

Sullivan County Department of Public Health

Community Health Improvement Plan (CHIP) 2025-2030



Public Health
Prevent. Promote. Protect.
Sullivan County
Department of Public Health

CHA/CHIP Liason:

Dr. Jessie Moore, DrPH, MPH, CHES
Director of Public Health
jessie.moore@sullivanny.gov

Community Partners



Table of Contents

Executive Summary.....	4
Community Health Assessment (CHA) and Data Collection Summary.....	5
Prioritization Methods.....	10
Objectives and Interventions.....	10
Evaluation and Partnership Engagement.....	12
Sources.....	13



Public Health
Prevent. Promote. Protect.
Sullivan County
Department of Public Health

Executive Summary

Sullivan County is a rural territory of the Hudson Valley, with a population of about 79,000 people. In the summer months, the county experiences a unique surge in population to about triple the number of permanent residents, with a return to baseline by mid-fall. As a result, there is a seasonal increase in the number medical centers, emergency medical services and transportation, grocery stores, and restaurants available in the community. There is also a significant increase in demand for public health services.

Sullivan County collaborated with local health departments in the Mid-Hudson Region to compile, analyze, compare data and produce the 2025 Mid-Hudson Region Community Health Assessment (CHA), then used to inform local Community Health Improvement Plans (CHIP). For a comprehensive list of [data sources](#) used for the Mid-Hudson Region CHA, see pages 13-17 of the document, which can be found on Sullivan County Department of Public Health's (SCDPH) website under "Health Related Data and Reports."

Additional primary data for Sullivan County's CHIP was collected through the Mid-Hudson Region Community Partner Survey, the Greater New York Hospital Association CHNA Survey, a survey of local medical providers, and a community-wide priority voting campaign.

Chosen Prevention Agenda Priorities

- Access to and Use of Prenatal Care
- Preventive Services for Chronic Disease Prevention and Control
- Healthy Children - Preventive Services (Immunization)

Plans to address priority areas include educational and clinical interventions, and increased outreach to areas with determined population health disparities. Progress toward priority interventions will be continuously monitored through standardized reporting, partnership meetings, or collaborative implementation discussions with community partners.

Local partners for ongoing health improvement efforts include, but are not limited to: Garnet Health Medical Center - Catskills (Harris and Callicoon campuses), Middletown Medical, Sun River Health, Ahava Medical, Refuah Health, Sullivan County school districts, SUNY Sullivan, Children and Youth with Special Health Care Needs program, Healthy Families of Sullivan, etc.

CHA and Data Collection Summary

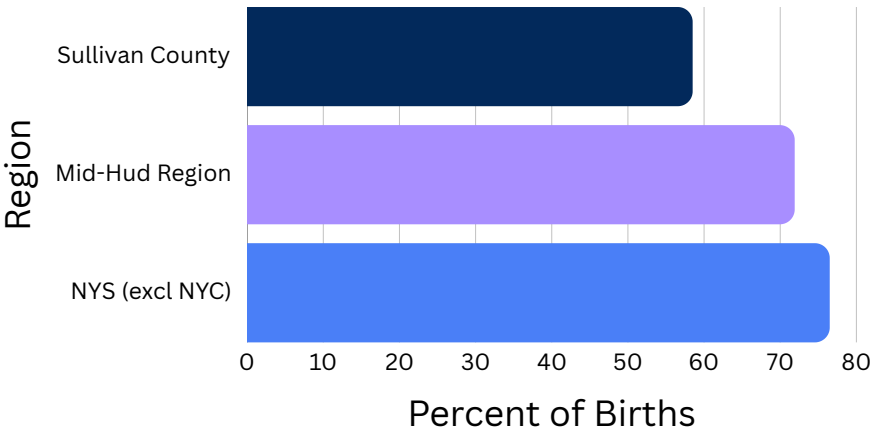
Maternal and child health, chronic disease, behavioral health, and access to care have been identified as areas of concern and need in the community. See data summarized below. For more information, see the [2025 Mid-Hudson Region Community Health Assessment](#).

