2025
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 General Hospital

Unity Hospital

Monroe County Department of Public Health

Prepared for: Monroe County
With data support from: Common Ground Health

2025
Monroe County Joint
Community Health Needs Assessment

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Monroe County Community Health Assessment (CHA)

This 2025 Community Health Needs Assessment (CHNA) refers to Monroe County as the community served by the hospitals and health department who helped to complete this document. Monroe County (748,482 residents in 2023) is the most populous county of New York's Finger Lakes Region (approximately 58% of region's population) and contains the largest metro area, the City of Rochester (207,274 residents in 2023, 28% of county population).

Health Care Delivery: There are two primary hospital systems in the community, 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) 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 2025-30. Also instrumental in the community health improvement process are several partners including Common Ground Health (our regional planning agency), Monroe County Office of Mental Health, and others described later in this report.

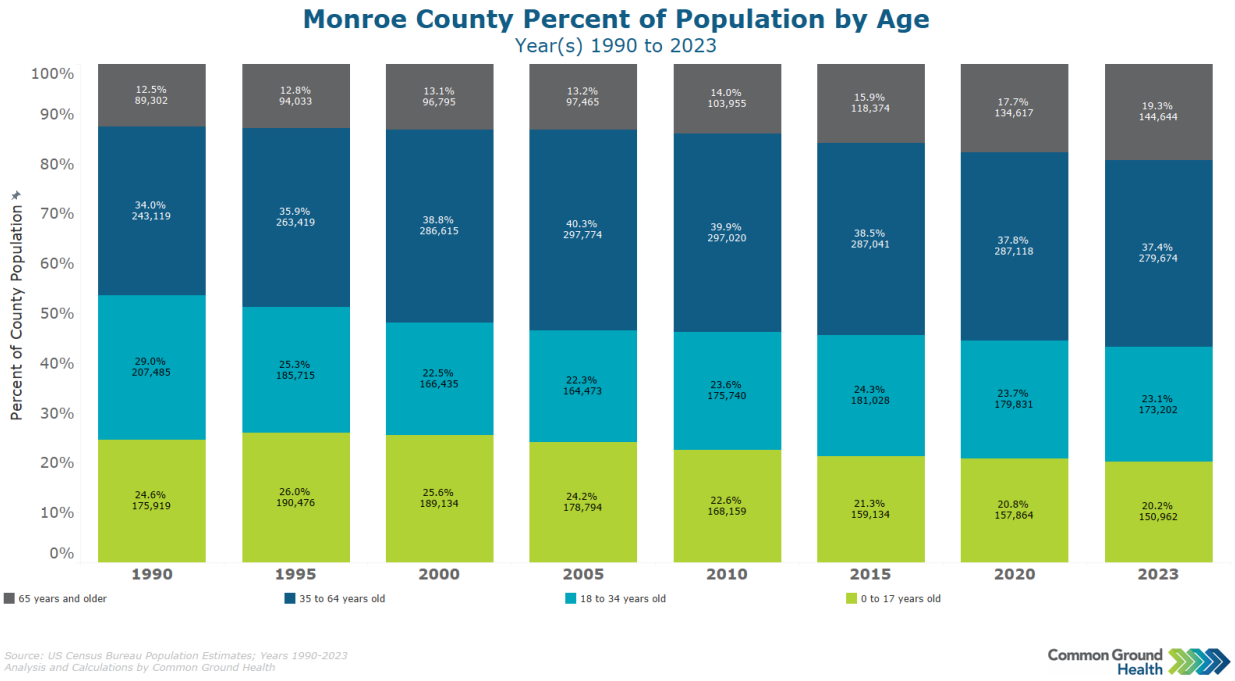
Monroe County Community Description: Demographics

Community Description: Monroe County is in the western part of New York's northern tier, northeast of Buffalo and northwest of Syracuse. The northern county line is also the state line and the border of the United States, marked by Lake Ontario. Monroe County is north of the Finger Lakes and is included in the Finger Lakes Region.

Several industries have headquarters in Monroe County including Eastman Kodak, Bausch & Lomb, Paychex, and Wegmans. Xerox, while no longer headquartered in Rochester, has its principal offices and manufacturing facilities in Monroe County. The county is also home to nine colleges and universities, including a medical center at the University of Rochester.
Monroe County is comprised of 19 towns, 10 villages and the City of Rochester, the third largest city in the state. 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.

Age:

The age breakdown in Monroe County has followed national trends of aging. Currently 19% of the Monroe County Population is 65 years of age and older, up from 13% in 2000. The rest of the population make up is 37% 35-64 years old, 23% 18-34 years old, and 20% 0-17 years old (down from 25.6% in 2020)



Gender: The Monroe County population has remained steady in its gender makeup which is currently 51.4% female and 48.6% male.

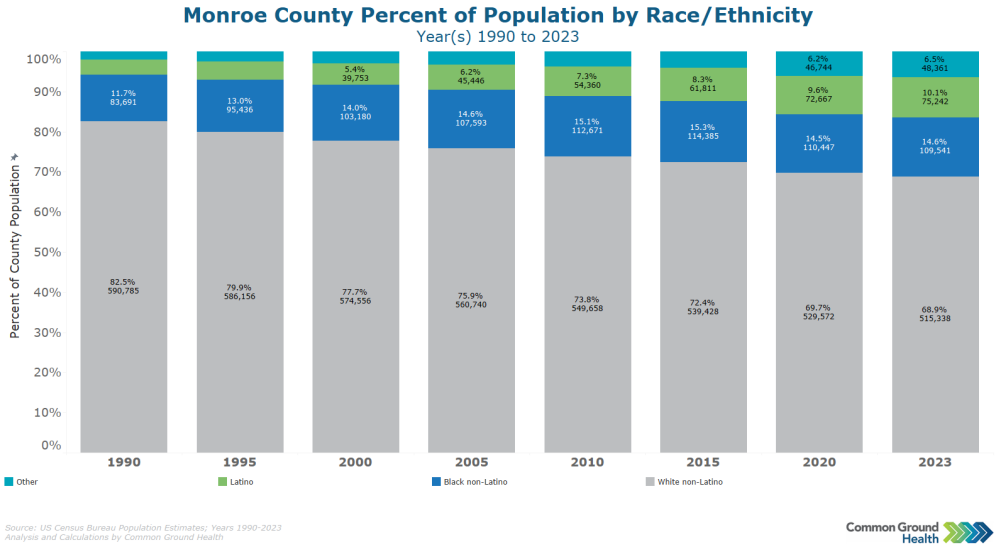
Although very difficult to measure at the county level, New York has one of the largest LGBTQ (Lesbian, Gay, bisexual, Transexual or queer) populations in the country with about 5% of the New York adult population identifying as LGBTQ (https://www.lgbtmap.org/equality_maps/profile_state/NY)

The 2023-24 Monroe County Youth Risk Behavior Survey reports that 18% of students identified as LGBTQ. In this report, students were considered identifying as in the LGBTQ group according to how they answered the questions “Are you transgender or non-binary?” (answering YES) and how they answered the question “Which of the following describes you?” (Gay or lesbian or bisexual).

Gender Identity Answer	**Number**	**Percent of Answers**
No, I am not transgender or non-binary	15,479	91%
Yes, I am transgender or non-binary	723	4%
I am not sure if I am transgender or non-binary	341	2%
I don’t know what this question is asking	542	3%
Did not answer	91	
Total	17,085	100%
Sexual Orientation	**Number**	**Percent of Answers**
Heterosexual (Straight)	12,945	76%
Gay or lesbian	612	4%
Bisexual	1,737	10%
I describe my sexual identity some other way	620	4%
I am not sure about my sexual identity (questioning)	581	3%
I do not know what this question is asking	541	3%
Did not answer	140	
Total	17,036	100%

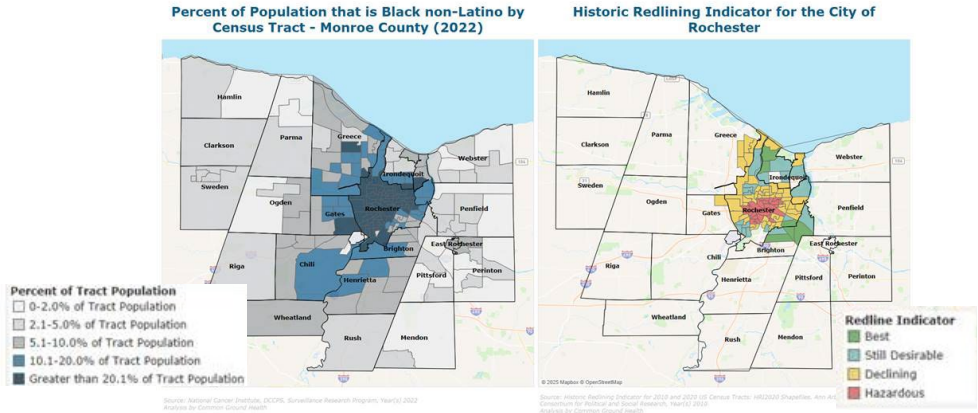
Race/Ethnicity:

The county is diversifying. With a growing population identifying as Black, Latino or another racial identity and less of the population identifying as white non-Latino.



Currently, 15% of Monroe County identifies as Black, non-Latino and 69% of the Black, non-Latino population resides in the City of Rochester. Currently, 10% of the Monroe County population identifies as Latino, and 59% of the Latino population resides in the City of Rochester. Of the Latino population in Monroe County, 67% identify as Puerto Rican.

It is important to note that the racial and ethnic disparity between the city of Rochester and the surrounding suburbs persistent in Monroe County is primarily the result of historic racists policies related to home ownership in our community. Redlining, the discriminatory practice that prevents people of color from accessing financial services, such as mortgages, insurance, and loans and other racist practices were commonplace in Monroe County and across the U.S. between 1935 and 1940. Results of these practices exist today in the demographic makeup of our community, as well as in the disparities in health outcomes along geographic lines.



Language/Deaf Population:

A large majority of the Monroe County population speaks English has the primary language at home (86.8%) with an additional 6% speaking Spanish as the primary language. Other languages spoken include Other Indo-European languages and Asian and Pacific Islander languages at much smaller percentages.

Unique to our community is our large population of those who are deaf or hard-of-hearing. The latest census data shows there are around 45,000 deaf or hard of hearing residents in the Rochester region, about 3.7% of the population, making it among the cities with the largest deaf populations in the nation. Although not specifically measured, many of this population, and their families, used American Sign Language or ASL to communicate.

Immigration/Migrant Population:

In Monroe County, 8% of the population is foreign born, approximately 64,000 individuals. The largest single country of origin among those foreign born is China, accounting for 7%, however 73% of immigrants in Monroe County are from 144 other countries. Close to a third (31%) of immigrants came to Monroe County since 2010. Although 33% of immigrants in Monroe County are in a family of 1 person, 27% are in families with 4+ people.

Family Size
Household Head, Ages 16+

	Immigrants in the Monroe County, New York	Immigrants in the New York, excluding Monroe County
1 Person	33%	26%
2 People	27%	25%
3 People	13%	18%
4+ People	27%	31%
Estimated Number of Households	**27,805**	**1,974,166**

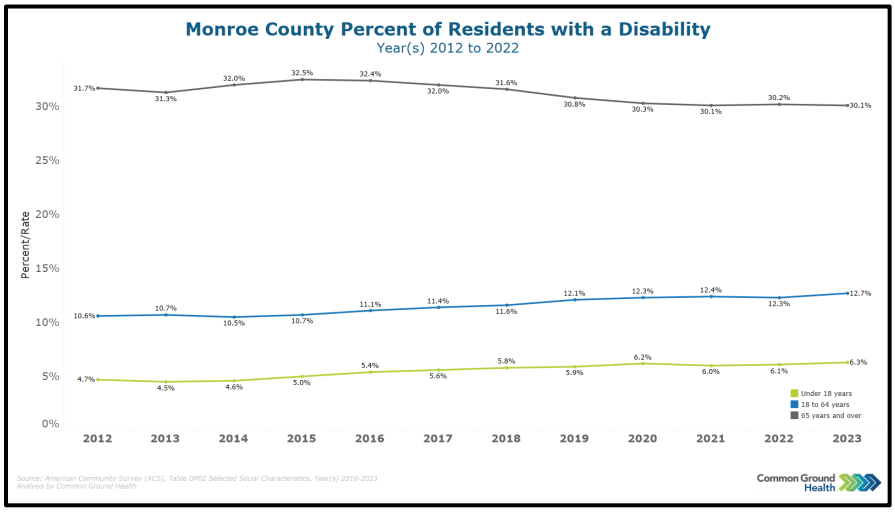
This data was prepared by the Institute for Immigration Research (IIR). 2024. Immigration Data on Demand (iDod). Source: IPUMS USA: Version 15.0 [American Community Survey (ACS) 2018-2022 5-year averages]. Minneapolis, MN: IPUMS, 2024. https://doi.org/10.18128/D010.V15.0

It's important to note that Rochester is a resettlement city. A total of 4,190 Refugees and Special Immigrant Visa holders (SIVs) resettled in New York State in FFY 2023. Upstate New York resettled 3,655 Refugees/SIVs (87% of all Refugees/SIVs resettled in FFY 2023), 650 of whom came to Monroe County specifically. Over 75% of all Refugee and SIV arrivals were from four source countries: The Democratic Republic of Congo, Syria, Afghanistan, and Burma.

The number of refugees coming to Monroe County continues to grow. In 2024 over 1100 refugees were welcomed and are currently arriving at about 45 refugees per week in early 2025.

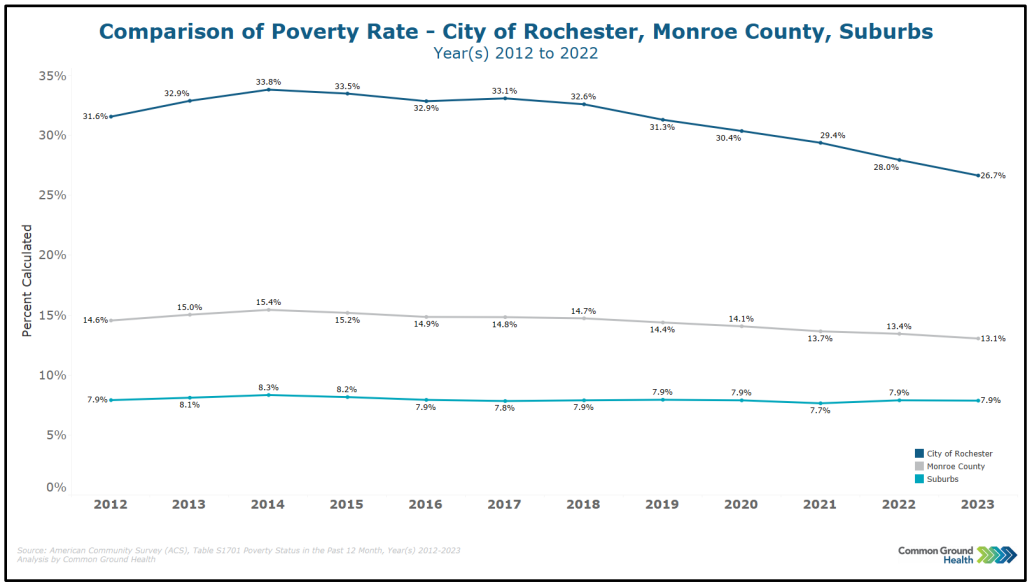
Mobility/Disability

The American Community Survey assesses disability and asks about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. Respondents who report anyone of the six disability types are considered to have a disability. In Monroe County about 30% of those 65 years and older report a disability, while 6% of those under 18 report a disability (compared to 12% among 18-64 year-olds).



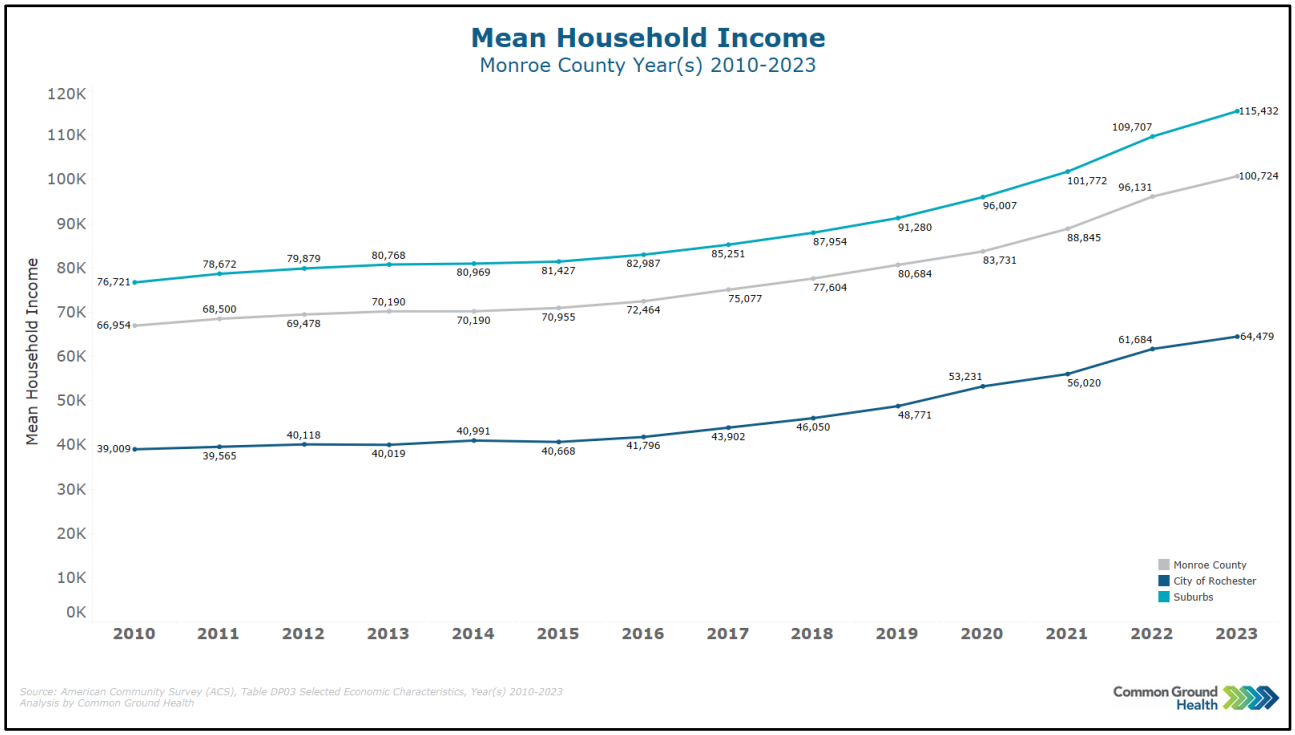
Poverty, Income and Employment:

Poverty persists in Monroe County, particularly in the City of Rochester. The rate of poverty in Monroe County is on par with that of New York City, currently at 13.1%. The overall county rate masks the large disparity that exists in Monroe County between Rochester and the surrounding suburbs. While the County overall poverty rate is 13.1%, the poverty rate in Rochester is 26.7%, while that in the suburbs is 7.9%.



