

# Mid-Hudson Region Community Health Survey 2025: Putnam County

PUTNAM COUNTY DEPARTMENT OF HEALTH

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## INTRODUCTION

The Mid-Hudson Regional Community Health Survey (MHRCHS) is a key component of the Putnam County's Comprehensive Community Health Assessment (CHA), providing timely data on health status, quality of life, and factors that impact health for Putnam County residents. The MHRCHS originated in 2018 as a collaboration of the [Siena Research Institute \(SRI\)](#) and seven local health departments in New York's Mid-Hudson Region to further explore regional health and well-being and inform future health improvement efforts.

The 2025 survey is the third iteration of this project. The survey instrument consists of 50+ questions designed to assess quality of life, social determinants of health, perception of health and well-being, health behaviors, and access and utilization of health services. While some questions were added or updated in 2025, most have been carried over from 2018 and 2022 to allow for assessment of change over time. Due to funding constraints, the 2025 survey was only administered in Dutchess and Putnam Counties. This report details findings specific to Putnam County, with comparison to Dutchess County provided to give context to Putnam County results.

## SURVEY DESIGN AND METHODOLOGY

On behalf of Dutchess and Putnam County Departments of Health, SRI conducted a public opinion survey from May 1 – June 3, 2025. The sampling frame consisted of residents of Dutchess and Putnam County in New York State aged 18 years and older. Respondents were contacted via landline telephone and cell phone. Telephone sampling was conducted via a stratified dual frame probability sample of landline and cell phone telephone numbers weighted to reflect known population patterns. Landline telephone numbers were purchased from [ASDE Survey Sampler](#). Landline sampling was conducted to ensure the selection of both listed and unlisted telephone numbers using random digit dialing. The cell phone sample was drawn from a sample of dedicated wireless telephone exchanges from within New York State purchased from [Marketing Systems Group \(MSG\)](#). The MSG database included billing addresses associated with the telephone numbers, enabling targeting by region or zip code, and allowing for the inclusion of individuals who may have moved to the area but retained cell phone numbers with area codes other than 845 or 914.

Calls were made between the hours of 1pm and 9pm Monday through Thursday, and between 2pm and 8pm on Sundays. Cell phone telephone numbers were sent a text message that included a link to participate in the survey online. Those who did not complete the survey via the link were called by live interviewers to request participation. Up to 7 calls were placed to each phone number to try to establish if the phone number was a working number. Telephone surveys were conducted in English or Spanish. All respondents were screened for age and residence in the qualifying area before completing the survey. Across all methods, 4% of phone numbers attempted resulted in a completed survey. County samples were weighted by age, gender, reported race/ethnicity, and income using American Community Survey population estimates to ensure statistical representativeness.

In 2018, SRI conducted a similar survey for Mid-Hudson Region Counties. In that iteration, respondent data was collected via RDD dual-frame telephone interviews and augmented through the use of the Lucid online panel. In 2018, within each county oversamples of residents of the zip codes with the lowest levels of income were included in the unweighted samples. In 2022, respondents were contacted via landline telephone, cell phone, an online panel (Lucid), and through online recruitment from each county at various in-person events and other community partnerships to enhance representation and meet budget constraints.

In 2018, 2022, and 2025 each county estimate was similarly weighted to the most current demographic estimates of the county's population by age, gender, reported race/ethnicity, and income. As such, and despite

sampling design differences, the final weighted estimates by county and the final weighted regional estimates from 2018, 2022 and 2025 can be fairly compared to one another.

SRI provided results as weighted proportions of responses to each question in the 2025 survey for Dutchess and Putnam Counties. Where questions remained unchanged, Putnam results from past surveys were included to facilitate longitudinal comparison. Crosstabs of results by various demographic characteristics were also provided. For each county sample and demographic strata, SCRI provided a calculation of margin of error (MOE) to include design effects resulting from weighting with a 95% confidence interval. PCDOH completed analysis and prepared data visualizations. Comparisons were made between results for Putnam and Dutchess 2025, past Putnam surveys, and demographic strata within Putnam County using the MOE to guide the identification of significant differences in proportion of responses.

## NATURE OF THE SAMPLE

A total of 500 residents of Dutchess County and 602 residents of Putnam County completed the survey. Of the 602 Putnam respondents, 212 completed the survey via text to web application and 390 completed the survey in phone interviews. Across all methods, 4% of Putnam County phone numbers attempted resulted in a completed survey. Only one respondent took the survey in Spanish.

The margin of error including the design effects resulting from weighting with a 95% confidence interval for the Dutchess County sample of 500 is +/- 6.4% and the margin of error for the Putnam County sample of 602 is +/- 5.5%. This means that in 95 out of every 100 samples of the same size and type, the results obtained would vary by no more than plus or minus 6.4% or 5.5% respectively from the result if we could interview every member of the population.

TABLE 1: PUTNAM COUNTY SAMPLE: WEIGHTED DEMOGRAPHIC PROPORTIONS AND MOE

	%	MOE (+/-)		%	MOE (+/-)
<b>Geographic Region<sup>1</sup></b>			<b>Living Arrangement</b>		
Western	28%	10.3%	Rent	12%	15.9%
Eastern	72%	6.5%	Own	76%	5.9%
<b>Gender<sup>2</sup></b>			<b>Employed</b>		
Male	50%	7.7%	Yes	65%	7.5%
Female	49%	7.9%	No	34%	8.0%
<b>Race/Ethnicity<sup>3</sup></b>			<b>Children in Household</b>		
White	84%	5.7%	Yes	38%	11.9%
Non-White	13%	15.9%	No	62%	6.1%
<b>Age in Years</b>			<b>Veteran/Active Military in Household</b>		
18 to 34	23%	15.9%	Yes	12%	14.6%
35 to 54	39%	12.1%	No	88%	5.9%
55+	37%	6.5%			
<b>Household Income</b>			<b>Disabled in Household</b>		
<\$50K	19%	14.6%	Yes	21%	12.0%
\$50K-\$100K	24%	12.4%	No	79%	6.1%
\$100K-\$150K	18%	11.5%			
\$150K	31%	9.1%			

<sup>1</sup> Eastern includes respondents with zip code 10509, 12563, 10512, 10541, 10542, 12531, 10588, 12531, or 12582. Western includes respondents with zip code 10516, 10524, 10537, 10579 or 12533.

<sup>2</sup> All other gender response options offered on survey total <1% of responses.

<sup>3</sup> White includes respondents selecting only "White" response option. Non-White includes respondents selecting one or more of other response options (African American or Black, American Indian or Alaska Native, Asian, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Other Pacific Islander, Other).

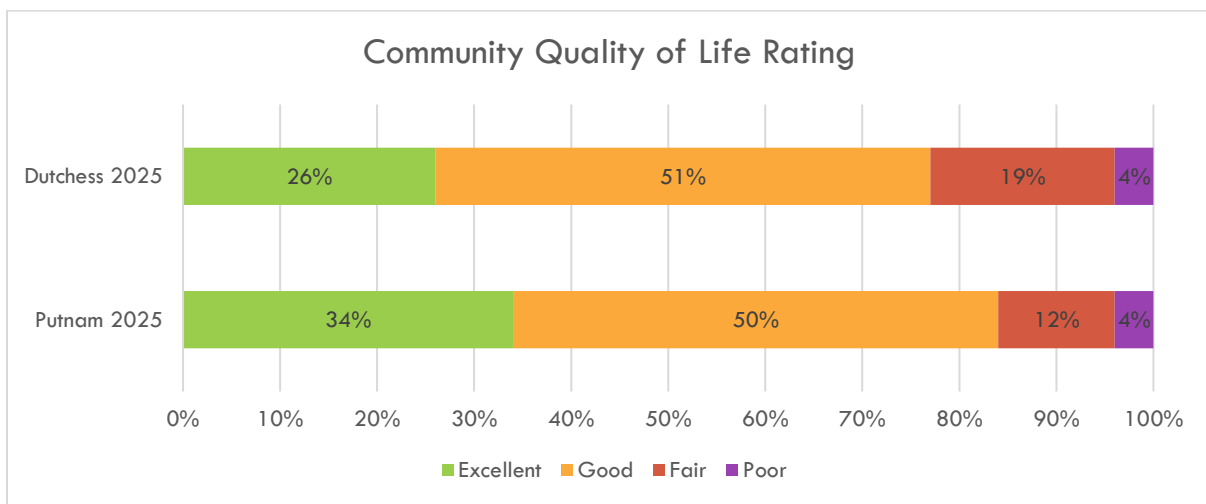
## RESULTS

Notable findings, including comparison to Putnam results in previous surveys and/or comparison to Dutchess County 2025 results, organized by question type, are detailed below. Differences between demographic subgroups are noted when outside the MOE.

### COMMUNITY QUALITY OF LIFE

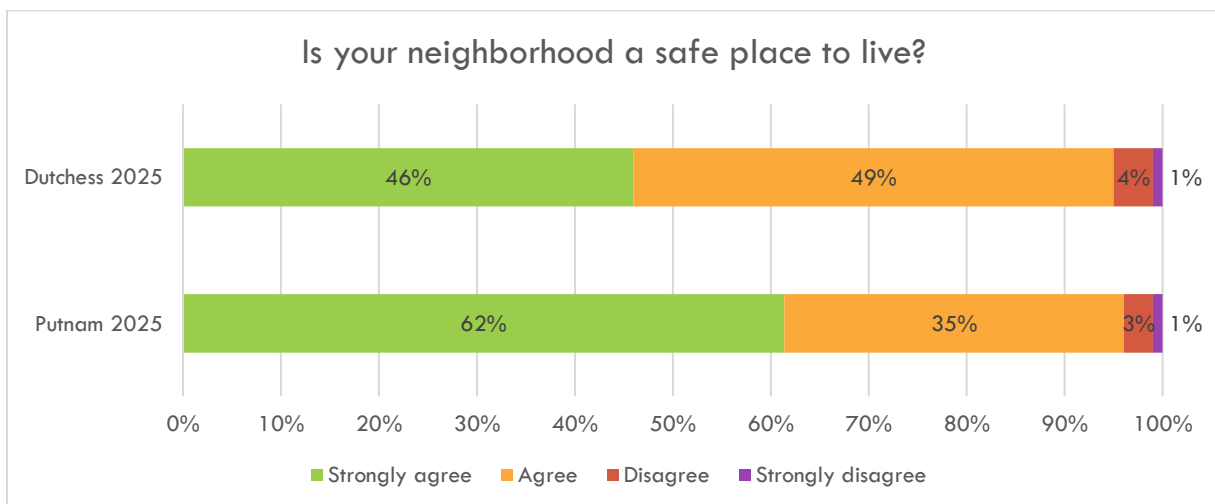
Respondents were asked a series of questions regarding community quality of life, starting with a rating of the overall quality of life in their community. This question was not asked in previous surveys. Eighty-four percent of Putnam respondents rated quality of life in their communities as excellent or good. While this is a higher proportion than that of Dutchess respondents, the difference is within the margin of error. [see Figure 1]

