

MONROE COUNTY, NEW YORK

2016 COMMUNITY HEALTH NEEDS ASSESSMENT

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

2016 JOINT COMMUNITY HEALTH NEEDS ASSESSMENT – MONROE COUNTY, NEW YORK

Summary:

During 2016, a Community Health Needs Assessment (CHNA) was conducted jointly by the hospital systems serving Monroe County, NY in collaboration with the Monroe County Department of Public Health and the community planning agency, Finger Lakes Health System Agency (FLHSA). The hospital systems are 1. University of Rochester Medicine (URM), which is the system that includes Strong Memorial Hospital and Highland Hospital; and 2. Rochester Regional Health (RRH), which is the health system for Rochester General Hospital and Unity Hospital. All four hospitals contributed to this needs assessment and this needs assessment will serve as the CHNA for each of the hospitals. The community served is Monroe County, NY which has significant overlap between the two systems and is the sole target community for the Monroe County Department of Public Health.

The assessment process for this report is a continuation of a long history of collaboration and needs assessment for Monroe County and represents only a point-in-time in our community health quality improvement process. The Community Health Improvement Workgroup (CHIW) is the oversight body for this process. The CHIW has been meeting monthly or every other month since May 2012. Each hospital has one representative spot to the team in addition to public health experts from the Monroe County Department of Public Health (MCDPH), and community member experts from the Finger Lakes Health System Agency (FLHSA). The CHIW is facilitated by the Center for Community Health within the UR Medicine and each hospital contributes financially to maintain the leadership, meetings and the assessment process. Although the team meetings are not advertised to the public, anyone is welcome to attend. Information discussed at the meeting is shared with hospital leadership and to various community groups for input and comment as team members feel is appropriate. Members of the core team for the CHIW include:

NAME	TITLE	AFFILIATION
Theresa Green, PhD, MBA	Director of Community Health Policy & Education	Center for Community Health, URM
Shannon Klymochko	Health Project Coordinator – Policy	Center for Community Health, URM
Kathy Carelock Anne Kern	Manager, Division of Epidemiology Public Health Program Coordinator	Monroe County Department of Public Health
Lisa Thompson	Director of Public Relations	Highland Hospital
Bridgette Wiefling, MD	Chief Quality and Innovation Officer	Rochester Regional Health
Alida Merrill	Senior Director Quality and Innovations	Rochester Regional Health
Anthony Minervino Jim Sutton, PA-C	Medical Groups	Rochester General Unity
Kathy Parrinello, RN, PhD	Associate VP and COO	Strong Memorial Hospital
Mardy Sandler	Chief Social Worker	Strong Memorial Hospital
Al Bradley Katie Horan	Senior Project Manager, HBP Collaborative Regional Planner	Finger Lakes Health Systems Agency

Description of the Community Being Served

A. Defining the Service Community:

Rochester, NY and its surrounding communities in the Western New York Region provide a remarkable example of what can be accomplished through collaboration. Hospital systems in Monroe County including Rochester General Health System, Unity Health System, UR Strong, and Highland have jointly filed a community service plan to the New York State Department of Health since 2000, and this year is no exception. This unique effort, done in collaboration with the Monroe County Department of Public Health and the Finger Lakes Health System Agency, demonstrates true community health assessment and improvement planning for Monroe County and its surrounding neighborhoods.

This needs assessment and implementation plan is a joint submission of the hospitals that serve Monroe County and has been prepared in collaboration with the Monroe County Department of Public Health. In addition, most data is available at the county level, the interventions are primarily focused at the county level and a large portion (90%+) of the patients served in all four hospitals reside in Monroe County, therefore the plan's service area will be defined as Monroe County, NY.

B. Demographics of the Community:

Monroe County is located in western New York, centered on the City of Rochester, with 19 suburban and rural towns. Rochester and Monroe County serve as the hub for a 5-county metropolitan statistical area with a 2010 population of 1,054,323 that share health care and media resources. A map of the county and its cities is shown below.

Figure 1: Map of Monroe County, NY



Population

The population estimate for Monroe County in 2014 is 749,857 persons, which represents a 0.7% increase from the 2010 Census figure of 744,344. The estimate for the City of Rochester is 209,983 in 2014, down 0.3% since 210,565 in 2010.

The average household size in Monroe County is 2.41. According to the 2014 population estimates estimated population aged 5 or younger is 5.6% and the age 65 and over makes up 15.5%. The table below shows the number and percentage of the population in Monroe County by age groups.

Table 1. Population by Age, Monroe County 2014

Monroe County, Population By Age Group	Number	Percent
Total	749,857	
Under 5 years	42,241	5.6%
5 to 9 years	43,499	5.8%
10 to 14 years	46,026	6.1%
15 to 19 years	53,026	7.1%
20 to 24 years	56,989	7.6%
25 to 29 years	55,126	7.4%
30 to 34 years	47,614	6.3%
35 to 39 years	41,116	5.5%
40 to 44 years	43,981	5.9%
45 to 49 years	49,749	6.6%
50 to 54 years	55,517	7.4%
55 to 59 years	53,241	7.1%
60 to 64 years	45,684	6.1%
65 to 69 years	37,095	4.9%
70 to 74 years	26,599	3.5%
75 to 79 years	18,933	2.5%
80 to 84 years	14,806	2%
85 years and over	18,615	2.5%

Source: 2014 Population Estimates, US Census Bureau

Fifteen percent or 112,479 of Monroe County residents are African-American; of those, 73% reside within the City of Rochester. Of the County's 59,989 Latino citizens, 60% reside in the City of Rochester. The Latino community, mostly of Puerto Rican descent, is the fastest growing segment of the Rochester population.

The estimated population by race and Latino origin for Monroe County and the City of Rochester is shown in the table below.

Table 2. Population by Race and Latino Origin, 2010-2014

Monroe County % of Population by Race Alone and Latino Origin	Monroe County	City of Rochester
White, Not Latino	72%	37%
Black, Not Latino	15%	39%
Other Races, Not Latino	4%	4%
More than one Race, Not Latino	2%	3%
Latino	8%	17%

Source: 2010-2014 American Community Survey 5-year estimates., US Census Bureau

Socioeconomic Indicators

Poverty and low educational levels are associated with higher rates of illness, premature death and fair or poor self-reported health status. Having limited financial resources has an impact on access to health care, and the ability to pay for medication and purchase healthy food. Literacy levels have a profound impact on an individual’s ability to manage their health.

For the period 2010-2014, it was estimated that 15.4% of people living in Monroe County were living below the poverty level. Rochester is considered the 5th poorest city in the United States among the top 75 metropolitan areas. More than 50% of children in Rochester live in poverty, the highest for any comparably sized city in the US. ¹

The table below shows the percentage of the population living in poverty by residence, age and race and Latino origin.

Table 3. Poverty in Monroe County

Percentage of the Population Living in Poverty	Monroe County	City of Rochester
Total population	15%	34%
By Age		
Under Age 18	23%	53%
Age 65 and Older	7%	15%
By Race/Latino Origin		
White, Not Latino	9%	20%
Black	36%	42%
Latino (of any race)	35%	44%

Source: 2010-2014 American Community Survey 5-year estimates, US Census Bureau

Monroe County median household income for 2010-2014 is estimated at \$52,501. The table below shows disparity by residence and race and Latino origin.

