St. Luke's Cornwall Hospital
With you for life.

2015 COMMUNITY SERVICE PLAN UPDATE

Overview

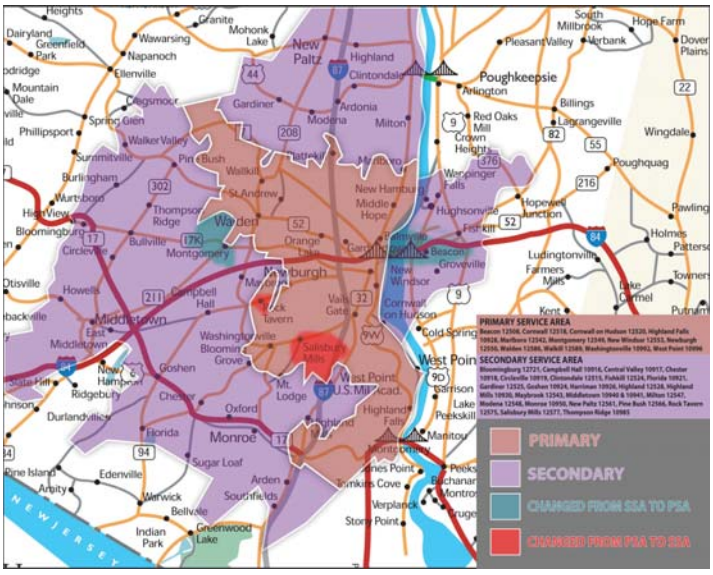
St. Luke's Cornwall Hospital (SLCH), with main campuses in Cornwall and Newburgh and offsite facilities throughout the community, is a 345-bed acute care hospital dedicated to providing for the health care needs of the community. SLCH has participated in a community health needs assessment (CHNA) and developed an implementation plan with strategies to address identified needs within the community. The assessment was conducted using survey data from the 2010-2013 Community Health Assessment from Orange County Department of Health, Demographic and Economic profile prepared by Siemens and other data sources.

The 2015 Community Service Plan Update outlines St. Luke's Cornwall Hospital's progress to date on the prevention areas outlined in the 2013 Community Service Plan.

Background

The SLCH geographic coverage area serves a population of approximately 400,000 people. In 2013, SLCH provided healthcare services to 14,000 Medicaid patients. As a safety net provider, SLCH serves a population that has been designated as a medically underserved area (MUA). The hospital's Primary Service Area includes the City of Newburgh, the most densely populated portion of SLCH's Primary Service Area, with more than 1,500 people per square mile. St. Luke's Cornwall Hospital's market is defined by 36 neighboring zip codes mainly in Orange County and including Ulster and Dutchess counties.

SLCH is a not-for-profit community hospital that provides dedicated care to more than 250,000 patients per year. SLCH is a 345-bed acute care hospital with main campuses in Cornwall and Newburgh as well as several offsite facilities throughout the community.



Primary Service Area Demographic Snap Shot

- The overall population is growing moderately between 2% to 3% through 2016; two fastest growing zip codes in the county are within 5 to 12 miles of the Hospital.
- Nearly 57.5% of the overall population is 50 years of age and older.
- $77, 421 is the average household income.
- In 2011, the estimated unemployment rate was slightly lower than New York's average at 7.9%
- In 2008, provisional data indicated that 19.7% of Orange County adults reported disabilities and 5.9% reported health problems that required the use of special equipment such as a cane, wheelchair, special bed or telephone.
- SLCH along with Community Health Centers have been working to access eligibility for Medicaid Managed Care, Child Health Plus and Family Health Plus.
- During the period of 1990-2000, approximately 9,000 immigrants established residency in Orange County, with over one-third of that number settling in the city of Newburgh, NY. The Census estimates that Orange County has experienced a 28% increase in foreign-born population from 2000-2005 compared to 16.3% nationwide.
- The Orange County Department of Health has determined that housing units within the county increased 11% from 1990-2000 to 122,754. The DOH found that the majority of housing units in the county are owner occupied- 67%.
- Overall, the perception of health is very high; 72% of respondents claim to have good or very good health.
- Nearly 50% of the population feels that they are at normal weight.
- Though the population feels as though they are at normal weight, 32% of SLCH's service area is obese and 28% is overweight.
- While the lack of access to primary care is due to financial resources or employment, 86.9% of survey respondents claim to have medical insurance.
- 81% of the population claims to be aware of no or low cost health insurance programs available to children.
- 81% of SLCH's service area does not smoke.

