Montefiore Nyack Hospital

New York State Prevention Agenda

Community Service Plan

Rockland County

2025 - 2027

This document is available online at MontefioreNyack.org.
To access a physical copy of this document, contact 845-348-2876 or contact

Sandra Arevalo-Valencia
Director of Community Health & Wellness
160 Midland Avenue
Nyack, New York 10960
845-348-2876 T
845-587-1318 M
arevalos@montefiorenyack.org

ACKNOWLEDGEMENTS

This Community Health Assessment for Rockland County was created in partnership with Rockland County Department of Health, Montefiore Health System and Greater New York Hospital Association.

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The Affordable Care Act requires hospitals to assess and address the health needs of the communities they serve. This Community Health Needs Assessment meets the first component of these requirements, providing a report on the process, methods and results of a comprehensive assessment of the needs of the community served by Montefiore Nyack Hospital (MNH). The second component encompasses the Implementation Strategy, which will further discuss the significant health needs of the community and describe the programs and strategies to address these significant health needs.

Montefiore Nyack Hospital is a medical leader in the community and is seeking to soon become a leader in population health, developing innovative and culturally sensitive programs to best serve the changing needs of its community. Montefiore Nyack Hospital embraces its social responsibility and defines its role broadly, promoting wellness in addition to treating disease and addressing needs ranging far beyond medical care. We extend this responsibility to the care of our employees and medical staff, many of whom live in the surrounding community.

For the period 2025-2027 our priorities are nutrition security, healthy eating, and preventative services for chronic diseases prevention and control. Our focus is not ignoring that we still need to keep active to meet all other priorities pointed out in the NYS Prevention Agenda. We chose nutrition security and healthy eating because current data from the Community Health Assessment Report 2025 and internal data suggest that here is where we can have the most impact. As a leader in maternal-child services, MNH wants to continue helping to improve the breastfeeding rates of Rockland to reach Healthy People goals. Evidence also suggests that breastfeeding is a protective factor against some chronic health conditions such as obesity, pre-diabetes, diabetes and cardiovascular disease. MNH has been working hard to reduce the rates of diabetes, cardiovascular diseases, cancer and other chronic conditions through awareness, free screenings and health education programs focused on health promotion, risk reduction and disease control.

To address these priorities, we will be using evidence-based strategies. For food security we will base our interventions in the Food as Medicine Project that includes the direct provision of food for those at risk of nutrition-related diseases. The World Health Organizations' Baby Friendly Hospital Initiative guides the protection, promotion and support of breastfeeding to increase breastfeeding rates and prevent early termination. Target BP is a program of the American Health Association that guides teams to assess and treat people with high blood pressure. CDC's colorectal cancer program focuses on increasing colorectal cancer screening in underserved populations. CDC's Diabetes Prevention Curriculum will be used for diabetes prevention, and we use a diabetes self-management curriculum certified by the American Association of Diabetes Educators that meets the specific needs of our community and is also culturally sensitive. We will be collecting data

prior and post intervention to be able to measure progress of each intervention. When possible, data will include changes in knowledge, attitudes, and behaviors of participants in the programs, as well as changes in anthropometrics, food intake, and satisfaction levels.

The Greater New York Hospital Association's Community Health Needs Assessment done in 2025 indicates that affordable housing, homeless prevention and food insecurity continue to be the main social determinants of health in Rockland County. Although MNH isn't a direct provider of these services, we continue to create partnerships that allow our patients and community members to address these barriers. The same survey shows that behavioral health, falls among elderly, and cancer are the top health concerns to an increased number of respondents. Montefiore Nyack Hospital has a robust mental health team, well stablished oncology services and outreach programs to educate seniors about fall prevention. However, conscious of the importance of these health issues we are seeking to continue improving services in the community to make sure that all of our community members have access and care of the best quality.

Services to the community are an explicit and essential component of our mission, it is our goal to reach far beyond the walls of the hospital to identify and meet the needs of the community and create and expand community-based services to prevent disease, enhance wellbeing and enact social change that goes beyond the traditional health care system. It would be hard to meet these goals if it weren't for a variety of organized partnerships and collaboratives that have joined together in these efforts. Montefiore Nyack has partnered with RC Department of Health and Mental Hygiene, community-based organizations, and members of the community in planning and developing initiatives aimed at improving the health of the people of Rockland. Staff and people from the community volunteer their time to participate in health education and disease prevention events that aim to control diseases and reduce risk. Montefiore Nyack Hospital keeps seeking collaborations with other organizations in Rockland County to be able to address the unmet needs of the community.

For more information or questions regarding this plan please contact Sandra Arevalo-Valencia, Director of Community Health & Wellness at Montefiore Nyack Hospital by e-mail at arevalos@montefiorenyack.org or by phone calling 845-348-2876.

INTRODUCTION

Organizational Background

Montefiore Nyack Hospital (MNH) is a 375-bed community acute care medical and surgical hospital, which was founded in 1895. It is in Rockland County, NY and is affiliated with Montefiore Health System.

Mission and Strategy

MNH mission is to provide competent, innovative and accessible emergency and acute care services to the residents of Rockland County and surrounding areas. A partner with Touro College of Osteopathic Medicine, it provides clinical rotations to third-year medical students. All employees at Montefiore Nyack Hospital adhere to a strict code of conduct, known as the WE CARE Standards. All employees have received extensive training on these standards, and new employee orientation offers an overview of what is expected from each and every employee.

Prevention Agenda

The Prevention Agenda is New York State's Health Improvement Plan to enhance the health of all residents, promoting health equity for populations who experience health disparities through prevention of chronic diseases and access to health care.[1] The Prevention Agenda 225-2030 has five domains based on Healthy People 2030's Social Determinants of Health[2]: economic stability, social and community context, neighborhood and built environment, health care access and quality, and education access and quality.

Community Health Needs Assessment

For hospitals classified as charitable organizations, they must meet general requirements for tax exemption under Section 501(c)(3)[3] and Revenue Ruling 69-545PDF[4]. They must also meet the requirements imposed by Section 501(r)[5] on a facility-by-facility basis to be treated as an organization described in Section 501(c)(3). This involves completing a Community Health Needs Assessment (CHNA)

and a Community Service Plan (CSP) every three years. The CHNA must define the community that it serves including the geographic area, target populations, and any focus on specialty areas or targeted diseases. It must also assess the health needs of the defined community including social determinants of health. As part of this process, they should include input from partners, stakeholders, and those with knowledge of the community's health needs.

Community Service Plan

Through the CHNA, and in partnership with the LHDs, the hospitals develop a CSP. The CSP, develops and implements effective approaches to health promotion and disease prevention at the community level. The plan involves the use of evidence-based programs that target health areas identified in the CHNA that are of particular concern to their hospital service areas.

Statement of Executive Review

Montefiore Nyack Hospital's Community Health Needs Assessment (CHNA) process and Community Service Plan (CSP) were approved by the Board of Trustees on October 17, 2025. This document was finalized and submitted to the federal government on December 30th, 2025. The Community Health Needs Assessment (CHNA) report is available online and in the Community Health Department as of December 31, 2025.

DATA SOURCES AND INDICATORS SELECTION

To create this document, many secondary data sources were utilized, including:

American Community Survey (ACS): A survey conducted nationally by the U.S. Census Bureau to gather information about the social and economic need of communities. https://www.census.gov/programs-surveys/acs

Area Health Resource Files: A database maintained by the Health Resources and Services Administration (HRSA) of HHS which provides data from over 50 sources on health care professions, health facilities, population characteristics, economics, health professions training, hospital utilization, hospital expenditures, and environment at the county, state, and national levels. Area Health Resources Files

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

Comprehensive Housing Affordability Strategy Data (CHAS): Custom tabulations of ACS data about housing problems and housing needs from the U.S. Census Bureau sent to the U.S. Department of Housing and Urban Development (HUD). HUD and local governments use this data to plan how to distribute their funds. https://www.huduser.gov/portal/datasets/cp.html

County Business Patterns: An annual series from the U.S. Census Bureau which provides economic data by industry, such as number of establishments, employment during a certain week, and annual payroll. https://www.census.gov/programs-surveys/cbp.html

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

Feeding America: Feeding America is the nation's largest domestic hunger-relief organization. Programs help provide meals to children, seniors, families, and survivors of natural disasters. U.S. Hunger Relief Organization | Feeding America

Healthy People 2030: A collaborative process that reflects input from a diverse group of individuals and organizations. Healthy People2030 includes 10-year national objectives for improving the health of all Americans. Healthy People has established benchmarks and monitored progress over time. https://www.healthypeople.gov/

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

Hudson Valley Pattern for Progress: Source for regional information and trends in the Hudson Valley. Established in 2012, the Center conducts research, and produces analyses, drafts housing policy recommendations, provides technical assistance, strategic planning, and financial underwriting for public, private, and nonprofit organizations, to identify action items that can address the challenges and issues raised to chart a pathway for success. https://www.pattern-for-progress.org/

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

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

National Environmental Public Health Tracking Network: A data hub provided by the CDC which brings together health and environmental data. https://ephtracking.cdc.gov/

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

New York State Childhood Lead Poisoning Prevention Program (CLPPP): Blood lead testing data and blood lead levels are monitored through CLPPP. Childhood Lead Poisoning Prevention

New York State Communicable Disease Annual Reports: Documents are released annually from NYSDOH containing mandated reports of suspected or confirmed communicable diseases. Secondary source. https://www.health.ny.gov/statistics/diseases/communicable/

New York State Bureau of Sexual Health and Epidemiology: A special projects unit responsible for conducting Sexually Transmitted Infection (STI) surveillance activities related to screening, disease morbidity, and HIV/STI Partner Services disease intervention activities. https://www.health.ny.gov/diseases/communicable/std/

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

New York State Department of Health Rabies Laboratory: A system that contains monthly reports of the number of animals tested for rabies, as well as the number that tested positive for rabies in every New York State county. https://www.wadsworth.org/programs/id/rabies

New York State Department of Health Bureau of Oral Health: The Bureau collects surveillance data on the oral health status of third graders and oral diseases. Oral HealthNYDHA - Resource Listing - Public Policy

New York State Department of Health Community Health Indicator Reports (CHIRS): The CHIRS Dashboard tracks about 350 indicators organized by 15 health topics and is updated regularly to include the most recent year of data available for these indicators. Each NYS County has their own dashboard allowing for comparison of each county's data to regional and NYS totals. Visualizations include tables, maps, charts, and graphs at state and county levels. New York State Community Health Indicator Reports Dashboard

New York State Department of Health County Health Indicators by Race/Ethnicity (CHIRE): The CHIRE is a map-based tool that allows users to view health indicators by race/ethnicity in NYS and by county. It includes a variety of health indicators by race/ethnicity including mortality, vital statistics, injuries, chronic diseases, and substance abuse. County Health Indicators by Race and Ethnicity (CHIRE)

New York State Department of Health Electronic Clinical Laboratory Reporting System (ECLRS): ECLRS provides timely reporting, improving completeness and accuracy of reports, and generally facilitating the identification of emergent public health problems by monitoring communicable diseases, lead poisoning, HIV/AIDS, and cancer. Electronic Clinical Laboratory Reporting System - ECLRS

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

New York State Department of Health Rabies Laboratory: provides monthly reports of the number of animals tested for rabies, as well as the number that tested positive for rabies in every NYS county. Rabies - Reports | New York State Department of Health, Wadsworth Center

New York State Department of Motor Vehicles (DMV): It maintains statistical data on motor vehicle accidents, including those that are related to drug or alcohol use, and the associated injuries and fatalities. Statistical Data | NY DMV

New York State Department of Transportation: A branch of the New York State government responsible for administering programs related to the maintenance, coordination, and development of transportation infrastructure. https://www.dot.ny.gov/index

New York State Division of Criminal Justice: A criminal justice support agency which provides resources and services that inform decision-making and improve the quality of the criminal justice system. https://www.criminaljustice.ny.gov/

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

New York State HIV Surveillance System: An HIV surveillance system conducted by the AIDS Institute Bureau of HIV/AIDS Epidemiology that facilitates and monitors HIV-related laboratory and clinician reporting in New York State. https://www.health.ny.gov/diseases/aids/general/statistics/annual/

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

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

New York State Office of Addiction Services and Supports: The OASAS Office of Data Management, Research and Planning closely monitors substance use disorder data and trends of New Yorkers living with addiction. Data is made available to partners, providers, and localities to inform the collective efforts to understand and address addiction in NYS. Data | Office of Addiction Services and Supports

New York State Office of Children and Family Services: Promotes the safety, permanency and well-being of children, families and communities by setting and enforcing policies, building partnerships, and funding and providing quality services. **https://ocfs.ny.gov/reports/**

New York State Opioid Dashboard: This is an interactive visual presentation of indicators tracking opioid data at state and county levels. It is a key resource for monitoring fatal and nonfatal opioid overdoses, opioid prescribing, opioid use disorder treatment, and the overall opioid overdose burden. It displays a view of current and historical data for 98 opioid-related indicators. New York State Opioid Data Dashboard

New York State Student Weight Status Category Reporting System: A system that collects weight status category data on children and adolescents attending public schools in New York State outside of New York City. https://www.health.ny.gov/prevention/obesity/statistics_and_impact/student_weight_status_data.htm

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

Safe Drinking Water Information System: An information hub from the Environmental Protection Agency (EPA) containing data about public water systems and violations of the EPA's drinking water regulations, as reported to the EPA from the states. https://www3.epa.gov/enviro/facts/sdwis/search.html

Small Area Health Insurance Estimates (SAHIE): A program of the U.S. Census Bureau which estimates health insurance coverage for all states and counties nationally. https://www.census.gov/programs-surveys/sahie.html

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

Upstate New York Poison Control Center: A call center and research organization which provides poison emergency telephone management, poison information resources, public education, professional education, research and data collection, and toxic surveillance in real time. Its coverage area includes all New York State counties except Westchester, New York City, and Long Island. https://www.upstate.edu/poison/

USA Facts: Population and demographics data per state and county. https://usafacts.org/

US Census Bureau: The Census Bureau publishes population estimates and demographic components of change, such as births, deaths, and migration. This data can be sorted by characteristics such as age, sex, and race, as well as by national, state, and county location. Census.gov | U.S. Census Bureau Homepage

USDA Food Environment Atlas: An atlas from the USDA which assembles data regarding food environment factors, such as food choices, health and well-being, and community characteristics. https://www.ers.usda.gov/foodatlas/

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

DATA NOTES

Crude Rate versus Age-Adjusted Rate: A crude rate is defined as the total number of cases or disease events divided by the total population. The age-adjusted rates are rates that would have existed if the population under study had the same age distribution as the "standard" population..

International Classification of Diseases: In 2015 the Department of Health and Human Services mandated those entities using ICD-9 codes transition to ICD-10 codes. Comparisons between data before and after 2015 cannot be made due to the many differences in the updated ICD-10-CM code set.

New York State excluding New York City (NYS excl NYC): The population of NYC is not similar to that of the Mid-Hudson Region. Therefore, comparing rates/percentages of counties to NYS excluding NYC, rather than to the whole of NYS, provides a more accurate comparison. When possible, measures for both NYS and NYS excluding NYC are provided. When NYS excluding NYC data is not available, comparisons should be made with caution.

Rate: A rate is a measure of the frequency with which an event occurs in a defined population over a specified period of time.

Rate Denominators: Population estimates used to calculate rates sourced from data requests are from the U.S. Census Bureau's 2023 American Community Survey (ACS) 5-Year Estimate, Table B01003. For all other rates, information on the denominator can be found at the original data source.

Suppressed and Unstable Data: Some rates/percentages based on small numbers are suppressed because they do not meet the criteria for confidentiality (notated by "s"). Other rates/percentages based on small numbers are presented but are not considered reliable since they can fluctuate greatly over time. These measures are indicated as unstable due to a small numerator (notated by "*").

Three-Year Rate versus Single-Year Rate: When possible, rates are based on a three-year average rather than a single-year estimate to provide a more reliable comparison. Using a three-year average smooths out the data over multiple years to recognize that rates fluctuate from year to year and is particularly useful when small amounts of data are an issue.

AREA BEING ASSESSED – ROCKLAND COUNTY

Description of Community / Service Area

The population of New York State is almost 20 million and when excluding New York City, the population is about 11,2 million. The Mid-Hudson region makes up 12% of New York State overall, and it is made up of the 7 counties of Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester.

Rockland County is located approximately 30 miles north of Manhattan on the west side of the Hudson River and bordered by Orange County to the north, and New Jersey to the Southwest. Home to 8 public school districts and 8 College/Universities, the 199-square mile area includes 5 towns, and 19 villages. This county of 120,000 acres is designated a Preserve America Community, containing more than 35,000 acres of preserved open space and parkland, just under one third of the county.

The County Health Rankings and Roadmaps program created a Food Environment Index which combines a variety of data measures (from 2015 and 2016) such as proximity to healthy foods, income, and food insecurity to create an index measuring 0-10, 0 being the worst and 10 being the best. According to the Index, Rockland County has a score of 8.8.

DEMOGRAPHIC SUMMARY

Rockland County has 348,144 residents as of 2024, representing 15.0% of the Mid-Hudson Valley residents, and 1.7% of New York State. In 2023, of these residents 49.5% were males and 50.5% were females. Most Rockland County residents are adults over 20 years of age (68.1%), 23.4% are 5 to 19 years old and 8.5% are under 5 years of age. The vastest group is in the 35-64 years old range (34%). Of all Rockland residents, 8.7 % have a disability, 3% are veterans and 5.9% are unemployed. About 60% of residents older than 19 years old have a high school degree or higher education and 64.3% have a household income of $75 thousand or higher. However, Rockland has the highest percentage of renter occupied units and the highest percentage of severely cost burdened households in the region at 59.6% and 22.0%, respectively. English is spoken predominantly in the area but there is a significant 20% of the population that speaks English “less than very well”. The White Non-Hispanic population (60.6%) is the most predominant racial/ethnic group, followed by the Hispanic population (20%) and Non-Hispanic Blacks (10.5%).[6]

Table 1

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

SOCIAL AND PHYSICAL DETERMINANTS OF HEALTH

Employment

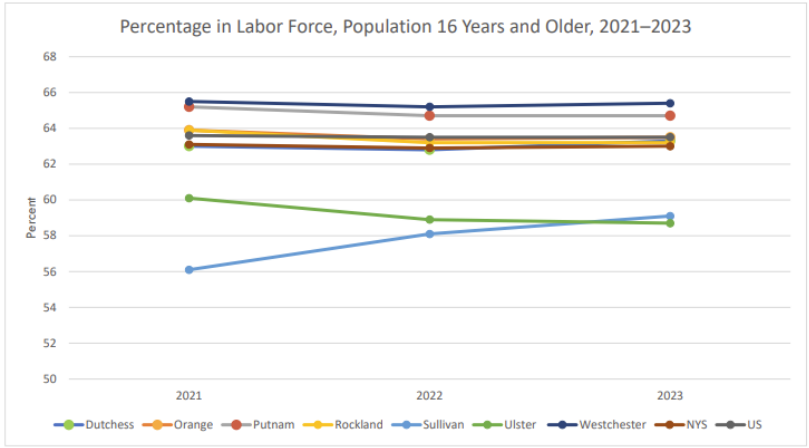
Occupation and employment affect individual health in various aspects. Those with steady employment tend to have better health outcomes in both mental and physical health conditions than those who are unemployed. In Rockland County 63.2 % of the population 16 years and older is in the labor force and 5.9% report being unemployed.[7]

Graph 1

	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

Graph 2



	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: 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

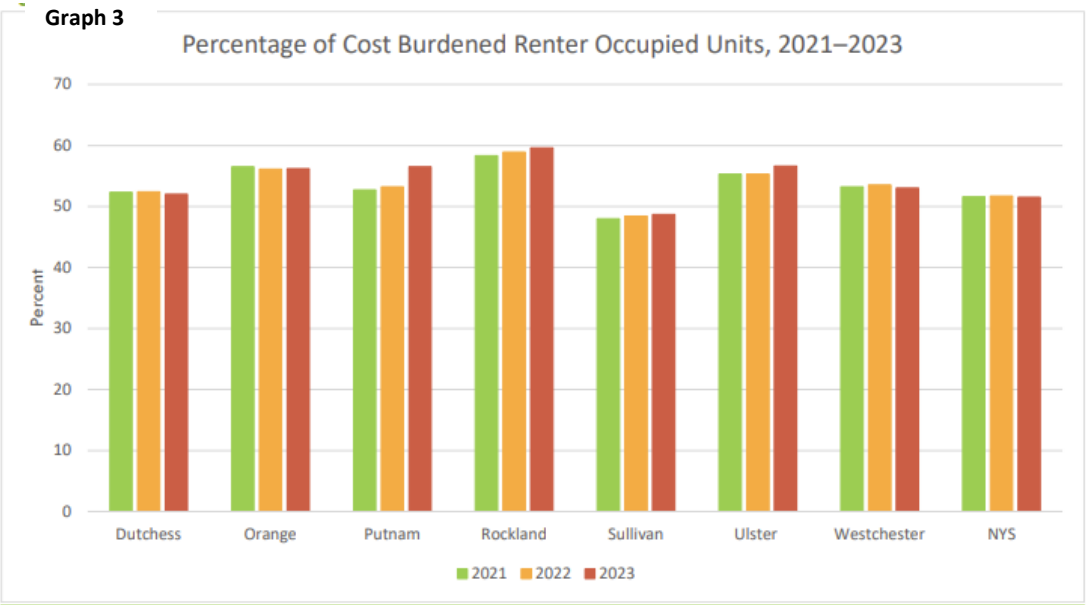
Food Insecurity

Food insecurity can be defined as the disruption of food intake or eating patterns due to lack of money and other resources.[8] Access to food plays an essential role in living a healthy lifestyle. Food insecurity has a major effect on children who are more likely to struggle in school, face developmental impairments, and have more social and behavioral problems than children who do not face hunger.[9] Other populations more vulnerable to food insecurity than the overall population are seniors and minorities.[10] As of 2023, as Feeding America, the food insecurity rate in Rockland County is 12%, of which 35% are above the Supplemental Nutrition Assistance Program (SNAP) threshold and 65% below SNAP threshold of 200%. The average meal cost in Rockland is $3.89 and the annual budget shortfall for food is almost $30 million.[11]

Housing

Housing significantly influences health outcomes. Lack of housing or poor housing conditions such as mold, overcrowding, limited of access to essential services like drinking water, education, or community services can impact the physical and mental health of individuals and lead to infectious diseases, respiratory issues, stress, anxiety, social isolation and chronic diseases. A study published in the Journal of the American Public Health Association found that homeless individuals utilized the emergency room almost four times more than other low-income residents.[12] Households that spend greater than 30.0% of their income on housing are considered cost burdened. Households that are severely cost burdened (spending greater than 50.0% of income on housing) are shown to spend 75.0% less on health care compared to similar households that are living in affordable housing. [13] Rockland County has both the highest percentage of cost burdened renter occupied units and the highest percentage of severely cost burdened households in the Mid-Hudson region at 59.6% and 22.0%, respectively, exceeding the state average of cost-burdened households.

Graph 3



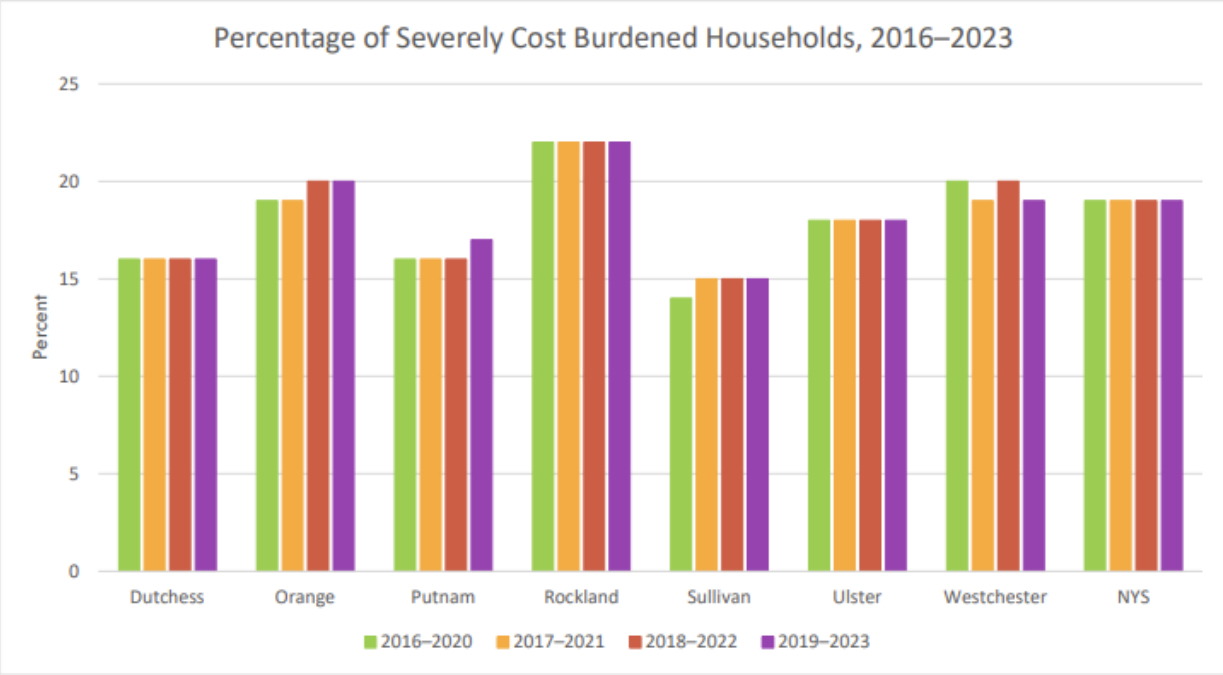
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021	52.3	56.5	52.7	58.3	48.0	55.3	53.2	51.6
2022	52.4	56.1	53.2	58.9	48.4	55.3	53.5	51.7
2023	52.0	56.2	56.5	59.6	48.7	56.6	53.0	51.5

Note: The American Community Survey asks respondents if they own or rent the house, apartment, or mobile home they live in. If rented, they ask for the monthly rent. Cost burdened is defined as the percentage of renter occupied units in which gross rent is 30% or more of household income.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table DP04, April 2025
https://data.census.gov/table/ACSDP5Y2023.DP04?q=dp04&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36

The number of individuals living in HUD-subsidized housing in the Mid-Hudson Region remained relatively stable from 2021 to 2024. Rockland reported the highest totals, increasing from 21,732 to 23,735 residents.

Graph 4



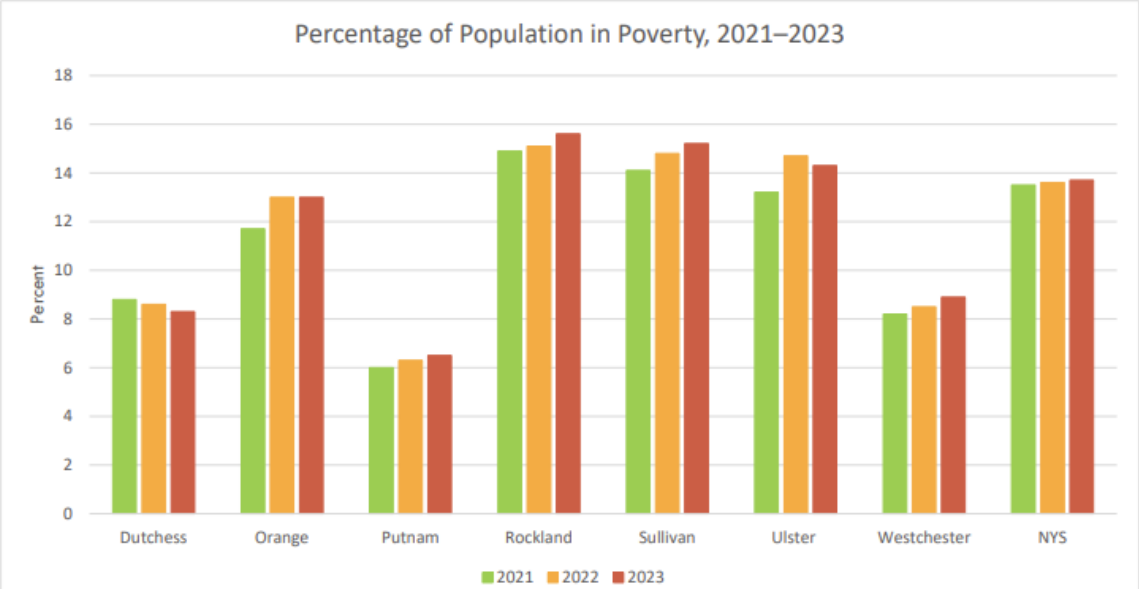
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2016–2020	16.0	19.0	16.0	22.0	14.0	18.0	20.0	19.0
2017–2021	16.0	19.0	16.0	22.0	15.0	18.0	19.0	19.0
2018–2022	16.0	20.0	16.0	22.0	15.0	18.0	20.0	19.0
2019–2023	16.0	20.0	17.0	22.0	15.0	18.0	19.0	19.0

Note: Severely cost burdened is defined as the percentage of households that spend 50% or more of their household income on housing.
Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, June 2025 sourced from US Census Bureau, American Community Survey, five-year estimates
https://www.countyhealthrankings.org/health-data/new-york?year=2025&measure=Severe+Housing+Cost+Burden*

Poverty

Poverty severely harms health by limiting access to nutritious food, safe housing, and quality healthcare, while increasing exposure to environmental toxins, violence, and chronic stress, leading to higher rates of chronic diseases (like heart disease, obesity, diabetes), mental health issues (depression, anxiety), developmental delays in children, and lower life expectancy. This creates a vicious cycle where poor health makes it harder to escape poverty, impacting individuals, families, and communities across generations.[14] Rockland County has the highest percentage of population living in poverty (15.6%) in the Mid-Hudson region and higher than NYS (13.7%).[15]

Graph 5



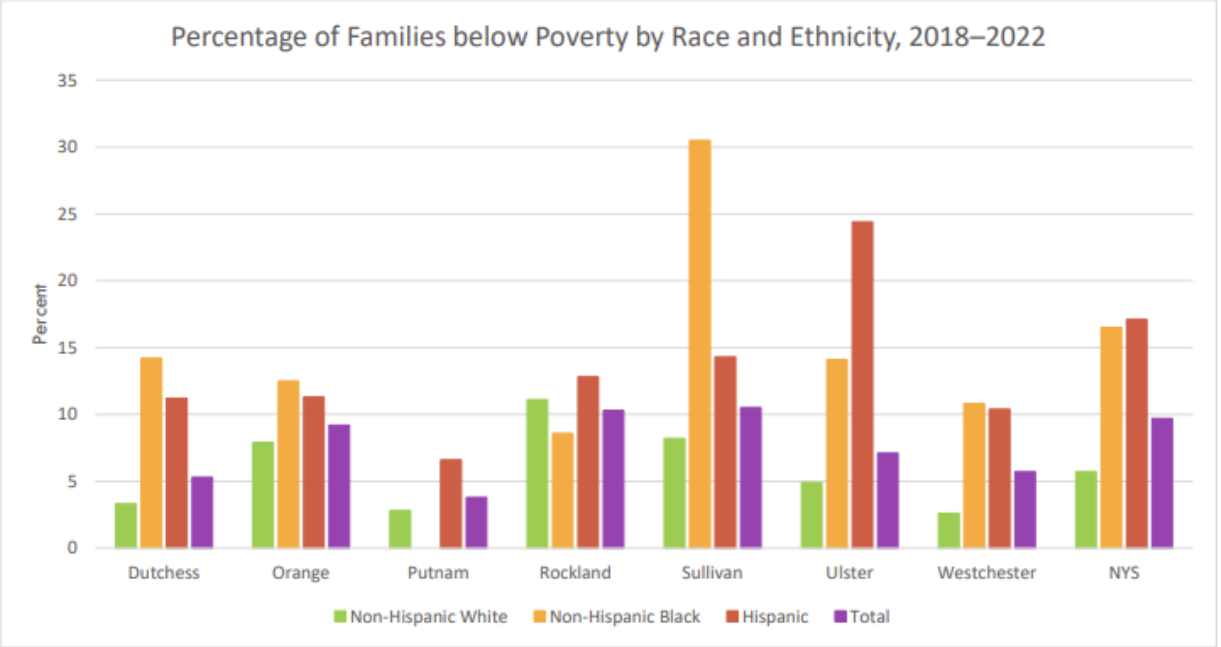
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021	8.8	11.7	6.0	14.9	14.1	13.2	8.2	13.5
2022	8.6	13.0	6.3	15.1	14.8	14.7	8.5	13.6
2023	8.3	13.0	6.5	15.6	15.2	14.3	8.9	13.7

Note: The American Community Survey asks respondents their income in the past 12 months including joint income. This is for income that is received on a regular basis before payments for taxes, social security, etc. If a family's total income is less than the official poverty threshold for a family of that size and composition, they are considered to be in poverty.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table S1701, April 2025 https://data.census.gov/table/ACSST5Y2023.S1701?q=s1701&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36

Poverty continues to vary significantly across racial and ethnic groups in the Mid-Hudson Region. Hispanic families had the highest poverty rates in Rockland County at 12.8%, followed by Non-Hispanic Whites (11.1%) and Non-Hispanic Blacks (8.6%).

Graph 6



	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

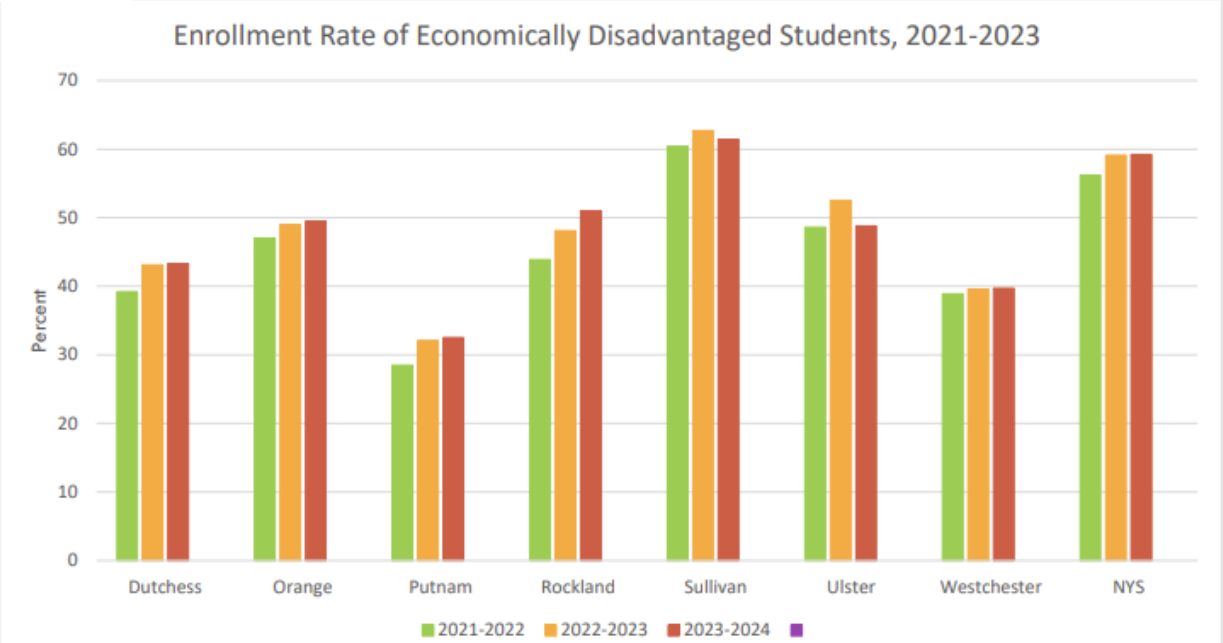
Note: The Census Bureau collects racial and ethnic data in accordance with guidelines provided by the US Office of Management and Budget (OMB) and these data are based on self-identification. For ethnicity, the OMB standards classify individuals in one of two categories: "Hispanic or Latino" or "Not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

Children from economically disadvantaged families can face numerous challenges that influence their development, academic achievement, and overall health. Poverty can affect their cognitive development and educational attainment. The lack of access to resources and opportunities can impact their long-term social and economic mobility. [16] The number of economically disadvantaged children in Rockland has been increasing greatly from 43.9% in 2021 to 51% in 2024. This is the largest increase in the region.

Graph 7

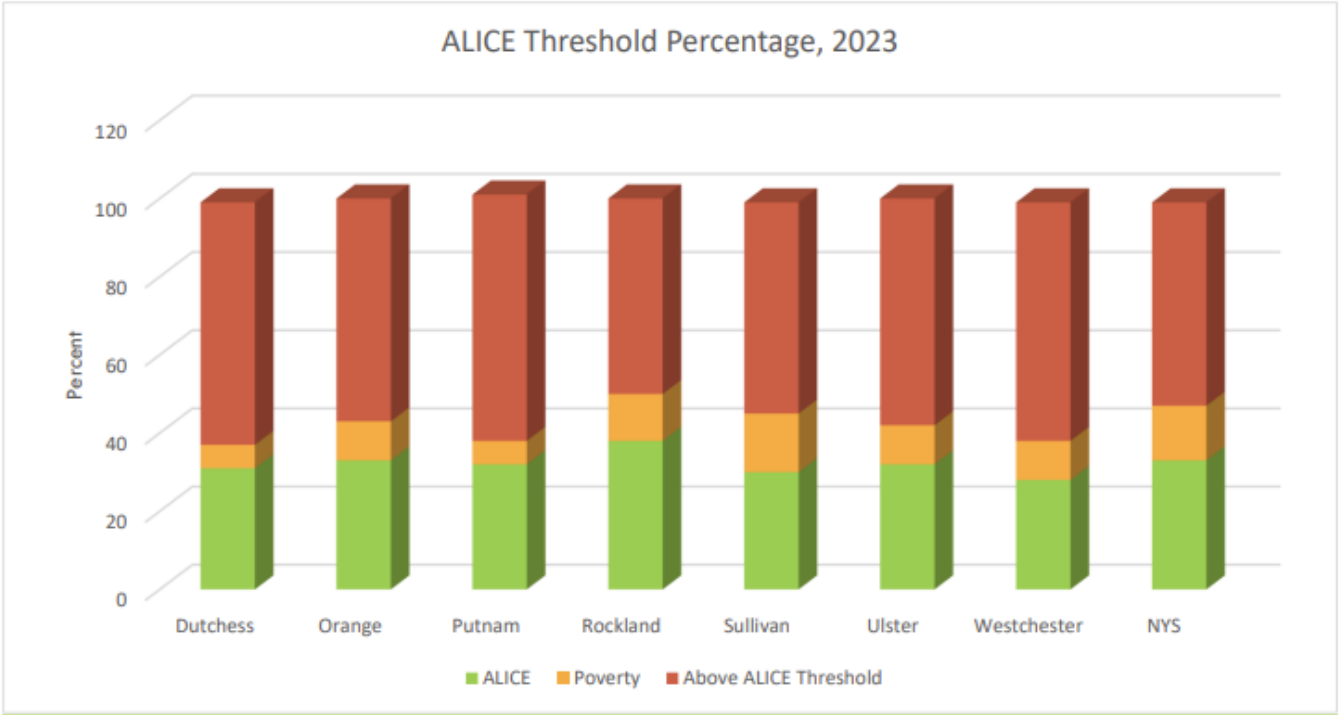


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021-2022	39.2	47.0	28.5	43.9	60.4	48.6	38.9	56.2
2022-2023	43.1	49.0	32.1	48.1	62.7	52.5	39.6	59.1
2023-2024	43.3	49.5	32.5	51.0	61.4	48.8	39.7	59.2

Note: Students who participate in, or whose family participates in, economic assistance programs, such as the Free or Reduced-Price Lunch Programs; Social Security Insurance; Supplemental Nutrition Assistance Program; Foster Care; Refugee Assistance (cash or medical assistance); Earned Income Tax Credit; Home Energy Assistance Program; Safety Net Assistance; Bureau of Indian Affairs; or Family Assistance: Temporary Assistance for Needy Families. If one student in a family is identified as low income, all students from that household (economic unit) may be identified as low income.
Source: NYS Education Department, June 2025
https://data.nysed.gov/enrollment.php?year=2024&county=13

The ALICE Threshold is the minimum income a household needs to afford a basic "Household Survival Budget" in a specific location, covering necessities like housing, childcare, food, transportation, and healthcare.[17] It represents the income level above the Federal Poverty Level but below the actual cost of living for a given county, measuring the number of "Asset Limited, Income Constrained, Employed" (ALICE) households. Rockland County has the highest ALICE share in the region (38%), even higher than that of NYS (33%) showing that many financially constrained households earn above the Federal Poverty Level but still cannot afford basic needs.

Graph 8



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
ALICE	31.0	33.0	32.0	38.0	30.0	32.0	28.0	33.0
Poverty	6.0	10.0	6.0	12.0	15.0	10.0	10.0	14.0
Above ALICE Threshold	62.0	57.0	63.0	50.0	54.0	58.0	61.0	52.0

Note: The ALICE (Asset Limited, Income Constrained, Employed) threshold represents the percentage of households in the United States that are struggling financially, falling below a threshold that includes those in poverty and those who are asset limited, income constrained, and employed. ALICE households earn above the Federal Poverty Level, but not enough to afford the basic necessities in their communities. Nationally, over 40% of households fall below the ALICE threshold.

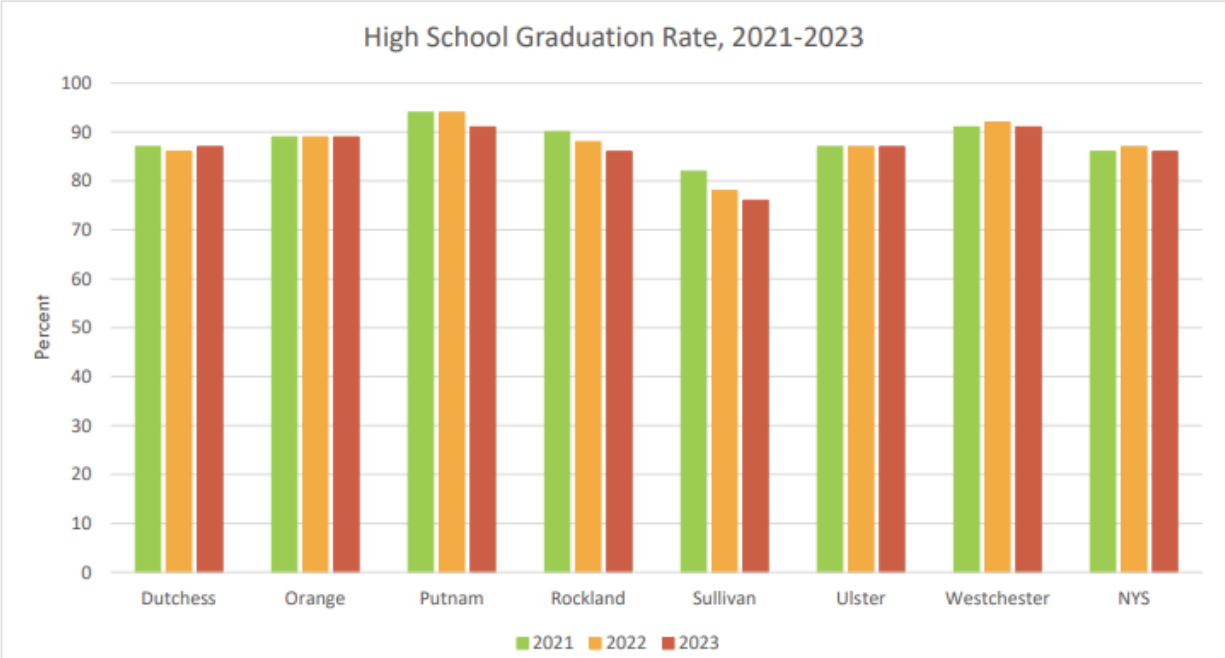
Source: United for ALICE, June 2025 https://www.unitedforalice.org/county-reports/new-york#10/41.1237/-73.7330

Education

Education and health are deeply intertwined: more education leads to better health, longer life, and higher earnings, while good health enables better academic performance, creating a cycle where education provides skills for healthier choices, better jobs, safer environments, and improved access to care, reducing chronic disease and increasing wellbeing. Conversely, poor health, like chronic illness, can disrupt schooling, creating setbacks in education.[18,19]

High school graduation rates in Rockland match those for NYS at 86% in 2023 but have been declining since 2021 as well as the rates for Putnam and Sullivan County. Sullivan County has the lowest graduation rates of the region (76%) while Putnam and Westchester have the highest rates at 91%.

Graph 9



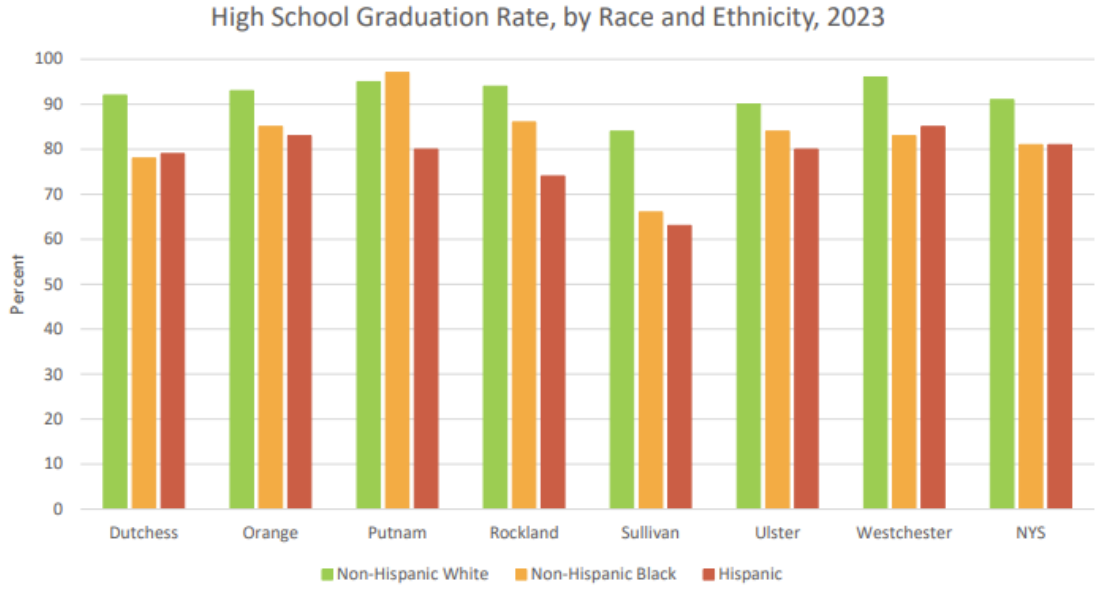
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021	87.0	89.0	94.0	90.0	82.0	87.0	91.0	86.0
2022	86.0	89.0	94.0	88.0	78.0	87.0	92.0	87.0
2023	87.0	89.0	91.0	86.0	76.0	87.0	91.0	86.0

Note: Graduation rate data are reported for a 9th grade cohort, as of the 4th year of high school - August. Graduates include students who received a local diploma or a local diploma with Regents endorsement (Regents diploma).

Source: NYS Education Department, June 2025 https://data.nysed.gov/lists.php?type=county

Per race and ethnicity, the highest high school graduation rates are among Non-Hispanic Whites across the region, except in Putnam County where Non-Hispanic Blacks have the highest rates at 97%. Non-Hispanic Blacks and Hispanics share close high school graduation rates in all counties except in Rockland County where there is a wider gap in high school graduation rates between Non-Hispanic Blacks (86%) and Hispanics (74%).

Graph 10



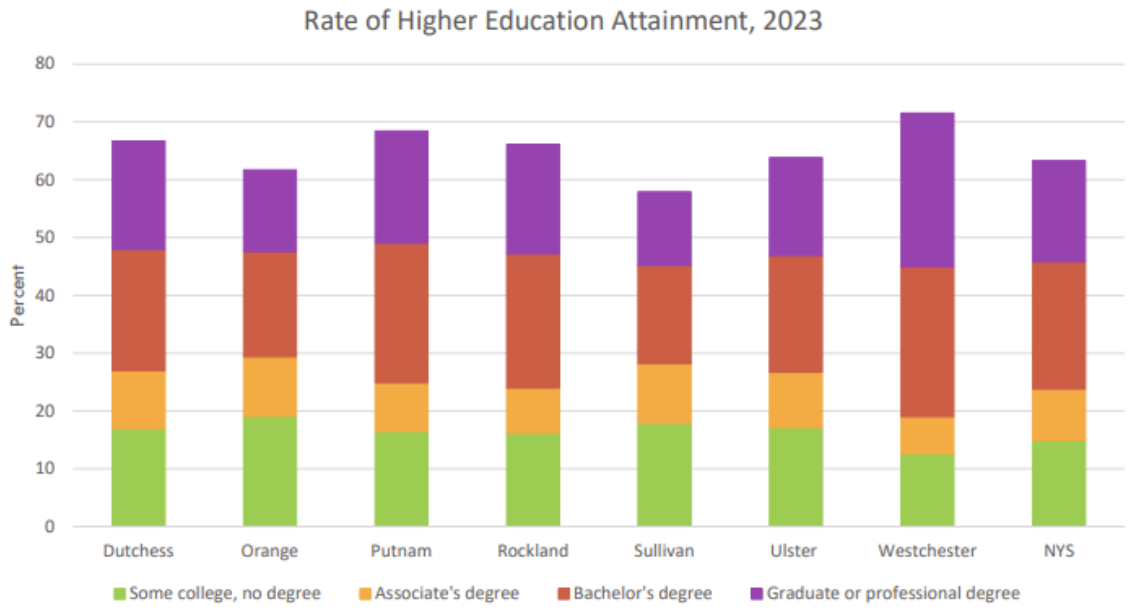
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
Non-Hispanic White	92	93	95	94	84	90	96	91
Non-Hispanic Black	78	85	97	86	66	84	83	81
Hispanic	79	83	80	74	63	80	85	81

Note: Race or races with which the student primarily identifies are indicated by the student or the parent/guardian.
Source: NYS Education Department, June 2025 https://data.nysed.gov/gradrate.php?year=2023&state=yes

High-quality Early Childhood Education (ECE) is a powerful tool for lifelong health, building brain foundations, promoting healthy habits (nutrition, activity), improving social-emotional skills (self-control, relationships), reducing risky behaviors, and preventing chronic diseases in adulthood, setting kids up for better outcomes in school, work, and life.[20] ECE programs offer a critical window to foster healthy development, reduce stress, and ensure children, especially vulnerable ones, get the support needed for future well-being, acting as a protective shield against adverse experiences. Early childhood rates in Rockland County are among the highest in New York, with recent data (2024) showing center-based care for under-12s potentially around $484/week or more, while 2021 data highlighted average family costs of over $3,000/month for two children in daycare, underscoring significant financial strain for local families, though specific program rates vary widely by age, type (center vs. informal), and provider.

Higher education significantly boosts health by leading to better jobs, higher income,[23] healthier lifestyles (exercise, diet), greater access to care, improved health literacy, and reduced chronic disease, ultimately resulting in longer, healthier lives with lower mortality rates and better mental well-being, though poor health can also hinder education (reverse causality).[24] Sullivan County has the lowest rate of higher education attainment (12.7%) and Westchester has the highest (26.5%). Rockland County is at 18.9%.

Graph 11



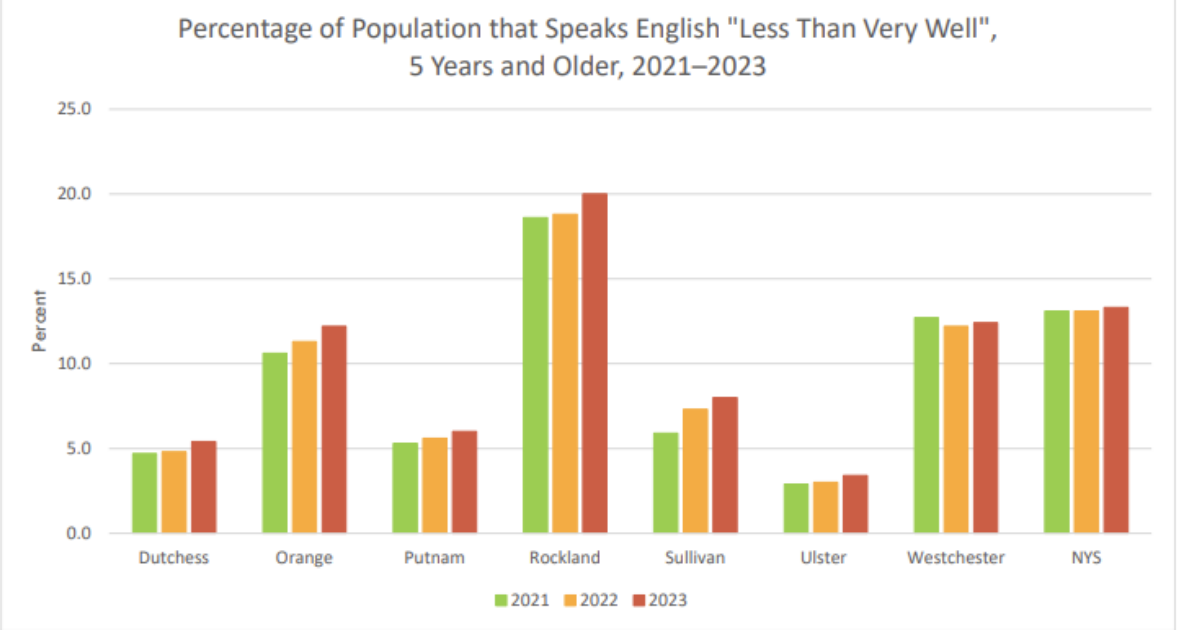
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
Some college, no degree	16.9	19.1	16.5	16.2	17.9	17.1	12.6	14.9
Associate's degree	10.1	10.3	8.4	7.8	10.3	9.6	6.4	8.9
Bachelor's degree	21.0	18.2	24.2	23.2	17.0	20.2	26.0	22.0
Graduate or professional degree	18.7	14.1	19.3	18.9	12.7	16.9	26.5	17.5

Note: The American Community Survey asks respondents what the highest degree or level of school the person has completed.
Source: US Census Bureau; American Community Survey, 2020 American Community Survey 5-Year Estimates, Table S1501, April 2025
https://data.census.gov/table/ACSST5Y2023.S1501?q=s1501&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36

Language and Literacy

Rockland County had the highest percentage of people aged five years and over who spoke English “less than very well” at 20.0% in 2023. Language and literacy are crucial for health, as health literacy (finding, understanding, using health info) and limited English proficiency (LEP) directly impact a person's ability to make informed health decisions, manage chronic diseases, avoid errors, and access care, leading to poorer outcomes and disparities, highlighting the need for clear communication, interpreters, and plain language materials for better health equity.[25]

Graph 12



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021	4.7	10.6	5.3	18.6	5.9	2.9	12.7	13.1
2022	4.8	11.3	5.6	18.8	7.3	3.0	12.2	13.1
2023	5.4	12.2	6.0	20.0	8.0	3.4	12.4	13.3

Note: The American Community Survey asks respondents how well the person speaks English. If the response is "well," not well," or "not at all," the person is categorized as speaking English "less than very well."

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table S1601, April 2025 https://data.census.gov/table/ACSST5Y2020.S1601?q=s1601&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36&tid=ACSST5Y2020.S1601

Adverse Childhood Experiences

ACE are stressful or traumatic events in childhood (abuse, neglect, household dysfunction like substance abuse, mental illness, incarceration) linked to lifelong health issues.[21,22] ACEs may include but are not limited to physical or sexual abuse, domestic violence, living in poverty, parental mental illness, discrimination, substance use disorder or incarceration. There is no current data for Rockland County, but the percentage of children 0-17 years old in NYS who have experienced two or more adverse experiences is 13 % (2024) and is trending up from 2020.

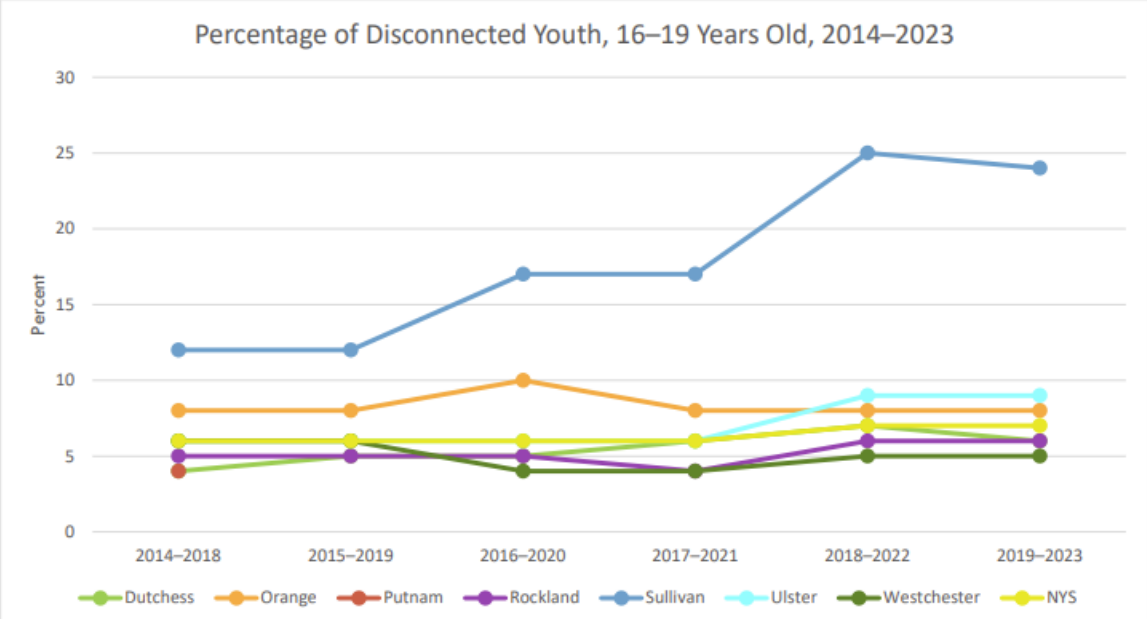
SOCIAL AND COMMUNITY CONTEXT

Civic Participation

Civic participation, like voting, volunteering, and community involvement, is strongly linked to better individual and community health by fostering social connections, agency, and better policies.[26] Healthier individuals are more engaged civically, creating a positive, reinforcing cycle that improves mental, physical, and overall well-being and addresses health disparities. Engaged citizens advocate for better health resources and environments, while disengaged communities often face neglected needs, highlighting civic health as a crucial social determinant of health.

Youth mental health significantly impacts future well-being, with nearly half of mental health disorders emerging during adolescence. Civic engagement offers a unique opportunity to enhance youth mental well-being, acting as a protective factor against mental health struggles. Westchester has the highest rate of youth ages 16-19 who are connected in civic participation (95%) closely followed by Dutchess and Rockland County (94%) and NYS (93%).

Graph 13



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2014–2018	4.0	8.0	4.0	5.0	12.0	6.0	6.0	6.0
2015–2019	5.0	8.0	s	5.0	12.0	6.0	6.0	6.0
2016–2020	5.0	10.0	s	5.0	17.0	6.0	4.0	6.0
2017–2021	6.0	8.0	s	4.0	17.0	6.0	4.0	6.0
2018–2022	7.0	8.0	s	6.0	25.0	9.0	5.0	7.0
2019–2023	6.0	8.0	s	6.0	24.0	9.0	5.0	7.0

s: Data are suppressed due to unreliable or missing data.

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, June 2025 sourced from US Census Bureau, American Community Survey, five-year estimates

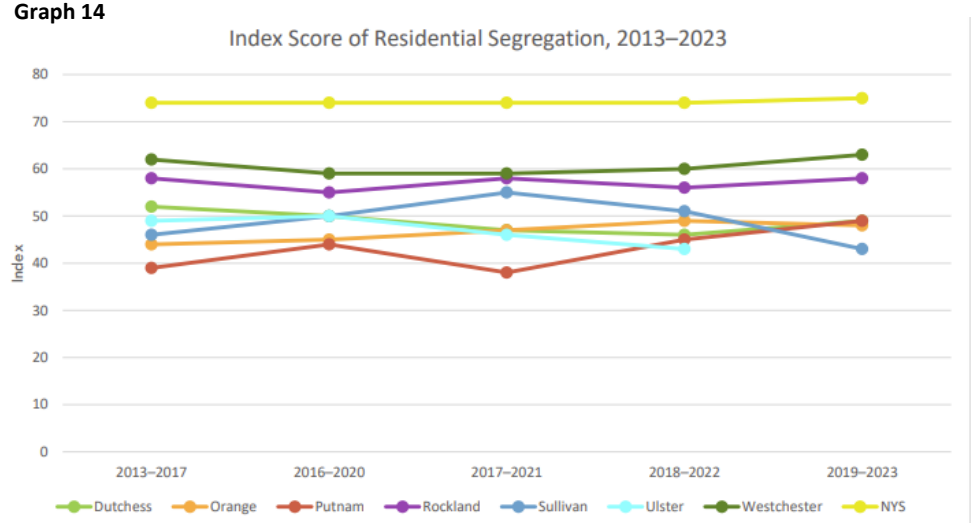
https://www.countyhealthrankings.org/health-data/new-york?year=2025&measure=Disconnected+Youth*

Discrimination

Discrimination significantly harms health by causing chronic stress, leading to mental health issues (anxiety, depression) and physical problems (hypertension, heart disease, poor sleep, inflammation) due to physiological changes and unhealthy coping behaviors, and it also creates barriers to accessing quality healthcare, worsening outcomes across racial, ethnic, and other marginalized groups.[27] This stress response and systemic barriers make discrimination a key social determinant of health inequities, impacting everything from daily well-being to premature mortality. [28]

Data produced by County Health Rankings & Roadmaps around residential segregation uses the American Community Survey to measure the distribution of non-Hispanic Black and non-Hispanic White residents across census tracks. The index is used to measure residential segregation; zero represents complete integration, while 100 is complete segregation. Across the Mid-Hudson Region, residential segregation between Black and White residents remains lower than the statewide level (75) but continues to vary by county, with Rockland being is at 58 indicating improved integration that has sustained since 2013.

Graph 14



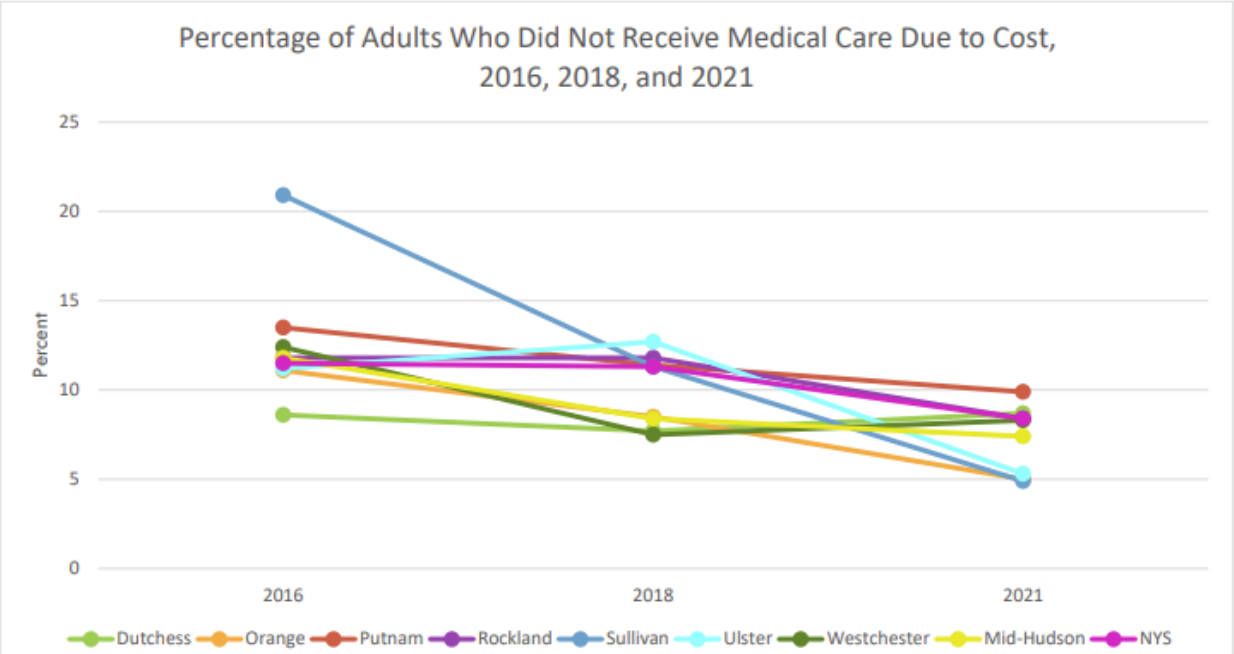
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2013–2017	52.0	44.0	39.0	58.0	46.0	49.0	62.0	74.0
2016–2020	50.0	45.0	44.0	55.0	50.0	50.0	59.0	74.0
2017–2021	47.0	47.0	38.0	58.0	55.0	46.0	59.0	74.0
2018–2022	46.0	49.0	45.0	56.0	51.0	43.0	60.0	74.0
2019–2023	49.0	48.0	49.0	58.0	43.0	s	63.0	75.0

s: Data are suppressed due to unreliable or missing data.
Note: Index of dissimilarity where higher vales indicate greater residential segregation between Black and White County residents.
Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, June 2025 sourced from US Census Bureau, American Community Survey, five-year estimates
https://www.countyhealthrankings.org/health-data/new-york?year=2025&measure=Residential+Segregation+-+Black%2FWhite*&tab=1

HEALTH CARE ACCESS & USAGE

Healthcare access is the ease of obtaining needed medical services at the right time for the best results, [29] involving coverage, provider availability, timeliness, and cultural competence. It directly impacts health by enabling timely use of services for prevention, management, and treatment. Barriers like cost,[30] insurance gaps, distance, and workforce shortages lead to worse outcomes, disparities, chronic issues, and premature death. In Rockland, 8.4% of adults did not receive medical care due to cost, a number that is decreasing from 11.8% in 2018 and is

Graph 15



	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

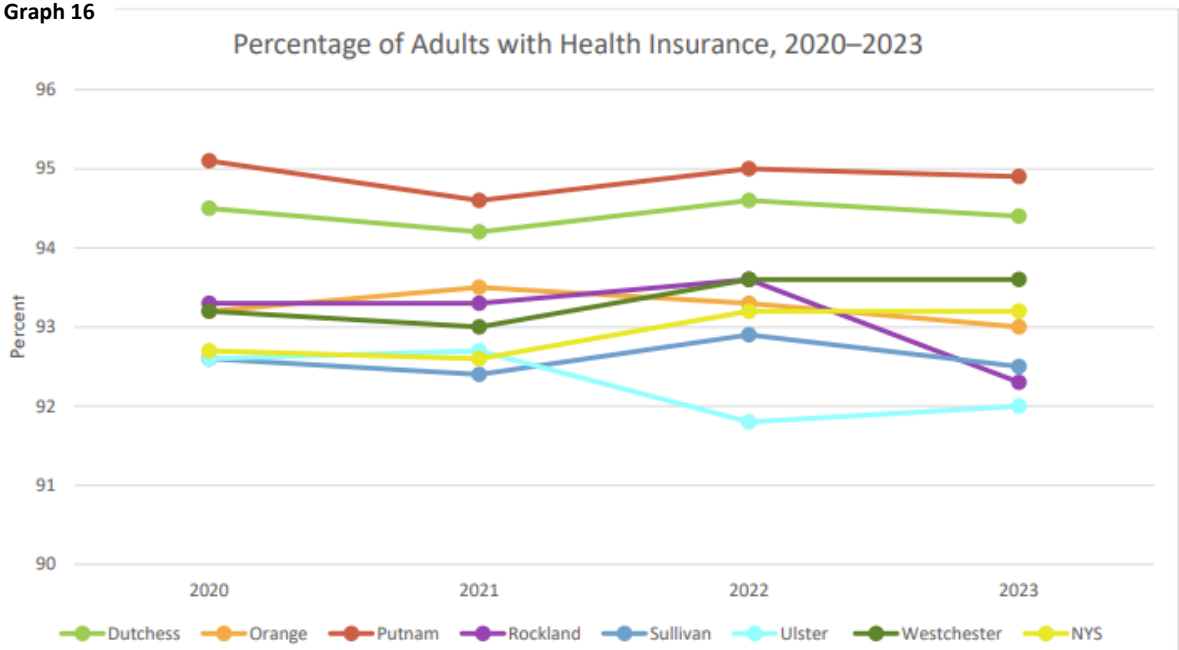
Health Insurance Coverage

Health insurance coverage provides essential financial protection from high medical costs and significantly improves health outcomes and access to care. Uninsured individuals are more likely to delay or avoid necessary care, which can worsen health conditions.[31]

The US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program calculates estimates of health insurance coverage. Estimates are created for children under the age of 19 years old, as well as the adult population between 18 and 64 years old.

In the whole region 92% of adults or more have health insurance coverage. The highest coverage is in Putnam County (94.9%) and the lowest in Ulster County (92.0%). Rockland County is at 92.3% health insurance coverage.

Graph 16

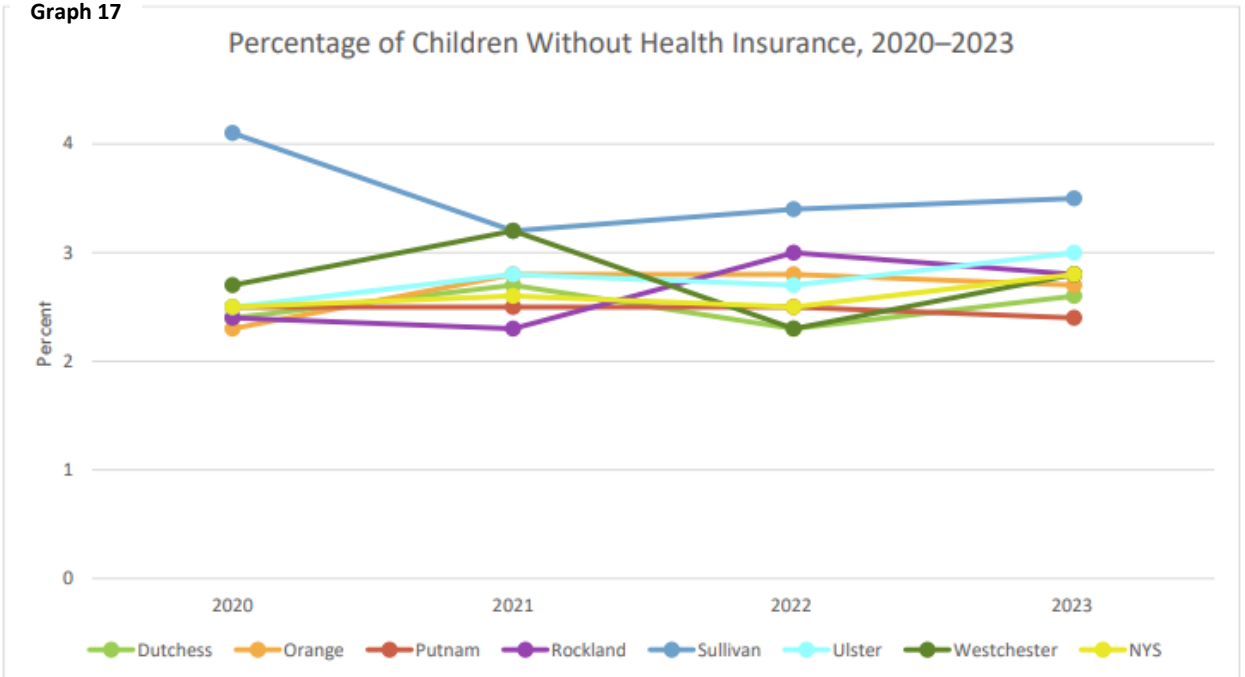


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	94.5	93.2	95.1	93.3	92.6	92.6	93.2	92.7
2021	94.2	93.5	94.6	93.3	92.4	92.7	93.0	92.6
2022	94.6	93.3	95.0	93.6	92.9	91.8	93.6	93.2
2023	94.4	93.0	94.9	92.3	92.5	92.0	93.6	93.2

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

The highest percentage of children without health insurance in 2023 was in Sullivan County (3.5%) and the lowest in Putnam County (2.4%). Rockland County tied with NYS at 2.8%.

Graph 17



	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

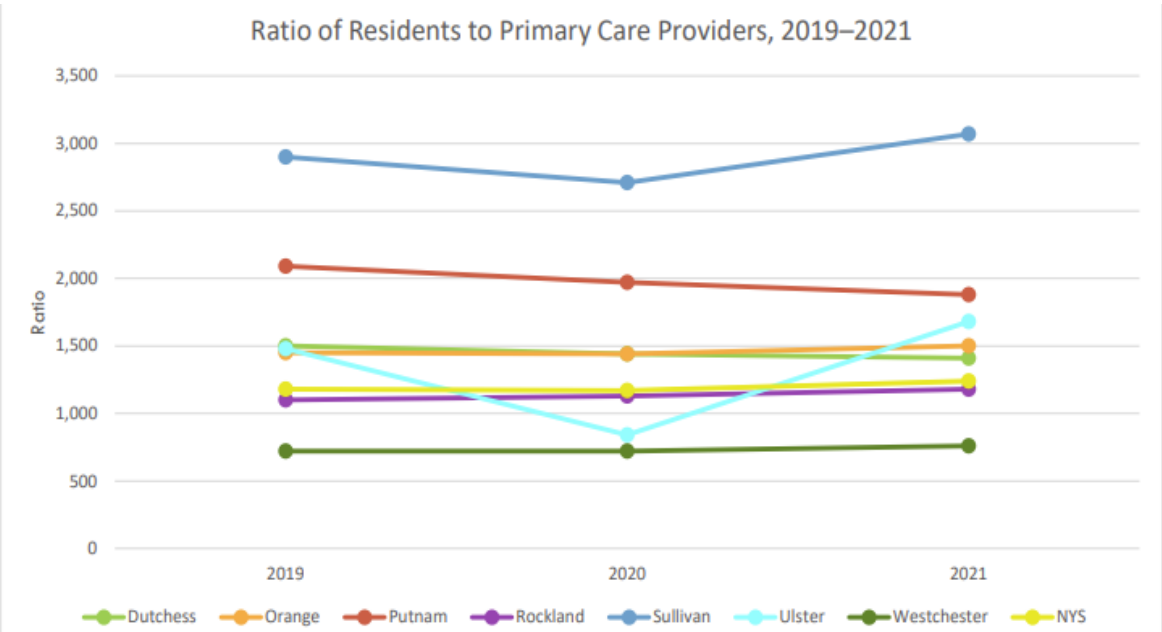
https://www.census.gov/data-tools/demo/sahie/#/?AGECAT=1&state_county=36000,36027,36071,36079,36087,36105,36111,36119&s_searchtype=sc&tableYears=2022&map_yearSelector=2022

Health Professional Shortage Areas

Health Professional Shortage Areas (HPSA) are service areas or population groups that have been designated as having too few primary medical care, dental, or mental health providers to meet the needs of the population. HPSAs can be geographic areas, populations, or facilities.[32] HPSA scores indicate there are not enough providers for the population, and are specific to dental care, mental health, and primary care. HPSA scores range from 1 to 25, with a higher score indicating greater needs.

The approximate average HPSA score in Rockland for primary care is 1, dental health is 1, and mental health is 1. Resources like incentives for medical providers, funding for programs, and training are offered based on HPSA scores. When measuring the ratio of population to provider, a higher ratio means less providers per capita, implying less access.

Graph 18



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2019	1,500:1	1,450:1	2,090:1	1,100:1	2,900:1	1,480:1	720:1	1,180:1
2020	1,440:1	1,440:1	1,970:1	1,130:1	2,710:1	840:1	720:1	1,170:1
2021	1,410:1	1,500:1	1,880:1	1,180:1	3,070:1	1,680:1	760:1	1,240:1

Note: To interpret this indicator, the value provided is the number of residents to 1 primary care provider. This measure from the County Health Rankings are released each year but data are used from prior years where available.

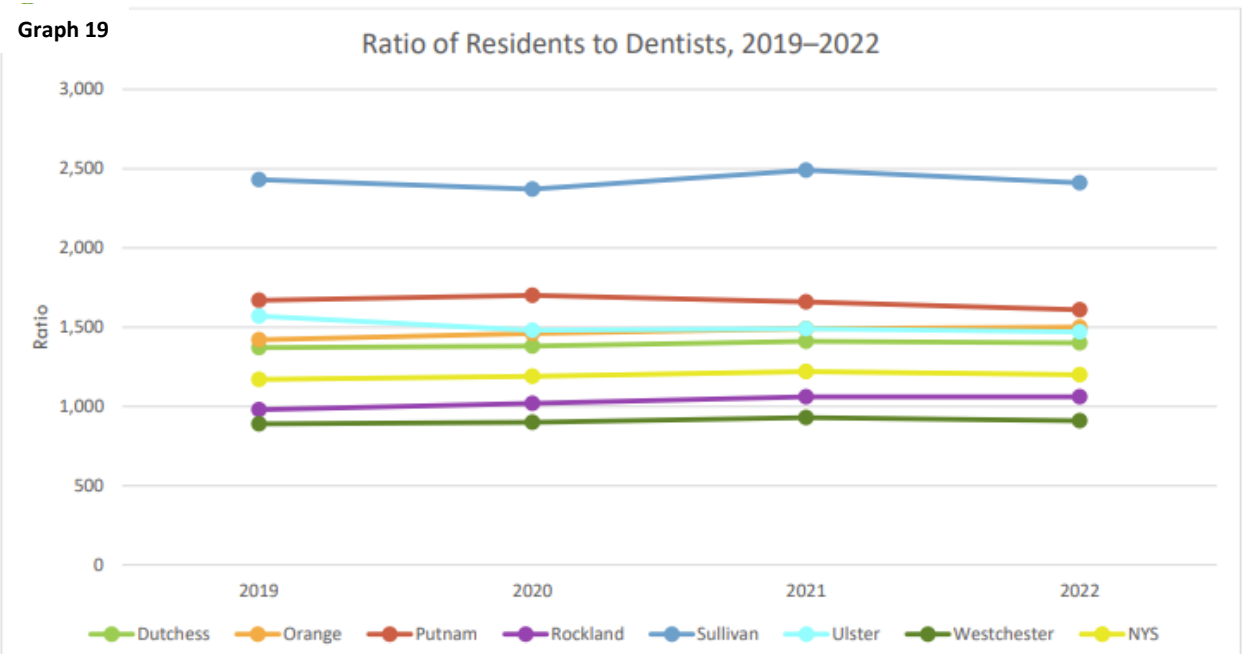
Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, June 2025 sourced from Area Health Resources Files 2022-2023, and the American Medical Association

https://www.countyhealthrankings.org/health-data/new-york?year=2024&measure=Primary+Care+Physicians&tab=1

The ratio of residents to Primary Care Providers in 2022 was lowest in Westchester County (760:1) and highest in Sullivan County 3,070:1. Rockland is at 1,180:1. Since 2019, these rates have been increasing in most counties except for Dutchess and Putnam County.

The ratio of residents to Dentists in 2022 was again lowest in Westchester County (910:1) and highest in Sullivan County 2,410:1. Rockland is at 1,060:1. Compared to the prior year, these rates have been trending down in most counties except for Orange County where it went from 1,490:1 to 1,500:1 and Rockland County where it stayed at 1,060:1 in both years.

Graph 19

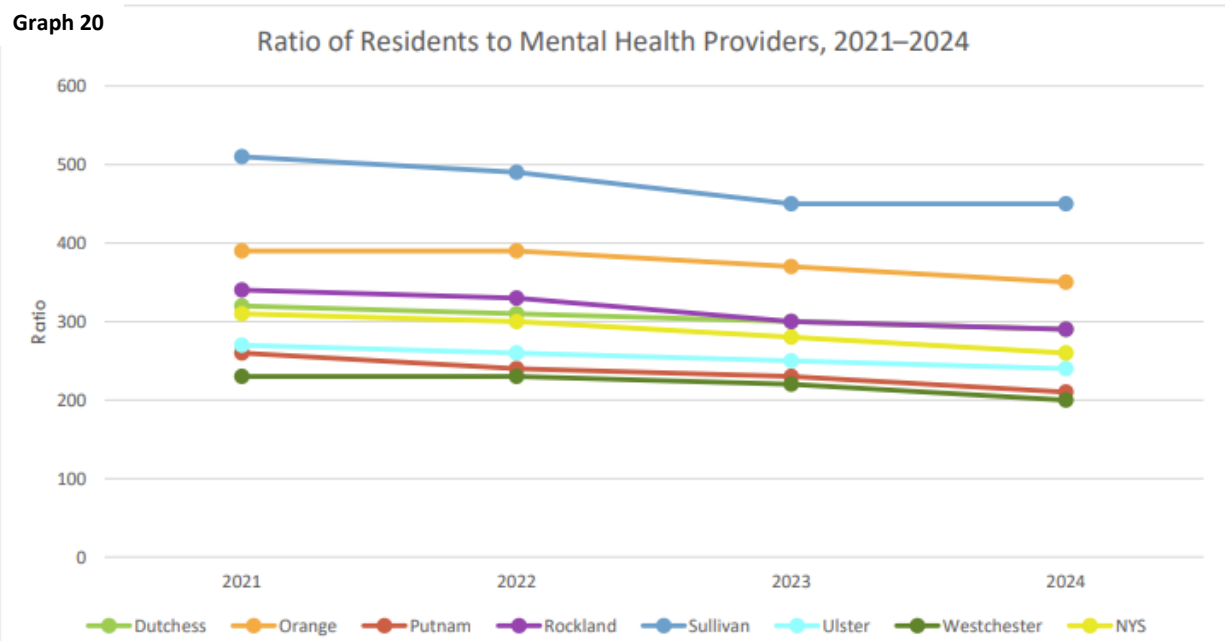


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2019	1,370:1	1,420:1	1,670:1	980:1	2,430:1	1,570:1	890:1	1,170:1
2020	1,380:1	1,460:1	1,700:1	1,020:1	2,370:1	1,480:1	900:1	1,190:1
2021	1,410:1	1,490:1	1,660:1	1,060:1	2,490:1	1,490:1	930:1	1,220:1
2022	1,400:1	1,500:1	1,610:1	1,060:1	2,410:1	1,470:1	910:1	1,200:1

Note: To interpret this indicator, the value provided is the number of residents to 1 dentist. This measure from the County Health Rankings are released each year but data are used from prior years where available.
Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, June 2025 sourced from Area Health Resources Files 2022-2023, and the National Provider Identifier Downloadable File
https://www.countyhealthrankings.org/health-data/new-york?year=2022&measure=Dentists&tab=1

The ratio of residents to Mental Health Providers since 2021 shows the scarcity of mental health providers in the area although the ratio has been decreasing since. The largest need is in Sullivan County that in 2024 had 450 residents to 1 mental health providers. Rockland County rate is 290:1, while Westchester is the lowest at 200:1.

Graph 20



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021	320:1	390:1	260:	340:1	510:1	270:1	230:1	310:1
2022	310:1	390:1	240:1	330:1	490:1	260:1	230:1	300:1
2023	300:1	370:1	230:1	300:1	450:1	250:1	220:1	280:1
2024	290:1	350:1	210:1	290:1	450:1	240:1	200:1	260:1

Note: To interpret this indicator, the value provided is the number of residents to 1 mental health provider. This measure from the County Health Rankings are released each year but data are used from prior years where available.

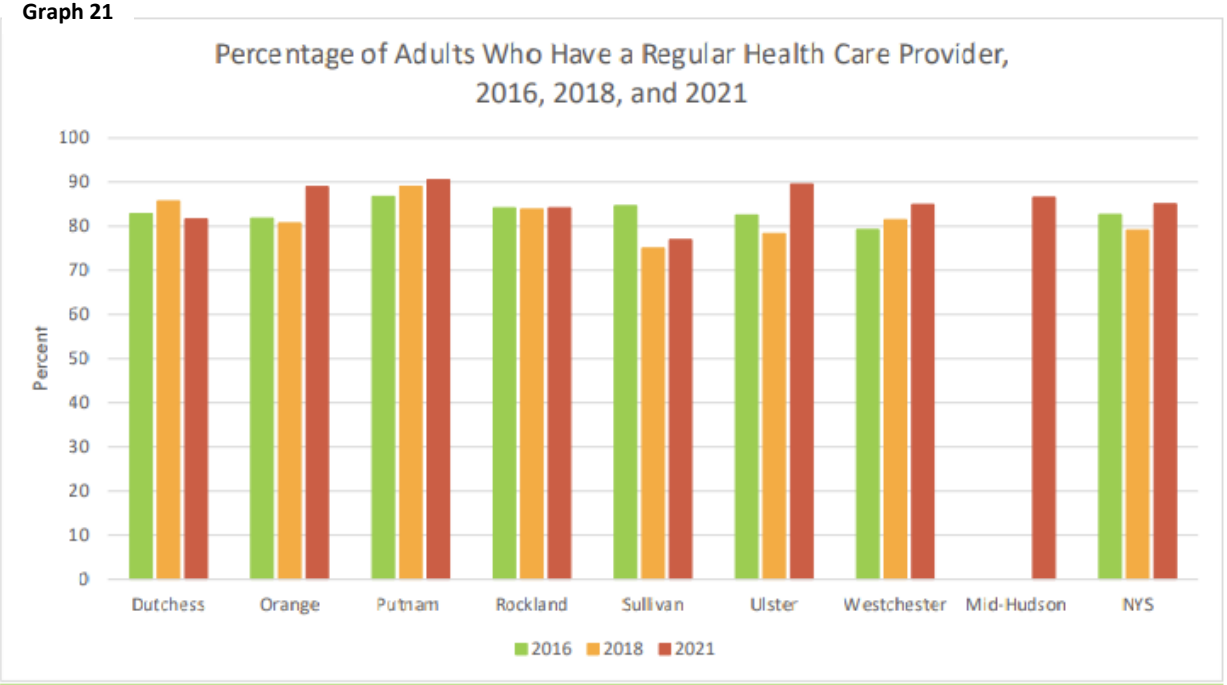
Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, June 2025 sourced from National Provider Identification Registry, Centers for Medicaid and Medicare Services
https://www.countyhealthrankings.org/health-data/new-york?year=2022&measure=Mental+Health+Providers&tab=1

Access to Primary Care

Receiving regular primary care services is essential for chronic disease management and early detection and treatment of disease. Having a usual source of care allows for the development of a relationship potentially leading to receipt of more preventive care and services as recommended. Lack of insurance, low providers per capita, lack of access to transportation, inability to take time off from work, language-related barriers, and lack of culturally competent physicians can all be barriers to accessing regular primary care services.[33]

In Rockland 84.1% of the residents have a regular health care provider while Putnam County has the highest percentage at 90.5% and Sullivan has the lowest at 76.9%.