Rochester ranked fifth in a report on child poverty trends across the country released by the New York State Comptroller[1]. The report revealed that Rochester was among the cities with the highest poverty rankings in the U.S. Statistics showed 40-46% of children in each of Syracuse, Rochester, and Buffalo were living in poverty in 2022. Albany, Syracuse, Rochester, and Buffalo were reported to have child poverty rates that were double the average rate of cities similar in population.

Disparities between the city and suburbs are also evident when examining average household income. Mean household income in Rochester is $64,479, and is $115,432 in the suburbs.



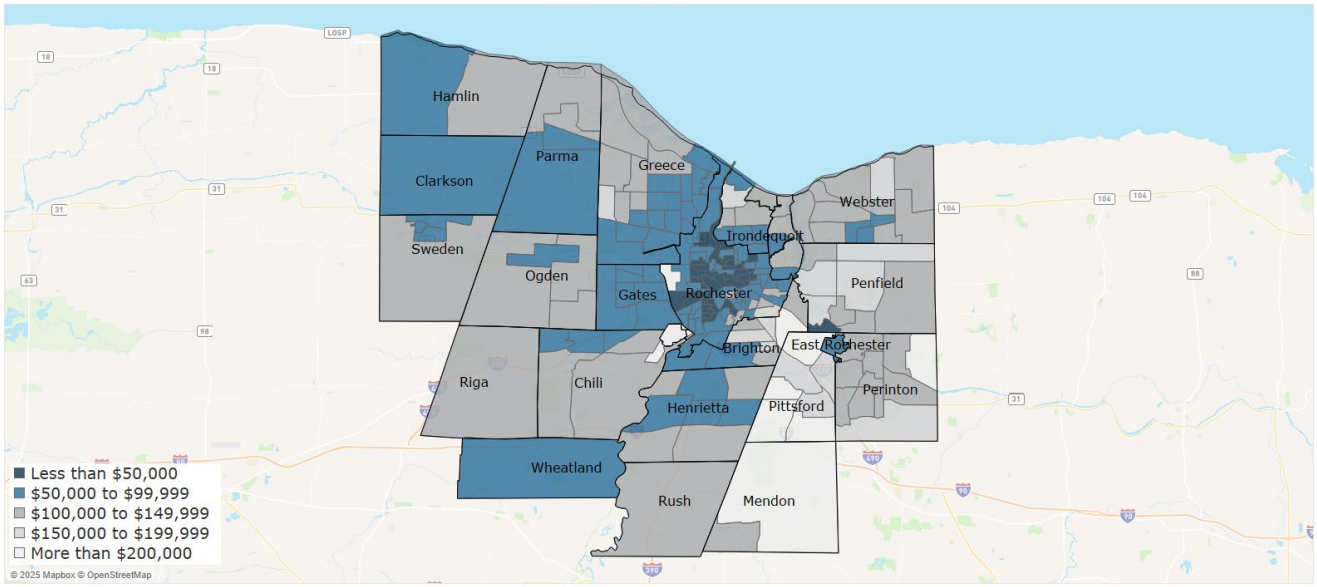
According to the census "quick facts", the per capita income over the past 12 months for Rochester in 2023 was $30,451. For comparison, the per capita income for Pittsford, a town less than 10 miles away that same year was $74,852.

Not only is there income disparity between the city and suburbs, but there is significant disparity between census tracts within the city of Rochester as well. Very high-risk zip codes have been identified and historically were defined as "the crescent" to indicate the shape these areas form around the center of the city.

[1] https://www.osc.ny.gov/press/releases/2024/05/dinapoli-report-examines-troubling-child-poverty-trends

Mean Household Income by Census Tract

Monroe County (2023)



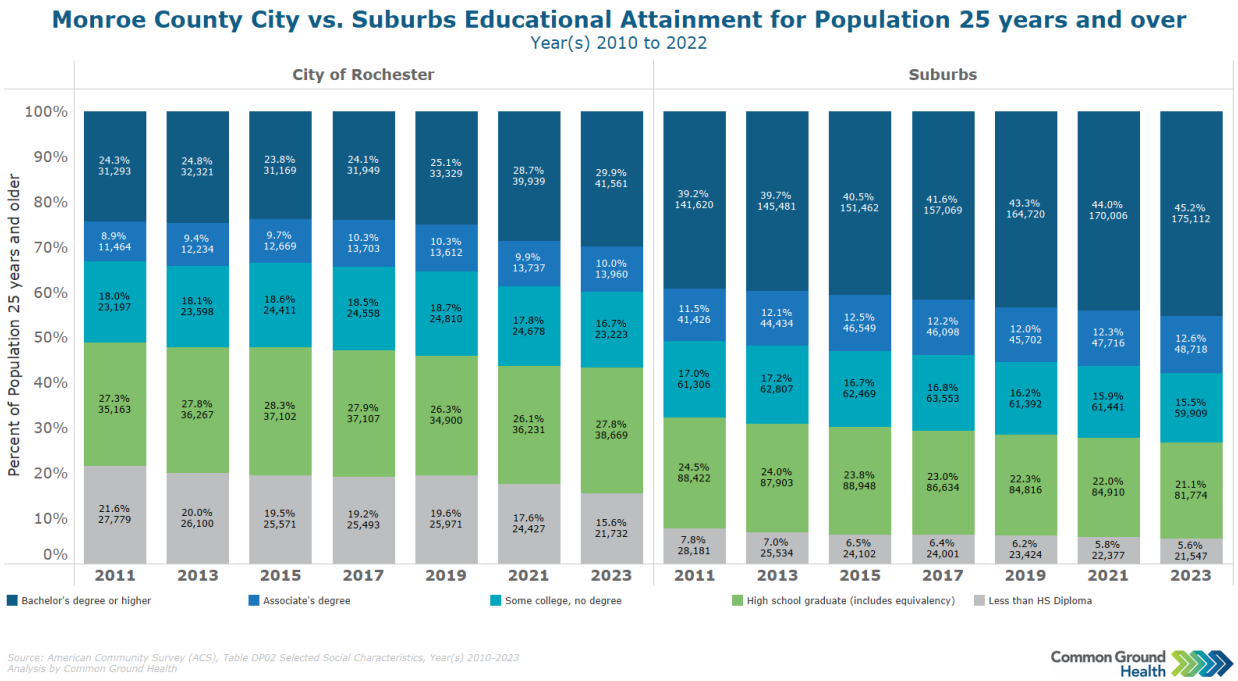
Source: American Community Survey (ACS), Table DP03 Selected Economic Characteristics, Year(s) 2010-2023
Analysis by Common Ground Health

Common Ground Health

Among the population 16 years and older In Monroe County, 60.2% of the population is employed, 3.3% is unemployed, and 36.5% is not in the labor force. The largest industries in Monroe County, NY are Health Care & Social Assistance (65,988 people), Educational Services (53,932 people), and Retail Trade (40,248 people).

Educational Attainment:

Forty percent (40.5%) of the Monroe County population 25 years and older have attained a bachelor's degree or higher. An additional 13% have earned an associate's degree and 12% have some college, but no degree. High school graduation or equivalent was earned by 22.9% of the population, while 8.6% have less than a high school diploma. Educational attainment looks different between the City of Rochester and the suburbs, with the city reporting less educational attainment than surrounding suburbs. While only 5.8% of the population in the suburbs has less than a high school diploma, 16.6% have that level of education in the city population.



Housing stability and affordability:

The evidence supporting the association between housing and health is strong. Housing stability, quality, safety, and affordability all affect health outcomes, as do the physical and social characteristics of neighborhoods[2]. The adverse health links encompass a wide variety of outcomes, including mental and physical, infectious, and chronic disease, reproductive conditions, and injury[3]. The term "housing instability" is a general term for the continuum between homelessness and stable, secure healthy housing. Housing instability can encompass physical conditions of the home, exposures to contaminants or pests, unstable access, or severe rent burden. Those who are experiencing housing instability have limited access to preventive health care compared to stably housed people and are less likely to fill prescriptions and stick to treatment plans.[4] This leads to a disproportionately high health care utilization among those experiencing unstable housing. According to a recent report from the American Hospital Association (AHA), "Housing and the Role of Hospitals"[5]:

- Homeless people are 5x more likely to be admitted to inpatient hospital units.
- Homeless people stay up to four days longer in a hospital stay at a cost of $2,000 - $4,000 a day.
- Unstably housed individuals are more likely to be uninsured, be readmitted within 30 days, and use more high-cost services.

[2] "Housing And Health: An Overview of The Literature," Health Affairs Health Policy Brief, June 7, 2018. https://www.healthaffairs.org/content/briefs/housing-and-health-overview-literature

[3] Diana Hernández, Carolyn B. Swope, "Housing as a Platform for Health and Equity: Evidence and Future Directions", *American Journal of Public Health* 109, no. 10 (October 1, 2019): pp. 1363-1366.

[4] Schanzer, B., Dominguez, B., Shrout, P.E. & Caton, C.L.M. (2007, March 1). Homelessness, health status, and health care use. *American Journal of Public Health* 97, no. 3: 464-469.. Retrieved from http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2005.076190

[5] Health Research & Educational Trust. (2017, August). *Social determinants of health series: Housing and the role of hospitals*. Chicago, IL: Health Research & Educational Trust. Accessed at www.aha.org/housing

Poverty, low income and unemployment in Rochester translates into housing characteristics that are significant risk factors for housing instability and homelessness. Importantly the percentage of renters is quite high, and the housing stock is older than the surrounding areas.

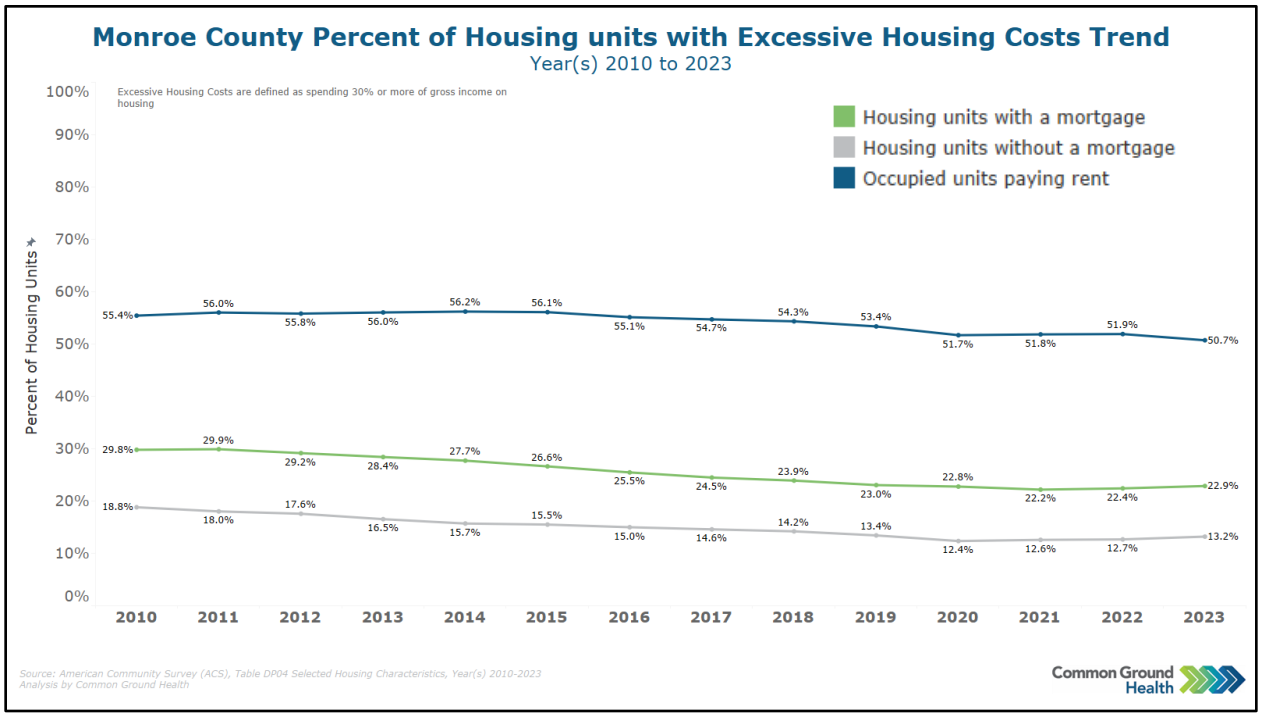
Income, Poverty, and Housing

	City of Rochester	Monroe County	New York State
Housing Characteristics			
Percentage of housing units built before 1940	53.2%	24.8%	32.2%
Median specified house value	$82,000	$144,700	$302,200
Percentage of owner-occupied housing units	36.3%	63.8%	53.9%
Median gross rent	$831	$902	$1,240

City of Rochester Health Equity Report, NYS Department of Health, April 2021

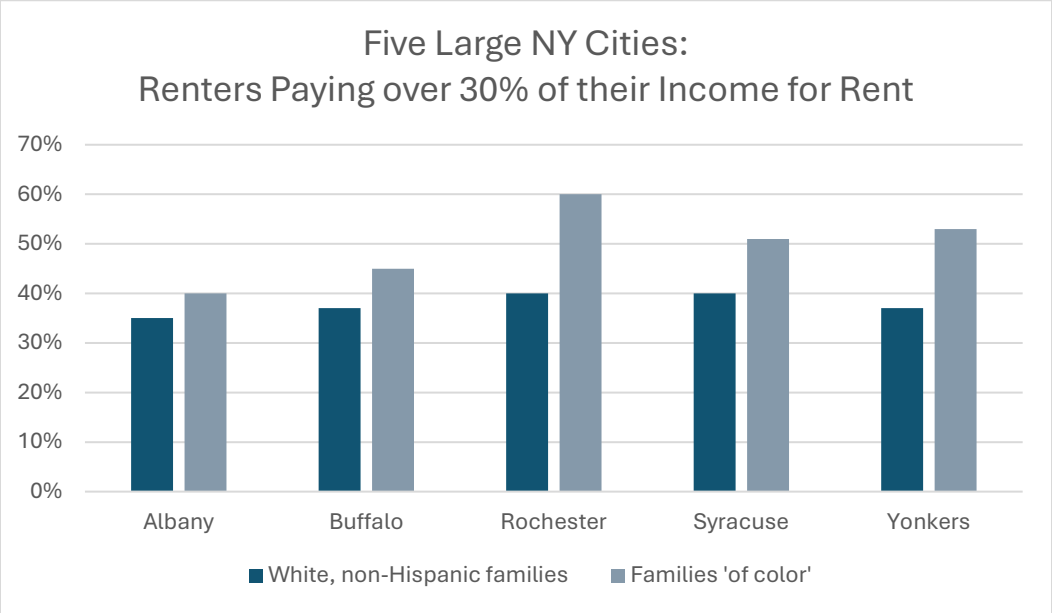
In Rochester, 30.78% of people rent their homes or live in apartments. Fair market rent is determined by HUD annually. In the Rochester metro area, the fair market rent for a one-bedroom apartment in 2024 was $1,050, an increase of 10.5% from 2022 and 35.5% from 2020.

Long-time financial advice suggests housing costs should traditionally take up less than 30% of income (Swope, 2019)[6]. Whether renting or paying a mortgage, several residents in Monroe County have housing expenses in excess of this 30% recommendation.



[6] Swope CB, Hernández D. Housing as a determinant of health equity: A conceptual model. Soc Sci Med. 2019 Dec;243:112571. doi: 10.1016/j.socscimed.2019.112571. Epub 2019 Sep 25. PMID: 31675514; PMCID: PMC7146083.

In Rochester, rent takes up anywhere from 32-40% or higher of income. In surrounding suburbs, those rates drop to nearly a third, hovering between 13-17% (US Census, 2022)[7]. Among families of color in Rochester, 60% pay over the recommended 30% of income on rent.



Ref: Fiscal Policy Institute Analysis of 2017 American Community Survey 5-year data.

Like the rest of the country, Monroe County is facing increased rates of individuals with significantly unstable housing and homelessness. Homelessness is challenging to track, but according to the point-in-time count of homeless populations conducted by the Department of Housing and Urban Development (HUD) which counts those who are homeless on a single night, Rochester's 2024 count showed 1056 homeless people (up from 803 in 2023). This does not account for those who are in temporary locations, or "couch-surfing", or those in unaffordable housing. Of those counted as homeless, 25% were under the age of 18, 440 (42%) identified as female and 607 (57%) identified as male. Further supporting the inequity by race, 483 (46%) of the homeless identified as Black, African American or African while 161 (15%) identified as White. In addition, 148 (14%) identified as Hispanic, with or without naming another race. This and other metrics indicate a significant rise in the number of people experiencing homelessness, with a significant rise among children and overwhelming disparities by race.

