



Advancing Impact in a Changing Community A Needs Assessment Scan of Greater Rochester

July 2018

Dear Community Partners:

The following report details an overall assessment of current and emerging challenges we are facing as a community. With our partners at CGR, we share this document as a “jumping off point” —a baseline for what is happening today, and a guide to inform future planning and strategies for community improvement.

While it is no secret that we are facing significant local challenges, we also have much to be proud of. We, as a community, are generous of heart, resilient, and have a strong foundation to build from. With the assets we have in place, we can collectively make a powerful impact *together*.

This year marks the 100th year of United Way serving our community in partnership with you. As we turn to the next century of service, we start now in developing our ***United for Impact: 2020 Community Fund Investment Plan*** by identifying the greatest needs in our community, learning from you, and harnessing best practices and promising solutions happening here and across the country.

We want to hear from you!

- Please read the following community needs assessment and join in the planning process by attending upcoming listening sessions to react and share what matters most to you, your family, clients and community.
- We encourage you to provide ongoing input to our Community Impact team.
- Visit uwrochester.org/Impact to sign up for a listening session and to begin receiving information on future community investment plans.

There is no question there is much to be done. No one organization alone in isolation can solve complex community problems. The only way we can create real, lasting change is by innovating the way people, organizations, and systems work together.

United Way stands ready to serve. Thank you for being part of the solution, for your support, and for all that you do to create a thriving community.

In partnership,

Jaime Saunders
President & CEO
United Way of Greater Rochester



Advancing Impact in a Changing Community

A Needs Assessment Scan

July, 2018

**This report was produced on behalf of
the United Way of Greater Rochester**



GIVING BACK & LOOKING FORWARD SINCE 1918



© CGR Inc. 2018 – All Rights Reserved

Executive Summary

As United Way of Greater Rochester embarks on its centennial year, it seeks to take the pulse of change in the community it serves as a foundation for guiding Community Fund investments, rallying stakeholder support and advancing human service capacity.

CGR developed this report to focus on Monroe County. While United Way of Greater Rochester serves a six-county area that includes Genesee, Livingston, Ontario, Wayne and Wyoming counties, the report is intended to help inform future investment strategies in Monroe County.

And because the report is helping to inform investment strategies, this needs assessment scan is focused on need.

That should not be taken to imply that there are a lack of great things happening in our community. Unquestionably, there are. But our emphasis here is on synthesizing changes and needs in ways that ensure United Way's investments in the coming years are as targeted and context-sensitive as possible.

In the decade since United Way's first Blueprint for Change, Monroe County has shifted in some dramatic ways. New initiatives, funders and policymakers have emerged. Serious and entrenched issues have moved to the top of the community's agenda. New cross-sector tables have been convened, bringing together leaders and organizations in more collaborative ways. And emergent state and local policy efforts, alongside neighborhood-based nonprofit work, have enhanced the potential for integration and improvement across key sectors.

CGR's report is intended to help United Way of Greater Rochester, its stakeholders and partners "level-set" the Monroe County context in which the organization invests, advocates and builds community capacity. By examining four key data elements—published needs assessments, community indicator data, a review of funders and their priorities, and stakeholder input—the report synthesizes the problems, players, programs and policies that characterize the ecosystem in which United Way operates.

Conclusions are organized around five fundamental “change drivers” affecting the community that United Way serves. They are:

- **Demographic changes;**
- **Socioeconomic changes;**
- **Institutional changes;**
- **Social awareness changes; and**
- **Charitable support changes.**

Across these five dimensions, a host of fundamental changes have occurred, continued or intensified since the first Blueprint for Change was published. Collectively, they characterize the environment and contexts in which United Way of Greater Rochester will work in the coming years.

They include:

- **Population growth has been stagnant** at the macro level and uneven at the micro level, with population decline impacting the City and nine suburban communities.
- The **population has continued to age**. As a result, the ratio of working-aged persons to traditionally non-working-aged younger and older adults has fallen, and the need for caregiver supports has grown.
- **Real income levels have fallen**, reinforcing challenges like affordability and food insecurity.
- **Concern over educational achievement in the City of Rochester** has grown further.
- The community is **deeply segregated by race**, with **rampant disparities** reinforcing pervasive outcome gaps.
- **Recognition of inequities and structural racism** has increasingly characterized our dialogue on key challenges.
- The **growing incidence and lethality of addiction** has become an even more significant threat.

-
- **Collective impact approaches have been adopted** alongside an increased focus on the **need to integrate key systems**.
 - **Fewer Americans are giving to charity**, and data indicate the rate of charitable giving in our community lags the national average.

These changes and others discussed in the report drive important considerations for United Way and the community it serves. They reinforce the importance of basic needs and related services; the essentiality of caregiver supports; and the imperative of addressing racial and ethnic disparities.

They have strategic implications as well.

United Way should neither make nor avoid investments solely because of public opinion. But it has a fundamental responsibility to be a consistent, intentional and strategic convener, facilitator and educator on critical community issues. That is doubly important where there is dissonance between investment decisions and how the general public or key stakeholder groups may define urgent community needs.

At times it will need to play a leadership role; at others, a partner or participant role. **It can have greatest impact not just where it leads or follows, but where it makes strategic investments as part of a clear theory of change and actively works to mobilize community support and catalyze momentum.**

There are opportunities for United Way of Greater Rochester to establish new partnerships with emerging local policy and philanthropic players in ways that leverage common investments and further collective impact efforts.

And to bridge the gap between community needs and resources, it is essential that United Way continue innovating its funding strategies. This includes diversifying beyond the annual campaign through foundation and government grants, and ensuring a truly year-round “giving” presence.

While we face no shortage of challenges as a community, we *have a history of innovating*. Working together, we have proven our ability to move the needle on significant social and health challenges which, in their own day, seemed similarly intractable.

Consider the progress we have made cutting the teen pregnancy rate, or reducing childhood lead exposure, or strengthening our early childhood education system. While there is still work to do in each case, the point remains that we have made progress on challenges that once seemed immovable.

Progress was achieved in these areas based on a series of fundamental principles—principles that rest at the very ethos of United Way and how it invests in a stronger community. Furthermore, they reinforce how ideally positioned United Way is to elevate its multifaceted role as a change agent for good in our community. These principles include:

- **Collective ownership of key community challenges;**
- **Research-informed solutions;**
- **Extensive cross-sector involvement;**
- **Institutional partnerships;**
- **Proactive public engagement; and**
- **Rigorous impact evaluation.**

This report, prepared by CGR on behalf of United Way of Greater Rochester, is shared with United Way partners and stakeholders as a resource and part of its commitment to advancing the common good and collective efforts to help all people thrive.

Table of Contents

Executive Summary	i
Table of Contents	v
The Change Imperative	1
History and Current Approach	5
Methodology	5
Published Needs Assessments.....	6
Indicator Data	6
Philanthropic Funders and Priorities.....	7
Stakeholder Survey.....	7
Change Drivers in Greater Rochester	7
Demographic Change Drivers	9
What it Means	11
Socioeconomic Change Drivers	12
Real Pain in Large Swaths of the Community.....	14
Community-Wide Threats to Well-Being.....	16
What it Means	18
Institutional Change Drivers	19
What it Means	22
Social Awareness Change Drivers	23
What it Means	25
Charitable Support Change Drivers	26
What it Means	28
Community Partner & Stakeholder Perspectives	29
Defining “Need”	30
Drawing on the Lessons of Past Successes	32

The Change Imperative

The only constant is change. Communities change.
Organizations change. We change.

