2025 Community Health Needs Assessment

Garnet Health
MEDICAL CENTER

- CHNA Executive Summary
- About our Community
- Key Health Indicators
- Community Input
- Prioritized Health Needs

Garnet Health Medical Center 2025 CHNA

Garnet Health Medical Center (hereinafter referred to as “GHMC”), formerly known as Orange Regional Medical Center, was established through the merger of Arden Hill Hospital and Horton Medical Center. On August 5, 2011, GHMC consolidated both campuses into a single, state-of-the-art facility. The seven-story medical center features advanced technology, 383 inpatient beds, and a workforce of more than 4,300 employees across three campuses. Over 1,200 physicians are privileged to practice at GHMC, providing high-quality care to thousands of local families, friends, and neighbors.

As one of the largest healthcare providers in the tri-county region, GHMC is dedicated to expanding specialty services, developing medical programs, and offering essential healthcare that enables residents to receive exceptional care close to home. GHMC’s mission is to improve the health of the community by providing outstanding healthcare services.

GHMC remains committed to offering clinical programs and services that address community needs while continuously enhancing existing and future programs to improve overall community health. To that end, GHMC participated in the regional Community Health Needs Assessment (CHNA) conducted by the Hudson Valley Health Collaborative. This regional assessment encompassed the seven-county Mid-Hudson Region—Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties. The Hudson Valley Public Health Collaborative, established in 2018 and led by the seven local health departments, coordinated this comprehensive Community Health Needs Assessment (CHNA) in partnership with area hospitals and county health departments across the participating counties.

In compliance with Section 501(r) of the Internal Revenue Code, the following pages outline GHMC’s CHNA process and findings. GHMC’s 2025 CHNA draws upon both primary and secondary data collected through the regional assessment. Although the regional collaborative report was finalized after the completion of GHMC’s CHNA, data gathered during that process was available and incorporated into GHMC’s analysis.

Approximately 99% of GHMC’s patients reside within its defined service area, which includes ZIP codes in Orange, Sullivan, and Ulster Counties. Data specific to this service area has been included in the CHNA, where available, to allow for comparative analysis. Roughly 75% of GHMC’s patients live in Orange County. Accordingly, for the purposes of this CHNA, GHMC has defined its community as its broader service area with a primary focus on Orange County—allowing the hospital to more effectively direct resources toward addressing significant health needs, particularly in areas with the greatest disparities. Garnet Health Medical Center – Catskills is conducting a separate CHNA focused on Sullivan County.

Community input was obtained through a public opinion survey conducted by the Greater New York Hospital Association (GNYHA) on behalf of the seven local health departments in the Mid-Hudson Region. The survey was administered to 1,674 residents aged 18 and older between May 31, 2025, and July 31, 2025.

Additionally, GHMC conducted a focus group and surveys to gather further community input. These sessions were designed to ensure representation from individuals and organizations that reflect the broad interests of the community, including those with public health expertise and members of medically underserved, low-income, and minority populations.

Garnet Health Medical Center 2025 CHNA

GHMC identified and prioritized community health needs through a collaborative, data-driven process that included analysis of quantitative and qualitative data from local, state, and national sources; feedback from community surveys, focus groups, and the Orange County Health Summit; consultation with public health agencies, community-based organizations, and representatives of underserved populations; and alignment with the New York State Department of Health Prevention Agenda. GHMC recognizes that the local public health timeline differs from the hospital's CHNA cycle and that priorities may be refined as new data become available. The selected priority areas—Social and Community Context and Health Care Access and Quality—were chosen based on current findings, alignment with community and state priorities, and GHMC's capacity to meaningfully address these needs through programs and partnerships. These priorities will be reassessed in March 2026, and updated by July 2026 if needed, to ensure continued responsiveness to community health needs.

Social & Community Context

Health Care Access & Quality

Written comments regarding the health needs that have been identified in the current community health needs assessment should be directed to:

Delilah Socci
Community Health Manager
dsocci@garnethealth.org

How the Assessment was Conducted

GHMC conducted a community health needs assessment (CHNA) to support its mission responding to the needs in the community it serves and to fulfill the requirements established by the Patient Protection and Affordable Care Act of 2010 and comply with federal tax-exemption requirements. This is the fifth CHNA conducted by GHMC. The goals were to:

- ✓ Identify and prioritize health issues in GHMC's community, particularly for vulnerable and under-represented populations.
- ✓ Ensure that programs and services closely match the priorities and needs of the community.
- ✓ Strategically address those needs to improve the health of the communities served by GHMC facilities.
- ✓ Include input from individuals who represent the broad interests of the community – including those with expertise in public health and members of medically-underserved, low income and minority populations.

Based on current literature and other guidance from the United States Department of the Treasury, the following steps were conducted as part of GHMC's CHNA:

Community was defined (includes medically underserved, low-income, minorities and people with limited English proficiency)

Population demographics and socioeconomic characteristics of the community were gathered and assessed

The health status of the community was assessed by key health indicators

Community input was obtained through a public opinion survey.

Community input was also obtained through a focus group.

Community benefit initiatives implemented over last three years and progress on the prior implementation strategy were evaluated

Identified health needs were then prioritized

Limitations and Information Gaps

General Description of Garnet Health Medical Center

GHMC is affiliated with Garnet Health. Providing healthcare to approximately 500,000 residents in Orange, Sullivan, and Ulster Counties, Garnet Health was designed to improve the quality, stability, and efficiency of healthcare services in the mid-Hudson and Catskill region. Garnet Health employs over 4,300 professionals and has over 1,200 medical staff members. 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. GHMC is a Level II Trauma Center, designated stroke center, and has a pediatric-ready emergency department.

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

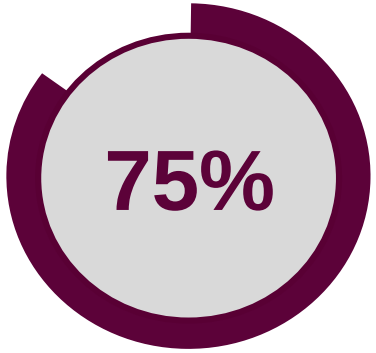
- Ambulatory surgery services
- Bariatric Surgery Center of Excellence
- Birthing centers
- Cardiology services, including emergency care and a broad range of elective procedures
- Community screenings and support groups
- Comprehensive oncology services
- CT surgery
- Emergency medicine, including pediatrics, Emergency Department
- Hospitalist services
- Inpatient and outpatient mental health and chemical-dependency services
- Neonatal Intensive Care Unit
- Neurology services
- Orthopedic services, including joint replacements
- Outpatient diagnostic imaging
- Outpatient infusion services
- Pediatrics
- Inpatient and outpatient physical, occupational, and speech therapies
- Primary and specialty care practices
- Sleep service
- Structural Heart Services
- Surgical services
- Trauma services
- Wound Healing and Hyperbaric Centers
- Urgent care

Who We Serve

GHMC'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 33rd largest county out of 62 counties in the state of New York. Between January 1, 2024 and December 31, 2024, 99% of GHMC's inpatient discharges came from patients residing in GHMC's service area with approximately 75% of total patient visits originating in Orange County. GHMC has determined its CHNA community to be its broader service area with an emphasis on Orange County, New York. GHMC Catskills, an affiliated hospital, is conducting a separate CHNA with an emphasis on Sullivan County, New York.

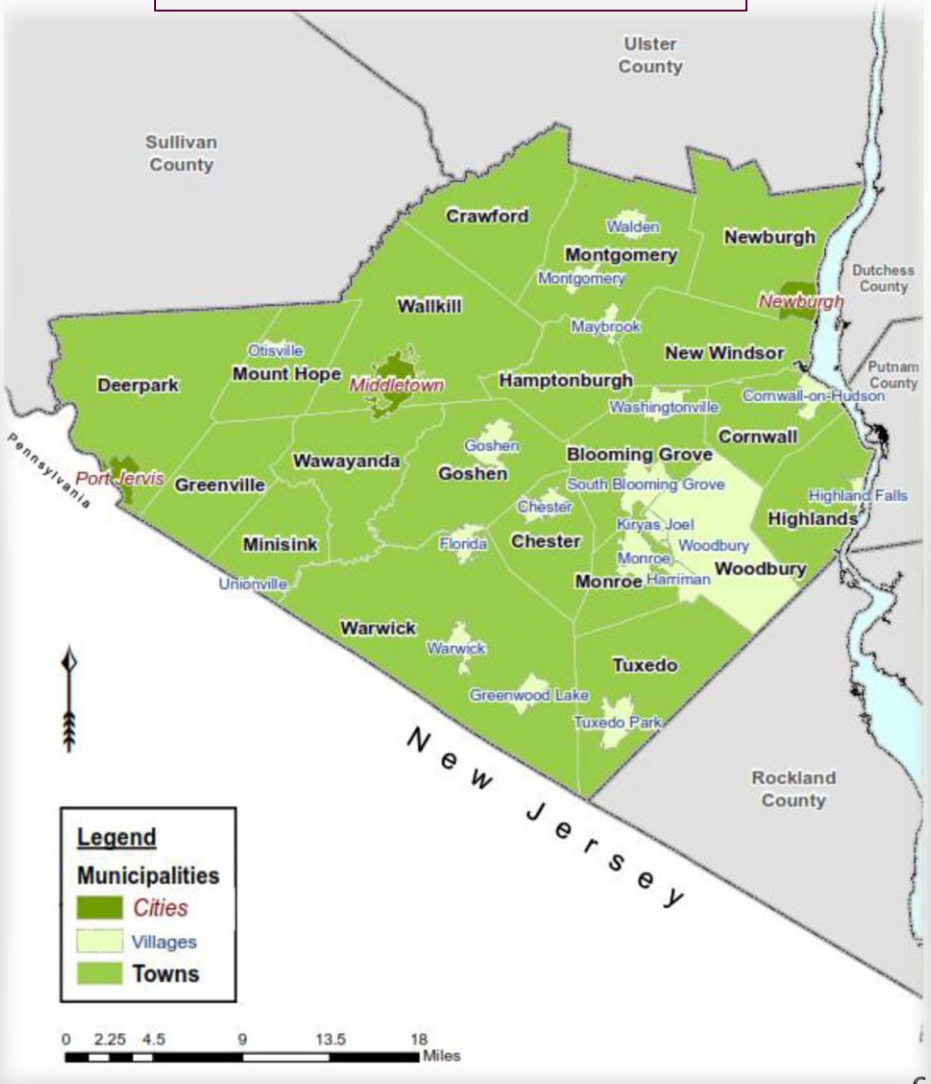
CHNA Community

Inpatient Discharges from CHNA Community



Inpatient Discharges from Orange County

Municipal Boundaries Orange County, 2025



Community Overview

To understand the profile of GHMC's CHNA community, the demographic and health indicator data were analyzed for the population within the defined service area. Data was analyzed for the GHMC service area, when available, as well as Orange County, New York county-level data compared to New York state and national rates and percentages. Additional data for Orange County is available in the Mid Hudson Region Community Health Assessment.

