

PUTNAM COUNTY



Community Health Assessment 2025



ACKNOWLEDGMENTS

The Putnam County 2025 Community Health Assessment covers Putnam County.

It has been prepared as a supplement of the [Mid-Hudson Region Community Health Assessment 2025](#), as a synopsis of findings specific to Putnam County.

This is an individual plan; however components of the assessment were completed in collaboration with the local hospital system (formerly Nuvance Health, now joining Northwell Health).

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Nuvance Health is joining Northwell

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COMMUNITY HEALTH ASSESSMENT

EXECUTIVE SUMMARY

INTRODUCTION

A Community Health Assessment (CHA) is a descriptive summary of a population, its health status, and the distribution of health issues and the factors that impact health. It identifies the population's main health issues and their determinants and summarizes the assets and resources that can be mobilized to address the issues identified. The findings of a CHA inform the collaborative development of a Community Health Improvement Plan (CHIP).

In New York State, local health departments (LHDs) are currently required to complete and submit a comprehensive CHA to the New York State Department of Health (NYSDOH) every six years, with a mid-cycle CHA update required at the three-year mid-point in the cycle. LHDs are also required to submit a CHIP which aligns with the [New York State Prevention Agenda](#) (NYSPA) no later than six months after submission of the comprehensive CHA. CHIP progress updates are required annually. There are similar requirements for the Putnam County Department of Health (PCDOH) to maintain its status as an [accredited health department](#). A new six-year NYSPA cycle began in 2025, with the CHA due to NYSDOH at the end of the year, and the CHIP due by June of 2026.

The comprehensive CHA is not a single assessment, but rather an amalgamation of component assessments reviewed side by side to present the fullest possible picture of health in Putnam County. Component assessments contributing to the 2025 CHA include a review of secondary data from an array of secondary sources and primary data collected locally for the purpose of the CHA. Secondary data sources include federal agency sources such as the U.S. Census Bureau's American Community Survey and the USDA's Food Environment Atlas; New York State agency sources such as NYSDOH Vital Statistics and the NYS Education Department; and non-governmental organizations such as Feeding America and Bach Harrison L.L.C's Prevention Needs Assessment Survey. Primary data sources include a trio of community surveys more fully described in the paragraphs below.

PCDOH engaged with various collaborative partners to develop and complete these component assessments. Separate reports have been written for each component. All of documents produced in support of the 2025 CHA, and the associated collaborative partners, are described below.

THE 2025 MID-HUDSON REGION COMMUNITY HEALTH ASSESSMENT (MHRCHA)

For the third consecutive cycle, the seven LHDs of the Mid-Hudson Region, including Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester Counties, collectively known as the Hudson Valley Public Health Collaborative (HVPHC), worked together to create a regional CHA. To produce a comprehensive review of the region and each county's current health status, distribution of health issues, and

determinants of health, HVPHC members compiled health indicator data from a wide range of secondary sources, created visualizations of the data, and wrote contextual narratives. The [2025 MHRCHA](#) was written by the HVPHC and fulfills NYSDOH CHA requirements for Putnam County.

The [MHRCHA](#) is intended to serve as a broad-based reference for health indicators for regional stakeholders. Providing compiled health indicator data for all counties in the region gives stakeholders the opportunity to benchmark individual county performance against neighboring counties. For each individual county, the [MHRCHA](#) also includes a summary of primary data collection efforts, and a narrative summation of the demographics, identified areas of focus, and assets and resources available to address these areas of focus.

COMMUNITY HEALTH SURVEYS

PCDOH conducted a series of surveys to supplement data from secondary sources in the [MHRCHA](#).

During the summer of 2024, [Nuvance Health](#) and LHDs within the Nuvance service area worked collaboratively with the healthcare data analytics and consulting company, [DataGen®, Inc.](#) to develop, promote and administer two surveys designed to describe the overall health and well-being of area residents. The [Community Health Experience Survey \(CHES\)](#) was administered to the public. Multiple modalities were used to engage broad community participation including news releases, social media posts, website posts and in-person promotion at community events. The [Community-based Organization Survey \(CBOS\)](#) was administered to employees of partner organizations located in the Nuvance service area. The survey was disseminated to partner organizations attending the Public Health Summit hosted by PCDOH on June 6th, 2024, and via email to PCDOH and Nuvance partner distribution lists.

In May of 2025, alongside Dutchess County, Putnam County participated in the third iteration of the [Mid-Hudson Regional Community Health Survey \(MHRCHS\)](#), a broad-based health survey designed to enhance understanding of local health status, quality of life, and factors that impact health. As in 2018 and 2022, when all seven Mid-Hudson Region Counties were able to participate, the MHRCHS utilized a probability sampling design and was administered by [Siena Research Institute \(SRI\)](#). In 2025, the 50+ question survey instrument included both new questions and many of the same questions offered in previous surveys to allow for assessment of change over time.

Reports describing the methodology and Putnam County findings for each of these surveys can all be found on [Community Survey Results](#) page of the PCDOH website.

THE 2025 PUTNAM COUNTY COMMUNITY HEALTH ASSESSMENT

The 2025 Putnam County CHA is a synopsis of the component assessments described above. It is intended to provide Putnam residents and stakeholders with an accessible topline description of Putnam-specific CHA findings. It includes a description of community characteristics, focus areas, and resources to address the identified focus areas. Focus areas were determined through a systematic review of all the primary and secondary data included in the above-mentioned assessments. Readers interested in more detailed information are encouraged to click on the links to the full reports for component assessments.

COMMUNITY DESCRIPTION

Putnam County is located in New York State (NYS) approximately 60 miles north of New York City (NYC) and is bordered by the Hudson River to the west, Connecticut to the east, Dutchess County to the north, and Westchester County to the south. NYC is accessible by Metro-North rail lines running on the eastern and western sides of the County (1). With approximately 230 square miles of land area and 427 people per square mile, Putnam ranks 55th in size and 11th in population density among the state's 57 counties outside of NYC (2). Putnam's terrain includes a mix of rural and suburban areas with numerous lake communities, parklands, and reservoirs. The County is divided into six towns with three villages and no urban centers (3). More than a third of the population resides in the town of Carmel (4), which occupies the southern central portion of the county [See Figure 1].

FIGURE 1

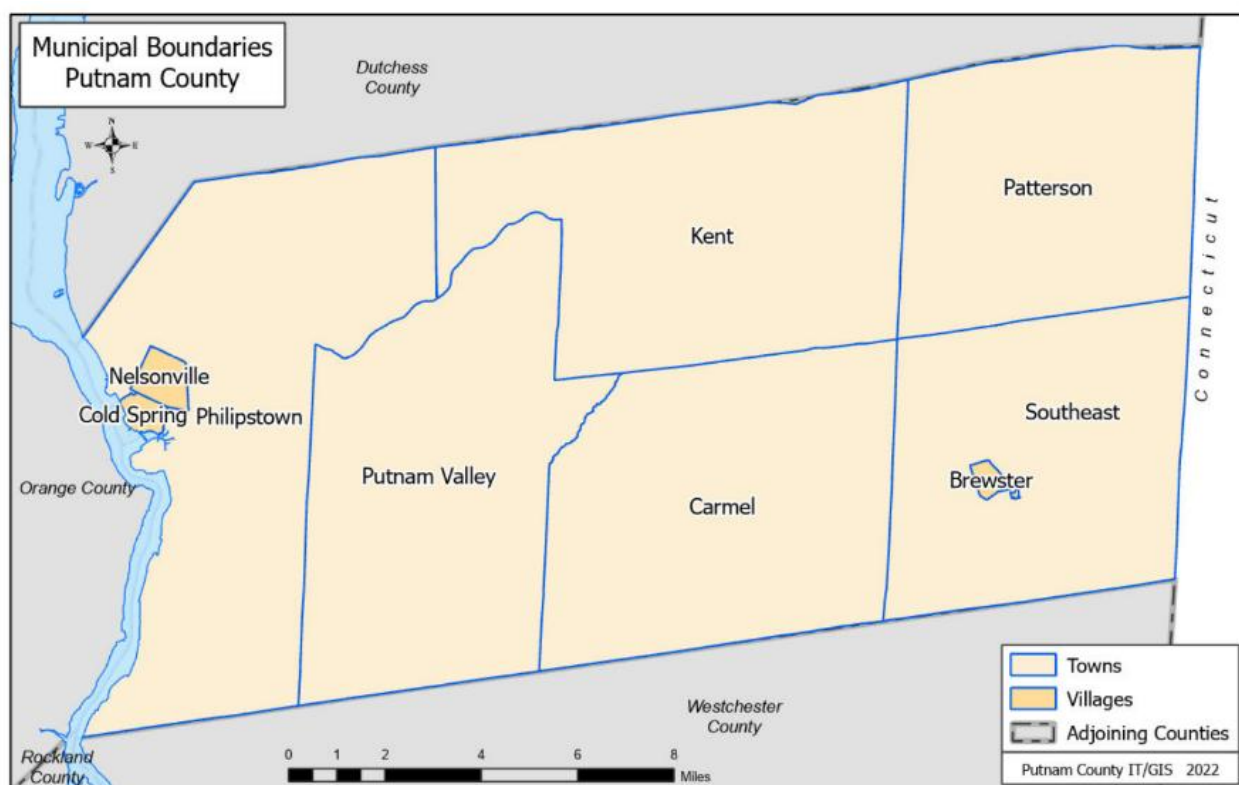
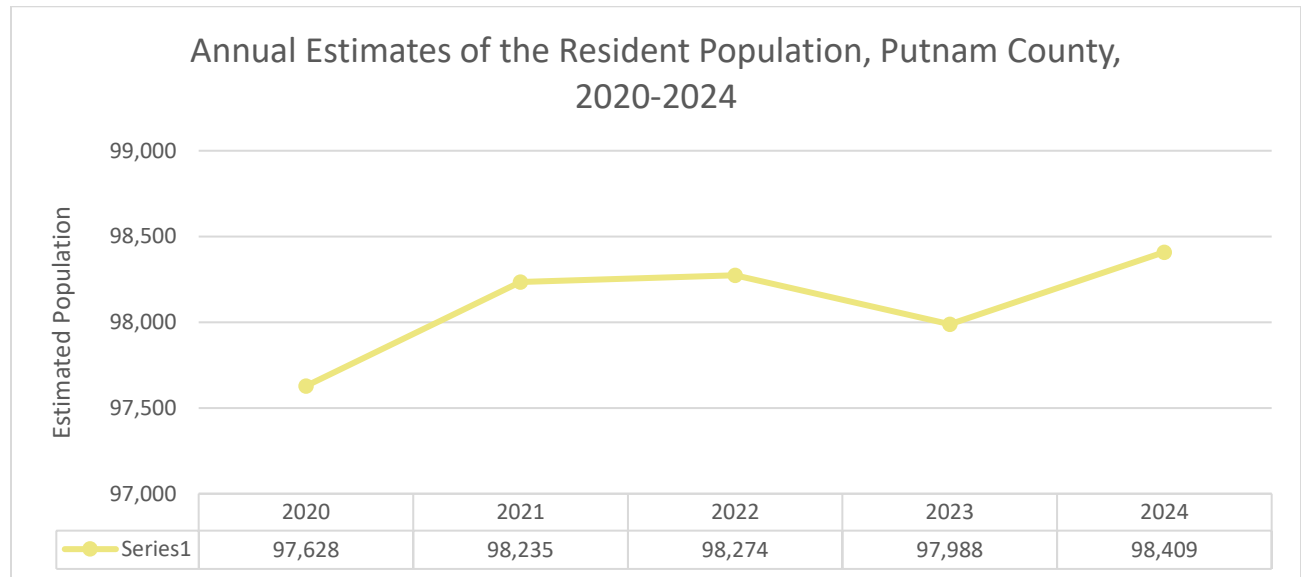


Figure Source: Putnam County Department of Information Technology/GIS

With an estimated population of 98,409 in 2024, Putnam is the second least populous county in the Mid-Hudson Region of NYS, constituting 4% of the region’s population and 0.5% of the population of the state (5). Based on the Decennial Census, the county’s population decreased by 2% between 2010 and 2020 (6), but has trended up by 0.8% from 2020 to 2024 based on recent census estimates (5) [see Figure 2].

FIGURE 2



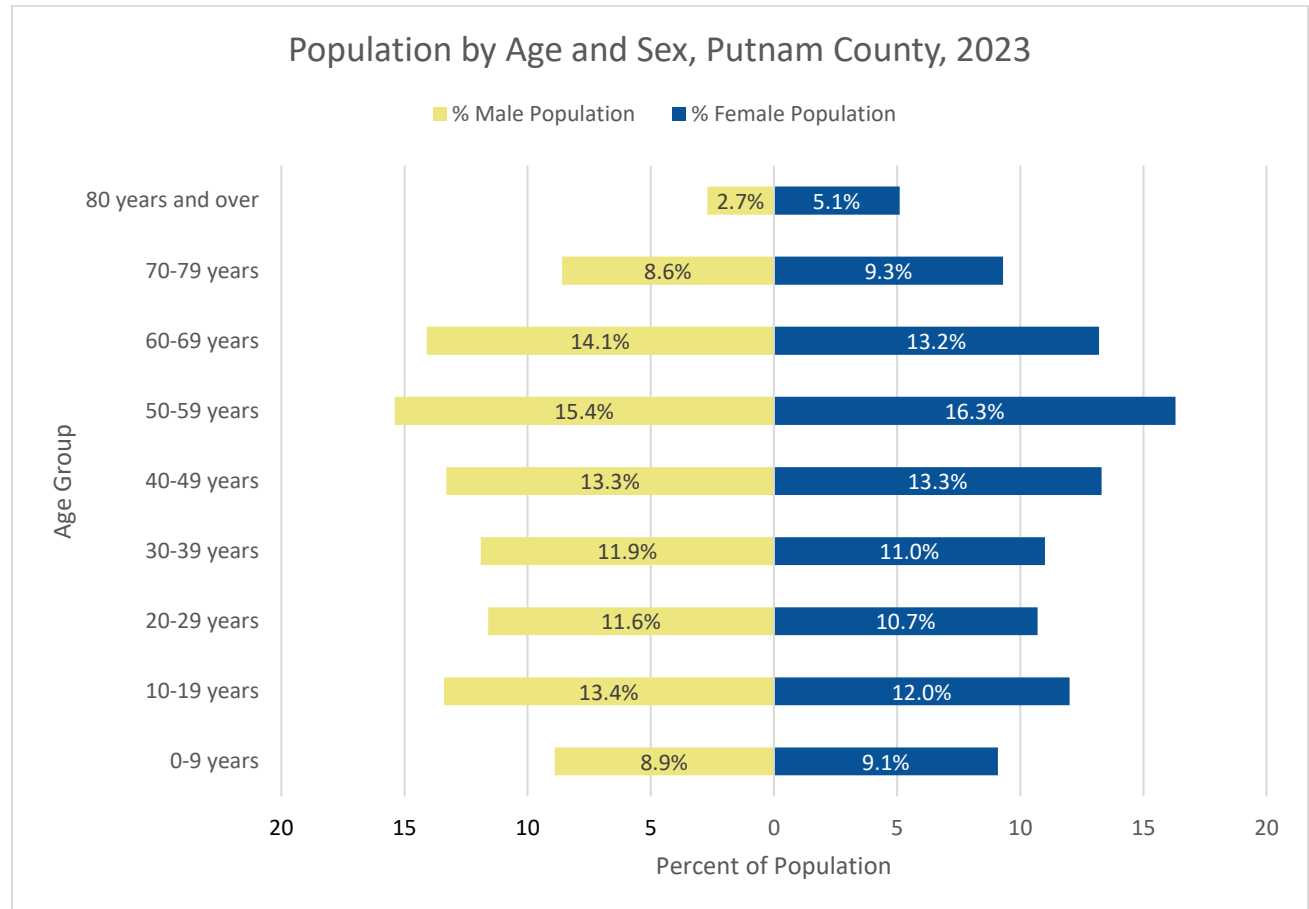
Source: U.S. Census Bureau, Population Division

Annual Estimates of the Resident Population for Counties in New York: April 1, 2020 to July 1, 2024 (CO-EST2024-POP-36)

Release Date: March 2025

Based on American Community Survey (ACS) 5-year estimates, in 2023 the Putnam County population was 49.5% female and 50.5% male, and the median age was 44.2 years. Making up 15.8% of the population, residents between 50-59 years of age were the most populous ten-year age bracket (7) [see Figure 3].

FIGURE 3



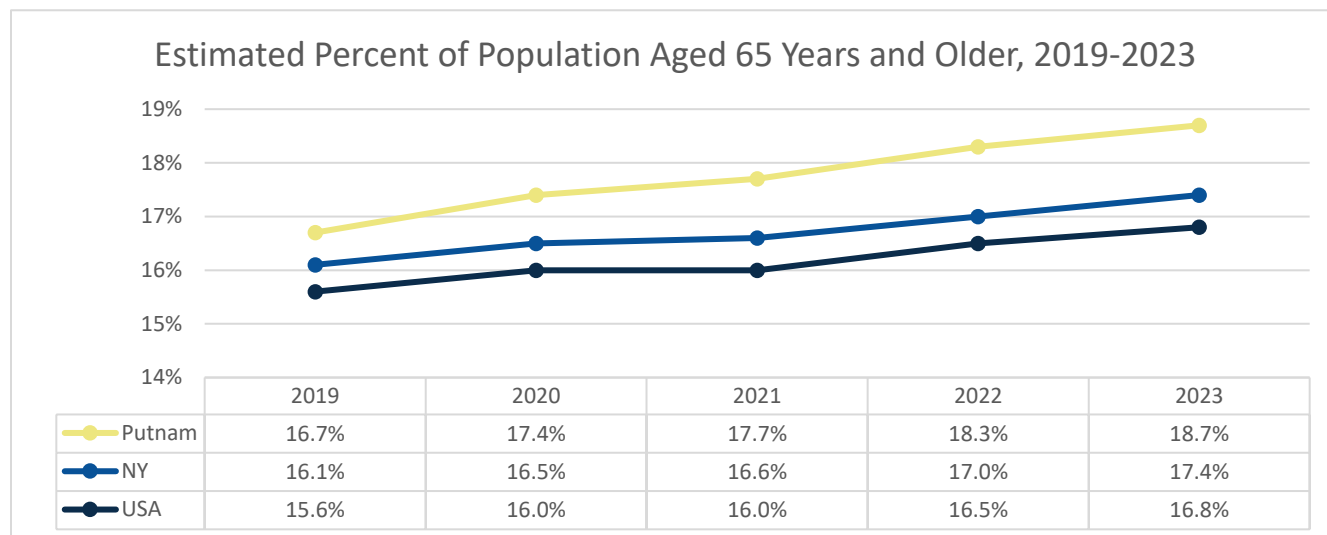
Source: U.S. Census Bureau, U.S Dept. of Commerce

Age and Sex. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0101

https://data.census.gov/table/ACSST5Y2023.S0101?q=010XX00US_040XX00US36_050XX00US36079

With an estimated median age of 44.2 years and 18.7% of residents aged 65 years or older in 2023, Putnam's population was older than that of both NYS (median age 39.6 years, 17.4% aged 65 and older) and the nation (median age 38.7 years, 16.8% aged 65 and older). Similar to NYS and the nation, Putnam is experiencing a demographic shift toward older age categories attributable to the aging of the large cohort of baby boomers born between 1946 and 1964 (7) [see Figure 4].

