2025-2027 Community Health Needs Assessment

Montefiore | St. Luke's Cornwall

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Individual Plan, developed in partnership with Montefiore Health System and the Orange County Department of Health.

Table of Contents

Contents

Executive Summary

Montefiore St. Luke's Cornwall (MSLC) is a 242-bed acute care hospital, with a geographic coverage area that spans across Orange, Ulster and Dutchess Counties. Montefiore St. Luke's Cornwall is located in Orange County New York, with main campuses in Cornwall (12518) and Newburgh (12550), with outpatient sites in the Town of Newburgh, Fishkill and Goshen, NY.

MSLC is a member of Montefiore Einstein, which includes thirteen member hospitals, more than 300 ambulatory sites, and 7.5 million patient encounters per year across New York City, Westchester County and the Hudson Valley.

MSLC is a genuine safety net provider and disproportionate share hospital (DSH) in an urban Health Professionals Shortage Area (HPSA), providing essential healthcare services to roughly 210,000 patients living in the Hudson Valley region each year. MSLC is the only hospital serving residents in Eastern Orange County, with a medically underserved patient population that is mostly Medicaid, Medicare, or uninsured.

MSLC's Newburgh campus is located in the heart of the city of Newburgh, serving a patient base in a Medically Underserved Area, deeming the hospital as a Vital Access and Safety Net Provider.

This campus is MSLC's Inpatient Hospital, encompassing a Level III Trauma Center, Level II Neonatal Intensive Care Unit, Cardiac Catheterization Unit and Interventional Radiology, Birthing Center, along with general medical/surgical units.

MSLC's Cornwall campus has transformed into an entirely outpatient center, with services aimed at meeting the healthcare needs of the communities it serves, inclusive of The Littman Cancer Center including Radiation Oncology and an infusion suite, Primary and specialty care within The Medical Group at MSLC, Imaging, Outpatient Laboratory Services, Rehabilitative Medicine, Sleep Medicine, Vascular Services and Wound Care.

The **Montefiore St. Luke's Cornwall 2025-2027 Community Health Needs Assessment** has been compiled utilizing data that derived from the following sources:

- **2025 Greater New York Hospital Association Community Health Survey-** Distributed throughout the spring of 2025 with 976 responses from residents within Orange County
- **2025 Orange County Department of Health Community Partner Survey-** Conducted from May to July 2025 with 170 Responses
- **2025 Orange County Department of Health Community Asset Survey-** conducted from April 25 through September 4, 2025. More than 800 residents completed this survey.

- **2024 Orange County Department of Health Community Survey-** conducted with Siena Research Institute to obtain data from residents within Orange County ages 18 and over. 900 weighted responses
- **US Census Bureau Data**
- **Draft Mid-Hudson Regional Community Health Needs Assessment –** Developed in the fall of 2025, reviewing a multitude of data resources and comparing regional data by county to state averages

Additionally, each of the above data sources were compared to MSLC's inpatient discharge data from January 1, 2024 through September 30, 2025.

Throughout the 2025 Community Health Needs Assessment planning process, MSLC has worked to define health disparities, and address each of those disparities accordingly to improve overall health and access to care for its patients. MSLC's role throughout this process included distribution and promotion of several community surveys at a variety of outreach events, through the use of email communication, social media and discussions with community providers.

Montefiore St. Luke's Cornwall partnered with the Orange County Department of Health, and our partners within Montefiore Health System on the development of the **2025-2030 Community Health Needs Assessment**. This document has been created as part of a collaborative effort to identify and address Social Determinants of Health and specifically health disparities through the establishment of several prevention agenda priorities with defined objectives and interventions.

Throughout the next five years, MSLC will work with community partners both within Orange County, throughout Montefiore Health System, and the local health department to implement the 2025-2030 Community Service Plan and the finalized Community Health Improvement Plan (*this document will be submitted by June of 2026). All efforts will be put forth both within the walls of the hospital and through a variety of outreach efforts spanning across MSLC's community. Data will be reported on a quarterly basis and the annual Community Service Plan update submitted to the NYSDOH each December,

Prevention Agenda Priorities, Interventions and Strategies, Progress and Evaluation

For the 2025-2030 Community Assessment and Community Service Plan, Montefiore St. Luke's Cornwall will address the following Prevention Agenda Priorities.

Domain 1: Economic Stability

Priority: Poverty

Poverty remains a significant driver of poor health outcomes in MSLC's service area, with 13.6% of residents living below the federal poverty level. Rates are substantially higher within specific census tracts in the City of Newburgh, where many individuals experience compounded socioeconomic challenges including food insecurity, unemployment, unstable housing, limited access to reliable transportation, and reduced opportunities for health-promoting activities. These factors directly influence chronic disease prevalence, mental health distress, preventable hospitalizations, and overall life expectancy.

Recognizing the strong relationship between poverty and health, MSLC has identified reducing the percentage of people living in poverty from 13.6% to 12.5% as a core priority for the 2025–2027 CHNA cycle. Achieving this objective requires a systematic approach to identifying unmet social needs and ensuring patients are linked to the appropriate community support that can address the root causes of economic hardship.

To strengthen this work, MSLC will transition to the federal Accountable Health Communities (AHC) standardized screening tool, a validated assessment designed to capture key Health-Related Social Needs (HRSNs) associated with poverty, income instability, unemployment, housing insecurity, food access, transportation barriers, and utility shutoff risks. Implementing this tool—and improving screening rates across inpatient and outpatient settings—will enable MSLC to more accurately identify individuals at risk and connect them to essential community resources, such as employment support programs, financial counseling, housing assistance, SNAP/WIC enrollment, transportation services, and utility relief programs.

Regular and comprehensive screening for SDOH factors, combined with robust referral pathways and partnerships with Social Care Networks (SCNs) and community-based organizations, will help reduce barriers to economic stability and support patients in achieving improved long-term socioeconomic outcomes. By strengthening navigation processes, closing referral loops, and integrating social needs data into care planning, MSLC aims to reduce the burden of poverty while enhancing the overall well-being of the populations it serves.

SMART(IE) Objective Reduce the Percentage of People Living in poverty from 13.6% to 12.5%
Intervention: Conduct regular screening of patients at the hospital for SDOH factors like income and unemployment
**Aligning with the NYSDOH to be able to provide additional screening rates with our data.*

SMART(IE) Objectives:					
1.0 Reduce the percentage of people living in poverty from 13.6% to 12.5%. 1.1 Reduce the percentage of people aged 65 years and older living in poverty from 12.2% to 11%.					
Desired Outcome	**Indicator**	**Data Source**	**Population**	**Baseline**	**Target**
Reduce the number of people living in poverty in NYS	Percentage of people living in poverty	ACS (American Community Survey)	Individuals and families living below the federal poverty threshold	13.6% (2018-2022)	12.5% (2030)
			Subpopulation of Focus	**Baseline**	**Target**
			Adults aged 65 years and older	12.2% (2018-2022)	11% (2030)

Intervention	***Population of Focus***	***Age Range***	***Intermediate Measures***
Implement standardized Health-Related Social Needs (HRSN) screening using the federal Accountable Health Communities (AHC) tool to identify patient social needs and ensure referrals and navigation to appropriate services through the Social Care Networks (SCNs)	Medicaid Members	Age 18+	Standardized HRSN screening tool is implemented.
Conduct regular screening of patients at the hospital for SDOH factors like income and unemployment.23,42-44	Hospital patients	Ages 18+	Number of patients screened for SDOH at the hospital.

Domain 2: Social & Community context

Priority: Anxiety and Stress

Frequent mental distress remains a significant and growing concern among adults in MSLC's service area, directly influencing both behavioral health outcomes and overall well-being. Current population health data show that 13.4% of adults report experiencing frequent mental distress, defined as poor mental health for 14 or more days in the past month. This percentage is higher than target benchmarks and reflects a trend that has not improved in recent years. Contributing factors include socioeconomic stressors, housing instability, exposure to trauma, financial insecurity, limited access to mental health providers, and the lingering social impacts of the COVID-19 pandemic.

Community stakeholders consistently identified stress, anxiety, depression, and difficulty accessing behavioral health services as major barriers to health and quality of life. These factors are strongly linked to increased emergency department utilization, higher rates of substance misuse, and elevated risk for overdose and self-harm. Rising mental distress also contributes to poor chronic disease management, sleep disturbances, diminished productivity, and weakened social connectedness—particularly in high-need neighborhoods such as the City of Newburgh, where social determinants of health disproportionately affect residents.

Given the direct relationship between mental distress, substance use, and preventable morbidity and mortality, focusing on this domain is essential. Enhancing early identification, increasing access to supportive resources, integrating mental health screenings, and expanding referral pathways to counseling, crisis services, and social care supports are necessary to reduce the burden of mental distress. Strengthening MSLC's partnerships with community-based organizations, implementing evidence-based stress-reduction and resilience initiatives, and developing patient-centered navigation for behavioral health treatment will further ensure that individuals receive timely interventions before symptoms escalate.

By targeting this priority area and investing in additional supports to help patients manage stress and anxiety, MSLC aims to reduce the percentage of adults experiencing frequent mental distress from 13.4% to 12.0%, ultimately improving overall community well-being and reducing downstream impacts associated with substance misuse and overdose.

SMART(IE) Objective: Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%.

SMART(IE) Objective:					
5.0 Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%. 5.1 Decrease the percentage of adults in households with an annual income of less than $25,000 who experience frequent mental distress from 21.0% to 18.9%.					
Desired Outcome	**Indicator**	**Data Source**	**Population**	**Baseline**	**Target**
Reduce the prevalence of anxiety and stress	Percentage of adults experiencing frequent mental distress during the past month, age-adjusted, aged 18 years and older	BRFSS	Adults	13.4% (2021)	12.0% (2030)
			Subpopulation of Focus	**Baseline**	**Target**
			Adults with household income less than $25,000	21.0% (2021)	18.9% (2030)

Intervention:

Intervention	***Population of Focus***	***Age Range***	***Intermediate Measures***
Promote & Increase awareness of evidence-based mindfulness resources to reduce the negative impact of stress and trauma	Patient treated in the Emergency Department and Inpatient units	All ages	Number of flyers distributed Number of Website visits

Domain 3: Health Care Access and Quality
Priority: Preventative Services for Chronic Disease Prevention and Control
Chronic diseases—including heart disease, cancer, diabetes, hypertension, and chronic respiratory diseases—remain leading causes of morbidity and mortality in MSLC's service area. Sub-county data show disproportionate burden within the City of Newburgh, where poverty rates, food insecurity, and barriers to primary care are highest.
Key indicators demonstrate:

- Higher-than-state average premature death from cancer and heart disease
- Persistent adult obesity and poor nutrition metrics
- Elevated rates of diabetes-related hospitalizations
- Increasing mental health–related chronic disease interactions, including substance-use–related complications
- Inequities concentrated in communities of color and low-income neighborhoods

These findings underscore the need for expanded preventive services, community-based chronic disease management, nutrition and physical activity supports, and culturally responsive outreach.

SMART(IE) Objective:

- 33.0 Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 73.7% to 82.3%.
- 33.1 Increase the percentage of adults aged 45 to 54 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 55.8% to 63.4%.

SMART(IE) Objective:					
33.0 Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 73.7% to 82.3%. **33.1** Increase the percentage of adults aged 45 to 54 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 55.8% to 63.4%.					
Desired Outcome	**Indicator**	**Data Source**	**Population**	**Baseline**	**Target**
Increase the percentage of adults aged 45-75 years who receive a colorectal cancer screening based on the most recent guidelines	Cancer Screening (percentage of adults who receive colorectal cancer screening)	BRFSS	Adults aged 45-75 years	73.7% (2023)	82.3% (2030)
			Subpopulation of Focus	**Baseline**	**Target**
			Adults aged 45-54 years	55.8% (2023)	63.4% (2030)

Intervention:

Intervention	**Population of Focus**	**Age Range**	**Intermediate Measures**
Partner with Community-Based organizations to promote access to prevention and screening services.	Adults	Ages 18+	Number of prevention and screening events held

These areas of focus were selected in coordination with the Orange County Department of Health, as well as our partners throughout Montefiore Health System.

Data Review:

In MSLC's **2022-2024 Community Health Needs Assessment**, the prevention agenda priority areas included the following:

- Prevent Chronic Disease
- Promote Well-Being and Prevent Mental Health and Substance Use Disorders

These two priorities will remain an area of focus throughout MSLC's ***2025-2027 Community Health Needs Assessment***, ***Community Service Plan*** and the soon to be finalized ***Community Health Improvement Plan***. Data sources show that these areas remain of concern.

Notably, looking across all data points in comparison to the prior CHNA, the Orange County Department of Health summarized the following, which MSLC is using a guide on the path forward to best address the community health needs of those organization serves.

Which health metrics contribute MOST to mortality each year?

Top Contributors to Overall Mortality

- **Heart Disease** – the leading cause of death
- **Cancer** – the second leading cause of death
- **Unintentional Injuries (Accidents)** – including overdoses, falls, and motor vehicle crashes
- **COVID-19** – still a top contributor in 2022
- **Chronic Lower Respiratory Diseases** – such as COPD

Top Contributors to Premature Mortality (Deaths Before Age 75)

- **Cancer** – the leading cause of early death
- **Heart Disease**
- **Unintentional Injuries** – heavily influenced by overdose deaths
- **COVID-19**
- **Diabetes**

Which health metrics are getting WORSE?

- Premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics
- Premature deaths (before age 65 years), difference in percentages between Hispanics and White non-Hispanics
- Percentage of population in poverty
- Percentage of children aged <18 years below poverty

- Percent of labor force unemployed
- Percentage of adults with obesity
- Percentage of children and adolescents with obesity
- Food insecurity rate
- Percentage of cigarette smoking among adults with income less than $25,000
- Percentage of women aged 50-74 years receiving breast cancer screening based on recent guidelines
- Asthma emergency department visits, rate per 10,000, aged 0-17 years
- Age-Adjusted Cirrhosis mortality rate per 100,000
- Assault-related hospitalizations, rate per 10,000 population
- Assault-related hospitalizations, ratio of rates between Black non-Hispanics and White non-Hispanics
- Assault-related hospitalizations, ratio of rates between Hispanics and White non-Hispanics
- Alcohol related motor vehicle injuries and deaths per 100,000
- Percentage of births with late (initiated during third trimester) or no prenatal care
- Child and adolescent mortality rate per 100,000 population aged 10-19 years
- Neonatal deaths rate per 1,000 live births

Implications

- These worsening trends highlight growing social and behavioral health needs in the region.
- They support prioritizing interventions in poverty, mental health/substance use, obesity/chronic disease prevention, and social determinants of health.
- They confirm that focusing on screening (for social needs, SDOH) and navigation/referral (to community resources) aligns with current community health burden.

Which health metrics are getting BETTER?

- Percentage of deaths that are premature (before age 65 years)
- Age-adjusted percentage of adults who have a regular health care provider
- Percentage of adults who participate in leisure-time physical activity
- Age-adjusted heart attack mortality rate per 100,000
- Asthma hospitalization rate per 10,000, aged 0-4 years
- Age-adjusted asthma hospitalization rate per 10,000
- Age-adjusted chronic lower respiratory disease hospitalization rate per 10,000

- Age-adjusted all cancer mortality rate per 100,000
- Age-adjusted female breast cancer mortality rate per 100,000
- Age-adjusted colon and rectum cancer mortality rate per 100,000
- Opioid deaths crude rate per 100,000
- Suicide mortality among youth, rate per 100,000, aged 15-19 years
- Age-adjusted self-inflicted injury hospitalization rate per 10,000
- Driving While Intoxicated (DWI) Arrests- Vehicle and Traffic Law Section 1192
- Age-adjusted homicide mortality rate per 100,000
- Percentage of people who commute to work using alternate modes of transportation (e.g., public transportation, carpool, bike/walk) or who telecommute
- Incidence of confirmed high blood lead level (10 micrograms or higher per deciliter) - rate per 1,000 tested children aged <72 months

Where is Orange County FALLING BEHIND the New York State indicators?

- Percentage of deaths that are premature (before age 65 years)
- Percentage of premature deaths (< 75 years)
- Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000
- Percentage of children aged <18 years below poverty
- Age-adjusted percentage of adults who did not receive medical care because of cost
- Percentage of renter occupied units in which gross rent is 30% or more of household income
- Percentage of adults with obesity
- Percentage of women aged 50-74 years receiving breast cancer screening based on recent guidelines
- Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines, aged 50-64 years
- Age-adjusted percentage of adults diagnosed with prediabetes
- Age-adjusted cardiovascular disease hospitalization rate per 10,000
- Age-adjusted cerebrovascular disease (stroke) hospitalization rate per 10,000
- Asthma emergency department visits, rate per 10,000, aged 0-17 years
- Age-adjusted asthma hospitalization rate per 10,000
- Age-adjusted chronic lower respiratory disease hospitalization rate per 10,000
- Age-adjusted all cancer mortality rate per 100,000
- Age-adjusted female breast cancer mortality rate per 100,000
- Age-adjusted colon and rectum cancer mortality rate per 100,000
- Age-adjusted lung and bronchus cancer incidence rate per 100,000

- Age-adjusted chronic kidney disease emergency department visit rate per 10,000 (any diagnosis)
- Overdose deaths involving any opioid, age-adjusted rate per 100,000 population
- Suicide mortality, age-adjusted rate per 100,000 population
- Alcohol related motor vehicle injuries and deaths per 100,000
- Driving While Intoxicated (DWI) Arrests- Vehicle and Traffic Law Section 1192
- Percentage of residents served by community water systems that have optimally fluoridated water
- Elevated blood lead levels (greater than or equal to 10 micrograms per deciliter) per 100,000 employed persons aged 16 years and older
- Percentage of 24-35-month old children with the 4:3:1:3:3:1:4 immunization series
- Percentage of 2-year-olds up to date on age-appropriate vaccines
- Early syphilis case rate per 100,000
- Age-adjusted primary and secondary syphilis case rate per 100,000 males
- Primary and secondary syphilis age-adjusted rate per 100,000 total
- Newly reported cases of Hepatitis C (chronic, acute, and perinatal cases) rate per 100,000, excluding cases in persons incarcerated in DOCCS facilities
- Percentage of HPV vaccination coverage among county girls and boys aged 13 years
- Percentage of births with early (1st trimester) prenatal care
- Percentage of births with adequate prenatal care
- Percentage of births with late (initiated during third trimester) or no prenatal care
- Teen birth rate per 1,000 females ages 15-19
- Percentage of births that are Medicaid or self-pay

Where are the DISPARITIES?

- Non-Hispanic Black and Hispanic residents experience higher rates than non-Hispanic White residents in many health indicators where data are available. Examples include:
    - Premature deaths (before age 75 years)
    - Unemployment
    - Lack of health insurance
    - Poverty
    - Food insecurity
    - Hospitalizations and mortality due to diabetes
    - Asthma hospitalizations
    - Premature and low birthweight births
    - Infant mortality

Additionally, non-Hispanic Black residents experience higher rates than other racial and ethnic groups in the following indicators:

- Total mortality and years of potential life lost
- Potentially preventable hospitalizations
- Unintentional injury mortality
- Hospitalizations and mortality due to heart disease
- Hospitalizations and mortality due to cerebrovascular disease (stroke)
- Chronic Lower Respiratory Disease (CLRD) hospitalizations
- Female breast cancer mortality
- Colorectal cancer mortality
- Prostate cancer incidence and mortality

Non-Hispanic Asian, Native Hawaiian, and other Pacific Islander residents experience higher rates compared to some other racial and ethnic groups in some health indicators, including:

- Premature death (before age 75 years)
- Uninsured
- Speak English less than very well
- Mortality due to cerebrovascular disease (stroke)
- Female Medicare enrollees (65-74 yrs) receiving annual mammography screening
- Premature and low birthweight births

Which New York State Prevention Agenda indicator goals are UNMET?

- Premature deaths (before age 65 years)
- Percentage of adults aged 18-64 years with health insurance
- Percentage of adults with obesity
- Percentage of children and adolescents with obesity
- Percentage of cigarette smoking among adults with income less than $25,000
- Suicide mortality, age-adjusted rate per 100,000 population
- Assault-related hospitalizations, ratio of rates between Black non-Hispanics and White non-Hispanics
- Percentage of people who commute to work using alternate modes of transportation (e.g., public transportation, carpool, bike/walk) or who telecommute
- Percentage of residents served by community water systems that have optimally fluoridated water
- Percentage of 24-35-month old children with the 4:3:1:3:3:1:4 immunization series

- Percentage of women with a preventive medical visit in the past year, aged 18-44 years
- Maternal mortality, rate per 100,000 live births
- Child and adolescent mortality rate per 100,000 population aged 10-19 years

Partners and Roles

In addition to the partners that MSLC worked with to conduct the survey and review process, the organization works collaboratively with a variety of community partners each year to ensure the strongest impact in the community possible. This is done through a variety of outreach efforts, as well as coordination with Montefiore St. Luke's Cornwall has a strong partnership with the Orange County Department of Health (OCDOH) to effectively determine and address the evolving health needs of the community.

Additionally, members of the MSLC team works collaboratively with colleagues throughout its parent company on the Montefiore Health System Community Health Improvement Collaborative, to ensure that as a health system, each individual entity is widely addressing the community health needs of the patients each serve, with a cohesive approach.

Community Health Assessment

Community Description

About Montefiore St. Luke's Cornwall

Montefiore St. Luke's Cornwall is a 242-bed acute care hospital, with a geographic coverage area that spans across Orange, Ulster and Dutchess Counties. Montefiore St. Luke's Cornwall is located in Orange County New York, with main campuses in Cornwall (12518) and Newburgh (12550), with outpatient sites in the Town of Newburgh, Fishkill and Goshen, NY. MSLC is a member of Montefiore Einstein, which includes thirteen member hospitals, more than 300 ambulatory sites, and 7.5 million patient encounters per year across New York City, Westchester County and the Hudson Valley.

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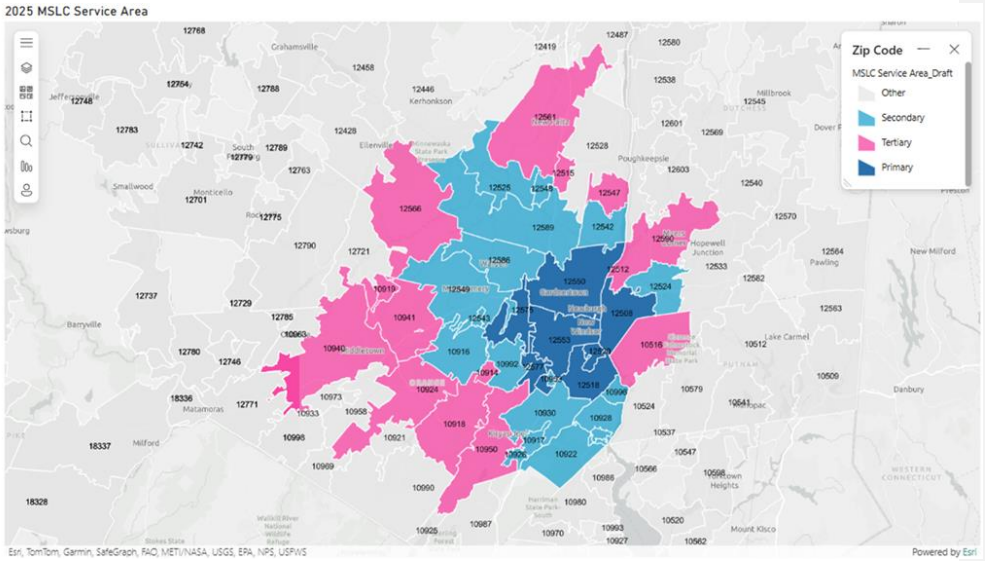
MSLC's Cornwall campus has transformed into an entirely outpatient center, with services aimed at meeting the healthcare needs of the communities it serves, inclusive of The Littman Cancer Center including Radiation Oncology and an infusion suite, Primary and specialty care within The Medical Group at MSLC, Imaging, Outpatient Laboratory Services, Rehabilitative Medicine, Sleep Medicine, Vascular Services and Wound Care.

Service Area

Montefiore St. Luke's Cornwall's Primary Service area is comprised of the following zip codes: 12550, 12553, 12518, 12520, 12577, 12575, 12508,10953. These zip codes span across Orange, Ulster and Dutchess County



The map highlights MSLC's service area, illustrating the hospital's reach across the Hudson Valley. The Primary Service Area—shown in dark blue—includes ZIP codes 12550, 12553,

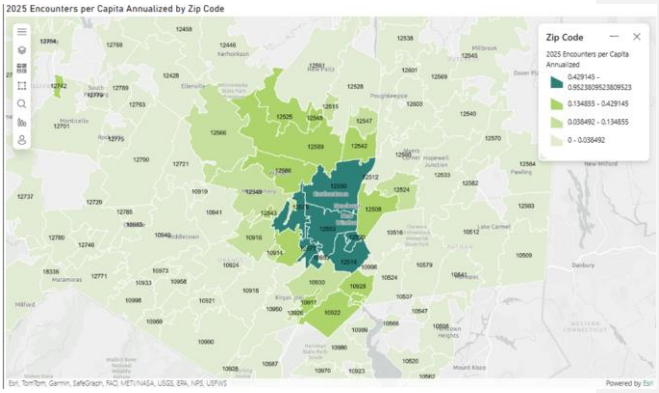
12518, 12520, 12577, 12575, 12508, and 10953, spanning Orange, Ulster, and Dutchess Counties. These communities represent the core of MSLC's patient population and the areas most directly served by its hospitals in Newburgh and Cornwall.

Surrounding this core region, the secondary (blue) and tertiary (pink) areas reflect broader patterns of patient engagement. These zones indicate where MSLC continues to extend its impact, providing specialty and referral-based care to neighboring communities throughout the region.

Together, these layers illustrate the breadth and depth of MSLC's service network—from its strongest local foothold to its growing influence across county lines—underscoring the system's ongoing commitment to delivering high-quality, accessible healthcare to the Hudson Valley.

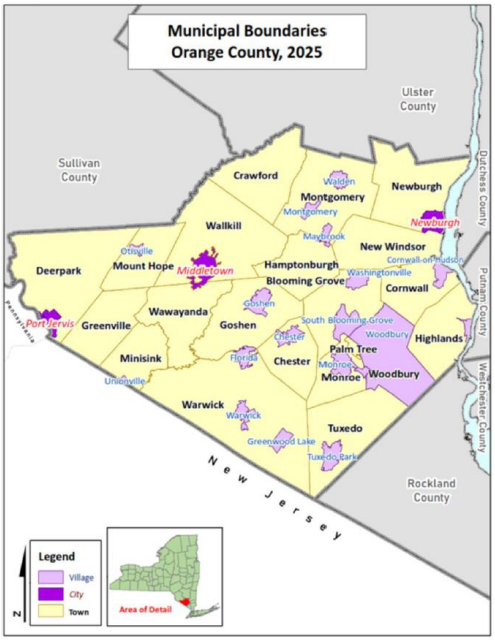
Furthermore, the chart below showcases a review of MSLC's 2025 annualized encounters volume against the per capital demographic data from the most recent census report

The map illustrates MSLC's 2025 annualized encounters per capita, organized geographically by ZIP code across the Hudson Valley region. Darker shades of green represent areas with higher per capita utilization of MSLC services, while lighter shades indicate lower encounter volumes relative to population size.



The concentration of darker areas surrounding Newburgh and Cornwall highlights the hospital's primary service area, where community engagement and healthcare utilization are strongest. As the map transitions outward, encounter volumes taper off, reflecting lower per capita service use in outlying ZIP codes.

