Community Health - Monroe County, NY
2019-2021

Monroe County
Community Health Improvement Plan

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

Monroe County, New York

Joint Community Health Needs Assessment (2019) and Community Health Improvement Plan 2019-2021

Work of the Monroe County Community Health Improvement Workgroup (CHIW)

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This assessment and improvement plan covers Monroe County, NY

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Monroe County Joint Community Health Improvement Plan 2019-2021

Monroe County Community Health Improvement Workgroup:

Local hospitals (University of Rochester Medical Center's Strong Memorial Hospital and Highland Hospital, Rochester Regional Health's Rochester General Hospital and Unity Hospital) and the Monroe County Department of Public Health are committed to working collaboratively with the residents and institutions of Monroe County, to improve the health of our community. Every three years, through a process mandated by the Affordable Care Act, and the New York State Department of Health, non-profit hospitals and the health department conduct a Community Health Needs Assessment (CHNA) to determine areas of community health concern. In Monroe County, the Community Health Improvement Workgroup (CHIW) brings together leaders from hospitals, health departments, and community agencies to prioritize community health needs and develop a Community Health Improvement Plan (CHIP) for addressing the needs of our county.

1. Community Engaged Needs Assessment

The priority areas and interventions selected for the Monroe County Combined Community Health Needs Assessment and Improvement Plan for 2019-2021 were selected with community input at each step in the process. Before reviewing data, the Community Health Improvement Workgroup (CHIW), comprised of representatives from four hospitals, the health department and several community organizations, identified criteria that would be used to prioritize areas of concern. It was important to the group that the CHIP focus areas met the following criteria:

- Address needs of vulnerable populations
- Represent an opportunity to intervene at an early prevention level
- Utilize an existing community capacity and willingness to act
- Is of clear importance to community
- Presents a potential to have a measurable impact on our community's health

The selected criteria demonstrate the CHIW's commitment to addressing the community's interests. Common Ground Health, a CHIW partner agency and the local PHIP (Population Health Improvement Program) leader, conducted the MyHealthStory Survey in 2018. These regional survey is similar in design to the Behavior Risk Factor Surveillance Survey (BRFSS) but with opportunity for narrative input on underlying causes of disease. MyHealthStory Survey analysis provided a statistical review of important topics to the Monroe County community and comment on some underlying causes that informed the CHNA. The survey also asked adult participants what issue they thought hospitals and the health department should be addressing to improve community health. Across all races, ethnicities, socioeconomic groups, and geographic classifications, the number one health that participants identified was Mental/Emotional Health. This decisive result, combined with the negative trends in mental health indicators for Monroe County as shown on the NYS Prevention Agenda Dashboard, led to the selection of Mental and Emotional health as a top focus area for the 2019-2021.

Extensive review of multiple sources of data outlined in the CHNA yielded several relevant areas of concern. However, disparities in Maternal Child Health (MCH) outcomes were especially striking. This focus area met the pre-established prioritization criteria, and several CHIW members and community agencies have begun work in this area and were hopefully that a focus in the CHNA/CHIP would add a synergistic effect to the progress.

Throughout the needs assessment process, representatives from the CHIW met with several community groups for feedback on the selected focus areas as well as goals and recommended interventions. The meeting dates for some of the most significant groups input sessions are shown below, and the comments, recommendations, and full summaries of these discussions are available in the "Community Engagement" section of the CHNA.

Group	**Date**
African American Health Coalition	March 14, 2019
Maternal Child Health Advisory Group	March 22, 2019
Latino Health Coalition	March 27, 2019
Community Advisory Council	April 11, 2019

The CHNA and CHIP were reviewed and adapted based on group feedback at each meeting, and discussed at the monthly CHIW meetings, until consensus was reached on the identified focus areas and types of intervention.

2. Implementation Plan

The objectives and interventions for each area of need were selected from the New York State Prevention Agenda's list of recommended, evidence-based interventions and programs. Maternal child health is an area of concern for Monroe County, and the current disparities are unacceptable. We intend to enhance collaboration with other programs by maintaining and expanding a Maternal Child Health Advisory group of community partners, clinicians, researchers, and hospital administration. We will listen to the voice of community members through listening sessions in collaboration with local maternal care and advocacy groups, and use their requests to direct the actions and policy recommendations for 2019-2021.

Promoting mental health and well-being is a priority area of particular importance to our community members. Interventions focus on the upstream approach of addressing social determinants of health including poverty and employment in order to impact the long term health of the community and address disparities in wealth. The CHIW will partner with the City of Rochester's Office of Community Wealth Building, RMAPI, and others to enhance synergy and collaboration around this issue. The CHIW will partner with the Office of Mental Health to facilitate supportive environments, including suggested policy and program interventions that promote inclusion, integration, and competence. Interventions include promoting local mental health education, stigma reduction, and trauma-informed care initiatives.

Prevention Agenda Focus Areas, Evidence Based Interventions and Evaluation

Focus Goal 1: Promote Healthy Women, Infants and Children	
Objective 1: Reduce racial, ethnic, economic and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child populations (specifically for unplanned pregnancy income disparity, preterm birth racial disparities and adverse childhood experiences)	
Evidence Based Interventions	**Measure of Success**
Enhance collaborations with other programs, providers, agencies, and community members to address key social determinants of health that impact the health of women, infants and families across the lifespan	• Increase # of collaborations • Increase the depth of relationship between MCH partners • Increase # of providers linking to SDH
Action 1: Partner with HBN to conduct community input sessions to identify the drivers and solutions to disparities	• Comprehensive summary of barriers to healthy outcomes among people of color, people with low SES, City
Action 2: Convene a Maternal Child Health Advisory Group to advise the implementation of the CHIP agenda to reduce disparities including: • Develop and support policy and advocacy agenda • Share current initiatives with each other and the community (211) • Sustain and improve partnerships between local organizations and the hospital systems	• Policy/advocacy agenda • Link to resources for patients (EMR changes, 211, survey or count) • Improved communication between programs and hospitals
Action 3: Host a Synergy Meeting on local Maternal and Child Health disparities annually presenting results of Focus groups and MCH Advisory Group work	• # of attendees learning from the Synergy meeting, # partnerships formed
Focus Goal 2: Promote Well-Being to Prevent Mental and Substance Use Disorders	
Objective 2.1: Strengthen opportunities to build well-being and resilience across the lifespan	
Evidence Based Interventions	**Measures of Success**
Explore opportunities to build community wealth such as supporting worker-owned cooperatives and businesses, using the power of hospitals as anchor institutions	• # SOS partners engaged in CHIP • Information distribution for hospitals developed for community wealth building (June 2020)
Action 1: Host a Synergy meeting to continue the work of the New York State of Solutions, including partnering with OWN Rochester and the City of Rochester's Mayor's Office of Community Wealth Building. Partner with RMAPI and ABC	• # of attendees learning from the Synergy meeting, # partnerships • Increased relationship with City, RMAPI, ABC
Objective 2.2: Facilitate supportive environments that promote respect and dignity for people of all ages	
Evidence Based Interventions	**Measures of Success**
Policy and program interventions that promote inclusion, integration and competence	• # of policy or program interventions that promote inclusion
Action 1: Incorporate stigma reduction and thoughtful language change into presentations and documents	• # stigma reduction documentation reviews • # changes made: websites, presentations, documents
Action 2: Offer at least one Mental Health First Aid training course for a new target audience in Monroe County	• # of trainings, attendees (Adult or Youth Mental Health First Aid)
Action 3: Partner with CCSI to hold at least one education session on trauma informed assessments for local organizations and clinical practices	• # of trainings, attendees • # organizations/clinical practices engaged in assessment

Secondary Priorities – Focus Areas to Follow

In addition to the two identified focus areas outlined above, there are several areas that were of noted concern to the CHIW. These secondary areas show unacceptable outcomes in one or more measurable indicator however limited resources do not allow for dedicated attention and intervention to address them. The CHIW has agreed to follow and support these areas in the CHIP 2019-2021, while dedicating primary attention to the two focus areas of mental health, and maternal child health inequities. The five areas the CHIW will follow are:

1. Smoking Cessation

Increasing smoking cessation was a focus area for the Monroe County Community Health Improvement Plan (2016-2018). Through a change in the electronic medical records process of all four hospitals in the CHIW collaborative, the referrals to the NYS Quit Line increased 100 fold. Electronic referrals to the NYS Quitline are available through both major health systems and several independent clinics and FQHCs throughout the region.

In addition, the local Million Hearts group continues to organize and host Tobacco Free College Campus Conferences and support T-21 legislative initiatives. The Tobacco Free College Campus Conferences was organized by the Million Hearts Collaborative, including members from the Rochester Chamber of Commerce, and LiDestri Foods Inc. and includes support and representation from local colleges including Rochester Institute of Technology, University of Rochester, St. John Fisher, Monroe Community College, and Nazareth College. This group meets to discuss progress, campus policies, and setbacks in developing and maintaining smoke-, tobacco-, and vape-free local college campuses.

2. Food Insecurity

Work on food insecurity was begun with the CHIP 2016-2018. Local systems integration projects are underway, and both Rochester Regional Health and University of Rochester Medical Center are involved in these projects, both as potential pilot locations, and advisory groups. As the Community Health Improvement Plan for 2019-2021 will be addressing community well-being, and social determinant impact on maternal-child health, these focus areas are related to and inseparable from food insecurity and resource provision. The CHIW will continue to support pediatric departments as they screen for social determinants including food security, and work with local organizations such as FoodLink and 2-1-1 to build collaborations with the health systems.

3. Opioid Crisis

The opioid crisis has been impacting Monroe County since the early 2010s. In 2016, the public health goal was to decrease overdose and death by overdose rates to below the 2015 level. Unfortunately, with the spread of the opioid crisis and the introduction of Fentanyl to the street marketplace, opioid overdoses and deaths have not decreased to this set goal, and they have increased in the past 3 years. There are many groups within

and outside of the health systems working to address this crisis. Increasing the hiring of toxicologists in the Office of the Medical Examiner, training more local providers with Buprenorphine waivers and training in medication-assisted treatment (MAT), the continuation and expansion of local Heroin and Opioid Task Forces including Law Enforcement, County officials, treatment centers, and medical professionals. The health systems are continuing work in the space of substance use disorder prevention, identification, and treatment with community and government partners.

Naloxone: There is a NYS policy Naloxone Co-payment Assistance Program (N-CAP) that provides a standing prescription and copay coverage available at pharmacies without an open prescription. Raising awareness about the availability and proper use of Naloxone will continue in Monroe County. Trainings on how to administer Naloxone in the case of an opioid overdose are provided by many community groups and healthcare providers including but not limited to Monroe County Department of Public Health, Rochester General Hospital, URMC, Oak Orchard Health, and Trillium Health. These trainings are frequent, often open to the public, and advertised online by each group.

4. Sexually Transmitted Infection (STI) Rates

Monroe County Department of Public Health runs the STD and HIV control program, including medical interventions, screenings, prevention, education, and provider training. The Maternal Child Health Advisory Group includes many groups that work in prenatal care, reproductive education, and STI education. Continuation of support and funding to the local providers of sex and reproductive education to both children and adults in Monroe County will be necessary to reduce the rate of STIs in the region.

5. Violence Prevention

There are consistent trends of disparities in populations impacted by violence within Monroe County and the City of Rochester. The African American Health Coalition in 2019 is focusing on violence as a matter of community health, and hosted the “Speak Life!” Health Equity conference in Rochester with the support of the Latino Health Coalition. The CHIW and hospital systems will continue to assess the needs of the African American and Latino communities and listen to requests for action from anti-violence initiatives and public health or healthcare-centered interventions.

The Rochester Youth Violence Partnership (RYVP) is a hospital-based violence intervention program that targets trauma victims under the age of 18 when they present for medical care following a knife or gun injury. Rochester’s program is present at both URMC and RRH Emergency Departments, and the program has been recognized nationally since its inception.

Ongoing initiatives

One of the initial CHIW scoring criteria for selection of focus area was that the area of need should "Utilize an existing community capacity and willingness to act". It is not surprising then that there are several ongoing initiatives that already address the focus areas of maternal child health disparities and mental health and wellbeing. The hospitals and health department will continue their work in these areas where appropriate, and the CHIW will discuss progress.

