership meet personally with leadership from each of the four represented hospital and the local Health Department to discuss needs and/or disparities that the healthcare systems identified as community health priorities. The priority areas from these meetings were then mapped to NYS Prevention Agenda focus areas to start the discussion around identifying needs in the local communities.

The next step was to develop an importance list to be used to prioritize significant community needs. In September 2018, a survey was distributed to the agencies represented at the CHIW in order to identify prioritization characteristics. Using the multi-voting process for results, where each organization decided on their top 3 prioritization criteria, the top criteria were selected by October 2018 to include:

1. Demonstrated need among vulnerable populations
2. Opportunity to have a measurable impact
3. Evidence that an intervention can impact the problem
4. Community (including Health System) capacity and willingness to act
5. Ability to intervene at the prevention level

In November – December 2018, several sources of data were examined to determine the top community health needs for Monroe County. The MCDPH and the Common Ground Health were instrumental in updating, analyzing and sharing data for the CHIW to examine. Several sources of data were used:

- Bureau of Vital Records (2016). Vital Records (Vital Statistics). V. S. Unit, NYS Department of Health.
- Common Ground Health (2018). "Health Equity Chartbook."
- Education, N. D. o. (2016-2017). High School Graduation Rates. N. Y. S. D. o. Education. data.nysed.gov.
- MC-CHIW (2016). Monroe County Community Health Improvement Plan 2016-2018.
- Metro Council for Teen Potential (2017). Needs and Resource Assessment: teen Pregnancy prevention, Rochester, NY. Rochester, NY, Metro Council for Teen Potential in partnership with the City of Rochester Bureau of Youth Services.
- Monroe County (2017). Chronic Disease Report. Rochester, NY, Monroe County Department of Public Health**:** 1-27.

- MC Department of Public Health (2017). Monroe County Youth Risk Behavior Survey. MCDPH
- MC Department of Public Health (2017). "Youth Risk Behavior Survey Report: Rochester City School District."
- Monroe County Office of Mental Health (2018). "Local Services Plan for Mental Hygiene Services."
- New York State Department of Health (2018). Community Health Planning Guidance. NYSDOH. Albany, NY.
- New York State Department of Health (2018). "NYS Prevention Agenda Dashboard - County Level: Monroe County."
- NYS Department of Education (2017-2018). High School Graduation Rates. NYSDO Education, data.nysed.gov.
- Rochester Monroe Anti Poverty Initiative (2017). "RMAPI A Year in Review 2017."
- Statewide Planning and Research Cooperative System (SPARCS) (2016). "SPARCS data."
- U.S. Census Bureau (2017). "2013-2017 American Community Survey 5-Year Estimates: Monroe County, New York."
- U.S. Census Bureau (2017). "2013-2017 American Community Survey 5-Year Estimates: Rochester City, New York."

Several areas of concern were identified and listed during this time of data review, consistent with hospital needs as well are the prioritization criteria. In order to determine which areas of need and disparity among vulnerable populations were most in line with New York's community health goals, the Prevention Agenda Dashboard and 2018 goals were examined (prior to the release of the 2019-2024 NYS Prevention Agenda, but then updated after the release. The following table displays the main areas of concern for community health in Monroe County. The CHIW identified areas where there was a demonstrated health need, especially among vulnerable populations. There are areas where Monroe County:

- Fell short of the state goal for the Prevention Agenda 2024
- Faces significant disparity in race, ethnicity, geography or socioeconomic status
- Contains a downward trend of "worse" or "significantly worse"

Areas of Significant Need for Monroe County, based on the NYS Prevention Agenda 2019-2024