Primary Service Area Demographic Snap Shot (continued)

(All data has been taken from the New York State Department of Health at https://health.data.ny.gov/ and SLCH's information database)

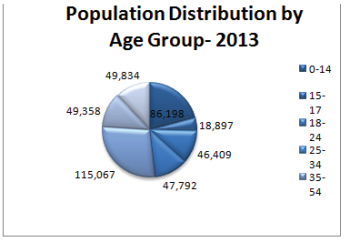
	Service area			2013	2018	%Change
2010 Total Population	408,964		Total Male Population	206,800	210,389	1.7%
2013 Total Population	413,555		Total Female Population	206,755	210,474	1.8%
2018 Total Population	420,863		Females, Child Bearing Age	80,027	78,775	-1.6%
% Change 2013-2018	1.8%					

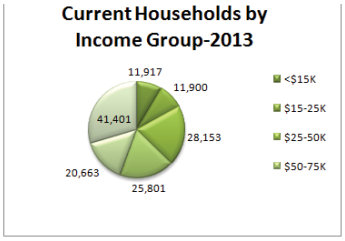
AGE DISTRIBUTION

Age Group	2013	% of Total	2018	% of Total	USA 2013% of Total
0-14	86,198	20.8%	85,028	20.2%	19.6%
15-17	18,897	4.6%	18,332	4.4%	4.1%
18-24	46,409	11.2%	48,092	11.4%	10.0%
25-34	47,792	11.6%	51,204	12.2%	13.1%
35-54	115,067	27.8%	104,771	24.9%	26.9%
55-64	49,358	11.9%	55,091	13.1%	12.4%
65+	49,834	12.1%	58,345	13.9%	13.9%
Total	413,555	100.0%	420,863	100.0%	100.0%

INCOME DISTRIBUTION

2013 Household Income	HH Count	% of Total	USA % of Total
<$15K	11,917	8.5%	13.8%
$15-25K	11,900	8.5%	11.6%
$25-50K	28,153	20.1%	25.3%
$50-75K	25,801	18.5%	18.1%
$75-100K	20,663	14.8%	11.7%
Over $100K	41,401	29.6%	19.5%
Total	139,835	100.0%	100.0%





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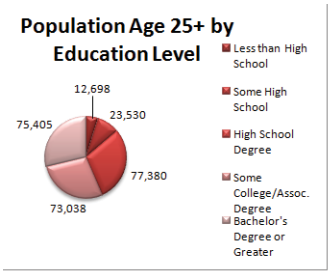
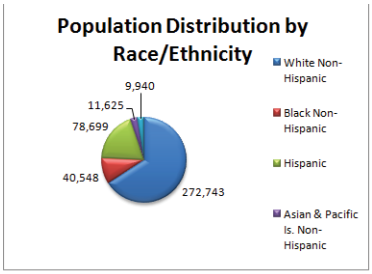
EDUCATION LEVEL DISTRIBUTION

2013 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	12,698	4.8%	6.2%
Some High School	23,530	9.0%	8.4%
High School Degree	77,380	29.5%	28.4%
Some College/Assoc. Degree	73,038	27.9%	28.9%
Bachelor's Degree or Greater	75,405	28.8%	28.1%
Total	262,051	100.0%	100.0%