And with change comes the imperative to reevaluate what we know, our direction and strategy.

Change is essential to improving the lives of those in the community who need it most. Taking the “pulse” of what is changing—and what is driving that change—is how individuals and institutions ensure their roles remain as relevant, resonant and impactful as possible.

That is the basis for this report.

The history of United Way of Greater Rochester itself is a story in change. Since George Eastman first called on community leaders to establish the Rochester Patriotic and Community Fund in 1918, United Way has sought to innovate how it invests in community improvement.

As United Way commemorates on its centennial year of service to the Rochester community, the organization again stands at the precipice of change. This report represents the culmination of the first phase in United Way’s new investment strategy planning—the first comprehensive update since the landmark 2008-09 Blueprint for Change community investment plan. A second-generation Blueprint for Change was adopted in 2013, and refreshed in 2016 to inform investment decisions through 2019. The current effort involves a full reevaluation of where United Way can best make an impact given the dynamics and changes of the past decade.

As with each previous revision, the ultimate goal of this update is to guide investment of Community Fund dollars entrusted to United Way, as well as provide input to the organization’s larger Community Impact strategy.

To provide data, planning and strategic guidance to this process, United Way is partnering with CGR, the Rochester-based

nonprofit consulting organization with which United Way shares a common founder in George Eastman, a common century of service, and a common mission to contribute to a stronger, engaged and more vibrant Greater Rochester.

The first phase in developing United Way's new investment and Community Impact strategy involves conducting a community needs assessment "scan," which this report summarizes. The scan's chief aim is to document and synthesize not only current conditions in Greater Rochester, but also what has changed in the community since United Way formulated its current investment strategy.

Indeed, our community has experienced change in the past decade. A number of new initiatives, organizations and policymakers have emerged. Serious, entrenched issues have found a new place atop our public agenda. New cross-sector tables like the Finger Lakes Regional Economic Development Council, Rochester-Monroe Anti-Poverty Initiative and ROC the Future have leveraged collective impact approaches to bring added energy, funding and program ideas to the fore. And place-based initiatives such as Connected Communities are engaging neighborhood residents in holistic community improvement activities.

New funders are bringing new priorities and ways of thinking to the community. The Farash Foundation is a strong new voice in urban education reform. The Greater Rochester Health Foundation is trumpeting the need to view children's health holistically and forging new relationships among partners. The ESL Charitable Foundation is poised to begin making larger grants aimed at helping Rochester to become a healthy and resilient community, while continuing to focus on data-driven collective impact efforts.

The Konar Foundation and Ralph C. Wilson Foundation are also ramping up grant-making, and key existing players such as the Rochester Area Community Foundation and Wilson Foundation play critical roles in equity, poverty reduction, trauma-informed care and more.

Additionally, state and local policy efforts hold the potential for major improvements to key systems and sectors. Medicaid redesign is attempting to restructure healthcare financing so that providers are incented to keep people healthy, rather than simply treat illness. The First 1,000 Days on Medicaid initiative is working to align early childhood, education and health funding and initiatives to ensure young children are properly supported in the earliest years of brain development. All Kids Thrive, a locally-based effort, and the New York State Regents Early Childhood Work Group have complementary priorities.

At the same time, we must acknowledge the vexing lack of change on so many of our community's biggest challenges. Readily available data shows that in many areas we have yet to achieve meaningful, sustained, on-the-ground improvements.

That is not to say the policy, program and funding initiatives that have emerged since the last Blueprint process will not bear fruit. Indeed, many have stepped up precisely out of a shared sense of urgency and a desire to help move outcomes that have proven stubbornly unrelenting over the past decade. Some are still in the formative stage, while others have yielded more targeted improvements at the program or neighborhood level.

But lest we forget, our community has made positive change happen before. It has successfully taken on significant challenges that, in their own day, seemed intractable. Teen pregnancy, lead exposure and early childhood education are among the leading examples. We have done it before, and we can do it again.

The “ecosystem” in which United Way seeks to be successful—indeed, where the community needs it to be successful—continues to evolve. The operative question, and which this reports seeks to provide a framework for, is this:

**IN A CHANGING LANDSCAPE, HOW CAN
UNITED WAY BEST LEVERAGE ITS
RESOURCES TO CATALYZE THE BIGGEST AND
MOST FUNDAMENTALLY IMPORTANT
IMPROVEMENTS IN THE LIVES OF GREATER
ROCHESTER RESIDENTS AND FAMILIES?**

History and Current Approach

The original United Way currently uses its Blueprint for Change as a planning document to guide investment of Community Fund dollars. It reflects United Way's goals, strategies and approach to evaluating its work, and establishes how United Way measures success.

Blueprint for Change investment plan work began in 2008 as a vehicle for focusing United Way's investment approach on the greatest needs. Faced with declining Community Fund dollars, increasing community need and rising donor expectations, it was imperative for United Way to change. At the time United Way was funding a variety of quality programs, but combatting community challenges, such as poverty and its impact, required that it be more focused and strategic. Equally important, the organization wanted a prospective plan that provided a transparent way for United Way to demonstrate how Community Fund dollars would be invested.

The first strategic plan for community investment, the Blueprint for Change, guided strategy from 2010-2013. A second generation plan expanded the time horizon to six years, covering 2013-2019. A mid-plan "refresh" was completed to inform investment decisions for the period beginning August 1, 2016.

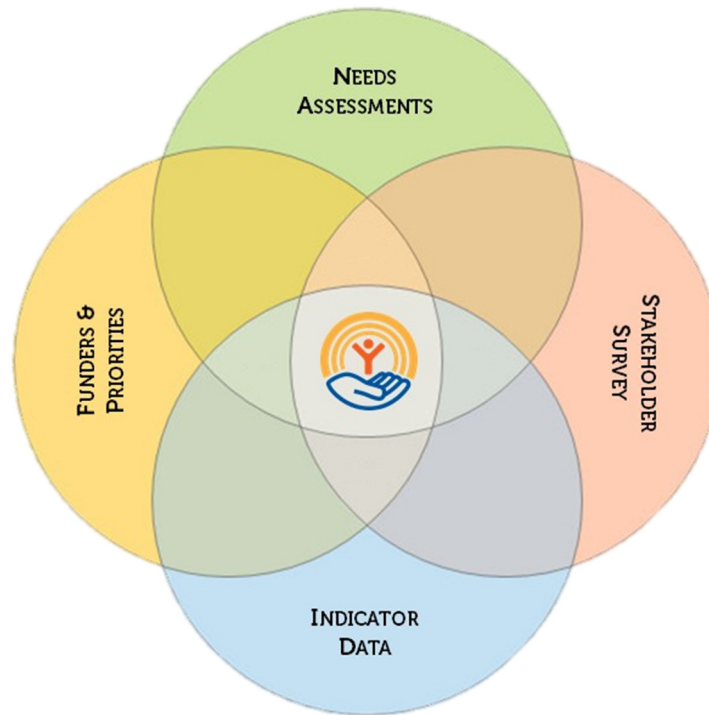
The current process involves developing a new Community Impact strategy that would guide investment beginning with the August 2020 cycle.