Secondary Data Review

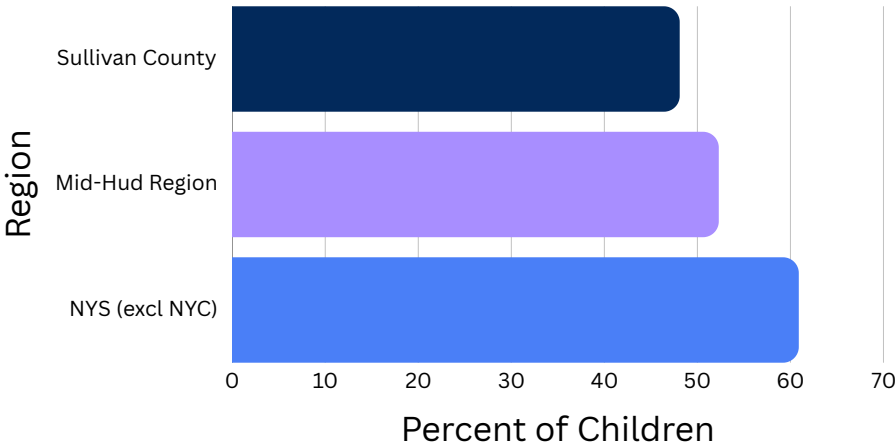
Maternal and Child Health

- Sullivan County had the lowest percentage of children tested for lead before 36 months of age (36.6% in 2019) compared to other Mid-Hudson (M-H) counties and NYS [CHA Figure 31]
- In 2023, Sullivan County has the lowest rate of prenatal care (61.3%) in the first trimester, and the highest rate of late or no prenatal care (8.0%) in the M-H Region [CHA Figure 156] **[F1]**
- In 2024, 48.1% of children aged 24-35 months had a complete 4:3:1:3:3:1:4 vaccine series, below the NYS excl. NYC rate of 60.9% [CHA Figure 137] **[F2]**
- In 2024, 19.8% of adolescents 13 years old had a complete HPV vaccine series, below the NYS excl. NYC rate of 24.4% [CHA Figure 139]

[F1] Percentage of Births with First Trimester Prenatal Care (2023)



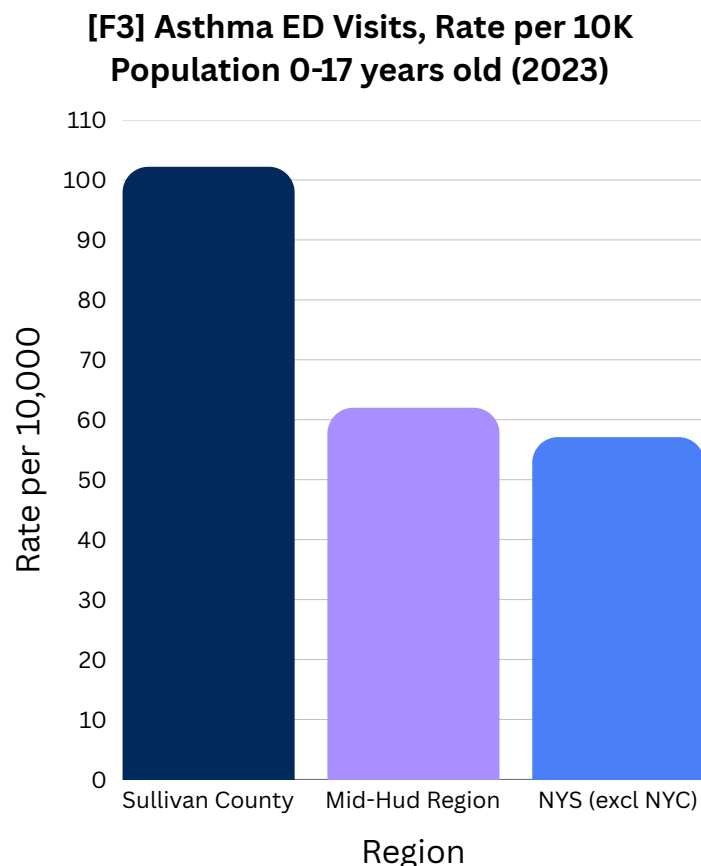
[F2] Percentage of Children (24-35 mo.) with 4:3:1:3:3:1:4 Vaccine Series (2024)



CHA and Data Collection Summary, Cont.