Maternal-Child Health Inequities

UR Strong Memorial Hospital
• Pediatric screening programs for ACES using the We Care screening tool and referral system for food insecurity, housing issues, etc. • Strategic plan for cultural competency through DSRIP, and implementation of Culture Vision, a provider resource for cultural competency • Evidence based home visitation program "Baby Love" and "Building Healthy Children". Referral to NFP and Centering Pregnancy programming • Nursing Care Management model being piloted at women's health practices, adding behavioral health resources and practice transformation aimed at reducing disparities • School based health clinics and partnerships with local high schools
UR Highland Hospital
• Centering Pregnancy program and Baby Café for pregnant and high risk mothers • IMPLICIT Network evidence based care • Evidence based home visitation program "Baby Love" and "Building Healthy Children". • Lactation support services available prenatally, on delivery floor, and postpartum with drop-in options to promote breast feeding • Highland Family Planning clinic services and health education
Rochester Regional Health – Rochester General and Unity
• Several Centering Pregnancy programs throughout both hospitals • Breastfeeding resources available via RRH Midwifery group and Certified Lactation Consultants available • School based health clinics and partnerships with local high schools • Evidence based home visitation program "Healthy Family"
Monroe County Department of Public Health
• Nurse Family Partnership Program –home visitation services for high-risk mothers • Cultural competency and multilingual training for health educators and clinicians • Conduct the Youth Risk Behavior Survey to measure ACES in adolescents
Community Partners engaged in addressing disparities in Maternal child health outcomes
• Healthy Baby Network • Metro Council for Teen Potential • 2-1-1 for resources • Foodlink food hub • Jordan Health (FQHC) • Accountable Care Organizations – AHP and GRIPA • United Way • City of Rochester • Planned Parenthood • Rochester city School District

Mental Health and Well-Being

UR Strong Memorial Hospital
• Healing through Education Advocacy and Law (HEAL) Collaborative for victims of interpersonal violence • Office of Mental Health Promotion outreach
UR Highland Hospital
• BRIDGE Program from ED to treatment, Opioid guidelines applied system-wide
Rochester Regional Health – Rochester General and Unity
• New crisis center for immediate behavioral health and substance use disorder care • BRIDGE Program from ED to treatment
Monroe County Department of Public Health
• Completing trauma informed assessment within MCDPH - identify and implement at least 2 improvements • Conduct and analyze results from Monroe County-Rochester City School District Youth Risk Behavior Survey every 2 years • Incorporating education around stigma/language into Naloxone training and other trainings, will tailor these trainings for different community audiences
Community Partners engaged in addressing Mental Health and Well-Being
• Monroe County Office of Mental Health • Coordinated Care Services, Inc. • Common Ground Health • NY State of Solutions initiative • City of Rochester Office of Community Wealth Building

Work Plan for Implementation of new initiatives:
The following work plan will be implemented in Monroe County to progress towards the goals of the 2019-2021 Community Health Improvement Plan, using the resources of the CHIW. All four hospitals and the health department as well as community partners will work collaboratively on the same work plan towards the same goals. The interventions will be implemented in a collaborative manner, and the hospitals will delegate resources including representatives, meeting spaces, content experts and organizational connections. Our community partners are involved in the planning and implementation of all intervention strategies, from their selection to their completion.

WORKPLAN: Focus Area 1: Promote Healthy Women, Infants and Children

Goal: (4.1 PA): Reduce racial, ethnic, economic and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child populations.

Objective: (PA2.1.2) Decrease the percentage of births that are preterm by 5%, by addressing disparity
Disparities: Reduce Monroe County Black to White ratio from 1.73 (2016) (PA goal is 1.42)
Disparities: Reduce Monroe County Medicaid to non-Medicaid ratio from 1.35 (PA goal is 1.00)

Objective: (PA not mentioned) Decrease the percentage of unintended pregnancies among live births from 28.4% by addressing disparity.
Disparities: Reduce Monroe County Black to White ratio from 2.81 (2016) (PA goal is 1.90)
Disparities: Reduce Monroe county Medicaid to non-Medicaid ratio from 2.68 (PA goal is 1.54)

Objective: (PA2.3.1) Reduce the percentage of adolescents experiencing two or more adverse childhood experiences (ACEs) by 5%, by addressing disparities
Disparity: Reduce the percent of African American high school students experiencing 3 or more ACEs (31%) (MC 2019 YRBS)

Intervention Strategy: (PA 4.1) Enhance collaborations with other programs, providers, agencies, and community members to address key social determinants of health that impact the health of women, infants and families across the lifespan.

Activity 1: Partner with Healthy Baby Network and other members of the Maternal Child Health Advisory Group to conduct community input sessions to identify the drivers and solutions to disparities
Objective: by December of 2020, complete a comprehensive summary of barriers to healthy outcomes among women of reproductive age, primarily people of color, people with low SES, and people who live in the City of Rochester.

Year 1 (2019): Conduct a state run listening session with Rochester women to begin to assess success with wrap around services. Assess results of the listening session and modify for extended focus groups.	**Process Measures:** • Listening session with 20+ community members • Report sent to state by 11/2019 • Results discussed with MCH AG prior to 12/19
Hospitals	Score and scribe as needed, send representatives to the MCH AG
MCDPH	Report out to MCH AG, attend meetings, assist with focus groups
HBN and other CBOs	Coordinate community engagement for listening sessions, send representatives to the MCH AG and share results with the group
Year 2 (2020): Conduct focus groups with Rochester women to begin to assess barriers to healthy outcomes with particular attention to addressing social determinants of health	**Process Measures** • Create a survey for focus groups by Jan 2020 • Listen to 100+ community members by June 20 • Conduct at least one focus groups with Centering Pregnancy patients, one with Spanish

	speaking patients, and one with non-pregnant teens • Comprehensive summary vetted and distributed to community by December 2020.
Hospitals	Provide access to participants through Centering groups and other maternal avenues Collect and analyze results
MCDPH	Collect and analyze results, provide local data
Community Based Organizations	Provide access and engagement with community members as participants for listening sessions

Activity 2: Convene a Maternal Child Health Advisory Group to discuss interventions and plan implementation to address barriers identified by the community.

Objective: by December of 2021, implement at least 3 systems changes that will address social barriers and improve disparities in maternal child health outcomes

Year 1 (2019): Create the Maternal Child Health Advisory Group and begin meeting to discuss a change agenda. Share resources among each other and begin the development of a resource compendium. Identify potential system changes	**Process Measures:** • Convene the MCH AG at least 3 times in 2019 • Create a membership inclusive of all MCH key stakeholders • Begin a resource compendium with consistent input from each partner by Dec 2019
Hospitals	Send representatives to the MCH AG who will be informed and invested – share relevant programs with the group
MCDPH	Send representatives to the MCH AG who will be informed and invested – share relevant programs with the group
HBN and other CBOs	Send representatives to the MCH AG who will be informed and invested – share relevant programs with the group
Year 2 (2020): Prioritize system changes and begin addressing top concerns. Link resource compendium with community. Review comprehensive summary from community focus groups and consider addressing the identified concerns	**Process Measures** • Policy/advocacy agenda developed and prioritized by July 2020 • Compendium completed and shared with all • Establish connection with 2-1-1 and others for updated information and resources to community
Hospitals	Provide input to advocacy agenda and support agreed upon changes as appropriate
MCDPH	Provide input to advocacy agenda and support agreed upon changes as appropriate
Community Based Organizations	Provide input to advocacy agenda and support agreed upon changes as appropriate

Year 3 (2021): Build sustainability to systems changes and evaluate results. Set agenda for future work	**Process Measures** • Implement at least 1 system change to improve MCH disparities as defined in the advocacy agenda by December 2021 • Set of goals for future MCH activities
Hospitals	Depending on the system change, all organizations will work towards maintaining sustainable improvement.
MCDPH	
Community Based Organizations	

Activity 3: Host a synergy meeting on local Maternal and Child Health Disparities annually presenting results of focus groups and MCH Advisory Group work

Objective: by December of 2021, host 2 well attended Synergy Meetings focusing on MCH disparities and progress of the Advisory Group.

Year 1 (2019): Transition from AAMC team to MCH Advisory Group with an input meeting Spring 2019	**Process Measures:** • Convene and expand the AAMC advisory team to form the MCH Advisory Group • MCH AG will provide input to the CHIP for 2019
Year 2 (2020): Synergy Meeting	• Host Synergy Meeting
Year 3 (2021): Synergy Meeting	• Host Synergy Meeting
Hospitals	Send representatives to the Synergy meeting who will be informed and invested – share relevant programs with the group
MCDPH	Send representatives to the Synergy meeting who will be informed and invested – share relevant programs with the group
HBN and other CBOs	Send representatives to the Synergy meeting who will be informed and invested – share relevant programs with the group

WORKPLAN: Focus Area 2: Promote Mental Health and Prevent Mental and Substance Use Disorders

Goal: (1.1 PA): Strengthen opportunities to build well-being and resilience across the lifespan.

Objective: (PA1.1.2) Reduce the age-adjusted percentage of adult New Yorkers reporting 14 or more days with poor mental health in the last month by 10%. Monroe County 12.3% (PA Goal 10.1%).

Objective: (PA1.1.3) Reduce the number of youth, grades 9-12, who felt sad or hopeless by 10%. Monroe County is at 32% (PA Goal 27.4%)

Intervention Strategy: (PA 1.1.1) Build Community Wealth.

Activity 1: Explore opportunities to use the power of anchor institutions such as hospitals to revitalize neighborhoods, supporting democratically operated worker cooperatives, reemployment, and supported employment.

- By December of 2021, complete a comprehensive summary of interventions that anchor institutions have successfully implemented to improve community wealth and present at least one recommended option to each of the hospitals in the Community Health Improvement Workgroup.

Year 1 (2019): Reunite the state initiated SOS group of local stakeholders to address wealth building for Rochester	**Process Measures:** • By December 2019, gather one meeting of the SOS wealth building group • Create an attendance list of stakeholders for future meetings and discussions
Hospitals	Send at least one representative from purchasing departments or leadership to the SOS group meeting, explore opportunities for wealth building
MCDPH	Attend the meetings, provide local data
CBOs	Representation to the meetings as appropriate. Common Ground Health instrumental in the process, and in poverty data analysis
Year 2 (2020): Community wealth building group meeting regularly to set goals and begin to research possible interventions	**Process Measures:** • Documented community wealth-building assets (e.g. land trusts, public spaces for meaningful engagement, worker cooperatives) • Dollars invested in creating community wealth (e.g. inclusive health spaces, community owned businesses, community development) • At least 6 meetings for community wealth building
Hospitals	Attend biannual meetings, track wealth-building activities
MCDPH	Attend biannual meetings, present data on local poverty and health correlations (also with Common Ground Health)
CBOs	Attend biannual meetings, track wealth-building activities

Year 3 (2021): Presentation of comprehensive summary to anchor institutions and discussion of possible implementation	**Process Measures**: • Completed comprehensive summary Jan 2021 • At least 1 implementation being considered for implementation by Dec 2021
Hospitals	Internal meeting to present findings and propose action steps to implement
MCDPH	Attend community meeting to present findings and propose community roles in implementation actions
CBOs	Community meeting to present findings and propose community roles in implementation actions

Goal: (1.2 PA): Facilitate supportive environments that promote respect and dignity for people of all ages

Objective: 1.2.2 Increase New York State's Community Scores by 7% to 61.3%

Intervention Strategy: (PA 1.2.2) Mental Health First Aid

Activity 1: (PA 1.2.2) Mental Health First Aid is an evidence- based public education program that teaches people how to respond to individuals who are experiencing one or more acute mental health crises (such as suicidal thoughts or behavior, an acute stress reaction, panic attacks or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (such as depressive, anxiety or psychotic disorders, which may occur with substance abuse).

- By December 2021, Host at least 4 Mental Health First Aid sessions to Increase mental health literacy, awareness, and education about mental health and available services in Monroe County.

Year 1 (2019): Host at least one Mental Health First Aid course and promote attendance. Identify opportunities for youth first aid.	**Process Measures:** • # of MHFA trainings hosted • # of attendees
Hospitals	Host at least one MHFA course
MCDPH	Identify at least one new audience for a youth MHFA course and host the training
CBOs	Identify at least one new audience for a youth MHFA course and host the training
Year 2 (2020): Promote Mental Health first Aid courses and support Spanish language implementation.	**Process Measures:** • # of MHFA courses hosted • # of Spanish Language Providers trained • # of Spanish Language MHFA courses held • # of attendees
Hospitals	Train at least 1 provider in Spanish Language MHFA, continue to host Youth and Adult MHFA trainings to new and unique audiences
MCDPH	Identify at least one new audience for a youth MHFA course and host the training

CBOs	Identify at least one new audience for a youth MHFA course and host the training
Year 3 (2021): Support Mental Health first aid to youth, adults and Spanish speaking communities	**Process Measures**: • # of MHFA courses hosted • # of Spanish Language MHFA courses held • # of attendees
Hospitals	Support Spanish Language MHFA
MCDPH	Identify at least one new audience for MHFA course and host the training
CBOs	Identify at least one new audience for a youth MHFA course and host the training

Intervention Strategy: (PA 1.2.3) Policy and program interventions that promote inclusion, integration and competence

Activity 1: (PA 1.2.3) Review and edit documents using thoughtful messaging and stigma-reducing language on mental illness and substance use in health system's internal and external-facing documents.