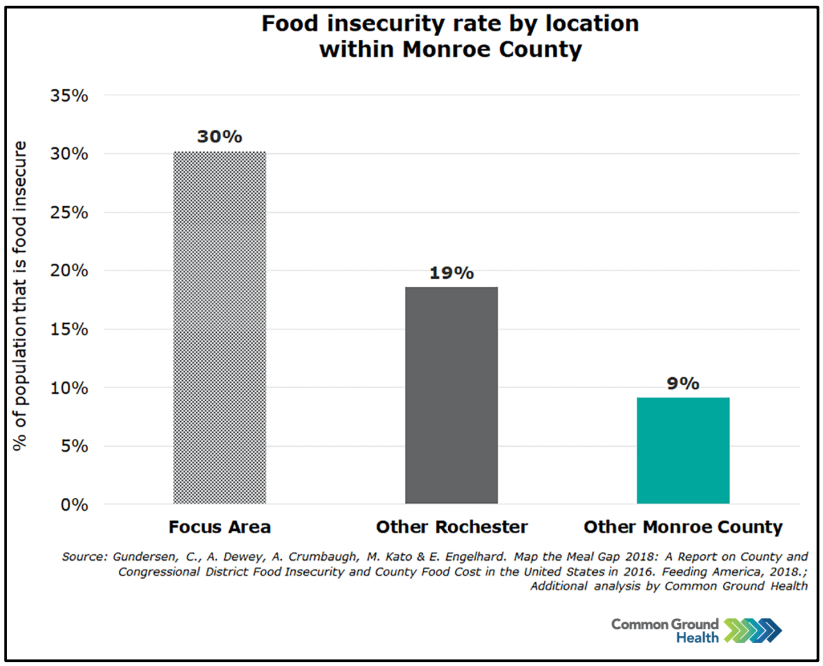
Food stability:

According to Feeding America, food insecurity is defined by the United States Department of Agriculture as the lack of access, at times, to enough food for an active, healthy life. Food insecurity is associated with many adverse social and health outcomes. Key drivers of food insecurity include unemployment, poverty, and income shocks, which can prevent adequate access to food. Alternatively, multiple interventions have been shown to reduce food insecurity, including

[7] U.S. Census Bureau. (2022). *Explore Census data*. Retrieved June 25, 2024, from https://data.census.gov/profile/Rochester_city,_New_York?g=160XX00US3663000

participation in food assistance programs and broader societal-level improvements in economic stability[8].

The rate of food insecurity in Monroe County in 2022 was 12.1% representing approximately 91,000 residents. An older assessment of food insecurity showed the disparity between high-risk areas of the City, Rochester as a whole, and the rest of Monroe County.



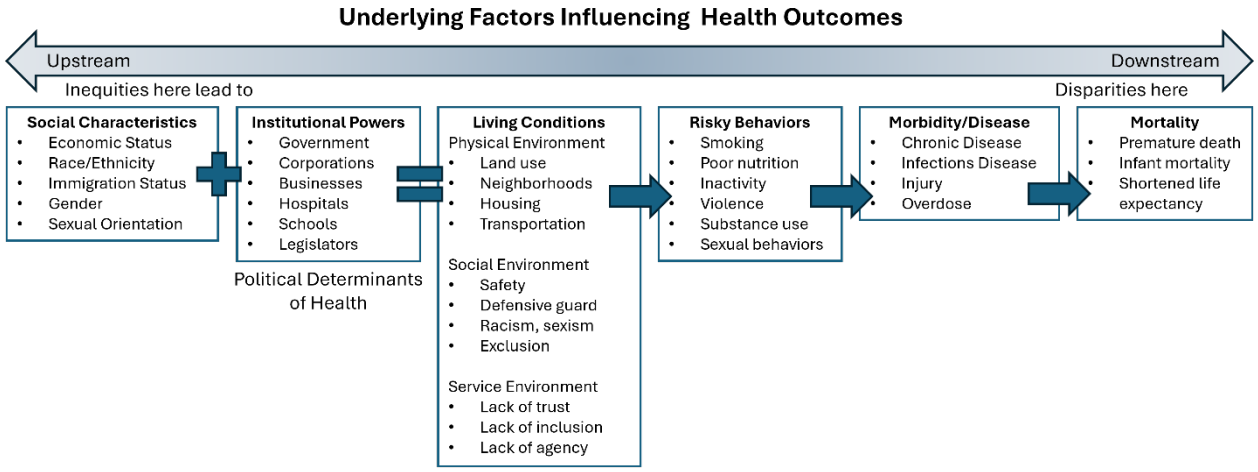
The Children's Agenda, a community-based organization in Monroe County that advocates for children, recently conducted a countywide survey of 600 Monroe County parents in December 2023. The survey found that most families earning less than $100K cannot afford fruits and vegetables weekly. In addition, 41% of families earning between $50K and $100K were rationing food so that their family doesn't run out. Sadly, among families earning less than $50K, 58% rely on food pantries and 50% of parents skipped meals so that their children could eat.

[8] https://map.feedingamerica.org/county/2022/overall/new-york/county/monroe

Monroe County Health Status

Health Status Description: There are many health challenges in Monroe County, similar to the health challenges for the Finger Lakes region, the state of New York, and the country. Importantly, most health status metrics are the result of unhealthy behaviors influenced by non-optimal environments. In the fall/winter of 2024 and early spring of 2025, a review of existing health data was conducted to identify priority areas of concern for the health of Monroe County.

Although the data reviewed will focus on downstream, end-state mortality and morbidity measures, a model of the underlying root causes of those health outcomes is important to keep in mind.



Adapted from the Bay Area Regional Health Inequities Initiative: http://www.barhii.org

Several social characteristics and living conditions were described in the previous Community Description section of this report. For the Health Status Description section, we will describe risky behaviors, morbidity and disease, and mortality metrics for Monroe County.

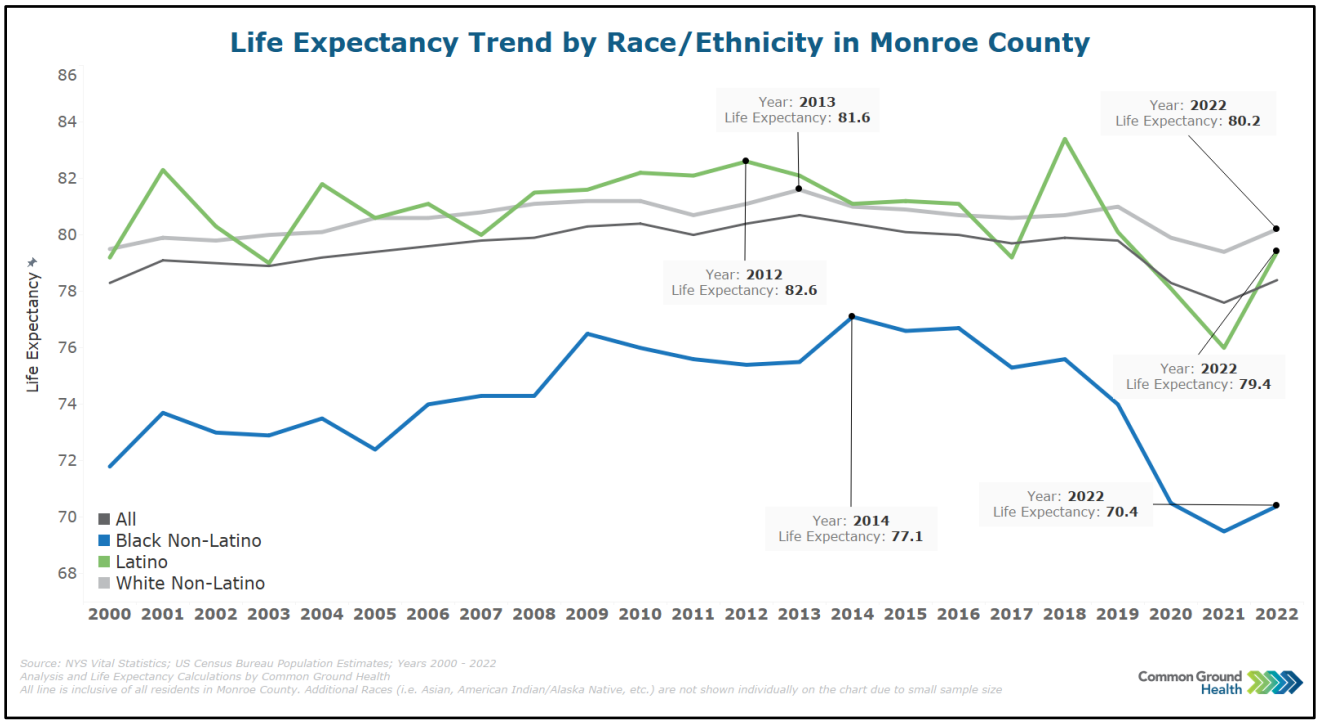
Mortality

The most downstream result of all demographics, political and social drivers of health is mortality or the measures of life expectancy. The CDC National Center for Health Statistics defines life expectancy as the 'average number of years of life remaining to a person at a particular age and based on a given set of age-specific death rates'.

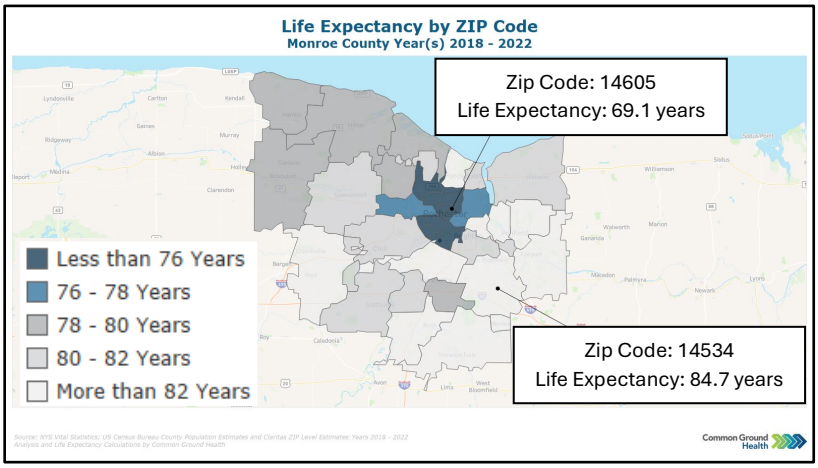
Life expectancy has been calculated for the Finger Lakes Region, and Monroe County, based on the most recent data (2021). The Monroe County life expectancy reached a high of 80.8 in 2013, followed by a plateau and then decline with COVID. Monroe County life expectancy in 2021 was 77.7 years, in line with the life expectancy for NY State excluding NY City, which was 78.1 years. Common Ground Health recently wrote a Spotlight report titled: The Decline in Life Expectancy in the Finger Lakes Region, 2013-2021 to further explore these trends and reasons for them.

There are many disparities, or differences, in life expectancy based on gender, geography, race and socio-economic status. Importantly, geographic location is closely tied to race as well as income and poverty. As already mentioned, due to redlining and other racist policies and practices, the city of Rochester is plagued with high poverty rates, and much lower incomes than the surrounding suburbs. In addition, most of the residents of Monroe County who identify as Black or Latino live in the city of Rochester.

Life expectancy by race shows that those identifying as Black have a life expectancy of 70.4 years, a full 10 years less than that for those identifying as White (80.2 years).



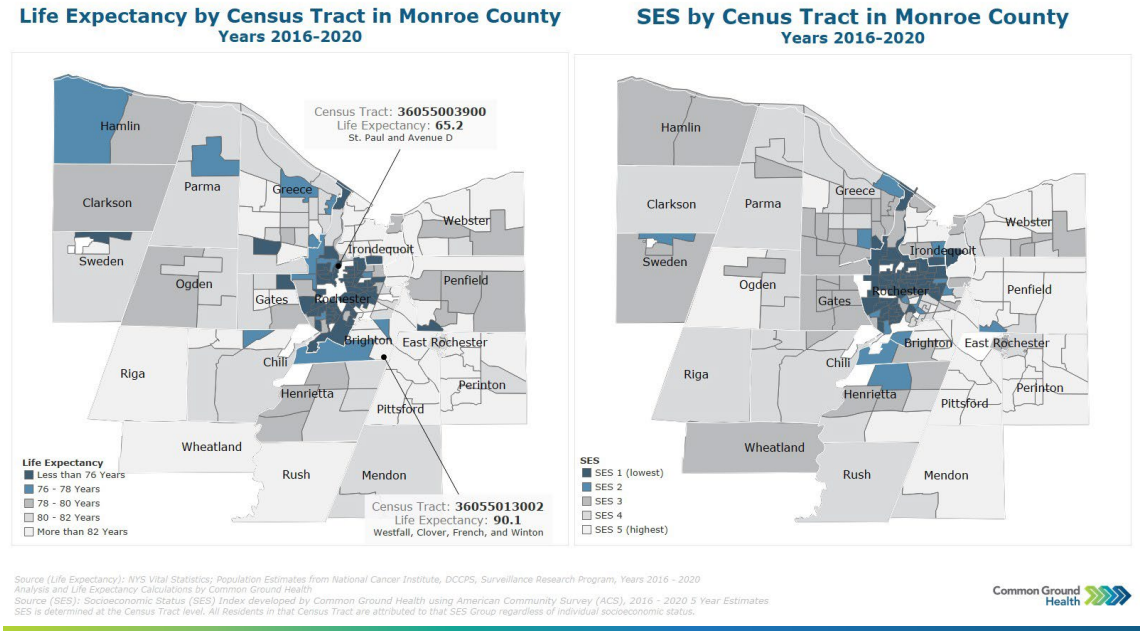
Life expectancy by zip code shows similar disparities. Residents in some Rochester zip codes have a life expectancy of 69.1 years which is 15.6 years shorter than a zip code in nearby Pittsford (84.7 years), a town currently and historically with much more resources.



There is also a life expectancy difference between male and female residents, with female life expectancy at 80.2 years, five years longer than that for males at 75.2 years.

The Socioeconomic Status (SES) index was developed by Common Ground Health and calculated using income, education, and occupation indicators from the American Community Survey. Each ZIP code (or tract) is assigned an SES ranking from 1 (low) to 5 (high). The lower SES areas tend to have lower average income and higher poverty rates, lower educational attainment, and lower employment rates in high status jobs.

Not surprisingly, those categorized as having a low socioeconomic status (SES) have a much lower life expectancy at 65.2 years than those with a high socioeconomic status at 90.1 years. In addition, when examining maps of SES alongside maps of life expectancy, there appears to be consistent patterns between the two across the county.



Health insurance and Access to Care

Although health care delivery is not the primary driver of health outcomes, it is one downstream driver to be examined. Access to care, including insurance status, is a contributor to the health care delivery determinant of health.

Metric	Finger Lakes	Monroe County	PA24 Goal
% of adults with checkup in past 12 months	77.4%	77.9%	
% of adults who did not receive medical care because of cost	4.9%	5.2%	
% of adults (18-64) who have health insurance	93.2%	97.2%	97%
% of adults with regular health care providers	91.5%	91.9%	86.7%

Source: NYSDOH Behavioral Risk Factor Surveillance System (BRFSS) Year 2021

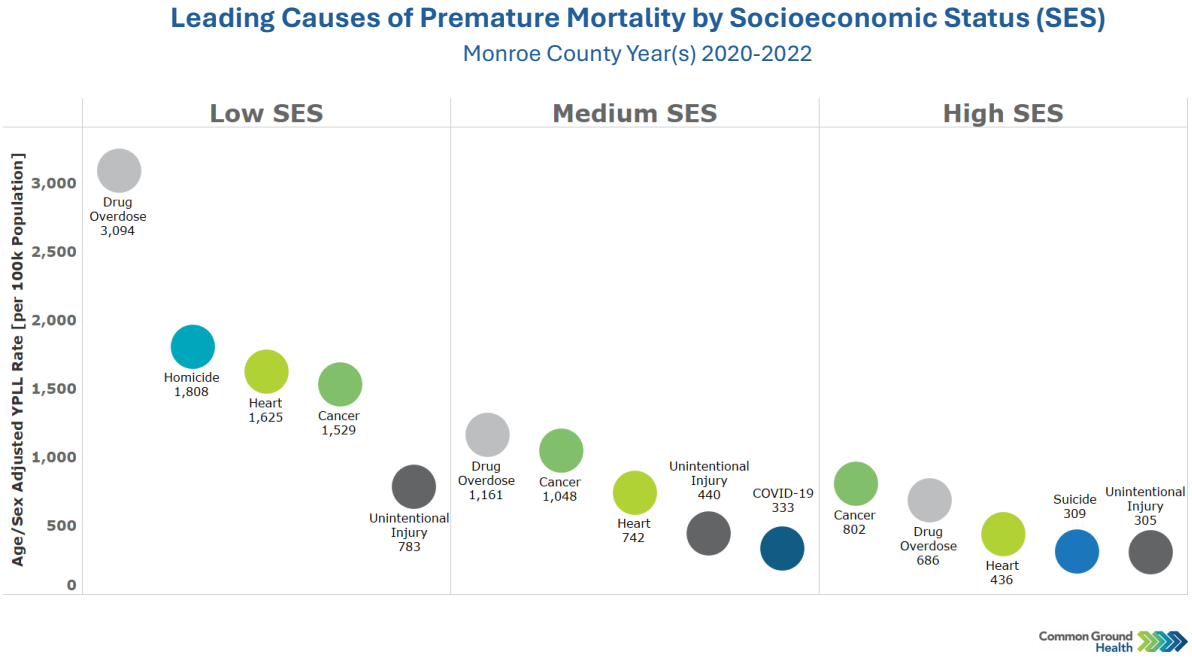
Most adults in Monroe County have a regular health care provider and health insurance, exceeding the states Prevention Agenda 2024 (PA24) goals. However close to 25% have not had a checkup in the past 12 months, and 5% did not receive medical care because of cost. Additional analysis is needed to discover other significant barriers to seeing a provider for preventive care.

