2022 Needs Assessment

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I. Introduction

Cornerstone Family Healthcare was formed by AmeriCorps volunteers in 1967, in direct response to the unmet healthcare needs of Orange County's growing population of migrant farm workers. Today, Cornerstone has evolved into a cutting-edge healthcare system that serves five New York counties across the upstate area. Cornerstone Family Healthcare is a HRSA-supported Federally Qualified Health Center (FQHC) and New York State Department of Health-licensed Article 28 Diagnostic and Treatment Center (D&TC). Cornerstone is recognized by the National Committee for Quality Assurance (NCQA) as a Patient Centered Medical Home, is an NCQA Diabetes Recognition Program provider, and a Joint Commission-accredited Ambulatory Care Center. Our mission statement is as follows:

> *The purpose of Cornerstone Family Healthcare, a non-profit organization, is to provide high-quality, comprehensive primary and preventative health care services in an environment of caring, respect, and dignity, and in a cost effective manner that maximizes revenues; to be responsive to the needs of the communities that we serve but with continued emphasis on the underserved and those without access to care regardless of race, economic status, age, sex, sexual orientation, or disability.*

Cornerstone Family Healthcare serves patients who are grappling with many of the same public health issues impacting communities in need across the country—substance abuse; high rates of chronic conditions such as cancer, diabetes, heart disease, and obesity; and the lasting impacts of the COVID-19 pandemic. For many in our catchment area, these challenges are compounded by financial instability, discrimination, pollution, lack of access to nutritious foods, unstable housing, and other systemic problems that increase the likelihood of poor health outcomes and create barriers to quality medical care.

In recent years, Cornerstone has expanded rapidly, having grown from just 4 locations serving fewer than 14,000 patients in 2010 to currently serving more than 45,000 patients annually via 17 practice sites and 4 mobile health vans. While numerous factors have driven our success, it was the 2010 opening of our flagship site, the Kaplan Family Pavilion in Newburgh, that sparked nearly a decade and a half of consistent growth. This site, which serves more than 26,000 unique patients annually, greatly increased our capabilities in the City of Newburgh by establishing a central location for patients to access multiple services. Today, we provide care in Orange, Rockland, Ulster, Sullivan, and Broome counties in New York. Though preventative and primary care services have historically driven most of our patient volume, our scope has grown to match and anticipate the needs of our patients, and we now provide a broad scope of additional

services, including Behavioral Health (medication and counseling), Chemical Dependency Treatment, Audiology, Optometry, Endocrinology, and Podiatry, among many others.

In March 2021, we merged with Hudson Valley Community Services (HVCS), a community-based support organization for those living with complex health conditions, with a specific focus on people living with HIV/AIDS (PLWHA). The goal of this merger was to integrate comprehensive medical care and social supports for vulnerable populations by increasing access to life-saving services including harm reduction programs, housing support, infectious disease treatment, and nutrition assistance. Cornerstone also opened a second location in Broome County in 2021, as an expansion of our existing clinical presence in the City of Binghamton. This new location offers Family Medicine, Addiction Services (including MAT), Behavioral Health, HIV prevention, and PrEP.

In Orange County, renovations to increase service capacity are nearly completed at our Port Jervis location, which offers Dental, Internal Medicine, and Podiatry services. Cornerstone officially began renovations on our largest Middletown location, a multi-specialty service site located on Benton Avenue, in late 2021. This site was transferred to Cornerstone after we became the successor in interest to Middletown Community Health Center in 2017; it has not been renovated or updated in several years. The reworking of this site's floor plan will allow for more streamlined services, increasing access for patients in Middletown. Currently, pediatric services are offered at a separate location a short walking distance from this site. To address the lack of affordable Urgent Care options for low-income and publicly insured Middletown residents, the pediatrics office will be converted to an Urgent Care facility and Benton Avenue will begin housing our pediatric services. In the City of Newburgh, plans are in place to update the Kaplan Family Pavilion to add pediatric dental services, expand the on-site pharmacy, and create a permanent Audiology suite. Additionally, we are planning a major expansion and rehabilitation of our site at 100 Broadway in downtown Newburgh, bringing additional dental capacity and an urgent care practice to that site. These updates will greatly increase access for residents of downtown Newburgh, where there is currently no urgent care facility. The introduction of an Urgent Care facility in this area will serve to divert non-emergent visits from local emergency departments and hospitals, helping to alleviate the burden faced by an already over-taxed healthcare system.

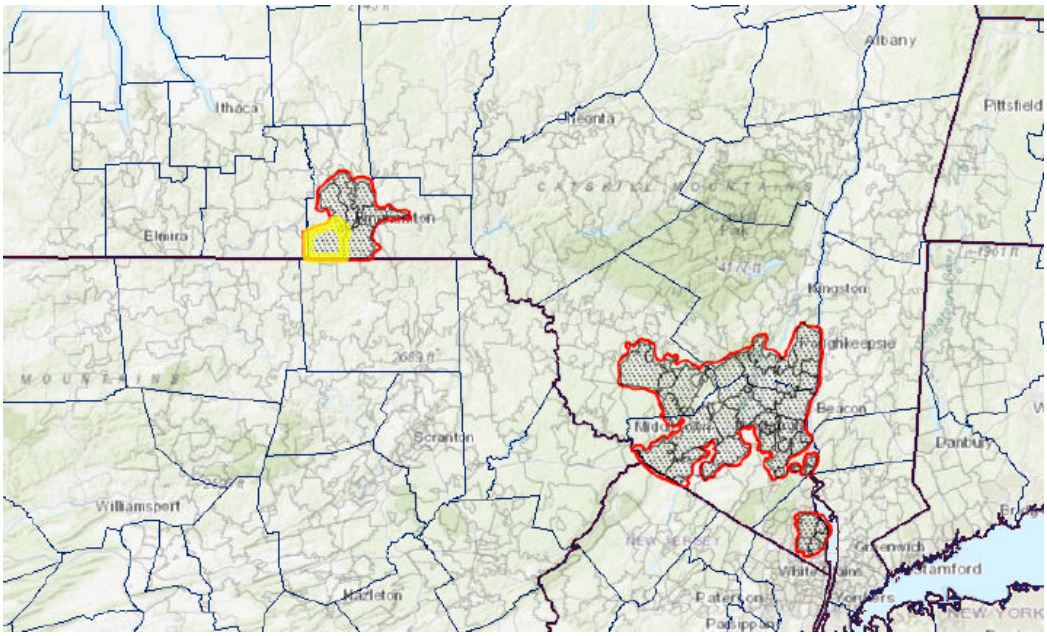
Throughout the last several years, Cornerstone has strategically developed our service capacity throughout the region in order to support and anticipate the evolving needs of our patients. The importance of our role as a community health provider has been reaffirmed in the two years since the onset of COVID-19, as long-standing inequities in

the health system began to increase significantly. The obstacles our patients face in their daily lives are being compounded by factors outside of their control, which ultimately increases the risk to their overall health and wellbeing. In response, Cornerstone Family Healthcare is leveraging the insight gained through decades of community health service to build a comprehensive, wellness-focused network of services and resources that directly address the issues burdening our patients.

Cornerstone Family Healthcare Service Sites

Kaplan Family Pavilion **Newburgh, Orange County** 	Lipman Family Dental **Newburgh, Orange County** 	Harper Health **Newburgh, Orange County** 	Center for Recovery **Newburgh, Orange County**	New Windsor **Orange County** 
Benton Avenue **Middletown, Orange County** 	North Street **Middletown, Orange County** 	Grove Street **Middletown, Orange County** 	Highland Falls **Orange County** 	Port Jervis **Orange County** 
Pine Bush **Orange County** 	Jawonio **New City, Rockland County** 	Plattekill **Ulster County** 	Chenango Street **Binghamton, Broome County** 	Felters Road **Binghamton, Broome County** 

Service Area and Zip Codes



Orange County				Broome County		Sullivan County	
10917	Central Valley	12550	Newburgh	13901	Binghamton	12738	Glen Wild
12515	Clintondale	12566	Pine Bush	13905	Binghamton	12751	Kiamesha Lake
12518	Cornwall	12771	Port Jervis	13903	Binghamton	12701	Monticello
12520	Cornwall-on-Hudson	12575	Rock Tavern	13902	Binghamton	12775	Rock Hill
10922	Fort Montgomery	12577	Salisbury Mills	13904	Binghamton	12790	Wurtsboro
10924	Goshen	10973	Slate Hill	13790	Johnson City		
10928	Highland Falls	10988	Unionville	13850	Vestal		
10930	Highland Mills	12586	Walden	**Rockland County**			
12543	Maybrook	12589	Wallkill	10920	Congers		
10940	Middletown	10992	Washingtonville	10954	Nanuet		
10941	Middletown	12785	Westbrookville	10989	Valley Cottage		
12553	New Windsor			10994	West Nyack		

II. Service Area Background (2000-Present Day)

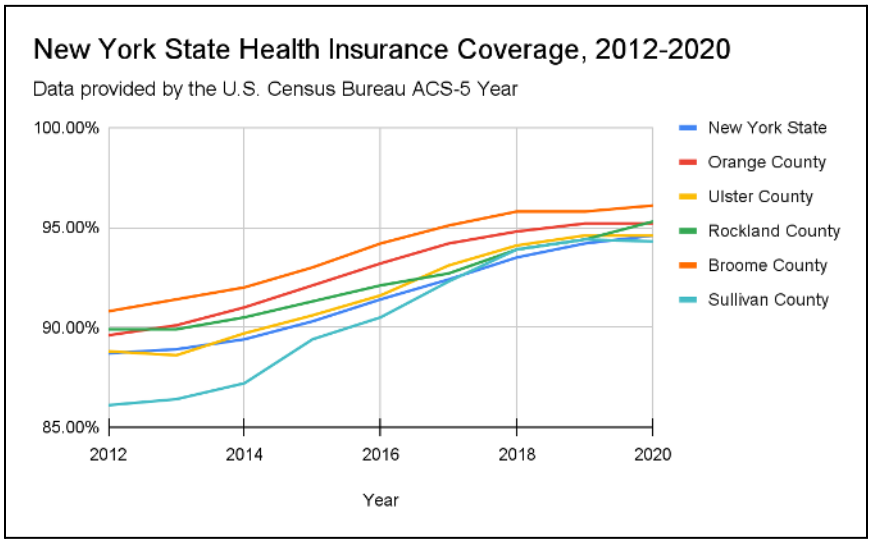
Cornerstone Family Healthcare primarily serves the Mid-Hudson Valley Region, with locations in four counties west of the Hudson River. Nestled in the foothills of the Catskill mountains, perception of the region is sometimes skewed by small, bucolic towns that are affluent, well-tended, or regarded as tourist destinations. However, there is stark contrast between these towns and the more racially diverse and densely populated areas, where residents are often un– or underinsured, have limited economic mobility, are more racially and ethnically diverse, and experience poorer-than-average health outcomes. In addition to the Mid-Hudson Region, Cornerstone serves upstate New York's Southern Tier via two sites in Broome County. Broome County has a similar socioeconomic profile to the Mid-Hudson Region and experiences many of the same public health challenges—specifically in the City of Binghamton, where residents struggle with high rates of poverty and substance abuse, among other common challenges.

By the early 2000s, major cities in our service area had been struggling economically for decades. Middletown, Newburgh, and Port Jervis in Orange County, as well as Binghamton in Broome County, were still reeling from industrial shifts and failed urban revitalization projects throughout the mid-to-late 20th century that gutted the economic opportunities available to residents. Although multiple attempts were made to bolster the image and economy of each city, the onset of the Great Recession in 2007 further burdened them—toppling any progress that had been made and encumbering future attempts to address growing poverty and inequity. Economic growth has stagnated in much of the Hudson Valley, beginning in the mid-to-late 2010s; the cost of living has continued to steadily increase, while wages throughout the region have plateaued overall. This resulted in—and is exacerbated by—many working-age residents moving out of the area to seek more lucrative careers and affordable housing opportunities.