¹ Analysis of American Community Survey Data for 2010-2014, ACT Rochester downloaded May 3, 2016
http://www.actrochester.org/sites/default/files/Rochester%27s%20Poverty%20Rate%20Rises%20According%20to%20New%20Census_December%202015.pdf

Table 4. Median Household Income Monroe County

Median Household Income	Monroe County	City of Rochester
Total population	\$52,501	\$30,784
By Race/Latino Origin		
White, Not Latino	\$60,074	\$41,427
Black	\$27,371	\$23,586
Latino (of any race)	\$29,256	\$22,127

Source: 2010-2014 American Community Survey 5-year estimates., US Census Bureau

A low graduation rate in the City of Rochester is a major socioeconomic issue for the community. Fifty-one percent of the students who entered 9th grade in 2010 in the Rochester City School District graduated four years later. The high school graduation rate county-wide in 2014 was 82%. (Source: NYS Education Department)

One distinct characteristic of Monroe County is the size of the deaf population; an estimated 10,000-15,000 primary American Sign Language (ASL) users. The deaf population is heterogeneous and complex, differentiated along lines of educational background, ASL fluency, age of onset of deafness, as well as race and ethnicity. Racial and ethnic disparities within this group, while likely, have not been well-documented.

C. Existing Facilities and Resources within the Community

Monroe County enjoys productive collaboration among its hospital systems including University of Rochester Medicine’s Strong Memorial Hospital and Highland Hospital, and Rochester Regional Health’s Rochester General and Unity Hospital. In addition to the health systems, there is a robust Monroe County Department of Public Health, a regional planning agency Finger Lakes Health System Agency, and many other relevant community initiatives.

Rochester Regional Health

Rochester Regional Health was formed in 2014 with the joining of Rochester General and Unity Health systems. These organizations share legacies that go back generations, to visionary physician and community leaders who had a passion for caring for the sick and injured families who lived in the region. It was natural that these like-minded systems – united in their missions to heal and serve people and their communities – would come together.

Rochester Regional has a bold vision for transforming healthcare beyond the traditional hospital setting to help people maintain good health in their everyday lives. Although the system includes five hospitals, it serves the community as a truly integrated health services organization. Rochester Regional Health includes hospitals, physicians, ElderONE/PACE (Program for All-Inclusive Care for the Elderly) and home health programs, outpatient laboratories, rehabilitation programs, surgical centers, independent and assisted living centers

and skilled nursing facilities. This far-reaching and comprehensive network serves families in communities across eight counties in Western New York and the Finger Lakes region.

Rochester General Hospital

Rochester General Hospital is a 528-bed acute-care facility with a medical and dental staff of 1,500 that provides services including emergency, pediatrics, obstetrics, gynecology, neurosciences and much more. The hospital has established collaborations with the Cleveland Clinic and the Roswell Park Cancer Institute and is home to a number of centers of excellence including Lipson Cancer Center and Center for Blood Disorders and the Sands-Constellation Heart Institute. Rochester General is a Certified Quality Breast Center of Excellence™ by the National Quality Measures for Breast Centers program from the National Consortium of Breast Centers, Inc.; a New York State-designated Stroke Center and a Bariatric Surgery Center of Excellence by the American Society for Metabolic and Bariatric Surgery.

Among the high points in the first half of 2016 the Rochester General Surgical Intensive Care Unit was a recipient of the GOLD level of the Beacon Award for Excellence from the American Association of Critical-Care Nurses. In addition, the hospital was named one of America's 100 Best Hospitals, as well as a Distinguished Hospital for Clinical Excellence by HealthGrades. Rochester General was also awarded Blue Distinction Center+ designation for Maternity Care.

Unity Hospital

Unity Hospital is a 287-bed community hospital in the town of Greece that provides medical, surgical and rehabilitation services. After a four-year total renovation (completed 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 and Rehabilitation Center, the Charles J. August Joint Replacement Center and the August Family Birth Place. The hospital is also a New York State-designated Stroke Center.

In the first five months of 2016, Unity Hospital was recognized in numerous ways, including the Golisano Restorative Neurology and Rehabilitation program receiving its eighth consecutive CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation; Unity Hospital's Spine Surgery and Knee and Hip Replacement programs as well as the Family Birth Place designated Blue Distinction Centers+ by the BlueCross BlueShield Association; and the Park Ridge Living Center named a Top-Performing Nursing Facility for achieving the top quintile in the last three years of the Nursing Home Quality Initiative (NHQI) from the Department of Health.

University of Rochester Medicine

One of the nation's top academic medical centers, URMedicine forms the centerpiece of a patient care network consists of Strong Memorial Hospital (including Golisano Children's Hospital), Highland Hospital, and affiliates Thompson Health, the Eastman Institute for Oral Health, Visiting Nurse Service, and the University of Rochester Medical Faculty Group. Student rosters include approximately 400 medical students, 550 graduate students, and 600 residents and fellows who are engaged in community service throughout their education. Two hospitals in Monroe County are in the UR Medicine health system, Strong Memorial Hospital and Highland Hospital.

Strong Memorial Hospital

The University's health care delivery network is anchored by Strong Memorial Hospital, an 830-bed, University-owned teaching hospital. Strong boasts a state-designated Level One Trauma and Burn Center, pioneering transplant programs, a comprehensive cardiac service, esteemed programs for conditions such as Parkinson's Disease, epilepsy, and other neuromuscular illnesses, as well as tertiary care pediatric services delivered through the 132-bed Golisano Children's Hospital. With a solid reputation for quality, Strong Memorial has earned the National Research Corporation's "Consumer Choice Award" all 19 years since the award's inception.

U.S. News & World Report consistently lists Strong's adult and pediatric specialty programs in its rankings of Best Hospitals in America. Last year, Strong ranked four adult specialties in the Top 50 – Neurology/Neurosurgery, Gynecology, Endocrinology and Nephrology– in addition to eight "high performing" specialties, with scores nearly as high as the Top 50. In addition, two pediatric specialties – Nephrology and Endocrinology – rank in the Top 50. The Palliative Care Program received the Gold Seal of Approval from the Commission, becoming the third in the nation – and the first at an academic medical center – to receive this level of recognition. The Commission also awarded special recognition to the Program in Heart Failure and Transplantation for both its heart failure and ventricular assist device programs. Strong offers the only comprehensive cardiac program in Upstate New York, with prevention services, 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's cardiac and stroke programs are honored by the American Heart Association/American Stroke Association's Get With the Guidelines initiative. Strong also was tapped for the Target: Stroke Honor Role, which recognizes hospitals that have consistently and successfully reduced the time between a stroke victim's arrival at the hospital and treatment.

Highland Hospital

Highland delivers Medicine of the Highest Order in a community hospital where compassion, quality, and family-centered care are our guiding principles. Highland is an affiliate of UR Medicine. The main hospital campus, located at 1000 South Avenue in Rochester, is home to a 261-bed acute care facility. The hospital has 2,707 employees. The medical staff, which includes UR Medicine-affiliated and community physicians those who do cases or refer patients to the hospital, numbers 1220. The hospital serves the urban Rochester area and surrounding counties (Monroe, Genesee, Livingston, Ontario, Orleans and Wayne). Its Wolk Emergency Department and Observation Unit see more than 42,000 visits each year. Patients also travel to Highland from the upstate New York region and Pennsylvania for outstanding medical care and specialty services, 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 an extensive network of more than 11 Primary Care-affiliated practices. In addition, Highland Family Medicine is the largest provider of Family Medicine in upstate New York with an extensive network comprised of both private community and University of Rochester Medical Faculty Group physicians.