Underlying Health Diseases, Morbidity and Health Indicators

When examining life expectancy, it is important to note the leading causes of premature death or mortality, Premature death refers to death that occurs earlier than the expected lifespan for a person's age, sex, and health status. It is typically defined as death occurring before the age of 75. For Monroe County, the leading causes of premature mortality, according to the NYS Vital Statistics for 2020-2022 are

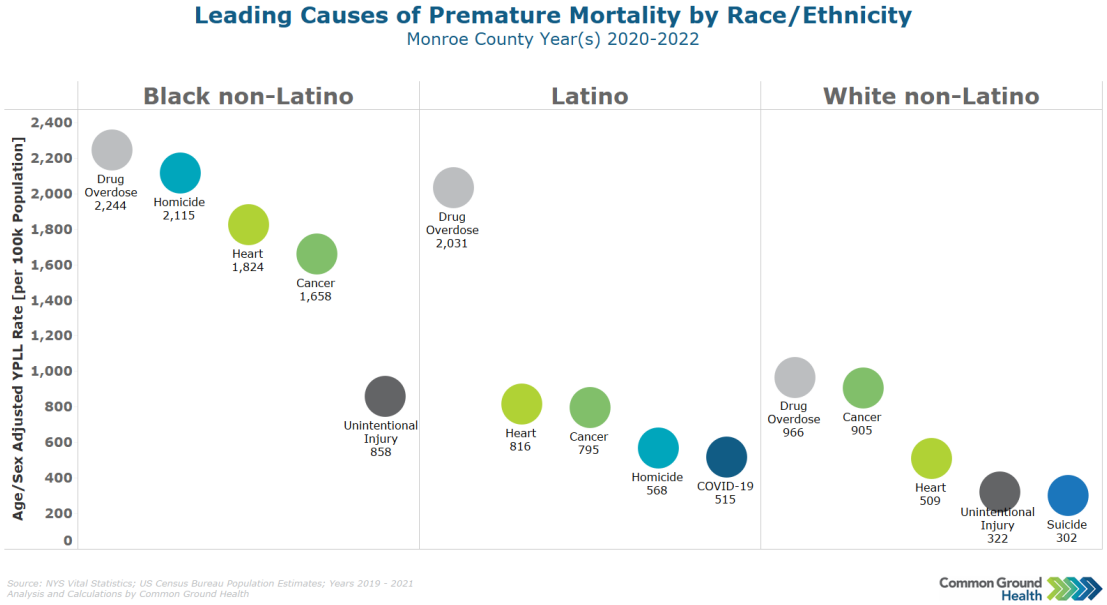
Leading Causes of Premature Mortality in Monroe County 2020-2022
#1: Drug overdose (1,083 age-adjusted YPLL)
#2: Cancer (988)
#3: Heart Disease (703)
#4: Unintentional Injury (436)

There are differences in the causes of premature death by race/ethnicity and by socioeconomic status (SES). Those who are in the low SES category, die prematurely most often from drug overdose, then homicide, heart disease, and cancer. Those with medium or high SES died prematurely much less often, and the reasons for those premature deaths are most often drug overdose, cancer, heart disease and then unintentional injury. Suicide is among the top five leading causes of premature death among those with high SES but does not appear in other SES categories.



YPLL (Years of Potential Life Lost) indicates the number of years lost due to deaths occurring before a predetermined age.

When examining leading causes of premature mortality by race and ethnicity, those identifying as Black, non-Latino have the highest premature mortality rates, and die most frequently from drug overdose, homicide, then heart disease. The leading cause of premature death for Latinos is drug overdose, with much less dying early from cancer and heart disease. For those identifying as White, non-Latinos, rates are much lower, and the leading causes are drug overdose, cancer and heart disease as well. Suicide is a leading case of premature death for those who are White and not the others, while Homicide appears for Black and Latino, but not for White.



Chronic Diseases

Cancer, heart disease and diabetes are listed as leading causes of premature death, and disparities exist based on race, ethnicity, economic status and geography. Common Ground Health has analyzed hospital data from the Statewide Planning and Research Cooperative System (SPARCS), emergency department visit and inpatient visit information, to provide further detail.

Monroe County Emergency Department visits with the following chronic conditions (2023)

Condition	Rate per 100K population	Trend	Compared to NYS-NYC	Summary
Diabetes	1,962	Improving	Better	
Asthma	429	Improving	Worse	concern
Heart Disease	236	Steady	Better	
Hypertension	193	Steady	Better	
Cancer	13	Improving	Better	

Monroe County Inpatient Visits with the following chronic conditions (2023)

Diabetes	2,217	Steady	Worse	Concern
Heart disease	709	Improving	Same	
Cancer	270	Improving	Same	
Asthma	98	Declining	Worse	Concern
Hypertension	56	Declining	Worse	Concern

In addition, SPARCS data measures "PQI" which stands for "Prevention Quality Indicator," which refers to a set of measures used to identify potentially avoidable hospitalizations for conditions that could be managed effectively with good outpatient care, essentially indicating issues related to access to quality ambulatory care in each area; this data is derived from hospital discharge information within the SPARCS system.

Monroe County Inpatient Visits Prevention Quality Indicators for disease conditions (2023)

Condition	Rate per 100K population	Trend over time	Compared to NYS-NYC	Summary
PQI – Chronic composite	787	Improving	Better	
PQI – Circulatory composite	404	Improving	Better	
PQI – Diabetes composite	247	Steady	Better	
PQI – Respiratory Composite	136	Improving	Better	
PQI – Hypertension Composite	56	Declining	Worse	Concern

Taken collectively, asthma, diabetes and hypertension prevention and care management might be areas of consideration, and interventions to increase prevention efforts overall would be advantageous, especially for hypertension.

New York State Health Department provides a website with county population health metrics compared to the goals set on the New York State Prevention Agenda (NYS PA24) for 2024. One metric in the NYS PA24 dashboard is the PQI Composite for potentially preventable hospitalizations per 10,000 population aged 18+ years (this composite is different than the Chronic composite).

New York State Prevention Agenda Dashboard: PQI Chronic Composite (SPARCS 2021)

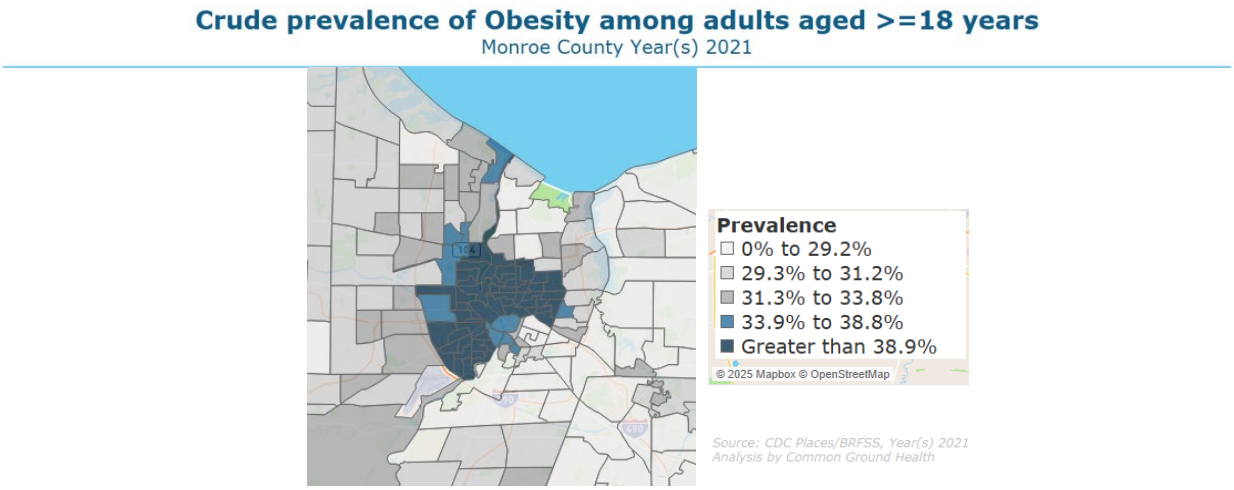
Metric	Monroe	Trending	PA24 Goal	Comparison
Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000 (chronic + acute composite)	111.7	No Change	115	Goal Met High Concern
PQI - difference in age-adjusted rates per 10,000 between Black non-Hispanics and White non-Hispanics	195.3	No Change	94	Goal Unmet High Concern
PQI - difference in age-adjusted rates per 10,000 between Hispanics and White non-Hispanics	103.1	No Change	23.9	Goal Unmet High Concern

Summary for Chronic Disease: Data confirms the need to increase prevention efforts overall and draws specific attention to prevention efforts for those who identify as Black or Hispanic, as the PQI for those subpopulations is much higher.

Obesity and Overweight

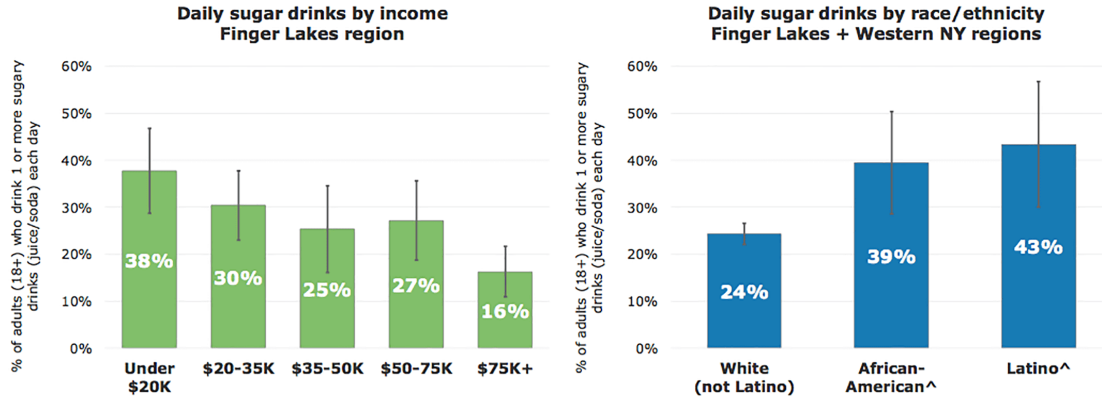
Inactive lifestyles and poor diets often lead to obesity and being overweight, which are risk factors for developing diabetes, hypertension and other chronic illnesses. In Monroe County, 66% of the population is obese or overweight and disparities exist by race, economic status and geography. Obesity accounts for 31.1% of the population obese/overweight (2021 BRFSS).

Within the City of Rochester, the prevalence of obesity varies considerably by neighborhood. The map below is based on census tract-level estimates from the CDC. The pattern is similar to data for hypertension and diabetes. The adult obesity rate in the Focus Area* tracts is 39 percent, compared to 28 percent in other areas of the city.



*The Focus Area consists of eight high-poverty ZIP codes in the city of Rochester with particularly high concentration of African Americans and Latinos.

In Monroe County, 78.7% of the population reported engaging in leisure time physical activity within the past 30 days, and 25.1% of the population consumed one or more sugary drinks daily over the past 30 days. Disparities also exist in these underlying behaviors. Those with lower incomes, and those who identify as Black/African American or Latino have higher rates of daily sugar drink consumption than high income or white subpopulations.



Substance Use

Drug overdose was a significant cause of premature mortality, and SPARCS data can add additional insight. Substance use, particularly opioid use and overdose are concerns for Monroe County

Monroe County Emergency Department visits with substance use disorders (2023)

Condition	Rate per 100K population	Trend over time	Compared to NYS-NYC	Summary
Alcohol Use Disorder	793	Improving	Same	
Cannabis Use Disorders	490	Declining	Better	Concern
Opioid Use Disorders	227	Steady	Same	
Substance Overdose	148	Steady	Worse	Concern
Opioid Overdose	104	Improving	Worse	Concern

Monroe County Inpatient Visits with the following substance use disorders

Condition	Rate per 100K population	Trend over time	Compared to NYS-NYC	Summary
Alcohol Use Disorders	729	Steady	Worse	Concern
Cannabis Use Disorders	465	Steady	Worse	Concern
Opioid Use Disorders	297	Improving	Worse	Concern
Substance Overdose	141	Declining	Worse	Concern
Opioid Overdose	89	Steady	Worse	Concern

Many areas of concern exist in substance use. In a report released in November 2024, the Monroe County Medical Examiner reported 512 overdose deaths in 2023, largely driven by a rise in fatalities involving a combination of fentanyl and cocaine[9]. Most overdose deaths in Monroe County in 2023 involved a combination of substances, including opioids, cocaine and alcohol:

- 72.9% of victims had at least two of these substances in their system. 83% of these deaths involved Fentanyl
- 23.6% had all three of these substances present

The report also reveals significant disparities in how the overdose crisis affects different populations. Black or African American residents, despite making up only 17% of the county's population, accounted for 40% of overdose deaths. Men were nearly three times more likely as females to die from overdoses. Overdoses among individuals over the age of 60 are on the rise, with the median age of overdose victims now at 50 years old.

[9] https://www.monroecounty.gov/news-2024-11-26-report

Mental Well Being

Mental health continues to be a critical concern for Monroe County. 'Intentional Self-Harm' and 'anxiety and panic disorders' are SPARCS metrics in which the county is getting worse and is currently scoring worse than the state of NY (excluding NYC).

Monroe County Emergency Department visits with the following conditions (2023)

Condition	Rate per 100K population	Trend over time	Compared to NYS-NYC	Summary
Intentional Self-Harm	496	Worsening	Worse	CRITICAL
Trauma/Adjust disorders	278	Stable	Worse	Concern
Anxiety/Panic Disorders	193	Improving	Better	
Depressive disorders	163	Improving	Worse	Concern

Monroe County Inpatient Visits with the following conditions (2023)

Condition	Rate	Trend	Compared to NYS-NYC	Summary
Intentional Self-Harm	239	Stable	Same	
Depressive Disorders	74	Improving	Better	
Trauma/Adjust Disorders	25	Stable	Same	
Anxiety/Panic Disorders	9	Worsening	Worse	CRITICAL

There are a couple mental health indicators in the New York State Prevention Agenda Dashboard that add somewhat encouraging information, generating "low concern" from experts at the NYDOH.

New York State Prevention Agenda Dashboard: Mental Health (SPARCS 22 and BRFSS 2021)

Metric	Monroe	Trending	PA24 Goal	Comparison
Frequent mental distress during the past month among adults, age-adjusted percentage	13.5	No Change	10.7	Unmet Moderate Concern
Suicide mortality, age-adjusted rate per 100,000 population	9.0	Improved	7.0	Unmet Low Concern
Suicide mortality among youth, rate per 100,000, aged 15-19 years	2.9	Improved	4.7	Met Low Concern
Emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate per 100,000 population	70.5	No Change	53.3	Unmet Low Concern

Summary for Mental Health and Substance Abuse: Data confirms that frequent mental distress, potentially leading to anxiety/panic disorders and sadly intentional self-harm remains problematic in Monroe County. Substance use disorders, particularly involving opioids/fentanyl, are critical areas of concern.

Intentional and Unintentional Injury

Homicide and unintentional injuries are listed as leading causes of premature mortality in Monroe County. When examining the SPARCS data, several areas are of critical concern with the metric worsening over time, and currently worse than that recorded for New York State.

Monroe County Emergency Department visits with the following conditions

Condition	Rate per 100K population	Trend over time	Compared to NYS-NYC	Summary
Falls	1,950	Steady	Same	
Assault	400	Improving	Worse	Concern
Firearm Injury	31	Worsening	Much Worse	CRITICAL
Firearm assault	16	Worsening	Much Worse	CRITICAL

Monroe County Inpatient Visits with the following conditions

Condition	Rate	Trend	Comp to NYS-NYC	Summary
Falls	407	Worsening	Same	Concern
Assault	52	Worsening	Worse	CRITICAL
Firearm Injury	23	Worsening	Much Worse	CRITICAL
Firearm Assault	17	Worsening	Much Worse	CRITICAL

NYS Prevention Agenda (NYS PA) dashboard for 2024 includes metrics for falls and assaults.

NYS Prevention Agenda Dashboard: Falls and Assaults (SPARCS 2020)

Metric	Monroe	Trending	PA24 Goal	Comparison
Hospitalizations due to falls among adults, rate per 10,000 population, aged 65+ years	188.4	No change	173.7	Unmet High Concern
Assault-related hospitalizations, rate per 10,000 population	4.9	No change	3	Unmet High concern
• Assault-related hospitalizations, ratio of rates between Black non-Hispanics and White non-Hispanics	11.93	No change	5.54	Unmet High concern
• Assault-related hospitalizations, ratio of rates between Hispanics and White non-Hispanics	3.68	No change	2.5	Unmet
• Assault-related hospitalizations, ratio of rates between low-income ZIP Codes and non-low-income ZIP Codes	7.06	No change	2.66	Unmet High Concern
Firearm assault-related hospitalizations, rate per 10,000 population	1.57	No change	0.38	Unmet

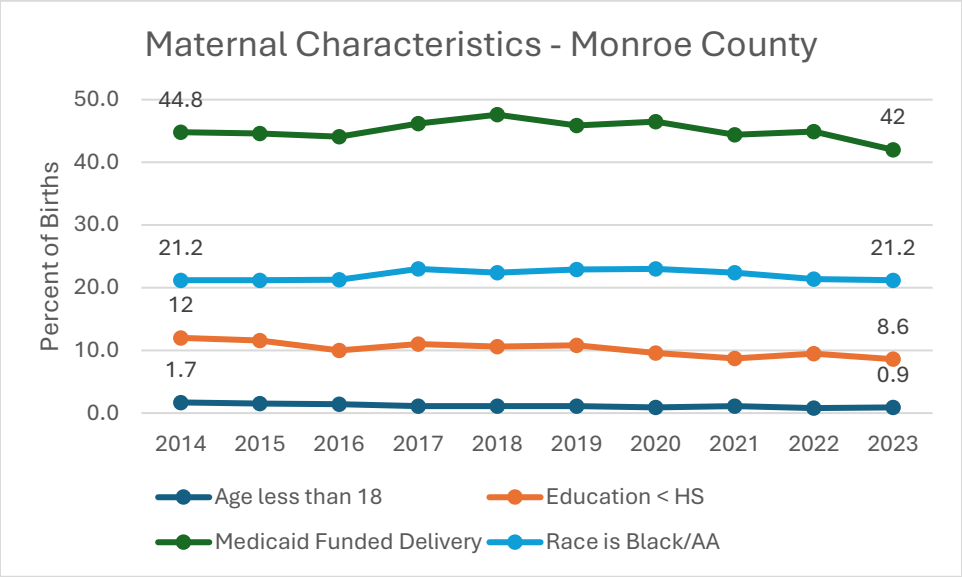
Summary for Falls and Assaults: Data from both locally analyzed SPARCS data and NYS PA24 data confirms that falls and assaults, particularly assaults due to firearms, are a critical need in Monroe County. Disparities also exist and those who identify as Black or Hispanics have a much higher rate of assault-related hospitalizations than those who identify as White. The state defines this as areas of HIGH CONCERN.

