

2022-2024 Monroe County Joint Community Health Needs Assessment and Community Health Improvement Plan Executive Summary

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



Strong Memorial Hospital
Highland Hospital



ROCHESTER
REGIONAL HEALTH

Rochester General Hospital
Unity Hospital

Monroe County Department of Public Health

Prepared for: Monroe County
Prepared Jointly with: Common Ground Health



2022-2024
Monroe County Joint
Community Health Needs Assessment (CHNA) and
Community Health Improvement Plan (CHIP)

Entity Completing Plan for Monroe County, NY

Monroe County Community Health Improvement Workgroup

Center for Community Health & Prevention
46 Prince St, Rochester NY, 14607
(585) 224-3082

Chair: Theresa Green, PhD, MBA
Theresa.Green@URMC.Rochester.edu

Coordinator: Dan Green, MPH
Daniel.Green@URMC.Rochester.edu

Local Health Department

Monroe County Department of Public Health

111 Westfall Rd, Rochester, NY 14620
(585) 753-6000
Representative: Marielena Vélez de Brown, MD, MPH
MarielenaVelezdeBrown@monroecounty.gov

Hospital Systems/Hospitals

University of Rochester Medical Center
<https://www.urmc.rochester.edu/>

Rochester Regional Health
<https://www.rochesterregional.org/>

Strong Memorial Hospital
601 Elmwood Ave, Rochester, NY 14642
(585) 275-2100
Representative: Wendy Parisi
Wendy.Parisi@URMC.Rochester.edu

Rochester General Hospital
1425 Portland Ave, Rochester, NY 14621
(585) 922-4000
Representative: Katherine Sienk, LMSW
Katherine.Sienk@RochesterRegional.org

Highland Hospital
1000 South Ave, Rochester, NY 14620
(585) 473-2200
Representative: Tim Holahan, MD
Timothy.Holahan@URMC.Rochester.edu

Unity Hospital
1555 Long Pond Road, Rochester, NY 14626
(585) 723-7000
Representative: Katherine Sienk, LMSW
Katherine.Sienk@RochesterRegional.org

2022-2024 Health Priorities

After examining local Monroe County data and the NYS Prevention Agenda Dashboards, we identified areas where Monroe County health indicators were worse than the state and failed to meet the Prevention Agenda goals for 2024. Importantly, extensive community engagement and input were gathered and incorporated before deciding on the following two areas as the main health challenges of focus for the 2022-2024 CHNA/CHIP:

Monroe County health priorities and goals for the 2022-2024 CHNA and CHIP are as follows:

Goal 1: Promote Healthy Women, Infants, and Children

Objective 1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child populations.

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

Goal 2: Promote Well-Being to Prevent Mental and Substance Use Disorders

Objective 2.1: Strengthen opportunities to build well-being and resilience across the lifespan

- **Intervention:** Integrate social and emotional approaches across the lifespan. Support programs that establish caring and trusted relationships with older people.
- **Intervention:** Enable resilience for people living with chronic illness: Strengthen protective factors including independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.

Objective 2.2: Facilitate Supportive Environments to promote respect/dignity for all ages

- **Intervention:** Mental Health First Aid (MHFA) is an evidence-based public education program that teaches people how to respond to individuals who are experiencing one or more acute mental health crises or are in the early stages of one or more chronic mental health problems.
- **Intervention:** Policy and program interventions that promote inclusion, integration, and competence
- **Intervention:** Use thoughtful messaging on mental illness and substance use: Expert opinion in messaging about Mental, Emotional, and Behavioral Health humanize the experiences and struggles of person living with disorders; highlight structural barriers; avoid blaming people for the disorder or associate disorders with violence.

Although both of these areas will address disparities, the “Promote Healthy Woman, Infants and Children” focus area specifically calls out inequities based on race and socioeconomic status.