- By December 2021, review at least 3 types of documents internal to the hospital systems, and seek help from language experts to change and adapt language that is not enhancing stigma and is designed to be more inclusive. If relevant, make these language changes to default language that is used in the EMR.

Year 1 (2019): Identify areas of stigmatizing language in hospitals and health department	**Process Measures:** • List of opportunities for improvement
Hospitals	Work internally to identify areas of stigmatizing language. Check with mental health departments and substance abuse coalitions to identify similar efforts that are ongoing.
MCDPH	Begin study of opioid discharge notes, indicating problematic language and instructions
CBOs	Content experts for inclusive language, help to identify improvements
Year 2 (2020): Host a community wide event to discuss stigmatizing language and ways to improve inclusivity	**Process Measures:** • Partners and hospitals attending the community-wide event • Commitment to explore improvements in inclusive language
Hospitals	Support community wide event and send representatives
MCDPH	Support community wide event and send representatives

CBOs	Support community wide event and send representatives
Year 3 (2021): Continue to critically examine stigmatizing language and work towards improvement	**Process Measures**: • Count of documents with improved language from stigmatizing to inclusive
Hospitals	Implement suggested language changes to promote inclusion, integration, and competence
MCDPH	Implement suggested language changes to promote inclusion, integration, and competence
CBOs	Implement suggested language changes to promote inclusion, integration, and competence

3. Continued Community Engagement and Evaluation

The Community Health Improvement Workgroup will continue to meet monthly throughout the implementation period of the 2019-2021 CHIP. Representatives from all hospitals, the local health department, the local office of mental health, and our community partners will continue to provide updates and feedback as the interventions are implemented. Progress updates will be given to the state of New York annually via the reporting structure provided, and community updates to local stakeholders and interested parties will be provided as needed. Some of our process measures involve community-wide synergy meetings for Community Wealth Building and Maternal-Child Health, and those gatherings will ensure community participation and collaboration throughout the implementation period. Mid-course adjustments will be made if a change in approach or implementation is recommended by community partners. In addition, activities of the CHIW and progress measures will be posted on a newly forming website for community health improvement. The meeting schedule has been developed through 2020.

Community Health Improvement Workgroup

Meeting Schedule for CHIP 2019-2021

Meeting Location: Center for Community Health and Prevention, 46 Prince Street, Rochester NY
3rd floor Kitchen Conference Room
Access: In Person and via Zoom video and audio connection
Recurring: Monthly, on the 3rd Monday of each month, excluding holidays

Date	Main Topics	Updates
July 15, 2019	Group Structure	Mission Statement
August 19, 2019	Maternal Child Health	Following Areas
September 16, 2019	Mental Health	Wealth Building and SOS Group
October 21, 2019	Maternal Child Health	Following Areas: Violence and Opioid
November 18, 2019	Mental Health	Following Areas: System Integration
December 16, 2019	2020 Planning	End of Year Updates+Summary
January 27, 2020	Maternal Child Health	
February 17, 2020	Mental Health	
March 16, 2020	Maternal Child Health	
April 20, 2020	Mental Health	
May 18, 2019	Maternal Child Health	
June 15, 2019	Mental Health	
July 20, 2020	Group Structure and Revisions	
August 17, 2020	TBD	
September 21, 2020	TBD	
October 19, 2020	TBD	
November 16, 2020	TBD	
December 21, 2020	TBD	
January 2021	TBD	TBD

Please Note: Agenda items and priorities are occasionally subject to change. The agenda will be sent out prior to each meeting with a more detailed outline of the upcoming meeting and guests.

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

University of Rochester Strong Memorial	Rochester Regional Health Rochester General
University of Rochester Highland Hospital	Rochester Regional Health Unity Hospital
Monroe County Dept of Public Health	Common Ground Health (NY PHIP)
Center for Community Health and Prevention	Monroe County Office of Mental Health
Center for Tobacco Free Finger Lakes	Cornell Cooperative Extension
2-1-1, Goodwill	United Way
Excellus	City of Rochester
Oak Orchard Health FQHC	Rochester Regional Health Information Organ

4. Dissemination

The executive summary and full text documents of the Monroe County Combined Community Health Needs Assessment and Improvement Plan for 2019-2021 will be made available on the websites of:
URMC: Strong and Highland:
https://www.urmc.rochester.edu/community.aspx

Rochester Regional Health: Unity and Rochester General
https://www.rochesterregional.org/about/community-investment

Monroe County Dept. Public Health: https://www2.monroecounty.gov/health-health-data

Physical copies of the Monroe County 2019-2021 CHNA/CHIP executive summary will be made available to all CHIW partners including health systems and health department for distribution. Copies will be made available at the Center for Community Health and 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.

Community Health - Monroe County, NY
2019-2021

Community Health Needs Assessment and Community Health Improvement Plan:

Executive Summary

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

Strong Memorial Hospital

Highland Hospital

Rochester General Hospital

Unity Hospital

Monroe County Department of Public Health

Monroe County, New York

Joint Community Health Needs Assessment (2019) and Community Health Improvement Plan 2019-2021

Work of the Monroe County Community Health Improvement Workgroup (CHIW)

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Monroe County Combined Community Health Needs Assessment and Improvement Plan

Executive Summary 2019-2021

Local hospitals (University of Rochester Medical Center's Strong Memorial Hospital and Highland Hospital, Rochester Regional Health's Rochester General Hospital and Unity Hospital) and the Monroe County Department of Public Health are committed to working collaboratively with the residents and institutions of Monroe County, to improve the health of our community. Every three years, through a process mandated by the Affordable Care Act, and the New York State Department of Health, non-profit hospitals and the health department conduct a Community Health Needs Assessment (CHNA) to determine areas of community health concern. In Monroe County, the Community Health Improvement Workgroup (CHIW) brings together leaders from hospitals, health departments, and community agencies to prioritize community health needs and develop a Community Health Improvement Plan (CHIP) for addressing the needs of our county.

Data analysis for the Community Health Needs Assessment

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

- Bureau of Vital Records (2016). Vital Records (Vital Statistics). V. S. Unit, NYS Department of Health.
- Common Ground Health (2018). "Health Equity Chartbook."
- Department of Education. (2016-2017). High School Graduation Rates. NYSDOEducation. data.nysed.gov.
- MC-CHIW (2016). Monroe County Community Health Improvement Plan 2016-2018.
- Metro Council for Teen Potential (2017). Needs and Resource Assessment: teen Pregnancy prevention, Rochester, NY. Rochester, NY, Metro Council for Teen Potential in partnership with the City of Rochester Bureau of Youth Services.
- Monroe County (2017). Chronic Disease Report. Rochester, NY, MCDPH**:** 1-27.
- MC Department of Public Health (2017). Monroe County Youth Risk Behavior Survey. MCDPH
- MCDPH (2017). "Youth Risk Behavior Survey Report: Rochester City School District."
- Monroe County Office of Mental Health (2018). "Local Services Plan for Mental Hygiene Services."
- New York State Department of Health (2018). Community Health Planning Guidance. NYSDOH. Albany, NY.
- NYS Department of Health (2018). "NYS Prevention Agenda Dashboard - County Level: Monroe County."
- NYS Department of Education (2017-2018). High School Graduation Rates.data.nysed.gov.
- Rochester Monroe Anti-Poverty Initiative (2017). "RMAPI A Year in Review 2017."
- Statewide Planning and Research Cooperative System (SPARCS) (2016). "SPARCS data."
- U.S. Census Bureau (2017). "2013-2017 American Community Survey 5-Year Estimates: Monroe County, NY"
- U.S. Census Bureau (2017). "2013-2017 American Community Survey 5-Year Estimates: Rochester City, NY"

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

The needs identified from the data were prioritized based on established criteria: Need among vulnerable populations; ability to have a measurable impact; ability to intervene at the prevention level; community capacity and willingness to act; and importance of the problem to community members. Based on these criteria, and several meetings of group discussion among the CHIW two priority areas were selected: disparities in maternal child health, and mental health and well-being.
Highlighted are areas of the Prevention Agenda that are of particular concern for Monroe County:

Priority Area	Focus Area
Prevent Chronic Diseases	1. Healthy Eating and Food Security (access to food, skills/knowledge, food security)
	2. Physical Activity (active transportation, environments, increased access)
	3. Tobacco Prevention (youth initiation, cessation, secondhand smoke)
	4. Preventive Care and Management (cancer screening, early detection of CVD/Diabetes, evidence-based care, self-management)
Promote a Healthy and Safe Environment	1. Injuries, Violence and Occupational Health (falls, violence prevention, traffic injuries)
	2. Outdoor Air Quality (outdoor air pollutants)
	3. Built and Indoor Environments (improve design and maintenance, healthy home/school)
	4. Water Quality (protect water sources, protect vulnerable waterbodies)
	5. Food and Consumer Products (reduce exposures of chemical, food safety)
Promote Healthy Women, Infants and Children	1. Maternal and Women's Health (use of preventive services, maternal mortality)
	2. Perinatal and Infant Health (infant mortality, breastfeeding)
	3. Child and Adolescent Health (social-emotional development, special needs, dental)
	4. Cross Cutting Healthy Women, infants, Children (health equity in health outcomes)
Promote Well-Being and Prevent Mental and Substance Use Disorders	1. Promote Well-Being (build well-being and resilience, supportive environments)
	2. Prevent Mental and Substance Use Disorders (drinking, opioids, ACES, depression, suicide, mortality gap for mental illness)
Prevent Communicable Diseases	1. Vaccine-Preventable Illness (vaccine rates, vaccine disparities)
	2. HIV (decrease morbidity, increase viral suppression)
	3. Sexually Transmitted Infections (STIs) (rate of growth)
	4. Hepatitis C Virus (treatment, prevent among drug injectors)
	5. Antibiotic Resistance and Healthcare Associated Infect (infection rate, antibiotic use)

Of the highlighted areas, two primary focus areas were identified: mental health and maternal/child health. The remaining five areas of concern remain in the Monroe County CHNA as initiatives for the group to follow and support. These secondary priorities, include food insecurity, tobacco use, violence, opioid use and sexually transmitted infections.

Community Partners and Resources

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

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

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

Prevention Agenda Priority Areas and Evidence-Informed Interventions

The objectives and interventions for each area of need were selected from the New York State Prevention Agenda's list of recommended, evidence-based interventions and programs. Maternal child health is an area of concern for Monroe County, and the current disparities are unacceptable. We intend to enhance collaboration with other programs by maintaining and expanding a Maternal Child Health Advisory group of community partners, clinicians, researchers, and hospital administration. We will listen to the voice of community members through listening sessions in collaboration with local maternal care and advocacy groups, and use their requests to direct the actions and policy recommendations for 2019-2021.

Promoting mental health and well-being is a priority area of particular importance to our community members. The first set of interventions focus on the upstream approach of addressing social determinants of health including poverty and employment in order to impact the long term health of the community and address disparities in wealth. The CHIW will be exploring the opportunities for Monroe County hospitals and healthcare delivery systems to leverage their power as some of the largest institutions and employers in the region to improve working and purchasing decisions to benefit the local community. The CHIW will partner with the City of Rochester's Office of Community Wealth Building and others to enhance synergy and collaboration around this issue. For the second mental-health focused objective, "facilitating supportive environments that promote respect and dignity for people of all ages", local experts and community interest groups suggested policy and program interventions that promote inclusion, integration, and competence. Interventions include promoting local mental health education, stigma reduction, and trauma-informed care initiatives. Working with the Monroe County Department of Public Health and Office of Mental Health will promote collaboration and grant access to trainers and content experts for educational sessions throughout the implementation process.

