Community Health - Monroe County, NY
2019-2021

Monroe County
Community Health Improvement Plan
IMPLEMENTATION FINAL REPORT

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 Joint Community Health Improvement Plan 2019-2021

Final Implementation Report

Local hospitals, including the University of Rochester Medical Center's (URMC) Strong Memorial Hospital and Highland Hospital, and Rochester Regional Health's (RRH) Rochester General Hospital and Unity Hospital along with the Monroe County Department of Public Health (MCDPH) 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 (ACA), 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) to address the needs of our county.

The Community Health Improvement Workgroup meets monthly to advance the county's Community Health Improvement Plan priorities for Monroe County, NY. The mission of the CHIW is "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."

2019-2021 Community Health Improvement Plan

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:

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

Monroe County's two priority focus areas for 2019-2021 are "Promote Healthy Women Infants and Children" and "Promote Mental Health and Prevent Mental and Substance Use Disorders". Within those categories, the focus of the maternal child health goals is to reduce disparities (racial, ethnic, economic, and geographic). For mental health, the two goals are to facilitate supportive environments, and to strengthen opportunities to build well-being and resilience.

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, all sub-group meetings and the Maternal Child Health Advisory Group have 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-19 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-19 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). Rochester Regional Health (RRH) developed a similar tool called Daily Pass. The RRH Daily Pass was implemented at local universities including Rochester Institute of Technology (RIT) and St. John Fisher College to help with symptom management of their students and faculty. More than 2.25 million screenings have been conducted to date via this Daily Pass app. The screening questions were coordinated in conjunction with URMC and responses mapped to Common Ground Health as part of their regional wide data collection efforts. The Dr. Chatbot tool was adapted into an app called Roc Covid that is used region-wide to monitor symptoms of Covid-19 to catch cases early by monitoring symptoms. More information about the development and expansion of Dr. Chatbot can be found at https://www.rochester.edu/newscenter/how-dr-chatbot-evolved-into-a-regionwide-covid-tracking-tool-440132/ . More information about Roc Covid can be found at https://www.roccovid.org .

- Both Rochester Regional Health and the University of Rochester Medical Center have become testing sites for Sars CoV-2 vaccine trials. https://www.rochesterregional.org/news/2020/05/coronavirus-vaccine-trial-rochester. https://www.urmc.rochester.edu/coronavirus/coronavirus-research.aspx.
- The adoption of telemedicine across both hospitals has been a new way to engage patients in their care. There has been tremendous unexpected adoption of telemedicine, galvanized by COVID, via the phone or over a video visit. Behavioral Health in particular has had some great success with video visits and seen a noticeable decrease in 'no-show' rates as a result. The adoption and ongoing investment in video visit platforms and technology has been an area where health systems have dedicated resources to better support our services during COVID and beyond (such as: by limiting exposure, maintaining social distancing, preserving PPE while leveraging and maximizing available resources).

Implementing the Community Health Improvement Plan

Focus Area 1: Promote Healthy Women, Infants and Children

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

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

The MCH-AG reviewed the results of several recent focus groups conducted with Rochester community members around issues related to disparities in maternal and child health outcomes. After several discussions about these various results, the group discussed the drivers and potential solutions. These discussions led to the prioritization of three key areas: birth spacing, housing, and institutional racism for the future work of the MCH-AG. This group was able to begin to address these drivers in several ways, discussed below.

Birth Spacing

- Systems Integration Prototyping: Monroe County Systems Integration Project (SIP), a community initiative of United Way of Greater Rochester, aims to connect over 300 services and organizations from health, education, and human services sectors. At the end of 2019, they issued a call for proposals for pilot projects. The Maternal Child Health Advisory group had discussed the need for a single, neutral point of entry for home visitation and other support services for expectant mothers. A team from the MCH-AG was accepted for the pilot program along with 28 other teams. The MCH-AG team was composed of representatives from the YWCA, Nurse Family Partnership, the Society for the Protection and Care of Children (SPCC), and Social Work at URMC representing different community groups. The team studied and applied Human Centered Design principles, and created a final model and process workflow for standardized entry and easy linking of new families with the support services that best fit their needs. The final

prototype was scored highly at the Systems Integration final poster presentation in March of 2020. Unfortunately COVID19 put this project on hold at Systems Integration, where focus was on addressing emergency needs of our community.

