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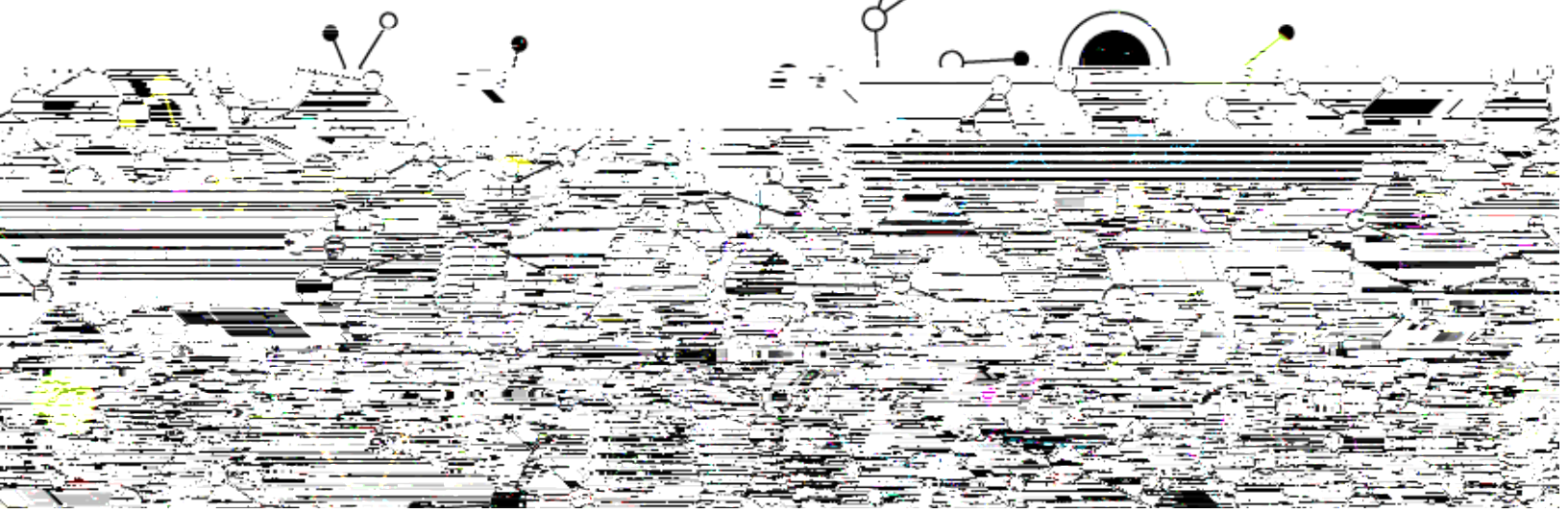
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Monroe County Joint Community Health Improvement Plan 2019-21

Final Implementation Report

Local hospitals including the University of Rochester Medical Center's (URMC) Memorial Hospital and Highland Hospital

## Coronavirus Disease 2019 (Covid-19)

2020 has proven to be a challenging year for hospitals and the general public with the onset of the Covid-19 pandemic in mid-March. Despite the challenges, the CHIW has continued to advance their goals and work on improving the health priorities of Monroe County.

Meetings had previously been in-person with a zoom option if face-to-face was not possible but meetings were switched to Zoom only in mid-March of 2020. The CHIW group, sub-group meetings and the Maternal Child Health Advisory Group continued to meet virtually throughout the pandemic.

COVID Response All hospitals in Monroe County worked collaboratively and with the health department to address the immediate needs of the community in treating COVID patients, in testing and distancing protocols and in vaccine research and distribution. Of particular note: University of Rochester researchers developed a tool for workplace monitoring of COVID symptoms. This tool, called Dr. Chatbot, monitors exposures and new symptoms and is completed daily by essential workers still reporting to the medical center campus and all University-owned buildings and the University of Rochester (non-medical center) no id40.31 0 8501 Tc8c 56

## Implementing the Community



the EPPI, the Eviction Prevention Pilot Initiative, initiated through the Systems Integration Project. EPPI aims to connect Rochester residents with money for assistance with rent and mortgage relief through the CARES and other funding streams. The initiative currently works using community “front doors” at locations like 2/Lifeline, Hall of Justice, Restoration Rochester, Mary’s Place, and the Tenant Defense Project. Although this grant was not funded, the CHIW will continue to find ways to link pregnant women and young families to housing resources