Opioid use began to dramatically rise across New York State in the late 2000s, reaching a fever pitch in the 2010s. From 2010 to 2017, the number of overdose deaths involving opioids more than tripled, according to information from the New York State Department of Health. In 2016, the State Comptroller's office issued a report on the opioid epidemic which stated that in 2014, Orange County had the largest number of deaths from heroin overdoses per share of population in the state. Broome County was also particularly hard hit—the 2019 New York State Annual Opioid Report listed Broome as one of the counties most burdened by opioid use. While attempts have been made to curb this epidemic, it remains a pervasive issue; the CDC reported 2,495 opioid

overdose deaths across New York State in January of 2021, which is an increase of about 30% from January of 2020. This significant change is due in large part to the COVID-19 pandemic and associated lockdowns, which placed an emotional burden on many, while isolating people from established support networks. Most experts agree that the combination of emotional strain and loneliness brought on by measures taken to slow the spread of the novel coronavirus—as people were suddenly relegated to their homes and cut off from their friends, loved ones, and treatment providers—played a significant role in increased opioid use. As shelter-in-place orders went into effect, thousands of people lost their jobs, struggled to access unemployment benefits, and were effectively cut off from their friends and families.

In the 2010s, healthcare reforms enacted by the federal government began to improve our local health landscape. With the Affordable Care Act signed into law, New York State saw a significant drop in the number of uninsured residents. In 2010, the U.S. Census Bureau estimated that about 12% of New Yorkers were uninsured, which dropped to about 5% by 2019. This shift has corresponded with a proportionate increase in the utilization of public insurance options; from 2015 to 2020, census data shows that the rate of uninsured Orange County residents dropped roughly 4%, while the rate of residents covered by public insurance increased about 5%.



In March of 2020, New York State experienced its first COVID-19 outbreak, which resulted in statewide lockdowns and shelter-in-place orders. One of the earliest cases of COVID-19 in the country was identified in Westchester County, which is located just outside of Cornerstone's service area. Orange County's first COVID-positive patient was treated at our Urgent Care facility in the City of Newburgh before being transferred and ultimately diagnosed at a local hospital. Throughout the following months, COVID-19 continued to spread at alarming rates. According to New York State Data, the Mid-Hudson Valley Region experienced 1,775 COVID-19 cases per 100,000 people in May of 2020. As data has become more accessible and reliable throughout subsequent waves of the pandemic, distinct patterns have emerged that show different levels of risk for infection and death among various populations. Data from the New York State Department of Health Coronavirus Tracker shows that as of March 2022, 55.5% of

COVID-19 fatalities in the state outside of New York City were men and 44.5% were women. The Coronavirus Tracker further indicates that 92% of the total fatalities had at least one comorbidity. The top 10 comorbidities were hypertension, diabetes, hyperlipidemia, coronary artery disease, dementia, renal disease, COPD, cancer, atrial fibrillation, and congestive heart failure. It is also important to note that fatalities among those with at least one comorbidity were all between the ages of 70 and 89 years old. Although local data regarding the impact of COVID-19 in communities of color is sparse, nationwide data from the Center for Disease Control (CDC) indicates the highest concentration of positive COVID-19 cases were among people between 18 and 50 years old within the Hispanic/Latino community. This data also shows that non-Hispanic white individuals accounted for 7% of cases, while racial and ethnic minority populations saw nearly double that rate; non-Hispanic Black individuals, Hispanic/Latino individuals, and non-Hispanic people of more than one race accounted for 13.8%, 11.9%, and 13.5% of COVID-19 cases, respectively. The disproportionate rate of infection among these populations is likely due to existing disparities in income, insurance coverage, and healthcare access, which made avoiding infection and seeking treatment more difficult.

COVID-19 Vaccines arrive in early 2021

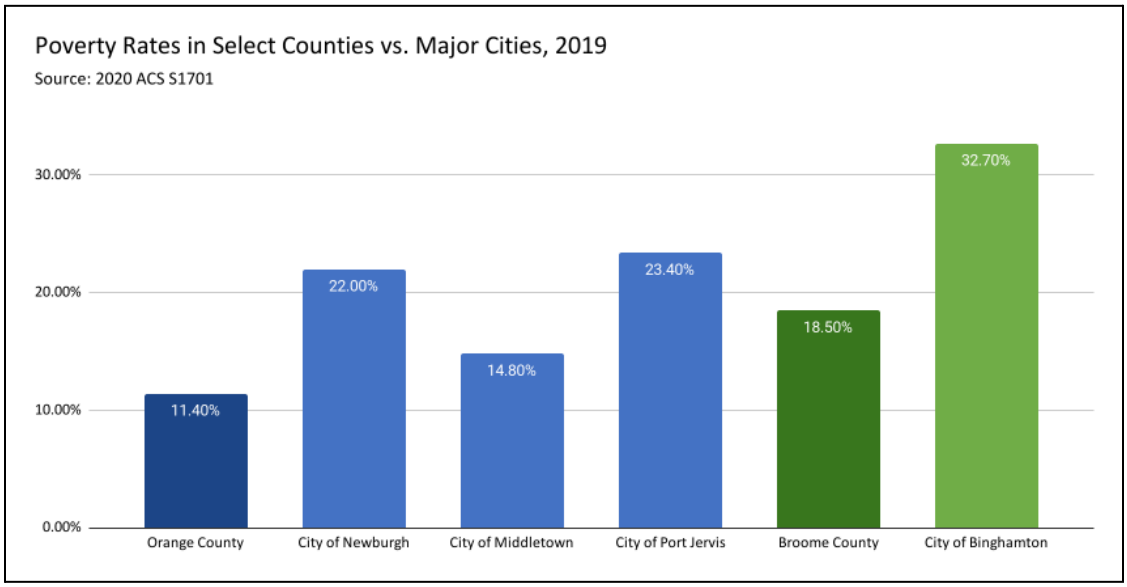
Although the COVID-19 pandemic was an unprecedented public health crisis, many of the related outcomes were the predictable result of added strain on an already over-taxed healthcare system that has long been inaccessible for millions of Americans—including in our region, where thousands of residents face tremendous obstacles in maintaining their health. The for-profit health care system is not designed to adequately accommodate the needs of vulnerable patients, and few other options are available to fill this gap. As a result, Cornerstone acts as the primary health provider for a significant portion of the area's most vulnerable residents. In this role, we strive to identify new public health challenges and address long-standing inequities, which requires a deep and nuanced understanding of the barriers and risk factors faced by thousands of people throughout our catchment area.

III. Social Determinants of Health (SDOH) in Our Region

Economic Stability

Income and Poverty

Income has a cascading impact on every aspect of a person's life—dictating where they can afford to live, what they can afford to eat, the quality of care they can afford to receive, and countless other factors that directly influence health. As a result, low-income individuals tend to have poorer-than-average health outcomes and life expectancies. Wealth inequality is a pervasive issue throughout New York State, though state and county data can often be skewed by small, affluent communities. In Orange County, for instance, the U.S. Census Bureau estimated that 11.40% of residents were living at or below the federal poverty level in 2019. However, this does not accurately represent the reality faced by thousands of people in Orange County's three cities—Newburgh, Middletown, and Port Jervis—in which the same survey estimates that 22%, 14.80%, and 23.40% of residents, respectively, were living in poverty at that time. Those who grapple with poverty have less economic mobility and fewer options to maintain their health and wellbeing. Oftentimes, financial difficulties coexist with related issues that further limit socioeconomic growth, creating a cycle of poverty that is difficult to escape from. This includes a lack of reliable transportation and poor average educational outcomes, both of which drastically limit potential job opportunities. This, in turn, limits potential income and benefits, which results in many relying on public insurance options or forgoing health coverage entirely.

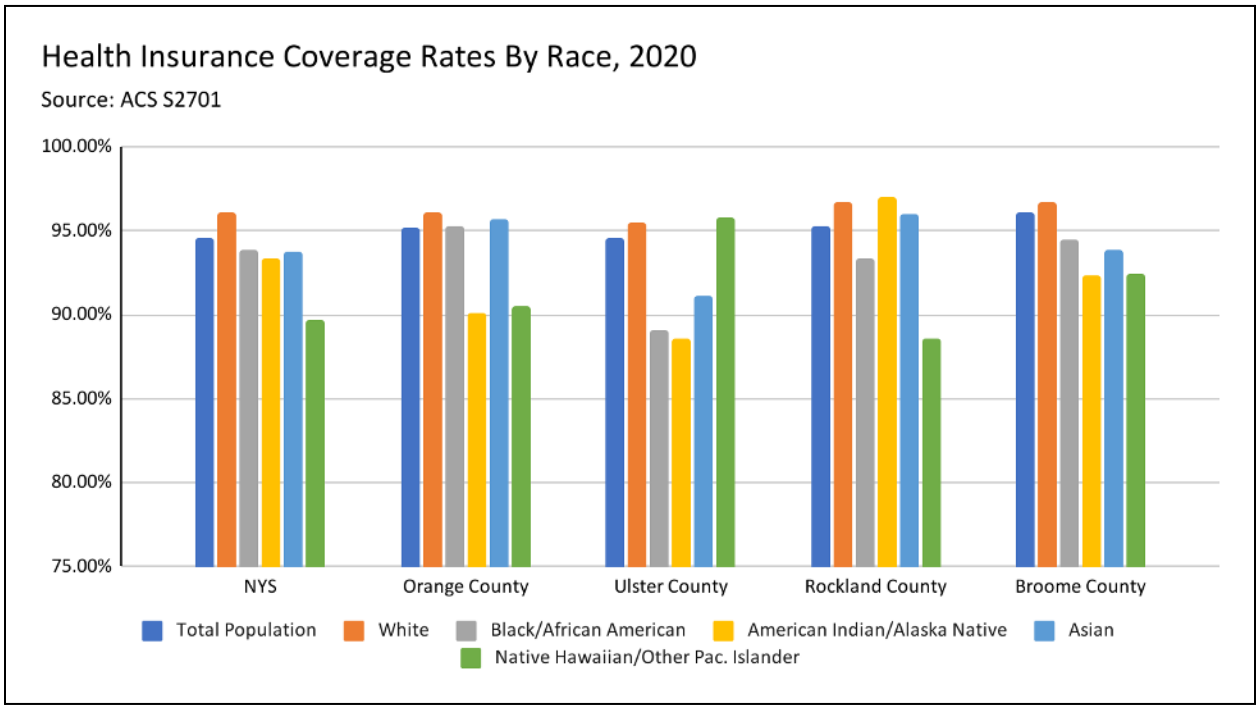


In the current economic climate, our patients are facing uncertainty and increased financial instability. COVID-19 and the associated lockdowns resulted in widespread job loss from which many have still not recovered, and the rising costs of housing and daily necessities is increasing pre-existing wealth inequality. The costs of food, utilities, and gasoline have skyrocketed in recent months, forcing many families into precarious financial situations. According to the U.S. Bureau of Labor Statistics, consumer prices in the Northeastern United States increased 7.2% from March 2021 to April 2022. While all of us struggle to maintain our health and wellbeing against the burden of inflation, economic strife disproportionately impacts those who were already facing financial hardship. Low-income individuals often are not employed in positions that can rely on remote work, meaning their income is dependent on their ability to commute and by extension, their ability to afford gas. However, low-income groups are also more likely to own older cars that are not fuel efficient, which makes their commute more expensive. Similarly, internal data shows that Cornerstone patients—the majority of whom are low-income—tend to have large families and a lot of dependents, which intensifies the negative side effects of rising costs. Inflation and prolonged economic turbulence are especially concerning now, as many social support systems and relief organizations are already overburdened due to increased utilization. At Harper Health, Cornerstone's service site for those struggling with homelessness, demand has been steadily growing for months, with limited resources available to care for those in need. If inflation continues to rise, it is anticipated that many more people—particularly vulnerable families—will become homeless and face the associated risks to their health and wellbeing.