- Postpartum care that addresses the needs of mothers, including their plans for future conception or need for postpartum LARC (Long-Acting Reversible Contraception) is important for intentional birth spacing in the community. The Hoekelman Center, as part of the URMC, offers free education on LARC to adults who talk to teens in both healthcare and community-based settings throughout Monroe and Wayne County, NY.

- The Maternal Child Health Advisory Group was asked to be the community advisory group for a program called Roc Family Teleconnects. This program is a collaboration between Rochester Regional Health, Accountable Health Partners at URMC, and Jordan Health, funded by United Way of Greater Rochester. Modeled after the evidence-based Family Connects program, Roc Family Teleconnects is a "light touch" assessment visit, typically performed in person by a registered nurse, but conducted via phone due to the contact limitations of the Covid-19 pandemic. In the visits, which occur 1-3 weeks post-birth, complete bio-psycho-social assessments are conducted, including questions about post-partum depression, substance use disorders, trauma, interpersonal violence, and access to breastfeeding or formula resources. The MCH-AG agreed at the November 18th, 2020 meeting to serve as the community advisory group for this program.

Housing

Lack of or difficulty finding suitable housing is a frequently cited barrier for the health and wellness of pregnant women and also for families with young children. In the city, high renter rates and high cost-burdened (>30% of income) rental apartments account for some of the many barriers to safe and sustainable housing.

- There are many resources in Rochester to link people to housing, and the CHIW applied for a grant to connect pregnant women to these existing resources through the Cabrini Foundation in mid-2020. This grant intended to connect pregnant women to MC Collaboratives, and if needed, LawNY, both groups that advocate for the homeless, and can help community members work towards more secure housing. A second component of the grant was to educate healthcare providers and navigators like social workers on the housing systems in Rochester, NY through learning sessions so that they would be better equipped to help their patients navigate the system. The CHIW also applied to the Robert Wood Johnson Foundation for a grant to connect pregnant women to housing resources. Unfortunately neither grant was funded.

- The CHIW and the MCH-AG collaborated with the United Way of Greater Rochester to apply for a Robert Wood Johnson Foundation grant studying the racial equity impacts

the 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 act and other funding streams. The initiative currently works using community "front doors" at locations like 2-1-1/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.

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

Institutional Racism

- A PCORI 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 presented to the MCH-AG at the November 2020 meeting. Positive experiences of the mothers involved included interpersonal connections, and empowerment from being given all the facts and access to knowledge during and after pregnancy. Negative experiences including racism and clinician assumptions made about the patients. The MCH-AG will be continuing to work with the organizations and researchers involved in this project to improve the systems in response to the experiences of the women in the listening sessions.

- In response to several events of summer 2020 that forced conversation and action about race, the hospitals and health department in Monroe County are making systematic changes. The Rochester Commission on RASE (Race and Systemic Equity) has made several health policy recommendation to address institutional racism. The Black Agenda Group has encouraged agencies to commit to Racism as a Public Health Crisis, the Equity and Anti-Racism Action Plan had become a priority for hospitals within the CHIW.

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

<table>
<tr><td></td><td>**Description**</td><td>**Measure of Success**</td><td>**Accomplishments**</td></tr>
<tr>
<td rowspan="2">**LONG TERM**</td>
<td>**GOAL:** Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations

Note: It is not likely or expected that any significant changes will occur in these long term outcome measures given the short time frame of the improvement plan.</td>
<td>
• Decrease the % of unintended pregnancies among live births from 28.4% by addressing disparities (black to white ratio is 2.8, Medicaid to non-Medicaid ratio is 2.68)
• Decrease the % of births that are preterm by 5%, by addressing disparity (black to white ratio is 1.7, Medicaid to non-Medicaid ratio is 1.4)
• Decrease the % of adolescents in Monroe County experiencing two or more adverse childhood experiences (ACES) by 5% by addressing disparities (87% of Monroe County AA students have 1 or more ACES, and 31% have 3 or more) (2019 YRBS)
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• By May 2021, when examining the data the percent of unintended pregnancies among live births decreased slightly from 28.4% to 27.7%. The disparities remained relatively constant with the Black: White ratio decreasing to 2.6 and the Medicaid to non-Medicaid ratio increasing to 2.75. (Source: Vital Records 2018, NYSDOH, analyzed by MCDPH)
• The preterm birth rate increased slightly from 9.4 per 1,000 live births to 9.8 per 1,000 live births, so the decrease of 5% was not achieved. Disparities got a bit worse. The ratio of preterm births Black:White (non-Hispanic) moved from 1.7 to 1.8. The ratio of Medicaid to non-Medicaid preterm birth rates increased from 1.4 to 1.5. (Source: Vital Records 2018, NYSDOH, analyzed by MCDPH)
• During the 2019 academic school year, the Youth Risk Behavior Survey calculated eighty-five percent (85%) of students in the Rochester City School District (RCSD) reported one or more adverse experiences and 33% reported three or more. (Among Black RCSD students, 88% experienced one or more ACES.) The Youth Risk Behavior Survey was not administered in the 2019-2020 or the 2020-2021 school years due to COVID-19 but it will be run again in 2021-22.
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<tr>
<td>**Evidence Based 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</td>
<td>
• Increase # of collaborations
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<td>
• The Maternal Child Health Advisory Group (MCH-AG) was created to enhance collaborations. Over 72 members from 34 organizations or departments across Monroe County have met quarterly for the 3 years during the implementation phase. An average of 30+ attendees of providers and community leaders of social agencies and health and education agencies attend
• A network analysis survey will be conducted in spring 2021. This survey will look at other community organizations, advisory bodies, and groups that the MCH-AG members also attend, to
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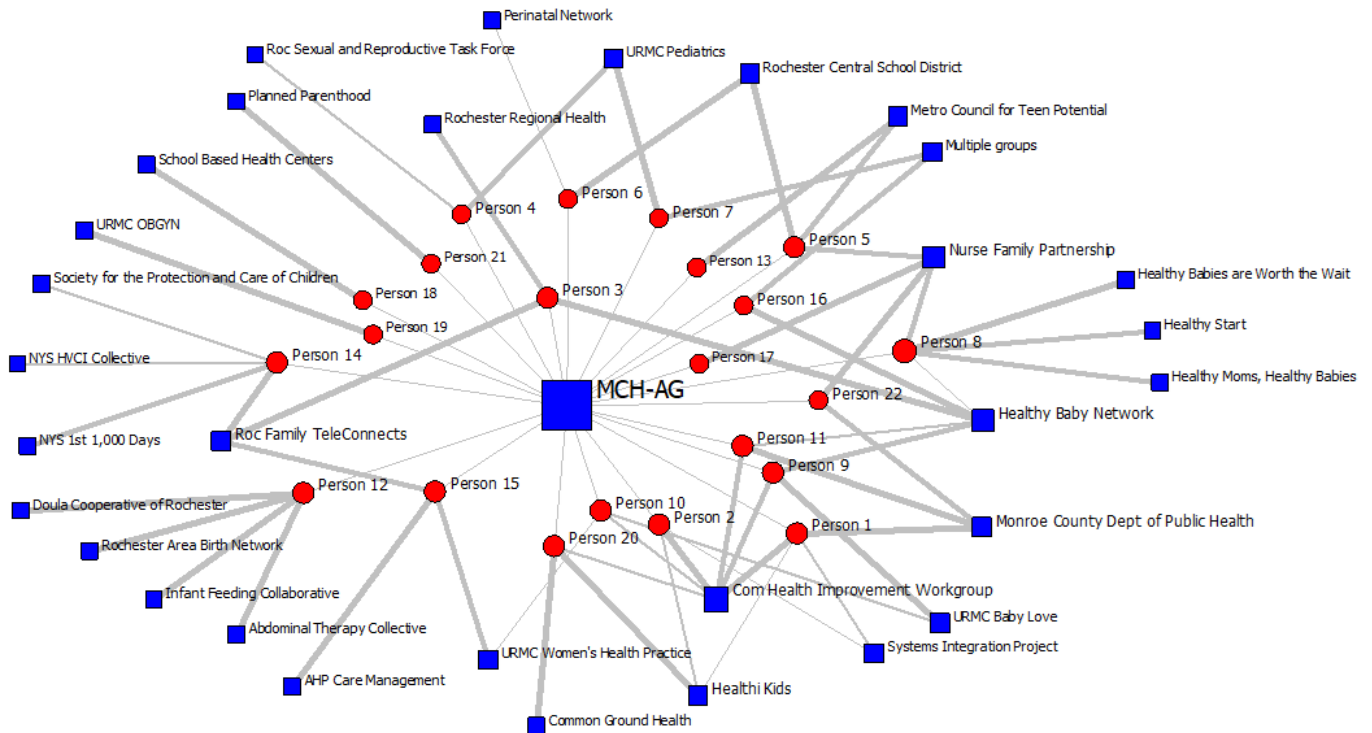|		
families across the life course.		ensure that the MCH-AG has broad community reach and representation.
	• Increase the depth of relationships between MCH partners	• A brief survey was conducted in late 2020 followed by a group discussion in early 2021 to assess relationships, and the overall depth of relationships. Although limited response, every respondent said that the most important outcome of the group is "reduction of disparities". When asked which factors best contribute to the successes of the group, the top answer was that the MCH-AG brings together diverse stakeholders. The second most popular answer was the exchange of knowledge and information, and tied for third were both formal and informal partnerships formed through the Advisory Group.
	• Increase the number of providers linking to social determinants of health	• Systems Integration Prototype Project: The social support and home visitation program leaders in Monroe County requested more collaboration to reduce client duplication and access. To respond, members of the MCH-AG created a system's integration team and developed a work flow prototype that more easily connected clients and care managers to home visitation programs as well as other resources to address social determinants of health. The prototype was shared with 2-1-1 for possible future collaborations.
		• The CHIW leadership wrote 3 grant submissions to implement that systems integration prototype as well as other initiatives to link maternal and child health providers with housing resources, however none were funded
		• Hospital systems have contributed to the successful implementation of the Get Ready to GROW program which provides developmental screenings for 1-5 year olds in Rochester with subsequent referrals to social services, education and health services as needed.
		• Hospital systems have contributed to the successful development and implementation of the ROC Family Tele Connects program that provides universal screening to