- x Several informational sessions were given during the MCH meetings including the bulk of the MCHAG meeting on May 20, 2021 where Katrina Korfmacher presented Rochester Healthy Homes Partnership (RHHP) website where to find eviction prevention resources and other tenant needs

### Institutional Racism

- x APCORI grant funded project called “Community Collaboration for the Exploration of Local Factors Affecting Black Mothers’ Experiences with Prenatal Care” studied institutional racism and other factors impacting birth outcomes in Black mothers. Through this project, researchers conducted listening sessions in January and February of 2020 with stakeholder groups included clinicians, Black patients who recently delivered, researchers, and community organizations like Healthy Baby Network. The listening sessions were facilitated and transcribed by Black women to foster the most open dialogue possible with the Black women who were participating in the listening sessions. The results of the listening sessions were pieced

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







		newborns in Rochester/Monroe County. The screening program offers access to community health workers and behavioral health experts and link clients to social services and health support services. The MCH is serving as the community advisory group for the ROC Family TeleConnects program.
<u>ACTION 1</u> Partner with Healthy Baby Network to conduct community input sessions to identify the drivers and solutions to disparities	<ul style="list-style-type: none"> <li>x Comprehensive summary of barriers to healthy outcomes among people of color, people with low SES, city</li> <li>x Policy/advocacy agenda</li> </ul>	<ul style="list-style-type: none"> <li>x Input sessions were planned to be conducted with community groups, however extensive discussion with the MCH members revealed that much of this work has been done recently, so instead of community input sessions we compiled the results of seven focus groups and listening sessions held with community groups to inform the advocacy agenda.</li> <li>x The MCHAG discussed the results of the community surveys and identified the three greatest barriers to health equity in MCH outcomes. The 3 primary drivers of health disparities were identified as Housing insecurity, birth spacing, and institutional racism. This is the basis for creating system changes in year 2 and year 3.</li> </ul>
<u>ACTION 2</u> Convene a Maternal Child Health Advisory Group (MCH-AG) to advise the implementation of the CHIP agenda to reduce disparities including: <ul style="list-style-type: none"> <li>x Develop and support policy and advocacy agenda</li> <li>x Share current initiatives with each other and the community (211)</li> <li>x Sustain and improve partnerships between local</li> </ul>	<ul style="list-style-type: none"> <li>x Implement at least 3 system changes that will address social barriers and improve disparities</li> <li>x Convene the MCH AG at least 3 times annually</li> <li>x Begin a resource compendium with partner input</li> </ul>	<ul style="list-style-type: none"> <li>x Systems changes are linked to the drivers of disparities detailed below</li> <li>x Maternal Child Health Advisory Group of over 72 members from 34 organizations or departments across the Rochester community and health care systems was formed in late 2019, and solidified to a quarterly meeting group in spring of 2020. The MCHAG met # times in 2019, # times in 2020 and # times in 2021. Meetings were virtual during COVID</li> <li>x Resource compendium was created and MCH members share information about their organizations at each meeting. After presenting, the MCHAG members added to the compendium which is shared via a website and through email distribution.</li> </ul>

organizations and the health systems x Link to resources for patients

ACTION 3 Host a Synergy  
meeting on local Maternal Child

The Evidence Based Interventions selected for this goal is to 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. By creating the Maternal Child Health Advisory Group, we were able to significantly increase collaboration between agencies and providers working with this population. Several members of the MCHAG also engage other tables of collaboration in maternal child health. We mapped those tables to represent the reach of the advisory group:

The extended tables that MCHAG members engage have reach that varies between local, regional, state and national levels. The depth to the engagement is represented by the line connecting each person to their tables. Thicker lines indicate deeper engagement as described in the survey as:

- x Inform – you exchange information for benefit of mutual understanding of the problem and/or solutions; passive knowledge gathering (you attend meetings for learning purposes and are a general member of the group)
- x Consult – you exchange feedback about project goals, processes, and goals

Focus Area 2:

