

# MONROE COUNTY, NEW YORK

## 2016-2018 COMMUNITY HEALTH IMPROVEMENT PLAN

Monroe County Joint Community Service Plan  
2016-2018

For Health Systems  
Serving Monroe County, including:

**ROCHESTER**  
REGIONAL HEALTH

- Rochester General Hospital
- Unity Hospital



- Strong Memorial Hospital
- Highland Hospital



Monroe County  
Department of Public Health

With collaboration from

- Center for Community Health, UR Medicine
  - Finger Lakes Health System Agency
- Finger Lakes Performing Provider System

# Monroe County Community Health Improvement Plan (MC-CHIP) 2016-2018

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## Executive Summary

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

The 2016-2018 Monroe County Community Health Improvement Plan (MC-CHIP) was collectively created based in the collaborative Community Health Needs Assessment that was developed jointly between the organizations listed above in-combination with consideration for the input of Monroe County residents. All hospitals and the MCDPH will address four Prevention Agenda Priorities for which the details are outlined below.

### 1. Prevention Agenda Priorities

Working collaboratively through the Community Health Improvement Workgroup (CHIW), which includes the hospitals, local health department and community partners including FLHSA and FLPPS, the following priority areas were selected from the Prevention Agenda for the 2016-2018 period:

1. **Prevent Chronic Disease: Smoking Cessation**  
Reduce Illness Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure
2. **Prevent Chronic Disease: Heart Health Management and Prevention**  
Increase Access to Quality Chronic Disease Prevention and Management in Clinical and Community Settings
3. **Promote Healthy Women, Infants and Children: Reduce Unplanned Pregnancy**  
Reproductive, Preconception and Inter-Conception Health
4. **Promote Healthy Women, Infants and Children: Screen for Food Insecurity**  
Child Health
5. **Promote Mental Health and Prevent Substance Abuse: Opioid Misuse Prevention**  
Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders

Disparities exist within each of the priority areas based on race, and also on socioeconomic status. Specifically, three of the objectives identified in the CHIP call for action aimed at disparate populations:

*Objective 1.3: By December 2018, decrease the percent of women who smoke during pregnancy from 11% of births (2013 vital statistics) to less than 10% of births, and to especially concentrate on those women who receive Medicaid – baseline 20% of births were smoking during pregnancy.*

*Objective 2.1: By December 2018, decrease the disparity among hypertensive residents in the local registry who have their blood pressure in control by increasing the control rate*

*among Monroe County African Americans [58.8% and Latinos (61.5%) compared to Whites (75.4%)]*

*Focus area 4: screening for food insecurities will address social needs among those who are in lower economic brackets.*

## **2. Emerging Issues and Continuing Projects**

Some of the focus areas from the 2014-2016 CHIP will continue in the 2016-2018 plan.

- Monroe County will continue to focus on linking each hospital to the NYS Quitline allowing for an electronic transfer of patient data to replace a hand-written referral. Several local hospitals have already passed a policy to support this goal, and others are working on EMR changes to facilitate this initiative. The MC-CHIP will monitor progress on this focus area in the coming years.
- Monroe County has a very robust High Blood Pressure Collaborative that is community driven and includes business leaders as well as the hospital. The MC-CHIP 2016-2018 will continue to focus in this area and will work with the High Blood Pressure Collaborative as much as possible to decrease the rate of hypertensive patients who have blood pressure out of control.

Since submitting the 2014-2016 Community Health Improvement Plan, new and emerging needs have been identified through the process of completing our CHNA. Specifically, the group has added components to our plan that address the following:

### **Promote Healthy Women, Infants and Children:**

- Reduce Unplanned Pregnancy (Reproductive, Preconception, and Inter-Conception Health) – Our review of the Monroe County data found that the unplanned pregnancy rate among adults in Monroe County is higher than NYS as a whole; and that disparities exist among Blacks, Latinos, and Medicaid Enrollees.

### **Promote Healthy Women, Infants and Children**

- Screen for Food Insecurity (Child Health) – In preparing the CHNA, it was discovered that 23% of Monroe County adults report food insecurity and 20.5% of children live within food insecure households. Since the 2014-2016 CHIP, the American Academy of Pediatrics has recommended screenings for social determinants of health including food insecurity. And since the last report, the Rochester Monroe County Anti-Poverty Initiative (RMAPI) has directed resources towards addressing poverty community.

### **Promote Mental Health and Substance Abuse:**

- Promote Mental Health and Substance Abuse: Opioid Misuse Prevention (Prevent Substance Abuse and Other Mental and Emotional Behavioral Disorders) - Between 2013 and 2014, death from accidental heroin/fentanyl overdose rose 70% within Monroe County.