INTERMEDIATE TERM

		newborns in Rochester/Monroe County. This screening program offers access to community health workers and behavioral health experts and link clients to social services and health support services. The MCH-AG is serving as the community advisory group for the ROC Family TeleConnects program.
ACTION 1: Partner with Healthy Baby Network 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 • Policy/advocacy agenda	• Input sessions were planned to be conducted with community groups, however extensive discussion with the MCH-AG 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. • The MCH-AG 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.
ACTION 2: Convene a Maternal Child Health Advisory Group (MCH – AG) 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	• Implement at least 3 system changes that will address social barriers and improve disparities • Convene the MCH AG at least 3 times annually • Begin a resource compendium with partner input	• Systems changes are linked to the drivers of disparities detailed below • Maternal Child Health Advisory Group of over 72 members from 34 organizations or departments across the Rochester community and healthcare systems was formed in late 2019, and solidified to a quarterly-meeting group in spring of 2020. The MCH-AG met # times in 2019, # times in 2020 and # times in 2021. Meetings were virtual during COVID • Resource compendium was created and MCH-AG members share information about their organizations at each meeting. After presenting, the MCH-AG members added to the compendium which is shared via a website and through email distribution.

SHORT TERM & OUTPUTS	organizations and the health systems	• Link to resources for patients (EMR, 211, survey, etc.) • Improved communications between programs and hospitals	• Systems Integration Prototyping team led by Theresa, other members in MCH are in other SI teams. Link to resources through Roc Family TeleConnect and Get Ready to GROW • The "Partner Updates" from participating organizations serve to increase communication and give community updates about each initiative represented at the MCH-AG

System Changes based on Policy and Advocacy Agenda

Housing

- Housing Advocacy: MCH-AG and CHIW wrote and submitted support for the Advocated for Tenant Opportunity to Purchase and Good Cause Eviction Legislation. Letter was read at "Speak to Council" on March 16th, 2021.
- Housing resources from Rochester Citywide Tenant's Union including a Tenants' Rights pamphlet were distributed to social work and other providers from the MCH and the CHIW

Birth Spacing

- The MCH-AG is the advisory body for the evidence-based pilot program Roc Family TeleConnects, based on the Family Connects model, a light-touch RN assessment and screening 3-6 weeks postpartum. Through the RN visits, mothers are asked about DV, breastfeeding options, postpartum depression, infant development, and about family plans including if they are interested in a birth control prescription or postpartum LARC
- Through the Systems Integration pilot program, members of the CHIW and MCH-AG collaborated to create a flow-chart of maternal and early childhood home visitation services in Monroe County. Leadership met with 2-1-1 to discuss the potential to program the options into the 2-1-1 directory, and are applying for grants to fund this process.

