



Genesee County

Orleans County

Wyoming County

# Community Health Assessment

## Executive Summary

### 2025-2030



ROCHESTER  
REGIONAL HEALTH

 ORLEANS  
Community Health

 WCCHS

## **Executive Summary**

The 2025-2030 Genesee, Orleans, and Wyoming (GOW) Counties Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) and Community Service Plan (CSP) is a collaborative process used to examine the current health status of GOW residents while also identifying a comprehensive plan for addressing health challenges.

Local hospitals including Rochester Regional Health at United Memorial Medical Center (UMMC), Orleans Community Health (OCH), and Wyoming County Community Health System (WCCHS) along with the Genesee, Orleans and Wyoming (GOW) County Health Departments are committed to working collaboratively with the residents and institutions of the GOW Counties to improve the health of our community. In the GOW region, the CHA Steering Committee brings together leaders from hospitals, health departments and community agencies to prioritize community health needs and develop a Community Health Improvement Plan.

### **Prevention Agenda Priorities:**

The process of identifying the priority health needs of residents in Genesee, Orleans, and Wyoming Counties included primary data collection through the community survey, community conversations, and key informant interviews, as well as secondary analysis of health indicators for all three counties. The Steering Committee shared these findings with the CHA Community Workgroup and requested feedback from partners on what the priority areas should be based on all the information provided. This input guided the discussion and determination of priority areas for the 2025–2030 cycle.

Following a comprehensive review of the health indicator data and feedback from the community, partners, and stakeholders, the GOW Steering Community and Community Workgroup selected the three following priority areas to address, with a focus on the disparity of access in rural areas for the 2025-2030 period.

- Poverty
- Anxiety and Stress
- Preventive Services for Chronic Disease Prevention and Control

### **Data Review**

For the GOW 2025-2030 Community Health Assessment, county, regional, and state data were analyzed to review trends and compare each county's health indicators to national goals, state goals, and local averages. To reach this conclusion, the CHA Steering Committee and Community Workgroup facilitated and completed the following activities throughout the Genesee, Orleans and Wyoming Counties.

- Primary Data Analysis
  - GOW Community Health Assessment Survey
  - GOW Community Conversations

- GOW Key Informant Interviews
- Secondary Data Analysis and Review of Health Indicators
 

Sources included, but not limited to:

  - County Health Rankings & Roadmaps
  - New York State Department of Health (NYSDOH) Community Health Indicator Reports
  - NYSDOH Prevention Agenda Dashboard
  - NYS Expanded Behavioral Risk Factor Surveillance System (eBRFSS)
  - PLACES: Local Data for Better Health
  - U.S. Census Bureau
- Priority Area Focus Meetings
  - Conducted with the CHA Steering Committee and Community Workgroup to identify and refine priority focus areas based on data findings. Needs were then prioritized using established criteria, including:
    - Need among vulnerable populations
    - Ability to have a measurable impact
    - Ability to intervene at the prevention level
    - Community capacity and willingness to act
    - Importance of the problem based on community resident, partner, and stakeholder feedback

### Partners and Roles

The CHA Steering Committee is comprised of representatives from the three hospitals in the GOW region (UMMC, OCH, and WCCHS) and the local health departments in the GOW counties. Local community and government groups represented on the CHA Steering Committee include Independent Living of the Genesee Region, Oak Orchard Health, and WNY Rural Area Health Education Center, Inc. (WNY Rural-AHEC). The CHA Community Workgroup is comprised of representatives from the following agencies and organizations throughout the GOW region: Genesee County CASA for Children, Community Action for Orleans and Genesee Counties, Community Action for Wyoming County, Veterans Association Western New York Healthcare System, Wyoming County Sheriff's Office, Department of Social Services- Wyoming County, Roswell Park Cancer Institute, Genesee Valley BOCES, YWCA of Genesee County, Mental Health Department – Wyoming County, United Memorial Medical Center, Women, Infants, and Children (WIC), GLOW YMCA, GLOW Out!, Orleans County Office for the Aging, The Goose, University of Rochester Medical Center, Wyoming County Chamber of Commerce, UConnectCare.

In the fall of 2024, the Genesee, Orleans, and Wyoming County Health Departments convened the CHA/CHIP/CSP Steering Committee. This committee, which included designees from each county hospital and representatives from community agencies, met twice a month from September through December to develop the Community Health Assessment (CHA) survey. In December, the draft survey was presented to the

Community Workgroup to gather feedback from community partners, which was then used to finalize the survey. Survey responses were collected from January to April 2025, while community conversations were held from March to June 2025. The Community Workgroup played a key role in assisting the Steering Committee with survey distribution and organizing the Community Conversations. Additionally, key informant interviews were conducted by health department staff with community stakeholders from April to July 2025.