FIGURE 4

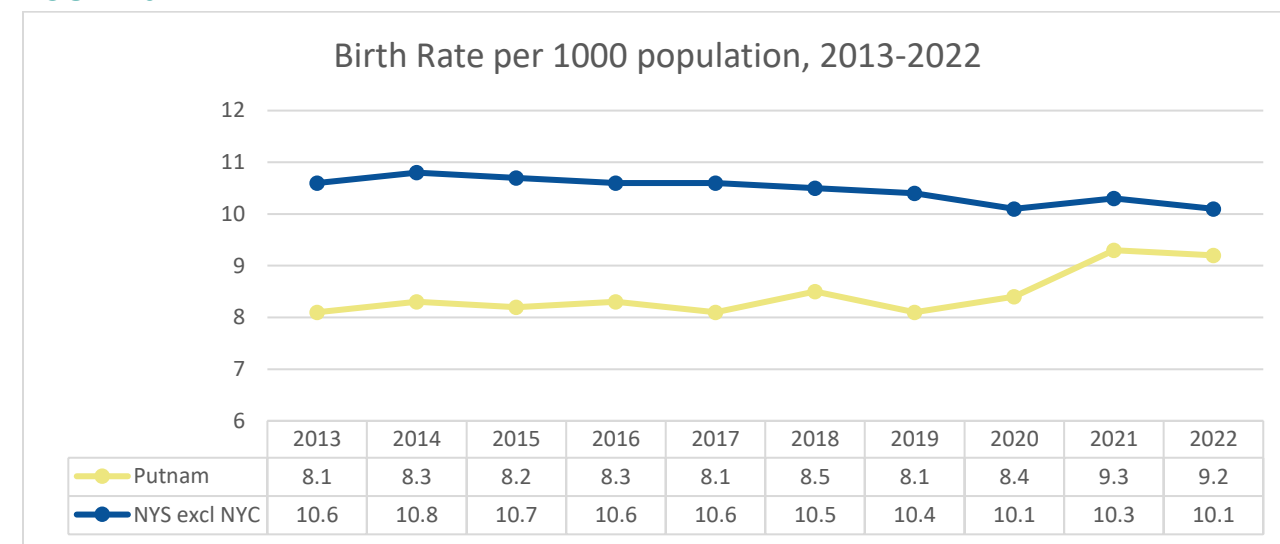


Source: U.S. Census Bureau, U.S. Dept. of Commerce

Age and Sex. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0101*

At 19.6% in 2023, the estimated proportion of Putnam residents under the age of 18 was lower than the 20.7% estimate for NYS (7). However, Putnam's birthrate is trending up according to NYS Vital Statistics, with a slight increase seen from 8.1 births per 1000 population in 2013 to 9.2 births per 1000 population in 2022 (8) [see Figure 5].

FIGURE 5



Source: NYS Community Health Indicator Reports Dashboard, data as of August 2024, sourced from NYS Vital Statistics

https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

By race and ethnicity, the county is comparatively homogenous, with a greater majority non-Hispanic White population (72.4%) than both the M-H Region (58.5%) and NYS excluding NYC (69.9%) based on 2023 ACS estimates. Approximately 19% of the population was Hispanic, and all other racial and ethnic groups combined made up only an estimated (9) 8.6% of the population (10) [see Table 1].

TABLE 1

Population by Race and Ethnicity, 2023								
	Non-Hispanic							Hispanic
	White	Black or African American	American Indian & Alaskan Native	Asian	Native Hawaiian & Other Pacific Islander	Other	Two or More Races	
Putnam	72.4%	3.0%	0.08%	2.3%	0.02%	0.8%	2.4%	19.1%
Mid-Hudson	58.5%	10.6%	0.10%	4.5%	0.01%	0.9%	3.3%	22.1%
NYS excl NYC	69.9%	8.2%	0.19%	4.6%	0.02%	0.6%	3.4%	13.0%
NYS	53.4%	13.6%	0.19%	8.8%	0.03%	0.9%	3.4%	19.6%

Source: U.S. Census Bureau, U.S. Dept. of Commerce

Hispanic or Latino Origin by Race. *American Community Survey, 2023 ACS 5-Year Estimates Detailed Tables, Table B03002*

At 79% in 2023, the majority of the population five years of age and older spoke only English at home, with Spanish (12.6%) being the most common non-English language spoken at home, a similar proportion to that seen in NYS excluding NYC (12.2%) (9). Approximately 14% of the 2023 population was estimated to be foreign born (11).

A little more than 4% of Putnam's population were veterans in 2023, slightly higher than that for the M-H Region (3.9%), but lower than that for NYS excluding NYC (5.3%) (12). Putnam had a slightly lower disabled population (9.6%) compared to the M-H Region (10.2%) and NYS (11.6%). Ambulatory difficulty is the most common type of disability in Putnam (5.4%), as well as in the M-H Region (5.2%) and NYS (6.6%) (13).

Putnam is a well-educated and affluent county. In 2023, ACS estimates indicate that over 90% of the population age 25 years and older had a high school or higher degree, and nearly 44% had a bachelor's degree or higher (14). The median annual household income has trended up in the last decade, and in 2022 was the third highest in the state behind Nassau and Suffolk Counties (15). Disparities were seen by race and ethnicity, with lower 5-year average median household incomes found in Asian and Hispanic populations [see Table 2].

TABLE 2

Median Income by Race and Ethnicity, 2018-2022					
	White non-Hispanic	Black (including Hispanic)	Asian (including Hispanic, excl Pacific Islanders)	Hispanic (of any race)	Total
Putnam	\$ 122,548	\$ 133,566	\$ 107,860	\$ 107,284	\$ 120,970
NYS	\$ 92,218	\$ 58,805	\$ 91,254	\$ 61,135	\$ 81,386

Source: NYS County Health Indicators by Race and Ethnicity (CHIRE), Revised November, 2024, sourced from U.S. Census ACS Table S1903

https://www.health.ny.gov/community/health_equity/reports/county/

AREAS OF FOCUS

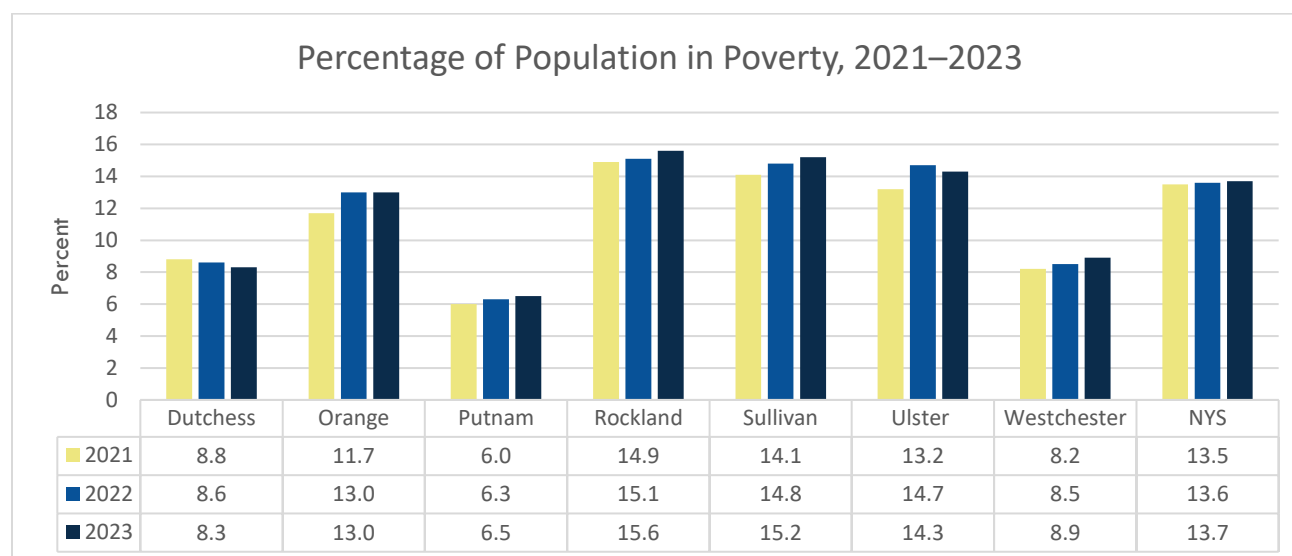
METHODOLOGY

Areas of focus were identified through a systematic review of primary data collected in community surveys and secondary data indicators included in the [MHRCHA](#), the 2025-2030 NYSPA,¹ and/or the [NYS County Health Indicators by Race/Ethnicity \(CHIRE\) Dashboard](#). Indicators were flagged if they met any of the following criteria: prevention agenda objective not met; performance worse than the M-H Region, NYS, or five or more counties in the M-H Region; indicator performance worsening over time; or disparities between sub-groups within the county. Flagged indicators were then examined for patterns and alignment with areas of community concern identified on surveys. Determinants of health or health issues with grouping of flags and/or alignment with community concerns were given consideration as an area of focus. On this basis, areas of focus include economic stability; food access and healthy eating; mental health and suicide prevention; alcohol and tobacco use; healthcare access; maternal child health; childhood preventive services; and tickborne disease.

ECONOMIC STABILITY

While Putnam is a comparatively affluent county, CHA data shows indications of decreasing economic stability and disparities that could have downstream impacts on health and well-being. Based on ACS 5-year estimates, Putnam has the lowest poverty rate in the M-H Region, but the percentage of the population in poverty, as determined by U.S. Census poverty thresholds (16), ticked up from 2021 (6.0%) to 2022 (6.3%) and again in 2023 (6.5%) [see Figure 6]. Disparities can be seen in the 2018-2022 five-year average percentage of families below the poverty threshold, with higher percentages seen in Asian and Hispanic families [see Table 3].

FIGURE 6



Source: U.S. Census Bureau. Poverty Status in the Past 12 months. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701*, Retrieved April 2025 from

https://data.census.gov/table/ACSST5Y2023.S1701?q=s1701&q=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36

¹Data request from New York State Department of Health, June 2025

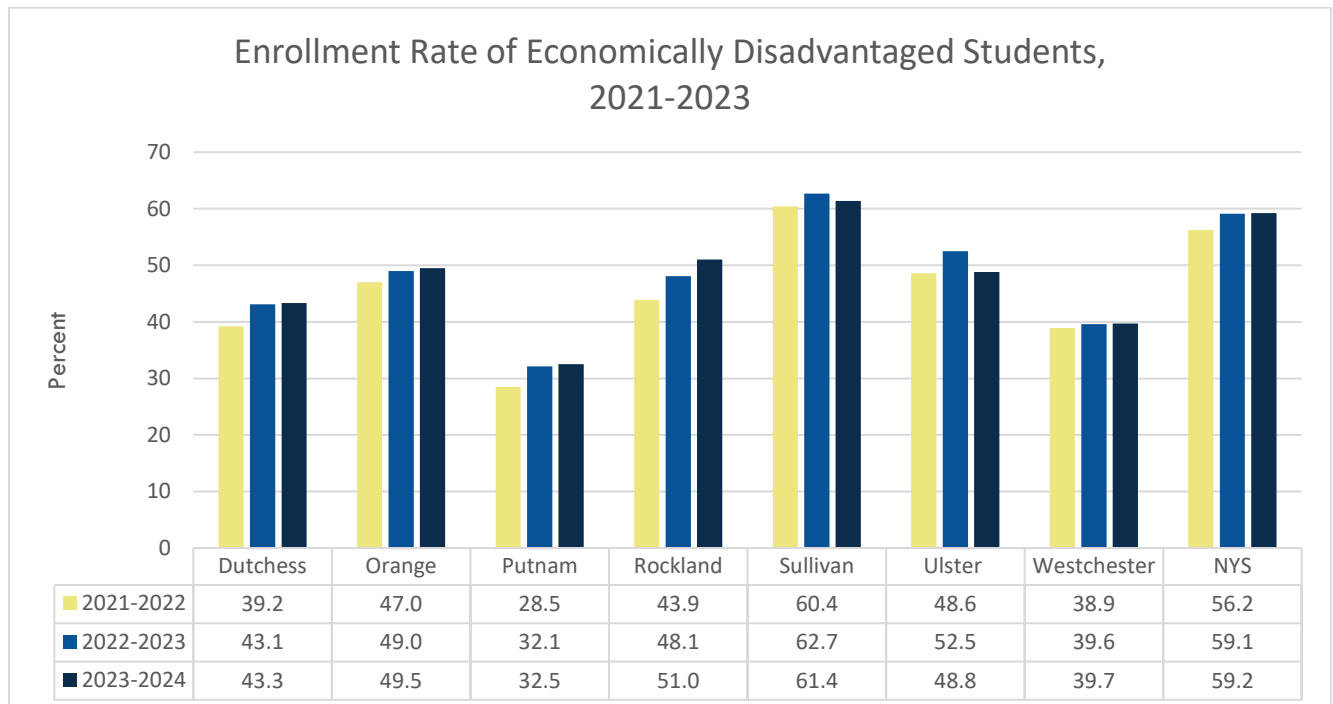
TABLE 3

Percentage of Families Below Federally Determined Guidelines for Poverty by Race and Ethnicity 2018-2022					
	White non-Hispanic	Black (including Hispanic)	Asian (including Hispanic, excl Pacific Islanders)	Hispanic (of any race)	Total
Putnam	2.8%	0.0%	23.4%*	6.6%	3.8%
NYS	5.7%	16.5%	11.1%	17.1%	9.7%

*The percentage is unstable: for ACS estimates, percentages with a relative standard error over 30 percent of the estimate are considered unstable.
Source: NYS County Health Indicators by Race and Ethnicity (CHIRE), Revised November, 2024, sourced from U.S. Census ACS Table S1702
https://www.health.ny.gov/community/health_equity/reports/county/

A similar pattern to poverty rates was seen when examining data from the New York State Department of Education (NYSED) on the proportion of economically disadvantaged students enrolled in schools. Putnam had the lowest proportion in the M-H Region in the 2023-2024 school year (32.5%), but this rose from 2021-2022 (28.5%) and 2022-2023 (32.1%) [see Figure 7].

FIGURE 7



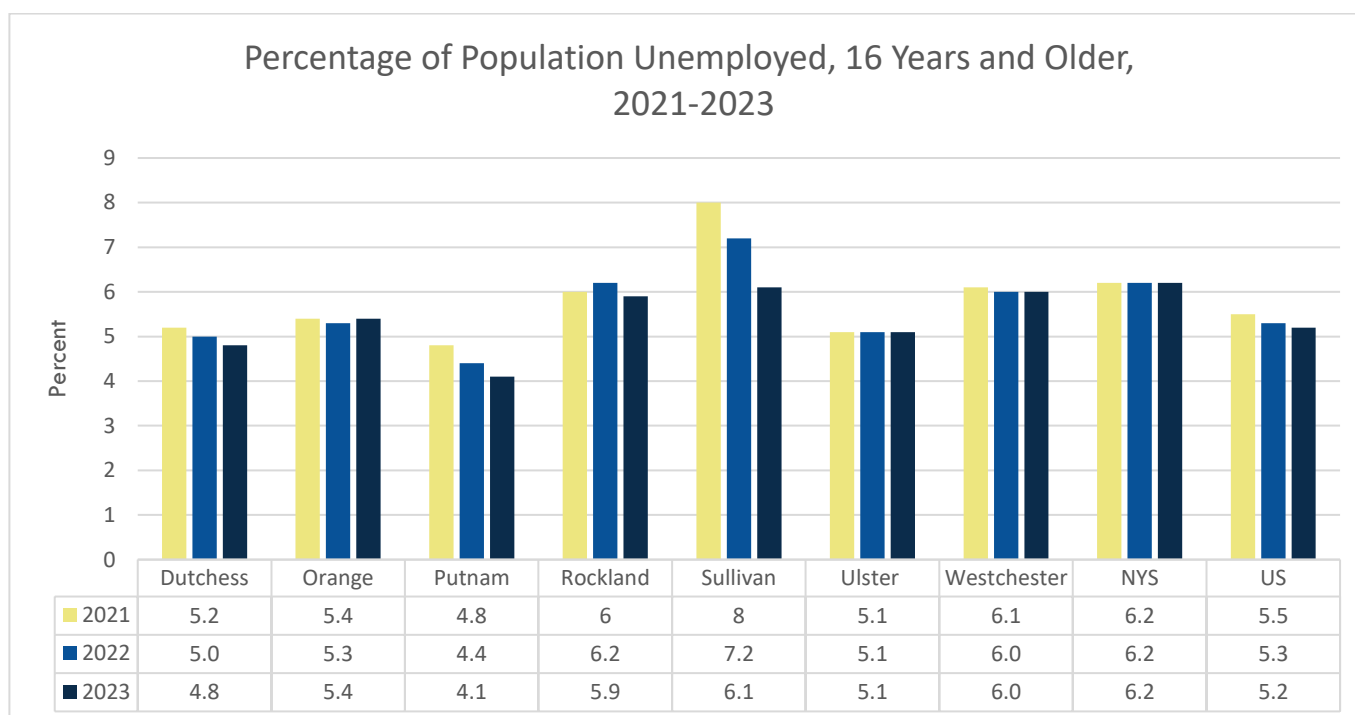
Note: Economically disadvantaged students are defined as those who participate in, or whose family participates in, economic assistance programs, such as the Free or Reduced-Price Lunch Programs; Social Security Insurance; Supplemental Nutrition Assistance Program; Foster Care; Refugee Assistance (cash or medical assistance); Earned Income Tax Credit; Home Energy Assistance Program; Safety Net Assistance; Bureau of Indian Affairs; or Family Assistance: Temporary Assistance for Needy Families. If one student in a family is identified as low income, all students from that household (economic unit) may be identified as low income.