FIGURE 1



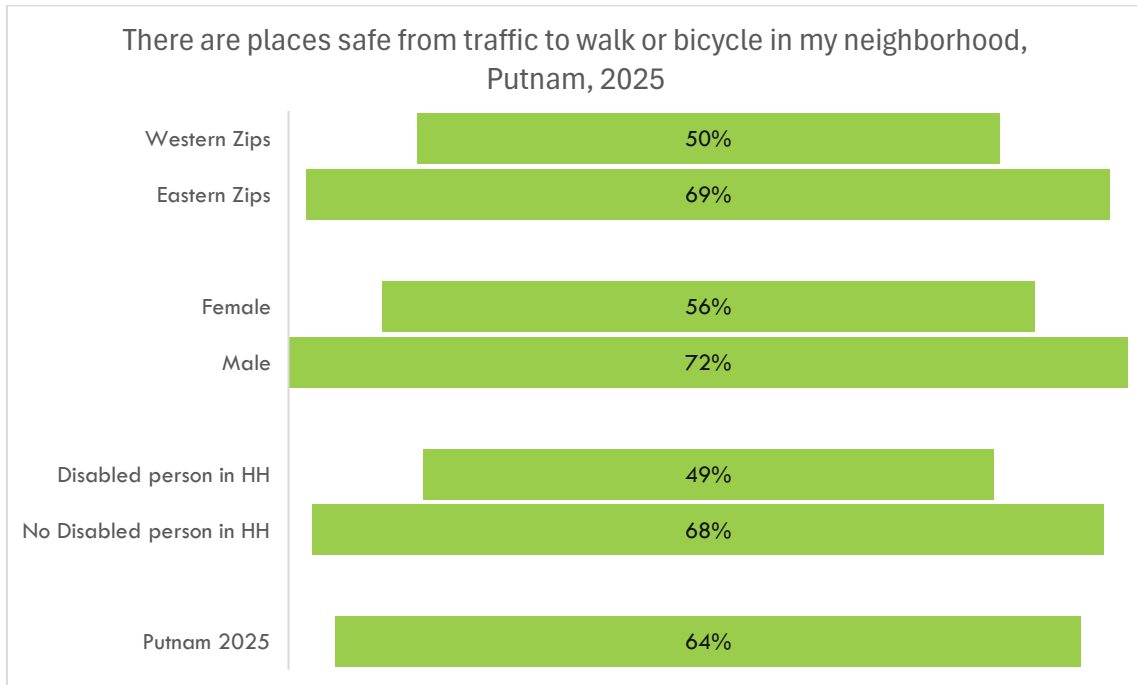
Next, respondents were asked how strongly they agreed with the statement: “My neighborhood is a safe place to live.” As compared to Dutchess respondents, a significantly higher proportion of Putnam respondents strongly agreed that their neighborhoods are safe (46% in Dutchess and 62% in Putnam), but the combined proportion who either agreed or strongly agreed was similar between the two counties (95% in Dutchess and 97% in Putnam). [see Figure 2]

FIGURE 2



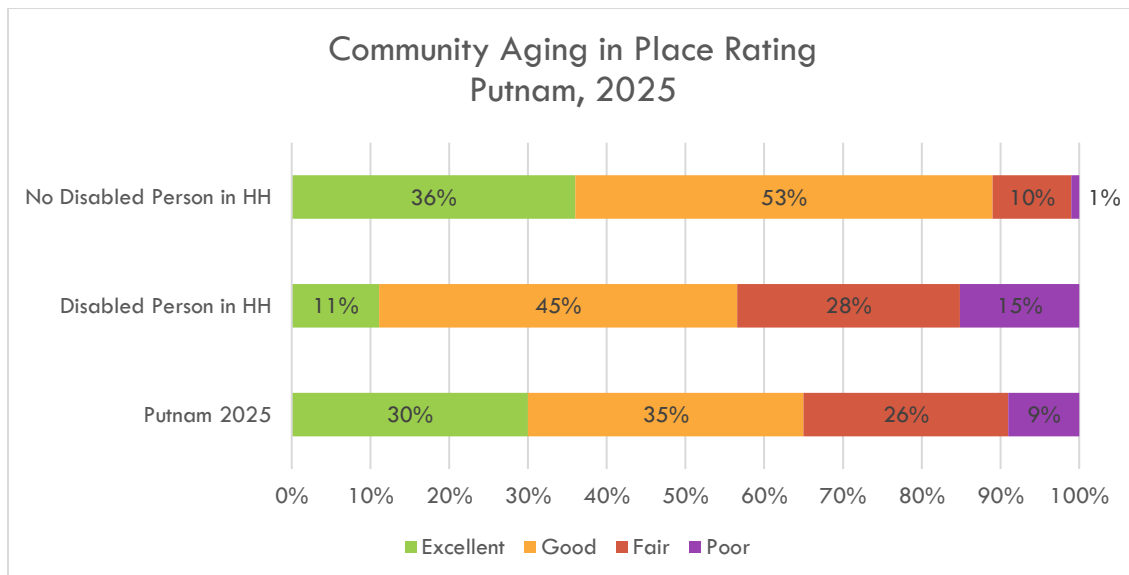
Respondents were next asked how strongly they agreed with the statement: “There are places to walk or bicycle in my neighborhood that are safe from traffic.” Overall, 64% of respondents either agreed or strongly agreed that there are safe places to walk or bike in their neighborhoods. Differences in respondent impression of neighborhood safety for walking or biking were seen based on geographic region, gender, and presence of a disabled person in the household. [see Figure 3]

FIGURE 3



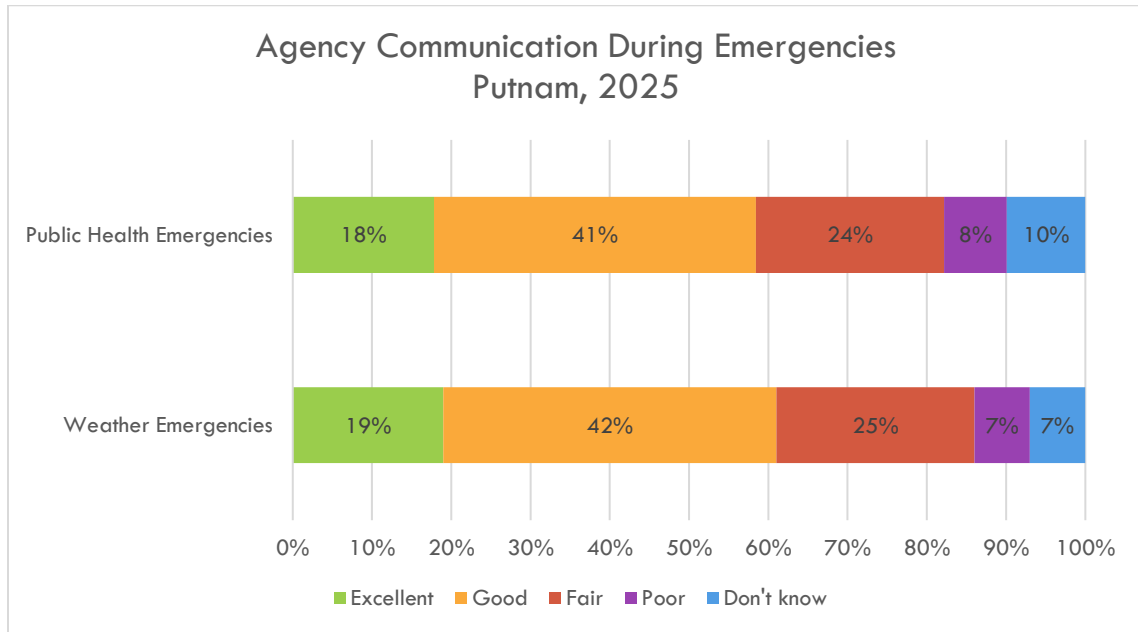
Respondents were asked to rate their communities as a place for people to live as they age. Findings were similar between Putnam and Dutchess counties. Overall, 65% of Putnam respondents rated their communities as excellent or good places for people to live as they aged. Significant differences were seen between respondents with and without a disabled person living in their household. [see Figure 4]

FIGURE 4



Respondents were asked to rate county agency performance providing information to residents during emergencies. This question was revised from 2022, where public health and weather-related emergencies were not specified. There was no significant difference in performance based on type of emergency, with 59% and 61% of respondents giving Putnam agencies a rating of “excellent” or “good” for public health emergencies weather emergencies, respectively. [see Figure 5]

FIGURE 5

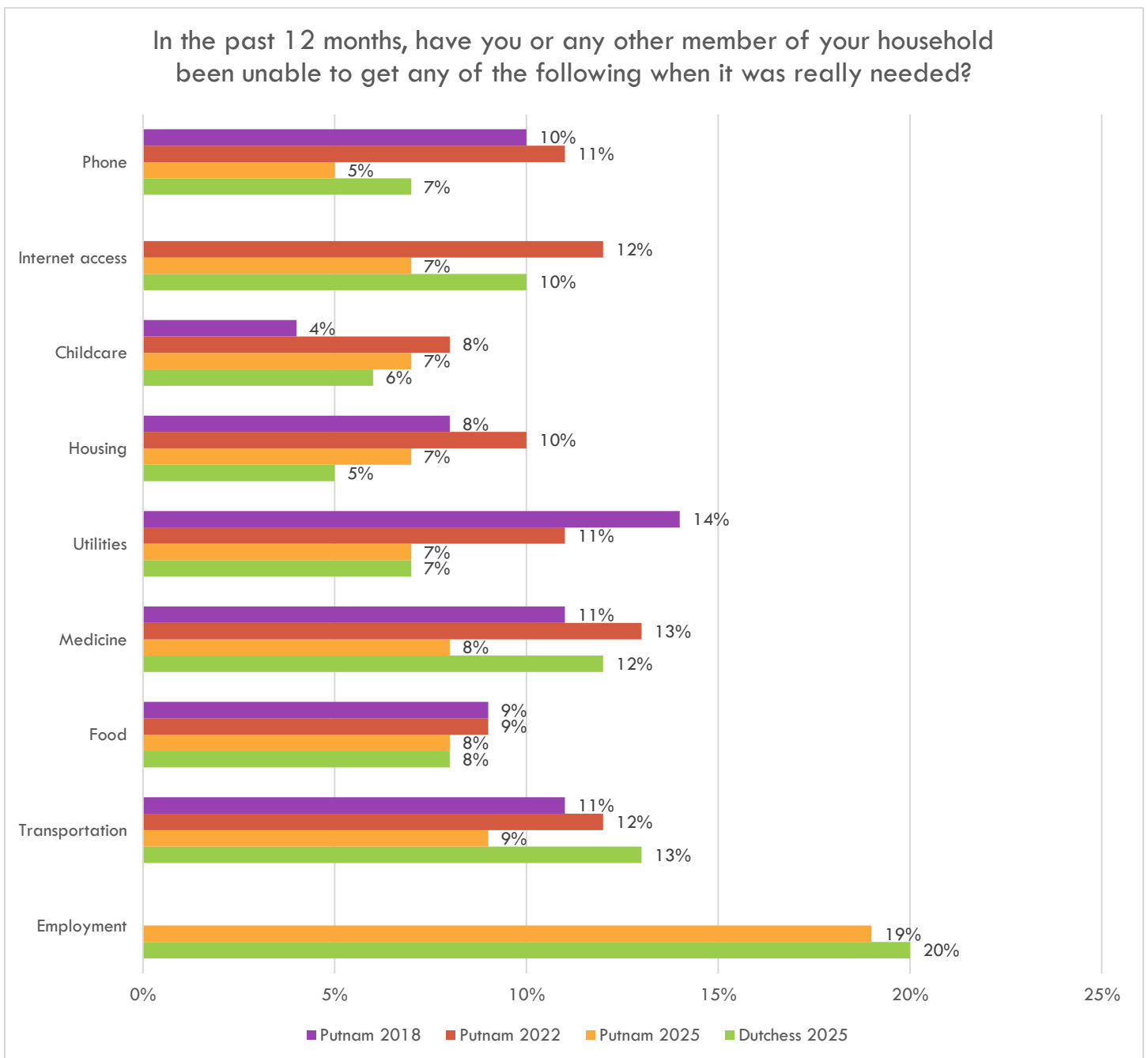


**ABILITY TO ACCESS NEEDED RESOURCES**

In the next series of questions respondents were asked if they had been unable to meet their needs in the last year in the following categories: employment, transportation, food, medicine, utilities, housing, childcare, internet access, and telephone.

