

2022-2024 Monroe County Joint Community Health Needs Assessment

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



Strong Memorial Hospital
Highland Hospital



ROCHESTER
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

Entity Completing Plan for Monroe County, NY

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County Chapter – Monroe County

This Community Health Needs Assessment (CHNA) is primarily for the hospitals and health department that serve Monroe County, New York which includes the City of Rochester and several surrounding communities in the Western New York and Finger Lakes Region. There are two primary hospital systems in the region, each operating two hospitals in Monroe County. The University of Rochester Medical Center (URMC) operates Strong Memorial Hospital (Strong) and Highland Hospital, and Rochester Regional Health (RRH) system operates Rochester General Hospital and Unity Hospital. The hospital systems have been filing a joint community service plan since the year 2000 and continue this process

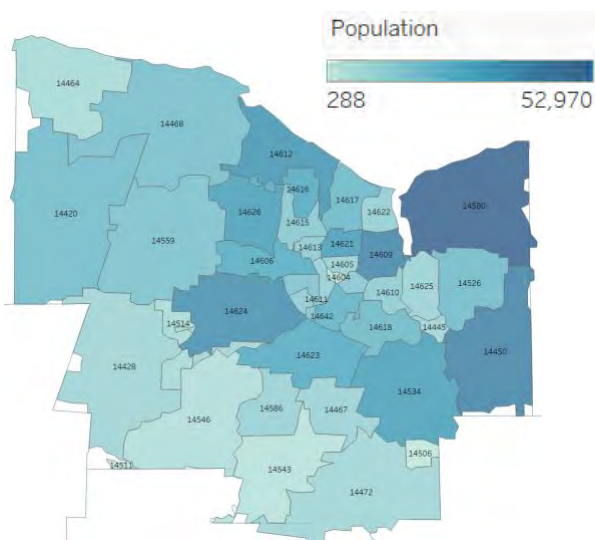


together with the Monroe County Department of Public Health to submit one CHNA and Community Health Improvement Plan (CHIP) for Monroe County for 2022-2024. Also instrumental in the community health improvement process are several partners including Common Ground Health (our local PHIP or Population Health Improvement Program), Monroe County Office of Mental Health, and many others described later in this report. Contained in this chapter are additional demographic and socioeconomic health indicator data relating to Monroe County. In addition, a summary of assets and resources, process for prioritizing health needs, improvement plan initiatives and distribution of those results will also be discussed.

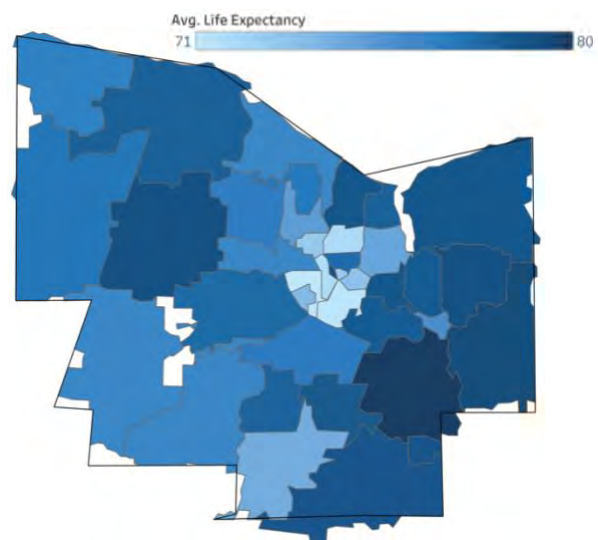
Additional Monroe County Demographic and Socioeconomic Health Indicators

Monroe County is the most populous county in the Finger Lakes Region (743,084 residents in 2020, 59% of region’s population) and contains the largest metro area, the City of Rochester (206,075 residents in 2020, 28% of county population). The largest ZIP code population is Webster (14580) where there are nearly 52,000 residents (Map 1). Each geographic area in the county (the City of Rochester and Monroe County suburbs) has considerably different demographic, socioeconomic and health outcomes which are reflected in life expectancy disparities (Map 2).

Map 1: Population by ZIP Code in Monroe County

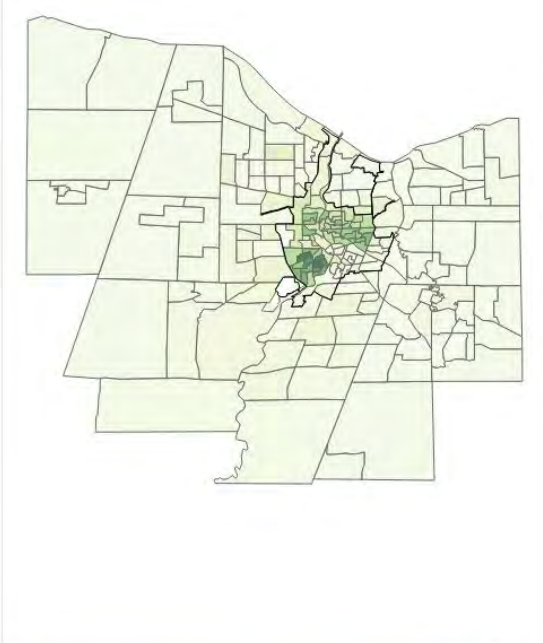


Map 2: Life Expectancy by ZIP Code in Monroe County

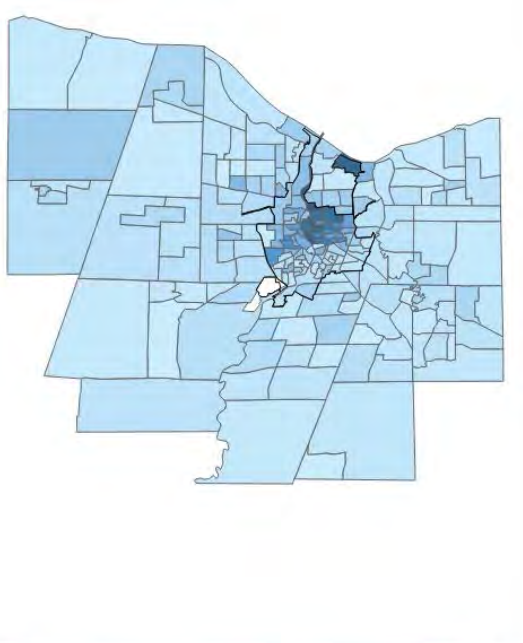


The majority of residents in Monroe County are White Non-Hispanic (70%) followed by African American (15%), Hispanic (9%) and other (10%). While the white population has decreased over the past decade, the Census Bureau reports an increase in those reported as Black or African American, Asian and those who identify as two or more races. This coincides with the 2020 Census and some researchers feel people may choose to identify differently than in years past based on home DNA tests like ‘23 and Me’ and Ancestry.com.¹ As shown in Map and Map below, the majority of Black or African American and Hispanic residents live in the City of Rochester.

Map 3: Monroe County Black Non-Hispanic Population by Census Tract (Percent of Population)



Map 4: Monroe County Hispanic Population by Census Tract (Percent of Population)



0.00 88.50 0.00 52.40

Data Source: US Census Bureau, American Community Survey (ACS), Year 2020.
Analysis Completed by Common Ground Health

Variances in age can impact a community’s health status. Older adults require more frequent medical check-ins, are more prone to illness, falls and unintentional injuries, and often experience more co-morbid conditions than younger adults and children. In addition, aging adults may not have access to a vehicle and rely on family, friends, or public transportation for accessing basic needs and medical appointments. The strain of caring for an elderly adult may also negatively affect the caregiver. A community with higher rates of elderly adults may have worse reported health outcomes than a younger community.

According to the US Census, “in less than two decades, the graying of America will be inescapable: Older adults are projected to outnumber kids for the first time in U.S. history.”² Projections indicate that by the year 2035, there will be a larger population of older adults (age 65 and over) than children (under 18). Since 2017, the number of older adults in Monroe County has increased by ~10,000 while the

¹ <https://www.npr.org/2021/08/28/1030139666/2020-census-results-data-race-multiracial-dna-ancestry-test-mixed-biracial>

² <https://www.census.gov/library/stories/2018/03/graying-america.html>

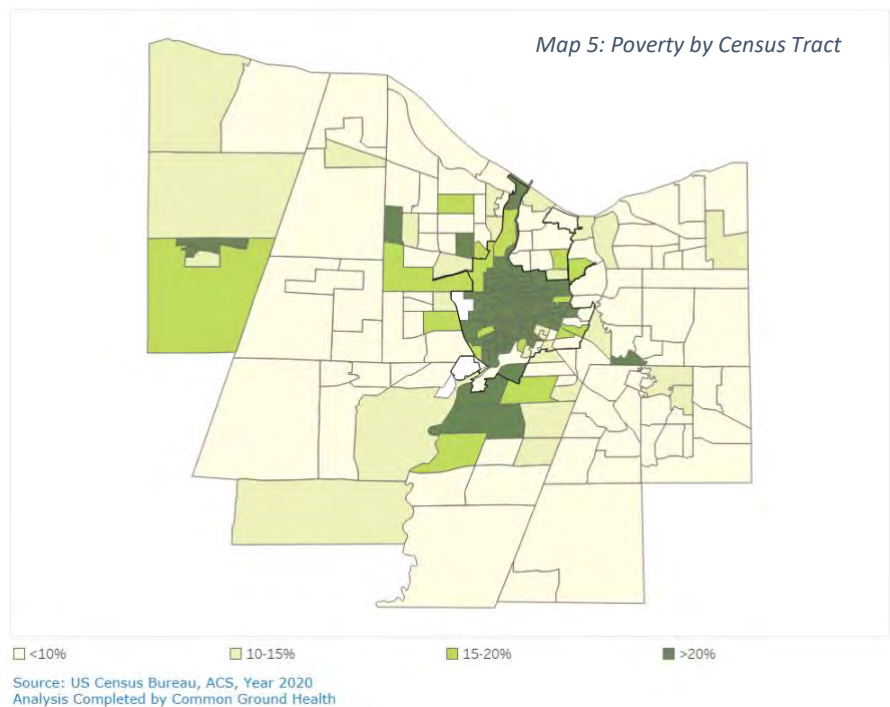
number of children has decreased by ~5,000.³ Data indicate that the elderly population is growing at a higher rate in the suburbs in comparison to the City of Rochester and, as such, efforts to increase volume of services and support focused on the elderly population may be more efficiently targeted in the outlying suburb communities.