Health Insurance

Access to health coverage is one of the primary obstacles facing low-income individuals and families. Those living in poverty are often unemployed, work sporadically, or are employed in low-paying and/or hourly positions, which may not offer health insurance or paid sick time. Even for those who are covered by insurance, the co-pays and fees associated with routine care can be prohibitive, causing individuals to delay care due to an inability to pay. Without coverage, patients are more likely to forgo or delay care due to an inability to afford treatment and the fear of accruing medical debt. Though the rate of people covered by insurance has increased significantly in the past decade, coverage is still often linked with employment, which limits coverage options and compounds the negative financial impact of potential job loss, especially for those with dependents. There are also still disparities for coverage among people of color, who are most likely to be uninsured or utilize public insurance options. Overall, an average of about 40% of residents throughout our catchment area utilize public insurance, and a significant portion of this population is cared for by Cornerstone. Internal data for 2021 shows that 50% of Cornerstone patients—more than 20,000 people—are covered by public insurance. While Medicare and Medicaid

greatly increase healthcare access and affordability, the options for treatment are still severely limited. Our catchment area is home to several for-profit health care providers, many of which set strict guidelines that limit or actively discourage those on public insurance from utilizing their services. These providers also often do not provide enrollment assistance for uninsured patients, a sliding-fee scale, or linkage to other services for vulnerable populations, such as WIC and SNAP. Ultimately, without an affordable provider that can adequately meet their needs, thousands of people throughout the region—even those with insurance coverage—would be left with almost no affordable health resources.

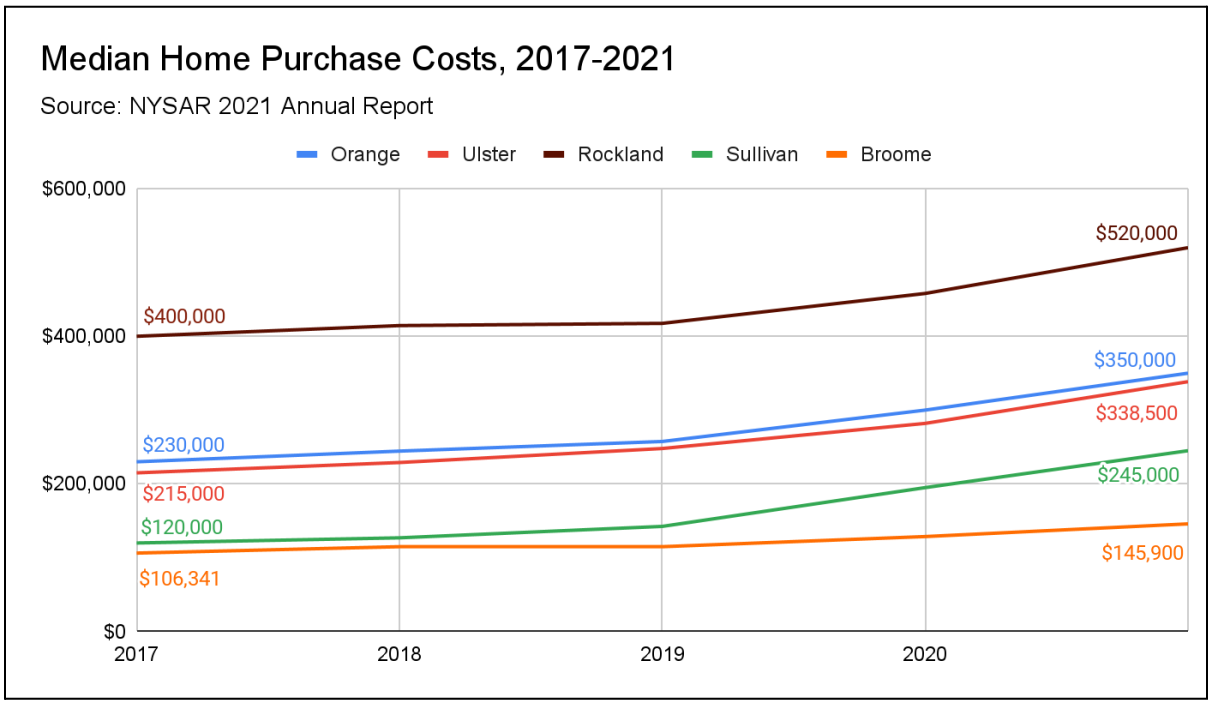


Environment

Housing

A lack of adequate and affordable housing has been a long-standing issue throughout the Hudson Valley for decades. According to the New York State Association of Realtors (NYSAR) 2021 Annual Report on the New York State Market, the median cost of a home increased in each county in our service area between 2017 and 2019. In some cases, this increase was drastic—Orange County saw the median cost of a home grow nearly 12% during this time. In the past few years, housing costs have continued to increase at alarming rates, but were spurred significantly by the economic ripple effects of the COVID-19 pandemic. Many people began relocating to the Hudson Valley from New York City and other metropolitan areas in 2020, while supply chain interruptions and increased demand created a shortage of materials needed for new home

construction. The spike in demand for housing, combined with a sudden increase in unemployment among Hudson Valley residents, has caused additional strain on an already precarious housing market, which has effectively "priced-out" many families from being able to purchase a home in the area they live. It is also important to note that the region has a significant population of renters, who are often more vulnerable to housing instability and more likely to become homeless. Data from the U.S. Census Bureau for 2020 indicates that at least 30% of the housing units in our service area are renter-occupied, though that percentage is often higher in urban and lower-income areas. This data also estimates that roughly 50% of people in renter-occupied units paid gross rent that was 35% or more of their household income—a much greater portion of the population than is recorded both nationally (40%) and statewide (42%).



In March of 2021, Cornerstone Family Healthcare completed a merger with Hudson Valley Community Services (HVCS), which now functions as a division of Cornerstone and works primarily in providing support services to people living with HIV/AIDS and other long-term health conditions. This merger expanded access for both Cornerstone patients and HVCS clients by creating a direct channel for cross-referrals to programs and resources, including PrEP, harm reduction services, housing assistance, case management, food security programs, financial services, and substance abuse treatment. HVCS has an established history of assisting those who are struggling with homelessness or living in unstable conditions through grant-funded rental assistance and housing support programs. Since merging with HVCS and beginning to manage these programs, Cornerstone has gained significant insight into the resources available

to help our patients find safe and affordable housing. In recognition of the fact that housing is a fundamental aspect in maintaining overall health and wellness, we have begun to explore options for how to offer housing support most effectively, including the possibility of Cornerstone becoming a direct provider of housing.

Geographic Constraints

Cornerstone Family Healthcare's service area covers nearly 3,000 square miles, with primary care access points throughout the Mid-Hudson Valley and Southern Tier of New York. The vast and varying topography of these regions make travel of more than a few miles difficult without access to reliable transportation. In Ulster County, the largest county we serve and a predominantly rural area, many necessary resources are concentrated in the few major cities and towns. For many residents, accessing these resources is nearly impossible without access to a personal vehicle. The U.S. Census Bureau estimates the average household size in Orange County to be about 3 people, yet more than 30% of households have only one vehicle. It's important to note that, much like other obstacles in the region, this issue is highly concentrated among certain populations—while Newburgh is estimated to have roughly the same household size as Orange County, 40% of households in the city do not have access to even a single vehicle. Access to healthy food, employment opportunities, childcare, and healthcare services are limited for those with little to no access to a vehicle. As a result, residents often travel on foot, even though much of Newburgh is not safely walkable; the local government has limited funds available for necessary repairs to the city's sidewalks, many of which are damaged to the point of being hazardous. Furthermore, street crime—including drug activity and gang violence—has been steadily increasing in the area for years.

To alleviate the travel burden faced by many low-income patients, Cornerstone's service sites in Newburgh are centrally located and easily accessible for most city residents. Our flagship location, the Kaplan Family Pavilion (KFP), is in the heart of the City of Newburgh near a grocery store, residential areas, convenience stores, and other vital resources. This location houses several clinical services, an on-site pharmacy, WIC office, and Patient Navigation Services, which enables patients to utilize multiple services in one visit. Our Health Care for the Homeless (HCH) facility, known as Harper Health; as well as one of our dental offices, Lipman Family Dental; are both located only a short distance from KFP, so patients can be easily referred between these sites as needed, with very little travel required. In the western part of Orange County, residents in the City of Middletown are also limited by a lack of accessible and reliable transportation. While most cities and towns in our catchment area do have some public transportation options—typically either taxi or bus services—the cost is untenable for most residents. As stated previously, Cornerstone is currently in the process of revamping existing service sites in Middletown so that residents will have access to an updated

multi-specialty location, a dental office, and an urgent care facility within the city limits. Each site is within walking distance to the other, helping to eliminate a significant barrier for those in the city that are unable to access care due to travel constraints. Middletown has seen a marked improvement in walkability over the past few years, as the local government has invested in ethical revitalization of the downtown area. So, though many in the city still struggle to access resources, options have begun to expand in ways that reflect the needs of the community, and the planned developments of Cornerstone's services will help to support and continue this trend.

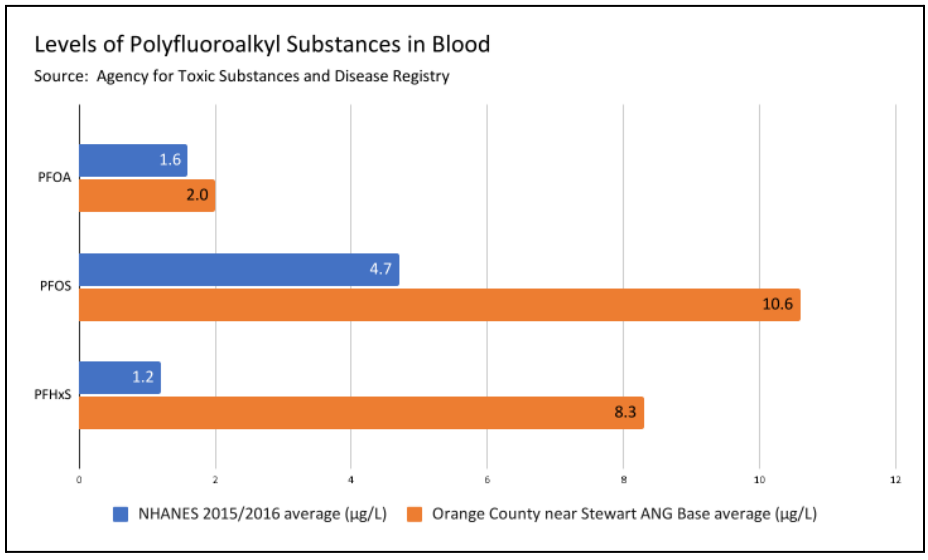
While several new businesses have opened in Newburgh within the last few years, there is growing concern about whether these ventures benefit the community and its long-time residents. Much of the business and real estate development has been generated by transplants from major cities and investment firms that pitch Newburgh as an "up-and-coming" area, meaning that very few existing residents are able to directly participate in the expansion of the city's commerce. This influx of businesses is also being driven by the aftermath of gentrification in Beacon, a city in Dutchess County that is directly across the Hudson River from Newburgh, on the east bank. Beacon had struggled with many of the same systemic problems that currently plague Newburgh but began to see huge economic growth over the last 15 years, which caused the cost of living to soar and forced many residents to move out of the city. As a result, start-up costs for new businesses in Beacon have become prohibitively expensive, which has pushed many entrepreneurs to open their doors in Newburgh instead. Many of Newburgh's newer, successful businesses cater to niche needs that primarily serve those who have the privilege of safety and financial stability. While nearly a quarter of its residents live in poverty, Newburgh is now home to several expensive restaurants, bars, bakeries, antique stores, and other specialty shops whose products and services tend not to benefit, and are inaccessible to, the many impoverished individuals residing in the community. The accompanying increase in housing costs and overall cost of living is beginning to play out in Newburgh as it did in Beacon, with families being forced out of their community when they are unable to afford the changes to their city.