Community Health Needs Assessment

Infrastructure for Community Planning and Implementation

The Community Health Improvement Workgroup (CHIW) brings together leaders from the Monroe County 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 (MCDPH). The CHIW includes representation from several community agencies, including Common Ground Health, FLPPS and United Way, and together we work to prioritize the community health needs summarized in the Community Health Needs Assessment (CHNA) and develop and implement a Community Health Improvement Plan (CHIP) to begin to address those needs in our county.

Community Engagement

Throughout the needs assessment process, representatives from the CHIW met with several community groups for feedback on the selected focus areas as well as goals and recommended interventions. The meeting dates for some of the most significant groups input sessions are shown below in Table 1 and the comments, recommendations, and full summaries of these discussions are available in the “Community Engagement” section of the CHNA. The CHNA and CHIP were reviewed and adapted based on group feedback at each meeting, and discussed at the monthly CHIW meetings, until consensus was reached on the identified focus areas and types of intervention.

Table 1: Significant Group Input Sessions for Monroe County 2022-2024 CHIP Development

Group	Date
Community Advisory Council	September 21, 2021
Monroe County Board of Health	November 10, 2021
Maternal Child Health Advisory Group	November 17, 2021
African American and Latino Health Coalitions	December 16, 2021
Maternal Child Health Advisory Group	February 17, 2022
Community Advisory Council	March 22, 2022

Additionally, in 2018 Common Ground Health conducted a regional “My Health Story” survey of community members to learn more about health behaviors and barriers to healthy lives. With particular attention to gathering input from a diverse group of participants, over 4,000 people were surveyed. The survey asks about a wide range of topics from access to medical and dental care to perceptions of personal safety and satisfaction with work. This data was an important source of community input and the next My Health Story Survey is planned for 2022.

Data Review

Data were collected from a variety of sources to complete this needs assessment. Sources include, but are not limited to, the US Census Bureau American Community Survey, New York State Expanded Behavioral Risk Factor Surveillance System, CDC Places, 211/Life Line, My Health Story, and County Health Rankings. Particular attention was given to the New York State Prevention Agenda Dashboards. Data were collected for the most recent timeframe available during the data collection phase which took place in Winter 2021/Spring 2022. Data sources are referenced throughout the CHNA and CHIP.

Prioritizing Health Needs

The CHIW followed the AHA ACHI Community Health Improvement Process model in conducting the CHNA and CHIP. In ranking the many health needs of Monroe County, the CHIW members developed criteria for prioritization prior to reviewing data. Those top criteria are:

- Significant need substantiated by data
- Ability to intervene ahead of a problem
- Importance of the problem to the community
- Importance of the problem to the community *in light of the pandemic*
- Solutions that address the full age spectrum of the community
- Feasibility of solutions

After a thorough examination of many diverse data sources, and after multiple discussions among the CHIW members, there was a strong inclination to not change the priority areas from the 2019-2021 Community Health Needs Assessment and Improvement Plan. It was agreed that Monroe County has made significant progress on establishing the infrastructure to support initiatives in the areas of mental health and disparities in maternal and child health. This inclination was supported also by the COVID pandemic slowing down implementation work on the CHIP in the past few years.