RACE/ETHNICITY DISTRIBUTION

Race/Ethnicity	2013 Pop	% of Total	USA % of Total
White Non-Hispanic	272,743	66.0%	62.3%
Black Non-Hispanic	40,548	9.8%	12.3%
Hispanic	78,699	19.0%	17.3%
Asian & Pacific Is. Non-Hispanic	11,625	2.8%	5.1%
All Others	9,940	2.4%	2.9%
Total	413,555	100.0%	100.0%





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Primary Service Area Demographic Snap Shot (continued)

(All data has been taken from the New York State Department of Health at https://health.data.ny.gov/ and SLCH's information database)

Adults with a Disability

Locality	n[1]	Yes %[2]	n	No %	C.I.[3]
Orange	131	17.9	494	82.1	3.2
Rockland	110	16.1	495	83.9	3.2
Westchester	103	14	497	86	2.9

Key study findings for the LHV region include:

- A much higher percentage of providers than key informants indicated that the overall health and language needs of the immigrant population were being met in the target communities.
- Providers most frequently cited insufficient services for referral for mental health, dental, and legal issues.
- Providers/key informants identified housing, employment, finances and health insurance as key concerns in recent immigrants.
- Providers/key informants identified depression and alcoholism as common health issues in recent immigrants as did study immigrants.
- Only 50% of study participants had a "regular" provider and 73% had used a hospital ED in the past year.
- 50-75% of study immigrants reported their health providers spoke their language "little or not at all".
- 52.7% of study immigrants had insurance for themselves or a family member; 10.8% had no insurance for anyone in the family.
- Complementary and Alternative Medicine (CAM) use was prevalent and study immigrants expressed a lack of comfort in discussing this with their health care providers.
- Two out of five study immigrants reported a health problem and more than one-third rated their health as fair or poor.
- 25% of study immigrants reported chronic diseases, 20% infectious diseases (primarily TB), and 10% mental health issues.
- 40% of study immigrants reported their partners (mostly males) had never been to a doctor for a check-up.
- Almost half of study immigrants reported going to the doctor only when they were ill.
- Over 90% of study immigrants found it "difficult" for immigrants to live in their community.

(Data charts have been taken from the Orange County Department of Health)

Main Health Challenges

SLCH has identified several health challenges that face the community of which our healthcare services extend to. Included with these challenges are associated risk factors which have been identified by the Department of Health. The main challenges are:

- Heart disease
- Cancer
- Stroke

Within these health challenges, there are other obstacles that are leading causes of these challenges including diabetes and obesity. These obstacles greatly contribute to SLCH's main health challenges. Other risk factors have a role in these diseases as well. These risk factors are listed on the next page.

BEHAVIORAL RISK FACTORS: The leading overall cause of death in Orange County has been linked to numerous behavioral risk factors. Individuals residing in the St. Luke's Cornwall Hospital/Newburgh communities generally have a high rate of death caused by specific behaviors including: alcohol and substance abuse, risky sexual behavior, diet and lack of activity and the lack of consistent medical care, including lack of primary and preventative care. Behavioral and Environmental risk factors account for about 70% of premature deaths in the US overall.

ENVIRONMENTAL RISK FACTORS: Factors such as tobacco smoke, pollutants and environmental allergens (ex. House dust mites, cat and dog dander) are environmental health risk factors associated with the challenged addressed by SLCH. These factors in addition to a lack of access to quality medical care and a lack of financial resources allow a disease to become difficult to manage on a long term basis.

SOCIOECONOMIC FACTORS: According to Healthy People 2010, NYSDOH, socioeconomic status, particularly poverty, appears to be an important contributing factor to asthma illness, disability and death. In 2008-2009, an EBRFSS was conducted for Orange County. This indicated that a total of 19.2% of those who participated were uninsured. There was a higher rate of uninsured males (22.7% as opposed to 15.6% of females). Those between the ages of 18-34 had the highest rate of all, with 31.7% uninsured. The lack of insurance in a community proves for a higher risk of mismanagement of a chronic disease.