Social determinants of health are conditions in which people live, work and play that impact their overall health and well-being. This may include population dynamics, the natural and built environment, poverty, and more. These determinants were reviewed and considered as part of the prioritization process and are summarized below:

Poverty: Low-income residents are more likely to experience a breadth of health issues not seen as often in wealthier residents. For example, lower socioeconomic status is linked to higher incidence of chronic disease, shorter life expectancy, and lower rates of good social, emotional and physical health. Low income may also force a person to choose between basic needs (such as housing, food, clothing, etc.) and preventative medical care. Often, and not surprisingly, the person will choose the basic need over preventative medical care. A community with higher rates of impoverished residents is likely to have worse health outcomes than wealthier communities.⁴

An average of 14% of Monroe County residents are living in poverty though the differences are stark when looking at the City of Rochester (30%) compared to the suburbs (8%). In addition to place-based differences, there is a large disparity in poverty rates among those who did not graduate high school (32%) and those who graduated

and/or have received higher education (average of 14%). Data has shown that females are more likely to live in poverty (15%) compared to the overall population (14%), and males in the county tend to have slightly lower rates of poverty (13%), though the differences are not statistically significant.⁵ Map 5 shows the distribution of poverty in Monroe County by census tract. Poverty is concentrated within the City of Rochester with most of the tracts having poverty rates of 15% or higher, some having rates over 40% of the population.



³ US Census Bureau, American Community Survey

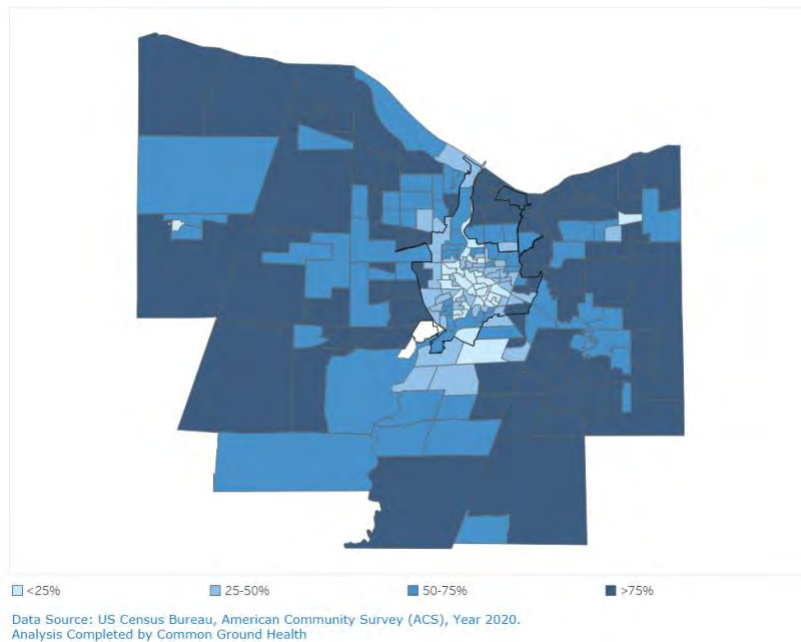
⁴ Healthy People 2020, Social Determinants of Health

⁵ US Census Bureau, American Community Survey

Housing: Access to quality and affordable housing is imperative to ensuring basic needs are met. Housing structures that are safe, clean, up to code and affordable help to improve community health. When incomes are consumed on rent or mortgages, residents may lack funds for preventative care services, medications, and healthy foods. Additionally, outdated, substandard housing puts tenants at risk for asthma and lead poisoning (especially children). Owning a home allows for greater opportunity and stability in all these aspects.⁶

From 2011 to 2020, the median value of a home in Monroe County has risen ~15% from \$132,000 to \$152,000. Along with that, the cost of housing has gone up significantly since the beginning of the pandemic, with the median price for an American home up nearly 20 percent in a year.⁷ According to the Census Bureau, those paying 35% of their gross income or more for housing (owner with and without mortgages and renting) had been decreasing through 2020. However, percentage of families with housing costs greater than 35% of their gross income is less than half for those who own vs rent (~15% vs. ~45% of housing units). Along with disparity between those who rent vs own, residents in the city have higher percentage of family units whose housing costs are more than 35% of their gross income (10%) as compared to residents in the suburbs (5%). Map shows the distribution of owner-occupied residences in Monroe County. There is only one tract within city limits that has a home ownership rate higher than 75%, while the majority of suburban tracts have rates of at least 50% or greater.

Map 6: Owner Occupied Residents by Tract (Percent of Housing Units)



Education: Education levels have been known to be a predictor of life expectancy. The Centers for Disease Control and Prevention reports that adults aged 25 without a high school diploma can expect to die nine years sooner than college graduates. Persons who attain higher education levels are more likely

⁶ Housing And Health: An Overview Of The Literature,” Health Affairs Health Policy Brief, June 7, 2018. DOI: 10.1377/hpb20180313.396577

⁷ <https://www.nytimes.com/2022/01/20/upshot/home-prices-surg.html>

to seek health care, preventative care services, and earn higher wages. A more educated community may, therefore, have better health outcomes than a low educated community.

There has been an increase in the number of individuals over the age of 25 who have a high school diploma or GED in Monroe County since 2015. However, this varies by geography. Only ~50% of city residents have graduated high school or received a GED in comparison to ~80% of suburban residents. In conjunction with this, rates of bachelor's degree attainment are improving overall, yet a disparity remains between the city and suburbs with 15% and 30%, respectively, having obtained a bachelor's degree.

Health Insurance: Another challenge to maintaining one's health is accessing care and being able to afford that care. For many individuals, that means having and utilizing health insurance. Access to health insurance, however, is not the only barrier to health care. Underinsured individuals, or those who have high deductibles that affect their ability to access healthcare, transportation, lack of provider availability (including difficulty locating and scheduling with providers) and cost (including cost of care, time away from work and childcare) are additional factors which ought to be considered from an accessibility standpoint.

In Monroe County, over 95% of the population has insurance coverage. For most demographics factors available from the Census Bureau regarding insurance coverage (including age, sex, educational attainment), the 95% coverage rate holds, while there are a few areas (foreign born residents, several minority groups), whose rates are slightly lower (between 90-95%).

Deaf Population: The Rochester region is unique in our attention to health of populations of Deaf sign language users and people with hearing loss, two health disparity populations overlooked by most health research and programs. The issues are particularly important in Rochester, with our large population of Deaf sign language users and many older adults with hearing loss. Rochester Institute of Technology (RIT) estimates that in the Rochester area there are 42,674 people who are deaf or have serious difficulty hearing, including 19,438 persons younger than 65 years old.⁸

The Rochester NY region has a large, vibrant, and diverse Deaf population with deep local historical roots.⁹ The Rochester School for the Deaf (RSD), established in 1876 and still operating today, works with deaf and hard-of-hearing children and their families. RSD also employs Deaf teachers and staff and has an active alumni association. The National Technical Institute for the Deaf (NTID) was established as one of the colleges of Rochester Institute of Technology (RIT) in 1966 to provide postsecondary technical education to people who are deaf or hard of hearing. Today, NTID is the largest technical college for deaf and hard-of-hearing students in the USA, with approximately 1,400 NTID students included in the more than 15,000 RIT students. NTID and RIT employ faculty and staff who are Deaf, and a number of NTID/RIT graduates remain in Rochester. University of Rochester research and clinical training programs include Deaf graduate students, medical students, and fellows. Deaf people migrate to Rochester, attracted by the economic, social, and educational opportunities.

⁸ <https://www.ntid.rit.edu/news/rochester-areas-deaf-population-better-defined>

⁹ Barnett S, Cuculick J, DeWindt L, Matthews K, Sutter E. National Center for Deaf Health Research: CBPR with Deaf Communities. In: Wallerstein N, Duran B, Oetzel J, Minkler M, eds. Community-based Participatory Research for Health: Advancing Social and Health Equity. 3rd ed. San Francisco, CA: Jossey-Bass; 2018:157-174.