Preventing Chronic Disease				
	Indicator	**NYS PA Goal**	**Monroe County**	**Notes- Monroe County**
Nutrition and Food Security	% obese- adults[4]	24.2	32.2	Disparity: Income
	% obese- children/adolescents[5]	16.4 (NYS-NYC)	15.3	Disparity: Urban/suburban
	% adults with perceived food security[6]	80.2	79.5	Disparity: Income
	% Adults who consume ≥ one sugary drinks per day[1]	22	25.1	
Tobacco and Vaping	% adult smoke cigarettes[1]	11.0	15.8	Disparity: Income
	% public high school students vaping in the past month[7]	15.9	20	Emerging issue
Preventive Care and management	% received recommended colorectal screening(age 50+)[1]	80	75.9	
	Asthma ED visit rate, under age 18 rate per 10,000[8]	130.2	107.7	Disparity: by zip code Trend: Worsening
Promote a Healthy and Safe Environment				
	Indicator	**NYS PA Goal**	**Monroe County**	**Notes for Monroe County**
Injury and Violence	Homicide rate per 10,000[9] * Disparity- Homicide is the 3rd leading cause of YPLL among African Americans	0.32	0.7	Disparity- Ratio of rates: AA to White=7, Latino to White=3 Zip codes with high proportions of limited income households to other zip codes=7
	Assault-related hospitalization rate per 10,000 population[10]	4.3	3.3	

[4] NYS Behavioral Risk Factor Surveillance System data as of February 2018

[5] Student Weight Status Category Reporting System (SWSCRS) data as of May 2017

[6] Data Source: NYS Behavioral Risk Factor Surveillance System data as of February 2018, Food insecure are those who indicated they were never worried or stressed about having enough money to buy nutritious meals in the past 12 months.

[7] Youth Risk Behavior Survey, 2017, Monroe County Department of Public Health

[8] SPARCS, NYSDOH,2016, analyzed by Common Ground Health

[9] Vital Records data NYSDOH, analyzed by MCDPH, 2016

[10] SPARCS, NYSDOH, 2016

Prevent Communicable Diseases				
	Indicator	**NYS PA Goal**	**Monroe County**	**Notes- Monroe County**
Vaccine Preventable Diseases	% of children with 4:3:1:3:3:1:4 immunization series - Aged 19-35 months[11]	TBD	72.1	Disparities by Geography Trend: Improving
Sexually Transmitted Infections (STIs)	Gonorrhea case rate per 100,000[12]	240.9	294.4	Trend: Worsening
	Chlamydia case rate per 100,000	677	627.8	Trend: Worsening
Promote Healthy Women, Infants and Children				
	Indicator	**NYS PA Goal**	**Monroe County**	**Notes- Monroe County**
Maternal and Women's Health	Adolescent pregnancy rate per 1,000 females - Aged 15-17 years[13]	TBD	12.2	Disparities- Ratio of rates: AA to White=7, Latino to White=6
	Percentage of unintended pregnancy among live births[14]	TBD	28.4	Disparity- Ratio of rates: AA to White=2.81, Latino to White=2.2, Medicaid to not Medicaid=2.68
	Maternal mortality rate per 100,000 live births[15]	16	17	Disparities, rates unreliable
Perinatal and Infant Health	Preterm birth rate per 100 births[16]	8.3	9.1	Disparity- Ratio of rates: AA to White=1.7, Latino to White=1.4, Medicaid to not Medicaid=1.4
	Infant mortality rate per 1000 births[17]	4.0	6.7	Disparity- Ratio of rates: City to suburbs=1.9 AA to White=2.35, Latino to White=1.51

[11] NYS Immunization Information System, 2016 data as of February 2018

[12] NYSDOH Communicable Disease Annual Reports, 2016 https://www.health.ny.gov/statistics/diseases/communicable/2016/