Graph 21



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
2016	82.8	81.8	86.7	84.1	84.6	82.5	79.2	N/A	82.6
2018	85.7	80.7	89.0	83.8	75.0	78.3	81.4	N/A	79.1
2021	81.6	88.9	90.5	84.1	76.9	89.5	84.9	86.5	85.0

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Do you have one person or a group of doctors that you think of as your personal health care provider?" Data unavailable for the Mid-Hudson Region in 2016 and 2018.

Source: NYS Community Health Indicator Reports Dashboard, July 2025 sourced from NYSDOH Behavioral Health Risk Factor Surveillance Survey

https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=it&ind_id=pa4_0

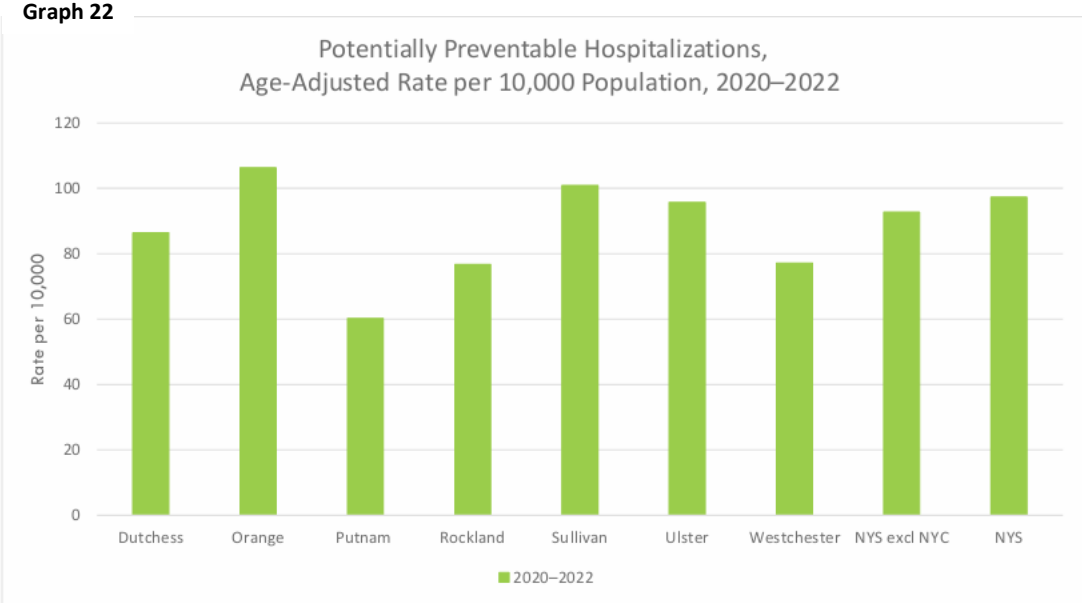
Health Care Usage

Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all.

For those admitted to the hospital, many inpatient visits could be avoided if there were access to timely primary and preventative care. Potentially preventable hospitalizations (PPH) include inpatient stays where care is provided for ambulatory care-sensitive conditions that could have been potentially avoided with quality primary and preventative care.[34]

The highest average rate of potentially preventable hospitalizations between 2020-2022 was in Orange County (106.3 per 10,000 population). For the same period, Rockland County could have prevented 76.7 per 10,000 hospitalizations.

Graph 22



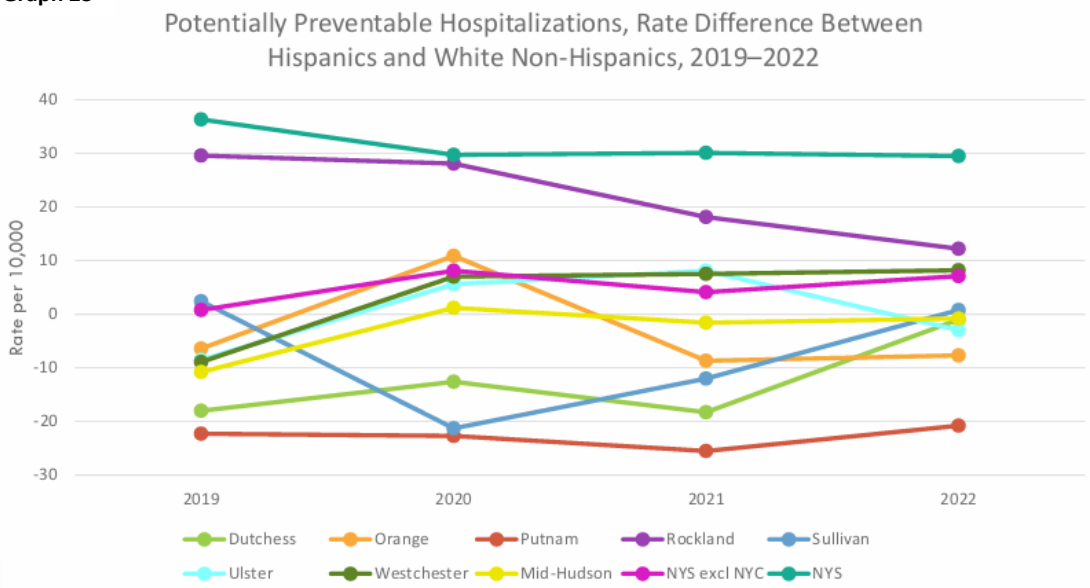
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2020–2022	86.4	106.3	60.2	76.7	100.9	95.7	77.1	92.7	97.3

Note: The number of potentially preventable hospitalizations includes residents aged 18+ years. The Prevention Quality Indicators (PQI) are a set of measures developed by the federal Agency for Healthcare Research and Quality for use in assessing the quality of outpatient care for "ambulatory care sensitive conditions". This indicator is defined as the combination of the 10 PQIs that pertain to adults, including: Short-term Complication of Diabetes, Long-term Complication of Diabetes, Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults, Hypertension, Heart Failure, Community-Acquired Pneumonia, Urinary Tract Infection, Uncontrolled Diabetes, Asthma in Younger Adults, and Lower-Extremity Amputation Among Patients with Diabetes. Because the PQIs estimate the number of potentially avoidable hospital admissions, a lower rate is desirable.

Source: NYS County Health Indicators by Race and Ethnicity Dashboard, July 2025 sourced from NY Statewide Planning and Research Cooperative System
https://www.health.ny.gov/community/health_equity/reports/county/

Also, communities have experienced variable access to care based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location.
A negative rate means that White non-Hispanic residents have a higher rate of PPH compared to the Black non-Hispanic residents which suggests that Black non-Hispanic residents are not having as many admissions that would be considered preventable.
The only County to consistently have a trend with White Non-Hispanic residents experiencing more PPH was Rockland County.

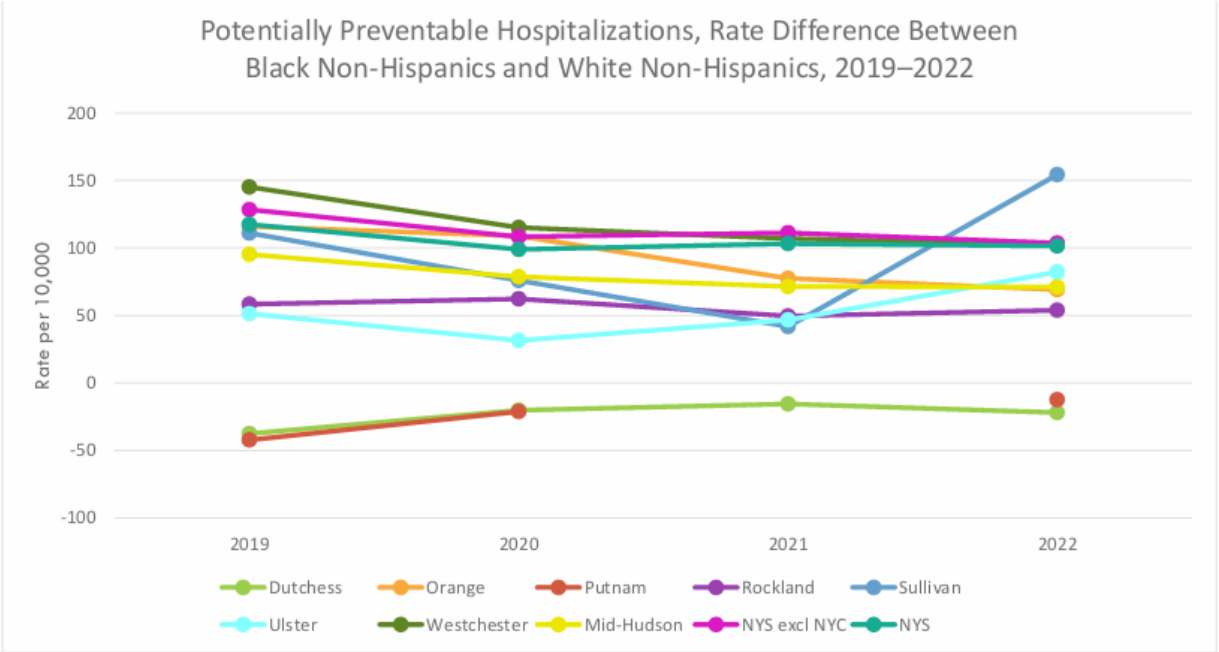
Graph 23



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2019	-18.0	-6.4	-22.3	29.6	2.4	-8.5	-8.9	-10.8	0.8	36.3
2020	-12.6	10.9	-22.7	28.1	-21.3	5.6	7.0	1.2	8.1	29.7
2021	-18.3	-8.7	-25.5	18.1	-12.0	8.1	7.5	-1.6	4.1	30.1
2022	-1.0	-7.7	-20.8	12.2	0.8	-3.0	8.2	-0.8	7.1	29.5

Note: Rates are age-adjusted, per 10,000 adults aged 18+. The rate of potentially preventable hospitalization is calculated for both Hispanics and White non-Hispanics. Then, the difference is the Hispanic rate minus the White non-Hispanic rate.
Source: NYS Prevention Agenda Tracking Dashboard, July 2025 sourced from NY Statewide Planning and Research Cooperative System
https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county

Graph 24



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2019	-37.5	115.9	-42.1*	58.5	111.0	51.5	145.3	95.3	20.2	117.6
2020	-20.1	108.9	-21.2*	62.4	75.9	31.5	115.1	78.7	19.7	99.0
2021	-15.4	77.6	s	49.7	41.9	46.7	106.9	71.4	22.2	103.3
2022	-21.9	69.1	-12.3	53.9	154.3	82.3	102.7	71.1	21.7	101.5

**: The rate is unstable.*

s: Data are suppressed due to not meeting reporting criteria.

Note: Rates are age-adjusted, per 10,000 adults aged 18+. The rate of potentially preventable hospitalization is calculated for both Black and White non-Hispanics. Then, the difference is the Black non-Hispanic rate minus the White non-Hispanic rate.

Source: NYS Prevention Agenda Tracking Dashboard, August 2025 sourced from NY Statewide Planning and Research Cooperative System

Health Literacy

Health literacy encompasses the knowledge, skills, and confidence individuals possess to manage their health effectively. It involves critical thinking and the ability to navigate the healthcare system.[35] Improving health literacy in populations provides the foundation on which citizens are enabled to play an active role in improving their own health, engage successfully with community action for health and hold governments accountable for addressing health and health equity.[36] Meeting the health literacy needs of the most disadvantaged and marginalized societies can accelerate progress in reducing inequities in health and beyond.[37]

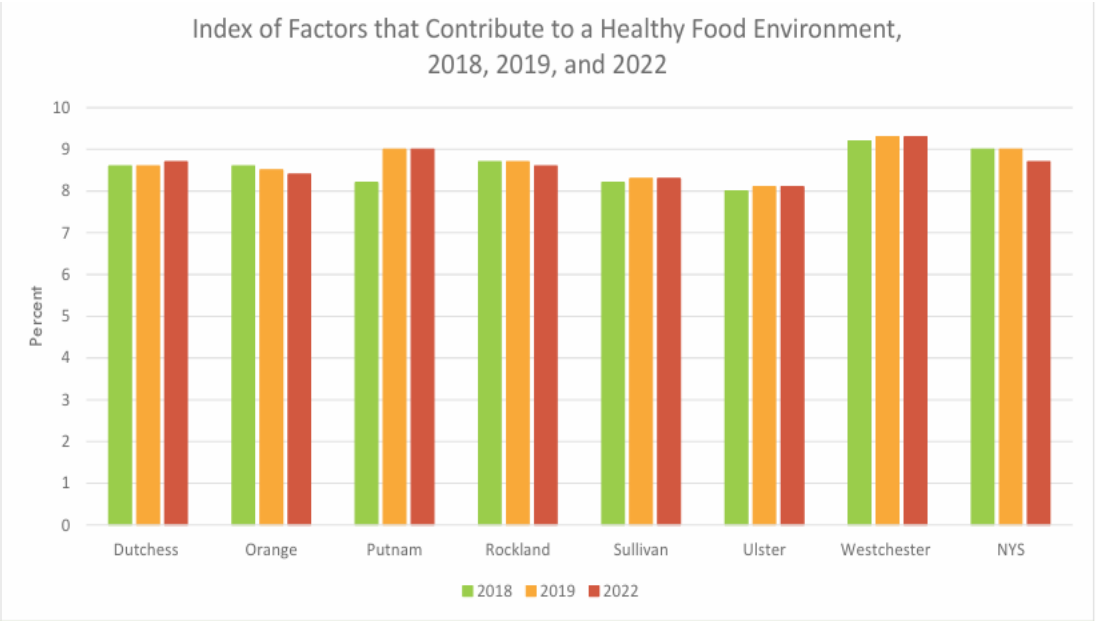
NEIGHBORHOOD AND BUILT ENVIRONMENT

Access to Healthy Food

The lack of access to healthy food, often found in "food deserts" or "food swamps" (areas with an abundance of fast-food options but few supermarkets), compels individuals to rely on cheaper, calorie-dense, and nutrient-poor foods.[38] This poor dietary quality leads to a range of health problems including heart disease, type 2 diabetes, high blood pressure, and certain cancers, obesity, anxiety, depression, social isolation and developmental problems, compromised immune systems, and academic and behavioral issues in children.[39]

The County Health Rankings and Roadmaps measure of the food environment accounts for proximity to healthy foods and income. The index is a scale that ranges from zero (worst) to 10 (best). Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Food insecurity estimates the percentage of the population that did not have access to a reliable source of food during the past year.[40] In 2022, Rockland County's Index was 8.6, while Westchester had the highest (9.3) and Ulster the lowest (8.1).

Graph 25



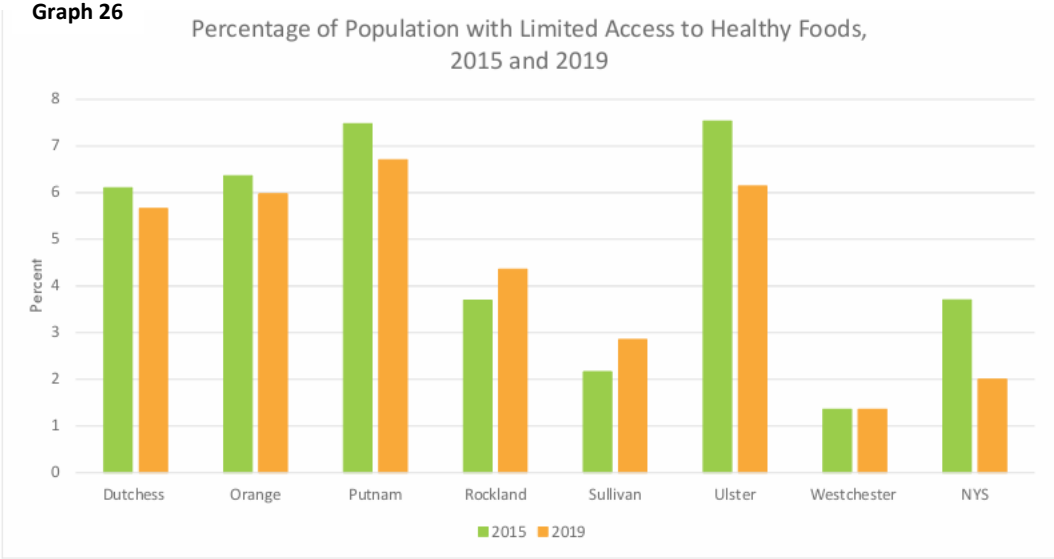
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2018	8.6	8.6	8.2	8.7	8.2	8.0	9.2	9.0
2019	8.6	8.5	9.0	8.7	8.3	8.1	9.3	9.0
2022	8.7	8.4	9.0	8.6	8.3	8.1	9.3	8.7

Note: The County Health Rankings measure of the food environment accounts for proximity to healthy foods and income. The index is a scale that ranges from 0 (worst) to 10 (best). Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Food insecurity estimates the percentage of the population that did not have access to a reliable source of food during the past year.

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, July 2025 sourced from US Department of Agriculture - Food Environment Atlas and Feeding America - Map the Meal Gap
https://www.countyhealthrankings.org/health-data/new-york?year=2025&measure=Food+Environment+Index&tab=1

Many M-H Counties experienced a decrease in the percentage of the population with low income and low access to food, which is a positive trend. Putnam County had the highest percentage of residents with limited access to healthy food (6.7%) and was almost five times that of Westchester County (1.4%). Most of the counties in the M H Region fall above NYS (2.0%) excluding Westchester County. As per Rockland DOH late 2023 data, approximately **25.8%** of adults in Rockland County reported experiencing food insecurity, making it one of the highest rates among counties outside of New York City.

Graph 26



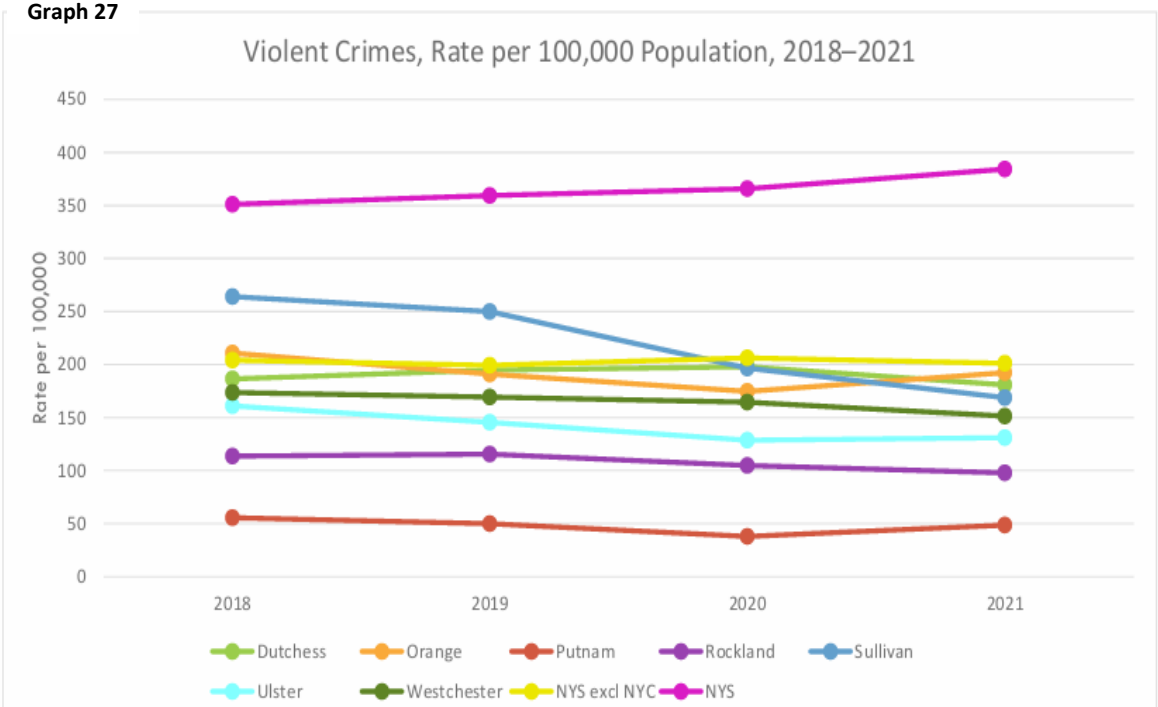
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2015	6.1	6.4	7.5	3.7	2.2	7.5	1.4	3.7
2019	5.7	6.0	6.7	4.4	2.9	6.1	1.4	2.0

Note: Percentage of population who are low-income and do not live close to a grocery store.
Source: US Department of Agriculture - Food Environment Atlas, July 2025
https://gisportal.ers.usda.gov/portal/apps/experiencebuilder/experience/?page=Full-FEA-Map

Crime and Violence

Crime and violence have profound and lasting negative impacts on physical, mental, and social health, making it a critical public health issue. These effects extend beyond direct victims to include witnesses and entire communities, contributing to health disparities. The consequences of exposure to crime and violence can be categorized into immediate physical injuries and a wide range of long-term health problems such as increased risk of chronic diseases[41] (hypertension, obesity, cardiovascular disease, asthma, cancer, and stroke), mental health disorders (depression, anxiety, post-traumatic stress disorder and suicidal ideation), [42] adoption of risky behaviors as coping mechanisms (alcohol and substance abuse, smoking, poor nutrition, and sleep disorders) and social isolation, as people may be afraid to use parks or interact with neighbors, which further harms mental and physical health. For children, exposure to violence can impair brain development, lead to academic failure, and perpetuate cycles of violence and criminal behavior into adulthood. Rockland County is the second safest county in the region after Putnam County.

Graph 27



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2018	186.4	210.7	55.4	113.5	264.2	161.1	173.6	204.0	351.0
2019	194.8	190.9	49.9	115.5	249.9	145.6	169.3	199.4	359.4
2020	198.0	174.6	37.9	104.9	196.7	128.5	164.4	206.2	365.7
2021	180.7	192.4	48.5	97.9	168.8	130.9	151.5	201.3	384.4

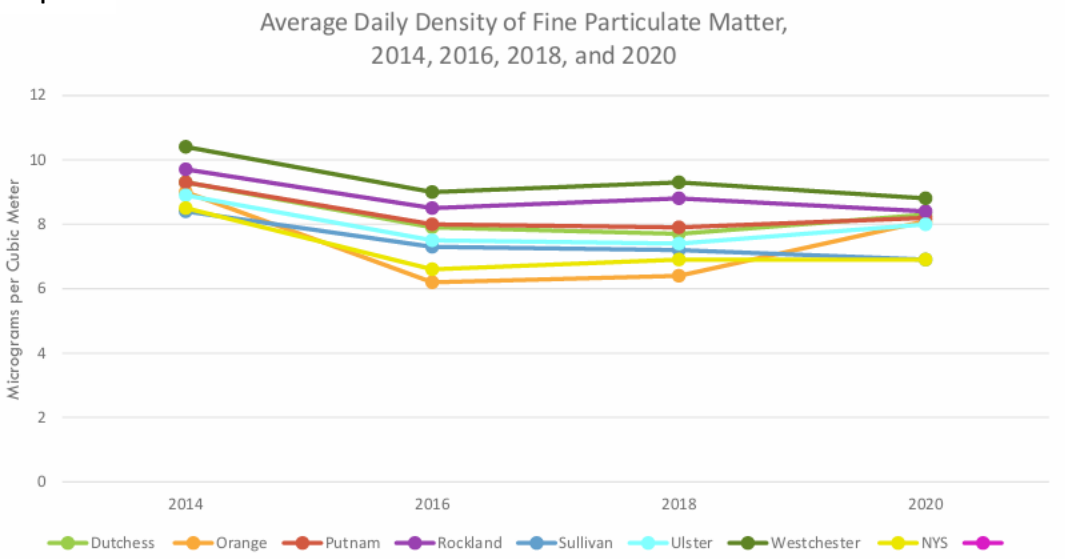
Note: Murder, rape, robbery, and aggravated assault are classified as violent crimes.
Source: NYS Division of Criminal Justice Services, Uniform Crime and Incident-Based Reporting System, July 2025
https://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm

Environmental Conditions

Environmental conditions—including the quality of air, water, and soil, as well as climate factors and the built environment—are major determinants of human health. [43] Adverse environmental exposures are often correlated with socioeconomic status and race/ethnicity, amplifying existing inequities. [44] Low-income communities and communities of color are disproportionately likely to live in areas with higher pollution levels or aging infrastructure, putting them at greater risk.

Air Quality: Air pollution is a leading environmental cause of disease and death worldwide.[45] Exposure to pollutants like fine particulate matter and ozone are linked to respiratory diseases (asthma, chronic obstructive pulmonary disease (COPD), and lung cancer), cardiovascular diseases (heart attacks, strokes, hypertension, and atherosclerosis and Neurological issues (impaired cognitive function, increased risk of dementia, Parkinson's disease, anxiety, and depression).

Graph 28



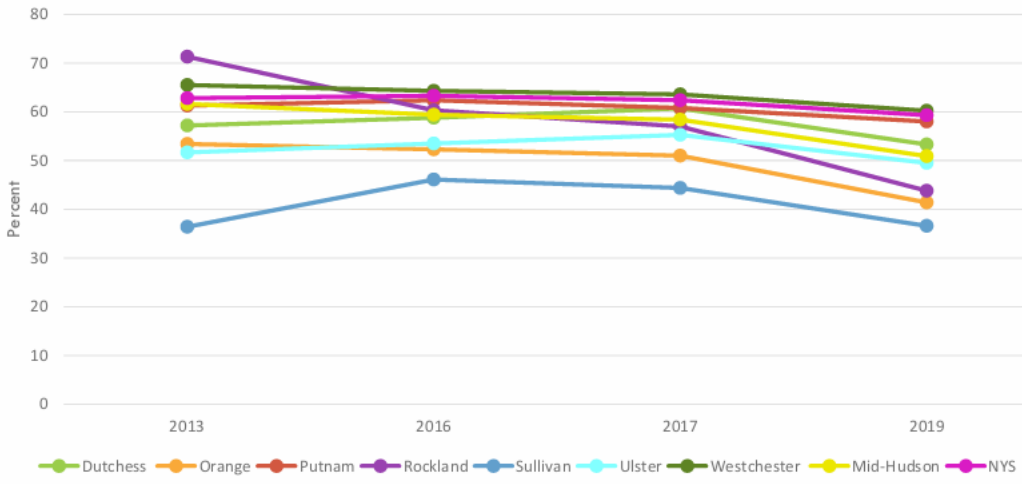
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2014	9.3	9.0	9.3	9.7	8.4	8.9	10.4	8.5
2016	7.9	6.2	8.0	8.5	7.3	7.5	9.0	6.6
2018	7.7	6.4	7.9	8.8	7.2	7.4	9.3	6.9
2020	8.3	8.1	8.2	8.4	6.9	8.0	8.8	6.9

Note: This is a measure of the average daily density of fine particulate matter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers.

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, July 2025 sourced from US Environmental Protection Agency's Air Quality System - Environmental Public Health Tracking Network
https://www.countyhealthrankings.org/health-data/new-york?year=2025&measure=Air+Pollution%3A+Particulate+Matter&tab=1

Water Quality: Contaminated drinking water and poor sanitation can cause numerous health issues, including infectious diseases such as diarrhea, cholera, and hepatitis. Long-term exposure to chemical contaminants like arsenic, lead, or PFAS ("forever chemicals") in water can lead to cancer (bladder, lung, liver), kidney and liver damage, high blood pressure, and adverse reproductive outcomes. Lead affects every system of the body, and no safe blood lead level exists. Children are especially vulnerable to the negative impacts of lead exposure which can lead to slowed growth and development, damage to the brain and nervous system, behavioral problems, and hearing and speech problems. NYS requires health care providers to obtain a blood lead level for all children at age one and again at age two. In Rockland 43.8% of children were tested for lead in 2019. [46]

Graph 29 Percentage of Children Tested for Lead Before 36 Months of Age, 2013, 2016, 2017, and 2019



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
2013	57.2	53.4	61.3	71.3	36.4	51.7	65.5	61.6	62.8
2016	58.8	52.3	62.4	60.3	46.1	53.5	64.3	59.4	63.3
2017	60.7	51.0	60.8	57.0	44.4	55.3	63.6	58.4	62.4
2019	53.3	41.4	58.0	43.8	36.6	49.5	60.2	50.9	59.3

Note: This is a measure of the percentage of children in a single birth cohort tested at least twice for lead before 36 months of age.
Source: NYS Community Health Indicator Reports Dashboard, July 2025 sourced from NYS Child Health Lead Poisoning Prevention Program
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

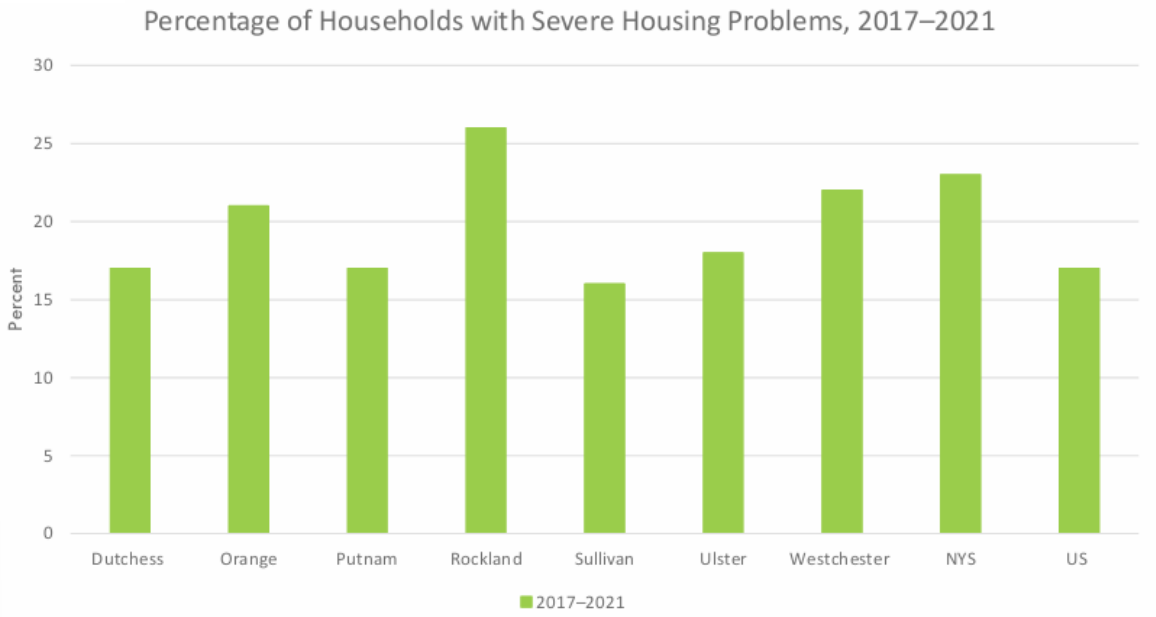
Lead Poisoning: Lead affects every system of the body, and no safe blood lead level exists. Children are especially vulnerable to the negative impacts of lead exposure which can lead to slowed growth and development, damage to the brain and nervous system, behavioral problems, and hearing and speech problems.[47] Lead exposure can occur from ingesting, coming in contact with, or breathing in lead dust or lead fumes.[48] NYS requires health care providers to obtain a blood lead level for all children at age one and again at age two.[49] Westchester County had the highest testing rate in the M-H Region with 60.2% of children born in 2019 tested. Sullivan County had the lowest testing rate at 36.6%. Only Westchester County exceeded NYS' rate in for all four years.

Quality of Housing

Housing quality refers to the physical conditions of a person's home as well as the quality of the social and physical environment in which the home is located. Poor-quality housing is associated with various negative health outcomes.[50] Poor housing quality and inadequate conditions — such as the presence of lead, mold, or asbestos, poor air quality, and overcrowding — can contribute to negative health outcomes, including chronic disease and injury. Low-income families are disproportionately affected by these conditions, underscoring persistent social and economic disparities in housing access and quality. [51]

Rockland County had the highest percentage (26.0%) of households with severe housing problems while Sullivan County had the lowest (16.0%).

Graph 30



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS	US
2017–2021	17.0	21.0	17.0	26.0	16.0	18.0	22.0	23.0	17.0

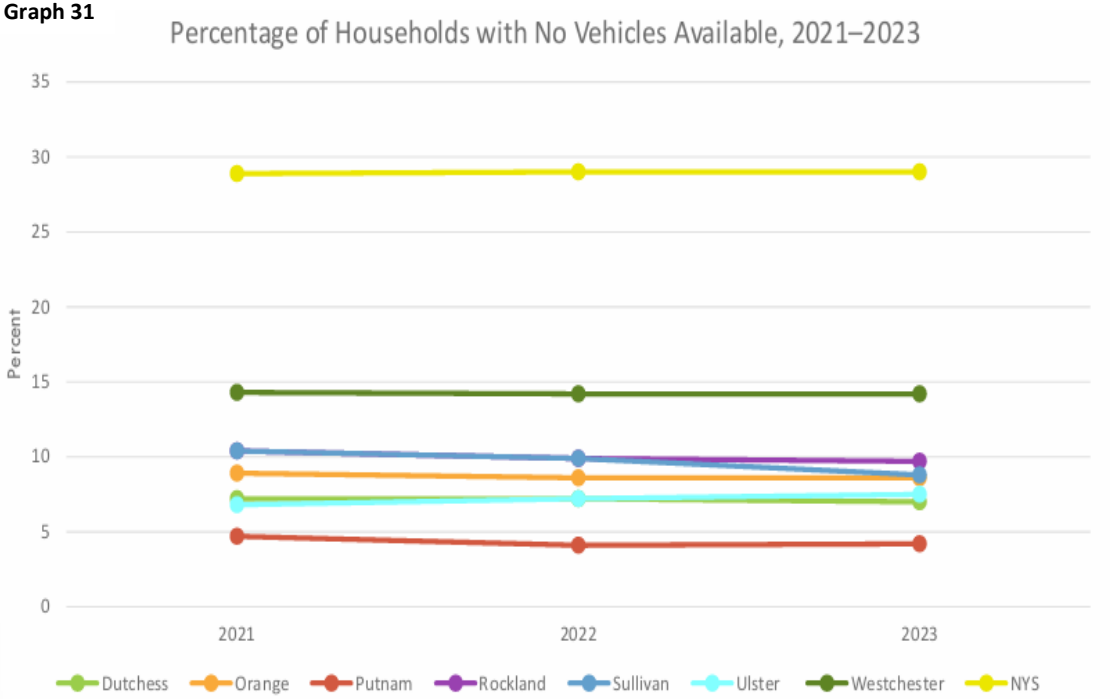
Note: Severe housing problems is the percentage of households with one or more housing problems: lack of complete kitchen facilities; lack of complete plumbing facilities; overcrowding; or the household is severely cost burdened.
Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, July 2025 sourced from US Census Bureau, Comprehensive Housing Affordability Strategy data
https://www.countyhealthrankings.org/health-data/new-york?year=2025&measure=Severe+Housing+Problems&tab=1https%3A%2F%2Fwebbi1.health.ny.gov%2FSASStoredProcess%2Fguest%3F_program%3D%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=it&ind_id=Cg27

Transportation

Lack of viable transportation inhibits a patient's ability to travel to health-promoting institutions like doctors' offices and pharmacies. Transportation barriers interrupt adherence with medical appointments and can prevent people from seeking care at all.[52] This is challenging for chronic illness management as nonattendance can lead to exacerbation of chronic disease and disease-related outcomes. Transportation barriers are a significant impediment to health care access, especially for those with lower incomes or those who are underinsured or uninsured. This population of people, frequently referred to as "transportation-disadvantaged," often shift their care-seeking to more costly, acute-care settings (e.g., the emergency department [ED]) based on preference or convenience.

The highest percentage of households without an available vehicle is in Westchester County (14.2%), less than half the rate of NYS (29%). Rockland County is second highest at 9.7%. The lowest percentage is in Putnam County (4.2%).

Graph 31



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021	7.2	8.9	4.7	10.4	10.4	6.8	14.3	28.9
2022	7.2	8.6	4.1	9.9	9.9	7.2	14.2	29.0
2023	7.0	8.6	4.2	9.7	8.8	7.5	14.2	29.0

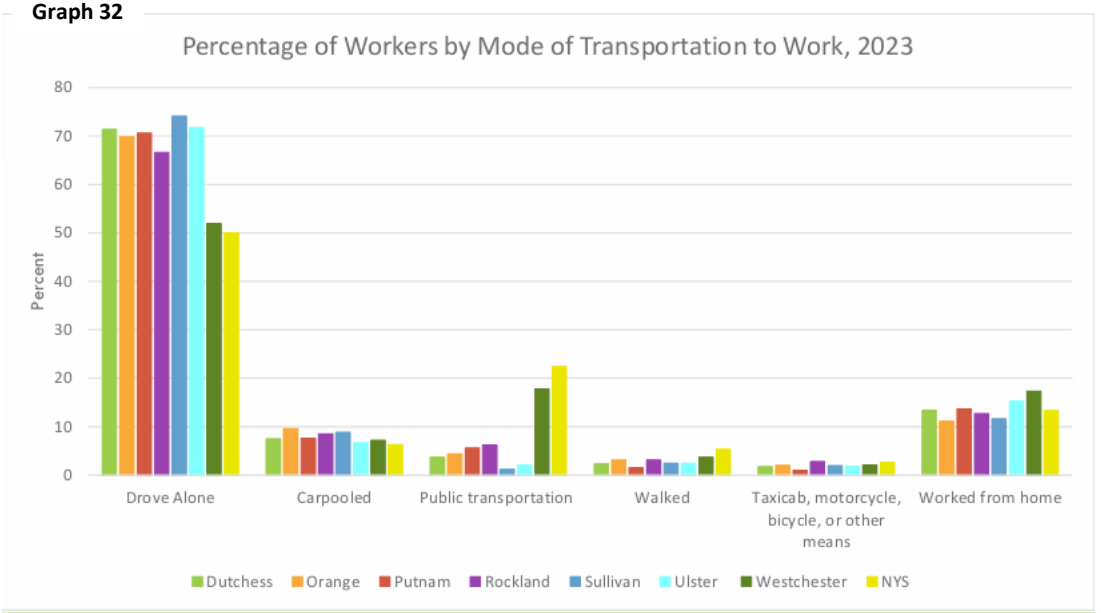
Note: The American Community Survey asks respondents how many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of the household.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table DP04, April 2025 https://data.census.gov/table/ACSDP5Y2022.DP04?q=dp04&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36

Modes of Transportation can include walking, driving, biking, or utilizing public transportation, such as subways and buses. Access to transportation can affect all aspects of life including the ability to find or keep employment, the quantity and quality of food that can be accessed,[53] and access to health care.[52] Studies have shown that those with access to a car are less likely to miss appointments or delay care when compared to those relying on other forms of transportation.

The main mode of transportation in the MH region is driving alone. The next mode of transportation is carpooling for all counties, except in Westchester County where more workers take public transportation to get to their destination.

Graph 32



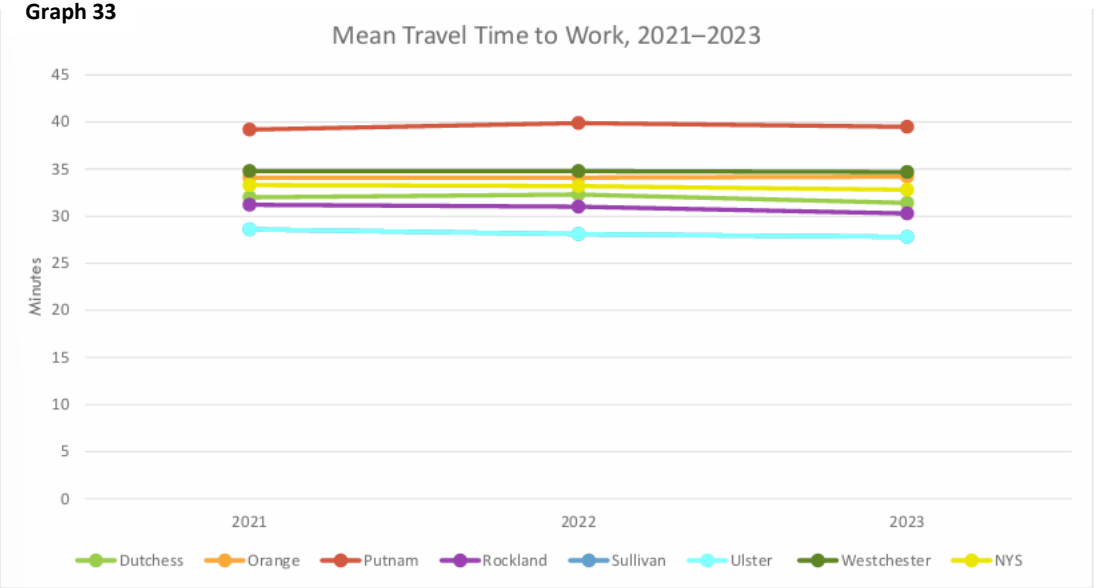
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
Drove Alone	71.4	69.8	70.6	66.6	74.1	71.7	51.9	50
Carpooled	7.5	9.6	7.6	8.5	8.8	6.7	7.2	6.3
Public transportation	3.7	4.4	5.6	6.2	1.2	2.1	17.8	22.4
Walked	2.3	3.1	1.5	3.1	2.4	2.4	3.7	5.3
Taxicab, motorcycle, bicycle, or other means	1.7	2	1	2.8	1.9	1.8	2.1	2.6
Worked from home	13.4	11.1	13.7	12.7	11.6	15.3	17.3	13.3

Note: The American Community Survey asks respondents how they usually got to work last week. For respondents who use multiple transportation modes they are restricted to the single method of transportation used for the longest distance.
Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table B08141, April 2025
https://data.census.gov/table/ACSDT5Y2023.B08141?q=b08141&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36

Average Commute Time

Long commute times can indicate a lack of job opportunities in an area, slow transit options, and a higher transportation cost burden on households and individuals.[54] It can also negatively impact the community as it contributes to pollution. The average commute time to work in 2023 in Rockland is half an hour, which is average for the region. Only Putnam residents take longer to commute to work, 39.5 minutes.

Graph 33



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021	32.0	34.1	39.2	31.2	28.6	28.6	34.8	33.3
2022	32.3	34.1	39.9	31.0	28.1	28.1	34.8	33.2
2023	31.4	34.2	39.5	30.3	27.8	27.8	34.7	32.8

Note: The American Community Survey asks respondents in the workforce how many minutes it usually takes them to get from home to work. The travel time refers to a one-way trip on a typical day. This includes time spent waiting for public transportation, picking up passengers in carpools, and time spent in other activities related to getting to work. Sullivan County and Ulster County do have the same data according to the Census.

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

MID-HUDSON COMMUNITY PARTNER SURVEY – ROCKLAND COUNTY

Rockland County Regional Provider Survey

Rockland County DOH distributed the regional provider survey via internal listservs of medical providers, the listservs of the Haverstraw, Spring Valley, and Western Ramapo Collaboratives, the Rockland County Dept. of Mental Health, as well as the United Way of Rockland, WMC Health and Montefiore Nyack Hospital. Respondents included members of government agencies, health care organizations, primary and secondary schools, advocacy groups, non-profits and others. Community service providers are engaged with various at-risk populations and represent the voice of the persons they serve such as persons experiencing homelessness, persons with disabilities, persons with a mental health diagnosis, persons with substance use disorders, veterans, seniors, non-English speakers, and low-income individuals.

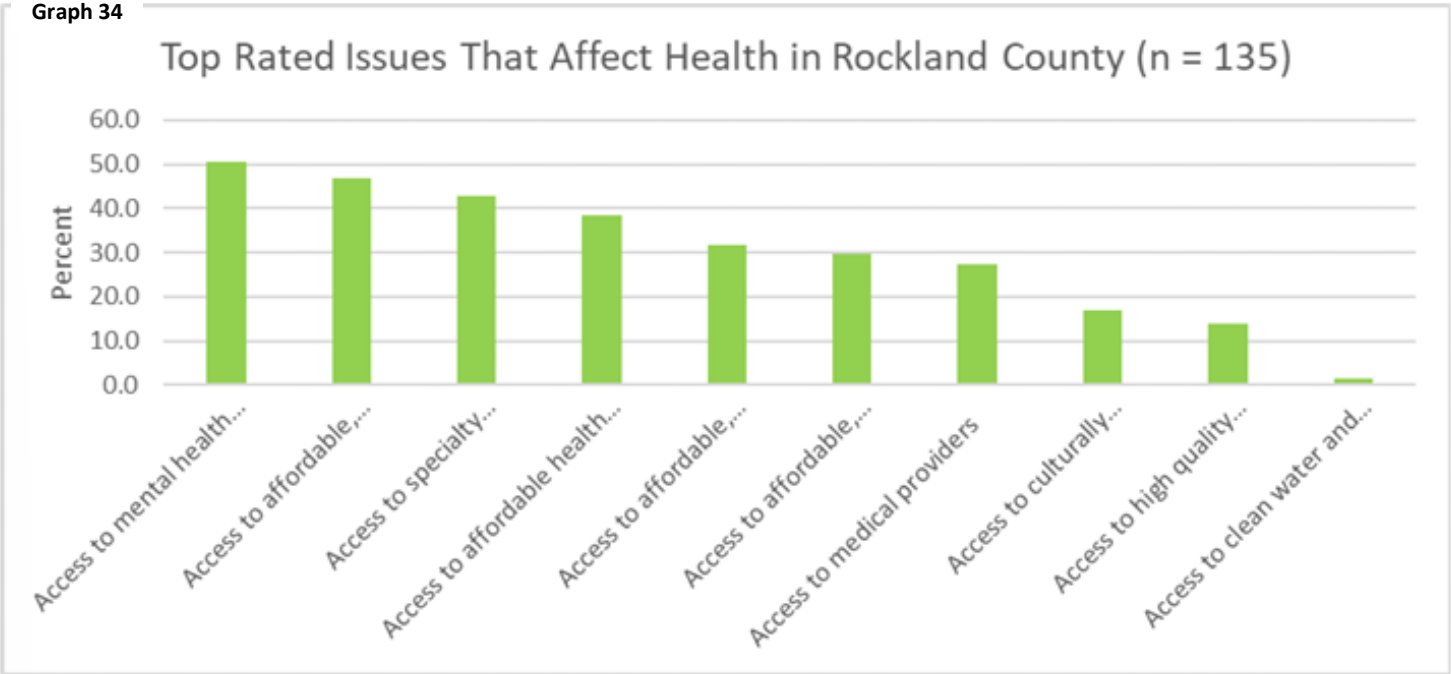
The Rockland County Department of Health distributed the regional provider survey via internal listservs of medical providers, the listservs of the Haverstraw, Spring Valley, and Western Ramapo Collaboratives, the Rockland County Dept. of Mental Health, as well as the United Way of Rockland, and county hospital partners at WMC Health and Montefiore Nyack Hospital. In Rockland County, 135 survey responses were collected from community service providers engaged with various at-risk populations such as persons experiencing homelessness, persons with disabilities, persons with a mental health diagnosis, persons with substance use disorders, veterans, seniors, non-English speakers, and low-income individuals (See Appendix D). Respondents included members of government agencies, health care organizations, primary and secondary schools, advocacy groups, non-profits and others.

Results

The results showed that the top three issues that affect health in Rockland County are:

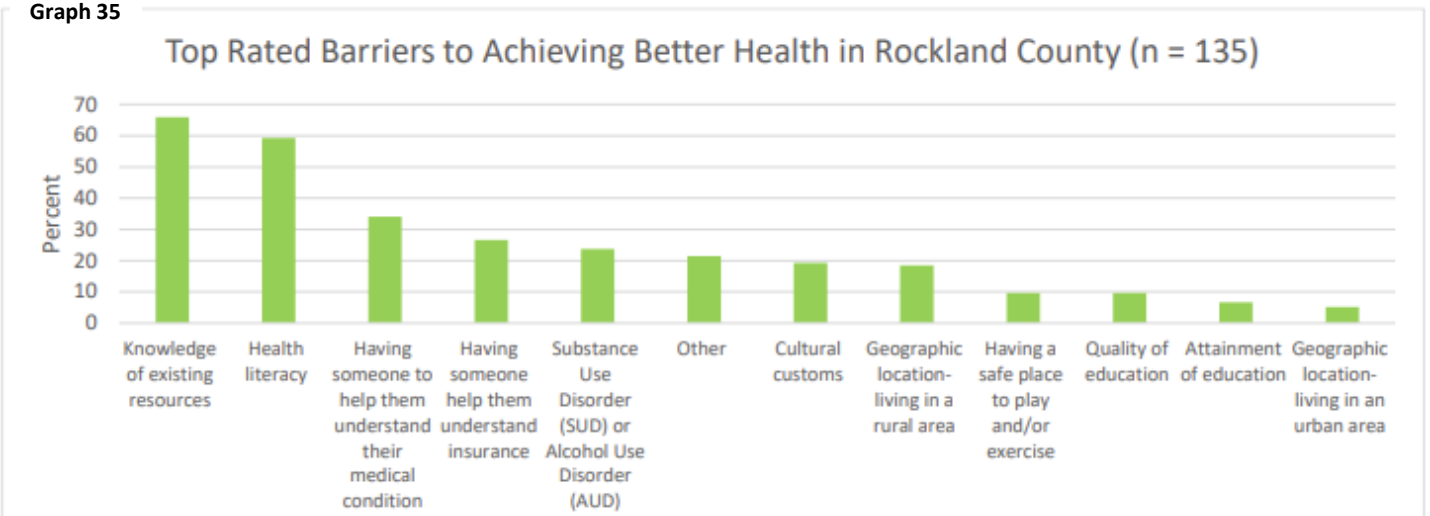
1) Access to mental health providers
2) Access to affordable, decent, and safe housing
3) Access to affordable specialty services/providers.

Graph 34



The survey also showed that the top three barriers to people achieving better health in Rockland County are:
1) Knowledge of existing resources
2) Health Literacy
3) Having someone to help them understand their medical condition

Graph 35



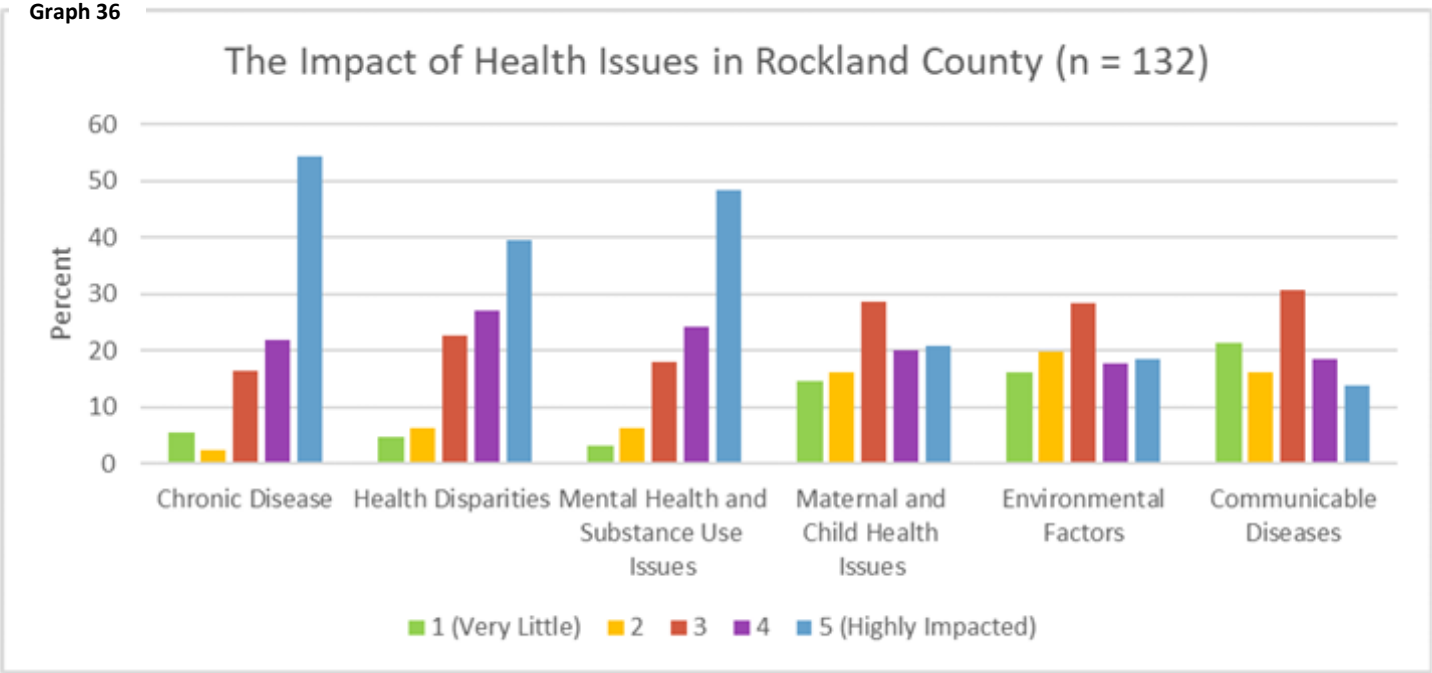
Knowledge of existing resources	Health literacy	Having someone to help them understand their medical condition	Having someone help them understand insurance	Substance Use Disorder (SUD) or Alcohol Use Disorder (AUD)	Other
65.93	59.26	34.07	26.67	23.70	21.48
Cultural customs	**Geographic location-living in a rural area**	**Having a safe place to play and/or exercise**	**Quality of education**	**Attainment of education**	**Geographic location-living in an urban area**
19.26	18.52	9.63	9.63	6.67	5.19

**Other (please specify): Some additional responses from participants include finding childcare, access to health care providers who are trained in LGBTQIA+ health care needs, mental health services, immigration issues, language and cultural barriers, and financial issues.*

Issues that are highly impacting the health of residents as listed by the providers include:

- Chronic diseases
- Mental health and substance use issues
- Health Disparities

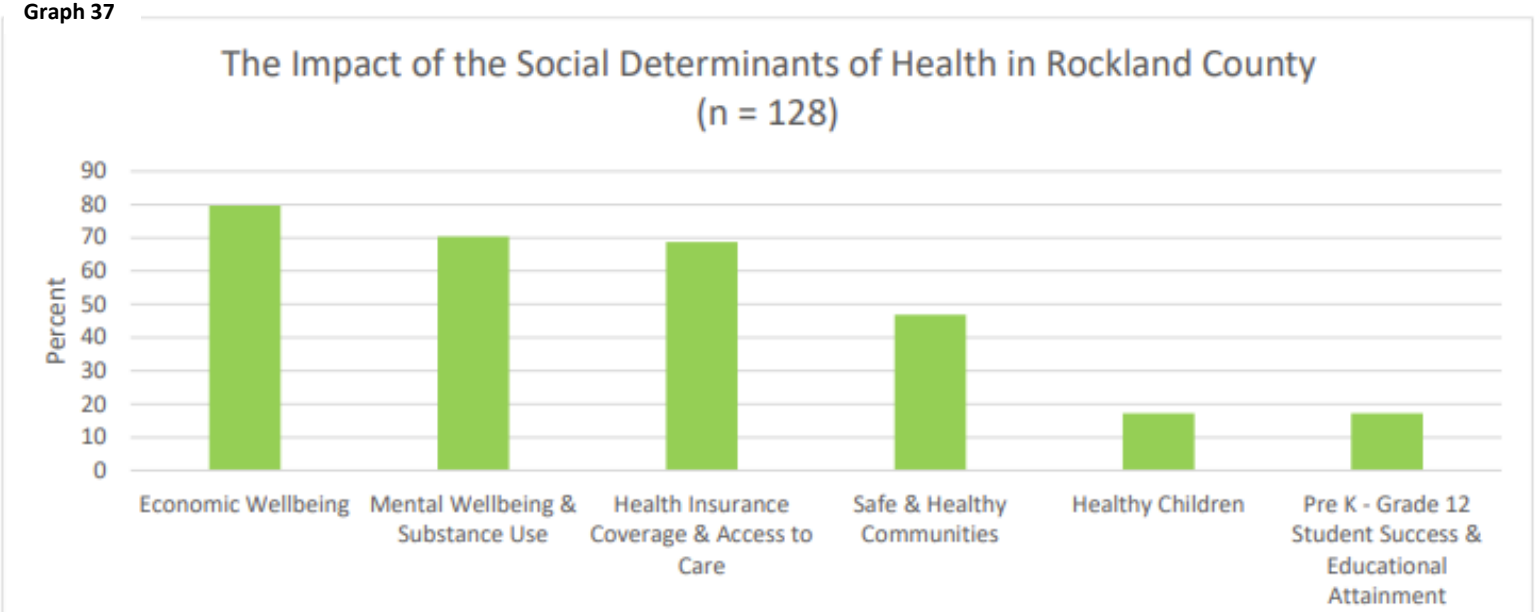
Graph 36



MAJOR FINDINGS

The survey provided an opportunity for agency providers to expand upon these issues and barriers in an open answer form via Question 8, which asked: "Besides lack of money, what are the underlying factors and barriers to solving the top 3 issues you identified in the communities you serve?" Some answers to question 8 are paraphrased in the Major Findings section. The criteria for selection did not fit a strict definition, rather the primary determining factor was when one or more answers agreed (about an issue or series of issues), those answers were synthesized and paraphrased.

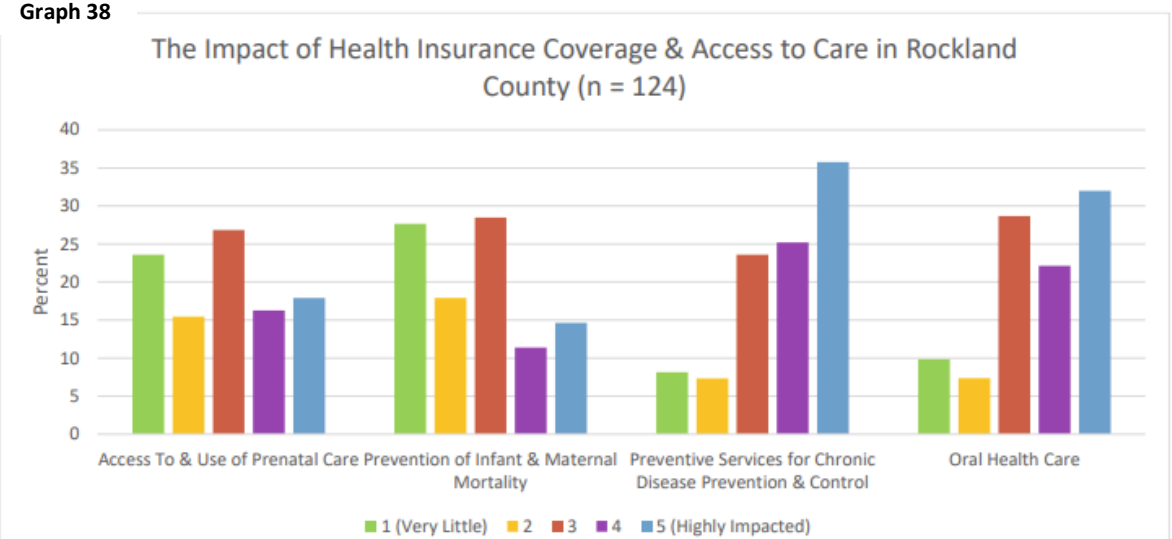
Graph 37



Economic Wellbeing	Mental Wellbeing & Substance Use	Health Insurance Coverage & Access to Care	Safe & Healthy Communities	Healthy Children	Pre K - Grade 12 Student Success & Educational Attainment
79.69	70.31	68.75	46.88	17.19	17.19

- Language barriers, cultural/religious norms, lack of health literacy, and lack of education were frequently listed as significant barriers to health in Rockland. Individuals may have difficulty understanding the nature of their medical condition(s), may have fears that medical interventions (medicine/disease) will cause harm instead of helping/preventing diseases or conditions and/or may lack awareness of resources that are available to them and may lack the skill/ability to access resources once they become aware of such resources.
- Limited access to affordable housing and poor living conditions are cited as significant barriers to health in communities served.
- Limited access to transportation (to medical appointments, grocery stores, etc.), the cost of transportation that is available (car, taxi).
- Problems with health insurance, from the difficulty navigating the insurance-healthcare interface, to a limited acceptance of Medicaid by providers. Inadequate community outreach by medical providers, professionals and community groups to assist with health care literacy, navigating insurance. Despite their presence and intent, some community support institutions are not easily accessible by community.
- Stigma surrounding some health conditions/issues, fear of discrimination (related frequently to immigration status), distrust in institutions.

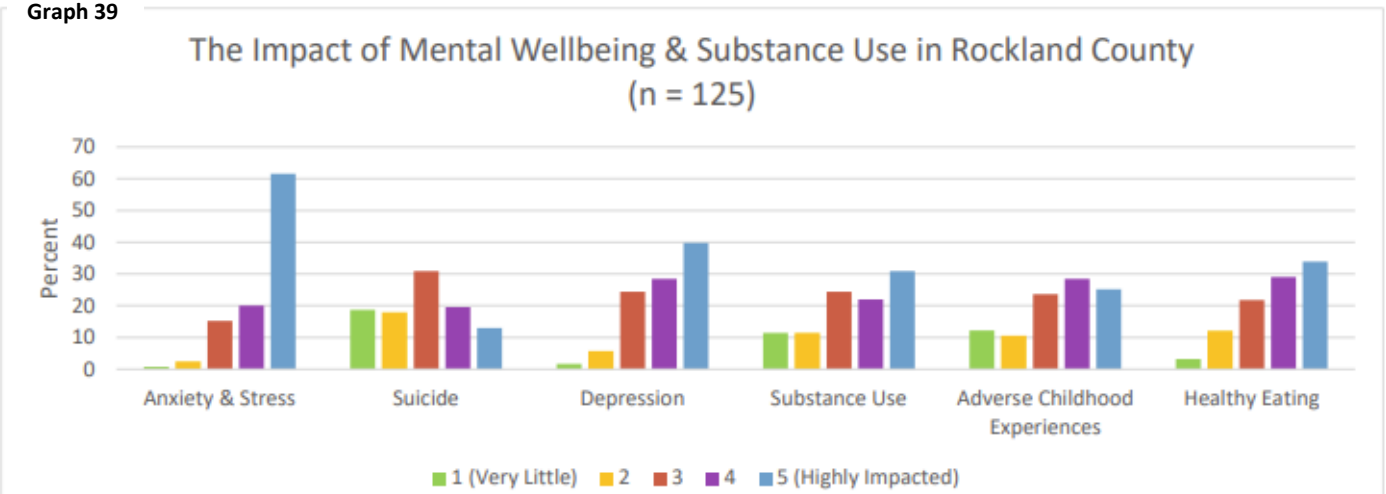
Graph 38



	Access To & Use of Prenatal Care	Prevention of Infant & Maternal Mortality	Preventive Services for Chronic Disease Prevention & Control	Oral Health Care
1 (Very Little)	23.58	27.64	8.13	9.84
2	15.45	17.89	7.32	7.38
3	26.83	28.46	23.58	28.69
4	16.26	11.38	25.20	22.13
5 (Highly Impacted)	17.89	14.63	35.77	31.97

- Mental health, substance abuse problems, and unstable/poor living conditions are frequently cited as barriers. This is made worse by a lack of available Mental Health providers for timely appointments, and mental health providers lacking cultural competency.

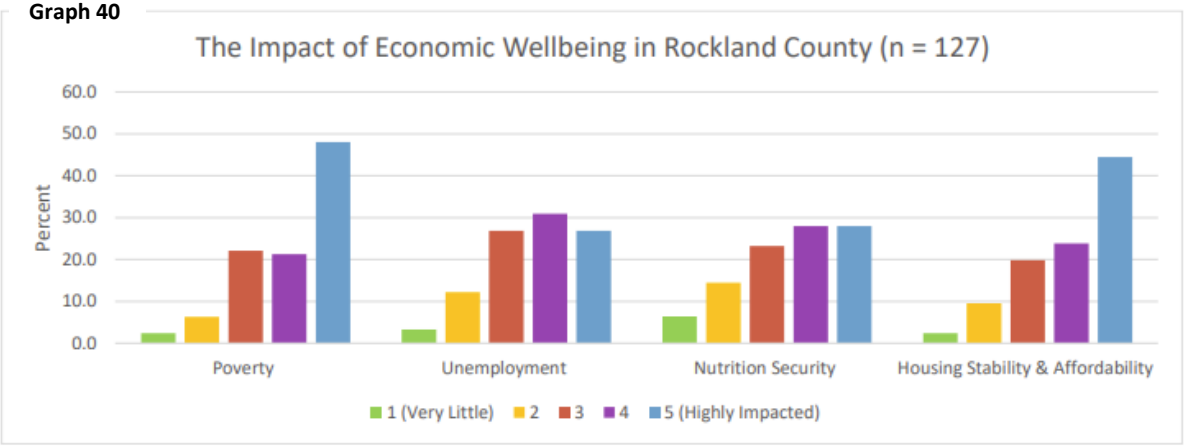
Graph 39



	Anxiety & Stress	Suicide	Depression	Substance Use	Adverse Childhood Experiences	Healthy Eating
1 (Very Little)	0.80	18.70	1.63	11.38	12.20	3.23
2	2.40	17.89	5.69	11.38	10.57	12.10
3	15.20	30.89	24.39	24.39	23.58	21.77
4	20.00	19.51	28.46	21.95	28.46	29.03
5 (Highly Impacted)	61.60	13.01	39.84	30.89	25.20	33.87

- Despite the constraints of the question, several answers included mention of financial constraints as having a significant negative effect on health.

Graph 40



	Poverty	Unemployment	Nutrition Security	Housing Stability & Affordability
1 (Very Little)	2.36	3.25	6.40	2.38
2	6.30	12.20	14.40	9.52
3	22.05	26.83	23.20	19.84
4	21.26	30.89	28.00	23.81
5 (Highly Impacted)	48.03	26.83	28.00	44.44

SPECIFIC RECOMMENDATIONS

- Increase availability of educational services to needy communities, especially for English language education, health literacy, and awareness of services throughout the county, as well as assistance accessing those services.
- There is a need to have a more efficient public transportation system in Rockland that is easier to navigate, links disparate parts of the county together, and facilitates access of public services by needy communities.
- Access to affordable housing and poor living conditions in the county remain a serious barrier to a stable, healthy life for many Rockland residents. This is a long-standing problem that requires special attention from local authorities.
- Other: Some additional responses from participants include finding childcare, access to health care providers who are trained in LGBTQIA+ health care needs, mental health services, immigration issues, language and cultural barriers, and financial issues.

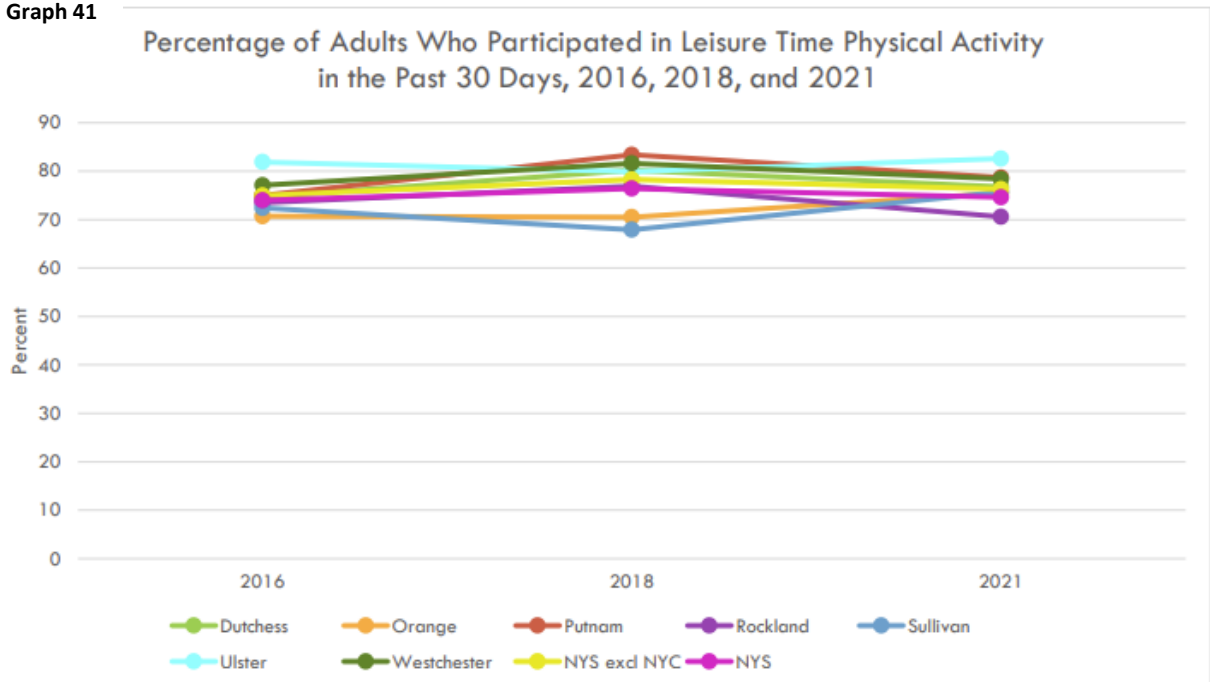
SECONDARY DATA

HEALTH BEHAVIORS INDICATORS

Physical Activity

Regular physical activity significantly improves physical and mental health by reducing risks for chronic diseases (heart disease, stroke, cancer, diabetes), managing weight, boosting mood, enhancing brain function, strengthening bones, and improving sleep, ultimately leading to a longer, healthier life by promoting overall well-being and energy levels.[55] Healthy People 2030 has created objectives to reduce the proportion of adults who don't engage in leisure time physical activity to 21.8%.[56] Although the percentage of adults participating in leisure time physical activity increased from 2016 to 2021 for all counties and NYS, except for Rockland County.

Graph 41



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2016	74.7	70.7	75.0	73.5	72.4	81.9	77.1	75.0	74.0
2018	80.2	70.5	83.4	76.9	67.9	79.9	81.6	78.3	76.4
2021	76.8	75.5	78.7	70.6	75.7	82.6	78.4	76.3	74.6

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Source: NYSDOH Behavioral Risk Factor Surveillance System, May 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/data

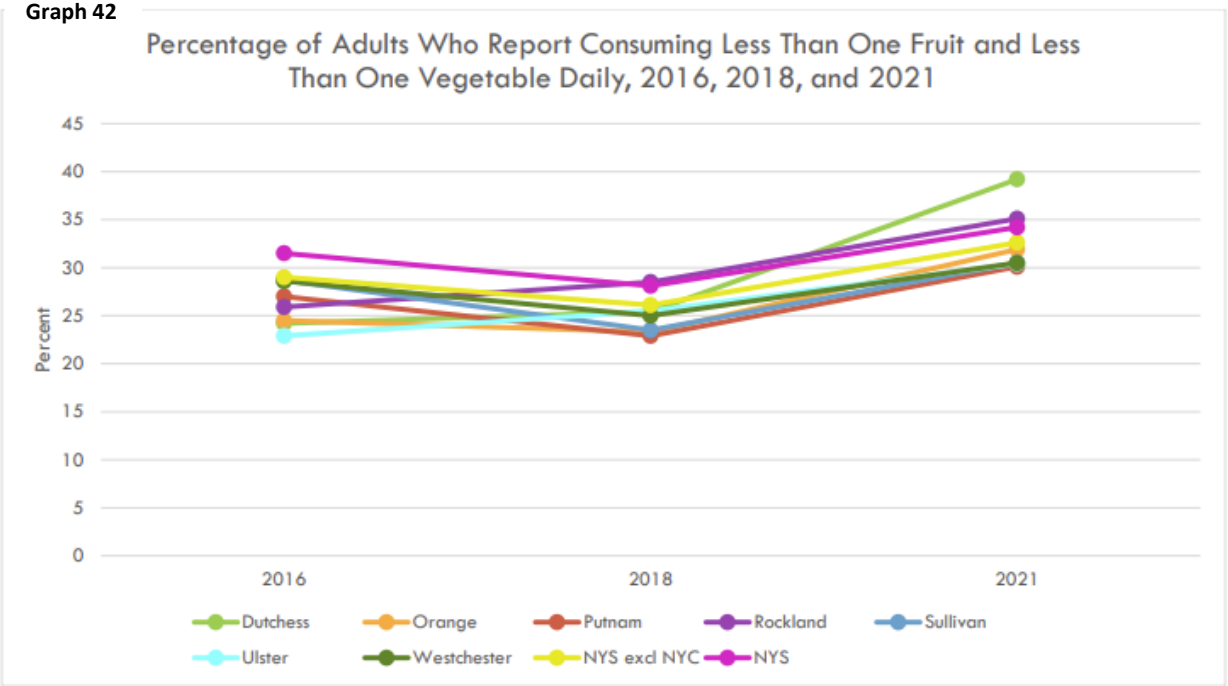
Nutrition

Fruit and Vegetables Consumption

Eating more fruits and vegetables significantly improves health[57] by lowering risks for heart disease, stroke, type 2 diabetes, obesity, and certain cancers, while boosting gut health, blood sugar control, and overall longevity, thanks to their rich content of vitamins, minerals, fiber, and antioxidants. Inadequate intake, however, is linked to millions of premature deaths, highlighting the importance of diverse, regular consumption for chronic disease prevention and better quality of life.

Although in Rockland County more people have increasingly been eating more fruits and vegetables, only about a third of Rockland residents report eating them (35.1%). This is almost a 10% increase since 2016. The second highest rate after Dutchess County (39.2%).

Graph 42



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2016	24.2	24.5	27.0	25.9	28.7	22.9	28.6	29.0	31.5
2018	25.4	23.3	22.9	28.5	23.5	25.5	25.0	26.1	28.1
2021	39.2*	31.9	30.1	35.1	30.5	30.4	30.5	32.6	34.2

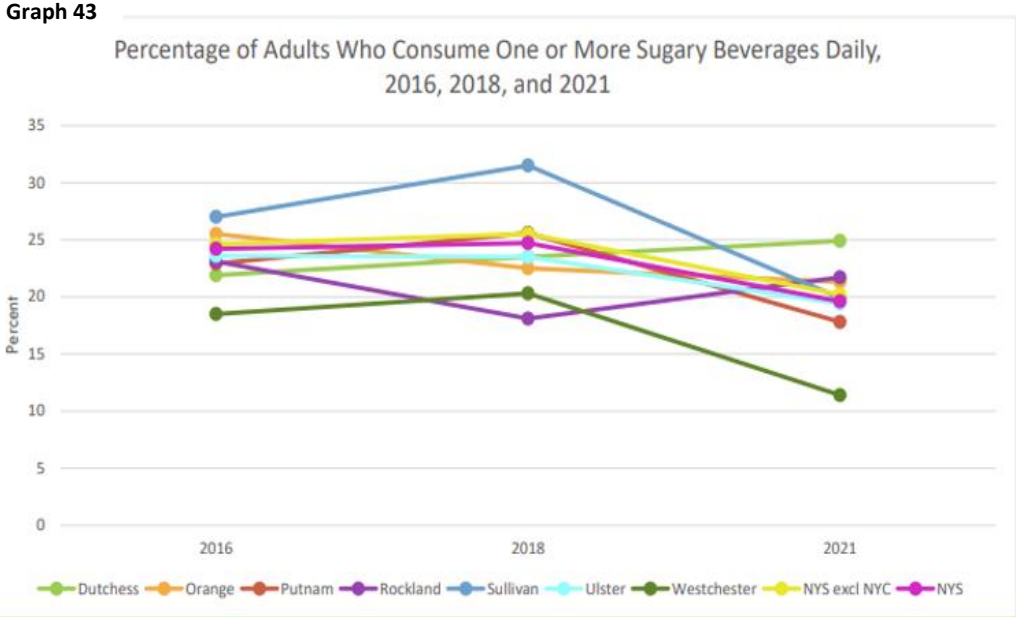
**: Percentage is unreliable due to large standard error.*
Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents "How often do you eat fruits, excluding juice?" and "How often do you eat vegetables or salad (excluding juices and potatoes)?"
Source: NYSDOH Behavioral Risk Factor Surveillance System, May 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/data

Sugary Beverages

Consuming sugary beverages (SSBs) significantly increases health risks, driving weight gain, obesity, type 2 diabetes, heart disease, non-alcoholic liver disease, gout, and tooth decay, with recent studies linking them to millions of new diabetes and cardiovascular cases globally. [58] These drinks spike blood sugar, leading to inflammation, insulin resistance, and organ fat, creating a strong link between SSBs and serious chronic conditions, even affecting those who are physically active. The Dietary Guidelines for Americans suggests reducing added sugars in the diet by reducing the consumption of sugar-sweetened beverages. This can be accomplished by choosing beverages with no added sugars, reducing portions of sugar-sweetened beverages, drinking these beverages less often, and selecting beverages low in added sugars. In place of sugar-sweetened beverages, low-fat or fat-free milk or 100% fruit or vegetable juice can also be consumed within recommended amounts. [59]

From 2018 to 2021, Rockland saw slight increases in the percentage of adults who consumed one or more sugary beverages daily from 18.1% to 21.7%. This is the second highest percentage after Dutchess County (24.9%).

Graph 43



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2016	21.9	25.5	22.9	23.1	27.0	23.6	18.5	24.6	24.2
2018	23.5	22.5	25.6	18.1	31.5	23.5	20.3	25.5	24.7
2021	24.9	21.3	17.8	21.7	19.9	19.4	11.4	20.2	19.6

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents "During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop." and "During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks."

Source: NYSDOH Behavioral Risk Factor Surveillance System, May 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/data

HEALTH INDICATORS

Mortality Vs Morbidity

Mortality is another term for death. Mortality rate is the number of deaths due to a disease during a set period divided by the total population. Morbidity measures illness and it is defined in terms of incidence or prevalence.
Incidence is the number of new cases of a disease divided by the number of people at risk for the disease over a particular period.
Prevalence is the total number of cases of disease existing in a population during a specific period or at a particular time point.

The leading cause of death in the region is heart disease, followed by cancer. The third cause for most counties is unintentional injury. The 5 top causes of death for Rockland in 2022 are heart disease, cancer, COVID-19, unintentional injury and cerebrovascular disease.

Table 2

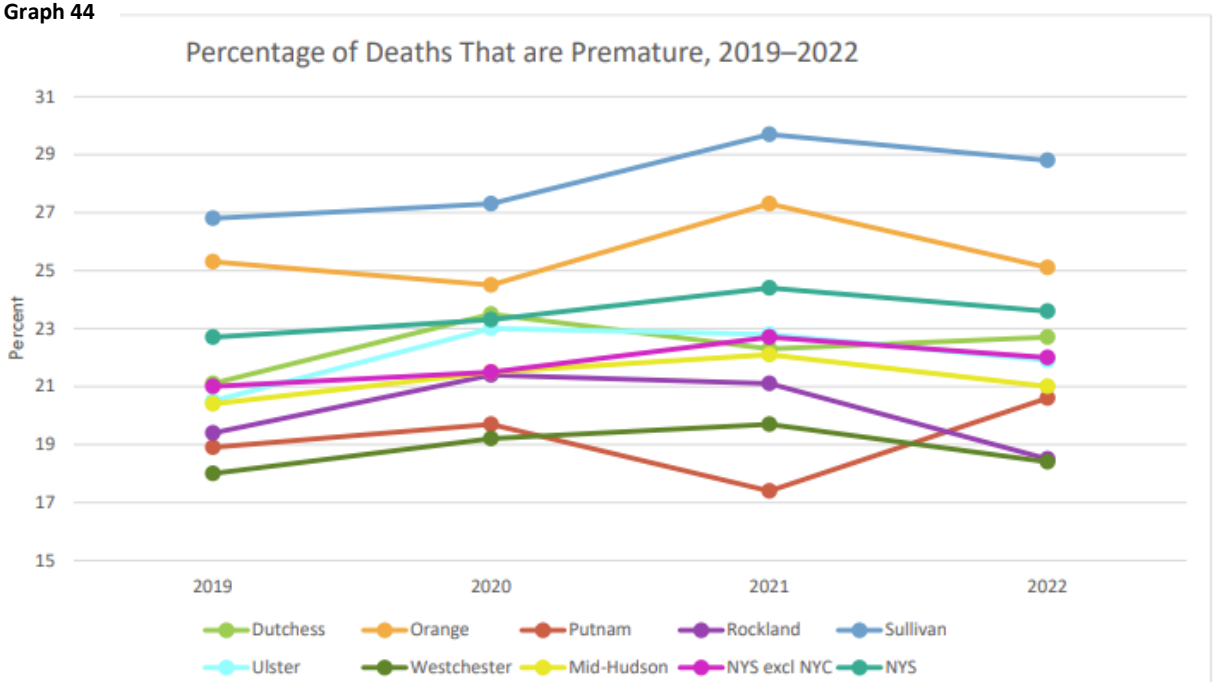
Top Five Leading Causes of Death, by Count and Age-Adjusted Rate per 100,000 Population, 2022						
County	All Deaths	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death
Dutchess		Heart Disease	Cancer	Unintentional Injury	COVID-19	CLRD
Count:	2,912	771	554	204	183	109
Rate:	718.7	183.8	131.6	65.0	42.8	26.3
Orange		Heart Disease	Cancer	Unintentional Injury	COVID-19	CLRD
Count:	3,220	650	609	251	230	124
Rate:	744.8	150.0	132.5	61.7	53.2	29.3
Putnam		Heart Disease	Cancer	Unintentional Injury	COVID-19	Cerebrovascular Disease
Count:	846	194	169	49	37	31
Rate:	637.1	144.7	118.6	46.2	28.9	22.7
Rockland		Heart Disease	Cancer	COVID-19	Unintentional Injury	Cerebrovascular Disease
Count:	2,347	542	456	194	123	83
Rate:	562.4	125.1	110.9	45.5	35.1	19.3
Sullivan		Heart Disease	Cancer	Unintentional Injury	COVID-19	CLRD
Count:	888	195	165	75	62	44
Rate:	908.5	199.1	153.2	94.6	60.0	41.5
Ulster		Heart Disease	Cancer	Unintentional Injury	COVID-19	CLRD
Count:	1,977	512	396	128	93	92
Rate:	745.0	187.6	140.5	61.6	34.0	32.0
Westchester		Heart Disease	Cancer	COVID-19	Cerebrovascular Disease	Unintentional Injury
Count:	7,666	1,915	1,402	511	340	339
Rate:	548.0	130.3	100.2	35.5	23.6	30.4
NYS Excl NYC		Heart Disease	Cancer	COVID-19	Unintentional Injury	CLRD
Count:	113,504	26,138	21,715	6,607	6,596	4,595
Rate:	744.2	165.9	137.0	42.3	54.1	28.7
NYS		Heart Disease	Cancer	COVID-19	Unintentional Injury	Cerebrovascular Disease
Count:	173,958	43,029	32,517	11,167	10,811	6,556
Rate:	679.5	163.1	123.4	42.6	50.0	25.1

Source: Vital Statistics of NYS, April 2025
https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/

Premature Death

Premature death, or deaths occurring before age 65, is a measure of early mortality and is a key indicator of population health, as it can be reduced through public health interventions and quality healthcare. Key factors contributing to premature death are behavioral risk factors such as poor diet, tobacco use, and physical inactivity; unintentional injuries such as drug overdoses and motor vehicle accidents; and health system and socioeconomic factors. Rockland has the second lowest premature rate in the region after Westchester and much lower than NYS at 18.5%, 18.4% and 23.6% respectively.

Graph 44

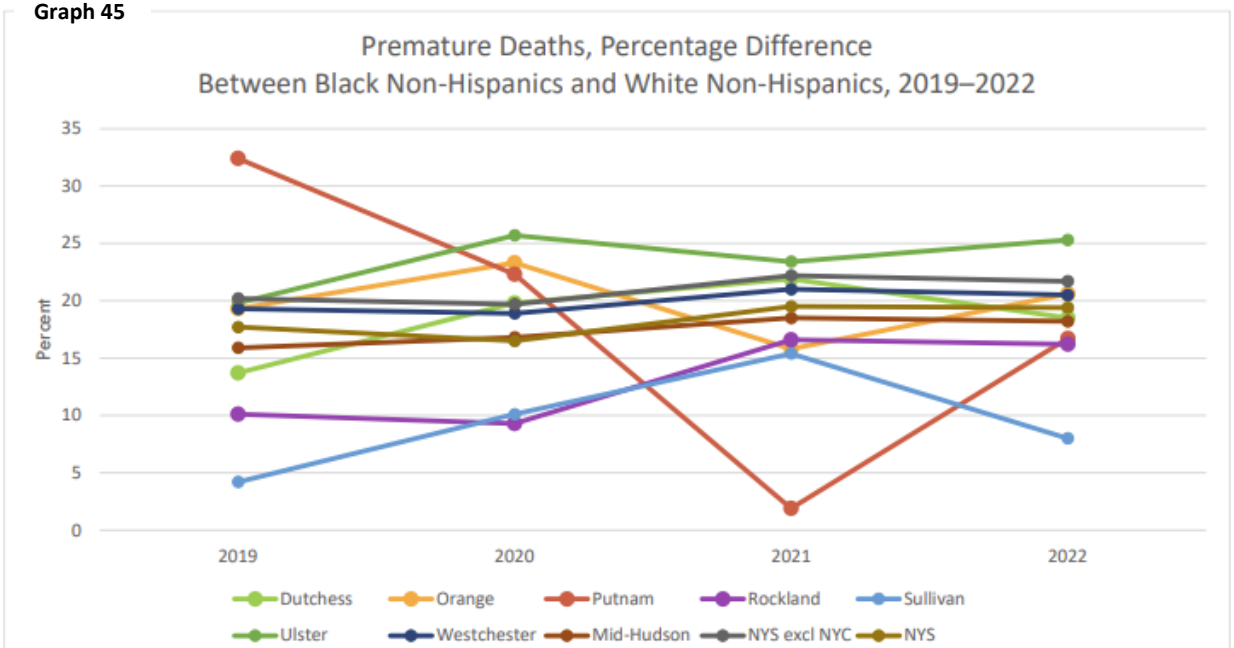


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2019	21.1	25.3	18.9	19.4	26.8	20.5	18.0	20.4	21.0	22.7
2020	23.5	24.5	19.7	21.4	27.3	23.0	19.2	21.5	21.5	23.3
2021	22.3	27.3	17.4	21.1	29.7	22.8	19.7	22.1	22.7	24.4
2022	22.7	25.1	20.6	18.5	28.8	21.9	18.4	21.0	22.0	23.6

Note: Y-axis does not begin at zero in order to clearly display trend lines. Premature death includes deaths occurring before the age of 65.
Source: NYS Prevention Agenda Tracking Dashboard, March 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/

The difference of premature deaths among different racial groups is significative. In Rockland there are 16.2% more Black Non-Hispanics than White Non-Hispanics who experience premature death. This difference is higher between Hispanics and White-Non-Hispanics at 26.3%.

