PUTNAM COUNTY

Community Health Assessment
Community Health Improvement Plan
2022 - 2024

ACKNOWLEDGMENTS

This Community Health Assessment and Community Health Improvement Plan covers Putnam County.

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INVITING YOU TO PARTICIPATE

On behalf of the Putnam County Department of Health, we would like to thank everyone who assisted in creating this document, our joint Community Health Assessment /Community Health Improvement Plan.

The past few years have tested and taught us all. Even in times of stability, assessing and improving a community's health requires the dedication and commitment of many partners. Through the pandemic, however, these partners—including our residents, community organizations, businesses, and other government agencies—have come together with renewed strength. Among the many problems spotlighted during the pandemic, gaps in access to care and other health inequities were at the forefront. These disparities are not new to public health workers but are finally gathering more public recognition. Moving forward all collaborative efforts to improve community health will be made through the lens of health equity.

This document describes the health of our community, our process of identifying two major challenge areas, and the interventions selected to help to make improvements in these areas. A plan for implementing and evaluating this work has also been described. With measurable goals in place to track our progress, this plan will guide our community team over the next few years.

As a seasoned and accredited health department, currently completing our final work to be reaccredited in spring 2023, we have reliable mechanisms in place to ensure that the health department and the entire local public health system are focused on population-based health outcomes. Our collaborative focus will have a long-lasting impact on the conditions, policies, and systems to improve health outcomes and the overall quality of life for our residents.

We extend an invitation to both old and new partners and individuals to help improve access to and delivery of essential public health services. Residents can join a coalition, participate in a focus group, or respond to our periodic community surveys. If you are interested in any of these activities, please call us at (845) 808-1390 or e-mail PutnamHealth@putnamcountyny.gov.

Together we can improve the health of all the individuals, families, and communities that make up Putnam County.

Sincerely,

Michael J. Nesheiwat, MD
Commissioner of Health
Putnam County Department of Health

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EXECUTIVE SUMMARY

Strong, vibrant collaborations with community partners are at the foundation of the Putnam County Department of Health's work. These partnerships are instrumental every step of the way from data collection, through prioritization, to implementation of health promotion programs. The Community Health Assessment (CHA) /Community Health Improvement Plan (CHIP) process is about the collective community deciding what is most important and most valued by the community and its residents, based on quantitative and qualitative data provided by the health department.

The landscape of Putnam's public health infrastructure—particularly the partners, community groups and agencies working in the field—is constantly evolving. Some partnerships date back decades; others are new relationships with nascent grassroots advocates that emerge when new health issues arise, galvanizing attention and public support. In this changing milieu, the health department takes a leadership role in supporting partners and community members in several ways. By providing access to resources, data collection, assessment, and guidance, the health department empowers community organizations and coalitions, new and old, to successfully coalesce and improve population health.

SELECTED PRIORITIES AND DISPARITY

For the 2022-2024 period, the Putnam County Department of Health (PCDOH) has identified two New York State Prevention Agenda (NYSPA) priority areas to work and report on with community partners. The first is preventing communicable diseases, where the focus will be on improving early childhood vaccination rates. This intervention will address geographic disparities seen in vaccination rates by zip code and by race and ethnicity. The second priority area is promoting well-being and preventing mental and substance use disorders. The focus for this area is on preventing opioid and other substance misuse and deaths. Disparities related to issues arising from limited access to information and intervention activities services will be addressed with Spanish-speaking health educators providing educational material translation.

DATA REVIEW

The PCDOH collaborated with six surrounding counties who make up the Hudson Valley Public Health Collaborative (HVPHC) to conduct a detailed and comprehensive data review and produce the 2022-2024 Mid-Hudson Region Community Health Assessment (MHRCHA). The MHRCHA drew from numerous reputable secondary data sources such as the American Community Survey (ACS), the NYS Behavioral Risk Factor Surveillance System (BRFSS) dataset, the New York State Department of Health (NYSDOH) Communicable Disease Annual Reports, and NYSDOH Community Health Indicator Reports.
The HVPHC also contracted with Siena College Research Institute (SCRI) and collaboratively developed and conducted the Mid-Hudson Region Community Health Survey (MHRCHS). The findings of this broad-based community health survey are detailed at the regional level within the MHRCHA, and in a separate report specific to Putnam County. PCDOH conducted two additional county-level surveys independently: the Community Partner Resource Survey (CPRS) and the Community Priority Poll (CPP).
PCDOH conducted a systematic review of the data compiled from all these sources to create a list of Putnam County's ten main health challenges: transportation (social determinant of health), racial and ethnic disparities

in birth-related indicators, obesity, early childhood immunization, tickborne disease, COVID-19 and other emerging infectious diseases, sexually transmitted infections, opioid misuse, mental health and well-being, and harmful algal blooms. These are fully explored in the CHA section of this report.

The ten main health challenges were further refined through a progressive prioritization process that involved evaluation for alignment with the NYSPA, stakeholder input, and availability of evidence-based interventions. The prioritization process is fully explored in the CHIP section of this document.

PARTNER AND COMMUNITY ENGAGEMENT

Local partnerships with community organizations play an integral role in the Putnam community's health planning, particularly in the assessment and prioritization phases. Each partner and organization bring expertise to the collective and can provide better understanding and access to targeted county populations. The benefits of partnership were evidenced in the promotion and dissemination of the MHRCHS, where Putnam health care organizations, libraries, senior centers, food pantries, and various other businesses and non-for-profits contributed to efforts to ensure engagement and survey participation across all sectors of the population. Partners contributed to the prioritization process through providing feedback as part of the CHIP Steering Committee and/or participation in the 2022 public health summit. The summit also provides an annual platform to present and discuss data, review existing strategies, and select priorities to concentrate on in the upcoming year.

For the implementation phases, partners directly involved in the identified 2022-2024 priority areas vary with each priority. The PCDOH is the lead organization for improving early childhood vaccination rates, working directly with healthcare practice partners participating in the Vaccines for Children (VFC) program.

The Prevention Council of Putnam (PCP) is the lead agency for prevention of opioid and other substance misuse and deaths, working with community partners including schools, first responder agencies, and on-site liquor licensed establishments to implement evidence-based interventions (EBIs) and promising practices (PP). The PCDOH will expand the reach of these efforts to the Spanish-speaking populations through participation by the health department's Spanish-speaking health education staff.

A list of all our community partners and the areas in which they work can be found in Appendix A at the end of this document.

STRATEGIES AND ACTIVITIES ADDRESSING THE TWO PRIORITIES AND DISPARITY

All strategies selected to address priorities were selected based on partner and internal discussions about available evidence-based interventions that were feasible and suited to the Putnam County community. Those selected to improve vaccination rates include leveraging the New York State Immunization System (NYSIIS) by expanding activities of the current Immunization Quality Improvement for Providers (IQIP) program. Data quality will be enhanced through systematic monitoring to ensure that the electronic medical records match NYSIIS. More consistent utilization of the recall/reminder reports to patients who are due and overdue for

early childhood vaccines will be the primary tool to improve vaccination rates. Disparities will be addressed by identifying, prioritizing, and engaging healthcare practices in zip code areas where polio vaccination rates are lower and where those with a higher proportion of racial and ethnic minorities reside.

Two EBIs will be implemented to prevent opioid and other substance misuse and deaths. The first involves increasing naloxone availability and usage by prescribers, pharmacies, and consumers. To accomplish this, two different settings will be approached: high schools and on-site consumption licensed liquor establishments, or OSCLLEs. In high schools, plans are underway to require graduating seniors to take naloxone training as part of the senior "check-out" process. Naloxone training will be provided and kits will be distributed to each senior. OSCLLEs will be recruited to participate in the Narcan Behind Every Bar (NBEB) program. This activity involves providing naloxone kits, overdose emergency cabinets, and staff trainings.

The second EBI to prevent opioid and other substance misuse and deaths will be to build community-based support systems to care for people who use opioids or those at risk for overdose. First responders (i.e., EMS, fire, police) will be recruited to "leave behind" a naloxone kit and provide a connection to support through a certified recovery peer advocate (CRPA) at calls involving confirmed or suspected substance use. The CRPA can then provide further linkages to harm reduction and recovery supports, including: naloxone, fentanyl test strips, referral to services including substance use disorder treatment as well as other social service needs.

TRACKING PROGRESS, EVALUATING IMPACT

A set of evaluation measures have been identified for each intervention to chart progress and improvement and evaluate overall impact.

FOCUS AREA 1, VACCINE PREVENTABLE DISEASES

Process measures for the work on improving vaccine rates include the number of VFC practices with an IQIP site visit, and the number of VFC practices agreeing to implement the intervention. Outcome measures include the number of reminder/recall reports run by participating practices, the proportion of patients sent notifications who schedule vaccine appointments, and the year over year change in vaccine series completion by participating practices.

FOCUS AREA 2, PREVENT MENTAL AND SUBSTANCE USE DISORDERS

Process measures for increasing availability and access to Naloxone include the number of high schools and OSCLLEs signing on to participate and the number of trainings conducted in each setting. Outcome measures include the number of kits distributed in each setting, the number of opioid overdose cabinets in OSCLLEs, the number of participating organizations (high schools and OSCLLEs) remaining in active participation in the successive school or calendar year, respectively, and the crude rate of overdose deaths involving any opioid per 100,000 population.

Process measures for building support systems to care for opioid users or those at risk for an overdose include the number of first responder agencies engaged to participate in the intervention and the number that participate in the peer referral and naloxone leave behind programs. Outcome measures include the number of individuals referred to the CRPA, the number of individuals engaged by the CRPA, and the crude rate of outpatient emergency department visits involving an opioid overdose per 100,000 population.

COMMUNITY HEALTH ASSESSMENT

INTRODUCTION

Every three years local health departments (LHDs) are required to complete a comprehensive CHA to inform the creation of a CHIP and submit both to the NYSDOH. A new three-year cycle began in 2022, with documents due to NYSDOH at the end of the year.

A CHA is a descriptive summary of the county's population, health status and distribution of health issues. It identifies the main health challenges and their determinants and summarizes the assets and resources that can be mobilized to address the health issues identified. For the 2022 CHA, the PCDOH participated in a collaborative regional effort and completed county-specific assessments and reports.

THE 2022-2024 MID-HUDSON REGION COMMUNITY HEALTH ASSESSMENT

In 2018, the seven LHDs of the Mid-Hudson Region, including Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester Counties, created the HVPHC with the goal of conducting regional surveys, creating a regional CHA, and collaborating on common CHIP priorities. This regional approach was continued for the 2022-2024 CHA/CHIP cycle. The 2022-2024 MHRCHA was written by the HVPHC and fulfills NYSDOH CHA requirements for Putnam County.

In addition to fulfilling regulatory requirements, the MHRCHA is intended to serve as a reference for key health information for all regional stakeholders and assist them in identifying and prioritizing the health needs of the region and its communities. 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. To supplement data from secondary sources, HVPHC contracted with the SCRI to conduct the MHRCHS. The survey instrument used in the MHRCHS was developed collaboratively by all seven LHDs to assess resident perception of quality of life, self-reported health status and behaviors, ability to meet basic needs in the last year, and impacts of the COVID-19 pandemic.

PUTNAM SPECIFIC ASSESSMENTS AND REPORTS

To further knowledge specific to Putnam County, PCDOH conducted two county-level primary data collection assessments. The CPRS was administered to community partner organizations across sectors to create a directory of population health resources available to Putnam residents and characterize the distribution of resources based on the framework of the NYSPA priority and focus areas. The CPP was conducted to assess resident's opinions on the most important health issues in the community and how resources should be expended to improve quality of life. Finally, PCDOH did additional analysis of Putnam MHRCHS data to produce a county specific report, MHRCHS: Putnam County. All three surveys are summarized in the MHRCHA, and full reports are posted on the PCDOH website at the links provided.

PUTNAM CHA SYNOPSIS

The CHA synopsis that follows is intended to contextualize the CHIP described in the second half of this document, as well as provide Putnam residents and stakeholders an accessible topline description of the Putnam-specific findings of all the CHA component assessments described above. The synopsis includes a description of community characteristics, main health challenges, and resources to address the identified health challenges. More detailed information can be accessed by clicking on links to full reports.

COMMUNITY DESCRIPTION

Putnam County is located approximately 58 miles north of New York City and is bordered by the Hudson River to the west, the State of Connecticut to the east, Dutchess County to the north, and Westchester County to the south. The county's 230 square miles consist of a mix of rural and suburban communities interspersed with reservoirs, parks, and farmland divided up into six towns, three villages, and no cities. More than a third of the population resides in the Town of Carmel which occupies the central southern portion of the county.[1]

FIGURE 1: PUTNAM COUNTY MAP

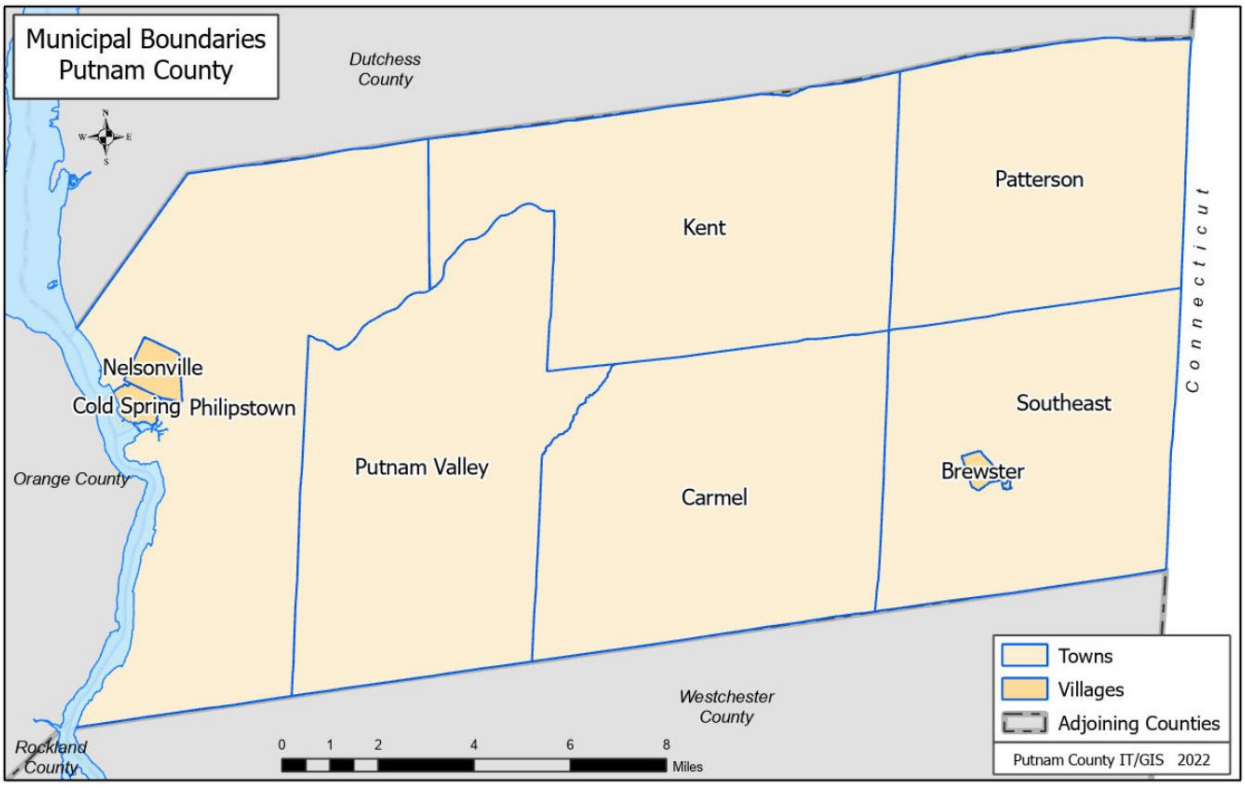


Figure Source: Putnam County Department of Information Technology/GIS

[1] U.S. Census Bureau QuickFacts, https://www.census.gov/quickfacts/fact/table/putnamcountynewyork/PST045221, accessed July 2022

Putnam's population is slowly trending downward over time. In 2021, the U.S. Census estimated the county's population at 97,936. This represents a 0.3% increase from the 2020 estimate of 97,688, but a 1.8% decrease from the 2010 estimate of 99,710.[1] The County's population has decreased in eight out of the eleven years from 2010 to 2021.[2]

FIGURE 2: USAFACTS, OUR CHANGING POPULATION: ANNUAL POPULATION CHANGE IN PUTNAM COUNTY

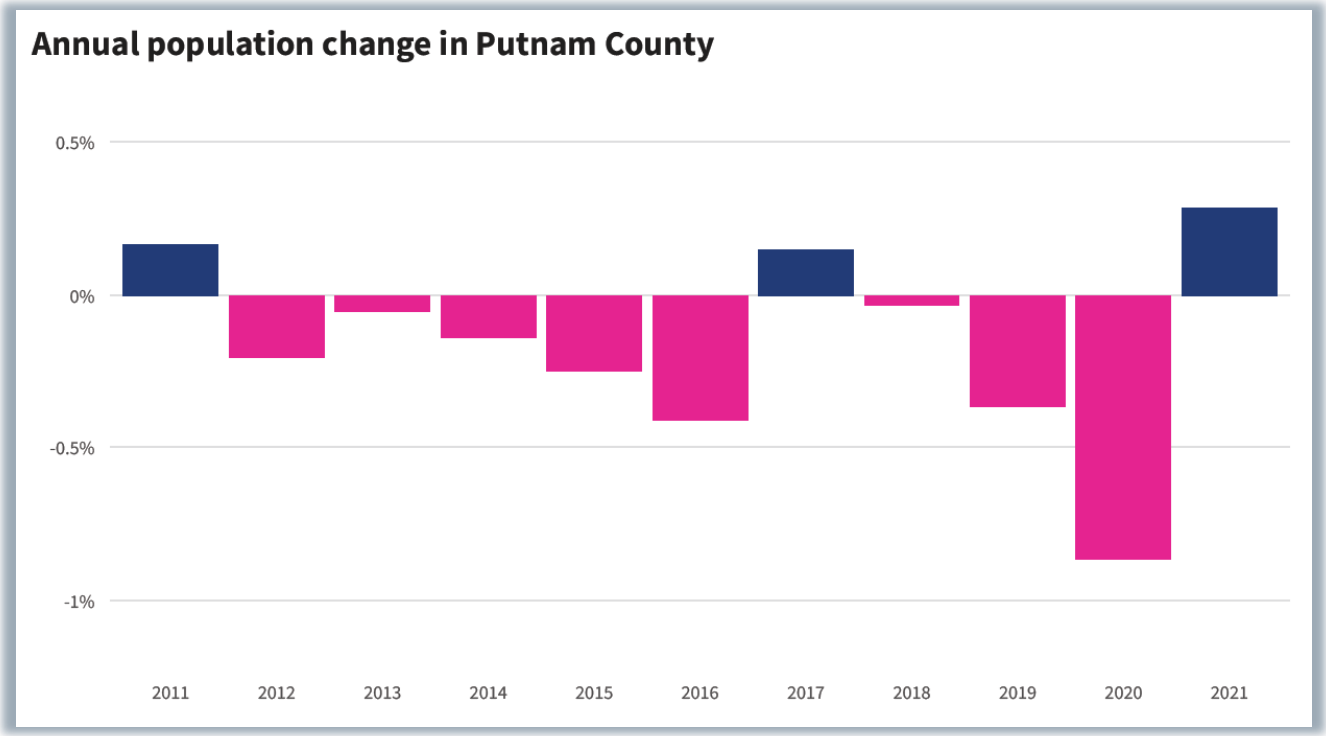


Figure Source: USA FACTS, Our Changing Population: Putnam County, New York
https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/new-york/county/putnam-county?endDate=2021-01-01&startDate=2010-01-01

[2] USA FACTS, https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/new-york/county/putnam-county?endDate=2021-01-01&startDate=2010-01-01, accessed October 2022

Putnam's population profile is generally older than that for New York State and aging over time. In 2021, children under 18 years of age were estimated to make up 19.2% of the population in Putnam and 20.7% in the state, while adults 65 years and over were estimated to make up 18.6% in Putnam, but only 17.5% in the state.[1] Though Putnam's birthrate only showed a slight decline from 9.3 births per 1000 population in 2010 to 8.1 per 1000 in 2019,[3] the proportion of residents in the youngest age brackets decreased, while the proportion in the oldest age brackets increased from 2010 to 2021.[2]

FIGURE 3: USAFACTS, OUR CHANGING POPULATION: AGE MAKEUP OF PUTNAM COUNTY

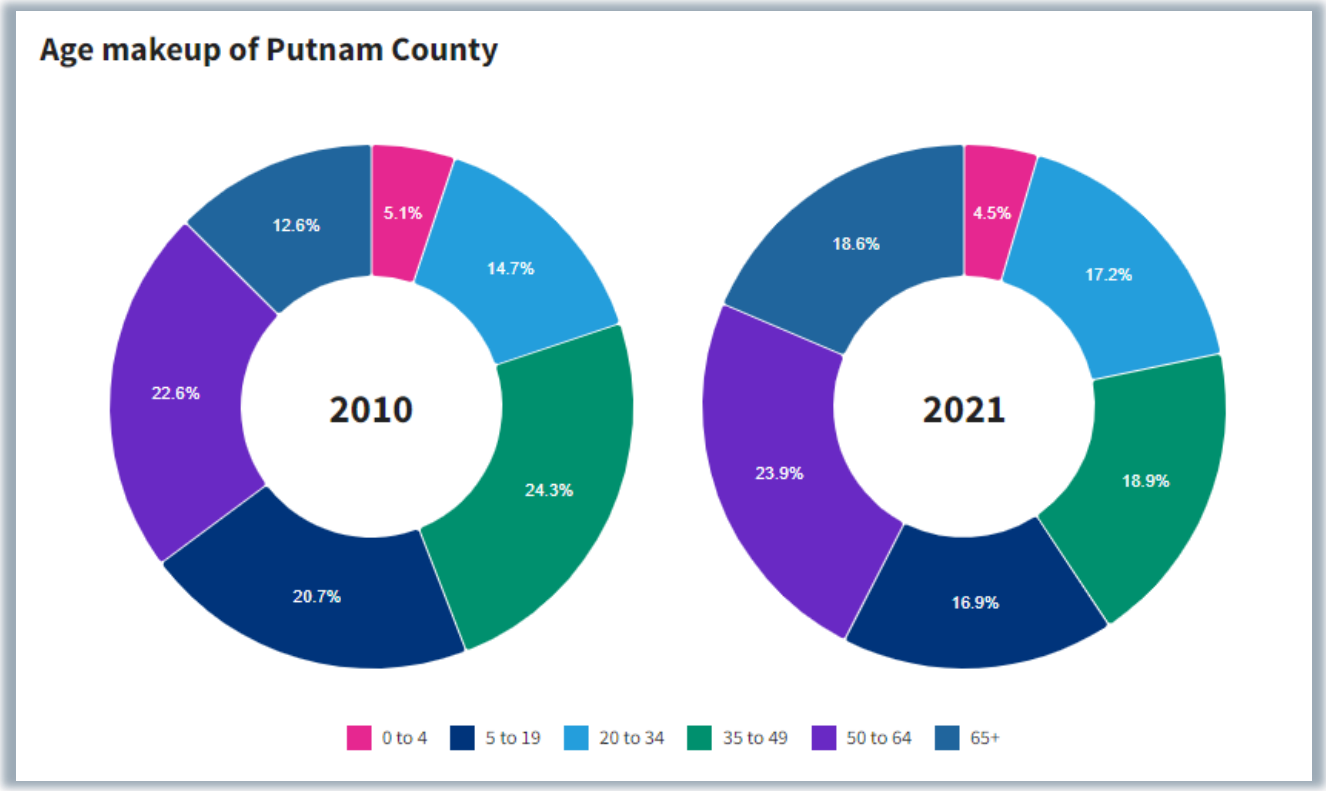


Figure Source: USA FACTS, Our Changing Population: Putnam County, New York
https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/new-york/county/putnam-county?endDate=2021-01-01&startDate=2010-01-01

[3] NYSCHIRS, February 2022, https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=37&ctop=14, accessed July 2022.