Monroe County Main Health Challenges

There are many health challenges in Monroe County, similar to the health challenges for the Finger Lakes region, as described in the Comprehensive Regional Health Assessment. In the fall/winter of 2021 and early spring of 2022, a review of existing health data was conducted to identify the top needs to be addressed by hospitals, the health department and community agencies in Monroe County. Several sources of data were reviewed, primarily the New York State Prevention Agenda Dashboards. The results of that review follow.

Initial conversations with the Community Health Improvement Workgroup members about priorities for the 2022-2024 resulted in a general desire to continue with the previously selected health challenges as areas of focus. Most local data collection processes were put on hold during the COVID period including the My Health Story survey and the Youth Risk Behavior Survey.

The New York State Prevention Agenda dashboards were examined for areas where Monroe County performed worse than the rest of New York State and did not meet the New York State Prevention Agenda goals for 2024.

Improve Health Status and Reduce Health Disparities

Table 1: Areas of Significant Need for Monroe County, based on the NYS Prevention Agenda 2019-2024

Improve Health Status and Reduce Health Disparities				
	Indicator	NYS PA Goal	NYS	Monroe County
Premature Deaths (before age 65 years)	Difference in % between Black non-Hispanics and White non-Hispanics	17.3	17.7	27.1
	Difference in % between Hispanics and White non-Hispanics	16.2	16.4	26.6
Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000	Difference in rates between Black non-Hispanics and White non-Hispanics	94.0	115.8	219.3
	Difference in rates between Hispanics and White non-Hispanics	23.9	34.6	119.9

Monroe County was similar to NYS in indicators of premature deaths and potentially preventable hospitalizations. However, when these indicators are looked at by race, Monroe County becomes much worse than the state and even further from the 2024 objective.

Sub-county data for the percentage of premature deaths and the rate of potentially preventable hospitalizations among adults and shows that the City of Rochester is doing the worst in these metrics among Monroe County.

Prevent Chronic Diseases

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

Prevent Chronic Diseases				
	Indicator	NYS PA Goal	NYS	Monroe County
Nutrition	% of adults with obesity	24.2	27.6	33.1
	% of adults with income less than \$25,000 with perceived food security	61.4	55.8	58.6
Cigarette Smoking	Prevalence among adults	11.0	12.8	13.5
	% among adults with income less than \$25,000	15.3	20.4	17.6
Preventative Care and Management	% of adults with hypertension who are taking medication to manage high blood pressure	80.7	76.9	70.7
	% of adults who had a test for high blood sugar or diabetes within the past three years, aged 45+	71.7	63.8	59.6

The rate of obesity among adults in Monroe County is worse than the NY goals. When reviewing the Student Weight Status Category Reporting System (SWSCRS) data, Monroe County has reached the goal for percentage of children and adolescents with obesity, however when looking at the data by school district, the Rochester City School District and East Irondequoit Central School District separate as having higher obesity rates. Furthermore, Monroe County is doing worse than the state in the percentage of children with obesity participating in the WIC program. This disparity by income level is also observed in the adult nutrition metrics of food security. Monroe County is performing worse than the state in many chronic disease prevalence and management measures including diabetes, cigarette smoking, and taking medicine to manage high blood pressure. Monroe County has reached the goals for adults participating in physical activity, receiving colorectal cancer screening, asthma ED visits, and taking a course to learn to manage the condition.

Promote a Healthy and Safe Environment

Table 3: Areas of Significant Need for Monroe County, based on the NYS Prevention Agenda 2019-2024

Promote a Healthy and Safe Environment				
	Indicator	NYS PA Goal	NYS	Monroe County
Assault-related hospitalizations	Ratio of rates between Black non-Hispanics and White non-Hispanics	5.54	5.13	8.64
	Ratio of rates between Hispanics and White non-Hispanics	2.50	2.42	3.65
	Ratio of rates between low-income ZIP Codes and non-low-income ZIP Codes	2.66	2.83	5.87
Injury and Violence	Firearm assault-related hospitalizations, rate per 10,000	0.38	0.27	0.73
	Work-related ED visits, ratio of rates between black non-Hispanics and White non-Hispanics	1.3	1.47	2.19
	Crash-related pedestrian fatalities, rate per 100,000	1.43	1.72	1.89

Monroe County is similar to the state in hospitalizations due to falls, yet neither has reached the 2024 objective. Monroe County is also similar to the state in the overall assault-related hospitalizations rate, however when broken down by race and low-income ZIP Codes, the county becomes much worse than the state and further from the goal. Monroe County is also doing worse than the state in firearm

hospitalizations, work related ED visits, crash-related pedestrian fatalities, and people commuting to work. Monroe County has reached the goal for the percentage of the population living in a certified climate smart community.

Promote Healthy Women, Infants, and Children

Table 4: 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	79.6	78.7
Maternal Health	Maternal mortality, rate per 100,000 live births	16.0	19.3	29.7
Perinatal and Infant Health	% of births that are preterm	8.3	9.2	10.4
	Infant mortality, rate per 1,000 live births	4.0	4.3	7.1
	% of infants exclusively breastfed in the hospital among Hispanic infants	37.4	35.7	28.3
	% of infants exclusively breastfed in the hospital among Black non-Hispanic infants	38.4	34.9	25.5
	% of infants in WIC who are breastfed at 6 months among all WIC infants	45.5	42.0	23.3
	% of infants supplemented with formula in the hospital among breastfed infants	41.9	46.9	46.6
Adolescent Health	Suicide mortality among youth aged 15-19 years, rate per 100,000	4.7	6.0	10.6

Monroe County is fairly similar or doing slightly worse than the state in many indicators including preventative medical visits and talking with a health care provider to prepare for a healthy pregnancy. Monroe County is doing worse than the state in maternal mortality, infant mortality, and suicide mortality among youth. Maternal mortality and suicide mortality among youth have worsened. The county is slightly worse in the percentage of preterm births, and the city of Rochester has the highest percentage in the county.

The percentage of infants who were exclusively breastfed in the hospital among all infants was similar between the county and the state, however when broken down by race and WIC status, the county further separates from the state. The county has reached the goal for the number of newborns with natal withdrawal symptoms.

Promote Well-Being and Prevent Mental and Substance Use Disorders

Table 5: Areas of Significant Need for Monroe County, based on the NYS Prevention Agenda 2019-2024

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	14.9	25.8
	ED visits involving opioid overdose, age-adjusted per 100,000	53.3	53.1	126.9
Mental Health	% adults with 2+ adverse childhood experiences	33.8	35.6	40.3
	Frequent mental distress during the past month among adults, age-adjusted %	10.7	11.2	11.0
	Suicide mortality, age-adjusted rate per 100,000	7.0	8.2	10.5
Abuse/Maltreatment	Indicated reports, rater per 1,000 children aged 0-17 years	15.6	14.6	10.5

Monroe County was similar to the state for the community indicators of opportunity index, economy, and community scores. The county is slightly worse in the frequency of mental distress among adults. Regarding opioids, the county has significantly worsened in the rate of overdose deaths involving opioids and ED visits involving opioid overdoses. The county has reached the goal for the rate of opioid prescriptions and prescriptions of buprenorphine for opioid use disorder. Suicide mortality has also worsened and is worse than the state. Monroe County has a higher percentage of adults who have experienced two or more adverse childhood experiences, and a higher report rate of child abuse and maltreatment.

Prevent Communicable Diseases

Table 6: Areas of Significant Need for Monroe County, based on the NYS Prevention Agenda 2019-2024

Improve Health Status and Reduce Health Disparities				
	Indicator	NYS PA Goal	NYS	Monroe County
Sexually Transmitted Infections	Gonorrhea diagnoses, age-adjusted rate per 100,000	242.6	217.0	317.7
	Newly diagnosed HIV cases, rater per 100,000	5.2	13.1	7.3
	Chlamydia diagnoses, age-adjusted rate per 100,000	676.9	667.9	795.8

Monroe County has reached the goal for many of the communicable disease indicators including the percentage of 24–35-month-old children with the 4:3:1:3:3:1:4 immunization series, percentage of 13-year-olds with the HPV vaccine series, and rate of early syphilis diagnoses. Monroe County is doing better than the state and is approaching the goal for the rate of newly diagnosed HIV cases. Monroe County is doing worse than the state for the rate of gonorrhea and chlamydia diagnoses.

After review of the NYS Prevention Agenda Dashboards, identification of areas where Monroe County health indicators where the county was worse than the state, and below the Prevention Agenda goal, and after extensive community engagement (described later in this document) the following two areas were selected as the main health challenges of focus for the CHNA/CHIP 2022-2024:

Priority Area: Promote Healthy Woman Infants and Children

Focus Area: Health Disparities in Maternal and Child Health Outcomes (Cross-Cutting)

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area: Promote Well-Being

Risk and Protective Factors Contributing to Main Health Challenges

Eliminate Disparities in Maternal and Child Health Outcomes (Cross-Cutting Goal)

Over the last decade, Monroe County has seen improvement in a number of informative maternal and infant health metrics. Unfortunately, despite the improvements in things such as unintended pregnancy, teen births, and accessibility to care, there is still a distinct difference in outcomes between residents living in the City of Rochester, often living in poverty and often people of color, and those living in the suburbs. Since 2007, the overall unintended pregnancy rates in Monroe County have decreased from 35% to 28% of live births (2018). While this statistic is a positive finding, the difference in unintended pregnancy between race/ethnicity and income shows a significantly different story. From 2016 to 2018, the rate of unintended pregnancies among the White population was ~18% of live births. For Black and Latinas, the rates were almost 50% and 40% of live births, respectively. By insurance carrier, a proxy for income, unintended pregnancy rates are significantly higher for the Medicaid population (43% of live births) compared to those with private health insurance (14% of live births).¹⁰ These disparities highlight two potential areas of focus for the county in terms of education and prevention efforts. Research has shown that unintended pregnancies affect many other key maternal and infant health indicators and is associated with increased health risks for both mom and baby. This includes complications due to premature birth, low birth weight, and reduced mental and physical health. The effects of these outcomes may be a result of reduced preconception health, higher risky behavior rates during pregnancy, trauma, toxic stress, and delayed prenatal care; all factors associated with unintended pregnancy.