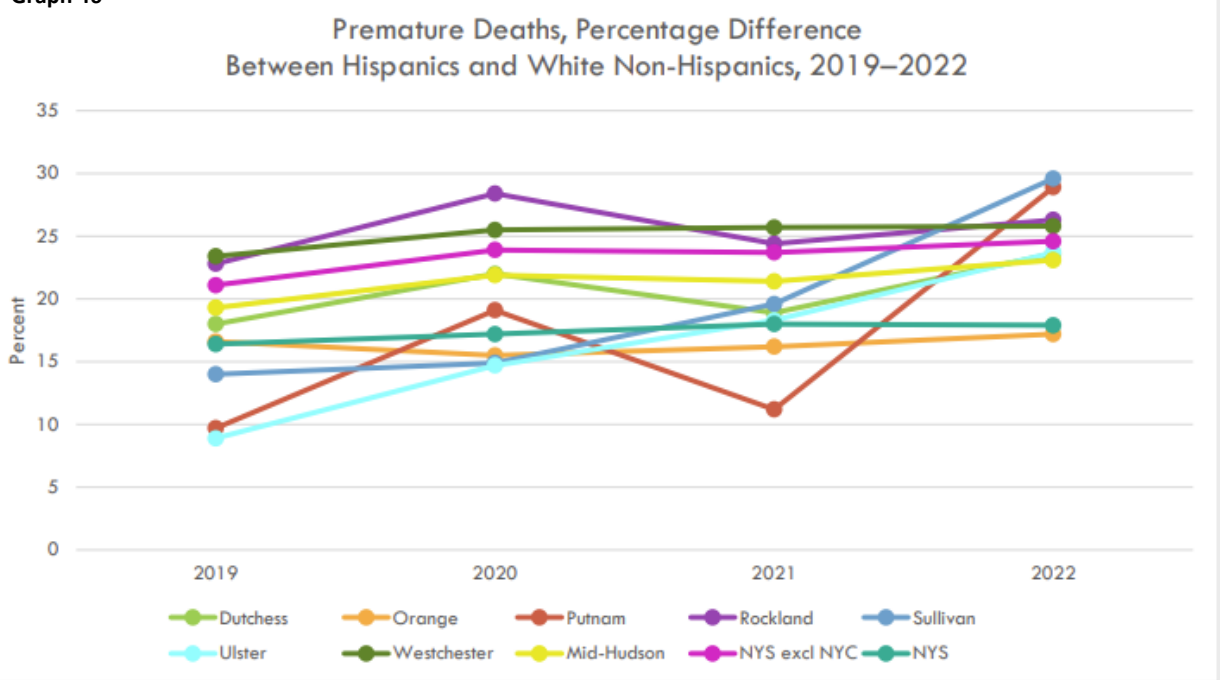
Graph 45



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2019	13.7	19.3	32.4*	10.1	4.2	19.8	19.3	15.9	20.2	17.7
2020	19.8	23.3	22.3*	9.3	10.1	25.7	18.9	16.8	19.7	16.5
2021	21.9	15.8	1.9*	16.6	15.4	23.4	21.0	18.5	22.2	19.5
2022	18.5	20.6	16.7*	16.2	8.0	25.3	20.5	18.2	21.7	19.4

**: The rate is unstable.*
Note: Premature death includes deaths occurring before the age of 65. The percentage of premature deaths is calculated for both Black non-Hispanics and White non-Hispanics. Then, the difference is the Black non-Hispanic rate minus the White non-Hispanic rate.
Source: NYS Prevention Agenda Tracking Dashboard, March 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/

Graph 46



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2019	18.0	16.6	9.7	22.8	14.0	8.9	23.4	19.3	21.1	16.4
2020	22.0	15.5	19.1	28.4	14.9	14.7	25.5	21.9	23.9	17.2
2021	18.9	16.2	11.2	24.4	19.6	18.3	25.7	21.4	23.7	18.0
2022	23.6	17.2	28.9	26.3	29.6	23.7	25.8	23.1	24.6	17.9

Note: Premature death includes deaths occurring before the age of 65. The percentage of premature deaths is calculated for Hispanics and White non-Hispanics. Then, the difference is the Hispanic rate minus the White non-Hispanic rate.

Source: NYS Prevention Agenda Tracking Dashboard, March 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/

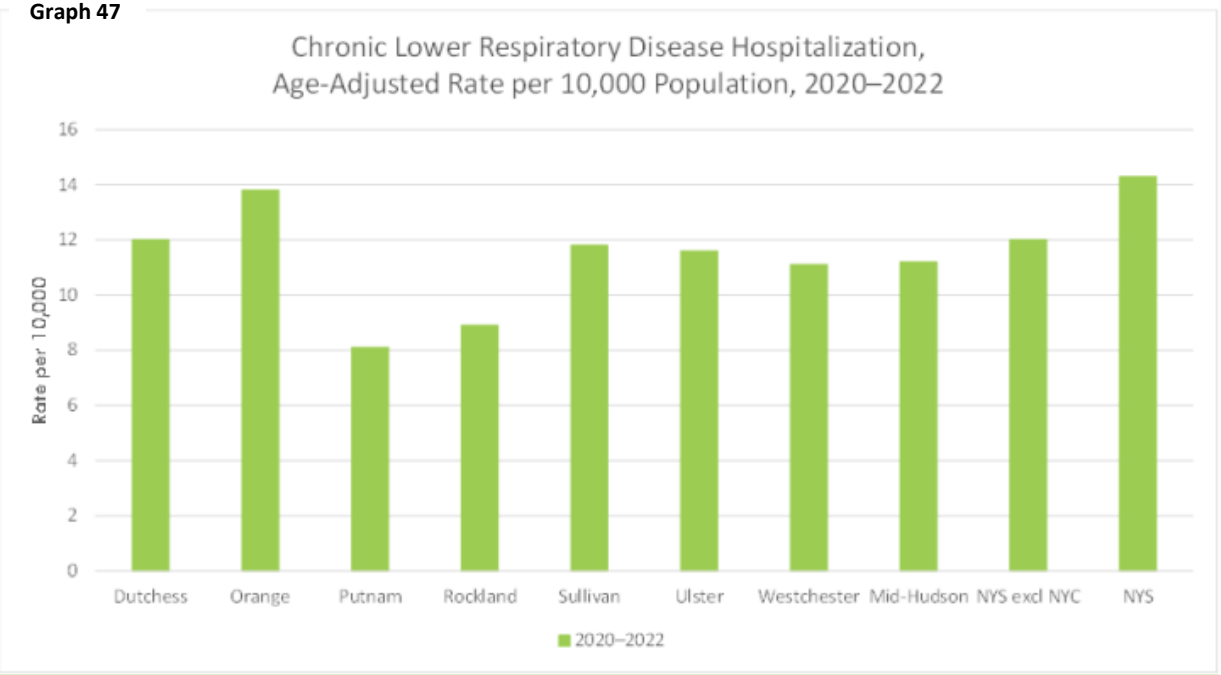
PHYSICAL HEALTH INDICATORS

Chronic Diseases

Chronic Lower Respiratory Diseases

Chronic lower respiratory diseases (CLRDs) like Chronic Obstructive Pulmonary Disease (COPD) [60] and asthma significantly worsen overall health, causing disability, reduced quality of life, mental health issues (anxiety, depression), increased mortality, and higher risks for other serious conditions like heart failure, pneumonia, and even cancer. These conditions lead to poor physical/mental health, activity limitations, frequent hospitalizations, and increased healthcare costs, impacting productivity and life expectancy, especially as COPD was the fifth leading cause of death in the US in 2023. [61] CLRD was the fifth leading cause of death in the US in 2023.

Graph 47

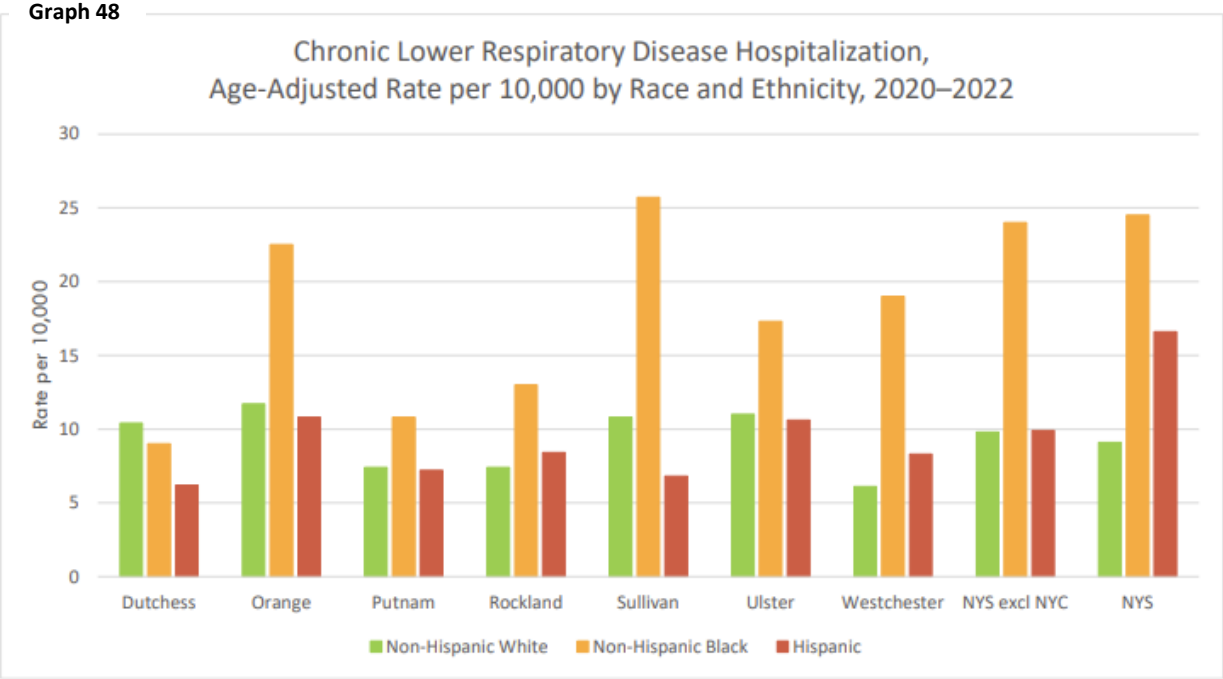


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2020–2022	12.0	13.8	8.1	8.9	11.8	11.6	11.1	11.2	12.0	14.3

Note: The 2018 population estimates are also used to calculate 2019 and 2020 rates. The ICD-10 codes for CLRD are: J40-J47.
Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NY Statewide Planning and Research Cooperative System
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

Rockland has the second lowest rate (8.9 per 10,000) of hospitalizations due to CLRDs in the region after Putnam (8.1 per 10,000), affecting non-Hispanic Black residents at almost double the rate of that for Non-Hispanic White and Hispanic residents. However, the mortality rate is highest among Non-Hispanic White residents (23.3) compared to Non-Hispanic Blacks (12.4) and Hispanic (8.4)

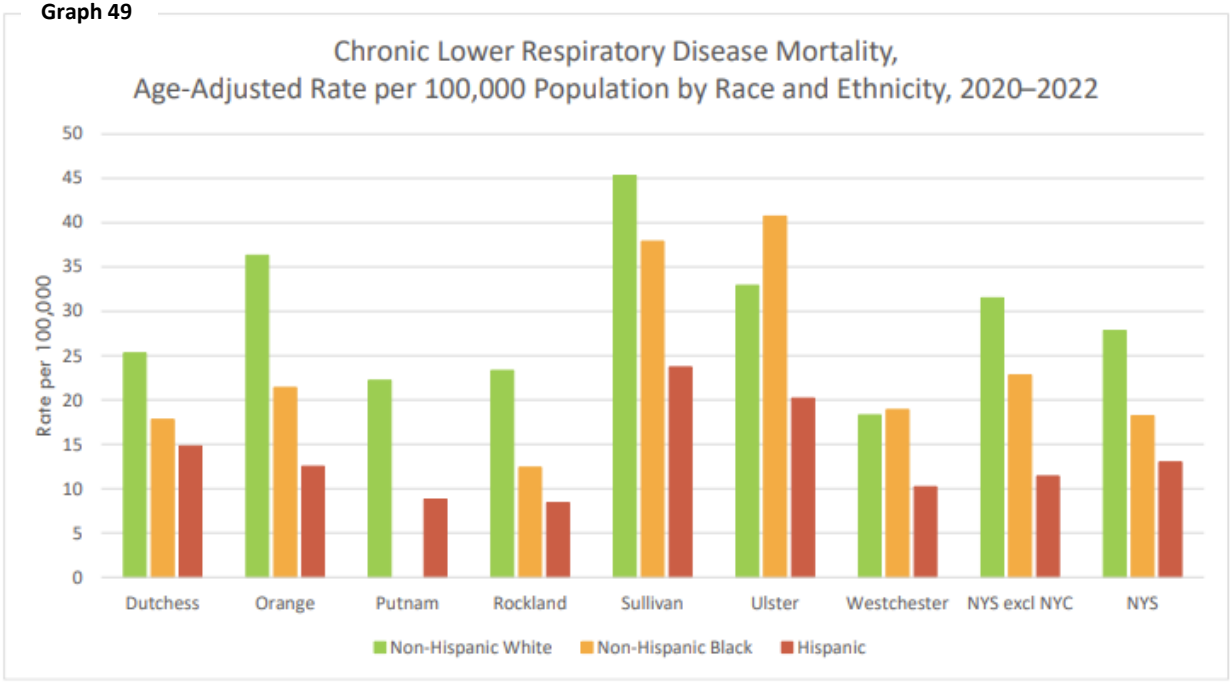
Graph 48



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	10.4	11.7	7.4	7.4	10.8	11.0	6.1	9.8	9.1
Non-Hispanic Black	9.0	22.5	10.8	13.0	25.7	17.3	19.0	24.0	24.5
Hispanic	6.2	10.8	7.2	8.4	6.8	10.6	8.3	9.9	16.6

Note: The ICD-10-CM codes for CLRD are: J40-J47.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, June 2025 sourced from NY Statewide Planning and Research Cooperative System https://www.health.ny.gov/statistics/community/minority/county/

Graph 49



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	25.3	36.3	22.2	23.3	45.3	32.9	18.3	31.5	27.8
Non-Hispanic Black	17.8	21.4	0.0*	12.4	37.9*	40.7	18.9	22.8	18.2
Hispanic	14.8	12.5	8.8*	8.4*	23.7*	20.2*	10.2	11.4	13.0

**: The rate is unstable.*

Note: This indicator includes deaths with chronic lower respiratory disease as the primary cause of death. The ICD-10-CM codes for CLRD are: J40-J47.

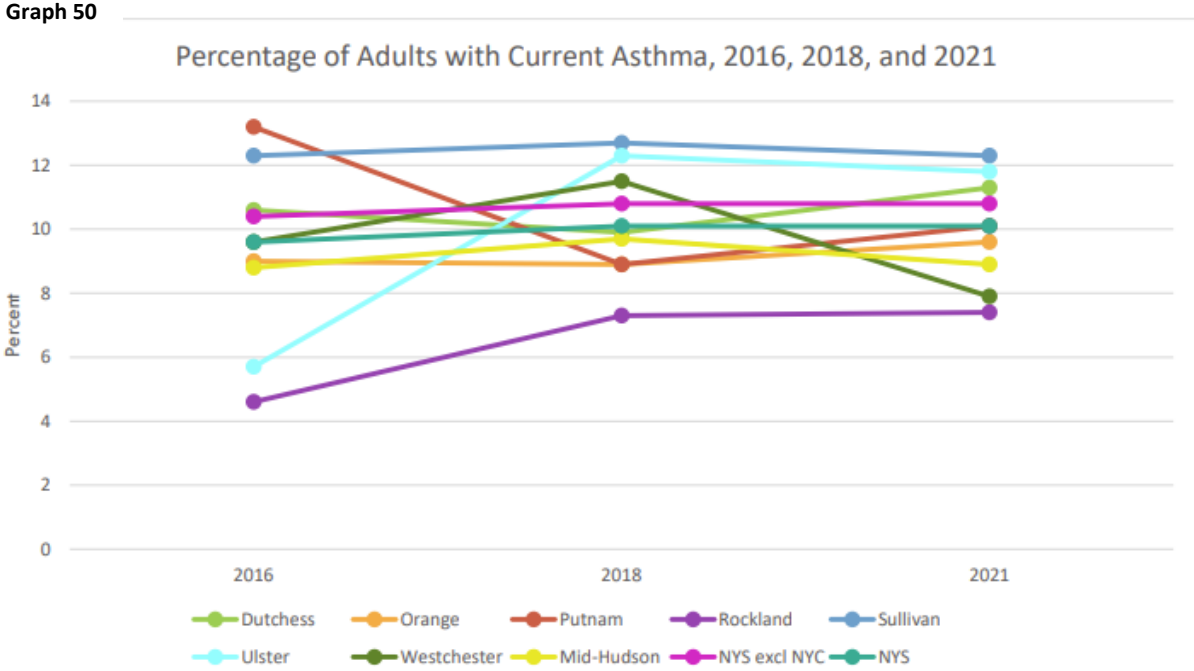
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, June 2025 sourced from Vital Statistics of NYS
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

Asthma

Asthma's health outcomes include reduced quality of life, missed school/work, emergency visits, hospitalizations, and death, with poorer control leading to worse results and disparities seen across racial, ethnic, and income groups. [62] While management has improved, [63] uncontrolled asthma causes increased healthcare use (doctor visits, ER), chronic lung issues (like COPD), and significant economic burdens, affecting overall well-being and productivity. [64]

Rockland has maintained the lowest percentage of adults with asthma from 2016 to 2021 but is trending up from 4.6% in 2016 to 7.4% in 2021.

Graph 50

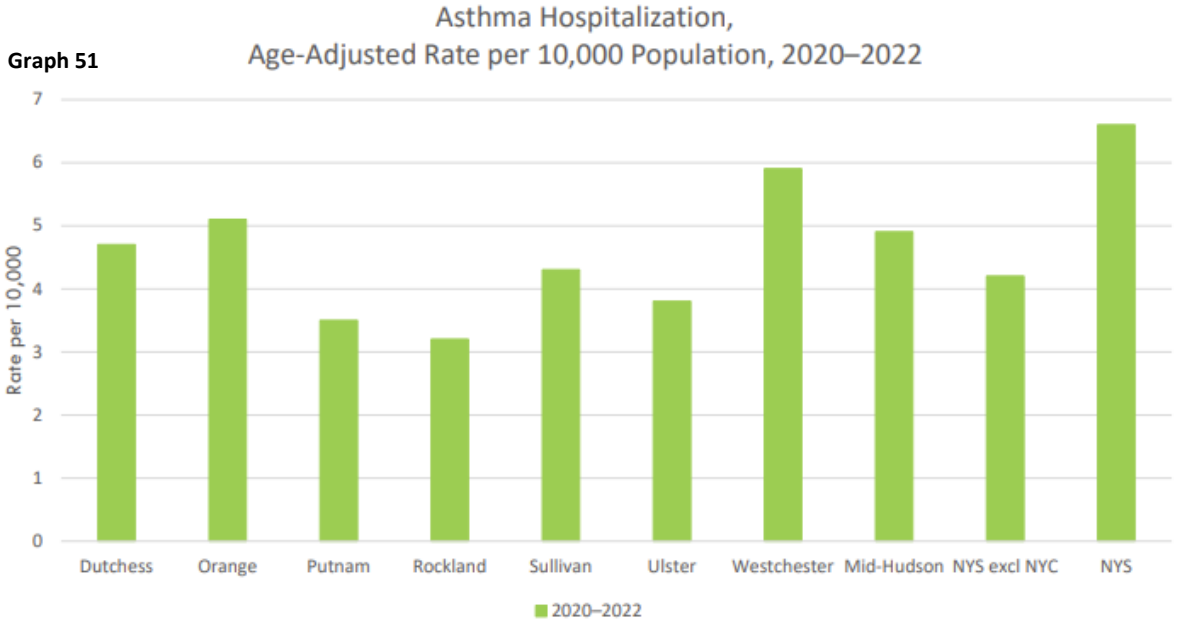


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2016	10.6	9.0	13.2	4.6	12.3	5.7	9.6	8.8	10.4	9.6
2018	9.9	8.9	8.9	7.3	12.7	12.3	11.5	9.7	10.8	10.1
2021	11.3	9.6	10.1	7.4	12.3	11.8	7.9	8.9	10.8	10.1

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Has a doctor, nurse, or other health professional ever told you had asthma?" and "Do you still have asthma?"
Source: NYSDOH Behavioral Risk Factor Surveillance System, June 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/data

Rockland also has the lowest number of hospitalizations for asthma at 3.2 per 10,000 and Emergency Department Visits (36.7 per 10,000 population).

Graph 51

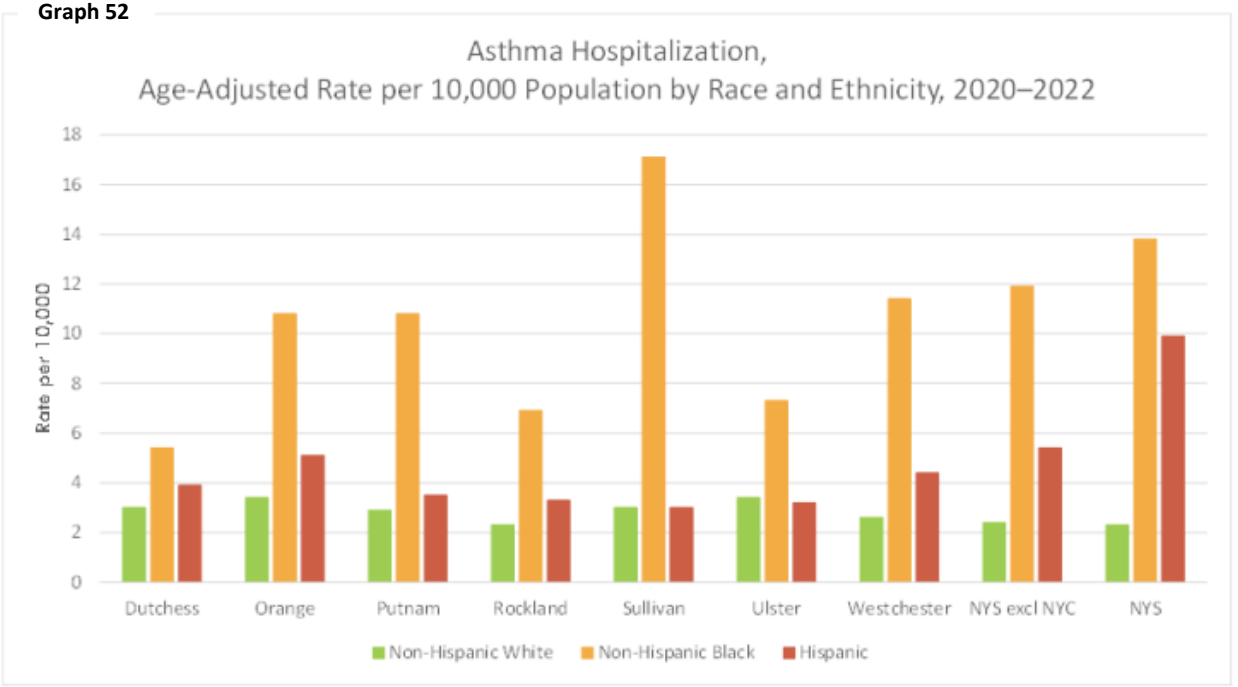


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2020–2022	4.7	5.1	3.5	3.2	4.3	3.8	5.9	4.9	4.2	6.6

Note: The 2018 population estimates are also used to calculate 2019 and 2020 rates. The ICD-10 code for asthma is: J45.
Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NY Statewide Planning and Research Cooperative System
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

Asthma affects mostly Non-Hispanic Blacks at more than double the rate for Hispanics in the region.

Graph 52

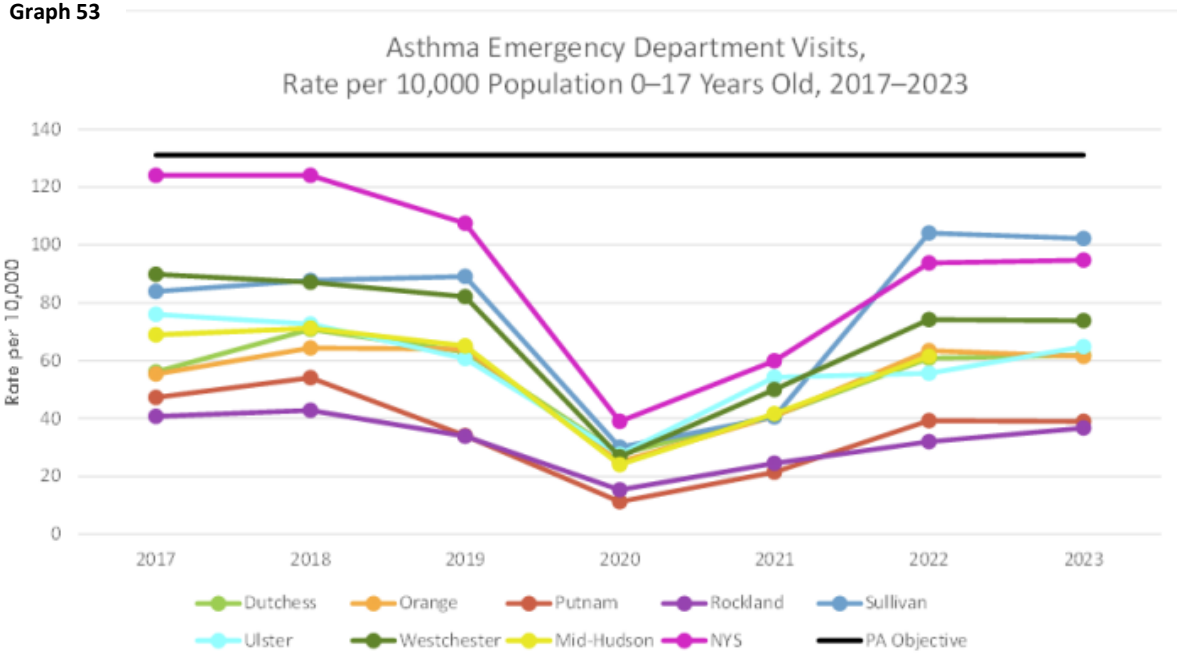


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	3.0	3.4	2.9	2.3	3.0	3.4	2.6	2.4	2.3
Non-Hispanic Black	5.4	10.8	10.8	6.9	17.1	7.3	11.4	11.9	13.8
Hispanic	3.9	5.1	3.5	3.3	3.0	3.2	4.4	5.4	9.9

Note: The ICD-10-CM code used for asthma is: J45.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, June 2025 sourced from NY Statewide Planning and Research Cooperative System https://www.health.ny.gov/statistics/community/minority/county/

Sullivan County had the highest number of emergency department visits due to asthma in 0-17 years old between 2017-2023 (102.2 per 10,000 population). All counties in the region met the Prevention Agenda Objective 131.1 per 10,000 population.

Graph 53



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS	PA Objective
2017	56.1	55.4	47.3	40.7	83.9	76	89.9	68.9	124.1	131.1
2018	70.8	64.4	54.1	42.8	87.8	72.7	87.1	71.2	124.1	131.1
2019	62.8	64.0	34.1	33.9	89.1	60.7	82.1	65.1	107.5	131.1
2020	27.7	25.0	11.2	15.3	30.1	27.6	26.8	24.1	39.0	131.1
2021	41.0	40.8	21.4	24.5	40.5	54.3	50.0	41.6	59.9	131.1
2022	60.8	63.5	39.3	32.0	104.1	55.6	74.2	61.5	93.8	131.1
2023	61.9	61.5	39.0	36.7	102.2	64.8	73.8	†	94.8	131.1

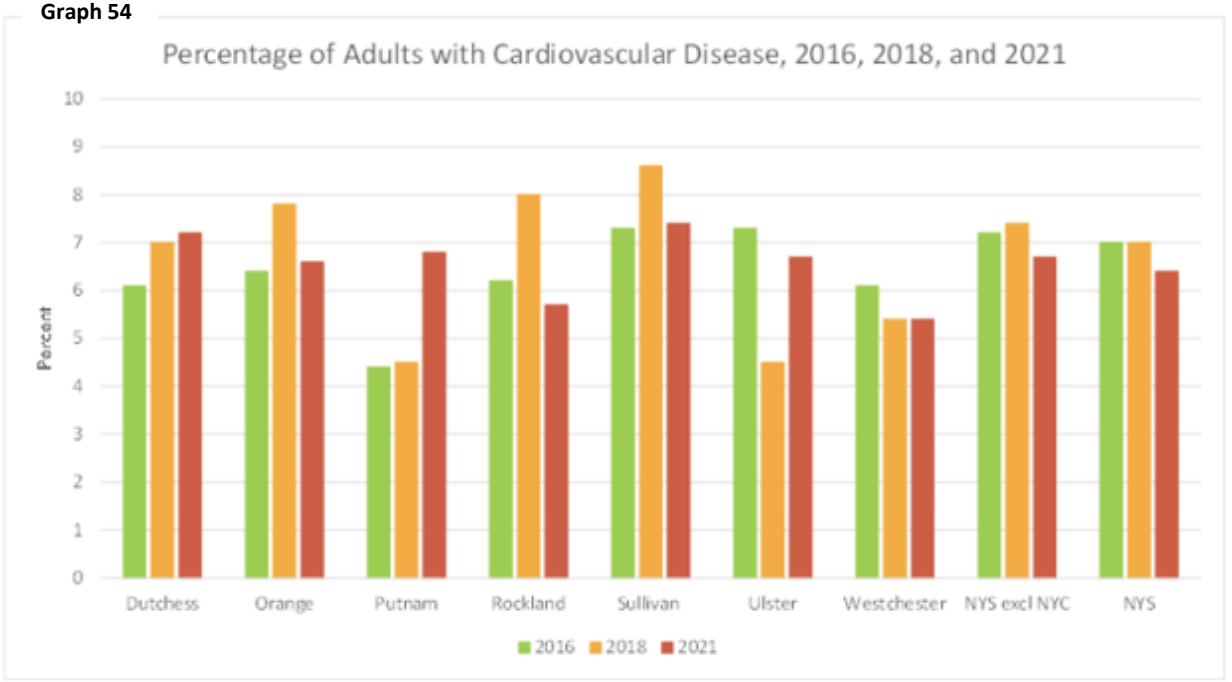
† 2023 data not available for Mid-Hudson
Note: The 2018 population estimates are used to calculate rates for 2019 and 2020. Population estimates for 2021 and later are from the US Census Bureau's most recently published estimates. Changes seen in 2020 and subsequent data years are possibly due to impacts of the COVID-19 pandemic. The ICD-10 code for asthma is: J45.
Source: NYS Asthma Dashboard, June 2025 sourced from NY Statewide Planning and Research Cooperative System
https://apps.health.ny.gov/public/tabvis/PHIG_Public/asthma/reports/#county

Cardiovascular Disease

Cardiovascular diseases (CVDs) are the leading cause of death globally, leading to severe health outcomes like heart attacks, strokes, heart failure, and disability, significantly reducing quality of life and increasing mortality[65].
In 2022, heart disease was responsible for 1 in every five deaths in the US. The management, treatment, and lost productivity due to cardiovascular disease cost the US approximately $252 billion each year from 2019 to 2020. [66]

In 2021, compared to the rest of the Mid-Hudson region, Rockland County had the lowest percentage of adults with CVD at 5.7%.

Graph 54

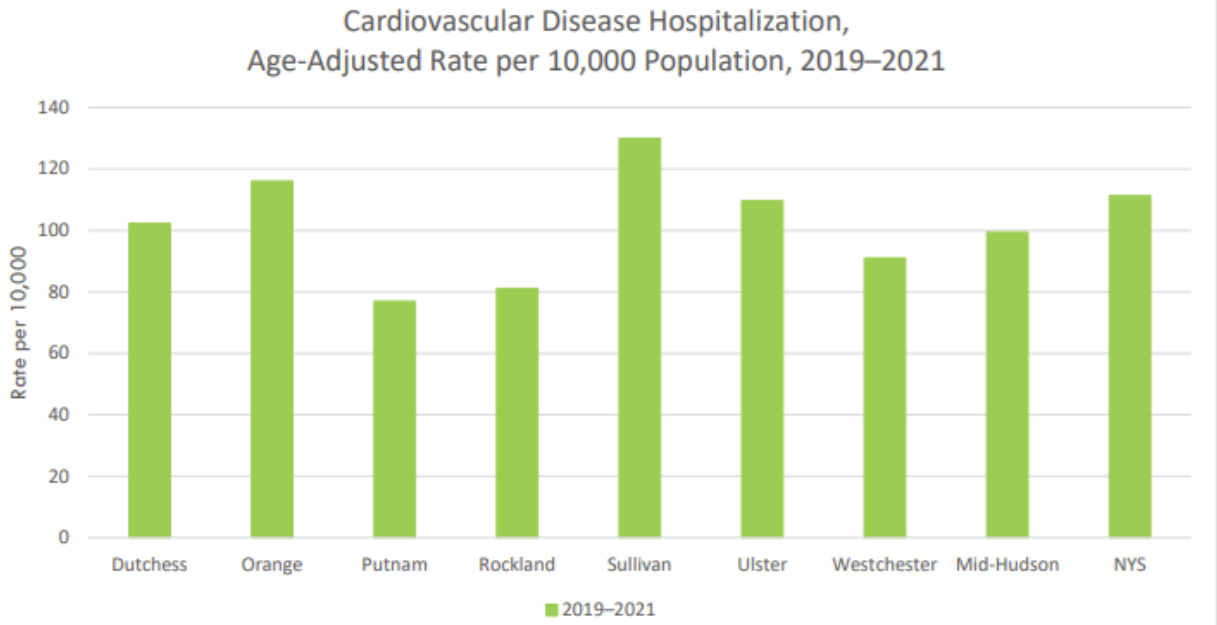


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2016	6.1	6.4	4.4	6.2	7.3	7.3	6.1	7.2	7.0
2018	7.0	7.8	4.5	8.0	8.6	4.5	5.4	7.4	7.0
2021	7.2	6.6	6.8	5.7	7.4	6.7	5.4	6.7	6.4

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents "Has a doctor, nurse, or other health professional ever told you that you had any of the following:" and "Ever told you that you had a heart attack also called a myocardial infarction?" and "Ever told you that you had angina or coronary heart disease?" Based on responses to these questions, a person has Cardiovascular Disease if they responded yes to either of these questions.
Source: NYS Community Health Indicator Reports Dashboard, April 2025 sourced from NYSDOH Behavioral Risk Factor Surveillance System
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

The lowest rate of hospitalizations due to CVD between 2019-2021 was seen in Putnam County (76.9 per 10,000 population) and the highest was seen in Sullivan County (129.9 per 10,000).

Graph 55



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
2019–2021	102.3	116.1	76.9	81.1	129.9	109.6	90.9	99.3	111.2

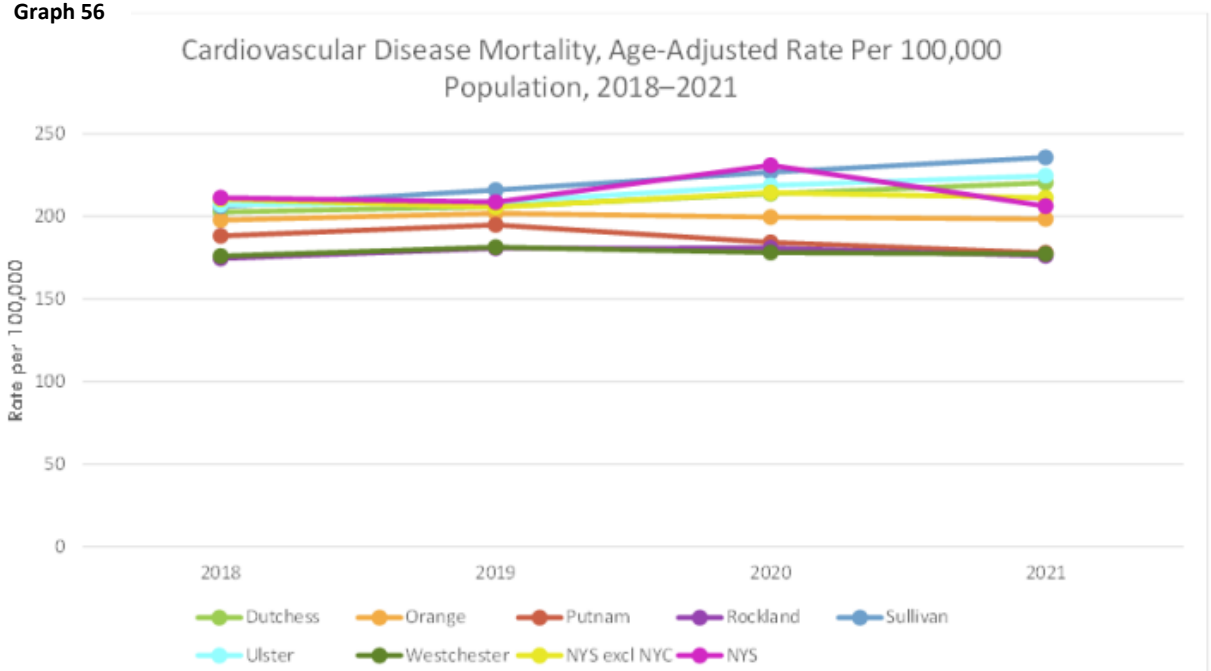
Note: The ICD-10 codes used for cardiovascular disease are: I00-I99.

Source: NYS Community Health Indicator Reports Dashboard, March 2025 sourced from NY Statewide Planning and Research Cooperative System

https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

The lowest mortality rate of hospitalizations due to CVD between 2018-2021 was seen in Rockland County (176.0 per 100,000 population) and the highest was seen in Sullivan County (235.5 per 10,000).

Graph 56



	Three Year Average							Single Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	202.5	197.7	188.1	174.5	206.0	207.0	175.9	210.3	211.1
2019	205.8	201.8	194.8	180.6	215.8	208.5	181.2	205.5	208.6
2020	213.6	199.5	184.2	180.7	226.6	218.6	178.0	214.2	230.8
2021	220.2	198.4	177.9	176.0	235.5	224.5	177.2	211.1	206.2

Note: This indicator includes deaths with cardiovascular disease as the primary cause of death. The ICD-10 codes for cardiovascular disease are: I00-I99.

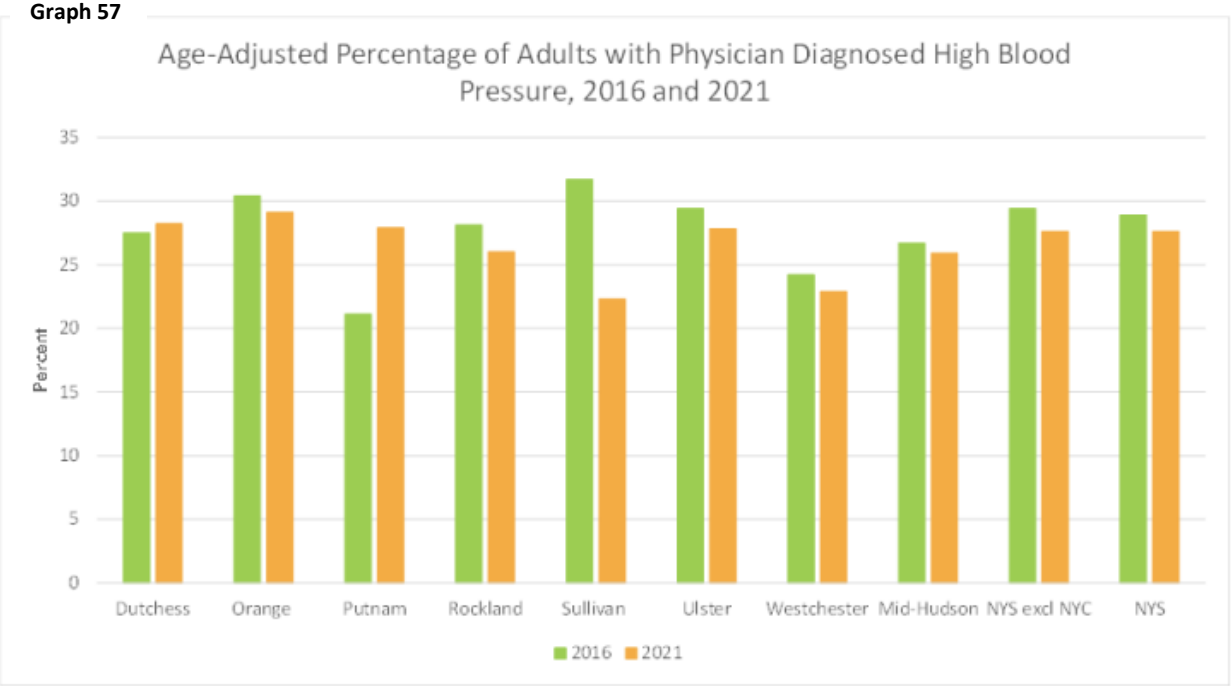
Source: NYS Community Health Indicator Reports Dashboard, March 2025 sourced from Vital Statistics of NYS
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

Hypertension

Cardiovascular disease is linked to risk factors such as high blood pressure, obesity, diet, and inactivity, with health disparities impacting minority and low-income groups more severely. [67] Addressing modifiable risks through lifestyle changes, early detection, and comprehensive treatment is crucial to improving these outcomes. [68]

The percentage of adults with high blood pressure decreased in most counties from 2016 to 2021 except in Dutchess and Putnam County. The percentage of adults with high blood pressure went from 28.1% to 26% in Rockland County.

Graph 57



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2016	27.5	30.4	21.1	28.1	31.7	29.4	24.2	26.7	29.4	28.9
2021	28.2	29.1	27.9	26	22.3	27.8	22.9	25.9	27.6	27.6

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents "Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?" Based on the responses to this question a person has High Blood Pressure if they answered yes and this excludes females who were told this only while they were pregnant.

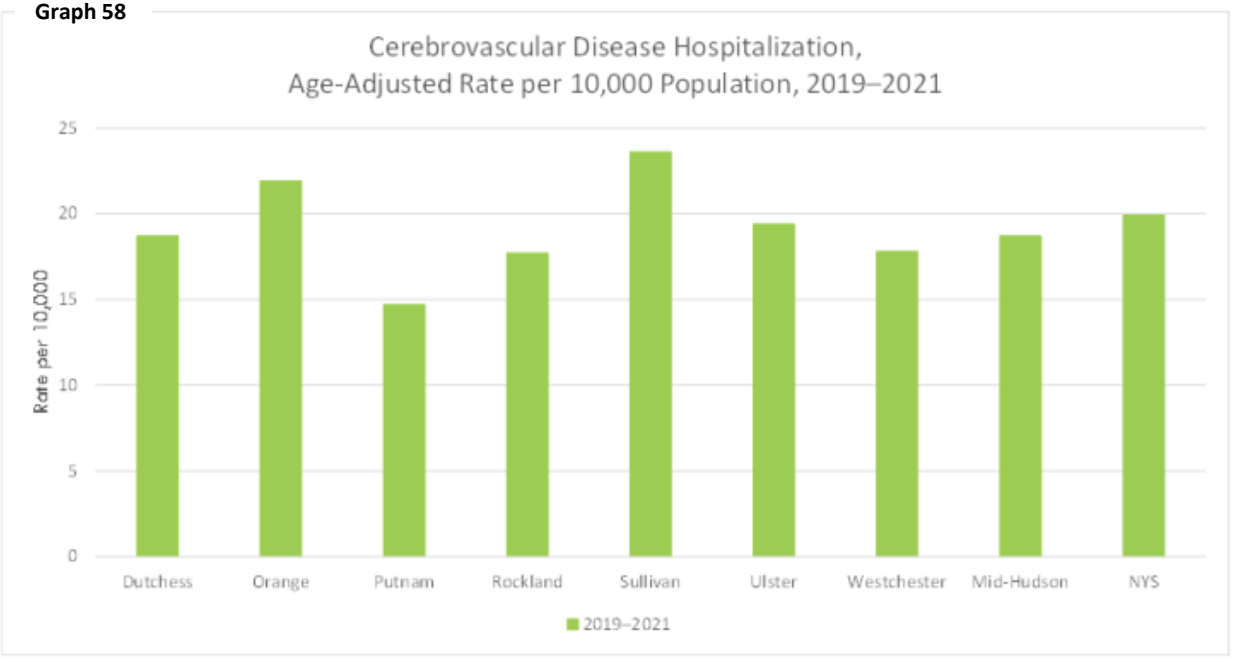
Source: NYSDOH Behavioral Risk Factor Surveillance System, March 2025

https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/data

Cerebrovascular Disease

Cerebrovascular disease (CVD) significantly impacts health, causing major disability, cognitive decline (dementia, slowed processing), mental health issues (depression, anxiety), and high mortality, primarily through stroke (ischemic/hemorrhagic) and TIA, [69] leading to long-term physical limitations, infections (pneumonia, UTIs), pressure sores, and reduced quality of life, with risks increasing with age and vascular risk factors. [70]
It is important to recognize the signs and symptoms of a stroke so action can be taken quickly. Signs of a stroke include numbness in the face or extremities, often on one side of the body; confusion or difficulty speaking; vision problems; loss of balance or lack of coordination; or a severe headache.[71]

Graph 58



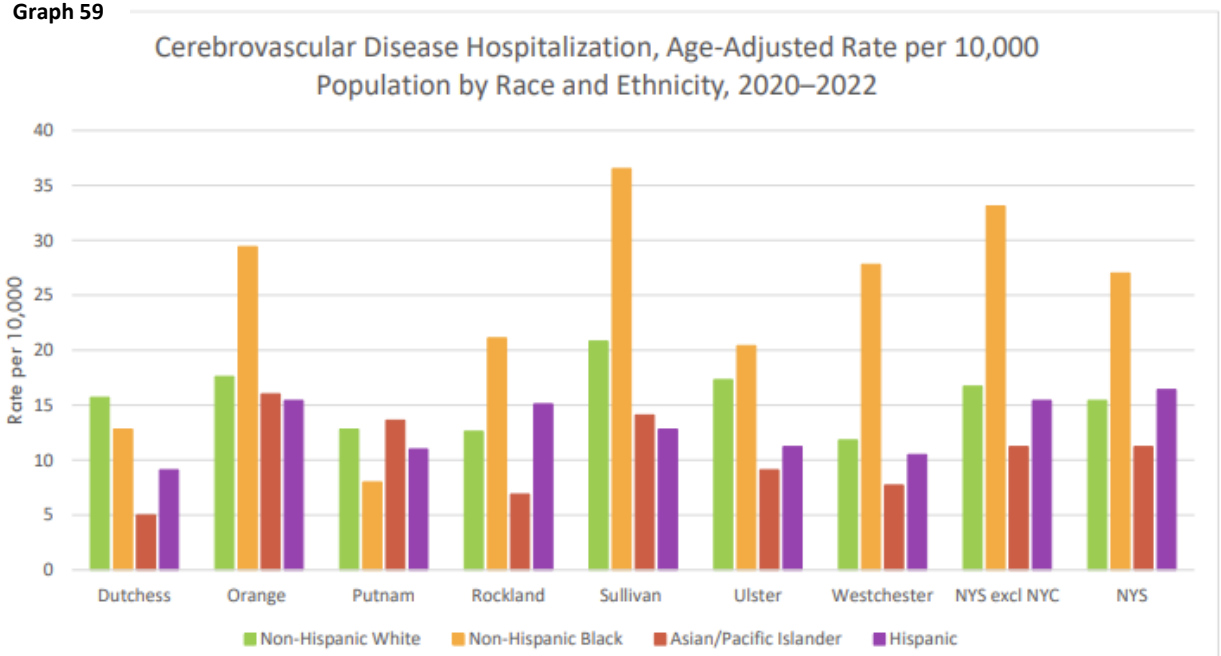
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
2019–2021	18.7	21.9	14.7	17.7	23.6	19.4	17.8	18.7	19.9

Note: This indicator includes deaths with cerebrovascular disease as the primary cause of death. The ICD-10 codes for cerebrovascular disease are: I60-I69.

Data from 2019-2021 show that Rockland County had the second lowest stroke hospitalization rate of the seven counties in the Region at 17.7 per 10,000 population; Putnam was lowest (14.7 per 10,000 population) and Sullivan had the highest rate(23.6 per 10,000 population).

When stratified by race and ethnicity, the age-adjusted cerebrovascular disease hospitalization rate per 10,000 from 2020-2022 shows that non-Hispanic Black adults had higher rates of stroke hospitalization compared to other racial/ethnic groups in most of the counties in the M-H Region, as well as NYS, and NYS excluding NYC. This excludes Putnam and Dutchess Counties, where Non-Hispanic White adults had higher stroke hospitalization rates than the Hispanics and Non-Hispanic Blacks.

Graph 59

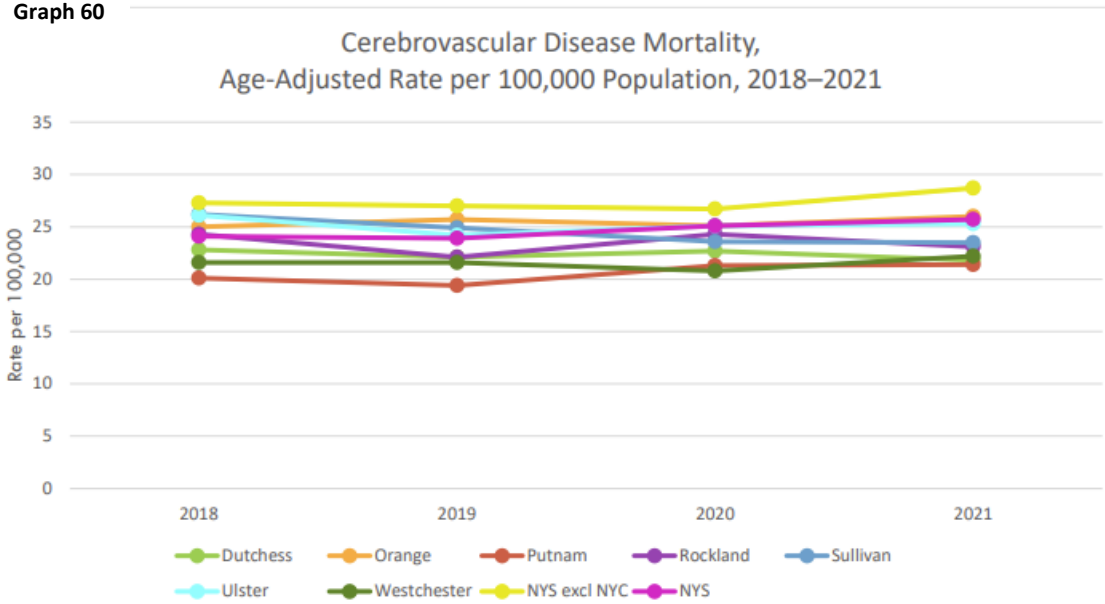


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	15.7	17.6	12.8	12.6	20.8	17.3	11.8	16.7	15.4
Non-Hispanic Black	12.8	29.4	8.0*	21.1	36.5	20.4	27.8	33.1	27.0
Asian/Pacific Islander	5.0	16.0	13.6	6.9	14.1*	9.1*	7.7	11.2	11.2
Hispanic	9.1	15.4	11.0	15.1	12.8	11.2	10.5	15.4	16.4

**: The rate is unstable.*
Note: Cerebrovascular disease is also known as stroke. The ICD-10 codes for cerebrovascular disease are: I60-I69.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, June 2025 sourced from NY Statewide Planning and Research Cooperative System
https://www.health.ny.gov/statistics/community/minority/county/index.htm

From 2018 to 2021, age-adjusted cerebrovascular disease mortality rates per 100,000 population remained relatively stable in counties in the M-H Region. Some counties experienced modest increases during this time. Orange County increased from 25.0 per 100,000 in 2018 to 26.0 per 100,000 in 2021, Westchester County increased from 21.6 per 100,000 in 2018 to 22.2 in 2021, and Putnam County increased from 20.1 per 100,000 in 2018 to 21.4 per 100,000 in 2021. Other counties experienced modest decreases during this time. Dutchess County decreased from 22.8 per 100,000 in 2018 to 21.8 100,000 in 2021, Rockland County decreased from 24.3 per 100,000 in 2018 to 23.1per 100,000 in 2021, and Ulster County decreased from 26.1 per 100,000 in 2018 to 25.3 per 100,000 in 2021. The county that experienced the most significant decrease during this time was Sullivan County, decreasing from 26.2 per 100,000 in 2018 to 23.5 per 100,000 in 2021.

Graph 60



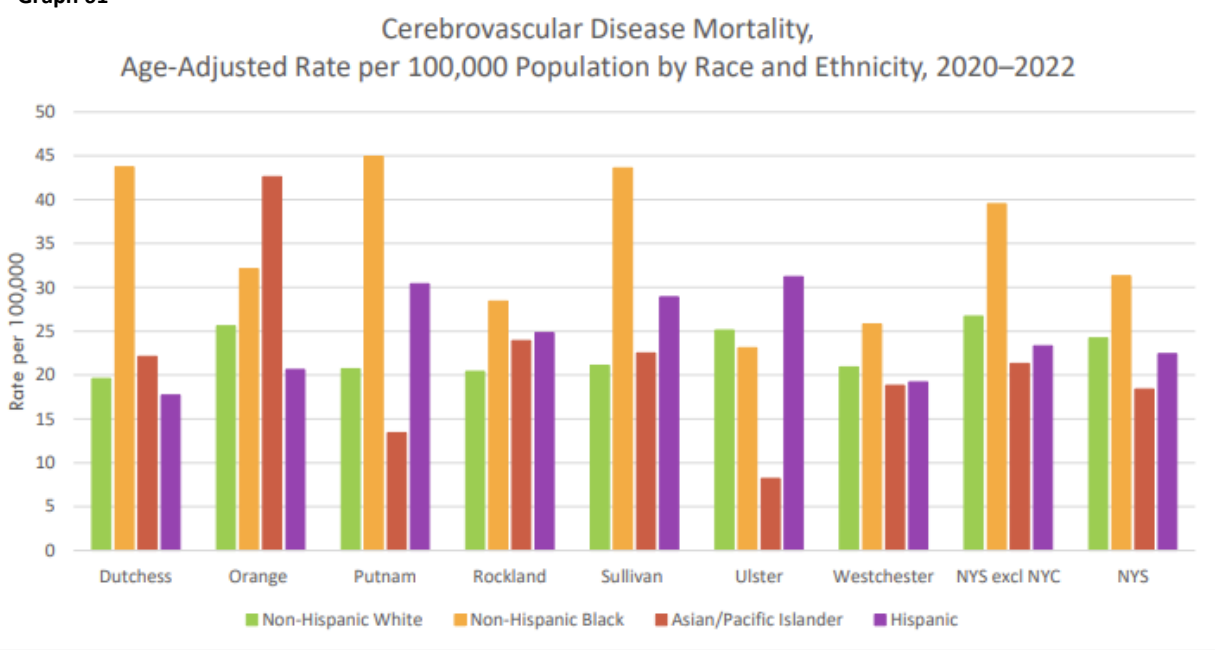
	Three Year Average							Single Year	
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2018	22.8	25.0	20.1	24.3	26.2	26.1	21.6	27.3	24.1
2019	22.1	25.7	19.4	22.1	24.9	24.2	21.6	27.0	23.9
2020	22.7	25.1	21.3	24.3	23.6	25.1	20.8	26.7	25.1
2021	21.8	26.0	21.4	23.1	23.5	25.3	22.2	28.7	25.7

Note: This indicator includes deaths with cerebrovascular disease as the primary cause of death. The ICD-10 codes for cerebrovascular disease are: I60-I69.

Source: NYS Community Health Indicator Reports Dashboard, March 2025 sourced from Vital Statistics of NYS
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

When stratified by race and ethnicity, the age-adjusted cerebrovascular disease mortality rates per 100,000 population from 2020-2022, differ from county-to-county. However, most counties in the M-H Region (as well as NYS and NYS excluding NYC) had higher rates of non-Hispanic Black adults who died from a stroke, relative to non-Hispanic Whites and Hispanics. Ulster County is the lone exception with the Hispanic adult population (31.2 per 100,000) having a higher rate of stroke mortality than Non-Hispanic Whites (25.1 per 100,000), and Non-Hispanic Blacks (23.1 per 100,000). It must be noted that the rate for Non-Hispanic Blacks during this period is statistically unstable.

Graph 61



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	19.6	25.6	20.7	20.4	21.1	25.1	20.9	26.7	24.2
Non-Hispanic Black	43.7	32.1	44.9*	28.4	43.6*	23.1*	25.8	39.5	31.3
Asian/Pacific Islander	22.1*	42.6	13.4*	23.9	22.5*	8.2*	18.8	21.3	18.4
Hispanic	17.7	20.6	30.4*	24.8	28.9*	31.2	19.2	23.3	22.4

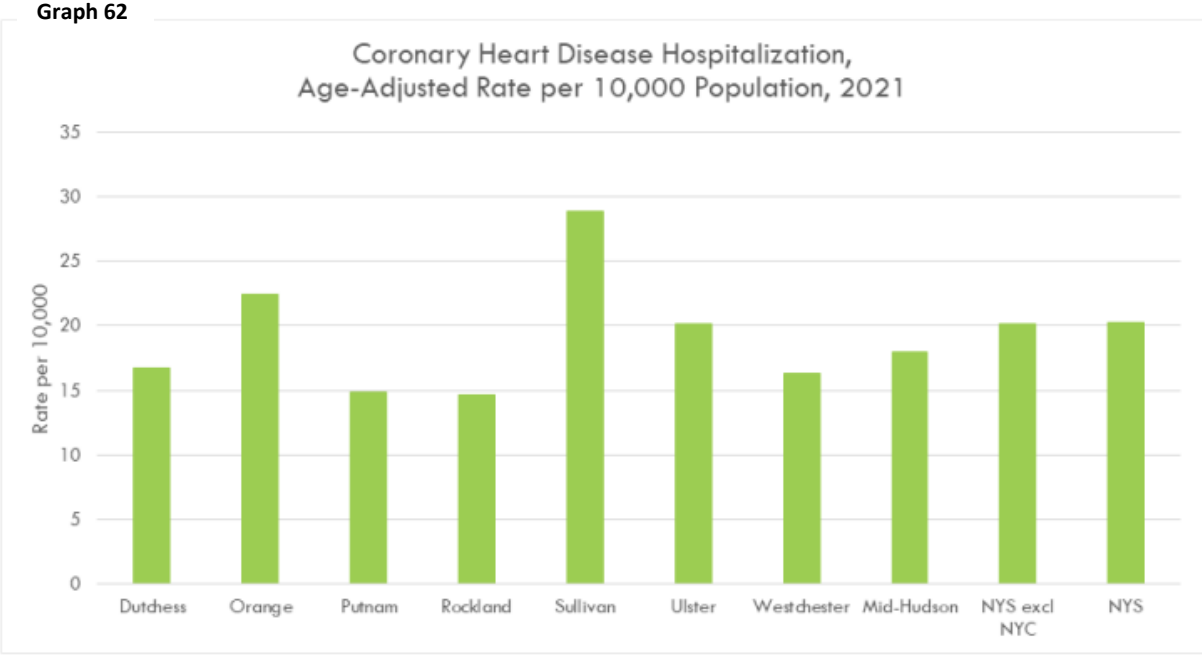
**: The rate is unstable.*
Note: This indicator includes deaths with cerebrovascular disease as the primary cause of death. ICD-10 codes of: 160-169.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, June 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/statistics/community/minority/county/index.htm

Coronary Heart Disease

Coronary Heart Disease (CHD) is the most common type of cardiovascular disease.[72] CHD outcomes involve serious complications like heart attacks, heart failure, arrhythmias, and sudden cardiac death, stemming from plaque buildup (atherosclerosis) in heart arteries, which restricts blood flow and oxygen. While a major cause of death globally, early management with lifestyle changes (diet, exercise, no smoking) and medications significantly improve prognosis, allowing many to live long lives, but untreated cases lead to severe morbidity and mortality. [73]

Rockland County has the lowest rate of hospitalizations per 10,000 at 14.6 per 10,000 and the second lowest mortality rate at 104.0 per 100,000 after Putnam County.

Graph 62

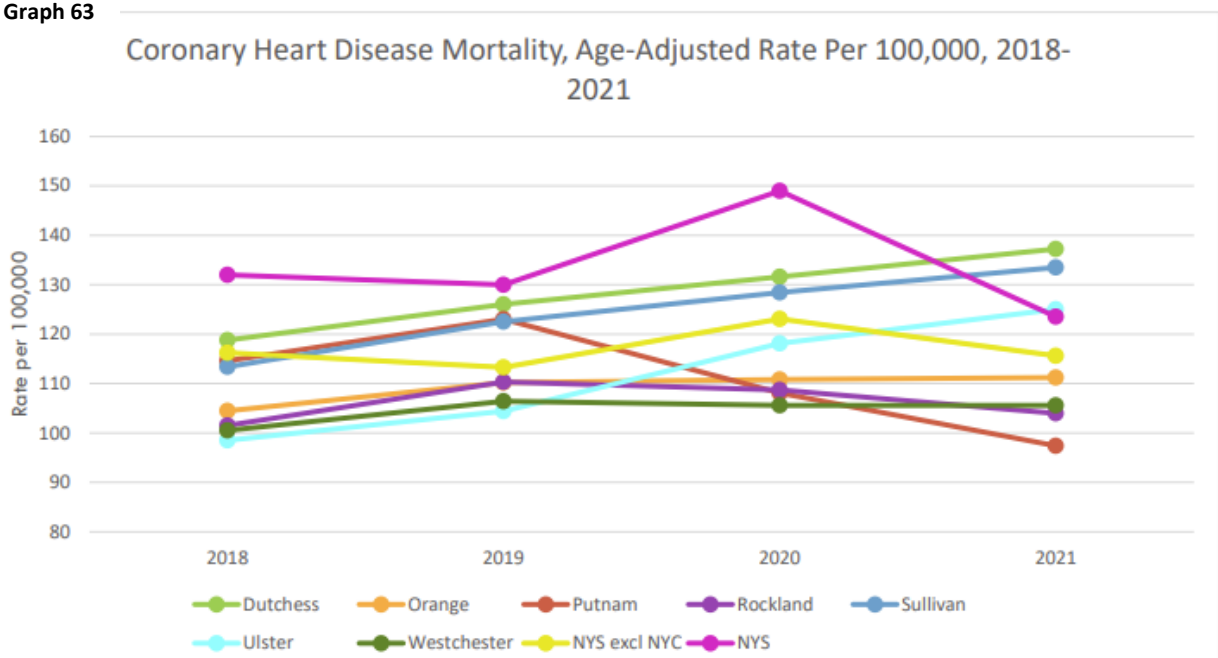


	Three-Year Average							Single-Year		
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2021	16.7	22.4	14.9	14.6	28.9	20.1	16.3	18.0	20.1	20.2

Note: Three-year averages are used for counties and single-year estimates are used for Mid-Hudson and NYS.
Source: NYS Community Health Indicator Reports Dashboard, April 2025 sourced from NY Statewide Planning and Research Cooperative System https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

CHD mortality rates have overall increased from 2018 to 2021 in most M-H Region counties, except for Putnam County. The rate in NYS excluding NYC stayed relatively constant, with an increase in 2020, before decreasing in 2021. Similarly, the rate in NYS overall saw an increase from 2019 to 2020, before decreasing in 2021.

Graph 63



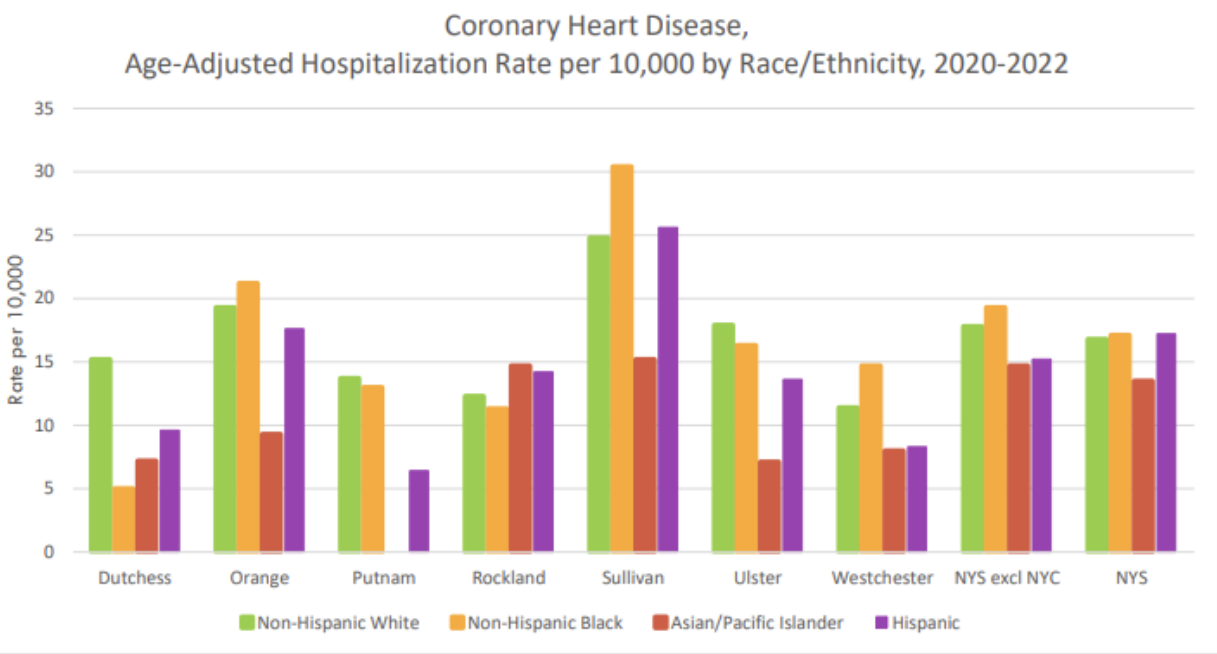
	Three-Year Average							Single-Year	
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2018	118.8	104.5	114.6	101.5	113.4	98.5	100.5	116.2	132.0
2019	126.0	110.2	123.0	110.3	122.5	104.4	106.4	113.3	130.0
2020	131.6	110.8	108.1	108.7	128.4	118.1	105.6	123.1	149.0
2021	137.2	111.2	97.4	104.0	133.5	125.0	105.6	115.6	123.5

Note: Three-year age-adjusted rates for counties and single-year age-adjusted rates for NYS and NYS excluding NYC are used in both the table and graph above.

Source: NYS Community Health Indicator Reports Dashboard, September 2025
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

Stratifying by race and ethnicity, the trends vary by County. Non-Hispanic Black adults had higher CHD mortality rates in Dutchess, Westchester, and Rockland counties, as well as NYS and NYS excluding NYC. In contrast, Non-Hispanic White adults had higher CHD mortality rates in Ulster and Sullivan Counties.

Graph 64



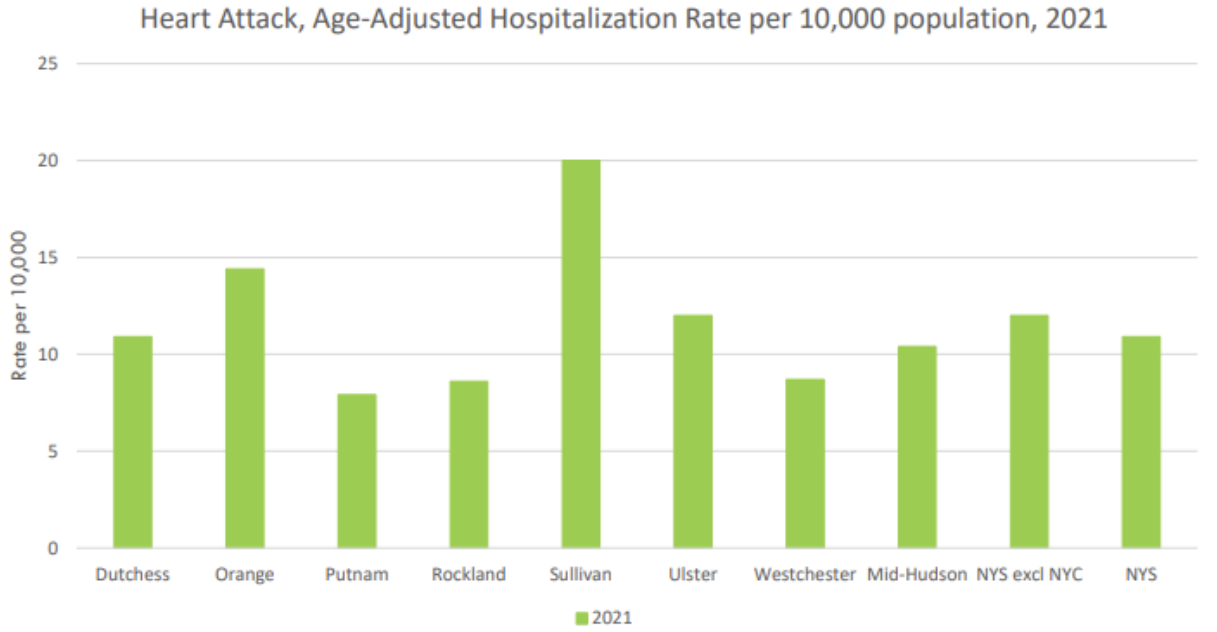
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	15.2	19.3	13.7	12.3	24.8	17.9	11.4	17.8	16.8
Non-Hispanic Black	5.0	21.2	13.0	11.3	30.4	16.3	14.7	19.3	17.1
Asian/Pacific Islander	7.2	9.3	s	14.7	15.2	7.1*	8.0	14.7	13.5
Hispanic	9.6	17.6	6.4	14.2	25.6	13.6	8.3	15.2	17.2

**: The rate is unstable.*
s: Data are suppressed due to not meeting confidentiality criteria. Note: Three-year age-adjusted rates.
Source: NYS County Health Indicators by Race and Ethnicity, February 2025
https://www.health.ny.gov/community/health_equity/reports/county/county_list.htm

Heart Attacks

A heart attack significantly increases risks for severe, long-term health issues like heart failure, stroke, kidney failure, arrhythmias (e.g., atrial fibrillation), and subsequent heart attacks, leading to higher mortality, though survival rates have improved. Recovery involves managing heart damage, adopting heart-healthy lifestyles, controlling risk factors (blood pressure, cholesterol), addressing mental health (depression), and navigating socioeconomic factors that affect care, with a critical focus on the first 90 days post-event. [74]

Graph 65



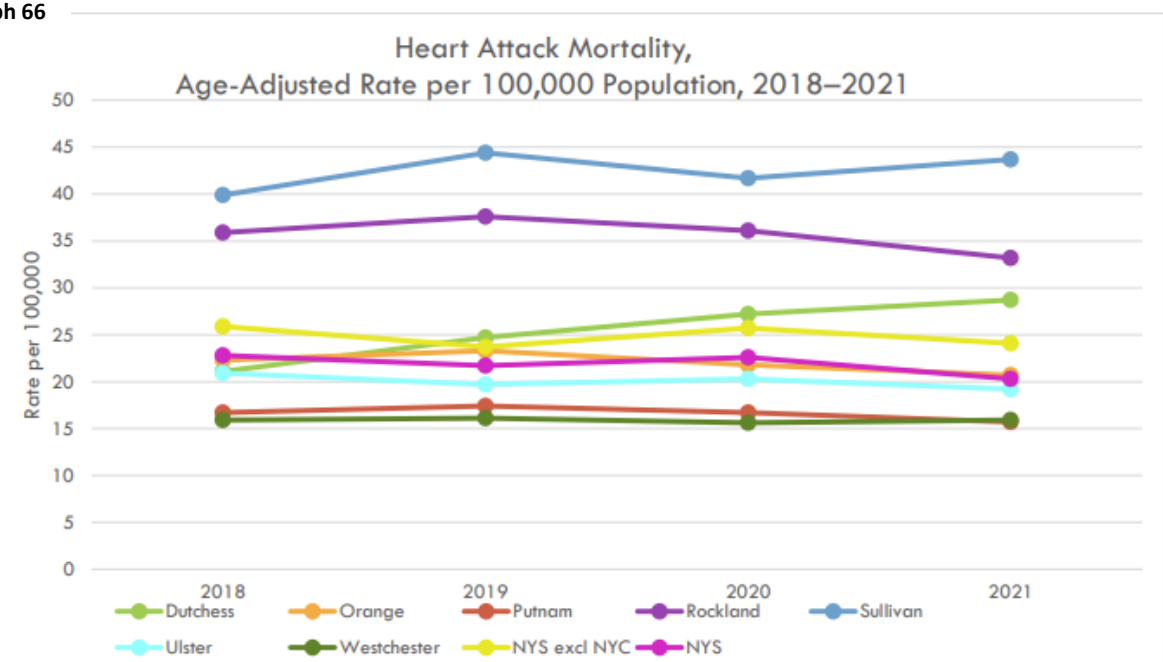
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2021	10.9	14.4	7.9	8.6	20.0	12.0	8.7	10.4	12.0	10.9

Note: Three-year averages are used for counties, and single-year estimates are used for Mid-Hudson and NYS.
Source: NYS Community Health Indicator Reports Dashboard, September 2025 sourced from NY Statewide Planning and Research Cooperative System, February 2025 https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/

Rockland County has the second lowest heart attack hospitalization and mortality rates per 10,000 and 100,000 population in the region at 8.6 and 33.2 respectively. Stratifying by race/ethnicity the highest mortality rate is among Non-Hispanic

Blacks (113.8 per 100,000). From 2018-2021, heart attack mortality rates have been highest in Sullivan County and lowest in Westchester County. Dutchess County shows a steady increase, from 21.1 in 2018 to 28.7 in 2021.

Graph 66



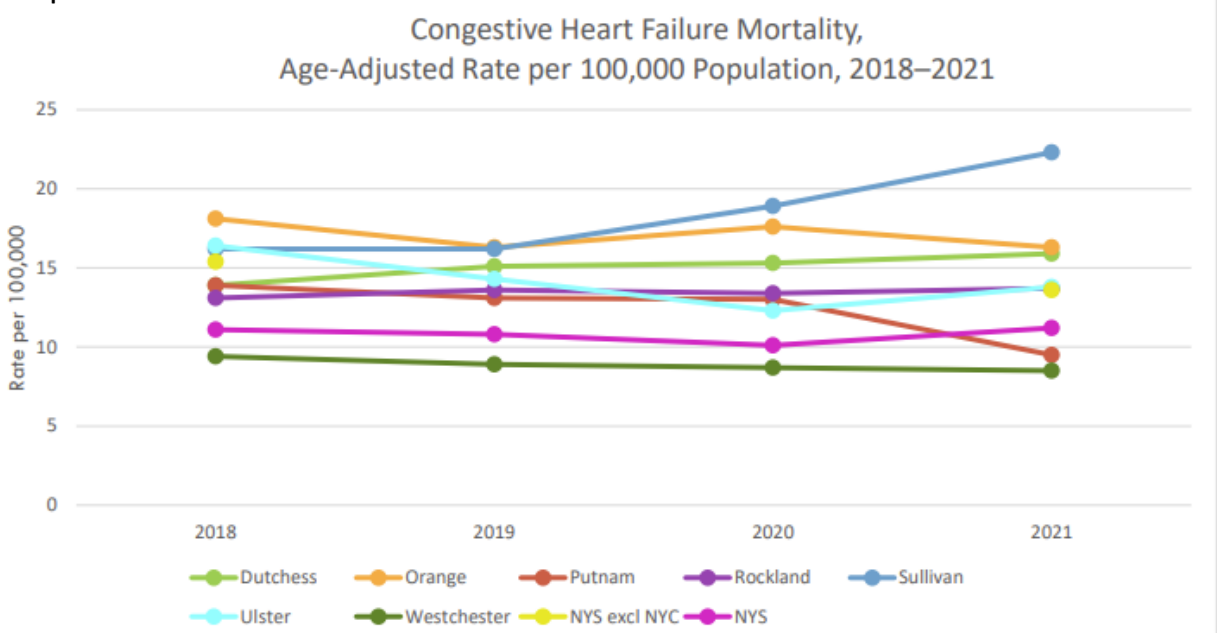
	Three-Year Average							Single-Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	21.1	22.3	16.7	35.9	39.9	20.9	15.9	25.9	22.8
2019	24.7	23.3	17.4	37.6	44.4	19.7	16.1	23.7	21.7
2020	27.2	21.8	16.7	36.1	41.7	20.3	15.6	25.7	22.6
2021	28.7	20.7	15.7	33.2	43.7	19.2	15.9	24.1	20.3

Note: Three-year averages are used for counties, and single-year estimates are used for NYS excluding NYC, and NYS.
Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

Congestive Heart Failure

Congestive Heart Failure (CHF) outcomes vary greatly but generally involve a significant burden of hospitalizations, reduced quality of life, and increased mortality, with 5-year survival rates around 50% for large groups, though better with early treatment (Stages I/II) and worse in advanced stages (Stage IV), where life expectancy can be less than a year, emphasizing the need for proactive management, lifestyle changes, medications, and potentially devices or transplants to improve survival and well-being. The mortality rate for CHF in Rockland is similar to that of other counties in the region, the lowest being for Westchester County (8.5 per 100,000) and the highest set by Sullivan County (22.3 per 100,000).

Graph 67



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2018	13.9	18.1	13.9	13.1	16.2	16.4	9.4	15.4	11.1
2019	15.1	16.3	13.1	13.6	16.2	14.3	8.9	N/A	10.8
2020	15.3	17.6	13.0	13.4	18.9	12.3	8.7	N/A	10.1
2021	15.9	16.3	9.5	13.7	22.3	13.8	8.5	13.6	11.2

Note: The ICD-10 code for congestive heart failure is: I50.

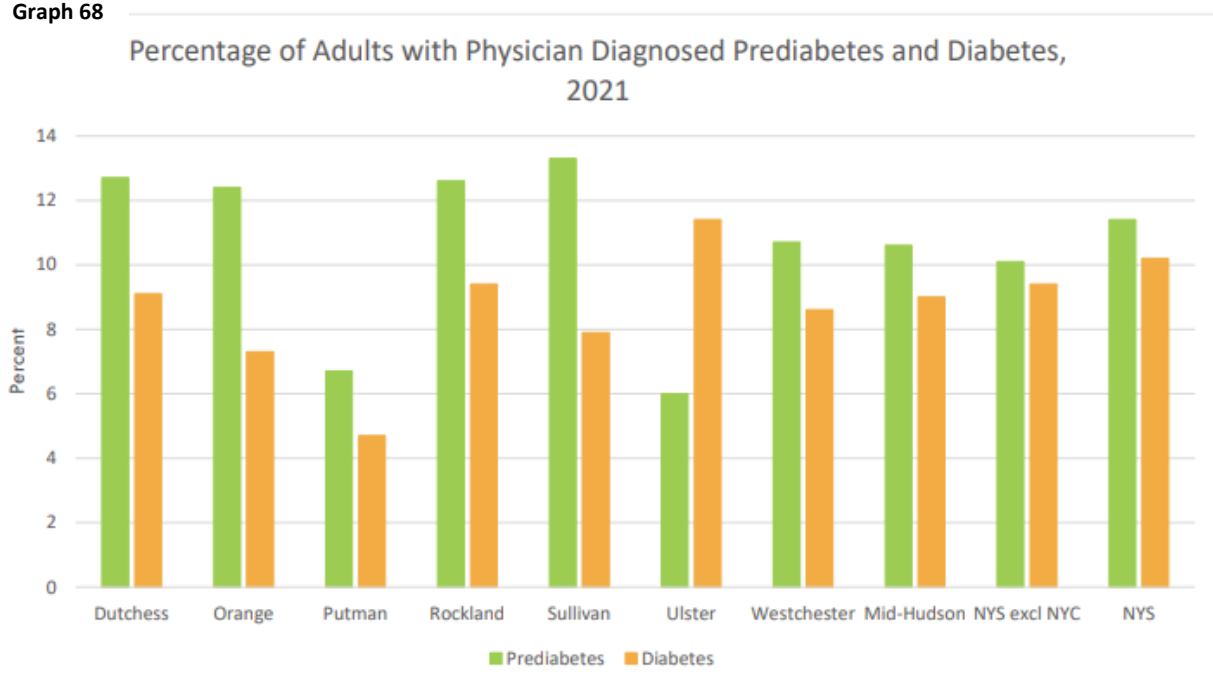
Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

Diabetes

Diabetes impacts health by causing high blood sugar, leading to severe, long-term complications like heart disease, stroke, kidney failure, nerve damage (neuropathy), vision loss (retinopathy), poor circulation, slow-healing wounds, and increased infections, affecting nearly every system in the body, including mental health. It damages blood vessels and nerves, increasing risks for heart attacks, strokes, blindness, kidney disease, and foot problems, emphasizing the need for diligent management. [75] According to the American Diabetes Association (ADA), the health care industry has attempted to manage the effects of diabetes, spending $306.6 billion in direct medical costs in 2022. [76]

In the M-H Region, 9.0% of the population was diagnosed with diabetes, the highest percentage seen in Ulster County (11.4%).

Graph 68



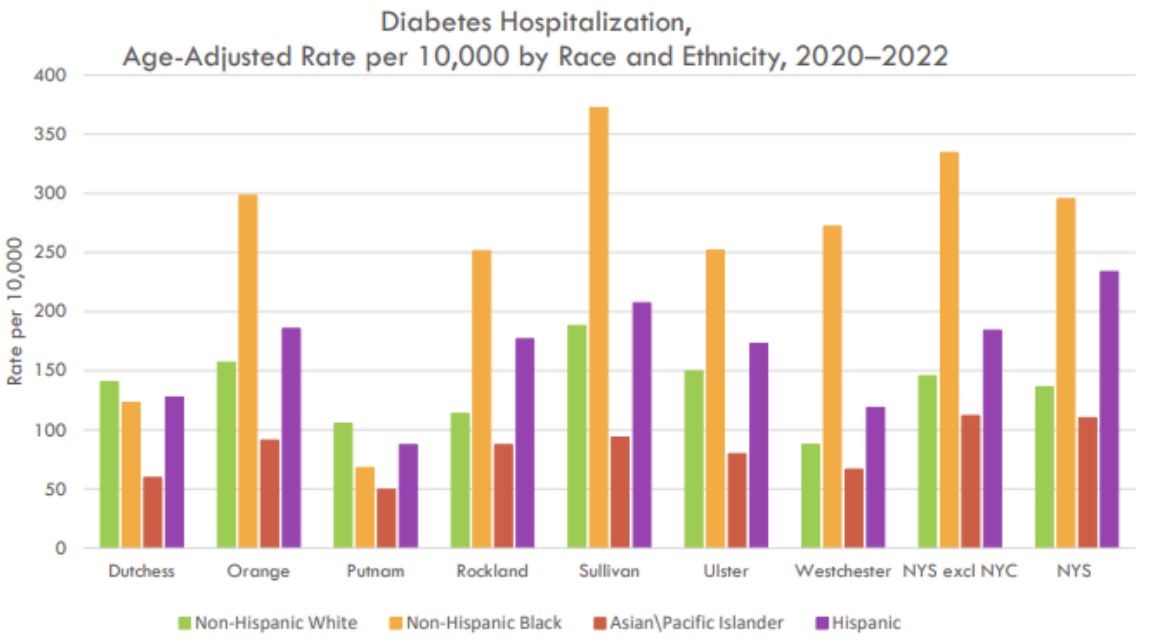
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
Prediabetes	12.7	12.4	6.7	12.6	13.3	6.0	10.7	10.6	10.1	11.4
Diabetes	9.1	7.3	4.7	9.4	7.9	11.4	8.6	9.0	9.4	10.2

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Have you ever been told by a doctor or other health professional that you have prediabetes or borderline diabetes?" This excludes females who were told this only while they were pregnant.
Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data

There are an additional 12.6% residents with pre-diabetes, meaning that their blood sugar runs higher than normal but not yet high enough to be diabetes.

In The MH Region Diabetes hospitalization rates are disproportionally higher among Non-Hispanic Blacks except in Dutchess and Putnam County where the rates are higher among Non-Hispanic Whites.

Graph 69



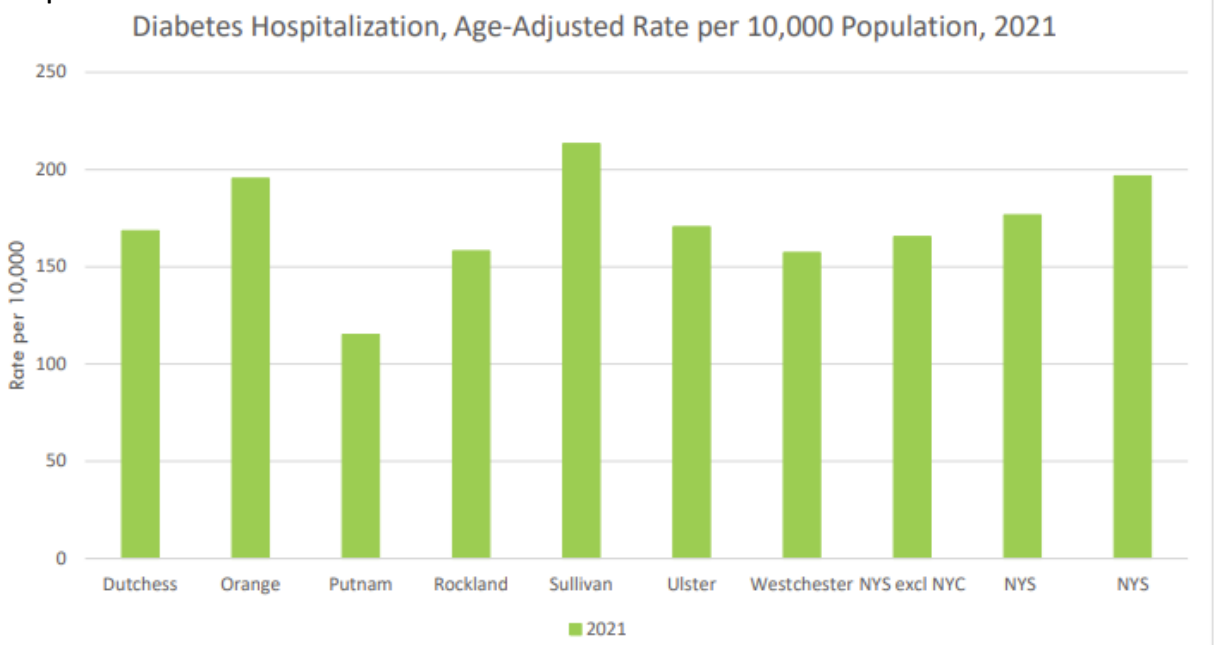
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	140.6	157.2	105.3	113.7	188.1	149.7	87.6	145.5	136.3
Non-Hispanic Black	122.9	298.3	67.8	251.3	372.4	251.8	272.2	334.5	295.3
Asian/Pacific Islander	59.5	91.1	49.4	87.3	93.6	79.7	66.5	112.0	110.2
Hispanic	127.6	185.6	87.2	176.8	207.2	172.9	118.6	183.9	233.8

Note: This indicator includes hospitalizations with diabetes as the primary and/or other diagnosis referred to as "any diagnosis." The ICD-10 codes for diabetes are: E10-E14.

