

Community Health Needs Assessment and Implementation Strategy Report 2019-2021

Montefiore | St. Luke's Cornwall



Montefiore St. Luke's Cornwall
Community Health Needs Assessment and Implementation Strategy Report 2019-21
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EXECUTIVE SUMMARY

Montefiore St. Luke's Cornwall (MSLC), a formal member of the Montefiore Health System, is a not-for-profit community hospital with campuses in Newburgh and Cornwall, NY, as well as several off-site facilities, that provides dedicated care to more than 250,000 patients per year. MSLC is a 242-bed acute care hospital with a geographic coverage area that serves a population of approximately 400,000 people. As a safety net and Vital Access Provider, MSLC serves a population that has been designated as a medically underserved area (MUA), specifically in the City of Newburgh.

The Montefiore St. Luke's Cornwall Community Health Needs Assessment was compiled using specific data provided from the Mid-Hudson Region Community Health Assessment 2019-2021, which was MSLC's Primary Data Collection Source. The Mid-Hudson Region Assessment Community Health Assessment 2019-2021, originated from a Collaborative that was formed in 2017 from the seven local health departments across the Mid-Hudson Region, with a goal of creating the first ever regional community health survey. These counties include Dutchess, Orange, Ulster, Putnam, Sullivan, Rockland and Westchester. There were 17 local hospitals who contributed funds for the Collaborative to contract with the Siena College Research Institute, to conduct a randomized, digital-dial community health survey. The survey captured a total of 5,372 responses and roughly 850 from Orange County specifically, which would supplement the Regional Community Health Assessment. In addition to the phone survey, several Provider Focus Groups formed a collaborative with Human Service providers throughout the region. Prior to the focus groups, a survey was sent to providers in each county in an effort to supply additional background regarding local factors that influence community health. The survey was inclusive of the populations that are served by the providers, issues that impact those communities, barriers that exist in helping residents achieve better health and the interventions used to address the social determinants of health. A total of 285 surveys were completed by the service providers, with a total of 41 responses from Providers in Orange County.

The Human Service Provider Survey and Focus Groups identified that the top-rated issues affecting health in Orange County are:

- 1) Access to affordable, decent and safe housing
- 2) Access to affordable, reliable, personal and public transportation
- 3) Access to mental health providers

Additionally, the above findings revealed that the top three barriers in achieving better health in Orange County include:

- 1) Knowledge of existing resources
- 2) Drug and/or alcohol use
- 3) Healthy literacy

The Mid-Hudson Region Community Health Assessment findings indicated that in Orange County, Heart Disease and Cancer are among the leading causes of death and leading causes of premature death (death before age 75) by a large margin. Obesity is a leading contributor to these top causes of death, as well as diabetes, stroke, and hypertension—all of which can lead to premature death. Over the past ten years, the rates of obesity have continually grown, as well as the subsequent morbidity of cardiovascular disease, prediabetes, and hypertension.

Sexually Transmitted Infections are also significantly on the rise in Orange County. There has been a 75% increase in the average number of newly diagnosed HIV cases in Orange County from 17.2 per year (2011-2015) to 26.3 per year (2016-2018). Chlamydia rates among both males and females from 2014-2016 are higher in Orange County than rates in the Mid-Hudson Region, and have steadily increased or remained the same from 2011-2013 to 2014-2016. Additionally, Orange County had its first fetal demise in 2019 from congenital syphilis in over 25 years.

In addition to our contributions in the Mid-Hudson Region Community Health Assessment 2019-2021, MSLC also participated in the Orange County Health Summit in June 2019, as part of a secondary data collection process. This summit served as an active working session to review the data from the above-mentioned Provider focus groups, along with the Siena College Survey Data, and ultimately decide on the Priority Areas for the 2019-2021 Community Health Improvement and Community Service Plan.

The two Prevention Agenda Priorities that Orange County selected at this summit are:

- Prevent Chronic Disease
- Prevent Communicable Disease

The two priority areas that Montefiore St. Luke's Cornwall has identified as a result of the Community Health Needs Assessment and the discussion at the Orange County Community Health Summit are the same: **Prevent Chronic Disease** and **Prevent Communicable Disease**. These findings were used to help create the 2019-2021 Community Service Plan.

Date Report is Made Available to the Public: The 2019 Community Needs Assessment will be submitted on December 30, 2019 and will be posted to the hospital's website <https://www.montefioreslc.org/community/community-service-plan/>.

This report was approved by the Montefiore St. Luke's Cornwall Board of Trustees on Tuesday, November 26, 2019.

INTRODUCTION

Organizational Background

Montefiore St. Luke's Cornwall (MSLC), a formal member of Montefiore Health System, is a not-for-profit community hospital with campuses in Newburgh and Cornwall, NY, as well as several off-site facilities, that provide dedicated care to more than 250,000 patients per year.

MSLC is a 242-bed acute care hospital with a geographic coverage area that serves a population of approximately 400,000 people. As a safety net provider, MSLC serves a population that has been designated as a medically underserved area (MUA), specifically in the City of Newburgh.

MSLC's Newburgh campus is comprised of both inpatient and outpatient services including a Level III Trauma Center, Emergency Department, Intensive Care Unit, Cardiac Catheterization Laboratory, Birthing Center and Neonatal Intensive Care Unit, Physical Therapy as well as surgical services including Orthopedics, Urology and Men's Health procedures, Metabolic and Bariatric Surgery, and Oncology. The Cornwall campus has shifted to an entirely outpatient model in the last ten years, and includes the Littman Cancer Center, an Infusion Suite, Center for Pain Management, Center for Sleep Medicine, Center for Wound Care and Hyperbaric Medicine, Laboratory, and Rehabilitative Services, inclusive of Physical, Occupational and Speech Therapies, along with Cardiac and Pulmonary Rehabilitation, and most recently a Center for Cognitive and Memory Services and a Driver Evaluation and Advisement Program.

Inpatient Discharges specific to Montefiore St. Luke's Cornwall

The Top 20 inpatient discharges for Montefiore St. Luke's Cornwall's Newburgh campus in 2018 are shown below, with the highest percentage being Sepsis, liveborn infants according to place of birth and type of delivery, along with pneumonia, unspecified organism, and osteoarthritis of the knee. These discharges show the direct correlation between the health disparities and barriers that exist among the population that MSLC services and the types of conditions the hospital treats most frequently.

Table X. Top 20 inpatient discharges at Montefiore St. Luke's Cornwall-Newburgh (formerly St. Luke's Cornwall Hospital), 2018

ICD-10 Code	Label	Discharges	% of total
A41	Other sepsis	905	8.3%
Z38	Liveborn infants according to place of birth and type of delivery	904	8.3%
J18	Pneumonia, unspecified organism	370	3.4%
M17	Osteoarthritis of knee	337	3.1%
J44	Other chronic obstructive pulmonary disease	276	2.5%
N17	Acute kidney failure	272	2.5%
I21	Acute myocardial infarction	250	2.3%
L03	Cellulitis and acute lymphangitis	208	1.9%
E11	Type 2 diabetes mellitus	202	1.8%
I11	Hypertensive heart disease	202	1.8%
I13	Hypertensive heart and chronic kidney disease	162	1.5%
M16	Osteoarthritis of hip	160	1.5%
I48	Atrial fibrillation and flutter	152	1.4%
I63	Cerebral infarction	151	1.4%
S72	Fracture of femur	148	1.4%
K85	Acute pancreatitis	134	1.2%
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	134	1.2%
O34	Maternal care for abnormality of pelvic organs	131	1.2%
E87	Other disorders of fluid, electrolyte and acid-base balance	124	1.1%
N39	Other disorders of urinary system	121	1.1%
-	Other diagnoses	5,577	51.1%

Data source: Internal Montefiore Health System data, 2018

STATEMENT OF EXECUTIVE REVIEW:

Montefiore St. Luke's Cornwall (MSLC) has participated in an extensive Community Health Needs Assessment which is outlined throughout this document. The CHNA includes data from the Mid-Hudson Regional Community Health Assessment 2019-2021, which is inclusive of data from the Mid-Hudson Region Community Health Survey, and Provider Focus Groups. The Mid-Hudson Regional Community Health Assessment which was written by HealtheConnections with contributions and input from many partners throughout the Mid-Hudson Region. Additionally, MSLC participated in the June 2019 Orange County Community Health Summit, and a number of focus groups that were created as a result of the summit.

This document outlines the overview of the population MSLC serves, the primary health disparities, barriers to accessing care, and the key findings of the surveys MSLC has participated in.

The two priority areas that Montefiore St. Luke's Cornwall has identified as a result of the Community Health Needs Assessment are the following: **Prevent Chronic Disease** and **Prevent Communicable Disease**. These findings were used to help create the 2019-2021 Community Service Plan.

Date Report is Made Available to the Public:

This document will be made available to the public on December 30, 2019, via the Hospital's website at www.MontefioreSLC.org.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AND METHODS

To assess the broad interest of the community, Montefiore St. Luke's Cornwall participated in the Mid-Hudson Regional Community Health Assessment 2019-2021, also referred to as the Siena College survey, which was compiled and written by HealtheConnections and inclusive of data pertaining to the seven counties within the Mid-Hudson Region. This assessment originated from a collaborative that was formed in 2017 from the seven local health departments across the Mid-Hudson Region, with a goal of creating the first ever regional community health survey. These counties include Dutchess, Orange, Ulster, Putnam, Sullivan, Rockland and Westchester. There were 17 local hospitals who contributed funds for the Collaborative to contract with the Siena College Research Institute, to conduct a randomized digital dial community health survey, which would supplement the Regional Community Health Assessment.

Involved personnel:

The above-mentioned Collaborative Consists of the following hospitals and health systems:

- Bon Secours Charity Health System, a member of the Westchester Medical Center Health Network
- Good Samaritan Hospital
- Bon Secours Community Hospital
- St. Anthony Community Hospital
- Dutchess County Department of Behavioral & Community Health
- Catskill Regional Medical Center, a member of the Greater Hudson Valley Health System
- HealthAlliance Hospitals, members of the Westchester Medical Center Health Network
- Nuvance Health:Northern Dutchess Hospital
 - Vassar Brothers Medical Center
 - Putnam Hospital Center
- Montefiore Health System
- Montefiore Hudson Valley Collaborative
- Montefiore Nyack Hospital
- Montefiore St. Luke's Cornwall
- Orange County Department of Health
- Orange Regional Medical Center, a member of the Greater Hudson Valley Health System
- Putnam County Department of Health
- Rockland County Department of Health
- St. Joseph's Medical Center
- Sullivan County Public Health Services
- Ulster County Department of Health and Mental Health
- Westchester County Department of Health

This Survey was titled the Mid-Hudson Region Community Health Survey. A total of 5,372 residents across the Mid-Hudson Region were surveyed, which breaks down to approximately 767 responses per county. The survey was crafted with questions that would collect information regarding the varying priorities and initiatives put forth by the New York State Department of Health. Among these were The Prevention Agenda, The Eight Domains of Livability, and incorporating healthy aging into Health Across all Policies.

Each of the seven counties were divided into two specific regions chosen by the Local Health Departments and then half of the surveys from each county were collected in each region. The Collaborative then retained SCRI to conduct a digital dial survey by phone at random. The telephone surveys were conducted between April and September 2018 and included both landline and cell phone numbers to reach a variety of respondents. The results were weighted by age, gender, race and region according to the U.S. Census 2010. A sample of the Survey questions is provided in Appendix A.

The Demographic Breakdown of Respondents is shown in the table below:

Respondent Demographic Breakdown								
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson
TOTAL COUNT	787	850	521	812	752	802	848	5372
Gender								
Male	39%	39%	41%	35%	38%	40%	42%	39%
Female	61%	61%	59%	65%	62%	60%	58%	61%
Transgender/Other gender	0%	0%	0%	0%	0%	1%	0%	0%
Age								
18 to 34	10%	11%	9%	21%	11%	7%	15%	12%
35 to 54	20%	24%	21%	24%	23%	24%	17%	22%
55 and older	70%	66%	70%	54%	67%	69%	68%	66%
Race/Ethnicity								
Caucasian/White	88%	80%	89%	79%	82%	84%	64%	80%
Hispanic/Latino	5%	7%	8%	10%	8%	7%	13%	8%
African American/Black	4%	8%	1%	6%	6%	5%	18%	7%
Asian	1%	1%	0%	2%	0%	0%	2%	1%
Other/Something else	2%	4%	3%	3%	3%	4%	3%	3%

Key Findings from the Community Health Survey included:

- 81% of Orange County respondents reported that accessible and convenient transportation was “very important” or “somewhat important” to them
- 80% of Orange County respondents reported that people may have a hard time finding a quality place to live due to the high cost of living
- 39% of Orange County respondents living in rural areas reported that places in Orange County did not feel safe vs. 54% of Orange County respondents living in urban zip codes
- 27% of Orange County respondents with <\$25K yearly income reported experiencing a mental health condition or substance or alcohol use disorder compared to 14% of total Orange County respondents
- 28% of Orange County respondents with <\$25K yearly income reported that in the past 12 months, they or any other member of their household has been unable to get food compared to 11% of total Orange County respondents
- 35% of Orange County respondents with <\$25K yearly income reported that in the past 12 months, they or any other member of their household has been unable to get medicine compared to 14% of total Orange County respondents

Input Representing the Broad Interest of the community

To further assess the broad interests of the community, following the Regional Assessment. Several focus groups were created to gain the insights of the underrepresented populations in the community, including those who are seniors, low income, veterans, LGBTQ members, those experiencing homelessness, and residents with a mental health diagnosis. 12 focus groups, with members of the providers who serve these populations were created collaboratively with Human Service providers throughout the region. Prior to the focus groups, a survey was sent to providers in each county in an effort to supply additional background regarding local factors that influence community health. The survey was inclusive of the populations that are served by the providers, issues that impact the communities the providers serve, barriers that exist in helping residents achieve better health and the interventions used to address the social determinants of health. A total of 285 surveys were completed by the service providers, with varying answers in each county. The differences were then discussed at length in each of the focus groups. A sample of the interview form is provided in Appendix B.

In Orange County specifically, a total of 41 responses were collected from providers that serve a variety of populations. According to the Mid-Hudson Regional Community Health Assessment, The Orange County Department of Health, joined by HealtheConnections, conducted a focus group at the Joint Membership of Health and Community Agencies (JMCA), with a focus on providing the residents of Orange County with a comprehensive platform for health and wellness. Several agencies were represented in this meeting, and the discussion was centered around the survey questions that were distributed prior to the focus group. The providers involved in the focus groups, serve a diverse group of clients including children and adults with disabilities, those with substance abuse disorders, and low-income individuals. The types of residents that these providers serve is shown in Appendix C.

Comments received on the most recently conducted Community Health Needs Assessment address areas of concern that Montefiore St. Luke’s Cornwall specifically had when creating this document, specifically that MSLC’s Primary Service Area, inclusive of the City of Newburgh is not well reflected in this data. The final Mid-Hudson Region Community Health Assessment 2019-2021, notes that while the results give an extensive background on the health needs of the

Mid-Hudson region, the final results are misleading and mask several of the disparities that exist in the Urban areas of Orange County specifically. The final assessment states: *At first glance, Orange County appears to be an affluent suburban community that enjoys a median household income above the New York State average (\$75,146 vs. \$62,765, respectively); a smaller percentage of individuals living below the poverty line (12.2% vs. 15.1% respectively); a smaller unemployment rate (5.6% vs. 6.6%, respectively); and boasts a higher percentage of high school graduates as compared to New York State (89.6% and 86.1%, respectively). However, aggregate county data are misleading and masks the disparities within the County. The urban areas of Orange County are characterized by severe socioeconomic and health inequities, with one-third of the population living below the poverty line and residing in the three major cities (Newburgh, Middletown, and Port Jervis).*

Definition and Description of the Community Service Area

Montefiore St. Luke’s Cornwall (MSLC) is a not-for-profit community hospital with campuses in Newburgh and Cornwall, NY, as well as several off-site facilities, that provide dedicated care to more than 250,000 patients per year. MSLC is a 242-bed acute care hospital with a geographic coverage area that serves a population of approximately 400,000 people. As a safety net and Vital Access Provider, MSLC serves a population that has been designated as a medically underserved area (MUA), specifically in the City of Newburgh.

MSLC’s Primary Service Area is comprised of 12 neighboring zip codes, with nine of the twelve zip codes residing in Orange County, two in Ulster County and one in Dutchess County.

MONTEFIORE ST. LUKE’S CORNWALL HOSPITAL

Table 7

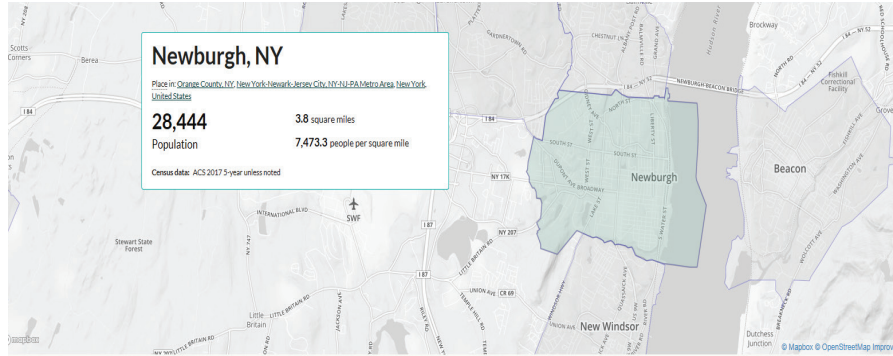
County	Zip-Code	Population	County	Zip-Code	Population
Dutchess	12508	19604	Orange	12549	11156
Orange	12518	6310	Orange	12550	54612
Orange	12520	2984	Orange	12586	12729
Orange	10928	4004	Ulster	12589	17,463
Ulster	12542	5,746	Orange	10992	9197
Orange	12553	26029	Orange	10996	6612

The Mid-Hudson Region is comprised of seven counties including Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester. Orange County is roughly 40 miles north of New York City and resides between the Delaware River in the west and the Hudson River in the east. Orange County is bordered by both New Jersey and Pennsylvania on the southwest. Orange county is 839 square miles and is comprised of a suburban, rural, urban and farmland areas, which include three cities (Middletown, Newburgh and Port Jervis), which make up close to 18% of the population of the entire county. Specifically, Newburgh falls in Montefiore St. Luke’s Cornwall’s Primary Service Area and is a key focus throughout this entire document.

Orange County is also inclusive of 20 towns and 19 villages, 19 school districts along with three colleges and universities, one of which resides in MSLC's Primary Service Area, in the heart of the city of Newburgh: Mount Saint Mary College.

The City of Newburgh is the most densely populated portion of MSLC's Primary Service Area, with roughly 28,444, according to the American Community Survey 5-year estimates (2013-2017). This same survey indicates that there are 7,473.3 people per square mile in the City of Newburgh.

(Source: <https://censusreporter.org/profiles/16000US3650034-newburgh-ny/>)



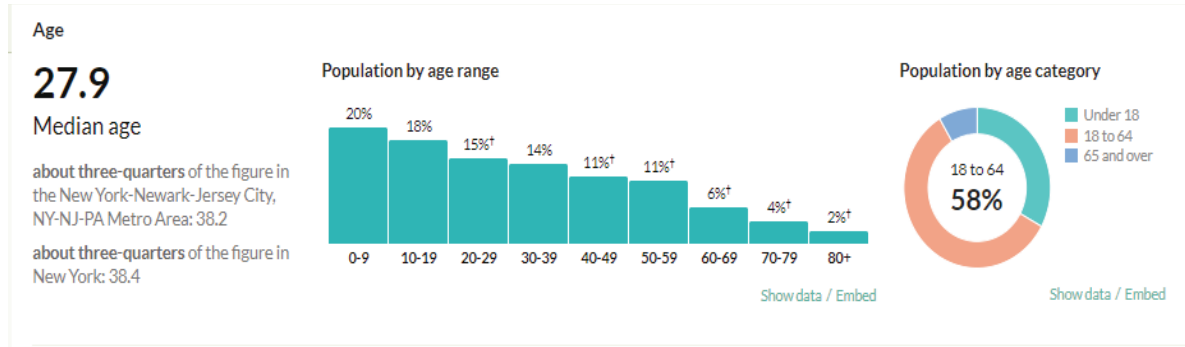
Adults ranging from 35-64 years of age makeup the majority of the population in Orange County.

Table 11

Population Stratified by Age		<5 years		5-19 years		20-34 years		35-64 years		≥65 years	
		N	%	N	%	N	%	N	%	N	%
Dutchess		13,858	4.7	55,161	18.7	56,015	18.9	123,229	41.7	47,422	16.1
Orange		24,827	6.6	84,117	22.2	71,658	18.9	148,560	39.2	49,012	12.9
Putnam		4,440	4.5	18,664	18.8	16,362	16.4	44,484	44.7	15,514	15.6
Rockland		24,718	7.6	73,931	22.7	59,130	18.2	118,160	36.3	49,088	15.1
Sullivan		4,252	5.6	13,717	18.1	13,545	17.9	31,033	40.9	13,236	17.5
Ulster		8,066	4.5	30,074	16.7	33,918	18.8	75,650	42.0	32,421	18.0
Westchester		55,593	5.7	191,487	19.6	171,794	17.6	400,187	41.0	156,260	16.0
Mid-Hudson		135,754	5.8	467,151	20.1	422,422	18.1	941,303	40.4	362,953	15.6
NYS		1,176,877	5.9	3,554,995	18.0	4,288,714	21.7	7,769,291	39.3	3,008,351	15.2
NYS excl NYC		616,519	5.5	2,131,058	19.0	2,155,266	19.2	4,495,230	40.0	1,840,083	16.3

Source: U.S. Census Bureau, 2017 American Community Survey 5-year estimates

The median age in the City of Newburgh is 27.9 years with 52% of the population being females.



The overall population of the Mid-Hudson Region was split fairly evenly between males and females according to the Mid-Hudson Regional Community Health Assessment, with data stratified from the U.S. Census Bureau, 2017 American Community Survey 5 year estimates.

Population Stratified by Sex				
	Male		Female	
	N	%	N	%
Dutchess	146,993	49.7	148,692	50.3
Orange	189,437	50.1	188,737	49.9
Putnam	49,485	49.8	49,979	50.2
Rockland	159,227	49.0	165,800	51.0
Sullivan	38,941	51.4	36,842	48.6
Ulster	89,377	49.6	90,752	50.4
Westchester	471,874	48.4	503,447	51.6
Mid-Hudson	1,145,334	49.2	1,184,249	50.8
NYS	9,604,111	48.5	10,194,117	51.5
NYS excl NYC	5,524,204	49.2	5,713,952	50.8

Source: U.S. Census Bureau, 2017 American Community Survey 5-year estimates

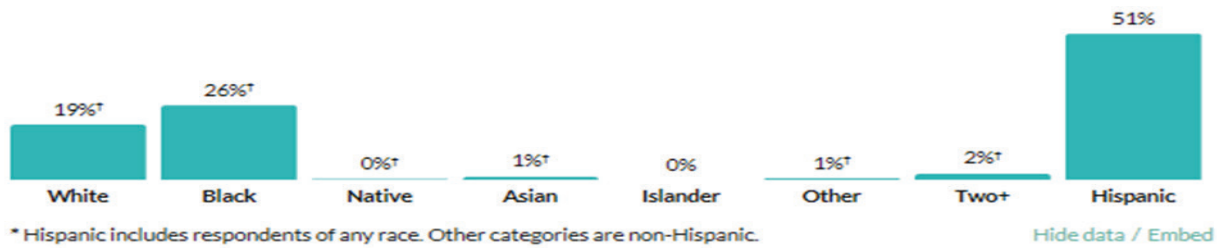
Population Stratified by Race/Ethnicity										
	Non-Hispanic White		Non-Hispanic Black		Non-Hispanic Asian		Hispanic		Non-Hispanic Other*	
	N	%	N	%	N	%	N	%	N	%
Dutchess	213,506	72.2	28,360	9.6	10,989	3.7	34,662	11.7	8,168	2.7
Orange	247,267	65.4	36,590	9.7	9,728	2.6	74,643	19.7	9,946	2.5
Putnam	79,747	80.2	2,204	2.2	2,201	2.2	13,684	13.8	1,628	1.6
Rockland	205,500	63.2	37,408	11.5	19,570	6.0	56,251	17.3	6,298	1.9
Sullivan	54,910	72.5	5,826	7.7	1,222	1.6	11,697	15.4	2,128	2.8
Ulster	143,781	79.8	9,317	5.2	3,802	2.1	17,714	9.8	5,515	3.2
Westchester	530,156	54.4	131,769	13.5	57,004	5.8	234,081	24.0	22,311	2.2
Mid-Hudson	1,474,867	63.3	251,474	10.8	104,516	4.5	442,732	19.0	55,994	2.4
NYS	11,071,563	55.9	2,842,869	14.4	1,639,345	8.3	3,726,238	18.8	518,213	2.5
NYS excl NYC	8,324,404	74.1	956,979	8.5	450,941	4.0	1,234,942	11.0	271,090	2.4

*: Non-Hispanic Other includes American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, some other race alone, and two or more races.

Source: U.S. Census Bureau, 2017 American Community Survey 5-year estimates

Furthermore, Orange County's population is 65.4% non-Hispanic White, with the second largest group being Hispanic at 19.7%. However, in the City of Newburgh, the largest population broken down by race/ethnicity is Hispanic, at 51%.

Race & Ethnicity



Source:

<https://censusreporter.org/profiles/16000US3650034-newburgh-ny/>

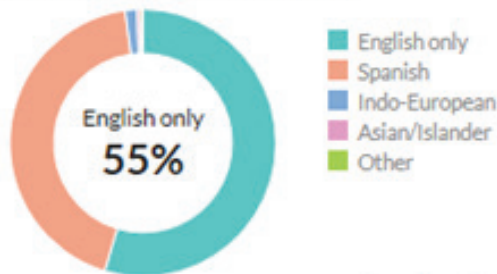
The *Mid-Hudson Region Community Health Assessment 2019-2021* indicates that the most commonly spoken language in Orange County is English at 75.3%.