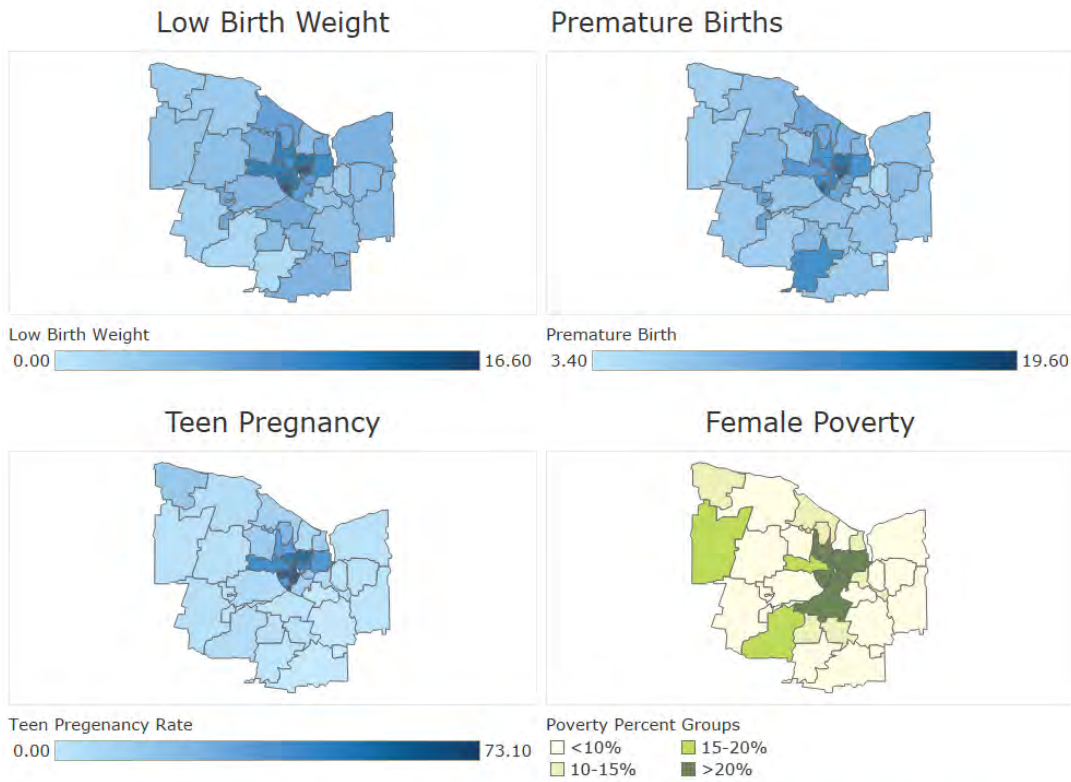
A significant area of progress for Monroe County has been the decrease in teen pregnancy rates coupled with improved graduation rates for young women in the Rochester City School District. From 2015 to 2019, a number of city zip codes with female poverty rates above 20% saw a decrease in teen pregnancy rates of around 15 pregnancies per 1,000 teen women. In the same time period, the graduation rate for young women in the Rochester City School District increased by 13% (50% in 2015 to 63% in 2019). This is an important accomplishment as the difficulties of raising a child are often amplified for teenage parents as their new responsibilities can conflict with primary and secondary education, employment, and other opportunities for personal growth and development. In addition, teenage pregnancy can have a different impact on personal relationships than adult pregnancy and may result in a decrease in support from family, friends, and the child's father figure. Given these challenges, teen parents tend to experience higher rates of single parenthood, perinatal depression, and poverty. Gestational Diabetes and Hypertension during pregnancy are both significant concerns for the mother and fetus as pregnancy is then classified as high risk. During 2016 to 2018, Black and Latina women represented a slightly higher share of admissions and ED visits related to gestational diabetes and hypertension during pregnancy than their representation in the population (~30% of visits vs. ~20% of the population).¹¹

In several important metrics regarding infants (infant mortality, premature birth, and low birth weight) and teen pregnancy, we see a correlation to poverty. For the zip codes in Monroe County with greater than 20% of women in poverty, we see the highest percentage of concentration for these negative maternal and birth outcomes as a percentage of total Monroe County births. Map below shows this correlation for low birth weight, premature births, teen pregnancy, and poverty.

¹⁰ Vital Records, NYSDOH, Analysis by Monroe County Department of Health and Common Ground Health

¹¹ Statewide Planning and Research Cooperative System (SPARCS)

Map 7: Infant Health Indicators and Poverty



Source: NYSDOH, Perinatal Data Profile, Years 2017-2019, US Census Bureau, ACS, Year 2019. Analysis Completed by Common Ground Health

Examining the distribution of maternal and child health outcomes quickly reveals significant disparities between the high-risk zip codes on Rochester and the rest of Monroe County.

Table 7: Monroe County Maternal and Child Health Outcomes

Monroe County Maternal and Child Health Outcomes						
	All County		County minus High Risk ZIPS*		High Risk Zips* only	
	2020 (n=7,416)	2021 (n=7,591)	2020 (n=4,723)	2021 (n=5,022)	2020 (n=2,693)	2021 (n=2,569)
Maternal Characteristics (%)						
Age less than 18	0.9	1.1	0.4	0.4	1.9	2.3
Education less than HS	9.6	8.7	3.6	3.7	20.5	18.7
Medicaid Funded Delivery	46.5	44.4	29.4	28.5	76.5	75.5
Ethnicity is Black/AA	23	22.4	8.8	10	48	46.9
Hispanic	13.8	13.5	7.4	7.6	25.1	25
Pregnancy Interval <18 mos.	27.2	28.2	29.3	29.6	23.7	25.7
Prenatal Outcomes (%)						
Smoked During Pregnancy	11.3	7.7	7.9	5.5	17.2	12.2
Illegal drug use	10	6.8	4.4	3.8	19.8	12.7
Alcohol use	3	2.5	3.1	2.8	2.7	1.8
Hypertension	15.6	16.3	15.8	16.4	15.3	16.2
Unintended pregnancy	24.7	22.7	17.3	16.7	38.7	35.5
Gestational Diabetes	8.2	8.1	8.5	8.7	7.6	7
WIC Participation	32.1	31.7	18.4	18.9	56.1	56.6
Perinatal Outcomes (%)						
Very Low Birth Weight	1.5	1.3	0.8	1	2.6	2
Low Birth Weight	5.9	6.4	3.9	4.9	9.4	9.3
VLBW & LBW	7.4	7.7	4.8	5.8	12	11.3
Preterm delivery <28 weeks	0.7	0.5	0.5	0.5	1	0.5
All Preterm Delivery <37 wks.	8.3	9	6.4	7.5	11.6	11.9
Postdelivery Outcomes (%)						
Infant in NICU	12.7	14.5	10.8	12.9	16.2	17.6
Infant in foster care	0.3	0.3	0.1	0.2	0.5	0.4

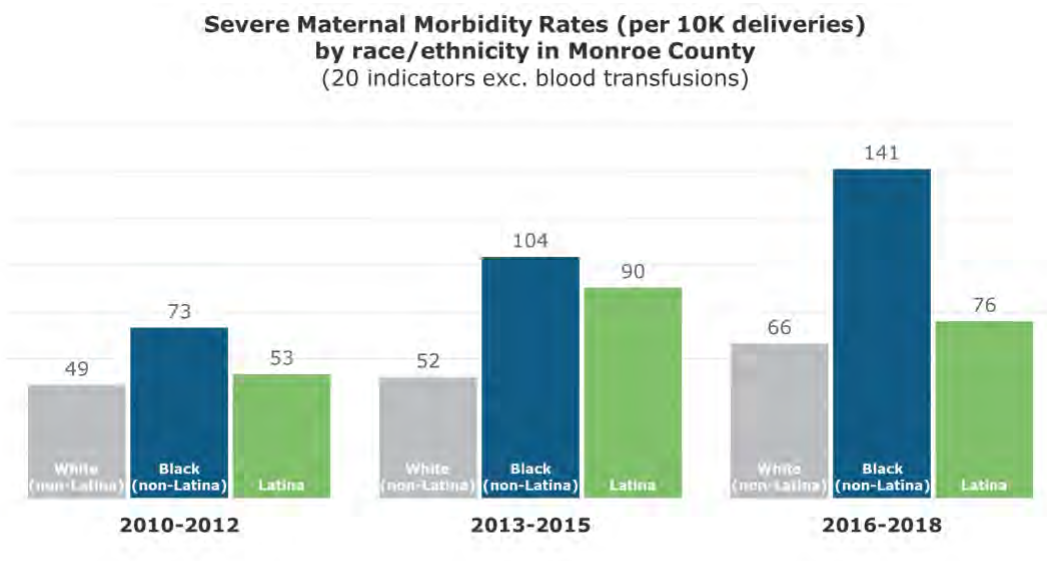
*High risk Zip Codes = 14605, 14606, 14607, 14608, 14609, 14611, 14613, 14619 and 14621