Source: NYS Education Department, June 2025

<https://data.nysed.gov/enrollment.php?year=2024&county=13>

Based on 5-year ACS estimates, Putnam enjoyed the lowest unemployment rate in the M-H Region in 2023 (4.1%), and the rate decreased each year from 2021 to 2023 [see Figure 8]. However, the 2018-2022 five-year average reveals a higher percentage unemployed in the Black population [see Table 4]. Moreover, the [MHRCHS](#) found that an estimated 19% of the population had trouble finding employment paying a living wage in the last year, indicating that in spite of high employment rates, income generated from work may not be sufficient for the cost of living.

FIGURE 8



Note: The U.S. Census defines unemployed as all civilians 16 years old and over who did not work in the last week and were actively looking for a work during the last 4 weeks and were available to accept a job. Also included are civilians who did not work in the last week and were waiting to be called back to a job from which they had been laid off: <https://www.census.gov/glossary/?term=Unemployed>
Source: US Census Bureau, U.S. Department of Commerce. Selected Economic Characteristics; American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP03, Retrieved April 2025
https://data.census.gov/table/ACSDP5Y2023.DP03?q=dp03&q=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36_010XX00US

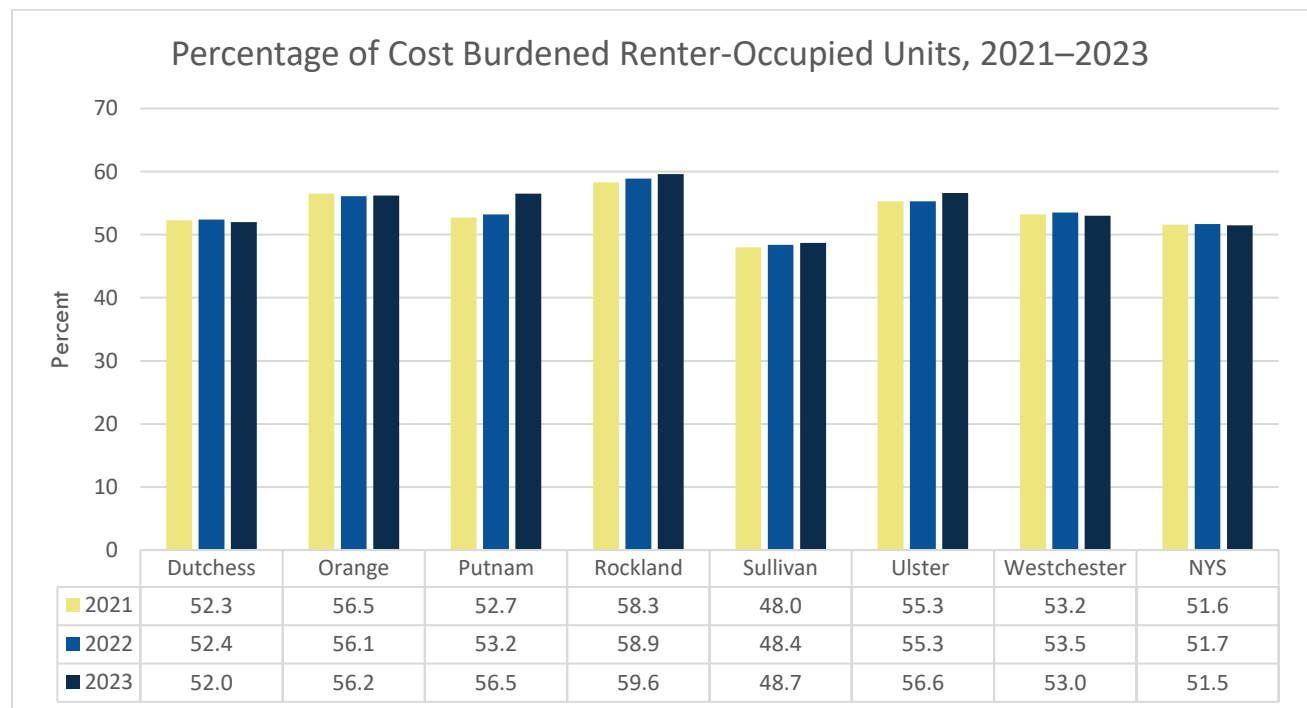
TABLE 4

Percentage of Population Unemployed, 16 Years and Older, by Race and Ethnicity 2018-2022					
	White non-Hispanic	Black (including Hispanic)	Asian (including Hispanic, excl Pacific Islanders)	Hispanic (of any race)	Total
Putnam	4.3%	6.6%*	3.1%*	4.2%	4.4%
NYS	4.8%	9.3%	5.6%	8.2%	6.2%

*The percentage is unstable: for ACS estimates, percentages with a relative standard error over 30 percent of the estimate are considered unstable.
Source: NYS County Health Indicators by Race and Ethnicity (CHIRE), Revised November, 2024, sourced from U.S. Census ACS Table S2301
https://www.health.ny.gov/community/health_equality/reports/county/

Imbalance between income and the cost of living, in particular the cost of housing, is further reflected in the percentage of cost burdened renter-occupied units. In 2023, the ACS estimated that gross rent exceeded 30% of household income in 56.5% of Putnam renter-occupied units, which exceeds the NYS percentage of 51.5% and is the third highest percentage in the M-H Region. The Putnam percentage has also increased sequentially from 52.7% in 2021 to 53.2% in 2022 [see Figure 9]. Issues surrounding the cost of housing in Putnam are further corroborated by findings of both the [Community Health Experience Survey](#), where more than 47% of respondents prioritized affordable housing as a means to improve health in the community, and the [Community-based Organization Survey](#) where 44% of respondents prioritized affordable housing as a means to improve the health of those they serve.

FIGURE 9



Note: The American Community Survey asks respondents if they own or rent the house, apartment, or mobile home they live in. If rented, they ask for the monthly rent. Cost burdened is defined as the percentage of renter occupied units in which gross rent is 30% or more of household income.

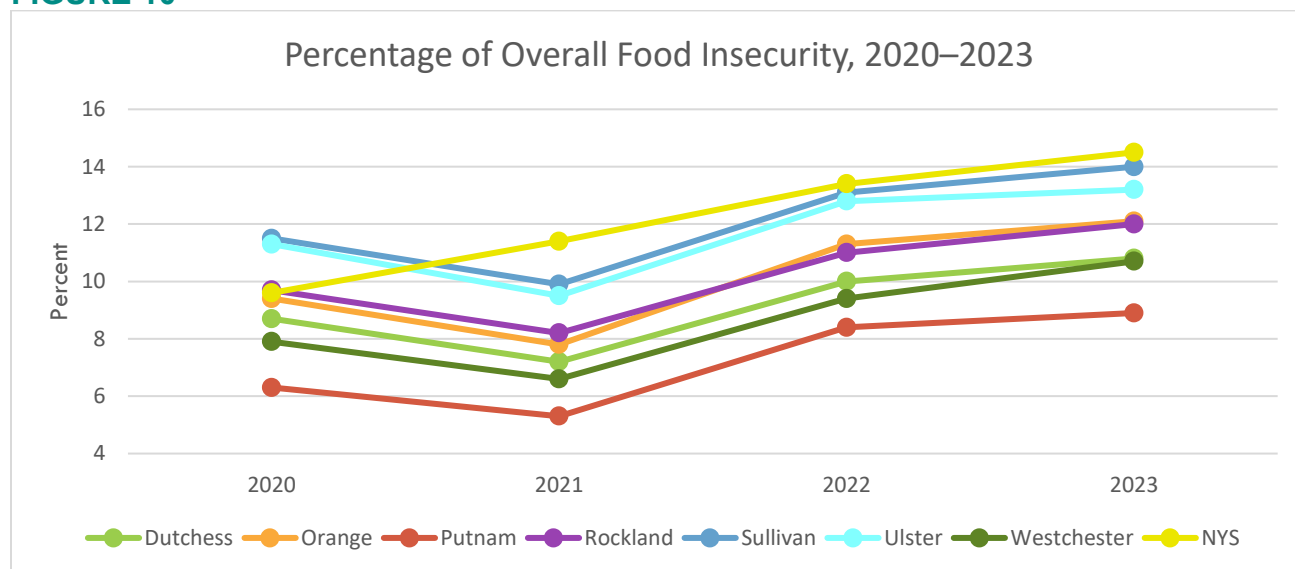
Source: US Census Bureau, U.S. Department of Commerce. Selected Housing Characteristics. American Community Survey, ACS 5-Year Estimates Data Profile, Table DP04, Retrieved April 2025

https://data.census.gov/table/ACSDP5Y2023.DP04?q=dp04&q=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36

FOOD ACCESS AND HEALTHY EATING

Access to adequate quantities of healthy food is essential to healthy eating habits, which in turn are essential to maintaining overall health. Households are considered food insecure when they cannot access enough food due to lack of money or other necessary resources. According to *Map the Meal Gap*, an annual report produced by *Feeding America* which provides local estimates of food insecurity based on U.S. Census Bureau and Bureau of Labor Statistics data, Putnam County had the lowest percentage of the population with food insecurity among M-H Region Counties both in the overall population (8.9%) and in children 18 years and younger (6.6%) in 2023, but the overall Putnam percentage increased from 5.3% in 2021 to 8.4% in 2022 and 8.9% in 2023 (17) [see Figures 10 and 11].

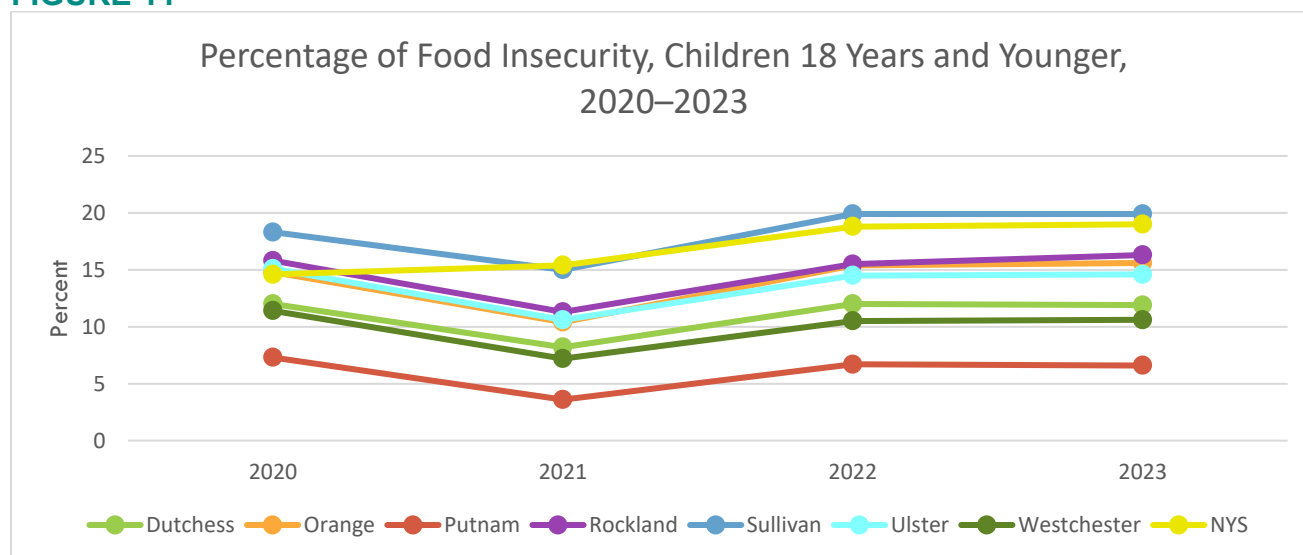
FIGURE 10



Source: Feeding America, *Map the Meal Gap*, Retrieved October 20, 2025

<https://map.feedingamerica.org/county/2023/overall/new-york>

FIGURE 11

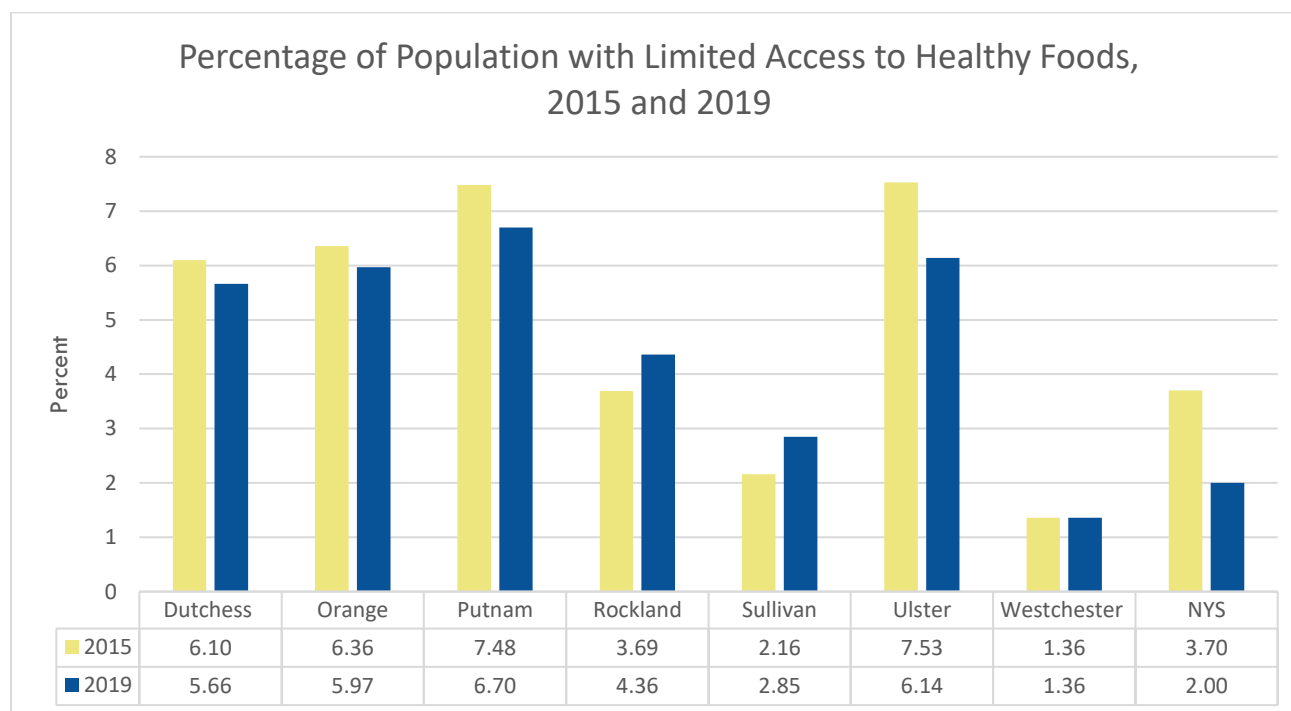


Source: Feeding America, *Map the Meal Gap*, Retrieved October 20, 2025

<https://map.feedingamerica.org/county/2023/child/new-york>

The ability to access healthy foods is impacted by the ability to both afford them and get to places where they are available. The U.S. Department of Agriculture’s [Food Environment Atlas](#) provides county level estimates of the percentage of the population with limited access to healthy food, defined as the proportion of the population who are both low income and do not live close to a grocery store (18). In 2019 (the most recent year with data available), 6.7% of Putnam’s population was considered to have limited access to healthy foods. Although there was improvement from 2015 to 2019, Putnam’s percentage was still the highest among M-H Region Counties [see Figure 12].

FIGURE 12

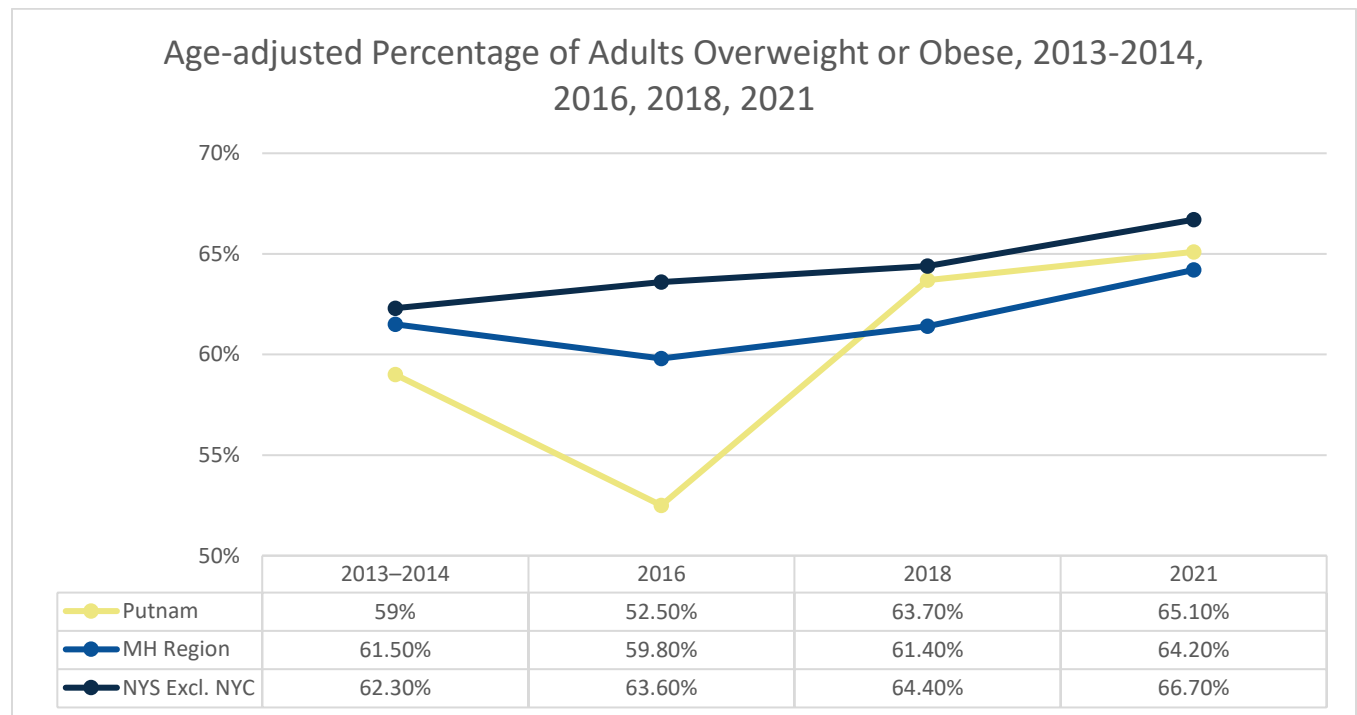


Source: Economic Research Service, U.S. Department of Agriculture, *Food Environment Atlas*, Retrieved July, 2025
<https://gisportal.ers.usda.gov/portal/apps/experiencebuilder/experience/?page=Full-FEA-Map>

Difficulties accessing healthy food may be contributing to decreasing consumption of fruits and vegetables in Putnam County. In 2018, 22.9% of Putnam County adults surveyed in the Behavioral Risk Factor Surveillance System (BRFSS) reported that they typically consumed less than one fruit and less than one vegetable daily. This proportion increased to 30.1% in 2021 (19).