Pollution

Though the region is grappling with various quality-of-life issues, economic limitations and social attachments have prevented many residents from relocating themselves and their families. Those who would like to move often cannot afford to do so, while others have chosen not to leave due to priorities regarding their social, familial, or professional goals. As discussed previously, maintaining safe and affordable housing has been an issue throughout our catchment area for years, and has ultimately resulted in a situation where many residents have very little control over where they live and by extension, the environmental issues they're exposed to.

A system of county, state, and interstate highways connect the Mid-Hudson Valley and the Southern Tier to both New York's Capital District and New York City. Each day, tens of thousands of vehicles travel on Interstate 84, which bisects Port Jervis, Middletown, and Newburgh; Interstate 87, which has an interchange in Newburgh; Interstates 81 and 86, which intersect in Binghamton; and State Route 17, which, in part, connects Middletown and Binghamton. Residents in these cities are exposed to massive amounts of traffic-related air pollution, which has been linked to a number of adverse health effects. The American Lung Association has cautioned that traffic-related air pollution increases risk of premature death, heart attacks, and dementia for those who live in the immediate area of a major roadway. The U.S. Environmental Protection Agency has also stated that traffic-related pollution contributes to childhood asthma and other respiratory and cardiovascular diseases, as the particulate matter thrust into the air from heavy utilization of major roadways can cause significant internal damage when inhaled. As these communities are also home to much of the region's most vulnerable populations—economically disadvantaged people and people of color—these risks coexist with several others. Limited options are available to effectively manage this type of pollution—and because many cannot or do not want to leave—residents are forced to cope with the ongoing risks, while largely unequipped to manage any potential health effects.

In the City of Newburgh, where the majority of Cornerstone's patients live, thousands of residents unknowingly consumed water that had been contaminated by Polyfluoroalkyl Substances (PFAS) from runoff of chemicals used at a local Air Force base. Though the exact timeline of this crisis remains unclear, the contamination likely began sometime in the 1990s, but was not publicly known until 2016, when the New York State Department of Environmental Conservation confirmed the contamination. PFAS exposure of any kind has been linked to an increased risk of cancer and other health concerns, including immune system suppression, reproductive challenges, and birth defects. The Agency for Toxic Substances and Disease Registry (ATSDR) conducted a study in 2019 that analyzed the levels of 7 different types of PFAS in blood samples



from 59 residents in 48 households in Newburgh. While the levels detected for 4 types of PFAS were only slightly above or on par with that which is expected through normal exposure, levels of both Perfluorohexane sulfonate (PFHxS) and Perfluorooctane sulfonic acid (PFOS) were more than twice the national average. PFAS are especially dangerous because they are considered "forever chemicals," compounds that can remain in the environment and within the human body long after exposure; research from the ASTDR has shown that both PFOS and PFHxS can remain in the body for decades, with half-lives recorded to range anywhere from 3.3 to 27 years and 4.7 to 35 years, respectively.

Following the confirmation of PFAS contamination, the city began pumping drinking water from other local sources. However, this created a new problem for many families that live in Newburgh's older homes—houses that were built prior to 1986, when a nationwide ban on lead pipes went into effect. In order to protect residents from the PFAS in Washington Lake, which had previously been the city's primary source of water, Newburgh began pumping water from the Catskill Aqueduct. This new source of water is slightly more acidic than the water from Washington Lake, and this change exacerbated the aging of decades-old lead pipes, causing lead to leach into the drinking water of hundreds of homes. While efforts to mitigate this issue began almost immediately, little progress has been made to date due to setbacks from the COVID-19 pandemic and a lack of funding to undertake the process of replacing the thousands of lead pipes in the city.

Community

Immigration Status

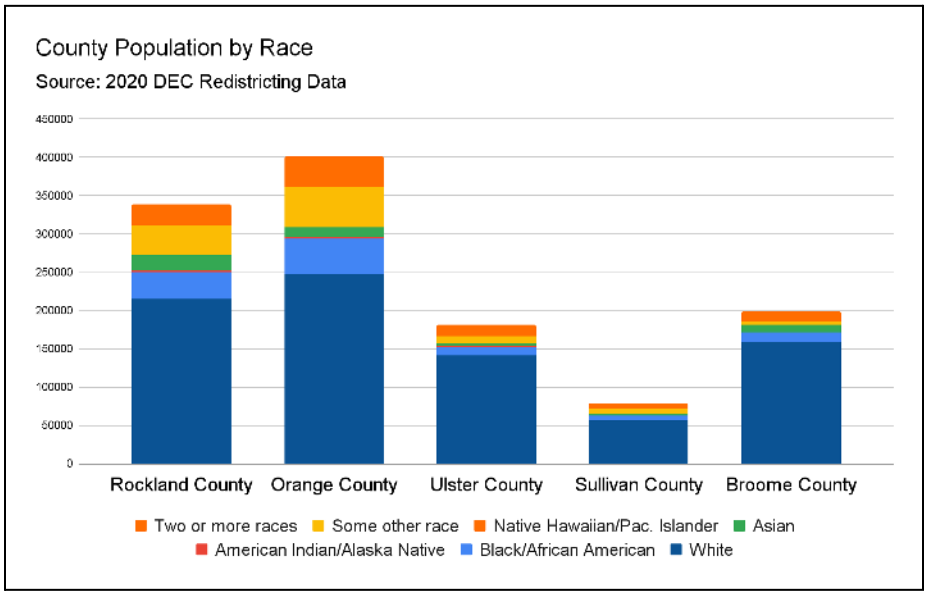
While the legal status of undocumented individuals makes tracking this population very difficult, there is a significant number of unauthorized immigrants residing throughout our catchment area. According to The Pew Research Center, New York is among only six states that are home to the vast majority of undocumented individuals in the U.S., with an estimated 725,000 unauthorized immigrants, making up 3.6% of the state's population and 15% of the country's total undocumented population. Additionally, 6.6% of school children in New York have parents who are undocumented. According to the Migration Policy Institute, individuals born in Mexico and Central America make up the largest share of New York's undocumented individuals (36%), which is further evidenced by the large Spanish-speaking population in many of the communities we serve.

Without official citizenship status, undocumented individuals and families face incredible difficulty in accessing care and resources. Employment opportunities are severely limited, leaving most undocumented workers to settle for low-paying and/or

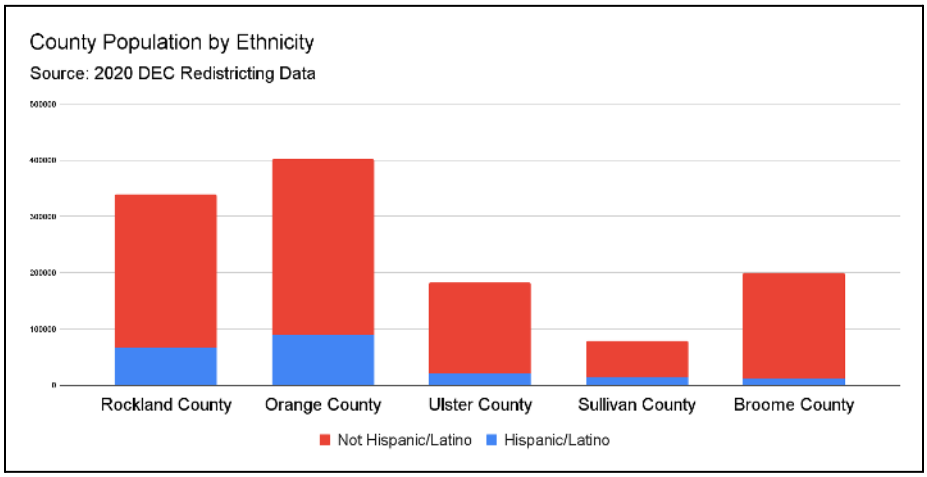
physically taxing jobs that do not offer benefits or paid sick time. Often, the fear of legal recourse prevents these individuals from seeking most types of support, even If their immigration status would not preclude them from receiving benefits. This precarious socioeconomic position leaves undocumented individuals particularly vulnerable to serious health risks, specifically in developing preventable conditions and experiencing complications from untreated illnesses or injuries. A sizeable portion of the patients treated at Cornerstone's Harper Health location in Newburgh are undocumented immigrants who are chronically ill and have no other option for healthcare due to their citizenship status and associated financial hardships.

Race and Ethnicity

Although demographic data shows that the Mid-Hudson Valley is relatively diverse, this is largely due the high concentration of black and Hispanic/Latino individuals who reside in our major cities, which are interspersed throughout large swaths of the region which are overwhelmingly suburban and white. For example, U.S. Census data estimates that 10% of Orange County's population is black and 20% is Hispanic/Latino, but the population of Newburgh, the county's largest city, is approximately 25% black and 50% Hispanic/Latino.



Cornerstone serves an incredibly diverse population, with nearly half of all patients identifying as Hispanic/Latino and about 20% identifying as black, according to internal patient data. This is



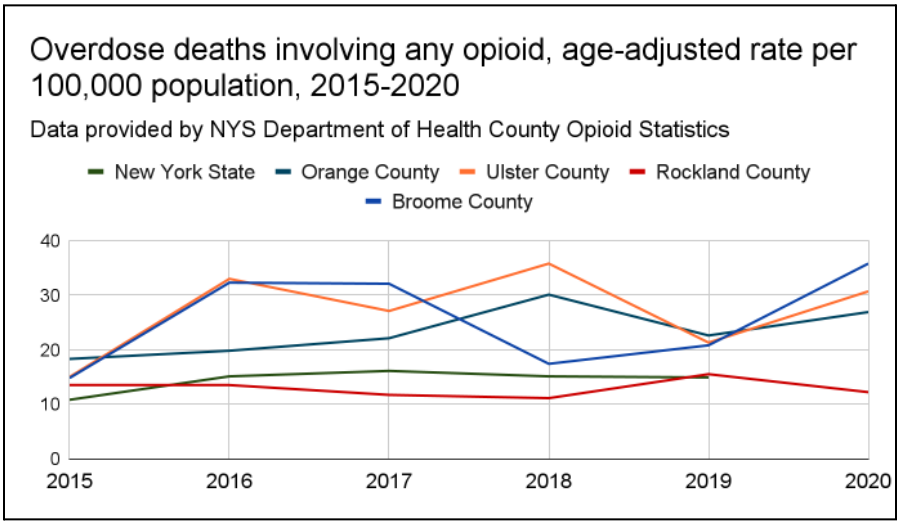
due in large part to Cornerstone's reputation as an affordable and inclusive healthcare provider and community resource. The health center has an established history of serving those in most need, which has historically included much of the region's minority populations. Due to long-standing stigmas and systemic racism—including decades of segregation, predatory businesses practices, and the gutting of social support programs—economic growth for black and Hispanic/Latino Americans has been stifled, trapping generations of people in the cycle of poverty. As discussed earlier, economic mobility has a significant impact on health, but the negative impacts of this are compounded by less visible obstacles faced by minority populations. On average, people of color are more likely than their white contemporaries to develop certain preventable conditions, live in areas with polluted air or water, be exposed to HIV/AIDS, and have a history within the justice system. Data from the NYDOH 2019 Health Equity Report shows that in each county we serve, 60%-75% of deaths among black and Hispanic/Latino residents were considered premature—meaning death occurred prior to age 75. By contrast, the rate of premature deaths among white residents in our catchment area was around 40%.

