2026-2028 Community Health Needs Assessment – Implementation Strategy

Garnet Health
MEDICAL CENTER
Catskills

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Introduction

Garnet Health Medical Center - Catskills (hereinafter referred to as “GHMC - C”), is dedicated to expanding specialty services, developing medical programs, and offering essential healthcare that enables residents to receive exceptional care close to home. GHMC - C’s mission is to improve the health of the community by providing outstanding healthcare services.

GHMC - C 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 - C conducted a Community Health Needs Assessment (CHNA) in 2025 to assess the health needs in the community it serves. The detailed process, participants, and results are available in the GHMC CHNA report which is available at https://www.garnethealth.org/about-us/community-health-program/community-service-plans.

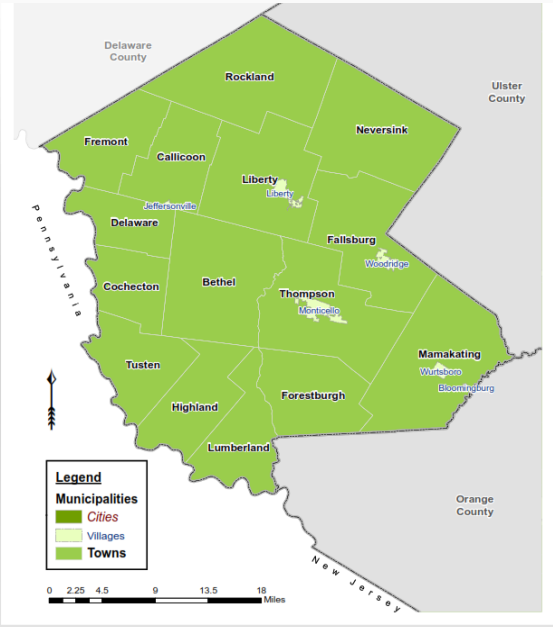
The Implementation Strategy will address the prioritized significant community health needs identified through the CHNA, including how the organization plans to address those needs and which health needs will not be addressed and why. Beyond programs and strategies outlined in the Implementation Strategy, GHMC - C will address the health care needs of the community by continuing to operate in accordance with its mission to improve the health of the community by providing exceptional health care.

Community Served by GHMC - C

GHMC - C’s service area is defined as Sullivan County, New York. Sullivan County is the 33rd largest county in New York out of 62 counties. Between January 1, 2024 and December 31, 2024, 93% of GHMC- C’s inpatient discharges came from patients residing in Sullivan County.

Sullivan County has a total population of 79,147 according to the U.S. Census Bureau estimates.

Sullivan County



Executive Summary

Background and Process

GHMC - C 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 and focus groups; 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.

Identifying Significant Health Needs

The significant health needs in the community served were identified through the CHNA process described above. GHMC - C selected the prioritized health needs to address by considering both community input and the health system's expertise and capacity.

Prioritized Health Needs

After primary and secondary data were collected and analyzed, GHMC - C determined the following identified needs from which the priority health needs would be selected:

- Asthma and Lung Disease
- Cancer
- Dental Care
- Falls
- Heart Disease
- High Blood Pressure
- Infectious Disease
- Job Training Programs
- Job Placement
- Obesity
- Women and Maternal Health Care

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GHMC - C ensured alignment with the New York 2025-2030 Prevention Agenda, which outlines 24 key priorities to address health conditions, behaviors, and systemic issues such as poverty, education, housing, and access to quality healthcare. The state agenda grouped the 24 key priorities into five categories. Of which, GHMC selected two to prioritize and address.

The selected priority areas—**Economic Stability, 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.

The Social and Community Context category includes:
- Anxiety and Stress
- Suicide
- Depression
- Primary prevention, substance misuse and overdose prevention
- Tobacco / E-cigarette use
- Alcohol use
- Adverse childhood experiences
- Healthy eating

The Healthcare Access and Quality category includes:
- Access to and use of prenatal care
- Prevention of infant and maternal mortality
- Preventative services for chronic disease prevention and control
- Oral health care
- Preventative services
- Early intervention
- Childhood behavioral health

Program/Initiative: Economic Stability

Develop and implement a referral system to connect patients identified with food insecurity to the Food Farmacy program and community-based nutrition resources.

Key Activities & Service Delivery:
•Conduct food insecurity screenings in outpatient / inpatient settings
•Connect eligible patients to the Food Farmacy Program and additional support services (e.g., SNAP, local food pantries)
•Facilitate access to nutritious food through coordinated distribution and community partnerships with community based organizations of Sullivan County

Target Population:
Patients identified as food insecure within the hospital service area, including Medicaid/uninsured populations, rural residents, and individuals with chronic conditions.