## **3. Data Review in the Community Health Needs Assessment**

The CHIW examined data from a variety of sources; the details of which are explained in their entirety within the CHNA. In short, the workgroup spent a large amount of time extensively reviewing the New York State Prevention Agenda with particular interest in the county level dashboards. In addition, the workgroup also reviewed the following sources

- Mortality and natality data: New York State birth and death files
- Mortality data from the Office of the Medical Examiner, Monroe County
- Statewide Planning and Research Cooperative Systems (SPARCS) files, based on hospital discharges and emergency room visits
- Monroe County Youth Risk Behavior Survey (YRBS)
- Local Monroe County Blood Pressure Registry
- ACT Rochester
- Monroe County Adult Health Survey

To prioritize, the group looked for areas in which Monroe County was identified as worse than New York State as a whole or in which Monroe County was not previously able to meet the Prevention Agenda target. Additionally, the group looked for new or emerging troublesome health trends that may not have been identified as a Prevention Agenda Target. Additional consideration was paid to qualitative data collected via community input.

#### **4. Partnerships**

The completion of the 2016-2018 Monroe County Community Health Needs Assessment (CHNA) and the 2016-2018 Monroe County Community Health Implementation Plan (CHIP) was a collaborative effort in which the following organizations contributed; Strong Memorial Hospital and Highland Hospital, both of University of Rochester Medical Center and Rochester General Hospital and Unity Hospital, both of the Rochester Regional Health, and the Monroe County Department of Public Health (MCDPH). The two hospital systems provide financial and in-kind resources for the Community Health Improvement Workgroup (CHIW), and have supported a chair to convene the group. The team meets both monthly and bi-monthly dependent on the needs of the group and has been doing so, in this format, for over 10 years.

Each hospital system has at least one representative on the CHIW team. Additional representatives include public health experts from the following organizations; Monroe County Department of Public Health (MCDPH), and the Finger Lakes Performing Provider System (FLPPS). Finger Lakes Health System Agency (FLHSA), another critical CHIW organization, provides insight into the needs Rochester community members. The University of Rochester Center for Community Health serves as a facilitating agency for this process.

#### **5. Community Engagement**

The community engagement process used by the Community Health Improvement Workgroup involved reviewing results from various projects that have recently gathered community input related to health issues affecting residents. The entire process including findings is detailed in the Community Health Needs Assessment document. The 90 minute CHIW meeting in February was dedicated to reviewing community input from

- DSRIP
- High Blood Pressure Collaborative Focus Groups
- Rochester-Monroe Anti-Poverty Initiative (RMAPI)

In addition, members of CHIW and their organizations provided input to our priority areas and proposed interventions via on-line survey. The needs assessment and improvement plan were shared in several community settings for input including at the Greater Rochester Chamber of Commerce Health Care Planning Team meeting and the 2015 Smoking Cessation Synergy meeting.

## 6. Planned Interventions and Strategies and Evaluation

All implementation strategies, interventions and measures are outlined in great detail within the 2016-2018 MC-CHIP. Interventions were only selected if they were evidence based, and most strategies were found from the Prevention Agenda's Action Plan Re-Fresh Chart (Dec. 2015). In summary:

### **1. Prevent Chronic Disease: Smoking Cessation**

Reduce Illness Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure

Objective 1.1: By December 2018, all four hospital-based healthcare systems will enact a tobacco cessation policy that incorporates the "opt-to-quit" program and will implement that policy thereby electronically linking tobacco using patients to the NYS quit line.

Objective 1.2: By December 2018, the Rochester Psychiatric Center will enact a tobacco cessation policy that incorporates the "opt-to-quit" program and will implement that policy electronically linking tobacco using patients to the quit line.

Objective 1.3: By December 2018, decrease the percent of women who smoke during pregnancy from 11% of births (2013 vital statistics) to less than 10% of births, and to especially concentrate on those women who receive Medicaid – baseline 20% of births were smoking during pregnancy.

### **2. Prevent Chronic Disease: Heart Health Management and Prevention**

Increase Access to Quality Chronic Disease Prevention and Management in Clinical and Community Settings

Objective 2.1: By December 2018, decrease the disparity among hypertensive residents in the local registry who have their blood pressure in control by increasing the control rate among Monroe County African Americans [58.8% and Latinos (61.5%) compared to Whites (75.4%)]

Objective 2.2: Increase the control rate for hypertensive patients who also have diabetes

Objective 2.3 (RRH ONLY): Increase the ability of patients with CHF to manage their illness

### **3. Promote Healthy Women, Infants and Children: Reduce Unplanned Pregnancy**

Reproductive, Preconception and Inter-Conception Health

Objective 3.1: By December 2018, reduce significant barriers to the use of LARC (Long-Acting Reversible Contraception), particularly among at-risk women of reproductive age

Objective 3.2: By December 2018, increase the number of youth reached with evidence-based sexual health education (baseline measure of current youth being reached is needed)

Objective 3.2 (RRH ONLY): Improve prenatal care through Centering Group Prenatal Care to reduce the preterm birth rate

### **4. Promote Healthy Women, Infants and Children: Screen for Food Insecurity**

Child Health

Objective 4.1: Decrease the percent of children living in food insecure households from 20.5% (Feeding America, 2014) while also striving to decrease the percent of adults who experienced food insecurity in the past year – worried or stressed about having enough money to buy nutritious meals (EBRFSS2013-4) from 23% in Monroe County.

### **5. Promote Mental Health and Prevent Substance Abuse: Opioid Misuse Prevention**

Objective 5.1: By December 2018, decrease the number of deaths due to opioid overdose from 69 in 2015 (Medical Examiners report of 2015).