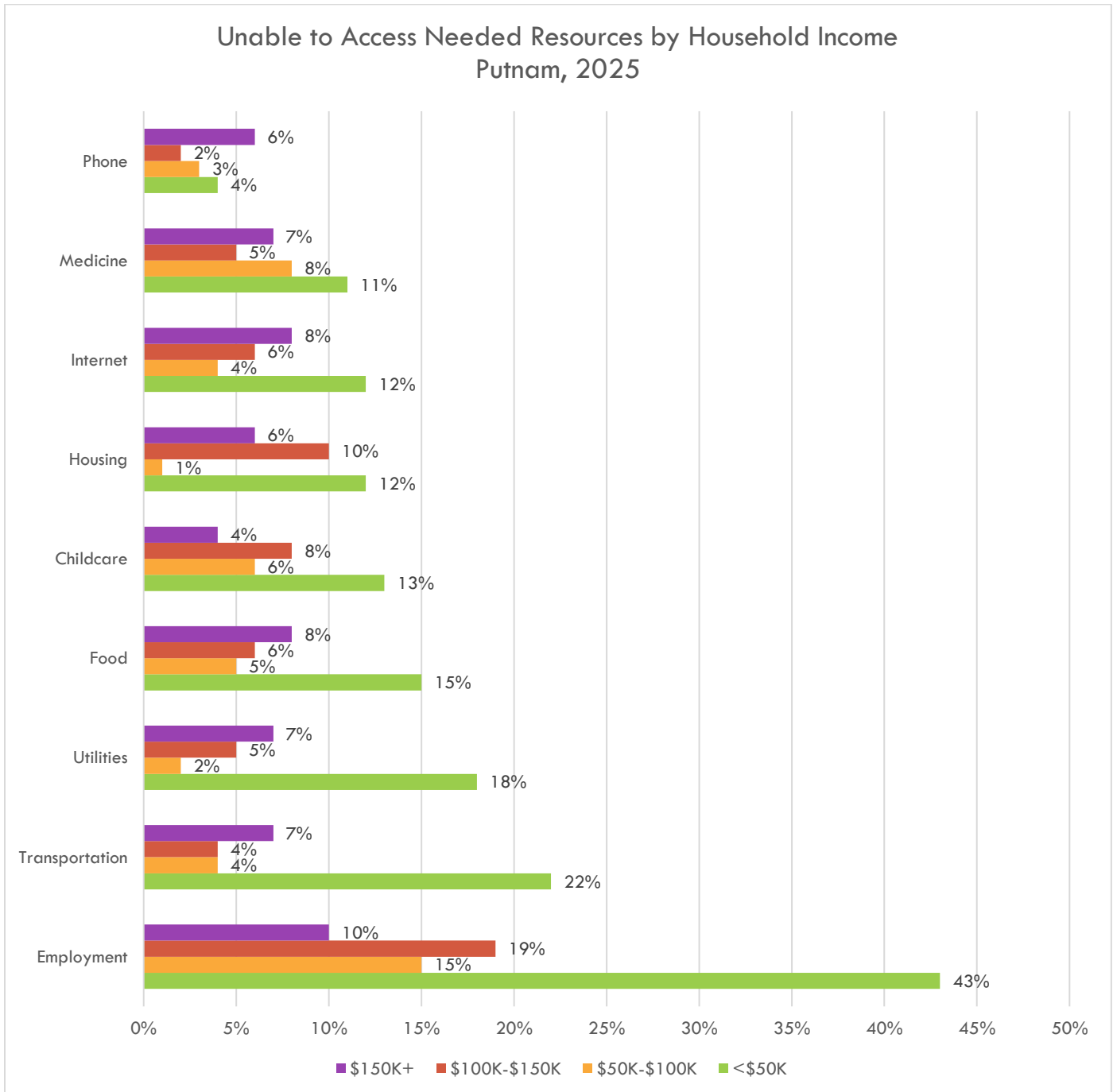
Figure 6 compares results for this series of questions between Dutchess and Putnam in the 2025 survey, and for Putnam in the 2018 and 2022 surveys. In 2025, a similar proportion of Putnam and Dutchess households had trouble meeting basic needs (no differences outside the MOE) and the most commonly unmet need for Putnam households was employment paying a living wage (19%). When we compare results for Putnam over time, the proportion of households with unmet needs decreased in all categories, though it should be noted that all the year-to-year differences are within the MOE. [see Figure 6]

**FIGURE 6**



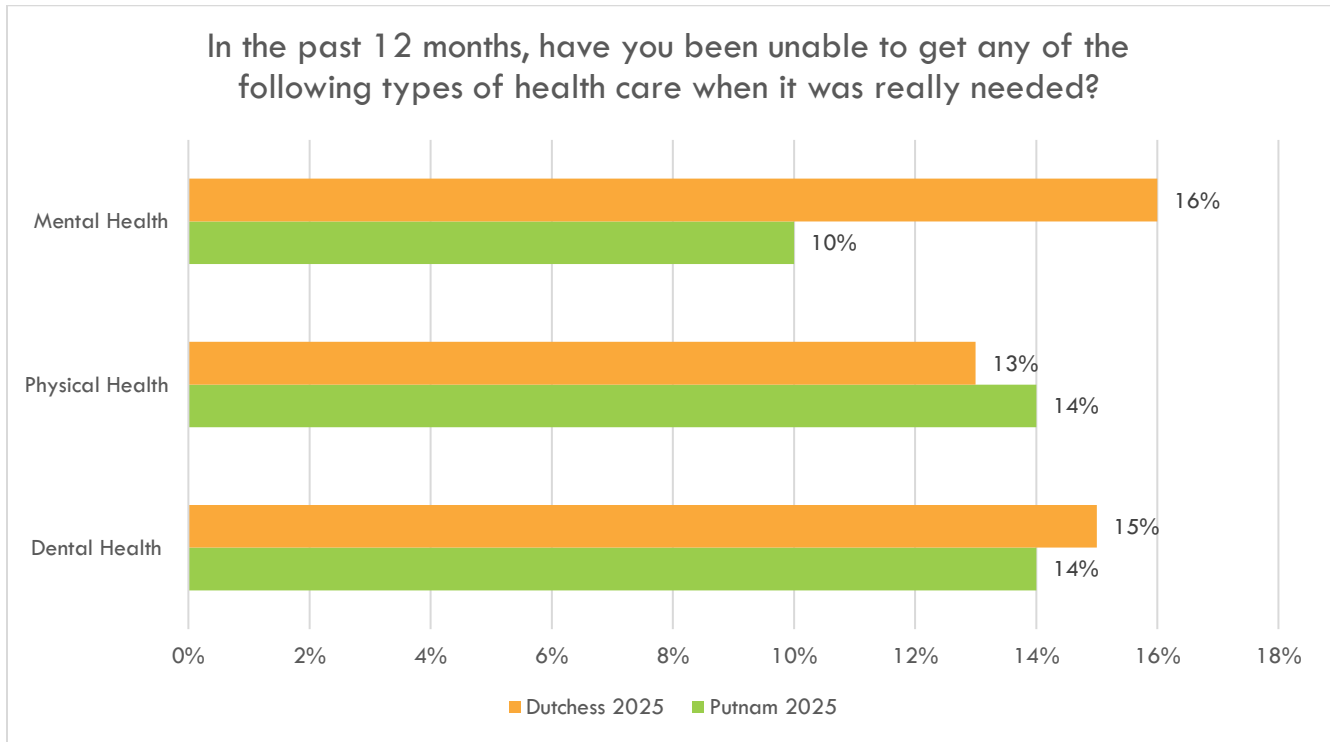
Disparities in the ability to access needed resources were seen based on household income. A higher proportion of respondents from households with annual household income under \$50,000 had trouble meeting needs in all categories except for phone, though it should be noted that differences by income in all categories except for employment are within the MOE. In respondents with annual household income under \$50,000, employment paying a living wage was by far the most common unmet need (43%), followed by transportation (22%), and utilities including heat and electric (18%). [see Figure 7]

FIGURE 7



New in 2025, respondents were asked about their ability to meet healthcare needs in the past year, broken down by dental health, mental health, and physical health. Ten percent of Putnam respondents were unable to get mental healthcare and 14% were unable to get physical health and dental health care. Differences in findings between categories of health care, and between Dutchess and Putnam Counties were all within the MOE. [See Figure 8]

FIGURE 8

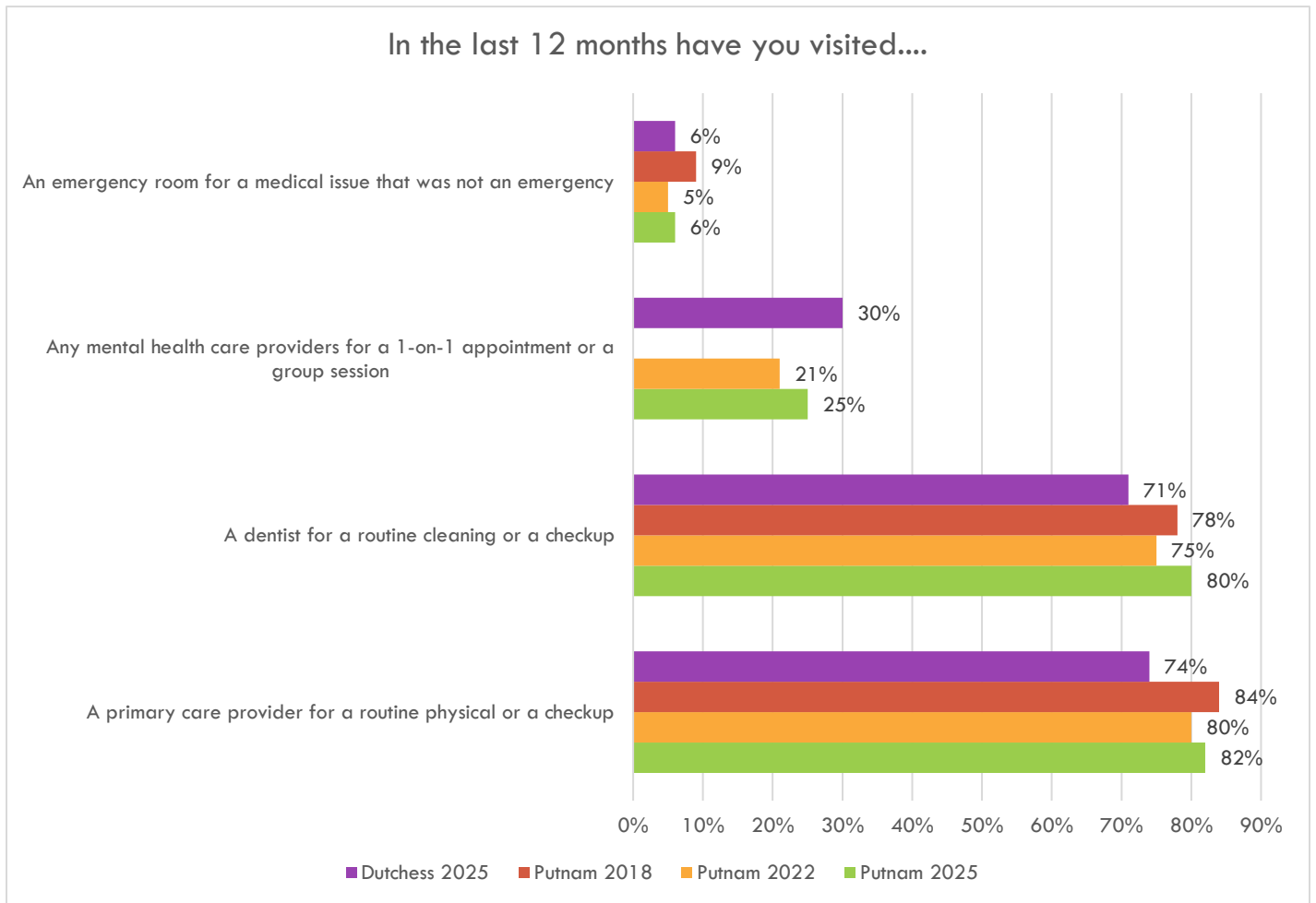


A higher proportion of respondents in the following demographic groups had trouble getting all three types of health care as compared to their counterparts: western zip code residents, females, those aged 35-54 years, non-White, not employed, renters, those with children in the household, non-veterans/active military, those with a disabled person in the household, and those with household income less than \$50,000. A higher proportion of respondents from households with a member who had experienced long-COVID (27%) had trouble getting physical health care when needed, but no differences were noted for dental or mental health care. It should be noted that all these differences were within the margin of error, except for inability to get dental care when needed in those with a disabled person in the household (31%) as compared to those without a disabled person in the household (10%). Respondents with a disabled person in the household were also asked about their ability to obtain care to meet the needs of that household member. Twenty-nine percent had been unable to meet these care needs in the last year.