Orange County has a total population of 401,310 according to the U.S. Census Bureau 2020-2025 year estimates. The percentage of population by combined race and ethnicity is made up of 62% Caucasian, 22% Hispanic or Latino, 11% African American, 3% Asian, and the remainder identifying as more than one race or another race. The demographic makeup of the CHNA community is as follows:

$94,364

Median Household Income

5%

Adults age 18-64 without Health Insurance Coverage

60.6%

Population 16+ in Civilian Labor Force

32.4%

People 25+ with a Bachelor's Degree or Higher

13%

of people are living in poverty (51,238 persons)

35.7%

Language other than English spoken at home

Access to Services

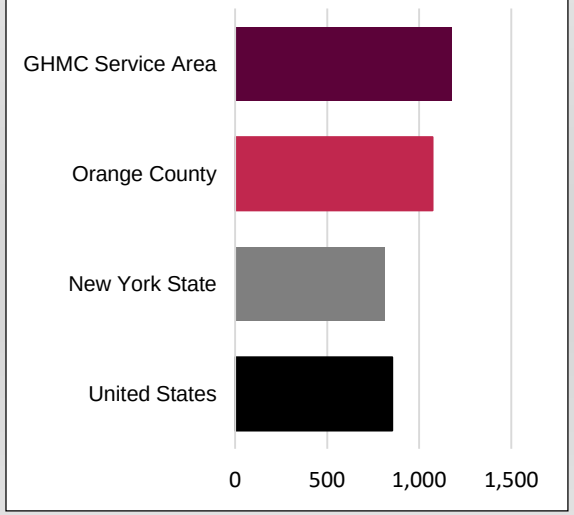
A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians affect access. As shown below, the ratio of residents to health care providers within Orange County is less favorable to state and U.S. performers benchmarks.

The chart to the right reports the Index of Medical Underservice (IMU) score for medically underserved areas and medically underserved populations within Orange County. An IMU score ranges between 0 (highest need) and 100 (lowest need). In order to qualify as an MUA the score must be less than or equal to 62.0. Areas with limited health care professionals experience hindered health care access, creating longer wait times and delayed care and diagnosis.

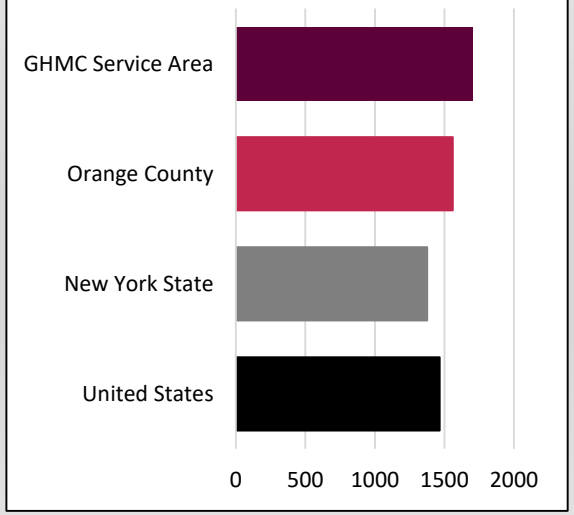
Medically Underserved Areas

County	Area Name	Designation Type	IMU* Score
Orange	Orange Service Area	Medically Underserved Area	55.5
Orange	Village of Kiryas Joes Service Area	Medically Underserved Area	45.0
Orange	Village of Walden Service Area	Medically Underserved Area	60.8
Orange	Low Income - Middletown Service Area	MUP Low Income	58.2

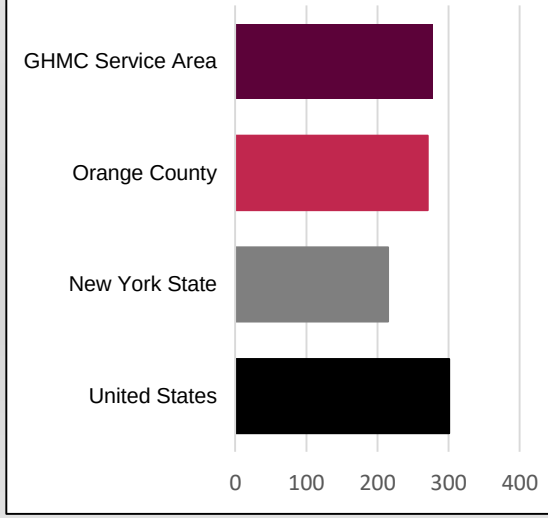
1,178
Ratio of Residents to Primary Care Providers



1,702
Ratio of Residents to Dentists



278
Ratio of Residents to Mental Health Providers



Adults with Routine Checkup in Past 1 Year

(Orange County)

79%

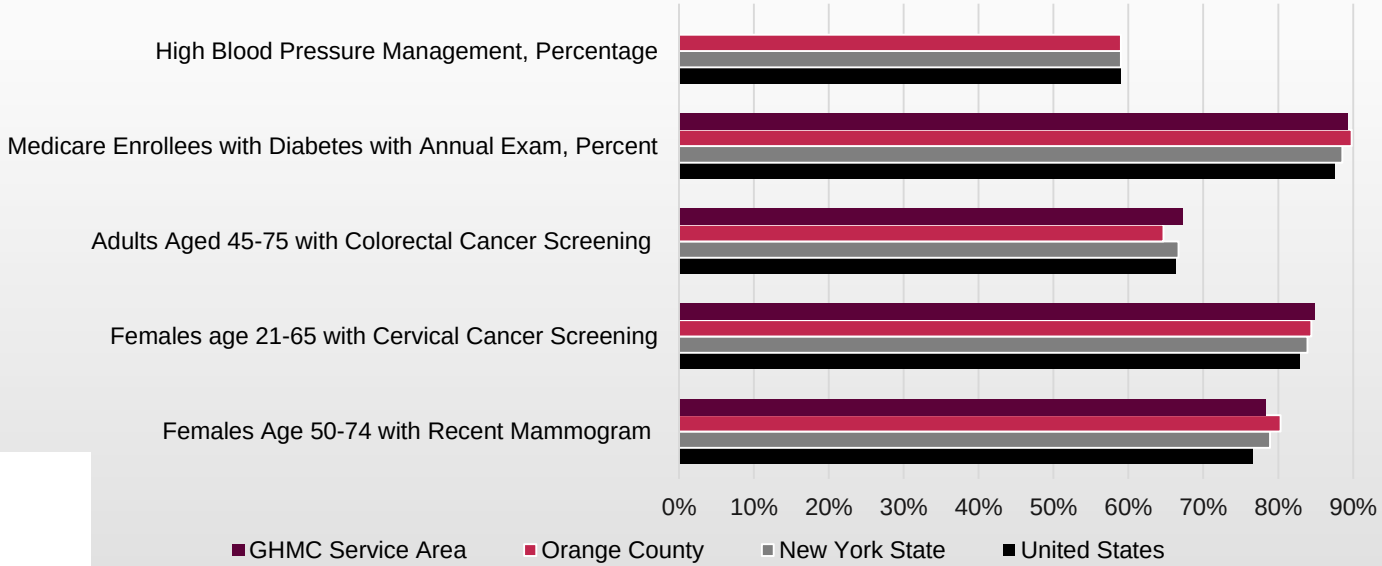
Clinical Preventative Services

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions

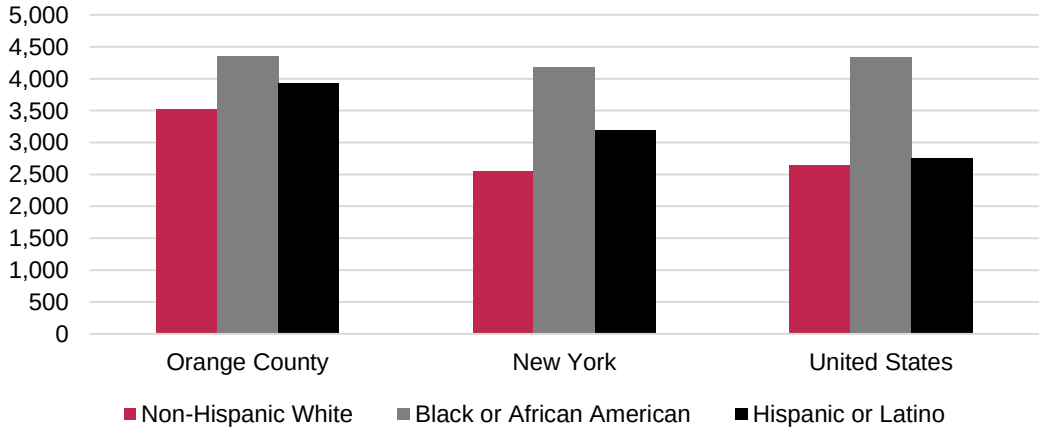
39.1% of women 65+ in the community are up-to-date with core preventative services compared to the national benchmark of 37.9%.*

48.4% of men 65+ in the community are up-to-date with core preventative services compared to the national benchmark of 43.7%.*

Preventative Services



Prevention Quality Overall Composite by Race/Ethnicity**



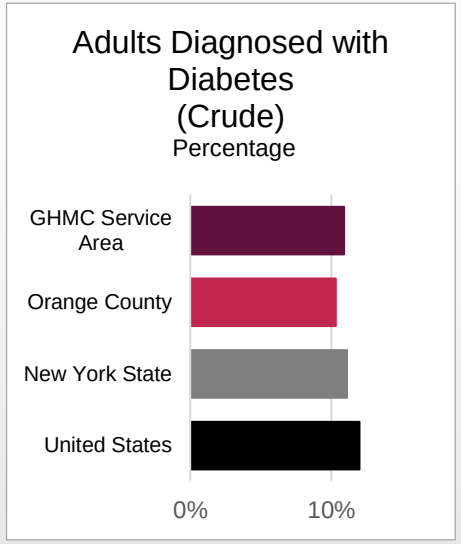
The chart to the left reports the unsmoothed age-adjusted rate of Prevention Quality Overall Composite (PQI #90)per 100,000 by race and ethnicity for Medicare FFS population in 2023. This indicator can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions. The PQI Index is higher for Black/African American and Hispanic or Latino populations compared to non-Hispanic White population.