Source: Monroe County Perinatal Network Fast Facts 2020, 2021. Aggregate Provided by Finger Lakes Regional Perinatal Center

Thankfully, the number of maternal deaths is very small and, as such, leave statistical analyses unclear regarding clear patterns and trends at the county-level. However, from 2017-2019 there were a total of 7 maternal deaths for Monroe County. Another indicator which may be an early sign of pending mortality increases, are rates of severe maternal morbidity. This measure may consider more serious cases of complications during childbirth that, if left unresolved, may have resulted in death. This includes things such as renal failure, sepsis, and respiratory distress. In looking at the trend of severe maternal morbidity from 2010 – 2018, we see increasing rates among black mothers and a rate that is

double of white and Latina mothers from 2016 – 2018. Figure shows this data and suggests that focusing objectives for minority groups may provide great benefit to the community.

Figure 1: Severe Maternal Morbidity Rates in Monroe County



Source: NYSDOH SPARCS Inpatient Dataset; Analysis by Common Ground Health

As discussed in the focus area regarding well-being, we see a difference in the safety of neighborhoods between the City of Rochester and the suburbs. While this impacts the well-being of the entire community, it can have an even greater effect on pregnant and post-partum women. It is clear that psychosocial, cultural, and environmental stressors experienced during gestation can be detrimental to pregnancy and maternal and fetal health, and recent studies suggest that prenatal stress can have consequences that span generations.¹²

Institutional racism is another factor that impacts the health outcomes of Monroe County. As shown above, minority women have poorer health outcomes when pregnant. Along with this, institutional racism continues to impact Black residents' ability to secure housing, as Black homebuyers continue to be turned down for mortgages at more than double the rate of White applicants.¹³

Promote Well-Being

When looking at the behavioral risk factors that may impact one's well-being, there are several mental health related metrics available. One survey that provides a number of these metrics is the Behavioral Risk Factor Surveillance System (BRFSS) survey that generally is completed bi-annually. From 2016-2018, the data reveals a slight decrease in the rate of respondents reporting 14+ poor mental health days in the past month (12% to 11%) but an increase in those reporting to have been told they have been diagnosed with a depressive disorder (17% to 19%). An increase in depressive disorder diagnosis is not necessarily a negative component, as coupled with the poor mental health day reports it appears there may be a decrease in symptoms of the disorder. An increase in diagnosis may be attributed to better

¹² Coussons-Read M. E. (2013). Effects of prenatal stress on pregnancy and human development: mechanisms and pathways. *Obstetric medicine*, 6(2), 52–57. <https://doi.org/10.1177/1753495X12473751>

¹³ <https://empirejustice.org/wp-content/uploads/2017/12/river-runs-dry-ii.pdf>

recognition of signs and symptoms on behalf of the patient, reduced stigma leading to greater societal acceptance and social norms of seeking care, screening for disorders, accessibility of services, and more. Common Ground Health’s My Health Story Survey in 2018 asked respondents about their mental health. Similar to BRFSS, 15% of respondents shared that they were experiencing poor mental health. Along with this, 46% of the respondents to the survey reported feelings of anxiety and 51% reporting feelings of depression. From those reporting feelings of anxiety or depression, it is unknown how many have visited a healthcare provider and been diagnosed with a disorder, yet this percentage indicates a significant need to address the issue in the county.

Persons who experience the persistent toxic stress of poverty also experience physical, cognitive, and social emotional impacts on their health and well-being. Those experiencing toxic stress are more likely to have feelings of depression, anxiety, hopelessness, and apathy. In conjunction with the wear and tear on the body and brain, the cognitive capacity leads to unhealthy behaviors due to limited resources and options and the inability to focus on long-term health needs. As a result, a person in poverty is more apt to experience poor mental and physical health outcomes than a more affluent counterpart. Approximately 11.9% of Monroe County residents report experiencing 14 or more poor mental health days in the past month. According to the My Health Survey conducted in the Finger Lakes Region in 2018, 55% reported personally dealing with mental or emotional health issues including the following:

Table 8: Mental and Emotional Health

Source of Stress	% of Respondents
Personally Dealt With Anxiety	45.9%
Personally Dealt With Grief	22.8%
Personally Dealt With Helplessness	21.7%
Personally Dealt with Alcohol Addiction	10.1%
Personally Dealt with Depression	51.3%
Dealt with Drug Addiction	7.5%

Source: My Health Story, 2019 Common Ground Health

Substance use is another factor that can impact one’s well-being. Looking at data from BRFSS, the rate of binge drinking among adults increased four percentage points in 2018 from 2014 and 2016, from 18% to 22%. Primary data collected from My Health Story 2018 indicated 10% of county respondents reported alcohol addiction while 7% reported drug addiction. One positive note for well-being is that of those reporting an addiction in My Health Story, over 75% reported receiving help for that addiction.

In the most recent Youth Behavior Risk Factor Survey conducted in 2019, one or more adverse childhood experiences (ACEs/Trauma) was reporting in 66% of Monroe County youth, with 24% of youth experiencing three or more adverse childhood experiences. In addition, 32% of the youth of Monroe County reported that they felt sad and hopeless almost every day for two or more weeks in a row in the past year. Thirty-Eight percent (38%) of youth reported that they have serious difficulty concentrating, remembering, or making decisions because of mental or emotional challenges. Shockingly 8% reported attempting suicide in the past year of reporting. This survey was conducted prior to the COVID pandemic, and there is every reason to believe that mental health of youth has declined in response. As discussed, neighborhood and built environment is another component of a person’s overall well-being. Being safe in one’s home and neighborhood may lead to greater opportunities for play and recreational activity as well as feelings of security. While we all experience any number of stressors in the other areas of our life (work, school, caregiving, and social commitments), having a stable and safe place to return to

is critical. Monroe County, more specifically the City of Rochester, has long struggled with violence in certain neighborhoods and a great deal of work has been done to help make the neighborhoods safer. Some of this work has appeared to have paid off, as property crime has been declining since 2012. Unfortunately, the trend of aggravated assaults has shown an increase since 2014, with 2020 and 2021 represented the first and second most aggravated assaults, respectively, since 2012. Lastly, 2021 had the most homicides on record since 2012 (66), which was about 2x greater than other year recorded.¹⁴ Along with this data, My Health Story asked respondents about their neighborhood safety, to which 62% in Monroe County reported having a safe neighborhood. My Health Story also asked about safety in the home and domestic violence. Across Monroe County, 76% of respondents reported feeling very safe in their home, while 18% reported some form of domestic violence occurring.

A political factor impacting the well-being of Monroe County and specifically Rochester is structural racism. A recent national study found that Black children are less likely to reap the benefits of upward mobility and more likely to slip down the rungs of prosperity.¹⁵ With the majority of Monroe County residents who are Black living within City of Rochester, in large part due to historical and ongoing structural racism, we continue to see geographic disparities in physical and mental health outcomes.

Age is another underlying factor which may contribute to mental well-being statistics. As stated above, the county's older adult population is growing and a report from National Academies of Sciences, Engineering, and Medicine (NASEM) in 2020 found that nearly one-fourth of adults aged 65 and older are considered to be socially isolated which may directly influence rates of poor mental health.¹⁶ This issue has only been exacerbated by the COVID-19 pandemic, as older adults' access to and ability with technology to maintain connection, especially for the oldest and those in poor health, is a barrier to combat loneliness.¹⁷

In addition, poverty and financial strain are other factors that can impact one's well-being. As stated above, the City of Rochester has a significant concentration of poverty in the county and we see that reflected in the data from My Health Story, which shows higher reported anxiety and depression for those living in the City of Rochester. Notably, those making an income of \$25,000 to \$50,000 in the City of Rochester had even higher reported rates of anxiety, depression, and significant feelings of stress compared to those with higher incomes.

Food security concerns are a well-being factor that has become more prominent since the COVID-19 Pandemic. Data from 211/Life Line reveal at the beginning of the pandemic (March 2020 to September 2020) a significant increase in calls pertaining to food support, with a 10x increase in Q3 2020 from the volume in 2019. These data were specifically reviewed as one proxy to identify community unmet

¹⁴ <https://data-rpdny.opendata.arcgis.com/pages/crime>

¹⁵ Raj Chetty, Nathaniel Hendren, Maggie R Jones, Sonya R Porter, Race and Economic Opportunity in the United States: an Intergenerational Perspective, *The Quarterly Journal of Economics*, Volume 135, Issue 2, May 2020, Pages 711–783, <https://doi.org/10.1093/qje/qjz042>

¹⁶ National Academies of Sciences, Engineering, and Medicine. 2020. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>external icon.