Methodology

This needs assessment scan relies on a variety of data elements which, together, define a broad picture of the problems, players, programs and policies that characterize the ecosystem in which United Way operates. With the exception of the stakeholder survey results, none of these individual elements is separately presented in detail in this report. Yet each served a critical role

informing its observations. CGR's objective was to synthesize and prioritize the most important learnings they collectively offer.

Data Elements Informing the Needs Assessment Scan



Published Needs Assessments

Needs assessments help to further our community's understanding of core challenges, and are relied on to elevate issues' place on the public agenda. CGR collected and reviewed more than three dozen reports and needs assessments published in the community by nearly 30 nonprofit, advocacy and government agencies over the past three years, tagging reports by category and identifying cross-cutting themes that span multiple issue areas.

Indicator Data

CGR supplemented the qualitative and quantitative data gleaned from the needs assessments with data from ACT Rochester, with an emphasis on the demographic and socioeconomic measures

and trends that most fundamentally depict our community's health and well-being.

Philanthropic Funders and Priorities

CGR gathered information on the philanthropic environment in our community, noting investments and priorities. This research was supplemented by a series of stakeholder interviews with funders.

Stakeholder Survey

Nearly 900 respondents offered feedback on community needs and United Way priorities through a survey administered between December 2017 and January 2018.

Change Drivers in Greater Rochester

Some might argue that not much has changed in Rochester over the past decade. After all, our population has remained essentially flat. Our economy was relatively insulated from the depths of the Great Recession, as well the boom that followed. And in many cases, the challenges our community faced then are the challenges we face now. If anything, those challenges have deepened and become more entrenched.

But there are a number of fundamental shifts that *have occurred or are occurring* in Greater Rochester. They include community issues and their intensity, stakeholders, initiatives, strategies and resources. These shifts have myriad implications for United Way and the community it serves.

Nationally, United Ways have employed a variety of approaches to frame their revised investment strategies within a context of change. Some have used traditional "SWOT" frameworks,

documenting strengths, weaknesses, opportunities and threats as a foundation for determining gaps to fill and assets to leverage.

Others have relied on key stakeholders—funders, volunteers, staff and board leadership—to select desired impact areas as a framework for more detailed analysis and public engagement.

Still others have built their strategies around social determinants or psychological models such as Maslow’s Hierarchy of Needs, seeking investment approaches that support the stages of human growth. Indeed, much of United Way’s focus nationally—as well as here in Rochester—serves to address the two foundational levels of Maslow’s Hierarchy:

- **Physiological needs**, the fundamental requirements for human survival including food, shelter and clothing; and
- **Safety needs**, which include economic and physical reassurance, personal security and general health and well-being.

After reviewing best practices of United Ways nationally, CGR selected for this needs assessment scan a frame built around fundamental “change drivers.” The approach is a modified version of the one used by United Way of Greater Cincinnati in its own 2010-2020 scan. In applying this framework to United Way of Greater Rochester’s needs assessment scan, we consider three core question sets in each area.

- **First**, what are the biggest change drivers in our community? How have we changed since the last comprehensive investment planning process a decade ago? What fundamental changes are occurring right now? And which are likely to characterize the timeframe of the next investment strategy period?
- **Second**, what implications do these changes have for the community?
- **Third**, what implications do they have for our United Way—what it does, where it invests and how it serves?

Change drivers, by their very nature, give rise to new community threats. But as importantly, they open new opportunities to target the greatest needs and meet emerging challenges. Therein lies the opportunity for United Way to plan its investment strategy in a way that ensures optimal impact.

CGR's synthesis of three key data elements—needs assessments, community indicator data and funder priorities—identified five core change drivers impacting United Way's work:

- **Demographic Changes;**
- **Socioeconomic Changes;**
- **Institutional Changes;**
- **Social Awareness Changes; and**
- **Charitable Support Changes.**

Each is discussed in more detail in the sections that follow.

Demographic Change Drivers

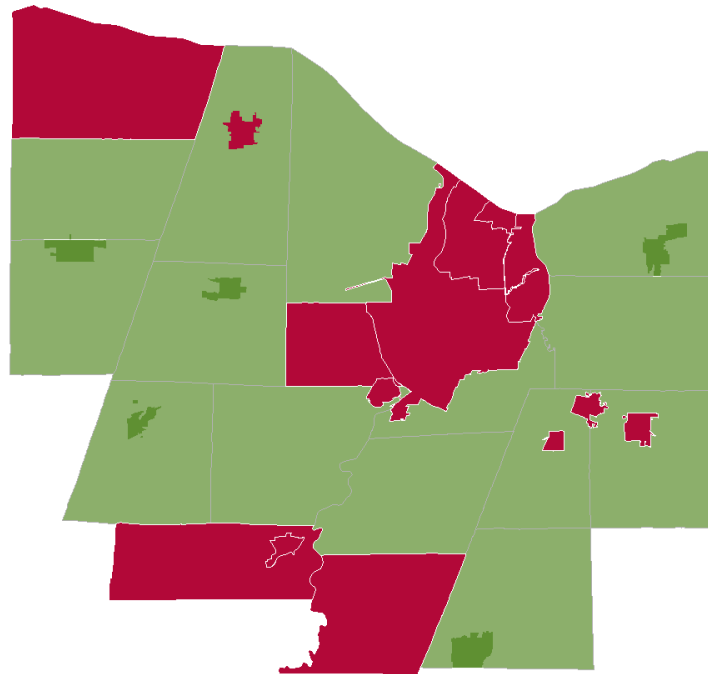
Greater Rochester's population is not materially growing, but rather is aging and becoming more diverse. Though certain parts of the county feel vital, we remain largely segregated along racial and economic lines and experience disparate outcomes across areas including health, education and financial well-being.

Population growth has been stagnant at the macro level, and uneven at the micro level. Greater Rochester gained just over 1% in population from 2000 to 2017, far below the national growth rate of 15% and the state rate of 4%. Within the region, rates have been uneven. Monroe County gained 1.7% overall, while the City of Rochester lost 5%.ⁱ

But population loss has not been confined to the City. As illustrated in the accompanying map, nine other municipalities in Monroe County lost population from 2000-17, including 5 of its

villages (East Rochester, Fairport, Hilton, Pittsford and Scottsville) and 5 of its suburban towns (Gates, Hamlin, Irondequoit, Rush and Wheatland).

**Monroe County Population Gain / Loss
by Municipality, 2000-17**
(Gains reflected in green, losses in red)



The community has grown more diverse. Monroe County remains primarily white (76%), though the greatest population growth has occurred among minority groups. The fastest growing demographic is Latino / Hispanic, up 56% since 2000. In the City, nonwhite residents comprise nearly 54% of the population. Increasingly, people of color live outside the City. In 2000, 84% of Black or African American and 72% of Latino / Hispanic residents lived in the City. By 2012-16, those proportions had fallen to 75% and 48%, respectively.

Fifteen percent of Monroe County households speak a language other than English, and more than 9,000 households have Limited English Proficiency (LEP).

The community remains deeply segregated by race. Data from 2014 show the Rochester metro area ranked 16th in black-white segregation level among the nation's 52-largest metropolitan areas.ⁱⁱ

The region is getting older. Monroe County's fastest growing age group is the 85 and older category, up 38% since 2000, followed by the 60-84 age group (up 18%).

The ratio of working-aged persons to traditionally non-working-aged younger and older adults has fallen.