[13] Vital Records data, 2016, data by race 2014-2016

[14] Vital Records, 2016 data as of May 2018

[15] Vital Records, NYSDOH, analyzed by MCDPH, 2012-2016

[16] Vital Records data, total county=2014-2016 as of October 2018

[17] Vital Records data NYSDOH, analyzed by MCDPH, 2014-2016

Promote Healthy Women, Infants and Children (continued)				
	Indicator	**NYS PA Goal**	**Monroe County**	**Notes- Monroe County**
Perinatal and Infant Health	Sudden Unexpected Infant Death (SUID) rate per 1000 live births[18]	0.5	0.61	
	% Infants exclusively breastfed in the hospital[19]	44.8	50.7	Disparities- Ratio of rates: AA to White=.43, Latino to White=.50 Medicaid to not Medicaid .51
Child and Adolescent Health	% public high school students who felt sad or hopeless for two or more weeks in a row in the past year[20]	21.45	28	
	% of public high school students who report 1+ adverse childhood experience (ACE)	n/a	66	
	% of public high school students who report 3+ adverse childhood experience (ACE)	n/a	24	
Promote Well Being and Prevent Mental and Substance Abuse				
	Indicator	**NYS PA Goal**	**Monroe County**	**Notes- Monroe County**
Promote Well-Being	Opportunity Index	53.4	56.9	
	% of adults reporting 14 or more days with poor mental health in the past month[21]	10.6	12.3	
	% public high school students who felt sad or hopeless 2+ weeks in a row, stop doing usual activities[22]	27.4	28	

[18] Year 2015; Source: Vital Statistics;
[19] Vital Records, NYSDOH, county rate, 2016, rates by race, ethnicity and Medicaid, 2014-2016
[20] *Source: Youth Risk Behavior Survey; MCDPH, 2017*
[21] NYS Behavioral Risk Factor Surveillance System data as of February 2018
[22] *Source: Youth Risk Behavior Survey; MCDPH, 2017*

Promote Well Being and Prevent Mental and Substance Abuse (continued)				
	Indicator	**NYS PA Goal**	**Monroe County**	**Notes- Monroe County**
Prevent Mental and Substance Use Disorders	Age-adjusted overdose death rate involving any opioids per 100,000 population[23]	14	22.0	Trend: Worsening
	Age-adjusted Buprenorphine prescribing rate for substance use disorder (SUD) per 1,000 population[24]	43.1	48.2	Trend: Improving
	Age-adjusted opioid analgesics prescription for pain rate per 1,000 population[19]	343	432.3	Trend: Improving
	Age-adjusted emergency department visits (including outpatients and admitted patients) involving any opioid overdose, rate per 100,000 population	53.2	81.8	
	% of Adults Report 1+ Adverse Childhood Experiences [16]	n/a	62	
	% of Adults Report 3+ Adverse Childhood Experiences[16]	n/a	25	
	% youth who drank alcohol in past month[17]	24.4	27	
	% youth who reported a suicide attempt in the past[17]	9.1	7	
	Age-adjusted suicide mortality per 100,000[18]	7	9.9	Trend: Worsening

[23] Vital Statistics, 2016 Data as of May 2018, https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/opioid_dashboard/op_dashboard&p=it&ind_id=op9

[24] NYS PMP. 2017 data as of April 2018

After extensive discussion of these data summaries and others, the CHIW condensed all the information into a list of top priorities for the 2019-2021 time frame, linked to goals from the NYS Prevention Agenda.

Top 9 Priority Areas: 2019-2021

Prevent Chronic Disease: Healthy Eating and Food Security
- Goal 1.3: Increase Food Security

Prevent Chronic Disease: Tobacco Prevention
- Goals 3.1 and 3.2: Prevent initiation of tobacco use, including combustible tobacco and electronic vaping

Promote a Healthy and Safe Environment: Injuries, Violence, and Occupational Health
- Goal 1.2: Reduce violence by targeting prevention programs for high risk populations

Promote Healthy Women, Infants, and Children: Maternal and Women's Health
- Goal 1.2: Reduce maternal mortality and morbidity (Education, home visiting, family planning)

Promote Healthy Women, Infants, and Children: Perinatal and Infant Health
- Goal 2.1 reduce infant mortality and morbidity (Preterm birth)

Promote Healthy Women, Infants, and Children: Child and Adolescent Health
- Support and enhance children and adolescent's social emotional development and relationships (ACEs, trauma informed care)

Promote Well-Being and Prevent Mental and Substance Use Disorders: Promote Well-Being
- Goal 1.1 Strengthen opportunities to build well-being and resilience across the lifespan
- Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages

Promote Well-Being and Prevent Mental and Substance Use Disorders
- Goal 2.2: Prevent opioid and other substance misuse and death

Prevent Communicable Diseases
- Goal 3.1: Reduce the annual rate of growth for STIs

In December of 2018, the CHIW discussed the top nine priorities, and determined which were best suited for the 2019-2021 plan based on the original set of criteria, including community capacity and willingness to act, and the ability to intervene at a prevention level from a hospital or health system perspective. The discussion led to this distribution of interest in topics – a prioritization of the top nine areas of concern.