This visual underscores MSLC's core patient base within central Orange County and neighboring communities, offering valuable insight into population health access, referral patterns, and potential areas for strategic outreach and growth.



Taking a step further to look at Orange County in general, Orange County is located approximately 40 miles north of New York City, Orange County sits uniquely between the Hudson River to the east and the Delaware River to the west—the only county in New York State to border both waterways. It is bounded by Ulster and Sullivan Counties to the north, Rockland County to the south, and shares its southwestern borders with New Jersey and Pennsylvania.

Covering 812 square miles, Orange County offers a diverse landscape that blends rural farmland, suburban neighborhoods, and vibrant urban centers. The county is home to three cities, 21 towns, and 19 villages, with nearly 17% of its population residing in the cities of Middletown, Newburgh, and Port Jervis. Orange County also boasts 19 public school districts and is home to four higher education institutions, including colleges, universities, and medical schools. *(See map in Appendix C.)*

Population- Comparing Orange County to the Mid-Hudson Region, and further comparing both to Newburgh New York

In 2023, New York State had a population of nearly 20 million residents. Excluding New York City, the remainder of the state accounted for 11,356,117 people. The Mid-Hudson Region (M-H Region) represented 12.1% of the state's total population and is composed of seven counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester. Among these, Westchester County held the largest share of the region's population at 41.6%, while Sullivan County accounted for the smallest at 3.3%.

Demographics

Population Demographic Characteristics, 2023			
	Total Population	**Percent of Mid-Hudson Region**	**Percent of NYS**
Dutchess	297,144	12.4	1.5
Orange	403,840	16.9	2.0
Putnam	97,988	4.1	0.5
Rockland	338,936	14.1	1.7
Sullivan	79,147	3.3	0.4
Ulster	182,109	7.6	0.9
Westchester	996,888	41.6	5.0
Mid-Hudson	2,396,052	100.0	12.1
NYS excl NYC	11;356,117	N/A	57.1
NYS	19,872,319	N/A	100.0

Source: Mid-Hudson Region CHA Draft-- US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table S0101, April 2025

The population of the M-H Region grew 4.7% from 2010 to 2020. In those 10 years, growth increased most rapidly in Rockland (7.9%) and Orange (7.1%). Putnam (-2.1%), and Ulster (-0.4%) had negative growth.6

Taking a look at Newburgh, New York, which is home to a population of 28.6k people, of which 86.7% are citizens.

As of 2023, 22.1% of Newburgh, NY residents were born outside of the country (6.32k people).

Population by Sex

Population by Sex, 2023				
	Male		Female	
	Total Population	%	Total Population	%
Dutchess	147,902	49.8	149,242	50.2
Orange	201,512	49.9	202,328	50.1
Putnam	49,503	50.5	48,485	49.5
Rockland	167,624	49.5	171,312	50.5
Sullivan	40,993	51.8	38,154	48.2
Ulster	90,719	49.8	91,390	50.2
Westchester	485,985	48.8	510,903	51.2
Mid-Hudson	1,184,238	49.4	1,211,814	50.6
NYS excl NYC	5,614,391	49.4	5,741,726	50.6
NYS	9,702,417	48.8	10,169,902	51.2

Note: The American Community Survey includes a question that intends to capture current sex; there are no questions about gender, sexual orientation, or sex at birth. Respondents should respond either "male" or "female" based on how they currently identify their sex.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table S0101, April 2025 *https://data.census.gov/table/ACSST5Y2023.S0101?q=s0101&g=050XX00US36105,36027,36071,36119,36087,36079,36111_1 60XX00US3651000_040XX00US36*

According to the Mid-Hudson Region Health Assessment, adults aged 50 to 59 years comprised the largest segment of the population at 13.8% (see Table 3). Children under five years and those aged five to nine, along with adults aged 40 to 49 and 60 to 69, were more evenly distributed across the region. Notably, Ulster County showed the greatest disparity between adults aged 60 to 69 and children under five.

Population by Age

Table 3

Population by Age, 2023										
	<5 years		5-9 years		10-19 years		20-29 years		30-39 years	
	Total Population	%	Total Population	%	Total Population	%	Total Population	%	Total Population	%
Dutchess	13,613	4.6	14,448	4.9	37,031	12.5	38,178	12.8	35,520	12.0
Orange	27,143	6.7	27,679	6.9	61,718	15.3	52,658	13.0	48,459	12.0
Putnam	4,521	4.6	4,320	4.4	12,426	12.7	10,922	11.1	11,264	11.5
Rockland	28,957	8.5	27,051	8.0	52,692	15.5	41,742	12.3	38,885	11.5
Sullivan	4,656	5.9	4,969	6.3	9,343	11.8	9,032	11.4	9,668	12.2
Ulster	7,926	4.4	8,802	4.8	19,831	10.9	22,175	12.2	23,060	12.7
Westchester	53,282	5.3	57,324	5.8	129,780	13.0	115,269	11.6	121,312	12.2
Mid-Hudson	140,098	5.8	144,593	6.0	322,821	13.5	289,976	12.1	288,168	12.0
NYS excl NYC	604,728	5.3	640,751	5.6	1,454,784	12.8	1,442,397	12.7	1,393,651	12.3
NYS	1,102,961	5.6	1,102,946	5.6	2,413,200	12.1	2,658,703	13.4	2,751,639	13.8

Population by Age, 2023 (continued)												
	40-49 years		50-59 years		60-69 years		70-79 years		>80 years		<18 years	
	Total Population	%	Total Population	%	Total Population	%	Total Population	%	Total Population	%	Total Population	%
Dutchess	36,796	12.4	43,025	14.5	41,707	14.0	23,935	8.1	12,891	4.3	55,342	18.6
Orange	49,782	12.3	52,995	13.1	45,285	11.2	25,081	6.2	13,040	3.2	103,740	25.7
Putnam	13,032	13.3	15,538	15.9	13,386	13.7	8,739	8.9	3,840	3.9	19,180	19.6
Rockland	36,560	10.8	40,115	11.8	35,529	10.5	23,713	7.0	13,692	4.0	99,733	29.4
Sullivan	9,486	12.0	11,009	13.9	10,980	13.9	7,087	9.0	2,917	3.7	16,947	21.4
Ulster	22,177	12.2	26,342	14.5	26,250	14.4	16,546	9.1	9,000	4.9	31,636	17.4
Westchester	133,617	13.4	141,210	14.2	121,875	12.2	74,727	7.5	48,492	4.9	214,739	21.5
Mid-Hudson	301,450	12.6	330,234	13.8	295,012	12.3	179,828	7.5	103,872	4.3	541,317	22.6
NYS excl NYC	1,343,897	11.8	1,566,110	13.8	1,485,429	13.1	919,800	8.1	504,570	4.4	2,369,080	20.9
NYS	2,422,399	12.2	2,638,363	13.3	2,425,309	12.2	1,511,287	7.6	845,512	4.3	4,109,277	20.7

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table S0101, April 2025
https://data.census.gov/table/ACSST5Y2023.S0101?q=s0101&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36 /

Newburgh, NY is home to a population of 28.6k people, of which 86.7% are citizens. As of 2023, 22.1% of Newburgh, NY residents were born outside of the country (6.32k people).

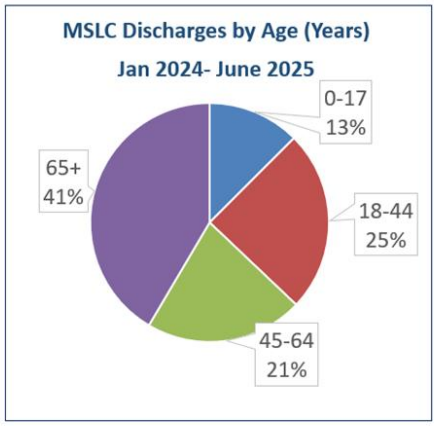
According to the US Census report, in Newburgh, 53% of residents are female, and 47% male.

Looking at MSLC's patient population specifically from January 2024 through June 2025, the organization served a diverse patient population, with females representing 56% of total discharges and males 44%.

By age, older adults (65 and over) accounted for the largest share of discharges (41%), reflecting the hospital's significant role in meeting the healthcare needs of an aging population.

Adults aged 18–44 comprised 25%, while those 45–64 represented 21% of total discharges. Children and adolescents (0–17) made up 13%, indicating continued demand for pediatric and family services.

These data highlight MSLC's broad service reach across age groups, with particularly high utilization among women and seniors, consistent with regional healthcare utilization patterns.



Population by Race and Ethnicity

According to the ***Regional CHA***, in 2023, non-Hispanic White individuals made up the majority of the population in both the Mid-Hudson (M-H) Region and New York State (NYS), accounting for 58.5% and 53.4%, respectively. The Hispanic population represented the second largest group, followed by non-Hispanic Black residents. Within the M-H Region, Westchester County had the highest proportions of Hispanic (27.0%), non-Hispanic Black (12.9%), and non-Hispanic Asian (6.0%) populations.

Overall, Westchester's racial and ethnic composition most closely mirrors that of NYS; however, the share of non-Hispanic White residents increases considerably when excluding New York City from the statewide total.

Table 4

Population by Ethnicity, 2023				
	Hispanic		Non-Hispanic	
	Total Population	%	Total Population	%
Dutchess	44,153	14.9	252,991	85.1
Orange	93608	23.2	310,232	76.8
Putnam	18,676	19.1	79,312	80.9
Rockland	67,951	20.0	270,985	80.0
Sullivan	14,544	18.4	64,603	81.6
Ulster	21,562	11.8	160,547	88.2
Westchester	269,085	27.0	727,803	73.0
Mid-Hudson	529,579	22.1	1,866,473	77.9
NYS excl NYC	1478113.0	13.0	9878004.0	87.0
NYS	3,898,652	19.6	15,973,667	80.4

Note: The Census Bureau collects ethnic data in accordance with guidelines provided by the US Office of Management and Budget (OMB), and these data are based on self-identification. For ethnicity, the OMB standards classify individuals in one of two categories: "Hispanic or Latino" or "Not Hispanic or Latino." The Census Bureau uses the term "Hispanic or Latino" interchangeably with the term "Hispanic," and also refer to this concept as "ethnicity.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table B03002, April 2025

https://data.census.gov/table/ACSDT5Y2023.B03002?q=b03002&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36

Table 5

Population by Race, 2023								
	Non-Hispanic White		Non-Hispanic Black or African American		Non-Hispanic American Indian and Alaskan Native		Non-Hispanic Asian	
	Total Population	%	Total Population	%	Total Population	%	Total Population	%
Dutchess	199,670	67.2	28,024	9.4	222	0.07	10,044	3.4
Orange	239,186	59.2	42,478	10.5	438	0.11	11,223	2.8
Putnam	70,948	72.4	2,894	3.0	81	0.08	2255	2.3
Rockland	205,539	60.6	35,626	10.5	181	0.05	19,772	5.8
Sullivan	53,145	67.1	6,263	7.9	120	0.15	1584	2.0
Ulster	133,874	73.5	10,347	5.7	66	0.04	3,675	2.0
Westchester	498,855	50.0	128,199	12.9	1,197	0.12	59,912	6.0
Mid-Hudson	1,401,217	58.5	253,831	10.6	2,305	0.10	108,465	4.5
NYS excl NYC	7,942,876	69.9	934,322	8.2	21,069	0.19	518,716	4.6
NYS	10,608,842	53.4	2,708,094	13.6	37,212	0.19	1,754,957	8.8

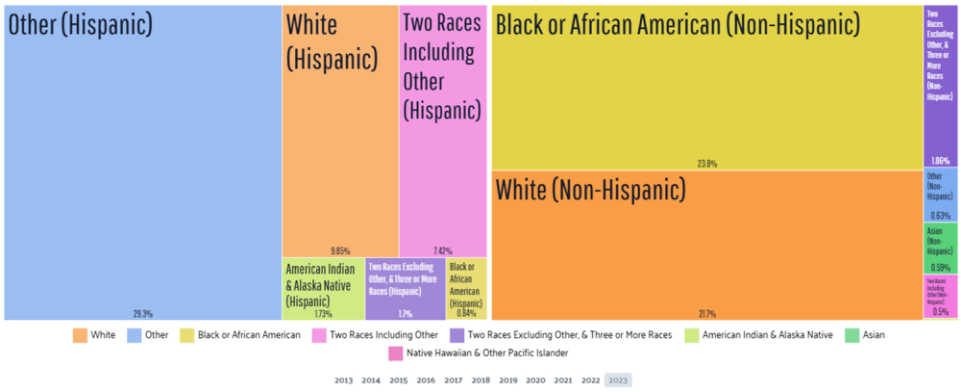
Population by Race, 2023 (continued)						
	Non-Hispanic Native Hawaiian and Other Pacific Islander		Non-Hispanic Other		Non-Hispanic Two or More Races	
	Total Population	%	Total Population	%	Total Population	%
Dutchess	117	0.04	2,206	0.7	12,708	4.3
Orange	26	0.01	2,563	0.6	14,318	3.5
Putnam	24	0.02	788	0.8	2322	2.4
Rockland	38	0.01	1,921	0.6	7,908	2.3
Sullivan	11	0.01	533	0.7	2947	3.7
Ulster	40	0.02	2,242	1.2	10,303	5.7
Westchester	96	0.01	10,638	1.1	28,906	2.9
Mid-Hudson	352	0.01	20,891	0.9	79,412	3.3
NYS excl NYC	2,610	0.02	70,553	0.6	387,858	3.4
NYS	6,220	0.03	178,956	0.9	679,386	3.4

Note: The Census Bureau collects racial data in accordance with guidelines provided by the US Office of Management and Budget, and these data are based on self-identification. People who identify with more than one race may choose to provide multiple races in response to the race question.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table B03002, April 2025
https://data.census.gov/table/ACSDT5Y2023.B03002?q=b03002&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36

Comparing the Population of Newburgh to New York State

In 2023, there were 1.23 times more Other (Hispanic) residents (8.4k people) in Newburgh, NY than any other race or ethnicity. There were 6.82k Black or African American (Non-Hispanic) and 6.22k White (Non-Hispanic) residents, the second and third most common ethnic groups.



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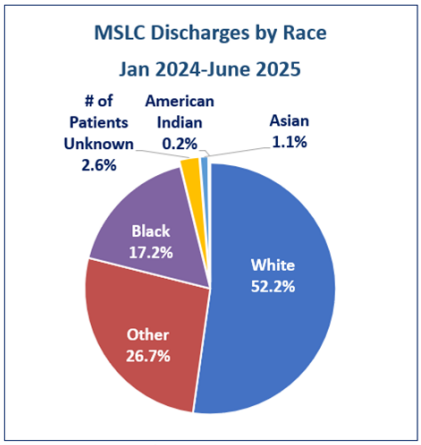
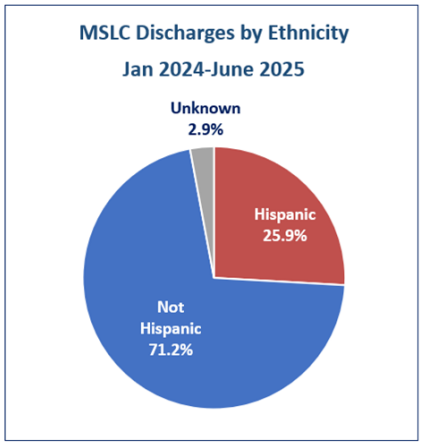
50.9% of the people in Newburgh, NY are Hispanic (14.6k people).

Comparatively, looking at MSLC's discharges from January 2024 through June 2025 specifically by race and ethnicity, there is a distinction between race and ethnicity, highlighting important demographic trends within MSLC discharges. The majority of discharges come from White patients in terms of race, followed by a considerable number of Other racial groups, which might include various mixed or less defined racial categories. Black patients also represent a notable portion, and the representation of Asian and American Indian patients is much smaller.

In terms of ethnicity, the majority of the discharges are from non-Hispanic patients, with Hispanic patients making up just under a quarter of the total discharges. The Unknown categories, though small, are still present in both race and ethnicity, indicating some gaps or limitations in data collection.

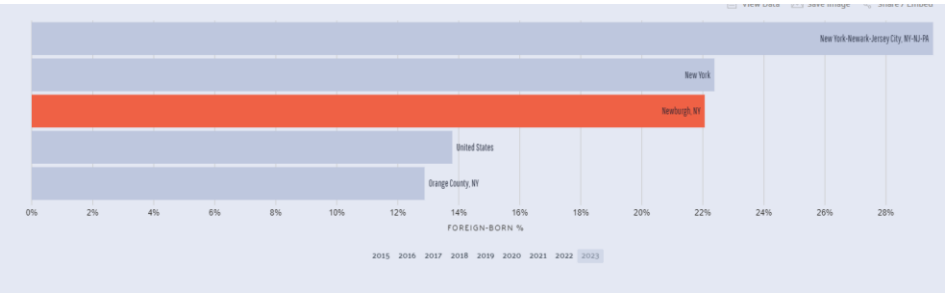




Overall, these graphs display the racial and ethnic diversity within the MSLC's patient population, offering insights that could guide health policy decisions, resource allocation, and further demographic studies.

Migrant Status

As of 2023, 86.7% of Newburgh, NY residents were US citizens, which is lower than the national average of 93.4%. In 2022, the percentage of US citizens in Newburgh, NY was 86.9%, meaning that the rate of citizenship has been decreasing. In 2023, 22.1% of the population were born. The charge below displays the percentage of foreign-born residents in Newburgh, NY compared to that of its neighboring and parent geographies. Furthermore, the US Census Bureau indicates that 94% of the foreign-born population in Newburgh's place of birth was in Latin America. https://censusreporter.org/profiles/16000US3650034-newburgh-ny/



Source: https://datausa.io/profile/geo/newburgh-ny#demographics

Spoken Language

The ***2025 Regional CHA*** references that the American Community Survey indicates, the spoken language demographic includes individuals aged five years and older. Among this population, English was the most commonly spoken language in both the Mid-Hudson (M-H) Region and New York State (NYS). A substantial share of residents reported speaking a language other than English at home, particularly in Rockland and Westchester Counties, where the rates were 43.6% and 34.3%, respectively. Within the M-H Region, Westchester County had the highest proportion of Spanish-speaking residents (21.0%).

Population by Spoken Language, 2023

	Only English		Language other than English		Spanish	
	Total Population	%	Total Population	%	Total Population	%
Dutchess	238,585	84.1	44,946	15.9	26,003	9.2
Orange	266,545	70.8	110,152	29.2	55,418	15
Putnam	73,860	79.0	19,607	21.0	11,733	13
Rockland	174,907	56.4	135,072	43.6	46,360	15.0
Sullivan	59,484	79.9	15,007	20.1	8,639	12
Ulster	152,966	87.8	21,217	12.2	11,924	6.8
Westchester	619,503	65.7	324,103	34.3	196,271	21
Mid-Hudson	1,585,850	54.2	670,104	22.9	356,348	12.2
NYS excl NYC	8,808,643	69.4	1,942,746	15.3	940,527	12.2
NYS	13,017,480	69.4	5,751,878	30.6	2,762,664	15

Population by Spoken Language, 2023 (continued)

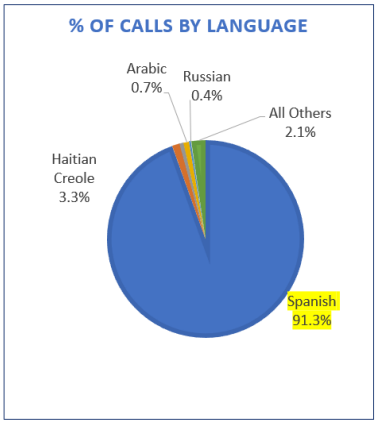
	Other Indo-European languages		Asian and Pacific Islander languages		Other languages	
	Total Population	%	Total Population	%	Total Population	%
Dutchess	10,769	3.8	5,267	1.9	2,907	1.0
Orange	45,346	12	6,298	1.7	3,090	0.8
Putnam	5,687	6.1	1,504	1.6	683	0.7
Rockland	69,600	22.5	12,024	3.9	7,088	2.3
Sullivan	4,877	6.5	819	1.1	672	0.9
Ulster	5,602	3.2	2,679	1.5	1012	0.6
Westchester	78,915	8.4	32,889	3.5	16,028	1.7
Mid-Hudson	220,796	7.5	61,480	2.1	31,480	1.1
NYS excl NYC	632,717	5.0	258,104	2.0	111,398	0.9
NYS	1,679,571	8.9	958,133	5.1	351,510	1.9

Note: The American Community Survey asks respondents to report whether they sometimes or always spoke a language other than English at home. People who spoke languages other than English but did not use them at home, who only used them elsewhere, or whose usage was limited to a few expressions or slang were excluded.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table S1601, April 2025
https://data.census.gov/table/ACSST5Y2023.S1601?q=s1601&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36

Looking at MSLC's patient data from January 1, 2025 through September 30, 2025, the majority of interpreter services provided were for Spanish speaking patients, with Haitian Creole the second highest.

Language (Top 5)	# of Calls	# of Minutes
Spanish	20,677	237,901
Haitian Creole	749	11,007
ASL	330	6,145
Arabic	167	2,263
Russian	93	1,313



Educational Attainment

The Regional CHA references the American Community Survey as its data source for the overall educational attainment of residents ages 25 years older. Below is the total population of those 25 years and over broken down by county.

Table 7

Population 25 Years and Older, 2023	Total Population
Dutchess	211,380
Orange	258,632
Putnam	71,149
Rockland	208,594
Sullivan	55,761
Ulster	134,325
Westchester	697,202
Mid-Hudson	1,637,043
NYS excl NYC	7,905,485
NYS	13,996,138

Note: The Census Bureau defines educational attainment as the highest level of education that an individual has completed. This is distinct from the level of schooling that an individual is attending.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table S1501, April 2025
https://data.census.gov/table/ACSST5Y2020.S1501?q=s1501&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36&tid=ACSST5Y2020.S1501

Looking at that same population, the chart below outlines the educational attainment of these residents ages 25 years and older.

Table 8

Population by Educational Attainment, 2023

	Less than 9th grade		9th to 12th grade, no diploma		High school graduate or equivalent		Some college, no degree	
	N	%	N	%	N	%	N	%
Dutchess	6,262	3.0	11,055	5.2	52,992	25.1	35,689	16.9
Orange	10,091	3.9	16,609	6.4	72,466	28.0	49,355	19.1
Putnam	2,255	3.2	2,536	3.6	17,647	24.8	11,728	16.5
Rockland	11,800	5.7	13,858	6.6	45,118	21.6	33,790	16.2
Sullivan	2,755	4.9	4,129	7.4	16,623	29.8	9,973	17.9
Ulster	3,463	2.6	7,622	5.7	37,570	28.0	22,968	17.1
Westchester	37,761	5.4	36,459	5.2	124,954	17.9	87,534	12.6
Mid-Hudson	74,387	4.5	92,268	5.6	367,370	22.4	251,037	15.3
NYS excl NYC	300,738	3.8	403,754	5.1	2,039,454	25.8	1,277,348	16.2
NYS	836,124	6.0	862,413	6.2	3,437,438	24.6	2,081,783	14.9

Population by Educational Attainment, 2023 (continued)

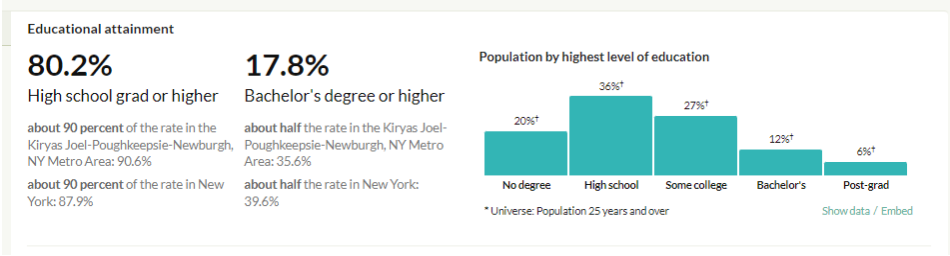
	Associate degree		Bachelor's degree		Graduate or professional degree	
	N	%	N	%	N	%
Dutchess	21,410	10.1	44,414	21.0	39,558	18.7
Orange	26,722	10.3	46,977	18.2	36,412	14.1
Putnam	6,002	8.4	17,222	24.2	13,759	19.3
Rockland	16,169	7.8	48,405	23.2	39,454	18.9
Sullivan	5,728	10.3	9,476	17.0	7,077	12.7
Ulster	12,934	9.6	27,094	20.2	22,674	16.9
Westchester	44,393	6.4	181,482	26.0	184,619	26.5
Mid-Hudson	133,358	8.1	375,070	22.9	343,553	21.0
NYS excl NYC	847,708	10.7	1,643,943	20.8	1,392,540	17.6
NYS	1,242,877	8.9	3,083,769	22.0	2,451,734	17.5

Note: The Census Bureau defines educational attainment as the highest level of education that an individual has completed. This is distinct from the level of schooling that an individual is attending.

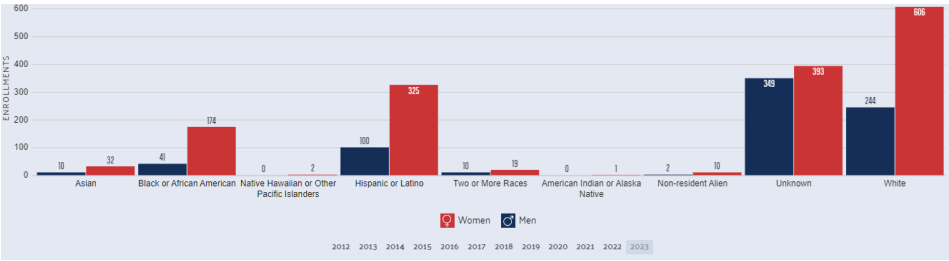
Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table S1501, April 2025

https://data.census.gov/table/ACSST5Y2020.S1501?q=s1501&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36&tid=ACSST5Y2020.S1501

The Regional CHA references that Sullivan, Orange and Dutchess Counties had the highest population of those with an associates degree. According to the US Sensus Report (https://censusreporter.org/profiles/16000US3650034-newburgh-ny/), just over 80% of the population of the city of Newburgh obtained a high school degree or higher, with 17.8% having received a Bachelors Degree or Higher.



According to the Integrated Postsecondary Education Data system, in 2023, a total of 2,318 students were enrolled in Newburgh. By race, the largest population of students enrolled was concentrated in White with 850 students on record.



Income

The **Regional CHA** utilized the American Community Survey to compare the number of total households in the region by county, and then comparatively, by income.

Table 9

Total Households, 2023	
	Households
Dutchess	115,184
Orange	137,311
Putnam	35,054
Rockland	103,284
Sullivan	30,215
Ulster	73,105
Westchester	370,256
Mid-Hudson	864,409
NYS excl NYC	4,355,640
NYS	7,668,956

Note: The American Community Survey defines a household as all the people who occupy a housing unit, such as a house or apartment, as their usual place of residence (the place where they live most of the time). This includes both related family members and any unrelated people living in the same unit.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table S1901, April 2025 https://data.census.gov/table/ACSST5Y2023.S1901?q=s1901&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36

According to the *American Community Survey*, the base population for the income demographic category were households (all the persons who occupy a housing unit as their usual place of residence) [see Table 9].