Notwithstanding that older adults are working longer and creating greater economic impact today, the ratio of the below-20 and over-65 population to those of "prime working age" has increased from 0.81 in 2000 to 0.87 in 2012-16. Looked at inversely, where Monroe County had 1.23 prime-age workers per younger / older resident in 2000, we now have 1.16.

What it Means

Implications for the Community: Although the region has deep assets to promote, including high relative educational levels, Greater Rochester has fared poorly in the competition for employers against other areas with more robust population growth. This intensifies the challenges faced by unemployed, dislocated and other at-risk residents in the community, and increases their need for social and human service supports.

Our aging population also increases the need for caregiver services and supports. At the same time, older adults are remaining more active into their later years. This national trend has prompted the World Health Organization and AARP, among other organizations, to promote efforts to make communities more "age-friendly" by recognizing the wide range of capacities and resources among older people; anticipating and responding flexibly to aging-related needs and preferences; and promoting older residents' inclusion in—and contribution to—all areas of community life.ⁱⁱⁱ

Implications for United Way: As the population continues to age, the needs of older adults and their caregivers, currently a United Way focus area, will grow. Indeed, the ratio of family

members available to provide care to seniors is expected to decrease from 6.6-to-1 in 2007 to 5.6-to-1 in 2025, according to data from Common Ground Health.

There are also resource implications, as the share of prime working-age residents—a vitally important part of United Way’s donor base—gets smaller relative to the countywide population.

Increasing diversity—especially among the rapidly-growing Latino / Hispanic population, suggests a continuing need for programs tailored to that community’s needs, including bilingual programs.

Socioeconomic Change Drivers

Although the region was certainly impacted by the Great Recession of 2008, with unemployment rising to 8% in 2010, our relative stability spared us the lows (and highs) experienced in more rapidly growing parts of the country. Home prices, for example, never soared here as they did in other parts of the country, and therefore never crashed.

The dark side of that stability has been generally stagnant wages and reduced purchasing power. Real income has fallen. Median household incomes, after adjusting for inflation, are down 17% in Monroe County since 2000, and 19% in the City of Rochester.

Job growth has failed to keep pace. Since 2000-01, total jobs in Monroe County increased 3%, behind the national rate of 17%. Jobs in high-paying sectors such as Manufacturing and Information have suffered large declines. The effects of unemployment are most acutely felt among minority groups. An Action for a Better Community assessment from 2016 found the most significant barriers to employment include job retention, lack of high school education, limited transportation options and inadequate childcare.^{iv}

Affordability has become an issue. With incomes failing to keep up with inflation, affording necessities has increasingly become a challenge for parts of our community. If you can afford to buy a home in Monroe County, your housing is extremely affordable relative to other parts of the state and country. The ratio of median home value to income is under 2.0, compared to 3.4 in the state and 2.6 in the nation. By contrast, if you rent you are often paying above the recommended share of your income—35% in Monroe County, when 30% is considered affordable.

Housing affordability disproportionately affects people of color. In fact, rent is least affordable in the part of our community where it is most needed—the City of Rochester, where the homeownership rate is lowest at 36%. Black or African American and Latino / Hispanic renters in Rochester are paying 48% and 40%, respectively, of annual income on rent alone.

Food insecurity is a problem. An estimated 13% of Monroe County residents—almost 99,000 people—are considered “food insecure,” meaning they at times were unable to get adequate food in the past year due to lack of money or other resources.^v In state health surveys, an even higher percentage of Monroe County residents (22%) said they were worried / stressed about having enough money to buy nutritious meals at some point in the past 12 months.^{vi} Twenty-eight percent of Monroe County residents report being low income and living in a “food desert.”^{vii} The community’s emergency food network has grown, increasing the rate of meals served per resident from 3.0 to 6.8 between 2006 and 2016. In 2016 alone, more than 8.2 million emergency meals were served in the region, with 4.2 million in Monroe County.

Transportation remains a challenge for many.

Transportation is increasingly cited by the community as an important factor in achieving self-sufficiency and well-being. This is particularly true for racial / ethnic minorities who are more likely to use public transportation to get to work. Over a quarter of Rochester residents, and 12% of Monroe County residents, lack access to a vehicle, and within Rochester, those who rely on public transit to travel to work spend on average 50 additional minutes per day commuting. Rochester has a higher

share of public transit commuters with a commute of an hour or more (32%) than any of its peer upstate cities.

Further, recent research has shown that exclusive reliance on public transportation directly limits job accessibility.^{viii} Transportation fosters economic inequities by impacting how easily different groups can access jobs. A CGR analysis of census tract data for sample low- and mixed-income City neighborhoods found that a 20-minute commute by car allows residents access to 85% of the region's jobs; a 20-minute commute by bus can access only 8%. A 40-minute car commute can access 100% of the region's jobs; a similar bus commute can access barely a third of jobs.

Housing, food and transportation are basic needs that many in our community cannot fulfill due to a lack of adequate income.

Real Pain in Large Swaths of the Community

Poverty remains intense. Defined as having income below \$24,500 for a family of 4 with two children, poverty has increased in every county in the region and among all racial and ethnic groups. Data released in late 2017 pegged the City's poverty rate at 32.8%, and its "extreme poverty rate" (i.e. below half the poverty line) at 16.3%. The child poverty rate remains stubbornly above 50%. Across all indicators, Rochester performs worse than virtually any other peer city. Census data for the period 2010-14 find Rochester ranked 5th-poorest among the 75-largest metro areas; among comparably sized cities, it ranks 1st in child poverty and female-headed households in poverty, and 2nd in poverty overall.

Most impacted are children of color in the City of Rochester, with more than half of Black or African American and Latino / Hispanic children growing up poor. Still, the problem is a countywide one. Though poverty is unquestionably concentrated both in the City and among certain groups, many poor residents live outside the City.

The ALICE (Asset Limited, Income Constrained, Employed) project, a nationwide effort by United Ways including Greater Rochester's to quantify and describe the number of financially

struggling households, goes beyond the simple calculation of the federal poverty rate to determine the cost of a “bare-bones” household budget in each county (see www.unitedwayalice.org). It is an alternative measure to what some see as an outdated federal poverty level, which can underestimate the number of truly struggling families.

Its 2016 report found that 42% of Monroe County households cannot even meet the level required to afford basic necessities. The proportion in the City of Rochester is even higher, at 69%. Rochester’s figure was the highest among any city in New York State with a population over 21,300.^{ix}

Disparities are rampant and reinforce pervasive outcome gaps. Low-income individuals and people of color suffer worse outcomes on a wide variety of measures of well-being across the life span. Consider:

- Prenatal care: Within Monroe County, 87% of white mothers receive care, compared with 75% of Latino / Hispanic mothers and only 70% of Black or African American mothers.
- Infant mortality: In 2015, the rate was 7.6 per 1,000 live births in Monroe County, compared to 12.0 in the City of Rochester, 11.6 among Latino / Hispanics and 14.6 among Black or African Americans. These were similar to the racial disparities found at the national level.
- Low birth weight: Low birth weight is a primary risk factor for death in the first year of life, and babies born at low birth weight are at significantly higher risk for developmental and neurological challenges. In Monroe County, 8.2% of babies were born at low birth weight in 2015; the rate in the City of Rochester was three points higher. Among Black children, the rate was more than five points higher (13.3%).
- Life expectancy: How long we live greatly depends on where we live. In low-income neighborhoods of the City, life expectancy is about 72 years, compared to 82 years for higher-income suburbs like Pittsford.^x

Educational achievement remains a significant concern in the City of Rochester. Just 10% of Rochester City School District third graders were proficient in English Language Arts (ELA) in 2017, according to state assessments. Although a two-point increase from the prior year, it remains far below proficiency levels for the County (at 38%, and 22% for low-income students) and Rochester charter schools (56%). This challenge persists throughout students' K-12 careers. Of entering RCSD ninth graders in 2012, 53% graduated by August 2016, up from 46% in 2009 but significantly below the countywide rate of 83%.