Many of the alarming health disparities that national data show falling along racial and ethnic lines are unfortunately overrepresented in our clinical practice as well. For example, black/African American individuals make up 17% of Cornerstone's patient base but 21% of our diabetic adults and 24% of our hypertensive adults are black. Hispanics, who make up 42% of our patient base, account for 45% of our diabetic adult patients. Hispanics and blacks were also more likely to have uncontrolled diabetes in 2021 (38ispanic mot% and 42% respectively) than their non-Hispanic white counterparts (35%).

Opioid Epidemic

Aggressive efforts have been made over the past decade to curtail the opioid epidemic at both the state and county level. While significant progress was made in the late 2010s, the onset of COVID-19 was a major setback, with the CDC reporting in January 2021 that opioid overdoses in New York State had increased 30% year-over-year. Data from the New York State Department of Health (NYSDOH) County Opioid Quarterly Report published in July 2021 shows deaths caused by opioid overdoses skyrocketed 30% in Orange County, 50% in Broome County, and 66% in Ulster County from 2019 to 2020. The only county in our service area that did not see an increase in overdose deaths during this time is Rockland County, where there was nonetheless a 27% increase in overdose-related outpatient emergency department visits and an 18% increase in overdose-related hospitalizations. Although New York State has not published official 2021 opioid overdose data at the time of writing, preliminary quarterly data published by the state in April of 2022 indicates that the number of overdoses throughout the counties we serve continued to increase last year as well.

Cornerstone currently operates the only New York State Office of Alcoholism and Substance Abuse Services (OASAS)-certified methadone program in Orange County and offers low-threshold buprenorphine services to community members within the Mid-Hudson region. We also offer harm-reduction services through HVCS, which utilizes mobile outreach teams that travel to the most isolated and at-risk areas in the region to provide sterile syringes, fentanyl test strips, and other vital materials that help limit the risks faced by people who use drugs. This program also serves as a channel for referrals, allowing those in need to connect with medical care and support services that can help them better manage their health and wellbeing.



Impact of COVID-19

The COVID-19 pandemic has had a detrimental impact on the overall health and wellbeing of residents throughout our service area, as well as throughout the state and the country as a whole. This massive public health crisis highlighted long-standing faults and inequities in our healthcare system and caused many people to prioritize healthcare in a new way. As New York State was one North America's early epicenters of the virus, the toll of COVID-19 was felt here immediately. According to the New York State Department of Labor, 1.7 million New Yorkers suffered job loss in April of 2020. In addition to reducing or eliminating a person's income, job loss correlates with increased rates of depression, anxiety, and substance abuse. As a result, there was an almost immediate increase in demand for mental health services, with many people unable to receive the care they need due to an inability to pay for services and a lack of available mental health resources.

Statewide lockdowns and social distancing practices—while undoubtedly beneficial in slowing the spread of COVID-19—also prevented patients from receiving routine care and preventative services. Regular check-ups and diagnostic testing are vital tools in proactive health maintenance, as they allow providers to identify underlying conditions or illnesses in their earliest stages and apply the appropriate treatment as soon as possible. As many of these services were much less accessible in the months following

the initial outbreak of COVID-19, there is currently an influx of patients seeking care which, in some cases, has been delayed months or years. A survey conducted by the CDC in June 2020 estimated that 4 in 10 Americans had delayed or avoided either urgent/emergency care or routine care as a result of the pandemic. This trend appeared to be more prevalent among racial/ethnic minority populations; while white adults had an overall delay/avoid rate of 36.2%—with 6.7% having delayed urgent/emergency care and 30.9% having delayed routine care—this is much lower than every other racial and ethnic group. 48.1% of black adults and 55.5% of Hispanic/Latino adults surveyed indicated they had delayed or avoided care. Black and Hispanic/Latino adults also had the two highest rates of avoiding or delaying urgent/emergency care of any group in the survey—23.3% and 24.6%, respectively. Although data about the physical health effects of delaying care during COVID-19 is limited, this early research signals that existing disparities in healthcare access may have been exacerbated by the pandemic in ways that significantly harm the nation's most vulnerable populations.

IV. Health Literacy

The potential for positive health outcomes is largely driven by a patient's own level of health literacy, or the ability to make informed choices regarding their health. Several environmental and lifestyle factors play a role in developing health literacy, which cannot be equally measured across all people. Educational attainment, access to community health resources, socioeconomic standing, culture, language, and trust in the healthcare system all intertwine to shape a person's understanding of their health and inform their long-term health goals. Though some of these factors can be understood through analyzing statistical data and internal performance measures, others are more abstract and rely on qualitative review and observations of our current public health landscape.

Misinformation

There is increased urgency in understanding and cultivating health literacy because patients have more access to information today than at any other point in history. For many, access to the internet is more convenient and affordable than scheduling an appointment with their doctor, and especially during periods of uncertainty—such as the onset of the COVID-19 pandemic—many take comfort in the immediate access to information that the internet provides. This trend is the source of great concern for Cornerstone, as the prevalence of misinformation has begun to have serious public health ramifications. Beginning in 2021, the rampant spread of falsehoods on social media resulted in widespread opposition to the COVID-19 vaccine, which has subsequently accelerated the nation's growing anti-vaccine cohort. Without accessible health resources, rumors will continue to circulate unabated, and may eventually result in complete mistrust of providers, evidence-based practices, and the healthcare system in its entirety. Unchecked, this trend could continue to undermine proven medical science to the point of reversing much of the progress gained in the past decade.

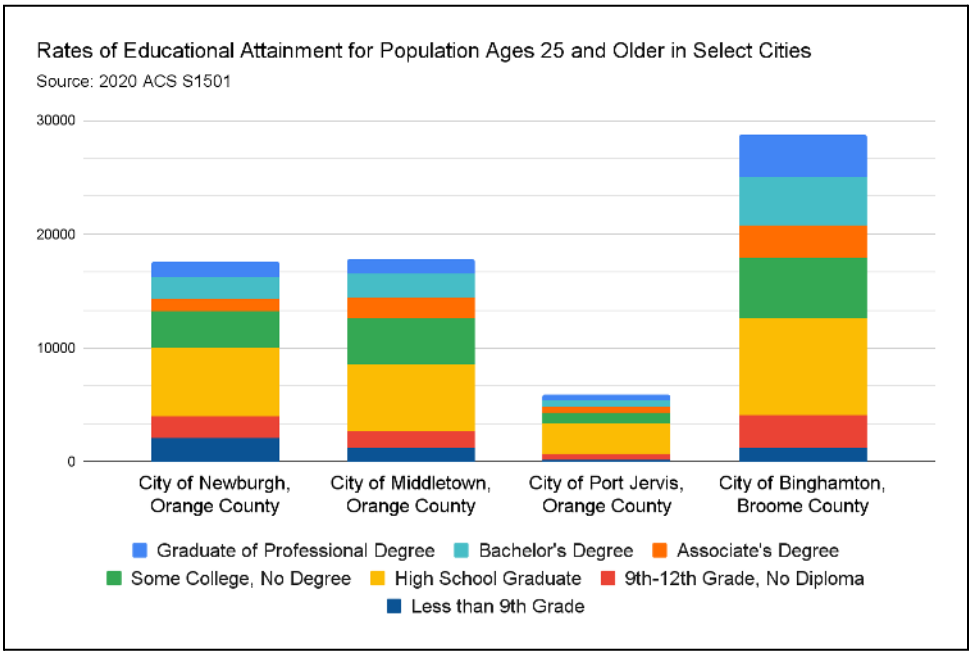
Language & Culture

In order to effectively engage in care and manage their health, patients need to be provided with relevant resources and information in a way that is both respectful of their background and rooted in addressing their unique needs. For many patients, one of the most basic obstacles in this regard is having to confront a language barrier. Language in the region is fairly diverse, with data from the U.S. Census Bureau estimating that on average, about 20% of people in the counties we serve primarily speak a language other than English. However, these populations tend to be highly concentrated in certain areas, and much of this population speaks Spanish, which is the second-most spoken language in the region. In Newburgh, for instance, almost half of all residents primarily speak a language other than English, with 42% primarily speaking Spanish. Without common language, patients are at a disadvantage in communicating with

their provider and face roadblocks in having their concerns understood and validated. Communication barriers make it more difficult for patients to regularly receive needed comprehensive care, which increases the risk of developing preventable long-term conditions. Similarly, cultural norms also dictate much of the interaction patients have with their provider and the healthcare system at large. Patients may be resistant or opposed to certain medical procedures due to spiritual beliefs or be unwilling to discuss concerns due to perceived stigma or shame. While language barriers and cultural factors do not limit the patient's capacity for health literacy, they should be used to directly inform the patient's care plan, by providing information to them in a way that is understandable, straightforward, and respectful.

Education

While it is widely understood that the level of education a person receives has a direct impact on career potential and job quality—as those who do not pursue higher education are often limited to low-paying, hourly positions with poor benefits—focus is now being brought to the impact education has on health and health literacy. HRSA research has shown a correlation between education quality and overall health, with poorer education being linked to negative health outcomes, including increased emergency department use, high rates of chronic conditions, and exhibiting high-risk behaviors. Patients who lacked adequate education are more likely to misunderstand medical terms, struggle to fill out relevant paperwork, and be less discerning when faced with medical misinformation. It is important to note, however, that educational performance is heavily influenced by other SDOH, including income and race. Data from the New York State Department of Education (NYSED) on High School graduation rates for the school year 2020-2021 shows a distinct correlation between financial wellness and educational outcomes. In each county in our catchment area, this data shows graduation rates were much lower among student populations classified as "economically disadvantaged" when compared to

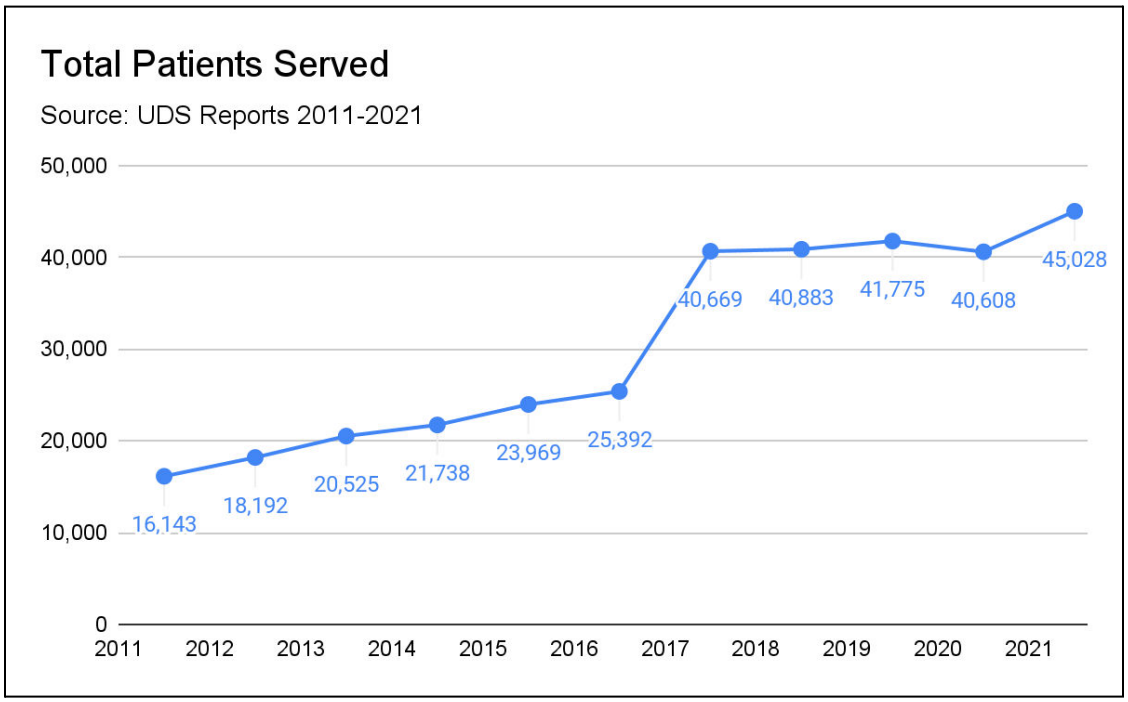


other students. In both Broome and Sullivan, the graduation rate among economically disadvantaged students was 76%, which is significantly lower than the rate recorded for the "not economically disadvantaged" groups in both counties—93% and 89%, respectively. This data also shows that economically disadvantaged students who did successfully graduate were less likely to earn an Advanced Regents Degree, which follows a more rigorous curriculum than that which is needed to earn the standard Regents. Throughout the counties we serve, only an average of about 22% of economically disadvantaged students graduated with the Advanced Regents, compared to more than 53% of non-economically challenged students. It is also clear from this data that disparities in education disproportionately impact people of color; according to NYSED, last year's average graduation rate in our area was about 90% among white students, but only 81% for black students and 78% for Hispanic/Latino students.

