Mid-Hudson Region Community Health Assessment 2025

ACKNOWLEDGMENTS

This Regional Community Health Assessment covers the seven county Mid-Hudson Region consisting of Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties.

This document was created to support our partners in health across the Region through a collaborative partnership between the following organizations:

Local Health Departments

Dutchess County Department of Health
Orange County Department of Health
Putnam County Department of Health
Rockland County Department of Health
Sullivan County Department of Public Health
Ulster County Department of Health
Westchester County Department of Health

Local and Regional Hospitals

Blythedale Children's Hospital
Bon Secours Charity Health System, a member of the Westchester Medical Center Health Network
- Bon Secours Community Hospital
- Good Samaritan Hospital
- St. Anthony Community Hospital

Burke Rehabilitation Center, Montefiore Health System
Ellenville Regional Hospital
Garnet Health – Mid-Hudson Healthcare System:
- Garnet Health Medical Center
- Garnet Health Medical Center – Catskills
- Garnet Health Medical Center – Catskills, Grover M. Hermann Hospital

HealthAlliance Hospital, a member of the Westchester Medical Center Health Network
Montefiore Mount Vernon Hospital
Montefiore New Rochelle Hospital
Montefiore Nyack Hospital
Montefiore St. Luke's Cornwall
New York-Presbyterian Hudson Valley Hospital
New York-Presbyterian Westchester Hospital
Northern Dutchess Hospital, part of Northwell Health
Northern Westchester Hospital, Northwell Health
Phelps Hospital, Northwell Health
Putnam Hospital, part of Northwell Health
Saint Joseph's Medical Center
St. John's Riverside Hospital
Westchester Medical Center
White Plains Hospital
Vassar Brothers Medical Center, part of Northwell Health

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EXECUTIVE SUMMARY

The 2025 Mid-Hudson Valley Regional Community Health Assessment (CHA) provides a comprehensive overview of the health status, needs, and priorities across the seven Mid-Hudson counties—Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester. This systematic process was a joint effort across the seven counties to collect, analyze, and interpret data on health outcomes, behaviors, and social determinants of health. It serves as a foundation for coordinated public health action by identifying key challenges and guiding local health departments, hospitals, and community partners in planning evidence-based strategies.

The assessment reveals that despite the Mid-Hudson Region's geographic, economic, and demographic diversity, the seven counties share several core health challenges that have been identified as joint regional priorities. Mental health and substance use consistently emerged as the top concerns across every county. Rates of anxiety, depression, and suicide have continued to rise, particularly among youth and working-age adults, while substance use, especially related to opioids, alcohol, and emerging synthetic drugs, remains a major public health threat. Limited access to behavioral health services, provider shortages, and stigma around seeking care further exacerbate these issues.

Chronic disease prevention and management represent another shared regional priority. Conditions such as cardiovascular disease, obesity, diabetes, and cancer contribute significantly to morbidity and mortality in all seven counties. Contributing factors include limited access to affordable, healthy foods, physical inactivity, and poor nutrition. Preventive care and early screening rates vary across the region, with rural areas and low-income populations facing additional barriers to care.

Access to healthcare and social services remains a foundational concern throughout the Mid-Hudson Region. Residents report difficulty obtaining timely appointments, navigating complex insurance systems, or affording medical care. Shortages of primary care, dental, and mental health providers, especially in rural counties such as Sullivan and Ulster, limit the availability of preventive and specialty services. Transportation barriers and limited health literacy also contribute to disparities in access and outcomes.

The CHA also highlights the widespread influence of social determinants of health, including housing instability, economic insecurity, food access, and transportation. These factors directly affect residents' ability to maintain good health. High housing costs and limited affordable options are major challenges in Dutchess, Orange, and Westchester Counties, while poverty and underemployment are more prevalent in Sullivan and Ulster Counties. Across the region, food insecurity remains a persistent concern, especially for families with children and older adults.

Collectively, these findings illustrate that the seven Mid-Hudson counties face interrelated challenges rooted in both medical and social factors. By focusing on shared priorities such as mental health and substance use, chronic disease prevention, access to healthcare, and the social determinants of health, the region can align efforts, share resources, and strengthen partnerships to create sustainable improvements. The 2025 CHA provides the evidence base for coordinated regional action through the Community Health Improvement Plan (CHIP), ensuring that public health interventions are data-driven, equitable, and responsive to the needs of all Mid-Hudson residents.

INTRODUCTION

PREVENTION AGENDA

The Prevention Agenda 2025-2030 is New York State's Health Improvement Plan, a six-year strategic initiative designed to improve public health and serve as a blueprint for state and local health departments to enhance the health of all residents.[1] The main strategy of the Prevention Agenda is to promote health equity for populations who experience health disparities through prevention of chronic disease and barriers to health care access. Achieving well-being and good quality of life requires a strong focus on prevention, with health behaviors, access to care, and social determinants of health playing key roles in promoting long-term health outcomes.

The Prevention Agenda has five domains with specific action plans developed for each area. The five domains, based on Healthy People 2030's Social Determinants of Health[2], are Economic Stability, Social and Community Context, Neighborhood and Built Environment, Health Care Access and Quality, and Education Access and Quality.

Since 2012, the New York State Department of Health (NYSDOH) has required LHDs to collaboratively work with their local hospitals and community partners in the development of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

COMMUNITY HEALTH ASSESSMENT

The CHA serves as the foundation of essential services provided by local public health departments, enabling the assessment and monitoring of population health status, influencing factors, and community needs and assets. CHAs are a comprehensive assessment of a community's health status, challenges, and strengths. Data are compiled from a collection of local, state, and federal resources to ensure a complete picture is captured. With a comprehensive review of the community's health, this data aids in identifying populations at higher risk of poor health outcomes.

This document guides public health planning, program development, policy changes, resource coordination, funding applications, and innovative ways to collaboratively leverage community assets. Once completed, the information is shared with community members and stakeholders to initiate health improvement planning and development.

[1] New York State Department of Health. Prevention Agenda 2025-2030: New York State's Health Improvement Plan, 2025, https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/, accessed May 2025

[2] Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2025, https://health.gov/healthypeople/objectives-and-data/social-determinants-health, accessed June 2025

COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY SERVICE PLAN

For hospitals classified as charitable organizations, they must meet general requirements for tax exemption under Section 501(c)(3)[3] and Revenue Ruling 69-545[4]. They must also meet the requirements imposed by Section 501(r)[5] on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). This involves completing a Community Health Needs Assessment (CHNA) and a Community Service Plan (CSP) every three years.

The CHNA must define the community that it serves including the geographic area, target populations, and any focus on specialty areas or targeted diseases. It must also assess the health needs of the defined community including social determinants of health. As part of this process, they should include input from partners, stakeholders, and those with knowledge of the community's health needs. As with the CHA, the CHNA should be shared widely.

Through the CHNA, CHA, and partnership with the LHDs, the hospitals develop a CSP. The CSP, like the CHIP, develops and implements effective approaches to health promotion and disease prevention at the community level. The plan involves the use of evidence-based programs that target health areas identified in the CHNA that are of particular concern to their hospital service areas. For those hospitals that partner with LHDs, these areas are of concern to the greater county or regional efforts.

COMMUNITY HEALTH IMPROVEMENT PLAN

The CHIP is a strategic plan for developing targeted interventions for issues identified in the CHA. The purpose of a CHIP is to describe how the local public health system, led by the LHDs and hospitals, will work together to improve the health of their community. The document sets priorities, identifies programs and policies for implementation, outlines partner responsibilities, directs use of assets, and sets measurable strategic goals, all within a community driven process.

PARTNERSHIP

The seven Mid-Hudson Region (M-H Region) LHDs have vast experience with assessing health and developing partnerships to advance the health of their communities. The LHDs lead the CHA and CHIP process via partnerships and follow the requirements of the NYSDOH.[6]

The CHA and CHIP process allows health departments to work with a network of partners and stakeholders focused on health improvement. Collaboration ensures that this process is dynamic and evolves with what is happening to residents. Engaging the community is key to understanding, supporting, and implementing strategies and ensuring successful outcomes.

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[3] IRS, "Exemption Requirements - 501(c)(3) Organizations." U.S. Department of the Treasury, 2025, https://www.irs.gov/charities-non-profits/charitable-organizations/exemption-requirements-501c3-organizations, accessed June 2025

[4] IRS, "Revenue Ruling 69-545." U.S. Department of the Treasury, 1969, https://www.irs.gov/pub/irs-tege/rr69-545.pdf, accessed June 2025

[5] IRS, "Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3).", 2025, https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3, accessed June 2025

[6] NYSDOH; "Letter and Community Health Planning Guidance 2025-2030.", 2024, https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/letter_and_guidance.pdf, accessed January 2025

DATA SOURCES AND INDICATOR SELECTION

To create this document, the following data sources were utilized. In certain instances, data were obtained by request and is not readily available to the public.

American Community Survey (ACS): A nationwide survey conducted by the US Census Bureau to gather information about the social and economic need of communities, reaching over 3.5 million addresses each year. *Secondary source*

American Medical Association (AMA) Online Data Collection Center: The AMA allows licensed physicians to update their AMA listing and credentialing. *Secondary source*

Area Health Resource Files: A database maintained by the Health Resources and Services Administration of the Department of Health and Human Services which provides data from over 50 sources on health care professions, health facilities, population characteristics, economics, health professions training, hospital utilization, hospital expenditures, and environment at the county, state, and national levels. *Secondary source*

Behavioral Risk Factor Surveillance System (BRFSS): An annual national phone survey coordinated and funded by the Centers for Disease Control and Prevention (CDC) and conducted by each State's health department. Data includes health related behaviors, health conditions, and use of health services. *Secondary source*

National Provider Identifier (NPI) Standard: Overseen by the Centers for Medicare & Medicaid Services, the NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. *Secondary source*

Comprehensive Housing Affordability Strategy (CHAS): Custom tabulations of ACS data about housing problems and housing needs from the US Census Bureau sent to the U.S. Department of Housing and Urban Development (HUD). HUD and local governments use this data to plan how to distribute their funds. *Secondary source*

County Health Rankings & Roadmaps: A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. County Health Rankings and Roadmaps pulls from multiple sources to measure key health factors across counties in the US. *Secondary source*

Feeding America: Feeding America is the nation's largest domestic hunger-relief organization, a network of food banks in every county in the world. Programs help provide meals to children, seniors, families, and survivors of natural disasters. Using sources such as the ACS, the Bureau of Labor Statistics, and the US Department of Agriculture, Feeding America conducts Map the Meal Gap, a county level analysis of food insecurity. *Secondary source*

Health Resources and Services Administration (HRSA) Data Warehouse: A database maintained by the Department of Health and Human Services which provides maps, data, reports, and dashboards about HRSA's health care programs, including Health Professional Shortage Areas, Health Resource Files, and Medically Underserved Populations. *Secondary source*

Healthy People 2030: A collaborative process, guided by the Office of Disease Prevention and Health Promotion within HHS, that reflects input from a diverse group of individuals and organizations. Healthy People

2030 includes 10-year national objectives for improving the health of all Americans. Healthy People 2030 has established measurable objectives and monitors benchmark progress over time. *Secondary source*

Local Health Department Surveys: Surveys conducted by the counties to poll their residents on various aspects of health. *Primary source*

Mid-Hudson Community Partner Survey: An online survey distributed by the Hudson Valley Public Health Collaborative to those who provide services in the region. *Primary source*

Mid-Hudson Region Community Health Survey: A random digit dial and online survey conducted by Siena Research Institute (SRI). Created in collaboration with the HVPHC, local hospital partners, and SRI. *Primary source*

National Environmental Public Health Tracking Network: A data hub provided by the CDC which brings together health and environmental data. *Secondary source*

New York City Poison Center: A call center and research organization which provides poison emergency telephone management, poison information resources, public education, professional education, research and data collection, and toxicosurveillance in real time. Its coverage area includes all New York City (NYC) counties, Nassau, Suffolk, and Westchester counties. *Secondary source*

New York Citywide Immunization Registry: The NY Citywide Immunization Registry (CIR) keeps immunization records for all children and adults who live in NYC. CIR consolidates immunization information and shares it with health care providers, families and agencies concerned with public health. *Secondary source*

New York County/NYC Neighborhood Cancer Statistics Dashboards: The Cancer Statistics Dashboards provide easy access to a wide range of cancer statistics in the New York State, including cancer incidence, mortality, trends, stage at cancer diagnosis, survival, and prevalence information. The dashboards are organized according to the geography at which the statistics are available. *Secondary source*

New York State Cancer Registry: A registry which collects, processes, and reports information about New Yorkers diagnosed with cancer from all physicians, dentists, laboratories, and other health care providers who are required to report all cancers to the NYS Department of Health (DOH). *Secondary source*

New York State Childhood Lead Poisoning Prevention Program (CLPPP): The CLPPP is the largest in the country working to make homes safe from lead. It funds NYS local health departments (LHD) to approach high-risk housing to educate, inspect and control lead hazards. It looks for properties with lead paint hazards, then it takes action to make them lead safe, protecting children from lead poisoning. Blood lead testing data and blood lead levels are monitored through CLPPP. *Secondary source*

New York State Communicable Disease Annual Reports: Documents are released annually from NYSDOH containing mandated reports of suspected or confirmed communicable diseases. *Secondary source*

New York State Communicable Disease Electronic Surveillance System (CDESS): Reporting of suspected or confirmed communicable diseases is mandated under the NYS Sanitary Code (10NYCRR 2.10). Although physicians have primary responsibility for reporting, school nurses, laboratory directors, infection control practitioners, daycare center directors, health care facilities, state institutions, and any other individuals/locations providing health care services are also required to report communicable diseases. All reportable communicable disease data coming through the Electronic Clinical Laboratory Reporting System Introduction are reported to CDESS in a timely and complete manner. LHDs review each lab report for proper initiation of a case investigation. Once the investigation is created, the LHD may create a reportable case or may dismiss it if evidence does not support the case definition. *Primary source*

New York State Department of Health Bureau of Communicable Disease Control: This Bureau is responsible for preventing and controlling the spread of disease by conducting disease surveillance, epidemiological investigations, and disseminating public health information. *Secondary source*

New York State Department of Health Community Health Indicator Reports (CHIRS): The CHIRS Dashboard tracks about 350 indicators organized by 15 health topics and is updated regularly to include the most recent year of data available for these indicators. Each NYS County has their own dashboard allowing for comparison of each county's data to regional and NYS totals. Visualizations include tables, maps, charts, and graphs at state and county levels. *Secondary source*

New York State Department of Health County Health Indicators by Race/Ethnicity (CHIRE): The CHIRE is a map-based tool that allows users to view health indicators by race and ethnicity in NYS and by county. It includes a variety of health indicators by race and ethnicity including mortality, vital statistics, injuries, chronic diseases, and substance abuse. *Secondary source*

New York State Department of Health Electronic Clinical Laboratory Reporting System (ECLRS): ECLRS provides laboratories that serve NYS with a single electronic system for secure and rapid transmission of reportable disease information to the NYSDOH, county health departments, and the NYC Department of Health and Mental Hygiene. ECLRS provides timely reporting, improving completeness and accuracy of reports, and generally facilitating the identification of emergent public health problems by monitoring communicable diseases, lead poisoning, HIV/AIDS, and cancer. *Secondary source*

New York State Department of Health Office of Sexual Health and Epidemiology: A special projects unit responsible for conducting Sexually Transmitted Infection (STI) surveillance activities related to screening, disease morbidity, and HIV/STI Partner Services disease intervention activities. Oversees surveillance activities for chlamydia, gonorrhea, and syphilis for NYS (excluding NYC). *Secondary source*

New York State Department of Health Rabies Laboratory: Located at Wadsworth Center's Griffin Laboratory, provides monthly reports of the number of animals tested for rabies, as well as the number that tested positive for rabies in every NYS county. *Secondary source*

New York State Department of Health Wadsworth Center: Wadsworth Center is a science-based community committed to protecting and improving the health of New Yorkers through laboratory analysis, investigations, and research, as well as laboratory certification and educational programs. As the state's public health reference laboratory, Wadsworth responds to urgent public health threats as they arise, develops advanced methods to detect microbial agents and genetic disorders, and measures and analyzes environmental chemicals. *Secondary source*

New York State Division of Criminal Justice: A criminal justice support agency which provides resources and services that inform decision-making and improve the quality of the criminal justice system. It maintains, analyzes, and publishes criminal and youth justice system data, including incidents of crimes and arrests and dispositions, as reported by police departments, sheriffs' offices, probation departments, and the state Office of Court Administration. *Secondary source*

New York State Education Department: Website publicly reports educational data submitted by educational institutions. *Secondary source*

New York State HIV Surveillance System: An HIV surveillance system conducted by the AIDS Institute Bureau of HIV/AIDS Epidemiology that facilitates and monitors HIV-related laboratories and clinician reporting in NYS. *Secondary source*

New York State Immunization Information System: A web-based registry that provides immunization records that are easily accessible and promotes public health by documenting all individuals of appropriate age and risk. All health care providers are required to report all immunizations administered to persons less than 19 years of age, along with the person's immunization histories, to the NYS Department of Health. *Secondary source*

New York State Medicaid Program: NYS's Medicaid program provides comprehensive health coverage to more than 7.5 million lower-income New Yorkers (as of December 2023). Medicaid pays for a wide range of services, depending on a resident's age, financial circumstances, family situation, or living arrangements. These services are provided through a large network of health care providers that can be accessed directly using Medicaid or through a managed care plan. *Secondary source*

New York State Office of Addiction Services and Supports (OASAS): The OASAS Office of Data Management, Research and Planning closely monitors substance use disorder data and trends to better anticipate and meet the needs of New Yorkers living with addiction. Data is made available to partners, providers, and localities to inform the collective efforts to understand and address addiction in NYS. *Secondary source*

New York State Opioid Data Dashboard: This is an interactive visual presentation of indicators tracking opioid data at state and county levels. It is a key resource for monitoring fatal and nonfatal opioid overdoses, opioid prescribing, opioid use disorder treatment, and the overall opioid overdose burden. It displays a view of current and historical data for 98 opioid-related indicators. *Secondary source*

New York State Prescription Monitoring Program Registry: This resource provides practitioners with direct, secure access to view dispensed controlled substance prescription histories for their patients. Patient reports include all controlled substances that were dispensed in NYS and reported by the pharmacy/dispenser for the past year. This information will allow practitioners to better evaluate their patients' treatment with controlled substances and determine whether there may be abuse or non-medical use. *Secondary source*

New York State Prevention Agenda Tracking Dashboard: This is an interactive visual presentation of the most current tracking indicator data to track progress of the New York State's Health Improvement Plan at state and

county levels. It serves as a key source for monitoring progress that communities around the state have made regarding meeting the Prevention Agenda objectives. *Secondary source*

New York State Student Weight Status Category Reporting System: A system that collects weight status category data on children and adolescents attending public schools in NYS outside of NYC. *Secondary source*

New York Statewide Planning and Research Cooperative System (SPARCS): SPARCS is a comprehensive all-payer data reporting system established from cooperation between the health care industry and government. The system currently collects patient level data on characteristics, diagnoses and treatments, services, and charges for each hospital inpatient and outpatient visit. *Secondary source*

Data Small Area Health Insurance Estimates (SAHIE): SAHIE is a program of the US Census Bureau which estimates health insurance coverage for all states and counties nationally. *Secondary source*

United for ALICE: ALICE is an acronym that stands for Asset, Limited, Income Constrained, Employed. ALICE reports use a standardized methodology that assesses cost of living and financial hardship on a county level calculated by United Way of Northern New Jersey. *Secondary source*

Upstate New York Poison Center: A call center and research organization which provides poison emergency telephone management, poison information resources, public education, professional education, research and data collection, and toxicosurveillance in real time. Its coverage area includes all NYS counties except Westchester, NYC, and Long Island. *Secondary source*

US Census Bureau: The Census Bureau publishes population estimates and demographic components of change, such as births, deaths, and migration. This data can be sorted by characteristics such as age, sex, and race, as well as by national, state, and county location. *Secondary source*

US Department of Agriculture (USDA) Food Environment Atlas: An atlas from the USDA which assembles data regarding food environment factors, such as food choices, health and well-being, and community characteristics. *Secondary source*

US Department of Housing and Urban Development (HUD): HUD provides reports on programs provided by HUD or predecessor agencies that provide subsidized housing. These reports provide information to get a picture of subsidized households in the US. *Secondary source*

Vital Statistics of New York State: A registry of all births, marriages, divorces/dissolutions of marriage, deaths, induced termination of pregnancy/abortions, and fetal deaths that have occurred in NYS outside of NYC. It is maintained by the NYS Bureau of Vital Records, a branch of the NYSDOH. *Secondary source*

DATA NOTES

Crude Rate versus Age-Adjusted Rate: A crude rate is defined as the total number of cases or disease events divided by the total population. The age-adjusted rates are rates that would have existed if the population under study had the same age distribution as the "standard" population. Therefore, they are summary measures adjusted for differences in age distributions. Age-adjusted rates are used when available and are calculated using the US 2000 standard population.

International Classification of Diseases: In 2015 the Department of Health and Human Services mandated those entities using ICD-9 codes transition to ICD-10 codes. Comparisons between data before and after 2015 cannot be made due to the many differences in the updated ICD-10-CM code set.

New York State excluding New York City (NYS excl NYC): The population of NYC is not similar to that of the Mid-Hudson Region. Therefore, comparing rates/percentages of counties to NYS excluding NYC, rather than to the whole of NYS, provides a more accurate comparison. When possible, measures for both NYS and NYS excluding NYC are provided. When NYS excluding NYC data are not available comparisons should be made with caution.

Rate: A rate is a measure of the frequency with which an event occurs in a defined population over a specified period of time.

Rate Denominators: Population estimates used to calculate rates sourced from data requests are from the U.S. Census Bureau's 2023 American Community Survey (ACS) 5-Year Estimate, Table B01003. For all other rates, information on the denominator can be found at the original data source.

Suppressed and Unstable Data: Some rates/percentages based on small numbers are suppressed because they do not meet the criteria for confidentiality (notated by "s"). Other rates/percentages based on small numbers are presented but are not considered reliable since they can fluctuate greatly over time. These measures are indicated as unstable due to a small numerator (notated by "*").

Three-Year Rate versus Single-Year Rate: When possible, rates are based on a three-year average rather than a single-year estimate to provide a more reliable comparison. Using a three-year average smooths out the data over multiple years to recognize that rates fluctuate from year to year and is particularly useful when small amounts of data are an issue.

AREA BEING ASSESSED

THE MID-HUDSON REGION

The Mid-Hudson (M-H) region is comprised of seven-counties in New York State (NYS) that is a mix of urban, suburban, and rural communities. Located north of New York City (NYC), it comprises 12.1% of the NYS population [Table 1]. The seven counties are Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties. The population is becoming more ethnically diverse, with particular growth in Hispanic communities [see Table 4 and 5]. The M-H Region, like the nation, is aging with the fastest growing demographic, those being over 60 years old.

The M-H region borders NYC and New Jersey to the south; New Jersey and Pennsylvania to the west; Greene and Columbia counties to the north; and Massachusetts and Connecticut to the east. See map in Appendix A. The Region is a topically diverse landscape with the rural Catskill Mountains, the Shawangunk Ridge, parts of the NYC watershed, and the Hudson River flowing through it.

The Region benefits from its close proximity to NYC. Commuter rail lines and many highways make travel easy for commuters. Major industries include healthcare, education, retail, and government. Tourism is a major economic driver with extensive parklands, historic landmarks, arts, culture, shopping, and recreational activities. There are over 40 colleges and universities leading to a highly educated workforce [see Table 8].

DUTCHESS COUNTY

Dutchess County is in the center of the M-H Region, midway between NYC and NYS' capital, Albany. The western border includes 30 miles of Hudson River shoreline with Connecticut forming the eastern border. Dutchess County is 825 square miles, made up of 30 municipalities, consisting of two cities, 20 towns, and eight villages. Dutchess County has 13 public school districts and is also home to five colleges and universities. The southwestern region of Dutchess County is the most densely populated part of the county and includes the cities of Beacon and the county seat, Poughkeepsie. The rest of the county is predominantly suburban and rural. See map in Appendix B.

ORANGE COUNTY

Orange County is located approximately 40 miles north of NYC. The county is positioned between the Hudson River in the east and the Delaware River in the west, the only county in NYS to border both rivers. Ulster and Sullivan Counties border Orange County on the north, and Rockland County is located to the south. The states of New Jersey and Pennsylvania are located on the southwest borders of the county. Orange County is 812 square miles[6] and is a diverse mix of rural, farmland, suburban, and urban areas. Orange County communities include three cities, 21 towns, and 19 villages. Nearly 17% of the county's total population resides in its three cities of Middletown, Newburgh, and Port Jervis.[7] Orange County has 19 public school districts and is also home to four colleges, universities, and medical schools. See map in Appendix C.

PUTNAM COUNTY

Approximately 60 miles north of New York City, Putnam County blends suburban neighborhoods, lake front communities, rural areas, farmlands, parklands, and reservoirs. It is bordered by Connecticut to the east, the Hudson River to the west, Dutchess County to the north and Westchester County to the south. Six towns and three villages comprise the 230-square-mile county. There are six public school districts and no colleges or universities. Open space dominates its landscape, highlighted by Clarence Fahnestock State Park, a preserve covering nearly 10% of the county's total area. See map in Appendix D.

ROCKLAND COUNTY

Rockland County is located approximately 30 miles north and west of NYC on the west side of the Hudson River. The county is a popular residence for people who commute to jobs in nearby Westchester and Bergen Counties, as well as NYC. Rockland County is bordered by Orange County to the north and New Jersey to the south and west. Home to eight public school districts and four colleges and universities, the 199-square mile area of Rockland County includes five towns and 18 villages. This county of 120,000 acres is designated a Preserve America Community, containing more than 35,000 acres of preserved open space and parkland, just under one third of the county by area. See map in Appendix E.

SULLIVAN COUNTY

Sullivan County is a rural community in the northwestern part of the M-H Region. It is located approximately 75 miles northwest of NYC in the Catskill Mountains. The county is bordered by Delaware County to the north, Ulster County to the east, Orange County to the south, and Pennsylvania to the west. Home to seven public school districts and one two-year college, the 997-square mile area includes 15 towns and seven villages. See map in Appendix F.

ULSTER COUNTY

Ulster County is located in the southeast part of NYS, south of Albany and immediately west of the Hudson River. Bordered by Greene County to the north, Delaware County to the northwest, Sullivan County to the southwest, Orange County to the south, and Dutchess County across the Hudson River to the east, much of Ulster County can be characterized as suburban and semi-rural. The county has only one major urban area, the city of Kingston, located in the eastern central portion of the county, and encompassing just 7.4 square miles of the county's total area. The rest of the county is comprised of 20 towns and three villages. Ulster County is home to nine school districts and two colleges and universities within its 1,161-square mile area. See map in Appendix G.

WESTCHESTER COUNTY

Westchester County is located just north of NYC, with an area of about 450 square miles. It is bordered on the west by the Hudson River, on the north by Putnam County, and on the east by the Long Island Sound and Connecticut's Fairfield County. Within its 48 municipalities, Westchester County can be described as predominately a mix of urban and suburban communities. Comprised of six cities, 19 towns, and 23 villages, the county is home to 43 public school districts and 24 colleges and universities. See map in Appendix H.

DEMOGRAPHIC SUMMARY

POPULATION

In 2023, New York State's (NYS) population was nearly 20 million. When excluding New York City (NYC), the population was 11,356,117. The Mid-Hudson Region (M-H Region) made up 12.1% of NYS' population and includes the seven counties of Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester. Westchester County comprised the largest portion of the M-H Region's population at 41.6%, while Sullivan County made up only 3.3% of the M-H Region [see Table 1].

The population of the M-H Region grew 4.7% from 2010 to 2020. In those 10 years, growth increased most rapidly in Rockland (7.9%) and Orange (7.1%). Putnam (-2.1%), and Ulster (-0.4%) had negative growth.[7]

Table 1

Population Demographic Characteristics, 2023			
	Total Population	**Percent of Mid-Hudson Region**	**Percent of NYS**
Dutchess	297,144	12.4	1.5
Orange	403,840	16.9	2.0
Putnam	97,988	4.1	0.5
Rockland	338,936	14.1	1.7
Sullivan	79,147	3.3	0.4
Ulster	182,109	7.6	0.9
Westchester	996,888	41.6	5.0
Mid-Hudson	2,396,052	100.0	12.1
NYS excl NYC	11;356,117	N/A	57.1
NYS	19,872,319	N/A	100.0

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table S0101, April 2025

[7] United States Census Bureau, 2025, https://data.census.gov/cedsci/table?q=decennial%20population&g=0500000US36027%248600000,36071%248600000,36079%248600000,36087%248600000,36105%248600000,36111%248600000,36119%248600000&d=DEC%20Summary%20File%201&tid=DECENNIALSF12010.P1, accessed August 2025

SEX

When stratifying the population by sex in 2023, the M-H Region had a near-even distribution between males and females [see Table 2]. Apart from Putnam and Sullivan Counties, the M-H Region had a slightly higher percentage of females than males. The same is true for NYS, as well as NYS excluding NYC.

Table 2

Population by Sex, 2023				
	Male		Female	
	Total Population	%	Total Population	%
Dutchess	147,902	49.8	149,242	50.2
Orange	201,512	49.9	202,328	50.1
Putnam	49,503	50.5	48,485	49.5
Rockland	167,624	49.5	171,312	50.5
Sullivan	40,993	51.8	38,154	48.2
Ulster	90,719	49.8	91,390	50.2
Westchester	485,985	48.8	510,903	51.2
Mid-Hudson	1,184,238	49.4	1,211,814	50.6
NYS excl NYC	5,614,391	49.4	5,741,726	50.6
NYS	9,702,417	48.8	10,169,902	51.2

Note: The American Community Survey includes a question that intends to capture current sex; there are no questions about gender, sexual orientation, or sex at birth. Respondents should respond either "male" or "female" based on how they currently identify their sex.
Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table S0101, April 2025
https://data.census.gov/table/ACSST5Y2023.S0101?q=s0101&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36

AGE

Throughout the M-H Region, adults aged 50 to 59 years made up the largest portion of the population (13.8%) [see Table 3]. Children aged less than five years and five to nine years, as well as adults aged 40 to 49 years and 60 to 69 years, were similarly distributed throughout the M-H Region, with Ulster County having the greatest difference between adults aged 60 to 69 years and children less than five years old (14.4% vs 4.4%).

Table 3

Population by Age, 2023

	<5 years		5-9 years		10-19 years		20-29 years		30-39 years	
	Total Population	%	Total Population	%	Total Population	%	Total Population	%	Total Population	%
Dutchess	13,613	4.6	14,448	4.9	37,031	12.5	38,178	12.8	35,520	12.0
Orange	27,143	6.7	27,679	6.9	61,718	15.3	52,658	13.0	48,459	12.0
Putnam	4,521	4.6	4,320	4.4	12,426	12.7	10,922	11.1	11,264	11.5
Rockland	28,957	8.5	27,051	8.0	52,692	15.5	41,742	12.3	38,885	11.5
Sullivan	4,656	5.9	4,969	6.3	9,343	11.8	9,032	11.4	9,668	12.2
Ulster	7,926	4.4	8,802	4.8	19,831	10.9	22,175	12.2	23,060	12.7
Westchester	53,282	5.3	57,324	5.8	129,780	13.0	115,269	11.6	121,312	12.2
Mid-Hudson	140,098	5.8	144,593	6.0	322,821	13.5	289,976	12.1	288,168	12.0
NYS excl NYC	604,728	5.3	640,751	5.6	1,454,784	12.8	1,442,397	12.7	1,393,651	12.3
NYS	1,102,961	5.6	1,102,946	5.6	2,413,200	12.1	2,658,703	13.4	2,751,639	13.8

Population by Age, 2023 (continued)

	40-49 years		50-59 years		60-69 years		70-79 years		>80 years		<18 years	
	Total Population	%	Total Population	%	Total Population	%	Total Population	%	Total Population	%	Total Population	%
Dutchess	36,796	12.4	43,025	14.5	41,707	14.0	23,935	8.1	12,891	4.3	55,342	18.6
Orange	49,782	12.3	52,995	13.1	45,285	11.2	25,081	6.2	13,040	3.2	103,740	25.7
Putnam	13,032	13.3	15,538	15.9	13,386	13.7	8,739	8.9	3,840	3.9	19,180	19.6
Rockland	36,560	10.8	40,115	11.8	35,529	10.5	23,713	7.0	13,692	4.0	99,733	29.4
Sullivan	9,486	12.0	11,009	13.9	10,980	13.9	7,087	9.0	2,917	3.7	16,947	21.4
Ulster	22,177	12.2	26,342	14.5	26,250	14.4	16,546	9.1	9,000	4.9	31,636	17.4
Westchester	133,617	13.4	141,210	14.2	121,875	12.2	74,727	7.5	48,492	4.9	214,739	21.5
Mid-Hudson	301,450	12.6	330,234	13.8	295,012	12.3	179,828	7.5	103,872	4.3	541,317	22.6
NYS excl NYC	1,343,897	11.8	1,566,110	13.8	1,485,429	13.1	919,800	8.1	504,570	4.4	2,369,080	20.9
NYS	2,422,399	12.2	2,638,363	13.3	2,425,309	12.2	1,511,287	7.6	845,512	4.3	4,109,277	20.7

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table S0101, April 2025
https://data.census.gov/table/ACSST5Y2023.S0101?q=s0101&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36

ETHNICITY AND RACE

In 2023, the majority of the population in the M-H Region and NYS were non-Hispanic White (58.5% and 53.4%, respectively). The Hispanic population was the second most predominant racial/ethnic group, followed by the non-Hispanic Black population. Within the M-H Region, Westchester County had the highest Hispanic population (27.0%), the highest non-Hispanic Black population (12.9%), and the highest non-Hispanic Asian population (6.0%). Westchester County's racial/ethnic profile is most like that of NYS'; however, the percentage of non-Hispanic Whites significantly increases when looking at NYS excluding NYC [see Tables 4 and 5].

Table 4

Population by Ethnicity, 2023				
	Hispanic		**Non-Hispanic**	
	Total Population	%	**Total Population**	%
Dutchess	44,153	14.9	252,991	85.1
Orange	93608	23.2	310,232	76.8
Putnam	18,676	19.1	79,312	80.9
Rockland	67,951	20.0	270,985	80.0
Sullivan	14,544	18.4	64,603	81.6
Ulster	21,562	11.8	160,547	88.2
Westchester	269,085	27.0	727,803	73.0
Mid-Hudson	529,579	22.1	1,866,473	77.9
NYS excl NYC	1478113.0	13.0	9878004.0	87.0
NYS	3,898,652	19.6	15,973,667	80.4

Note: The Census Bureau collects ethnic data in accordance with guidelines provided by the US Office of Management and Budget (OMB) and these data are based on self-identification. For ethnicity, the OMB standards classify individuals in one of two categories: "Hispanic or Latino" or "Not Hispanic or Latino." The Census Bureau uses the term "Hispanic or Latino" interchangeably with the term "Hispanic," and also refer to this concept as "ethnicity.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table B03002, April 2025

https://data.census.gov/table/ACSDT5Y2023.B03002?q=b03002&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36

Table 5

Population by Race, 2023								
	Non-Hispanic White		Non-Hispanic Black or African American		Non-Hispanic American Indian and Alaskan Native		Non-Hispanic Asian	
	Total Population	%	Total Population	%	Total Population	%	Total Population	%
Dutchess	199,670	67.2	28,024	9.4	222	0.07	10,044	3.4
Orange	239,186	59.2	42,478	10.5	438	0.11	11,223	2.8
Putnam	70,948	72.4	2,894	3.0	81	0.08	2255	2.3
Rockland	205,539	60.6	35,626	10.5	181	0.05	19,772	5.8
Sullivan	53,145	67.1	6,263	7.9	120	0.15	1584	2.0
Ulster	133,874	73.5	10,347	5.7	66	0.04	3,675	2.0
Westchester	498,855	50.0	128,199	12.9	1,197	0.12	59,912	6.0
Mid-Hudson	1,401,217	58.5	253,831	10.6	2,305	0.10	108,465	4.5
NYS excl NYC	7,942,876	69.9	934,322	8.2	21,069	0.19	518,716	4.6
NYS	10,608,842	53.4	2,708,094	13.6	37,212	0.19	1,754,957	8.8

Population by Race, 2023 (continued)						
	Non-Hispanic Native Hawaiian and Other Pacific Islander		Non-Hispanic Other		Non-Hispanic Two or More Races	
	Total Population	%	Total Population	%	Total Population	%
Dutchess	117	0.04	2,206	0.7	12,708	4.3
Orange	26	0.01	2,563	0.6	14,318	3.5
Putnam	24	0.02	788	0.8	2322	2.4
Rockland	38	0.01	1,921	0.6	7,908	2.3
Sullivan	11	0.01	533	0.7	2947	3.7
Ulster	40	0.02	2,242	1.2	10,303	5.7
Westchester	96	0.01	10,638	1.1	28,906	2.9
Mid-Hudson	352	0.01	20,891	0.9	79,412	3.3
NYS excl NYC	2,610	0.02	70,553	0.6	387,858	3.4
NYS	6,220	0.03	178,956	0.9	679,386	3.4

Note: The Census Bureau collects racial data in accordance with guidelines provided by the US Office of Management and Budget, and these data are based on self-identification. People who identify with more than one race may choose to provide multiple races in response to the race question.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table B03002, April 2025
https://data.census.gov/table/ACSDT5Y2023.B03002?q=b03002&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36

SPOKEN LANGUAGE

According to the *American Community Survey*, the base population for the spoken language demographic category was people aged five years and older. Of this population, English was the most common spoken language in the M-H Region and NYS. A significant portion of the population spoke a language other than English at home, specifically in Rockland and Westchester Counties (43.6% and 34.3%, respectively). The Spanish speaking population was highest in Westchester County (21.0%) compared to the other counties in the M-H Region [see Table 6].

Table 6

Population by Spoken Language, 2023

	Only English		Language other than English		Spanish	
	Total Population	%	Total Population	%	Total Population	%
Dutchess	238,585	84.1	44,946	15.9	26,003	9.2
Orange	266,545	70.8	110,152	29.2	55,418	15
Putnam	73,860	79.0	19,607	21.0	11,733	13
Rockland	174,907	56.4	135,072	43.6	46,360	15.0
Sullivan	59,484	79.9	15,007	20.1	8,639	12
Ulster	152,966	87.8	21,217	12.2	11,924	6.8
Westchester	619,503	65.7	324,103	34.3	196,271	21
Mid-Hudson	1,585,850	54.2	670,104	22.9	356,348	12.2
NYS excl NYC	8,808,643	69.4	1,942,746	15.3	940,527	12.2
NYS	13,017,480	69.4	5,751,878	30.6	2,762,664	15

Population by Spoken Language, 2023 (continued)

	Other Indo-European languages		Asian and Pacific Islander languages		Other languages	
	Total Population	%	Total Population	%	Total Population	%
Dutchess	10,769	3.8	5,267	1.9	2,907	1.0
Orange	45,346	12	6,298	1.7	3,090	0.8
Putnam	5,687	6.1	1,504	1.6	683	0.7
Rockland	69,600	22.5	12,024	3.9	7,088	2.3
Sullivan	4,877	6.5	819	1.1	672	0.9
Ulster	5,602	3.2	2,679	1.5	1012	0.6
Westchester	78,915	8.4	32,889	3.5	16,028	1.7
Mid-Hudson	220,796	7.5	61,480	2.1	31,480	1.1
NYS excl NYC	632,717	5.0	258,104	2.0	111,398	0.9
NYS	1,679,571	8.9	958,133	5.1	351,510	1.9

Note: The American Community Survey asks respondents to report whether they sometimes or always spoke a language other than English at home. People who spoke languages other than English but did not use them at home, who only used them elsewhere, or whose usage was limited to a few expressions or slang were excluded.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table S1601, April 2025 *https://data.census.gov/table/ACSST5Y2023.S1601?q=s1601&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36*

EDUCATIONAL ATTAINMENT

According to the *American Community Survey*, the base population for the educational attainment demographic category were people aged 25 years and older [see Table 7]. Of this population, when looking at the M-H Region, NYS, and NYS excluding NYC, the largest portion of residents had a high school degree (22.4%, 24.6%, and 25.8%, respectively) [see Table 7].

Table 7

Population 25 Years and Older, 2023	
	Total Population
Dutchess	211,380
Orange	258,632
Putnam	71,149
Rockland	208,594
Sullivan	55,761
Ulster	134,325
Westchester	697,202
Mid-Hudson	1,637,043
NYS excl NYC	7,905,485
NYS	13,996,138

Note: The Census Bureau defines educational attainment as the highest level of education that an individual has completed. This is distinct from the level of schooling that an individual is attending.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table S1501, April 2025 *https://data.census.gov/table/ACSST5Y2020.S1501?q=s1501&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36&tid=ACSST5Y2020.S1501*

Within the seven counties of the M-H Region, Westchester, Putnam, and Rockland Counties had the highest percentage of people with bachelor's degrees (26.0%, 24.2%, and 23.2%, respectively), while Sullivan had the lowest percentage (17.0 %). Sullivan, Orange, and Dutchess Counties had the highest percentage of people with associate degrees (10.3%, 10.3%, and 10.1%, respectively). A significant portion of the population in the M-H Region were high school graduates or held a bachelor's degree [see Table 8].

Table 8

Population by Educational Attainment, 2023

	Less than 9th grade		9th to 12th grade, no diploma		High school graduate or equivalent		Some college, no degree	
	N	%	N	%	N	%	N	%
Dutchess	6,262	3.0	11,055	5.2	52,992	25.1	35,689	16.9
Orange	10,091	3.9	16,609	6.4	72,466	28.0	49,355	19.1
Putnam	2,255	3.2	2,536	3.6	17,647	24.8	11,728	16.5
Rockland	11,800	5.7	13,858	6.6	45,118	21.6	33,790	16.2
Sullivan	2,755	4.9	4,129	7.4	16,623	29.8	9,973	17.9
Ulster	3,463	2.6	7,622	5.7	37,570	28.0	22,968	17.1
Westchester	37,761	5.4	36,459	5.2	124,954	17.9	87,534	12.6
Mid-Hudson	74,387	4.5	92,268	5.6	367,370	22.4	251,037	15.3
NYS excl NYC	300,738	3.8	403,754	5.1	2,039,454	25.8	1,277,348	16.2
NYS	836,124	6.0	862,413	6.2	3,437,438	24.6	2,081,783	14.9

Population by Educational Attainment, 2023 (continued)

	Associate degree		Bachelor's degree		Graduate or professional degree	
	N	%	N	%	N	%
Dutchess	21,410	10.1	44,414	21.0	39,558	18.7
Orange	26,722	10.3	46,977	18.2	36,412	14.1
Putnam	6,002	8.4	17,222	24.2	13,759	19.3
Rockland	16,169	7.8	48,405	23.2	39,454	18.9
Sullivan	5,728	10.3	9,476	17.0	7,077	12.7
Ulster	12,934	9.6	27,094	20.2	22,674	16.9
Westchester	44,393	6.4	181,482	26.0	184,619	26.5
Mid-Hudson	133,358	8.1	375,070	22.9	343,553	21.0
NYS excl NYC	847,708	10.7	1,643,943	20.8	1,392,540	17.6
NYS	1,242,877	8.9	3,083,769	22.0	2,451,734	17.5

Note: The Census Bureau defines educational attainment as the highest level of education that an individual has completed. This is distinct from the level of schooling that an individual is attending.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table S1501, April 2025 https://data.census.gov/table/ACSST5Y2020.S1501?q=s1501&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36&tid=ACSST5Y2020.S1501

INCOME

Income can affect many aspects of life. This includes where people are able to live, the food and health care coverage available, and almost every other social determinant of health.[8]

According to the *American Community Survey*, the base population for the income demographic category were households (all the persons who occupy a housing unit as their usual place of residence) [see Table 9].

Table 9

Total Households, 2023	
	Households
Dutchess	115,184
Orange	137,311
Putnam	35,054
Rockland	103,284
Sullivan	30,215
Ulster	73,105
Westchester	370,256
Mid-Hudson	864,409
NYS excl NYC	4,355,640
NYS	7,668,956

Note: The American Community Survey defines a household as all the people who occupy a housing unit, such as a house or apartment, as their usual place of residence (the place where they live most of the time). This includes both related family members and any unrelated people living in the same unit.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table S1901, April 2025 *https://data.census.gov/table/ACSST5Y2023.S1901?q=s1901&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36*

[8] Robert Wood Johnson Foundation, 2013, https://www.rwjf.org/en/library/research/2012/12/how-does-employment--or-unemployment--affect-health-.html, accessed August 2025

Of this population, the largest portion of households in the M-H Region had an income greater than $100,000 in 2023. More than one fifth of the households in Putnam County were making between $100,000 and $149,999 in 2023 (20.9%). There were many households with an income between $50,000 and $74,999 in the M-H Region and NYS; 17.0% of households in Sullivan County had an income within this bracket [see Table 10].

Table 10

Households by Income, 2023										
	<$10,000		$10,000-$14,999		$15,000-$24,999		$25,000-$34,999		$35,000-$49,999	
	Total Population	%	Total Population	%	Total Population	%	Total Population	%	Total Population	%
Dutchess	4,723	4.1	2,649	2.3	5,298	4.6	6,105	5.3	9,906	8.6
Orange	5,492	4.0	4,119	3.0	8,651	6.3	7,003	5.1	10,985	8.0
Putnam	841.296	2.4	630.972	1.8	1,472	4.2	1,402	4.0	2,033	5.8
Rockland	3,822	3.7	2,169	2.1	5,784	5.6	5,474	5.3	7,746	7.5
Sullivan	1,420	4.7	1,481	4.9	2,327	7.7	2,447	8.1	3,384	11.2
Ulster	4,021	5.5	2,778	3.8	4,606	6.3	4,752	6.5	7,384	10.1
Westchester	17,402	4.7	9,997	2.7	17,032	4.6	15,180	4.1	27,029	7.3
Mid-Hudson	37,721	4.4	23,824	2.8	45,169	5.2	42,364	4.9	68,467	7.9
NYS excl NYC	201,885	4.6	142,135	3.3	266,550	6.1	266,736	6.1	402,990	9.3
NYS	437,130	5.7	314,427	4.1	498,482	6.5	475,475	6.2	697,875	9.1
Households by Income, 2023 (continued)										
	$50,000-$74,999		$75,000-$99,999		$100,000-$149,999		$150,000-$199,999		>$200,000	
	Total Population	%	Total Population	%	Total Population	%	Total Population	%	Total Population	%
Dutchess	15,780	13.7	14,513	12.6	22,346	19.4	13,822	12.0	20,042	17.4
Orange	18,125	13.2	16,340	11.9	27,188	19.8	18,125	13.2	21,421	15.6
Putnam	3,926	11.2	3,365	9.6	7,326	20.9	5,503	15.7	8,553	24.4
Rockland	11,878	11.5	10,328	10.0	18,281	17.7	12,394	12.0	25,408	24.6
Sullivan	5,137	17.0	3,807	12.6	4,442	14.7	2,478	8.2	3,293	10.9
Ulster	10,527	14.4	8,334	11.4	13,378	18.3	7,384	10.1	9,942	13.6
Westchester	37,766	10.2	36,285	9.8	59,241	16.0	39,988	10.8	110,336	29.8
Mid-Hudson	103,139	11.9	92,973	10.8	152,202	17.6	99,694	11.5	198,996	23.0
NYS excl NYC	617,645	14.2	516,423	11.9	781,447	17.9	466,426	10.7	701,072	16.1
NYS	1,058,316	13.8	874,261	11.4	1,288,385	16.8	774,565	10.1	1,257,709	16.4

Note: The American Community Survey asks respondents their income in the past 12 months. Data are provided as a percentage of total households in Table S1901. Calculations were made to provide data as a number in Table 9.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table S1901, April 2025 https://data.census.gov/table/ACSST5Y2023.S1901?q=s1901&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36

VETERAN STATUS

Veteran status includes men and women who served, but are not currently serving, on active duty in the United States (US) Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the US Merchant Marines during World War II. Some issues that veterans experience following their service include finding a new career path, reestablishing themselves in society and families, and seeking treatment for mental health issues.[9] In the M-H Region, Sullivan County had the highest percentage of civilian veterans (6.0%), double the percentage of civilian veterans in Rockland and Westchester Counties (3.0% in each) [see Table 11]. Overall, there is a smaller percentage of civilian veterans in the M-H Region compared to NYS excluding NYC (3.9% vs 5.3%, respectively).

Table 11

Population by Veteran Status, 2023			
	Civilian Population 18 Years and Older	**Civilian Veterans**	
	Total Population	Total Population	%
Dutchess	241,517	11,694	4.8
Orange	296,319	16,695	5.6
Putnam	78,712	3,320	4.2
Rockland	239,088	7,130	3.0
Sullivan	62,181	3,713	6.0
Ulster	150,409	6,711	4.5
Westchester	781,837	23,744	3.0
Mid-Hudson	1,850,063	73,007	3.9
NYS excl NYC	8,964,773	478,417	5.3
NYS	15,737,168	607,728	3.9

Note: The American Community Survey asks respondents if they have ever served on active duty in the US Armed Forces.
Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table S2101, April 2025
https://data.census.gov/table/ACSST5Y2023.S2101?q=s2101+&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36

[9] Blinded Veterans Association, 2019, https://bva.org/challenges-veterans-face-when-leaving-the-military/#:~:text=Many%20veterans%20struggle%20to%20find%20work%20after%20they,the%20education%20that%20is%20necessary%20for%20many%20jobs, accessed August 2025

DISABILITY

According to the World Health Organization (WHO), disability bears three dimensions: impairment to body structure or mental function; activity limitation, such as difficulty hearing, moving, or problem-solving; and participation restrictions in daily activities, such as working, engaging in social or recreational activities, or accessing health care and preventive services.[10] Adults with a disability typically have higher rates of chronic disease, such as obesity, heart disease, and diabetes.[11] Structural and societal barriers can limit the ability to participate in work, recreation, and programs aimed at promoting healthy living for those living with a disability.

Various types of disabilities can affect an individual's quality of life. Types of disability include:

- Independent living disability – difficulty performing tasks or errands alone, such as visiting a doctor's office or shopping due to a physical, mental, or emotional condition
- Cognitive disability – serious difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition
- Self-care disability – difficulty handling tasks, such as dressing or bathing on one's own
- Ambulatory disability – difficulty moving around physically, such as walking or climbing stairs
- Hearing disability – deafness or serious difficulty hearing
- Vision disability – blindness or serious difficulty seeing, even when wearing glasses

[10] Centers for Disease Control and Prevention, Disability and Health Overview, 2025, https://www.cdc.gov/disability-and-health/about/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html, accessed August 2025

[11] New York State Department of Health, 2019, https://www.health.ny.gov/statistics/prevention/injury_prevention/information_for_action/docs/2019-12_ifa_report.pdf, accessed August 2025

In the M-H Region, Sullivan County had the highest percentage of adults living with a disability (15.9%), as well as the highest percentage of adults living with each of the six types of disabilities; Rockland County had the lowest percentage of adults living with a disability (8.7%) [see Table 12].

Table 12

Percentage of Population by Type of Disability, 2023							
	Total with Any Disability	**Hearing Difficulty**	**Vision Difficulty**	**Cognitive Difficulty**	**Ambulatory Difficulty**	**Self-care Difficulty**	**Independent Living Difficulty**
Dutchess	12.2	3.5	2.0	4.7	6.3	2.6	5.9
Orange	11.7	3.2	2.1	5.4	6.3	2.9	6.2
Putnam	9.6	2.8	1.4	3.5	5.4	2.4	4.6
Rockland	8.7	2.7	1.4	3.4	4.4	2.2	4.5
Sullivan	15.9	4.4	3.0	6.4	9.1	3.7	7.2
Ulster	14.4	4.2	2.3	5.1	7.4	3.0	6.0
Westchester	9.5	2.5	1.6	3.7	5.3	2.3	4.8
Mid-Hudson	10.2	2.8	1.7	3.8	5.2	2.3	3.9
NYS	11.6	2.8	2.1	4.5	6.6	2.7	5.7

Note: Respondents who report any one of the six disability types are considered to have a disability in the American Community Survey.
Source: US Census Bureau; American Community Survey, 2020 American Community Survey 5-year estimates, Table S1810, April 2025
https://data.census.gov/table?q=s1810&g=050XX00US36105,36027,36071,36119,36087,36079,36111_160XX00US3651000_040XX00US36

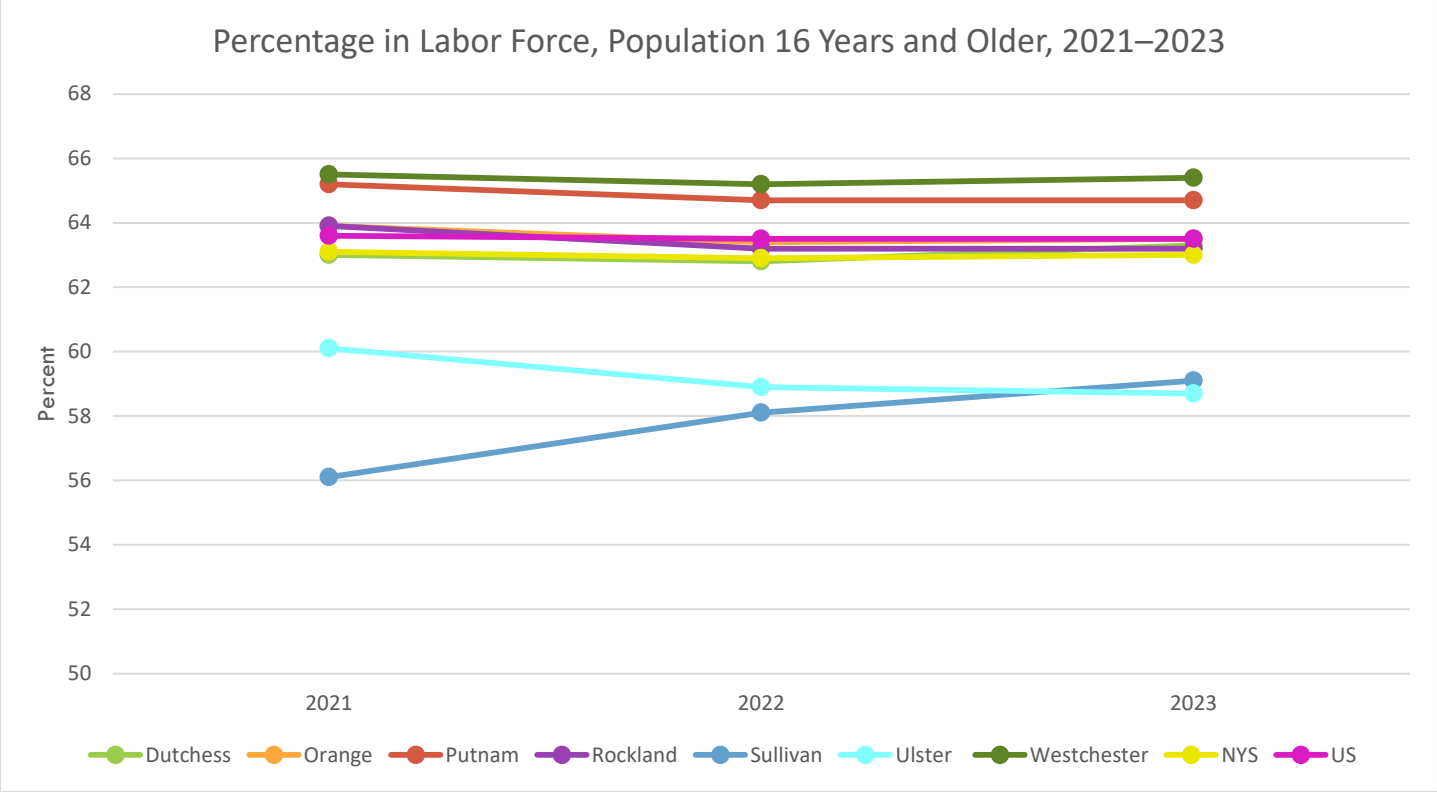
EMPLOYMENT

Occupation and employment affect individual health in various aspects. Those with steady employment tend to have better health outcomes in both mental and physical health conditions than those who are unemployed. Even within employed populations, there are disparities between those with high-paying and low-paying jobs.[12]

[12] Robert Wood Johnson Foundation, 2013, https://www.rwjf.org/en/library/research/2012/12/how-does-employment--or-unemployment--affect-health-.html, accessed August 2025

Putnam and Westchester Counties had the highest percentage of individuals in the labor force (64.7% and 65.4%, respectively) in 2023. Ulster County had the lowest percentage of individuals in the labor force (58.7%), which is lower than both the New York State (NYS) and United States (US) rate [see Figure 1]. Putnam County continues to have the lowest unemployment rate (4.8% in 2021 and 4.1% in 2023) in the Mid-Hudson Region (M-H Region). All of the counties in the M-H Region have a lower unemployment rate than NYS' rate of 6.2%. Sullivan County has the highest unemployment rate in the region at 6.1% [see Figure 2].

Figure 1

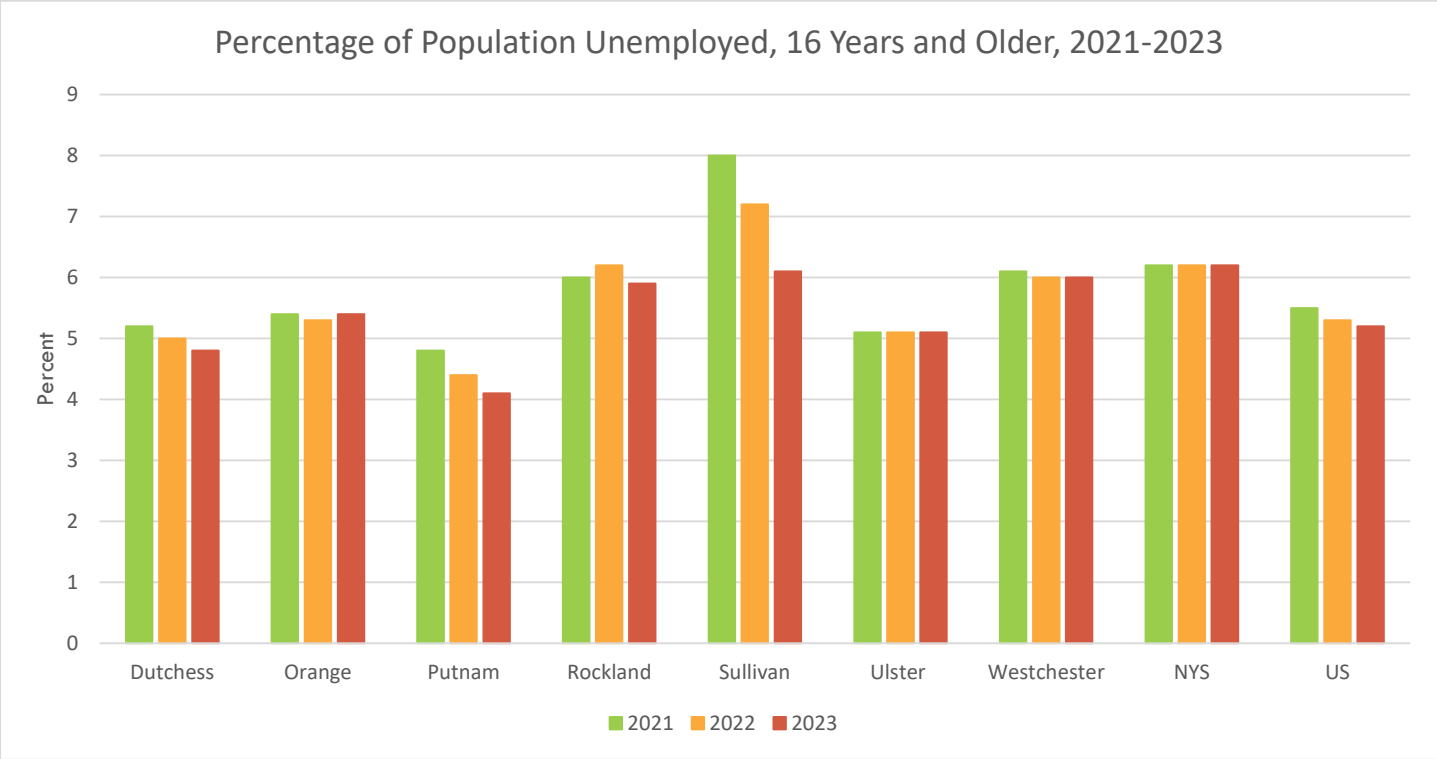


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS	US
2021	63.0	63.9	65.2	63.9	56.1	60.1	65.5	63.1	63.6
2022	62.8	63.4	64.7	63.2	58.1	58.9	65.2	62.9	63.5
2023	63.3	63.5	64.7	63.2	59.1	58.7	65.4	63.0	63.5

Note: Y-axis does not begin at zero in order to clearly display trend lines. The American Community Survey asks respondents if they have worked in the past week. If the answer is no, they are asked why they are not working. For those who are not working, they are asked whether they plan to return to work, and when they last worked. Labor Force refers to the total number of people who are either employed or unemployed and actively seeking work, plus members of the US Armed Forces.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table DP03, April 2025 *https://data.census.gov/table/ACSDP5Y2023.DP03?q=dp03&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36_010XX00US*

Figure 2



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS	US
2021	5.2	5.4	4.8	6.0	8.0	5.1	6.1	6.2	5.5
2022	5.0	5.3	4.4	6.2	7.2	5.1	6.0	6.2	5.3
2023	4.8	5.4	4.1	5.9	6.1	5.1	6.0	6.2	5.2

Note: The American Community Survey asks respondents if they have worked in the past week. If the answer is no, they are asked why they are not working. For those who are not working, they are asked whether they plan to return to work, and when they last worked.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table DP03, April 2025 *https://data.census.gov/table/ACSDP5Y2023.DP03?q=dp03&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36_010XX00US*

FOOD INSECURITY

Food insecurity can be defined as the disruption of food intake or eating patterns due to lack of money and other resources.[13] Access to food plays an essential role in living a healthy lifestyle; those who face food insecurity are often forced to choose between food and other essentials, such as housing, utilities, and medical care.

Children are affected by food insecurity at a higher rate than the general population. Healthy food plays a key role in a child's development. Children who face hunger are more likely to struggle in school, face developmental impairments, and have more social and behavioral problems than children who do not face hunger.[14]

Other populations more vulnerable to food insecurity than the overall population include:[15]

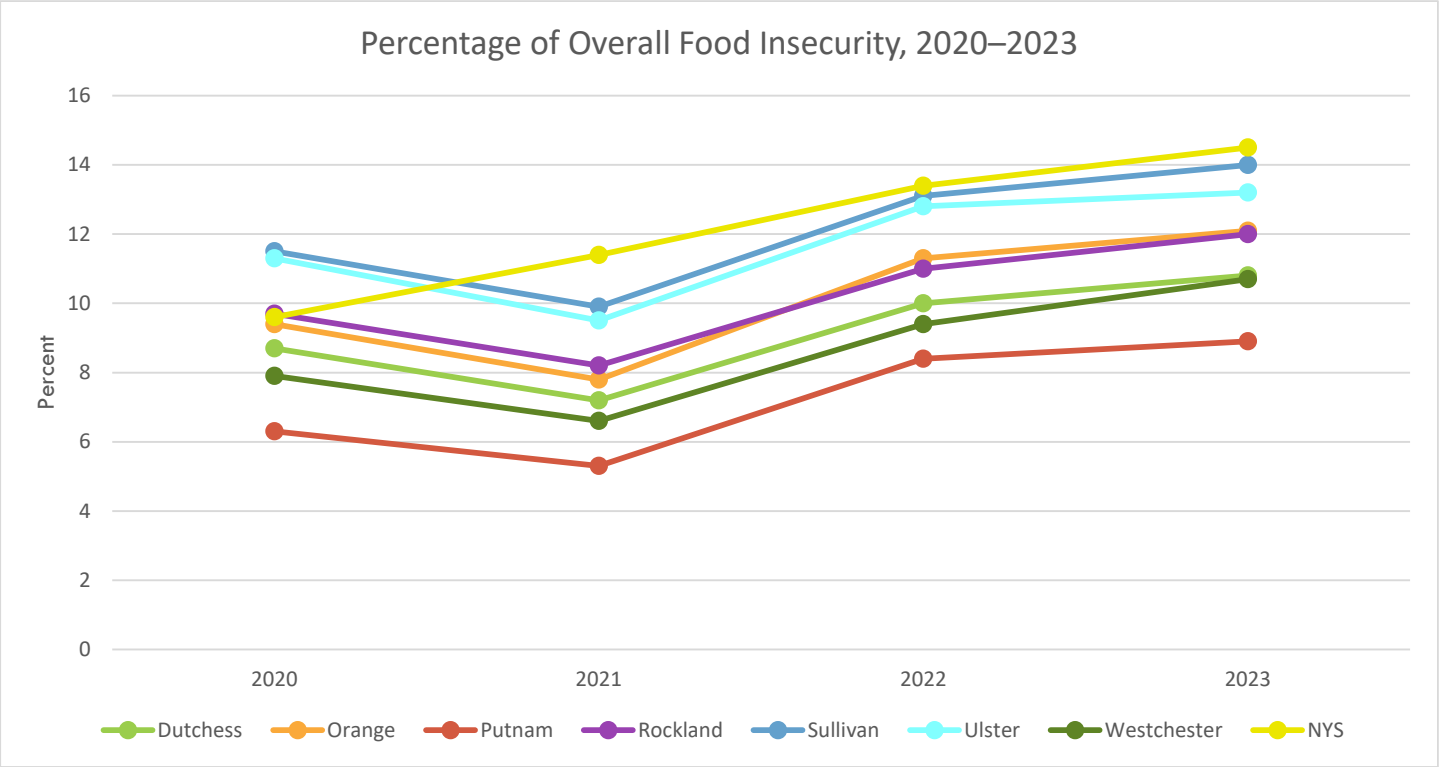
- Senior Populations
- Those living in rural communities
- Black Populations
- Hispanic Populations
- Those living in poverty

Feeding America used data from the US Census Bureau Current Population Survey (CPS) to generate food insecurity rates. The CPS included two questions relevant for this determination. First, a question asks if a household needed more, less, or the same amount of money to meet their basic food needs. Second, those that respond "more" are asked an additional question about how much more money they need to meet their basic food needs.[16]

Putnam County had the lowest food insecurity rate in the M-H Region at 8.9% (2023), as they have for all data listed dating back to 2020. The county with the highest rate of food insecurity was Sullivan County at 14.0%, but this was still lower than NYS' rate of 14.5% [see Figure 3]. Childhood food insecurity in the region sees the same trends across counties with Sullivan having the highest rate at 19.9% and Putnam having the lowest at 6.6% [see Figure 4].

[13] Healthy People 2030, US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2025 https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity, accessed August 2025
[14] Feeding America, 2025, https://www.feedingamerica.org/hunger-in-america/child-hunger-facts#:~:text=Poor%20academic%20performance,%2C%20playing%20sports%2C%20and%20graduating, accessed August 2025
[15] Feeding America, 2023, https://www.feedingamerica.org/hunger-in-america, accessed August 2025
[16] Feeding America, 2023, https://www.feedingamerica.org/sites/default/files/2023-05/Map%20the%20Meal%20Gap%202023.pdf, accessed August 2025

Figure 3



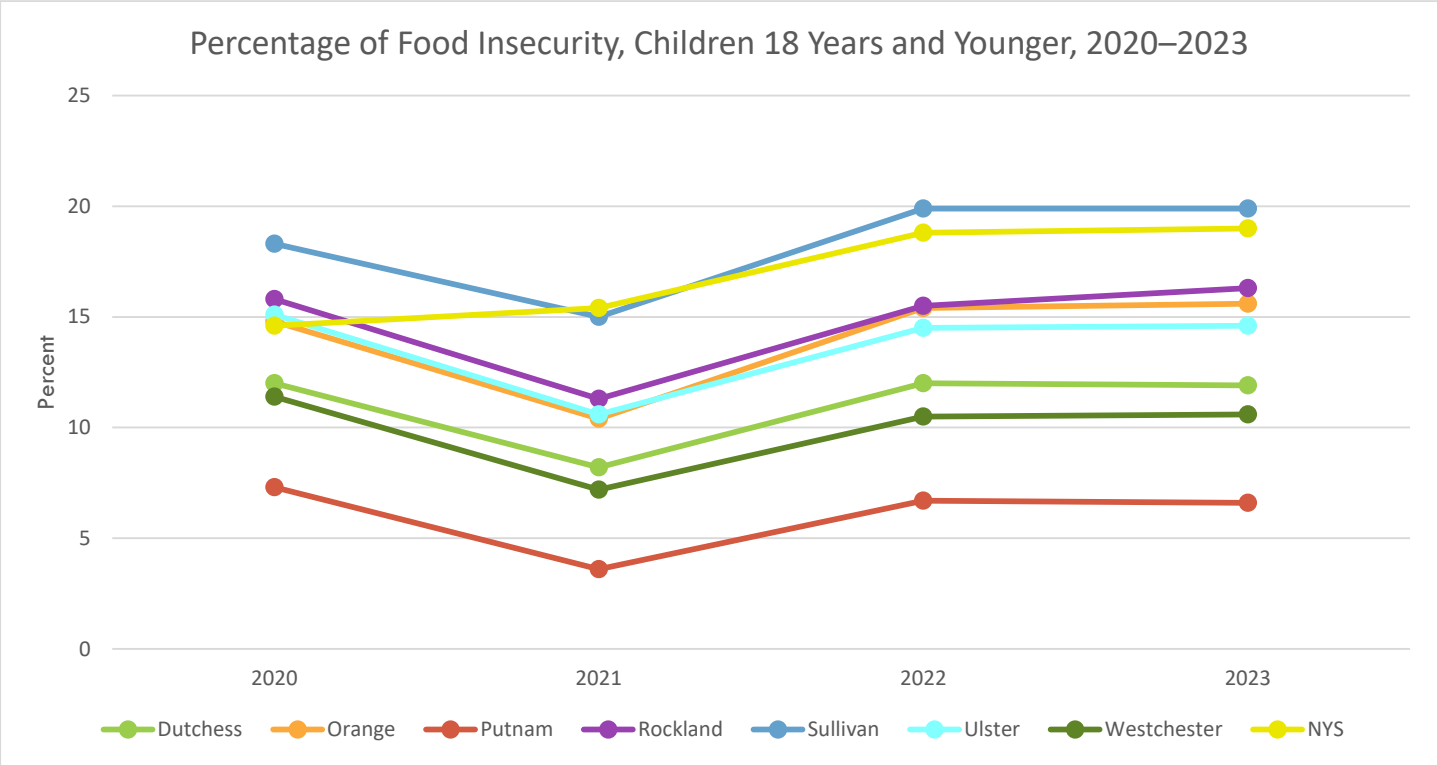
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	8.7	9.4	6.3	9.7	11.5	11.3	7.9	9.6
2021	7.2	7.8	5.3	8.2	9.9	9.5	6.6	11.4
2022	10.0	11.3	8.4	11.0	13.1	12.8	9.4	13.4
2023	10.8	12.1	8.9	12.0	14.0	13.2	10.7	14.5

Note: Feeding America takes the Current Population Survey (a monthly household survey conducted by the US Census Bureau) data and analyzes the relationships between food insecurity and its determinants (i.e., unemployment, poverty, disability, homeownership, and median income), as well as the percentage of the population that is Black and the percentage of the population that is Hispanic. Coefficient estimates from this analysis, combined with information on the same variables defined at the county and congressional district levels, are generated to estimate food insecurity.

Source: Feeding America, June 2025

https://map.feedingamerica.org/district/2023/overall/new-york

Figure 4



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	12.0	14.8	7.3	15.8	18.3	15.1	11.4	14.6
2021	8.2	10.4	3.6	11.3	15.0	10.6	7.2	15.4
2022	12.0	15.4	6.7	15.5	19.9	14.5	10.5	18.8
2023	11.9	15.6	6.6	16.3	19.9	14.6	10.6	19.0

Note: Feeding America takes the CPS data and analyzes the relationships between food insecurity and its determinants (i.e., unemployment, poverty, disability, homeownership, and median income), as well as the percentage of the population that is Black and the percentage of the population that is Hispanic. Coefficient estimates from this analysis, combined with information on the same variables defined at the county and congressional district levels, are generated to estimate food insecurity.

Source: Feeding America, June 2025

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

HOUSING INSTABILITY

A study published in the *Journal of the American Public Health Association* found that homeless individuals utilized the emergency room almost four times more than other low-income residents.[17] Housing and health are closely related. Poor health is often both the cause and effect of unstable, poor, or non-existent housing. Mental health also plays a large role in the causes and effects of homelessness.

Housing alone does not guarantee better health outcomes in all areas; quality of housing is also important. For example, children who live in public housing are two times more likely to have asthma than other children due to a higher prevalence of mold in public housing.[18]

The median percentage of household income spent on housing in the M-H Region is estimated to be 28.0% by United States Department of Housing and Urban Development (HUD).[19] Households that spend greater than 30.0% of their income on housing are considered cost burdened. Households that are severely cost burdened (spending greater than 50.0% of income on housing) are shown to spend 75.0% less on health care compared to similar households that are living in affordable housing.[20]

[17] The Atlantic, 2016, https://www.theatlantic.com/politics/archive/2016/01/how-health-and-homelessness-are-connectedmedically/458871/, accessed August 2025

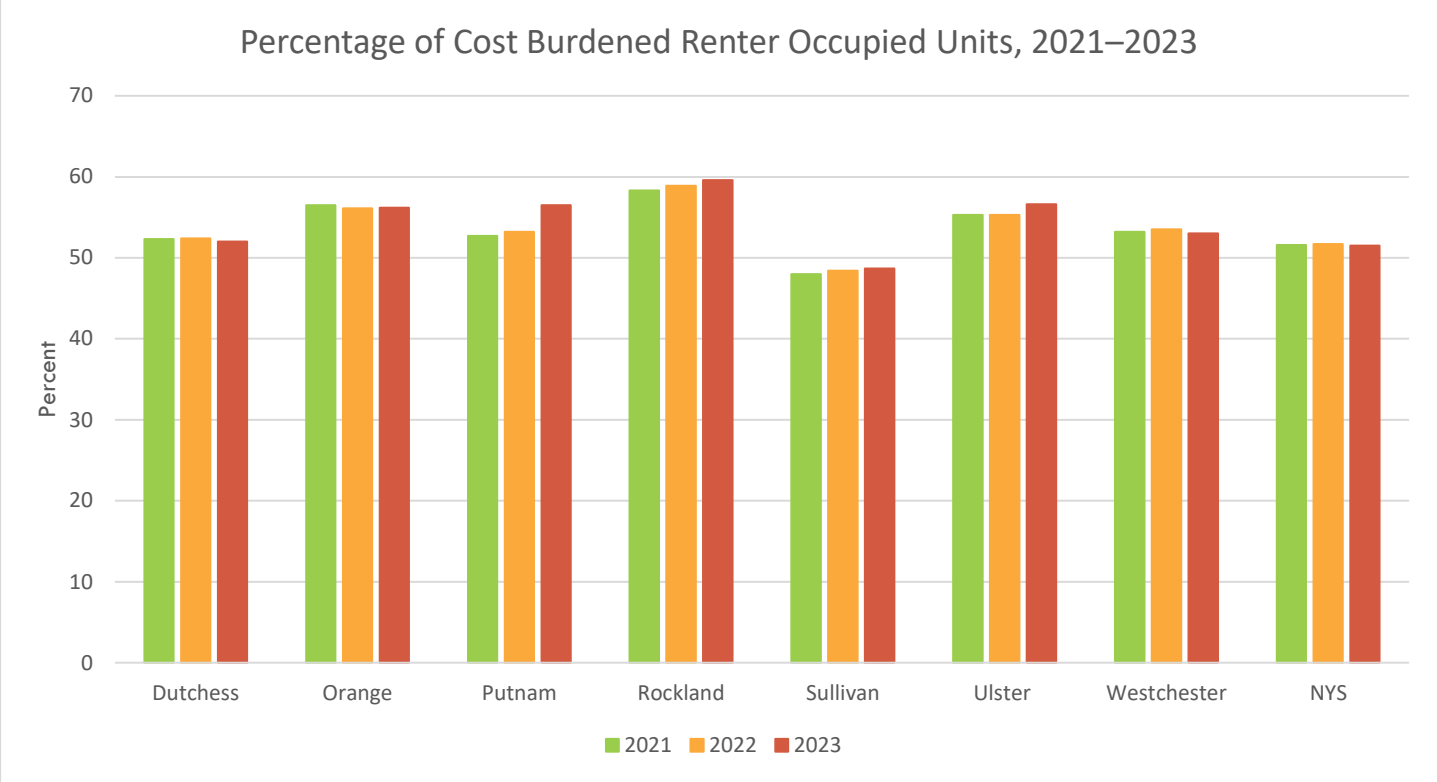
[18] Urban Institute, The National Center for Health in Public Housing, 2017, https://nchph.org/wp-content/uploads/2017/10/UI-2017-Housing-and-Asthma-among-School-Age-Children-AHS-2015-1.pdf, accessed August 2025

[19] Housing Infographic, 2022, https://infograph.venngage.com/ps/BDxQHEPVBXs/housing, accessed August 2025

[20] Joint Center for Housing Studies of Harvard University, 2017, https://www.jchs.harvard.edu/sites/default/files/harvard_jchs_state_of_the_nations_housing_2017_chap6.pdf, accessed August 2025

Rockland County had both the highest percentage of cost burdened renter occupied units and the highest percentage of severely cost burdened households in the region at 59.6% and 22.0%, respectively. Sullivan County had the lowest percentage of cost burdened renter occupied units (48.7%) and lowest percentage of severely cost burdened households (15.0%) [see Figures 5 and 6]. All counties exceeded the New York State average for cost-burdened renter-occupied units, with the exception of Sullivan County. However, when examining the percentage of severely cost-burdened households, only Orange and Rockland counties exceeded the state average.

Figure 5

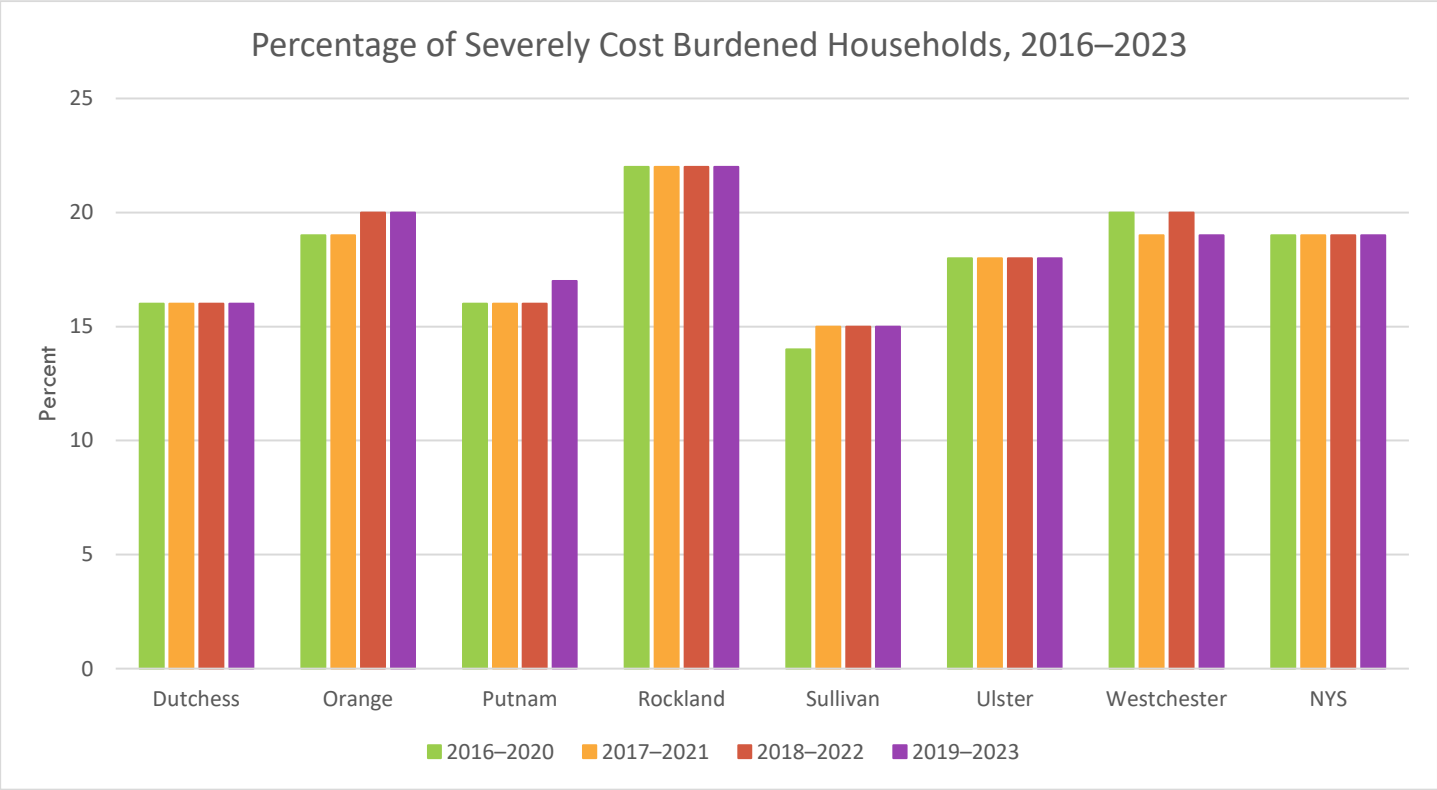


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021	52.3	56.5	52.7	58.3	48.0	55.3	53.2	51.6
2022	52.4	56.1	53.2	58.9	48.4	55.3	53.5	51.7
2023	52.0	56.2	56.5	59.6	48.7	56.6	53.0	51.5

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

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table DP04, April 2025 *https://data.census.gov/table/ACSDP5Y2023.DP04?q=dp04&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36*

Figure 6



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2016–2020	16.0	19.0	16.0	22.0	14.0	18.0	20.0	19.0
2017–2021	16.0	19.0	16.0	22.0	15.0	18.0	19.0	19.0
2018–2022	16.0	20.0	16.0	22.0	15.0	18.0	20.0	19.0
2019–2023	16.0	20.0	17.0	22.0	15.0	18.0	19.0	19.0

Note: Severely cost burdened is defined as the percentage of households that spend 50% or more of their household income on housing.
Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, June 2025 sourced from US Census Bureau, American Community Survey, five-year estimates
*https://www.countyhealthrankings.org/health-data/new-york?year=2025&measure=Severe+Housing+Cost+Burden**

The number of individuals living in HUD-subsidized housing in the Mid-Hudson Region remained relatively stable from 2021 to 2024. Rockland and Orange counties reported the highest totals, with Rockland increasing from 21,732 to 23,735 residents and Orange from 18,258 to 19,129. Putnam County consistently had the lowest number of HUD-subsidized residents but experienced a gradual increase each year. Sullivan County was the only county in the region to see a steady decline, dropping from 5,018 in 2021 to 4,445 in 2024 [see Table 13].

Table 13

Number of people living in Housing and Urban Development (HUD)-subsidized housing in the past 12 months, 2021–2024								
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS**
2021	7,442	18,258	945	21,732	5,018	5,484	40,230	1,025,652
2022	7,641	18,745	929	22,170	5,228	5,479	40,412	985,104
2023	7,630	19,000	992	23,411	4,846	5,418	40,415	987,957
2024	7,484	19,129	1,012	23,735	4,445	4,980	40,137	1,000,730

Note: Includes all federal housing assistance programs administered by the US Department of HUD, including: Public Housing, Housing Choice Vouchers, Moderate Rehabilitation, Project-Based Section 8, Rent Supplement/Rent Assistance Program, S236/Below Market Interest Rate, 202/Project Rental Assistance Contract, and 811/Project Rental Assistance Contract.
Source: US Department of Housing and Urban Development, July 2025
https://www.huduser.gov/portal/datasets/assthsg.html#codebook_2009-2024

POVERTY

The *U.S. Census Bureau* defines a family, and every individual in it, as being in poverty when their income is less than the family's threshold. For 2024, a single adult under age 65 falls below poverty at an income of less than $16,320, while a one-person family unit aged 65 and older has a slightly lower threshold of $15,045. Thresholds rise with each additional family member and child; for example, a family of three, close to the average family size in New York State (3.18 average family size), faces a poverty threshold of approximately $25,273.[21] For larger families, the threshold increases substantially, reaching $60,645 for families of nine or more [see Table 14]. These benchmarks serve as the federal standard for identifying individuals and families whose earnings are insufficient to meet basic needs.[22]

Table 14

Poverty Threshold for 2024 by Size of Family and Number of Related Children 18 Years and Younger									
Size of family unit	**Related children under 18 years**								
	None	**One**	**Two**	**Three**	**Four**	**Five**	**Six**	**Seven**	**Eight or more**
One person (unrelated individual):									
Under age 65	$16,320								
Aged 65 and older	$15,045								
Two people:									
Householder under age 65	$21,006	$21,621							
Householder aged 65 and older	$18,961	$21,540							
Three people	$24,537	$25,249	$25,273						
Four people	$32,355	$32,884	$31,812	$31,922					
Five people	$39,019	$39,586	$38,374	$37,436	$36,863				
Six people	$44,879	$45,057	$44,128	$43,238	$41,915	$41,131			
Seven people	$51,638	$51,961	$50,849	$50,075	$48,631	$46,948	$45,100		
Eight people	$57,753	$58,263	$57,215	$56,296	$54,992	$53,337	$51,614	$51,177	
Nine people or more	$69,473	$69,810	$68,882	$68,102	$66,822	$65,062	$63,469	$63,075	$60,645

Source: US Census Bureau, Poverty Thresholds by Size of Family and Number of Children, 2021, April 2025
https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html

[21] World Population Review, *Average Family Size by State*, 2025, https://worldpopulationreview.com/state-rankings/average-family-size-by-state, accessed August 2025

[22] United States Census Bureau, 2025, https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html, accessed August 2025

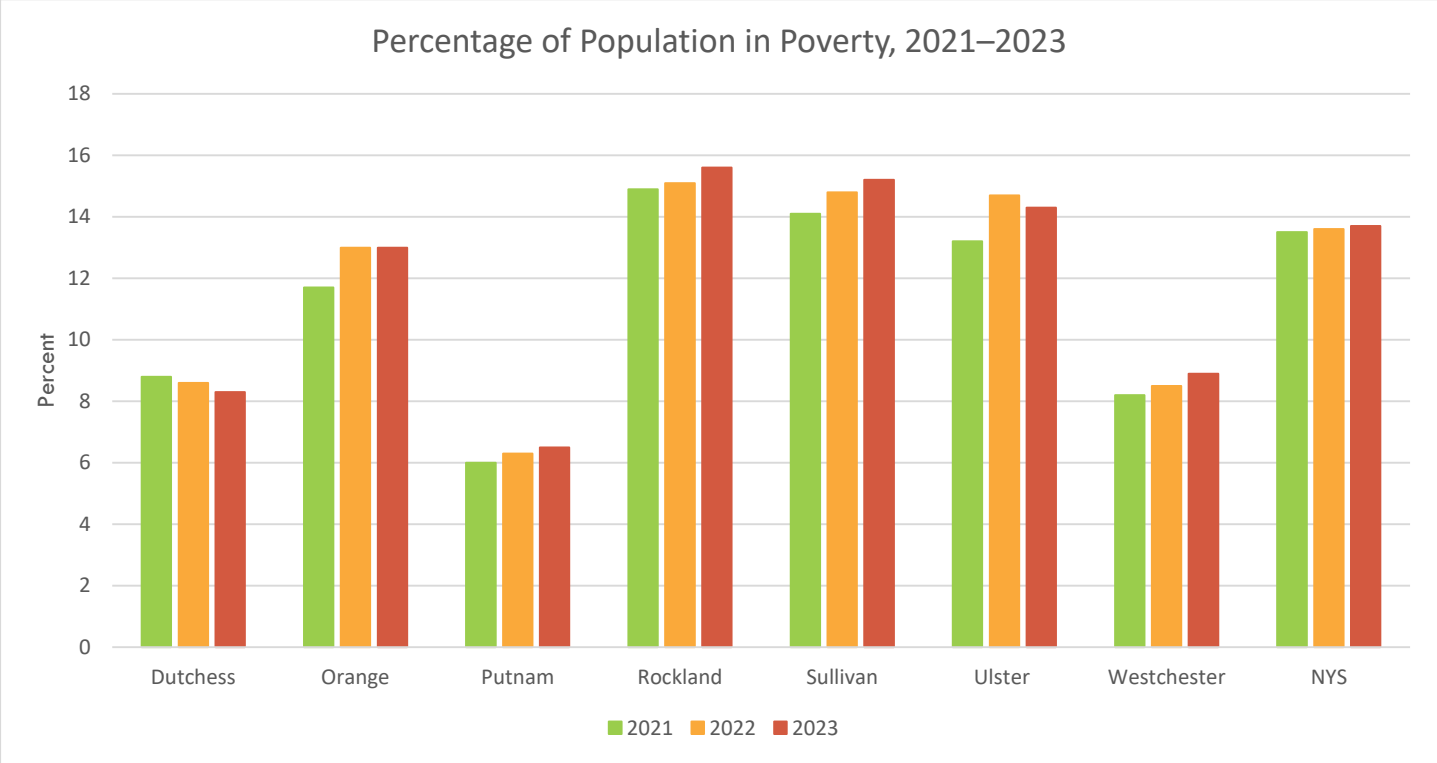
Poverty and health are closely linked. People experiencing poverty often have an increased risk of chronic and mental health conditions, mortality, and lower life expectancies.[23]

The New York State Community Action Association's Annual Poverty Report (2024) offers an in-depth breakdown of poverty rates, demographics, and economic conditions at the county level across New York State.[24]

"Poverty is both a cause and consequence of poor health"[25]

Counties in the M-H Region continue to show wide variation in poverty rates, ranging from a low of 6.5% in Putnam County to a high of 15.6% in Rockland County. As of 2023, Rockland, Sullivan, and Ulster counties all reported poverty rates above the New York State average of 13.7%. In contrast, Putnam, Dutchess, Westchester, and Orange counties remained below the state average [see Figure 7].

Figure 7



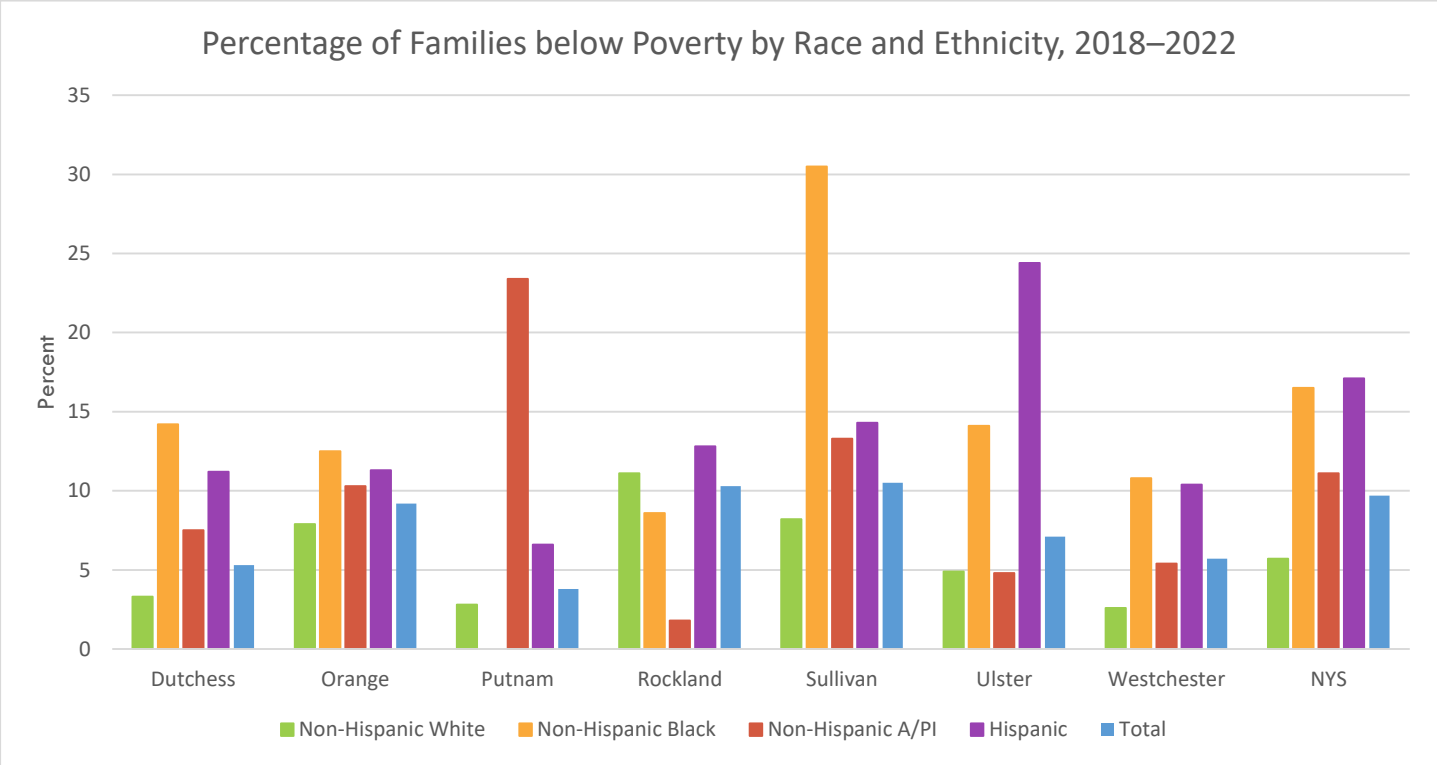
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021	8.8	11.7	6.0	14.9	14.1	13.2	8.2	13.5
2022	8.6	13.0	6.3	15.1	14.8	14.7	8.5	13.6
2023	8.3	13.0	6.5	15.6	15.2	14.3	8.9	13.7

Note: The American Community Survey asks respondents their income in the past 12 months including joint income. This is for income that is received on a regular basis before payments for taxes, social security, etc. If a family's total income is less than the official poverty threshold for a family of that size and composition, they are considered to be in poverty.
Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-year estimates, Table S1701, April 2025 *https://data.census.gov/table/ACSST5Y2023.S1701?q=s1701&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36*

[23] Healthy People 2030, US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty, accessed August 2025
[24] New York State Community Action Association, 2024, https://nyscaa.memberclicks.net/assets/docs/PovReport2024/2024%20NYS%20Poverty%20Report.pdf, accessed August 2025
[25] Health Poverty Action, 2018, https://www.healthpovertyaction.org/news-events/key-facts-poverty-and-poor-health/, accessed August 2025

Poverty continues to vary significantly across racial and ethnic groups in the Mid-Hudson Region. Hispanic families had the highest poverty rates in Orange, Putnam, Rockland, Ulster, and Westchester counties, with Ulster County reaching 24.4%. In Sullivan County, non-Hispanic Black families experienced the highest poverty rate at 30.5%, the highest across all counties and groups. In Dutchess County, non-Hispanic Black and Hispanic families also had elevated poverty rates at 14.2% and 11.2%, respectively [see Figure 8].

Figure 8



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
White (non-Hispanic)	3.3	7.9	2.8	11.1	8.2	4.9	2.6	5.7
Black (including Hispanic)	14.2	12.5	0.0	8.6	30.5	14.1	10.8	16.5
Asian (including Hispanic, excluding PI)	7.5*	10.3*	23.4*	1.8*	13.3*	4.8*	5.4	11.1
Hispanic (any race)	11.2	11.3	6.6	12.8	14.3	24.4	10.4	17.1
Total	5.3	9.2	3.8	10.3	10.5	7.1	5.7	9.7

Note: The Census Bureau collects racial and ethnic data in accordance with guidelines provided by the US Office of Management and Budget (OMB) and these data are based on self-identification. For ethnicity, the OMB standards classify individuals in one of two categories: "Hispanic or Latino" or "Not Hispanic or Latino." The Census Bureau uses the term "Hispanic or Latino" interchangeably with the term "Hispanic," and also refer to this concept as "ethnicity." People who identify with more than one race may choose to provide multiple races in response to the race question.

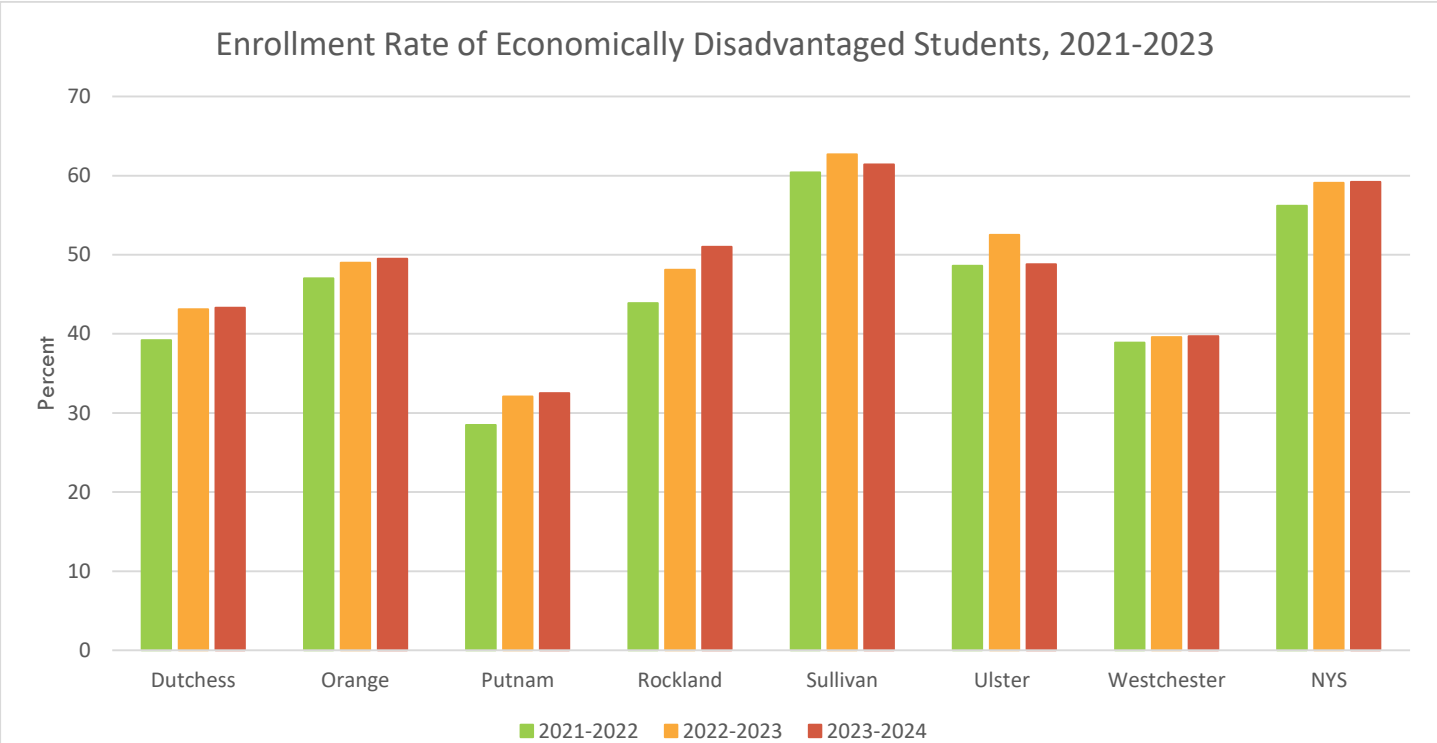
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, June 2025 sourced from US Census Bureau, Small Area Income and Poverty Estimates https://www.health.ny.gov/community/health_equity/reports/county/

ECONOMICALLY DISADVANTAGED

Children from economically disadvantaged families can face numerous challenges that influence their development, academic achievement, and overall health. Poverty can affect their cognitive development and educational attainment. The lack of access to resources and opportunities can impact their long-term social and economic mobility.[26]

In 2023–2024, Sullivan County had the region's highest share of economically disadvantaged students (61.4%), while Putnam had the lowest (32.5%) [see Figure 9]. All counties rose since 2021–2022; the largest gains occurred in Rockland (43.9% to 51.0%), Dutchess (39.2% to 43.3%), and Putnam (28.5% to 32.5%). Compared with NYS (59.2%), Sullivan is above the state average; all other Mid-Hudson counties remain below it. Ulster was higher than Orange and Rockland through 2022–2023 (52.5% vs. 49.0% and 48.1%) but dropped below both in 2023–2024 (48.8% vs. 49.5% and 51.0%).

Figure 9



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021-2022	39.2	47.0	28.5	43.9	60.4	48.6	38.9	56.2
2022-2023	43.1	49.0	32.1	48.1	62.7	52.5	39.6	59.1
2023-2024	43.3	49.5	32.5	51.0	61.4	48.8	39.7	59.2

Note: Students who participate in, or whose family participates in, economic assistance programs, such as the Free or Reduced-Price Lunch Programs; Social Security Insurance; Supplemental Nutrition Assistance Program; Foster Care; Refugee Assistance (cash or medical assistance); Earned Income Tax Credit; Home Energy Assistance Program; Safety Net Assistance; Bureau of Indian Affairs; or Family Assistance: Temporary Assistance for Needy Families. If one student in a family is identified as low income, all students from that household (economic unit) may be identified as low income.
Source: NYS Education Department, June 2025 https://data.nysed.gov/enrollment.php?year=2024&county=13

[26] American Educational Research Journal, National Library of Medicine, 2011, https://pmc.ncbi.nlm.nih.gov/articles/PMC2920529/, accessed August 2025

ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED (ALICE)

Asset Limited, Income Constrained, Employed (ALICE) households are those earning above the Federal Poverty Level but below the ALICE Threshold, the income needed to afford the basics where they live, as calculated in the Household Survival Budget.[27] The ALICE measure is location and household-specific and covers six essentials: housing, childcare, food, transportation, health care, and technology. These constraints force households to make difficult trade-offs across these necessities, see Table 15 for a sample budget.

The 2023 ALICE Household Survival Budget for New York State shows that the income needed to cover basic necessities ranges from $35,652 per year for a single adult ($17.80/hour) to $104,472 for two adults with two children in childcare ($52.20/hour). A two-adult, two-child household without paid childcare requires $83,664 annually. Housing and childcare are the largest drivers for families with two children in care, those two items total $3,782 per month. These amounts define the ALICE Threshold; county-level percentages below this threshold. [see Table 15]

Table 15

ALICE Household Survival Budget, New York State, 2023

Monthly Costs	Single Adult	One Adult, One Child	One Adult, One in Child Care	Two Adults	Two Adults, Two Children	Two Adults, Two in Child Care	Single Adult 65+	Two Adults 65+
Housing	$1,103	$1,189	$1,189	$1,189	$1,437	$1,437	$1,103	$1,189
Child Care	$0	$423	$1,126	$0	$844	$2,345	$0	$0
Food	$516	$873	$783	$946	$1,587	$1,400	$475	$870
Transportation	$401	$535	$506	$617	$957	$899	$346	$508
Health Care	$196	$452	$452	$452	$775	$775	$543	$1,086
Technology	$86	$86	$86	$116	$116	$116	$86	$116
Miscellaneous	$230	$356	$414	$332	$572	$697	$255	$377
Taxes	$439	$461	$625	$529	$684	$1,037	$510	$861
Monthly Total	$2,971	$4,375	$5,181	$4,181	$6,972	$8,706	$3,318	$5,007
ANNUAL TOTAL	$35,652	$52,500	$62,172	$50,172	$83,664	$104,472	$39,816	$60,084
Hourly Wage	$17.83	$26.25	$31.09	$25.09	$41.83	$52.24	$19.91	$30.04

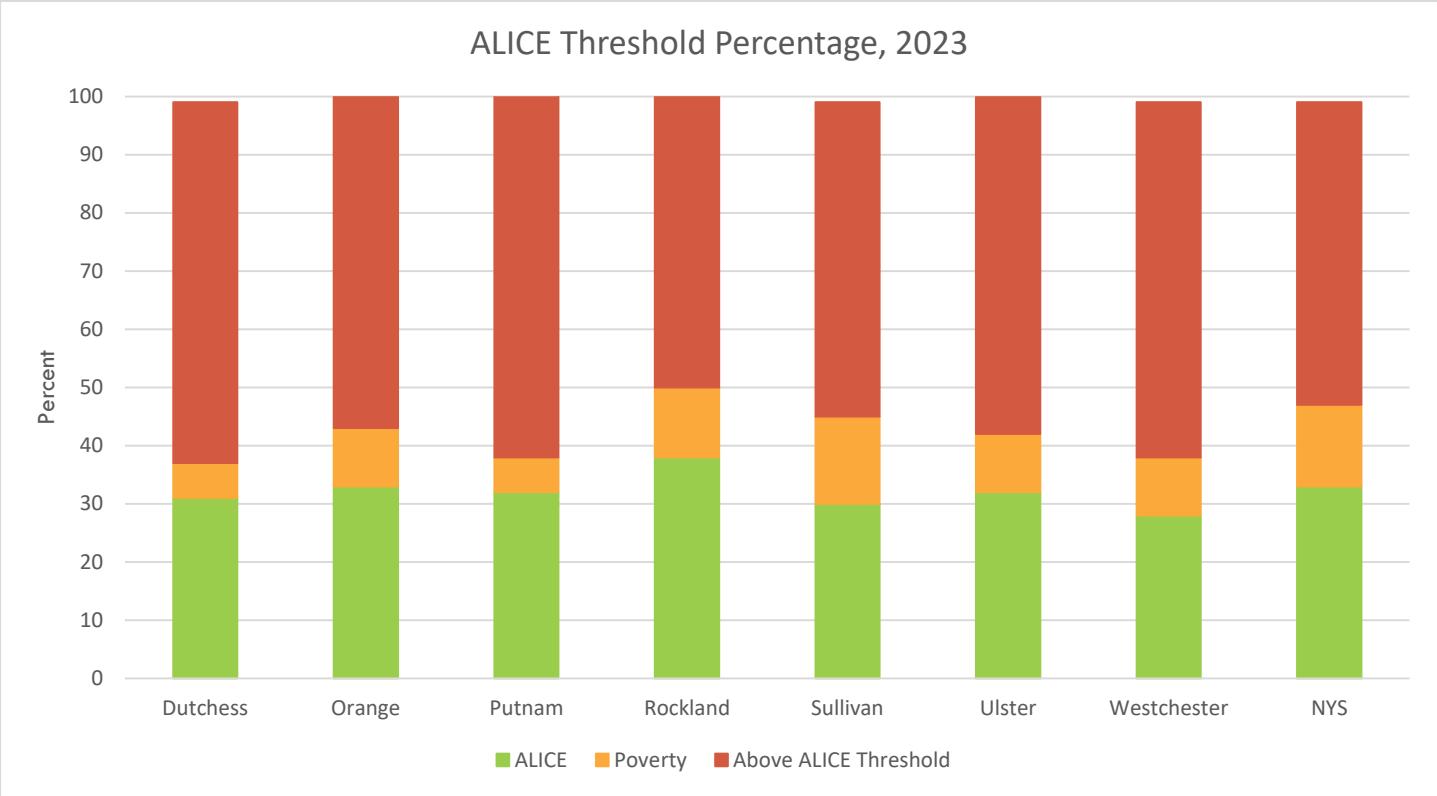
Note: The ALICE (Asset Limited, Income Constrained, Employed) household survival budget estimates the minimum cost of household necessities (housing, childcare, food, transportation, health care, and technology) plus taxes, and a contingency fund (miscellaneous) equal to 10% of the budget.

Source: United for ALICE, June 2025 https://www.unitedforalice.org/the-cost-of-basics/new-york

[27] United for Alice, 2020, https://www.unitedforalice.org/national-overview, accessed August 2025

Across the M-H Region, the share of households below the ALICE Threshold ranges from 37% in Dutchess (lowest) to 50% in Rockland (highest). Rockland is the only county above the New York State average of 47%; Orange (43%), Sullivan (45%), Ulster (42%), Putnam (38%), Westchester (38%), and Dutchess (37%) all fall below the state average. Sullivan has the region's highest poverty rate (15%), while Rockland has the highest ALICE share (38%), which drives its overall total. In every county, ALICE households outnumber those in poverty, often by two to five times, showing that many financially constrained households earn above the Federal Poverty Level but still cannot afford basic needs [see Figure 10].

Figure 10



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
ALICE	31.0	33.0	32.0	38.0	30.0	32.0	28.0	33.0
Poverty	6.0	10.0	6.0	12.0	15.0	10.0	10.0	14.0
Above ALICE Threshold	62.0	57.0	63.0	50.0	54.0	58.0	61.0	52.0

Note: The ALICE (Asset Limited, Income Constrained, Employed) threshold represents the percentage of households in the United States that are struggling financially, falling below a threshold that includes those in poverty and those who are asset limited, income constrained, and employed. ALICE households earn above the Federal Poverty Level, but not enough to afford the basic necessities in their communities. Nationally, over 40% of households fall below the ALICE threshold.