Priority Significant Health Needs

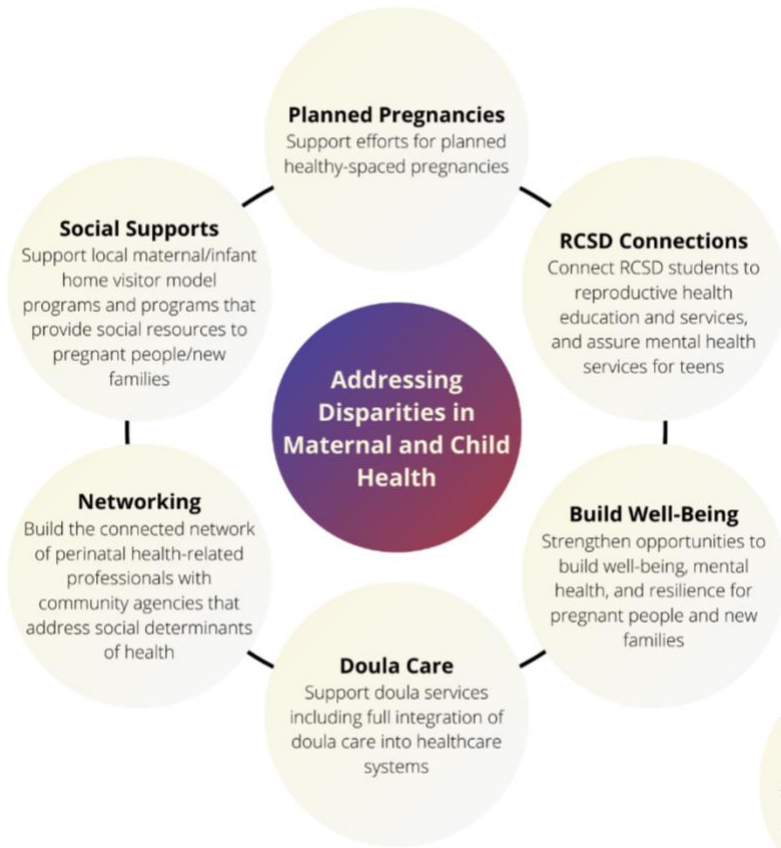
Table 2: Priority Areas of Significant Need for Monroe County, based on the NYS Prevention Agenda 2019-2024

Promote Healthy Women, Infants and Children				
	Indicator	NYS PA Goal	NYS	Monroe County
Preventative Medical Visits	% of women aged 18-44 with a visit in the past year	80.6	73.3	68.2
	% of women aged 45+ with a visit in the past year	85.0	83.3	78.9
Maternal Health	Maternal mortality, rate per 100,000 live births	16.0	18.1	25.4
Perinatal and Infant Health	% of births that are preterm	8.3	9.0	9.8
	Infant mortality, rate per 1,000 live births	4.0	4.5	8.4
	Infants born with neonatal abstinence syndrome and/or affected by maternal use of drugs of addiction, rate per 1,000 newborn discharges	9.1	10.1	12.6
	% of infants exclusively breastfed in the hospital among Hispanic infants	37.4	35.6	32.6
	% of infants exclusively breastfed in the hospital among Black non-Hispanic infants	38.4	33.9	27.4
	% of infants in WIC who are breastfed at 6 months among all WIC infants	45.5	42.0	23.2
Adolescent Health	Suicide mortality among youth aged 15-19 years, rate per 100,000	4.7	5.4	6.5
Promote Well-Being and Prevent Mental and Substance Use Disorders				
	Indicator	NYS PA Goal	NYS	Monroe County
Opioids	Overdose deaths involving opioids, age-adjusted rate per 100,000	14.3	16.6	31.7
	ED visits involving opioid overdose, age-adjusted per 100,000	53.3	62.1	124.1
	Opioid analgesic prescriptions for pain, age-adjusted rate per 1,000	350.0	326.6	386.5
Mental Health	% adults with 2+ adverse childhood experiences	33.8	35.6	40.3
	Suicide mortality, age-adjusted rate per 100,000	7.0	8.0	10.5

Community Health Improvement Plan

The 2022-2024 CHIP is focused on two priority areas: (1) Addressing Disparities in Maternal and Child Health and (2) Promoting Mental Health and Well-Being, as outlined by the NYS Prevention Agenda. These priority areas breakdown into the following areas of action based on aforementioned community feedback, data review, and health need prioritization.

Areas of Action



GOAL 1: Promote Healthy Woman, 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.



GOAL 2: Promote Well-Being and Prevent Mental and Substance Use Disorders

Objective 1: Strengthen opportunities to build well-being and resilience across the lifespan.

Objective 2: Facilitate supportive environments that promote respect & dignity for people of all ages

Measures of Success

Short-term and intermediate metrics were developed and tied to each area of action to measure and evaluate the success of the 2022-2024 CHIP. However, the ultimate success of the CHIP will be measured by comparing Monroe County 2022 baseline data for the following long-term metrics to their correlate numbers at the end of the CHIP implementation period.