CHIW Prioritization and Ranking

Priority Area	**CHIW members expressing interest**
Prevent Chronic Disease: Food Security	I
Prevent Chronic Disease: Tobacco	I
Promote Health and Safe Environment: Reduce Violence	I
Promote Healthy Women, Infants, Children: Maternal Health	IIIIIII
Promote Healthy Women, Infants, Children: Perinatal and infant health	II
Promote Healthy Women, Infants, Children: Child and Adolescent health	II
Promote Well-Being – well-being and resilience	IIII
Promote Well-Being – prevent opioid misuse and deaths	0
Vaccine preventable Diseases – Sexually transmitted infections	0

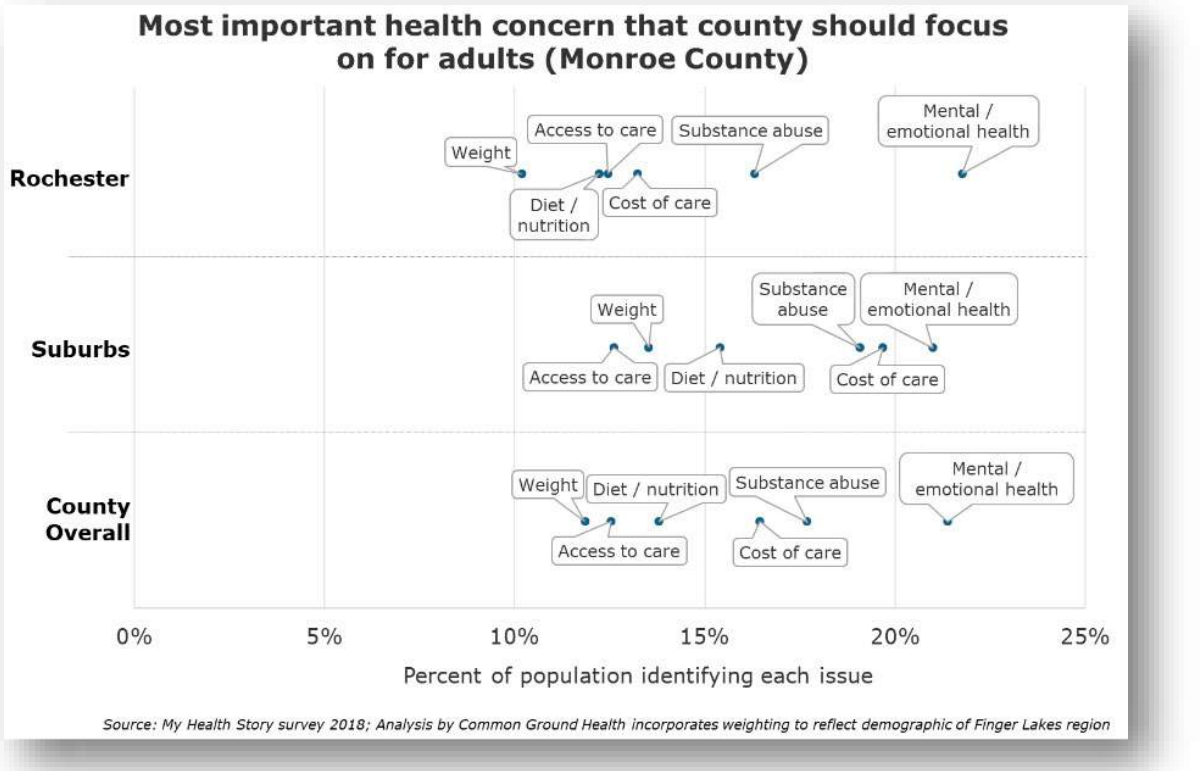
Community Input

After the CHIW agreed that our top two priority areas for 2019-2021 will be focused on promoting health women, infants and children – particularly maternal health and a focus on promoting well-being and resilience, we then presented these thoughts to several community groups to gather their reaction to these focus areas as well as to discuss suggestions for effective interventions. (January – March 2019)