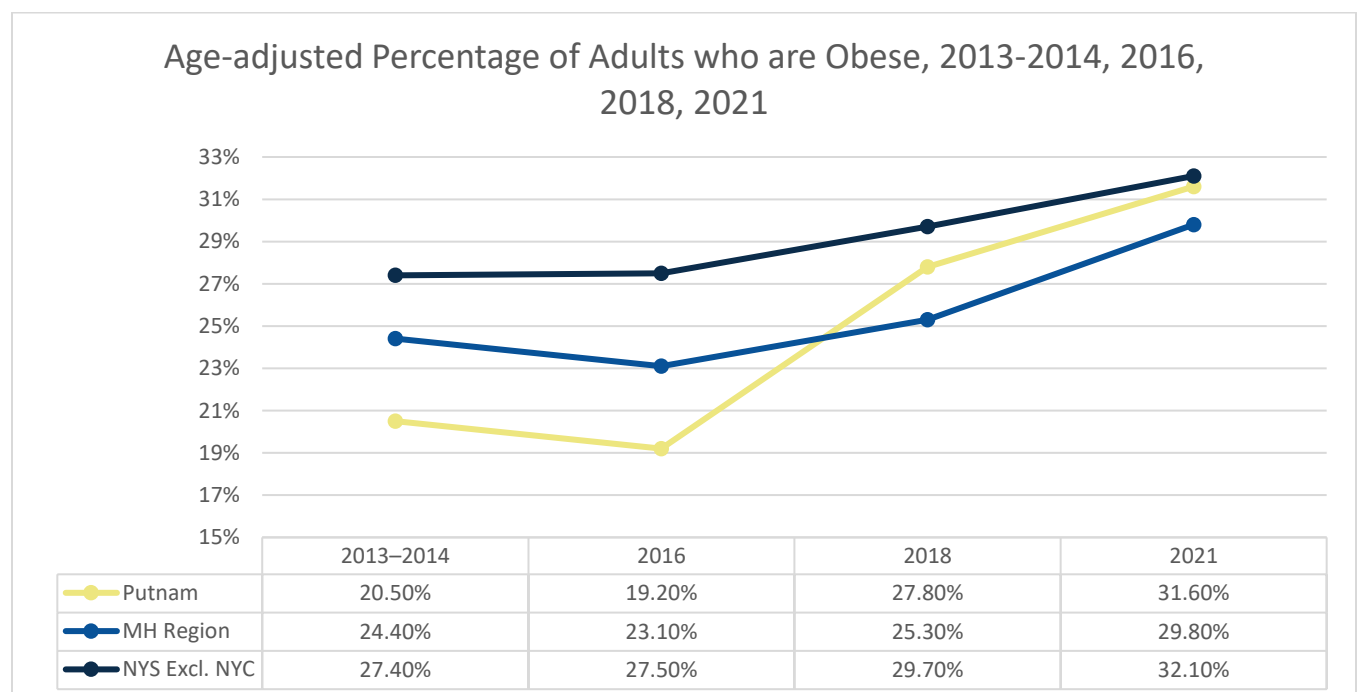
Decreasing accessibility and consumption of healthy foods may be contributing to increasing prevalence of overweight and obesity in Putnam County. The BRFSS uses self-reported weight and height to calculate body mass index (BMI) and produce estimates of percentages overweight (BMI between 25-29.9) and obese (BMI 30 or higher) in the adult population. Sequential increases in the estimated proportions of adults who are overweight or obese were seen between surveys conducted in 2016, 2018 and 2021, and the prevalence in Putnam exceeded that in the M-H Region, though it fell below that for NYS excluding NYC. Findings were similar when looking at the prevalence of adults with obesity alone (19) [see Figures 13 and 14].

FIGURE 13



Source: NYSDOH Behavioral Risk Factor Surveillance System Health Indicators by County and Region, Retrieved October, 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data

FIGURE 14



Source: NYSDOH Behavioral Risk Factor Surveillance System Health Indicators by County and Region, Retrieved October, 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data

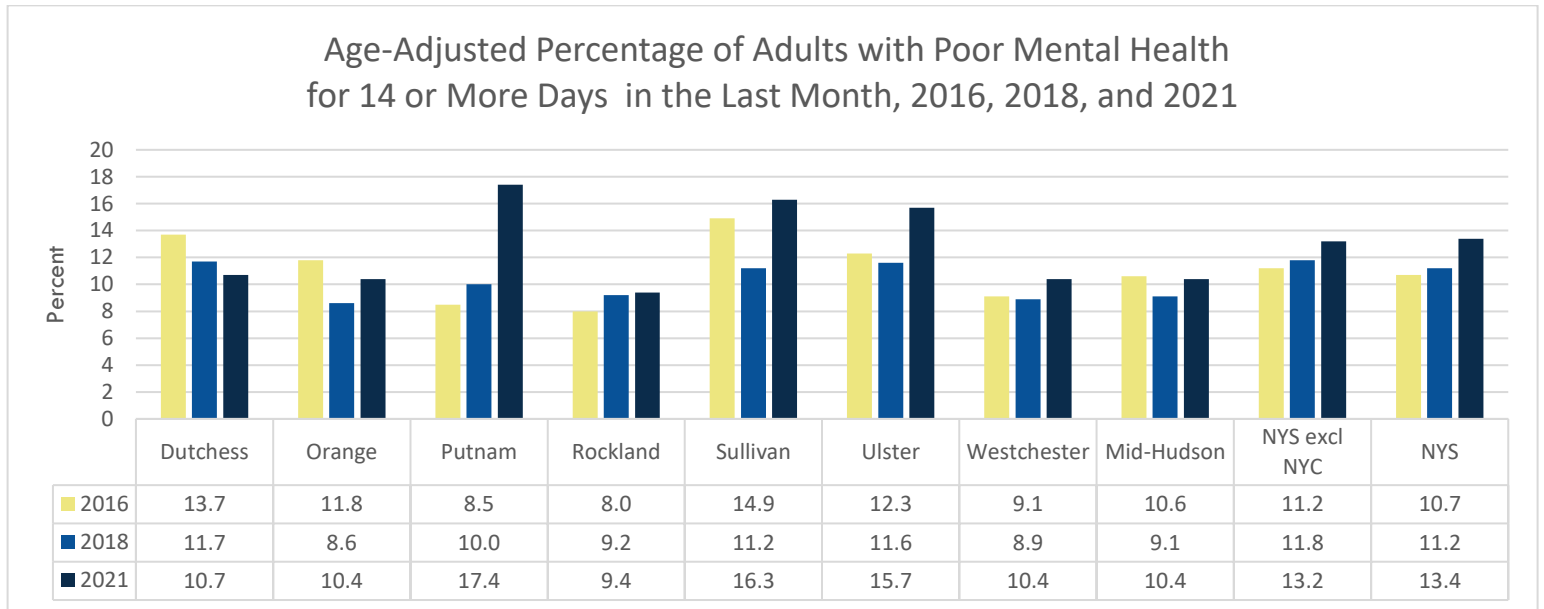
Prevalence of overweight and obesity in children is also trending up, based on data from the Student Weight Status Category Reporting System (SWSCRS), which tracks weight of students in NYS public schools outside of NYC and defines overweight as a BMI at or above the 85th percentile and less than the 95th percentile, and obesity as a BMI greater than or equal to the 95th percentile. The percentage of overweight or obese students in Putnam County public schools rose from 32.9% from 2015-2017 to 34.7% from 2021-2023 (20).

Obesity puts individuals at greater risk of developing a whole host of chronic diseases (21), including heart disease and cancer, which were the top two leading causes of death in Putnam County in all years from 2013-2022 (22).

MENTAL HEALTH AND SUICIDE PREVENTION

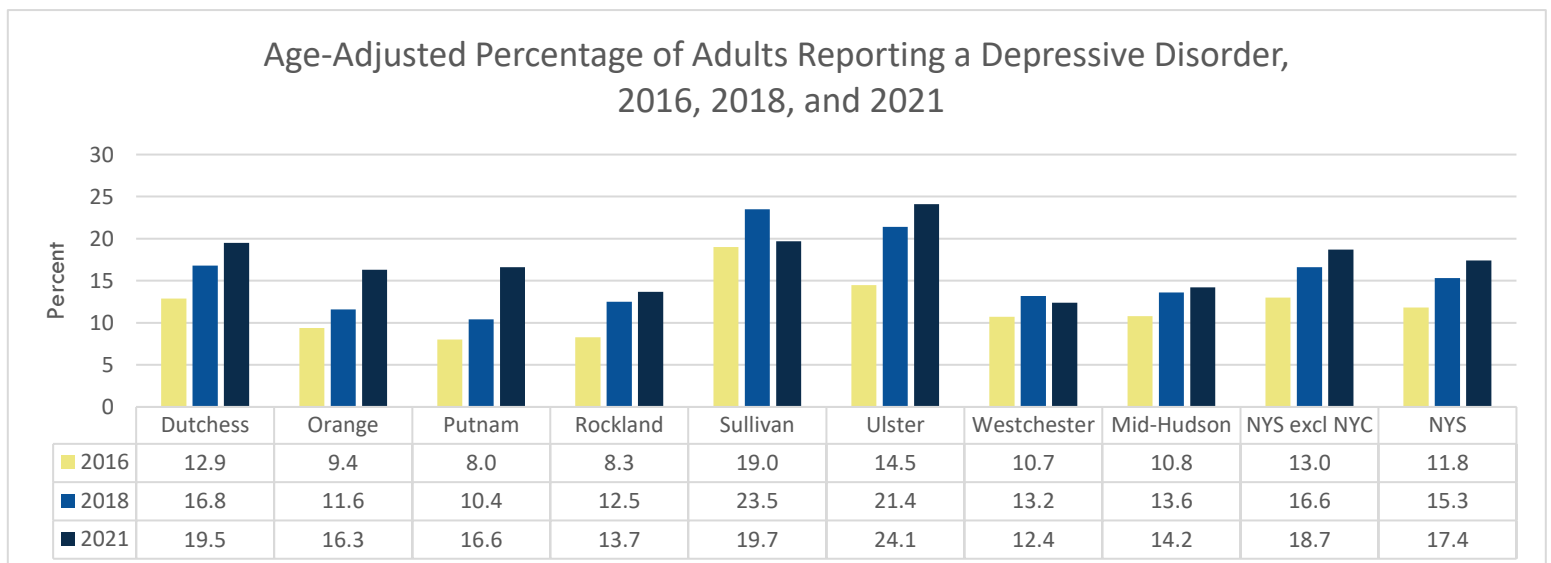
There is consistent evidence across component CHA assessments for a need to focus on mental health and suicide prevention in Putnam County. Based on BRFSS data, in 2021 Putnam had the highest proportion among M-H Region counties of adults reporting poor mental health for 14 or more days in the last month (17.4%), a considerable jump up from 10% in 2018 [see Figure 15]. The percentage of Putnam adults reporting that they have ever been told they have a depressive disorder (depression, major depression, dysthymia, or minor depression) also increased with each measurement from 2016 to 2021 [see Figure 16].

FIGURE 15



Source: NYSDOH Behavioral Risk Factor Surveillance System Health Indicators by County and Region, Retrieved June, 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data

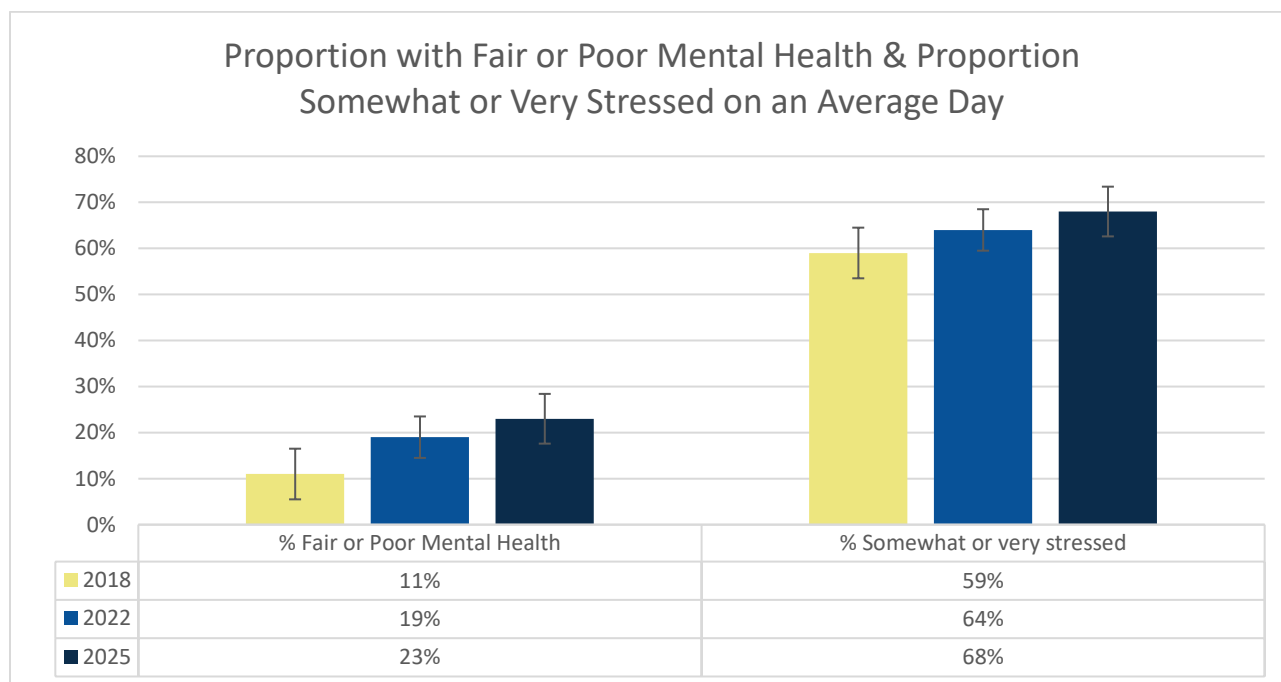
FIGURE 16



Source: NYSDOH Behavioral Risk Factor Surveillance System Health Indicators by County and Region, Retrieved June, 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data

More recent information from local surveys corroborates BRFSS findings regarding mental health. Mental health was a top concern for residents responding to the [2024 Community Health Experience Survey](#), and for community partners responding to the 2024 [Community-based Organization Survey](#). These concerns were supported by [MHRCHS](#) findings of sequential increases in the proportion of the population rating their mental health as fair or poor from 2018 (11%), to 2022 (19%) and to 2025 (23%). Similar sequential increases were found in reported stress levels on an average day [see Figure 17]. The 2025 [MHRCHS](#) also included the six question [Kessler Psychological Distress Scale](#) (K6), a standardized measure of prevalence of non-specific psychological distress in the population. K6 index scores were somewhat more sensitive than self-ratings of mental health, demonstrating a 9% prevalence of severe mental distress and 29% prevalence of moderate mental distress in the population. Both K6 scores and self-ratings of mental health demonstrated disparities in younger adults, renters, those with a disabled household member, and those with household income less than \$50,000 per year.

FIGURE 17



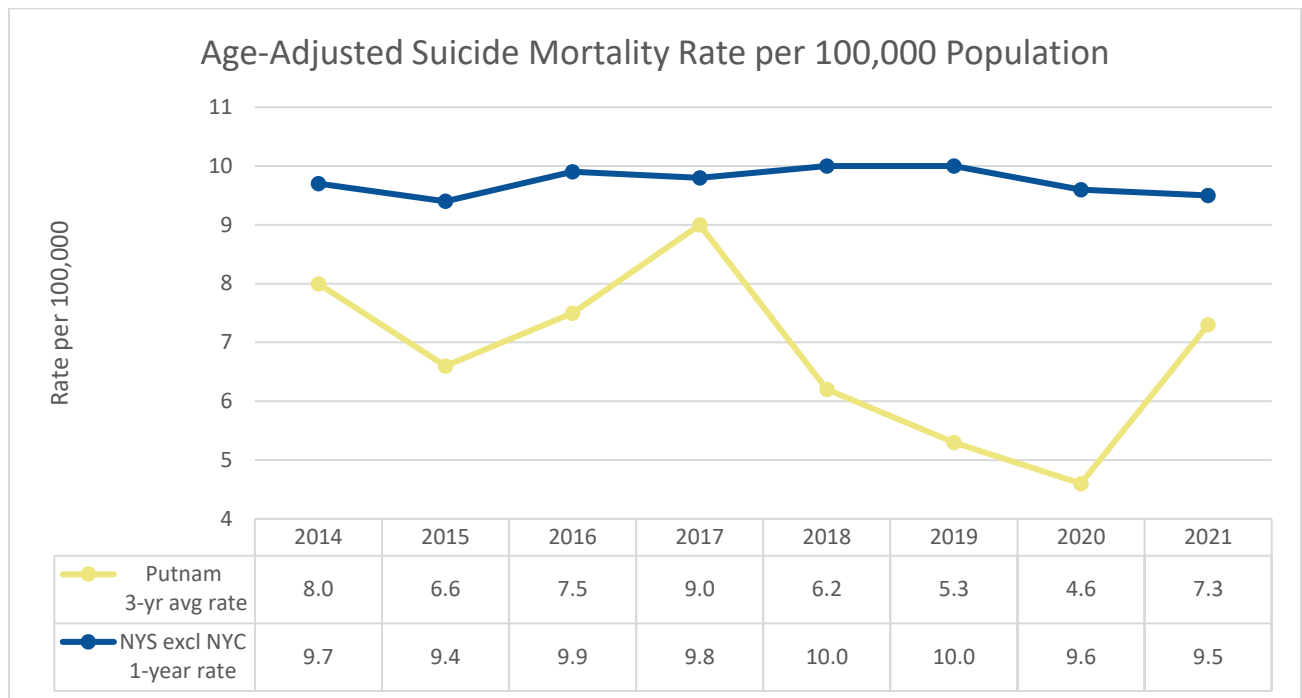
Note: Differences in results for 2018 & 2022 and 2022 & 2025 are within the margin of error for ratings of mental health and stress level. Difference in results between 2018 & 2025 exceed the margin of error for ratings of mental health but are within the margin of error for stress level.