Monroe County high school graduation rates were highest among White and Asian students (90% and 83%, respectively), and dramatically lower among Latino / Hispanic (67%) and Black or African American students (66%).

Community-Wide Threats to Well-Being

Some threats to well-being are more evenly dispersed across the community, and pose growing challenges to residents and families in every part of the county, regardless of income or background.

The growing incidence and lethality of addiction is a significant threat. For the first time in 30 years, life expectancy in the US declined in 2015 and 2016, dropping to 78.6 years—a decline attributed to an increase in unintentional injuries, which includes drug overdoses.^{xi} White, middle-aged Americans have experienced increased mortality over the past 15 years, a trend not found in other wealthy countries, and the leading causes are drugs, alcohol, suicide, chronic liver disease and cirrhosis.^{xii} In our region, there were 206 deaths in 2016 related to heroin, opioids, fentanyl, and / or similar substances, of which 169 occurred in Monroe County. Victims ranged in age from under 20 to 76, with a median age of 35.

Mental health is a growing concern, particularly as it relates to trauma. Eleven percent of Monroe County adults report 14 or more days of poor mental health in the past month, and our suicide rate per 100,000 is higher than the statewide rate (8.6 vs. 7.9).^{xiii} Ninety-five percent of local primary care and

mental health providers believe the community has unmet mental health needs.^{xiv}

Family violence is more pervasive here. Notwithstanding declines in domestic violence rates since 2009, data from 2016 show there were 52 victims of domestic violence per 10,000 residents in the region, considerably higher than the statewide (excluding New York City) rate of 42. Monroe County had a higher rate at 64, driven in part by a rate of 118 in the City of Rochester, nearly three times the statewide rate.

Child abuse and neglect is a persistent and growing problem. Monroe County had 2,366 children in credible reports of child abuse or neglect in 2016, up from less than 1,800 in 2014.

These and other adverse experiences in childhood can have long-term implications for health, social and educational outcomes later in life. Children who experience adversity such as the death or incarceration of a parent, being a victim of (or witnessing) violence, or living with someone who has been suicidal, can suffer serious long-term impacts on their health and well-being. All children can experience adversity, yet adverse childhood experiences are more prevalent among children in low-income families. Two-thirds of Monroe County youth reported one or more adverse experiences during their life and 24% reported three or more in a 2016-17 survey. Nearly 9 in 10 Rochester City School District students reported one or more adverse experiences in a 2014-15 survey, with 40% reporting three or more.

Other examples of adverse childhood experiences, or ACEs, are present throughout the county, as shown in the following table.^{xv}

Adverse Childhood Experience Survey Data

	RCSD 2014-15	Monroe Co 2016-17
Often or repeatedly a parent in your home swore at you, insulted you or put you down	16%	13%
Ever lived with anyone who was an alcoholic, problem drinker, used illegal street drugs to get high or was a problem gambler	24%	22%
Had anyone in your household go to jail or prison	35%	17%
Ever witnessed someone get shot, stabbed or beaten in your neighborhood	33%	15%
Currently do not live with both parents	67%	42%
Were teased, harassed or attacked at school or on the way to school	20%	20%
Sample Size	4,332	1,826

What it Means

Implications for the Community: In the near term, it is unlikely that the Rochester community will be able to “grow its way” out of the challenges posed by these socioeconomic change drivers. The failure of job growth to keep pace, compounded by transportation access difficulties and the unaffordability of food and housing for many, reinforces the economic dislocation of at-risk residents. This dislocation contributes to intense, concentrated poverty and is highly correlated with disparities in health and educational achievement. The existence of real pain in large swaths of our community demands that solutions balance the need for “real-time” support alongside planning and investing in a healthier future.

Implications for United Way: There will continue to be a need to assist people in the community with meeting basic necessities,

as well as an opportunity to identify and invest in innovative strategies aimed at lifting people out of poverty. Long-standing racial / ethnic disparities mean United Way has an opportunity to continue working across sectors and populations to push for approaches that increase equity. Similarly, there may be new opportunities for United Way to play a policy advocacy role on behalf of at-risk populations, given its unique place at the nexus of service delivery and policy convening.

Institutional Change Drivers

Since the first United Way community investment plan published in 2008-09, the change effort in Greater Rochester has been supported by a host of new initiatives, funders and policymakers. New cross-sector tables have sought to leverage collaboration to catalyze more holistic approaches to addressing entrenched, multi-dimensional problems. Still others have sought to invest in programs targeting specific challenges.

Although a number of critical institutions—including United Way—have remained at the fore over the past decade, the landscape of change agents in Rochester has undoubtedly expanded.

Collective impact approaches have been adopted. Over the past decade, the community has embraced a more formal approach to social problem solving known as collective impact, which holds that complex problems are not likely to be solved by one institution, policy or program. Instead, they require cross-sector approaches that both align and, as needed, change what key actors are doing in relation to the issue, in order to achieve better outcomes. ROC the Future, Rochester's cradle-to-career pipeline effort focused on improving education outcomes, and the Rochester-Monroe Anti-Poverty Initiative are both pursuing community-level changes using the collective impact model.

At the same time, some individual funders are pursuing more targeted strategies. These include business leaders funding and

facilitating charter schools, and new major philanthropic players working to support strategies like community schools and Connected Communities.

New funders, influencers and partners have emerged. The Finger Lakes Regional Economic Development Council (REDC) is one of 10 councils created across the state in 2011, charged with developing long-term strategic plans for regional economic growth. Since its inception, the Finger Lakes REDC has secured more than \$1 billion in state investment including a transformative Upstate Revitalization Initiative grant for implementation of the region's strategic plan.

Established in 2002, the ESL Charitable Foundation has emerged as a major component of the community's philanthropic ecosystem. That growth will accelerate considerably over the next several years with a major increase in its grant-making capacity. Today ESL supports nonprofit effectiveness and five major areas of impact, including arts and culture, community improvement, education, health and human services.

The Farash Foundation began making grants in 1988, and in 2007 recruited a Board of Trustees to develop a formal long-range grant making process. Today it supports areas such as education, Jewish life and arts and culture, and underwrites special initiatives in social entrepreneurship and "first in family" scholarships for local college students. Its work in the education arena has become increasingly noteworthy in recent years.

The Greater Rochester Health Foundation was created in 2006. Its "Healthy Futures" strategic plan, launched in 2017, seeks to expand efforts to improve health of children age zero to 8 and respond to urgent needs in the community.

The Ralph C. Wilson, Jr. Foundation began operations in 2015 to continue the legacy of the late Buffalo Bills owner. It has already established two funds at the Rochester Area Community Foundation, the "Legacy Fund for Smart Strategy" focused on positive community change, and the "Legacy Fund for Youth Sports."

Other funders are poised to join the community's philanthropic leadership table in the coming years, including the Konar Foundation.