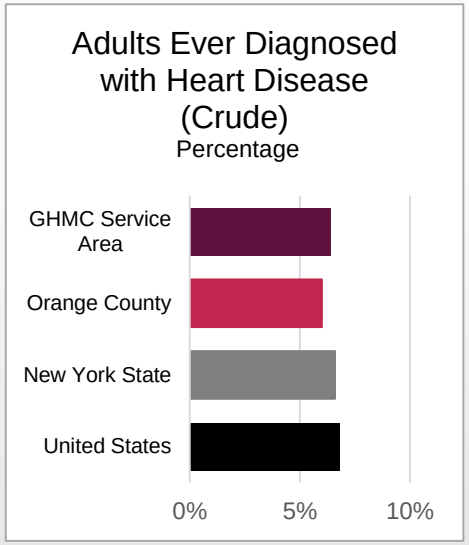
** Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.*
***Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022. Source geography: County*

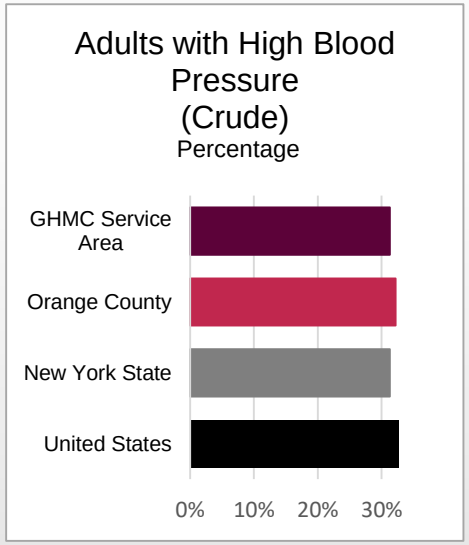
Health Outcomes & Mortality

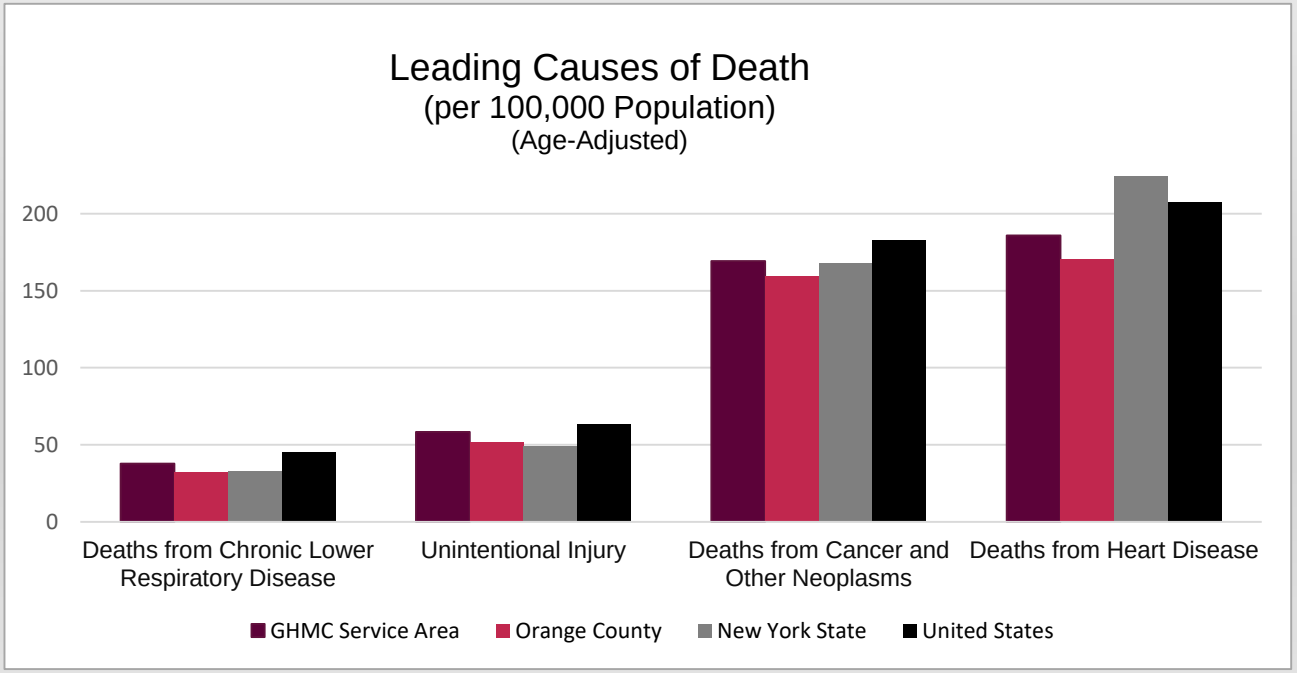
GHMC's Community has a significant number of adults who have been diagnosed with chronic illnesses. The prevalence of chronic diseases in the GHMC community is consistent with state percentages. Over 31% of the population, approximately 113,000 adults, have high blood pressure.

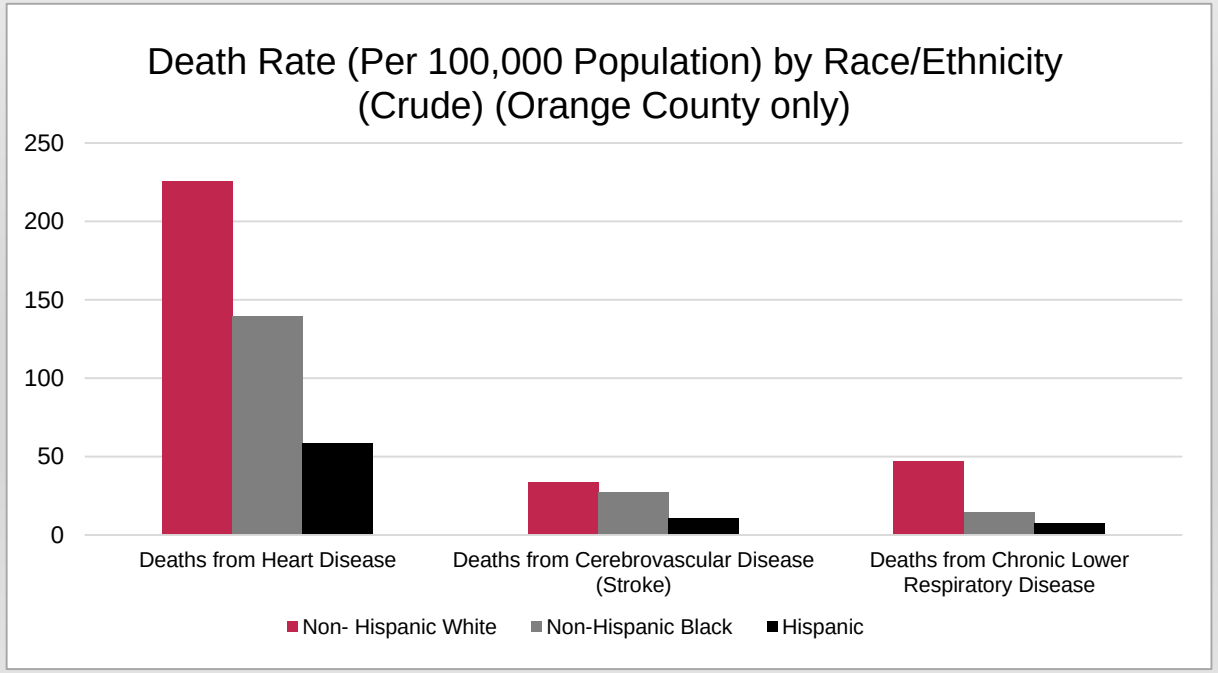
Coronary heart disease, cancer, unintentional injury and chronic lower respiratory disease are leading causes of death in Orange County. Adjusted death rates for the community are similar to state and national rates.