Put plainly, our region lacks the necessary resources for continuous health literacy development. Inadequate education and public resources, prohibitively expensive medical care, and a lack of language and culture accommodations have left residents woefully underprepared to manage their health while navigating an increasingly complicated public health landscape. Patients throughout our catchment area are grappling with expensive and unsafe housing, poverty wages, racism, social bias, and pollution—all while attempting to traverse through an unfamiliar, post-COVID-19 world.

V. Cornerstone Family Healthcare Patient Base

Total Patients

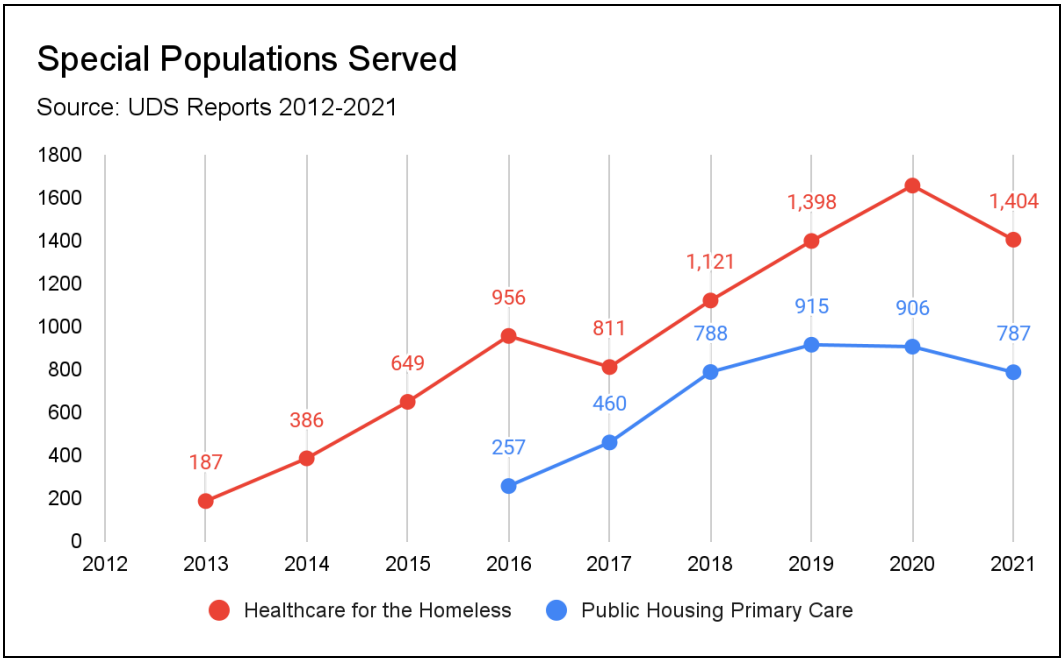


As shown in the graph above, Cornerstone has experienced consistent growth for the past decade. Especially noteworthy is the more than 60% increase in total patients served between 2016 and 2017, which followed Cornerstone's becoming the successor-in-interest to Middletown Community Health Center (MCHC). Since then, growth has slowed as Cornerstone has worked to reverse an out-migration of patients that had been occurring at the former MCHC practices when they were under the ownership of the former grantee. The only decline in total patients that we experienced in the past decade was 2019 to 2020, when there was a reduction of less than 3% of patients served because of the COVID-19 pandemic. The following year's increase of 10%, however, is a reassuring sign that 2020's performance was anomalous.

Taken together, the consistency of our growth is a sign that, in a general sense, Cornerstone has made progress towards its mission of meeting our patients' clinical needs. This growth in patients is directly reflective of our ability to meet the complex needs of a growing patient population.

Special Populations

Cornerstone serves two special populations, as defined by HRSA: the homeless and those at risk for homelessness and those who reside in public housing.

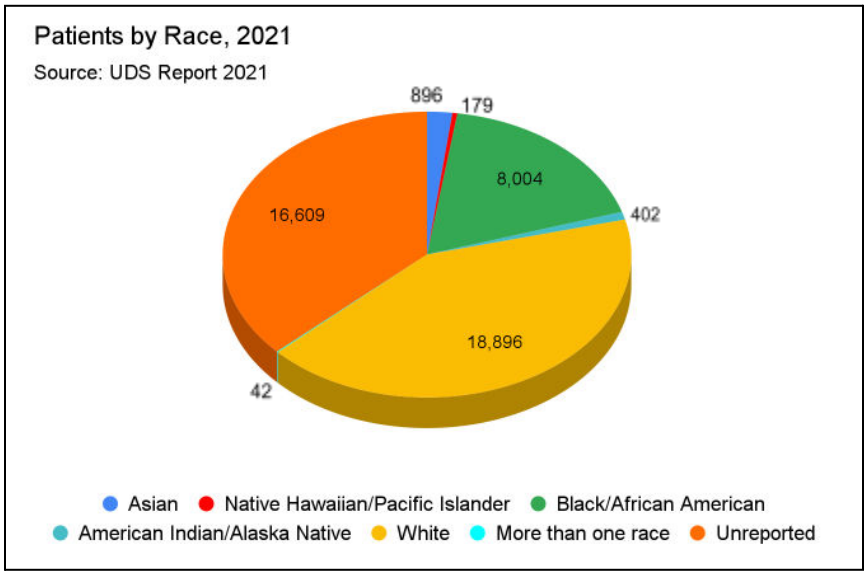


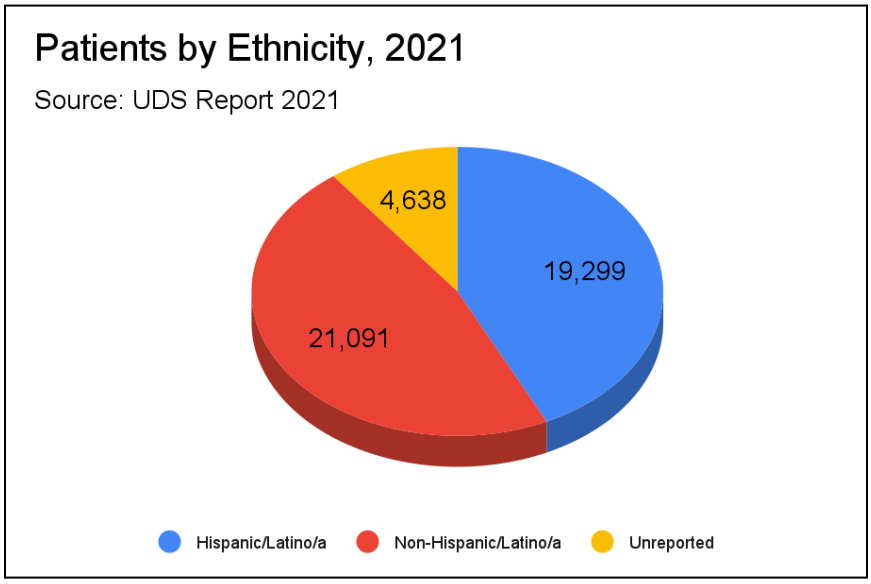
Our Healthcare for the Homeless program operates primarily in Orange County and was initiated with a 2012 NAP grant that provided support for a brick-and-mortar program. Growth of the HCH program is largely attributable to our partnerships with local shelters and an outreach program that serves sheltered patients using our mobile medical vans. Of note in the chart above is the fact that Cornerstone did not experience a decline in HCH patients served from 2019-2020, but rather an 18% increase, whereas there were reductions in total patients and residents of public housing that year in response to the COVID-19 pandemic. This was unusual, but perhaps not surprising, considering that many of the patients Cornerstone serves were excluded from many of the social safety nets that kept others from slipping into homelessness during that time, due to their immigration status or other factors.

Our Public Housing Primary Care (PHPC) program centers on our site at 35 Felters Road in Binghamton, which is co-located on a HUD campus. Growth in that program can be attributed to our expansion of mental health and SUD services in Binghamton, which was in response to a need we identified shortly after we began serving that community. It should be noted, however, that in 2022, Cornerstone opened a second site in Binghamton and many of the patients currently served at the PHPC site have been and will be transferred to the new facility. While this will help the PHPC site to focus on serving the HUD residents the practice was designed for, there may be a short-term decline in patients as a result. In addition to the site in Binghamton, our flagship site, the Kaplan Family Pavilion in Newburgh, also serves a large number of public housing

residents who live at a nearby community, though the Kaplan Family Pavilion was not designed specifically as a PHPC practice.

Race, Ethnicity, and Socioeconomic Factors

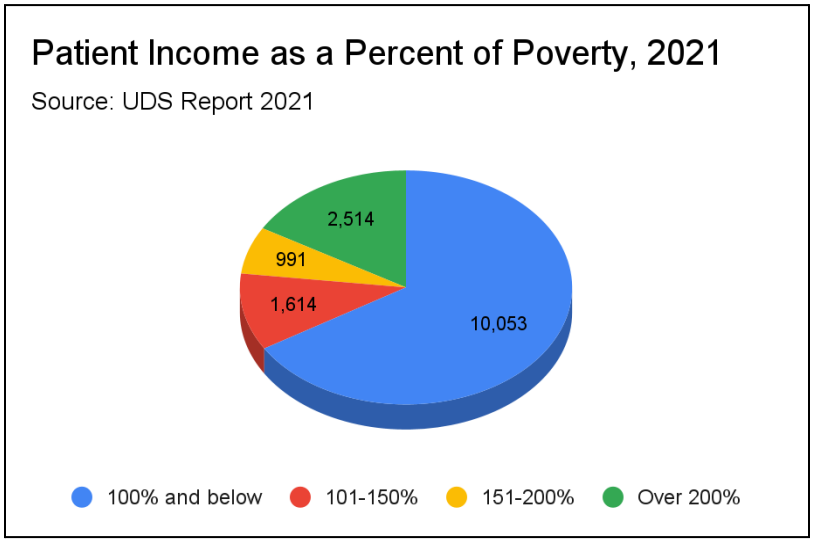


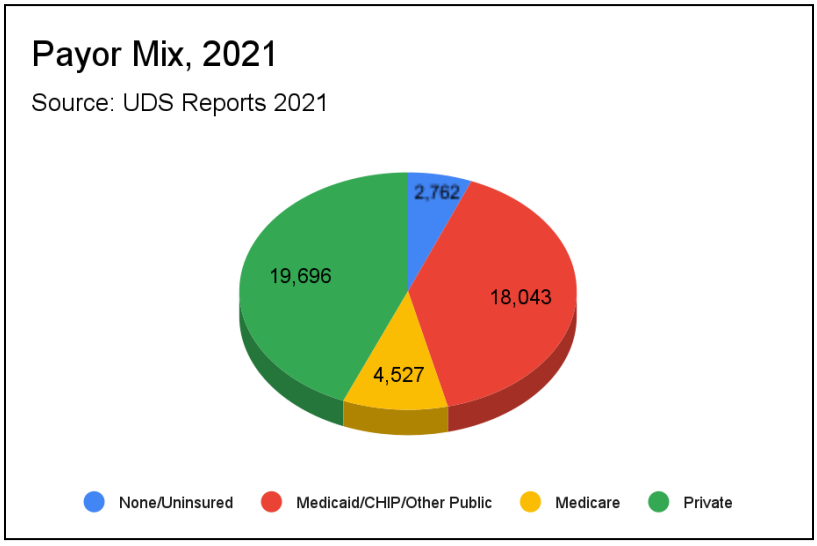


As established previously in this report, patients' race, ethnicity, and numerous other social and economic characteristics have major implications on an individual's risk for developing certain conditions, ability to prevent disease, and access medical care. This is of particular concern for Cornerstone, as many of the factors that are associated with risk for developing diseases are overrepresented in our patient base. As the charts provided demonstrate, racial and ethnic minorities make up a large segment of our patient population. Hispanics, for instance, make up no more than 20% of the population in any of the counties we serve, yet account for nearly 45% of the Cornerstone patient base. This has had broad implications on the way in which we deliver care, from the hiring of staff who are representative of the community, to our emphasis on cultural and linguistic competence, and sensitivity to the numerous varying cultural and social habits and practices of these communities and how they influence health.