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

[https://www.putnamcountyny.gov/images/Departments/Department of Health/PDF Documents/MHRCHS-Putnam 2025 Approved.pdf](https://www.putnamcountyny.gov/images/Departments/Department%20of%20Health/PDF%20Documents/MHRCHS-Putnam%202025%20Approved.pdf)

Although many factors, including both mental and physical illness as well as adverse life experiences, contribute to increased risk for suicide (23), the majority of suicides are related to psychiatric diseases (24). Increasing mental distress and depressive disorders could foreshadow increases in suicide mortality rates in Putnam County. Annual suicide mortality rates for NYS excluding NYC have been relatively stable since 2014, fluctuating from a low of 9.4 per 100,000 population in 2015 to a high of 10 per 100,000 population in 2018 and 2019. In contrast, while consistently lower than that of NYS excluding NYC, the suicide mortality rate in Putnam has seesawed up and down. Even when considering three-year average rates, there is no clear long-term trend in Putnam, but an increase was seen from 4.6 per 100,000 population for 2019-2021 to 7.3 per 100,000 for 2020-2022 [see Figure 18].

FIGURE 18



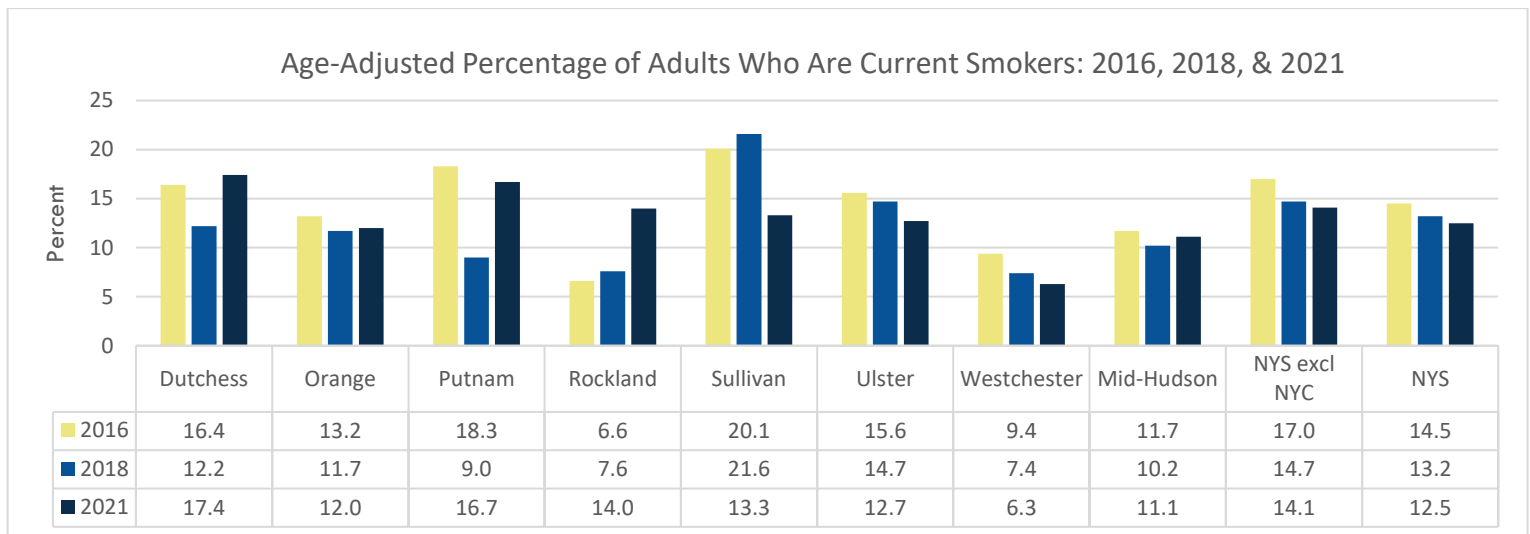
Note: Y-axis does not begin at zero in order to clearly display trend lines. Three-year average rates are displayed for Putnam and single-year rates are displayed for NYS excluding NYC. The ICD-10 codes used for suicide are: X60-X84, Y87.0.

Source: NYS Community Health Indicator Reports Dashboard, sourced from Vital Statistics of NYS, data as of August 2024, retrieved April 2025
<https://www.health.ny.gov/statistics/chac/indicators/index.htm>

ALCOHOL AND TOBACCO USE

BRFSS data reveals comparatively high rates of smoking and binge drinking in Putnam County adults. The percentage of adults who were current smokers jumped from 9% in 2018* to 16.7% in 2021, exceeding the percentage in the M-H Region (11.1%) and NYS excluding NYC (14.1%) and giving Putnam the second-highest percentage among M-H Region counties [see Figure 19]. Similarly, the percentage of Putnam adults binge drinking during the past month increased from 14.1% in 2018 to 18.7% in 2021, exceeding the percentage in the M-H Region (13.1%) and NYS excluding NYC (16.1%) and giving Putnam the highest percentage among M-H Region counties [see Figure 20].

FIGURE 19

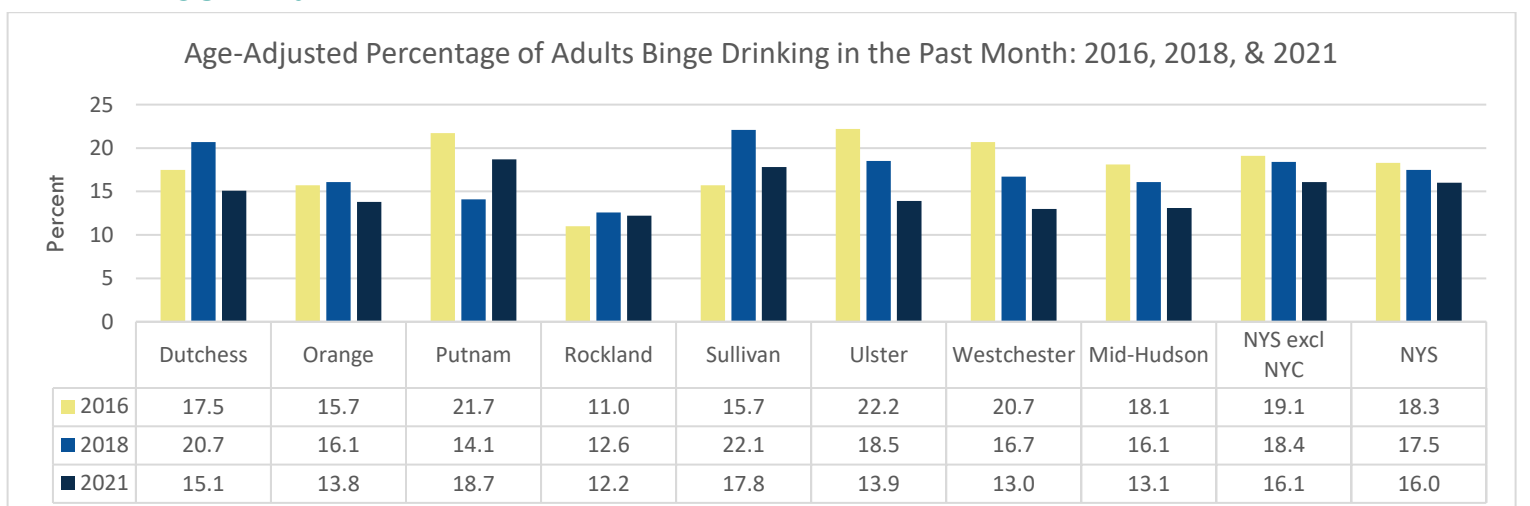


*Note: 2018 Putnam percentage was considered unreliable due to a large standard error. The BRFSS defines a current smoker as an adult over the age of 18 who has smoked at least 100 cigarettes in their lifetime and currently smokes on at least some days.

Source: NYSDOH Behavioral Risk Factor Surveillance System Health Indicators by County and Region, Retrieved June, 2025

https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data

FIGURE 20



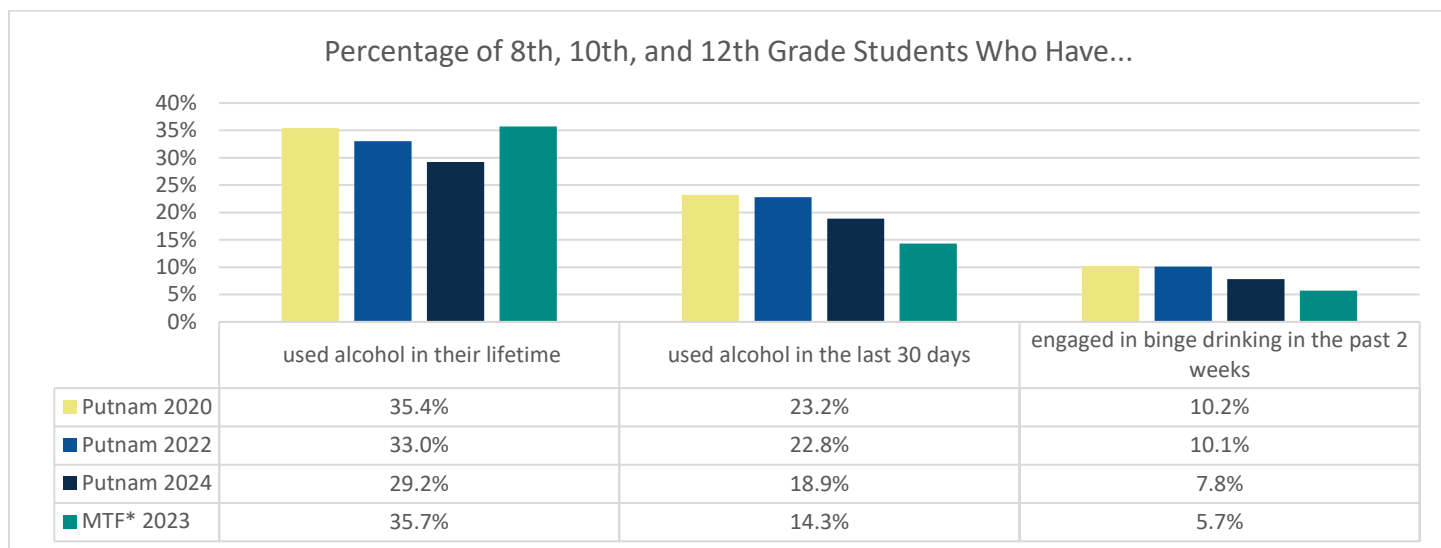
Note: The BRFSS defines binge drinking as consumption of 4 (women) or 5 (men) or more drinks on a single occasion.

Source: NYSDOH Behavioral Risk Factor Surveillance System Health Indicators by County and Region, Retrieved June, 2025

https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data

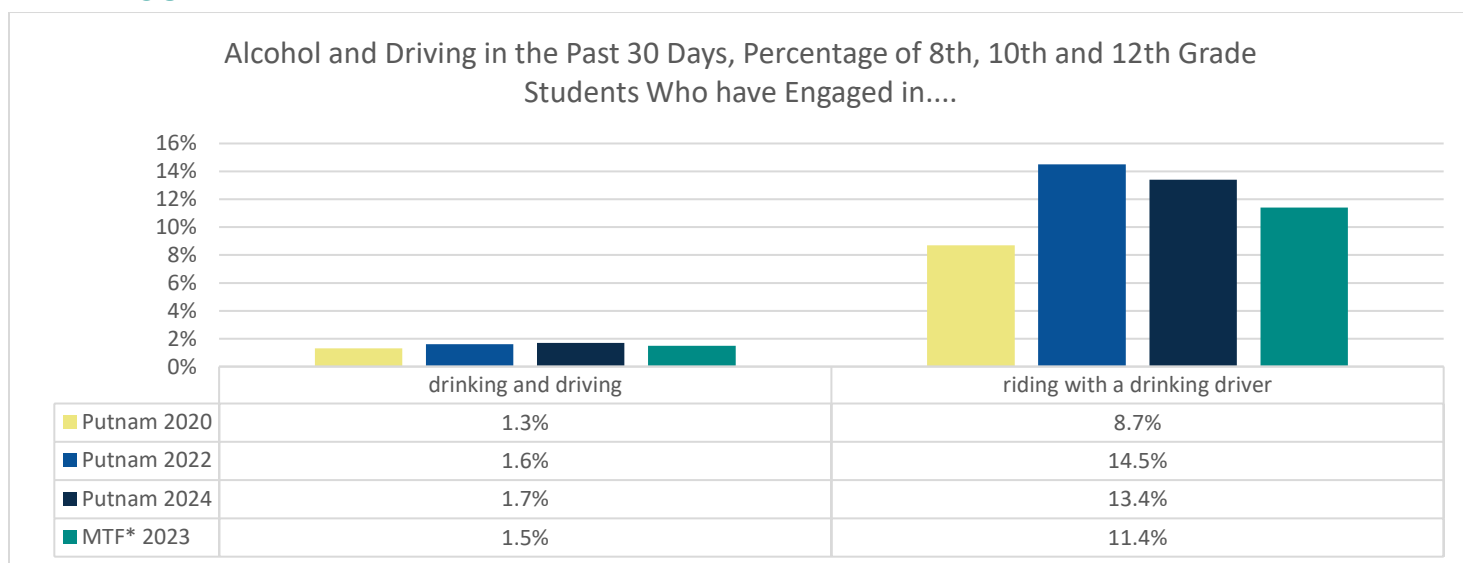
Findings of the [Prevention Needs Assessment](#) (PNA), a survey administered every other year to Putnam public school students in 8th, 10th and 12th grades to assess substance use and other behaviors, show that progress is being made decreasing alcohol use in younger residents of Putnam County, but work remains to be done. Figure 21 demonstrates a downward trend in the percentage of survey respondents who have used alcohol in their lifetime, used alcohol in the last 30 days, and who have engaged in binge drinking. However, the 2024 percentages using alcohol in the last 30 days and binge drinking still exceed the national benchmark. PNA results also show increasing trends in drinking and driving and riding with a drinking driver, with both exceeding the national benchmark [see Figure 22].

FIGURE 21



*Note: Monitoring the Future (MTF) is a nationwide survey of grades 8, 10 and 12. The 2024 PNA used 2023 MTF results as a national benchmark. Source: Bach Harrison LLC, 2024 New York Prevention Needs Assessment Survey, Survey Results for Putnam County, Retrieved August 2025 from <https://preventioncouncilputnam.org/wp-content/uploads/2025/03/Putnam-County-Profile-Report.pdf>

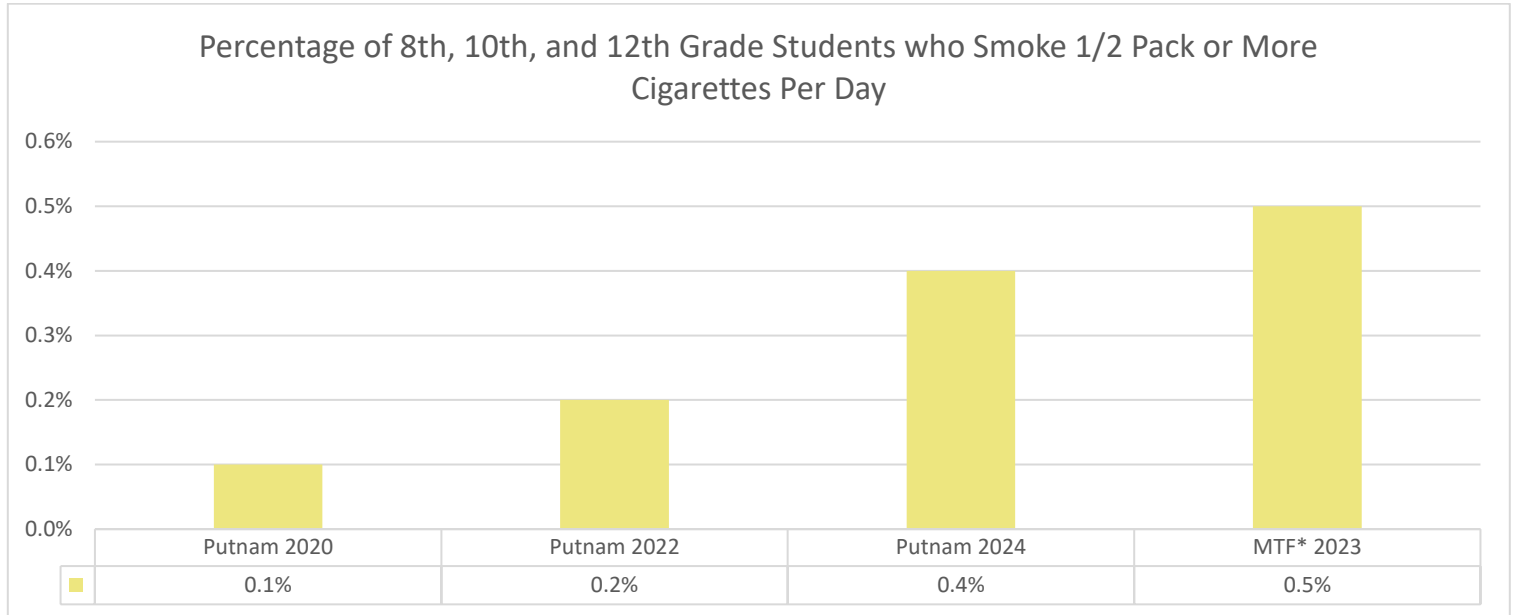
FIGURE 22



*Note: Monitoring the Future (MTF) is a nationwide survey of grades 8, 10 and 12. The 2024 PNA used 2023 MTF results as a national benchmark. Source: Bach Harrison L.L.C, 2024 New York Prevention Needs Assessment Survey, Survey Results for Putnam County, Retrieved August 2025 from <https://preventioncouncilputnam.org/wp-content/uploads/2025/03/Putnam-County-Profile-Report.pdf>

PNA results are mixed for tobacco use. Lifetime and past 30-day use of cigarettes and E-cigarettes are declining and below the national benchmark, but the percentage of students smoking ½ pack of cigarettes daily has ticked up to 0.4%, just below the national benchmark of 0.5% [see Figure 23] (25).