HEALTHCARE UTILIZATION

The next series of questions explored healthcare utilization. Respondents were asked about primary care, dental care, mental health, and emergency room visits in the past year. Comparisons were made between Putnam 2025, 2022, and 2018 (where data available) and Dutchess 2025. Utilization rates in Putnam are largely consistent from survey to survey. In 2025, utilization of primary and dental care was higher in Putnam than Dutchess, and utilization of mental health care was lower in Putnam than Dutchess, but differences were within the MOE. [see Figure 9]

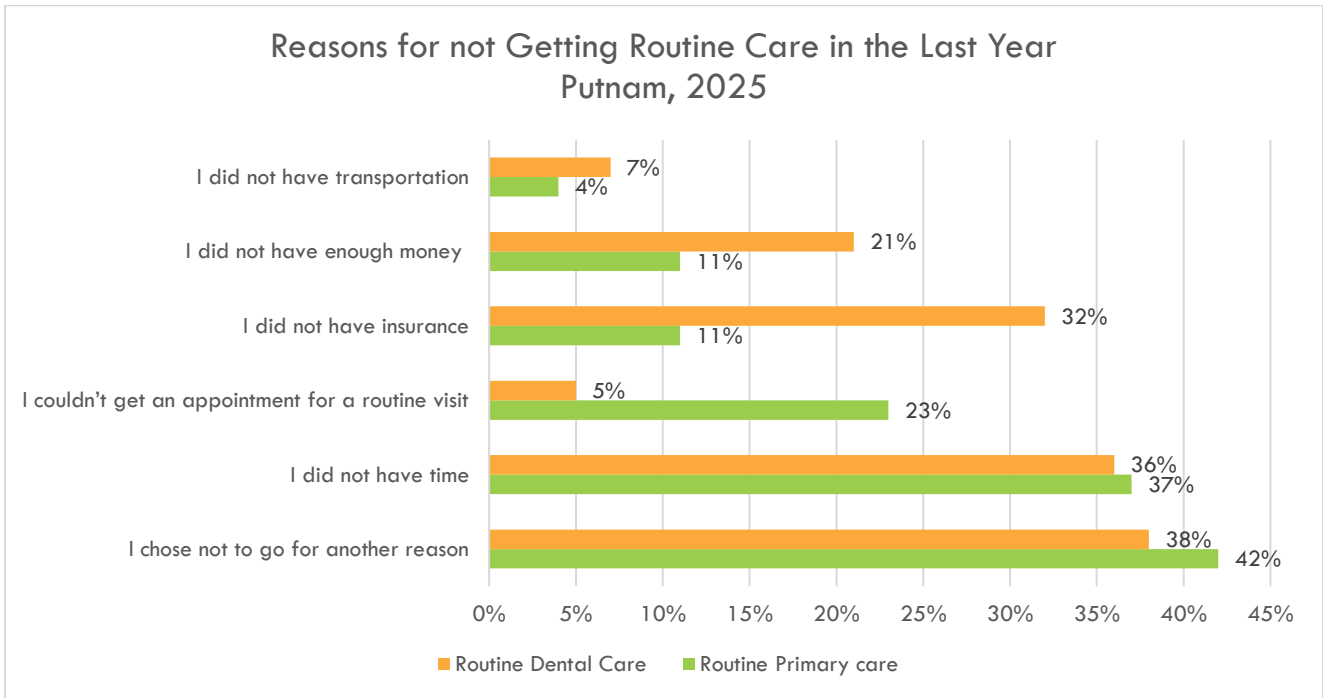
FIGURE 9



Differences were seen in healthcare utilization between age groups. Routine primary care was utilized in the highest proportion by persons over 55 years of age (90%, MOE 6.5%), and in the lowest proportion by those 18-34 years of age (69%, MOE 15.9%), while the highest proportion utilizing mental health care was in those 35-54 years of age (37%, MOE 12.1%) and the lowest proportion was in those over 55 years of age (13%, MOE 6.5%).

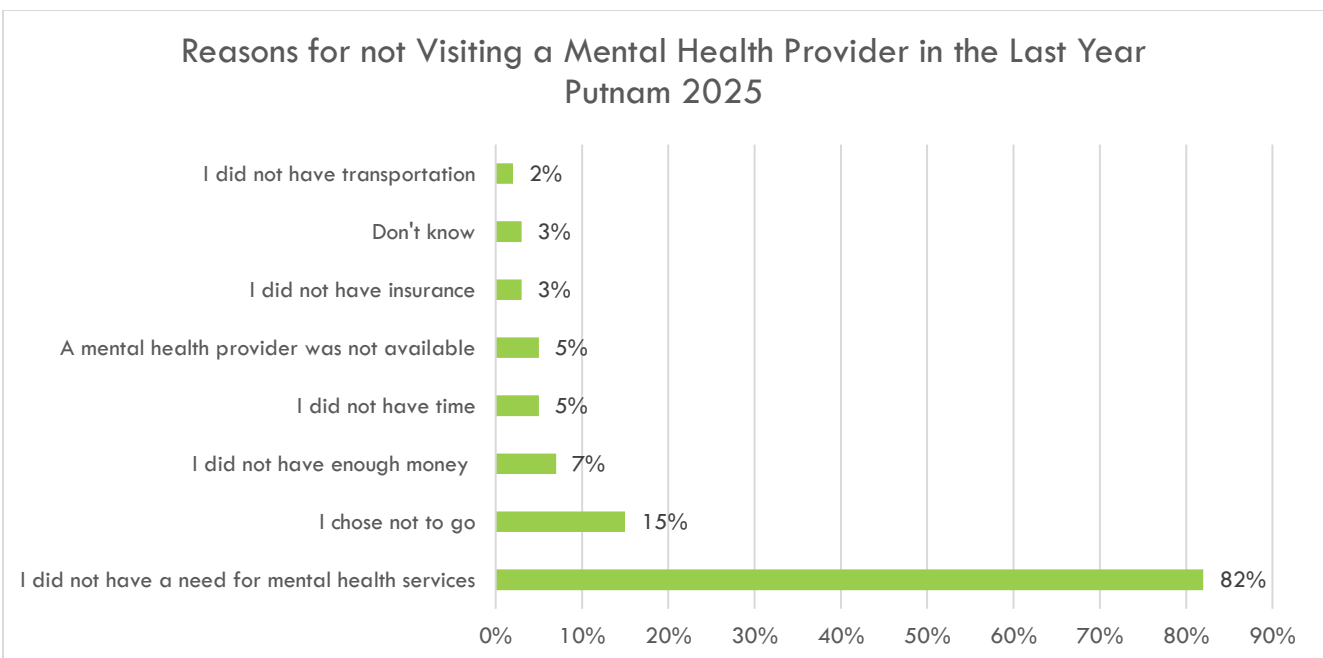
Respondents who had not sought a particular type of care were asked to provide reasons why. The most common reasons for not seeking routine primary care were choosing not to go (42%), not having enough time (37%) and being unable to get an appointment (23%). Similarly, the top two reasons for not seeking routine dental care were choosing not to go (38%) and lack of time (36%), but the third most common reason was not having insurance (32%). There were no significant differences between the 2022 and 2025 surveys. [see Figure 10]

FIGURE 10



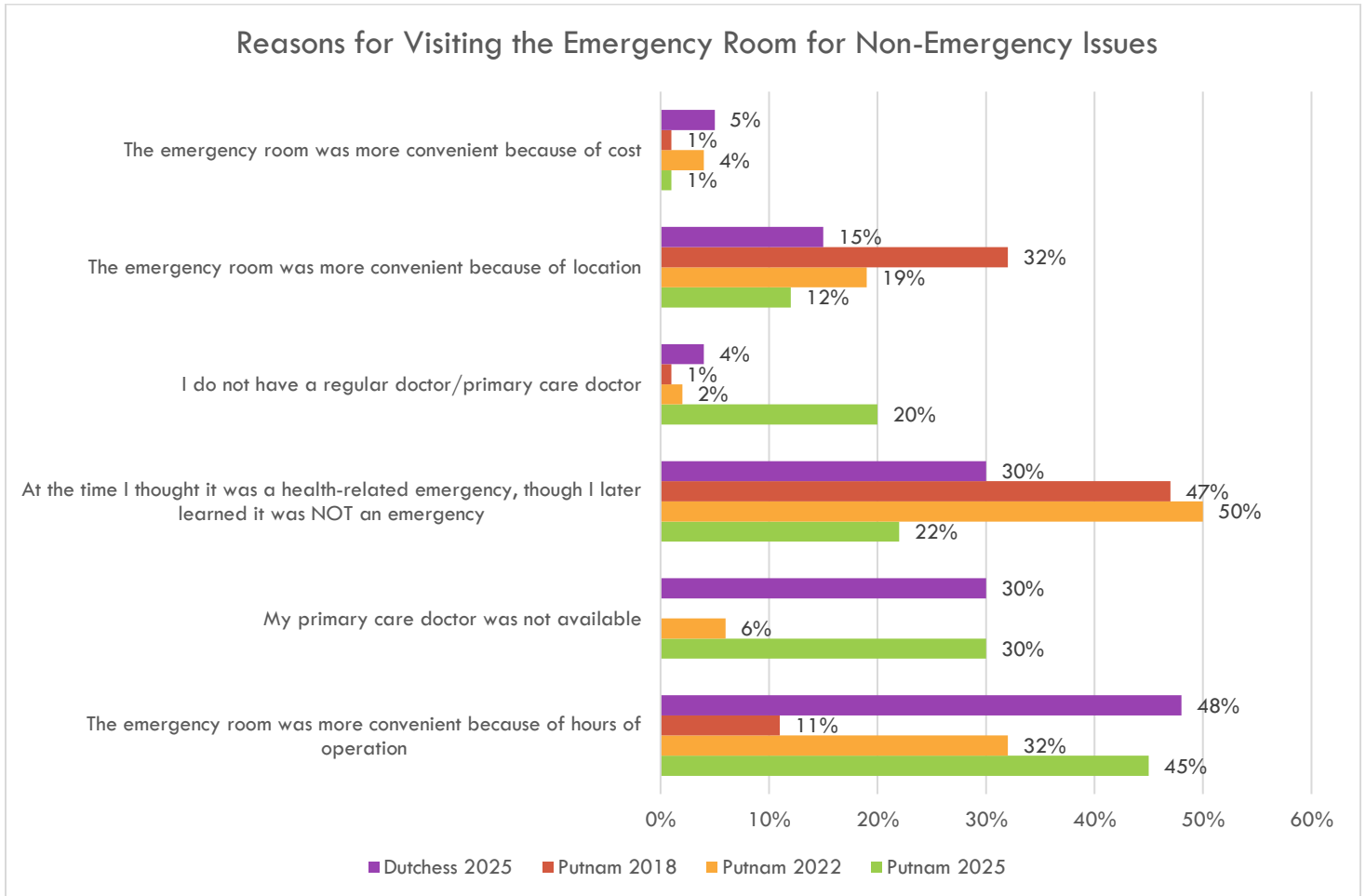
Most respondents who did not utilize mental health services (82%) cited lack of need for the service as their reason for non-utilization. There were no significant differences between the 2022 and 2025 surveys. [See Figure 11]