Population Stratified by Spoken Language												
	English		Language other than English		Spanish		Other Indo-European languages		Asian and Pacific Islander languages		Other languages	
	N	%	N	%	N	%	N	%	N	%	N	%
Dutchess	237,682	84.3	44,145	15.7	23,292	8.3	11,312	4.0	6,121	2	3,420	1.2
Orange	266,172	75.3	87,175	24.7	48,089	13.6	31,129	8.8	5,032	1.4	2,925	0.8
Putnam	76,833	80.9	18,191	19.1	8,725	9.2	7,479	7.9	1,394	1.5	593	0.6
Rockland	185,140	61.6	115,169	38.4	40,495	13.5	58,243	19.4	11,489	3.8	4,942	1.6
Sullivan	61,125	85.5	10,406	14.5	6,323	8.8	3,501	4.9	450	0.6	132	0.2
Ulster	152,931	88.9	19,132	11.1	9,977	5.8	5,859	3.4	2,193	1.3	1,103	0.6
Westchester	613,330	66.7	306,398	33.3	182,282	19.8	76,129	8.3	34,056	3.7	13,931	1.5
Mid-Hudson	1,593,213	72.6	600,616	27.4	319,183	14.5	193,652	8.8	60,735	2.8	27,046	1.2
NYS	12,924,635	69.4	5,696,716	30.6	2,810,962	15.1	1,617,553	8.7	951,683	5.1	316,518	1.7
NYS excl NYC	8,840,416	83.2	1,781,221	16.8	859,539	8.1	586,208	5.5	242,818	2.3	92,656	0.9

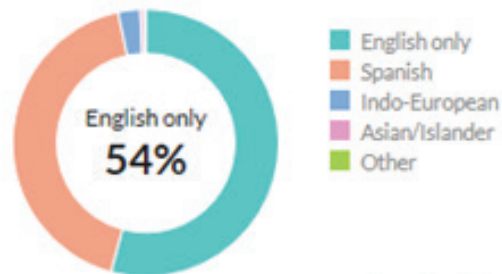
Source: U.S. Census Bureau, 2017 American Community Survey 5-year estimates

In the City of Newburgh, more than half of the population speak only English at home. Spanish is the second most commonly spoken language at home.

Language at home, children 5-17



Language at home, adults 18+

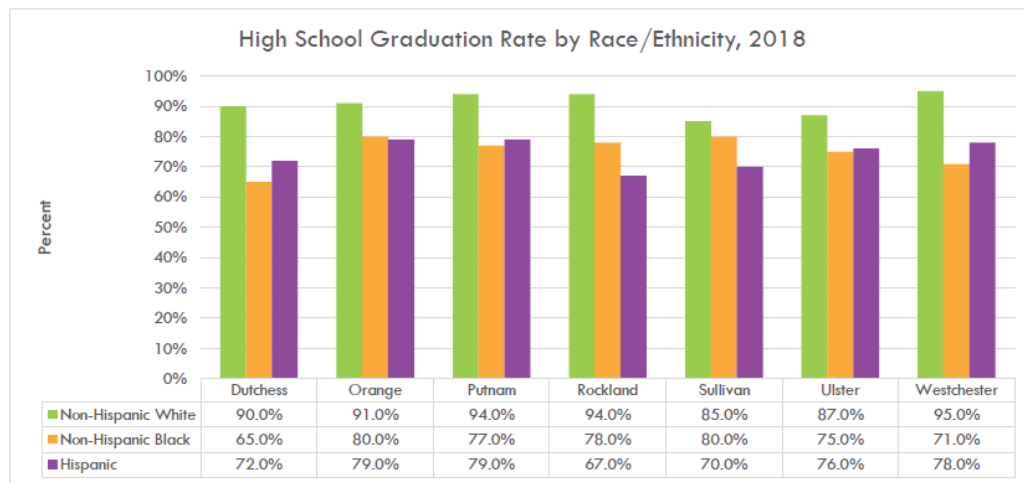


Of those ages 25 years or older, more than 240,447 residents in Orange County have attained an Associate degree or higher. Across the Mid-Hudson Region, Westchester had the highest percentage (53.9%) and Sullivan County the lowest (34.7%). Only 39.7% of Orange County residents had an Associate degree or higher.

Population Stratified by Educational Attainment								
	Less than High School Graduate		High School Graduate		Some college, no degree		Associate's degree or higher	
	N	%	N	%	N	%	N	%
Dutchess	19,495	9.6	53,465	26.2	39,236	19.2	91,972	45.0
Orange	24,494	10.2	71,195	29.6	49,182	20.5	95,576	39.7
Putnam	5,076	7.2	19,539	27.8	12,032	17.1	33,726	48.0
Rockland	26,017	12.7	45,439	22.2	33,875	16.6	99,316	48.6
Sullivan	7,218	13.6	17,732	33.3	9,785	18.4	18,529	34.7
Ulster	12,106	9.4	39,462	30.4	24,219	18.7	53,872	41.6
Westchester	82,929	12.5	130,493	19.5	94,509	14.1	360,171	53.9
Mid-Hudson	177,335	11.3	377,325	24.0	262,838	16.7	753,162	48.0
NYS	1,895,439	13.9	3,591,287	26.3	2,169,152	15.9	6,004,931	44.0
NYS excl NYC	767,997	10.0	2,154,037	28.0	1,339,368	17.4	3,429,459	44.6

Source: U.S. Census Bureau, 2017 American Community Survey 5-year estimates

The *Mid-Hudson Regional Community Health Assessment 2019-2021* shows that across all counties in the region, White students had a higher graduation rate than Hispanic and Non-Hispanic Black students.

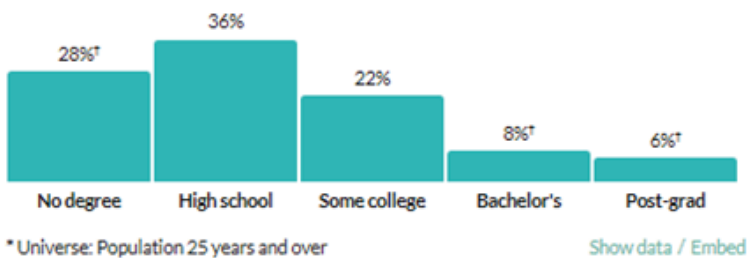


Source: NYS Department of Education, 2017-2018

<https://data.nysed.gov/reportcard.php?instid=800000081568&year=2017&createreport=1&freelunch=1&gradrate=1>

City of Newburgh educational attainment rates were far worse. Six percent of City of Newburgh residents have attained an associate degree, and roughly 36% of the population has achieved a high school or equivalent degree.

Population by minimum level of education



Source: <https://data.census.gov/cedsci/profile?hidePreview=true&g=1600000US3650034>

The 2019 Mid-Hudson Regional Community Health Assessment indicates that 37.1% of Orange County residents had an annual income of greater than \$100,000. The total households accounted for in this overall estimate was 126,640 in Orange County.

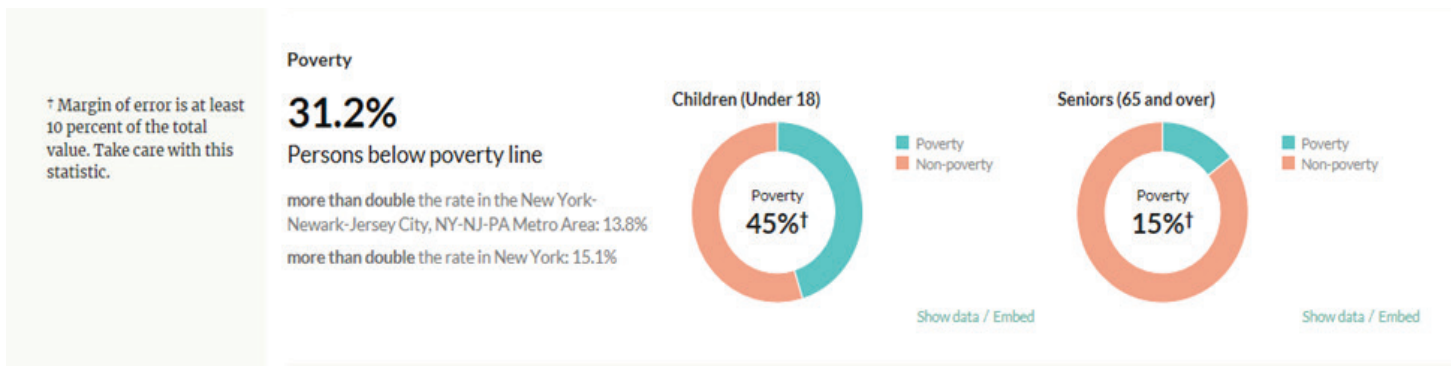
Total Households	
	Households
Dutchess	107,384
Orange	126,460
Putnam	34,316
Rockland	99,935
Sullivan	27,679
Ulster	69,662
Westchester	345,885
Mid-Hudson	811,321
NYS	7,302,710
NYS excl NYC	4,160,305

Source: U.S. Census Bureau, 2017 American Community Survey 5-year estimates

Households Stratified by Income												
	<\$10,000		\$10,000-\$24,999		\$25,000-\$49,999		\$50,000-\$74,999		\$75,000-\$99,999		>\$100,000	
	N	%	N	%	N	%	N	%	N	%	N	%
Dutchess	4,164	3.9	12,114	11.3	19,325	18.0	17,775	16.6	14,603	13.6	39,403	36.7
Orange	5,981	4.7	14,904	11.8	22,560	17.8	19,693	15.6	16,470	13.0	46,852	37.1
Putnam	734	2.1	2,588	7.5	4,385	12.8	4,936	14.4	4,601	13.4	17,072	49.8
Rockland	3,841	3.8	11,329	11.4	15,062	15.1	13,270	13.3	11,497	11.5	44,936	45.0
Sullivan	1,783	6.4	4,625	16.7	6,654	24.1	5,180	18.7	3,518	12.7	5,919	21.3
Ulster	3,648	5.2	10,179	14.6	15,069	21.6	12,774	18.3	8,617	12.4	19,375	27.8
Westchester	16,498	4.8	35,386	10.2	52,301	15.1	45,772	13.2	35,953	10.4	159,975	46.2
Mid-Hudson	36,649	4.5	91,125	11.2	135,356	16.7	119,400	14.7	95,259	11.7	333,532	41.1
NYS	516,085	7.1	1,055,677	14.4	1,440,269	19.8	1,160,508	15.9	865,640	11.9	2,264,531	31.1
NYS excl NYC	224,247	5.4	549,074	13.2	832,350	20.0	690,525	16.6	523,705	12.6	1,340,404	32.2

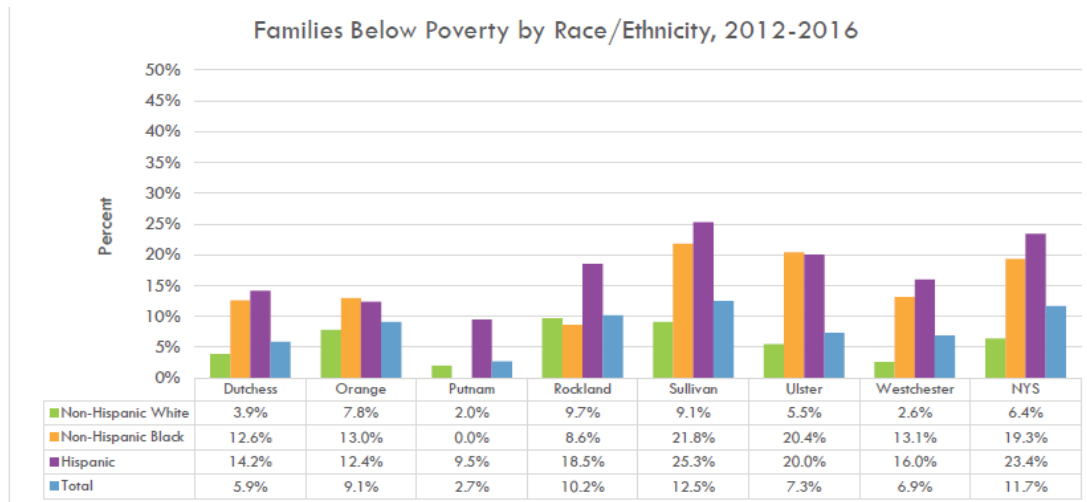
Source: U.S. Census Bureau, 2017 American Community Survey 5-year estimates

In the City of Newburgh, only 14% of residents have an annual income of greater than \$100,000, with a median household income of \$36,922 and 31.2% of the population below the poverty line.



Source: <https://data.census.gov/cedsci/profile?hidePreview=true&g=1600000US3650034>

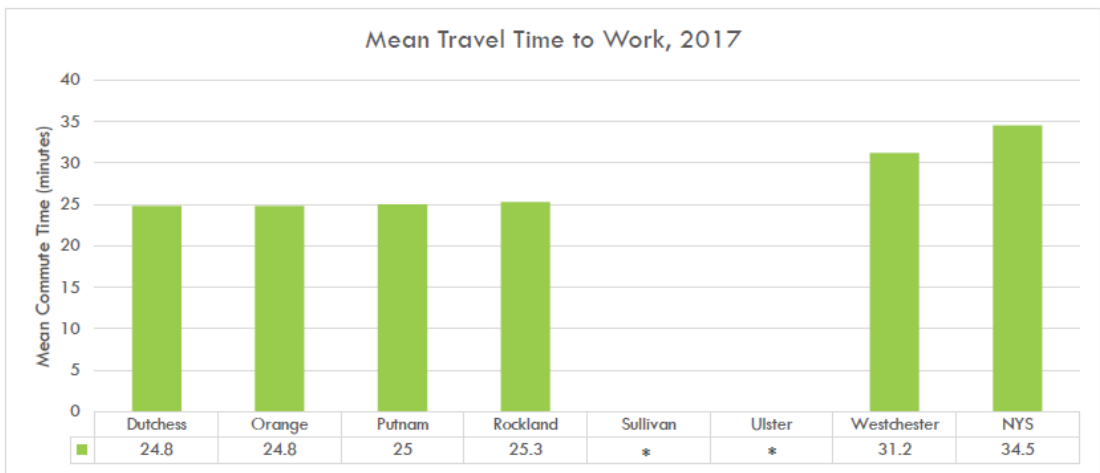
Orange County as a whole had a 9.1% rate of families below the poverty line, which was the fourth highest rate in the Mid-Hudson Region, with Sullivan being the highest at 12.5%



Source: U.S. Census Bureau, 2012-2016, American Community Survey, 5-year estimates

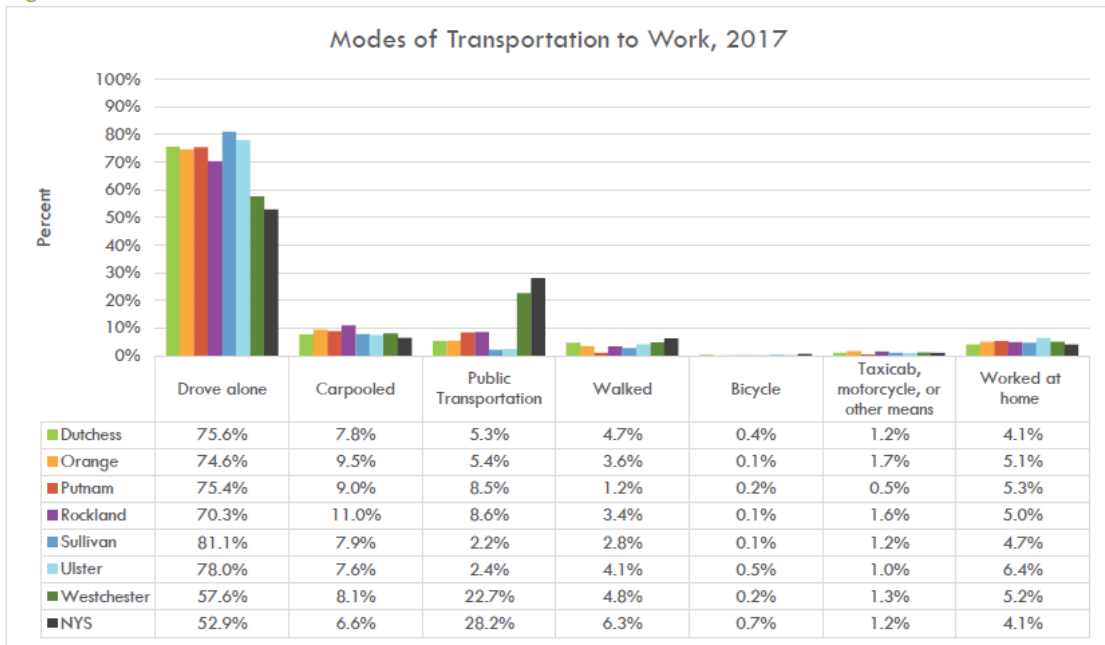
<https://www.health.ny.gov/statistics/community/minority/county/index.htm>

Employment plays a large role in one's health. The Mid-Hudson Region Community Health Assessment indicates that there is a 5.6% unemployment rate in Orange County.



*: Data for this geographic area cannot be displayed because the number of sample cases is too small.
 Source: U.S. Census Bureau, 2013-2017 American Community Survey, 5-Year Estimates
<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

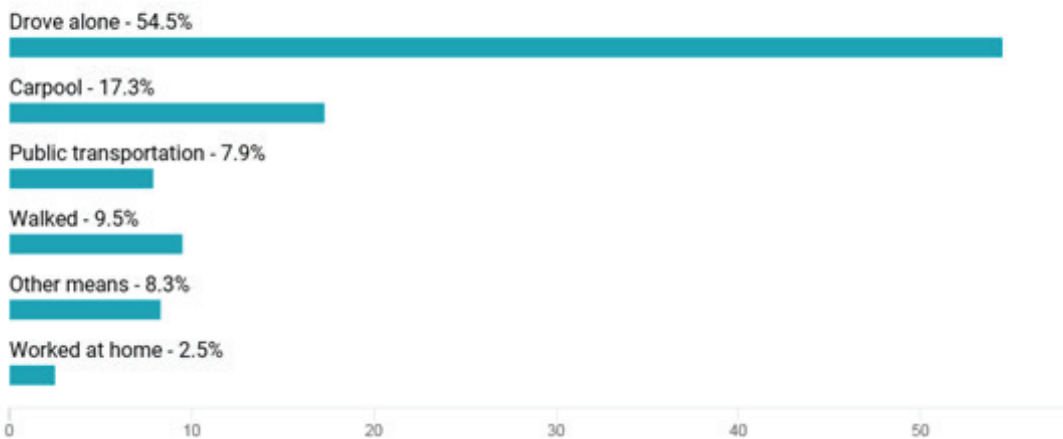
The most common mode of transportation to work across the county was via car, alone.



Source: U.S. Census Bureau, 2013-2017 American Community Survey, 5-Year Estimates
<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

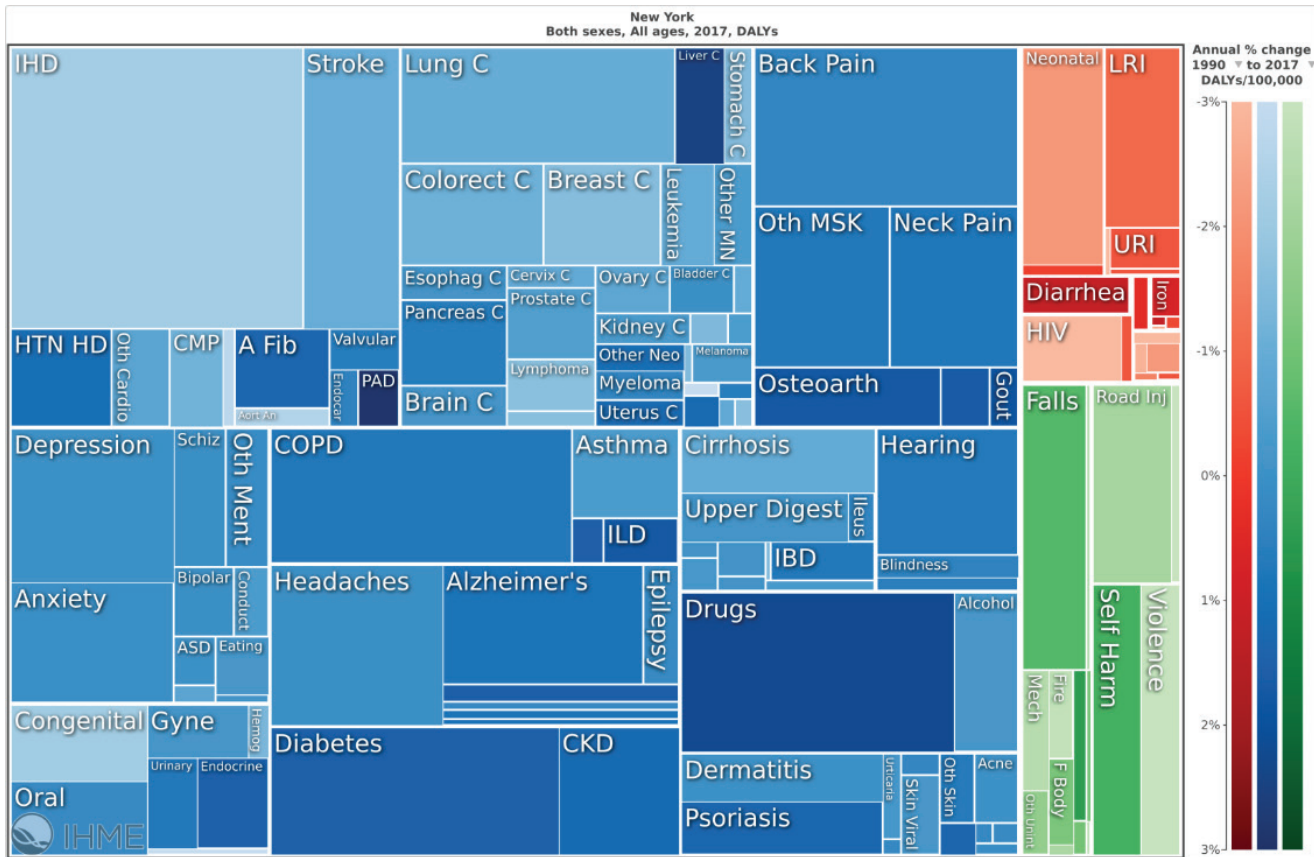
The most common mode of transportation to work for City of Newburgh residents is also by car.

Means of Transportation to Work in Newburgh city, New York

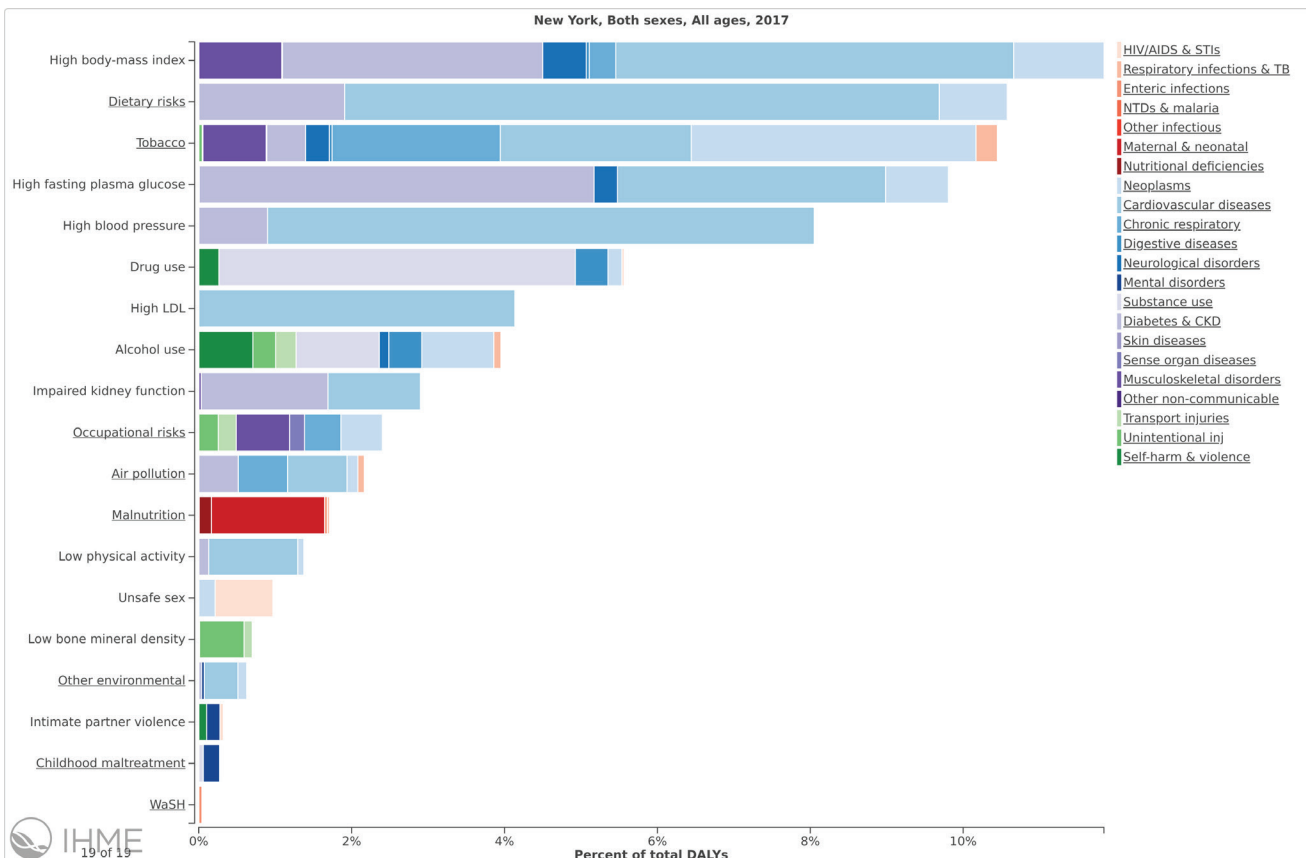


Disability:

A disability adjusted life year is considered to be a summary measure of population-health that combines data on premature mortality and disability to identify the leading causes of ill health. The causes of disability adjusted life years in New York State, in all ages and both sexes include COPD, Diabetes, Depression, Stroke, Lung Cancer, Breast Cancer, Colorectal Cancer, Drugs, Falls, HIV and much more, according to the Orange County CHNA/CSP Data Dashboards provided by Montefiore Health System.