Tracking Evaluation and Sustainability

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

Prevention Agenda Focus Areas, Evidence Based Interventions and Evaluation

Focus Goal 1: Promote Healthy Women, Infants and Children	
Objective 1: Reduce racial, ethnic, economic and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child populations (specifically for unplanned pregnancy income disparity, preterm birth racial disparities and adverse childhood experiences)	
Evidence Based Interventions	**Measure of Success**
Enhance collaborations with other programs, providers, agencies, and community members to address key social determinants of health that impact the health of women, infants and families across the lifespan	• Increase # of collaborations • Increase the depth of relationship between MCH partners • Increase # of providers linking to SDH
Action 1: Partner with HBN to conduct community input sessions to identify the drivers and solutions to disparities	• Comprehensive summary of barriers to healthy outcomes among people of color, people with low SES, City
Action 2: Convene a Maternal Child Health Advisory Group to advise the implementation of the CHIP agenda to reduce disparities including: 1. Develop and support policy and advocacy agenda 2. Share current initiatives with each other and the community (211) 3. Sustain and improve partnerships between local organizations and the hospital systems	• Policy/advocacy agenda • Easy link to resources for patients (EMR changes, 211, survey or count) • Improved communication between programs and hospitals
Action 3: Host a Synergy Meeting on local Maternal and Child Health disparities annually presenting results of Focus groups	• # of attendees learning from the Synergy meeting, # partnerships
Focus Goal 2: Promote Well-Being to Prevent Mental and Substance Use Disorders	
Objective 2.1: Strengthen opportunities to build well-being and resilience across the lifespan	
Evidence Based Interventions	**Measures of Success**
Explore opportunities to build community wealth such as supporting worker-owned cooperatives and businesses, using the power of hospitals as anchor institutions	• # SOS partners engaged in CHIP • Platform for hospitals developed for community wealth building
Action 1: Host a Synergy meeting to continue the work of the New York State of Solutions, including partnering with OWN Rochester and the City of Rochester's Mayor's Office of Community Wealth Building. Partner with RMAPI and ABC	• # of attendees learning from the Synergy meeting, # partnerships • Increased relationship with City, RMAPI, ABC
Objective 2.2: Facilitate supportive environments that promote respect and dignity for people of all ages	
Evidence Based Interventions	**Measures of Success**
Policy and program interventions that promote inclusion, integration and competence	• # of policy or program interventions that promote inclusion
Action 1: Incorporate stigma reduction and thoughtful language change into presentations and documents	• # stigma reduction documentation reviews • # changes made: websites, presentations, documents
Action 2: Offer at least one Mental Health First Aid training course for a new target audience in Monroe County	• # of trainings, attendees (adult, youth)
Action 3: Partner with CCSI to hold at least one education session on trauma informed assessments for local organizations and clinical practices	• # of trainings, attendees • # organizations/clinical practices engaged in assessment

For more information contact Theresa_Green@URMC.rochester.edu or Rachel_Allen@URMC.rochester.edu

Community Health - Monroe County, NY
2019-2021

Monroe County
Community Health Needs Assessment

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Monroe County Combined

Community Health Needs Assessment

2019-2021

Community Health Needs Assessment

This Community Health Needs Assessment (CHNA) is primarily for the hospitals and health department that serve Monroe County, New York which includes the City of Rochester and several surrounding communities in the Western New York and Finger Lakes Region. Monroe County provides remarkable examples of how leaders from hospitals and the community can collaborate to improve the health of the population. There are two primary hospital systems in the region, each operating two hospitals in Monroe County. The University of Rochester Medical Center (URMC) operates Strong Memorial Hospital (Strong) and Highland Hospital, and Rochester Regional Health (RRH) 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 2019-2021. Also instrumental in the community health improvement process are several partners including the local DSRIP organization Finger Lakes Performing Provider System (FLPPS), Common Ground Health (our local PHIP or Population Health Improvement Program), Monroe County Office of Mental Health, and many others described later in this report.

Community Description:

The population of Monroe County according to the 2017 Census population estimate is 747,642. The City of Rochester has an estimated population of 208,046 in 2017 according to the US Census population estimates and is the third largest city in New York. The city population is down from 209,511 in 2015 (U.S. Census Bureau, 2017).

The Rochester metropolitan area (also referred to as the Rochester, NY Metropolitan Statistical Area) includes Rochester, Monroe County, and 5 surrounding counties: Orleans, Genesee, Livingston, Ontario, Wayne, and Yates. The combined population of this entire area was estimated to be 1,077,948 in 2017 (Metropolitan Statistical Area 2017 Population Estimates, 2017). This larger area is the population center based around the City of Rochester, NY, and although the hospital systems operating in Monroe County run other hospitals and clinics in the broader area,

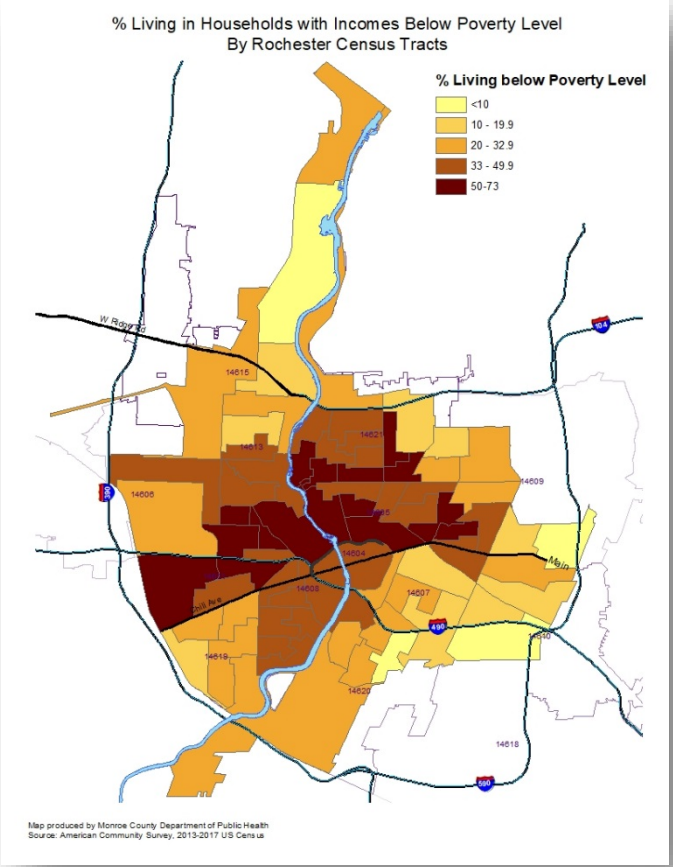
the target demographics for this CHNA is only Monroe County. Other hospitals in the URMC and RRH networks address community health needs in their respective county's Community Health Needs Assessment and Improvement Plan.

Monroe County as a whole is 51.7% female with 16.7% of the population over the age of 65. The county is 76.8% White, 16.2% Black or African American and 3.9% Asian, with 8.8% of the population identifying as Hispanic or Latino. In contrast, the City of Rochester is 46.6% White and 40.7% Black or African American. Monroe County averages 8.5% of its population characterized as "foreign born" and Rochester remains a sanctuary city, welcoming refugees from Somalia, Cuba, Bhutan, Iraq, Congo and Burma primarily.

Monroe County and the City of Rochester have very different demographics and there is a persistent and unfortunate disparity in the health outcomes and the underlying social structure between Rochester and the surrounding suburbs.

Socioeconomic Factors:

The median income for a household (one or more people in a dwelling) in Monroe County is $57,561, representing a 5% growth. The healthcare industry comprises a significant portion of jobs in Monroe County. The U of R (including its numerous hospitals) is the largest employer regionally with over 27,000 workers; Rochester Regional Health (including Rochester General and Unity Hospitals) is the second largest consisting of over 15,000. Wegmans is third with about 13,000 local employees. In Monroe County, poverty rates are significantly higher in the city: an estimated 33.1% of the total population of the city for whom poverty status is determined live below the poverty level, while the percentage is 14.8% for the county overall. Furthermore, the percentage of children in the city below 18 years old living under the poverty level is 51.9%, and the rate for those under 5 years old is 51.2%. In comparison, children under 18 in Monroe



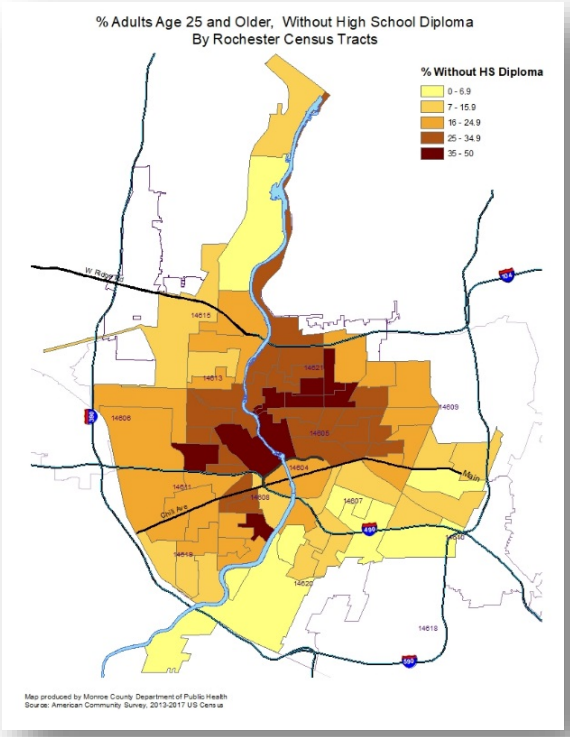
county overall have a poverty rate of 22.3% and children under 5 have a rate of 23.5% below the poverty level (US Census Bureau, 2013-2017 American Community Survey). There is also disparity in family income status as shown here:

Family Income:

Families	Monroe County	Rochester City
Number of Families	182,129	41,739
Median Family Income	$72,653	$36,793
Mean Family Income	$91,788	$52,861
Per Capita Income	$31,291	$21,055

Source: ACS Estimates, 2013-2017

Homeownership and housing also differs between the county overall and the city. For Monroe County, 63.8% of occupied housing units are owner occupied, while 36.2% are renter occupied. In the City of Rochester, these numbers are inverse: 36.5% are owner-occupied, while 63.5% are renter occupied. Housing expenditures that exceed 30 percent of household income is an indication of unaffordable housing. Of households that rent, 52% in Monroe County as a whole and 58% in the City of Rochester pay more than 30% of their income towards rent (American Community Survey Estimates, 2017).



Within Monroe County, there are more than a dozen school districts. The Rochester City School District (RCSD) has had improvements in overall graduation rates since 2015, but still faces significant challenges and disparities in graduation rates as compared to the county and state averages, as well as disparities in graduation rates by race, ethnicity, and socioeconomic status.

Graduation Rates 2015-2018				
	2015	2016	2017	2018
Rochester City School District	46%	48%	52%	54%
Monroe County	80%	80%	81%	82%
New York State	78%	80%	80%	80%

Environmental Factors

The City and suburbs of Rochester, NY obtain drinking water from the Hemlock and Canadice Lakes to the South, and from Lake Ontario to the North. Depending on location, the water is treated by either the City Water Bureau or the Monroe County Water Authority, and is fluoridated to optimal levels. Annual reports on the water quality can be found at: http://www.mcwa.com/mywater/waterqualityreport.aspx And also at https://www.cityofrochester.gov/waterquality/

The city overall is undergoing changes to become a safer and more accessible urban landscape. A Complete Streets Policy was added to the Municipal Code in 2011. Full details of the complete streets policy can be found at https://www.cityofrochester.gov/CompleteStreets/

The local Complete Streets policy addresses accessibility, both motorist and pedestrian safety, public health, and community impact. Rochester's policy requires all new projects to "incorporate active transportation into the planning, design, and operation of all future City street projects, whether new construction, reconstruction, rehabilitation, or pavement maintenance." In addition, the city has recently unveiled ***Rochester 2034***, a 15-year comprehensive plan to improve the community leading up to our 200th birthday. The Plan covers a wide variety of topics, from housing and transportation to economic growth and historic preservation.

Special Populations: Deaf Population

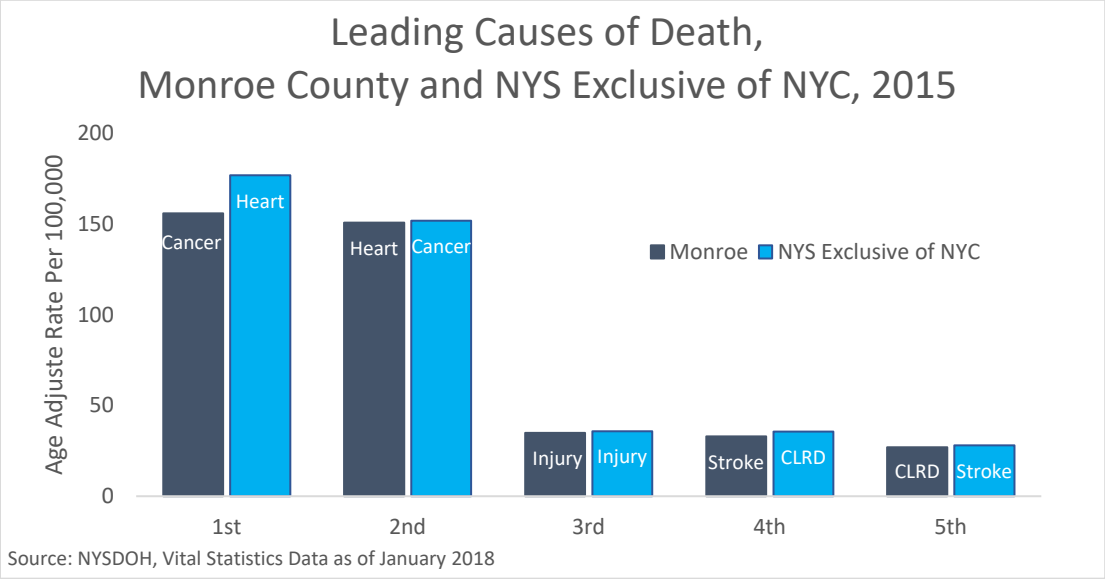
The Rochester region is unique in our attention to health of populations of Deaf sign language users and people with hearing loss, two health disparity populations overlooked by most health research and programs. The issues are particularly important in Rochester, with our large population of Deaf sign language users and many older adults with hearing loss. Rochester Institute of Technology (RIT) estimates that in the Rochester area there are 42,674 people who are deaf or have serious difficulty hearing, including 19,438 persons younger than 65 years old[1].

