

Research summary for strategic planning January 2025

- I. Generally, we will examine Health Equity research related outcomes of work through:
 - a. pre-post survey assessing the degree to which OHER-funded projects meet health equity research standards (according to an NIH definition)
 - b. feedback, publications, and funding from an annual and then separate quarterly survey of our HERCI core research members
 - c. tracking equity-related research university-wide as directed by Dean Linehan, utilizing adapted RSRB systems, ORPA systems, and our own surveys
 - d. feedback from our community advisory council and HERTF

II. Below are our Community Health Equity Research priorities and descriptions of progress/goals

1. **Improve access to safe, affordable housing: High quality, safe, and affordable housing in neighborhoods that provide access to health-promoting features are crucial to improving our communities' health outcomes.**

Two years work group led by Dr. Katrina Korfmacher of UR faculty, as well as coordinating in the community with the regional rotary club. OHER policy team was charged with the development of a housing white paper that describes approaches other academic medical institutions have adopted to address housing crises in their respective communities, in hopes that institutional leadership would consider pursuing any of them in partnership with our local community. Institutional leadership supports these efforts, in process, notably Edith Williams, Dean Linehan, Anne Francis Pediatrician and URM Board Chair, Shaun Nelms (Vice President for Community Partnerships & Special Advisor to the President), Clayton Jones. We are also part of a process with ESL to address these issues. There is a substantial commitment to transitional housing efforts, but we are in process of revisiting how community funding is delivered and consider having URM spearheading a community effort to address unsafe housing, especially those with children that landlords are not keeping at standard. One model is to assess a landlord-mediated intervention as a model for appropriate and ethical housing policies and relationships with tenants, potentially as a RCT or opt in/out. The ESL approach which we could investigate is moving tenants toward home ownership. We could assess the impact on economic development, generational wealth, and health

2. **Facilitate supportive environments and promote well-being and resilience that build well-being and resilience across the lifespan to prevent and address mental health and substance use disorders.**

- a. We are currently developing an initiative to submit for funding to prevent drug overdose among Black men and have acting partnerships with community organizations including Recovery Houses of Rochester, Father Tracy Center, County Dept of Health, Common Ground Health, Delphi Rise, Recovery Fitness, Reentry Association of Western NY/RAWNY, National

Council on Alcoholism & Drug Dependence-Rochester Area, Monroe County Opioid Task Force, and multiple inpatient and outpatient SUD recovery programs in the county and Finger Lakes region (including rural programs under leadership of URMIC Michele Lawrence)

- b. **“TELL ME: Transgenerational Encouragement of Language acquisition, Literacy, and social eMotional wEllness among Deaf seniors and youth”**: innovative intergenerational language, literacy, and social connection program designed to provide Deaf youth (4th to 8th grade) with fluent language and community role models, and Deaf seniors with socialization and community-building opportunities. Through a randomized controlled design, we will assess efficacy of the TELL ME intervention on English literacy, American Sign Language acquisition, social-emotional wellness, and social connectedness. This intergenerational study is the first of its kind to collectively address language acquisition and social emotional wellness in Deaf youth and seniors.
- c. We have been supporting the effort of the Commissioner for Recreation and Human Services and the Center for Youth to examine outcomes of rec center-based program for grades K-12 aiming to help maximize social and emotional wellness, mental health, and communication strategies. This is also part of preventing violence strategies

3. Preventing Violence. Violence is an urgent public health issue affecting people of all ages. It can lead to a lifetime of economic, emotional, and physical problems. Interventions are needed to keep people safe and healthy.

Current OHER funded initiative led by Corey Nichols-Hadeed, JD, “Intergenerational Mentoring to Promote Healthier & Safer Communities,” is grounded in academic-community partnership, with scientific and clinical expertise in healthy aging, community-partnered research, and community violence prevention. Goals include developing an intergenerational “Community Conversations” program aimed at older adults and youth, creating training manuals and training experiences for older adult mentors, refining curriculum, and piloting the program to examine effectiveness. The funding provided by OHER will build on existing work by Nichols-Hadeed supported by a Healthy Longevity Catalyst Award from the National Academy of Medicine and established community partner relationships to ensure sustainability and responsiveness to community needs. Corey also co-leads the internally funded Gun Violence Prevention and Firearm Safety Program, which we will leverage to create a research center incorporating mixed methods research effort that captures diverse perspectives, tests integrated response models, and characterizes the prevention landscape.

4. Decrease reincarceration rates through policy.

Creating policies that focus resources on helping people successfully complete community supervision and avoid returning to custody or supervision will create a steep path out of poverty for those affected. OHER supported grant to Dr. Amina Alio examines outcomes of an implementing an evidence-based program with currently or formerly incarcerated fathers, specifically examining outcomes of Black fathers. The pilot examines outcomes of culturally adapting and implementing the InsideOut Dad’s program to meet specific needs of Black families through building father-child relationships among incarcerated and formerly incarcerated men.

These results are in the process of being written up as outcomes and grant applications. This is also part of preventing mental health and substance use disorders.

5. Improve chronic disease prevention and management.

Implementing social and environmental interventions designed to address and prevent the root cause of chronic disease can benefit and protect individual people's health and quality of life. Our jointly-sponsored RFA's (with Orthopaedics, Neurology, Warner School, Aging institute, and Environmental Health) this year welcome initiatives to address these health inequities, especially in the populations mentioned below. OHER is also co-sponsoring the Dept of Medicine Research Symposium this coming Feb

a. THE ARCCC: The Center for Community Health & Prevention is in the exploratory stages of creating a physical location for research, health and programmatic connections and partnerships between University of Rochester Medical Center and our community. We are calling this place a **T**rain**E**d, **E**d**E**cation, **A**nd **R**esearch **C**enter for **C**ommunity **C**onnections (ThE ARCCC). THE ARCCC will be a central "hub" located in a community-accessible location with the aims of providing research, education, and community capacity building activities through partnership between the community and the Center for Community Health & Prevention. THE ARCCC will bring people together across health issues, through the identification and distribution of health resources, skill building and impactful programming. We envision knowledge acquisition and strategies for transformative social change in the way health care impacts our historically marginalized communities.

b. Development of a Center for Healthy Weight and Nutrition: Focused on the treatment of obesity in children and families, with emphasis on behavior change. There are a number of URM departments working together on this issue (i.e., Pediatrics, Center for Community Health and Prevention, Endocrinology, Orthopaedics, Bariatric Surgery, Psychiatry, and Psychology). We are exploring research opportunities to better understand the community/health contexts and improve access and adoption of evidence based, acceptable strategies.

c. Indigenous Health Research Center-we are working with community members to help develop a center, helping to build the case for funding and support

d. Latino Health Research Center -we are working with community members to help develop a center, helping to build the case for funding and support

e. Maternal mortality disparities: Promoting the health of women, infants, children was part of an OHER sponsored Guyer lecture and daylong conference, "Are Black Women Safe Giving Birth: The Hard Truth of How Racism and Discrimination Perpetuate Disparities in Maternal Mortality" followed by an expert panel and audience/community/professional input on next steps for action and research.

f. LGBTQ health disparities are another unmet need and health priority. A number of the OHER minigrants so far this year support these efforts, including to Laura Stamm and others