Risk factors for disability adjusted life years in New York State include High Body Mass Index, Dietary Risks, Tobacco, High Fasting Plasma Glucose, High Blood Pressure, Drug Use, Alcohol Use, Malnutrition and many other factors (see below).



The list of measures includes:

- Poverty
- Health insurance status
- Regular PCP
- Fall hospitalizations
- Assault-related hospitalizations
- Adult obesity
- Child obesity
- Adult smoking
- Asthma ED visits
- Diabetes hospitalizations
- CRC screening
- CRC incidence*
- Breast cancer incidence* (Not included in New York State PA dashboard, but alternative sources exist)
- Child immunizations
- Flu immunizations
- HIV incidence
- Chlamydia
- Preterm births
- Breastfed in hospital
- Adolescent pregnancy
- Poor mental health
- Binge drinking
- Suicide rate
- Opioid burden rate*(Not included in New York State PA dashboard, but alternative sources exist)

The *Mid-Hudson Regional Health Assessment 2019-2021*, references that in New York State roughly one in four adults (more than 3.3 million people) are living with a disability. The World Health Organization defines this as “disabilities can affect three dimensions of life: impairment to body structure or mental function, activity limitation, such as difficulty hearing, moving or problem solving; and participation restrictions in daily activities, such as working, engaging in social or recreational activities or accessing healthcare or preventative services. Its noted that adults with a disability commonly have a higher rate of chronic health conditions, including diabetes, heart disease and obesity.

The types of disabilities outlined in the Community Needs Assessment include:

- **Independent living disability** – difficulty performing tasks or errands alone, such as visiting a doctor’s office or shopping due to a physical, mental, or emotional condition
- **Cognitive disability** – serious difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition
- **Self-care disability** – difficulty handling tasks, such as dressing or bathing on one’s own
- **Mobility disability** – difficulty moving around physically, such as walking or climbing stairs
- **Hearing disability** – deafness or serious difficulty hearing
- **Vision disability** – blindness or serious difficulty seeing (even when wearing glasses)

According to the Mid-Hudson Region Community Health Assessment Orange County had the highest rate of adults living with a self-care disability (4.8%), and the second highest rate of adults living with any disability (25.9%).

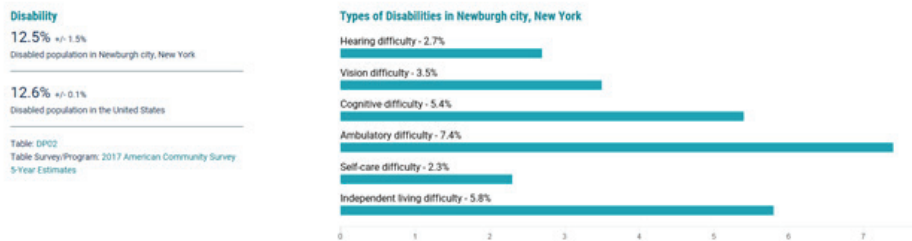
Table 19

Population Stratified by Type of Disability							
	Adults Living with Any Disability	Independent Living Disability	Cognitive Disability	Self-care Disability	Mobility Disability	Hearing Disability	Vision Disability
Dutchess	22.3%	6.5%	7.9%	4.0%	12.3%	3.2%	2.1%
Orange	25.9%	7.0%	8.7%	4.8%	11.6%	6.6%	4.1%
Putnam	19.9%	6.5%	8.6%	2.4%	10.0%	3.0%	1.8%
Rockland	18.3%	5.1%	5.5%	4.0%	9.9%	2.6%	3.6%
Sullivan	29.4%	9.8%	13.5%	3.3%	17.1%	7.7%	6.2%
Ulster	20.7%	6.1%	9.7%	2.9%	10.8%	3.6%	2.7%
Westchester	20.0%	5.4%	7.3%	3.4%	10.6%	3.8%	5.3%
NYS	22.9%	3.9%	8.7%	3.5%	13.3%	3.9%	3.7%

Source: NYSDOH Expanded Behavioral Risk Factor Surveillance System, 2018
https://www.health.ny.gov/statistics/prevention/injury_prevention/information_for_action/docs/2019-06_ifa_report.pdf

According to the US Census Bureau, 12.5% of the population of the City of Newburgh is disabled.

Source: <https://data.census.gov/cedsci/profile?hidePreview=true&g=1600000US3650034>

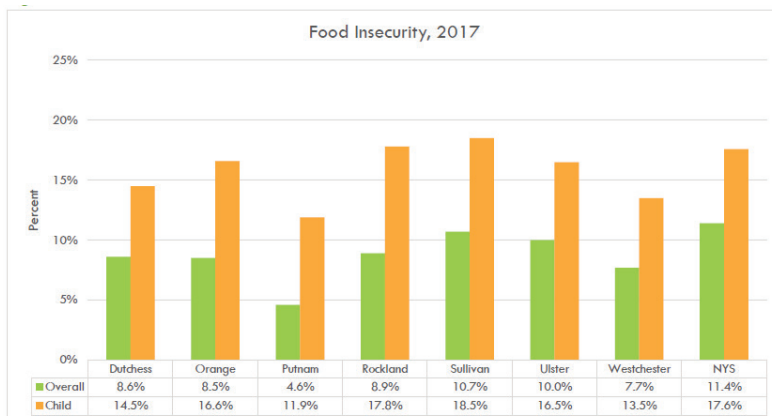


Source: <https://data.census.gov/cedsci/profile?hidePreview=true&g=1600000US3650034>

Access to healthy food largely impacts one’s ability to lead a healthy lifestyle. Those who are faced with food insecurity, often make the choice between food, medical care, housing and utilities. The Mid-Hudson Regional Community Health Assessment notes that other populations who are more vulnerable to food insecurity than the overall population include:

- Senior Populations
- Those living in rural communities
- Black Populations
- Hispanic Populations
- Those living in poverty

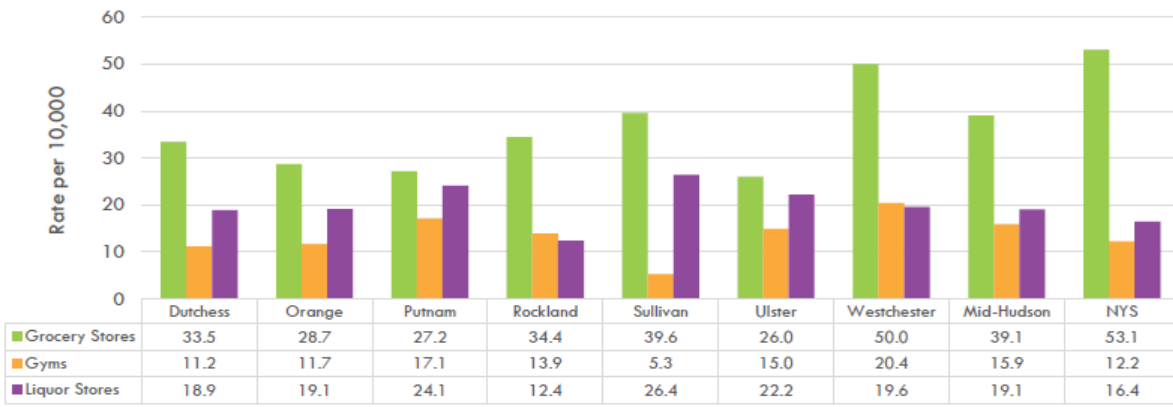
Orange County has an 8.5% overall rate of food insecurity, and 16.6% rate of food insecurity among children.



Source: Feeding America, 2019
https://public.tableau.com/profile/feeding_america_research#/:vizhome/2017StateWorkbook-Public_15568266651950/CountyDetailDataPublic

Orange County was also among the lowest density rate of grocery stores per population, at 28.7 per 10,000.

Establishment Density and Type Rate per 10,000, 2016

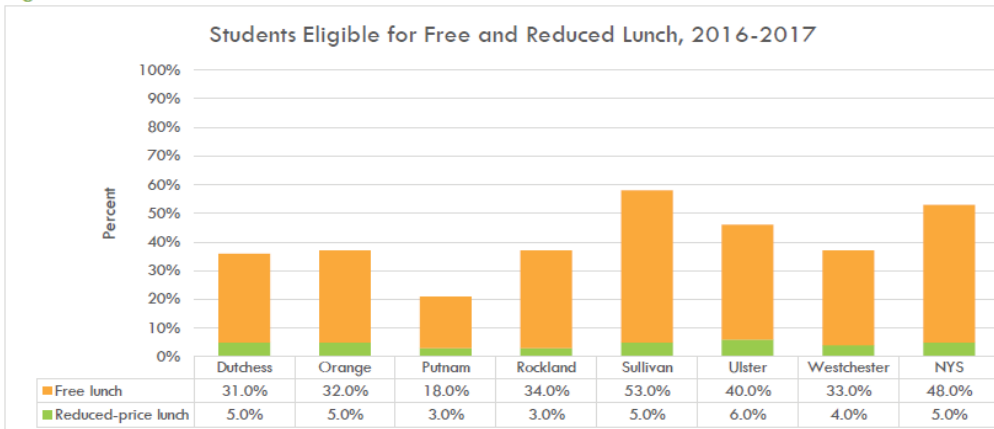


Source: U.S. Census Bureau, County Business Patterns, 2016
<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Also, of note, 5.0% of the population of Orange County has limited access to Healthy Foods. While specific data was not available in the same breakdown, these rates are far worse in the City of Newburgh, located within MSLC’s Primary Service Area.

As noted in the *Mid-Hudson Region Health Assessment 2019-2021*, the National School Lunch Program is a federal program that provides free, nutritionally balanced lunches to children each school day. While Sullivan County had the highest rate of students eligible for free and reduced lunch in 2016-2017, Orange County had 32% of students eligible for free lunch, and 5% eligible for reduced price lunch.

Students Eligible for Free and Reduced Lunch, 2016-2017

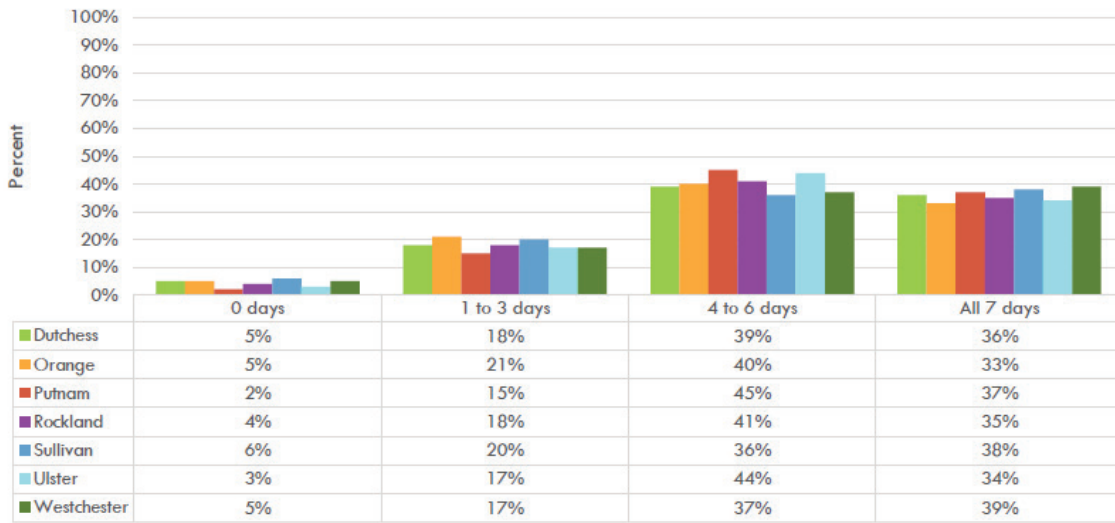


Source: NYS Department of Education, 2016-2017
<https://data.nysed.gov/reportcard.php?instid=800000081568&year=2017&createreport=1&freelunch=1>

The Newburgh Enlarged City School District provides free breakfast and lunch to all students as part of a federally funded grant program. The district website indicates: *Students in the Newburgh Enlarged City School District will begin the 2017-18 school year on the right track with free nutritious meals in school. The Community Eligibility Provision (CEP) provides an opportunity for districts in high poverty areas to provide free breakfast and lunch to all students without the encumbrance of collecting and processing school meal applications for free and reduced-price meals. In addition, Community Eligibility allows families to reallocate the money previously used for the lunch program back into supporting their household.*

The Mid-Hudson Region Community Health Survey revealed that Orange County had the lowest rate of respondents who reported eating a balanced healthy diet all 7 days in an average week over the past 12 months.

Over the Past 12 Months, How Many Days In an Average Week Did You Eat a Balanced, Healthy Diet?

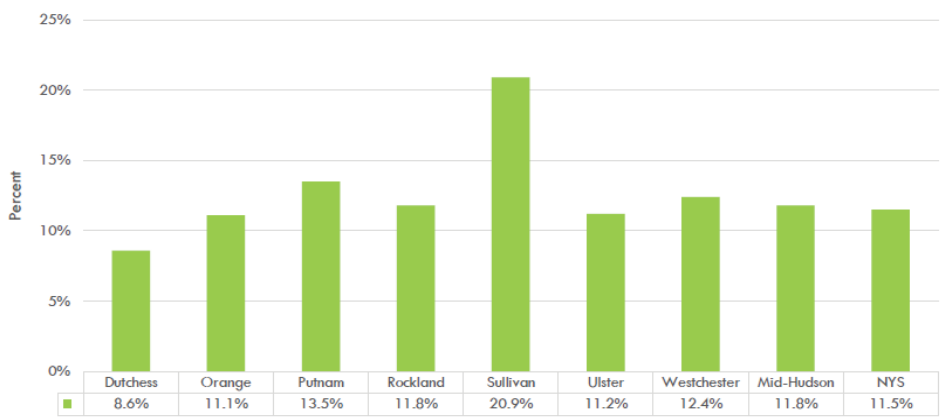


Additionally, 11% of Orange county respondents indicated being unable to get food when it was really needed.

Access to healthcare providers is another social determinant identified in the Mid-Hudson Region, and is specifically a challenge in the City of Newburgh due to limited access to transportation, and the cost of care/no insurance, among other items.

The *Mid-Hudson Region Community Health Assessment 2019-2021* notes that 11.1% of Orange County residents did not receive medical care due to cost in 2016. While Orange County may not be among the highest, the numbers are far higher in the City of Newburgh as compared to the county as a whole.

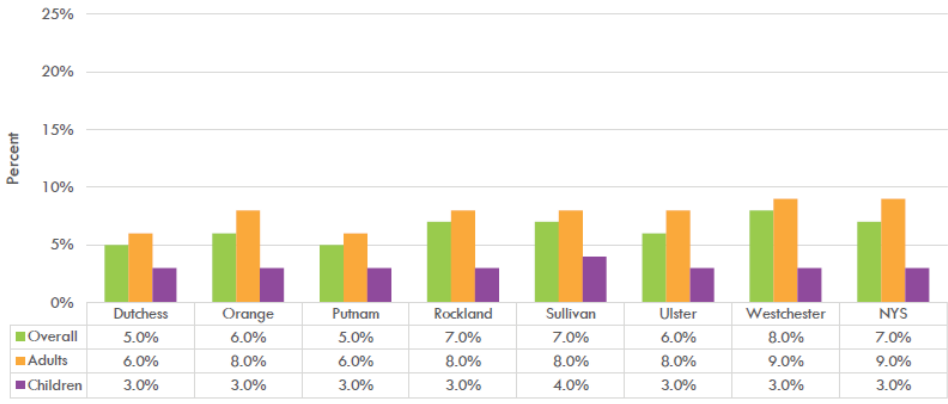
Age-Adjusted Percentage of Adults Who Did Not Receive Medical Care Due to Cost, 2016



Source: NYSDOH Behavioral Risk Factor Surveillance System, 2016
<https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/isy7-eb4n/data#revert>

Six percent of Orange County Residents overall were uninsured in 2016. This number is also believed to be far higher in areas of MSLC’s Primary Service Area, specifically the City of Newburgh population but exact data was not available.

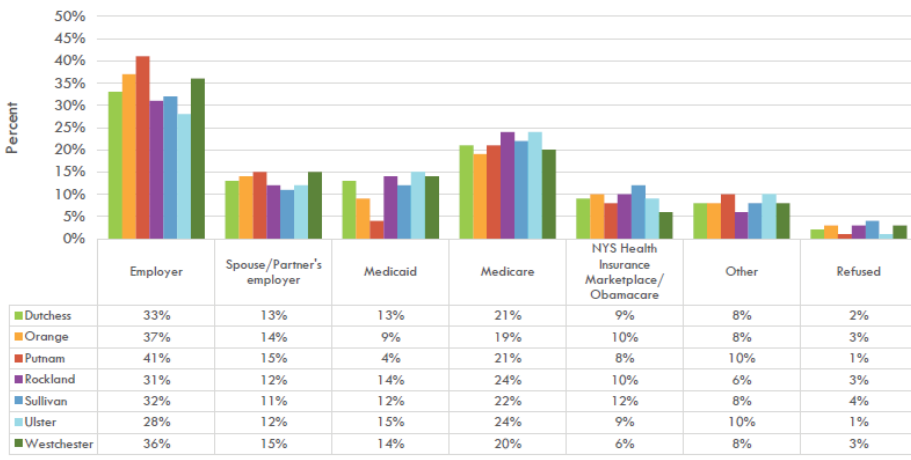
Uninsured Populations, 2016



Source: U.S. Census Bureau Small Area Health Insurance Estimates, 2016
<https://www.countyhealthrankings.org/app/new-york/2019/rankings/factors/overall>

92% of respondents in the Mid-Hudson Region Community Health Survey reported having health insurance, and of those, 37% are getting their insurance through their employer. Of note, 9% of respondents in Orange County have Medicaid as their insurance, and 19% Medicare. MSLC's overall payer mix in 2018 is 77.8% government payer mix and 19% charity care.

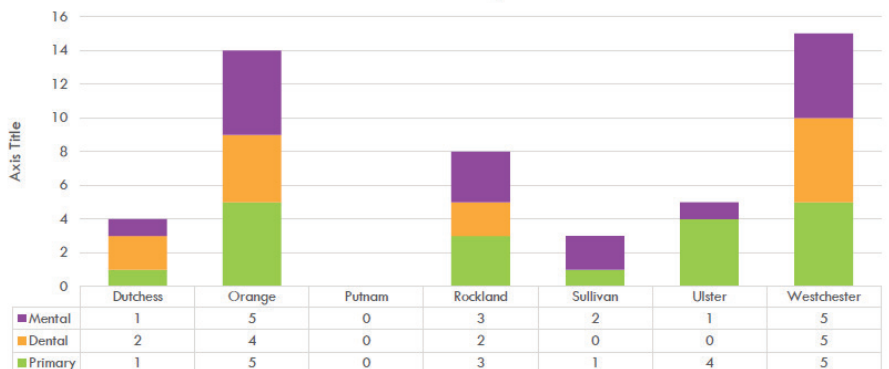
What is Your Source of Health Insurance?



*Does not include respondents that answered "no" to question in Figure 72

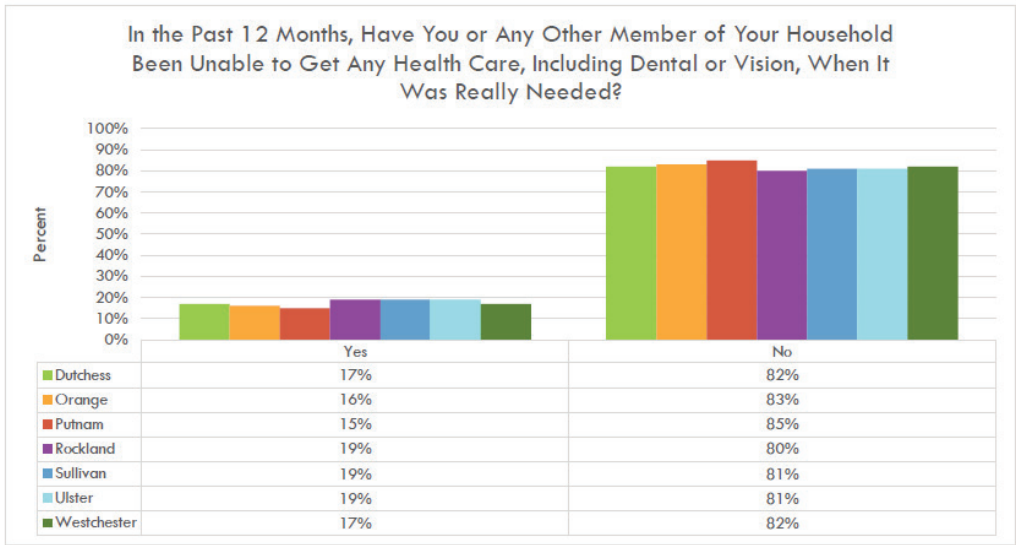
The Mid-Hudson Region Community Health Assessment notes that the health professional shortage rates are among the highest in Orange and Westchester Counties.

Health Professional Shortage Areas, 2019

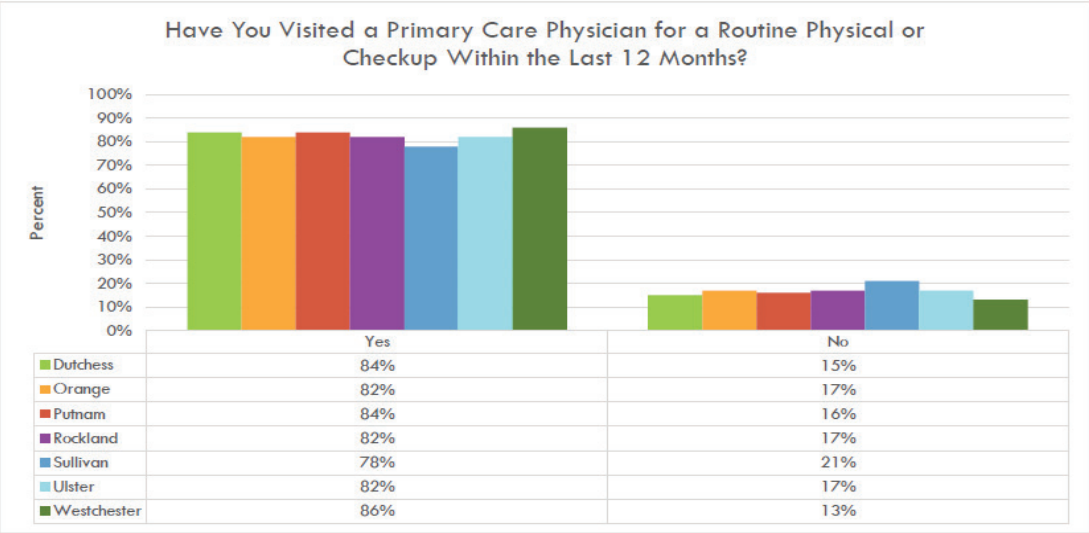


Access to the ratio of providers to population also has an impact on the residents of the Mid-Hudson Region, as noted in the areas of Mental Health Professionals, Dental Health Professionals and Primary Care providers.

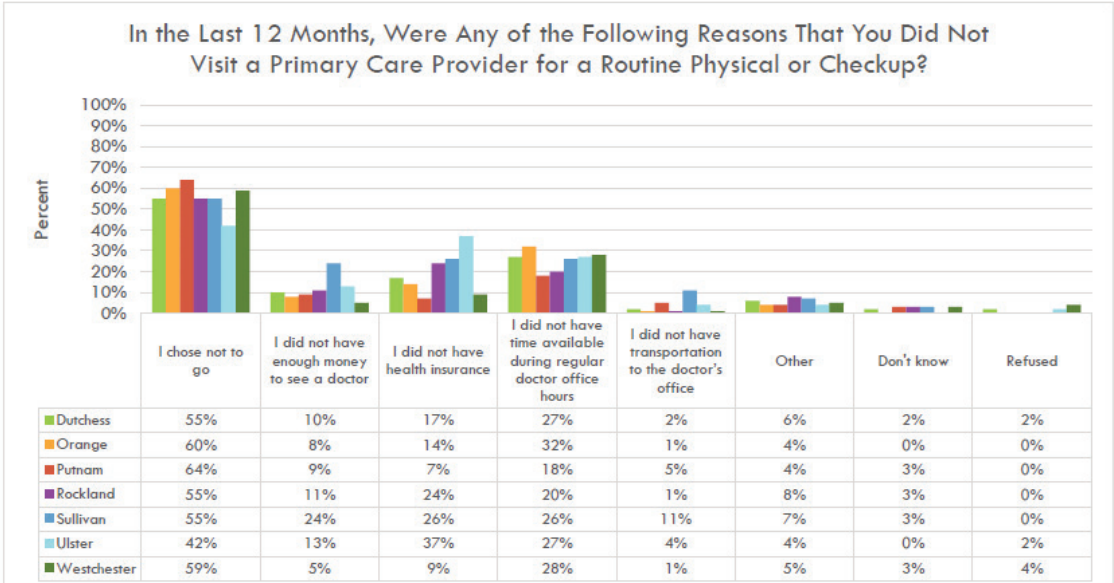
Orange County had the second lowest rate of respondents indicating that in the past 12 months, the respondent or a member of their household was unable to get any healthcare including Dental or Vision when it was really needed.



The results of the Mid-Hudson Region Community Health Survey reveal that 82% of Orange County residents report having visited a primary care physician for a routine physical or checkup within the last 12 months.