Table 3: Long-Term Metrics of Success, Monroe County Baseline and 2025 Goal for Goal 1

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.

Metric	2022 Baseline	Goal by July 2025
Maternal Morbidity & Mortality Disparities	MC Mortality rate = 29.7/100,000 Morbidity: Black non-Hispanic = 141 vs. White non-Hispanic = 66 (per 10,000 live births)	NYS Goal = 16 Move from “Worsening” to “Improving”
Infant Mortality Disparities	MC Rate = 7.1/1,000 live births Black infants = 16.9/1,000 live births White infants = 3.9/1,000 live births	NYS Goal = 4.0 Move from “No significant change” to “Improving”
% of Preterm Births (Delivery <37 weeks)	Monroe County = 10.4% All County = 9% High risk zip codes = 11.9%	NYS Goal = 8.3% Move from “No significant change” to “Improving”
Suicide mortality – youth (15-19 year olds)	Monroe County = 10.6/100,000 MC Youth attempting suicide = 8% Rochester Youth attempting = 10%	NYS Goal = 4.7 Move from “Worsening” to “Improving”

Table 4: Long-Term Metrics of Success, Monroe County Baseline and 2025 Goal for Goal 2

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

Objective 2.2: Facilitate Supportive Environments to promote respect/dignity for all ages

Metric	2022 Baseline	Goal by July 2025
Frequent mental distress during the past month among adults	Monroe County rate = 11%	NYS Goal = 10.7% Move from “No significant change” to “Improving”
Emergency department visits involving opioid overdose	Monroe County = 126.9/100,000	NYS Goal = 53.3/100,000 Move from “No significant change” to “Improving”
Suicide mortality, age-adjusted	Monroe County = 10.5/100,000	NYS Goal = 7.0/100,000 Move from “Worsening” to “Improving”
Residents of the Finger Lakes Region reporting that they have personally dealt with mental or emotional health issues	55% (My Health Story, 2019)	Improvement, although difficult to anticipate impact of the pandemic

Community Engagement and Evaluation for 2022-2024 Implementation

The CHIW will continue to meet monthly throughout the implementation period of the 2022-2024 CHIP. Representatives from all hospitals, the local health department, the local office of mental health, and our community partners will continue to provide updates and feedback as the interventions are implemented. Progress updates will be given to the state of New York annually via the reporting structure provided, and community updates to local stakeholders and interested parties will be provided as requested. Community-wide meetings through the Maternal Child Health Advisory Group (MCH-AG) and the newly forming Mental Health Advisory Group (MH-AG) will ensure community participation and collaboration throughout the implementation period. Mid-course adjustments will be made if a change in approach or implementation is recommended by community partners. In addition, activities of the CHIW and progress measures will be posted on a newly forming website for community health improvement. The meeting schedule has been developed through 2022 and is in development for 2023 through 2024.

Table 5: Community Health Improvement Workgroup (CHIW) and Maternal Child Health Advisory Group (MCH-AG) Meeting 2022 Schedule

Date	Group
July 18, 2022	CHIW
August 15, 2022	CHIW
August 16, 2022	MCH-AG
September 19, 2022	CHIW
October 17, 2022	CHIW
November 16, 2022	MCH-AG
November 21, 2022	CHIW
December 19, 2022	CHIW

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

University of Rochester Strong Memorial Hospital	Rochester Regional Health Rochester General Hospital
University of Rochester Highland Hospital	Rochester Regional Health Unity Hospital
Monroe County Department of Public Health	Common Ground Health
Center for Community Health & Prevention	Monroe County Office of Mental Health
211/Life Line	Rochester Regional Health Information Organization
Finger Lakes Performing Provider System	City of Rochester
United Way of Greater Rochester and the Finger Lakes	Monroe County Medical Society
Cornell Cooperative Extension	Systems Integration Project
African American Health Coalition	Latino Health Coalition