- x Stigma reduction via thoughtful language change: The Monroe County Department of Health conducted a study in early 2020 that was presented to the CHIW at the February CHIW Meeting. The study looked at identified discharge documents from local Emergency Departments for patients who had presented with Opioid Use Disorder. The review found that often patients were not being offered support for their underlying substance use disorder. More than 40% of the hospital notes had no mention of the substance use disorder. The Health Department also conducted a review of the language used in the discharge notes, and determined whether the language was templated (automatically filled in) or whether it had been written by the provider. Of the discharge instructions, 25% contained language that was considered stigmatizing. To address both of the concerns studied in the Health Department's reviews, the CHIW convened a meeting of ED providers from all local hospitals on September 14 2020. At this meeting, the providers expressed an interest in using approved stigmatizing language. In order to develop the best and most patient centered language, the CHIW enlisted community members with lived experience on two local peer advocate organizations Liberty Resources and ROCoverly fitness. Having spent lived experience will insure that the language is as accurate and non-stigmatizing as possible. The recommended language was shared with Emergency Department Directors at each of the hospitals, and each hospital has integrated the new documents into their discharge planning.
  
- x Trauma Informed Assessments and Trainings Becoming trauma informed and adapting practices to become trauma informed and responsive is an important piece of "facilitating supportive environments that promote respect and dignity for people of all ages". SAMHSA published a framework for trauma responsiveness and trauma informed care in 2014, and in that guide, they emphasize that "With appropriate supports and intervention, people can overcome traumatic experiences". Public institutions like hospitals and health departments are looking into ways to incorporate trauma informed care into all aspects of patient care to the most effective providers possible. Rochester Regional Health hosted a Trauma Informed Care training session led by Cheryl Martin from CCSI on their Reidman Campus for their Ambulatory Care team. Nancy Pecora, RN, later presented the results and reflections from this learning session to the Community Health Improvement Workgroup at their July meeting. Cheryl Martin presented about the use of Motivational Interviewing in Trauma Informed Care. The CHIW summary of the free and paid resources available to conduct Trauma Informed Assessments (TIA) of an organization was assembled, and can be accessed at the CHIW Resources website <https://www.urmc.rochester.edu/communityhealth/health-policy/resources.aspx>. The local Institute, CCSI offers a nationally recognized TIA called the TRUST tool (Trauma Responsive Understanding Assessment Tool). In September, Amy Scheel Jones from CCSI presented to the CHIW on the TRUST tool and

the TRUST, which is specifically designed for schools to complete TIAs. This free tool is being used by the Special Children's Services department at the Monroe County Department of Public Health to survey staff on trauma informed knowledge and responsiveness.

In addition to specific interventions described, and in response to the murder of Daniel Prude at the hands of police in Rochester in response to a mental health crisis, Monroe County Executive Adam Bello commissioned the Monroe County Mental Health and Substance Use Disorder 90 Day Task Force that released a report of their findings in early 2021. The report prompted significant recommendations for changes to the way Monroe County delivers vital mental health and substance use disorder services to members of our community as a result of the task force findings. Several members of each of the hospitals engaged in the task force working towards recommendations. While Monroe County has many outstanding providers, essential services have been uncoordinated and fraught with barriers to timely and sustained care. Response to behavioral health crisis calls will include many options, and activating law enforcement will only occur when needed. Instead, the county will

- x Link behavioral health crisis calls that do not require an immediate person response to 211/Lifeline for assessment, escalation and connection to support services
- x Expand dispatch options for crisis calls that do require a timely in





