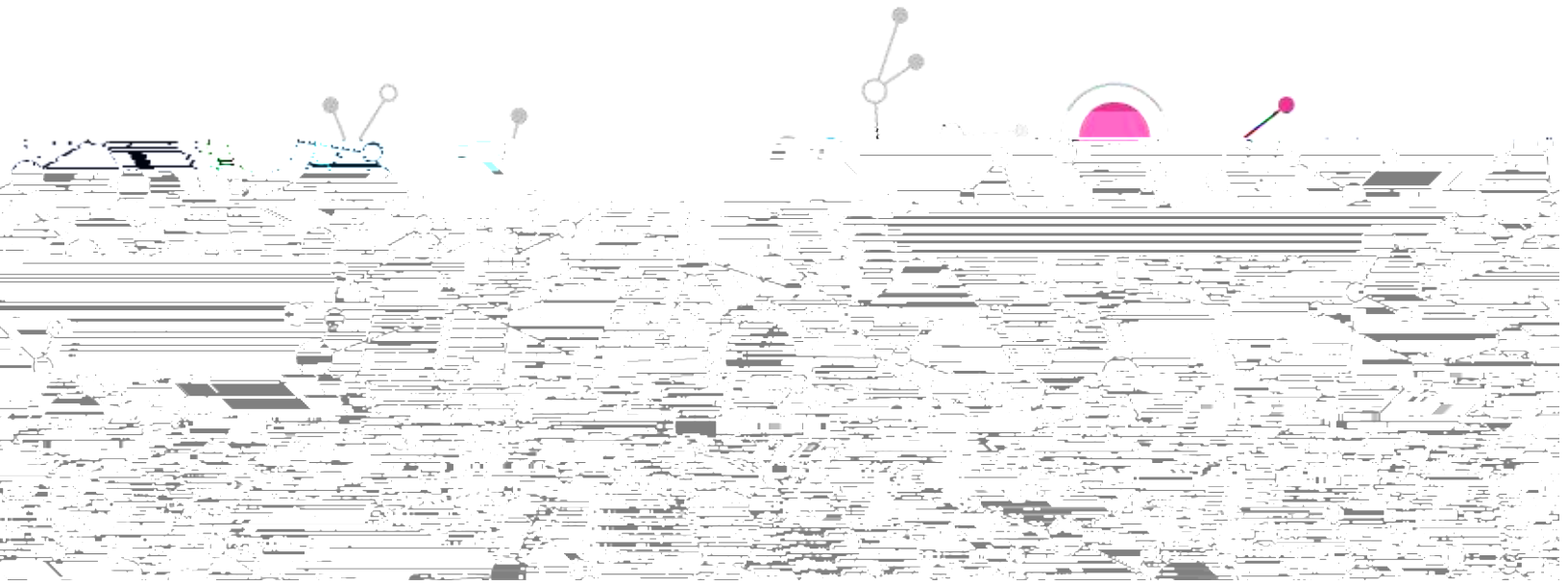
Community Health - Monroe County, NY
2019-2021



Monroe County, New York

Joint Community Health Needs Assessment (2019) and Community Health Improvement Plan 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 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,

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

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.

[3] Source: NYSDOH Vital Statistics 2012-2014 3-year estimates, calculations performed by Common Ground

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.

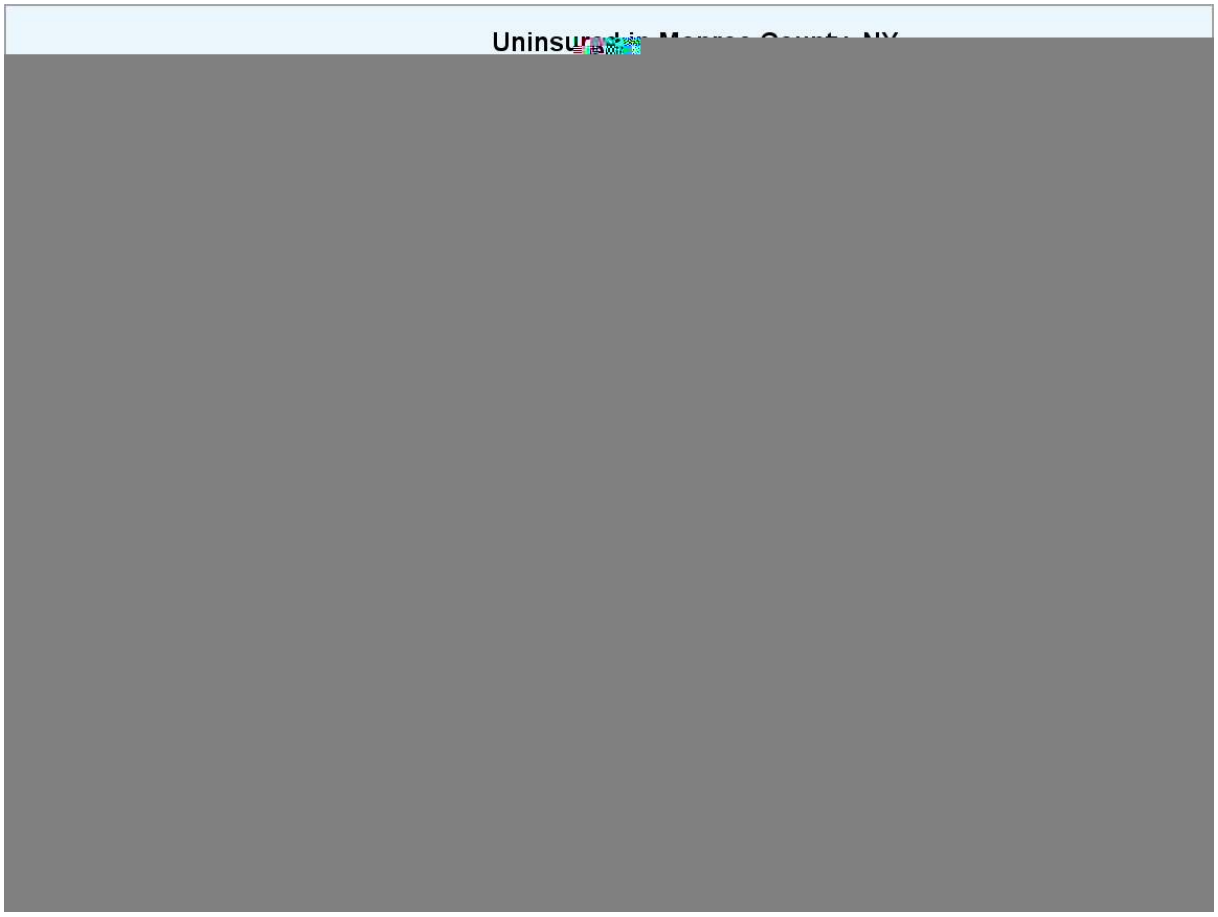
Monroe County vs. New York State Risk Factors and Behaviors,2016

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

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

“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

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 & Rehab

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

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

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.

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 repeate

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:

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."

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]			

Prevent Communicable Diseases	
Indicator	**NYS PA Goal**

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	

Promote Well Being and Prevent Mental and Substance Abuse (continued)	
Indicator	**NYS PA Goal**

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 Asses

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

Addressing social determinants:

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