Table 10

Households by Income, 2023	<$10,000		$10,000-$14,999		$15,000-$24,999		$25,000-$34,999		$35,000-$49,999	
	Total Population	%	Total Population	%	Total Population	%	Total Population	%	Total Population	%
Dutchess	4,723	4.1	2,649	2.3	5,298	4.6	6,105	5.3	9,906	8.6
Orange	5,492	4.0	4,119	3.0	8,651	6.3	7,003	5.1	10,985	8.0
Putnam	841.296	2.4	630.972	1.8	1,472	4.2	1,402	4.0	2,033	5.8
Rockland	3,822	3.7	2,169	2.1	5,784	5.6	5,474	5.3	7,746	7.5
Sullivan	1,420	4.7	1,481	4.9	2,327	7.7	2,447	8.1	3,384	11.2
Ulster	4,021	5.5	2,778	3.8	4,606	6.3	4,752	6.5	7,384	10.1
Westchester	17,402	4.7	9,997	2.7	17,032	4.6	15,180	4.1	27,029	7.3
Mid-Hudson	37,721	4.4	23,824	2.8	45,169	5.2	42,364	4.9	68,467	7.9
NYS excl NYC	201,885	4.6	142,135	3.3	266,550	6.1	266,736	6.1	402,990	9.3
NYS	437,130	5.7	314,427	4.1	498,482	6.5	475,475	6.2	697,875	9.1

Households by Income, 2023 (continued)	$50,000-$74,999		$75,000-$99,999		$100,000-$149,999		$150,000-$199,999		>$200,000	
	Total Population	%	Total Population	%	Total Population	%	Total Population	%	Total Population	%
Dutchess	15,780	13.7	14,513	12.6	22,346	19.4	13,822	12.0	20,042	17.4
Orange	18,125	13.2	16,340	11.9	27,188	19.8	18,125	13.2	21,421	15.6
Putnam	3,926	11.2	3,365	9.6	7,326	20.9	5,503	15.7	8,553	24.4
Rockland	11,878	11.5	10,328	10.0	18,281	17.7	12,394	12.0	25,408	24.6
Sullivan	5,137	17.0	3,807	12.6	4,442	14.7	2,478	8.2	3,293	10.9
Ulster	10,527	14.4	8,334	11.4	13,378	18.3	7,384	10.1	9,942	13.6
Westchester	37,766	10.2	36,285	9.8	59,241	16.0	39,988	10.8	110,336	29.8
Mid-Hudson	103,139	11.9	92,973	10.8	152,202	17.6	99,694	11.5	198,996	23.0
NYS excl NYC	617,645	14.2	516,423	11.9	781,447	17.9	466,426	10.7	701,072	16.1
NYS	1,058,316	13.8	874,261	11.4	1,288,385	16.8	774,565	10.1	1,257,709	16.4

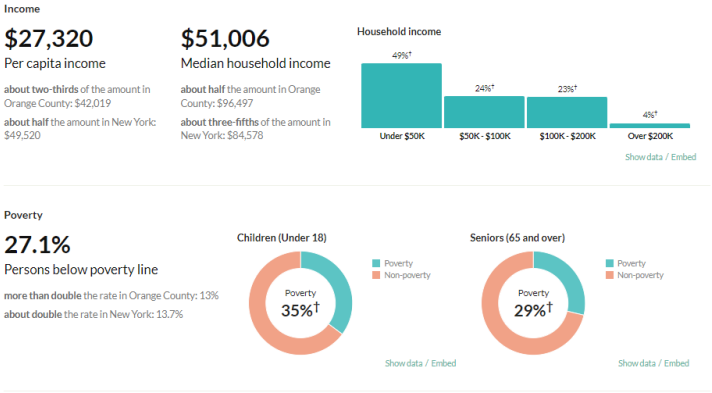
Note: The American Community Survey asks respondents their income in the past 12 months. Data are provided as a percentage of total households in Table S1901. Calculations were made to provide data as a number in Table 9.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table S1901, April 2025 https://data.census.gov/table/ACSST5Y2023.S1901?q=s1901&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36

Of this population, the largest portion of households in the M-H Region had an income greater than $100,000 in 2023. More than one fifth of the households in Putnam County were making between $100,000 and $149,999 in 2023 (20.9%). There were many households with an income between $50,000 and $74,999 in the M-H Region and NYS; 17.0% of households in Sullivan County had an income within this bracket [see Table 10].

Taking a closer look at the Newburgh community within MSLC's Primary Service Area, the graph below reveals economic conditions that differ sharply from the broader Mid-Hudson Region. While the table above from the Regional CHA shows that many households in the region, particularly in Orange and Putnam Counties, earn above $100,000 annually, income levels in Newburgh are considerably lower. The city's median household income of $51,006 is roughly half that of Orange County overall, and nearly one in two households earn less

than $50,000 per year. Correspondingly, 27.1% of Newburgh residents live below the poverty line—more than double the county and state averages—with particularly high poverty rates among children (35%) and seniors (29%). Together, these figures underscore the community's economic vulnerability and highlight the importance of accessible, affordable healthcare services in the area.



Disability

The World Health Organization (WHO) defines disability as impairments in body structure or mental function, activity limitations such as difficulty hearing, moving, or problem-solving, and participation restrictions that affect daily life, including work, recreation, and access to healthcare.

Adults with disabilities are more likely to experience chronic conditions such as obesity, heart disease, and diabetes. Structural and social barriers can further limit participation in employment, physical activity, and preventive health programs.

Common types of disability 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
- **Ambulatory 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

Percentage of Population by Type of Disability, 2023

	Total with Any Disability	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty	Self-care Difficulty	Independent Living Difficulty
Dutchess	12.2	3.5	2.0	4.7	6.3	2.6	5.9
Orange	11.7	3.2	2.1	5.4	6.3	2.9	6.2
Putnam	9.6	2.8	1.4	3.5	5.4	2.4	4.6
Rockland	8.7	2.7	1.4	3.4	4.4	2.2	4.5
Sullivan	15.9	4.4	3.0	6.4	9.1	3.7	7.2
Ulster	14.4	4.2	2.3	5.1	7.4	3.0	6.0
Westchester	9.5	2.5	1.6	3.7	5.3	2.3	4.8
Mid-Hudson	10.2	2.8	1.7	3.8	5.2	2.3	3.9
NYS	11.6	2.8	2.1	4.5	6.6	2.7	5.7

Note: Respondents who report any one of the six disability types are considered to have a disability in the American Community Survey.
Source: US Census Bureau; American Community Survey, 2020 American Community Survey 5-year estimates, Table S1810, April 2025
https://data.census.gov/table?q=s1810&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36

In the M-H Region, Sullivan County had the highest percentage of adults living with a disability (15.9%), as well as the highest percentage of adults living with each of the six types of disabilities; Rockland County had the lowest percentage of adults living with a disability (8.7%) [see Table 12].

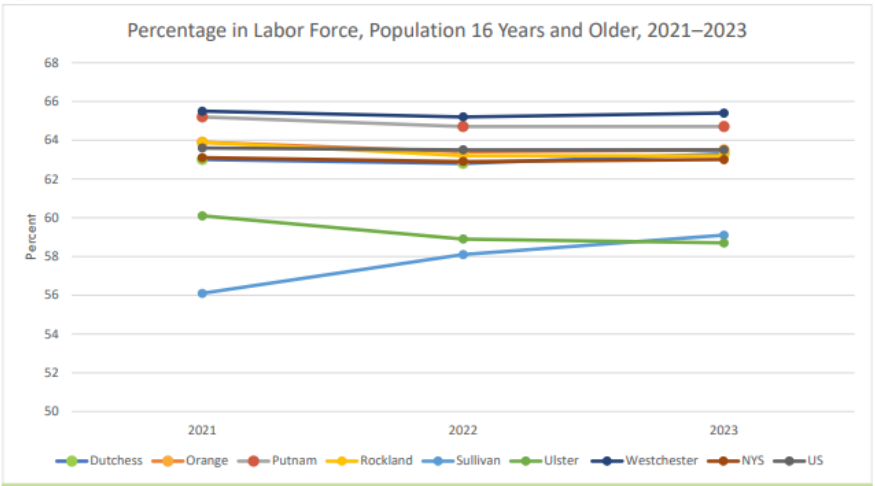
[9] Centers for Disease Control and Prevention, Disability and Health Overview, 2025, https://www.cdc.gov/disability-and-health/about/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html, accessed August 2025
[10] New York State Department of Health, 2019, https://www.health.ny.gov/statistics/prevention/injury_prevention/information_for_action/docs/2019-12_ifa_report.pdf, accessed August 2025

Social Determinants of Health

Employment Rates

The Regional CHA references that all of the counties within the region have a lower unemployment rate than that of the New York State average.

Figure 1



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS	US
2021	63.0	63.9	65.2	63.9	56.1	60.1	65.5	63.1	63.6
2022	62.8	63.4	64.7	63.2	58.1	58.9	65.2	62.9	63.5
2023	63.3	63.5	64.7	63.2	59.1	58.7	65.4	63.0	63.5

Note: Y-axis does not begin at zero in order to clearly display trend lines. The American Community Survey asks respondents if they have worked in the past week. If the answer is no, they are asked why they are not working. For those who are not working, they are asked whether they plan to return to work, and when they last worked. Labor Force refers to the total number of people who are either employed or unemployed and actively seeking work, plus members of the US Armed Forces.

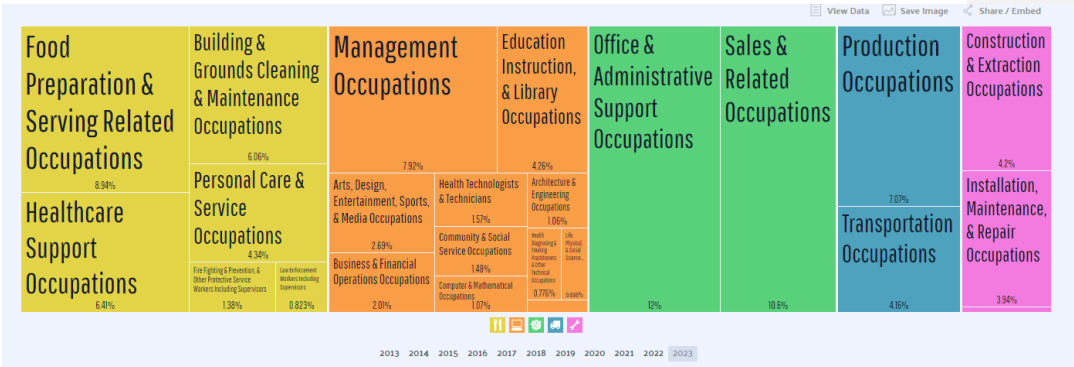
Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table DP03, April 2025
https://data.census.gov/table/ACSDP5Y2023.DP03?q=dp03&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36_010XX00US

Unemployment rates in Orange stayed roughly the same from 2021 to 2023.

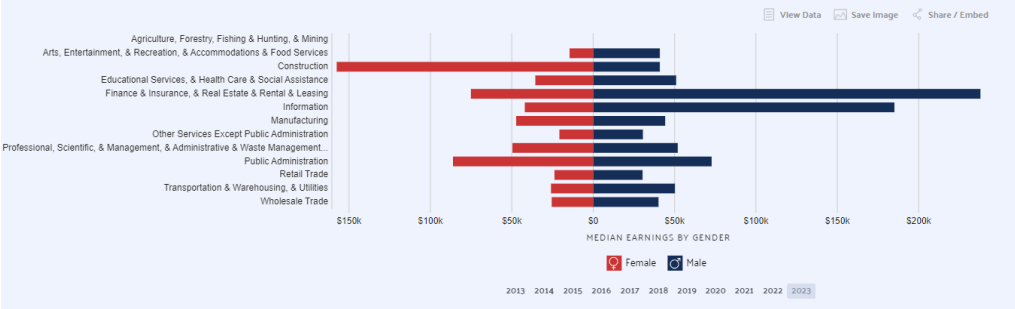
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS	US
2021	5.2	5.4	4.8	6.0	8.0	5.1	6.1	6.2	5.5
2022	5.0	5.3	4.4	6.2	7.2	5.1	6.0	6.2	5.3
2023	4.8	5.4	4.1	5.9	6.1	5.1	6.0	6.2	5.2

Note: The American Community Survey asks respondents if they have worked in the past week. If the answer is no, they are asked why they are not working. For those who are not working, they are asked whether they plan to return to work, and when they last worked.
Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table DP03, April 2025
https://data.census.gov/table/ACSDP5Y2023.DP03?q=dp03&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36_010XX00US

The US Census Bureau states that between 2022 and 2023 the employment rate in Newburgh increased by 0.925% The chart below shows the types of employment Newburgh Residents have obtained.



The Census also reports that the median earning for Men was roughly $42,1777 and $33,750 for women. The chart below provides a further breakdown of male vs. female income by industry.



https://datausa.io/profile/geo/newburgh-ny?redirect=true

Food Insecurity

Food insecurity refers to the disruption of regular food intake or eating habits caused by limited financial resources or access to food. Access to nutritious food is essential for maintaining a healthy lifestyle. Individuals facing food insecurity often must choose between purchasing food and covering other basic needs, such as housing, utilities, or medical expenses.

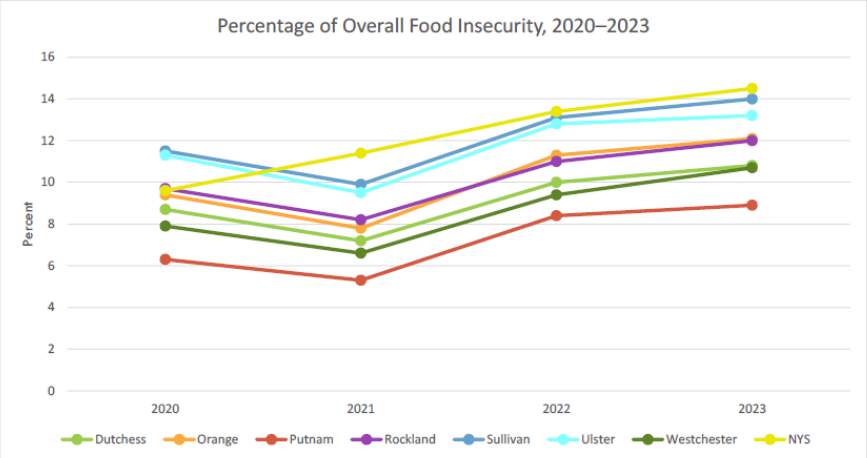
Children experience food insecurity at higher rates than the general population. Nutritious food is crucial for a child's growth and development. Those who experience hunger are more likely to have difficulties in school, face developmental challenges, and exhibit more social and behavioral problems than their peers who do not face hunger.

According to the Regional CHA, populations more likely to experience food insecurity compared to the general population include:

- Seniors
- Residents of rural communities
- Black populations
- Hispanic populations
- Those living in poverty

The chart below showcases the Percentage of Food Insecurity across the Mid Hudson Region from 2020-2023.

Figure 3

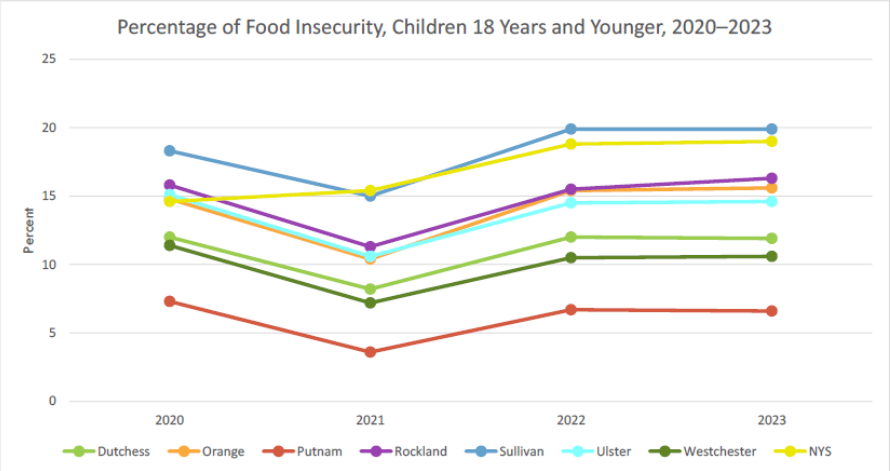


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	8.7	9.4	6.3	9.7	11.5	11.3	7.9	9.6
2021	7.2	7.8	5.3	8.2	9.9	9.5	6.6	11.4
2022	10.0	11.3	8.4	11.0	13.1	12.8	9.4	13.4
2023	10.8	12.1	8.9	12.0	14.0	13.2	10.7	14.5

Note: Feeding America takes the Current Population Survey (a monthly household survey conducted by the US Census Bureau) data and analyzes the relationships between food insecurity and its determinants (i.e., unemployment, poverty, disability, homeownership, and median income), as well as the percentage of the population that is Black and the percentage of the population that is Hispanic. Coefficient estimates from this analysis, combined with information on the same variables defined at the county and congressional district levels, are generated to estimate food insecurity.

Source: Feeding America, June 2025

https://map.feedingamerica.org/district/2023/overall/new-york



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	12.0	14.8	7.3	15.8	18.3	15.1	11.4	14.6
2021	8.2	10.4	3.6	11.3	15.0	10.6	7.2	15.4
2022	12.0	15.4	6.7	15.5	19.9	14.5	10.5	18.8
2023	11.9	15.6	6.6	16.3	19.9	14.6	10.6	19.0

Note: Feeding America takes the CPS data and analyzes the relationships between food insecurity and its determinants (i.e., unemployment, poverty, disability, homeownership, and median income), as well as the percentage of the population that is Black and the percentage of the population that is Hispanic. Coefficient estimates from this analysis, combined with information on the same variables defined at the county and congressional district levels, are generated to estimate food insecurity.

Source: Feeding America, June 2025

https://map.feedingamerica.org/county/2023/child/new-york

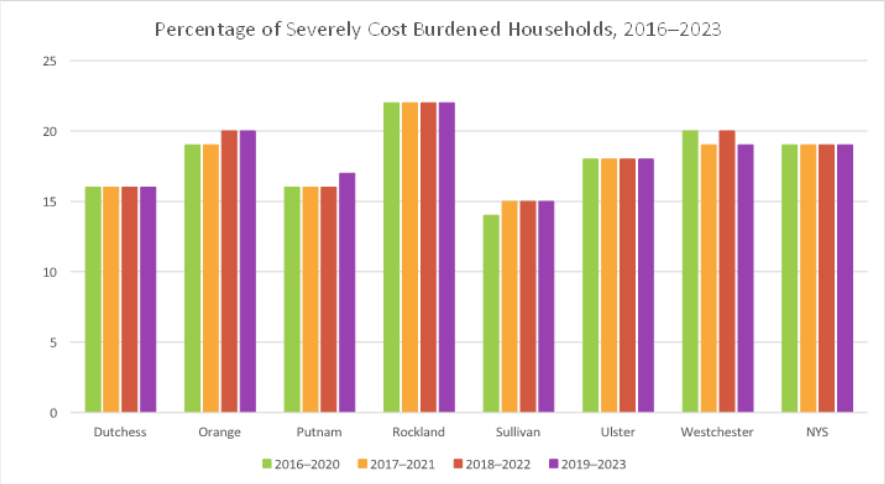
Housing Instability

As referenced in the Regional CHA, a study published in the *Journal of the American Public Health Association* found that individuals experiencing homelessness visit emergency rooms nearly four times more often than other low-income residents. Housing and health are deeply interconnected—poor health can both contribute to and result from unstable, inadequate, or absent housing. Mental health also plays a significant role in both the causes and consequences of homelessness.

However, simply having housing does not necessarily ensure improved health outcomes; the quality of housing is equally important. For instance, children living in public housing are twice as likely to suffer from asthma compared to other children, largely due to the higher presence of mold in these environments.

According to the U.S. Department of Housing and Urban Development (HUD), households in the Mid-Hudson (M-H) Region spend a median of 28.0% of their income on housing.

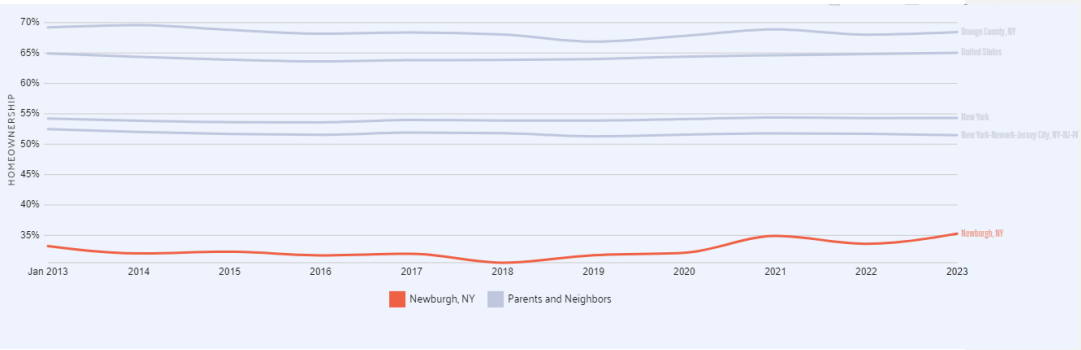
Households that allocate more than 30.0% of their income to housing are considered cost-burdened, while those spending over 50.0% are classified as severely cost-burdened. Severely cost-burdened households spend approximately 75.0% less on healthcare than comparable households living in affordable housing.



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2016–2020	16.0	19.0	16.0	22.0	14.0	18.0	20.0	19.0
2017–2021	16.0	19.0	16.0	22.0	15.0	18.0	19.0	19.0
2018–2022	16.0	20.0	16.0	22.0	15.0	18.0	20.0	19.0
2019–2023	16.0	20.0	17.0	22.0	15.0	18.0	19.0	19.0

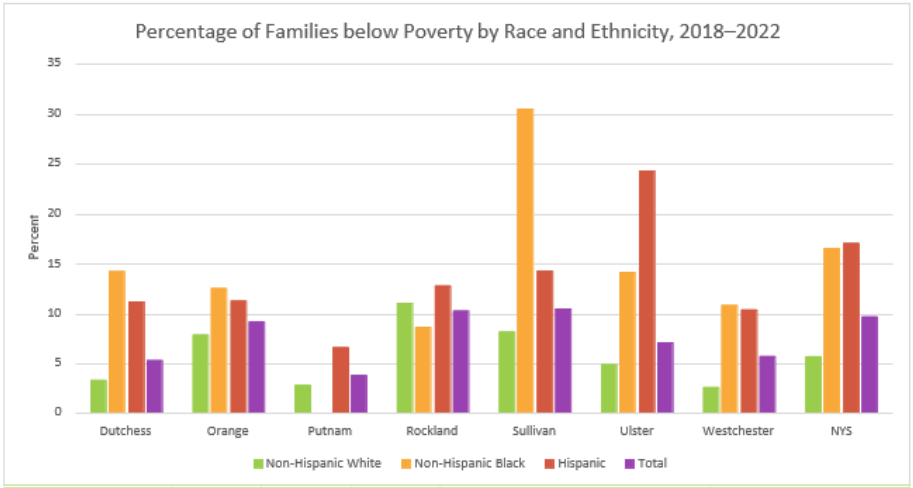
As shown in the chart above, both Orange and Rockland Counties surpassed the New York State average for those with severely cost burdened households.

According to the US Census Bureau, in 2023, 35.3 percent of housing units in Newburgh were occupied by their owner. This was an increase from the year prior, which was 33.6%. Of this population, 63.4% of homeowners had a mortgage in 2023.



Poverty

According to multiple data sources including the Regional CHA and the US Census Bureau, the rates of poverty vary vastly across the Mid Hudson Region.



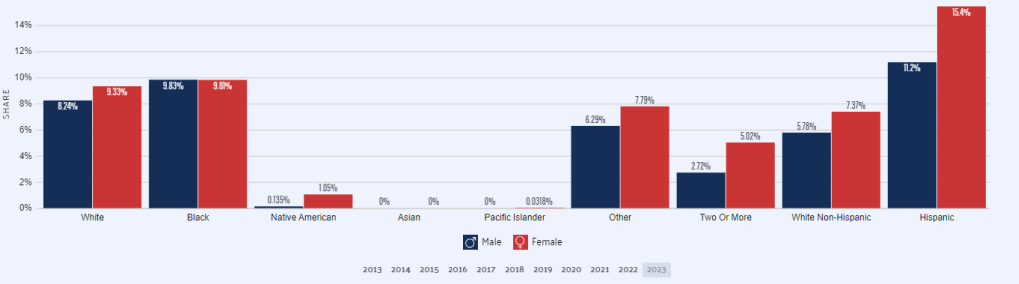
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
Non-Hispanic White	3.3	7.9	2.8	11.1	8.2	4.9	2.6	5.7
Non-Hispanic Black	14.2	12.5	0.0	8.6	30.5	14.1	10.8	16.5
Hispanic	11.2	11.3	6.6	12.8	14.3	24.4	10.4	17.1
Total	5.3	9.2	3.8	10.3	10.5	7.1	5.7	9.7

Note: The Census Bureau collects racial and ethnic data in accordance with guidelines provided by the US Office of Management and Budget (OMB) and these data are based on self-identification. For ethnicity, the OMB standards classify individuals in one of two categories: "Hispanic or Latino" or "Not Hispanic or Latino." The Census Bureau uses the term "Hispanic or Latino" interchangeably with the term "Hispanic," and also refer to this concept as "ethnicity." People who identify with more than one race may choose to provide multiple races in response to the race question.

Source: NYS County Health Indicators by Race and Ethnicity Dashboard, June 2025 sourced from US Census Bureau, Small Area Income and Poverty Estimates

https://www.health.ny.gov/community/health_equity/reports/county/

The US Census Bureau reports that 27.1% of the population in Newburgh live below the poverty line. This exceeds the national average of 12.4% The chart below provides a breakdown by gender race and ethnicity as it relates to poverty rates in Newburgh, with females ages 25-34 accounting for the highest rates.



https://datausa.io/profile/geo/newburgh-ny?redirect=true#housing

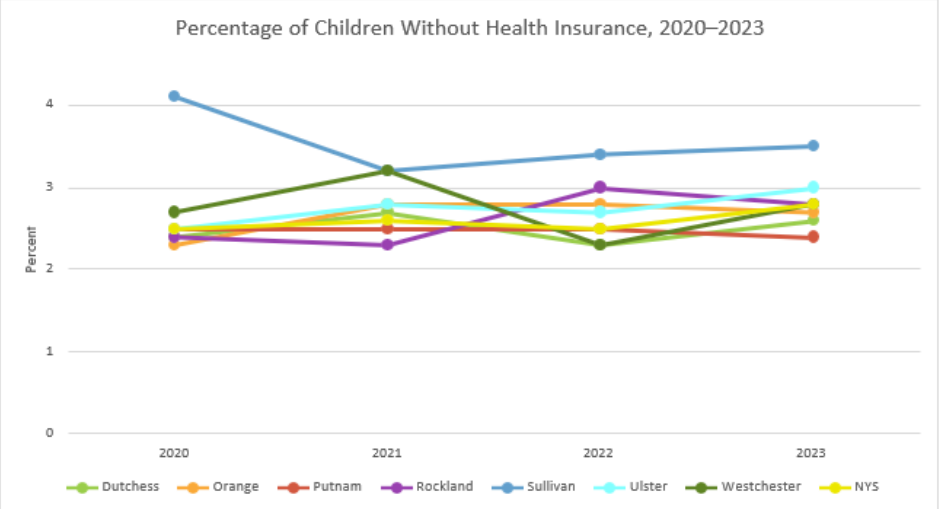
In summary, MSLC's patient population within the City of Newburgh faces a variety of socioeconomic challenges.