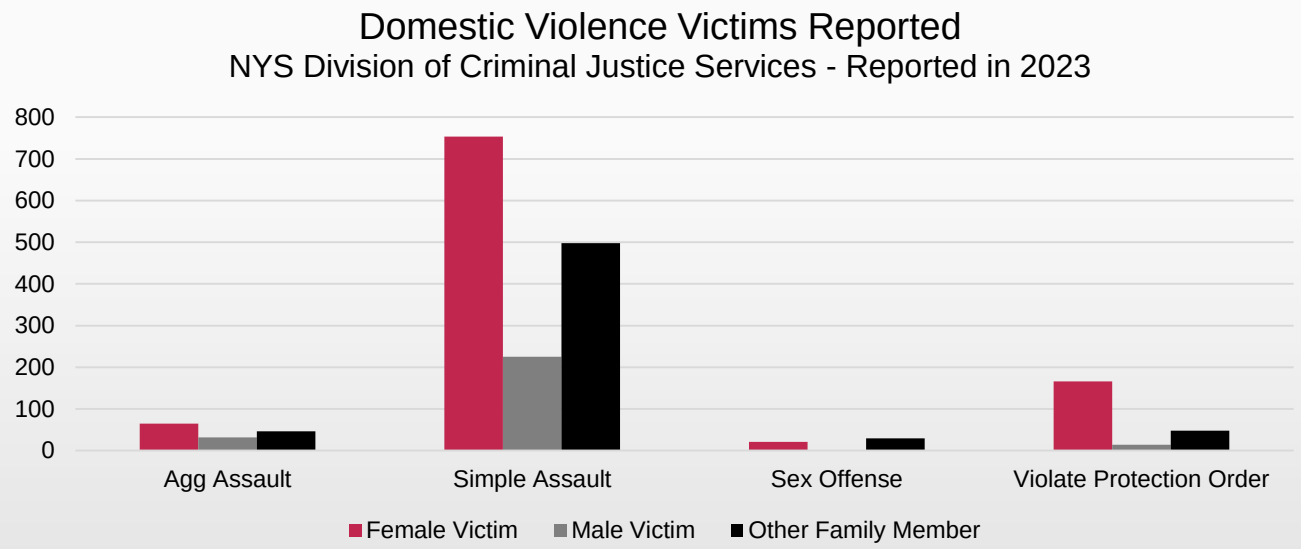


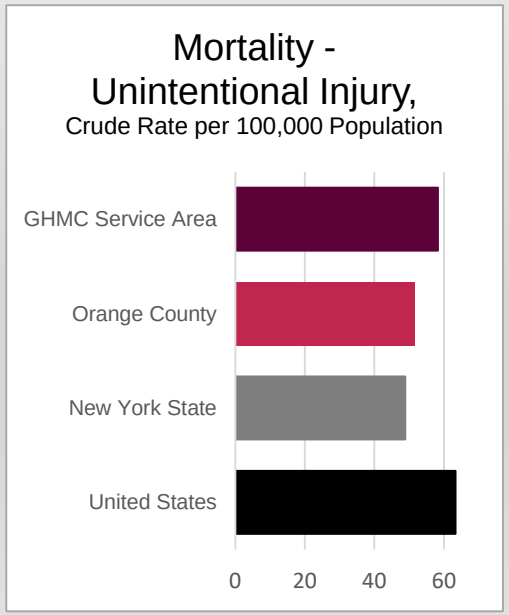


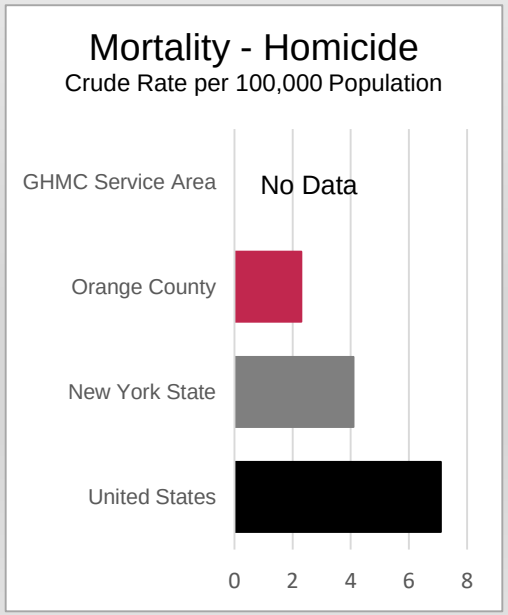
Injury and Violence

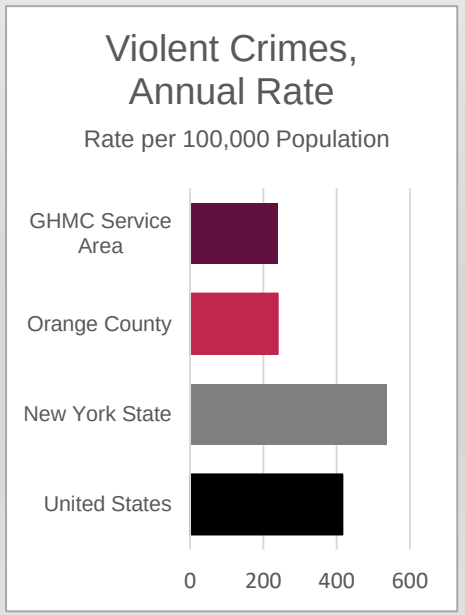
Unintentional Injury was the fourth leading cause of death in Orange County. Beyond death, consequences from injuries include financial burden, disability, poor mental health, and lost productivity. The rate for unintentional injuries for Orange County is similar to the state rate.

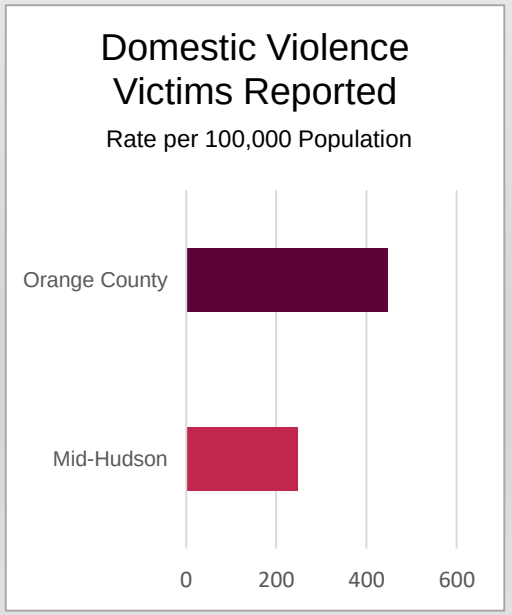
Violent crime rates for Orange County are favorable to state rates, whereas the rate for victims reporting domestic violence is nearly double the rate in the Mid-Hudson region. Domestic violence is abusive behavior by one intimate partner against another that may include physical violence, sexual violence, threats, and economic, emotional, and/or psychological aggression.







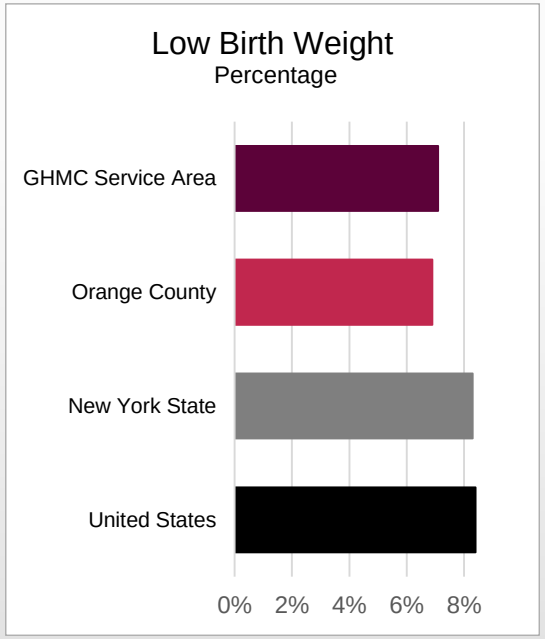


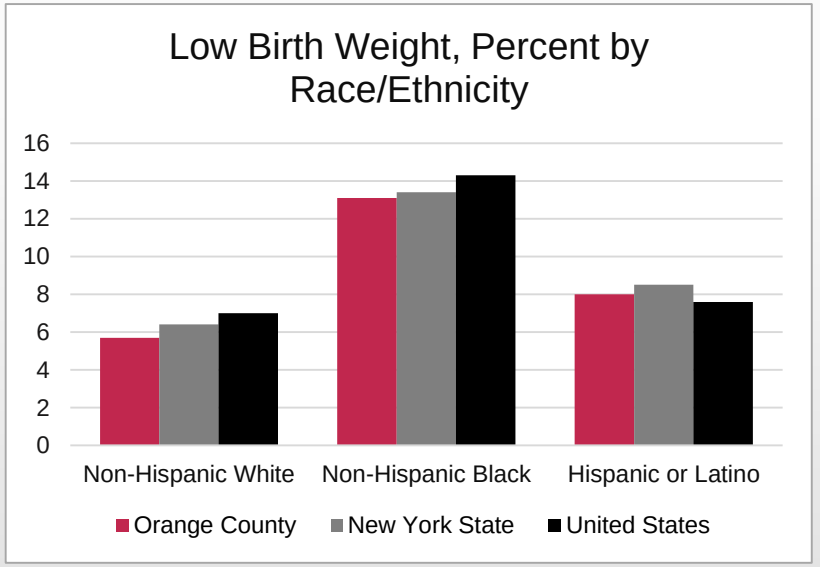


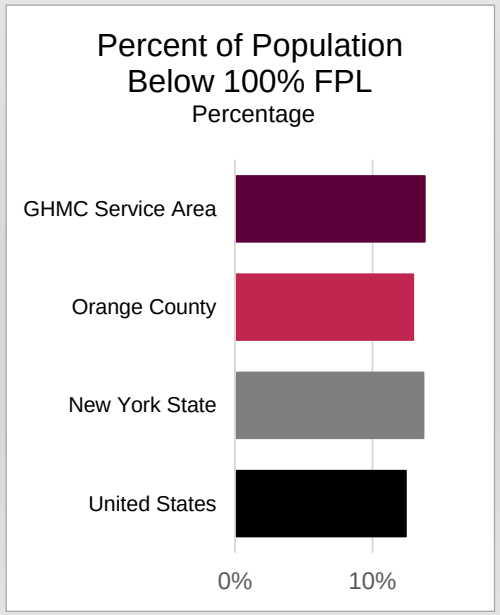
Maternal, Infant and Child Health

Engaging in prenatal care decreases the likelihood of maternal and infant health risks such as low birth weight. 25% of women in Orange County had no prenatal care in the first trimester. Rates for low birth weight and infant mortality indicate significantly higher rates for Non-Hispanic Black population.

Selected indicators from the Maternal and Child Health Dashboard maintained by the New York State Department of Health are provided in the table below for Orange County and New York State. The dashboard indicates a higher rate of child mortality in Orange County as compared to New York State and a higher rate of newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction in Orange County as compared to New York State.







25%

Women giving birth in Orange County had no prenatal care in the first trimester. 4% of women did not obtain prenatal care until the 7th month (or later) of pregnancy or did not have any prenatal care.

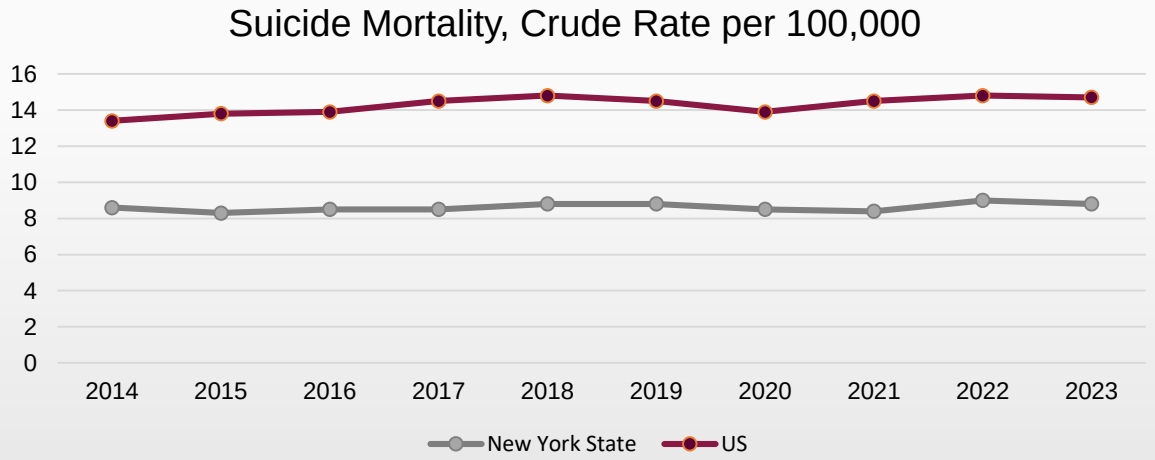
Maternal and Child Health (MCH) (Selected Indicators)	Orange County	New York State
Health Indicator	Percentage (or) Rate (or) Ratio	Percentage (or) Rate (or) Ratio
Infant mortality rate per 1,000 live births	3.3	4.2
Percentage of preterm births (less than 37 weeks gestation)	8.5	9.4
Newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction (any diagnosis), crude rate per 1,000 newborn discharges	6.7	6.0
Child mortality rate per 100,000 children ages 1-9 years	17.1	15.1
Percentage of NYS residents served by community water systems that have optimally fluoridated water	36.3	71.6