POLICY ENVIRONMENT ***(smoke free parks, menu labeling, zoning for walkable communities, etc.):*** A variety of programs and organizations work to provide health information to the community. Of these programs include, Healthy Neighborhoods Program, which provides public health services to specific geographic areas identified with a high rate of environmental health needs and Healthy Orange which has implemented several worksite wellness programs which focus on healthier eating and physical activity. Events for the programs include walking events and clubs.

According to the New York State Department of Health, Chronic diseases are among the leading causes of death, disability and rising health care costs in New York State. They account for approximately 70 percent of all deaths in NYS and affect the quality of life for millions of New Yorkers, causing major limitations in daily living for about one in ten residents. Additionally, the rate of chronic diseases is rising steadily, increasing from 24 percent in 2001 to 28 percent in 2006, and in 2009 to 58 percent.

Due to the long duration and generally slow progression of chronic diseases such as cancer, diabetes, heart disease, stroke and asthma, consistent delivery of high-quality chronic disease preventative care and management proves to be the main challenge in relation to chronic diseases.

Though chronic diseases are among the most prevalent in NYS, they are often the most preventable. The World Health Organization has estimated that if the major risk factors for chronic disease were eliminated, at least 80 percent of all heart disease, stroke and type-2 diabetes would be prevented, and more than 40 percent of cancer cases would be avoided.

Summary of the Assets and Resources that Can Be Utilized to Address Health Issues

SLCH has identified several resources that will be used to aid in addressing the health issues stated above. The resources that will be implemented include:

- SLCH Community engagement efforts for heart disease include medical staff speaking engagements, blood pressure screenings, conferences, and EMS respondent speaking engagements.
- SLCH is very active within the preventative cancer spectrum and annually carries the responsibility for providing; four breast screenings, one prostate screening, two colon screenings, two smoking cessation education, and two skin cancer screenings.
- SLCH provides a minimum of two educational sessions per year about stroke and one general program on stroke.
- SLCH provides three programs regarding diabetes and educational information about healthy eating, diabetes prevention as well as obesity prevention.
- SLCH offers other programs including fall prevention, health maintenance screenings, information on Lyme disease, advancements in physical therapy, neck and back injuries, orthopedic emergencies, nutrition, etc.

Documents and Sources Used to Conduct the Assessment

- Orange County Department of Health Assessment 2010-2013
- Orange County Department of Health Assessment results-2012, accessed on October 1, 2013
- Data pulled from SLCH data files, accessed on October 1, 2013
- Information gathered from the new York State Department of Health at ny.health.gov, accessed on October 9, 2013

Partners for the assessment include:

- Orange County Department of Health
- Orange County Regional Medical Center
- Bon Secours Charity Health System

Methods to seek community input included:

- Community/town forums and meetings
- Medical education seminars
- Physician presentations
- Health screening events

Prevention Agenda Area #1
Prevent Chronic Diseases

Focus Area: Increase access to high quality chronic disease preventative care and management in clinical and community settings.

In July 2012, the Care Transitions Coalition was formed at St. Luke's Cornwall Hospital with several other community providers, including the following:

a. Community health centers/federally qualified health centers
b. Health insurance plans
c. Government or community based-organizations-Housing
d. Government or community based organizations- Mental and Behavioral Health (including substance abuse)
e. Government or community based organizations- Social Services
f. Government or community based organizations-Transportation
g. Local coalition

This coalition's focus remains: to provide seamless transitions for post-hospital management, enhance communication among providers, improve processes and outcomes in order to reduce preventable hospitalizations and preventable admissions, as well as avoid unnecessary emergency department utilization.

The SLCH Care Transitions Program was initiated in March 2014. In the first six months of the program 227 patients were enrolled in the program. The population that has been focused on to date for this program includes Congestive Heart Failure, Diabetes, COPD, and End Stage Renal Disease patients. Our team works with patients to transition them either to their home or a subacute facility, refer to other agencies, as well as intervene in the areas of medication reconciliation, Primary Care Physician referral and insurance exchange. Of the 227 patients enrolled in the Care Transitions program, 11 (4.8%) were subsequently readmitted within 30 days to SLCH during this time frame. These 11 patients account for 19 hospital readmissions during this period (one of the patients is extremely non-compliant with all plan of care elements, and was readmitted 8 times).