Chronic Disease and Prevention

- Among Mid-Hudson (M-H) counties, Sullivan County had the highest mortality rates of chronic lower respiratory disease and cardiovascular disease for the 2020-2022 three-year average [CHA Figures 90, 99]
- Despite having a lower rate of diagnosed diabetes than NYS in 2021, Sullivan County had the highest rate of diabetes hospitalizations in the region [CHA Figures 112, 113]
- There are racial disparities in diabetes hospitalizations and mortality, chronic lower respiratory disease hospitalizations, asthma hospitalizations, and cerebrovascular disease hospitalization and mortality [CHA Figures 114, 117, 91, 95, 102, and 104]. These mortality and hospitalization rates are higher among non-Hispanic Black individuals compared to the rates among non-Hispanic White and Hispanic individuals.
- The rate of emergency department (ED) visits due to asthma among individuals 0-17 years old more than doubled from 2021 to 2023, surpassing pre-COVID-19 rates [CHA Figure 96]. Sullivan County's ED visit rate for asthma among this age group is higher than the NYS average (excluding NYC) **[F3]**
- Only 29.1% of Medicaid enrollees had at least one dental visit in the last year (2021-2023) [CHA Figure 165]
- Screening rates for colorectal cancer, cervical cancer, and breast cancer remain below NYS rates of screening [CHA Figures 128, 134, 135]



CHA and Data Collection Summary, Cont.

Secondary Data Review, Cont.

Behavioral Health

- Unintentional injury deaths have increased from 2018 to 2021 [CHA Figure 184]. Sullivan County sees higher rates of death from motor vehicle injuries and death by suicide compared to other M-H counties [CHA Figures 188, 182]
- From 2019 to 2022, the rate of overdose deaths involving opioids was 61.5 per 100,000, continuing to far exceed the rates in other M-H counties and NYS [CHA Figure 174]. While the rate of opioid analgesic prescriptions has decreased, Sullivan County's rate remains high compared to other M-H counties [CHA Figure 179]. However, there has been a slight increase in individuals receiving buprenorphine treatment for opioid use disorder [CHA Figure 180]
- In 2021, the percentage of adults reporting binge drinking during the past month was 17.8%, the second highest rate among the M-H Region counties [CHA Figure 170]
- In 2021, 16.3% of adults reported poor mental health for 14 or more days in the last month. This is an increase from 2016 and 2018, and above the M-H average of 10.4% [CHA Figure 167]
- The percentage of adults who are current cigarette smokers decreased from 21.6% in 2016 to 13.3% in 2021 [CHA Figure 169]

Social Determinants of Health

- There have been increases in the rates of food insecurity and poverty from 2021-2023 [CHA Figures 3, 7]
- The unemployment rate among those 16 years and older decreased since 2021, falling to 6.1% in 2023 [CHA Figure 2]
- The high school graduation rate in 2023 was 76%, a decrease from 2021 and the lowest in the M-H region [CHA Figure 11]
- The percent of disconnected youth 16-19 years old (not working nor in school) doubled from 2014-2018 to 2019-2023, from 12% to 24% [CHA Figure 15]
- The percent of cost burdened, renter occupied units as of 2023 was 48.7% and the percent of households with severe housing problems 2017-2021 was 16% [CHA Figures 5, 32]. These rates are lower than other M-H counties and NYS.
- Sullivan County has higher ratios of residents to primary care providers, residents to dentists, and residents to mental health providers when compared to other M-H counties and the state [CHA Figures 20, 21, 22] [F4]

Provider	Sullivan County Ratio	NYS Ratio
Primary Care	3,070:1	1,240:1
Dentist	2,410:1	1,200:1
Mental Health	450:1	260:1

[F4] Resident to Provider Ratio

CHA and Data Collection Summary, Cont.

Primary Data and Community Involvement

Greater New York Hospital Association Survey

In collaboration with Garnet Health Medical Center, the Sullivan County Department of Public Health participated in the Greater New York Hospital Association (GNYHA) 2025 Community Health Needs Assessment (CHNA) Survey. The survey was open from May 30, 2025 to July 31, 2025, to adults living in Sullivan County, and distributed as a link via email lists, social media posts, and at public events and outreaches. Survey respondents are not representative of the general Sullivan County population.

Respondents were asked to rate health conditions and issues on a scale of one to five (1 = Not at all, 5 = Extremely) in terms of importance (How important is this issue to you?) and satisfaction with services (How satisfied are you with current services in your neighborhood?). All issues had median importance ratings of 3-5 (moderately to extremely important), and satisfaction ratings of 1-3 (not at all to moderately satisfied).

The five issues ranked highest in importance were:

1. Access to healthy or nutritious foods
2. Cancer
3. Mental health disorders (such as depression)
4. Dental care
5. Women's and maternal health care

The five issues ranked lowest in satisfaction with services were:

1. Affordable housing and homelessness prevention
2. Mental health disorders (such as depression)
3. Substance use disorder/addiction (including alcohol use disorder)
4. Obesity in children and adults
5. Cancer

Mid-Hudson Region Community Partner Survey

Dutchess, Orange, Rockland, Sullivan, Ulster, and Westchester Counties conducted a survey of community partners who serve underrepresented populations. A full description of the background, methods, and results can be found in the [2025 Mid-Hudson Region Community Health Assessment](#) on the Sullivan County Department of Public Health website. There were 102 responses from partners with Sullivan County as their service area, including Garnet Health and SUNY Sullivan.