Source: NYS County Health Indicators by Race and Ethnicity Dashboard, April 2025 sourced from *NY Statewide Planning and Research Cooperative System* https://www.health.ny.gov/community/health_equity/reports/county/

The age-adjusted rate per 10,000 population for hospitalizations due to diabetes in 2021 was highest in Sullivan (213.3 per 10,000) and lowest in Putnam (115.1 per 10,000).

Graph 70



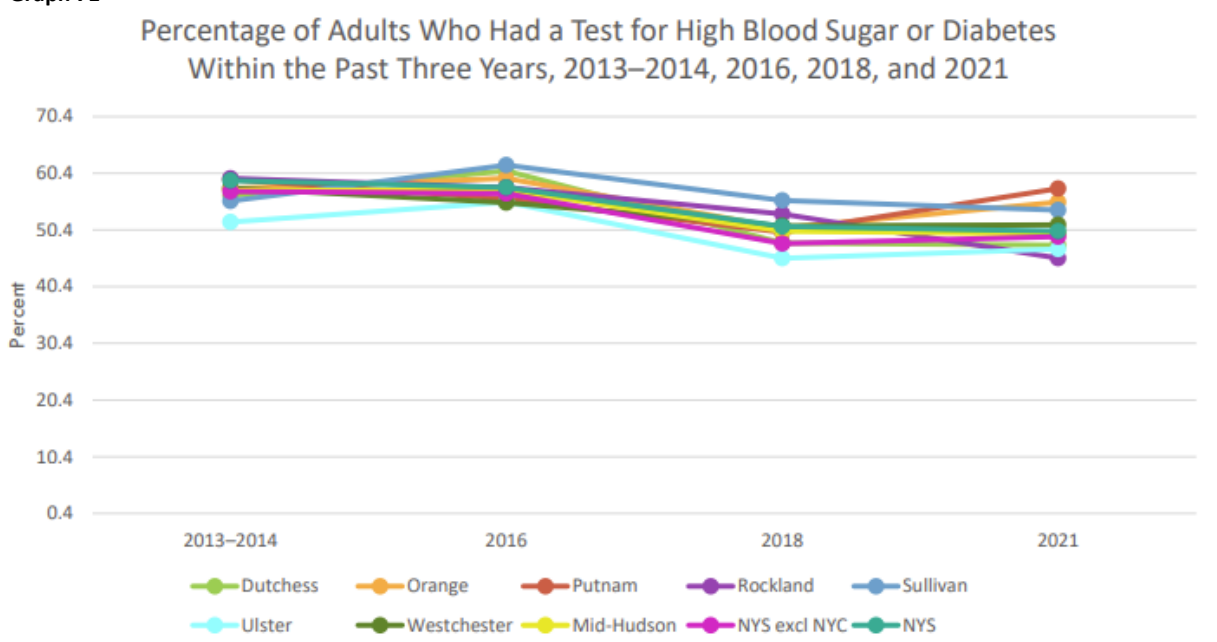
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2021	168.5	195.4	115.1	158.1	213.3	170.5	157.3	165.5	176.6

Note: This indicator includes hospitalizations with diabetes as the primary and/or other diagnosis referred to as "any diagnosis." The ICD-10 codes for diabetes are: E10-E14.

Source: NYS County Health Indicators by Race and Ethnicity Dashboard, April 2025 sourced from NY Statewide Planning and Research Cooperative System https://www.health.ny.gov/community/health_equity/reports/county/

To avoid the consequences of uncontrolled diabetes, there are many adults who get their blood sugar tested by their medical provider. In 2021, the percentage of those who had a test for high blood sugar or diabetes within the past three years was very similar across the M-H Region with Rockland County being the lowest at 45.4% and Putnam County being the highest at 57.7%.

Graph 71



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2013-2014	56.4	57.7	59.3	59.5	55.5	51.8	57.8	57.4	57.2	59.1
2016	60.8	59.5	55.9	57.9	61.8	55.3	55.2	57.4	56.8	57.9
2018	48.1	50.7	50.0	53.2	55.6	45.4	51.1	50.2	48.0	51.0
2021	47.7	55.3	57.7	45.4	53.9	47.0	51.3	49.7	49.2	50.2

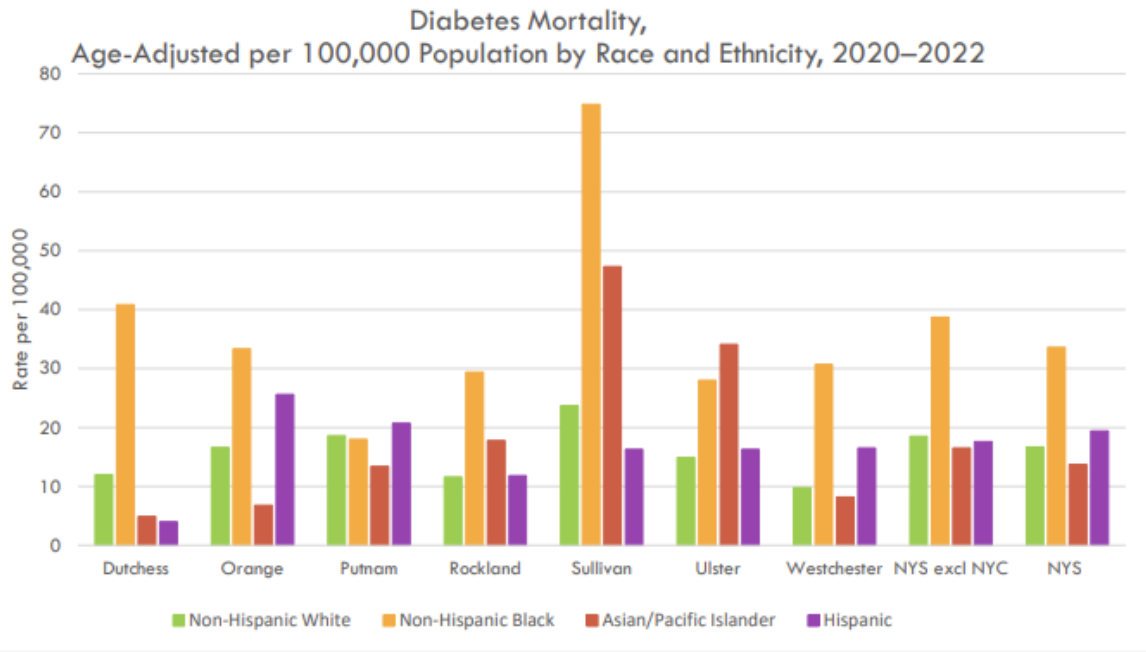
Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, " Have you had a test for high blood sugar or diabetes within the past three years?" This excludes females who were told this only while they were pregnant.

Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025

https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data

Diabetes mortality is highest among Non-Hispanic Blacks in Sullivan County (74.8 per 100,000) and overall highest for the same ethnicity in all other counties except for Ulster County. In Ulster County the highest mortality rates are among Asian/Pacific Islanders, but this rate is unstable.

Graph 72



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	12.0	16.6	18.6	11.6	23.7	14.9	9.8	18.5	16.7
Non-Hispanic Black	40.8	33.3	18*	29.4	74.8	28*	30.7	38.7	33.6
Asian/Pacific Islander	4.9*	6.8*	13.4*	17.8	47.3*	34.1*	8.2	16.5	13.7
Hispanic	4.0	25.6	20.7*	11.8	16.3*	16.3*	16.5	17.6	19.4

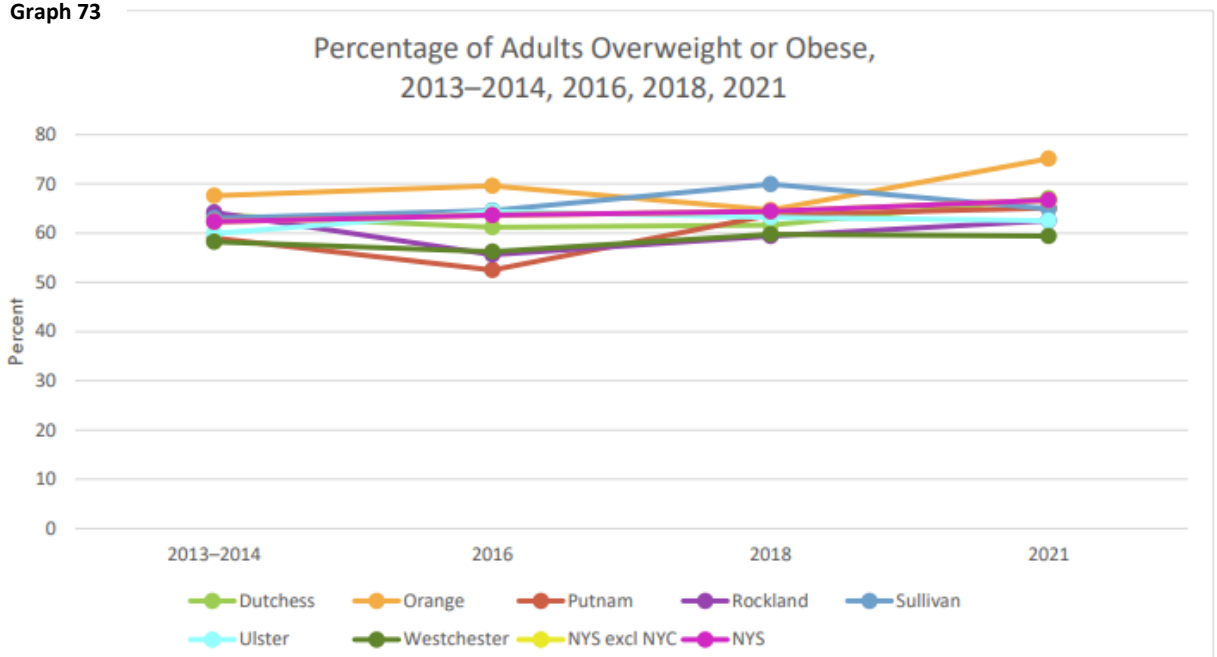
**: The rate is unstable.*
Note: This indicator includes deaths with diabetes as the primary cause of death. The ICD-10 codes for diabetes are: E10-E14.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, April 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/community/health_equity/reports/county/

Obesity

Obesity is a chronic and serious disease where an individual's weight is higher than what is considered normal for their height. Obesity significantly raises risks for numerous serious health conditions, including Type 2 diabetes, heart disease (high blood pressure, stroke, cholesterol issues), various cancers (breast, colon, kidney, etc.), sleep apnea, osteoarthritis, fatty liver disease (MASLD), kidney disease, and mental health issues like depression, impacting quality of life and potentially leading to premature death. [77] These risks stem from excess body fat causing inflammation, hormonal changes, and strain on organs, affecting nearly every system in the body. [78]

In Rockland County the percentage of adults who are overweight or obese as of 2021 was 62.5%, only second to Westchester County (59.4%) and equivalent to Ulster County (62.5%).

Graph 73

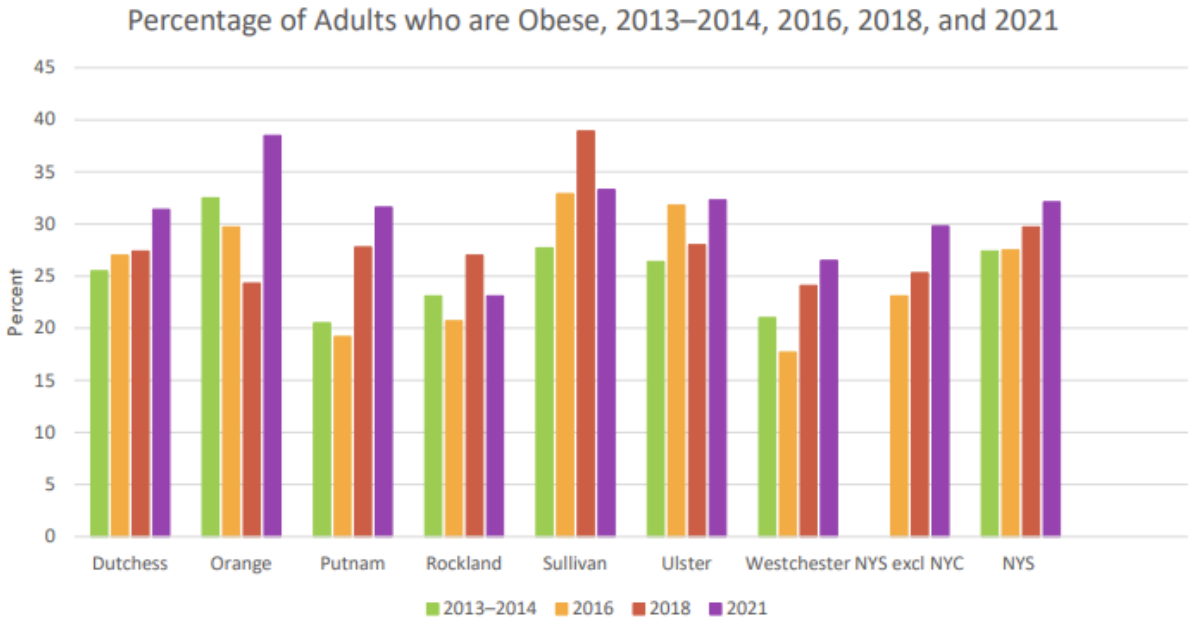


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2013–2014	63.7	67.6	59.0	64.2	63.0	59.9	58.2	62.3	62.3
2016	61.2	69.6	52.5	55.6	64.6	64.4	56.2	63.6	63.6
2018	61.6	64.7	63.7	59.4	69.9	63.2	59.7	64.4	64.4
2021	67.1	75.1	65.1	62.5	64.9	62.5	59.4	66.7	66.7

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents "About how much do you weigh without shoes? " and "About how tall are you without shoes?" Based on the responses to these questions Body Mass Index is calculated using the formula: weight in kilograms divided by height in meters squared (kg/m²). Respondents classified as obese based on BMI 30.00 or higher. Respondents classified as overweight based on BMI between 25.00 and 29.9.
Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data

When looking at adults with obesity, excluding overweight, most counties have been increasing their rates while Rockland County experienced a big decrease from 2018 to 2021 from 27% to 23.1%, the lowest rate in the region, including NYC and NYS.

Graph 74



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2013–2014	25.5	32.5	20.5	23.1	27.7	26.4	21.0	N/A	27.4
2016	27.0	29.7	19.2	20.7	32.9	31.8	17.7	23.1	27.5
2018	27.4	24.3	27.8	27.0	38.9	28.0	24.1	25.3	29.7
2021	31.4	38.5	31.6	23.1	33.3	32.3	26.5	29.8	32.1

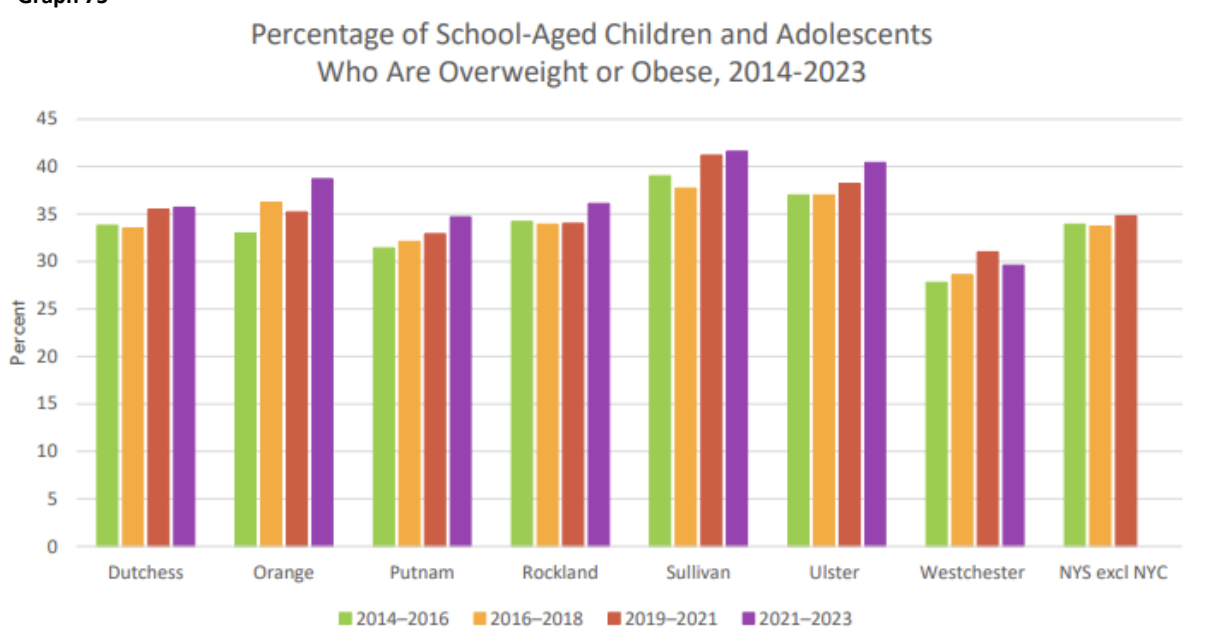
Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents " About how much do you weigh without shoes? " and "About how tall are you without shoes?" Based on the responses to these questions Body Mass Index is calculated using the formula: weight in kilograms divided by height in meters squared (kg/m²). Respondents classified as obese based on BMI 30.00 or higher.

Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025

https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data

Similar trends are happening for school-aged children. In Rockland 36.1% (2023) of school age children were overweight or obese, a number that has been rising since 2021and is lower than the rates for Ulster and Orange County.

Graph 75



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC
2014–2016	33.8	33.0	31.4	34.2	39.0	37.0	27.8	33.9
2016–2018	33.5	36.2	32.1	33.9	37.7	37.0	28.6	33.7
2019–2021	35.5	35.2	32.9	34.0	41.2	38.2	31.0	34.8
2021–2023	35.7	38.7	34.7	36.1	41.6	40.4	29.6	N/A

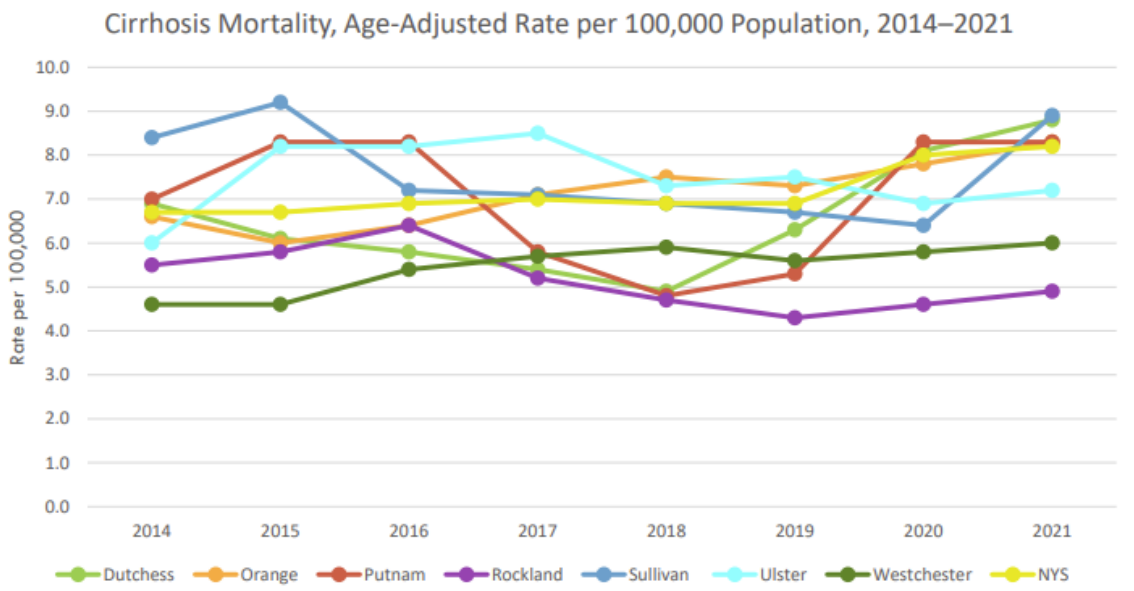
Note: Overweight is defined as a body mass index (BMI) at or above the 85th percentile and less than the 95th percentile. Obesity is defined as BMI greater than or equal to 95th percentile. Counties outside NYC: Grades pre-K, K, 2nd, 4th, 7th, and 10th prior to the 2019-2020 school year; grades pre-K, K, 1st, 3rd, 5th, 7th, 9th, and 11th starting with the 2019-2020 school year; data collected over two school years. Due to changes in Student Weight Status Category Reporting System data collection during the 2019-2020 school year, estimates from the 2019-2021 school years may not be directly comparable to previous school years.

Source: NYS Community Health Indicator Reports Dashboard, April 2025 sourced from NYS Student Weight Status Category Reporting System https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

Cirrhosis of the Liver

Cirrhosis replaces healthy liver tissue with scar tissue, blocking blood flow and impairing liver functions like filtering toxins, making proteins, and clotting blood, leading to complications like fluid buildup (ascites/edema), severe fatigue, jaundice, easy bruising, confusion (hepatic encephalopathy), portal hypertension (enlarged veins in esophagus), increased risk of infections, kidney failure, and liver cancer. [79] Cirrhosis creates massive costs through hospitalizations, medications, lost work, disability, and financial hardship, with decompensated cirrhosis being especially expensive for patients and healthcare systems, driven by alcohol, fatty liver disease, and hepatitis. [79] Rockland is among the counties with lower rates of cirrhosis hospitalization at 3.0 per 10,000 people and has the lowest cirrhosis mortality in the region at 4.9 per 100,000 in 2021.

Graph 76



	Three-Year Average							Single-Year
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2014	6.9	6.6	7.0	5.5	8.4	6.0	4.6	6.7
2015	6.1	6.0	8.3	5.8	9.2	8.2	4.6	6.7
2016	5.8	6.4	8.3	6.4	7.2	8.2	5.4	6.9
2017	5.4	7.1	5.8	5.2	7.1	8.5	5.7	7.0
2018	4.9	7.5	4.8	4.7	6.9	7.3	5.9	6.9
2019	6.3	7.3	5.3	4.3	6.7	7.5	5.6	6.9
2020	8.1	7.8	8.3	4.6	6.4	6.9	5.8	8.0
2021	8.8	8.3	8.3	4.9	8.9	7.2	6.0	8.2

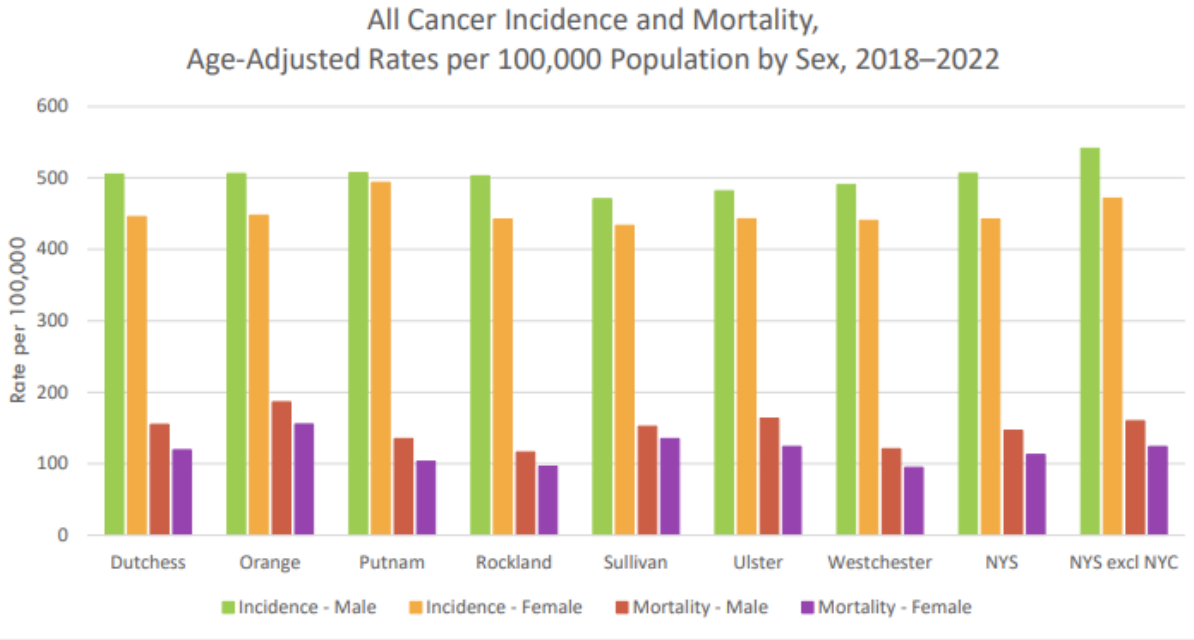
Note: Three-year averages are used for counties and single-year rates are used for NYS. The ICD-10 code for cirrhosis is: K70, K73-K74.
Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NY Statewide Planning and Research Cooperative System
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

Cancer

In 2025, cancer continues to be the second leading cause of death in New York State, following heart disease and it is one of the leading causes of death across all seven counties in the M-H Region.[80]

In Rockland County, the health and economic impacts are characterized by high screening rates, rising treatment costs, and a significant societal burden on patients and caregivers. While incidence remains high, Rockland's cancer death rates (101.6 per 100,000) are lower than the statewide average and lowest in the region reflecting successful early detection and access to specialized care. Cancer affects men disproportionately to women.

Graph 77



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS	NYS excl NYC
Incidence - Male	505.0	505.8	507.1	502.8	470.6	481.5	490.4	506.1	541.3
Incidence - Female	445.6	447.5	493.6	442.2	433.4	442.6	440.2	442.0	471.2
Mortality - Male	154.9	186.5	135.2	116.1	152.4	163.3	120.7	146.7	160.1
Mortality - Female	119.1	155.5	103.3	96.2	135.0	123.7	94.8	112.8	123.7

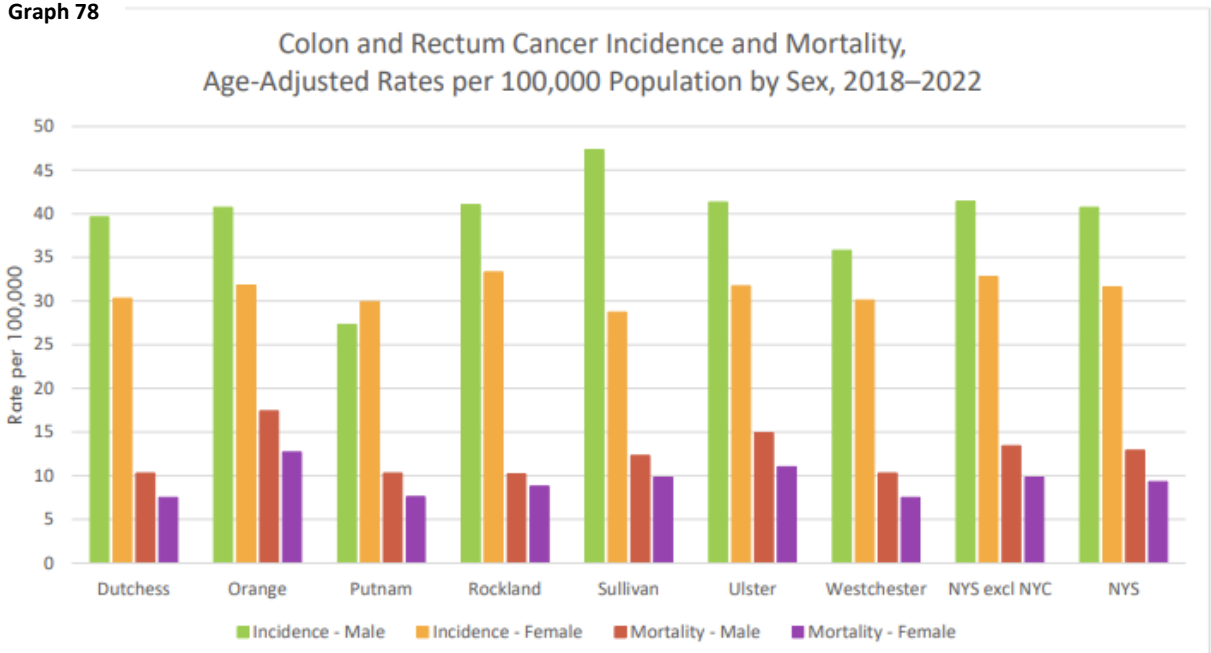
Note: Cancer statistics are for invasive cancers only.
Source: New York County and New York City Neighborhood Cancer Statistics Dashboard, June 2025 sourced from NYS Cancer Registry and Statistics
https://www.health.ny.gov/statistics/cancer/registry/ratebyCounty.htm

- Colorectal Cancer

Colorectal cancer (sometimes known as colon cancer) is a cancer that starts in the colon or rectum. Colorectal cancer does not always cause symptoms. Most colorectal cancer begins as polyps. Polyps are abnormal growths that can form in the colon or rectum and may turn into cancer over time if they are not removed. Colorectal cancer screening can detect polyps so they can be removed which can prevent colorectal cancer from developing. [81]

The incidence and mortality due to colorectal cancer in Rockland is lower than those of NYS and the Mid-Hudson region at 36.0 and 9.3 cases per 100,000 population. The highest incidence is in Sullivan County among men. Orange County holds the highest mortality rate.

Graph 78



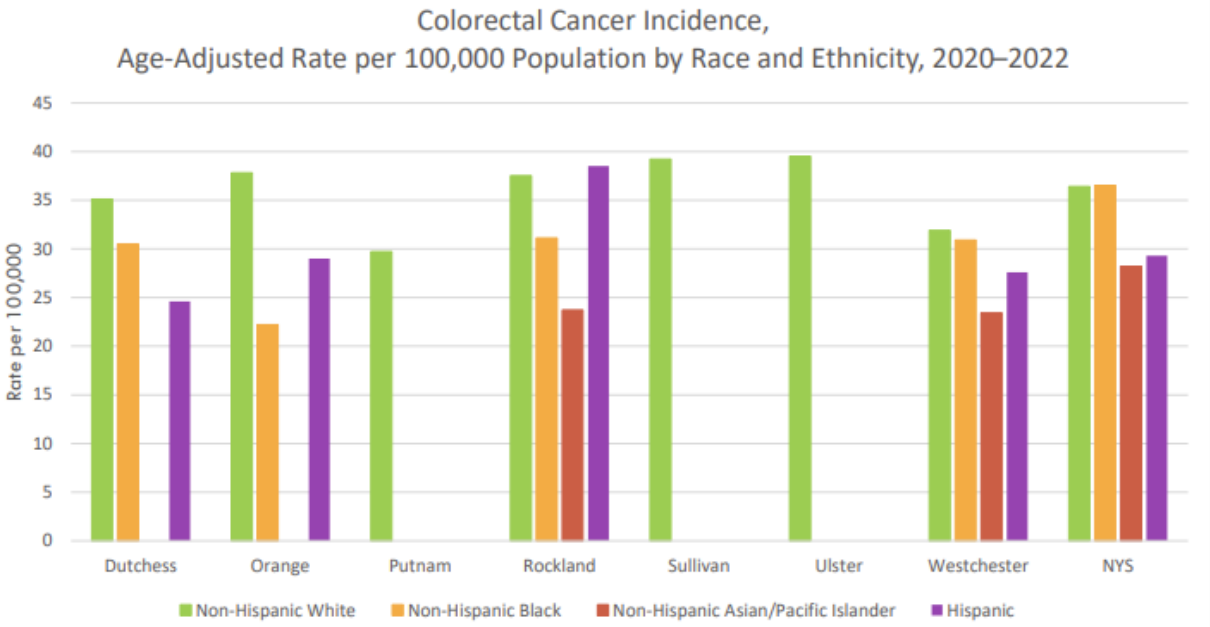
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Incidence - Male	39.6	40.7	27.3	41.0	47.3	41.3	35.8	41.4	40.7
Incidence - Female	30.3	31.8	29.9	33.3	28.7	31.7	30.1	32.8	31.6
Mortality - Male	10.3	17.4	10.3	10.2	12.3	14.9	10.3	13.4	12.9
Mortality - Female	7.5	12.7	7.6	8.8	9.8	11.0	7.5	9.8	9.3

Note: The ICD-10 codes for colon and rectum cancer are: C18, C19, C20 and C26.0.
Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NYS Cancer Registry and Statistics
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

Risk of colorectal cancer increases with age and varies across racial groups. [82] When we stratify colorectal cancer by race, in the MH region, Non-Hispanic Whites have the highest incidence, followed by Hispanics, except in Rockland County where Hispanics have the highest incidence per 100,000 at 38.5 per 100,000 population followed by Non-Hispanic White (37.5), Non-Hispanic Black (31.1) and Non-Hispanic Asian/Pacific Islanders (23.7).

Healthy People 2030 colorectal cancer screening target[82] was set at 72.8% for adults 45-75 years old. The latest available data indicates that Rockland County hasn't met this goal (62.3% in 2018).

Graph 79



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
Non-Hispanic White	35.1	37.8	29.7	37.5	39.2	39.5	31.9	36.4
Non-Hispanic Black	30.5	22.2	0.0	31.1	s	s	30.9	36.5
Non-Hispanic Asian/Pacific Islander	s	s	s	23.7	s	s	23.4	28.2
Hispanic	24.6	29.0	s	38.5	s	s	27.6	29.3

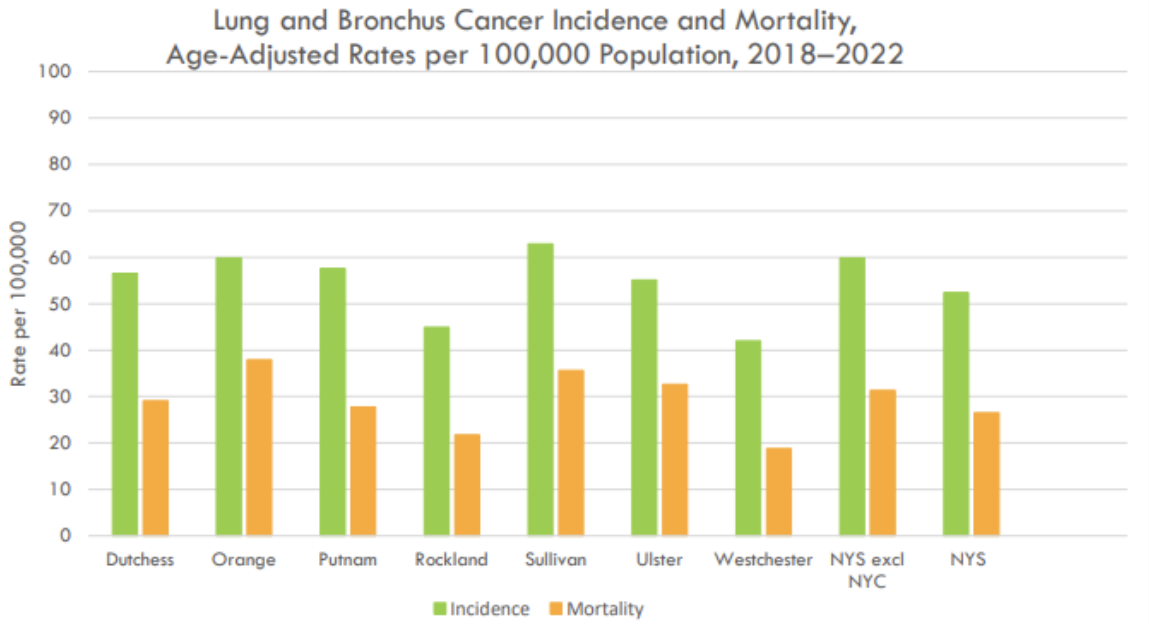
s: Data are suppressed due to not meeting confidentiality criteria.
Note: The ICD-10 codes for colorectal cancer are: C18-C21, C26.0.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, June 2025 sourced from NYS Cancer Registry and Statistics
https://www.health.ny.gov/statistics/community/minority/county/

- Lung Cancer

Lung cancer is the leading cause of cancer-related mortality worldwide. The disease often remains asymptomatic until advanced stages, presenting with persistent coughing, chest pain, or shortness of breath. Smoking remains the primary risk factor, responsible for an estimated 85% of deaths in 2025. [83] Exposure to radon, asbestos, and air pollution also contribute significantly. [84] Modern 2025 guidelines emphasize annual low-dose CT screening for high-risk adults.

The highest incidence of lung and bronchus cancer is in Sullivan County. Orange County has the highest mortality rate. Rockland County has the second lowest lung and bronchus cancer incidence and mortality rates of the region.

Graph 80

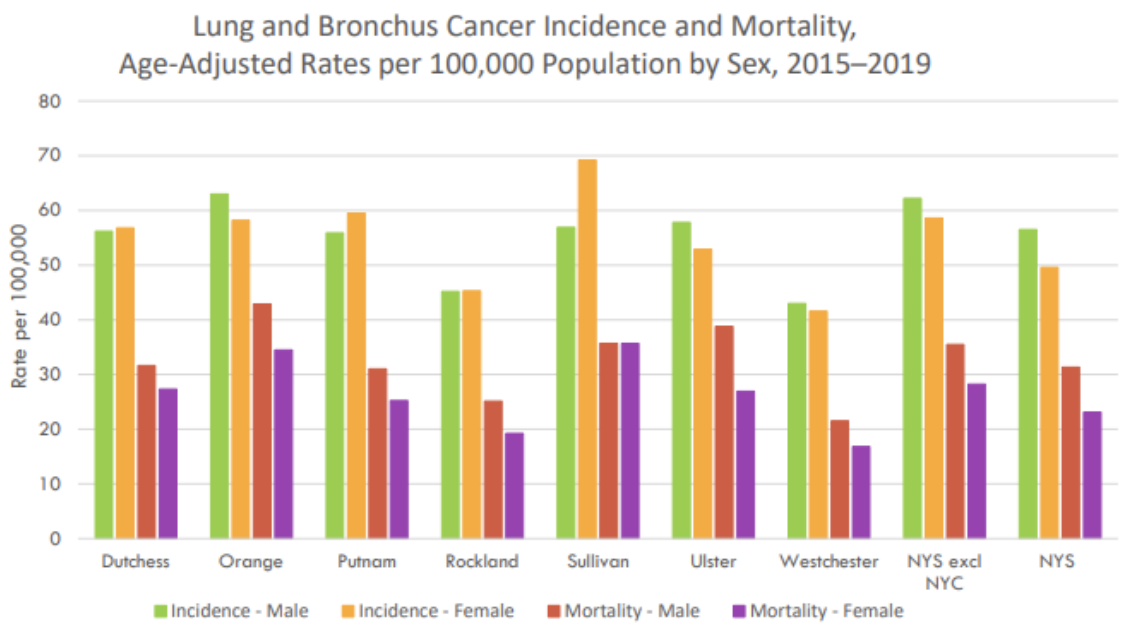


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Incidence	56.5	59.9	57.6	44.9	62.9	55.1	42.0	59.9	52.4
Mortality	29.1	37.9	27.7	21.7	35.6	32.6	18.8	31.3	26.5

Note: The ICD-10 code for lung and bronchus cancer is: C34.
Source: New York County and New York City Neighborhood Cancer Statistics Dashboard, April 2025 sourced from NYS Cancer Registry and Cancer Statistics
https://www.health.ny.gov/statistics/cancer/registry/ratebyCounty.htm

When stratifying by sex, lung cancer incidence is about the same for men and women per 100,000 population in all counties, except in Sullivan County where the incidence is higher for females as well as being the highest in the region. Mortality rates, however, are highest among men in Orange County and equal for men and women in Sullivan County. In Rockland County the incidence is the same for men and women, but the mortality is higher for men. Rockland County has the second lowest rates for incidence and mortality in the region after Westchester.

Graph 81

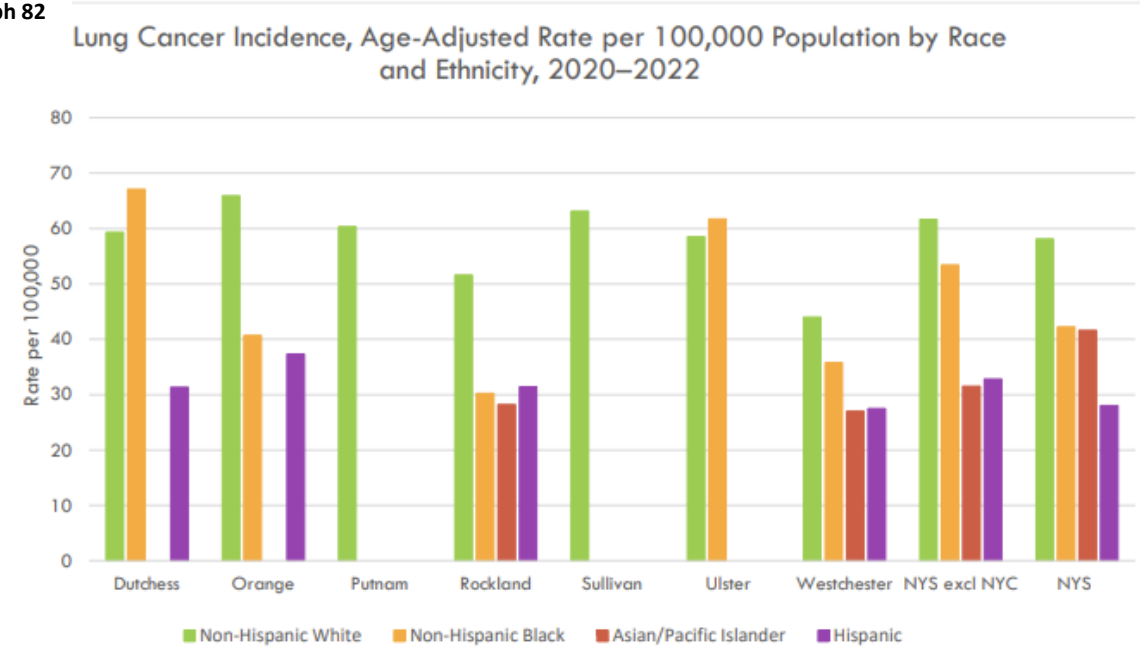


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Incidence (Male)	56.2	63.0	55.9	45.2	56.9	57.8	43.0	62.2	56.5
Incidence (Female)	56.8	58.2	59.5	45.3	69.2	52.9	41.6	58.6	49.6
Mortality (Male)	31.6	42.9	31.0	25.1	35.7	38.8	21.5	35.5	31.3
Mortality(Female)	27.3	34.5	25.2	19.2	35.7	26.9	16.8	28.2	23.1

Note: The ICD-10 code for lung and bronchus cancer is: C34.
Source: New York County and New York City Neighborhood Cancer Statistics Dashboard, April 2025 sourced from NYS Cancer Registry and Cancer Statistics
https://www.health.ny.gov/statistics/cancer/registry/ratebyCounty.htm

When stratifying lung cancer by race and ethnicity, Non-Hispanic Whites are mostly affected by colon cancer in the region except in Dutchess and Ulster County where Non-Hispanic Blacks are mostly affected. The highest lung cancer incidence rates in Rockland County are among Non-Hispanic White adults (51.6 per 100,000) followed by Hispanics (31.4 per 100,000), non-Hispanic Black adults (30.2 per 100,000).

Graph 82



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	59.3	65.9	60.3	51.6	63.1	58.5	44.0	61.6	58.1
Non-Hispanic Black	67.1	40.7	s	30.2	s	61.7	35.8	53.4	42.2
Asian/Pacific Islander	s	s	s	28.2	0.0	s	27.0	31.5	41.6
Hispanic	31.3	37.3	s	31.4	s	s	27.5	32.8	28.0

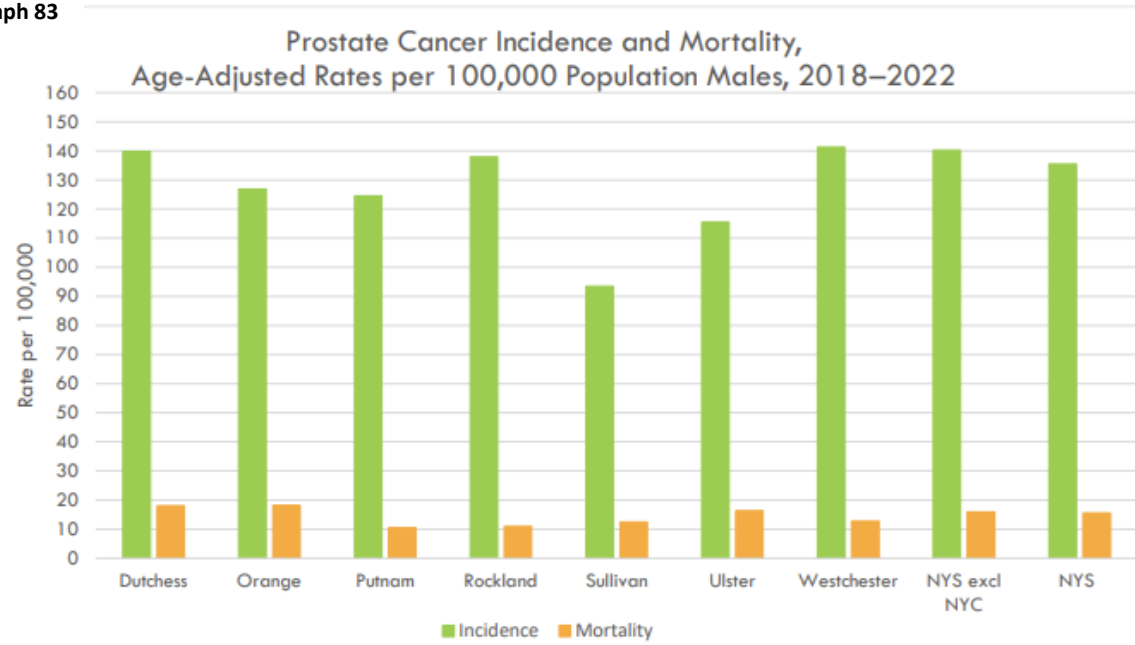
Note: Lung Cancer Incidence, Age-Adjusted Rate per 100,000 Population by Race and Ethnicity, 2020–2022
Source: New York City Health Indicators by Race and Ethnicity, 2020-2022
https://www.health.ny.gov/community/health_equity/reports/county/newyorkcity.htm

- Prostate Cancer

Developing within the prostate gland responsible for seminal fluid, prostate cancer often grows slowly and remains asymptomatic in its early stages, though advanced cases may present urinary difficulties, blood in the urine or semen, and persistent bone pain. Risk is significantly higher for older adults, those with a family history of the disease, and Black men, who are twice as likely to die from it. Early detection through PSA (prostate-specific antigen) blood tests and physical exams are critical for localized treatment.[85]

The Healthy People 2030 goal is to reduce prostate cancer mortality to 16.9 deaths per 100,000 males. All counties in the region have met this goal except for Dutchess and Orange County. Westchester holds the highest incidence in the region (141.3 per 100,000 population) and Orange County has the highest mortality rate (18.0 per 100,000 population).

Graph 83



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Incidence	139.8	126.9	124.5	137.9	93.4	115.5	141.3	140.2	135.5
Mortality	18.0	18.2	10.4	10.9	12.4	16.3	12.7	15.9	15.5

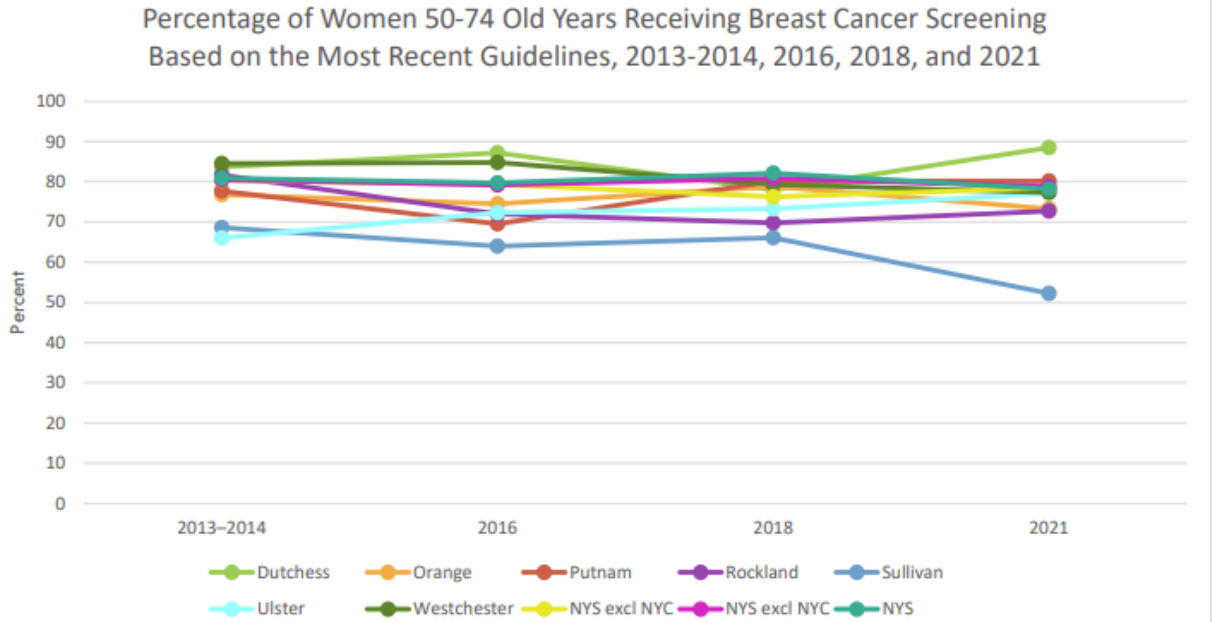
Note: The ICD-10 code for prostate cancer is: C61.
Source: New York County and New York City Neighborhood Cancer Statistics Dashboard, April 2025 sourced from NYS Cancer Registry and Cancer Statistics
https://www.health.ny.gov/statistics/cancer/registry/ratebyCounty.htm

- Female Breast Cancer

In Rockland County, NY, female breast cancer remains a significant health focus in 2025, with local data showing high engagement in early detection efforts that exceed state and national averages. [86]

Historically, Rockland has reported a mammography screening rate of approximately 72.7% (2021) among women aged 50 to 74 years old, compared to roughly 78.8% across New York State. The Healthy People 2030 goal was to do screenings for at least 80.3% of the female population based on the most recent guidelines. Only Dutchess County met this goal.

Graph 84



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS	NYS
2013–2014	83.7	76.8	77.7	81.7	68.6	66.0	84.5	80.4	80.5	80.9
2016	87.2	74.5	69.5	72.0	64.0	72.3	84.8	79.3	79.2	79.7
2018	78.0	78.8	80.2	69.8	66.1	73.3	79.3	76.3	80.9	82.1
2021	88.5	73.3	80.2	72.7	52.2	77.1	77.3	78.5	78.8	78.2

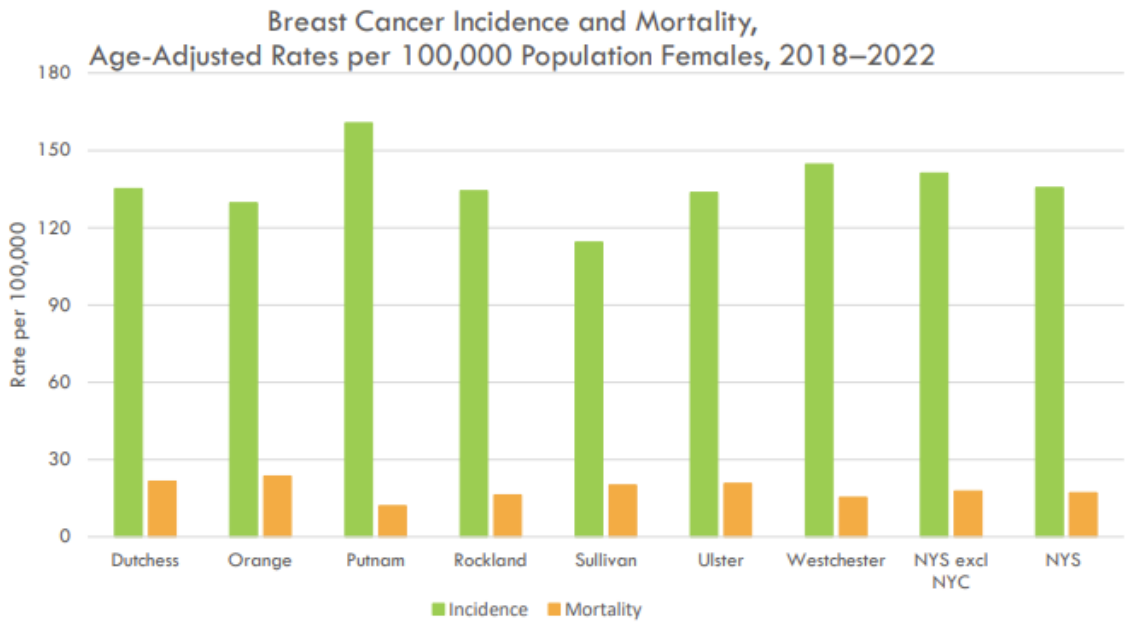
Note: The Behavioral Risk Factor Surveillance System asks respondents, "Have you ever had a mammogram?" and "How long has it been since you had your last mammogram?" Based on the responses to these questions if a woman 50-74 years had a mammogram in the past two years they meet the current United States Preventive Services Task Force guidance.

Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025

https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data

While Rockland's overall cancer incidence and mortality rates are slightly lower than the rates for NYS, at least 134,300 women are diagnosed and 16,200 die annually (2018-2022) from this disease. The highest incidence rate in the MH region is in Putnam County (160.7 per 100,000 population). Orange County has the highest mortality rate (23.5 per 100,000). Montefiore Nyack Hospital promotes triennial mammograms starting at age 40 providing access to free or low-cost screenings through the New York State Cancer Services Program.

Graph 85



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Incidence	135.1	129.6	160.7	134.3	114.3	133.6	144.7	141.2	135.5
Mortality	21.5	23.5	12.0	16.2	20.0	20.7	15.3	17.7	17.0

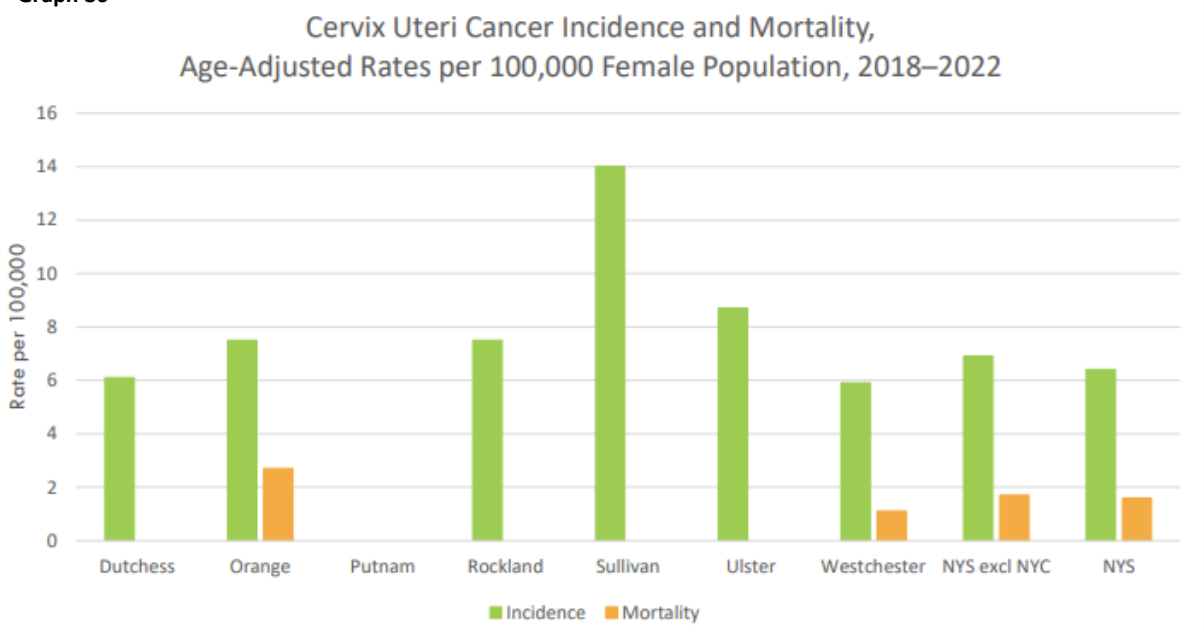
Note: The ICD-10 code for breast cancer is: C50.
Source: New York County and New York City Neighborhood Cancer Statistics Dashboard, April 2025 sourced from NYS Cancer Registry and Cancer Statistics
https://www.health.ny.gov/statistics/cancer/registry/ratebyCounty.htm

- Cervix Uterine Cancer

Uterine and cervical cancers are distinct gynecologic malignancies. Both frequently present with abnormal vaginal bleeding. Widespread use of the Pap test has shifted detection to early, curable stages. Prevention for cervical cancer remains highly effective through HPV vaccination[87]—recommended for children ages 9–12—and regular screenings every three to five years beginning at age 21 or 25, depending on the specific guideline followed.

Sullivan County holds the highest incidence of cervix uterine cancer in the region (14.0 per 100,000). Westchester holds the lowest incidence (5.9 per 100,000).

Graph 86

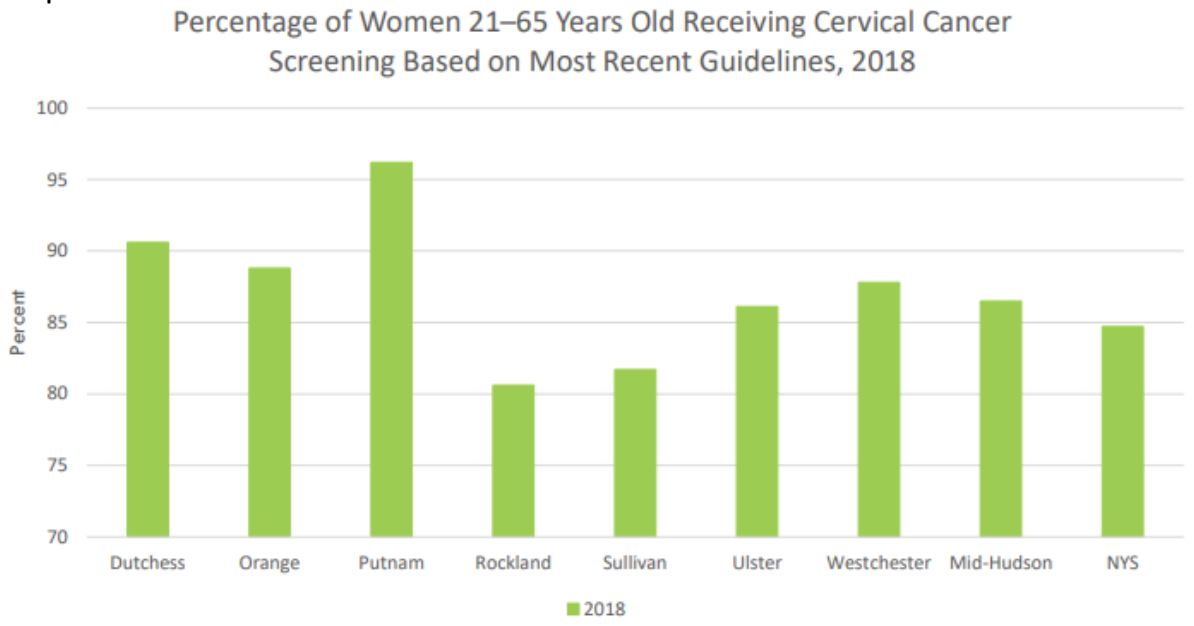


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Incidence	6.1	7.5	s	7.5	14.0	8.7	5.9	6.9	6.4
Mortality	s	2.7	s	s	s	s	1.1	1.7	1.6

s: Rates are not displayed if fewer than 16 cases or deaths are reported in a specific category during those 5 years.
Note: Cancer statistics are for invasive cancers only. Rates are age-adjusted to the US Census Bureau's 2000 US standard population, Table P25-1130. Five-year age-adjusted rates. This indicator includes deaths with cervix uteri cancer as the primary cause of death. The ICD-10 code for cervix uteri cancer is: C53.
Source: New York County and New York City Neighborhood Cancer Statistics Dashboard, June 2025 sourced from NYS Cancer Registry and Statistics
https://www.health.ny.gov/statistics/cancer/registry/ratebyCounty.htm

Healthy People 2030 set the goal for 79.2% of women aged 21 to 65 to receive cervical cancer screenings in accordance with the latest clinical guidelines. The M-H Region exceeded this target with 86.5% of females aged 21 to 65 having received a cervical cancer screening in 2018. Rockland County had the lowest rate at 80.6%.

Graph 87



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
2018	90.6	88.8	96.2	80.6	81.7	86.1	87.8	86.5	84.7

Note: The U.S. Preventative Services Task Force recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The Behavioral Risk Factor Surveillance System asks respondents, "Have you ever had a Pap test?", "How long has it been since you had your last Pap test?", and "How long has it been since you had your last H.P.V. test"

Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NYSDOH Behavioral Risk Factor Surveillance System

https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

Infectious Diseases

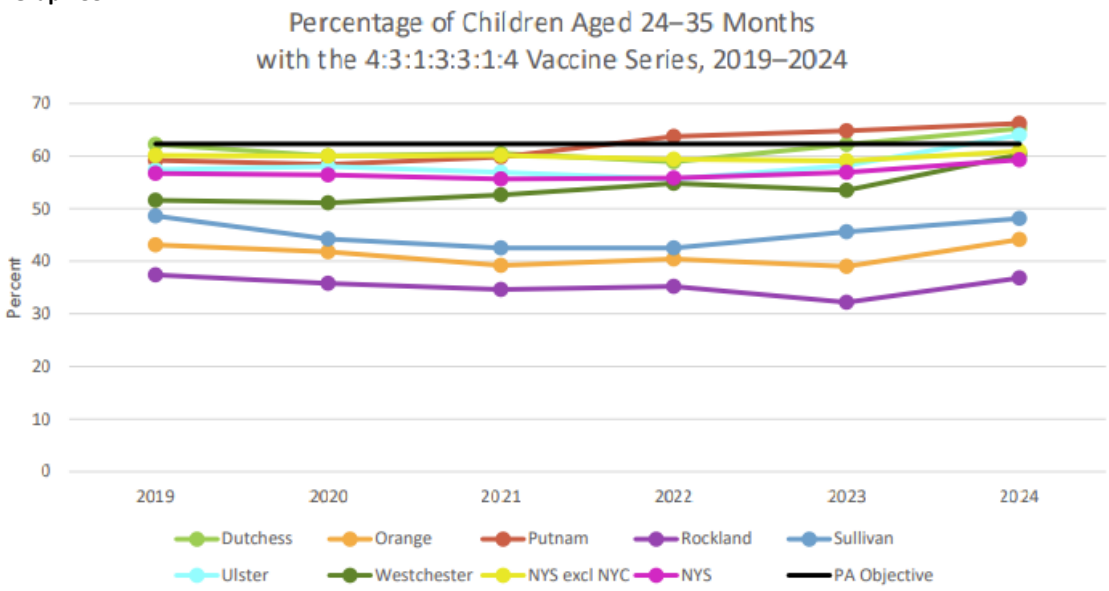
- ### Vaccine Preventable Diseases

Vaccine-preventable diseases (VPDs) are infectious conditions caused by viruses or bacteria that can be effectively managed or eliminated through vaccination. According to 2025 CDC and WHO data, vaccines are currently available to protect against more than 25 life-threatening illnesses. In the United States, several vaccines are part of the standard immunization schedule for children, adolescents, and adults to provide lifelong protection, saving as many as 4 million deaths per year, globally. [88]

- ### Childhood Immunization

The Advisory Committee on Immunization Practices (ACIP) recommends that children get several routine childhood vaccinations by two years of age. [89] The combined 4:3:1:3:3:1:4 vaccine series consists of four doses of diphtheria, tetanus, and acellular pertussis (DTaP); three of polio; one of measles, mumps, rubella (MMR);

Graph 88



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS	PA Objective
2019	62.2	43.1	59.2	37.4	48.6	57.4	51.6	60.1	56.7	62.3
2020	60.0	41.8	58.4	35.8	44.2	58.0	51.1	60.0	56.4	62.3
2021	60.5	39.2	59.8	34.6	42.5	56.9	52.6	60.1	55.6	62.3
2022	58.9	40.4	63.7	35.2	42.5	55.6	54.8	59.4	55.8	62.3
2023	62.2	39.0	64.8	32.2	45.6	58.2	53.5	59.1	56.9	62.3
2024	65.2	44.1	66.2	36.8	48.1	64.0	60.3	60.9	59.3	62.3

Note: Refers to the standard series of vaccinations recommended for children by age two. This series includes: 4 doses of DTaP (diphtheria, tetanus, and acellular pertussis), 3 doses of Polio, 1 dose of MMR (measles, mumps, and rubella), 3 doses of Hib (Haemophilus influenzae type b), 3 doses of HepB (hepatitis B), 1 dose of varicella (chicken pox), 4 doses of PCV (pneumococcal conjugate vaccine).
Source: NYS Prevention Agenda Tracking Dashboard, April 2025 sourced from NYS Immunization Information System, and Citywide Immunization Registry
https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county

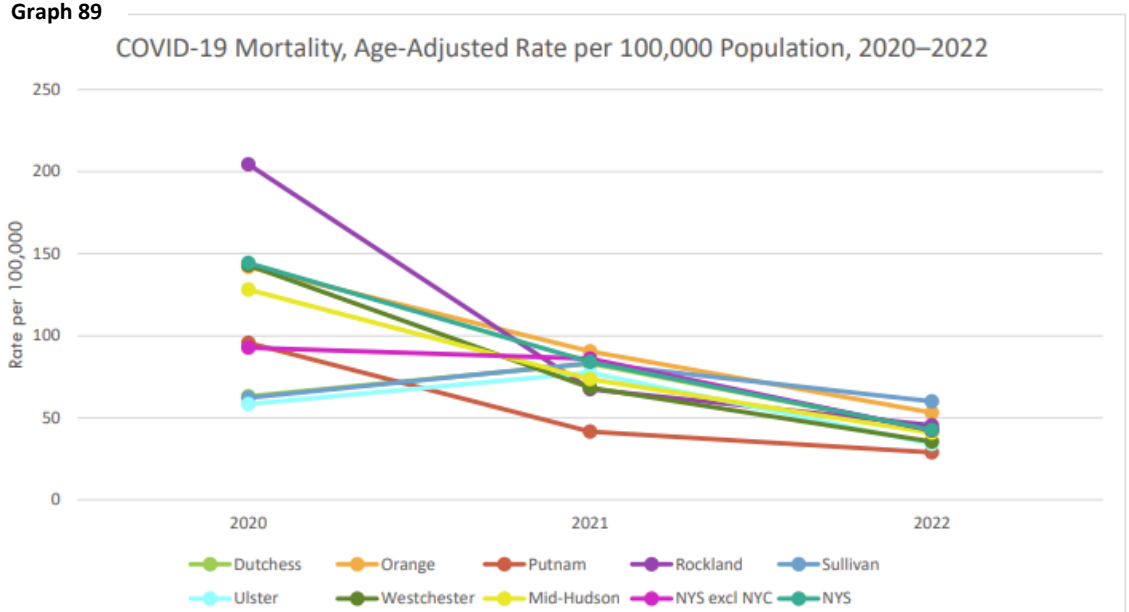
three of haemophilus influenza (Hib); three of hepatitis B (HepB); one varicella; and four pneumococcal conjugate (PCV) vaccines.

NYSPA 2025-2030 set an objective that 62.3% of the 24- to 35-month-old population complete the series. Most counties in the M-H region, as well as NYS and NYS excluding NYC, displayed an overall upward trend from 2019 to 2024. Rockland and Sullivan Counties were exceptions to this trend, with Rockland County experiencing a decrease from 37.4% in 2019 to 36.8% in 2024, the lowest percentages in the region throughout the entire period.

- Covid – 19

COVID-19 (coronavirus disease 2019) is an infectious respiratory illness caused by the SARS-CoV-2 virus. The disease remains in circulation globally and continues to evolve, though it is currently managed through seasonal vaccination and integrated respiratory virus monitoring. Common signs include fever, persistent cough, fatigue, shortness of breath, and a new loss of taste or smell. Many individuals remain asymptomatic or experience mild symptoms like a cold or flu. Some individuals continue to experience symptoms—such as fatigue, "brain fog," or lung damage—for weeks or months after the initial infection. Oral antiviral medications like Paxlovid (for those 12 and older) and molnupiravir (for adults)

Graph 89



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2020	63.1	142.0	95.7	204.4	62.2	58.4	143.0	128.1	92.7	144.4
2021	83.0	90.5	41.6	67.4	83.4	77.5	68.4	73.5	86.0	84.1
2022	42.8	53.2	28.9	45.5	60.0	34.0	35.5	40.8	42.3	42.6

Note: This indicator includes deaths with coronavirus disease recorded as the underlying cause of death. The ICD-10 code for coronavirus disease is: U07.1.
Source: NYS Community Health Indicator Reports Dashboard, July 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

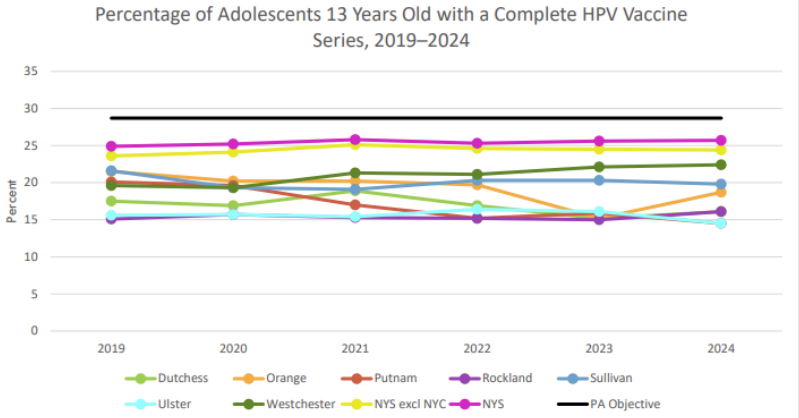
remain key tools for reducing the risk of severe disease when taken within five days of symptom onset. The CDC recommends that everyone ages 6 months and older receive the updated 2025–2026 COVID-19 vaccine that is effective in preventing emergency department or urgent care visits. Although the number of deaths due to Covid-19 has lowered significantly since 2019, it remains a persistent health problem.

COVID-19 mortality significantly declined from the beginning of the pandemic in 2020 to the most recent data in 2022 for the M-H Region, NYS excluding NYC, and in NYS [see Figure 138]. This general decline was also seen in each M-H County. There was a consistent decline over the three-year period except for Dutchess, Sullivan, and Ulster. These counties had an increase in mortality rates between 2020 and 2021 before a decline in 2022.

- Human Papillomavirus

HPV (Human Papillomavirus) is a group of more than 200 related viruses and the most common sexually transmitted infection (STI) in the United States. Approximately 80% of sexually active adults will contract at least one type of HPV in their lifetime. While most infections are harmless and cleared by the immune system within two years, persistent infection with "high-risk" strains that often have no symptoms until they progress to cancer. For women, regular Pap tests and HPV DNA tests are the primary methods for early detection. The HPV vaccine is highly effective at preventing the strains that cause many HPV-related cancers. It is recommended for children ages 11 or 12, though it can be started as early as age 9 and is recommended for everyone through age 26 or age 45 based on risk of exposure. The NYSPA 2025-2030 set an objective of 13-year-old adolescents with a complete HPV vaccine series at 28.7%.[90] From 2019-2024, all the counties in the M-H region, as well as NYS, and NYS excluding NYC, failed to meet the 28.7% objective. Rockland County had the lowest rates but was able to surpass Ulster and Putnam counties increasing from 15.1% in 2019 to 16.1% in 2024. Ulster and Putnam's rates decreased to 14.5% during the same period.

Graph 90



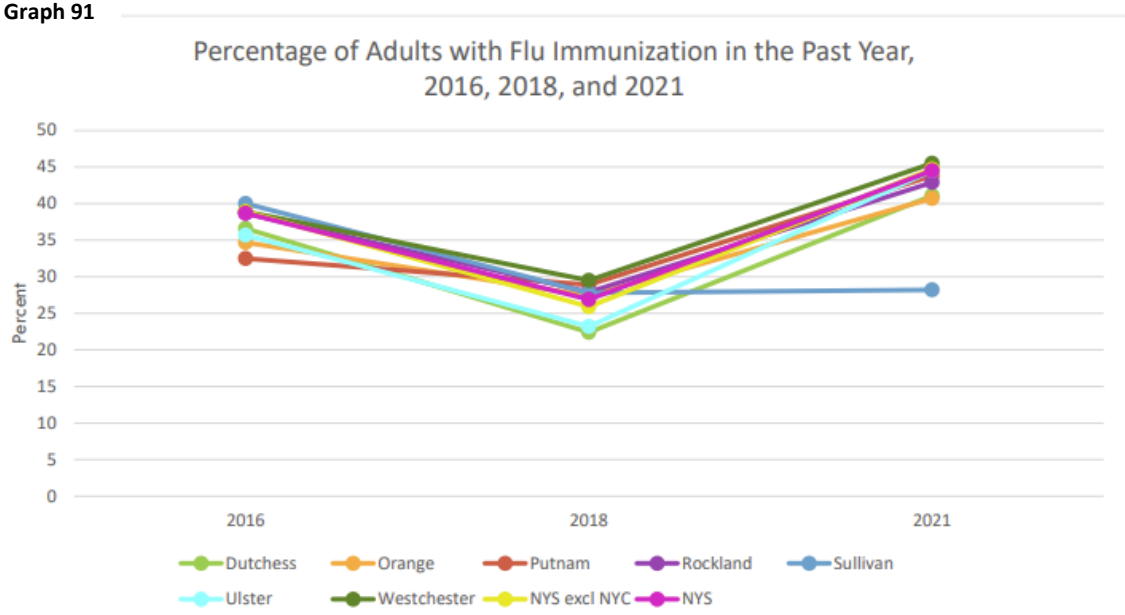
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS	PA Objective
2019	17.5	21.5	20.1	15.1	21.6	15.6	19.6	23.6	24.9	28.7
2020	16.9	20.2	19.6	15.7	19.3	15.7	19.3	24.1	25.2	28.7
2021	18.9	20.2	17.0	15.3	19.1	15.4	21.3	25.1	25.8	28.7
2022	16.9	19.7	15.2	15.2	20.3	16.4	21.1	24.6	25.3	28.7
2023	15.2	15.2	15.9	15.0	20.3	16.1	22.1	24.5	25.6	28.7
2024	16.1	18.7	14.5	16.1	19.8	14.5	22.4	24.4	25.7	28.7

Note: Refers to human papillomavirus vaccines. Two doses are required for those starting the series between the ages of 9 and 14 years old. Three doses are required for those starting the series at 15 years or older, or those with a weakened immune system.
Source: NYS Prevention Agenda Tracking Dashboard, April 2025 sourced from NYS Immunization Information System, and Citywide Immunization Registry
https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county

- Flu

Primarily caused by Influenza A and Influenza B viruses, influenza (flu) is defined as a highly contagious viral respiratory infection that affects the nose, throat, and sometimes the lungs. It is spread through respiratory droplets when an infected person coughs, sneezes, or talks. Unlike the common cold, which develops slowly, flu symptoms typically hit suddenly and may include high fever (often 103°F–104°F), intense muscle or body aches, chills, fatigue, and a dry cough. Pediatric cases can also present with vomiting and diarrhea. The flu vaccine is the primary preventive measure against seasonal influenza, recommended for nearly everyone ages 6 months and older. [91] It works by training the immune system to produce antibodies that recognize and fight flu viruses. Vaccination has been shown to reduce the risk of flu, hospitalizations, and risk of flu-related death. Healthy People 2030 set a target to increase the percentage of noninstitutionalized adults aged 18 years and older who are vaccinated annually against seasonal influenza to 70%.[92] In the Mid-Hudson Region, no County has met this goal. In 2021, 44.5% of adults aged 18 years and older received a flu vaccine in NYS. Westchester County had the highest percentage of adults vaccinated (44.5%), while Sullivan County had the lowest coverage (28.2%) in the M-H region. From 2018 to 2021, percentage of adults aged 18 years and older who received a flu vaccine has increased in all seven counties, as well as NYS excluding NYC and NYS.

Graph 91



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2016	36.6	34.7	32.5	38.7	40.0	35.7	38.9	38.9	38.7
2018	22.4	27.4	28.9	27.9	27.8	23.2	29.5	25.9	26.9
2021	41.1	40.7	43.8	42.9	28.2	44.5	45.5	44.7	44.5

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents "During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?"

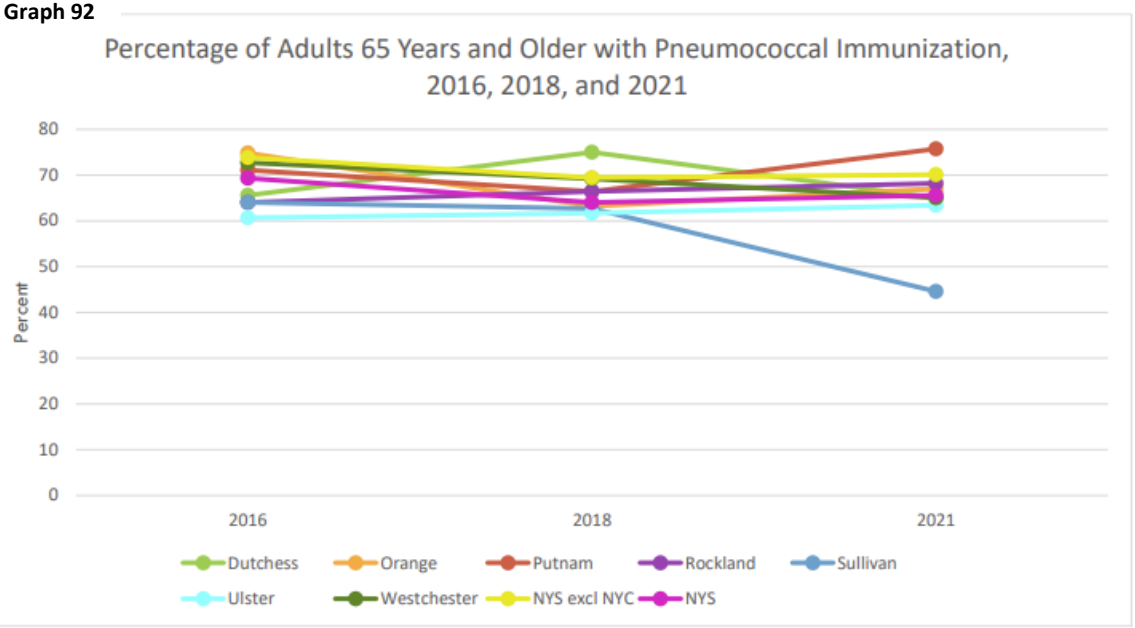
Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025

https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/isy7-eb4n/data

- Pneumonia

Pneumococcal disease is caused by a type of bacteria that can lead to pneumonia, meningitis, and bacteremia. Pneumococcal bacteria are spread through droplets in the air from someone who coughs or sneezes. While pneumococcal disease is more common in children, it is more likely to cause serious complications in adults. [93] Healthy choices, such as giving up smoking and managing chronic illnesses, can also help prevent pneumonia. The CDC recommends two pneumococcal vaccines for adults aged 65 years and older. In 2021, Putnam County had the highest percentage of adults 65 years and older vaccinated (75.7%), while Sullivan County had the lowest percentage (44.6%). From 2018 to 2021, Orange, Putnam, Rockland and Ulster increased their percentage. However, during that same period, Dutchess, Sullivan and Westchester saw a decrease in their percentages.

Graph 92



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2016	65.6*	74.8	71.1	64.0*	64.0*	60.7	72.7	73.8	69.3
2018	75.0	63.2*	66.4*	66.4*	62.7*	61.7*	69.2	69.4	64.0
2021	65.0	67.0	75.7	68.2*	44.6*	63.4*	65.0	70.1	65.6

**: Crude rate is unreliable due to large standard error.*

Note: An adult is a person aged 65 years or older. The Behavioral Risk Factor Surveillance System asks respondents, " Have you ever had a pneumonia shot also known as a pneumococcal vaccine?" This only includes those who are 65 years and older.

Source: NYSDOH Behavioral Risk Factor Surveillance System, June 2025

https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/data

Sexually Transmitted Infections

- HIV / AIDS

HIV (Human Immunodeficiency Virus) is a virus that attacks the body's immune system, specifically destroying CD4 cells (T cells) that help fight infections. If left untreated, it can lead to AIDS (Acquired Immunodeficiency Syndrome), the most advanced stage of the disease. HIV is transmitted through certain bodily fluids—blood, semen, vaginal fluids, and breast milk—typically via unprotected sex, sharing drug injection equipment, or from mother to child during pregnancy or breastfeeding.[94]

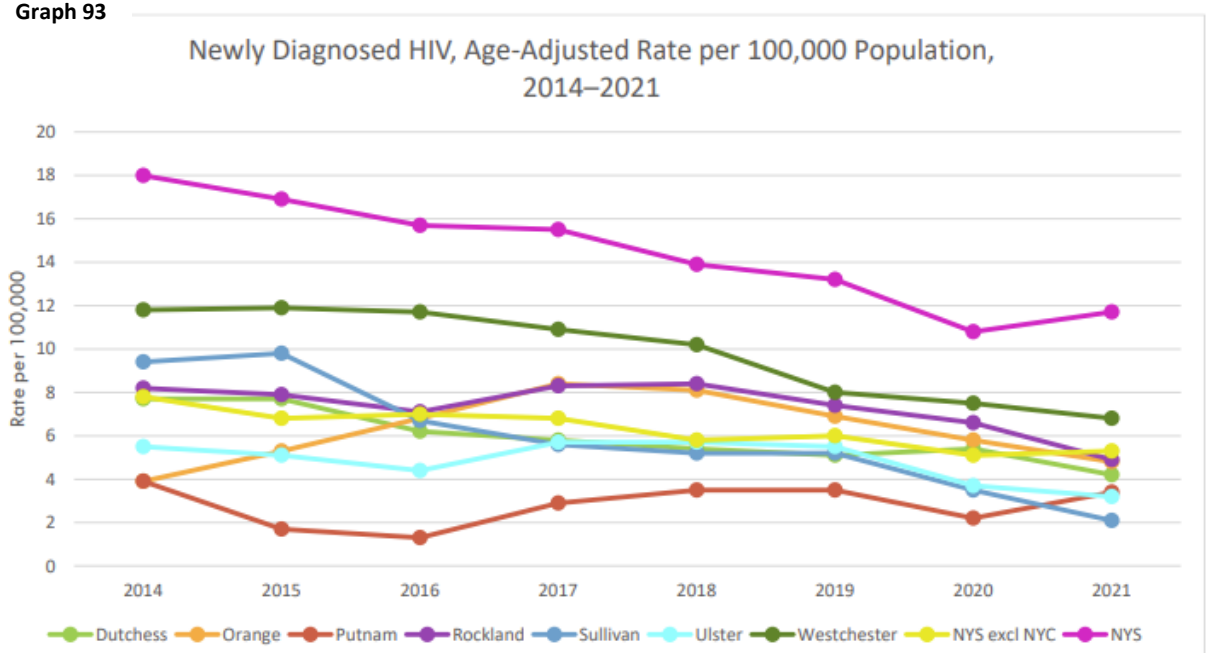
The highest risk for HIV transmission is primarily associated with specific behaviors and demographic groups that are disproportionately affected by the epidemic in the United States. Behaviors with highest risk are receptive anal intercourse, sharing needles, and having sex with a person with a higher HIV viral load. Social and structural factors contribute to a disproportionate impact on Gay, Bisexual, and other Men who have Sex with Men (MSM), Black and Hispanic/Latino people, Transgender Women and youth ages 13–24.[95]

While there is no cure, Antiretroviral Therapy (ART) allows most people with HIV to live a normal lifespan. People with HIV who achieve and maintain an undetectable viral load cannot transmit the virus to sexual partners. PrEP (Pre-Exposure Prophylaxis) is a medicine taken to prevent getting HIV. PEP (Post-Exposure Prophylaxis) is an emergency medicine taken within 72 hours of a possible exposure to prevent infection. [96]

The CDC recommends that everyone aged 13–64 be tested at least once as part of routine healthcare, with more frequent testing for those at increased risk. For local resources and testing, you can visit the CDC's HIV Testing Locator or the New York State Department of Health HIV/AIDS page.

All counties in the region have seen a reduction in newly diagnosed HIV cases from 2014 to 2021, except for Orange County (3.9 to 4.8 per 100 thousand). Rockland has shown a decrease from 8.2 per 100,000 in 2014 to 4.9 per 100,000 population in 2021.

Graph 93



	Three-Year average							Single-Year	
Year	**Dutchess**	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2014	7.7	3.9	3.9*	8.2	9.4	5.5	11.8	7.8	18
2015	7.7	5.3	1.7*	7.9	9.8	5.1	11.9	6.8	16.9
2016	6.2	6.8	1.3*	7.1	6.7	4.4	11.7	7	15.7
2017	5.8	8.4	2.9*	8.3	5.6	5.7	10.9	6.8	15.5
2018	5.4	8.1	3.5	8.4	5.2	5.7	10.2	5.8	13.9
2019	5.1	6 9	3.5	7.4	5.2	5.5	8.0	6.0	13.2
2020	5.4	5.8	2.2*	6.6	3.5*	3.7	7.5	5.1	10.8
2021	4.2	4.8	3.4*	4.9	2.1*	3.2	6.8	5.3	11.7

**: The rate is unstable.*

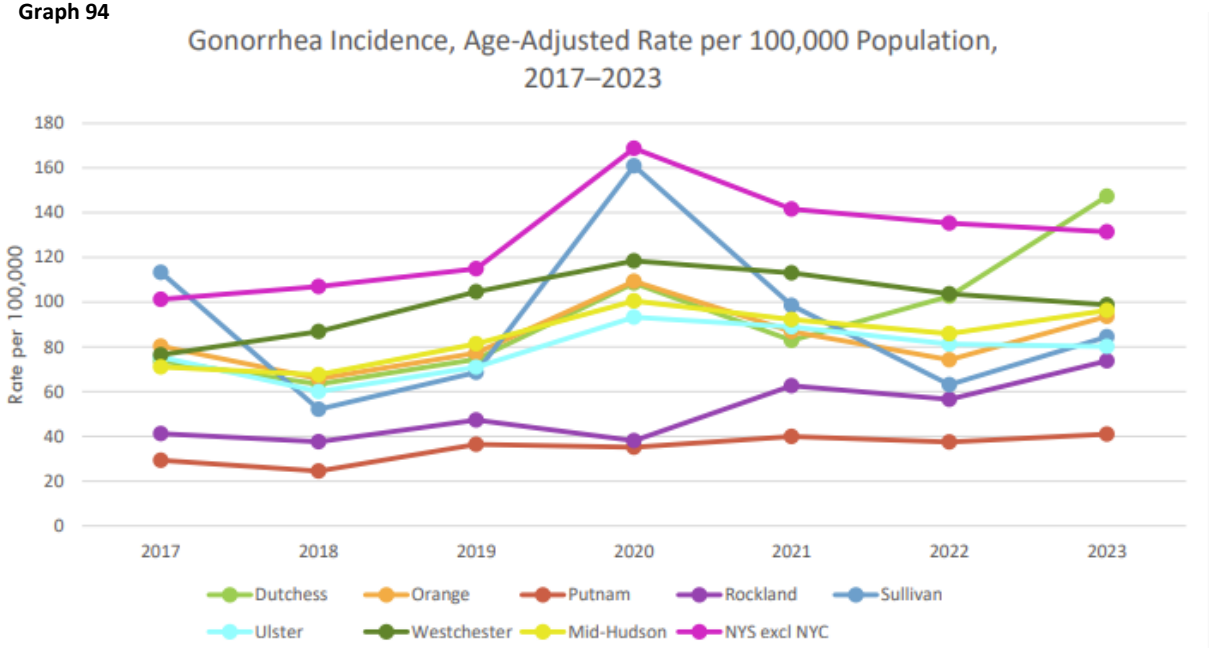
Note: Three-year age-adjusted rates for counties and single-year age-adjusted rates for NYS and NYS excluding NYC are used in both the table and graph above. This includes the number of people newly diagnosed with human immunodeficiency virus (HIV), regardless of concurrent or subsequent AIDS diagnosis.

Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from NYS HIV Surveillance System
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

- Gonorrhea

Gonorrhea is the second most reported sexually transmitted infection (STI) in the United States. [96] Caused by the bacterium *Neisseria gonorrhoeae*, it typically affects warm, moist areas of the reproductive tract in both men and women, such as the cervix, uterus, and urethra, but can also be found in the throat, rectum, and eyes. Many individuals infected with gonorrhea show no symptoms, which can facilitate its spread. When symptoms are present, they may include painful urination, unusual genital discharge (white, yellow, or green), and testicular pain in men or bleeding between periods in women. [97] The infection is transmitted through vaginal, anal, or oral sex with an infected individual, or from a mother to her baby during childbirth. [97]

Graph 94



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC
2017	74	80	29	41	113	75	76	71	101.2
2018	63	66	25	38	52	60	87	68	107.0
2019	75	77	36	47	69	71	105	81	114.9
2020	109	109	35	38	161	93	119	101	168.8
2021	83	87	40	63	99	89	113	92	141.6
2022	103	74	38	57	63	81	104	86	135.3
2023	147	94	41	74	85	80	99	96	131.5

Source: NYS Department of Health Office of Sexual Health and Epidemiology, May 2025 sourced from Sexually Transmitted Infections Surveillance Summary Reports, 2017-2023
https://www.health.ny.gov/statistics/diseases/communicable/std/index.htm

The bacterium causing gonorrhea has shown increasing resistance to certain antibiotics. If not treated, gonorrhea can lead to long-term health issues, including infertility in women and ectopic pregnancy. In men, it can lead to epididymitis. Effective ways to

prevent gonorrhea include abstinence, using condoms consistently and correctly, and being in a mutually monogamous relationship with an uninfected partner.

Overall, the rate of gonorrhea cases across the M-H Region and NYS has been increasing from 2017 to 2023. In Rockland County the rates have almost doubled from 38 per 100,000 cases in 2020 to 74 per 100,000 in 2023. Among M-H Region counties in 2023, Putnam and Dutchess Counties are notable for reporting the lowest (41cases per 100,000 population) and highest rates (147 cases per 100,000 population), respectively. Over this seven-year span, Dutchess County's rate doubled, increasing from 74 to 147 cases per 100,000 population. In contrast, Putnam County consistently maintained the region's lowest rates, with rates ranging from a low of 25 cases per 100,000 in 2018, to a high of 41 cases per 100,000 in 2023.

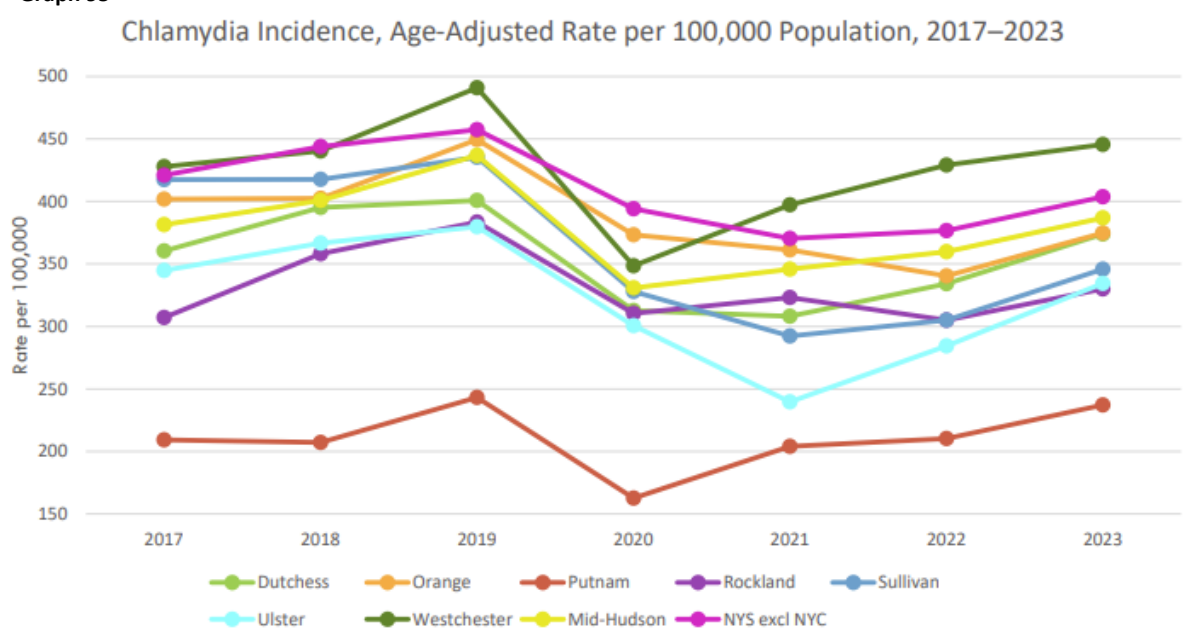
- Chlamydia

In 2025, chlamydia remains the most frequently reported bacterial sexually transmitted infection (STI) in the United States, caused by the bacterium *Chlamydia trachomatis*. It is often referred to as a "silent" infection because approximately 70-80% of women and 50% of men experience no symptoms, allowing the infection to go unnoticed and untreated. Because it is often asymptomatic, screening is the only way to detect the infection. [98] The CDC recommends annual screening for all sexually active women under age 25, as well as older women at increased risk. Because it is common to be reinfected; the CDC recommends re-testing approximately three months after treatment. Chlamydia can spread through vaginal, anal, or oral sex, and can be passed from a mother to her baby during childbirth, potentially causing pneumonia or serious eye infections in the newborn. In women, it can lead to Pelvic Inflammatory Disease (PID), which can cause chronic pelvic pain, infertility, and ectopic pregnancy. [99]

When symptoms do occur, they typically appear 1 to 3 weeks after exposure. In women they can cause abnormal vaginal discharge, a burning sensation during urination, or pain during intercourse. Men can experience discharge from the penis, burning during urination, or pain and swelling in one or both testicles (though less common).

From 2019, when the incidence of Chlamydia was at a record high (384 per 100,000 population) there has been a yearly fluctuation leading to lower incidence rates at 330 per 100,000 population in 2023, the second lowest in the region, after Putnam County (237 per 100,000 population).

Graph 95



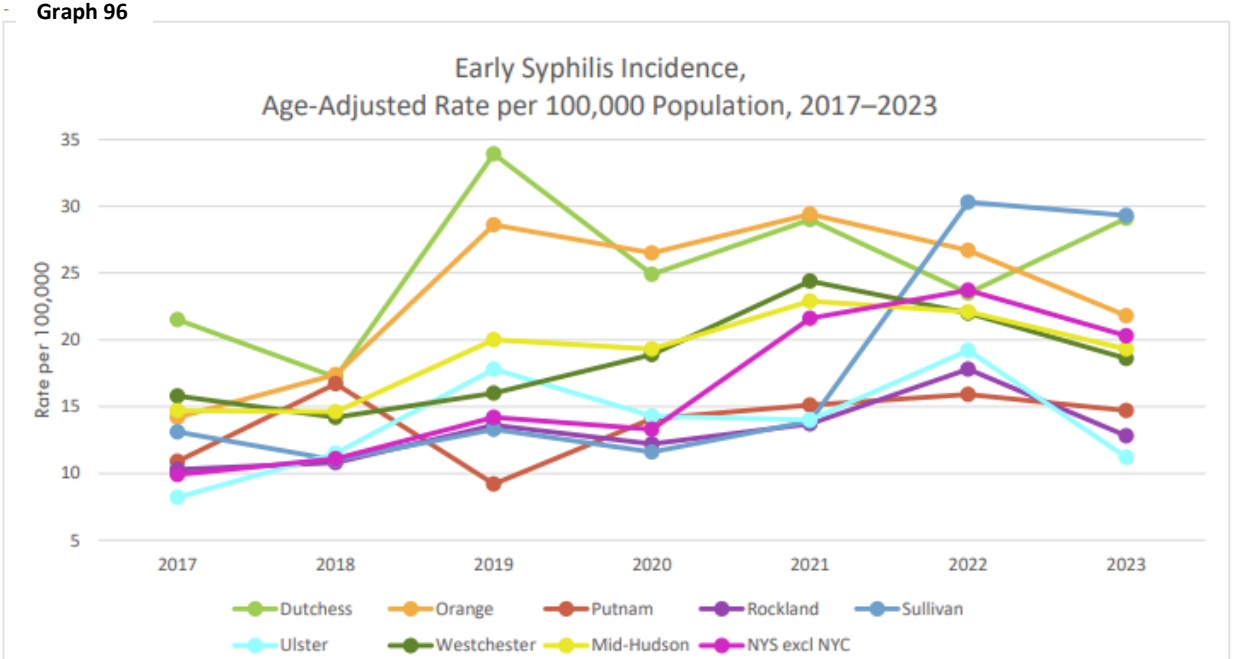
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC
2017	360	402	209	307	417	345	428	382	421
2018	395	402	207	358	418	367	440	401	444
2019	401	450	243	384	435	380	491	437	458
2020	313	373	163	311	328	301	349	331	394
2021	308	361	204	323	292	240	397	346	370
2022	334	340	210	305	305	284	429	360	377
2023	374	375	237	330	346	334	446	387	404

Note: Y-axis does not begin at zero in order to clearly display trend lines.
Source: NYS Department of Health Office of Sexual Health and Epidemiology, May 2025 sourced from Sexually Transmitted Infections Surveillance Summary Reports, 2017-2023
https://www.health.ny.gov/statistics/diseases/communicable/std/index.htm

- Syphilis

Syphilis is a sexually transmitted infection (STI) caused by the bacterium *Treponema pallidum*. It is transmitted through direct contact with a syphilis sore during vaginal, anal, or oral sex. It can also pass from a pregnant person to their fetus at any stage of pregnancy. It's symptoms often resemble other conditions and change as the infection progresses through four distinct stages from firm, round, and usually painless sores at the site of infection called chancres (stage 1) to severe damage to internal organs leading to blindness, paralysis, dementia, and death occurring 10–30 years after infection (Stage 4). Syphilis infection during pregnancy can result in poor birth outcomes such as pre-term birth, stillbirth, and severe health problems in infants. Safer sex practices such as consistent and correct use of condoms can reduce risk of

Graph 96



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson Region	NYS excl NYC
2017	22	14	11	10	13	8	16	15	10
2018	17	17	17	11	11	12	14	15	11
2019	34	29	9	14	13	18	16	20	14
2020	25	27	14	12	12	14	19	19	13
2021	29	29	15	14	14	14	24	23	22
2022	24	27	16	18	30	19	22	22	24
2023	29	22	15	13	29	11	19	19	20

Note: Y-axis does not begin at zero in order to clearly display trend lines. Early syphilis includes non-primary and non-secondary stages.
Source: NYS Department of Health Office of Sexual Health and Epidemiology, May 2025 sourced from Sexually Transmitted Infections Surveillance Summary Reports, 2017-2023
https://www.health.ny.gov/statistics/diseases/communicable/std/index.htm

contracting syphilis. Regular screening of pregnant women and those with certain risk factors (e.g. HIV infection, multiple sex partners) is critical to early diagnosis and prevention of severe outcomes. [100]

Syphilis rates are increasing in the US. In 2023, 209,253 cases of syphilis were reported, which was the highest number of cases reported since 1950. [101] In New York State, syphilis cases have been surging since the early 2000s, but decreases were seen in 2023 as compared to 2022. [102] Rockland County has the second lowest early syphilis incidence in the Mid-Hudson region with 13 per 100,000 cases in 2023.

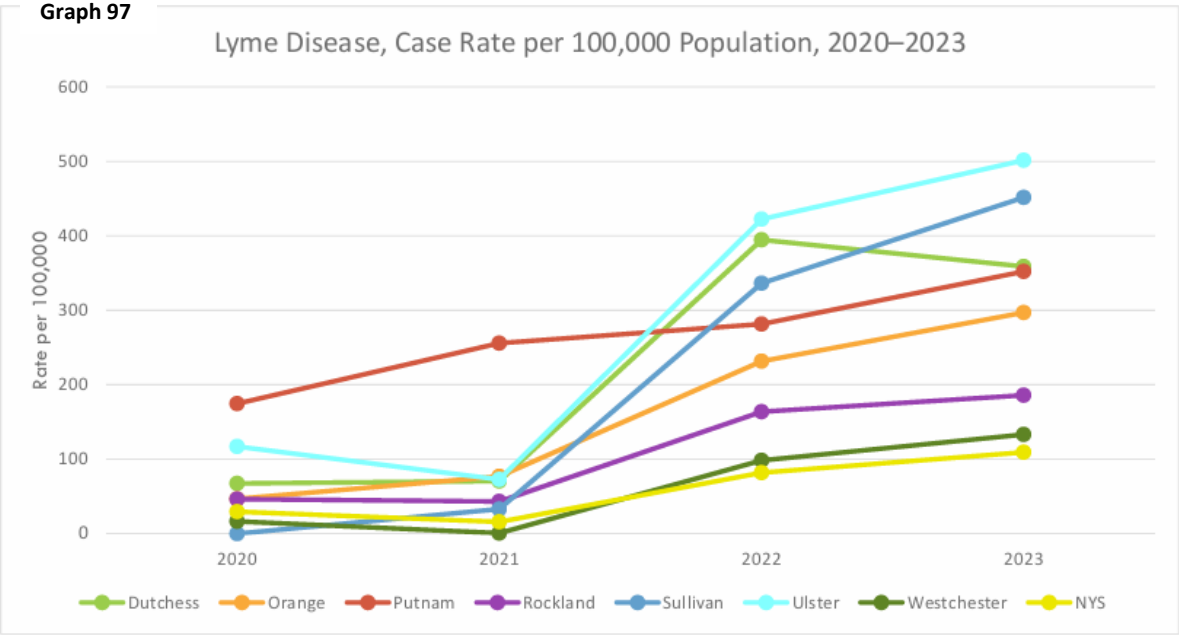
Tick-Borne Diseases

- ### Lyme Disease

Lyme disease is caused by the bacterium Borrelia burgdorferi, which is transmitted through the bite of infected black-legged ticks. Symptoms of Lyme disease may include fever, headache, fatigue, and a rash known as erythema migrans. Most cases of Lyme disease can be treated with antibiotics. Left untreated, Lyme disease can spread to joints, the heart, and the nervous system. [103] Lyme disease is diagnosed based on symptoms, physical findings, and exposure to infected ticks. Laboratory testing can also be helpful in diagnosing Lyme disease. Steps to prevent Lyme disease include using insect repellent, removing ticks promptly, using pesticides, and reducing tick habitats. [104]

All seven counties in the MH region saw higher Lyme disease case numbers in 2023 than in previous years, likely due to the impact of the COVID-19 pandemic on healthcare visits and laboratory testing. From 2020 - 2023, Ulster County had the highest number of cases (501.3 per 100,000), while Westchester County had the lowest number of cases (132.9). Rockland had 185.7 per 100,000 population, fourfold the rate in 2023 compared to 2020 while Sullivan and Westchester Counties saw the highest increase.

Graph 97



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	67.5	46.7	174.6	46.3	0.0	116.8	16.5	29.3
2021	70.6	76.8	255.8	43.2	33.0	72.6	0.5	15.6
2022	394.6	231.6	281.5	163.7	336.4	422.3	98.3	81.9
2023	358.9	296.9	351.9	185.7	451.5	501.3	132.9	109.1

Note: Lyme disease is tracked by the NYSDOH through surveillance systems. The number of Lyme disease cases are estimated using a combination of traditional surveillance and sampling methods. The case definition for Lyme disease changed in 2022. Data from before that time is not comparable.

Source: NYSDOH Communicable Disease Annual Reports, June 2025 sourced from NYSDOH Communicable Disease Electronic Surveillance System

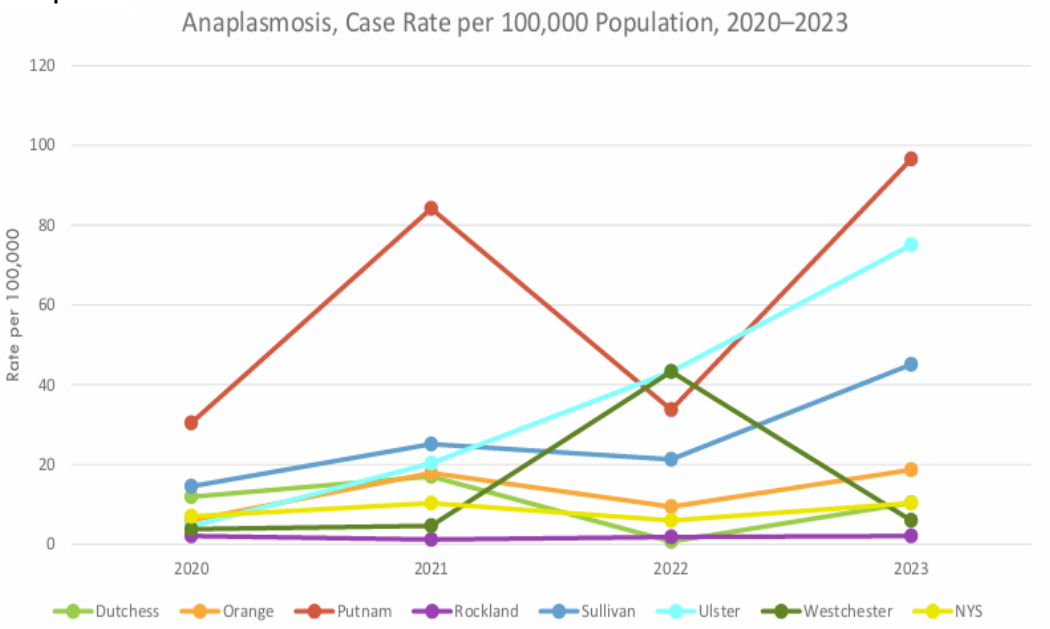
https://health.ny.gov/statistics/diseases/communicable/

- Anaplasmosis

Anaplasmosis is a disease caused by the bacterium *Anaplasma phagocytophilum*, which is transmitted to humans via the bite of infected black-legged ticks. Early symptoms of anaplasmosis may include fever, headache, chills, and muscle aches. If left untreated, or if other medical conditions are present, anaplasmosis can cause more serious illness resulting in respiratory failure, bleeding problems, organ failure, and, in rare cases, death. Anaplasmosis is diagnosed based on symptoms and blood tests. People with weakened immune systems may be at an increased risk of severe outcomes. [105]

The number of reported anaplasmosis cases in NYS rose from 2020 to 2021, decreased in 2022 and increased again in 2023 to 10.3 cases per 100,000. Putnam County had the highest number of reported cases in the Region in 2023 (96.6) and Rockland had the lowest (2.1). In most counties, the case rate increased from 2020 to 2023, except for Rockland, which saw a decrease in 2021 and 2021 but went back up to the original rate in 2023.

Graph 98



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	11.9	6.0	30.4	2.1	14.5	4.5	3.8	7.0
2021	17.0	17.9	84.2	1.2	25.1	20.3	4.6	10.3
2022	0.7	9.4	33.7	1.8	21.3	43.3	43.3	6.0
2023	10.4	18.7	96.6	2.1	45.1	75.1	6.0	10.3

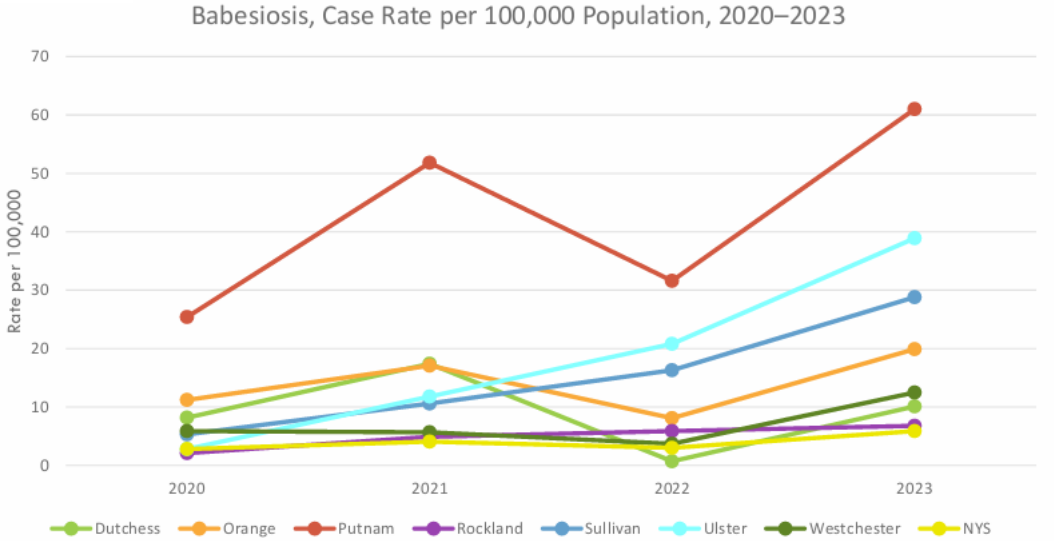
Source: NYSDOH Communicable Disease Annual Reports, June 2025 sourced from NYSDOH Communicable Disease Electronic Surveillance System
https://health.ny.gov/statistics/diseases/communicable/

- Babesiosis

Babesiosis is caused by the parasite Babesia microti that infects red blood cells and is spread by black-legged ticks. Tick-borne transmission is most common in the Northeast and upper Midwest of the US and usually peaks during warmer months. Many individuals infected with babesiosis do not experience any symptoms, but treatment is available for those who do. In those with symptoms, babesiosis is usually diagnosed by examining blood specimens to search for Babesia microti parasites in the red blood cells. [106]

In 2020, Putnam County had the highest number of reported cases (25.4 per 100,000) in the region. From 2020 through 2023, every county in the region experienced a net increase in case rate, with Ulster and Putnam experiencing the most significant rate increases. As of 2023 all counties in the M-H Region experienced rates that were higher than NYS.

Graph 99



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	8.2	11.2	25.4	2.1	5.3	2.8	5.9	2.8
2021	17.4	17.1	51.8	4.9	10.6	11.8	5.7	4.1
2022	0.7	8.1	31.6	5.9	16.3	20.8	3.7	3.0
2023	10.1	19.9	61.0	6.8	28.8	38.9	12.5	5.9

Source: NYSDOH Communicable Disease Annual Reports, June 2025 sourced from NYSDOH Communicable Disease Electronic Surveillance System
https://health.ny.gov/statistics/diseases/communicable

- Rabies

Rabies is a nearly 100% fatal but preventable viral disease that infects the central nervous system. The virus can spread to people and pets that are bitten or scratched by a rabid animal. All mammals are susceptible to rabies, but in the US more than 90% of reported cases of rabies in animals are in wildlife. Species that most commonly carry rabies include raccoons, skunks, bats, and foxes. [107] Rabies is much less common in domestic animals due to ongoing efforts to maintain high vaccination rates in these species. In NYS, local health departments prevent rabies in people by offering vaccinations to pets, investigating reports of human and pet exposures to possibly rabid animals, and assuring access to rabies post-exposure prophylaxis (RPEP) when indicated. [108] After possible rabies exposure, appropriate medical care and administration of RPEP is critical to prevent the development of the disease. [109]

In 2024, 5 of 238 domestic animals from the Mid-Hudson region tested positive for rabies, constituting 2.1% of domestic animal species tested. Orange County had the highest number of rabies-positive wild animals (2), and Rockland County had the highest percentage of wild animals that tested positive (4.0%).

Table 3

Animal Rabies Testing of Domestic Species†, 2024

County	Total Domestic Animals Tested	Total Domestic Animals Positive	Percent Positive
Dutchess	35	1	2.9
Orange	51	2	3.9
Putnam	13	0	0.0
Rockland	25	1	4.0
Sullivan	33	0	0.0
Ulster	26	0	0.0
Westchester	55	1	1.8
Mid-Hudson	238	5	2.1

Note: †Domestic species include dogs, cats, ferrets, horses, donkeys, mules, cattle, sheep, goats, and pigs.

Source: NYSDOH Wadsworth Center Rabies Laboratory, May 2025

Laboratory Submissions Rabies Testing Domestic and Wild Animal Species

In the same year, 44 of 597 wild animals from the Mid-Hudson region tested positive for rabies, constituting 7.3% of wild species tested. Westchester County had the highest number of rabies-positive wild animals (18), and Sullivan County had the highest percentage of wild animals that tested positive (23.1%). Out of 31 wild animals tested in Rockland County, none tested positive for rabies presenting the lowest rate in the region.

Table 4

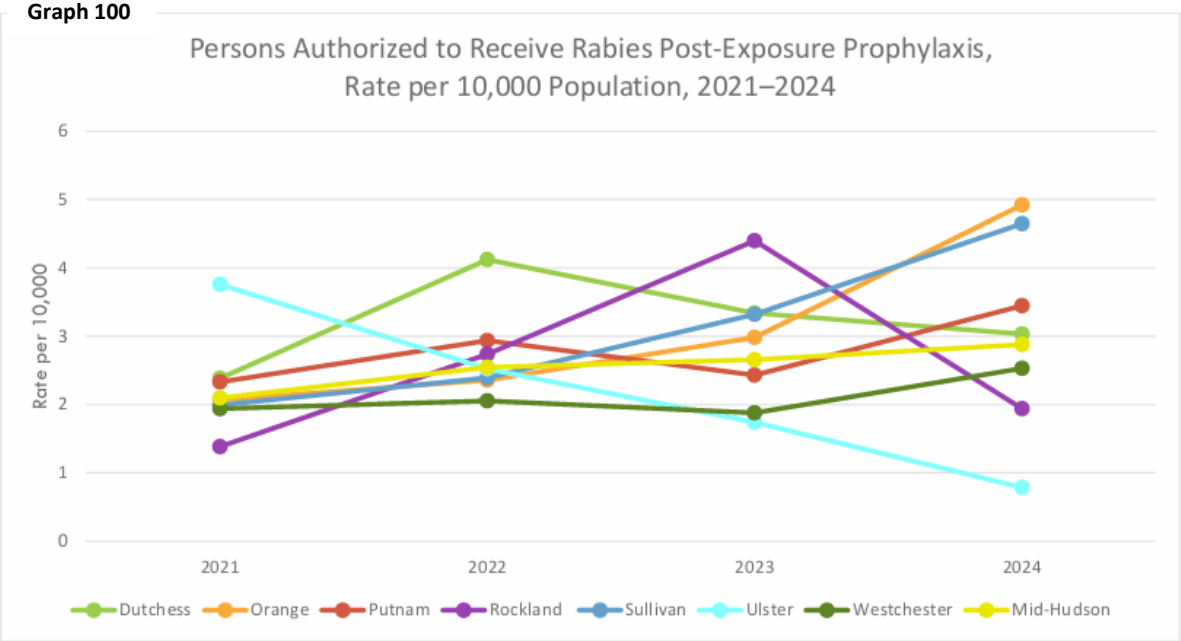
Animal Rabies Testing of Wild Species[1], 2024

County	Total Wild Animals Tested	Total Wild Animals Positive	Percent Positive
Dutchess	76	6	7.9
Orange	71	4	5.6
Putnam	54	3	5.6
Rockland	31	0	0.0
Sullivan	13	3	23.1
Ulster	58	10	17.2
Westchester	294	18	6.1
Mid-Hudson	597	44	7.3

Note: Wild species include bats, bears, bobcats, coyote, deer, fox, opossum, porcupine, rabbit, raccoon, rat, skunk, squirrel, weasel and woodchuck. Source: NYSDOH Wadsworth Center Rabies Laboratory, May 2025. Laboratory Submissions Rabies Testing Domestic and Wild Animal Species.

The incidence rate for people in the MH Region being authorized to receive post-exposure prophylaxis between 2021 and 2024 went up, except for Ulster County. The highest net increase was in Orange County followed by Sullivan County.

Graph 100



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson
2021	2.4	2.1	2.3	1.4	2.0	3.8	1.9	2.1
2022	4.1	2.4	2.9	2.7	2.4	2.5	2.1	2.5
2023	3.3	3.0	2.4	4.4	3.3	1.7	1.9	2.7
2024	3.0	4.9	3.4	1.9	4.6	0.8	2.5	2.9

Note: Rates calculated using population estimates from U.S. Census Bureau's 2023 American Community Survey (ACS) 5-Year Estimate, Table B01003.

Source: Data request from NYSDOH Bureau of Communicable Disease Control, May 2025

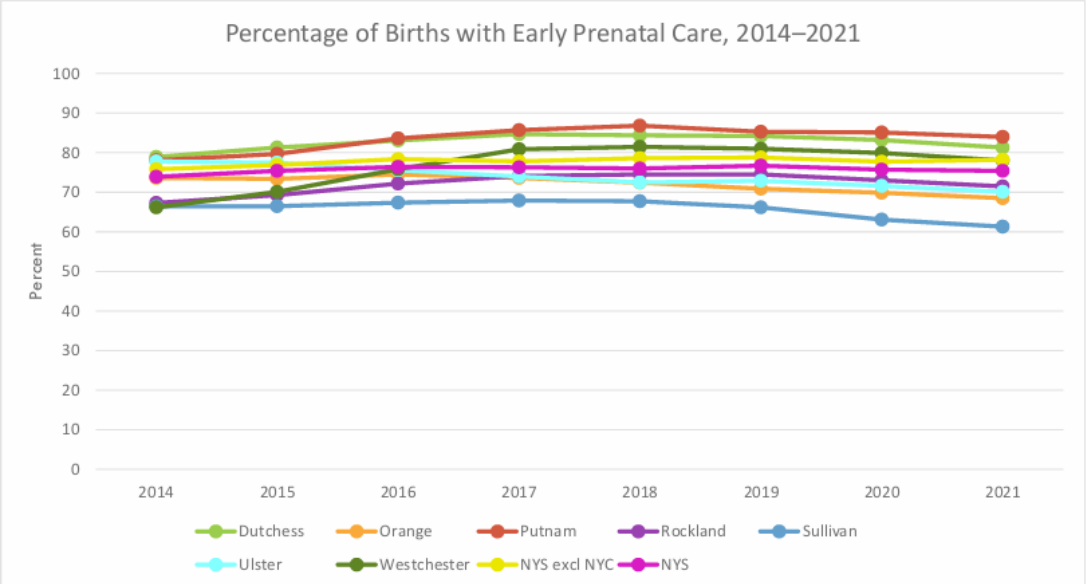
Maternal and Infant Health

- Prenatal Care

Prenatal care is the health care received from medical providers during pregnancy, including checkups, physicals, and prenatal testing. Getting early and regular prenatal care in the first trimester can help keep mothers and their babies healthy as it lets medical providers identify and treat health problems early. Babies born to mothers who do not get prenatal care are three times more likely to have a low birthweight and five times more likely to die. [110]

One objective of Healthy People 2030 is to increase the proportion of pregnant women who receive early and adequate prenatal care. Their target goal was to increase the percentage of pregnant women who receive prenatal care beginning in the first trimester to 80.5%.[187] Only Dutchess (81.3%) and Putnam County (84.0%) met this target while Sullivan County is farthest from the goal (61.3%).

Graph 101

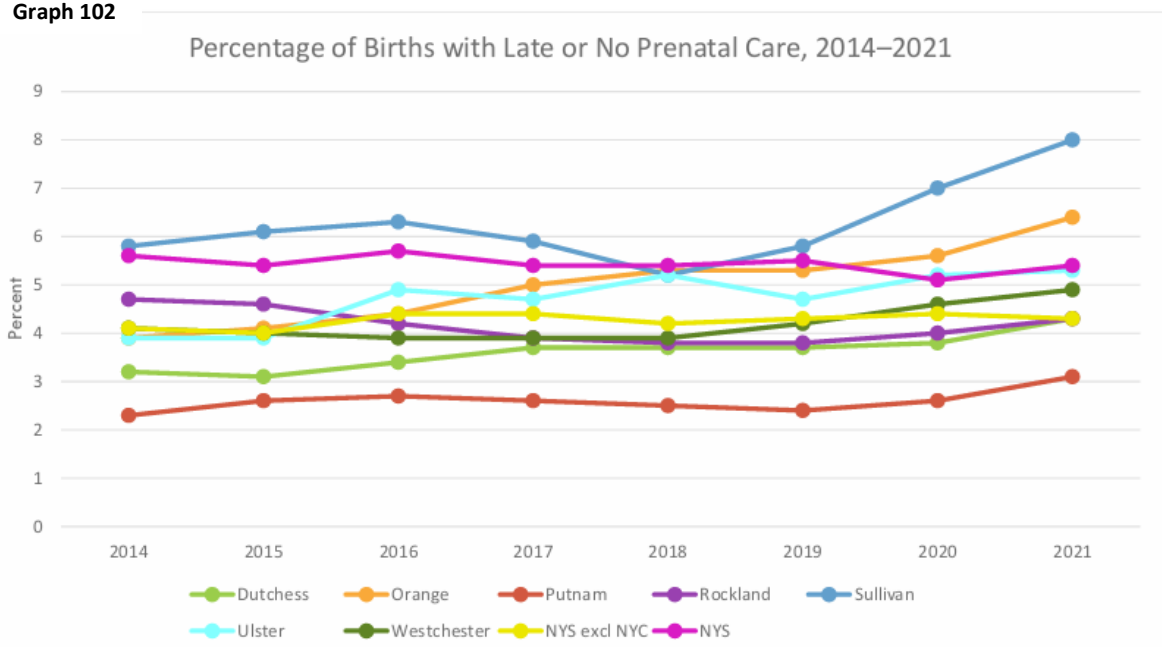


	Three-Year Average							Single Year	
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2014	78.9	73.6	78.1	67.3	66.5	77.8	66.2	75.8	73.9
2015	81.3	73.4	79.7	69.3	66.5	77.5	70.1	76.9	75.4
2016	83.1	74.5	83.6	72.2	67.4	75.6	75.8	78.4	76.4
2017	84.7	73.6	85.7	74.1	67.9	74.0	80.9	77.8	76.3
2018	84.4	72.4	86.8	74.5	67.7	72.5	81.5	78.6	76.0
2019	84.2	70.9	85.3	74.5	66.2	72.9	81.0	78.8	76.7
2020	83.2	69.9	85.1	73.0	63.1	71.6	79.9	77.7	75.7
2021	81.3	68.5	84.0	71.5	61.3	70.1	78.0	78.2	75.4

Note: Three-year averages were used for counties, while single-year estimates were used for NYS and NYS excluding NYC. Early prenatal care is provided in the first trimester.
Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/#

The goal is to reduce the percentage of births with late or no prenatal care. Between 2014 and 2021 this percentage has done the opposite in all counties except Rockland that saw a reduction from 4.7 % in 2014 to 4.3% in 2021, 0.5% higher than in 2018 and 2019.

Graph 102



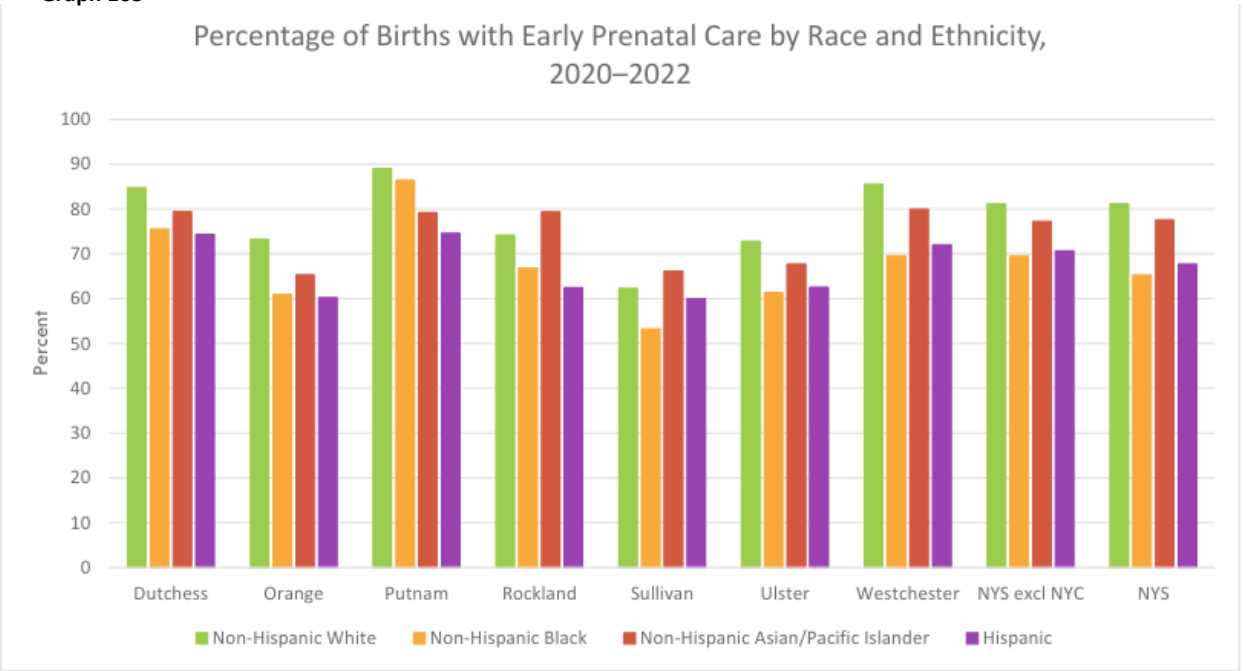
	Three-Year Average							Single Year	
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2014	3.2	3.9	2.3	4.7	5.8	3.9	4.1	4.1	5.6
2015	3.1	4.1	2.6	4.6	6.1	3.9	4.0	4.0	5.4
2016	3.4	4.4	2.7	4.2	6.3	4.9	3.9	4.4	5.7
2017	3.7	5.0	2.6	3.9	5.9	4.7	3.9	4.4	5.4
2018	3.7	5.3	2.5	3.8	5.2	5.2	3.9	4.2	5.4
2019	3.7	5.3	2.4	3.8	5.8	4.7	4.2	4.3	5.5
2020	3.8	5.6	2.6	4.0	7.0	5.2	4.6	4.4	5.1
2021	4.3	6.4	3.1	4.3	8.0	5.3	4.9	4.3	5.4

Note: Three-year averages are used for counties and single-year rates are used for NYS and NYS excluding NYC. Late prenatal care is provided in the third trimester.

Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/#

There are racial and ethnic disparities surrounding prenatal care in the M-H Region. Non-Hispanic White women had the highest percentage of early prenatal care in every county except for Rockland and Sullivan. In Rockland and Sullivan, Non-Hispanic Asian and Pacific Islanders had the highest percentage of early prenatal care. Non-Hispanic Black and Hispanic women had slightly lower percentages of early prenatal care compared to Non- Hispanic White and Non-Hispanic Asian and Pacific Islander except in Putnam County where Non-Hispanic Black women had the second highest percentage of early prenatal care.

Graph 103



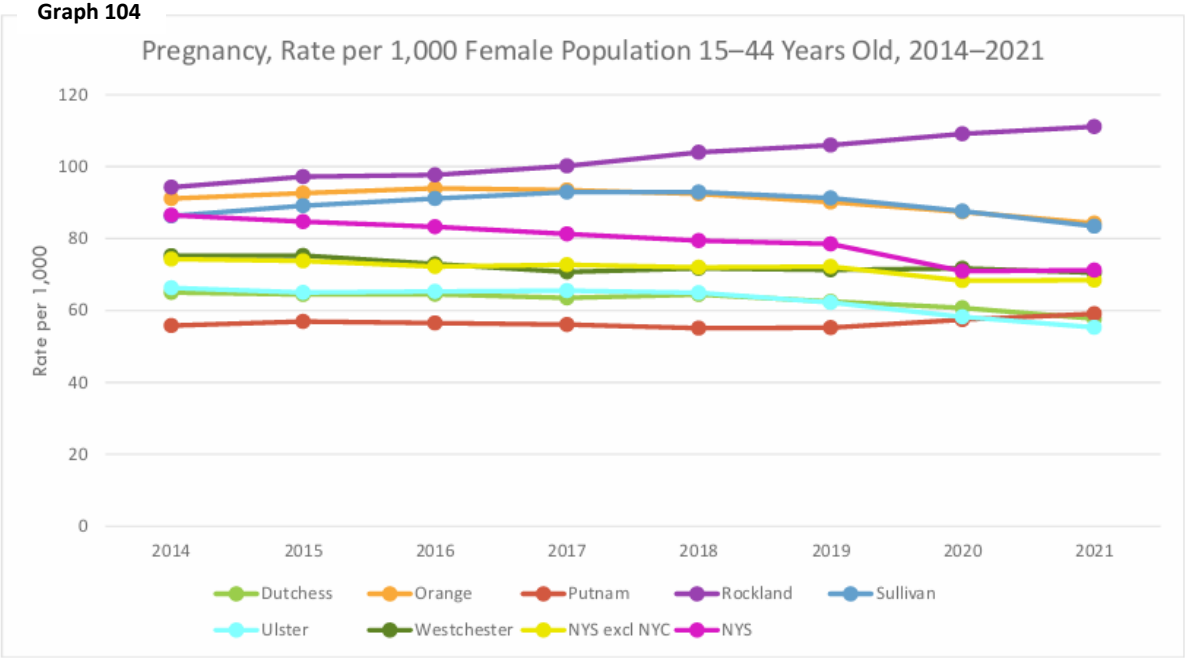
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	84.7	73.2	89	74.1	62.3	72.8	85.5	81.2	81.1
Non-Hispanic Black	75.5	60.9	86.4	66.8	53.2	61.3	69.5	69.4	65.2
Non-Hispanic Asian/Pacific Islander	79.4	65.3	79.2	79.3	66.1	67.7	79.9	77.2	77.5
Hispanic	74.3	60.2	74.6	62.4	60	62.5	72	70.6	67.7

Note: Early prenatal care is provided in the first trimester.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, May 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/community/health_equity/reports/county/

All pregnancies by Age Group

Among women aged 15 to 44 years, the 2021 pregnancy rate was highest in Rockland County (111.1 per 1,000 females), followed by Orange County and Sullivan County (84.3 and 83.4 per 1,000 females, respectively). The lowest pregnancy rate was in Ulster County (55.3 per 1,000 females). From 2014 to 2021 the pregnancy rate decreased in all Mid-Hudson counties except for Putnam County and Rockland County.

Graph 104

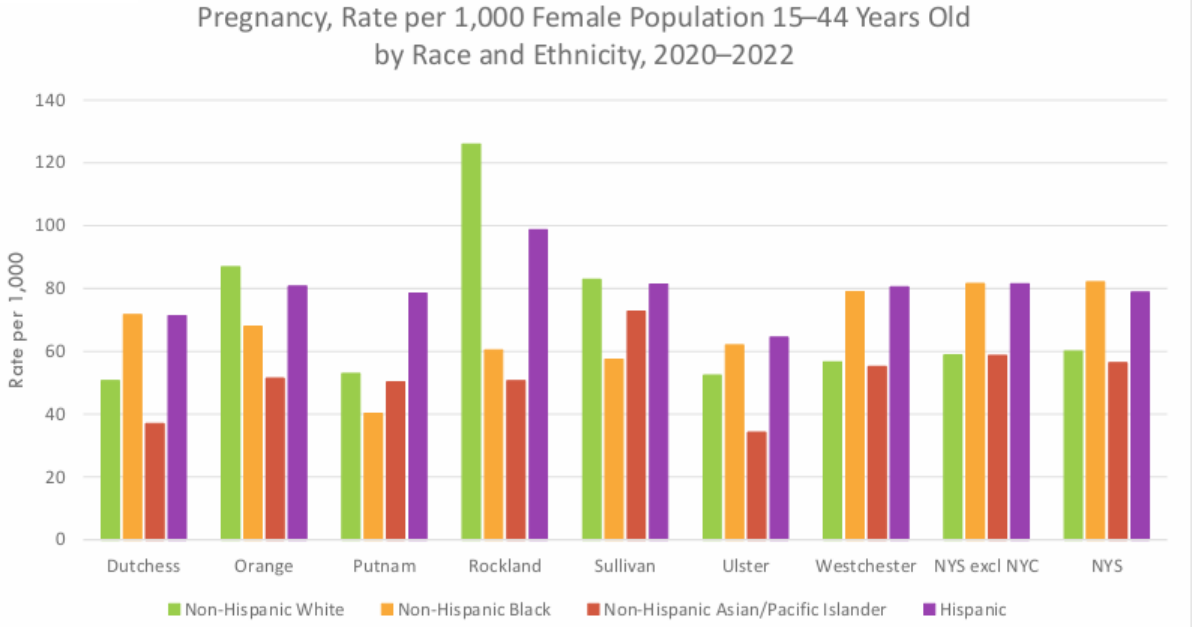


	Three-Year Average							Single Year	
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2014	65.0	91.1	55.8	94.3	86.3	66.3	75.2	74.3	86.5
2015	64.4	92.6	56.9	97.2	89.1	65.0	75.3	73.8	84.7
2016	64.5	94.0	56.5	97.7	91.1	65.3	72.9	72.2	83.3
2017	63.5	93.5	56.1	100.2	92.9	65.5	70.7	72.7	81.3
2018	64.4	92.4	55.1	104.0	92.9	64.9	71.7	72.0	79.4
2019	62.5	90.1	55.2	106.0	91.3	62.2	71.3	72.2	78.5
2020	60.7	87.4	57.4	109.1	87.6	58.2	71.7	68.3	70.9
2021	57.7	84.3	59.1	111.1	83.4	55.3	70.5	68.4	71.2

Note: Three-year averages are used for counties and single-year rates are used for NYS and NYS excluding NYC.
Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/#

Among women aged 15 to 44 years, the pregnancy rate varied by race and ethnicity in the M-H Region. Non-Hispanic White women had the highest pregnancy rates in Rockland, Orange, and Sullivan, while having the lowest rates in Dutchess, Ulster, and Westchester Counties, as well as NYS. Non-Hispanic Black women had the highest pregnancy rates in Dutchess County and NYS, while Hispanic women had the highest pregnancy rates in Putnam and Westchester Counties.

Graph 105



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	50.7	86.9	52.9	125.9	82.8	52.3	56.6	58.8	60.1
Non-Hispanic Black	71.7	67.9	40.2	60.4	57.4	62.0	79.0	81.6	82.1
Non-Hispanic Asian/Pacific Islander	37.0	51.4	50.2	50.6	72.7	34.2	55.1	58.6	56.3
Hispanic	71.3	80.7	78.5	98.7	81.3	64.4	80.5	81.5	78.8

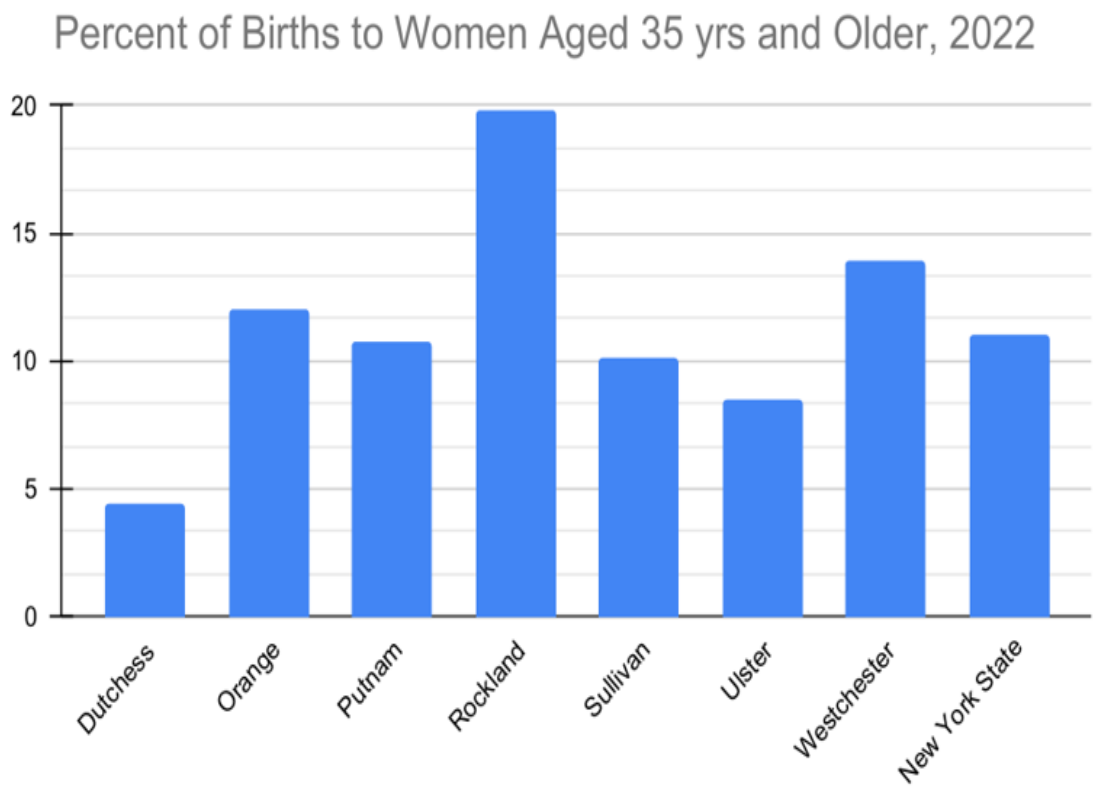
Note: Pregnancies are the sum of the number of live births, induced terminations of pregnancies, and all fetal deaths. Pregnancy rate is the total number of pregnancies to women of any age, per 1,000 female population aged 15-44 years.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, May 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/community/health_equity/reports/county/

Births to Women of Advanced Maternal Age

Pregnant women aged 35 years and older are at a higher risk for certain complications or becoming pregnant with multiples.219 Those over the age of 35 may also have a harder time getting pregnant, requiring fertility treatments. Women aged 35 years and older who become pregnant may be more likely to develop health conditions, such as gestational diabetes and preeclampsia. These health conditions can cause problems during pregnancy, including premature birth, low birthweight, birth defects such as Down syndrome, miscarriage, stillbirth, and needing a cesarean section (C-section). Those aged 35 years and older are recommended to have additional prenatal testing done to assess whether their baby is at risk for certain birth defects.

From 2018 to 2022 the rates of births to women aged 35 years and older has been decreasing In NYS the new rate is 11%. Rockland County had the highest percentage of births to women over the age of 35 (19.8%), while Ulster County had the lowest percentage (8.5%).

Graph 106

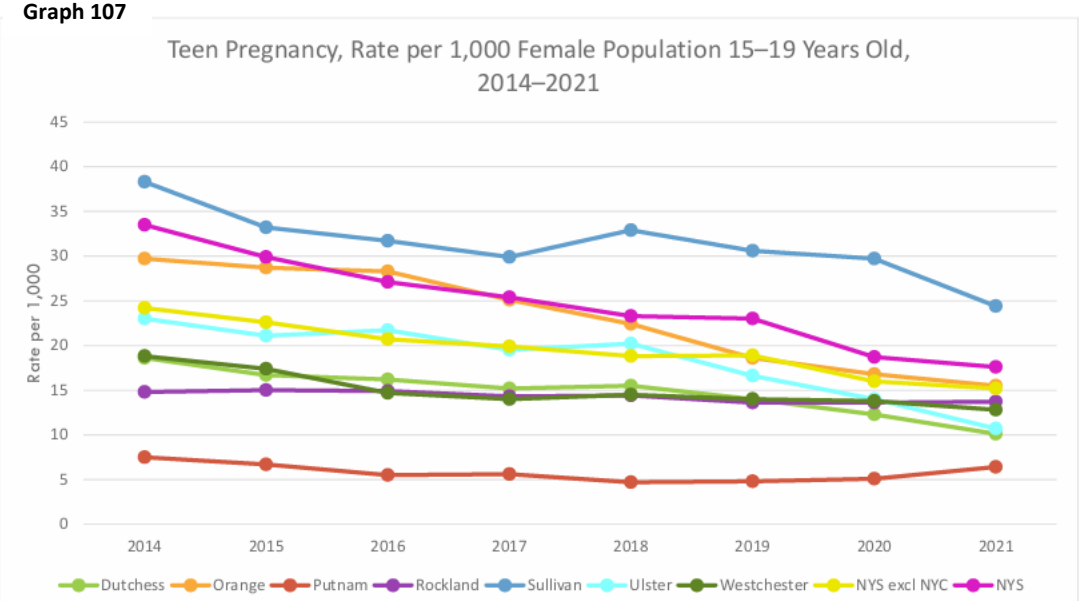


Note: All rates per 100 females in age group. Rates for Age 45+ use female population 45-49.
Source: Total Pregnancy Rate by Age and Resident County, New York State – 2022 sourced from Vital Statistics of NYS
https://www.health.ny.gov/statistics/vital_statistics/2022/table27.htm

Adolescent Pregnancy

Teen pregnancy is currently at historic lows in NYS and progress is being made nationwide.220 Evidence suggests that this decline in NYS may be attributable to teens abstaining from sexual activity and more sexually active teens are using birth control. Despite this progress, the teen pregnancy rate in the US is substantially higher than any other western industrialized nation. Poorer socioeconomic status conditions, such as lower education and lower income level, may contribute to higher rates of teen pregnancy. [111] Teens in child welfare systems are also more likely to experience teen pregnancy. Teen pregnancy is a significant contributor to high school dropout rates. In the US, 50% of teen mothers graduate high school by age 22, while 90% of women who did not give birth during adolescence received a high school diploma. The children of teenage mothers are more likely to have lower school achievements and drop out of high school, have more health problems, become incarcerated at some point during adolescence, give birth as a teenager, and experience unemployment as an adult. [112]

Graph 107



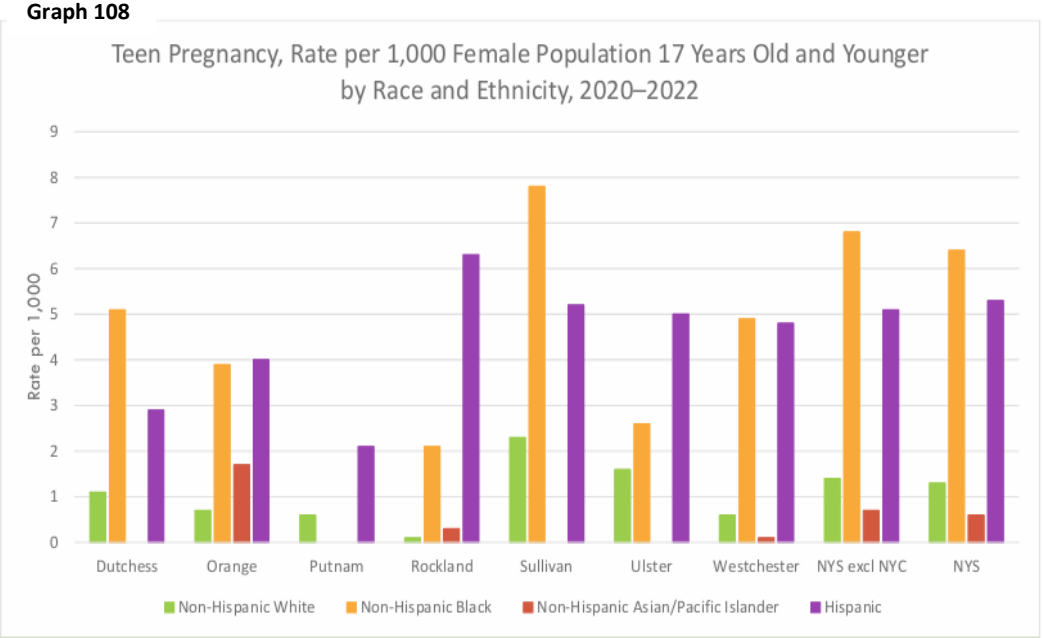
	Three-Year Average							Single Year	
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2014	18.6	29.7	7.5	14.8	38.3	23.0	18.8	24.2	33.5
2015	16.7	28.7	6.7	15.0	33.2	21.1	17.4	22.6	29.9
2016	16.2	28.3	5.5	14.9	31.7	21.7	14.7	20.7	27.1
2017	15.2	25.1	5.6	14.3	29.9	19.5	14.0	19.9	25.4
2018	15.5	22.4	4.7	14.4	32.9	20.2	14.5	18.8	23.3
2019	14.0	18.6	4.8	13.6	30.6	16.6	14.0	18.9	23.0
2020	12.3	16.8	5.1	13.6	29.7	14.0	13.8	16.0	18.7
2021	10.1	15.5	6.4	13.7	24.4	10.7	12.8	15.2	17.6

Note: Three-year averages were used for counties, while single-year estimates were used for NYS and NYS excluding NYC. Pregnancies are the sum of the number of live births, induced terminations of pregnancies, and all fetal deaths.
Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/#

As of 2021, the overall rate for pregnancy in teens aged 15 to 19 years among all the M-H Counties is lower than NYS (17.6 per 1,000). This rate has been decreasing in all MH counties and NYS from 2014 to 2021. Putnam and Rockland Counties saw the smallest decrease in the 7 years. Sullivan County has had the highest pregnancy rate among teens since 2014. Putnam and Dutchess Counties have the lowest teen pregnancy rates in 2021. These rates are below Healthy People 2030's target of reducing pregnancies among adolescent females aged 15 to 17 years to 31.4 teen pregnancies per 1,000 adolescent females. [113]

There are racial/ethnic disparities in teen pregnancy, with non-Hispanic Black teens experiencing the highest rates of teen pregnancy in Sullivan and Dutchess Counties, as well as NYS between 2020-2022. Hispanic teens had the highest teen pregnancy rates in Rockland, and Ulster Counties. Non-Hispanic White teens experienced the lowest rate of teen pregnancy in NYS.

Graph 108



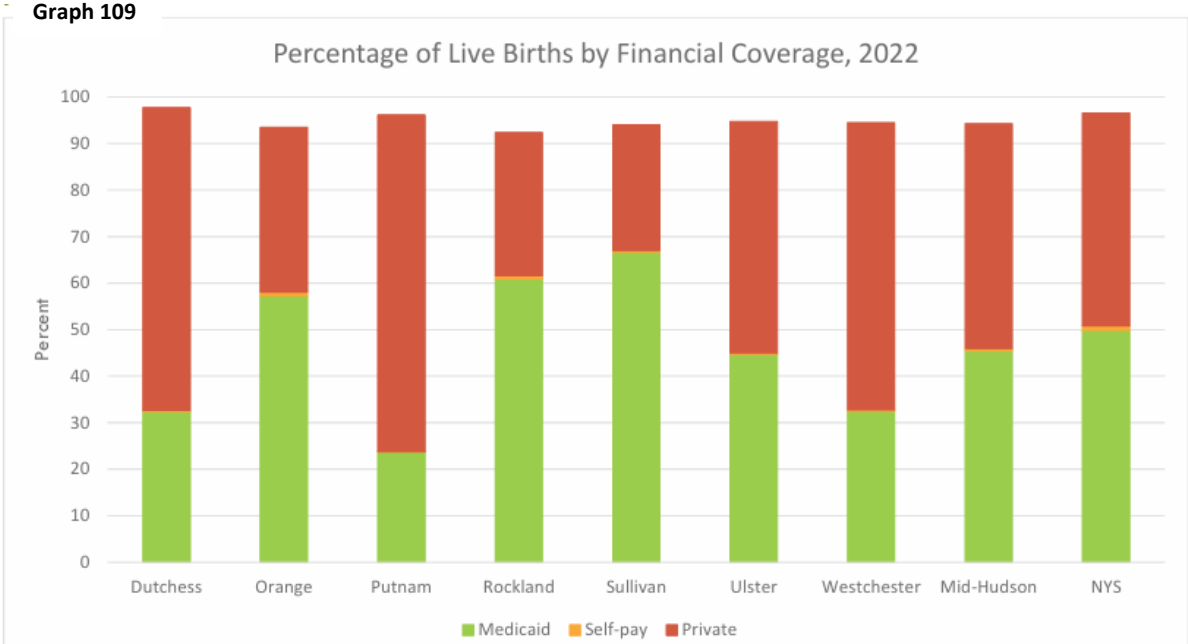
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	1.1	0.7	0.6*	0.1*	2.3	1.6	0.6	1.4	1.3
Non-Hispanic Black	5.1	3.9	0.0*	2.1	7.8*	2.6*	4.9	6.8	6.4
Non-Hispanic Asian/Pacific Islander	0.0*	1.7*	0.0*	0.3*	0.0*	0.0*	0.1*	0.7	0.6
Hispanic	2.9	4.0	2.1*	6.3	5.2	5.0	4.8	5.1	5.3

**: Data are unstable due to fewer than 10 events in the numerator.*
Note: Pregnancies are the sum of the number of live births, induced terminations of pregnancies, and all fetal deaths.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, May 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/community/health_equity/reports/county/

Self-Pay or Medicaid Births / Pregnancies

Most births in the M-H Region were covered by private insurance or Medicaid. In 2022, most of the births in Dutchess, Putnam, Ulster, and Westchester Counties were covered by private insurance, while Medicaid was used more frequently to cover births in Orange, Rockland, and Sullivan Counties. In NYS, half of the births were covered by Medicaid. In each county and in NYS, 1% or less of births were self-pay.

Graph 109



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
Medicaid	32.4	57.3	23.7	60.9	66.6	44.7	32.5	45.5	49.8
Self-pay	0.3	0.8	0.1	0.7	0.4	0.3	0.3	0.5	1.0
Private	65.0	35.3	72.3	30.7	27.0	49.7	61.7	48.2	45.7

Note: Other forms of coverage not shown include Indian Health, CHAMPUS, Other, and Not Stated. Medicaid includes births with Medicaid listed as secondary payer.

Source: Vital Statistics of NYS, May 2025

https://www.health.ny.gov/statistics/vital_statistics/2022/table13.htm

Adverse Birth Outcomes

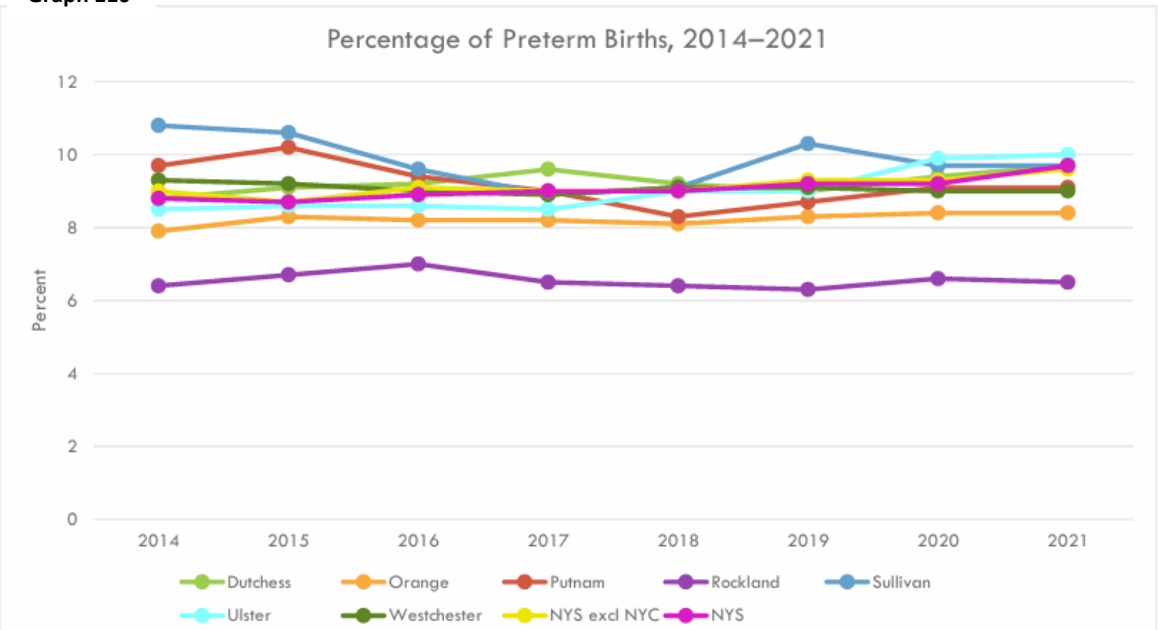
- ### Preterm Births

Preterm birth is when a mother gives birth to a baby more than three weeks before its due date. Preterm babies, especially those born very early, often have medical complications. While these complications may vary, typically the more premature a baby is, the higher the risk for complications. Short-term complications of premature birth may include problems with the blood, heart, brain, gastrointestinal system, and immune system. Additionally, there may be further complications with breathing, metabolism, and temperature control. Long-term complications of premature birth may include vision, hearing, dental, behavioral, and psychological problems. Additionally, complications may include cerebral palsy, impaired learning, and other chronic health issues. [114]

Risk factors for premature birth include pregnancy with twins, triplets, or other multiples; conceiving through in-vitro fertilization; smoking cigarettes or using illicit drugs; certain infections, especially those of the amniotic fluid and lower genital tract; certain chronic conditions, such as high blood pressure or diabetes; stressful life events; physical injury or trauma; and an interval of less than six months between pregnancies. Racial and ethnic differences in preterm birth rates remain. In 2022, the rate of preterm birth among Black women in the US was about 50% higher than the rate of preterm birth among White or Hispanic women. [115]

Healthy People 2030 set an objective to reduce the total number of preterm births to 9.4%. In 2021, Rockland County had the lowest rate of preterm births (6.5%), while Dutchess, Sullivan, and Ulster Counties had the highest rates (9.7%, 9.7%, and 10.0%, respectively), falling above the target goal. [116]

- **Graph 110**



	Three-Year Average							Single Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2014	8.8	7.9	9.7	6.4	10.8	8.5	9.3	9.0	8.8
2015	9.1	8.3	10.2	6.7	10.6	8.6	9.2	8.7	8.7
2016	9.2	8.2	9.4	7.0	9.6	8.6	9.0	9.1	8.9
2017	9.6	8.2	9.0	6.5	8.9	8.5	8.9	9.0	9.0
2018	9.2	8.1	8.3	6.4	9.1	9.0	9.1	9.0	9.0
2019	9.0	8.3	8.7	6.3	10.3	9.0	9.1	9.3	9.2
2020	9.4	8.4	9.1	6.6	9.7	9.9	9.0	9.3	9.2
2021	9.7	8.4	9.1	6.5	9.7	10.0	9.0	9.6	9.7

Note: Three-year averages are used for counties and single-year rates are used for NYS and NYS excluding NYC.
Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/#

- Low Birthweight Births

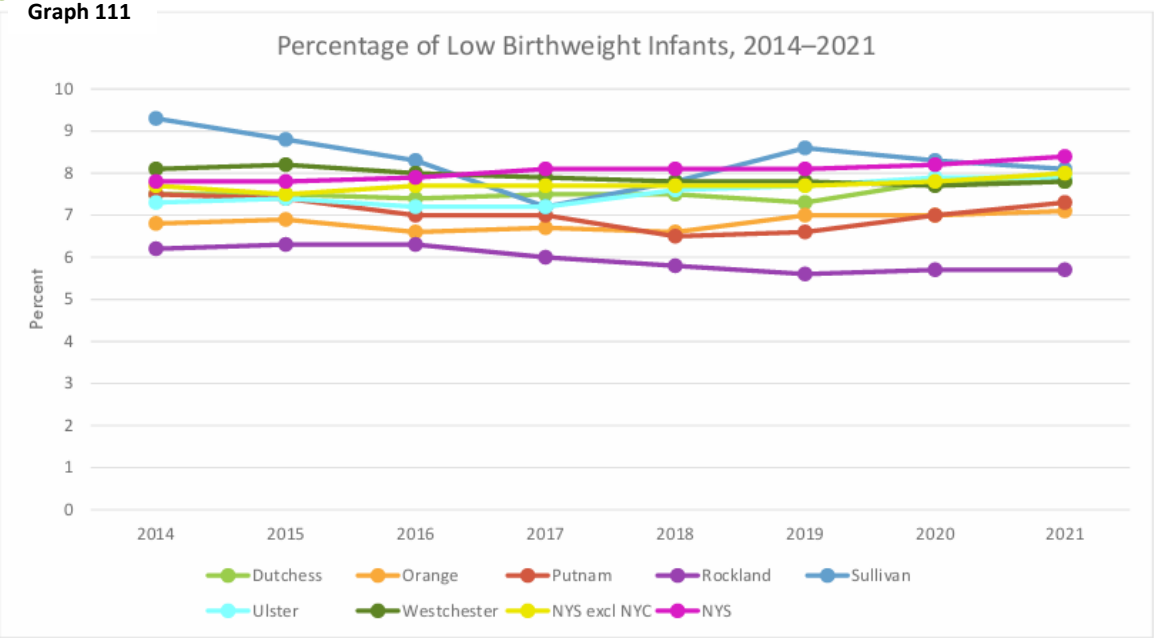
Low birthweight (LBW) describes babies born weighing less than 2.5 kilograms (5 pounds, 8 ounces). Over eight percent of all births in the US are LBW and this percentage is increasing. [117] This is thought to be a result of an increased number of babies born prematurely in multiples. The primary cause of LBW is preterm birth. Preterm birth means a baby has less time in a mother's uterus to grow and gain weight. Another cause of LBW is intrauterine growth restriction (IUGR). IUGR occurs when a baby does not grow adequately during pregnancy due to problems with the placenta, the mother's health, or the baby's condition. Babies with IUGR may be born at full term but still have LBW.

There are different risk factors that can contribute to a baby being born with LBW. Non-Hispanic Black babies are two times more likely to have a LBW than non-Hispanic White babies. Babies born from teen mothers have a higher risk of having LBW as well. Babies born in multiples are at an increased risk because they are often preterm. The health of the mother may also contribute to risk of LBW due to the mother's exposure to alcohol, cigarettes, and illicit drugs. Babies born to mothers of low socioeconomic status are also at a higher risk of being born with a LBW due to poor nutrition, inadequate prenatal care, and pregnancy complications. [117]

Babies with LBW have a higher risk of complications. They may have a harder time eating, gaining weight, controlling their body temperature, and fighting infections. Because many babies with LBW are also premature, it can be difficult to tell which problems are due to premature birth and which problems are due to LBW. [117] Generally, the lower the birthweight, the greater the risk for complications.

Healthy People 2020 set a target of no more than 7.8% births resulting in LBW. Only Orange (7.1%), Putnam (7.3%) and Rockland (5.7%) Counties met this mark in 2021 with Sullivan County having the highest percentage at 8.1%, still lower than the percentage for NYS (8.4%).

Graph 111



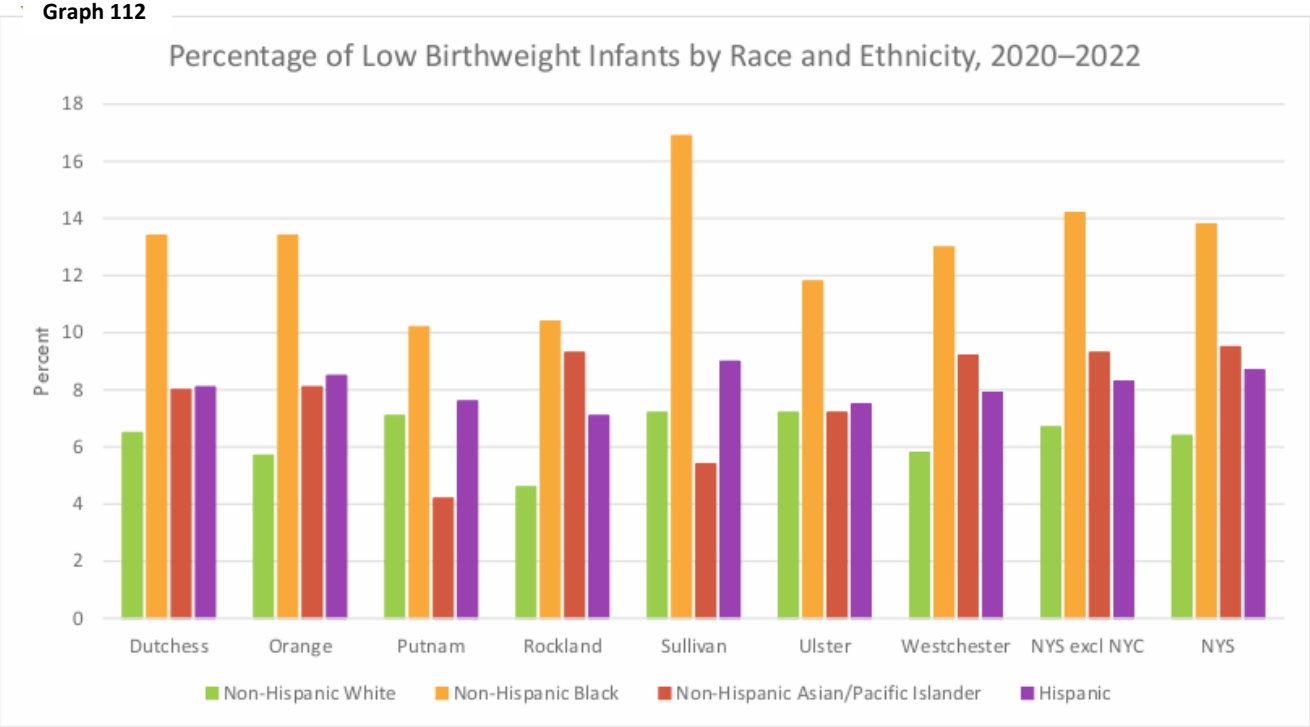
	Three-Year Average							Single Year	
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2014	7.5	6.8	7.5	6.2	9.3	7.3	8.1	7.7	7.8
2015	7.5	6.9	7.4	6.3	8.8	7.4	8.2	7.5	7.8
2016	7.4	6.6	7.0	6.3	8.3	7.2	8.0	7.7	7.9
2017	7.5	6.7	7.0	6.0	7.2	7.2	7.9	7.7	8.1
2018	7.5	6.6	6.5	5.8	7.8	7.6	7.8	7.7	8.1
2019	7.3	7.0	6.6	5.6	8.6	7.7	7.8	7.7	8.1
2020	7.8	7.0	7.0	5.7	8.3	7.9	7.7	7.8	8.2
2021	7.8	7.1	7.3	5.7	8.1	7.9	7.8	8.0	8.4

Note: Three-year averages were used for counties, while single-year estimates were used for NYS and NYS excluding NYC. Low birth weight includes babies weighing less than 2.5 kg (5 pounds, 8 ounces) at time of birth.

Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/#

There are also disparities in race/ethnicity regarding low birthweight births. In the M-H Region, non-Hispanic Black women consistently had higher percentages of pregnancies resulting in LBW births, followed by Hispanic women.

Graph 112



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	6.5	5.7	7.1	4.6	7.2	7.2	5.8	6.7	6.4
Non-Hispanic Black	13.4	13.4	10.2*	10.4	16.9	11.8	13.0	14.2	13.8
Non-Hispanic Asian/Pacific Islander	8.0	8.1	4.2*	9.3	5.4*	7.2*	9.2	9.3	9.5
Hispanic	8.1	8.5	7.6	7.1	9	7.5	7.9	8.3	8.7

**: Data are unstable due to fewer than 10 events in the numerator.*
Note: Low birth weight includes babies weighing less than 2.5 kg (5 pounds, 8 ounces) at time birth.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, May 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/community/health_equity/reports/county/

- Infant Mortality

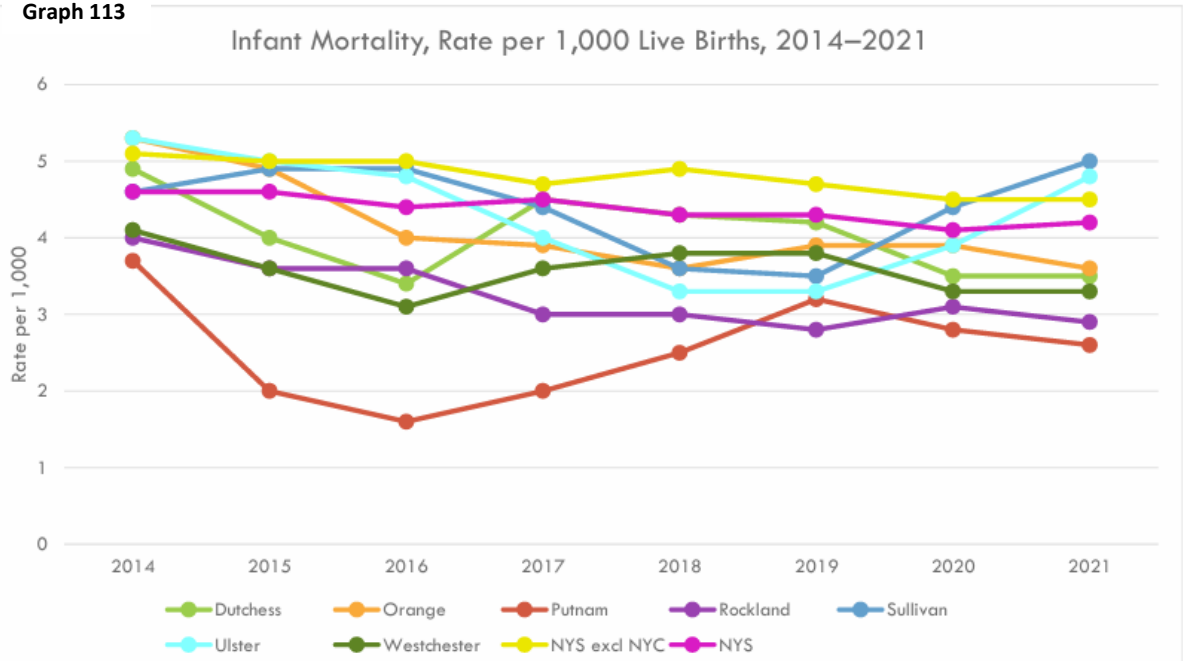
Infant mortality is the death of an infant before their first birthday. It is an important indicator of both maternal and infant health, as well as the overall health of a society. [118]

In the United States, the five leading causes of infant mortality as per CDC's National Vital Statistics Reports have remained consistent through 2023 and 2024. The leading causes are:

- **Birth Defects (Congenital Malformations):** These are structural changes present at birth that can affect almost any part of the body, such as the heart, brain, or spine.
- **Preterm Birth and Low Birth Weight:** Infants born before 37 weeks of pregnancy or weighing less than 5 pounds, 8 ounces are at higher risk for complications.
- **Sudden Infant Death Syndrome (SIDS):** The sudden, unexplained death of an infant younger than one year of age, often occurring during sleep.
- **Unintentional Injuries (Accidents):** This category includes accidental suffocation or strangulation in bed, car crashes, and other preventable injuries.
- **Maternal Pregnancy Complications:** Health problems that occur during pregnancy that can affect the mother's health, the baby's health, or both (e.g., preeclampsia or placental issues).

One of the objectives of Healthy People 2030 is to reduce the rate of all infant deaths to no more than 5 infant deaths per 1,000 live births. [119] All counties in the M-H region, as well as NYS overall and NYS excluding NYC, met or surpassed this goal in 2021, with infant mortality rates at or below 5.0 per 1,000 live births. Sullivan and Ulster counties had the highest infant mortality rates (5.0 and 4.8 deaths per 1,000 live births, respectively) while Putnam and Rockland counties had the lowest rates (2.6 and 2.9 deaths per 1,000, respectively). From 2014 to 2021, all M-H counties except for Sullivan saw a decrease in the infant mortality rate, though Ulster County's infant mortality rate rose from 2019 and 2021.

Graph 113



	Three-Year Average							Single Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2014	4.9	5.3	3.7*	4.0	4.6	5.3	4.1	5.1	4.6
2015	4.0	4.9	2.0*	3.6	4.9	5.0	3.6	5.0	4.6
2016	3.4	4.0	1.6*	3.6	4.9	4.8	3.1	5.0	4.4
2017	4.5	3.9	2.0*	3.0	4.4	4.0	3.6	4.7	4.5
2018	4.3	3.6	2.5*	3.0	3.6*	3.3	3.8	4.9	4.3
2019	4.2	3.9	3.2*	2.8	3.5*	3.3	3.8	4.7	4.3
2020	3.5	3.9	2.8*	3.1	4.4	3.9	3.3	4.5	4.1
2021	3.5	3.6	2.6*	2.9	5.0	4.8	3.3	4.5	4.2

**: The rate is unstable.*

Note: Three-year averages are used for counties and single-year rates are used for NYS and NYS excluding NYC. Infant mortality includes the death of a baby that occurs between the time it is born and 1 year of age.

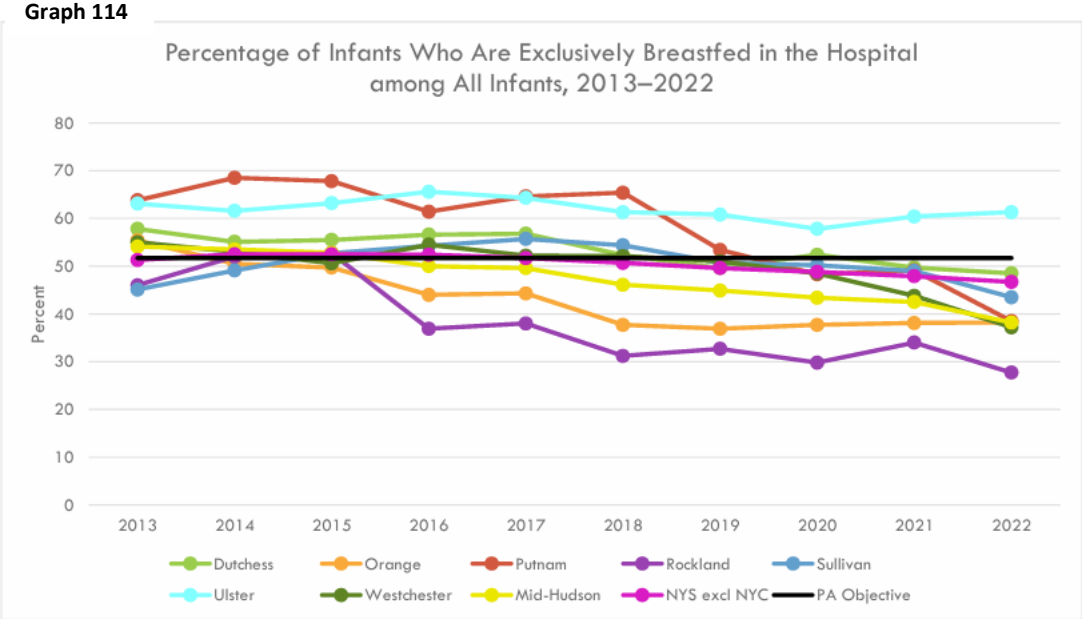
Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/#

- Breastfeeding

The US Dietary Guidelines for Americans, as well as the American Academy of Pediatrics and the World Health Organization recommend that infants are exclusively breastfed for about the first 6 months. Breastfeeding provides multiple benefits for both the baby and the mother, including lower risk of certain diseases. [120]

From 2013 to 2022, there was a decrease in the percentage of infants who are exclusively breastfed in the hospital in all counties in the M-H region. In 2022, the highest rate of infants who are exclusively breastfed in the hospital among all infants was seen in Ulster County (61.3%), while Rockland County had the lowest rate (27.7%). From 2013 to 2022, there was a decrease in the percentage of infants who are exclusively breastfed in the hospital in all counties in the M-H region. The highest reduction was seen in Putnam County from 63.8% in 2013 to 38.5% in 2022.