[1] Rochester Area's Deaf Population Better Defined. Rochester Institute of Technology, 2012. https://www.ntid.rit.edu/news/rochester-areas-deaf-population-better-defined

The Rochester NY region has a large, vibrant, and diverse Deaf population with deep local historical roots[2] The Rochester School for the Deaf (RSD), established in 1876 and still operating today, works with deaf and hard-of-hearing children and their families. RSD also employs Deaf teachers and staff and has an active alumni association. The National Technical Institute for the Deaf (NTID) was established as one of the colleges of Rochester Institute of Technology (RIT) in 1966 to provide postsecondary technical education to people who are deaf or hard of hearing. Today, NTID is the largest technical college for deaf and hard-of-hearing students in the USA, with approximately 1,400 NTID students included in the more than 15,000 RIT students. NTID and RIT employ faculty and staff who are Deaf, and a number of NTID/RIT graduates remain in Rochester. The critical mass of Deaf people influences the local Rochester economy, and many local companies hire qualified Deaf people for blue-collar and white-collar jobs, and local service industries, such as restaurants, are comfortable with Deaf customers. University of Rochester research and clinical training programs include Deaf graduate students, medical students, and fellows. Deaf people migrate to Rochester, attracted by the economic, social, and educational opportunities.

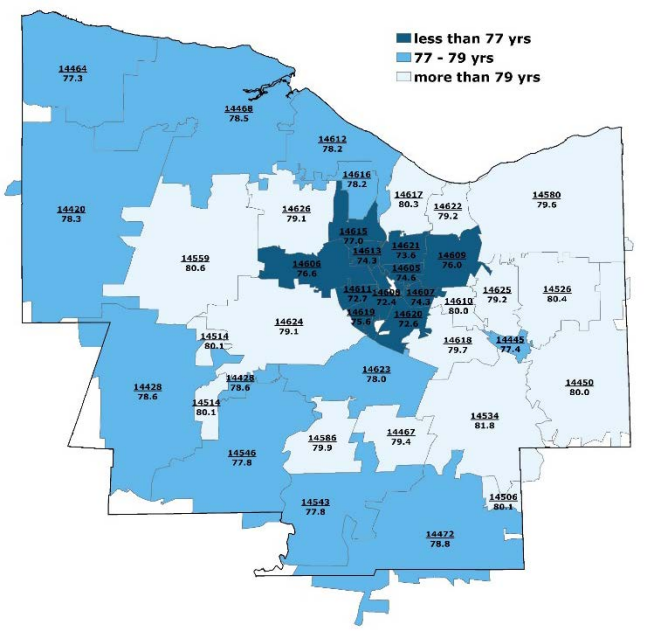
General Health Status of the Population

Consistent with national and state trends, cancer and heart disease are the leading causes of death in Monroe County.



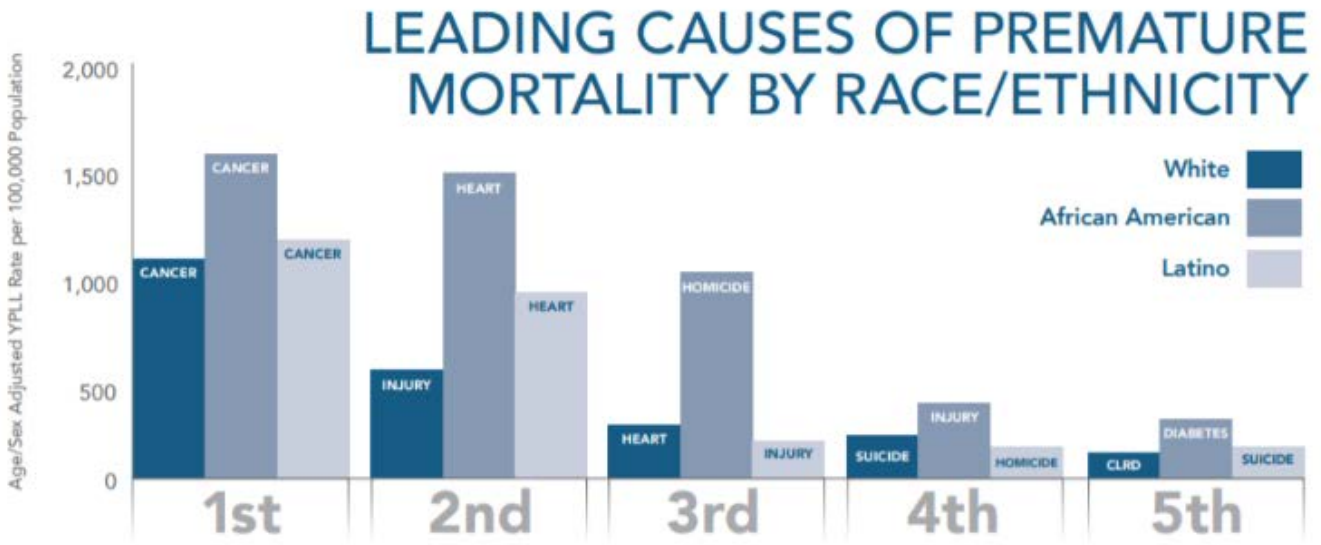
[2] Barnett S, Cuculick J, DeWindt L, Matthews K, Sutter E. National Center for Deaf Health Research: CBPR with Deaf Communities. In: Wallerstein N, Duran B, Oetzel J, Minkler M, eds. Community-based Participatory Research for Health: Advancing Social and Health Equity. 3rd ed. San Francisco, CA: Jossey-Bass;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

There is a great disparity in life expectancy by zip code within Monroe County.



The Monroe County Health Profile 2017 maps life expectancy by zip code and shows some areas in the city of Rochester with life expectancies as low as low as 72.4 years, with some areas of the suburbs reaching 81.1 years[3]. Not surprisingly, areas of low economic status are more likely to have lower life expectancy than areas of affluence.

Examining premature death in Monroe County also exposes several differences in subpopulations. The top five leading causes of greatest Years of Potential Life Lost (YPLL) for Monroe County vary by race/ethnicity.



Source: NYSDOH Vital Statistics 2010-2014 5-year averages with death before age 75, analysis by Common Ground Health, rankings exclude perinatal deaths, CLRD = Chronic Lower Respiratory Disease. All rates are age/sex adjusted.
*Unintentional injury does not include drug overdoses.

[3] Source: NYSDOH Vital Statistics 2012-2014 3-year estimates, calculations performed by Common Ground Health. ZIP codes eligible for highest and lowest ranking were required to have ≥2,000 residents.

There are clearly areas and populations of Monroe County at much greater risk of adverse health outcomes than other areas. Areas of poverty in Rochester area associated with greater incidence of disease and shorter life expectancies. While cancer and heart disease are leading causes of death, the White population dies prematurely from injury more frequently than heart disease, while the African American population has homicide as the third leading cause of preventable death.

Examining the underlying behaviors associated with cancer and heart disease reveal similar disparities and unequal distribution throughout the county. Adult behaviors are most easy studied through results of the Behavior Risk Factor Survey (BRFSS). Although Monroe County no longer conducts a local BRFSS, state data covers the county in general terms. Smoking, poor nutrition and other unhealthy behaviors are linked to adverse health outcomes. Rates in Monroe County are not statistically different than NYS exclusive of NYC for these behaviors. It is likely that these rates are not uniform across Monroe County and that Rochester exhibits higher incidence of these risky behaviors.

Monroe County vs. New York State Risk Factors and Behaviors,2016

Risk Factors and Behaviors	Monroe County	NYS (excluding NYC)
Obesity	32.2	27.4
Obese or Overweight	66	63.7
Consume one or more sugary drinks daily	25.1	23.3
Consume less than 1 fruit or vegetable per day	27.5	28.7
Current Smoking	15.8	16.2
Did not participate in leisure time physical activity in the past 30 days	21.3	25.4
Engaged in binge drinking in the past 30 days	16.9	17.7

Source: 2016 Behavioral Risk Factor Surveillance System, NYSDOH

https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n

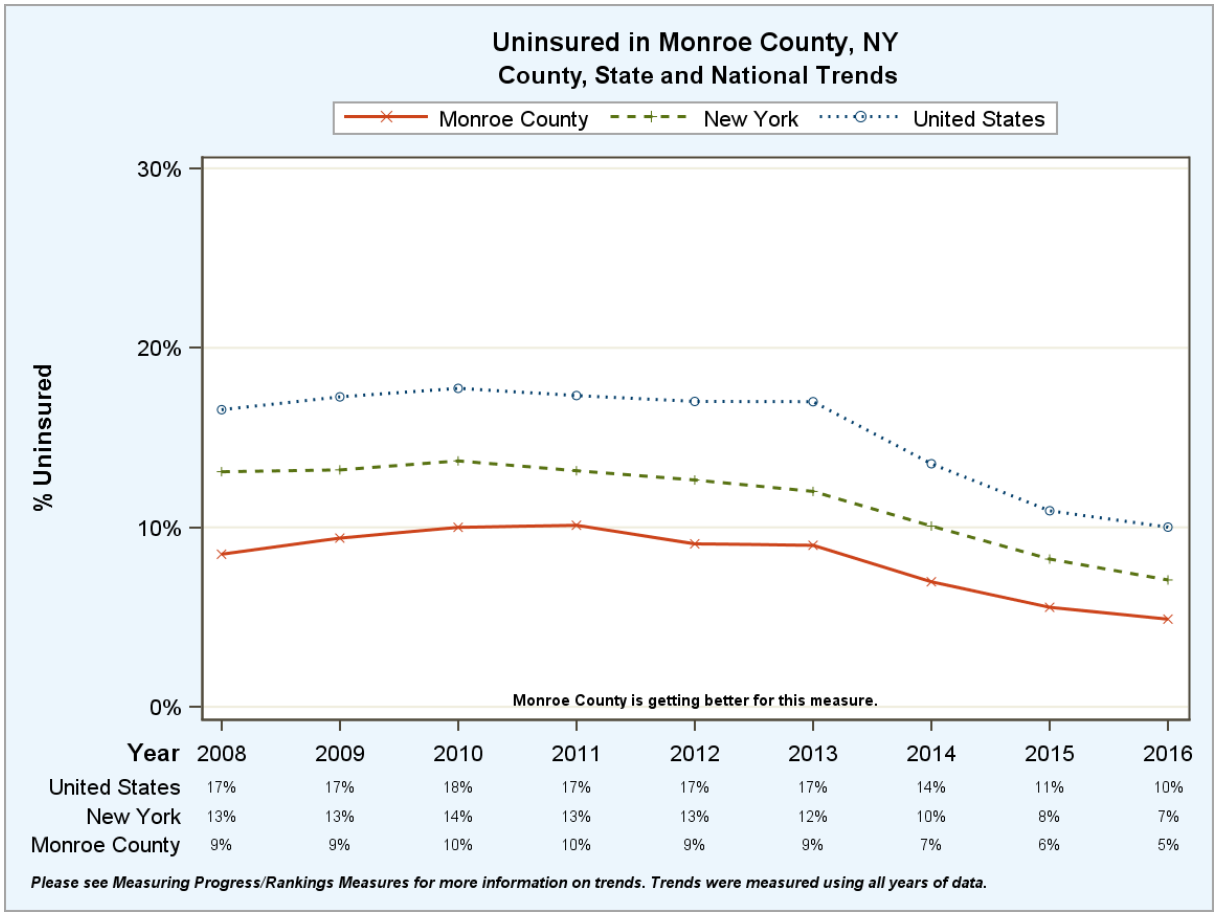
The Youth Risk Behavior Survey (YRBS) is conducted locally. The most recent Youth Risk Behavior Survey (YRBS) was conducted in the 2016-2017 school year and was published in 2017. Reports were published for Monroe County overall, and for Rochester City School District Only. Results can be found on the Monroe County Department of Public Health website (https://www2.monroecounty.gov/health-health-data)

Between 2007 and 2017 there were several positive and negative trends in the Monroe County YRBS, which are presented in the following chart.