According to the US Census Bureau, Newburgh's local poverty index is 26.5%, well above the NYS average of 14.3%. 12.9% of Newburgh's population is estimated to have no health insurance coverage, compared to 4.9% as the statewide average. Given today's economy, and the social determinates screening tool utilized at MSLC, we know the poverty challenges are even more extreme for our community.

Healthcare Access and Usage

The ***Regional CHA*** notes that the National Academies of Sciences, Engineering, and Medicine define access to health care as *"the timely use of personal health services to achieve the best possible health outcomes."* Barriers to accessing care include lack of transportation, limited health insurance coverage, and an inadequate number of healthcare providers per capita.

Cost remains one of the most significant barriers to receiving health services, often discouraging individuals from seeking preventive care. According to the 2023 Survey of Income and Program Participation, 16.4% of U.S. households carried medical debt—indicating that many people were unable to pay medical costs either up front or at the time care was received.



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	2.4	2.3	2.5	2.4	4.1	2.5	2.7	2.5
2021	2.7	2.8	2.5	2.3	3.2	2.8	3.2	2.6
2022	2.3	2.8	2.5	3.0	3.4	2.7	2.3	2.5
2023	2.6	2.7	2.4	2.8	3.5	3.0	2.8	2.8

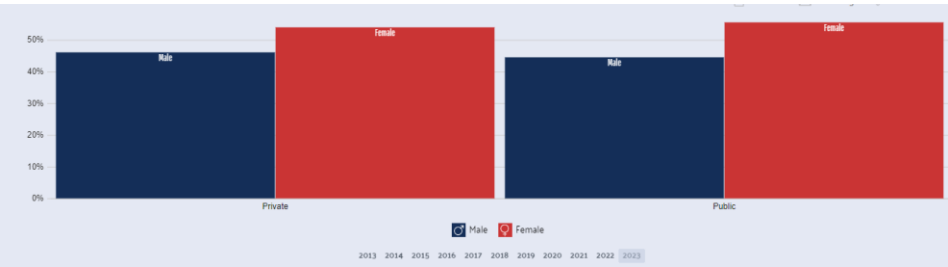
Note: This indicator includes children under 19 years old.
Source: US Census Bureau, Small Area Health Insurance Estimates, July 2025
https://www.census.gov/data-tools/demo/sahie/#/?AGECAT=1&state_county=36000,36027,36071,36079,36087,36105,36111,36119&s_searchtype=sc&tableYears=2022&map_yearSelector=2022

[49] US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030, https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services , accessed August 2025

The rate of children without health insurance went up from 2.3 in 2020, to 2.7 in 2023. The US Census Bureau indicates that in Newburgh, NY in 2023:

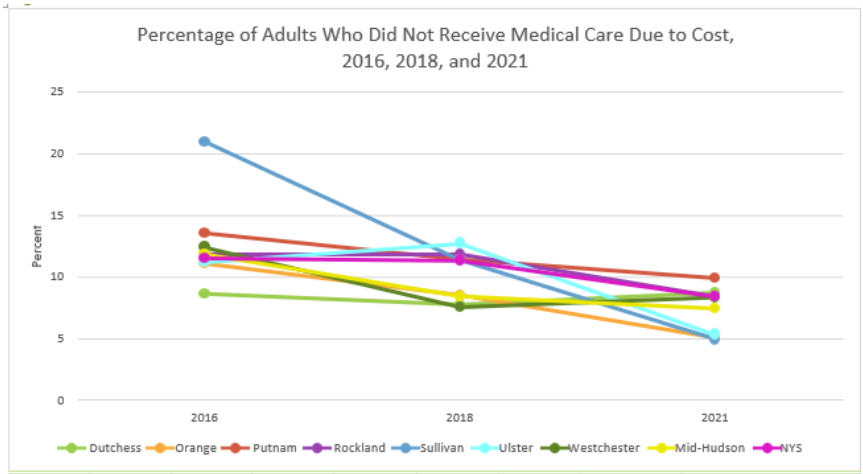
- 26.8% of the insured population is under 18 years
- 26.4% between 18 and 34 years
- 34.4% between 35 and 64 years
- 12.4% over 64 years.

The following chart shows the number of people with health coverage by gender.



https://datausa.io/profile/geo/newburgh-ny#health

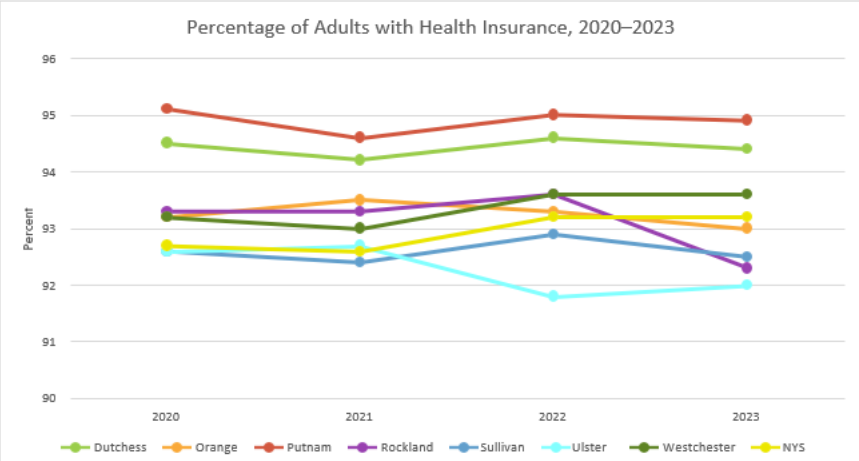
Health insurance coverage is a steady factor that impacts one's access to health care. Individuals without insurance are less likely than those with coverage to receive preventive services and necessary treatments, including care for chronic conditions, dental services, immunizations, and well-child visits. Several government programs—such as Medicaid and the Children's Health Insurance Program (CHIP)—help provide low- or no-cost health insurance to eligible children.



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
2016	8.6	11.1	13.5	11.8	20.9	11.2	12.4	11.8	11.5
2018	7.7	8.5	11.4	11.8	11.3	12.7	7.5	8.4	11.3
2021	8.7	5.0*	9.9	8.4	4.9	5.3	8.3	7.4	8.4

*: *The percentage is unstable.*
Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?"
Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NYSDOH Behavioral Risk Factor Surveillance System
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/#sdh

As noted in the Regional CHA, The U.S. Census Bureau's *Small Area Health Insurance Estimates* (SAHIE) program produces estimates of health insurance coverage for different age groups, including children under 19 years old and adults between 18 and 64 years old. According to these estimates, a higher percentage of adults lack health insurance compared to children in the Mid-Hudson Region.



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	94.5	93.2	95.1	93.3	92.6	92.6	93.2	92.7
2021	94.2	93.5	94.6	93.3	92.4	92.7	93.0	92.6
2022	94.6	93.3	95.0	93.6	92.9	91.8	93.6	93.2
2023	94.4	93.0	94.9	92.3	92.5	92.0	93.6	93.2

Note: This indicator includes adults aged 18–64 years old. Y-axis does not begin at zero in order to clearly display trend lines.
Source: US Census Bureau; Small Area Health Insurance Estimates, 2023, August 2025
https://www.census.gov/data-tools/demo/sahie/#/?state_county=36000,36027,36071,36079,36087,36105,36111,36119&s_searchtype=sc&s_measures=ic_snc&RACECAT=0&AGECAT=1&map_yearSelector=2018&tableYears=2018

Comparatively, 88.5% of the population of Newburgh, NY has health coverage, with 30.8% on employee plans, 41.3% on Medicaid, 7.01% on Medicare, 8.93% on non-group plans, and 0.479% on military or VA plans.

Primary care physicians in New York see 1,245 patients per year on average, which represents a 6.05% increase from the previous year (1,174 patients). Compare this to dentists who see 1205 patients per year, and mental health providers who see 281 patients per year.

By gender, of the total number of insured persons, 46.8% were men and 53.2% were women.

Health Status Description

This portion of MSLC's 2025-2030 Community Health Needs Assessment takes a look at how the demographic information reference above, comparing socioeconomic, and built environment factors, may contribute to the overall health of the population served, with a review of the disease specific data, health behaviors and the potential barriers in accessing care that exist for residents within MSLC's patient population and the surrounding community.

Data Sources

Montefiore St. Luke's Cornwall partnered with the Orange County Department of Health along with the organizations colleagues throughout Montefiore Health System to partake in a variety of community surveys aimed at collecting data that will source the 2025 Community Health Needs of the resident MSLC serves.

Community Engagement

Throughout the Community Health Needs Assessment process, MSLC partnered with the Orange County Department of Health, along with the other hospitals within Orange County to identify potential data collection sources, discuss surveying processes, report out on progress and discuss any barriers.

At MSLC, a variety of initiatives were deployed to gather feedback from the community served. These efforts included the following:

- Distribution of flyers at community events including:
    - MSLC 150th Birthday Party
    - MSLC's First Responders Night Out
    - Orange County Senior Link Day
    - Orange County Office of the Aging- Walk in the Park
    - Orange County Office of the Aging Senior Health and Fitness Day
    - Orange County Chamber Mixer

Additionally, MSLC encouraged its community members to partake in the surveys through its social media channels including Facebook, Instagram, LinkedIn and X.

All MSLC patients and visitors were encouraged to partake in the survey through the use of flyers and tent cards in all hospital waiting areas, and on digital boards throughout the organization, inclusive of patient room TV's and iPads.

Survey findings will be shared throughout the Fall of 2025, including education to MSLC staff, and this report posted on the hospital website. Additionally, the findings are key driver for the development of MSLC's Community Service Plan, and overall Community Engagement strategy for the next five years.

Partnership with the Orange County Department of Health and Community Organizations

2025 OCDOH Health Summit

Representatives from MSLC attended the annual OCDOH Summit on October 28, 2025 to partake in active discussion with community partners relating to the progress made since the 2022-2024 Community Health Needs Assessment, identify barriers, and share information across its respective networks.

This summit was led by Jackie Lawler, Director of Epidemiology and Public Health Planning of the OCDOH and in addition to MSLC participants, community partners from Cornerstone Family Healthcare, SUNY Orange, Mental Health Association of OC, West Point Keller Hospital, Garnet Hospital, Mount Saint Mary College, Healthfirst, Westchester Medical Center, along with several other organizations joined together.

Throughout the last three years, as part of the 2022-2024 Community Health Needs Assessment workplan, these groups worked collaboratively on the following committees:

- Cancer Collaborative
- Food Security Workgroup
- Changing the Ecosystem Taskforce and subgroups (including MOUD)

MSLC staff have been active participants in each of these committees, addressing community needs and assessing continued collaborative efforts.

2025 Greater New York Hospital Association Community Health Needs Assessment Collaborative

Collection Method:

MSLC, along with its partners within Montefiore Health System, participated in the 2025 GNHYA CHNA Collaborative Survey. This survey was conducted through the spring of 2025. There was a total of 976 responses from residents within Orange County, with 965 responses received online and 11 received via paper survey.

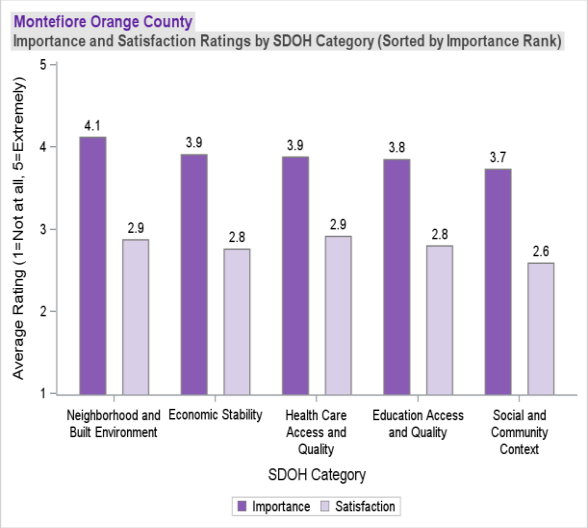
At MSLC specifically, survey links were sent out to more than 1,200 MSLC employees; QR codes and survey descriptions were placed on tv monitors and iPad in all inpatient rooms. Flyers and tent cards were also displayed throughout hospital waiting areas, outpatient offices and distributed at community events that MSLC Community Relations staff attended. The survey link was also posted on MSLC's social media channels inclusive of Facebook, Instagram, and X.

Findings:

- Of the respondents, 97% completed the survey in English, and 3% in Spanish.
- 49% of respondents had health insurance through an employer or union
- 32% reported Medicare as their Health Insurance Source
- 8% reported Medicaid as their Health Insurance Source

The chart below references the Importance and Satisfaction Ratings by Social Determinants of Health, rated by importance.

- **Neighborhood and Built Environment** is rated the most important (4.1) but has a lower satisfaction score (2.9).
- **Economic Stability and Health Care Access and Quality** are tied for second in importance (3.9), with satisfaction ratings of 2.8 and 2.9, respectively.
- **Education Access and Quality** follows with an importance of 3.8 and satisfaction of 2.8.
- **Social and Community Context** is rated least important (3.7) and also has the lowest satisfaction (2.6).



Across all SDOH categories, importance ratings are higher than satisfaction ratings, suggesting that residents or respondents see these factors as highly important but are not as satisfied with current conditions—indicating areas for improvement, especially in Neighborhood and Built Environment and Social and Community Context.

Responses also indicated that the following areas need attention:

- **Social and community context-** mental health disorders (such as depression_
- **Healthcare Access and Quality**- Women's and Maternal healthcare
- **Economic Stability-** Affordable housing and homelessness prevention
- **Health Care Access and Quality**- Obesity in children and adults
- **Health Care Access and Quality**- Arthritis / disease of the joints

SDOH Domain	Health Condition	Importance Rank*	Importance Score^	Importance Relative to Other Health Conditions	Importance Number of Respondent	Satisfaction Rank**	Satisfaction Score^	Satisfaction Relative to Other Health Conditions	Satisfaction Number of Respondent
Needs Attention									
Social and Community Context	Mental health disorders (such as depression)	6	4.08	Above Average	683	24	2.54	Below Average	542
Health Care Access and Quality	Women's and maternal health care	8	4.04	Above Average	688	18	2.70	Below Average	560
Economic Stability	Affordable housing and homelessness prevention	11	3.98	Above Average	688	26	2.36	Below Average	553
Health Care Access and Quality	Obesity in children and adults	12	3.97	Above Average	696	21	2.60	Below Average	512
Health Care Access and Quality	Arthritis/disease of the joints	15	3.94	Above Average	666	15	2.73	Below Average	504
Maintain Efforts									
Health Care Access and Quality	Cancer	1	4.40	Above Average	696	13	2.79	Above Average	576
Health Care Access and Quality	Dental care	2	4.34	Above Average	691	4	3.03	Above Average	625
Economic Stability	Access to healthy/nutritious foods	3	4.32	Above Average	689	5	3.02	Above Average	629
Health Care Access and Quality	Heart disease	4	4.25	Above Average	700	2	3.08	Above Average	573
Neighborhood and Built Environment	Violence (including gun violence)	5	4.19	Above Average	693	10	2.88	Above Average	569
Neighborhood and Built Environment	Stopping falls among elderly	7	4.06	Above Average	693	12	2.79	Above Average	495
Health Care Access and Quality	Diabetes and high blood sugar	9	4.03	Above Average	693	7	2.94	Above Average	546
Health Care Access and Quality	High blood pressure	10	3.99	Above Average	704	1	3.11	Above Average	571
Health Care Access and Quality	Infectious diseases (COVID-19, flu, hepatitis)	13	3.95	Above Average	697	3	3.04	Above Average	595
Health Care Access and Quality	Adolescent and child health	14	3.95	Above Average	668	9	2.90	Above Average	508
Health Care Access and Quality	Asthma, breathing issues, and lung disease	16	3.94	Above Average	683	11	2.85	Above Average	523
Education Access and Quality	School health and wellness programs	17	3.89	Above Average	663	8	2.94	Above Average	496
Relatively Lower Priority									
Education Access and Quality	Access to continuing education and job training programs	18	3.86	Below Average	665	20	2.64	Below Average	530
Economic Stability	Assistance with basic needs like food, shelter, and clothing	20	3.83	Below Average	695	14	2.78	Below Average	549
Social and Community Context	Substance use disorder/addiction (including alcohol use disorder)	21	3.73	Below Average	680	22	2.57	Below Average	501
Economic Stability	Job placement and employment support	22	3.66	Below Average	659	25	2.49	Below Average	517
Social and Community Context	Cigarette smoking/tobacco use/vaping/e-cigarettes/hookah	23	3.45	Below Average	685	23	2.57	Below Average	473
Health Care Access and Quality	Hepatitis C/liver disease	24	3.23	Below Average	639	16	2.73	Below Average	406
Health Care Access and Quality	HIV/AIDS (Acquired Immune Deficiency Syndrome)	25	3.12	Below Average	642	19	2.65	Below Average	380
Health Care Access and Quality	Sexually Transmitted Infections (STIs)	26	3.07	Below Average	648	17	2.72	Below Average	402
Health Care Access and Quality	Infant health	19	3.83	Below Average	663	6	2.97	Above Average	468

*How important is this issue to you?
**How satisfied are you with current services in your neighborhood?
^Rated on a 5-point scale from 1='Not at all' to 5='Extremely'

The chart below indicates that most respondents viewed their own health and that of their neighborhoods positively overall.

- Over 75% of respondents rated their physical health as good, very good, or excellent
- More than 80% rated their mental health similarly.
- The majority also perceived the overall health of their neighborhoods as good or better.

2025 GNYHA Community Health Needs Assessment Collaborative
Montefiore Orange County
Question Results

In general, how is the overall health of the people of your neighborhood?	Number	Percent
Excellent	31	3%
Very good	151	16%
Good	502	53%
Fair	210	22%
Poor	49	5%
Missing	33	

In general, how is your physical health?	Number	Percent
Excellent	76	8%
Very good	243	25%
Good	421	43%
Fair	189	19%
Poor	43	4%
Missing	4	

In general, how is your mental health?	Number	Percent
Excellent	135	14%
Very good	283	29%
Good	365	38%
Fair	150	15%
Poor	39	4%
Missing	4	

Long-term COVID Effects	Number	Percent
No Current Long COVID	558	88%
Current Long COVID without Significant Activity Limitation	58	9%
Current Long COVID with Significant Activity Limitation	19	3%
Missing	341	

Adverse social determinants of health and health-related social needs*	Number	Percent
Receiving food stamps or SNAP**	39	6%
Food insecurity^	153	24%
Housing insecurity‡	133	21%
Missing	346	

*Percentages may not add up to 100 because respondents could choose more than one option
**SNAP = Supplemental Nutrition Assistance Program.
^'Always', 'Usually', or 'Sometimes' to 'During the past 12 months,how often did the food that you bought not last, and you didn't have enough money to get r
‡'Yes' to 'During the last 12 months, was there a time when you were not able to pay your mortgage, rent, or utility bills?'

Long-term impacts of COVID-19 were reported as relatively low, with 88% reporting no current symptoms. Notably, social and economic challenges remain pertinent with roughly 1 in 4 respondents experiencing food insecurity, one in five reported housing insecurity, and 6% received SNAP benefits. These findings suggest that while community health perceptions are largely positive, social determinants of health continue to influence residents' overall well-being.

2025 Orange County Department of Health Community Provider Survey

Collection Method:

This survey was distributed throughout the spring of 2025. A total of 170 responses were collected. Specifically, at MSLC, this survey was distributed to providers within the organizations medical staff, nursing leaders and community physicians. Compiled with responses from partnering community hospitals and organizations throughout Orange County, the following were identified:

Findings:

Top Three Issues That Affect Health In Orange County

1. Access to Mental Health Providers
2. Access to Affordable, decent and safe housing
3. Access to specialty services/ providers

The Top Three Barriers to Achieving Better Health

1. Knowledge of existing resources
2. Health Literacy
3. Geographic Location

The Top Three Health Issues in Orange County

1. Chronic Disease
2. Mental Health and Substance Use
3. Health Disparities

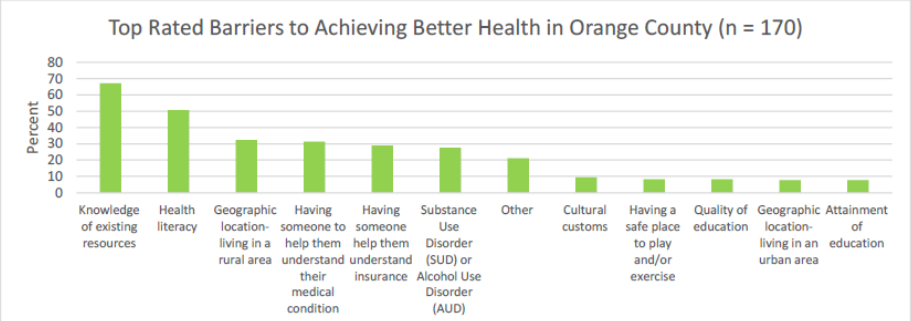
Community partners had the opportunity to indicate what they felt were the underlying reasons for and barriers to best address the areas highlighted above. Frequent responses included the following:

- Lack of medical providers particularly in primary care, mental health, and specialists including loss of workforce without incoming practitioners to replace them
- Lack of services outside regular workweek hours
- Lack of affordable and reliable transportation and public transit routes, particularly for uninsured individuals and non-Medicaid patients
- Lack of affordable, safe, and stable housing

- Language and cultural barriers
- Lack of affordable childcare and unstable caregiver support for aging population
- Health literacy, education and communication
- Lack of awareness of available resources and limited internet access and digit skills
- Fragmented and uncoordinated services, no centralized referral system

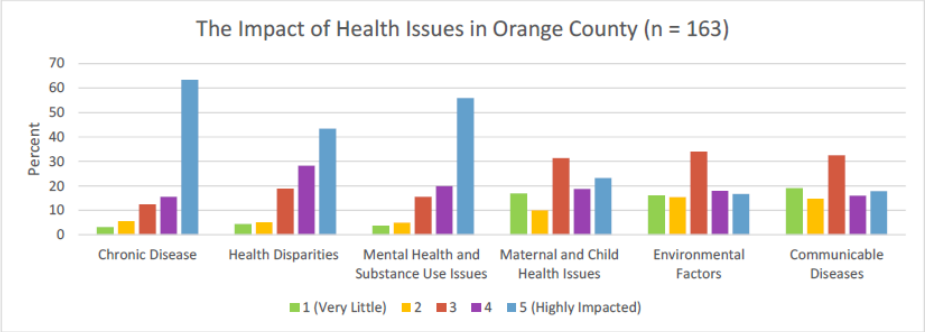
The recommendations noted in the Regional CHA include the following:

- Improve coordination across county agencies and specialty services
- Create plain-language, multilingual health education materials and campaigns, and train healthcare providers to deliver culturally competent care
- Expand, recruit, and train healthcare providers to expand both physical and mental healthcare services
- Expand public transit options
- Advocate for affordable housing and childcare

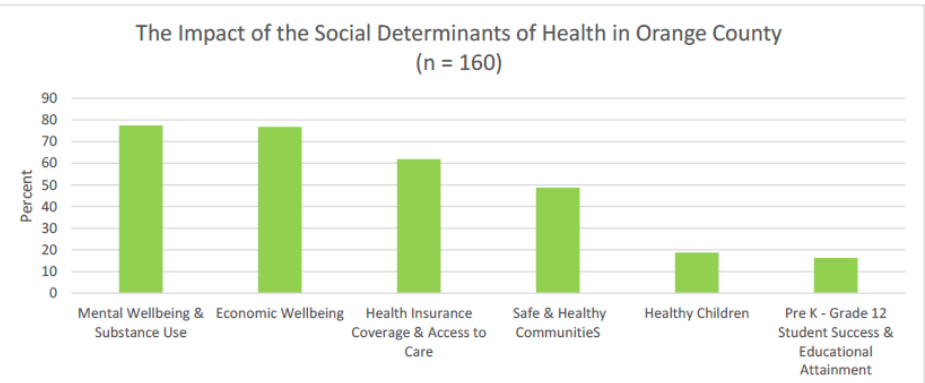


Knowledge of existing resources	Health literacy	Geographic location-living in a rural area	Having someone to help them understand their medical condition	Having someone help them understand insurance	Substance Use Disorder (SUD) or Alcohol Use Disorder (AUD)
67.06	50.59	32.35	31.18	28.82	27.65
Other	**Cultural customs**	**Having a safe place to play and/or exercise**	**Quality of education**	**Geographic location-living in an urban area**	**Attainment of education**
21.18	9.41	8.24	8.24	7.65	7.65

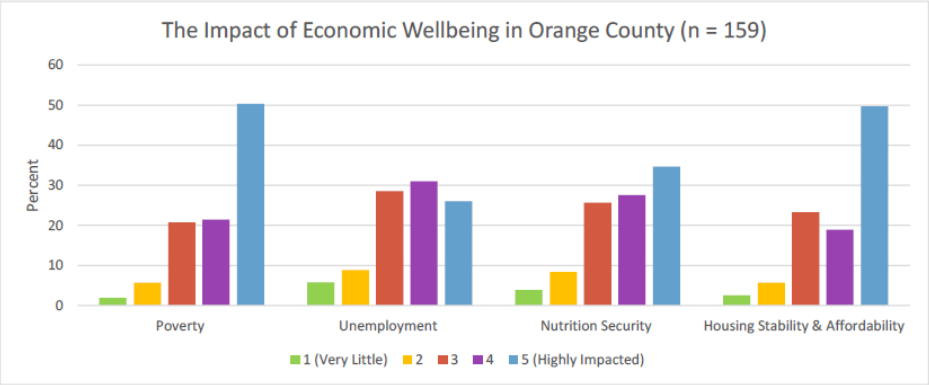
Other: some additional responses include lack of providers, transportation, housing issues, and being low income but not qualifying for benefits.