Source: United for ALICE, June 2025 *https://www.unitedforalice.org/county-reports/new-york#10/41.1237/-73.7330*

EDUCATION

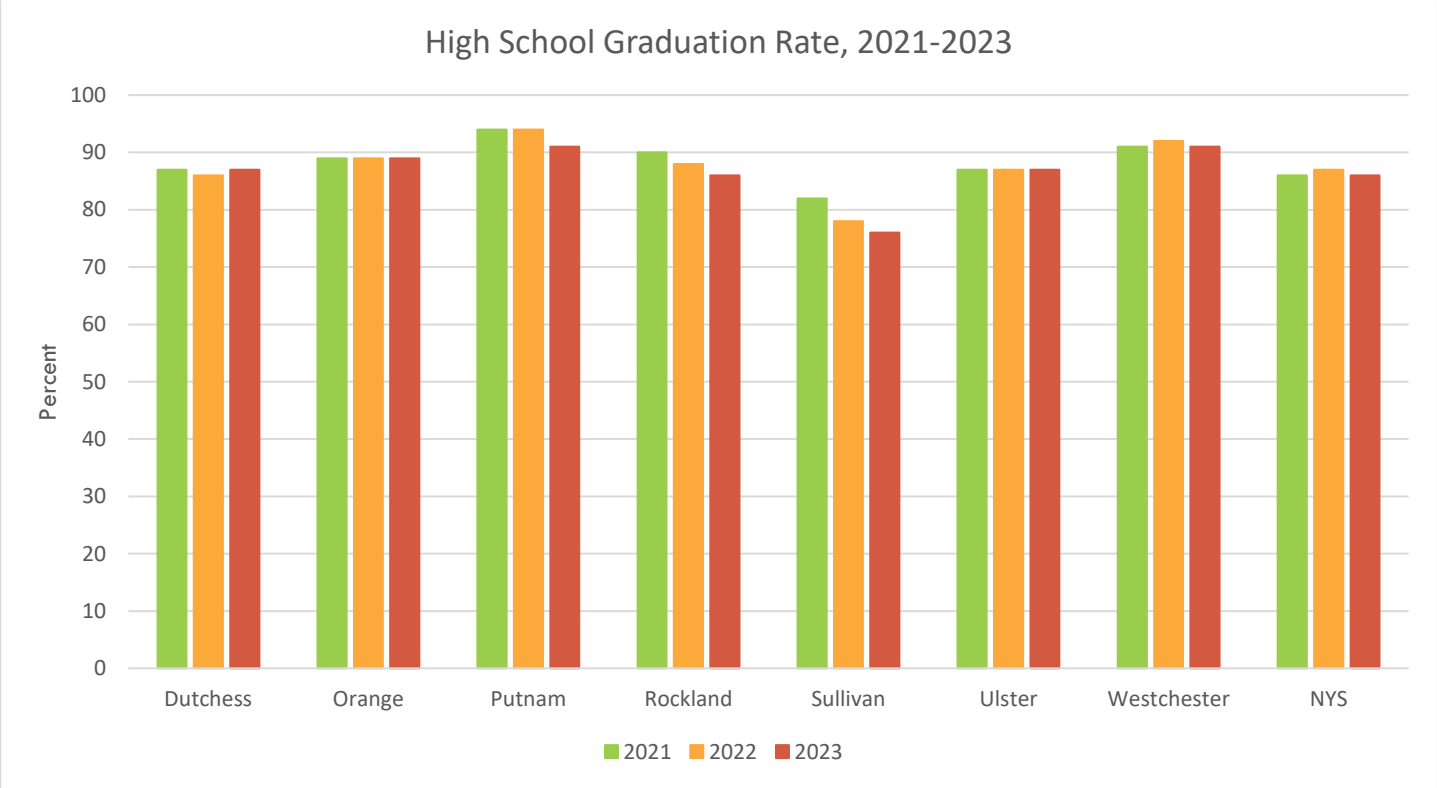
HIGH SCHOOL GRADUATION

High school completion is strongly linked to better health and longevity.[28] People who don't complete high school face limited employment prospects, lower wages, and a higher risk of poverty factors that contribute to worse health outcomes and a higher risk of death later in life.[29] Graduation likelihood is shaped by individual, family, school, and community conditions; school climate and safety, access to supportive adults, and disciplinary practices are all associated with on-time graduation.[30]

In 2023, graduation rates in the M-H Region ranged from 76% in Sullivan (lowest) to 91% in Putnam and Westchester (highest). Most counties exceeded the NYS average of 86%, Dutchess (87%), Orange (89%), Putnam (91%), Ulster (87%), and Westchester (91%), while Rockland matched the state rate (86%) and Sullivan fell below. From 2021–2023, rates were generally stable or edged down slightly, with the largest declines in Sullivan (82% to 76%), Rockland (90% to 86%), and Putnam (94% to 91%). [see Figure 11]

[28] Healthy People 2030, US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/high-school-graduation, accessed August 2025
[29] Healthy People 2030, US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/high-school-graduation, accessed August 2025
[30] Learning Policy Institute, *Pushed Out: Trends and Disparities in Out-of-School Suspensions*, 2022, https://learningpolicyinstitute.org/product/crdc-school-suspension-report, accessed August 2025

Figure 11



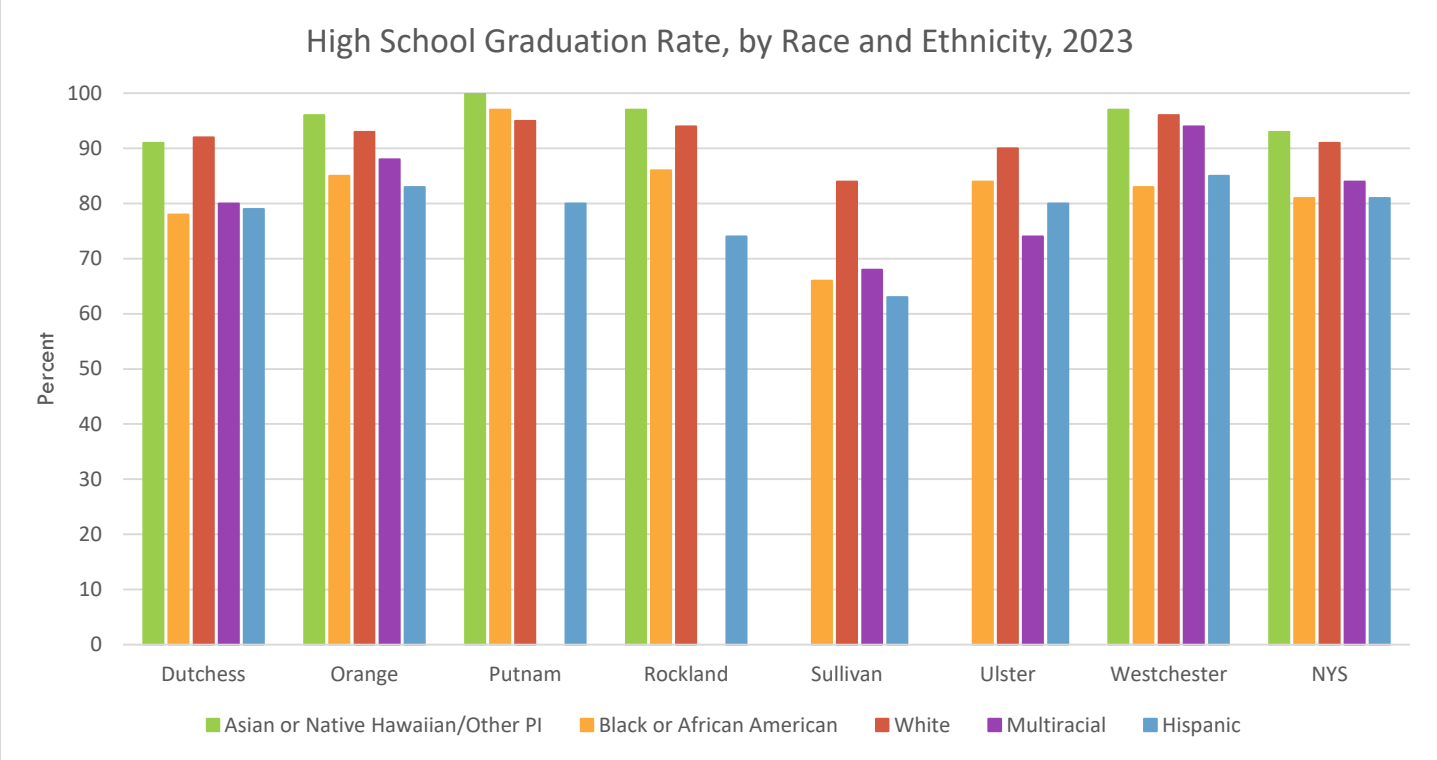
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021	87.0	89.0	94.0	90.0	82.0	87.0	91.0	86.0
2022	86.0	89.0	94.0	88.0	78.0	87.0	92.0	87.0
2023	87.0	89.0	91.0	86.0	76.0	87.0	91.0	86.0

Note: Graduation rate data are reported for a 9th grade cohort, as of the 4th year of high school - August. Graduates include students who received a local diploma or a local diploma with Regents endorsement (Regents diploma).
Source: NYS Education Department, June 2025 https://data.nysed.gov/lists.php?type=county

In accordance with federal regulation, there is a two-part requirement regarding racial and ethnic designation. First, all students must be reported as Hispanic/Latino or not Hispanic/Latino. Second, all students must be reported with at least one race. Students who are reported as Hispanic/Latino, regardless of their race, will be counted as Hispanic/Latino for reporting purposes. Students who are reported as not Hispanic/Latino will be counted in the race category in which they are reported. Non-Hispanic students who are reported with more than one race category will be reported as Multiracial.

Racial and ethnic disparities in graduation rates persist across the M-H Region. In six of seven counties, White students graduate at higher rates than both Black and Hispanic students; the exception is Putnam, where Black students post the region's highest rate (97%), exceeding White (95%) and Hispanic (80%) peers. The largest gaps occur between White and Hispanic students, 21 points in Sullivan (84% vs. 63%) and then 15 points in Putnam (95% vs 80%) and Rockland (96% vs. 81%). Disparities between White and Black students are greatest in Sullivan (18 points; 84% vs. 66%) and Dutchess (14 points; 92% vs. 78%), while Rockland (96% vs 90%) and Ulster (90% vs 84%) show one of the smallest White and Black gaps at 6 points. [see Figure 12]

Figure 12



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
Asian or Native Hawaiian/Other PI	91.0	96.0	100.0	97.0	s	s	97.0	93.0
Black or African American	78.0	85.0	97.0	86.0	66.0	84.0	83.0	81.0
White	92.0	93.0	95.0	94.0	84.0	90.0	96.0	91.0
Multiracial	80.0	88.0	s	s	68.0	74.0	94.0	84.0
Hispanic	79.0	83.0	80.0	74.0	63.0	80.0	85.0	81.0

s: Data are suppressed due to not meeting reporting criteria.
Note: Race or races with which the student primarily identifies are indicated by the student or the parent/guardian.
Source: NYS Education Department, June 2025 https://data.nysed.gov/gradrate.php?year=2023&state=yes

EARLY CHILDHOOD EDUCATION AND DEVELOPMENT

The early years of a child's life are very important for their health and development.[31] WHO's 2024 handbook operationalizes Nurturing Care what to deliver (parenting content), where to deliver it (health/social/education platforms), and how to deliver it well (training, quality assurance, M&E, and scaling).[32] *WHO* characterizes nurturing care as a stable environment that promotes health and optimal nutrition, protects children from threats, and gives them opportunities for early learning, through affectionate interactions and relationships.[33] Components of nurturing care include adequate nutrition, responsive caregiving, security and safety, opportunities for early learning, and good health.[34]

Early-life stress and adverse events are linked to lasting mental and physical health impacts. Stressors, including poverty, physical abuse, family instability, and unsafe neighborhoods are associated with inadequate coping skills, difficulty regulating emotions, and reduced social functioning.[35]

ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur during childhood such as "experiencing violence, abuse, or neglect; having a family member attempt or die by suicide; and witnessing violence in the home."[36] Elements of a child's environment that weaken their sense of safety, stability, and bonding such as substance misuse, mental health complications, or family instability (including divorce or incarceration of parents and relatives) contribute to ACEs. ACEs can have lasting effects on health, behavior, and life potential, including obesity, diabetes, depression, suicide attempts, sexually transmitted infections (STIs), heart disease, cancer, stroke, Chronic Obstructive Pulmonary Disease (COPD), broken bones, smoking, alcoholism, drug use, graduation rates, academic achievement, lost time from work, etc. Growing research shows that toxic stress as a result of ACEs can damage "the most basic levels of the nervous, endocrine, and immune system," and can modify the physical structure of DNA.[37]

The ACE items are a surveillance tool, not a diagnosis. They estimate how common early-life adversities are among adults. The questionnaire includes questions about: physical, emotional and sexual abuse; physical and emotional neglect; and household dysfunction (substance use, mental illness, mother treated violence, parental separation or divorce, and incarcerated household member). Each item screens for a *type* of adversity before age 18. When combined, they produce an ACE count (how many types a person reports), which is summarized

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[31] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/child-development/about/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/childdevelopment/facts.html accessed August 2025, accessed August 2025

[32] World Health Organization. *Designing, Implementing, Evaluating, and Scaling Up Parenting Interventions: A Handbook for Decision-Makers and Implementers*. Geneva: WHO, 2024, https://iris.who.int/bitstream/handle/10665/378237/9789240095595-eng.pdf, accessed August 2025

[33] World Health Organization, 2020, https://apps.who.int/iris/bitstream/handle/10665/331306/9789240002098-eng.pdf?sequence=1&isAllowed=y, accessed August 2025

[34] World Health Organization, 2020, https://apps.who.int/iris/bitstream/handle/10665/331306/9789240002098-eng.pdf?sequence=1&isAllowed=y, accessed August 2025

[35] Healthy People 2030, US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/early-childhood-development-and-education, accessed August 2025

[36] Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2019, https://www.cdc.gov/violence-prevention/?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf, accessed August 2025

[37] Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2019, https://www.cdc.gov/violence-prevention/?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf, accessed August 2025

as, a threshold associated with measurably higher risk for poor health, mental health, and social outcomes across the life span.

ATTAINMENT OF HIGHER EDUCATION

Continuing education after high school, especially enrolling in and completing college, improves employment prospects and job quality, reduces the risk of unemployment or underemployment, and raises lifetime earnings.[38] A Social Security Administration analysis linking survey and administrative earnings records estimates that men with a bachelor's degree earn about $900,000 more in median lifetime earnings than high school graduates and women about $630,000 more; for graduate degrees, the gaps rise to $1.5 million (men) and $1.1 million (women). Even after adjusting for key socio-demographic factors, differences remain substantial (about $655,000 for men and $450,000 for women with a bachelor's degree).[39] These gains translate into better-paying jobs with fewer safety hazards and greater access to material and psychosocial resources (e.g., higher-quality housing, higher social status) and are associated with improved health and a lower risk of premature death.[40]

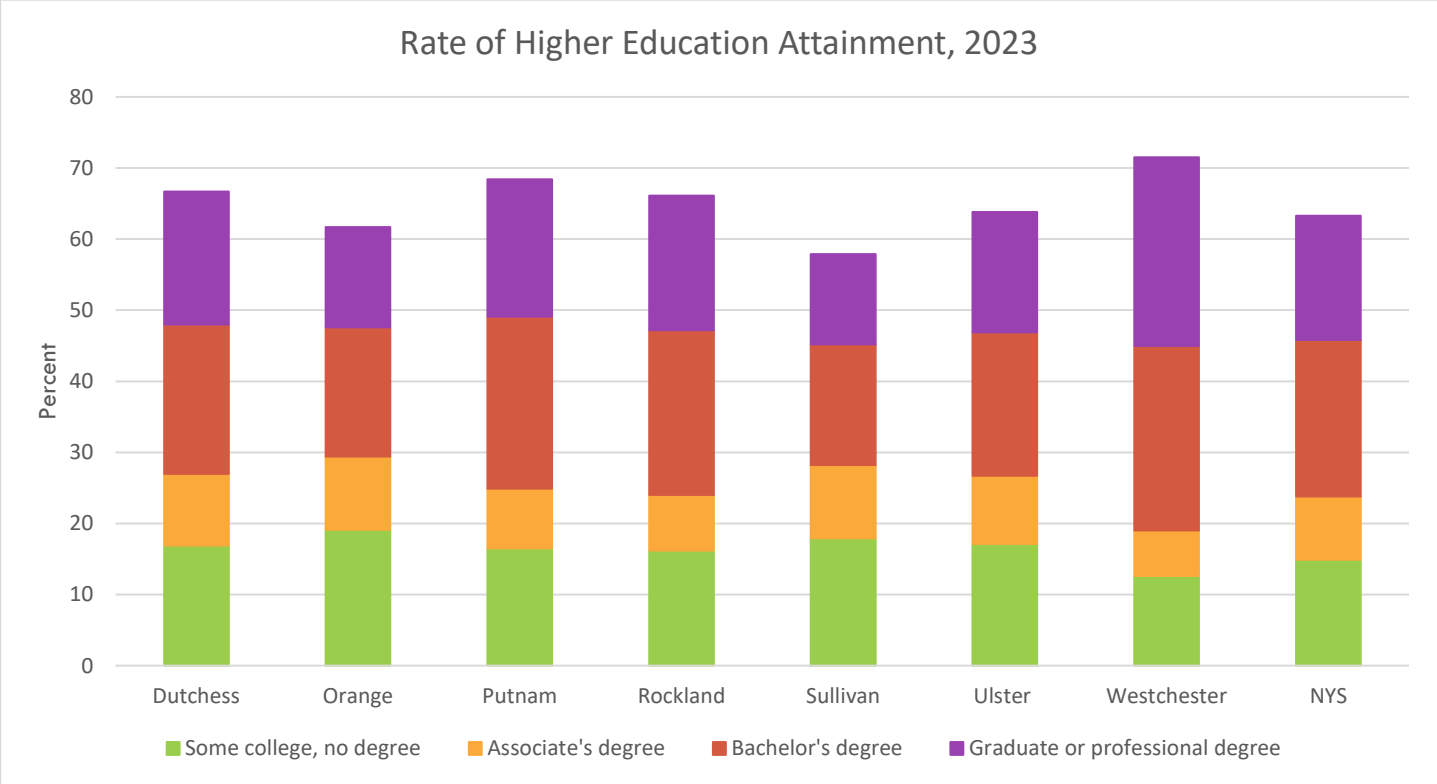
[38] Healthy People 2030 (ODPHP). *Enrollment in Higher Education — Literature* Summary, 2025, https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/enrollment-higher-education, accessed August 2025

[39] Social Security Administration. *Research Summary: Education and Lifetime Earnings*, 2015, https://www.ssa.gov/policy/docs/research-summaries/education-earnings.html, accessed August 2025

[40] Healthy People 2030 (ODPHP). *Enrollment in Higher Education — Literature Summary*, 2025, https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/enrollment-higher-education, accessed August 2025

Westchester leads the region in degree completion, with the highest shares of residents holding a bachelor's (26.0%) and a graduate/professional degree (26.5%), both above NYS (22.0% and 17.5%). Putnam (24.2%) and Rockland (23.2%) also exceed the state for bachelor's attainment, while Dutchess (21.0%), Ulster (20.2%), Orange (18.2%), and Sullivan (17.0%) fall below. [see Figure 13]

Figure 13



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
Some college, no degree	16.9	19.1	16.5	16.2	17.9	17.1	12.6	14.9
Associate's degree	10.1	10.3	8.4	7.8	10.3	9.6	6.4	8.9
Bachelor's degree	21.0	18.2	24.2	23.2	17.0	20.2	26.0	22.0
Graduate or professional degree	18.7	14.1	19.3	18.9	12.7	16.9	26.5	17.5

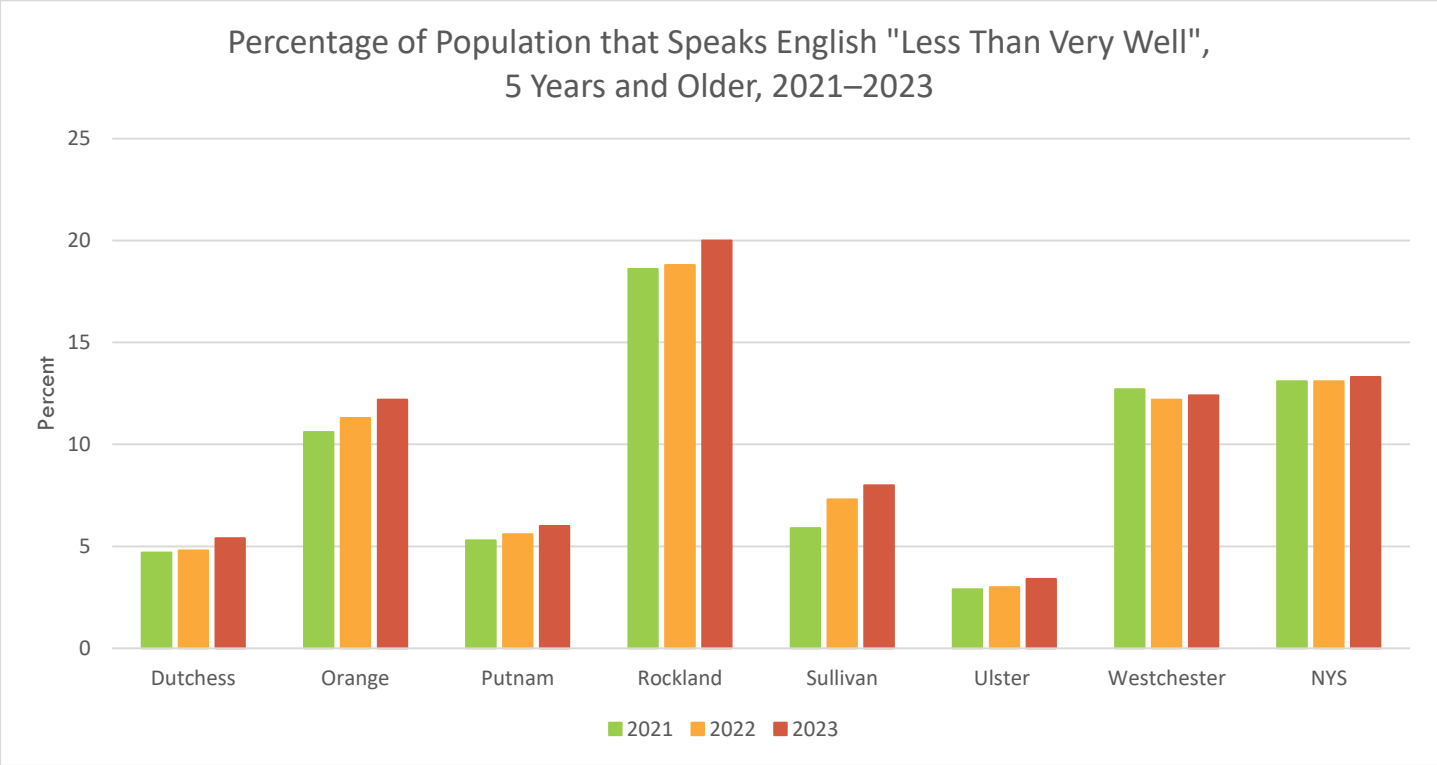
Note: The American Community Survey asks respondents what the highest degree or level of school the person has completed.
Source: US Census Bureau; American Community Survey, 2020 American Community Survey 5-Year Estimates, Table S1501, April 2025
https://data.census.gov/table/ACSST5Y2023.S1501?q=s1501&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36

LANGUAGE AND LITERACY

Literacy includes listening, speaking, reading, and writing skills, along with the ability to understand and work with numbers. Low literacy and language skills are associated with poorer outcomes in educational attainment, employment, and health. While limited English proficiency and low literacy differ from health literacy [see page 72], both are barriers to accessing health care, resulting in lower utilization of health services.[41]

Rockland County had the highest percentage of people aged five years and over who spoke English "less than very well" at 20.0% in 2023. Ulster County had the lowest percentage at 3.4% [see Figure 14]. Except for Rockland County, all other counties were lower than the NYS rate (13.3%).

Figure 14



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021	4.7	10.6	5.3	18.6	5.9	2.9	12.7	13.1
2022	4.8	11.3	5.6	18.8	7.3	3.0	12.2	13.1
2023	5.4	12.2	6.0	20.0	8.0	3.4	12.4	13.3

Note: The American Community Survey asks respondents how well the person speaks English. If the response is "well," not well," or "not at all," the person is categorized as speaking English "less than very well."

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table S1601, April 2025 *https://data.census.gov/table/ACSST5Y2020.S1601?q=s1601&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36&tid=ACSST5Y2020.S1601*

[41] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/language-and-literacy, accessed August 2025

SOCIAL AND COMMUNITY CONTEXT

CIVIC PARTICIPATION

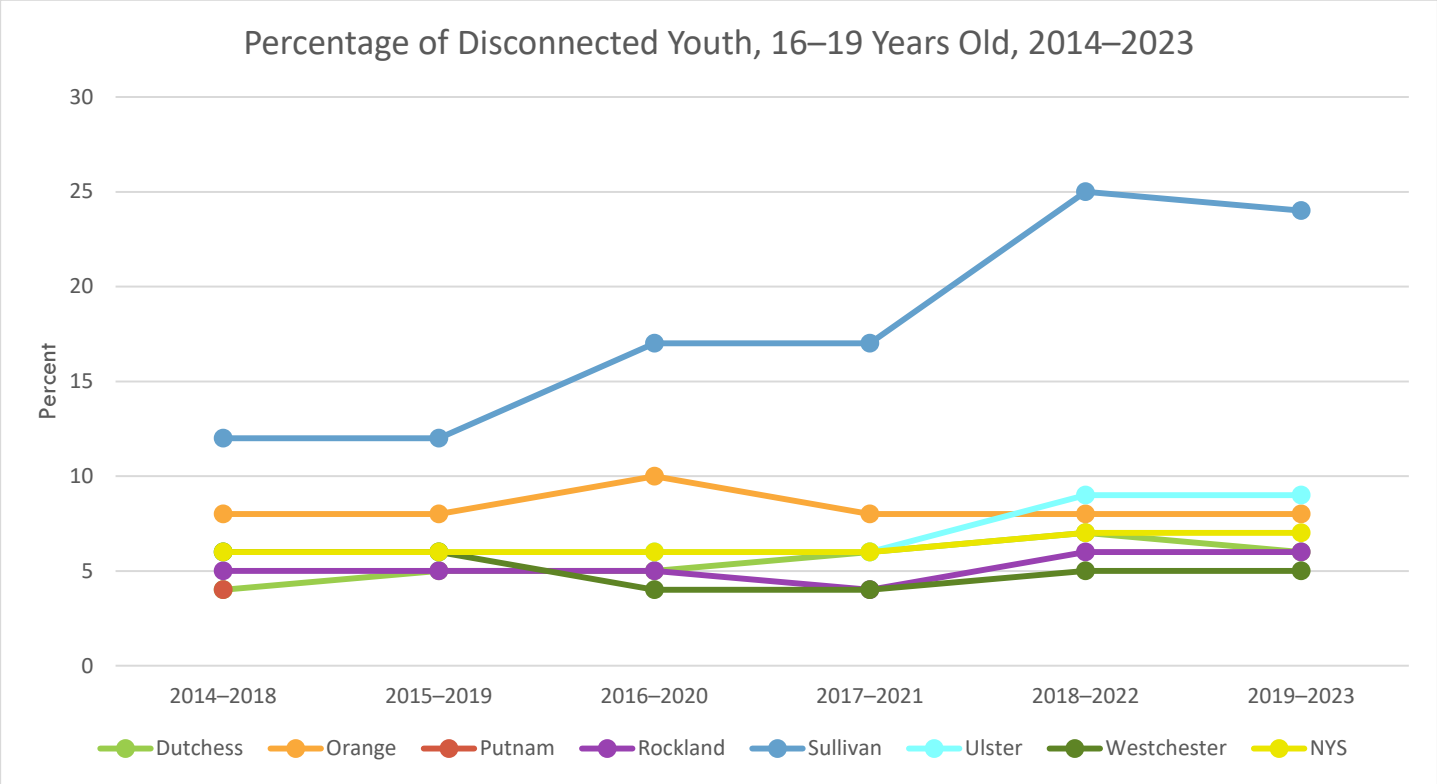
Civic participation includes activities in which groups or individuals interact with their community, such as voting, volunteering, and community gardening. Activities can be formal or informal and often benefit society or other group members. Civic participation has been shown to improve health by expanding social networks and social trust, which can increase physical activity and improve mental health.[42]

Disconnected youth are teenagers and young adults between the ages of 16 and 19 who are neither working nor attending school.[43] This metric is an indicator for how young people are faring while transitioning into adulthood. This vulnerable population is cut off from resources, people, and experiences that help them gain knowledge, skills,[44] capital,[45] and a sense of purpose.[46]

[42] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/civic-participation, accessed August 2025
[43] University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, Robert Wood Johnson Foundation, 2022, https://www.countyhealthrankings.org/app/new-york/2022/measure/factors/149/description, accessed September 2022
[44] Measure of America, 2025, http://measureofamerica.org/disconnected-youth/, accessed July 2022
[45] National Institute of Food and Agriculture, United States Department of Agriculture, 4-H National Headquarters, 2017, https://www.nifa.usda.gov/sites/default/files/resource/disconnected-youth-fact-sheet-2017-08-11.pdf, accessed July 2022
[46] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/civic-participation, accessed September 2022

Sullivan County had the highest percentage of disconnected youth ages 16–19 (24.0% in 2019–2023), while Westchester County had the lowest (5.0%); the NYS rate was 7.0% [see Figure 15]. Since 2016–2020, Sullivan rose from 17.0% to 24.0% (peaking at 25.0% in 2018–2022). Ulster moved from 6.0% to 9.0%. Orange remained near 8–10% (8.0% most recent), Rockland ranged 4–6% (6.0% most recent), and Westchester stayed low at 4.0–5.0%.

Figure 15



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2014–2018	4.0	8.0	4.0	5.0	12.0	6.0	6.0	6.0
2015–2019	5.0	8.0	s	5.0	12.0	6.0	6.0	6.0
2016–2020	5.0	10.0	s	5.0	17.0	6.0	4.0	6.0
2017–2021	6.0	8.0	s	4.0	17.0	6.0	4.0	6.0
2018–2022	7.0	8.0	s	6.0	25.0	9.0	5.0	7.0
2019–2023	6.0	8.0	s	6.0	24.0	9.0	5.0	7.0

s: Data are suppressed due to unreliable or missing data.

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, June 2025 sourced from US Census Bureau, American Community Survey, five-year estimates

*https://www.countyhealthrankings.org/health-data/new-york?year=2025&measure=Disconnected+Youth**

DISCRIMINATION

National Institutes of Health (NIH) defines discrimination as a socially structured action that is unjustified or unfair and harms individuals or groups, often protecting more powerful and privileged groups to the detriment of others.[47] CDC notes that discrimination and racism harm health via barriers to resources and by triggering physiological stress pathways linked to worse outcomes.[48]

Discrimination can be assessed through both everyday experiences and major life events.[49] Residential segregation is a prominent example of structural discrimination, shaped by policies and practices that limit housing opportunities for certain racial and ethnic groups.[50] Such discrimination can occur when individuals are refused rental housing or denied credit unfairly. The consequences of residential segregation extend far beyond housing itself influencing access to quality education, nutritious food, safe environments for physical activity, reliable transportation, and health care.[51] These inequities contribute to persistent disparities in health status across population groups.

In the US, residential segregation between non-Hispanic Black and non-Hispanic White populations is a key determinant of health disparity, leading to poor health outcomes including mortality and reproductive and chronic diseases.[52]

Data produced by *County Health Rankings & Roadmaps* around residential segregation uses the *American Community Survey* to measure the distribution of non-Hispanic Black and non-Hispanic White residents across census tracks. The index is used to measure residential segregation; zero represents complete integration, while 100 is complete segregation. The index score can also represent the percentage of either non-Hispanic Black or non-Hispanic White residents who would have to move to a different geographic area in order to produce a distribution that matches that of the larger area.

[47] National Institutes of Health, National Institute on Minority Health and Health Disparities, US Department of Health and Human Services, *Notice of Intent to Publish a Funding Opportunity Announcement: Understanding and Addressing the Impact of Structural Racism and Discrimination on Minority Health and Health Disparities (NOT-MD-21-016)* — Key Definitions, 2021, https://grants.nih.gov/grants/guide/notice-files/NOT-MD-21-016.html, accessed August 2025

[48] Centers for Disease Control and Prevention, *How Racism Leads to Cancer Health Disparities*, 2025, https://www.cdc.gov/cancer/health-equity/racism-health-disparities.html, accessed August 2025

[49] National Institutes of Health, National Institute on Minority Health and Health Disparities, *PhenX Toolkit: Discrimination Major Experiences and Everyday Discrimination Scales*, 2025, https://www.phenxtoolkit.org/protocols/view/210302, accessed August 2025

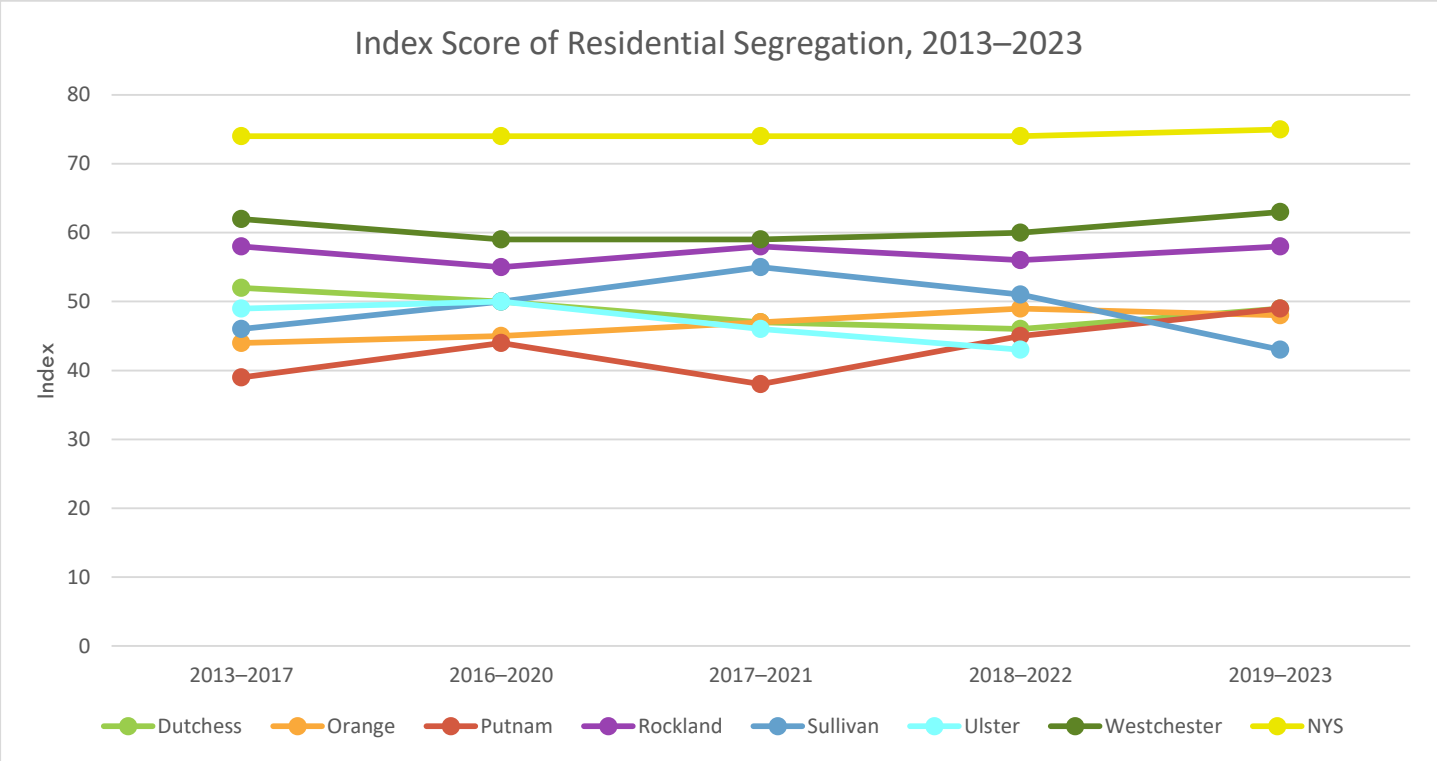
[50] Centers for Disease Control and Prevention, *Preventing Chronic Disease* (2024) "Residential segregation is a poignant example of environmental racism…", 2025, https://www.cdc.gov/pcd/issues/2024/pdf/23_0248.pdf, accessed August 2025

[51] U.S. Department of Housing and Urban Development, *Housing Discrimination Under the Fair Housing Act*, 2025, https://www.hud.gov/helping-americans/fair-housing-act-overview, accessed August 2025

[52] University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps, Robert Wood Johnson Foundation, 2025, https://www.countyhealthrankings.org/health-data/community-conditions/social-and-economic-factors/safety-and-social-support/residential-segregation-blackwhite?year=2025, accessed August 2025

Across the Mid-Hudson Region, residential segregation between Black and White residents remains lower than the statewide level but continues to vary by county. For the most recent period (2019–2023), Westchester County had the highest index score at 63.0, though it was still below the New York State average of 75.0. Sullivan County recorded the lowest score in the region at 43.0, indicating greater levels of residential integration. Putnam County and Orange County showed steady increases in segregation in recent years. In contrast, Ulster County declined to 43.0 (2018-2022), tying with Sullivan for the lowest score. Overall, the Mid-Hudson Region continues to show lower segregation levels compared with the state as a whole, though disparities remain across counties. [see Figure 16]

Figure 16



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2013–2017	52.0	44.0	39.0	58.0	46.0	49.0	62.0	74.0
2016–2020	50.0	45.0	44.0	55.0	50.0	50.0	59.0	74.0
2017–2021	47.0	47.0	38.0	58.0	55.0	46.0	59.0	74.0
2018–2022	46.0	49.0	45.0	56.0	51.0	43.0	60.0	74.0
2019–2023	49.0	48.0	49.0	58.0	43.0	s	63.0	75.0

s: Data are suppressed due to unreliable or missing data.
Note: Index of dissimilarity where higher vales indicate greater residential segregation between Black and White County residents.
Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, June 2025 sourced from US Census Bureau, American Community Survey, five-year estimates
https://www.countyhealthrankings.org/health-data/new-york?year=2025&measure=Residential+Segregation+-+Black%2FWhite&tab=1*

HEALTH CARE ACCESS AND USAGE

"The National Academies of Sciences, Engineering, and Medicine define access to health care as the 'timely use of personal health services to achieve the best possible health outcomes."[53] Barriers to health care include lack of access to transportation, lack of health insurance coverage, and inadequate providers per capita.

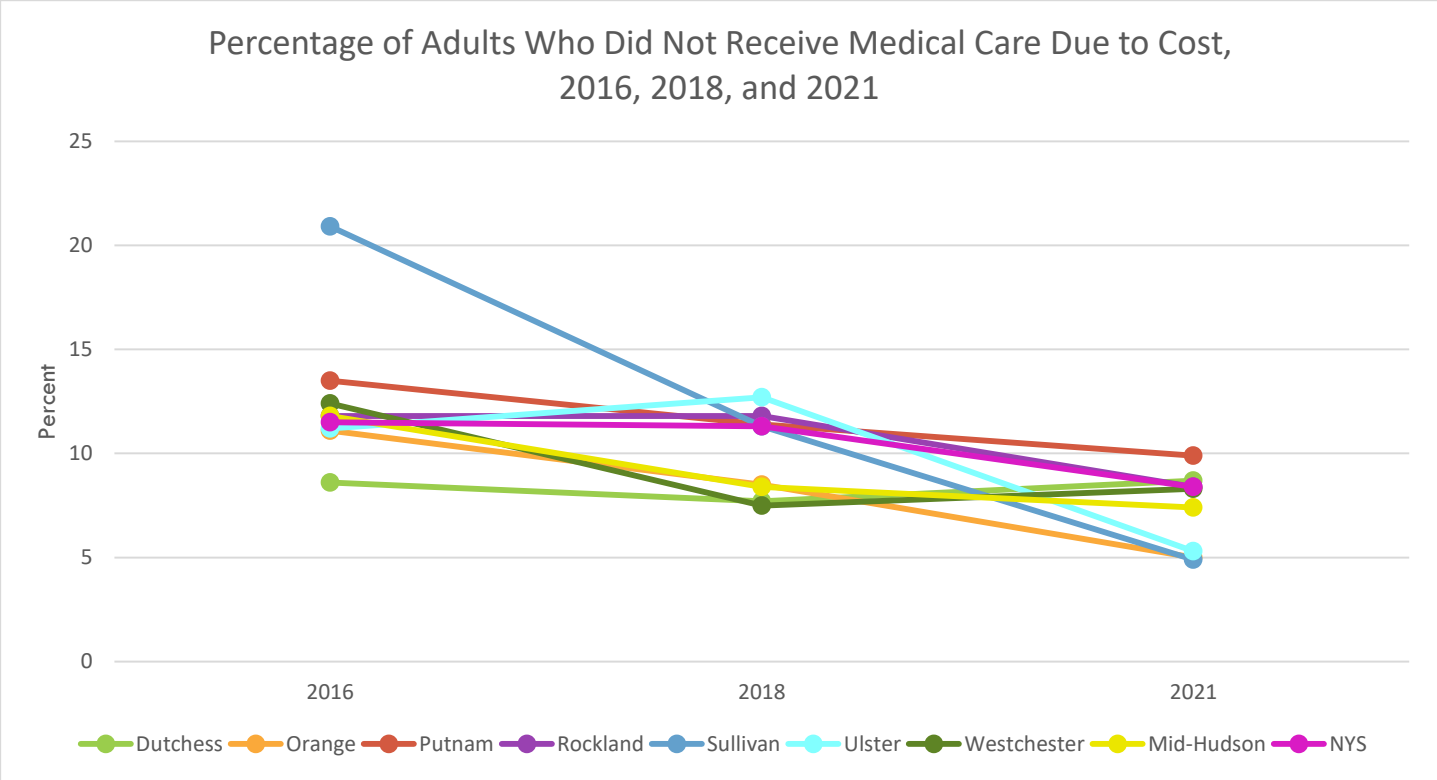
Cost is a prominent barrier to receiving health services and can deter people from seeking preventative care. The Survey of Income and Program Participation in 2023 showed that 16.4% of US households carried medical debt, meaning that people were unable to pay medical costs up front or when they received care.[54]

[53] US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030, 2025, https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services, accessed August 2025

[54] US Census Bureau, Survey of Income and Program Participation, Survey Year 2023, Table 2, 2025, https://www.census.gov/data/tables/2023/demo/wealth/wealth-asset-ownership.html, accessed August 2025

Within the M-H Region, the highest percentage of adults who did not receive medical care due to cost was reported in Putnam County at 9.9%. Sullivan County had the lowest percentage (4.9%) of adults who did not receive medical care due to cost. The M-H Region (7.4%), Rockland County (8.4%), Sullivan County (4.9%), Ulster County (5.3%), and Westchester County (8.3%) all had a similar or lower percentage than NYS (8.4%). Sullivan County (-76.6%) and Ulster County (-52.7%) had a significant percentage change observed between 2016 and 2021, indicating potential gains in both access to care and utilization. [see Figure 17]

Figure 17



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
2016	8.6	11.1	13.5	11.8	20.9	11.2	12.4	11.8	11.5
2018	7.7	8.5	11.4	11.8	11.3	12.7	7.5	8.4	11.3
2021	8.7	5.0*	9.9	8.4	4.9	5.3	8.3	7.4	8.4

*: *The percentage is unstable.*

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?"

Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NYSDOH Behavioral Risk Factor Surveillance System

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

HEALTH INSURANCE COVERAGE

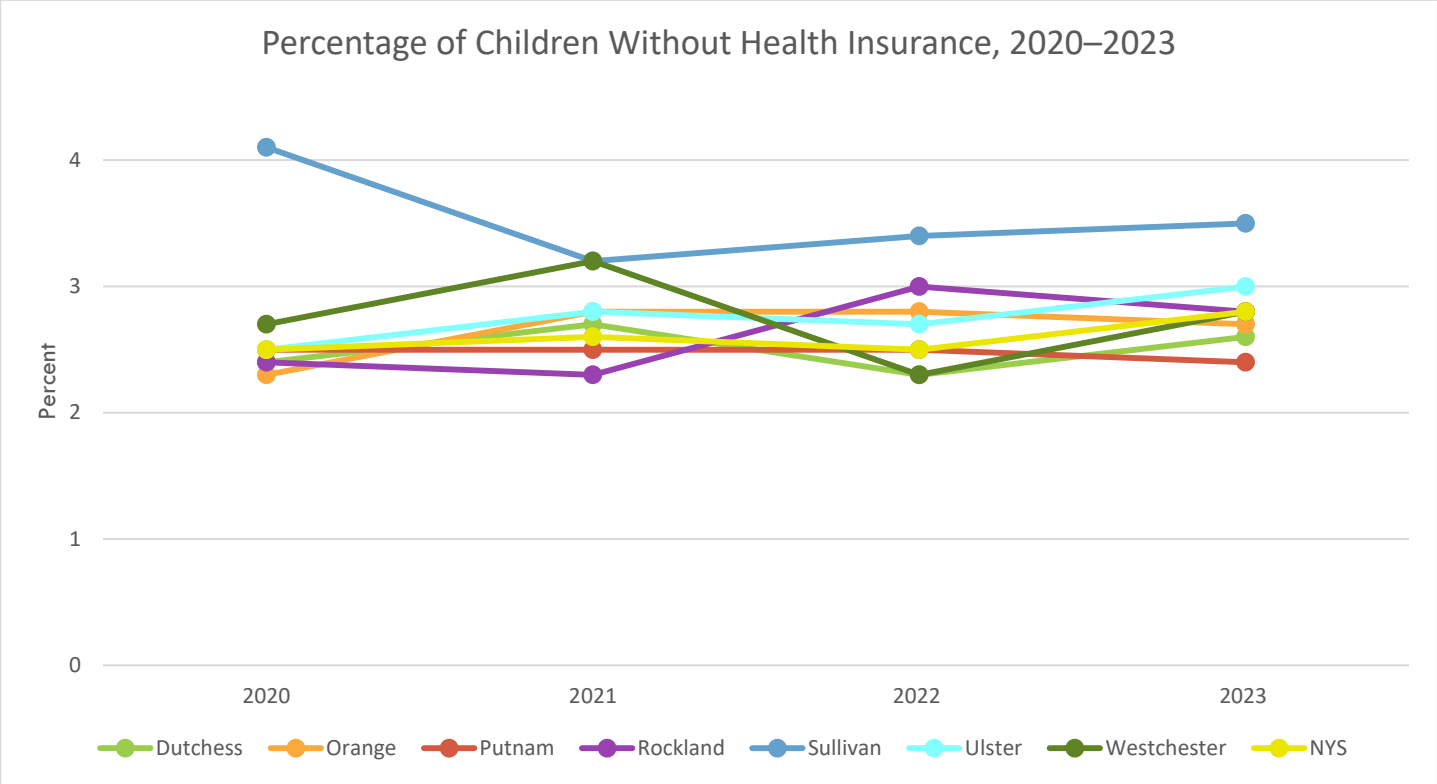
Health insurance coverage is one of the largest factors affecting health care access. Uninsured people are less likely to receive preventative services and treatments than those who are insured, including care for chronic conditions, dental care, immunizations, and well-child visits.[55] Several government programs, such as Medicaid and the Children's Health Insurance Program, help provide low and no-cost insurance to children who qualify.

The US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program calculates estimates of health insurance coverage. Estimates are created for children under the age of 19 years old, as well as the adult population between 18 and 64 years old. According to these estimates, more adults are without health insurance than children in the M-H Region.

[55] US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030, 2025, https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services, accessed August 2025

Sullivan County has the greatest rate of children without health insurance (3.5%), and Putnam County has the lowest rate (2.4%). Dutchess (2.6%), Orange (2.7%), and Putnam Counties all have rates lower than NYS (2.8%). Rockland County (2.8%) and Westchester County (2.8%) both have the same rate at NYS. Sullivan County has shown the greatest gains in coverage between 2020 and 2023, with a 14.6% percent decrease over the past four years. [see Figure 18]

Figure 18



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	2.4	2.3	2.5	2.4	4.1	2.5	2.7	2.5
2021	2.7	2.8	2.5	2.3	3.2	2.8	3.2	2.6
2022	2.3	2.8	2.5	3.0	3.4	2.7	2.3	2.5
2023	2.6	2.7	2.4	2.8	3.5	3.0	2.8	2.8

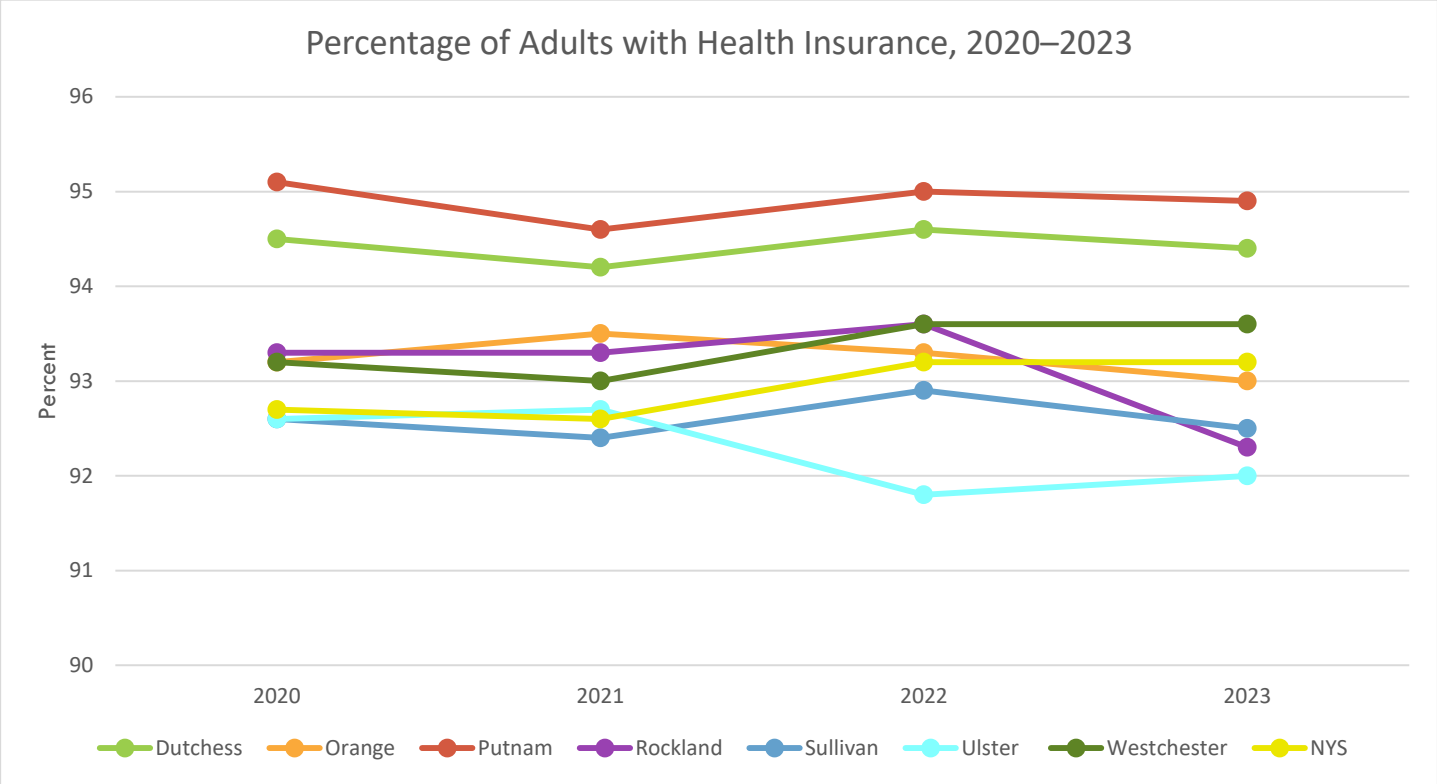
Note: This indicator includes children under 19 years old.

Source: US Census Bureau, Small Area Health Insurance Estimates, July 2025

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

Dutchess County (94.4%) and Putnam County (94.9%) have the highest rate of adults with health insurance, and Ulster County has the lowest rate (92.0%). Adults in Dutchess County, Putnam County, and Westchester County (93.6%) all have a greater percentage of residents with insurance than NYS (93.2%). [see Figure 19]

Figure 19



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	94.5	93.2	95.1	93.3	92.6	92.6	93.2	92.7
2021	94.2	93.5	94.6	93.3	92.4	92.7	93.0	92.6
2022	94.6	93.3	95.0	93.6	92.9	91.8	93.6	93.2
2023	94.4	93.0	94.9	92.3	92.5	92.0	93.6	93.2

Note: This indicator includes adults aged 18–64 years old. Y-axis does not begin at zero in order to clearly display trend lines.
Source: US Census Bureau; Small Area Health Insurance Estimates, 2023, August 2025
https://www.census.gov/data-tools/demo/sahie/#/?state_county=36000,36027,36071,36079,36087,36105,36111,36119&s_searchtype=sc&s_measures=ic_snc&RACECAT=0&AGECAT=1&map_yearSelector=2018&tableYears=2018

HEALTH PROFESSIONAL SHORTAGE AREAS

Medically Underserved Area (MUA) and Medically Underserved Population (MUP) designations identify geographic areas and populations with a lack of access to primary care services.

MUAs have a shortage of primary care health services for residents within a geographic area. Some examples include a whole county, urban census tracts, or civil divisions. MUPs have a shortage of primary care health services for a specific population subset within an established geographic area.[56] These groups may face economic, cultural, or linguistic barriers to health care.

An Index of Medical Underservice (IMU) score is calculated. An IMU score ranges between 0 (highest need) and 100 (lowest need). In order to qualify as an MUA or MUP, the score must be less than or equal to 62.0. Areas with lower scores often have limited access to health care professionals experience hindered health care access, creating longer wait times and delayed care and diagnosis.

In special circumstances, a State Governor or designee can identify a specific population group within a state facing unusual local conditions that hinder access to primary care services, even if the group doesn't meet the standard criteria for MUP designation they can be designated as a shortage area. After conducting a needs assessment and determining what areas are eligible for designation, the State would then submit an application for review by the Secretary of Health and Human Services. These MUPs do not have an IMU score as they follow a separate application process.

[56] US Department of Health and Human Services, Health Resources and Services Administration, Scoring Shortage Designations, 2022, https://www.hhs.gov/guidance/document/hpsa-and-muap-hpsa-scoring-criteria, accessed August 2025

Westchester and Orange Counties have the highest number of MUAs and MUPs. Putnam County had no designations. [see Table 16]

Table 16

Medically Underserved Areas and Medically Underserved Populations				
County	**Area Name**	**Designation Type**	**IMU Score**	**Designation Date**
Dutchess	Low Income - Poughkeepsie	MUP Low Income	59.2	5/25/2001
Dutchess	Migrant & Seasonal Farm Worker - East Dutchess	MUP Low Income	44.8	4/16/2001
Dutchess	Medicaid Eligible and Medically Indigent - Beacon Service Area	MUP Other Population Governor's Exception	N/A	7/6/1993
Orange	Orange County Service Area	Medically Underserved Area	55.5	5/4/1994
Orange	Village of Walden Service Area	Medically Underserved Area	60.8	6/29/1999
Orange	Village of Kiryas Joel Service Area	Medically Underserved Area	45.0	7/21/1993
Orange	Low Income - Middletown Service Area	MUP Low Income	58.2	4/8/1994
Rockland	Village of New Square Service Area	Medically Underserved Area	45.5	8/3/1993
Rockland	Low Income - Haverstraw	MUP Low Income	61.6	7/27/2006
Sullivan	Low Income - Western Sullivan Service Area	MUP Low Income	59.3	5/31/2002
Sullivan	Low Income - Monticello	MUP Low Income	61.4	6/24/2004
Sullivan and Ulster	Low Income - Wawarsing/Fallsburg S Area	MUP Low Income	61.8	6/18/2002
Ulster	Plattekill Town - County	Medically Underserved Area	58.8	5/7/1981
Westchester	Westchester Service Area - Elmsford	Medically Underserved Area	61.6	7/5/1994
Westchester	Westchester Service Area - Mount Vernon	Medically Underserved Area	54.0	4/6/1978
Westchester	Low Income - Mount Kisco	MUP Other Population Governor's Exception	N/A	2/28/2003
Westchester	Westchester Service Area - Peekskill	Medically Underserved Area	58.8	5/4/1994
Westchester	Medicaid Eligible and Medically Indigent - Port Chester	MUP Other Population Governor's Exception	N/A	4/8/1993
Westchester	Westchester Service Area - Yonkers	Medically Underserved Area	41.2	10/7/1988

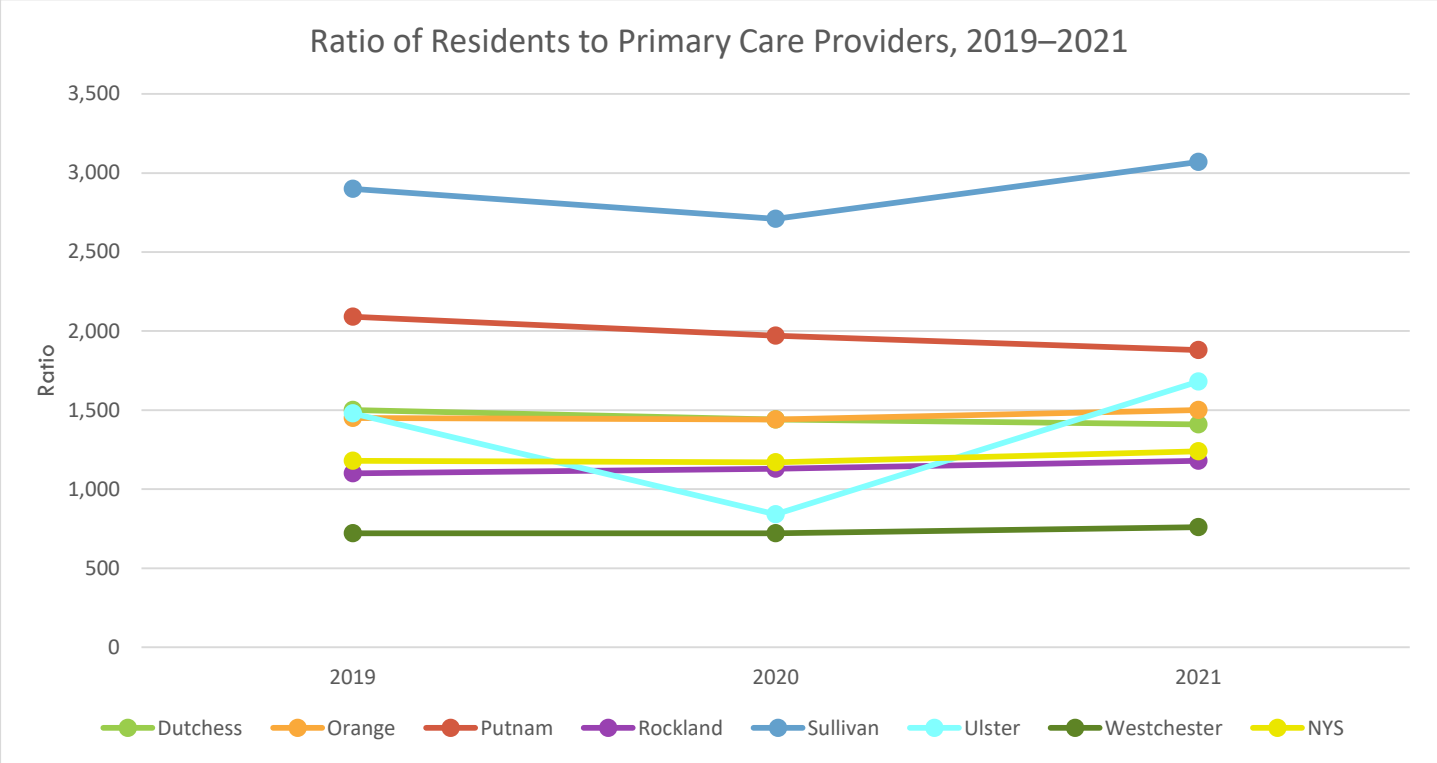
Note: An area or population can receive an Index of Medical Underservice (IMU) score between 0-100. An area or population with an IMU of 62.0 or below qualifies for designation as a Medically Underserved Area and Medically Underserved Population (MUP).
Source: Health Resources and Services Administration Data Warehouse, June 2025
https://data.hrsa.gov/tools/shortage-area/mua-find

Primary care is effective for preventative care, early detection and treatment of disease, and chronic disease management.[57] Dental care and mental health care are other disciplines that provide preventative care, as well as diagnosis, management, and treatment of diseases and disorders.

When measuring the ratio of population to provider, a higher ratio means less providers per capita, implying less access.

Sullivan County (3,070:1) had the highest ratio of residents to primary care providers. and the number of providers continues to decrease since 2019. Westchester County had the best resident to provider ratio (760:1). Westchester and Rockland (1,880:1) had better ratios than NYS (1,240:1). [see Figure 20]

Figure 20



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2019	1,500:1	1,450:1	2,090:1	1,100:1	2,900:1	1,480:1	720:1	1,180:1
2020	1,440:1	1,440:1	1,970:1	1,130:1	2,710:1	840:1	720:1	1,170:1
2021	1,410:1	1,500:1	1,880:1	1,180:1	3,070:1	1,680:1	760:1	1,240:1

Note: To interpret this indicator, the value provided is the number of residents to 1 primary care provider. This measure from the County Health Rankings are released each year but data are used from prior years where available.

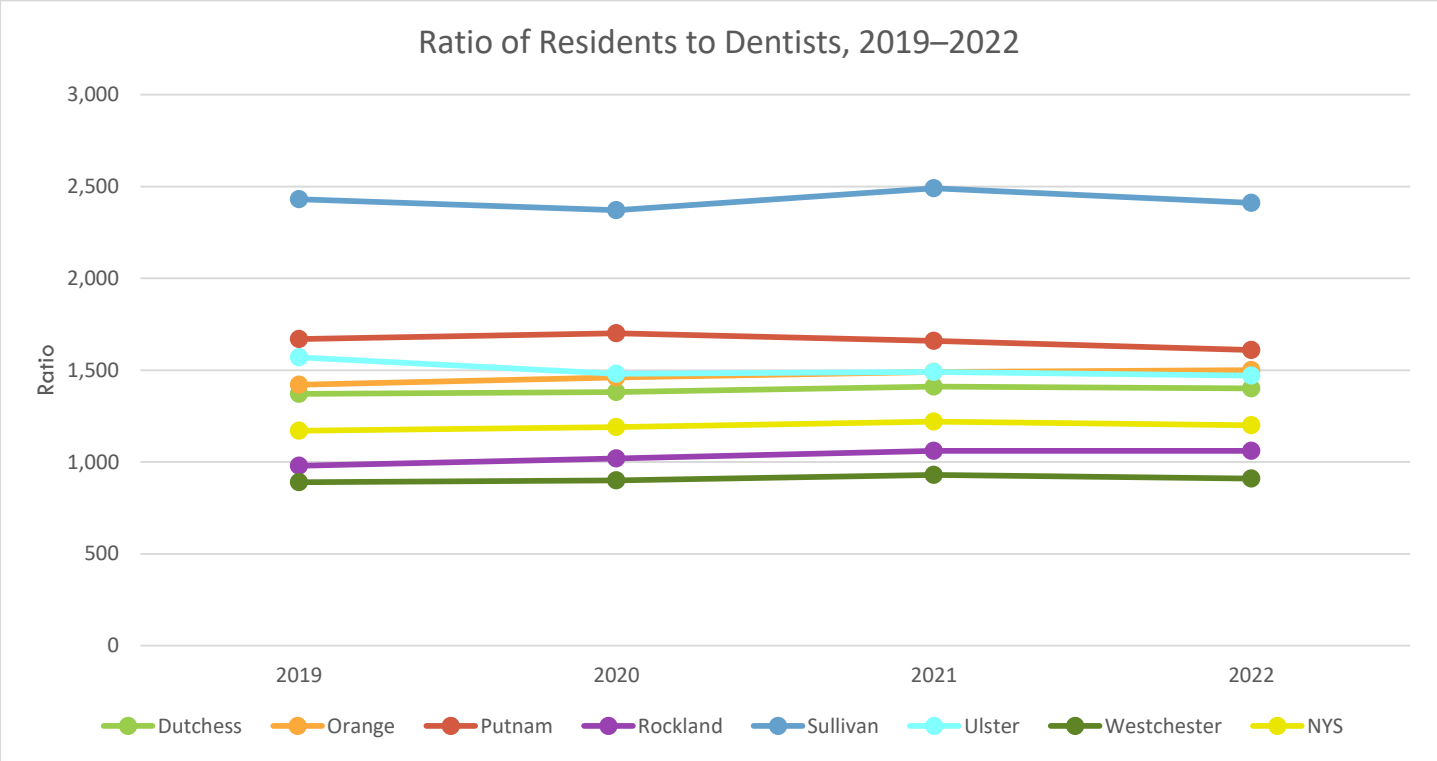
Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, June 2025 sourced from Area Health Resources Files 2022-2023, and the American Medical Association

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

[57] US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030, 2025, https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-primary-care#cit3, accessed August 2025

Sullivan County had the highest ratio of residents to dentists (2,410:1). Westchester County had the best resident to dentist ratio (910:1). Westchester and Rockland (1,060:1) had better ratios than NYS (1,200:1). Putnam County, Sullivan County, and Ulster County have seen improvements in the ratio between 2019 and 2022, with more dentists being available to residents. [see Figure 21]

Figure 21



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2019	1,370:1	1,420:1	1,670:1	980:1	2,430:1	1,570:1	890:1	1,170:1
2020	1,380:1	1,460:1	1,700:1	1,020:1	2,370:1	1,480:1	900:1	1,190:1
2021	1,410:1	1,490:1	1,660:1	1,060:1	2,490:1	1,490:1	930:1	1,220:1
2022	1,400:1	1,500:1	1,610:1	1,060:1	2,410:1	1,470:1	910:1	1,200:1

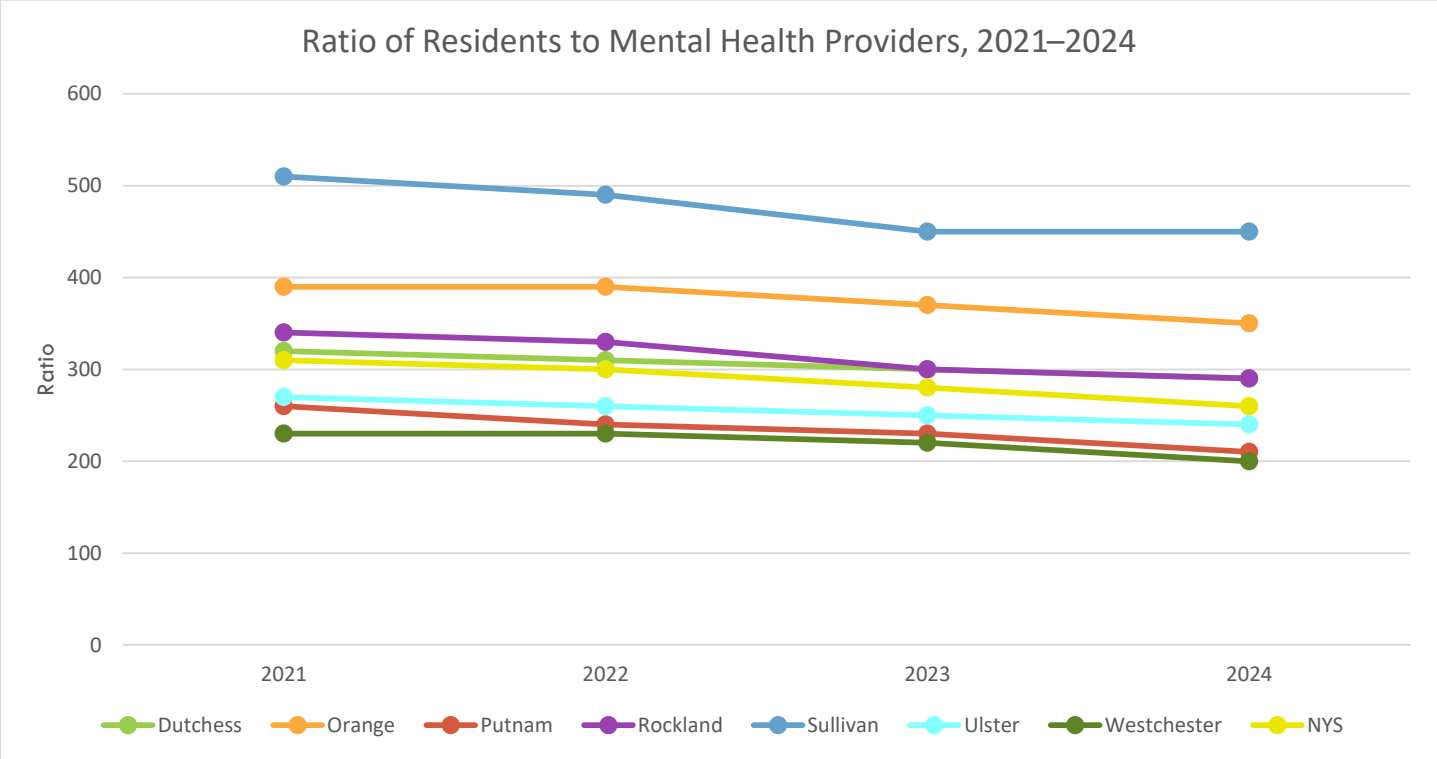
Note: To interpret this indicator, the value provided is the number of residents to 1 dentist. This measure from the County Health Rankings are released each year but data are used from prior years where available.

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, June 2025 sourced from Area Health Resources Files 2022-2023, and the National Provider Identifier Downloadable File

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

Sullivan County had the highest ratio of residents to mental health providers (450:1). Westchester County had the best resident to mental health provider ratio (200:1). Westchester, Putnam (210:1), and Ulster (240:1) Counties had better ratios than NYS (260:1). All M-H Region Counites have seen improvements in the ratio between 2019 and 2022, with more mental health providers being available to residents. [see Figure 22]

Figure 22



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021	320:1	390:1	260:	340:1	510:1	270:1	230:1	310:1
2022	310:1	390:1	240:1	330:1	490:1	260:1	230:1	300:1
2023	300:1	370:1	230:1	300:1	450:1	250:1	220:1	280:1
2024	290:1	350:1	210:1	290:1	450:1	240:1	200:1	260:1

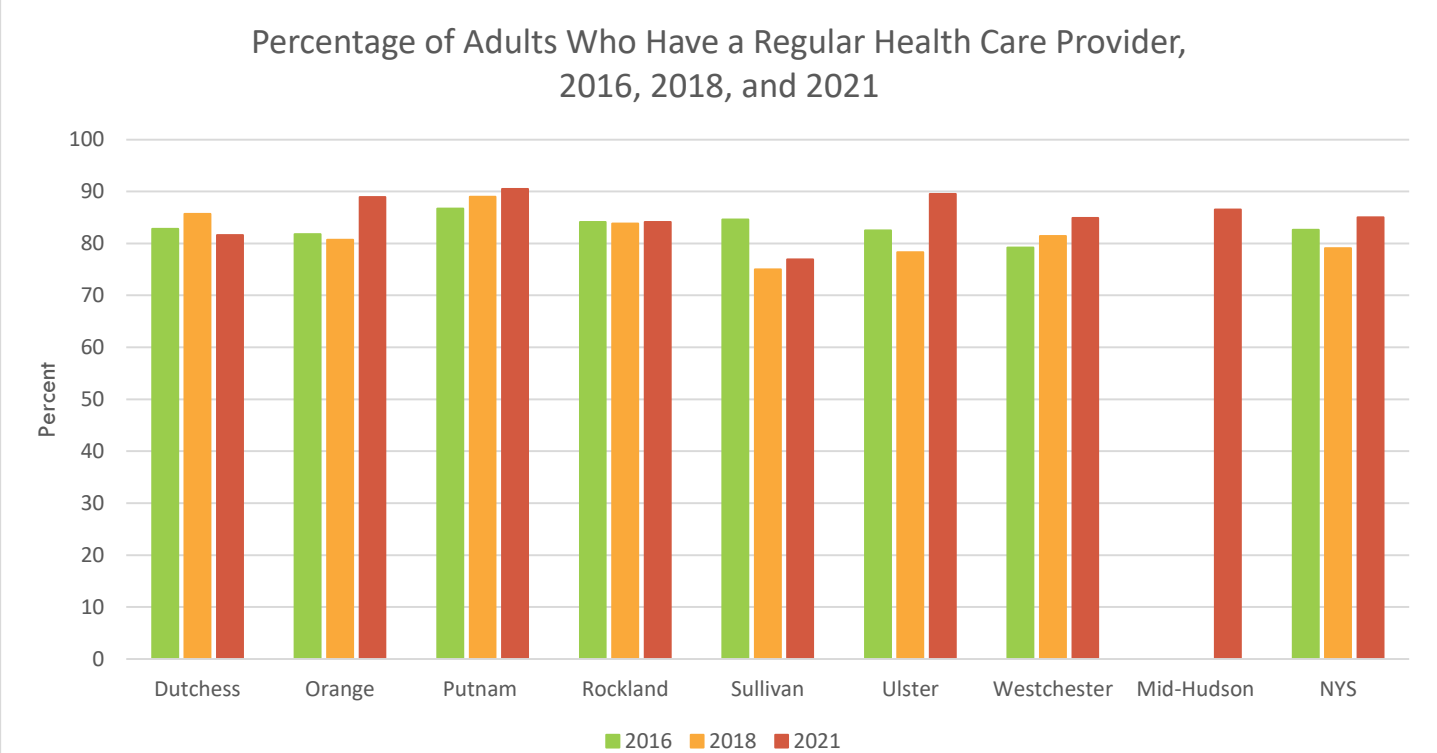
Note: To interpret this indicator, the value provided is the number of residents to 1 mental health provider. This measure from the County Health Rankings are released each year but data are used from prior years where available.
Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, June 2025 sourced from National Provider Identification Registry, Centers for Medicaid and Medicare Services
https://www.countyhealthrankings.org/health-data/new-york?year=2022&measure=Mental+Health+Providers&tab=1

ACCESS TO PRIMARY CARE

Receiving regular primary care services is essential for chronic disease management and early detection and treatment of disease. Having a usual source of care allows for the development of a relationship potentially leading to receipt of more preventive care and services as recommended. Lack of insurance, low providers per capita, lack of access to transportation, inability to take time off from work, language-related barriers, and lack of culturally competent physicians can all be barriers to accessing regular primary care services.[58]

Putnam County had the largest percentage of adults who reported having a regular primary care provider at 90.5%, while Sullivan County had the lowest percentage at 76.9% [see Figure 23]. Orange County (88.9%), Putnam, Ulster County (89.5%), and Westchester County (84.9%) exceeded or were similar to the NYS rate (85.0%).

Figure 23



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
2016	82.8	81.8	86.7	84.1	84.6	82.5	79.2	N/A	82.6
2018	85.7	80.7	89.0	83.8	75.0	78.3	81.4	N/A	79.1
2021	81.6	88.9	90.5	84.1	76.9	89.5	84.9	86.5	85.0

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Do you have one person or a group of doctors that you think of as your personal health care provider?" Data unavailable for the Mid-Hudson Region in 2016 and 2018.
Source: NYS Community Health Indicator Reports Dashboard, July 2025 sourced from NYSDOH Behavioral Health Risk Factor Surveillance Survey
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=it&ind_id=pa4_0

[58] US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030, 2025, https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-primary-care, accessed August 2025

HEALTH CARE USAGE

The American College of Emergency Physicians defines an urgent care center as "a walk-in clinic focused on the delivery of medical care for minor illnesses and injuries in an ambulatory medical facility outside of a traditional hospital-based or freestanding emergency department."[59] Urgent care centers provide quality healthcare for non-life-threatening illnesses and injuries and are frequently used when primary care physician offices are closed.

Emergency departments (ED) are available 24 hours a day, 7 days a week and are meant for treatment of life threatening illnesses and injuries requiring immediate attention, including: heart attack symptoms, poisoning, pregnancy related problems, and uncontrollable bleeding.[60] ED visits are increasingly being used for non-emergent outpatient care due to lack of: insurance, a current primary care practitioner, and timely options to other care.[61]

For those admitted to the hospital, many inpatient visits could be avoided if there were access to timely primary and preventative care. Potentially preventable hospitalizations (PPH) include inpatient stays where care is provided for ambulatory care-sensitive conditions that could have potentially been avoided with quality primary and preventative care. Other factors like overall access to care, socioeconomic status, and chronic disease prevalence and management can play a part in PPH admissions as well. By identifying the avoidable conditions with high admission rates, the healthcare system can assess where changes can be made to improve efficiency and quality of care.[62]

[59] American College of Emergency Physicians, 2022, https://www.acep.org/patient-care/policy-statements/urgent-care-centers/, accessed August 2025

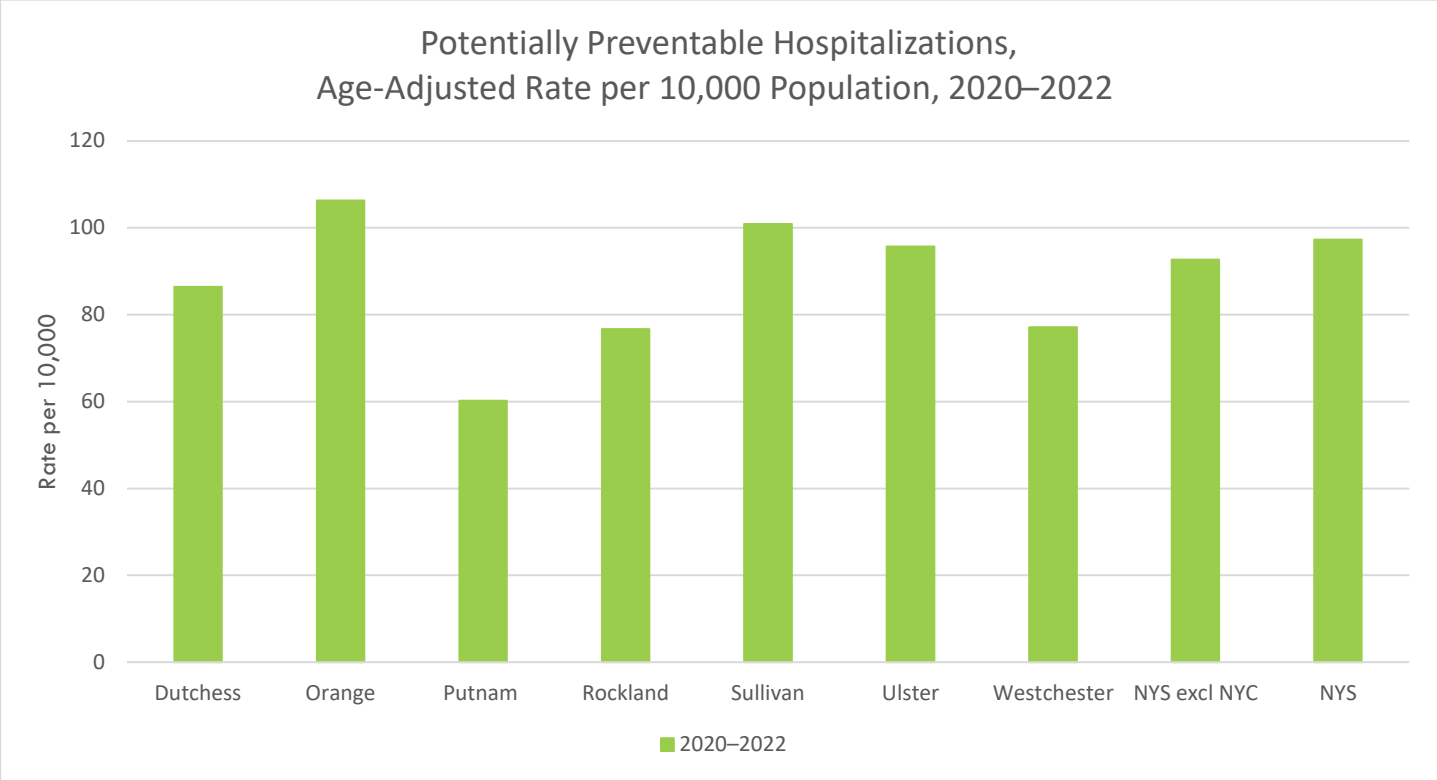
[60] Urgent Care vs. Emergency Department, 2025, https://www.skagitregionalhealth.org/programs-services/urgent-care/when-to-use-urgent-care, accessed August 2025

[61] The Evolving Role of Emergency Departments in the United States. Rand Health Quarterly, 2013, https://pmc.ncbi.nlm.nih.gov/articles/PMC4945168/, accessed August 2025

[62] Characteristics and Costs of Potentially Preventable Inpatient Stays, 2017, https://hcup-us.ahrq.gov/reports/statbriefs/sb259-Potentially-Preventable-Hospitalizations-2017.jsp, accessed August 2025

In the M-H Region there is a significant variation among PPH rates. Putnam County had the lowest rate (60.2) and Orange County had the highest rate (106.3). Orange and Sullivan County had rates exceeding NYS excluding NYC (92.7) and NYS (97.3). [see Figure 24]

Figure 24



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2020–2022	86.4	106.3	60.2	76.7	100.9	95.7	77.1	92.7	97.3

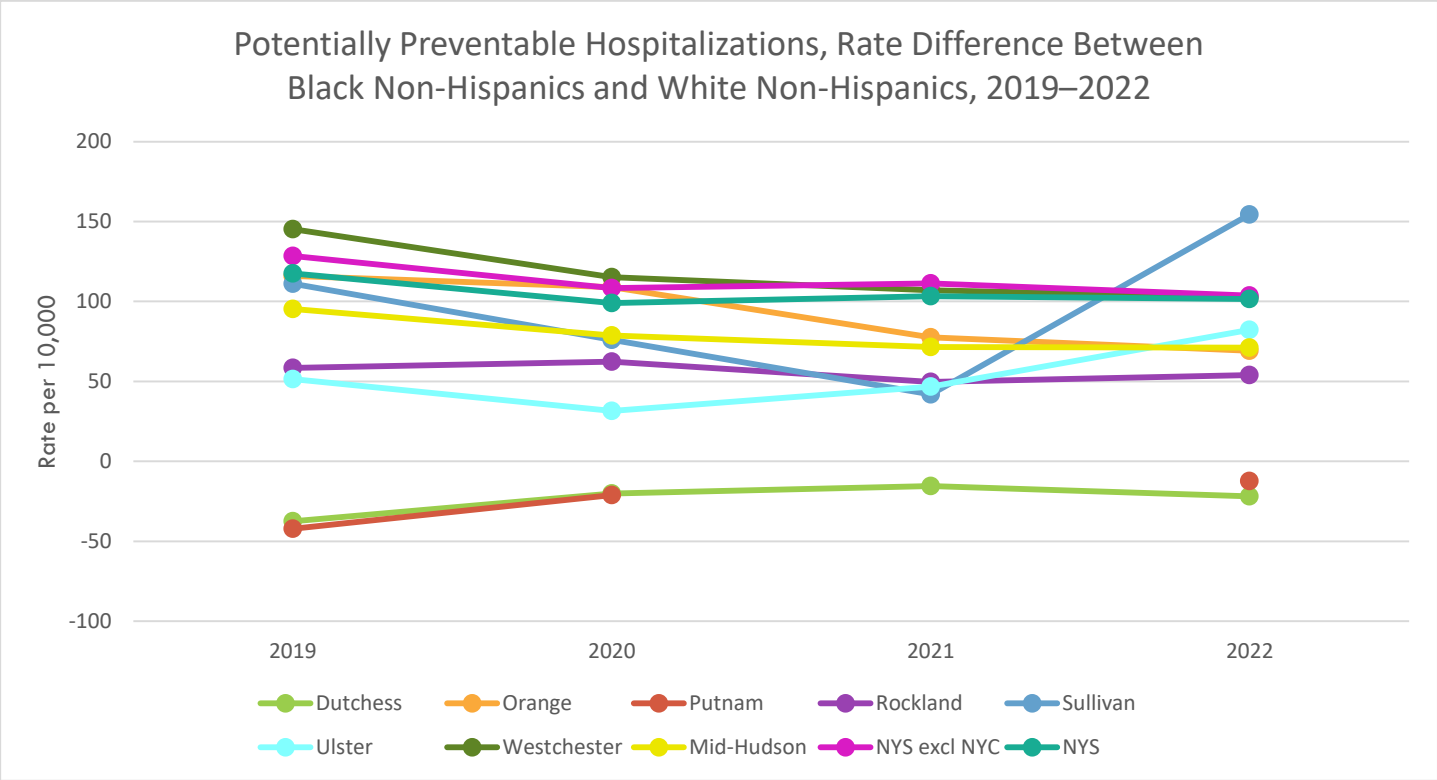
Note: The number of potentially preventable hospitalizations includes residents aged 18+ years. The Prevention Quality Indicators (PQI) are a set of measures developed by the federal Agency for Healthcare Research and Quality for use in assessing the quality of outpatient care for "ambulatory care sensitive conditions". This indicator is defined as the combination of the 10 PQIs that pertain to adults, including: Short-term Complication of Diabetes, Long-term Complication of Diabetes, Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults, Hypertension, Heart Failure, Community-Acquired Pneumonia, Urinary Tract Infection, Uncontrolled Diabetes, Asthma in Younger Adults, and Lower-Extremity Amputation Among Patients with Diabetes. Because the PQIs estimate the number of potentially avoidable hospital admissions, a lower rate is desirable.

Source: NYS County Health Indicators by Race and Ethnicity Dashboard, July 2025 sourced from NY Statewide Planning and Research Cooperative System https://www.health.ny.gov/community/health_equity/reports/county/

Looking at PPH by race is an important step in identifying health disparities and targeting interventions to improve access to healthcare and eventually outcomes.

Black non-Hispanic residents tend to experience significantly higher rates of PPH compared to White non-Hispanic residents in the M-H Region. The only County to consistently have a trend with White Non-Hispanic residents experiencing more PPH was Dutchess County. There is no consistent trends across the region. Orange County and Westchester County show a general decrease in the rate difference over time, while Sullivan County shows an increase between 2019 and 2022 [see Figure 25]. When interpreting Figure 25 a negative rate means that White non-Hispanic residents have a higher rate of PPH compared to the Black non-Hispanic residents which suggests that Black non-Hispanic residents are not having as many admissions that would be considered preventable.

Figure 25

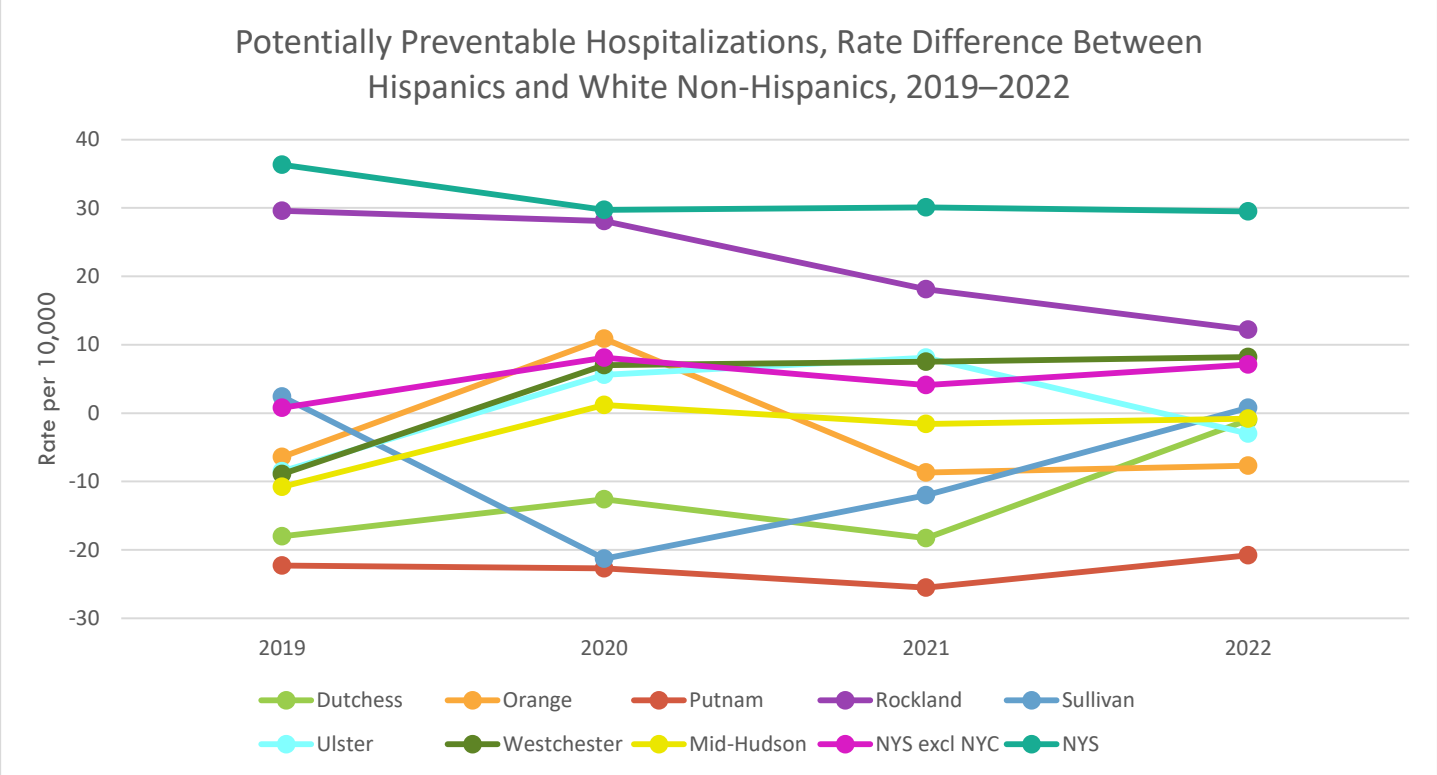


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2019	-37.5	115.9	-42.1*	58.5	111.0	51.5	145.3	95.3	20.2	117.6
2020	-20.1	108.9	-21.2*	62.4	75.9	31.5	115.1	78.7	19.7	99.0
2021	-15.4	77.6	s	49.7	41.9	46.7	106.9	71.4	22.2	103.3
2022	-21.9	69.1	-12.3	53.9	154.3	82.3	102.7	71.1	21.7	101.5

**: The rate is unstable.*
s: Data are suppressed due to not meeting reporting criteria.
Note: Rates are age-adjusted, per 10,000 adults aged 18+. The rate of potentially preventable hospitalization is calculated for both Black and White non-Hispanics. Then, the difference is the Black non-Hispanic rate minus the White non-Hispanic rate.
Source: NYS Prevention Agenda Tracking Dashboard, August 2025 sourced from NY Statewide Planning and Research Cooperative System
https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county

Non-Hispanic White residents tend to experience higher rates of PPH compared to Hispanic residents in the M-H Region. The only County to consistently have a trend with White Non-Hispanic residents experiencing more PPH was Rockland County. Putnam and Dutchess Counties consistently had lower PPH rates among Hispanic residents. In 2022, all M-H Region Counties had lower rates than NYS. When compared to NYS without NYC (7.1), Westchester County (8.2) and Rockland County (12.2) had higher rates [see Figure 26]. When interpreting Figure 26 a negative rate means that White non-Hispanic residents have a higher rate of PPH compared to the Hispanic residents which suggests that Hispanic residents are not having as many admissions that would be considered preventable.

Figure 26



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2019	-18.0	-6.4	-22.3	29.6	2.4	-8.5	-8.9	-10.8	0.8	36.3
2020	-12.6	10.9	-22.7	28.1	-21.3	5.6	7.0	1.2	8.1	29.7
2021	-18.3	-8.7	-25.5	18.1	-12.0	8.1	7.5	-1.6	4.1	30.1
2022	-1.0	-7.7	-20.8	12.2	0.8	-3.0	8.2	-0.8	7.1	29.5

Note: Rates are age-adjusted, per 10,000 adults aged 18+. The rate of potentially preventable hospitalization is calculated for both Hispanics and White non-Hispanics. Then, the difference is the Hispanic rate minus the White non-Hispanic rate.
Source: NYS Prevention Agenda Tracking Dashboard, July 2025 sourced from NY Statewide Planning and Research Cooperative System https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county

HEALTH LITERACY

Healthy People 2030 addresses both personal and organizational health literacy. Personal health literacy is defined as "the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others."[63] Organizational health literacy is defined as "the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others."[64]

Limited health literacy negatively affects health and is associated with "less participation in health-promotion and disease-detection activities, riskier health choices, more work accidents, diminished management of chronic diseases, poor adherence to medication, increased hospitalization and rehospitalization, increased morbidity, and premature death."[65] It is important to note that the responsibility of health literacy does not fall solely on the patient. It is also the responsibility of the service provider and their institution to ensure that resources and information being shared are communicated in an appropriate, understandable way. Improving provider-patient communication can lead to shared decision-making and improved health outcomes.

Increasing health literacy in populations has positive effects on society, including the notion that "health literate individuals participate more actively in economic prosperity, have higher earnings and rates of employment, are more educated and informed, contribute more to community activities, and enjoy better health and well-being."[66]

[63] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030, accessed August 2025

[64] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030, accessed August 2025

[65] World Health Organization – Health Literacy, 2024, https://www.who.int/news-room/fact-sheets/detail/health-literacy#:~:text=Health%20literacy%20is%20associated%20with,health%20policies%20and%20allocating%20resources, accessed August 2025

[66] World Health Organization – Health Literacy, 2024 https://www.who.int/news-room/fact-sheets/detail/health-literacy#:~:text=Health%20literacy%20is%20associated%20with,health%20policies%20and%20allocating%20resources, accessed August 2025

NEIGHBORHOOD AND BUILT ENVIRONMENT

ACCESS TO FOODS THAT SUPPORT HEALTHY EATING PATTERNS

Healthy dietary patterns are essential to living a healthy lifestyle. According to the *Dietary Guidelines for Americans 2020-2025*, the core elements of a healthy dietary pattern include vegetables, fruits, whole grains, low-fat dairy or fortified dairy alternatives, protein foods, and plant-based oils.[67] A healthy diet lowers risk of chronic diseases such as obesity, type 2 diabetes, and heart disease.[68] It is also essential for managing chronic conditions and preventing complications for those who have chronic diagnoses.[69]

When measuring food access, travel time to supermarkets, availability of healthy foods, and food prices all play a role.[70] For those without a personal vehicle, convenient public transportation, or a supermarket within walking distance, finding fresh, healthy options can be a challenge. High grocery prices can deter people with lower socioeconomic status from purchasing healthy options, minimizing food access. Low-income communities tend to have more difficulty accessing food, and a study in Detroit found that people living in predominantly Black low-income neighborhoods travel an average of 1.1 miles farther to the closest supermarket than people living in predominantly White low-income neighborhoods.[71]

The County Health Rankings and Roadmaps measure of the food environment accounts for proximity to healthy foods and income. The index is a scale that ranges from zero (worst) to 10 (best). Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Food insecurity estimates the percentage of the population that did not have access to a reliable source of food during the past year.[72]

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[67] Dietary Guidelines for Americans, US Department of Agriculture, Department of Health and Human Services, 2020, https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf, accessed August 2025

[68] Centers for Disease Control and Prevention, 2022, https://www.cdc.gov/chronic-disease/prevention/index.html#:~:text=Eat%20Healthy,Have%20Healthier%20Meals%20and%20Snacks, accessed August 2025

[69] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/chronic-disease/living-with/index.html#:~:text=Eat%20healthy%20foods,within%20your%20daily%20calorie%20needs, accessed August 2025

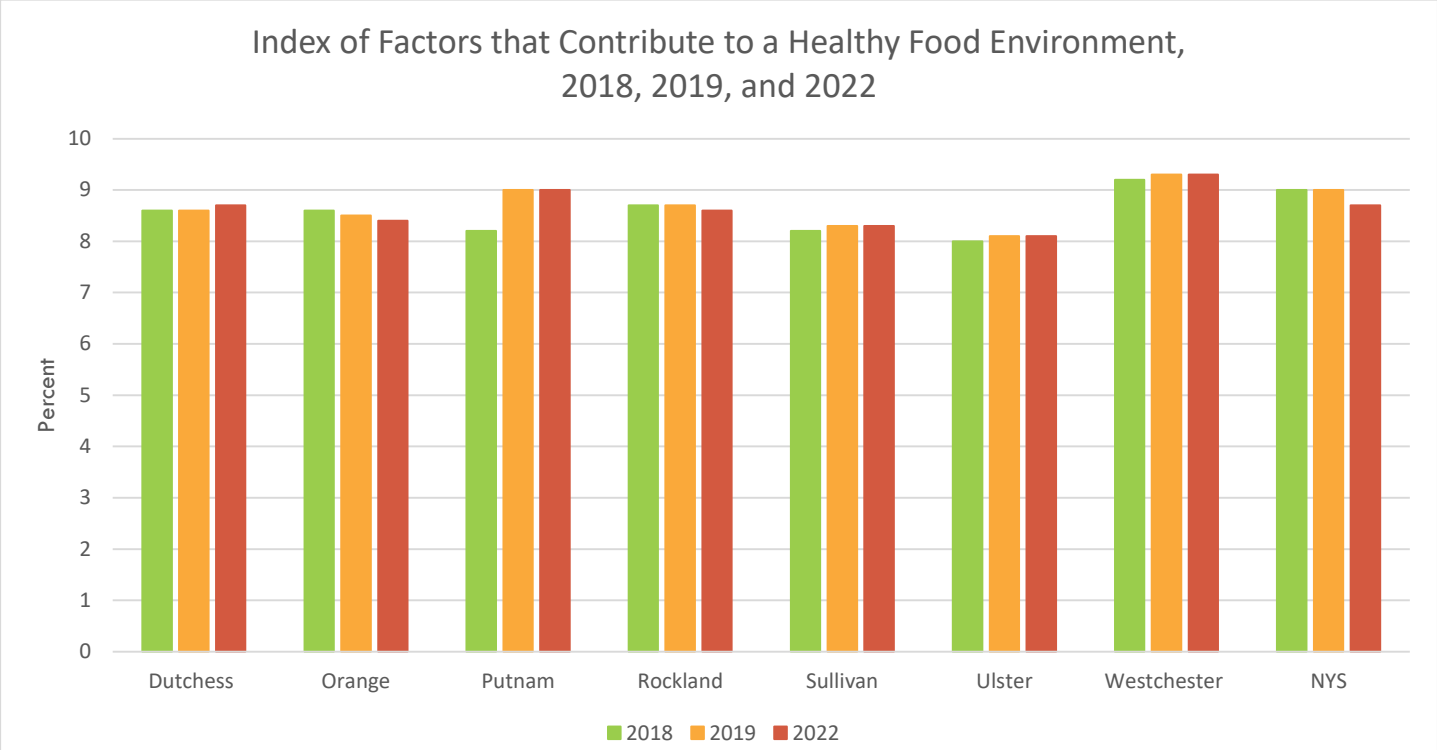
[70] Economic Research Service, US Department of Agriculture, 2025, https://www.ers.usda.gov/topics/food-choices-health/food-access/, accessed August 2025

[71] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-foods-support-healthy-eating-patterns#cit14, accessed August 2025

[72] University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, Robert Wood Johnson Foundation, 2025, https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/health-promotion-and-harm-reduction/food-environment-index?year=2025, accessed August 2025

Ulster County had the lowest food environment index (8.1), while Westchester (9.3) and Putnam (9.0) Counties had the highest. The majority of counties fell below NYS' score of 8.7 except for Westchester and Putnam Counties. [see Figure 27]

Figure 27



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2018	8.6	8.6	8.2	8.7	8.2	8.0	9.2	9.0
2019	8.6	8.5	9.0	8.7	8.3	8.1	9.3	9.0
2022	8.7	8.4	9.0	8.6	8.3	8.1	9.3	8.7

Note: The County Health Rankings measure of the food environment accounts for proximity to healthy foods and income. The index is a scale that ranges from 0 (worst) to 10 (best). Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Food insecurity estimates the percentage of the population that did not have access to a reliable source of food during the past year.

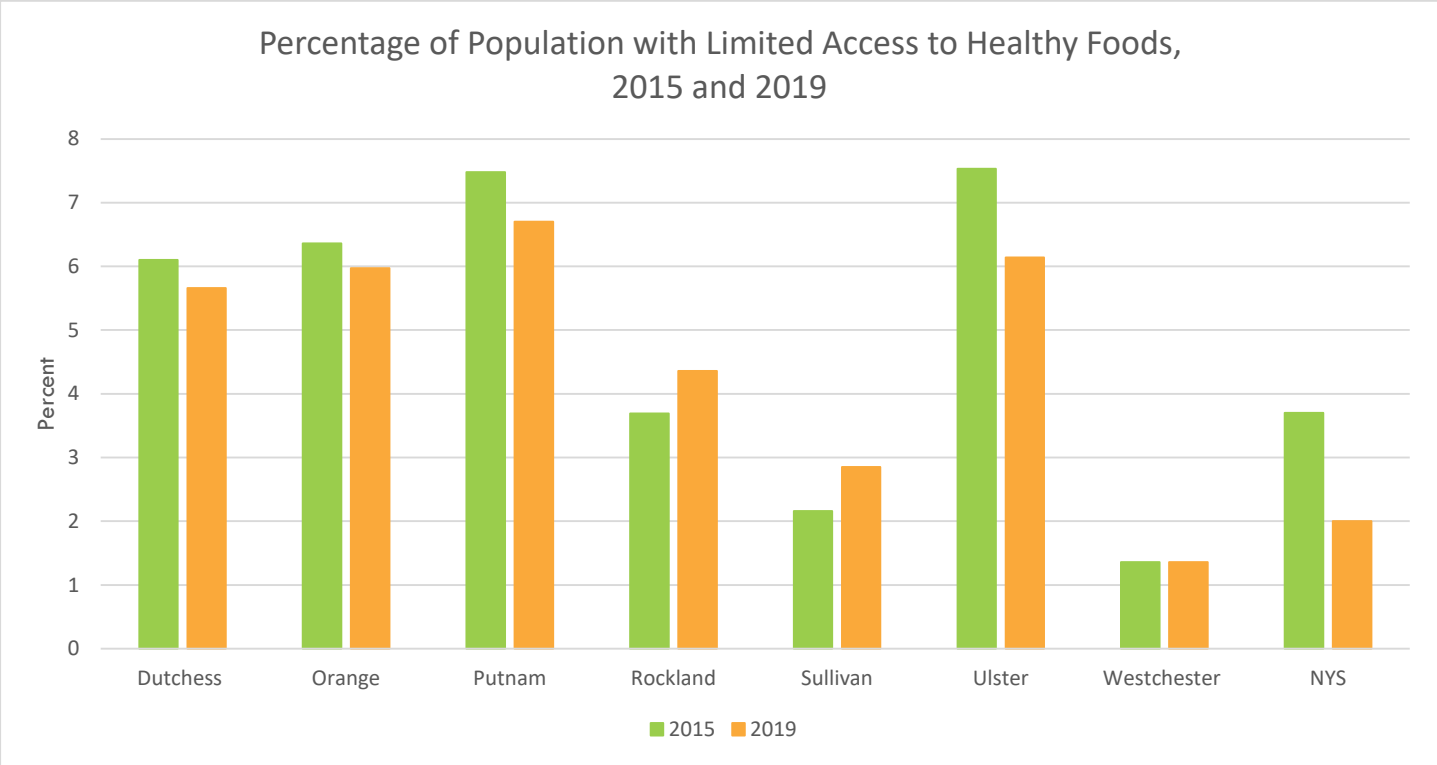
Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, July 2025 sourced from US Department of Agriculture - Food Environment Atlas and Feeding America - Map the Meal Gap
https://www.countyhealthrankings.org/health-data/new-york?year=2025&measure=Food+Environment+Index&tab=1

Limited access to healthy foods and food insecurity are indicators which are both equally weighted in the Food Environment Index.[73] To see a county comparison of food insecurity, see Figure 3 from above.

The "limited access to healthy foods" indicator measures the percentage of the population that is low-income and does not live close to a grocery store. "Low income" is defined as census tracts where the poverty rate is 20% or greater, or the median family income is at or below 80% of the state's median income. "Low access" areas are defined as census tracts where at least 500 people, or 33% of the population, live more than 1 mile (urban area) or 10 miles (rural area) from a supermarket or large grocery store.[74]

Many M-H Counties experienced a decrease in the percentage of the population with low income and low access to food, which is a positive trend. Putnam County had the highest percentage of residents with limited access to healthy food (6.7%) and was almost five times that of Westchester County (1.4%). Most of the counties in the M-H Region fall above NYS (2.0%) excluding Westchester County. [see Figure 28]

Figure 28



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2015	6.1	6.4	7.5	3.7	2.2	7.5	1.4	3.7
2019	5.7	6.0	6.7	4.4	2.9	6.1	1.4	2.0

Note: Percentage of population who are low-income and do not live close to a grocery store.
Source: US Department of Agriculture - Food Environment Atlas, July 2025
https://gisportal.ers.usda.gov/portal/apps/experiencebuilder/experience/?page=Full-FEA-Map

[73] University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps, Robert Wood Johnson Foundation, 2025, https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/health-promotion-and-harm-reduction/food-environment-index?year=2025, accessed August 2025

[74] US Department of Agriculture, Economic Research Service, Food Environment Atlas, 2025, https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/health-promotion-and-harm-reduction/food-environment-index?year=2025, accessed August 2025

CRIME AND VIOLENCE

Crime and violence both pose as major public health issues on various levels. Violent crime can affect the quality of life for those it reaches, including victims of violent crimes, witnesses of violent crimes, or residents who hear about violent crimes in their areas. Studies have shown that those who fear crime in their communities engage in less physical activity and as a result may have higher Body Mass Indexes (BMIs) and levels of obesity.[75] Exposure to violence can also have negative impacts on mental health. Consequences can particularly affect children and adolescents. It can increase behavioral problems, depression, anxiety, Post Traumatic Stress Disorder (PTSD), and can lead to risky behavior, such as substance use, risky sexual behavior, and unsafe driving.[76]

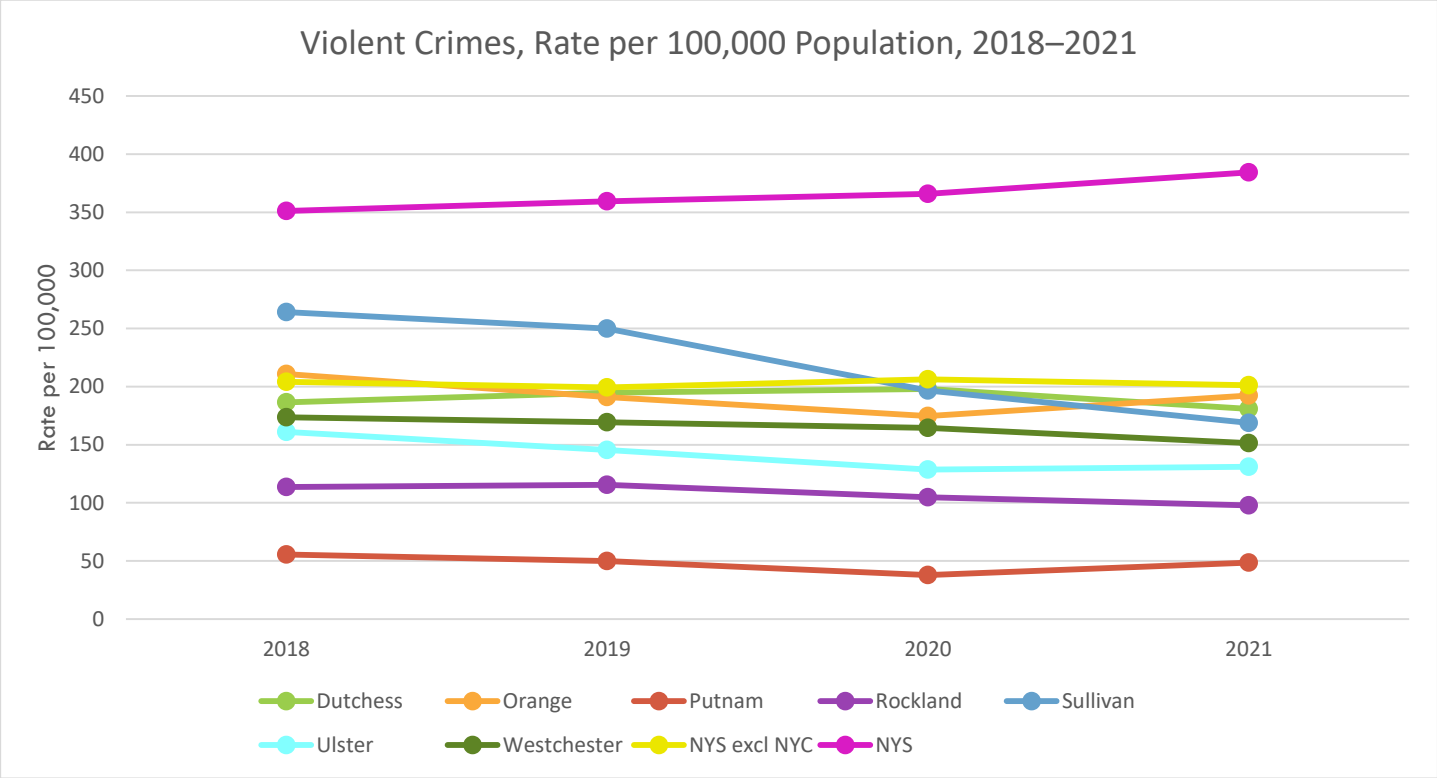
The NYS Division of Criminal Justice Services collects crime reports from police and sheriffs' departments to submit to the Federal Bureau of Investigation (FBI) as New York's official crime statistics. Violent crime totals include reports of murder, rape, robbery, and aggravated assault.

[75] Preventive Medicine, National Library of Medicine, 2015, https://pmc.ncbi.nlm.nih.gov/articles/PMC4134936/#:~:text=This%20neighborhood%20had%20lower%20perceived,%2C%20in%20turn%2C%20increases%20weight, accessed August 2025

[76] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/crime-and-violence, accessed August 2025

The M-H Region saw fluctuations in violent crime rates between 2018 and 2021. In 2021 all M-H Counites remained below the NYS without NYC rate and the NYS rate. Putnam County consistently had the lowest violent crime rate in the M-H Region from 2018 through 2021. Orange County has the highest rate (192.4 per 100,000). Sullivan County had the highest rates in 2018 and 2019 but has shown a consistent decrease over the four years. [see Figure 29].

Figure 29



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2018	186.4	210.7	55.4	113.5	264.2	161.1	173.6	204.0	351.0
2019	194.8	190.9	49.9	115.5	249.9	145.6	169.3	199.4	359.4
2020	198.0	174.6	37.9	104.9	196.7	128.5	164.4	206.2	365.7
2021	180.7	192.4	48.5	97.9	168.8	130.9	151.5	201.3	384.4

Note: Murder, rape, robbery, and aggravated assault are classified as violent crimes.
Source: NYS Division of Criminal Justice Services, Uniform Crime and Incident-Based Reporting System, July 2025
https://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm

ENVIRONMENTAL CONDITIONS

Three environmental conditions that negatively impact population health include air pollution, poor water quality, and extreme heat.[77] A study reported by the *United States Environmental Protection Agency* shows socially vulnerable populations, including racial and ethnic minorities, are disproportionately affected by environmental hazards.[78]

AIR POLLUTION

Air pollution has been linked to several poor health outcomes, particularly those related to the respiratory system. Negative consequences resulting from exposure to fine particulate matter in the air include, but are not limited to, decreased lung function, chronic bronchitis, and premature death.[79] Air particulate matter can come from a variety of sources, such as automobiles, industry, and forest fires.