When examining the 2021 population distribution by race and ethnicity, approximately 90% is White, 4.5% is Black, 3.0% is Asian, Native American, or Pacific Islander, and 2.2% are of two or more races. Hispanic or Latinos make up 17.7% of the population. Nearly 20% of the population 5 years of age or older speak a language other than English at home, and nearly 14% are foreign born.[1] The population has become more diverse over time with the greatest change seen in share of Hispanic or Latinos, which increased from 11.8% in 2010 to 17.7% in 2021, while the majority share of White (non-Hispanic) decreased from 83% to 75.3%.[2]

FIGURE 4: USA FACTS, OUR CHANGING POPULATION: PUTNAM COUNTY, NY

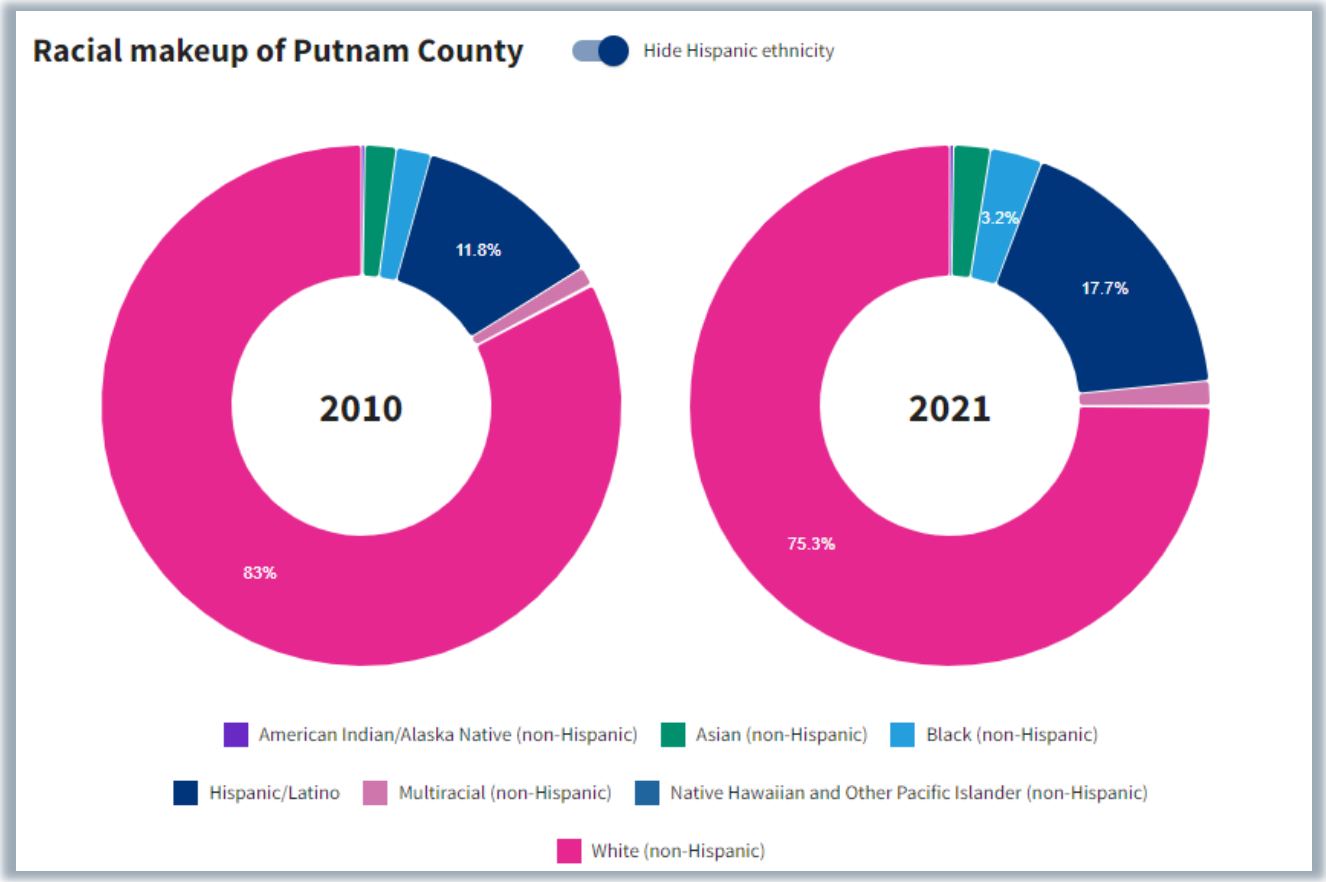


Figure Source: USA FACTS, Our Changing Population: Putnam County, New York
https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/new-york/county/putnam-county?endDate=2021-01-01&startDate=2010-01-01

Putnam is a well-educated and affluent county. Census estimates for 2016-2020 show that 90% of the population has a high school or higher degree, and nearly 41% have a bachelor's degree or higher.[1] The median annual household income has trended up in the last decade and at $105,600 in 2019, was the second highest behind Nassau amongst New York counties outside of New York City. The county's poverty rate has been flat over the past decade, and at 5.2% in 2019, was the lowest of all counties in the state. However, like the state as a whole, Putnam County did see a significant jump in unemployment from 3.7% in 2019 to 7.6% in 2020 which could impact income and poverty levels moving forward.[3]

MAIN HEALTH CHALLENGES

For the past 10 years Putnam County has consistently ranked amongst the top five healthiest counties in the state in the University of Wisconsin's annual *County Health Rankings & Roadmaps* report. In the 2022 edition Putnam ranked first in the state for the index measure of health outcomes and 3rd for the health factors index.[4] Systematic review of data gathered for the CHA validates these rankings with Putnam generally performing well as compared to neighboring counties for most health indicators. While these results represent a significant accomplishment, they do not diminish the importance of identifying gaps and areas for improvement through the Mid-Hudson Regional CHA process as detailed in the following sections.

METHODOLOGY

In order to accurately identify the main health challenges in Putnam County, PCDOH conducted a systematic review of Putnam data for all the indicators included in the MHRCHA and any additional indicators included on the NYSPA Dashboard, the Health Status and Social Determinants of Health section of the NYS Community Health Indicator Reports (CHIRS) Dashboard and/or the NYS County Health Indicators by Race/Ethnicity (CHIRE) Dashboard. Indicators were flagged if they met any of the following criteria: NYSPA objective not met; performance worse than the Mid-Hudson Region, NYS, or five or more counties in the Mid-Hudson Region; indicator performance worsening over time; or disparities on the CHIRE. In some cases where there was suspicion that we were missing an important health issue for Putnam, the review was extended to include other PCDOH and NYSDOH data reports, and preliminary data for recent years. Survey findings, including priorities of the CPP and MHRCHS: Putnam results where Putnam performed worse than the region or showed a decline compared to 2018 survey results were also flagged. Flagged indicators were then examined for patterns, and health issues or determinants of health with grouping of flags were considered a main health challenge. On this basis, Putnam's main health challenges include transportation (determinant of health), racial and ethnic disparities in birth-related indicators, obesity, early childhood immunization, tickborne disease, COVID-19 and other emerging infectious diseases, sexually transmitted infections, opioid misuse, mental health and well-being, and harmful algal blooms.

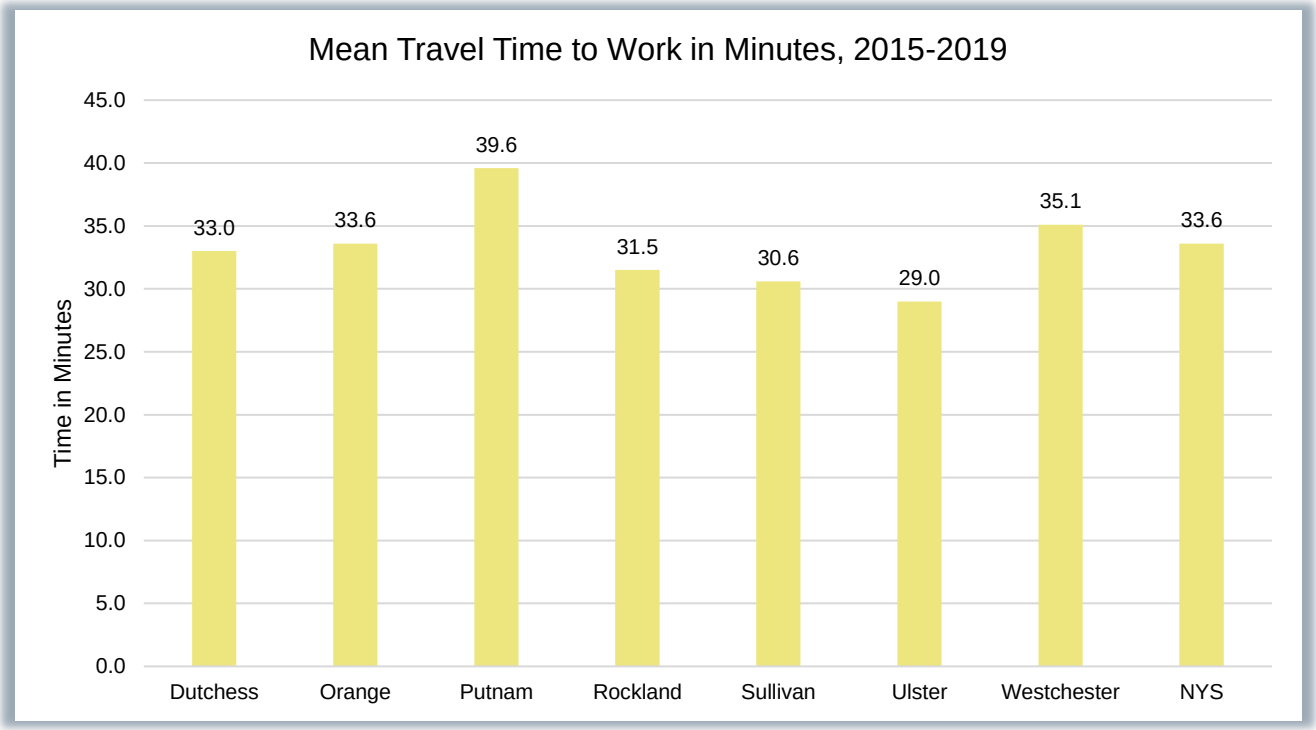
Criteria for flagging indicators:
NYS Prevention Agenda objective not met
Performance worse than the Mid-Hudson Region, NYS, or 5 or more counties in the Mid-Hudson Region
Indicator performance worsening over time - more recent two time periods and/or longer time frame as available
Disparities on the County Health Indicators by Race and Ethnicity (CHIRE) Dashboard
Results on the Mid-Hudson Community Health Survey where Putnam performed worse than the region or showed a decline since 2018 (differences outside survey margin of error)

[4] University of Wisconsin Population Health Institute, https://www.countyhealthrankings.org/app/new-york/2022/downloads, accessed July 2022

TRANSPORTATION

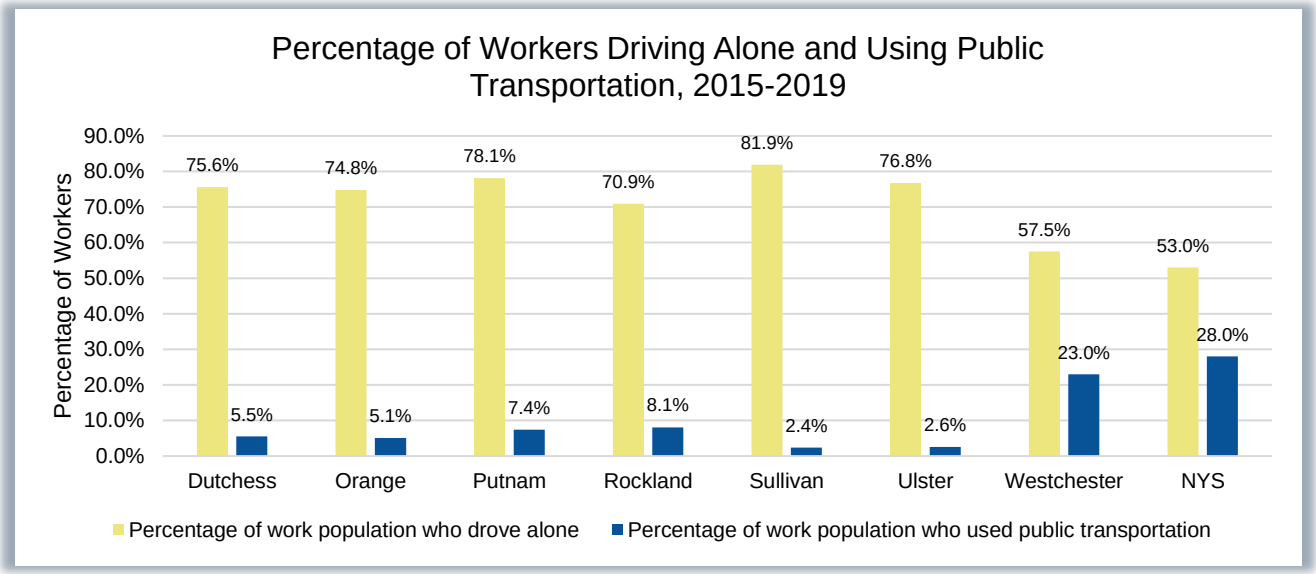
Transportation is a fundamental social determinant of health because it influences the ability to access employment and meet other basic needs such as accessing healthy food. Putnam is heavily dependent on cars which carry a high-cost burden and contribute to pollution. When examining 2015-2019 rates posted on CHIRS, amongst Mid-Hudson counties, Putnam has the highest average travel time to work (39.6 minutes) and the second highest percentage of working population who drive alone (78.1%). When comparing 2013-2017 rates to 2015-2019, both the mean travel time to work and the percentage of workers commuting alone have been creeping up over time, while the percentage of workers using public transportation decreased from 8.5% to 7.4%.[3]

FIGURE 5: MEAN TRAVEL TIME TO WORK



Source: NYSCHIRS, Health Status and Social Determinants of Health
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=37&ctop=14

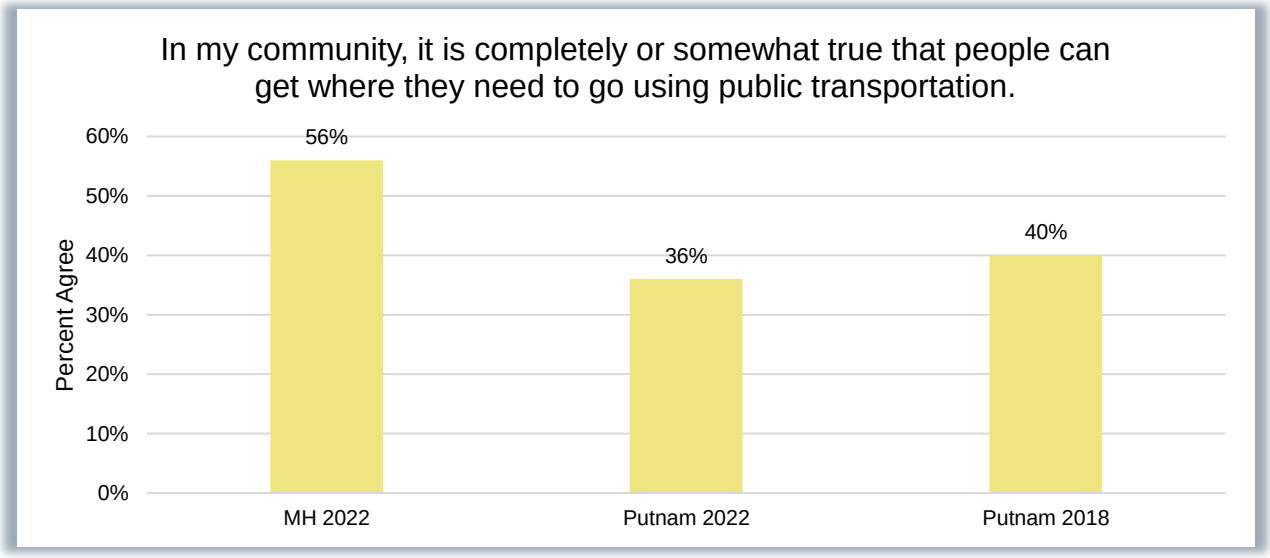
FIGURE 6: PERCENTAGE OF WORK POPULATION DRIVING ALONE AND USING PUBLIC TRANSPORTATION



Source: NYSCHIRS, Health Status and Social Determinants of Health
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=37&ctop=14

MHRCHS findings provide further evidence of transportation challenges in Putnam County. Only 36% of Putnam respondents agreed that people can get where they need to go using public transportation, lower than the regional proportion of 56%, and a decrease from 40% on the 2018 survey.

FIGURE 7: MID-HUDSON REGION COMMUNITY HEALTH SURVEY, PERCEPTION OF PUBLIC TRANSPORTATION

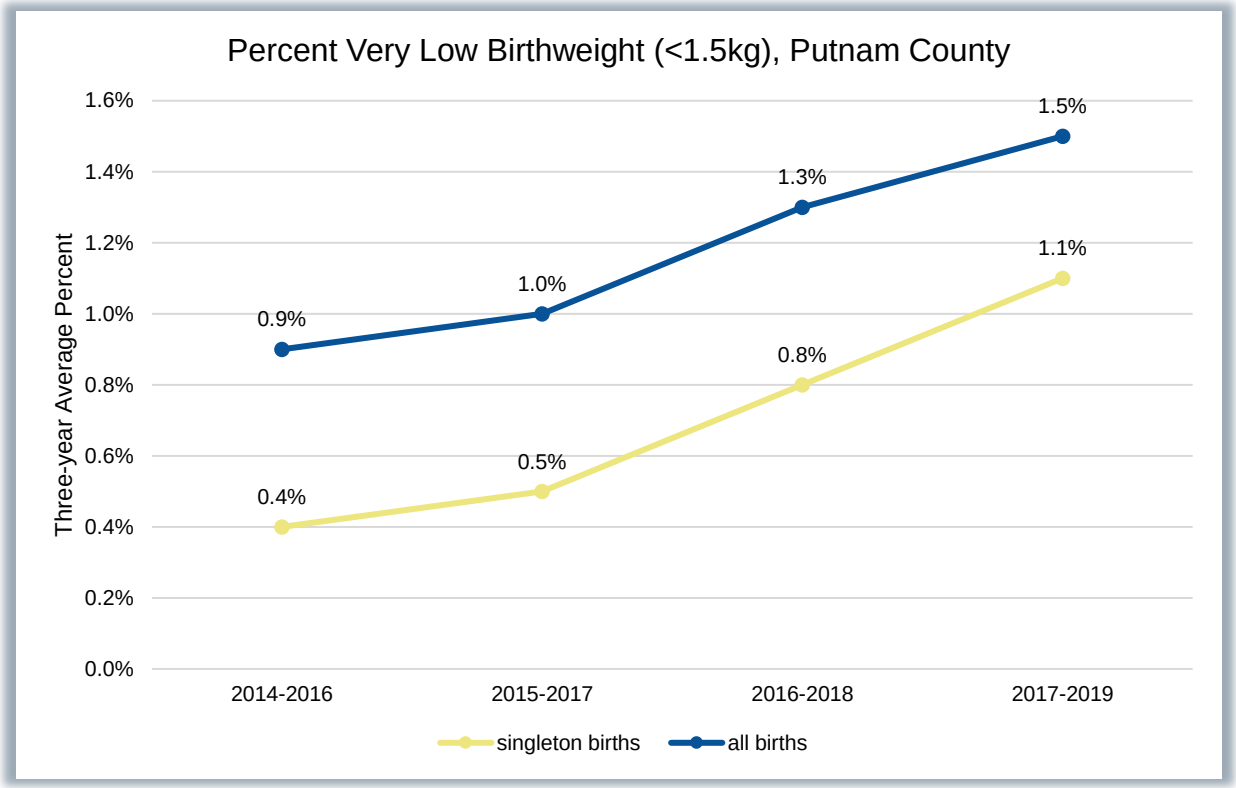


Source: Mid-Hudson Region Community Health Survey: Putnam, 2022
https://www.putnamcountyny.com/images/Departments/Department_of_Health/PDF_Documents/Mid-Hudson-Region-Community-Health-Survey-Putnam%20County.pdf

RACIAL AND ETHNIC DISPARITIES IN BIRTH-RELATED INDICATORS

The health and well-being of pregnant people and infants directly impacts the health of the next generation. Putnam County performs well in most birth-related indicators. While infant mortality (2.5 per 1000 live births, 2017-2019) and maternal mortality (no maternal deaths, 2017-2019) rates are consistently lower than the region and NYS, there are some concerning signals in other birth indicators. From 2017-2019 Putnam had a higher percentage of premature births with less than 32 weeks gestation (1.6%) than both the region (1.3%) and the state (1.5%). Putnam also had a higher proportion of very low birthweight (<1.5 kg) births and very low birthweight (<1.5 kg) singleton births (1.5% and 1.1%, respectively) than both the region (1.2% and 0.9%, respectively) and the state (1.4% and 1.0%, respectively). Moreover, the proportion of very low birthweight has been increasing over time for all births and singleton births.[5]