Community Survey: My Health Story

In 2018, Common Ground Health conducted a regional survey of community members to learn more about health behaviors and barriers to healthy lives. With particular attention to gathering input from a diverse group of participants, over 4,000 people were surveyed. Although results were not fully analyzed at the time of the CHNA development, Common Ground Health shared several preliminary results of the survey with the CHIW. The results will be incorporated into a series of studies focused on health equity in the Finger Lakes region and help county health departments develop strategies for addressing public health priorities. The survey asks about a wide range of topics from access to medical and dental care to perceptions of personal safety and satisfaction with work. To capture each individual's unique story, several questions are open-ended with an opportunity for unstructured feedback.

The results of the survey indicated that the top concern for adults in Monroe County across all races, geographies, and socioeconomic status levels was mental health.



Community Input: Community Health Needs Assessment and Improvement Plan 2019

After reviewing the data and prioritizing the general direction for the CHNA/CHIP, several meetings were planned with significant community groups to gather input. The following questions were created to initiate conversation around mental health and maternal-child health disparities:

1. What specific areas of mental and emotional health/maternal child health are most important for the hospitals, health department, and community to address?
2. What is the most important thing the health delivery system can do to improve this priority area?
3. How can the health systems can improve collaboration with existing programs and initiatives?

African American Health Coalition:
Members from the Community Health Improvement Workgroup met with the African American Health Coalition at Common Ground Health on March 14th, 2019. After a brief presentation on the background of the CHIW and the CHNA/CHIP process, questions were presented to gather feedback from the attending members. Their feedback was recorded to advise the direction of the Monroe County 2019 to 2021 Community Health Improvement Plan.

Mental Health
Some specific areas of mental health that are of concern to the African American Health coalition are:

- PTSD and the impacts of secondhand trauma
- Stigma surrounding both diagnosis and treatment
- Lack of health education starting with youth
- Systemic racism
- Violence, including domestic violence

There are high rates, but a lack of dialogue and resources for those experiencing PTSD related to violence in the community, and increasing awareness and treatment for depression even starting at a young age. There is a need to reduce the stigma of mental health diagnoses, understand diagnosis and mental health conditions, and educate the community that it is okay to get help.
It was suggested that the hospitals and health systems should be more active in engaging the faith community. They would like to see more mental health education via local faith community spaces. Faith communities should work within their congregations to engage more people in the mental health community, and new initiatives should come from within an established congregation to insure they are community owned and driven. Schools are an area of concern for mental health and also reproductive education making sure that there is healthcare presence in all schools even out to rural areas. There was concern that many organizations focus inside the city but not necessarily on suburban schools.

Domestic violence is both a physical and mental health concern and it's important that, leading up to adulthood, peers, healthcare professionals, and even acquaintances are able to recognize it address situations of abuse. Victims and survivors of domestic violence should be provided awareness and access to the resources that the community is able to provide.

An overall concern that causes many barriers to the mental health and well-being of the community is racism. While we know that racism has an impact on infant mortality rate and physical health outcomes,

it is especially important to note that it also has an impact on mental health. This impact on mental health goes far beyond interactions with the healthcare system, and both racism and perceived racism have long-term impacts on stress levels and mental health of the African American community.

Working with FLPPS and their Cultural Competency/Health Literacy programs would be useful for these steps. This group would also like to see more per counseling and peer navigation programs available in Rochester and suggest we look at the example of the mental health peers at Trillium and peer programs from other cities especially Washington DC.