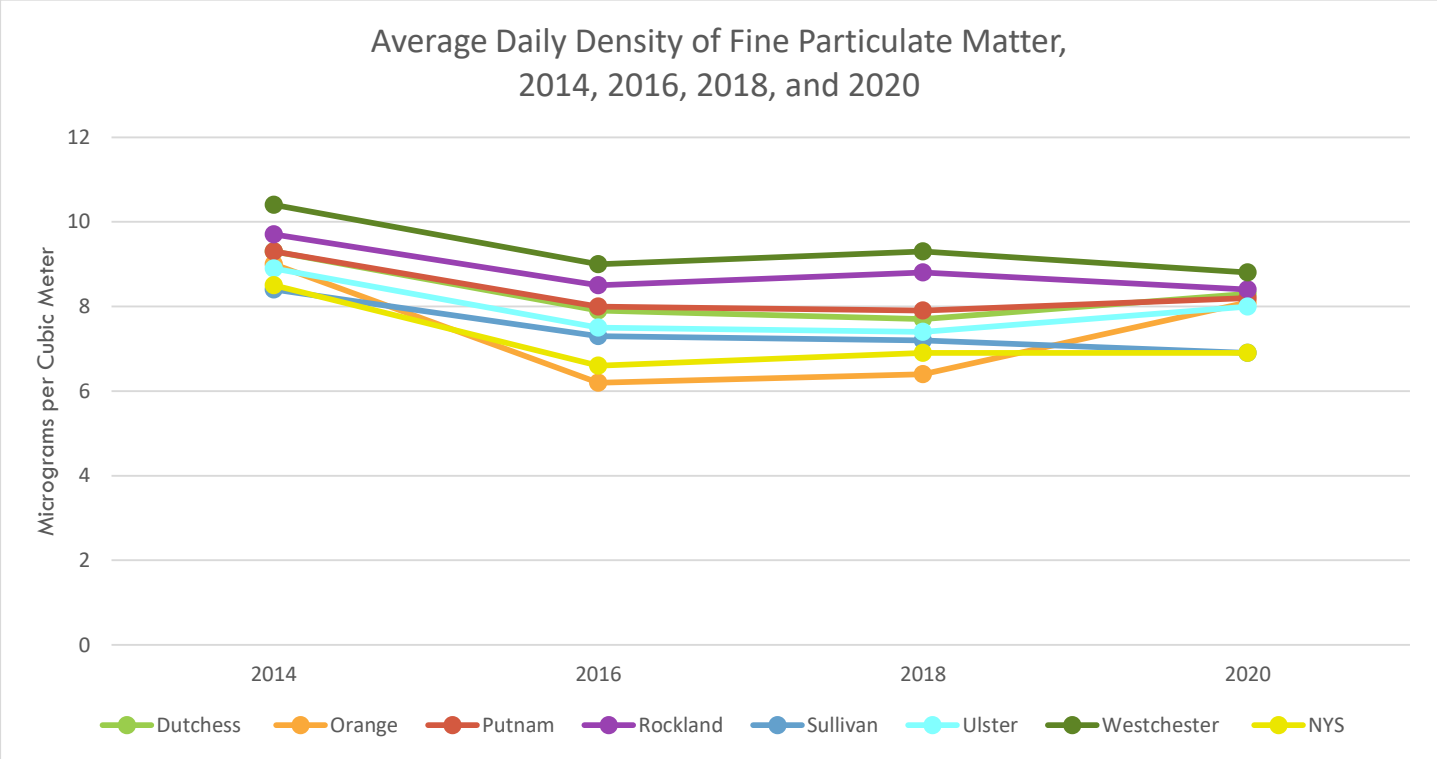
[77] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/environmental-conditions, accessed August 2025

[78] United States Environmental Protection Agency, 2023, https://www.epa.gov/newsreleases/epa-report-shows-disproportionate-impacts-climate-change-socially-vulnerable, accessed August 2025

[79] University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, Robert Wood Johnson Foundation, 2025, https://www.countyhealthrankings.org/app/new-york/2022/measure/factors/125/description, accessed August 2025

Across all M-H Region Counties and New York State, the average daily density of fine particulate matter generally declined between 2014 and 2020. Westchester County consistently has the highest levels, it also experienced a decline since 2014. Sullivan County and Orange County fluctuate between having the lowest levels. Only Sullivan County and Orange County have periodically had levels lower than NYS. [see Figure 30]

Figure 30



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2014	9.3	9.0	9.3	9.7	8.4	8.9	10.4	8.5
2016	7.9	6.2	8.0	8.5	7.3	7.5	9.0	6.6
2018	7.7	6.4	7.9	8.8	7.2	7.4	9.3	6.9
2020	8.3	8.1	8.2	8.4	6.9	8.0	8.8	6.9

Note: This is a measure of the average daily density of fine particulate matter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers.

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, July 2025 sourced from US Environmental Protection Agency's Air Quality System - Environmental Public Health Tracking Network
https://www.countyhealthrankings.org/health-data/new-york?year=2025&measure=Air+Pollution%3A+Particulate+Matter&tab=1

WATER QUALITY

There are many challenges when trying to maintain water quality. Sources of water contamination include:

- Sewage releases.
- Naturally occurring chemicals and minerals like arsenic, radon, and uranium.
- Local land use practices like fertilizers, pesticides, livestock, and concentrated feeding operations.
- Manufacturing processes like heavy metals and cyanide.
- Malfunctioning on-site wastewater treatment systems like septic systems.[80]

Runoff can pose a risk to water quality and the health of the people exposed to it. When it rains, as water flows over impervious surfaces, such as pavement, it can pick up contaminants. Pollution can originate over large land areas or from a single point, such as an industrial pipe. Runoff can pick up sediment, nutrients, bacteria, pesticides, or petroleum byproducts from sources such as farms, waste, and roadways.[81] "The presence of certain contaminants in our water can lead to health issues, including gastrointestinal illness, reproductive problems, and neurological disorders. Infants, young children, pregnant women, the elderly, and people with weakened immune systems may be especially at risk for illness."[82]

LEAD POISONING

Lead affects every system of the body, and no safe blood lead level exists. Children are especially vulnerable to the negative impacts of lead exposure which can lead to slowed growth and development, damage to the brain and nervous system, behavioral problems, and hearing and speech problems.[83]

Lead exposure can occur from ingesting, coming in contact with, or breathing in lead dust or lead fumes.[84] Sources of lead can include lead-based paints in homes built before 1978, consumer products such as certain jewelry or toys, aviation gas, working with stained glass, and water pipes that contain lead.[85] For children, lead-based paint is the most common source of lead exposure.[86] Populations at higher risk for lead exposure include children from low-income households, children less than six years old, immigrant and refugee children from less developed countries, pregnant people, and adults working in industries that expose them to lead.[87]

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[80] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/drinking-water/causes/index.html, accessed August 2025

[81] US Geological Survey, Water Science School, 2018, https://www.usgs.gov/special-topic/water-science-school/science/runoff-surface-and-overland-water-runoff?qt-science_center_objects=0#qt-science_center_objects, accessed August 2025

[82] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/drinking-water/about/water-quality-and-your-health.html, accessed August 2025

[83] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/nceh/lead/prevention/health-effects.htm, accessed August 2025

[84] World Health Organization – Lead Poisoning, 2024, https://www.who.int/news-room/fact-sheets/detail/lead-poisoning-and-health#:~:text=Sources%20and%20routes%20of%20exposure,pregnancy%20and%20expose%20the%20fetus., accessed August 2025

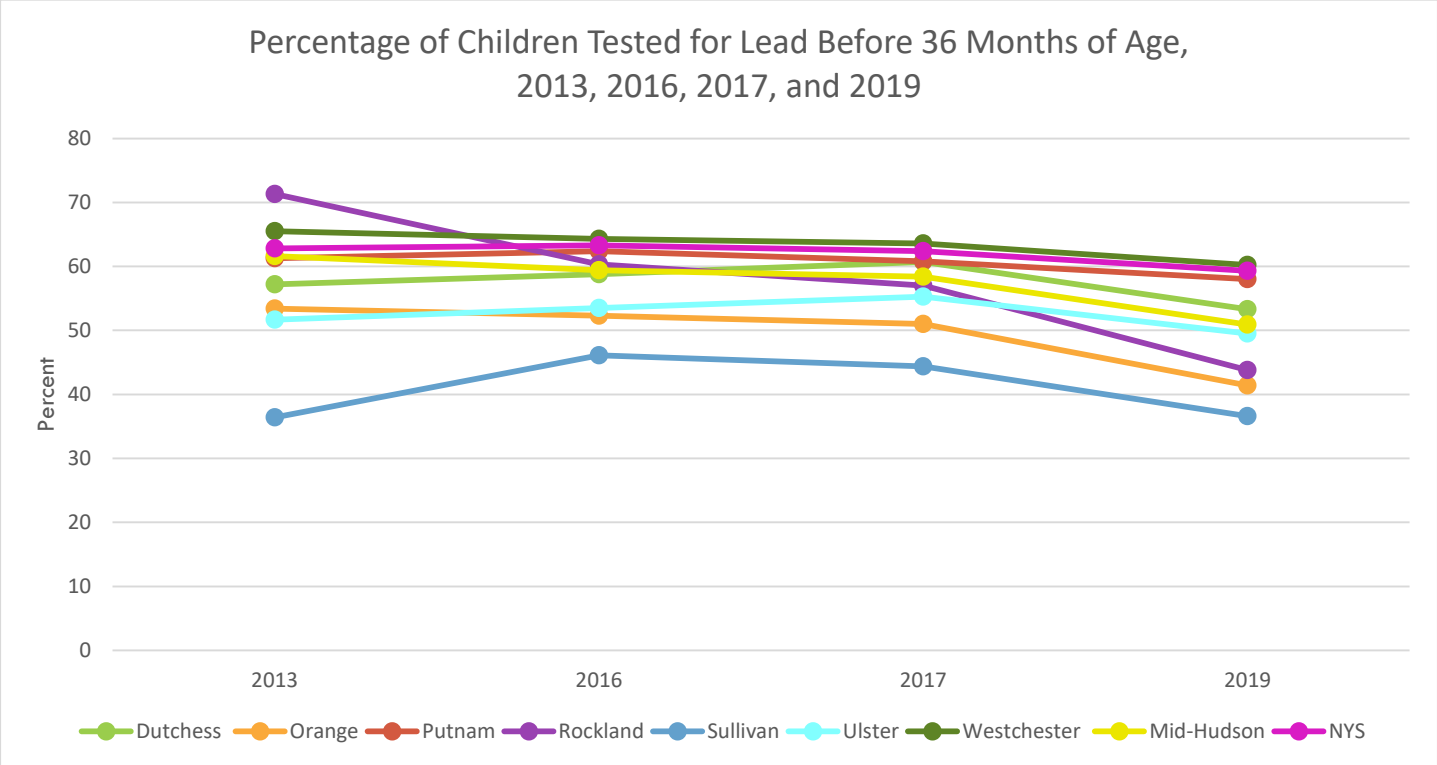
[85] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/lead-prevention/prevention/?CDC_AAref_Val=https://www.cdc.gov/nceh/lead/prevention/sources.htm, accessed August 2025

[86] United States Environmental Protection Agency, 2024, https://www.epa.gov/lead/what-most-significant-source-childhood-lead-exposure-residence#:~:text=Answer%3A%20The%20scientific%20literature%20suggests%20that%20nationally%20lead-contaminated,home.%20This%20dust%20may%20accumulate%20to%20unsafe%20levels, accessed August 2025

[87] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/lead-prevention/risk-factors/?CDC_AAref_Val=https://www.cdc.gov/nceh/lead/prevention/populations.htm, accessed August 2025

NYS requires health care providers to obtain a blood lead level for all children at age one and again at age two.[88] Westchester County had the highest testing rate in the M-H Region with 60.2% of children born in 2019 tested. Sullivan County had the lowest testing rate at 36.6%. Only Westchester County exceeded NYS' rate in for all four years. [see Figure 31]

Figure 31



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
2013	57.2	53.4	61.3	71.3	36.4	51.7	65.5	61.6	62.8
2016	58.8	52.3	62.4	60.3	46.1	53.5	64.3	59.4	63.3
2017	60.7	51.0	60.8	57.0	44.4	55.3	63.6	58.4	62.4
2019	53.3	41.4	58.0	43.8	36.6	49.5	60.2	50.9	59.3

Note: This is a measure of the percentage of children in a single birth cohort tested at least twice for lead before 36 months of age.
Source: NYS Community Health Indicator Reports Dashboard, July 2025 sourced from NYS Child Health Lead Poisoning Prevention Program *https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county*

[88] New York State Department of Health, 2025, https://www.health.ny.gov/environmental/lead/, accessed August 2025

QUALITY OF HOUSING

According to Healthy People 2030, housing quality refers to the physical condition of a person's home as well as the quality of the social and physical environment in which the home is located, including aspects of air quality, home safety, space per individual, and the presence of mold, asbestos, or lead. Poor housing quality is associated with negative health outcomes including poor mental health, chronic disease, and injury.[89]

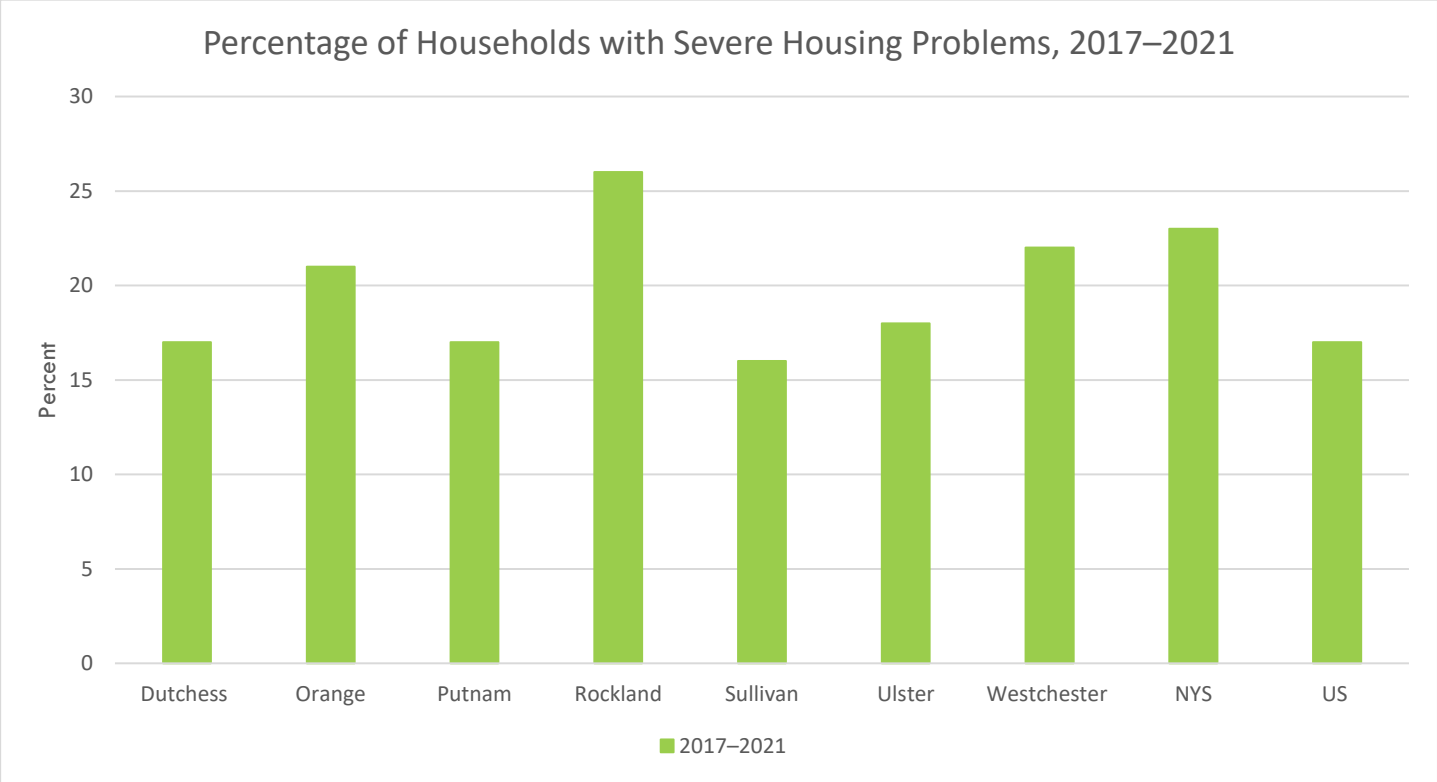
Housing continues to face a prolonged crisis, where both affordability and quality remain pressing concerns. Beyond inflated rents and high mortgage payments, many households live in poor quality housing that can cost more to heat, lack air conditioning, possess inadequate plumbing, or have insufficient kitchen facilities. Fluctuating temperatures make it difficult to maintain safe indoor environments, contributing to adverse health outcomes. For individuals striving to maintain healthy lifestyles, the absence of a stove or refrigerator can hinder the ability to store and prepare fresh foods, while also complicating the safe storage of temperature-sensitive medications. Inadequate plumbing further restricts personal and environmental hygiene. Low-income families are disproportionately affected by these conditions, underscoring persistent social and economic disparities in housing access and quality.[90]

For this measure severe housing problems are the percentage of households with one or more of the following housing problems: lack of complete kitchen facilities, lack of complete plumbing facilities, overcrowding, and severely cost burdened households.

[89] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/quality-housing, accessed August 2025
[90] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/quality-housing, accessed August 2025

Rockland County had the highest percentage (26.0%) of households with severe housing problems, three percent higher than that of NYS (23.0%). Putnam and Sullivan Counties had the lowest percentage (17.0% and 16.0%, respectively) of households with severe housing problems. [see Figure 32]

Figure 32



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS	US
2017–2021	17.0	21.0	17.0	26.0	16.0	18.0	22.0	23.0	17.0

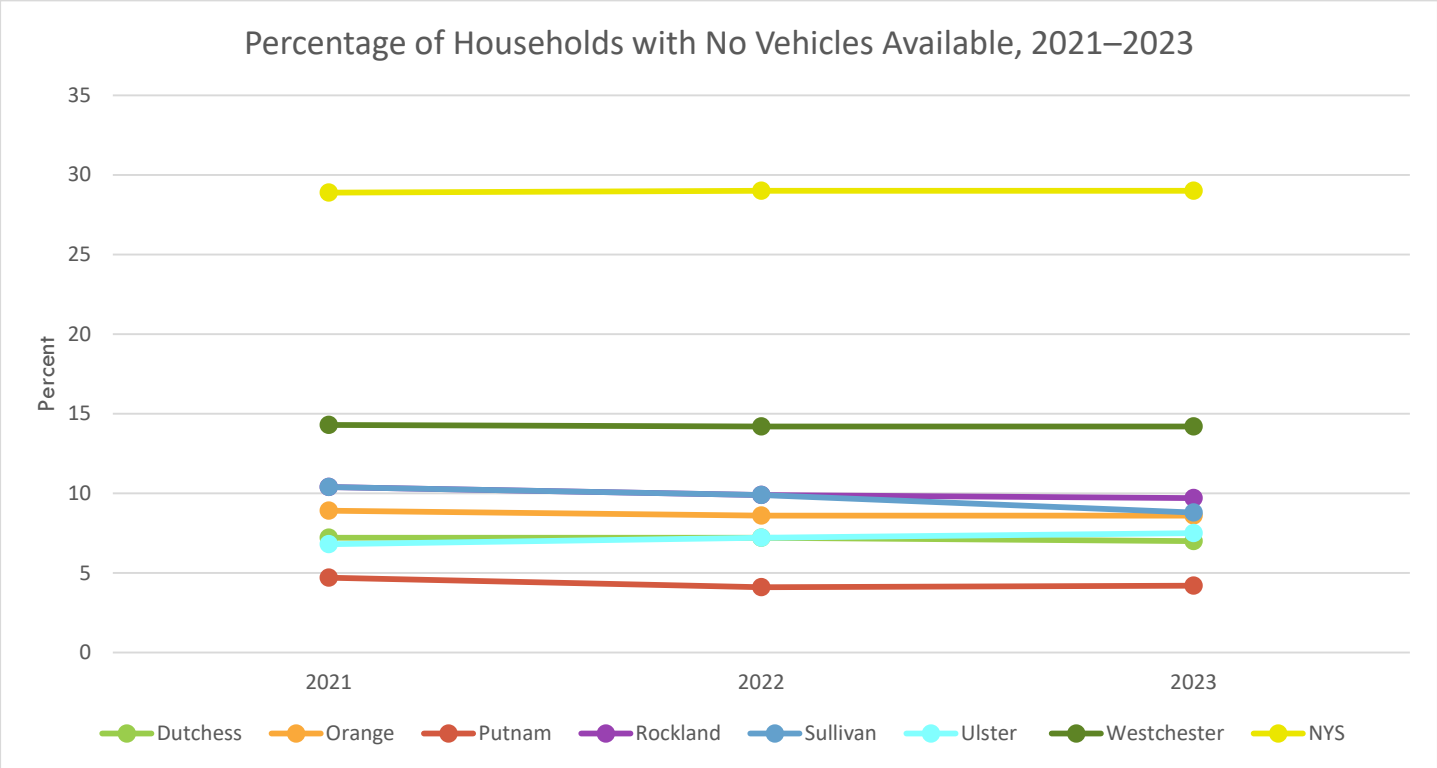
Note: Severe housing problems is the percentage of households with one or more housing problems: lack of complete kitchen facilities; lack of complete plumbing facilities; overcrowding; or the household is severely cost burdened.
Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, July 2025 sourced from US Census Bureau, Comprehensive Housing Affordability Strategy data
https://www.countyhealthrankings.org/health-data/new-york?year=2025&measure=Severe+Housing+Problems&tab=1https%3A%2F%2Fwebbi1.health.ny.gov%2FSASStoredProcess%2Fguest%3F_program%3D%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=it&ind_id=Cg27

TRANSPORTATION

Transportation can include walking, driving, biking, or utilizing public transportation, such as subways and buses. Access to transportation can affect all aspects of life including the ability to find or keep employment, the quantity and quality of food that can be accessed, and access to health care. Studies have shown that those with access to a car are less likely to miss appointments or delay care when compared to those relying on other forms of transportation.[91]

Westchester County had the highest percentage of households with no available vehicles at 14.2%. Putnam County had the lowest percentage of households with no available vehicles at 4.2%. All counties within the M-H Region were below the NYS rate with residents having more access to vehicles. [see Figure 33]

Figure 33



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021	7.2	8.9	4.7	10.4	10.4	6.8	14.3	28.9
2022	7.2	8.6	4.1	9.9	9.9	7.2	14.2	29.0
2023	7.0	8.6	4.2	9.7	8.8	7.5	14.2	29.0

Note: The American Community Survey asks respondents how many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of the household.
Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table DP04, April 2025
https://data.census.gov/table/ACSDP5Y2022.DP04?q=dp04&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36

[91] Journal of Community Health, National Library of Medicine, National Center for Biotechnology Information, 2014, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/, accessed August 2025

MODES OF TRANSPORTATION

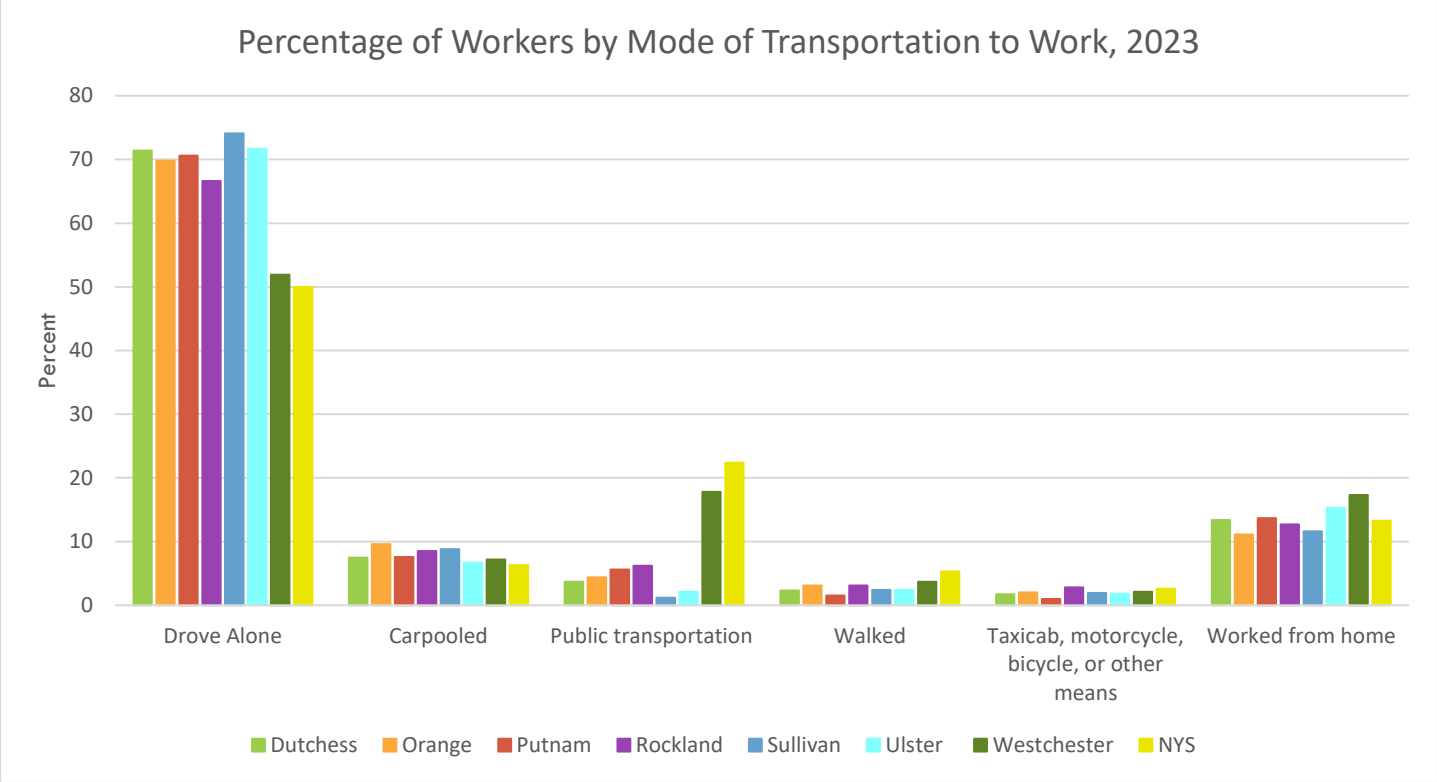
In addition to privately-owned vehicles, modes of transportation can include walking, mass public transportation, or biking. Pros to choosing mass public transportation, walking, and biking include protecting the environment by producing far less air pollution than cars and engaging in physical activity.[92] However, these modes require individuals to rely more heavily on proper infrastructure, investment, and city planning to make travel safe and effective. Car-dependent cities and communities make it more difficult to use alternative modes of transportation to complete necessary daily tasks like going to the grocery store or getting to school, due to lack of safe sidewalks and public transportation options.[93] The transportation method in which people most often get to work can be an indicator of how car-dependent an area is or how conducive it is to alternative modes of transportation.

[92] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/objectives-and-data/browse-objectives/transportation, accessed August 2025

[93] Elsevier Ltd., ScienceDirect, 2020, https://reader.elsevier.com/reader/sd/pii/S2590198220301494?token=CF722B942BA01129C596B52298FF8C7D1F1F4F21256458ED5630257A6DACF91D844AAC3FC8413BCC277B984F0630B7C3&originRegion=us-east-1&originCreation=20220804131701, accessed August 2022

The majority of residents in the M-H Region report driving alone to work as their most common means of commuting. Sullivan County had the highest percentage of commuters driving alone to work (74.1%). Westchester County had a significantly larger share of commuters using public transportation than the rest of the M-H Region (17.8%), as well as the lowest percentage of commuters driving alone to work (51.9%). M-H Region residents were less likely to use public transportation or walk to work compared to NYS. An emerging trend of working from home was noted, with Putnam County (13.7)m Ulster County (15.3%) and Westchester County (17.3%) have the highest percentages in the M-H Region and exceeding NYS. [see Figure 34]

Figure 34



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
Drove Alone	71.4	69.8	70.6	66.6	74.1	71.7	51.9	50
Carpooled	7.5	9.6	7.6	8.5	8.8	6.7	7.2	6.3
Public transportation	3.7	4.4	5.6	6.2	1.2	2.1	17.8	22.4
Walked	2.3	3.1	1.5	3.1	2.4	2.4	3.7	5.3
Taxicab, motorcycle, bicycle, or other means	1.7	2	1	2.8	1.9	1.8	2.1	2.6
Worked from home	13.4	11.1	13.7	12.7	11.6	15.3	17.3	13.3

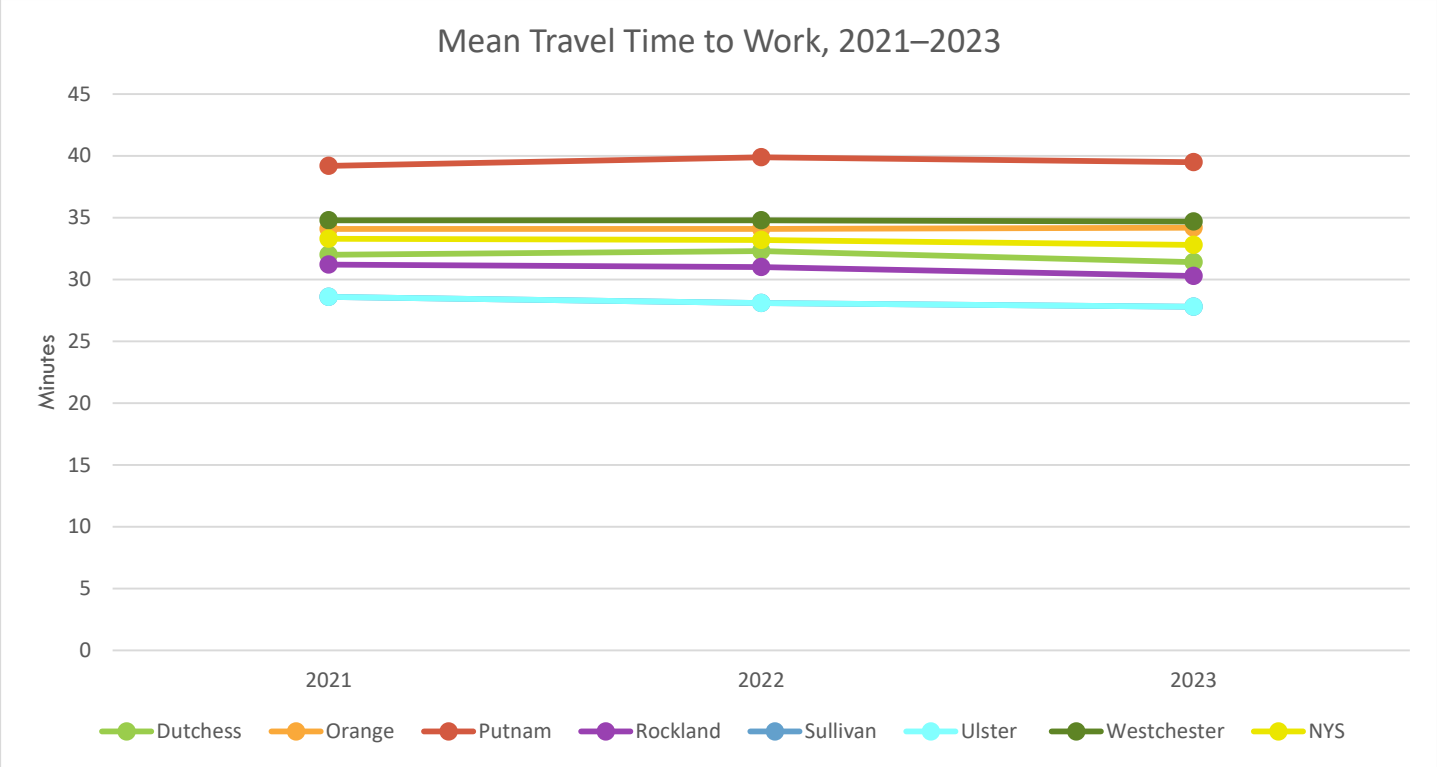
Note: The American Community Survey asks respondents how they usually got to work last week. For respondents who use multiple transportation modes they are restricted to the single method of transportation used for the longest distance.
Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table B08141, April 2025
https://data.census.gov/table/ACSDT5Y2023.B08141?q=b08141&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36

AVERAGE COMMUTE TIME

Average commute time, whether long or short, can be attributed to several factors. Long commute times can indicate a lack of job opportunities in an area, slow transit options, and a higher transportation cost burden on households and individuals.[94] It can also negatively impact the community as it contributes to pollution.

Putnam County consistently has the longest mean travel time to work (39 minutes) among the M-H Region and exceeds NYS. Westchester County (35 minutes) and Orange County (34 minutes) also exceeded NYS (33 minutes). The remaining counties in the M-H Region had commute times lower than NYS. [see Figure 35]

Figure 35



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2021	32.0	34.1	39.2	31.2	28.6	28.6	34.8	33.3
2022	32.3	34.1	39.9	31.0	28.1	28.1	34.8	33.2
2023	31.4	34.2	39.5	30.3	27.8	27.8	34.7	32.8

Note: The American Community Survey asks respondents in the workforce how many minutes it usually takes them to get from home to work. The travel time refers to a one-way trip on a typical day. This includes time spent waiting for public transportation, picking up passengers in carpools, and time spent in other activities related to getting to work. Sullivan County and Ulster County do have the same data according to the Census.

Source: US Census Bureau; American Community Survey, 2023 American Community Survey 5-Year Estimates, Table DP03, April 2025 *https://data.census.gov/table/ACSDP5Y2023.DP03?q=DP03&g=050XX00US36105,36027,36071,36119,36087,36079,36111_040XX00US36*

[94] Harvard Business School, 2021, https://hbswk.hbs.edu/item/commuting-kills-productivity-and-your-best-talent-suffers-most, accessed August 2025

MID-HUDSON COMMUNITY PARTNER SURVEY

BACKGROUND

In order to ensure that the needs of underrepresented populations were accounted for in the M-H Region CHA, a survey was administered to community partners that serve these populations. Underrepresented populations include those who have a low-income, veterans, seniors, people experiencing homelessness, LGBTQIA+ members, and people with a mental health diagnosis. The term "partners" refers to those who offer services such as mental health support, vocational programs, and programs for underserved populations. Surveying partners was completed to gain a better understanding of the obstacles and barriers these populations are facing when trying to access services.

Dutchess, Orange, Rockland, Sullivan, Ulster, and Westchester Counties created a survey tool based on the survey utilized in 2018 and 2022. Each participating LHD shared a survey link with partners to supply additional insight around local factors influencing community health. The survey covered several topics including the populations the partners serve, the issues that affect health in the communities they serve, barriers to people achieving better health, and interventions that are used to address social determinants of health [see Appendix I]. Throughout the M-H Region, 328 surveys were completed by partners between May 2 and July 1, 2025. The answers to the survey varied throughout each county. Some counties chose to further investigate these differences by conducting focus groups.

When looking at data from the M-H Region, the top three issues partners felt affected health in their communities included: access to mental health providers, access to affordable, decent, and safe housing, and access to affordable, nutritious food. The top three barriers partners felt prevented people from achieving better health in their communities were: knowledge of existing resources, health literacy, and geographic location (living in a rural area). Chronic disease, mental health and substance use issues, and health disparities were thought to highly impact these specific populations in the M-H Region. When considering the social determinants of health and the domains and priorities of the Prevention Agenda, partners said that economic wellbeing, mental wellbeing and substance use, and health insurance coverage and access to care impacted the populations they serve the most.

In the following sections, the data was broken down by each county with two primary sections: Major Findings and Specific Recommendations. These data points can help guide work to address the needs of underserved populations. Putnam County elected to participate in an alternative survey of community partners done in collaboration with Nuvance Health. The findings of this survey are summarized in the Putnam County section below.

DUTCHESS COUNTY

In Dutchess County, 109 responses were collected from providers that serve a variety of populations [see Appendix J]. The Dutchess County Department of Health distributed the regional partner survey through various organizations and initiatives including the Eastern Dutchess Rural Health Network, Dutchess County Bringing Agencies Together, the Poughkeepsie Healthy Black and Latinx Coalition, Fit Dutchess, and the Community Health Committees at both Vassar Brothers Medical Center and Northern Dutchess Hospital.

MAJOR FINDINGS

The survey showed that the top three issues that affected health in Dutchess County were [see

Figure 36]:

1) Access to affordable, nutritious food
2) Access to mental health providers
3) Access to affordable, decent and safe housing

The survey also showed that the top three barriers to people achieving better health in Dutchess County were [see Figure 37]:

1) Knowledge of existing resources
2) Health literacy
3) Geographic location – living in a rural area

According to survey responses, issues highly impacting health in Dutchess communities include mental health and substance use issues, chronic disease, and health disparities [see Figure 38].

When considering the social determinants of health, issues highly impacting Dutchess communities include economic wellbeing, mental wellbeing and substance use, and health insurance coverage and access to care [See Figure 39]. Within these social determinants of health categories, highly rated issues include poverty, anxiety and stress, and preventive services for chronic disease prevention and control [see Figures 40 through 42].

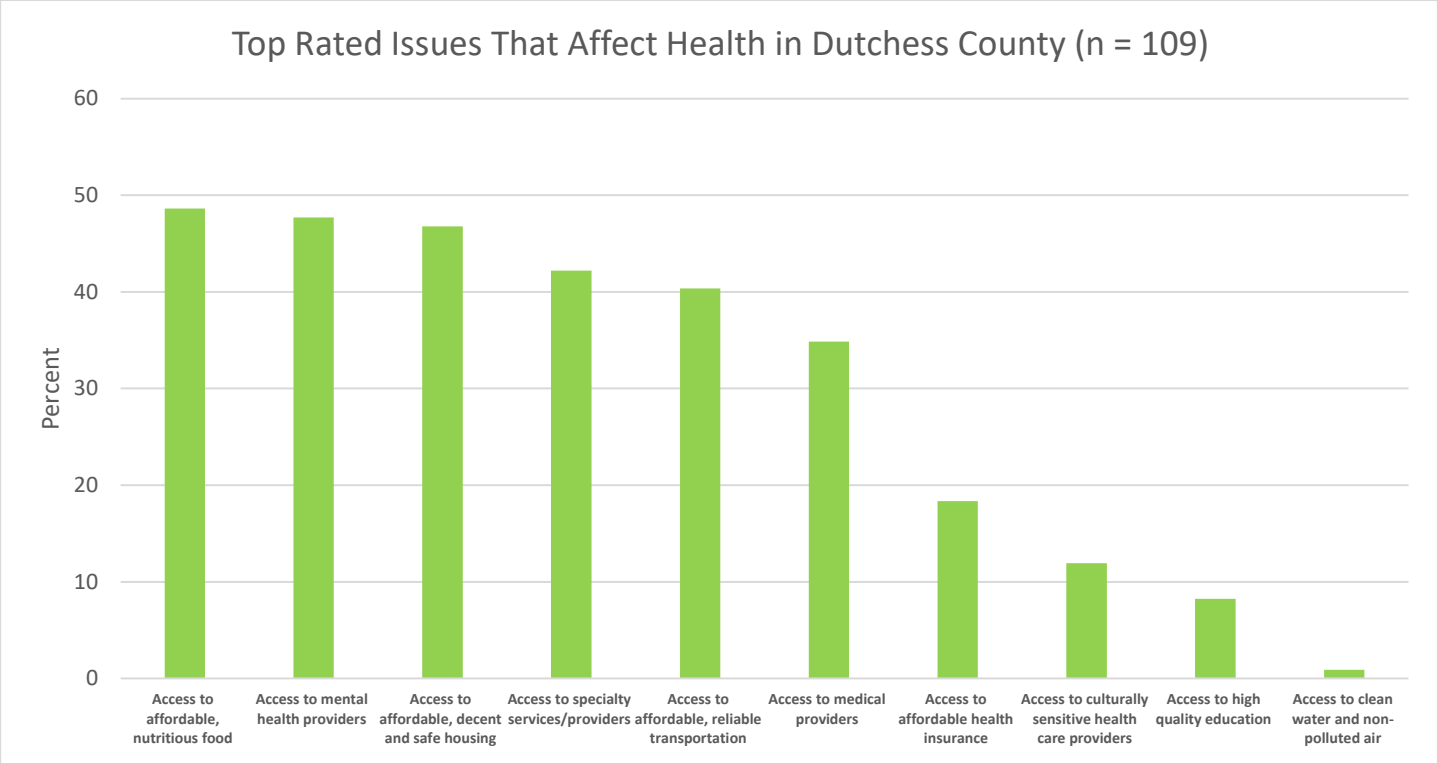
Included in the survey was the opportunity for community partners to share what they thought were the underlying factors and barriers to solving the issues that they highlighted. Lack of money/funding was excluded from the question. Common responses included:

- Resources exist, but the community does not know that they exist or how to access them.
- There is a lack of healthcare providers in the county, and it is difficult to schedule timely appointments with those that do exist. This included both primary care, specialists, and mental health providers.
- Transportation was a commonly cited barrier and was discussed in relation to both healthcare access and accessing everyday essentials, like healthy foods.
- More support for those without English as a first language or for those who recently moved to the county is needed.
- Inadequate health insurance coverage or navigation prevents residents from accessing healthcare.

SPECIFIC RECOMMENDATIONS

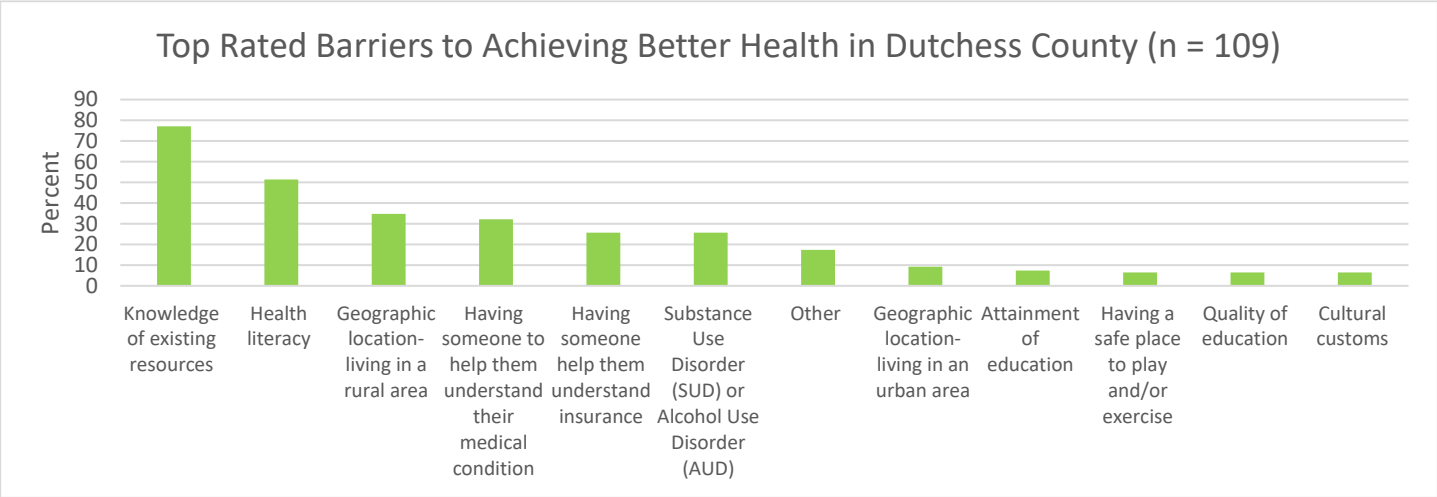
- Improve coordination across county agencies and specialty services
- Educate providers and patients on available resources and insurance benefits
- Expand primary and specialized medical services, especially for Medicaid/Medicare, English as a second language, and IDD populations
- Improve access to transportation
- Increase care management capacity, especially for those with mental health and cognitive disabilities

Figure 36



Access to affordable, nutritious food	Access to mental health providers	Access to affordable, decent and safe housing	Access to specialty services/providers	Access to affordable, reliable transportation
48.62	47.71	46.79	42.20	40.37
Access to affordable health insurance	**Access to medical providers**	**Access to culturally sensitive health care providers**	**Access to high quality education**	**Access to clean water and non-polluted air**
34.86	18.35	11.93	8.26	0.92

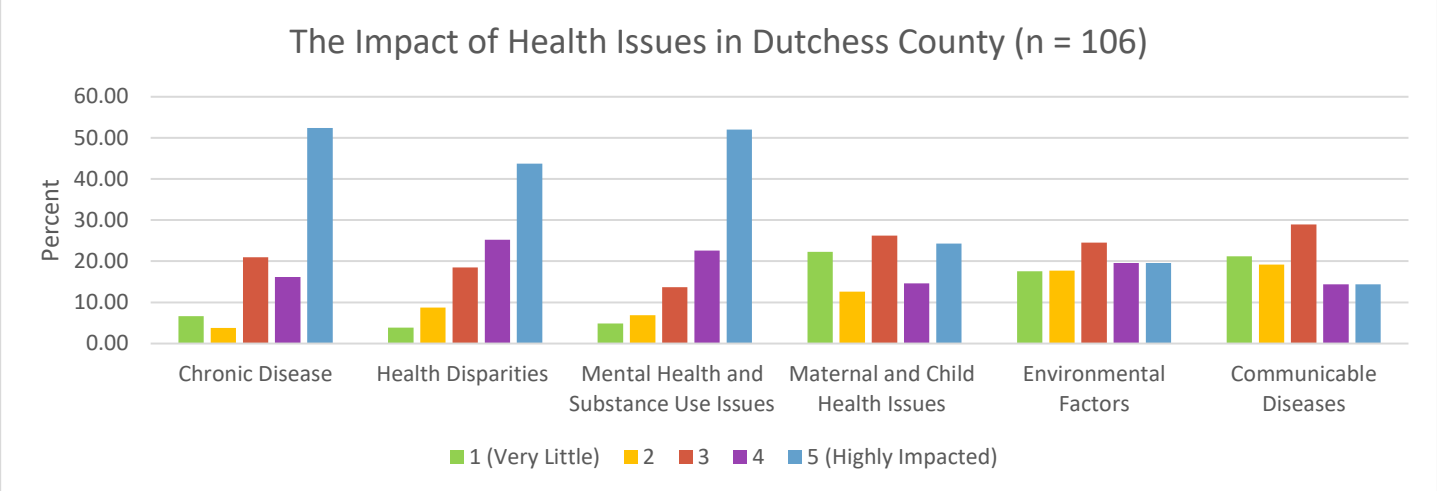
Figure 37



Knowledge of existing resources	Health literacy	Geographic location- living in a rural area	Having someone to help them understand their medical condition	Having someone help them understand insurance	Substance Use Disorder (SUD) or Alcohol Use Disorder (AUD)
77.06	51.38	34.86	32.11	25.69	25.69
Other	**Geographic location- living in an urban area**	**Attainment of education**	**Having a safe place to play and/or exercise**	**Quality of education**	**Cultural customs**
17.43	9.17	7.34	6.42	6.42	6.42

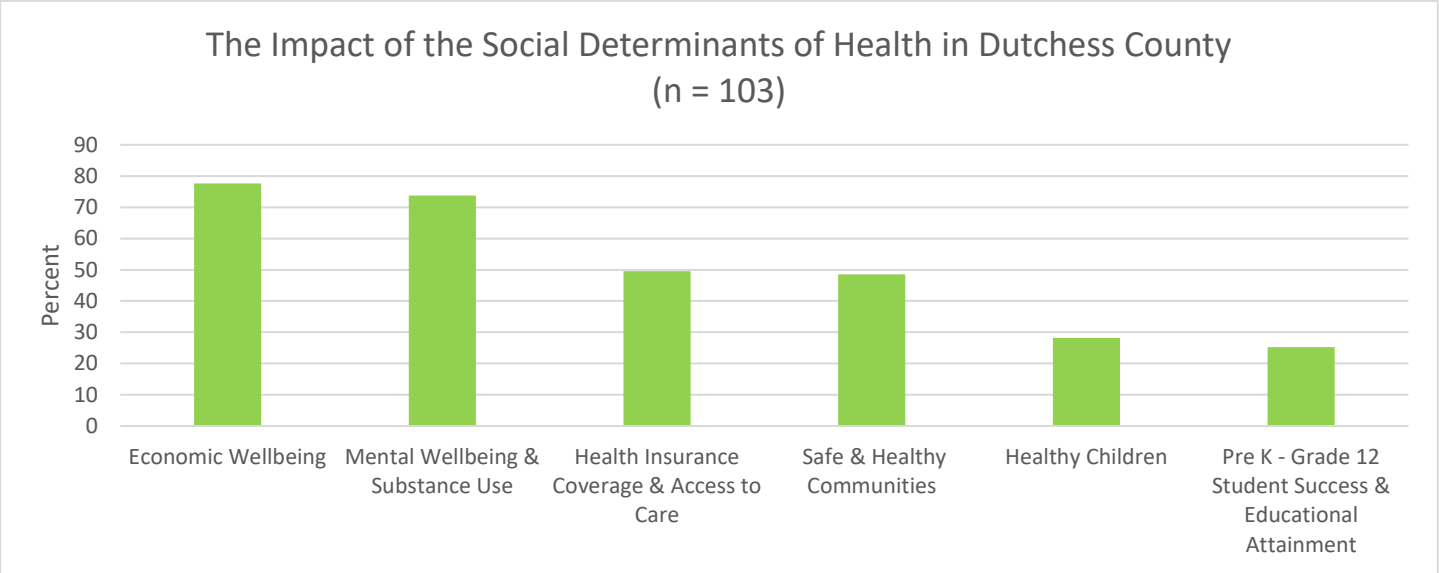
**Other: Some additional responses from participants include lack of transportation, poverty, safe and affordable housing, availability of health insurance, and having access to healthy foods.*

Figure 38



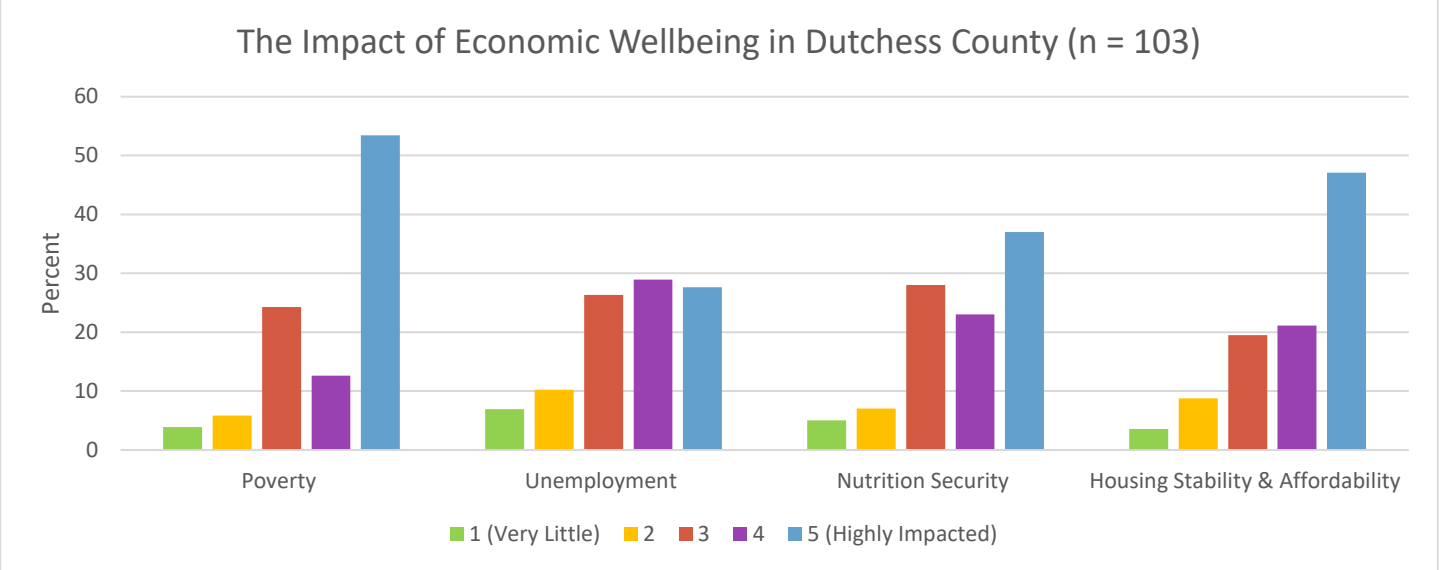
	Chronic Disease	Health Disparities	Mental Health and Substance Use Issues	Maternal and Child Health Issues	Environmental Factors	Communicable Diseases
1 (Very Little)	6.67	3.88	4.90	22.30	17.60	21.20
2	3.81	8.74	6.86	12.60	17.70	19.20
3	20.95	18.50	13.70	26.20	24.50	28.90
4	16.19	25.24	22.60	14.60	19.60	14.40
5 (Highly Impacted)	52.38	43.69	51.96	24.30	19.60	14.40

Figure 39



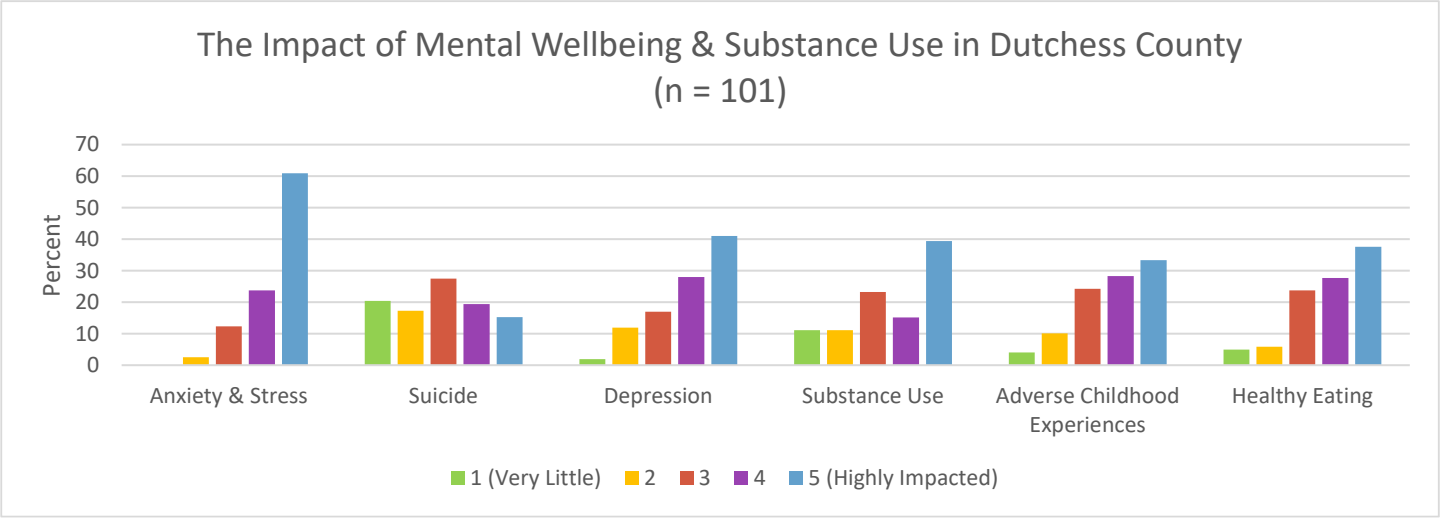
Economic Wellbeing	Mental Wellbeing & Substance Use	Health Insurance Coverage & Access to Care	Safe & Healthy Communities	Healthy Children	Pre K - Grade 12 Student Success & Educational Attainment
77.67	73.79	49.51	48.54	28.16	25.24

Figure 40



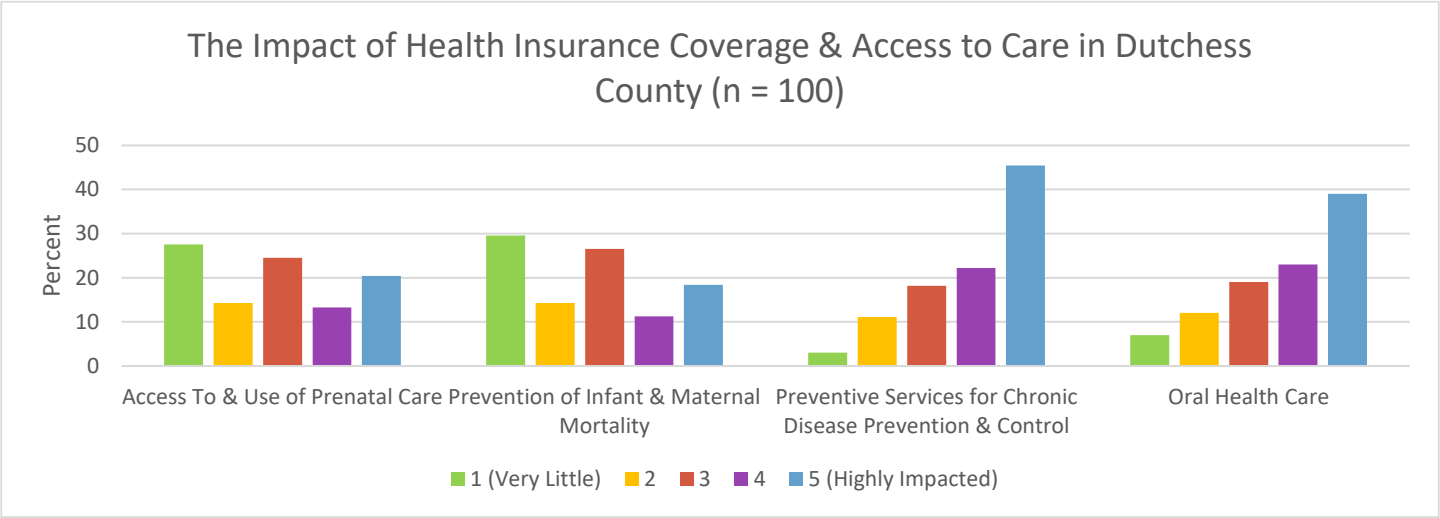
	Poverty	Unemployment	Nutrition Security	Housing Stability & Affordability
1 (Very Little)	3.88	6.91	5.00	3.57
2	5.83	10.20	7.00	8.77
3	24.27	26.32	28.00	19.48
4	12.62	28.95	23.00	21.10
5 (Highly Impacted)	53.40	27.63	37.00	47.08

Figure 41



	Anxiety & Stress	Suicide	Depression	Substance Use	Adverse Childhood Experiences	Healthy Eating
1 (Very Little)	0.00	20.41	2.00	11.11	4.04	4.95
2	2.61	17.35	12.00	11.11	10.10	5.94
3	12.38	27.55	17.00	23.23	24.24	23.76
4	23.78	19.39	28.00	15.15	28.28	27.72
5 (Highly Impacted)	60.91	15.31	41.00	39.39	33.33	37.62

Figure 42



	Access To & Use of Prenatal Care	Prevention of Infant & Maternal Mortality	Preventive Services for Chronic Disease Prevention & Control	Oral Health Care
1 (Very Little)	27.55	29.59	3.03	7.00
2	14.29	14.29	11.11	12.00
3	24.49	26.53	18.18	19.00
4	13.27	11.22	22.22	23.00
5 (Highly Impacted)	20.41	18.37	45.45	39.00

ORANGE COUNTY

In Orange County, 170 survey responses were collected from community service providers [see Appendix J] that are engaged with a wide array of at-risk populations. The Orange County Department of Health distributed the regional partner survey through healthcare provider listservs and collaborative coalitions including the Changing the Ecosystem Task Force, the Orange County Infection Control Committee, and Orange County Community Health Assessment Hospital partnerships. Respondents included members of government agencies, health care organizations, advocacy groups, and others who serve a wide variety of populations in the county.

MAJOR FINDINGS

The survey showed that the top three issues that affected health in Orange County were [See Figure 43]:

1) Access to mental health providers
2) Access to affordable, decent and safe housing
3) Access to specialty services/providers

The survey also showed that the top three barriers to people achieving better health in Orange County were [see Figure 44]:

1) Knowledge of existing resources
2) Health literacy
3) Geographic location – living in a rural area

According to survey responses, issues highly impacting health in Orange County include chronic disease, mental health and substance use issues communities include, and health disparities [see Figure 45]. When asked to consider the social determinants of health, respondents reported mental wellbeing and substance use (77.5%), economic wellbeing (76.9%), and access to care including health insurance (61.9%) were the most impacted areas [see Figure 46]. Within the category of Economic Wellbeing, poverty (50.3%) and housing stability & affordability (49.7%) were identified as the most significant concerns, with each rated as highly impactful by approximately half of all respondents [see Figure 47]. Within the mental wellbeing and substance use category, anxiety and stress and depression were rated as major concerns that affect the health of the communities they serve [see Figure 48]. Within health insurance coverage and access to care, preventative services for chronic disease prevention (40%) and control and oral health care (30.7%) were identified as the top concerns. [see Figure 49]

Included in the survey was the opportunity for community partners to share what they thought were the underlying factors and barriers to solving the issues that they highlighted. Lack of money/funding was excluded from the question. Common responses included:

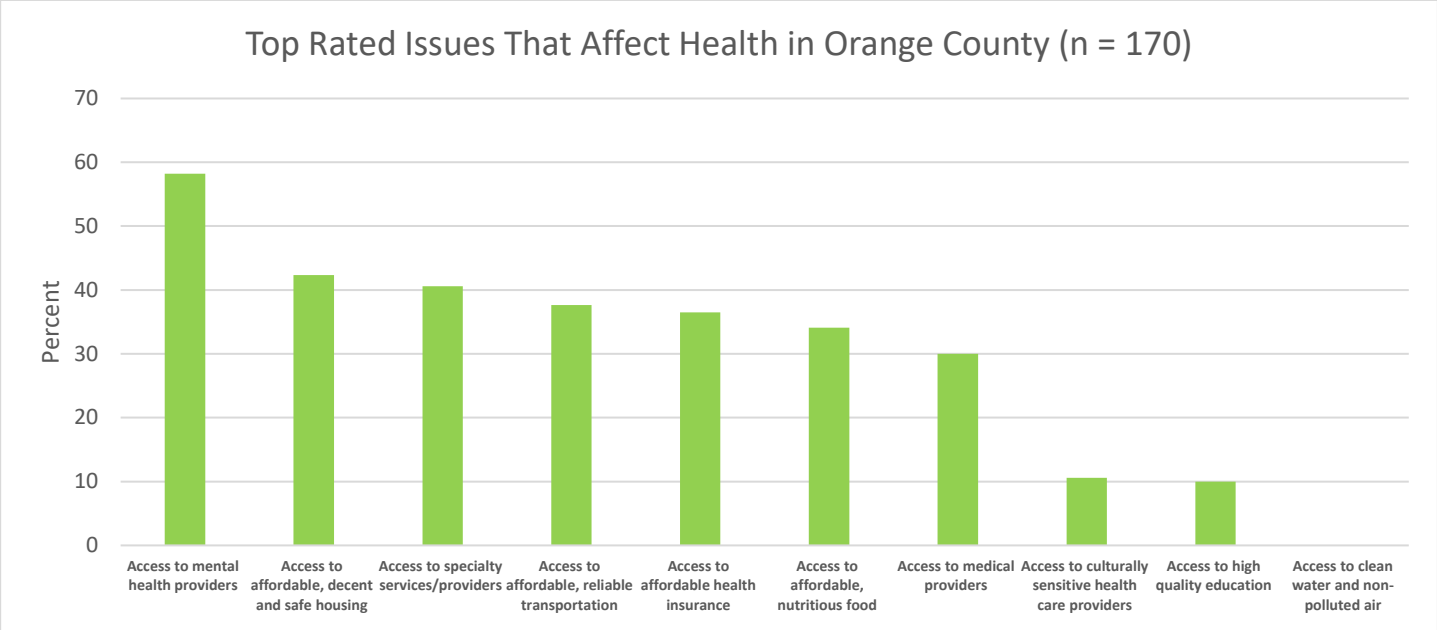
- Lack of medical providers particularly in primary care, mental health, and specialists including loss of workforce without incoming practitioners to replace them
- Lack of services outside regular workweek hours
- Lack of affordable and reliable transportation and public transit routes, particularly for uninsured individuals and non-Medicaid patients
- Lack of affordable, safe, and stable housing

- Language and cultural barriers
- Lack of affordable childcare and unstable caregiver support for aging population
- Health literacy, education and communication
- Lack of awareness of available resources and limited internet access and digit skills
- Fragmented and uncoordinated services, no centralized referral system

SPECIFIC RECOMMENDATIONS

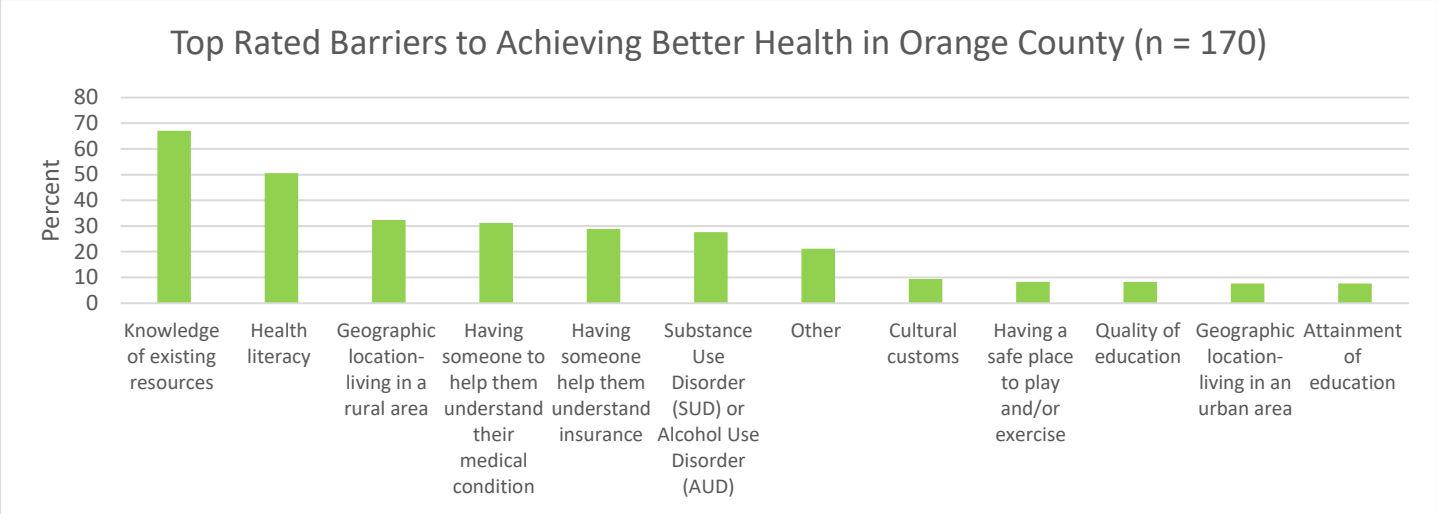
- Improve coordination across county agencies and specialty services
- Create plain-language, multilingual health education materials and campaigns, and train healthcare providers to deliver culturally competent care
- Expand, recruit, and train healthcare providers to expand both physical and mental healthcare services
- Expand public transit options
- Advocate for affordable housing and childcare

Figure 43



Access to mental health providers	Access to affordable, decent and safe housing	Access to specialty services/providers	Access to affordable, reliable transportation	Access to affordable health insurance
58.24	42.35	40.59	37.65	36.47
Access to affordable, nutritious food	**Access to medical providers**	**Access to culturally sensitive health care providers**	**Access to high quality education**	**Access to clean water and non-polluted air**
34.12	30.00	10.59	10.00	0.00

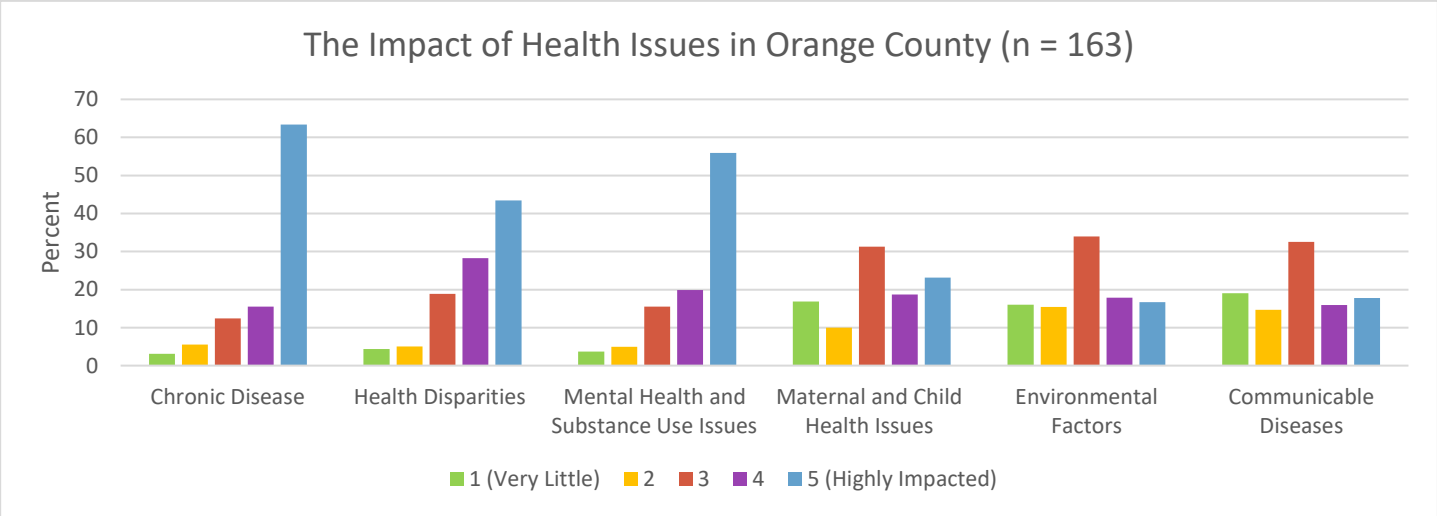
Figure 44



Knowledge of existing resources	Health literacy	Geographic location-living in a rural area	Having someone to help them understand their medical condition	Having someone help them understand insurance	Substance Use Disorder (SUD) or Alcohol Use Disorder (AUD)
67.06	50.59	32.35	31.18	28.82	27.65
Other	**Cultural customs**	**Having a safe place to play and/or exercise**	**Quality of education**	**Geographic location-living in an urban area**	**Attainment of education**
21.18	9.41	8.24	8.24	7.65	7.65

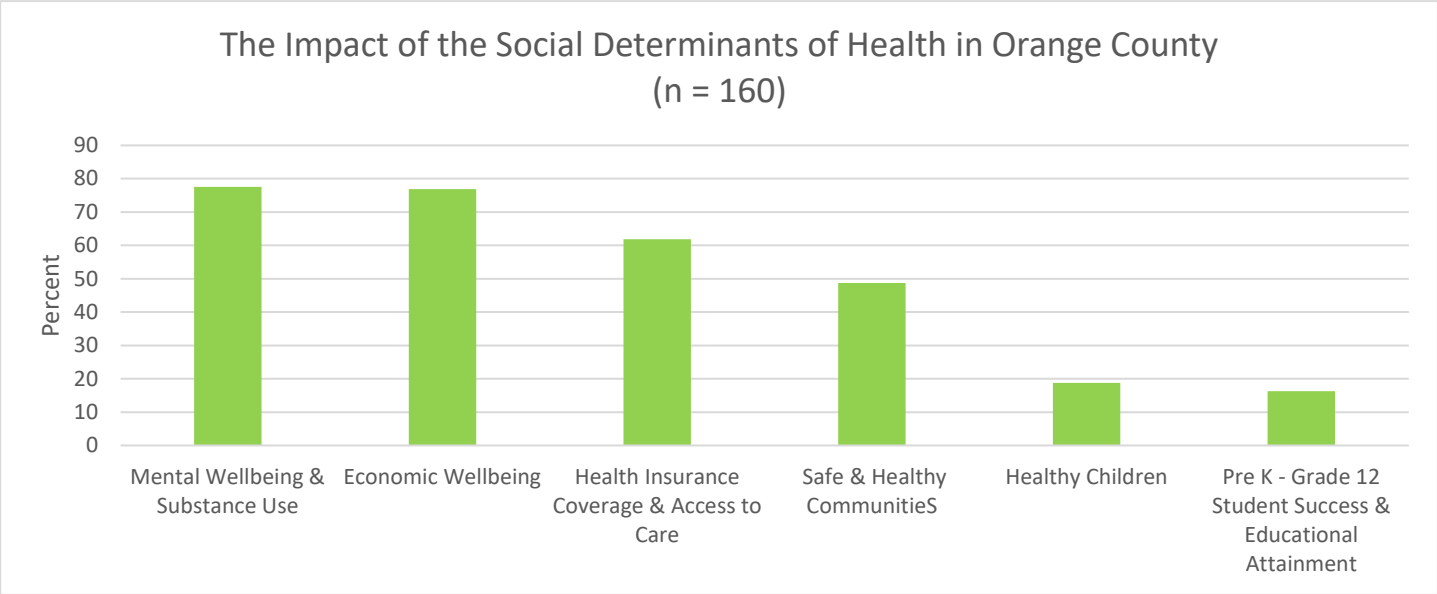
Other: some additional responses include lack of providers, transportation, housing issues, and being low income but not qualifying for benefits.

Figure 45



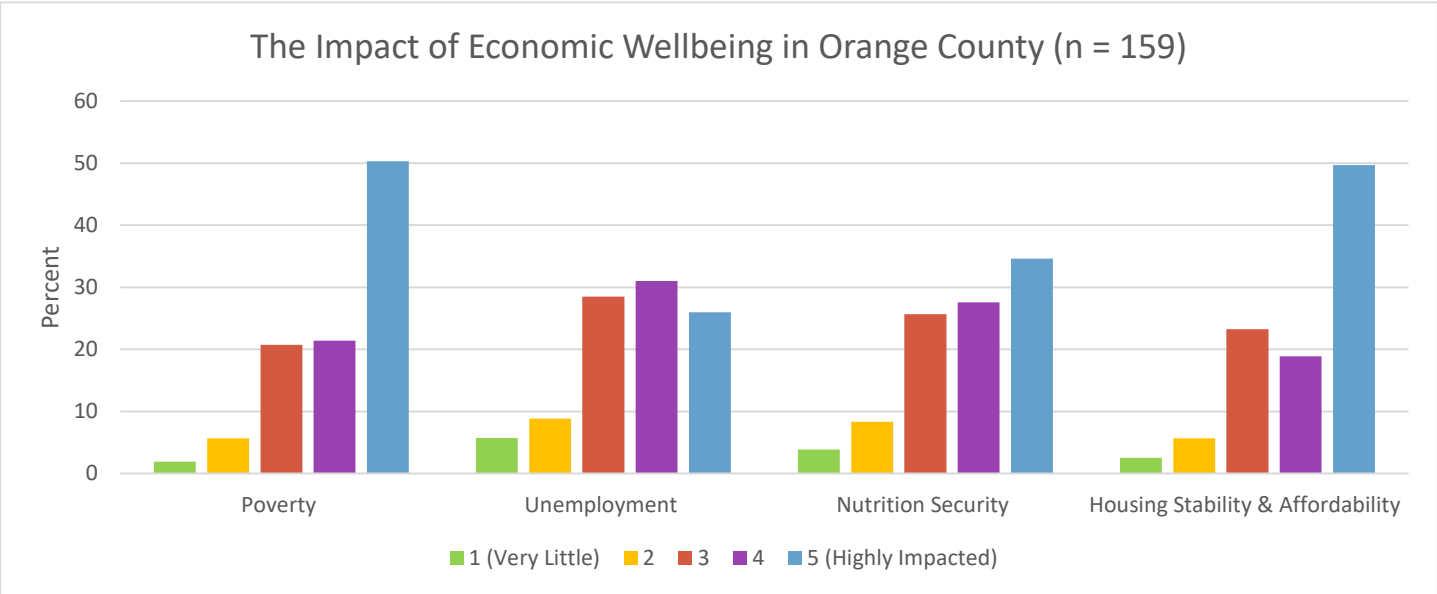
	Chronic Disease	Health Disparities	Mental Health and Substance Use Issues	Maternal and Child Health Issues	Environmental Factors	Communicable Diseases
1 (Very Little)	3.11	4.40	3.73	16.88	16.05	19.02
2	5.59	5.03	4.97	10.00	15.43	14.72
3	12.42	18.87	15.53	31.25	33.95	32.52
4	15.53	28.30	19.88	18.75	17.90	15.95
5 (Highly Impacted)	63.35	43.40	55.90	23.13	16.67	17.79

Figure 46



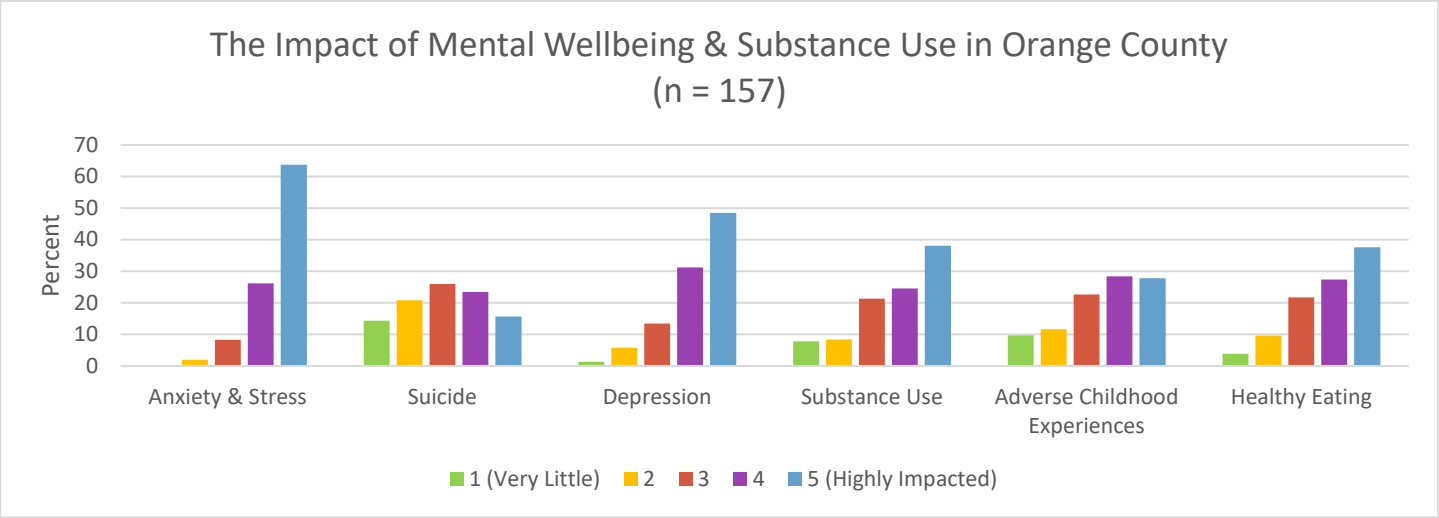
Mental Wellbeing & Substance Use	Economic Wellbeing	Health Insurance Coverage & Access to Care	Safe & Healthy Communities	Healthy Children	Pre K - Grade 12 Student Success & Educational Attainment
77.50	76.88	61.88	48.75	18.75	16.25

Figure 47



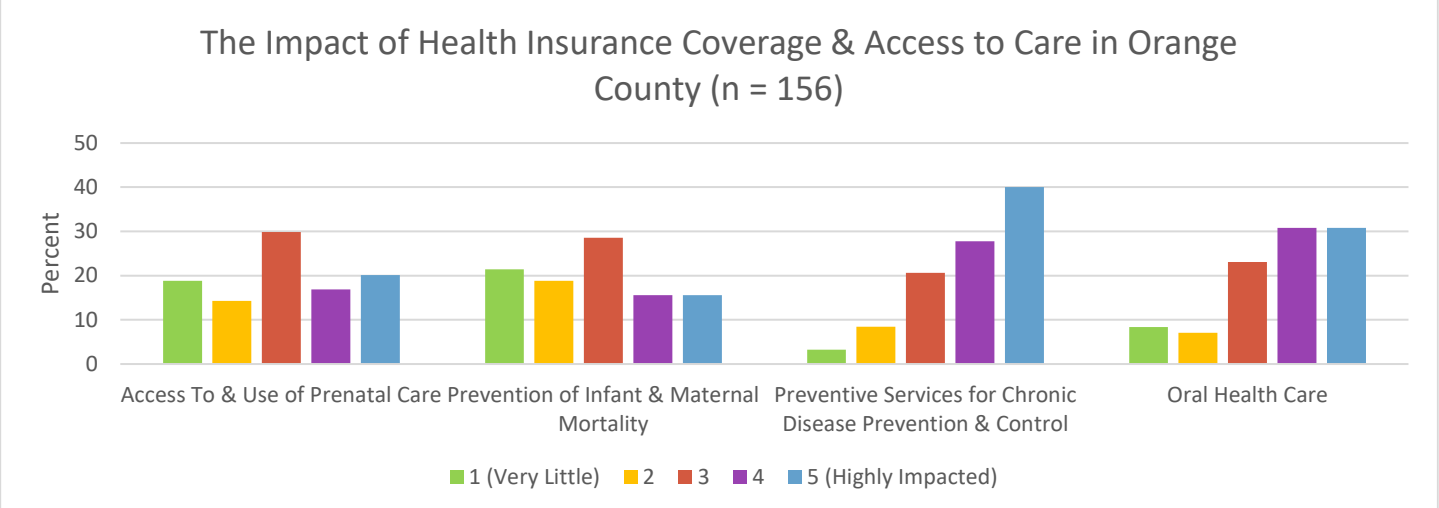
	Poverty	Unemployment	Nutrition Security	Housing Stability & Affordability
1 (Very Little)	1.89	5.70	3.85	2.52
2	5.66	8.86	8.33	5.66
3	20.75	28.48	25.64	23.27
4	21.38	31.01	27.56	18.87
5 (Highly Impacted)	50.31	25.95	34.62	49.69

Figure 48



	Anxiety & Stress	Suicide	Depression	Substance Use	Adverse Childhood Experiences	Healthy Eating
1 (Very Little)	0.00	14.29	1.27	7.74	9.68	3.82
2	1.91	20.78	5.73	8.39	11.61	9.55
3	8.28	25.97	13.38	21.29	22.58	21.66
4	26.11	23.38	31.21	24.52	28.39	27.39
5 (Highly Impacted)	63.69	15.58	48.41	38.06	27.74	37.58

Figure 49



	Access To & Use of Prenatal Care	Prevention of Infant & Maternal Mortality	Preventive Services for Chronic Disease Prevention & Control	Oral Health Care
1 (Very Little)	18.83	21.43	3.23	8.33
2	14.29	18.83	8.39	7.05
3	29.87	28.57	20.65	23.08
4	16.88	15.58	27.74	30.77
5 (Highly Impacted)	20.13	15.58	40.00	30.77

PUTNAM COUNTY

To foster collaboration with our local hospital system, Putnam County elected to participate in an alternative survey of community partners. During the summer of 2024 Nuvance Health and Local Health Departments (LHDs) within the Nuvance service area worked collaboratively with the healthcare data analytics and consulting company, DataGen®, Inc. to promote and administer the Community-based Organization (CBO) Survey [see Appendix K][95] to employees of partner organizations located in the Nuvance service area. Like the M-H Community Partner Survey, the CBO Survey aims to enrich CHA data from secondary sources and population-based surveys with insight into the needs of the populations served by responding organizations.

The survey instrument was based on a standardized template provided by DataGen and modified by Nuvance and the Putnam County Department of Health (PCDOH) to meet local needs. The instrument was designed to collect information from CBO employees regarding the observed needs of the clients and communities they serve. Survey topics included questions to explore health status, access to healthcare, main health problems, ways to improve health in the populations served by respondents, and trusted sources of health information. The survey was hosted by SurveyMonkey between May 21st, 2024, and September 16th, 2024, and disseminated in person to attendees of the Public Health Summit hosted by PCDOH on June 6th, 2024, and via email to PCDOH and Nuvance partner distribution lists.

One hundred and twenty-eight responses were collected from individuals working for CBOs serving residents of Putnam County. Nearly half of the responses were collected at the Putnam County Public Health Summit. The other half of respondents received invitations to participate via email distribution lists, their employers, or at coalition meetings. The respondents represented a total of 49 different organizations across 15 sectors. Healthcare was the most highly represented sector (33%), and Nuvance Health was the most highly represented organization, accounting for 26% of all respondents and 71% of healthcare sector respondents. Mental Health/Substance Misuse was the second most represented sector, accounting for 16% of all respondents from ten different organizations. PCDOH was the second most represented organization, accounting for 13% of all respondents and 87% of health department sector respondents.

Survey respondents considered the biggest health problems in populations served in Putnam County [see Figure 50] to be:

1) Mental Health
2) Access to healthcare providers
3) Substance Misuse

Survey respondents thought the following would be most helpful to improve health of populations served in Putnam County [see Figure 51]:

1) Mental Health Services
2) Transportation
3) Affordable Housing

According to survey respondents, health screenings or education topics that would be most valuable to those they serve include mental health, chronic disease management, and drug and alcohol misuse [see Figure 52].

[95] PCDOH, Community-Based Organization Survey: Putnam County, 2024, https://www.putnamcountyny.gov/images/Departments/Department_of_Health/PDF_Documents/CBO_survey_report_DataGen_Putnam.pdf, accessed August 2025

When considering access to healthcare, most respondents (77%) think that the people/communities they serve have problems getting needed healthcare. The most common barriers were cost (52%), lack of transportation (44%), and lack of available appointments (40%) [see Figure 53]. Lack of insurance and inability to pay copays or deductibles were both specified by about ¾ of respondents as cost associated barriers. The most common reasons specified for lack of appointment availability were long wait times (93%), providers not accepting new patients (78%), and lack of appointments at times when patients are available (65%).

MAJOR FINDINGS

- CBO Survey respondents generally gave lower health ratings to those they serve (57% fair or poor health, physical or mental health not specified) than the self-reported ratings of Putnam residents found in the population-based Mid-Hudson Region Community Health Survey [see Appendix L][96] (18% fair or poor physical health, 23% fair or poor mental health). This may be indicative of poorer overall health in populations seeking services with respondents than that of the general population.
- Opinions varied by sector on the top three health problems faced, services most helpful to improve health, and most beneficial health screenings or education topics; however mental health/mental health services were consistently the first or second top choice of respondents for all three of these questions, regardless of sector.
- Access to healthcare providers was the second most common choice for the biggest health problem faced, and more than three quarters of respondents think the populations they serve have trouble accessing needed healthcare. Multiple factors attributable to patients (e.g. lack of insurance or transportation) and providers (e.g. appointment availability) are contributing to difficulties accessing healthcare.
- Affordable housing and access to transportation were among the top three things selected as most helpful to improve health in 44% and 45% of respondents respectively.
- Respondents in all sectors most frequently selected healthcare providers as trusted sources of health information for the populations they serve. Friends and family members were selected second most commonly in all sectors but healthcare, where more traditional sources of health information (health departments, hospitals, and schools/colleges) were more commonly selected [See Figure 54].

[96] PCDOH, Mid-Hudson Region Community Health Survey: Putnam County, 2025, https://www.putnamcountyny.gov/images/Departments/Department_of_Health/PDF_Documents/MHRCHS-Putnam_2025_Approved.pdf, accessed August 2025

SPECIFIC RECOMMENDATIONS

- Responses to this survey were obtained through convenience sampling, and as such results should be considered representative of respondents rather than all Putnam County residents served by community-based organizations. Results are most appropriately viewed through the lens of respondent distribution by sector and organization, with the understanding that results are skewed toward the experiences and opinions of respondents working in more highly represented sectors (i.e.: healthcare, mental health and substance misuse, health departments) and organizations (i.e.: Nuvance Health, PCDOH).
- Findings of this survey should be considered alongside other components of the CHA when setting priorities for community health improvement planning, with particular attention paid to indicators related to mental health and healthcare access.
- Local leaders should consider downstream health benefits of policies which address social determinants of health such as affordable housing and access to transportation.

Figure 50

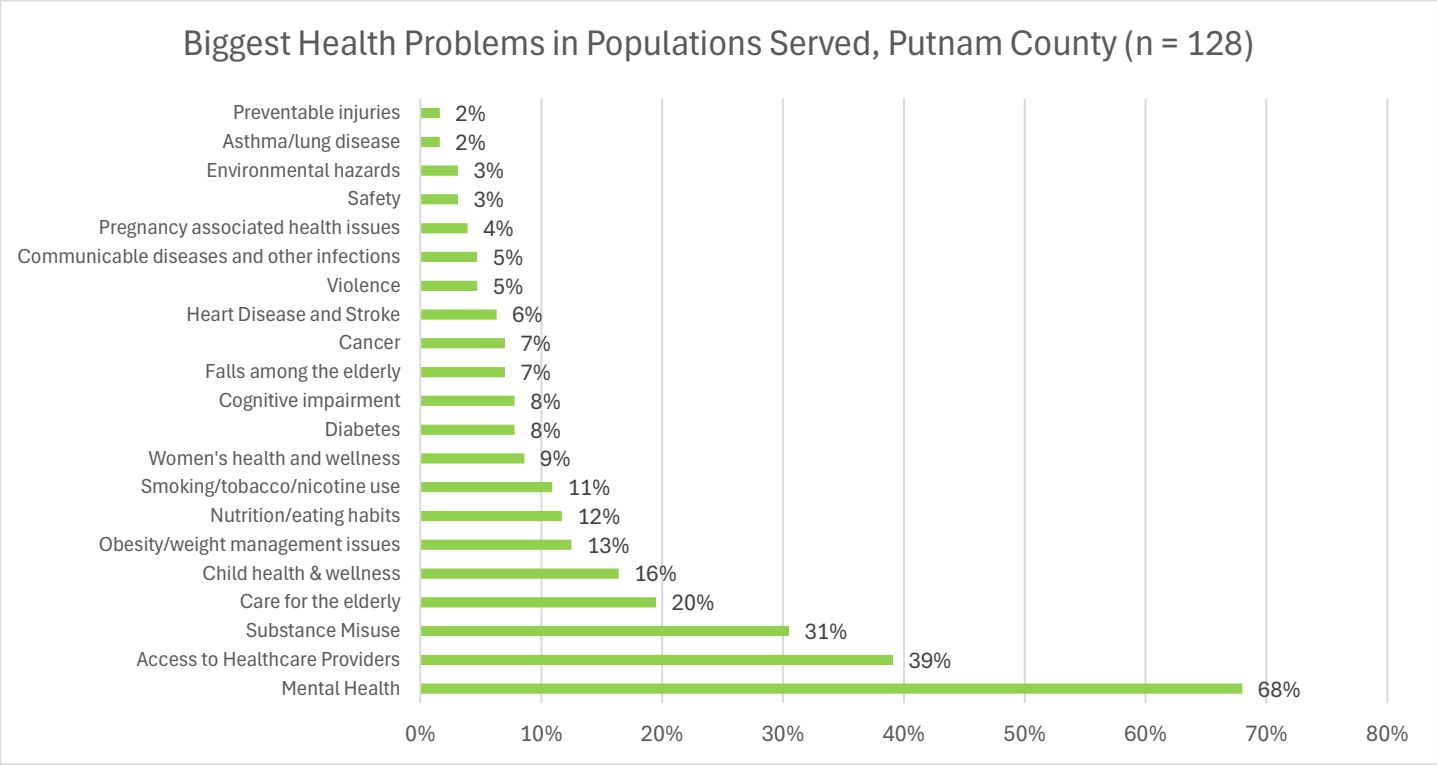


Figure 51

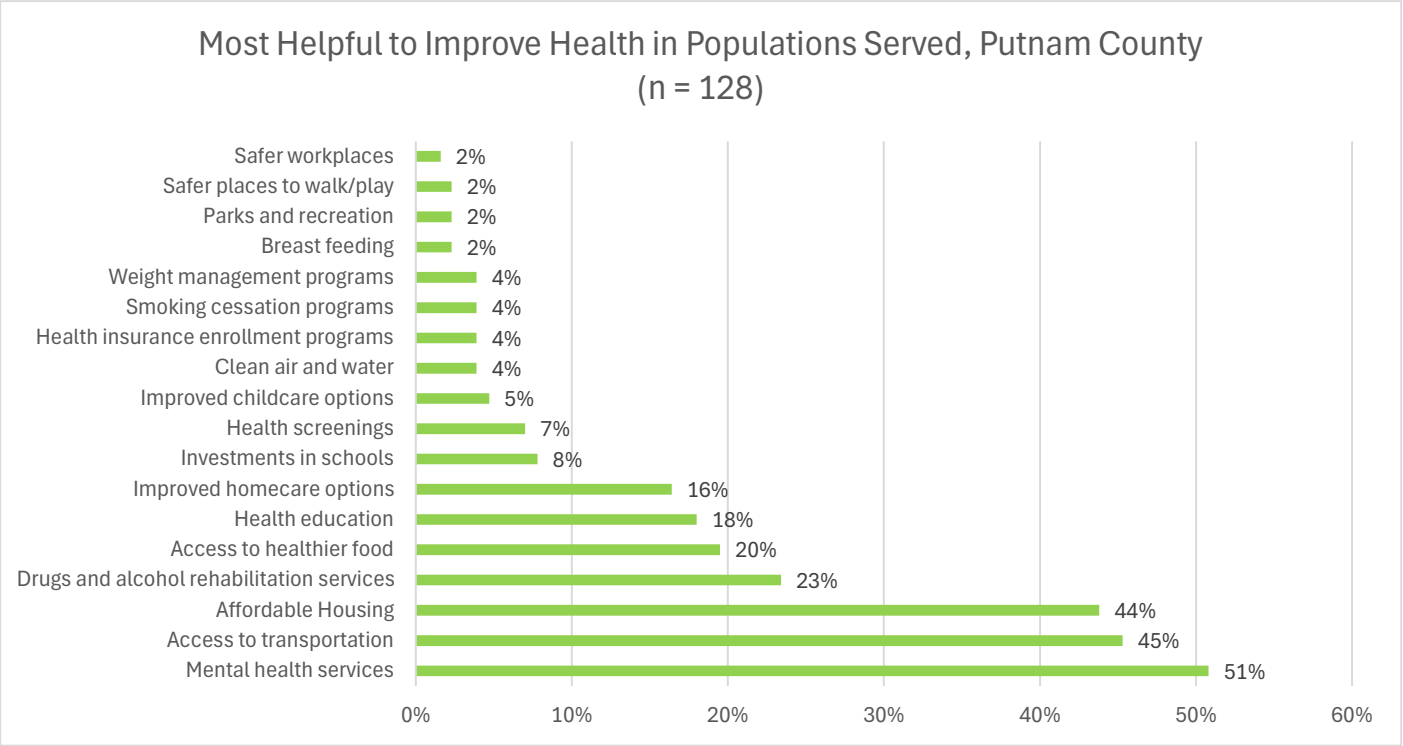


Figure 52

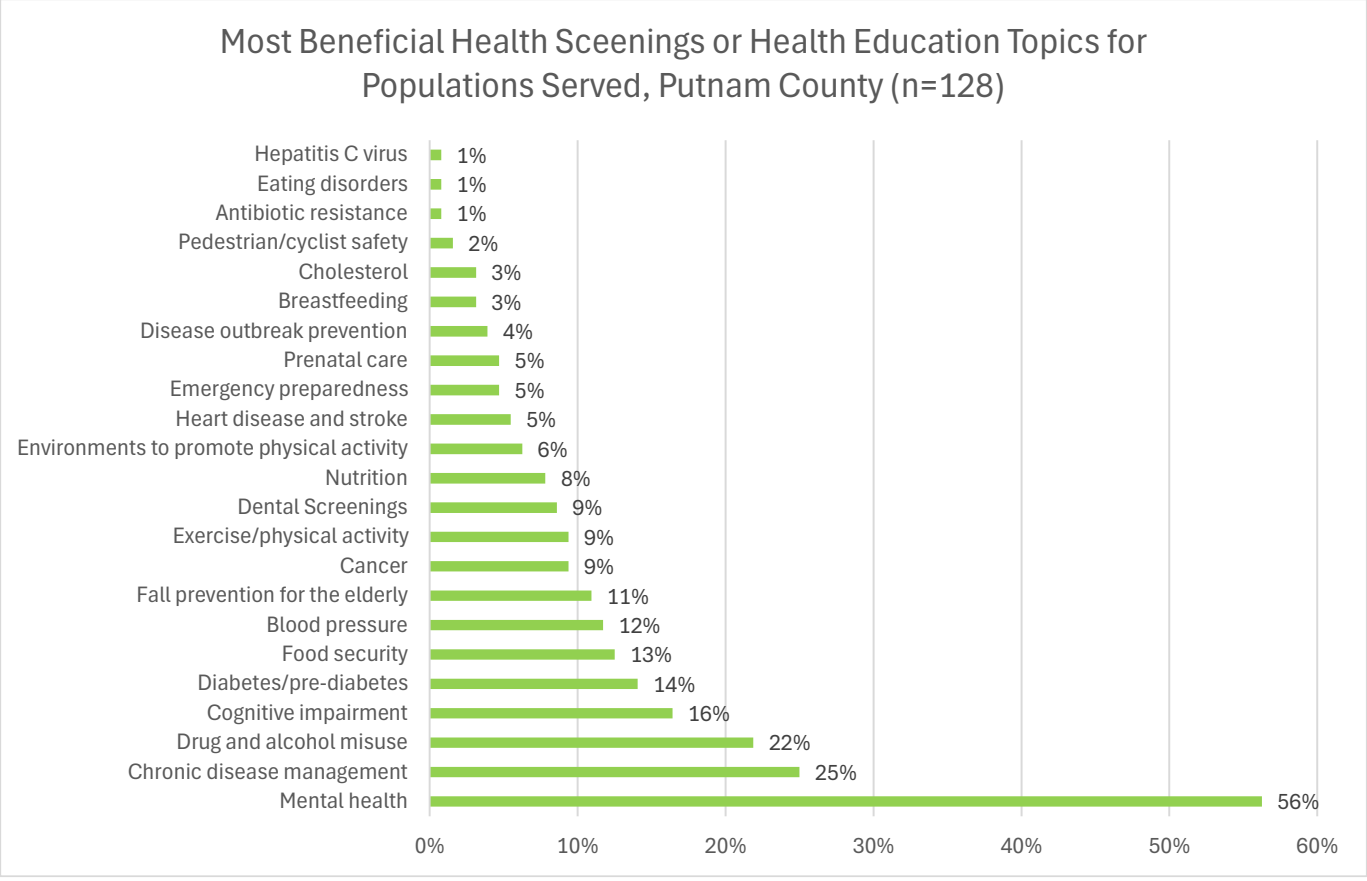


Figure 53

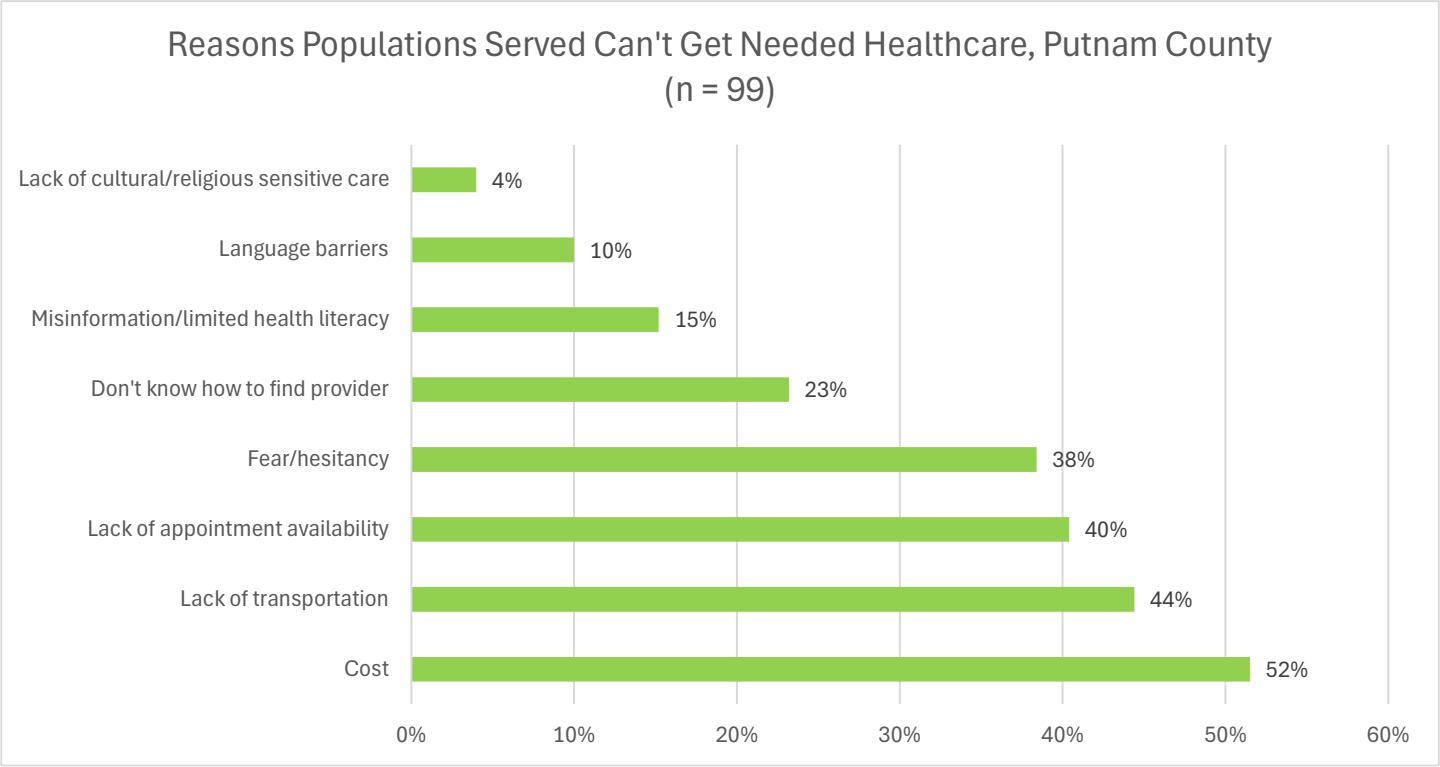
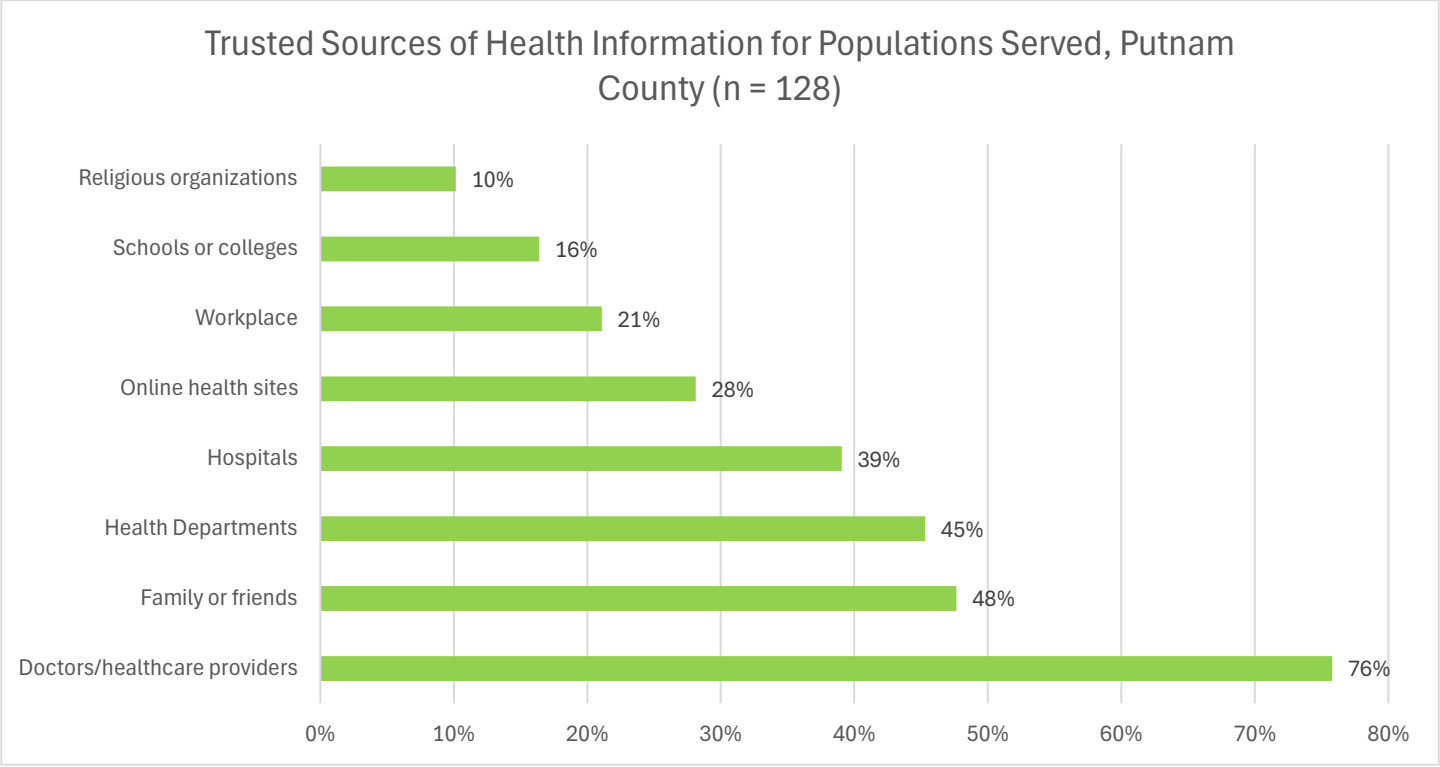


Figure 54



ROCKLAND COUNTY

In Rockland County, 135 survey responses were collected from community service providers that are engaged with various at-risk populations such as persons experiencing homelessness, persons with disabilities, persons with a mental health diagnosis, persons with substance use disorders, veterans, seniors, non-English speakers, and low-income individuals [see Appendix J]. The Rockland County Department of Health distributed the regional partner survey via internal listservs of medical providers, the listservs of the Haverstraw, Spring Valley, and Western Ramapo Collaboratives, the Rockland County Dept. of Mental Health, as well as the United Way of Rockland, and our Hospital Partners at WMC Health and Montefiore Nyack. Respondents included members of government agencies, health care organizations, primary and secondary schools, advocacy groups, non-profits and others.

The results showed that the top three issues that affect health in Rockland County were [see Figure 55]:

1) Access to mental health providers
2) Access to affordable, decent, and safe housing
3) Access to affordable specialty services/providers

The survey also showed that the top three barriers to people achieving better health in Rockland County were [see Figure 56].

1) Knowledge of existing resources
2) Health Literacy
3) Having someone to help them understand their medical condition

Issues highly impacting health in the communities as listed by the providers include [see

Figure 57]:

- Chronic disease
- Health Disparities
- Mental health and substance use issues

The top three areas of impact of the Social Determinants of Health in Rockland County were [see Figure 58].

1. Economic Wellbeing
2. Mental Wellbeing & Substance Use
3. Health Insurance Coverage & Access to Care

Survey respondents indicated that Poverty and Housing Stability & Affordable were particularly impactful for the category of Economic Wellbeing [see Figure 59].

For the category of Mental Wellbeing & Substance Use, survey respondents found Anxiety & Stress to be most impactful, followed by Depression [see Figure 60].

For the category of Health Insurance Coverage & Access to Care, survey respondents indicated that the most impactful areas were Preventive Services for Chronic Disease Prevention & Control, as well as Oral Health Care [see

Figure 61].

The survey provided an opportunity for agency providers to expand upon these issues and barriers in an open answer form via Question 8, which asked: "Besides lack of money, what are the underlying factors and barriers to solving the top 3 issues you identified in the communities you serve?"

Some answers to question 8 are paraphrased in the *Major Findings* section. The criteria for selection did not fit a strict definition, rather the primary determining factor was when one or more answers were in agreement (about an issue or series of issues), those answers were synthesized and paraphrased. The following section, Re*commendations,* are based both on the Major Findings, and the results from Figures 55 through

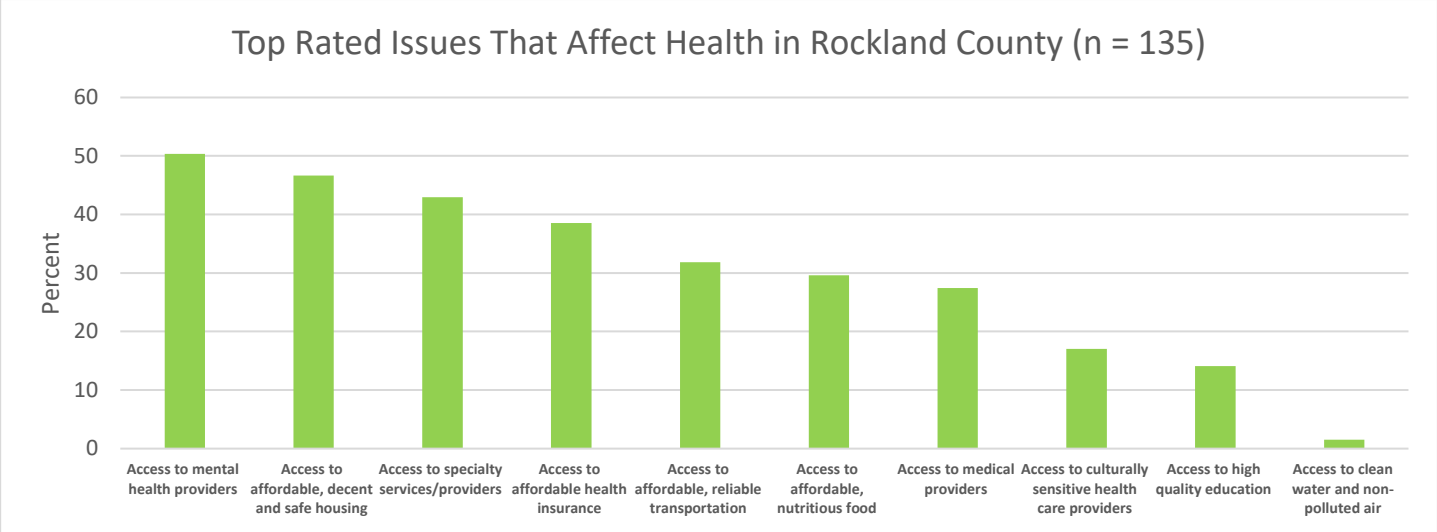
Figure 57 (mentioned above).

MAJOR FINDINGS

- Language barriers, cultural/religious norms, lack of health literacy, and lack of education were frequently listed as significant barriers to health in Rockland. Examples include:
    - Individuals may have difficulty understanding the nature of their medical condition(s) and how to properly treat/manage them
    - Individuals may have fears that medical interventions (such as medications or immunizations) will cause harm instead of helping their condition(s) or preventing disease.
    - Individuals may lack awareness of resources that are available to them and/or they may lack the skills or practical ability to access resources once they become aware of such resources.
- Limited access to affordable housing and poor living conditions cited as significant barriers to health in communities served.
- Limited access to transportation (to medical appointments, grocery stores, etc.), the cost of transportation that is available (car, taxi).
- Problems with health insurance, from the difficulty navigating the insurance-healthcare interface, to a limited acceptance of Medicaid by providers.
- Inadequate community outreach by medical providers, professionals and community groups to assist with health care literacy, navigating insurance. Despite their presence and intent, some community support institutions are not easily accessible by community.
- Stigma surrounding some health conditions/issues, fear of discrimination (related frequently to immigration status), distrust in institutions.
- Mental health, substance abuse problems, and unstable/poor living conditions are frequently cited as barriers. This is made worse by a lack of available Mental Health providers for timely appointments, and mental health providers lacking cultural competency.
- Despite the constraints of the question, several answers included mention of financial constraints as having a significant negative effect on health.