Our patients also tend to have low incomes—with many at or below the poverty level—and their insurance status is often reflective of their income status, with many

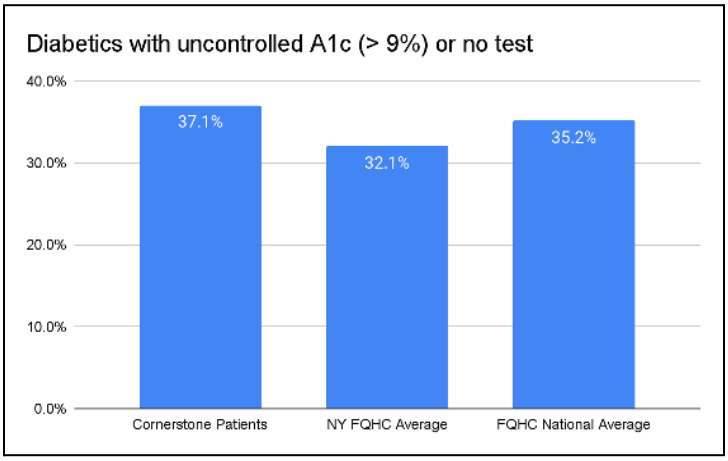
patients utilizing Medicaid and a significant proportion who remain uninsured. This further underscores the need for a system of care that is coordinated with a system for removing barriers. As such, Cornerstone offers numerous programs that aim to make healthcare more accessible and affordable for low-income and uninsured individuals, such as our sliding-fee discount program, enrollment assistance, enabling services, financial assistance programs, and others.





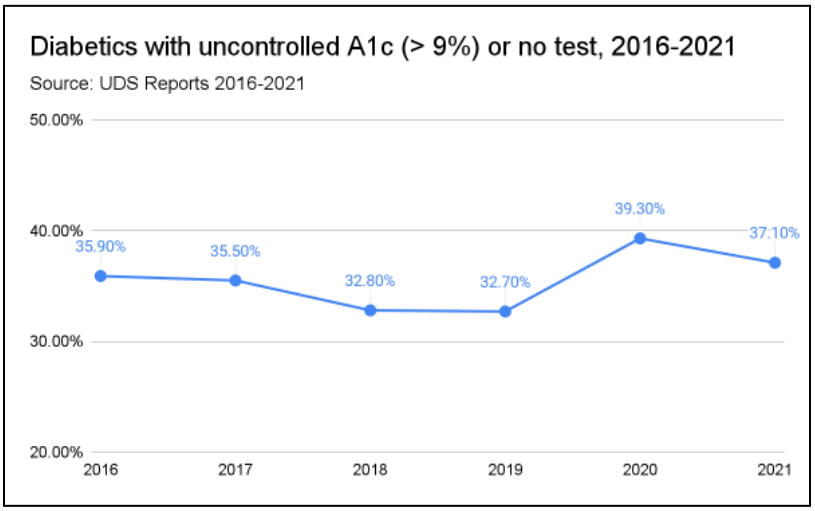
Chronic Health Conditions

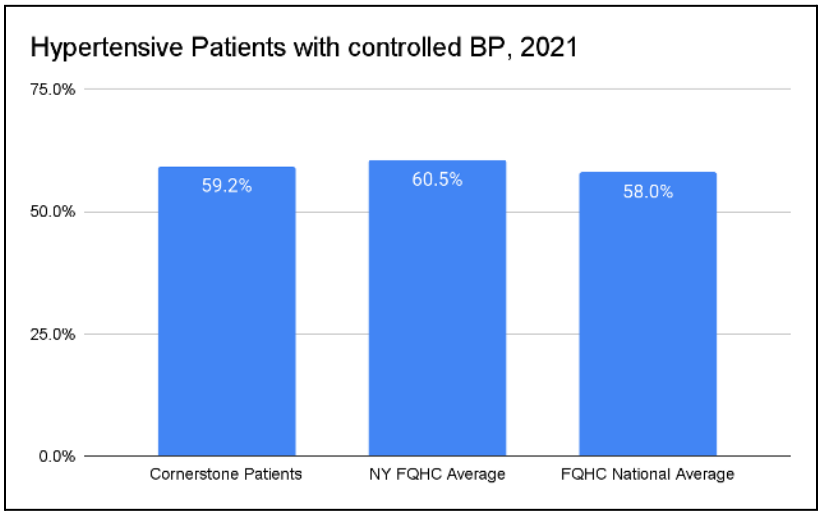
Central to Cornerstone's mission is our ability to help patients prevent, detect, and manage chronic health conditions. As a provider of care to communities with so many risk factors for chronic disease, as described in this report, it is unfortunate but not surprising that Cornerstone patients exhibit elevated levels of such chronic medical conditions as diabetes, hypertension, asthma, certain cancers, and others.



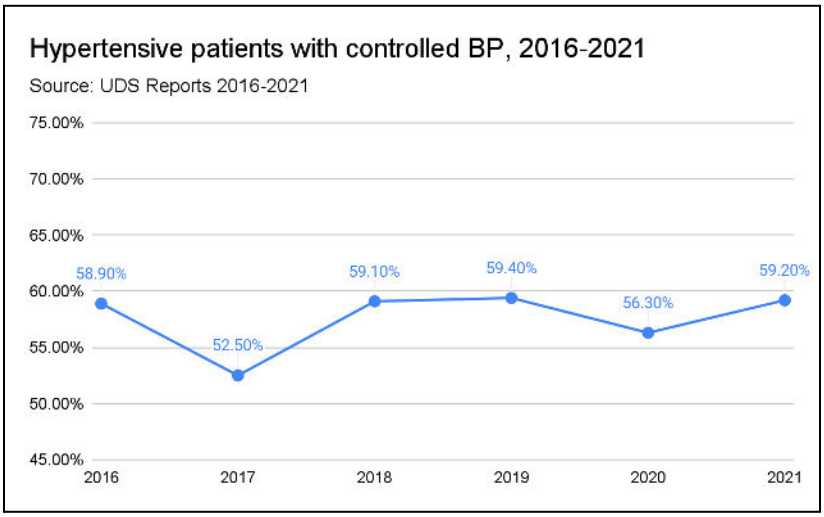
Diabetes is among the chronic conditions that most commonly impact Cornerstone patients. As a disease that is manageable under the care of primary care physicians and one that is often entirely preventable, we dedicate much time and effort to managing diabetes risk factors and treating diabetic patients. As shown in

the chart to the above, however, Cornerstone patients with diabetes are not managing their conditions at the same rate as the state or national averages for health center patients. The chart to the right, however, shows how Cornerstone has performed on this measure over time, demonstrating that, prior to the COVID-19 pandemic, Cornerstone patients' rate of uncontrolled diabetes had actually been steadily declining. As an organization that was hit so hard and so early by the pandemic, this is perhaps not surprising. It is one of many examples of the disproportionate impact of COVID-19 and underscores the importance of reengaging with patients whose health declined as a result of the pandemic.



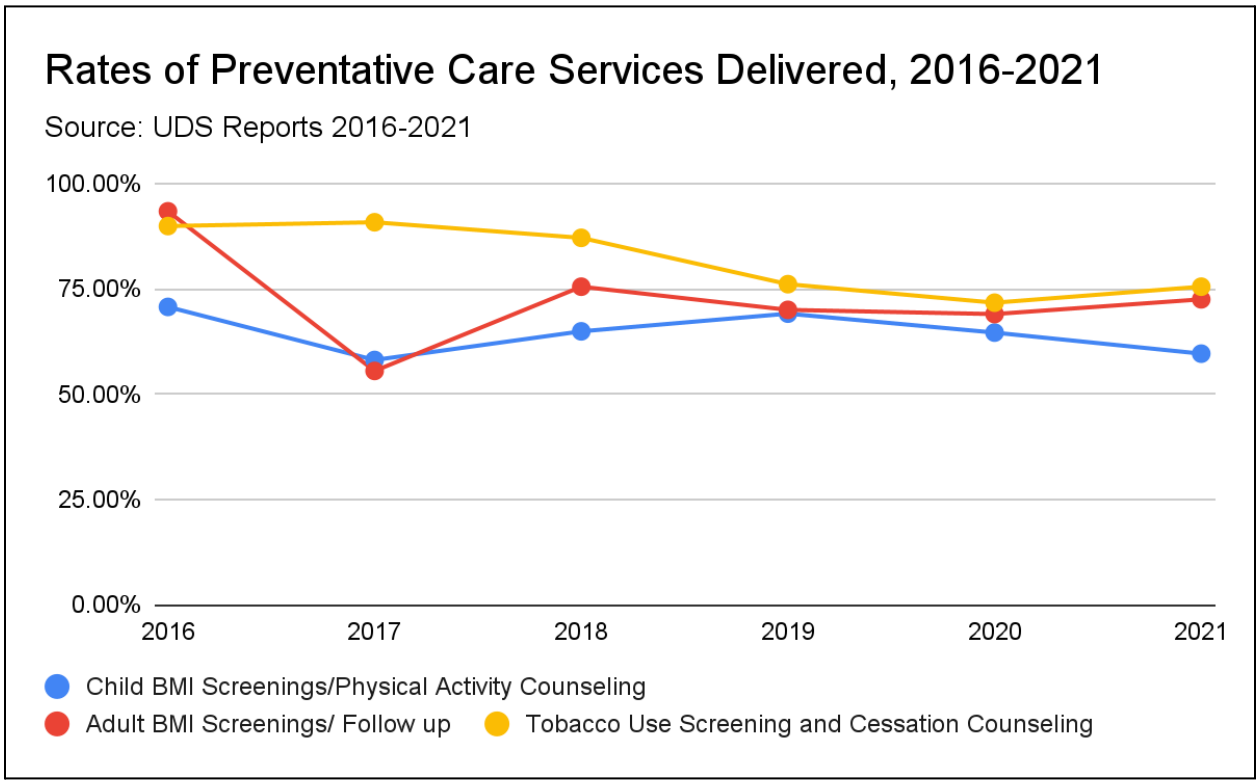


Similar attention has been paid to controlling high blood-pressure and rates of hypertension control among Cornerstone patients, which exceed the national average for FQHC patients but fall behind the state average. Again, data indicates the pandemic had a measurable effect on our patients' ability to manage their hypertension, with a more than 3% drop in performance between 2019 and 2020. Our efforts to reengage with patients and help them control their blood-pressure has been aided by our recent participation in the HRSA National Hypertension Control Initiative, which has supported our use of remote



blood-pressure monitoring devices for participating patients.