Maternal and Infant Health

Maternal and infant health remains a concern in Monroe County, not only because of lagging metrics in maternal and infant health outcomes, but in the underlying pervasive disparities that continue to exist within many of the metrics. Disparities exist on racial, economic and geographic lines which persist and overlap partially due to historic redlining policies and procedures[10].

Extensive birth certificate data is collected at Monroe County hospitals, analyzed and validated by the state of New York, and then shared with the Finger Lakes Regional Perinatal Program. This process produces "Fast Fact Sheets" at least annually to keep the community updated on maternal and infant health metrics. Examination of the 2023 data produced the following information:

Maternal Characteristics

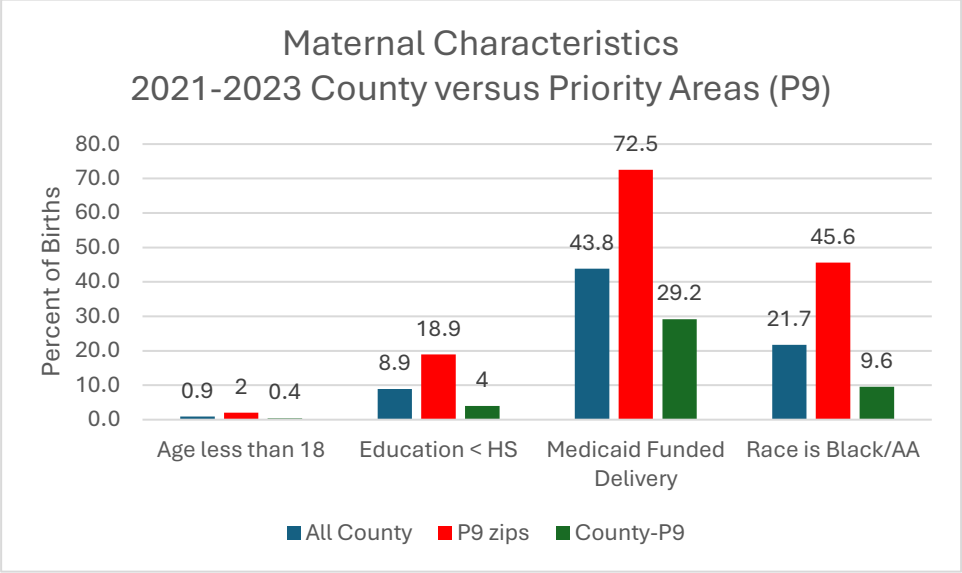


Age less than 18, lower education level, and low economic status have all been associated with worse health outcomes for birthing people and their infants. Trends over the last decade show a decrease in Medicaid funded deliveries from 44.8% to 42%, which could be due to changes in Medicaid eligibility or in less birthing people with low income. Education level among birthing people has increased with those with less than a high school diploma decreasing from 12% to 8.6% of all births. Teen births have decreased from 1.7% to 0.9% of all births. The percentage of births to people who identify as Black or African American has remained consistent.

As mentioned previously in this report, there is an area of nine zip codes that have extreme risk for poor outcomes, indicated by high poverty rates, low income, etc. These zip codes are designated "P9" and include the zip codes 14605, 14606, 14607, 14608, 14609, 14611, 14613, 14619, and 14621. Examining maternal characteristics between Monroe County, the P9 area, and the county excluding the P9 area shows clear disparities. High risk zip codes have much higher rates of Medicaid funded deliveries, low level education and teen birth rates. Again, at least partially due to

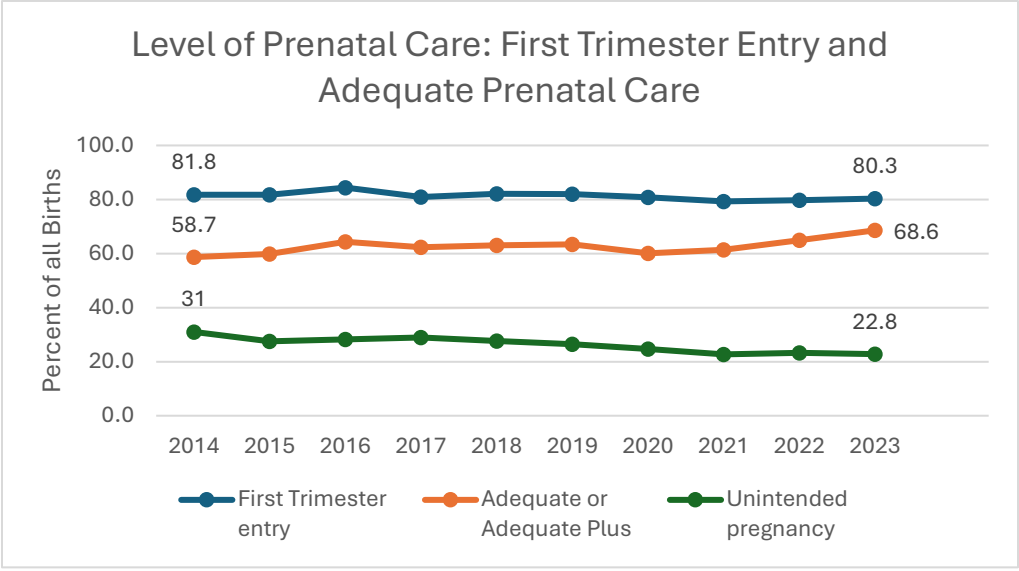
[10] https://www.urmc.rochester.edu/news/story/legacy-of-racism-in-housing-policies-continues-to-impact-maternal-health

redlining, this geographic area is not only poor, but residents predominantly identify their race as Black or African American.



Prenatal Health

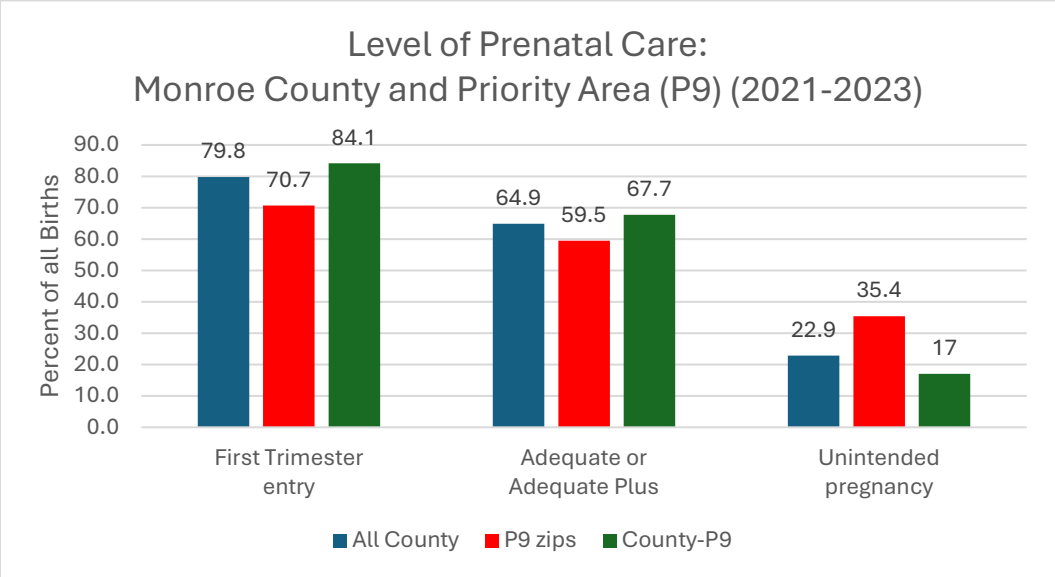
Early and regular prenatal care can improve the likelihood of a healthy pregnancy and baby[11]. "Adequate or adequate plus" prenatal care is measured using the Adequacy of Prenatal Care Utilization Index, which classifies prenatal care received into 1 of 4 categories (inadequate, intermediate, adequate, and adequate plus) by combining information about the timing of prenatal care, the number of visits, and the infant's gestational age.



[11] National Institute of Child Health and Human Development. What is prenatal care and why is it important? Available from: https:// www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/ prenatal-care

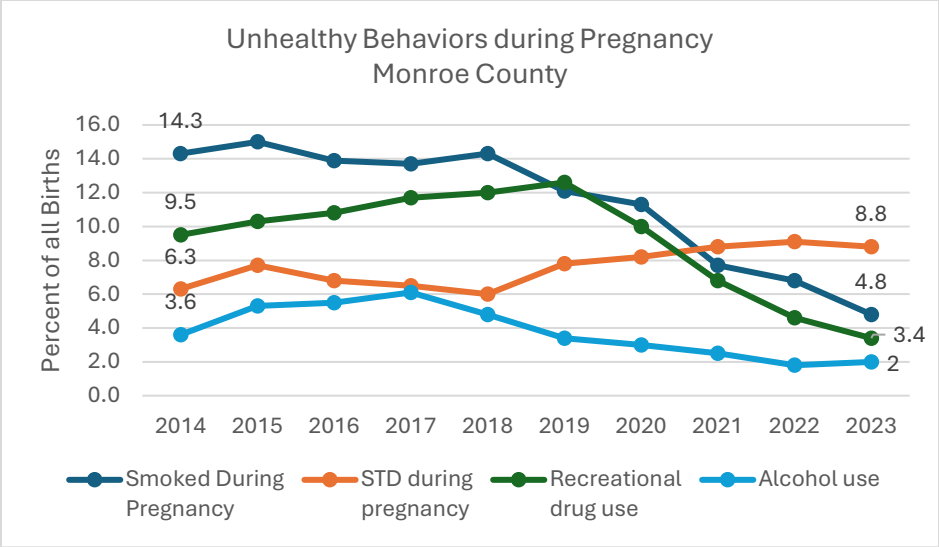
In Monroe County, rates of births where the birthing person has received adequate or adequate plus prenatal care has increased from 58.7% to 68.6% over the past 10 years. First trimester entry to prenatal care has remained constant, slightly decreasing but currently at 80.3%. In addition, the percent of births that were unintended decreased from 31% of all births to 22.8% of all births. Intention is related to better health outcomes.

When examining prenatal care and unplanned pregnancy for disparities, the priority areas (P9) has less first trimester entry, less adequate and 'adequate-plus' prenatal care, and a higher percentage of unintended pregnancy. The NYS PA24 goal for first trimester entry to prenatal care is 79.2% and although the County has reached this goal, the P9 priority area is far below.

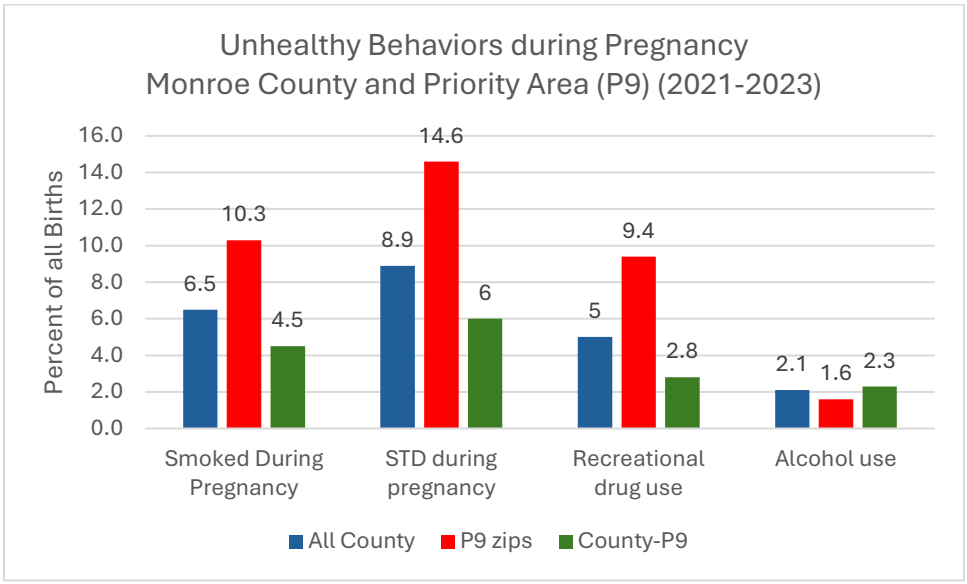


In addition, the percentage of pregnant women whose pre-pregnancy weight is healthy has decreased over time in Monroe County and in 2023 only 36.7% of births were to people with a healthy pre-pregnancy weight. In high priority zip codes, this prevalence drops to 29.6%.

Obviously, unhealthy behaviors are discouraged during pregnancy and increase the risk of poor health outcomes for the infant and birthing person. Smoking during pregnancy and recreational drug use during pregnancy, as well as alcohol use during pregnancy have all decreased over time. Unfortunately, STDs during pregnancy have increased for the county over the past decade from 3.6% to 8.8%.

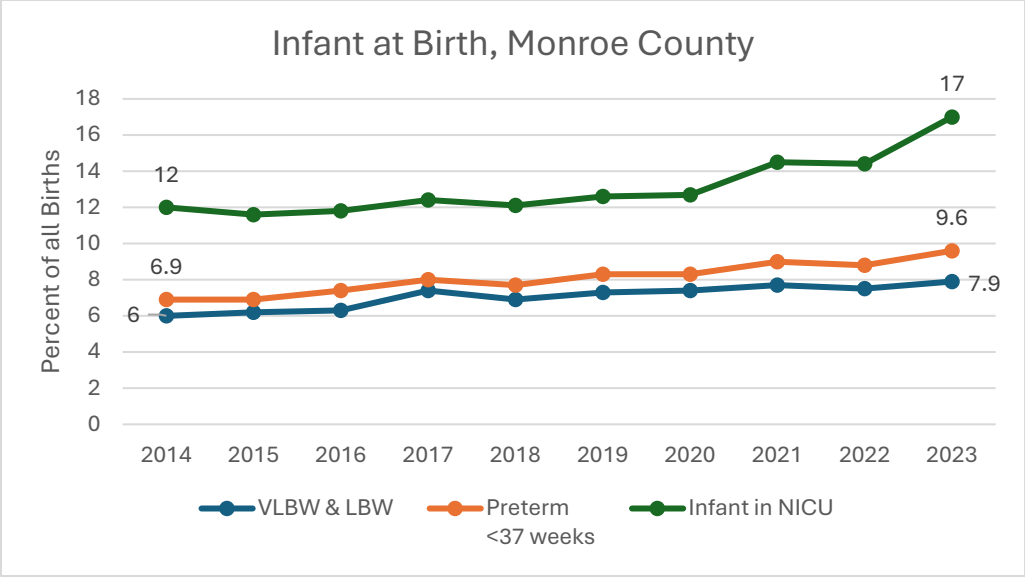


These behaviors during pregnancy are more prevalent among residents of the P9 zip codes than among the rest of the county, except for alcohol use, which is less among the residents of the priority area than the county.

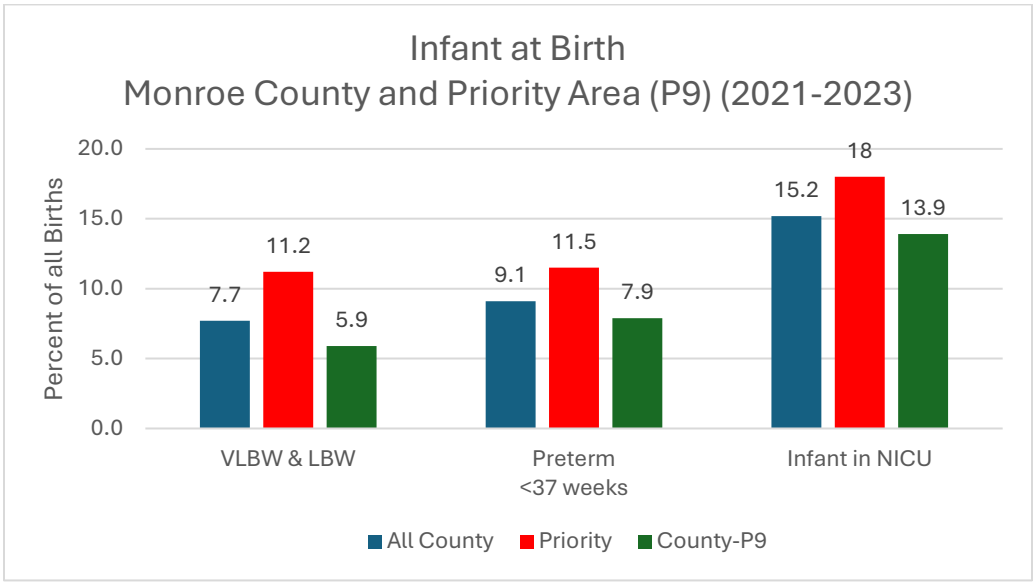


Infant Health

Maternal characteristics and prenatal care ultimately influence infant health outcomes. Examination of data for infant health show that significant indicators of poor infant condition have increased over the past several years for Monroe County. The percent of preterm births younger than 37 weeks increased from 6.9% to 9.6%, low birth weight and very low birth weight infants have increased from 6% to 7.9%, and infants going to the Neonatal Intensive Care Unit (NICU) has increased from 12% to 17%.



Examining disparities shows even worse outcomes. Among the high priority zip codes, preterm delivery rate is 11.5%, low birth weight and very low birth weight rates are 11.2% and 18% of high-risk infants go to the NICU after birth.



Additionally, elective C-Section rates have decreased over the past 10 years from 12.5% of all births to 10.8%. High priority areas have a scheduled C-section rate of 7.8% which is lower than that of the rest of the county at 10.9%. There is no significant disparity in emergency C-Sections between the county (22.3%) and high priority areas (22.6%), which seems to indicate a component of equity in delivery care.

When examining data in the NYS Prevention Agenda dashboard, there are several areas of high or moderate concern: Maternal mortality, infant mortality and preterm births.