¹⁷ Lena Dahlberg (2021) Loneliness during the COVID-19 pandemic, *Aging & Mental Health*, 25:7, 1161-1164, DOI: 10.1080/13607863.2021.1875195

needs. While there are still concerns about food security, the data shows that the number of calls to 211 for help with food access per quarter was similar to 2019 levels for the last two quarters of 2021.

As discussed above, the rising cost of housing, especially for those in the City of Rochester, can have a significant impact on one's well-being. While wages have risen in the last 10 years (~15% increase in median income), these increases have only kept pace with housing costs (also risen by ~15% for rent and median house price)¹⁸ and total inflation.¹⁹ Having a greater portion of one's income dedicated to housing costs limits the ability to spend money on other things that can maintain or improve well-being, such as medical and mental health care, healthy food, and leisure activities. Not only are the rising costs a concern for renters²⁰, but a lack of homes for purchase²¹ are adding stress to those who are looking to join the housing market.

Process and Methods for Conducting the Needs Assessment

The Monroe County Community Health Needs Assessment was conducted using the American Hospital Association (AHA) Community Health Needs Assessment Toolkit and process.

Figure 2: AHA Community Health Assessment Model



This model has community engagement as its center, which is a characteristic that is important to the Monroe County CHIW. The CHIW started by reflecting on successes and barriers from the last CHNA/CHIP iteration and implementation period, as well as reviewing the NYS Department of Health and IRS requirements. The CHIW set criteria for prioritizing needs and identified stakeholders and informant groups that would be critical to the process.

The community was defined as the residents of Monroe County, the primary geography for all four hospitals and health department represented.

¹⁸ US Census Bureau, American Community Survey

¹⁹ <https://www.macrotrends.net/countries/USA/united-states/inflation-rate-cpi>

²⁰ <https://www.whec.com/rochester-new-york-news/surging-rent-prices-concerning-some-rochester-residents/6402854/>

²¹ <https://spectrumlocalnews.com/nys/rochester/news/2022/03/01/data-shows-rochester-to-be-toughest-housing-market-in-u-s->

Data Collection

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 this document.

Process for Identifying and Prioritizing Community Health Needs and Interventions

The Community Health Improvement Workgroup (CHIW) representing each hospital, the health department, and several community partners, meets monthly to discuss successes and challenges in addressing the goals of the Community Health Improvement Plan. In the summer of 2021, the CHIW began the 2022 CHNA process by having hospital representatives to the CHIW meet personally with their hospital's leadership to discuss needs and/or disparities that the healthcare systems identified as community health priorities. The priority areas from these meetings were then discussed in relation to the NYS Prevention Agenda focus areas as well as needs identified by the Monroe County Department of Public Health and the community.

In fall 2021, the CHIW contemplated important considerations to be used to prioritize significant community needs. CHIW members discussed important characteristics for ranking the many needs that will surface after examining the data. The CHIW members felt it would be important to focus on needs and interventions to address those needs that met the following top criteria:

- 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

Prioritization criteria were developed prior to the examination of data to identify important priority health needs for Monroe County. The Monroe County Department of Public Health and the Common Ground Health were instrumental in updating, analyzing, and sharing data for the CHIW to examine. Several areas of concern were identified and listed during this time of data review, consistent with hospital needs as well as the prioritization criteria.

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. An important next step in establishing the priority health issues was to gather significant community input.

Gathering Community Input

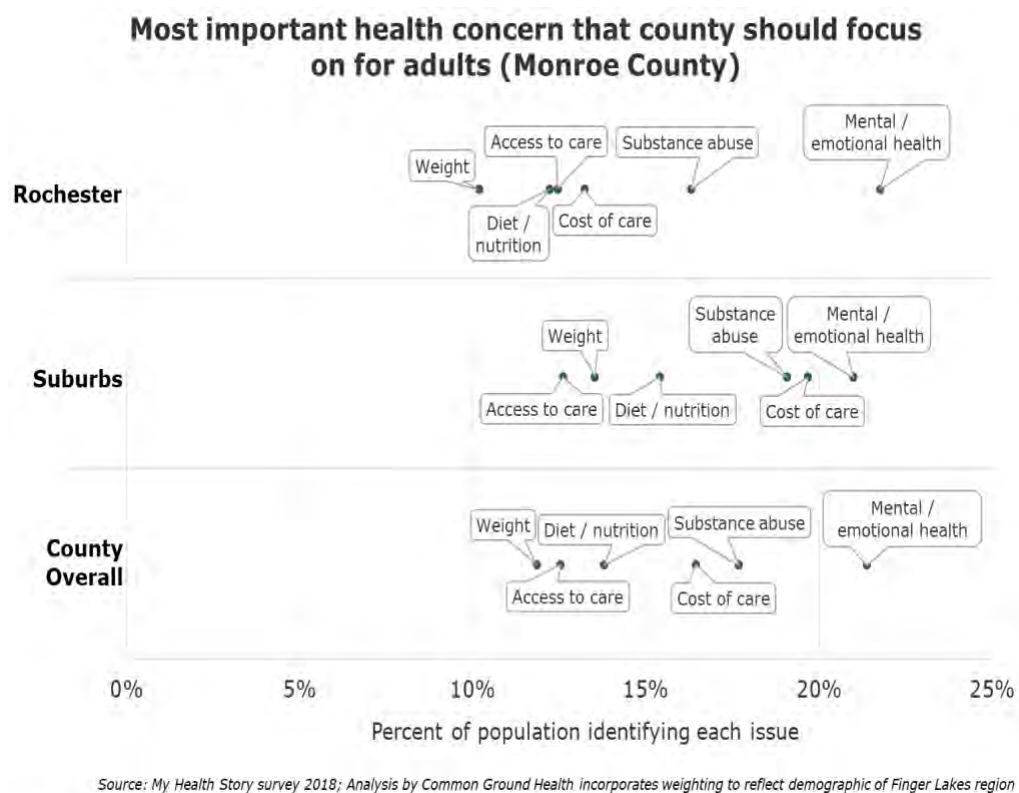
Community Survey: My Health Story 1.0 and 2.0

In 2018, Common Ground Health conducted a regional survey of community members to learn more about health behaviors and barriers to healthy lives. With particular attention to gathering input from a diverse group of participants, over 4,000 people were surveyed. The survey asks about a wide range of topics from access to medical and dental care to perceptions of personal safety and satisfaction with work. To capture each individual’s unique story, several questions are open-ended with an opportunity for unstructured feedback.

The results of the survey indicated that the top concern for adults in Monroe County across all races, geographies, and socioeconomic status levels was mental health, as shown in Figure 3. Survey respondents were asked what the priority health area should be for Monroe County to address for adults, and the overwhelming response was mental health.

My Health Story 2.0 is planned for summer 2022 and will include indicators related to impacts of the Covid pandemic. If results show a different priority mentioned for Monroe County work, then the CHIW will adjust to meet those requests.

Figure 3: Health Concerns for Adults from My Health Story



211 Data Results

211/Life Line—a free, 24-hour confidential phone, chat, text service, and searchable online database—shared with the CHIW that the biggest percentage of calls in 2020 were related to social determinants of health, especially food insecurity. According to the 2-1-1 dashboard from Nov. 2020 to Nov. 2021, the highest number of calls were related to housing and shelter, followed closely by food.

Maternal Child Health Advisory Group

The Maternal Child Health Advisory Group (MCH-AG) is a group of content experts convened quarterly by the CHIW in 2019 to provide advice on issues relevant to promoting healthy women, infants, and children. There MCH-AG has over 80 members from over 30 health, education, or social organizations or departments in Monroe County. This group acts as an advisory body to the CHIW.

At the MCH-AG meeting on November 17, 2021, the group discussed areas of need within maternal/child health in Monroe County. Discussion included choosing a focus area and goals encompassing community doula initiatives, food home delivery and nutritionist initiatives, the systems integration prototype project, lactation care management programs. Additionally, comments leaned toward addressing social determinants of health as a broad cross-cutting category that will affect all the categories of perinatal, infant, child, adolescent, maternal and women’s health. The input from community agencies supports this focus: housing, transportation, issues of birth spacing, and institutional racism have been identified as barriers to positive health outcomes.

At the MCH-AG meeting on February 17, 2022, the group discussed possible intervention strategies to improve the health of Monroe County via addressing disparities in maternal and child health. These included integrating the support services flow chart into electronic medical records and/or distributing a paper copy for perinatal social workers' use; creating an all-encompassing home visiting program brochure; increasing access to reliable contraception; incorporating new family, early childhood, and infant mental health services; supporting doulas; supporting social support for vaccinations; expanding our view of trauma; and integrating support services in the Rochester City School District.

Monroe County Board of Health

On November 10, 2021, representatives from the CHIW met with the Monroe County Board of Health. During this meeting, discussion points on the CHNA highlighted housing insecurity and homelessness as key social determinants of health. The group was supportive of continuing work on the previous CHIP focus areas, and supportive of the Systems Integration Project as a tool for providers to assess social determinants of health and provide referrals to address these barriers.

Community Advisory Council

The URM Community Advisory Council (CAC) was created in 2006 to provide community expertise to URM and the Center for Community Health and Prevention for identifying health needs and developing strategies to reduce disparities and promote health equity. Membership in the CAC includes representation from health and social service agencies, local government, the city school district, and the faith community.