FIGURE 23



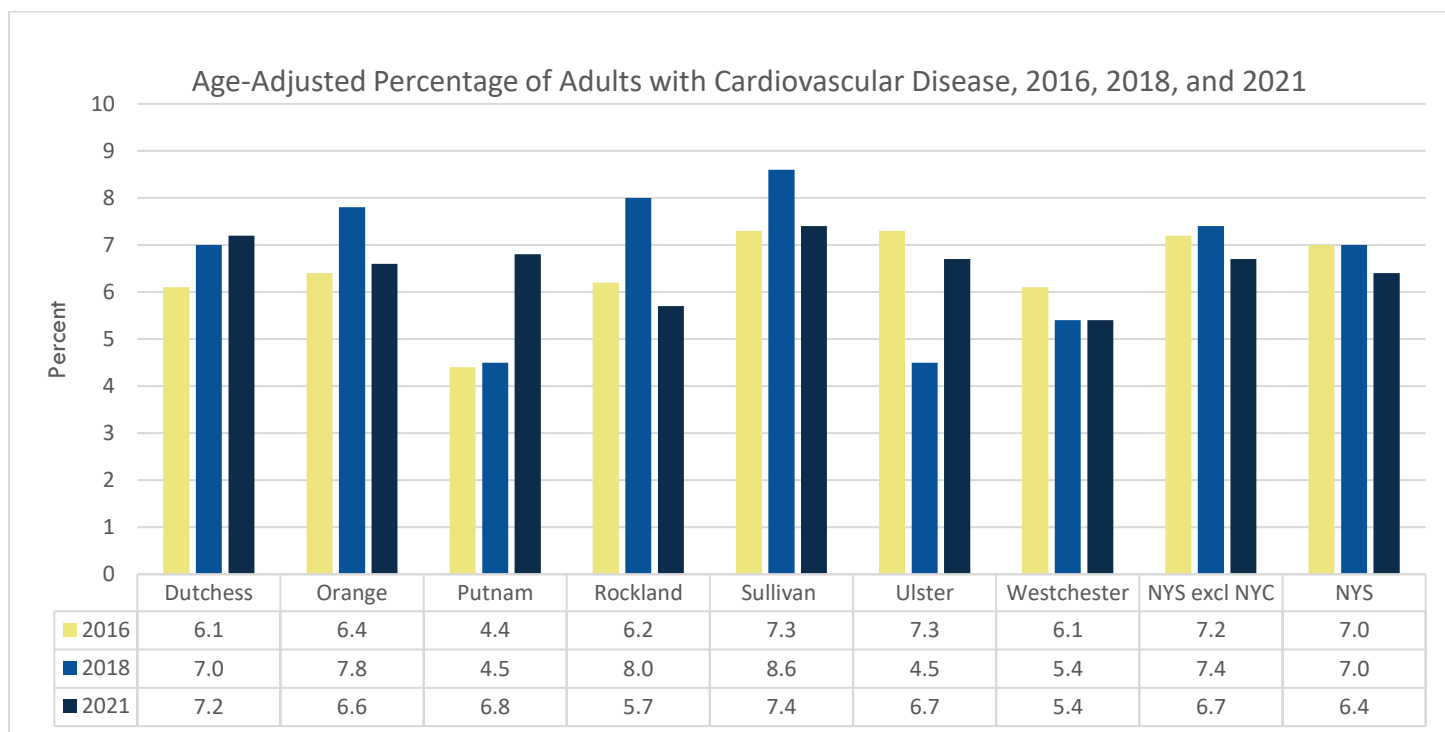
*Note: Monitoring the Future (MTF) is a nationwide survey of grades 8, 10 and 12. The 2024 PNA used 2023 MTF results as a national benchmark.

Source: 2024 New York Prevention Needs Assessment Survey, Survey Results for Putnam County, Retrieved August 2025 from

<https://preventioncouncilputnam.org/wp-content/uploads/2025/03/Putnam-County-Profile-Report.pdf>

Alcohol and tobacco use are risk factors for a wide range of chronic conditions including cardiovascular disease and many types of cancer (26) (27). Although Putnam performs well in most chronic disease indicators included in the [MHRCHA](#), high prevalence of smoking and drinking could be contributing to suboptimal performance in the broadest measures of cancer and cardiovascular disease. As per the NYS Cancer Registry, the age-adjusted all cancer incidence rate in Putnam from 2019 to 2021 was 483.6 per 100,000 population, which is just below the rate for NYS excluding NYC (489.2 per 100,000 population), but exceeds that in the M-H Region (452.4 per 100,000 population) (28). BRFSS findings demonstrate increasing prevalence of cardiovascular disease, with the 2021 percentage of adults with cardiovascular disease (6.8%) exceeding that in NYS excluding NYC (6.7%) [see Figure 24].

FIGURE 24



Note: The BRFSS defines an adult with cardiovascular disease as anyone 18 years or older who reports that they have ever been told they had a heart attack, myocardial infarction, angina, or coronary heart disease by a healthcare provider.

Source: NYS Community Health Indicator Reports Dashboard, April 2025 sourced from NYSDOH Behavioral Risk Factor Surveillance System
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

HEALTHCARE ACCESS

Access to healthcare services plays a critical role in achieving optimal health outcomes through disease prevention, timely diagnosis and treatment, and appropriate management of chronic conditions. Cost and lack of availability can present barriers to accessing healthcare. Secondary data indicators related to both of these barriers to healthcare access are mixed for Putnam County.

Based on Census Bureau Small Area Health Insurance Estimates, the percentage of children without health insurance in Putnam has been stable since 2020, and in 2023 was lowest among M-H Region Counties [see Table 5]. Putnam also consistently had the highest percentage of adults 18-64 years of age with health insurance among M-H Region Counties [see Table 6]. While overall insurance rates are high, there are disparities by race and ethnicity [see Table 7].

TABLE 5

Percentage of Children* Without Health Insurance								
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	2.4%	2.3%	2.5%	2.4%	4.1%	2.5%	2.7%	2.5%
2021	2.7%	2.8%	2.5%	2.3%	3.2%	2.8%	3.2%	2.6%
2022	2.3%	2.8%	2.5%	3.0%	3.4%	2.7%	2.3%	2.5%
2023	2.6%	2.7%	2.4%	2.8%	3.5%	3.0%	2.8%	2.8%

*Note: Children are defined as anyone under 19 years old

Source: U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE), Retrieved July 2025

https://www.census.gov/data-tools/demo/sahie/#/?AGECAT=4&state_county=36000,36027,36071,36079,36087,36105,36111,36119&s_searchtype=sc&tableYears=2022,2023&map_yearSelector=2023

TABLE 6

Percentage of Adults age 18-64 Years with Health Insurance								
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	94.5	93.2	95.1	93.3	92.6	92.6	93.2	92.7
2021	94.2	93.5	94.6	93.3	92.4	92.7	93.0	92.6
2022	94.6	93.3	95.0	93.6	92.9	91.8	93.6	93.2
2023	94.4	93.0	94.9	92.3	92.5	92.0	93.6	93.2

Source: U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE), Retrieved August 2025

https://www.census.gov/data-tools/demo/sahie/#/?AGECAT=1&state_county=36000,36027,36071,36079,36087,36105,36111,36119&s_searchtype=sc&tableYears=2022,2023&map_yearSelector=2023

TABLE 7

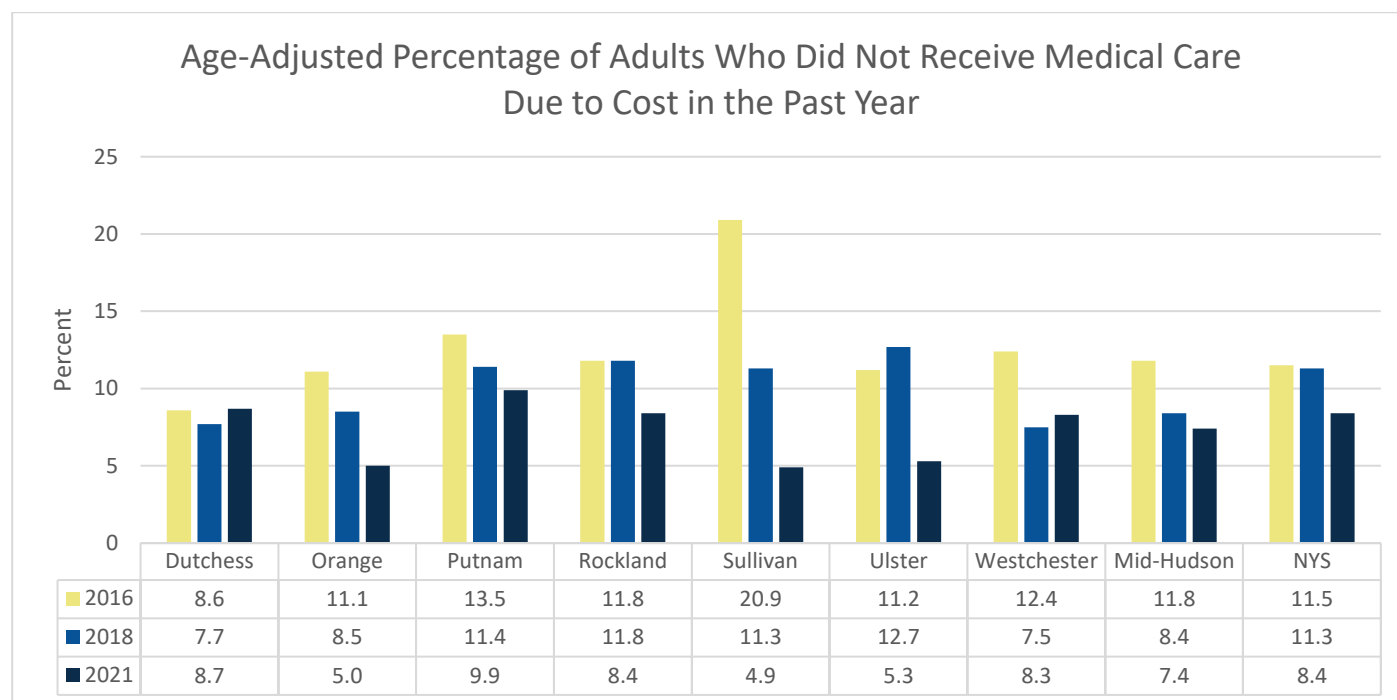
Percentage of Population with no health insurance by Race and Ethnicity 2018-2022					
	White non-Hispanic	Black (including Hispanic)	Asian (including Hispanic, excl Pacific Islanders)	Hispanic (of any race)	Total
Putnam	3.0%	4.6%*	8.8%*	5.6%	3.5%
NYS	3.2%	5.8%	6.2%	9.9%	5.2%

*For ACS estimates, percentages with a relative standard error over 30 percent of the estimate are considered unstable.

Source: NYSDOH, NYS County Health Indicators by Race and Ethnicity (CHIRE), Revised November, 2024, sourced from U.S. Census ACS Table S2701: https://www.health.ny.gov/community/health_equality/reports/county/

There is also evidence that despite high rates of health insurance, cost remains an obstacle to getting care in Putnam County. BRFSS data shows that while the proportion of Putnam adults not receiving medical care due to cost is decreasing over time, Putnam had the highest proportion among the M-H Region Counties in 2021 [see Figure 25].

FIGURE 25



Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NYSDOH Behavioral Risk Factor Surveillance System
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

Access to care may also be impacted by deficits in providers per capita. Based on data compiled by [County Health Rankings and Roadmaps](#), as compared to other M-H Region Counties, Putnam has the second-best ratio of residents to mental health providers, but the second worst ratio of residents to dentists and residents to primary care providers. The ratio of residents to all three types of providers are improving over time [see Table 8].

TABLE 8

Ratio of Residents to Healthcare Providers								
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
Primary Care								
2019	1,500:1	1,450:1	2,090:1	1,100:1	2,900:1	1,480:1	720:1	1,180:1
2020	1,440:1	1,440:1	1,970:1	1,130:1	2,710:1	840:1	720:1	1,170:1
2021	1,410:1	1,500:1	1,880:1	1,180:1	3,070:1	1,680:1	760:1	1,240:1
Dentists								
2019	1,370:1	1,420:1	1,670:1	980:1	2,430:1	1,570:1	890:1	1,170:1
2020	1,380:1	1,460:1	1,700:1	1,020:1	2,370:1	1,480:1	900:1	1,190:1
2021	1,410:1	1,490:1	1,660:1	1,060:1	2,490:1	1,490:1	930:1	1,220:1
2022	1,400:1	1,500:1	1,610:1	1,060:1	2,410:1	1,470:1	910:1	1,200:1
Mental Health								
2021	320:1	390:1	260:1	340:1	510:1	270:1	230:1	310:1
2022	310:1	390:1	240:1	330:1	490:1	260:1	230:1	300:1
2023	300:1	370:1	230:1	300:1	450:1	250:1	220:1	280:1
2024	290:1	350:1	210:1	290:1	450:1	240:1	200:1	260:1

Note: This table displays the number of residents to 1 healthcare provider.

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, Retrieved June 2025

Primary care provider data sourced from Area Health Resources Files 2022-2023, and the American Medical Association

<https://www.countyhealthrankings.org/health-data/new-york?year=2024&measure=Primary+Care+Physicians&tab=1>

Dentist data sourced from Area Health Resources Files 2022-2023, and the National Provider Identifier Downloadable File

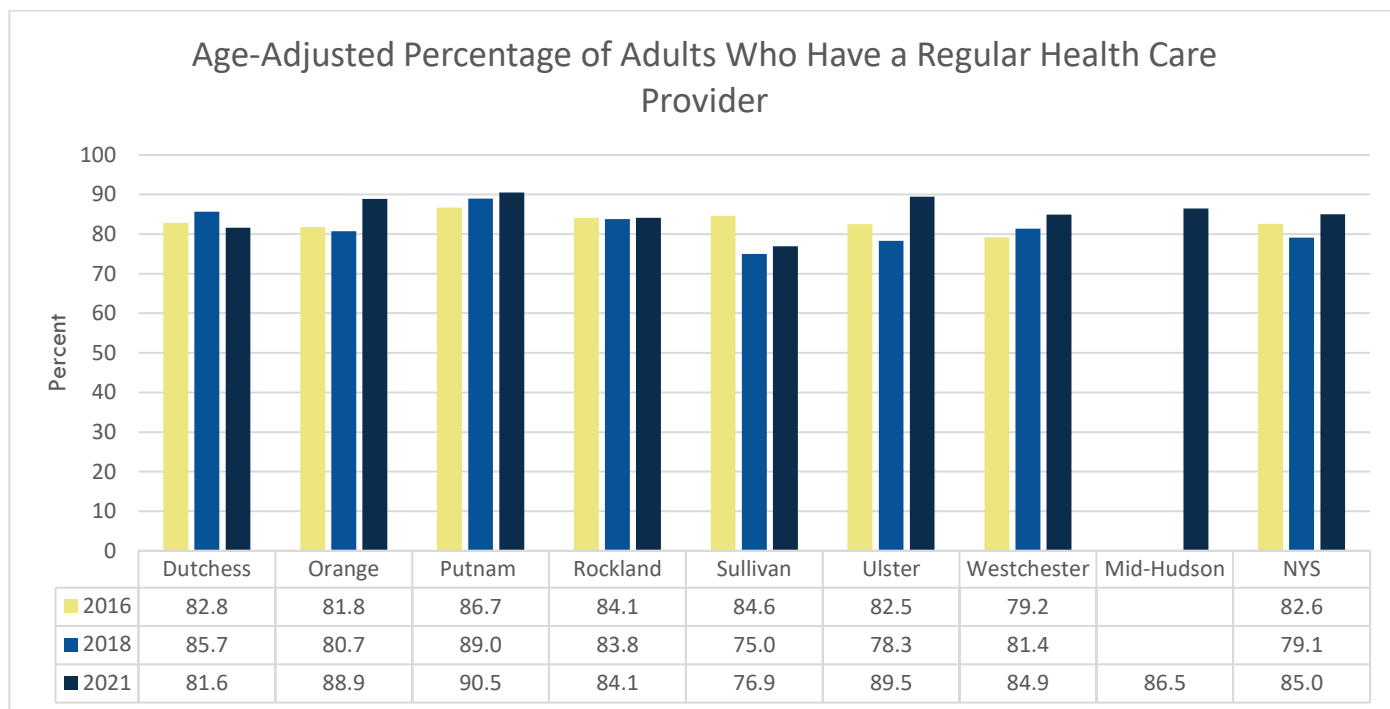
<https://www.countyhealthrankings.org/health-data/new-york?year=2022&measure=Dentists&tab=1>

Mental Health provider sourced from National Provider Identification Registry, Centers for Medicaid and Medicare Services

<https://www.countyhealthrankings.org/health-data/new-york?year=2022&measure=Mental+Health+Providers&tab=1>

While there may be a relative deficit in primary care providers practicing in Putnam County, negative effects are not visible in the percentage of residents reporting they have a regular healthcare provider. Among M-H Region Counties, Putnam consistently had the highest proportion of residents reporting they have a regular healthcare provider to BRFSS in 2016, 2018 and 2021 [see Figure 26].