The broader community was engaged through participation in the Community Health Assessment (CHA) survey and Community Conversations. These engagement methods provided residents with an opportunity to share their perspectives on key health issues affecting their communities. Participants were asked to identify the most significant health concerns, suggest potential Community Health Improvement Plan (CHIP) priority areas, and describe the greatest community needs related to health and well-being. In addition, respondents provided recommendations to improve community health outcomes and offered input on how local programs and services could be strengthened to better meet the needs of residents. The full survey report is included in Appendix D, summaries of the community conversations are provided in Appendix F–H, and summaries of the Key Informant Interviews are available in Appendix J–L.

### Interventions and Strategies

The evidence-based interventions, strategies, and activities selected to address the identified priority areas were chosen based on community feedback, key informant interviews, and local health data. Selection criteria included alignment with evidence-based practices, feasibility for implementation in Genesee, Orleans, and Wyoming counties, and potential to reduce health disparities.

- **Poverty**
  - **Intervention:** Develop a resource guide that can be posted on websites and distributed to clinics, hospitals, libraries, and pharmacies to include information on community resources.
  - **Activity:** Develop and promote a user-friendly, comprehensive resource guide that includes information on community resources.
  - **Justification:** Many community members, including patients, caregivers, and providers, may not be aware of the available health and social resources in their area, and those experiencing poverty often face additional barriers to accessing care and support. A centralized, user-friendly resource guide increases awareness, improves access, and helps individuals connect with services that support their physical, mental, and social well-being. By providing easily accessible information, the guide can reduce barriers to care, address disparities related to socioeconomic status, and support healthier, more equitable communities. Access to community services, support, and resource coordination was highlighted as a priority during community conversations and key informant

interviews, indicating a need for better connections to and access to health and social services within the community.

- **Anxiety and Stress**

- **Intervention:** Promote resilience-building strategies for individuals living with chronic illness by enhancing protective factors, including independence, social support, positive coping styles, self-care, and self-esteem.
- **Activity:** Promote CredibleMind, a digital mental-wellness platform designed to support prevention, early intervention, self-care, and resource navigation.
- **Justification:** CredibleMind provides curated, expert-vetted resources and resilience-building strategies that have been shown to reduce stress and anxiety, particularly among individuals living with chronic illness. Its content aligns with established mental health promotion frameworks and has been recognized by public health organizations as an effective digital intervention for improving well-being. Community survey responses, community conversations, and key informant interviews identified stress, anxiety, and mental health as significant concerns within Genesee, Orleans, and Wyoming counties. CredibleMind directly addresses these priorities by offering tools for self-assessment, coping strategies, and resilience enhancement. As a digital platform, it can reach a broad range of residents, including rural and underserved populations who may have limited access to in-person mental health services, making it a feasible and equitable solution for supporting community mental health.

- **Preventive Services for Chronic Disease Prevention and Control**

- **Intervention:** Partner with community-based organizations to promote access to preventive screenings and chronic disease management programs (e.g., blood pressure, diabetes, and cholesterol screenings).
- **Activity:** Implement targeted outreach to raise public awareness of available preventive screenings and chronic disease management programs and encourage participation.
- **Justification:** Evidence demonstrates that preventive screenings enable early detection and management of chronic conditions, reducing long-term health disparities. Local survey responses, Community Conversations, and key informant interviews highlighted gaps in awareness and access to preventive services, guiding the selection of these strategies to address community-identified needs.

### Progress and Evaluation

To evaluate the impact of the selected interventions, the Steering Committee has established process measures to monitor implementation and engagement with the target population. These measures track both the delivery of activities and ensure interventions are reaching intended audiences.

#### Process Measures by Intervention

- **Poverty**
  - Number of website visits to the resource guide
- **Anxiety and Stress (e.g., CredibleMind platform)**
  - Number of website visits on the CredibleMind platform
- **Preventive Services for Chronic Disease Prevention and Control**
  - Number of preventive screenings conducted, with particular attention to underserved areas

The **Community Health Assessment Steering Committee and Community Workgroup** will convene quarterly throughout the 2025–2030 implementation period to engage partners and subject matter experts on the selected priority areas. The Steering Committee is responsible for monitoring short-term process measures, including the number of website hits, screenings, and other key activities. Community Workgroup members will have access to the reporting matrix, which will be updated quarterly and distributed via email, enabling regular review of progress, identification of gaps, and adjustments to enhance intervention effectiveness.