At the CAC meeting on September 21, 2021, there was discussion on prioritizing goals for upcoming CHIP to include areas where Monroe County has worse outcomes than NYS. Feedback from the CAC included the need for earlier indicators of mental health problems to avoid violence and suicides and a suggestion to include violence prevention in CHIP as Monroe County rates of assault related

hospitalizations are worse than NYS. Maternal Child Health outcomes are worse in high poverty areas of Monroe County than the NYS rates. In the spring of 2021, the CAC researched and ranked priorities for improving health outcomes. The top 3 areas of interventions to improve health outcomes were improving housing access, promoting well-being to prevent mental and substance use disorders, and violence prevention.

The CAC was also surveyed in early-mid December to gauge what this group of community representatives think is the most important focus area that hospitals and the health department in Monroe County should be focusing on for its residents. The survey results (n = 12) demonstrated that the CAC viewed the priority of the NYS Prevention Agenda focus areas as the following: (1) preventing chronic diseases, (2) promoting well-being and preventing mental and substance use, (2) promoting a healthy and safe environment, (4) promoting healthy women, infants, and children, and (5) preventing communicable diseases.

Additionally, the CAC identified two priority goals in the focus area of mental health and well-being. These goals were: strengthen opportunities to build well-being and resilience across the lifespan (Goal 1.1) and prevent and address adverse childhood experiences (Goal 2.3).

At the CAC meeting on March 22, 2022, representatives from the CHIW shared the results of the survey with the CAC as well as collected input on the status of the 2022-204 CHNA/CHIP. The CAC was supportive of continuing work on the previous CHIP focus areas.

[African American Health Coalition and Latino Health Coalition](#)

The African American Health Coalition (AAHC), beginning as a task force in 2002, is an advisory group that provides community data on health outcomes for African Americans, and advocates with health systems to improve outcomes for people of color.

The Latino Health Coalition (LHC) is an advisory group that began in 1998, addressing health concerns for Latinos including youth risk behaviors, language barriers, economic stress, and cultural competency. The coalition provides community data on health outcomes for Latinos and advocates for policies that support healthy behaviors and the availability of health services for the Latino Community.

A joint meeting with the AAHC and LHC was held on December 16, 2021, to gauge what these groups of community representatives think are the most important focus areas that hospitals and the health department in Monroe County should be focusing on for its residents.

Initial survey results (n = 32) from the meeting demonstrated that the joint AAHC/LHC collective viewed the priority of the NYS Prevention Agenda focus areas as the following: (1) promoting well-being and preventing mental and substance use, (2) preventing chronic diseases, (3) promoting safe environments, (4) promoting healthy women, infants, and children, and (5) preventing communicable diseases.

Additionally, the joint AAHC/LHC collective identified three priority goals in the focus area of mental health and well-being. These goals were: strengthen opportunities to build well-being and resilience across the lifespan (Goal 1.1), prevent and address adverse childhood experiences (Goal 2.3), and facilitate supportive environments that promote respect and dignity for people of all ages (Goal 1.2).

Further discussion indicated that focusing on addressing language access needs, healthy eating, food security, and safe and affordable housing were priority areas for the groups. Interest in incorporating

AAHC and LHC members in the CHIW was also indicated. Following presentation and discussion, the CHIW officially invite a member from both the LHC and AAHC to join the CHIW. Invitations to both groups were extended and a representative from the AAHC presently sits on the CHIW.

Summary of Monroe County 2022-2024 Priorities and Goals

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.

Assets and Resources to be Mobilized

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

UR Medicine

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

The University of Rochester Medical Center (URMC) aspires to make every person feel safe, welcome, and supported at all times; to be a place where everyone, regardless of identity or challenges they face, is lifted up to become their best and healthiest selves; to serve as a powerful force for eliminating racism, division, and exclusion in our communities and beyond. URM's Equity & Anti-Racism Action Plan serves as a blueprint for coordinating this work, and is focused on five action steps: Build, Recruit, Nurture, Exemplify, and Engage.

Strong Memorial Hospital

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

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

U.S. News & World Report consistently lists Strong Memorial's adult and pediatric specialty programs in its rankings of Best Hospitals in America. Over the past several years, Strong has ranked in multiple adult specialties in the Top 50 – Neurology and Neurosurgery; Nephrology; Otolaryngology; and Diabetes and Endocrinology. In addition, Strong has been recognized for "high-performing" specialties – Cardiology & Heart Surgery; Gastroenterology and GI Surgery; Geriatrics Orthopedics; Urology; and Pulmonology – with scores in the top 10 percent of nearly 5,000 hospitals analyzed. Recently, Golisano Children's Hospital ranked in Pediatric Neurology and Neurosurgery; Nephrology; and Neonatology.

The Joint Commission awarded special recognition to the Program in Heart Failure and Transplantation for both its heart failure and ventricular assist device programs. Strong offers the only comprehensive cardiac program in Upstate New York, with prevention services, leading-edge treatments and devices, surgical options, and Upstate New York's only cardiac transplant service. The center was the first in Upstate to implant a total artificial heart.

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

Highland Hospital

An affiliate of the University of Rochester Medical Center, [Highland Hospital](#) is a 261-bed community hospital committed to providing compassionate patient- and family-centered care. Its more than 2,900 employees help provide outstanding care to patients from the Rochester area and surrounding counties. Signature services include Evarts Joint Center, Geriatrics, Geriatric Fracture Center, Bariatric Surgery Center, OB/GYN and GYN Oncology, and Highland Family Medicine. Highland also offers Surgery, Radiation Oncology, Women's Services, and a network of more than 11 Primary Care-affiliated practices. Highland Family Medicine is one of the largest providers of Family Medicine in upstate New York with an extensive network comprised of Highland Hospital and University of Rochester Medical Center physicians. It also houses the University of Rochester's Family Medicine Residency Training Program. Highland is the first hospital in Rochester to establish a health information center exclusively for women and the first hospital in Rochester to launch the Hospital Elder Life Program (HELP) for seniors at risk of delirium and other cognitive or physical difficulties. Six specialty areas at Highland Hospital achieved "high performing" status: Knee Replacement, Hip Replacement, Cardiology, COPD, Kidney Failure, and Diabetes.

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

In late 2016, the hospital completed construction on a new two-story, 30,000 square-foot building that provides room for six new operating rooms and a 26-bed Observation Unit. In 2020, construction began on a new four-story patient tower that is planned to add an additional 58 patient rooms and help modernize the patient experience at Highland Hospital. Construction is scheduled to be completed sometime in 2023.

Rochester Regional Health

[Rochester Regional Health](#) is an integrated system providing healthcare solutions that matter, wherever and whenever our community needs them most. Formed in 2014 with the joining of Rochester General and Unity Health systems, Rochester Regional Health was built on a foundation of providing inclusive and community-based care that is of the highest quality. Rochester Regional Health is a leading provider of comprehensive care and brings to its mission a broad spectrum of resources, an ability to advocate

for better care, a commitment to innovation and an abiding dedication to caring for the community. In January 2021, Rochester Regional Health and St. Lawrence Health entered into an affiliation agreement. RRH now serves families in communities across Western New York, the Finger Lakes, and the North Country. Our dedication to excellence and commitment to this region and its people, all ensure that we are well- positioned to thrive in the future. The system includes nine hospitals that serve the community as a truly integrated health services organization. The RRH network includes:

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

Rochester General Hospital

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

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

Unity Hospital of Rochester

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

Unity Hospital is a 471-bed community hospital in the town of Greece. After a four-year total renovation in 2014, Unity is now the only Monroe County hospital to feature all private patient rooms and free parking. Unity offers a broad range of specialty centers, including the Golisano Restorative Neurology & Rehabilitation Center, the Charles J. August Joint Replacement Center, and the August Family Birth Place. The hospital is also a NY State-designated Stroke Center.

Monroe County Department of Public Health

The [Monroe County Department of Public Health](#) (MCDPH) provides direct public health services designed to protect the public from disease and environmental hazards, and community leadership to ensure improved health status of individuals, families, and the environment. Services include education, preventive services, and enforcement of health codes and medical policies. Divisions include:

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

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

Other Important Community Resources and Assets

In addition to the hospitals and health department, there are numerous other community-based organizations either attending CHIW meetings and contributing to the 2022-2024 CHIP or working outside the scope of the 2022-2024 CHIP focus areas. All these organizations work to advance the health of Monroe County and are an integral part of our community. These resources include but are not limited to the following.

[Center for Community Health & Prevention \(CCHP\)](#)

URMC has a commitment to community health, recognized as its fourth mission along with research, education, and patient care. The [Center for Community Health & Prevention](#) was established in 2006, and is supported by URMC financial, legal, and management infrastructure. The CCHP changed its name from The Center for Community Health in 2017 to include Prevention, an important pillar of its mission. The CCHP supports and facilitates community-academic public health partnerships, and provides consultation to faculty, staff, and students who wish to establish community initiatives and research. The mission of the CCHP is to “join forces with the community to promote health equity; improve health research, education, services, and policy; and establish local and national models for prevention and community engagement.