FIGURE 8: PERCENTAGE VERY LOW BIRTHWEIGHT IN ALL BIRTHS AND SINGLETON BIRTHS



Source: NYSCHIRS, Maternal and Infant Health Indicators
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=37&ctop=9

[5] NYSCHIRS, Maternal and Infant Health Indicators, February 2022, https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=37&ctop=14, accessed November 2022

Not unlike NYS,[6] birth indicators in Putnam County may be better understood when examined by race and ethnicity. From 2017-2019 disparities can be seen in pre-natal care and birth outcomes. The percentage of births with 1st trimester prenatal care and adequate prenatal care (APNCU) were lower in Asian/Pacific Islander (78.6%, 83.8%), Hispanic (80.5%, 84.9%), and Non-Hispanic Black (84.5%, 84.6%) births than White births (90.1%, 89.8%). There was a higher percentage of premature births in Non-Hispanic Black (16.9%) and Asian Pacific Islander (10.0%) births than White (8.2%) and Hispanic births (7.6%). The percentage of low birthweight births was much higher in Non-Hispanic Black (15.5%) births than Hispanic (6.7%), White (6.0%) and Asian/Pacific Islander births (5.7%).[7]

TABLE 1: PUTNAM COUNTY BIRTH-RELATED HEALTH INDICATORS BY RACE AND ETHNICITY

PUTNAM COUNTY BIRTH-RELATED HEALTH INDICATORS 2017-2019	NON-HISPANIC			HISPANIC	TOTAL
	WHITE	BLACK	ASIAN/PACIFIC ISLANDER		
Percentage of births with early (1st trimester) prenatal care	90.1%	84.5%	78.6%	80.5%	86.8%
Percentage of births with adequate prenatal care (APNCU)^	89.8%	84.6%	83.8%	84.9%	88.1%
Percentage of premature births (<37 weeks gestation-clinical estimate)	8.2%	16.9%	10%*	7.6%	8.3%
Percentage of low birthweight births (<2.5 kg)	6.0%	15.5%	5.7%*	6.7%	6.5%

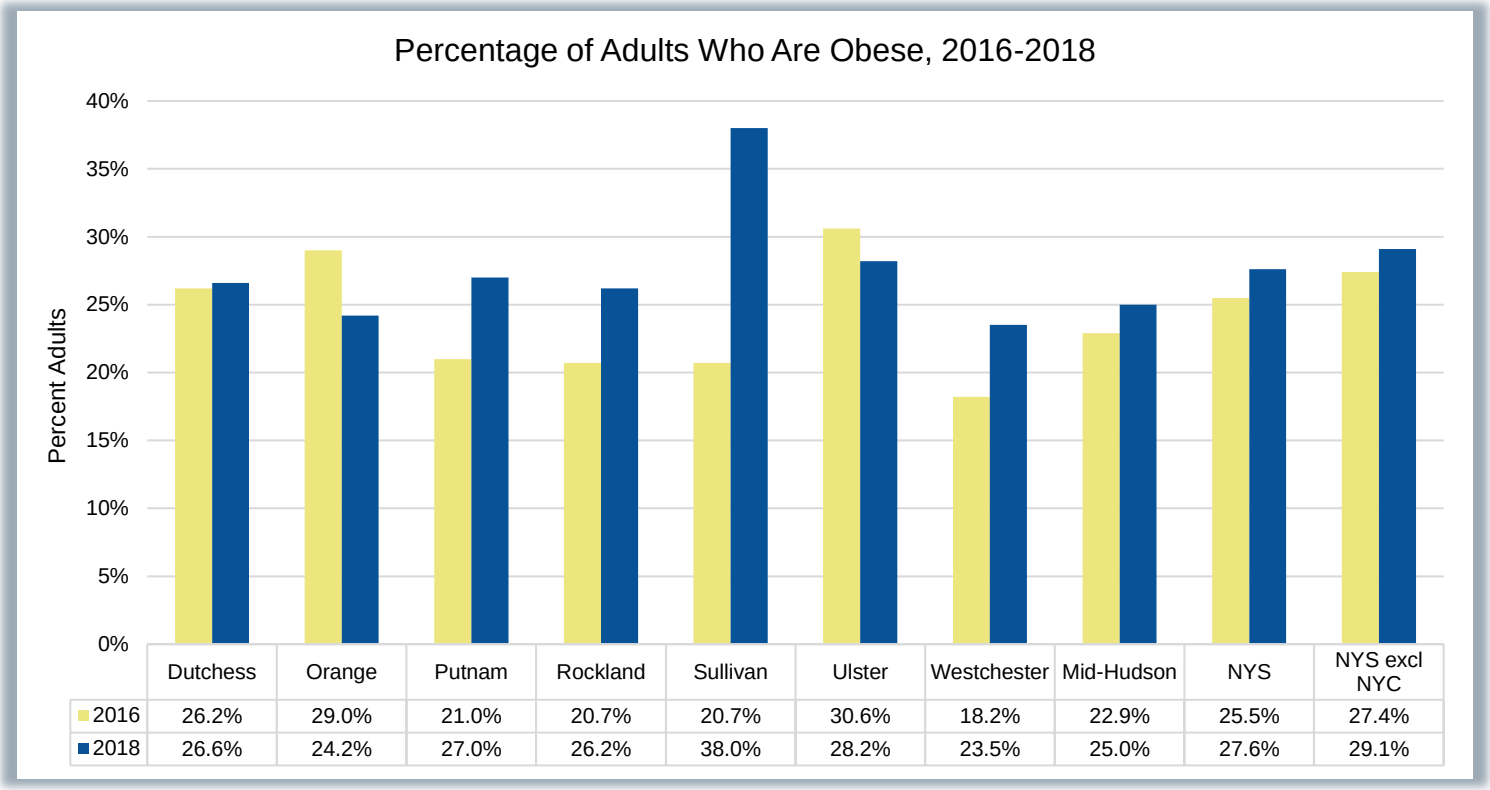
*Note: fewer than 10 events in the numerator, therefore, the percentage is considered unstable
^APNCU: Adequacy of Prenatal Care Utilization Index that considers the number of prenatal care visits received and number of expected by age of gestation at delivery
Source: NYSCHIRE, Putnam County Health Indicators by Race/Ethnicity, 2017-2019
https://www.health.ny.gov/statistics/community/minority/county/putnam.htm

[6] NYSCHIRE, NYS Health Indicators by Race/Ethnicity 2017-2019, March 2022, https://www.health.ny.gov/statistics/community/minority/county/newyorkstate.htm, accessed August 2022
[7] NYSCHIRE, Putnam County Health Indicators by Race/Ethnicity 2017-2019, March 2022, https://www.health.ny.gov/statistics/community/minority/county/putnam.htm, accessed August 2022

OBESITY

Obesity puts individuals at greater risk of developing a whole host of chronic diseases,[8] including heart disease which was the leading cause of death in Putnam County in all years from 2010-2019 except for 2016.[9] Data from the NYS BRFSS, which defines obesity as having a body mass index (BMI) of 30.0 or greater, reveals that in 2018 Putnam had the third highest percentage of obese adults in the region. The percentage of obese adults increased from 21% in 2016 to 27% in 2018, which exceeds the NYSPA 2024 goal of 24.2%.[10]

FIGURE 9: PERCENTAGE OF ADULTS WHO ARE OBESE



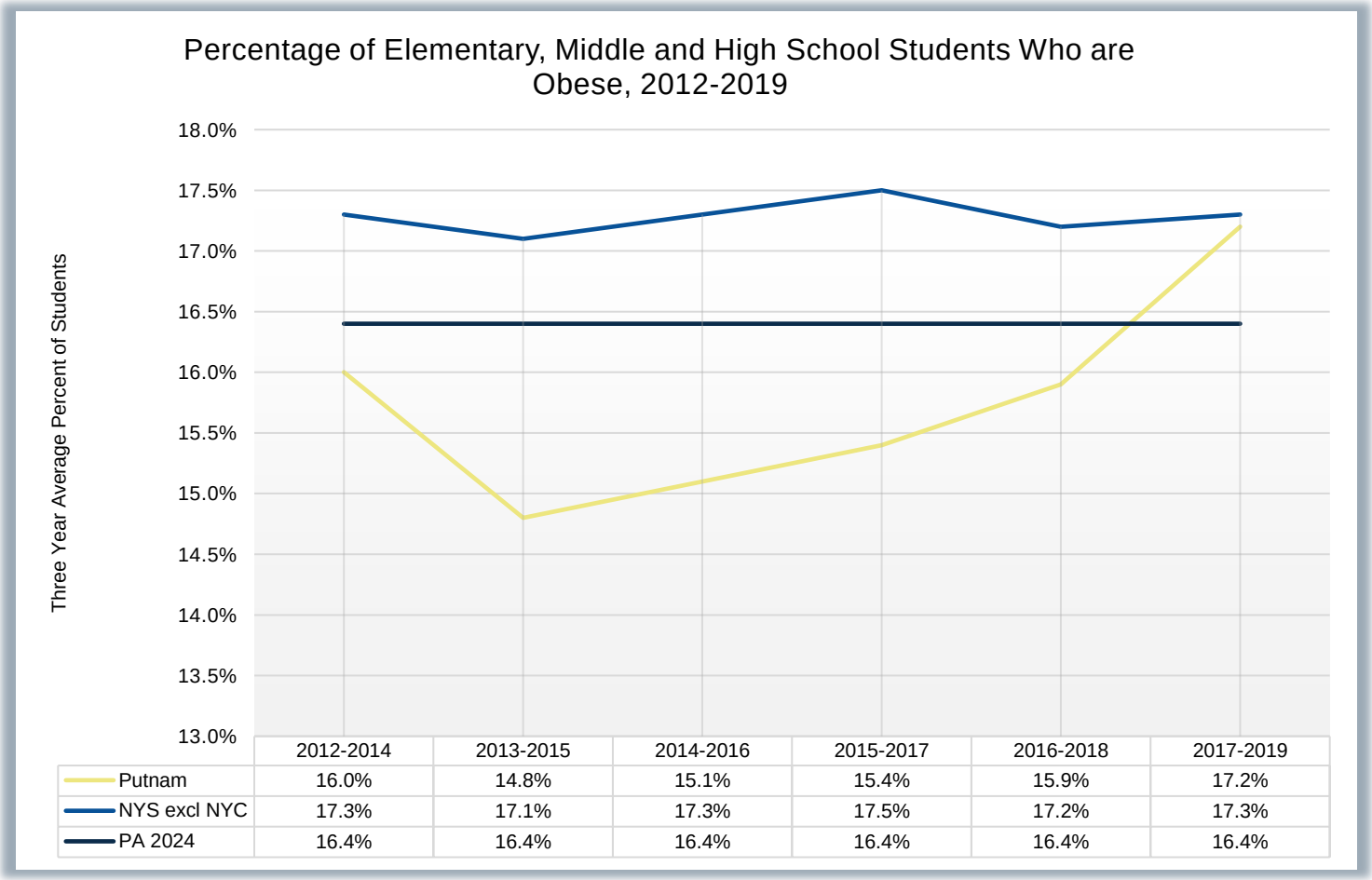
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS	NYS excl NYC
2016	26.2%	29.0%	21.0%	20.7%	20.7%	30.6%	18.2%	22.9%	25.5%	27.4%
2018	26.6%	24.2%	27.0%	26.2%	38.0%	28.2%	23.5%	25.0%	27.6%	29.1%

Source: NYS Prevention Agenda Dashboard, Prevent Chronic Diseases
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=37

Data from the Student Weight Status Category Reporting System (SWSCRS), which collects data over two school years in public school students in pre-K, kindergarten, 2nd, 4th, 7th, and 10th grades and defines obesity as weight category greater than or equal to 95th percentile, reveals that Putnam has historically had a lower proportion of obese students than NYS excluding NYC, but the proportion has been increasing over time, as shown in Figure 10. The 2017-2019 Putnam proportion (17.2%) nearly matched that for NYS excluding NYC (17.3%) and exceeds the NYSPA 2024 goal of 16.4%.[9]

[8] CDC, July 2022, https://www.cdc.gov/healthyweight/effects/index.html, accessed August 2022
[9] NYS Leading Causes of Death, January 2022, https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#county, accessed August 2022
[10] NYSPA Dashboard, Prevent Chronic Diseases, February 2022, https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=37, accessed August 2022

FIGURE 10: PERCENTAGE OF ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS WHO ARE OBESE



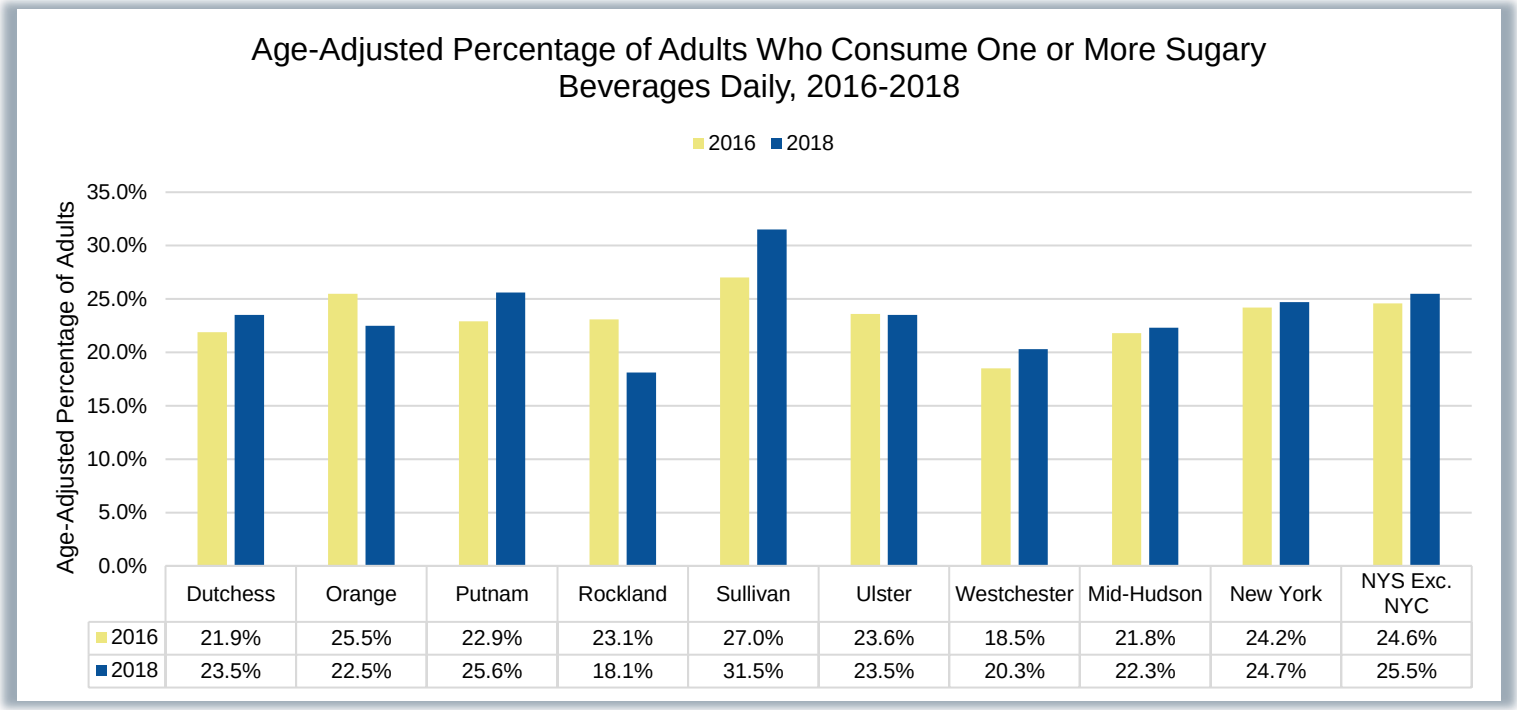
	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Putnam	16.0%	14.8%	15.1%	15.4%	15.9%	17.2%
NYS excl NYC	17.3%	17.1%	17.3%	17.5%	17.2%	17.3%
PA 2024	16.4%	16.4%	16.4%	16.4%	16.4%	16.4%

Source: NYS Prevention Agenda Dashboard, Prevent Chronic Diseases
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=37

Indicators of physical activity and nutrition were examined to better understand the causes for higher proportions of obesity in Putnam County. Putnam performs well, both compared to other counties in the region and showing improvement from 2016 to 2018, for indicators of physical activity and consumption of fruits and vegetables. However, as demonstrated in Figure 11, Putnam had the second highest percentage of adults consuming one or more sugary beverages daily in the region in 2018 (25.6%), up from 22.9% in 2016.[11] Putnam respondents to the MHRCHS also reported fewer days of healthy diet per week on the 2022 survey as compared to the 2018 survey.

[11] Behavioral Risk Factor Surveillance System (BRFSS) Health Indicators by County and Region, March 2022, https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/data, accessed November 2022

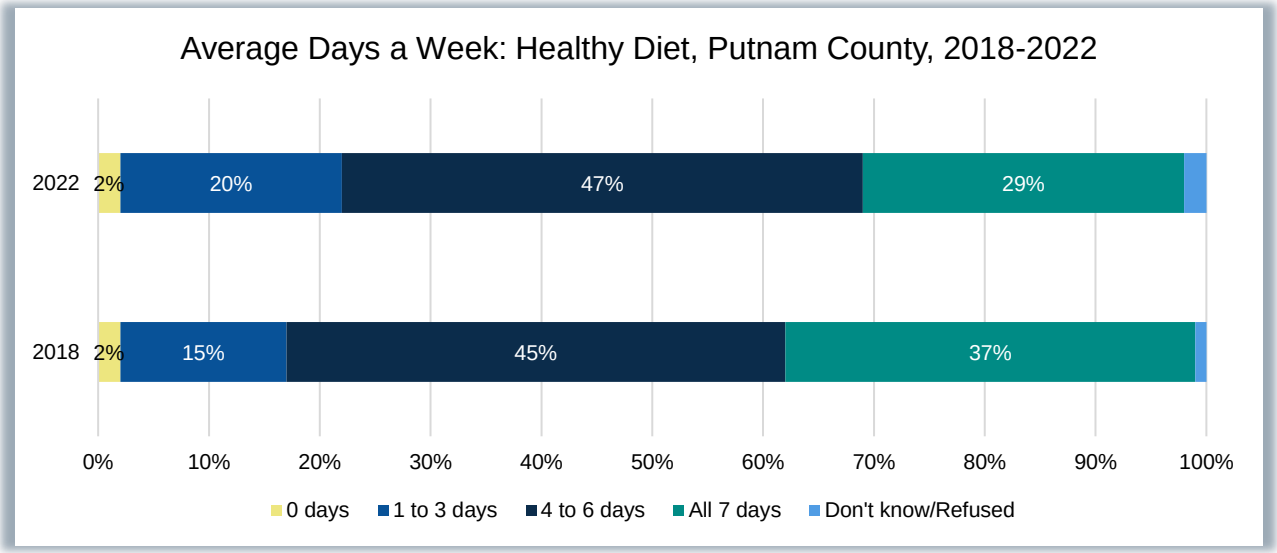
FIGURE 11: AGE-ADJUSTED PERCENTAGE OF ADULTS WHO CONSUME ONE OR MORE SUGARY BEVERAGES DAILY



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	New York	NYS Exc. NYC
2016	21.9%	25.5%	22.9%	23.1%	27.0%	23.6%	18.5%	21.8%	24.2%	24.6%
2018	23.5%	22.5%	25.6%	18.1%	31.5%	23.5%	20.3%	22.3%	24.7%	25.5%

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

FIGURE 12: MID-HUDSON REGION COMMUNITY HEALTH SURVEY, HEALTHY DIET

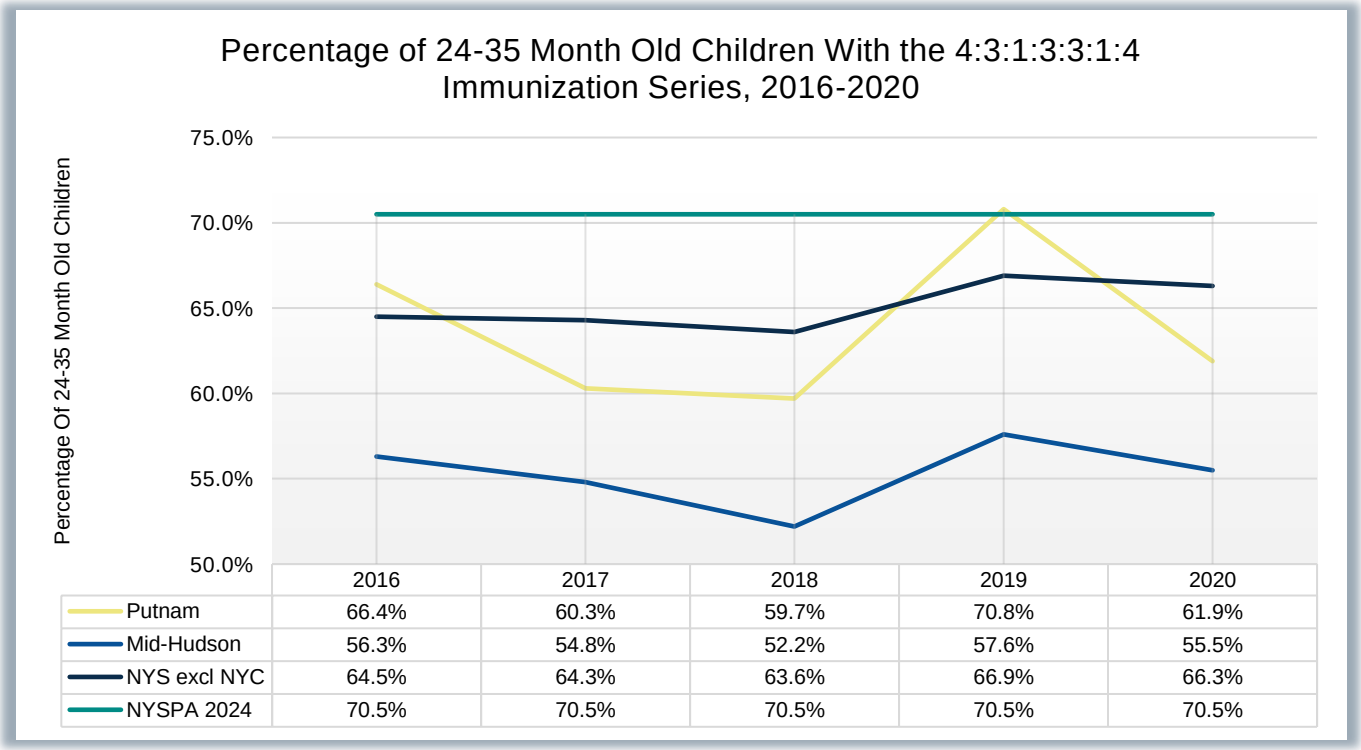


Source: Mid-Hudson Region Community Health Survey: Putnam County, 2022
https://www.putnamcountyny.com/images/Departments/Department_of_Health/PDF_Documents/Mid-Hudson-Region-Community-Health-Survey-Putnam%20County.pdf

