Garnet Health
MEDICAL CENTER

2023-2025 Implementation Strategy Plan

Garnet Health's Mission

"Improve the health of our community by providing exceptional healthcare." Garnet Health fulfills its mission through its commitment toward addressing the health needs in the community by conducting a Community Health Needs Assessment (CHNA) and developing an Implementation Strategy every three years.

Purpose of a Hospital's Implementation Strategy

An Implementation Strategy Plan (ISP) outlines how a hospital plans to address community health needs and is intended to satisfy the requirements set forth by state law and the Internal Revenue Code Section 501(r)(3) regarding Community Health Needs Assessments and Implementation Strategy. The ISP process is meant to align Garnet Health's initiatives and programs with goals, objectives and indicators that address significant community health needs described in the CHNA.

Community Definition

Garnet Health Medical Center's service area is defined primarily by zip codes in Orange, Sullivan and Ulster Counties in New York. Orange County is the state's 12th largest county by population while Ulster County is the 20th largest county and Sullivan County is the 36th largest county out of 62 counties in the state of New York. Between January 1, 2020 and December 31, 2020, 87% of Garnet's inpatient discharges came from patients residing in Garnet's service area of the Mid-Hudson Region Community Health Assessment, with approximately 70% of total outpatient visits originating in Orange County. Garnet has determined its CHNA community to be its broader service area with an emphasis on Orange County, New York.

About Garnet Health Medical Center

Providing healthcare to approximately 450,000 residents in Orange, Sullivan and Ulster Counties, Garnet Health Medical Center was designed to improve the quality, stability and efficiency of healthcare services in the mid-Hudson and Catskill region. Garnet Health provides services by more than 4,000 employed professionals and over 850 medical staff members and is recognized by Ethisphere as one of the 2018 and 2019 World's Most Ethical Companies. An academic affiliate of the Touro College of Osteopathic Medicine, Garnet Health retains compassionate professionals who continually strive toward the hospital's mission to improve the health of our community by providing exceptional health care.

The System's three hospital campuses, plus several outpatient facilities, offer a broad spectrum of care including:

- Emergency medicine
- Surgical & ambulatory surgery services
- Skilled nursing units
- Cardiology services including emergency and elective angioplasty
- Oncology services from diagnosis to treatment
- Orthopedic services including joint replacements
- Bariatric Surgery Center of Excellence
- Birthing centers
- Neonatal Intensive Care Unit
- Outpatient diagnostic imaging
- Primary and family care practices
- Mental health and chemical dependency programs
- Diabetes program
- Wound care
- Rehabilitation services including: physical, occupational and speech therapy
- Hospitalist services
- Community programs and support groups

How the CHNA Implementation Strategy was Developed

The ISP was developed after the comprehensive Community Health Needs Assessment (CHNA) was completed. Please refer to the complete CHNA for the full report. Strategies and action plans were developed based on a consensus among a Executive Team members taking into account input from various disciplines.

The organization intends to focus on the priority areas below and undertake strategies to meet the identified community health needs. Most of the strategies and initiatives will be coordinated and advanced through teams comprised of representatives from Garnet Health Medical Center and other community organizations. This ISP will be reviewed annually during the three-year lifespan of the 2022 CHNA to determine if changes should be made to better address the dynamic healthcare needs of the community.

Prevention of Chronic Diseases

- Screen for food insecurity, facilitate, and actively support referrals
- Remove structural barriers for screenings by increasing primary care provider connections
- Provide community based preventative program opportunities
- Remove structural barriers to cancer screening by increasing primary care provider connections
- Remove economic barriers to cancer screening by ensuring access to health insurance

Improve Mental Health and Prevent Substance Use

- Increase the availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine
- Increase the availability of access to MAT including Buprenorphine
- Promote and support the expansion of the Peer RX application for peer referrals at the emergency department

Prevention of Chronic Diseases

FOCUS AREA 1: Healthy Eating and Food Security

OVERARCHING GOAL: Reduce obesity and the risk of chronic diseases

GOAL 1.3: Increase food security

OBJECTIVE #1: By December 31, 2025, decrease the percentage of adults who are unable to get food when they really need it by 3% from 14% to 13.6%.

OBJECTIVE #2: By December 31, 2025, decrease the percentage of adults who make less than $25,000 who are unable to get food when they really need it by 3% from 20% to 19.4%.

(Date Source: Mid-Hudson Regional Health Survey, 2022)

DISPARITIES ADDRESSED: Persons with low SES, targeting communities with minority majority populations

ACTIONS GARNET HEALTH PLANS TO TAKE TO ADDRESS THE HEALTH NEED

Strategy	Initiatives/Programs	Reportable Metrics/Anticipated Impact	Collaborations
Screen for food insecurity, facilitate, and actively support referrals	Provide resources for local food pantries upon discharges Develop & refer potential participants to the FreshRx Nutrition Incentive Program Develop & maintain a closed Food Farmacy	Number of patients discharged with food pantry list and local resources Number of participants enrolled program options	Supportive community partnerships Cornell Cooperative Extension, Catskills Food Hub and supportive Community Partnerships Supportive community partnerships

Prevention of Chronic Diseases

FOCUS AREA 4: Chronic Disease Preventive Care and Management

GOAL 4.2.1: Increase early detection of cardiovascular disease, diabetes, prediabetes and Obesity

OBJECTIVE #1: By December 31, 2025, increase the percentage of adults 45+ who had a test for high blood sugar or diabetes within the past three years by 5% from 55.6% to 60.6%.