Institutional Racism

- The PCORI grant, results of which were presented to the MCH-AG by Dr. Amina Alio, focused on the pregnancy and birth experiences of Black women in the Rochester area through listening sessions. The project identified themes and institutional barriers/supports for the women in the listening sessions.
- In process: compiling a list of anti-racist education materials and trainings offered by hospital systems
- The UR Strong and Highland instituted the Equity and Anti-Racism Action Plan

ACTION 3: Host a Synergy meeting on local Maternal Child Health Disparities annually presenting results of focus groups and MCH Advisory Group Work	• # of attendees learning from the Synergy meeting
	• # of partnerships formed
		• With the occurrence of COVID19 no Synergy meetings were planned, however several Maternal Child Health Advisory Group meetings were themed and informative. With over 72 members from 34 organizations or departments and an average of 28 attendees at each MCH meeting post-COVID, the intent of the synergy meeting was accomplished. Informative presentations at the MCH-AG include:
		  o The PCORI Grant summary and results from Dr. Amina Alio
		  o Roc Family TeleConnects presentation on goals and plans for the pilot with follow up presentations.
		  o RASE commission policy updates on housing and maternal-child health from Stephanie Townsend, PhD
		  o Housing policy solutions from Rochester Citywide Tenants' Union from Lisle Coleman at United Way (TOPA and Good Cause Eviction).

The **Evidence Based Intervention** 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 MCH-AG also engage other tables of collaboration in maternal child health. We mapped those tables to represent the reach of the advisory group:

Perinatal Network · Roc Sexual and Reproductive Task Force · URMC Pediatrics · Rochester Central School District · Planned Parenthood · Rochester Regional Health · Metro Council for Teen Potential · School Based Health Centers · Multiple groups · URMC OBGYN · Person 6 · Person 4 · Person 7 · Person 5 · Nurse Family Partnership · Society for the Protection and Care of Children · Person 21 · Person 13 · Healthy Babies are Worth the Wait · Person 18 · Person 3 · Person 16 · Healthy Start · Person 19 · Person 8 · NYS HVCI Collective · Person 14 · Person 17 · Healthy Moms, Healthy Babies · MCH-AG · Person 22 · Healthy Baby Network · NYS 1st 1,000 Days · Roc Family TeleConnects · Person 11 · Person 9 · Doula Cooperative of Rochester · Person 12 · Person 15 · Person 10 · Person 2 · Person 1 · Monroe County Dept of Public Health · Rochester Area Birth Network · Person 20 · Infant Feeding Collaborative · Com Health Improvement Workgroup · URMC Baby Love · Abdominal Therapy Collective · Systems Integration Project · URMC Women's Health Practice · AHP Care Management · Healthi Kids · Common Ground Health

The extended tables that MCH-AG 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 indicated deeper engagement as described in the survey as:

- 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)
- Consult – you exchange feedback about project goals, processes and/or strategies for change; you ask questions and are asked questions, join a committee or otherwise engage minimally
- Collaborate – you partner in several aspect of decision making and in decisions including the development of alternatives and priorities; you are known by the group as a resource, you are actively engaged in committees or other ways of sharing input
- Co-lead – you share decision-making of the group – you help set the agenda for the group through a leadership position or consultation (Board member, senior leadership of the group)

Focus Area 2: Mental Health and Well-Being

There are two primary goals for promoting well-being to prevent mental and substance use disorders. The first is to strengthen opportunities to build well-being and resilience across the lifespan, and the second to facilitate supportive environments that promote respect and dignity for people of all ages. To facilitate progress on these lofty goals, the CHIW enlisted the help of the Monroe County Office of Mental Health (OMH) as a key partner. Members of the OMH have attended each of the CHIW meetings during the 2019-2021 implementation period. The CHIW goals and objectives were tied to initiatives in the OMH annual strategic plan whenever possible. The hospitals and health department, along with community partners, made significant strides in addressing well-being in Monroe County, including the following.

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

  Rochester Regional Health (Rochester General and Unity) and University of Rochester (Strong and Highland) both signed the Rochester Monroe Anti-Poverty Initiative (RMAPI)'s Employer pledge, committing to many steps to community wealth building and supported employment, including a $15 minimum wage for all employees. Link to the whole pledge: http://endingpovertynow.org/wp-content/uploads/2019/08/RMAPI-Employer-Best-Practices-Pledge-1.pdf In addition, the County Executive agreed to increase pay rates of the lowest-paid county employees.