EARLY CHILDHOOD VACCINATION

High childhood vaccination rates are critical to maintaining community-level protection against diseases that were commonplace before the advent of vaccines.[12] Disruption in well child visits and vaccine administration during the COVID-19 pandemic has been well documented.[13] In the fall of 2021 the NYS Health Foundation published a review of early childhood vaccination coverage in the state which found overall increases in coverage from 2018 to 2020, but substantial variation between counties with the lowest rates seen in the Hudson Valley.[14] In Putnam County in 2020, 61.9% of Putnam children 24- to 35-months of age had completed the routine childhood vaccinations (4:3:1:3:3:1:4 series: 4 DTap, 3 Polio, 1 MMR, 3 Hep B, 3 Hib, 1 Varicella, 4 PCV13) recommended by the CDC's Advisory Committee on Immunization Practices (ACIP). While this rate is higher than the region, it is lower than the state rate of 66.1%, lower still than the NYSPA 2024 goal of 70.5%, and represents a dramatic decrease from 70.8% in 2019.[15]

FIGURE 13: PERCENTAGE OF 24- TO 35-MONTH-OLD CHILDREN WITH THE 4:3:1:3:3:1:4 IMMUNIZATION SERIES



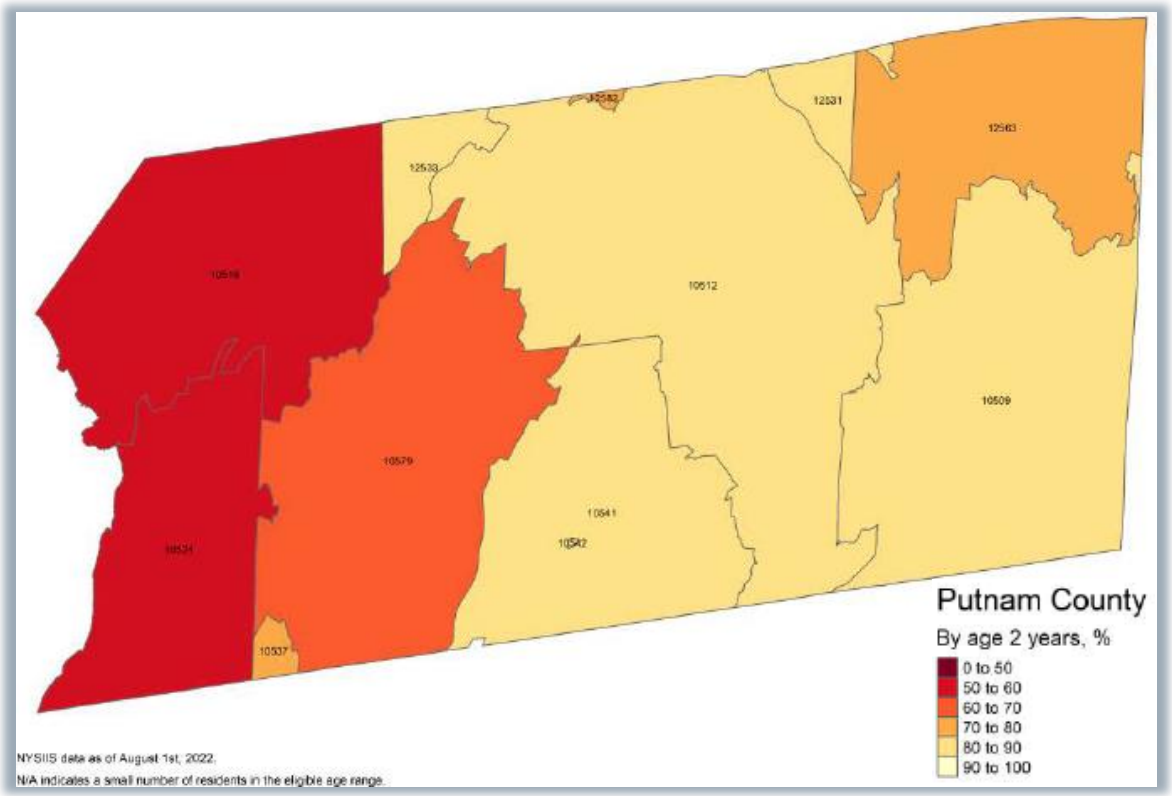
	2016	2017	2018	2019	2020
Putnam	66.4%	60.3%	59.7%	70.8%	61.9%
Mid-Hudson	56.3%	54.8%	52.2%	57.6%	55.5%
NYS excl NYC	64.5%	64.3%	63.6%	66.9%	66.3%
NYSPA 2024	70.5%	70.5%	70.5%	70.5%	70.5%

Source: NYS Prevention Agenda Dashboard, Prevent Chronic Diseases
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=37

[12] CDC, September 2022, https://www.cdc.gov/vaccines/parents/diseases/forgot-14-diseases.html, accessed November 2022
[13] Stephanie A. Kujawski, Lixia Yao, H. Echo Wang, Cristina Carias, Ya-Ting Chen, Impact of the COVID-19 pandemic on pediatric and adolescent vaccinations and well child visits in the United States: A database analysis, Vaccine, Volume 40, Issue 5, 2022, https://www.sciencedirect.com/science/article/pii/S0264410X21016728
[14] NYS Health Foundation, Getting a Fair Shot: Progress and Disparities in Early Childhood Vaccination in New York State, September 2021, https://nyhealthfoundation.org/wp-content/uploads/2021/08/progress-and-disparities-in-early-childhood-vaccination-in-NY-state.pdf, accessed August 2022
[15] NYSPA Dashboard, Prevent Communicable Diseases, February 2022, https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=37, accessed August 2022

A recent case of paralytic polio in Rockland County, alongside ongoing detection of poliovirus in wastewater samples in several Mid-Hudson counties,[16] has increased the sense of urgency for improving polio and other early childhood vaccination rates and prompted NYSDOH to publish county and zip code level polio vaccination rates. In Putnam County 78% of children with Putnam residency in the NYSIIS who were two years old on August 1, 2022, had completed the recommended three polio immunizations by two years of age, which ranks Putnam at 37th of the 57 New York counties outside of New York City.[17] Within Putnam County there is a wide variation in polio vaccination rate by zip code ranging from 57.6% in 10516 and 59.3% in 10524 to 87% in 10541.[18]

FIGURE 14: PUTNAM COUNTY POLIO VACCINATION RATES BY ZIP CODE



Source: NYSDOH, Polio Vaccination Rates by Zip Code: Putnam County
https://www.health.ny.gov/diseases/communicable/polio/zip_code_rates/docs/Putnam_polio_vaccination_report.pdf

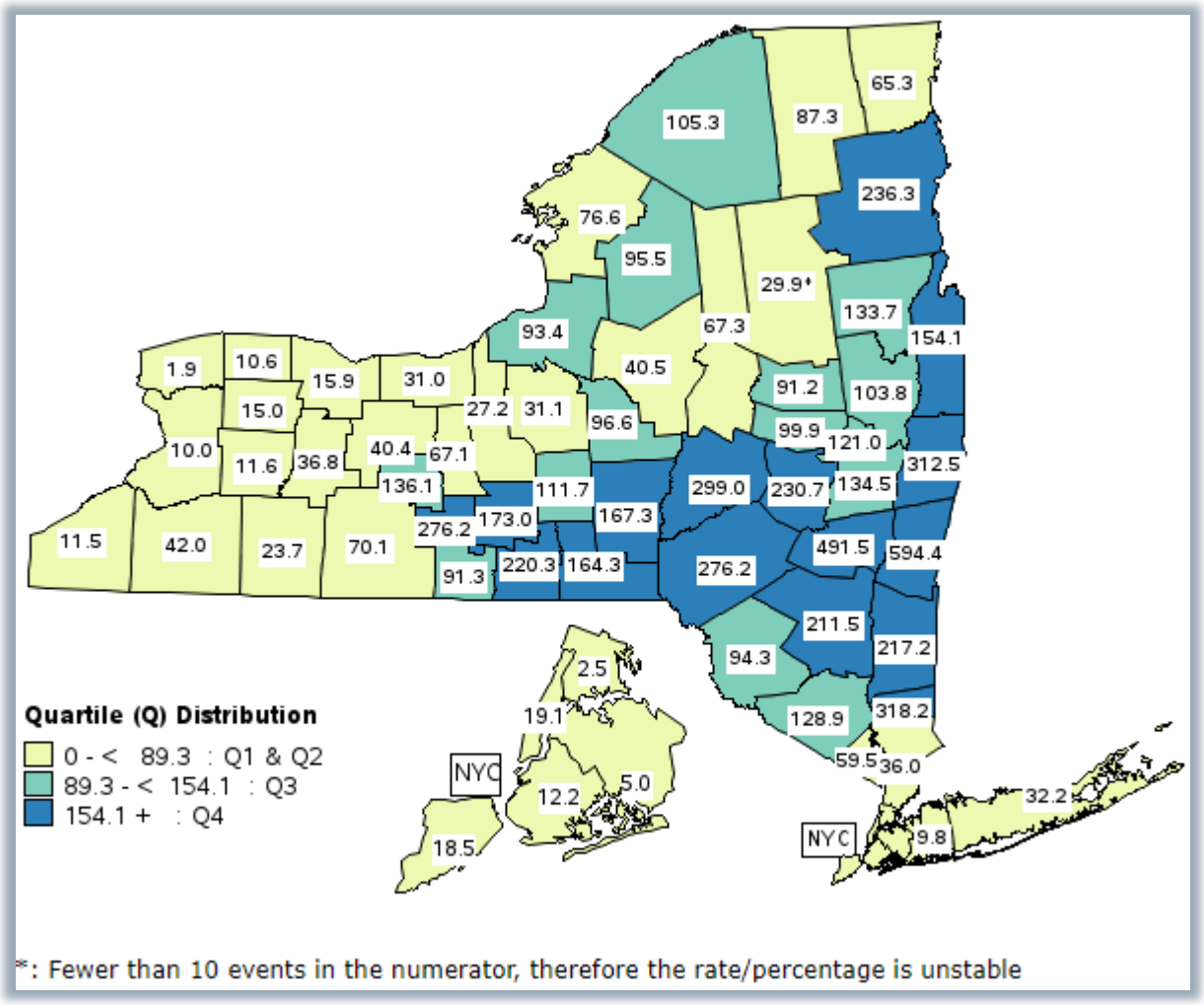
While there have not been polio virus detections in Putnam County, there is evidence that other diseases prevented by early childhood vaccines are increasing. Incidence of pertussis, mumps and Haemophilus influenzae all increased from 2018 to 2019.[19]

16 NYSDOH, Polio, https://www.health.ny.gov/diseases/communicable/polio/, accessed November 2022
17 NYSDOH, Polio Vaccination Rates by County, https://www.health.ny.gov/diseases/communicable/polio/county_vaccination_rates.htm, accessed November 2022
18 NYSDOH, Polio Vaccination Rates by Zip Code: Putnam County, https://www.health.ny.gov/diseases/communicable/polio/zip_code_rates/docs/Putnam_polio_vaccination_report.pdf, accessed November 2022
19 NYSDOH CHIRS, Communicable Disease Indicators, February 2022, https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=37&ctop=5, accessed August 2022

TICKBORNE DISEASE

Putnam County bears a disproportionally high burden of tickborne disease. New York is amongst 14 states and the District of Columbia considered to be high incidence for Lyme disease,[20] and Putnam consistently is one of the counties with the highest incidence in the state.[21] Putnam's 2017-2019 average annual rate of 318.2 cases per 100,000 residents ranked third highest amongst NY counties.[22]

FIGURE 15: LYME DISEASE INCIDENCE PER 100,000 BY COUNTY, NEW YORK STATE, 2017-2019

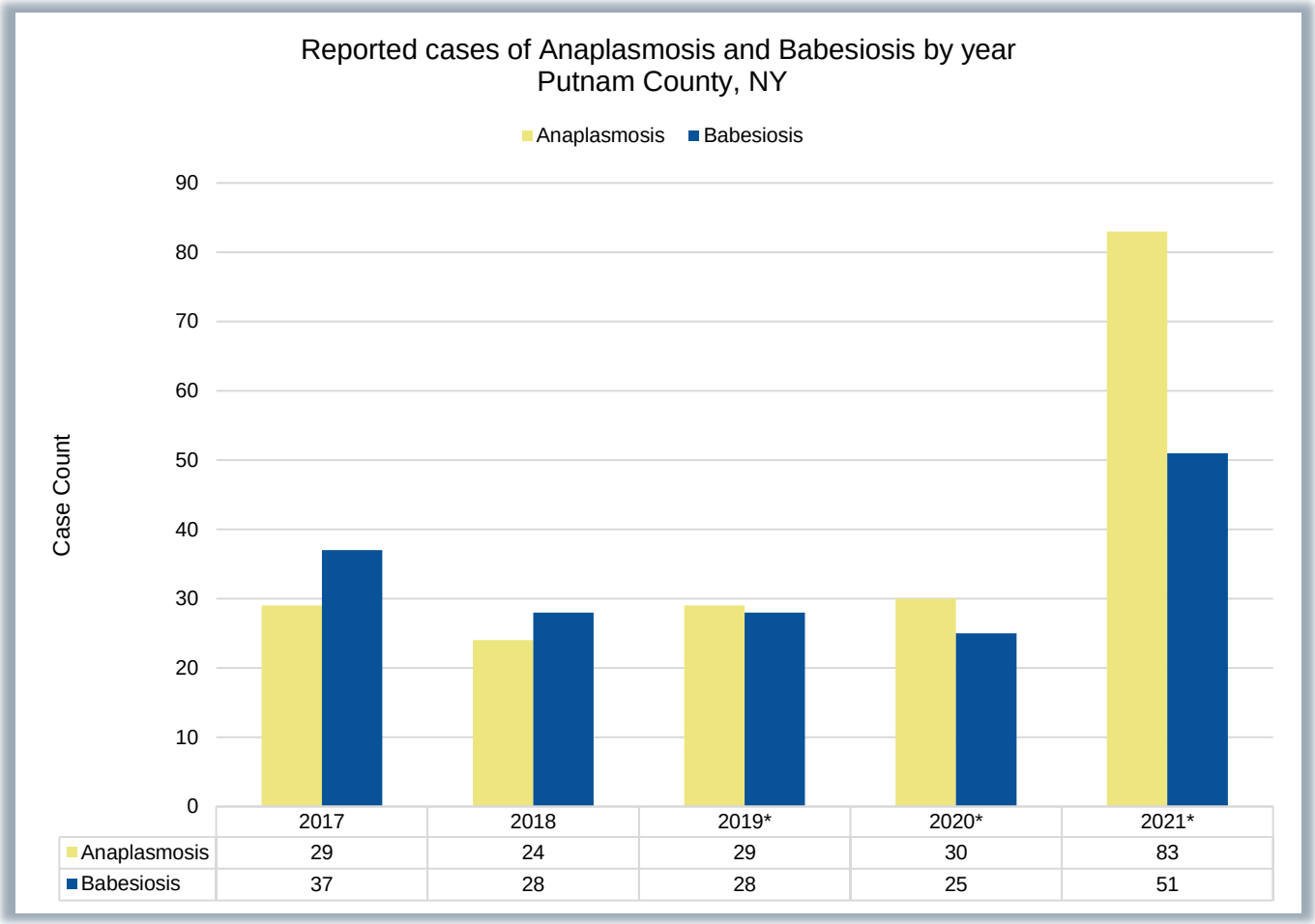


Source: NYSDOH Bureau of Communicable Disease Control, data as of September 2021
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/chir_dashboard/chir_dashboard&p=np&ind_id=Eg40

[20] CDC, April 2021, https://www.cdc.gov/lyme/datasurveillance/maps-recent.html, accessed August 2022
[21] NYSDOH Communicable Disease Annual Reports, https://www.health.ny.gov/statistics/diseases/communicable/, accessed August 2022
[22] NYSDOH CHIRS Communicable Disease Indicators, February 2022, https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/chir_dashboard/chir_dashboard&p=igh&ind_id=Eg40#pagetitle, accessed November 2022

While Lyme disease is most common, 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*.[23] Putnam had the third highest incidence rate of anaplasmosis in the region from 2014-2019 and the highest rate in 2020, and the first or second highest rate of babesiosis every year since 2010. When we include preliminary data from recent years (only available for anaplasmosis and babesiosis) we see that reported cases of babesiosis in Putnam doubled in 2021 as compared to 2020 and reported cases of anaplasmosis nearly tripled.[24],[25]

FIGURE 16: REPORTED CASES OF ANAPLASMOSIS AND BABESIOSIS, PUTNAM COUNTY, 2017-2021



	2017	2018	2019*	2020*	2021*
Anaplasmosis	29	24	29	30	83
Babesiosis	37	28	28	25	51

Sources: NYSDOH Communicable Disease Annual Reports & * PCDOH unpublished data from the NYS Communicable Disease Electronic Surveillance System (should be considered preliminary)
https://www.health.ny.gov/statistics/diseases/communicable/

While not included in the NYS PA, tickborne disease remains an important focus for Putnam County.

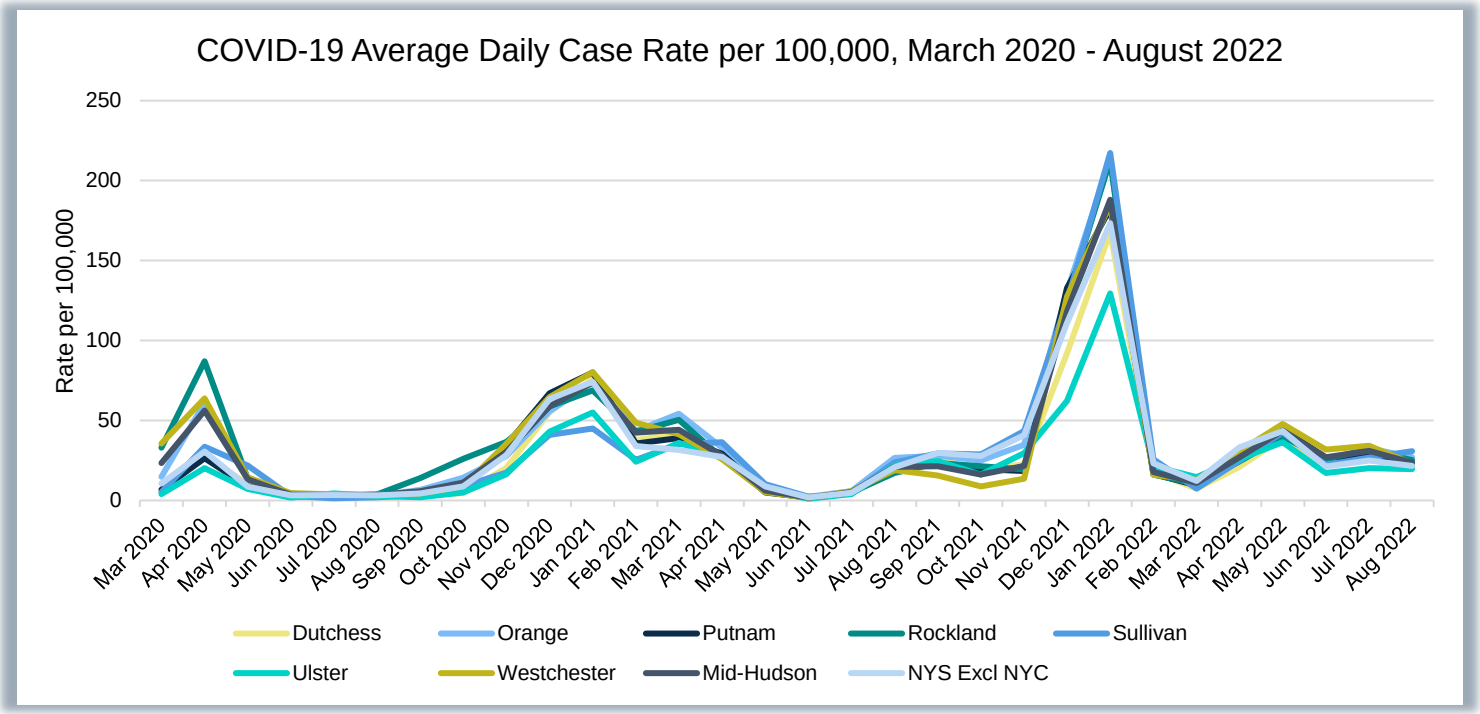
[23] CDC, May 2021, https://www.cdc.gov/ticks/geographic_distribution.html, accessed August 2022
[24]NYSDOH Communicable Disease Annual Reports, https://www.health.ny.gov/statistics/diseases/communicable/, accessed August 2022
[25] PCDOH, unpublished data from the NYS Communicable Disease Electronic Surveillance System, accessed July 2022

COVID-19 AND OTHER EMERGING INFECTIOUS DISEASES

Similar to the nation, state, and neighboring counties, Putnam has been hit hard by COVID-19 since its emergence in New York in the Spring of 2020. Figure 19 provides visual representation of the successive waves of COVID-19 cases endured by Mid-Hudson counties, with Putnam case rates in the middle amongst Mid-Hudson counties. The cumulative count of Putnam resident cases reported through November 15, 2022, is 29,539. Putnam logged its highest daily case count during the initial Omicron variant surge on December 28, 2021, with 1,179 cases reported. Most recently, in Autumn of 2022, daily cases have averaged at about 25 per day[26], making COVID-19 still by far the most frequently reported communicable disease in the county.