In addition to the Care Transitions Program, SLCH has also implemented a strong focus on community health and the coordination between the hospital and community providers. We continue to lead the Population Health Coalition, a group of nearly 100 members that was formed in 2014 and remains focused on working collaboratively to best coordinate care and improve the overall health of the population we all serve.

In 2015, SLCH continued to work with the "Population Health Coalition," a partnership with more than 25 local organizations all focused on improving the health of the population served that was formed in 2014. Through the Population Health Coalition we are also reaching out to local schools and faith based organizations in the community. As part of the Care Transitions Program, we are also working with local home health agencies and certified nursing facilities. We are also working with the Office of the Aging to help transition our patients back into the community. They will check on patients and provide support as needed. Other partners include meals on wheels, ensuring that patients have enough food so they can still afford their necessary medications. We have also worked with patients to help them qualify for health insurance to afford their medications.

By continuing to identify and partner with community organizations that also serve similar geographic and demographic populations, SLCH increased its educational series, lectures and screening offerings to the community. In addition to continuing our partnership with West Point Athletics, which provides multiple opportunities to reach large numbers with valuable information and health screenings, SLCH greatly increased its efforts to reach local audiences with the most need. For example, in the last half of 2015, we were present at three different local soup kitchens and food pantries a total of nine times. In those interactions, we were able to either provide information and/or a screening to more than 200 members of the community with otherwise limited access to the healthcare system.

Education and screening events are targeted at high-need populations. We have engaged community partners that also serve these populations. This has allowed for better access to members of our community who most need the information and services. Examples include working with local food pantries and soup kitchens to provide information on free health services, utilizing local ESL classes to provide specifically targeted information to the Hispanic community and providing a greater number of outreach events in more appropriate neighborhoods and communities (i.e. presence at a local farmers market where the majority of the customers live within walking distance of the hospital).

We've clearly identified that while we have numerous community programs geared towards the prevention of chronic diseases, communication is a challenge. We are working together on how to best spread the word on the resources available. One of the main challenges we face currently is developing data and disseminating results broadly through a variety of methods. St. Luke's Cornwall Hospital is looking into developing a Data Repository to house all of this information.

Process Measures Being Used to Monitor Progress

- Number of cancer screening events held in partnership with community providers
- Number of individuals navigated to an/or through cancer screening
- **Other:** Our focus has been to decrease exacerbation of chronic diseases and preventing unnecessary hospitalization through work that has been completed in our Care Transitions Program. With this program, high risk patients (COPD, CHF and Diabetes) are managed by members of our team. The Coleman Model of Care is used with each patient, ensuring that they receive the proper follow up care when discharged from the hospital. Our team works closely to continue to manage the patients' needs in the community, ultimately preventing them from returning to the hospital for chronic illness. Our overall readmission rate is roughly 15%, however of the 687 patients enrolled in the Care Transitions Program during 2015, only 77 (11.2%) were readmitted within 30 days. There is much work to be done to continue to enhance this program and reduce overall readmission rates at St. Luke's Cornwall Hospital, ensuring that our patients receive the right care in the right setting.

Prevention Agenda Area #2
Promote Healthy Women, Infants & Children

Focus Area: Maternal and infant health

SLCH's Newburgh campus is located in the City of Newburgh, NY. In a study completed by Westchester Medical Center, the Hudson Valley (Orange County in particular) compared to the State of New York, indicates expectant mothers receive significantly less prenatal care within the first trimester. The study also suggests the infant mortality rate (per 1,000 births) is 0.6% higher in Orange County at 5.7% than the state average of 5.1%. This clearly identifies prenatal care as an area of improvement within the scope of our community health initiatives. SLCH has had 7,850 pregnancy related in-patients October 1, 2013 – September 30, 2014. 1,660 of those patients were admitted into the hospital for birthing reasons. 1,735 visits were of undisclosed reasons pertaining to pregnancy (pre/post-birth). 5% of the babies born here have been admitted into the SLCH Neo-Natal Intensive Care Unit (NICU).