FIGURE 11



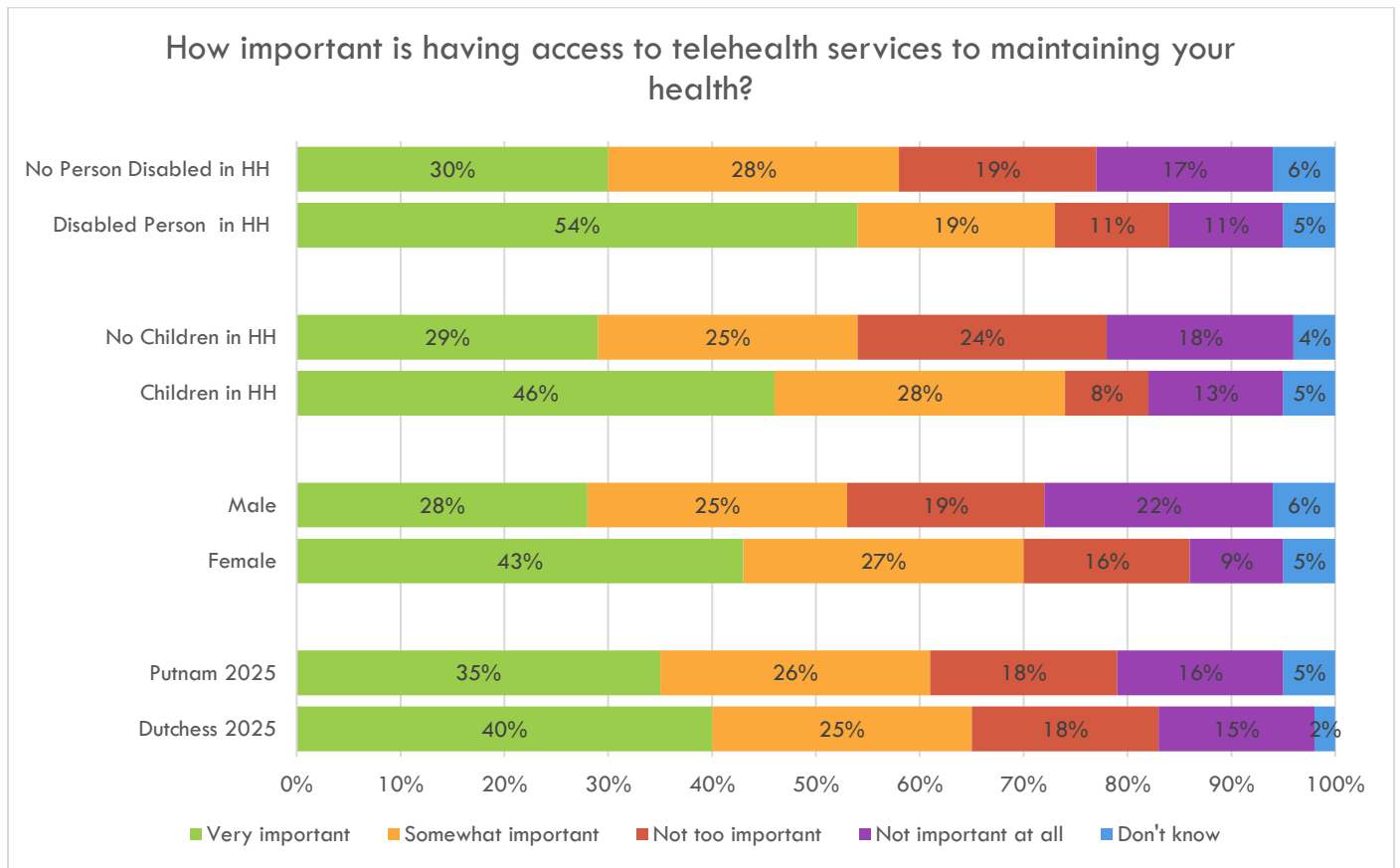
Respondents who used emergency rooms for health-related issues that may have been treatable in a doctor’s office were asked why they made these visits to the emergency room. Results to this question should be interpreted with caution due to small sample size (n=36), but there is evidence that reasons for non-emergency visits to the emergency room may have shifted over time in Putnam County. Utilization due to convenient hours of operation, unavailable primary care providers, and not having a primary care provider all increased from survey to survey. While reasons for utilization were mostly similar between Dutchess and Putnam in 2025, utilization due to lack of a primary care doctor was more common in Putnam (20%) than in Dutchess (4%). [see Figure 12]

FIGURE 12



New in 2025, respondents were asked about the importance of telehealth services in maintaining their health. Results were similar for Dutchess and Putnam Counties. Differences outside the MOE were seen between Putnam demographic groups. A higher proportion of females (70%) consider telehealth services very important or somewhat important to maintaining their health as compared to 53% of males. Similarly, 74% of respondents with children in the household and 73% of respondents with a disabled person in the household consider telehealth services very important or somewhat important, as compared to 54% in those without children in the household and 58% in those without a disabled person in the household. [see Figure 13]

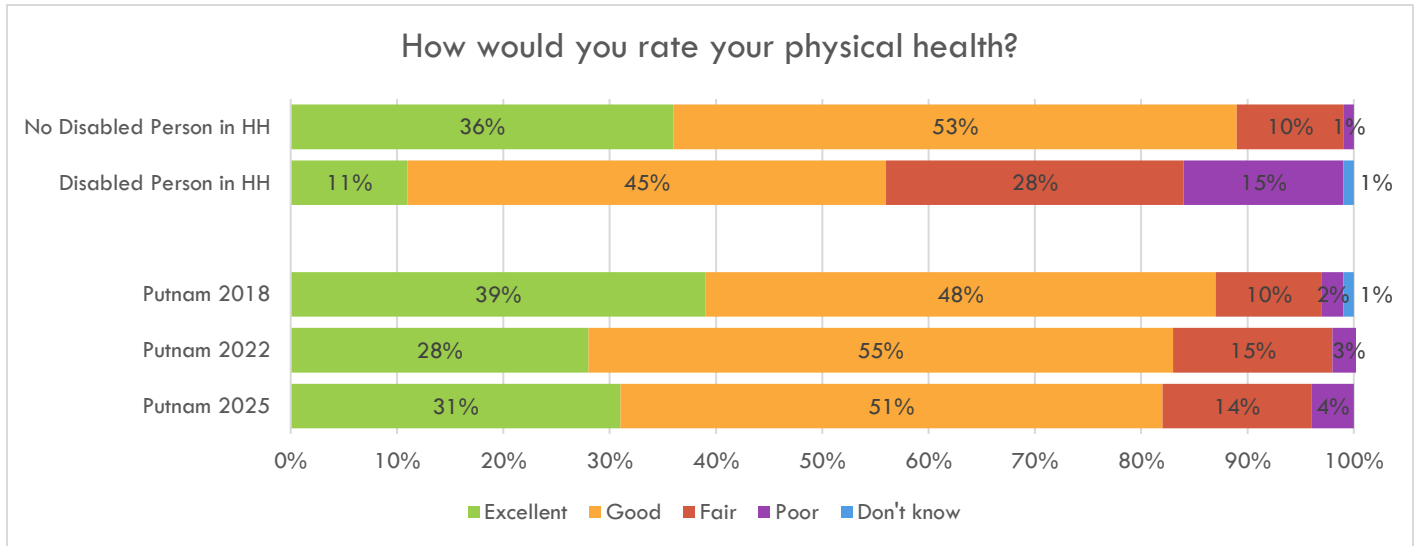
FIGURE 13



HEALTH RATINGS

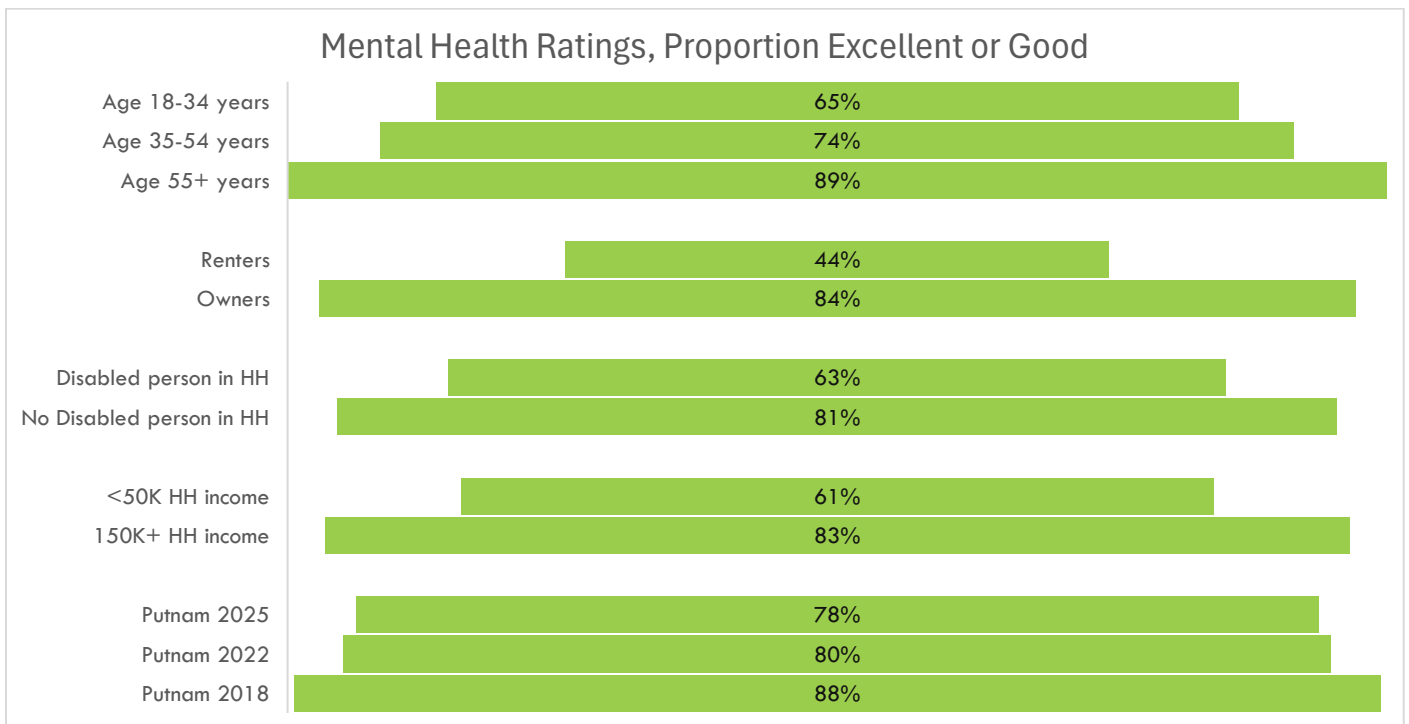
Respondents were asked to rate their physical health as excellent, good, fair, or poor. Overall ratings of physical health in Putnam County remain lower than in 2018, but largely unchanged from 2022. There was a large disparity in physical health ratings between those living in households with a disabled person (56% excellent or good) and those not living in a household with a disabled person (89% excellent or good). [see Figure 14]

FIGURE 14



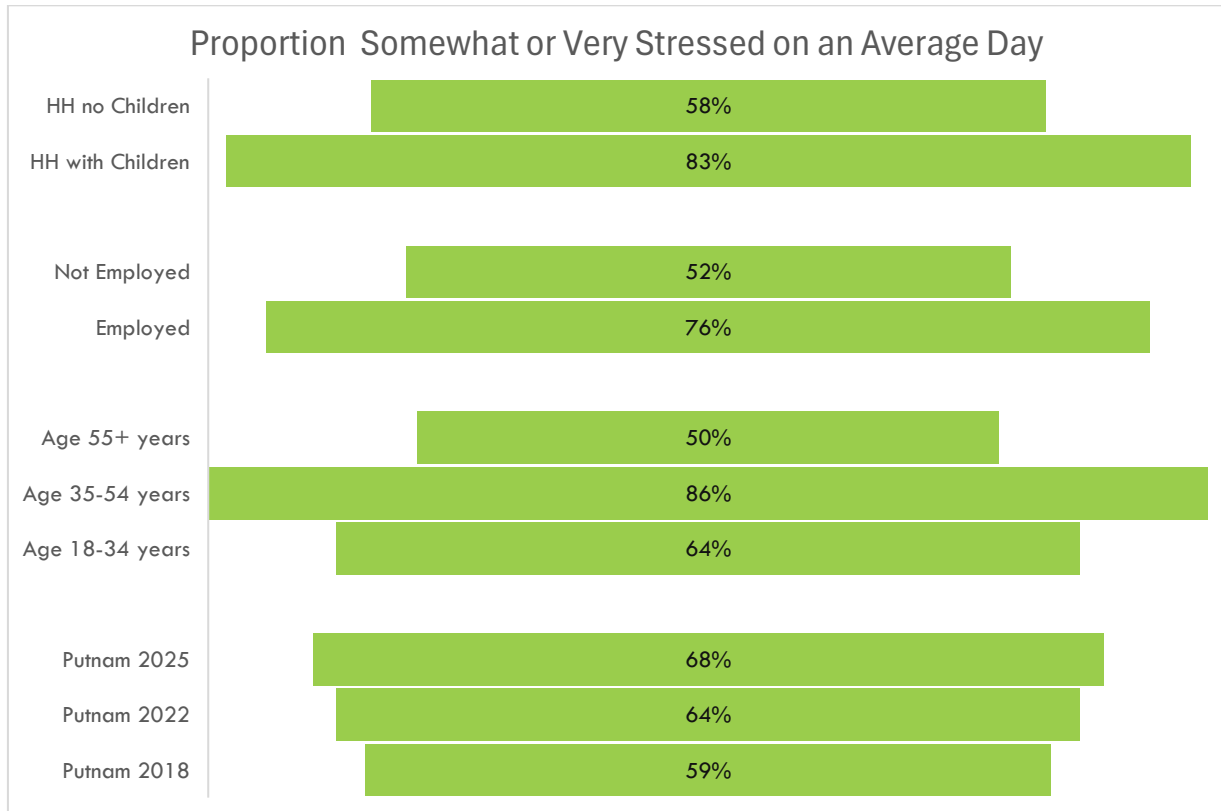
Declines were seen in overall ratings of mental health in Putnam County from survey to survey, but differences did not exceed the MOE. When the proportion of respondents answering excellent or good was compared across demographic groups in Putnam County, differences approaching or exceeding the MOE were noted by age, home-ownership status, presence of a disabled person in the household, and income. [See Figure 15]