Graph 114



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC
2013	57.8	55.4	63.8	46.0	45.1	63.1	55.0	54.1	51.3
2014	55.1	50.5	68.5	52.0	49.1	61.6	53.0	53.5	52.5
2015	55.5	49.7	67.8	52.7	52.7	63.2	50.6	52.8	52.5
2016	56.6	44.0	61.4	36.9	54.3	65.6	54.5	50.0	52.4
2017	56.8	44.3	64.6	38.0	55.7	64.3	52.2	49.6	51.7
2018	52.3	37.7	65.4	31.2	54.4	61.3	52.1	46.1	50.7
2019	49.6	36.9	53.4	32.7	50.7	60.8	51.0	44.9	49.6
2020	52.4	37.7	48.3	29.8	50.2	57.8	48.5	43.4	48.8
2021	49.7	38.1	49.1	34.0	49.0	60.4	43.8	42.5	47.9
2022	48.5	38.2	38.5	27.7	43.5	61.3	37.2	38.2	46.7

Note: This includes the number of newborn infants who were fed only breast milk since birth while in the hospital. Based on NYS residence, of live born infants, not admitted to the Neonatal Intensive Care Unit or transferred to another hospital.
Source: NYS Prevention Agenda Tracking Dashboard, June 2025
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=33

Oral Health

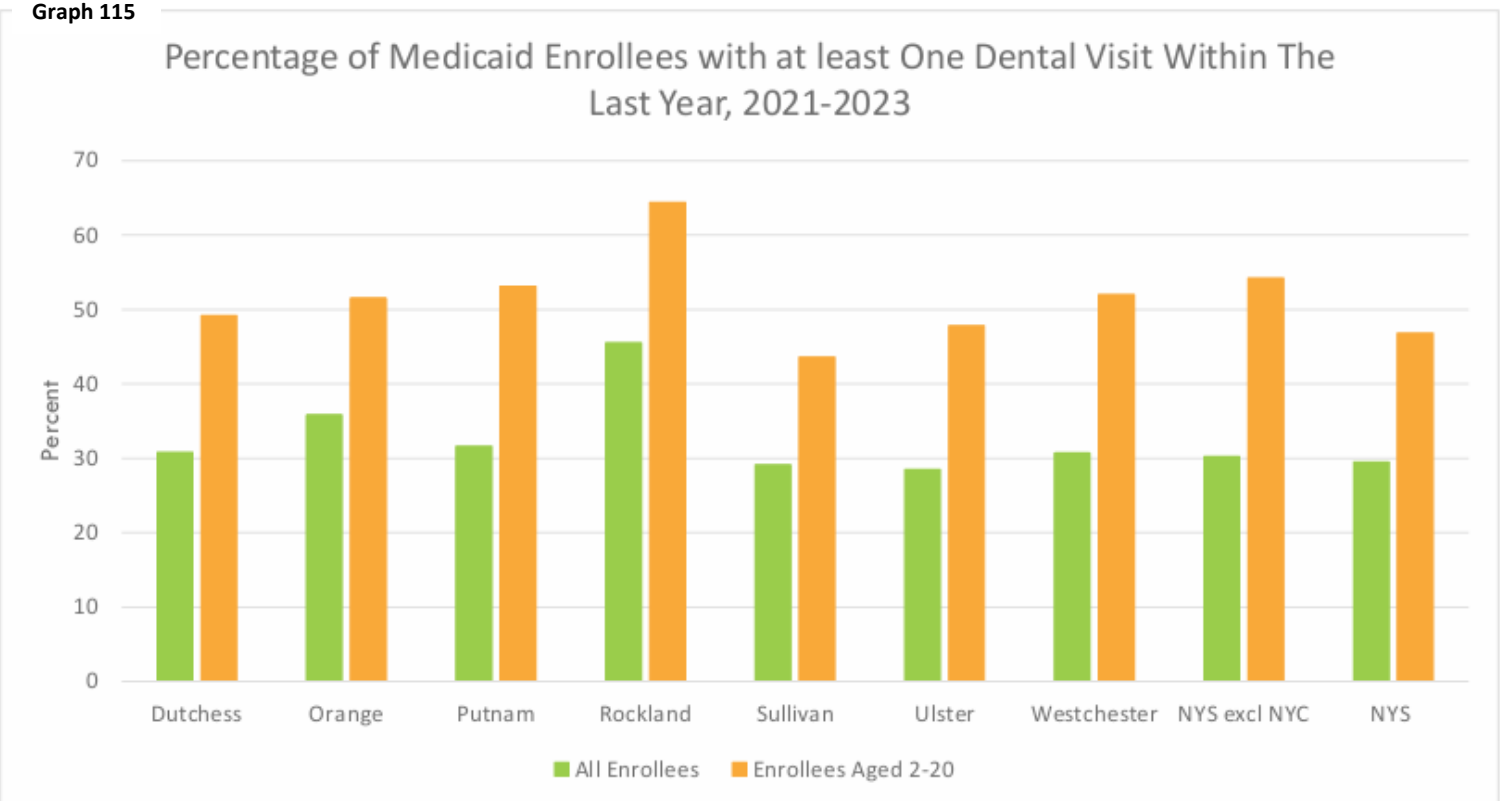
Good oral health is an important part of attaining overall health. It enhances a person's ability to speak, smile, chew, taste, and make facial expressions. Oral diseases include mouth issues, such as caries (also known as cavities or tooth decay), gum disease, and oral cancers. Poor oral health has been linked to chronic diseases such as diabetes and heart disease. It has also been linked to lifestyle behaviors, including tobacco use and eating and drinking substances that have high sugar content. According to CDC, the US spends more than $136 billion per year on dental care, 1 in 5 adults aged 20 to 64 years have untreated cavities, and nearly half of those aged 30 or older show signs of gum disease. If left untreated, these conditions can lead to tooth loss. [121]

CDC works to improve the nation's oral health by reducing disparities in the rate of cavities and integrating oral health programs into chronic disease prevention and medical care. The agency and its partners promote effective interventions, including dental sealants and community water fluoridation, which are strongly recommended by the U.S. Preventive Services Task Force because they prevent cavities and save money. CDC is working to meet the Healthy People 2030 objective of 77.1% of the U.S. population being on community water systems with the recommended amount of fluoride.

The most common barriers to achieving good oral health include financial barriers, geographic location, lack of dental insurance, poor oral health literacy, and language, education, or cultural barriers. [122] To combat poor oral health, people are encouraged to have a dental visit at least once a year for routine examination and cleaning. Dental care is harder to access for those who are low-income and cannot afford comprehensive dental coverage. Between 2019 and 2020, the percentage of adults who had a dental visit within the past 12 months decreased in all family income levels, but rates were lowest in households below the Federal Poverty Level with only 45.7% of adults in 2020 reporting a dental visit within the past 12 months. [123] This includes people enrolled in Medicaid insurance, where general health care coverage is limited, compared to those with private or other forms of insurance.

Of the seven counties in the M-H Region, Rockland had the highest percentage of all enrollees (45.5%) and those aged 2 to 20 years old (64.4%) who had a dental visit within the past year. Six out of seven counties exceeded the NYS rate for all enrollees as well as enrollees aged 2 to 20 years having a dental visit within the past year.

Graph 115

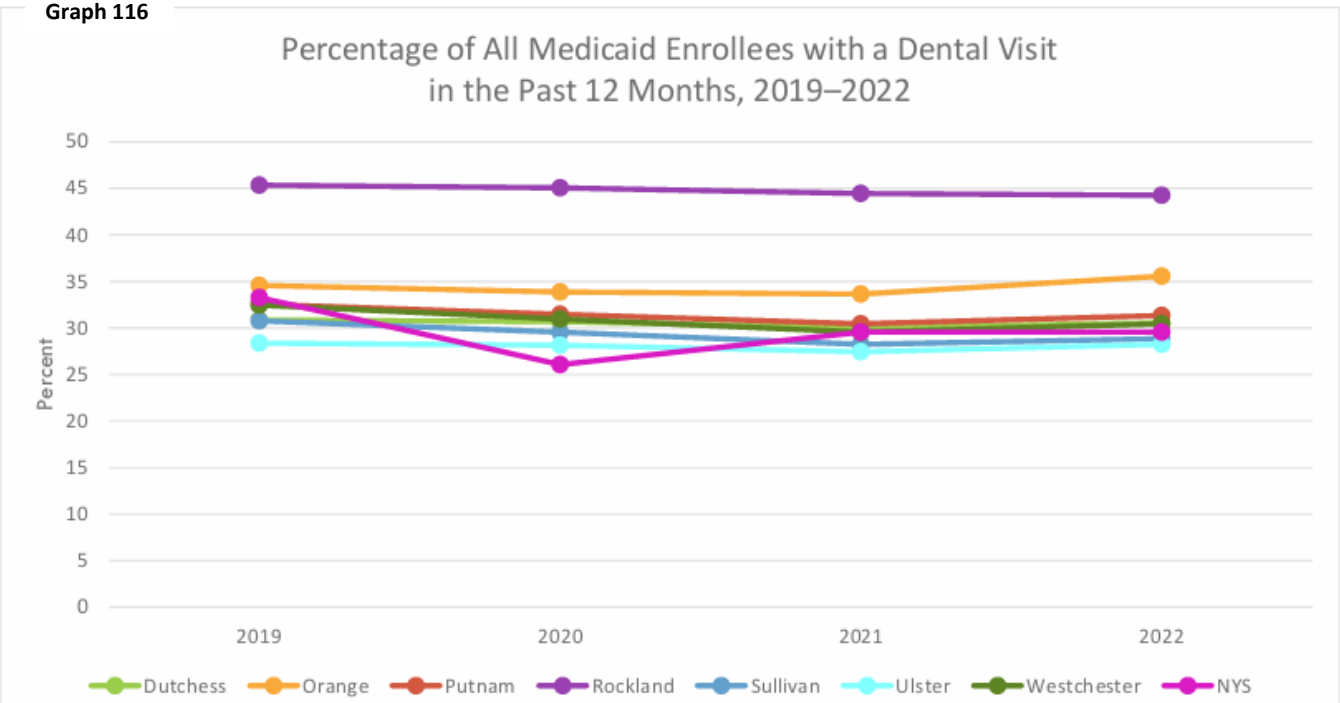


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
All Enrollees	30.8	35.8	31.6	45.5	29.1	28.5	30.7	30.2	29.5
Enrollees Aged 2-20	49.2	51.5	53.1	64.4	43.6	47.8	52.0	54.2	46.8

Source: NYSDOH Behavioral Risk Factor Surveillance System, February 2025 sourced from NYS Medicaid Program
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

Percentages across the M-H Region until 2022, each county saw a slight decrease. The 2019 data, a three-year average including data from 2020, could indicate a decrease in dental visits due to COVID-19 related concerns preventing people from seeking medical and dental treatment. [124]

Graph 116



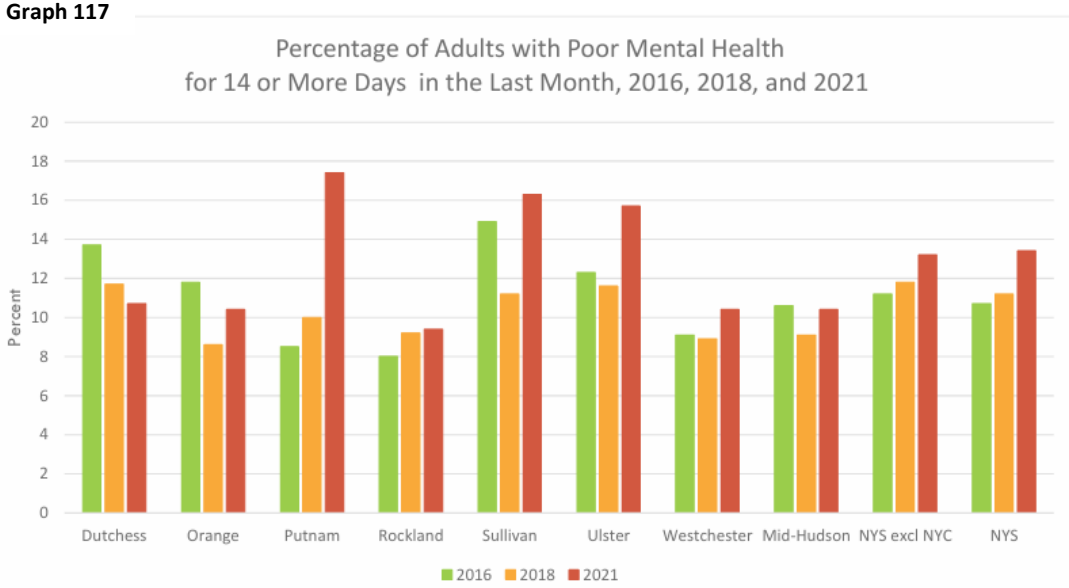
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2019	31.1	34.8	32.8	45.6	31.0	28.6	32.7	33.5
2020	30.9	34.1	31.7	45.3	29.8	28.4	31.2	26.3
2021	30.3	33.9	30.7	44.7	28.5	27.7	29.8	29.8
2022	30.8	35.8	31.6	44.5	29.1	28.5	30.7	29.8

Source: NYSDOH Behavioral Risk Factor Surveillance System, February 2025 sourced from NYS Medicaid Program
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

Behavioral Health

Health is an all-encompassing term that not only involves the physical well-being of an individual, but also his or her mental wellness. The World Health Organization (WHO) defines health as a "state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." [125] There are many factors that contribute to a person's mental health, including daily habits, traumatic life events, family history of mental illness, and substance use. [126] Almost one in five young people in the US are affected by some type of mental, emotional, or behavioral disorder (MEB), such as depression or substance use. Poor mental health can affect all aspects of an individual's life, including family, school, and work. It is a major economic burden for the US, that since 2008 is costing $193.2 billion in lost earnings annually due to serious mental illness. [127] Mental health and physical health are closely connected, and it is therefore important to address the issues surrounding mental health in the community.

Graph 117



County	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2016	13.7	11.8	8.5	8.0	14.9	12.3	9.1	10.6	11.2	10.7
2018	11.7	8.6	10.0	9.2	11.2	11.6	8.9	9.1	11.8	11.2
2021	10.7	10.4	17.4	9.4	16.3	15.7	10.4	10.4	13.2	13.4

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Based on responses to this question, BRFSS defines "poor mental health" as an adult over the age of 18 reporting 14 or more days to this question.

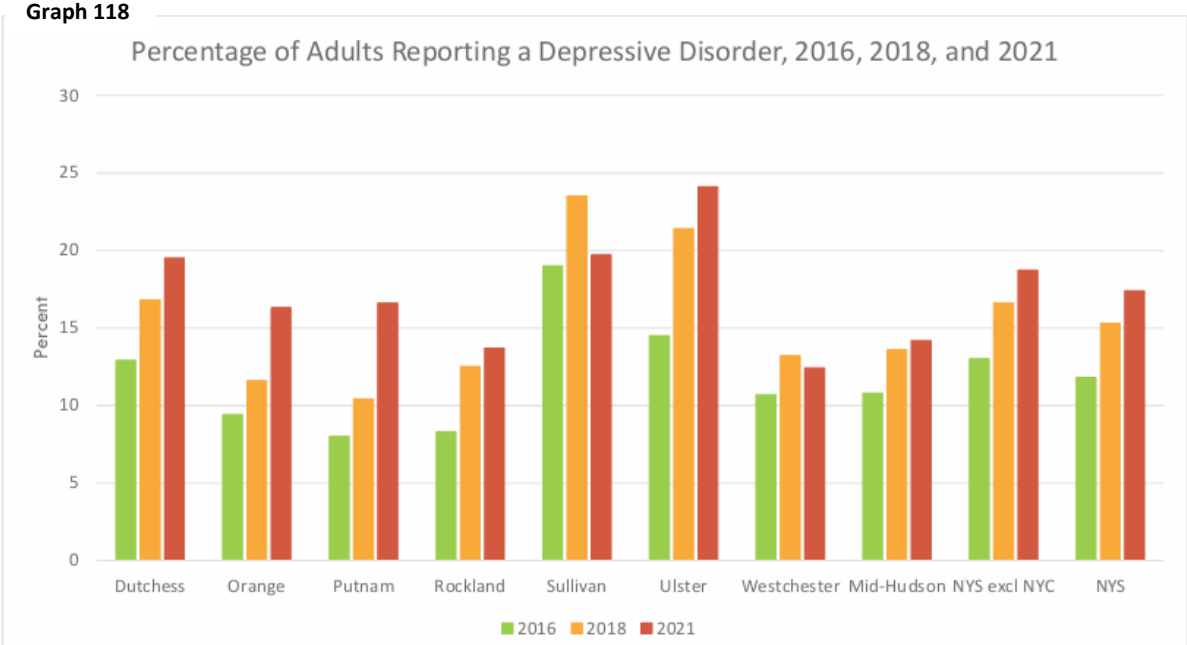
Source: NYSDOH Behavioral Risk Factor Surveillance System, May 2025

https://www.health.ny.gov/statistics/brfss/expanded/

The percentage of adults who reported poor mental health for 14 or more days in 2021 was highest in Putnam County (17.4%), while the lowest percentage was in Rockland County (9.4%). The M-H Region is less than NYS (10.4% vs 13.4%, respectively).

One of the major disorders that can lead to poor mental health is depression. This is a mood disorder that causes a constant feeling of sadness or lack of interest in performing any life activities. When looking at the percentage of people reporting depressive disorder in 2021, the highest percentage was seen in Ulster County (24.1%) and the lowest in Westchester County (12.4%). From 2016 to 2021, the percentage of people reporting depressive disorder increased in all counties, the M-H Region and NYS.

Graph 118



County	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2016	12.9	9.4	8.0	8.3	19.0	14.5	10.7	10.8	13.0	11.8
2018	16.8	11.6	10.4	12.5	23.5	21.4	13.2	13.6	16.6	15.3
2021	19.5	16.3	16.6	13.7	19.7	24.1	12.4	14.2	18.7	17.4

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Have you ever been told you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

Source: NYSDOH Behavioral Risk Factor Surveillance System, May 2025

https://www.health.ny.gov/statistics/brfss/expanded/

Substance Use

Substance use refers to the recurrent use of substances, such as nicotine, alcohol, and/or opioids. Drug addiction, also called substance use disorder, can affect a person's brain and behavior and interfere with meeting responsibilities at school, work, or at home. It is linked to many health problems and overdoses can lead to hospital visits or death. [128] According to the 2023 National Survey on Drug Use and Health (NSDUH), 48.5 million people aged 12 years or older (or 17.1% of this population) had a substance use disorder in the past year, including 28.9 million who had alcohol use disorder and 27.2 million who had a drug use disorder. [129]

- Tobacco & Vaping

Tobacco use leads to diseases that cause harm to almost every organ in the body. Smoking is the leading cause of preventable death in the US and in 2018 smoking-related illness costs more than an estimated $600 in direct medical care and lost productivity.[130] Tobacco contains nicotine, which is a chemical substance that can lead to addiction. More than 16 million Americans are living with a disease that is caused by smoking, some of which include cancer (specifically lung cancer), heart disease, stroke, diabetes, and COPD. [131]

Table 5

Increased Risk of Disease Incidence From Smoking	
Disease	**Risk Increase**
Coronary Heart Disease Incidence	2-4 times
Stroke Incidence	2-4 times
Lung Cancer Incidence (Male)	25 times
Lung Cancer Incidence (Female)	25.7 times

Source: CDC, October 2021: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm. Accessed April 2022.

Tobacco use can also have disproportionate effects on diverse populations. For example, the Medicaid population has a higher prevalence of smoking and has a harder time quitting. African Americans are more likely to die from smoking-related disease. People with mental health conditions are four times more likely to die from smoking. Finally, people experiencing disability have a higher prevalence of smoking. The prevalence of current smoking adults in Rockland County is between 5.6% and 14.5%, falling among the lower rates in the state as per the NYS Smokers' Quitline Report, 2024.

Source: NYS Smokers' Quitline, 2024
https://www.nysmokefree.com/wp-content/uploads/2025/02/2024_SustainabilityReport_StatewideHighlights.pdf, *accessed April 2025*

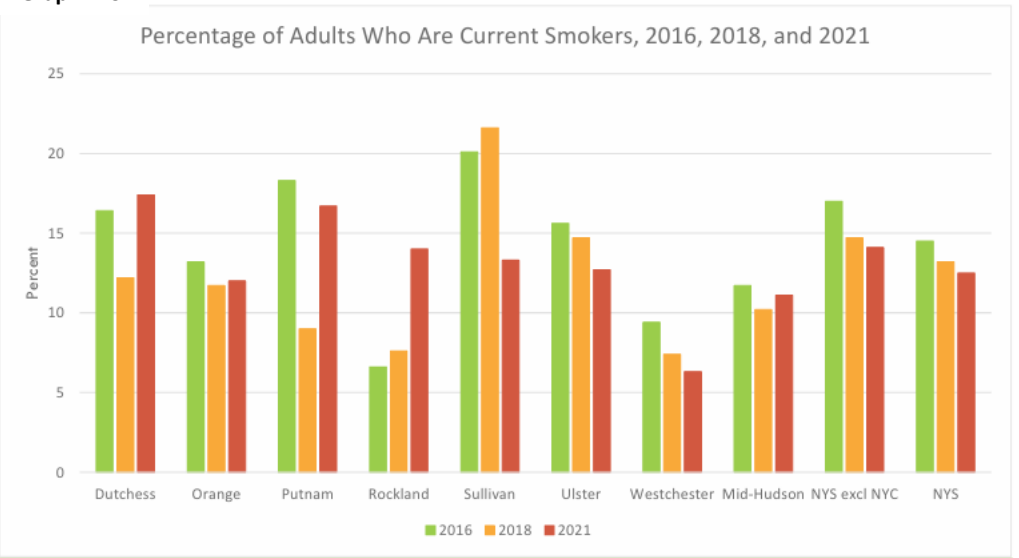
When comparing the percentage of adults who smoked cigarettes from 2016 to 2021, the percentage of those who smoked increased in Dutchess County and more than doubled in Rockland County. In 2021, Dutchess County had the highest percentage of adults smoking cigarettes and Westchester County had the lowest percentage (17.4% and 6.3%, respectively). The Healthy People 2030 goal is to reduce cigarette smoking among adults to 6.1%,[132] mark that none of the counties in the MH Region have met.

Although tobacco use seems to be decreasing over time, the use of electronic nicotine delivery systems (ENDS), or vaping, has become widely popular over the past few years. Although it has become a trend among young adults, according to the NYSDOH, the use of e-cigarettes among high school youth seems to have peaked in 2018 at 27.4% and appears to be declining, at 18.7% in 2022. Similarly, the trend in any tobacco product use among high school students, including ENDS, has decreased since 2018 from 30.6% to 20.8% in 2022 and has reached the lowest youth smoking rate on record. [133]

For more information, please visit CDC's Electronic Cigarette page. [134]

For more information on how to quit smoking, call 1-866-NY-QUITS or visit https://nysmokefree.com/.

Graph 119



County	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2016	16.4	13.2	18.3	6.6	20.1	15.6	9.4	11.7	17.0	14.5
2018	12.2	11.7	9.0	7.6	21.6	14.7	7.4	10.2	14.7	13.2
2021	17.4	12.0	16.7	14.0	13.3	12.7	6.3	11.1	14.1	12.5

**: Percentage is unreliable due to large standard error.*
Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Have you smoked at least 100 cigarettes in your entire life?" and "How long has it been since you last smoked a cigarette, even one or two puffs?" Based on responses to both questions, BRFSS defines "current smoker" as an adult over the age of 18 who has smoked at least 100 cigarettes in their lifetime and currently smokes on at least some days.
Source: NYSDOH Behavioral Risk Factor Surveillance System, May 2025
https://www.health.ny.gov/statistics/brfss/expanded/

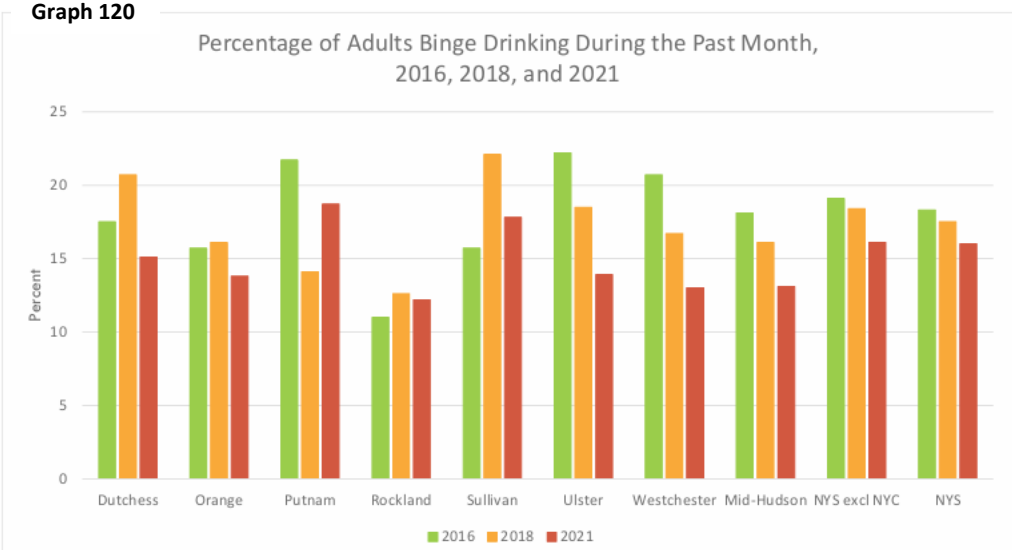
- Alcohol

Excessive alcohol use has led to more than 170,000 deaths and about 4 million years of potential life lost each year in the US from 2020 to 2021. [135] Binge drinking, which is when women have four or more drinks or men have five or more drinks on one occasion, is the most common pattern of excessive alcohol use. [136] Binge drinking is the most common way that people drink excessively. Among adults in the United States, 17% binge drink. [137]

.

Binge drinking has decreased in almost all counties in the M-H Region from 2016 to 2021, except for Rockland and Sullivan Counties. Putnam County had the highest percentage of adults who binge drink in 2021 at 18.7% and Rockland County had the lowest percentage at 12.2%. Binge drinking can lead to many different health and social problems, including unintentional motor vehicle accidents. In 2023, 30% of traffic related deaths in the US were due to alcohol-impaired driving. [138]

Graph 120



County	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2016	17.5	15.7	21.7	11.0	15.7	22.2	20.7	18.1	19.1	18.3
2018	20.7	16.1	14.1	12.6	22.1	18.5	16.7	16.1	18.4	17.5
2021	15.1	13.8	18.7	12.2	17.8	13.9	13.0	13.1	16.1	16.0

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Considering all types of alcoholic beverages, how many times during the past 30 days did you have (for men) 5 or more drinks on an occasion or (for women) 4 or more drinks on an occasion?" Based on the responses to this question "binge drinking" is defined as consuming 4 or more drinks for women and 5 or more drinks for men on a single occasion.

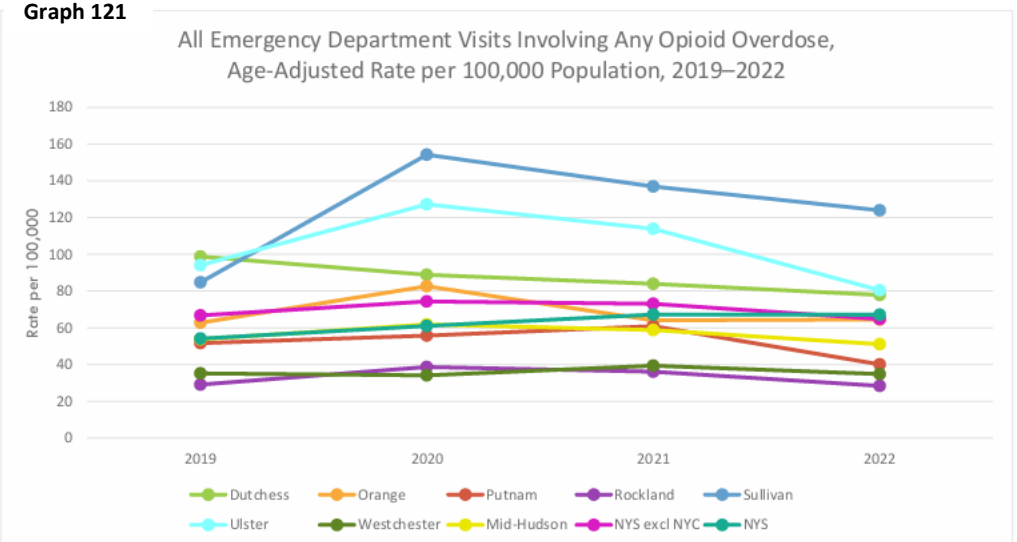
Source: NYSDOH Behavioral Risk Factor Surveillance System, May 2025 https://www.health.ny.gov/statistics/brfss/expanded/

- Opioid Use

Opioids are a class of drugs that include illicit drugs such as heroin, synthetic opioids such as fentanyl, and prescription pain relievers, such as oxycodone, hydrocodone, and morphine. According to the CDC, in 2023 about 76% of drug overdoses involved an opioid and deaths involving multiple drugs have also increased. The total financial cost of management, treatment, and lost productivity due to the opioid crisis is calculated to be over $2.7 trillion in 2023. [139]

From 2019 to 2020, the ED visit rates for overdoses involving any opioid increased, for almost all seven counties in the M-H Region except Dutchess and Westchester Counties. Since 2020, the rate has been falling in all counties in the M-H Region, except in Westchester County that saw a slight increase from 34.1 to 34.8 per 100,000. Sullivan presented the highest rate of ER visits for opioid overdose in the region (123.9 per 100,000) in 2022, while Rockland had the lowest rate (28.4 per 100,000).

Graph 121



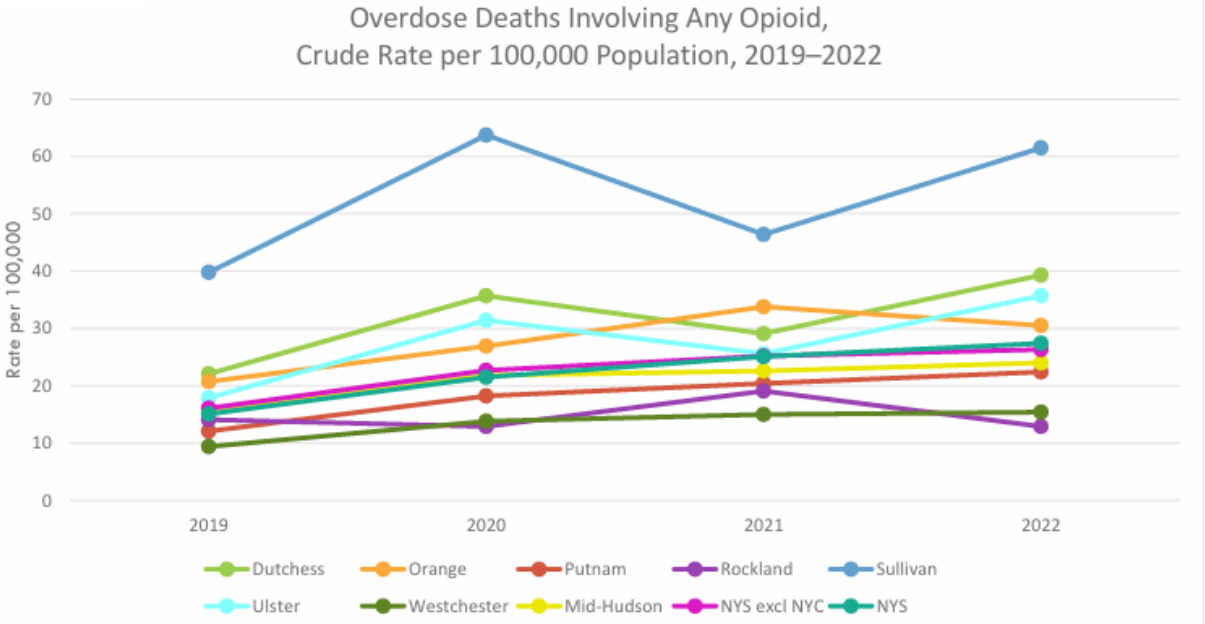
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2019	98.8	62.8	51.6	29.1	84.8	94.1	35.2	53.7	66.7	54.1
2020	88.9	82.7	55.7	38.7	154.3	127.2	34.1	61.8	74.3	61.0
2021	83.9	64.0	60.9	36.1	136.9	113.9	39.4	58.8	73.1	67.2
2022	77.9	64.5	40.1	28.4	123.9	80.4	34.8	51.1	64.8	67.1

Note: Includes outpatient and admitted patient visits to the emergency department involving any opioid poisoning as the principal diagnosis or first-listed cause of injury.

Source: NYS Opioid Data Dashboard, May 2025 sourced from NY Statewide Planning and Research Cooperative System https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

When looking at the rate of overdose deaths involving any opioid from 2019 to 2022, it has steadily increased across most counties in the M-H Region, as well as NYS and NYS excluding NYC. In 2022, the highest rate was seen in Sullivan County, and the lowest rate was seen in Rockland County (61.5 and 12.9 per 100,000 population, respectively).

Graph 122

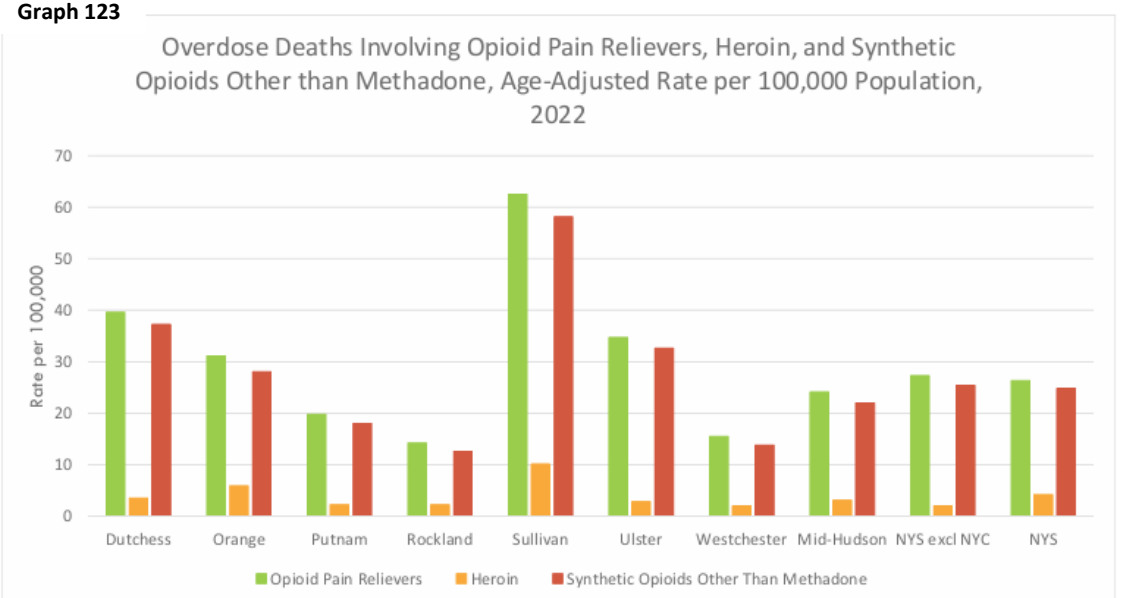


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2019	22.1	20.7	12.1	14.1	39.8	17.9	9.4	15.3	16.1	15.1
2020	35.7	26.9	18.2	12.9	63.7	31.4	13.8	21.8	22.7	21.5
2021	29.1	33.8	20.4	19.1	46.4	25.6	15.0	22.6	25.2	25.1
2022	39.3	30.5	22.4	12.9	61.5	35.7	15.4	24.0	26.3	27.4

**: The rate is unstable.*
Note: Includes poisoning deaths involving any opioid, all manners, using all causes of death.
Source: NYS Opioid Data Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

In 2022 the highest rate of overdose deaths in all counties was caused by opioid pain relievers. Synthetic opioids other than Methadone were a close second. The highest rates for overdose deaths involving opioid pain relievers were seen in Sullivan County and the lowest rates in Rockland County.

Graph 123

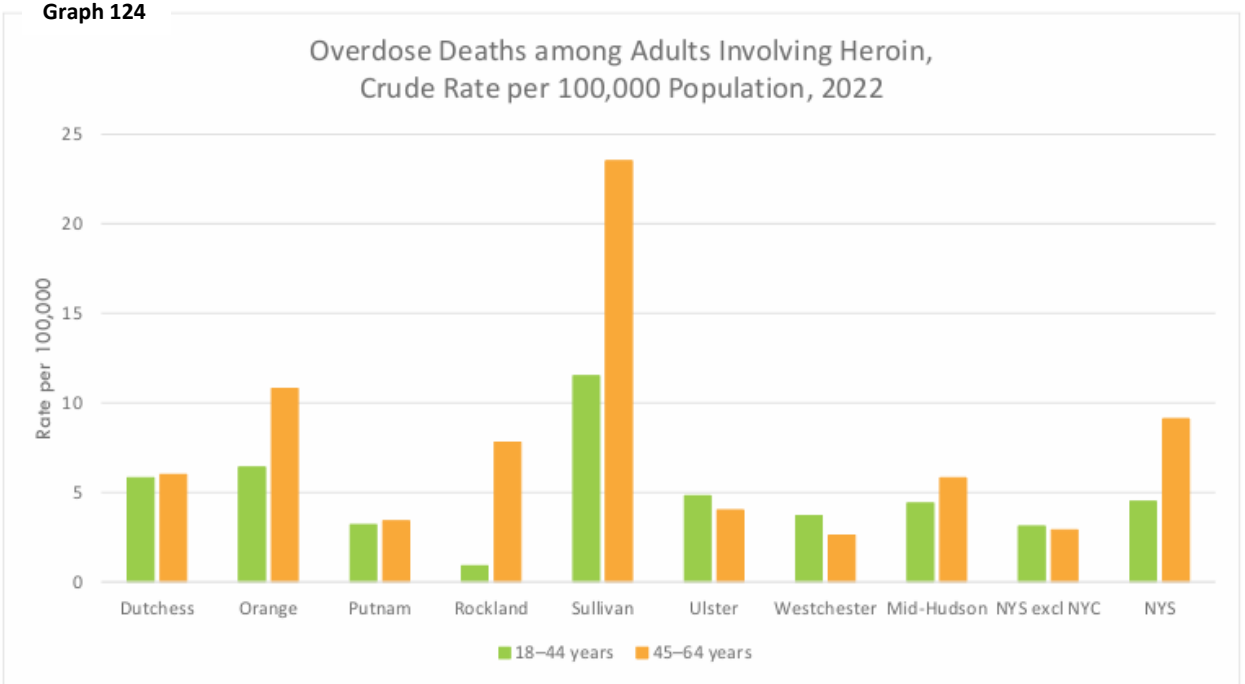


County	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
Opioid Pain Relievers	39.6	31.1	19.8	14.2	62.5	34.7	15.5	24.1	27.3	26.3
Heroin	3.5	5.9	2.2	2.2	10.1	2.8	2.0	3.1	2.0	4.2
Synthetic Opioids Other Than Methadone	37.2	28.0	18.0	12.6	58.1	32.6	13.8	22.0	25.4	24.8

**: The rate is unstable.*
Note: Includes poisoning deaths involving any opioid pain relievers (including illicitly produced opioids such as fentanyl), heroin, and synthetic opioids other than methadone, all manners, using all causes of death.
Source: NYS Opioid Data Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

When overdose deaths are stratified by age, the rate of overdose deaths involving heroin was higher in most counties among adults aged 45 to 64 years compared to those aged 18 to 44 years across all three types of overdose deaths except in Ulster and Westchester County. This shows a shift from previous years, where overdose deaths were predominantly among adults of age 18-44.

Graph 124

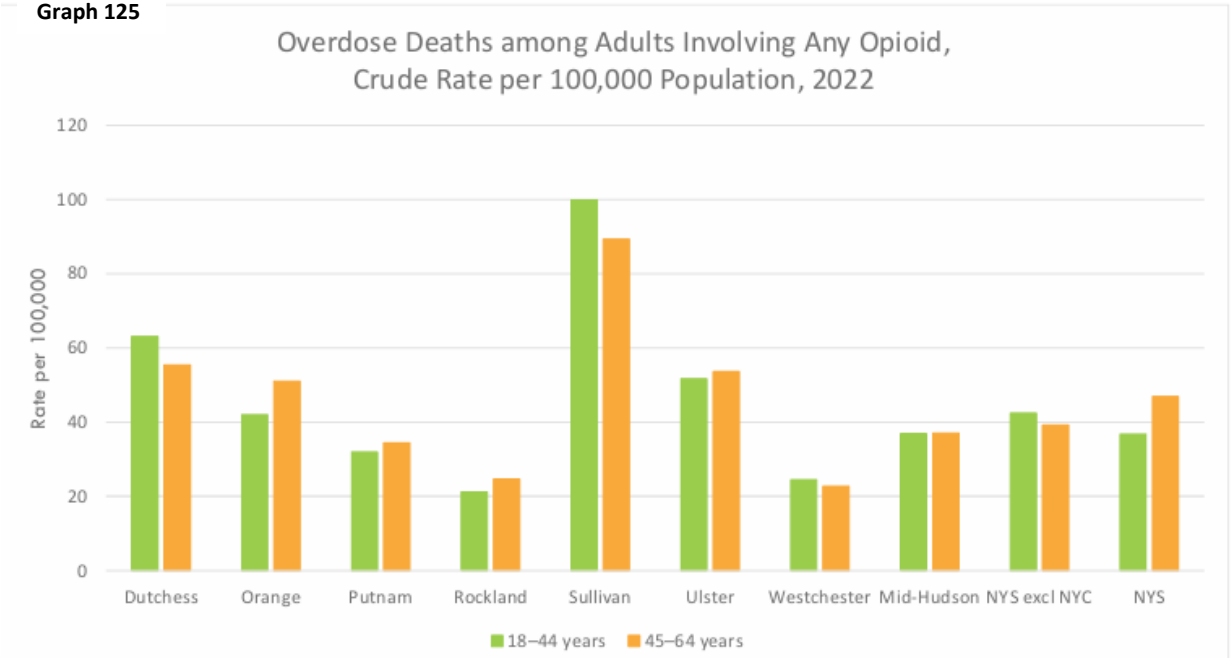


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
18–44 years	5.8*	6.4*	3.2*	0.9*	11.5*	4.8*	3.7	4.4	3.1	4.5
45–64 years	6.0*	10.8	3.4*	7.8*	23.5*	4.0*	2.6*	5.8	2.9	9.1

**: The rate is unstable.*
Note: This includes adults aged 18–64 years old. Poisoning deaths involving heroin, all manners, using all causes of death.
Source: NYS Opioid Data Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

Sullivan County had the highest rates of overdose deaths among adults aged 18 to 44 years caused by any opioid (99.9 per 100,000 population) as well as for adults aged 45 to 64 years (89.3 per 100,000 population). The rates of overdose deaths among adults involving any opioid are higher among 18–44-year-olds in Dutchess and Westchester. In all other counties the rates are higher among adults 45-64 years old, including NYS.

Graph 125



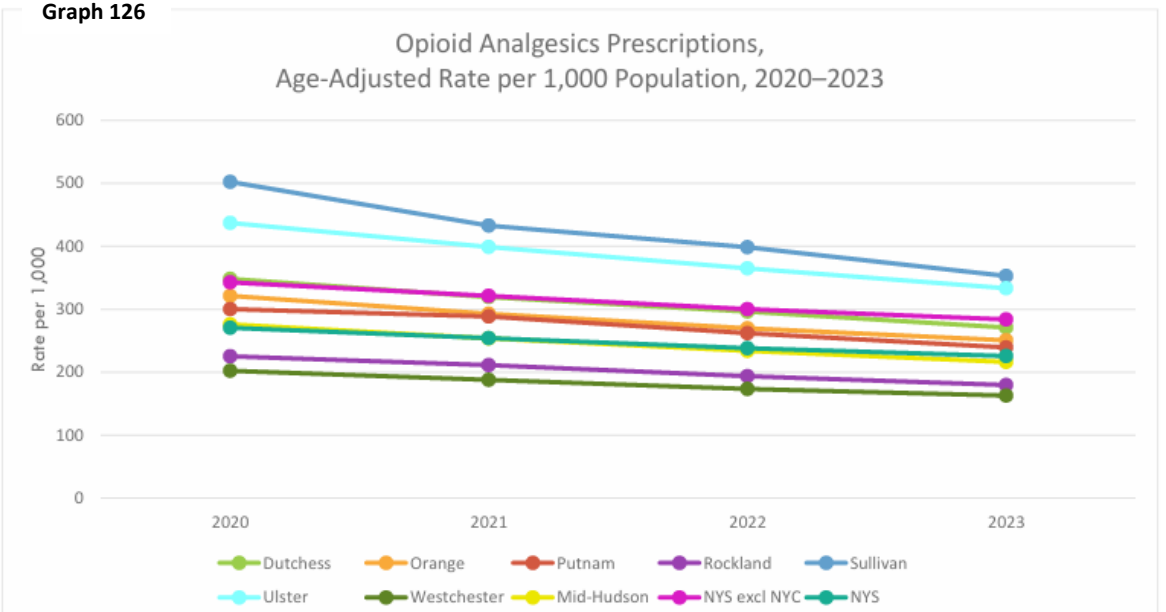
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
18–44 years	63.1	42.0	31.9	21.2	99.9	51.6	24.4	36.9	42.4	36.7
45–64 years	55.4	51.0	34.4	24.6	89.3	53.6	22.7	37.0	39.2	46.9

Overdose Deaths among Adults Involving Any Opioid, Crude Rate per 100,000 Population, 2022
Note: This includes adults aged 18–64 years old. Includes all poisoning deaths involving opioids, all manners, using all causes of death.
Source: NYS Opioid Data Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

Efforts being made at the federal, state, and local level to combat the opioid epidemic include improving opioid prescribing practices; increasing education, training, and distribution of Naloxone (an overdose reversal drug); and increasing access to medication-assisted treatment. [140]

From 2020 to 2023, prescription rates for opioid analgesics (pain relievers) have decreased across each county in the M-H Region, as well as NYS and NYS excluding NYC. In 2023, Sullivan County had the highest opioid analgesic prescription rate and Westchester County had the lowest rate (352.7 and 162.9 per 1,000 population, respectively). Rockland was second lowest (179.4 per 100,000 population).

Graph 126



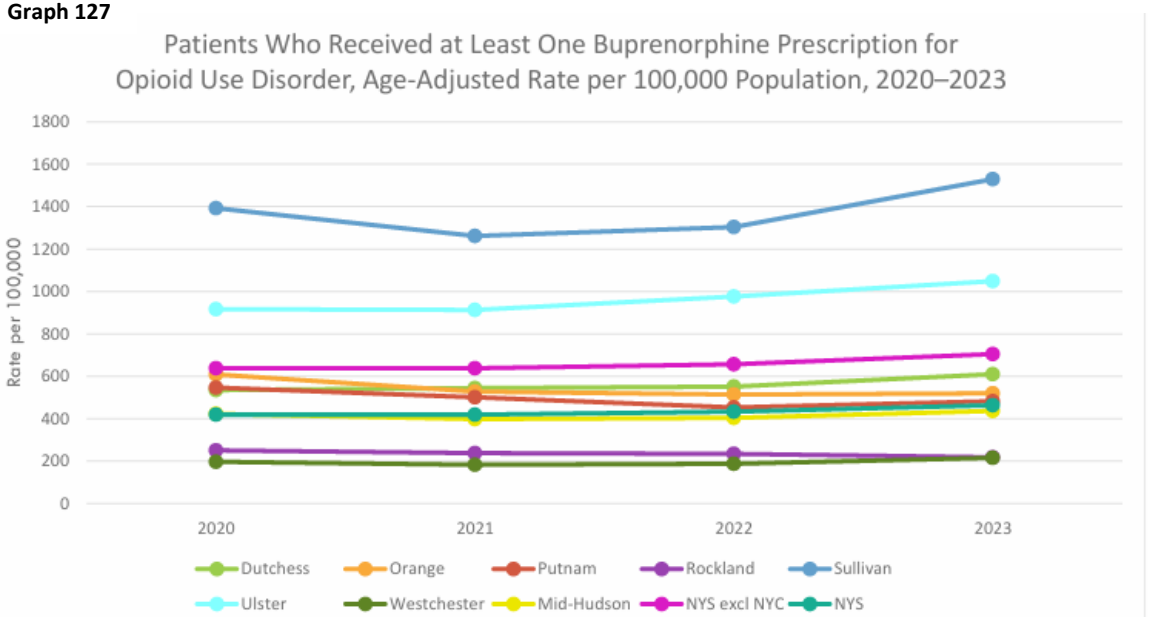
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2020	348.0	321.2	300.1	225.1	502.0	436.9	202.3	275.9	342.4	270.6
2021	319.0	292.5	288.3	211.3	432.6	398.9	187.9	253.7	321.2	254.1
2022	296.2	269.6	261.7	193.7	398.5	364.7	173.3	233.8	300.2	238.1
2023	270.7	250.5	239.3	179.4	352.7	333.4	162.9	216.3	283.8	225.6

Note: Includes Schedule II (Drugs with some medically acceptable uses, but with high potential for abuse and/or addiction. These drugs can be obtained through prescription.), III (Drugs with low to moderate potential for abuse and/or addiction, but less dangerous than Schedule I or II. These drugs can be obtained through prescription but generally are not available over the counter.), and IV (Drugs with viable medical use and low probability of use or misuse.) opioid analgesic prescriptions dispensed to state residents.
Source: NYS Opioid Data Dashboard, May 2025 sourced from NYS Prescription Monitoring Program
https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

Buprenorphine is an opioid used to treat opioid addiction. It is a medication that can be prescribed in physician offices, thereby increasing access to treatment. It produces effects such as euphoria and respiratory depression, but these effects are much weaker than other opioids such as heroin. [141]

From 2020 to 2023, the rate of patients who received at least one buprenorphine prescription for opioid use disorder has generally increased across each county and NYS. In 2023, Sullivan County had highest buprenorphine prescription rate and Westchester County had the lowest rate (1529.8 and 215.3 per 100,000 population, respectively). The rate for Rockland County was 217.9 per 100,000 population.

Graph 127



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2020	535.7	608.7	546.4	251.4	1392.5	916.9	197.2	422.9	638.4	419.1
2021	544.4	527.6	501.8	237.5	1261.5	913.7	183.3	398.5	637.7	419.8
2022	551.2	514.2	453.4	234.2	1303.8	976.4	187.8	403.9	657.2	433.9
2023	609.7	520.4	482.1	217.9	1529.8	1048.4	215.3	436.6	705.4	464.0

Patients Who Received at Least One Buprenorphine Prescription for Opioid Use Disorder, Age-Adjusted Rate per 100,000 Population, 2020–2023
Source: NYS Opioid Data Dashboard, May 2025 sourced from NYS Prescription Monitoring Program
https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

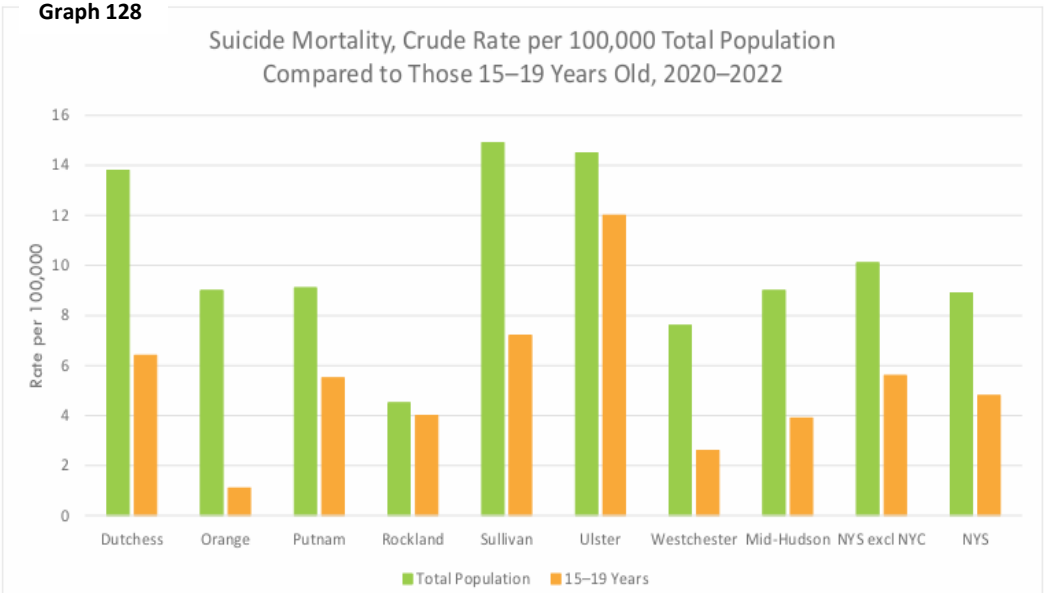
Suicide

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. It is associated with several risk factors, including those who have experienced bullying, sexual violence, and child abuse. In 2023, 12.8 million American adults considered attempting suicide and over 49,000 died by suicide. [142] Protective factors, such as connectedness with family and friends, as well as access to health care services, can help prevent suicide.

Healthy People 2030 set the goal to reduce suicide rates to 12.8 suicides per 100,000 population, which was met between 2020-2022 in Orange, Putnam, Rockland, Sullivan and Westchester Counties at 9.0, 9.1, 4.5, and 7.6 per 100,000 population respectively.

Suicide among young adults is also a public health concern, especially in Ulster County, where suicide the mortality rate among teenagers aged 15-19 years was 12.0 per 100,000 population, though this rate is unstable. In Rockland County the rate is 4.0 per 100,000 population.

Graph 128



	Three-Year Average							Single-Year		
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
Total Population	13.8	9.0	9.1	4.5	14.9	14.5	7.6	8.6	9.9	8.3
15–19 Years	6.4*	1.1*	5.5*	4.0*	7.2*	12.0*	2.6*	5.4*	6.7	5.2

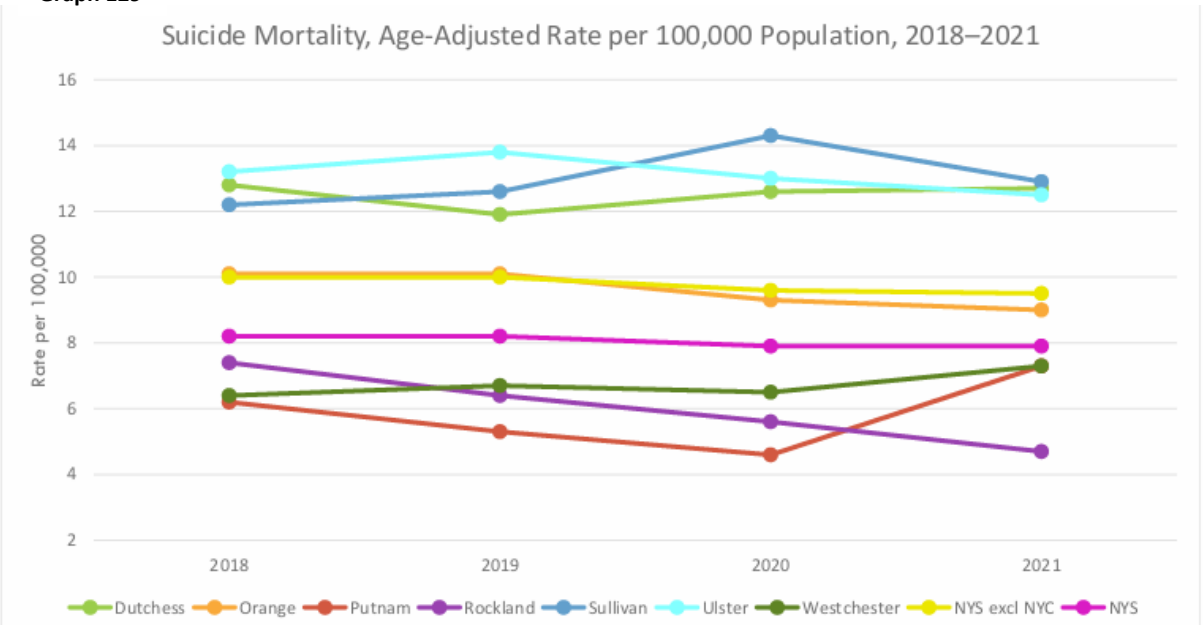
*: *The rate is unstable.*

Note: Three-year averages are used for counties and single-year rates are used for Mid-Hudson, NYS and NYS excluding NYC. The ICD-10 codes used for suicide are: X60-X84, Y87.0.

Source: NYS Community Health Indicator Reports Dashboard, April 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/statistics/chac/indicators/index.htm

Suicide mortality rates have remained relatively flat for a few counties and NYS from 2018 to 2021. A larger increase was seen in Putnam County, while Rockland County shows a steady decrease since 2018.

Graph 129



	Three-Year Average							Single-Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	12.8	10.1	6.2	7.4	12.2	13.2	6.4	10.0	8.2
2019	11.9	10.1	5.3	6.4	12.6	13.8	6.7	10.0	8.2
2020	12.6	9.3	4.6	5.6	14.3	13.0	6.5	9.6	7.9
2021	12.7	9.0	7.3	4.7	12.9	12.5	7.3	9.5	7.9

Note: Y-axis does not begin at zero in order to clearly display trend lines. Three-year averages are used for counties and single-year rates are used for NYS and NYS excluding NYC. The ICD-10 codes used for suicide are: X60-X84, Y87.0.
Source: NYS Community Health Indicator Reports Dashboard, April 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/statistics/chac/indicators/index.htm

Child Health

Preventive health care is important across all age groups. However, it is especially important for children and adolescents to help them avoid preventable diseases and maintain good health throughout the course of their lives. According to the US Census Bureau, 5.8% of the population in the M-H Region is under five years old; Rockland County has the highest percentage of children in this cohort (8.5%) and Ulster County has the lowest (4.4%).

Table 6

Population by Age, 2023						
	<5 years		5-9 years		10-19 years	
	Total Population	%	Total Population	%	Total Population	%
Dutchess	13,613	4.6	14,448	4.9	37,031	12.5
Orange	27,143	6.7	27,679	6.9	61,718	15.3
Putnam	4,521	4.6	4,320	4.4	12,426	12.7
Rockland	28,957	8.5	27,051	8.0	52,692	15.5
Sullivan	4,656	5.9	4,969	6.3	9,343	11.8
Ulster	7,926	4.4	8,802	4.8	19,831	10.9
Westchester	53,282	5.3	57,324	5.8	129,780	13.0
Mid-Hudson	140,098	5.8	144,593	6.0	322,821	13.5
NYS excl NYC	604,728	5.3	640,751	5.6	1,454,784	12.8
NYS	1,102,961	5.6	1,102,946	5.6	2,413,200	12.1

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

Asthma, Gastroenteritis, Otitis Media, and Pneumonia

Children are at risk of developing certain diseases, some of which include ambulatory care sensitive (ACS) conditions. These are conditions where the use of the ED is thought to be avoidable by focusing on interventions in primary care.[143] Some ACS conditions include asthma, otitis media, gastroenteritis, and pneumonia.

Asthma

Asthma is caused by airway restriction in the lungs, resulting in difficulty breathing, wheezing, chest tightness, and coughing. It is a condition commonly found among children, but it can be managed and treated with medical care [see page 163]. When looking at the 2020-2022 hospitalization rate for those aged 0-4 years, the M-H Region had a higher hospitalization rate than NYS excluding NYC.

Gastroenteritis

Gastroenteritis is an intestinal infection that can affect children starting at a young age. It is typically a viral infection that causes fever, watery diarrhea, nausea, vomiting, and abdominal pain.[144] Viral infections are generally spread through contact with someone infected with the disease or by ingesting substances contaminated with the infection. Children are especially at risk at day care centers or at schools, as they can encounter other infected classmates. The 2020-2022 hospitalization rate of gastroenteritis for children 0 to 4 years of age for the M-H Region was higher than hospitalization rate for NYS excluding NYC but lower than NYS.

Otitis Media

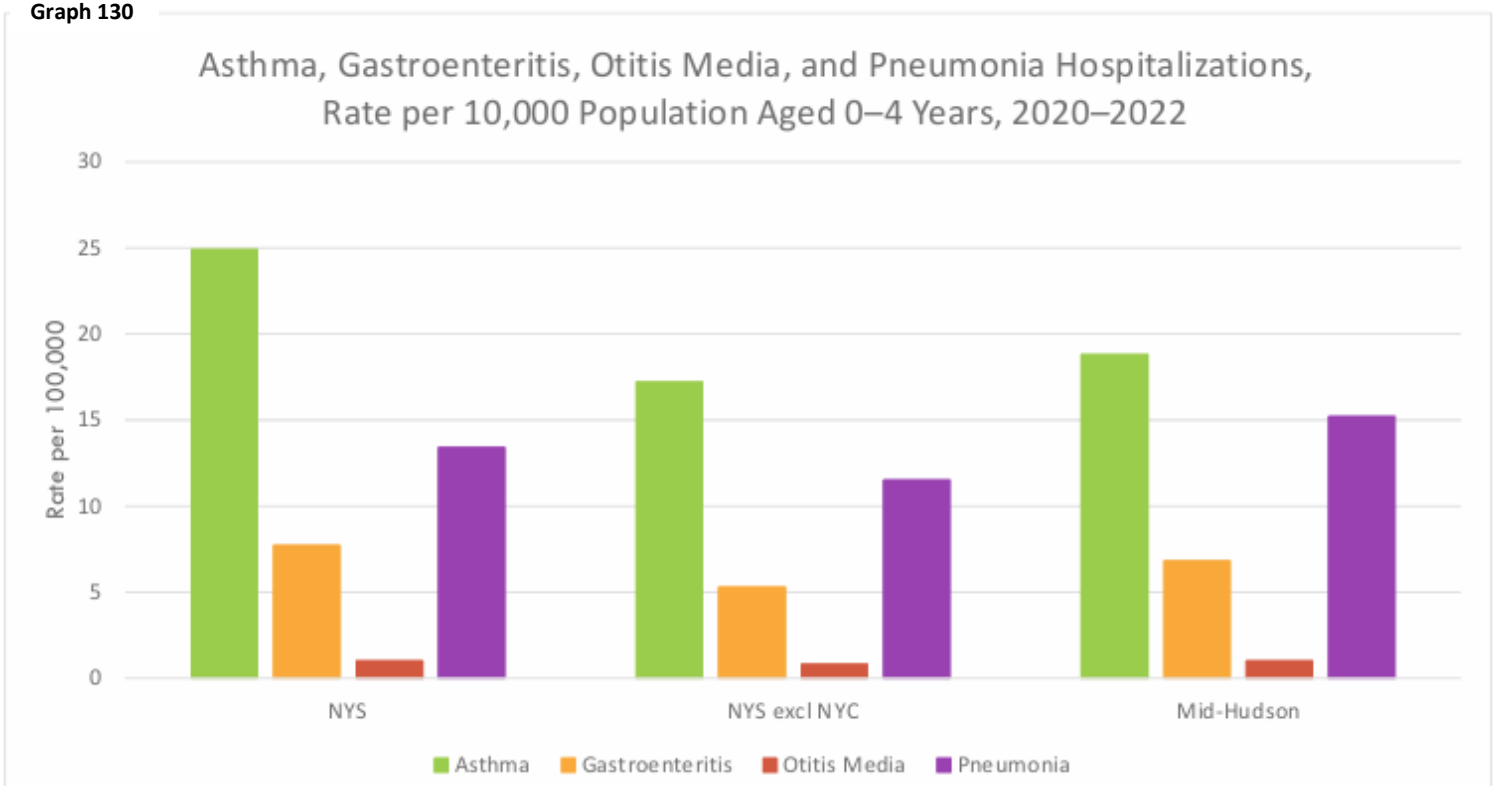
Otitis media is an infection that occurs in the middle ear and is most diagnosed in children. Even though antibiotics are typically used to clear the infection, some children are prone to having chronic ear infections. This can lead to other consequences, such as antibiotic resistance, surgery, and hearing loss. Common symptoms of otitis media include ear pain, tugging or pulling at the ear, crying more than usual, trouble hearing, fever, and drainage from the ear. [145] For the 2020-2022 hospitalization rate for those aged 0-4 years, the M-H region had the same rate as NYS but was slightly higher than NYS excluding NYC.

Pneumonia

Pneumonia is an infection that causes inflammation in the air sacs in one or both lungs. Pneumonia can be caused by bacteria, viruses, or fungi. It can lead to serious consequences for young children, as well as people over the age of 65. Symptoms of pneumonia include fever, cough, chest pain, and shortness of breath.[146] It is important that children be vaccinated to prevent pneumococcal infection.

The 2020-2022 hospitalization rate for children aged 0-4 years was higher in the M-H region (15.2) than NYS (13.4) and NYS excluding NYC.

Graph 130



	Asthma	Gastroenteritis	Otitis Media	Pneumonia
NYS	24.9	7.7	1.0	13.4
NYS excl NYC	17.2	5.3	0.8	11.5
Mid-Hudson	18.8	6.8	1.0	15.2

Note: The ICD-10 codes for otitis media are: H65.0, H65.1, H65.2, H65.3, H66.0, H66.1, and H66.2.

Source: NYS Community Health Indicator Reports Dashboard, April 2025 sourced from NY Statewide Planning and Research Cooperative System https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

ENVIRONMENTAL INDICATORS

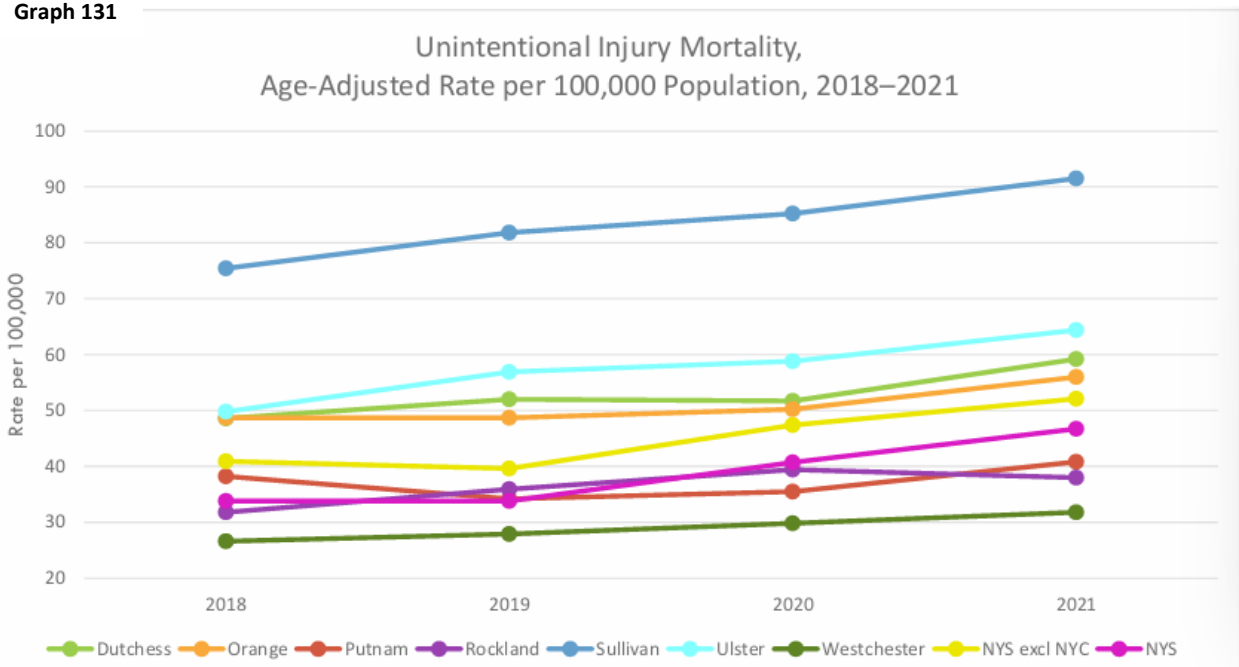
Safety

- Injury

Injuries fall into two distinct categories: intentional acts (like assaults or suicides) and unintentional incidents (such as falls, car accidents, or poisoning). Their predictable patterns and identifiable risk factors make injuries largely preventable. [147] From being the third cause of death in 2019, unintentional injury fell to be the fourth leading cause of death in NYS in 2022, accounting for 10,920 fatalities statewide, which is equivalent to a rate of 50.6 deaths per 100,000 population. It is the number one cause of death for residents aged 1 to 44 years. [148] Beyond mortality, injuries contribute to significant societal burdens, including financial costs, long-term disability, mental health challenges, and lost productivity. [149]

In the M-H Region from 2020-2022, Sullivan County had the highest three-year average unintentional injury mortality rate (92 per 100,000 population), while Westchester County recorded the lowest rate (32 per 100,000 population). The unintentional injury mortality rate is moving up in all seven counties. Sullivan County is showing the highest increase from 75 per 100,000 population in 2018 to 92 per 100,000. Rockland County is the only County that showed a trend downwards in unintentional injury mortality between 2020 and 2021.

Graph 131



	Three-Year Average							Single-Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	49	49	38	32	75	50	27	41	34
2019	52	49	34	36	82	57	28	40	34
2020	52	50	36	39	85	59	30	47	41
2021	59	56	41	38	92	64	32	52	47

Note: Three-year averages are used for counties and single-year rates are used for NYS and NYS excluding NYC. Y-axis does not begin at zero in order to clearly display trend lines. The ICD-10 codes for unintentional injury are: V01-X59, Y85-Y86.

Source: NYS Community Health Indicator Reports Dashboard , May 2025 sourced from Vital Statistics of NYS

https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

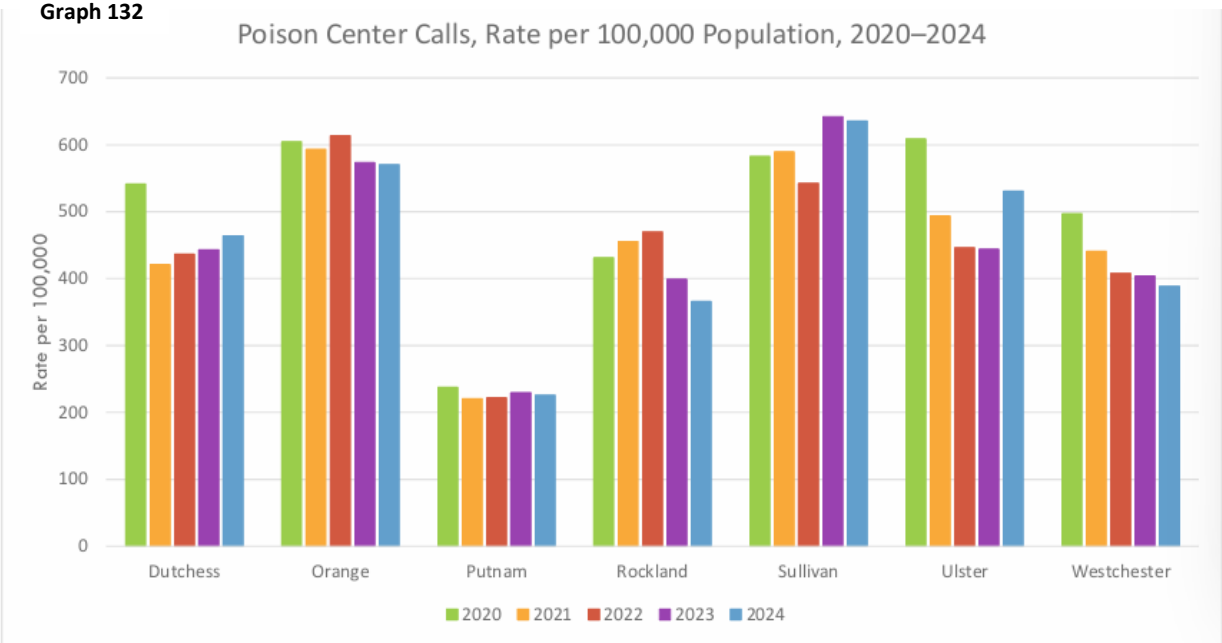
Poisoning

In 2023, preventable poisonings resulted in 100,304 U.S. deaths, with a death rate of 29.9 per 100,000 population, nearly eight times higher than 1999 levels despite a modest 2.5% decline from 2022. [150] Poisoning disproportionately affected adults aged 19 and older, who accounted for 98.4% of fatal unintentional poisoning and 90% of non-fatal poisoning. [151] These poisoning trends were driven largely by drug overdoses, primarily involving opioids, which accounted for 93% of fatalities.[152] In contrast, based on call data from the American Association of Poison Control Centers, 40% of poison exposures in the United States in 2023 occurred in children under 5 years old and were largely attributable to the ingestion of personal care and household cleaning products. [151]

In New York, poison control centers handled 96,197 calls statewide during 2023. Approximately 80% of calls in the state stemmed from unintentional exposure. Residential settings accounted for 93% of these cases. Children aged 5 years and younger were disproportionately affected, with 34,522 exposure cases reported, representing 36% of all New York poison exposure incidents that year. The leading causes for exposures in young children included ingestion of cleaning substances (10.1%), personal care products (10%), foreign bodies or toys (9.3%), and analgesics (9%).[153]

The Upstate New York Poison Center handles poison exposure calls for all Mid-Hudson (M-H) Region counties except Westchester, which receives coverage from the NYC Poison Center. In 2024, call rates varied significantly: Putnam County reported the lowest rate at 226 exposures per 100,000 residents, while Sullivan County saw the highest rate at 636 per 100,000. Rockland County fell second lowest at 366 exposures per 100,000.

Graph 132

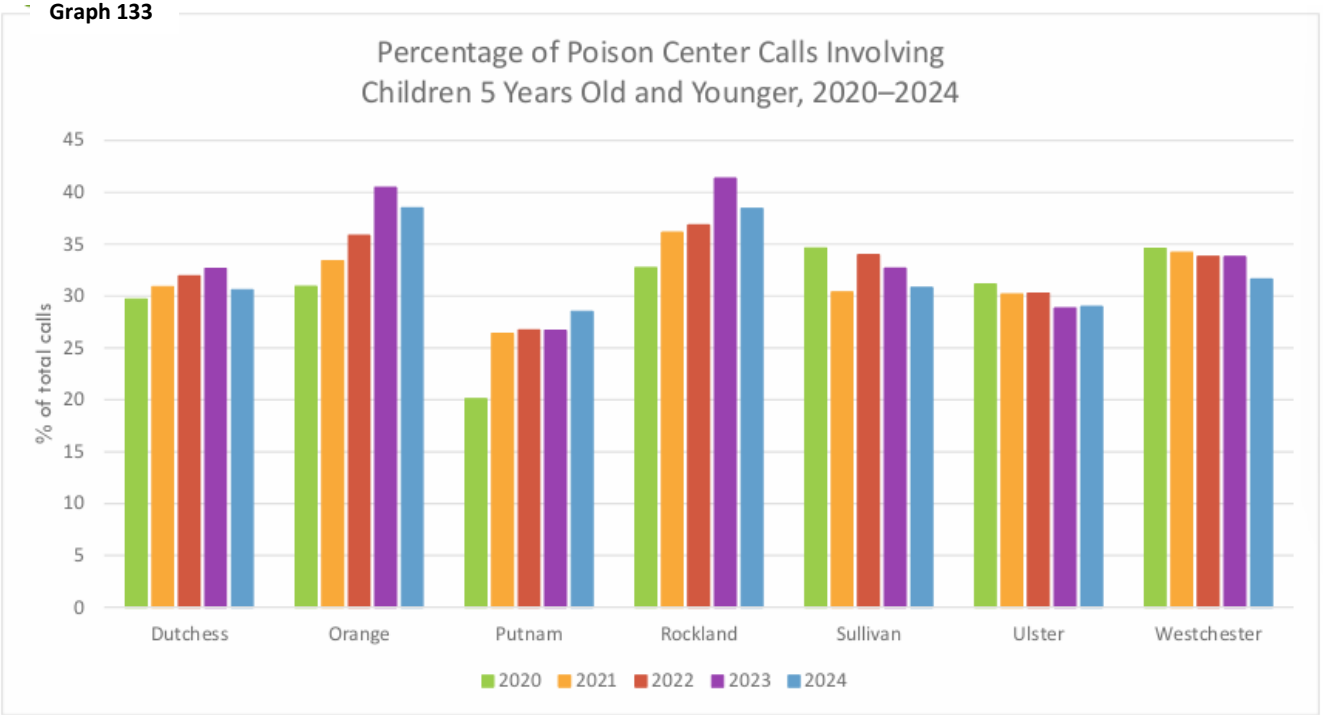


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester
2020	541	604	237	431	583	609	497
2021	421	593	220	456	589	494	441
2022	436	613	222	470	542	446	408
2023	443	573	230	399	642	444	404
2024	464	570	226	366	636	530	388

Note: Rates calculated using population estimates from U.S. Census Bureau's 2023 American Community Survey (ACS) 5-Year Estimate, Table B01003.
Source: Data request from Upstate NY Poison Center and NYC Poison Center, May 2025

In 2024, Orange and Rockland County had the highest proportion of calls for poisoning exposures involving children under 5 (38.5% and 38.4%, respectively), while Putnam County reported the lowest (28.5%).

Graph 133

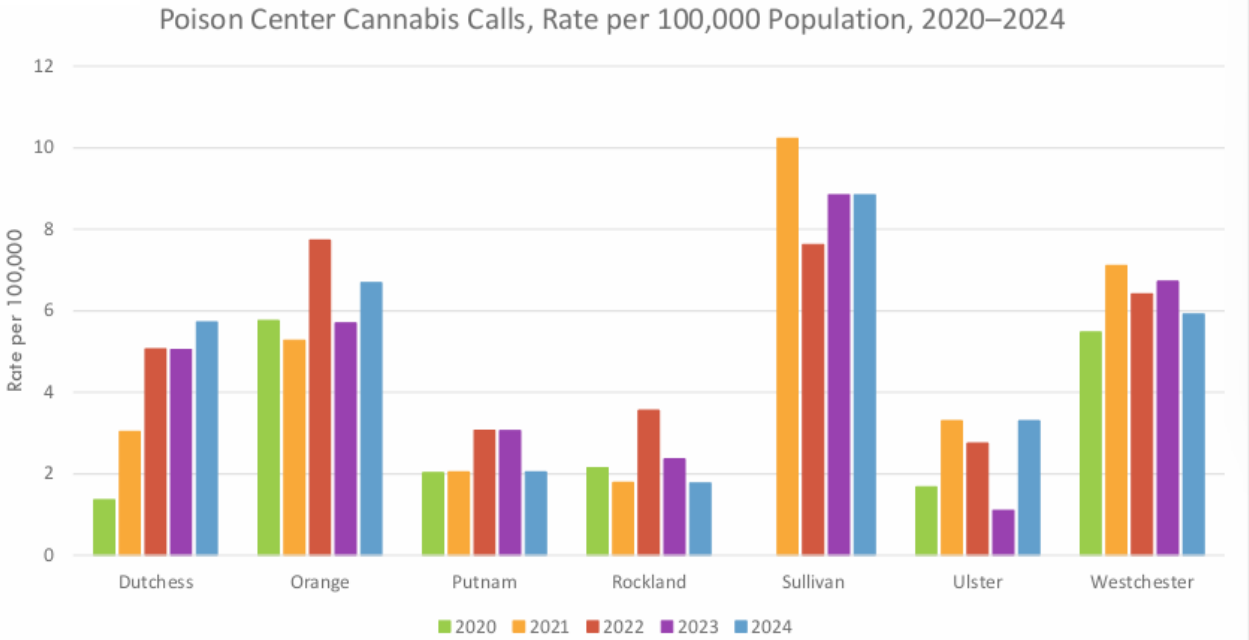


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester
2020	29.7	30.9	20.1	32.7	34.6	31.1	34.6
2021	30.9	33.4	26.4	36.1	30.4	30.2	34.2
2022	31.9	35.8	26.7	36.8	34.0	30.3	33.8
2023	32.6	40.5	26.7	41.3	32.7	28.8	33.8
2024	30.6	38.5	28.5	38.4	30.8	29.0	31.6

Source: Data request from Upstate NY Poison Center and NYC Poison Center, May 2025

In NYS cannabis has been legal for medical purposes since 2016, and for recreational use since 2021.[154] Increased availability could increase risk for cannabis-related poisoning, but this trend is not consistently evident in call center data for M-H Region counties from 2020-2024. In 2024 Sullivan County saw the highest rate of cannabis related calls at 8.8 per 100,000 people, whereas Rockland County recorded the lowest rate at 1.8 per 100,000 people.

Graph 134



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester
2020	1.4	5.8	2.0	2.2	0.0	1.7	5.5
2021	3.0	5.3	2.0	1.8	10.2	3.3	7.1
2022	5.1	7.7	3.1	3.6	7.6	2.7	6.4
2023	5.0	5.7	3.1	2.4	8.8	1.1	6.7
2024	5.7	6.7	2.0	1.8	8.8	3.3	5.9

Note: Rates calculated using population estimates from U.S. Census Bureau's 2023 American Community Survey (ACS) 5-Year Estimate, Table B01003.

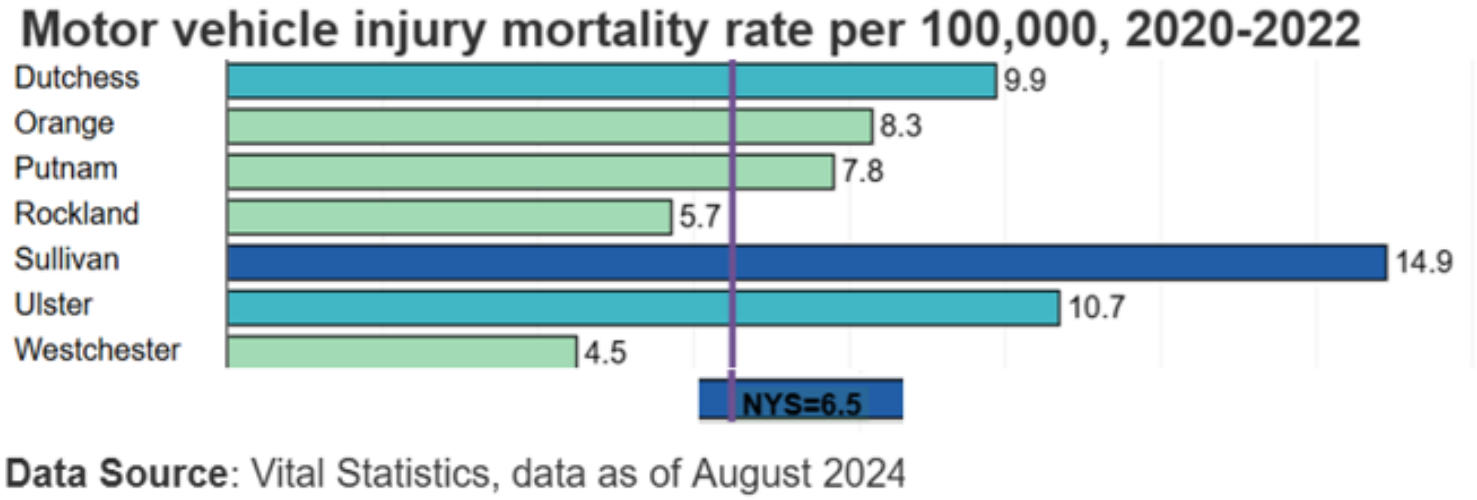
Source: Data request from Upstate NY Poison Center and NYC Poison Center, May 2025

Motor Vehicle Accidents

Motor vehicle accidents are a leading cause of injury and death in the United States for all age groups. According to the CDC, in 2022 there were over 2.6 million emergency department visits for injuries from motor vehicle accidents and more than 44,000 deaths due to motor vehicle accidents, equivalent to 120 people killed daily. [155] Major risk factors include speeding, not wearing seat belts, and impaired driving. [156] Proven strategies targeting these risk factors can prevent motor vehicle-related injuries and fatalities.

Between 2020-2022, Sullivan County had the highest three-year average motor vehicle-related mortality rate in the M-H Region at 14.9 per 100,000 population, and alongside Ulster it was above the Healthy People 2030 target of 10.1 per 100,000 population. [157] Westchester (4.5 per 100,000 population) and Rockland County (5.7 per 100,000 population) had the lowest rates. Rates are trending up in NYS, and for all M-H counties except for Orange, where rates are flat.

Graph 135



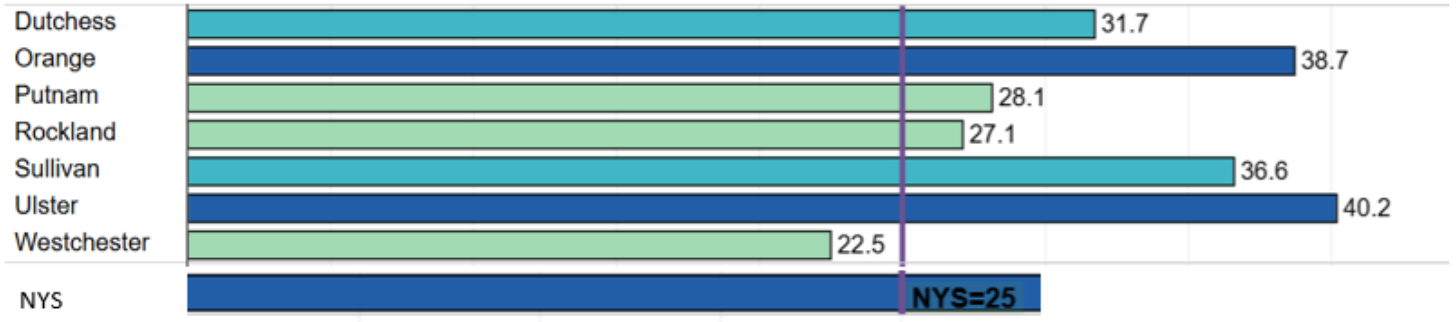
Data Source: Vital Statistics, data as of August 2024

According to the National Highway Traffic Safety Administration (NHTSA), there was a 7.6% decrease in fatalities related to alcohol-impaired motor vehicle driving in the US from 2022 to 2023. In 2023, there were 12,429 fatalities, or about a fatality every 42 minutes.[158]

Among the M-H Region's seven counties, Ulster (40.2 per 100,000 population), Orange (38.7 per 100,000 population), and Sullivan (36.6 per 100,000 population) had the highest 3-year average incidence of injuries and fatalities due to alcohol related driving accidents from 2020-2022, while Westchester and Rockland County had the lowest incidence rate at 22.5 and 27.1 per 100,000 population respectively. All counties, except Westchester are above the rate for NYS.

Graph 136

Alcohol related motor vehicle injuries and deaths per 100,000, 2020-2022

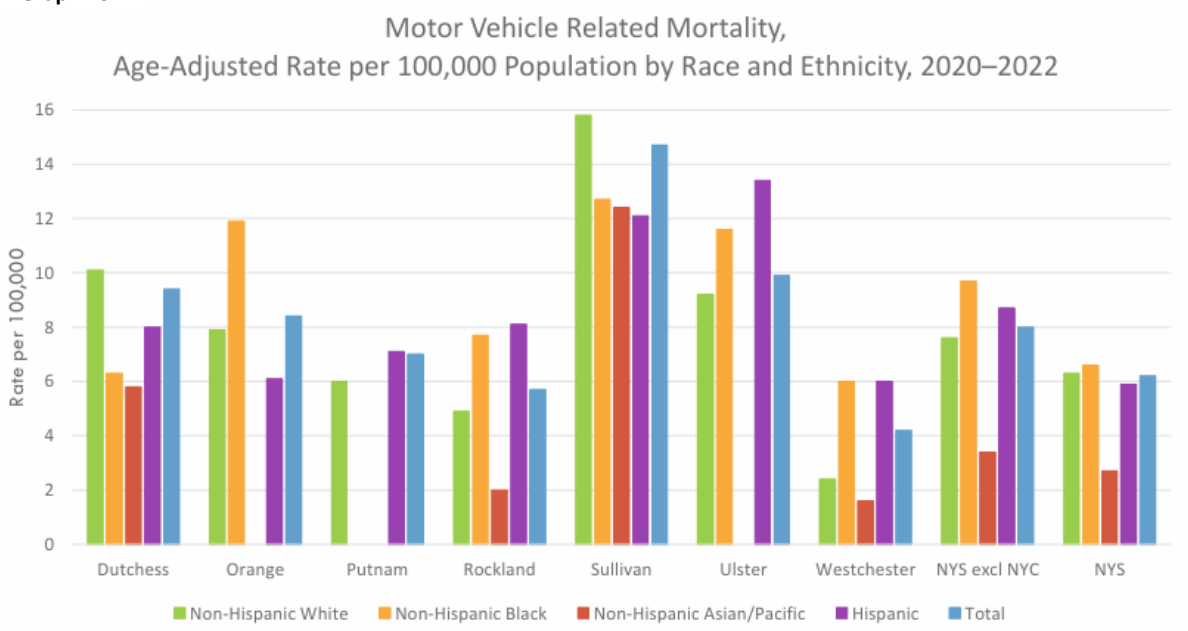


Data Source: NYS Department of Motor Vehicles, data as of September 2024

Motor vehicle mortality rates are known to vary by age and gender. In the US during 2023, males had a higher motor vehicle mortality rate than females in all age groups. The highest motor vehicle mortality rate was seen in persons 20 to 24 years of age. [159]

Determining motor vehicle-related fatalities by race and ethnicity allows counties to target prevention messaging further if disparities are detected. From 2020–2022, Hispanic and Non-Hispanic Black populations experienced some of the highest motor vehicle related mortality rates across the M-H Region. In Rockland County, the Hispanic population had the highest rate at 8.1 per 100,000 population.