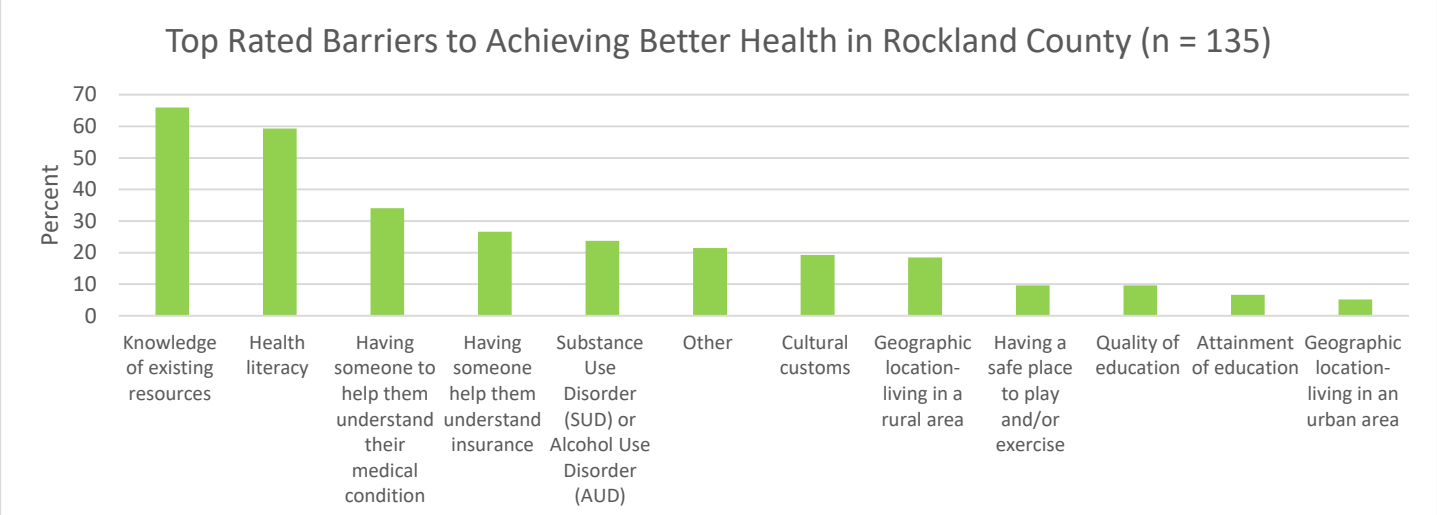
SPECIFIC RECOMMENDATIONS

- Increase availability of educational services to needy communities, especially for English language education, health literacy, and awareness of services throughout the county, as well as assistance accessing those services.
- There is a need to a more efficient public transportation system in Rockland that is easier to navigate, links disparate parts of the county together, and facilitates access of public services by needy communities.
- Lack access to affordable housing, and poor living conditions in the county remains a serious barrier to a stable, healthy life for many Rockland residents. This is a long-standing problem that requires special attention by local authorities in order to be addressed.



Access to mental health providers	Access to affordable, decent and safe housing	Access to specialty services/providers	Access to affordable health insurance	Access to affordable, reliable transportation
50.37	46.67	42.96	38.52	31.85
Access to affordable, nutritious food	**Access to medical providers**	**Access to culturally sensitive health care providers**	**Access to high quality education**	**Access to clean water and non-polluted air**
29.63	27.41	17.04	14.07	1.48

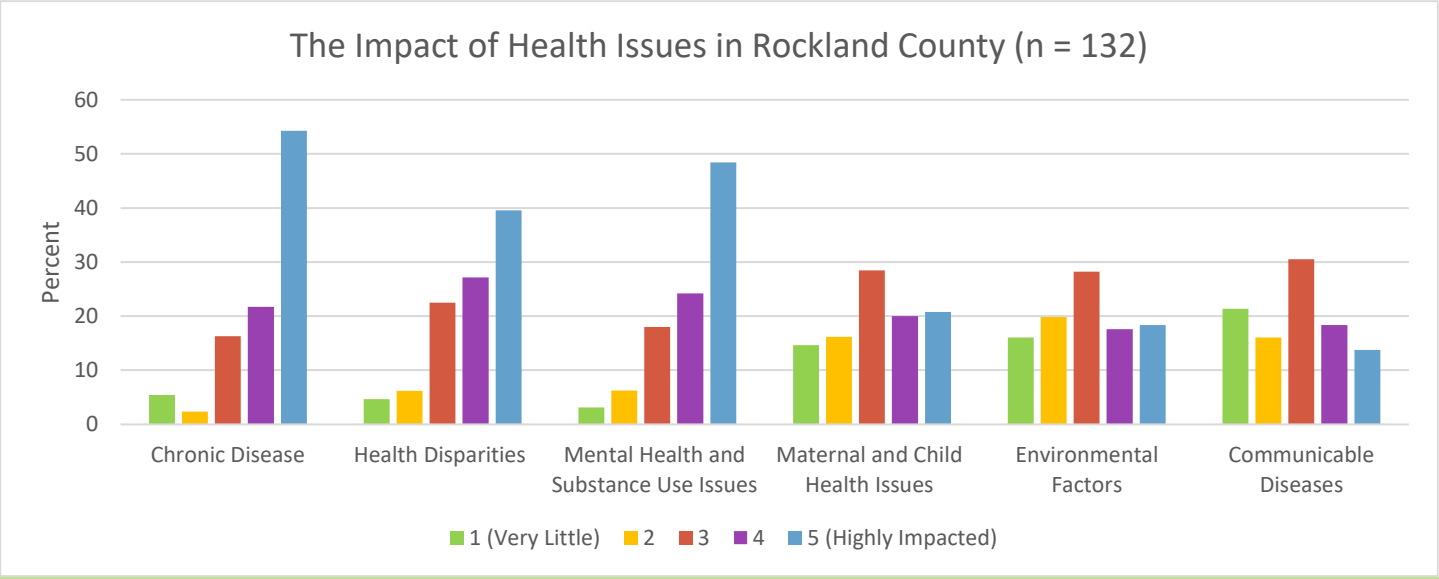
Figure 56



Knowledge of existing resources	Health literacy	Having someone to help them understand their medical condition	Having someone help them understand insurance	Substance Use Disorder (SUD) or Alcohol Use Disorder (AUD)	Other
65.93	59.26	34.07	26.67	23.70	21.48
Cultural customs	**Geographic location-living in a rural area**	**Having a safe place to play and/or exercise**	**Quality of education**	**Attainment of education**	**Geographic location-living in an urban area**
19.26	18.52	9.63	9.63	6.67	5.19

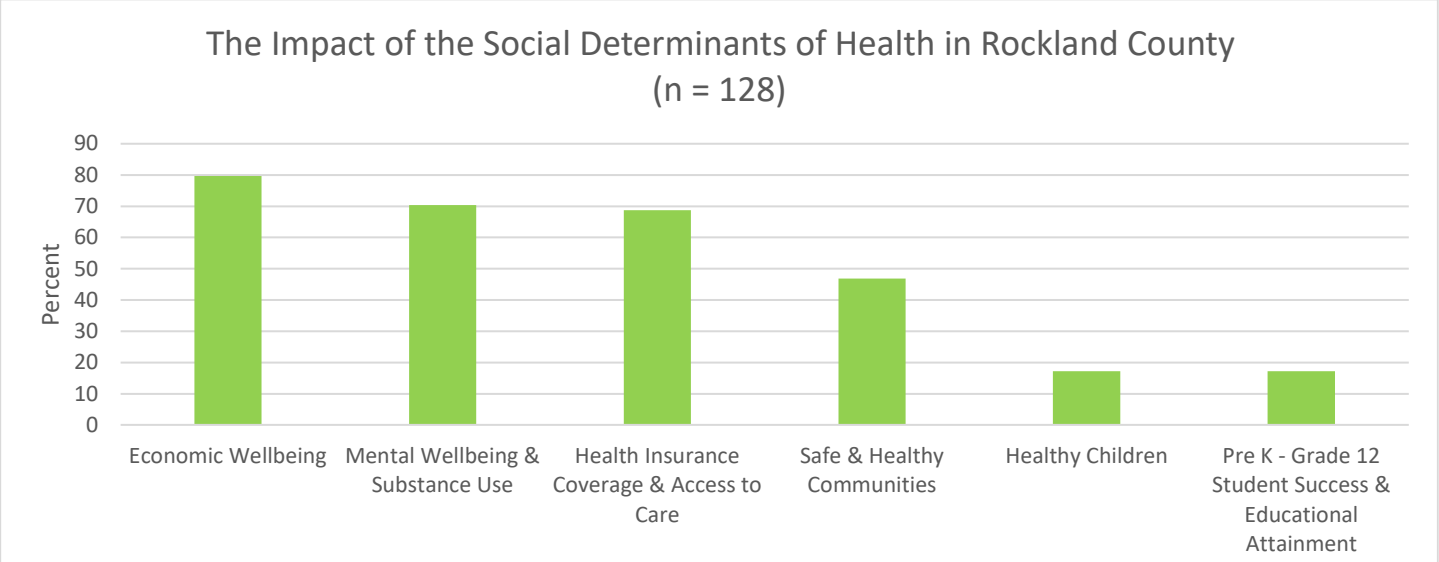
**Other (please specify): Some additional responses from participants include finding childcare, access to health care providers who are trained in LGBTQIA+ health care needs, mental health services, immigration issues, language and cultural barriers, and financial issues.*

Figure 57



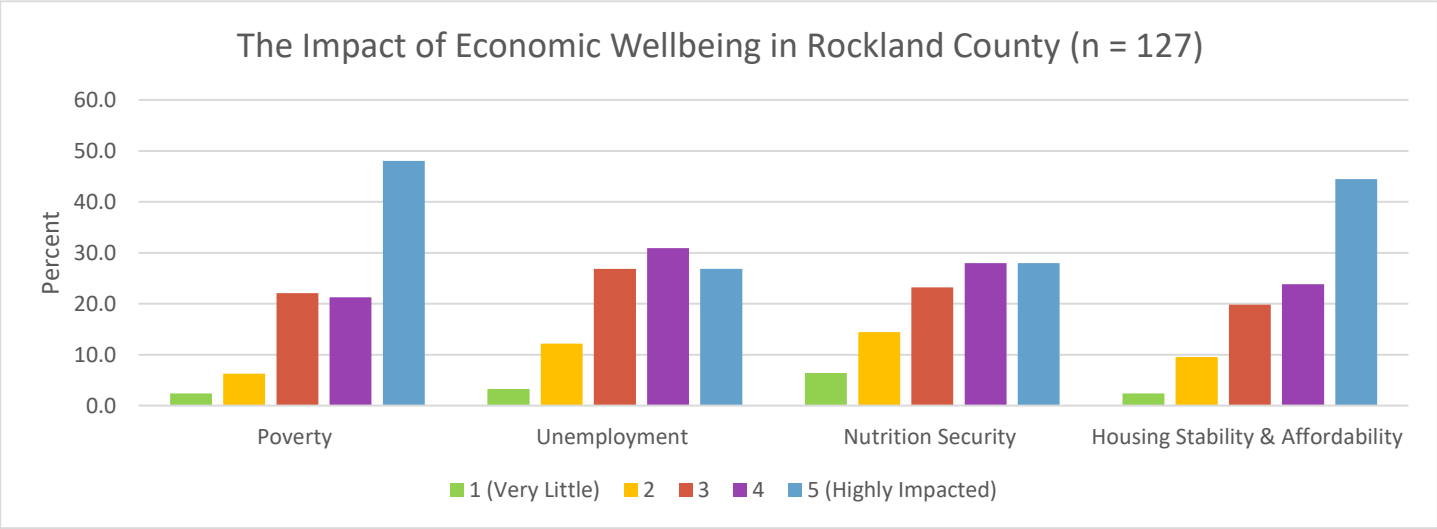
	Chronic Disease	Health Disparities	Mental Health and Substance Use Issues	Maternal and Child Health Issues	Environmental Factors	Communicable Diseases
1 (Very Little)	5.43	4.65	3.13	14.62	16.03	21.37
2.00	2.33	6.20	6.25	16.15	19.85	16.03
3.00	16.28	22.48	17.97	28.46	28.24	30.53
4.00	21.71	27.13	24.22	20.00	17.56	18.32
5 (Highly Impacted)	54.26	39.53	48.44	20.77	18.32	13.74

Figure 58



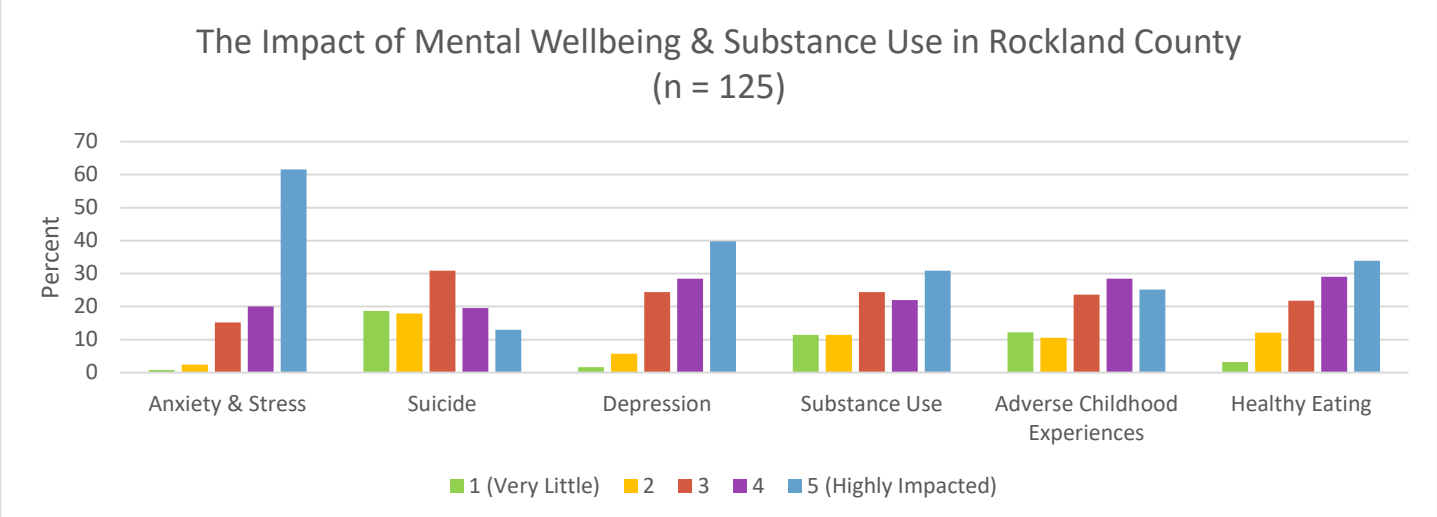
Economic Wellbeing	Mental Wellbeing & Substance Use	Health Insurance Coverage & Access to Care	Safe & Healthy Communities	Healthy Children	Pre K - Grade 12 Student Success & Educational Attainment
79.69	70.31	68.75	46.88	17.19	17.19

Figure 59



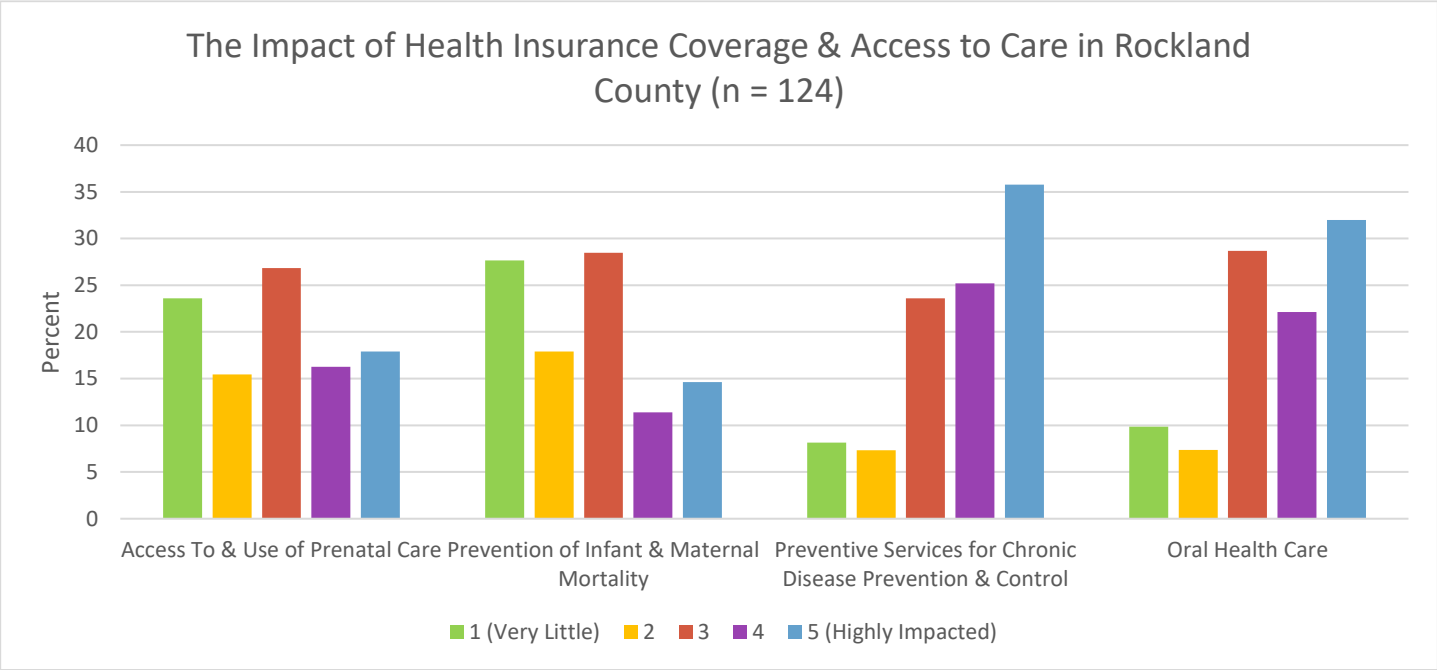
	Poverty	Unemployment	Nutrition Security	Housing Stability & Affordability
1 (Very Little)	2.36	3.25	6.40	2.38
2	6.30	12.20	14.40	9.52
3	22.05	26.83	23.20	19.84
4	21.26	30.89	28.00	23.81
5 (Highly Impacted)	48.03	26.83	28.00	44.44

Figure 60



	Anxiety & Stress	Suicide	Depression	Substance Use	Adverse Childhood Experiences	Healthy Eating
1 (Very Little)	0.80	18.70	1.63	11.38	12.20	3.23
2	2.40	17.89	5.69	11.38	10.57	12.10
3	15.20	30.89	24.39	24.39	23.58	21.77
4	20.00	19.51	28.46	21.95	28.46	29.03
5 (Highly Impacted)	61.60	13.01	39.84	30.89	25.20	33.87

Figure 61



	Access To & Use of Prenatal Care	Prevention of Infant & Maternal Mortality	Preventive Services for Chronic Disease Prevention & Control	Oral Health Care
1 (Very Little)	23.58	27.64	8.13	9.84
2	15.45	17.89	7.32	7.38
3	26.83	28.46	23.58	28.69
4	16.26	11.38	25.20	22.13
5 (Highly Impacted)	17.89	14.63	35.77	31.97

SULLIVAN COUNTY

In Sullivan County, 102 responses were collected via the M-H Community Partner Survey from service providers that serve various populations. The 102 responses represented 46 organizations which contain Sullivan County in their service area, including Granet Health and SUNY Sullivan [see Appendix J].

These providers identified the following as the top three issues that affect the health of the populations they serve [see Figure 62]:

1) Access to mental health providers (n=50)
2) Access to affordable, decent, and safe housing (n=49)
3) Access to affordable, reliable transportation (n=46)

The survey also identified that the top three barriers to people achieving better health in Sullivan County were [see

Figure 63]:

1) Knowledge of existing resources (n=64)
2) Geographic location living in a rural area (n=49)
3) Health literacy (n=45)

When asked about the impact of health issues in Sullivan County, the providers identified the following as having the biggest impact on the health of the community [see Figure 64]:

1) Chronic Disease
2) Mental Health and Substance Use Issues
3) Health Disparities

Providers also identified the most impactful topics among the social determinants of health [**see**

Figure 65]:

1) Mental Wellbeing and Substance Use (anxiety & stress, suicide, depression, substance use, adverse childhood experiences, healthy eating) (n=80)
2) Economic Wellbeing (poverty, unemployment, nutrition security, housing stability & affordability) (n=77)
3) Health Insurance Coverage & Access to Care (access to & use of prenatal care, prevention of infant maternal mortality, preventive services for chronic disease prevention & control, oral health care) (n=54)

Within the broader social determinants of health, the specific topics rated as having the highest impact on health were anxiety & stress, poverty, and housing stability & affordability [see Figures 66 through 68].

MAJOR FINDINGS

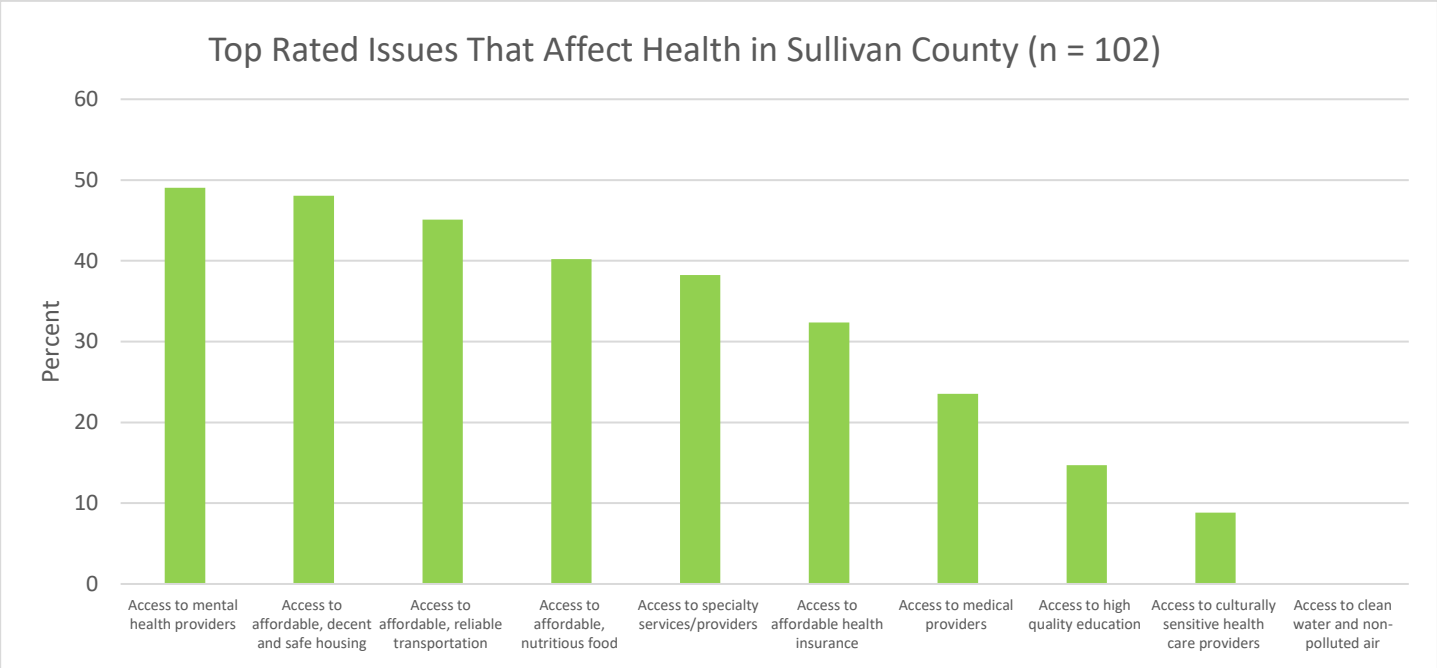
Included in the survey was an open-ended question asking providers to identify the underlying factors and barriers, besides lack of money, to solving the top 3 issues they identified. The most common responses were:

- Lack of reliable transportation
- Lack of knowledge and access to resources, including due to language barriers
- Lack of providers, particularly specialists and mental health providers
- Lack of affordable housing
- Lack of education and health literacy, along with insufficient resources and staff to help patients navigate the healthcare system, insurance, and other services

Generally,

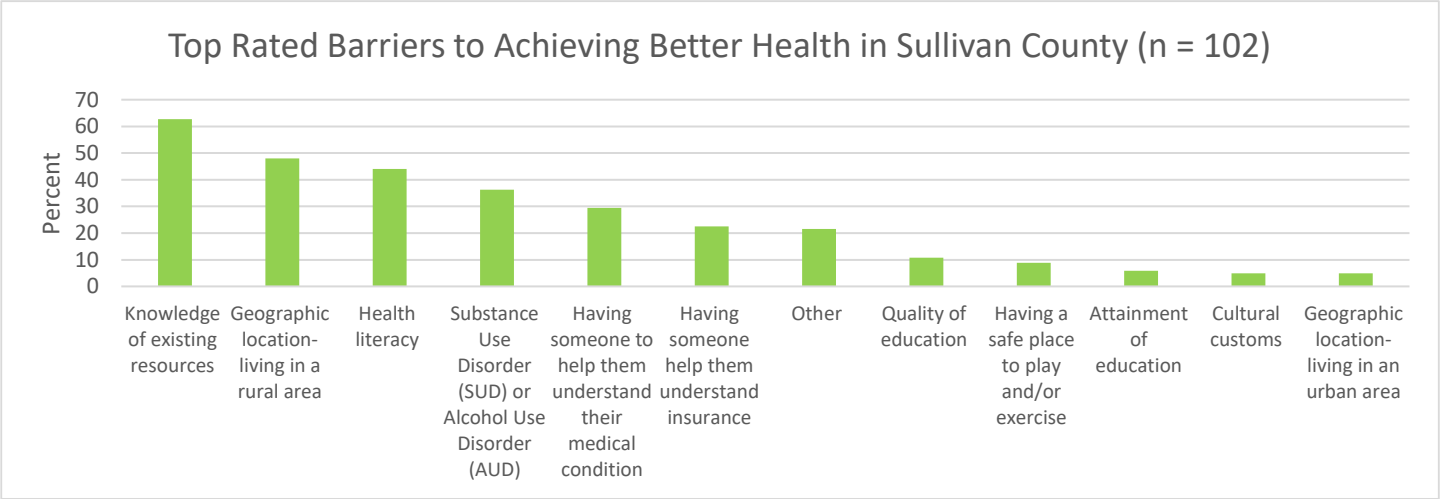
- Mental health was identified as a major issue in the county, as well as a lack of mental health providers.
- Despite the growth of transportation options such as “Move Sullivan,” gaps remain, especially in more rural areas of the county.
- Health literacy, knowledge of resources, and difficulty navigating the healthcare system and accessing providers were frequently identified as barriers to improving health.

Figure 62



Access to mental health providers	Access to affordable, decent and safe housing	Access to affordable, reliable transportation	Access to affordable, nutritious food	Access to specialty services/providers
49.02	48.04	45.10	40.20	38.24
Access to affordable health insurance	**Access to medical providers**	**Access to high quality education**	**Access to culturally sensitive health care providers**	**Access to clean water and non-polluted air**
32.35	23.53	14.71	8.82	0.00

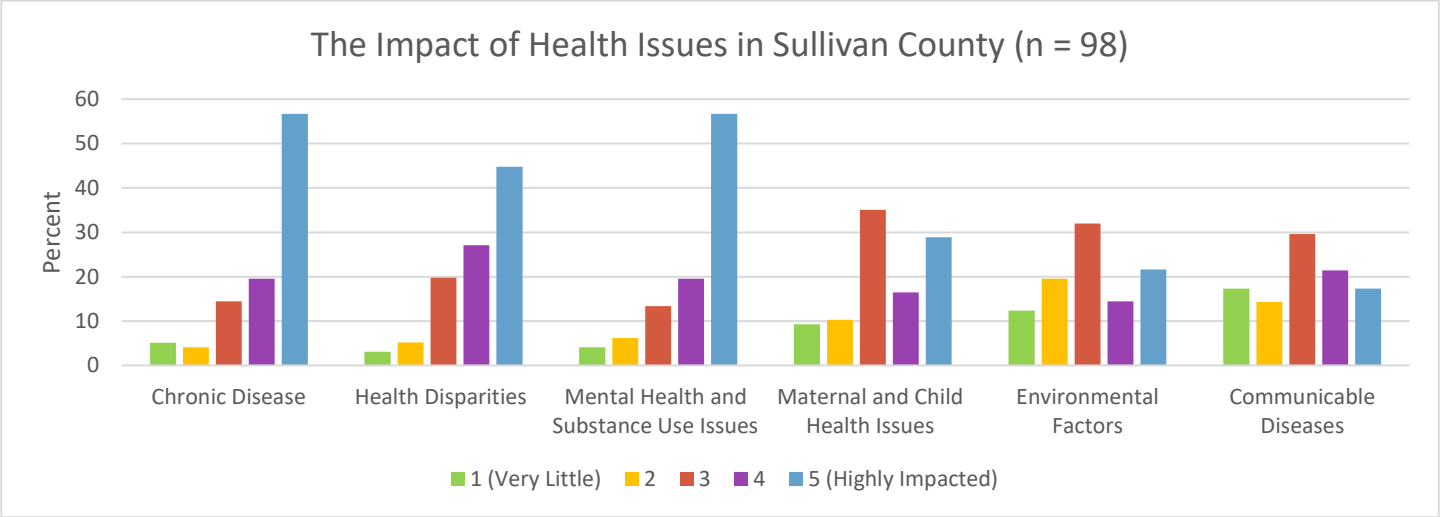
Figure 63



Knowledge of existing resources	Geographic location- living in a rural area	Health literacy	Substance Use Disorder (SUD) or Alcohol Use Disorder (AUD)	Having someone to help them understand their medical condition	Having someone help them understand insurance
62.75	48.04	44.12	36.27	29.41	22.55
Other	**Quality of education**	**Having a safe place to play and/or exercise**	**Attainment of education**	**Cultural customs**	**Geographic location- living in an urban area**
21.57	10.78	8.82	5.88	4.90	4.90

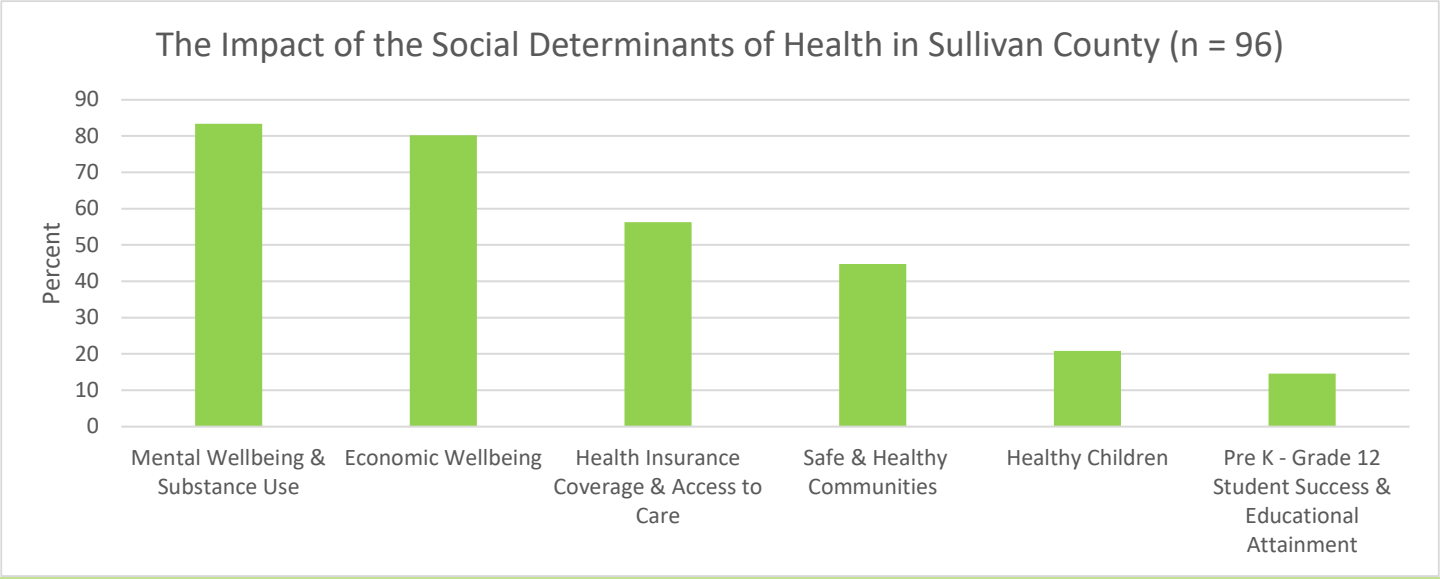
**Other: Some additional responses from participants include lack of transportation, poverty, safe and affordable housing, availability of health insurance, and having access to healthy foods.*

Figure 64



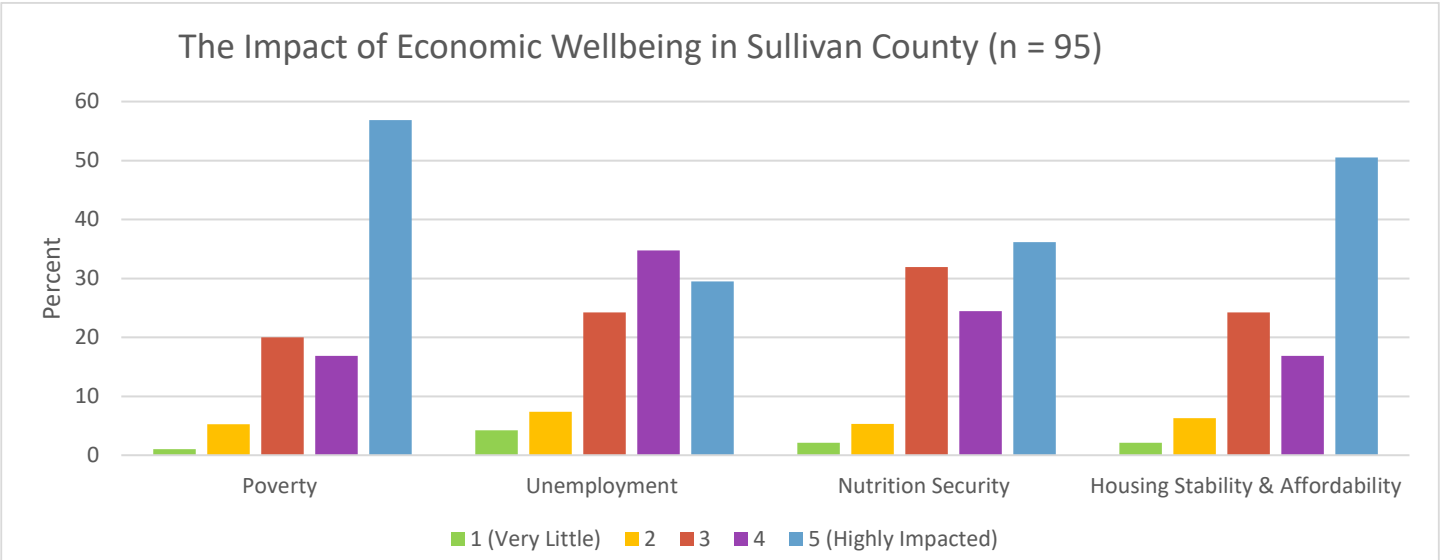
	Chronic Disease	Health Disparities	Mental Health and Substance Use Issues	Maternal and Child Health Issues	Environmental Factors	Communicable Diseases
1 (Very Little)	5.15	3.13	4.12	9.28	12.37	17.35
2	4.12	5.21	6.19	10.31	19.59	14.29
3	14.43	19.79	13.40	35.05	31.96	29.59
4	19.59	27.08	19.59	16.49	14.43	21.43
5 (Highly Impacted)	56.70	44.79	56.70	28.87	21.65	17.35

Figure 65



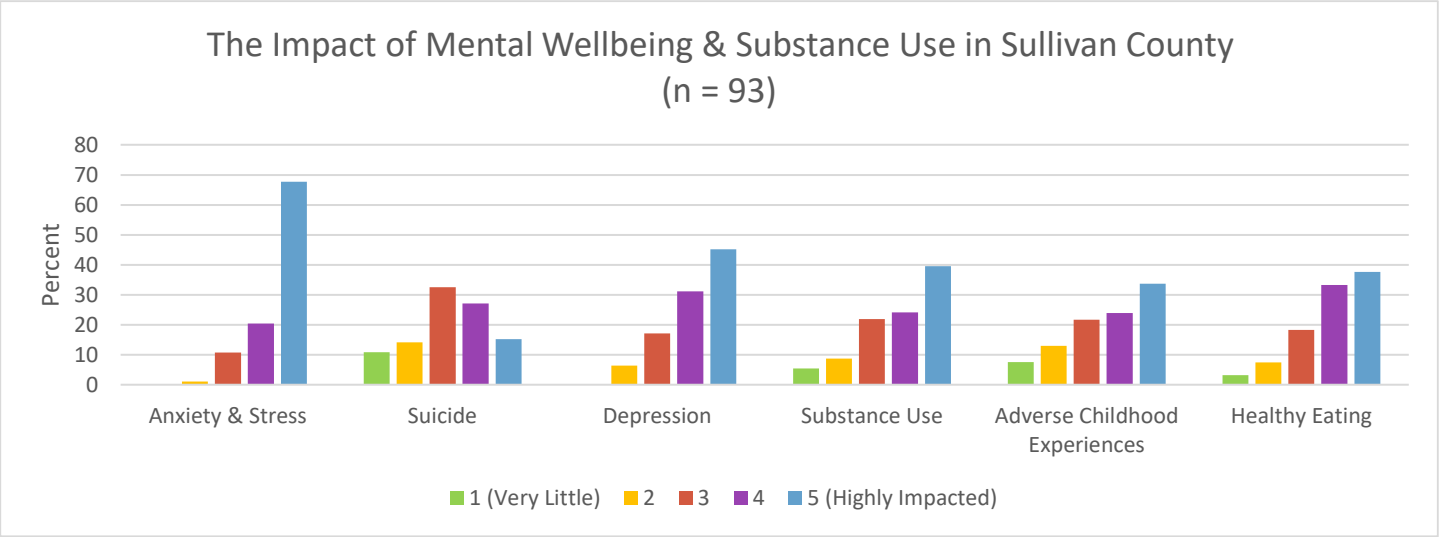
Mental Wellbeing & Substance Use	Economic Wellbeing	Health Insurance Coverage & Access to Care	Safe & Healthy Communities	Healthy Children	Pre K - Grade 12 Student Success & Educational Attainment
83.33	80.21	56.25	44.79	20.83	14.58

Figure 66



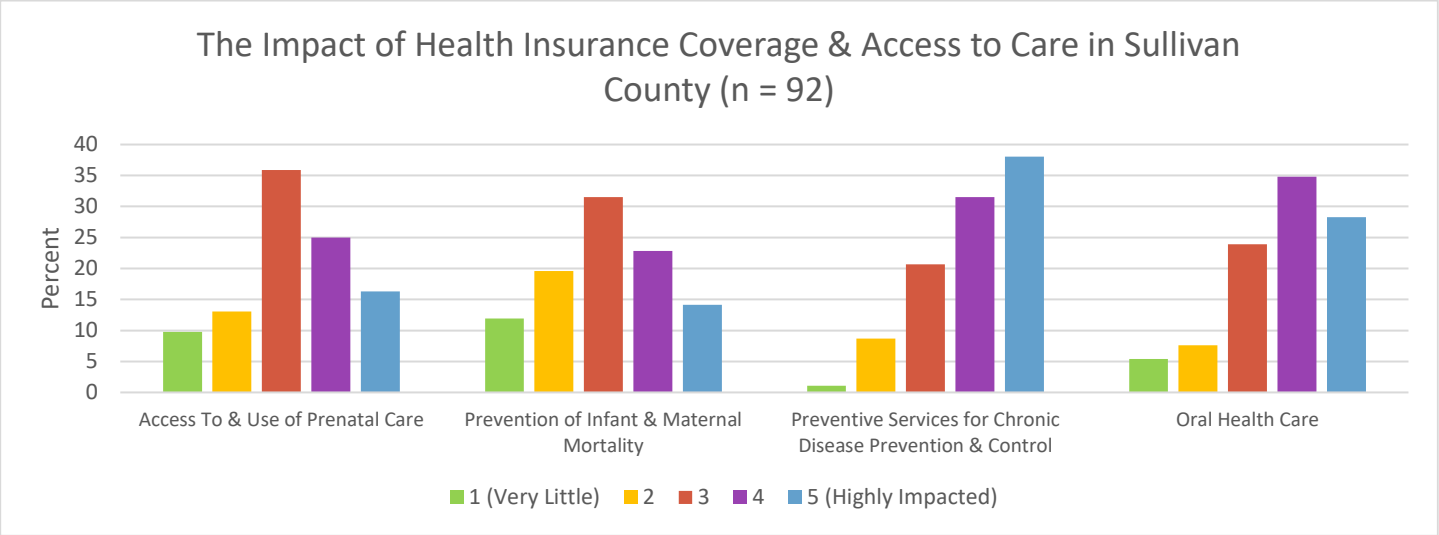
	Poverty	Unemployment	Nutrition Security	Housing Stability & Affordability
1 (Very Little)	1.05	4.21	2.13	2.11
2	5.26	7.37	5.32	6.32
3	20.00	24.21	31.91	24.21
4	16.84	34.74	24.47	16.84
5 (Highly Impacted)	56.84	29.47	36.17	50.53

Figure 67



	Anxiety & Stress	Suicide	Depression	Substance Use	Adverse Childhood Experiences	Healthy Eating
1 (Very Little)	0.00	10.87	0.00	5.49	7.61	3.23
2	1.08	14.13	6.45	8.79	13.04	7.53
3	10.75	32.61	17.20	21.98	21.74	18.28
4	20.43	27.17	31.18	24.18	23.91	33.33
5 (Highly Impacted)	67.74	15.22	45.16	39.56	33.70	37.63

Figure 68



	Access To & Use of Prenatal Care	Prevention of Infant & Maternal Mortality	Preventive Services for Chronic Disease Prevention & Control	Oral Health Care
1 (Very Little)	9.78	11.96	1.09	5.43
2	13.04	19.57	8.70	7.61
3	35.87	31.52	20.65	23.91
4	25.00	22.83	31.52	34.78
5 (Highly Impacted)	16.30	14.13	38.04	28.26

ULSTER COUNTY

In Ulster County, 73 responses were collected from providers that serve various populations. Many agencies were represented as respondents to the survey, the questions for which can be found in [see Appendix J

The survey results showed that the top three issues that affect health in Ulster County were [see Figure 69]:

1) Access to affordable, decent, and safe housing
2) Access to mental health providers
3) Access to specialty services/providers

The survey also showed that the top three barriers to people achieving better health in Ulster County were [see Figure 70]:

1) Knowledge of existing resources
2) Health literacy
3) Substance use disorder or alcohol use disorder

Issues highly impacting health in the communities, as listed by the providers include chronic disease, mental health and substance use issues, and health disparities [see Figure 71]. The survey provided an opportunity for agency providers to expand upon these issues and barriers.

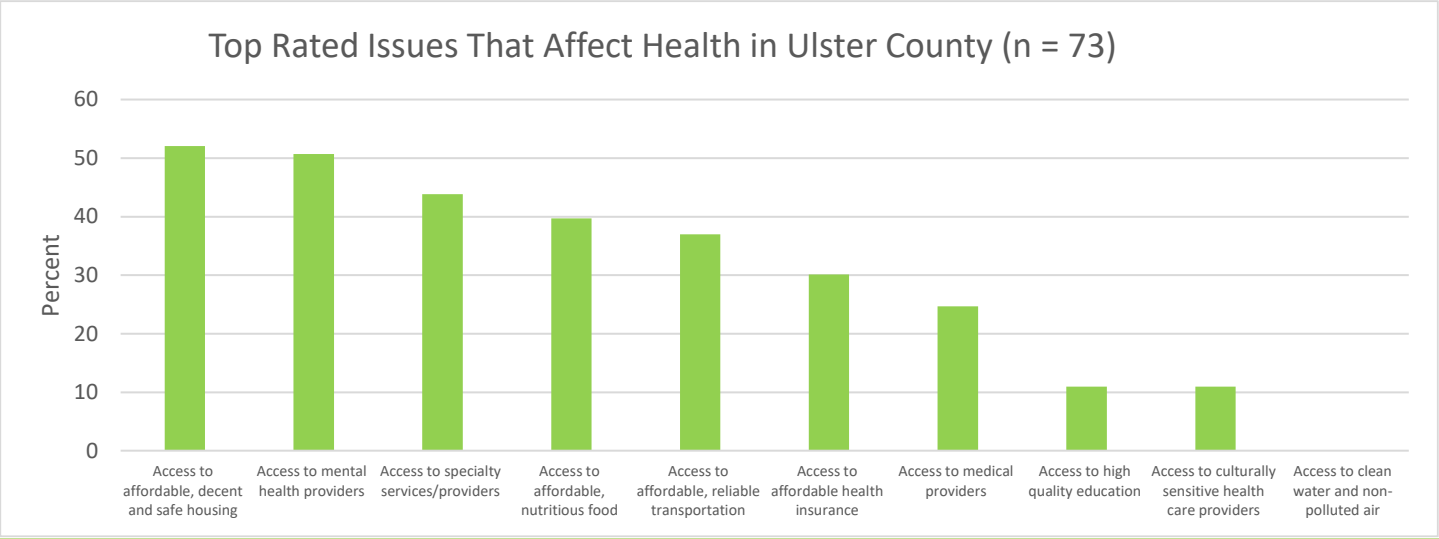
MAJOR FINDINGS

- Providers noted affordable housing is limited, and one respondent noted that accessible housing is severely limited.
- Low availability of mental health services and providers was frequently cited, as well as lack of health literacy surrounding mental health and substance use, and clients' own mental health and substance use conditions preventing them from either knowing what resources are available or seeking help at all.
- Lack of adequate means of transportation in Ulster County. Living in a large county geographically isolates some people from getting the care that they need and the transportation to get to these services.
- Poverty, stigma, and culture were all noted as factors that affect likelihood of seeking treatment.

SPECIFIC RECOMMENDATIONS

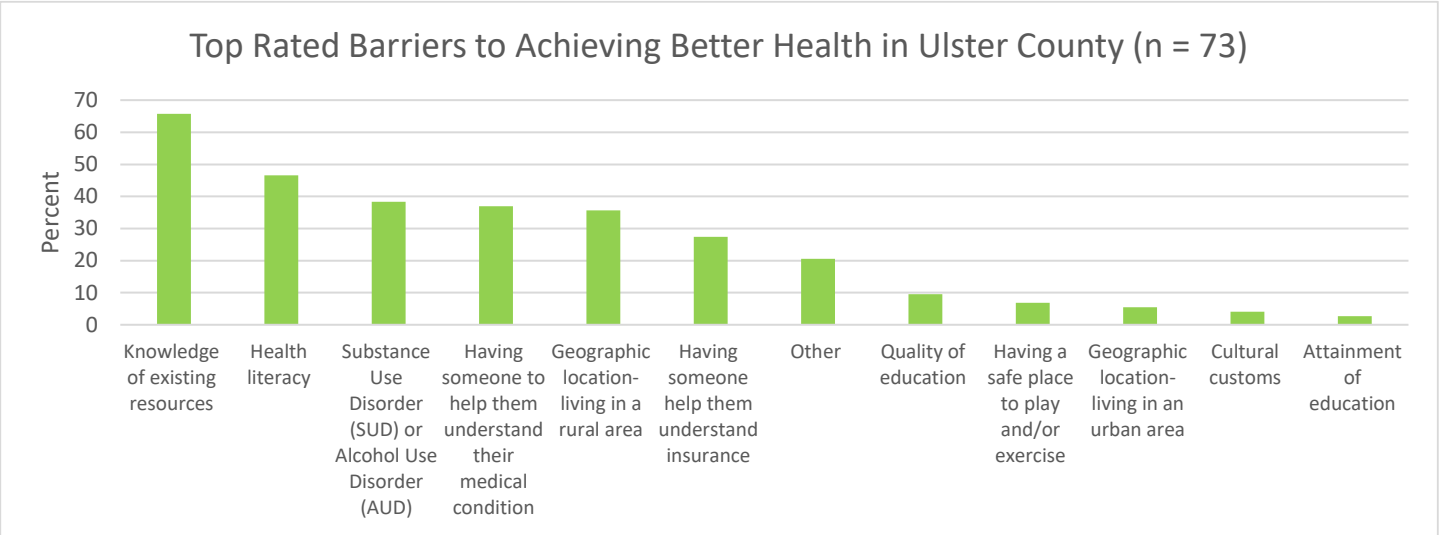
- Continue to strengthen inter-agency and community relationships to improve awareness of the resources available in the county

Figure 69



Access to affordable, decent and safe housing	Access to mental health providers	Access to specialty services/providers	Access to affordable, nutritious food	Access to affordable, reliable transportation
52.05	50.68	43.84	39.73	36.99
Access to affordable health insurance	**Access to medical providers**	**Access to high quality education**	**Access to culturally sensitive health care providers**	**Access to clean water and non-polluted air**
30.14	24.66	10.96	10.96	0.00

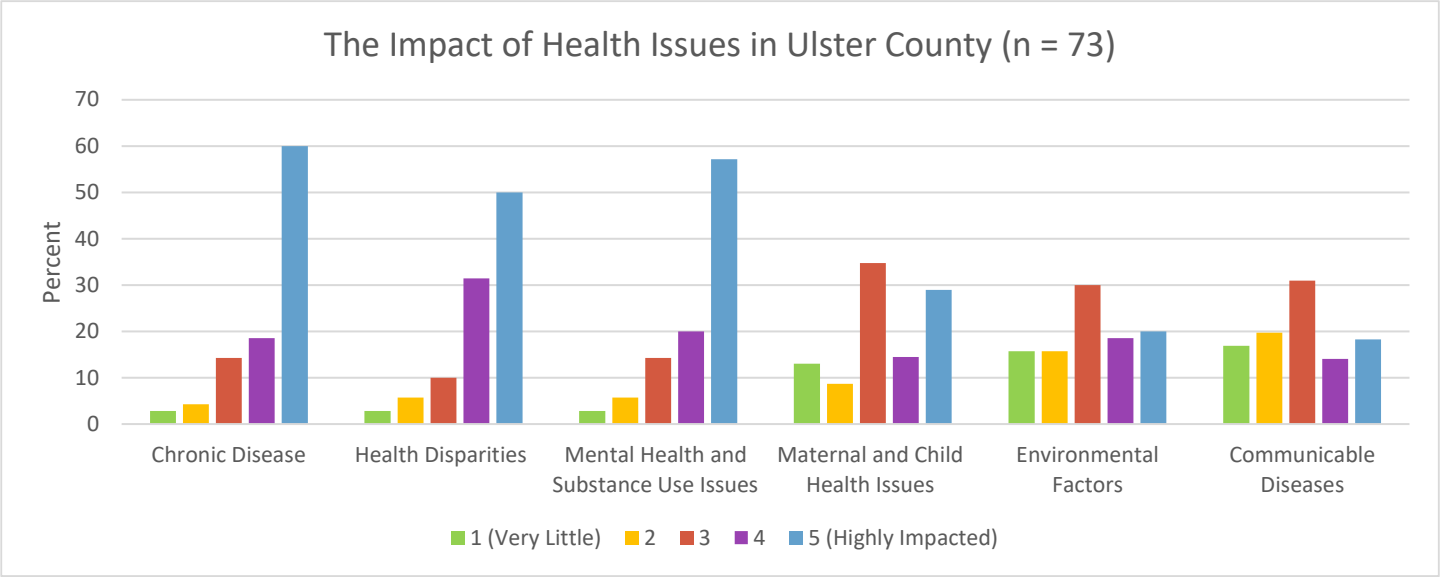
Figure 70



Knowledge of existing resources	Health literacy	Substance Use Disorder (SUD) or Alcohol Use Disorder (AUD)	Having someone to help them understand their medical condition	Geographic location- living in a rural area	Having someone help them understand insurance
65.75	46.58	38.36	36.99	35.62	27.40
Other	**Quality of education**	**Having a safe place to play and/or exercise**	**Geographic location- living in an urban area**	**Cultural customs**	**Attainment of education**
20.55	9.59	6.85	5.48	4.11	2.74

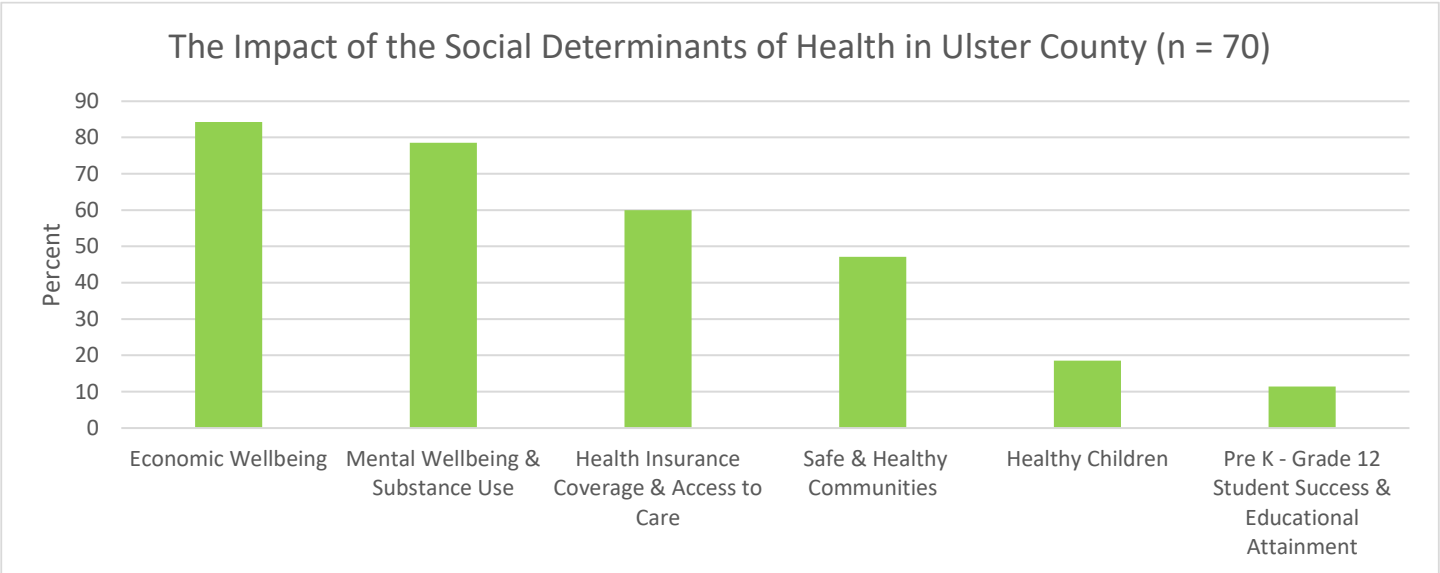
**Other: Some additional responses from participants include lack of transportation, poverty, safe and affordable housing, availability of health insurance, and having access to healthy foods.*

Figure 71



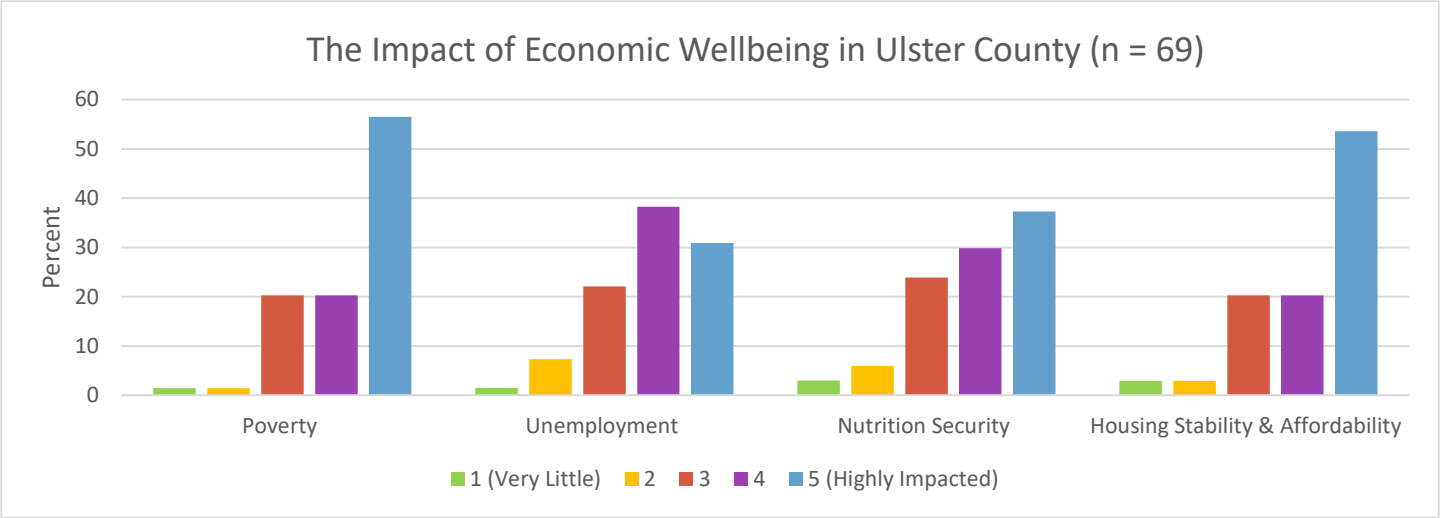
	Chronic Disease	Health Disparities	Mental Health and Substance Use Issues	Maternal and Child Health Issues	Environmental Factors	Communicable Diseases
1 (Very Little)	2.86	2.86	2.86	13.04	15.71	16.90
2	4.29	5.71	5.71	8.70	15.71	19.72
3	14.29	10.00	14.29	34.78	30.00	30.99
4	18.57	31.43	20.00	14.49	18.57	14.08
5 (Highly Impacted)	60.00	50.00	57.14	28.99	20.00	18.31

Figure 72



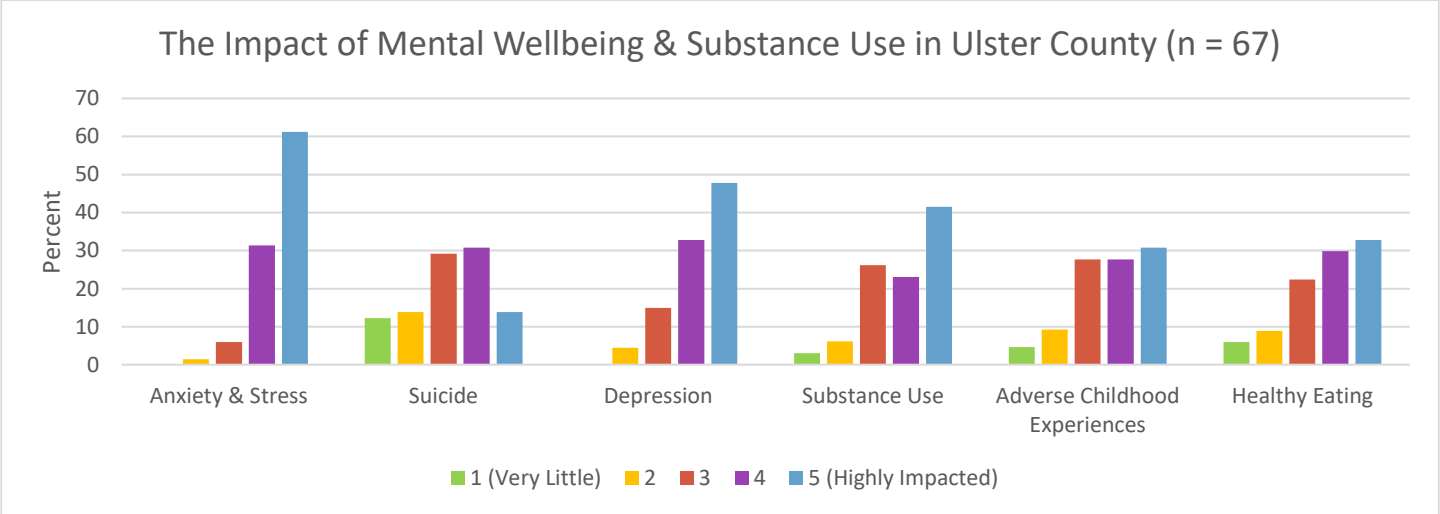
Economic Wellbeing	Mental Wellbeing & Substance Use	Health Insurance Coverage & Access to Care	Safe & Healthy Communities	Healthy Children	Pre K - Grade 12 Student Success & Educational Attainment
84.29	78.57	60.00	47.14	18.57	11.43

Figure 73



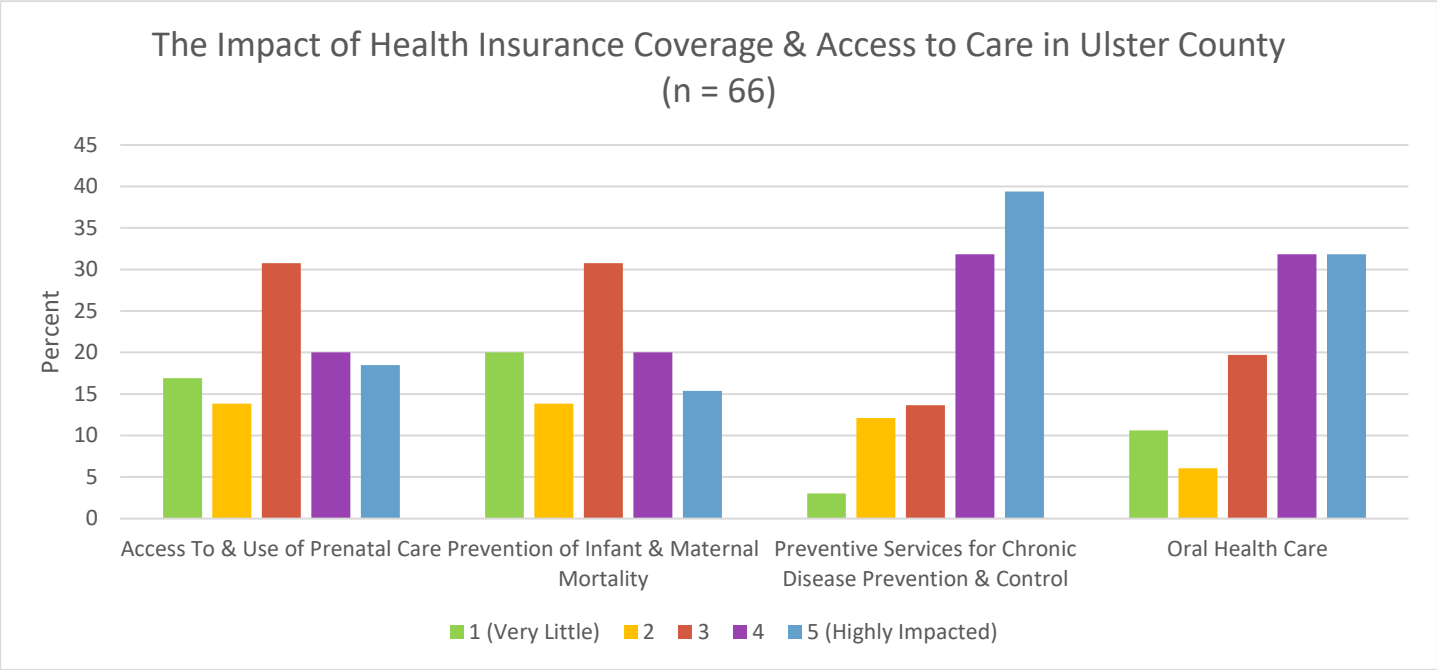
	Poverty	Unemployment	Nutrition Security	Housing Stability & Affordability
1 (Very Little)	1.45	1.47	2.99	2.90
2	1.45	7.35	5.97	2.90
3	20.29	22.06	23.88	20.29
4	20.29	38.24	29.85	20.29
5 (Highly Impacted)	56.52	30.88	37.31	53.62

Figure 74



	Anxiety & Stress	Suicide	Depression	Substance Use	Adverse Childhood Experiences	Healthy Eating
1 (Very Little)	0.00	12.31	0.00	3.08	4.62	5.97
2	1.49	13.85	4.48	6.15	9.23	8.96
3	5.97	29.23	14.93	26.15	27.69	22.39
4	31.34	30.77	32.84	23.08	27.69	29.85
5 (Highly Impacted)	61.19	13.85	47.76	41.54	30.77	32.84

Figure 75



	Access To & Use of Prenatal Care	Prevention of Infant & Maternal Mortality	Preventive Services for Chronic Disease Prevention & Control	Oral Health Care
1 (Very Little)	16.92	20.00	3.03	10.61
2	13.85	13.85	12.12	6.06
3	30.77	30.77	13.64	19.70
4	20.00	20.00	31.82	31.82
5 (Highly Impacted)	18.46	15.38	39.39	31.82

WESTCHESTER COUNTY

From the Hudson Valley Regional Community Partner Surveys, responses were collected from 40 providers [see Appendix J] located in Westchester County. Those providers identified several issues that affect health in Westchester, including [see Figure 76]:

- *Access to mental health providers*
- *Access to specialty services/providers*
- *Access to affordable, decent, and safe housing*
- *Access to affordable, reliable public transportation*
- *Access to affordable, nutritious food*

The respondents also acknowledged barriers to people achieving better health in Westchester County, among them, the top three includes [see Figure 77]:

- *Knowledge of existing resources*
- *Health literacy*
- *Having someone help them understand insurance (Health Navigators)*
- *Geographic Location – living in rural area*

When asked about the issues highly impacting the health status of residents in Westchester communities, these respondents suggested that Mental Wellbeing & Substance Use, Economic Wellbeing, and Health Insurance Coverage and Access to Care are the top three issues currently affecting the communities [see

Figure 79].

MAJOR FINDINGS

Although an affluent county in general, there are pockets of neighborhoods in Westchester County where residents struggle to access affordable, decent, and safe housing, and face issues related to poverty. These major socioeconomic disadvantages are major root causes factors affecting people's health status.

The partner survey of 40 community care providers identified significant challenges affecting the health and well-being of their clients, which include low-income individuals, adults, persons with disabilities, those experiencing homelessness, and seniors as wells as individuals with limited English proficiency. The findings highlighted critical needs, pervasive systemic barriers, and the key issues impacting the populations served.

Ultimately, the survey findings underscore a powerful interrelationship between the socioeconomic and health challenges experienced by clients. Economic instability, characterized by poverty, unemployment, and housing insecurity, directly impacts individuals' mental well-being and their ability to access both health insurance and quality healthcare.

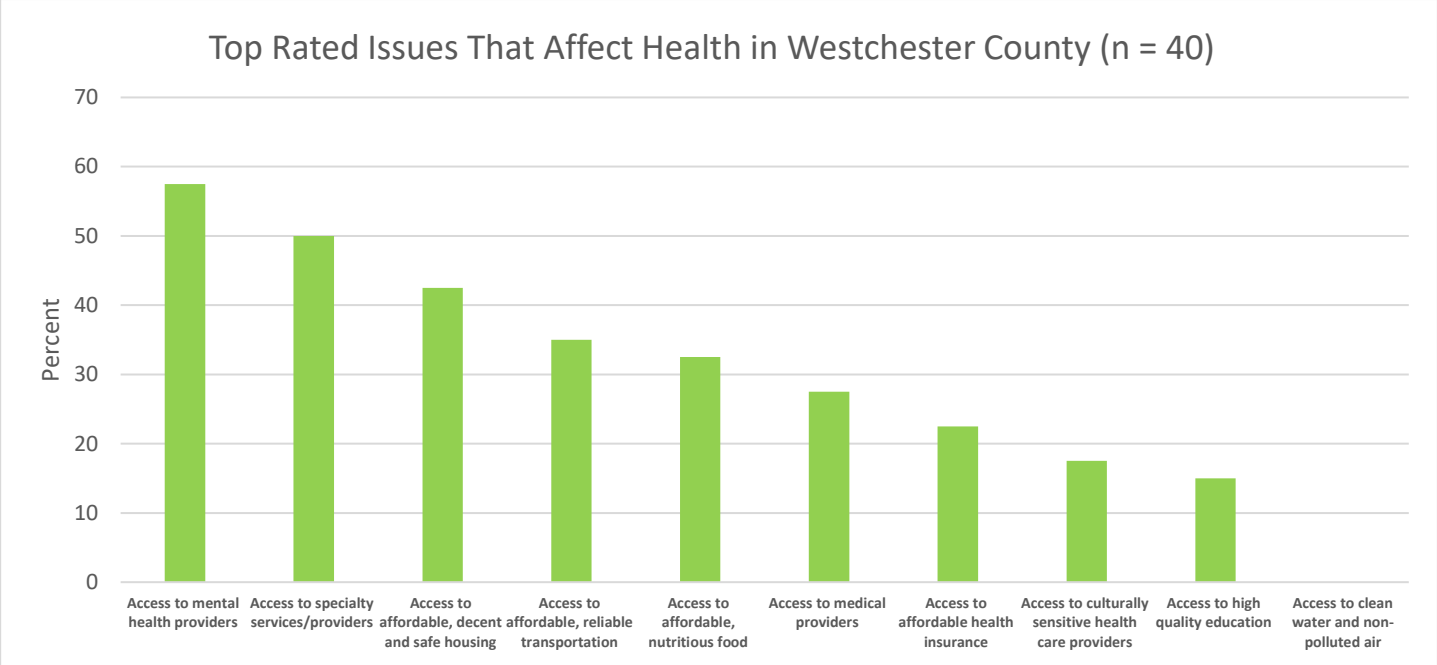
SPECIFIC RECOMMENDATIONS

Based on data collected from the 40 community care providers, three major areas need to be addressed in health care and community services:

1) *Mental health and substance use issues – listed it as one of the major issues impacting and/or highly impacting the health status of Westchester residents (with 60.52% listed it as highly impacting and 21.05% listed it as impacting)*
2) *Health disparities – listed it as one of the major issues impacting and/or highly impacting the health status of Westchester residents (with 55.26% listed it as highly impacting and 21.0% listed it as impacting)*
3) *Chronic disease (heart disease, diabetes, asthma, obesity, etc.) – listed it as one of the major issues impacting and/or highly impacting the health status of Westchester residents (with 55.26% listed it as highly impacting and 18.42% listed it as impacting)*

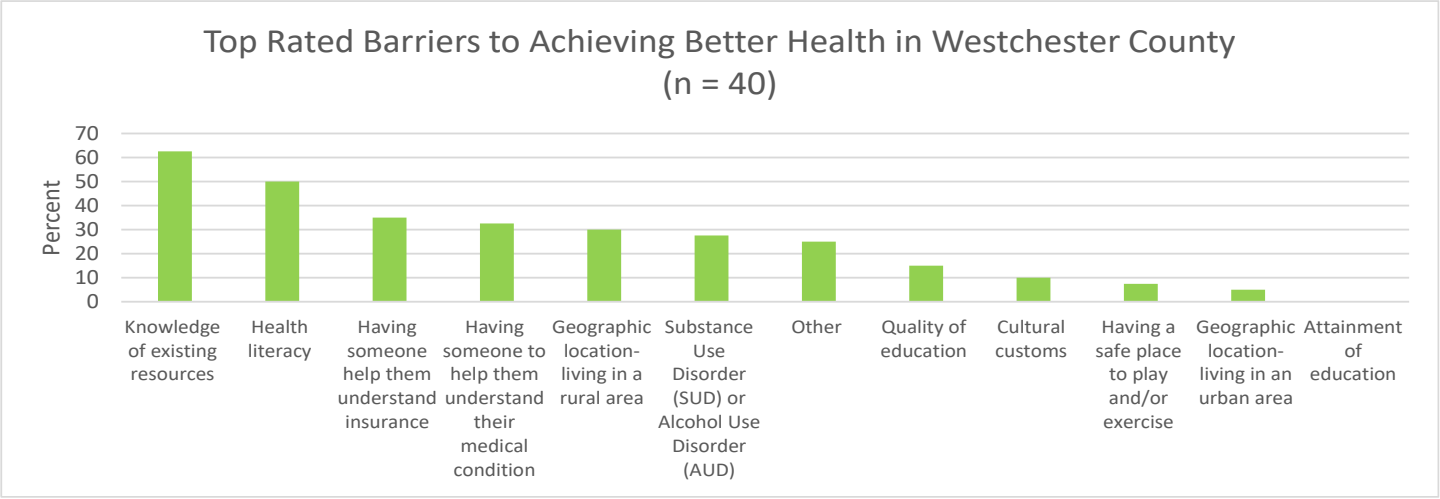
Given the complexity of Westchester County's geographic, demographic, and socioeconomic compositions, a collection of 40 respondents (previous Mid-Hudson Community Partner Survey 18 respondents) from the large pool of health care and community service providers existing in the county can by no means present a thorough picture of current health status and service needs of people residing in Westchester. Therefore, the findings and recommendations presented in this section are suggestive and only shed some light on the possibly more complicated issues to be addressed.

Figure 76



Access to mental health providers	Access to specialty services/providers	Access to affordable, decent and safe housing	Access to affordable, reliable transportation	Access to affordable, nutritious food
57.50	50.00	42.50	35.00	32.50
Access to medical providers	**Access to affordable health insurance**	**Access to culturally sensitive health care providers**	**Access to high quality education**	**Access to clean water and non-polluted air**
27.50	22.50	17.50	15.00	0.00

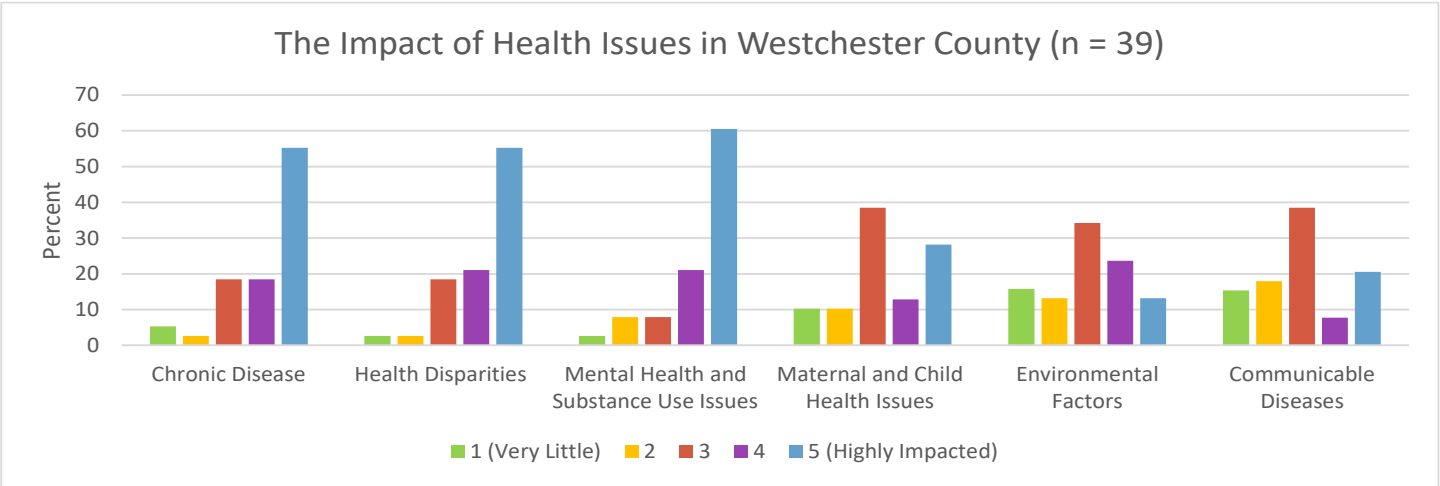
Figure 77



Knowledge of existing resources	Health literacy	Having someone help them understand insurance	Having someone to help them understand their medical condition	Geographic location- living in a rural area	Substance Use Disorder (SUD) or Alcohol Use Disorder (AUD)
62.50	50.00	35.00	32.50	30.00	27.50
Other	**Quality of education**	**Cultural customs**	**Having a safe place to play and/or exercise**	**Geographic location- living in an urban area**	**Attainment of education**
25.00	15.00	10.00	7.50	5.00	0.00

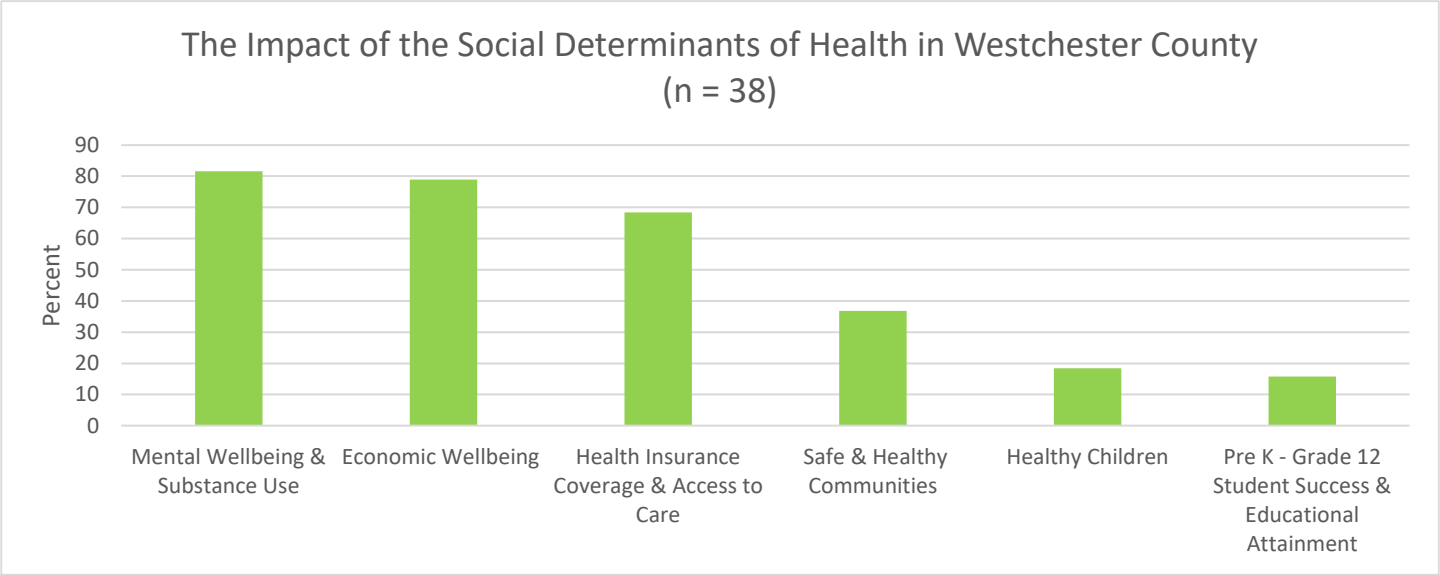
**Other: Some additional responses from participants include lack of transportation, poverty, safe and affordable housing, availability of health insurance, and having access to healthy foods.*

Figure 78



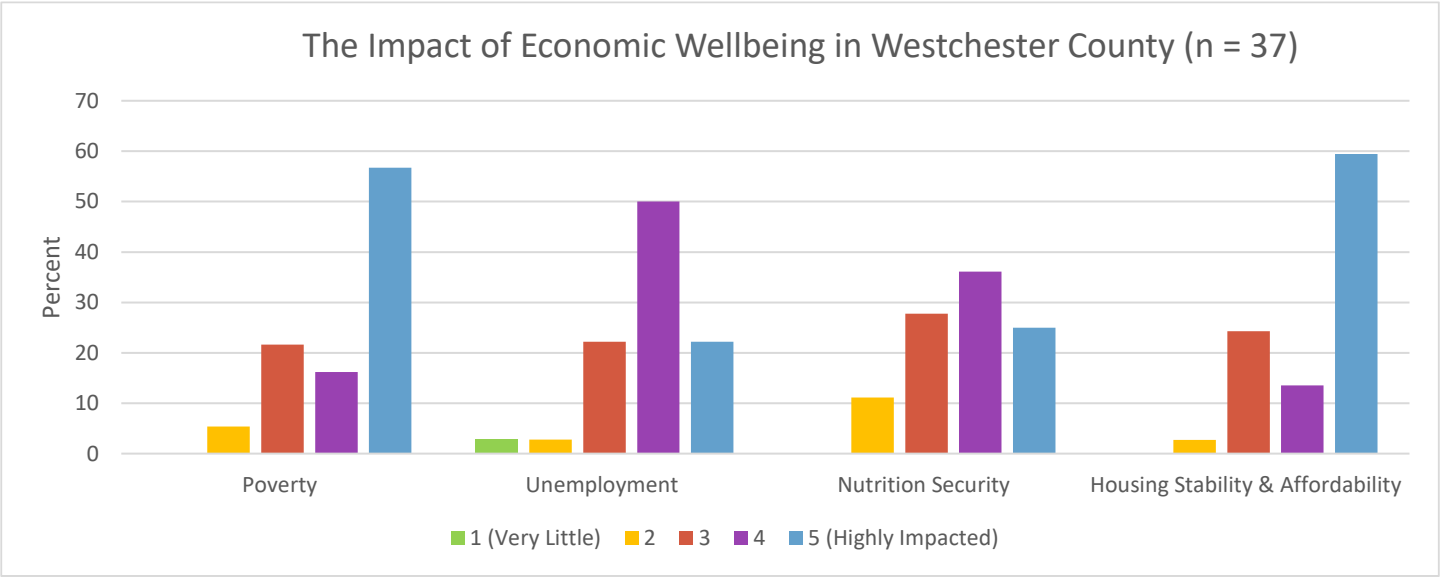
	Chronic Disease	Health Disparities	Mental Health and Substance Use Issues	Maternal and Child Health Issues	Environmental Factors	Communicable Diseases
1 (Very Little)	5.26	2.63	2.63	10.26	15.79	15.38
2	2.63	2.63	7.89	10.26	13.16	17.95
3	18.42	18.42	7.89	38.46	34.21	38.46
4	18.42	21.05	21.05	12.82	23.68	7.69
5 (Highly Impacted)	55.26	55.26	60.53	28.21	13.16	20.51

Figure 79



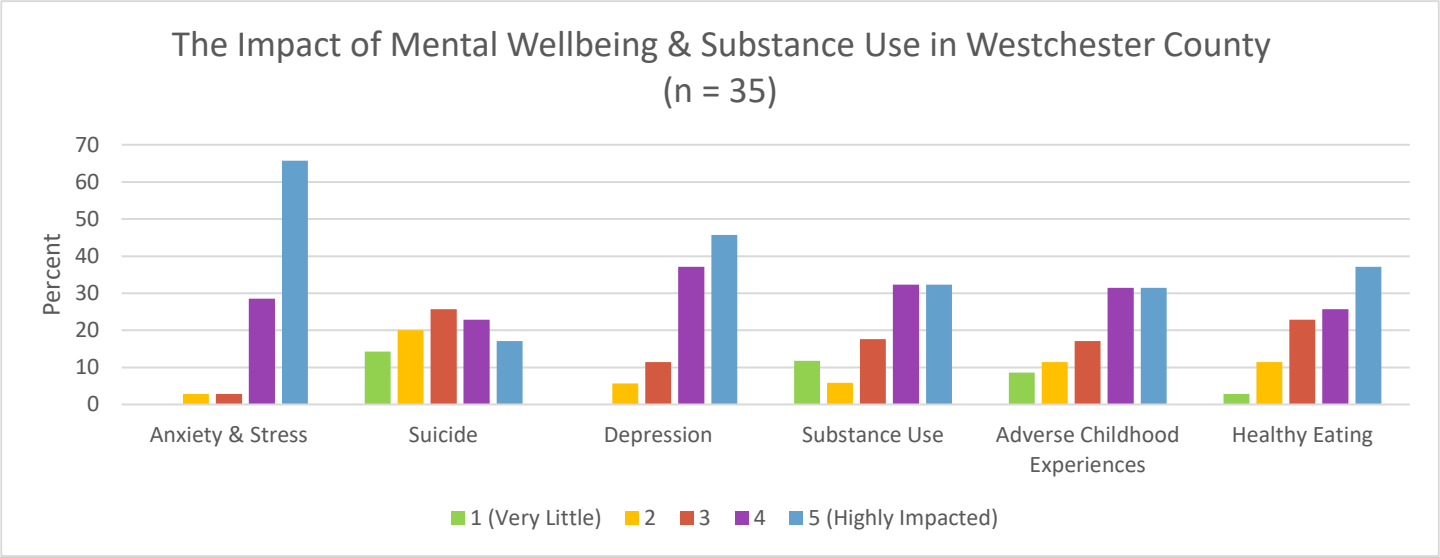
Mental Wellbeing & Substance Use	Economic Wellbeing	Health Insurance Coverage & Access to Care	Safe & Healthy Communities	Healthy Children	Pre K - Grade 12 Student Success & Educational Attainment
81.58	78.95	68.42	36.84	18.42	15.79

Figure 80



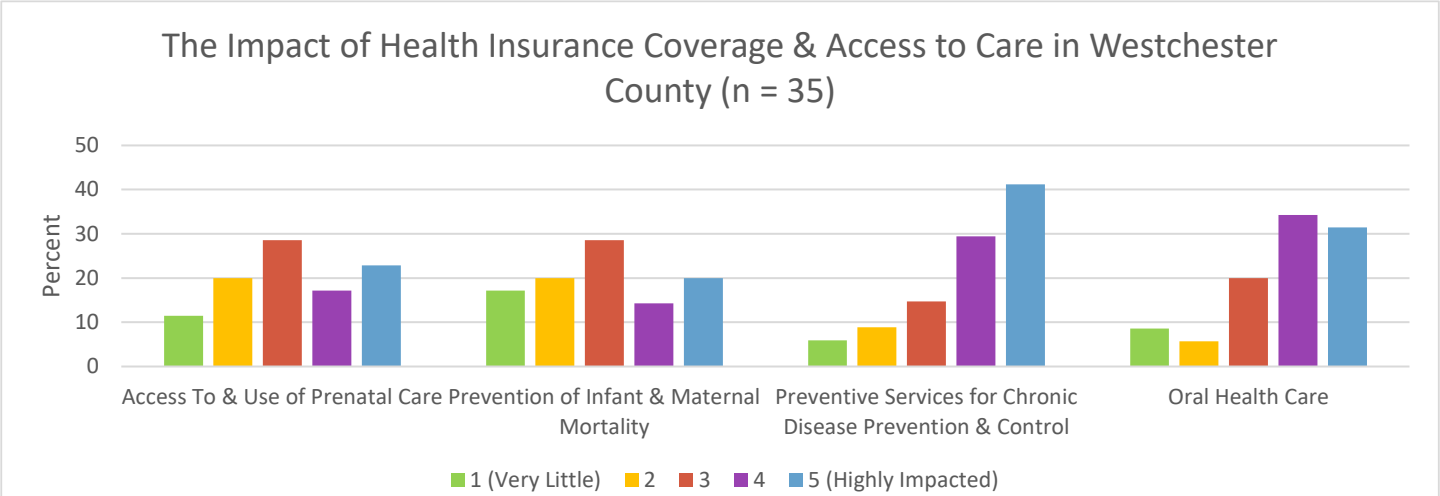
	Poverty	Unemployment	Nutrition Security	Housing Stability & Affordability
1 (Very Little)	0.00	2.78	0.00	0.00
2	5.41	2.78	11.11	2.70
3	21.62	22.22	27.78	24.32
4	16.22	50.00	36.11	13.51
5 (Highly Impacted)	56.76	22.22	25.00	59.46

Figure 81



	Anxiety & Stress	Suicide	Depression	Substance Use	Adverse Childhood Experiences	Healthy Eating
1 (Very Little)	0.00	14.29	0.00	11.76	8.57	2.86
2	2.86	20.00	5.71	5.88	11.43	11.43
3	2.86	25.71	11.43	17.65	17.14	22.86
4	28.57	22.86	37.14	32.35	31.43	25.71
5 (Highly Impacted)	65.71	17.14	45.71	32.35	31.43	37.14

Figure 82



	Access To & Use of Prenatal Care	Prevention of Infant & Maternal Mortality	Preventive Services for Chronic Disease Prevention & Control	Oral Health Care
1 (Very Little)	11.43	17.14	5.88	8.57
2	20.00	20.00	8.82	5.71
3	28.57	28.57	14.71	20.00
4	17.14	14.29	29.41	34.29
5 (Highly Impacted)	22.86	20.00	41.18	31.43

HEALTH BEHAVIORS INDICATORS

PHYSICAL ACTIVITY

The Physical Activity Guidelines for Americans state that to attain the most health benefits from physical activity, adults need at least 150 to 300 minutes each week of moderate intensity aerobic activity, such as brisk walking or fast dancing. Adults also need at least two days of muscle-strengthening activities each week, such as lifting weights or doing pushups.[97]

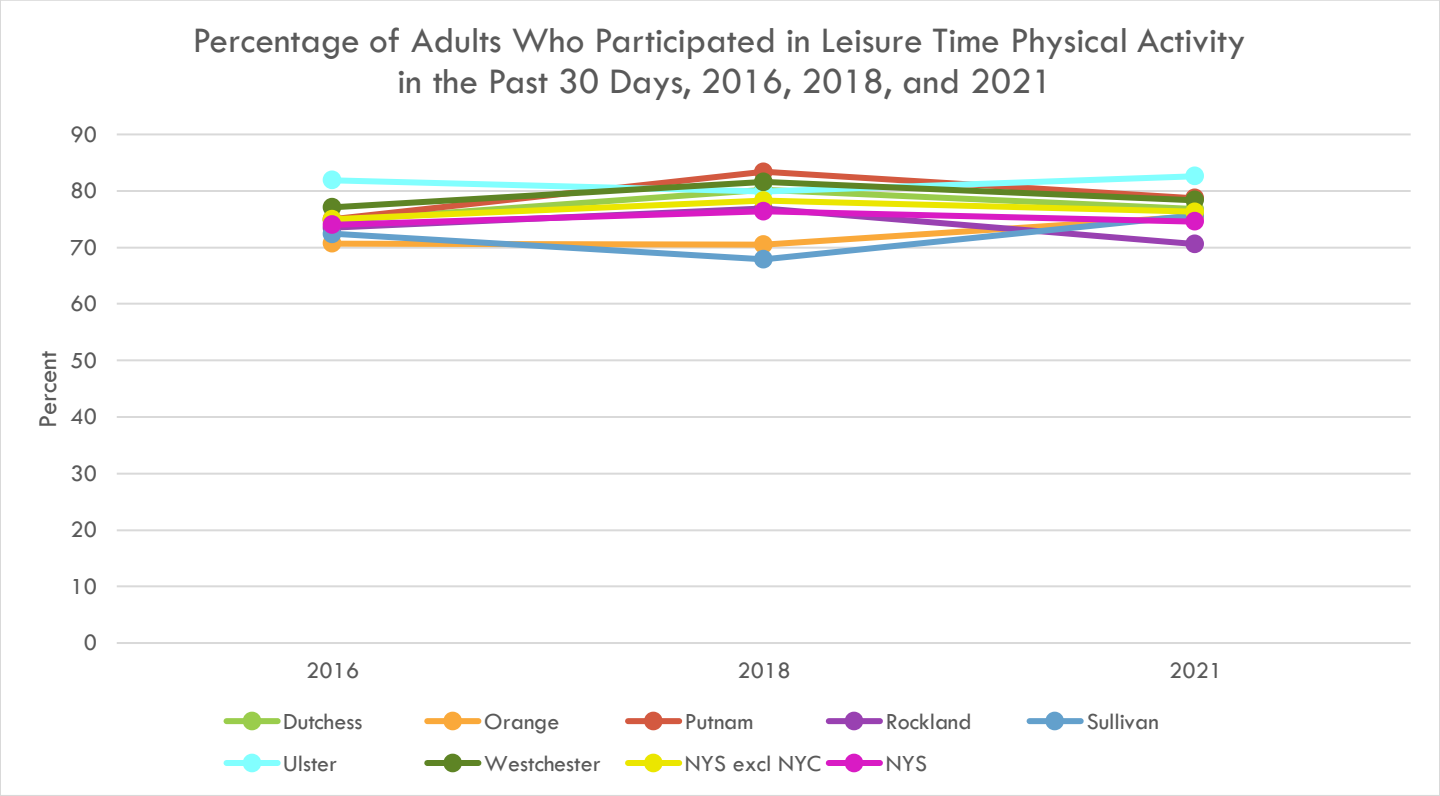
Regular physical activity can improve both health and quality of life for people of all ages and abilities. Among adults and older adults, physical activity can lower the risk of early death, cardiovascular disease, high blood pressure, type 2 diabetes, falls, serious outcomes from infectious diseases, some cancers, and depression.[98]

[97] Department of Health and Human Services, 2018, https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf, accessed July 2025

[98] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/physical-activity-basics/benefits/index.html, accessed July 2025

Healthy People 2030 has created objectives to reduce the proportion of adults who engage in no leisure time physical activity to 21.8%.[99] NYS excluding NYC did not reach this target with 23.7% of adults not participating in leisure time physical activity within the past 30 days in 2021. Ulster County had the highest percentage of adults who participated in leisure time physical activity in the past 30 days (82.6%), while Rockland had the lowest percentage (70.6%). The percentage of adults participating in leisure time physical activity has increased since 2013 for most counties and NYS excluding NYC and NYS, with the exception of Dutchess and Putnam Counties, which saw slight decreases [see Figure 83].

Figure 83



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2016	74.7	70.7	75.0	73.5	72.4	81.9	77.1	75.0	74.0
2018	80.2	70.5	83.4	76.9	67.9	79.9	81.6	78.3	76.4
2021	76.8	75.5	78.7	70.6	75.7	82.6	78.4	76.3	74.6

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Source: NYSDOH Behavioral Risk Factor Surveillance System, May 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/data

[99] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/objectives-and-data/browse-objectives/physical-activity, accessed July 2025

FRUIT AND VEGETABLE CONSUMPTION

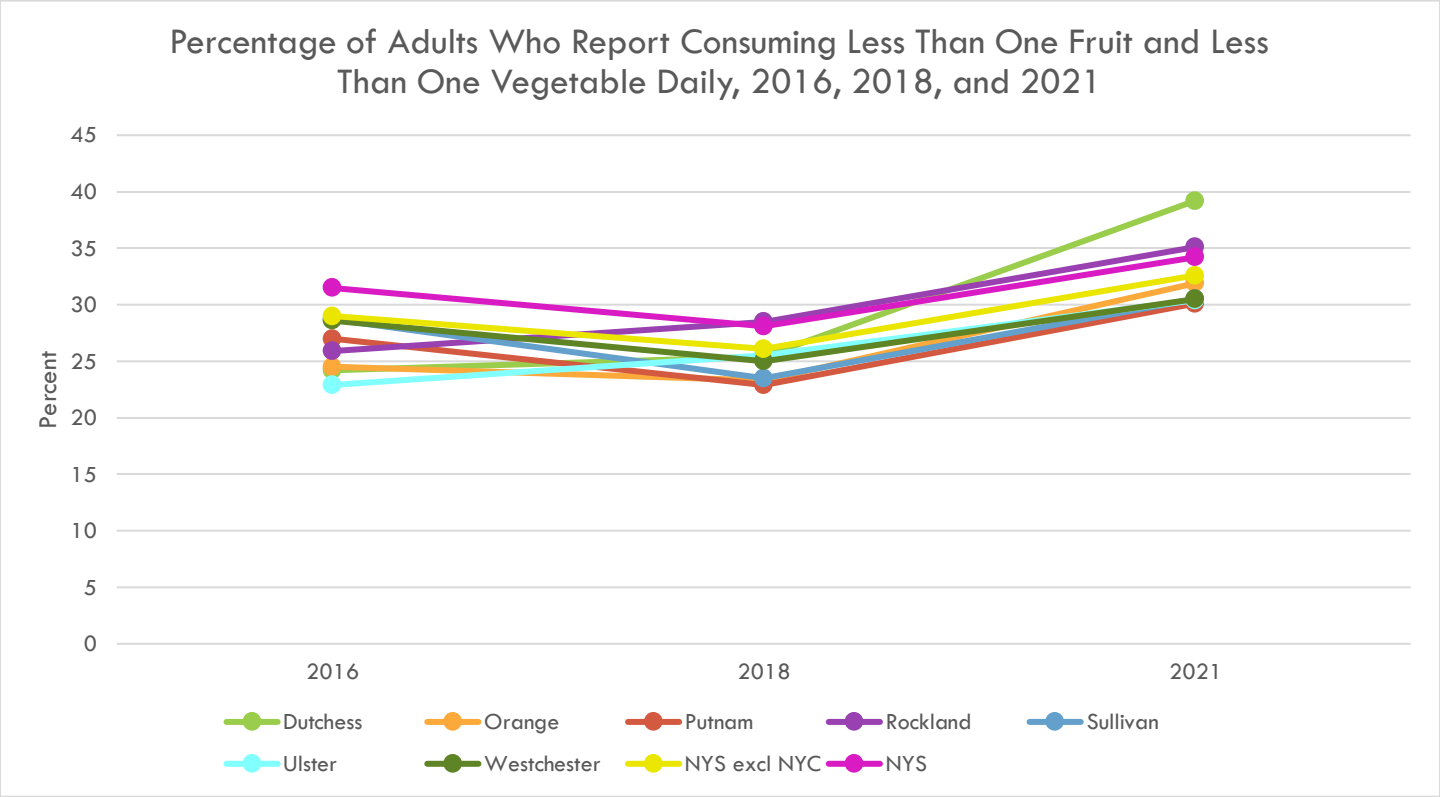
Nutrition has a significant impact on health, and diet is one of the most powerful tools utilized to prevent and reduce the burden of diseases, such as high blood pressure, heart disease, and type 2 diabetes.

The Dietary Guidelines for Americans recommends following a healthy eating pattern across the lifespan, focusing on variety, nutrient density, and amount of food; limiting foods higher in added sugars, saturated fats, and sodium; shifting to healthier food and beverage choices; and supporting healthy eating patterns for all.[100] To meet these guidelines, it is important that fruits and vegetables are accessible and affordable.

[100] Dietary Guidelines for Americans, US Department of Agriculture, Department of Health and Human Services, 2020, https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf, accessed July 2025

From 2016 to 2021, all counties in the M-H Region, as well as NYS excluding NYC and NYS, saw an increase in the percentage of adults who reported eating less than one fruit or vegetable a day. Dutchess County and Rockland County had the highest percentages of adults who reported consuming less than one fruit and less than one vegetable a day (39.2% and 35.1%, respectively) [see Figure 84].

Figure 84



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2016	24.2	24.5	27.0	25.9	28.7	22.9	28.6	29.0	31.5
2018	25.4	23.3	22.9	28.5	23.5	25.5	25.0	26.1	28.1
2021	39.2*	31.9	30.1	35.1	30.5	30.4	30.5	32.6	34.2

**: Percentage is unreliable due to large standard error.*

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents "How often do you eat fruits, excluding juice?" and "How often do you eat vegetables or salad (excluding juices and potatoes)?"

Source: NYSDOH Behavioral Risk Factor Surveillance System, May 2025

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

SUGARY BEVERAGES

Sugar-sweetened beverages are one of the main sources of added sugars in US diets. Frequent consumption of sugar-sweetened beverages is linked to weight gain, cavities, type 2 diabetes, and heart disease in adults.[101] Intake of sugar-sweetened beverages should be limited in a varied, healthy diet.

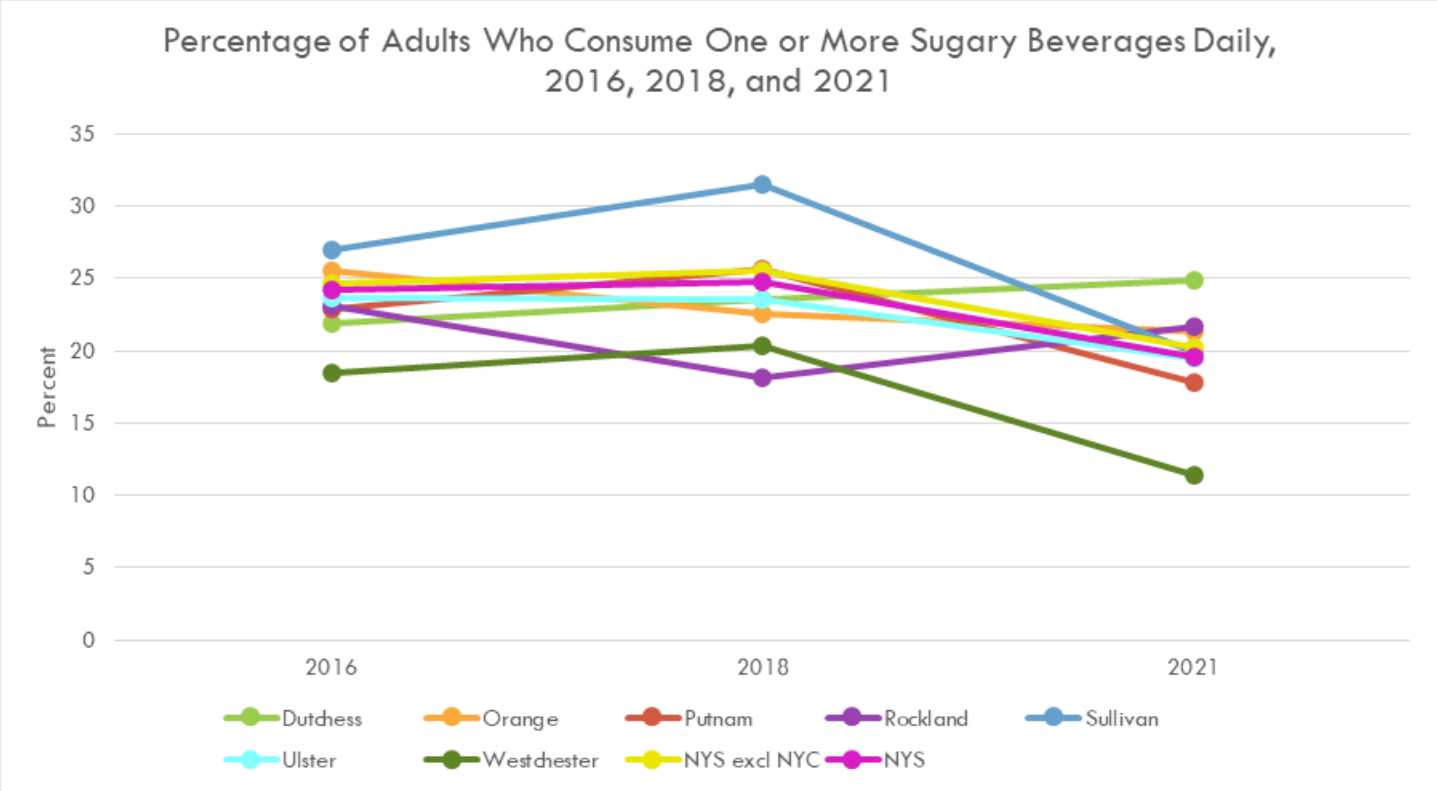
The *Dietary Guidelines for Americans* suggests reducing added sugars in the diet by reducing the consumption of sugar-sweetened beverages. This can be accomplished by choosing beverages with no added sugars, reducing portions of sugar-sweetened beverages, drinking these beverages less often, and selecting beverages low in added sugars. In place of sugar-sweetened beverages, low-fat or fat-free milk or 100% fruit or vegetable juice can also be consumed within recommended amounts.[102]

[101] Center for Disease Control and Prevention, 2024, https://www.cdc.gov/nutrition/php/data-research/sugar-sweetened-beverages.html, accessed July 2025

[102] Dietary Guidelines for Americans, US Department of Agriculture, Department of Health and Human Services, 2020, https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf, accessed July 2025

In NYS excluding NYC, about one in five (20.2%) adults drank at least one sugar-sweetened beverage daily in 2021. In the M-H region, Dutchess County had the highest percentage of adults who consumed one or more sugary drinks daily (24.9%), while Westchester had the lowest (11.4%). From 2013 to 2021, Dutchess and Rockland saw slight increases in the percentage of adults who consumed one or more sugary beverages daily, while Orange, Putnam, Sullivan, Ulster and Westchester saw decreases [see Figure 85].

Figure 85



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2016	21.9	25.5	22.9	23.1	27.0	23.6	18.5	24.6	24.2
2018	23.5	22.5	25.6	18.1	31.5	23.5	20.3	25.5	24.7
2021	24.9	21.3	17.8	21.7	19.9	19.4	11.4	20.2	19.6

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents "During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop." and "During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks."

Source: NYSDOH Behavioral Risk Factor Surveillance System, May 2025

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

HEALTH INDICATORS

Health indicators are specific and measurable data points used to describe the health of a community, its major health concerns, and the factors that can influence health outcomes. The indicators included in this assessment cover several broad categories that reflect the health of the M-H region. By looking at health status and outcomes, social determinants of health, and healthcare access, a more complete picture of health is provided. These data can be used to create actionable and effective strategies to improve the health and well-being of the entire M-H Region.

The following sub-sections under Health Indicators will provide more specific details about the different diseases that are impacting the health of the population in the M-H Region. For some indicators at the county level, three-year averages were used due to greater stability of data. If a single year is posted for a three-year average, the years averaged include the year preceding and year following. For example, if the single year written is 2020, the three-year average would be from 2019-2022.

MORTALITY

Before discussing the different health indicators in the M-H Region, it is useful to have an overall sense of the burden of diseases facing residents in these seven counties. Morbidity measures illness and it is defined in terms of incidence or prevalence. Incidence is the number of new cases of a disease divided by the number of people at risk for the disease over a particular period of time. Prevalence is the total number of cases of disease existing in a population during a specific period of time or at a particular time point. Mortality is another term for death. A mortality rate is the number of deaths due to a disease during a particular period of time divided by the total population.

Table 17 lists the top five causes of mortality in the M-H Region counties, as well as NYS and NYS excluding New York City (NYC).

In 2022, Sullivan County had the highest total mortality rate out of all seven counties in the M-H Region, as well as NYS (908.5 per 100,000 population). In 2022, the leading cause of death in all of the M-H Region counties and NYS was heart disease. The causes of death in all of the counties included heart disease, cancer, unintentional injury, chronic lower respiratory diseases (CLRD), cerebrovascular disease (stroke), and COVID-19.

Table 17

Top Five Leading Causes of Death, by Count and Age-Adjusted Rate per 100,000 Population, 2022						
County	**All Deaths**	**#1 Cause of Death**	**#2 Cause of Death**	**#3 Cause of Death**	**#4 Cause of Death**	**#5 Cause of Death**
Dutchess		**Heart Disease**	**Cancer**	**Unintentional Injury**	**COVID-19**	**CLRD**
Count:	2,912	771	554	204	183	109
Rate:	718.7	183.8	131.6	65.0	42.8	26.3
Orange		**Heart Disease**	**Cancer**	**Unintentional Injury**	**COVID-19**	**CLRD**
Count:	3,220	650	609	251	230	124
Rate:	744.8	150.0	132.5	61.7	53.2	29.3
Putnam		**Heart Disease**	**Cancer**	**Unintentional Injury**	**COVID-19**	**Cerebrovascular Disease**
Count:	846	194	169	49	37	31
Rate:	637.1	144.7	118.6	46.2	28.9	22.7
Rockland		**Heart Disease**	**Cancer**	**COVID-19**	**Unintentional Injury**	**Cerebrovascular Disease**
Count:	2,347	542	456	194	123	83
Rate:	562.4	125.1	110.9	45.5	35.1	19.3
Sullivan		**Heart Disease**	**Cancer**	**Unintentional Injury**	**COVID-19**	**CLRD**
Count:	888	195	165	75	62	44
Rate:	908.5	199.1	153.2	94.6	60.0	41.5
Ulster		**Heart Disease**	**Cancer**	**Unintentional Injury**	**COVID-19**	**CLRD**
Count:	1,977	512	396	128	93	92
Rate:	745.0	187.6	140.5	61.6	34.0	32.0
Westchester		**Heart Disease**	**Cancer**	**COVID-19**	**Cerebrovascular Disease**	**Unintentional Injury**
Count:	7,666	1,915	1,402	511	340	339
Rate:	548.0	130.3	100.2	35.5	23.6	30.4
NYS excl NYC		**Heart Disease**	**Cancer**	**COVID-19**	**Unintentional Injury**	**CLRD**
Count:	113,504	26,138	21,715	6,607	6,596	4,595
Rate:	744.2	165.9	137.0	42.3	54.1	28.7
NYS		**Heart Disease**	**Cancer**	**COVID-19**	**Unintentional Injury**	**Cerebrovascular Disease**
Count:	173,958	43,029	32,517	11,167	10,811	6,556
Rate:	679.5	163.1	123.4	42.6	50.0	25.1

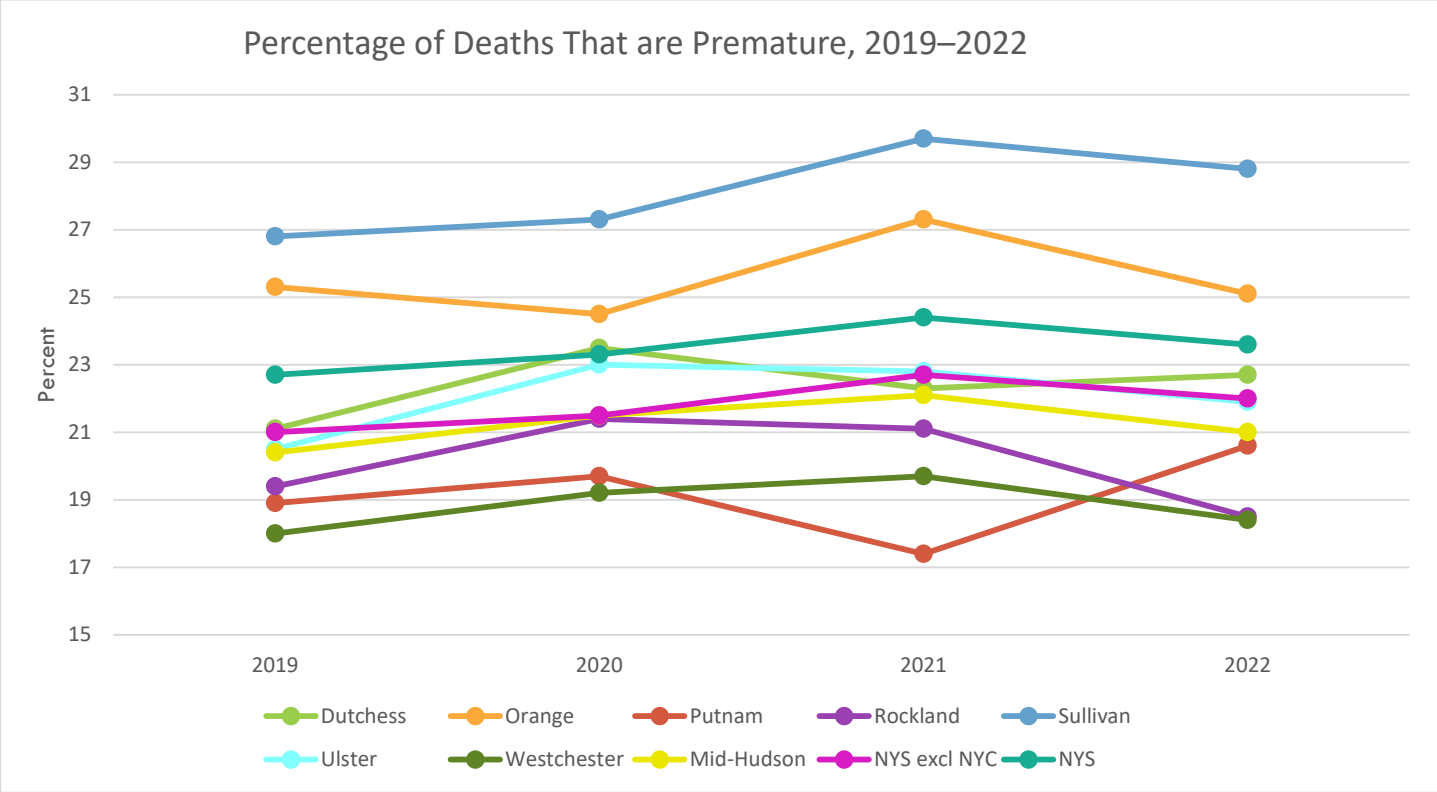
Source: Vital Statistics of NYS, April 2025 https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/

PREMATURE DEATH

Premature death, or deaths occurring before age 65, is a measure of early mortality and is a key indicator of population health, as it can be reduced through public health interventions and quality healthcare. Key factors contributing to premature death are behavioral risk factors such as poor diet, tobacco use, and physical inactivity; unintentional injuries such as drug overdoses and motor vehicle accidents; and health system and socioeconomic factors.