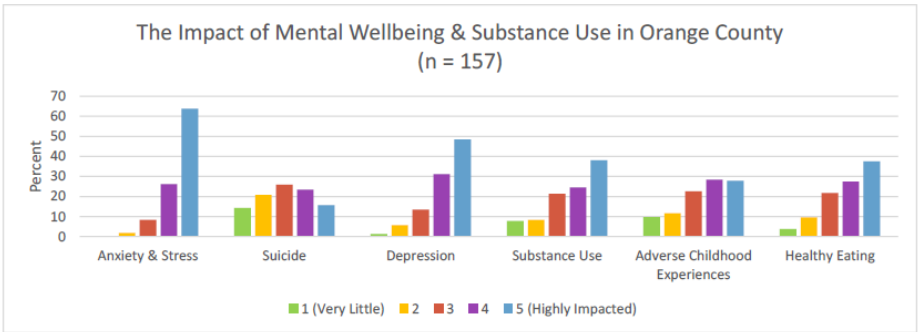
	Chronic Disease	Health Disparities	Mental Health and Substance Use Issues	Maternal and Child Health Issues	Environmental Factors	Communicable Diseases
1 (Very Little)	3.11	4.40	3.73	16.88	16.05	19.02
2	5.59	5.03	4.97	10.00	15.43	14.72
3	12.42	18.87	15.53	31.25	33.95	32.52
4	15.53	28.30	19.88	18.75	17.90	15.95
5 (Highly Impacted)	63.35	43.40	55.90	23.13	16.67	17.79



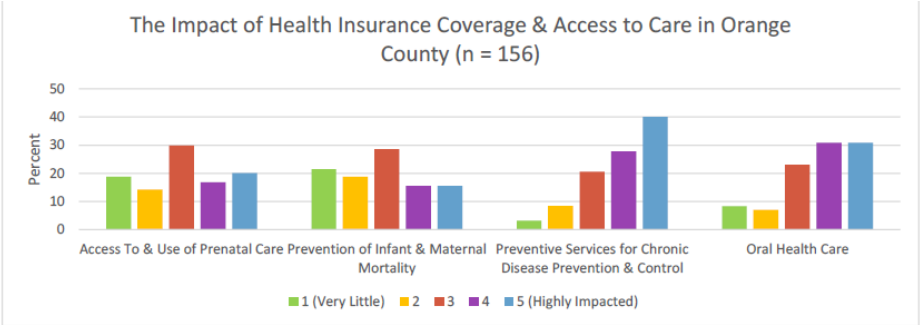
Mental Wellbeing & Substance Use	Economic Wellbeing	Health Insurance Coverage & Access to Care	Safe & Healthy Communities	Healthy Children	Pre K - Grade 12 Student Success & Educational Attainment
77.50	76.88	61.88	48.75	18.75	16.25



	Poverty	Unemployment	Nutrition Security	Housing Stability & Affordability
1 (Very Little)	1.89	5.70	3.85	2.52
2	5.66	8.86	8.33	5.66
3	20.75	28.48	25.64	23.27
4	21.38	31.01	27.56	18.87
5 (Highly Impacted)	50.31	25.95	34.62	49.69



	Anxiety & Stress	Suicide	Depression	Substance Use	Adverse Childhood Experiences	Healthy Eating
1 (Very Little)	0.00	14.29	1.27	7.74	9.68	3.82
2	1.91	20.78	5.73	8.39	11.61	9.55
3	8.28	25.97	13.38	21.29	22.58	21.66
4	26.11	23.38	31.21	24.52	28.39	27.39
5 (Highly Impacted)	63.69	15.58	48.41	38.06	27.74	37.58



	Access To & Use of Prenatal Care	Prevention of Infant & Maternal Mortality	Preventive Services for Chronic Disease Prevention & Control	Oral Health Care
1 (Very Little)	18.83	21.43	3.23	8.33
2	14.29	18.83	8.39	7.05
3	29.87	28.57	20.65	23.08
4	16.88	15.58	27.74	30.77
5 (Highly Impacted)	20.13	15.58	40.00	30.77

2025 Community Asset Survey

The 2025 Community Asset Survey was created and assessed by the Orange County Department of Health. This survey was conducted from April 25 through September 4, 2025. More than 800 residents completed this survey.

Collection Methods:

MSLC partnered with the OCDOH to distribute the 2025 Community Asset Survey, to its employees, recognizing that it could only be completed by Orange County Residents specifically. The survey link was sent to all 1,200 (+) employees, posted on the MSLC social media pages, as well as tent cards placed in hospital waiting areas and in the cafeteria and main lobbies. Additionally, flyers promoting the survey with QR codes were also distributed at community events that hospital community relations staff attended throughout the Spring of 2025.

Following the results, MSLC has compared initial findings to its own patient data to draw necessary conclusions.

The CAS asked Orange County Residents (only) the following questions:

- Do you live in Orange County?

- What is your zip code?
- What are the greatest strengths of our community?
- Where should the community focus its resources and attention to improve the quality of life in our community?
- What are the most important health issues that our community should focus on?

Findings:

The Top Three Areas Identified to Improve Quality of Life:

- More affordable housing
- Better Jobs and Economy
- Improving Public Transportation

The Top Three Most Important Health Issues Identified:

- Mental Health (including depression and anxiety)
- Drug Use
- Aging problems such as Alzheimer's, Arthritis, Hearing/Vision Loss, etc.

Notably, the strengths of the Orange County community were the following:

- Access to good education
- Parks and Recreation
- Access to Basic Health Care

2024 Orange County Department of Health Community Health Survey

Additionally, MSLC partnered with the OCDOH to help disseminate the 2024 Community Health Survey. This survey was conducted with Siena Research Institute to obtain data from residents within Orange County ages 18 and over. This survey included 63 questions that asked respondents about their overall quality of life, social determinants of health, perception of health and well-being, health behaviors, along with access and utilization of health services. As referenced in the Regional CHA, *the county-wide sample of 900 was weighted by age, gender, reported race/ethnicity, income and county using the 2015-2020 American Community Survey 5-year estimates to ensure statistical representativeness. The margin of error (MOE) including the design effects resulting from weighting with a 95% confidence interval for the sample was +/- 3.8%. More information regarding the methodology, design, and results is available in the Orange County Community Health Survey Report found here: https://www.orangecountygov.com/2325/Reports-Assessments.*

Data Collection Methods:

This survey captured a total of 900 responses from OC residents between May 20 and June 26 of 2024. This survey was random telephone (landline and cell phones) and online participants in collaboration with Siena College Research Institute.

Topics of focus included the following:

- Access to Care
- General Well-Being
- Social and Economic Indicators
- Physical and Mental Health
- Substance Use
- COVID – 19
- Cannabis Use
- RSV and Flu Vaccination
- Child Development

Findings of this survey included:

- 30% of residents making <$25K yearly income were unable to get **transportation** when needed, compared to only 17% of all OC
- 22% of residents making <$25K were unable to **access food** when they needed it, compared to 15% of all OC residents
- 19% of adults 18-34 reported that they had trouble obtaining **housing** compared to 14% of OC residents
- 74% of residents rated their **physical health** as excellent or good compared to **60%** for those with <$25K annual income
- Only 37% of OC residents reported excellent **mental health** compared to **52%** in 2018

Furthermore, the Regional CHA references the following highlights from the survey findings:

- Overall, 74% of respondents rated their physical health as excellent or good compared to 79% in 2018. Comparatively only 60% of those making <$25K per year reported excellent or good physical health.
- Respondents report excellent mental health has declined significantly since 2018

(52% vs. 37% in 2024).

- 47% of Orange County respondents aged 18-34 reported having moderate or serious mental (psychological) distress, compared to 25% of those aged 55 and over.
- 89% of Orange County respondents aged 55 and older reported visiting a primary care physician for a routine physical or checkup in the last 12 months, compared to 69% of those aged 18-34.
- 19% of Orange County respondents aged 18-34 reported that they, or a member of their household, had trouble obtaining housing when it was really needed at some point in the last 12 months. This compares to 10% of Orange County respondents aged 55+.
- Over 20% of respondents reported being unable to get any healthcare (including dental or vision) when it was really needed compared to 14.7% in 2018.
- 15.3% of respondents reported being unable to access food when they needed it in 2024, which is similar to 2023 (15.5%) but significantly higher than in 2018 and 2022, (9.8% and 12.4% respectively).
- 30% of respondents with <$25K yearly income were unable to get transportation when needed in the previous 12 months, compared to only 17% of Orange County respondents.
- 27% of Orange County respondents making <$25K per year reported that they were unable to access the internet to 18% of all respondents.

MSLC used the above data sources in addition to the OCDOCH provided Hanlon Method Analysis. The Hanlon Method is described as a *prioritization technique that provides a structured objective approach to analyze largest health concerns in a community*.

In the chart below, the priority areas ranked closest to 30 are deemed the most pressing health issues within Orange County. This was determined using 34 indicators with scores that range from 10-26.

Priority Area	2025 Score	2022 Score
Cardiovascular disease	26	22
Hypertension	25	17
Cancer (All sites)	24	Added in 2025
Childhood immunizations	24	26
Obesity in Adults	24	23
Obesity in Children	24	21
Physical Activity	24	25
Binge Drinking	23	24
Food Security	23	21
Smoking	23	22

Summarizing all data points from the OCDOH, the following priorities were identified in Orange County:

Data Summary Across Assessments

Assessment	Health Priority 1	Health Priority 2	Health Priority 3
Community Asset Survey	Mental Health	Drug Use	Aging issues
Provider Survey	Access to care	Chronic disease	Mental Health
Hanlon Method	Cardiovascular Disease	Hypertension	Cancer, Immunizations, Obesity, Physical Activity
Community Health Survey	Transportation	Mental Health (psychological distress)	Food Security
Secondary Data Review	Cardiovascular Disease	Cancer Mortality	Affordable Housing

Key Summary Points

Which health metrics contribute MOST to mortality each year?

- Heart disease and cancer remain the top two leading causes of death in Orange County, accounting for the largest proportion of overall mortality in 2022.
- These are followed by unintentional injuries (including overdoses and accidents), COVID-19, and chronic lower respiratory diseases, all of which continue to significantly impact community health outcomes.
- When examining premature mortality (deaths before age 75), cancer is the leading cause, followed by heart disease, unintentional injuries, COVID-19, and diabetes.
- Together, these metrics highlight the continued need for focused initiatives in chronic disease prevention, injury and overdose prevention, and access to timely medical and preventive care.

Which health metrics are getting WORSE?

Several key health indicators in Orange County show worsening trends, reflecting growing disparities, socioeconomic stressors, and emerging health risks. Premature mortality is increasing, with widening gaps between Black non-Hispanic and White non-Hispanic residents, as well as between Hispanic and White non-Hispanic residents, highlighting deepening racial and ethnic inequities. Socioeconomic indicators—including poverty rates, child poverty, unemployment, and food insecurity—continue to worsen, contributing to rising health risks across the lifespan.

Chronic disease risk factors are also deteriorating, with increases in adult and youth obesity, higher rates of cigarette smoking among low-income adults, and declining breast cancer screening rates among women aged 50–74. Several acute and chronic conditions show worsening trends, such as asthma-related ED visits in children, cirrhosis mortality, alcohol related motor vehicle injuries and deaths, and assault-related hospitalizations, including widening racial and ethnic disparities in assault-related injuries.

Maternal and child health indicators reflect additional community challenges, with increases in late or no prenatal care, neonatal deaths, and mortality among adolescents aged 10–19 years. These worsening trends underscore the need for strengthened prevention efforts, earlier identification of social needs, and targeted interventions to address the root causes driving poor health outcomes and inequities.

Commented [TT1]: Consider using narrative to reduce redundancies.

Which health metrics are getting BETTER?

Several important health indicators in Orange County show positive improvement, reflecting progress in prevention, access to care, chronic disease management, and safety. The percentage of deaths that are premature (before age 65) is declining, suggesting gains in longevity and reductions in preventable mortality. Access to care is improving as well, with more adults reporting that they have a regular health care provider, and an increasing number engaging in leisure-time physical activity, supporting healthier lifestyle behaviors.

Multiple chronic disease–related outcomes are trending in the right direction. These include declines in heart attack mortality, asthma hospitalization rates (both overall and among children aged 0–4), chronic lower respiratory disease hospitalizations, and mortality rates from all cancers, including breast and colorectal cancer. These improvements demonstrate the impact of early detection, expanded outpatient services, and better disease management.

Positive trends are also seen in behavioral health and injury prevention. The opioid overdose death rate is decreasing, as are youth suicide mortality rates and self-inflicted injury hospitalizations, suggesting progress in crisis response, harm reduction, and mental health support. Public safety indicators, such as DWI arrests and the age-adjusted homicide mortality rate, are also showing improvement. Additionally, more residents are using alternate modes of transportation or telecommuting, contributing to safer roads and improved environmental health.

Finally, the incidence of high blood lead levels in children has decreased, reflecting the success of local environmental health initiatives and housing safety efforts. Together, these improving metrics highlight areas of community strength and ongoing progress.

Where is Orange County FALLING BEHIND the New York State indicators?

Compared with New York State overall, Orange County is falling behind on a broad range of health and social indicators, reflecting higher levels of premature death, preventable disease, and unmet social needs. The county has higher percentages of premature deaths (before ages 65 and 75) and higher rates of potentially preventable hospitalizations, indicating gaps in primary care access, care coordination, and effective outpatient management.

Social and economic conditions are also worse than the state average. Orange County has higher child poverty, more adults who forgo needed medical care due to cost, a greater proportion of renters who are housing cost–burdened (paying ≥30% of income on rent), and

higher adult obesity. Cancer screening rates lag behind state benchmarks, with lower rates of breast and colorectal cancer screening, and higher rates of adults diagnosed with prediabetes, signaling increased risk for future chronic disease.

Across multiple chronic disease indicators, Orange County has higher hospitalization and mortality rates than the state, including cardiovascular disease, stroke, asthma (especially pediatric ED visits), chronic lower respiratory disease, chronic kidney disease ED visits, and several cancer outcomes (all cancers combined, breast, colorectal, lung/bronchus incidence). Behavioral health and injury indicators are also worse: opioid overdose deaths, suicide mortality, alcohol-related motor vehicle injuries and deaths, and DWI arrests all exceed state levels.

Environmental and preventive health metrics show additional gaps. The county trails in the percentage of residents with optimally fluoridated community water, has higher elevated blood lead levels among employed adults, and lower childhood immunization coverage (including the full 4:3:1:3:3:1:4 series, overall up to date vaccination at age 2, and HPV vaccination at age 13). Infectious disease indicators such as early syphilis, primary and secondary syphilis in males and overall, and newly reported hepatitis C cases are higher than state averages.

Maternal and child health measures further highlight areas of concern. Orange County has lower rates of early and adequate prenatal care, higher rates of late or no prenatal care, a higher teen birth rate, and a greater percentage of births covered by Medicaid or self-pay, underscoring both socioeconomic vulnerability and persistent barriers to timely perinatal care.

Taken together, these indicators show that Orange County is disproportionately burdened by preventable chronic disease, behavioral health issues, sexually transmitted infections, maternal/child health challenges, and social determinants of health, reinforcing the need for targeted, equity-focused interventions in MSLC's CHNA, CSP, and CHIP.

Where are the DISPARITIES?

- Non-Hispanic Black and Hispanic residents experience higher rates than non-Hispanic White residents in many health indicators where data are available. Examples include:
    - Premature deaths (before age 75 years)
    - Unemployment
    - Lack of health insurance
    - Poverty
    - Food insecurity

- Hospitalizations and mortality due to diabetes
- Asthma hospitalizations
- Premature and low birthweight births
- Infant mortality

Additionally, non-Hispanic Black residents experience higher rates than other racial and ethnic groups in the following indicators:

- Total mortality and years of potential life lost
- Potentially preventable hospitalizations
- Unintentional injury mortality
- Hospitalizations and mortality due to heart disease
- Hospitalizations and mortality due to cerebrovascular disease (stroke)
- Chronic Lower Respiratory Disease (CLRD) hospitalizations
- Female breast cancer mortality
- Colorectal cancer mortality
- Prostate cancer incidence and mortality

Non-Hispanic Asian, Native Hawaiian, and other Pacific Islander residents experience higher rates compared to some other racial and ethnic groups in some health indicators, including:

- Premature death (before age 75 years)
- Uninsured
- Speak English less than very well
- Mortality due to cerebrovascular disease (stroke)
- Female Medicare enrollees (65-74 yrs) receiving annual mammography screening
- Premature and low birthweight births

Which New York State Prevention Agenda indicator goals are UNMET?

- Premature deaths (before age 65 years)
- Percentage of adults aged 18-64 years with health insurance
- Percentage of adults with obesity
- Percentage of children and adolescents with obesity
- Percentage of cigarette smoking among adults with income less than $25,000
- Suicide mortality, age-adjusted rate per 100,000 population
- Assault-related hospitalizations, ratio of rates between Black non-Hispanics and White non-Hispanics

- Percentage of people who commute to work using alternate modes of transportation (e.g., public transportation, carpool, bike/walk) or who telecommute
- Percentage of residents served by community water systems that have optimally fluoridated water
- Percentage of 24-35-month old children with the 4:3:1:3:3:1:4 immunization series
- Percentage of women with a preventive medical visit in the past year, aged 18-44 years
- Maternal mortality, rate per 100,000 live births
- Child and adolescent mortality rate per 100,000 population aged 10-19 years

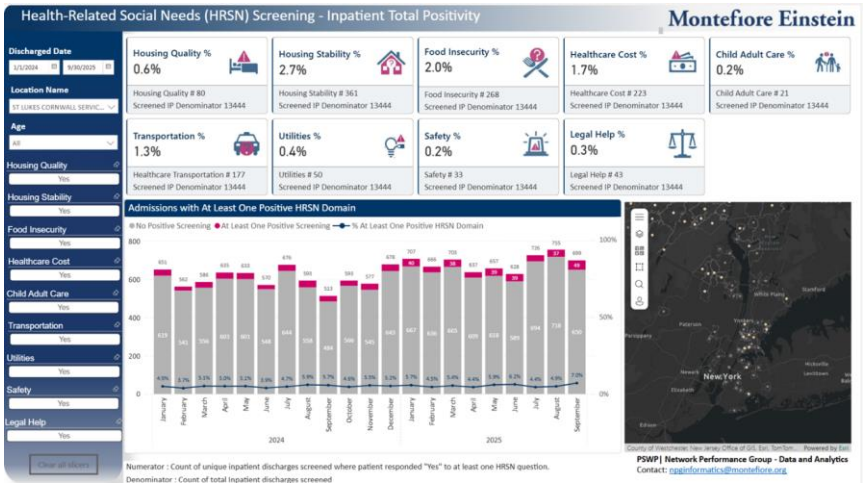
Health Challenges and Associated Risk Factors

As part of MSLC's ongoing commitment to addressing the Health Related Social Needs of the communities it serves, the organization conducts HRSN Screening on its patient population as part of the admission process.

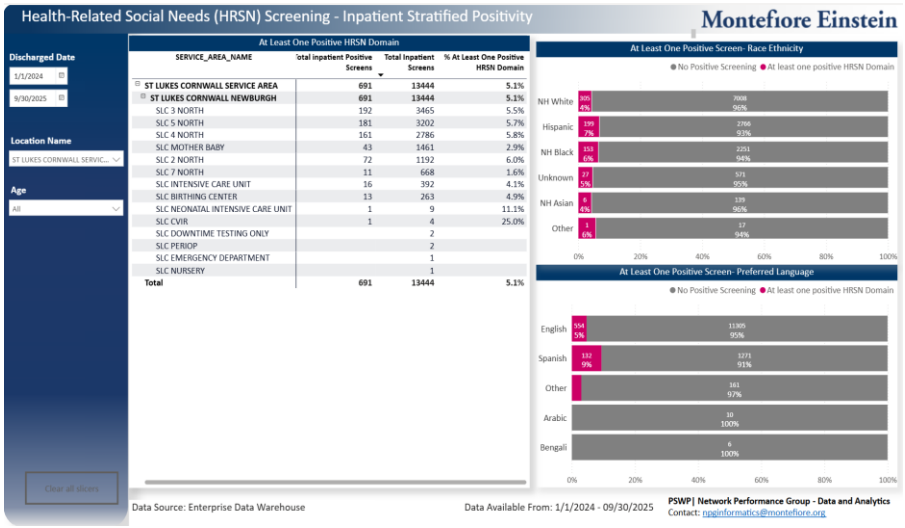
In 2023, 215 of MSLC's inpatients identified that they had a health related social need, primarily due to food, transportation, healthcare costs, and housing.

- 17.4% of the population is registered as disabled, compared to the 12.9% statewide average.
- Newburgh's population is primarily persons of color with only 22% of the population identified as white.
- A language other than English is spoken at home at a rate of 41.2% in Newburgh compared to 30.7% across NYS.

Looking at discharges from January 1, 2024, through September 30, 2025, MSLC screened for housing quality and stability, food insecurity, healthcare cost, transportation, among other items.



The following chart presents the total inpatient positive screens at the unit specific level, with a total of 13,444 patients screened between January and September 2025.



Leading Causes of Death in Orange County

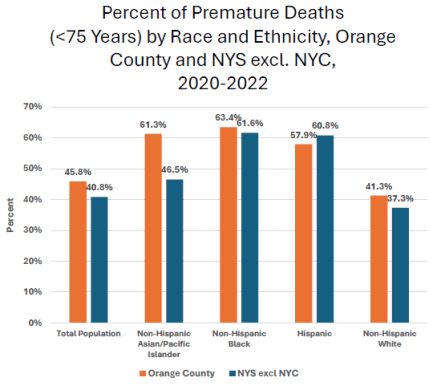
The leading causes of death (and significantly higher ranked) in 2023 were cardiovascular disease and Cancer.

Rank Order	Cause of Death	Age-Adjusted Death Rate (per 100,000 population)
1	Cardiovascular Disease	193.6
2	Cancer	140.1
3	Unintentional Injury	47.1
4	Chronic Lower Respiratory Disease (CLRD)	22.9
5	Cerebrovascular Disease	21.4
6	Alzheimer's Disease	19.9
7	Pneumonia and Influenza	17.5
8	Diabetes	15.5
9	COVID-19	14.3
10	Cirrhosis	5.8

Source: New York State Department of Health, Vital Statistics, Special Data Request, as of June 2025

Premature Death in Orange County

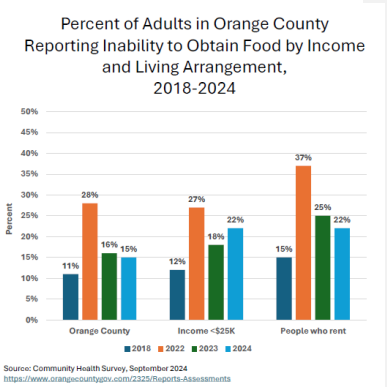
The percent of premature death in Orange County is worse than the New York State average. The chart below also indicates that Non-Hispanic Black residents were higher than any other racial or ethnic group and worse than the New York State average, excluding NYC.



Source: NYSDOH County Health Indicators by Race/Ethnicity (CHIRE), November 2024, https://www.health.ny.gov/statistics/community/minority/county/orange.htm

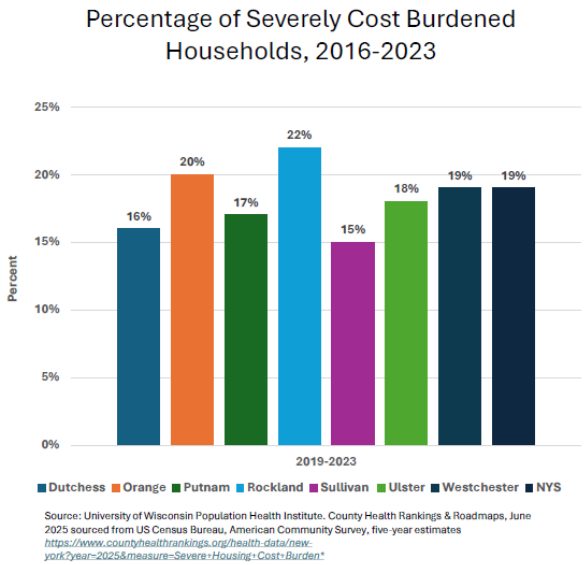
Food Insecurity in Orange County

The above noted data sources, specifically the Community Health Survey conducted in September 2024, indicate that Food Insecurity throughout Orange County remained about the same from the year prior, however the disparity worsened for respondents making <25,000 per year.



Severely Cost Burdened Households- Comparing OC to the Mid Hudson Region

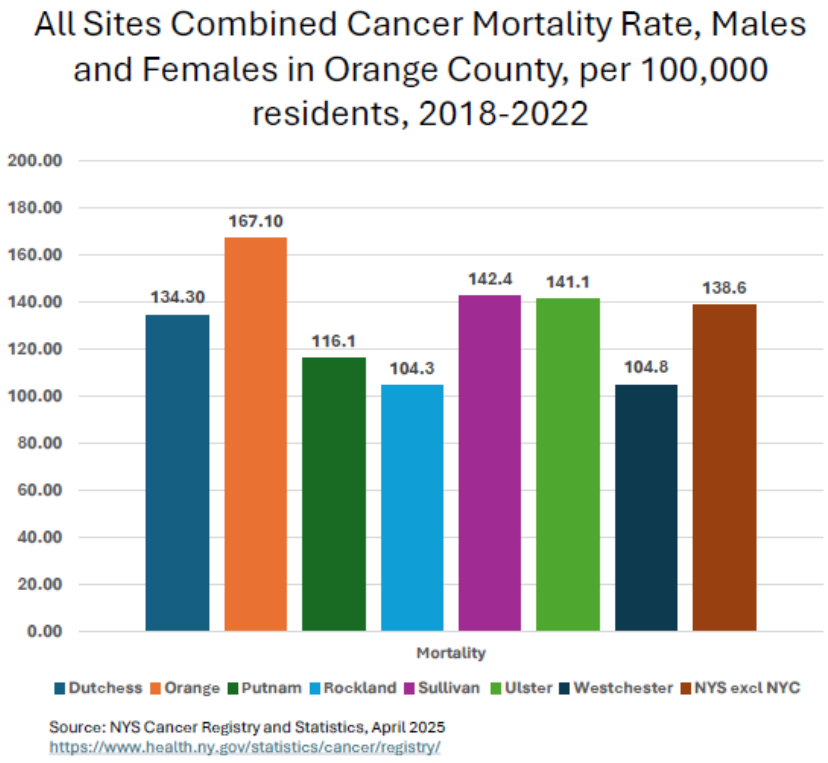
Looking at 2016 through 2023, Orange County ranked the second highest for severely cost burdened households and slightly worse than the New York State average.



This indicates the percentage of households that spend 50% or more of their income on housing.

Cancer

According to the New York State Cancer Registry, Orange County had the highest rate of Cancer: all-cause mortality from 2018 to 2022, at 167.1 per 1,000 residents. This is 20% higher than the New York State Average.