Graph 137



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	10.1	7.9	6.0	4.9	15.8	9.2	2.4	7.6	6.3
Non-Hispanic Black	6.3*	11.9	0.0*	7.7	12.7*	11.6*	6.0	9.7	6.6
Non-Hispanic Asian/Pacific	5.8*	0.0*	0.0*	2.0*	12.4*	0.0*	1.6*	3.4	2.7
Hispanic	8.0	6.1	7.1*	8.1	12.1*	13.4*	6.0	8.7	5.9
Total	9.4	8.4	7.0	5.7	14.7	9.9	4.2	8.0	6.2

**: The rate is unstable.*

Note: This indicator includes deaths with motor vehicle related as the primary cause of death. The ICD-10 codes for motor vehicle related injuries are: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8,V89.0,V89.2.

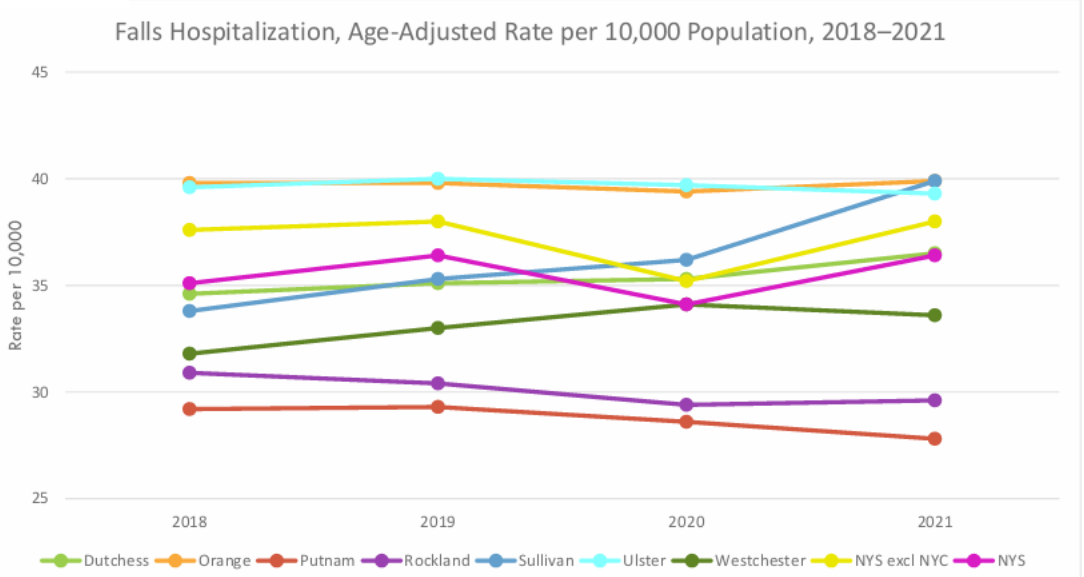
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, May 2025 sourced from Vital Statistics of NYS https://www.health.ny.gov/community/health_equity/reports/county/

Falls

Falls pose a significant injury risk across all age groups, with adults aged 65 years and older facing the greatest risk. More than one in four older adults fall annually, yet less than half report these falls to their doctor. Key risk factors for falls include lower body weakness, difficulties with walking and balance, certain medications (including tranquilizers, sedatives, antidepressants, and some over-the-counter drugs), poor vision, vitamin D deficiency, foot pain or poor footwear, and environmental hazards such as broken steps, throw rugs, and clutter. Most falls result from a combination of these risk factors, and the risk rises with each additional factor present. [160]

Falls have multifaceted impacts, with key consequences. [161] Acute injuries are the most common cause of traumatic brain injury (TBI) and are responsible for about 88% of hip fractures. Functional decline causes serious injuries requiring medical care/activity restriction in 37% of cases and trigger reduced activity due to fear of falling, worsening physical weakness and doubling future fall risk. Falls drive 3 million

Graph 138



	Three-Year Average							Single-Year	
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2018	34.6	39.8	29.2	30.9	33.8	39.6	31.8	37.6	35.1
2019	35.1	39.8	29.3	30.4	35.3	40.0	33.0	38.0	36.4
2020	35.3	39.4	28.6	29.4	36.2	39.7	34.1	35.2	34.1
2021	36.5	39.9	27.8	29.6	39.9	39.3	33.6	38.0	36.4

Note: Three-year averages were used for counties, while single-year estimates were used for NYS and NYS excluding NYC. Y-axis does not begin at zero in order to clearly display trend lines. The ICD-10 codes for falls are: V00111,V00121,V00131,V00141,V00151,V00181,V00211,V00221,V00281,V00311,V00321,V00381,V00811,V00821,V00831,V00841,V00891,W000XX,W001XX,W002XX,W009XX,W010XX,W0110X,W01110,W01111,W01118,W01119,W01190,W01198,W03XXX,W04XXX,W050XX,W051XX,W052XX,W06XXX,W07XXX,W08XXX,W090XX,W091XX,W092XX,W098XX,W100XX,W101XX,W102XX,W108XX,W109XX,W11XXX,W12XXX,W130XX,W131XX,W132XX,W133XX,W134XX,W138XX,W139XX,W14XXX,W15XXX,W16012,W16022,W16032,W16112,W16122,W16132,W16212,W16222,W16312,W16322,W16332,W1642X,W16512,W16522,W16532,W16612,W16622,W16712,W16722,W16812,W16822,W16832,W1692X,W170XX,W171XX,W172XX,W173XX,W174XX,W1781X,W1782X,W1789X,W1811X,W1812X,W182XX,W1830X,W1831X,W1839X,W19XXX, and Y01XXX.

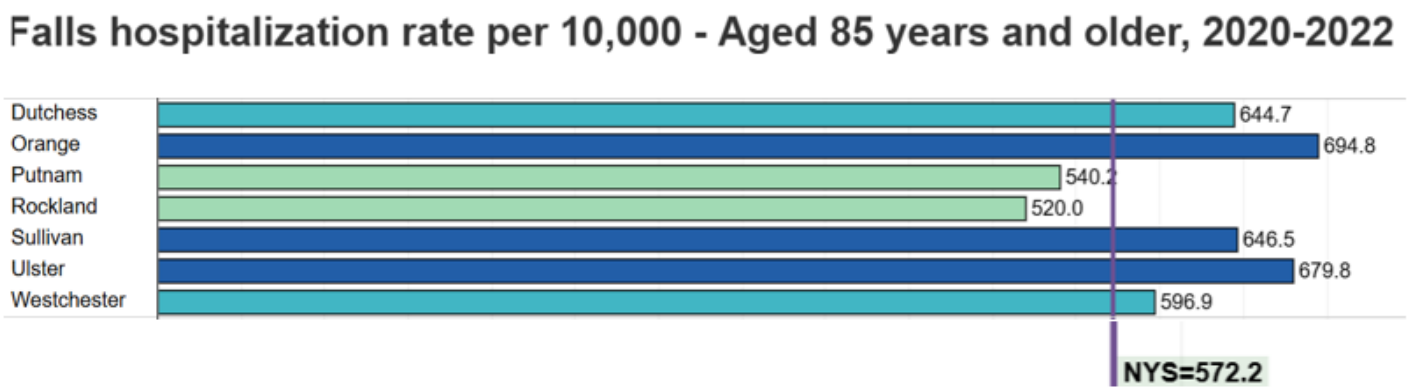
Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from NY Statewide Planning and Research Cooperative System https://www.health.ny.gov/community/health_equity/reports/county/

emergency department visits and 1 million hospitalizations annually and incur $80 billion in healthcare costs for non-fatal injuries (2020), a 60% increase from 2015, with Medicare/Medicaid covering 70%.

In the M-H Region from 2020-2022, 3-year average fall related hospitalization rates in Orange, Sullivan and Ulster Counties were higher than the 2021 rate in New York State (excluding NYC). Conversely, Putnam and Rockland Counties consistently report the lowest fall rates in the region.

When analyzed by age group, individuals aged ≥85 years exhibited the highest rates of fall-related hospitalizations in NYS in 2022. [162] In the M-H Region from 2020-2022, Orange and Ulster Counties had the highest 3-year average hospitalization rate due to falls in persons ≥85 years of age, at 695 and 680 per 10,000 residents, respectively. Conversely, Rockland County recorded the lowest rate (520 per 10,000 population) in this age range.

Graph 139

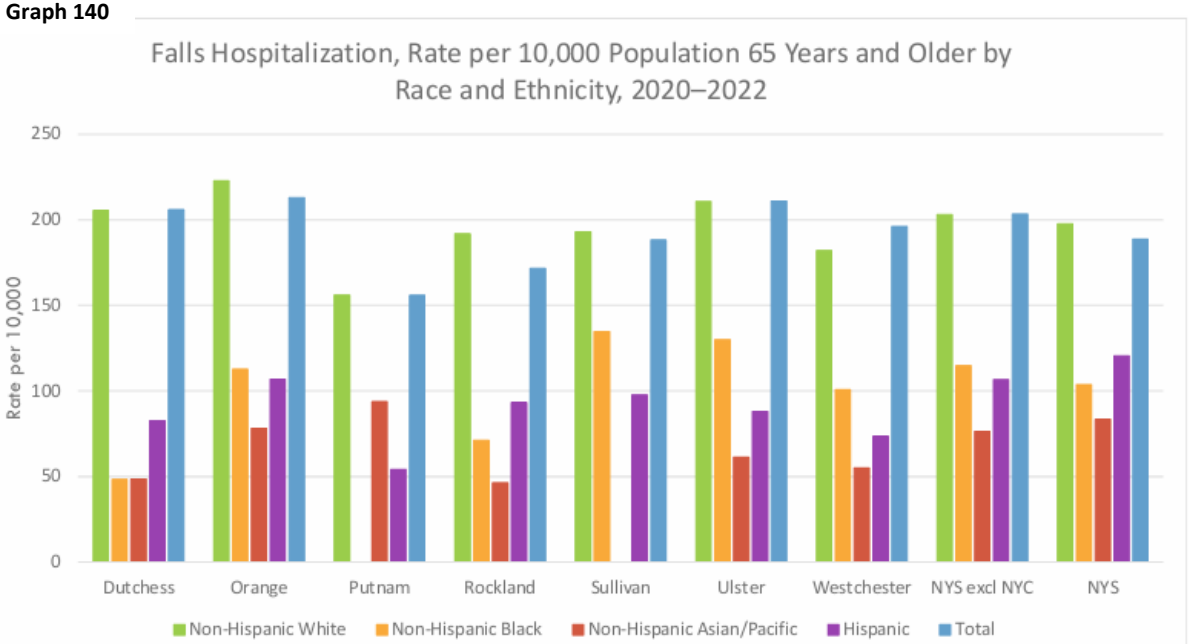


Source: State Community Health Indicator Reports (CHIRS) County Dashboard. 2025

New York State Community Health Indicator Reports Dashboard

When examining hospitalizations due to falls in persons aged 65 years and older from 2020 to 2022 in the M H Region, the highest rates were seen in Orange and Ulster Counties (213 and 211 per 10,000 population, respectively), and the lowest rate was seen in Putnam County (156 per 10,000 population). When stratified by race and ethnicity, non-Hispanic White individuals showed the highest fall-related hospitalization rates across all Mid-Hudson counties. Hispanic populations exhibited the second-highest rates per 10,000 in Rockland and Dutchess Counties. Higher rates among non-Hispanic Black residents were observed in Orange, Sullivan, Westchester and Ulster Counties.

Graph 140



	Three-Year Average							Single-Year	
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	205.3	222.8	156.0	191.7	192.9	210.6	181.9	202.9	197.5
Non-Hispanic Black	48.3	112.7	s	71.1	134.7	129.9	100.8	114.7	103.7
Non-Hispanic Asian/Pacific	48.6	78.1	93.8*	46.3	s	61.2*	55.0	76.4	83.4
Hispanic	82.6	106.8	54.2	93.3	97.6	88.1	73.5	106.5	120.5
Total	205.8	212.8	155.9	171.6	188.1	210.9	196.0	203.2	188.7

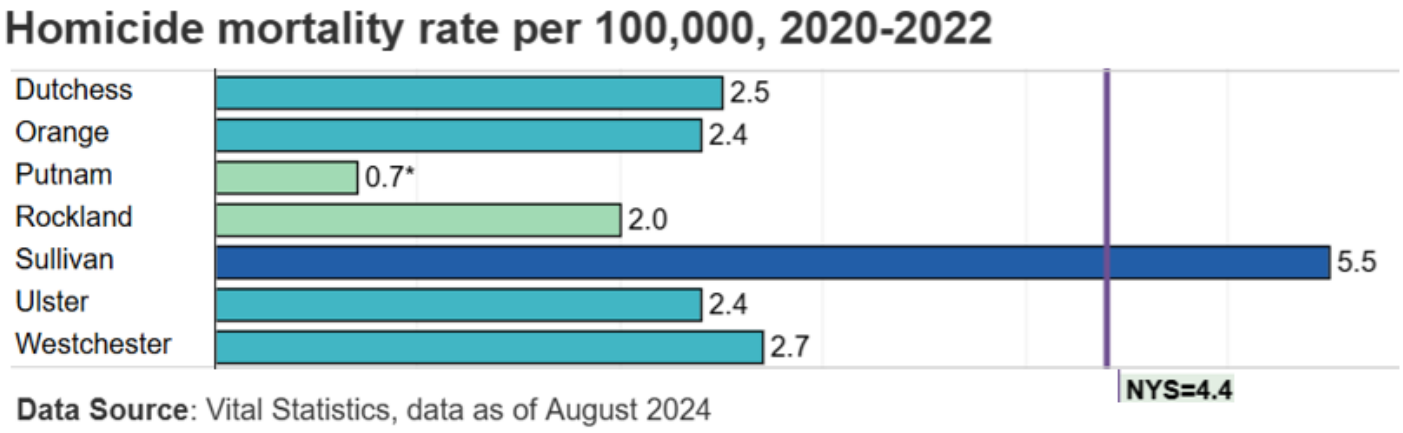
s: Data are suppressed due to not meeting confidentiality criteria. Note: Three-year average is used for this indicator. This indicator includes deaths with falls as the primary cause of death. The ICD-10 codes for falls are: V00111,V00121,V00131,V00141,V00151,V00181,V00211,V00221,V00281,V00311,V00321,V00381,V00811,V00821,V0083 1,V00841,V00891,W000XX,W001XX,W002XX,W009XX,W010XX,W0110X,W01110,W01111,W01118,W01119,W01190,W0 1198,W03XXX,W04XXX,W050XX,W051XX,W052XX,W06XXX,W07XXX,W08XXX,W090XX,W091XX,W092XX,W098XX,W100 XX,W101XX,W102XX,W108XX,W109XX,W11XXX,W12XXX,W130XX,W131XX,W132XX,W133XX,W134XX,W138XX,W139XX, W14XXX,W15XXX,W16012,W16022,W16032,W16112,W16122,W16132,W16212,W16222,W16312,W16322,W16332,W1 642X,W16512,W16522,W16532,W16612,W16622,W16712,W16722,W16812,W16822,W16832,W1692X,W170XX,W171 XX,W172XX,W173XX,W174XX,W1781X,W1782X,W1789X,W1811X,W1812X,W182XX,W1830X,W1831X,W1839X,W19XXX. V00111,V00121,V00131,V00141,V00151,V00181,V00211,V00221,V00281,V00311,V00321,V00381,V00811,V00821,V0083 1,V00841,V00891,W000XX,W001XX,W002XX,W009XX,W010XX,W0110X,W01110,W01111,W01118,W01119,W01190,W0 1198,W03XXX,W04XXX,W050XX,W051XX,W052XX,W06XXX,W07XXX,W08XXX,W090XX,W091XX,W092XX,W098XX,W100 XX,W101XX,W102XX,W108XX,W109XX,W11XXX,W12XXX,W130XX,W131XX,W132XX,W133XX,W134XX,W138XX,W139XX, W14XXX,W15XXX,W16012,W16022,W16032,W16112,W16122,W16132,W16212,W16222,W16312,W16322,W16332,W1 642X,W16512,W16522,W16532,W16612,W16622,W16712,W16722,W16812,W16822,W16832,W1692X,W170XX,W171 XX,W172XX,W173XX,W174XX,W1781X,W1782X,W1789X,W1811X,W1812X,W182XX,W1830X,W1831X,W1839X,W19XXX, and Y01XXX. Source: NYS County Health Indicators by Race and Ethnicity Dashboard, May 2025 sourced from NY Statewide Planning and Research Cooperative System https://www.health.ny.gov/community/health_equity/reports/county/

Domestic Violence / Intrapersonal Violence

Violence is a critical public health issue affecting individuals, families and communities. The World Health Organization's World Report on Violence and Health defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation," and further subdivides violence into types including self-directed violence (self-harm), interpersonal violence, and collective violence (violence committed by large groups of individuals). Interpersonal violence refers to all violence between individuals, including that which takes place within a family or between intimate partners, and community violence, which may take place between acquaintances or strangers. [163]

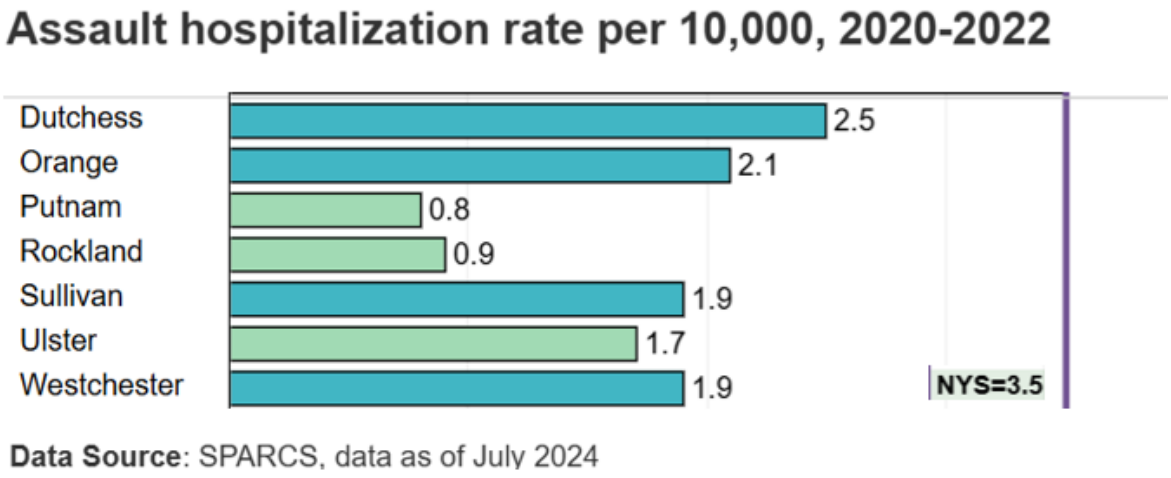
In average between 2020-2022, New York recorded 853 homicides, which translates to a mortality rate of 4.4 deaths per 100,000 population. The 3-year average mortality rates in M-H Region counties are below that mark. Sullivan County reported the highest rate among the counties at 5.5 per 100,000. Putnam County stood out as the region with the lowest rate of homicides for 2020-2022 at 0.7 per 100,000. The rate for Rockland County is 2.2 per 100,000.

Graph 141



When looking at hospitalization rates due to assault, all counties in the MH region have lower rate than NYS (3.5 per 10,000) for the period between 2020-2022. The highest average rate in the same period was for Dutchess County (2.5 per 10,000). Putnam and Rockland have the lowest rates at 0.8 and 0.9 per 10,000 population respectively.

Graph 142



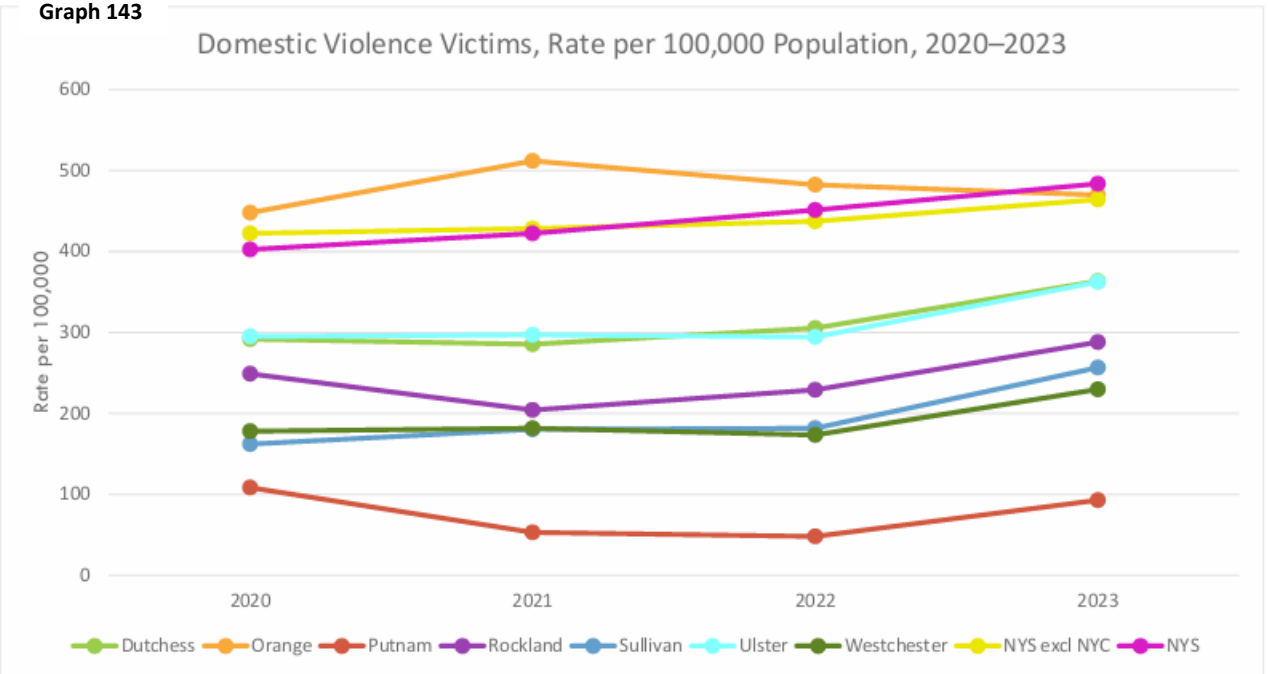
Data Source: SPARCS, data as of July 2024

Domestic violence, also known as intimate partner violence (IPV), is a pattern of abusive behavior in relationships designed to control or dominate an intimate partner through physical, sexual, emotional, economic, psychological or technological means. These abusive behaviors include intimidation, manipulation, humiliation, isolation, threats, blame, injuries or other coercive tactics that instill fear and compliance. [164] IPV can lead to severe injury, chronic health conditions, and mental health struggles like depression or PTSD. Survivors may engage in risky behaviors such as smoking, binge drinking or unsafe sexual practices. Marginalized communities, particularly youth, face disproportionate risks tied to systemic inequities, with higher rates of sexual or dating violence.

.

From 2020-2023, reported domestic violence victimization rates trended up in NYS and the MH Region except for Putman County. Orange County consistently had the highest rate among the counties, and outpaced New York State (excluding New York City. Putnam County maintained the region's lowest rates at 93 per 100,000 population followed by Westchester at 230 per 100,000 population. Sullivan County has seen the highest increase in domestic violence victims from 2020-2023.

Graph 143



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2020	292	448	108	249	162	295	178	423	402
2021	285	512	53	204	180	297	181	428	422
2022	305	483	48	229	182	294	173	437	451
2023	363	470	93	288	256	362	230	464	484

Note: Rates calculated using population estimates from U.S. Census Bureau's 2023 American Community Survey (ACS) 5-Year Estimate, Table B01003. Police agencies in New York State collect data on the number of individuals victimized during domestic incidents involving members of the same family, including but not limited to parents, children and siblings, and intimate partners. These individuals may or may not live together at the time of the incident. Victim counts are reported for the following offenses: aggravated assault, simple assault, sex offenses, and violation of protective orders.

Source: NYS Division of Criminal Justice Services, June 2025 sourced from Domestic Violence Victim Data by County: 2020-2023 https://www.criminaljustice.ny.gov/crimnet/ojsa/domestic-violence-data.html

ROCKLAND COUNTY HEALTH SUMMARY

Demographics

Rockland is the sixth smallest county by land area in NYS, and the smallest in the M-H Region. Despite its size, Rockland County has the third highest population in the M-H region, and its population is growing at the fastest rate of any county in the region. Rockland County's population is also the youngest in the region, with the highest percentage of residents below age 20 (32%).

Rockland County is among the most diverse counties in the region regarding race and ethnicity, with the third highest percentage of Hispanic residents in the region, the third highest percentage of Non-Hispanic Black residents in the region, and the second highest percentage of Non-Hispanic Asian residents in the region. Linguistically, Rockland County is also very diverse, with the highest percentage of languages 'other than English' spoken in the region, at 43.6%.

Educational attainment for people aged 25 or older is highly variable in Rockland County. For those with degrees beyond high school, Rockland County has the second lowest percentage of those achieving an Associate's degree in the region (7.8%), the third highest percentage of those achieving a Bachelor's degree in the region (23.2%), and the third highest percentage of those achieving a Graduate or professional degree in the region (18.9%). Rockland County also has a relatively high percentage of residents with low educational attainment, with the highest percentage of people with less than a 9th grade education in the region (5.7%), the second highest percentage of those with 9th-12th grade education without a diploma in the region (6.6%), and the second lowest percent of those achieving a high school degree or equivalent in the region (21.6%).

Household income, like Educational Attainment, is also relatively variable in Rockland County. Rockland County has the second highest percentage of households with an income greater than $200,000 at 24.6%, as well as the second lowest percentage of households with an income less than $10,000 and between $10,000 and $14,999 in the region (3.7% and 2.1% respectively). For the remaining Census income ranges, Rockland County occupies a relative middle position with regard to the other counties and differs from the regional average by no more than a few tenths of a percent, with the exception of the $75,000-$99,999 income range, where Rockland is third lowest in the region (10.0%) and eight tenths of a percent below the regional average (10.8%).

COMMUNITY SURVEYS FINDINGS

Rockland County Community Health Assessment Survey

The main source of primary data for Rockland County was the inaugural Rockland County Community Health Assessment Survey [see Appendix G]. The survey was held from May 28, 2025, through July 31, 2025, and was made available digitally via Jotform in English, Spanish, and Creole (paper versions were also made available). The survey was extensive and encompassed each of the five domains of the 2025-2030 NYSPA.

The survey consisted of a maximum of 50 questions. The survey was only available to people who were aged 18 years or older who resided in Rockland County during the survey period. The specific type and number of questions available to be answered varied depending on the demographics of the survey-taker (such as zip code, sex, child < 6 years old in household, and pregnant or planning to become pregnant), as well as by their choices for the top three Priorities for Community Health and Wellbeing—question [see Appendix G]

The survey's primary format was digital, but paper versions in all three languages were made available at multiple publicly accessible locations throughout the county (three public libraries, a town hall, a community center, and a church). Paper versions had directions that differed slightly to those of the Jotform version of the survey, due to logical differences between digital and paper formats. Paper surveys were hand-entered by RCDOH staff. When the answers on a paper survey came into conflict with the logic of the Jotform version, the Jotform logic was adhered to.

The survey was promoted via Rockland County's social media accounts, the county website, the placement of flyers and palm cards throughout the county, and promotion by community county agencies (such as the Office of the Aging, Department of Social Services, Department of Mental Health), town governments, and community partners (such as the Haverstraw, Spring Valley, and Western Ramapo Collaboratives, WMC Health, and Montefiore Nyack, and individual community leaders). The survey was also promoted at public events by RCDOH staff and was promoted by an outreach worker in zip codes where survey response rates were relatively low.

Incentives for the survey included the ability to enter a sweepstakes for one of several $50 gift cards, upon completion of the survey. An additional limited promotion was vouchers for free NY Boulders tickets. This promotion was organized with the help of the Town

of Ramapo and NY Boulders Baseball. Vouchers were made available (to those who completed the survey) at four Boulders games during the survey period, and by the RCDOH outreach worker in the designated zip codes.

Greater New York Hospital Association Survey

Greater New York Hospital Association (GNYHA) invited all member hospitals and health systems to participate in a Survey Collaborative to help member institutions obtain primary community health needs data from community members as part of the hospital Internal Revenue Service CHNA and the New York State Community Service Plan processes. Montefiore System entered this collaborative with GNYHA in February 2025 to conduct a random sample Community Health Survey, to assess the health status and concerns of residents of the Bronx, Westchester and Mid-Hudson region. As part of the agreement, GNYHA created the Community Health Survey Tool to collect information around several initiatives and priorities put forward by New York State while each member hospital was responsible for collecting surveys for their own coverage areas.

The survey was translated into 18 languages and was available in paper format and online. The results of this survey contribute to the community health assessment and inform future health improvement efforts in the Montefiore member hospitals. GNYHA hosted a webinar to detail how hospitals could participate in the 2025 GNYHA Community Health Needs Assessment (CHNA) Survey Collaborative. GNYHA was submitting updates on a bi-weekly basis by zip code.

Limitations

The surveys format qualifies as a convenience sample. Therefore, conclusions derived from this data cannot be generalized to the population of Rockland County as a whole. Rather, the conclusions based on the data collected from the survey are confined to the pool of survey respondents.

Results

The number of surveys collected in Rockland County is as follows:

- GNYHA Survey: 440 responses

- DOH Survey: 603 responses
- Community Partners Survey: 135 responses.

Key Findings – Primary Data

- Montefiore Nyack hospital collected a total of 1,043 responses from the GNYHA and the RCDOH surveys together. Sixty seven percent (67%) of respondents were female, compared to 30% male, and 3% from gender minority groups. Most respondents were over 50 years of age (47.6%).

Table 7

Rockland County Community Health Assessment Demographics

Sex	Count	%
Male	180	29.9%
Female	410	68.0%

Age	Count	%
18-29	90	14.9%
30-39	122	20.2%
40-49	104	17.2%
50-59	102	16.9%
60+	185	30.7%

- There was a significant difference in the percentage of respondents per race/ethnicity categories for both surveys. However, for both surveys, most respondents identified as White/Caucasian followed by Hispanic/Latino and Black/African American.

Table 8

Rockland County Community Health Assessment Demographics

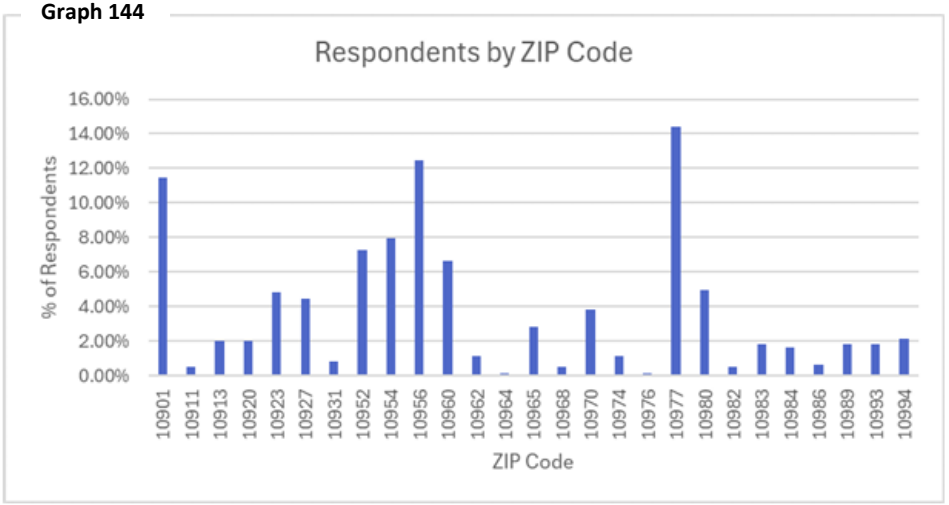
Race/Ethnicity	Count	%
White/Caucasian	344	55.2%
Black/African American	79	12.7%
Hispanic/Latino/Latinx	88	14.1%
Asian or Asian American	25	4.0%
American Indian or Alaskan Native	2	0.3%
Native Hawaiian or Other Pacific Islander	0	0.0%
2 or more selected	10	1.6%
Other	16	2.6%

Income	Count	%
0-29,999	71	11.8%
30,000-69,999	98	16.3%
70,000-109,999	116	19.2%
110,000-140,999	86	14.3%
150,000-189,999	46	7.6%
190,000-229,999	37	6.1%
230,000+	50	8.3%

Household Size	Count	%
1	75	12.4%
2	164	27.2%
3	107	17.7%
4	126	20.9%
5+	117	19.4%

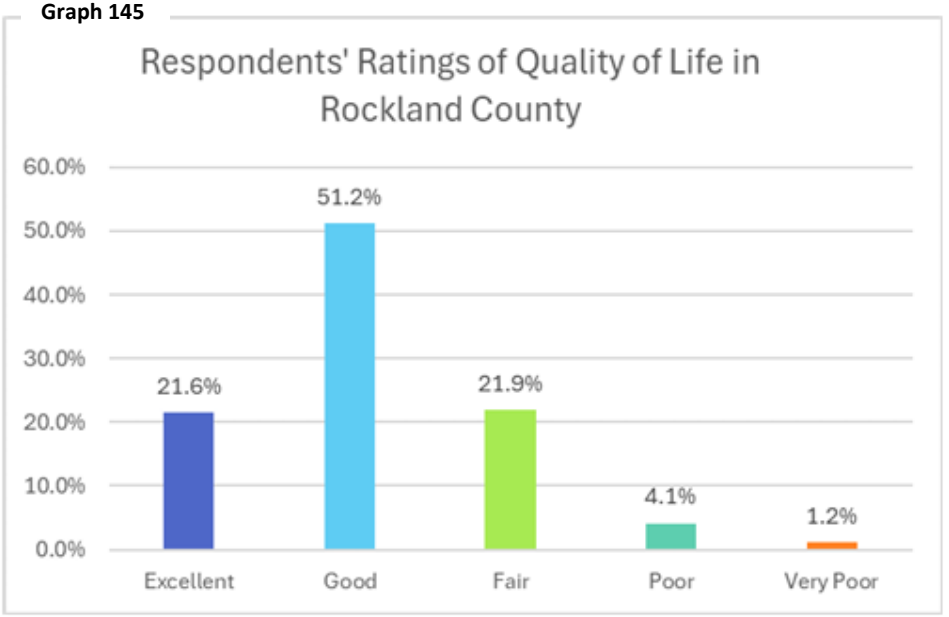
- The three most well represented zip codes in the RCDOH survey responses were 10977 (Spring Valley), 10956 (New City), and 10901 (Suffern) while most respondents by zip code of the GNYHA survey are from 10956 (New City), 10954 (Nanuet), and 10960 (Nyack) (at 14.43%, 12.44%, and 11.44% and 14%, 11% and 11% of total survey responses, respectively).

Graph 144



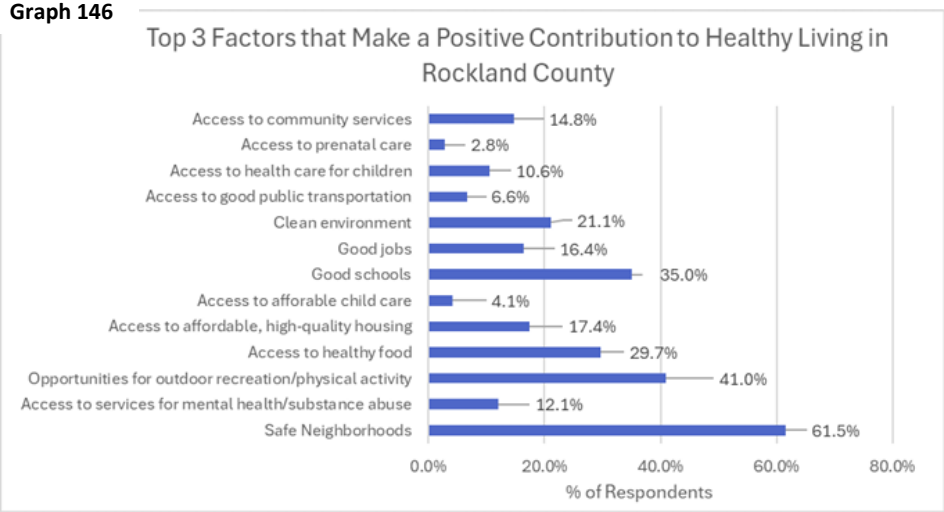
- Most survey respondents rated their Quality of Life in Rockland County as either Good (51.2%) or Excellent (21.6%)

Graph 145



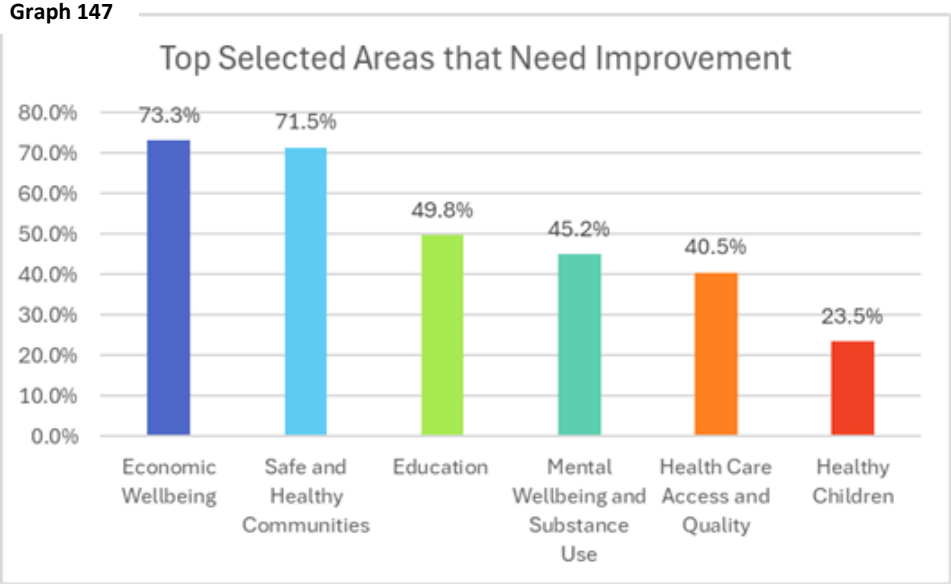
- The *top three factors making a positive contribution to healthy living in Rockland County* were: Safe Neighborhoods (61.5%), Opportunities for outdoor recreation/physical activity (41%), and Good Schools (35%).

Graph 146



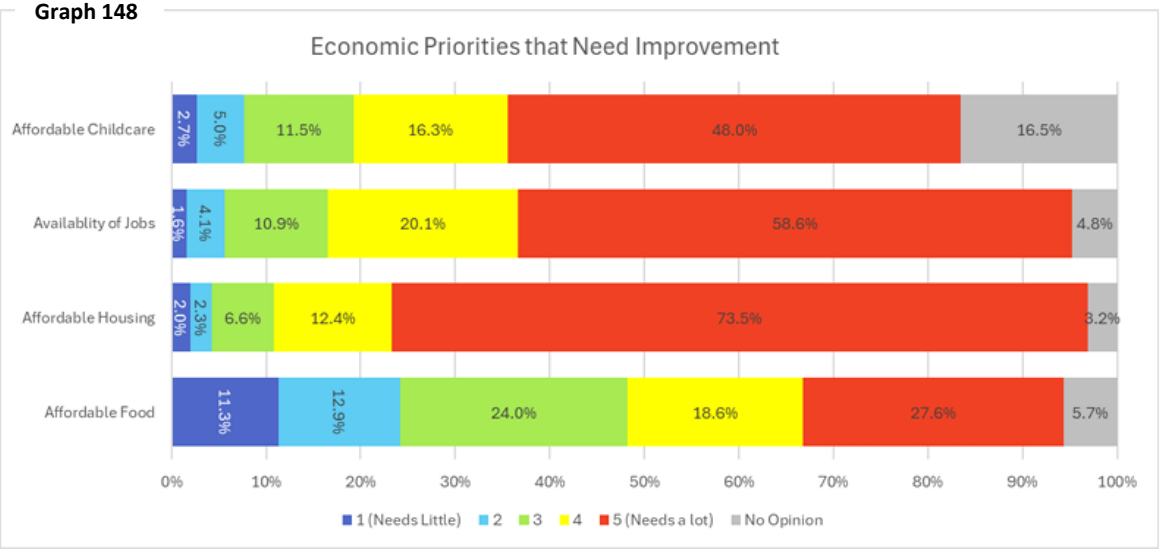
- Most respondents found that the top three areas that need improvement in Rockland County are Economic Wellbeing (73.3%), Safe and Healthy Communities (71.5%), and Education (49.8%).

Graph 147



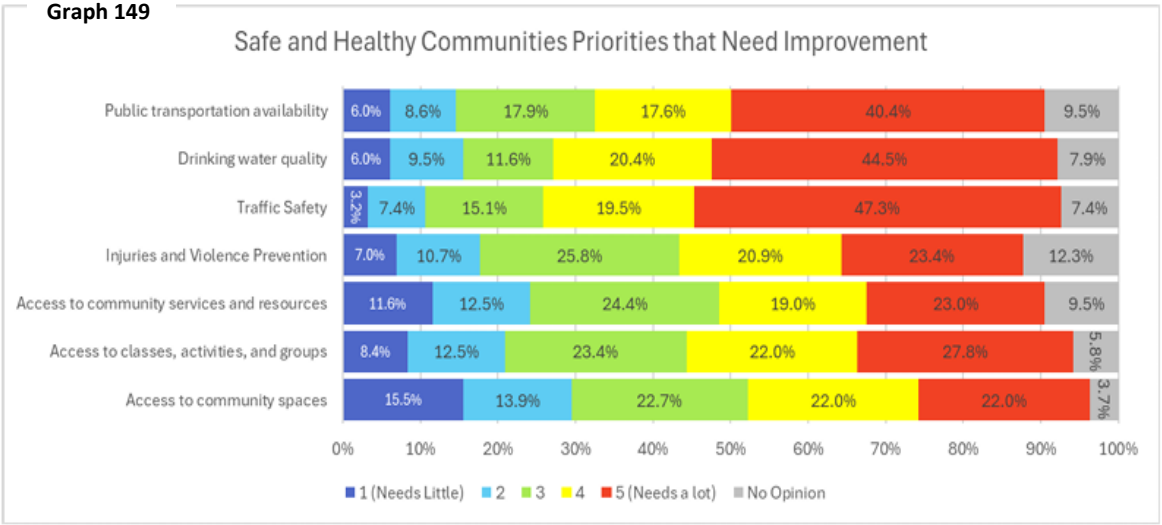
- According to our survey respondents, the area most in need of improvement in the category of *Economic Wellbeing* was Affordable Housing.

Graph 148



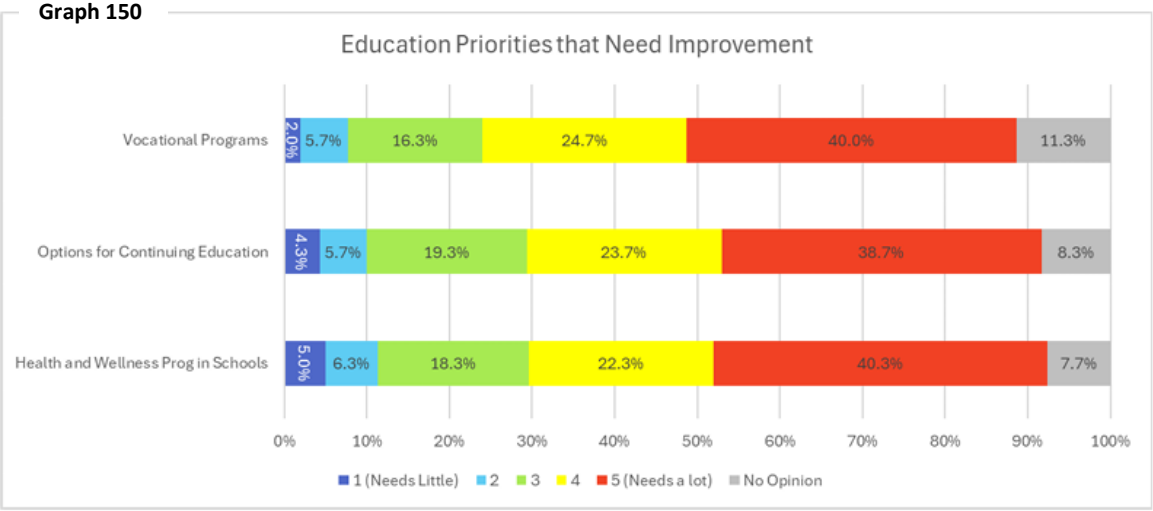
- According to our survey respondents, the area most in need of improvement in the category of *Safe and Healthy Communities* was Traffic Safety.

Graph 149



- For the category of *Educational Priorities*, survey respondents selected the three sub-categories (Vocational Programs, Options for Continuing Education, and Health and Wellness Programs in Schools) with relative parity in terms of what needs the most improvement.

Graph 150



Areas of Focus

Rockland County continues to struggle with chronic diseases as previously reported in prior community health assessments. This can be seen in the 2022 top five leading causes of death for Rockland County, which includes three chronic conditions: heart disease, cancer, and cerebrovascular disease. During the previous cycle, it was an expressed goal to look at the core issues driving the trends. While progress was made, this is an issue that requires continued attention and adaptation to changing populations and needs. Specifically, disparities across racial and ethnic lines continue to be reflected across the chronic diseases. For example, between 2020-2022 the cerebrovascular disease mortality for non-Hispanic black and Hispanic populations were higher than the non-Hispanic white population. Culturally competent programs and interventions are key to helping to address this issue.

In addition to chronic disease, communicable disease prevention is also a key issue. Specifically, vaccine preventable diseases continue to be an issue for Rockland County. In 2022, a polio outbreak was declared in Rockland County after a case of paralytic polio was

reported. Rockland County has also struggled with other vaccine preventable diseases such as measles and pertussis. A contributing factor to the prevalence of these diseases in Rockland is low childhood vaccination rates. Rockland has the lowest on time childhood vaccination rates in the region. This low rate leaves our population more vulnerable to the spread of these diseases. Continuous work has been devoted to improving these numbers, but more needs to be done to appropriately address this complex ongoing issue.

Poor socioeconomic conditions continue to be a significant barrier to health for several Rockland County communities. Many communities in Rockland County are poor or otherwise struggle to meet basic needs such as food and housing. Additionally, lower educational achievement and language barriers mean that individuals who may be struggling to meet basic needs will not be aware of, or will otherwise have trouble accessing, available services to help them meet their needs. Poor socioeconomic conditions (such as those mentioned above) are not evenly distributed throughout the population of Rockland County. Communities in Rockland County that experience limitations in education, language, wealth, and housing (among other factors), are sharply contrasted by other communities in Rockland that experience little or no limitations in the aforementioned factors. The causes of poor socioeconomic conditions, as well as their unequal distribution across local communities, exist largely upstream of the interventions that are typically employed by local community hospitals. As such, the actions of any local community hospitals are limited in their ability to improve these factors. That said, Montefiore Nyack Hospital is committed to utilizing its own resources and to working with its partners in the community to mitigate the effects that poor socioeconomic conditions have on the health outcomes in our community.

COMMUNITY SERVICE PLAN

PROCESS FOR IDENTIFICATION & SELECTION OF PRIORITIES

Montefiore Nyack Hospital is paying close attention to the results of the Community Health Needs Assessment 2025 (CHNA) and has identified the priorities to work on during the 2025-2027 period based on the survey results, own budgetary and programmatic resources, the potential collaboration with community partners and primarily the needs of community members.

Montefiore Nyack Hospital participated in the Community Partners Survey sent by DOH and helped to distribute the survey among community partners to gather information about the felt needs of the community from the point of view of those who render services who are aware of the needs of those who are usually not loud about their needs and can be easily missed by surveys such as CHNA. Based on the results of the Rockland County and GNYHA surveys, secondary data, hospital data from emergency visits (Appendix M), hospitalizations (Appendix N) and social determinants of health survey results (Appendix O); and CHNA, the Director of Community Health Department identified the priorities Montefiore Nyack Hospital can address and the interventions for each. These priorities and interventions were presented to the members of the Montefiore Nyack Hospital Community Health Improvement Committee for their input. Committee members are hospital directors that know the community and their needs in different areas. Once the plan was revised, it was presented to the hospital's CEO and subsequently to the Board of Trustees, integrated by renown members of the community and community leaders, for their approval.

The approved plan includes areas in 3 of the 5 Prevention Agenda domains and 5 total priorities as shown in the following table.

Table 9. Community Service Plan Domains and Priorities Chosen by Montefiore Nyack Hospital

Domains in CSP	Priorities in CSP
• Economic Stability	• Nutrition security
• Social and Community Context	• Healthy eating
• Healthcare Access & Quality	• Preventative services • Preventative services for chronic disease prevention and control

NUTRITION SECURITY

To ensure that families meet their nutritional needs Montefiore Nyack Hospital refers individuals and families to food pantries and other emergency food services in the community. Meals on Wheels is a valued partner that provides prepared meals to Rockland residents who are unable to cook due to illness, physical handicap or advanced age, and who cannot shop or cook for themselves. (TOUCH) - Together Our Unity Can Heal – provides home delivered meals to people who are homebound and are HIV positive or have other chronic illnesses. Next to these programs, Montefiore Nyack Hospital started conducting food drives three times per year and donating the collected food to organizations in need. Moreover, Montefiore Nyack Hospital is freezing and donating the food left over from the café to local pantries. However, donating food to pantries doesn't address the issue that food insecure patients who are discharged from the hospital might not have food at home and/or don't have the strength to go to a food pantry to get food.

Domain: Economic Stability
Priority: Nutrition Security
Objectives:
3.0 Increase consistent household food security from 71.1% to 75.9%.
3.1 Increase food security in households with an annual total income of less than $25,000 from 42.0% to 51.1%.

Intervention: NYS Food as medicine project (FAM) interventions include the direct provision of food for those with or at risk of diet-related disease, such as through medically tailored meals and medically tailored groceries, or the provision of food assistance, such as through produce prescriptions, often provided in combination with nutrition education. Services are generally tailored to meet an individual's specific food insecurity and/or nutritional needs. For more information go to https://thefoodpantries.org/wp-content/uploads/2024/04/Final_Executive_Summary.pdf

Action Plan: Montefiore Nyack Hospital will provide food insecure patients at discharge with a list of local food pantries and a bag of groceries. The bag of groceries will have enough food to last 2-3 days. This process will ensure that the patients have food to eat at home while they are strong enough or find help to go to food pantries and/or enroll in local food assistance programs to receive

ongoing services. Determination of food insecurity status will be based on responses from the Social Determinants of Health Tier 2 Survey that is given to all hospitalized patients.

Disparities Being Addressed: Food Insecurity or lack of access to affordable, nutritious food can lead to poor health outcomes. Lower-income communities often have limited access to food.

Family of Measures:
Over time, we expect to see a decrease from baseline in:

- # patients who screen positive for food insecurity.
- # patients with food insecurity in households with an annual income of less than $25K.
- # patients with food insecurity enrolled in Food as Medicine program

Implementation Partner: Community based organizations
Partner Role(s) and Resources: TOUCH will provide food packages for patients identified by hospital staff to be food insecure at discharge.

HEALTHY EATING

Breastfeeding significantly reduces risks for many chronic diseases in both infants and mothers, protecting babies from asthma, obesity, type 1 diabetes, infections, and SIDS, while shielding mothers from type 2 diabetes, breast/ovarian cancers, high blood pressure, and heart disease, with benefits increasing with longer duration, making it a key strategy for lifelong health. [165] Breastfeeding rates in Rockland are currently very low.

Domain: Social and Community Context
Priority: Healthy Eating
Objectives:
20.0 Increase the percentage of infants who are exclusively breastfed in the hospital from 45.9% to 48.2%
20.1 Increase the percentage of Black, non-Hispanic infants who are exclusively breastfed in the hospital from 34.1% to 35.8%.

Intervention: World Health Organization's Baby Friendly Hospital Initiative encompasses 10 steps to protect, promote and support breastfeeding. One study based in the United States of America (USA) found that adherence to six of the specific maternity care practices could reduce the odds of early termination of breastfeeding 13-fold. For more information go to https://www.unicef.org/media/95191/file/Baby-friendly-hospital-initiative-implementation-guidance-2018.pdf

Action Plan: Montefiore Nyack Hospital will identify breastfeeding leaders to train all staff in the maternity department on the Baby Friendly Initiative's 10 steps to Breastfeeding. This process will ensure that hospital staff are ready to support moms and their newborns in their breastfeeding journey.

Disparities Being Addressed: Infant Mortality Rates are highest for African Americans, followed by Latinos and lowest in white communities. Prevalence of breastfeeding initiation was 84.1% overall and varied by maternal race/ethnicity, ranging from 90.3% among infants of Asian mothers to 73.6% among infants of Black mothers, a difference of 16.7 percentage points. For more information go to: Chiang KV, Li R, Anstey EH, Perrine CG. Racial and Ethnic Disparities in Breastfeeding Initiation – United States, 2019. MMWR Morb Mortal Wkly Rep 2021; 70:769–774. DOI: http://dx.doi.org/10.15585/mmwr.mm7021a1

Family of Measures:
Over time we expect to see an increase from baseline in
newborns who breastfeed at the hospital per race
% of total newborns who breastfeed at the hospital per race

Implementation Partner: Hospital providers and staff
Partner Role(s) and Resources: Providers and staff will need to receive training to achieve baby friendly status.

PREVENTATIVE SERVICES

High blood pressure (hypertension) is the number one controllable risk factor for stroke, damaging arteries and making them prone to blockages (ischemic stroke) or bursts (hemorrhagic stroke). Montefiore Nyack Hospital is a designated "Stroke Center" and has been recognized by the American Heart Association/American Stroke Association's Get with the Guidelines Stroke Gold Plus Quality Achievement Award since 2019. This award recognizes Nyack Hospital's commitment and success in implementing excellent care for

stroke patients according to evidence-based guidelines. Montefiore Nyack Hospital is dedicated to raising awareness of the need to seek medical attention F.A.S.T. when signs and symptoms of stroke are noted. To achieve this goal, Montefiore Nyack Hospital conducts regular blood pressure screenings and health education programs in the community that include counseling on reducing risk of stroke through lifestyle changes.

The Breast Center at Montefiore Nyack Hospital is a safe provider of screening, diagnostic and treatment services with an emphasis on cancer prevention, early detection, and personalized care. To address the health needs of an underserved population in Rockland County the Breast Center, in collaboration with Cancer Services Program provides free breast cancer screening mammograms to women who lack financial resources. These collaborations allow Montefiore Nyack Hospital to improve community outreach to uninsured and underinsured women, to perform cancer screenings, and provide education and treatment. The Breast Center at Nyack Hospital will focus its efforts on expanding cancer screenings and education.

Domain: Healthcare Access and Quality
Priority: Preventative Services
Objectives:
32.0 Increase the percentage of adults aged 18 years and older with hypertension who are currently taking medication to manage their high blood pressure from 77.0% to 81.7%.
33.0 Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening (CRCS) 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 (CRCS) based on the most recent guidelines from 55.8% to 63.4%.

Action Plan: Montefiore Nyack Hospital will continue offering free health screenings to detect chronic diseases early and will provide information about treatment and other services to those with positive screenings for continuation of care.

Interventions:
Target: BP is a program of the American Heart Association and American Medical Association that uses evidence-based protocols to guide medical teams to assess and treat people with high blood pressure, following clinical best practices, and enabling patient self-

measurement where appropriate with the goal to achieve greater impact on blood pressure control. For more information go to https://targetbp.org/blood-pressure-improvement-program/.

CDC's Colorectal Cancer Control Program (CRCCP) focuses on increasing colorectal cancer screening in populations that have traditionally been medically underserved. The program works with clinics, hospitals, and other health care organizations to use and strengthen evidence-based interventions that aim to increase colorectal cancer screening rates among people between 45 and 75 years of age. For more information go to https://www.cdc.gov/colorectal-cancer-control/about/index.html

Disparities Being Addressed:
BP control rates are lower for Hispanics (40%), non-Hispanic Blacks (NHB) (39%), and Asian Americans (38%) compared to Non-Hispanic Whites (NHW) (49%). Additionally, NHB are diagnosed with hypertension earlier in life and experience greater hypertension-related morbidity and mortality than NHW with 30% higher risk of fatal stroke, 50% higher risk of CVD mortality, and more than 4 times higher risk of end-stage renal disease. Overall, NHB experience 4–5 times greater hypertension-related mortality when compared to NHW. For more information go to https://pmc.ncbi.nlm.nih.gov/articles/PMC9838393/.

Colorectal Cancer Screening rates are lower among different racial and ethnic groups. Hispanic adults with limited English proficiency (LEP) have lower screening rates compared to Non-Hispanic Whites. In 2022, only 61.7% of Hispanic adults reported being up to date with CRCS, compared to 74.6% of NHW and 75.3% of NHB. Factors contributing to these disparities include language barriers, lower education levels, and lack of health insurance. For more information go to https://www.cdc.gov/pcd/issues/2024/23_0257.ht

Family of Measures:
Over time, we expect to see an increase from baseline in
individuals screened for HBP per age, race/ethnicity.
% screened individuals with HBP results per age, race/ethnicity.
# screened individuals with HBP who are on prescribed medications.
# screened individuals with HBP who are on prescribed medications and are taking their medications as instructed.
# screened individuals who need medication to manage their newly diagnosed HBP.
# newly diagnosed individuals who are enrolled in Target BP.
# patients enrolled in Target BP who are managing their BP.

people receiving education about CRCS.
individuals by age, race/ethnicity attending CRCS events.

Implementation Partner: Advocates and Social Services.
Partner Role(s) and Resources: American Heart Association has partnered with our hospital to provide resources, education and BP monitors to implement Target BP in our community. Cancer Services Program partners with our hospital to provide free breast, cervical and colorectal cancer screenings and diagnostic services to people who live in New York State, are uninsured/underinsured, meet income eligibility requirements and meet age requirements.

PREVENTATIVE SERVICES FOR CHRONIC DISEASE PREVENTION AND CONTROL

Montefiore Nyack Hospital is giving special attention to patients with diabetes. Montefiore Nyack Hospital offers outpatient diabetes self-management training programs, monthly day and evening diabetes support groups and inpatient diabetes counseling by certified diabetes educators. Montefiore Nyack Hospital's accredited American Association of Diabetes Educators (AADE DEAP) diabetes self-management program is covered by most health insurances, including Medicare, and is open to the whole community. Outcomes measures for AADE DEAP include improvement in blood glucose levels and behavioral changes. Moreover, since 2019, Montefiore Nyack Hospital has been conducting a diabetes self-management training program for the blind as part of the summer camp program for VISIONS, in Spring Valley. This is the only program of its kind in New York State.

The 2016 HANYS Community Health Improvement Award program Mamás Maravillosas continues improving the health and well-being of post-partum Latina women who have been identified as being at high risk for developing Type 2 diabetes and other chronic diseases. Mamás Maravillosas is based on the U.S. Centers for Disease Control and Prevention (CDC) Diabetes Prevention Program. This program is offered free of charge and is presented in Spanish by bilingual healthcare professionals. While the program's main objective is to reduce the occurrence of Type 2 diabetes, it also offers additional health information for both the participant and her family, including reinforcement to continue breastfeeding, caring for your baby, and the importance of having regular check-ups during the inter-conception period. Diabetes prevention focusing on the inter-conception period reduces the risk of developing gestational diabetes and future Type 2 diabetes, and lowers the risk for miscarriages, stillborn babies, birth defects, birth injuries, complications, Cesarean sections, premature births, and obesity and diabetes in future children.

Domain: Healthcare Access and Quality
Priority: Preventative Services for Chronic Disease Prevention and Control
Objectives:
30.0 Increase the percentage of adults aged 35 years and older who had a test for high blood sugar in the past year from 78.1% to 82.4%.
30.1 Increase the percentage of younger adults aged 35-44 who had a test for high blood sugar in the past year from 62.4% to 65.5%.

Interventions:
CDC's Diabetes Prevention Program (DPP) offers a lifestyle change program to prevent type 2 diabetes, and community-based initiatives that provide culturally adapted screening and education. Screening itself is a key step and can be done through tests like fasting plasma glucose, HbA1c, or an oral glucose tolerance test (OGTT), based on age and risk factors. Studies have shown that DPP participants have a significantly lower risk of developing type 2 diabetes compared to those who do not participate. For more information go to https://www.cdc.gov/diabetes-prevention/index.html.

CDC's Diabetes Self Management Education and Support provides an evidence-based foundation to help people with diabetes navigate their condition. People who participate in DSMES have been shown to have better diabetes-related outcomes than those who do not. For more information go to https://www.cdc.gov/diabetes-toolkit/php/about-dsmes/index.html

Action Plan: Montefiore Nyack Hospital will continue offering free diabetes risk and blood sugar testing screenings to detect diabetes and pre-diabetes early and will offer diabetes prevention and diabetes self-management education to those with positive results for managed continuation of care.

Disparities Being Addressed:
Among U.S. adults aged 18 years or older, age-adjusted data for 2017–2020 indicated that a higher percentage of men (41.0%) than women (32.0%) had prediabetes, based on their fasting glucose or A1C level. Prevalence of prediabetes (based on fasting glucose or A1C level) was similar among all racial and ethnic groups and education levels. For more information go to: https://www.cdc.gov/diabetes-prevention/index.html.

Among U.S. adults aged 18 years or older, age-adjusted data for 2019–2021 indicated that for both men and women, prevalence of diagnosed diabetes was highest among American Indian and Alaska Native adults (13.6%), followed by non-Hispanic Black adults (12.1%), adults of Hispanic origin (11.7%), non-Hispanic Asian adults (9.1%) and non-Hispanic White adults (6.9%). By education level, 13.1% of adults with less than a high school education had diagnosed diabetes versus 9.1% of those with a high school education and 6.9% of those with more than a high school education. Adults with family income above 500% of the federal poverty level had the lowest prevalence for both men (6.3%) and women (3.9%). For more information go to https://www.cdc.gov/diabetes/php/data-research/.

Family of Measures:
Over time, we expect to see an increase from baseline in:
individuals who had a test for high blood sugar per age, race/ethnicity.
individuals by age, race/ethnicity referred to diabetes prevention programs (DPP).
individuals by age, race/ethnicity enrolled in education about diabetes prevention.
individuals by age, race/ethnicity attending DPP.
% individuals by age, race/ethnicity who complete DPP.
# individuals by age, race/ethnicity referred to diabetes self-management education programs (DSME).
# individuals by age, race/ethnicity enrolled in DSME.
# individuals by age, race/ethnicity attending DSME.
% individuals by age, race/ethnicity who complete DSME.

Implementation Partner: Community based organizations.
Partner Role(s) and Resources: Community based organizations will refer patients to our program. and provide space to do screenings and deliver DPP and DSME locally, when available.

COMMITMENT TO UNADRESSED NEEDS

The following are additional priorities not included in the Community Service Plan that Montefiore Nyack Hospital is committed to improving by its own means and/or through collaboration with its partners because they are top felt needs in Rockland County. They are organized by domain.

Domain: Economic Stability

- Housing Stability & Affordability: Housing quality and cost is one of the most severe problems in the region. Montefiore Nyack Hospital is aware of the situation and is participating in advocacy groups to help find a solution. People without a home can spend nights in the emergency room where they feel warm and safe or can be admitted to the hospital where they have a clean bed, accessible bathroom, meals and healthcare. Unfortunately, this is not a sustainable solution and Montefiore Nyack Hospital is advocating for programs that are affordable, sustainable and more effective.

Domain: Social & Community Context

- Mental Health and Substance Abuse Prevention: Montefiore Nyack Hospital is aware of the shortage of behavioral health providers and the lack of services in Rockland County. Currently staff from MNH's Behavioral Health Department is very involved with the community offering their expert advice in the Chemical Dependency Committee, assisting the Substance Abuse Coordinator for Rockland County and the Department of Social Services' Substance Abuse Treatment Programs as well as serving as expert witness in drug courts and helping to provide therapy to help avoid incarcerations.

  The Behavioral Health Center at Nyack Hospital provides a full spectrum of acute psychiatric and medical care, focusing on the combined needs of the patient. The needs of the patient are provided throughout the continuum of care, including emergency treatment, hospitalization, and appropriate discharge. The Recovery Center at Montefiore Nyack Hospital offers help and hope to those struggling with addiction providing a full range of treatment options in a culturally sensitive and judgment-free environment to assist individuals on their road to recovery. Staff include Addiction Counselors, Licensed Social Workers and Mental Health Counselors, Medical and Psychiatric personnel that are sensitive to the needs of the patients. Addiction services are tailored to the needs of the individual and administered with the dignity and respect patients deserve. Naloxone trainings and kits are brought to different organizations, schools and community events.

  Community outreach offered by Community Health Department includes educating general practitioners in discussing availability of mental health services to their clients, raising awareness of mental health issues in our community and taking

steps to reduce the stigma, shame, and barriers in seeking help. Montefiore Nyack Hospital provides screening tools and resources for depression awareness and Suicide Assessment Five-step Evaluation and Triage (SAFE-T). Promoting awareness and information on seeking help is also provided at health fairs and schools throughout our community.

- Tobacco/E-Cigarette Use: Montefiore Nyack Hospital is committed to reducing tobacco use and the incidence of tobacco related diseases within the community. MNH provides education and resources to help patients quit smoking, including nicotine replacement therapy, when appropriate. MNH has public information on the website to help people connect and join the New York State Smokers' Quitline at 866-NY-QUITS (866-697-8487) or Put it Out Rockland at 845-364-2651.

Domain: Neighborhood and Built Environment

- Opportunities for Active Transportation & Physical Activity: Montefiore Nyack Hospital received a grant from American Cancer Society to help pay for transportation services for community members who need transportation for cancer treatments. Montefiore Nyack Hospital is also committed to bringing health education, information about health services and resources, health screenings, and preventive services into different communities who otherwise wouldn't be able to access this services due to lack of transportation.

- Access to Community Services and Support: Community Chats are interactive webinars brought to the public every Thursday at 12 PM via Zoom. Webinars are free but you need to register to attend. These webinars offer up to date, scientific-based information from local health professionals and community leaders about different health conditions and available resources. This information can also be accessed via our website or directly at Community Chats Montefiore Nyack in YouTube, where it can generate subtitles in 150 languages including Spanish, Yiddish and Haitian Creole, the most predominant languages in Rockland County. Montefiore Nyack Hospital also issues a quarterly newsletter with information about different medical diagnosis and where to seek help.

Domain: Healthcare Access & Quality

- Access to and Use of Prenatal Care/Prevention of Infant and Maternal Mortality: Montefiore Nyack Hospital Prenatal Center opened on January 2, 2013, and continues providing comprehensive perinatal care to low-income, high-risk women in a culturally sensitive environment. Bilingual services are offered to patients whose primary language is not English to help reduce health disparities.

- Early Intervention: Nyack is partnering with Nyack Department of Public Health to bring back *Nyack Basics*. *Nyack Basics* is a community-wide initiative in Nyack, NY, promoting five simple, science-based principles for parents and caregivers to boost early childhood development, aiming for all kids to read by third grade. These principles—Maximize Love, Manage Stress; Talk, Sing, Point; Count, Group, Compare; Explore Through Movement & Play; Read & Discuss Stories—build foundational skills for lifelong learning by fostering social, emotional, and cognitive growth from birth to age five.

- Oral Healthcare: Montefiore Nyack Hospital promotes oral health through webinars, information tables at community events and health fairs, education materials, and donations of toothbrushes and toothpaste to school age children and food pantries.

- Communicable Diseases: Nyack Hospital offers screening, preventive services and counseling to all people who are diagnosed with STIs through the dedicated Jacobs Family Wellness Center. Montefiore Nyack Hospital partners with the Rockland County Office of the Aging to conduct flu clinics for seniors throughout the area and people who are underinsured or uninsured. The number of clinics has been decreasing as vaccines become more available at local pharmacies and grocery stores. Montefiore Nyack Hospital Employee Health Department conducts an on-site annual influenza vaccination program for staff, licensed independent practitioners, and volunteers. Education on diagnosis, transmission and potential impact of influenza, influenza vaccine and non-vaccinated control measures are provided. The immunization rate among employees sets a good example for other residents to receive flu shots and demonstrates the commitment of the staff to keeping Rockland County healthy.
  Getting individuals vaccinated, not only with flu vaccines but other vaccines in general, continues to be a challenge in our community. More education is needed to help Rockland residents understand the importance of vaccination for disease prevention. Montefiore Nyack hospital offers webinars and education materials at public health fairs and private workshops in community organizations and schools to increase awareness around this topic. The goal is to increase the number of people

receiving vaccines every year while reducing the number of cases of infectious diseases. This is also the central topic of education during YouthFest every year.

- Low health literacy: Linguistic, cultural, educational and cultural barriers to healthcare present a problem for individuals to seek and establish primary and secondary healthcare services in the community. Montefiore Nyack hospital is compromised with the diversity in the community bringing more multicultural staff and offering programs, education materials, messaging and services in English, Spanish and/or French Creole and Yiddish, the most predominant languages in the County. Montefiore Nyack has also hired a new SL interpreter to be able to offer sign language interpretation for our deaf-mute patients. Propio is a professional interpreter and translation service that is available through the hospital to be able to communicate with patients in more than 300 languages.

PROGRESS MONITORING

Montefiore Nyack Hospital Community Health Department is responsible for the development and surveillance of the plan activities and results. This department plans and develops all the activities, monitors results and uses PDCA methodology to adjust the methodology as needed to meet the desired goals.

The PDCA methodology, or Plan-Do-Check-Act cycle, is a four-step iterative framework for continuous process improvement, problem-solving, and managing change by systematically planning a change, implementing it on a small scale, checking the results, and then acting to standardize successful changes or restart the cycle. It's a core Lean tool used to achieve ongoing enhancements in efficiency, quality, and effectiveness by repeating the loop until desired outcomes are reached.

The Four Steps of PDCA are:

1. Plan: Define the problem or opportunity, develop a hypothesis, set measurable goals, and create a detailed plan for a change or solution.
2. Do: Implement the planned change on a small, controlled scale (like a pilot test) and collect data and observations.

3. Check (or Study/Adjust): Analyze the results from the "Do" phase, compare them against your goals, and evaluate the effectiveness of the change.

4. Act: If the change was successful, implement it more broadly and standardize it; if not, fine-tune the plan and restart the cycle to address gaps.

DISSEMINATION OF REPORTS

Reports of activities results will be presented to different audiences through different venues to increase community awareness of the efforts made by Montefiore Nyack Hospital to meet the goals of the Community Service Plan. Progress of the activities will be presented to different audiences as follows:

- To MNH leaders and Community Health Improvement Committee, bi-monthly.
- To MNH staff, bi-annually.
- To MNH Board of Trustees, annually.
- To community leaders and the public, annually, using different venues such as community meetings, newsletter articles, libraries, webinars, etc.
- To DOH, annually
- Montefiore Nyack Hospital is also open to release reports to interested parties as requested.

LIST OF APPENDICES

A – Rockland County Partners in Health List

B – Mid-Hudson Region Map

C – Rockland County Map

D – Mid-Hudson Region Community Partner Survey

E – Mid-Hudson Region Community Partner Survey References

F – Mid-Hudson Regional Community Health Survey

G – Rockland County Community Health Assessment Survey

H – Greater New York Hospital Association 2025 Community Health Needs Assessment Survey

I – GNYHA CHNAS Rockland County Respondents by Zip Code

J - GNYHA CHNAS Rockland County Importance and Satisfaction of Ratings

K - GNYHA CHNAS Rockland County Importance and Satisfaction of Ratings by SDOH Category

L - GNYHA CHNAS Rockland County Questions Results

M – Montefiore Nyack Hospital Number of Emergency Encounters by Primary Coded Diagnosis

N - Montefiore Nyack Hospital Number of Hospital Admissions by Primary Coded Diagnosis

O - Montefiore Nyack Hospital Health Related Social Needs Screening Results by Type

P - Montefiore Nyack Hospital Number of Positive HRSN Screening Results by Zip code

APPENDIX A

Rockland County Partners in Health List

Montefiore Hudson Valley Collaborative:

- Montefiore Nyack Hospital
- Montefiore St. Luke's Cornwall
- Bon Secours Charity Health System of the Westchester Medical Center Health Network
- Good Samaritan Hospital
- Bon Secours Community Hospital
- St. Anthony Community Hospital

Catskill Regional Medical Center, a member of the Greater Hudson Valley Health System

Orange Regional Medical Center, a member of the Greater Hudson Valley Health System

HealthAlliance Hospitals, members of the Westchester Medical Center Health Network Nuvance Health:

- Northern Dutchess Hospital
- Vassar Brothers Medical Center
- Putnam Hospital Center
- St. Joseph's Medical Center

Dutchess County Department of Behavioral & Community Health

Orange County Department of Health

Putnam County Department of Health

Rockland County Department of Health

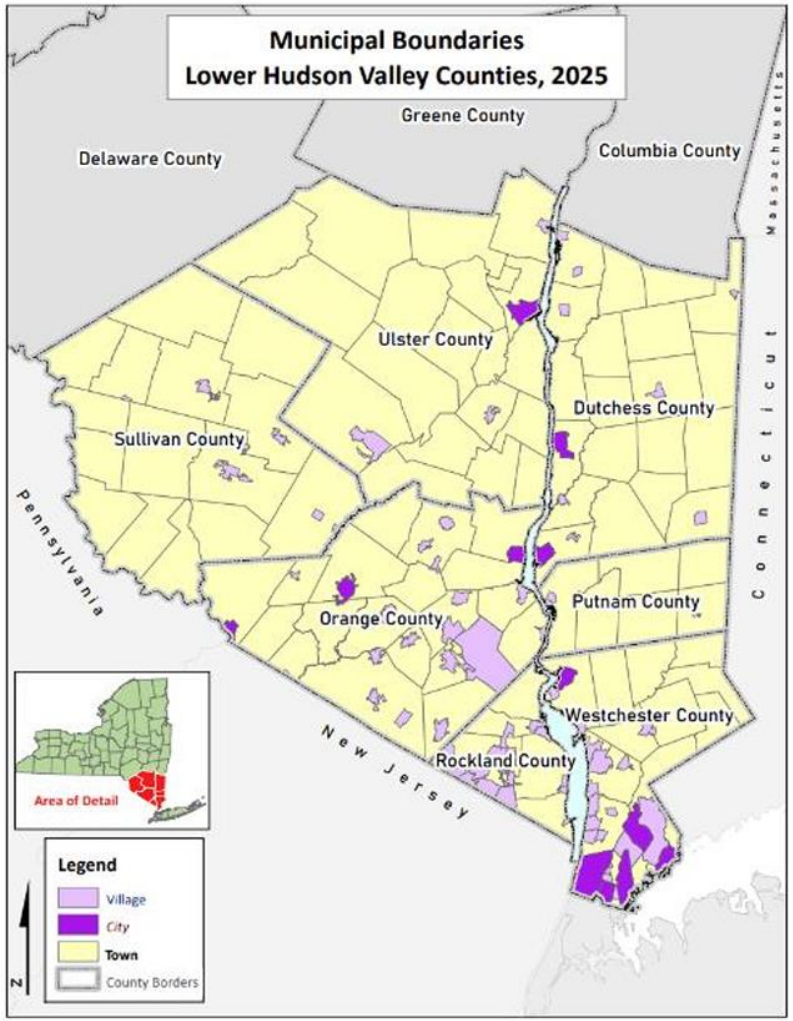
Sullivan County Public Health Services

Ulster County Department of Health and Mental Health

Westchester County Department of Health

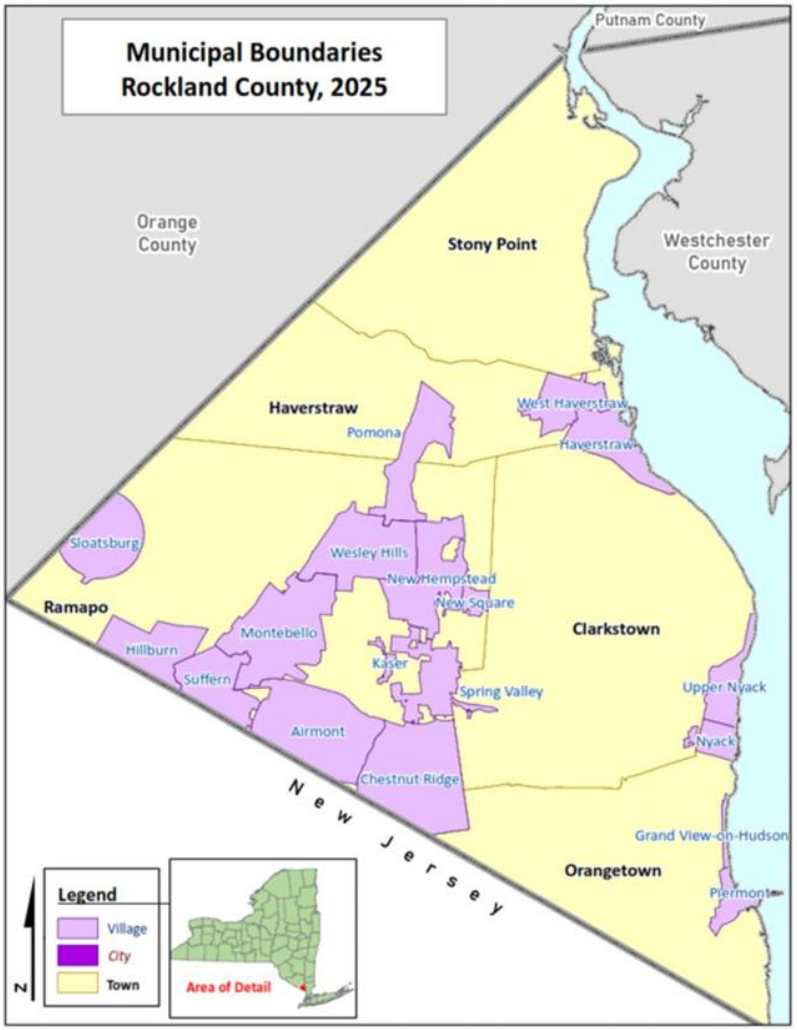
APPENDIX B

Mid-Hudson Region Map



APPENDIX C

Rockland County Map



APPENDIX D

Mid-Hudson Region Community Partner Survey

1. Name _____
2. Organization _____
3. Organization Website_____

4. What counties are in your service area? *Check all that apply.*
   - ☐ Dutchess
   - ☐ Orange
   - ☐ Putnam
   - ☐ Rockland
   - ☐ Sullivan
   - ☐ Ulster
   - ☐ Westchester

5. Who do you serve? *Check all that apply*
   - ☐ Infants and toddlers
   - ☐ Children
   - ☐ Adolescents
   - ☐ Adults
   - ☐ Seniors
   - ☐ Veterans
   - ☐ English as a second language
   - ☐ Women (services specifically for women)
   - ☐ Men (services specifically for men)
   - ☐ LGBTQ
   - ☐ People with substance use disorder
   - ☐ People with mental health diagnosis
   - ☐ People with disabilities
   - ☐ People experiencing homelessness
   - ☐ Incarcerated or recently incarcerated individuals
   - ☐ Low income
   - ☐ Undocumented/non-US citizens
   - ☐ My agency serves all residents

6. Thinking about the populations that you serve, what are the top 3 issues that affect health in the communities you serve?
   - ☐ Access to affordable nutritious food
   - ☐ Access to affordable, decent and safe housing
   - ☐ Access to affordable, reliable public transportation
   - ☐ Access to culturally sensitive health care providers
   - ☐ Access to affordable health insurance
   - ☐ Access to clean water and non-polluted air
   - ☐ Access to medical providers
   - ☐ Access to mental health providers
   - ☐ Access to high quality education
   - ☐ Access to specialty services/providers

7. Which of the following are the top 3 barriers to people achieving better health in the communities you serve?
   - ☐ Knowledge of existing resources
   - ☐ Geographic location – living in an urban area
   - ☐ Geographic location – living in a rural area
   - ☐ Health literacy
   - ☐ Having someone help them understand insurance
   - ☐ Having someone to help them understand their medical condition
   - ☐ Having a safe place to play and/or exercise
   - ☐ Quality of education
   - ☐ Attainment of education
   - ☐ Substance Use Disorder (SUD) or Alcohol Use Disorder (AUD)
   - ☐ Cultural customs
   - ☐ Other (specify) _____

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

   _____
   _____
   _____

9. Please indicate on a scale of 1 (very little) to 5 (highly impacted) how each of the following health topics impact the populations you serve.

   Chronic Disease (e.g. heart disease, diabetes, asthma, obesity, cancer, etc.)
   Very Little 1 2 3 4 5 Highly Impacted

   Health Disparities
   Very Little 1 2 3 4 5 Highly Impacted

   Mental Health and Substance Use Issues
   Very Little 1 2 3 4 5 Highly Impacted

   Maternal and Child Health issues
   Very Little 1 2 3 4 5 Highly Impacted

   Environmental Factors (e.g. built environment, air/water quality, injuries, falls, food safety)
   Very Little 1 2 3 4 5 Highly Impacted

   Prevent Communicable diseases (e.g. sexually transmitted infections, hepatitis C, HIV, vaccine preventable disease, hospital acquired infections, etc.)
   Very Little 1 2 3 4 5 Highly Impacted

10. Select the top 3 topics that most impact the populations you serve.
    - ☐ Economic Wellbeing (poverty, unemployment, nutrition security, housing stability & affordability)
    - ☐ Mental Wellbeing & Substance Use (anxiety & stress, suicide, depression, substance use, adverse childhood experiences, healthy eating)
    - ☐ Safe & Healthy Communities (opportunities for active transportation & physical activity, access to community services & support, injuries & violence)
    - ☐ Health Insurance Coverage & Access to Care (access to & use of prenatal care, prevention of infant & maternal mortality, preventive services for chronic disease prevention & control, oral health care)
    - ☐ Healthy Children (preventive services, early intervention, childhood behavioral health)
    - ☐ Pre K - Grade 12 Student Success & Educational Attainment (health & wellness promoting schools, opportunities for continuing education)

11. Please indicate on a scale of 1 (very little) to 5 (highly impacted) how each of the following topics related to **economic wellbeing** impact the populations you serve.

    Poverty
    Very Little 1 2 3 4 5 Highly Impacted

    Unemployment
    Very Little 1 2 3 4 5 Highly Impacted

    Nutrition Security
    Very Little 1 2 3 4 5 Highly Impacted

    Housing Stability & Affordability
    Very Little 1 2 3 4 5 Highly Impacted

12. Please indicate on a scale of 1 (very little) to 5 (highly impacted) how each of the following topics related to **mental wellbeing & substance use** impact the populations you serve.

    Anxiety & Stress
    Very Little 1 2 3 4 5 Highly Impacted

    Suicide
    Very Little 1 2 3 4 5 Highly Impacted

    Depression
    Very Little 1 2 3 4 5 Highly Impacted

    Substance Use
    Very Little 1 2 3 4 5 Highly Impacted

    Adverse Childhood Experiences
    Very Little 1 2 3 4 5 Highly Impacted

    Healthy Eating
    Very Little 1 2 3 4 5 Highly Impacted

13. Please indicate on a scale of 1 (very little) to 5 (highly impacted) how each of the following topics related to **safe & healthy communities** impact the populations you serve.

    Opportunities for active transportation & physical activity
    Very Little 1 2 3 4 5 Highly Impacted

    Access to community services & support
    Very Little 1 2 3 4 5 Highly Impacted

    Injuries & violence
    Very Little 1 2 3 4 5 Highly Impacted

14. Please indicate on a scale of 1 (very little) to 5 (highly impacted) how each of the following topics related to **health insurance coverage & access to care** impact the populations you serve.

    Access to & use of prenatal care
    Very Little 1 2 3 4 5 Highly Impacted

    Prevention of infant & maternal mortality
    Very Little 1 2 3 4 5 Highly Impacted

    Preventive services for chronic disease prevention & control
    Very Little 1 2 3 4 5 Highly Impacted

    Oral health care
    Very Little 1 2 3 4 5 Highly Impacted

15. Please indicate on a scale of 1 (very little) to 5 (highly impacted) how each of the following topics related to **healthy children** impact the populations you serve.

    Preventive services (Immunization, hearing screening and follow up, lead screening)
    Very Little 1 2 3 4 5 Highly Impacted

    Early intervention

Very Little 1 2 3 4 5 Highly Impacted

Childhood behavioral health
Very Little 1 2 3 4 5 Highly Impacted

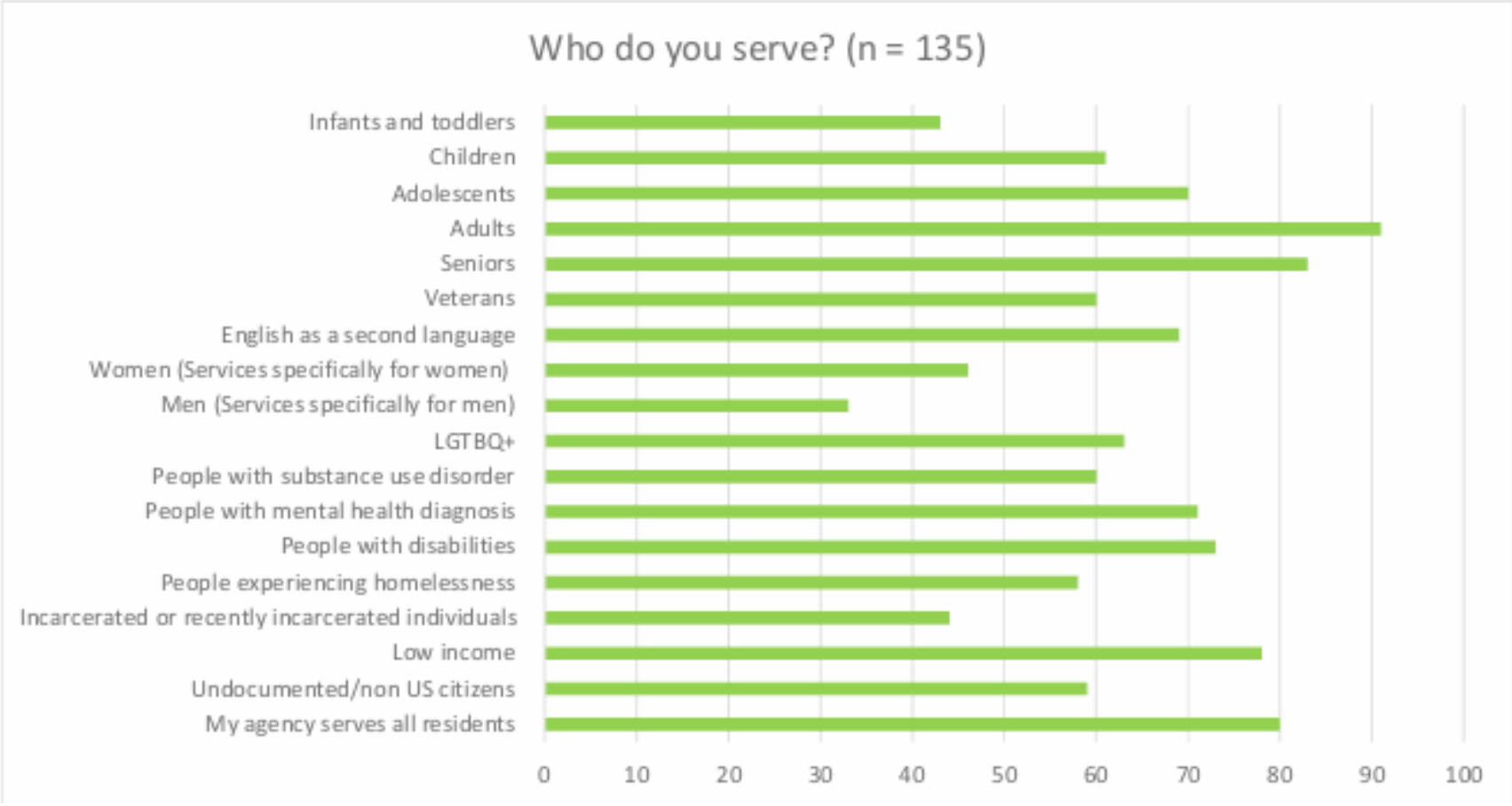
16. Please indicate on a scale of 1 (very little) to 5 (highly impacted) how each of the following topics related to **pre k – grade 12 student success & educational attainment** impact the populations you serve.