		<ul style="list-style-type: none"> <li>x University of Rochester, the largest employer in Monroe County, supports wealth building through housing support. The Home Ownership Incentives Program partners the University with the City of Rochester and several banks/credit unions to offer regulatory and part-time faculty and staff, residents and fellows \$9,000 toward the purchase of a primary residence in Rochester, in exchange for 5 years employment and residency.</li> </ul>
<p>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</p>	<ul style="list-style-type: none"> <li>x # SOS partners engaged in CHIP community wealth building (June 2020)</li> <li>x Information distribution for hospitals developed for # of attendees learning from the Synergy meeting</li> <li>x # of partnerships</li> <li>x Increased relationship with City, RMAPI, ABC</li> </ul>	<ul style="list-style-type: none"> <li>x For various reasons, including COVID and the lack of interest in maintaining the SOS initiative, no synergy meeting was held. Although we did not sponsor a synergy meeting, the CHIW often discussed wealth building initiatives. Examples</li> <li>x CHIW leaders have built relationships with the City of Rochester. The URMC hosted a Public Health Grand Rounds session highlighting RMAPI's work 10/18/19: Leonard Brock, PhD, and Larry Martin <a href="#">Poverty &amp; Policy: Can't Just Program Our Way Out</a></li> <li>x Despite not hosting a Synergy meeting, institutions were able to implement wealth building initiatives (see above)</li> </ul>
<p>Goal 2:</p>		

Evidence Based Interventions: x # of policy or program  
Policy and program interventions x interventions that promote  
that promote inclusion, inclusion  
integration and competence

- x Our community has worked hard especially during 2020 and 2021 to create supportive and inclusive environments, especially responsive to the inclusivity of people of all races and ethnicities. Some examples include:
- x The University of Rochester Medical Center developed the Equity and Anti-Racism Action Plan led by senior leadership and extensive infrastructure and supported by a substantial budget to increase inclusivity at the school, UR Strong, and UR Highland  
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SHORT TERM & OUTPUTS

	<p>these language changes to default language that is used in the EMR</p> <ul style="list-style-type: none"> <li>x # of stigma reduction documentation reviews</li> <li>x # of changes made in websites, presentations, documents</li> </ul>	<p>changes. Office of Mental Health (OMH) leaders and language experts were also present. Hospitals agreed to review changes to documents and/or resources that the CHIW team suggested.</p> <ul style="list-style-type: none"> <li>x In December 2020, the CHIW team including OMH representatives shared several documents with local peer recovery groups for comment and input and a resource document with nonstigmatizing language was created.</li> <li>x By April 2021, both hospital systems integrated the non-stigmatizing resource document in their discharge summary information, some creating SmartPhrases for ease of finding the document, others limiting the discharge paperwork to include primarily the resource document. In addition. Social workers were interested in distributing hard copies of the document to inpatients seen for substance use disorders (UR Strong)</li> <li>x In summary: more than 30 documents were reviewed for stigma reduction including discharge notes and referral documents and several implementation strategies were initiated.</li> <li>x In addition, the Monroe County Department of Public Health reviewed internal documents for stigmatizing language and made several improvements.</li> </ul>
<p>Action 2: Mental Health First Aid which teaches effective responses to youth mental health crises</p>	<ul style="list-style-type: none"> <li>x 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</li> <li>x # of Mental Health First Aid Courses held</li> <li>x # of Participants</li> <li>x # of Spanish Language MHFA courses held</li> </ul>	<ul style="list-style-type: none"> <li>x The CHIW partnered with the Office of Mental Health (OMH) and the Coordinated Care Services Inc. (CCSI) to learn more about Youth Mental Health First Aid (YMHFA). Presentations were made to the CHIW about this service and others provided by OMH and CCSI.</li> <li>x The CHIW helped to establish connections between the YMHFA and two new audiences, Foster Parents at the MCDPH Starlight center and the Rochester recreation centers or Center employees. Mental health first aid sessions were on hold during 2020 because of the pandemic, but in 2021, a virtual course was developed and trainers were trained. A course with Center employees occurred in June 2021. 20 adults attended. The public YMHFA session information was forwarded to an audience of foster parents at the County as well.</li> </ul>

	<ul style="list-style-type: none"> <li>x # of instructors trained in MHFA</li> </ul>	<ul style="list-style-type: none"> <li>x No new Spanish Language providers were trained, or Spanish YMHFA courses held yet.</li> </ul>
<p>Action 3: Partner with CCSI to hold at least one education session on trauma informed assessments for local organizations and clinical practices</p>	<ul style="list-style-type: none"> <li>x # of training, attendees</li> <li>x # of organizations or clinical practices engaged in assessment</li> <li>x # of practices making changes to be more trauma informed</li> </ul>	<ul style="list-style-type: none"> <li>x The CHIW membership was interested in learning more about trauma informed care and assessment (TIA). CHIW leadership created a list of trauma-informed assessment resources, including several free or low cost options. The TIA spreadsheet now lives on the CHIW website for reference.</li> </ul>
		<ul style="list-style-type: none"> <li>x Continuing dialogue on stigma reduction via trauma informed care and motivational interviewing and YMHFA and thoughtful language change occurred via (3) presentations to the CHIW: Nancy Pecora (RN who experienced TI training), Cheryl Martin (motivational interviewing Expert), and Manny Rivera (YMHFA)</li> <li>x After offe</li> </ul>