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

- **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 de-identified discharge documents from local Emergency Departments for patients who had presented with Opioid Use Disorder. The review found that often patients were not being offered support for their underlying substance use disorder. More than 40% of the hospital notes had no mention of the substance use disorder. The Health Department also conducted a review of the language used in the discharge notes, and determined whether the language was templated (automatically filled in) or whether it had been written by the provider. Of the discharge instructions, 25% contained language that was considered stigmatizing. To address both of the concerns studied in the Health Department's reviews, the CHIW convened a meeting of ED providers from all local hospitals on September 14th, 2020. At this meeting, the providers expressed an interest in using approved non-stigmatizing language. In order to develop the best and most patient-centered language, the CHIW enlisted community members with lived experience from two local peer advocate organizations: Liberty Resources and ROCovery fitness. Having peers with lived experience will insure that the language is as accurate, patient centered, and non-stigmatizing as possible.The recommended language was shared with Emergency Department Directors at each of the hospitals, and each hospital has integrated the new documents into their discharge planning.

- **Trauma Informed Assessments and Trainings:** 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 be 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 to the CHIW. A 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/community-health/health-policy/resources.aspx . The local Institute, CCSI, offers a nationally recognized TIA called the TRUST tool (Trauma Responsive Understanding Self-Assessment Tool). In September, Amy-Scheel Jones from CCSI presented to the CHIW on the TRUST tool and

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

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 call, 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

- Link behavioral health crisis calls that do not require an immediate, in-person response to 211/Lifeline for assessment, de-escalation and connection to support services

- Expand dispatch options for crisis calls that do require a timely in-person response. This is also a longer-term undertaking, but in the immediate term will be advanced by:

  - Leveraging grant funding from the U.S. Department of Justice to expand coverage by the Forensic Intervention Team to create a 24/7 response capability;

  - Collaborating for other in-person (non law-enforcement) response options with mobile behavioral health crisis services available through the University of Rochester Medical Center's Crisis team and the mobile team with Rochester Regional Health System's Behavioral Health Access and Crisis Center;

  - Working in partnership with the City of Rochester as it rolls out its new Crisis Response Team, including the development of protocols for back-up support

In addition, post-crisis supports will be increased in order to address the full range of individual needs and help prevent future crises. https://www.monroecounty.gov/news-2021-02-18-taskforce

Focus Area 2: Promote Well-Being to Prevent Mental and Substance Use Disorders

<table>
<tr><th colspan="2">Description</th><th>Measure of Success</th><th>Accomplishments</th></tr>
<tr>
<td rowspan="2">LONG TERM</td>
<td>Goal 1: Strengthen opportunities to build well-being and resilience across the lifespan

Note: It is not likely or expected that any significant changes will occur in these long term outcome measures given the short time frame of the improvement plan.</td>
<td>Reduce the age-adjusted percentage of adults reporting '14 or more days with poor mental health in the last month' from 12.3% in Monroe County (PA) by 10% by 2021
Reduce the number of youth, grades 9-12 who felt sad or hopeless by 10% (from MC Baseline of 32%, PA) by 2021</td>
<td>This metric has not been updated on the Prevention Agenda Dashboards for Monroe County since baseline measurement (2016). Unfortunately, poor mental health and distress attributed to the COVID-19 pandemic will probably lead to an increase in these percentages in the 2020 data.
The Youth Risk Behavior Survey was not conducted in 2020 due to the COVID-19 Pandemic, but will hopefully be conducted in fall of 2021.</td>
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<tr>
<td>Evidence Based Intervention: Explore opportunities to build community wealth such as supporting worker-owned cooperatives and businesses, using the power of hospitals as anchor institutions</td>
<td>Complete a comprehensive summary of interventions that anchor institutions have successfully implemented to improve community wealth. At least one recommended wealth-building option to be implemented by the hospitals in the CHIW</td>
<td>Compilation of examples of successes in hospital wealth building and use of hospitals as anchor institutes was created. In addition, a list of local agencies working on wealth building initiatives and contact information was created and shared with the CHIW
List of examples of other successes in hospital engagement in anti-poverty and wealth building has been created
Economic recovery (post-covid) initiatives were presented and discussed at the March 15th, 2021 CHIW Meeting. These initiatives include an ongoing online survey of needs by RMAPI (Rochester Monroe Anti-Poverty Initiative) and employment fairs and grants offered by the City of Rochester.
University of Rochester and Rochester Regional Health both signed RMAPI's Employer pledge, committing to many steps to community wealth building and supported employment, including a $15 minimum wage for both institutions. Link to the whole pledge: http://endingpovertynow.org/wp-content/uploads/2019/08/RMAPI-Employer-Best-Practices-Pledge-1.pdf</td>
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			• 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 regular full-time 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.