Health & wellness promoting schools
Very Little 1 2 3 4 5 Highly Impacted

Opportunities for continuing education
Very Little 1 2 3 4 5 Highly Impacted

APPENDIX E

Mid-Hudson Region Community Partner Survey References



APPENDIX F

Mid-Hudson Regional Community Health Survey

ZIPCODE: From sample file

COUNTY2:

What county in New York State do you live in?[DO NOT READ LIST]

Albany	001
Allegany	003
Bronx	005
Broome	007
Cattaraugus	009
Cayuga	011
Chautauqua	013
Chemung	015
Chenango	017
Clinton	019
Columbia	021
Cortland	023
Delaware	025
Dutchess	027
Erie	029
Essex	031
Franklin	033
Fulton	035
Genesee	037
Greene	039
Hamilton	041
Herkimer	043
Jefferson	045
Kings - Brooklyn	047
Lewis	049
Livingston	051
Madison	053
Monroe	055
Montgomery	057
Nassau	059
New York - Manhattan	061
Niagara	063
Oneida	065
Onondaga	067
Ontario	069
Orange	071
Orleans	073
Oswego	075
Otsego	077
Putnam	079
Queens	081
Rensselaer	083
Richmond - Staten Island	085
Rockland	087
St. Lawrence	089
Saratoga	091
Schenectady	093
Schoharie	095
Schuyler	097
Seneca	099
Steuben	101
Suffolk	103
Sullivan	105
Tioga	107
Tompkins	109
Ulster	111
Warren	113
Washington	115
Wayne	117
Westchester	119
Wyoming	121
Yates	123
Don't know/Refused	999

DZIPC:

What is your zip code?[ENTER 5 DIGIT ZIP CODE IN BOX AT BOTTOM OF SCREEN]

12501	12501
12504	12504
12506	12506
12507	12507
12508	12508
12510	12510
12511	12511
12512	12512
12514	12514
12522	12522
12524	12524
12527	12527
12531	12531
12533	12533
12537	12537
12538	12538
12540	12540
12545	12545
12546	12546
12564	12564
12567	12567
12569	12569
12570	12570
12571	12571
12572	12572
12574	12574
12578	12578
12580	12580
12581	12581
12582	12582
12583	12583
12585	12585
12590	12590
12592	12592
12594	12594
12601	12601
12602	12602
12603	12603
12604	12604
Other (specify)	99998

PZIPC:

What is your zip code?[ENTER 5 DIGIT ZIP CODE IN BOX AT BOTTOM OF SCREEN]

10509	10509
10512	10512
10516	10516
10524	10524
10537	10537
10541	10541
10542	10542
10579	10579
10588	10588
12531	12531
12533	12533
12563	12563
12582	12582
Other (specify)	99998

Q4:

How long have you lived in <county2> County?[READ LIST]

Less than 1 year	1
At least 1 year but less than 2 years	2
At least 2 years but less than 5 years	3
5 years or more	4
[DO NOT READ] Don't know/Refused	9

Q1:

Overall, how would you rate the quality of life in your community?[READ LIST]

Excellent	1
Good	2
Fair	3
Poor	4
[DO NOT READ] Don't know	8
[DO NOT READ] Refused	9

Q2:

Thinking now about the job county agencies are doing here in <county2> County how would you rate the job county agencies are doing providing information to <county2> County residents...during weather emergencies? Would you say they are doing an excellent job, good, fair, or poor job?

Excellent	1
Good	2
Fair	3
Poor	4
[DO NOT READ] Don't know	8
[DO NOT READ] Refused	9

Q3:

during public health emergencies? Would you say they are doing an excellent job, good, fair, or poor job?

Excellent	1
Good	2
Fair	3
Poor	4
[DO NOT READ] Don't know	8
[DO NOT READ] Refused	9

QWALKKEY:

For each of the following two statements about your neighborhood, please tell me to what degree you agree or disagree with each.

Continue	1

Q4A:

There are places to walk or bicycle in my neighborhood that are safe from traffic. [IF NEEDED: Do you strongly agree, agree, disagree or strongly disagree?]

Strongly agree	1
Agree	2
Disagree	3
Strongly disagree	4
[DO NOT READ] Don't know	8
[DO NOT READ] Refused	9

Q4C:

My neighborhood is a safe place to live.[IF NEEDED: Do you strongly agree, agree, disagree or strongly disagree?]

Strongly agree	1
Agree	2
Disagree	3
Strongly disagree	4
[DO NOT READ] Don't know	8
[DO NOT READ] Refused	9

Q5:

Overall, how would you rate the community you live in as a place for people to live as they age?[READ LIST]

Excellent	1
Good	2
Fair	3
Poor	4
[DO NOT READ] Don't know	8
[DO NOT READ] Refused	9

Q7:
In general, how would you rate your physical health? Would you say that your physical health is excellent, good, fair or poor?
Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q8:
Mental health involves emotional, psychological and social wellbeing. How would you rate your overall mental health? Would you say that your mental health is excellent, good, fair or poor?[IF NEEDED: including things like hopefulness, level of anxiety and depression.]
Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q9KEY:
Thinking back over the past 12 months, for each of the following statements I read, tell me how many days in an AVERAGE WEEK you did each.
Continue 1

Q9A:
Over the past 12 months how many days in an average week did you eat a balanced, healthy diet?
0 days 1
1 to 3 days 2
4 to 6 days 3
All 7 days 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q9B:
Over the past 12 months how many days in an average week did you exercise for 30 minutes or more a day?
0 days 1
1 to 3 days 2
4 to 6 days 3
All 7 days 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q9C:
Over the past 12 months how many days in an average week did you get 7 to 9 hours of sleep in a night?
0 days 1
1 to 3 days 2
4 to 6 days 3
All 7 days 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q10:
On an average day, how stressed do you feel?[READ LIST][IF NEEDED: Stress is when someone feels tense, nervous, anxious, or can´t sleep at night because their mind is troubled.]
Not at all stressed 1
Not very stressed 2
Somewhat stressed 3
Very stressed 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q11:
In your everyday life, how often do you feel that you have quality encounters with friends, family, and neighbors that make you feel that people care about you?[READ LIST][IF NEEDED: For example, talking to friends on the phone, visiting friends or family, going to church or club meetings]
Less than once a week 1
1 to 2 times a week 2
3 to 5 times a week 3
More than 5 times a week 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q12:
How frequently in the past year, on average, did you drink alcohol?[READ LIST]
Never 1
Less than once per month 2
More than once per month, but less than weekly 3
More than once per week, but less than daily 4
Daily 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q14:

How frequently in the past year have you used a drug whether it was a prescription medication or not, for non-medical reasons?[READ LIST]

Never 1
Less than once per month 2
More than once per month, but less than weekly 3
More than once per week, but less than daily 4
Daily 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

QCANN:

How frequently in the past year did you consume cannabis … [READ LIST]

Never 1
Less than once per month 2
More than once per month, but less than weekly 3
More than once per week, but less than daily 4
Daily 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16KEY:

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

Continue 1

Q16A:

Food[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16B:

Utilities, including heat and electric[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16C:

Medicine[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16E:

Phone[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16F:

Transportation[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16G:

Housing[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16H:

Childcare[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16I:

Access to the internet[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16J:

Have you or any member of your household been unable to maintain suitable employment paying a living wage?

Yes 1
No 2
[DO NOT READ] I don't need to work to meet my financial needs 3
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16KEY2:

How about for yourself, in the past 12 months, have you been unable to get any of the following when it was really needed? Please answer yes or no for each item.

Continue 1

Q16K:

Dental care[IF NEEDED: Have you been unable to get any of the following when it was really needed?]

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16M:

Mental health care[IF NEEDED: Have you been unable to get any of the following when it was really needed?]

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16N:

Physical health care like primary or specialty medical care[IF NEEDED: Have you been unable to get any of the following when it was really needed?]

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

DISAB:

Do you or anyone in your household have a disability?

Yes 1
No 2
[DO NOT READ] Refused 9

Q16O:

Have you been unable to obtain care to meet the needs of any member of your household with a disability when it was really needed?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q17:

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

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q18_M1-Q18_M7:

In the last 12 months, were any of the following reasons that you did not visit a primary care provider for a routine physical or checkup?INTERVIEWER: Read each choice and get a Yes or No response for each

I did not have insurance 01
I did not have enough money [IF NEEDED: For things like co-payments, medications, etc] 02
I did not have transportation 03
I did not have time 04
I chose not to go for another reason 06
I couldn't get an appointment for a routine physical or checkup 07
[DO NOT READ] Other (specify) 97
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99

Q19:

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

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q20_M1-Q20_M7:

In the last 12 months, were any of the following reasons that you did not visit a dentist for a routine check-up or cleaning?INTERVIEWER: Read each choice and get a Yes or No response for each

I did not have insurance 01
I did not have enough money [IF NEEDED: For things like co-payments, medications, etc] 02
I did not have transportation 03
I did not have time 04
I chose not to go for another reason 06
I couldn't get an appointment for a routine check-up or cleaning 07
[DO NOT READ] Other (specify) 97
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99

Q21:

Sometimes people visit the emergency room for medical conditions or illnesses that are not emergencies; that is, for health-related issues that may be treatable in a doctor´s office.Have you visited an emergency room for a medical issue that was not an emergency in the last 12 months?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q22_M1-Q22_M7:

In the last 12 months, for which of the following reasons did you visit the emergency room for a health-related issue or injury that was NOT an emergency?INTERVIEWER: Read each choice and get a Yes or No response for each

I do not have a regular doctor/primary care doctor 01
The emergency room was more convenient because of location 02
The emergency room was more convenient because of cost 03
The emergency room was more convenient because of hours of operation 04
At the time I thought it was a health-related emergency, though I later learned it was NOT an emergency
My primary care doctor was not available 06
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99

Q23:

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

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q24_M1-Q24_M7:

In the last 12 months, were any of the following reasons that you did not visit a mental health provider? [READ LIST]INTERVIEWER: Read each choice and get a Yes or No response for each

I did not have a need for mental health services 01
I did not have insurance 02
I did not have enough money [IF NEEDED: For things like co-payments, medications, etc]
I did not have transportation 04
I did not have time 05
I chose not to go 06
A mental health provider was not available 07
[DO NOT READ] Other (specify) 97
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99

QTELHTH:

How important is having access to telehealth services to maintain your health?[READ LIST]

Very important 1
Somewhat important 2
Not too important 3
Not important at all 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q29:

Have you or any other household member had ongoing COVID symptoms - otherwise known as long-COVID?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

QVACKEY:

Prior to the next respiratory virus season, how likely are you to get the following vaccines?[IF NEEDED: Vaccines are typically given between September and December]

Continue 1

QFLUV:

Prior to the next respiratory virus season, how likely are you to get a flu vaccine?[READ LIST][IF NEEDED: Vaccines are typically given between September and December]

Very likely 1
Somewhat likely 2
Not too likely 3
Not at all likely 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31E:

About how often during the past 30 days did you feel that everything was an effort?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31F:

About how often during the past 30 days did you feel worthless?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31AR:

About how often during the past 30 days did you feel nervous?

All of the time 4
Most of the time 3
Some of the time 2
A little of the time 1
None of the time 0

Q31BR:

About how often during the past 30 days did you feel hopeless?

All of the time 4
Most of the time 3
Some of the time 2
A little of the time 1
None of the time 0

Q31CR:

About how often during the past 30 days did you feel restless or fidgety?

All of the time 4
Most of the time 3
Some of the time 2
A little of the time 1
None of the time 0

Q31KEY:

The next questions are about how you have been feeling during the past 30 days. Thinking back over the past 30 days, please tell me if you felt this way all of the time, most of the time, some of the time, a little of the time, or none of the time.

Continue 1

Q31A:

About how often during the past 30 days did you feel nervous?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31B:

About how often during the past 30 days did you feel hopeless?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31C:

About how often during the past 30 days did you feel restless or fidgety?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31D:

About how often during the past 30 days did you feel so depressed that nothing could cheer you up?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31DR:

About how often during the past 30 days did you feel so depressed that nothing could cheer you up?

All of the time 4
Most of the time 3
Some of the time 2
A little of the time 1
None of the time 0

Q31ER:

About how often during the past 30 days did you feel that everything was an effort?

All of the time 4
Most of the time 3
Some of the time 2
A little of the time 1
None of the time 0

Q31FR:

About how often during the past 30 days did you feel worthless?

All of the time 4
Most of the time 3
Some of the time 2
A little of the time 1
None of the time 0

K6SCORE:

Kessler K6

CELLLL:

Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

No (Landline Only) 1
Yes 2
No 3
[DO NOT READ] Refused 9

LLCELL:

Do you have a working cell phone?

Yes 2
No 1
No (Cell Phone Only) 3
[DO NOT READ] Refused 9

PHONETYP:

Landline or Cell Phone

Landline Only 1
Landline and Cell Phone 2
Cell Phone Only 3
[DO NOT READ] Refused 9

BYR2:

In what year were you born?INTERVIEWER: ENTER ALL FOUR DIGITS OF THE RESPONDENT'S BIRTH YEAR IN BOX AT BOTTOM OF SCREEN[IF NEEDED: This is just used to compute your age.]

REFUSAL ..... RF

AGE:

AGE.

QAGERF:

What is your age? Are you...[READ LIST]

18 to 34 1
35 to 49 2
50 to 64 3
65 or older 4
[DO NOT READ] Refused 9

AGER:

AGE GROUPED

18 to 34 1
35 to 49 2
50 to 64 3
65 and older 4
[DO NOT READ] Refused 9

RACE_M1-RACE_M7:

Would you consider yourself:[IF "Biracial" or "Multi-racial" ask: "What races would that be?"]

African American or Black 01
American Indian or Alaska Native 02
Asian 03
Hispanic or Latino 04
Middle Eastern or North African 05
Native Hawaiian or Other Pacific Islander 06
White 07
[DO NOT READ] Other/Something else (specify) 97
[DO NOT READ] Refused 99

AGESNY:

AGE GROUPED - SNY

18 to 34 1
35 to 54 2
55 and older 3
[DO NOT READ] Refused 9

OWN:

What is your living arrangement? Do you...

Rent an apartment or home 1
Own your home 2
Other living arrangement 3
[DO NOT READ] Refused 9

EMPLOY:

Which of the following categories best describes your current employment situation?[IF self-employed: "Would that be full-time or part-time?"]

Employed full-time 1
Employed part-time 2
Underemployed, below my skill or pay level 3
Unemployed, looking for work 4
Unemployed, not looking for work 5
Retired 6
Vol: Disabled 7
Other (specify) 8
[DO NOT READ] Refused 9

CHILD:

Are there children under the age of 18 living in your household?

Yes 1
No 2
[DO NOT READ] Refused 9

MILITARY:

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

Yes 1
No 2
[DO NOT READ] Refused 9

INCOME:

About how much is your total household income, before any taxes? Include your own income, as well as your spouse or partner, or any other income you may receive, such as through government benefit programs. Please stop me when I get to your category. Is it...[IF NEEDED: "I just want to remind you that you are completely anonymous. We only use this information in aggregate form to ensure we have a representative group of New Yorkers."]

Less than $25,000 1
$25,000 to just under $50,000 2
$50,000 to just under $100,000 3
$100,000 to just under $150,000 4
$150,000 or more 5
[DO NOT READ] Refused 9

GENDER:

How do you describe your gender? Do you..

Identify as a man 1
Identify as a woman 2
Identify as gender queer, gender nonconforming or non-binary 3
Identify as transgender, man 4
Identify as transgender, woman 5
Identify as transgender, gender non-conforming 6
Identify as another Gender not listed, please specify 7
[DO NOT READ]Don't know/Refused 9

WEIGHT

Weight variable

APPENDIX G

Rockland County Community Health Assessment Survey

English

Rockland County
HEALTH

Community Health Assessment Survey

We need YOUR input!

The Rockland County Department of Health (RCDOH) is in the process of developing our 2025-2030 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The CHA uses public health data, community surveys, and community stakeholder input to identify the health needs and issues of the county. The CHIP is our long-term effort to address the needs and issues identified in the CHA. Community agencies will use these to address the public health concerns in the county. The results of this survey will be published in the upcoming CHA. For more information, please visit RocklandCountyNY.gov
By completing this survey, you can help us identify the issues most important to you and your community. The survey should take about 10-15 minutes to complete. It is completely anonymous, and answers cannot be traced back to you. Any questions about this survey can be directed to RCDOHHealthAssessment@co.rockland.ny.us.

Do you live in Rockland County? (Must live in Rockland to participate) *

- ○ Yes
- ○ No

What is the zip code of your home address in Rockland County? *

What is your age? (Must be at least 18 to participate) *

- ○ Under 18
- ○ 18-29
- ○ 30-39
- ○ 40-49
- ○ 50-59
- ○ 60+

What is your sex? *

- ○ Male
- ○ Female
- ○ Prefer not to answer

Which race/nationality do you identify with? Please select all that apply. *

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Hispanic/Latino/Latinx
- ☐ Asian or Asian American
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Prefer not to answer
- ☐ Other

What is your approximate household income? *

- ○ $0-$29,999
- ○ $30,000-$69,999
- ○ $70,000-$109,999
- ○ $110,000-$149,000
- ○ $150,000-$189,999
- ○ $190,000-$229,999
- ○ $230,000+
- ○ Prefer not to answer

How many people live in your home, including yourself? *

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more
- ○ Prefer not to answer

Do you have health insurance? *

- ○ Yes
- ○ No

What kind of health insurance do you have? *

- ○ Employer/Spouse's Employer
- ○ Medicare
- ○ Medicaid
- ○ Veteran's Affair (VA)
- ○ NYS of Health/Marketplace Exchange
- ○ Tribal Health
- ○ Not sure
- ○ Prefer not to answer

Economic Priorities

If you did not select this priority as one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No opinion
Access to affordable, healthy food	○	○	○	○	○	○
Access to affordable housing	○	○	○	○	○	○
Availability of jobs that meet your cost of living	○	○	○	○	○	○
Access to affordable childcare	○	○	○	○	○	○

Mental Wellbeing and Substance Use

If you did not select this priority one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No Opinion
Anxiety and Depression	○	○	○	○	○	○
Suicide Prevention	○	○	○	○	○	○
Opioid Use	○	○	○	○	○	○
Overdose Prevention	○	○	○	○	○	○
Alcohol Misuse	○	○	○	○	○	○
Tobacco and Vaping Use	○	○	○	○	○	○

How would you rate your quality of life in Rockland County? *

- ○ Excellent
- ○ Good
- ○ Fair
- ○ Poor
- ○ Very Poor

Please choose the top three factors that you believe make a positive contribution to healthy living in Rockland County. *

- ☐ Safe neighborhoods
- ☐ Access to services for mental health/substance abuse
- ☐ Opportunities for outdoor recreation/physical activity
- ☐ Access to healthy food
- ☐ Access to affordable, high-quality housing
- ☐ Access to affordable childcare
- ☐ Good schools
- ☐ Good jobs
- ☐ Clean environment
- ☐ Access to good public transportation
- ☐ Access to health care for children (Immunization, Lead screening, Early Intervention)
- ☐ Access to prenatal care
- ☐ Access to community services and support
- ☐ Other _____

Priorities for Community Health and Wellbeing

Select your top 3 areas that you believe need improvement in Rockland County. *

- ☐ Economic Wellbeing (affordable childcare, unemployment, housing stability/affordability, food insecurity)
- ☐ Mental Wellbeing and Substance Use (suicide, substance use/addiction [alcohol, tobacco, opioids], overdose response [Narcan®])
- ☐ Safe and Healthy Communities (access to adequate transportation, spaces for physical activity, neighborhoods free of crime/violence, safe roadways, access to safe drinking water, access to community resources)
- ☐ Health Care Access and Quality (prenatal care, teen pregnancy, chronic disease prevention [diabetes, heart disease], communicable disease prevention [access to vaccines, public health clinics])
- ☐ Healthy Children (immunization, lead screening, Early Intervention, behavioral health)
- ☐ Education Access and Quality (Health and wellness programs in schools, options for continuing education, vocational programs)

Safe and Healthy Communities

If you did not select this priority one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No Opinion
Access to community spaces like parks, walkways, bike paths, and community centers	○	○	○	○	○	○
Access to classes, activities, and groups that encourage healthy habits (physical activity, nutrition, stress reduction, diabetes prevention, fall prevention, quitting smoking, etc.)	○	○	○	○	○	○
Access to community services and resources (WIC, Social Services, Aging Services, Salvation Army, United Way, etc.)	○	○	○	○	○	○
Injuries and violence prevention	○	○	○	○	○	○
Traffic safety	○	○	○	○	○	○
Drinking water quality	○	○	○	○	○	○
Public transportation availability	○	○	○	○	○	○

Healthcare Access and Quality

If you did not select this priority one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No Opinion
Access to health screenings available in your community (blood sugar, cholesterol, blood pressure, etc.)	○	○	○	○	○	○
Prevention of Communicable Disease (access to vaccines, public health clinics such as TB, STI, etc.)	○	○	○	○	○	○
Prevention of Chronic Disease (diabetes, hypertension, cancer, heart disease)	○	○	○	○	○	○
Access to adequate prenatal care	○	○	○	○	○	○
Teen pregnancy rates	○	○	○	○	○	○

Which of the following health conditions are you most concerned about for yourself and your community? Please select any 3 for yourself and any 3 for your community. *

	Myself	My Community
Asthma, COPD, or other chronic respiratory conditions	☐	☐
Diabetes	☐	☐
Cancer	☐	☐
Heart problems (high blood pressure, cholesterol, heart disease, stroke, etc.)	☐	☐
Infectious diseases (Seasonal FLU, COVID-19, RSV, measles, polio, HIV, TB, AIDS, hepatitis, sexually transmitted infections, etc.)	☐	☐
Mental illness (depression, anxiety, suicide, bipolar disorder)	☐	☐
Substance use disorders (alcohol, tobacco, vaping, cannabis, opioids, etc.)	☐	☐
Obesity, or problems with weight management or nutrition	☐	☐

List any additional health conditions that you are concerned about that were not included.

6

Healthy Children

If you did not select this priority one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No Opinion
Childhood Vaccination Rates	○	○	○	○	○	○
Lead Screening	○	○	○	○	○	○
Early Intervention	○	○	○	○	○	○
Childhood Behavioral Health (ability to regulate emotions, develop social skills, and cope with challenges)	○	○	○	○	○	○
Preventing Adverse Childhood Experiences (abuse, neglect, family mental illness/substance abuse/incarceration)	○	○	○	○	○	○

Education

If you did not select this priority one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No Opinion
Health and Wellness Programs in Schools	○	○	○	○	○	○
Options for Continuing Education	○	○	○	○	○	○
Vocational Programs	○	○	○	○	○	○

Food and Housing Accessibility

Over the past year, there were times when I or someone in my household was hungry and couldn't get access to enough food. *

- ○ Often True
- ○ Sometimes True
- ○ Never True

What has prevented you or someone in your household from getting enough food? (Select all that apply) *

- ☐ Lack of money/cannot afford food
- ☐ Lack of transportation
- ☐ Lack of time to get food
- ☐ Inability/difficulty preparing food on my own
- ☐ Does not apply
- ☐ Other _____

Do you use any of the following resources? (Select all that apply) *

- ☐ Local food pantry
- ☐ SNAP benefits
- ☐ Friends/Family
- ☐ Meals on Wheels or other prepared food services
- ☐ My household has not used any of these services
- ☐ Other _____

How would you rate the physical condition of your home?

- ○ Excellent
- ○ Good
- ○ Fair
- ○ Poor
- ○ I am unhoused/homeless
- ○ Prefer not to answer

In the past five years, have you had a problem (that you found difficult/impossible to resolve) with any of the following in your home? (Select all that apply) *

- ☐ Lack of access to heat or air conditioning when you needed it
- ☐ Lack of access to clean water when you needed it
- ☐ Lead or lead-based paint
- ☐ Lack of smoke or carbon monoxide detection
- ☐ Overcrowding
- ☐ Black Mold
- ☐ Structural issues
- ☐ Rodent/Pest Problems
- ☐ Does not apply

Has your home ever been tested for the presence of Lead or Lead-based Paint

- ○ Yes
- ○ No
- ○ Unsure
- ○ Does not apply
- ○ Prefer not to answer

What is your primary source of drinking water?

- ○ Municipal or Public Supply
- ○ Private Well
- ○ Unsure
- ○ Prefer not to answer
- ○ Other _____

Are you concerned about the quality of your drinking water? *

- ○ Yes
- ○ No

What are your specific water quality concerns?

- ☐ Lead
- ☐ PFOS (perfluorooctane sulfonate)
- ☐ PFOA (perfluorooctanoic acid)
- ☐ Nutrient Loading
- ☐ Does not apply
- ☐ Other _____

What is your primary form of transportation? *

- ○ Personal Vehicle
- ○ Public transportation
- ○ Ride share/taxi
- ○ Bicycle
- ○ Walking
- ○ Prefer not to answer
- ○ Other _____

Do you have access to public transportation when and where you need it? *

- ○ Yes
- ○ Sometimes
- ○ No
- ○ Prefer not to answer
- ○ Does not apply

Health and Wellbeing

If you or someone in your household did not get physical, dental, or mental health care that was needed, advised, or recommended, what were the main reasons for not receiving care? Select all that apply for each type of care. *

	Physical Health	Dental Care	Mental Health	Does not apply
Cost- Without insurance it was too expensive	☐	☐	☐	☐
Cost- Even with insurance, it was too expensive	☐	☐	☐	☐
Transportation- It was too hard to get there or didn't have reliable transportation	☐	☐	☐	☐
Hours - They weren't open when I/we could get there	☐	☐	☐	☐
Appointment Availability- There were no appointments available in a timely manner	☐	☐	☐	☐
Unsure Where to Go- Didn't know where to go to receive care	☐	☐	☐	☐
Personal Feelings- Scared, embarrassed, or ashamed of getting care	☐	☐	☐	☐
Decided not to Pursue Care- Didn't like going or didn't wish to continue with care	☐	☐	☐	☐

List any other reason not listed that prevented you from accessing medical care.

The CDC recommends that adults engage in at least 150 minutes of moderate-intensity physical activity/exercise per week. Do you participate in at least 150 minutes of physical activity/exercise per week? *

- ○ Yes
- ○ No
- ○ Prefer not to answer

Do you believe the childhood vaccines recommended by health authorities (e.g., CDC, WHO) are necessary and safe?

- ○ Yes
- ○ No
- ○ Unsure
- ○ Prefer not to answer

Are your children up to date on their recommended vaccines?

- ○ Yes
- ○ No
- ○ Unsure

Have you ever chosen to skip or delay a vaccine recommended for your child?

- ○ Yes
- ○ No

Select the reason(s) why you chose to skip or delay.

- ☐ Concerns about vaccine safety/ingredients
- ☐ Concerns about vaccine side effects
- ☐ Religious or philosophical beliefs
- ☐ Scheduling difficulties
- ☐ Cost/Insurance issues
- ☐ Influence from friends/family
- ☐ Other_____

What, if any, could increase your confidence in childhood vaccines?

- ☐ More information from healthcare providers
- ☐ Personal stories from parents who vaccinated their children
- ☐ Increased public health campaigns and education
- ☐ Recommendations from trusted community members
- ☐ Clearer communication about the benefits of vaccines
- ☐ Other_____

Which, if any, of the following would help you become more active? Select all that apply.

- ☐ Transportation to a park or other exercise space (such as community center/gym)
- ☐ Free at-home exercise plans
- ☐ Exercise groups, clubs, or a friend to participate with
- ☐ Free exercise workshops/classes/programs for adults
- ☐ Free exercise workshops/classes/programs for families (adults and children)
- ☐ Safer outdoor places to exercise (walking/running/biking paths, parks, etc)
- ☐ Discounts for gym memberships
- ☐ Workplace exercise programs or equipment
- ☐ Other _____

Children's Health

This section is focused on young children. If you do not have any children under 6 in your household, please skip to the next section.

Do you have a child younger than 6 years old living in your household? *

- ○ Yes
- ○ No

Has your child been screened for lead poisoning by a pediatrician?

- ○ Yes
- ○ No
- ○ Unsure

Have you wanted to get a vaccine for your child but experienced difficulties accessing vaccines? *

- ○ Yes
- ○ No
- ○ Prefer not to answer

What barriers have you faced accessing vaccines? *

- ☐ Cost
- ☐ Personal time limitations
- ☐ Not offered at my doctor/pharmacy
- ☐ Transportation difficulty
- ☐ Other _____

Women's Health

This section is focused on women's health. If you do not identify as a woman, please skip to the next section.

Are you pregnant or planning to become pregnant? *

- ○ Yes
- ○ No
- ○ Does not apply

Do you have access to adequate prenatal care?

- ○ Yes
- ○ No

What is limiting your access to adequate prenatal care?

- ☐ Lack of access to transportation
- ☐ Lack of funds
- ☐ Don't have insurance
- ☐ Don't know how to get access to care
- ☐ Other_____

Do you have access to lactation (breastfeeding) services?

- ○ Yes
- ○ No
- ○ Does not apply

Do you have consistent access to menstrual products (tampons, pads, menstrual cups)?

- ○ Yes
- ○ No
- ○ Does not apply

Tobacco and Substance Use

Substance use disorders (addictions) don't just affect individuals; they impact families, friends, and communities. Select all that apply for your personal experience with substance use disorders. *

	Yourself	Family Member	Friend	Does not apply
Alcohol Misuse	☐	☐	☐	☐
Drug Use	☐	☐	☐	☐
Tobacco/Vaping Products Use	☐	☐	☐	☐
In Recovery from Drug Addiction	☐	☐	☐	☐
In Recovery from Alcohol Use Disorder	☐	☐	☐	☐

Do you know what Narcan® (Naloxone) is?

○ Yes
○ No

Narcan® (Naloxone) is a lifesaving medication used for the treatment of a known or suspected opioid overdose emergency. It can reverse an opioid overdose and quickly restore normal breathing. For more information, please visit the NYS OASAS website.

What is your experience with Narcan® (Naloxone)

- ☐ I know where I can get Narcan® in Rockland County.
- ☐ I do not know where I can get Narcan® in Rockland County
- ☐ I carry Narcan® with me or keep it in my home.
- ☐ I have used Narcan® to save a life.
- ☐ I have no experience with Narcan®.
- ☐ Prefer not to answer.

Thank you for completing the Community Health Assessment Survey. You can now enter for a Chance to win a $50 Gift Card*!

To enter, provide:

Your Full Name: _____

Phone Number: (____)_____

If you are one of the lucky winners, we will call you to arrange for you to receive your $50 Gift Card.

*Sweepstakes entrants will not be connected to any survey responses; your name and phone number are for the sweepstakes only.

APPENDIX H

Greater New York Hospital Association 2025 Community Health Needs Assessment Survey

2025 Community Health Survey

We want to improve the health services we offer to people who live in your neighborhood. The information you give us will be used to improve health services for people like yourself.

Completing the survey is voluntary. We will keep your answers private. If you are not comfortable answering a question, leave it blank.

We value your input. Thank you very much for your help.

---

1 **Are you 18 years of age or older?**

- ○ Yes
- ○ No → Thank you very much, but we are only asking this survey of people who are ages 18 and older.

2 **We want people from all different neighborhoods to take part in this survey. Please tell us the zip code where you live so we can identify your neighborhood.**

Zip code: _____

IF YOU PROVIDED A ZIP CODE, PLEASE GO TO QUESTION 6. YOU DO NOT NEED TO ANSWER THESE QUESTIONS.

3 **Do you live in New York City?**

- ○ Yes
- ○ No → Skip to 5

4 **If you live in New York City, please select the borough where you live:**

- ○ The Bronx → Go on to page 3
- ○ Brooklyn → Go on to page 3
- ○ Manhattan → Go on to page 3
- ○ Queens → Go on to page 3
- ○ Staten Island → Go on to page 3
- ○ I do not live in New York City → Answer 5

5 **If you do not live in New York City, please tell us the county where you live:**

- ○ Albany County
- ○ Allegany County
- ○ Broome County
- ○ Cattaraugus County
- ○ Cayuga County
- ○ Chautauqua County
- ○ Chemung County
- ○ Chenango County
- ○ Clinton County
- ○ Columbia County
- ○ Cortland County
- ○ Delaware County
- ○ Dutchess County
- ○ Erie County
- ○ Essex County
- ○ Franklin County
- ○ Fulton County
- ○ Genesee County
- ○ Greene County
- ○ Hamilton County
- ○ Herkimer County
- ○ Jefferson County
- ○ Madison County
- ○ Monroe County
- ○ Montgomery County
- ○ Nassau County
- ○ Niagara County
- ○ Oneida County
- ○ Onondaga County
- ○ Ontario County
- ○ Orange County
- ○ Orleans County
- ○ Oswego County
- ○ Otsego County
- ○ Putnam County
- ○ Rensselaer County
- ○ Rockland County
- ○ Saratoga County
- ○ Schenectady County
- ○ Schoharie County
- ○ Schuyler County
- ○ Seneca County
- ○ St. Lawrence County
- ○ Steuben County
- ○ Tioga County
- ○ Tompkins County
- ○ Ulster County
- ○ Warren County
- ○ Washington County
- ○ Wayne County
- ○ Westchester County
- ○ Wyoming County
- ○ Yates County
- ○ Other_____

- ○ Lewis County
- ○ Livingston County
- ○ Suffolk County
- ○ Sullivan County

Health Status

6 In general, how is the overall health of the people of your neighborhood?

- ○ Poor
- ○ Fair
- ○ Good
- ○ Very good
- ○ Excellent

7 In general, how is your physical health?

- ○ Poor
- ○ Fair
- ○ Good
- ○ Very good
- ○ Excellent

8 In general, how is your mental health?

- ○ Poor
- ○ Fair
- ○ Good
- ○ Very good
- ○ Excellent

9 For each of the following, please tell us: How important is each of the following to you and how satisfied are you with the current services in your neighborhood to address each issue?

		How important is this issue to you?						How satisfied are you with current services?					
		Don't know	Not at all	A little	Somewhat	Very	Extremely	Don't know	Not at all	A little	Somewhat	Very	Extremely
1	Access to continuing education and job training programs	○	○	○	○	○	○	○	○	○	○	○	○
2	Access to healthy/nutritious foods	○	○	○	○	○	○	○	○	○	○	○	○
3	Adolescent and child health	○	○	○	○	○	○	○	○	○	○	○	○
4	Affordable housing and homelessness prevention	○	○	○	○	○	○	○	○	○	○	○	○
5	Arthritis/disease of the joints	○	○	○	○	○	○	○	○	○	○	○	○
6	Assistance with basic needs like food, shelter, and clothing	○	○	○	○	○	○	○	○	○	○	○	○
7	Asthma, breathing issues, and lung disease	○	○	○	○	○	○	○	○	○	○	○	○
8	Cancer	○	○	○	○	○	○	○	○	○	○	○	○
9	Cigarette smoking/tobacco use/vaping/ e-cigarettes/hookah	○	○	○	○	○	○	○	○	○	○	○	○
10	Infectious diseases (COVID-19, flu, hepatitis)	○	○	○	○	○	○	○	○	○	○	○	○
11	Dental care	○	○	○	○	○	○	○	○	○	○	○	○
12	Diabetes and high blood sugar	○	○	○	○	○	○	○	○	○	○	○	○
13	Heart disease	○	○	○	○	○	○	○	○	○	○	○	○
14	Hepatitis C/liver disease	○	○	○	○	○	○	○	○	○	○	○	○
15	High blood pressure	○	○	○	○	○	○	○	○	○	○	○	○
16	HIV/AIDS (Acquired Immune Deficiency Syndrome)	○	○	○	○	○	○	○	○	○	○	○	○
17	Infant health	○	○	○	○	○	○	○	○	○	○	○	○
18	Job placement and employment support	○	○	○	○	○	○	○	○	○	○	○	○
19	Mental health disorders (such as depression)	○	○	○	○	○	○	○	○	○	○	○	○
20	Obesity in children and adults	○	○	○	○	○	○	○	○	○	○	○	○
21	School health and wellness programs	○	○	○	○	○	○	○	○	○	○	○	○
22	Sexually Transmitted Infections (STIs)	○	○	○	○	○	○	○	○	○	○	○	○
23	Stopping falls among elderly	○	○	○	○	○	○	○	○	○	○	○	○
24	Substance use disorder/ addiction (including alcohol use disorder)	○	○	○	○	○	○	○	○	○	○	○	○
25	Violence (including gun violence)	○	○	○	○	○	○	○	○	○	○	○	○
26	Women's and maternal health care	○	○	○	○	○	○	○	○	○	○	○	○

Health Care Access

16 **What is the current source of your primary health insurance (the one you use most often)?**

- ○ A plan purchased through an employer or union (including plans purchased through another person's employer)
- ○ A private nongovernmental plan that you or another family member buys on your own
- ○ Medicare
- ○ Medigap
- ○ Medicaid
- ○ Children's Health Insurance Program (CHIP)
- ○ Military related health care: TRICARE (CHAMPUS) /VA health care /CHAMP-VA
- ○ Indian Health Services
- ○ State sponsored health plan
- ○ Other government program
- ○ No coverage of any type

Demographic Information

17 **What is your race and/or ethnicity? (Select all that apply)**

- □ American Indian or Alaska Native
  - ○ For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.
- □ Asian
  - ○ For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.
- □ Black or African American
  - ○ For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
- □ Hispanic or Latino
  - ○ For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.
- □ Middle Eastern or North African
  - ○ For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.
- □ Native Hawaiian or Pacific Islander
  - ○ For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
- □ White
  - ○ For example, English, German, Irish, Italian, Polish, Scottish, etc.

18 **Do you speak a language other than English at home?**

- ○ Yes
- ○ No [Skip to question 21]

Long-term COVID Effects

10 **Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?**

- ○ Yes
- ○ No [Skip to question 13]

11 **Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?**

- ○ Yes
- ○ No [Skip to question 13]

12 **Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?**

- ○ Yes, a lot
- ○ Yes, a little
- ○ Not at all

Social Determinants of Health

13 **During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?**

- ○ Yes
- ○ No

14 **During the past 12 months how often did the food that you bought not last, and you didn't have money to get more?**

- ○ Always
- ○ Usually
- ○ Sometimes
- ○ Rarely
- ○ Never

15 **During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?**

- ○ Yes
- ○ No

19 **What is this language? (Select all that apply)**

- ☐ Spanish
- ☐ Arabic
- ☐ Bengali
- ☐ Burmese
- ☐ Chinese
- ☐ French
- ☐ Haitian Creole
- ☐ Hindi
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Nepali
- ☐ Polish
- ☐ Russian
- ☐ Urdu
- ☐ Yiddish
- ☐ Other

20 **How well do you speak English?**

- ○ Very well
- ○ Well
- ○ Not well
- ○ Not at all

21 **Which of the following best represents how you think of yourself?**

- ○ Gay or lesbian
- ○ Straight, that is not gay or lesbian
- ○ Bisexual
- ○ I use a different term

22 **How do you currently describe yourself? (Select all that apply)**

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ I use a different term

23 **Are you transgender?**

- ○ Yes
- ○ No

24 **What is your age?**

- ○ 18 - 24
- ○ 25 - 34
- ○ 35 - 44
- ○ 45 - 54
- ○ 55 - 64
- ○ 65 - 74
- ○ 75+

25 **What is the highest grade or year of school that you have completed?**

- ○ Grades 8 (Elementary) or less
- ○ Grades 9 through 11 (Some High School)
- ○ Grade 12 or GED (High School Graduate)
- ○ College 1 year to 3 years (Some college or technical school)
- ○ College 4 years or more (College graduate)

26 **Including yourself, how many people usually live or stay in your home or apartment?**

_____ person(s)

27 **Are you currently…?.**

- ○ Employed for wages
- ○ Self-employed
- ○ Out of work for 1 year or more
- ○ Out of work for less than 1 year
- ○ A homemaker
- ○ A student
- ○ Retired
- ○ Unable to work

28 **What is your household's annual household income from all sources, before taxes, in the last year?**

By household income we mean the combined income from everyone living in the household including even roommates or those on disability income.

- ○ Less than $20,000
- ○ $20,000 to $24,999
- ○ $25,000 to $34,999
- ○ $35,000 to $49,999
- ○ $50,000 to $74,999
- ○ $75,000 to $99,999
- ○ $100,000 to $149,999
- ○ $150,000 to $199,999
- ○ $200,000 or more

This is the end of the survey. Thank you very much for your help.

APPENDIX I

GNYHA CHNAS Rockland County Respondents by Zip Code

2025 GNYHA Community Health Needs Assessment Collaborative

Montefiore Rockland County

Respondents by Zip Code

Zip Code	State	City	County	Number	Percent
10901	NY	SUFFERN	Rockland	44	8%
10913	NY	BLAUVELT	Rockland	7	1%
10920	NY	CONGERS	Rockland	17	3%
10923	NY	GARNERVILLE	Rockland	14	2%
10927	NY	HAVERSTRAW	Rockland	21	4%
10952	NY	MONSEY	Rockland	24	4%
10954	NY	NANUET	Rockland	64	11%
10956	NY	NEW CITY	Rockland	79	14%
10960	NY	NYACK	Rockland	61	11%
10962	NY	ORANGEBURG	Rockland	7	1%
10964	NY	PALISADES	Rockland	5	1%
10965	NY	PEARL RIVER	Rockland	31	5%
10968	NY	PIERMONT	Rockland	4	1%
10970	NY	POMONA	Rockland	22	4%
10974	NY	SLOATSBURG	Rockland	8	1%
10976	NY	SPARKILL	Rockland	5	1%
10977	NY	SPRING VALLEY	Rockland	42	7%
10980	NY	STONY POINT	Rockland	27	5%
10983	NY	TAPPAN	Rockland	16	3%
10984	NY	THIELLS	Rockland	2	0%
10986	NY	TOMKINS COVE	Rockland	4	1%
10989	NY	VALLEY	Rockland	35	6%
10993	NY	WEST	Rockland	6	1%
10994	NY	WEST NYACK	Rockland	19	3%

APPENDIX J

GNYHA CHNAS Rockland County Importance and Satisfaction of Ratings

2025 GNYHA Community Health Needs Assessment Collaborative

Montefiore Rockland County

Importance and Satisfaction Ratings

SDOH Domain	Health Condition	Importance Rank*	Importance Score^	Importance Relative to Other Health Conditions	Importance Number of	Satisfaction Rank**	Satisfaction Score^	Satisfaction Relative to Other Health Conditions	Satisfaction Number of
Needs Attention									
Neighborhood and Built Environment	Stopping falls among elderly	6	4.14	Above Average	368	18	2.98	Below Average	265
Economic Stability	Affordable housing and homelessness prevention	9	4.06	Above Average	371	26	2.55	Below Average	292
Social and Community Context	Mental health disorders (such as depression)	11	4.04	Above Average	377	23	2.82	Below Average	282
Health Care Access and Quality	Obesity in children and adults	14	3.87	Above Average	384	22	2.86	Below Average	269
Maintain Efforts									
Health Care Access and Quality	Cancer	1	4.38	Above Average	382	7	3.26	Above Average	302
Economic Stability	Access to healthy/nutritious foods	2	4.33	Above Average	378	8	3.24	Above Average	325
Health Care Access and Quality	Dental care	3	4.31	Above Average	397	5	3.29	Above Average	359
Health Care Access and Quality	Heart disease	4	4.31	Above Average	379	3	3.36	Above Average	308
Neighborhood and Built Environment	Violence (including gun violence)	5	4.22	Above Average	393	12	3.13	Above Average	290
Health Care Access and Quality	Women's and maternal health care	7	4.11	Above Average	371	13	3.13	Above Average	284
Health Care Access and Quality	Infectious diseases (COVID-19, flu, hepatitis)	8	4.08	Above Average	381	2	3.38	Above Average	325
Health Care Access and Quality	High blood pressure	10	4.04	Above Average	387	1	3.43	Above Average	314
Health Care Access and Quality	Diabetes and high blood sugar	12	3.97	Above Average	393	6	3.27	Above Average	294
Health Care Access and Quality	Arthritis/disease of the joints	13	3.94	Above Average	374	14	3.11	Above Average	277
Relatively Lower Priority									
Education Access and Quality	School health and wellness programs	15	3.83	Below Average	358	16	3.05	Below Average	251
Economic Stability	Assistance with basic needs like food, shelter, and clothing	19	3.72	Below Average	379	19	2.94	Below Average	286
Education Access and Quality	Access to continuing education and job training programs	20	3.66	Below Average	363	20	2.90	Below Average	268
Social and Community Context	Substance use disorder/addiction (including alcohol use disorder)	21	3.62	Below Average	369	21	2.87	Below Average	246
Economic Stability	Job placement and employment support	22	3.52	Below Average	361	24	2.71	Below Average	246
Social and Community Context	Cigarette smoking/tobacco use/vaping/e-cigarettes/hookah	23	3.42	Below Average	380	25	2.66	Below Average	233
Health Care Access and Quality	HIV/AIDS (Acquired Immune Deficiency Syndrome)	25	3.20	Below Average	362	17	3.00	Below Average	195
Health Care Access and Quality	Infant health	16	3.81	Below Average	344	4	3.32	Above Average	219
Health Care Access and Quality	Adolescent and child health	17	3.81	Below Average	352	10	3.18	Above Average	236
Health Care Access and Quality	Asthma, breathing issues, and lung disease	18	3.80	Below Average	377	11	3.17	Above Average	263
Health Care Access and Quality	Hepatitis C/liver disease	24	3.22	Below Average	348	15	3.08	Above Average	203
Health Care Access and Quality	Sexually Transmitted Infections (STIs)	26	3.03	Below Average	352	9	3.20	Above Average	201

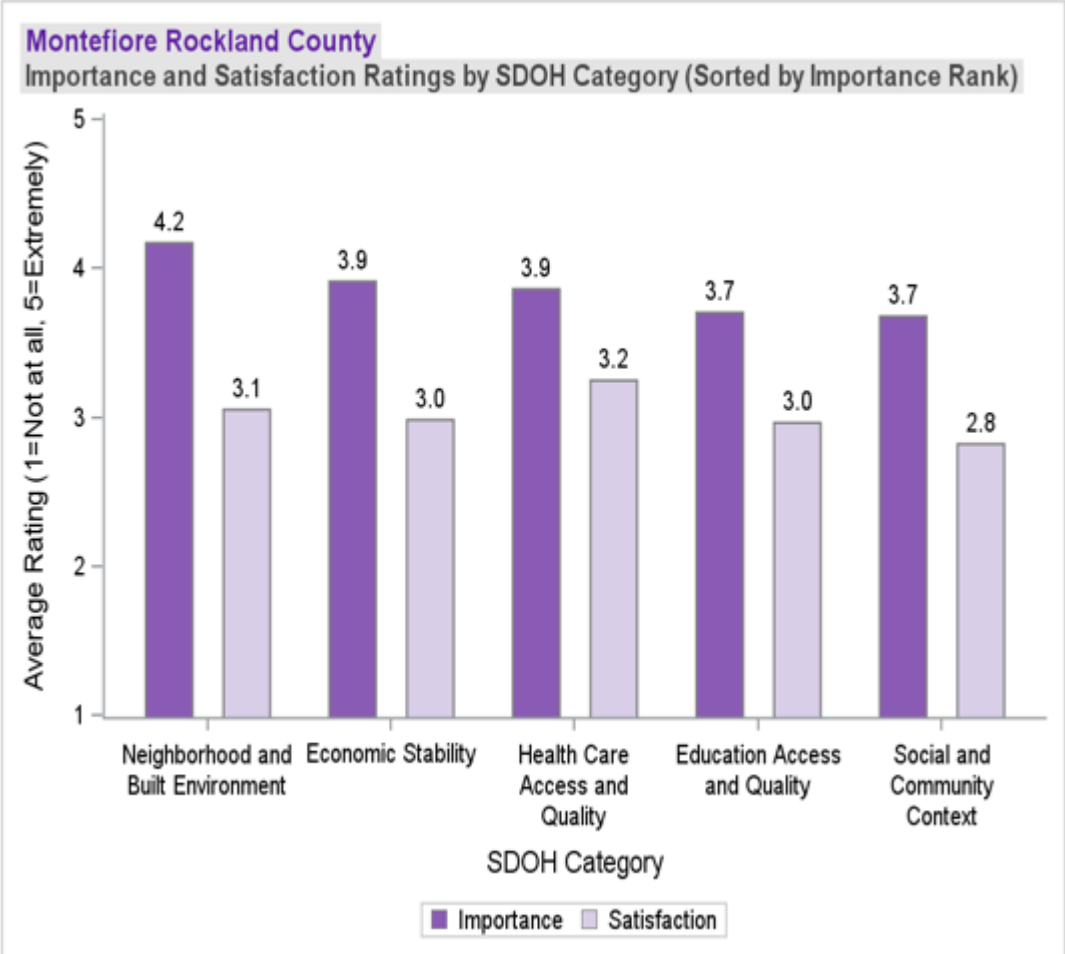
*How important is this issue to you?

**How satisfied are you with current services in your neighborhood?

^Rated on a 5-point scale from 1='Not at all' to 5='Extremely'

APPENDIX K

GNYHA CHNAS Rockland County Importance and Satisfaction of Ratings by SDOH Category



APPENDIX L

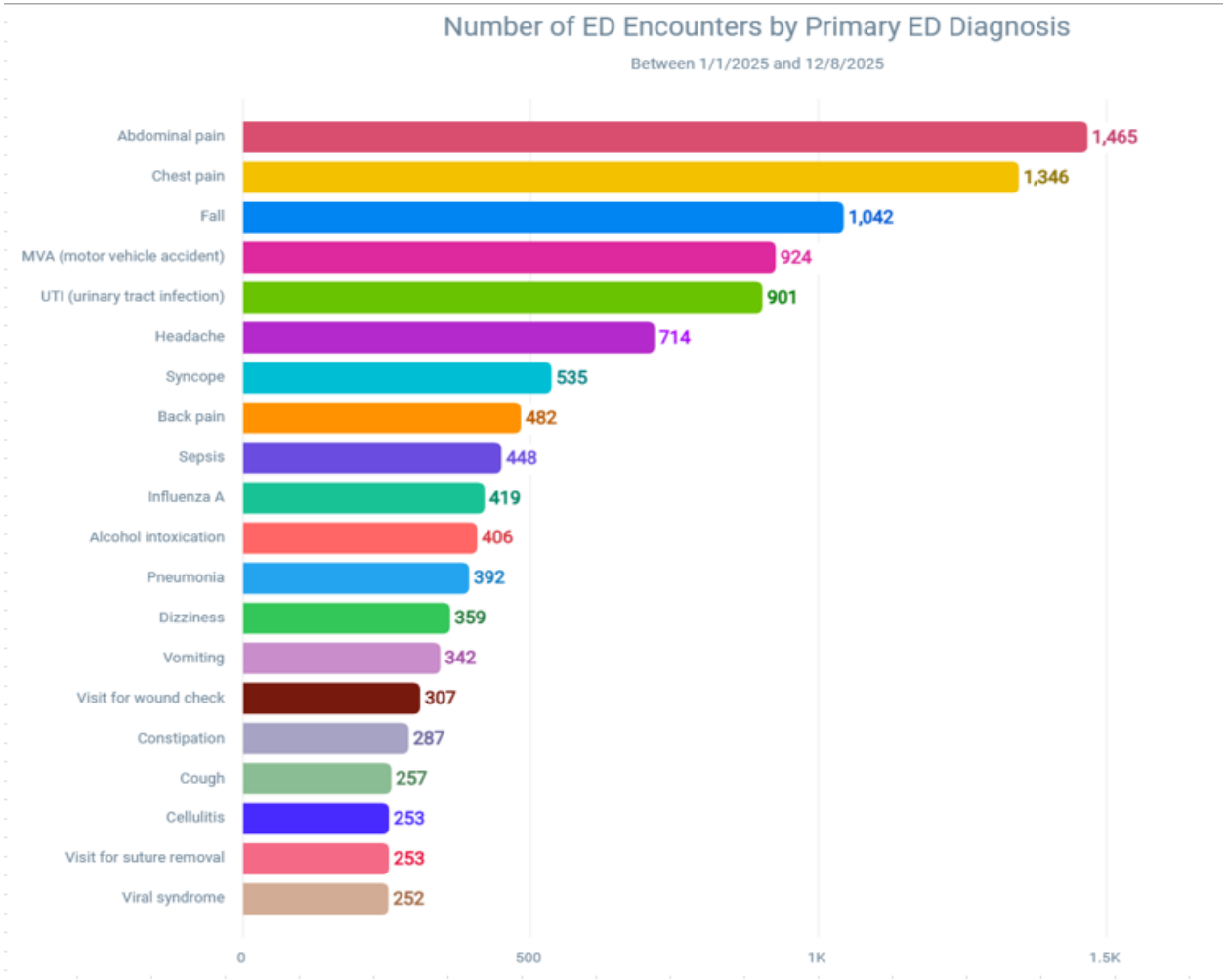
GNYHA CHNAS Rockland County Questions Results

2025 GNYHA Community Health Needs Assessment Collaborative Montefiore Rockland County Question Results		
In general, how is the overall health of the people of your neighborhood?	**Number**	**Percent**
Excellent	36	7%
Very good	115	21%
Good	315	58%
Fair	77	14%
Poor	3	1%
Missing	26	
In general, how is your physical health?	**Number**	**Percent**
Excellent	49	9%
Very good	156	27%
Good	241	42%
Fair	108	19%
Poor	17	3%
Missing	1	
In general, how is your mental health?	**Number**	**Percent**
Excellent	104	18%
Very good	176	31%
Good	192	34%
Fair	83	15%
Poor	15	3%
Missing	2	
Long-term COVID Effects	**Number**	**Percent**
No Current Long COVID	316	91%
Current Long COVID without Significant Activity Limitation	22	6%
Current Long COVID with Significant Activity Limitation	10	3%
Missing	224	
Adverse social determinants of health and health-related social needs*	**Number**	**Percent**
Receiving food stamps or SNAP**	34	10%
Food insecurity^	60	17%
Housing insecurity‡	54	16%
Missing	227	

*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 bo and you didn't have enough money to get more?'
‡'Yes' to 'During the last 12 months, was there a time when you were not able to pay your mortgage, rent, or utility bills?'

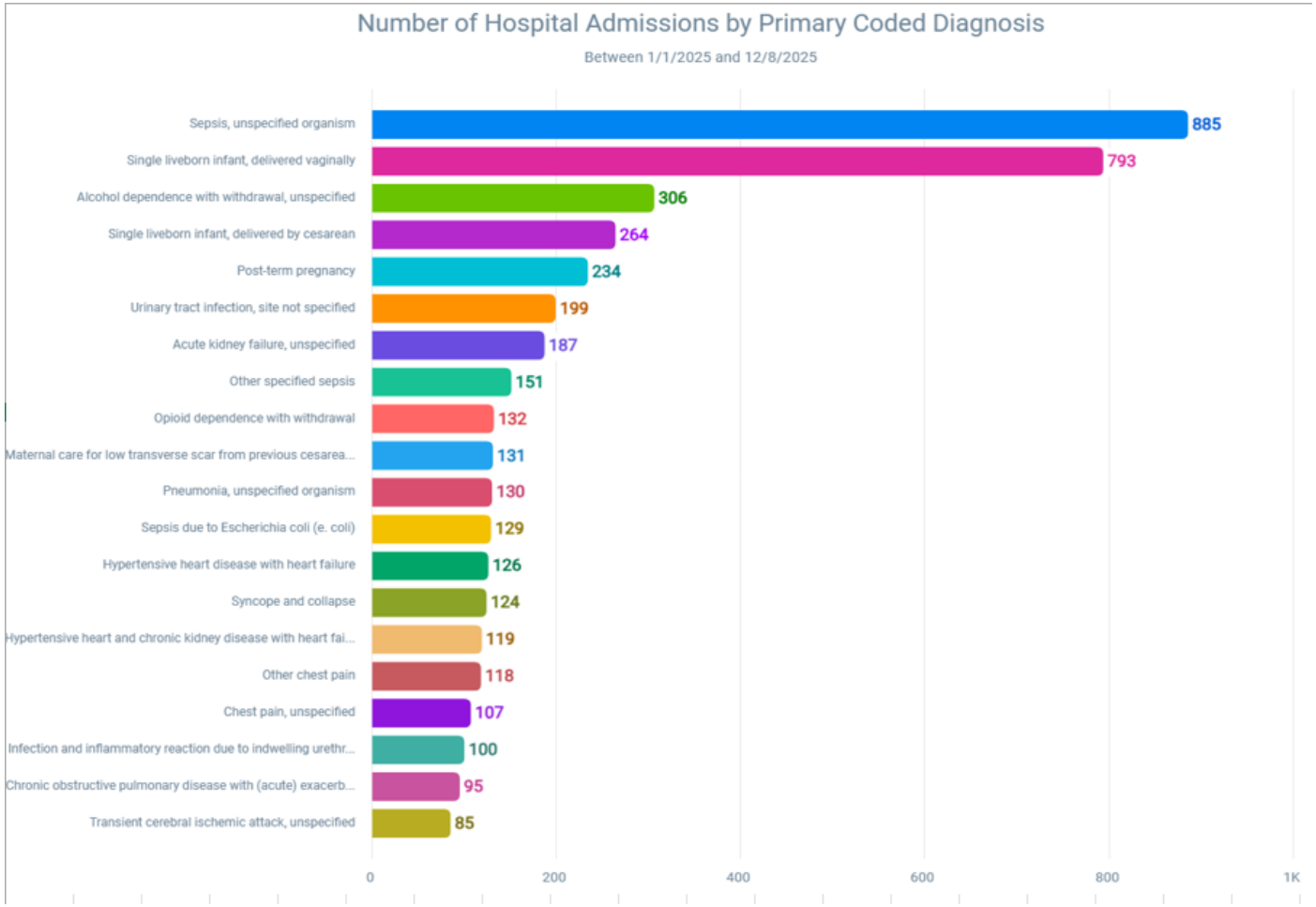
APPENDIX M

Montefiore Nyack Hospital Number of Emergency Encounters by Primary Coded Diagnosis



APPENDIX N

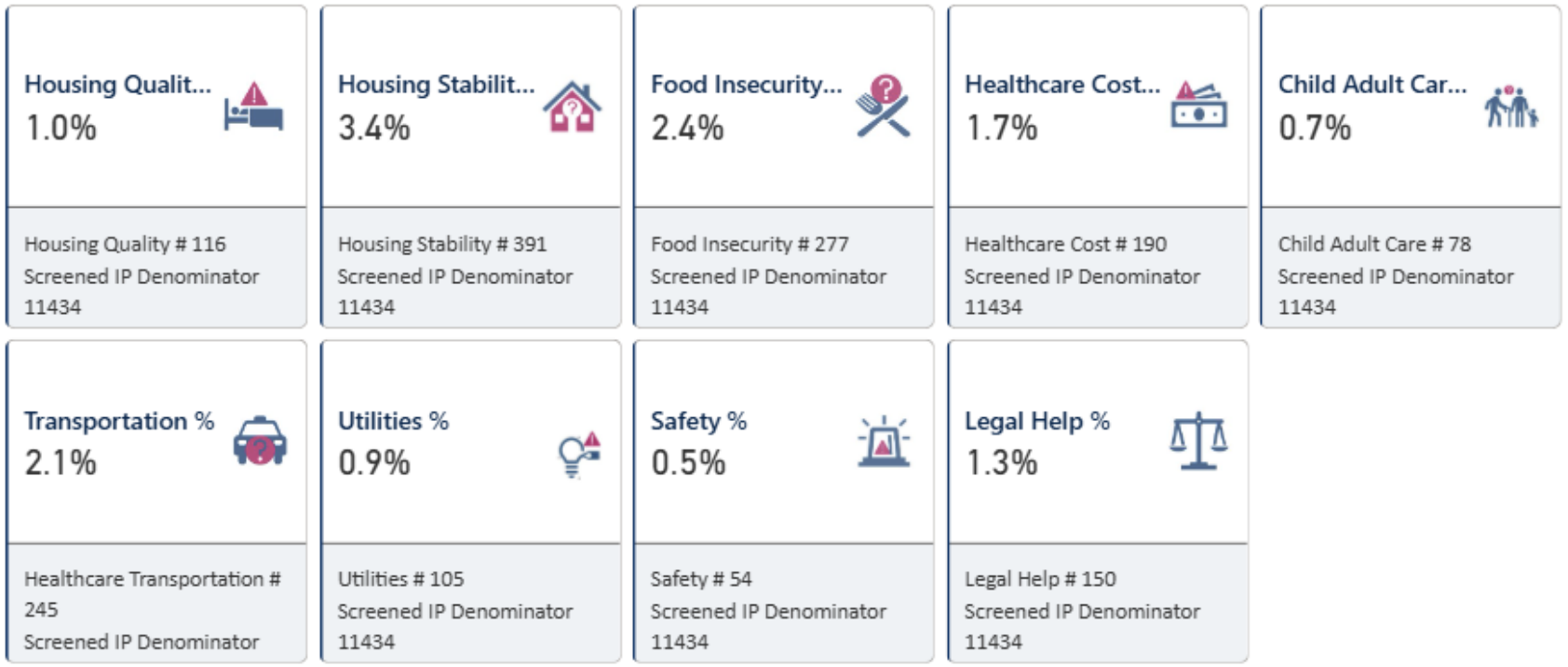
Montefiore Nyack Hospital Number of Hospital Admissions by Primary Coded Diagnosis



APPENDIX O

Montefiore Nyack Hospital Health Related Social Needs Screening Results by Type

MNH Health-Related Social Needs Screening Results by Type
Nov 2024 – Nov 2025

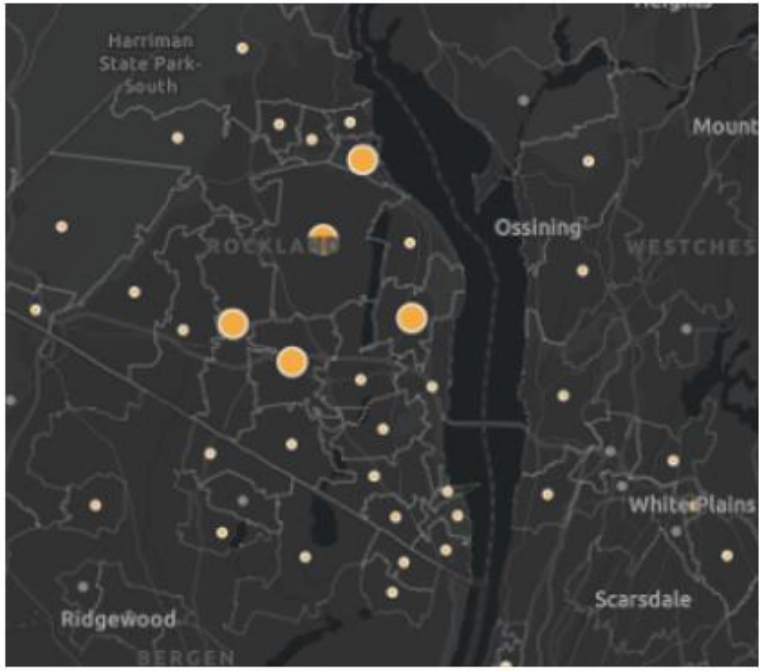


APPENDIX P

Montefiore Nyack Hospital Number of Positive HRSN Screening Results by Zip code

MNH Admissions with At Least One Positive SDOH by Zip Code
Nov 2024 - Oct 2025

ZIP	Count of Patients
10977	1721
10956	1285
10954	1232
10960	945
10927	886
10989	609
10965	542
10980	521
10920	446
10962	432
10952	390
10970	359
10923	329
10994	321
10993	310
10901	306
10913	202
10983	177
10976	168
10968	111
10986	102
10984	72
10950	65



REFERENCES

1 New York State Department of Health. Prevention Agenda 2025-2030: New York State's Health Improvement Plan, 2025, https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/, accessed May 2025

2 Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2025, https://health.gov/healthypeople/objectives-and-data/social-determinants-health, accessed June 2025

3 IRS, "Exemption Requirements - 501(c)(3) Organizations." U.S. Department of the Treasury, 2025, https://www.irs.gov/charities-non-profits/charitable-organizations/exemption-requirements-501c3-organizations, accessed June 2025

4 IRS, "Revenue Ruling 69-545." U.S. Department of the Treasury, 1969, https://www.irs.gov/pub/irs-tege/rr69-545.pdf, accessed June 2025

5 IRS, "Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3).", 2025, https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3, accessed June 2025

6 United States Census Bureau, 2025, https://data.census.gov/cedsci/table?q=decennial%20population&g=0500000US36027%248600000,36071%248600000,36079%248600000,36087%248600000,36105%248600000,36111%248600000,36119%248600000&d=DEC%20Summary%20File%201&tid=DECENNIALSF12010.P1, accessed August 2025

7 Robert Wood Johnson Foundation, 2013, https://www.rwjf.org/en/library/research/2012/12/how-does-employment--or-unemployment--affect-health-.html, accessed August 2025

8 Healthy People 2030, US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2025 https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity, accessed August 2025

9 Feeding America, 2025, https://www.feedingamerica.org/hunger-in-america/child-hunger-facts#:~:text=Poor%20academic%20performance,%2C%20playing%20sports%2C%20and%20graduating, accessed August 2025

10 Feeding America, 2023, https://www.feedingamerica.org/hunger-in-america, accessed August 2025

11 Feeding America, 2023, https://www.feedingamerica.org/sites/default/files/2023-05/Map%20the%20Meal%20Gap%202023.pdf, accessed August 2025

12 The Atlantic, 2016, https://www.theatlantic.com/politics/archive/2016/01/how-health-and-homelessness-are-connectedmedically/458871/, accessed August 2025

13 Joint Center for Housing Studies of Harvard University, 2017, https://www.jchs.harvard.edu/sites/default/files/harvard_jchs_state_of_the_nations_housing_2017_chap6.pdf, accessed August 2025

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

15 New York State Community Action Association, 2024, https://nyscaa.memberclicks.net/assets/docs/PovReport2024/2024%20NYS%20Poverty%20Report.pdf, accessed August 2025

16 American Educational Research Journal, National Library of Medicine, 2011, https://pmc.ncbi.nlm.nih.gov/articles/PMC2920529/, accessed August 2025

17 United for Alice, 2020, https://www.unitedforalice.org/national-overview, accessed August 2025

18 Healthy People 2030, US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/high-school-graduation, accessed August 2025

19 Learning Policy Institute, Pushed Out: Trends and Disparities in Out-of-School Suspensions, 2022, https://learningpolicyinstitute.org/product/crdc-school-suspension-report, accessed August 2025

20 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/child-development/about/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/childdevelopment/facts.html, accessed August 2025

21 Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2019, https://www.cdc.gov/violence-prevention/?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf, accessed August 2025

22 Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2019, https://www.cdc.gov/violence-prevention/?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf, accessed August 2025

23 Healthy People 2030 (ODPHP). Enrollment in Higher Education — Literature Summary, 2025, https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/enrollment-higher-education, accessed August 2025

24 Healthy People 2030 (ODPHP). Enrollment in Higher Education — Literature Summary, 2025, https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/enrollment-higher-education, accessed August 2025

25 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025,

https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/language-and-literacy, accessed August 2025

26 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/civic-participation, accessed August 2025

27 Centers for Disease Control and Prevention, How Racism Leads to Cancer Health Disparities, 2025, https://www.cdc.gov/cancer/health-equity/racism-health-disparities.html, accessed August 2025

28 University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps, Robert Wood Johnson Foundation, 2025, https://www.countyhealthrankings.org/health-data/community-conditions/social-and-economic-factors/safety-and-social-support/residential-segregation-blackwhite?year=2025, accessed August 2025

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

30 US Census Bureau, Survey of Income and Program Participation, Survey Year 2023, Table 2, 2025, https://www.census.gov/data/tables/2023/demo/wealth/wealth-asset-ownership.html, accessed August 2025

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

32 US Department of Health and Human Services, Health Resources and Services Administration, Scoring Shortage Designations, 2022, https://www.hhs.gov/guidance/document/hpsa-and-muap-hpsa-scoring-criteria, accessed August 2025

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

34 The Evolving Role of Emergency Departments in the United States. Rand Health Quarterly, 2013, https://pmc.ncbi.nlm.nih.gov/articles/PMC4945168/, accessed August 2025

35 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030, accessed August 2025

36 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030, accessed August 2025

37 World Health Organization – Health Literacy, 2024 https://www.who.int/news-room/fact-sheets/detail/health-literacy#:~:text=Health%20literacy%20is%20associated%20with,health%20policies%20and%20allocating%20resources, accessed August 2025
38 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-foods-support-healthy-eating-patterns#cit14, accessed August 2025
39 Centers for Disease Control and Prevention, 2022, https://www.cdc.gov/chronic-disease/prevention/index.html#:~:text=Eat%20Healthy,Have%20Healthier%20Meals%20and%20Snacks, accessed August 2025
40 University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, Robert Wood Johnson Foundation, 2025, https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/health-promotion-and-harm-reduction/food-environment-index?year=2025, accessed August 2025
41 Preventive Medicine, National Library of Medicine, 2015, https://pmc.ncbi.nlm.nih.gov/articles/PMC4134936/#:~:text=This%20neighborhood%20had%20lower%20perceived,%2C%20in%20turn%2C%20increases%20weight, accessed August 2025
42 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/crime-and-violence, accessed August 2025
43 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/environmental-conditions, accessed August 2025
44 United States Environmental Protection Agency, 2023, https://www.epa.gov/newsreleases/epa-report-shows-disproportionate-impacts-climate-change-socially-vulnerable, accessed August 2025
45 University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, Robert Wood Johnson Foundation, 2025, https://www.countyhealthrankings.org/app/new-york/2022/measure/factors/125/description, accessed August 2025
46 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/drinking-water/about/water-quality-and-your-health.html, accessed August 2025

47 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/nceh/lead/prevention/health-effects.htm, accessed August 2025

48 World Health Organization – Lead Poisoning, 2024, https://www.who.int/news-room/fact-sheets/detail/lead-poisoning-and-health#:~:text=Sources%20and%20routes%20of%20exposure,pregnancy%20and%20expose%20the%20fetus., accessed August 2025

49 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/lead-prevention/prevention/?CDC_AAref_Val=https://www.cdc.gov/nceh/lead/prevention/sources.htm, accessed August 2025

50 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/quality-housing, accessed August 2025

51 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/quality-housing, accessed August 2025

52 Journal of Community Health, National Library of Medicine, National Center for Biotechnology Information, 2014, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/, accessed August 2025

53 Elsevier Ltd., ScienceDirect, 2020, https://reader.elsevier.com/reader/sd/pii/S2590198220301494?token=CF722B942BA01129C596B52298FF8C7D1F1F4F21256458ED5630257
A6DACF91D844AAC3FC8413BCC277B984F0630B7C3&originRegion=us-east-1&originCreation=20220804131701, accessed August 2022

54 Harvard Business School, 2021, https://hbswk.hbs.edu/item/commuting-kills-productivity-and-your-best-talent-suffers-most, accessed August 2025

55 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/physical-activity-basics/benefits/index.html, accessed July 2025

56 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/objectives-and-data/browse-objectives/physical-activity, accessed July 2025

57 Dietary Guidelines for Americans, US Department of Agriculture, Department of Health and Human Services, 2020, https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf, accessed July 2025

58 Center for Disease Control and Prevention, 2024, https://www.cdc.gov/nutrition/php/data-research/sugar-sweetened-beverages.html, accessed July 2025

59 Dietary Guidelines for Americans, US Department of Agriculture, Department of Health and Human Services, 2020, https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf, accessed July 2025

60 JAMA Network, 2021, https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2786682, accessed July 2025

61 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/nchs/data/databriefs/db521.pdf, accessed June 2025

62 NIH, National Heart, Lung, and Blood Institute, 2024, https://www.nhlbi.nih.gov/health/asthma/causes, accessed June 2025

63 World Health Organization, 2025, https://www.who.int/news-room/fact-sheets/detail/asthma, accessed June 2025

64 Centers for Disease Control and Prevention, 2023, https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm, accessed June 2025

65 American Heart Association, 2024, https://www.heart.org/en/health-topics/consumer-healthcare/what-is-cardiovascular-disease, accessed July 2025

66 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/heart-disease/data-research/facts-stats/?CDC_AAref_Val=https://www.cdc.gov/heartdisease/facts.htm, accessed July 2025

67 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/high-blood-pressure/data-research/facts-stats/?CDC_AAref_Val=https://www.cdc.gov/bloodpressure/facts.htm, accessed July 2025

68 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/high-blood-pressure/living-with/index.html, accessed July 2025

69 Cleveland Clinic, 2022, https://my.clevelandclinic.org/health/diseases/24205-cerebrovascular-disease, accessed July 2025

70 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/stroke/about/index.html, accessed July 2025

71 Mayo Clinic, 2024, https://www.mayoclinic.org/diseases-conditions/stroke/symptoms-causes/syc-20350113, accessed July 2025

72 Centers for Disease Control and Prevention, 2021, https://www.cdc.gov/heartdisease/coronary_ad.htm, accessed September 2022

73 Mayo Clinic, 2024, https://www.mayoclinic.org/diseases-conditions/coronary-artery-disease/symptoms-causes/syc-20350613, accessed September 2022

74 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/heart-disease/about/heart-attack.html, accessed September 2025

75 New York State Department of Health, 2025, https://www.health.ny.gov/diseases/conditions/diabetes/, accessed August 2025

76 American Diabetes Association, 2022, http://www.diabetes.org/diabetes-basics/statistics/?loc=db-slabnav, accessed October 2025

77 Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/obesity/index.html, accessed September 2025

78 NIH, National Library of Medicine, National Center for Biotechnology Information, Rajita Sinha, Ania M. Jastreboff, 2013, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3658316/, accessed September 2025

79 NIH, National Institute of Diabetes and Digestive and Kidney Diseases, 2023, https://www.niddk.nih.gov/health-information/liver-disease/cirrhosis/definition-facts, accessed July 2025

80 New York State Department of Health, 2025, https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#county, accessed July 2025

81 Centers for Disease Control and Prevention, 2022, https://www.cdc.gov/cancer/colorectal/index.htm, accessed July 2025

82 Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/colorectal-cancer/screening/index.html, accessed July 2025

83 New York State Department of Health, 2025, https://www.health.ny.gov/statistics/cancer/registry/abouts/lung.htm, accessed August 2025

84 American Cancer Society, 2022, https://www.cancer.org/cancer/cancer-causes/radiation-exposure/radon.html, accessed August 2025

85 Centers for Disease Control and Prevention, 2022, https://www.cdc.gov/cancer/prostate/index.htm, accessed August 2025

86 American Cancer Society, 2025, Newer and Experimental Breast Imaging Tests | American Cancer Society, accessed August 2025

87 NIH, National Cancer Institute, 2024, https://www.cancer.gov/types/cervical/causes-risk-prevention, accessed July 2025

88 Fast Facts on Global Immunization, 2025, https://www.cdc.gov/global-immunization/fast-facts/index.html, accessed July 2025

89 Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/acip/vaccine-recommendations/index.html, accessed July 2025

90 New York State Department of Health, 2021, https://health.ny.gov/prevention/prevention_agenda/2019-2024/comm.htm, accessed October 2022

91 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/flu/about/index.html, accessed July 2025

92 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccination/increase-proportion-people-who-get-flu-vaccine-every-year-iid-09, accessed August 2022

93 US Department of Health and Human Services, 2022, https://www.hhs.gov/immunization/diseases/pneumonia/index.html, accessed July 2025

94 Centers for Disease Control and Prevention, How HIV Spreads, 2024, https://www.cdc.gov/hiv/causes/index.html, accessed August 2025

95 Centers for Disease Control and Prevention, HIV Diagnoses, Deaths, and Prevalence, 2025, https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-and-prevalence-2025.html, accessed August 2025

96 Centers for Disease Control and Prevention, About HIV, 2025, https://www.cdc.gov/hiv/about/index.html, accessed August 2025

96 Centers for Disease Control and Prevention, STI Statistics, 2024, https://www.cdc.gov/sti-statistics/annual/summary.html, accessed August 2025

97 Centers for Disease Control and Prevention, About Gonorrhea, 2025, https://www.cdc.gov/gonorrhea/about/index.html, accessed August 2025
98 New York State Department of Health, Sexually Transmitted Infections Surveillance Summary Report, New York State, 2023, https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2023.pdf, accessed August 2025
99 Centers for Disease Control and Prevention, National Overview of STIs in 2023, 2025, https://www.cdc.gov/sti-statistics/annual/summary.html, accessed June 2025
100 Centers for Disease Control and Prevention, About Syphilis, 2025, https://www.cdc.gov/syphilis/about/index.html, accessed August 2025
101 Centers for Disease Control and Prevention, National Overview of STIs in 2023, 2024, https://www.cdc.gov/sti-statistics/annual/summary.html, accessed June 2025
102 New York State Department of Health, Sexually Transmitted Infections Surveillance Summary Report, New York State, 2023, https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2023.pdf, accessed August 2025
103 Centers for Disease Control and Prevention, 2022, https://www.cdc.gov/lyme/treatment/index.html, accessed July 2025
104 New York State Department of Health, 2025 https://www.health.ny.gov/diseases/communicable/lyme/#:~:text=Avoid%20dense%20woods%20and%20bushy,that%20may%20be%20on%20you, accessed July 2025
105 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/anaplasmosis/about/index.html, accessed July 2025
106 Centers for Disease Control and Prevention, 2020, https://www.cdc.gov/babesiosis/about/, accessed July 2025
107 Centers for Disease Control and Prevention, About Rabies, 2024, https://www.cdc.gov/rabies/about/index.html, accessed June 2025
108 Centers for Disease Control and Prevention, Rabies Post-Exposure Prophylaxis Guidance, 2025, https://www.cdc.gov/rabies/hcp/clinical-care/post-exposure-prophylaxis.html, accessed August 2025
109 Centers for Disease Control and Prevention, Rabies Prevention and Control, 2025, https://www.cdc.gov/rabies/about/index.html, accessed August 2025
110 OASH, Office on Women's Health, US Department of Health and Human Services, 2021, https://www.womenshealth.gov/a-z-topics/prenatal-care, accessed June 2025
111 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/reproductive-health/teen-pregnancy/index.html, accessed July 2025
112 Congressional Research Service, 2025, https://www.congress.gov/crs-product/R45184, accessed July 2025
113 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025,

https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning/reduce-pregnancies-adolescents-fp-03, accessed June 2025

114 Mayo Clinic, 2024, https://www.mayoclinic.org/diseases-conditions/premature-birth/symptoms-causes/syc-20376730, accessed July 2025

115 Centers of Disease Control and Prevention, 2024, https://www.cdc.gov/maternal-infant-health/preterm-birth/index.html, accessed July 2025

116 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-preterm-births-mich-07, accessed July 2025

117 Children's Hospital of Philadelphia, 2025, https://www.chop.edu/conditions-diseases/low-birthweight, accessed July 2025

118 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/maternal-infant-health/infant-mortality/index.html, accessed July 2025

119 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/infants/reduce-rate-infant-deaths-mich-02, accessed July 2025

120 Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/infant-toddler-nutrition/breastfeeding/index.html, accessed July 2025

121 Centers for Disease Control and Prevention. Oral Health Surveillance Report: Dental Caries, Tooth Retention, and Edentulism, United States, 2017–March 2020. U.S. Dept of Health and Human Services; 2024. Accessed October 18, 2024. https://www.cdc.gov/oral-health/php/2024-oral-health-surveillance-report/index.html

122 American Student Dental Association, 2025, https://www.asdanet.org/index/get-involved/advocate/issues-and-legislative-priorities/Barriers-to-Care, accessed August 2025

123 Centers for Disease Control and Prevention, US Department of Health and Human Services, 2022, https://www.cdc.gov/nchs/data/databriefs/db435.pdf, accessed September 2025

124 Centers for Disease Control and Prevention, US Department of Health and Human Services, 2022, https://www.cdc.gov/nchs/data/databriefs/db435.pdf, accessed September 2025

125 World Health Organization, 2025, https://www.who.int/about/governance/constitution, accessed June 2025

126 New York State Department of Health, 2020, https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/wb.htm, accessed June 2025

127 National Alliance on Mental Illness, 2025, https://www.nami.org/mhstats, accessed June 2025

128 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025,

https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use, accessed July 2025

129 Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2023, Key Substance Use and
Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health, accessed July 2025

130 Centers of Disease Control and Prevention, 2024, https://www.cdc.gov/tobacco/php/data-statistics/economic-trends/index.html, accessed July 2025

131 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/tobacco/about/index.html, accessed July 2025

132 Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025,

https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/reduce-current-cigarette-smoking-adults-tu-02, accessed July 2025

133 New York State Department of Health, 2023,

https://www.health.ny.gov/prevention/tobacco_control/reports/statshots/volume15/n1_youth_tobacco_use.pdf, accessed July 2025

134 CDC Smoking and Tobacco Use – E-Cigarettes (Vapes), 2025,

https://www.cdc.gov/tobacco/e-cigarettes/?CDC_AAref_Val=https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.html, accessed March 2025

135 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/alcohol/facts-

stats/?CDC_AAref_Val=https://www.cdc.gov/alcohol/features/excessive-alcohol-deaths.html, accessed July 2025

136 Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/alcohol/about-alcohol-

use/index.html#cdc_behavioral_basics_warning_signs-understanding-alcohol-use, accessed July 2025

137 Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/alcohol/excessive-drinking-data/index.html, accessed July 2025

138 NHTSA'S National Center for Statistics and Analysis, 2025, https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813713, accessed July 2025

139 Gateway Foundation. The Cost of Drug Addiction in Society. https://www.gatewayfoundation.org/blog/cost-of-drug-addiction/(2025)

140 NIH, National Institute on Drug Abuse, 2018, https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-
abuse-heroin-use/introduction, accessed July 2025

141 Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services, 2024,

https://www.samhsa.gov/substance-use/treatment/options/buprenorphine, accessed July 2025

142 Centers of Disease Control and Prevention, 2025, https://www.cdc.gov/suicide/about/index.html, accessed July 2025

143 The Journal of Pediatrics, NIH, National Library of Medicine, 2018, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5826824/, accessed August 2022

144 Mayo Clinic, 2022, https://www.mayoclinic.org/diseases-conditions/viral-gastroenteritis/symptoms-causes/syc-20378847, accessed July 2025

145 Mayo Clinic, 2021, https://www.mayoclinic.org/diseases-conditions/ear-infections/symptoms-causes/syc-20351616, accessed July 2025

146 Mayo Clinic, 2020, https://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/syc-20354204, accessed July 2025

147 New York State Department of Health, Injury Prevention in New York State, 2025 https://www.health.ny.gov/prevention/injury_prevention/ , accessed June 2025

148 New York State Department of Health, New York State Leading Causes of Death, 2025, https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#county, accessed June 2025

149 New York State Department of Health Bureau of Occupational Health and Injury Prevention, Injury Prevention: An Injury Action Plan for New York State 2012-2021, 2021, https://www.health.ny.gov/prevention/injury_prevention/docs/injury_state_plan.pdf , accessed June 2025

150 National Safety Council, Poisoning Data Details, 2025, https://injuryfacts.nsc.org/home-and-community/safety-topics/poisoning/data-details/, accessed July 2025

151 National Safety Council, Poisoning Brief, 2025, https://injuryfacts.nsc.org/home-and-community/safety-topics/poisoning/, accessed July 2025

152 National Safety Council, Drug Overdoses Data Details, 2025, https://injuryfacts.nsc.org/home-and-community/safety-topics/drugoverdoses/data-details/, accessed July 2025

153 America's Poison Centers, National Poison Data System, 2025, https://poisoncenters.org/national-poison-data-system, accessed July 2025

154 New York State Department of Health, Cannabis, 2024, https://www.health.ny.gov/community/cannabis/#:~:text=Cannabis%20became%20legal%20in%20New,signed%20on%20March%2031%2C%202021, accessed July 2025

155 Centers for Disease Control and Prevention, About Transportation Safety, 2024, https://www.cdc.gov/transportation-safety/about/index.html, accessed July 2025

156 IIHS HLDI, Fatality Facts, 2023, https://www.iihs.org/topics/fatality-statistics/detail/yearly-snapshot, accessed July 2025

157 US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030, 2025, https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention/reduce-deaths-motor-vehicle-crashes-ivp-06, accessed July 2025

158 National Highway Traffic Safety Administration, National Center for Statistics and Analysis, Alcohol-impaired driving: 2023 data (Traffic Safety
Facts), 2025, https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813713, accessed July 2025

159 IIHS HLDI, Fatality Facts, 2023, https://www.iihs.org/topics/fatality-statistics/detail/yearly-snapshot, accessed July 2025

160 Centers for Disease Control and Prevention, Facts About Falls, 2024, https://www.cdc.gov/falls/data-research/facts-stats, accessed July 2025

161 Haddad YK, Miller GF, Kakara R, USA Injury Prevention, Healthcare spending for non-fatal falls among older adults, 2024,
https://injuryprevention.bmj.com/content/30/4/272, accessed July 2025

162 New York State Department of Health, New York State Community Health Indicator Reports (CHIRS) Dashboard, 2025,
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#state, accessed July 2025

163 WHO, World Report on Violence and Health, 2002, https://iris.who.int/bitstream/handle/10665/42495/9241545615_eng.pdf?sequence=1, accessed September 2025

164 U.S. Department of Justice, Office on Violence Against Women, Domestic Violence, 2025, https://www.justice.gov/ovw/domestic-violence, accessed July 2025

165 Masi, A. C., & Stewart, C. J. (2024). Role of breastfeeding in disease prevention. *Microbial biotechnology, 17*(7), e14520. https://doi.org/10.1111/1751-7915.14520