Furthermore, specific responses from the 850 Orange county residents as part of the Mid-Hudson Region Community Health Survey indicates that of those who did not visit a primary care physician in the last 12 months, 14% responded the cause was due



Unique Characteristics of Orange County's direct population that Montefiore St. Luke's Cornwall serves include the following:

- A higher than average rate of unemployment as compared to Orange County
- A lower degree of educational attainment as compared to Orange County
- More than 30% of the population is living below the poverty line
- The rate of obesity in adults has increased since 2009 in both adults and school aged children
- The rate of Cardiovascular Diseases in the Hudson Valley is among the highest in Orange County and even higher than the New York State average.
- The hypertension hospitalization rate in Orange County is higher than the average throughout the Hudson Valley and New York State as a whole.
- Mortality rates from Cardiovascular Disease in Orange County are also above both Hudson Valley and New York State rates (223.4 per 100,000).
- Orange County residents are faced with limited access to supermarkets and other sources of healthy and affordable foods.
- Defined as a low-income census tract with at least 500 people, or 33 percent of the population, living more than 1 mile (urban areas) or more than 10 miles (rural areas) from the nearest supermarket, supercenter, or large grocery store
- Orange County has a higher percentage of residents (4.9%) fitting the criteria outlined above than the Hudson Valley rate and New York State overall
- There has been a significant increase (75%) in the average number of newly diagnosed HIV cases in Orange County from 17.2 per year (2011-2015) to 26.3 per year (2016-2018)

Primary Data Collection

Montefiore St. Luke's Cornwall's primary data source was the Mid-Hudson Region Community Health Assessment 2019-2021, which includes a total of 5,372 residents across the Mid-Hudson Region, which breaks down to approximately 767 responses per county. The survey was crafted with questions that would collect information regarding the varying priorities and initiatives put forth by the New York State Department of Health. Among these were The Prevention Agenda, The Eight Domains of Livability, and incorporating healthy aging into Health Across all Policies.

Each of the seven counties were divided into two specific regions chosen by the Local Health Departments and then half of the surveys from each county were collected in each region. The Collaborative then retained SCRI to conduct a digital dial survey by phone at random. The telephone surveys were conducted between April and September 2018 and included both landline and cell phone numbers to reach a variety of respondents. The results were weighted by age, gender, race and region according to the U.S. Census 2010. A sample of the Survey questions is provided in Appendix A.

In addition to the Mid-Hudson Regional Community Health Survey, several focus groups were created to gain the insights of the underrepresented populations in the community, including those who are seniors, low income, veterans, LGBTQ members, those experiencing homelessness, and residents with a mental health diagnosis. In an effort to ensure that the needs of the underrepresented were addressed, 12 focus groups, with members of the providers who serve these populations were created. collaborative with Human Service providers throughout the region. Prior to the focus groups, a survey was sent to providers in each county in an effort to supply additional background regarding local factors that influence community health. The survey was inclusive of the populations that are served by the providers, issues that impact the communities the providers serve, barriers that exist in helping residents achieve better health and the interventions used to address the social determinants of health. A total of 285 surveys were completed by the service providers, with varying answers in each county. The differences were then discussed at length in each of the focus groups. A sample of the interview form is provided in appendix B

In Orange County specifically, a total of 41 responses were collected from providers that serve a variety of populations. According to the Mid-Hudson Regional Community Health Assessment, The Orange County Department of Health, joined by HealtheConnections, conducted a focus group at the Joint Membership of Health and Community Agencies (JMHCA), with a focus on providing the residents of Orange County with a comprehensive platform for health and wellness. Several agencies were represented in this meeting, and the discussion was centered around the survey questions that were distributed prior to the focus group.

The providers involved in the focus groups, serve a diverse group of clients including children and adults with disabilities, those with substance abuse disorders, and low-income individuals. The types of residents that these providers serve is shown in Appendix C. According to the Mid-Hudson Regional Community Health Assessment, the top three issues that these providers felt affected the health in their communities, when considering the Mid-Hudson Region as a whole, were access to affordable, decent and safe housing; access to mental health providers, and access to affordable, reliable transportation. The top three barriers that focus group members felt prevented residents from achieving better health in their community were knowledge of existing resources, health literacy and drug and/or alcohol use.

Also, of note, the additional data sources used to compile the Mid-Hudson Region Community Health Assessment included the following secondary sources. Montefiore St. Luke's Cornwall used these sources to help support our findings.

The additional data sources that HealthConnections utilized to create the overall Mid-Hudson Region Community Health Assessment included the following:

American Community Survey (ACS): A survey conducted nationally by the U.S. Census Bureau to gather information about the social and economic need of communities. Secondary source

Behavioral Risk Factor Surveillance System (BRFSS): An annual national phone survey coordinated and funded by the Centers for Disease Control and Prevention (CDC) and conducted by each State's health department. Data includes health related behaviors, health conditions, and use of health services. Secondary source

Comprehensive Housing Affordability Strategy Data (CHAS): Custom tabulations of ACS data about housing problems and housing needs from the U.S. Census Bureau sent to the U.S. Department of Housing and Urban Development (HUD). HUD and local governments use this data to plan how to distribute their funds. Secondary source

County Business Patterns: An annual series from the U.S. Census Bureau which provides economic data by industry, such as number of establishments, employment during a certain week, and annual payroll. Secondary source

County Health Rankings & Roadmaps: A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps pulls from a variety of sources to measure vital health factors in counties across the U.S.. Secondary source

HRSA Data Warehouse: A website run by the Health Resources and Services Administration (HRSA) which provides maps, data, reports, and dashboards about HRSA's health care programs, including health Professional Shortage Areas, Health Resource Files, and Medically Underserved Populations. Secondary source

Healthy People 2020: A collaborative process that reflects input from a diverse group of individuals and organizations. Healthy People2020 includes 10-year national objectives for improving the health of all Americans. Healthy People has established benchmarks and monitored progress over time. Secondary source

Map the Meal Gap: A county level analysis of food insecurity conducted by Feeding America using sources, such as the ACS, the Bureau of Labor Statistics, and the U.S. Department of Agriculture (USDA). Secondary source

Measure of America: A project of the Social Science Research Council that issues reports, briefs, and interactive data visualizations to provide an understanding of well-being and opportunity in America. Secondary source

National Environmental Public Health Tracking Network: A data hub provided by the CDC which brings together health and environmental data. Secondary source

New York State Board of Elections: Established as a bipartisan agency of New York State to administer and enforce all laws relating to elections within the State. Data tracked by the board includes election results and enrollment statistics for New York State. Secondary source

New York State Communicable Disease Annual Reports: Documents are released annually from NYSDOH containing mandated reports of suspected or confirmed communicable diseases. Secondary source

New York State Bureau of Sexual Health and Epidemiology: A special projects unit responsible for conducting Sexually Transmitted Infection (STI) surveillance activities related to screening, disease morbidity, and HIV/STI Partner Services disease intervention activities. Secondary source

New York State Cancer Registry: A registry which collects, processes, and reports information about New Yorkers diagnosed with cancer from all physicians, dentists, laboratories, and other health care providers, who are required to report all cancers to the NYSDOH. Secondary source

New York State Department of Health Rabies Laboratory: A system that contains monthly reports of the number of animals tested for rabies, as well as the number that tested positive for rabies in every New York State county. Secondary source

New York State Division of Criminal Justice: A criminal justice support agency which provides resources and services that inform decision-making and improve the quality of the criminal justice system. Secondary source

New York State Education Department (NYSED): NYSED publicly reports educational data submitted by educational institutions on its website data.nysed.gov. Secondary source

New York State HIV Surveillance System: An HIV surveillance system conducted by the AIDS Institute Bureau of HIV/AIDS Epidemiology that facilitates and monitors HIV-related laboratory and clinician reporting in New York State. Secondary source

New York State Hospital-Acquired Infection Program: A program developed to provide data on select hospital-acquired infections (HAI) that hospitals are required to report by law to the Department of Health. This law was created to provide the public with fair, accurate, and reliable HAI data to compare hospital infection rates and support quality improvement and infection prevention activity in hospitals. Secondary source

New York State Immunization Information System: A system that provides a complete, accurate, secure, real-time immunization medical record that is easily accessible and promotes public health by fully immunizing all individuals of appropriate age and risk. All health care providers are required to report all immunizations administered to persons less than 19 years of age, along with the person's immunization histories, to the New York State Department of Health. Secondary source

New York Statewide Planning and Research Cooperative System (SPARCS): A comprehensive all-payer data reporting system established as a result of cooperation between the health care industry and the government. The system currently collects patient level data on patient characteristics, diagnoses and treatments, services, and charges for each hospital inpatient and outpatient visit. Secondary source

New York State Department of Transportation: A branch of the New York State government responsible for administering programs related to the maintenance, coordination, and development of transportation infrastructure. Secondary source

New York State Student Weight Status Category Reporting System: A system that collects weight status category data on children and adolescents attending public schools in New York State outside of New York City. Secondary source

Safe Drinking Water Information System: An information hub from the Environmental Protection Agency (EPA) containing data about public water systems and violations of the EPA's drinking water regulations, as reported to the EPA from the states. Secondary source

Small Area Health Insurance Estimates (SAHIE): A program of the U.S. Census Bureau which estimates health insurance coverage for all states and counties nationally. Secondary source

United for ALICE: Reports which use a standardized methodology that assesses cost of living and financial hardship on a county level calculated by United Way of Northern New Jersey. Secondary source

Upstate New York Poison Center: A call center and research organization which provides poison emergency telephone management, poison information resources, public education, professional education, research and data collection, and toxicosurveillance in real time. Its coverage area includes all New York State counties except Westchester, New York City, and Long Island. Secondary source

USDA Food Environment Atlas: An atlas from the USDA which assembles data regarding food environment factors, such as food choices, health and well-being, and community characteristics. *Secondary source*

Vital Statistics of New York State: A registry of all births, marriages, divorces/dissolutions of marriage, deaths, induced termination of pregnancy/abortions, and fetal deaths that have occurred in New York State outside of New York City. It is maintained by the New York State Bureau of Vital Records, a branch of the NYSDOH. *Secondary source*

The Mid-Hudson Region Community Health Assessment 2019-2021 can be found at the following link:
<https://www.orangecountygov.com/180/Community-Health-Assessments-->

Secondary Data Collection Plan

Montefiore St. Luke's Cornwall participated in the Orange County Health Summit on June 4, 2019. This summit included more than 100 community partners including hospitals, health care providers, community members, community health care providers, and those involved in academia.

This summit was an active working session, to review the data from the above-mentioned Provider focus groups, along with the Siena College Survey Data and ultimately decide on the Priority Areas for the 2019-2021 Community Health Improvement and Community Service Plan.

- Arms Acres
- Access: Supports for Living
- Alcohol and Drug Abuse Council of Orange County
- American Heart Association
- American Lung Association
- Action Towards Independence Inc.
- Bon Secours Community Hospital
- Catholic Charities of Orange, Sullivan and Ulster Counties
- Chester Union Free School District
- City of Middletown
- Community advocates
- Cornell Cooperative Extension
- Cornerstone Family Healthcare
- Crystal Run Village Inc.
- Eat Smart New York
- Enlarged Middletown City School District
- Greater Hudson Valley Health System-Orange Regional Medical Center
- Habitat for Humanity of Greater Newburgh
- HealthConnections
- Honor Emergency Housing Group
- Horizon Family Medical Group
- Hudson River Healthcare
- Hudson Valley Community Services
- Independent Living
- \Keller Army Community Hospital
- Liberty Management
- Maternal Infant Services Network
- Mental Health Association of Orange County
- Montefiore St. Luke's Cornwall Hospital
- NAMI, Orange County NY

- Newburgh Seventh Day Adventist Church
- New York State Senator Meztger's Office
- Office for Persons with Developmental Disabilities
- Orange County Office of Community Development
- Orange County Department of Mental Health
- Orange County Department of Planning
- Orange County Department of Social Services
- Orange County Office for the Aging
- Orange County Youth Bureau
- Orange-Ulster BOCES
- Planned Parenthood of the Hudson Valley
- RECAP
- Rehabilitation Support Services
- Rockland County Department of Health
- Safe Homes Orange County
- St. Anthony Community Hospital
- SUNY Orange
- Touro College of Osteopathic Medicine
- Tri County Community Partnership

Each participant of the summit was provided with an in-depth overview of the data collected to aid in the selection of the two priority areas.

The Orange County Department of Health Data Review Guide was provided to all attendees, which outlined the 140 most current data indicators available, and then compared against the New York State Department of Health Prevention Agenda Areas specifically for Orange County and the state at large. Additionally, a summary of the data collected from the Mid-Hudson Regional Community Health Survey was presented to all attendees. Furthermore, all summit participants were provided with data from the Mid-Hudson Region provider survey, which included information from Human Service providers throughout the region regarding the barriers they saw regarding health for the underrepresented population in the Community Survey mentioned above. These questions pertained to residents who were among the aging population, veterans, low income, experiencing homelessness, the LGBTQ community and those with a substance use disorder or mental health diagnosis.

All summit attendees were also given a summary of the prioritization across the Mid-Hudson Region, which utilized the Hanlon Method. According to the Orange county Department of Health Improvement Plan- the Hanlon Method can be defined as *"a technique created by J.J Hanlon to prioritize health problems. The trusted Hanlon Method minimizes personal bias and objectively prioritizes health problems based on baseline data and numerical values. This method guides the decision-making process for selecting health priorities using both the size of the problem and the seriousness of the problem."*

The Orange County Health Summit completed the following tasks:

- In depth review of the most up to date data on all prevention agenda areas
- Provided results from the modified Hanlon Method prioritization
- Full review of the most current community mobilization efforts to best identify the barriers in accessing care in the City of Newburgh (and MSLC's Primary Service Area)
- A vote from all participants on the two Prevention Agenda Priorities for the 2019-2021 Community Health Improvement Plan
- A review of the impacts of the social determinants of health, specifically on health outcomes
- Open discussion on assets and barriers of the selected priority areas.

Montefiore St. Luke's Cornwall, along with all other Orange County Health Summit participants signed up to participate in and contribute to strategic planning efforts throughout the course of the 2019-2021 Community Health Improvement Plan. Of the identified focus areas, each includes a workgroup that is led collaboratively between the Orange County Department of Health and hospital staff. The purpose of this to ensure that the strategies outlined in the plan are being executed properly. Each workgroup will report status updates on an annual basis, at what will become a yearly summit.

All of the above was used to create the Orange County Health Improvement Plan 2019-2021, which will support the county-wide efforts along with participating hospitals (inclusive of Montefiore St. Luke's Cornwall), and specifically the 2019-2021 Community Service Plan. The Orange County Health Improvement Plan was distributed to Montefiore St. Luke's Cornwall and participating community health partners on November 4, 2019 and is available via this link: <https://www.orangecountygov.com/DocumentCenter/View/14537/Orange-County-Community-Health-Improvement-Plan-2019-2021>

The rationale behind using this source to help create the Montefiore St. Luke's Cornwall Community Service Plan was that our efforts moving forward would be best accomplished if we are working in partnership with our fellow community health partners to create a cohesive approach to tackling the greatest health challenges and priority areas as identified from our primary and secondary data collection sources.

PRESENTATION OF DATA

Main Health Challenges:

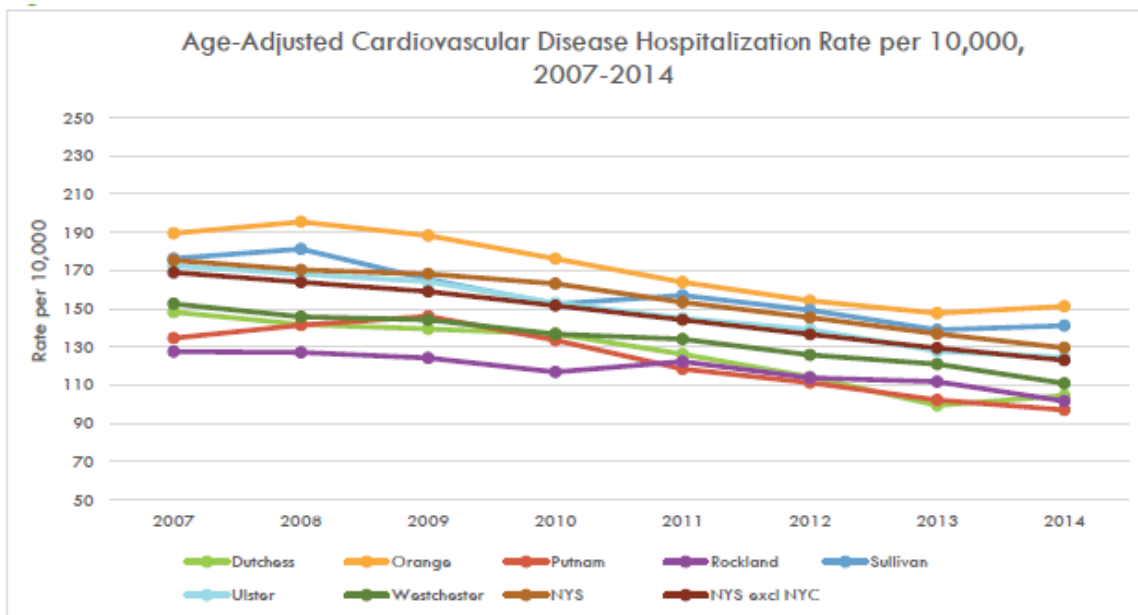
Health Indicators as outlined in *the Mid-Hudson Region Community Health Assessment 2019-2021* include Physical Activity, Nutrition, Mortality, Physical Health including Chronic Diseases such as Chronic Lower Respiratory diseases, asthma, cardiovascular disease, diabetes, obesity, cirrhosis of the liver, cancer (colorectal, lung and bronchus, prostate, breast, cervical), Infectious Diseases, Sexually Transmitted Infections, Tick Borne Diseases, Reproductive Health, Oral Health, and Behavioral Health.

According to the Mid-Hudson Region Community Health Assessment 2019-2021, in Orange County, Heart Disease and cancer are the leading causes of death and leading causes of premature death (death before age 75) by a large margin. Obesity is a leading contributor to these top causes of death, as well as diabetes, stroke, and hypertension, all of which can lead to premature death. According to 2016 BRFSS data, nearly 70% of Orange County adults are either overweight or obese. Data from 2016-2018 show that 36.8% of school-aged children and adolescents are overweight or obese. Over the past ten years, the rates of obesity have continually grown, as well as the subsequent morbidity of cardiovascular disease, prediabetes, and hypertension.

STIs are also on the rise in Orange County. There has been a 75% increase in the average number of newly diagnosed HIV cases in Orange County from 17.2 per year (2011-2015) to 26.3 per year (2016-2018). Chlamydia rates among both males and females from 2014-2016 are higher in Orange County than rates in the Mid-Hudson Region, and have steadily increased or remained the same from 2011-2013 to 2014-2016. Additionally, Orange County had its first fetal demise in 2019 from congenital syphilis in over 25 years.

Cardiovascular Disease

While Cardiovascular Disease hospitalization rates have declined across the entire Mid-Hudson Region, from 2007-2014, Orange County had the highest rate at the time.

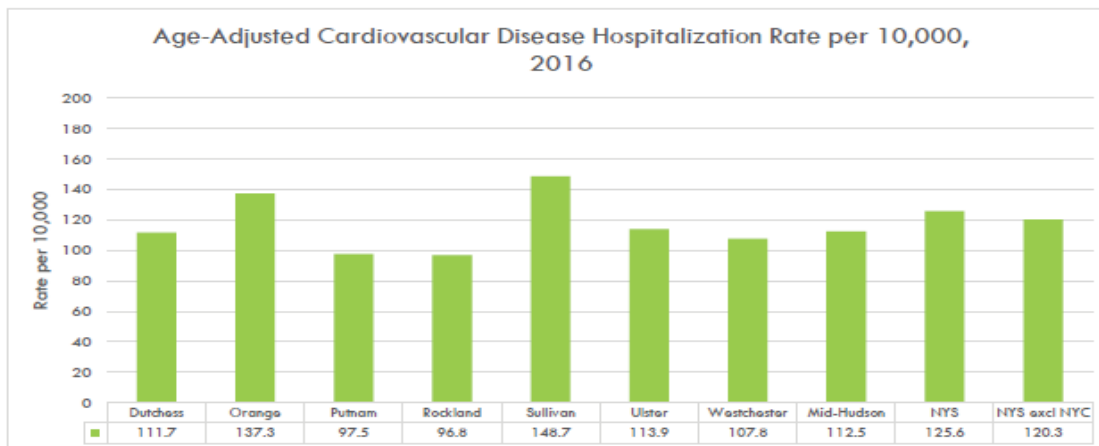


Note: Y-axis does not begin at zero in order to clearly display trend lines.

	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS	NYS excl NYC
2007	148.2	189.4	134.5	127.5	176.3	172.5	152.5	175.3	168.9
2008	141.7	195.4	141.3	127.1	181.2	168.1	145.7	170.2	163.8
2009	139.4	188.3	146.0	124.2	165.3	164.1	144.1	168.1	159.0
2010	136.8	176.1	133.5	116.9	152.4	152.9	136.7	163.0	151.6
2011	126.2	163.8	118.5	122.3	157.0	145.0	134.0	153.4	144.2
2012	114.3	154.2	111.2	113.8	149.2	139.1	125.8	145.3	136.6
2013	99.4	147.6	102.2	111.8	138.9	127.7	121.0	136.8	129.4
2014	104.5	151.2	97.0	101.6	141.1	124.5	110.9	129.5	123.0

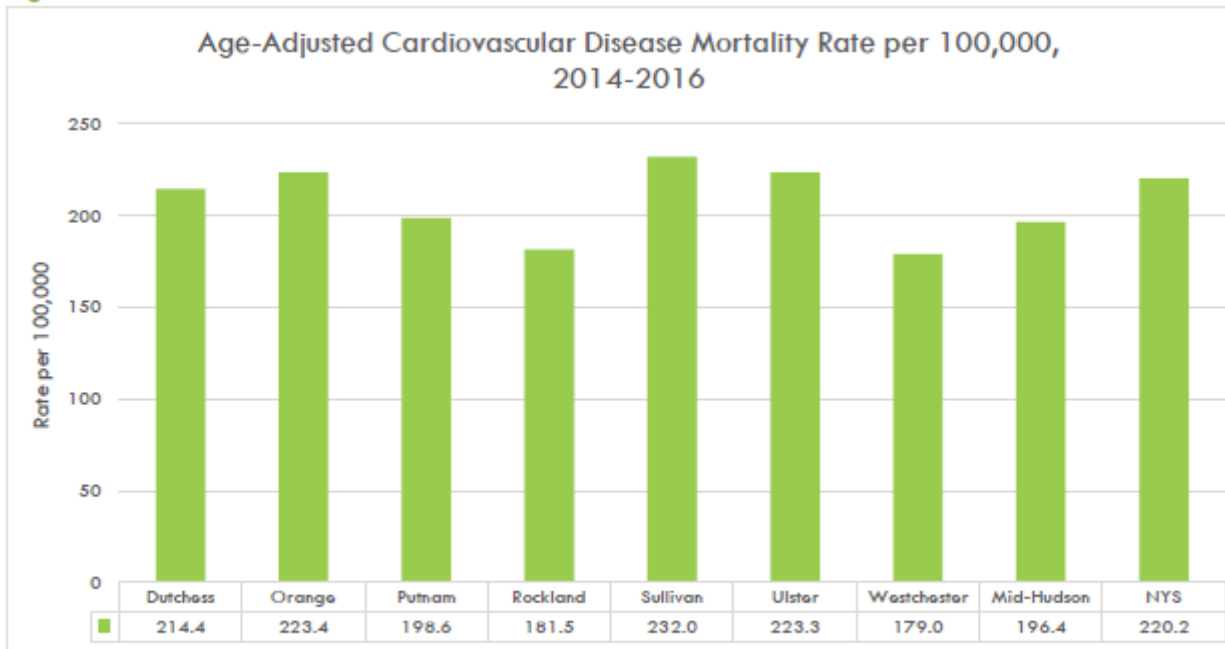
Source: NYSDOH Statewide Planning and Research Cooperative System, 2017
 NYSDOH Community Health Indicator Reports (CHIRS): <https://www.health.ny.gov/statistics/chicr/indicators/index.htm>

Orange County had the second highest rate of Age Adjusted Cardiovascular Disease Hospitalization Rate per 10,000 in 2016, with Sullivan County being the highest.



Source: NYSDOH Statewide Planning and Research Cooperative System, 2017
 NYSDOH Community Health Indicator Reports (CHIRS): <https://www.health.ny.gov/statistics/chicr/indicators/index.htm>

The rate of Cardiovascular Disease in the Hudson Valley is among the highest in Orange County and even higher than the New York State average. Orange County was also among the highest for Age-Adjusted Cardiovascular Disease Mortality Rates. In Orange County these rates are above both the Hudson Valley and New York State rates at 223.4 per 100,000 population for 2016.