This survey asked respondents to identify top issues and barriers affecting the populations they serve. Issues ranked as having the largest impact on the health of the community include chronic health, mental health and substance use, health disparities, and access to affordable housing and transportation. The top barriers to better health were identified as knowledge of existing resources, living in a rural area, and health literacy. Responses to an open-ended question also identified a lack of providers, particularly specialists and mental health providers, and lack of resources and staff to help patients navigate healthcare and other services.

CHA and Data Collection Summary, Cont.

Primary Data and Community Involvement, Cont.

Sullivan County Provider Survey

Sullivan County Department of Public Health distributed the Provider Survey via an email list of medical providers (doctors, medical offices, nurse practitioners, etc.) in Sullivan County. The survey was open from September 25, 2025, to March 1, 2026, and five responses were received from four providers at different practices. The survey contained 17 open-ended questions about health in the community.

A common theme in responses was that it is difficult to access healthcare and there is a lack of providers in the county. In particular, respondents highlighted a lack of pediatric and adult specialists, dentists, and mental health providers, including mental health counselors and psychiatrists. Respondents noted the presence of socioeconomic barriers to obtaining care, barriers to transportation for appointments, and a lack of dentists accepting Medicaid. Opportunities for physical activity was suggested by respondents as an idea that would benefit the community.

Community Priority Area Voting

From September 2025 through March 2026, voting for NYS Prevention Agenda domains was conducted across numerous events hosted or attended by Sullivan County Department of Public Health. Five containers, each representing one of the NYS Prevention Agenda domains, were brought to various community events and educational outreaches. Participants and community members were asked what they felt were the most important areas of improvement needed in the county, and invited to place three rocks in one or more of the containers for the domains of their choosing. There were a total of 288 votes cast. The most voted-for domain was Social & Community Context, followed by Healthcare Access & Quality and Economic Stability.

Domain	Number of Votes
Social & Community Context (All people in NY live in communities that foster and support optimal physical, mental, and social well-being)	72
Healthcare Access & Quality (All people in NY have access to timely, affordable, and high-quality care services)	70
Economic Stability (All people in NY have the financial security and support needed to thrive)	68
Education Access & Quality (All people in NY have equitable access to quality education in an equipment that supports physical and mental health)	46
Neighborhood and Built Environment (All people in NY have equitable access to healthy and safe neighborhoods)	32

Prioritization Methods

Process, Community Engagement, Justification

Priorities were assessed through a combination of primary and secondary data review, and community engagement.

Issues affecting health and health improvement in Sullivan County were revealed through secondary data review and identification of worsening trends as compared to other Mid-Hudson counties, New York State, and the NYS Prevention Agenda objectives. Priorities were identified by stakeholder and community member engagement through a variety of surveys and voting. Input on priority areas was also gathered from the Sullivan County Health Services Advisory Board (HSAB), Professional Advisory Committee (PAC), and Sullivan County Legislature.

Through these methods, the following were selected as priorities for the 2025-2030 Community Health Improvement Plan:

- Access to and Use of Prenatal Care
- Preventive Services for Chronic Disease Prevention and Control
- Preventive Services – Immunization

Other variables affecting health outcomes, as noted by primary data, community involvement, and Prevention Agenda Indicators, include access to mental health care and prevalence of binge or heavy drinking. Although the Department has not explicitly selected these objectives for this CHIP, plans to address areas of concern surrounding mental health and substance use are in place. Due to the limited capacity of the Department to address these concerns directly, community education initiatives and partnerships with local organizations exist and are acknowledged as essential in responding to additional identified issues.

Objectives and Interventions

Priority: Access to and Use of Prenatal Care

2025-2030 New York State Prevention Agenda Objectives

25.0 Increase the percentage of birthing persons who receive prenatal care during the first trimester from 80.7% to 83.0%

25.1 Increase the percentage of uninsured birthing persons who receive prenatal care during the first trimester from 41.4% to 45.0%

Sullivan County's percentage of birthing persons who receive early prenatal care (first trimester) is 58.5% (2023). The Prevention Agenda Dashboard indicates the rate worsened compared to 2022, and is an area of higher concern compared to other counties statewide.