Looking at the most recent data for 2022, the percent of deaths that are premature in the M-H Region was less than that of NYS and NYS excluding NYS (21% vs 22% and 23.6%, respectively). Sullivan County had the highest percentage of deaths that are premature (28.8%) and Westchester and Rockland had the lowest (18.4% and 18.5%, respectively). Four counties in the region (Putnam, Rockland, Ulster, Westchester) met the objective outlined in the Prevention Agenda 2025-2030 of falling below 22.4% by 2030 [see Figure 86].

Figure 86

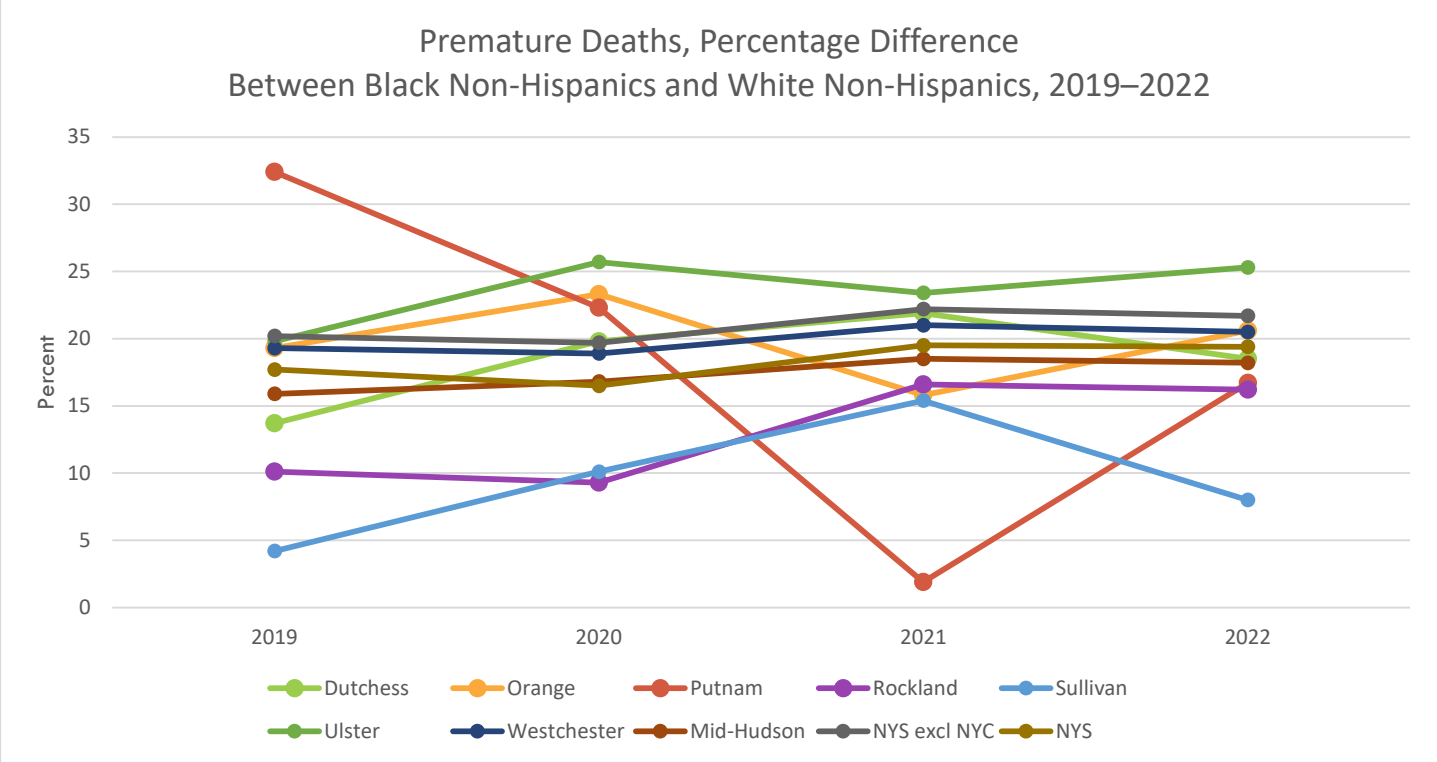


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2019	21.1	25.3	18.9	19.4	26.8	20.5	18.0	20.4	21.0	22.7
2020	23.5	24.5	19.7	21.4	27.3	23.0	19.2	21.5	21.5	23.3
2021	22.3	27.3	17.4	21.1	29.7	22.8	19.7	22.1	22.7	24.4
2022	22.7	25.1	20.6	18.5	28.8	21.9	18.4	21.0	22.0	23.6

Note: Y-axis does not begin at zero in order to clearly display trend lines. Premature death includes deaths occurring before the age of 65.
Source: NYS Prevention Agenda Tracking Dashboard, March 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/

There are significant disparities in premature death rates, with Black and Hispanic populations experiencing higher rates than other racial and ethnic groups. Figure 87 shows premature deaths as a percent difference between Black Non-Hispanics and White Non-Hispanics. Across the M-H Region, Black Non-Hispanics experience premature death at a higher rate than White Non-Hispanics. In 2022, the biggest difference occurred in Ulster County (25.3%) and the smallest difference was in Sullivan County (8.0%). The Prevention Agenda 2025-2030 has set an objective for this measure of 18.4%.

Figure 87

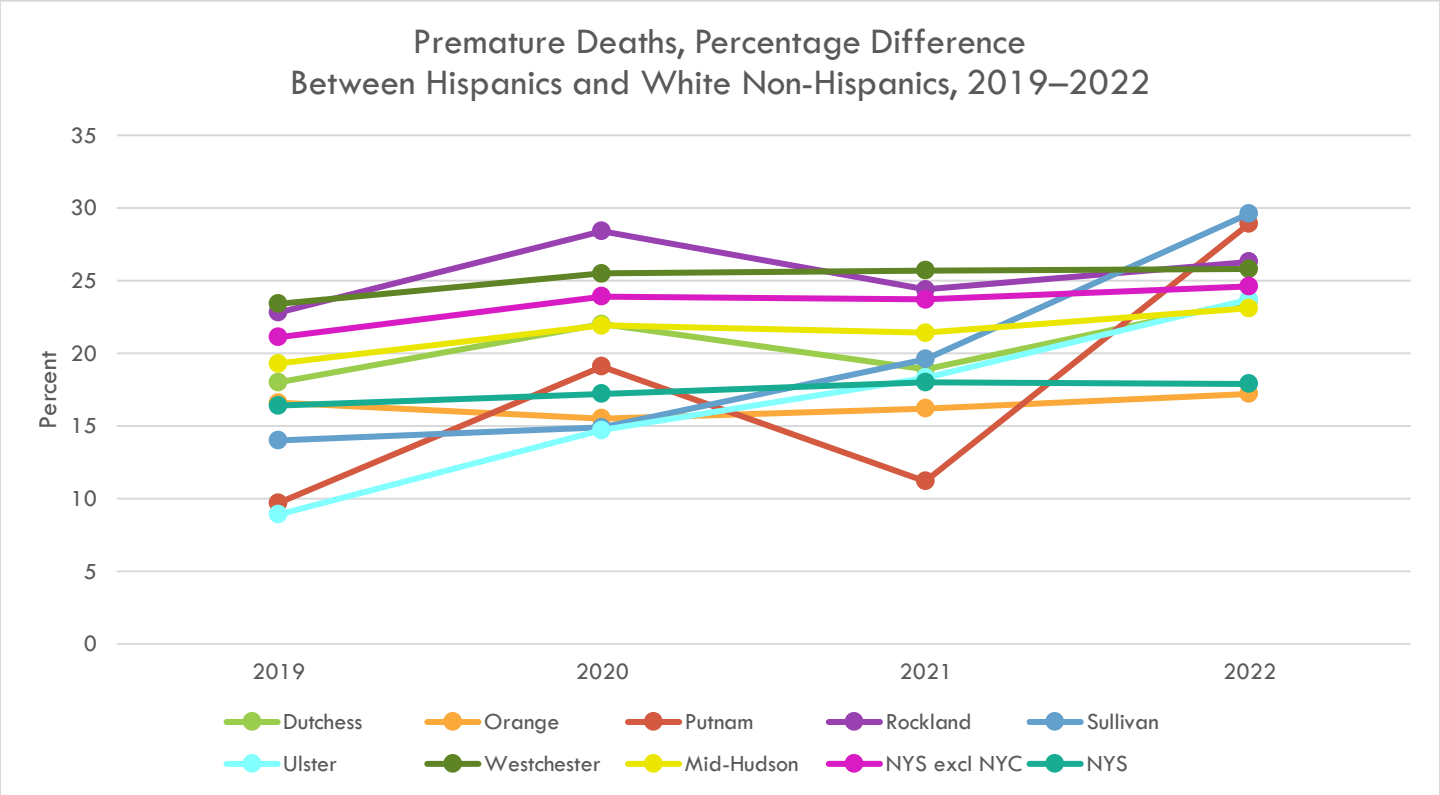


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2019	13.7	19.3	32.4*	10.1	4.2	19.8	19.3	15.9	20.2	17.7
2020	19.8	23.3	22.3*	9.3	10.1	25.7	18.9	16.8	19.7	16.5
2021	21.9	15.8	1.9*	16.6	15.4	23.4	21.0	18.5	22.2	19.5
2022	18.5	20.6	16.7*	16.2	8.0	25.3	20.5	18.2	21.7	19.4

**: The rate is unstable.*
Note: Premature death includes deaths occurring before the age of 65. The percentage of premature deaths is calculated for both Black non-Hispanics and White non-Hispanics. Then, the difference is the Black non-Hispanic rate minus the White non-Hispanic rate.
Source: NYS Prevention Agenda Tracking Dashboard, March 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/

Figure 88 shows premature deaths as a percent difference between Hispanics and White Non-Hispanics. Across the M-H Region, Hispanics experience premature death at a higher rate than White Non-Hispanics. In 2022, the biggest differences occurred in Sullivan and Putnam counties (29.6% and 28.9%, respectively) and the smallest difference was in Orange County at 17.2%. The Prevention Agenda 2025-2030 has set an objective for this measure of 17%.

Figure 88



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2019	18.0	16.6	9.7	22.8	14.0	8.9	23.4	19.3	21.1	16.4
2020	22.0	15.5	19.1	28.4	14.9	14.7	25.5	21.9	23.9	17.2
2021	18.9	16.2	11.2	24.4	19.6	18.3	25.7	21.4	23.7	18.0
2022	23.6	17.2	28.9	26.3	29.6	23.7	25.8	23.1	24.6	17.9

Note: Premature death includes deaths occurring before the age of 65. The percentage of premature deaths is calculated for Hispanics and White non-Hispanics. Then, the difference is the Hispanic rate minus the White non-Hispanic rate.
Source: NYS Prevention Agenda Tracking Dashboard, March 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/

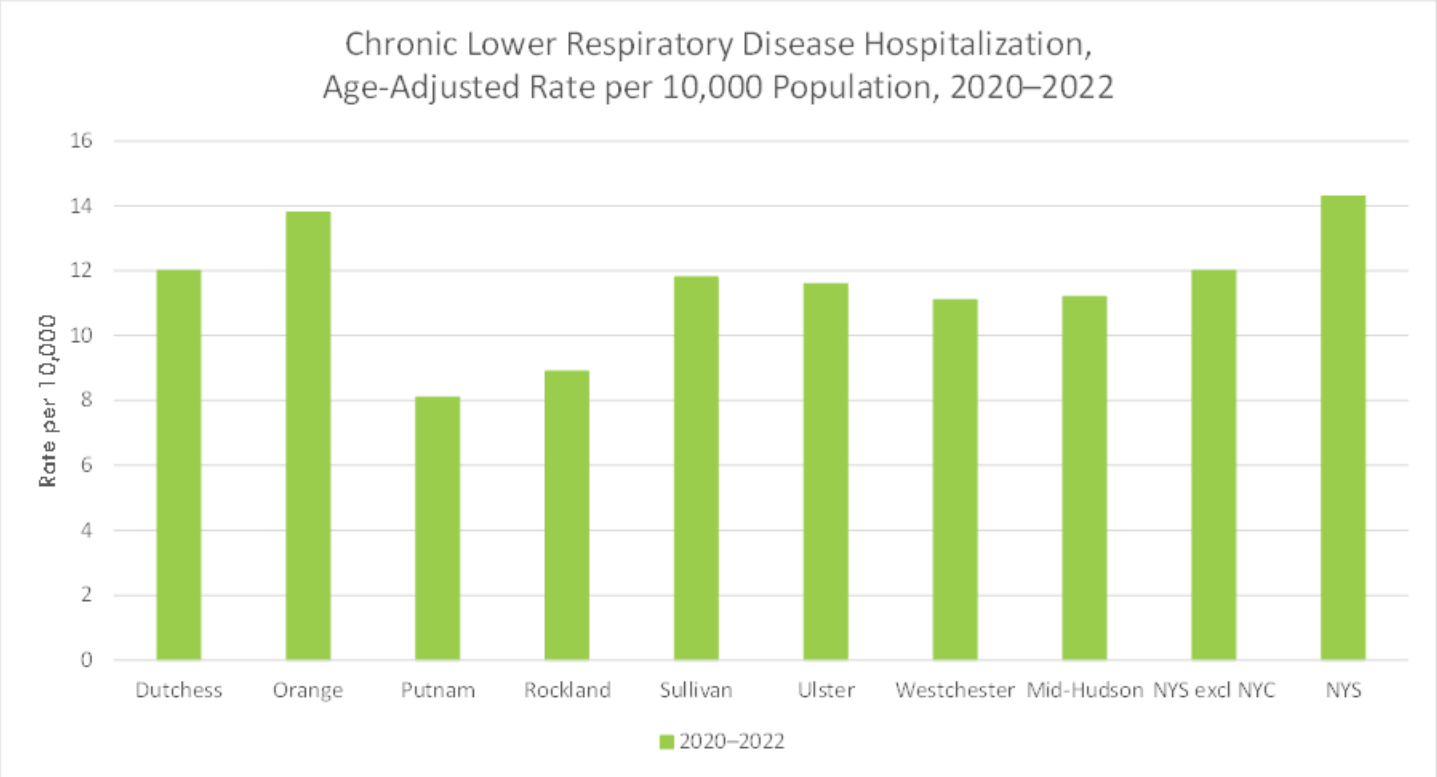
CHRONIC DISEASES

CHRONIC LOWER RESPIRATORY DISEASES

Chronic Lower Respiratory Disease (CLRD) is a classification of diseases that affect the lungs and the respiratory tract. These diseases include asthma, emphysema, chronic bronchitis, and chronic obstructive pulmonary disease (COPD).[103] CLRD was the fifth leading cause of death in the US in 2023.[104]

In 2020-2022, the CLRD hospitalization rate in the M-H Region was less than that of NYS and NYS excluding NYC. Orange County had the highest rate of CLRD hospitalizations (13.8 per 10,000) followed by Dutchess and Sullivan Counties (12.0 and 11.8 per 10,000, respectively). Putnam County had the lowest CLRD hospitalization rate (8.1 per 10,000) [see Figure 89].

Figure 89



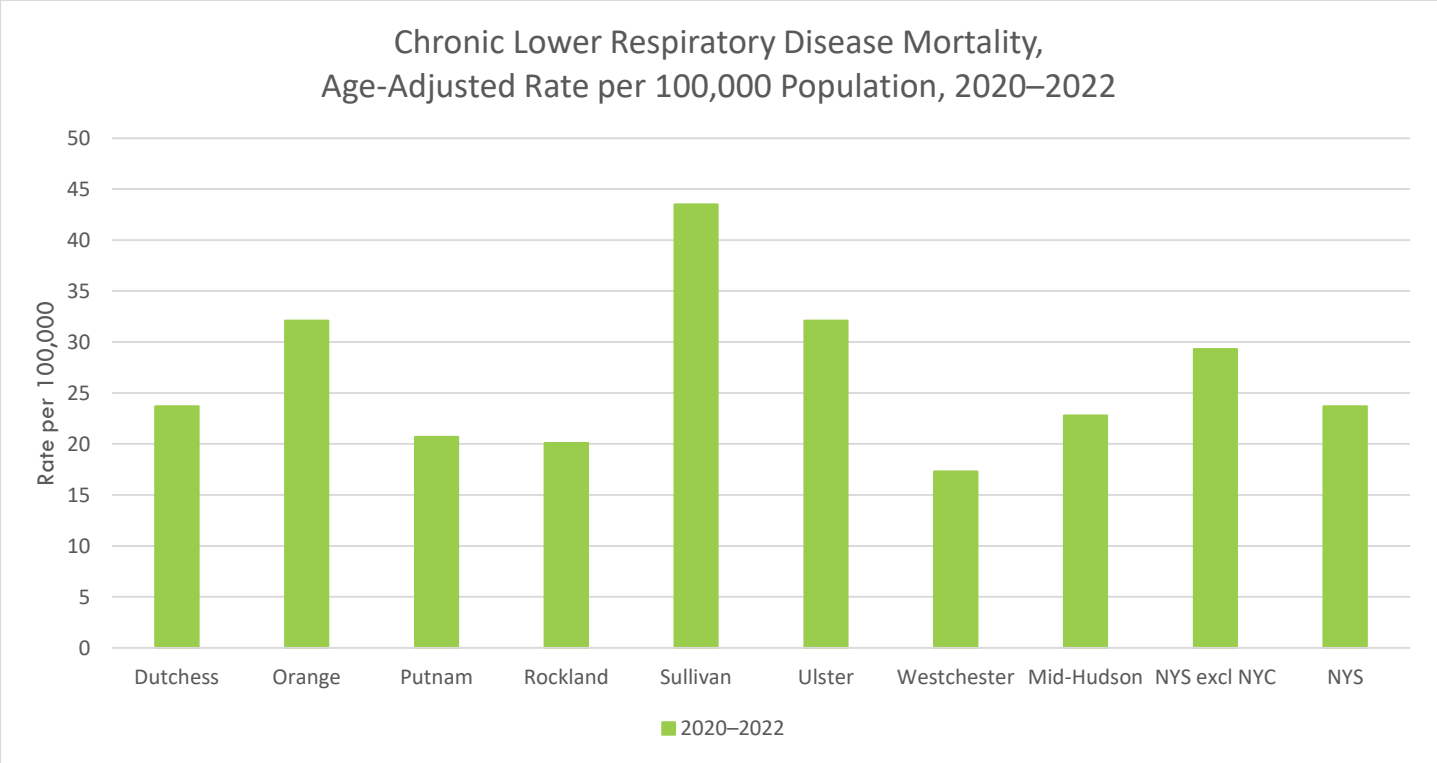
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2020–2022	12.0	13.8	8.1	8.9	11.8	11.6	11.1	11.2	12.0	14.3

Note: The 2018 population estimates are also used to calculate 2019 and 2020 rates. The ICD-10 codes for CLRD are: J40-J47.
Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NY Statewide Planning and Research Cooperative System https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

[103] JAMA Network, 2021, https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2786682, accessed July 2025
[104] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/nchs/data/databriefs/db521.pdf, accessed June 2025

In 2020-2022, CLRD mortality rates varied across the region's seven counties. Of the seven counties, Sullivan County had the highest CLRD mortality rate at 43.5 per 100,000 population, and Westchester had the lowest rate at 17.3 per 100,000 population. The rate in the M-H Region was similar to the rate in NYS (22.8 vs 23.7 per 100,000 population, respectively) [see Figure 90].

Figure 90

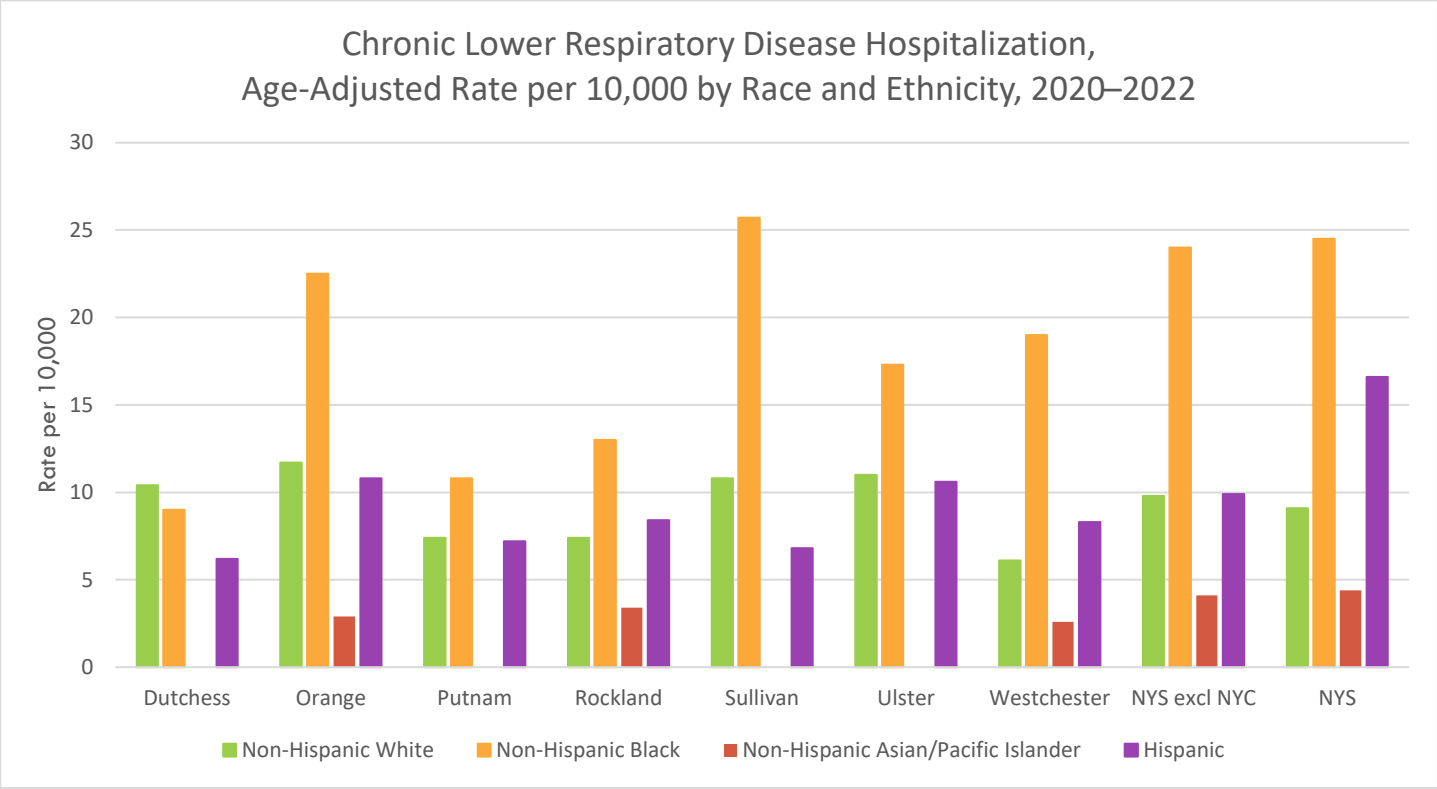


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2020–2022	23.7	32.1	20.7	20.1	43.5	32.1	17.3	22.8	29.3	23.7

Note: The 2018 population estimates are also used to calculate 2019 and 2020 rates. This indicator includes deaths with chronic lower respiratory disease as the primary cause of death. The ICD-10 codes for CLRD are: J40-J47.
Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from Vital Statistics of NYS
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

When stratifying CLRD by race and ethnicity, the disparities were not consistent among hospitalization and mortality rates. According to Figure 91, non-Hispanic Black adults had higher CLRD hospitalization rates across NYS and NYS excluding NYC. This was also true for most of the counties in the M-H Region, with the exception of Dutchess County. However, non-Hispanic White adults had the highest CLRD mortality rates most M-H region counties, with the exception of Ulster and Westchester, which was also consistent with both NYS and NYS excluding NYC rates [see Figure 92]. Rates were unstable or suppressed for non-Hispanic Asian/Pacific Islanders for both CLRD hospitalizations and mortality for much of the region but were overall lower than other racial/ethnic groups.

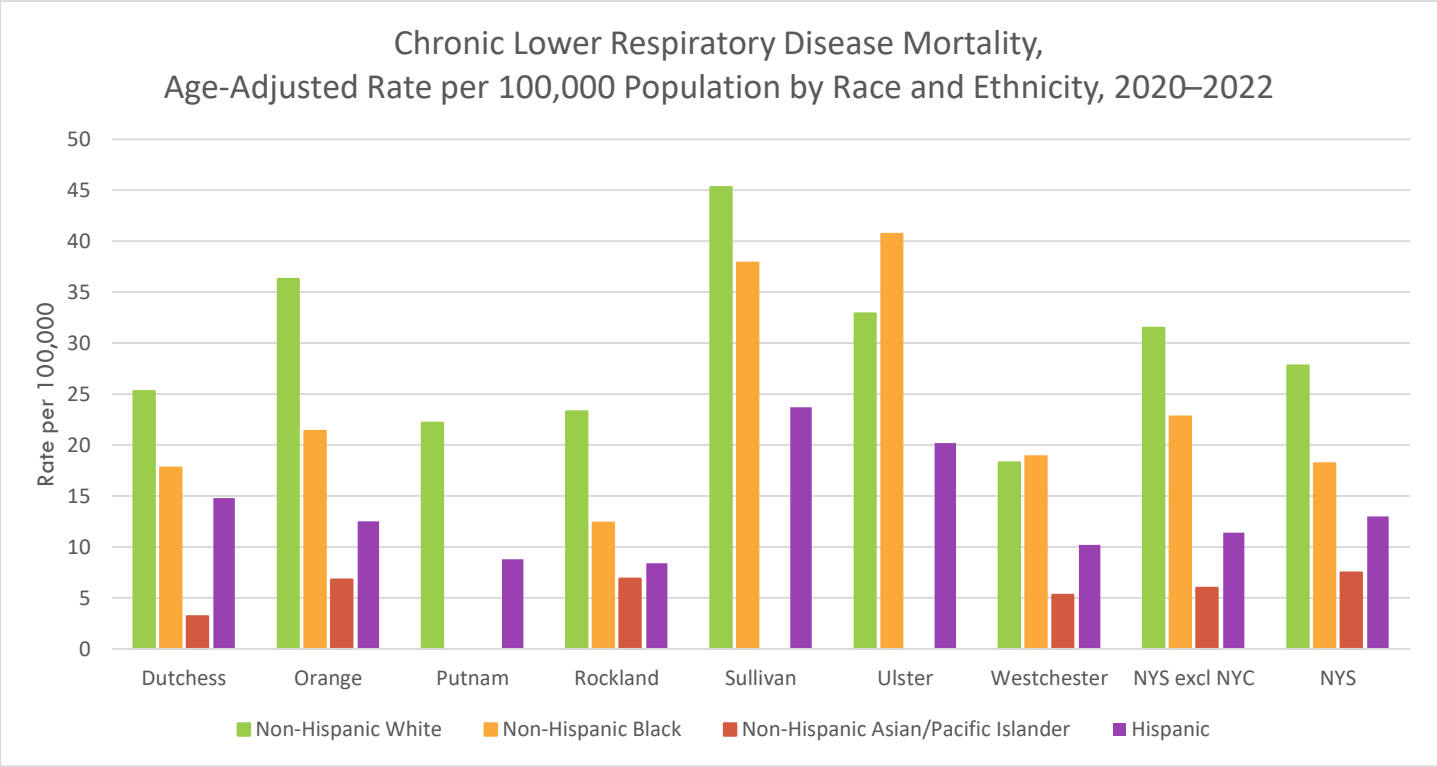
Figure 91



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	10.4	11.7	7.4	7.4	10.8	11.0	6.1	9.8	9.1
Non-Hispanic Black	9.0	22.5	10.8	13.0	25.7	17.3	19.0	24.0	24.5
Non-Hispanic Asian/Pacific Islander	s	2.9	s	3.4	s	s	2.6	4.1	4.4
Hispanic	6.2	10.8	7.2	8.4	6.8	10.6	8.3	9.9	16.6

s: Data are suppressed due to not meeting confidentiality criteria.
Note: The ICD-10-CM codes for CLRD are: J40-J47.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, June 2025 sourced from NY Statewide Planning and Research Cooperative System
https://www.health.ny.gov/statistics/community/minority/county/orange.htm

Figure 92



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	25.3	36.3	22.2	23.3	45.3	32.9	18.3	31.5	27.8
Non-Hispanic Black	17.8	21.4	0*	12.4	37.9*	40.7	18.9	22.8	18.2
Non-Hispanic Asian/Pacific Islander	3.2*	6.8*	0*	6.9*	0*	0*	5.3	6.0	7.5
Hispanic	14.8	12.5	8.8*	8.4*	23.7*	20.2*	10.2	11.4	13.0

**: The rate is unstable.*

s: Data are suppressed due to not meeting confidentiality criteria.

Note: This indicator includes deaths with chronic lower respiratory disease as the primary cause of death. The ICD-10-CM codes for CLRD are: J40-J47.

Source: NYS County Health Indicators by Race and Ethnicity Dashboard, June 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/statistics/community/minority/county/orange.htm

ASTHMA

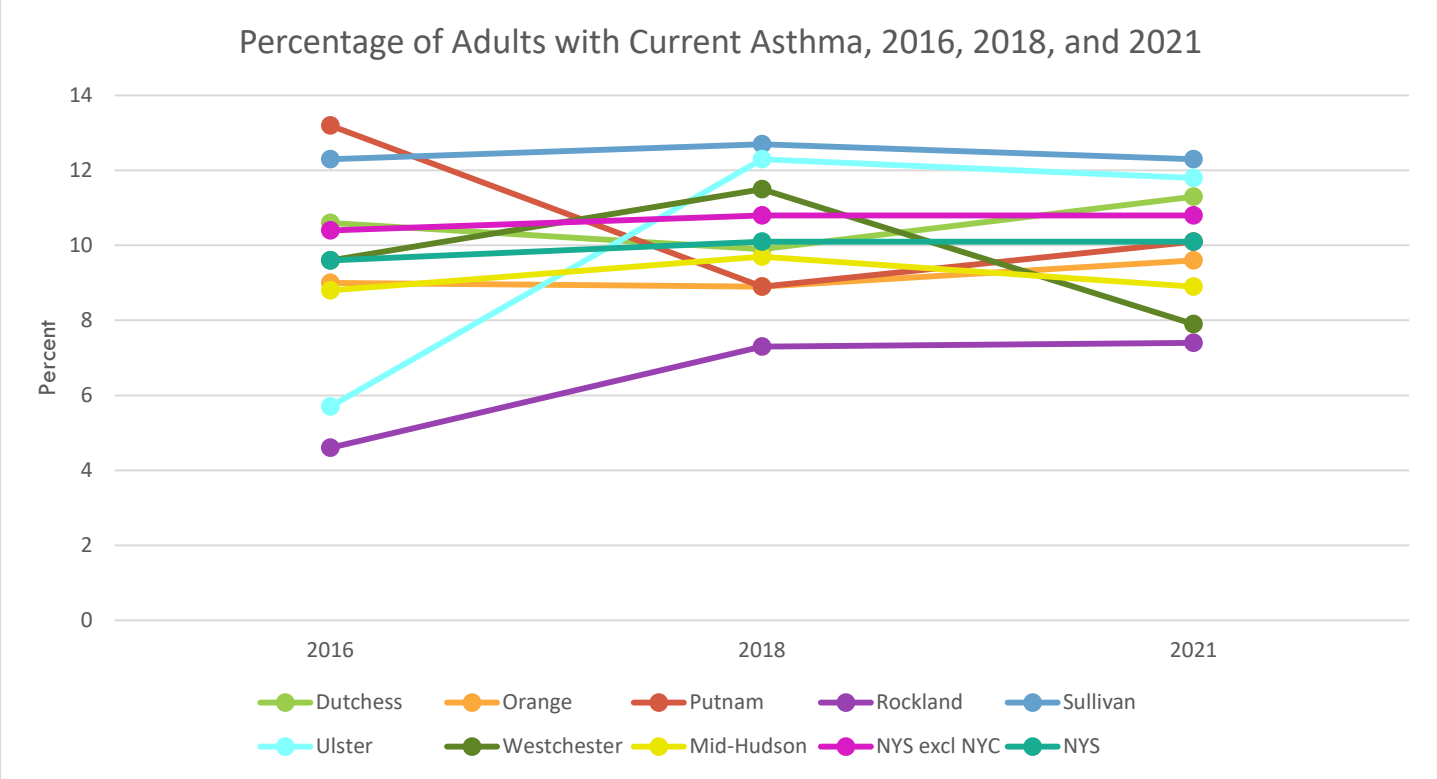
Asthma is caused by airway restriction in the lungs resulting in difficulty breathing, wheezing, chest tightness, and coughing. While the causes of asthma are not fully known, it is linked to a variety of factors that may be genetic, environmental, or viral. Other factors associated with higher asthma risk include allergies, obesity, occupation, and race. African Americans and Puerto Ricans are at a higher risk of developing asthma than other races and ethnicities.[105]

There is no way to cure asthma, but it can be managed with medication and by avoiding triggers.[106] Triggers can include environmental factors, like secondhand smoke, air pollution, and mold, infections, physical activity, and emotional stress.[107] Asthma is a serious burden on the healthcare system, accounting for over 900,000 emergency department visits and 94,000 inpatient hospital stays nationally.[108]

[105] NIH, National Heart, Lung, and Blood Institute, 2024, https://www.nhlbi.nih.gov/health/asthma/causes, accessed June 2025
[106] World Health Organization, 2025, https://www.who.int/news-room/fact-sheets/detail/asthma, accessed June 2025
[107] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/asthma/control/index.html, accessed June 2025
[108] Centers for Disease Control and Prevention, 2023, https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm, accessed June 2025

In the US, 8.0% of adults have asthma.[109] In 2021, this percentage varied across the seven counties in the M-H Region. According to Figure 93, Sullivan County had the highest percentage of adults with asthma (12.3%), while Rockland County had the lowest percentage (7.4%). Since 2016, Dutchess, Orange, Rockland, and Ulster Counties have had overall increases in the percentage of adults with asthma, while Putnam and Westchester have had overall decreases. The percentages in Sullivan County, NYS, and NYS excluding NYC have stayed relatively stable.

Figure 93



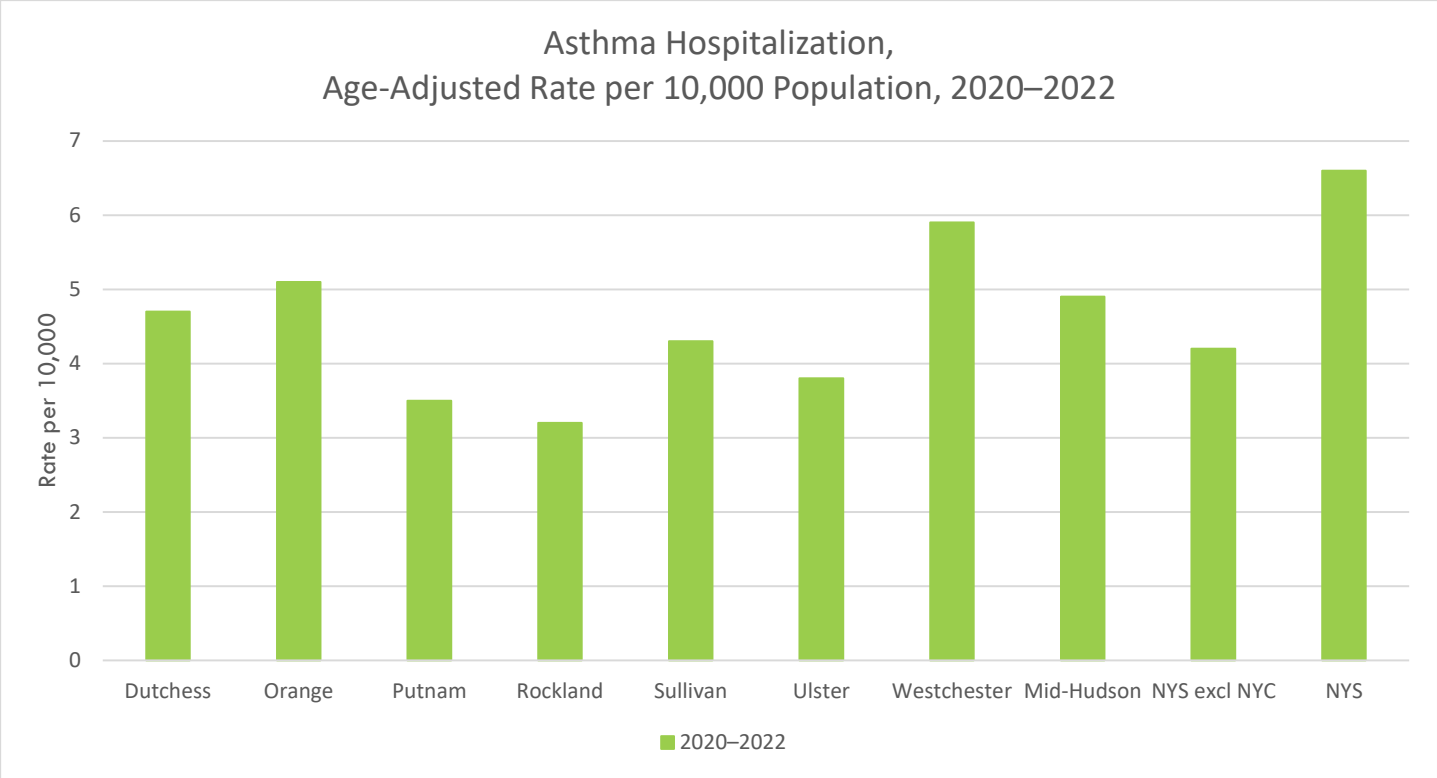
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2016	10.6	9.0	13.2	4.6	12.3	5.7	9.6	8.8	10.4	9.6
2018	9.9	8.9	8.9	7.3	12.7	12.3	11.5	9.7	10.8	10.1
2021	11.3	9.6	10.1	7.4	12.3	11.8	7.9	8.9	10.8	10.1

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Has a doctor, nurse, or other health professional ever told you had asthma?" and "Do you still have asthma?"
Source: NYSDOH Behavioral Risk Factor Surveillance System, June 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/data

[109] Centers for Disease Control and Prevention, 2023, https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm, accessed June 2025

The rates of asthma hospitalization vary across the M-H Region and NYS. When looking at the recent three-year average from 2020-2022 in Figure 94 Westchester County had the highest asthma hospitalization rate at 5.9 per 10,000 population, while Rockland County had the lowest rate at 3.2 per 10,000 population. The rate across the whole M-H Region was similar to the rate across NYS excluding NYC (4.9 vs 4.2 per 10,000 respectively).

Figure 94

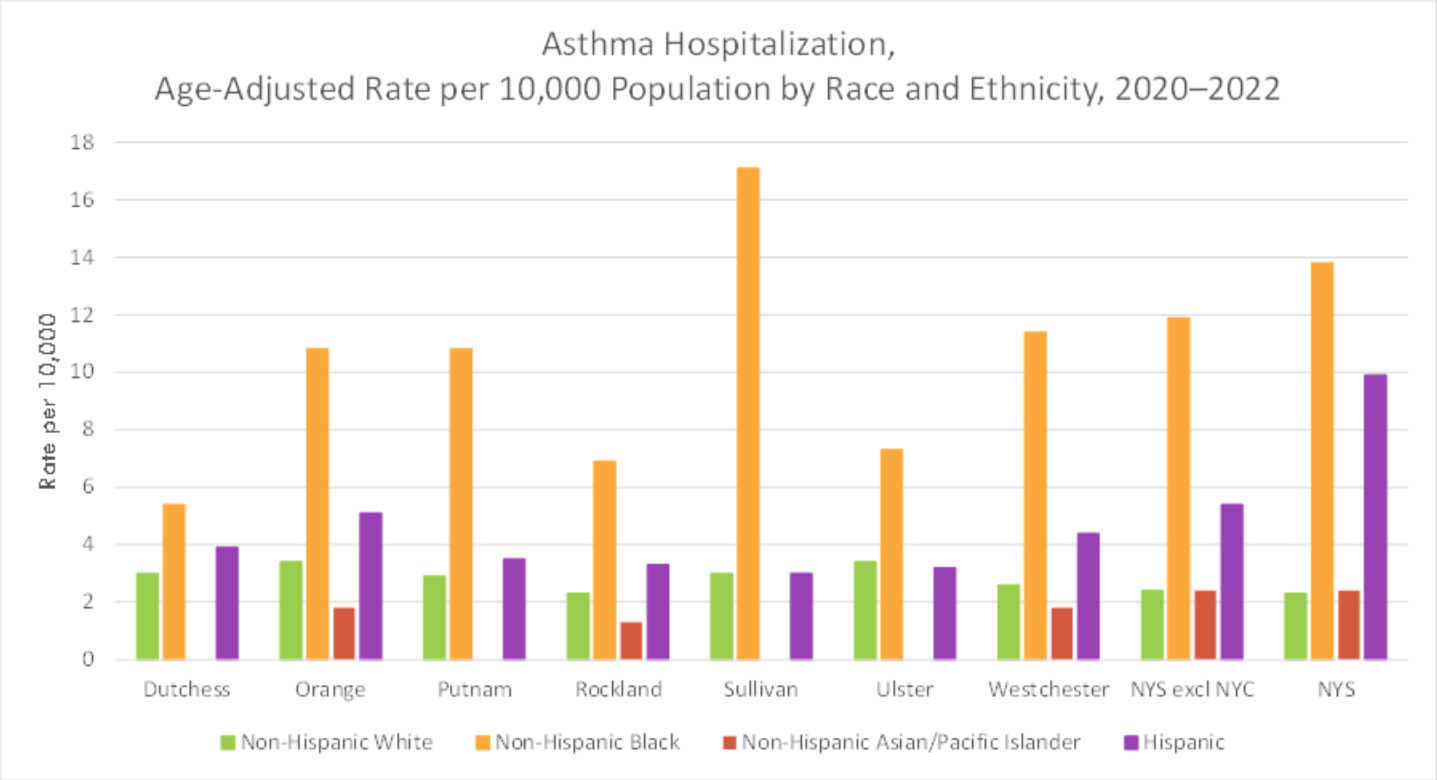


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2020–2022	4.7	5.1	3.5	3.2	4.3	3.8	5.9	4.9	4.2	6.6

Note: The 2018 population estimates are also used to calculate 2019 and 2020 rates. The ICD-10 code for asthma is: J45.
Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NY Statewide Planning and Research Cooperative System
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

When stratifying the data by race and ethnicity, as seen in Figure 95, non-Hispanic Black adults had higher rates of asthma hospitalization compared to non-Hispanic White and Hispanic adults. This is consistent throughout the M-H Region counties, as well as NYS and NYS excluding NYC. Lowest rates were generally seen among non-Hispanic White adults. Rates for non-Hispanic Asian/Pacific Islanders were unstable or suppressed across most of the M-H Region counties.

Figure 95

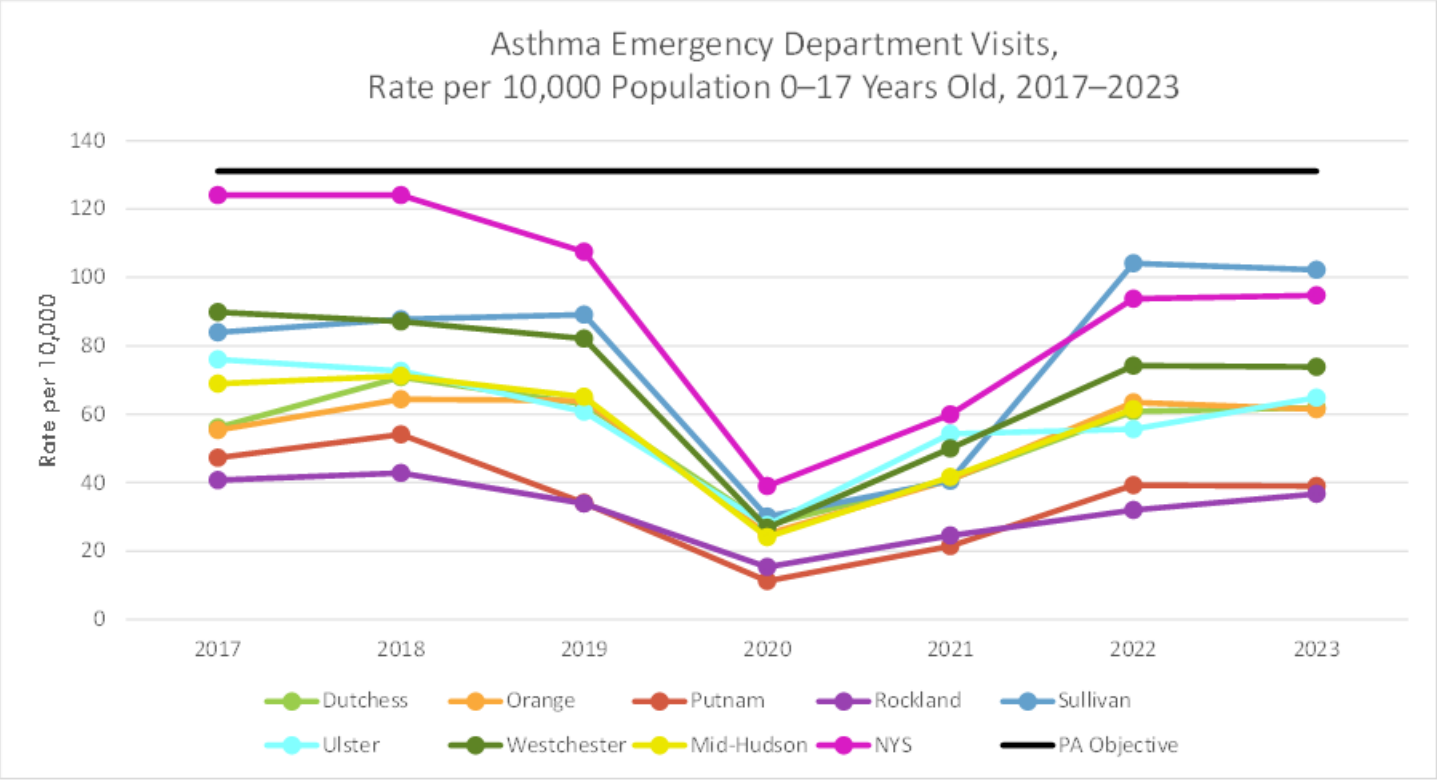


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	3.0	3.4	2.9	2.3	3.0	3.4	2.6	2.4	2.3
Non-Hispanic Black	5.4	10.8	10.8	6.9	17.1	7.3	11.4	11.9	13.8
Non-Hispanic Asian/Pacific Islander	s	1.8*	s	1.3	0.0*	s	1.8	2.4	2.4
Hispanic	3.9	5.1	3.5	3.3	3.0	3.2	4.4	5.4	9.9

**: The rate is unstable.*
s: Data are suppressed due to not meeting confidentiality criteria.
Note: The ICD-10-CM code used for asthma is: J45.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, June 2025 sourced from NY Statewide Planning and Research Cooperative System https://www.health.ny.gov/statistics/community/minority/county/orange.htm

The Emergency Department (ED) is commonly used to treat asthma-related complications. When looking at those aged 0-17 years in the M-H Region [see Figure 96], in 2022, Sullivan County had the highest ED visit rate (104.1 per 10,000). Rockland and Putnam Counties had the lowest rates in the region (32.0 and 39.9 per 10,000, respectively). According to Figure 93, rates across all M-H Region counties, NYS, and NYS excluding NYC saw a sharp decrease from 2019 to 2020 and steadily increased through 2022. In most cases, rates have increased to near where they were before the COVID-19 pandemic, with the exception of Sullivan County, which has surpassed its pre-COVID-19 rate. All counties in the M-H Region met the objective outlined in the Prevention Agenda 2019-2024 of falling below 131.1 asthma ED visits per 10,000 in those aged 0-17 years by 2024.

Figure 96



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS	PA Objective
2017	56.1	55.4	47.3	40.7	83.9	76	89.9	68.9	124.1	131.1
2018	70.8	64.4	54.1	42.8	87.8	72.7	87.1	71.2	124.1	131.1
2019	62.8	64.0	34.1	33.9	89.1	60.7	82.1	65.1	107.5	131.1
2020	27.7	25.0	11.2	15.3	30.1	27.6	26.8	24.1	39.0	131.1
2021	41.0	40.8	21.4	24.5	40.5	54.3	50.0	41.6	59.9	131.1
2022	60.8	63.5	39.3	32.0	104.1	55.6	74.2	61.5	93.8	131.1
2023	61.9	61.5	39.0	36.7	102.2	64.8	73.8	†	94.8	131.1

† 2023 data not available for Mid-Hudson

Note: The 2018 population estimates are used to calculate rates for 2019 and 2020. Population estimates for 2021 and later are from the US Census Bureau's most recently published estimates. Changes seen in 2020 and subsequent data years are possibly due to impacts of the COVID-19 pandemic. The ICD-10 code for asthma is: J45.

Source: NYS Asthma Dashboard, June 2025 sourced from NY Statewide Planning and Research Cooperative System
https://apps.health.ny.gov/public/tabvis/PHIG_Public/asthma/reports/#county

CARDIOVASCULAR DISEASE

Cardiovascular disease refers to several conditions that affect the heart and other components of the circulatory system including congestive heart failure, cerebrovascular disease or stroke, coronary artery disease, and heart attack.[110] Heart disease is a subset of cardiovascular disease and is the leading cause of death in the US. In 2022, heart disease was responsible for 1 in every five deaths in the US. The management, treatment, and lost productivity due to cardiovascular disease cost the US approximately $252 billion each year from 2019 to 2020.[111]

Key risk factors for cardiovascular disease include high blood pressure, high cholesterol, and smoking. Other risk factors include diabetes, obesity, unhealthy diet, physical inactivity, and excessive alcohol use.[112] A growing body of research is showing an association between mental health disorders, such as Mood Disorders, Anxiety Disorders, Chronic Stress, and Post-Traumatic Stress Disorder (PTSD) and heart disease through both behavioral and physiological pathways.[113]

[110] American Heart Association, 2024, https://www.heart.org/en/health-topics/consumer-healthcare/what-is-cardiovascular-disease, accessed July 2025

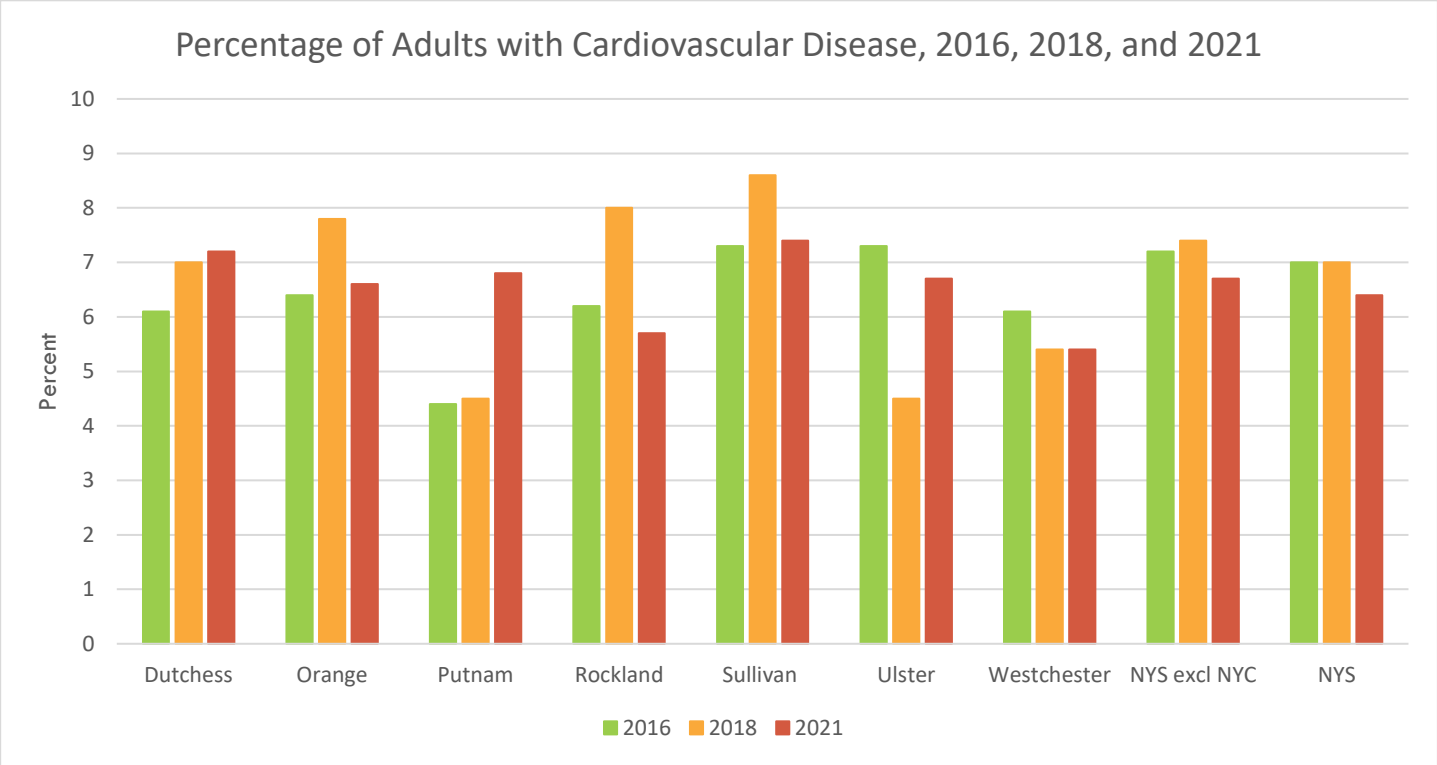
[111] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/heart-disease/data-research/facts-stats/?CDC_AAref_Val=https://www.cdc.gov/heartdisease/facts.htm, accessed July 2025

[112] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/heart-disease/risk-factors/index.html, accessed July 2025

[113] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/heart-disease/about/about-heart-disease-and-mental-health.html?CDC_AAref_Val=https://www.cdc.gov/heartdisease/mentalhealth.htm, accessed July 2025

According to Figure 97, in 2021, Sullivan County had the highest percentage of adults with cardiovascular disease (limited to heart attack, coronary artery disease, and stroke) in the M-H region at 7.4% (a decrease from their region-wide peak of 8.6% in 2018). In 2021, Rockland County had the lowest percentage of adults with cardiovascular disease in the M-H region at 5.7%, and the biggest decrease from 2018 to 2021 (from 8.0% to 5.7%, respectively). This was followed by Orange County, who decreased from 7.8% in 2018 to 6.6% in 2021. Putnam County saw the largest increase of any county in the M-H region, going from 4.5% in 2018 to 6.8% in 2021, followed closely by Ulster County with an increase from 4.5% in 2018 to 6.7% in 2021.

Figure 97



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2016	6.1	6.4	4.4	6.2	7.3	7.3	6.1	7.2	7.0
2018	7.0	7.8	4.5	8.0	8.6	4.5	5.4	7.4	7.0
2021	7.2	6.6	6.8	5.7	7.4	6.7	5.4	6.7	6.4

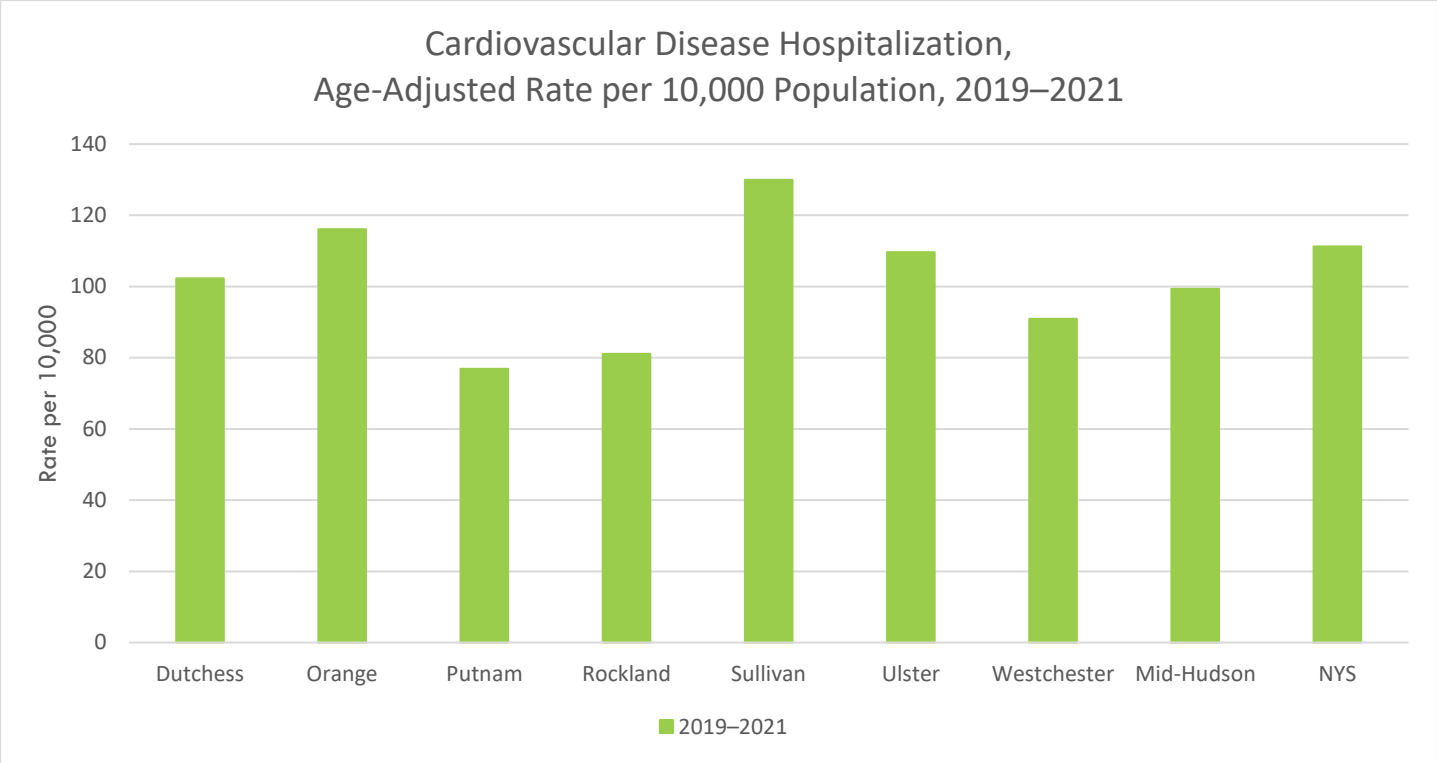
Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents "Has a doctor, nurse, or other health professional ever told you that you had any of the following:" and "Ever told you that you had a heart attack also called a myocardial infarction?" and "Ever told you that you had angina or coronary heart disease?" Based on responses to these questions, a person has Cardiovascular Disease if they responded yes to either of these questions.

Source: NYS Community Health Indicator Reports Dashboard, April 2025 sourced from NYSDOH Behavioral Risk Factor Surveillance System

https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

Recent data from 2019-2021 show that Sullivan County had the highest cardiovascular hospitalization rate at 129.9 per 10,000 population. This rate was higher than the M-H Region (99.3 per 10,000 population) and NYS (111.2 per 10,000 population). Putnam County had the lowest cardiovascular hospitalization rate, at 76.9 per 10,000 population. [see Figure 98].

Figure 98



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
2019–2021	102.3	116.1	76.9	81.1	129.9	109.6	90.9	99.3	111.2

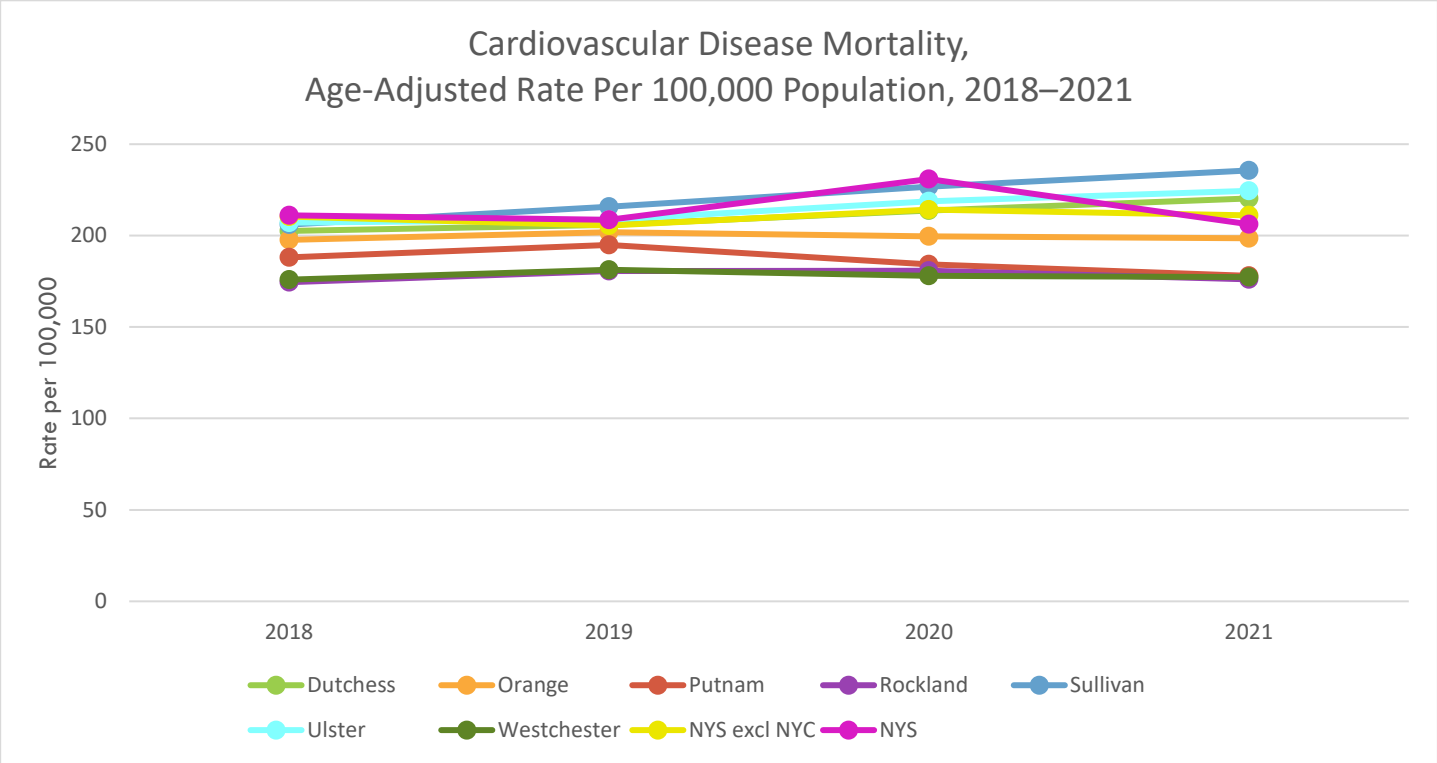
Note: The ICD-10 codes used for cardiovascular disease are: I00-I99.

Source: NYS Community Health Indicator Reports Dashboard, March 2025 sourced from NY Statewide Planning and Research Cooperative System

https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

From 2014-2021, the rates of cardiovascular mortality generally trended downward for most of the M-H Region counties. The exceptions were: Dutchess County, who experienced an increase from 2020-2021 (213.6 to 220.2 per 100,000 population), as well as an overall increase from 2014 to 2021 (from 209.8 to 220.2 per 10,000 population), and Ulster County who experienced an increase from 2020-2021 (from 218.6 to 224.5 per 10,000 population) but an overall decrease from 2014 to 2021 (from 228.8 to 224.5 per 10,000 population). By contrast, both NYS and in NYS excluding NYC experienced overall decreases from 2014-2021and from 2020-2021. [see Figure 99].

Figure 99



	Three Year Average							Single Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	202.5	197.7	188.1	174.5	206.0	207.0	175.9	210.3	211.1
2019	205.8	201.8	194.8	180.6	215.8	208.5	181.2	205.5	208.6
2020	213.6	199.5	184.2	180.7	226.6	218.6	178.0	214.2	230.8
2021	220.2	198.4	177.9	176.0	235.5	224.5	177.2	211.1	206.2

Note: This indicator includes deaths with cardiovascular disease as the primary cause of death. The ICD-10 codes for cardiovascular disease are: I00-I99.

Source: NYS Community Health Indicator Reports Dashboard, March 2025 sourced from Vital Statistics of NYS
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

HYPERTENSION

As mentioned previously, there are several risk factors for cardiovascular disease, one of which includes hypertension. Hypertension, or high blood pressure, occurs when the force of blood against the arteries becomes high enough to cause diseases such as cardiovascular disease. It is calculated based on the pressure in the arteries when the heart beats (systolic pressure) and the pressure in the arteries between heart beats (diastolic pressure).[114] Hypertension is defined as having a systolic blood pressure greater than 130 mmHg and a diastolic blood pressure greater than 80 mmHg (or being on medication for hypertension). Almost half of adults in the US (48.1%) have hypertension, and less than a quarter of those (22.5%) have their hypertension under control.[115] Steps to controlling high blood pressure include, measuring blood pressure on a regular basis, maintaining a healthy weight, managing other health-related conditions, such as diabetes, creating a care plan with your health care team, and taking blood pressure medications as prescribed by a physician.[116]

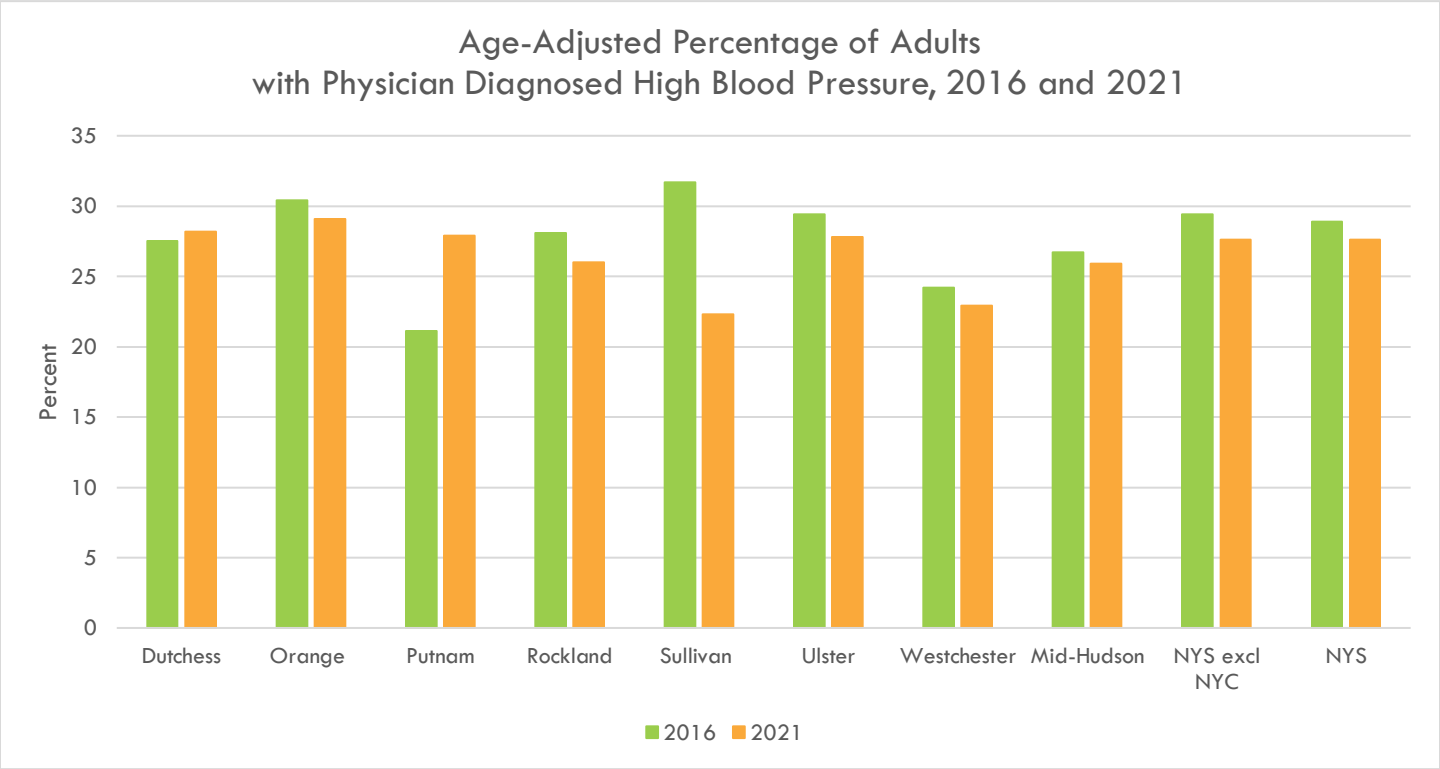
[114] Mayo Clinic, 2024, https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/symptoms-causes/syc-20373410, accessed July 2025

[115] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/high-blood-pressure/data-research/facts-stats/?CDC_AAref_Val=https://www.cdc.gov/bloodpressure/facts.htm, accessed July 2025

[116] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/high-blood-pressure/living-with/index.html, accessed July 2025

From 2016 to 2021, the age-adjusted percentage of adults with physician-diagnosed hypertension decreased for most counties in the M-H region, as well as NYS as a whole and NYS excluding NYC. Exceptions include Putnam County, who increased from 21.1% in 2016 (the lowest in the region that year) to 27.9% in 2021(the third highest in the region that year). Dutchess County experienced a more modest increase, from 27.5% in 2016 to 28.2% in 2021. Sullivan County experienced the greatest decrease from 2016 to 2021; changing from the county with the highest age-adjusted percentage of adults with physician-diagnosed high blood pressure in 2016 (31.7%) to the lowest in the region in 2021 (22.3%). [see Figure 100]

Figure 100



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2016	27.5	30.4	21.1	28.1	31.7	29.4	24.2	26.7	29.4	28.9
2021	28.2	29.1	27.9	26	22.3	27.8	22.9	25.9	27.6	27.6

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents "Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?" Based on the responses to this question a person has High Blood Pressure if they answered yes and this excludes females who were told this only while they were pregnant.

Source: NYSDOH Behavioral Risk Factor Surveillance System, March 2025

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

CEREBROVASCULAR DISEASE

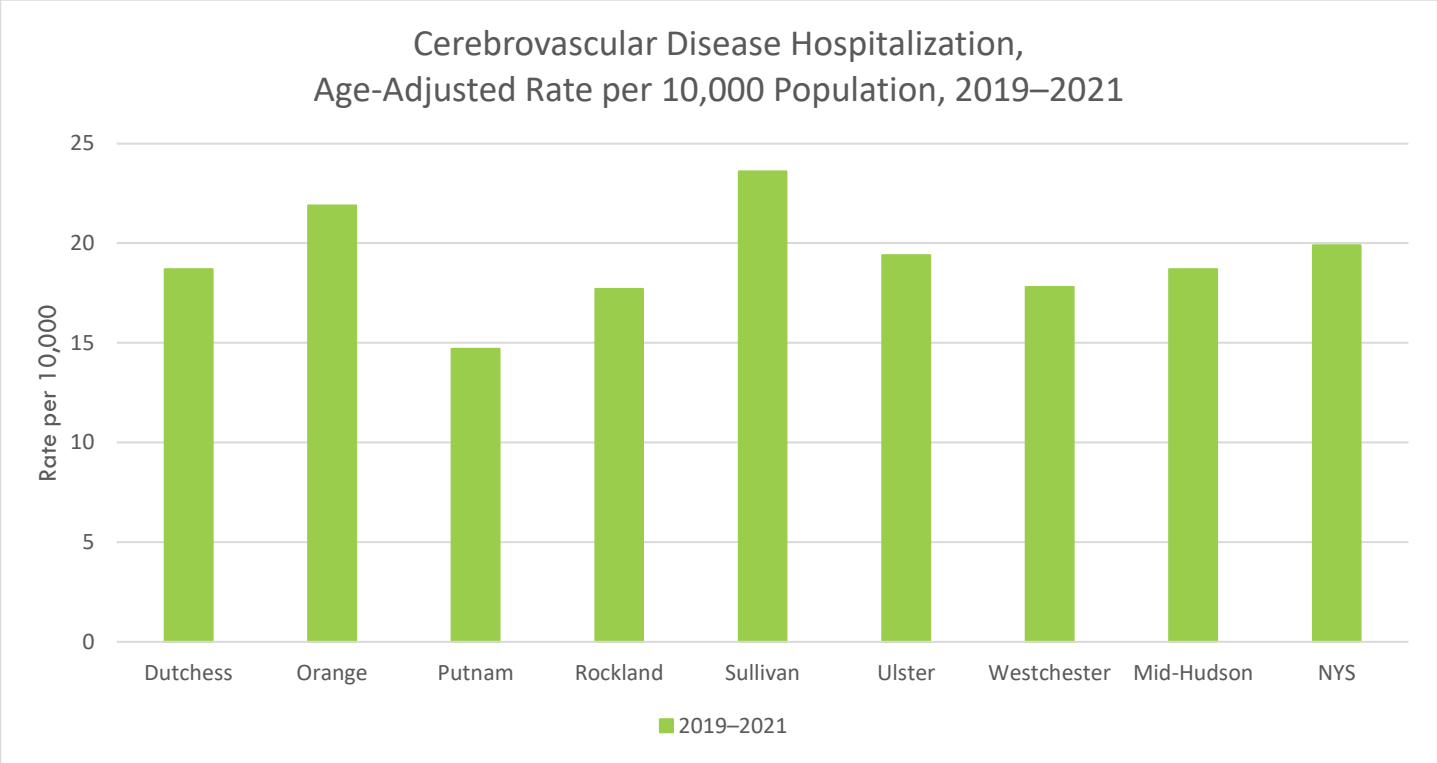
Cerebrovascular disease is a term for a series of conditions (such as stroke, brain aneurysm, brain bleed, carotid artery disease) that affect the blood vessels of the brain. Stroke is the most common type of cerebrovascular disease; it occurs when blood supply to the brain is blocked, which can lead to extensive damage to the brain and even death. There are three main types of stroke: ischemic stroke, hemorrhagic stroke, and transient ischemic attack (TIA).[117] Ischemic strokes are the most common type of strokes; they occur when blood clots or plaques block the blood vessels to the brain, causing the brain to receive decreased oxygen. A hemorrhagic stroke occurs when a blood vessel bursts inside the brain resulting in blood building-up in the tissues, causing severe damage. A TIA, which is also called a *mini-stroke*, occurs when blood flow is blocked to the brain for a short period of time, usually five minutes or less. More than a third of people who have a TIA and do not receive treatment, have a major stroke within one year of the TIA.[118]

It is important to recognize the signs and symptoms of a stroke so action can be taken quickly. Signs of a stroke include numbness in the face or extremities, often on one side of the body; confusion or difficulty speaking; vision problems; loss of balance or lack of coordination; or a severe headache.[119] Some risk factors for a stroke include lifestyle behaviors such as a fatty diet, decreased physical activity, use of illicit drugs, drinking too much alcohol, and cigarette smoking, as well as medical conditions, including high blood pressure, high cholesterol, diabetes, other types of cardiovascular disease, and other factors, such as family history; and being aged 55 years and older.[120]

[117] Cleveland Clinic, 2022, https://my.clevelandclinic.org/health/diseases/24205-cerebrovascular-disease, accessed July 2025
[118] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/stroke/about/index.html, accessed July 2025
[119] Mayo Clinic, 2024, https://www.mayoclinic.org/diseases-conditions/stroke/symptoms-causes/syc-20350113, accessed July 2025
[120] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/stroke/risk-factors/?CDC_AAref_Val=https://www.cdc.gov/stroke/risk_factors.htm, accessed July 2025

Recent data from 2019-2021 show that Sullivan County had the highest stroke hospitalization rate of the seven counties in the M-H Region, while Putnam had the lowest rate (23.6 and 14.7 per 10,000 population, respectively) [see Figure 101].

Figure 101



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
2019–2021	18.7	21.9	14.7	17.7	23.6	19.4	17.8	18.7	19.9

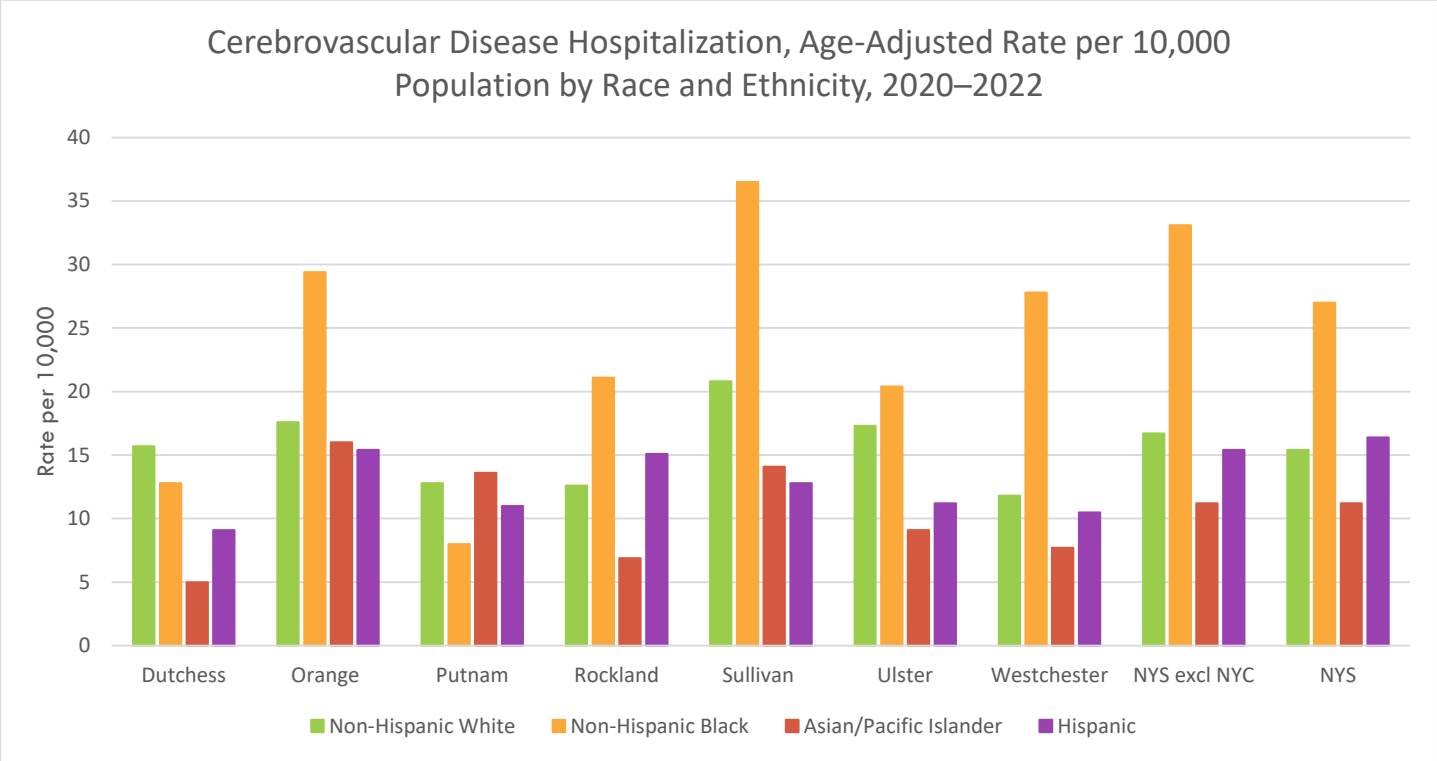
Note: This indicator includes deaths with cerebrovascular disease as the primary cause of death. The ICD-10 codes for cerebrovascular disease are: I60-I69.

Source: NYS Community Health Indicator Reports Dashboard, March 2025 sourced from NY Statewide Planning and Research Cooperative System

https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

When stratified by race and ethnicity, the age-adjusted cerebrovascular disease hospitalization rate per 10,000 from 2020-2022 shows that non-Hispanic Black adults had higher rates of stroke hospitalization compared to other racial/ethnic groups in the majority of the counties in the M-H Region, as well as NYS, and NYS excluding NYC. This excludes Putnam and Dutchess Counties, where Non-Hispanic White adults had higher stroke hospitalization rates than the Hispanics and Non-Hispanic Blacks. [see Figure 102].

Figure 102



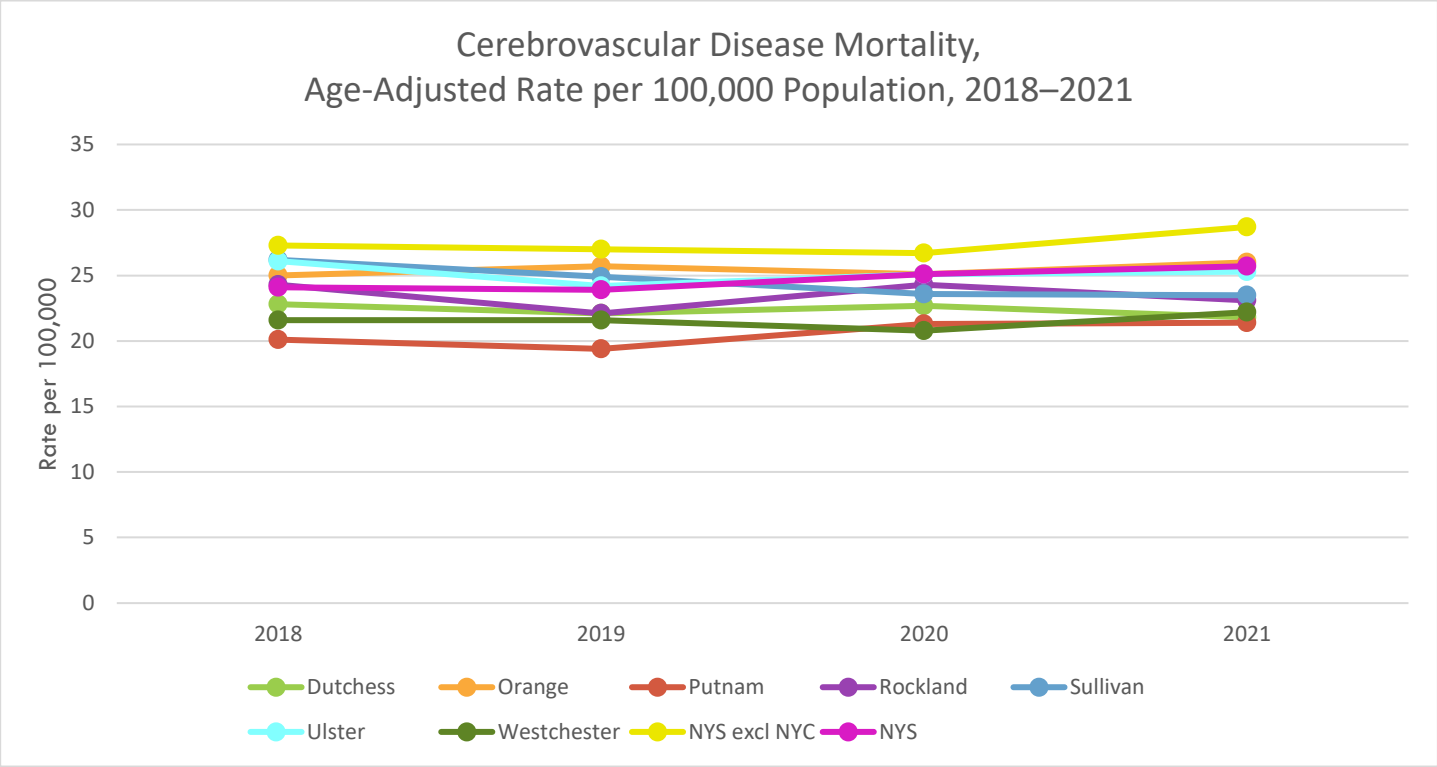
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	15.7	17.6	12.8	12.6	20.8	17.3	11.8	16.7	15.4
Non-Hispanic Black	12.8	29.4	8.0*	21.1	36.5	20.4	27.8	33.1	27.0
Asian/Pacific Islander	5.0	16.0	13.6	6.9	14.1*	9.1*	7.7	11.2	11.2
Hispanic	9.1	15.4	11.0	15.1	12.8	11.2	10.5	15.4	16.4

**: The rate is unstable.*
Note: Cerebrovascular disease is also known as stroke. The ICD-10 codes for cerebrovascular disease are: I60-I69.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, June 2025 sourced from NY Statewide Planning and Research Cooperative System
https://www.health.ny.gov/statistics/community/minority/county/index.htm

From 2018 to 2021, age-adjusted cerebrovascular disease mortality rates per 100,000 population, remained relatively stable in counties in the M-H Region. Some counties experienced modest increases during this time. Orange County increased from 25.0 per 100,000 in 2018 to 26.0 per 100,000 in 2021, Westchester County increased from 21.6 per 100,000 in 2018 to 22.2 in 2021, and Putnam County increased from 20.1 per 100,000 in 2018 to 21.4 per 100,000 in 2021. Other counties experienced modest decreases during this time. Dutchess County decreased from 22.8 per 100,000 in 2018 to 21.8 100,000 in 2021, Rockland County Decreased from 24.3 per 100,000 in 2018 to 23.1per 100,000 in 2021, and Ulster County decreased from

26.1 per 100,000 in 2018 to 25.3 per 100,000 in 2021. The county that experienced the most significant decrease during this time was Sullivan County, who decreased from 26.2 per 100,000 in 2018 to 23.5 per 100,000 in 2021. Compared to the M-H Region, NYS and NYS excluding NYC both experienced larger increases in age-adjusted cerebrovascular disease mortality rates per 100,000 population from 2018-2021. NYS increased from 24.1 per 100,000 to 25.7 per 100,000 during the time period, and NYS excluding NYS increased from 27.3 per 100,000 to 28.7 per 100,000 during the time period [see Figure 103]

Figure 103



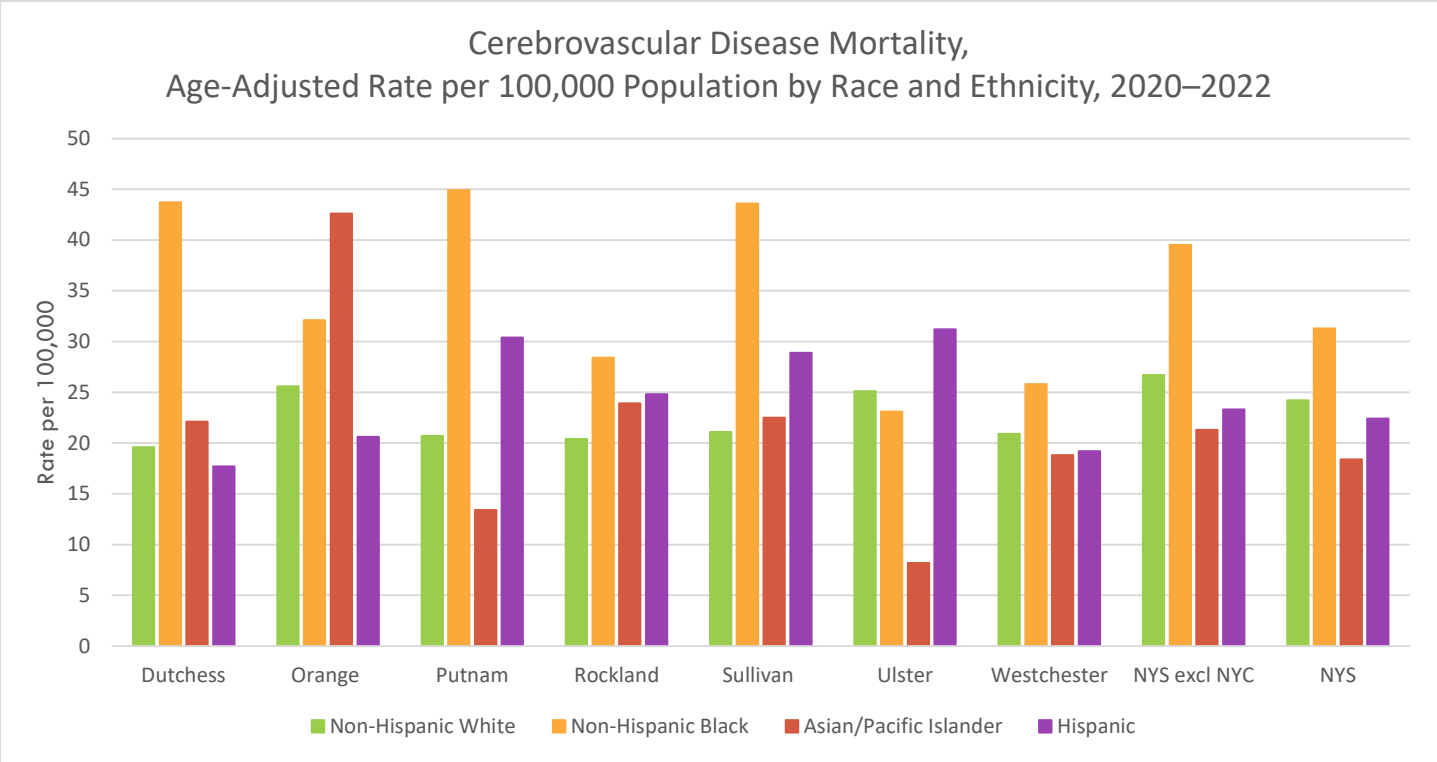
	Three Year Average							Single Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	22.8	25.0	20.1	24.3	26.2	26.1	21.6	27.3	24.1
2019	22.1	25.7	19.4	22.1	24.9	24.2	21.6	27.0	23.9
2020	22.7	25.1	21.3	24.3	23.6	25.1	20.8	26.7	25.1
2021	21.8	26.0	21.4	23.1	23.5	25.3	22.2	28.7	25.7

Note: This indicator includes deaths with cerebrovascular disease as the primary cause of death. The ICD-10 codes for cerebrovascular disease are: I60-I69.

Source: NYS Community Health Indicator Reports Dashboard, March 2025 sourced from Vital Statistics of NYS
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

When stratified by race and ethnicity, the age-adjusted cerebrovascular disease mortality rates per 100,000 population from 2020-2022, differ from county-to-county. However, the majority of the counties in the M-H Region (as well as NYS and NYS excluding NYC) had higher rates of non-Hispanic Black adults who died from a stroke, relative to non-Hispanic Whites and Hispanics. Ulster County is the lone exception with the Hispanic adult population (31.2 per 100,000) having a higher rate of stroke mortality than Non-Hispanic Whites (25.1 per 100,000), and Non-Hispanic Blacks (23.1 per 100,000). It must be noted that the rate for Non-Hispanic Blacks during this period is statistically unstable [see Figure 104].

Figure 104



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	19.6	25.6	20.7	20.4	21.1	25.1	20.9	26.7	24.2
Non-Hispanic Black	43.7	32.1	44.9*	28.4	43.6*	23.1*	25.8	39.5	31.3
Asian/Pacific Islander	22.1*	42.6	13.4*	23.9	22.5*	8.2*	18.8	21.3	18.4
Hispanic	17.7	20.6	30.4*	24.8	28.9*	31.2	19.2	23.3	22.4

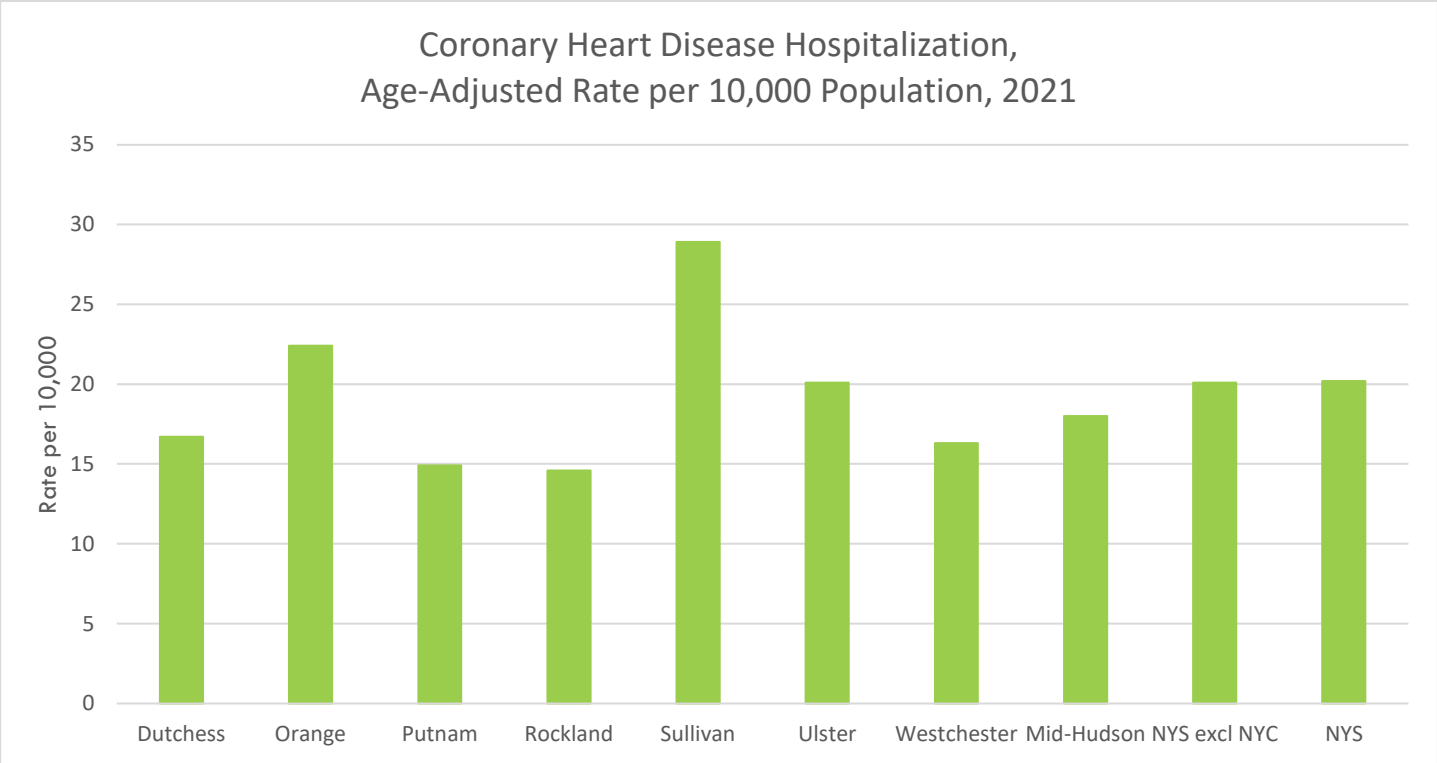
**: The rate is unstable.*
Note: This indicator includes deaths with cerebrovascular disease as the primary cause of death. ICD-10 codes of: I60-I69.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, June 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/statistics/community/minority/county/index.htm

CORONARY HEART DISEASE

In the US, Coronary Heart Disease (CHD), also known as coronary artery disease, is the most common type of cardiovascular disease.[121] The buildup of plaque, deposits of fat, cholesterol, and other substances, in the arteries that supply the heart, cause it. This can lead to chest pain or discomfort (angina), or even a heart attack if the arteries become completely blocked. The good news is that you can do a lot to decrease the risk, prevent, and manage CHD through healthy habits like eating well, being active, avoiding tobacco, and managing stress.[122] Regularly seeing your doctor to check your blood pressure, cholesterol, and blood sugar is also very important for reducing your risk and managing the disease effectively.

Data from 2021 shows that Sullivan County had the highest CHD hospitalization rate of the seven counties in the M-H Region, and Rockland had the lowest rate (28.9 and 14.6 per 10,000 population, respectively). However, the rate in the M-H Region as a whole was still lower than the rates in NYS and NYS excluding NYC (18.0 vs 20.2 and 20.1 per 10,000 population, respectively) [see Figure 105].

Figure 105



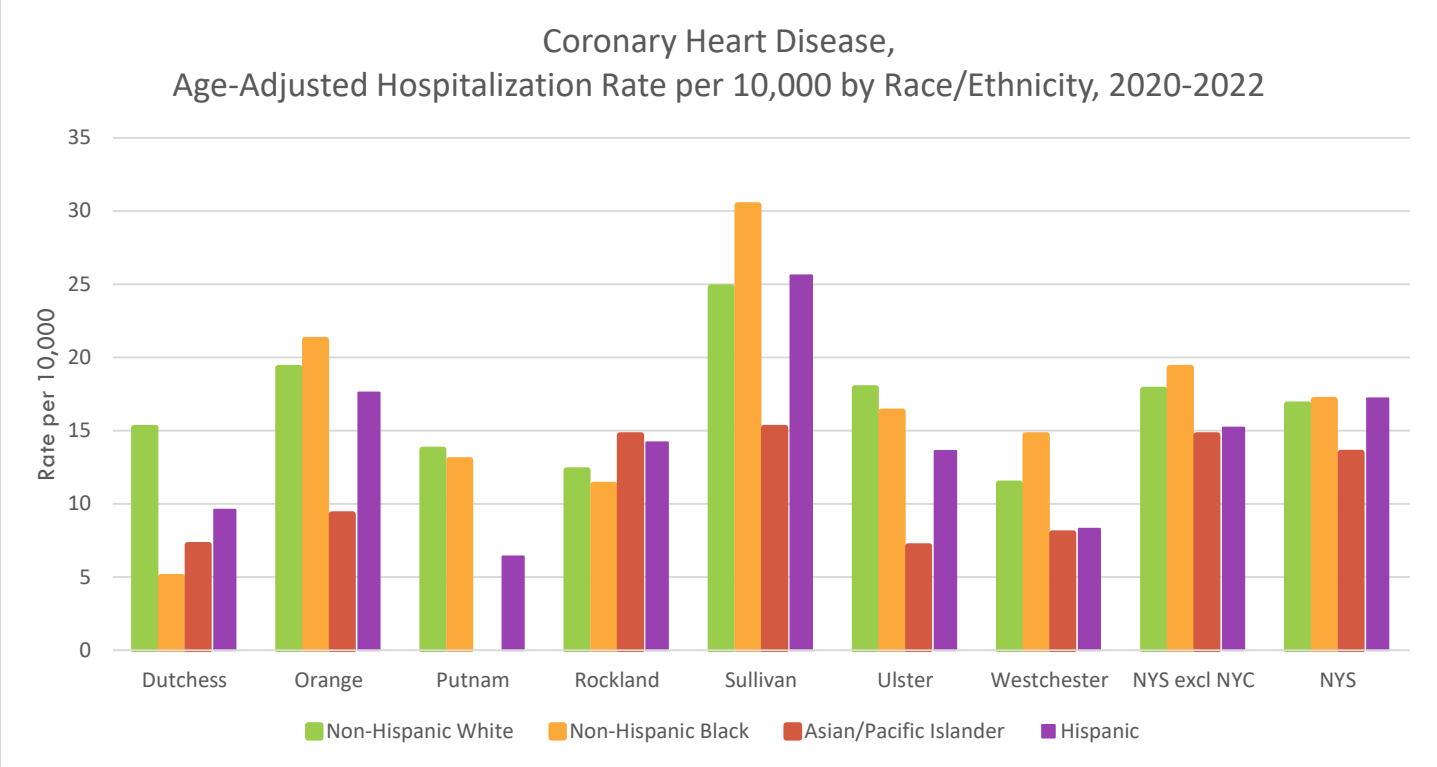
	Three-Year Average							Single-Year		
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**Mid-Hudson**	**NYS excl NYC**	**NYS**
2021	16.7	22.4	14.9	14.6	28.9	20.1	16.3	18.0	20.1	20.2

Note: Three-year averages are used for counties, and single-year estimates are used for Mid-Hudson and NYS.
Source: NYS Community Health Indicator Reports Dashboard, April 2025 sourced from NY Statewide Planning and Research Cooperative System *https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county*

[121] Centers for Disease Control and Prevention, 2021, https://www.cdc.gov/heartdisease/coronary_ad.htm, accessed September 2022
[122] Mayo Clinic, 2024, https://www.mayoclinic.org/diseases-conditions/coronary-artery-disease/symptoms-causes/syc-20350613, accessed September 2022

When stratifying this data by race and ethnicity, trends are not consistent through each county. For example, non-Hispanic White adults had higher CHD hospitalization rates compared to the other racial/ethnic groups in Dutchess, Putnam, and Ulster Counties. In Rockland Asian and Pacific Islander adults had higher CHD hospitalization rates compart to other racial and ethnic groups. However, in the remaining counties, NYS excluding NYC, and NYS, non-Hispanic Black adults had higher CHD hospitalization rates except that Hispanics for the state had higher rates.[see Figure 106].

Figure 106

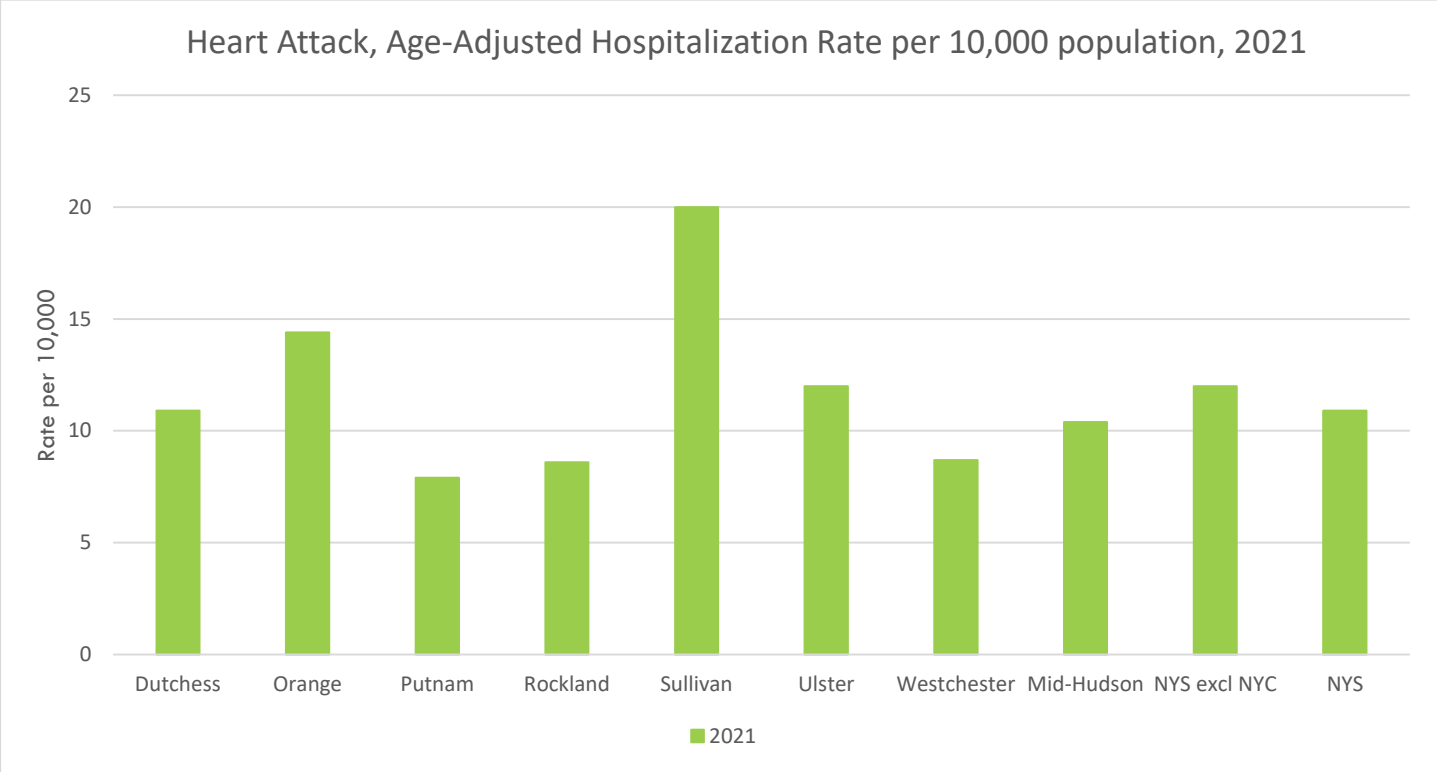


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	15.2	19.3	13.7	12.3	24.8	17.9	11.4	17.8	16.8
Non-Hispanic Black	5.0	21.2	13.0	11.3	30.4	16.3	14.7	19.3	17.1
Asian/Pacific Islander	7.2	9.3	s	14.7	15.2	7.1*	8.0	14.7	13.5
Hispanic	9.6	17.6	6.4	14.2	25.6	13.6	8.3	15.2	17.2

**: The rate is unstable.*
s: Data are suppressed due to not meeting confidentiality criteria. Note: Three-year age-adjusted rates.
Source: NYS County Health Indicators by Race and Ethnicity, February 2025
https://www.health.ny.gov/community/health_equity/reports/county/county_list.htm

When looking at recent data from 2021, the heart attack hospitalization rate was highest in Sullivan County (20 per 10,000 population). This rate was higher than rates in the M-H Region, NYS excluding NYC, and NYS (10.4, 12.0, and 10.9 per 10,000 population, respectively) [see Figure 107].

Figure 107

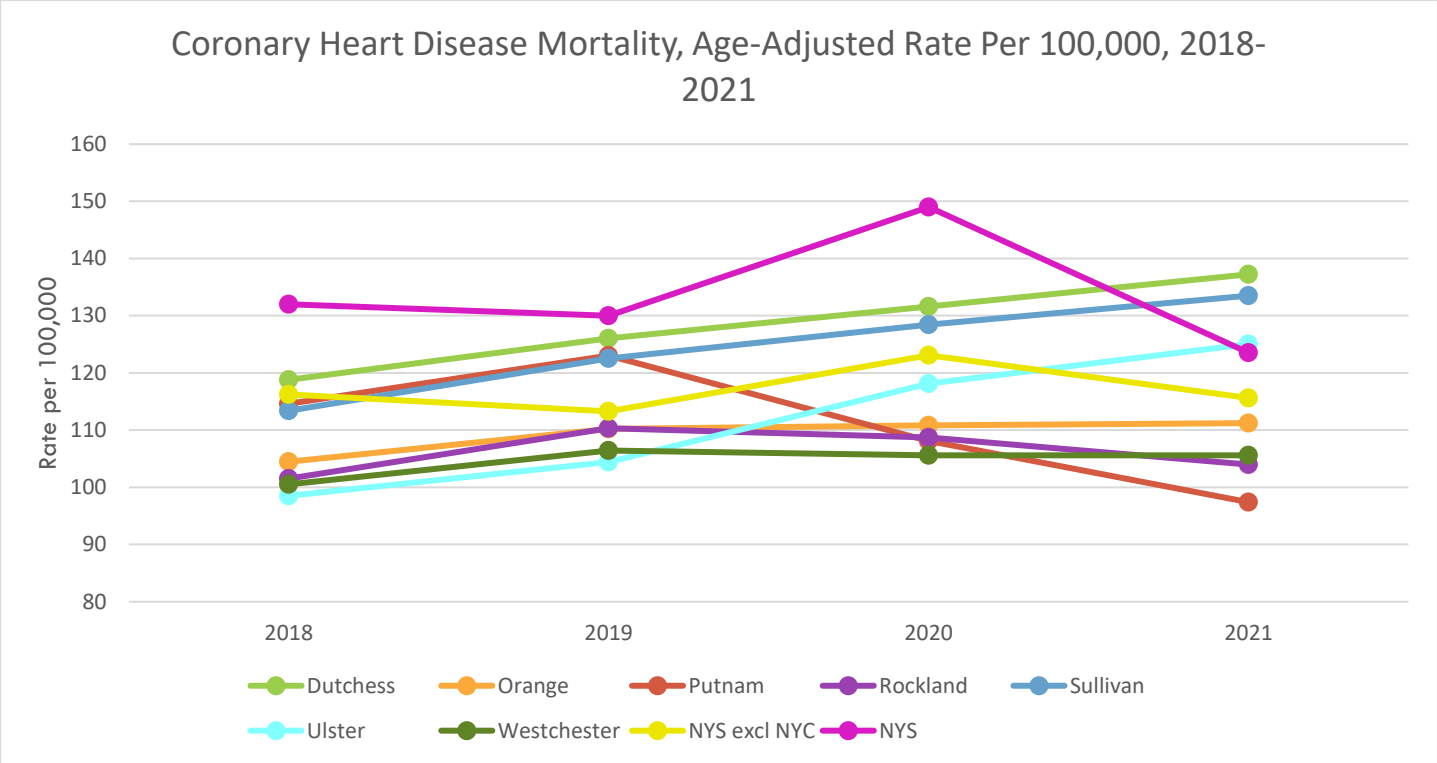


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2021	10.9	14.4	7.9	8.6	20.0	12.0	8.7	10.4	12.0	10.9

Note: Three-year averages are used for counties, and single-year estimates are used for Mid-Hudson and NYS.
Source: NYS Community Health Indicator Reports Dashboard, September 2025 sourced from NY Statewide Planning and Research Cooperative System, February 2025 https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/

CHD mortality rates have overall increased from 2018 to 2021 in most M-H Region counties, with the exception of Putnam County. The rate in NYS excluding NYC stayed relatively constant, with an increase in 2020, before decreasing in 2021. Similarly, the rate in NYS overall saw an increase from 2019 to 2020, before decreasing in 2021. [See Figure 108]

Figure 108



	Three-Year Average							Single-Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	118.8	104.5	114.6	101.5	113.4	98.5	100.5	116.2	132.0
2019	126.0	110.2	123.0	110.3	122.5	104.4	106.4	113.3	130.0
2020	131.6	110.8	108.1	108.7	128.4	118.1	105.6	123.1	149.0
2021	137.2	111.2	97.4	104.0	133.5	125.0	105.6	115.6	123.5

Note: Three-year age-adjusted rates for counties and single-year age-adjusted rates for NYS and NYS excluding NYC are used in both the table and graph above.