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

[Common Ground Health](#)

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

[Healthi Kids](#)

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

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

African American Health Coalition

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

Latino Health Coalition

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

Finger Lakes Performing Provider System (FLPPS)

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

FLPPS is divided into five geographic sub-regions, termed Naturally Occurring Care Networks (NOCN). These Networks represent the full continuum of care and organizational leadership within a shared geographic service area. Each NOCN is led by a participant workgroup that represents the healthcare providers and community-based organizations in their area.

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

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

[Monroe County Office of Mental Health \(MCOMH\)](#)

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

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

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

[Rochester Regional Health Information Organization \(RHIO\)](#)

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

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

[211/Life Line](#)

[211/Life Line](#) is a free, 24-hour confidential phone, chat, text service, and searchable online database. 211 brings a compassionate approach to providing information, referral and crisis/suicide prevention services for Monroe, Wayne, Ontario, Livingston, Cayuga, and Seneca Counties. 211 has been accredited in the areas of Information & Referral Services and Suicidology for 20+ years and added Online Emotional Support accreditation in 2013.

Progress from 2019-2021

Promote Healthy Women, Infants, and Children

When the Community Health Improvement Workgroup (CHIW) selected maternal child health as a priority area for the Monroe County 2019-2021 Community Health Improvement Plan (CHIP), an advisory group of content experts was created called the Maternal Child Health Advisory Group (MCH-AG). Over 72 members from 34 organizations or departments across Monroe County have met quarterly for the 3 years during the implementation phase of the plan and beyond. An average of 30+ attendees of providers and community leaders of social, health, and education agencies attend the quarterly meetings. Members include representatives from the following key agencies:

Healthy Baby Network	Rochester Regional Health
School Based Health Clinics	University of Rochester Medical Center
Metro Council for Teen Potential	Accountable Health Partners
The LARC Initiative	Planned Parenthood
In-Control	Rochester City School District
Anthony Jordan Health Center	Nurse Family Partnership
Highland Family Planning	Common Ground Health
March of Dimes	Finger Lakes Performing Provider System
Monroe County Department of Public Health	United Way

The overarching focus of the MCH-AG is to address the goal of the 2019-2021, and now 2022-2024, CHIP: *addressing disparities in maternal and child health*. The MCH-AG first reviewed the results of a number of recent focus groups conducted with Rochester community members around issues related to disparities in maternal and child health outcomes. After discussions about these various results, the group decided to explore the key disparity drivers of sub-optimal birth spacing, housing insecurity, and institutional racism and potential solutions for the future work of the MCH-AG. This group was able to begin to address these drivers in several ways, discussed below.

Birth Spacing	Housing	Institutional Racism
A team from the MCH-AG participated in a Systems Integration Prototyping pilot program. This team, composed of representatives from the YWCA, Nurse Family Partnership, the Society for the Protection and Care of Children (SPCC), and Social Work at URM, studied and applied Human Centered Design principles and created a final model and process workflow for standardized entry and easy linking of new families with support services that best fit their needs. The prototype will ease entry to social supports to discuss and encourage appropriate birth spacing.	The CHIW and the MCH-AG collaborated with the United Way of Greater Rochester to apply for a Robert Wood Johnson Foundation grant studying the racial equity impacts the Eviction Prevention Pilot Initiative (EPPI) initiated through the Systems Integration Project. EPPI aims to connect Rochester residents with money for assistance with rent and mortgage relief through the CARES act and other funding streams. Although this grant was not funded, the CHIW and MCH-AG will continue to find ways to link pregnant women and young families to housing resources.	Through a PCORI grant funded project, “Community Collaboration for the Exploration of Local Factors Affecting Black Mothers’ Experiences with Prenatal Care,” researchers conducted listening sessions in Jan and Feb 2020 with stakeholder groups including clinicians, Black patients who recently delivered, researchers, and community organizations like Healthy Baby Network. Results were presented to the MCH-AG in November 2020.

<p>MCH-AG is the community advisory group for Roc Family Teleconnects. Modeled after the evidence-based Family Connects program, Roc Family Teleconnects is a “light touch” assessment visit, typically performed in person by a registered nurse, but conducted via phone due to the Covid-19 pandemic.</p>	<p>Several informational sessions were given during the MCH-AG meetings, including in May 2021 when Katrina Korfmacher shared Rochester Healthy Homes Partnership (RHHP) website, and where to find eviction prevention resources and other tenant needs.</p>	<p>Work continues with organizations and researchers involved in the PCORI project to improve systems’ responses to the experiences of women in the listening sessions.</p> <p>All hospitals have health equity initiatives happening in 2021.</p>
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Other accomplishments in maternal child health are detailed in the 2019-2021 Monroe County Community Health Improvement Plan Implementation Final Report.

Promote Well-Being to Prevent Mental and Substance Use Disorders

The hospitals and health department, along with community partners, made significant strides in addressing well-being in Monroe County from 2019-2021. Areas of improvement focused on community wealth building, mental health first aid, stigma reduction, and trauma informed assessments and trainings.

Community Wealth Building: In 2020, the financial stress of the pandemic impacted local businesses, individual, and hospital systems. Many community wealth building initiatives transitioned to financial well-being and support systems for those experiencing hardships due to COVID-19. The Mayor’s Office of Community Wealth Building has hosted virtual job and opportunity fairs, an entrepreneur’s resource program, and financial empowerment centers. Financial Empowerment Centers offer 1:1 meetings and the advisors are trained to help with COVID related financial struggles like obtaining stimulus checks, negotiating with loan providers, creating emergency budgets, and connecting with other local resources.

Additionally, Rochester Regional Health (Rochester General and Unity) and University of Rochester (Strong and Highland) both signed the Rochester Monroe Anti-Poverty Initiative (RMAPI)’s Employer pledge, committing to many steps to community wealth building and supported employment, including a \$15 minimum wage for all employees. In addition, the County Executive agreed to increase pay rates of the lowest-paid county employees.

Mental Health First Aid: Mental Health First Aid is an evidence-based training program for adults to learn to recognize and respond to warning signs of acute mental health events for either children or other adults. The CHIW facilitated connections between the Youth Mental Health First Aid (YMHFA) Course administrators and new target audiences in our community. Prior to the pandemic, the course was offered as a large group in-person class, however the trainings have been adapted to online administration during the pandemic. The virtual or in-person course was offered for foster parents connected to the Monroe County Department of Health. Another session was offered 6/28/21 to approximately 20 employees at the City of Rochester recreation centers or R-Centers.

Stigma Reduction: The Monroe County Department of Health conducted a study in early 2020 that was presented to the CHIW at the February 2020 CHIW Meeting. The study looked at de-identified discharge documents from local Emergency Departments for patients who had presented with Opioid Use Disorder. The review found that often patients were not being offered support for their underlying substance use disorder. More than 40% of the hospital notes had no mention of the substance use disorder. The Health Department also conducted a review of the language used in the discharge notes

and determined whether the language was templated (automatically filled in) or whether it had been written by the provider. Of the discharge instructions, 25% contained language that was considered stigmatizing. To address both concerns studied in the Health Department's reviews, the CHIW convened a meeting of ED providers from all local hospitals on September 14, 2020. At this meeting, the providers expressed an interest in using approved non-stigmatizing language. To develop the best and most patient-centered language, the CHIW enlisted community members with lived experience from two local peer advocate organizations: Liberty Resources and ROCovery fitness. Having peers with lived experience will ensure that the language is as accurate, patient centered, and non-stigmatizing as possible. The recommended language was shared with Emergency Department Directors at each of the hospitals, and each hospital has integrated the new documents into their discharge planning.

Trauma Informed Assessments and Trainings: Rochester Regional Health hosted a Trauma Informed Care training session led by Cheryl Martin from CCSI on their Reidman Campus for their Ambulatory Care team. Nancy Pecora, RN, later presented the results and reflections from this learning session to the CHIW at their July 2019 meeting, Cheryl Martin presented about the use of Motivational Interviewing in Trauma Informed Care to the CHIW. A summary of the free and paid resources available to conduct Trauma Informed Assessments (TIA) of an organization was assembled. The local Institute, CCSI, offers a nationally recognized TIA called the TRUST tool (Trauma Responsive Understanding Self-Assessment Tool). In September 2019, Amy-Scheel Jones from CCSI presented to the CHIW on the TRUST tool and the TRUST-S, which is specifically designed for schools to complete TIAs. This free tool is being used by the Special Children's Services department at the Monroe County Department of Public Health to survey staff on trauma informed knowledge and responsiveness.

Other accomplishments in mental health and well-being can be read about in the 2019-2021 Monroe County Community Health Improvement Plan Implementation Final Report.

Distribution of Findings

The executive summary and full text documents of the Monroe County Combined Community Health Needs Assessment and Improvement Plan for 2022-2024 will be made available on the websites of:

URMC: Strong Memorial Hospital and Highland Hospital

- ❑ <https://www.urmc.rochester.edu/community.aspx>

Rochester Regional Health: Unity Hospital and Rochester General Hospital

- ❑ <https://www.rochesterregional.org/about/community-investment>

Monroe County Department of Public Health

- ❑ <https://www.monroecounty.gov/health-health-data>

Physical copies of the Monroe County 2022-2024 CHNA/CHIP executive summary will be made available at the Center for Community Health & Prevention, Common Ground Health, and other community partner locations as requested. Printouts and digital copies of any CHIP related documents are always available upon request to interested parties.