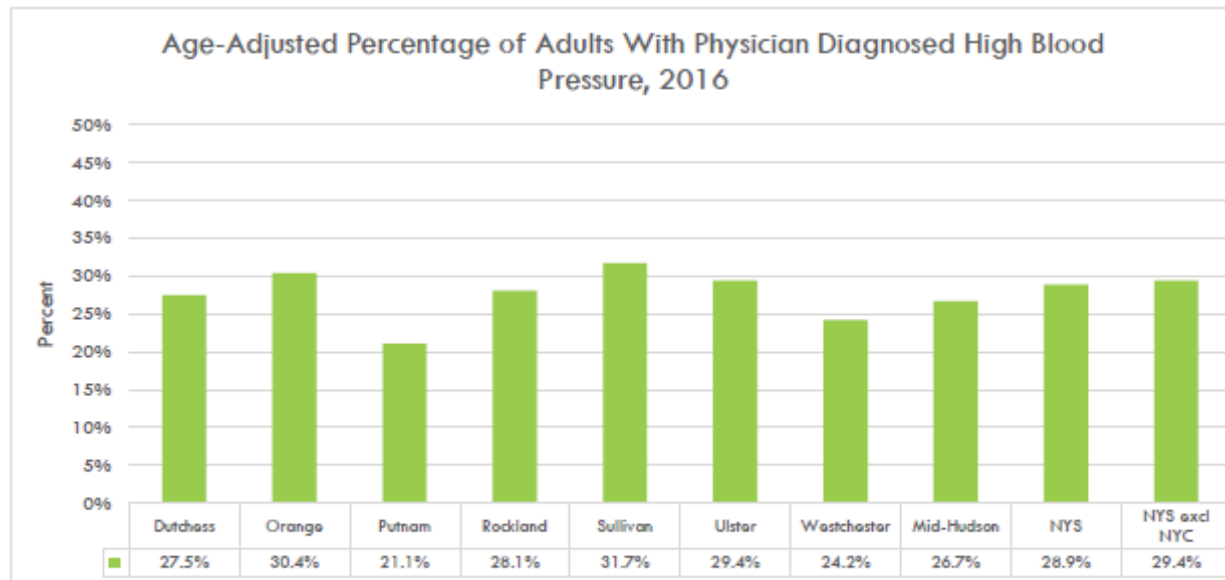


Source: NYSDOH Vital Statistics, 2018

NYSDOH Community Health Indicator Reports (CHIRS): <https://www.health.ny.gov/statistics/chac/indicators/index.htm>

The hypertension hospitalization rate in Orange County is also higher than the Hudson Valley and New York State rates. According to the *Mid-Hudson Region Community Health Assessment*, hypertension is among the risk factors for Cardiovascular Disease, indicating that Hypertension or high blood pressure occur when the force of blood against the arteries becomes high enough to cause diseases such as Cardiovascular Disease. Of the 1 in 3 adults in the United States have hypertension and only about half have it under control. Hypertension can be controlled through checkups with the doctor regularly along with lifestyle changes.

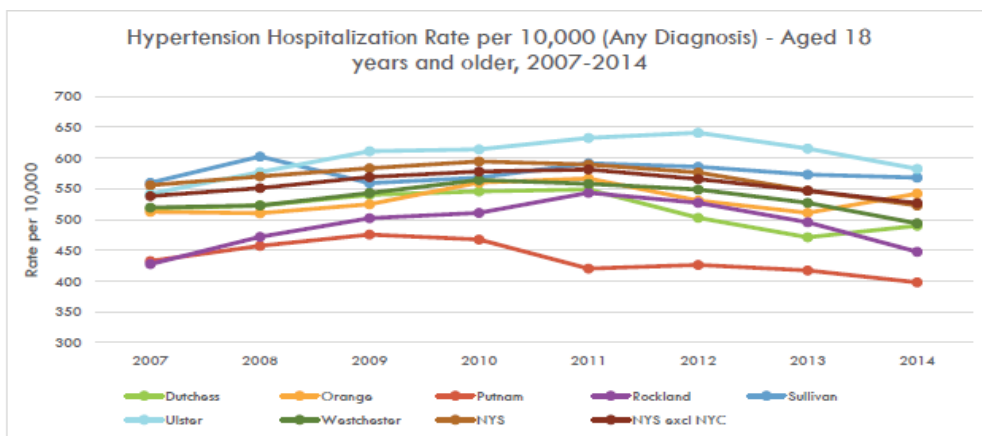
Orange County had the second highest rate of age-adjusted adults with physician diagnosed hypertension.



Source: NYSDOH Expanded Behavioral Risk Factor Surveillance System, 2018

NYSDOH Community Health Indicator Reports (CHIRS): <https://www.health.ny.gov/statistics/chac/indicators/index.htm>

While hospitalization rates for hypertension varied across the Mid-Hudson Region, Orange County along with many others experienced an increase in hypertension related hospitalizations.



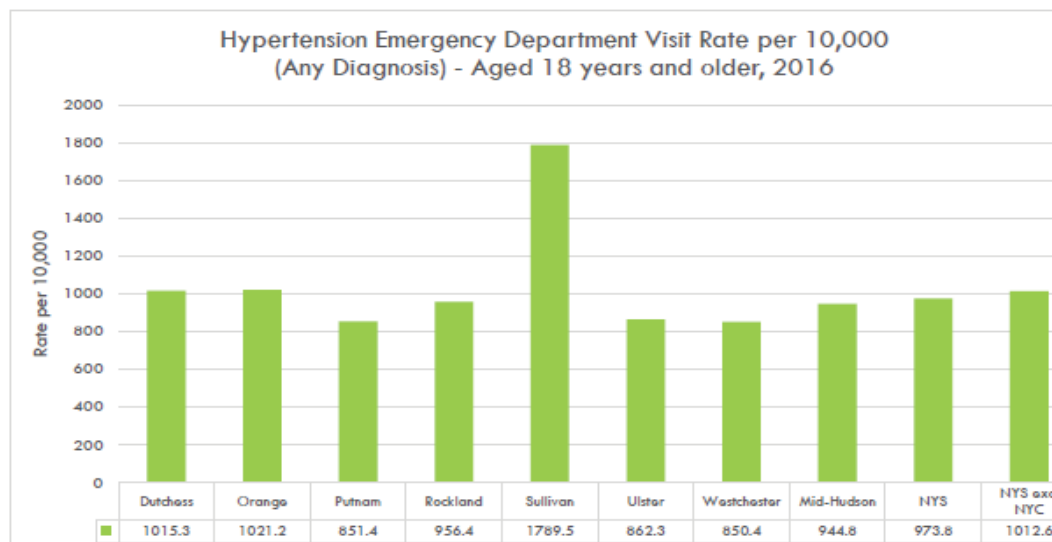
Note: Y-axis does not begin at zero in order to clearly display trend lines.

	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS	NYS excl NYC
2007	517.4	512.4	432.6	427.5	559.9	541.9	519.6	555.9	538.1
2008	522.9	510.4	457.3	471.9	602.6	577.0	523.0	570.2	551.3
2009	540.1	525.0	475.6	502.1	559.2	611.1	543.1	583.5	569.2
2010	546.0	560.2	467.5	510.8	568.3	614.2	564.4	594.5	578.2
2011	549.0	566.9	420.2	543.6	591.4	632.7	558.2	589.5	581.4
2012	502.9	530.9	426.2	527.1	585.7	641.2	548.7	576.6	565.7
2013	471.2	511.0	417.4	495.5	573.0	615.3	527.3	547.3	546.7
2014	489.9	542.3	397.9	447.8	568.2	582.5	493.9	523.0	526.9

Source: NYSDOH Statewide Planning and Research Cooperative System, 2017

NYSDOH Community Health Indicator Reports (CHIRS): <https://www.health.ny.gov/statistics/chicr/indicators/index.htm>

Orange County was also among the highest for Hypertension related Emergency Department visits



Source: NYSDOH Statewide Planning and Research Cooperative System, 2017

NYSDOH Community Health Indicator Reports (CHIRS): <https://www.health.ny.gov/statistics/chicr/indicators/index.htm>

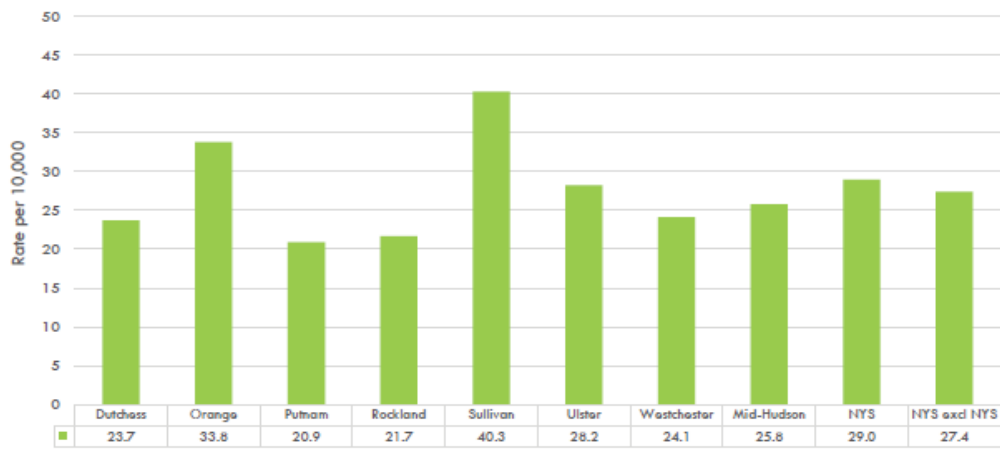
As noted earlier in this report, hypertension was among the top 10 inpatient discharges for Montefiore St. Luke's Cornwall in 2018 and will be included in our focus areas for the 2019-2021 Community Service Plan.

The Mid-Hudson Region Community Health Assessment states that there are three main contributing factors to Cardiovascular Disease. These factors include: Coronary Heart Disease, Cerebrovascular Disease, otherwise known as Stroke, and Congestive Heart Failure.

Coronary Heart Disease:

Coronary Heart Disease is the most common type of Cardiovascular Disease and is caused by a buildup of plaque in the arteries. Orange County had the second highest rate of Coronary Heart Disease hospitalization rates according to the Mid-Hudson Region Community Health Assessment, with 33.8 per 10,000 in 2016.

Age-Adjusted Coronary Heart Disease Hospitalization Rate per 10,000, 2016



Source: NYSDOH Statewide Planning and Research Cooperative System, 2017
 NYSDOH Community Health Indicator Reports (CHIRS): <https://www.health.ny.gov/statistics/chirs/indicators/index.htm>

The complete blockage of arteries may lead to a heart attack. According to the Mid-Hudson Region Community Health Assessment, men aged 45 years and older, and women aged 55 years and older, are more likely to have heart attacks compared to other age groups.

The *Mid-Hudson Region Community Health Assessment 2019-2021* states that when stratifying this data by race/ethnicity, trends are not consistent through each county. For example, non-Hispanic White adults had higher CHD hospitalization rates compared to the other racial/ethnic groups in Orange, Rockland, and Sullivan Counties. However, in Ulster, Westchester, New York State, and New York State excluding New York City, non-Hispanic Black adults had higher CHD

Age-Adjusted Coronary Heart Disease Hospitalization Rate per 10,000 by Race/Ethnicity, 2012-2014

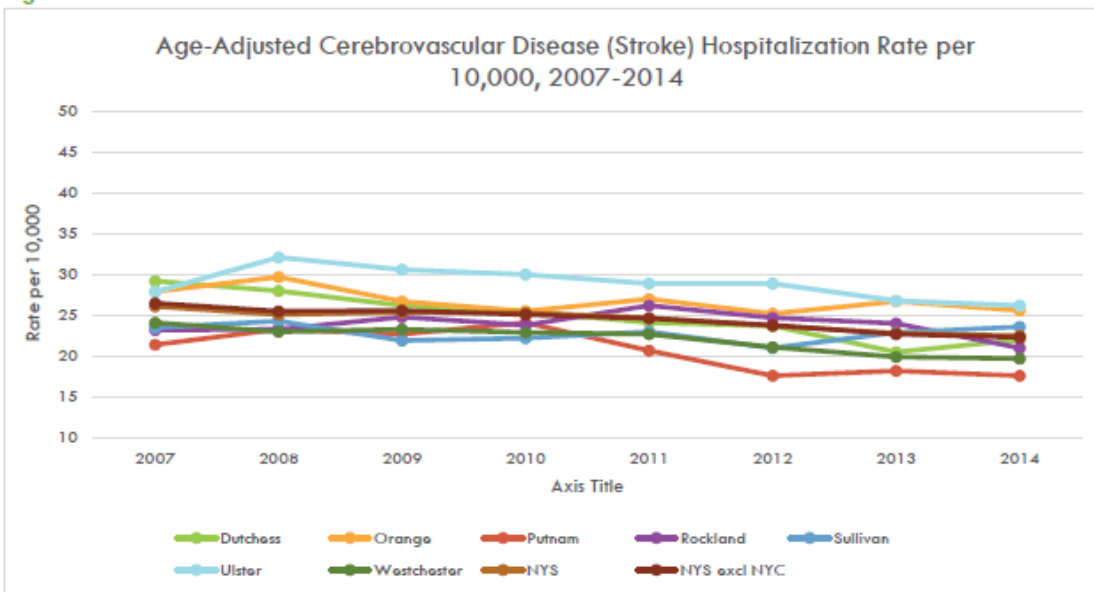


Note: Dutchess County is not shown as data either did not meet the criteria for statistical reliability or data quality, or data is not available
 Source: NYSDOH Vital Statistics, 2018
 NYSDOH County Health Indicators by Race/Ethnicity (CHIRE): <https://www.health.ny.gov/statistics/community/minority/county/index.htm>

Cerebrovascular Disease (Stroke):

The *Mid-Hudson Region Community Health Assessment 2019-2021* states that there are three main types of stroke, ischemic stroke, hemorrhagic stroke and transient ischemic stroke. Ischemic stroke occurs when blood clots or plaques block the blood vessels to the brain, causing the brain to receive decreased oxygen. Almost 87% of strokes are ischemic strokes. A hemorrhagic stroke occurs when a blood vessel bursts inside the brain, and the blood building up in the tissues causes severe damage. The signs and symptoms of a stroke must be addressed quickly in order to treat with the best possible outcomes.

Data from 2016 indicates that Orange County had the highest hospitalization rate of all seven in the mid-Hudson Region.



Note: Y-axis does not begin at zero in order to clearly display trend lines.

	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS	NYS excl NYC
2007	29.2	27.9	21.4	23.2	23.5	27.9	24.1	26.1	26.5
2008	28.0	29.7	23.3	23.3	24.3	32.1	23.0	25.1	25.5
2009	26.2	26.7	22.7	24.8	21.9	30.6	23.3	25.4	25.6
2010	25.5	25.5	24.1	23.8	22.2	30.0	22.9	25.3	25.1
2011	24.1	27.0	20.7	26.2	23.0	28.9	22.7	24.7	24.6
2012	23.7	25.2	17.6	24.7	21.0	28.9	21.1	23.7	23.8
2013	20.5	26.7	18.2	24.0	22.9	26.8	19.9	22.8	22.7
2014	22.0	25.6	17.6	21.0	23.6	26.2	19.7	22.5	22.3

Source: NYSDOH Statewide Planning and Research Cooperative System, 2017

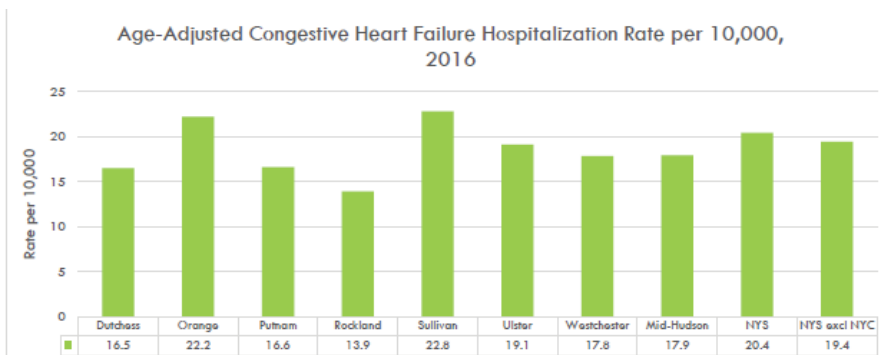
NYSDOH Community Health Indicator Reports (CHIRS): <https://www.health.ny.gov/statistics/chac/indicators/index.htm>

Montefiore St. Luke's Cornwall has put numerous systems into place to address this issue. In April 2006, Montefiore St. Luke's Cornwall was designated as a New York State Stroke Center and provides high quality, cost effective stroke care to over 300 patients per year. The MSLC Stroke Team is comprised of an interdisciplinary team that utilizes a comprehensive approach using the American Heart Association/American Stroke Association Guidelines for the Early Management of Acute Ischemic Stroke.

MSLC is part of the Montefiore Health System and has access to the cutting-edge advancements in stroke care through collaboration with the Moses campus of the Montefiore Health System, a designated Joint Commission Certified Comprehensive Stroke Center and Albert Einstein College of Medicine. Additionally, MSLC has received the American Heart Association/American Stroke Association's Get With The Guidelines-Stroke Gold Plus Achievement Award for the tenth

Congestive Heart Failure:

Congestive Heart Failure (CHF) occurs when fluid builds up in the lungs, upper or lower extremities or the GI Tract. This causes the heart to be unable to pump enough blood to meet one's body's needs. The Mid-Hudson Region Community Health Assessment indicates that Orange County was among the highest for CHF hospitalization rates.



Source: NYSDOH Statewide Planning and Research Cooperative System, 2017

NYSDOH Community Health Indicator Reports (CHIRS): <https://www.health.ny.gov/statistics/chac/indicators/index.htm>

The highest rates of CHF hospitalizations in Orange County were among the Non-Hispanic Black population.

Age-Adjusted Congestive Heart Failure Hospitalization Rate per 10,000 by Race/Ethnicity, 2012-2014



*: The rate is unstable.

Note: Dutchess County is not shown as data either did not meet the criteria for statistical reliability or data quality, or data is not available.

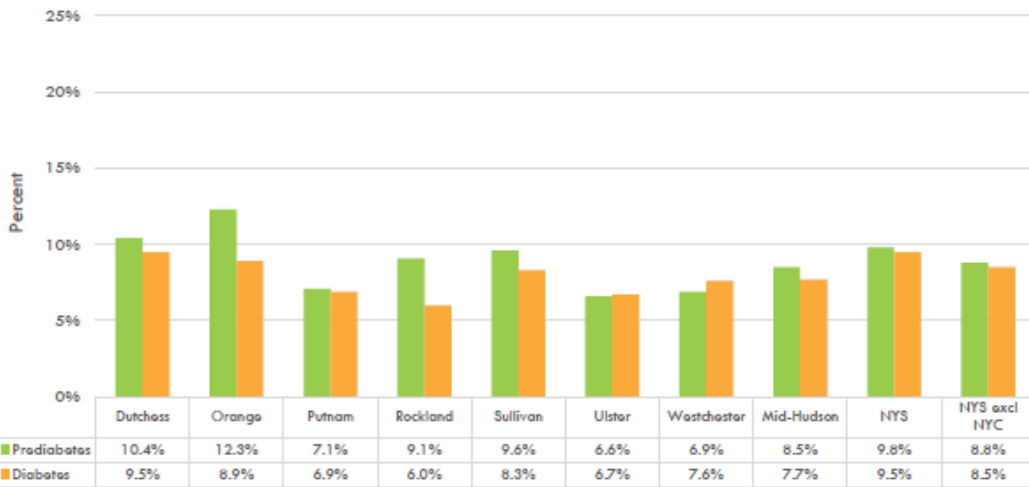
Source: NYSDOH Vital Statistics, 2018

NYSDOH County Health Indicators by Race/Ethnicity (CHIRE): <https://www.health.ny.gov/statistics/community/minority/county/index.htm>

The *Mid-Hudson Region Community Health Assessment 2019-2021* states that obesity was the seventh leading cause of death in the United States. Diabetes is classified in two forms: Type 1, which is insulin dependent diabetes mellitus, and Type 2, which is non-insulin dependent diabetes mellitus. Prediabetes is diagnosed when one's blood sugar level is higher than normal and is a risk factor of developing diabetes. According to the NYSDOH, 15-30% of the population in New York State with prediabetes will develop Type 2 diabetes within five years, if they do not change their lifestyle behaviors.

According to the *Mid-Hudson Region Community Health Assessment 2019-2021*, Orange County had the highest percentage of the population diagnosed with prediabetes, at 12.3%.

Age-Adjusted Percentage of Adults With Physician Diagnosed Prediabetes and Diabetes, 2016



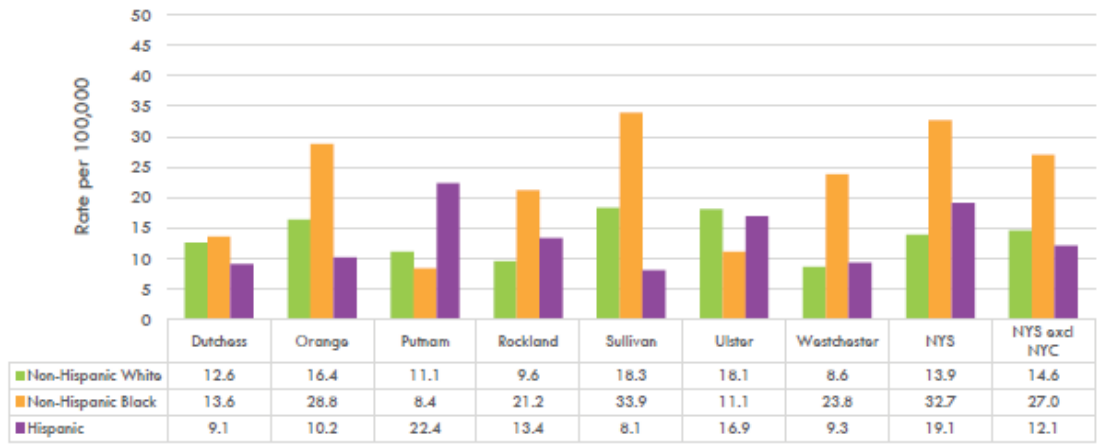
Source: NYSDOH Behavioral Risk Factor Surveillance System, 2018

NYSDOH Community Health Indicator Reports (CHIRS): <https://www.health.ny.gov/statistics/chac/indicators/index.htm>

Risk factors include obesity/being overweight, genetics, an unhealthy diet, negative health behaviors and decreased physical activity.

According to the *Mid-Hudson Region Community Health Assessment*, when stratifying data by race/ethnicity, diabetes mortality rates were highest among the Non-Hispanic Black population in New York State, as well as New York State excluding New York City, and most of the counties in the Mid-Hudson Region.

Age-Adjusted Diabetes Mortality per 100,000 by Race/Ethnicity, 2014-2016

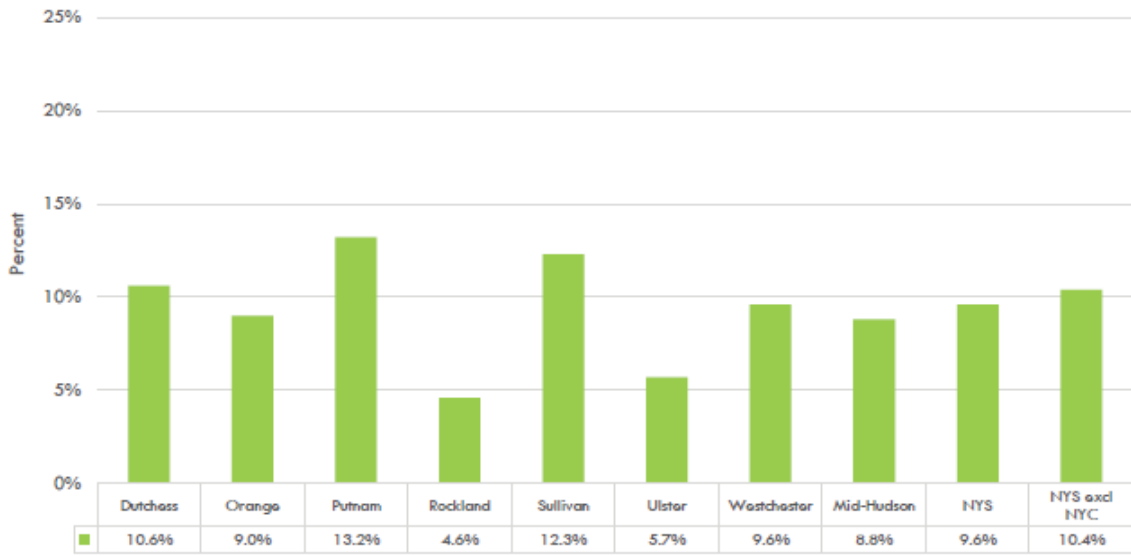


Source: NYSDOH Vital Statistics, 2018

NYSDOH County Health Indicators by Race/Ethnicity (CHIRE): <https://www.health.ny.gov/statistics/community/minority/county/index.htm>

Asthma is another key health challenge across the Mid-Hudson region and remains a focus of Montefiore St. Luke's Cornwall for the last four years. While Orange County was not among the highest percentage of age adjusted adults with current asthma in 2016, MSLC has partnered with the Orange County Department of Health to address this challenge specifically in the hospital's Primary Service Area.

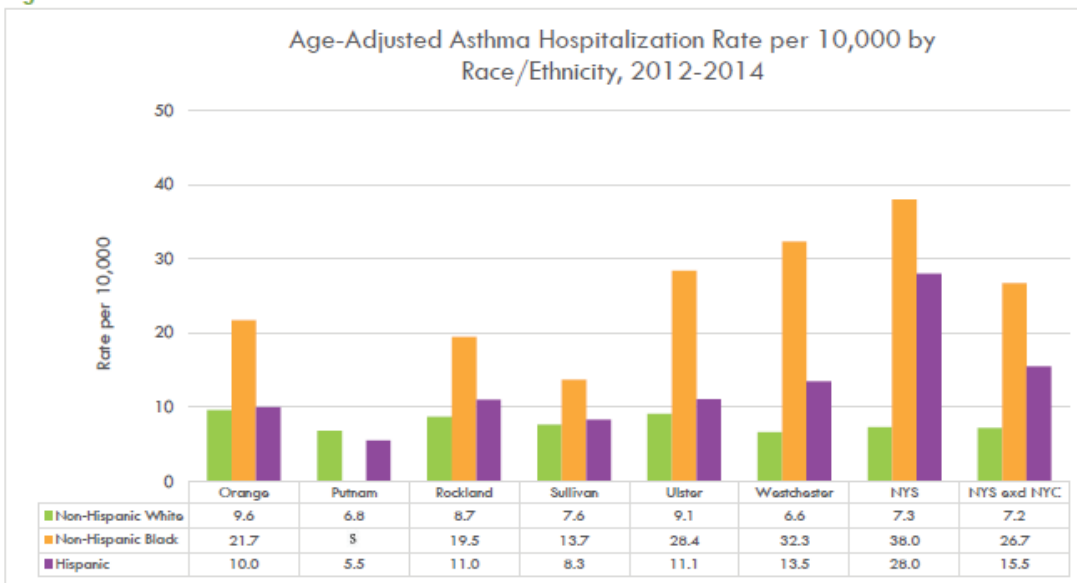
Age-Adjusted Percentage of Adults With Current Asthma, 2016



Source: NYSDOH Behavioral Risk Factor Surveillance System, 2018

NYSDOH Community Health Indicator Reports (CHIRS): <https://www.health.ny.gov/statistics/chac/indicators/index.htm>

According to the *Mid-Hudson Region Community Health Assessment 2019-2021*, Non-Hispanic Black adults had higher rates of asthma hospitalization compared to Non-Hispanic White and Hispanic Adults.