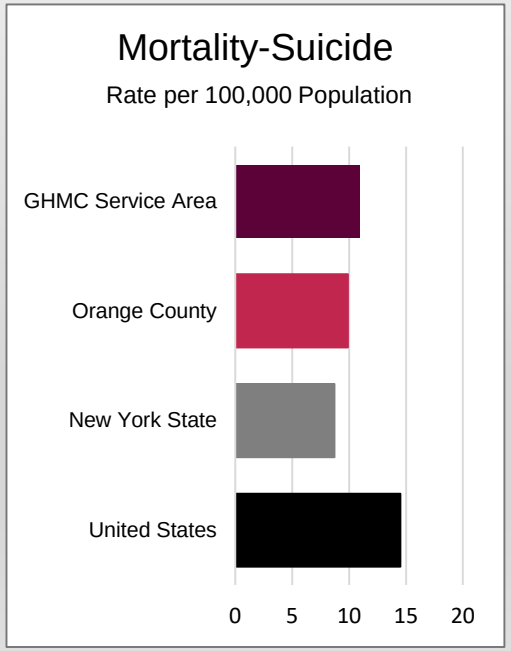
Data Source: https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fmch_dashboard%2Fmch_dashboard&p=ct&cos=33

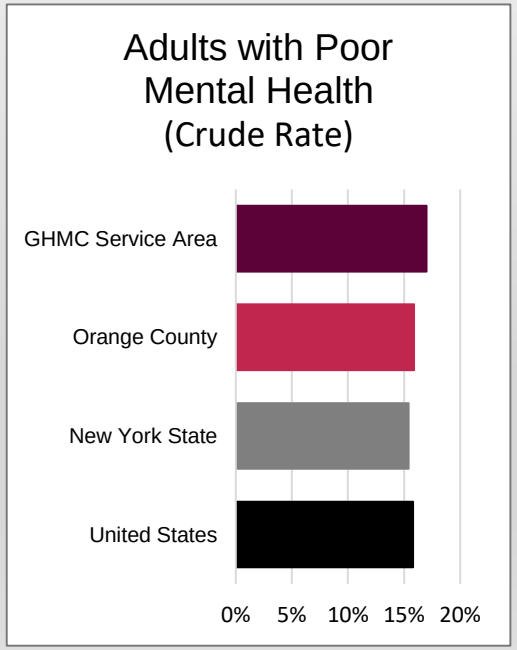
Mental Health

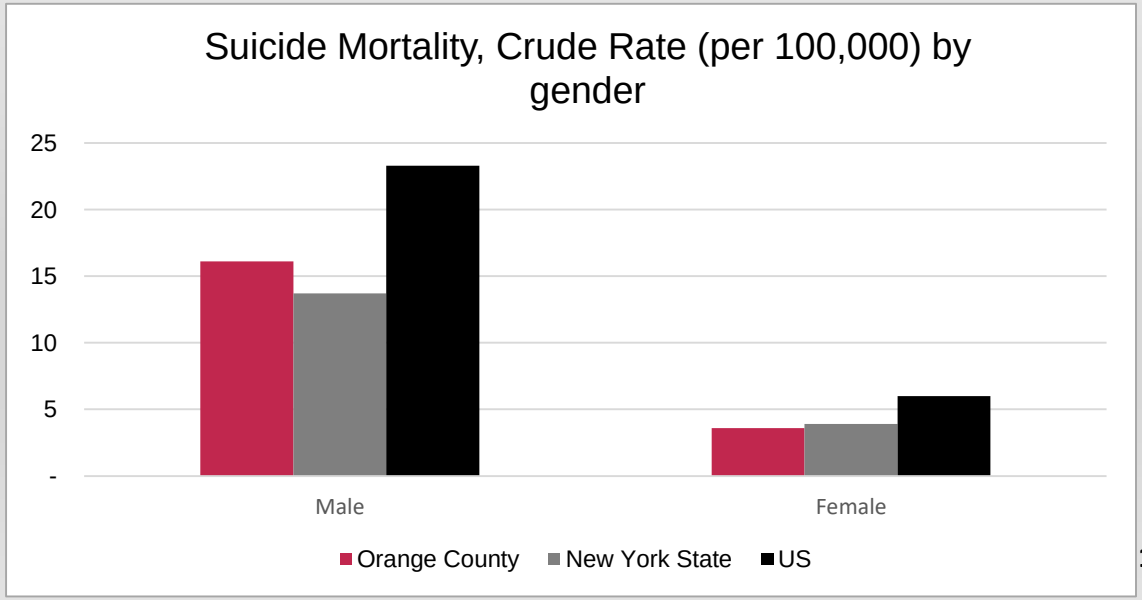
Suicide is an indicator of poor mental health. Suicide rates for Orange County are unfavorable to state rates. Suicide mortality rates stayed relatively stable from 2017-2023.

The percentage of adults with poor mental health in the service area is 17% and is unfavorable to the state and national benchmarks. One of the major disorders that can lead to poor mental health is depression. When looking at suicide mortality rates, they have remained relatively flat in New York and the US, and when looked at by male/female, males have a significantly higher rate of suicide than females.









Nutrition, Physical Activity and Obesity

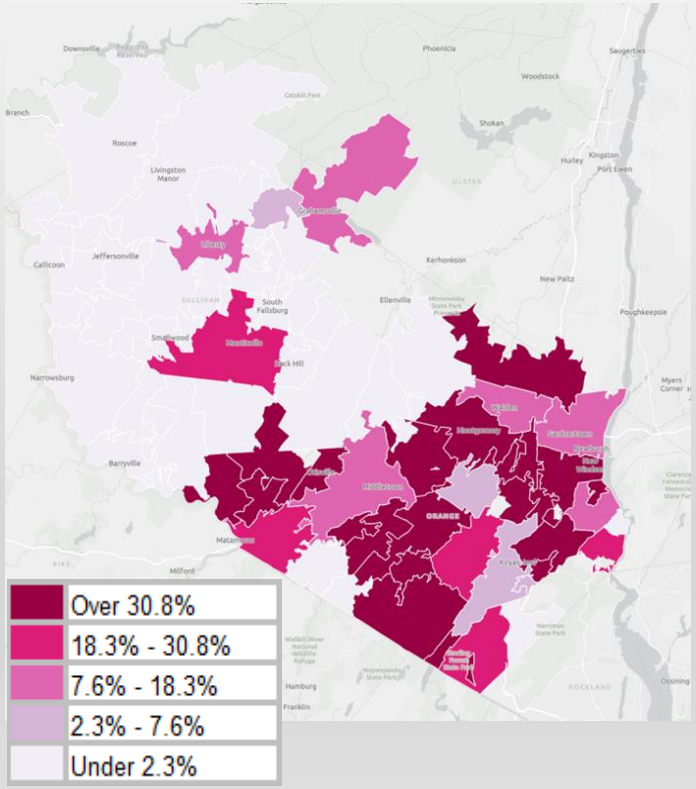
Healthy diets and physical activity contribute to healthy lifestyles and overall well-being. These factors are relevant because current behaviors are determinants of future health and well-being and these indicators may be linked to significant health issues, such as obesity and poor cardiovascular health.

- Food insecurity can be defined as the disruption of food intake or eating patterns due to lack of money and other resources. Access to food plays an essential role in living a healthy lifestyle; those who face food insecurity are often forced to choose between food and other essentials, such as housing, utilities, and medical care. 11.6% (11.3% in Orange County) of the population live with food insecurity in the GHMC Medical Service Area. This percentage has steadily been increasing.
- Over 100,000 adults, 36.8% are obese in the GHMC Medical service area. Of the seven counties in the Mid-Hudson Region, Orange County has the highest percentage of adults who are overweight or obese (37%),
- Approximately 23% of adults, age 20 and older, self-report no active leisure time in the GHMC Medical Service Area.
- Approximately 45% of public-school students in GHMC Medical's Service Area are eligible for free or reduced-price lunch program, which is lower than the state average for New York of 55%

The map to the right reports the percentage of the low-income population with low food access for the GHMC Service Area. The following zip codes report the highest percentages for Orange County: 10925, 10979, 12543 and 12780.

Limited access to healthy foods measures the percentage of the population that is low-income and does not live close to a grocery store. Low-income status is determined by poverty rates or median family income in each census tract.

Population with Limited Food Access, Low Income Percent by Tract (GHMC Service Area)



11.6%
Percentage of Population with Food Insecurity

36.8%
Percentage of Adults who are Obese

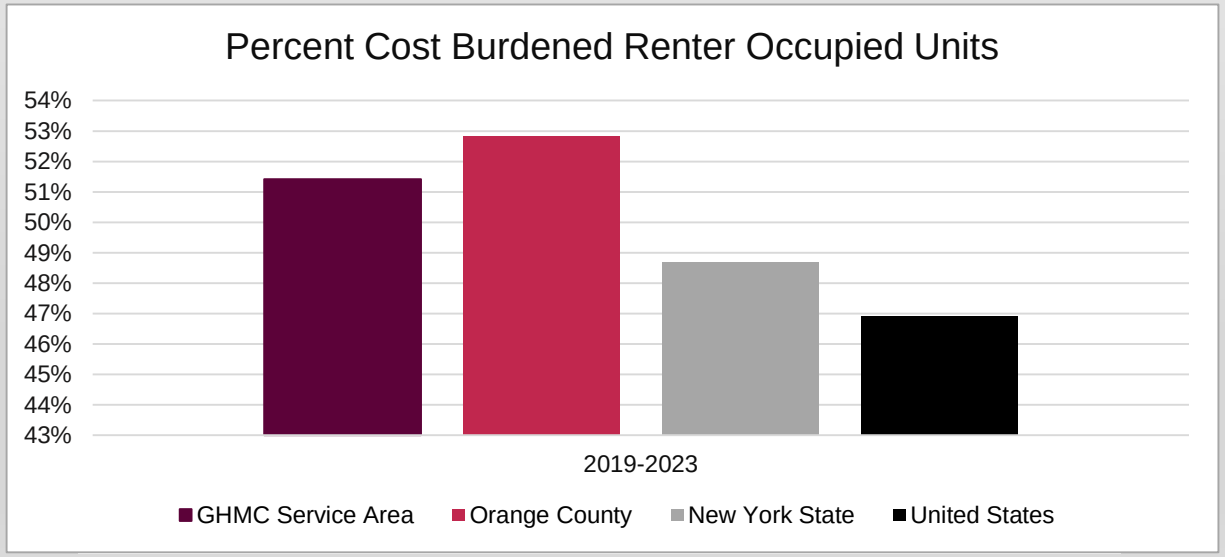
45%
Percentage of Students Eligible for Free or Reduced-Price Lunch

Physical Environment

The structure of housing and families and the condition and quality of housing units and residential neighborhoods are important because housing issues like overcrowding and affordability have been linked to health outcomes, including infectious disease, injuries, and mental disorders.