FIGURE 17: COVID-19 AVERAGE DAILY CASE RATE PER 100,000 BY MONTH AND COUNTY

Sources: NYSDOH New York State Statewide COVID-19 Testing Dataset (counts) & U.S. Census

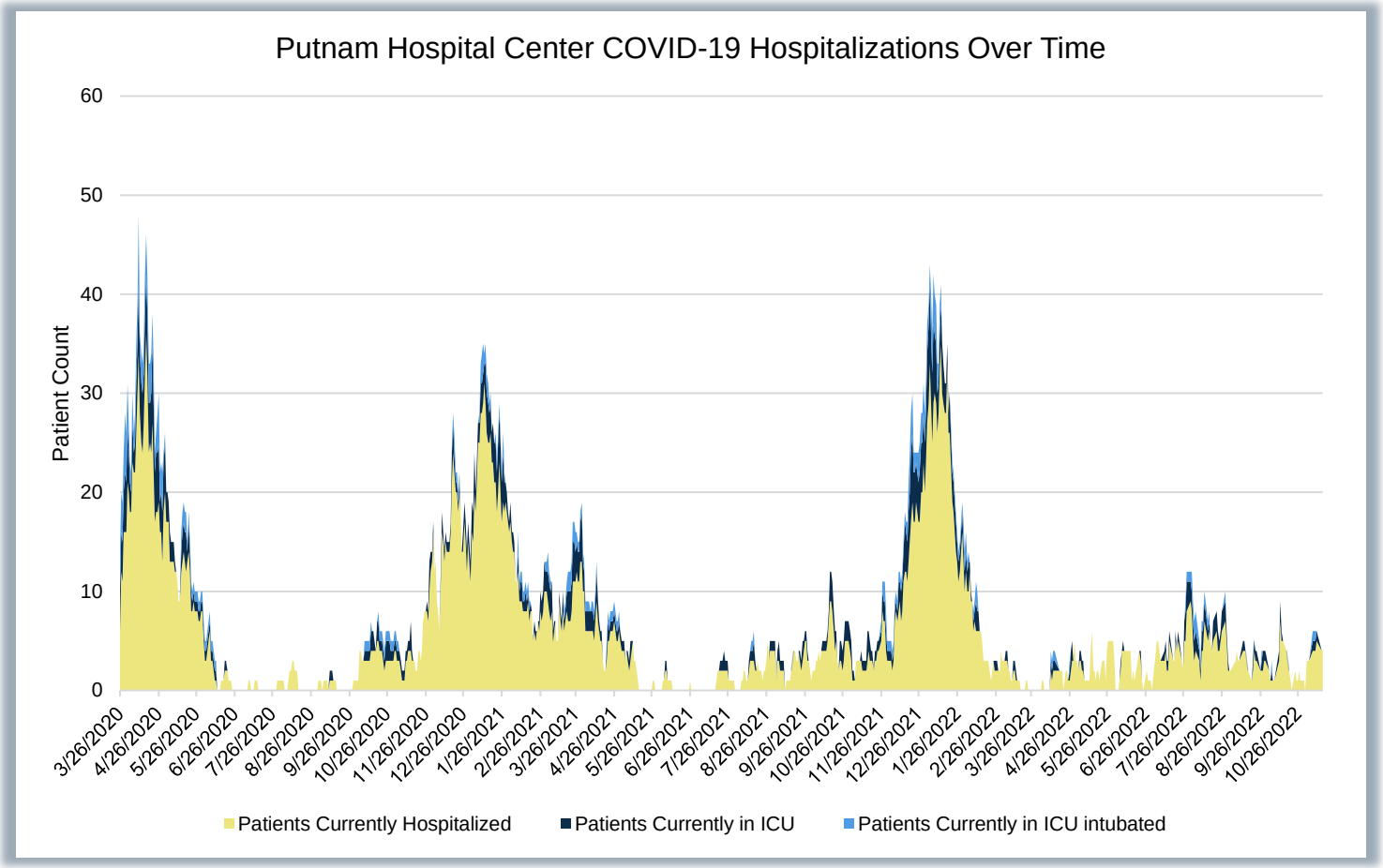


https://health.data.ny.gov/Health/New-York-State-Statewide-COVID-19-Testing/xdss-u53e
American Community Survey 5-year Vintage 2020 (populations)
https://data.census.gov/cedsci/table?g=0500000US36027,36071,36079,36087,36105,36111,36119&tid=ACSST5Y2020.S0101

COVID-19 placed incredible strain on hospitals. Figure 18 depicts daily counts of COVID-19 positive patients at Putnam Hospital Center over the course of the pandemic. Hospitalization peaks and valleys largely mirror case rates, though the proportion of cases hospitalized has decreased over time with decreasing disease severity attributable to greater population immunity (through both vaccination and previous infection) and improved ability to treat the virus with antivirals and other medical interventions.

[26] NYSDOH, New York State Statewide COVID-19 Testing, https://health.data.ny.gov/Health/New-York-State-Statewide-COVID-19-Testing/xdss-u53e, accessed November 17, 2022

FIGURE 18: PUTNAM HOSPITAL CENTER COVID-19 HOSPITALIZATIONS OVER TIME

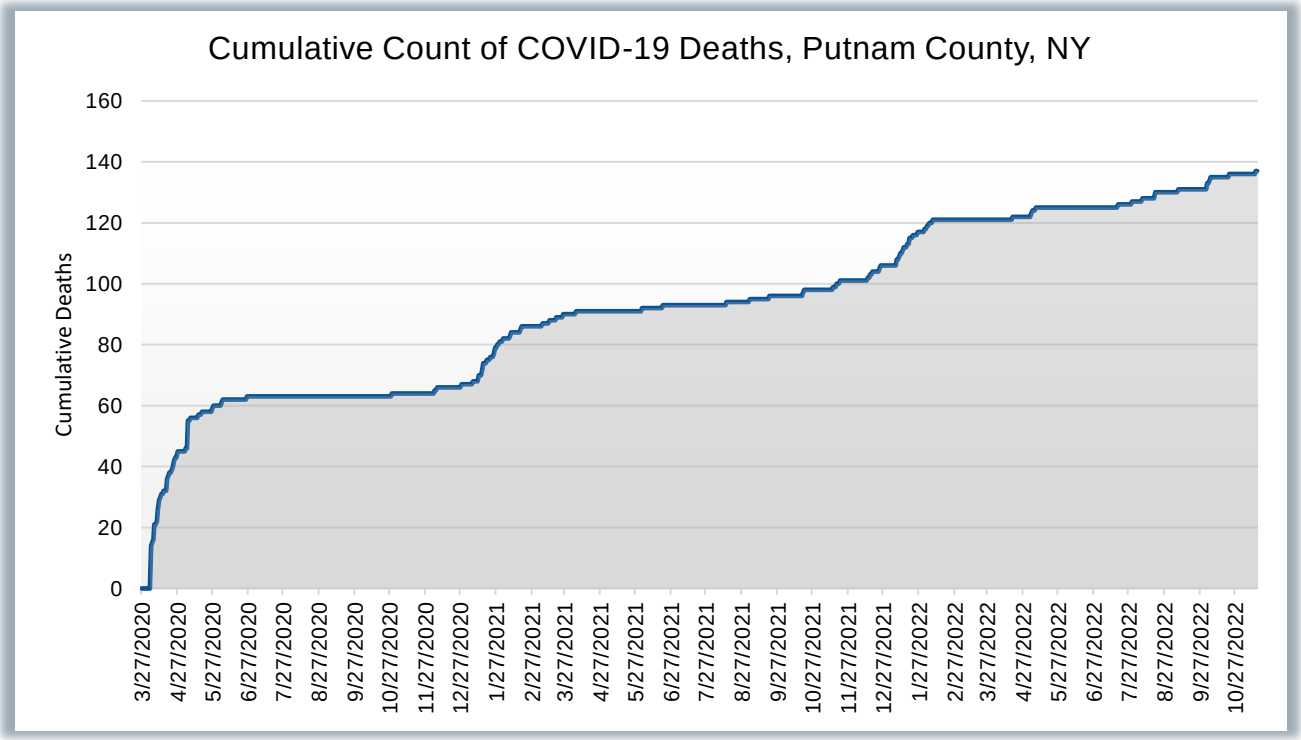


Source: NYSDOH New York State Statewide COVID-19 Hospitalizations and Bed Dataset
https://health.data.ny.gov/Health/New-York-State-Statewide-COVID-19-Hospitalizations/jw46-jpb7

As depicted in Figure 19, as of November 15, 2022, there have been a total of 137 COVID-19 positive deaths in Putnam County residents with 67 deaths occurring in 2020 (49%), 39 deaths occurring in 2021 (28%) and 31 occurring in 2022 to date (23%). The mortality rate was highest in the early months of the pandemic with the first 60 deaths (44%) reported between April 4th, 2020, and May 28th, 2020.[27] Mortality fell abruptly alongside cases with the institution of aggressive public health interventions in the late spring and summer of 2020. Since this time, as with hospitalization, we have seen upticks in deaths alongside surges in transmission that have accompanied emergence of new virus variants, but mortality has been tempered by increased immunity and improved ability to treat cases.

[27] NYSDOH, New York Statewide COVID-19 Fatalities by County, https://health.data.ny.gov/Health/New-York-State-Statewide-COVID-19-Fatalities-by-Co/xymy-pny5, accessed November 17, 2022

FIGURE 19: CUMULATIVE COUNT OF COVID-19 DEATHS, PUTNAM COUNTY



Sources: NYSDOH, New York Statewide COVID-19 Fatalities by County
https://health.data.ny.gov/Health/New-York-State-Statewide-COVID-19-Fatalities-by-Co/xymy-pny5

We are only now starting to understand and contend with impacts on the community that extend far beyond summary statistics, as evidenced by declines seen in a wide variety of health and well-being measures between the 2018 and 2022 Regional Community Health Surveys.[28] The pandemic also put a spotlight on long recognized deficits in the structure and capacity of the public health system to respond to pandemics and other emerging infectious diseases that has in turn generated long lists of recommendations for change.[29],[30] Yet, change doesn't happen overnight, and infectious diseases continue to emerge as is evidenced by the recent State Disaster Emergency Declaration made in response to the Monkeypox outbreak[31] and even more recent initiation of screening and monitoring of travelers from Uganda for Ebola.[32] While not included in the NYS Prevention Agenda, improving preparedness and ability to respond to COVID-19 and other emerging infections is an important priority for Putnam County.

[28] PCDOH, Mid-Hudson Region Community Health Survey: Putnam County, 2022, https://www.putnamcountyny.com/images/Departments/Department_of_Health/PDF_Documents/Mid-Hudson-Region-Community-Health-Survey-Putnam%20County.pdf

[29] DeSalvo K, Hughes B, Bassett M, Benjamin G, Fraser M, Galea S, Garcia JN, and Howard J. April 2021. Public Health COVID-19 Impact Assessment: Lessons Learned and Compelling Needs. *NAM Perspectives*. https://nam.edu/public-health-covid-19-impact-assessment-lessons-learned-and-compelling-needs/, accessed August 2022

[30] NYSACHO, March 2021. New York State Local Health Department Preparedness for and Response to COVID-19: an in-progress review. https://www.nysacho.org/wp-content/uploads/2021/03/IPR-report-FINAL.pdf, accessed August 2022

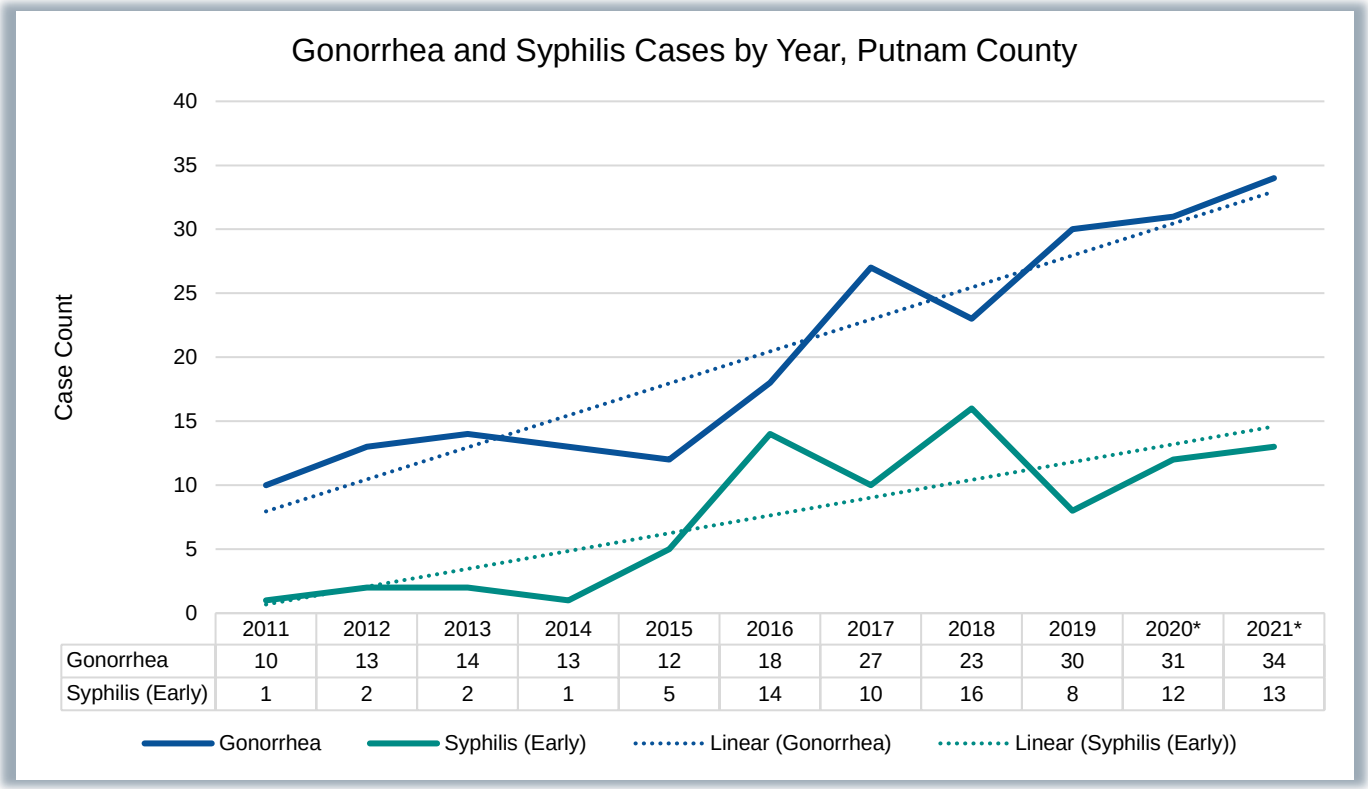
[31] NYS Office of the Governor, July 2022, https://www.governor.ny.gov/news/governor-hochul-declares-state-disaster-emergency-response-ongoing-monkeypox-outbreak, accessed August 2022

[32] CDC HAN, Update on Ebola Virus Disease *(Sudan ebolavirus)*Outbreak in Central Uganda, November 7, 2022, https://emergency.cdc.gov/han/2022/han00480.asp, accessed November 17, 2022

SEXUALLY TRANSMITTED INFECTIONS

There has been a general upward trend in sexually transmitted infections (STIs) in the Mid-Hudson Region since 2014. While Putnam has not been as severely impacted as other counties in the region,[33] upward trends are evident for chlamydia, gonorrhea, and syphilis in Putnam data, particularly when preliminary case counts for 2021 are considered. It should be noted that there may be aberrations in 2020 data related to decreased health care seeking behavior during the COVID-19 pandemic. This is particularly evident with chlamydia which is often diagnosed by screening asymptomatic patients.[34]

FIGURE 20: GONORRHEA AND SYPHILIS CASES BY YEAR, PUTNAM COUNTY

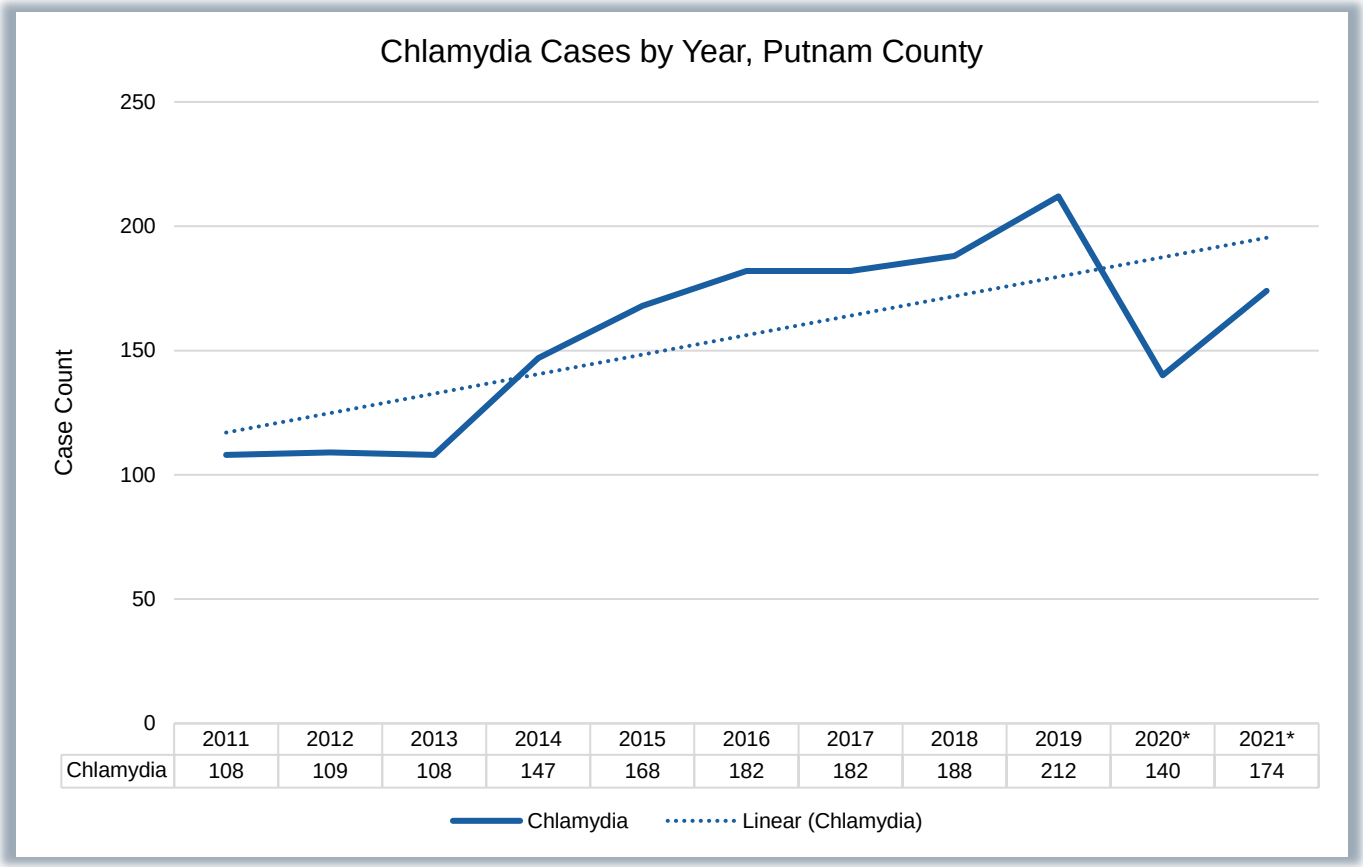


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020*	2021*
Gonorrhea	10	13	14	13	12	18	27	23	30	31	34
Syphilis (Early)	1	2	2	1	5	14	10	16	8	12	13

* PCDOH unpublished data from the NYS Communicable Disease Electronic Surveillance System (should be considered preliminary)
Sources: NYSDOH Communicable Disease Annual Reports (2011-2018)
https://www.health.ny.gov/statistics/diseases/communicable/
NYSDOH Sexually Transmitted Infections Surveillance Report (2019)
https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2019.pdf

[33] NYSDOH Communicable Disease Annual Reports, https://www.health.ny.gov/statistics/diseases/communicable/, accessed July 2022
[34] CDC Sexually Transmitted Disease Surveillance 2020, https://www.cdc.gov/std/statistics/2020/impact.htm, accessed November 2022

FIGURE 21: CHLAMYDIA CASES BY YEAR, PUTNAM COUNTY



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020*	2021*
Chlamydia	108	109	108	147	168	182	182	188	212	140	174

Sources: NYSDOH Communicable Disease Annual Reports (2011-2018)
https://www.health.ny.gov/statistics/diseases/communicable/
NYSDOH Sexually Transmitted Infections Surveillance Report (2019)
https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2019.pdf
* PCDOH unpublished data from the NYS Communicable Disease Electronic Surveillance System (should be considered preliminary)

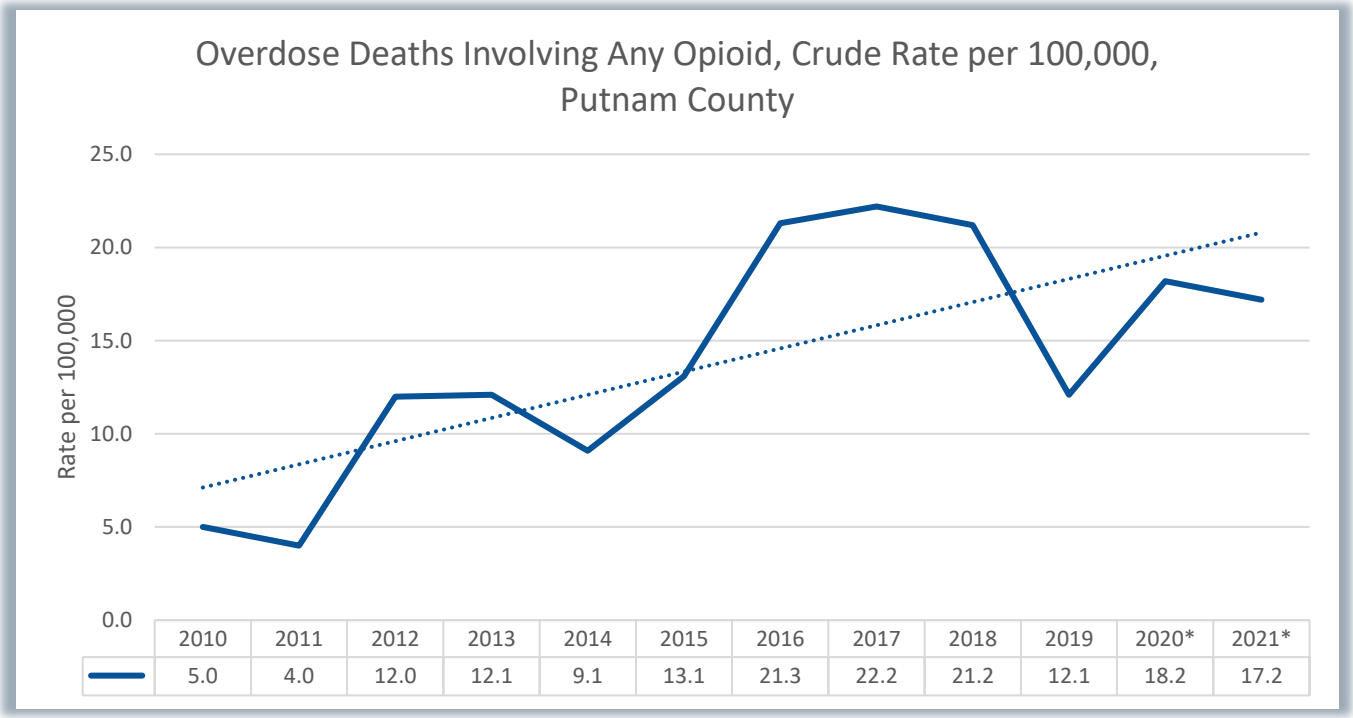
The health burden of STIs extends beyond the impacts of acute disease. Rising rates of STIs increase the risk of infertility, pelvic inflammatory disease, cervical cancer, pregnancy complications, and birth defects.[35] Stemming increasing rates of STIs remains an important priority for Putnam County.