FIGURE 15



To further explore factors impacting physical and mental health, respondents were asked how stressed they feel on an average day. Reported stress increased in Putnam County from survey to survey, but differences did not exceed the MOE. Respondents with children in the household, who are employed, and those between 35-54 years of age all reported higher stress levels. [see Figure 16]

FIGURE 16



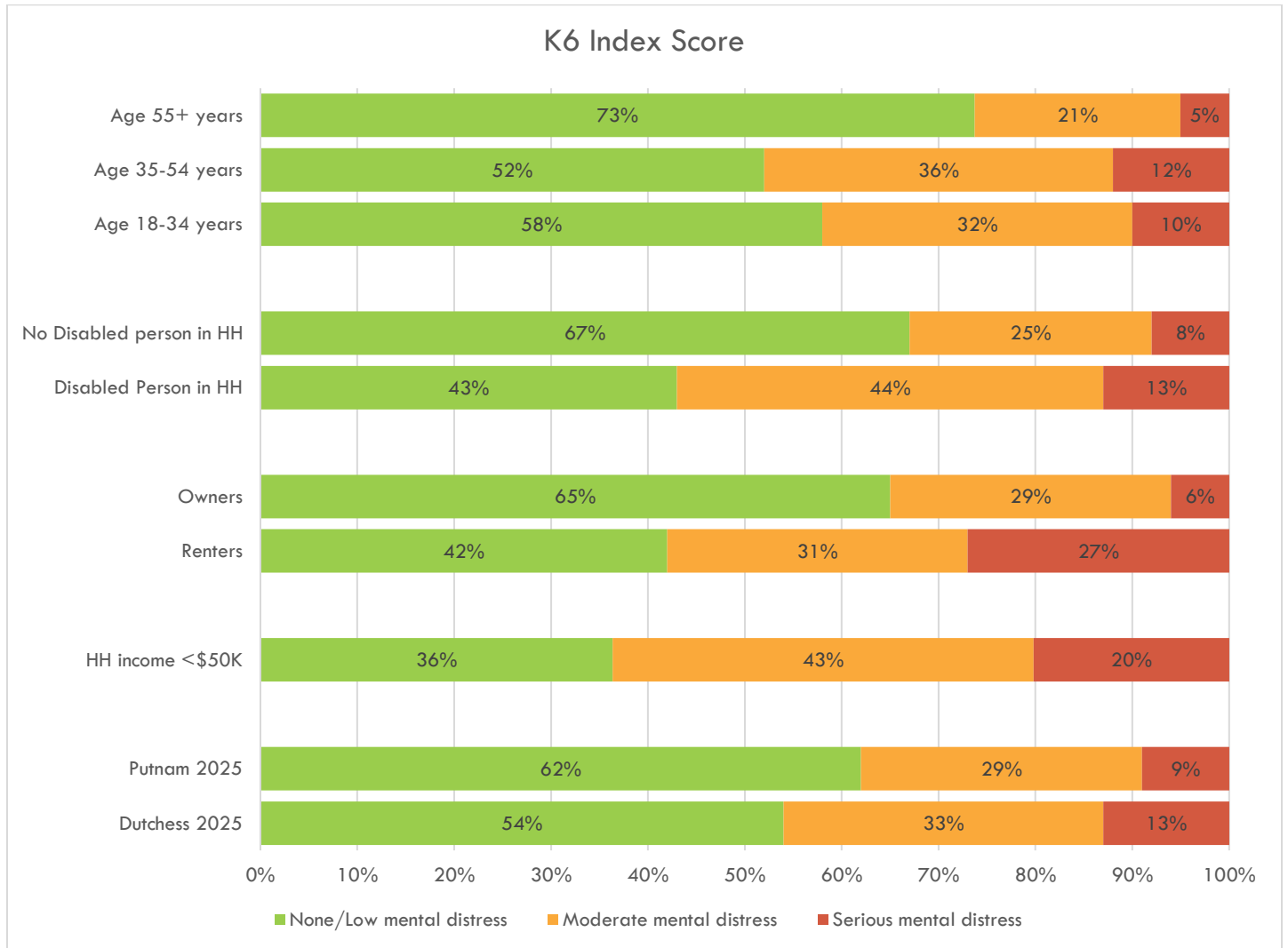
The six question [Kessler Psychological Distress Scale \(K6\)](#) was added to the MHRCS in 2025 to standardize measurement of prevalence of non-specific psychological distress in the population. In this series of questions, respondents were asked the frequency in the past 30 days in which they felt the following: nervous, hopeless, restless or fidgety, worthless, so depressed that nothing could cheer them up, and that everything was an effort. Responses to each of these questions were scored on a scale of 0-4, as shown in Table 2. Scores for individual questions were added together to get an index score of mental distress level.

TABLE 2: K6 INDEX SCORING KEY

K6 Response Options: How many times in the past 30 days did you feel....	K6 Score	Mental Distress Level	K6 Index Score
All of the time	4	Severe Mental Distress	≥13
Most of the time	3	Moderate Mental Distress	≥5-12
Some of the time	2	None/Low Mental Distress	≤5
A little of the time	1		
None of the time	0		

K6 Index Scores are displayed in Figure 17. Prevalence of serious and moderate mental distress is lower in Putnam than in Dutchess County, but differences are within the margin of error. Within Putnam County, the highest prevalence of mental distress was seen in those from households earning less than \$50,000 per year, those who rent rather than own their home, and those from households with a disabled person. A lower prevalence of mental distress was seen in those greater than 55 years of age. [See Figure 17]

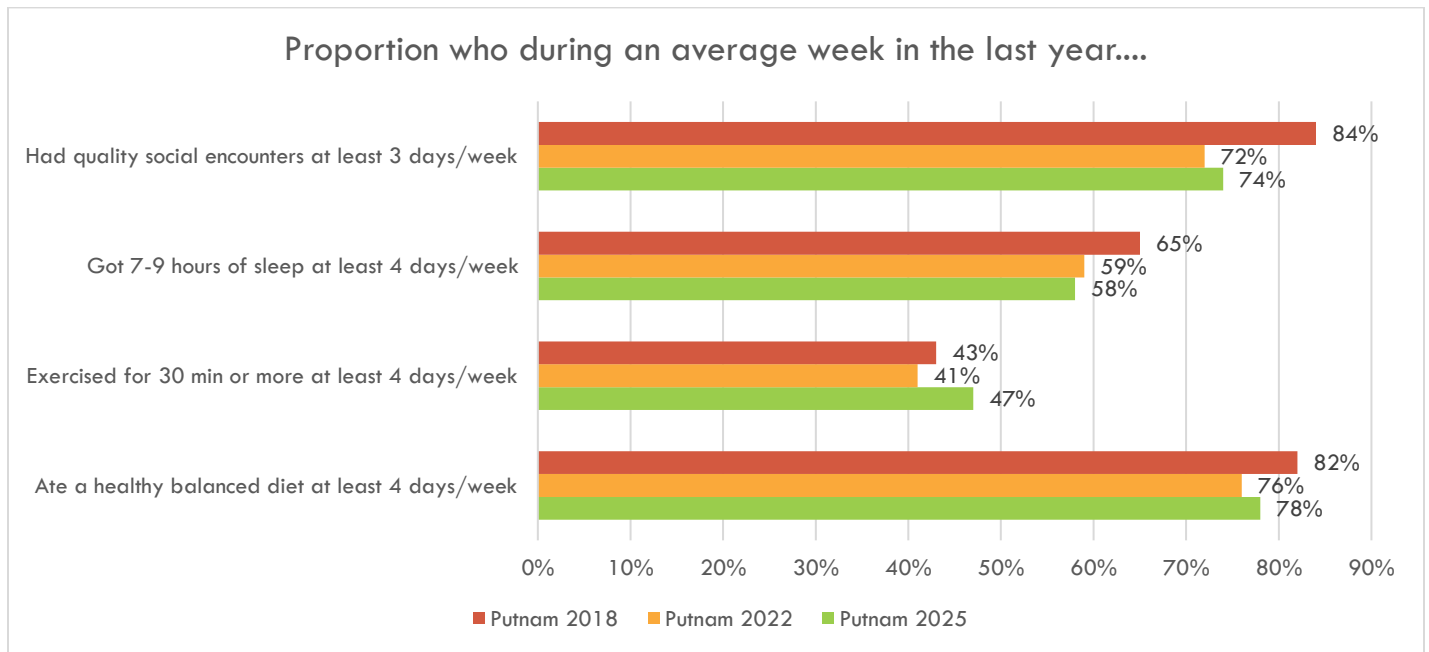
FIGURE 17



HEALTH BEHAVIORS

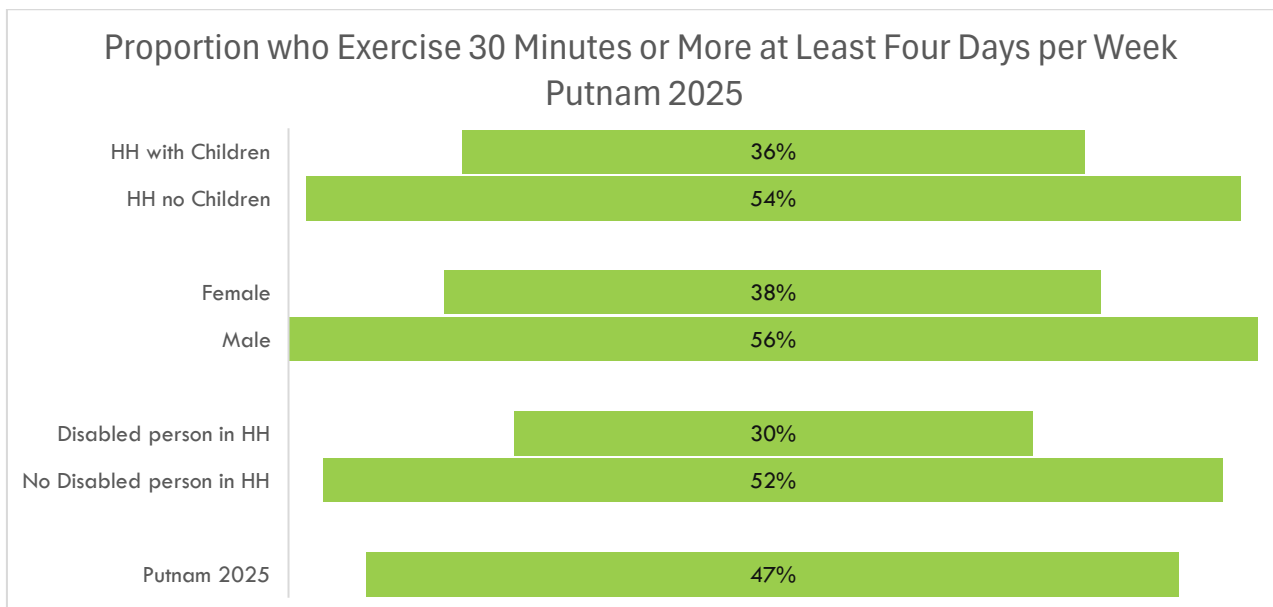
Respondents were asked a series of questions about health behaviors including healthy eating, exercise, sleep, and social interactions. Proportional frequency of behaviors was compared for Putnam respondents in 2018, 2022 and 2025. From 2018 to 2022 declines were seen in the frequency of all beneficial health behaviors, but improvements were seen from 2022 to 2025 for all behaviors except for sleep. It should be noted that only the decreased frequency of quality social encounters between 2018 and 2022 and 2025 exceeds the MOE. [see Figure 18]