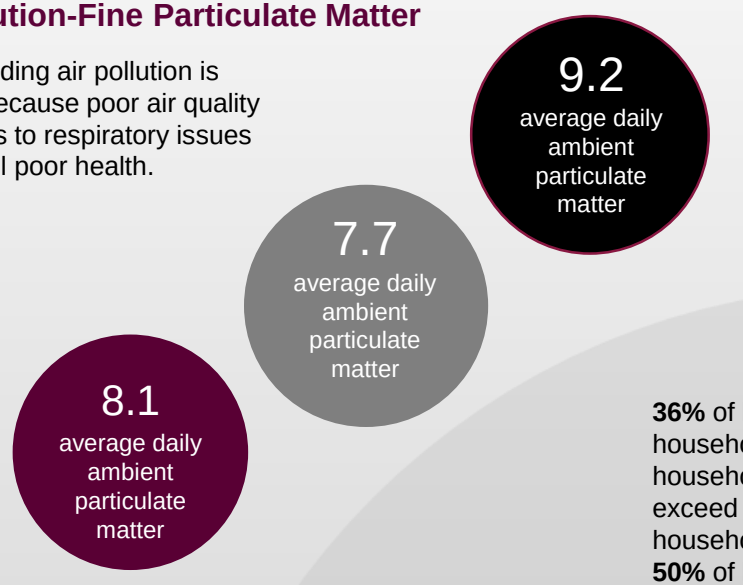
19% of households in Orange County have housing costs that exceed 50% of household income.

Over 28% of seniors in the community, age 65+, live alone. This is important because older adults who live alone may have challenges accessing basic needs, including health needs.



Air Pollution-Fine Particulate Matter

Understanding air pollution is relevant because poor air quality contributes to respiratory issues and overall poor health.



36% of households in the community, 61,600 households, are cost burdened households meaning housing costs exceed 30% of household income. **18%** of households have housing costs that **exceed 50%** of household income.

33% - The median percentage of household income spent on rent in Mid-Hudson Region.

It is estimated that **over 11%** of households within the community have no or slow internet.

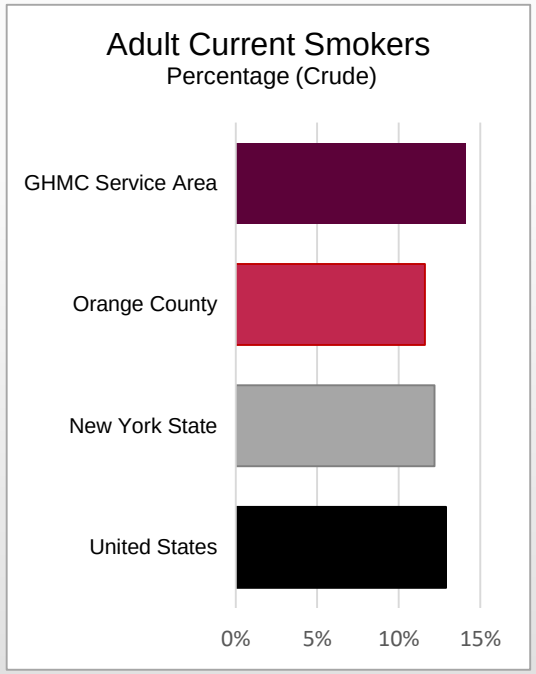
Approximately **20,837** households are occupied by seniors living alone (age 65+).

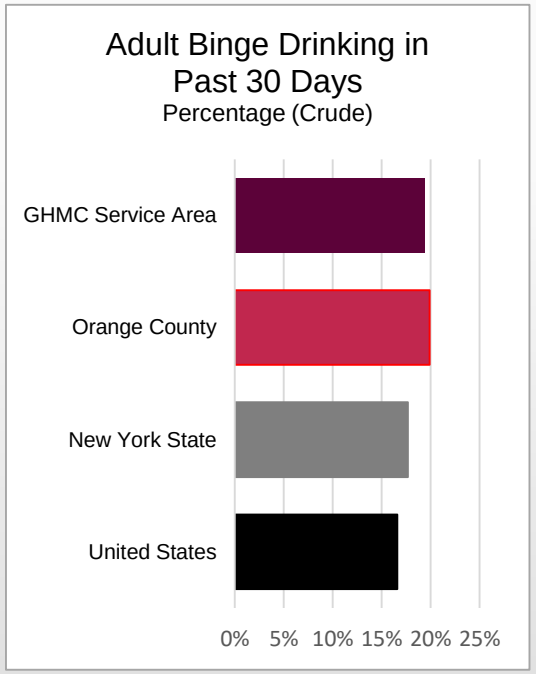
Substance Abuse

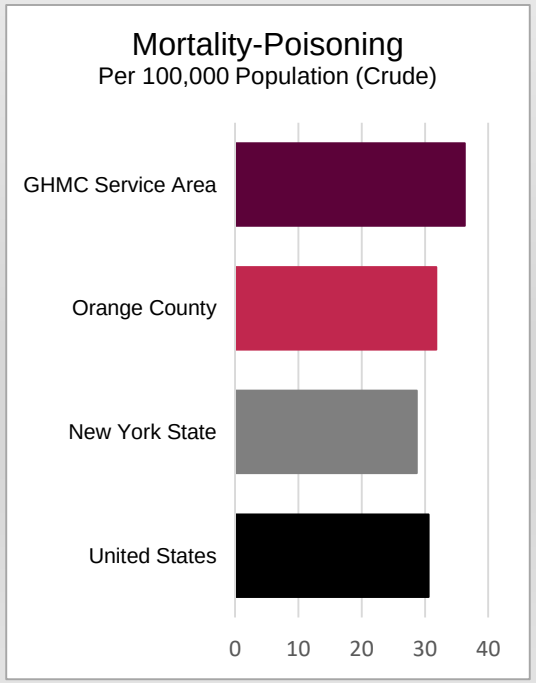
The percentage of adults in the GHMC Medical service area who currently smoke is 14.1% and is slightly unfavorable to national benchmarks.

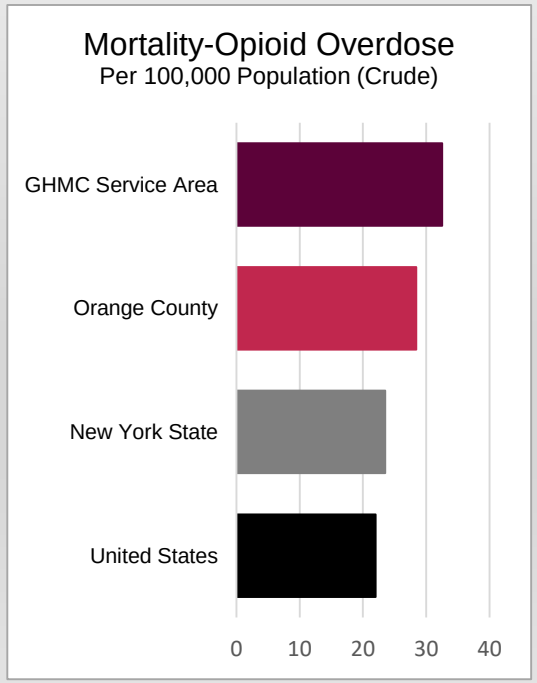
Binge drinking, having five or more drinks (men) and four or more drinks (women) on an occasion in the past 30 days, is higher in Orange County compared to the national rate of 16.6%.

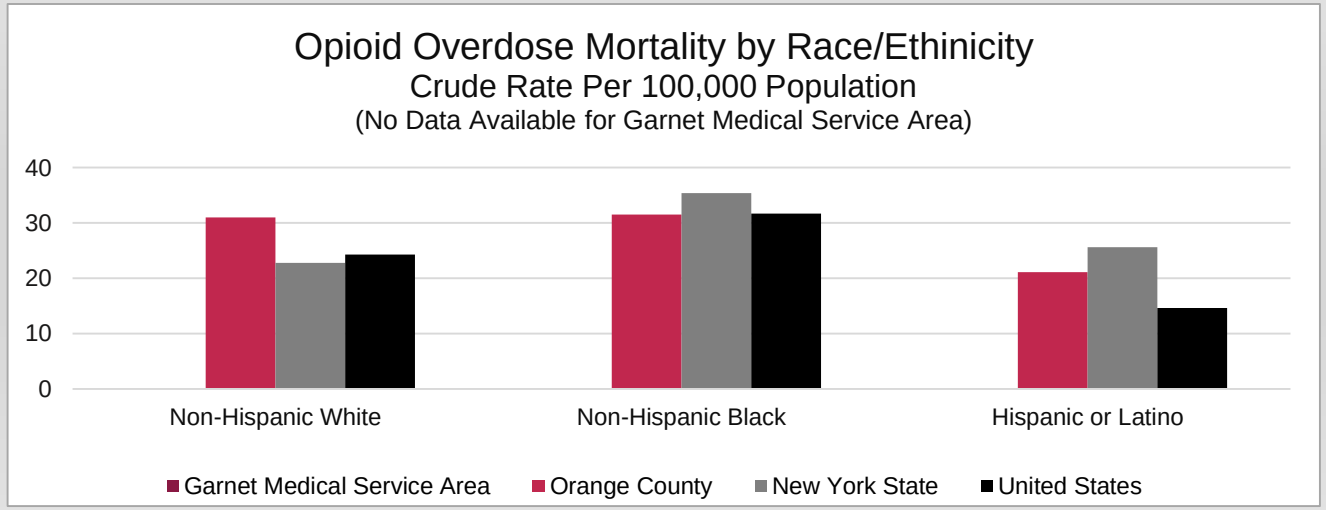
Poisoning deaths, especially from drug overdose, are a national public health emergency. Poisoning deaths and deaths from opioid overdose are significantly higher in the GHMC Medical service area compared to the state and national rates.











Focus Group

Garnet Health conducted a focus group with Diabetes Prevention Program participants, primarily low-income, Spanish-speaking, and SNAP/MEDICAID-eligible individuals. Participants reported moderate health, with most rating themselves 3–5 on a five-point scale, and many noted improvements due to increased physical activity and the use of fitness trackers and online resources. They credited the DPP and other free community programs but cited barriers such as limited language-accessible classes, financial constraints, and a lack of diverse wellness offerings.

Access to healthcare remained uneven. While over half reported easy access to health and dental services, others faced challenges including lack of insurance, limited Medicaid acceptance, and transportation issues. Spanish-speaking residents had the greatest unmet needs due to language and cultural gaps. Participants emphasized the need for inclusive Spanish-language programs, free health and nutrition education, and broader access to specialists. The top community priority identified was strengthening preventive care.

Top 3 Priorities for Improvement

1. **Expand Spanish-language and culturally relevant health programs**
2. **Increase access to free or low-cost nutrition and wellness education**
3. **Enhance preventive care focused on diabetes, obesity, and heart health**

Survey – Public Health Directors

Garnet surveyed public health directors from Orange and Sullivan counties, who described the community's overall health and quality of life as fair to moderate. While basic services are available, structural and access challenges persist. Health and living conditions have stagnated or declined due to persistent poverty, limited affordable healthcare, transportation barriers, and COVID-19's lasting effects. Socioeconomic factors, employment, education, and housing continue to influence outcomes, while high out-of-pocket costs, long wait times, limited specialists, and lack of insurance create major barriers. Chronic conditions, mental health struggles, and food insecurity were identified as pressing concerns. Access is especially limited for low-income families, rural residents, uninsured individuals, seniors, and those without transportation. Directors highlighted the urgent need for culturally competent care, expanded mental health and addiction services, and stronger transportation programs. Recommended investments include farmers markets, parks and gardens, fitness programs, and health education targeting underserved groups to promote long-term wellness.