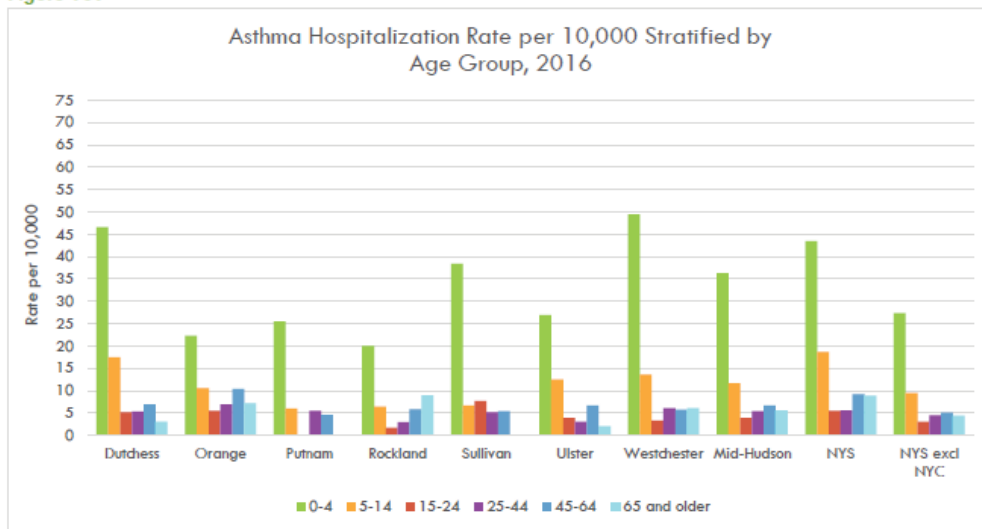
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Note: Dutchess County is not shown as data either did not meet the criteria for statistical reliability or data quality, or data is not available.

Source: NYSDOH Statewide Planning and Research Cooperative System, 2016

NYSDOH County Health Indicators by Race/Ethnicity (CHIRE): <https://www.health.ny.gov/statistics/community/minority/county/index.htm>

Of the 65 and older population, Orange County had the second highest rate of Asthma hospitalizations.



	0-4	5-14	15-24	25-44	45-64	65 and older
Dutchess	46.6	17.5	5.2	5.3	7.0	3.1
Orange	22.3	10.6	5.5	7.0	10.4	7.2
Putnam	25.5	6.0*	s	5.5	4.6	s
Rockland	20.0	6.5	1.7*	3.0	5.9	9
Sullivan	38.4	6.7*	7.7*	5.2*	5.4	s
Ulster	26.9	12.5	3.9*	3.1	6.7	2.1*
Westchester	49.5	13.6	3.3	6.1	5.8	6.1
Mid-Hudson	36.3	11.7	3.9	5.4	6.7	5.6
NYS excl NYC	27.4	9.5	3.1	4.5	5.1	4.4
NYS	43.5	18.7	5.5	5.6	9.2	8.9

*: Fewer than 10 events in the numerator, therefore the rate is unstable.

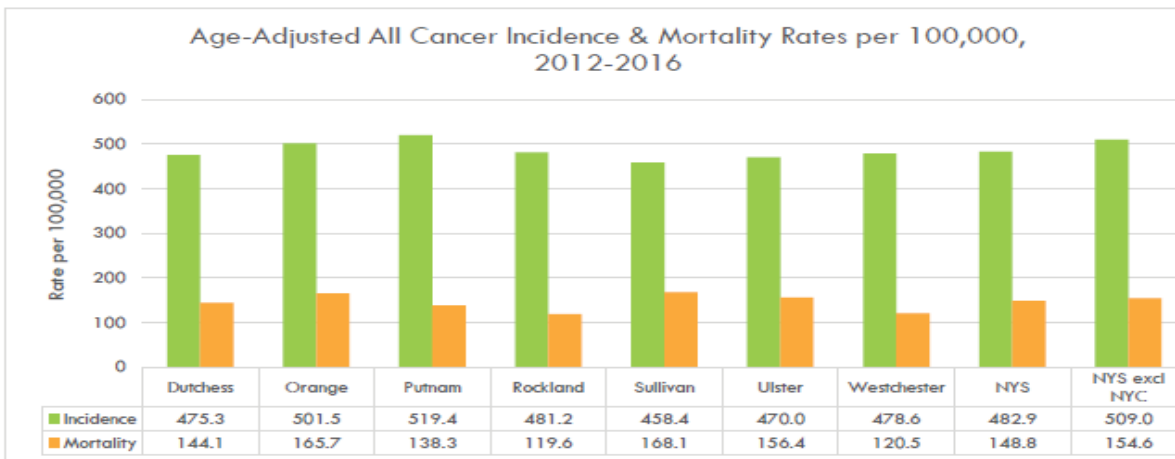
s: Data do not meet reporting criteria.

Source: NYSDOH Statewide Planning and Research Cooperative System, 2017

NYSDOH Community Health Indicator Reports (CHIRS): <https://www.health.ny.gov/statistics/chac/indicators/index.htm>

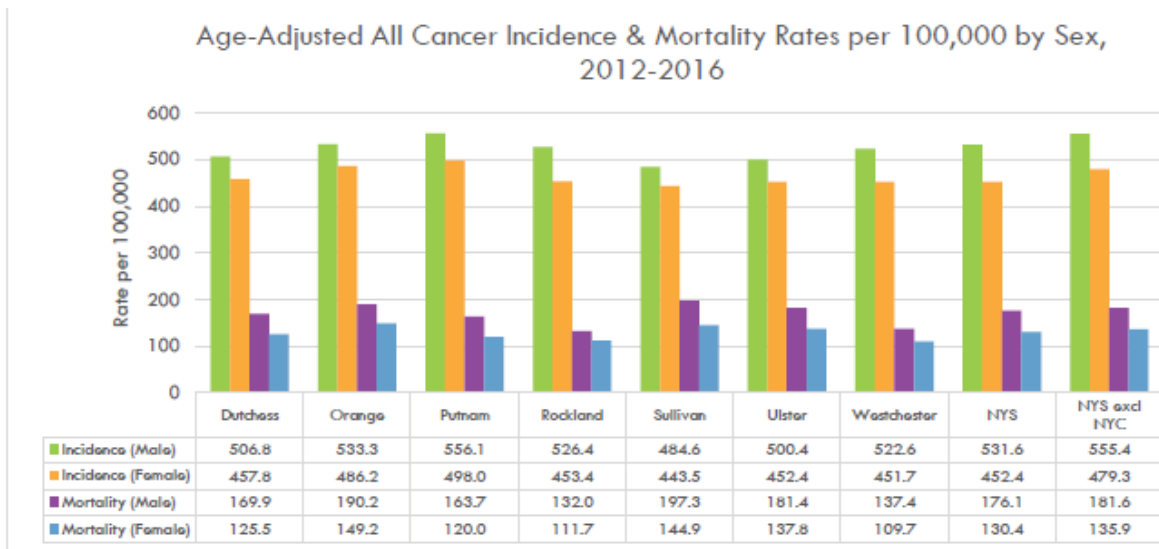
Cancer:

The Mid-Hudson Region Community Health Assessment reports that cancer is one of the leading causes of death across all seven counties in the Mid-Hudson Region. Orange County had the third highest age adjusted all cancer incidence and mortality rates per 100,000 from 2012-2016.



Source: NYSDOH Cancer Registry, 2018
<https://www.health.ny.gov/statistics/cancer/registry/vol1.htm>

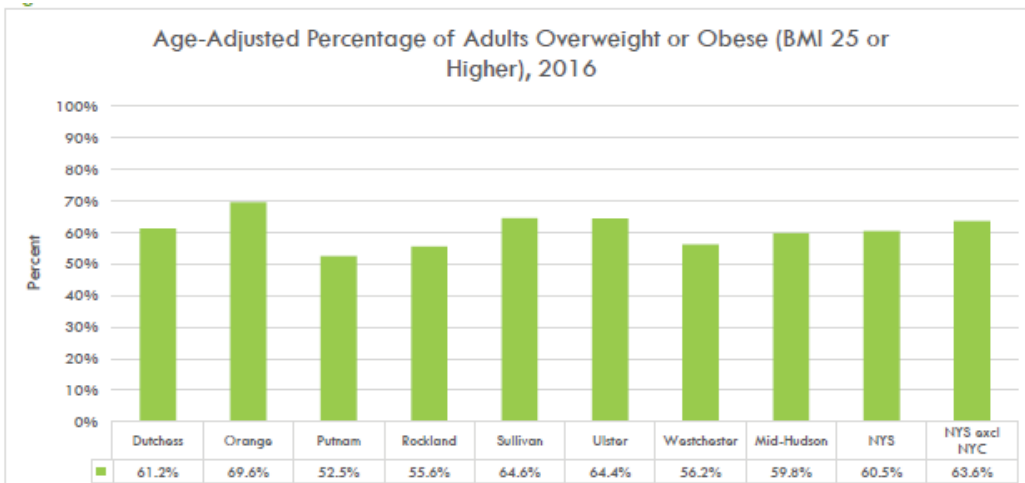
Orange County also had the second highest rate of all cancer incidence and mortality rates, with a higher rate of males in both incidence and mortality.



Source: NYSDOH Cancer Registry, 2018
<https://www.health.ny.gov/statistics/cancer/registry/vol1.htm>

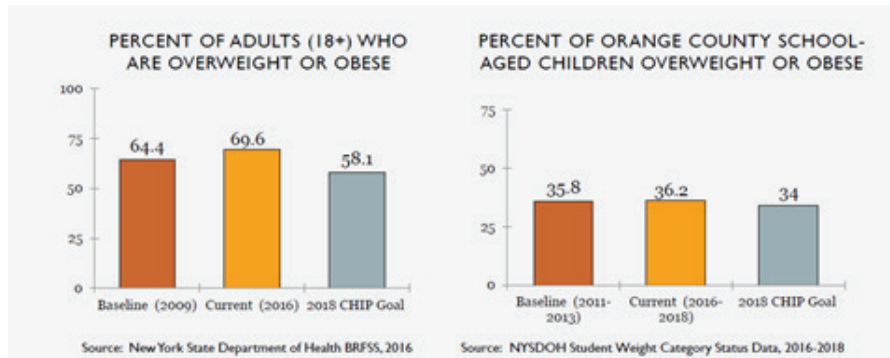
Obesity:

The Mid-Hudson Region Community Health Assessment notes that nearly 70% of Orange County adults are overweight or obese and 26.8% of school-aged children and adults are overweight or obese. Of all seven counties in the region, Orange County had the highest percentage of adults who are overweight or obese.

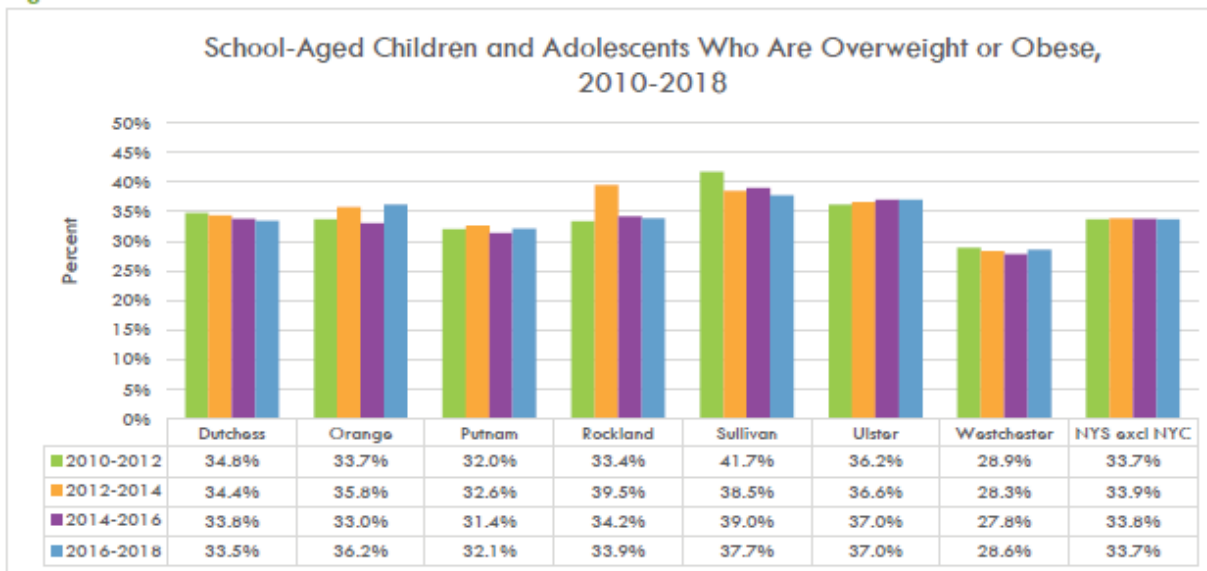


Source: NYSDOH Expanded Behavioral Risk Factor Surveillance System, 2018
 NYSDOH Community Health Indicator Reports (CHIRS): <https://www.health.ny.gov/statistics/chac/indicators/index.htm>

These rates have been on a steady incline throughout the last ten years, as well as the incidence of morbidity of Cardiovascular Disease, Prediabetes and Hypertension and will be a key area of focus for MSLC's 2019-2021 Community Service Plan.



The Mid-Hudson Region Community Health Assessment shows that Sullivan County had the highest rate of obesity among elementary, middle and high school students when compared to the Mid-Hudson Region, but Orange County rates are still among the highest in the region.



Source: NYSDOH Student Weight Status Category Reporting System, 2019
 NYSDOH Community Health Indicator Reports (CHIRS): <https://www.health.ny.gov/statistics/chic/indicators/index.htm>

Sexually Transmitted Infections:

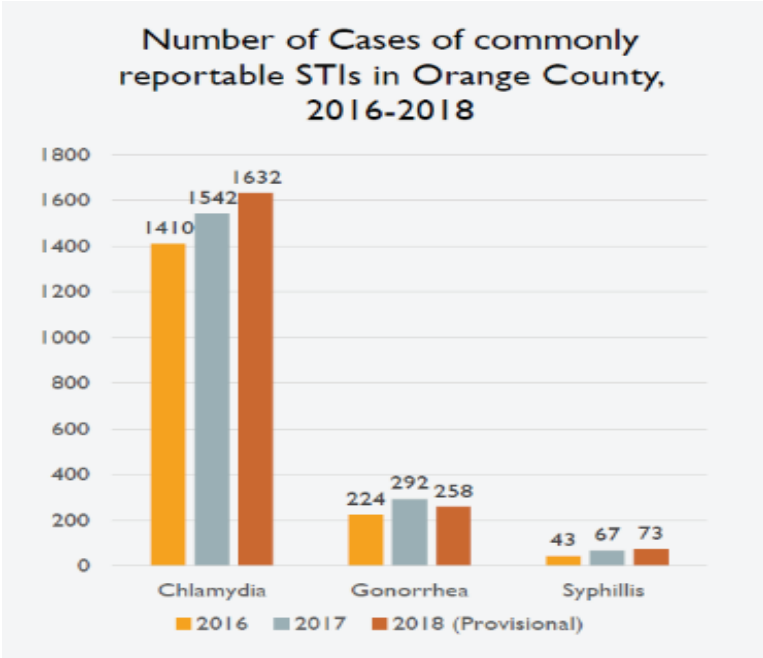
According to the *Mid-Hudson Region Community Health Assessment 2019-2021*, HIV/AIDS infections continue to be a substantial public health issue in New York State and the U.S. as a whole. HIV is a preventable disease, and people who are tested and learn they are HIV-positive can make changes to reduce the risk of transmitting it to their sexual or drug-using partners significantly. It is estimated that 91% of new HIV infections in the U.S. are transmitted from people who are not diagnosed or who are diagnosed, but not in care.

Healthy People 2020 set a target to reduce the number of new HIV diagnoses in the U.S. from 43,806 to 32,855 per year. Westchester and Sullivan Counties had the highest case rates (10.9 and 10.5), while Putnam had the lowest (1.5). The Mid-Hudson Region's rate of newly diagnosed HIV infections was lower than the rate for New York State, which was 16.0 per 100,000 population, including New York City.

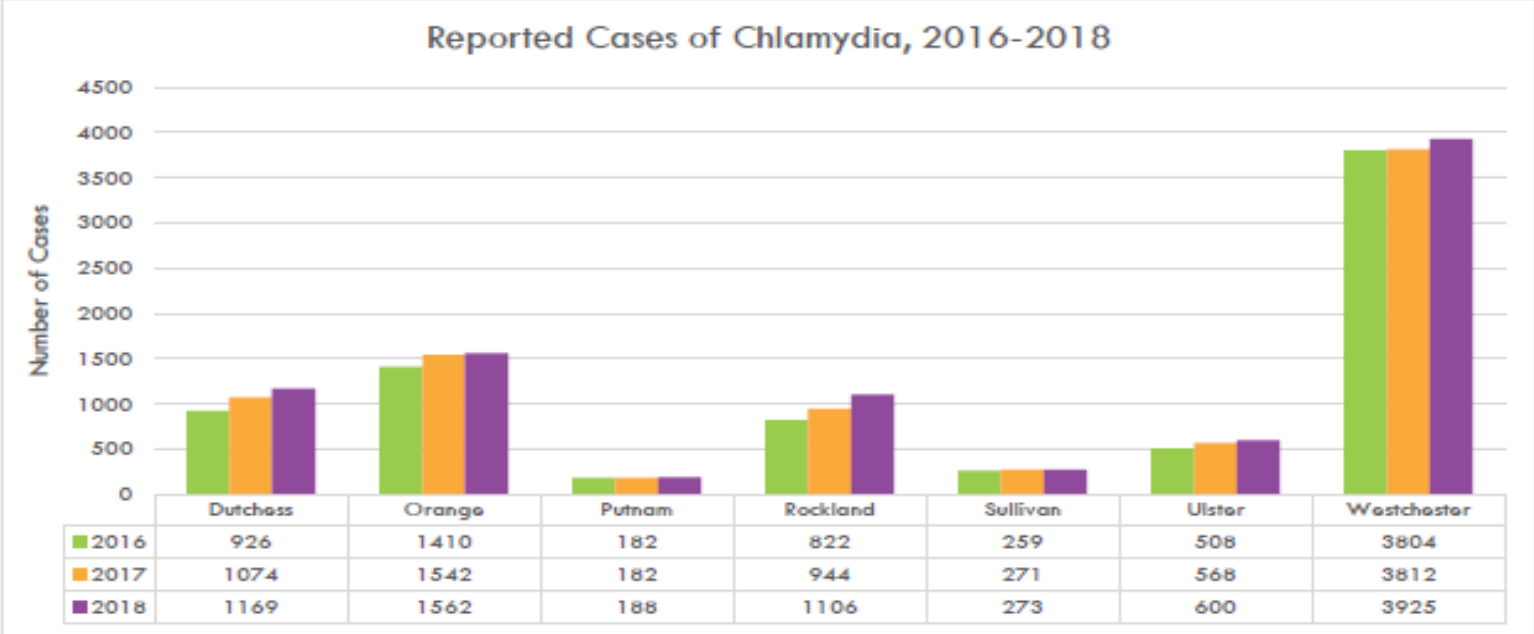
It is important to note however that there has been a 75% increase in the average number of newly diagnosed HIV cases in Orange County from 17.2 per year (2011-2015) to 26.3 per year (2016-2018).

- Orange County’s chlamydia rates stratified by age are higher than the HV rates and have significantly worsened or remained the same from 2011-2013 to 2014-2016
- Chlamydia rates among both males and females from 2014-2016 are higher in Orange County than the HV rates.

Sources: NYSDOH Communicable Disease Electronic Surveillance System, May 2019 and NYSDOH Community Health Indicator Reports, 2014-2016

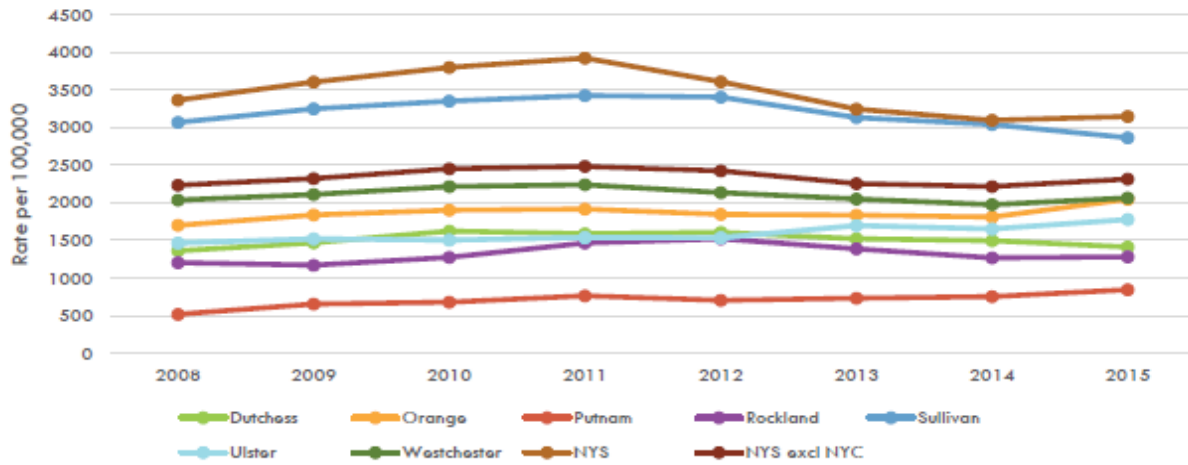


Chlamydia is described as a common STI that infect those of all genders, and while it can be treated easily, if untreated, can cause major damage to one’s reproductive system. The highest rate of chlamydia in Orange County is among females ages 20-24 years and 15-19 years of age at 2806.8 and 2045.7 per 100,000 population.



Note: 2018 data provided by the LHDs.
 Source: NYSDOH Communicable Disease Annual Reports
<https://health.ny.gov/statistics/diseases/communicable/>

Chlamydia Case Rate per 100,000 Females Aged 15-19 years, 2008-2015



Note: Three-year averages for counties and single-year estimates for NYS and NYS excl NYC are graphed above.

	Three-Year Average							Single-Year	
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS	NYS excl NYC
2008	1361.1	1699.8	517.7	1204.9	3068.2	1464.5	2036.8	3365.2	2234.2
2009	1469.8	1837.1	654.8	1170.2	3249.4	1521.1	2111.3	3605.7	2320.1
2010	1623.3	1902.5	679.8	1275.5	3352.3	1503.7	2216.3	3798.5	2452.4
2011	1586.4	1916.6	762.5	1463.3	3425.2	1539.8	2238.9	3922.3	2482.6
2012	1606.9	1844.2	703.1	1521.6	3404.7	1533.9	2134.1	3607.3	2423.6
2013	1522.0	1834.5	729.9	1386.0	3131.3	1695.8	2049.1	3246.7	2253.8
2014	1497.7	1808.6	752.1	1265.6	3042.2	1652.9	1974.4	3096.5	2215.5
2015	1412.7	2045.7	843.8	1283.1	2864.2	1777.4	2065.3	3146.3	2312.9

Note: Three-year averages for counties and single-year estimates for NYS and NYS excl NYC were used.

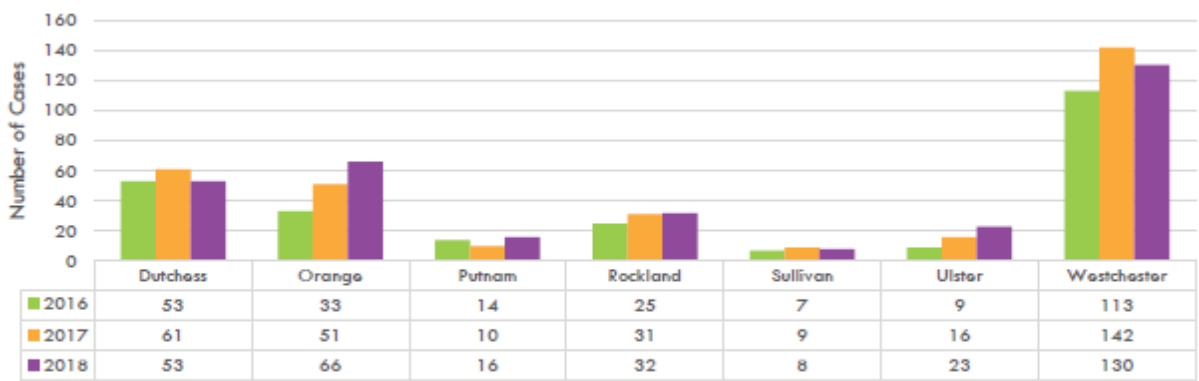
Source: NYSDOH Bureau of Sexual Health and Epidemiology, 2018

NYSDOH Community Health Indicator Reports (CHIRS): <https://www.health.ny.gov/statistics/chcir/indicators/index.htm>

According to the New York State Department of Health Communicable Disease Electronic Surveillance System, as of May 2019, the rate of primary and secondary syphilis among females has increased 169% in the last 5 years in New York State.