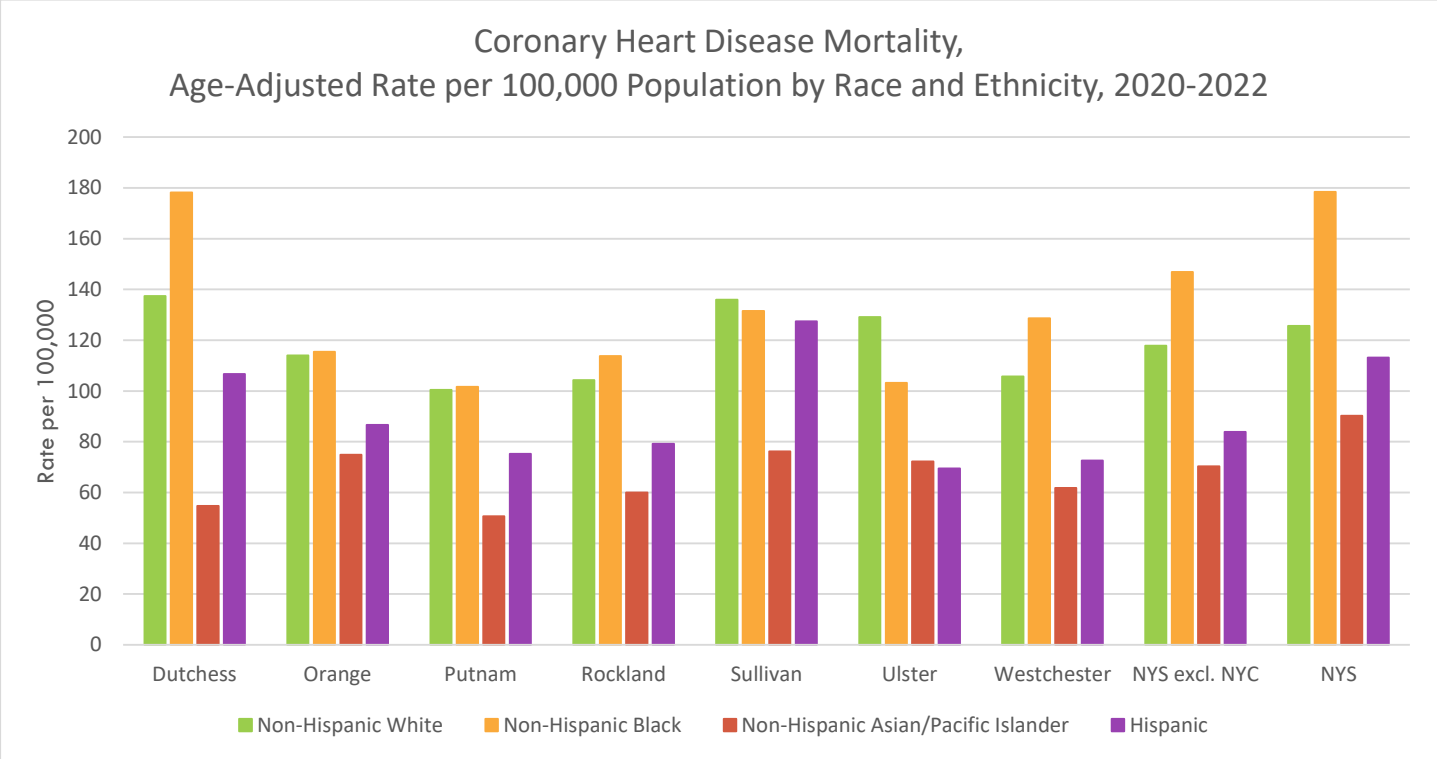
Source: NYS Community Health Indicator Reports Dashboard, September 2025
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

As mentioned previously, complete blockage of arteries can lead to a heart attack, otherwise known as a myocardial infarction. During a heart attack, part of the heart muscle does not receive enough blood flow and the more time that passes, the greater the damage to the heart muscle.[123] Heart attacks may also be caused by coronary artery disease that may be induced by poor lifestyle choices such as illicit drug use or smoking cigarette and lack of exercise. In the US, 805,000 Americans have a heart attack ever year and one in five of these heart attacks were silent.[124] Men aged 45 years and older and women aged 55 years and older are more likely to have heart attacks compared to other age groups.[125] The major symptoms of a heart attack include Chest pain or discomfort, light-headedness, cold sweat, pain or discomfort in the jaw neck or back, both arms or shoulders.[126]

[123] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/heart-disease/about/heart-attack.html, accessed September 2025
[124] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html, accessed September 2025
[125] Mayo Clinic, 2023, https://www.mayoclinic.org/diseases-conditions/heart-attack/symptoms-causes/syc-20373106, accessed September 2025
[126] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/heart-disease/about/heart-attack.html, accessed September 2025

Stratifying by race and ethnicity, the trends vary by county. Non-Hispanic Black adults had higher CHD mortality rates in Dutchess, Westchester, and Rockland counties, as well as NYS and NYS excluding NYC. In contrast, non-Hispanic White adults had higher CHD mortality rates in Ulster and Sullivan Counties [see Figure 109].

Figure 109

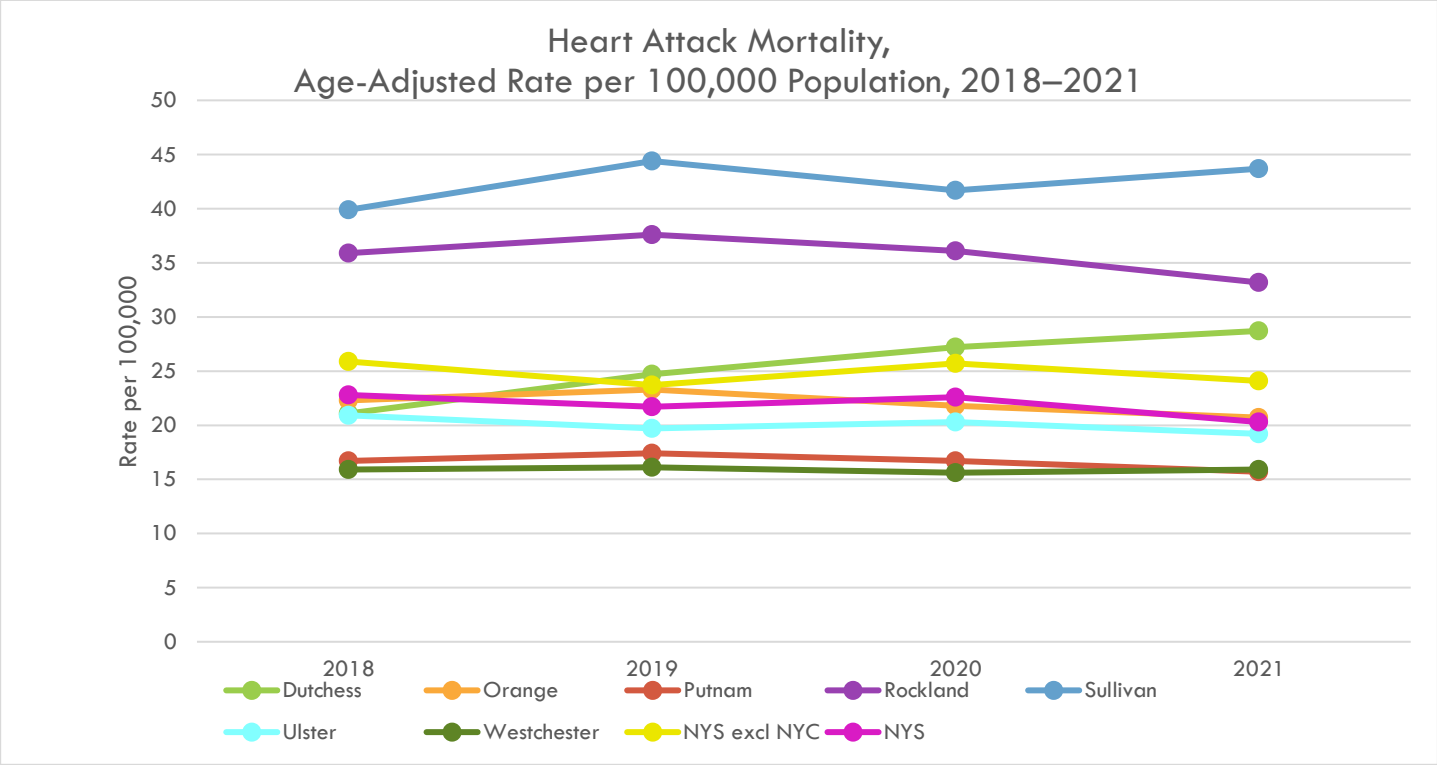


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl. NYC	NYS
Non-Hispanic White	137.4	114.0	100.4	104.3	136.0	129.1	105.7	117.9	125.7
Non-Hispanic Black	178.2	115.5	101.7*	113.8	131.5	103.2	128.6	146.9	178.4
Non-Hispanic Asian/Pacific Islander	54.7	74.9	50.6*	60.0	76.2*	72.3*	61.8	70.3	90.2
Hispanic	106.7	86.6	75.2	79.2	127.5	69.5	72.6	83.9	113.2

*: *The rate is unstable.*
Source: NYS County Health Indicators by Race and Ethnicity , September 2025
https://www.health.ny.gov/community/health_equity/reports/county/

From 2018-2021, heart attack mortality rates have been highest in Sullivan County and lowest in Westchester County. Dutchess County shows a steady increase, from 21.1 in 2018 to 28.7 in 2021 [see Figure 110].

Figure 110

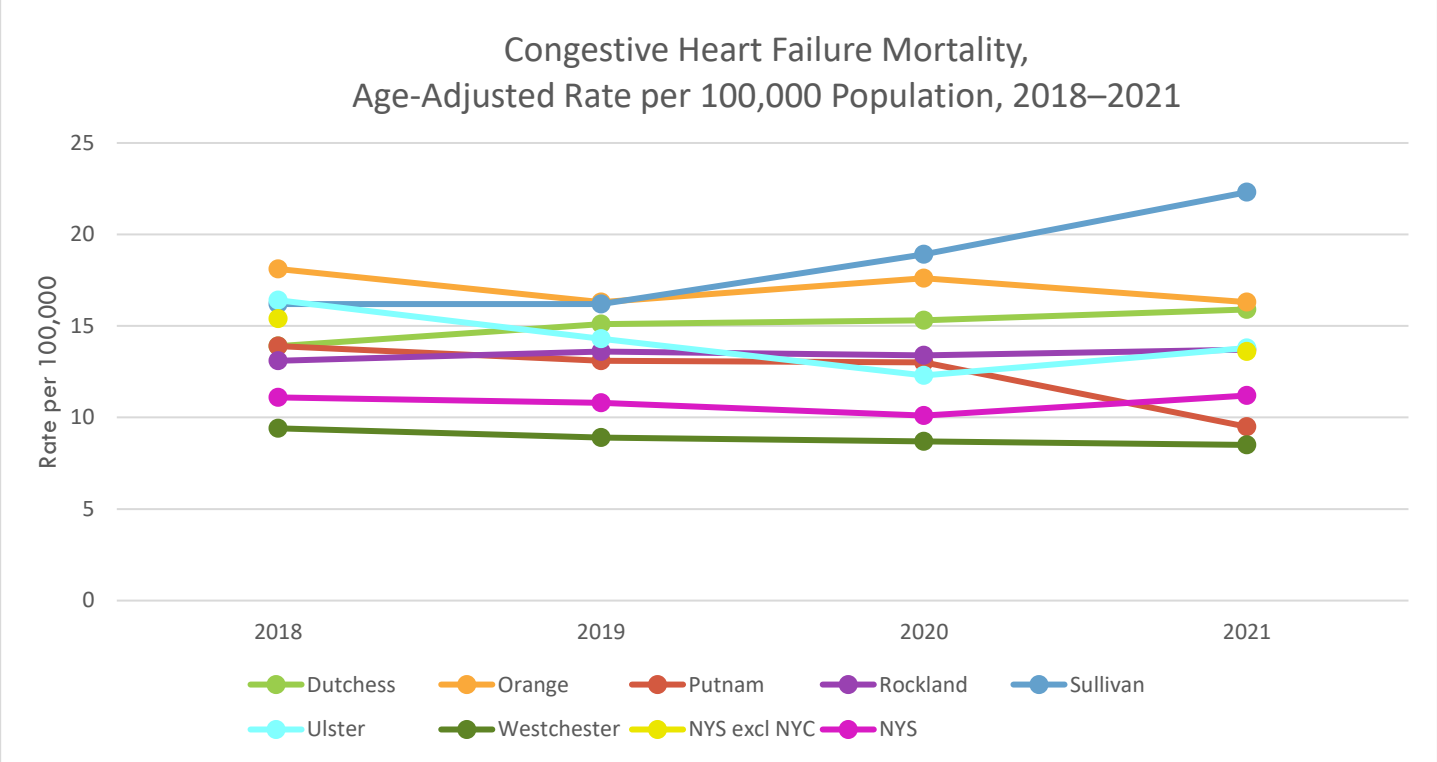


	Three-Year Average							Single-Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	21.1	22.3	16.7	35.9	39.9	20.9	15.9	25.9	22.8
2019	24.7	23.3	17.4	37.6	44.4	19.7	16.1	23.7	21.7
2020	27.2	21.8	16.7	36.1	41.7	20.3	15.6	25.7	22.6
2021	28.7	20.7	15.7	33.2	43.7	19.2	15.9	24.1	20.3

Note: Three-year averages are used for counties, and single-year estimates are used for NYS excluding NYC, and NYS.
Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

When looking at congestive heart failure (CHF) mortality rates from 2018-2021, apart from some slight fluctuations, NYS excluding NYC has trended down from the two data points, while NYS slightly decrease in 2019 and 2020 and increase back in 2021. In the M-H Region, trends varied by county. Sullivan County experiences a slight increase in rate of 3.4 per 100,000, marking the county to be the highest in Congestive Heart Failure Mortality amongst the counties. Counties such as Orange, Putnam, and Westchester experienced decreases over the years, while the remaining counties experienced slight increase. [see Figure 111].

Figure 111



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2018	13.9	18.1	13.9	13.1	16.2	16.4	9.4	15.4	11.1
2019	15.1	16.3	13.1	13.6	16.2	14.3	8.9	N/A	10.8
2020	15.3	17.6	13.0	13.4	18.9	12.3	8.7	N/A	10.1
2021	15.9	16.3	9.5	13.7	22.3	13.8	8.5	13.6	11.2

Note: The ICD-10 code for congestive heart failure is: I50.

Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

DIABETES

In the US, diabetes is the seventh leading cause of death. A chronic condition changes how your body uses sugar (glucose) for energy. Normally, insulin helps sugar from your food enter your cells. But with diabetes, this process doesn't work right.

There are two main types:

- Type 1 Diabetes: Your body's immune system wrongly attacks the cells that make insulin, so you produce little or none. People with Type 1 diabetes need to take insulin as a daily maintenance.[127]
- Type 2 Diabetes: Your body either does not make enough insulin or doesn't use it well. This is the most common type, affecting about 90% of people with diabetes.[128]

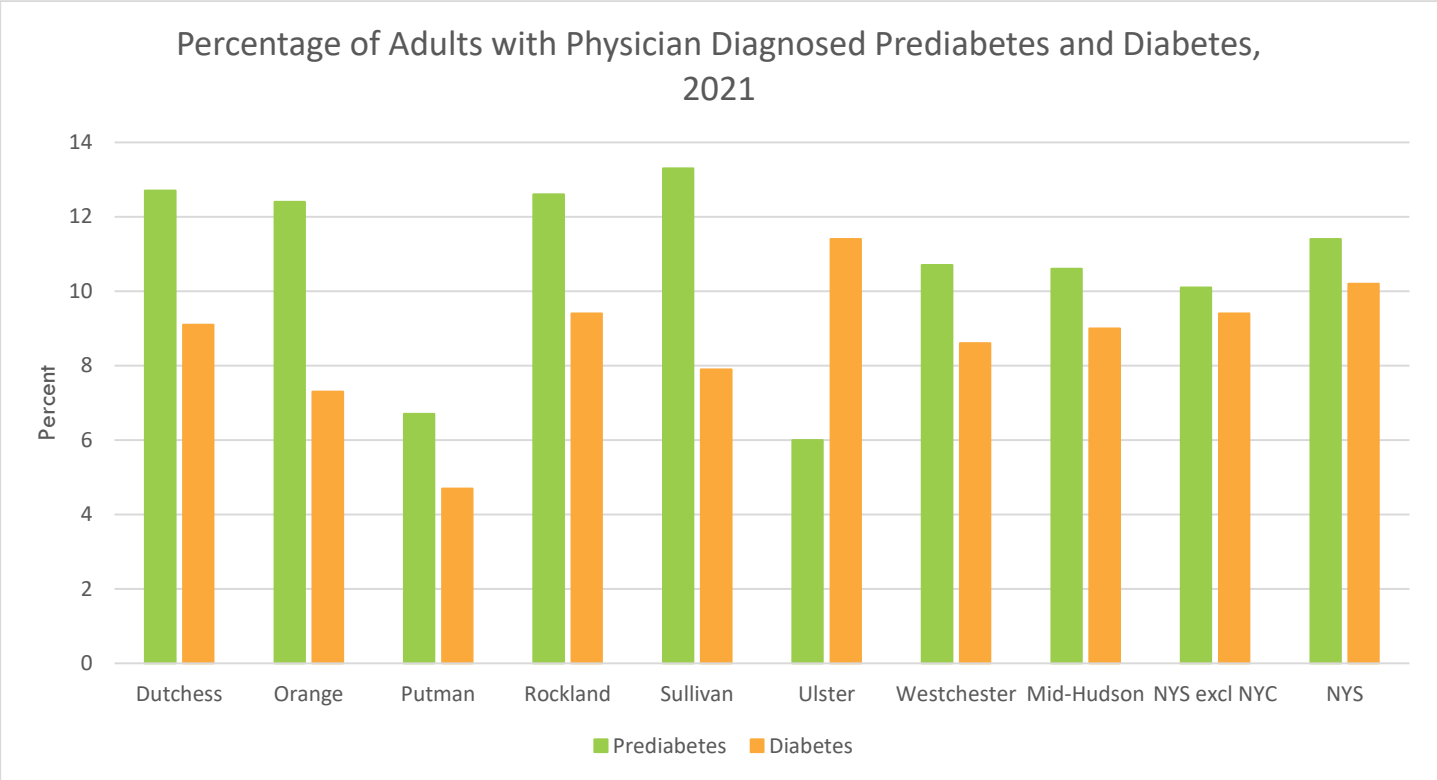
Before full diabetes, some people have prediabetes, meaning their blood sugar runs higher than normal. The good news is that you can often decrease your risk or delay type 2 diabetes. Keeping active, losing weight, eating healthy and regular check up with your doctor is also very important.

Figure 112 shows that within the M-H Region in 2021, 10.6% of adults were diagnosed with prediabetes by a physician, which is lower than the percentages in NYS 11.4% and higher than NYS excluding NYC 10.1%. Sullivan County had the highest percentage of the population diagnosed with prediabetes at 13.3% and Ulster County had the lowest percentage diagnosed at 6.0%. According to the US Diabetes Surveillance System (USDSS), 11.6% of the US population aged 18 years and older was diagnosed with diabetes in 2021.[129] Diabetes is also the 8th leading cause of death in the US.[130] This is higher than the percentages in both NYS excluding NYC (9.4%) and in NYS (10.2%). In the M-H Region, 9.0% of the population was diagnosed with diabetes, with the highest percentage seen in Rockland County at 9.4%.

Some risk factors for diabetes include family history(genetics), age, polycystic ovary syndrome; changeable risk factors are weight and diet; unhealthy behaviors to avoid are tobacco, alcohol use, and sugary diet. Healthy behaviors to adapt are balance diet and increase physical activity such as daily walks. Uncontrolled diabetes could result in serious morbidities over time, including heart disease, loss of limbs, loss of vision (retinopathy), and kidney disease. According to the American Diabetes Association (ADA), the health care industry has attempted to manage the effects of diabetes, spending $306.6 billion in direct medical costs in 2022.[131]

[127] Center of Disease Control and Prevention, 2024, *https://www.cdc.gov/diabetes/about/about-type-1-diabetes.html*, accessed August 2025
[128] Center of Disease Control and Prevention, 2024, *https://www.cdc.gov/diabetes/about/about-type-2-diabetes.html*, accessed August 2025
[129] American Diabetes Association, 2022, https://diabetes.org/about-us/statistics/about-diabetes, accessed August 2025
[130] New York State Department of Health, 2025, https://www.health.ny.gov/diseases/conditions/diabetes/, accessed August 2025
[131] American Diabetes Association, 2022, http://www.diabetes.org/diabetes-basics/statistics/?loc=db-slabnav, accessed October 2025

Figure 112

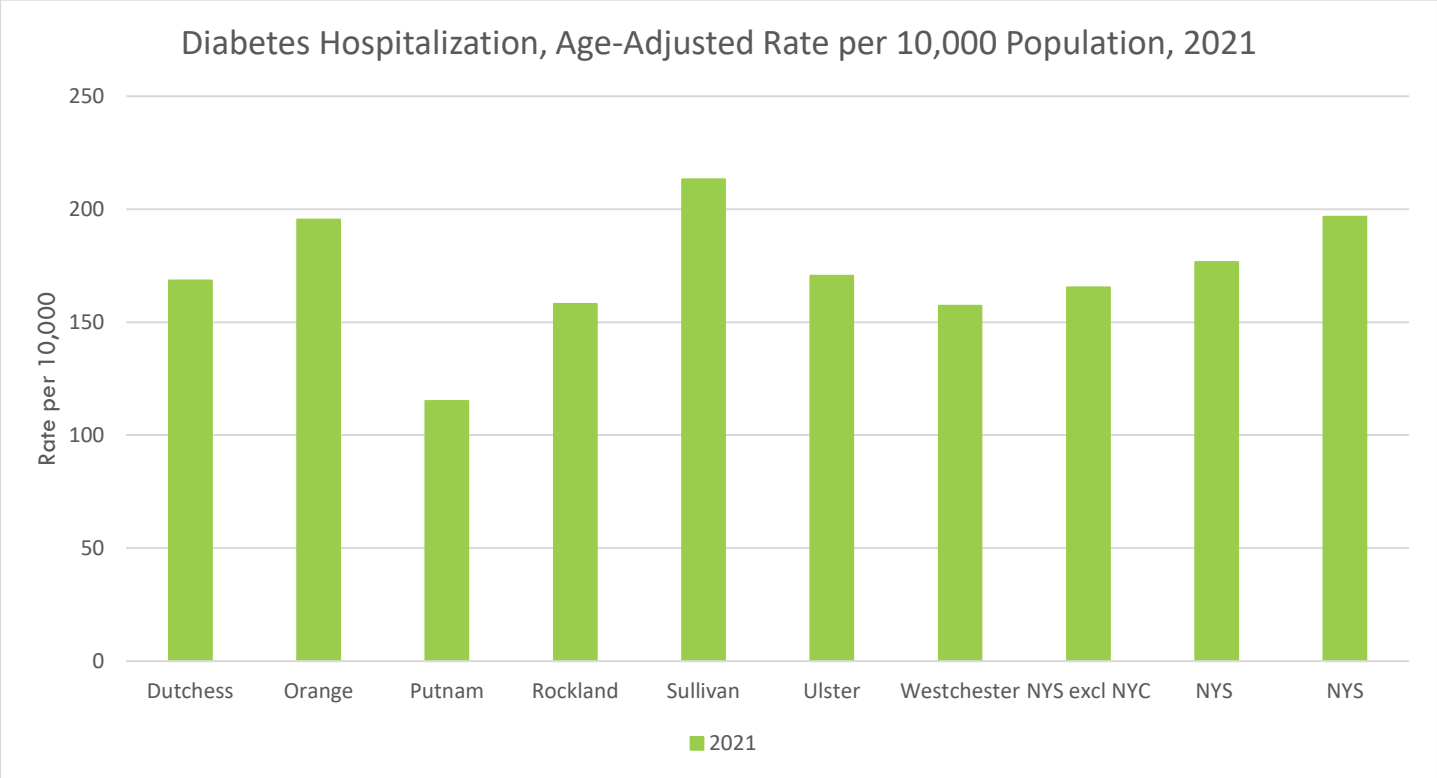


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
Prediabetes	12.7	12.4	6.7	12.6	13.3	6.0	10.7	10.6	10.1	11.4
Diabetes	9.1	7.3	4.7	9.4	7.9	11.4	8.6	9.0	9.4	10.2

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Have you ever been told by a doctor or other health professional that you have prediabetes or borderline diabetes?" This excludes females who were told this only while they were pregnant.
Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data

In 2021, diabetes hospitalization rates varied across the seven counties in the M-H Region. According to Figure 113 Sullivan County had the highest hospitalization rate at 213.3 per 10,000 population and Putnam County had the lowest rate at 115.1 per 10,000 population. These rates are compared to the NYS at 196.6 per 10,000 population.

Figure 113



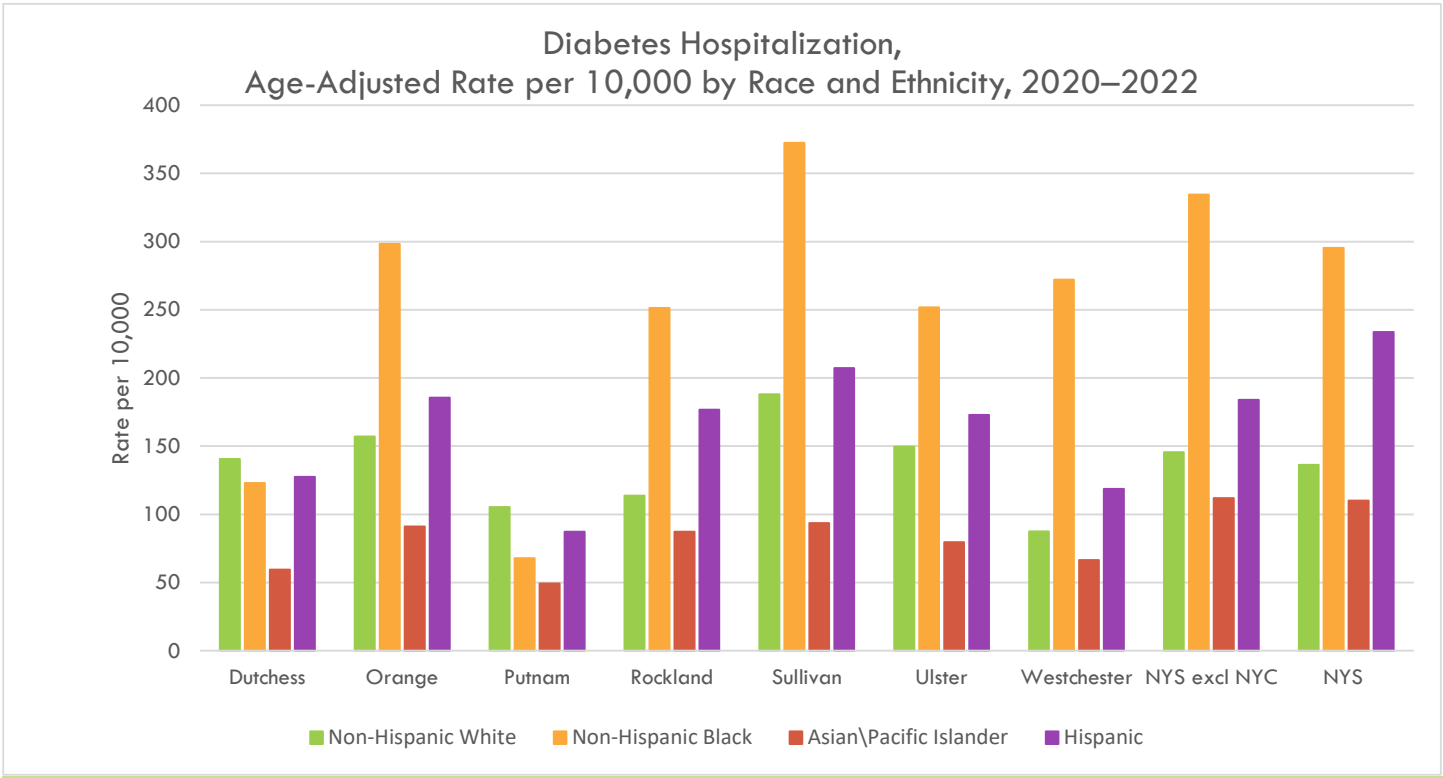
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2021	168.5	195.4	115.1	158.1	213.3	170.5	157.3	165.5	176.6

Note: This indicator includes hospitalizations with diabetes as the primary and/or other diagnosis referred to as "any diagnosis." The ICD-10 codes for diabetes are: E10-E14.

Source: NYS County Health Indicators by Race and Ethnicity Dashboard, April 2025 sourced from NY Statewide Planning and Research Cooperative System *https://www.health.ny.gov/community/health_equity/reports/county/*

When stratifying this data by race and ethnicity, diabetes hospitalization rates were highest among the non-Hispanic Black population in NYS and NYS excluding NYC, along with five out of seven counties in the M-H Region. However, in Sullivan County, non-Hispanic White adults had the highest hospitalization rate (188.1 per 10,000 population). Dutchess and Putnam Non-Hispanic White adults had the highest hospitalization rates [see Figure 114].

Figure 114



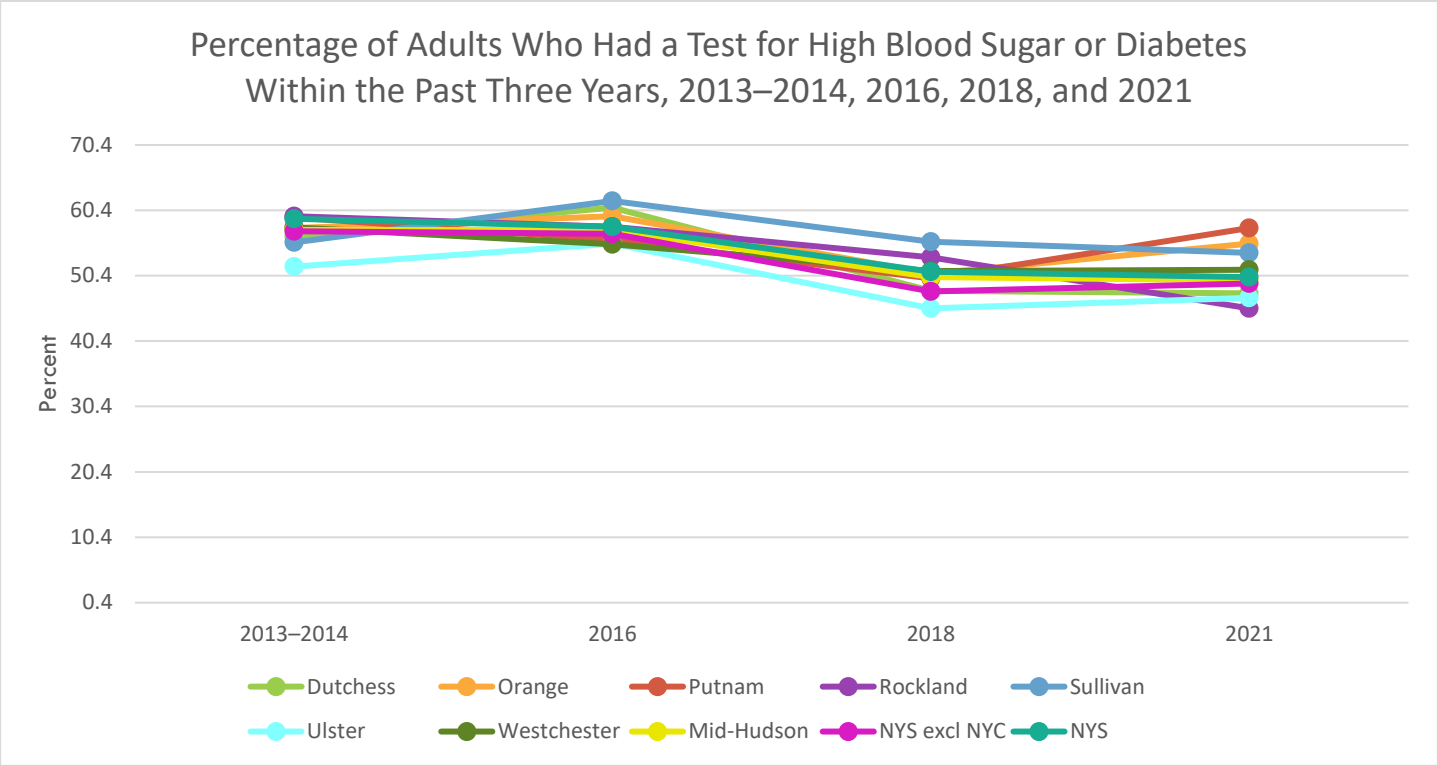
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	140.6	157.2	105.3	113.7	188.1	149.7	87.6	145.5	136.3
Non-Hispanic Black	122.9	298.3	67.8	251.3	372.4	251.8	272.2	334.5	295.3
Asian/Pacific Islander	59.5	91.1	49.4	87.3	93.6	79.7	66.5	112.0	110.2
Hispanic	127.6	185.6	87.2	176.8	207.2	172.9	118.6	183.9	233.8

Note: This indicator includes hospitalizations with diabetes as the primary and/or other diagnosis referred to as "any diagnosis." The ICD-10 codes for diabetes are: E10-E14.

Source: NYS County Health Indicators by Race and Ethnicity Dashboard, April 2025 sourced from *NY Statewide Planning and Research Cooperative System* https://www.health.ny.gov/community/health_equity/reports/county/

In order to avoid the consequences of uncontrolled diabetes, there are many adults who get their blood sugar tested by their medical provider. In 2021, the percentage of those who had a test for high blood sugar or diabetes within the past three years was very similar across the M-H Region with Rockland County being the lowest at 45.4% and Putnam County being the highest at 57.7%, as well as NYS and NYS excluding NYC. From 2013 to 2018, all seven counties, as well as NYS excluding NYC and NYS, had decreases in the percentage of adults who got their blood sugar tested but as of 2021, Orange, Putnam, Ulster, and Westchester saw increases in adults testing for high blood sugar or diabetes. [see Figure 115].

Figure 115



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2013-2014	56.4	57.7	59.3	59.5	55.5	51.8	57.8	57.4	57.2	59.1
2016	60.8	59.5	55.9	57.9	61.8	55.3	55.2	57.4	56.8	57.9
2018	48.1	50.7	50.0	53.2	55.6	45.4	51.1	50.2	48.0	51.0
2021	47.7	55.3	57.7	45.4	53.9	47.0	51.3	49.7	49.2	50.2

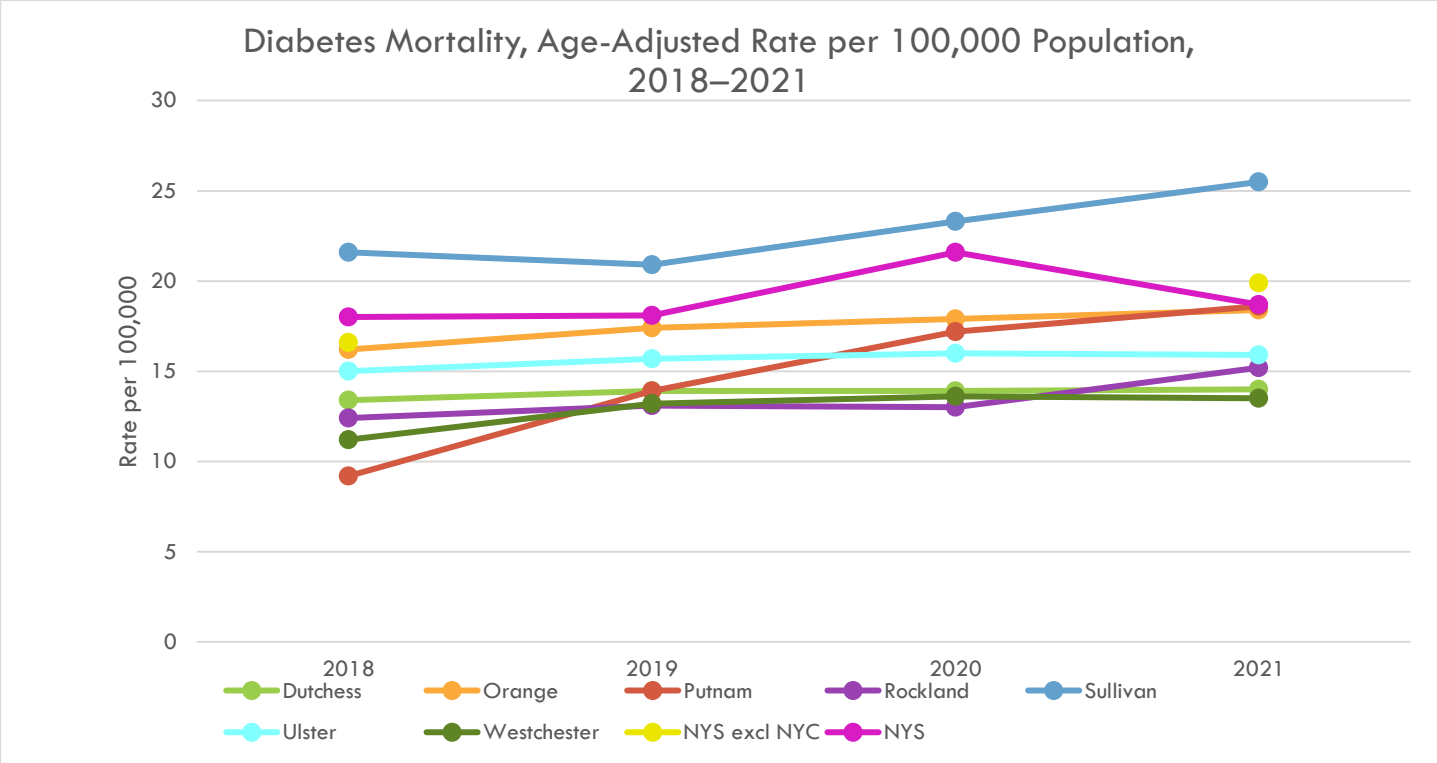
Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, " Have you had a test for high blood sugar or diabetes within the past three years?" This excludes females who were told this only while they were pregnant.

Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025

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

From 2018 to 2021, diabetes mortality rates varied across the seven counties in the M-H Region. Sullivan County consistently experienced the highest rate in the M-H Region and was the only county to exceed both the NYS and NYS excluding NYC rates each year. Five out of the seven counties saw increases in the diabetes mortality rate from 2018 to 2021 [see Figure 116].

Figure 116

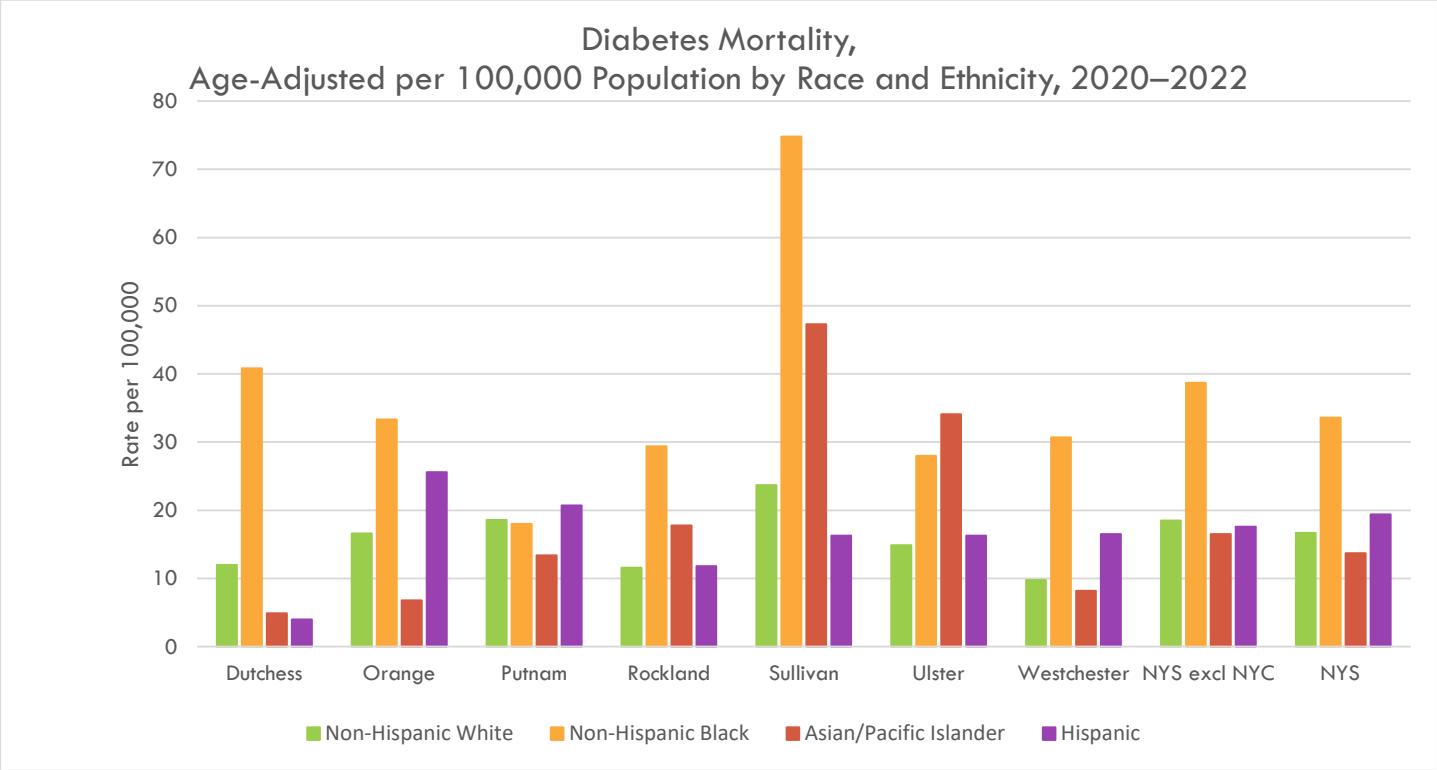


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2018	13.4	16.2	9.2	12.4	21.6	15.0	11.2	16.6	18.0
2019	13.9	17.4	13.9	13.1	20.9	15.7	13.2	N/A	18.1
2020	13.9	17.9	17.2	13.0	23.3	16.0	13.6	N/A	21.6
2021	14.0	18.4	18.6	15.2	25.5	15.9	13.5	19.9	18.7

Note: This indicator includes deaths with diabetes as the primary cause of death. The ICD-10 codes for diabetes are: E10-E14.
Source: NYSDOH Behavioral Risk Factor Surveillance System, February 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

When stratifying data by race and ethnicity, diabetes mortality rates were highest among the non-Hispanic Black population in NYS, NYS excluding NYC, and majority of counties in the M-H Region except Putnam and Ulster. The highest diabetes mortality rate among Non-Hispanic White in the M-H Region was Sullivan and lowest was Westchester [see Figure 117].

Figure 117



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	12.0	16.6	18.6	11.6	23.7	14.9	9.8	18.5	16.7
Non-Hispanic Black	40.8	33.3	18*	29.4	74.8	28*	30.7	38.7	33.6
Asian/Pacific Islander	4.9*	6.8*	13.4*	17.8	47.3*	34.1*	8.2	16.5	13.7
Hispanic	4.0	25.6	20.7*	11.8	16.3*	16.3*	16.5	17.6	19.4

**: The rate is unstable.*
Note: This indicator includes deaths with diabetes as the primary cause of death. The ICD-10 codes for diabetes are: E10-E14.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, April 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/community/health_equity/reports/county/

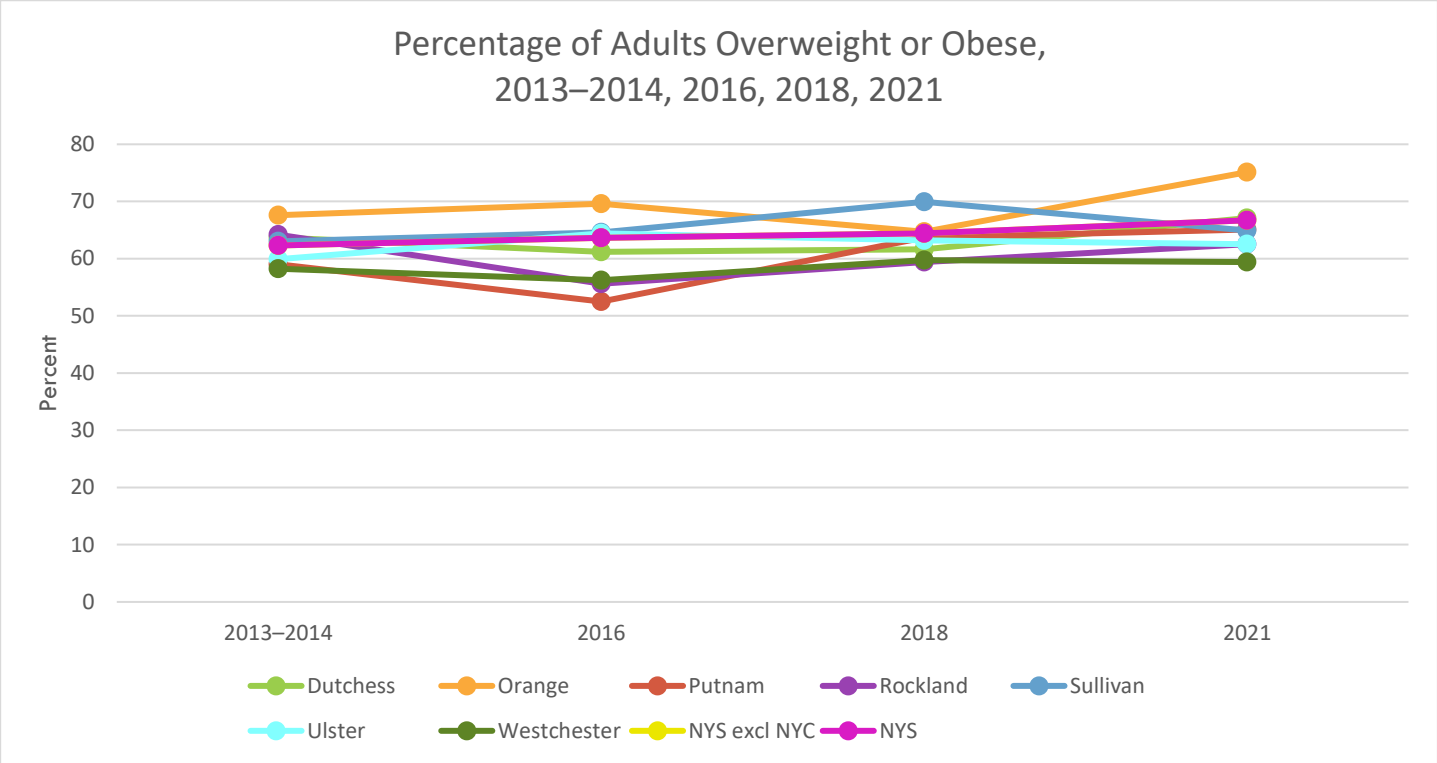
OBESITY

Obesity is a chronic and serious disease where an individual's weight is higher than what is considered normal for their height. This chronic disease poses a great health risk on the population. For instance, those who are obese are at a greater risk of developing other conditions, including diabetes, heart disease, hypertension, cancer, and renal failure.[132] However, there are factors beyond a person's control from multiple environmental and emotional factors including stress. Not all is lost; this chronic disease is preventable through a moderate caloric deficit diet, and exercise. Regular consultation with your medical provider.

[132] Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/obesity/index.html, accessed September 2025

Of the seven counties in the M-H Region, in 2021 Orange County has the highest percentage of adults who are overweight or obese (75.1%) and Westchester County has the lowest percentage (59.4%). The prevalence of overweight and obese adults in NYS and NYS excluding NYC (66.7% and 66.7%, respectively). Since 2013, Putnam County, as well as NYS and NYS excluding NYC had increases in the percentage of adults who are overweight or obese. Sullivan, Ulster and Westchester as on current had a decrease in the percentage of adults who are overweight or obese [see Figure 118].

Figure 118



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2013–2014	63.7	67.6	59.0	64.2	63.0	59.9	58.2	62.3	62.3
2016	61.2	69.6	52.5	55.6	64.6	64.4	56.2	63.6	63.6
2018	61.6	64.7	63.7	59.4	69.9	63.2	59.7	64.4	64.4
2021	67.1	75.1	65.1	62.5	64.9	62.5	59.4	66.7	66.7

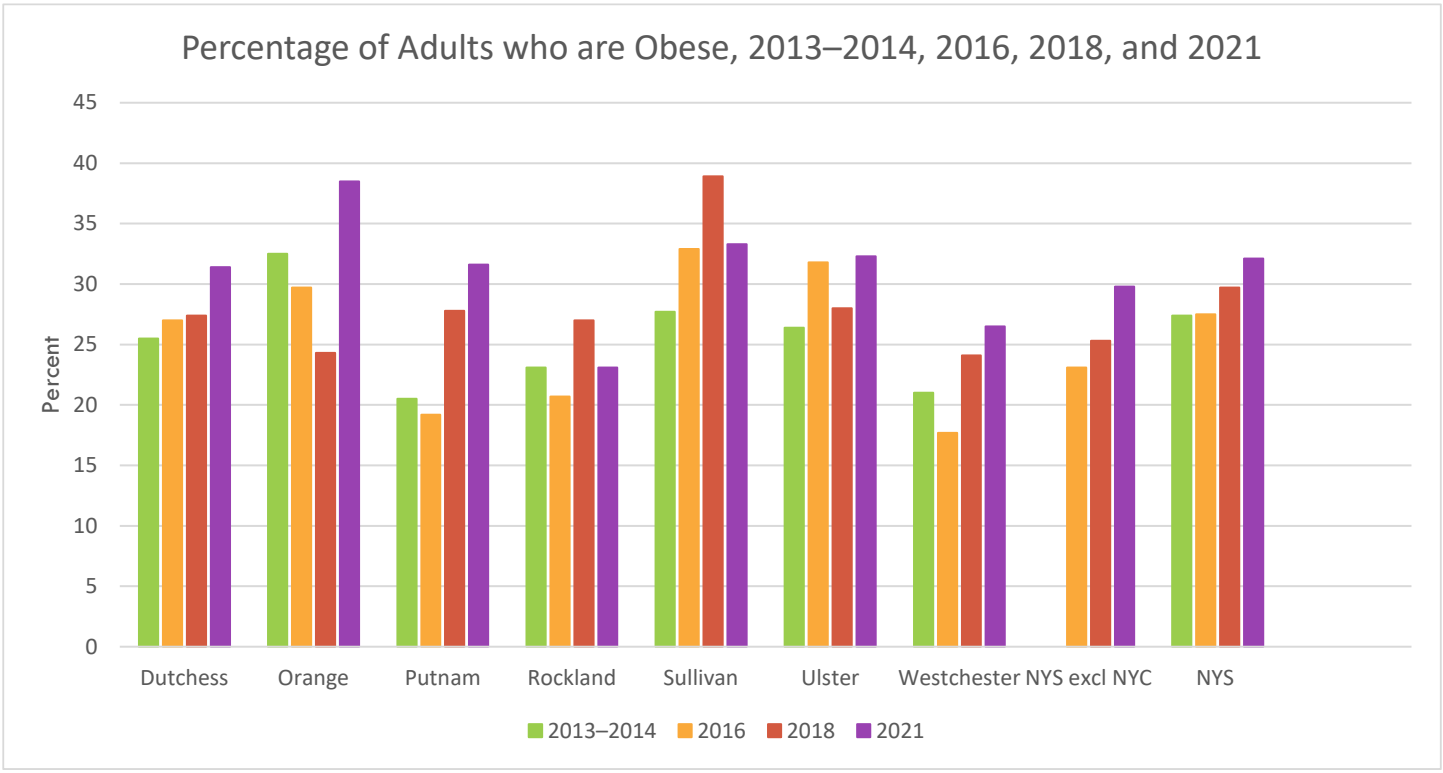
Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents "About how much do you weigh without shoes? " and "About how tall are you without shoes?" Based on the responses to these questions Body Mass Index is calculated using the formula: weight in kilograms divided by height in meters squared (kg/m²). Respondents classified as obese based on BMI 30.00 or higher. Respondents classified as overweight based on BMI between 25.00 and 29.9.
Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data

Obesity poses a great health risk on the American population due to its linkage with higher mortality, reduced life span, and many chronic diseases. For instance, those who are obese are at a greater risk of developing other conditions, including diabetes, heart disease, hypertension, cancer, and renal failure. Obesity is also expensive, as of 2019 annual medical cost was $1,861 more compared to person with normal weight.[120] Eating calorie dense food without supplementing an increase in physical activity, increase the risk of developing obesity. However, there are multitude of factors that contribute to this disease from stress, environmental, and behavioral factors. Everyday stress has an indirect effect on obesity, as it can lead to overconsumption of food, increased alcohol intake, and pursuing a less active lifestyle, which results in increased weight gain.[133]

[133] NIH, National Library of Medicine, National Center for Biotechnology Information, Rajita Sinha, Ania M. Jastreboff, 2013, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3658316/, accessed September 2025

Recent data shows that more than 40% of those age 20 years and above in the US are obese.[134][154] When comparing data from 2018 to 2021, there were changes in the percentage of the population that is obese in each M-H Region County [see Figure 119]. Most counties experienced an increase in the percentage of the population that is obese, while only one experienced a decrease in rates, including Rockland (27.0% to 23.1%). In 2021, Orange County had the highest obesity rate across the seven counties at 38.5%, which was above the NYS, and NYS excluding NYC rates (32.1%, and 29.8%, respectively).

Figure 119



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2013–2014	25.5	32.5	20.5	23.1	27.7	26.4	21.0	N/A	27.4
2016	27.0	29.7	19.2	20.7	32.9	31.8	17.7	23.1	27.5
2018	27.4	24.3	27.8	27.0	38.9	28.0	24.1	25.3	29.7
2021	31.4	38.5	31.6	23.1	33.3	32.3	26.5	29.8	32.1

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents " About how much do you weigh without shoes? " and "About how tall are you without shoes?" Based on the responses to these questions Body Mass Index is calculated using the formula: weight in kilograms divided by height in meters squared (kg/m²). Respondents classified as obese based on BMI 30.00 or higher.

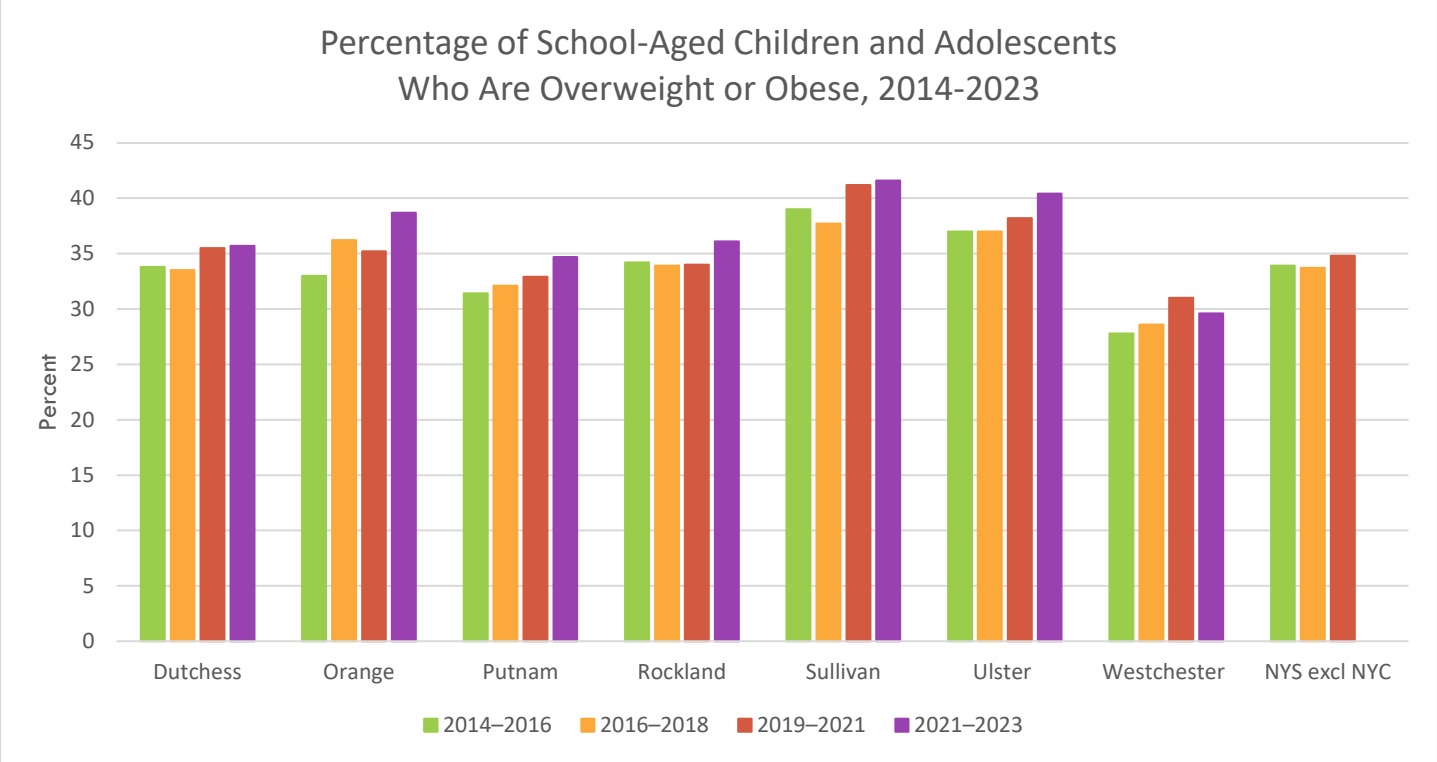
Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025

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

[134] Centers for Disease Control and Prevention, 2025, Adult Obesity Facts | Obesity | CDC, accessed September 2025

In 2007, the Student Weight Status Category Reporting System (SWSCRS) was established by amendments to the NYS Education Law to help the State and counties address the increasing rates of obesity among school-aged children. When looking at the combined prevalence of being overweight and obesity among school-aged children from 2014-2023, the trend has been similar in each county. In Westchester County, there was a slight decrease, although Sullivan and Ulster Counties had the highest percentage of students who were overweight or obese compared to the other M-H Region counties and NYS excluding NYC [see Figure 120].

Figure 120



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC
2014–2016	33.8	33.0	31.4	34.2	39.0	37.0	27.8	33.9
2016–2018	33.5	36.2	32.1	33.9	37.7	37.0	28.6	33.7
2019–2021	35.5	35.2	32.9	34.0	41.2	38.2	31.0	34.8
2021–2023	35.7	38.7	34.7	36.1	41.6	40.4	29.6	N/A

Note: Overweight is defined as a body mass index (BMI) at or above the 85th percentile and less than the 95th percentile. Obesity is defined as BMI greater than or equal to 95th percentile. Counties outside NYC: Grades pre-K, K, 2nd, 4th, 7th, and 10th prior to the 2019-2020 school year; grades pre-K, K, 1st, 3rd, 5th, 7th, 9th, and 11th starting with the 2019-2020 school year; data collected over two school years. Due to changes in Student Weight Status Category Reporting System data collection during the 2019-2020 school year, estimates from the 2019-2021 school years may not be directly comparable to previous school years.
Source: NYS Community Health Indicator Reports Dashboard, April 2025 sourced from NYS Student Weight Status Category Reporting System https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

CIRRHOSIS OF THE LIVER

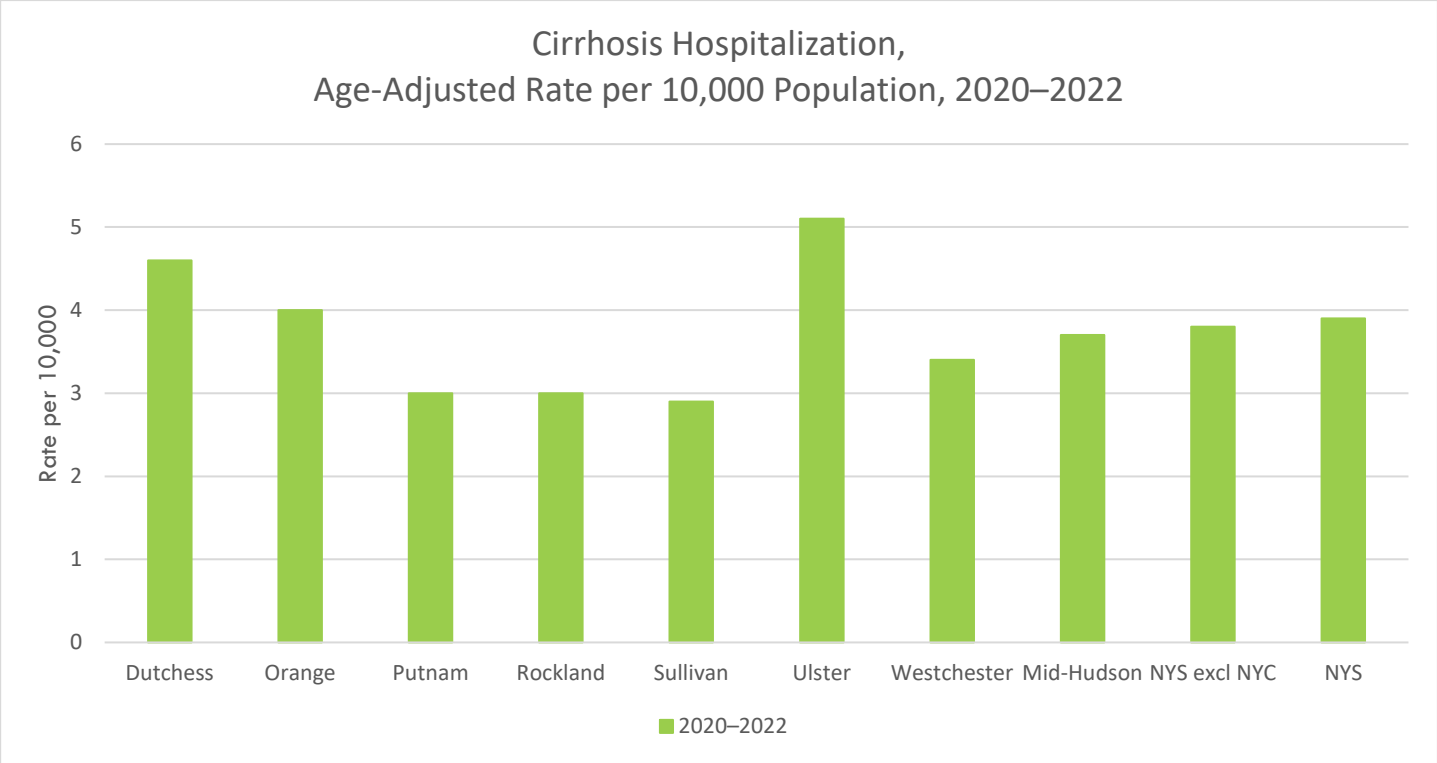
Cirrhosis occurs when scarring permanently damages the liver and hinders the liver from working normally. It can eventually lead to liver failure and other complications such as liver cancer and increased risk of infections.[135] Common causes of cirrhosis include alcohol-associated liver disease, nonalcoholic fatty liver disease, and chronic hepatitis C or hepatitis B infection. Early symptoms can vary widely. In some cases, there may be no symptoms until the liver is badly damaged. However, some early symptoms can include itching of the skin, poor appetite, nausea, vomiting, and mild pain in the upper right side of the abdomen. Later stage symptoms can include bruising easily, edema, and jaundice.[136]

[135] NIH, National Institute of Diabetes and Digestive and Kidney Diseases, 2023, https://www.niddk.nih.gov/health-information/liver-disease/cirrhosis/definition-facts, accessed July 2025

[136] NIH, National Institute of Diabetes and Digestive and Kidney Diseases, 2023, https://www.niddk.nih.gov/health-information/liver-disease/cirrhosis/symptoms-causes, accessed July 2025

Between 2020-2022, Ulster County had the highest three-year-average of age adjusted cirrhosis hospitalizations rate in the M-H Region (5.1 per 10,000 population). Sullivan County had the lowest rate at 2.9 hospitalizations per 10,000 population closely followed by Putnam and Rockland counties both with 3.0 hospitalizations per 10,000 population [see Figure 121].

Figure 121

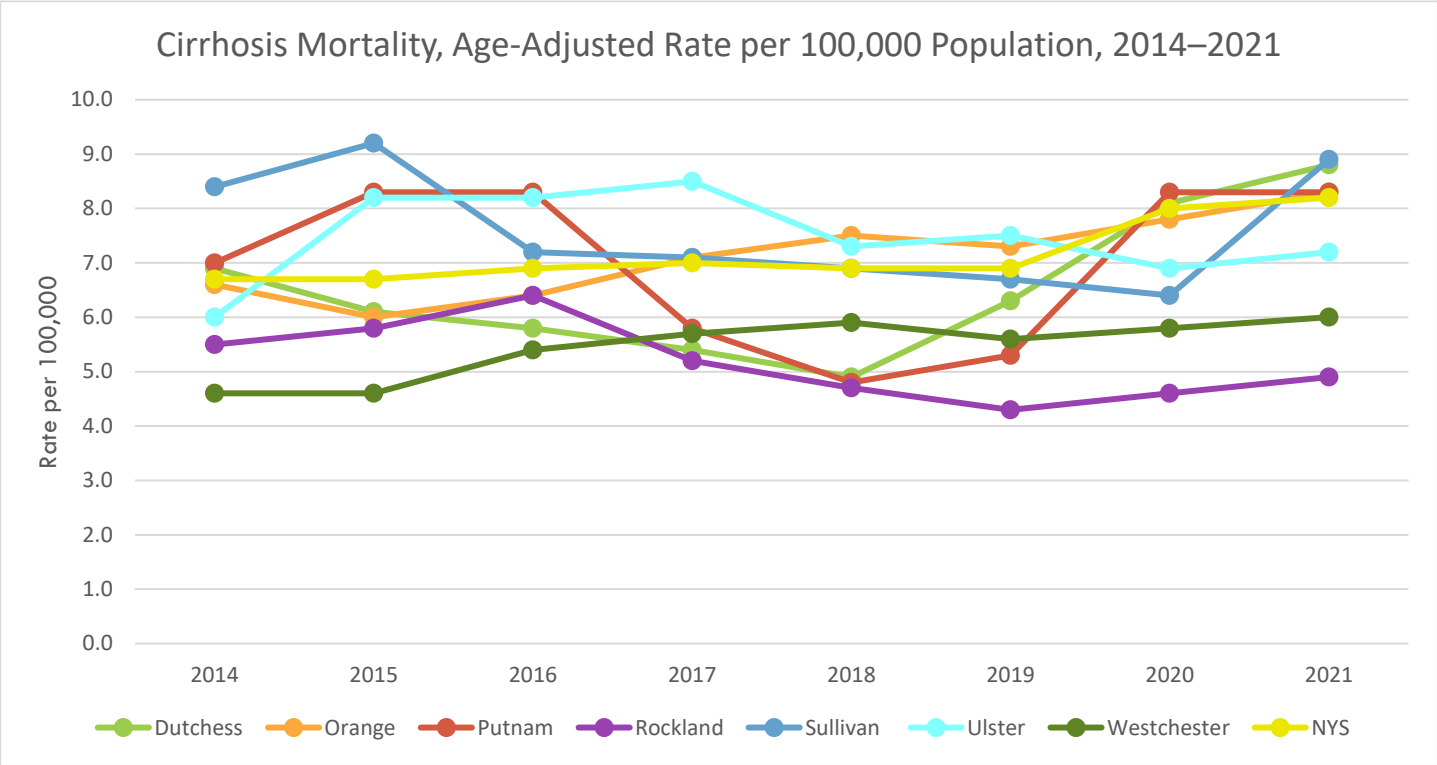


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2020–2022	4.6	4.0	3.0	3.0	2.9	5.1	3.4	3.7	3.8	3.9

Note: The ICD-10 code for cirrhosis is: K70, K73-K74.
Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NY Statewide Planning and Research Cooperative System
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

Between 2014 – 2021, cirrhosis mortality rates fluctuated in M-H region counties. Of note, Dutchess and Putnam County saw a sharp increase in cirrhosis mortality rates between 2018 and 2021 [see Figure 122].

Figure 122



	Three-Year Average							Single-Year
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS**
2014	6.9	6.6	7.0	5.5	8.4	6.0	4.6	6.7
2015	6.1	6.0	8.3	5.8	9.2	8.2	4.6	6.7
2016	5.8	6.4	8.3	6.4	7.2	8.2	5.4	6.9
2017	5.4	7.1	5.8	5.2	7.1	8.5	5.7	7.0
2018	4.9	7.5	4.8	4.7	6.9	7.3	5.9	6.9
2019	6.3	7.3	5.3	4.3	6.7	7.5	5.6	6.9
2020	8.1	7.8	8.3	4.6	6.4	6.9	5.8	8.0
2021	8.8	8.3	8.3	4.9	8.9	7.2	6.0	8.2

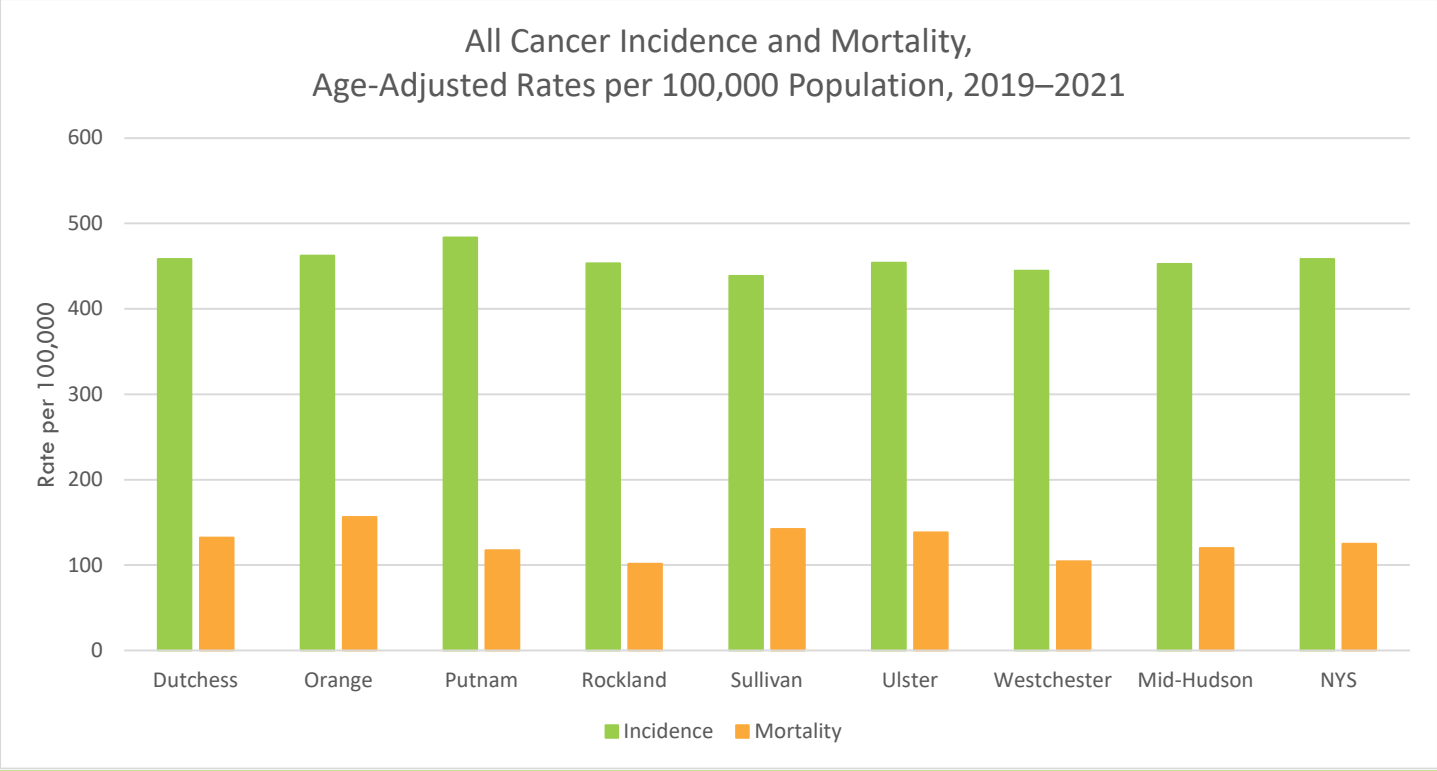
Note: Three-year averages are used for counties and single-year rates are used for NYS. The ICD-10 code for cirrhosis is: K70, K73-K74.
Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NY Statewide Planning and Research Cooperative System
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

CANCER

Cancer is a disease in which the cells of the body grow out of control and invade tissues in the body. Cancer can metastasize, or spread, from one part of the body to another.[137] Though the causes of cancer are complex, certain risk factors are associated with a higher chance of developing cancer such as environmental exposures, health behaviors, and age. Examples include sunlight, radiation, infectious agents, obesity, alcohol, and tobacco.[138]

Cancer is one of the leading causes of death across all seven counties in the M-H Region.[139] From 2019-2021, incidence rates were relatively similar across the seven counties in the M-H Region, as well as NYS [see Figure 123]. Putnam County had the highest incidence rate of the seven M-H Region counties at 483.6 cases per 100,000. Orange County had the highest mortality rate with 156.4 deaths per 100,000 [See Figure 123].

Figure 123



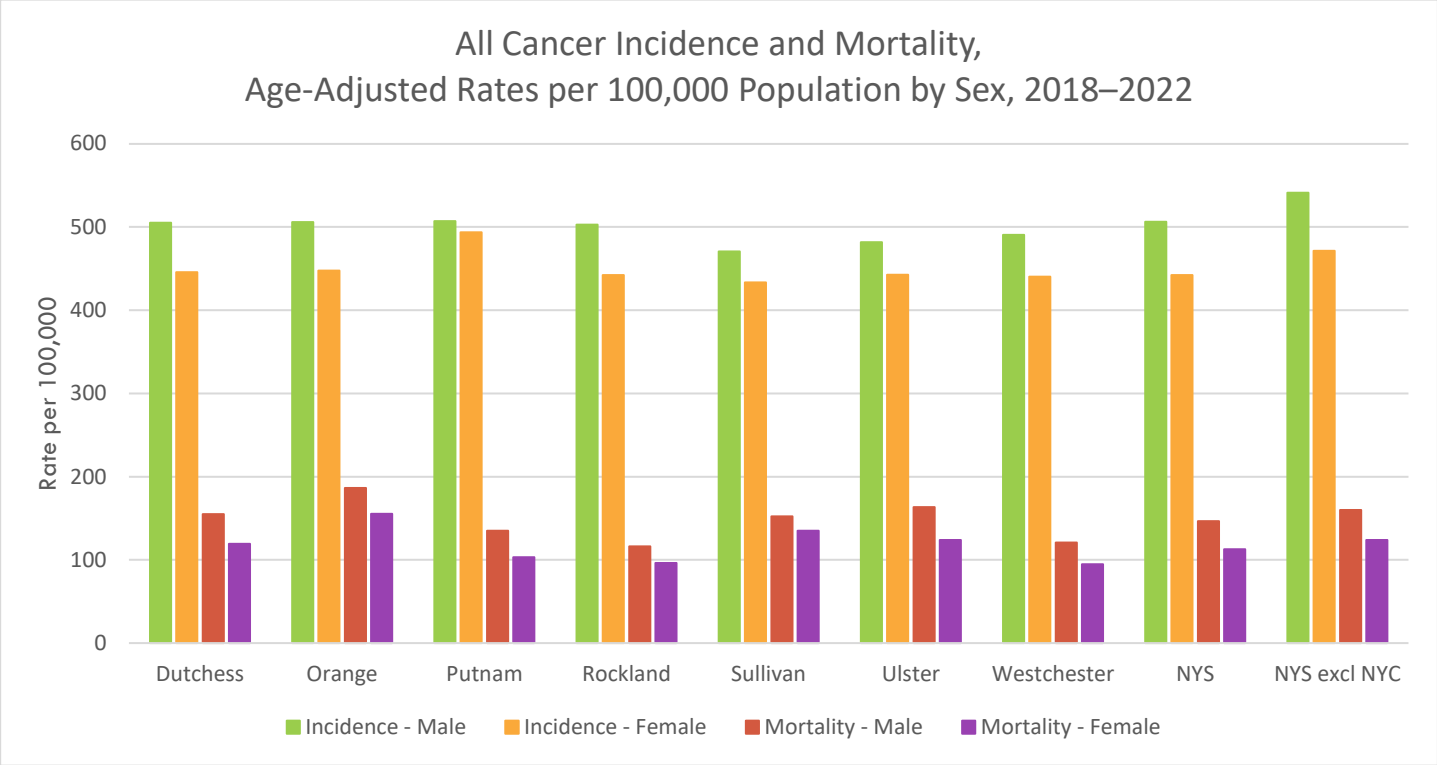
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
Incidence	458.2	462.4	483.6	453.2	438.4	454.1	444.7	452.4	458.2
Mortality	132.2	156.4	117.4	101.6	142.3	138.3	104.5	119.9	124.8

Note: Incidence rates of cancers are based on reports from hospitals and other health facilities that diagnose and treat cancer patients. These data include only invasive malignant tumors. For breast and prostate cancers, late stage incidence rates are presented. "Late stage" is defined as all cancers that have spread beyond the organ of origin at the time of diagnosis.
Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NYS Cancer Registry and Statistics
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

[137] NIH, National Cancer Institute, 2021, https://www.cancer.gov/about-cancer/understanding/what-is-cancer, accessed July 2025
[138] NIH, National Cancer Institute, 2015, https://www.cancer.gov/about-cancer/causes-prevention/risk, accessed July 2025
[139] New York State Department of Health, 2025, https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#county, accessed July 2025

When all cancer incidence and mortality rates were stratified by sex, males had higher incidence and mortality rates than females in all seven counties, as well as NYS and NYS excluding NYC [see Figure 124].

Figure 124



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS	NYS excl NYC
Incidence - Male	505.0	505.8	507.1	502.8	470.6	481.5	490.4	506.1	541.3
Incidence - Female	445.6	447.5	493.6	442.2	433.4	442.6	440.2	442.0	471.2
Mortality - Male	154.9	186.5	135.2	116.1	152.4	163.3	120.7	146.7	160.1
Mortality - Female	119.1	155.5	103.3	96.2	135.0	123.7	94.8	112.8	123.7

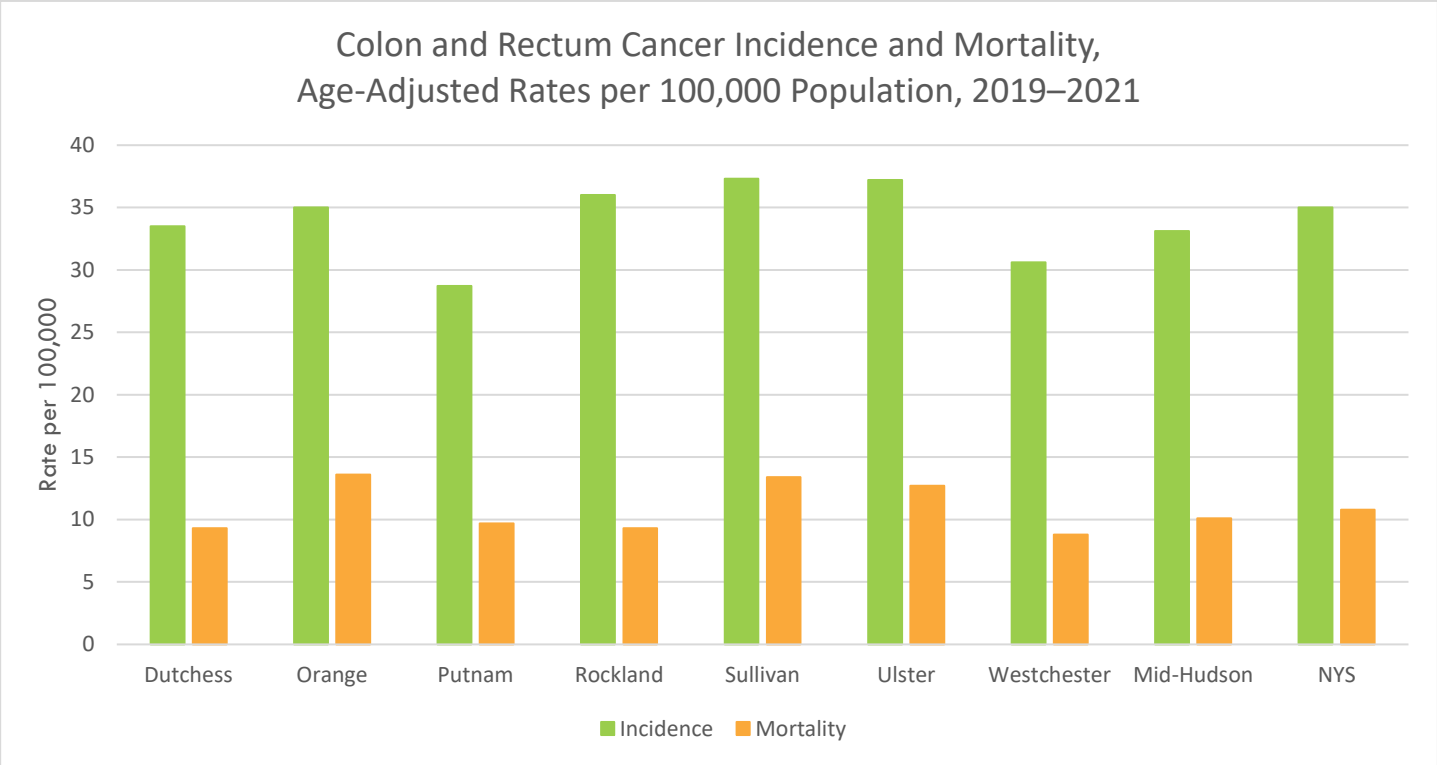
Note: Cancer statistics are for invasive cancers only.
Source: New York County and New York City Neighborhood Cancer Statistics Dashboard, June 2025 sourced from NYS Cancer Registry and Statistics
https://www.health.ny.gov/statistics/cancer/registry/ratebyCounty.htm

COLORECTAL CANCER

Colorectal cancer (sometimes known as colon cancer) is a cancer that starts in the colon or rectum. Some symptoms include blood in the stool, change in bowel habits, abdominal pains or aches, and abnormal weight loss.[140] However, colorectal cancer does not always cause symptoms. Most colorectal cancer begins as polyps. Polyps are abnormal growths that can form in the colon or rectum and may turn into cancer over time if they are not removed. Colorectal cancer screening can detect polyps so they can be removed which can prevent colorectal cancer from developing.[141]

Of the seven counties in the M-H Region, Sullivan County had the highest colorectal cancer incidence rate closely followed by Ulster County (37.3 and 37.2 per 100,000 population, respectively). Orange County had the highest mortality rate in the region followed by Sullivan County (13.6 and 13.4 per 100,000 population) [see Figure 125].

Figure 125



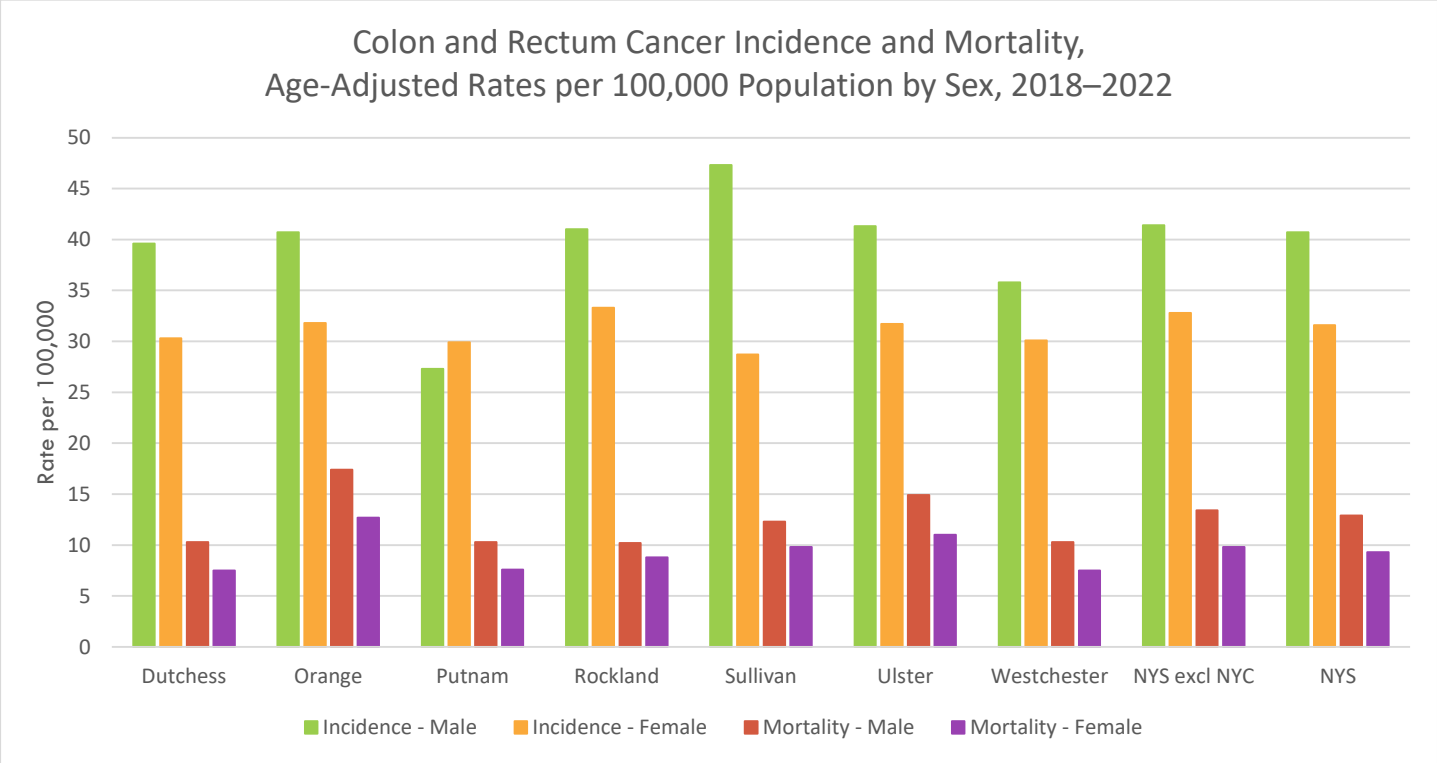
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
Incidence	33.5	35.0	28.7	36.0	37.3	37.2	30.6	33.1	35.0
Mortality	9.3	13.6	9.7	9.3	13.4	12.7	8.8	10.1	10.8

Note: The ICD-10 codes for colon and rectum cancer are: C18, C19, C20 and C26.0.
Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NYS Cancer Registry and Statistics
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

[140] Centers for Disease Control and Prevention, 2022, https://www.cdc.gov/cancer/colorectal/index.htm, accessed July 2025
[141] Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/colorectal-cancer/prevention/index.html, accessed July 2025

When stratifying by sex, males had higher colorectal cancer incidence rates across all seven counties in the M-H Region, with the exception of Putnam County where females had a slightly higher incidence rate than males. Mortality rates were higher in males across all M-H region counties as well as in NYS and NYS excluding NYC [see Figure 126].

Figure 126

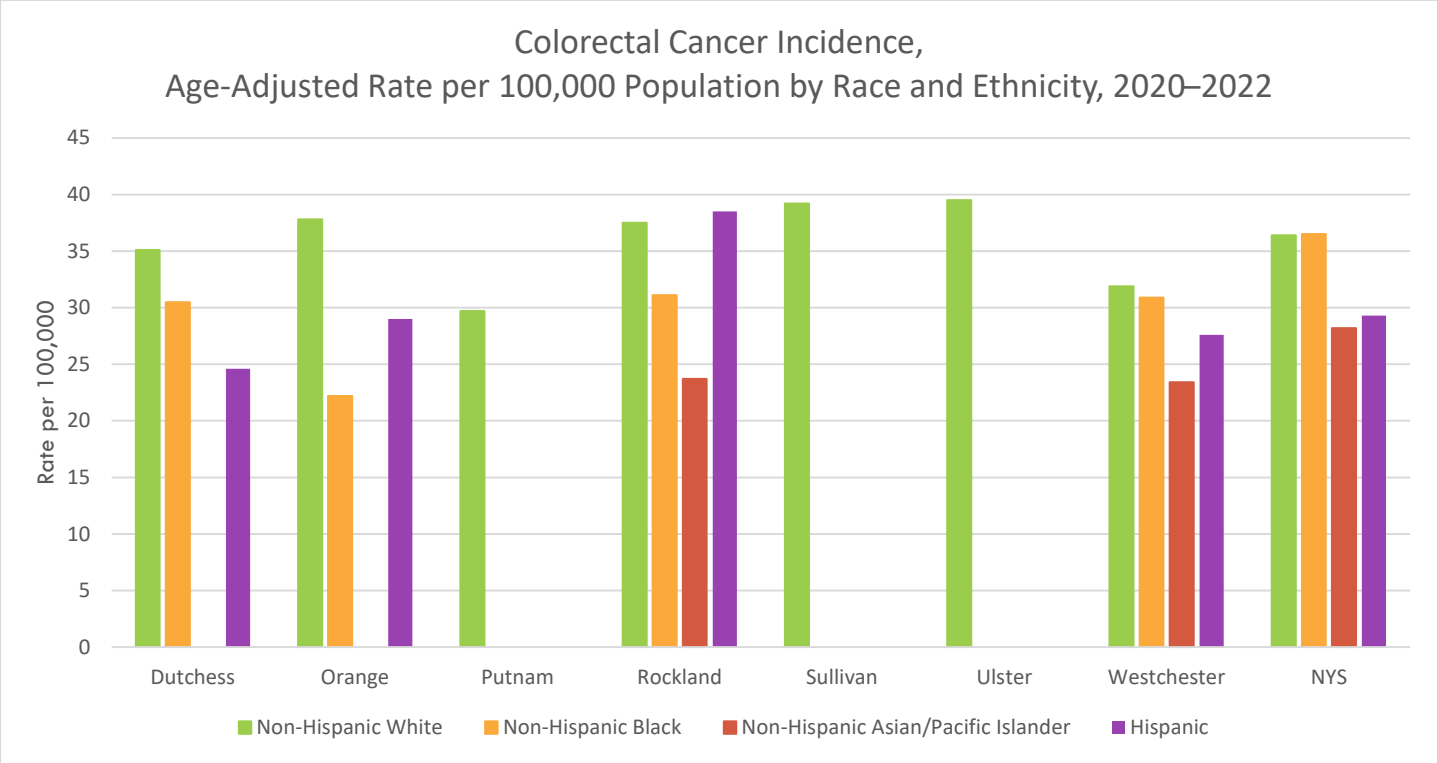


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Incidence - Male	39.6	40.7	27.3	41.0	47.3	41.3	35.8	41.4	40.7
Incidence - Female	30.3	31.8	29.9	33.3	28.7	31.7	30.1	32.8	31.6
Mortality - Male	10.3	17.4	10.3	10.2	12.3	14.9	10.3	13.4	12.9
Mortality - Female	7.5	12.7	7.6	8.8	9.8	11.0	7.5	9.8	9.3

Note: The ICD-10 codes for colon and rectum cancer are: C18, C19, C20 and C26.0.
Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NYS Cancer Registry and Statistics
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

When stratifying available data by race and ethnicity, the rates differ in most of the counties. Non-Hispanic White populations had the highest rates of colorectal Cancer in the seven counties in the M-H region. This differed from NYS in which Non-Hispanic Black Populations had a slightly higher incidence than non-Hispanic White populations (36.5 and 36.4 cases per 100,000 population respectively) [see Figure 127].

Figure 127



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
Non-Hispanic White	35.1	37.8	29.7	37.5	39.2	39.5	31.9	36.4
Non-Hispanic Black	30.5	22.2	0.0	31.1	s	s	30.9	36.5
Non-Hispanic Asian/Pacific Islander	s	s	s	23.7	s	s	23.4	28.2
Hispanic	24.6	29.0	s	38.5	s	s	27.6	29.3

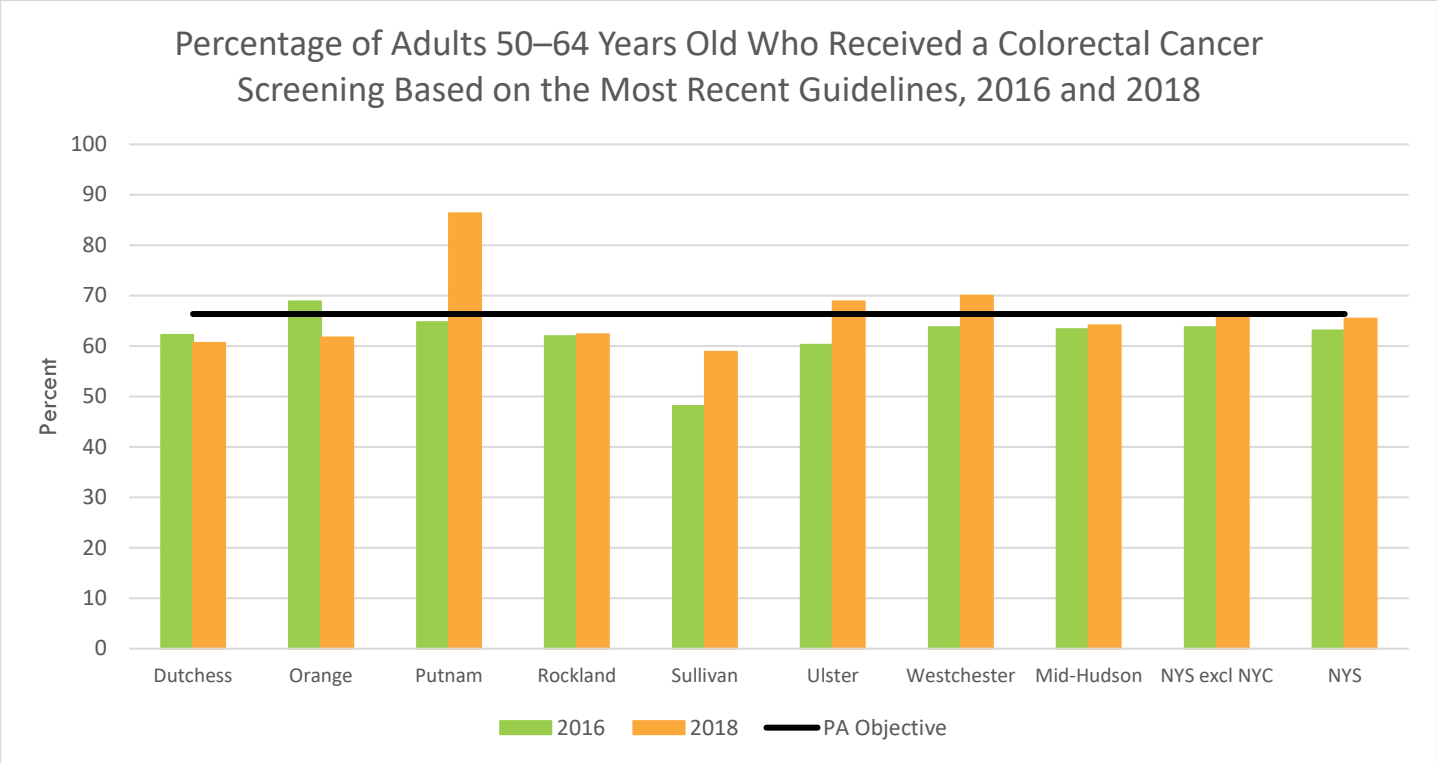
s: Data are suppressed due to not meeting confidentiality criteria.
Note: The ICD-10 codes for colorectal cancer are: C18-C21, C26.0.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, June 2025 sourced from NYS Cancer Registry and Statistics
https://www.health.ny.gov/statistics/community/minority/county/

The US Preventive Services Task Force recommends that adults aged 45 to 75 years receive regular screening for colorectal cancer.[142] A colonoscopy, which uses a long thin flexible tube to check for polyps or cancer inside the entire colon, is one method recommended for screening. Doctors can remove most polyps and some cancers during the procedure. Other screening tests include the guaiac-based fecal occult blood test (gFOBT), which uses a chemical called guaiac to detect blood in the stool, and the fecal immunochemical test (FIT), which uses antibodies to detect blood in the stool.[143]

[142] U.S. Preventative Services Task Force, 2021, https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening, accessed July 2025
[143] Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/colorectal-cancer/screening/index.html, accessed July 2025

The Healthy People 2030 target for proportion of adults who get screened for colorectal cancer was 72.8% of adults aged 45 to 75. In 2018, Putnam County had the highest percent of adults between 50 and 64 years who received a colorectal cancer screening (86.3%). Sullivan County had the lowest percent at 58.8% of adults between 50- and 64-years receiving screening [see Figure 128].

Figure 128



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS	PA Objective
2016	62.2	68.8	64.7	61.90	48.1	60.2	63.7	63.3	63.7	63.1	66.3
2018	60.6	61.7	86.3	62.30	58.8	68.8	70.0	64.1	66.5	65.4	66.3

Note: For colonoscopy and sigmoidoscopy, the Behavioral Risk Factor Surveillance System asks respondents, "Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?" and "Have you had a colonoscopy, a sigmoidoscopy, or both?" and "How long has it been since your most recent colonoscopy?" A general question asks respondents " and "Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?" For CT colonography respondent is asked, "A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?" and "When was your most recent CT colonography or virtual colonoscopy?" For fecal immunochemical test respondent is asked, "One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?" and "How long has it been since you had this test?" Based on the responses to these questions a person meets the current United States Preventive Services Task Force guidance if they had a fecal occult blood test within the past year, a sigmoidoscopy within the past five years, or a colonoscopy within the past 10 years.
Source: NYS Prevention Agenda Tracking Dashboard, June 2025 sourced from NYSDOH Behavioral Risk Factor Surveillance System
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=33

LUNG CANCER

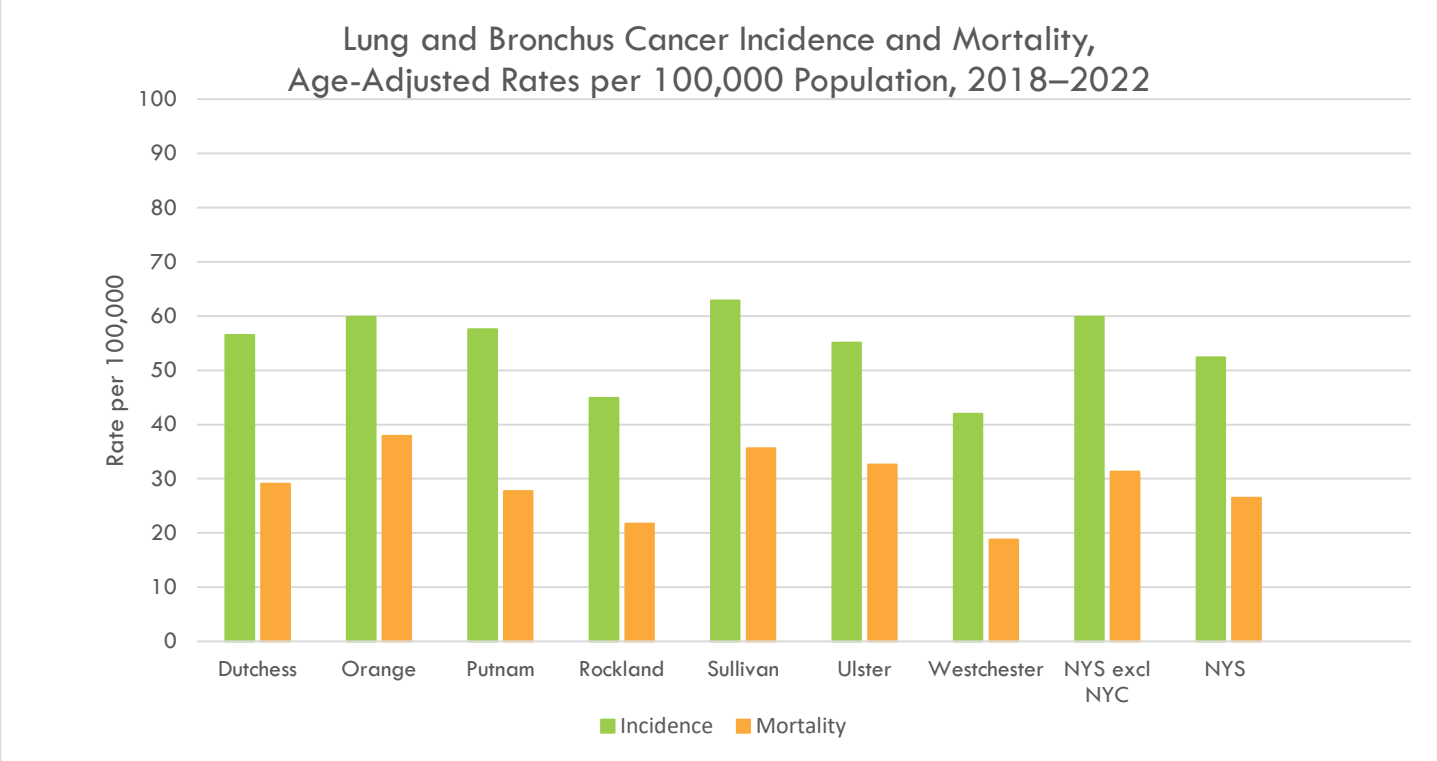
Lung cancer is the primary cause of cancer deaths, for both males and females, in all of the M-H Region and NYS. Some symptoms of lung cancer include chest pain, coughing (sometimes with blood), shortness of breath, and/or wheezing. The leading risk factor for lung cancer is tobacco use. According to the NYSDOH, smoking is responsible for over 80% of lung cancers.[144] Another risk factor for lung cancer is radon exposure. Radon is a colorless, radioactive gas that comes from the decay of elements such as uranium, which is found in soil and rock.[145] Radon is in the surrounding air, but preventive measure can be taken such using radon detection kits. As for smoking, preventive measure can range from abstaining, quitting and avoiding other smokers.

[144] New York State Department of Health, 2025, https://www.health.ny.gov/statistics/cancer/registry/abouts/lung.htm, accessed August 2025
[145] American Cancer Society, 2022, https://www.cancer.org/cancer/cancer-causes/radiation-exposure/radon.html, accessed August 2025

From 2018-2022, the highest rates of lung cancer incidence were in Orange, Putman, and Sullivan Counties (59.9, 57.6, and 62.9 per 100,000 population, respectively), which were higher than NYS but consistent with NYS excluding NYC (52.4 and 59.9 per 100,000 population, respectively) [see Figure 129].

The Healthy People 2030 goal was to reduce lung cancer mortality to 25.1 deaths per 100,000 population. Only Westchester and Rockland in the M-H Region met this target, and NYS and NYS excluding NYC are close to meeting that target. [see Figure 129].

Figure 129

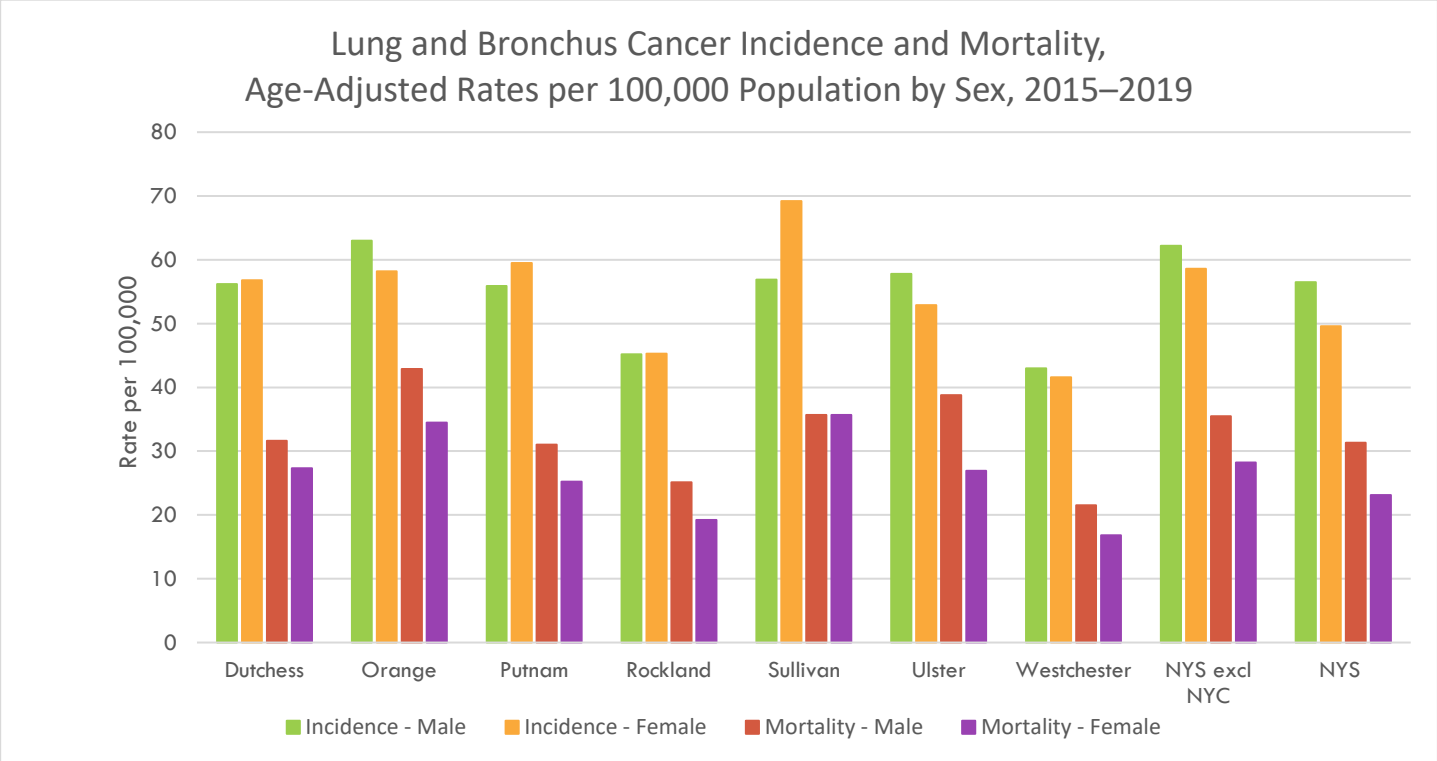


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Incidence	56.5	59.9	57.6	44.9	62.9	55.1	42.0	59.9	52.4
Mortality	29.1	37.9	27.7	21.7	35.6	32.6	18.8	31.3	26.5

Note: The ICD-10 code for lung and bronchus cancer is: C34.
Source: New York County and New York City Neighborhood Cancer Statistics Dashboard, April 2025 sourced from NYS Cancer Registry and Cancer Statistics
https://www.health.ny.gov/statistics/cancer/registry/ratebyCounty.htm

When stratifying this data by sex, males had higher lung cancer incidence and mortality rates than females in all seven counties, as well as NYS and NYS excluding NYC, with the largest disparity seen in Ulster County [see Figure 130].

Figure 130

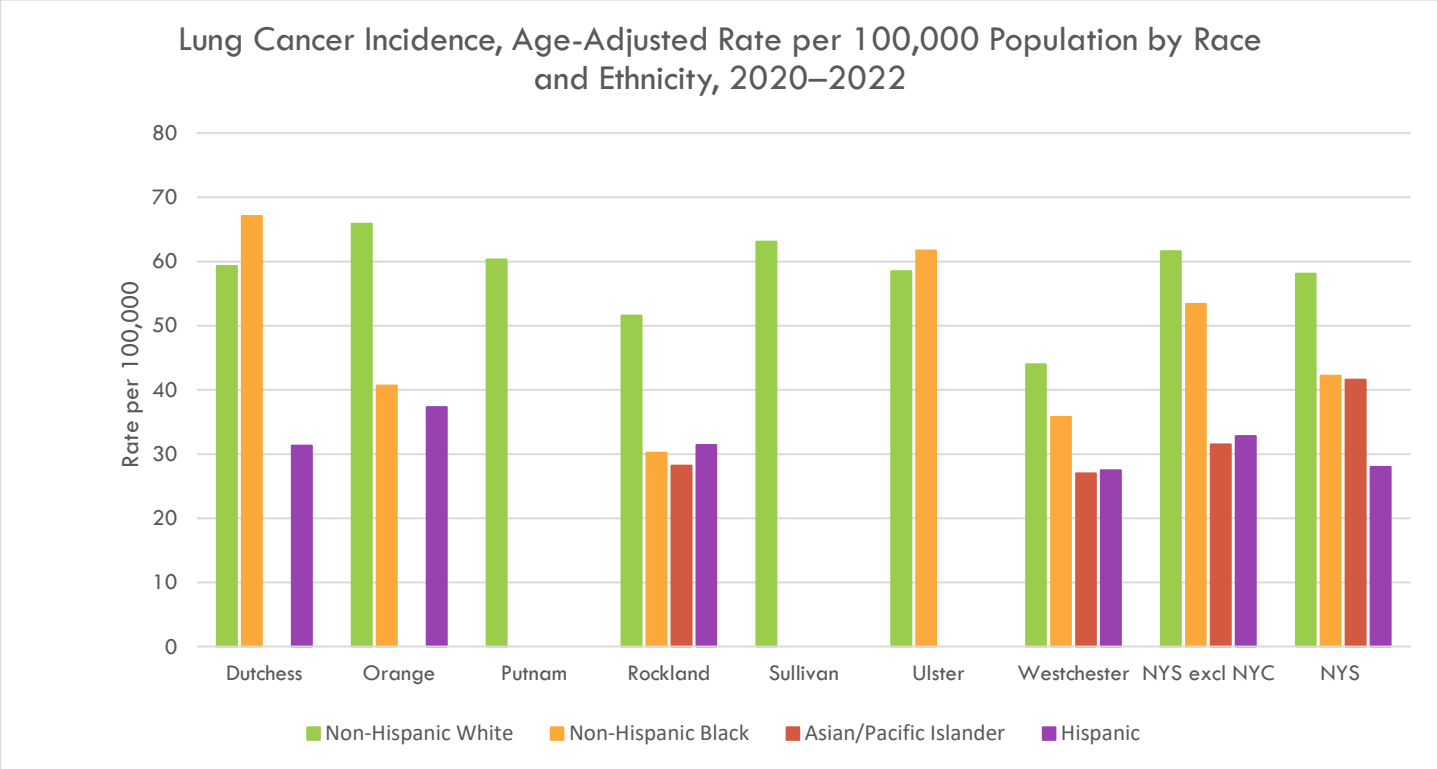


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Incidence (Male)	56.2	63.0	55.9	45.2	56.9	57.8	43.0	62.2	56.5
Incidence (Female)	56.8	58.2	59.5	45.3	69.2	52.9	41.6	58.6	49.6
Mortality (Male)	31.6	42.9	31.0	25.1	35.7	38.8	21.5	35.5	31.3
Mortality(Female)	27.3	34.5	25.2	19.2	35.7	26.9	16.8	28.2	23.1

Note: The ICD-10 code for lung and bronchus cancer is: C34.
Source: New York County and New York City Neighborhood Cancer Statistics Dashboard, April 2025 sourced from NYS Cancer Registry and Cancer Statistics
https://www.health.ny.gov/statistics/cancer/registry/ratebyCounty.htm

When stratifying this data by race and ethnicity, non-Hispanic White adults had the highest lung cancer incidence rates in most of the M-H Region Counties and at the state level, with the exception of Ulster and Dutchess counties, where non-Hispanic Black adults had higher lung cancer incidence rates [see Figure 131].