[35] National Coalition of STD Directors, STD Prevention 101, https://www.ncsddc.org/resource/stds-the-basics/, accessed November, 2022

OPIOID AND OTHER DRUG MISUSE

In the United States, drug overdose deaths are rising, and opioids are the leading cause of drug overdoses.[36] Similar to STIs, in many measures related to opioids Putnam has fared better than other counties in the region. The rate of opioid overdose deaths in Putnam varies greatly from year to year. When data available on NYSDOH dashboards is supplemented with 2020 and 2021 preliminary data available in NYS County Opioid Quarterly Reports, we see an overall upward trend in opioid overdose deaths from 2010 to 2021. There was also an increase in outpatient emergency room visits for opioid overdose from 36.4 to 46.5 visits per 100,000 population from 2020 to 2021.[37,38,39]

FIGURE 22: OVERDOSE DEATHS INVOLVING ANY OPIOID, CRUDE RATE PER 100,000



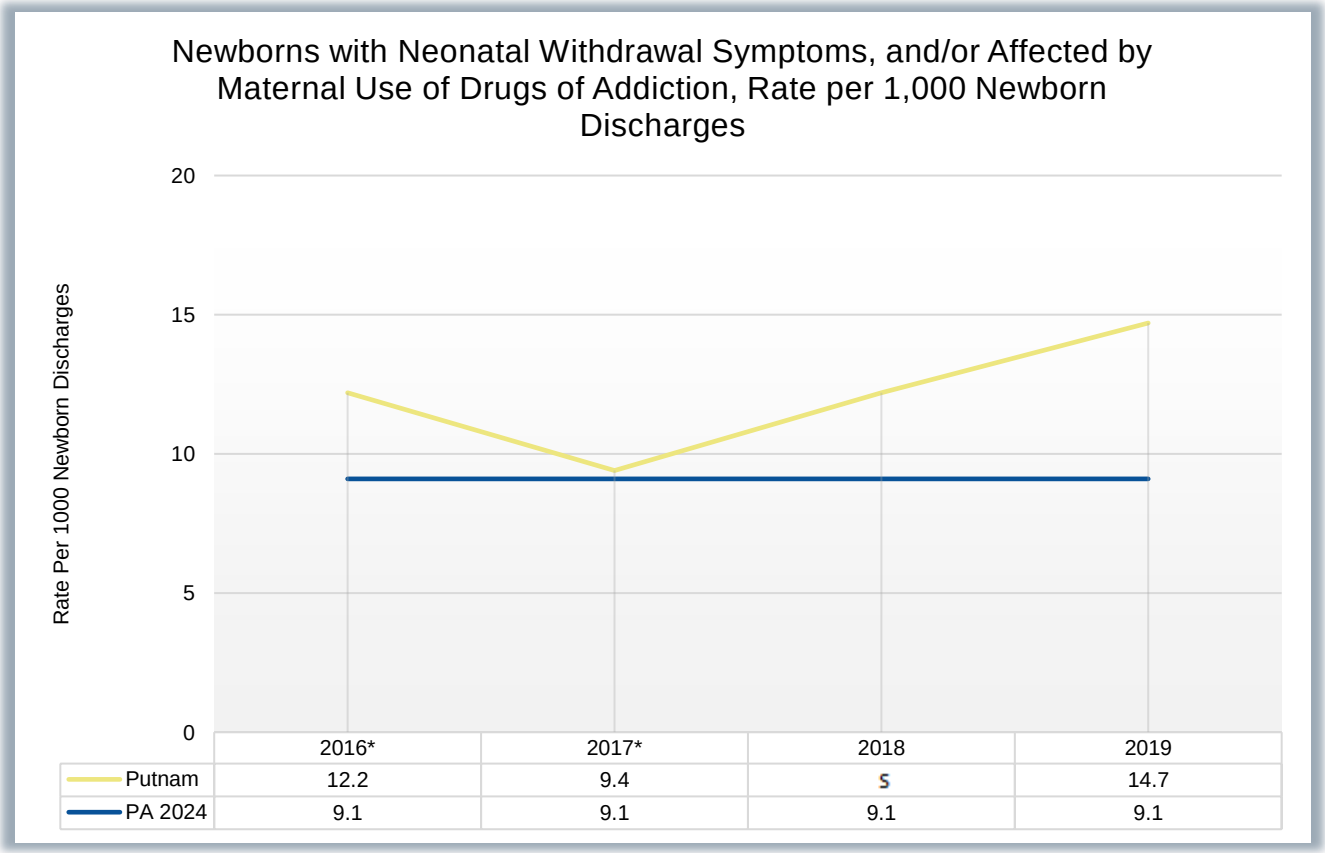
*Data is preliminary and is subject to change

Sources: NYS Opioid Data Dashboard (2010-2019)
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/opioid_dashboard/op_dashboard&p=ctr&ind_id=op8%20&cos=37
NYS County Opioid Quarterly Report Published July 2022 (2020)
https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jul22.pdf
NYS County Opioid Quarterly Report Published October 2022 (2021)
https://www.health.ny.gov/statistics/opioid/data/pdf/nys_oct22.pdf

[36] National Safety Council, Poisoning, https://injuryfacts.nsc.org/home-and-community/safety-topics/poisoning/data-details/, accessed July 2022
[37] NYSDOH, Opioid Data Dashboard, https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/opioid_dashboard/op_dashboard&p=ctr&ind_id=op8%20&cos=37, accessed July 2022
[38] NYS County Opioid Quarterly Report Published July 2022, https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jul22.pdf, accessed November 2022
[39] NYS County Opioid Quarterly Report Published October 2022, https://www.health.ny.gov/statistics/opioid/data/pdf/nys_oct22.pdf, accessed November 2022

The effects of drug use in Putnam County can also be seen in birth indicator data. In 2019, for every 1,000 newborn discharges amongst Putnam County residents, 14.7 newborns had neonatal withdrawal symptoms and/or other effects of maternal use of drugs of addiction. This rate was considerably higher than that for the entire region (6.9 per 1000 discharges), NYS excluding NYC (12.7 per 1000 discharges) and the Prevention Agenda 2024 goal of 9.1 per 1000 discharges. It also represented an increase from the 2017 rate of 9.4 per 1000 discharges (the last year with data available for Putnam County).[40]

FIGURE 23: NEWBORNS WITH NEONATAL WITHDRAWAL SYMPTOMS, AND/OR AFFECTED BY MATERNAL USE OF DRUGS OF ADDICTION, CRUDE RATE PER 1,000 NEWBORN DISCHARGES

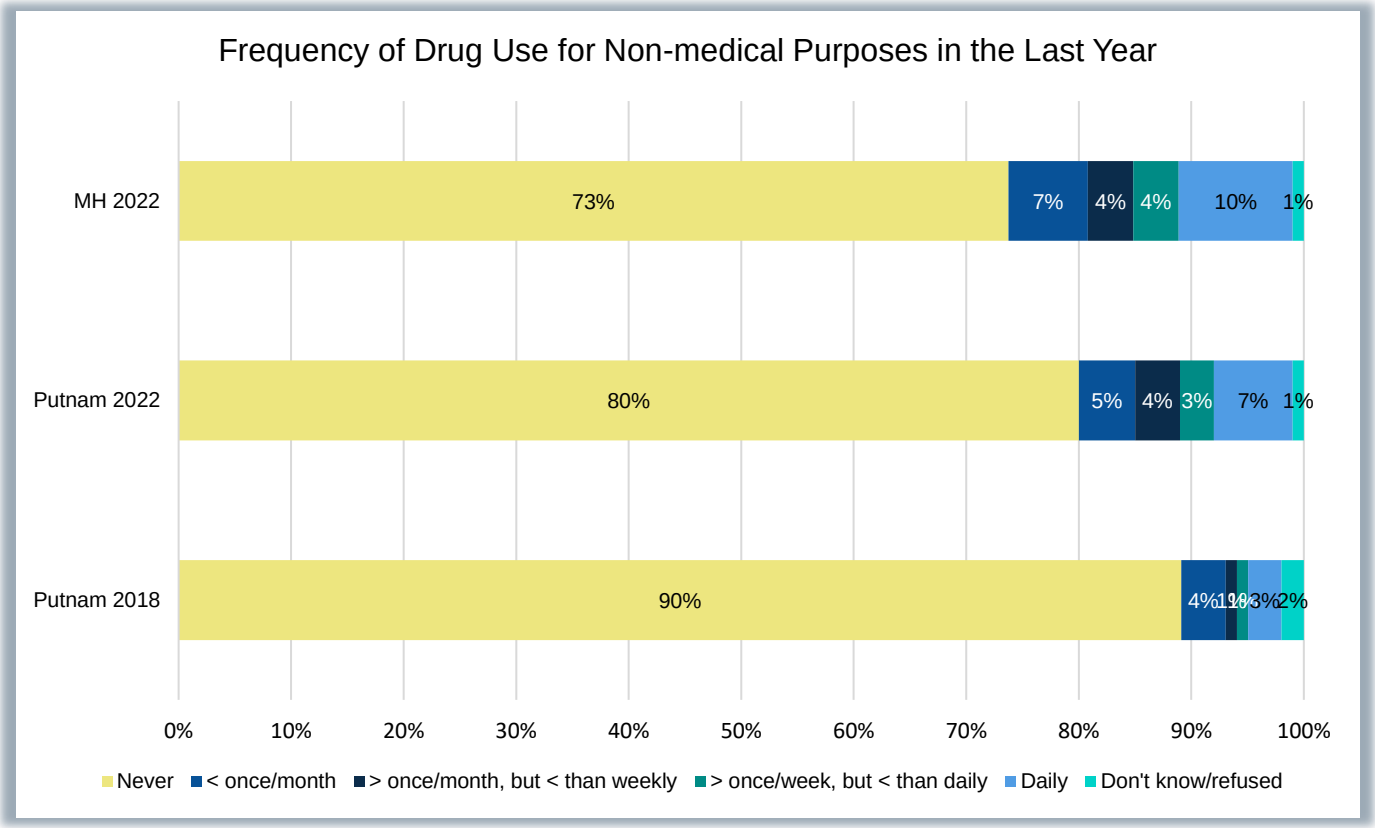


* Fewer than 10 events in numerator, therefore the Putnam rate/percentage is unstable
s: data do not meet reporting criteria
Source: NYS Prevention Agenda, Promote Healthy Women, Infants, and Children
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=37

[40] NYSDOH Prevention Agenda Dashboard, February 2022, https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=37, accessed November 2022

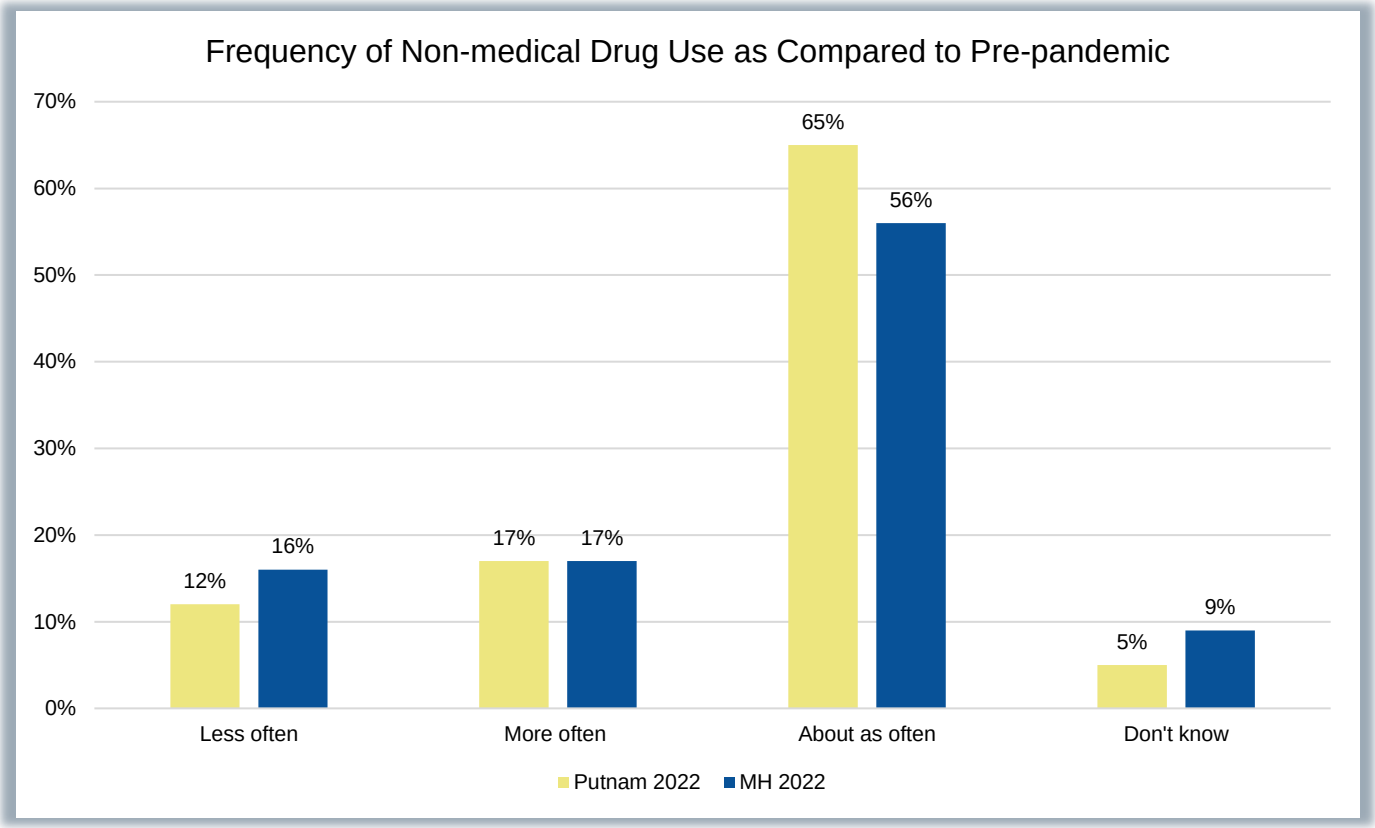
The MHRCHS included two questions about drug use for non-medical purposes. Figure 24 demonstrates that drug use is generally less frequent in Putnam than the region with 80% of Putnam respondents never using drugs, as compared to 73% in the region, but more frequent in Putnam in 2022 than it was in 2018 when 90% of respondents said they never use drugs. 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. Figure 25 shows that frequency of drug use did not change from pre-pandemic for the majority of respondents in both Putnam County (65%) and the region as a whole (56%). However, a higher proportion of Putnam respondents use drugs more frequently (17%) than those that use drugs less frequently (12%).

FIGURE 24: MHRCHS, FREQUENCY OF DRUG USE FOR NON-MEDICAL PURPOSES



Source: Mid-Hudson Region Community Health Survey: Putnam, 2022
https://www.putnamcountyny.com/images/Departments/Department_of_Health/PDF_Documents/Mid-Hudson-Region-Community-Health-Survey-Putnam%20County.pdf

FIGURE 25: MHRCHS, FREQUENCY OF NON-MEDICAL DRUG USE COMPARED TO PRE-PANDEMIC

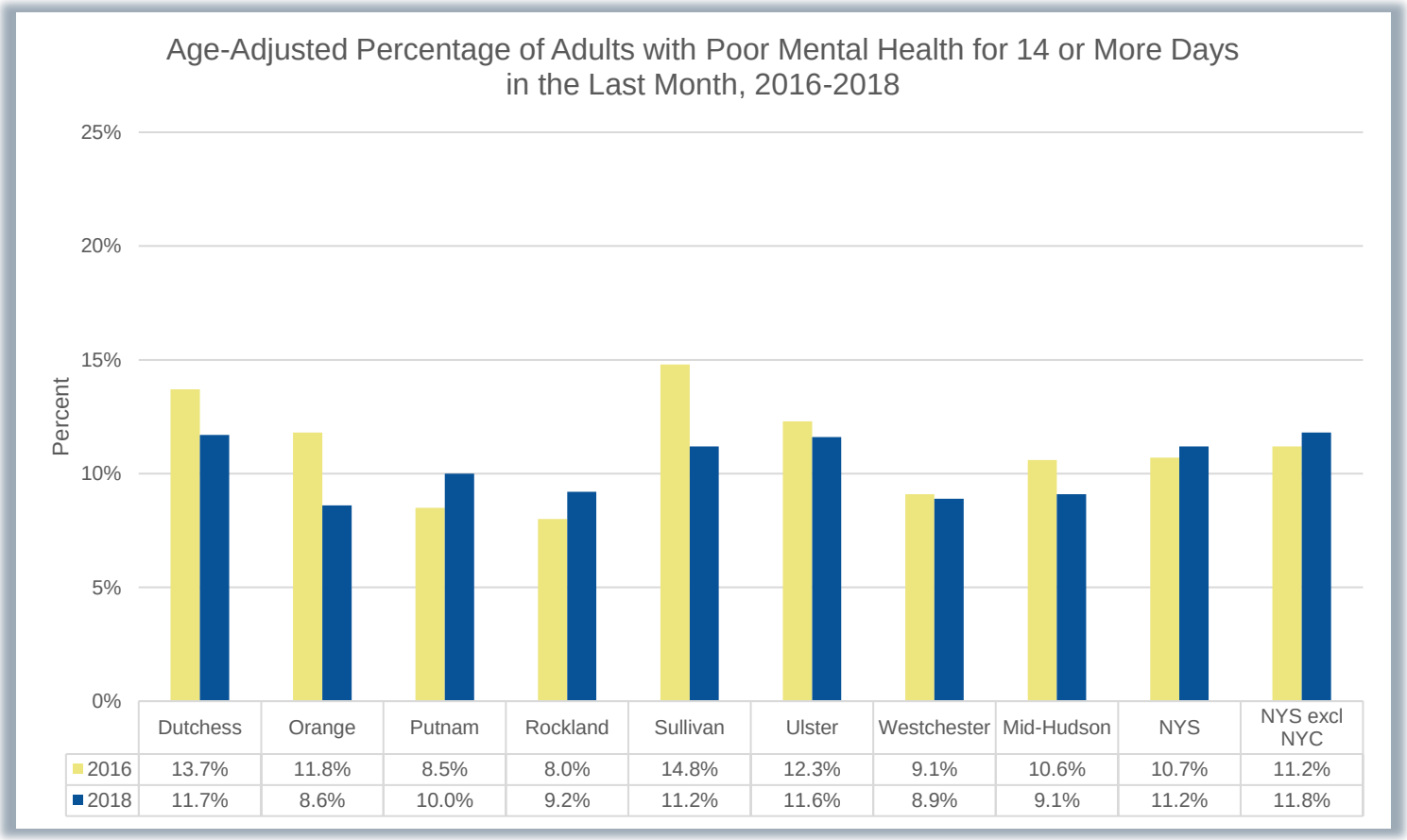


Source: Mid-Hudson Region Community Health Survey: Putnam, 2022
https://www.putnamcountyny.com/images/Departments/Department_of_Health/PDF_Documents/Mid-Hudson-Region-Community-Health-Survey-Putnam%20County.pdf

MENTAL HEALTH AND WELL-BEING

Nationwide in 2020, 21% of adults and 16.5% of children aged 6-17 experienced a mental health disorder. Mental health disorders are common and can have a wide range of life impacts from increasing risk for cardiovascular disease to higher rates of unemployment and dropping out of school.[41] Examination of data from the BRFSS reveals that Putnam performs reasonably well on indicators of mental health as compared to neighboring counties, but, as shown in Figures 26 and 27, from 2016 to 2018 there were increases in both the age-adjusted percentage of adults with poor mental health for 14 or more days in the last month and the percentage of adults reporting a depressive disorder.[42]

FIGURE 26: AGE-ADJUSTED PERCENTAGE OF ADULTS WITH POOR MENTAL HEALTH FOR 14 OR MORE DAYS IN THE LAST MONTH



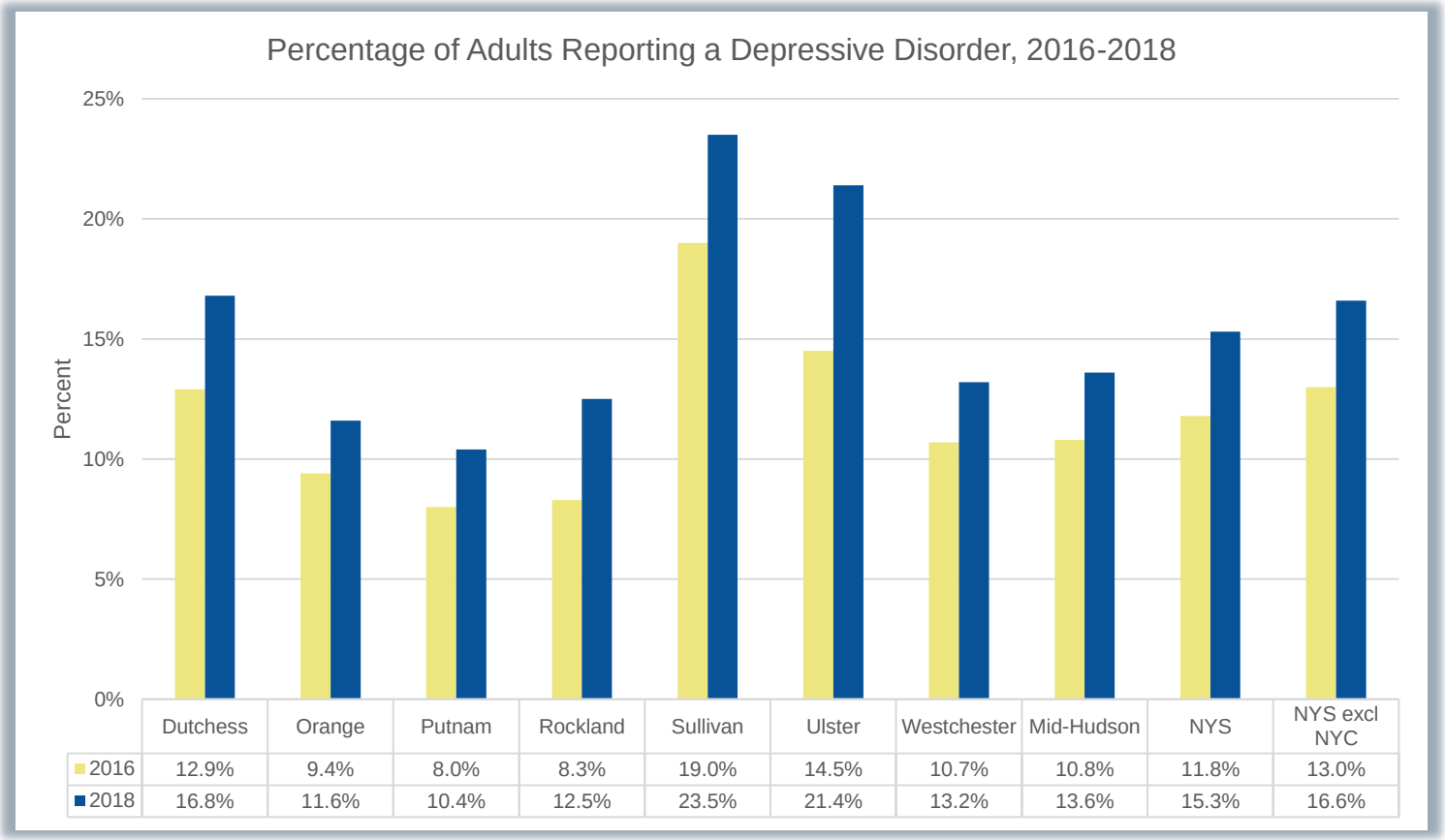
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS	NYS excl NYC
2016	13.7%	11.8%	8.5%	8.0%	14.8%	12.3%	9.1%	10.6%	10.7%	11.2%
2018	11.7%	8.6%	10.0%	9.2%	11.2%	11.6%	8.9%	9.1%	11.2%	11.8%