Orange County had its first fetal demise from congenital syphilis in over 25 years in 2019.

Reported Cases of Early Syphilis, 2016-2018

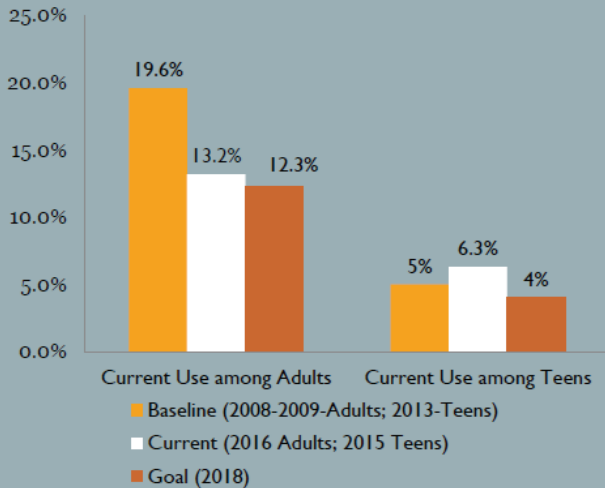


Note: 2018 data was provided by the LHDs.

Source: NYSDOH Communicable Disease Annual Reports

<https://health.ny.gov/statistics/diseases/communicable/>

SMOKING RATES IN ORANGE COUNTY



Sources: New York State Department of Health BRFSS, 2016; Orange County Youth Development Survey, 2017

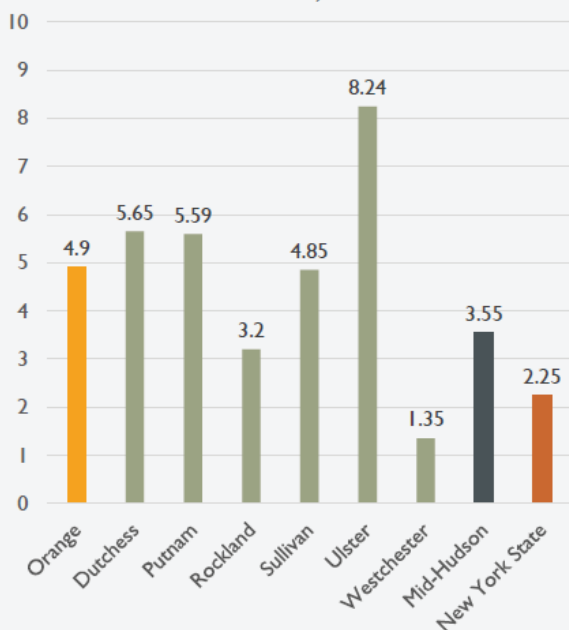
The 2019-2021 Regional Health Assessment Provider Level Focus Groups also revealed additional issues impacting Orange County specifically include:

Smoking Rates:

- Although overall adult smoking rates decreased from 2013 to 2016—
 - The percentage of adult smokers with a disability is 25.2%
 - The percentage of adult smokers with an income <\$25,000 is 26.2%
- Both of these subgroups have smoking rates at nearly twice the County rate

Source: New York State Department of Health BRFSS 2016-Orange County Youth Development Survey, 2017.

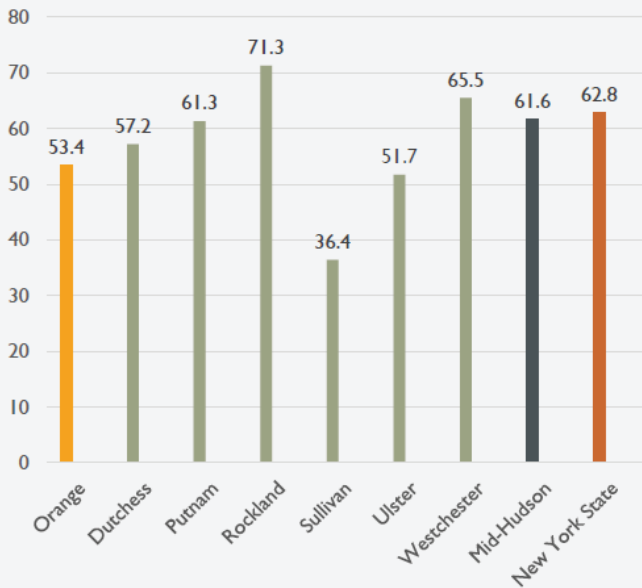
Percentage of Population with Low-Income and Low-Access to a Supermarket or Large Grocery Store, Hudson Valley and NYS, 2015



Access to Supermarkets or a Grocery Store:

- Limited access to supermarkets or other sources of healthy and affordable food may make it harder to eat a healthy diet
- Defined as a low-income census tract with at least 500 people, or 33 percent of the population, living more than 1 mile (urban areas) or more than 10 miles (rural areas) from the nearest supermarket, supercenter, or large grocery store
- Orange County has a higher percentage of residents (4.9%) fitting the criteria outlined above than the Hudson Valley rate and New York State overall.

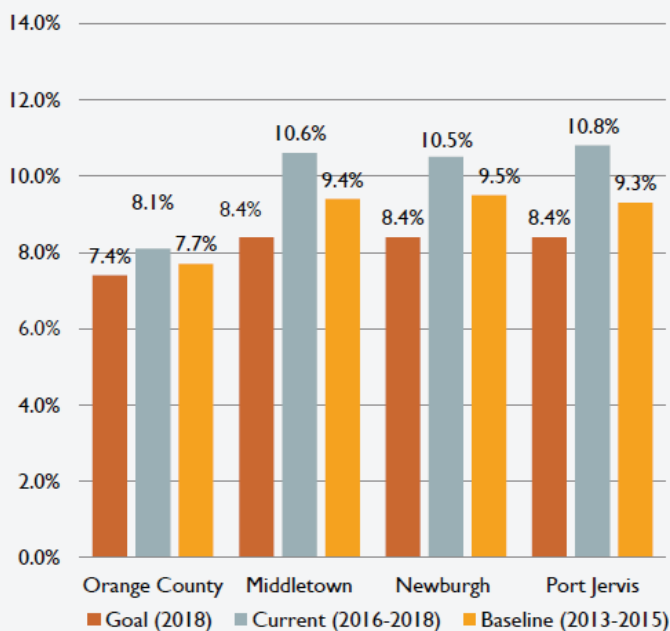
Percentage of Children born in 2013 with at least 2 lead screenings by 36 months Hudson Valley and NYS, 2013-2016



Lead Screenings:

- No safe blood lead level in children has been identified and lead exposure can affect nearly every system in the body
- Lead exposure often occurs with no obvious symptoms and often goes unrecognized
- Two lead screenings by 2 years of age should be part of routine pediatric care
- Orange County is only testing approximately half of all children (53.4%) that need to be tested which is worse than the HV and NYS percentages of 61.6% and 62.8% respectively

Percentage of Orange County Births born Premature (<37 weeks)

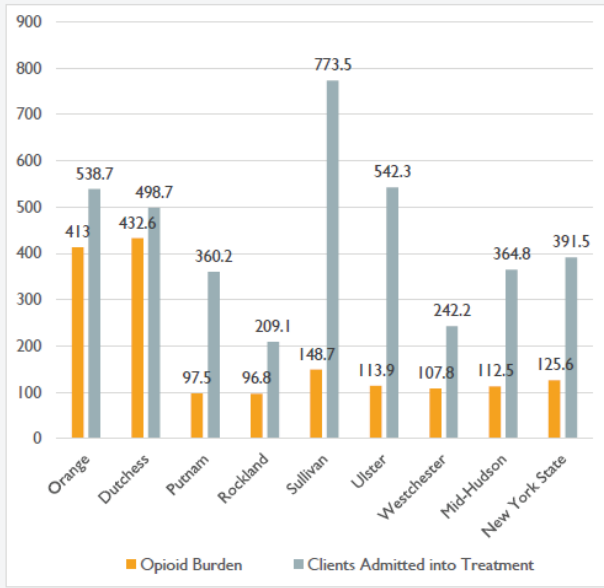


Premature Births:

- Prematurity is the largest contributor to infant death and leading cause of long-term neurological disabilities in children
- Overall, County rates are better than in the three cities
- Use real-time birth certificate data to view trends over time
- Black women in Orange County have the highest prematurity rates in the County at 11.1%, compared to all women at 8.1% (2016-2018)

Source: Orange County Birth Certificate Database, as of February 2019

Crude Opioid Burden per 100,000 residents and Unique Clients Admitted to OASAS-certified Chemical Dependence Treatment Programs for any opioid in the Hudson Valley and New York State, 2016



Opioid Burden:

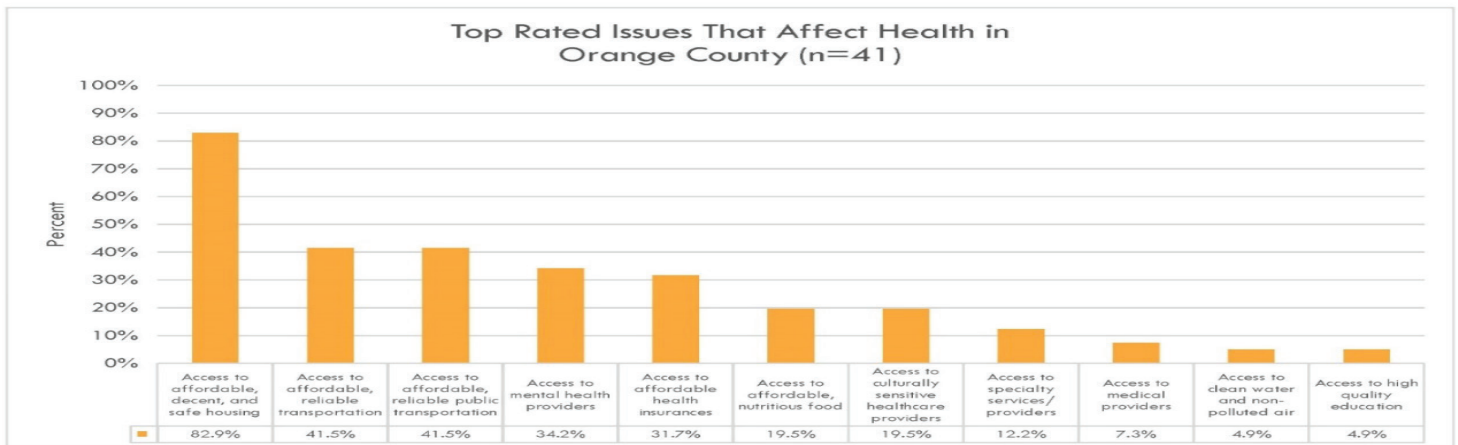
- Opioid burden includes outpatient ED visits and hospital discharges for non-fatal opioid overdose, abuse, dependence, and unspecified use; and opioid overdose deaths
- Orange County has one of the highest burdens attributed to opioids in the HV
- Overall opioid burden is over 1.5 times the NYS rate
- One of the highest rates in the Hudson Valley for persons in treatment programs for any opioid use (including heroin) and just above the NYS rate

SUMMARY OF KEY FINDINGS:

According to the Mid- Hudson Region Community Health Assessment, Provider Focus Groups, the top-rated issues issue that affect health in Orange county are the following:

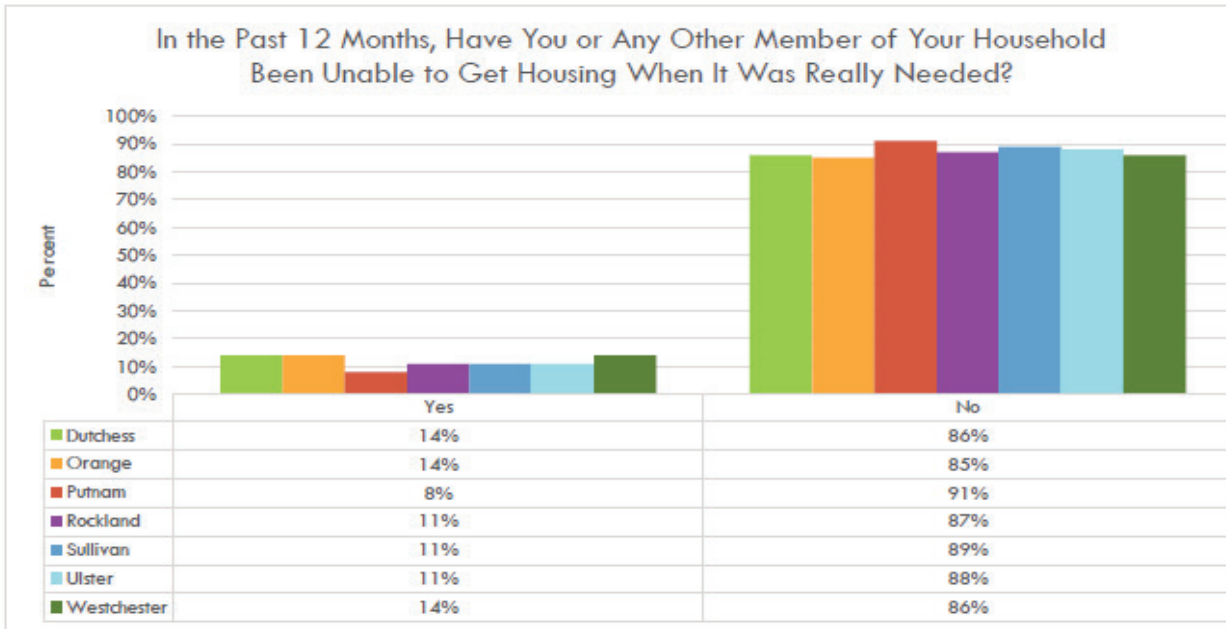
- 1) Access to affordable, decent, and safe housing
- 2) Access to affordable, reliable, personal and public transportation
- 3) Access to mental health providers

Figure 108



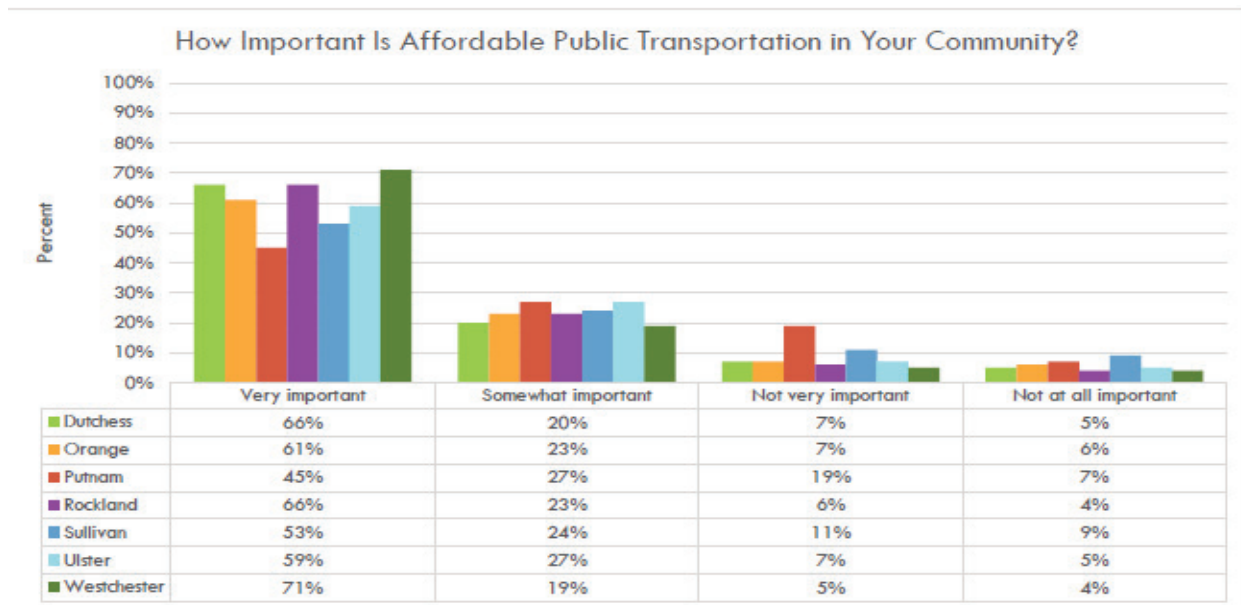
Safe Housing:

Access to housing was among the top issues identified in the Mid-Hudson Region Community Health Survey across all seven counties. Of Orange County residents, 14% responded that they were unable to get housing when it was really needed, which was among the highest of all seven counties (and the same for Dutchess and Westchester).



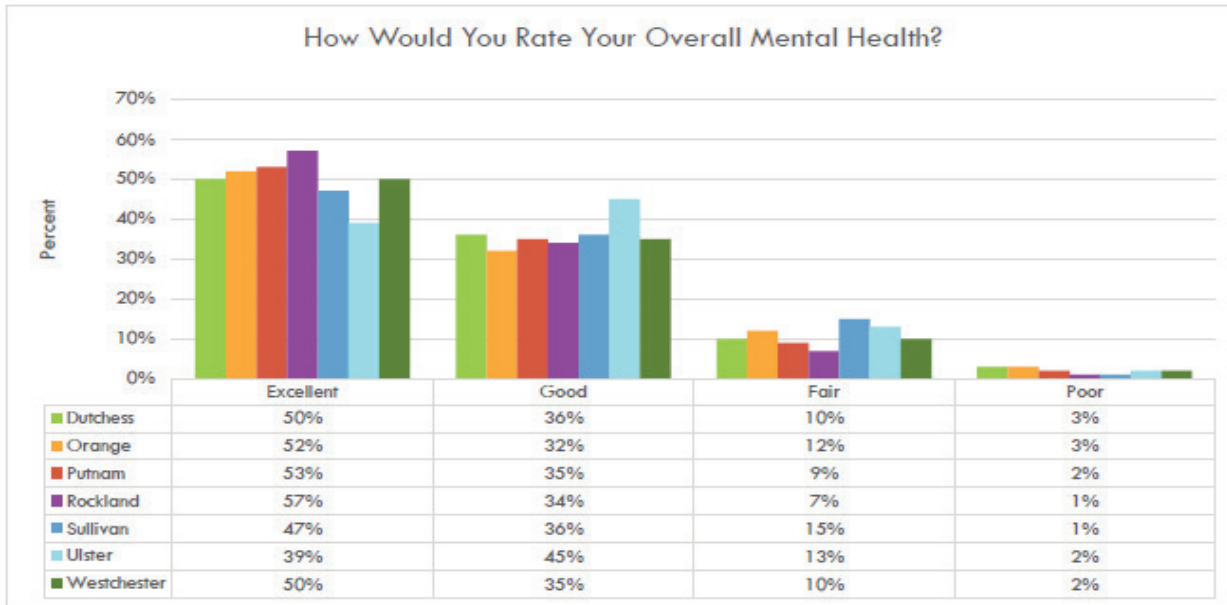
Transportation:

The vast majority (61%) of Orange County respondents indicated that access to affordable public transportation in their community was very important.

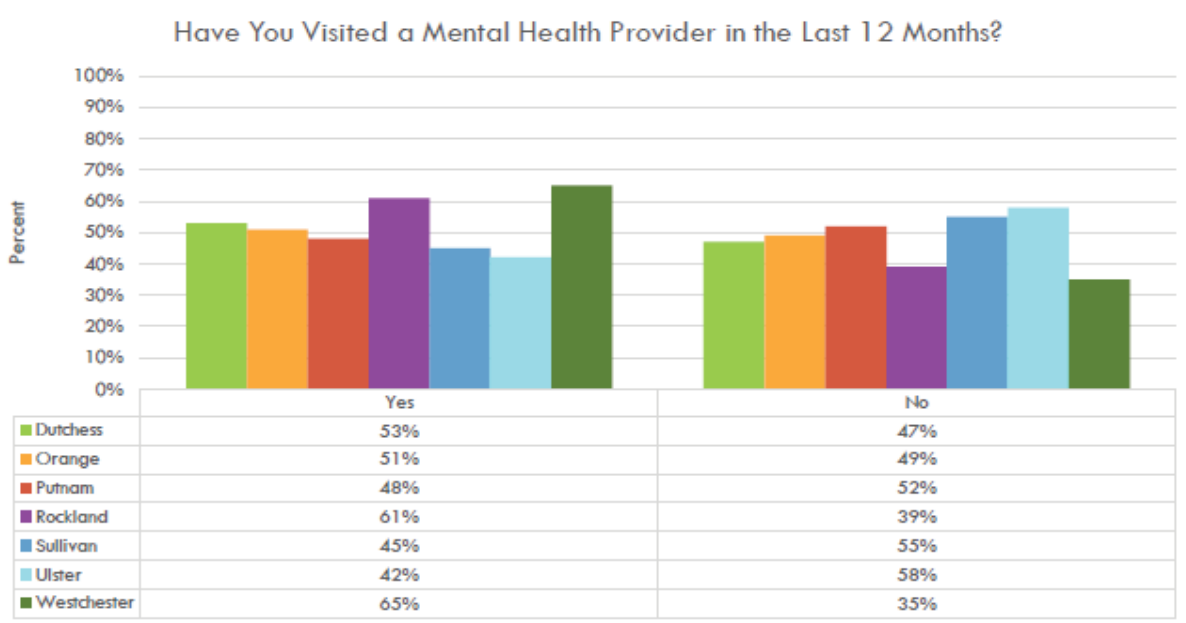


Mental Health:

Of the respondents of the Mid-Hudson Community Health Survey, 52% of residents in Orange County rated their overall Mental Health as excellent, and 3% rated their mental health as poor.

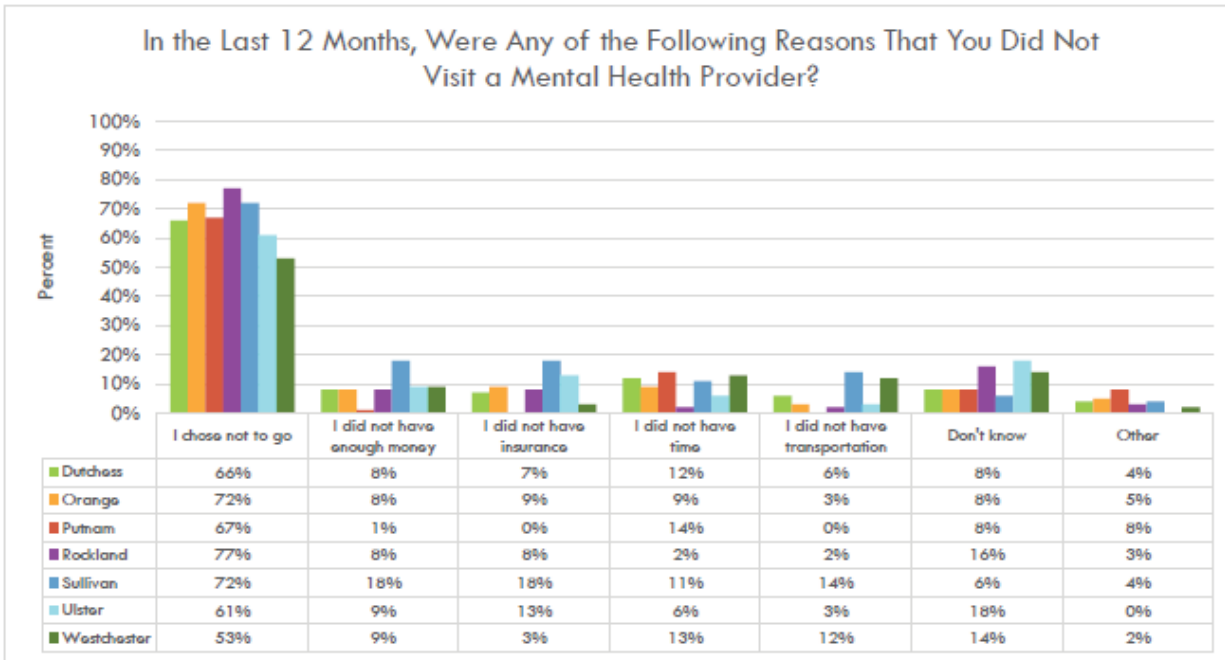


Furthermore, when asked the question of have you visited a mental health provider in the last 12 months, 51% of Orange County respondents indicated yes.



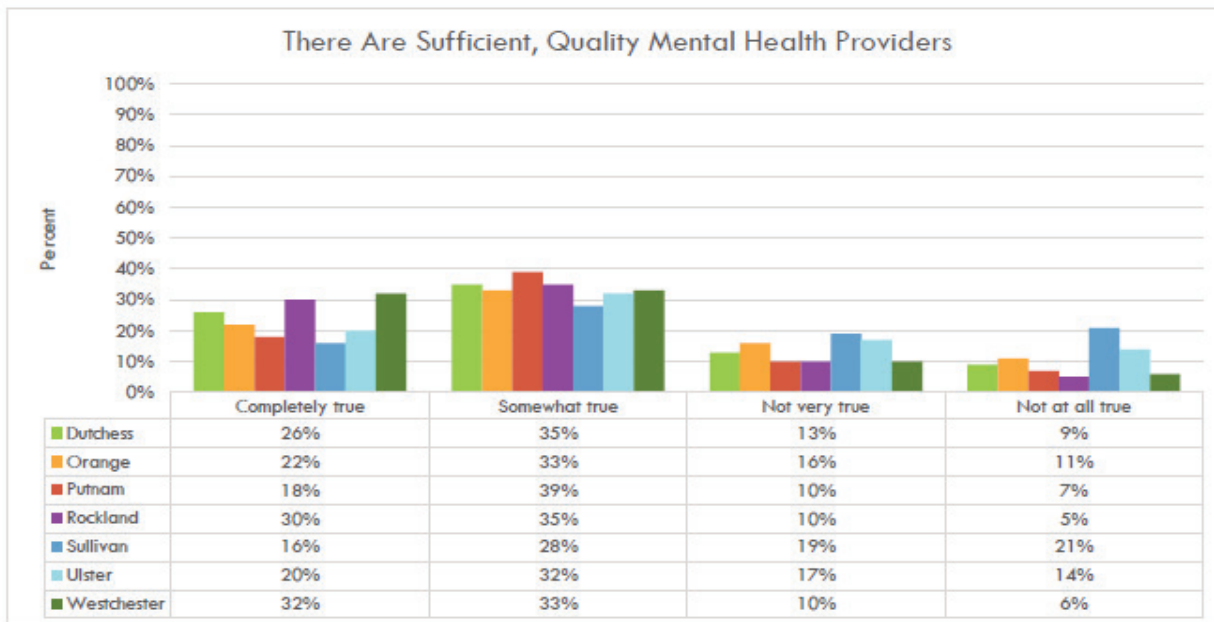
*Does not include respondents that answered "no" to question in Figure 61

Additionally, 72% of Orange County residents said they simply chose not to visit a mental health provider

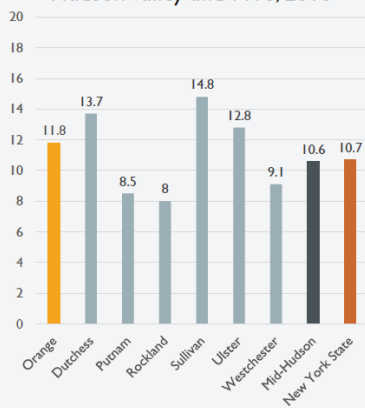


*Does not include respondents that answered "no" to question in Figure 63

Only 22% of respondents indicated that there are sufficient quality mental health providers in Orange County.