New York State Prevention Agenda Dashboard: Maternal and Infant Health (2007-2025)

Metric	Monroe	Trending	PA24 Goal	Comparison
Percentage of women who report ever talking with a health care provider about ways to prepare for a healthy pregnancy, aged 18-44 years (2021)	30.2	No change	38.1	Unmet
Maternal mortality, rate per 100,000 live births (2020-22)	26.5	Worse	16	Unmet High Concern
Infant mortality, Rate per 1,000 live births (2022)	6.3	No change	4	Unmet Moderate Concern
• Infant mortality per 1,00 live births among those who identify as Black or African American (2019-2021)	13.3			High Concern
Percentage of births that are preterm	10.6	No change	8.3	Unmet Moderate Concern

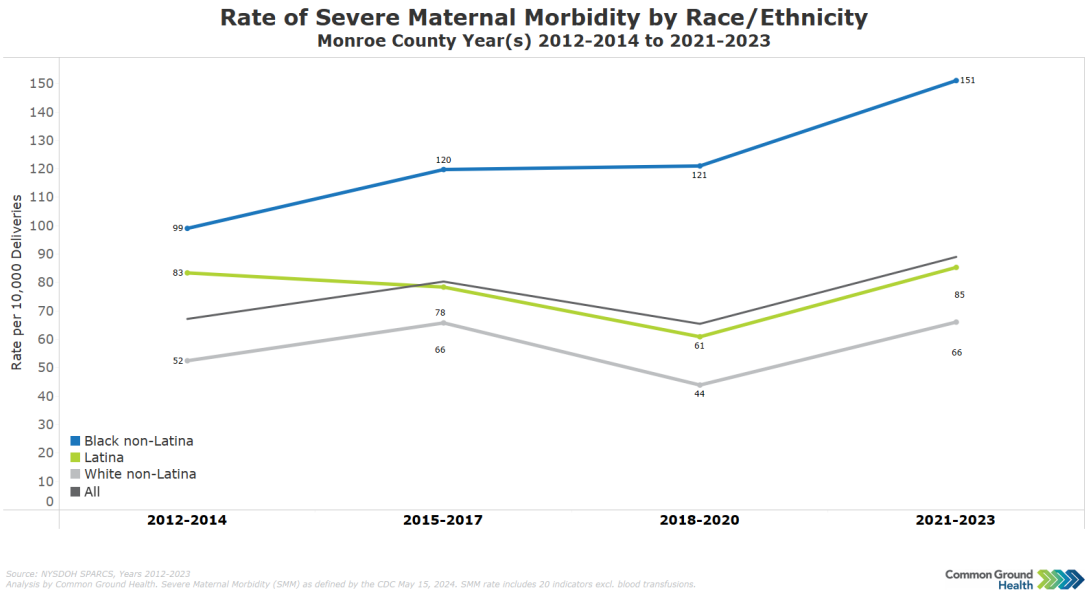
Maternal mortality and morbidity as well as infant mortality still exhibit significant and unacceptable disparities based on race. In a statewide examination of pregnancy-associated deaths, Black, non-Hispanic women had a pregnancy-related mortality ratio five times higher than White, non-Hispanic women (54.7 vs 11.2 deaths per 100,000 live births)[12]

- Black, non-Hispanic women comprised 29.0% of all pregnancy-associated deaths, while accounting for 14.3% of all live births.
- White, non-Hispanic women comprised 47.7% of all pregnancy-associated deaths, while accounting for 49.1% of all live births.

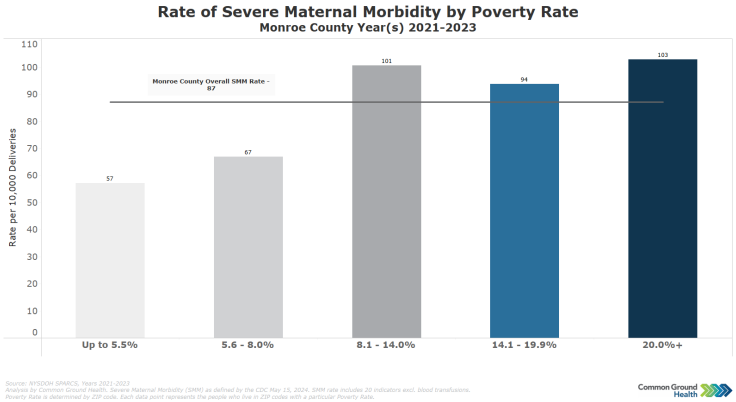
In Monroe County, the maternal mortality rate was 25.4 deaths/100,000 births in 2018 which was 45% higher than the national average (17.4 deaths/100,000 births) and 22% higher than the New York State average (20.8 deaths/100,000 births). A recent report by Rochester's Common Ground Health entitled *The Color of Health* also revealed that in the Rochester-Finger Lakes region, life-threatening delivery complications and other serious maternal morbidity illnesses are 51% more frequent among Black women than White women. Moreover, the report revealed that the black infant mortality rate in Monroe County is more than 3 times the rate for White infants (13.2 per 1,000 live births vs. 4.2 for White); data from Act Rochester also show the Latino/Hispanic infant mortality rate was 9 per 1,000 births from 2016-2018. Furthermore, the region's premature birth rate is 77% higher for Black mothers (11.3% vs 6.4% for white mothers)[13].

[12] https://www.health.ny.gov/community/adults/women/maternal_mortality/docs/maternal_mortality_review_2018-2020.pdf

[13] https://www.schumer.senate.gov/newsroom/press-releases/schumer-reveals-pregnant-black-moms-3x-more-likely-to-die-and-over-twice-as-likely-to-have-complicated-births-in-rochesterwhere-death-rates-exceed-ny_us-averages-schumer-joined-by-attorney-general-letitia-james-launches-major-two-prong-initiative-to-combat-ny--monroes-maternal-health-crisis-making-ny-moms--families-safer



The rate of severe maternal morbidity (not dying but seriously poor outcomes from delivery) has increased for mothers who are Black, non-Latina from a rate of 99/10,000 deliveries in the 2012-14 time-period to a rate of 151/10,000 deliveries in the 2021-2023 time-period. This is much worse than the trend for all deliveries in Monroe County where the maternal morbidity rate increased from 52 to 66 per 10,000 during the same time-period.



Summary for Maternal and Infant Health: Trending data for birthing people show that the level of prenatal care is improving and the participation in most risky behaviors are decreasing. Unintended pregnancy is also decreasing. STDs during pregnancy has increased over time for Monroe County. Infant health at birth has declined with the metrics of LBW/VLBW, preterm birth and infants to the NICU all increasing in the past decade.

Importantly, birthing people who reside in the P9 high priority area have much worse maternal and infant health outcomes than the rest of the county. In addition, those who identify as Black have significantly worse maternal mortality and morbidity rates, and much worse infant mortality rates. This is persistent and unacceptable.

Data Resources

Several data sources were used in reviewing the community health needs in Monroe County. The CHIW did not collect primary data for this CHNA, other than the extensive community engagement done to gather input on health needs. Rather an extensive review of existing data collected both from the electronic medical record and through survey (primarily the BRFSS and the Finger Lakes My Health Story) was conducted. The most significant sources are given below:

US Census Bureau Population Estimates

These are County Level estimates provided by the Census Bureau. The estimates are segmented by Single Year Age, Sex, and Race/Ethnicity.

American Community Survey (ACS)

The ACS is a nationwide survey that collects and produces information on social, economic, housing, and demographic characteristics about our nation's population every year. Each year, the Census Bureau contacts over 3.5 million households across the country to participate in the ACS. To help those responding to the ACS, there is a guide contains information on the survey aspects that affect the American public the most: ACS collection procedures, questions asked in the ACS, uses and importance of each question, and tools to access ACS estimates.

Common Ground Health retrieves data yearly from the ACS/Census Bureau Data Portal on a variety of topics and for a number of geographies. All data is retrieved as 5-year estimates and the year listed is the end year of the estimates (e.g. 2023 data are estimates from 2019-2023). For more detailed information on the specific tables used in analysis, please refer to the source associated with any chart and/or search the ACS/Census Bureau website.

Historic Redlining Indicator for 2000, 2010, and 2020 US Census Tracts

The Homeowners' Loan Corporation (HOLC) was a U.S. federal agency that graded mortgage investment risk of neighborhoods across the U.S. between 1935 and 1940. HOLC residential security maps standardized neighborhood risk appraisal methods that included race and ethnicity, pioneering the institutional logic of residential "redlining." The Mapping Inequality Project digitized the HOLC mortgage security risk maps from the 1930s. Researchers from the University of Michigan overlaid the HOLC maps with 2010 and 2020 census tracts for 142 cities across the U.S. using ArcGIS and determined the proportion of HOLC residential security grades contained within the boundaries. The researchers then assigned a numerical value to each HOLC risk category as follows: 1 for "A" grade, 2 for "B" grade, 3 for "C" grade, and 4 for "D" grade. From there, a historic redlining score was calculated from the summed proportion of HOLC residential security grades multiplied by a weighting factor based on area within each census tract. A higher score means greater redlining of the census tract. The continuous historic redlining score, assessing the degree of "redlining," as well as four equal interval divisions of redlining, can be linked to existing data sources by census tract identifier allowing for one form of structural racism in the housing market to be assessed with a variety of outcomes. The 2010 files are set to census 2010 tract boundaries. The 2020 files use the new census 2020 tract boundaries, reflecting the increase in the number of

tracts from 12,888 in 2010, to 13,488 in 2020. As of publication (10/15/2020) decennial census 2020 data for the P1 (population) and H1 (housing) files are available from census. Updated (8/9/2023) - The Historic Redlining Score has been renamed the Historic Redlining Indicator or HRI. The HRI has also been calculated for Census 2000 boundaries.

New York State (NYS) Vital Statistics Mortality Data

The State Vital Statistics Program includes data from the official records of live births, deaths, fetal deaths, induced terminations of pregnancy/abortions, marriages and divorces/dissolutions of marriage. Common Ground health receives the Mortality (death) record level data and completes a series of analyses including the calculation of age-sex adjusted death rate, age-sex adjusted years of potential life lost (YPLL, a measure of premature mortality), and life expectancy using this data and our population estimates.

New York State Department of Health (NYSDOH) Statewide Planning and Research Collaborative (SPARCS)

SPARCS is a comprehensive all payer data reporting system established in 1979 as a result of cooperation between the healthcare industry and government. The system was initially created to collect information on discharges from hospitals. SPARCS currently collects patient-level detail on patient characteristics, diagnoses and treatments, services, and charges for each hospital inpatient stay and outpatient (ambulatory surgery, emergency department, and outpatient services) visit. Additionally, SPARCS monitors each ambulatory surgery and outpatient services visit to a hospital extension clinic and diagnostic and treatment center licensed to provide ambulatory surgery services. Common Ground health receives the SPARCS record level data and completes a series of analyses to calculate age-sex adjusted visit rates and visit counts for several different segmentations (geographic and demographic segments such as age, race/ethnicity, etc.)

New York State Prevention Agenda Tracking Dashboards

The New York State Prevention Agenda Dashboard is an interactive visual presentation of the most current tracking indicator data to track progress of the New York State's Health Improvement Plan at state and county levels. It serves as a key source for monitoring progress that communities around the state have made, in regard to meeting the Prevention Agenda objectives.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Common Ground Health receives individual response data for NYS residents from the NYSDOH and completes a series of analyses to calculate weighted response rate percentages for several different segmentations (geographic and demographic segments such as age, race/ethnicity, etc.). More information about the BRFSS data collection and analysis process can be found here: https://www.cdc.gov/brfss/data_documentation/index.htm

CDC Places

PLACES uses a multilevel regression and poststratification (MRP) method to generate estimates of several measures at the county, place (incorporated and census designated), census tract, and ZIP Code Tabulation Area (ZCTA) levels for adults ≥18 years in the United States.

A multilevel logistic regression model is constructed for each measure. It includes some or all of the following variables based on model performance and final prediction: Individual-level age, sex, race/ethnicity, and education level from CDC's BRFSS; County-level percentage of adults below 150% of the federal poverty level from the 5-year ACS; State- and county-level random effects.

The model is applied to annual county-level census population estimates to compute a predicted probability of having each outcome.

The methodology described here is only for the small area estimation (SAE) approach that is used to generate PLACES estimates using:

- Behavioral Risk Factor Surveillance System (BRFSS) data.
- U.S. Census Bureau's American Community Survey (ACS) data.
- Decennial population counts or annual county population estimates.

The Social determinants of Health (SDOH) measures were derived directly from ACS data and are not included in this section. See SDOH measure definitions for details. Common Ground Health uses the PLACES data where our BRFSS data cannot be used and for small area estimates at the ZIP Code or Census Tract level.

NYSDOH Maternal and Child Health (MCH) Dashboard

The Maternal, Woman and Child Health (MCH) dashboard is comprised of National and State selected performance measures to support the assessment of needs and to monitor progress towards improving the health of New York State residents and reducing health disparities, specifically for the following populations: women, infants, children and adolescents including children and youth with special health care needs. It serves as an interactive visual presentation of the state and county data. Common Ground Health has downloaded the data and used it in combination with other data sources to help better understand Maternal and Child Health across the Finger Lakes Region.

Finger Lakes Regional Perinatal Program

The Finger Lakes Regional Perinatal Program consists of three primary divisions: Obstetrics/Maternal-Fetal Medicine, Pediatrics/Neonatology and the Division of Public Health Sciences. These three groups work together at the Regional Perinatal Center (RPC, the University of Rochester Medical Center/Strong Memorial Hospital) to fulfill the New York State Department of Health mission regarding:

1. Perinatal outreach and OB/Peds quality improvement at the 9 affiliate obstetric hospitals in the Finger Lakes Region

2. Management of the regional Perinatal Data System (PDS, the electronic birth certificate database) and the Neonatal Intensive Care Unit database (the NICU database)

Management of the PDS provides semi-annual "Fast Facts," summarizing several maternal and infant health metrics for Monroe County.

Common Ground Health's My Health Story Survey (2022)

My Health Story (MHS) is a public health surveillance survey administered to residents in the Finger Lakes region of New York State. The primary focus of the My Health Story effort is to gather information on social drivers of health and health outcomes that is more nuanced and detailed than what is typically included in publicly available secondary data sources. My Health Story is a recurring survey first administered during the summer of 2018. My Health Story 2022 is the second version. With each iteration, the My Health Story research team shapes the survey guided by the expertise and lived experiences of Common Ground Health's extensive community-embedded network. This includes gathering input and feedback from a variety of stakeholders in the design, administration, interpretation, and dissemination of the survey data. Each iteration also includes updated or new context-specific topics relevant to the current public health landscape.

New to the survey in 2022, we added questions on perceived discrimination in health care settings, housing mobility and quality, children's health and well-being, and language access needs. Additionally, the MHS 2022 survey team prioritized improving accessibility and inclusion of the perspectives of community members living outside of Monroe County, of those with Indigenous backgrounds, and of individuals for whom English is not their primary language. We also refreshed digital accessibility tools embedded in the data collection process. The 2022 survey included a text-to-speech reader in English and Spanish, buttons to increase font size, and survey links in three different languages: English, Spanish, and American Sign Language.

National Cancer Institute SEER Tract Level Population Estimates

These are Tract Level estimates provided by the National Cancer Institute and are produced by Woods & Poole Economics, Inc. (W&P) with support from NCI through a contract and are available to anyone who requests them and agrees to certain standard data use conditions.

Institute for Immigration Research, IPUMS-USA

IPUMS USA collects, preserves and harmonizes U.S. census microdata and provides easy access to this data with enhanced documentation. Data includes decennial censuses from 1790 to 2010 and American Community Surveys (ACS) from 2000 to the present.

Data used in this CHNA was prepared by the Institute for Immigration Research (IIR). 2024. Immigration Data on Demand (iDod). Source: IPUMS USA: Version 15.0 [American Community Survey (ACS) 2018-2022 5 year averages]. Minneapolis, MN: IPUMS, 2024. https://doi.org/10.18128/D010.V15.0

Community Engagement

Community engagement is critical in defining priority health needs and the hospitals and health department, through the Community Health Improvement Workgroup (CHIW) engaged in soliciting community input during the fall 2024. Of course, the health systems and health department value on-going community engagement as a source for informing continuous quality improvement. The CHIW has several community-based organizations represented at monthly meetings and advising the hospitals and health department on all community health efforts. Advising members of the CHIW include:

Community-Based Organization	Brief Description of the Organization
Monroe County Medical Society	Professional organization composed of 1,200 physicians, residents, and medical students that aims for the betterment of the medical profession and the health of the community.
Common Ground Health	A health research and planning organization bringing together nine Finger Lake counties to create strategies for improving health, through data analysis, resident engagement and solution implementation.
Rochester Regional Health Information Organization (RHIO)	An organization serving as a secure, electronic health information exchange for authorized medical providers in the Finger Lakes and Southern Tier regions. To improve timely access to clinical information and improve decision making for communities.
Finger Lakes Performing Provider System	A network of hundreds of clinical and community-based provider organizations aiming to create and provide partnerships with valuable and innovative tools. Originally established for DSRIP implementation.
Jordan Health	A system of federal qualified health centers throughout the neighborhoods of the city of Rochester to provide comprehensive healthcare to those living in underinsured, low-income communities.
Action for a Better Community (ABC)	A Community Action Agency charged with creating opportunities for low-income individuals and families in the Greater Rochester Area to become self-sufficient.
City of Rochester	Government body for the city municipality, run by the mayor whose goals are to promote systemic and structural change through leadership collaboration, providing equitable access to essential municipal services, creating productive partnerships, and improving quality of life through neighborhood and employment investments.
United Way of Greater Rochester	Connects 30,000 donors, 14,000 volunteers, 500 workplace and corporate partners, and over 1,000 nonprofit partners to co-create solutions to address the communities' needs.
African American and Latino Health Coalitions	Community-based groups working to improve health equity for the African American and Latino communities in the Rochester and Finger Lakes region. The coalitions work to improve the collection of data on race and ethnicity, advocates for policies that support healthy behaviors, and fights for better quality and accessibility of health services for African American and Latino residents.

211 Lifeline	A free, confidential 24-hour phone, chat, and text service, as well as an online database, providing information, referrals, and crisis/suicide prevention services.
Cornell Cooperative Extension	Utilizes Cornell University's research from the College of Agriculture & Life Sciences and the College of Human Ecology to enrich and empower neighborhoods' economic vitality, ecological sustainability, and social wellbeing.
Center for Tobacco-Free Finger Lakes	Serves 11 counties of the Finger Lakes region by providing partners with evidence-based resources and strategies to assist health care systems in the design and implementation of policies and guidelines to identify and treat nicotine addiction.
Regional Health Reach	Provides comprehensive primary medical care, including resources for social drivers, to the homeless population in the city of Rochester, as well as the greater Rochester area free of charge.
Trillium Health	A Community Health Center offering primary and specialty medical care services to all, ensuring equitable, judgement-free and affordable care, specializing in care for the LGBTQ+ community
Ronald McDonald House	Provides a "home-away-from-home" to families while their children receive necessary medical care. Families are provided with transportation, lodging, meals, and companionship.