| **INTERMEDIATE TERM** | **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 | • # SOS partners engaged in CHIP community wealth building (June 2020)
• Information distribution for hospitals developed for # of attendees learning from the Synergy meeting
• # of partnerships
• Increased relationship with City, RMAPI, ABC | • 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
• 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 Marx, Poverty & Policy: Can't Just Program Our Way Out
• Despite not hosting a Synergy meeting, institutions were able to implement wealth building initiatives (see above) |
| | **Goal 2:** Facilitate supportive environments that promote respect and dignity for people of all ages

Note: It is not likely or expected that any significant changes will occur in these long term outcome measures given the short time frame of the improvement plan. | Increase the community score for Monroe County from 54.4% (2018)
• (The Community Score is compiled from seven data sources: volunteering, voter registration, youth disconnection, violent crime, access to primary health care, access to healthy food and incarceration) | The community score has remained constant for Monroe County at 54.4%, although this may not the most accurate measure for assessing supportive environments. |

Evidence Based Interventions: Policy and program interventions that promote inclusion, integration and competence	• # of policy or program interventions that promote inclusion	• 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: • The University of Rochester Medical Center developed the Equity and Anti-Racism Action Plan led by senior leadership and an extensive infrastructure and supported by a substantial budget to increase inclusivity at the school, UR Strong, and UR Highland (https://www.urmc.rochester.edu/equity-antiracism-action-plan.aspx) The five year plan includes action in the following areas discussed in the plan: build, recruit, nurture, exemplify and engage. • Several members of each of the hospitals and the health department engaged in a community process led by the city and county to address racism in policy. The RASE Commission (Commission on Racism and Structural Equity) released a report of recommendations in 12 key areas of concern include healthcare. To enact the proposed recommendations, the Mayor and County Executive will select recommendations that they, or city council and/or the county legislature, can put into practice. Then, a successor to the Commission will be identified to govern the implementation process. The CHIW will continue to advocate for relevant RASE recommendations. • The University of Rochester Medical Center supports the declaration that racism is a public health crisis and commends the Greater Rochester Black Agenda Group for drawing attention to this important statement.
Action 1: 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	• The Monroe County Department of Health reviewed discharge language (both scripted and un-scripted) for stigmatizing language and treatment of Opioid Use Disorder for those discharged from the communities emergency rooms. The MCHPH shared the results of this study with the CHIW members. • CHIW leaders and hospital representatives met with emergency department (ED) Directors of hospitals in the County in September 2020 to share MCDPH study results and discuss

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SHORT TERM & OUTPUTS		these language changes to default language that is used in the EMR • # of stigma reduction documentation reviews • # of changes made in websites, presentations, documents	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. • 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 non-stigmatizing language was created. • 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) • In summary: more than 3 documents were reviewed for stigma reduction including discharge notes and referral documents and several implementation strategies were initiated. • In addition, the Monroe County Department of Public Health reviewed internal documents for stigmatizing language and made several improvements.
	Action 2: Mental Health First Aid which teaches effective responses to youth mental health crises	• 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 • # of Mental Health First Aid Courses held • # of Participants • *# of Spanish Language MHFA courses held*	• 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. • 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 R-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 R-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.

	• *# of instructors trained in MHFA*	• No new Spanish Language providers were trained, or Spanish YMHFA courses held yet.
Action 3: Partner with CCSI to hold at least one education session on trauma informed assessments for local organizations and clinical practices	• # of training, attendees • # of organizations or clinical practices engaged in assessment • *# of practices making changes to be more trauma-informed*	• The CHIW membership was interested in learning more about trauma informed care and assessment (TIA). CHIW leadership created a list trauma-informed assessment resources, including several free or low cost options. The TIA spreadsheet now lives on the CHIW website for reference. • 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) • After offering information about TIA, the MCDPH Special Children's Services conducted a Trauma Informed Assessment using the TRUST tool