There is increasing focus on the need to integrate key systems. All of these actors—collective impact initiatives, funders, and nonprofit service providers—work within and alongside larger public systems that provide direct service and the lion's share of community investment. These include the education system, Medicaid, public transportation and the safety net system (including Temporary Assistance to Needy Families, public housing and housing assistance).

Yet these systems, for all the support they provide, continue to function in fragmented, often siloed ways, reducing their effectiveness. During the forming of the Rochester-Monroe Anti-Poverty Initiative (RMAPI), the notion of broken systems was self-reported and substantiated by community participants. As a result, one of three core recommendations from RMAPI's community engagement process was the need to design a comprehensive, integrated system of support for people who are living in poverty. Three years later the Systems Integration Team was born, a multi-sector collaborative to increase data-sharing and integrate service delivery among health, education and human service providers. The group encompasses local and state government, health and education institutions and the nonprofit and philanthropic sectors, and is staffed by United Way.

Similarly, the state's Delivery System Reform Incentive Payment (DSRIP) program is implementing Medicaid redesign through 25 performing provider systems, aimed at reducing avoidable hospital use and prioritizing preventive and primary care through a shift to value-based payments. In our region, the Finger Lakes Performing Provider System (FLPPS) is a partnership of 19 hospitals, 6,700 healthcare providers and more than 600 healthcare and community-based organizations across thirteen counties, collectively serving over 300,000 Medicaid beneficiaries and 100,000 uninsured individuals.

At the state level, policymakers are pursuing similar integration aims, with initiatives like the First 1,000 Days on Medicaid effort, which is working to align health, education and other systems to

best support children in their most development-critical first three years of life.

Support for quality development in early childhood is also the focus of the Board of Regents' Early Childhood Workgroup's Blue Ribbon Committee, which is calling for expanded pre-K and summer programs, expansion of New York's child care quality rating and improvement system (QUALITYstarsNY), and funding for family and community engagement, among other items.

What it Means

Implications for the Community: Collective impact is a maturing strategy that continues to build momentum in Rochester. Key institutions and leaders have embraced the collective impact approach, though not all players are fully involved. The promise of collective impact, that key actors agree on priorities and pursue them collaboratively, is a work in progress which needs continued focused attention from key leaders in order to be converted into long-term, sustainable results.

The emergence of major new players in Rochester's philanthropic and policy ecosystem is, on the one hand, evidence of the ongoing struggle to address some of our most wicked challenges. On the other, it represents significant new opportunity to leverage investments in ways that can move needles on issues that have been largely intractable to-date.

Implications for United Way: New players in the philanthropic and policy arenas offer an opportunity for United Way to establish partnerships on common areas of focus, as it has already done with regard to Medicaid redesign and Systems Integration. At the same time, it is increasingly important United Way be cognizant of who else is funding, and how much, in common areas and to factor that into its future decisions about where to invest.

Social Awareness Change Drivers

Underlying and contributing to the community's embrace of collective impact is an increased understanding of more systemic factors lying below the surface of some of the key challenges Greater Rochester is trying to address. Social awareness of these factors has increased, particularly across leadership circles and within communities that were previously less aware.

Recognition of inequity and structural racism has increasingly characterized our dialogue on key challenges.

Many grassroots organizations and individuals, too numerous to list here, have worked for decades to bring issues of race and racism to the foreground of Rochester's consciousness. These efforts took steps forward with the Rochester Area Community Foundation's work through ACT Rochester, and other venues, to call attention to racial disparities. The foundation's latest report, *Hard Facts*, presents a litany of data illustrating the "stark and striking" nature of Rochester's racial gaps. The Community Foundation also played a key role in bringing a national exhibit on racism—*Race: Are We So Different?*—to the Rochester Museum and Science Center in 2013, and fostering a number of communitywide and small-group discussions on race and disparities in the region.

A number of other recent and ongoing initiatives are playing key roles in fostering awareness and discussion of race and structural racism, including the Rochester-Monroe Anti-Poverty Initiative, which is addressing structural racism as one of its guiding principles. Other initiatives include:

- **St. Joseph's Neighborhood Center's Race and Diversity Initiative**, which is providing tools for organizations to assess racism within their walls, and resources to begin conversations and take action;
- **Facing Race, Embracing Equity**, a community initiative begun in 2012 to promote racial equity by recognizing and

recommitting the community to the elimination of practices and systems that maintain race-based inequities;

- **Unite Rochester**, led by the *Democrat & Chronicle*, which works to raise awareness about race and racism and inspire an inclusive approach to solving community problems, including through publication of stories in the newspaper and dialogue on Facebook; and
- **Person2Person**, an effort started in 2014 by the YWCA of Rochester and Monroe County, which connects participants of different races and ethnicities over a 9-month period to explore perspectives, challenges, experiences and insights.

The issue of poverty has risen to the top of the community's consciousness, and is now a component of most major conversations related to policy, funding and institutional practices. United Way played a pivotal role in the 2015 creation of the Rochester-Monroe Anti-Poverty Initiative (RMAPI), a collective, multi-sector effort to reduce poverty in the Rochester area by 50% in 15 years. The initiative grew out of United Way's efforts to increase state funding for home-visitation programs such as Nurse-Family Partnership that have proven effective in supporting mothers and babies at risk of child abuse, neglect and other negative outcomes. State leaders encouraged the Rochester community to "think bigger" and return with a more expansive plan for addressing poverty and related ills in the community.

After engaging nonprofit providers, community leaders and people directly affected by poverty, RMAPI committed to the guiding principles of building and supporting the community through rebuilding strong neighborhoods and quality support services; addressing structural racism through the elimination of public and institutional policies that continue racial inequity; and addressing trauma by providing support and services sensitive to those who have experienced trauma through abuse, violence and addiction.

In addition to local activity, the state is committed to supporting RMAPI through policy and funding changes. Initial pilot projects

included two adult mentoring programs operating in initial target Rochester neighborhoods of EMMA, Beechwood, Marketview Heights and part of CONEA. More than \$6 million in state funding has been directed to RMAPI projects.

Additionally, the Finger Lakes Regional Economic Development Council in 2015 was awarded \$500 million in economic development support through the Upstate Revitalization Initiative (URI) competition. The Council identified poverty reduction as a key goal for the region, and URI funding administered by the Council has supported several projects that address the community's poverty-reduction goals.

URI funding supported a two-year demonstration program totaling up to \$4.75 million. The funding includes \$3 million for expansion of child care subsidies through Monroe County and \$1.75 million for summer learning and expanded home visitation, administered through the state Office of Temporary Disability Assistance, via United Way of Greater Rochester and its existing Empire State Poverty Reduction Initiative grant.

The community has become increasingly aware of trauma and the importance of considering it in devising strategies.

As research has established a clear link between childhood trauma and adult health and well-being, local advocates and scholars in the nonprofit and educational communities have drawn attention to how issues of child abuse, domestic violence and neighborhood violence impact children and families. They have showed that systems meant to help children and families could in some cases re-traumatize through bureaucratic or insensitive practices and policies. The Rochester City School District and Monroe County Department of Human Services, along with many nonprofit agencies, are among the institutions that have responded by training staff members in trauma-informed practices to help systems provide compassionate and effective care for individuals.

What it Means

Implications for the Community: Increased awareness of fundamental issues such as racism, poverty and trauma means community leadership can act on issues from a more informed

position. Work remains to ensure that leaders deeply understand these complex, interconnected issues, and that directly affected populations have a voice in improving systems and programs that are intended to support them.