Source: NYS Behavioral Risk Factor Surveillance System, Data as of August 2021, https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n

[41] NAMI, Mental Health by the Numbers, June 2022, https://www.nami.org/mhstats, accessed November 2022

[42] NYSDOH, Behavioral Risk Factor Surveillance System (BRFSS) Health Indicators by County and Region, https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n, accessed November 2022

FIGURE 27: PERCENTAGE OF ADULTS REPORTING A DEPRESSIVE DISORDER



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS	NYS excl NYC
2016	12.9%	9.4%	8.0%	8.3%	19.0%	14.5%	10.7%	10.8%	11.8%	13.0%
2018	16.8%	11.6%	10.4%	12.5%	23.5%	21.4%	13.2%	13.6%	15.3%	16.6%

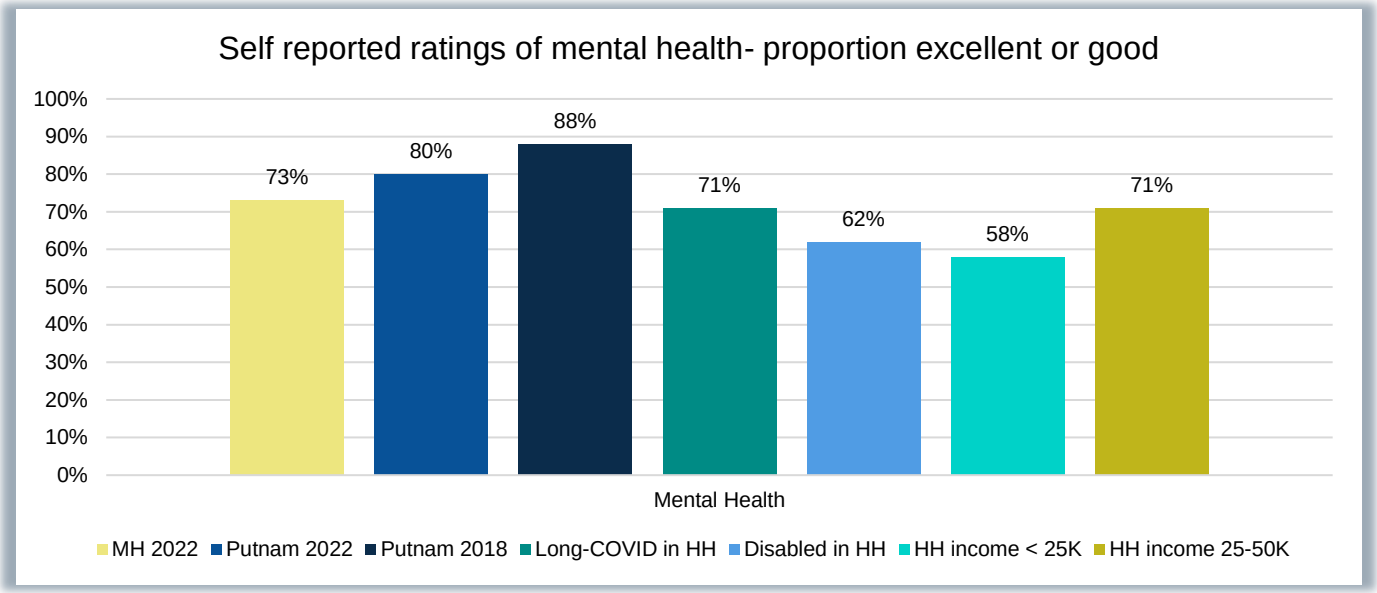
Source: NYS Behavioral Risk Factor Surveillance System, Data as of August 2021, https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n

Local surveys provide more recent information on mental health and well-being. When asked to select the most important health issue in the community in the 2022 Putnam County Community Priority Poll (CPP), respondents top two choices were mental health problems and suicide, and substance misuse (19% of respondents each). Similarly, improvement of mental and social support services was the most frequent selection (16% of respondents) for where resources and attention should be focused to improve quality of life.[43] Poll findings were supported by MHRCHS results where only 45% of respondents felt that there were sufficient quality mental health providers, a decrease from 57% on the 2018 survey.[44] As shown in Figure 28, MHRCHS results also revealed a decline in self-reported ratings of mental health from 2018 to 2022, with notable disparities amongst Putnam respondents living in households with someone with long-COVID, someone disabled, or income less than $50,000. Furthermore, Figure 29 demonstrates that when asked to consider if various aspects of their lives had gotten better or worse over the course of the pandemic, the biggest negative impact was seen in mental health (27% worsened).

[43] PCDOH, 2022 Putnam County Priority Poll, https://www.putnamcountyny.com/images/Departments/Department_of_Health/PDF_Documents/2022_Putnam_County_Community_Priority_Poll_Report.pdf, accessed November 2022

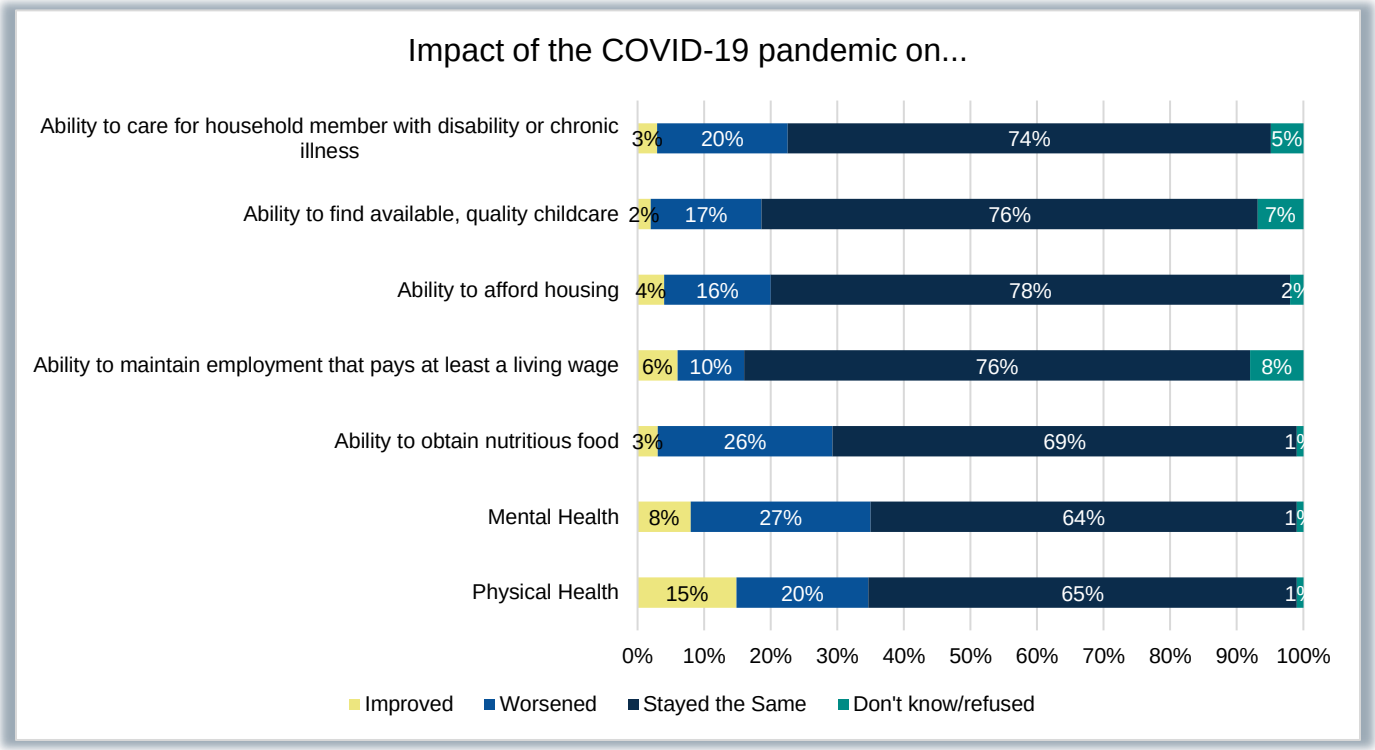
[44] PCDOH, Mid-Hudson Region Community Health Survey: Putnam County, https://www.putnamcountyny.com/images/Departments/Department_of_Health/PDF_Documents/Mid-Hudson-Region-Community-Health-Survey-Putnam%20County.pdf, accessed November 2022

FIGURE 28: MHRCHS, SELF-REPORTED RATINGS OF MENTAL HEALTH



Source: Mid-Hudson Region Community Health Survey: Putnam, 2022, https://www.putnamcountyny.com/images/Departments/Department_of_Health/PDF_Documents/Mid-Hudson-Region-Community-Health-Survey-Putnam%20County.pdf

FIGURE 29: MHRCHS, IMPACTS OF THE COVID-19 PANDEMIC



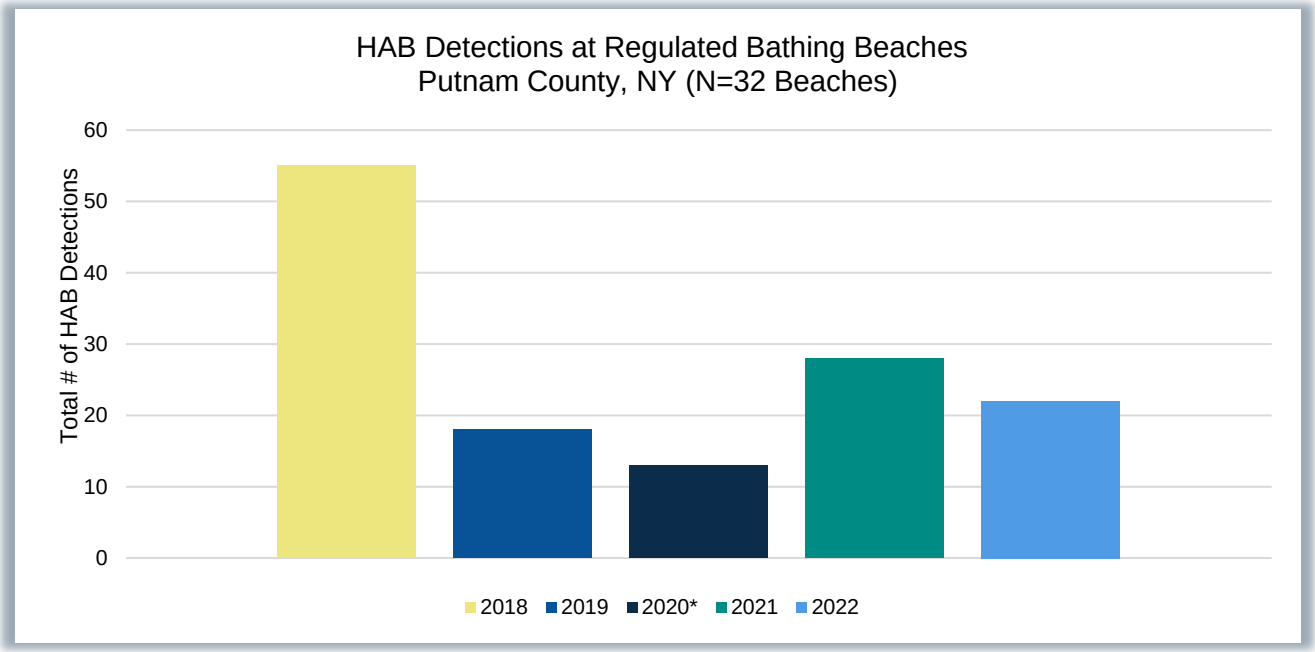
Source: Mid-Hudson Region Community Health Survey, 2022, https://www.putnamcountyny.com/images/Departments/Department_of_Health/PDF_Documents/Mid-Hudson-Region-Community-Health-Survey-Putnam%20County.pdf

HARMFUL ALGAL BLOOMS

Harmful algal blooms (HABs) are rapid growths of microscopic blue-green algae that may form on the surface of water when it is warm, slow moving, and full of nutrients. HABs can change the color of water and look like foam, scum, mats, or paint on its surface. HABs are a public health concern because some blooms produce toxins or release gases that are harmful to animals and people. People and animals can get sick if they are exposed to contaminated water through swimming, wading, or playing, or through ingesting contaminated drinking water or fish. [45]

New York State data shows an increasing trend in frequency and duration of HABs at New York beaches.[46] PCDOH has been tracking HAB detections and associated beach closures at the 32 public bathing beaches under its regulatory authority since 2018. 2018 was the worst year on record for HABs in Putnam County with 55 total HAB detections and 525 swim days lost.[47]

FIGURE 30: HARMFUL ALGAL BLOOM DETECTIONS AT PUTNAM COUNTY REGULATED BATHING BEACHES

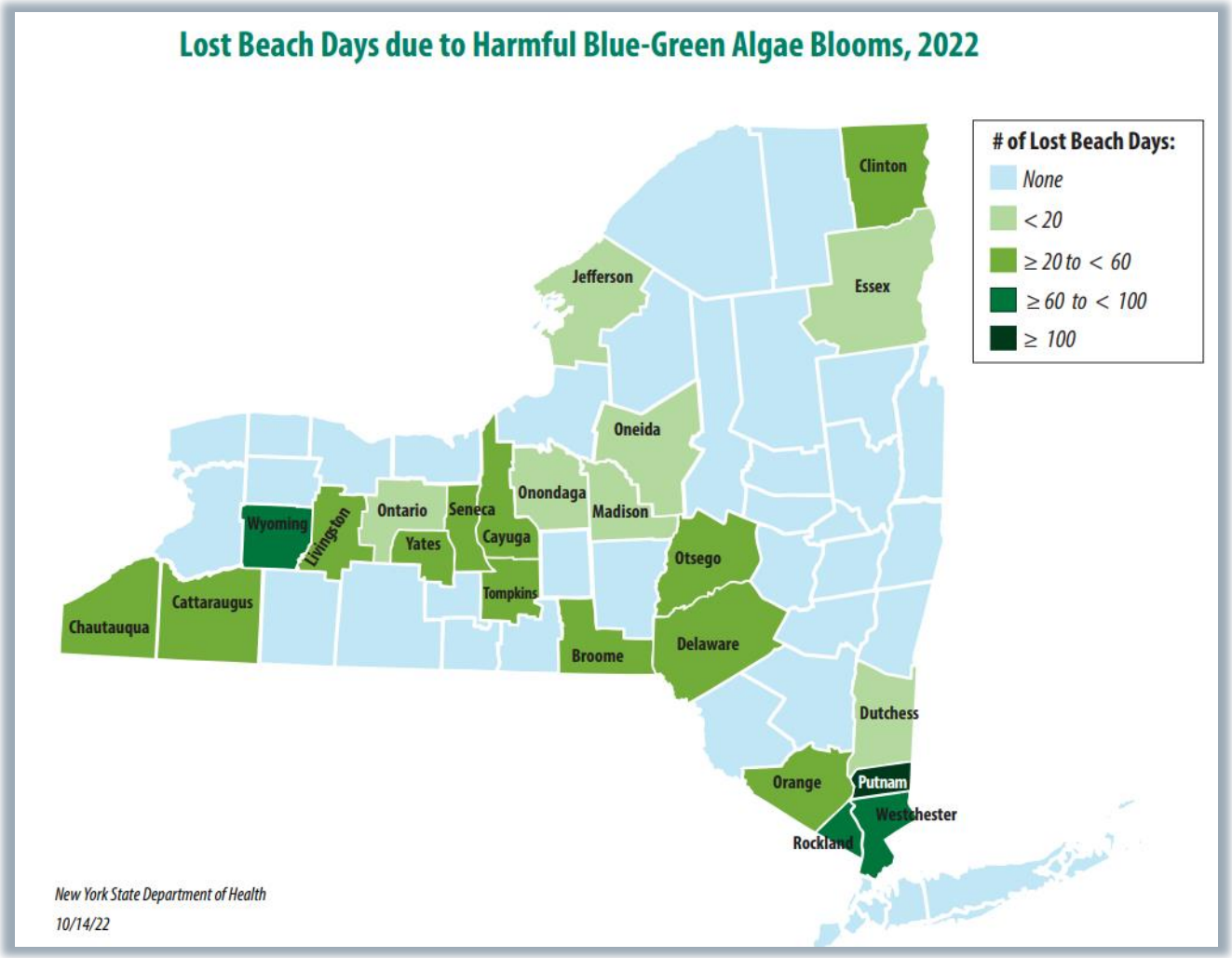


Source: PCDOH, unpublished data
*N=31 regulated beaches in 2020

In 2022 Putnam County had the highest number of times beaches closed (23), number of beaches closed (9), and number of lost beach days due to harmful blue-green algae blooms (275) of any county in New York State.[48]

[45] CDC, Harmful Algal Bloom (HAB)-Associated Illness, March 2021, https://www.cdc.gov/habs/general.html, accessed November 2022
[46] NYSDOH, Harmful Blue-green Algae Bloom Beach Trends, October 2022, https://www.health.ny.gov/environmental/water/drinking/bluegreenalgae/beachsurveillance.htm, accessed November 2022
[47] PCDOH, Unpublished data accessed August 2022
[48] NYSDOH, Harmful Blue-Green Algae Bloom-related Beach Closure Summary, October 2022, https://www.health.ny.gov/environmental/water/drinking/bluegreenalgae/beachdata.htm, accessed November 2022

FIGURE 31: LOST BEACH DAYS DUE TO HARMFUL BLUE-GREEN ALGAE BLOOMS, 2022



Source: https://www.health.ny.gov/environmental/water/drinking/bluegreenalgae/docs/beachbgamap.pdf

Many factors contribute to HAB development. Most are outside of our control, and not particular to Putnam County. Examples include water temperature increases which occur primarily in summer and fall, decreased flow or movement of water which may occur during a drought, and increased water turbidity which impedes light penetration and supports blue-green algae growth. In contrast, increased levels of nutrients such as phosphorus and nitrogen in water, which also contribute to HAB development, may be a particularly relevant contributor in Putnam County.[49] Putnam has a high density of housing surrounding lakes, many of which have residential septic systems. Run-off from fertilizer used on home lawns and/or sewage from leaking septic systems could be contributing to increased nutrient levels in Putnam lakes. It should also be noted that the ongoing educational efforts of PCDOH Environmental Health Services may in part contribute to a high level of awareness and thus high level of reporting of HABs. Recreational water bodies provide opportunities for physical activity and improve the quality of life for Putnam residents. Addressing issues with septic systems and preventing illnesses related to exposure to HABs is an important priority for Putnam County.

[49] CDC, Harmful Algal Bloom (HAB)-Associated Illness, October 2022, https://www.cdc.gov/habs/environment.html, accessed November 2022

ASSETS AND RESOURCES

PCDOH has strong community partnerships that can be mobilized to address the identified health issues. Partnerships operate through a variety of channels:

- Live Healthy Putnam is a coalition of community organizations and government agencies that meet quarterly to collaborate on population health initiatives, share resources, and cross promote programs.
- PCDOH participates in a trio of task forces related to mental health and substance use disorder including the Communities that Care Coalition (substance misuse prevention), Suicide Prevention Task Force, and the Mental Health Providers Group.
- Relationships between school districts and PCDOH were strengthened through extensive collaboration in disease prevention efforts during the COVID-19 pandemic.
- Restaurants, camps, and recreational areas work closely with the Environmental Health Services Division to distribute health information and maintain safe environments.
- Putnam County has an established network of emergency preparedness partners that includes a robust Medical Reserve Corp (MRC) with 130 active members and a Disaster Preparedness/Community Resilience Task Force.

While numerous assets exist in the community, Putnam's size and location present certain challenges in the development of clinical partnerships. With three other counties and the State of Connecticut in close proximity, many residents may choose to access services outside county borders. Putnam is home to only one hospital and a single federally qualified health center (FQHC). Fewer options mean that healthcare staffing shortages, which have been widely reported nationwide,[50] may have more acute effects locally. For example, labor and delivery services were temporarily suspended at Putnam Hospital on March 1, 2022. The Labor and

[50] Johnson S, July 28, 2022, Staff Shortages Choking U.S. Health Care System, U.S News and World Report, https://www.usnews.com/news/health-news/articles/2022-07-28/staff-shortages-choking-u-s-health-care-system, accessed November 2022

Delivery Unit is being renovated and recruitment for obstetricians is underway, but at the time of this writing, a re-opening date has yet to be announced.[51] As the trend toward consolidation in healthcare[52] continues, healthcare systems increasingly function at larger geographic scales. This is also true locally, where Caremount Medical, formerly the largest healthcare provider in Putnam County, was recently acquired by the nationwide provider Optum Medical. PCDOH plans to prioritize continual efforts to work collaboratively with clinical partners in this changing landscape. A list of all our community partners by NYSPA priority area can be found in Appendix A at the end of this document.