Anticipated Impact / Measurable Outcomes:
•Number of patients screened for food insecurity
•Number of patients identified as food insecure
•Number of referrals made to Food Farmacy
•Number of participants receiving food support

Hospital Departments/Resources:
Community Health, Clinical Staff, Care Management

Community Partners:
Regional Food Bank of Northeastern NY, local food pantries, local Departments of Social Services (DSS), Cornell Cooperative Extension

Program/Initiative: Social & Community Context

Enhance access to nutrition education and chronic disease prevention programs for individuals within the hospital service area, including Sullivan County and surrounding rural communities, through community-based engagement and incentive-supported participation (e.g., FreshRx, DPP).

Key Activities & Service Delivery:
•Screen for food insecurity and refer eligible participants to nutrition programs
•Deliver Diabetes Prevention Program (DPP) classes and community-based nutrition education
•Provide fresh produce incentives to support healthy eating behaviors
•Deliver programs in accessible community and clinical settings throughout the hospital service area, including Sullivan County

Target Population:
Individuals within the hospital service area, including Sullivan County residents, who are at risk for or diagnosed with chronic conditions (e.g., prediabetes), and those experiencing food insecurity.

Anticipated Impact / Measurable Outcomes:
•Number of participants enrolled in DPP and nutrition education programs
•Number of participants receiving produce incentives
•Increased participation and engagement in preventive health programs

Hospital Departments/Resources:
Community Health, Certified DPP Coaches, Nutrition Services

Program/Initiative: Health Care Access & Quality

Increase colorectal cancer screening rates among individuals within the hospital service area, including Sullivan County, and neighboring counties through community education, outreach, and screening events

Key Activities & Service Delivery:
•Host community-based education sessions on colorectal cancer prevention throughout the hospital service area, including Sullivan County
•Conduct screening events and facilitate referrals for colonoscopies with community-based organizations to expand outreach and reduce barriers to care

•**Target Population:**
Adults within the hospital service area, including Sullivan County residents, who are eligible for colorectal cancer screening, particularly underserved and high-risk populations.

Anticipated Impact / Measurable Outcomes:
•Number of individuals attending education events
•Number of individuals screened or referred for screening
•Increased awareness and utilization of preventive services

Hospital Departments/Resources:
Community Health, Gastroenterology, Clinical Services

Community Partners:
American Cancer Society, Sun River Health, local community-based organizations

Significant Health Needs Not Addressed

Garnet Health Medical Center - Catskills (GHMC-C) will focus its resources on prioritized health needs within the hospital service area, including Sullivan County, based on feasibility, alignment with organizational expertise, and the potential for measurable impact. While several additional health needs were identified through the Community Health Assessment (CHNA), not all could be addressed during this planning cycle. The following needs were considered but not selected as priority areas:

- **Affordable Housing:** Outside hospital scope; addressed by local housing agencies and community organizations serving Sullivan County
- **Children's Health:** Current focus on adult populations; addressed by pediatric providers, school-based programs, and community organizations
- **Falls Among the Elderly:** Addressed by Sullivan County Office for the Aging and local senior service organizations
- **Mental Health:** Services provided by established behavioral health organizations serving Sullivan County
- **Violence:** Requires specialized, community-led interventions supported by local agencies and community partners

Approach:
GHMC-C will continue to monitor these health needs within Sullivan County and may reassess them in future CHNA cycles. In the interim, the hospital will support these areas indirectly through referral networks, collaboration with community partners, and ongoing community engagement.

Conclusion

Garnet Health Medical Center - Catskills is committed to improving the health and well-being of the communities it serves. The prioritized health needs identified through the Community Health Needs Assessment (CHNA) process will guide the hospital's community health initiatives and resource allocation during the current CHNA cycle.

Through collaboration with community partners, local organizations, and public health agencies, the hospital will work to implement strategies designed to address the prioritized health needs and improve health outcomes across the region.

Implementation Strategy Timeframe

This Implementation Strategy will guide Garnet Health Medical Center - Catskills' community health improvement activities from 2026-2028, until the next Community Health Needs Assessment is conducted.

Governing Board Approval

The Garnet Health Medical Center - Catskills Board of Directors approved this Implementation Strategy on April, 2026 in accordance with Internal Revenue Code Section 501(r)(3).

Public Availability

The Community Health Needs Assessment and Implementation Strategy are publicly available on the hospital's website: https://www.garnethealth.org/about-us/community-health-program/community-service-plans.

Conclusion

Garnet Health Medical Center- Catskills will continue to monitor progress toward addressing prioritized health needs and report updates through community benefit reporting and future CHNA processes.

Contact Information
For questions or additional information regarding the Community Health Needs Assessment or Implementation Strategy, please contact:

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