Implications for United Way: The community's increased awareness of these key social issues is an opportunity for more informed and contextually sensitive dialogue on solutions. At the same time, it also creates a responsibility for leading organizations—including United Way—to ensure that current and future efforts targeting community challenges incorporate this awareness in intentional ways. One example is the steps that RMAPI has taken to bring the voice and perspectives of individuals in poverty into the conversation on solutions.

Charitable Support Change Drivers

Fewer Americans are giving to charity. According to The Chronicle of Philanthropy, only 24 percent of taxpayers reported a charitable gift in 2015, down from nearly one-third a decade earlier. Explanations for the trend vary, ranging from lasting impacts of the Great Recession to Americans simply falling out of the habit of giving. Regardless, the conclusion is undeniable: "The number of households making room in their budgets for charitable giving is shrinking."^{xvi}

Still, overall philanthropic giving has grown. The trend in the giving rate belies broader growth in charitable giving overall. Total giving from living individuals increased by 2.6 percent in 2015. And total giving, including foundation and corporate support, has shown sustained increases since at least the 1970s, save for a short-lived decline in the wake of the 2008 recession.^{xvii} The cross-cutting trends suggest more contributions are coming in larger amounts from fewer deep pockets.

Workplace giving has not kept pace. While workplace campaigns continue to evolve, their growth has not kept pace with the overall growth of philanthropy.^{xviii}

The rate of charitable giving in Rochester is below average. In Rochester, the data depict a community that is falling short of its reputation as one of America's most generous. An analysis of 2015 giving patterns for residents who earn \$50,000 or more annually and who itemize their charitable deductions shows our community lagging other parts of the country in charitable giving. Rochester falls 7.6% below the group average for peer metropolitan areas in overall giving. Among filers with incomes between \$50,000 and \$75,000, our giving rate is 22% below. For those with incomes of \$75,000 to \$100,000, we are 17% below; for filers at \$100,000 to \$200,000, 12% below. Only among filers with incomes over \$200,000 does our region exceed the average (by 11%).^{xix}

The difference between Rochester's current giving rate and the national average is equivalent to roughly twice the value of United Way's annual campaign. Raising the Rochester community's giving rate to the national average at each income level would generate an additional \$51.5 million in philanthropic resources. Surpassing the average rate would provide even more.

The downward pressure on giving trends has been borne out in United Way support. Notwithstanding two consecutive years of campaign growth in 2016 and 2017, the story of the United Way's annual campaign over the past decade is one of contraction. From 2007 to 2017, campaign totals fell more than \$8 million (from \$33.5 million to \$25.4 million), a decline of more than 24%.

Organizations that rely on giving will also have to contend with fallout of the new federal tax law. Though its future impacts are subject to debate, modifications to deductions and tax rates have the potential to change the way taxpayers think about charitable contributions. The Tax Policy Center, a project of the Urban Institute and Brookings Institution, estimates that the number of households claiming deductions for charitable gifts will decline by more than half in 2018. Further, it projects the

marginal tax benefit of charitable giving will fall by more than 25%, essentially “raising” the after-tax cost of donating.

Amid the trends of the past decade and the new tax law, and in light of the choices available to donors, the giving environment remains as competitive as ever.

What it Means

Implications for the Community: As in most communities, the competition for dollars in Rochester remains intense. Residents have a variety of options to choose among in determining their support. At the same time, the ability of many in our community to give *anything* has been eroded. A challenging economic environment, a growing segment of the community in the aged-fixed-income category, and high state and local taxes result in many lacking the means to give. And as discussed earlier, the portion of our community that is of prime working age is shrinking as a relative share.

Implications for United Way: Charitable giving habits are changing across the country. This creates new and evolving challenges for philanthropic institutions that rely on the generosity of financial supporters, including United Way. Though Rochester has long been considered one of the most generous communities of its size, we are not immune to these national trends. The difference between our giving rate and the national peer average is an opportunity to grow resources that can help our community thrive.

At the same time, United Way should continue innovating its funding strategies, diversifying beyond the annual campaign. Seeking foundation and government grants, and ensuring a year-round “giving” presence (which United Way has already begun to do) are among the strategies that have proven effective for peer United Ways.

Community Partner & Stakeholder Perspectives

The picture of our community's challenges is only partially informed by needs assessments and vital indicators. Perceptions are equally important—those of United Way's donors, consumers, partner agencies, funders, volunteers and staff, as well as the general public.

In some cases, the community's perceptions align with the indicator data and needs assessments. In some cases, they do not. Both represent key learnings for United Way as it considers not only where to invest its resources, but how those investments will be received by the community to achieve greatest impact.

There may be issues and programs broadly seen as community needs where United Way opts not to invest. Conversely, there may be issues and programs United Way chooses to support that are not widely seen as a prevailing need.

United Way of Greater Rochester should neither make nor avoid investments solely because of public opinion. But where there is dissonance between investment decisions and how the general public or key stakeholder groups may define urgent community needs, United Way has a responsibility to be a more consistent, intentional and strategic convener, facilitator and educator. United Way can have greatest impact not just where it leads or follows, but where it makes strategic investments as part of a clear theory of change and actively works to mobilize the community's support and enthusiasm.

For these reasons, the review of needs assessments and community indicator data was complemented by a stakeholder survey developed and administered by United Way between December 2017 and January 2018. With nearly 900 respondents across twenty-one separate cohorts (e.g. general public, donors, youth workers, campaign coordinators, United Way staff), it offers a broad sense of how those who feel connected to United Way in some form view priorities and community needs.

The largest share of responses came from the general public via website links and social media (46%); donors, including campaign coordinators, United Way Board members and volunteers (including the Community Impact Cabinet) represented 20% of responses. Youth workers and surveys completed through the Rochester City School District accounted for 19%, while United Way staff, leadership program alumni and Community Fund partner executives and staff totaled 14%.

Note: While the survey offered an opportunity to solicit perspectives from key stakeholders, readers should view the resulting data with an important caveat in mind. Specifically, the survey is not scientific. It sought to maximize the number of responses through a convenience sampling approach, and as such cannot be generalized to the entire community. All responses were directly solicited, and not stratified by response group or area. It is therefore not necessarily representative of all groups.

Defining “Need”

Survey respondents define need broadly. When asked to rate how important each of 19 issues “is to having a thriving community where we live, work and raise our families,” more than three-quarters of respondents rated every single issue either very important or highest importance.

The most commonly selected highest importance issues included “people receive needed health and dental care” (63.3%), “people have incomes that cover their basic needs” (58.6%), “children graduate from high school prepared for college and / or work” (57.8%), “children attend school regularly” (57.7%) and “people are safe in their neighborhoods” (55.5%).




While the perception of need may be expansive, resources to address them are finite. For that reason, the survey prompted respondents to narrow their priorities to no more than five, across three dimensions: What’s most important for your community, your family, and United Way funding.

Responses offer three notable findings. First, within each dimension, respondents most consistently cite health and dental

care—something that United Way does not directly fund—as their #1 priority.

Second, select areas currently funded by United Way are not generally considered by respondents a most important priority. For example, elders is one of United Way’s four Community Fund focus areas. Still, “elders have supports they need to remain safely in their homes” ranked 18th (out of 19) on the community priority dimension, 10th on the family priority dimension and 13th on United Way priority dimension.