In addition to involving the advising member of the CHIW in the needs assessment, several presentations were made to existing community groups to gather input on the health and social needs of Monroe County.

Self-Reported Health Concerns in the Finger Lake Region (2022)

Common Ground Health conducted the My Health Story survey of the nine-county region. During this second implementation of the survey, a convenience sample of 3,747 individuals were asked several questions, including "Currently, what is your biggest concern for your own health and well-being?". Results of the survey were analyzed by Common Ground Health and disseminated in a brief report: Spotlight: Self-Reported Health Concerns. A brief overview of the results shows:

- Chronic health conditions were reported most frequently (36% of respondents). Top concerns within chronic health conditions included concerns about obesity/ overweight clinical diagnoses and pain/pain management
- Lifestyle concerns were reported 23% of the time. Top concerns within lifestyle were weight management and life stage challenges, with the latter primarily focused on aging.
- Mental and emotional health also followed at 23%. Top concerns within this theme included general mental or emotional health and stress.

The survey sample was smaller than expected, and only 63% of those surveyed answered the 'biggest concern' question. In addition, certain segments of the population were over- or under-represented (for example, 73% of respondents were female), and those with higher income and who identified as White non-Latino residents were more likely to answer the question.

URMC Community Advisory Council (CAC) Meeting (7.23.2024)

During a regularly scheduled URMC CAC meeting, population health data was presented to 21 community representatives from 17 community agencies. After a brief presentation, attendees were asked "What health issue is a big concern for you and your clients that the health systems should be working on?" This question led to a robust conversation and notes were taken to record specific comments and concerns. In general, top issues included:

- Access to care was a big concern including long waits for dental care, ignored/denied referrals from community clinics for specialty care, inadequate consideration for language interpretation especially for specialists
- Training for providers and staff should include significant education about the local culture, perhaps taught by local residents, or providers of color – especially in health specialties with demonstrated disparities like labor and delivery
- More basic and preventive care and health screenings, especially for New Americans, and other traditionally marginalized populations
- Emphasis on social drivers of health, particularly housing, which is healthcare!
- Issues with communication among providers, patients and those with advocates
- Aging of the population

Patient and Family Advisory Council Groups (PFACS)

CHIW leadership met with the Director of PFACS at one of the two health systems in Monroe County, who summarized the work that her groups have been focusing on over the past year.

- Complaints typically reflect feeling a level of disrespect (most notably in marginalized populations)
- Patients notice lack of diversity in the workforce which creates discomfort
- Patients reiterate feeling better when they are cared for by staff that looks like them
- Patients would like to have staff trained in cultural competency and awareness to the patient experience - help create more understanding of what their "lived experience" feels like to give context to situations
- Lack of access to care, especially for the Deaf/Hard of Hearing population

African American Health Coalition, Latino Health Coalition and Indigenous Health Coalition Joint Meeting at Common Ground Health (9.26.2024)

CHIW leadership led a discussion at a regularly scheduled joint meeting of these three groups. Over 50 people attended and represented community-based organizations as well as singular residents, most of whom were in traditionally marginalized groups (Black, African American, Latino or Indigenous). After a brief presentation of Monroe County data as well as the CHNA process, attendees were asked "What health issue is a big concern for you and your clients that the health systems should be working on?" An extensive conversation followed, and notes were taken to record the input. General themes included:

- Maternal and infant health is critical. Disparities persist and should be addressed.

- Mental health and well-being is incredibly important and is also intertwined with mothers and babies especially in the postpartum period.
- Mental health among children and adolescents determines long-term health and social success and therefore should be prioritized.
- Doulas present a solution for MCH disparities but are not always accepted by the medical system
- Although Rochester is very walkable, with high access to parks and green space, physical activity rates are quite low. Safety is a likely concern.
- There is very little effort to reach AA and Latino MALES that have chronic disease.

Rochester Flower City AmeriCorps Members (10.25.2024)

AmeriCorps is the federal agency for national service and volunteerism. AmeriCorps provides opportunities for Americans of all backgrounds to serve their country, address the nation's most pressing challenges, and improve lives and communities. Rochester has an AmeriCorps branch, with a unique public health AmeriCorps group and a social care AmeriCorps group.

Public Health Flower City AmeriCorps members did a PhotoVoice project to portray what health meant to them in photos that were discussed among the members. Twelve members created posters including their photo and a narrative statement about the photo to pictorially represent the most important aspects of health. Common themes were mental health and self-care, homelessness, food insecurity and exercise.

The PhotoVoice posters were shared with the entire group of AmeriCorps members at a scheduled meeting in October including both public health and social service groups. This session included 32 members and 2 staff (78% Black, 10% white, 10% Latinx, 2% other ethnic groups). This session included a two-hour conversation with personal and group contributions.

Members were asked to comment on what they thought hospitals should be doing to improve the health of the community. Individual responses were collected and categorized by common themes, which included:

- Better patient care, including better communication between providers and patients, faster wait times, larger quantities of services, and more preventive healthcare.
- Education was asked for in many different topics, such as nutrition, oral care, drugs and overdose prevention, and education on how to access better health care plans.
- Other areas of concern included housing, nutrition, substance abuse and dental care.

Members were then asked to walk around and observe the PhotoVoice research from public health AmeriCorps members. Themes identified were mental health, self-care, green space and the environment, housing, and nutrition. Finally, members discussed in a group what the primary work of hospitals should be to improve the health of the community. Group results were recorded and categorized by common themes, with the most often mentioned themes being:

1. Better quality care - particularly improved access, wait times and communication
2. Health education and prevention
3. Mental health and well-being
4. Social determinants of health including housing and nutrition

Monroe County Department of Public Health Board of Health Meeting (11.4.2024)

During the November 4th Board of Health meeting, CHIW leadership gave a presentation on the CHNA/CHIP process and successes from the previous years. Eleven board members were present including representatives from city government, county government, doctors, nurses and at-large community leaders. The same question of "What health issue is a big concern for you and your clients that the health systems should be working on?" was asked. Board members mentioned several priority areas including maternal and infant health, addressing violence, housing insecurity, mental health and the opioid epidemic. Also mentioned were oral health and the lack of providers in Monroe County, especially for Medicaid patients. Nutrition and food insecurity were also concerns but mentioned as less critical. The board members emphasized addressing disparities in health outcomes, particularly intersectionality, for example between race and ableism.

Summary for Community Engagement: Community input was invaluable and further confirmed the information discovered in the data. From the solicited community input, identified priorities include:

- Mental and emotional health and well-being, stress relief
- Access to care – wait times, dental care, language interpretation,
- Diversity and cultural understanding among health care workers
- Preventive care and health education
- Social drivers, especially housing
- Aging of the population
- Maternal and Infant health
- Opioid addiction and overdose
- Obesity and overweight, lack of physical activity, safety and poor nutrition

Choosing Priority Areas of Need

Prior to examining data or engaging community for needs identification, the Community Health Improvement Workgroup (CHIW) members created a selection criterion for prioritizing health needs. CHIW members brainstormed important criteria to include the hospital's ability to contribute to resources and expertise, the intent to address the root causes of the problem, the ability to have a measurable impact on the problem, the severity of the problem, magnitude of the problem, whether it fills a community identified gap or need, and whether the community views it as a priority. A poll was taken during the CHIW meeting in August 2024 with the following results:

The CHIW members decided to prioritize the community need as the primary criteria for priority selection, followed by the magnitude and severity of the problem. The CHIW members also wanted to select priority areas that would fill a gap, that other groups were not focused on.

The CHIW met monthly throughout the process of data collection and community input, and members remained informed and active in the priority selection process.

The New York State Department of Health has set priorities for the NYS Prevention Agenda for 2025-2030 (PA30). The vision for the PA30 is that every individual in NYS has the opportunity, regardless of background or circumstances, to attain their highest level of health across the lifespan. Local hospitals and health departments in New York are asked to align improvement plans with the NYS Prevention Agenda, while adhering to the priorities that emerge from the needs assessment.

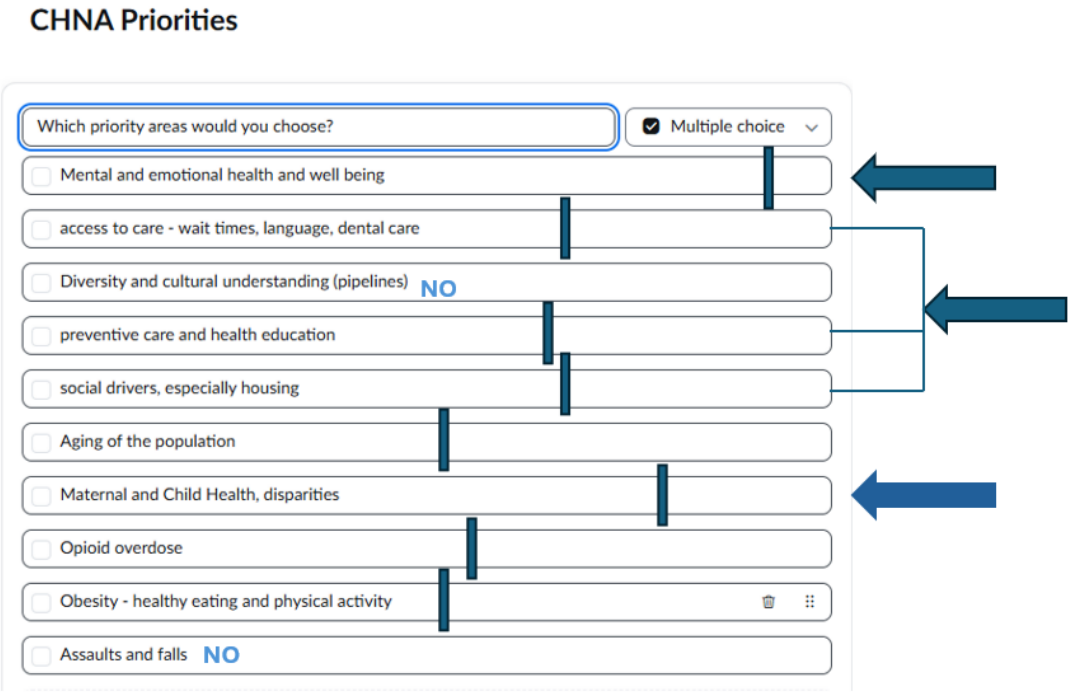
To comply with NYS guidelines, and to honor the prioritization criteria, the CHIW reviewed a list of top issues identified through community engagement, matched to population health data and then to NYS Prevention Agenda Domains and Priority Areas (See table below).

Top List of Community Concerns

Topics of Community Concern	Data considerations	NY PA 25-30
Mental and emotional health and well-being, stress relief	Data confirms that frequent mental distress, potentially leading to anxiety/panic disorders and sadly intentional self-harm remain problematic in Monroe County.	**Social and Community Context** Mental Wellbeing • Anxiety and stress • Suicide • Depression **Health Care Access and Quality** Healthy Children • Childhood behavioral health
Access to care – wait times, dental care, language interpretation	Most adults in Monroe County have a regular health care provider and health insurance, exceeding the states Prevention Agenda 2024 (PA24) goals. However close to 25% have not had a checkup in the past 12 months, and 5% did not receive medical care because of cost.	**Health Care Access and Quality** Insurance and Access • Oral health care • Prevention for chronic disease
Diversity and cultural understanding among health care workers	Not measured.	**Education Access and Quality** Educational Attainment • Opportunities for continued education
Preventive care and health education	Data confirms the need to increase prevention efforts overall and draws specific attention to prevention efforts for those who identify as Black or Hispanic, as their PQI is much higher.	**Health Care Access and Quality** Insurance and Access • Prevention for chronic disease
Social drivers, especially housing	Housing is problematic, particularly in Rochester where the percentage of renters is high, housing stock is old, many residents have housing expenses more than 30% of income, and the number of residents experiencing homelessness continues to rise.	**Economic Stability** Economic Wellbeing • Housing stability and affordability • Poverty
Aging of the population	The age breakdown in Monroe County has followed national trends of aging. Currently 19% of the Monroe County Population is 65 years of age and older, up from 13% in 2000.	**Neighborhood and Build Environment** Safe and healthy communities • Access to community services and support

Maternal and infant health	Birthing people who reside in the P9 high priority area have much worse maternal and infant health outcomes than the rest of the county. In addition, those who identify as Black have significantly worse maternal mortality and morbidity rates, and much worse infant mortality rates. This is persistent and unacceptable.	**Health Care Access and Quality** Insurance and Access • Use of prenatal care • Prevention of infant and maternal mortality
Opioid addiction and overdose	Substance use disorders, particularly involving Opioids/Fentanyl, are critical areas of concern. Drug overdose was a significant cause of premature mortality. Most overdose deaths in Monroe County in 2023 involved a combination of substances, including opioids, cocaine and alcohol. 83% of these deaths involved Fentanyl.	**Social and Community Context** Mental Wellbeing & SUD • Drug misuse and overdose prevention
Obesity and overweight, lack of physical activity, safety and poor nutrition	66% of Monroe County is obese or overweight. The PA2024 goal has not been met, however the state categorizes Monroe County as "low concern".	**Social and Community Context** Mental Wellbeing and SUD • Healthy eating **Economic Stability** Economic Wellbeing • Nutrition security **Neighborhood and Build Environment** Safe and Healthy Community • Opportunities for active transportation and physical activity
Falls and Assaults – (Not specifically mentioned in community engagement sessions)	Data from both locally analyzed SPARCS data and NYS PA24 data confirms that falls and assaults, particularly assaults due to firearms, are a critical need in Monroe County. Disparities also exist and those who identify as Black or Hispanics have a much higher rate of assault-related hospitalizations than those who identify as White. The state defines this as areas of HIGH CONCERN.	**Neighborhood and Build Environment** Safe and Healthy Community • Injuries and violence

After extensive discussion during the January 2025 CHIW meeting, the CHIW members voted on this list of ten priorities to select the top areas of concern. Results are given below.



After discussion of these results, the top health issues that are supported by community need, supported by data to demonstrate that need, and meet the selection criteria of the CHIW include the following:

TOP COMMUNITY HEALTH PRIORITIES

1. **Supporting mental and emotional health and well-being**
2. **Improving maternal and child health outcomes, particularly disparities evident in the outcomes**
3. **Addressing social drivers, connecting patients to resources, and improving access to care**

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. URMC'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, 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.

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 (ANNC), 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 a leading provider of comprehensive care for Western New York and the Finger Lakes region. Formed in 2014 with the joining of Rochester General and Unity Health systems, now, as one organization, Rochester Regional Health 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. RRH serves families in communities across Western New York and the Finger Lakes region. This new direction is the result of years of careful planning, in anticipation of healthcare's historic transition to a value-based care model designed to improve the overall health of individuals and communities. That transition is now underway - and the network, people, and their dedication to excellence and our commitment to this region and its people, all ensure that we are well- positioned to thrive in the future. The system includes five hospitals that serve the community as a truly integrated health services organization. The RRH network includes:

- Hospitals and physicians
- 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 287-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 the health department, there are numerous other community-based organizations that either attend CHIW meetings and advise the implementation strategy or contribute to the implementation strategy. All 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 is committed to community health, recognizing it as its fourth mission alongside research, education, and patient care. The Center for Community Health & Prevention was established in 2006, and is supported by URMC's 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, 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 is 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 Kimberly Chiaramonte, the Health Policy Coordinator, work with all local hospitals, the Monroe County Department of Public Health, and many community partners to coordinate the CHNA/CHIP Process. The Community Health Improvement Workgroup's budget and management is positioned in the CCHP.

Common Ground Health

Common Ground Health is a community-based health planning agency dedicated to promoting the health of the region's population. 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, Indigenous Health, and Latino Health Coalitions, and lead Healthi Kids, a policy and advocacy coalition for children.

Healthi Kids

The Healthi Kids Coalition is a grassroots community initiative of Common Ground Health, advocating since 2008 for healthier kids in 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 voices to co-create solutions, influence decision-makers, and transform systems that support healthy development for all kids, while keeping children and families at the center of all decision-making. Healthi Kids focuses on advancing policies, systems, and environmental changes that nurture physical, social, emotional, and cognitive growth from birth to age eight, through trauma-informed education, early life services, equitable community improvements, and opportunities for play. The coalition includes over 70 cross-sector members who meet twice a year to guide and sustain this work. Learn more at HealthiKids.org.

African American Health Coalition

The African American Health Coalition works to identify health inequities, advocates for better race and ethnicity data collection, and partners with health systems and other organizations to drive change. They continue to advance health equity for Black residents across the Rochester-Finger Lakes region. This long-standing advocacy and advisory group bring together community members, organizational leaders, and healthcare professionals to coordinate efforts aimed at improving Black health outcomes.

Indigenous Health Coalition

The Indigenous Health Coalition, launched in 2023, is a community-led movement focused on advancing health equity for Native people across the Rochester-Finger Lakes region. Guided by Indigenous advocates, the Coalition addresses critical priorities including mental health, chronic disease, and substance use, while honoring traditional knowledge, healing practices, and ancestral wisdom. The Coalition champions inclusive partnerships, Indigenous data sovereignty, and culturally rooted health services. Grounded in the strength of community voices, it envisions a future where health and well-being thrive across generations.

Latino Health Coalition

The Latino Health Coalition works to identify health inequities, advocates for better race and ethnicity data collection, and partners with health systems and other organizations to drive change. They continue to advance health equity for the Hispanic community across the Rochester-Finger Lakes region. This long-standing advisory group brings together community members, organizational leaders, and healthcare professionals to coordinate efforts aimed at improving Latino health outcomes. Today, the Coalition continues to promote healthy behaviors, support policies that address social determinants of health, and work to expand the quality and accessibility of services for the Latino community.

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 RHIO is recognized for their progressive, innovative approach to supporting collaborative health care. The mission of the RHIO is to provide the greater Rochester medical service area with a system for a secure health and social determinant information exchange that allows for timely access to clinical information and improved decision making, and to become a critical and visible

enabler pf population health management in the community. 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.