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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 Well-Being 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 2014-2016 and 2016-2018 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 since 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 range around 150/month.
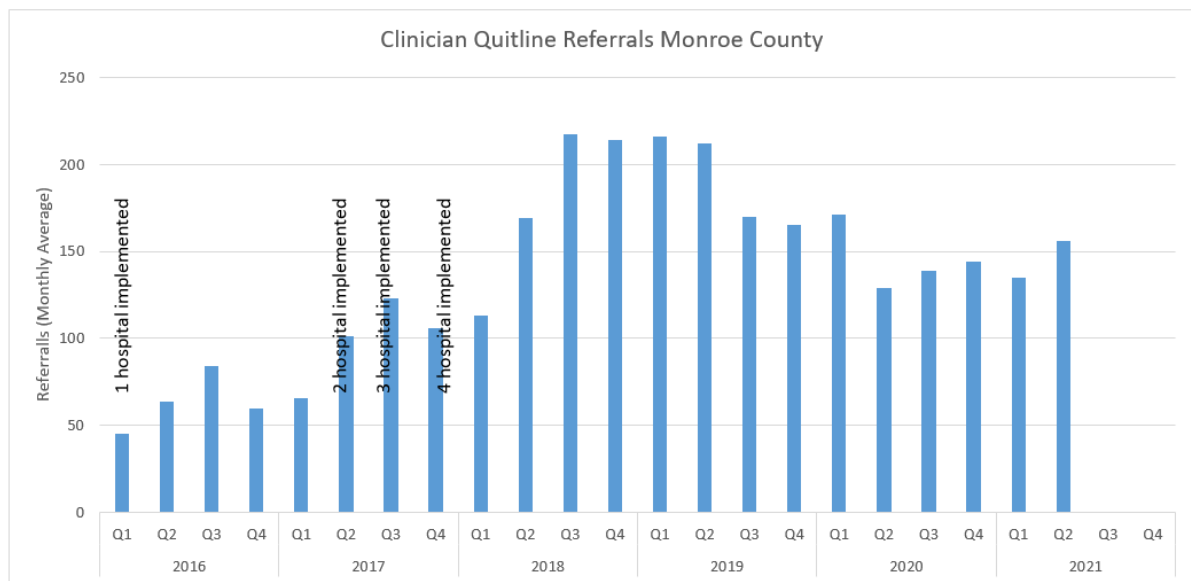
This shows the monthly average for each quarter of quitline referrals by clinicians from Monroe County to the NYS Quitline. The electronic referral process was activated in 2016 and 2017. Averages have remained above 100/month and sometimes over 150/month since the electronic referrals went live in 2017. Prior to electronic referrals, monthly averages were between 50 and 100/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 issuing 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, an infectious disease specialist presented current STI data and local professional training opportunities to the CHIW. The CHIW connected the state with the Executive Director of the Monroe County Medical Society (MCMS) for future disseminate of information to a much larger group of providers.   In addition, a Public Health Grand Rounds presentation focused on this topic, given by Marguerite A. Urban, MD , Medical Director, Center for Community Practice; Professor of Medicine, Division of Infectious Diseases, URMC was given in February 2021. https://www.urmc.rochester.edu/community-health/education/grand-rounds.aspx

Food Insecurity

Since the onset of the pandemic, Rochester City School District (RCSD) and other school districts have been cognizant of the fact that many students rely on school lunches or subsidized school lunches for multiple meals a day. Even though they are closed and relying on remote learning for the fall semester, students are able to pick up meals at many of the school locations and some of the City's R-Centers. For more information about these meal services, go to https://www.rcsdk12.org/Page/54797.

Foodlink, the food pantry for the Rochester area (Monroe and surrounding counties) has been instrumental throughout the pandemic, working with 2-1-1 to provide Emergency Food Supply Boxes to those struggling with food insecurity. Foodlink and United Way have been working together to coordinate volunteer shifts for food distribution.

Rochester Regional health has also had a program with FoodLink called Curbside RX where a select subset of patients were given $15 coupons for the foodlink mobile market for fresh food and produce twice monthly. The program was funded by FLPPS and the funding was extended for the second half of 2020 when the pilot was successful and in light of the stressors of the pandemic and their impact on food insecurity in our community. A successful pivot was made

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 25th, 2021, URMC 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 URMC Food Pantry offers patients with emergent food needs immediate access to nutritious and affordable food options on-site. The pantry is piloting its workflow with Strong Internal Medicine's ambulatory practice on AC-5 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, on-site ambulatory practices, and the emergency department to help combat hunger in our region and better address a health disparity that impacts many URMC 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 8-member 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 2022-2024 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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