Other suggested techniques for improving mental health include reducing unemployment as that has been shown to decrease the sense of meaning and purpose for adults, especially parents. For children comparison study looking at ACEs for children of color apparent that the "one caring adult" model helps to improve long-term physical and mental health and even reduce suicide risk. Overall it would be helpful for Hospital Systems to use a racial equity lens when providing services to the Rochester and Monroe County community. The group also requested that the health systems could use our resources and research ability to collect and track community data over time, raising awareness while promoting accountability. Additionally the community health Improvement workgroup could encourage policy advocacy and mental health awareness, coping, and cultural competency trainings.

Maternal and Child Heath

Some areas of Maternal and Child Health that are of concern to the Coalition are:

- Involvement of fatherhood and extended family and community
- Expansion of existing programs
- Emergency services for resources, especially for young mothers and those in poverty
- Nutrition and breastfeeding resources and navigation
- Training about cultural competency and active listening to Black mothers in clinical settings

The community has a lot of organizations working with young mothers, programs need to be expanded to work with family, including fathers and grandparents. Communicating about parenting and maternal health is multi-generational and community task.

Similarly to the AAHC's recommendations on mental health peer programs, gathering people who have successfully navigated these systems who would like to participate as peers working in maternal child health would be very valuable to the community.

Training for cultural diversity and cultural competence should begin with medical students and residents because ultimately that impacts the quality of service they give as providers. Provider education also needs to have a focus on listening to women. Some resources that the hospitals and Health Systems could be using are FLPPS: CC/HL programs, Greater Rochester Health Foundation resources, the Racial Equity and Justice Initiative St. Joseph's Neighborhood Center, and the guidelines of the National Association of Diversity Officers in Higher Education. It was also suggested that physicians provide the training to other physicians to get better buy-in because the information is coming from their peers. Training also needs to expand beyond physicians to encompass everyone within the health systems that a patient could come into contact with. There should be other professionals including peer

navigators, social workers and community health workers are trained to understand the social determinants of health and have the ability to link and refer to local resources.

Latino Health Coalition:
Representatives from the CHIW met with the Latino Health Coalition at Common Ground Health on March 27th, 2019. This was also an input-seeking discussion where the CHIW presented the main goals and focus areas, and gathered feedback from the Coalition. Their feedback was recorded to advise the direction of the Monroe County 2019 to 2021 Community Health Improvement Plan.
We asked the same three questions to the Latino Health coalition areas of mental health and well-being Maternal Child Health and disparity reduction.

Mental Health
Some specific areas of mental health that the Latino Health Coalition discussed were:

- Mental health awareness and education
- Breaking cultural stigma and taboo
- Increasing suicide rates
- Cultural competence of mental health care providers
- Examining the social determinants of mental health including poverty and opportunity

We discussed the importance of including mental health in all levels of education, beginning in primary school. When students receive 12 years of education in the public school system, which should include all aspects of well-being: both mental and physical health. Starting mental health education could also help to stigma and taboo. It was mentioned that within the Latino community, mental health issues are often considered taboo and it is helpful to make people aware that a mental health condition or diagnosis is comparable physical disease or concern, and that seeking help is not shameful. After breaking some of those initial barriers it's also important to consider the very personal journey of finding providers who are culturally competent. It is crucial that providers understand cultures and cultural factors pertaining to their patients. There is also a rising concern both locally and nationally regarding the increase in suicide rates, and the increases in specifically young people and people of color.

All groups should recognize that in mental health work, mental health problems can stem from socially derived conditions or organically (or some combination of the two) and to acknowledge the mental health implications of those living in poverty. Lack of opportunity is a clear contributor to stress and mental health issues and we need to be able to empower people to feel good about who they are and what they contribute.

Some community interventions suggested were rec centers and school programs that bring the community together, including meditation, mindfulness, yoga, and exercise. There are recommended evidence bases for all of those interventions. Looking at both violence and substance use disorder as a mental health issue is important for holistic solutions to all three issues. System integration for mental health and social determinants will improve both physical and mental health outcomes if implemented properly.