FIGURE 18



Differences in exercise frequency were seen based on gender, and if respondents lived in households that include children or a person with a disability. [see Figure 19]

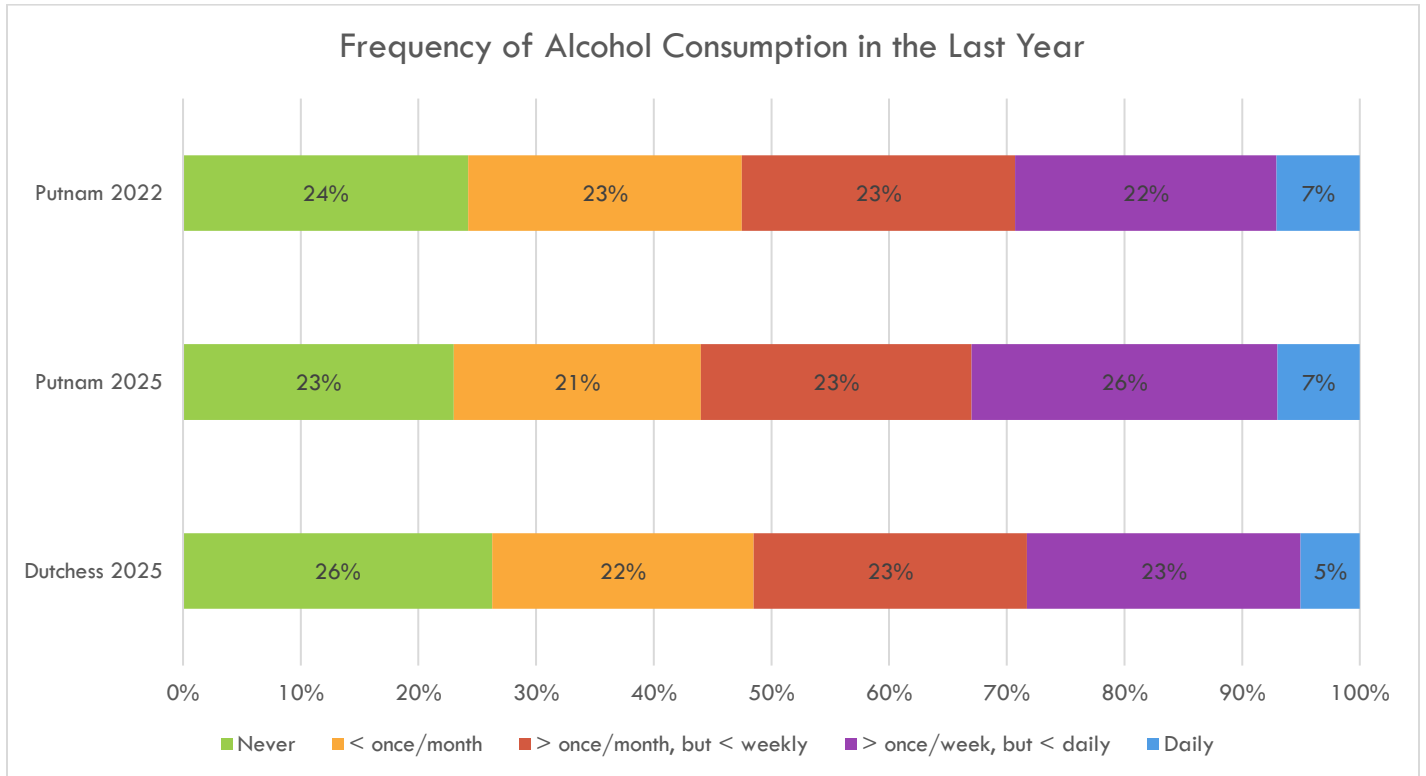
FIGURE 19



Respondents were asked a series of questions about their frequency of substance use, including alcohol, drugs for non-medical purposes, and cannabis, in the last year.

Figure 20 demonstrates that the frequency of alcohol consumption in Putnam in 2025 was very similar to that in Putnam in 2022 and Dutchess in 2025. At one end of the spectrum, about a quarter of Putnam respondents never drink, and at the other end of the spectrum, 7% report that they drink daily. [see Figure 20]

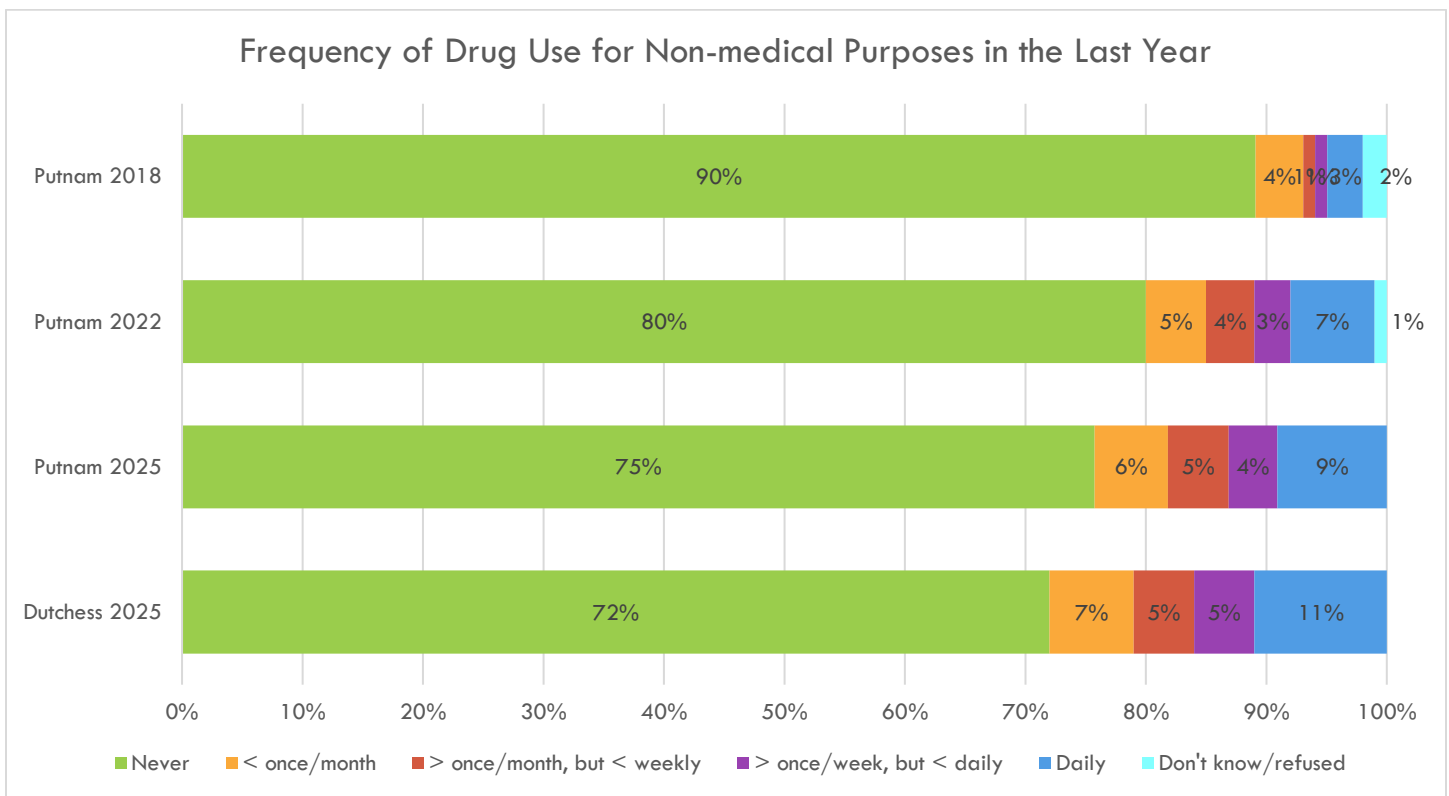
FIGURE 20



When comparisons were made between demographic groups within Putnam County the highest proportion of daily drinkers was seen in respondents who are not employed (10%), those greater than 55 years of age (10%), and those living in a household with a veteran or active member of the military (11%), but all differences were within the MOE.

Respondents were next asked about their use of drugs used for non-medical purposes. The question did not specify if drugs used were legal or illegal, and respondents were instructed to consider any drug use for non-medical purposes, whether it was a prescription or not. Figure 21 demonstrates that most Putnam residents do not use drugs for non-medical purposes, but the prevalence of drug use is trending up. The proportion who never use drugs for non-medical purposes decreased sequentially from 2018 (90%) to 2022 (80%) and 2025 (75%), though only the difference between 2018 and 2025 exceeds the MOE. Proportions for all frequencies of drug use (less than monthly, more than once per month but less than weekly, more than once per week but less than daily, and daily) have increased sequentially from 2018 to 2022 and from 2022 to 2025, though these changes are all small and within the MOE. It should be noted that there was a slight change in the wording of this question from 2018 to 2022, which may also have some impact on the results. Proportional frequencies of non-medical drug use are similar in Dutchess and Putnam Counties in 2025, with no differences exceeding the MOE. [see Figure 21]

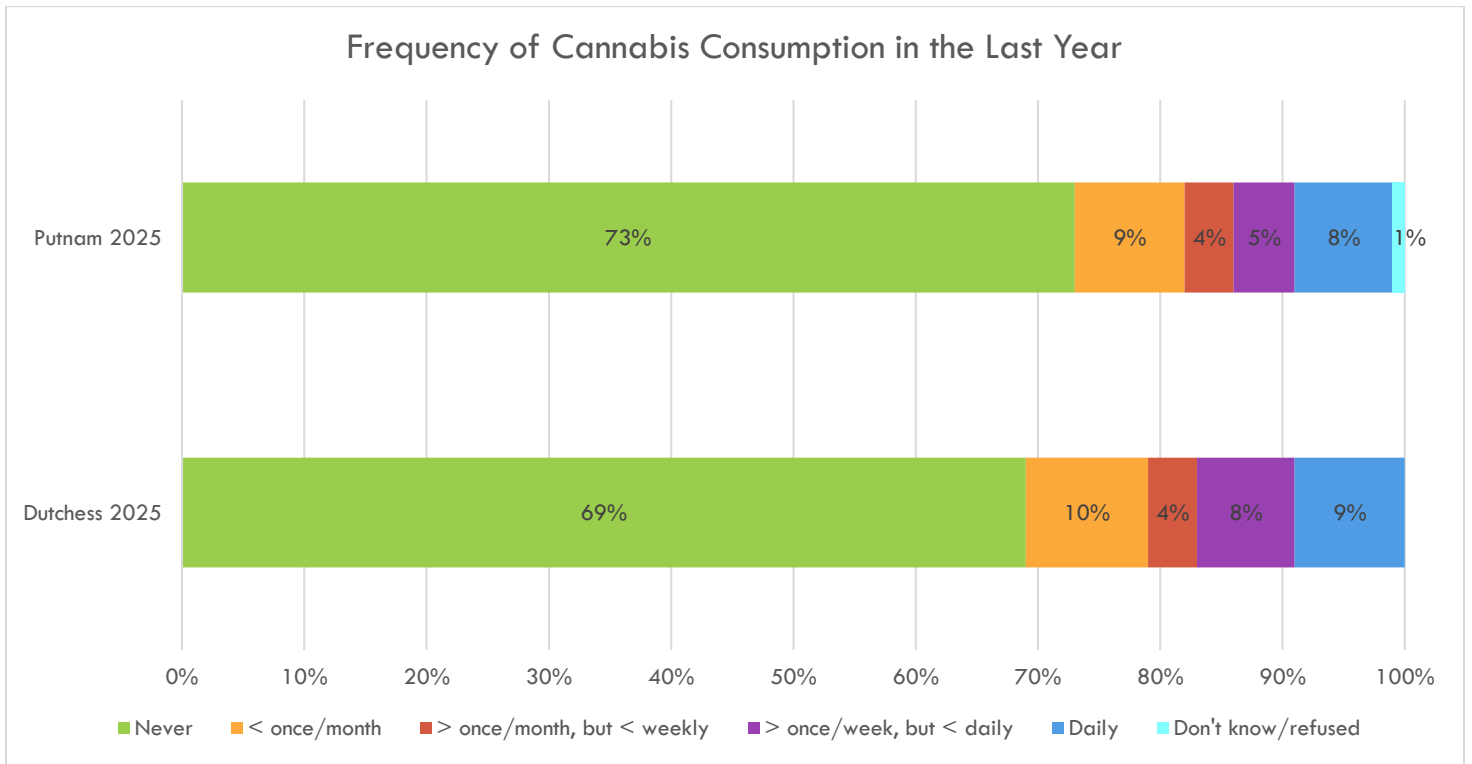
FIGURE 21



No differences outside the MOE were seen between demographic groups within Putnam County. The highest proportion of daily drug use for non-medical purposes was reported by respondents greater than 55 years of age (14%), those who are not employed (15%), those living in a household with a person with a disability (17%), and those living in a household with a veteran or active member of the military (18%).