The Birthing Center at SLCH works closely with two medical groups in the community: The Greater Hudson Valley Family Health Center and Crystal Run Healthcare. In addition, we have worked to increase support for breastfeeding by giving patients greater access to Certified Lactation Counselors through certification training to Neonatal Intensive Care Unit and Birthing Center Staff.

SLCH hosted a Certified Lactation Counselor program that drew approximately 50 participants from throughout the geographic area. A total of 15 members of the hospital Birthing Center and NICU staff are now Certified Lactation Counselors, which will increase patient access to breastfeeding support and contribute toward improving the hospital's breastfeeding rates.

Along with the efforts to increase the breastfeeding rates, SLCH has taken an active role in the prevention of Neonatal Abstinence Syndrome, a consequence of the abrupt discontinuation of chronic fetal exposure to substances such as heroin, prescription medication, methadone or buprenorphine, used and abused by a mother during pregnancy. Utilizing education and intervention, SLCH and the Greater Hudson Valley Family Health Center's Center for Recovery are working together to target expectant mothers who have been identified by the Center for Recovery's Opiod Treatment Program and enhance current practices by adding a comprehensive treatment program which includes obstetric care, counseling and educational services with the goal of giving babies a healthier start while minimizing the financial burden to state and federal social service programs.

Through collaborations with various healthcare organizations and community organizations, SLCH will communicate with expectant parents and with the community at large. This pilot program will be communicated through public relations outreach, our credentialed obstetricians and with two initial community organization partners, The Boys & Girl Club of Newburgh and the Newburgh Armory Unity Center. After a successful pilot program, the collaborative efforts will grow to include, but is not limited to: Newburgh Enlarged City School District, the City of Newburgh, Newburgh Armory Unity Center, Mount Saint Mary College, Safe Harbors of the Hudson, SUNY Orange, the Boys and Girls Club of Newburgh, local ministries and other surrounding municipalities.

Process Measures Being Used to Monitor Progress

- Number and demographics of women reached by policies and practices to support breastfeeding
- Number and percent of women/families who participate in family education programs (e.g., Lamaze childbirth, pre-natal breastfeeding, sibling classes and a new mom support group)
- **Other:** Number and percent of NICU/birthing center professionals who receive lactation counselor certification.

In Summary

In October 2015, St. Luke's Cornwall Hospital announced a partnership with the Montefiore Health System. Pending the expected FTC approval in January 2016, Montefiore will serve as the parent organization in a passive parent relationship. The agreement will help strengthen the local delivery of health care and enhance the access to specialty care for residents of the Hudson Valley. Utilizing Montefiore's experience and expertise in community-based healthcare and a population health perspective, it is anticipated that SLCH will be able to serve the local population in a more effective and efficient manner.

As health care delivery continues to change and with St. Luke's Cornwall Hospital's participation in the Delivery System Reform Incentive Payment Program, St. Luke's Cornwall Hospital's partner list has largely expanded. Throughout the last two years, we have teamed up with Skilled Nursing Facilities, Home Health Agencies, Federally Qualified Health Centers such as the Greater Hudson Valley Family Health Center as well as many other community providers to ensure that our patients are receiving the best care, in the most appropriate setting at the lowest possible cost.

Notable achievements in 2015 include —

- Successfully partnered with the Hudson Valley Asthma Coalition to ensure that high risk patients have received proper medication, asthma education, and follow-up, post ED visits.
- Pulmonary Rehabilitation Program established to improve the quality of life, educate on disease management and decrease readmissions of patients with chronic pulmonary diseases.
- Implemented the SLCH Community Action Committee, focused on increasing community engagement efforts throughout the organization.
- Increased cancer outreach and education by more than 60%, participating in more than 75 cancer related outreach events in 2015.
- Significantly grew the Population Health Coalition, partnering with more than 40 other community organizations to identify gaps in resources and enhance services.