In late 2016, the hospital will complete construction on a new two-story, 30,000 square-foot building addition on the south side of the hospital's current campus. The new building and renovation of existing hospital space will provide room for six new operating rooms and a 26-bed Observation Unit. Highland Hospital conducts many health and wellness education events throughout the year. Examples include free or low-cost health education programs on topics related to aging, diabetes management, joint pain/joint replacement, and Bariatric surgery. Free mammography screening days are offered through UR Medicine Breast Imaging at Highland Hospital and other convenient locations each year for uninsured/underinsured women. Highland's medical staff provides health information and wellness screenings at numerous community events such as annual health fairs.

In addition to the outstanding health care system in Monroe County, several other resources are available through collaborative organizations, most notably:

The Monroe County Department of Public Health (MCDPH) provides direct services designed to protect the public from health risks, disease, and environmental hazards, by providing preventive services, education, and enforcement of health codes.

The 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, HIV screening and treatment, WIC - a supplemental food and nutrition program for women and children, and Nurse Family Partnership, an evidence-based, nurse-led home visiting program for first time mothers with limited income.

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.

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 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 family include the Office of the Medical Examiner and Starlight Pediatrics, which provides medical care for children in foster care.

The Center for Community Health (CCH). UR Medicine has a long-standing and unusually robust commitment to community health, recognized as its fourth mission, along with research, education and patient care. The Center for Community Health was established in 2006 to support community-academic public health partnerships and to provide consultation to faculty, students and staff to establish community initiatives and research. Its mission is to *join forces with the community to eliminate disparities and improve health through research, education and service*. Today, the CCH includes more than 60 faculty and staff and manages multiple programs funded by \$5.6 million per year (Calendar year 2011) of extramural funding. In addition, the CCH is supported by the URMC financial, legal, and management infrastructure.

The Finger Lakes Health Systems Agency (FLHSA) is the community-based health planning agency dedicated to promoting the health of the region's population. The organization provides a neutral community table for comprehensive planning among the health systems of the region. In addition, FLHSA is skilled in supporting and facilitating diverse coalitions. They have provided coordination and staff-support to the African American and Latino Health Coalitions and are the lead agency for HEALTHI Kids and for the Rochester Business Alliance High Blood Pressure Initiative.

- HEALTHI Kids is a policy and practice advocacy coalition addressing environmental solutions to promote healthy weight among children. The HEALTHI Kids' Policy Team includes 27 organizations. Funded by the Greater Rochester Health Foundation (GRHF), the Robert Wood Johnson Foundation under its Healthy Kids, Healthy Communities initiative, and the NY Department of Health, this coalition has galvanized over 1,000 community constituents.
- The African American and Latino Health Coalitions, convened under the FLHSA umbrella, bring together community members, health professionals, and the FLHSA staff to define unmet needs, engage community members, develop new thought leaders, increase community knowledge, and develop standards and improve collection of data on patients' race, ethnicity, and preferred language. Each coalition has created a comprehensive report identifying pressing health issues and disparities confronting their respective communities. The *Nuestra Salud* ("Our Health") report offers strategies to expand access to care, reduce the uninsured Latino population, help health care providers meet the unique needs of Latinos, and empower the Latino community to be better health care consumers. The "What's Goin on?" report specifically explores the link between the cultural environment and health behaviors for African Americans and makes a collective call for community action.

The Greater Rochester Chamber of Commerce (GRCC) Healthcare Planning Team and the High Blood Pressure Collaborative, are increasingly engaged in addressing health in the worksite and the community. High Blood Pressure Collaborative, a group of more than 70 individuals from 40 organizations, works together to increase the percentage of people with high blood pressure who meet goal blood pressure measures through interventions in worksites, the community and the health care system. The long term goal is to decrease the incidence of heart attacks, heart failure, strokes, and kidney failure.

The GRCC has worked with the community on a variety of health issues including support for the local regional health care information organization, the application of Lean Six Sigma approaches to hospital management, and the use of community health workers. The "eat well, live well" challenge, sponsored by Wegmans Food Markets (Business Week 11/23/09; HHS Certificate of Recognition for Outstanding Prevention Efforts, 2007) has been effective in promoting physical activity and nutrition. Over the past four years, 160,000 employees of 350 local organizations have participated, walking more than 60 billion steps and consuming 24 million cups of fruits and vegetables.

The **Smoking and Health Action Coalition (SHAC)** of Monroe County is a Community Partnership of the New York State Tobacco Control Program. The goals of the coalition are to: promote cessation from tobacco use; decrease the social acceptability of tobacco use; prevent the initiation of tobacco use among youth and young adults; and eliminate exposure to

secondhand smoke. SHAC works to reduce the impact of retail tobacco product marketing on youth and provides education around laws, regulations and voluntary policies that create tobacco-free outdoor spaces and smoke free housing. Current member agencies include: MCDPH, American Lung Association, American Heart Association, American Cancer Society, the Monroe County Medical Society, and the Center for Tobacco Free Finger Lakes of URM.

Center for Tobacco Free Finger Lakes (CTFFL), formerly Greater Rochester Tobacco Cessation Center is centered in UR Medicine. CTFFL is funded by the NYS Department of Health (DOH) to provide training and technical assistance to all healthcare providers. CTFFL uses evidence-based resources and programs to assist providers in the design and implementation of office-based systems that identify and effectively treat tobacco dependence, according to the Department of Health and Human Services Clinical Practice Guidelines.

National Center for Deaf Health Research (NCDHR), a CDC-funded prevention research center, is another community asset in Monroe County. Initially funded in 2004, NCDHR's mission is health promotion and disease prevention with deaf and hard-of-hearing populations through community based participatory research.

Three recent Rochester community initiatives are notable for this CHNA:

Rochester-Monroe Anti-Poverty Initiative (RMAPI) run through the United Way is a community-wide effort to reduce poverty in the Rochester and Monroe County region. This initiative is made possible by extraordinary community collaboration and integration with community leaders, local and state government, service providers and practitioners, faith institutions, volunteers, youth advocates, and importantly, the active participation of people impacted by poverty. This initiative was prompted by the Poverty Report and has as its goal to reduce poverty in the Rochester and Monroe County region by 50% over the next 15 years. RMAPI is supported through the Upstate Revitalization Initiative in New York.

Delivery System Reform Incentive Payment (DSRIP) Program. DSRIP is the main mechanism by which New York State will implement the Medicaid Redesign Team (MRT) Waiver Amendment. DSRIP's purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to \$6.42 billion dollars are allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health. Monroe County is part of a 13 county region in upstate New York that oversees DSRIP activities for our community. The regional collaborative is called FLPPS, Finger Lakes Performing Provider System, and 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. FLPPS encompasses both hospital systems in Monroe County. Collectively, FLPPS

constructed an application proposal for funding to the state and has a plan for Medicaid reform that has eleven project areas. To learn more about FLPPS view www.FLPPS.org.

Transforming Primary Care Delivery: Monroe County CMMI Grant. In July 2012, the Finger Lakes Health System Agency was awarded \$26.6M through the Centers for Medicaid and Medicare Innovations (CMMI) to be used for the project: Transforming Primary Care Delivery: A Community Partnership. Over the three year grant period, Finger Lakes and the community has worked with 65 primary care practices, integrating these practices with those already involved with the on-going Primary Care Medical Home pilot and care manager project practices. This penetration is reaching 80% of the at-risk population in the six county region. The intervention targets practices with high numbers of patients “at risk” for avoidable utilization of hospital and ED services. This was the largest CMMI grant awarded nationwide and is understandably a huge resource and transforming force for the community in Monroe County. All hospital systems were involved in this grant and most of the 65 targeted primary care practices are affiliated with one of the hospital systems.