Monroe County Youth Risk Behavior Survey TRENDS from 2007-2017

POSITIVE Trends: Declines in the proportion of youth who report…	**NEGATIVE** Trends: Increases in the proportion of youth who report…
• Engaging in physical fighting • Smoking cigarettes • Drinking alcohol • Engaging in sexual intercourse • Being offered, sold or given illegal drugs at school • Using over the counter drugs to get high	• Not going to school on one or more days in the past month because they felt unsafe • Feeling sad or hopeless • Seriously considering suicide • Spending 5+ hours per day engaging in screen time (TV, Video games, computer, phone)
Similar trends were seen nationally between 2007 and 2015. For 2017, the state data trends are similar for physical fighting, smoking, drinking, and sexual intercourse.	While trend data are not yet available, there is concern that about one in five students report vaping in the past month.

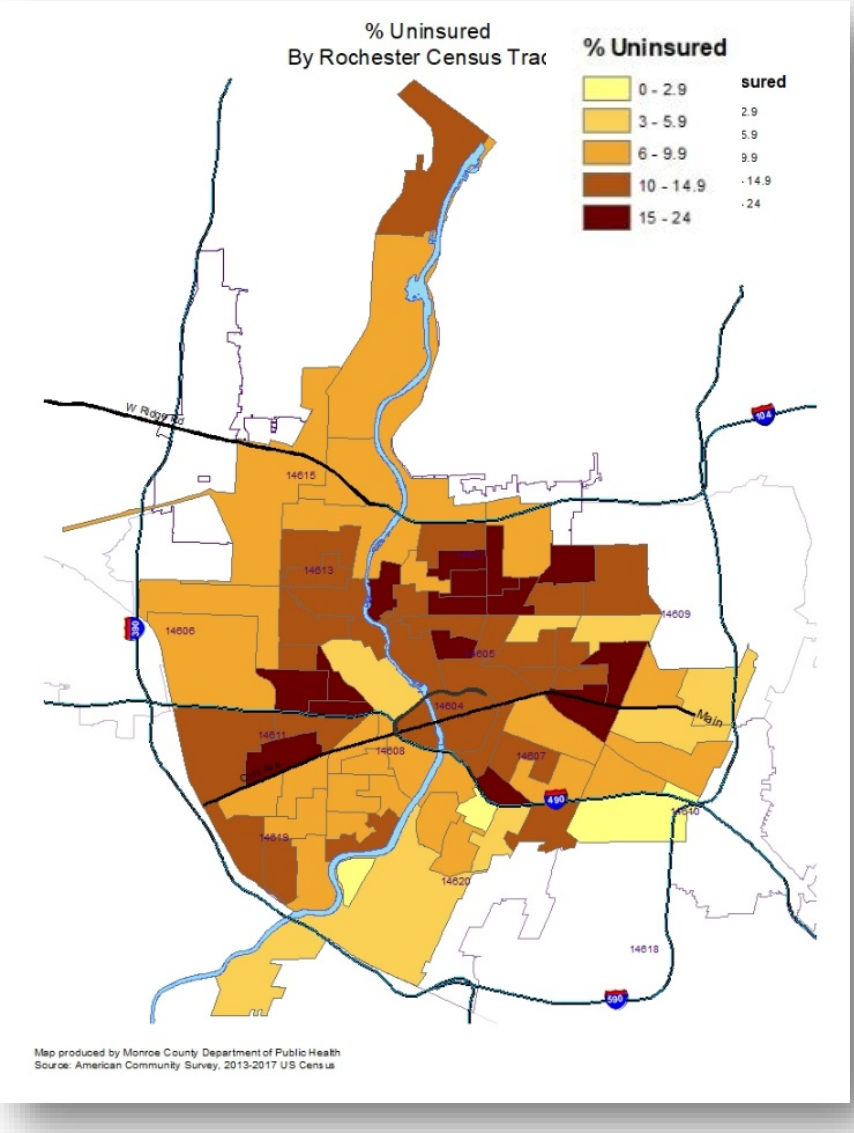
Health Insurance: According to the County Health Rankings and Roadmaps for 2018, Monroe County's uninsured rate is exceptional at 5%, surpassing the state and national trends.



Specifically, according to the ACS 2013-2017 5-year estimates, the number of insured individuals (noninstitutionalized, 18+) with health insurance in Monroe County was 707,848, and the uninsured estimate was 33,682. Of those with insurance, 273,613 (38%) received at least some public coverage.

For the City of Rochester, 190,986 individuals (noninstitutionalized, 18+) received health insurance, while 15,350 (7.4%) remained uninsured. Of those with insurance in the City 107, 251 (56%) received public health coverage.

Health Insurance Coverage by Census Tract:



Assets and Resources Available to Address Health Issues Identified

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, and the Strong West Emergency Department in Brockport, are located in Monroe County.

Strong Memorial Hospital

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

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

U.S. News & World Report consistently lists Strong Memorial's adult and pediatric specialty programs in its rankings of Best Hospitals in America. Over the past several years, Strong has ranked in multiple adult specialties in the Top 50 – Neurology and Neurosurgery; Nephrology; Otolaryngology; and Diabetes and Endocrinology. In addition, Strong has been recognized for

"high-performing" specialties - Cardiology & Heart Surgery; Gastroenterology and GI Surgery; Geriatrics; Orthopaedics; 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 New York'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 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 is the site of the University of Rochester's Family Medicine Residency Training Program.

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. The hospital also offers seminars for EMS personnel to further their medical education.

In late 2016, the hospital completed construction on a new two-story, 30,000 square-foot building addition on the south side of its campus. The new building and renovation of existing hospital space provides room for six new operating rooms and a 26-bed Observation Unit.

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.

The Monroe County Department of Public Health (MCDPH)

MCDPH provides direct services designed to protect the public from health risks, disease, and environmental hazards, by providing preventive services, education, and enforcement of health codes.

- The Nursing Services Division protects and promotes the health of the community through support, education, empowerment, and direct nursing care services. Programs and services include immunizations, tuberculosis control, sexually transmitted disease prevention 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.

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Other Important Community Resources and Assets:

Center for Community Health and Prevention (CCHP)

URMC has a commitment to community health, recognized as its fourth mission along with research, education, and patient care. The Center for Community Health and Prevention was established in 2006, and is supported by URMC financial, legal, and management infrastructure. The CCHP changed its name from The Center for Community Health in 2017 to include Prevention, an important pillar of its mission. The CCHP supports and facilitates community-academic public health partnerships, and provides consultation to faculty, staff, and students who wish to establish community initiatives and

research. The mission of the CCHP is to "join forces with the community to promote health equity; improve health research, education, services, and policy; and establish local and national models for prevention and community engagement.

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

Common Ground Health

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

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

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

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

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

Finger Lakes Performing Provider System (FLPPS)

The Finger Lakes Performing Provider System (FLPPS), the 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 (MC-OMH):

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

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

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

Rochester Regional Health Information Organization (RHIO):

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

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

National Center for Deaf Health Research (NCDHR):

Collaborative health research with Deaf populations also has local historical roots. The Rochester Deaf Health Task Force (RDHTF), a diverse local stakeholder group convened by the Finger Lakes Health Systems Agency (now called Common Ground Health) first met in 2003, and, using a process modeled after the African American Health Coalition and the Latino Health Coalition, identified the lack of health data as a barrier to identifying and addressing health disparities experienced by Deaf communities. RDHTF led to the successful proposal to CDC to establish the Rochester Prevention Research Center: National Center for Deaf Health Research (RPRC/NCDHR) in 2004. RPRC/NCDHR's subsequent community engaged public health surveillance in American Sign Language (ASL) unique to the Rochester region identified Deaf community strengths, such as low prevalence of current smokers, and well as disparities in health, healthcare, and social determinants of health.

Specific 2019-2021 Community Health Needs Assessment
Process and methods for identifying and prioritizing community health needs

The Community Health Improvement Workgroup (CHIW) representing each hospital, the health department and several community partners, meets monthly to discuss successes and challenges in addressing the goals of the 2016-2018 Community Health Improvement Plan. In the summer of 2018, the CHIW began the 2019 CHNA process by having CHIW leadership meet personally with leadership from each of the four represented hospital and the local Health Department to discuss needs and/or disparities that the healthcare systems identified as community health priorities. The priority areas from these meetings were then mapped to NYS Prevention Agenda focus areas to start the discussion around identifying needs in the local communities.

The next step was to develop an importance list to be used to prioritize significant community needs. In September 2018, a survey was distributed to the agencies represented at the CHIW in order to identify prioritization characteristics. Using the multi-voting process for results, where each organization decided on their top 3 prioritization criteria, the top criteria were selected by October 2018 to include:

1. Demonstrated need among vulnerable populations
2. Opportunity to have a measurable impact
3. Evidence that an intervention can impact the problem
4. Community (including Health System) capacity and willingness to act
5. Ability to intervene at the prevention level

In November – December 2018, several sources of data were examined to determine the top community health needs for Monroe County. The MCDPH and the Common Ground Health were instrumental in updating, analyzing and sharing data for the CHIW to examine. Several sources of data were used:

- Bureau of Vital Records (2016). Vital Records (Vital Statistics). V. S. Unit, NYS Department of Health.
- Common Ground Health (2018). "Health Equity Chartbook."
- Education, N. D. o. (2016-2017). High School Graduation Rates. N. Y. S. D. o. Education. data.nysed.gov.
- MC-CHIW (2016). Monroe County Community Health Improvement Plan 2016-2018.
- Metro Council for Teen Potential (2017). Needs and Resource Assessment: teen Pregnancy prevention, Rochester, NY. Rochester, NY, Metro Council for Teen Potential in partnership with the City of Rochester Bureau of Youth Services.
- Monroe County (2017). Chronic Disease Report. Rochester, NY, Monroe County Department of Public Health**:** 1-27.

- MC Department of Public Health (2017). Monroe County Youth Risk Behavior Survey. MCDPH
- MC Department of Public Health (2017). "Youth Risk Behavior Survey Report: Rochester City School District."
- Monroe County Office of Mental Health (2018). "Local Services Plan for Mental Hygiene Services."
- New York State Department of Health (2018). Community Health Planning Guidance. NYSDOH. Albany, NY.
- New York State Department of Health (2018). "NYS Prevention Agenda Dashboard - County Level: Monroe County."
- NYS Department of Education (2017-2018). High School Graduation Rates. NYSDO Education, data.nysed.gov.
- Rochester Monroe Anti Poverty Initiative (2017). "RMAPI A Year in Review 2017."
- Statewide Planning and Research Cooperative System (SPARCS) (2016). "SPARCS data."
- U.S. Census Bureau (2017). "2013-2017 American Community Survey 5-Year Estimates: Monroe County, New York."
- U.S. Census Bureau (2017). "2013-2017 American Community Survey 5-Year Estimates: Rochester City, New York."

Several areas of concern were identified and listed during this time of data review, consistent with hospital needs as well are the prioritization criteria. In order to determine which areas of need and disparity among vulnerable populations were most in line with New York's community health goals, the Prevention Agenda Dashboard and 2018 goals were examined (prior to the release of the 2019-2024 NYS Prevention Agenda, but then updated after the release. The following table displays the main areas of concern for community health in Monroe County. The CHIW identified areas where there was a demonstrated health need, especially among vulnerable populations. There are areas where Monroe County:

- Fell short of the state goal for the Prevention Agenda 2024
- Faces significant disparity in race, ethnicity, geography or socioeconomic status
- Contains a downward trend of "worse" or "significantly worse"

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

Preventing Chronic Disease				
	Indicator	**NYS PA Goal**	**Monroe County**	**Notes- Monroe County**
Nutrition and Food Security	% obese- adults[4]	24.2	32.2	Disparity: Income
	% obese- children/adolescents[5]	16.4 (NYS-NYC)	15.3	Disparity: Urban/suburban
	% adults with perceived food security[6]	80.2	79.5	Disparity: Income
	% Adults who consume ≥ one sugary drinks per day[1]	22	25.1	
Tobacco and Vaping	% adult smoke cigarettes[1]	11.0	15.8	Disparity: Income
	% public high school students vaping in the past month[7]	15.9	20	Emerging issue
Preventive Care and management	% received recommended colorectal screening(age 50+)[1]	80	75.9	
	Asthma ED visit rate, under age 18 rate per 10,000[8]	130.2	107.7	Disparity: by zip code Trend: Worsening
Promote a Healthy and Safe Environment				
	Indicator	**NYS PA Goal**	**Monroe County**	**Notes for Monroe County**
Injury and Violence	Homicide rate per 10,000[9] * Disparity- Homicide is the 3rd leading cause of YPLL among African Americans	0.32	0.7	Disparity- Ratio of rates: AA to White=7, Latino to White=3 Zip codes with high proportions of limited income households to other zip codes=7
	Assault-related hospitalization rate per 10,000 population[10]	4.3	3.3	

[4] NYS Behavioral Risk Factor Surveillance System data as of February 2018

[5] Student Weight Status Category Reporting System (SWSCRS) data as of May 2017

[6] Data Source: NYS Behavioral Risk Factor Surveillance System data as of February 2018, Food insecure are those who indicated they were never worried or stressed about having enough money to buy nutritious meals in the past 12 months.