Figure 131



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	59.3	65.9	60.3	51.6	63.1	58.5	44.0	61.6	58.1
Non-Hispanic Black	67.1	40.7	s	30.2	s	61.7	35.8	53.4	42.2
Asian/Pacific Islander	s	s	s	28.2	0.0	s	27.0	31.5	41.6
Hispanic	31.3	37.3	s	31.4	s	s	27.5	32.8	28.0

Note: Lung Cancer Incidence, Age-Adjusted Rate per 100,000 Population by Race and Ethnicity, 2020–2022
Source: New York City Health Indicators by Race and Ethnicity, 2020-2022
https://www.health.ny.gov/community/health_equity/reports/county/newyorkcity.htm

PROSTATE CANCER

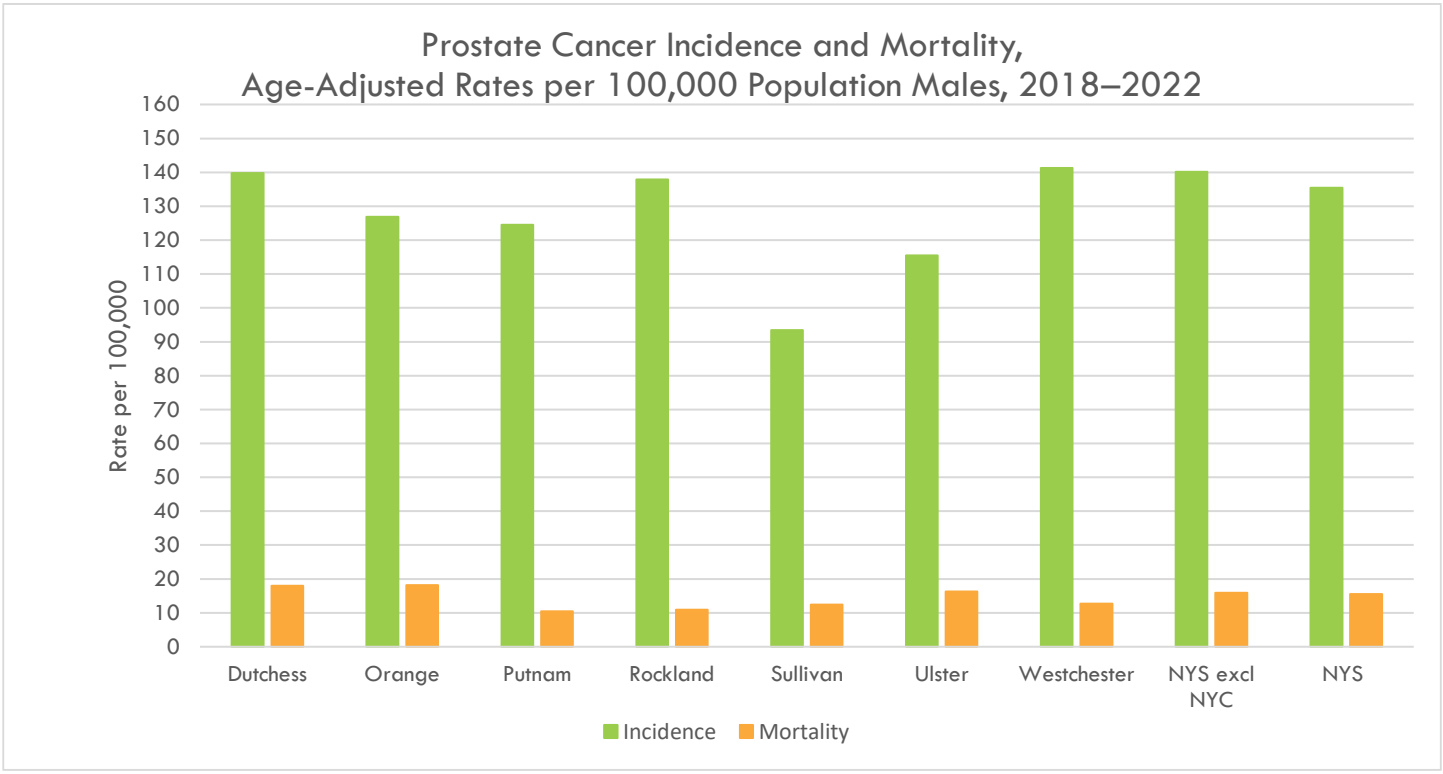
Out of every 100 American men, about 13 will get during their lifetime.[146] Some common symptoms of prostate cancer include difficulty urinating, frequent urination, blood in the urine or semen, and painful ejaculation. Prostate cancer has a better prognosis compared to other cancers when people receive treatment early. The prostate-specific antigen (PSA) test measures the level of PSA in the blood, which is a substance created in the prostate. When PSA levels are high, this most likely means there is a problem with the prostate. It is important for men to begin being tested at a younger age in order to prevent future complications. Preventive measure can vary from lifestyle changes such as increased daily exercise, maintenance of healthy weight, improve diet, decrease in drinking alcohol and or abstinence from smoking.

[146] Centers for Disease Control and Prevention, 2022, https://www.cdc.gov/cancer/prostate/index.htm, accessed August 2025

When looking at Figure 132, the highest rate of prostate cancer incidence was seen in Westchester County and the lowest incidence rate was seen in Sullivan County (141.3 and 93.4 per 100,000 males, respectively).

The Healthy People 2030 goal is to reduce prostate cancer mortality to 16.9 deaths per 100,000 males. According to Figure 232, the counties of Putnam, Rockland, Sullivan, Ulster and Westchester in the M-H Region, as well as NYS and NYS excluding NYC, met this target. Orange County had the highest rate of prostate cancer mortality in the M-H Region but was above the goal (18.2 per 100,000 males).

Figure 132



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Incidence	139.8	126.9	124.5	137.9	93.4	115.5	141.3	140.2	135.5
Mortality	18.0	18.2	10.4	10.9	12.4	16.3	12.7	15.9	15.5

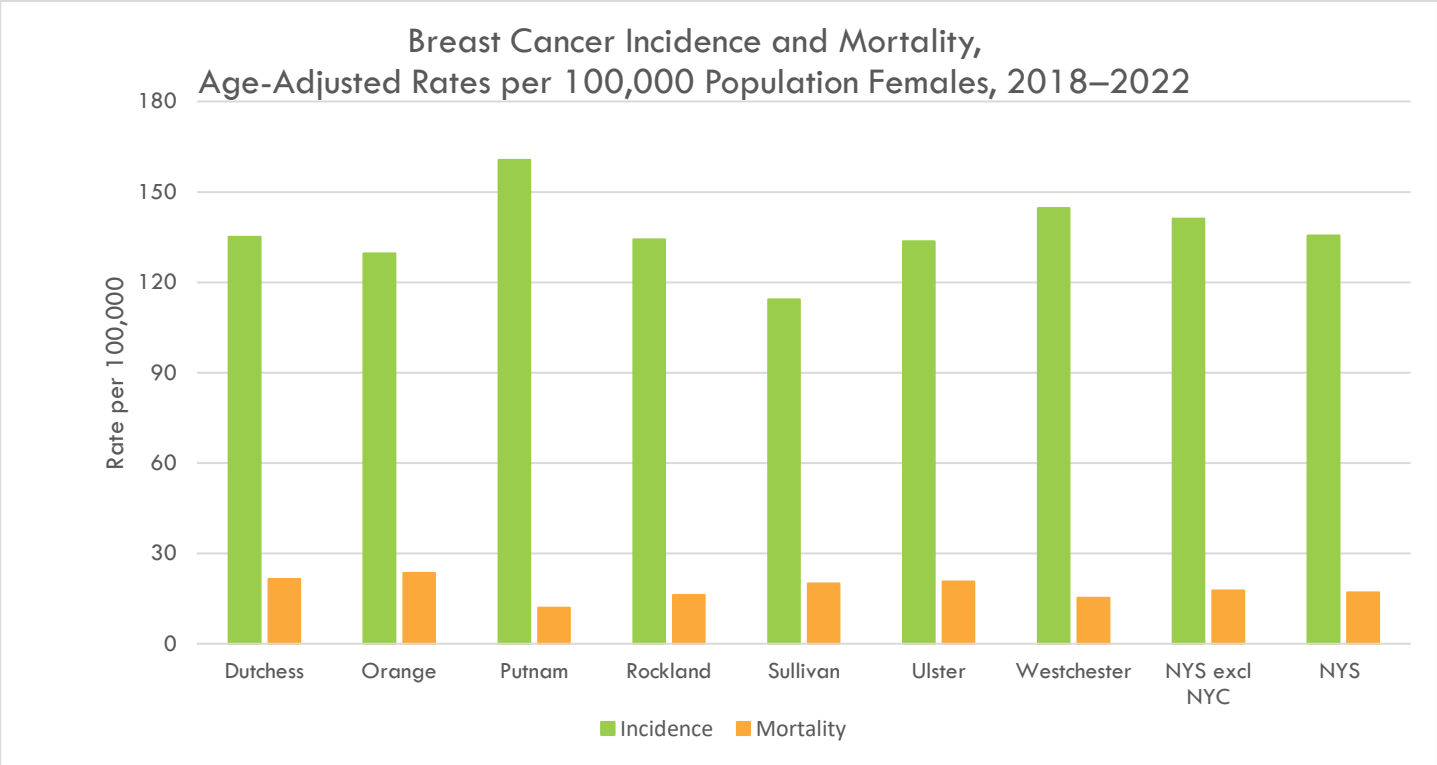
Note: The ICD-10 code for prostate cancer is: C61.
Source: New York County and New York City Neighborhood Cancer Statistics Dashboard, April 2025 sourced from NYS Cancer Registry and Cancer Statistics
https://www.health.ny.gov/statistics/cancer/registry/ratebyCounty.htm

FEMALE BREAST CANCER

Breast cancer is one of the most prevalent cancers in American women. The most common symptom of breast cancer is a lump or mass found in the breast. The average risk of a woman in the US developing breast cancer in her lifetime is about 13%.[147] Many factors influence female breast cancer, prevention of this disease can be seen through maintenance of healthy weight, be physically active and avoiding bad habits such as alcohol consumption and smoking cigarettes.

In the US, the age-adjusted rate of breast cancer incidence from 2015 to 2019 was 130.8 per 100,000 females. When looking at the M-H Region as well as NYS and NYS excluding NYC, the highest rate of breast cancer incidence from 2018 to 2022 was in Putnam County, and the lowest rate was in Sullivan County (160.7 and 114.3 per 100,000 females, respectively). When looking at mortality rates, the highest rate was in Orange County at 23.5 per 100,000 females [see Figure 133].

Figure 133



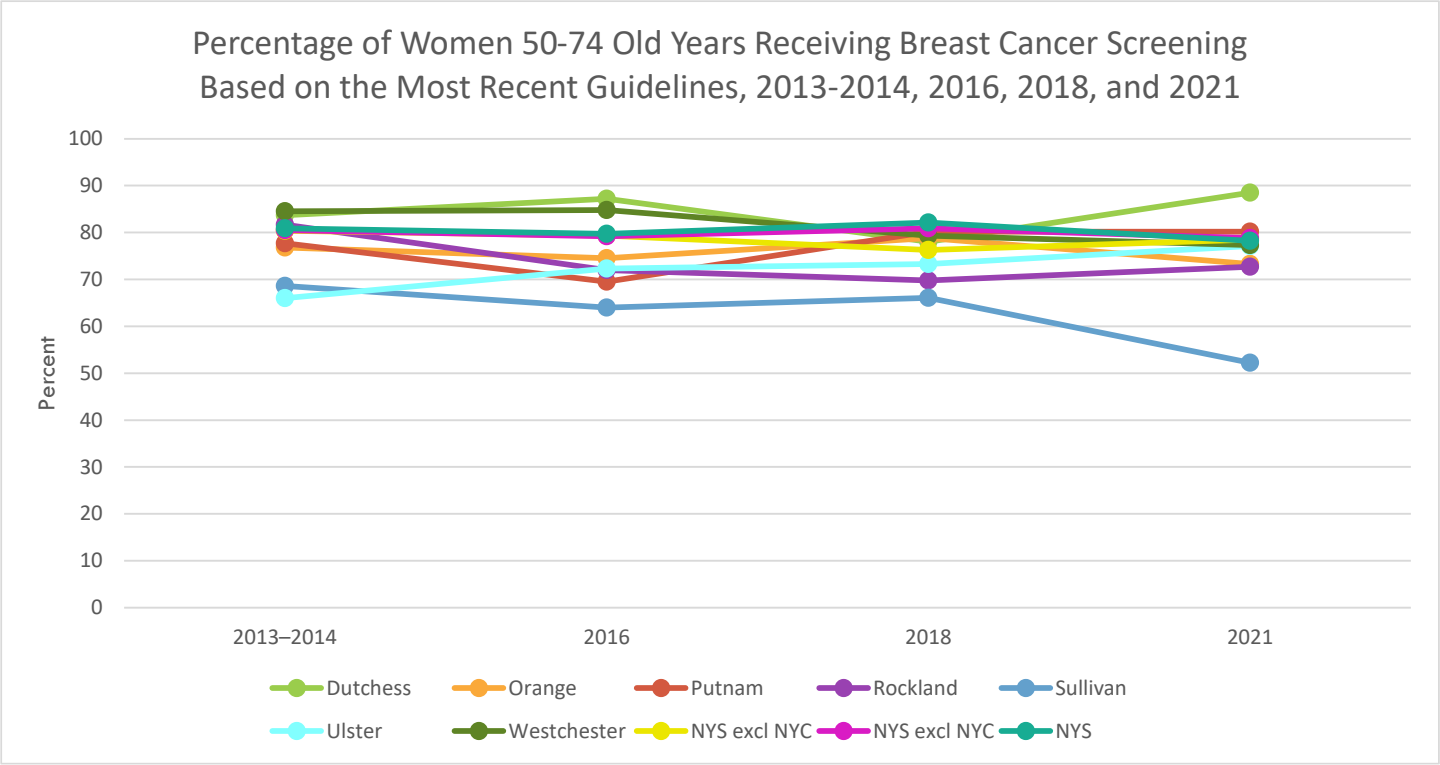
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Incidence	135.1	129.6	160.7	134.3	114.3	133.6	144.7	141.2	135.5
Mortality	21.5	23.5	12.0	16.2	20.0	20.7	15.3	17.7	17.0

Note: The ICD-10 code for breast cancer is: C50.
Source: New York County and New York City Neighborhood Cancer Statistics Dashboard, April 2025 sourced from NYS Cancer Registry and Cancer Statistics
https://www.health.ny.gov/statistics/cancer/registry/ratebyCounty.htm

[147] American Cancer Society, 2022, https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html, accessed July 2022

The decrease in breast cancer mortality rates overtime can be attributed to public awareness, increased screening tests, and advancements in treatment options. One of the most important and common screening tests for breast cancer is a mammogram, which is an X-ray picture of the breast that should be routinely administered to women aged 40 years and older. Advancement in technologies has brought on newer and experimental imaging test.[148] The Healthy People 2030 goal was to have at least 80.3% of the female population receive a breast cancer screening based on the most recent guidelines. However, as seen in Figure 234, in 2021 all of the counties except Orange in M-H region, as well as NYS excluding NYC, failed to meet this target. NYS was the only location to meet this target at 80.3%. The percentage of women aged 50-74 years receiving breast cancer screening based on the most recent guidelines has generally remained stable since 2013 [see Figure 134].

Figure 134



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS	NYS
2013–2014	83.7	76.8	77.7	81.7	68.6	66.0	84.5	80.4	80.5	80.9
2016	87.2	74.5	69.5	72.0	64.0	72.3	84.8	79.3	79.2	79.7
2018	78.0	78.8	80.2	69.8	66.1	73.3	79.3	76.3	80.9	82.1
2021	88.5	73.3	80.2	72.7	52.2	77.1	77.3	78.5	78.8	78.2

Note: The Behavioral Risk Factor Surveillance System asks respondents, "Have you ever had a mammogram?" and "How long has it been since you had your last mammogram?" Based on the responses to these questions if a woman 50-74 years had a mammogram in the past two years they meet the current United States Preventive Services Task Force guidance.
Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data

[148] American Cancer Society, 2025, Newer and Experimental Breast Imaging Tests | American Cancer Society, accessed August 2025

CERVIX UTERI CANCER

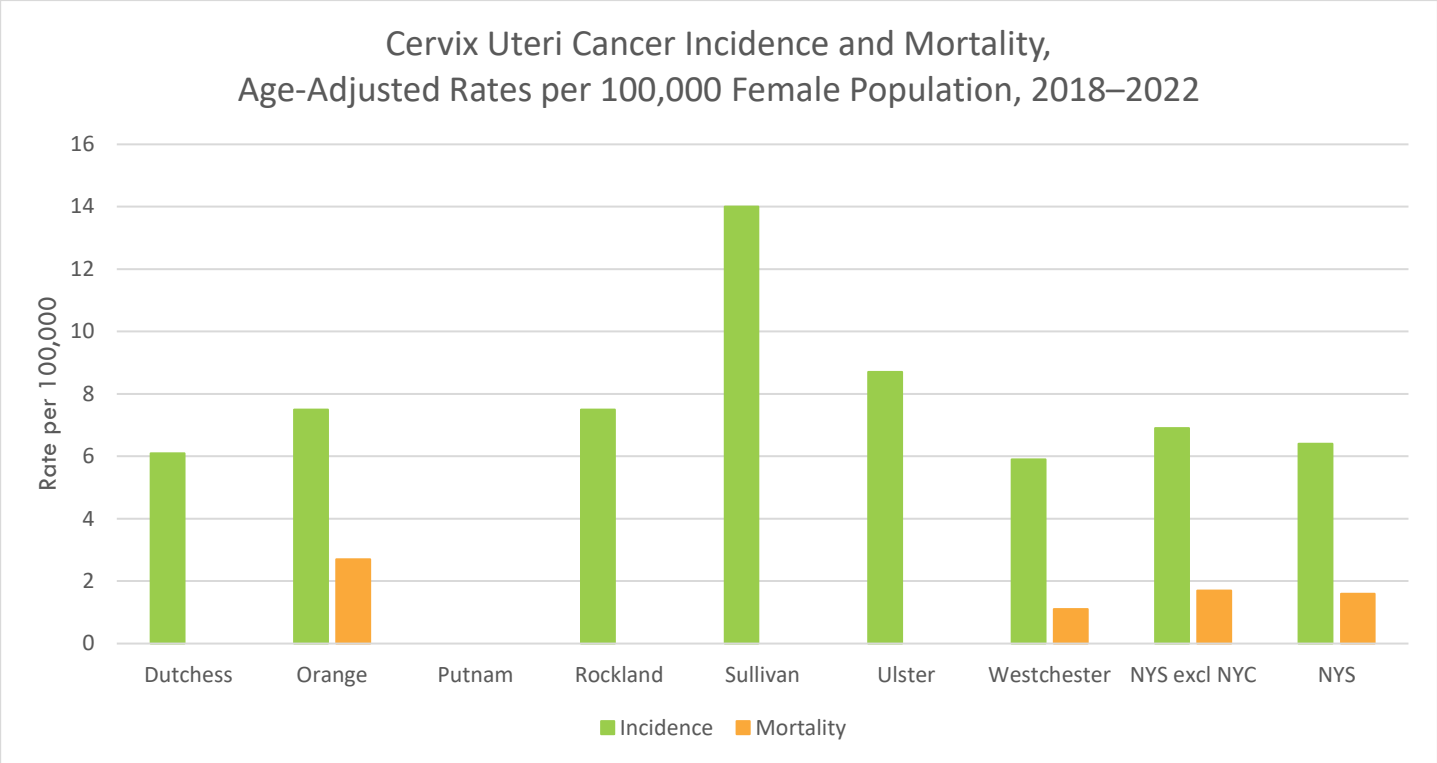
Cervical cancer is a cancer that starts in the cells of the cervix. It often develops slowly and usually does not have any accompanying symptoms until after the cancer has spread.[149] Some early-stage symptoms can include vaginal bleeding after sex or between periods, pelvic pain, or pain during sex. Advanced stage (when the cancer has spread beyond the cervix to other body parts) can include difficult or painful bowel movements, difficult or painful urinations, blood in the urine, bleeding from the rectum, dull backache, or pain in the abdomen.[150] HPV causes almost all cervical cancers. Though most HPV infections go away on their own, high-risk HPV infections that last for years can lead to changes in cervical cells causing precancerous lesions. These legions can eventually develop into cervical cancer if they are not found and removed. Nearly all cervical cancers could be prevented with HPV vaccination and cervical cancer screening. Cervical cancer can be screened for with a pap test or an HPV test.[151]

Other gynecological cancers include ovarian, uterine, vaginal, and vulvar cancers.[152] Each type of cancer can vary between individuals and each gynecologic cancer. Those experiencing abnormal vaginal bleeding and bleeding after menopause should consult with a doctor. Other symptoms include feeling full too quickly, bloating, back pain, pelvic pain, urgent need to urinate, constipation, and changes in vulva color or skin.[153]

[149] NIH, National Cancer Institute, 2023, https://www.cancer.gov/types/cervical, accessed July 2025
[150] NIH, National Cancer Institute, 2022, https://www.cancer.gov/types/cervical/symptoms, accessed July 2025
[151] NIH, National Cancer Institute, 2024, https://www.cancer.gov/types/cervical/causes-risk-prevention, accessed July 2025
[152] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/gynecologic-cancer/about/index.html, accessed July 2025
[153] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/gynecologic-cancer/symptoms/index.html, accessed July 2025

When looking at the incidence and mortality rates of cervical cancer in Figure 132, the highest incidence rate was in Sullivan County at 14.0 per 100,000 females and the lowest was in Westchester County at 5.9 per 100,000 females. The highest mortality rate was seen in Orange County at 2.7 per 100,000 females [see Figure 135].

Figure 135

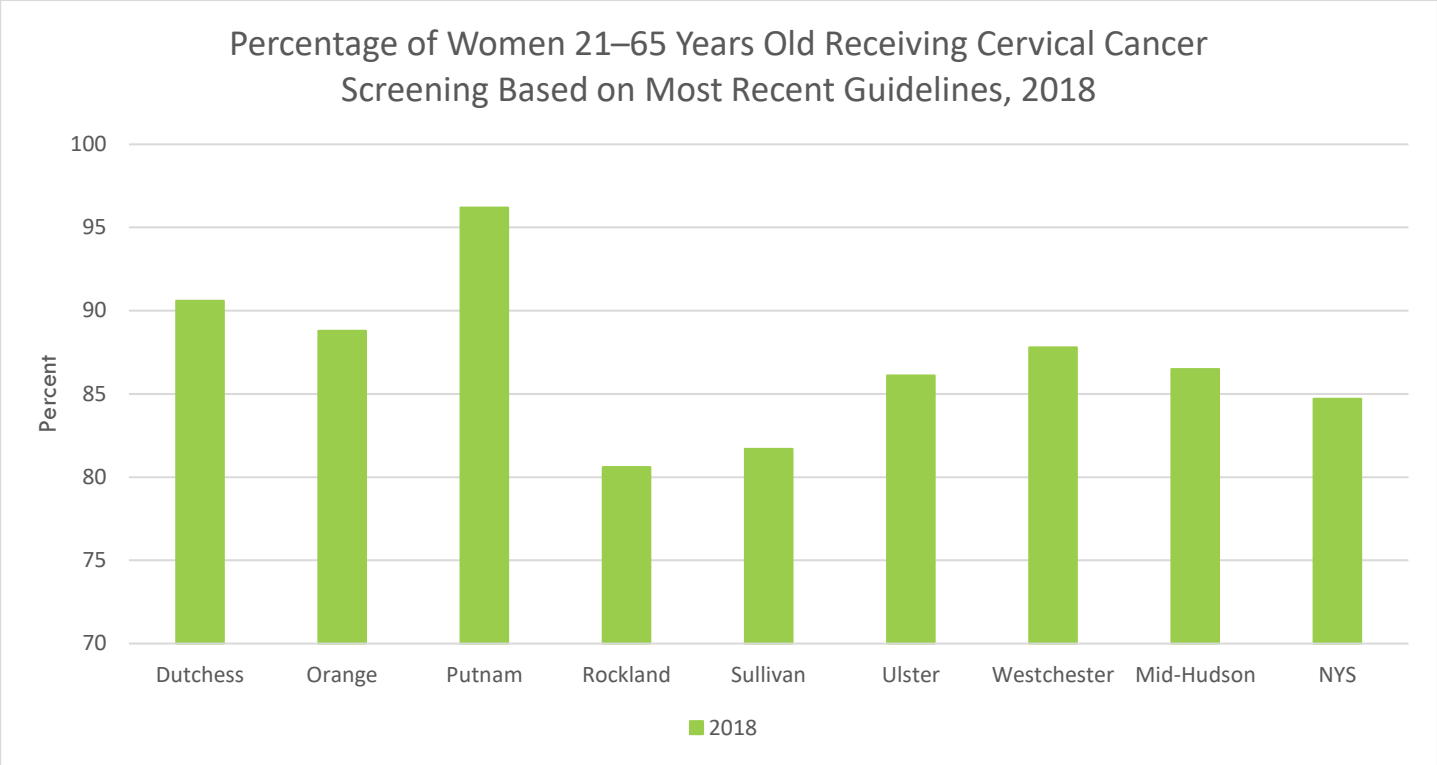


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Incidence	6.1	7.5	s	7.5	14.0	8.7	5.9	6.9	6.4
Mortality	s	2.7	s	s	s	s	1.1	1.7	1.6

s: Rates are not displayed if fewer than 16 cases or deaths are reported in a specific category during those 5 years.
Note: Cancer statistics are for invasive cancers only. Rates are age-adjusted to the US Census Bureau's 2000 US standard population, Table P25-1130. Five-year age-adjusted rates. This indicator includes deaths with cervix uteri cancer as the primary cause of death. The ICD-10 code for cervix uteri cancer is: C53.
Source: New York County and New York City Neighborhood Cancer Statistics Dashboard, June 2025 sourced from NYS Cancer Registry and Statistics
https://www.health.ny.gov/statistics/cancer/registry/ratebyCounty.htm

Healthy People 2030 aims for 79.2% of women aged 21 to 65 to receive cervical cancer screenings in accordance with the latest clinical guidelines. The M-H Region exceeded this target with 86.5% of females aged 21 to 65 having received a cervical cancer screening in 2018. Putnam County had the highest percent of the counties in the region at 96.2% and Rockland County had the lowest rate at 80.6% [see Figure 136].

Figure 136



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
2018	90.6	88.8	96.2	80.6	81.7	86.1	87.8	86.5	84.7

Note: The U.S. Preventative Services Task Force recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The Behavioral Risk Factor Surveillance System asks respondents, "Have you ever had a Pap test?", "How long has it been since you had your last Pap test?", and "How long has it been since you had your last H.P.V. test"

Source: NYS Community Health Indicator Reports Dashboard, June 2025 sourced from NYSDOH Behavioral Risk Factor Surveillance System

https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=33

INFECTIOUS DISEASES

VACCINE-PREVENTABLE DISEASES

Infectious diseases are illnesses caused by disease-causing organisms that often spread from person-to-person. Vaccination is a well-established method of preventing numerous infectious diseases. Diseases that can be prevented by vaccination are referred to as *vaccine-preventable diseases*. A critical period for vaccination to take place is during childhood. It is estimated that childhood vaccination prevents as many as 4 million deaths per year, globally.[154]

CHILDHOOD IMMUNIZATION

The Advisory Committee on Immunization Practices (ACIP) recommends that children get several routine childhood vaccinations by two years of age.[155] The combined 4:3:1:3:3:1:4 vaccine series consists of four doses of diptheria, tetanus, and acellular pertussis (DTaP); three polio; one measles, mumps, rubella (MMR); three haemophilus influenza (Hib); three hepatitis B (HepB); one varicella; and four pneumococcal conjugate (PCV) vaccines. Appropriate vaccination coverage is linked to improved health outcomes and cost savings. Complying with age-appropriate receipt of vaccines is critical in providing maximum effectiveness against vaccine preventable diseases.

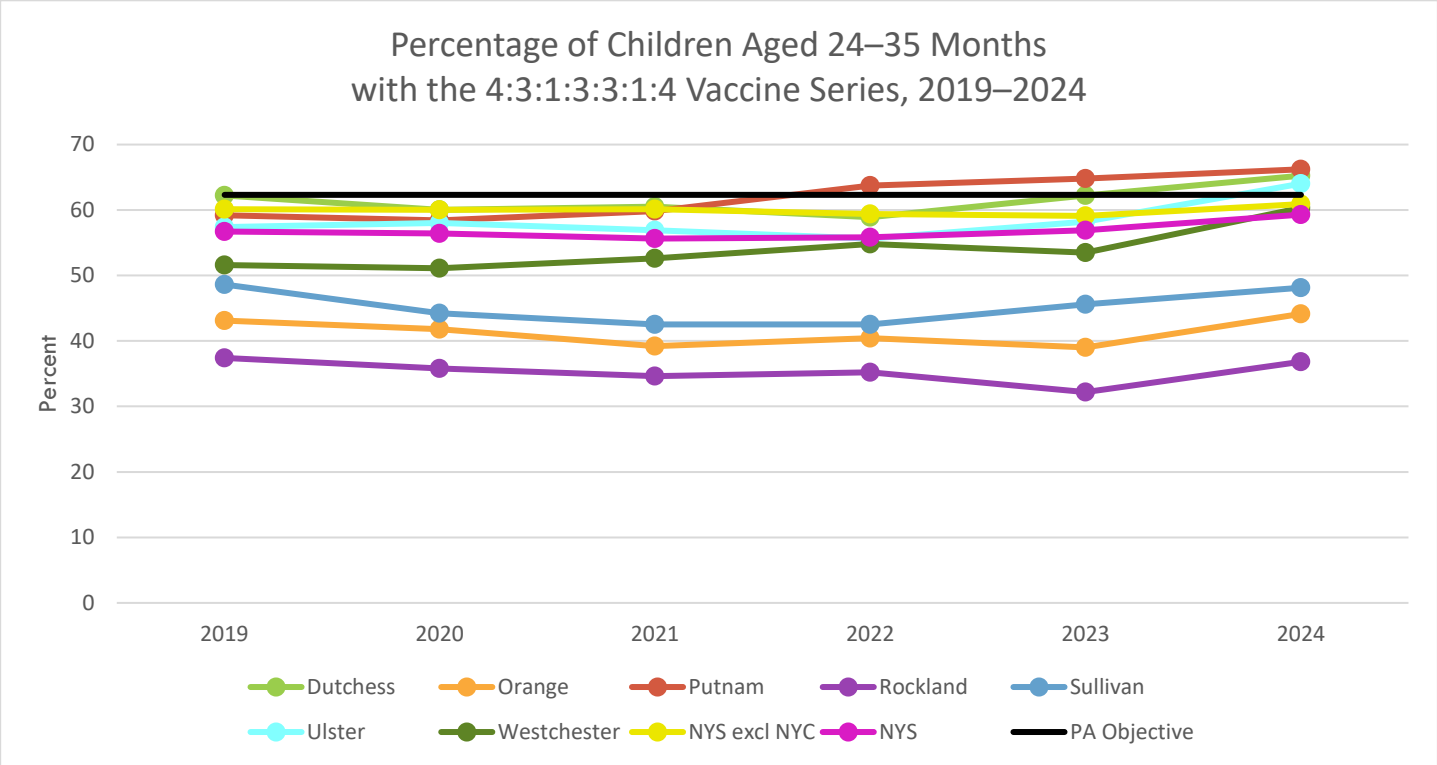
NYSPA 2025-2030 set an objective that 62.3% of the 24- to 35-month-old population complete the series. This objective is lower than the objective for the previous PA (70.5%). The change in objective reflects the change in the source for the denominator for this indicator. In the previous PA, the denominator for this indicator was based on census data; in the 2025-2030 indicator the denominator is based on NYSIIS data. The use of the NYSIIS denominator caused all rates to decrease for the 2025-2030 PA indicator relative to the 2019-2024 PA.

Rates for most counties in the M-H Region, as well as for NYS and NYS excluding NYC continued to stay below the 62.3% objective from 2019 through 2024. Exceptions include Putnam County, who exceeded the objective for 2022-2024 (with the highest percentages in the M-H region overall), as well as Dutchess and Ulster Counties, who exceeded the objective in 2024.

[154] Fast Facts on Global Immunization, 2025, https://www.cdc.gov/global-immunization/fast-facts/index.html, accessed July 2025
[155] Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/acip/vaccine-recommendations/index.html, accessed July 2025

Most counties in the M-H region, as well as NYS and NYS excluding NYC, displayed an overall upward trend from 2019 to 2024. Rockland and Sullivan Counties were exceptions to this trend, with Rockland County experiencing a decrease from 37.4% in 2019 to 36.8% in 2024, and Sullivan County experiencing a decrease from 48.6% in 2019 to 48.1% in 2024. Rockland County possessed the lowest percentages in the region throughout the entire time period, reaching its lowest percentage in 2023 (32.2%). By contrast, Putnam County experienced the biggest increase in the region during this time period, from 59.2% in 2019 to 66.2% in 2024. [see Figure 137]

Figure 137



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS	PA Objective
2019	62.2	43.1	59.2	37.4	48.6	57.4	51.6	60.1	56.7	62.3
2020	60.0	41.8	58.4	35.8	44.2	58.0	51.1	60.0	56.4	62.3
2021	60.5	39.2	59.8	34.6	42.5	56.9	52.6	60.1	55.6	62.3
2022	58.9	40.4	63.7	35.2	42.5	55.6	54.8	59.4	55.8	62.3
2023	62.2	39.0	64.8	32.2	45.6	58.2	53.5	59.1	56.9	62.3
2024	65.2	44.1	66.2	36.8	48.1	64.0	60.3	60.9	59.3	62.3

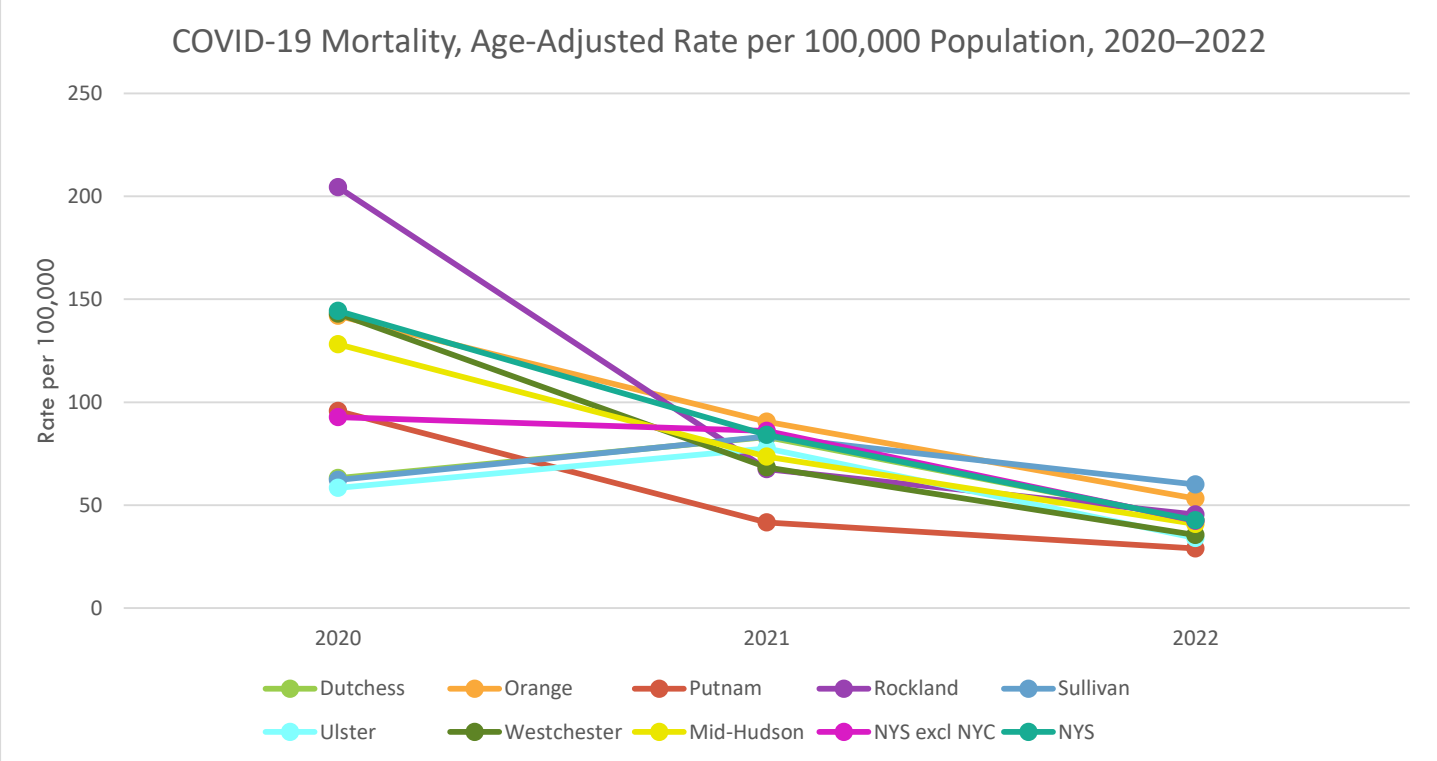
Note: Refers to the standard series of vaccinations recommended for children by age two. This series includes: 4 doses of DTaP (diphtheria, tetanus, and acellular pertussis), 3 doses of Polio, 1 dose of MMR (measles, mumps, and rubella), 3 doses of Hib (Haemophilus influenzae type b), 3 doses of HepB (hepatitis B), 1 dose of varicella (chicken pox), 4 doses of PCV (pneumococcal conjugate vaccine).
Source: NYS Prevention Agenda Tracking Dashboard, April 2025 sourced from NYS Immunization Information System, and Citywide Immunization Registry
https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county

COVID-19

COVID-19 is a contagious respiratory disease caused by the SARS-CoV-2 virus, which spreads readily from person-to-person through respiratory droplets. The development and administration of COVID-19 vaccines has played a part in preventing severe illness, hospitalization, and death. With the shift from pandemic emergency, there is a new focus for COVID-19 surveillance and public health messaging being integrated with other common respiratory illnesses, such as influenza and RSV, to create a more unified seasonal approach. The pandemic highlighted persistent health vulnerabilities and inequities within communities that require ongoing assessment.

COVID-19 mortality significantly declined from the beginning of the pandemic in 2020 to the most recent data in 2022 for the M-H Region, NYS excluding NYC, and in NYS [see Figure 138]. This general decline was also seen in each M-H County. There was a consistent decline over the three-year period except for Dutchess, Sullivan, and Ulster. These counties had an increase in mortality rates between 2020 and 2021 before a decline in 2022.

Figure 138



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2020	63.1	142.0	95.7	204.4	62.2	58.4	143.0	128.1	92.7	144.4
2021	83.0	90.5	41.6	67.4	83.4	77.5	68.4	73.5	86.0	84.1
2022	42.8	53.2	28.9	45.5	60.0	34.0	35.5	40.8	42.3	42.6

Note: This indicator includes deaths with coronavirus disease recorded as the underlying cause of death. The ICD-10 code for coronavirus disease is: U07.1.

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

HUMAN PAPILLOMAVIRUS IMMUNIZATION

In the US, HPV is the most common sexually transmitted infection (STI). More than 42 million American are living with HPV infections. Each year approximately 13 million more Americans become infected with the virus, including adolescents.[156] HPV is spread through vaginal, anal, or oral sex with someone who has the virus, even if they have no symptoms. Anyone who is sexually active is at risk for HPV and symptoms may not develop until years after exposure.

While HPV can often go away on its own without causing any health problems, it can lead to conditions such as genital warts and cervical cancer. There is no way to know which people with HPV will develop cancer or other health problems. The Centers for Diseases Control and Prevention (CDC) recommends adolescents aged 11-12 years get two doses of HPV vaccine to protect against cancers caused by HPV. Other actions individuals can take to lower their risk of HPV include screening for cervical cancer, using latex condoms during sex, and limiting number of sexual partners. For more information on cervical cancer, see page 253.

The NYSPA 2019-2024 target aimed to increase the percentage of 13-year-old adolescents completing the HPV vaccine series by 10%, which translates to 37.4% state wide.[157] In 2024, Westchester County had the highest percentage of adolescents aged 13 years with a complete HPV vaccine series (22.4.1%), while Ulster County and Putnam County had the lowest percentage (14.5%) [see Figure 136]. The NYSPA objective was not met.

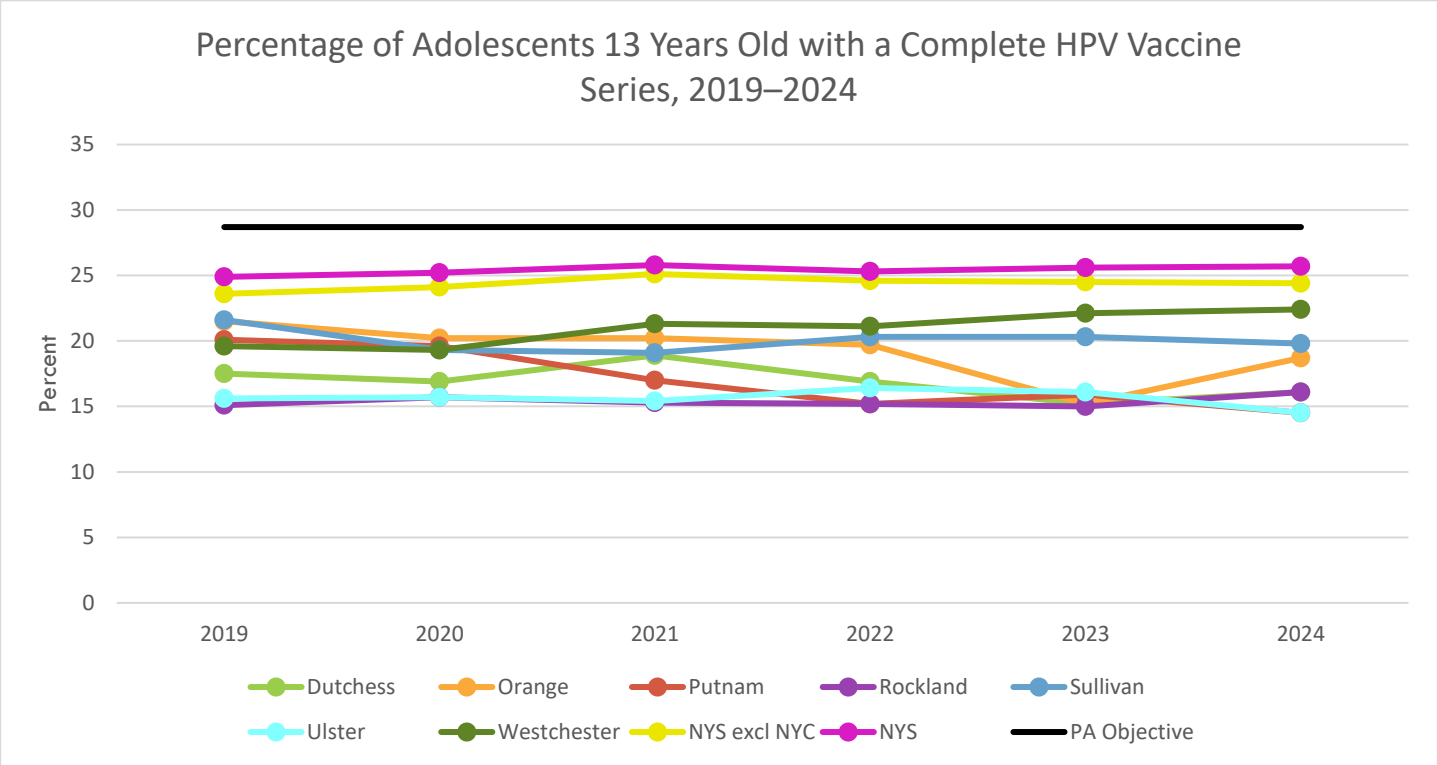
The NYSPA 2025-2030 set an objective of 13-year-old adolescents with a complete HPV vaccine series at 28.7%. This objective is lower than the objective for the previous PA (37.4%). The change in objective reflects the change in the source for the denominator for this indicator. In the previous PA, the denominator for this indicator was based on census data; in the 2025-2030 indicator the denominator is based on NYSIIS data. The use of the NYSIIS denominator caused all rates to decrease for the 2025-2030 PA indicator relative to the 2019-2024 PA.

[156] Centers for Disease Control and Prevention, 2021, https://www.cdc.gov/hpv/about/?CDC_AAref_Val=https://www.cdc.gov/hpv/parents/about-hpv.html, accessed August 2022

[157] New York State Department of Health, 2021, https://health.ny.gov/prevention/prevention_agenda/2019-2024/comm.htm, accessed October 2022

From 2019-2024, all the counties in the M-H region, as well as NYS, and NYS excluding NYC, failed to meet the 28.7% objective. However, both NYS and NYS excluding NYC outperformed the M-H region throughout the time period. Within the M-H region, Westchester and Rockland Counties were the only counties to experience overall increases during the time period; Westchester County increased from 19.6% in 2019 to 22.4% in 2024 (the highest rate in the region during the time period), and Rockland County increased from 15.1% in 2019 to 16.1% in 2024. The county that experienced the largest overall decrease during the time period was Putnam County, with a decrease from 20.1% in 2019 to 14.5% in 2024.[see Figure 139]

Figure 139



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS	PA Objective
2019	17.5	21.5	20.1	15.1	21.6	15.6	19.6	23.6	24.9	28.7
2020	16.9	20.2	19.6	15.7	19.3	15.7	19.3	24.1	25.2	28.7
2021	18.9	20.2	17.0	15.3	19.1	15.4	21.3	25.1	25.8	28.7
2022	16.9	19.7	15.2	15.2	20.3	16.4	21.1	24.6	25.3	28.7
2023	15.2	15.2	15.9	15.0	20.3	16.1	22.1	24.5	25.6	28.7
2024	16.1	18.7	14.5	16.1	19.8	14.5	22.4	24.4	25.7	28.7

Note: Refers to human papillomavirus vaccines. Two doses are required for those starting the series between the ages of 9 and 14 years old. Three doses are required for those starting the series at 15 years or older, or those with a weakened immune system.
Source: NYS Prevention Agenda Tracking Dashboard, April 2025 sourced from NYS Immunization Information System, and Citywide Immunization Registry
https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county

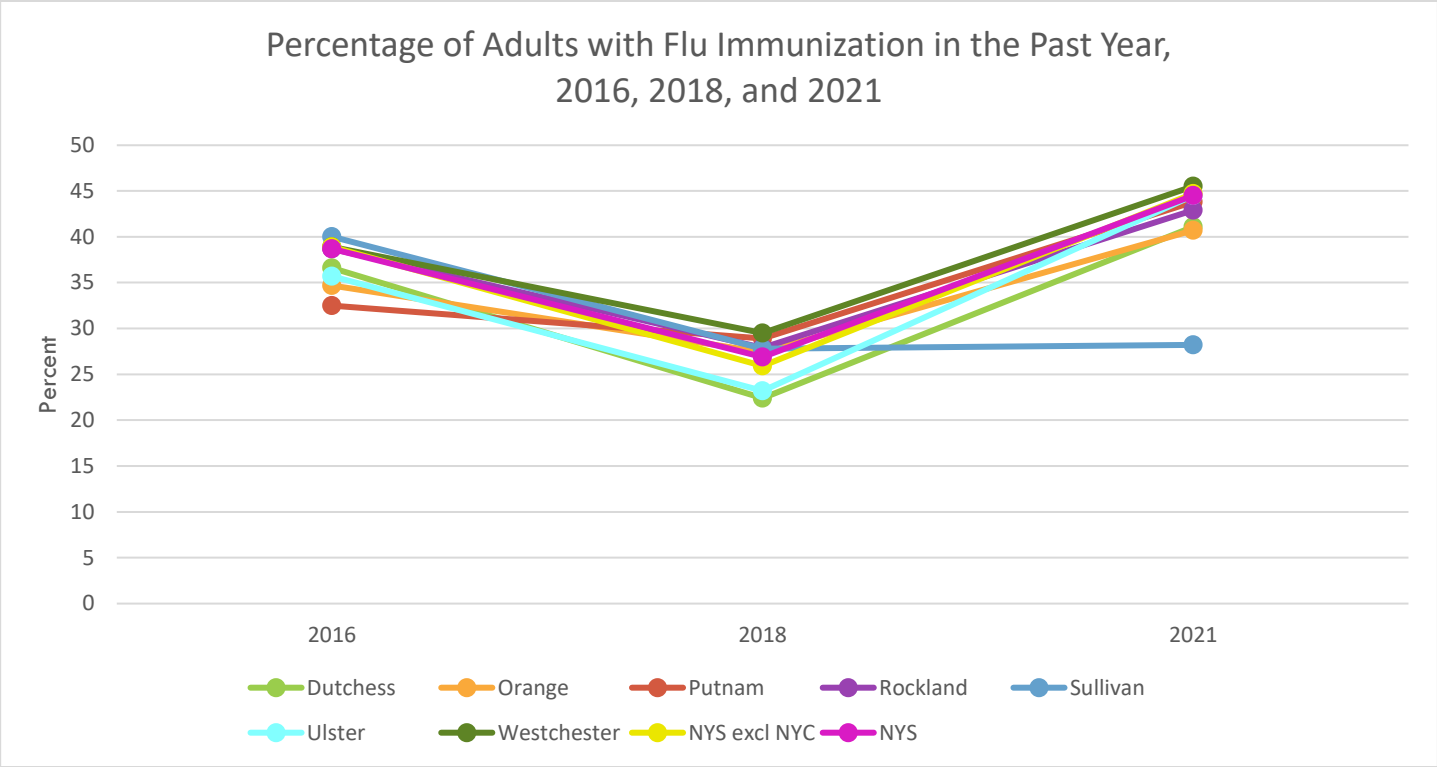
FLU IMMUNIZATION

Influenza (flu) is a contagious respiratory virus that can cause mild to severe illness. Severe illness from flu can result in hospitalization or even death. Certain populations are at a higher risk of complications from the flu virus, such as older people, young children, and people with certain health conditions. An annual flu vaccine is the best way to help protect against flu. Vaccination has been shown to reduce the risk of flu, hospitalizations, and risk of flu-related death.[158]

[158] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/flu/about/index.html, accessed July 2025

ACIP recommends that everyone six months of age and older receive a flu vaccine every flu season.[159] Healthy People 2030 set a target to increase the percentage of noninstitutionalized adults aged 18 years and older who are vaccinated annually against seasonal influenza to 70%.[160] In 2021, 44.5% of adults aged 18 years and older received a flu vaccine in NYS. Westchester County had the highest percentage of adults vaccinated (44.5%), while Sullivan County had the lowest coverage (28.2%) in the M-H region. From 2018 to 2021, percentage of adults aged 18 years and older who received a flu vaccine has increased in all seven counties, as well as NYS excluding NYC and NYS [see Figure 140].

Figure 140



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2016	36.6	34.7	32.5	38.7	40.0	35.7	38.9	38.9	38.7
2018	22.4	27.4	28.9	27.9	27.8	23.2	29.5	25.9	26.9
2021	41.1	40.7	43.8	42.9	28.2	44.5	45.5	44.7	44.5

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents "During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?"

Source: NYSDOH Behavioral Risk Factor Surveillance System, April 2025

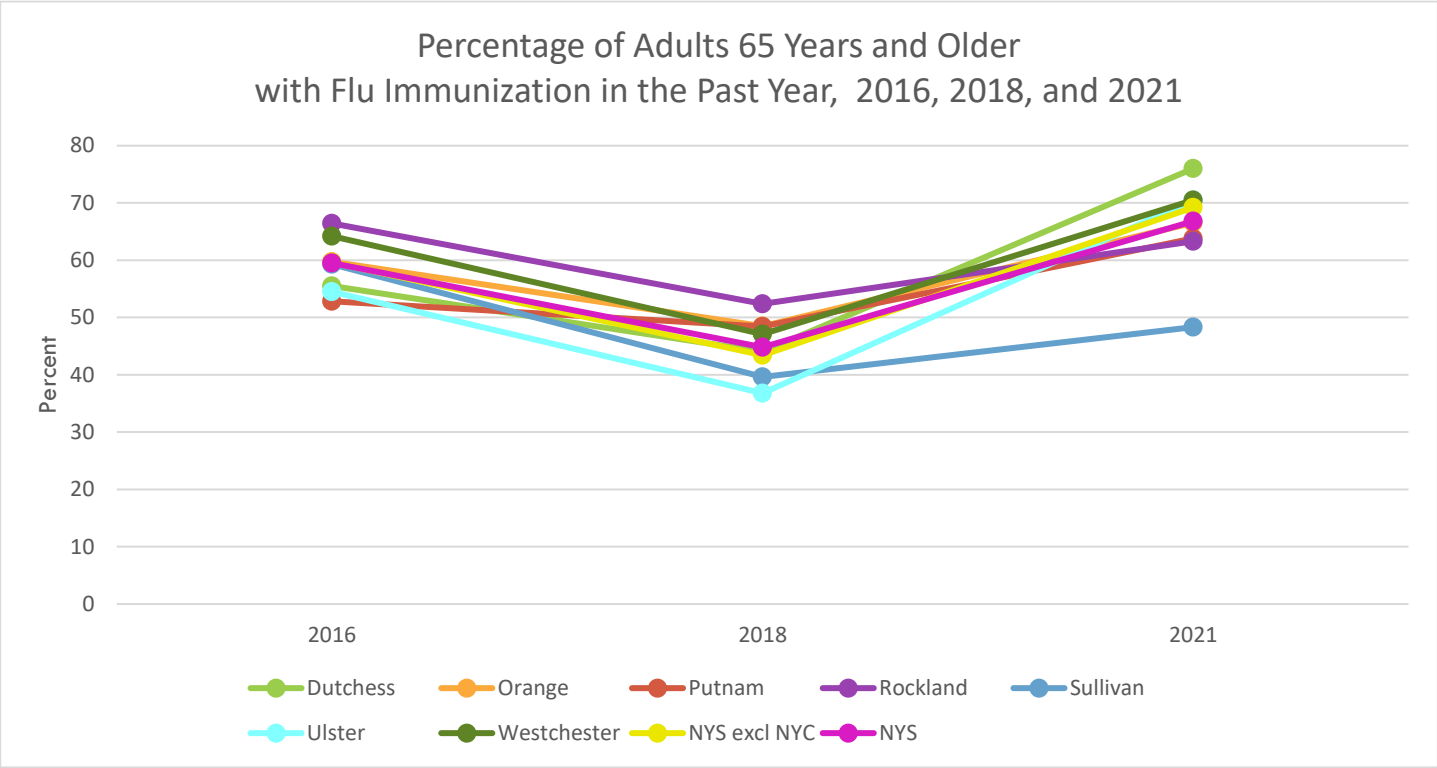
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/data

[159] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/flu/hcp/acip/index.html, accessed July 2025

[160] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccination/increase-proportion-people-who-get-flu-vaccine-every-year-iid-09, accessed August 2022

In NYS, 66.8% of those aged 65 years and older received a flu immunization in 2021 [see Figure 141]. Dutchess County had the highest percentage of individuals aged 65 years and older who received a flu vaccine (76.0%), while Sullivan County had the lowest flu vaccine coverage (48.3%). From 2018 to 2021, the percentage of adults aged 65 years and older who received a flu vaccine has increased in all seven counties in the M-H Region, as well as NYS excluding NYC and NYS.

Figure 141



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2016	36.6	34.7	32.5	38.7	40.0	35.7	38.9	38.9	38.7
2018	22.4	27.4	28.9	27.9	27.8	23.2	29.5	25.9	26.9
2021	41.1	40.7	43.8	42.9	28.2	44.5	45.5	44.7	44.5

**: Unreliable crude rate due to large standard error.*

Note: An adult is a person aged 65 years or older. The Behavioral Risk Factor Surveillance System asks respondents, " Have you ever had a pneumonia shot also known as a pneumococcal vaccine?" This only includes those who are 65 years and older.

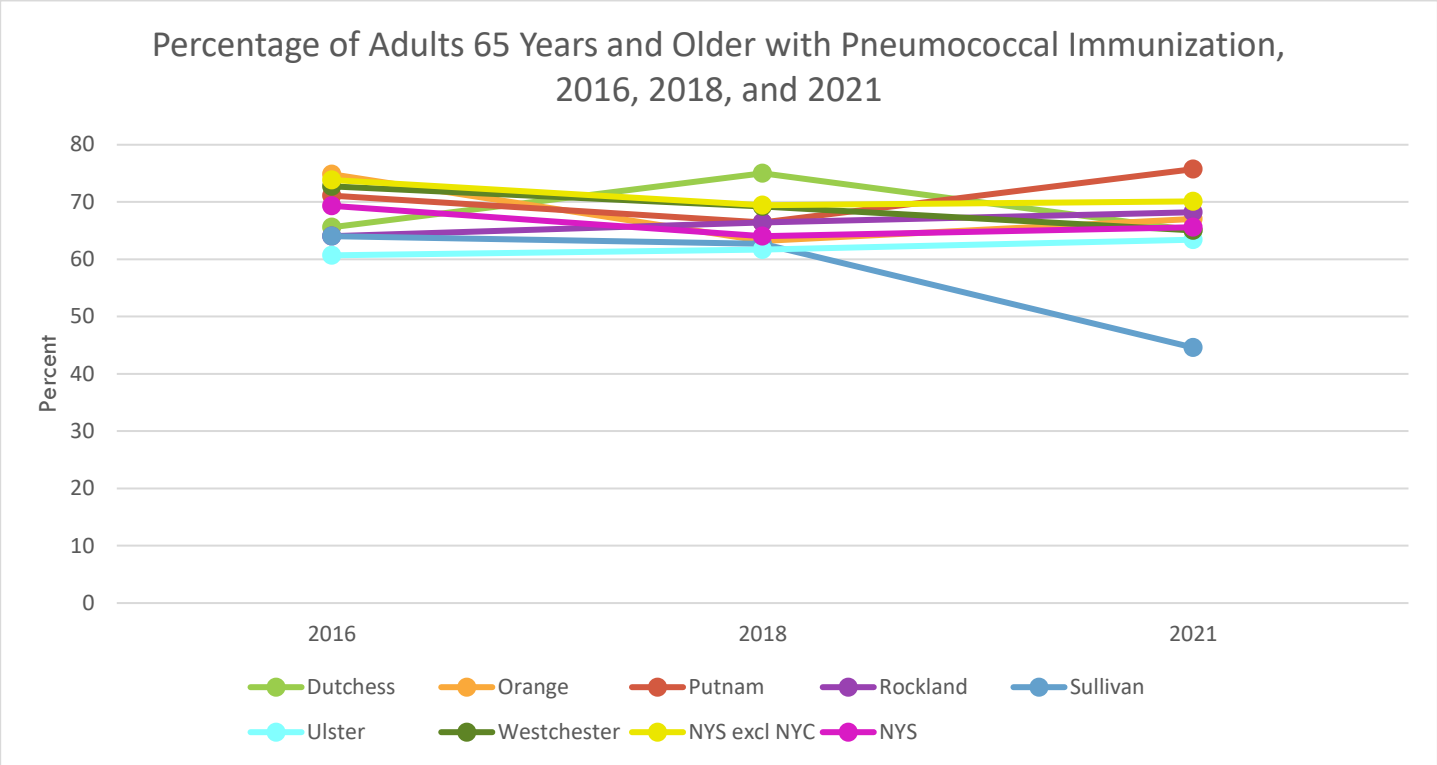
Source: NYSDOH Behavioral Risk Factor Surveillance System, June 2025

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

PNEUMONIA IMMUNIZATION

Pneumococcal disease is caused by a type of bacteria that can lead to pneumonia, meningitis, and bacteremia. Pneumococcal bacteria are spread through droplets in the air from someone who coughs or sneezes. While pneumococcal disease is more common in children, it is more likely to cause serious complications in adults.[161] Healthy choices, such as giving up smoking and managing chronic illnesses, can also help prevent pneumonia. The CDC recommends two pneumococcal vaccines for adults aged 65 years and older. In 2021, Putnam County had the highest percentage of adults 65 years and older vaccinated (75.7%), while Sullivan County had the lowest percentage (44.6%). From 2018 to 2021, Orange, Putnam, Rockland and Ulster increased their percentage. However, in that same time period, Dutchess, Sullivan and Westchester saw a decrease in their percentages [See Figure 142]

Figure 142



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2016	65.6*	74.8	71.1	64.0*	64.0*	60.7	72.7	73.8	69.3
2018	75.0	63.2*	66.4*	66.4*	62.7*	61.7*	69.2	69.4	64.0
2021	65.0	67.0	75.7	68.2*	44.6*	63.4*	65.0	70.1	65.6

**: Crude rate is unreliable due to large standard error.*

Note: An adult is a person aged 65 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Have you ever had a pneumonia shot also known as a pneumococcal vaccine?" This only includes those who are 65 years and older.

Source: NYSDOH Behavioral Risk Factor Surveillance System, June 2025
https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/data

[161] US Department of Health and Human Services, 2022, https://www.hhs.gov/immunization/diseases/pneumonia/index.html, accessed July 2025

SEXUALLY TRANSMITTED INFECTIONS

HIV/AIDS

The Human Immunodeficiency Virus (HIV) is a virus that attacks the body's immune system, weakening its ability to fight infections and illnesses. HIV is transmitted primarily through sexual contact and sharing of needles and other drug injection equipment, but it can also be transmitted from mother to baby during pregnancy, childbirth, and breast feeding.[162] Left untreated, HIV infection can lead to acquired immunodeficiency syndrome(AIDS). While most people experience brief flu-like symptoms during early infection, some have no symptoms at all. HIV screening is critical to identify HIV infections, facilitate treatment, and prevent spread. Although there is no cure for HIV, proper treatment can control the virus, preventing progression to AIDS in infected individuals and decreasing risk of transmission to others. Other HIV prevention strategies include consistent use of safer sex practices like condoms, never sharing drug injection equipment, and use of PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis).[163]

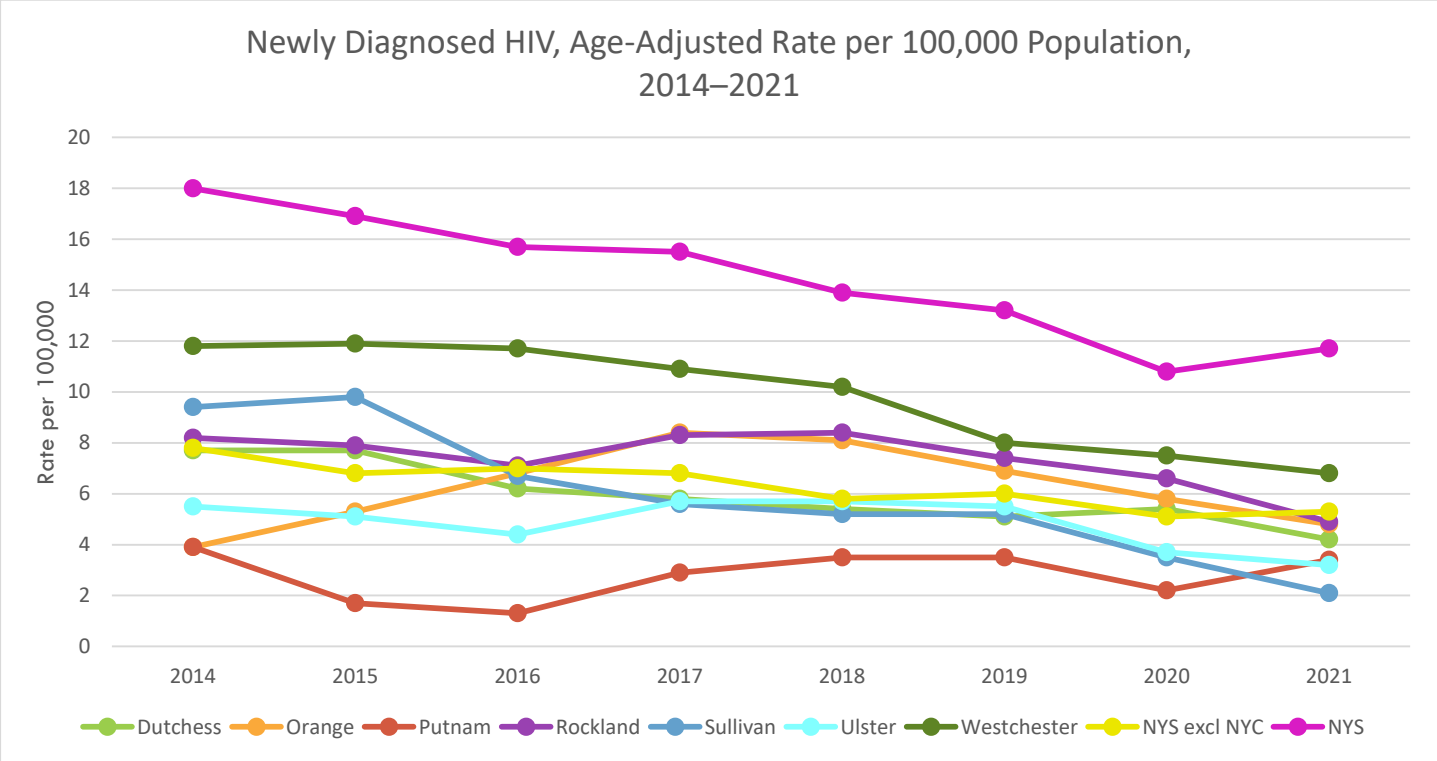
In 2023, 39,201 people over 13 years of age were diagnosed with HIV in the U.S. The highest rates were among males (22.5 per 100,000 population), those aged 25–34 (31.3 per 100,000 population), Black/African Americans (41.9 per 100,000 population), and residents of southern states (18.4 per 100,000 population). Male-to-male sexual contact (MMSC) accounted for 66% of cases, with 50% occurring in southern states. Females accounted for 19% of diagnoses, with Black/African American women representing 50% of female cases despite making up only 13% of the female population. Their diagnosis rate (19.6 per 100,000 population) was 3 times higher than Hispanic/Latino females and 11 times higher than White females.[164]

The number of new HIV diagnoses in New York State has decreased by 37% from 2011 to 2023, dropping from 4,007 to 2,517. However, in 2023, 19% of new HIV diagnoses were concurrently diagnosed with AIDS, indicating that many are being diagnosed late in the course of their infection. As of December 2023, 105,447 New Yorkers were living with diagnosed HIV. The burden of HIV was heaviest in New York City, which reported 1,799 HIV cases in 2023 (21.2 per 100,000 population), while the remainder of the state recorded 718 (7.1 per 100,000 population). Non-Hispanic Black and Hispanic individuals were disproportionately affected in both areas.[165]

[162] Centers for Disease Control and Prevention, How HIV Spreads, 2024, https://www.cdc.gov/hiv/causes/index.html, accessed August 2025
[163] Centers for Disease Control and Prevention, About HIV, 2025, https://www.cdc.gov/hiv/about/index.html, accessed August 2025
[164] Centers for Disease Control and Prevention, HIV Diagnoses, Deaths, and Prevalence, 2025, https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-and-prevalence-2025.html, accessed August 2025
[165] New York State Department of Health, New York State HIV/AIDS Annual Surveillance Report, 2024, https://www.health.ny.gov/diseases/aids/general/statistics/annual/2023/2023_annual_surveillance_report.pdf, accessed August 2025

In the M-H Region, three-year average rates of newly diagnosed HIV cases remained stable or decreased for all counties from 2013-2022, underscoring local progress in HIV prevention and treatment initiatives. Among the seven counties, Westchester had the highest 3-year average rate from 2020-2022 (6.8 per 100,000 population) and was the only county with a rate higher than the NYS excluding NYC 2021 one-year rate of 5.3 per 100,000 population. Sullivan County had the lowest rate at 2.1 per 100,000 population [see Figure 143].

Figure 143



	Three-Year average							Single-Year	
Year	**Dutchess**	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2014	7.7	3.9	3.9*	8.2	9.4	5.5	11.8	7.8	18
2015	7.7	5.3	1.7*	7.9	9.8	5.1	11.9	6.8	16.9
2016	6.2	6.8	1.3*	7.1	6.7	4.4	11.7	7	15.7
2017	5.8	8.4	2.9*	8.3	5.6	5.7	10.9	6.8	15.5
2018	5.4	8.1	3.5	8.4	5.2	5.7	10.2	5.8	13.9
2019	5.1	6 9	3.5	7.4	5.2	5.5	8.0	6.0	13.2
2020	5.4	5.8	2.2*	6.6	3.5*	3.7	7.5	5.1	10.8
2021	4.2	4.8	3.4*	4.9	2.1*	3.2	6.8	5.3	11.7

**: The rate is unstable.*

Note: Three-year age-adjusted rates for counties and single-year age-adjusted rates for NYS and NYS excluding NYC are used in both the table and graph above. This includes the number of people newly diagnosed with human immunodeficiency virus (HIV), regardless of concurrent or subsequent AIDS diagnosis.

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

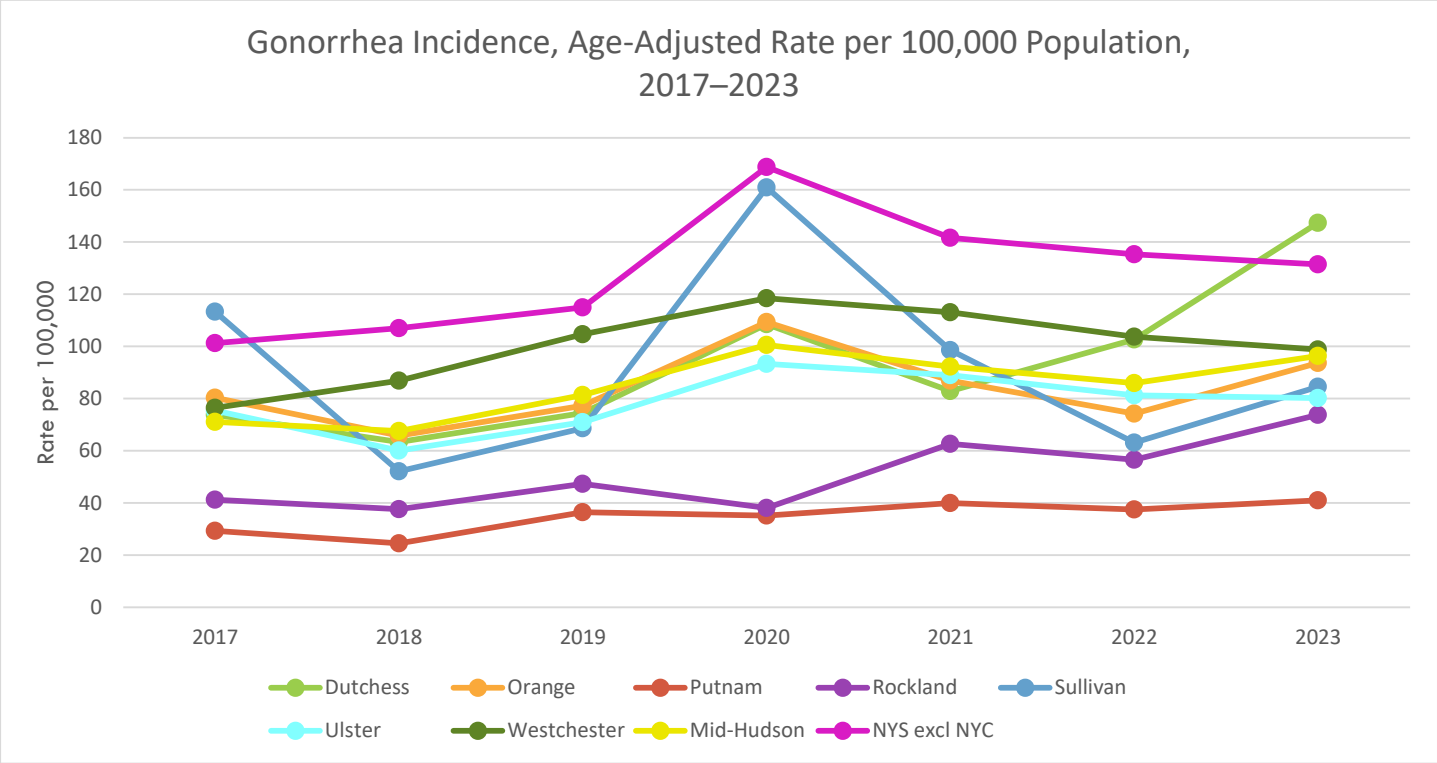
GONORRHEA

Gonorrhea is the second most commonly reported sexually transmitted infection (STI) in the United States.[166] Transmission occurs through unprotected vaginal, anal, or oral sexual contact and from mother to child during childbirth. Many infections are asymptomatic, particularly in women, which contributes to underdiagnosis and inadvertent spread. When symptoms occur, they may include painful urination, discharge, or genital discomfort.[167] Untreated gonorrhea can increase risk for contracting HIV and progress to pelvic inflammatory disease (PID) in women, increasing future risk for infertility, miscarriage and ectopic pregnancy. Gonorrhea can be cured with antibiotics; however antimicrobial resistance is becoming more common in the bacteria that causes gonorrhea.[168]

[166] Centers for Disease Control and Prevention, STI Statistics, 2024, https://www.cdc.gov/sti-statistics/annual/summary.html, accessed August 2025
[167] Centers for Disease Control and Prevention, About Gonorrhea, 2025, https://www.cdc.gov/gonorrhea/about/index.html, accessed August 2025
[168] New York State Department of Health, Sexually Transmitted Infections Surveillance Summary Report, New York State, 2023, https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2023.pdf, accessed August 2025

Figure 144 depicts an overall increasing trend in gonorrhea case rates across the M-H Region and NYS excluding NYC from 2017 to 2023. Among M-H Region counties in 2023, Putnam and Dutchess Counties are notable for reporting the lowest (41cases per 100,000 population) and highest rates (147 cases per 100,000 population), respectively. Over this seven-year span, Dutchess County's rate doubled, increasing from 74 to 147 cases per 100,000 population. In contrast, Putnam County consistently maintained the region's lowest rates, with rates ranging from a low of 25 cases per 100,000 in 2018, to a high of 41 cases per 100,000 in 2023.

Figure 144



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC
2017	74	80	29	41	113	75	76	71	101.2
2018	63	66	25	38	52	60	87	68	107.0
2019	75	77	36	47	69	71	105	81	114.9
2020	109	109	35	38	161	93	119	101	168.8
2021	83	87	40	63	99	89	113	92	141.6
2022	103	74	38	57	63	81	104	86	135.3
2023	147	94	41	74	85	80	99	96	131.5

Source: NYS Department of Health Office of Sexual Health and Epidemiology, May 2025 sourced from Sexually Transmitted Infections Surveillance Summary Reports, 2017-2023
https://www.health.ny.gov/statistics/diseases/communicable/std/index.htm

CHLAMYDIA

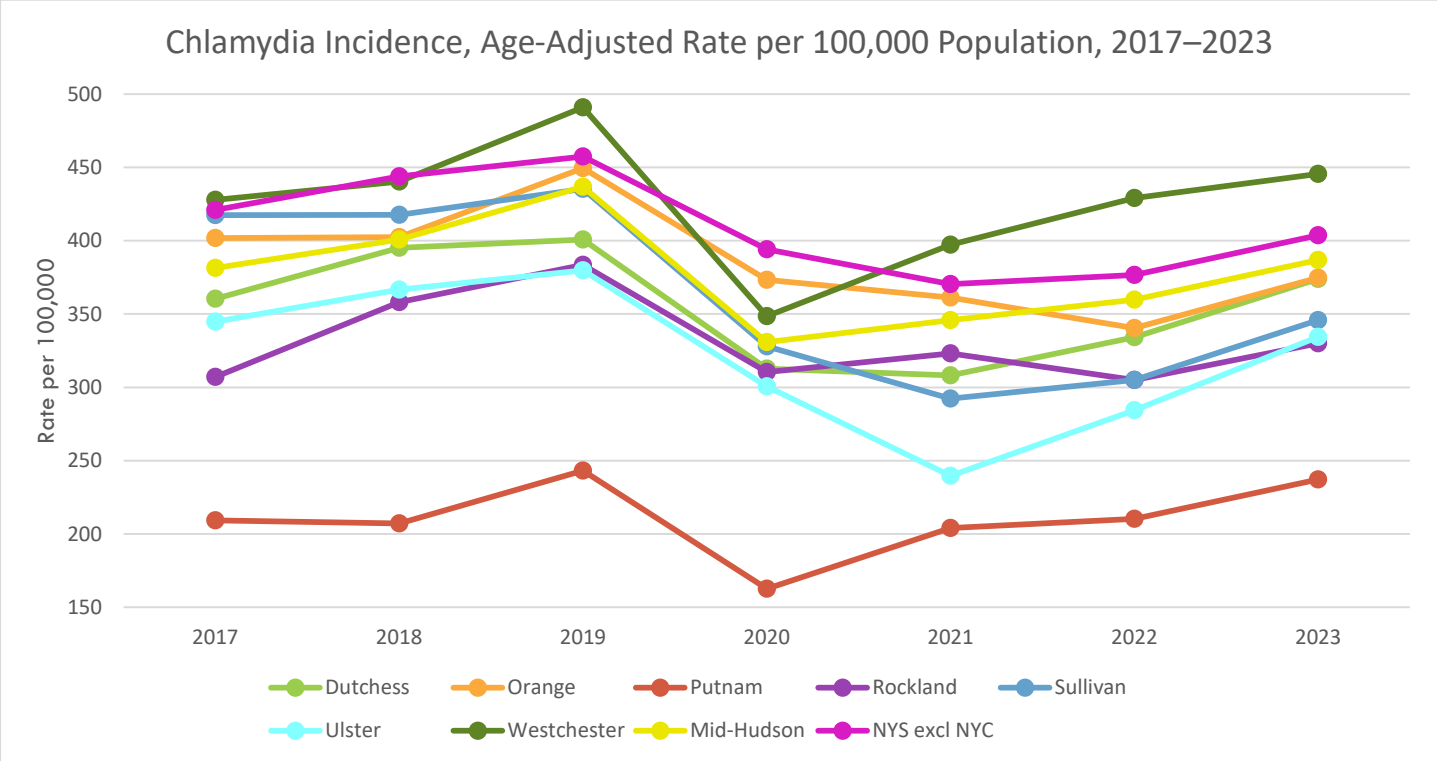
Chlamydia is the most frequently reported bacterial sexually transmitted infection (STI) in the United States. According to the Centers for Disease Control and Prevention (CDC), over 1.6 million cases of chlamydia were reported in the U.S. in 2023[169], though actual incidence is likely higher due to underdiagnosis. Often asymptomatic, it poses significant challenges for timely diagnosis and treatment, contributing to hidden transmission and long-term health complications. Left untreated in women, chlamydia can lead to pelvic inflammatory disease (PID), which increases future risk of miscarriage, ectopic pregnancy, and infertility. Chlamydia infection also increases the risk for contracting other STIs like gonorrhea and HIV. Routine screening, which is critical to preventing these consequences, decreased due to COVID-19 impacts on healthcare services, and this is reflected in decreased incidence rates in 2020 and 2021.[170]

[169] Centers for Disease Control and Prevention, National Overview of STIs in 2023, 2025, https://www.cdc.gov/sti-statistics/annual/summary.html, accessed June 2025

[170] New York State Department of Health, Sexually Transmitted Infections Surveillance Summary Report, New York State, 2023, https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2023.pdf, accessed August 2025

In 2023, chlamydia incidence rates rose for every county in the M-H Region as compared to 2022. Putnam and Westchester Counties are notable for having the lowest (237 per 100,000 population) and highest rates (446 per 100,000 population), respectively, with Westchester's incidence far exceeding the regional rate (387 per 100,000 population). Looking longitudinally from 2017-2023, chlamydia rates peaked in the region in 2019, dropped in 2020 due to pandemic impacts on screening, and then resumed an upward trend [see Figure 145].

Figure 145



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC
2017	360	402	209	307	417	345	428	382	421
2018	395	402	207	358	418	367	440	401	444
2019	401	450	243	384	435	380	491	437	458
2020	313	373	163	311	328	301	349	331	394
2021	308	361	204	323	292	240	397	346	370
2022	334	340	210	305	305	284	429	360	377
2023	374	375	237	330	346	334	446	387	404

Note: Y-axis does not begin at zero in order to clearly display trend lines.
Source: NYS Department of Health Office of Sexual Health and Epidemiology, May 2025 sourced from Sexually Transmitted Infections Surveillance Summary Reports, 2017-2023
https://www.health.ny.gov/statistics/diseases/communicable/std/index.htm

SYPHILIS

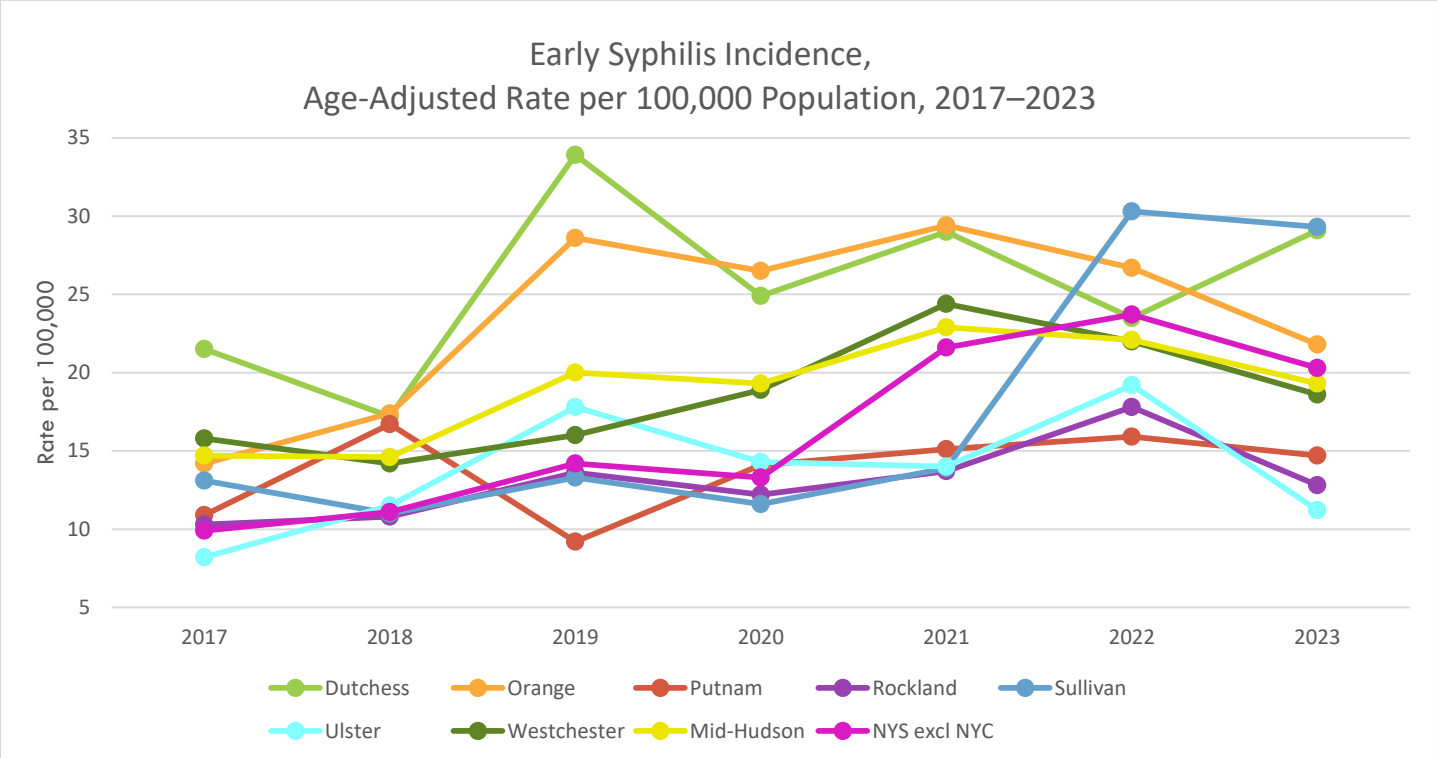
Syphilis is a sexually transmitted infection (STI) with four progressive stages which can lead to serious long-term health problems if left untreated. Syphilis can be cured with antibiotics, but any damage to the body that has already occurred cannot be undone. Having syphilis also increases the risk for HIV infection, and women with syphilis can pass it to their baby during pregnancy. Syphilis infection during pregnancy can result in poor birth outcomes such as pre-term birth, stillbirth, and severe health problems in infants. Safer sex practices such as consistent and correct use of condoms can reduce risk of contracting syphilis. Regular screening of pregnant women and those with certain risk factors (e.g. HIV infection, multiple sex partners) is critical to early diagnosis and prevention of severe outcomes.[171]

Syphilis rates are increasing in the US. In 2023, 209,253 cases of syphilis were reported, which was the highest number of cases reported since 1950.[172] In New York State, syphilis cases have been surging since the early 2000s, but decreases were seen in 2023 as compared to 2022.[173]

[171] Centers for Disease Control and Prevention, About Syphilis, 2025, https://www.cdc.gov/syphilis/about/index.html, accessed August 2025
[172] Centers for Disease Control and Prevention, National Overview of STIs in 2023, 2024, https://www.cdc.gov/sti-statistics/annual/summary.html, accessed June 2025
[173] New York State Department of Health, Sexually Transmitted Infections Surveillance Summary Report, New York State, 2023, https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2023.pdf, accessed August 2025

In the M-H Region early syphilis rates have followed those of NYS, excluding NYC with rates increasing from 2017 to 2021, and then decreasing in 2022 and again in 2023. In 2023, Dutchess and Sullivan had the highest rates among the counties and Dutchess was the only county to see an increase from 2022 to 2023 [see Figure 146].

Figure 146



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson Region	NYS excl NYC
2017	22	14	11	10	13	8	16	15	10
2018	17	17	17	11	11	12	14	15	11
2019	34	29	9	14	13	18	16	20	14
2020	25	27	14	12	12	14	19	19	13
2021	29	29	15	14	14	14	24	23	22
2022	24	27	16	18	30	19	22	22	24
2023	29	22	15	13	29	11	19	19	20

Note: Y-axis does not begin at zero in order to clearly display trend lines. Early syphilis includes non-primary and non-secondary stages.
Source: NYS Department of Health Office of Sexual Health and Epidemiology, May 2025 sourced from Sexually Transmitted Infections Surveillance Summary Reports, 2017-2023
https://www.health.ny.gov/statistics/diseases/communicable/std/index.htm

TICK-BORNE DISEASES

LYME DISEASE

Lyme disease is caused by the bacterium *Borrelia burgdorferi*, which is transmitted through the bite of infected black-legged ticks. Symptoms of Lyme disease may include fever, headache, fatigue, and a rash known as erythema migrans. Most cases of Lyme disease can be treated with antibiotics. Left untreated, Lyme disease can cause more severe disease.[174] Lyme disease is diagnosed based on symptoms, physical findings, and exposure to infected ticks. Laboratory testing can also be helpful in diagnosing Lyme disease.

According to the CDC, recent estimates suggest that as many as 476,000 people may be diagnosed and treated for Lyme disease every year.[175] Preventing Lyme disease starts with reducing the likelihood of a tick bite. Tick bite prevention methods include using EPA approved insect repellent, avoiding dense woods and bushy areas, wearing enclosed shoes, long pants, and long sleeve shirts when entering areas that might contain ticks, and performing a full body check after being outdoors and removing ticks promptly.[176]

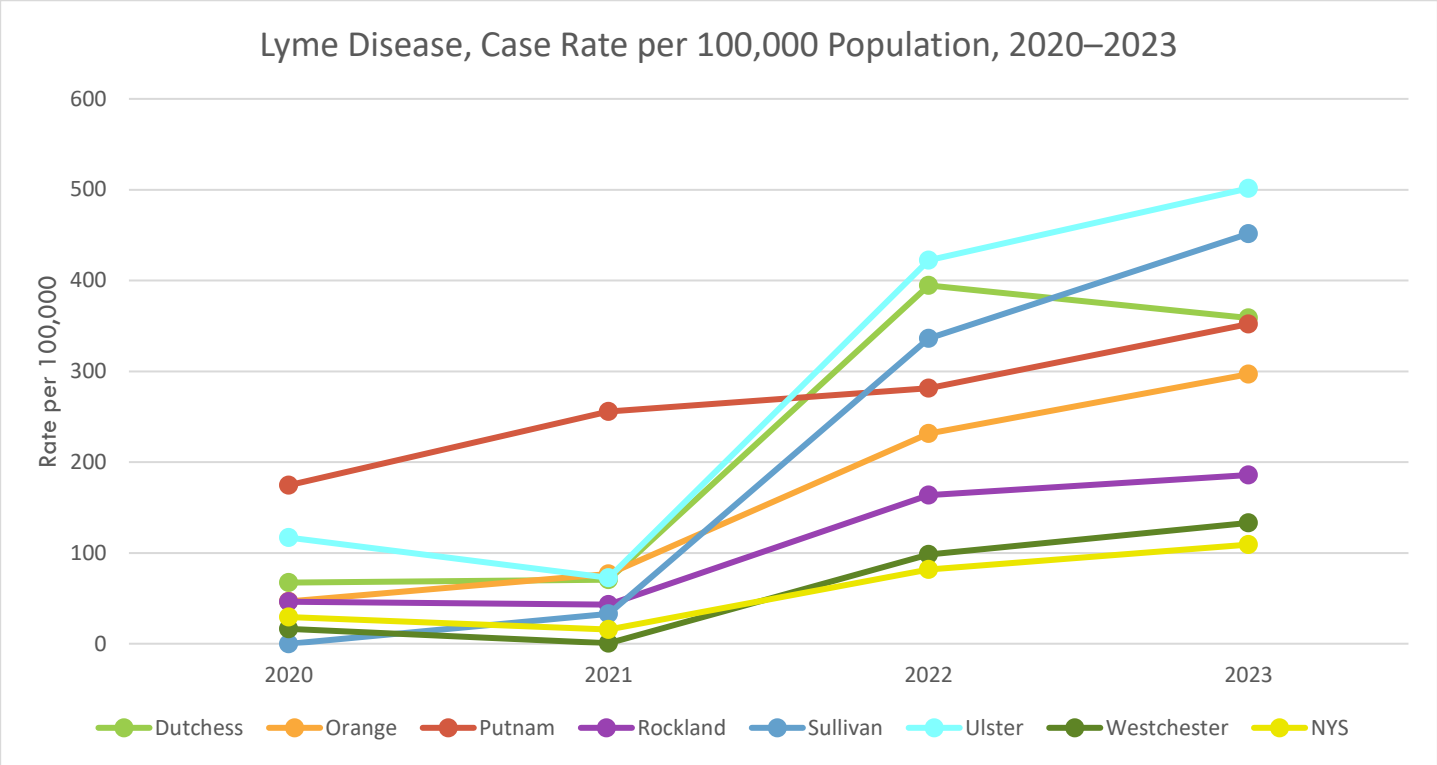
[174] Centers for Disease Control and Prevention, 2022, https://www.cdc.gov/lyme/treatment/index.html, accessed July 2025

[175] Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/lyme/data-research/facts-stats/index.html, accessed July 2025

[176] New York State Department of Health, 2025 https://www.health.ny.gov/diseases/communicable/lyme/#:~:text=Avoid%20dense%20woods%20and%20bushy,that%20may%20be%20on%20you, accessed July 2025

From 2020 through 2023, all counties in the M-H region as well as NYS, experienced increases in their Lyme disease case rates per 100,000 population. For all counties in the M-H region, as well as NYS, the largest case rate increases took place from 2021 to 2022; with the exception of Putnam County, whose largest case rate increase took place from 281.5 per 100,000 population 2020 to 351.9 per 100,000 population in 2021. It must be noted that the CDC enacted a change in the case definition[177] in 2022 which likely explains the large case rate increases that the rest of the M-H region and NYS experienced from 2021 to 2022. [see figure 147]

Figure 147



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	67.5	46.7	174.6	46.3	0.0	116.8	16.5	29.3
2021	70.6	76.8	255.8	43.2	33.0	72.6	0.5	15.6
2022	394.6	231.6	281.5	163.7	336.4	422.3	98.3	81.9
2023	358.9	296.9	351.9	185.7	451.5	501.3	132.9	109.1

Note: Lyme disease is tracked by the NYSDOH through surveillance systems. The number of Lyme disease cases are estimated using a combination of traditional surveillance and sampling methods. The case definition for Lyme disease changed in 2022. Data from before that time is not comparable.

Source: NYSDOH Communicable Disease Annual Reports, June 2025 sourced from NYSDOH Communicable Disease Electronic Surveillance System
https://health.ny.gov/statistics/diseases/communicable/

[177] National Notifiable Diseases Surveillance System: Lyme Disease 2022 Case definition, 2021, https://ndc.services.cdc.gov/case-definitions/lyme-disease-2022/, accessed July 2025

ANAPLASMOSIS

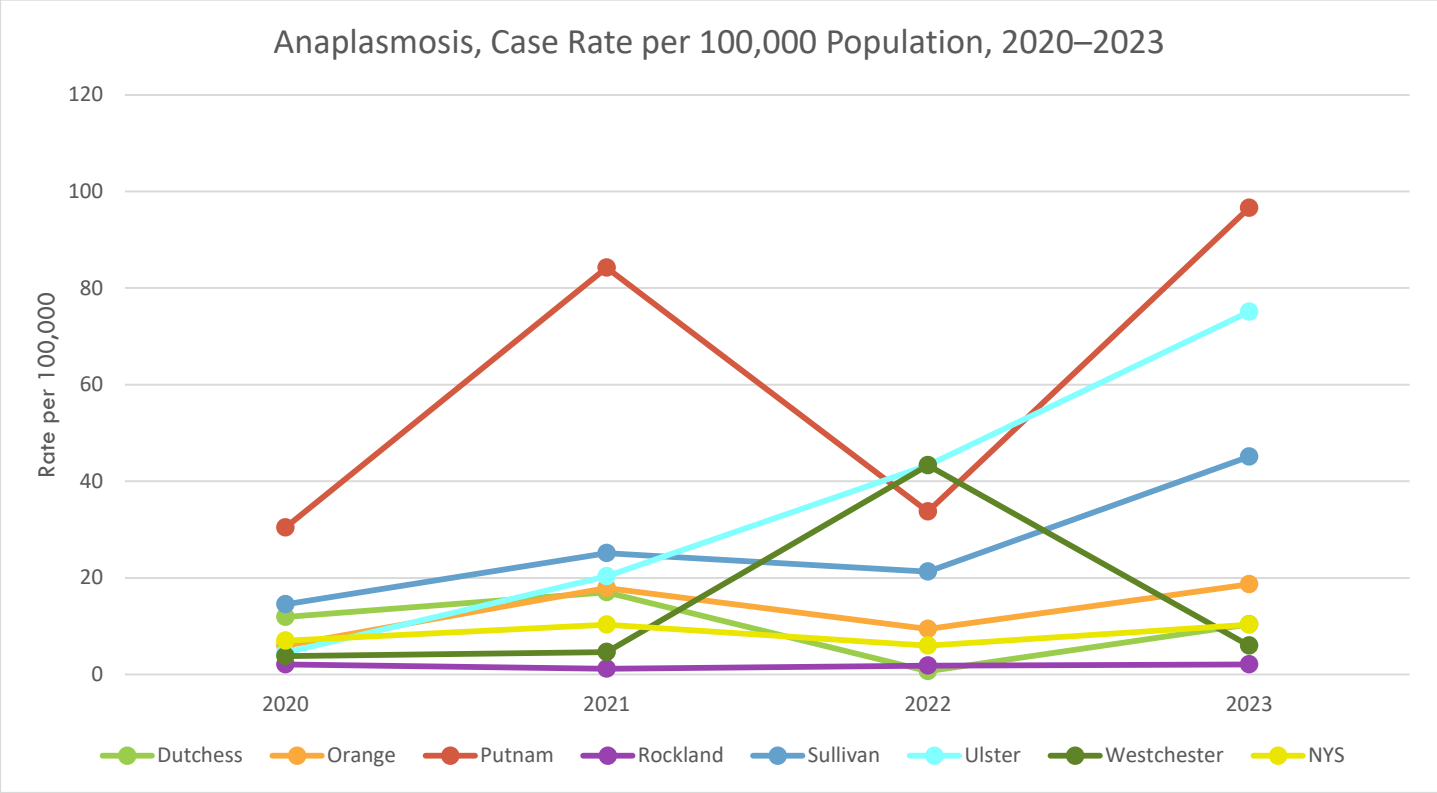
Anaplasmosis is a disease caused by the bacterium *Anaplasma phagocytophilum*, which is transmitted to humans via the bite of infected black-legged ticks. Early symptoms of anaplasmosis may include fever, headache, chills, and muscle aches. If left untreated, or if other medical conditions are present, anaplasmosis can cause more serious illness resulting in respiratory failure, bleeding problems, organ failure, and, in rare cases, death. Anaplasmosis is diagnosed based on symptoms and blood tests. People with weakened immune systems may be at an increased risk of severe outcomes.[178]

The number of reported anaplasmosis cases in the US has increased since steadily since the disease became nationally notifiable. Cases increased in 2021 to 6,729 which was higher than pre-pandemic levels. Cases decreased in 2022 but still remained higher than pre-pandemic levels. Cases increased again to a high of 7,280 in 2023.[179] The geographic range of anaplasmosis also appears to be increasing as black-legged ticks expand in range. Increasing ranges for the black-legged tick have been documented along the Hudson River Valley, Michigan, and Virginia. 90% of all anaplasmosis cases reported came from eight states: Maine, Massachusetts, Minnesota, New Jersey, New York, Pennsylvania, Vermont, and Wisconsin. NYS' incidence per million nearly doubled from 2022 to 2023.[180]

[178] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/anaplasmosis/about/index.html, accessed July 2025
[179] Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/anaplasmosis/hcp/statistics/index.html, accessed July 2025
[180] Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/anaplasmosis/hcp/statistics/index.html, accessed July 2025

In most counties, the case rate increased from 2020 to 2021, except for Rockland which saw a decrease [see Figure 148]. All the counties experienced an increase from 2022 to 2023, except for Westchester who had a large decrease. In 2023, Putnam County reported the highest rate of anaplasmosis cases (96.6 per 100,000 population) and Rockland had the lowest (2.1 per 100,000 population).

Figure 148



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	11.9	6.0	30.4	2.1	14.5	4.5	3.8	7.0
2021	17.0	17.9	84.2	1.2	25.1	20.3	4.6	10.3
2022	0.7	9.4	33.7	1.8	21.3	43.3	43.3	6.0
2023	10.4	18.7	96.6	2.1	45.1	75.1	6.0	10.3

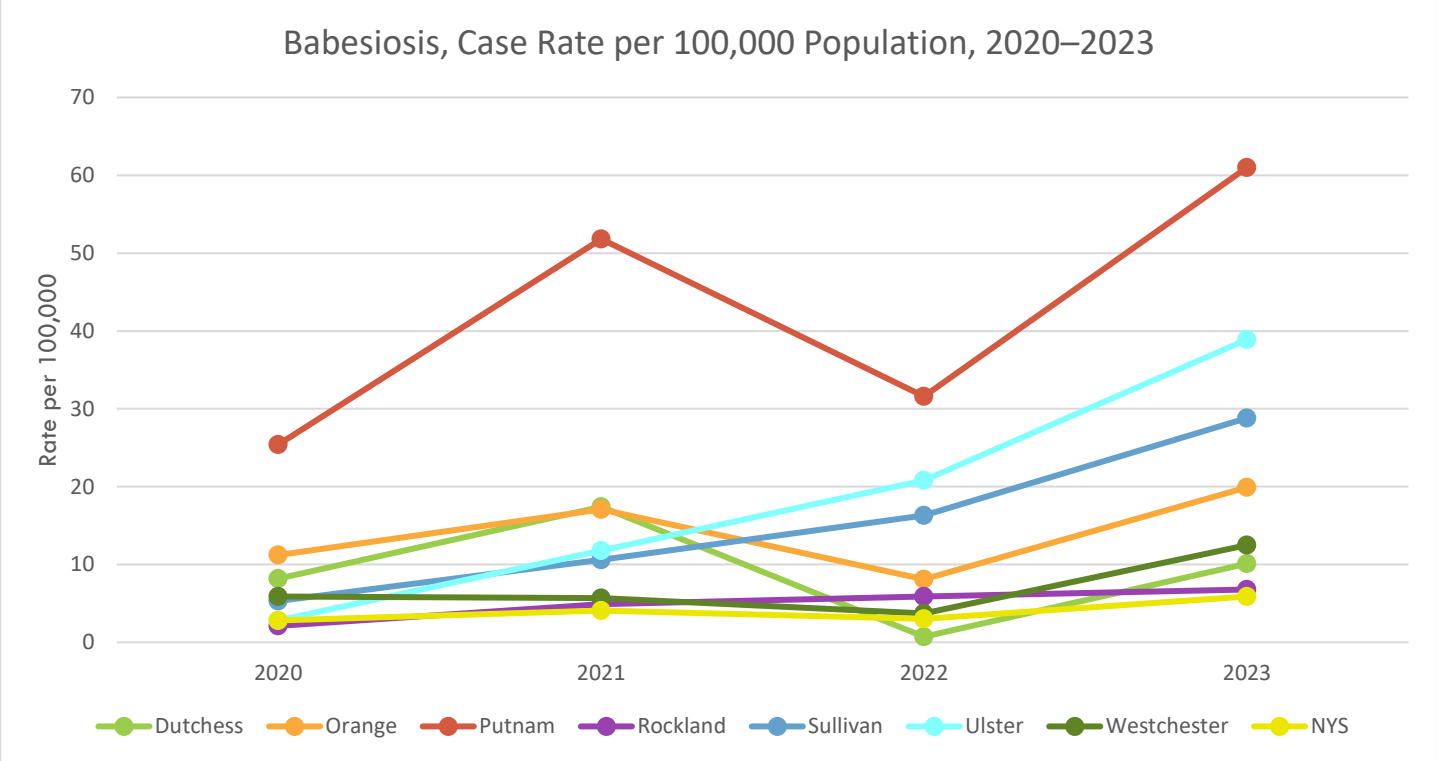
Source: NYSDOH Communicable Disease Annual Reports, June 2025 sourced from NYSDOH Communicable Disease Electronic Surveillance System
https://health.ny.gov/statistics/diseases/communicable/

BABESIOSIS

Babesiosis is caused by the parasite Babesia microti that infects red blood cells and is spread by black-legged ticks. Tick-borne transmission is most common in the Northeast and upper Midwest of the US and usually peaks during warmer months. Many individuals infected with babesiosis do not experience any symptoms, but treatment is available for those who do. In those with symptoms, babesiosis is usually diagnosed by examining blood specimens to search for Babesia microti parasites in the red blood cells.[181]

From 2020 through 2021, all counties in the region except Westchester experienced a net increase in case rate. Putnam experiencing the most significant rate increase during this time. From 2021 through 2022 Dutchess, Orange, Putnam, and Westchester experienced a net decrease during this time. As of 2023, all counties in the M-H Region experienced rates that were higher than NYS and had a net increase in case rates see [see Figure 149].

Figure 149



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2020	8.2	11.2	25.4	2.1	5.3	2.8	5.9	2.8
2021	17.4	17.1	51.8	4.9	10.6	11.8	5.7	4.1
2022	0.7	8.1	31.6	5.9	16.3	20.8	3.7	3.0
2023	10.1	19.9	61.0	6.8	28.8	38.9	12.5	5.9

Source: NYSDOH Communicable Disease Annual Reports, June 2025 sourced from NYSDOH Communicable Disease Electronic Surveillance System
https://health.ny.gov/statistics/diseases/communicable

[181] Centers for Disease Control and Prevention, 2020, https://www.cdc.gov/babesiosis/about/, accessed July 2025

RABIES

Rabies is a nearly 100% fatal viral disease that attacks the central nervous system, transmitted primarily through bites or scratches from infected animals. While human cases are rare in the U.S. due to widespread pet vaccination programs, the virus persists in wildlife populations, posing ongoing risks to pets, livestock, and people. In the U.S., over 90% of animal rabies cases occur in wildlife, including bats, raccoons, skunks, and foxes, with bats accounting for 70% of human deaths.[182] Globally, dogs remain the primary source of human infections, particularly in Africa, Asia, and parts of Central/South America where access to rabies post-exposure prophylaxis (RPEP) is limited, resulting in 70,000+ annual fatalities.[183] In the United States prevention continues to be a public health priority due to the high case fatality rate. Every year, more than 90 million cats and dogs get vaccinated by veterinarians, and more than 5 million oral vaccines baits are distributed to wildlife.[176]

In 2024, the M-H Region saw 5 confirmed rabies cases in domestic animals (2 in Orange County, 1 each in Dutchess, Rockland, and Westchester), constituting 2.1% of all domestic animal specimens tested. There were 44 positive wildlife cases, constituting 7.3% of all wild animal specimens tested. Westchester County had the highest number of rabies positive wild animals (18), while Sullivan County reported the highest wildlife positivity rate (23.1%) [see Tables 18 and19].

Table 18

Animal Rabies Testing of Domestic Species†, 2024

County	Total Domestic Animals Tested	Total Domestic Animals Positive	Percent Positive
Dutchess	35	1	2.9
Orange	51	2	3.9
Putnam	13	0	0.0
Rockland	25	1	4.0
Sullivan	33	0	0.0
Ulster	26	0	0.0
Westchester	55	1	1.8
Mid-Hudson	238	5	2.1

Note: †Domestic species include dogs, cats, ferrets, horses, donkeys, mules, cattle, sheep, goats, and pigs.
Source: NYSDOH Wadsworth Center Rabies Laboratory, May 2025
Laboratory Submissions Rabies Testing Domestic and Wild Animal Species

[182] Centers for Disease Control and Prevention, About Rabies, 2024, https://www.cdc.gov/rabies/about/index.html, accessed June 2025
[183] Centers for Disease Control and Prevention, Global Rabies: What You Should Know, 2025, https://www.cdc.gov/rabies/around-world/index.html, accessed August 2025

Table 19

Animal Rabies Testing of Wild Species†, 2024			
County	**Total Wild Animals Tested**	**Total Wild Animals Positive**	**Percent Positive**
Dutchess	76	6	7.9
Orange	71	4	5.6
Putnam	54	3	5.6
Rockland	31	0	0.0
Sullivan	13	3	23.1
Ulster	58	10	17.2
Westchester	294	18	6.1
Mid-Hudson	597	44	7.3

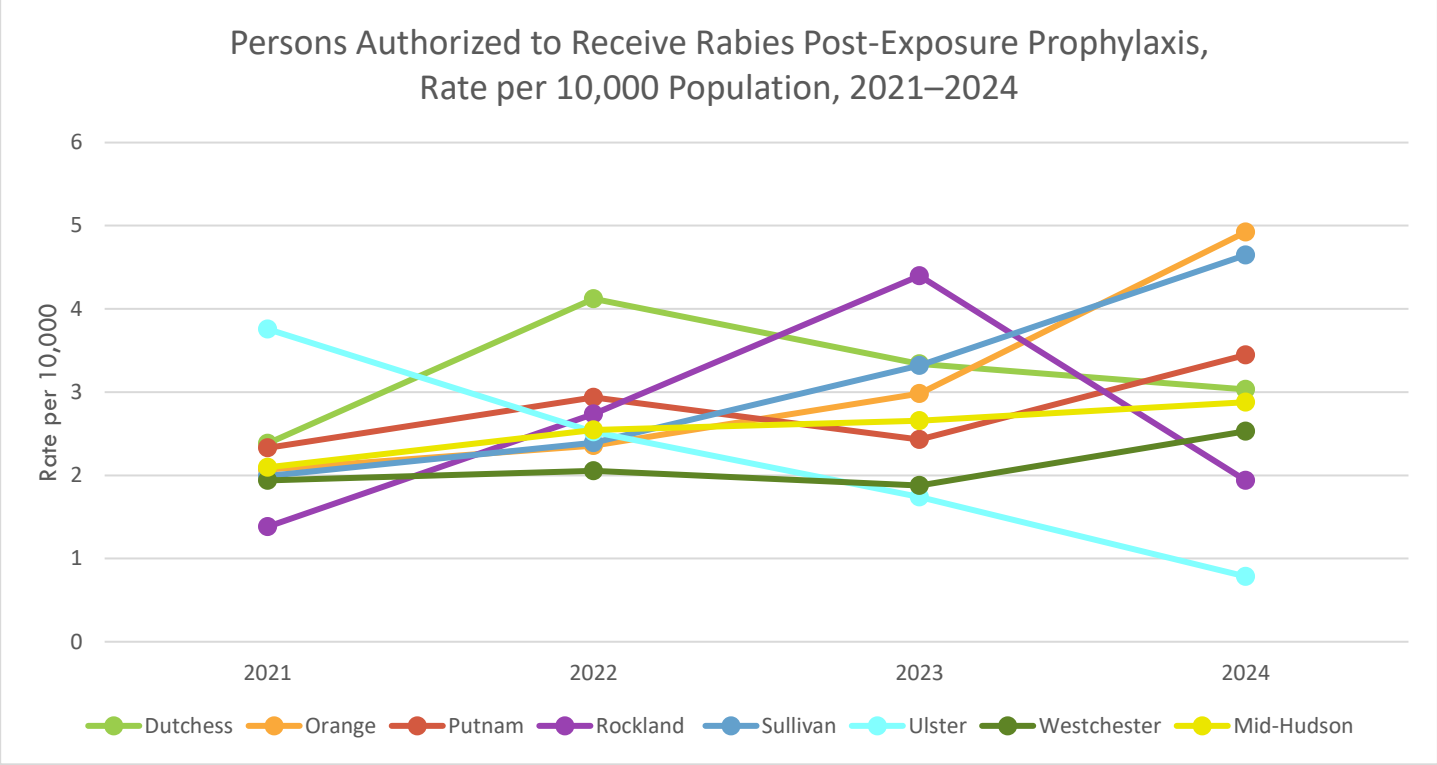
Note: †Wild species include bats, bears, bobcats, coyote, deer, fox, opossum, porcupine, rabbit, raccoon, rat, skunk, squirrel, weasel, and woodchuck.