Top 3 Priorities for Improvement

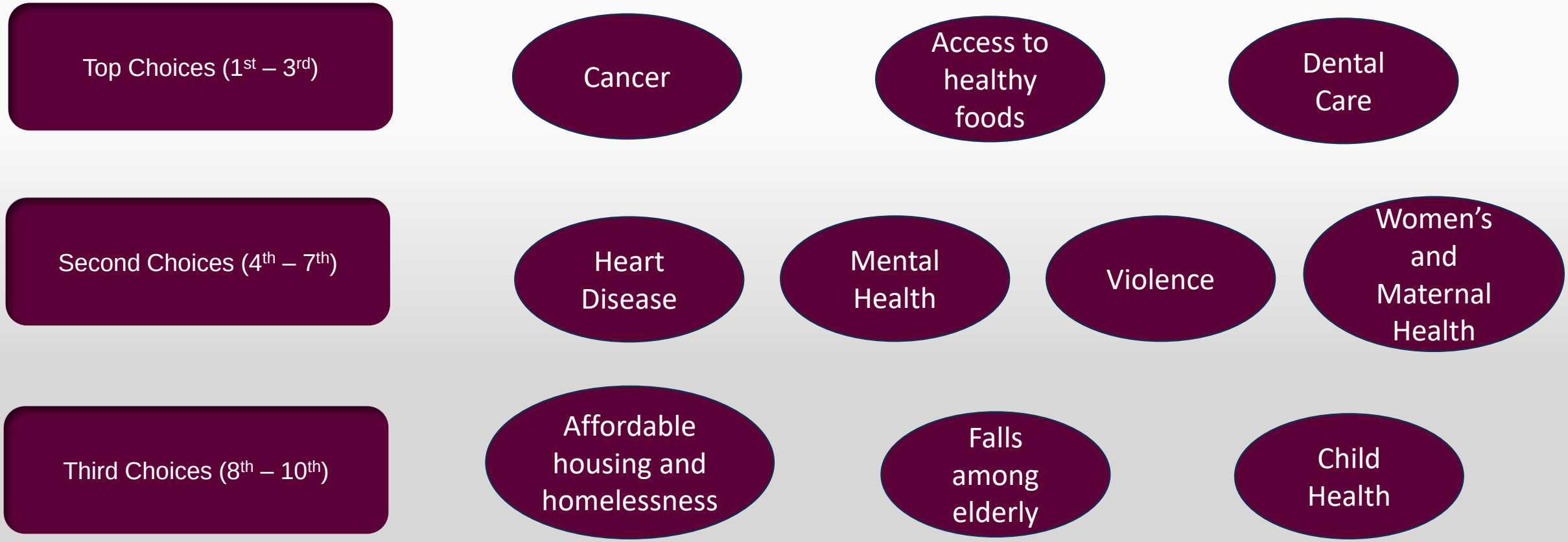
Expand mental health and substance use services

Improve healthcare access through mobile units and telehealth

Address health inequities through education, outreach, and community partnerships

Community Survey

Community Health Needs Ranked by Importance



Community Survey

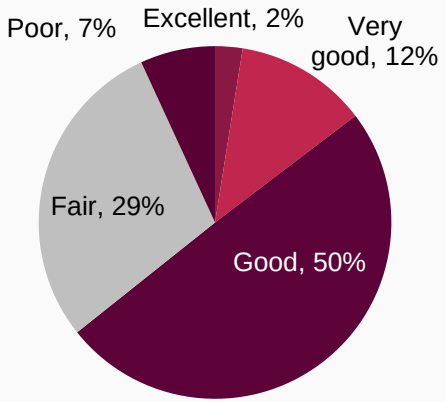
Long-term COVID Effects

- 88% of respondents reported no current long-term COVID effects.
- 10% reported current long-term COVID effects without significant activity limitation while 3% reported with significant activity limitation.

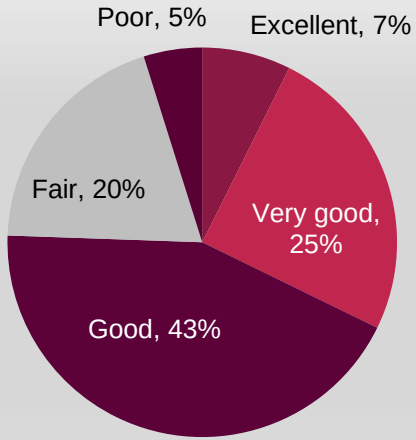
Access to Resources

- 7% of respondents reported receiving food stamps or SNAP.
- 22% of respondents reported food insecurity
- 23% reported housing insecurity

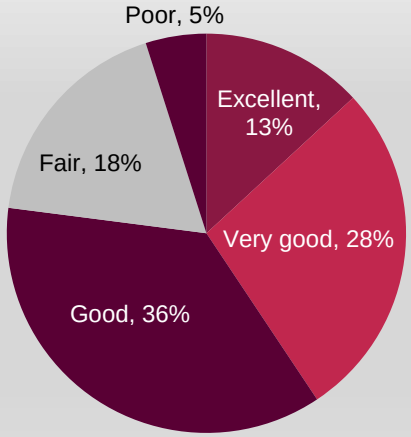
How is the overall health of the people in your neighborhood?



How would you rate your physical health?

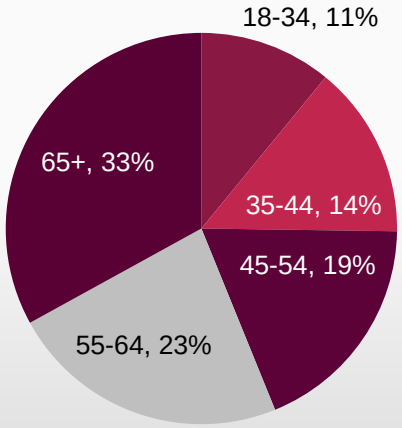


How would you rate your mental health?

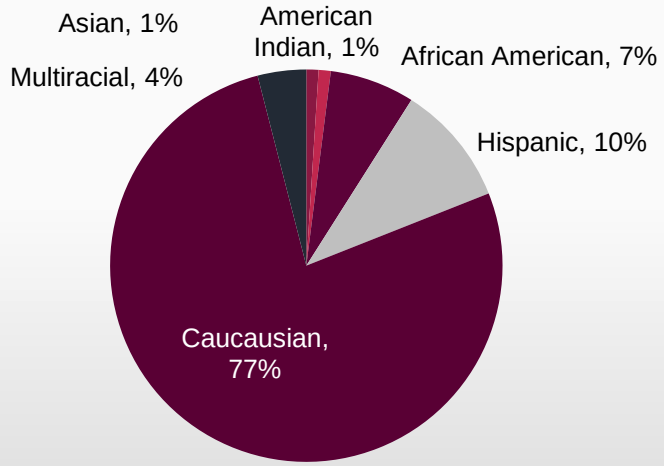


Community Survey

Age of Respondents

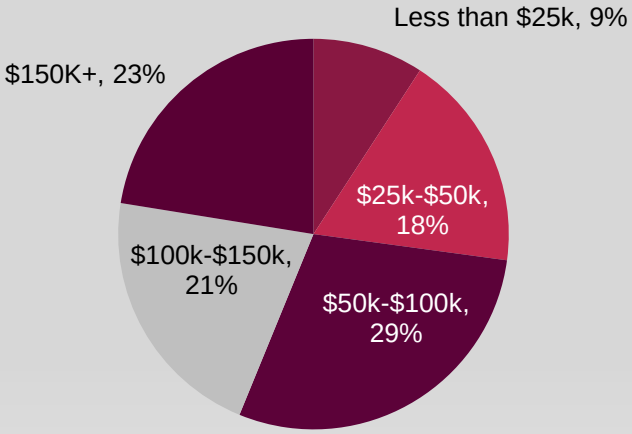


Race and Ethnicity of Respondents

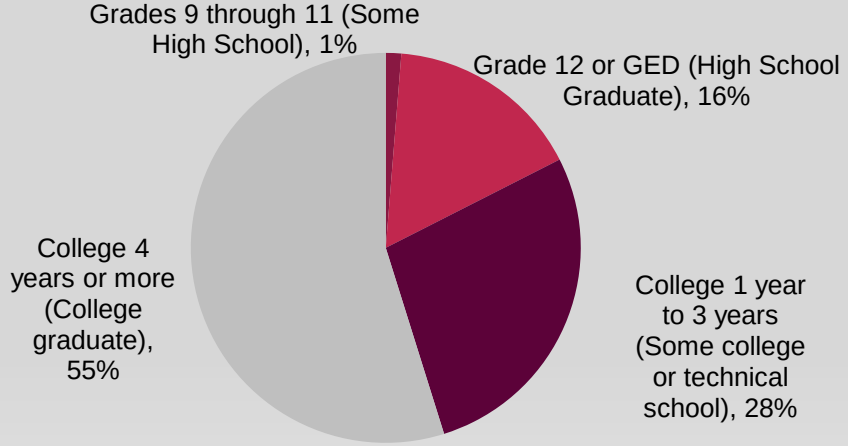


Health Insurance Source	Percent
A plan purchased through an employer or union (including plans purchased through another person's employer)	51%
A private nongovernmental plan that you or another family member buys on your own	2%
Medicare	29%
Medigap	0%
Medicaid	9%
Children's Health Insurance Program (CHIP)	1%
Military related health care: TRICARE (CHAMPUS) /VA health care /CHAMP-VA	1%
Indian Health Services	0%
State sponsored health plan	4%
Other government program	1%
No coverage of any type	2%

Income of Respondents



Education of Respondents



Employment Status	Percent
Employed for wages	57%
Self-employed	6%
Out of work for 1 year or more	1%
Out of work for less than 1 year	1%
A homemaker	2%
A student	1%
Retired	29%
Unable to work	5%

Evaluation of the Impact of Actions Taken Since the Last CHNA

GHMC Health provides a broad array of services that provide benefit to the community. Below is a summary of some of GHMC's significant community benefit initiatives taken since the last CHNA.

Prevention of Chronic Disease

Warrior Kids - In conjunction with the Snap-Ed and Eat Smart New York - Cornell Cooperative Extension, Garnet Health has developed a program called Warrior Kids which is designed to inspire children to develop lifelong healthy habits through education, fitness and fun! The program had 379 participants from 2023-2025.