[7] Youth Risk Behavior Survey, 2017, Monroe County Department of Public Health

[8] SPARCS, NYSDOH,2016, analyzed by Common Ground Health

[9] Vital Records data NYSDOH, analyzed by MCDPH, 2016

[10] SPARCS, NYSDOH, 2016

Prevent Communicable Diseases				
	Indicator	**NYS PA Goal**	**Monroe County**	**Notes- Monroe County**
Vaccine Preventable Diseases	% of children with 4:3:1:3:3:1:4 immunization series - Aged 19-35 months[11]	TBD	72.1	Disparities by Geography Trend: Improving
Sexually Transmitted Infections (STIs)	Gonorrhea case rate per 100,000[12]	240.9	294.4	Trend: Worsening
	Chlamydia case rate per 100,000	677	627.8	Trend: Worsening
Promote Healthy Women, Infants and Children				
	Indicator	**NYS PA Goal**	**Monroe County**	**Notes- Monroe County**
Maternal and Women's Health	Adolescent pregnancy rate per 1,000 females - Aged 15-17 years[13]	TBD	12.2	Disparities- Ratio of rates: AA to White=7, Latino to White=6
	Percentage of unintended pregnancy among live births[14]	TBD	28.4	Disparity- Ratio of rates: AA to White=2.81, Latino to White=2.2, Medicaid to not Medicaid=2.68
	Maternal mortality rate per 100,000 live births[15]	16	17	Disparities, rates unreliable
Perinatal and Infant Health	Preterm birth rate per 100 births[16]	8.3	9.1	Disparity- Ratio of rates: AA to White=1.7, Latino to White=1.4, Medicaid to not Medicaid=1.4
	Infant mortality rate per 1000 births[17]	4.0	6.7	Disparity- Ratio of rates: City to suburbs=1.9 AA to White=2.35, Latino to White=1.51

[11] NYS Immunization Information System, 2016 data as of February 2018

[12] NYSDOH Communicable Disease Annual Reports, 2016 https://www.health.ny.gov/statistics/diseases/communicable/2016/

[13] Vital Records data, 2016, data by race 2014-2016

[14] Vital Records, 2016 data as of May 2018

[15] Vital Records, NYSDOH, analyzed by MCDPH, 2012-2016

[16] Vital Records data, total county=2014-2016 as of October 2018

[17] Vital Records data NYSDOH, analyzed by MCDPH, 2014-2016

Promote Healthy Women, Infants and Children (continued)				
	Indicator	**NYS PA Goal**	**Monroe County**	**Notes- Monroe County**
Perinatal and Infant Health	Sudden Unexpected Infant Death (SUID) rate per 1000 live births[18]	0.5	0.61	
	% Infants exclusively breastfed in the hospital[19]	44.8	50.7	Disparities- Ratio of rates: AA to White=.43, Latino to White=.50 Medicaid to not Medicaid .51
Child and Adolescent Health	% public high school students who felt sad or hopeless for two or more weeks in a row in the past year[20]	21.45	28	
	% of public high school students who report 1+ adverse childhood experience (ACE)	n/a	66	
	% of public high school students who report 3+ adverse childhood experience (ACE)	n/a	24	
Promote Well Being and Prevent Mental and Substance Abuse				
	Indicator	**NYS PA Goal**	**Monroe County**	**Notes- Monroe County**
Promote Well-Being	Opportunity Index	53.4	56.9	
	% of adults reporting 14 or more days with poor mental health in the past month[21]	10.6	12.3	
	% public high school students who felt sad or hopeless 2+ weeks in a row, stop doing usual activities[22]	27.4	28	

[18] Year 2015; Source: Vital Statistics;
[19] Vital Records, NYSDOH, county rate, 2016, rates by race, ethnicity and Medicaid, 2014-2016
[20] *Source: Youth Risk Behavior Survey; MCDPH, 2017*
[21] NYS Behavioral Risk Factor Surveillance System data as of February 2018
[22] *Source: Youth Risk Behavior Survey; MCDPH, 2017*

Promote Well Being and Prevent Mental and Substance Abuse (continued)				
	Indicator	**NYS PA Goal**	**Monroe County**	**Notes- Monroe County**
Prevent Mental and Substance Use Disorders	Age-adjusted overdose death rate involving any opioids per 100,000 population[23]	14	22.0	Trend: Worsening
	Age-adjusted Buprenorphine prescribing rate for substance use disorder (SUD) per 1,000 population[24]	43.1	48.2	Trend: Improving
	Age-adjusted opioid analgesics prescription for pain rate per 1,000 population[19]	343	432.3	Trend: Improving
	Age-adjusted emergency department visits (including outpatients and admitted patients) involving any opioid overdose, rate per 100,000 population	53.2	81.8	
	% of Adults Report 1+ Adverse Childhood Experiences [16]	n/a	62	
	% of Adults Report 3+ Adverse Childhood Experiences[16]	n/a	25	
	% youth who drank alcohol in past month[17]	24.4	27	
	% youth who reported a suicide attempt in the past[17]	9.1	7	
	Age-adjusted suicide mortality per 100,000[18]	7	9.9	Trend: Worsening

[23] Vital Statistics, 2016 Data as of May 2018, https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/opioid_dashboard/op_dashboard&p=it&ind_id=op9

[24] NYS PMP. 2017 data as of April 2018

After extensive discussion of these data summaries and others, the CHIW condensed all the information into a list of top priorities for the 2019-2021 time frame, linked to goals from the NYS Prevention Agenda.

Top 9 Priority Areas: 2019-2021

Prevent Chronic Disease: Healthy Eating and Food Security
- Goal 1.3: Increase Food Security

Prevent Chronic Disease: Tobacco Prevention
- Goals 3.1 and 3.2: Prevent initiation of tobacco use, including combustible tobacco and electronic vaping

Promote a Healthy and Safe Environment: Injuries, Violence, and Occupational Health
- Goal 1.2: Reduce violence by targeting prevention programs for high risk populations

Promote Healthy Women, Infants, and Children: Maternal and Women's Health
- Goal 1.2: Reduce maternal mortality and morbidity (Education, home visiting, family planning)

Promote Healthy Women, Infants, and Children: Perinatal and Infant Health
- Goal 2.1 reduce infant mortality and morbidity (Preterm birth)

Promote Healthy Women, Infants, and Children: Child and Adolescent Health
- Support and enhance children and adolescent's social emotional development and relationships (ACEs, trauma informed care)

Promote Well-Being and Prevent Mental and Substance Use Disorders: Promote Well-Being
- Goal 1.1 Strengthen opportunities to build well-being and resilience across the lifespan
- Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages

Promote Well-Being and Prevent Mental and Substance Use Disorders
- Goal 2.2: Prevent opioid and other substance misuse and death

Prevent Communicable Diseases
- Goal 3.1: Reduce the annual rate of growth for STIs

In December of 2018, the CHIW discussed the top nine priorities, and determined which were best suited for the 2019-2021 plan based on the original set of criteria, including community capacity and willingness to act, and the ability to intervene at a prevention level from a hospital or health system perspective. The discussion led to this distribution of interest in topics – a prioritization of the top nine areas of concern.

CHIW Prioritization and Ranking

Priority Area	**CHIW members expressing interest**
Prevent Chronic Disease: Food Security	I
Prevent Chronic Disease: Tobacco	I
Promote Health and Safe Environment: Reduce Violence	I
Promote Healthy Women, Infants, Children: Maternal Health	IIIIIII
Promote Healthy Women, Infants, Children: Perinatal and infant health	II
Promote Healthy Women, Infants, Children: Child and Adolescent health	II
Promote Well-Being – well-being and resilience	IIII
Promote Well-Being – prevent opioid misuse and deaths	0
Vaccine preventable Diseases – Sexually transmitted infections	0

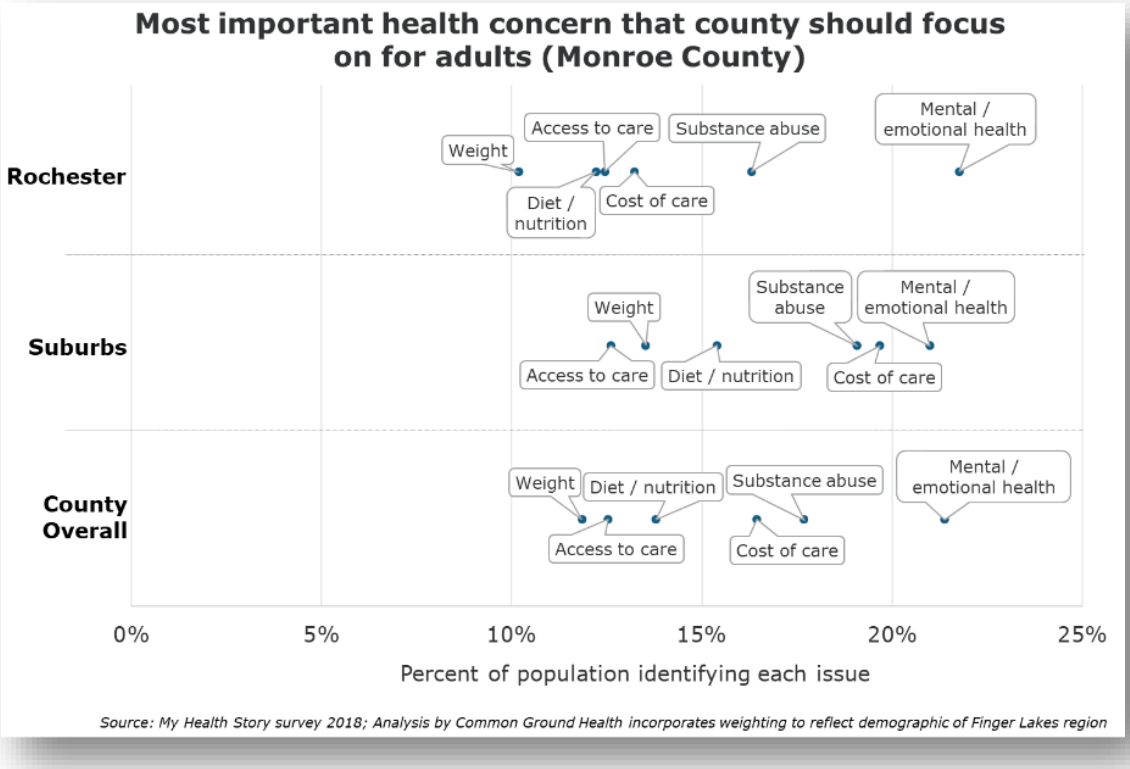
Community Input

After the CHIW agreed that our top two priority areas for 2019-2021 will be focused on promoting health women, infants and children – particularly maternal health and a focus on promoting well-being and resilience, we then presented these thoughts to several community groups to gather their reaction to these focus areas as well as to discuss suggestions for effective interventions. (January – March 2019)

Community Survey: My Health Story

In 2018, Common Ground Health conducted a regional survey of community members to learn more about health behaviors and barriers to healthy lives. With particular attention to gathering input from a diverse group of participants, over 4,000 people were surveyed. Although results were not fully analyzed at the time of the CHNA development, Common Ground Health shared several preliminary results of the survey with the CHIW. The results will be incorporated into a series of studies focused on health equity in the Finger Lakes region and help county health departments develop strategies for addressing public health priorities. The survey asks about a wide range of topics from access to medical and dental care to perceptions of personal safety and satisfaction with work. To capture each individual's unique story, several questions are open-ended with an opportunity for unstructured feedback.

The results of the survey indicated that the top concern for adults in Monroe County across all races, geographies, and socioeconomic status levels was mental health.



Community Input: Community Health Needs Assessment and Improvement Plan 2019

After reviewing the data and prioritizing the general direction for the CHNA/CHIP, several meetings were planned with significant community groups to gather input. The following questions were created to initiate conversation around mental health and maternal-child health disparities:

1. What specific areas of mental and emotional health/maternal child health are most important for the hospitals, health department, and community to address?
2. What is the most important thing the health delivery system can do to improve this priority area?
3. How can the health systems can improve collaboration with existing programs and initiatives?

African American Health Coalition:
Members from the Community Health Improvement Workgroup met with the African American Health Coalition at Common Ground Health on March 14th, 2019. After a brief presentation on the background of the CHIW and the CHNA/CHIP process, questions were presented to gather feedback from the attending members. Their feedback was recorded to advise the direction of the Monroe County 2019 to 2021 Community Health Improvement Plan.