Maternal and Child Health

Some of the most important issues in maternal child health for the Latino Health coalition were:

- Nutrition and breastfeeding
- Decrease in health correlated with amount of time in the US
- Culturally relevant care and education re: reproductive health and child health
- Sustained funding for successful and valuable programs
- Disparities and deserts in resource availability within Monroe County

One of the largest suggestions for maternal child health is support for continued funding of local programs. Whether the funding comes from the health system directly, or is generated or sustained via advocacy from the healthcare system, local programs like Healthy Baby Network and reproductive educators need to have continued protection and sustainability. Community organizations have great potential to make connections and address social determinant of health, and they have access to the community members when they are located within the community, but they need support and resources. The hospitals can mobilize the community via advocacy or support groups via funding.

Nutrition is also a large factor in maternal and child health, and that includes breastfeeding support and education. In regards to breastfeeding, many goals from Healthy People 2020 are far from being met, both locally and regionally. Resource provision also includes formula banks, and emergency resources for young mothers when or if they run out of the formula and food provided by programs like WIC.

There is also a documented phenomenon within the immigrant Latino population where the longer a person is in the U.S, the more likely they are to experience adverse health outcomes. Studying and encouraging the advantageous health behaviors and traditions of a person's culture of origin could help to reduce the generational effects.

Another area the hospitals could help is in research and data collection. It is helpful to track and use community report back tools not only of maternal and child health outcomes, but also maps of disparities and local concentrations and deserts for resources.

Local resources that were recommended for partnerships and resources include Healthy Baby Network, Rochester City School District's Young Moms Program, Nurse Family partnership, Willow, and Monroe County Incarcerated Moms.

Maternal Child Health Advisory Group:

The URMC has been convening a group on community collaboration around the topic of unplanned pregnancy reduction for the past three years as part of an initiative sponsored by the American Association of Medical Colleges. This group is made up of community members, researchers, educators, clinicians, and organizational leaders from across Rochester and Monroe County. This group has agreed to act as an advisory body and to continue to meet throughout the 2019-2021 CHIP implementation period. They will continue to add connections and align priorities between local groups and to create advocacy and policy goals.

The Maternal and Child Health Advisory Group met on March 22, 2019. The group discussed areas of need within maternal/child health in Monroe County, and identified several priorities including focusing on housing, transportation and income as well as advocating for funding for some of the grant funded agencies and initiatives.

Some recommendations from this group for future projects and roles of the Advisory Group include:

Addressing social determinants:

- Advocacy for housing: contact city-wide Tenant's association, United Way, RMAPI
- Sponsor a talk or provide support for issues as they arise and/or help educate the community and support meetings, talks, education, data

Enhancing collaboration:

- Presenting ongoing community initiatives (pilot projects or models of success)
- Garnering support from leadership groups across the health system
- Facilitating communication between grant holders within the City of Rochester
- Expanding contacts, connections, and opportunities for community-wide collaboration
- Continued meetings of the Maternal and Child Health Advisory Group from 2019-2021 and beyond

Community Advisory Council:

A special session of the Community Advisory Council was called for April 11, 2019. The Community Advisory Council (CAC) is a group of 40+ leaders of community agencies meeting with University researchers and providers. The CAC met in this session to discuss both the University of Rochester's upcoming application for the Carnegie Classification in Community Engagement and the Community Health Improvement Plan. The CAC expressed overall approval for the priority areas of the CHIP and added the following comments:

- Integrating cultural competency training for medical providers throughout their pre-med and medical career, including residency and active practice is crucial to the transformation of the healthcare system overall, and far more effective than a one-time training.
- Diversifying the pool of clinicians within the system also impact the overall cultural competency of the university and the hospitals.
- An inventory of available services, or an update to existing inventories would be valuable for both the mental health and maternal child health goals.
- It was recommended that the CHIW work with the Mental Health Association and their peer navigation resources.
- Note the overlap of mental health and child health and that the mental health needs of children are not often recognized and acknowledged. Recognize that issues of mental health are universal and cut across all socioeconomic levels.
- Recommended that we add March of Dimes to the Maternal Child Health Advisory Group