New in 2025, respondents were asked specifically about cannabis utilization. Figure 22 demonstrates that cannabis consumption and frequency are similar in Dutchess and Putnam Counties, and that 26% of Putnam residents report cannabis consumption and 73% do not. [see Figure 22]

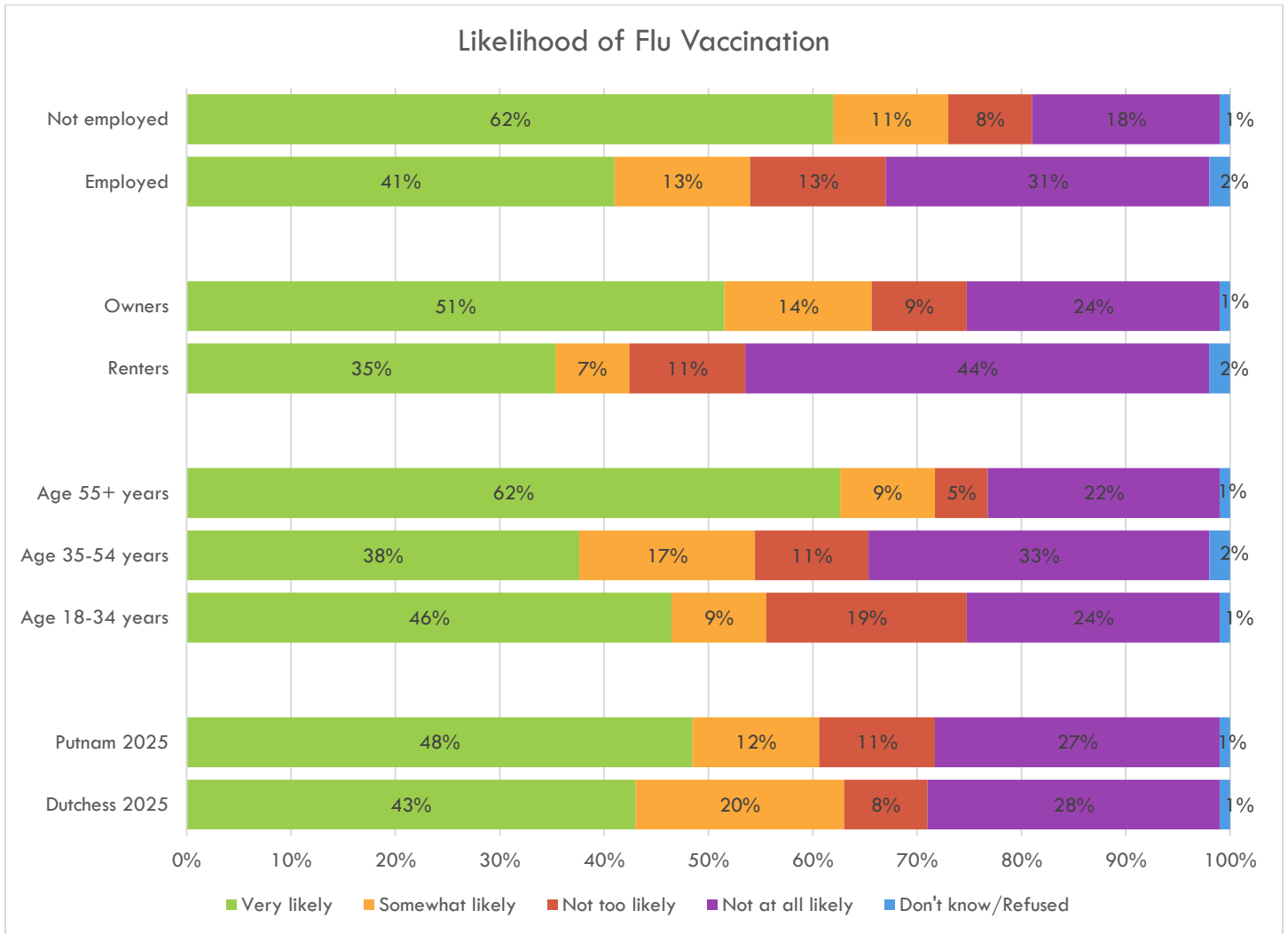
FIGURE 22



No differences outside the MOE were seen between demographic groups within Putnam County. The highest proportion of daily cannabis consumption was reported by respondents with household income less than \$50,000 per year (12%) and from those with a disabled person in the household (15%). The highest proportion of cannabis consumption at any frequency was reported by respondents who rent their homes (36%), those living on the Western side of the county (33%), and those between the 35-54 years of age (33%).

Also new in 2025, respondents were asked how likely they were to get a flu vaccination before the next flu season. Figure 23 demonstrates that intention to be vaccinated for flu is similar in Dutchess and Putnam Counties, and that 60% of Putnam residents are very or somewhat likely to be vaccinated, while 38% are not too likely or not likely at all to be vaccinated. Within Putnam County, those older than 55 years of age, homeowners, and those who are not employed have a greater intention to get vaccinated than their counterparts. [see Figure 23]

FIGURE 23



## DISCUSSION

In the third iteration of this broad-based community health survey, Putnam County performed favorably or similarly in comparison to the neighboring Dutchess County, however we are unable to benchmark performance across the entire Mid-Hudson Region as was possible in the past when all seven counties were able to participate.

Longitudinal comparison of Putnam results for questions that were repeated from previous surveys reveal few differences outside the MOE. Overall trends over time include improvement in the ability of Putnam County residents to meet most basic needs and consistency in healthcare utilization rates. There was a downward trend in ratings of physical health and mental health and increasing self-reported stress. The frequency of beneficial health behaviors declined from 2018 to 2022, but an overall improving trend was seen from 2022 to 2025. Frequency of alcohol consumption was relatively stable, but there is an increasing trend in prevalence of drug use for non-medical purposes.

New questions were added to better understand community quality of life, and their results will be used as a baseline for evaluation over time. The vast majority of Putnam residents have a positive impression of the overall quality of life and safety in their communities. About two-thirds think their communities are good places to live as they age and there are safe places to walk or bike. Residents with a disabled household member have a lower opinion of their community as a place to age and of safety for walking and biking. Women and residents of the western side of the county also have a lower opinion of safety for walking and biking in their communities. County agencies were rated similarly for the quality of communications in public health and weather-related emergencies, receiving excellent or good ratings from 59% and 61% of respondents respectively.

While not entirely new questions, revisions were made to questions addressing the ability to access resources needed in the last year. Notably, inability to maintain employment that pays a living wage, a new edition in the series of questions, emerged as the most commonly unmet need in both Putnam (19%) and Dutchess County (20%). For all other basic needs, the proportion of the population with an unmet need in the last year ranged from 4%-9%. A higher proportion of residents with an annual household income less than \$50,000 per year had trouble meeting basic needs, with employment paying a living wage being the most common unmet need (43%), followed by transportation (22%), and utilities including heat and electricity (18%) in that population.

Exploration of healthcare needs in greater granularity failed to reveal significant differences in inability to meet needs for physical (14%), mental (10%) and dental (14%) healthcare. Inability to get care to meet the needs of household members with disabilities was more common (29% of those with a disabled household member). Differences in barriers to getting care were seen between those that did not have routine physical or dental healthcare in the last year, with lack of money and insurance being more common barriers to routine dental care, and inability to get an appointment being a more common barrier to getting a routine physical.

Additional questions exploring mental health were added in response to resident and community-based organization interest. The K6 Index, a standardized measure of prevalence of mental distress in the population, was more sensitive than self-reported ratings of mental health with K6 scores of 9% for severe mental distress and 29% for moderate mental distress, as compared to self-reported ratings of 5% poor and 18% fair. K6 and self-reported ratings yielded similar results in distribution of mental health concerns in the population, with higher distress/poorer ratings seen in younger adults, renters, those with a disabled household member, and those with household income less than \$50,000 per year.

Notable findings related to health behaviors include indications of improvement in overall frequency of beneficial health behaviors since 2022, with the only significant difference in distribution across the population

being for exercise. The lower frequency of exercise seen in women, and in those from households including children or a disabled person, could indicate that household responsibilities present a barrier to exercise. As a new question, intention to get vaccinated for the flu cannot be examined longitudinally, but, as with exercise, the lower intention to vaccinate seen in middle-aged adults and those who are employed may suggest that busy schedules and competing priorities have an impact on vaccination.

The most notable finding related to potentially harmful behaviors is the decreasing proportion of residents who never use drugs for non-medical purposes alongside a cannabis consumption rate of 26%. Frequency of cannabis consumption was newly added to the 2025 survey to facilitate tracking of cannabis utilization rates since legalization in New York State (1), so we can only hypothesize that increasing cannabis consumption may be contributing to the overall rise in drug use for non-medicinal purposes.

## CONSIDERATIONS FOR STAKEHOLDERS

The results of this survey are intended to be used as a resource for data driven prioritization of initiatives to improve population health in Putnam County. Survey findings may also be used in support of grant applications and other advocacy efforts, to benchmark progress of existing initiatives, and to tailor new or existing initiatives to evolving population needs.

### SOCIAL DETERMINANTS OF HEALTH (SDOH)

Social determinants of health (SDOH) are upstream factors within social, physical, and economic environments which impact health outcomes. Survey findings indicate that the ability to maintain employment that pays a living wage is the most common SDOH impacting Putnam County residents. County leadership should consider improving employment opportunities in policy making decisions.

### HEALTH EQUITY

Stakeholders across sectors are encouraged to use survey findings to identify and target interventions to disproportionately affected populations. Disproportionate impacts were identified across many measures among respondents from low-income households as well as households including a person with a disability.

### EMERGING ISSUES

Questions added to the survey in 2025 provide local reference points on topics garnering national attention such as vaccination, recreational use of cannabis, and public safety. Local data allows stakeholders to best meet the needs of those they serve. For instance, while headlines might emphasize growing public concern about crime (2), survey results show 97% of Putnam residents think their neighborhoods are safe places to live.

## REFERENCES

1. **Office of Cannabis Management.** Cannabis Law Overview. [Online] <https://cannabis.ny.gov/cannabis-law-overview>.
2. **Gramlich, John.** What the data says about crime in the U.S. *Pew Research Center*. [Online] April 24, 2024. <https://www.pewresearch.org/short-reads/2024/04/24/what-the-data-says-about-crime-in-the-us/>.