Determining Health Issues of Concern for the Community

D. Obtaining Data

The Monroe County Community Health Needs Assessment (CHNA) began with a review of the 2013 CHNA and the state-required Progress Report of 2015 of the community health improvement plan based on the 2013 CHNA. The Community Health Improvement Workgroup has been meeting monthly, and set a schedule to review the data starting in December 2015. The primary consistent source of data used to prioritize the health needs of our community was the New York State Prevention Agenda, especially the county level dashboards. There are 44 county level community health indicators spanning five focus areas. However, several other sources of data were used to assess our community and are given as references in the end notes to this document. Key sources, among others, include:

- 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)
- Monroe County Youth Risk Behavior Survey data
- Local Monroe County Blood Pressure Registry data of patients diagnosed with hypertension and some identity protected electronic medical record information

- County Health Rankings and Roadmaps. This tool presents an effective report showing county health outcomes in light of behavior, clinical care, environment, and socioeconomics. Monroe scores well in clinical care, however much worse in

socioeconomics and behavior, prompting the CHIW to think beyond health care delivery to improve community health outcomes. <http://www.countyhealthrankings.org/>

- NYS Prevention Agenda Dashboard 2013-2018. This is an interactive visual presentation of the Prevention Agenda tracking indicator data at state and county levels. It serves as a key source for monitoring progress that communities around the state have made with regard to meeting the Prevention Agenda 2018 objectives. The state dashboard homepage displays a quick view of the most current data for New York State and the Prevention Agenda 2018 objectives for approximately 100 tracking indicators. The most current data are compared to data from previous time periods to assess the performance for each indicator. Historical (trend) data can be easily accessed and county data (maps and bar charts) are also available for each Prevention Agenda tracking indicator. Information for Monroe County can be found here: https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=26
- ACT Rochester is a site critical for data related to the social determinants of health. This data was reviewed by the CHIW. Poverty and education play critical roles in health and present major barriers to success in our implementation strategy. Data on Monroe County social determinants of health can be found here: <http://www.actrochester.org/>
- Monroe County Adult Health Survey. This phone survey is very similar to the Behavior Risk Factor Survey administered nationally through the Centers for Disease Control and Prevention (CDC). The Adult Health Survey was first administered in 1997 and was repeated again in 2000, 2006, and most recently in the spring and summer of 2012. In the 2012 survey, 1800 responses were collected with half of the respondents from city zip codes. Oversampling was completed in zip codes with high proportions of residents with limited income, African American and Latino residents in order to achieve sufficient numbers of responses from these groups. Results of the Monroe County Adult Health Survey were discussed with community members in community forums through a process called Health Action. Reports from the survey and from Health Action can be found here: <http://www2.monroecounty.gov/health-healthdata.php#surveys>

E. Health Needs of the Community

The Community Health Improvement Workgroup collected and reviewed data from the data sources described above. As discussed, The Prevention Agenda Dashboard for Monroe County was reviewed. We identified indicators that were worse than the NYS average and/or they did not meet the Prevention Agenda targets. Finally new data sources were reviewed including accidental deaths related to heroin/fentanyl, and Adverse Childhood Experiences from the 2014-2015 Monroe County Youth Risk Behavior Survey.

In the table below are all of the county level Prevention Agenda metrics where the indicators were worse in Monroe County than NYS and/or not at the PA target.

Table 5. Problem Indicators - Monroe County from the NYS Prevention Agenda County Dashboard

Indicator	Monroe County	New York State	NYS2017 Objective
Healthy and Safe Environments			
7.1 Assault related hospitalizations: ratio of black:white	10.39	7.36	6.69
7.3 Assault related hospitalizations: ratio of low:high income	7.98	3.22	2.92
10. % of employed workers who use alternate transportation	17.7	44.9 wNYC	49.2
11. % of population with low-income and low access to a supermarket or large grocery store (data from 2010)	6.93	2.49	2.23
Prevent Chronic Disease			
14. % of adults who are obese - Disparities for race and zip			
16. % of adults who smoke – (and disparities on race and SES)	14.5	15.6	12.3
17. % of adults who receive colorectal cancer screening	68.8	69.3	80
22. Rate of adult hospitalizations for short-term complications of diabetes per 10,000	8.07	6.29	4.86
Prevent HIV/STD, Vaccine Preventable Diseases and HAI			
23. % of children with immunization series at 19-35 months	65.2		80
24. % of adolescent females with 3 doses of HPV 13-17 yrs.	40.4		50
27. Gonorrhea case rate per 100,000 women 15-44 yrs	328.7	188.6	183.4
28. Gonorrhea case rate per 100,000 men 15-44 years	301.5	267.7	199.5
29. Chlamydia case rate per 100,000 women 15-44 years	1932	1536	1458
Promote Healthy Women Infants and Children			
32. Percent of preterm births	10.5	10.9	10.2
32.1 Premature births: ratio of Black to White	1.51	1.61	1.42
32.2 Premature births: ratio of Hispanic to White	1.35	1.24	1.12
32.3 Premature births: ratio of Medicaid to non-Medicaid	1.35	1.09	1
33.1, 33.2, 33.3 Disparity in exclusively breastfed babies			
38.1 Adolescent pregnancy: Ratio of Black to White	6.31	5.25	4.9
38.2 Adolescent pregnancy: Ratio of Hispanics to White	4.91	4.36	4.1
39. % of unintended pregnancy among live births	32.4	25.4	23.8
39.1, 39.2: % of unintended pregnancy, disparity race and Medicaid			
41. % of live births that occur within 24 m of a previous pregnancy	23.4	18.5	17
Promote Mental Health and Substance Abuse			
44. Age-adjusted suicide death rate per 100,000	8.8	8	5.9

On the following pages are the results of the Community Health Improvement Workgroup’s more in depth review of issues that emerged from the Prevention Agenda assessment. In addition, the Monroe County Department of Public Health noted some emerging health issues for the team to consider, including deaths due to Heroin and Adverse Childhood Experiences from the 2014-2015 Monroe County Youth Risk Behavior Survey. There are 13 high need health topic areas that are supported with data on the pages to follow.

Monroe County Prevention Agenda Measures

12 Focus areas in which indicators are worse than New York State, not at the Target and/or there are large disparities based on race or socioeconomic status

1. Reduce obesity in children and adults

- 25% of adults and 15% of children are in the obese weight category
- 50% of newborn infants are exclusively breastfed
- 23% of adults report food insecurity
- 20.5% of children live in food insecure households
- These rates are similar to NYS, but there are significant disparities:
 - Adult obesity - about 1.5 times higher Blacks & Latinos compared to whites
 - Child obesity – about 1.5 times higher city compared to suburbs, Blacks & Latinos compared to Whites
 - Breastfeeding – about 2 times lower Blacks & Latinos compared to Whites and Medicaid enrollees compared to those not on Medicaid.

2. Reduce illness, disability and death related to tobacco use and secondhand smoke exposure

- 15% of adults smoke
- 11% of pregnant women smoked during pregnancy
- These rates are similar to NYS, but there are significant disparities:
 - Adult smoking –
 - 1.6 times higher Blacks compared to Whites
 - 1.8 times higher low income compared to the total population
 - More than 2 times higher among those who report poor mental health, compared to the total population
 - Smoking during pregnancy
 - 5 times higher Medicaid enrollees, compared to those not on Medicaid
 - 2.3 times higher city compared to suburbs
 - 1.4 times higher Blacks compared to Whites

3. Increase screening for colorectal cancer

- 69% of adults age 50-75 received recommended colorectal cancer screening, which is similar to the rate in NYS.
- Only 43% of Medicaid enrollees however have received the recommended colorectal cancer screening.