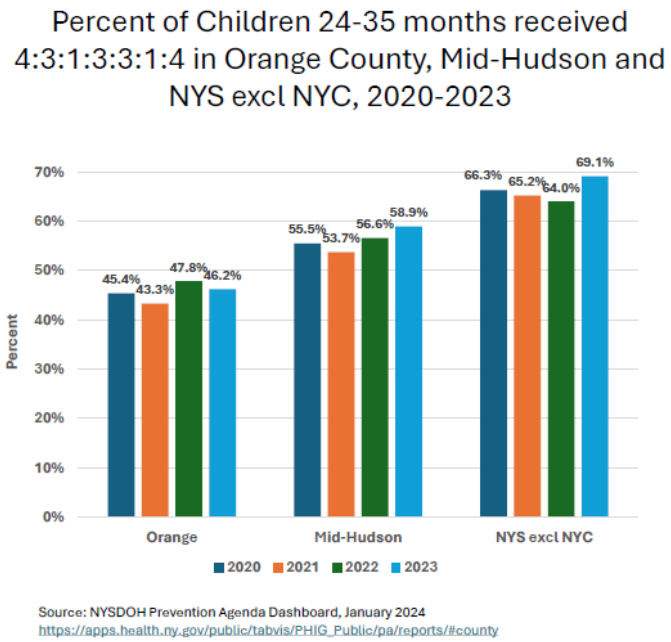


Source: NYS Cancer Registry and Statistics, April 2025
https://www.health.ny.gov/statistics/cancer/registry/

Childhood Immunizations

Orange County ranked significantly below the regional estimates of childhood immunizations, with little progress since 2020. The immunizations reviewed as part of the New York State Prevention Agenda Dashboard in January 2024 included

DTaP (Diphtheria, Tetanus, Pertussis) , Polio, MMR (measles/mumps/rubella), Hib (H.influenza type B), Hepatitis B, Varicella (chickenpox), and PCV(pneumococcal disease)



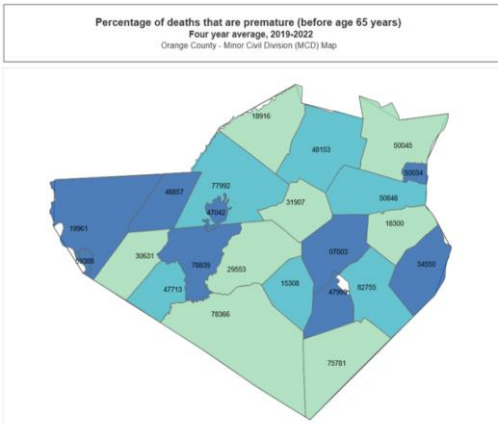
Source: NYSDOH Prevention Agenda Dashboard, January 2024
https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county

Relevant Health Indicators

In order to identify Relevant Health Indicators specific to the population that MSLC serves, data from the various community health surveys conducted and described above was compared to that of the organizations own screening tools, inclusive of the hospitals Social Determinant of Health Dashboards and Health Related Social Needs (HRSN) screening tools

Premature Deaths

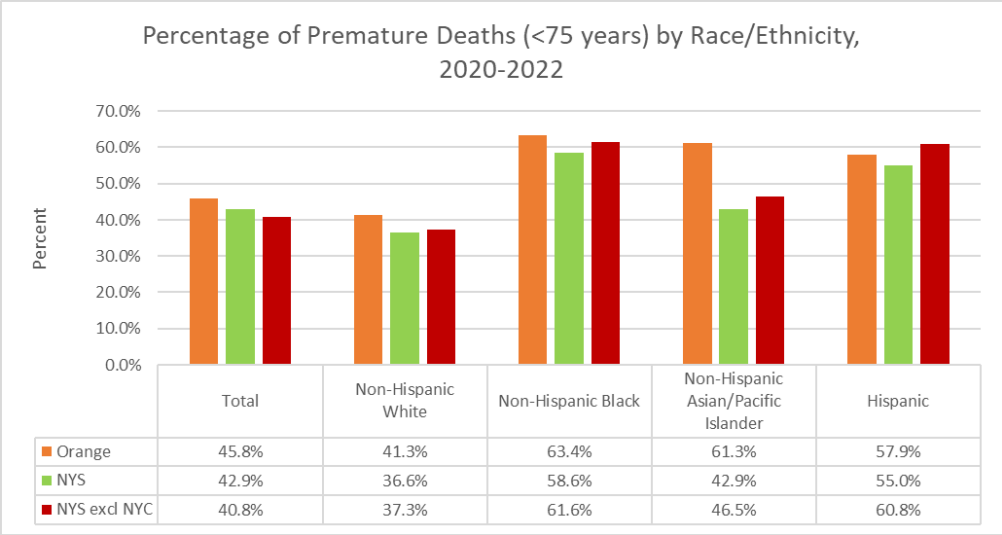
Premature death rates arere a relevant health indicator because they indicated the burden of chronic disease, socioeconomic disparities among other factors. In Orange County, zip codes with higher poverty rates showed a higher incidence of premature death. Newburgh has a 42.9% premature death rate, compared to the statewide average of 22%



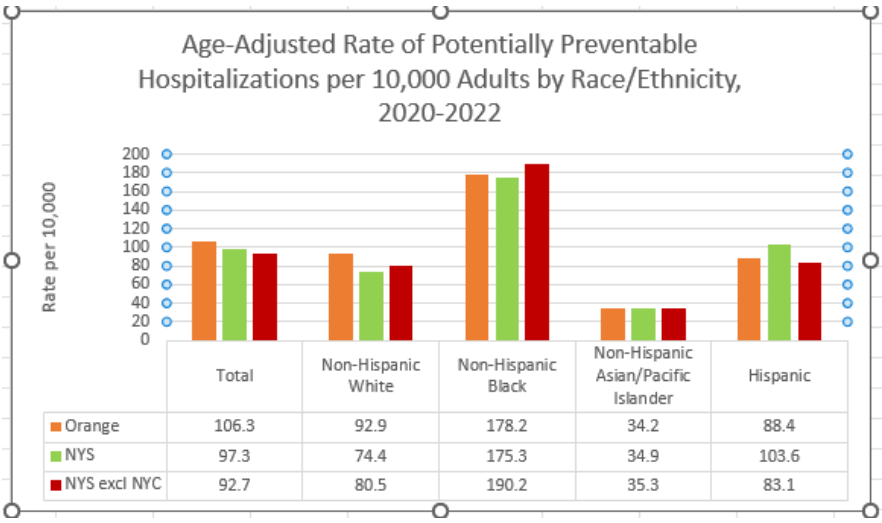
MCD Name	Deaths (before age 65 years)	Percentage
Blooming Grove town	252	28.0%
Chester town	77	22.1%
Cornwall town	84	19.5%
Crawford town	67	19.9%
Deerpark town	122	29.5%
Goshen town	97	13.6%
Greenville town	23	20.9%
Hamptonburgh town	41	20.4%
Highlands town	71	31.1%
Middletown city	328	32.3%
Minisink town	36	25.2%
Monroe town	214	30.9%
Montgomery town	213	25.2%
Mount Hope town	45	28.0%
Newburgh city	347	42.9%
Newburgh town	271	21.4%
New Windsor town	245	25.4%

Port Jervis city	128	31.4%
Tuxedo town	24	18.5%
Wallkill town	285	22.7%
Warwick town	234	20.2%
Wawayanda town	66	27.3%
Woodbury town	61	25.0%

Looking comparatively at how these rates of premature death rates span across race and ethnicity, the Non-Hispanic Black population has the incidence, with Orange County well above the New York State average.



The age adjusted rate of potentially preventable hospitalizations in another relevant health indicator. The graph below showcases the age-adjusted rates of potentially preventable hospitalizations (PPH) per 10,000 adults in Orange County, NY, versus New York State (NYS) overall and NYS excluding NYC, for 2020–2022, broken down by race and ethnicity.



- Orange County's preventable hospitalization rate (106.3) is higher than both the state average (97.3) and NYS excluding NYC (92.7).

Non-Hispanic White adults:

- Orange County (92.9) has a higher rate than NYS (74.4) and NYS excl. NYC (80.5).

Non-Hispanic Black adults:

- Orange County's rate (178.2) is similar to the statewide (175.3) and lower than the rest of NY state (190.2).

Asian/Pacific Islander adults:

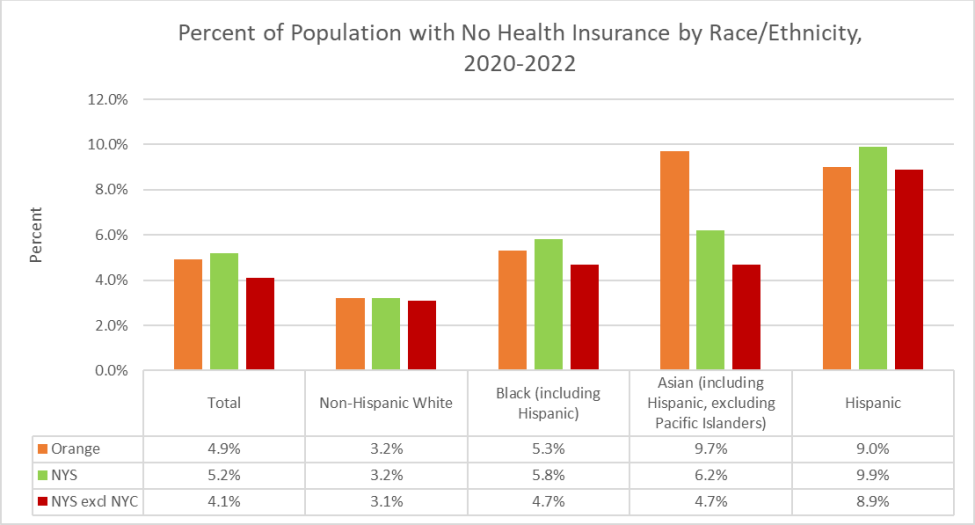
- OC (34.2) is nearly identical to the state averages — lowest rate across groups.
- This pattern reflects statewide trends, where Asian residents typically have the fewest PPH events.

Hispanic adults:

- OC (88.4) fares **better than the NYS average (103.6)** but slightly worse than NYS excluding NYC (83.1).

Percent of the Population with No Health Insurance

Lack of health insurance can impact one's ability to obtain healthcare. In Orange County, the rates of uninsured residents were slightly better than the overall state average.

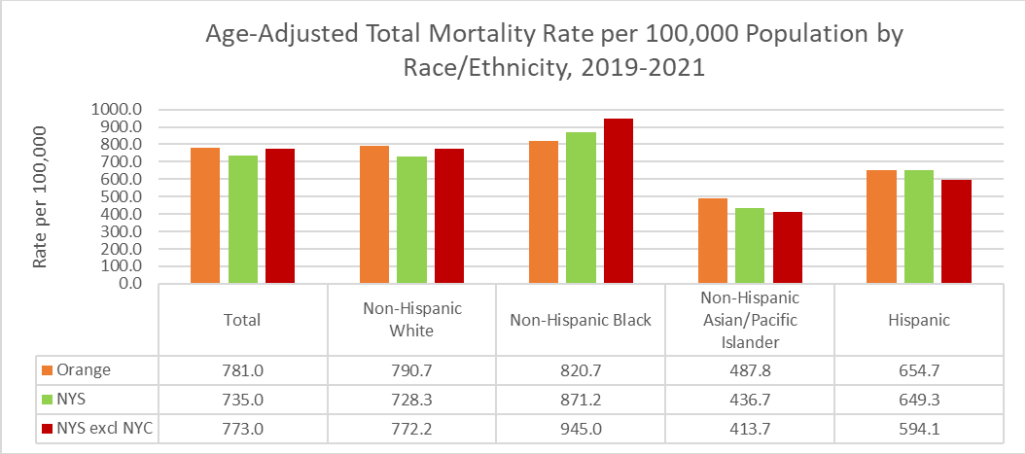


Source: NYSDOH County Health Indicators by Race/Ethnicity (CHIRE), 2020-2022
https://www.health.ny.gov/statistics/community/minority/county/orange.htm
https://www.health.ny.gov/statistics/community/minority/county/newyorkstate.htm
https://www.health.ny.gov/statistics/community/minority/county/restofnewyorkstate.htm

- Non-Hispanic White: Orange (3.2%) matches NYS and NYS excl. NYC almost exactly, indicating no major disparity **here.**
- Black (including Hispanic): Orange County (5.3%) is a bit better than NYS (5.8%)**,** though slightly higher than the rest of the state (4.7%)**.**
- Asian (including Hispanic): Orange County (9.7%) stands out as much higher than both NYS (6.2%) and NYS excl. NYC (4.7%). This suggests a potentially significant gap in coverage amongst Asian residents in Orange County, which could be linked to linguistic, immigration, or access barriers.
- Hispanic**:** Orange County (9.0%) is slightly better than the NYS average (9.9%) but close to NYS excl. NYC (8.9%). Insurance access remains a challenge**,** though consistent with statewide disparities.

Total Mortality Rate

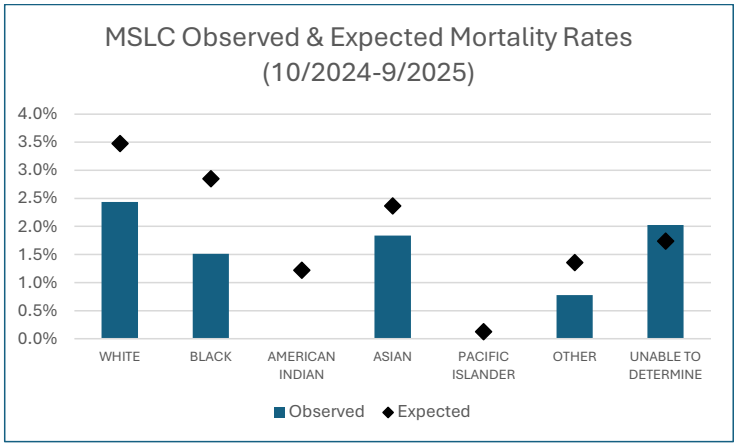
The Mortality Rate in Orange County is higher than the overall statewide average, with significant disparities indicated amongst specific racial and ethnic groups.



	Total	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Hispanic
Orange	781.0	790.7	820.7	487.8	654.7
NYS	735.0	728.3	871.2	436.7	649.3
NYS excl NYC	773.0	772.2	945.0	413.7	594.1

By Race/Ethnicity

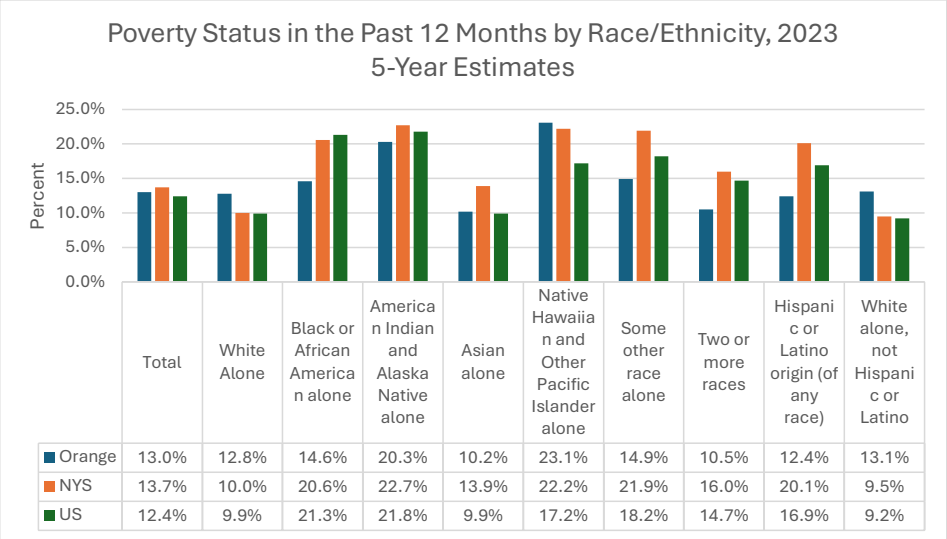
- **Non-Hispanic White:** Orange County has a higher mortality rate than both state and non-NYC averages.
- **Non-Hispanic Black:** The Black mortality rate in Orange County is lower than both state and non-NYC averages, though still elevated overall.
- **Non-Hispanic Asian/Pacific Islander:** Orange County's rate is higher than both comparison areas.
- **Hispanic**: Orange County's Hispanic mortality rate is slightly above the state average and considerably higher than NYS excluding NYC.



- Analysis of MSLC data shows better than expected morality rates for all identified races as shown in the diagram above.

Poverty Status

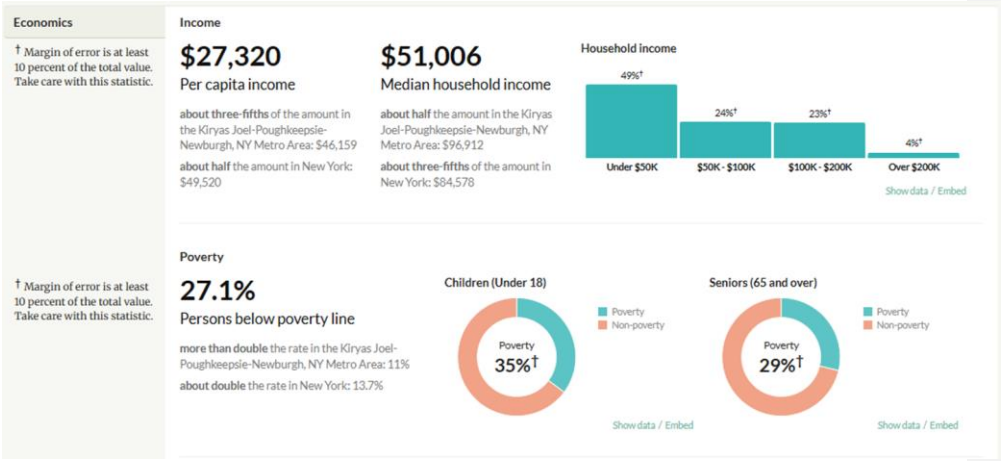
The overall rate of Poverty in Orange County is lower than the New York State average, however it remains higher than the national rate. As the case in other health indicators, Poverty incidence varies broadly across different races and ethnic groups.



	Total	White Alone	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Some other race alone	Two or more races	Hispanic or Latino origin (of any race)	White alone, not Hispanic or Latino
Orange	13.0%	12.8%	14.6%	20.3%	10.2%	23.1%	14.9%	10.5%	12.4%	13.1%
NYS	13.7%	10.0%	20.6%	22.7%	13.9%	22.2%	21.9%	16.0%	20.1%	9.5%
US	12.4%	9.9%	21.3%	21.8%	9.9%	17.2%	18.2%	14.7%	16.9%	9.2%

- **Non- Hispanic White:**- Slightly higher than both state and national averages.
- **Black or African American Alone**: Substantially lower in Orange County compared to state and national levels.
- **American Indian and Alaska Native Alone**: Comparable to national and state rates, all above 20%.
- **Asian**: Lower than the state average, similar to the national rate.
- **Native Hawaiian and Other Pacific Islander:** The highest poverty rate in Orange County, exceeding both state and national averages.
- **Hispanic or Latino**: Significantly lower than both state and national levels.
- **White Alone, Not Hispanic or Latino**: Higher in Orange County than both state and national rates.

The US Census Bureau reports that 27.1% of Newburgh residents fall below the poverty line. The median household income is $51,006.

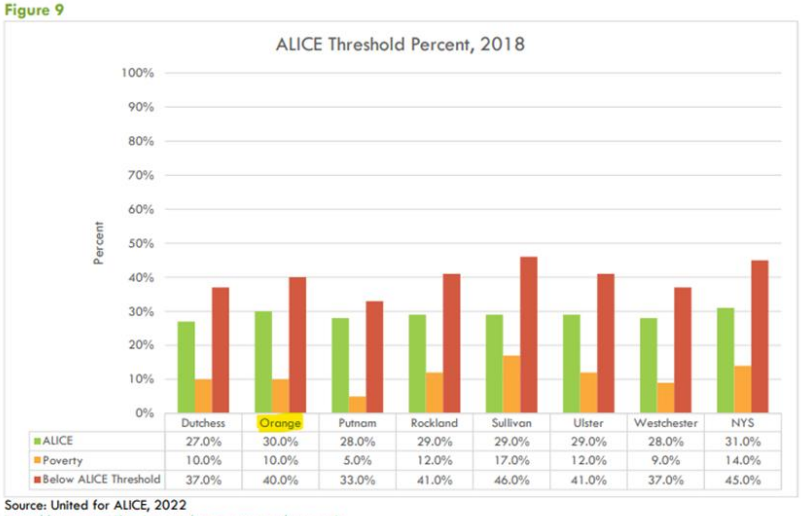


Asset Limited, Income Constrained, Employed (ALICE)

ALICE households are defined as those that earn more than the Federal Poverty Level, but less than the basic cost of living. The ALICE measure takes into account the cost of living for the area being assessed. These households are forced to make choices in their budget for the following areas:

- Housing
- Childcare and education
- Food
- Transportation
- Healthcare
- Technology

Figure 9



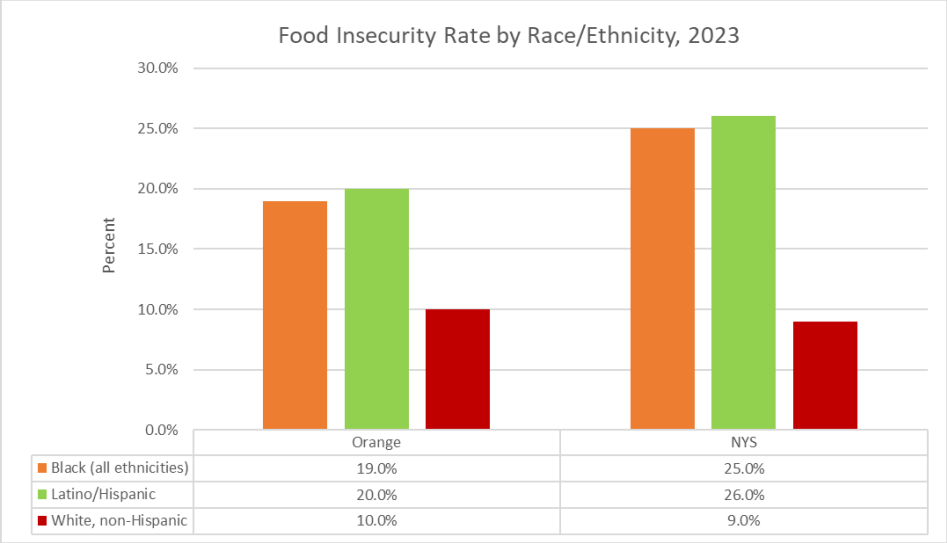
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
ALICE	27.0%	30.0%	28.0%	29.0%	29.0%	29.0%	28.0%	31.0%
Poverty	10.0%	10.0%	5.0%	12.0%	17.0%	12.0%	9.0%	14.0%
Below ALICE Threshold	37.0%	40.0%	33.0%	41.0%	46.0%	41.0%	37.0%	45.0%

Source: United for ALICE, 2022
https://www.unitedforalice.org/state-overview/new-york

In 2018, nearly 4 in 10 households in Orange County could not afford basic living expenses despite many being employed. This reflects a significant segment of the population living above the poverty line but still economically constrained—mirroring similar challenges across New York State.

Food Insecurity

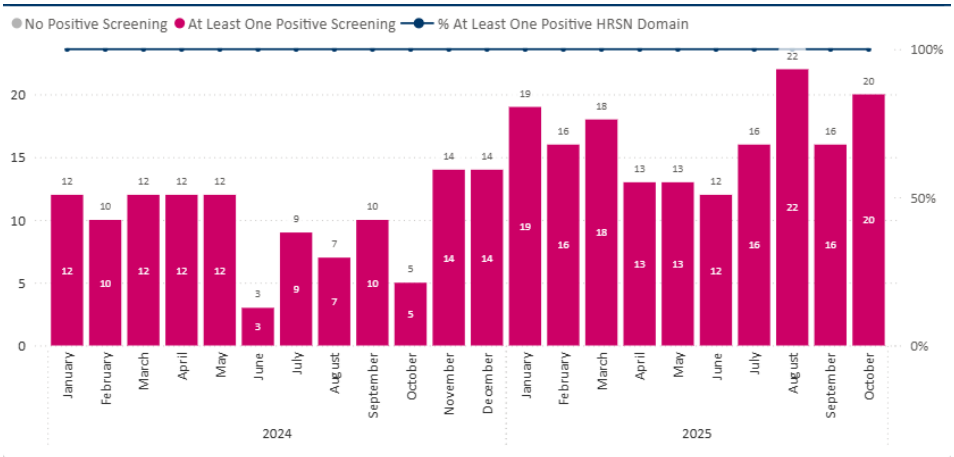
Food insecurity was previously addressed in the 2022-2024 MSLC Community Health Needs Assessment and Community Service Plan and remains an area of concern in the county as well as notably within MSLC's Primary Service Area.



Orange County rates were lower than the overall NYS average, however the incidence among the Latino/Hispanic population was the highest in the County.

Patients Reporting Food Insecurities at MSLC

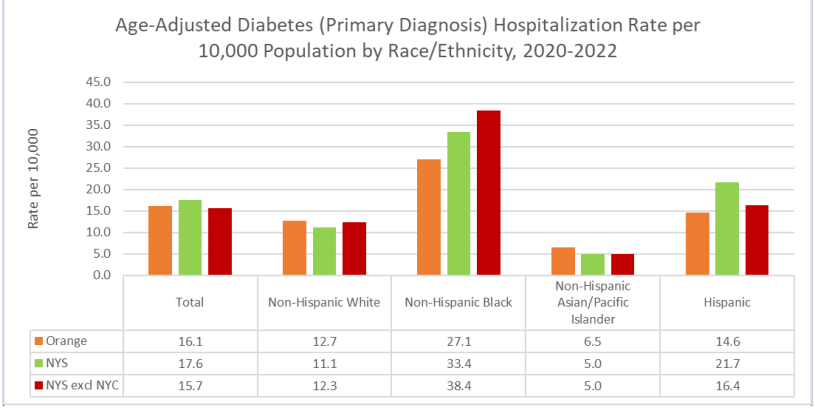
(1/2024-10/2025)



- Analysis of MSLC data shows an increasing number of patients reporting food insecurities in 2025 when compared to 2024.

Chronic Disease Prevalence

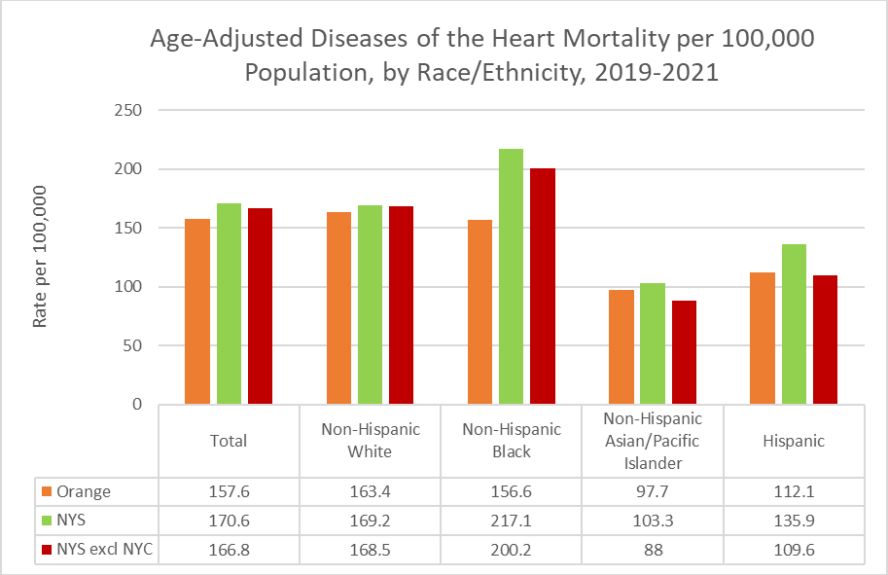
Diabetes



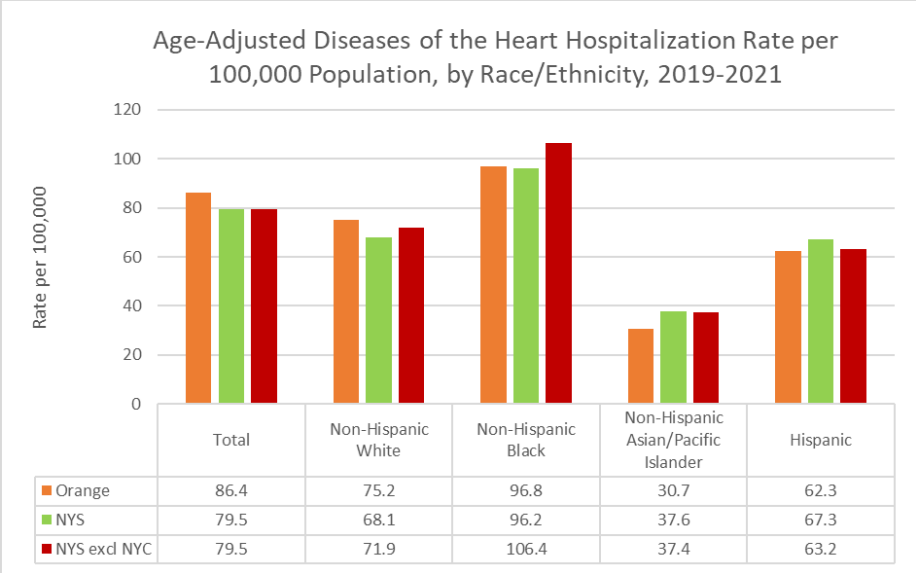
Commented [TT2]: I am unable to pull this data at the hospital level.