Actions to address these objectives include addressing risk factors and barriers to access to early prenatal care. This includes assisting birthing persons in establishing care with a provider, promoting awareness of importance of early prenatal care, and outreach [NYS Prevention Agenda p149-151], targeting high risk populations such as teenagers and young adults.

Objectives and Interventions, Cont.

Priority: Access to and Use of Prenatal Care, Cont.

Partners such as Healthy Families of Sullivan are committed to providing comprehensive evidence-based curriculum to pregnant persons, covering the importance of prenatal care. Furthermore, family support specialists and community health workers are able to assist in establishing pregnant clients with a provider regardless of insurance status in collaboration with Sun River Health. Sullivan County Certified Home Health Agency (CHHA) may also provide prenatal care to those who qualify. Outreach to high schools and the local college (SUNY Sullivan) will increase awareness of services available to pregnant people to improve health outcomes.

Priority: Preventive Services for Chronic Disease Prevention and Control

2025-2030 New York State Prevention Agenda Objectives

- 31.0 Decrease the asthma emergency department visit rate per 10,000 among children aged 0-17 years from 93.8 to 89.1
- 31.1 Decrease the asthma emergency department visit rate per 10,000 among Black, non-Hispanic children aged 0-17 years from 235.9 to 212.3

Sullivan County's asthma emergency department visit rate per 10,000 children aged 0-17 years old is 102.2 (2023). The Prevention Agenda Dashboard indicates the rate has not improved compared to 2022 data, and is an area of higher concern compared to other counties statewide.

Actions to address these objectives include ensuring providers offer asthma action plans to pediatric patients at their caregiver's health literacy level and primary language, and providing evidence-based asthma education tailored to family needs [NYS Prevention Agenda Interventions p.169]. Participants such as the Children and Youth with Special Health Care Needs (CYSHCN) program are committed to being a reliable referral resource to specialized care for asthma, in addition to public health nursing and the American Lung Association. Further partnerships with school personnel, and outreach to pediatrician offices will provide opportunities for education and distribution of asthma action plans to promote prevention of emergency department visits.

Priority: Preventive Services - Immunization

2025-2030 New York State Prevention Agenda Objective

- 36.0 Increase the up to date seven-vaccine immunization rate for children 24-35 months from 59.3% to 62.3%

Sullivan County's current seven-vaccine immunization rate for children 24-35 months is 48.1% (2024). The Prevention Agenda Dashboard indicates that the rate has improved slightly compared to 2023 data, but is still an area of higher concern compared to counties statewide.

Actions to address this objective include increasing awareness of and how to access immunizations regardless of insurance coverage, and increasing access for families with limited transportation. Activities and resources will consist of increased mobile clinics through the county's Diagnostic and Treatment Center, and partnerships with schools to prevent student exclusion and provide education to families [NYS Prevention Agenda p.182-183]. Several Mid-Hudson counties have also identified immunization as a priority area, aiming to make a greater impact across the region through joint focus and combined efforts such as cross-county media campaigns.

Evaluation and Partnership Engagement

Continuous monitoring of CHIP priority interventions and outcomes will be coordinated by the Sullivan County Department of Public Health (SCDPH) in collaboration with community partners. Progress toward CHIP objectives and implementation of priority interventions will be reviewed on an ongoing basis, with internal strategic initiatives assessed at least quarterly to ensure alignment with CHIP priorities.

Community partners will provide updates to SCDPH at least twice annually through standardized reporting forms, partnership meetings, or collaborative implementation discussions. SCDPH and partners will review implementation data and outcome measures to identify barriers, gaps, and opportunities for improvement or mid-course correction. Strategy adjustments will be implemented as needed through direct partner engagement and continuous quality improvement efforts.

The CHIP will be available to the public on SCDPH's website under "Health Data and Reports", shared on the SCDPH Facebook page, and through community partner networks. Progress updates and key findings will also be shared periodically with community stakeholders at advisory board meetings, and public presentations to support transparency and ongoing community engagement.

Sources

Figure Sources

[F1] [Prevention Agenda 2025-2030 Tracking Dashboard](#), accessed 4/30/2026.

[F2] [Prevention Agenda 2025-2030 Tracking Dashboard](#), accessed 4/30/2026.

[F3] [New York State Asthma Dashboard](#), accessed 4/30/2026.

[F4] [Prevention Agenda 2025-2030 Tracking Dashboard](#), accessed 4/30/2026.

Other Sources

Secondary data was sourced from the [2025 Mid-Hudson Region Community Health Assessment \(CHA\)](#).

Evidence-based interventions were taken from the [NYS Prevention Agenda](#), accessed 6/10/2026.