Action for a Better Community (ABC)

At Action for a Better Community (ABC), the focus is on delivering tangible support and services that improve the lives of individuals and families in the Rochester region. Through over 18 targeted programs—including Head Start, education and workforce development, and community-building initiatives—ABC works to increase economic stability and promote self-sufficiency for low-income residents. The agency collaborates with other service providers to connect people to resources, strengthen neighborhoods, and drive long-term outcomes.

Anthony L. Jordan Health Center

The Anthony L. Jordan Health Center (Jordan Health) has served the Rochester community for over 100 years and was among the first Federally Qualified Health Centers (FQHCs) in the nation. Located in neighborhoods with the greatest need, Jordan Health is deeply rooted in a mission to serve uninsured and underserved residents. The organization is committed to building a safe, high-quality environment for healthcare. With over 18 programs, Jordan Health provides a broad range of services including primary and preventive care, optometry, and pharmacy, among others delivering on its mission: to optimize health equity and well-being by providing innovative, comprehensive, integrated, and personalized healthcare of the highest quality with dignity and respect for all, regardless of ability to pay.

Ronald McDonald House

Ronald McDonald House Charities (RMHC) is committed to keeping families close by providing vital resources and compassionate care to children and their families during challenging times. Through programs like the Ronald McDonald House, Ronald McDonald Family Room, and their mobile program “House to Home”, RMHC supports families when they need it most. In Rochester, NY, Ronald McDonald House Charities of Rochester (RMHCR) offers a “home-away-from-home” for families while their children receive medical care. Whether it's lodging, meals, transportation, or emotional support, RMHCR helps ease the burden so families can focus on healing. Families may stay at the 24-bedroom Westmoreland House or the 7-bedroom House Within the Hospital at Golisano Children’s Hospital—both offering home-like amenities and requiring referrals from a healthcare provider or social worker. RMHCR also operates several comforting spaces: the Ronald McDonald Family Room at Golisano Children’s Hospital, the Pediatric Hospitality Cart at Rochester General Hospital, the Mental Health and Wellness Family Room at URMC, and the newest Family Room at Unity Hospital.

City of Rochester

The City of Rochester is committed to improving health and the social drivers of health and governed by the Mayor and Rochester City Council. Key to the CHIP is the City of Rochester's Department of Recreation and Human Services (DRHS) who's Deputy Commissioner is a consistent attendee of CHIW monthly meetings. DRHS offers high-quality programs, supporting citizens facing challenges, and investing in vibrant neighborhoods, with a special focus on youth development. DRHS manages the Rochester Public Market, International Plaza, Rochester Animal Services, and the Bureau of Recreation and Youth Services, which provides diverse recreational and workforce development opportunities for youth and maintains the city's historic 800-acre park system. It also oversees the Bureau of Human Services, and programs like Flower City AmeriCorps and Crisis Intervention Services, and leading adult workforce development efforts.

Center for Tobacco-Free Finger Lakes

The Center for a Tobacco-Free Finger Lakes (CTFFL) is one of eight contractor organizations in New York State, funded by the Health Systems for a Tobacco-Free New York (HSTFNY) through the NYS Department of Health Bureau of Tobacco Control. Serving 11 counties in the Finger Lakes Region—Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tompkins, Wayne, and Yates—CTFFL partners with local Advancing Tobacco-Free Communities, the NYS Quitline, and Quit site, focusing on Medical and Behavioral Health Care Systems, Community Health Centers, and more. CTFFL offers no-cost partnerships and provides only evidence-based resources and strategies to help health care systems implement best practice policies and treatment guidelines for nicotine addiction, aligned with the U.S. Department of Health and Human Services Clinical Practice Guidelines and the Monroe County Medical Society's Treatment Guide.

Maternal and Child Health Advisory Group (MCH-AG)

Maternal and Child Health Advisory Group (MCH-AG) evolved from the Community Health Improvement Workgroup (CHIW) when maternal and child health was identified as a priority area for the Monroe County 2019–2021 (CHIP). A dedicated advisory group of subject matter experts was formed—now known as the Maternal Child Health Advisory Group (MCH-AG). This group includes providers and community leaders from a wide range of social, health, and education agencies, and serves as the community advisory group for ROC Family Teleconnects. The group was created to strengthen collaboration among programs, providers, agencies, and community members to address key social determinants of health impacting women, infants, children, and families throughout the life course. Since its inception, the MCH-AG has grown to include over 100 members representing more than 34 organizations or departments across Monroe County. The group has met quarterly for the past five years via Zoom, maintaining open meetings.

Trillium Health

Trillium Health is a Community Health Center that provides equitable, judgment-free, and affordable care for all, with a strong commitment to LGBTQ+ health. Born from the fight against HIV/AIDS, Trillium's legacy of courage and compassion shapes the comprehensive, person-centered care we offer today—addressing physical, social, and emotional well-being. We offer primary and specialty care, pediatrics and gynecology. Additional services include lab work, on-site pharmacies, insurance support, behavioral health, housing and food assistance, harm reduction programs, and more. The center specialize in breaking down barriers to care, meeting you where you are, and reaching into neighborhoods through outreach, education, and prevention.

Impact of Actions to Address the 2022 Community Health Needs Assessment Priorities

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

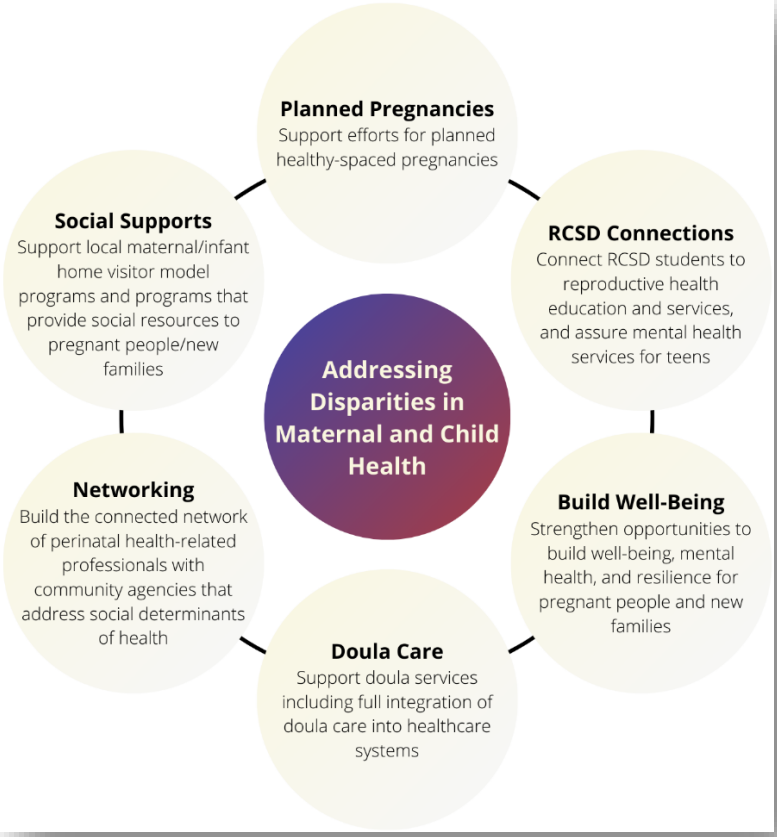
Objective 2.1: Strengthen opportunities to build well-being and resilience across the lifespan

- **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.

Actions: Goal 1 Promote Healthy Women, Infants and Children

In order to enhance collaboration, the CHIW had created a Maternal and Child Health Advisory Group (MCH-AG) that has been meeting for over six years. Since its inception, the group has grown to over 100 members from more than 45 organizations or departments across Monroe County. The interdisciplinary group includes clinicians, Doulas, counselors, social workers, and advocacy experts. The MCH-AG has met quarterly for the past six years, now via zoom. To encourage transparency and inclusiveness, meetings are open to all.

The MCH-AG was given the CHNA/CHIP information and asked for best ways to address disparities in maternal and child health outcomes. The group developed six somewhat overlapping strategies to accomplish that goal, depicted in the graphic below.



Strategy	Tactics, Successes
Planned Pregnancies	• Review of data from the Perinatal Network • Advocacy and evaluation of immediate post-partum LARC • (Mini-Grant) Metro Council Campaign for reproductive health
Social Supports/Well-Being	• Advisory Group for ROC Family TeleConnect • 211 Resource Navigation Tool for Maternal Child Health supports • (Mini-Grant) Mental Health First Aid Training
Networking	• Intentional safe space for sharing in MCH – Advisory Group • Directory of MCH health and social care providers • Communication strategy to promote community events, policy
Doula Care	• Information sharing about Doula reimbursement policy changes • Promote community-based Doula providers • Connection to HealthConnectOne and the Doula READI program
RCSD Connection	• Support and information sharing for school-based health services • Social media campaign for reproductive health StayTrue2u.org

One specific strategy was to Increase the proportion of Monroe County residents who can easily access social supports and home visitation programs for pregnant and new families through 211 by 100 patients by December 2025. This was done by creating a guided navigation tool to better organize resources in the 211 system so that everyone can have equitable access to all social support services, regardless of health care services or access. The navigation tool was launched in April 2025 and can be accessed here: https://211lifeline.org/newfamily .

Another earlier strategy was to develop a greater awareness among adolescents and teens of reproductive health and contraception options, as well as access to clinics in the community, through a compelling social media campaign. The goal was to increase the traffic to the StayTru2You website by 5,000 visits by December 2023.

During 2022, the Community Health Improvement Workgroup (CHIW) established a mini-grant process to support community partners who are addressing the goals of the CHIP. A robust RFP process was developed including a REDCap application and peer-review process. Extensive advertising and encouragement to apply went out to community agencies and we received several applications.

Metro Council for Teen Potential was awarded a mini-grant and worked with project partners to develop a social media campaign, based on the Stay Tru 2 U brand, and including both unpaid (organic) and paid social media content. Social media platforms were selected based upon advertising opportunities they offer and their ability to reach the target audience, women aged 15-25, living in the city of Rochester. Platforms include Instagram, YouTube, Snapchat and TikTok.

Partners conducted two focus groups to get initial feedback: Teen Empowerment and In Control (Planned Parenthood). Campaign highlights

- 2M impressions - that's the number of times someone saw our social media content (includes the same person seeing content more than once)
- 7,500 clicks to the website
- 12,400 video completions

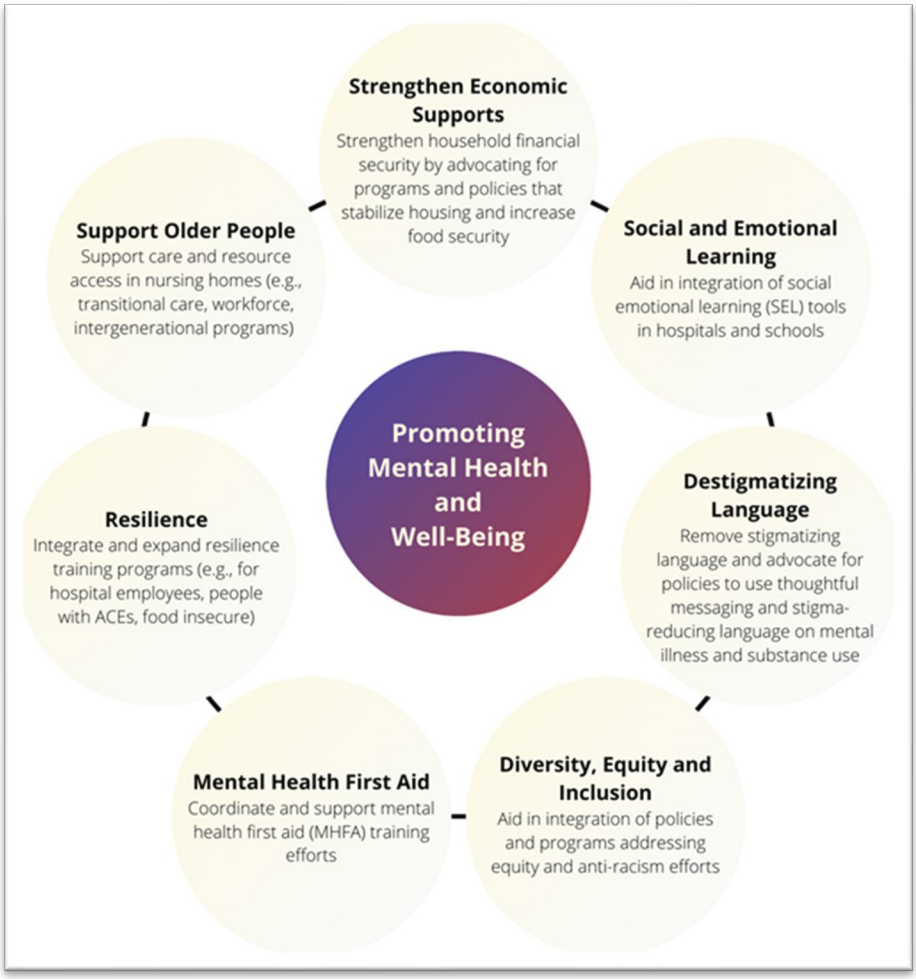
In addition to these specific interventions led by the joint Community Health Improvement Workgroup, each of the four hospitals and the health department have several internal initiatives to address disparities in maternal and infant health. This is a strategic priority for both hospital systems, which have collaboratively agreed to support a community driven planning process to actively work towards improvements. Planning will begin in January 2025 and will build off the work of the MCH-AG.

The UR Strong has an inclusive and supportive OBGYN department and a newly developed Gender Patient Support (GPS): Health & Wellness Program's Project ECHO, is a virtual learning space for health care providers and therapists across Western NY in providing gender-affirming care to transgender and gender diverse adults. UR supports the Baby Love Program which is a social worker/community health worker, home visitor model that assists pregnant women and adolescents achieve healthy births and improved health outcomes. Building Healthy Children provides and evaluates preventive interventions for teen families and their children.

Rochester Regional hosts the highly successful Healthy Moms program, focused on creating a nurturing and supportive environment that is life-changing and empowers women to reach their highest potential. Healthy Moms offers pregnancy education classes, on-site mental health counseling, care management, project Independence job training program, leadership academy and home visiting support program for pregnant women and women with children under 2.

Actions: Goal 2 Promote Well-being and Prevent Mental Health Disorders

Similar to Goal 1, community experts were consulted to develop effective and evidence-informed strategies to promote well-being and prevent mental health disorders. A seven-strategy workplan was developed to include the following:



Although much work was done in each of these strategies by the health systems, community-based organizations and health department, a few specific interventions are worth noting.

The hospitals and health department supported the implementation of Mental Health First Aid, an evidence-based practice, through funding and support to a local organization through our Mini-grant process. In 2023, Wellness Associates of Greater Rochester (WAGR) was awarded a $10,000

mini-grant from the CHIW to implement MHFA trainings throughout our community. Mini-grant funds were used to provide five Mental Health First Aid certification training sessions. In addition, $2,200 was allocated to send a bi-lingual (Spanish) individual to instructor training to expand the reach of the training further into the Rochester community. Through the five courses held, there were 81 Registered participants, 61 Attended full training, and 45 completed their post-work to obtain the actual certification.

In addition, the CHIW worked to increase the number of refugee children with behavioral health issues who are identified and connected to resources by 150 individuals by December 2024. In 2024, a community partner, Rochester Refugee Resettlement Services (RRRS) received the competitive mini-grant award of $15,000. To date, 146 kids have been evaluated. The most behavioral health concerns were found to be among children under 6 years old (26% screened positive). Among 6–13 year-old children, 15% had observed behavioral health concerns. RRRS shared that most of the behavioral health concerns were among four communities, most from the Congo (followed by Syria, Somali and Afghan countries). The RRRS team speculate that problems were most prevalent among the young due to not being used to living in a house, kids left at home with mom and mom is often overwhelmed managing large families. There is also very little socialization. The team mentioned that they are reaching out to improve socialization and have connected with Action for a Better Community (ABC). Through this relationship ABC is planning to start a New American Head Start Program at Mary's Place.

One of the CHIW's most impressive and impactful initiatives was to develop a Crisis Services Mobility Management Hub for Behavioral Health in Monroe County: The Behavioral Health Crisis Navigation Hub proposal. (This is an example of a multi-level interventional framework supported by evidence: https://pmc.ncbi.nlm.nih.gov/articles/PMC5269481/). To clarify the problem and formulate solutions, the Community Health Improvement Workgroup (CHIW) hosted a synergy meeting on April 5, 2023 with over 60 experts and leaders who work in transportation, mental and behavioral health, policymaking, and coordination of resources, throughout Monroe County. This meeting generated several new ideas, most importantly it helped determine what potentially could solve this problem. Ideas from the synergy meeting were collected and analyzed by a smaller steering committee that developed this proposal for The Hub.

The Steering team met for several months to further define the problem and develop solutions. We attained buy-in from OMH, DPH, 911, 211/988, EMS, City. We conducted and reviewed the literature of best practices nationwide to serve transportation needs of those in mental health crisis. We also met with existing response teams for the City and the County to understand their processes in treating clients and identify barriers to highly effective care.

A grant proposal was written and vetted through the Steering Team and some community partners. The proposal was given to the Office of Mental Health to submit to the City/County for funding. During the process, the Office of Mental Health received opioid settlement dollars which they decided to use to fund this initiative. Currently RFPs have been posted to find agencies to manage the transportation and resources at the HUB. Response has been extremely positive, and we are awaiting final implementation decisions.

In addition to these specific interventions led by the joint Community Health Improvement Workgroup, each of the four hospitals and the health department have several internal initiatives to address mental health. Both health systems provide exceptional mental health care services

Of note: Rochester Regional Health has a Behavioral Health Access and Crisis Center that provides an alternative to heading to the emergency room and is available for those who need help with a mental health or substance abuse issue with no appointments and extended hours.

University of Rochester opened the new Brighter Days Pediatric Mental Health Urgent Care Center, which is the area's first-ever walk-in mental health clinic for young people up to the age of 18, who can show up with no prior appointment to get care.

All hospitals and health department have made intentional and extensive efforts to create an inclusive and non-stigmatizing environment for all patients.

Distribution of the 2025 Monroe County CHNA

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://www2.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.