4. Promote evidence-based chronic disease care

- The rate of hospitalizations due to short term complications from diabetes is (8/10,000) which is higher than the rate in NYS (6/10,000) and there are significant disparities:
 - 4.3 times higher Blacks compared to Whites
 - 2.2 times higher Latinos compared to Whites
- 70% of those with high blood pressure are in control, but there are significant disparities:
 - 1.3 times lower Blacks & Latinos compared to Whites
 - 1.2 times lower among those who live in low income zip codes compared to those in high income zip codes

5. Reduce violence by supporting violence prevention programs

- The rates of assault related hospitalizations (4.1/100,000) is the same as NYS, however there are significant disparities:
 - 10.4 times higher African Americans compared to Whites
 - 3.4 times higher Latinos compared to Whites
 - 8 times higher low income zip codes compared to rest of the county

6. Increase the % of children who receive comprehensive well child health services in accordance with AAP guidelines

- 71% of children enrolled in Medicaid and child health plus receive the recommended well child visits which is similar to the percentage in NYS (72%)
- 65% of 19-35 month old children are up-to-date on their immunizations, which is slightly higher than the rate in NYS excluding NYC (60%).

7. Reduce premature births

- The premature birth rate (10.5%) is similar to NYS (10.9%), but there are disparities:
 - 1.5 times higher Blacks compared to Whites
 - 1.4 times higher Latinos compared to Whites
 - 1.4 times higher Medicaid enrollees compared to not on Medicaid
- The rate of newborns with a drug related diagnosis (180/10,000) is higher than the rate in NYS (95/10,000)

8. Reduce rates of teen and unplanned pregnancies

- The teen pregnancy rate in Monroe County (17.3/1,000) has declined and is lower than the rate in NYS (19.3) There are still significant disparities:
 - 6 times higher Blacks compared to Whites
 - 5 times higher Latinos compared to Whites
- 32% of births are the result of an unplanned pregnancy, which is higher than the NYS rate (25%) and there are certain populations with high rates:
 - 58% - Blacks
 - 46% -Latinos
 - 53% Medicaid enrollees

9. Decrease sexually transmitted diseases morbidity

- The gonorrhea case rate among females age 15-44 (329/100,00) is 1.7 times higher than the rate in NYS
- The chlamydia case rate among females age 15-44 is (1,932/100,000) is 1.3 times higher than the rate in NYS

10. Prevent, reduce and address adverse childhood experiences (ACES)

- 70% of public high school students and 87% of RCHSD students report experiencing one or more adverse childhood experience (trauma)
- 27% of public high school students report feeling sad/hopeless every day for 2+ weeks in past year
- 11% of adults report frequent mental distress

11. Prevent substance abuse (including an emerging issue, heroin deaths)

- 80 residents died from accidental heroin overdose in 2014, a 70% increase since 2013.
- Of public high school students:
 - 22% report using marijuana in the past 30 days
 - 10% report ever using a prescription drug to get high
 - 5% report ever using heroin
 - 15% report binge drinking in the past month
- 19% of adults report binge drinking in the past month

12. Prevent suicides

- The suicide death rate (8.8/100,000) is higher than the rate in NYS (8/100,000)
- 8% of public high school students reporting attempting suicide in the past year and 4% reported an attempt that resulted in an injury that required medical care

Data Sources

Adult Obesity - Expanded Behavioral Risk Factor Surveillance Survey (eBRFSS) Health Indicators by County and Region: 2013 -2014, age adjusted rate. Used crude rates by race. <https://health.data.ny.gov/Health/Expanded-Behavioral-Risk-Factor-Surveillance-Surve/jsy7-eb4n>

Childhood Obesity - Monroe County Children's Weight Status, 2012, URMC Department of Pediatrics, funded by the Greater Rochester Health Foundation

Newborn infants exclusively breastfed - Vital Records, NYSDOH, 2013

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest? program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=it&id=pa43_0

Food insecurity - Expanded Behavioral Risk Factor Surveillance Survey (eBRFSS) Health Indicators by County and Region: 2013 -2014, age adjusted rate. Crude rates by race. <https://health.data.ny.gov/Health/Expanded-Behavioral-Risk-Factor-Surveillance-Surve/jsy7-eb4n>

http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/2014/NY_AllCounties_CDs_CFI_2014.pdf

Adult smoking - Expanded Behavioral Risk Factor Surveillance Survey (eBRFSS) Health Indicators by County and Region: 2013 -2014, age adjusted rate. Crude rates by race, income, poor mental health. <https://health.data.ny.gov/Health/Expanded-Behavioral-Risk-Factor-Surveillance-Surve/jsy7-eb4n>

Smoking during pregnancy – Vital Records, 2013 MCDPH

Colorectal cancer screening- Expanded Behavioral Risk Factor Surveillance Survey (eBRFSS) Health Indicators by County and Region: 2013 -2014, crude rate.

Colorectal cancer screening among Medicaid population - Medicaid Delivery System Reform Incentive Payment (DSRIP) Clinical Metrics, 2013.

<https://health.data.ny.gov/Health/Medicaid-Delivery-System-Reform-Incentive-Payment-/e2qd-mx59>

Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 18+ years, 2011-2013 – SPARCS, NYSDOH.

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest? program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=it&id=pa29_0 Data by Race/Latino Origin

<http://www.health.ny.gov/statistics/community/minority/county/monroe.htm>

Control rate among those with High Blood Pressure- FLHSA, June 2015

Assault related hospitalization rates – SPARCS, NYSDOH, 2011-2015.

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest? program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=26

% of children who receive comprehensive well child health services in accordance with AAP guidelines - NYSDOH Office of Quality and Patient Safety, 2013.

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest? program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=26

% of 19-35 month old children up-to-date on their immunizations -Percentage of children with 4:3:1:3:3:1:4 immunization series, NYS Immunization Information System data as of January 2015.

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest? program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=26

Premature birth rate – Vital Records, NYSDOH, 2011-2013

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest? program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=26

Rate of newborns with a drug related diagnosis – SPARCS, NYSDOH, 2011-2013 <http://www.health.ny.gov/statistics/chac/hospital/h46.htm>

Adolescent pregnancy rate per 1,000 females - Aged 15-17 years –Vital Records, NYSDOH, 2013

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest? program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=26

Percentage of unintended pregnancy among live births- Vital Records, NYSDOH, 2013

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest? program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=26

Gonorrhea case rate per 100,000 women - Aged 15-44 years - NYS STD Surveillance System data, 2013

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest? program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=26

Chlamydia case rate per 100,000 women - Aged 15-44 years - NYS STD Surveillance System data, 2013

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest? program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=26

Public High School Students reporting ACES and Feeling Sad/Hopeless – Youth Risk Behavior Survey, 2014-2015, MCDPH. <http://www2.monroecounty.gov/health-healthdata.php#surveys>

Adults Reporting Frequent Mental Distress - Expanded Behavioral Risk Factor Surveillance Survey (eBRFSS) Health Indicators by County and Region: 2013 -2014, age adjusted rate. <https://health.data.ny.gov/Health/Expanded-Behavioral-Risk-Factor-Surveillance-Surve/jsy7-eb4n>

Accidental Heroin Overdoses – Office of the Medical Examiner, Monroe County, NY, 2014

Public High School Students reporting Substance Use and Binge Drinking – Youth Risk Behavior Survey, 2014-2015, MCDPH. <http://www2.monroecounty.gov/health-healthdata.php#surveys>

Adults Reporting Binge Drinking - Expanded Behavioral Risk Factor Surveillance Survey (eBRFSS) Health Indicators by County and Region: 2013 -2014, age adjusted rate. <https://health.data.ny.gov/Health/Expanded-Behavioral-Risk-Factor-Surveillance-Surve/jsy7-eb4n>

Age-adjusted suicide death rate per 100,000 – Vital Records, NYSDOH, 2011-2013

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest? program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=26

F. Health Issues of Uninsured, Low Income and Minority Members of the Community
 Several health disparities were identified in the data already presented, and summarized below. Of course, this is only disparity data presented for those indicators that the state reports disparity for. All members of CHIW are critically aware of the disparities that exist in our community for virtually every health outcome based on race, ethnicity and socioeconomic status including poverty, income, and education.