FIGURE 26



Note: Data unavailable for the Mid-Hudson Region in 2016 and 2018. BRFSS defines adults with a regular healthcare provider as those who affirm they have “one person or a group of doctors that you think of as your personal health care provider?”

Source: NYS Community Health Indicator Reports Dashboard, July 2025 sourced from NYSDOH Behavioral Health Risk Factor Surveillance Survey https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

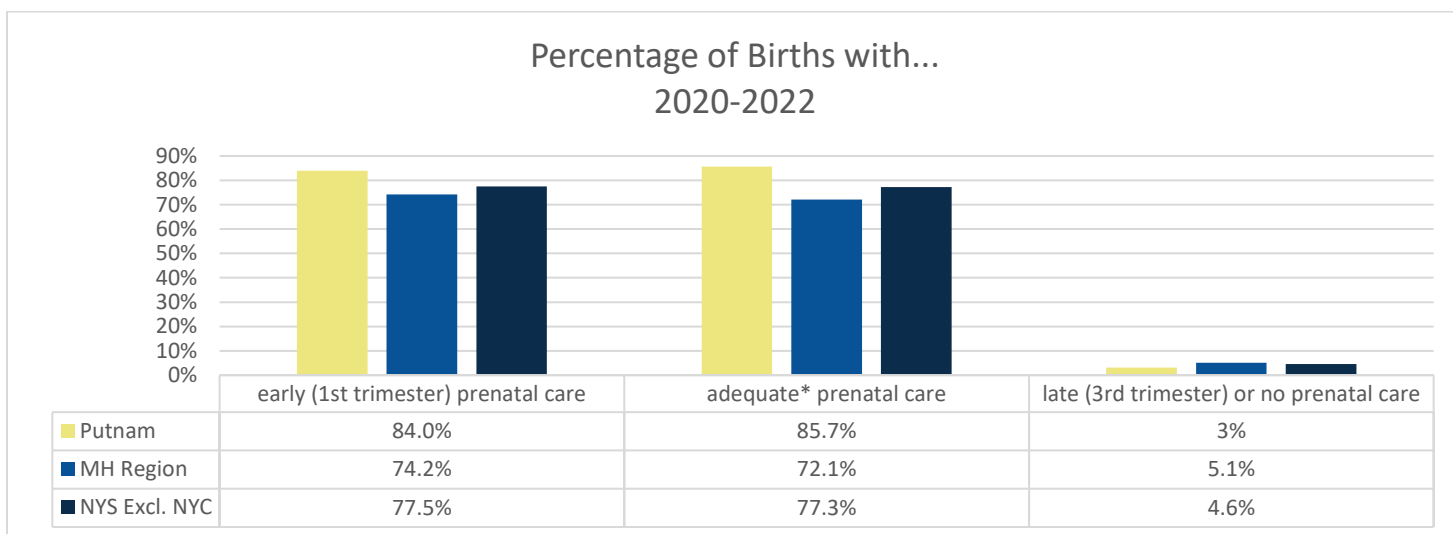
Findings from primary data collection efforts provide more current information about healthcare access in Putnam County. The [2025 MHRCHS](#) found that while high proportions of residents received routine annual dental (80%) and primary care (82%) in the last year, substantial proportions reported difficulty getting mental (10%), dental (14%), and physical (14%) healthcare in the past year when it was really needed. Among those who did not receive routine care in the past year, cost was a bigger limiting factor for dental care (21% citing not enough money and 32% citing lack of insurance for not receiving care), while availability of providers was a bigger limiting factor for routine primary care (23% citing inability to get an appointment as reason for not getting care) (29).

[CHES](#) and [CBO Survey](#) findings provide further support for deficiencies in healthcare access, with respondents to both surveys expressing high levels of concern about this issue. Nearly 50% of CHES respondents cited access to healthcare providers as a top community health concern while 41% considered it a top concern for themselves or their family (30). Similarly, 39% of CBO Survey respondents considered access to healthcare providers one of the biggest health problems faced by populations they serve (31).

MATERNAL CHILD HEALTH

Prenatal and infant health are the foundation for a healthy future in Putnam County. Putnam County performs well in prenatal care indicators as compared to both the M-H Region and NYS, excluding NYC [see Figure 27], but disparities can be seen when these indicators are examined by race and ethnicity. As compared to births to Non-Hispanic White Putnam residents (89%), lower proportions of births to Hispanic (74.6%), Non-Hispanic Asian/Pacific Islander (79.2%) and Non-Hispanic Black (86.4%) residents had prenatal care in the first trimester. Similar disparities were seen in the Adequacy of Prenatal Care Utilization (APNCU) Index, a measure determined by the number of prenatal care visits received and the number of visits expected by age of gestation at delivery. As compared to births to Non-Hispanic White Putnam residents (88.7%), lower proportions of births to Hispanic (80.1%), Non-Hispanic Black (81.5%) and Non-Hispanic Asian/Pacific Islander (84.7%) residents had adequate prenatal care [see Table 9].

FIGURE 27



*Note: Adequacy is based on the APNCU (Adequacy of Prenatal Care Utilization) Index which takes into account the number of prenatal care visits received and the number expected by age of gestation at delivery.

Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from Vital Statistics of NYS

https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

TABLE 9

Prenatal Care Indicators by Race and Ethnicity Putnam County, 2020-2022				
White non-Hispanic	Black non-Hispanic	Asian/Pacific Islander non-Hispanic	Hispanic (of any race)	Total
Percentage of Births with Early (1 st Trimester) Prenatal Care				
89.0%	86.4%	79.2%	74.6%	84.0%
Percentage of Births with Adequate* Prenatal Care				
88.7%	81.5%	84.7%	80.1%	85.6%

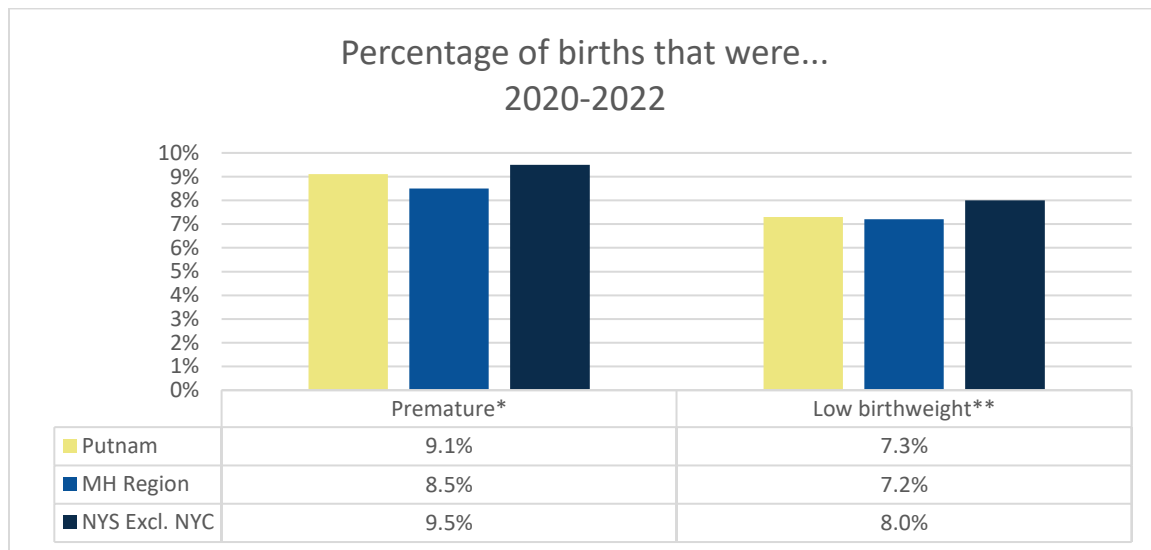
*Note: Adequacy is based on the APNCU (Adequacy of Prenatal Care Utilization) Index which takes into account the number of prenatal care visits received and the number expected by age of gestation at delivery

Source: NYS County Health Indicators by Race and Ethnicity (CHIRE), Revised November, 2024, sourced from NYS Vital Statistics

https://www.health.ny.gov/community/health_equality/reports/county/putnam.htm

Birth outcome indicator performance in Putnam is similar to that for prenatal care indicators. From 2020-2022, the proportions of Putnam births that were premature or low birthweight were both slightly higher than those in the M-H Region, but lower than those for the NYS, excluding NYC [see Figure 28], and disparities can be seen when these indicators are examined by race and ethnicity. A higher proportion of births to Hispanic residents were premature (10.0%), as compared to births in non-Hispanic White residents (8.7%). When looking at birthweight outcomes, there was a higher percentage of low birthweight births in Hispanic (7.6%) and non-Hispanic Black (10.2%, unstable rate) populations as compared to the non-Hispanic White population (7.1%) [see Table 10].

FIGURE 28



*Note: Premature is defined as the percentage of infants with known gestation born at less than 37 weeks gestation

**Note: Low birthweight is defined as the percentage of births with known infant birthweight with infant weighing less than 2.5 kg

Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from Vital Statistics of NYS

https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

TABLE 10

Birth Indicators by Race and Ethnicity Putnam County, 2020-2022				
White non-Hispanic	Black non-Hispanic	Asian/Pacific Islander non-Hispanic	Hispanic (of any race)	Total
Percentage of Premature Births				
8.7%	8.5%^	8.3%^	10.0%	9.1%
Percentage of Low Birthweight Births				
7.1%	10.2%^	4.2%^	7.6%	7.3%

*Note: Premature is defined as the percentage of infants with known gestation born at less than 37 weeks gestation

**Note: Low birthweight is defined as the percentage of births with known infant birthweight with infant weighing less than 2.5 kg

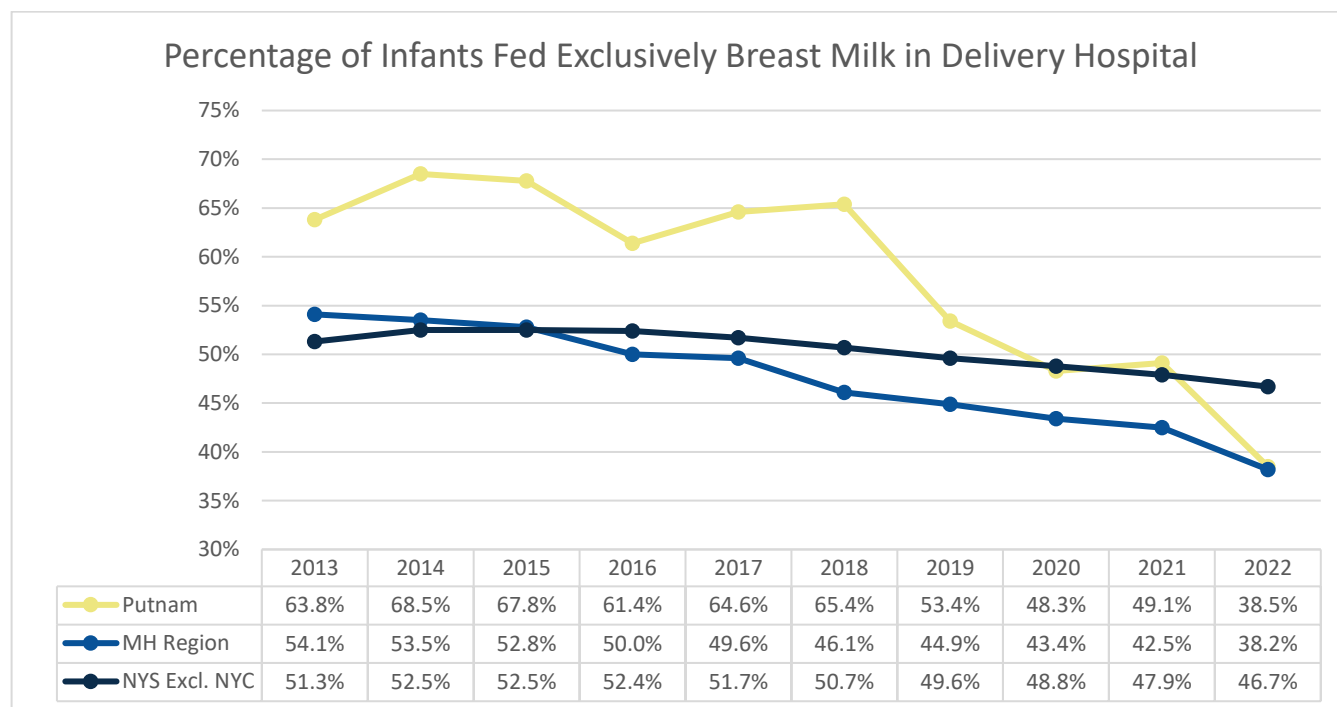
^Note: The percentage is unstable (fewer than 10 events in the numerator)

Source: NYS County Health Indicators by Race and Ethnicity (CHIRE), Revised November, 2024, sourced from NYS Vital Statistics

https://www.health.ny.gov/community/health_equality/reports/county/putnam.htm

Breastfeeding offers numerous health benefits to both infants and mothers, and the American Academy of Pediatrics recommends infants be fed breast milk exclusively for the first 6 months of life (32). The percentage of infants fed exclusively breastmilk in the hospital where they are delivered has been trending down in NYS excluding NYC and the M-H Region since the early 2010's. Whereas the percentage in Putnam County used to be well above both NYS, excluding NYC and the M-H Region, dramatic declines began in 2019, and in 2022 the proportion of infants exclusively breast fed in hospital in Putnam was only 38.5%, similar to that in the M-H Region, but substantially lower than that in NYS excluding NYC, and nearly 10% below the NYSPA 2030 objective of 48.2% (33) [see Figure 29].

FIGURE 29

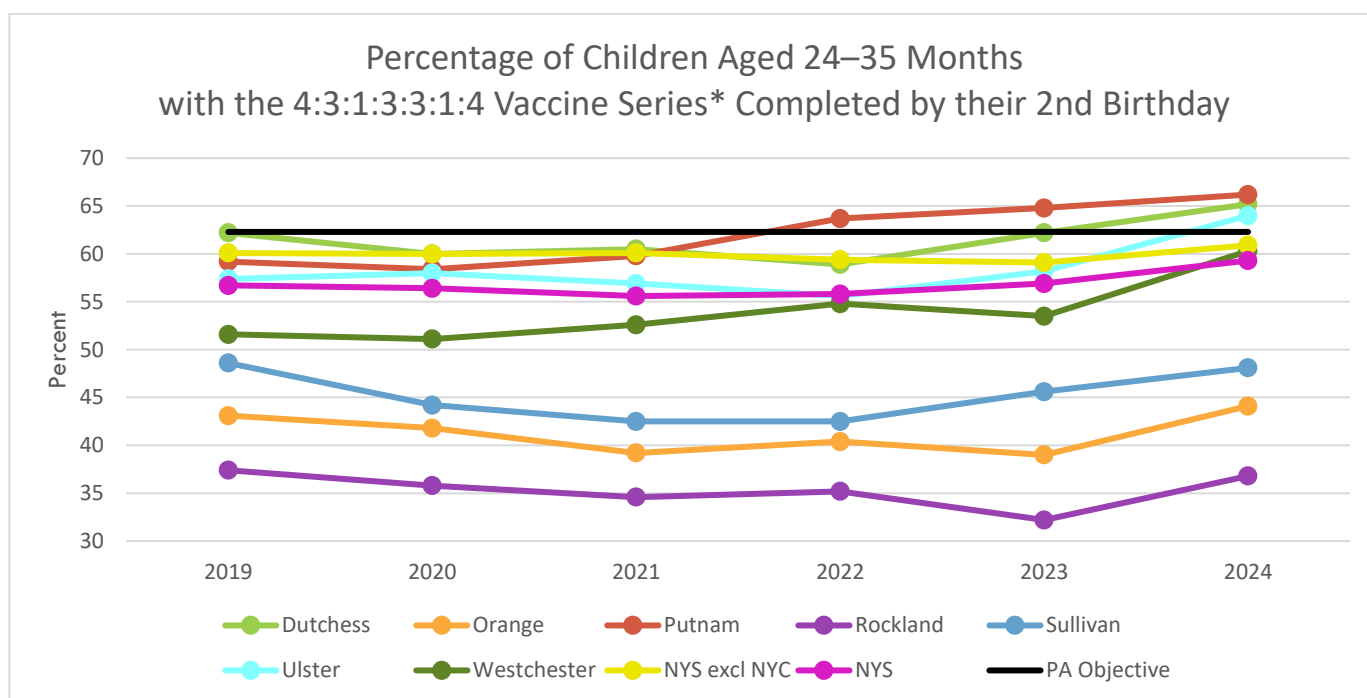


Source: NYS Community Health Indicator Reports Dashboard, July 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

CHILDHOOD PREVENTIVE SERVICES

Preventive services for children, including immunizations and healthcare screenings, are key to ensuring that Putnam’s youngest residents have the opportunity to achieve optimal health. In 2023, PCDOH initiated an intervention with county pediatric practices to increase early childhood vaccination rates in response to the lower than optimal rates described in the 2022 CHA (34). At least partially thanks to these efforts, improvement can be seen in the percentage of Putnam 2-year-olds who completed the early childhood vaccination series by their second birthday. The Putnam 2024 proportion of 66.2% exceeds the percentage in NYS, other M-H Region Counties, and the 2025-2030 NYSPA Objective of 62.3% [see Figure 30]. However, performance is not consistent across all childhood preventive services, and sub-optimal performance was noted for HPV vaccination and childhood lead testing.