Age-Adjusted Diabetes (Primary Diagnosis) Hospitalization Rate per 10,000 Population by Race/Ethnicity, 2020-2022

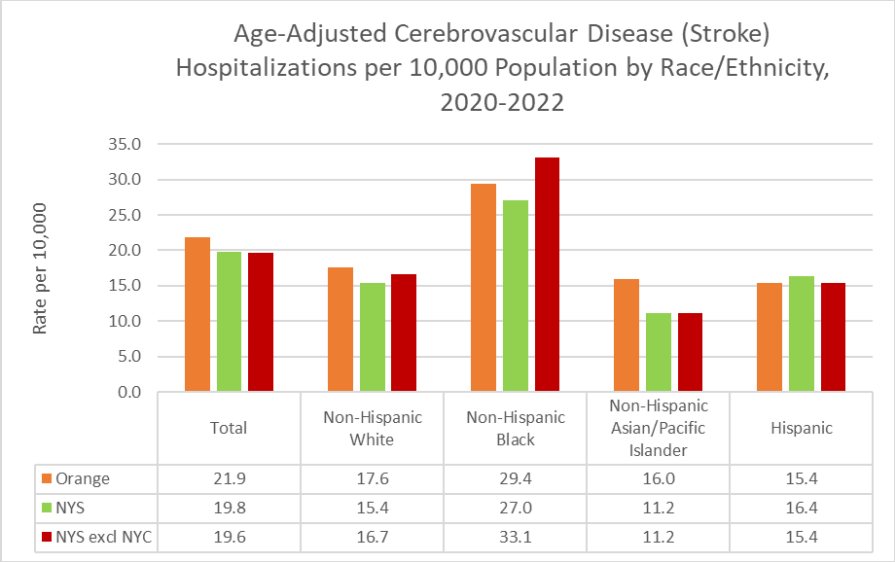
	Total	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Hispanic
Orange	16.1	12.7	27.1	6.5	14.6
NYS	17.6	11.1	33.4	5.0	21.7
NYS excl NYC	15.7	12.3	38.4	5.0	16.4

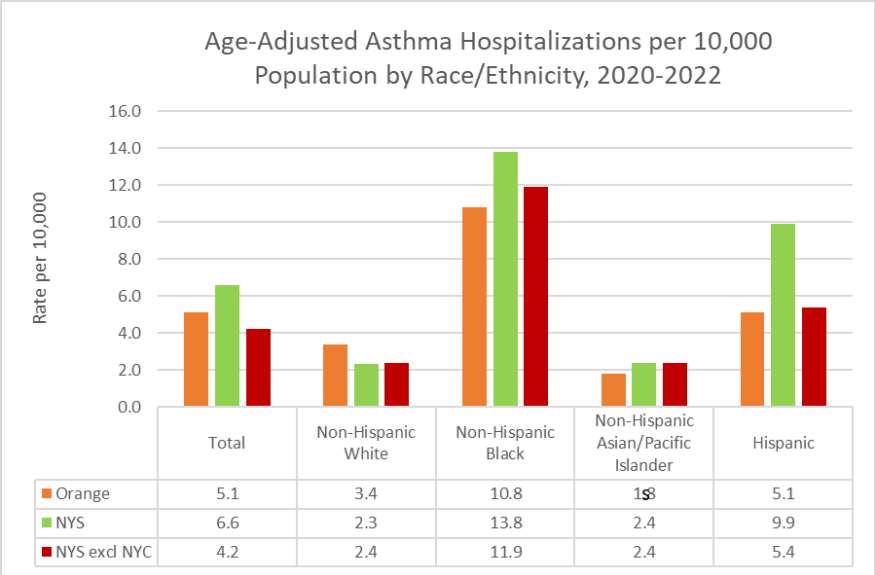


	Total	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Hispanic
Orange	157.6	163.4	156.6	97.7	112.1
NYS	170.6	169.2	217.1	103.3	135.9
NYS excl NYC	166.8	168.5	200.2	88	109.6



	Total	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Hispanic
Orange	86.4	75.2	96.8	30.7	62.3
NYS	79.5	68.1	96.2	37.6	67.3
NYS excl NYC	79.5	71.9	106.4	37.4	63.2


Age-Adjusted Cerebrovascular Disease (Stroke) Hospitalizations per 10,000 Population by Race/Ethnicity, 2020-2022
Rate per 10,000
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
Total
Non-Hispanic White
Non-Hispanic Black
Non-Hispanic Asian/Pacific Islander
Hispanic
Orange 21.9 17.6 29.4 16.0 15.4
NYS 19.8 15.4 27.0 11.2 16.4
NYS excl NYC 19.6 16.7 33.1 11.2 15.4


Age-Adjusted Asthma Hospitalizations per 10,000 Population by Race/Ethnicity, 2020-2022
Rate per 10,000
16.0
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
Total
Non-Hispanic White
Non-Hispanic Black
Non-Hispanic Asian/Pacific Islander
Hispanic
Orange 5.1 3.4 10.8 1.8 5.1
NYS 6.6 2.3 13.8 2.4 9.9
NYS excl NYC 4.2 2.4 11.9 2.4 5.4

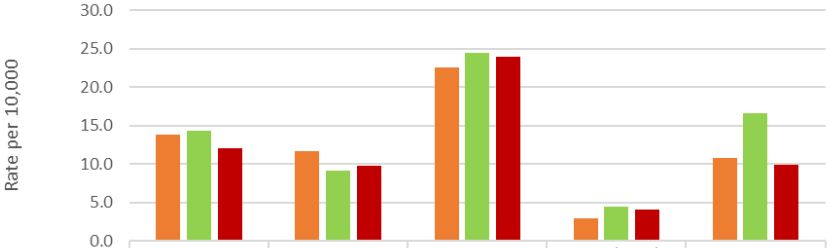
MSLC Bronchitis & Asthma Adult Hospitalizations

(1/2025-10/2025)

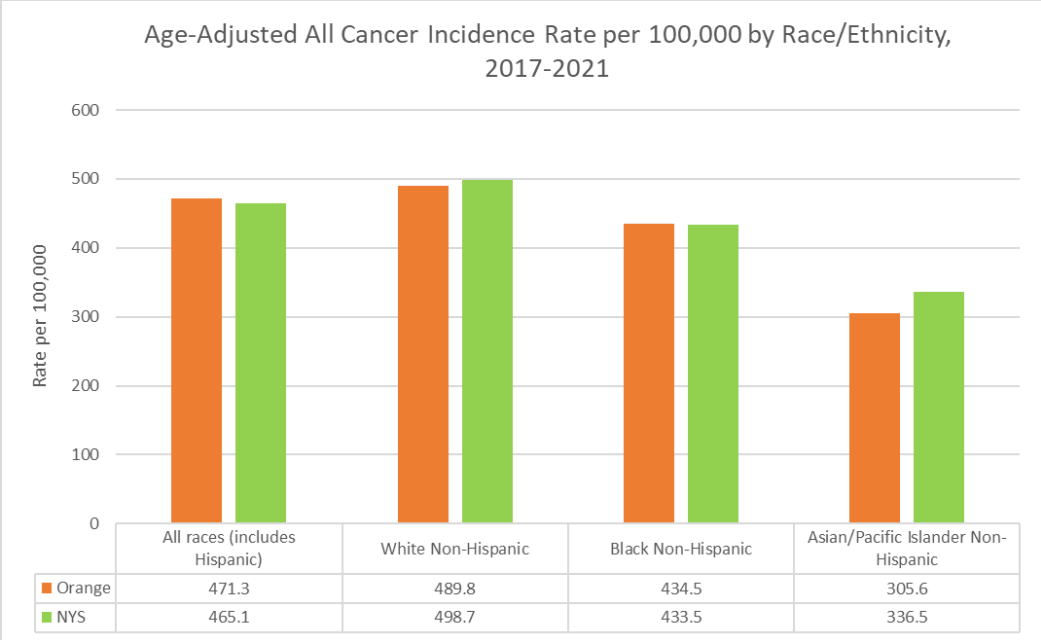
Race	# of Discharges	% of Discharges	LOS Avg	O-E (Opp Days) Avg
R5 White	701	66.32%	4.37	0.27
R3 Black or African-American	188	17.79%	4.20	-0.05
R9 Other	133	12.58%	3.83	-0.21
UNKNOWN	25	2.37%	4.88	0.05
S1 Patient Declined	6	0.57%	4.00	-0.27
R2 Asian	3	0.28%	3.67	0.44
R1 American Indian or Alaska Native	1	0.09%	8.00	4.49
Total	**1,057**	**100.00%**	**4.28**	**0.15**

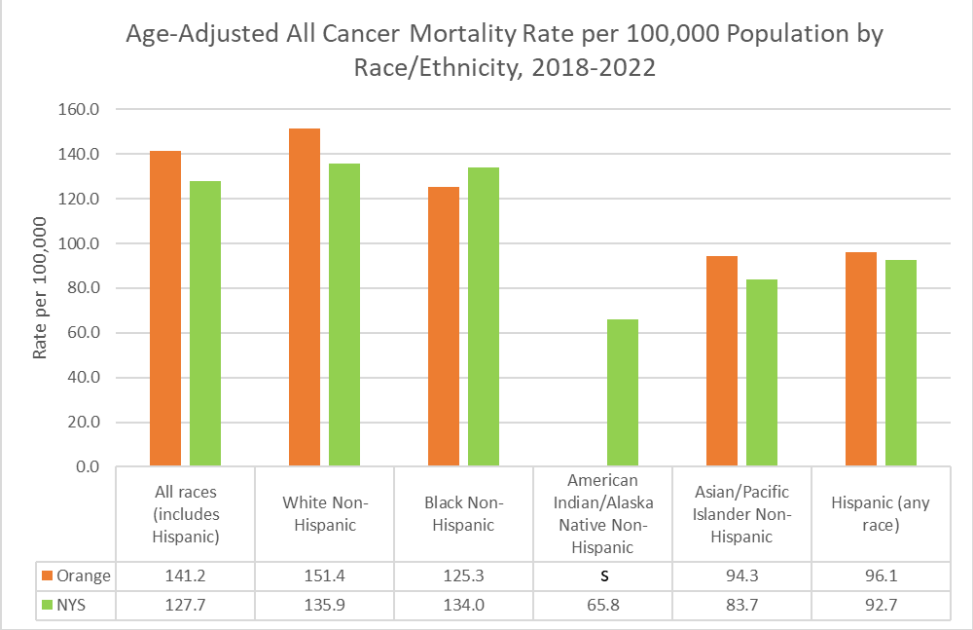
- The majority of hospitalizations (>50%) for bronchitis and asthma are in the White population at MSLC, with an average length of stay of 4.28 days.

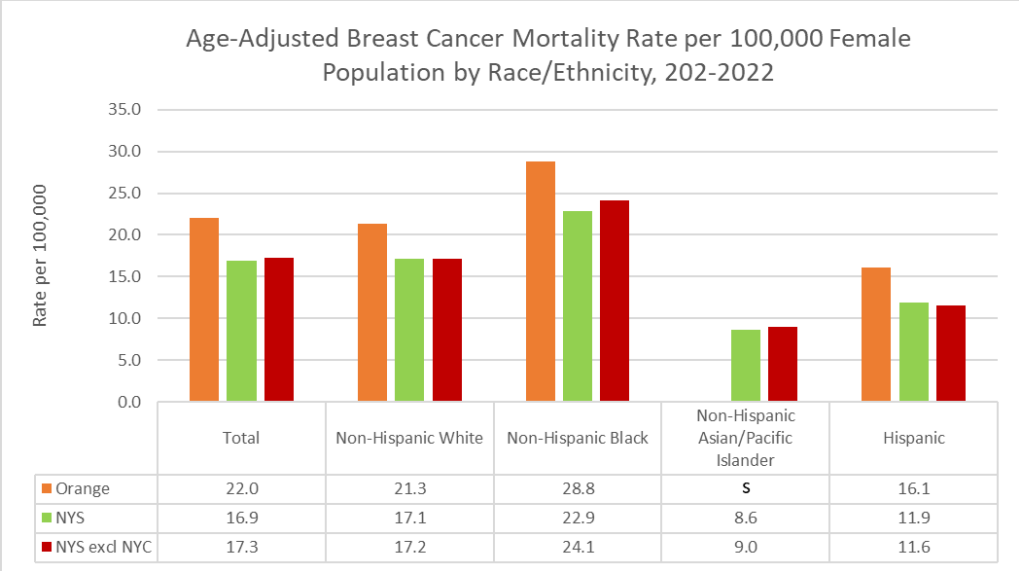
Commented [TT3]: Data and analysis added.



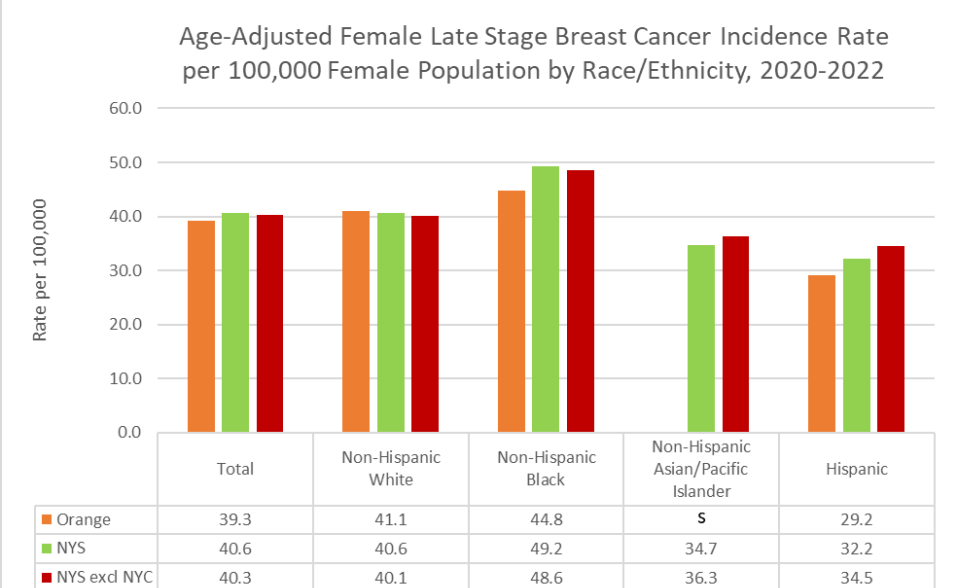
	Total	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Hispanic
Orange	13.8	11.7	22.5	2.9	10.8
NYS	14.3	9.1	24.5	4.4	16.6
NYS excl NYC	12.0	9.8	24.0	4.1	9.9


Age-Adjusted All Cancer Incidence Rate per 100,000 by Race/Ethnicity, 2017-2021
Rate per 100,000
600
500
400
300
200
100
0
All races (includes Hispanic)
White Non-Hispanic
Black Non-Hispanic
Asian/Pacific Islander Non-Hispanic
Orange 471.3 489.8 434.5 305.6
NYS 465.1 498.7 433.5 336.5

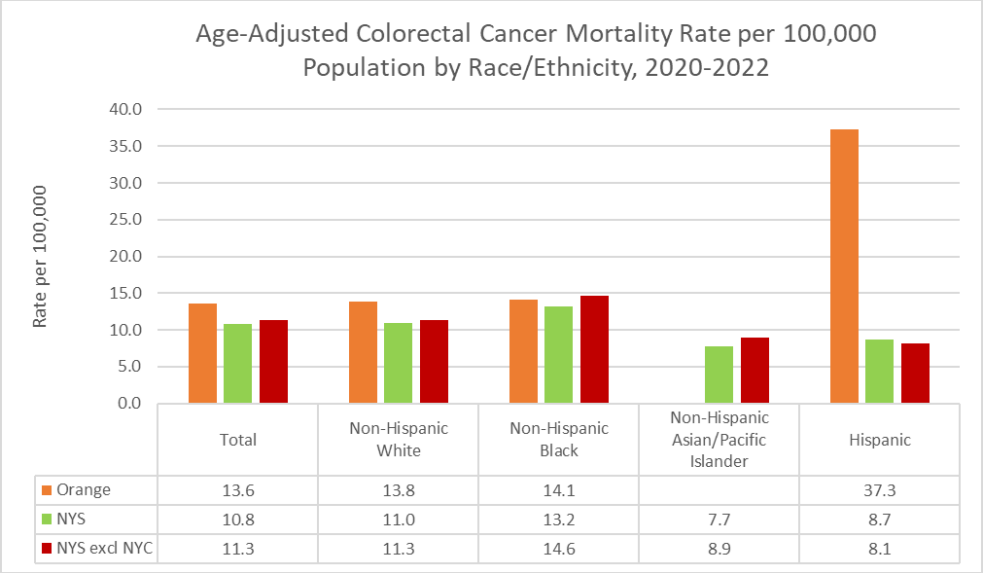

Age-Adjusted All Cancer Mortality Rate per 100,000 Population by Race/Ethnicity, 2018-2022
Rate per 100,000
160.0
140.0
120.0
100.0
80.0
60.0
40.0
20.0
0.0
All races (includes Hispanic)
White Non-Hispanic
Black Non-Hispanic
American Indian/Alaska Native Non-Hispanic
Asian/Pacific Islander Non-Hispanic
Hispanic (any race)
Orange 141.2 151.4 125.3 s 94.3 96.1
NYS 127.7 135.9 134.0 65.8 83.7 92.7



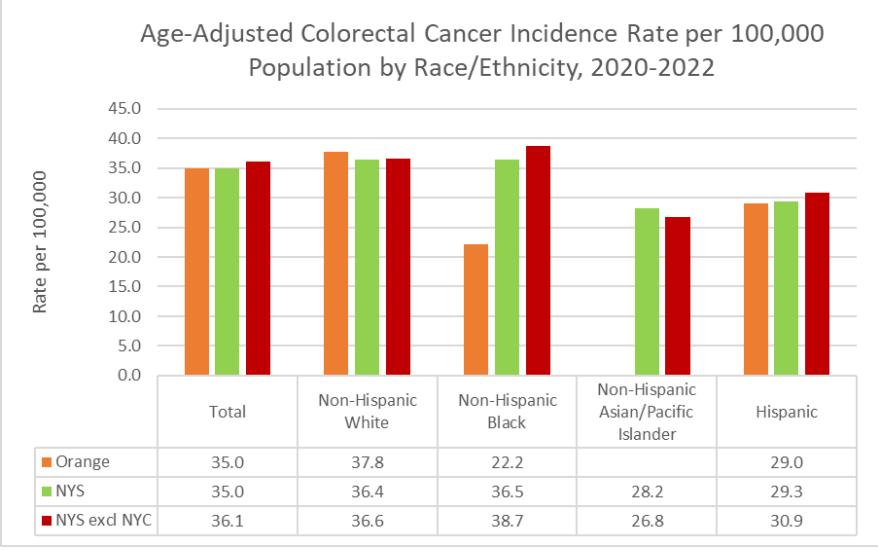
	Total	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Hispanic
Orange	22.0	21.3	28.8	S	16.1
NYS	16.9	17.1	22.9	8.6	11.9
NYS excl NYC	17.3	17.2	24.1	9.0	11.6



	Total	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Hispanic
Orange	39.3	41.1	44.8	S	29.2
NYS	40.6	40.6	49.2	34.7	32.2
NYS excl NYC	40.3	40.1	48.6	36.3	34.5

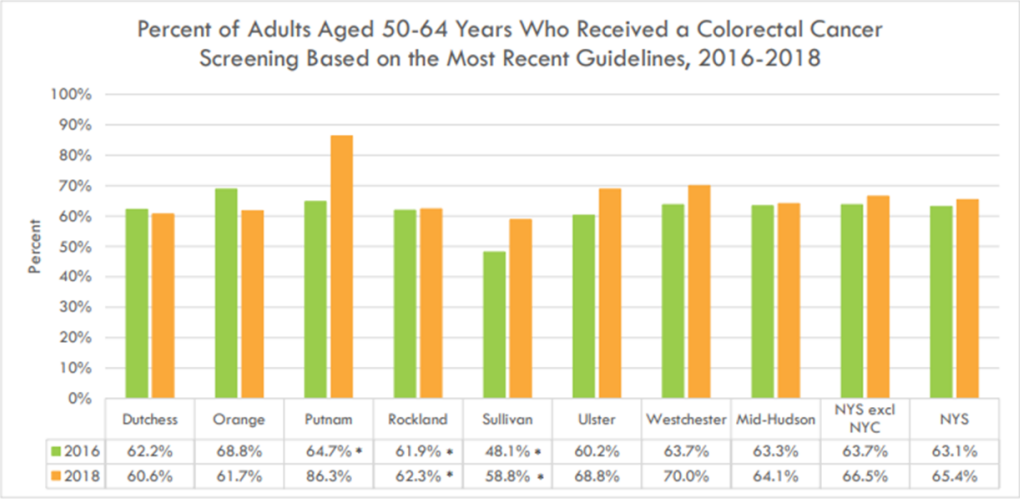


	Total	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Hispanic
Orange	13.6	13.8	14.1		37.3
NYS	10.8	11.0	13.2	7.7	8.7
NYS excl NYC	11.3	11.3	14.6	8.9	8.1



	Total	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Hispanic
Orange	35.0	37.8	22.2		29.0
NYS	35.0	36.4	36.5	28.2	29.3
NYS excl NYC	36.1	36.6	38.7	26.8	30.9

Figure 228

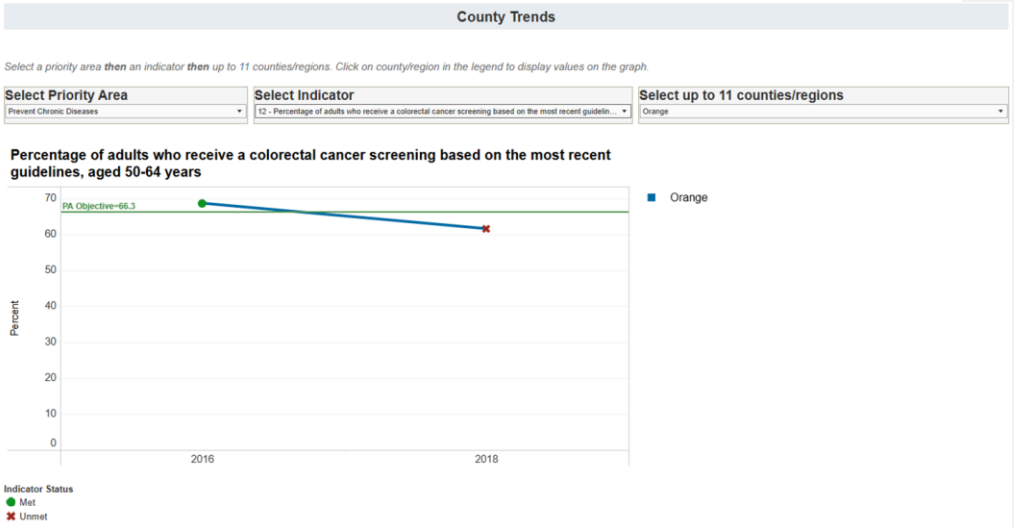


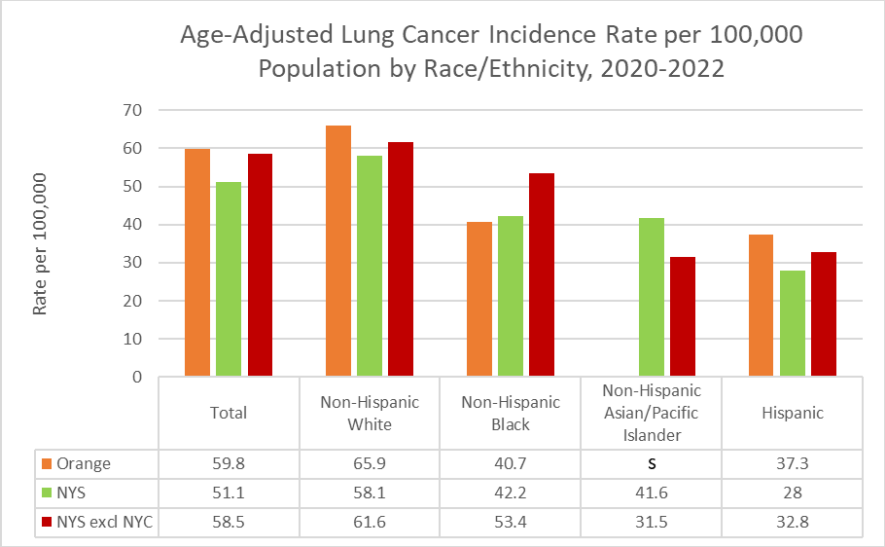
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2016	62.2%	68.8%	64.7% *	61.9% *	48.1% *	60.2%	63.7%	63.3%	63.7%	63.1%
2018	60.6%	61.7%	86.3%	62.3% *	58.8% *	68.8%	70.0%	64.1%	66.5%	65.4%

**: Margin of error is greater than 10%, therefore the percentage is unstable.*

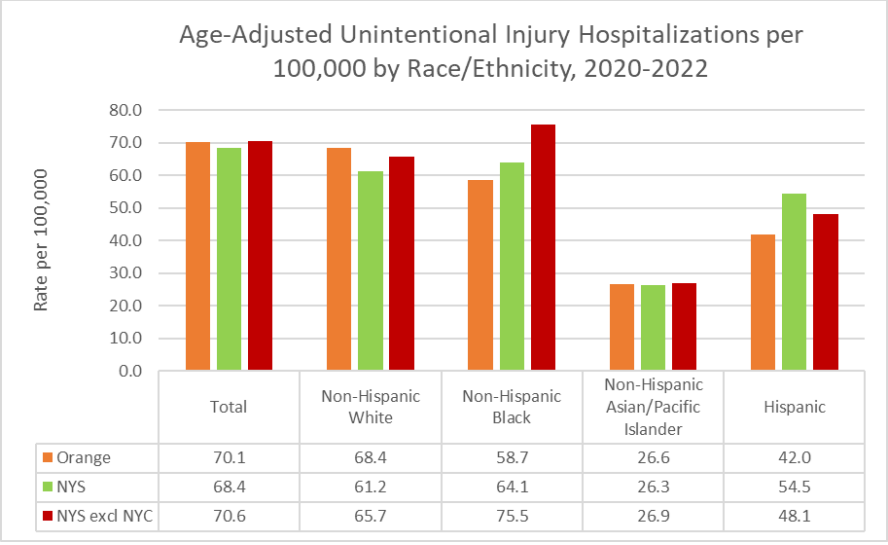
Source: NYS Prevention Agenda Dashboard, 2020

https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=it&ind_id=pa34_0

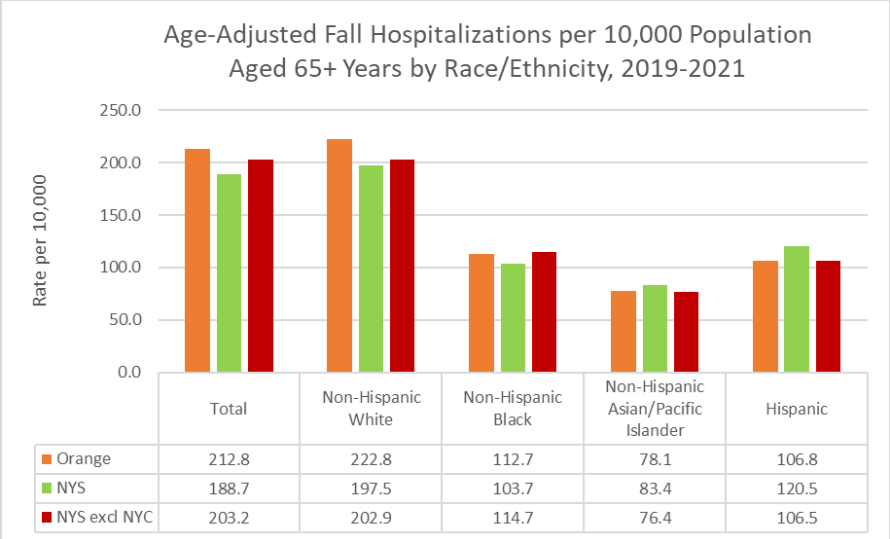




	Total	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Hispanic
Orange	59.8	65.9	40.7	s	37.3
NYS	51.1	58.1	42.2	41.6	28
NYS excl NYC	58.5	61.6	53.4	31.5	32.8



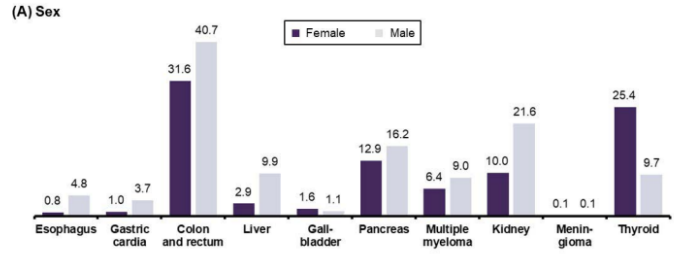
	Total	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Hispanic
Orange	70.1	68.4	58.7	26.6	42.0
NYS	68.4	61.2	64.1	26.3	54.5
NYS excl NYC	70.6	65.7	75.5	26.9	48.1



	Total	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Hispanic
Orange	212.8	222.8	112.7	78.1	106.8
NYS	188.7	197.5	103.7	83.4	120.5
NYS excl NYC	203.2	202.9	114.7	76.4	106.5

The New York State Department of Health recently released a report, which included data from the NYS Cancer Registry, titled *Cancers Associated with Overweight and Obesity in New York State*. This report indicates that 38% of new cancers diagnosed each year are overweight and obesity associated cancers. *Source: Suggested citation: Bureau of Cancer Epidemiology. Cancers Associated with Overweight and Obesity in New York State, 2018–2022. Albany, NY: New York State Department of Health, Division of Chronic Disease Prevention, Bureau of Cancer Epidemiology, 2025*

Figure 1. Incidence Rates (per 100,000 persons) of Overweight- and Obesity-Associated Cancers by Demographics, New York State 2018-2022*



- For most cancers, incidence rates were significantly higher in males than females.
- Only rates of thyroid and gallbladder cancers were significantly higher in females than males.
- Females and males had similar incidence of meningioma.