Table 6. New York State Prevention Agenda Indicators where Disparity Exists

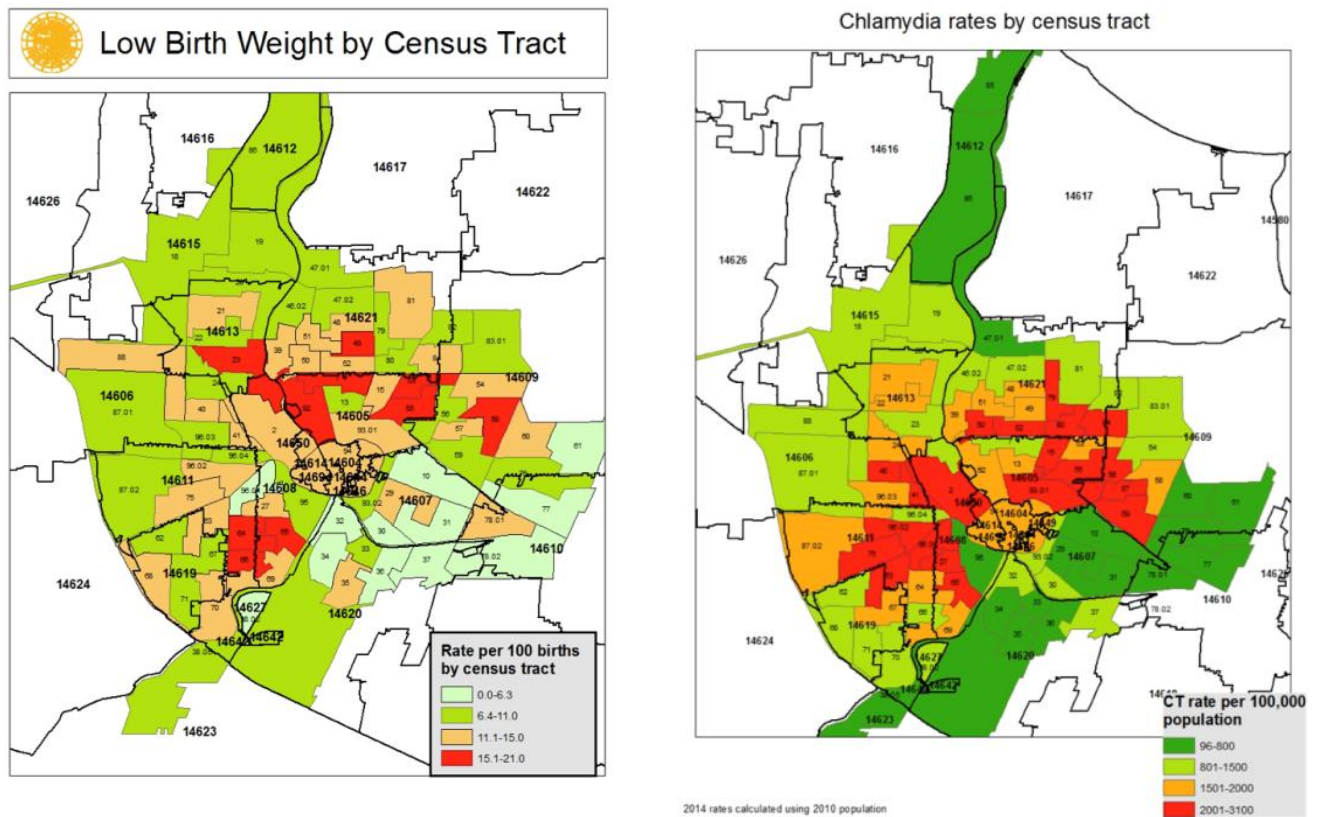
Indicator	Monroe County	New York State	NYS2017 Objective
Healthy and Safe Environments			
7.1 Assault related hospitalizations: ratio of black:white	10.39	7.36	6.69
7.3 Assault related hospitalizations: ratio of low:high income	7.98	3.22	2.92
Prevent Chronic Disease			
14. % of adults who are obese - Disparities for race and zip			
16. % of adults who smoke – (and disparities on race and SES)	14.5	15.6	12.3
Promote Healthy Women Infants and Children			
32.1 Premature births: ratio of Black to White	1.51	1.61	1.42
32.2 Premature births: ratio of Hispanic to White	1.35	1.24	1.12
32.3 Premature births: ratio of Medicaid to non-Medicaid	1.35	1.09	1
33.1, 33.2, 33.3 Disparity in exclusively breastfed babies			
38.1 Adolescent pregnancy: Ratio of Black to White	6.31	5.25	4.9
38.2 Adolescent pregnancy: Ratio of Hispanics to White	4.91	4.36	4.1
39.1, 39.2: % of unintended pregnancy, disparity race and Medicaid			

Several members of the CHIW have explored disparity extensively and in fact the Finger Lakes Health System Agency facilitates two strong groups in Monroe County, the African American Health Coalition and the Latino Health Coalition. The CHIW team reviewed reports published by the Finger Lakes Health Systems Agency, “What’s Goin’ On?” and “Nuestra Salud” (Our Health) that highlighted significant health disparities in socioeconomically disadvantaged areas of the City of Rochester² developed with the coalitions. Several neighborhoods highlighted in the reports suffer from high rates of crime, poor housing, limited access to healthy foods and easy access to unhealthy foods, tobacco and liquor.

In addition, the Monroe County Department of Public Health is able to create GIS maps by zip code, and often by census tracts on several health outcomes, particularly the ones identified from the prevention agenda. Maps for low birth weights and chlamydia are shown below.

² Source: FLHSA, <http://www.flhsa.org/health-disparities>. Zip codes 14605, 14606, 14608, 14609, 14611, 14613, 14619, 14621.

Figure 2. Map of Health Disparity by Census Tract in Rochester for Low Birth Weight and Chlamydia Rates



An overall measure of health has also been examined by the health department, that being years of potential life lost. This metric can be charted against zip codes in Rochester, as below.