FIGURE 30



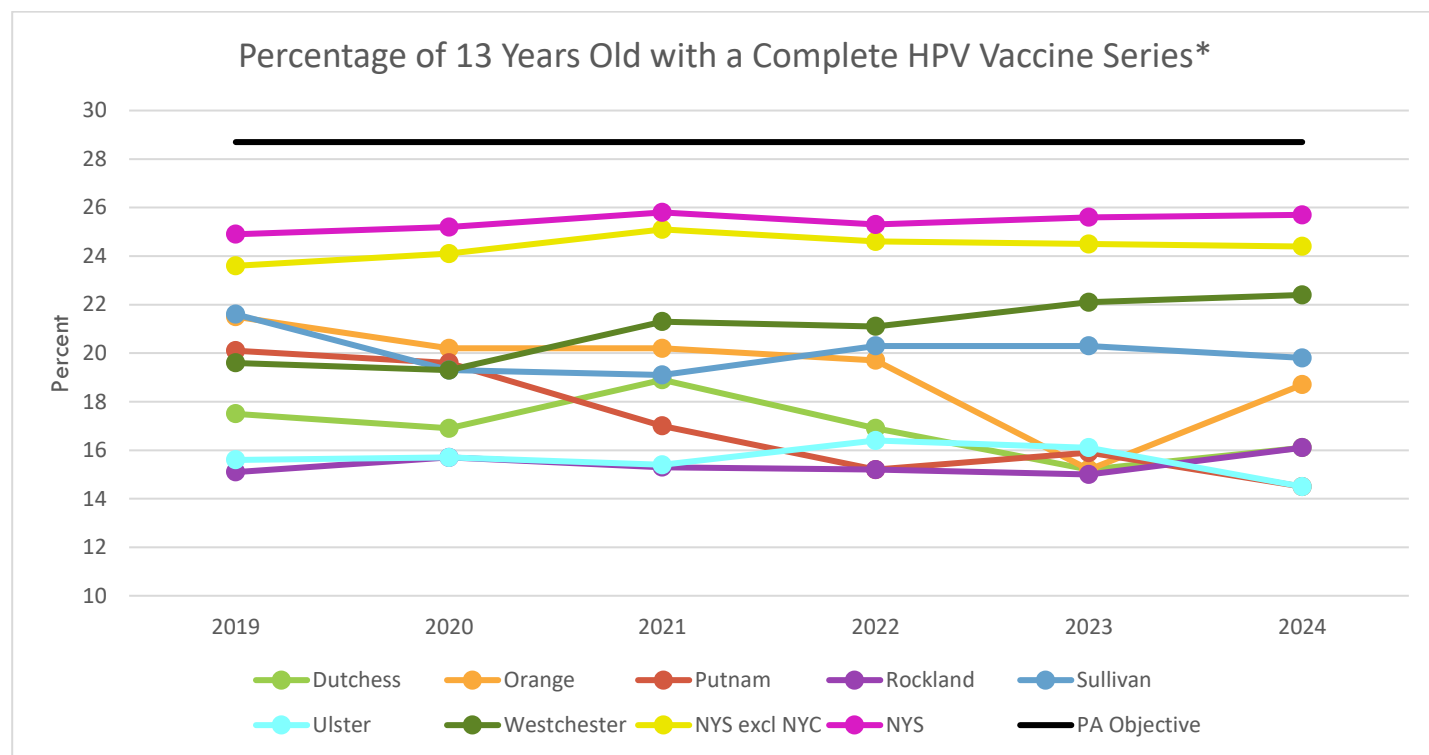
*Note: Refers to the standard series of vaccination recommended for children by age two. This series includes: 4 doses of DTaP (diphtheria, tetanus, and acellular pertussis), 3 doses of Polio, 1 dose of MMR (measles, mumps, and rubella), up to date Hib (Haemophilus influenzae type b), 3 doses of HepB (hepatitis B), 1 dose of varicella (chicken pox), and up to date PCV (pneumococcal conjugate vaccine).

Source: NYSDOH Prevention Agenda 2025-2030 Tracking Dashboard, December 2025, sourced from the New York State Immunization Information System (NYSIIS) and City Immunization Registry (CIR), data as of January 2025

https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county

Human Papillomavirus (HPV) is a common virus estimated to infect one in every four Americans. HPV is often asymptomatic, but in some people it can cause genital warts, and approximately 31,000 cases of cancer related to HPV are diagnosed each year nationwide. To prevent these sequelae, HPV vaccination is recommended for preteens aged 9-12 years, so they are protected prior to exposure to the virus (35). The percentage of 13-year-olds with a completed HPV vaccine series has trended down in Putnam since 2019, and in 2024 Putnam joined Ulster County in having the lowest percentage (14.5%) among M-H Region Counties. This is considerably lower than the percentage in NYS excluding NYC (24.4%) and the 2030 NYSPA target of 28.7% (33) [see Figure 31].

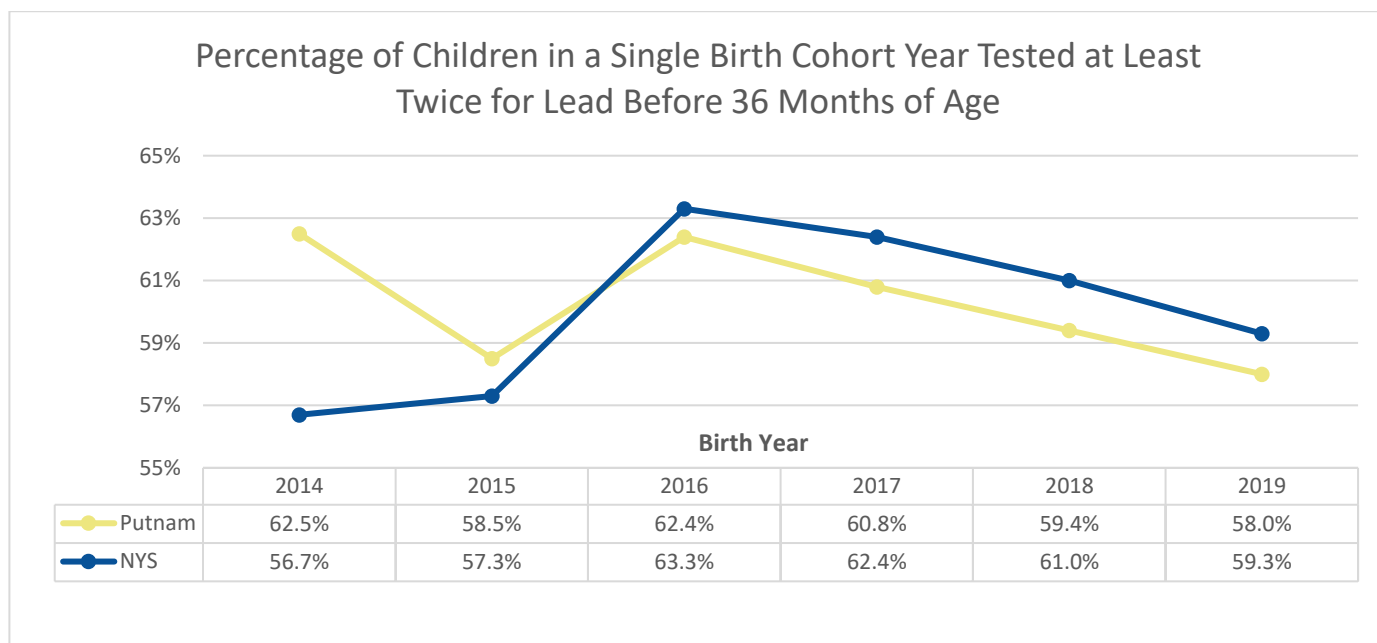
FIGURE 31



*Note: A complete HPV vaccination series is defined as 2 doses given at least 6 months apart in children age 9-14 years
Source: NYSDOH Prevention Agenda 2025-2030 Tracking Dashboard, December 2025, sourced from the New York State Immunization Information System (NYSIIS) and City Immunization Registry (CIR), data as of January 2025
https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county

Young children have higher risk for exposure to lead through hand to mouth contact with contaminated objects. Because their bodies are rapidly growing and developing, they are also more susceptible to negative impacts of lead exposure such as slowed growth and development, damage to the brain and nervous system, and learning, behavioral, hearing and speech problems (36). Early detection is key to prevention of negative sequelae, and NYS public health law requires that healthcare providers obtain a blood lead level for all children at age one and again at age two (37). Figure 32 displays the percentage of children tested for lead twice before 36 months of age by their birth year. Both NYS and Putnam County show this percentage declining since the 2016 birth cohort, with a slightly lower percentage (58%) of Putnam children born in 2019 tested twice before 36 months of age as compared to NYS (59.3%). Percentages for Putnam and NYS are both well below the 2030 NYSPA target of 70% (33).

FIGURE 32



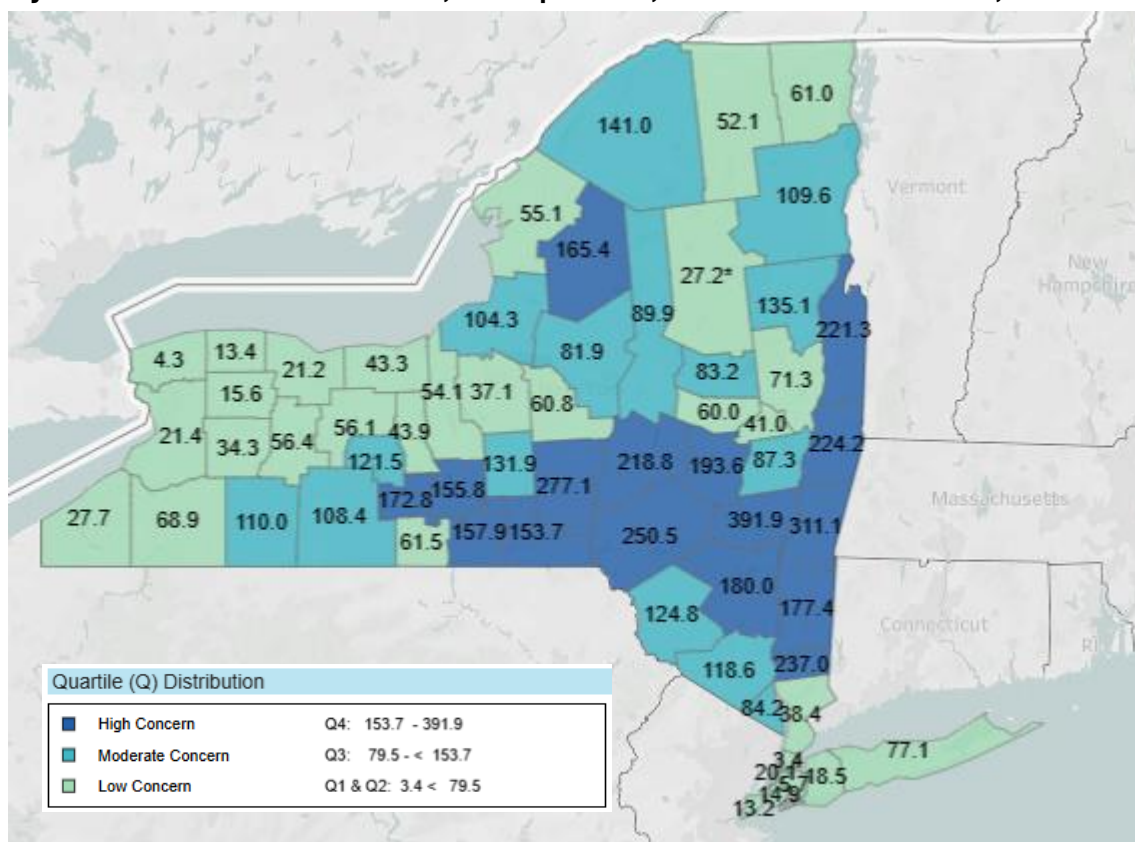
Source: NYS Community Health Indicator Reports Dashboard, updated February, 2025, sourced from NYS Child Health Lead Poisoning Prevention Program, data as of October, 2022, retrieved December 4, 2025 from https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

TICKBORNE DISEASE

Putnam County bears a disproportionately high burden of tickborne disease. The geographic distribution of tickborne disease in the United States is highly concentrated in Upper Midwestern and Northeastern states. (38). While Lyme disease is most common tickborne disease in NYS, the second and third most common tickborne diseases, anaplasmosis and babesiosis, have a similar geographic distribution because they are all transmitted by the same tick, *Ixodes scapularis* (39). Among NYS counties, Putnam had the 5th highest incidence of Lyme disease from 2020-2022 [see Figure 33], and the third highest incidence of babesiosis (61 cases per 100,000 population) and the eighth highest incidence of anaplasmosis (96.6 cases per 100,000 population) in 2023 (40).

FIGURE 33

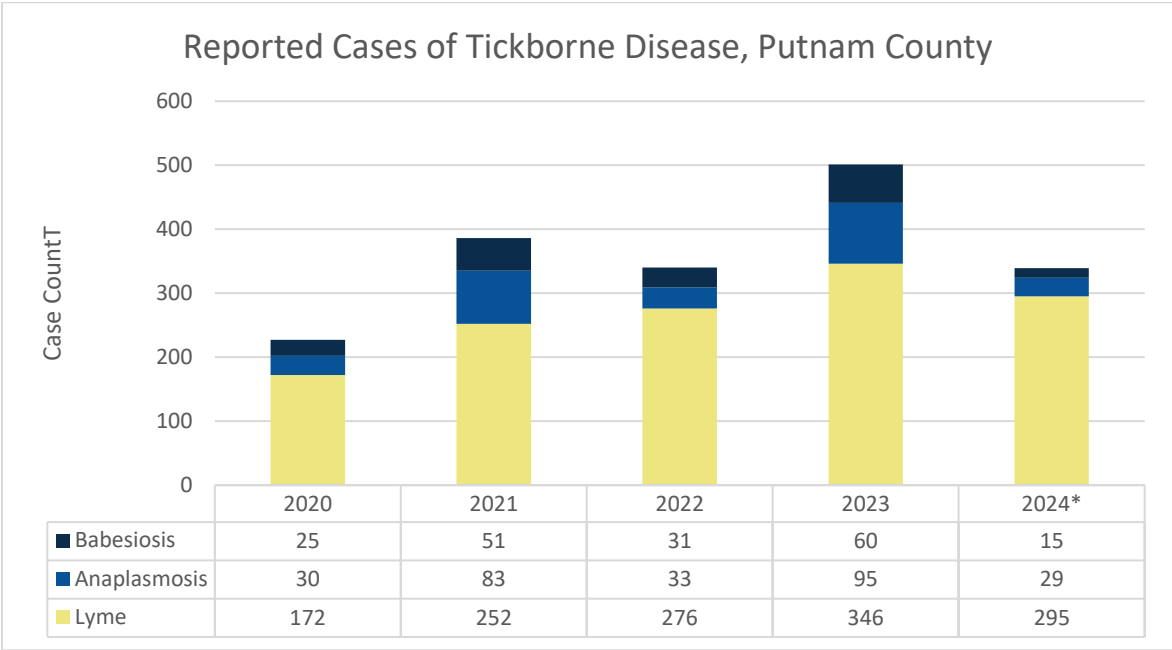
Lyme Disease Incidence Per 100,000 Population, New York State Counties, 2020-2022



Source: NYS Community Health Indicator Reports Dashboard, updated February, 2025, sourced from NYSDOH Bureau of Communicable Disease Control, data as of August 2024, retrieved December 8, 2025 from https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

Annual case counts of tickborne disease are volatile due to variable impacts of number of environmental factors, but generally tend toward a pattern of alternating year peaks and troughs related to the two-year lifecycle of the *I. scapularis* vector (41). There is an overall increasing trend for tickborne disease cases in Putnam County, with record high case counts for anaplasmosis (83 cases) and babesiosis (51 cases) set in 2021 surpassed by new record highs in 2023 (95 cases and 60 cases, respectively) [see Figure 34]. While tickborne disease indicators are not included in the 2025-2030 NYSPA, tickborne disease remains an important focus for Putnam County.

FIGURE 34



Note: Counts include cases classified as confirmed or probable based on CSTE surveillance case definitions found at: <https://ndc.services.cdc.gov/>

Sources: NYSDOH Communicable Disease Annual Reports, retrieved December 9, 2025 from

<https://www.health.ny.gov/statistics/diseases/communicable/>

* 2024 counts are unpublished data retrieved by PCDOH from the NYS Communicable Disease Electronic Surveillance System, and should be considered preliminary

ASSETS AND RESOURCES

The Putnam County Department of Health (PCDOH) has strong community partnerships that may be leveraged to address health challenges. These partnerships operate through a variety of channels:

- Live Healthy Putnam (LHP) is a coalition of community organizations whose mission is to improve individual and community health and well-being for all residents by addressing social determinants of health through education, advocacy, and collaboration. LHP meets quarterly and works to achieve its mission by acting as the primary forum for collaborative development and implementation of a comprehensive Community Health Improvement Plan (CHIP). [NYS Prevention Agenda priorities](#) are well represented within the coalition, with eight organizations working on priorities within the Economic Stability Domain; 14 working within the Social and Community Context Domain; 10 working within the Neighborhood and Built Environment Domain; and nine working within the Education Access and Quality Domain.
- PCDOH participates in a variety of other coalitions and task forces including the Communities that Care Coalition (adolescent substance misuse prevention), Suicide Prevention Task Force, The Co-Occurring System of Care Coalition, the BR;DGE Alliance (harm reduction and overdose prevention), The Putnam Hospital Community Health Committee, Tri-County Steering Committee (HIV prevention), and the Mid-Hudson Adult Immunization Coalition.
- PCDOH partners closely with Putnam-Westchester BOCES on various school-based initiatives, as well as directly with school districts and The Prevention Council of Putnam on harm reduction programming.
- Restaurants, camps, and recreational areas work closely with the Environmental Health Services Division to distribute health information and maintain safe environments.
- Putnam County has a robust Medical Reserve Corps (MRC) with over 100 volunteers and an active partnership with Putnam County Bureau of Emergency Services.
- Putnam County's bilingual health education team has an active presence in Spanish-speaking communities throughout the county. Community connections are maintained through strong partnerships with community leaders and delivery of person-centered, culturally informed health education and communication.

The [Putnam Community Resource Guide](#), a publication of the [Putnam Community Action Partnership \(CAP\)](#), provides a central location for residents to find local resources to meet their needs. The guide includes 191 service listings from approximately 120 unique organizations. Organizations listed in the guide serve a broad range of populations including children and youth, senior citizens, veterans, immigrants, and people with disabilities. A wide variety of services are offered in areas such as housing, food and nutrition, legal aid, mental health, alcohol and substance use, educational resources, and youth services. Language support is common, with more than half of listed organizations specifying services offered in Spanish, and another 15 organizations offering translation in languages such as Italian, Portuguese, Hungarian and Chinese.

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