

Monroe County Combined Community Health Needs Assessment and Improvement Plan

Executive Summary 2019-2021

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.

Data analysis for the Community Health Needs Assessment

For Monroe County's 2019 CHNA, regional, state, county, and sub-county data were analyzed to review trends and compare Monroe County's health indicators to state goals and local averages. With the help of the Monroe County Department of Public Health and Common Ground Health, the CHIW reviewed data from many resources, including but not limited to:

- Bureau of Vital Records (2016). Vital Records (Vital Statistics). V. S. Unit, NYS Department of Health.
- Common Ground Health (2018). "Health Equity Chartbook."
- Department of Education. (2016-2017). High School Graduation Rates. NYSDOEducation. 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, MCDPH: 1-27.
- MC Department of Public Health (2017). Monroe County Youth Risk Behavior Survey. MCDPH
- MCDPH (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.
- NYS Department of Health (2018). "NYS Prevention Agenda Dashboard - County Level: Monroe County."
- NYS Department of Education (2017-2018). High School Graduation Rates.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, NY"
- U.S. Census Bureau (2017). "2013-2017 American Community Survey 5-Year Estimates: Rochester City, NY"

Particular attention was given to Common Ground Health's recent survey of community members called "My Health Story" which is similar to the Behavior Risk Factor Survey but asks more probing questions to get at the underlying causes of poor health outcomes. This survey also asked about leading community health concerns of residents from all age, geography, and race demographic groups as.

The needs identified from the data were prioritized based on established criteria: 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 CHIW two priority areas were selected: disparities in maternal child health, and mental health and well-being. Highlighted are areas of the Prevention Agenda that 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 Infection (infection rate, antibiotic use)

Of the highlighted areas, 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 initiatives for the group to follow and support. These secondary priorities, include food insecurity, tobacco use, violence, opioid use and sexually transmitted infections.

Community Partners and Resources

The Community Health Improvement Workgroup is comprised of representatives from four hospitals in Monroe County, NY (UR Strong and Highland, RRH Rochester General and Unity) and the local Department of Public Health. Local community and government groups represented on the CHIW including the Monroe County Office of Mental Health, Common Ground Health (Regional Health Planning Organization and Finger Lakes region PHIP), the Rochester Regional Health Information Organization (RHIO), United Way, Healthy Baby Network, and many other partners. The Center for Community Health and Prevention takes the role of convening and coordinating the Community Health Improvement Workgroup.

The CHIW meets monthly to discuss implementation of the improvement plan and to assess how the evaluation metrics for improvement are being met. Each hospital, the health department and several community agencies have specific roles in implementation of the improvement plan, and each hospital

board has voted to approve the CHNA and CHIP, committing to its implementation. Community members are instrumental for success in the planning and implementation of the Improvement Plan. Leaders from the CHIW have met with several community agencies throughout the needs assessment process, and will continue to seek feedback throughout the 2019-2021 implementation period and beyond. A Maternal Child Health Advisory Group has been established with representatives from several other community organizations, including clinicians, administration from the hospital systems, Healthy Baby Network, Common Ground Health, and Nurse Family Partnership. Progress updates to the Community Advisory Council as well as the African American and Latino Health Coalitions are planned.

Prevention Agenda Priority Areas and Evidence-Informed Interventions

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. The first set of 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 be exploring the opportunities for Monroe County hospitals and healthcare delivery systems to leverage their power as some of the largest institutions and employers in the region to improve working and purchasing decisions to benefit the local community. The CHIW will partner with the City of Rochester's Office of Community Wealth Building and others to enhance synergy and collaboration around this issue. For the second mental-health focused objective, "facilitating supportive environments that promote respect and dignity for people of all ages", local experts and community interest groups 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. Working with the Monroe County Department of Public Health and Office of Mental Health will promote collaboration and grant access to trainers and content experts for educational sessions throughout the implementation process.

Tracking Evaluation and Sustainability

The CHIW will continue to meet monthly during the implementation period of the 2019-2021 CHIP, gather partners and content experts around our focus areas, with continuous feedback from stakeholders within the hospital systems and the community. At each meeting, progress metrics will be reviewed to prompt robust conversation around quality improvement, including identification of barriers and sharing best practices. We will submit annual reports to New York State and progress updates to the websites where the CHNA and CHIP documents are posted in order to be transparent and accessible to the community.

Prevention Agenda Focus Areas, Evidence Based Interventions and Evaluation

Focus Area	
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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Comprehensive summary of barriers to healthy outcomes among people of color, people with low SES, City (Dec 19)
Action 2: Convene a Maternal Child Health Advisory Group to advise the implementation of the CHIP agenda to reduce disparities including: <ol style="list-style-type: none"> 1. Develop and support policy and advocacy agenda 2. Share current initiatives with each other and the community 3. Sustain and improve partnerships between local organizations and the hospital systems 	<ul style="list-style-type: none"> • Policy/advocacy agenda (June 2020) • Easy 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	<ul style="list-style-type: none"> • # of attendees learning from the Synergy meeting, # partnerships
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	<ul style="list-style-type: none"> • # SOS partners engaged in CHIP • Platform 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	<ul style="list-style-type: none"> • # 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	<ul style="list-style-type: none"> • # of policy or program interventions that promote inclusion
Action 1: Incorporate stigma reduction and thoughtful language change into presentations and documents	<ul style="list-style-type: none"> • # 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	<ul style="list-style-type: none"> • # of trainings, attendees (adult, youth)
Action 3: Partner with CCSI to hold at least one education session on trauma informed assessments for local organizations and clinical practices	<ul style="list-style-type: none"> • # of trainings, attendees • # organizations/clinical practices engaged in assessment

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