(Data source: NYS Behavioral Risk Factor Surveillance Survey, 2018)

DISPARITIES ADDRESSED: Persons with low SES and targeting communities with minority majority populations

ACTIONS GARNET HEALTH PLANS TO TAKE TO ADDRESS THE HEALTH NEED

Strategy	Initiatives/Programs	Reportable Metrics/Anticipated Impact	Collaborations
Remove structural barriers for screenings by increasing primary care provider connections	Develop a system to refer patients without primary care when presenting to the emergency department or urgent care setting	Number of referrals to Primary Care services	Supportive community partnerships
Provide community based preventative program opportunities	Relaunch the Healthy Heart Program to reach local businesses and local Community Events Provide the Diabetes Prevention Program through multiple media platforms and onsite locations to improve accessibility	Number of programs conducted Number of Participants screened Number of programs conducted Number of Participants screened	Supportive community partnerships Supportive community partnerships

Prevention of Chronic Diseases

FOCUS AREA 4: Preventative Care and Management
GOAL 4.1: Increase cancer screening rates for breast, cervical and colorectal cancers

OBJECTIVE #1: By December 31, 2025, increase the percentage of adults receiving breast cancer, cervical, and colorectal cancer screenings based on the most recent screening guidelines for Breast Cancer Screening by 5% from 66.1% to 71.1%; for Cervical Cancer Screening by 5% from 81.7% to 86.7% and for Colorectal Cancer Screening by 5% from 65.5% to 70.5%.

(Data source: NYS Behavioral Risk Factor Surveillance Survey, 2018)

DISPARITIES ADDRESSED: Persons with low SES and targeting communities with minority majority populations

ACTIONS GARNET HEALTH PLANS TO TAKE TO ADDRESS THE HEALTH NEED

Strategy	Initiatives/Programs	Reportable Metrics/Anticipated Impact	Collaborations
Remove structural barriers to cancer screening by increasing primary care provider connections	Develop a system to refer patients without primary care when presenting to the emergency department or urgent care setting	Number of referrals made to primary care	Supportive community partnerships
Remove economic barriers to cancer screening by ensuring access to health insurance	Develop a system to connect insurance patient navigators to patients waiting for care in the emergency department	Number of Patients Signed up for health insurance	Supportive community partnerships

Improve Mental Health and Prevent Substance Use

FOCUS AREA 2: Mental and Substance Use Disorders Prevention

GOAL 2.2: Prevent opioid and other substance misuse and deaths

OBJECTIVE #1: By December 31, 2025, reduce the age-adjusted overdose death involving any opioid by 5% from 41.0 to 38.9 per 100,000 population.

Date source: NYSDOH Vital Statistics, 2019*

DISPARITIES ADDRESSED: Targeting communities with minority majority populations

ACTIONS GARNET HEALTH PLANS TO TAKE TO ADDRESS THE HEALTH NEED

Strategy	Initiatives/Programs	Reportable Metrics/Anticipated Impact	Collaborations
Increase the availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine	Develop internal policies/procedures for the initiation of MAT administration in the emergency departments	Number of patients receiving MAT in the ED	Supportive community partnerships
Increase the availability of access to MAT including Buprenorphine	Organize and fund MAT implementation trainings for health care providers prescribing Buprenorphine	Number of patients receiving MAT in the ED	Supportive community partnerships
Promote and support the expansion of the Peer RX application for peer referrals at the emergency department	Organize and fund MAT implementation trainings for health care providers prescribing Buprenorphine	Number of peer referrals made	Supportive community partnerships

Significant Health Needs Not Addressed

IRS regulations require that the CHNA Implementation Strategy include a brief explanation of why a hospital facility does not intend to address any significant health needs identified through the CHNA.

As described in detail in the CHNA, Garnet Health Medical Center prioritized two significant health needs during the CHNA process, including:

- Prevention of Chronic Diseases
- Improve Mental Health and Prevent Substance Use

Other identified health needs have not been specifically addressed through the development of this Implementation Strategy. However, many of these needs are covered through Garnet Health Medical Center's provision of comprehensive services or through the above-mentioned priority areas to be focused on over the next three years. Specific reasons are outlined below.

Identified Need	Reason for Not Addressing
• Access to Medical Providers • Cancer • Food Insecurity/Lack of Nutritious Food • Health Literacy • Heart Disease • Obesity • Preventative Care	Addressed through priority areas: • Prevention of Chronic Diseases • Improve Mental Health and Prevent Substance Use
• Women's and Children's Health	Addressed through Garnet Health Medical Center's comprehensive services and/or educational outreach. Relatively low priority per community input obtained through key stakeholder interviews and community survey.
• Affordable Housing • Domestic Violence • Lack of Affordable/Reliable Transportation	Outside the scope of services provided by Garnet Health Medical Center, but opportunities may exist for Garnet to support organizations addressing these needs.

Conclusion

Garnet Health Medical Center believes that the new programs to be developed and expanded will respond to the significant health needs of the community. Through the resources identified and collaboration with the community, the impact of these new programs will be significant.

Comments regarding the Community Health Needs Assessment and/or Implementation Strategy can be submitted to the organization by contacting:

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