Third, respondents showed that they see United Way funding priorities as distinct from issues they otherwise feel are most important to the community and their family. While health care and school-ready children were repeated, new priorities made the list in that dimension such as preparing new parents / families, affordable child care and affordable / nutritious food.

How Survey Respondents Ranked their “Most Important” Issues Across 3 Dimensions			
	Most important to THE COMMUNITY 	Most important to ME & MY FAMILY 	Most important for UW FUNDING 
#1	Health care	Health care	Health care
#2	Living wage jobs	Safe neighborhoods	School-ready children
#3	School-ready children	Living wage jobs	Preparing new parents
#4	Safe neighborhoods	Graduates ready for work/college	Affordable child care
#5	Graduates ready for work/college	Incomes to cover basic needs	Affordable, nutritious food

Drawing on the Lessons of Past Successes

Our community faces no shortage of challenges, raising the stakes for change and reinforcing the critical importance of institutions like United Way to our present and future. But as intractable as our challenges may appear, Greater Rochester has a history of innovating. We have proven our ability to move the needle on significant social and health challenges which, in their own day, seemed similarly unyielding.

Consider the progress we have made on the issue of teen pregnancy. Mirroring national trends, teen birth rates in Rochester dropped by 61% between 2008 and 2016,^{xx} due in part to cross-organizational efforts, Family Planning Benefit (FPB) clinics, RISE—the City’s Comprehensive Adolescent Pregnancy Prevention program, a broad public awareness and social media campaign, and provider training regarding Long Acting Reversible Contraception (LARC) methods.

Reducing childhood lead exposure offers a similar story of progress. Rochester’s 2005 comprehensive rental housing-based lead law “has contributed to continued declines in children’s blood lead levels by decreasing the extent of lead hazards in pre-1978 rental housing.”^{xxi}

The same is true of early childhood education. The effort to strengthen early childhood education in Rochester dates back nearly 30 years to a Ford Foundation grant to the Rochester Area Community Foundation, which led to a study surveying program availability and gaps by neighborhood. Today, thanks to a decades-long collective action effort (known as RECAP) to evaluate the quality of prekindergarten programs,^{xxii} “Rochester’s Pre-K program stands out as an island of success in an otherwise troubled education system.”^{xxiii} And more recent data confirm gains for both Universal Pre-K and Extended Pre-K students.^{xxiv}

In each case, there is still work to do. Rochester’s teen pregnancy rate is still above state and national benchmarks; too many

children are still exposed to lead-based hazards; and the gains of our early childhood education system are too often lost.

But the point remains:

GREATER ROCHESTER HAS MADE PROGRESS ON CHALLENGES THAT ONCE SEEMED IMMOVABLE. WE HAVE DONE IT BEFORE, AND WE CAN DO IT AGAIN.

Consider also that the success stories share common themes—indeed, *lessons* for how change has been achieved. Progress was made in each based on a number of fundamental principles, including:

- **Each became acknowledged as a prioritized community challenge**, with a collective ownership of the problem that transcended any one neighborhood, interest group, funder or organization;
- **Each relied on research-informed solutions**, bringing the best practices and knowledge of other communities to bear on our own consideration of a path forward;
- **Each was characterized by extensive cross-sector involvement** of partners from the government, education, philanthropy, research, nonprofit and community arenas;
- **Each married public engagement with program and policy solutions** to create a more fertile environment for success; and
- **Each has relied on rigorous evaluation of impact and reporting** to the community, both as an accountability tool and feedback loop regarding effectiveness.

These are the lessons of our successes. Moreover, they are fundamental principles that rest at the very ethos of United Way

and how it invests in a stronger community. And they reinforce how ideally-positioned United Way is to elevate its multifaceted role as a change agent for good in our community.

The United Way of Greater Rochester will make crucial decisions on its Community Fund investment strategies in the coming months. These decisions will occur in a community context that, in many ways, is considerably different than the one in which the original Blueprint for Change was developed in 2008-09.

But now, as then, the goal remains to unite the good will and resources of the Greater Rochester community so that everyone can thrive.

Notes

- ⁱ All data in this section drawn from CGR's analysis of ACT Rochester data (www.actrochester.org), except where noted.
- ⁱⁱ Brookings Institution analysis of 2010-2014 American Community Survey data.
- ⁱⁱⁱ See <http://www.who.int/ageing/age-friendly-environments/en/>, <https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/an-introduction.html>, and <https://extranet.who.int/agefriendlyworld/age-friendly-in-practice/>. Additional background in "Global Age-Friendly Cities, A Guide," World Health Organization, 2007.
- ^{iv} ABC Community Assessment, 2016, <http://www.abcinfo.org/news/publications/321-2016-community-assessment-report>
- ^v <http://map.feedingamerica.org/county/2015/overall/new-york/county/monroe>
- ^{vi} <https://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/monroe.pdf>
- ^{vii} Monroe County Health Profile, 2017, Finger Lakes Health Systems Agency / Common Ground Health
- ^{viii} Transportation and Poverty in Monroe County: How land use, job locations and commuting options affect access to jobs, 2018, CGR (on behalf of Reconnect Rochester)
- ^{ix} See full New York State report at https://www.dropbox.com/s/a7861t81osp92es/16UW%20ALICE%20Report_NY_Lowres_11.11.16.pdf?dl=0
- ^x Monroe County Health Profile, 2017, Finger Lakes Health Systems Agency / Common Ground Health
- ^{xi} CDC Mortality Report 2016, <https://www.cdc.gov/nchs/products/databriefs/db293.htm>
- ^{xii} Case & Deaton, 2015, Proceedings of the National Academy of the Sciences of the United States of America, 112 (49)
- ^{xiii} New York State Prevention Agenda Dashboard
- ^{xiv} University of Rochester Medical Center (URMC), Promoting Children's Behavioral Health, <http://www.thegrhf.org/wp-content/uploads/Promoting-Childrens-Behavioral-Health.pdf>
- ^{xv} 2017 Monroe County YRBS Report, <https://www2.monroecounty.gov/files/health/DataReports/MC%20YRBS%202017.pdf>, 2014-15 RCSD YRBS Report,

https://www2.monroecounty.gov/files/health/DataReports/ROC%202014-2015%20School%20Year%20YRBS_final%20.pdf

^{xvi} <https://www.philanthropy.com/article/How-America-Gives-Special/241344>

^{xvii} <https://www.philanthropy.com/article/Donations-Grew-14-to-390/240319>

^{xviii} The Changing Face of Workplace Giving, Nonprofit Quarterly, September 2010. See also Snapshot 2015: The New Corporate DNA, America's Charities.

^{xix} <https://www.philanthropy.com/interactives/how-america-gives>

^{xx} Teen Birth Rates decline significantly in City of Rochester, press release dated June 7, 2018 from Metro Council for Teen Potential

^{xxi} Rochester's Lead Law: Evaluation of a Local Environmental Health Policy Innovation, *Environmental Health Perspectives*, Katrina Smith Korfmacher, Maria Ayooob and Rebecca Morley, February 2012.

^{xxii} See <https://www.childrensinstitute.net/recap> for more on the RECAP partnership.

^{xxiii} The State of Early Learning: Early Learning Council Final Report submitted to Mayor Lovely A. Warren, 2014.

^{xxiv} Rochester Early Childhood Assessment Partnership, 2016-2017 Twentieth Annual Report.