Figure 3. Average Years of Potential Life Lost Before age 75 by Zip Code, 2011-2013

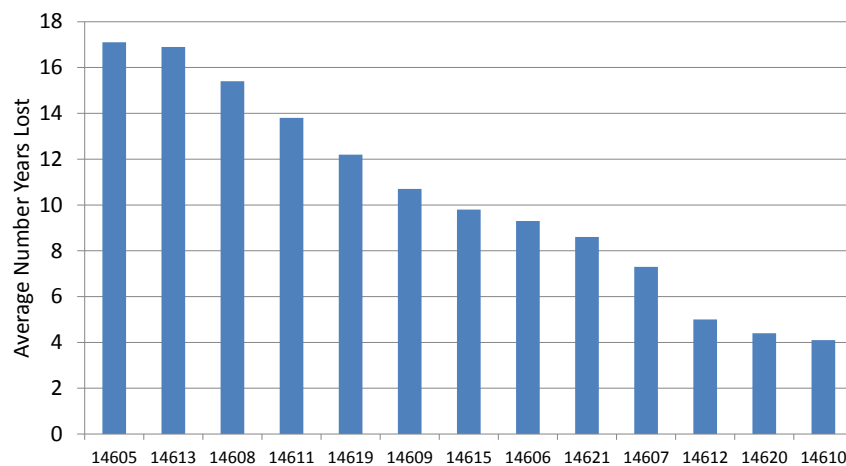
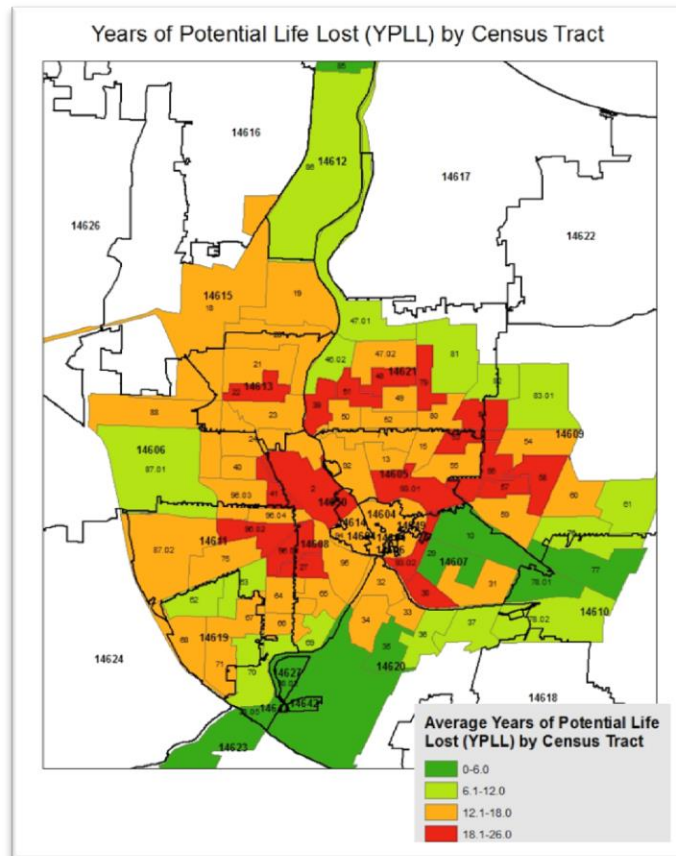


Figure 4. Average Years of Potential Life Lost Before age 75 by Census Tract, 2011-2013



G. The Process for Identifying and Prioritizing Community Health Needs and Services
 The CHIW met several times to discuss the 12 top identified health needs for Monroe County and how best to prioritize them. Several opinions were taken into account in this process. Members of the CHIW, including hospital representatives, leaders from the health department, leaders from the FLHSA planning agency, leaders from DSRIP and several community health experts freely discussed the topic areas that they would prioritize. In the CHIW discussions, a prioritization tool was used where members ranked the identified health issues based on:

- IMPORTANCE- how many people are affected, how much disability and illness is caused by this issue, and the long-term impact on health?
- LIKELIHOOD OF IMPACTFUL SUCCESS – Will this result in substantial health improvement in 3-5 years?
- COMMUNITY SUPPORT – how much support is there among community leaders, partner organizations, and residents?
- HOSPITAL SUPPORT – how much support is there among hospital leaders?
- FILL A GAP – will this fill a gap in services/initiatives currently provided in Monroe County?
- LARGE HEALTH DISPARITY – does this initiative address an important disparity?

Critical to the CHIW discussion was the desires of the community which we serve. Community input was strongly considered and is discussed in section H below. The CHIW also considered services already being provided in the community, and how we could best develop synergy with existing processes. One example is the RMAPI.

The Rochester-Monroe Anti-Poverty Initiative at United Way (RMAPI), in 2015, formed six workgroups including Health & Nutrition, Education, Housing, Jobs, Justice System and Safe Neighborhoods with cross-section representation including community members. Recommendations from the Health and Nutrition Work Group centered around food access, screening for food insecurity, food literacy, and preventing and addressing trauma across the lifespan (including empowering every woman in her sexual and reproductive choices.)³

Other examples include work that was started with the CHNA 2013 process. The health priorities around tobacco use and around chronic disease management and control, particularly for high blood pressure are well established in our community, and several coalitions and health facilities have begun substantial work addressing these issues. For this reason, these two topic areas rose to the top of our priority list.

The NYS Department of Health and the NYS Hospital Association (HANYs) have required that the state mandated community service plan for each hospital and health department focus on at least two focus areas defined by the Prevention Agenda, and also address one health disparity. The state made recommendations on which actions they prefer communities to pursue, although the list was extensive. Overall, after considering the opinions of the CHIW members, the community, the State of New York and our health data, the following priorities were chosen.

Monroe County Joint CHNA 2016: Priority Areas

Prevent Chronic Disease

1. Tobacco use
2. Heart health

Promote Healthy Women, Infants and Children

3. Unplanned pregnancy
4. Food insecurity among families

Promote Mental Health and Prevent Substance Abuse

5. Opioid misuse and death

³ Poverty Initiative at United Way of Greater Rochester. PROGRESS REPORT: A Roadmap for Change, September 2015.

<https://www.uwrochester.org/UnitedWayOfRochester/media/Our-Work-Results/Documents/RMAPI-Progress-Report-October-2015-print-version.pdf>

H. Community Interests

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 90 minute CHIW meeting in February was dedicated to reviewing community input from significant recent initiatives in Monroe County.

i. DSRIP

Focus groups and key informant interviews were conducted by Finger Lakes Health Systems Agency for the DSRIP Community Needs Assessment in 2015.⁴ The focus group findings provided insight into issues impacting health of the Medicaid population. The key findings from the DSRIP focus groups were:

- People cannot be healthy, and cannot stay activated to manage their complex physical and mental health care needs, unless and until their simple basic needs -- food, clothing, shelter, safety -- are met. *"When you live in poverty, your health is not your top priority."*
- Differentiation and segmentation between those who are Black or Hispanic or white, urban or rural, is irrelevant- poverty is poverty!
- Transportation represents a severe challenge to the impoverished and making it extremely difficult to go to different sites for different diagnoses
- Integrated comprehensive care is vital because of the fact that people routinely grapple with multiple diagnoses, situations, and complications all at the same time
- Needs of Medicaid patients are complex, cannot be discussed or addressed in the limited time within which doctors are expected to meet productivity expectations.
- Effective and empathetic listening is the key to improve outcomes
- The people who shared their stories were not ignorant about their health conditions and their health needs. They may or may not be educated, but they know their bodies -- and their children's bodies -- better than anyone.

Three key themes from the focus groups included 1. the effect of social determinants including poverty on health, 2. health literacy and the impact it has on people's ability to manage their health and 3. the importance of culturally appropriate care.