Mental Health
Some specific areas of mental health that are of concern to the African American Health coalition are:

- PTSD and the impacts of secondhand trauma
- Stigma surrounding both diagnosis and treatment
- Lack of health education starting with youth
- Systemic racism
- Violence, including domestic violence

There are high rates, but a lack of dialogue and resources for those experiencing PTSD related to violence in the community, and increasing awareness and treatment for depression even starting at a young age. There is a need to reduce the stigma of mental health diagnoses, understand diagnosis and mental health conditions, and educate the community that it is okay to get help.
It was suggested that the hospitals and health systems should be more active in engaging the faith community. They would like to see more mental health education via local faith community spaces. Faith communities should work within their congregations to engage more people in the mental health community, and new initiatives should come from within an established congregation to insure they are community owned and driven. Schools are an area of concern for mental health and also reproductive education making sure that there is healthcare presence in all schools even out to rural areas. There was concern that many organizations focus inside the city but not necessarily on suburban schools.

Domestic violence is both a physical and mental health concern and it's important that, leading up to adulthood, peers, healthcare professionals, and even acquaintances are able to recognize it address situations of abuse. Victims and survivors of domestic violence should be provided awareness and access to the resources that the community is able to provide.

An overall concern that causes many barriers to the mental health and well-being of the community is racism. While we know that racism has an impact on infant mortality rate and physical health outcomes,

it is especially important to note that it also has an impact on mental health. This impact on mental health goes far beyond interactions with the healthcare system, and both racism and perceived racism have long-term impacts on stress levels and mental health of the African American community.

Working with FLPPS and their Cultural Competency/Health Literacy programs would be useful for these steps. This group would also like to see more per counseling and peer navigation programs available in Rochester and suggest we look at the example of the mental health peers at Trillium and peer programs from other cities especially Washington DC.

Other suggested techniques for improving mental health include reducing unemployment as that has been shown to decrease the sense of meaning and purpose for adults, especially parents. For children comparison study looking at ACEs for children of color apparent that the "one caring adult" model helps to improve long-term physical and mental health and even reduce suicide risk. Overall it would be helpful for Hospital Systems to use a racial equity lens when providing services to the Rochester and Monroe County community. The group also requested that the health systems could use our resources and research ability to collect and track community data over time, raising awareness while promoting accountability. Additionally the community health Improvement workgroup could encourage policy advocacy and mental health awareness, coping, and cultural competency trainings.

Maternal and Child Heath

Some areas of Maternal and Child Health that are of concern to the Coalition are:

- Involvement of fatherhood and extended family and community
- Expansion of existing programs
- Emergency services for resources, especially for young mothers and those in poverty
- Nutrition and breastfeeding resources and navigation
- Training about cultural competency and active listening to Black mothers in clinical settings

The community has a lot of organizations working with young mothers, programs need to be expanded to work with family, including fathers and grandparents. Communicating about parenting and maternal health is multi-generational and community task.

Similarly to the AAHC's recommendations on mental health peer programs, gathering people who have successfully navigated these systems who would like to participate as peers working in maternal child health would be very valuable to the community.

Training for cultural diversity and cultural competence should begin with medical students and residents because ultimately that impacts the quality of service they give as providers. Provider education also needs to have a focus on listening to women. Some resources that the hospitals and Health Systems could be using are FLPPS: CC/HL programs, Greater Rochester Health Foundation resources, the Racial Equity and Justice Initiative St. Joseph's Neighborhood Center, and the guidelines of the National Association of Diversity Officers in Higher Education. It was also suggested that physicians provide the training to other physicians to get better buy-in because the information is coming from their peers. Training also needs to expand beyond physicians to encompass everyone within the health systems that a patient could come into contact with. There should be other professionals including peer

navigators, social workers and community health workers are trained to understand the social determinants of health and have the ability to link and refer to local resources.

Latino Health Coalition:
Representatives from the CHIW met with the Latino Health Coalition at Common Ground Health on March 27th, 2019. This was also an input-seeking discussion where the CHIW presented the main goals and focus areas, and gathered feedback from the Coalition. Their feedback was recorded to advise the direction of the Monroe County 2019 to 2021 Community Health Improvement Plan.
We asked the same three questions to the Latino Health coalition areas of mental health and well-being Maternal Child Health and disparity reduction.

Mental Health
Some specific areas of mental health that the Latino Health Coalition discussed were:

- Mental health awareness and education
- Breaking cultural stigma and taboo
- Increasing suicide rates
- Cultural competence of mental health care providers
- Examining the social determinants of mental health including poverty and opportunity

We discussed the importance of including mental health in all levels of education, beginning in primary school. When students receive 12 years of education in the public school system, which should include all aspects of well-being: both mental and physical health. Starting mental health education could also help to stigma and taboo. It was mentioned that within the Latino community, mental health issues are often considered taboo and it is helpful to make people aware that a mental health condition or diagnosis is comparable physical disease or concern, and that seeking help is not shameful. After breaking some of those initial barriers it's also important to consider the very personal journey of finding providers who are culturally competent. It is crucial that providers understand cultures and cultural factors pertaining to their patients. There is also a rising concern both locally and nationally regarding the increase in suicide rates, and the increases in specifically young people and people of color.

All groups should recognize that in mental health work, mental health problems can stem from socially derived conditions or organically (or some combination of the two) and to acknowledge the mental health implications of those living in poverty. Lack of opportunity is a clear contributor to stress and mental health issues and we need to be able to empower people to feel good about who they are and what they contribute.

Some community interventions suggested were rec centers and school programs that bring the community together, including meditation, mindfulness, yoga, and exercise. There are recommended evidence bases for all of those interventions. Looking at both violence and substance use disorder as a mental health issue is important for holistic solutions to all three issues. System integration for mental health and social determinants will improve both physical and mental health outcomes if implemented properly.

Maternal and Child Health

Some of the most important issues in maternal child health for the Latino Health coalition were:

- Nutrition and breastfeeding
- Decrease in health correlated with amount of time in the US
- Culturally relevant care and education re: reproductive health and child health
- Sustained funding for successful and valuable programs
- Disparities and deserts in resource availability within Monroe County

One of the largest suggestions for maternal child health is support for continued funding of local programs. Whether the funding comes from the health system directly, or is generated or sustained via advocacy from the healthcare system, local programs like Healthy Baby Network and reproductive educators need to have continued protection and sustainability. Community organizations have great potential to make connections and address social determinant of health, and they have access to the community members when they are located within the community, but they need support and resources. The hospitals can mobilize the community via advocacy or support groups via funding.

Nutrition is also a large factor in maternal and child health, and that includes breastfeeding support and education. In regards to breastfeeding, many goals from Healthy People 2020 are far from being met, both locally and regionally. Resource provision also includes formula banks, and emergency resources for young mothers when or if they run out of the formula and food provided by programs like WIC.

There is also a documented phenomenon within the immigrant Latino population where the longer a person is in the U.S, the more likely they are to experience adverse health outcomes. Studying and encouraging the advantageous health behaviors and traditions of a person's culture of origin could help to reduce the generational effects.

Another area the hospitals could help is in research and data collection. It is helpful to track and use community report back tools not only of maternal and child health outcomes, but also maps of disparities and local concentrations and deserts for resources.

Local resources that were recommended for partnerships and resources include Healthy Baby Network, Rochester City School District's Young Moms Program, Nurse Family partnership, Willow, and Monroe County Incarcerated Moms.

Maternal Child Health Advisory Group:

The URMC has been convening a group on community collaboration around the topic of unplanned pregnancy reduction for the past three years as part of an initiative sponsored by the American Association of Medical Colleges. This group is made up of community members, researchers, educators, clinicians, and organizational leaders from across Rochester and Monroe County. This group has agreed to act as an advisory body and to continue to meet throughout the 2019-2021 CHIP implementation period. They will continue to add connections and align priorities between local groups and to create advocacy and policy goals.

The Maternal and Child Health Advisory Group met on March 22, 2019. The group discussed areas of need within maternal/child health in Monroe County, and identified several priorities including focusing on housing, transportation and income as well as advocating for funding for some of the grant funded agencies and initiatives.

Some recommendations from this group for future projects and roles of the Advisory Group include:

Addressing social determinants:

- Advocacy for housing: contact city-wide Tenant's association, United Way, RMAPI
- Sponsor a talk or provide support for issues as they arise and/or help educate the community and support meetings, talks, education, data

Enhancing collaboration:

- Presenting ongoing community initiatives (pilot projects or models of success)
- Garnering support from leadership groups across the health system
- Facilitating communication between grant holders within the City of Rochester
- Expanding contacts, connections, and opportunities for community-wide collaboration
- Continued meetings of the Maternal and Child Health Advisory Group from 2019-2021 and beyond

Community Advisory Council:

A special session of the Community Advisory Council was called for April 11, 2019. The Community Advisory Council (CAC) is a group of 40+ leaders of community agencies meeting with University researchers and providers. The CAC met in this session to discuss both the University of Rochester's upcoming application for the Carnegie Classification in Community Engagement and the Community Health Improvement Plan. The CAC expressed overall approval for the priority areas of the CHIP and added the following comments:

- Integrating cultural competency training for medical providers throughout their pre-med and medical career, including residency and active practice is crucial to the transformation of the healthcare system overall, and far more effective than a one-time training.
- Diversifying the pool of clinicians within the system also impact the overall cultural competency of the university and the hospitals.
- An inventory of available services, or an update to existing inventories would be valuable for both the mental health and maternal child health goals.
- It was recommended that the CHIW work with the Mental Health Association and their peer navigation resources.
- Note the overlap of mental health and child health and that the mental health needs of children are not often recognized and acknowledged. Recognize that issues of mental health are universal and cut across all socioeconomic levels.
- Recommended that we add March of Dimes to the Maternal Child Health Advisory Group

In SUMMARY

The 2019 needs assessment is based on several sources of local and state data including the Youth Risk Behavior Survey, Behavioral Risk Factor Surveillance Survey, NYS Prevention Agenda dashboards, SPARCS data, Vital Records, and the most recent My Health Story survey. Several areas of concern were noted and are organized in the chart below, according to the state Prevention Agenda Priority Areas. Highlighted areas are of particular concern for Monroe County.

Priority Area	Focus Area
Prevent Chronic Diseases	1. Healthy Eating and Food Security (access to food, skills/knowledge, food security)
	2. Physical Activity (active transportation, environments, increased access)
	3. Tobacco Prevention (youth initiation, cessation, secondhand smoke)
	4. Preventive Care and Management (cancer screening, early detection of CVD/Diabetes, evidence-based care, self-management)
Promote a Healthy and Safe Environment	1. Injuries, Violence and Occupational Health (falls, violence prevention, traffic injuries)
	2. Outdoor Air Quality (outdoor air pollutants)
	3. Built and Indoor Environments (improve design and maintenance, healthy home/school)
	4. Water Quality (protect water sources, protect vulnerable waterbodies)
	5. Food and Consumer Products (reduce exposures of chemical, food safety)
Promote Healthy Women, Infants and Children	1. Maternal and Women's Health (use of preventive services, maternal mortality)
	2. Perinatal and Infant Health (infant mortality, breastfeeding)
	3. Child and Adolescent Health (social-emotional development, special needs, dental)
	4. Cross Cutting Healthy Women, infants, Children (health equity in health outcomes)
Promote Well-Being and Prevent Mental and Substance Use Disorders	1. Promote Well-Being (build well-being and resilience, supportive environments)
	2. Prevent Mental and Substance Use Disorders (drinking, opioids, ACES, depression, suicide, mortality gap for mental illness)
Prevent Communicable Diseases	1. Vaccine-Preventable Illness (vaccine rates, vaccine disparities)
	2. HIV (decrease morbidity, increase viral suppression)
	3. Sexually Transmitted Infections (STIs) (rate of growth)
	4. Hepatitis C Virus (treatment, prevent among drug injectors)
	5. Antibiotic Resistance and Healthcare Associated Infect (infection rate, antibiotic use)

The needs were then prioritized based on established criteria that included: Need among vulnerable populations; ability to have a measurable impact; ability to intervene at the prevention level; community capacity and willingness to act; and importance of the problem to community members. Based on these criteria, and several

meetings of group discussion among the Community Health Improvement Workgroup, and after meeting with several community groups including the African American Health Coalition and the Latino Health Coalition, two primary focus areas were identified: mental health and maternal/child health. The remaining five areas of concern remain in the Monroe County CHNA as areas to follow, and these include food insecurity, tobacco use, violence, opioid use and sexually transmitted infections.

The two focus areas that we plan to prioritize in the 2019-2021 plan 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. Activities:

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: Explore opportunities to build community wealth such as supporting worker-owned cooperatives and businesses, using the power of hospitals as anchor institutions.

Objective 2.2: Facilitate Supportive Environments that promote respect/dignity for people of all ages

Intervention: Policy and program interventions that promote inclusion, integration and competence

Areas the CHIW will follow and Partner as Needed

1. Healthy Eating and Food Security (access to food, skills/knowledge, food security)
2. Tobacco Prevention (youth initiation, cessation, secondhand smoke)
3. Injuries, Violence and Occupational Health (violence prevention)
4. Prevent Mental and Substance Use Disorders (opioids)
5. Sexually Transmitted Infections (STIs) (rate of growth)