Throughout 2015, SLCH provided more than 100 educational series, lectures, support groups and screenings to the community on topics including stroke education, cardiac health, breast cancer, smoking cessation, lung cancer, arthritis, total joint replacement, men's health, nutrition and diabetes. These efforts reached an audience of more than 15,000 people.

2015 Community Engagment — Master List

Stroke Education:					
Date	**Affiliation**	**Topic**	**Audience**	**Location**	**# of people**
1-May	Cardiovascular Institute	Stroke Education	New Windsor Seniors	New Windsor Community Center	39
20-May	Cadiovascular Institute	Stroke Education	Highland Falls Seniors	The Center; 319 Main Street, Highalnd Falls, NY	7
10-Sep	Cadiovascular Institute	Stroke Education	Glen Arden Senior Community	214 Harriman Drive, Goshen, NY	*35*
18-Oct	Cadiovascular Institute	Stroke Education	Pine Island Seniors	Pine Island, NY	*62*
Cardiac Education:					
20-Feb	SLCH Cardiovascular Institute	BP Screening/Healthy Heart	General Community	Newburgh Price Chopper, 39 North Plank Road	100+
Cancer Education:					
28-Feb	Littman Cancer Center	Breast Cancer Education	West Point Women's Basketball "Pink Zone"	Christl Arena, West Point, NY 10996	1000
23-Apr	Littman Cancer Center	Breast Cancer Self Exam Education	The Center of Highland Falls	312 Main Street, Highland Falls, NY	6
12-May	Littman Cancer Center	Smoking Cessation/Lung Cancer	Wallkill HS Health Fair	Wallkill HS, Wallkill, NY	125
12-Jul	Littman Cancer Center	Smoking Cessation/Lung Cancer	OCNY Hog "Poker Run"	Thomas Bull Memorial Park; Route 416, Montgomery, NY	25
30-Jul	Littman Cancer Center	General Cancer Services Info	Grace United Methodist Church Food Pantry	Van Ness Street, Newburgh	25
15-Sep	Littman Cancer Center	General Cancer Services Info	St. Patrick's Soup Kitchen	Newburgh, NY	25
26-Sep	Littman Cancer Center	Cancer Education and Screenings	Littman Cancer Center	Cornwall, NY	26
8-Oct	Littman Cancer Center	Breast Cancer Self Exam Education	OU-BOCES Staff	Goshen, NY	45
10-Oct	Littman Cancer Center	General Cancer Services Info	Army West Point Black Knights Alley	Michie Stadium, West Point, NY	250
20-Oct	Littman Cancer Center	General Cancer Services Info, Blood Pressure Checks	Healthy Orange Newburgh Farmers Market	Broadway, Newburgh, NY	26
17-Nov	Littman Cancer Center	General Cancer Services Info, Blood Pressure Checks	St. Patrick's Soup Kitchen	Grand Street, Newburgh, NY	25
19-Dec	Urologist	Bladder Cancer	Newburgh Armory ESL Class	Newburgh, NY	20
Ortho Education					
6-Mar	Ortho Staff	Arthritis/Total Joint	New Windsor Seniors	555 Union Avenue, New Windsor, NY	40
8-Apr	Ortho Staff	Arthritis/Total Joint	OU-BOCES Staff	53 Gibson Road, Goshen, NY	45
19-Sep	Ortho Staff	Arthritis/Total Joint	Pine Island Seniors	Pine Island, NY	50