Both hypertension and diabetes, along with many of the other chronic health conditions we see in our practice, are both preventable and treatable through lifestyle changes and are highly ambulatory sensitive. As such, Cornerstone and FQHCs across the country are equally focused on prevention. This often comes down to relatively obvious and simple tasks that are repeated throughout the patient's ongoing encounters with our system of care, such as monitoring patients' BMI and referring to appropriate interventions when necessary and regularly inquiring about tobacco use status and recommending cessation services. Of course, it is not adequate to merely ask questions and make recommendations, so Cornerstone has made numerous investments and forged key partnerships to make the delivery of such interventions and services more efficient and streamlined. This has included partnerships with county governments to promote smoking cessation, in-house wellness coaching and education, and numerous outreach and education programs targeting children and adults with lifestyle factors that increase their risk for disease.



VI. Community Feedback

In June 2022, Cornerstone invited trusted community partners, non-profit leaders, and local public health advocates to discuss what they saw as the biggest health concerns facing our region. The organizations represented and participants in this event are listed below.

Bill Jolly **Access: Supports for Living**	Kevin Venkatesh **Montefiore St. Luke's Hospital**
Marcel Martino **ADAPT of the Hudson Valley**	Nancy Proyect **Newburgh Armory Unity Center**
Fritz Tavarez **Affinity by Molina Healthcare**	Mary Kosten **Newburgh Enlarged City School District**
Maribel Vargas **American Cancer Society**	Heather Bell **Orange County Chamber of Commerce**
Mary Decker **Bon Secours Westchester Medical Center**	Jackie Lawler **Orange County Department of Health**
Shannon Kelly **Catholic Charities**	Darcie Miller **OC Department of Mental Health and Social Services**
Suzy McCormack **Cornell Cooperative Extension Orange County**	Inaudy Esposito **Orange County Human Rights Commission**
Sarah Gunn **Food Bank of the Hudson Valley**	Deborah Danzy **Planned Parenthood of Greater NY**
Moira Mencher **Garnet Health**	Sergia Andrade **Planned Parenthood of Greater NY**
Matt Arbolino **Habitat 4 Humanity**	Michele McKeon **Regional Economic Community Action Program (RECAP)**
Liz Scmidt **HONOR**	Paul Martland **SUNY Orange**

Participants were asked to work in groups to answer the following five questions:

1. What major health concerns does our community currently face? Are any of these concerns currently not being addressed adequately?
2. What specific populations in our community have health needs that are not being addressed? Please identify the population(s) and their unmet needs.
3. What barriers exist in our community that limit access to healthcare and prevent residents from leading healthy lifestyles?
4. What new community needs did the COVID-19 pandemic create? What existing needs were exacerbated?
5. What will our community need as we recover from the COVID-19 pandemic?

Several recurring themes developed over the course of this discussion. For many, major health concerns focused on lack of access to needed services such as home health care, pediatric behavioral health, LGBTQIA+ support services, and well-woman care. Low vaccination rates, chronic conditions, and high rates of preventable diseases were also discussed as major concerns. The bulk of these concerns were largely attributed to an overall shortage of providers, as well as transportation issues and geographic constraints, and the inability of low-income patients to pay for healthcare and related services. Also of note, several participants highlighted the prevalence of misinformation and poor health education as contributing factors for rising anti-vaccine sentiment and overall mistrust of proven medical science.

Unsurprisingly, the vulnerable populations identified were predominantly those most commonly afflicted by the previously discussed health concerns and included children, the elderly, LGBTQIA+ individuals, low-income patients, and women in need of sexual health support. Participants agreed that these groups were disadvantaged due to a lack of access to care, as well as disparities in income, educational resources, and health insurance.

Our Chief Medical Officer, Dr. Avi Silber, with a pediatric patient

The unmet needs of people of color, undocumented citizens, people struggling with homelessness, and people who use drugs were also highlighted. The consensus among participants was that these groups, along with the LGBTQIA+ population, face significant difficulty in accessing care–even when compared to other vulnerable groups–as a direct result of the stigmas and stereotypes associated with their respective populations.

As stated previously, the primary barriers to care identified included transportation, provider shortages, income limitations, and stigma. However, many participants also indicated that fear is a significant barrier preventing patients from accessing care. This includes fear of incurring medical debt, fear of a life-altering diagnosis, and overall health-related fear or insecurity that was brought on by the pandemic. The group also believed that access challenges–specifically provider shortages–were exacerbated by

the pandemic, as many medical professionals and support staff pursued alternative career paths.

Disparities in income, education, and preventative healthcare services are believed to have widened significantly, as a result of widespread job loss, inconsistent internet access hindering remote learning, and resistance or inability to seek care during the height of the pandemic. Income is inherently associated with several other issues that had been created or exacerbated in the past two years, and was cited as the conduit for the pandemic's impact on the escalating housing crisis, childcare challenges, and food insecurity.

Overall mental wellbeing and the opioid epidemic were also indicated as having worsened during this time. Vaccine hesitation and skepticism, which has been increasing in our region for several years and became much more popular in response to concerns around the COVID-19 vaccine, has similarly escalated. Participants agreed that the COVID-19 pandemic caused, at least in part, the current economic worries plaguing the country, including the rising costs of groceries, gasoline, and overall cost of living, which are disproportionately affecting vulnerable and low-income patients.

When asked how our community can recover from COVID-19, the answer across all participants was very consistent, with virtually all who spoke stressing the importance of education, transparency, and honest communication. Straightforward education and effective messaging were seen as primary ways to combat patient fear and regain community trust. Other suggestions focused on addressing pre-existing issues that have escalated since 2020 by providing safe, affordable housing; improving public transportation; increasing available language resources; providing access to healthy food in urban environments; and rebuilding the healthcare system to adequately address the region's mental and behavioral health needs.

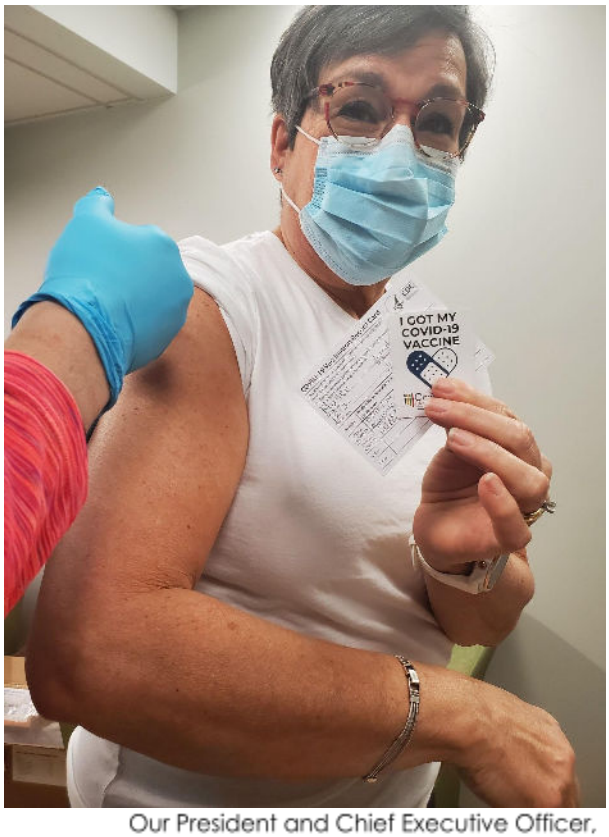
Cornerstone Family Healthcare values the feedback of our community partners, each of whom specializes in a unique area that complements our efforts to address the unmet needs of vulnerable populations throughout the region.

VII. Conclusion

Health centers, by virtue of their responsibilities to the federal HCP program and out of a desire to improve the lives of their patients, are required to act in many capacities. We strive to compensate for the gaps in our health infrastructure, requiring, to some degree, nearly every support even tangentially related to clinical medical care be made available. As health equity impacts—and is impacted by—almost every aspect of a patient's life, there are practically no obstacles that Cornerstone would consider out-of-bounds in helping to break down.

Often, Cornerstone aids patients in building or restoring their relationship with the healthcare system from the ground up. From accessing affordable health insurance and social support programs such as SNAP and HEAP, to scheduling preventative screenings and providing education about vaccines, the services offered at Cornerstone act as a lifeline for thousands of patients who have been neglected by the healthcare system. It is important to note, however, that an organization's most vital attribute in achieving tangible progress is perseverance. Without the ability to withstand continuous changes within our community and the larger health system throughout the past 55 years, the immediate improvements brought by our day-to-day operations would reach far fewer people.

Since our founding, Cornerstone has been constantly evolving to meet the needs of our patients and utilize our core tenets of care, respect, and dignity as the guide for all we do. Through constantly focus on our mission, Cornerstone has been driven to understand the obstacles our patients face, and, in turn, grow our practice to directly address these barriers.



Our President and Chief Executive Officer, Linda Muller, M.S., receiving her COVID-19 vaccine

The establishment of our flagship site, the Kaplan Family Pavilion, aimed to address the lack of convenient access to affordable primary and specialty care in the City of Newburgh. More than a decade later, the needs of our population have shifted and as a result, this location is being updated to include additional service capacity. In response to the pollution concerns in the City of Newburgh,

Cornerstone regularly tests children for lead poisoning and assisted New York State by performing blood tests on residents to determine the breadth of PFAS contamination in the late 2010s.

The decision to become the successor-in-interest to Middletown Community Health Center was largely motivated by the knowledge that their patients—many of whom were vulnerable due to income, language, and transportation barriers—would be left with no other reasonable options for care if their access to health centers was obstructed.

While our goal remains the same as when Cornerstone was founded, it routinely takes on new meaning as the needs of our patients evolve. Today, the strategy to achieve our mission is informed by our experience as a community-based health center and a renewed urgency to rectify the long-standing problems that plague our communities.

Throughout the past two years, Cornerstone has faced numerous unprecedented challenges in delivering care to our patients, while our communities have been effectively shell-shocked from the turbulence of the COVID-19 pandemic. The Mid-Hudson Valley and Southern Tier regions have faced decades of adversity, and the added burden of an international public health crisis has brought our communities, support systems, and care networks to a crossroads. Put simply, if our systems do not adapt to the changing times, they will fail, and thousands of people will be left without the care and services they need.

Although the situation may seem dire, Cornerstone Family Healthcare remains hopeful. As we look to the future, it is clear that no single organization can rectify every systemic issue throughout our catchment area. One of Cornerstone's greatest strengths, however, is that the health center is interwoven in the fabric of the communities we serve and is therefore able to rely on a robust network of local partners.

Cornerstone and our community partners agree that our region is struggling. Residents are facing seemingly insurmountable odds—poverty, pollution, stigma, misinformation, and what feels like an endless barrage of bad news. However, we also agree that the first step to addressing these barriers is to rebuild trust and to strengthen our social safety net.

The pandemic spurred meaningful conversations nationally and locally about the importance of healthcare and the unacceptable disparities that have historically been ignored, highlighted the need for public health education, and motivated people to prioritize their health and the health of their loved ones in a new way.

As with previous crises and potential setbacks, working to help our communities recover from the pandemic is an opportunity to harness this momentum into real, positive change. With a clear view of the needs of our region's most vulnerable populations, and the coordinated efforts of our leadership, providers, staff, and community, Cornerstone Family Healthcare is well prepared to provide quality, comprehensive, care to those who need it most.