In SUMMARY

The 2019 needs assessment is based on several sources of local and state data including the Youth Risk Behavior Survey, Behavioral Risk Factor Surveillance Survey, NYS Prevention Agenda dashboards, SPARCS data, Vital Records, and the most recent My Health Story survey. Several areas of concern were noted and are organized in the chart below, according to the state Prevention Agenda Priority Areas. Highlighted areas are of particular concern for Monroe County.

Priority Area	Focus Area
Prevent Chronic Diseases	1. Healthy Eating and Food Security (access to food, skills/knowledge, food security)
	2. Physical Activity (active transportation, environments, increased access)
	3. Tobacco Prevention (youth initiation, cessation, secondhand smoke)
	4. Preventive Care and Management (cancer screening, early detection of CVD/Diabetes, evidence-based care, self-management)
Promote a Healthy and Safe Environment	1. Injuries, Violence and Occupational Health (falls, violence prevention, traffic injuries)
	2. Outdoor Air Quality (outdoor air pollutants)
	3. Built and Indoor Environments (improve design and maintenance, healthy home/school)
	4. Water Quality (protect water sources, protect vulnerable waterbodies)
	5. Food and Consumer Products (reduce exposures of chemical, food safety)
Promote Healthy Women, Infants and Children	1. Maternal and Women's Health (use of preventive services, maternal mortality)
	2. Perinatal and Infant Health (infant mortality, breastfeeding)
	3. Child and Adolescent Health (social-emotional development, special needs, dental)
	4. Cross Cutting Healthy Women, infants, Children (health equity in health outcomes)
Promote Well-Being and Prevent Mental and Substance Use Disorders	1. Promote Well-Being (build well-being and resilience, supportive environments)
	2. Prevent Mental and Substance Use Disorders (drinking, opioids, ACES, depression, suicide, mortality gap for mental illness)
Prevent Communicable Diseases	1. Vaccine-Preventable Illness (vaccine rates, vaccine disparities)
	2. HIV (decrease morbidity, increase viral suppression)
	3. Sexually Transmitted Infections (STIs) (rate of growth)
	4. Hepatitis C Virus (treatment, prevent among drug injectors)
	5. Antibiotic Resistance and Healthcare Associated Infect (infection rate, antibiotic use)

The needs were then prioritized based on established criteria that included: Need among vulnerable populations; ability to have a measurable impact; ability to intervene at the prevention level; community capacity and willingness to act; and importance of the problem to community members. Based on these criteria, and several

meetings of group discussion among the Community Health Improvement Workgroup, and after meeting with several community groups including the African American Health Coalition and the Latino Health Coalition, two primary focus areas were identified: mental health and maternal/child health. The remaining five areas of concern remain in the Monroe County CHNA as areas to follow, and these include food insecurity, tobacco use, violence, opioid use and sexually transmitted infections.

The two focus areas that we plan to prioritize in the 2019-2021 plan are as follows:

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.

Intervention: Enhance collaboration with other programs, providers, agencies, and community members to address key social determinants of health that impact the health of women, infants, children, and families across the life course. Activities:

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

Intervention: Explore opportunities to build community wealth such as supporting worker-owned cooperatives and businesses, using the power of hospitals as anchor institutions.

Objective 2.2: Facilitate Supportive Environments that promote respect/dignity for people of all ages

Intervention: Policy and program interventions that promote inclusion, integration and competence

Areas the CHIW will follow and Partner as Needed

1. Healthy Eating and Food Security (access to food, skills/knowledge, food security)
2. Tobacco Prevention (youth initiation, cessation, secondhand smoke)
3. Injuries, Violence and Occupational Health (violence prevention)
4. Prevent Mental and Substance Use Disorders (opioids)
5. Sexually Transmitted Infections (STIs) (rate of growth)