Diabetes						
25-Feb	Educator & Nutritionist	Diabetes Education	Howland Public Library	313 Main Street, Beacon, NY	6	
Men's Health						
16-Apr	Urologist	ED/Enlarged Prostate	Cornwall Campus	19 Laurel Avenue		30
17-Oct	Urology Services	Men's Health	Army West Point Black Knights Alley	Michie Stadium, West Point, NY		200
Other:						
19-Jan	Nutrition Staff	General Nutrition	Glen Arden Retirement Residents & Community Members	214 Harriman Drive, Goshen, NY		50
2-May	Nutrition Staff	General Nutrition/Diabetes	Cornwall Lions Club Health Fair	Munger Cottage, 183 Main Street, Cornwall, NY		30
2-May	Physical Therapy	Balance Center	Cornwall Lions Club Health Fair	Munger Cottage, 183 Main Street, Cornwall, NY		30
12-May	Nutrition Staff	General Nutrtion	Wallkill HS Health Fiar	Wallkill High School, Wallkill, NY		125
12-May	Physical Therapy	Posture & Ergonomics	Wallkill HS Health Fair	Wallkill High School, Wallkill, NY		125
16-May	Orthopedics, Physical Therapy	General Hospital Information, Skin Cancer Handouts	Melissa Fund Sun Run	Cornwall, NY		200
20-May	Nutrition Staff	General Nutrition	Newburgh Armory Farm Stand	Newburgh Armory Unity Center; 321 South William Street		500
22-May	Physical Therapy	Tips for staying active	Cornwall Senior Citizens	Munger Cottage, 183 Main Street, Cornwall, NY		22
20-Jun	Littman Cancer Center	General Cancer Services	Newburgh Illuminated	Broadway, Newburgh, NY		250
9-Jul	Nutrition Staff	Fresh Fruit & Vegetables; Nutrition/Wellness Information	"Celebrate Healthy Summer Meals"	Delano-Hitch Stadium; Newburgh, NY		125
15-Jul	Nutrition Staff/Cardiac	General Nutrition/BP Screening	Newburgh Armory Farm Stand	Newburgh Armory Unity Center; 321 South William Street		500
21-Jul	Care Transitions/Cancer Services	General Information/BP Screening	Healthy Orange Farmers Market	Broadway, Newburgh		50
22-Jul	Marketing/IT	General Information	New Windsor Music in the Park	555 Union Avenue, New Windsor		300
22-Jul	Marketing/Foundation	General Information	St. George's Episcopal Church	Grand Street, Newburgh		20
29-Jul	Nutriton/Cardiac Staff	General Information/Nutrition/BP Screening	New Windsor Music in the Park	555 Union Avenue, New Windsor		300
5-Aug	Marketing	General Information	New Windsor Music in the Park	555 Union Avenue, New Windsor		200
6-Aug	Nursing Education/Foundation	General Information/BP Screening	Grace United Methodist Church	Van Ness Street, Newburgh		25
7-Aug	Foundation/Nursing	General Information/BP Screening	St. George's Episcopal Church	Grand Street, Newburgh		20

12-Aug	Marketing	General Information	New Windsor Music in the Park	555 Union Avenue, New Windsor	300
18-Aug	Nutrition	General Information/Nutrition /BP Screening	Healthy Orange Farmers Market	Broadway, Newburgh	50
21-Aug	CROS Nurse	General Information/BP Screening	St. George's Episcopal Church	Grand Street, Newburgh	20
27-Aug	CROS Nurse	General Information/BP	Grace United Methodist Church	Van Ness Street, Newburgh	25
29-Aug	PT, ED, Nutrition	Backpack Ergonomics, General Information, Nutrition Information, BP Screenings	New Windsor Community Day	Kristi Babcock Park, New Windsor	350
4-Sep	ED, SLC Medical Group	General Information/BP Screening	Army West Point Black Knights Alley	Michie Stadium, West Point, NY	*200*
19-Sep	Physical Therapy	General Information	Army West Point Black Knights Alley	Michie Stadium, West Point, NY	*250*
20-Sep	Balance	General Information & Balance Center	Cornwall Fall Festival	Main Street, Cornwall, NY	*200*
Oct. 8		General Information	SUNY Orange Wellness Fair	Newburgh, NY	*50*