⁴ COMMUNITY NEEDS ASSESSMENT, FINGER LAKES PERFORMING PROVIDER SYSTEM DELIVERY SYSTEM REFORM INCENTIVE PROGRAM. December 18, 2014. Finger Lakes Health Systems Agency. Pages 100-106.
<http://www.flhsa.org/Media/Default/documents/DSRIP/FINAL%20CNA%20Report%2012-18-14.pdf>

ii. High Blood Pressure Collaborative Focus Groups

In 2014, the Finger Lakes Health Systems Agency in Collaboration with the High Blood Pressure Collaborative of the Rochester Chamber of Commerce, conducted a series of focus groups with people diagnosed with high blood pressure. Results of these focus groups which asked about control of high blood pressure, and which were conducted with the African American and Latino health coalitions, included:

- Many patients seem to know what to do to control BP, but they have difficulty implementing strategies due to outside factors including stress, mental health, finances, racism, crime, social isolation, lack of time, fast food, no time to exercise.
- Lack transportation to stores with healthy foods
- Food is a big part of culture, hard to change
- Forget to take medication

Suggested Solutions:

- For every new HBP diagnosis, a “NOW WHAT?!” introductory user’s guide / group session / video / online YouTube link.
- Teach people what to expect, what to do, and what resources are available to help them. Classes/coaching sessions
- Key message = “You’ve got to take ownership for yourself.”
- Lifestyle management
- Dealing with stress
- Free organized public exercise offerings (walks)
- Connectivity will help people feel safer and less threatened, less alone. Supporting one another is critical, whether face-to-face, via e-mail, Facebook, phone, etc. *“Being lonely and bored is stressful, depressing, and unhealthy.”*
- Cooking lessons/demonstrations

Key themes identified during the focus groups included a need to support people in making lifestyle changes, health literacy, and strategies around medication compliance.

iii. Rochester-Monroe Anti-Poverty Initiative (RMAPI)

Several common themes emerged from extensive focus groups for the Rochester-Monroe Anti-Poverty Initiative. The focus group methods are fully discussed in their reports which can be found here:

Common overall themes included:

- **Community Building**
 - People want to stay in their neighborhoods, but need:
 - Affordable, quality housing
 - Access to healthy food

- Safety
- Jobs/Business development
- Community centers-education, training, support services
- Transportation
- Community health campuses
- **Structural racism**
 - A system in which public policies, institutional practices, cultural representations and other norms work in various, often reinforcing ways to perpetuate racial group inequity.
- **Poverty induced trauma**
 - Impacts child development
 - Negatively affects cognitive function/executive functioning skills in adults

In addition, a separate subcommittee was formed called the Health and Nutrition workgroup that developed four initial recommendations.

Recommendation #1: Health and Nutrition: Food as Medicine

Expand access to and increased demand for healthy foods by:

- Funding development of tool and reimburse hc providers to screen for food insecurity and refer for nutrition/benefit referral services
- Increasing funding for programs that incentivize low-income individuals to purchase nutritious foods
- Increasing availability of community-based food literacy and nutrition education programs and incentive participation through increased nutrition assistance benefits (SNAP/WIC)
- Increasing funding for and help accessing current nutrition assistance benefits (SNAP/WIC)

Recommendation #2: Health & Nutrition: Preventing and Addressing Trauma

Minimize family/child/community trauma through prevention, early identification and culturally responsive trauma-informed care through:

- Home visitation/parents support programs – expand NFP
- Trauma-informed educational approach begins at pre-conception and continues across generations, including empowering every woman in her sexual and reproductive choices
- Classroom and school climates that support healthy student interaction with learning
- Trauma-informed system that can be activated at multiple points (home, teachers, counselors, school nurse, neighbors, pediatricians).

Recommendation #3: Create multiple community health campuses that provide for all residents clinical, preventive and supportive services through a countywide single benefit rate.

Recommendation #4: Bring systemic and cultural changes on the federal, state, county and local levels so that someone in poverty accessing DSS would know what to bring and expect and would leave with the necessary tools and resources to get the services they require to become independent and self-sufficient.

The CHIW also reviewed the reports published by the Finger Lakes Health Systems Agency, "What's Goin' On?" and "Nuestra Salud" (Our Health) that highlighted significant health disparities in socioeconomically disadvantaged areas. The FLHSA was represented at every meeting during the planning process to voice any missing opinions from the community.

iv. Survey of Hospital Leadership

One final step was conducted to assure adequate community input. A survey was conducted and sent via Survey Monkey through the members of the CHIW to distribute to anyone they felt needed to be heard. This process assured that hospital leadership was aware of the prioritization process and felt they could engage and have their opinion heard. The survey provided the detailed list of 12 health areas of need for Monroe County and included a list of evidence based interventions for each. Then the survey asked:

1. Which three focus areas do you think are most IMPORTANT?
2. If selected, which three focus areas are most likely to result in SUBSTANTIAL IMPROVEMENT in 3 years?
3. Which three focus areas will most likely have COMMUNITY SUPPORT?
4. Which three focus areas will most likely have HOSPITAL SUPPORT?
5. If selected, which three focus areas would FILL A GAP in services/initiatives currently provided
6. Which three focus areas have the most potential to address a large HEALTH DISPARITY?
7. Which one of the focus areas should be included in the community health improvement plan
8. Why should the focus area you selected in question 7 be included in the CHIP
9. What one intervention to address the focus area you selected in question 7 would you suggest be included in the CHIP and why

Results were tabulated by the MCDPH for each organization and shared with that organization's leadership to help inform their selection. There was not a clear cut number one priority from any of the information gathered, however the CHIW selected a range of priority areas that addressed a majority of the concerns brought up by the community. Interventions will need to focus on social determinants and upstream solutions to health problems.

I. Information Gaps

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

It was noted that the Monroe County Adult Health Survey is less effective in assessing people without home phone lines, who rely solely on mobile phones, although the 2012 survey did include 300 cell phone surveys. In addition, people living in congregate-care facilities, those without telephones or cell phones, and those with a primary language other than English or Spanish were not included in the survey. There is also an issue with folks who don't always answer their phone, or transient populations, which may represent a bias. It was suggested that as EMR infrastructure develops and links across systems, better data will be available through the EMR so that self-report surveys will not be as necessary.

Representation from the Community

Several community representatives are on the CHIW committee. Each hospital is represented by one designated person serving as the hospitals' voice. In addition, each hospital named a champion to spearhead individual projects or focus areas from the 2013 CHNA/Implementation Strategy. In addition to the hospitals, the Monroe County Department of Public Health was exceptionally represented by Anne Kern, the Public Health Program Coordinator, and by Kathy Carelock, Manager of the Division of Epidemiology. Ms. Kern and Ms. Carelock brief the Director of the Health Department, Dr. Michael Mendoza, MD, MPH, frequently, and the CHIW Coordinator meets with Dr. Mendoza regularly.

The community is represented by having Al Bradley, Senior Project Manager from the Finger Lakes Health System Agency on our workgroup. Mr. Bradley shares insight from the FLHSA and conducts two-way communications on the actions of the CHIW. Trilby DeJung, CEO of FLHSA is kept informed of the progress of the CHIW and is welcome to attend our open meetings monthly.

All members of the CHIW team are welcome to bring others to the table, and are expected to solicit input from their perspective agencies. In addition, the CHNA and implementation strategy is often shared with community members in relation to the activities we are promoting individually.

Dissemination of the CHNA report

All of the health systems in Monroe County are fortunate to be governed by boards made up of community representatives who volunteer their time and expertise. This Community Health Needs Assessment and Improvement Plan is shared with board members for approval prior to dissemination. They are encouraging of this cooperative effort.

This Community Health Needs Assessment and Improvement Plan will be available to the public upon request and will be posted on each of the hospital systems websites and on the Monroe County Department of Public Health's website, and on the Center for Community Health, URMC's website. The 2013 CHNA and all accompanying progress reports can be found here:

UR Medicine Strong: <https://www.urmc.rochester.edu/community.aspx>

UR Medicine Highland: <https://www.urmc.rochester.edu/highland/about-us.aspx>

RRH Rochester General: <http://www.rochestergeneral.org/about-us/community/>

RRH Unity Hospital: <http://www.unityhealth.org/about/community-service-plans.aspx>