Percentage of Adults that report 14 or more days with Poor Mental Health in the Hudson Valley and NYS, 2016



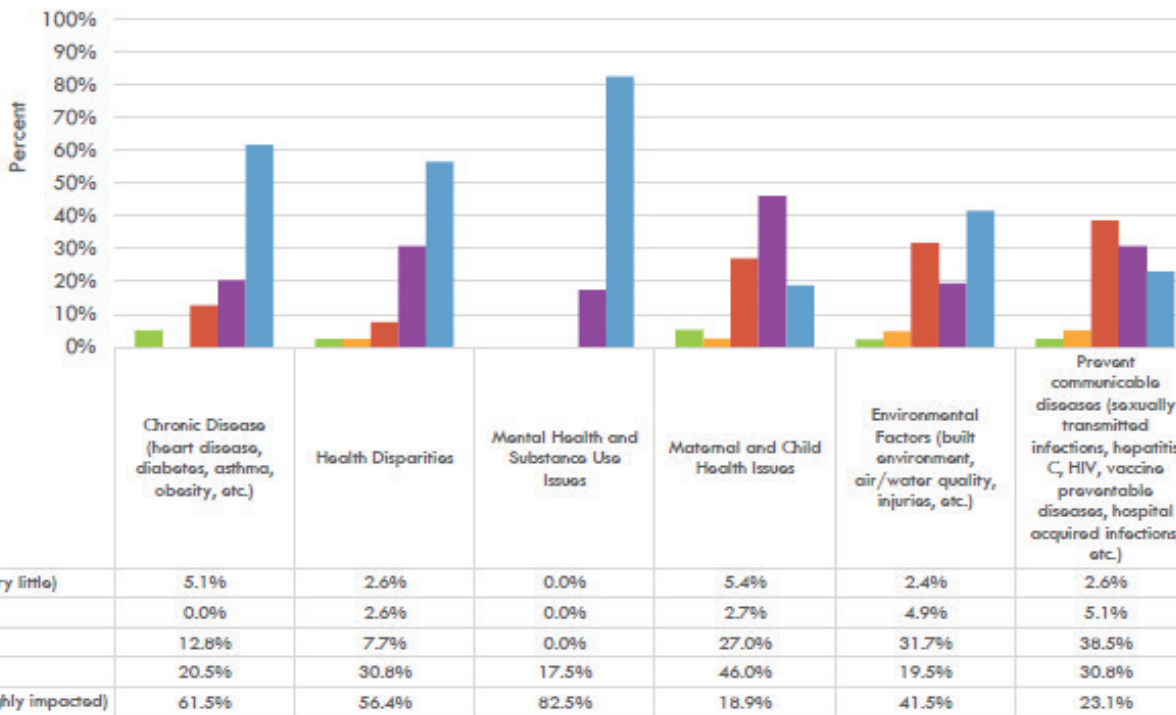
The New York State Department of Health BRFSS, 2016 Data indicates that:

- Self-rated health is a commonly used measure of overall well-being
- Survey question asked residents to qualify their mental health: “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”
- Nearly 12% of Orange County residents reported poor mental health 14 or more days, which is slightly above the HV and NYS percentages.

The top three barriers in achieving better health in Orange county include:

- 1) Knowledge of existing resources
- 2) Drug and/or alcohol use
- 3) Healthy literacy

The Impact of Health Issues in Orange County (n=41)



The overall impact of health issues in Orange County include the following:

- Chronic Disease (heart disease, diabetes, asthma, obesity, etc.)
- Health disparities
- Mental Health and Substance Abuse Issues
- Maternal and Child Health Issues
- Environmental Factors (built environment, air/water quality, injuries, etc.)
- Preventable communicable diseases (sexually transmitted infections, Hepatitis C, HIV, vaccine preventable diseases, hospital acquired infections, etc.)

In Orange County, the leading causes of death and premature death (before age 75) are heart disease and cancer, with obesity being the leading contributor to these top causes.

Orange County also has worse than New York State averages (or getting worse since the last assessment) in the following health areas:

- Overdose deaths due to opioid and heroin use
- Premature births among Non-Hispanic Black women and Hispanic women
- Preventable adult hospitalizations
- Youth-reported alcohol and electronic vaping product use
- Unintended pregnancy among Non-Hispanic Black women and Hispanic women

Emerging issues also include:

- Sexually Transmitted Infections including chlamydia, syphilis, and HIV
- Opioid burden, including hospitalizations, overdoses and deaths
- Youth reported electronic vaping product use
- Prediabetes among adults.

As mentioned above, the Orange County Department of Health participated in the Mid-Hudson Regional Community Health Survey to collect data on 850 residents to best understand the needs of the community. Key findings of this survey include:

- 81% of Orange County respondents (93% of respondents with <\$25K yearly income), reported that accessible and convenient transportation was very important or somewhat important to them
- 80% of Orange County respondents (91% of respondents with <\$25K yearly income), reported that people may have a hard time finding a quality place to live due to the high cost of living
- 39% of Orange County respondents living in rural areas reported that places in Orange County did not feel safe vs. 54% of Orange County respondents living in urban zip codes
- 27% of Orange County respondents with <\$25K yearly income reported experiencing a mental health condition or substance or alcohol use disorder compared to 14% of total Orange County respondents
- 28% of Orange County respondents with <\$25K yearly income reported that in the past 12 months, they or any other member of their household has been unable to get food compared to 11% of total Orange County respondents
- 35% of Orange County respondents with <\$25K yearly income reported that in the past 12 months, they or any other member of their household has been unable to get medicine In addition to what was revealed in the Mid-Hudson Community Health Survey the Provider Focus Group's also indicated that the Top three issues that impact health in Orange County were:

Special considerations include that a further drill down of the data is not yet available. The overall results of the assessment mask some of the disparities that exist in the urban and rural communities within Orange County and specifically the City of Newburgh. SUNY Albany has partnered with the Orange County Department of Health to provide zip code level data based on the findings of the community health surveys, but this breakdown will not be available until March of 2020. This has created a barrier in MSLC's ability to further analyze the results specific to the hospital's Primary Service Area. MSLC has been in discussion with the Orange County Department of Health to discuss specific areas of concern and focus for the 2019-2021 Community Health Improvement plan, specifically relating to the high rates of Chlamydia, Syphilis and Gonorrhea in Orange county in 2018. Additionally, food security is a severe issue in MSLC's Primary Service area, with only 12% of residents indicating that they are able to access affordable food that is healthy and nutritious. These will be key areas of focus in MSLC's Community Service Plan Workplan.

Implementation Strategy Report:

The New York State Prevention Agenda Health Improvement Plan for 2019 established five Prevention Agenda Priority areas:

- Prevent chronic diseases
- Promote a healthy and safe environment
- Promote healthy women, infants and children
- Promote well-being and prevent mental substance use disorders
- Prevent communicable diseases

The Orange County Department of Health has selected the following two priority areas, and as a result of the collaboration that exists between the Orange County Department of Health, Montefiore St. Luke's Cornwall and several other community partners, MSLC has also selected the same Priority Areas.

1. **Prevent Chronic Disease**
2. **Prevent Communicable Disease**

Service Area for Community Health Assessment and Community Health Improvement Plan:

Orange County

Participating Local Health Department: Orange County Department of Health

Participating Hospitals: Bon Secours Community Hospital, Montefiore St. Luke's Hospital, Orange Regional Medical Center, and St. Anthony Community Hospital

Orange County Department of Health:

Jackie Lawler, Epidemiologist

845.615.3884

jlawler@orangecountygov.com

Bon Secours Community Hospital and St. Anthony Community Hospital:

Barbara Demundo, System Director, Community Engagement

845.368.5545

Barbara_Demundo@bshsi.org

Montefiore St. Luke's Cornwall:

Kate Dabroski, Vice President, Marketing, Public and Community Relations

845.784.3850

kdabroski@montefioreslc.org

Orange Regional Medical Center:

Amanda Langseder, Director of Community Health

845.794.3300 ext. 2187

alangseder@ghvhs.org

The significant needs to be addressed by Montefiore St. Luke's Cornwall, focusing on Orange County and specifically the hospital's Primary Service Area inclusive of the City of Newburgh are broken down in the following:

Prevent Chronic Disease: Montefiore St. Luke's Cornwall will focus on preventative care and management with an effort to promote evidenced based care to prevent and manage chronic diseases including Cardiovascular Disease, COPD, Diabetes and Prediabetes as well as Asthma. The MSLC team already has many systems in place to address these areas. Additionally, MSLC will work to increase food security in Orange County by improving screening methods to identify patients with food insecurity, and further enhance the resources available within the hospital and amongst our community partners to connect the populations we serve with more available healthier food sources. Another focus area will be increasing cancer screening rates.

Prevent Communicable Disease: Montefiore St. Luke's Cornwall will be working with community partners to reduce the annual rate of growth for Sexually Transmitted Infections. There has been a significant increase in STIs in Orange county and MSLC has seen this increase first hand in both the presentations to the Emergency Department as well as the Labor and Delivery Unit.

Significant Needs Not Addressed:

Promote Healthy Women Infants and Children:

- The City of Newburgh also has higher than Orange County average rates for premature births, 10.5% as compared to the goal of 8.4% and a baseline of 9.5% from 2013-2015.
- The rates of teen pregnancy in Newburgh are twice the County average at 53.7 per 1,000 families. Alternate Resources: Montefiore St. Luke's Cornwall has put into place several initiatives in its Birthing Center to work with patients from the beginning of their pregnancy and post-partum.

Explanation of Rationale: While this is not a priority area of Montefiore St. Luke's Cornwall for the 2019-2021 Community Service Plan, many systems are already in place in this regard.

- In 2018, an OB Patient Navigator was added to the MSLC Birthing Center Staff. Local OB offices in the community provide MSLC with patient lists of those due three to four months ahead of presentation to hospital. The Navigator makes outreach to these patients and offers tours of the facility.
- In addition, prenatal education and breastfeeding classes are offered and the course size has increased from one to three couples to approximately 10 couples per course in 2018.
- In 2019, a Patient Navigator was hired to connect patients who struggle with substance abuse or opioid addiction with the appropriate community resources. This position is grant funded through the Dyson Foundation through September 2020.

Promote a Healthy and Safe Environment:

Access to Supermarket or Grocery Stores:

- Limited access to supermarkets or other sources of healthy and affordable food may make it harder to eat a healthy diet
- Defined as a low-income census tract with at least 500 people, or 33 percent of the population, living more than 1 mile (urban areas) or more than 10 miles (rural areas) from the nearest supermarket, supercenter, or large grocery store
- Orange County has a higher percentage of residents fitting the criteria outlined above than the Hudson Valley Rate and NYS overall

Explanation of Rationale: Montefiore St. Luke's Cornwall is indirectly addressing this in the realm of working to increase food security in the community we serve. By working with the community to enhance the availability of healthy food options, this may ultimately impact this disparity.

Lead Screenings:

- No safe blood lead level in children has been identified and lead exposure can affect nearly every system in the body
- Lead exposure often occurs with no obvious symptoms and often goes unrecognized
- Two lead screenings by 2 years of age should be part of routine pediatric care
- Orange County is only testing approximately half of all children (53.4%) that need to be tested which is worse than the HV and NYS percentages of 61.6% and 62.8% respectively

Explanation of Rationale: This is not an area of focus at Montefiore St. Luke's Cornwall however community-based pediatricians perform lead screenings in MSLC's Primary Service Area.

Promote well-being and prevent mental substance use disorders

- Orange county has one of the highest burdens attributed to opioids in the Hudson Valley. Orange county also has one of the highest rates in the Hudson Valley for persons in treatment programs for any opioid use including heroin and is just above the NYS State Average.

Explanation of Rationale: While this may not be addressed in MSLC's three-year Community Health Improvement/Community Service Plan, this remains a top focus throughout the hospital and Orange county as a whole. At the June 4, 2019 Community Health Summit, Orange County Commissioner of Mental Health, Darcie Miller stated that there are already a large variety of resources invested in addressing the opioid epidemic and our collective efforts for the identification of Priority areas and Community Service Plan would be best geared in other directions. Additionally, In 2019, MSLC launched the first Medication Assisted Treatment Program, within the walls of the hospital, engaging patients when they first arrive and working to get them connected to the proper community resources.

Thank you for allowing us the opportunity to share the Health Needs Assessment of the Mid-Hudson Region of New York, and specifically the Community that Montefiore St. Luke's Cornwall is proud to serve.

APPENDIX A

REGIONAL COMMUNITY HEALTH ASSESSMENT SURVEY

Hello, this is _____ for the Siena College Research Institute. We are working with local health departments and hospital systems to survey Hudson Valley residents to better understand the health status and health-related values of people who live in the community.

IF NEEDED:

You've been selected at random to be included in this survey. Your individual responses are confidential and no identifiable information about you will be shared with anyone—all responses are grouped together. The questions I am going to ask you to relate to your health and to your thoughts about health-related resources in your community. Again, your responses may really help to strengthen health policies and services.

IF NEEDED:

In total, the survey takes approximately _____ minutes to complete and you may refuse to answer any question that you do not want to answer. Are you able to help us with this important project? (NOW IS ALSO A TIME TO OFFER A CALL BACK AT A SPECIFIC, REQUESTED TIME AND PHONE NUMBER)

1. Overall, would you say that the quality of life in your community is excellent, good, fair or poor?

- A. Excellent
- B. Good
- C. Fair
- D. Poor

2. What State do you live in? [If not NY or CT, terminate]

3. What County do you live in? [If not Dutchess, Orange, Rockland, Putnam, Sullivan, Ulster Westchester or Litchfield CT (?), terminate]

4. What is your zip code? _____

5. How long have you lived in _____ County?

- a. Less than 1 year
- b. 1-5 years
- c. More than 5 years

6. I'm going to read you a series of statements that some people make about the area around where they live, that is, their community. For each, tell me if that statement is completely true of your community, somewhat true, not very true or not at all true for your community.

- A. There are enough jobs that pay a living wage.
- B. Most people are able to access affordable food that is healthy and nutritious.
- C. People may have a hard time finding a quality place to live due to the high cost of housing.
- D. Parents struggle to find affordable, high-quality childcare.
- E. There are sufficient, quality mental health providers.
- F. Local government and/or local health departments, do a good job keeping citizens aware of potential public health threats.
- G. There are places in this community where people just don't feel safe.
- H. People can get to where they need using public transportation.

7. How important is it to you that the community where you live have the following?

- A. Accessible and convenient public transportation
- B. Affordable public transportation
- C. Well-maintained public transportation vehicles
- D. Safe public transportation stops or waiting areas
- E. Special transportation services for people with disabilities or older adults

8. Overall, how would you rate the community you live in as a place for people to live as they age?

- A. Excellent
- B. Good
- C. Fair
- D. Poor
- E. I don't know

9. For each of the following aspect of life, please rate it as excellent, good, fair, or poor in your community. Please let me know if you simply do not know enough to say.

- A. The availability of social/civic programs for seniors
- B. The quality of health care services for seniors
- C. The availability of programs and activities for youth outside school hours
- D. The quality of information from county agencies during public emergencies, such as weather events or disease outbreaks

10. In general, how would you rate your health? Would you say that your health is excellent, good, fair or poor?

- A. Excellent
- B. Good
- C. Fair
- D. Poor

11. Have you ever been told by a doctor or other health professional that you have any chronic health condition, such as high blood pressure, diabetes, high cholesterol, asthma or arthritis?

- A. Yes
- B. No

12. If YES to 11--How confident are you that you can manage your physical health condition?

- A. Very Confident
- B. Somewhat Confident
- C. Not Very Confident
- D. Not at all confident

13. Mental health involves emotional, psychological and social wellbeing. How would you rate your overall mental health? Would you say that your mental health is excellent, good, fair or poor?

AS NEEDED: This includes things like hopefulness, level of anxiety and depression.

- A. Excellent
- B. Good
- C. Fair
- D. Poor

14. Have you ever experienced a mental health condition or substance or alcohol use disorder?

- A. Yes

B. No

15. If YES to 14--How confident are you that you can manage your mental health condition?

- A. Very Confident
- B. Somewhat Confident
- C. Not Very Confident
- D. Not at all confident

16. Thinking back over the past 12 months, for each of the following statements I read, tell me how many days in an AVERAGE WEEK you did each. Over the past 12 months how many days in an average week did you... (responses are 0 days, 1-3 days, 4-6 days or all 7 days)

- A. Ate a balanced, healthy diet
- B. Exercised for 30 minutes or more a day
- C. Got 7-9 hours of sleep in a night

17. On an average day, how stressed do you feel?

AS NEEDED: Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled.

- A. Not at all stressed
- B. Not very stressed
- C. Somewhat stressed
- D. Very stressed

18. In your everyday life, how often do you feel that you have quality encounters with friends, family, and neighbors that make you feel that people care about you? (IF NEEDED: For example, talking to friends on the phone, visiting friends or family, going to church or club meetings)

- A. Less than once a week
- B. 1-2 times a week
- C. 3-5 times a week
- D. More than 5 times a week

19. Have you smoked at least 100 cigarettes in your entire life?

- A. Yes
- B. No

20. If YES to 19, do you now smoke cigarettes every day, some days, or not at all?

- A. Everyday
- B. Some days
- C. Not at all

21. Pertaining to alcohol consumption, one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the last 30 days, on the days when you drank, about how many drinks did you drink on average? [If respondent gives a range, ask for one whole number. Their best estimate is fine. If they do not drink, enter 0.]

_____ drinks

22. [If Q21>0] Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [5 for men, 4 for women]** or more drinks on an occasion?

- A. _____ number of times
- B. None

23. How frequently in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?

- A. Never
- B. Less than once per month
- C. More than once per month, but less than weekly
- D. More than once per week, but less than daily
- E. Daily

24. In the past 12 months, have you or any other member of your household been unable to get any of the following when it was really needed? Please answer yes or no for each item.

- A. Food
- B. Utilities, including heat and electric
- C. Medicine
- D. Any health care, including dental or vision
- E. Phone
- F. Transportation
- G. Housing
- H. Childcare

25. Have you visited a primary care physician for a routine physical or checkup within the last 12 months?

- A. Yes
- B. No

26. If NO to question 25, in the last 12 months, were any of the following reasons that you did not visit a primary care provider for a routine physical or checkup? (SELECT ALL THAT APPLY)

- A. I did not have insurance
- B. I did not have enough money (prompt if needed: for things like co-payments, medications, etc)
- C. I did not have transportation
- D. I did not have time
- E. I chose not to go
- F. Other _____

27. Have you visited a dentist for a routine check-up or cleaning within the last 12 months?

- A. Yes
- B. No

If NO to question 27, in the last 12 months, were any of the following reasons that you did not visit a dentist for a routine check-up or cleaning? (SELECT ALL THAT APPLY)

- A. I did not have insurance
- B. I did not have enough money (prompt if needed: for things like co-payments, medications, etc)
- C. I did not have transportation
- D. I did not have time
- E. I chose not to go
- F. Other _____

Sometimes people visit the emergency room for medical conditions or illnesses that are not emergencies; that is, for health-related issues that may be treatable in a doctor's office.

28. Have you visited an emergency room for a medical issue that was not an *emergency* in the last 12 months?

- A. Yes

B. No

29. If YES to question 28, in the last 12 months, for which of the following reasons did you visit the emergency room for a non-health emergency rather than a doctor's office? (SELECT THE BEST (1) OPTION)

- A. I do not have a regular doctor/primary care doctor
- B. The emergency room was more convenient because of the location
- C. The emergency room was more convenient because of the cost
- D. The emergency room was more convenient because of the hours of operation
- E. At the time I thought it was a health-related *emergency*, though I later learned it was **NOT** an emergency

If yes to 13 (behavioral health condition)

30. Have you visited a mental health provider, such as a psychiatrist, psychologist, social worker, therapist for 1-on-1 appointments or group-sessions, etc. within the last 12 months?

- A. Yes
- B. No

31. If NO to question 30, in the last 12 months, were any of the following reasons that you did not visit a mental health provider? (SELECT ALL THAT APPLY)

- A. I did not have insurance
- B. I did not have enough money (prompt if needed: for things like co-payments, medications, etc)
- C. I did not have transportation
- D. I did not have time
- E. I chose not to go
- F. Other _____

32. How likely would you be to participate in the following types of programs aimed at improving your health? Would you be very likely, somewhat likely, not very likely or not at all likely?

- A. A mobile app based program on your smart phone
- B. An in person, one-on-one program
- C. An in person, group program
- D. An online, computer based, one-on-one program
- E. An online, computer based, group program

We are just about finished. These last few questions are about you.

33. Are you Hispanic?

- A. Yes
- B. No

34. What is your race?

- A. White
- B. Black
- C. Asian
- D. Other

35. Do you have health insurance?

- a. Yes
- b. No

36. What is your source of health insurance?

- a. Employer
- b. Spouse/Partner's employer
- c. NYS Health Insurance marketplace/Obamacare
- d. Medicaid
- e. Medicare
- f. None
- g. Other

37. What is your living arrangement? Do you...

- A. Rent an apartment or home
- B. Own your own
- C. Other living arrangement

38. What is your employment status?

- A. Employed full time
- B. Employed part-time
- C. Unemployed, looking for work
- D. Unemployed, not looking for work
- E. Retired

39. Are there children <18 living in your household?

- A. Yes
- B. No

40. Are you or anyone in your household a veteran or a member of active duty military service?

- A. Yes
- B. No

41. Do you or anyone in your household have a disability?

- A. Yes
- B. No

42. About how much is your total household income, before any taxes? Include your own income, as well as your spouse or partner, or any other income you may receive, such as through government benefit programs. (READ THE FOLLOWING OPTIONS)

- A. Less than \$25,000
- B. \$25,000 to \$49,999
- C. \$50,000 to \$99,999
- D. \$100,000 to \$149,999
- E. \$150,000 or more

43. What is your gender?

- A. Male
- B. Female
- C. Transgender/other gender

APPENDIX B

Stakeholder Interview Form

1. Name _____
2. Organization _____
3. Organization Website _____
4. Position _____

5. What is your service area?

- On website

6. Who do you serve? Please check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Infants and toddlers | <input type="checkbox"/> Those with a substance use disorder |
| <input type="checkbox"/> Children | <input type="checkbox"/> Those with a mental health diagnosis |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Adults | <input type="checkbox"/> People experiencing homelessness |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Incarcerated or recently incarcerated |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> Low income |
| <input type="checkbox"/> English as a second language | <input type="checkbox"/> General population |
| <input type="checkbox"/> Women (services specifically for women) | <input type="checkbox"/> All the above |
| <input type="checkbox"/> Men (services specifically for men) | |
| <input type="checkbox"/> LGBTQ | |

7. Thinking about the populations that you serve, what are the top 3 issues that affect health in the communities you serve?

- Access to affordable nutritious food
- Access to affordable, decent and safe housing
- Access to affordable, reliable transportation
- Access to affordable, reliable public transportation
- Access to culturally sensitive health care providers
- Access to affordable health insurances
- Access to clean water and non-polluted air
- Access to medical providers
- Access to mental health providers
- Access to high quality education
- Access to specialty services/providers

8. Which of the following are the top 3 barriers to people achieving better health in the communities you serve?

- Knowledge of existing resources
- Geographic location – living in an urban area
- Geographic location – living in a rural area
- Health literacy
- Having someone help them understand insurance
- Having someone to help them understand their medical condition
- Having a safe place to play and/or exercise
- Quality of education
- Attainment of education
- Drug and/or alcohol use
- Cultural Customs
- Other (specify) _____

9. Besides lack of money, what are the underlying factors and barriers to solving the top 3 issues you identified in the communities you serve?

10. What evidence-based interventions (if any) do you use that target your populations to address the social determinants of health?

11. As we go through the following list of health issues, please rate from 1 to 5 the impact of the health issues in your service area with 1 being very little and 5 being highly impacted.

Chronic Disease (e.g. heart disease, diabetes, asthma, obesity, cancer, etc.)

(Very Little) 1 2 3 4 5 (Highly Impacted)

Health Disparities

(Very Little) 1 2 3 4 5 (Highly Impacted)

Mental Health and Substance Use Issues

(Very Little) 1 2 3 4 5 (Highly Impacted)

Maternal and Child Health issues

(Very Little) 1 2 3 4 5 (Highly Impacted)

Environmental Factors (e.g. built environment, air/water quality, injuries, falls, food safety)

(Very Little) 1 2 3 4 5 (Highly Impacted)

Prevent Communicable diseases (e.g. sexually transmitted infections, hepatitis C, HIV, vaccine preventable disease, hospital acquired infections, etc.)

(Very Little) 1 2 3 4 5 (Highly Impacted)