The CPRS was conducted to compile a directory of population health program resources available to county residents and facilitate matching of priorities identified in the CHA to resources that could be leveraged in the CHIP. Resources were categorized by the priority areas, focus areas, and goals outlined in the NYS PA. The survey found that services exist for all segments of the population, though the largest number of responding organizations provide services for the general population, adults, and adolescents. Population health activities have largely returned to pre-pandemic status, but some changes made in response to COVID-19, such as offering programs online rather than in person, have endured beyond the end of mandated restrictions. Resources exist in all NYS Prevention Agenda priority and focus areas but are not evenly distributed. The highest number of respondent organizations are working to prevent chronic disease.[53]

[51] Nuvance Health, Maternity at Putnam Hospital, https://www.nuvancehealth.org/services-and-treatments/womens-health/maternity-services/maternity-at-putnam-hospital, accessed November, 2022

[52] Gustafsson L & Blumenthal D, March 9, 2021, The Pandemic Will Fuel Consolidation in U.S. Health Care, Harvard Business Review, https://hbr.org/2021/03/the-pandemic-will-fuel-consolidation-in-u-s-health-care, accessed November 2022

[53] PCDOH, 2022, Putnam County Community Resources Survey Report, https://www.putnamcountyny.com/images/Departments/Department_of_Health/PDF_Documents/Putnam_CountyL_Community-Resources-Survey-Report-2022.pdf, accessed November 2022

COMMUNITY HEALTH IMPROVEMENT PLAN

IDENTIFICATION OF PRIORITIES

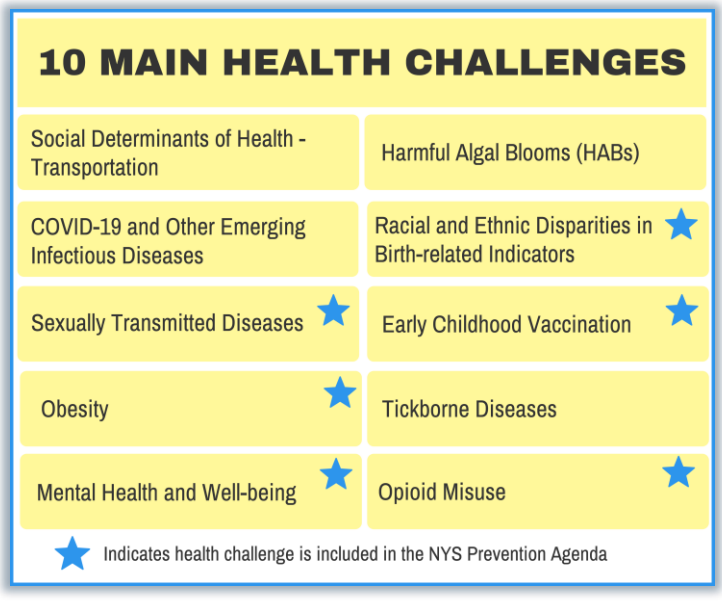
The PCDOH has identified two priorities, informed by findings in the CHA and further narrowed down through collaborative efforts between PCDOH and community partner organizations:

- **Priority Area: Prevent Communicable Disease**
  - *Focus Area 1: Vaccine Preventable Diseases*
- **Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders**
  - *Focus Area 2: Prevent Mental and Substance Use Disorders*

The prioritization process, which resulted in the final priority selection, involved successive activities, each implemented to ultimately discern the NYSPA focus areas that are the biggest health challenges in Putnam and subsequently identify existing or new resources for implementation of corresponding interventions.

PRIORITIZATION PROCESS

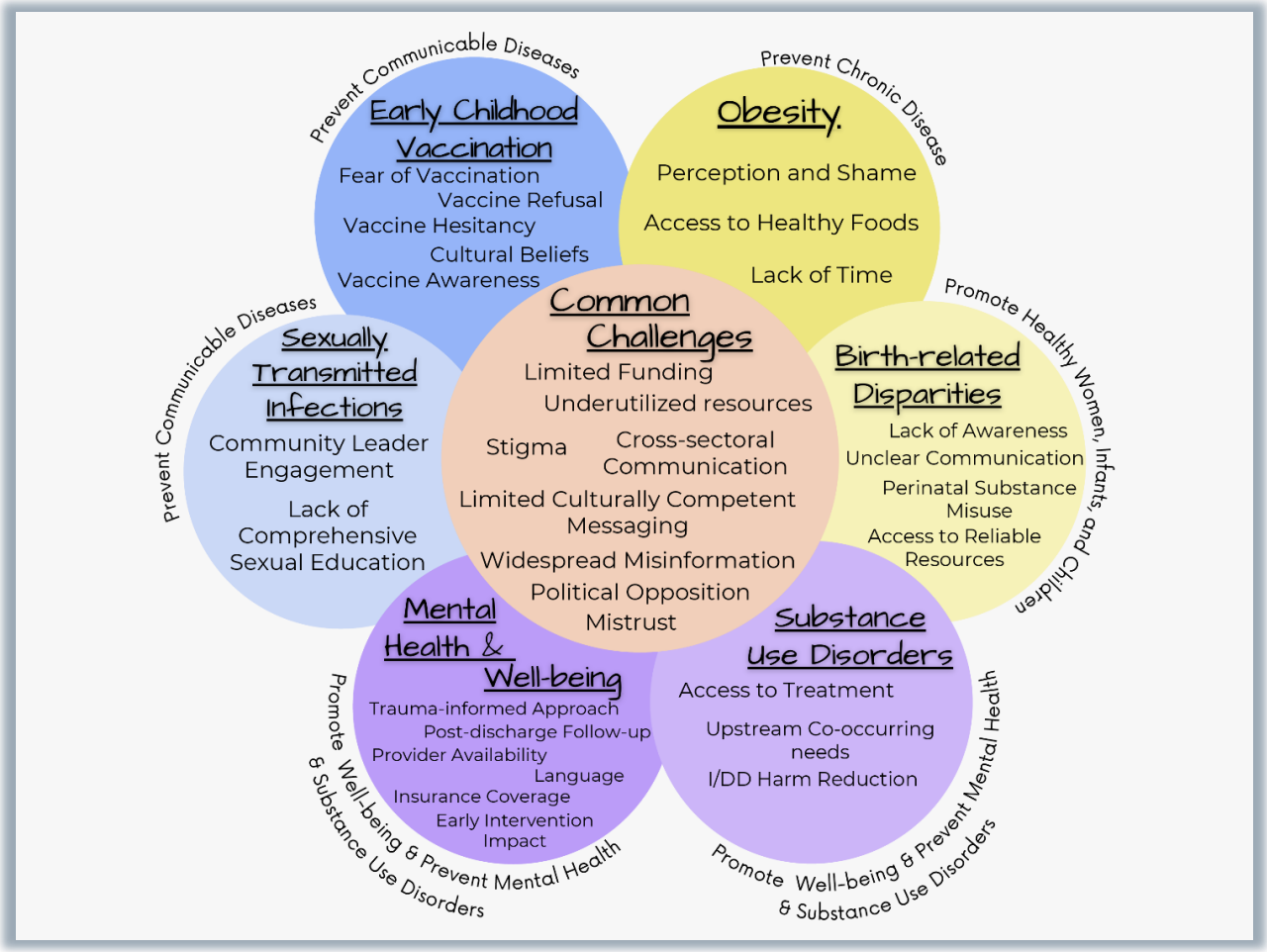
The prioritization process began in mid-2022 with successive activities to identify and distill two priorities aligned with the NYSPA from the ten main health challenges. The process consisted of three major steps, with additional internal and partner discussions ongoing as work progressed. It began with an internal PCDOH review of the ten main health challenges through the lens of the NYSPA's focus areas. Of the ten main health challenges that had emerged, four fell outside the scope of the NYSPA—transportation, tickborne disease, COVID-19 and other emerging infectious diseases, and harmful algal blooms.



The second step was made by a newly formed CHIP Steering Committee consisting of PCDOH program staff and partner organization leaders, including both clinical and non-clinical representatives from various fields such as the local hospital, mental health, chronic disease, environmental health, and more. The committee met in August 2022 and used an adapted nominal group voting technique alongside strategy grids to enhance objectivity and encourage consideration for urgency, need, feasibility, and impacts as factors that contribute to prioritization of the health challenges. The CHIP Steering Committee also affirmed the importance of exploring avenues outside the CHIP to address all ten of the main health issues identified in the CHA.

The prioritization process culminated at the Public Health Summit on September 13, 2022, co-hosted by the PCDOH and Putnam Hospital. The event was attended by over 90 stakeholders, including elected and appointed officials, representatives from community organizations such as not-for-profits, federally qualified health centers, faith-based groups, treatment centers, and other key partners. At the Summit, CHA findings were presented to all attendees, followed by breakout sessions to gather stakeholder input on the six-prevention agenda-aligned health issues. The facilitated discussions within the breakout sessions served as a platform for further qualitative analysis of local resources and feasibility of program implementation. At the conclusion of the event, attendees gathered for a brief report on each breakout session. The topline findings from the summit breakout sessions on the common challenges and areas for improvement are illustrated in Figure 32.

FIGURE 32: PUBLIC HEALTH SUMMIT BREAKOUT SESSION: BARRIERS IDENTIFIED AND AREAS FOR IMPROVEMENT



Post-summit, an internal PCDOH work group reviewed the breakout session findings to aid in the formal selection of final priorities. The work group gauged resource and partner interest alongside feasibility of implementation and further explored evidence-based interventions related to each health issue. Based on this review, PCDOH determined two final selections and subsequently connected with individual partners to develop implementation plans for associated evidence-based interventions to include baseline, process, intermediate, and long-term outcome measures.

GOALS AND OBJECTIVES

Priority Area: Prevent Communicable Diseases

Focus Area 1: Vaccine Preventable Diseases

Goal 1.1: Improve vaccination rates

Objective 1.1.1: Increase the rates of immunization among Putnam County 24-35-month-olds with the 4:3:1:3:3:1:4 series (4 DTaP, 3 polio, 1 MMR, 3 Hep B, 3 Hib, 1 varicella, 4 PCV13) from the 2020 baseline of 61.9% by 8.6% to the NYSPA 2024 target of 70.5% by December 2024

Disparities addressed: Children residing in county zip codes with lower polio vaccination rates, and children belonging to ethnic and racial minority groups

Timeframe: Enrollment of county medical practices participating in the federal Vaccines for Children (VFC) Program will occur on a rolling basis from January 2023 through December 2024.

Evidence Based Strategy	Intervention Activities	Implementation Partners & Roles	Evaluation Measures
Intervention 1.1.2: Maximize use of the New York State Immunization System (NYSIIS) for vaccine documentation, assessment, decision support, reminders, and recall. Increased use of the registries can better inform assessments of vaccine coverage and missed vaccination opportunities and help address disparities in vaccine coverage including those for specific age groups.	Expansion of current Immunization Quality Improvement Programs (IQIP) activities with recruitment of practices to leverage NYSIIS to improve immunization practices through: Systematic monitoring of data quality through crosschecks between EHR & NYSIIS. Consistent utilization of recall/reminder reports to send notifications to patients due or overdue for 4:3:1:3:3:4 series vaccinations.	PCDOH is the lead organization for this intervention and will enroll county VFC practices during IQIP visits. Practices located in zip codes with lower polio vaccination rates and practices serving a higher proportion of racial and ethnic minorities will be prioritized for participation. PCDOH immunization program staff will initiate IQIP visits with VFC practices, provide practice coverage reports on 4:3:1:3:3:1:4 series vaccinations, recruit practices to participate in IQIP strategies targeted in this intervention, & provide technical assistance as needed for practices to initiate intervention activities. At 2mo, 6mo and 12mo intervals PCDOH will follow up with participating VFC practices to review progress, troubleshoot issues, and collect metrics. Practices that agree to participate will become partners by following the intervention protocol and reporting the required metrics to PCDOH at 2mo, 6mo and 12mo check in intervals.	**Input Measure:** Number and proportion of county VFC practices with IQIP site visit. **Output Measure:** Number of VFC practices agreeing to implement or improve on strategy of leveraging NYSIIS to improve immunization practices. **Short-term Outcome:** Number of reminder/recall reports run by practice at 2mo, 6mo, and 12mo follow ups, by practice. **Intermediate Outcome:** Proportion of patients sent a reminder/recall notification that make an immunization appointment within 1 month of notification at 6mo and 12mo follow ups, by practice. **Long-term Outcome** Year over year change in proportion of 24- to 35-month-olds with 4:3:1:3:3:1:4 series complete at 24mo by practice (initial visit rate compared to 12 month follow up), by practice.

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.2: Prevent opioid and other substance misuse and deaths

Objective 2.2.1 (modified): Reduce the annual crude rate of overdose deaths involving any opioid from the 2020 baseline of 17.2 per 100,000 population to the target of 14.3 per 100,000 population by December 2024

Objective 2.2.4 (modified): Reduce the annual crude rate of outpatient emergency department visits involving any opioid overdose by 10% from the 2020 baseline of 36.4 per 100,000 population to 32.8 per 100,000 population by December 2024

Disparities addressed: Intervention 2.2.2. Spanish speaking immigrants

Timeframe: Engagement of schools for participation in senior check-outs and on-site consumption liquor licensed establishments for participation in Narcan Behind Every Bar will occur on a rolling basis from January 2023 through December 2024. Engagement of first responder agencies for participation in Peer Referral Program will occur in the first quarter of 2023, with the engagement of individuals referred for peer support ongoing from January 2023 through December 2024.

Evidence Based Strategy	Intervention Activities	Implementation Partners & Roles	Evaluation Measures
Intervention 2.2.2: Increase the availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacies and consumers.	1.Engage county high schools to require naloxone training for graduating seniors; conduct trainings at participating high schools (senior check-outs); distribute kits to all graduating seniors at senior check-outs. 2.Engage on-site consumption liquor licensed establishments (OSCLLE) to participate in Narcan Behind Every Bar (NBEB) program; conduct trainings at participating establishments; distribute kits and opioid overdose emergency cabinets to participating establishments.	The Prevention Council of Putnam (PCP), through their substance use specialist and Master Counselor (CASAC) is the lead local harm reduction agency implementing evidence-based strategies and promising practices to reduce opioid overdose, expand community awareness about substance misuse and reduce stigma around addiction and normalize pathways to recovery. PCP will be the lead agency for this intervention. PCDOH, (Health Education Division, NYSPHC fellows, and Nursing Division) will support PCP in expanding the reach of the interventions to the Spanish speaking communities of Putnam through the provision of Spanish speaking health educators and education material translation.	**Input Measures:** 1.Number of high schools signed on to do senior check-outs. 2.Number of OSCLLEs signed on to participate in NBEB. **Output Measures:** 1.Number of naloxone trainings at Putnam County high schools. 2.Number of OSCLLEs that are trained and participate in NBEB. **Short-term Outcomes:** 1.Number of naloxone kits distributed at school trainings to students. 2.Number of NBEB establishments with opioid overdose emergency cabinets. 3.Number of NBEB establishments with naloxone kits behind bar. **Intermediate Outcomes:** 1. Number of high schools that remain in program with next class of seniors in the 2023-2024 school year. 2.Number of NBEB establishments actively participating (replenishment of kits and/or training of new staff) at 1-year check in. **Long-term Outcome:** Crude rate of overdose deaths involving any opioid per 100,000 population.

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders, *continued*

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.2: Prevent opioid and other substance misuse and deaths

Objective 2.2.1 (modified): Reduce the annual crude rate of overdose deaths involving any opioid from the 2020 baseline of 17.2 per 100,000 population to the target of 14.3 per 100,000 population by December 2024

Objective 2.2.4 (modified): Reduce the annual crude rate of outpatient emergency department visits involving any opioid overdose by 10% from the 2020 baseline of 36.4 per 100,000 population to 32.8 per 100,000 population by December 2024

Disparities addressed: Intervention 2.2.2. Spanish speaking immigrants

Timeframe: Engagement of schools for participation in senior check-outs and on-site consumption liquor licensed establishments for participation in Narcan Behind Every Bar will occur on a rolling basis from January 2023 through December 2024. Engagement of first responder agencies for participation in Peer Referral Program will occur in the first quarter of 2023, with the engagement of individuals referred for peer support ongoing from January 2023 through December 2024.

Evidence Based Strategy	Intervention Activities	Implementation Partners & Roles	Evaluation Measures
Intervention 2.2.4: Build support systems to care for opioid users or at risk for overdose.	First response agencies (emergency medical service corporations, fire departments, and police departments) will be engaged to participate in naloxone leave behind and peer referral programs. Participating first response agencies will distribute naloxone kits and offer referral to Certified Recovery Peer Advocate (CRPA) at all opioid related calls, and other substance-related calls. CRPA will reach out to residents who have been referred to offer support and linkage to services within 3 days of referral.	The PCP CRPA is the lead contact in Putnam to connect individuals at risk of opioid overdose with support and linkage to services. The CRPA will engage with individuals identified by participating first response agencies and provide linkage to the following harm reduction activities: training and distribution of naloxone, distribution of fentanyl test strips, periodic detox check ins (for individuals with confirmed plans for detox), & referral to services including but not limited to treatment programs, medical care, and programs that address SDOH.	**Input Measure:** Number of first response agencies engaged for participation in the peer referral program and the naloxone leave behind program. **Output Measures:** 1. Number of first response agencies signed on to peer referral program. 2. Number of first response agencies signed on to naloxone leave behind program. **Short-term Outcome:** Number of individuals referred to the peer recovery advocate. **Intermediate Outcome:** Number of individuals successfully engaged by peer recovery advocate. **Long-term Outcome:** Crude rate of outpatient emergency department visits involving any opioid overdose per 100,000 population.

MOVING FORWARD

ENGAGEMENT AND PROGRESS

Internal CHIP progress for both initiatives will be evaluated and tracked via monthly meetings, enabling modifications and/or corrections to be made at any point.

Vaccine Preventable Diseases

The PCDOH will monitor and track progress of participating VFC practices, through collection of metrics and provision of assistance on the established IQIP follow-up schedule. In the first year of implementation, PCDOH plans to conduct additional assessments (community surveys, focus groups) to further evaluate factors that may contribute to low vaccination rates (i.e.: lack of access) and other opportunities for intervention.

Mental and Substance Use Disorders Prevention

The PCP and the PCDOH will utilize shared platforms such as the county-wide behavioral health provider group, the opioid settlement task force, suicide prevention task force, communities that care coalitions and other local collaborative harm reduction forums to share progress on the focus area and associated objectives to ensure community-wide engagement and support. A shared tracking document will enable the PCP and PCDOH to collaboratively monitor progress of the associated harm reduction activities in real time.

EXECUTIVE SUMMARY DISTRIBUTION

The Executive Summary along with the complete Putnam County CHA/CHIP and the MHRCHA are available to the public on the PCDOH website at www.putnamcountyny.com/health. Individual CHA component reports are also available on the website, under Assessments and Data. PCDOH will promote awareness of the CHA/CHIP for residents through social media posts containing links to the website for the full documents. The completed CHA/CHIP will also be shared with community partners, elected officials, and other key stakeholder groups through email. A media release will be shared with local media representatives informing them of the availability of the complete document and highlighting key aspects of the executive summary. The media release will also be made available on the PCDOH website.

APPENDIX A: PARTNER INVOLVEMENT BY PREVENTION AGENDA PRIORITY

American Cancer Society

American Heart Association

American Lung Association

American Red Cross

The Arc. Mid-Hudson

Arms Acres

Brewster Central School District

Brewster Public Library

Butterfield Memorial Library

Camp Wilbur Herrlich

CAREERS Support Solutions

Carmel Central School District

Catholic Charities

Child Care Council of Dutchess and Putnam

Civil Air Patrol

Cornell Cooperative Extension

CoveCare Center

CP Unlimited, HV Division

Desmond-Fish Public Library

Drug Crisis in our Backyard

Dutchess County Department of Behavioral and Community Health

Fidelis Care

Four Winds Hospital

Garrison Union Free School District

Green Chimneys

Haldane Central School District

HealtheConnections

Hudson Valley Cerebral Palsy Association

Kent Police Department

Key

Promote Well-Being and Prevent Mental and Substance Use Disorders

Prevent Communicable Diseases

Prevent Chronic Disease

Promote Healthy Women, Infants, and Children

Promote a Healthy and Safe Environment

Kent Public Library

Live Healthy Putnam Coalition

Mahopac Central School District

Mahopac Library

Mental Health Association Putnam

MiSN

MVP Healthcare

National Association of Mental Illness (NAMI), Putnam

Northwell Health

Nuvance Health

NY Presbyterian Hudson Valley Hospital

NYS Department of Health

NYS Office of Children and Family Services

NYS Office of Emergency Management

NYS Police Department

Open Door Family Medical Center

Optum Medical

Orange County Department of Health

Patterson Library

PC Board of Health

PC Bureau of Emergency Services

PC Child Advocacy Center

PC Coroners Office

PC Department of DSS, Mental Health

PC Department of Health

PC Disaster Preparedness Task Force

PC District Attorney's Office

PC Falls Prevention Task Force

PC Information Technology/GIS

PC Legislature

PC Medical Reserve Corps

PC Office of People with Disabilities

PC Office of Senior Resources

PC Parks and Recreation

PC Probation Department

PC Sheriff's Department

PC Veterans Services Agency

PC Youth Bureau

Key

Promote Well-Being and Prevent Mental and Substance Use Disorders

Prevent Communicable Diseases

Prevent Chronic Disease

Promote Healthy Women, Infants, and Children

Promote a Healthy and Safe Environment

Philipstown Recreation Center

Planned Parenthood Hudson Peco

POW'R Against Tobacco

Prevention Council of Putnam

Putnam Communities That Care Coalition

Putnam Community Action Partnership

Putnam Community Resilience Coalition

Putnam Hospital Center

Putnam Independent Living Services

Putnam/Northern Westchester BOCES

Putnam/Northern Westchester Women's Resource Center

Putnam Nursing and Rehabilitation Center

Putnam Ridge

Putnam Valley Central School District

Putnam Valley Free Library

Reed Memorial Library

Rockland County Department of Health

Save the Children Coalition

Search for Change, Inc.

Second Chance Foods

St. Christopher's Inn

St. James School

Suicide Prevention Task Force

Sullivan County Department of Health

Sun River Health Center

Ulster County Department of Public Health

United Way of Westchester and Putnam

VA Hudson Valley Health Care System

Village of Cold Spring Police Department

Westchester County Department of Health

YMCA of Central Northern Westchester

Key

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