Garnet Health Medical Center Lung Disease Support - The newly established free support group, Just Breathtaking, offers information, education, and a space for discussion about living with chronic lung disease. It also explores strategies for coping with the anxiety and depression that may accompany the condition.

Food Farmacy - To help reduce food insecurity among our patients and address social determinants of health such as access to nutritious food, Garnet Health has partnered with the Regional Food Bank of Northeastern New York to provide diet-friendly food bags to those in need. Between 2023-2025, more than 4,000 patients were screened for food insecurities and more than 500 bags of food were distributed.

FreshRx Produce Prescription Program - Garnet Health, in partnership with Cornell Cooperative Extension Sullivan County, offers the FreshRx Produce Prescription Program to eligible community members in Sullivan and Orange counties. This ongoing program aims to increase fresh produce consumption and empower participants with the knowledge to make lasting, healthy lifestyle changes.

Free Prostate Cancer Screenings and Mammograms Events- Community Health, the Cancer Center and the Breast Centers of Garnet Health offers free Prostate screenings, breast and mammogram events for the uninsured and under-insured.

Speakers Bureau – Garnet Health maintains a speaker's bureau composed of skilled presenters who provide education presentations and share information that supports the community.

From 2023–2025, Garnet Health's programs advanced community health and wellness. Warrior Kids engaged 379 children in nutrition and fitness education. Just Breathtaking supported patients with chronic lung disease, addressing physical and emotional needs. Food Farmacy screened over 4,000 patients and distributed 500 diet-appropriate food bags, totaling approximately $20,000 in value. FreshRx promoted healthy eating, free cancer screenings improved preventive care access, and the Speakers Bureau extended health education. Programs emphasized culturally competent, accessible approaches to foster lasting behavior change.

Evaluation of the Impact of Actions Taken Since the Last CHNA (continued)

Prevention of Chronic Disease

Know Your Numbers (KYN) -The "Know Your Numbers" program is designed to provide early screening of key health indicators, including Total Cholesterol, HDL Cholesterol, Triglycerides, LDL Cholesterol, and glucose. The screening aims to detect potential risks and provide education on lifestyle changes that may help reduce the likelihood of coronary heart disease, diabetes, and stroke. Between 2023-2025 we served over 600 participants.

Heart Disease – In 2023, Garnet Health announced the launch of its new open-heart surgery program. As part of its commitment to advancing care for patients with complex cardiovascular conditions, the health system also introduced a state-of-the-art hybrid surgical suite at its Middletown, New York campus.

Improve Mental Health and Prevention of Substance Abuse

Outpatient Behavioral Health – Garnet Health added a Practice Manager of Behavioral Health in 2024 to “develop and implement vision, strategy and objectives for behavioral health outpatient services,” coordinating clinical, regulatory and quality activities system-wide.

Support Groups: Garnet Health provides dedicated space to support groups outside of its establishment, fostering a welcoming environment for community-based gatherings. Additionally, we offer a variety of virtual seminars designed to educate the community on important health topics. Our organization hosts a diverse range of support groups that specifically address the mental health aspects of chronic diseases, as well as caregiver support for both patients and the broader community we serve. Furthermore, we maintain an online archive of past self-help seminars, featuring valuable content on mental health, self-help strategies, and self-care techniques, making these resources accessible to individuals at any time.

Counseling – Garnet Health offers education group sessions for men and women coping with substance abuse and mental health issues where participants learn recovery strategies and skills geared towards maintaining optimal physical, emotional and spiritual health. Garnet Health also offers individual counseling and is licensed by both the New York State Office of Mental Health and the Office of Alcoholism and Substance Abuse Services.

No written comments were received on the 2022 CHNA.

Prioritization of Identified Health Needs

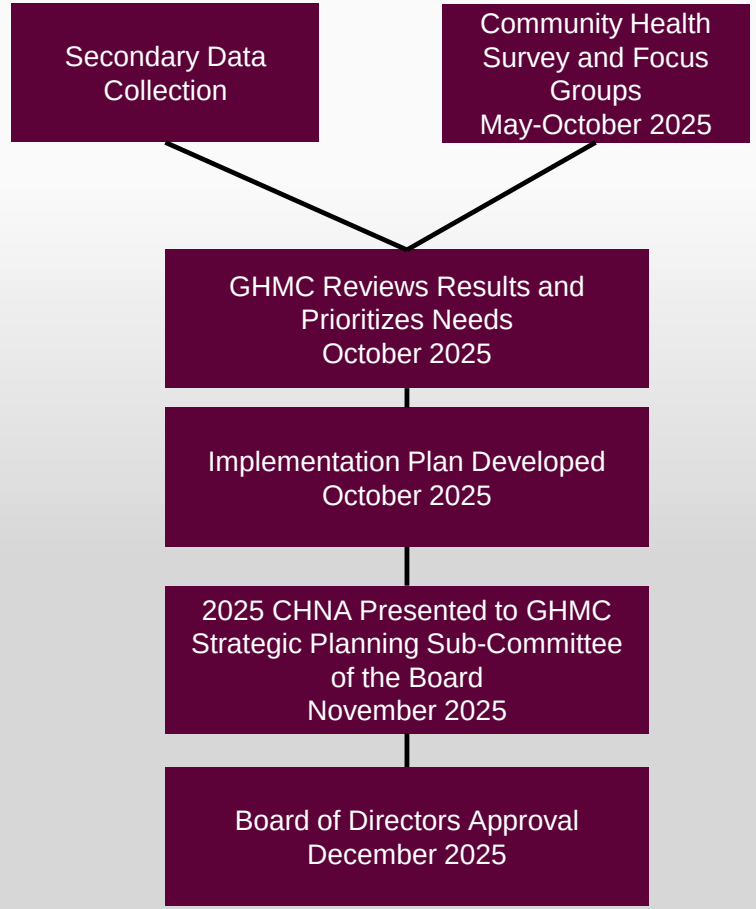
The Community Health Assessment was conducted through June 2025. Based on the information gathered through the regional assessment and GHMC's CHNA process, the following summary list of needs was identified. Identified health needs are listed in alphabetical order.

- Affordable Housing
- Cancer
- Children's Health
- Chronic Diseases
- Dental care
- Falls among elderly
- Food Insecurity/Lack of Nutritious Food
- Mental Health
- Preventative Care
- Substance Use
- Violence
- Women's and Maternal Health

GHMC identified and prioritized community health needs through a collaborative, data-driven process that included analysis of quantitative and qualitative data from local, state, and national sources; feedback from community surveys, focus groups, and the Orange County Health Summit; consultation with public health agencies, community-based organizations, and representatives of underserved populations; and alignment with the New York State Department of Health Prevention Agenda. GHMC recognizes that the local public health timeline differs from the hospital's CHNA cycle and that priorities may be refined as new data become available. The selected priority areas—Social and Community Context and Health Care Access and Quality—were chosen based on current findings, alignment with community and state priorities, and GHMC's capacity to meaningfully address these needs through programs and partnerships. These priorities will be reassessed in March 2026, and updated by July 2026 if needed, to ensure continued responsiveness to community health needs.

Based on the information gathered through this CHNA summary report, GHMC has chosen the needs below to address over the next three years.

- Social & Community Contest
- Health Care Access & Quality



Available Resources

Orange County maintains strong partnerships with hundreds of organizations that serve its residents, including five area hospitals, federally qualified health centers, private medical providers, local two- and four-year colleges, a medical school, community-based organizations, and various governmental agencies addressing a wide range of community needs.

The Orange County Department of Health (OCDOH) has established several key coalitions, such as Healthy Orange, the Maternal and Infant Community Health Collaborative, and the Orange County Cancer Screening Collaborative. In addition, OCDOH co-leads and actively participates in numerous countywide initiatives, including Changing the Orange County Addiction Treatment Ecosystem, the Healing Communities Study Steering Committee and Workgroups, WELCOME Orange, and the Resilience Project.

While not all-encompassing, the following is a list of several valued community agencies that address those prioritized and non-prioritized needs. The resources listed below represent community and institutional assets available to help address the priority health needs identified through the CHNA. GHMC also contributes to these efforts through its own clinical programs and community partnerships.

Identified health need	Local community resources addressing need
Affordable Housing	Housing Resource Center (by Catholic Charities of Orange, Sullivan and Ulster) Orange County Department of Social Services Habitat for Humanity of Greater Newburgh Orange County Rural Development Advisory Corp. Middletown Family Housing
Cancer	Bon Secours Community Hospital St. Anthony Community Hospital Montefiore St. Luke's Cornwall Hospital Hudson Valley Cancer American Cancer Society The Miles of Hope Breast Cancer Foundation New York Cancer Foundation Ann's Place
Children's Health	Bon Secours Community Hospital St. Anthony Community Hospital Montefiore St. Luke's Cornwall Hospital Division of Children and Family Services

Available Resources

Identified health need	Local community resources addressing need
Chronic Diseases	American Heart Association American Cancer Society Various FQHC locations throughout the region – Cornerstone Family Health Centers and Sun River Health
Dental Care	Number FQHC locations throughout the region – Cornerstone Family Health Centers and Sun River Health
Falls among elderly	Orange County Office for the Aging Orange County Caregiver Resource Center
Food insecurity / Lack of Nutritious Food	Regional Food Bank of Northeastern New York FeedHV
Mental Health	Various FQHC locations throughout the region – Cornerstone Family Health Centers and Sun River Health Mental Health Association in Orange County, Inc.
Preventative Care	Various FQHC locations throughout the region – Cornerstone Family Health Centers and Sun River Health
Substance Use	Various FQHC locations throughout the region – Cornerstone Family Health Centers and Sun River Health Orange County Substance Use Disorder Resources
Violence	FEARLESS! Reclaiming Our Safety Safe Homes of Orange County
Women’s and Maternal Health	Bon Secours Community Hospital St. Anthony Community Hospital Montefiore St. Luke’s Cornwall Hospital Various FQHC locations throughout the region – Cornerstone Family Health Centers and Sun River Health

Limitations and Information Gaps

Return to Report

As with all data collection efforts, there are several limitations related to the assessment's research methods that should be acknowledged. Years of the most current data available differ by data source. In some instances, 2023 may be the most current year available for data, while 2019 may be the most current year for other sources. Likewise, survey data based on self-reports, such as the Behavioral Risk Factor Surveillance Survey (BRFSS), should be interpreted with particular caution. In some instances, respondents may over or under report behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked.

In addition, respondents may be prone to recall bias – that is, they may attempt to answer accurately, but they remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest. Despite these limitations, most of the self-report surveys analyzed in this CHNA benefit from large sample sizes and repeated administrations, enabling comparison over time. Similarly, while the qualitative data collected for this study provide valuable insights, results are not statistically representative of a larger population due to nonrandom recruiting techniques and a small sample size. Data were collected at one point in time and among a limited number of individuals.

Therefore, findings, while directional and descriptive, should not be interpreted as definitive.