MSLC is accredited by the American College of Surgeon's Commission on Cancer (reaccreditation received in 2025). The MSLC Cancer team, in coordination with the Center for Patient Navigation and MSLC's Comprehensive Weight Loss Program will work collaboratively to address the burden of obesity and overweight related cancers throughout the next several years. This will be done through community outreach and education as well as screening events.

PRIORITIZED NEEDS SPECIFIC TO MONTEFIORE ST. LUKE'S CORNWALL

After reviewing the collective findings of each of the data sources described above, the following conclusions and identification of health disparities have been identified.

To fulfill our mission and long-term ambitions, Montefiore St. Luke's Cornwall commits to identifying and addressing disparities in our patient population and in the community, promoting health equity, and reducing the impact of sociodemographic factors that largely determine a person's access to care and opportunities to live a healthy life.

This document serves as a summary of inequities revealed during a thorough analysis of local, regional, and internal data. The analysis of stratified data included the review of the Orange County Community Health Assessment, Mid-Hudson Region Community Health Assessment, as well as Montefiore St. Luke's Cornwall specific data.

Community Assets and Resources

Montefiore St. Luke's Cornwall is supported by a robust network of community assets within Orange County and throughout the Hudson Valley and beyond as a result of its partnership with Montefiore Health System.

Individual community assets include the organizations main campus in Newburgh and Outpatient Center in Cornwall. Additionally, MSLC has strong partnerships within its Primary Service Area with community-based organizations such as Cornerstone Family Healthcare in addition to a collaborative, longstanding relationship with the Orange County Department of Health.

MSLC also has a deep-rooted connection with the community it serves through the Newburgh Enlarged City School District, the Newburgh Armory Unity Center, and beyond. To help address food insecurity, MSLC partakes in an annual Healthy Thanksgiving Produce Distribution Initiative, coordinated by our partners within Montefiore Health System. This program has provided more than 1,000 bags of fresh produce to community-based organizations each year, with plans to extend this event once again in 2025.

MSLC attends a multitude of community events each year, with hosted events and roughly 40 plus events attended by the organization's community relations and navigation teams. The foundation of MSLC's success in engaging with the community it proudly services is the strength of its relationship with its partners.

Throughout the previous **2022-2024 Community Health Needs Assessment** and Community Service Plan, MSLC focused its efforts to best address its priority areas through community collaboration in the realm of screenings, education, farmers markets, faith base organizations, and much more. Providers within the Medical Group hosted a variety of screening events in partnership with the American Cancer Society, the American Heart Association, HealthFirst, Affinity Health Plan, and many others.

MSLC will continue to focus its efforts heavily in the community to address the Prevention Agenda Priorities identified for **2025-2027**.

COMMUNITY HEALTH IMPROVEMENT PLAN AND COMMUNITY SERVICE PLAN

This document is submitted as the requirement for the 2025- 2027 CHIP/ Community Service Plan through the New York State Department of Health on behalf of Montefiore St. Luke's Cornwall.

Montefiore St. Luke's Cornwall has worked collaboratively with the Orange County Department of Health to identify the overall community health needs of the patients we collectively serve. Findings from the 2025 Community Health Needs Assessment identify that heart disease and cancer are the leading causes of death in 2022, followed by unintentional injury (accidents), COVID-19, and chronic lower respiratory diseases.

The leading cause of premature death (death before age 75) in 2022 was cancer followed by heart disease, unintentional injury, COVID-19, and diabetes.1

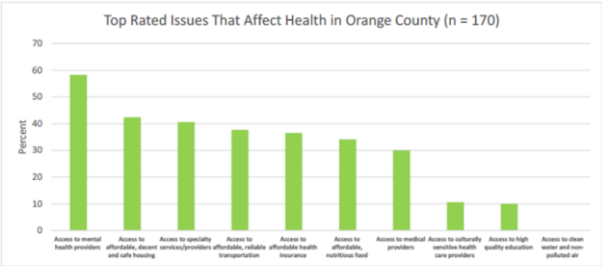
Throughout this document, the health needs for Orange County, New York are assessed, in comparison to that of the Mid-Hudson Region and furthermore, Newburgh, New York which is located within Montefiore St. Luke's Cornwall's Primary Service Area and an identified Medically Underserved Area.

This report covers the entities of Montefiore St. Luke's Cornwall, with main campuses in Newburgh and Cornwall, along with additional outpatient sites in Fishkill, New York.

Major Community Health Needs

Montefiore St. Luke's Cornwall utilized a variety of data sources to determine the areas of greatest health need in Orange County and within MSLC's service areas.

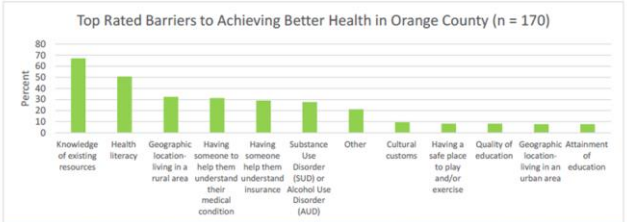
Top Three Issues That Affect Health In Orange County



Access to mental health providers	Access to affordable, decent and safe housing	Access to specialty services/providers	Access to affordable, reliable transportation	Access to affordable health insurance
58.24	42.35	40.59	37.65	36.47
Access to affordable, nutritious food	**Access to medical providers**	**Access to culturally sensitive health care providers**	**Access to high quality education**	**Access to clean water and non-polluted air**
34.12	30.00	10.59	10.00	0.00

1. Access to Mental Health Providers
2. Access to Affordable, decent and safe housing
3. Access to specialty services/ providers

The Top Barriers to Achieving Better Health



Knowledge of existing resources	Health literacy	Geographic location-living in a rural area	Having someone to help them understand their medical condition	Having someone help them understand insurance	Substance Use Disorder (SUD) or Alcohol Use Disorder (AUD)
67.06	50.59	32.35	31.18	28.82	27.65
Other	**Cultural customs**	**Having a safe place to play and/or exercise**	**Quality of education**	**Geographic location-living in an urban area**	**Attainment of education**
21.18	9.41	8.24	8.24	7.65	7.65

Other: some additional responses include lack of providers, transportation, housing issues, and being low income but not qualifying for benefits.

1. Knowledge of existing resources
2. Health Literacy
3. Geographic Location

The Top Three Health Issues in Orange County

1. Chronic Disease
2. Mental Health and Substance Use
3. Health Disparities

These emerging issues will be the main focus of the Montefiore St. Luke's Cornwall and Orange County Community Service Plan and will be factored into our collaborative efforts to address the community health needs of the populations we serve.

Prioritization Methods

To best prioritize MSLC's selected prevention agenda domains and priorities, the following data sources were reviewed:

- **2025 Greater New York Hospital Association Community Health Survey-** Distributed throughout the spring of 2025 with 976 responses from residents within Orange County
- **2025 Orange County Department of Health Community Partner Survey-** Conducted from May to July 2025 with 170 Responses
- **2025 Orange County Department of Health Community Asset Survey-** conducted from April 25 through September 4, 2025. More than 800 residents completed this survey.
- **2024 Orange County Department of Health Community Survey-** conducted with Siena Research Institute to obtain data from residents within Orange county ages 18 and over. 900 weighted responses
- ***Supplemental data sources included the 2025 Regional Community Needs Assessment**, along with the US Census Bureau, and furthermore MSLC inpatient discharge data from January 1, 2024 through September 30, 2025.
- The Regional CHA specifically noted the OCDOH Community Partner Survey, which was distributed separately throughout Montefiore St. Luke's Cornwall, Garnet Health, Cornerstone Family Healthcare, and the United Way of the Dutchess-Orange Region, and via local health coalitions. Respondents also included members of government agencies, health care organizations, non-profits, advocacy groups, and others. Specifically, at Montefiore St. Luke's Cornwall, the survey was sent via email to members of the hospital's medical staff, including physicians and allied health professionals, as well as employed physicians in The Medical Group at Montefiore St. Luke's Cornwall.

Data Summary Across Assessments

Assessment	Health Priority 1	Health Priority 2	Health Priority 3
Community Asset Survey	Mental Health	Drug Use	Aging issues
Provider Survey	Access to care	Chronic disease	Mental Health
Hanlon Method	Cardiovascular Disease	Hypertension	Cancer, Immunizations, Obesity, Physical Activity
Community Health Survey	Transportation	Mental Health (psychological distress)	Food Security
Secondary Data Review	Cardiovascular Disease	Cancer Mortality	Affordable Housing

Description of Prioritization Process

Montefiore St. Luke's Cornwall worked collaboratively with partners throughout Montefiore Health System, the Orange County Department of Health and community based organizations throughout the county to prioritize the areas of focus for the 2025-2027 Community Service Plan.

System Wide Focus

Members of MSLC work consistently with partners throughout Montefiore Health System to identify trends in the communities each hospital serves and look at how each entity can best work with its partners to make an impact to the more than 7.5 million patient encounters. Addressing Mental Health is the determined priority based on community need and data review.

Local Health Department Collaboration

Monthly meetings were attended with the Orange County Department of Health to review priority areas from the 2022-2024 community service plan. Data review by County from the Greater New York Hospital Association Community Health Survey, with colleagues from Montefiore Health System to identify system wide areas of need that can be addressed across all partnering entities.

Orange County Department of Health Summit

Attendance at the 2025 Orange County Department of Health Summit on October 28, 2025. This event provided updated data summaries as to the greatest needs of the communities within Orange County, collaborative discussion with community partners to further discuss

health disparities and barriers each entity sees as standing in the way of its constituents achieving better health outcomes and a vote from each attendee as to what the priority areas should be for the 2025-2027 Plan.

Comparison to MSLC Patient Data to Identify Greatest Impact

MSLC then reviewed the above sources with its inpatient discharges to best identify where its priorities should for the 2025 Community Service Plan.

Community Engagement

Throughout the Community Health Needs Assessment process, MSLC partnered with the Orange County Department of Health, along with the other hospitals within Orange county to identify potential data collection sources, discuss surveying processes, report out on progress and discuss any barriers.

At MSLC, a variety of initiatives were deployed to gather feedback from the community served. These efforts included the following:

- Distribution of flyers at community events including:
    - MSLC'S 150th Birthday Party
    - MSLC's First Responders Night Out
    - Orange County Senior Link Day
    - Orange County Office of the Aging- Walk in the Park
    - Orange County Office of the Aging Senior Health and Fitness Day
    - Orange County Chamber Mixer

Additionally, MSLC encouraged its community members to partake in the surveys through its social media channels including Facebook, Instagram, and X.

All MSLC patients and visitors were encouraged to partake in the survey through the use of flyers and tent cards in all hospital waiting areas, and on digital boards throughout the organization, inclusive of patient room TV's and iPads.

Survey findings will be shared throughout the Fall of 2025, including education to MSLC staff, and this report posted on the hospital website. Additionally, the findings are key driver

for the development of MSLC's Community Service Plan, and overall Community Engagement strategy for the next five years.

Partner Engagement

Partnership with the Orange County Department of Health and Community Organizations

2025 OCDOH Health Summit

Representatives from MSLC attended the annual OCDOH Summit on October 28, 2025 to partake in active discussion with community partners relating to the progress made since the 2022-2024 Community Health Needs Assessment, identify barriers, and share information across its respective networks.

This summit was led by Jackie Lawler, Director of Epidemiology and Public Health Planning of the OCDOH and in addition to MSLC participants, community partners from Cornerstone Family Healthcare, SUNY Orange, Mental Health Association of OC, West Point Keller Hospital, Garnet Hospital, Mount Saint Mary College, Healthfirst, Westchester Medical Center, along with several other organizations joined together.

Throughout the last three years, as part of the 2022-2024 Community Health Needs Assessment workplan, these groups worked collaboratively on the following committees:

- Cancer Collaborative
- Food Security Workgroup

- Changing the Ecosystem Taskforce and subgroups (including MOUD)

MSLC staff have been active participants in each of these committees, addressing community needs and assessing continued collaborative efforts.

Developing Objectives, Interventions and an Action Plan

As a result of the above data points, MSLC has selected the following:

Domain 1: Economic Stability

Priority: Poverty

Poverty remains a significant driver of poor health outcomes in MSLC's service area, with 13.6% of residents living below the federal poverty level. Rates are substantially higher within specific census tracts in the City of Newburgh, where many individuals experience compounded socioeconomic challenges including food insecurity, unemployment, unstable housing, limited access to reliable transportation, and reduced opportunities for health-promoting activities. These factors directly influence chronic disease prevalence, mental health distress, preventable hospitalizations, and overall life expectancy.

Recognizing the strong relationship between poverty and health, MSLC has identified reducing the percentage of people living in poverty from 13.6% to 12.5% as a core priority for the 2025–2027 CHNA cycle. Achieving this objective requires a systematic approach to identifying unmet social needs and ensuring patients are linked to the appropriate community support that can address the root causes of economic hardship.

To strengthen this work, MSLC will transition to the federal Accountable Health Communities (AHC) standardized screening tool, a validated assessment designed to capture key Health-Related Social Needs (HRSNs) associated with poverty, income instability, unemployment, housing insecurity, food access, transportation barriers, and utility shutoff risks. Implementing this tool—and improving screening rates across inpatient and outpatient settings—will enable MSLC to more accurately identify individuals at risk and connect them to essential community resources, such as employment support programs, financial counseling, housing assistance, SNAP/WIC enrollment, transportation services, and utility relief programs.

Regular and comprehensive screening for SDOH factors, combined with robust referral pathways and partnerships with Social Care Networks (SCNs) and community-based organizations, will help reduce barriers to economic stability and support patients in

achieving improved long-term socioeconomic outcomes. By strengthening navigation processes, closing referral loops, and integrating social needs data into care planning, MSLC aims to reduce the burden of poverty while enhancing the overall well-being of the populations it serves.

SMART(IE) Objective Reduce the Percentage of People Living in poverty from 13.6% to 12.5%

Intervention: Conduct regular screening of patients at the hospital for SDOH factors like income and unemployment

SMART(IE) Objectives:					
1.0 Reduce the percentage of people living in poverty from 13.6% to 12.5%. 1.1 Reduce the percentage of people aged 65 years and older living in poverty from 12.2% to 11%.					
Desired Outcome	**Indicator**	**Data Source**	**Population**	**Baseline**	**Target**
Reduce the number of people living in poverty in NYS	Percentage of people living in poverty	ACS (American Community Survey)	Individuals and families living below the federal poverty threshold	13.6% (2018-2022)	12.5% (2030)
			Subpopulation of Focus	**Baseline**	**Target**
			Adults aged 65 years and older	12.2% (2018-2022)	11% (2030)

Intervention	***Population of Focus***	***Age Range***	***Intermediate Measures***
Conduct regular screening of patients at the hospital for SDOH factors like income and unemployment.23,42-44	Hospital patients	Ages 18+	Number of patients screened for SDOH at the hospital;

Actions and Impact:

MSLC is aligning with the New York State Department of Health to provide additional screening rates with our data. While the role of the hospital will be the screening itself in this domain and priority areas, the increase in screening rates, through MSLC's ability to track SDOH factors will further identify community need and best address these needs through collaboration. Referrals will be made to community resources.

Geographic Focus:

MSLC patients, specifically those within the city of Newburgh population, are faced with a multitude of socioeconomic factors that serve as barriers in achieving health outcomes. Identifying and addressing poverty is a fundamental step in improving the health of the communities MSLC serves. The cohort of patients that will be screened will be done in the hospital setting, specifically in MSLC's Emergency Department and on inpatient units. This will be documented in patients Electronic Medical Record, with data reviewed continuously throughout this CSP cycle.

Resource Commitment:

The primary resources utilized for this intervention are MSLC staff, including registration, nursing and social workers. Spending will be tracked through staff time.

Participant Roles:

While this screening tool will be utilized on each patient encounters, the rates of poverty will be shared with our partners within Montefiore Health System, as well as the Orange County Department of Health. Referrals will be made to the appropriate community-based organizations and agencies to connect patients with available resources.

Health Equity:

This priority area will focus on addressing the increasing rates of poverty within MSLC's primary service area, and specifically within the City of Newburgh, which has a poverty rate of 27.1% as compared to the overall poverty rate in Orange County of 12.7%

Domain 2: Social & Community context

Priority: Anxiety and Stress

Frequent mental distress remains a significant and growing concern among adults in MSLC's service area, directly influencing both behavioral health outcomes and overall well-

being. Current population health data show that 13.4% of adults report experiencing frequent mental distress, defined as poor mental health for 14 or more days in the past month. This percentage is higher than target benchmarks and reflects a trend that has not improved in recent years. Contributing factors include socioeconomic stressors, housing instability, exposure to trauma, financial insecurity, limited access to mental health providers, and the lingering social impacts of the COVID-19 pandemic.

Community stakeholders consistently identified stress, anxiety, depression, and difficulty accessing behavioral health services as major barriers to health and quality of life. These factors are strongly linked to increased emergency department utilization, higher rates of substance misuse, and elevated risk for overdose and self-harm. Rising mental distress also contributes to poor chronic disease management, sleep disturbances, diminished productivity, and weakened social connectedness—particularly in high-need neighborhoods such as the City of Newburgh, where social determinants of health disproportionately affect residents.

Given the direct relationship between mental distress, substance use, and preventable morbidity and mortality, focusing on this domain is essential. Enhancing early identification, increasing access to supportive resources, integrating mental health screenings, and expanding referral pathways to counseling, crisis services, and social care supports are necessary to reduce the burden of mental distress. Strengthening MSLC's partnerships with community-based organizations, implementing evidence-based stress-reduction and resilience initiatives, and developing patient-centered navigation for behavioral health treatment will further ensure that individuals receive timely interventions before symptoms escalate.

By targeting this priority area and investing in additional supports to help patients manage stress and anxiety, MSLC aims to reduce the percentage of adults experiencing frequent mental distress from 13.4% to 12.0%, ultimately improving overall community well-being and reducing downstream impacts associated with substance misuse and overdose.

SMART(IE) Objective: Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%.

SMART(IE) Objective:					
5.0 Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%. **5.1 Decrease the percentage of adults in households with an annual income of less than $25,000 who experience frequent mental distress from 21.0% to 18.9%.**					
Desired Outcome	**Indicator**	**Data Source**	**Population**	**Baseline**	**Target**
Reduce the prevalence of anxiety and stress	Percentage of adults experiencing frequent mental distress during the past month, age-adjusted, aged 18 years and older	BRFSS	Adults	13.4% (2021)	12.0% (2030)
			Subpopulation of Focus	**Baseline**	**Target**
			Adults with household income less than $25,000	21.0% (2021)	18.9% (2030)

Intervention:

Interventions	Population of Focus	Age Range	Intermediate Measures
Featured Intervention: Promote and increase awareness of evidence-based mindfulness resources to reduce the negative impact of stress and trauma.[150-152] LHD H O	Everyone	All ages	Manner of outreach and data re: reach of intervention (e.g., number of outreach events, number of flyers distributed, number of website visits)

Actions and Impact:

MSLC developed a Behavioral Health Program in 2023 and since that time has made a tremendous impact in properly identifying, treating and referring Behavioral Health Patients to the necessary community resources. This area of focus will allow MSLC to further its efforts by expanding its educational resources and broadening its audience. MSLC will provide ongoing community outreach and education on this topic, in which attendance will be tracked. Additionally, flyers will be posted on the hospital website, in which MSLC can track the site's visits and click through rates.

Geographic Focus:

MSLC will focus its efforts on its patient population in both the ED and inpatient setting, as well as the community at large within its primary service area, at the community engagement events attended and hosted annually.

Resource Commitment:

The primary resources utilized for this intervention are MSLC staff, including behavioral health, community relations staff. Additionally, MSLC's website tracking vendors will

provide monthly statistics on website visits and analytics. Spending will be tracked through staff time and community event cost/ sponsorship.

Participant Roles:

In addition to the work of the MSLC team on this priority area, stakeholders will include community-based organizations that MSLC partners with. Potential partners include community-based organizations, the Newburgh Enlarged City School District and the Orange County Department of Health

Health Equity;

This priority area will focus on addressing the community response regarding Mental Health Disorders such as depression. This was identified in the Greater New York hospital Association Community Health Survey in 2025 and is also seen within MSLC's patient population as a need in both the inpatient and outpatient setting.

Domain 3: Health Care Access and Quality

Priority: Preventative Services for Chronic Disease Prevention and Control

Chronic diseases—including heart disease, cancer, diabetes, hypertension, and chronic respiratory diseases—remain leading causes of morbidity and mortality in MSLC's service area. Sub-county data show disproportionate burden within the City of Newburgh, where poverty rates, food insecurity, and barriers to primary care are highest.

Key indicators demonstrate:

- Higher-than-state average premature death from cancer and heart disease
- Persistent adult obesity and poor nutrition metrics
- Elevated rates of diabetes-related hospitalizations
- Increasing mental health–related chronic disease interactions, including substance-use–related complications
- Inequities concentrated in communities of color and low-income neighborhoods

These findings underscore the need for expanded preventive services, community-based chronic disease management, nutrition and physical activity supports, and culturally responsive outreach.

SMART(IE) Objective:

- 33.0 Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 73.7% to 82.3%.
- 33.1 Increase the percentage of adults aged 45 to 54 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 55.8% to 63.4%.

SMART(IE) Objective:					
33.0 Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 73.7% to 82.3%. 33.1 Increase the percentage of adults aged 45 to 54 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 55.8% to 63.4%.					
Desired Outcome	**Indicator**	**Data Source**	**Population**	**Baseline**	**Target**
Increase the percentage of adults aged 45-75 years who receive a colorectal cancer screening based on the most recent guidelines	Cancer Screening (percentage of adults who receive colorectal cancer screening)	BRFSS	Adults aged 45-75 years	73.7% (2023)	82.3% (2030)
			Subpopulation of Focus	**Baseline**	**Target**
			Adults aged 45-54 years	55.8% (2023)	63.4% (2030)

Intervention	**Population of Focus**	**Age Range**	**Intermediate Measures**
Partner with Community-Based organizations to promote access to prevention and screening services.	Adults	Ages 18+	Number of screening events held.

Actions and Impact:

MSLC will focus its efforts on furthering the screenings offered to the community. This will be done both in the area of offering free screenings as well as education. These educational sessions and screenings will be offered by MSLC staff, including physicians

within the Medical Group at Montefiore St. Luke's Cornwall, and the hospital's Patient Navigation Team

Geographic Focus:

For this intervention, MSLC will focus its efforts throughout Orange County, and specifically within its Primary Service Area. Orange County has the highest mortality rate for colon and rectum cancer within the Mid-Hudson Region. Furthermore, Orange County has one of the lowest colorectal screening rates for adults ages 50-64 in the region.

Orange County has the highest breast cancer mortality rate in the Mid-Hudson region. Late-Stage breast cancer incidence rates for non-Hispanic black population is increased in NYS and Orange County. Additional, data indicates that there is an increased breast cancer mortality rate for non-Hispanic black population in NYS & Orange County.

Resource Commitment:

The primary resources utilized for this intervention are MSLC staff, including physicians, nurses and its Patient Navigation Team.

Participant Roles:

In addition to the work of the MSLC team on this priority area, stakeholders will include the American Cancer Society, and a variety of Community Based Organizations that support the hospital's screening efforts.

Health Equity:

This priority area will focus on addressing the high incidents of cancer rates and specifically late-stage cancer rates throughout Orange County and the Hudson Valley, for non-Hispanic Black residents.

Partner Engagement

All of the above mentioned areas of focus were selected in coordination with the Orange County Department of Health, as well as our partners throughout Montefiore Health System. MSLC will participate in workgroups quarterly with the OCDOH and results submitted annually as part of the New York State Department of Health requirements. MSLC will assess this workplan on an annual basis and will make the necessary amendments in alignment with the Orange County Department of Health.

Justification for Unaddressed Health Needs

While MSLC selected the above-mentioned priority areas, the organization recognizes the importance of many other areas of focus with the Prevention Agenda. MSLC chose not to

focus specifically on areas where it may not be able to have direct impact, specifically in the Domains of:

- Neighborhood and Built Environment
- Education Access and Quality

Montefiore St. Luke's Cornwall recognizes the importance of looking at the larger picture in the areas of all social determinants of health but aims to focus its efforts in alignment with its system wide partners as part of Montefiore Health system, as well as its community partners, led strongly by the Orange County Department of Health. The domains chosen align with MSLC's work within the walls of its organization and far into the community.

Sharing Findings with Community

The 2025-2027 Community Health Assessment will be submitted on December 30, 2025, and will be posted on the hospital's website: www.Montefioreslc.org/community/.

Montefiore St. Luke's Cornwall Board of Trustees Approval (Governing Board): The MSLC Governing Board Adopted this Plan on November 19, 2025.

Additionally, copies will be readily available at the Main Information Desk of both the Newburgh and Cornwall campuses.