## Report of Areas the CHIW is “Following”

For the 2019-2021 Community Health Improvement Plan, the CHIW selected Maternal Child Health and Mental Health and Wellbeing as the top priority areas. This left five areas that were of concern, but that the CHIW did not have the resources to lead intervention for, and instead would continue to track and share updates. These areas were: Smoking Cessation, Violence, Sexually Transmitted Infections, Food Insecurity, and the Opioid Crisis.

### Smoking Cessation

The community Health Improvement Workgroup continues to track the number of referrals to the New York State Quitline. In the 2016 and 2018 Community Health Improvement Plans, tobacco cessation was a focus area, under the “Prevent Chronic Disease” priority. Each hospital added capability to refer to the Quitline via electronic referrals, and that capability was added. Quitline referrals from Monroe County have increased substantially. Below are the number of monthly referrals from Monroe County, with the month a new hospital added electronic referrals highlighted in red. Prior to 1/1/2016, the number of referrals averaged around 25 per month, and now (2021) usually gear around 150 month.

## Violence Prevention

The summer of 2020 was particularly violent in Rochester, with the largest mass shooting in recent memory and other violent events leading to the Mayor's restrictions on gatherings. In addition, domestic violence rates increased both nationally and locally since the lockdown due to COVID went into effect in March.

## Sexually Transmitted Infections

The CHIW leadership was contacted by a NYS contact in November 2020 to disseminate a Public Health Alert to local providers since we are connected to each hospital and the health department. STI contacts from the hospitals were shared with NYS. In March 2021, infectious disease specialist

with the program whereby \$15/month of fresh food was delivered to participants who had consistently engaged with the program prior to COVID.

In partnership with Foodlink, on May 25, 2021, UPMC launched an emergency food pantry pilot project at Strong Memorial Hospital for patients identified as food insecure during their hospital stay or at an appointment. The UPMC Food Pantry offers patients with emergent food needs immediate access to nutritious and affordable food options. The pantry is piloting its workflow with Strong Internal Medicine's ambulatory practice on 5A and expanding to outpatient pediatrics in mid-July. The overall goal is to further expand the service to Strong Memorial Hospital pediatric and adult inpatient units, site ambulatory practices, and the emergency department to help combat hunger in our region and better address a health disparity that impacts many UPMC patients.

### Opioid Crisis

Nationwide, there has been an increase in opioid overdoses and deaths since the beginning of the COVID lockdown in March 2021. In Monroe County, opioid overdoses appeared to be increasing from March to June, but the trend did not continue into the summer months. The County Department of health suggests that perhaps the trends are following national trends, but fewer people are contacting officials with opioid overdoses. The opioid work being done by the CHIW is mentioned in the Mental Health and Well-being portion of this report, as they work on stigma reduction via thoughtful language change.

The Monroe County Department of Public Health has hired the first Director of Addiction Services, Dr. Tisha Smith. In this newly created role, Dr. Smith will oversee the Monroe County Improving Addiction Coordination Team (IMPACT) to help combat the ongoing substance abuse disorder crisis within the county.

### SUMMARY

The Community Health Improvement Workgroup will continue to meet monthly during the implementation period of the 2019-2021 improvement plan, gather partners and content experts around our focus areas, with continuous feedback from stakeholders within the hospital systems and the community. 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. In 2021 the CHIW will conduct the next Community Health Needs Assessment to inform the upcoming 2022 Monroe County Community Health Improvement Plan.

The CHIW mission remains: “To improve the health and wellness of individuals and families of Monroe County by addressing prioritized needs and inequities through sustainable systems change built on collaboration and supported by shared resources”

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