Source: NYSDOH Wadsworth Center Rabies Laboratory, May 2025

Laboratory Submissions Rabies Testing Domestic and Wild Animal Species

Prompt medical intervention is critical after suspected exposure to rabies. Rabies post-exposure prophylaxis (RPEP), which typically consists of wound care, human rabies immune globulin (HRIG), and a series of rabies vaccines[184], is highly effective if administered promptly after exposure. Approximately 100,000 Americans receive RPEP annually.[185] In NYS, local health departments prevent rabies in people by investigating reports of human and pet exposures to possibly rabid animals and assuring access to rabies RPEP when indicated. In the Mid-Huson region over the last decade, 2 to 3 people per 10,000 population were authorized by local health departments to receive RPEP each year. In 2024, Sullivan County had the highest rate of RPEP authorization (4.6 per 10,000), while Ulster County had the lowest rate (0.8 per 10,000) [see Figure 150].

Figure 150



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson
2021	2.4	2.1	2.3	1.4	2.0	3.8	1.9	2.1
2022	4.1	2.4	2.9	2.7	2.4	2.5	2.1	2.5
2023	3.3	3.0	2.4	4.4	3.3	1.7	1.9	2.7
2024	3.0	4.9	3.4	1.9	4.6	0.8	2.5	2.9

Note: Rates calculated using population estimates from U.S. Census Bureau's 2023 American Community Survey (ACS) 5-Year Estimate, Table B01003.

Source: Data request from NYSDOH Bureau of Communicable Disease Control, May 2025

[184] Centers for Disease Control and Prevention, Rabies Post-Exposure Prophylaxis Guidance, 2025, https://www.cdc.gov/rabies/hcp/clinical-care/post-exposure-prophylaxis.html, accessed August 2025

[185] Centers for Disease Control and Prevention, Rabies Prevention and Control, 2025, https://www.cdc.gov/rabies/about/index.html, accessed August 2025

MATERNAL AND INFANT HEALTH

Maternal and infant health looks at the well-being of women during pregnancy, childbirth, and the postpartum period. It also includes the health of infants during the first year of life. Maternal and infant health are closely linked so are typically assessed together. Maternal and infant mortality are considered key indicators of a community overall health.

PRENATAL CARE

Prenatal care is the health care received from medical providers during pregnancy, including checkups, physicals, and prenatal testing. Getting early and regular prenatal care in the first trimester can help keep mothers and their babies healthy as it lets medical providers identify and treat health problems early. Babies born to mothers who do not get prenatal care are three times more likely to have a low birthweight and five times more likely to die.[186] During their first two trimesters, mothers should have prenatal visits every four to six weeks. After the first two trimesters, mothers should schedule prenatal visits every two to three weeks until week 36. After week 36, mothers should have a prenatal visit every week.

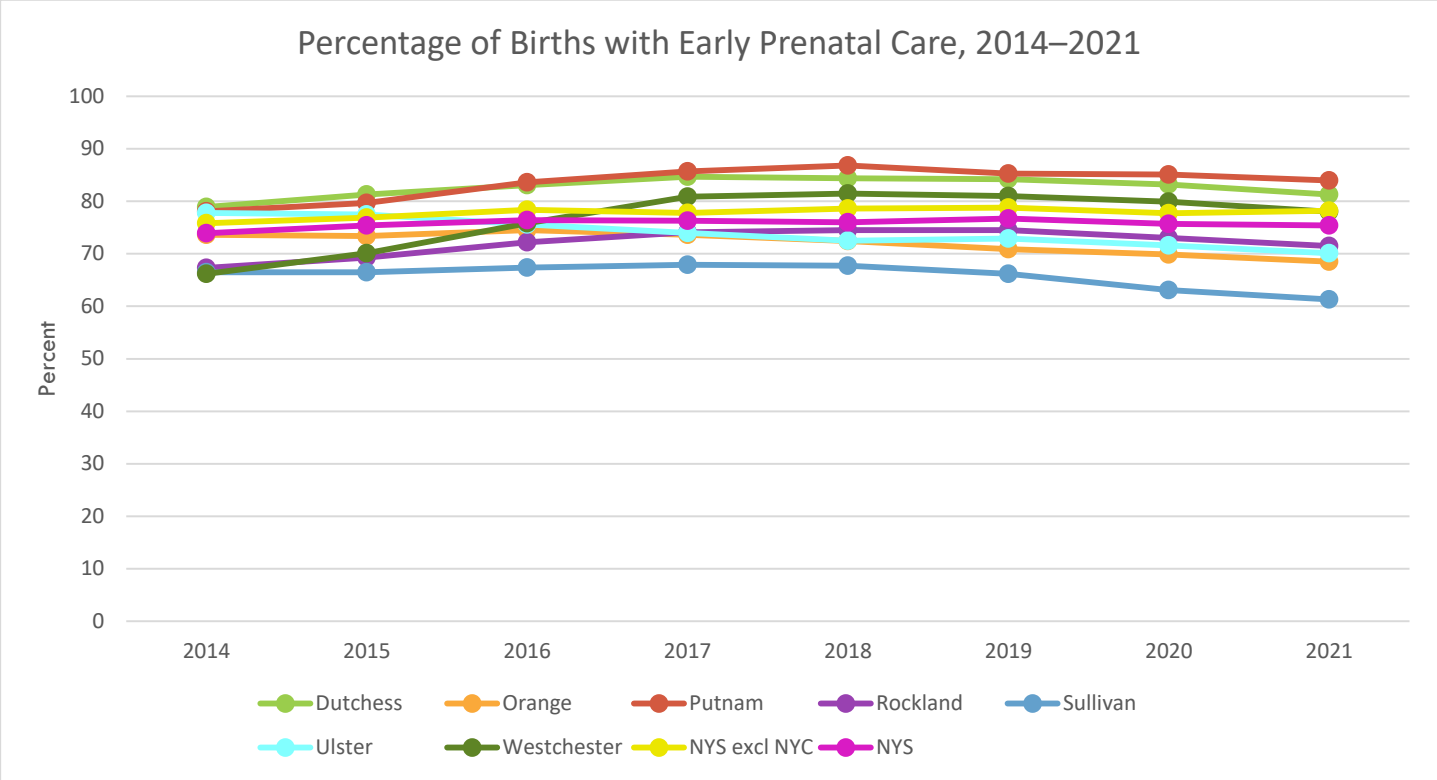
One objective of Healthy People 2030 is to increase the proportion of pregnant women who receive early and adequate prenatal care. Their target goal is to increase the percentage of pregnant women who receive prenatal care beginning in the first trimester to 80.5%.[187]

[186] OASH, Office on Women's Health, US Department of Health and Human Services, 2021, https://www.womenshealth.gov/a-z-topics/prenatal-care, accessed June 2025

[187] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-08, accessed June 2025

From 2014 to 2021, there were no marked changes in the percentage of women who receive early prenatal care in the M-H Region. In 2021, Sullivan County had the lowest percentage of women who receive early prenatal care (61.3%), and Putnam County had the highest percentage (84.0%) [see Figure 151]. In all M-H counties except for Rockland County, there was a slight increase in the percentage of women receiving late or no prenatal care from 2014 to 2021. [see Figure 152].

Figure 151

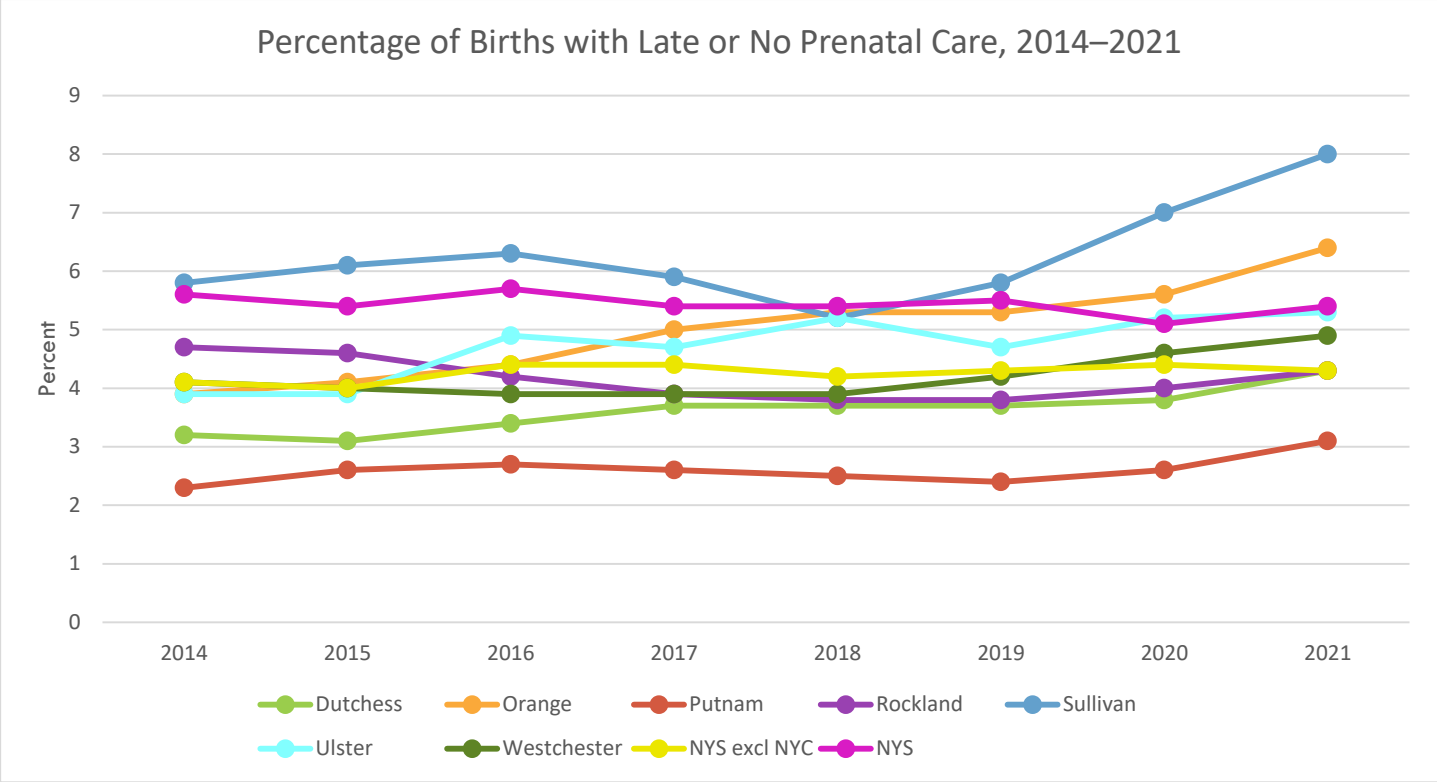


	Three-Year Average							Single Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2014	78.9	73.6	78.1	67.3	66.5	77.8	66.2	75.8	73.9
2015	81.3	73.4	79.7	69.3	66.5	77.5	70.1	76.9	75.4
2016	83.1	74.5	83.6	72.2	67.4	75.6	75.8	78.4	76.4
2017	84.7	73.6	85.7	74.1	67.9	74.0	80.9	77.8	76.3
2018	84.4	72.4	86.8	74.5	67.7	72.5	81.5	78.6	76.0
2019	84.2	70.9	85.3	74.5	66.2	72.9	81.0	78.8	76.7
2020	83.2	69.9	85.1	73.0	63.1	71.6	79.9	77.7	75.7
2021	81.3	68.5	84.0	71.5	61.3	70.1	78.0	78.2	75.4

Note: Three-year averages were used for counties, while single-year estimates were used for NYS and NYS excluding NYC. Early prenatal care is provided in the first trimester.

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

Figure 152



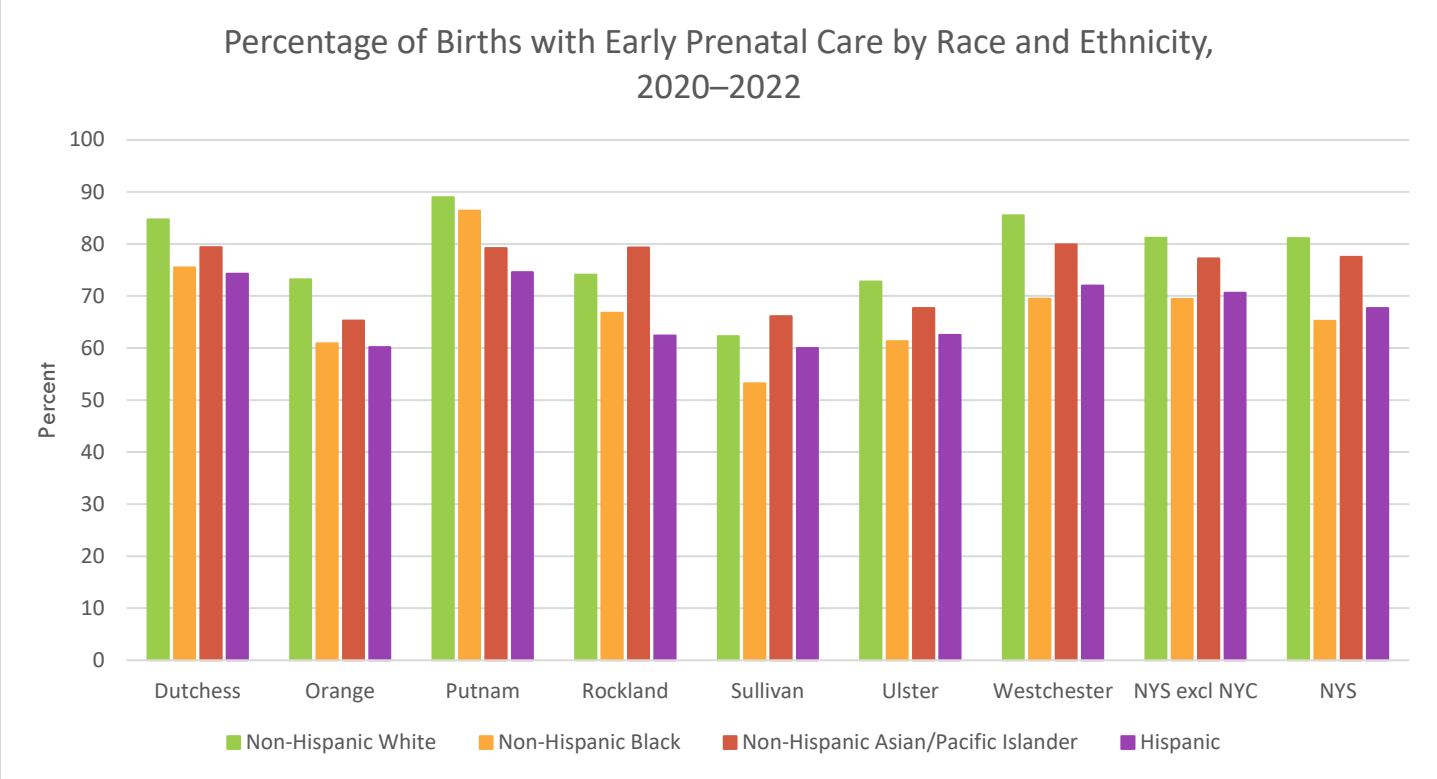
	Three-Year Average							Single Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2014	3.2	3.9	2.3	4.7	5.8	3.9	4.1	4.1	5.6
2015	3.1	4.1	2.6	4.6	6.1	3.9	4.0	4.0	5.4
2016	3.4	4.4	2.7	4.2	6.3	4.9	3.9	4.4	5.7
2017	3.7	5.0	2.6	3.9	5.9	4.7	3.9	4.4	5.4
2018	3.7	5.3	2.5	3.8	5.2	5.2	3.9	4.2	5.4
2019	3.7	5.3	2.4	3.8	5.8	4.7	4.2	4.3	5.5
2020	3.8	5.6	2.6	4.0	7.0	5.2	4.6	4.4	5.1
2021	4.3	6.4	3.1	4.3	8.0	5.3	4.9	4.3	5.4

Note: Three-year averages are used for counties and single-year rates are used for NYS and NYS excluding NYC. Late prenatal care is provided in the third trimester.

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

There are racial and ethnic disparities surrounding prenatal care in the M-H Region. Non-Hispanic White women had the highest percentage of early prenatal care in every county except for Rockland and Sullivan. In Rockland and Sullivan, Non-Hispanic Asian and Pacific Islanders had the highest percentage of early prenatal care. Non-Hispanic Black and Hispanic women had slightly lower percentages of early prenatal care compared to Non-Hispanic White and Non-Hispanic Asian and Pacific Islander except in Putnam County where Non-Hispanic Black women had the second highest percentage of early prenatal care. [see Figure 153].

Figure 153



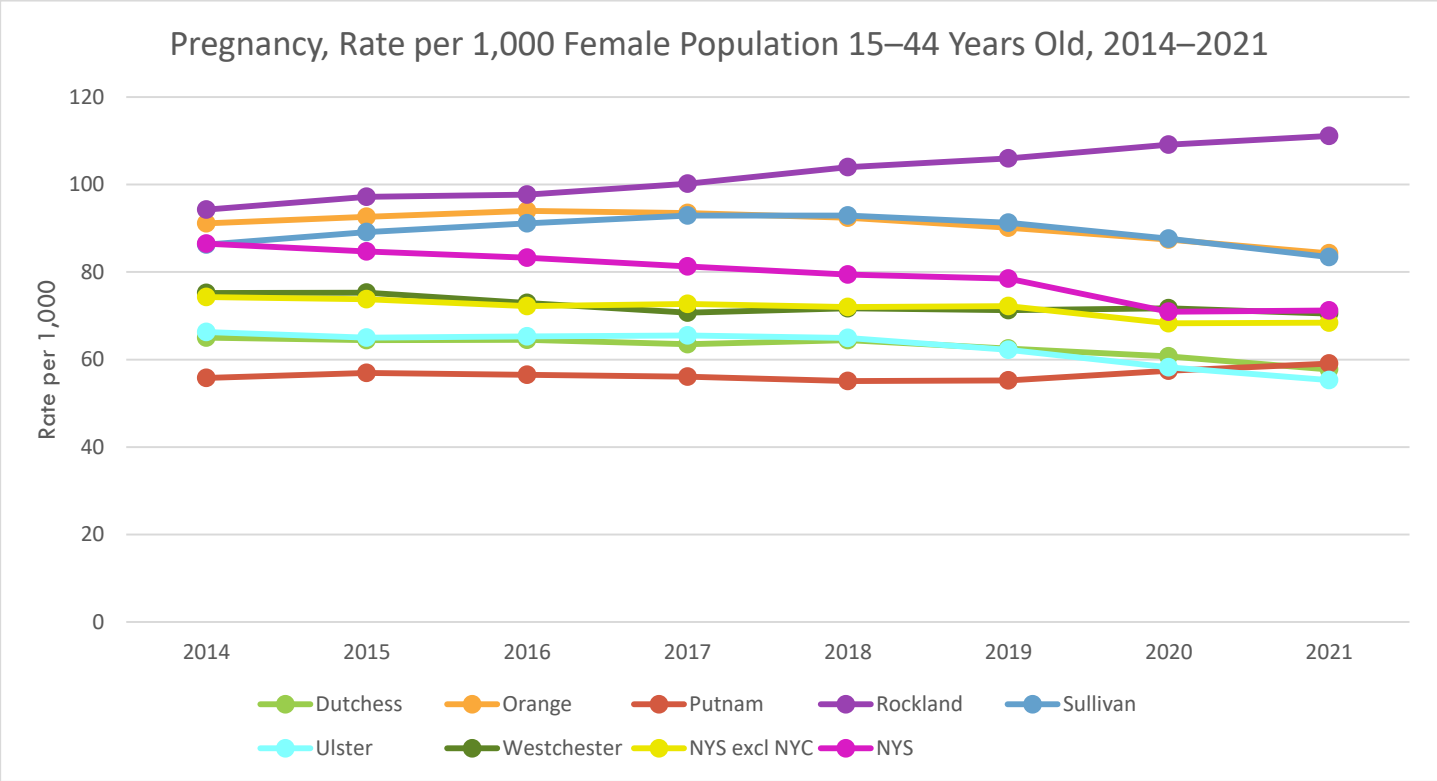
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	84.7	73.2	89	74.1	62.3	72.8	85.5	81.2	81.1
Non-Hispanic Black	75.5	60.9	86.4	66.8	53.2	61.3	69.5	69.4	65.2
Non-Hispanic Asian/Pacific Islander	79.4	65.3	79.2	79.3	66.1	67.7	79.9	77.2	77.5
Hispanic	74.3	60.2	74.6	62.4	60	62.5	72	70.6	67.7

Note: Early prenatal care is provided in the first trimester.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, May 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/community/health_equity/reports/county/

ALL PREGNANCIES BY AGE GROUP

Among women aged 15 to 44 years, the 2021 pregnancy rate was highest in Rockland County (111.1 per 1,000 females), followed by Orange County and Sullivan County (84.3 and 83.4 per 1,000 females, respectively). The lowest pregnancy rate was in Ulster County (55.3 per 1,000 females). From 2014 to 2021 the pregnancy rate decreased in all Mid-Hudson counties except for Putnam County and Rockland County [see Figure 154].

Figure 154

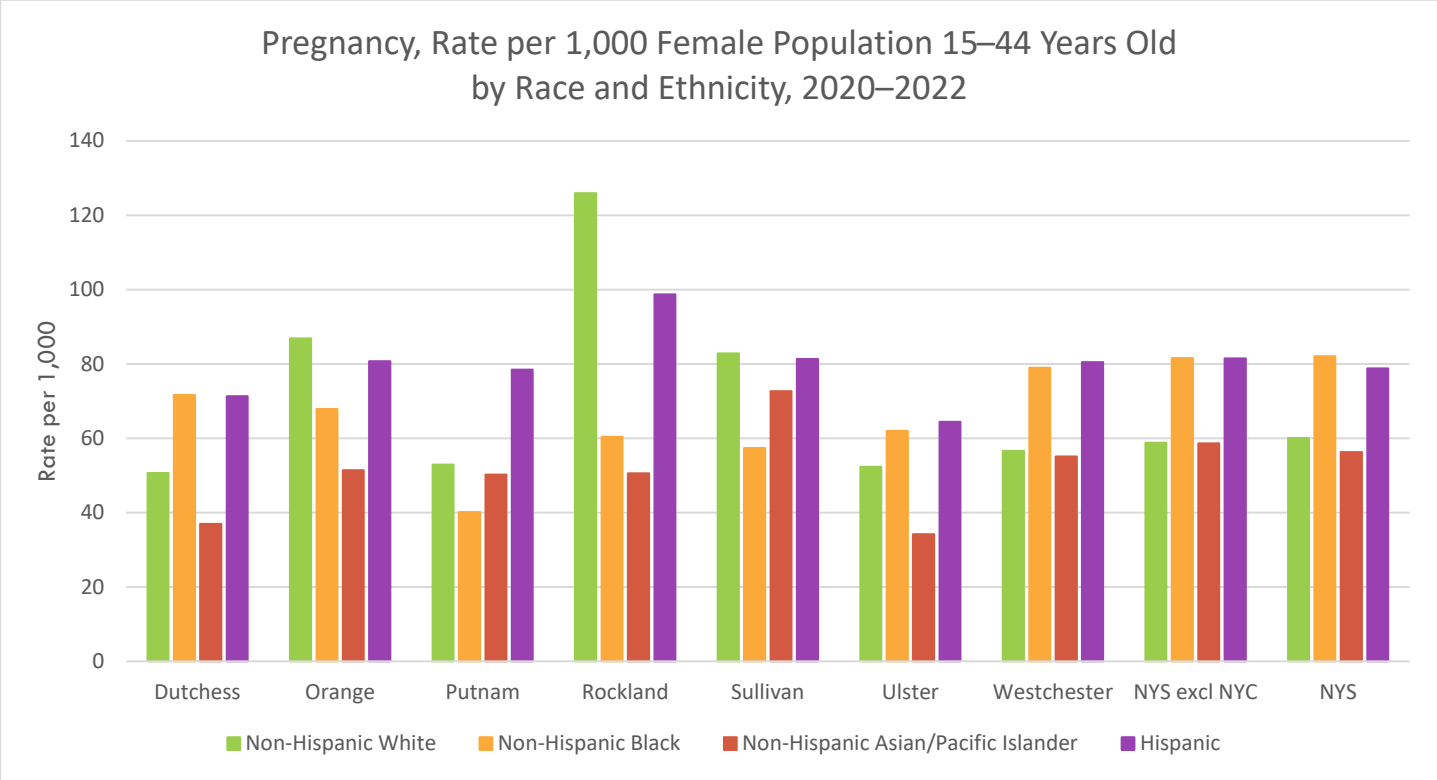


	Three-Year Average							Single Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2014	65.0	91.1	55.8	94.3	86.3	66.3	75.2	74.3	86.5
2015	64.4	92.6	56.9	97.2	89.1	65.0	75.3	73.8	84.7
2016	64.5	94.0	56.5	97.7	91.1	65.3	72.9	72.2	83.3
2017	63.5	93.5	56.1	100.2	92.9	65.5	70.7	72.7	81.3
2018	64.4	92.4	55.1	104.0	92.9	64.9	71.7	72.0	79.4
2019	62.5	90.1	55.2	106.0	91.3	62.2	71.3	72.2	78.5
2020	60.7	87.4	57.4	109.1	87.6	58.2	71.7	68.3	70.9
2021	57.7	84.3	59.1	111.1	83.4	55.3	70.5	68.4	71.2

Note: Three-year averages are used for counties and single-year rates are used for NYS and NYS excluding NYC.
Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/#

Among women aged 15 to 44 years, the pregnancy rate varied by race and ethnicity in the M-H Region. Non-Hispanic White women had the highest pregnancy rates in Rockland, Orange, and Sullivan, while having the lowest rates in Dutchess, Ulster, and Westchester Counties, as well as NYS. Non-Hispanic Black women had the highest pregnancy rates in Dutchess County and NYS, while Hispanic women had the highest pregnancy rates in Putnam and Westchester Counties [see Figure 155].

Figure 155



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	50.7	86.9	52.9	125.9	82.8	52.3	56.6	58.8	60.1
Non-Hispanic Black	71.7	67.9	40.2	60.4	57.4	62.0	79.0	81.6	82.1
Non-Hispanic Asian/Pacific Islander	37.0	51.4	50.2	50.6	72.7	34.2	55.1	58.6	56.3
Hispanic	71.3	80.7	78.5	98.7	81.3	64.4	80.5	81.5	78.8

Note: Pregnancies are the sum of the number of live births, induced terminations of pregnancies, and all fetal deaths. Pregnancy rate is the total number of pregnancies to women of any age, per 1,000 female population aged 15-44 years.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, May 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/community/health_equity/reports/county/

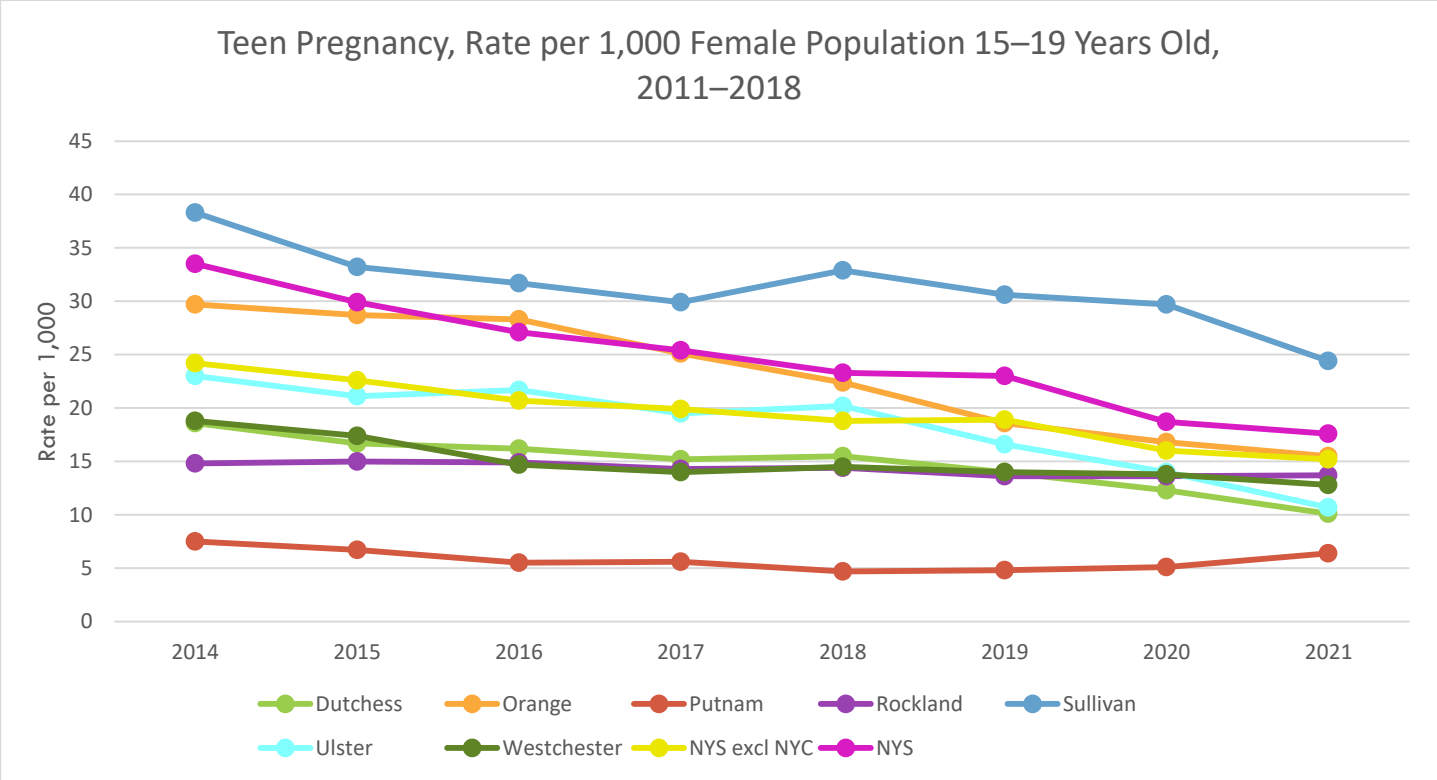
ADOLESCENT PREGNANCY

Teen pregnancy decreasing since 1991. Evidence suggests that this decline may be due to teens abstaining from sexual activity and more sexually active teens using birth control. Despite this progress, the teen pregnancy rate in the US is still higher than in many other high-income countries. Socioeconomic status conditions, such as lower education, lower income level, and having experienced foster care may contribute to higher rates of teen pregnancy.[188] Pregnant teens may face increased health risks and stressors, and teen pregnancy can also have lasting impacts on mother's and children's lives. Teen pregnancy is a significant contributor to high school dropout rates. In the US, 50% of teen mothers graduate high school by age 22, while 90% of women who did not give birth during adolescence received a high school diploma. The children of teenage mothers are more likely to drop out of high school, have more health problems, become incarcerated at some point during adolescence, give birth as a teenager, and experience unemployment as an adult.[189]

[188] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/reproductive-health/teen-pregnancy/index.html, accessed July 2025
[189] Congressional Research Service, 2025, https://www.congress.gov/crs-product/R45184, accessed July 2025

The pregnancy rate in teens aged 15 to 19 years decreased statewide and in each county in the M-H Region from 2014 to 2021. Sullivan County had the highest pregnancy rate among teens aged 15 to 19 years in the M-H Region (24.4 per 1,000) [see Figure 156]. These rates meet Healthy People 2030's target of reducing pregnancies among adolescent females aged 15 to 17 years to 31.4 teen pregnancies per 1,000 adolescent females.[190]

Figure 156



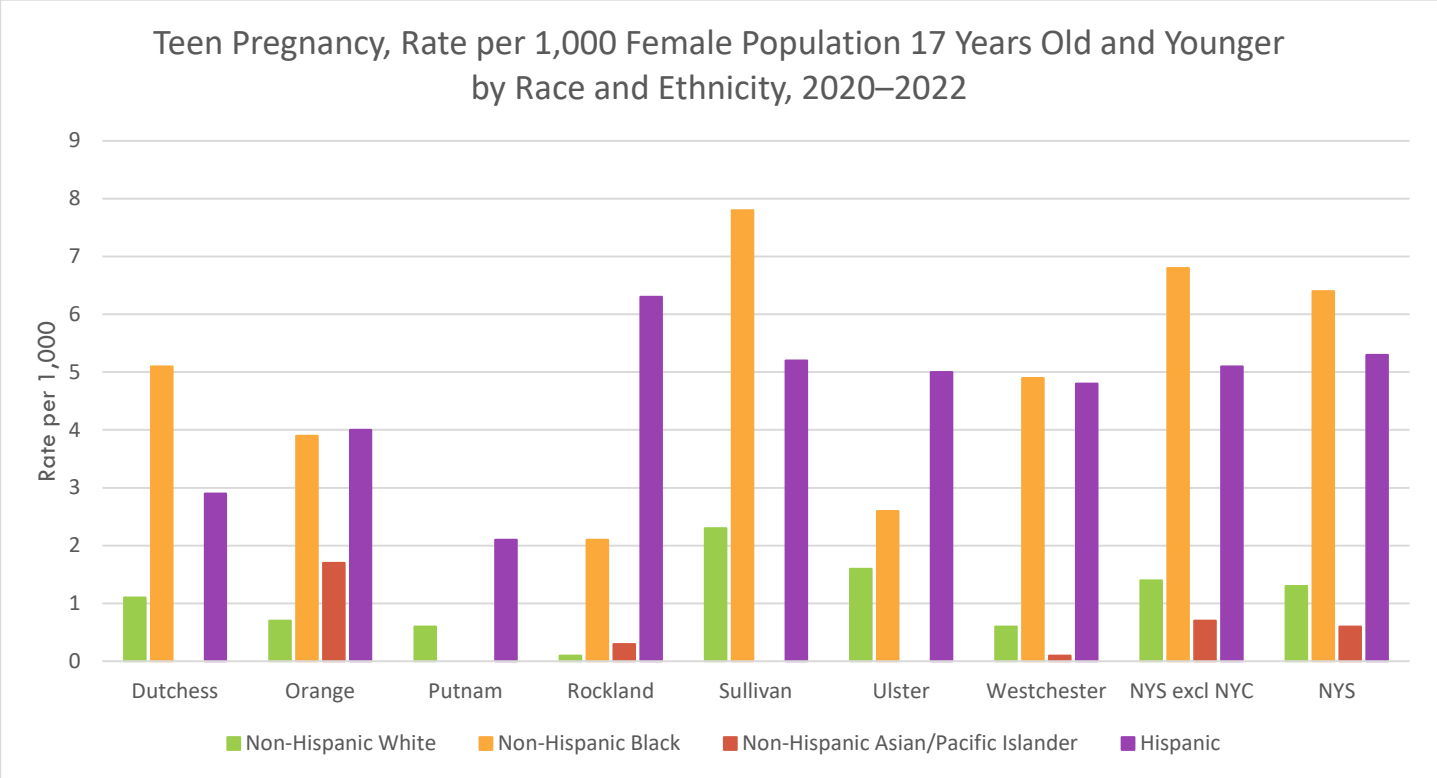
	Three-Year Average							Single Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2014	18.6	29.7	7.5	14.8	38.3	23.0	18.8	24.2	33.5
2015	16.7	28.7	6.7	15.0	33.2	21.1	17.4	22.6	29.9
2016	16.2	28.3	5.5	14.9	31.7	21.7	14.7	20.7	27.1
2017	15.2	25.1	5.6	14.3	29.9	19.5	14.0	19.9	25.4
2018	15.5	22.4	4.7	14.4	32.9	20.2	14.5	18.8	23.3
2019	14.0	18.6	4.8	13.6	30.6	16.6	14.0	18.9	23.0
2020	12.3	16.8	5.1	13.6	29.7	14.0	13.8	16.0	18.7
2021	10.1	15.5	6.4	13.7	24.4	10.7	12.8	15.2	17.6

Note: Three-year averages were used for counties, while single-year estimates were used for NYS and NYS excluding NYC. Pregnancies are the sum of the number of live births, induced terminations of pregnancies, and all fetal deaths.
Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/#

[190] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning/reduce-pregnancies-adolescents-fp-03, accessed June 2025

There are racial/ethnic disparities in teen pregnancy, with non-Hispanic Black teens experiencing the highest rates of teen pregnancy in Sullivan and Dutchess Counties, as well as NYS. Hispanic teens had the highest teen pregnancy rates in Orange, Putnam, Rockland, and Ulster Counties. Non-Hispanic White teens experienced the lowest rate of teen pregnancy in NYS and in each M-H Region County [see Figure 157].

Figure 157



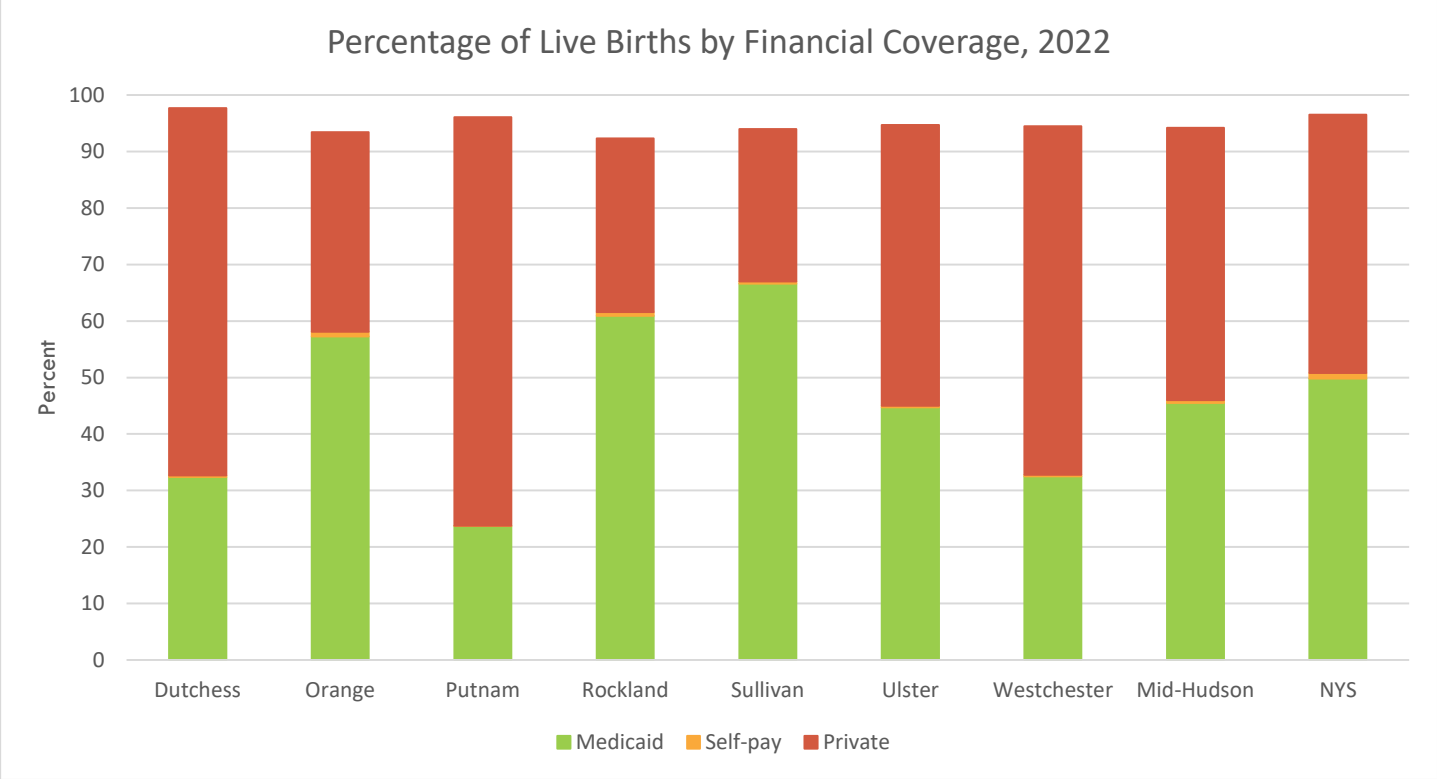
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	1.1	0.7	0.6*	0.1*	2.3	1.6	0.6	1.4	1.3
Non-Hispanic Black	5.1	3.9	0.0*	2.1	7.8*	2.6*	4.9	6.8	6.4
Non-Hispanic Asian/Pacific Islander	0.0*	1.7*	0.0*	0.3*	0.0*	0.0*	0.1*	0.7	0.6
Hispanic	2.9	4.0	2.1*	6.3	5.2	5.0	4.8	5.1	5.3

**: Data are unstable due to fewer than 10 events in the numerator.*
Note: Pregnancies are the sum of the number of live births, induced terminations of pregnancies, and all fetal deaths.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, May 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/community/health_equity/reports/county/

SELF-PAY OR MEDICAID BIRTHS / PREGNANCIES

Most births in the M-H Region were covered by private insurance or Medicaid, with only a small percentage of births as self-pay. In 2022, a majority of the births in Dutchess, Putnam, Ulster, and Westchester Counties were covered by private insurance, while a majority of births in Orange, Rockland, and Sullivan counties were covered by Medicaid. [see Figure 158]

Figure 158



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS
Medicaid	32.4	57.3	23.7	60.9	66.6	44.7	32.5	45.5	49.8
Self-pay	0.3	0.8	0.1	0.7	0.4	0.3	0.3	0.5	1.0
Private	65.0	35.3	72.3	30.7	27.0	49.7	61.7	48.2	45.7

Note: Other forms of coverage not shown include Indian Health, CHAMPUS, Other, and Not Stated. Medicaid includes births with Medicaid listed as secondary payer.

Source: Vital Statistics of NYS, May 2025

https://www.health.ny.gov/statistics/vital_statistics/2022/table13.htm

ADVERSE BIRTH OUTCOMES

PRETERM BIRTHS

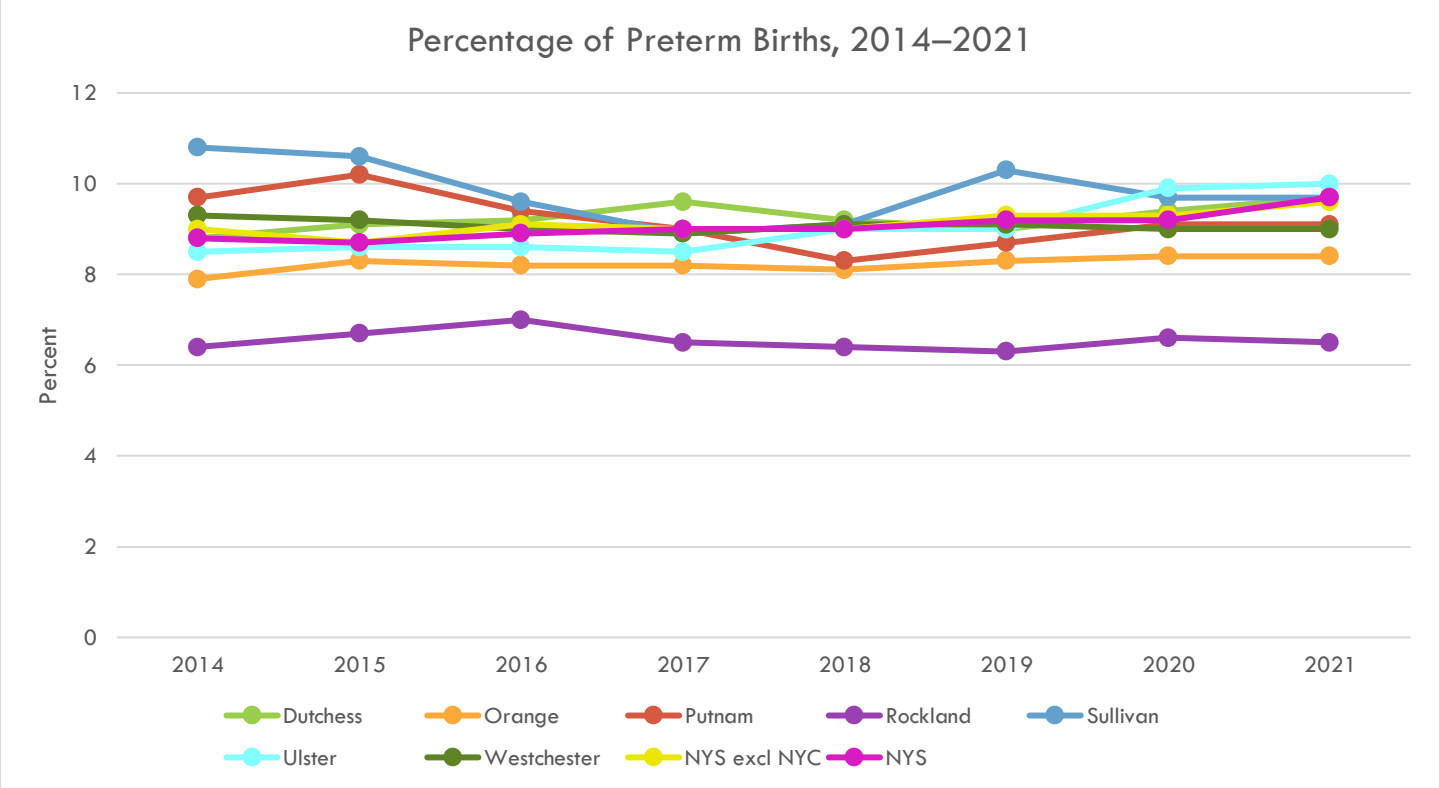
Preterm birth is when a mother gives birth to a baby more than three weeks before its due date. Preterm babies, especially those born very early, often have medical complications. While these complications may vary, typically the more premature a baby is, the higher the risk for complications. Short-term complications of premature birth may include problems with breathing, metabolism, temperature control, blood, and the heart, brain, gastrointestinal system, and immune system. Long-term complications of premature birth may include problems with vision, hearing, dental, behavioral and mental health, cerebral palsy, impaired learning, and other chronic health issues.[191]

Risk factors for premature birth include pregnancy with twins, triplets, or other multiples; conceiving through in-vitro fertilization; smoking cigarettes or using illicit drugs; certain infections, especially those of the amniotic fluid and lower genital tract; certain chronic conditions, such as high blood pressure or diabetes; stressful life events; physical injury or trauma; and an interval of less than six months between pregnancies. While the preterm birth rate declined 1% nationwide in 2022, racial and ethnic differences in preterm birth rates remain. In 2022, the rate of preterm birth among Black women in the US was about 50% higher than the rate of preterm birth among White or Hispanic women.[192]

[191] Mayo Clinic, 2024, https://www.mayoclinic.org/diseases-conditions/premature-birth/symptoms-causes/syc-20376730, accessed July 2025
[192] Centers of Disease Control and Prevention, 2024, https://www.cdc.gov/maternal-infant-health/preterm-birth/index.html, accessed July 2025

Healthy People 2030 set an objective to reduce the total number of preterm births to 9.4%. Healthy People 2030 set an objective to reduce the total number of preterm births to 9.4%.[193] In 2021, NYS excluding NYC, as well as Dutchess, Sullivan, and Ulster Counties did not reach this goal. In the M-H Region, Rockland County had the lowest rate of preterm births (6.5%), while Dutchess, Sullivan, and Ulster Counties had the highest rates (9.7%, 9.7%, and 10%, respectively). The percentage of preterm births generally remained stable from 2014 to 2021 [see Figure 159].

Figure 159



	Three-Year Average							Single Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2014	8.8	7.9	9.7	6.4	10.8	8.5	9.3	9.0	8.8
2015	9.1	8.3	10.2	6.7	10.6	8.6	9.2	8.7	8.7
2016	9.2	8.2	9.4	7.0	9.6	8.6	9.0	9.1	8.9
2017	9.6	8.2	9.0	6.5	8.9	8.5	8.9	9.0	9.0
2018	9.2	8.1	8.3	6.4	9.1	9.0	9.1	9.0	9.0
2019	9.0	8.3	8.7	6.3	10.3	9.0	9.1	9.3	9.2
2020	9.4	8.4	9.1	6.6	9.7	9.9	9.0	9.3	9.2
2021	9.7	8.4	9.1	6.5	9.7	10.0	9.0	9.6	9.7

Note: Three-year averages are used for counties and single-year rates are used for NYS and NYS excluding NYC.
Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/#

[193] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-preterm-births-mich-07, accessed July 2025

LOW BIRTHWEIGHT BIRTHS

Low birthweight (LBW) describes babies born weighing less than 2.5 kilograms (5 pounds, 8 ounces). Over eight percent of all births in the US are LBW and this percentage is increasing.[194] This is thought to be a result of an increased number of babies born in multiples, as these babies are more likely to be born prematurely. The primary cause of LBW is preterm birth, which means a baby has less time in a mother's uterus to grow and gain weight. Another cause of LBW is intrauterine growth restriction (IUGR), which occurs when a baby does not grow adequately during pregnancy due to problems with the placenta, the mother's health, or the baby's condition. Babies with IUGR may be born at full term but still have LBW.

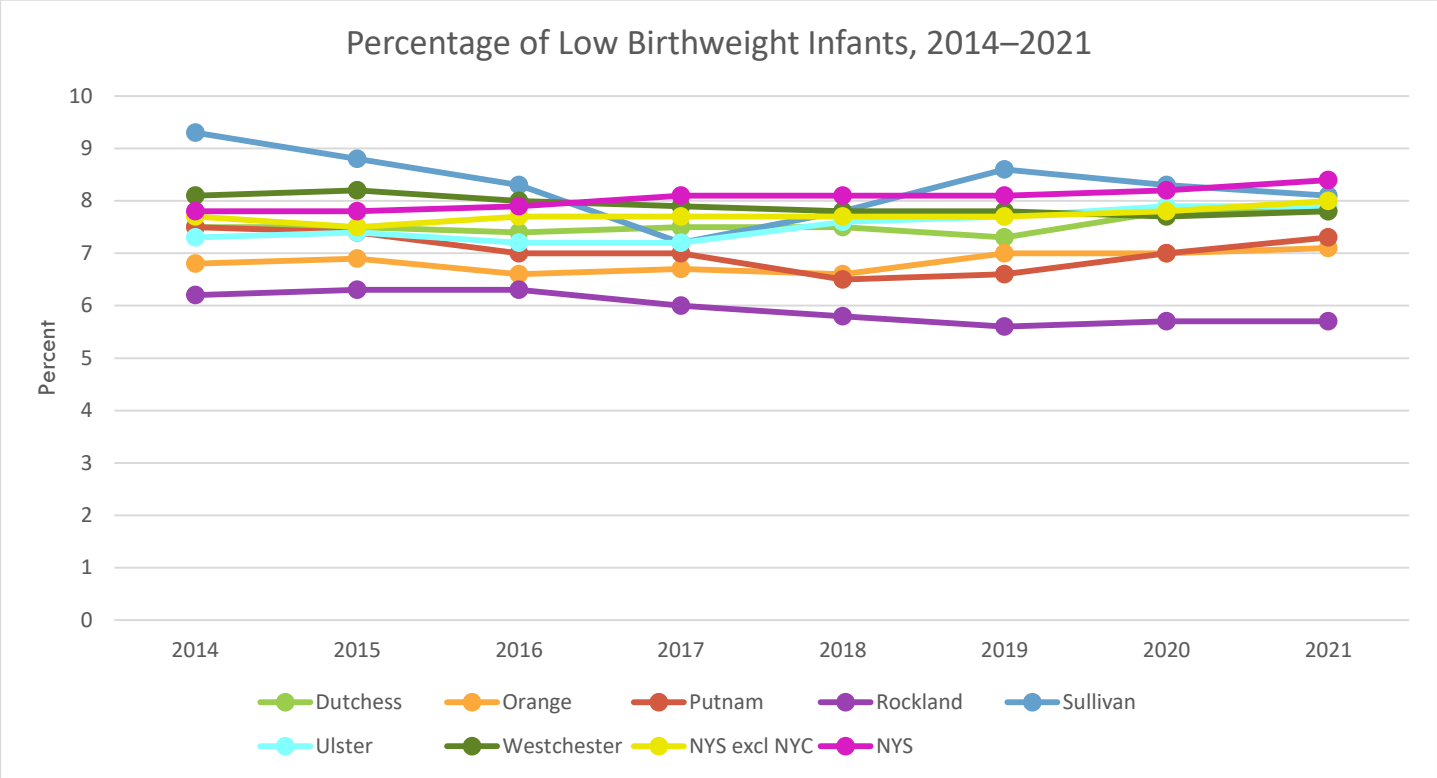
Different risk factors can contribute to a baby being born with LBW. Non-Hispanic Black babies are two times more likely to have a LBW than non-Hispanic White babies. Babies born to teen mothers also have a higher risk of having LBW. Babies born in multiples are at an increased risk because they are more likely to be born preterm. The health of the mother may also contribute to risk of LBW due to the mother's exposure to alcohol, cigarettes, and illicit drugs. Babies born to mothers of low socioeconomic status are also at a higher risk of being born with a LBW due to poorer nutrition, inadequate prenatal care, and pregnancy complications.[194]

Babies with LBW have a higher risk of complications. They may have a harder time eating, gaining weight, controlling their body temperature, and fighting infections. Because many babies with LBW are also premature, it can be difficult to tell which problems are due to the premature birth and which problems are due to LBW.[194] Generally, the lower the birthweight, the greater the risk for complications.

[194] Children's Hospital of Philadelphia, 2025, https://www.chop.edu/conditions-diseases/low-birthweight, accessed July 2025

All M-H region counties fell below the overall NYS excluding NYC percent of low birthweight births (8.0%), except for Sullivan County (8.1%). Orange and Rockland counties had the lowest rates of low birthweight births (7.1% and 5.7%, respectively). From 2014 to 2021, the percentage of LBW births the M-H region has remained similar [see Figure 160].

Figure 160

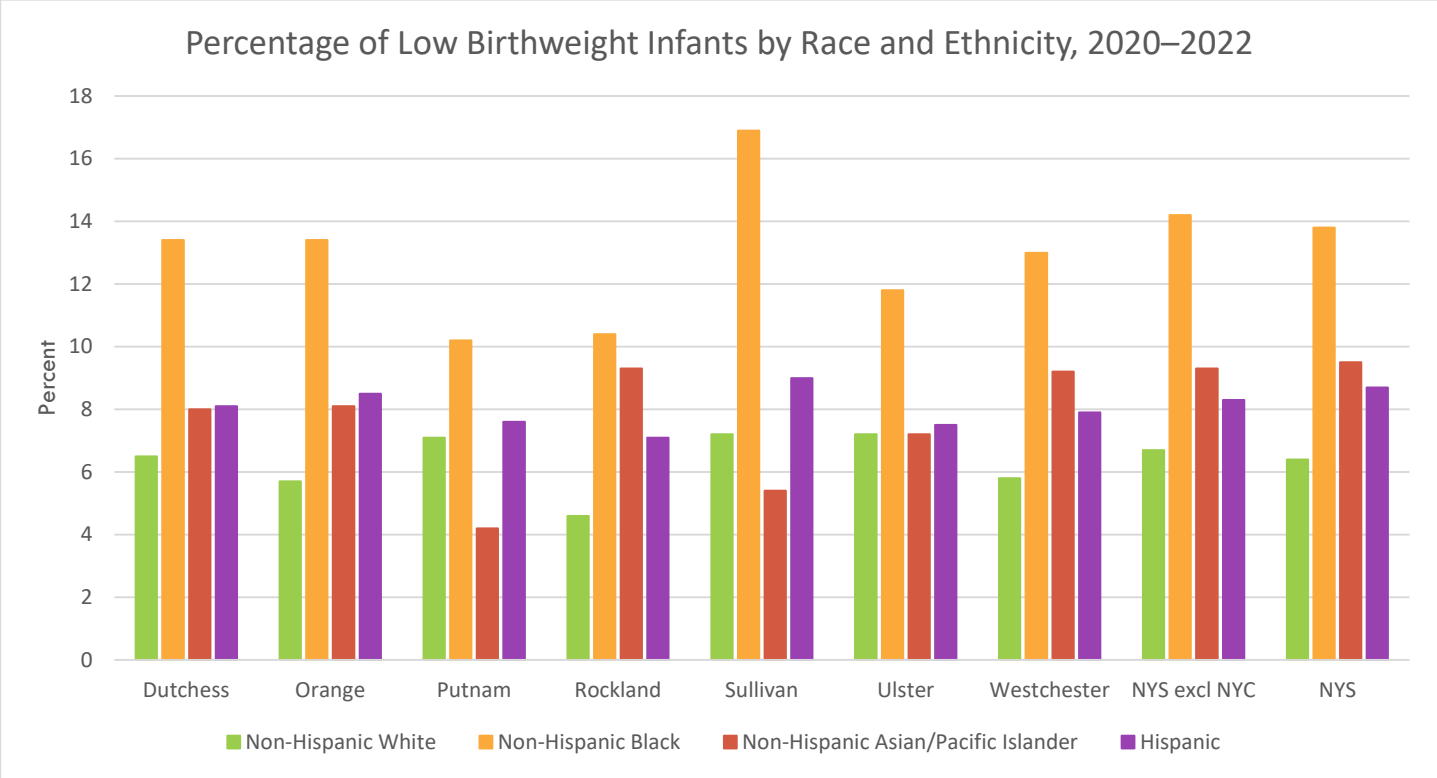


	Three-Year Average							Single Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2014	7.5	6.8	7.5	6.2	9.3	7.3	8.1	7.7	7.8
2015	7.5	6.9	7.4	6.3	8.8	7.4	8.2	7.5	7.8
2016	7.4	6.6	7.0	6.3	8.3	7.2	8.0	7.7	7.9
2017	7.5	6.7	7.0	6.0	7.2	7.2	7.9	7.7	8.1
2018	7.5	6.6	6.5	5.8	7.8	7.6	7.8	7.7	8.1
2019	7.3	7.0	6.6	5.6	8.6	7.7	7.8	7.7	8.1
2020	7.8	7.0	7.0	5.7	8.3	7.9	7.7	7.8	8.2
2021	7.8	7.1	7.3	5.7	8.1	7.9	7.8	8.0	8.4

Note: Three-year averages were used for counties, while single-year estimates were used for NYS and NYS excluding NYC. Low birth weight includes babies weighing less than 2.5 kg (5 pounds, 8 ounces) at time of birth.
Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/#

There are also disparities in race and ethnicity regarding low birthweight births. In each county in the M-H Region, non-Hispanic Black women had higher percentages of pregnancies resulting in LBW births [see Figure 161].

Figure 161



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	6.5	5.7	7.1	4.6	7.2	7.2	5.8	6.7	6.4
Non-Hispanic Black	13.4	13.4	10.2*	10.4	16.9	11.8	13.0	14.2	13.8
Non-Hispanic Asian/Pacific Islander	8.0	8.1	4.2*	9.3	5.4*	7.2*	9.2	9.3	9.5
Hispanic	8.1	8.5	7.6	7.1	9	7.5	7.9	8.3	8.7

**: Data are unstable due to fewer than 10 events in the numerator.*
Note: Low birth weight includes babies weighing less than 2.5 kg (5 pounds, 8 ounces) at time birth.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, May 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/community/health_equity/reports/county/

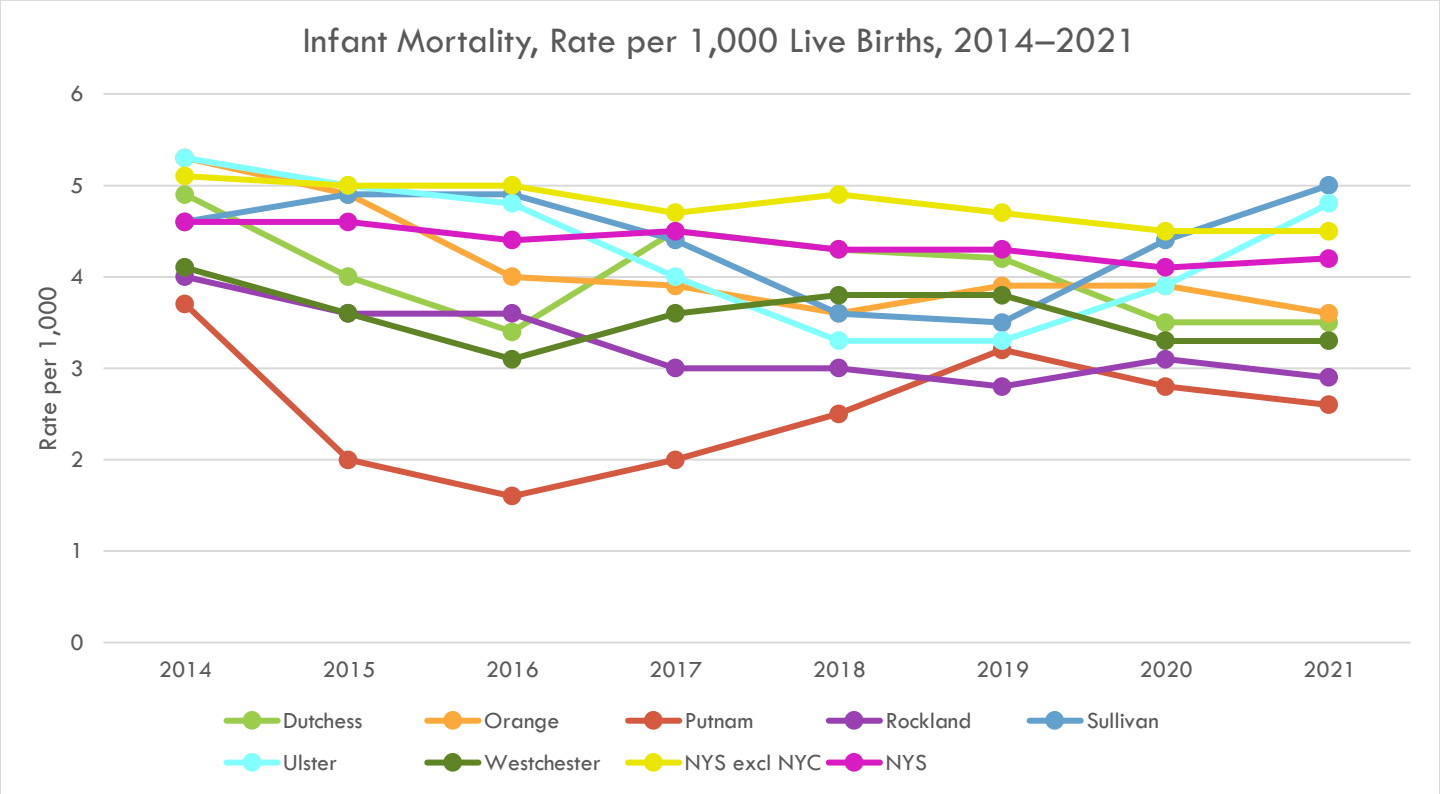
INFANT MORTALITY

Infant mortality is the death of an infant before their first birthday. It is an important indicator of both maternal and infant health, as well as the overall health of a society.[195] The five leading causes of infant mortality in the US in 2018 were birth defects, preterm birth and low birthweight, injuries, sudden infant death syndrome, and maternal pregnancy complications. The risk of infant mortality can be reduced by increasing access to high-quality care and community-based interventions.

One of the objectives of Healthy People 2030 is to reduce the rate of all infant deaths to no more than 5 infant deaths per 1,000 live births.[196] All counties in the M-H region, as well as NYS overall and NYS excluding NYC, met or surpassed this goal in 2021, with infant mortality rates at or below 5.0 per 1,000 live births. Sullivan and Ulster counties had the highest infant mortality rates (5.0 and 4.8 deaths per 1,000 live births, respectively) while Putnam and Rockland counties had the lowest rates (2.6 and 2.9 deaths per 1,000, respectively). From 2014 to 2021, all M-H counties except for Sullivan saw a decrease in the infant mortality rate, though Ulster County's infant mortality rate rose from 2019 and 2021 [see Figure 162].

[195] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/maternal-infant-health/infant-mortality/index.html, accessed July 2025
[196] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/infants/reduce-rate-infant-deaths-mich-02, accessed July 2025

Figure 162



	Three-Year Average							Single Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2014	4.9	5.3	3.7*	4.0	4.6	5.3	4.1	5.1	4.6
2015	4.0	4.9	2.0*	3.6	4.9	5.0	3.6	5.0	4.6
2016	3.4	4.0	1.6*	3.6	4.9	4.8	3.1	5.0	4.4
2017	4.5	3.9	2.0*	3.0	4.4	4.0	3.6	4.7	4.5
2018	4.3	3.6	2.5*	3.0	3.6*	3.3	3.8	4.9	4.3
2019	4.2	3.9	3.2*	2.8	3.5*	3.3	3.8	4.7	4.3
2020	3.5	3.9	2.8*	3.1	4.4	3.9	3.3	4.5	4.1
2021	3.5	3.6	2.6*	2.9	5.0	4.8	3.3	4.5	4.2

*: *The rate is unstable.*

Note: Three-year averages are used for counties and single-year rates are used for NYS and NYS excluding NYC. Infant mortality includes the death of a baby that occurs between the time it is born and 1 year of age.

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

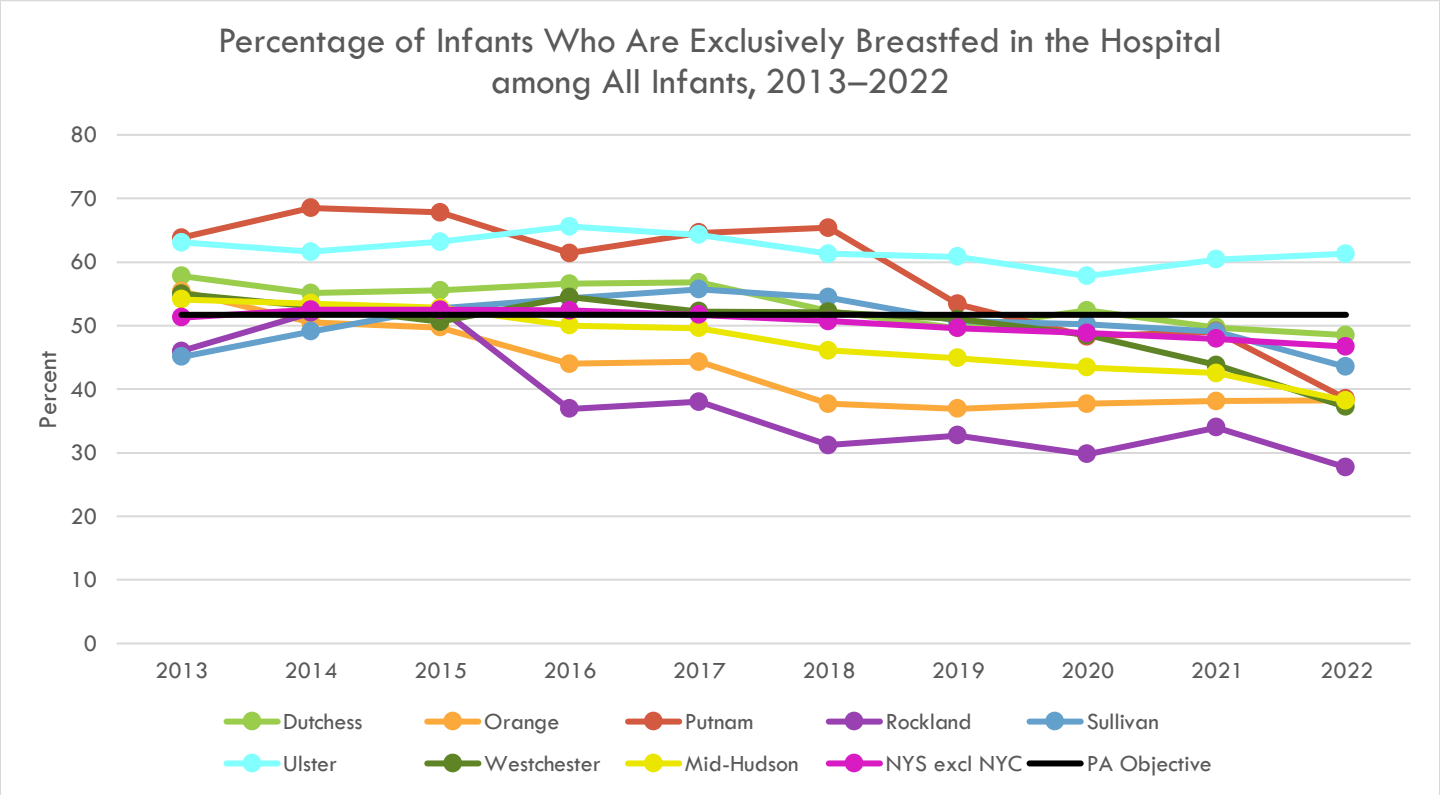
BREASTFEEDING

The US Dietary Guidelines for Americans, as well as the American Academy of Pediatrics and the World Health Organization recommend that infants are exclusively breastfed for about the first 6 months. Breastfeeding provides multiple benefits for both the baby and the mother, including lower risk of certain diseases.[197]

[197] Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/infant-toddler-nutrition/breastfeeding/index.html, accessed July 2025

In 2022, Ulster County had the highest rate of infants who are exclusively breastfed in the hospital among all infants (61.3%), while Rockland County had the lowest rate (27.7%). From 2013 to 2022, there was a decrease in the percent of infants who are exclusively breastfed in the hospital in all counties in the M-H region except for Ulster County.[see Figure 163]

Figure 163



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC
2013	57.8	55.4	63.8	46.0	45.1	63.1	55.0	54.1	51.3
2014	55.1	50.5	68.5	52.0	49.1	61.6	53.0	53.5	52.5
2015	55.5	49.7	67.8	52.7	52.7	63.2	50.6	52.8	52.5
2016	56.6	44.0	61.4	36.9	54.3	65.6	54.5	50.0	52.4
2017	56.8	44.3	64.6	38.0	55.7	64.3	52.2	49.6	51.7
2018	52.3	37.7	65.4	31.2	54.4	61.3	52.1	46.1	50.7
2019	49.6	36.9	53.4	32.7	50.7	60.8	51.0	44.9	49.6
2020	52.4	37.7	48.3	29.8	50.2	57.8	48.5	43.4	48.8
2021	49.7	38.1	49.1	34.0	49.0	60.4	43.8	42.5	47.9
2022	48.5	38.2	38.5	27.7	43.5	61.3	37.2	38.2	46.7

Note: This includes the number of newborn infants who were fed only breast milk since birth while in the hospital. Based on NYS residence, of live born infants, not admitted to the Neonatal Intensive Care Unit or transferred to another hospital.
Source: NYS Prevention Agenda Tracking Dashboard, June 2025
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=33

ORAL HEALTH

Poor oral health has been linked to chronic diseases such as diabetes and heart disease. It has also been linked to lifestyle behaviors, including tobacco use and eating and drinking substances that have high sugar content. In the US, one in five adults aged 20-64 years have at least one untreated cavity.[198] According to the CDC, the US spends more than $124 billion per year on dental care. On average, more than $45 billion in productivity and more than 34 million school hours are lost because of dental emergencies requiring unplanned care. Oral diseases include mouth issues, such as caries (also known as cavities or tooth decay), gum disease, and oral cancers. Good oral health is achievable and an important part of attaining overall health. Visiting your dentist twice a year for cleaning, increase flossing and brushing your teeth morning and evening as a daily routine are ways to prevent poor oral health.

The most common barriers to achieving good oral health include financial barriers, geographic location, lack of dental insurance, poor oral health literacy, and language, education, or cultural barriers.[199] To combat poor oral health, people are encouraged to have a dental visit at least once a year for routine examination and cleaning.

Dental care is harder to access for those who are low-income and cannot afford comprehensive dental coverage. Between 2019 and 2020, the percentage of adults who had a dental visit within the past 12 months decreased in all family income levels, but rates were lowest in households below the Federal Poverty Level with only 45.7% of adults in 2020 reporting a dental visit within the past 12 months.[200] This includes people enrolled in Medicaid insurance, where general health care coverage is limited, compared to those with private or other forms of insurance.

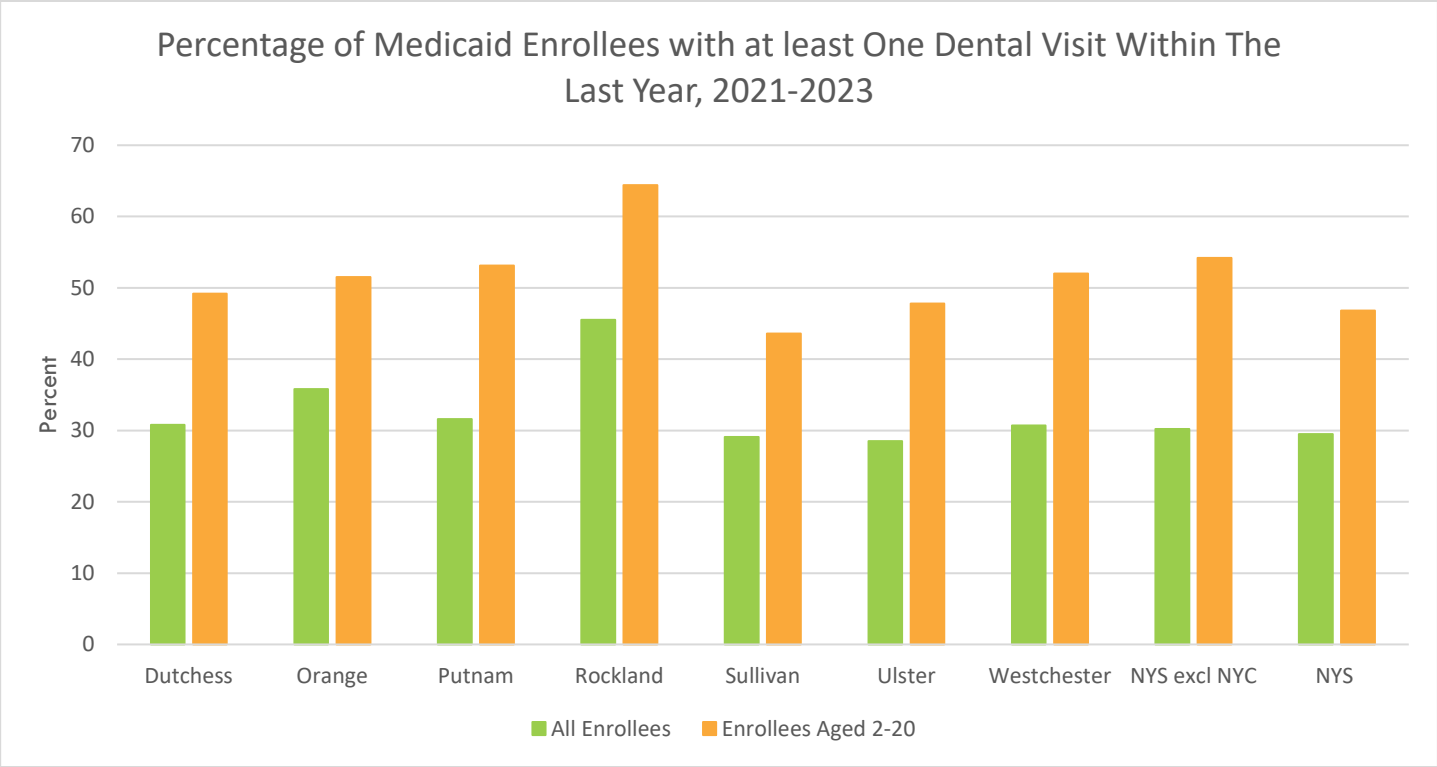
[198] Centers of Disease Control and Prevention, 2024, https://www.cdc.gov/oral-health/data-research/facts-stats/fast-facts-cavities.html, accessed September 2025

[199] American Student Dental Association, 2025, https://www.asdanet.org/index/get-involved/advocate/issues-and-legislative-priorities/Barriers-to-Care, accessed August 2025

[200] Centers for Disease Control and Prevention, US Department of Health and Human Services, 2022, https://www.cdc.gov/nchs/data/databriefs/db435.pdf, accessed September 2025

Compared to the overall population of Medicaid enrollees, those aged 2 to 20 years were more likely to visit their dentist within the last year. The NYS without NYC had a higher percentage of all Medicaid enrollees who have had a dentist visit within the last year compared to NYS (30.2% and 29.5%, respectively). Of the seven counties in the M-H Region, Rockland had the highest percentage of all enrollees (45.5%) and those aged 2 to 20 years old (64.4%) who had a dental visit within the past year. Six out of seven counties exceeded the NYS rate for all enrollees as well as enrollees aged 2 to 20 years having a dental visit within the past year [see Figure 164].

Figure 164

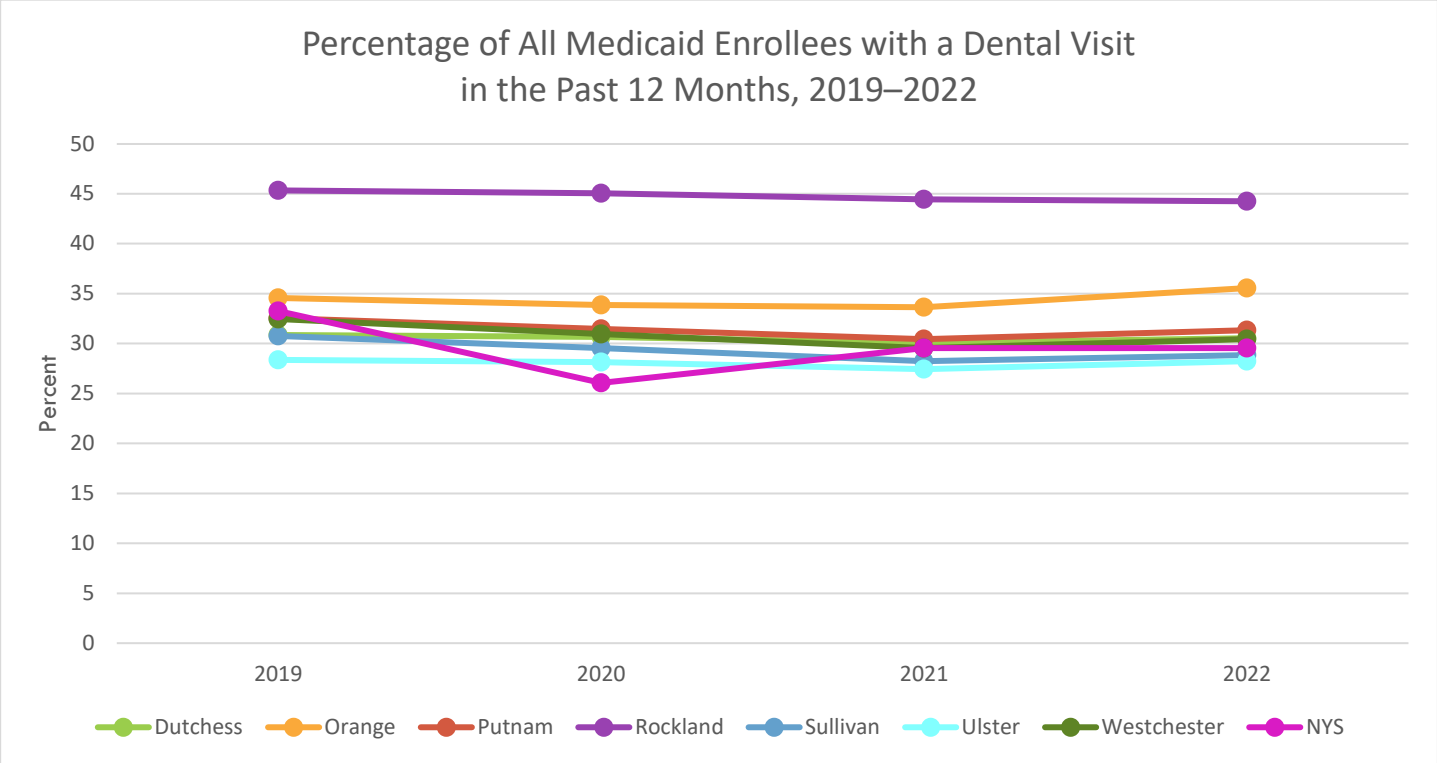


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
All Enrollees	30.8	35.8	31.6	45.5	29.1	28.5	30.7	30.2	29.5
Enrollees Aged 2-20	49.2	51.5	53.1	64.4	43.6	47.8	52.0	54.2	46.8

Source: NYSDOH Behavioral Risk Factor Surveillance System, February 2025 sourced from NYS Medicaid Program
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

Percentages across the M-H Region until 2022, each county saw a slight decrease. The 2019 data, a three-year average including data from 2020, could indicate a decrease in dental visits due to COVID-19 related concerns preventing people from seeking medical and dental treatment[201] [see Figure 165].

Figure 165



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS
2019	31.1	34.8	32.8	45.6	31.0	28.6	32.7	33.5
2020	30.9	34.1	31.7	45.3	29.8	28.4	31.2	26.3
2021	30.3	33.9	30.7	44.7	28.5	27.7	29.8	29.8
2022	30.8	35.8	31.6	44.5	29.1	28.5	30.7	29.8

Source: NYSDOH Behavioral Risk Factor Surveillance System, February 2025 sourced from NYS Medicaid Program
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

To prevent long-term dental damage, it is essential to instill good hygiene habits during childhood. Compared to children who have good oral health, those with poor oral health are more likely to miss school and have lower grades in their classes.[202]

[201] Centers for Disease Control and Prevention, US Department of Health and Human Services, 2022, https://www.cdc.gov/nchs/data/databriefs/db435.pdf, accessed September 2025
[202] Centers for Disease Control and Prevention, 2022, https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html, accessed June 2025

BEHAVIORAL HEALTH

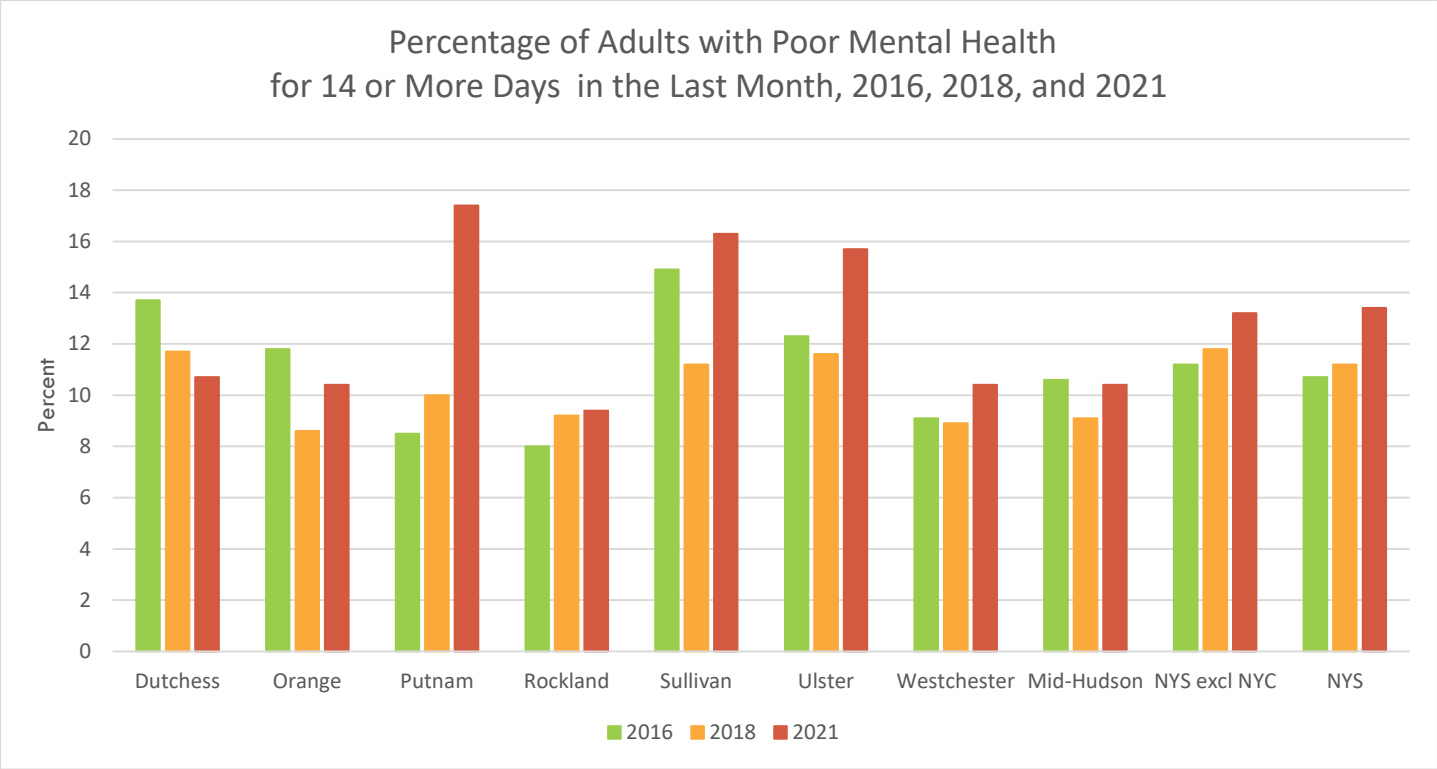
MENTAL HEALTH

Health is an all-encompassing term that not only involves the physical well-being of an individual, but also his or her mental wellness. The World Health Organization (WHO) defines health as a "state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."[203] There are many factors that contribute to a person's mental health, including daily habits, traumatic life events, family history of mental illness, and substance use. Almost one in five young people in the US are affected by some type of mental, emotional, or behavioral disorder (MEB), such as depression or substance use.[204] Poor mental health can affect all aspects of an individual's life, including family, school, and work. It is a major economic burden for the US, costing $193.2 billion in lost earnings annually due to serious mental illness.[205] Mental health and physical health are closely connected, and it is therefore important to address the issues surrounding mental health in the community.

[203] World Health Organization, 2025, https://www.who.int/about/governance/constitution, accessed June 2025
[204] New York State Department of Health, 2020, https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/wb.htm, accessed June 2025
[205] National Alliance on Mental Illness, 2025, https://www.nami.org/mhstats, accessed June 2025

When looking at Figure 166, the percentage of adults who reported poor mental health for 14 or more days in 2021 was highest in Putnam, Sullivan, and Ulster Counties (17.4%, 16.3%, and 15.7%, respectively), while the lowest percentage was in Rockland County (9.4%). The M-H Region as a whole is less than NYS (10.4% vs 13.4%, respectively). From 2016 to 2021, the percentage increased in most counties with the exception of Dutchess and Orange.

Figure 166

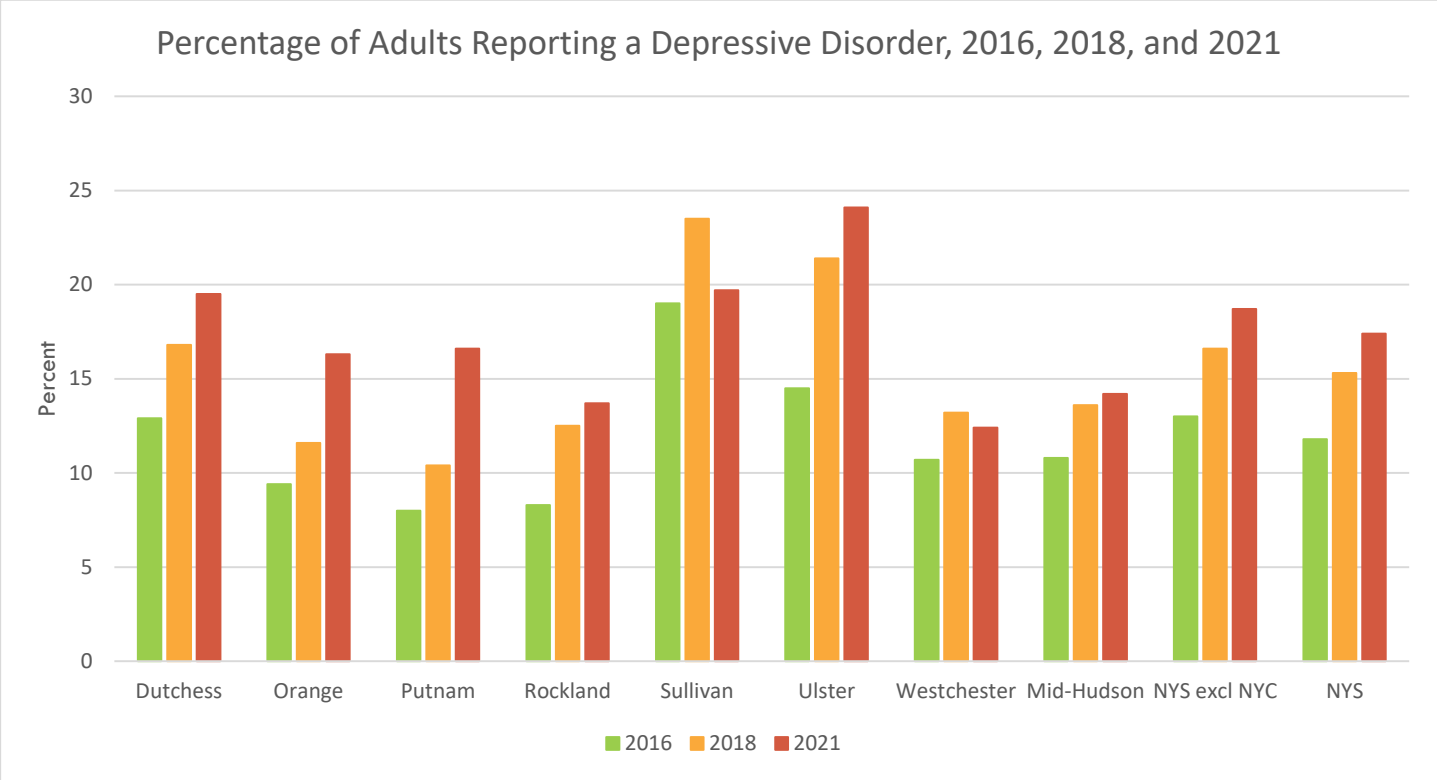


County	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2016	13.7	11.8	8.5	8.0	14.9	12.3	9.1	10.6	11.2	10.7
2018	11.7	8.6	10.0	9.2	11.2	11.6	8.9	9.1	11.8	11.2
2021	10.7	10.4	17.4	9.4	16.3	15.7	10.4	10.4	13.2	13.4

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Based on responses to this question, BRFSS defines "poor mental health" as an adult over the age of 18 reporting 14 or more days to this question.
Source: NYSDOH Behavioral Risk Factor Surveillance System, May 2025
https://www.health.ny.gov/statistics/brfss/expanded/

One of the major disorders that can lead to poor mental health is depression. This is a mood disorder that causes a constant feeling of sadness or lack of interest in performing any life activities. When looking at the percentage of people reporting a depressive disorder in 2021, the highest percentage was seen in Ulster County (24.1%) and the lowest in Westchester County (12.4%) [see Figure 167]. From 2016 to 2021, the percentage of people reporting a depressive disorder increased in all counties, the M-H Region and NYS.

Figure 167



County	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2016	12.9	9.4	8.0	8.3	19.0	14.5	10.7	10.8	13.0	11.8
2018	16.8	11.6	10.4	12.5	23.5	21.4	13.2	13.6	16.6	15.3
2021	19.5	16.3	16.6	13.7	19.7	24.1	12.4	14.2	18.7	17.4

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Have you ever been told you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

Source: NYSDOH Behavioral Risk Factor Surveillance System, May 2025

https://www.health.ny.gov/statistics/brfss/expanded/

SUBSTANCE USE

Substance use refers to the recurrent use of substances, such as nicotine, alcohol, and/or opioids. Drug addiction, also called substance use disorder, can affect a person's brain and behavior and interfere with meeting responsibilities at school, work, or at home. It is linked to many health problems and overdoses can lead to hospital visits or death.[206] According to the 2023 National Survey on Drug Use and Health (NSDUH), 48.5 million people aged 12 years or older (or 17.1% of this population) had a substance use disorder in the past year, including 28.9 million who had alcohol use disorder and 27.2 million who had a drug use disorder.[207]

TOBACCO & VAPING

Tobacco use leads to diseases that cause harm to almost every organ in the body. Smoking is the leading cause of preventable death in the US and in 2018 smoking-related illness costs more than an estimated $600 in direct medical care and lost productivity.[208] Tobacco contains nicotine, which is a chemical substance that can lead to addiction. More than 16 million Americans are living with a disease that is caused by smoking, some of which include cancer (specifically lung cancer), heart disease, stroke, diabetes, and COPD.[209] Table 20 shows the increased risk that smoking can have on the incidence and mortality of certain diseases.

Table 20

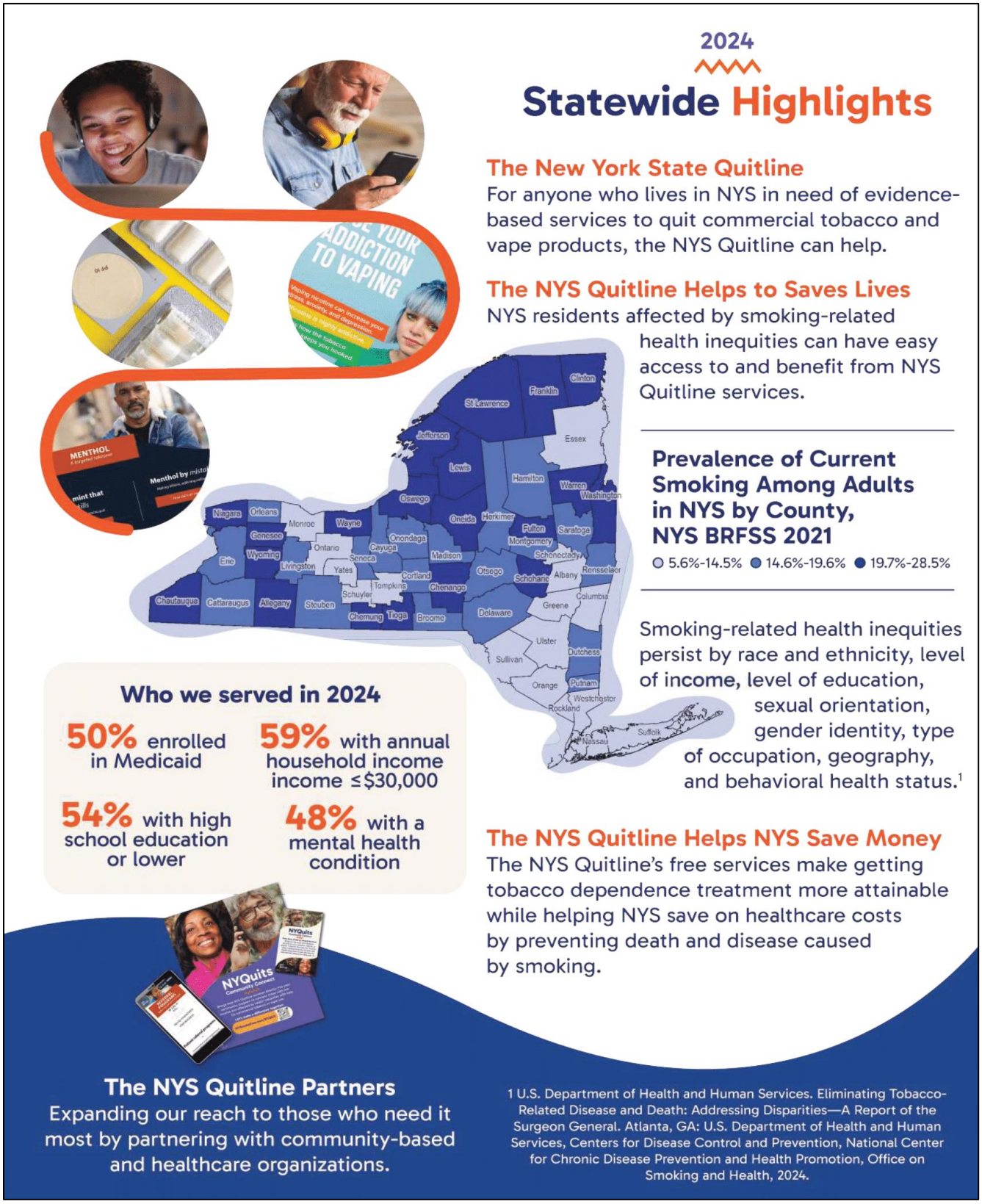
Increased Risk of Disease Incidence from Smoking, 2021	
Disease	**Risk Increase**
Coronary Heart Disease Incidence	2–4 times
Stroke Incidence	2–4 times
Lung Cancer Incidence	25 times

Source: Centers for Disease Control and Prevention, May 2025 sourced from US Department of Health and Human Services, The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General (2014)
https://www.cdc.gov/tobacco/about/cigarettes-and-cardiovascular-disease.html

Tobacco use can also have disproportionate effects on diverse populations. For example, the Medicaid population has a higher prevalence of smoking and has a harder time quitting. African Americans are more likely to die from smoking-related disease. People with mental health conditions are four times more likely to die from smoking. Finally, people experiencing disability have a higher prevalence of smoking. Figure 168 shows the percentage of New York State Smokers Quitline users from the Metro Region, which includes the seven M-H Region counties, who fell into the diverse categories.

[206] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use, accessed July 2025
[207] Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2023, Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health, accessed July 2025
[208] Centers of Disease Control and Prevention, 2024, https://www.cdc.gov/tobacco/php/data-statistics/economic-trends/index.html, accessed July 2025
[209] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/tobacco/about/index.html, accessed July 2025

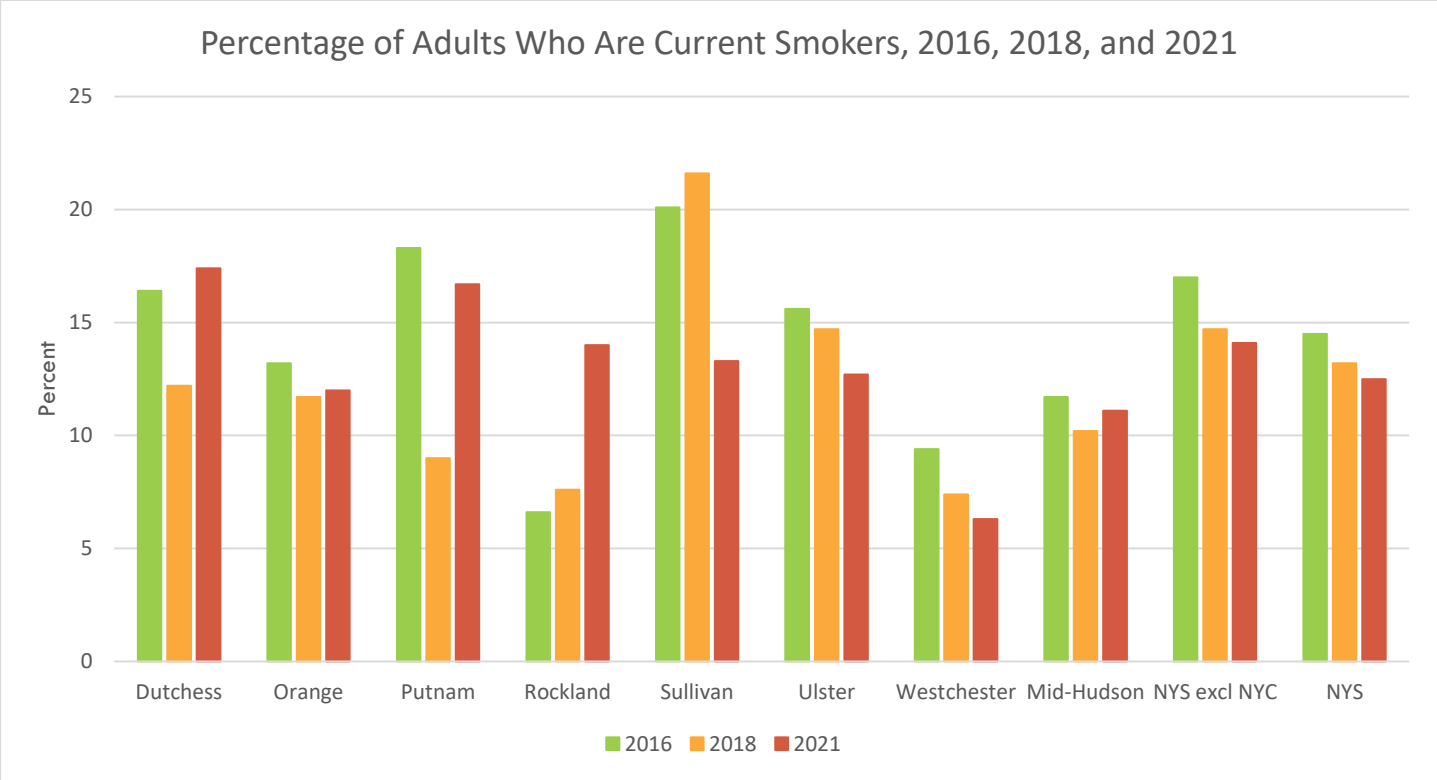
Figure 168



Source: NYS Smokers' Quitline, 2024
https://www.nysmokefree.com/wp-content/uploads/2025/02/2024_SustainabilityReport_StatewideHighlights.pdf, *accessed April 2025*

When comparing the percentage of adults who smoked cigarettes from 2016 to 2021, the percentage of those who smoked decreased in almost every county in the M-H Region with the exception of Dutchess and Rockland Counties, NYS, and NYS excluding NYC. In 2021, Dutchess County had the highest percentage of adults smoking cigarettes and Westchester County had the lowest percentage (17.4% and 6.3%, respectively). The Healthy People 2030 goal is to reduce cigarette smoking among adults to 6.1%.[210][see Figure 169]

Figure 169



County	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2016	16.4	13.2	18.3	6.6	20.1	15.6	9.4	11.7	17.0	14.5
2018	12.2	11.7	9.0	7.6	21.6	14.7	7.4	10.2	14.7	13.2
2021	17.4	12.0	16.7	14.0	13.3	12.7	6.3	11.1	14.1	12.5

**: Percentage is unreliable due to large standard error.*

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Have you smoked at least 100 cigarettes in your entire life?" and "How long has it been since you last smoked a cigarette, even one or two puffs?" Based on responses to both questions, BRFSS defines "current smoker" as an adult over the age of 18 who has smoked at least 100 cigarettes in their lifetime and currently smokes on at least some days.

Source: NYSDOH Behavioral Risk Factor Surveillance System, May 2025

https://www.health.ny.gov/statistics/brfss/expanded/

[210] Healthy People 2030, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2025, https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/reduce-current-cigarette-smoking-adults-tu-02, accessed July 2025

Although tobacco use seems to be decreasing over time, the use of electronic nicotine delivery systems (ENDS), or vaping, has become widely popular over the past few years. Electronic nicotine delivery systems (electronic cigarettes or e-cigarettes, vaping pens, hookah pens, etc.) were originally created to provide alternative products for those who were looking to quit smoking cigarettes. Although it has become a trend among young adults, according to the NYSDOH, the use of e-cigarettes among high school youth seems to have peaked in 2018 at 27.4% and appears to be declining, at 18.7% in 2022. Similarly, the trend in any tobacco product use among high school students, including ENDS, has decreased since 2018 from 30.6% to 20.8% in 2022 and has reached the lowest youth smoking rate on record.[211]

For more information, please visit CDC's Electronic Cigarette page.[212].

For more information on how to quit smoking, call 1-866-NY-QUITS or visit *https://nysmokefree.com/*.

[211] New York State Department of Health, 2023, https://www.health.ny.gov/prevention/tobacco_control/reports/statshots/volume15/n1_youth_tobacco_use.pdf, accessed July 2025

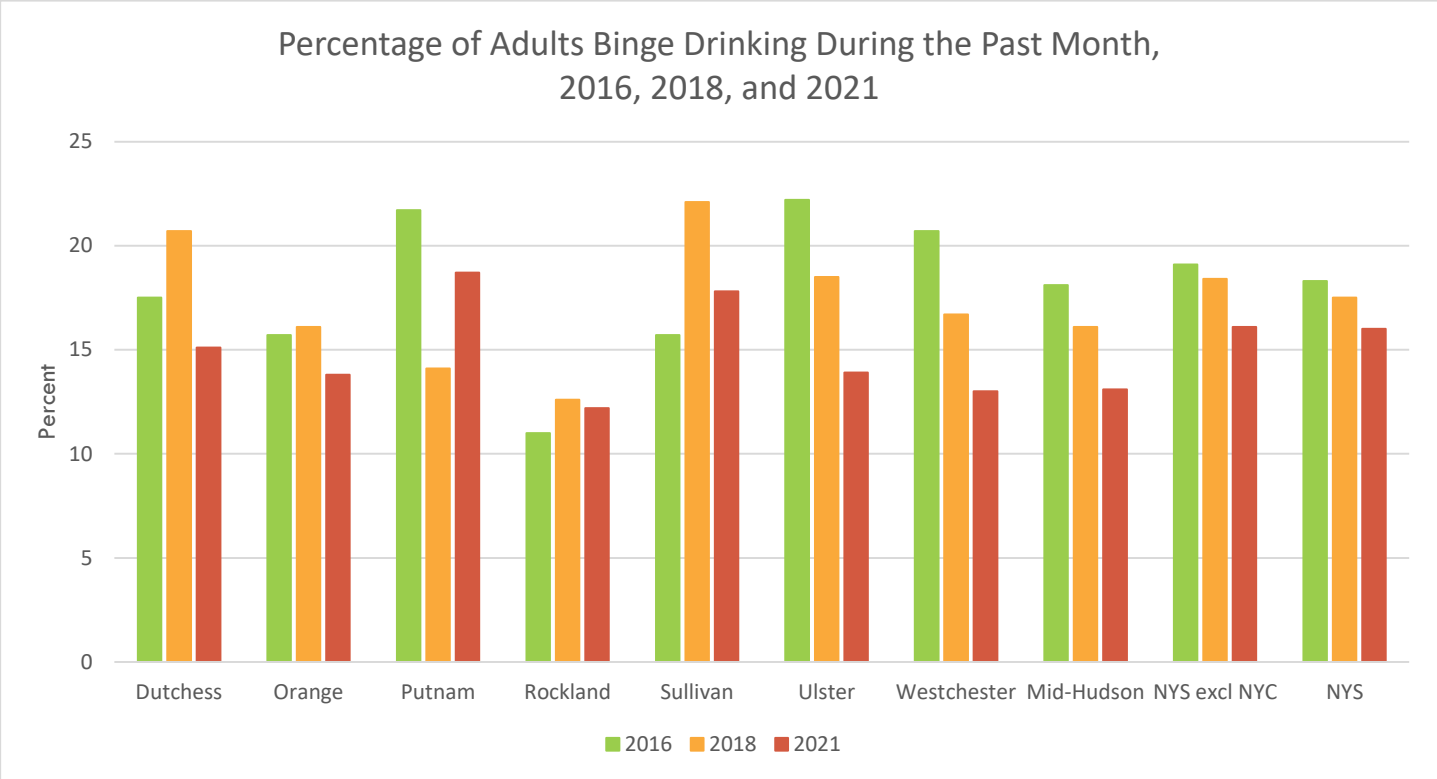
[212] CDC Smoking and Tobacco Use – E-Cigarettes (Vapes), 2025, https://www.cdc.gov/tobacco/e-cigarettes/?CDC_AAref_Val=https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.html, accessed March 2025

ALCOHOL

Excessive alcohol use has led to more than 170,000 deaths and about 4 million years of potential life lost each year in the US from 2020 to 2021.[213] Binge drinking, which is when women have four or more drinks or men have five or more drinks on one occasion, is the most common pattern of excessive alcohol use.[214] Binge drinking is the most common way that people drink excessively. Among adults in the United States, 17% binge drink.[215]

Binge drinking has decreased in almost all counties in the M-H Region from 2016 to 2021, with the exception of Rockland and Sullivan Counties. Putnam County had the highest percentage of adults binge drinking in 2021 at 18.7% and Rockland County had the lowest percentage at 12.2%. [see Figure 170]

Figure 170



County	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2016	17.5	15.7	21.7	11.0	15.7	22.2	20.7	18.1	19.1	18.3
2018	20.7	16.1	14.1	12.6	22.1	18.5	16.7	16.1	18.4	17.5
2021	15.1	13.8	18.7	12.2	17.8	13.9	13.0	13.1	16.1	16.0

Note: The percentage is age-adjusted. An adult is a person aged 18 years or older. The Behavioral Risk Factor Surveillance System asks respondents, "Considering all types of alcoholic beverages, how many times during the past 30 days did you have (for men) 5 or more drinks on an occasion or (for women) 4 or more drinks on an occasion?" Based on the responses to this question "binge drinking" is defined as consuming 4 or more drinks for women and 5 or more drinks for men on a single occasion.
Source: NYSDOH Behavioral Risk Factor Surveillance System, May 2025 *https://www.health.ny.gov/statistics/brfss/expanded/*

[213] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/alcohol/facts-stats/?CDC_AAref_Val=https://www.cdc.gov/alcohol/features/excessive-alcohol-deaths.html, accessed July 2025
[214] Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/alcohol/about-alcohol-use/index.html#cdc_behavioral_basics_warning_signs-understanding-alcohol-use, accessed July 2025
[215] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/alcohol/excessive-drinking-data/index.html, accessed July 2025

Binge drinking can lead to many different health and social problems, including unintentional motor vehicle accidents. In 2023, 30% of traffic related deaths in the US were due to alcohol-impaired driving.[216] For regional data regarding alcohol-related motor vehicle injuries and deaths, refer to the section Motor Vehicle Accidents on page 277.

OPIOID USE

Opioids are a class of drugs that include illicit drugs such as heroin, synthetic opioids such as fentanyl, and prescription pain relievers, such as oxycodone, hydrocodone, and morphine. According to the CDC, in 2023 about 76% of drug overdoses involved an opioid and deaths involving multiple drugs have also increased.[217] The financial costs of management, treatment, and lost productivity due to misuse of illicit drugs, prescription drugs, and alcohol was estimated at $442 billion in 2012.[218]

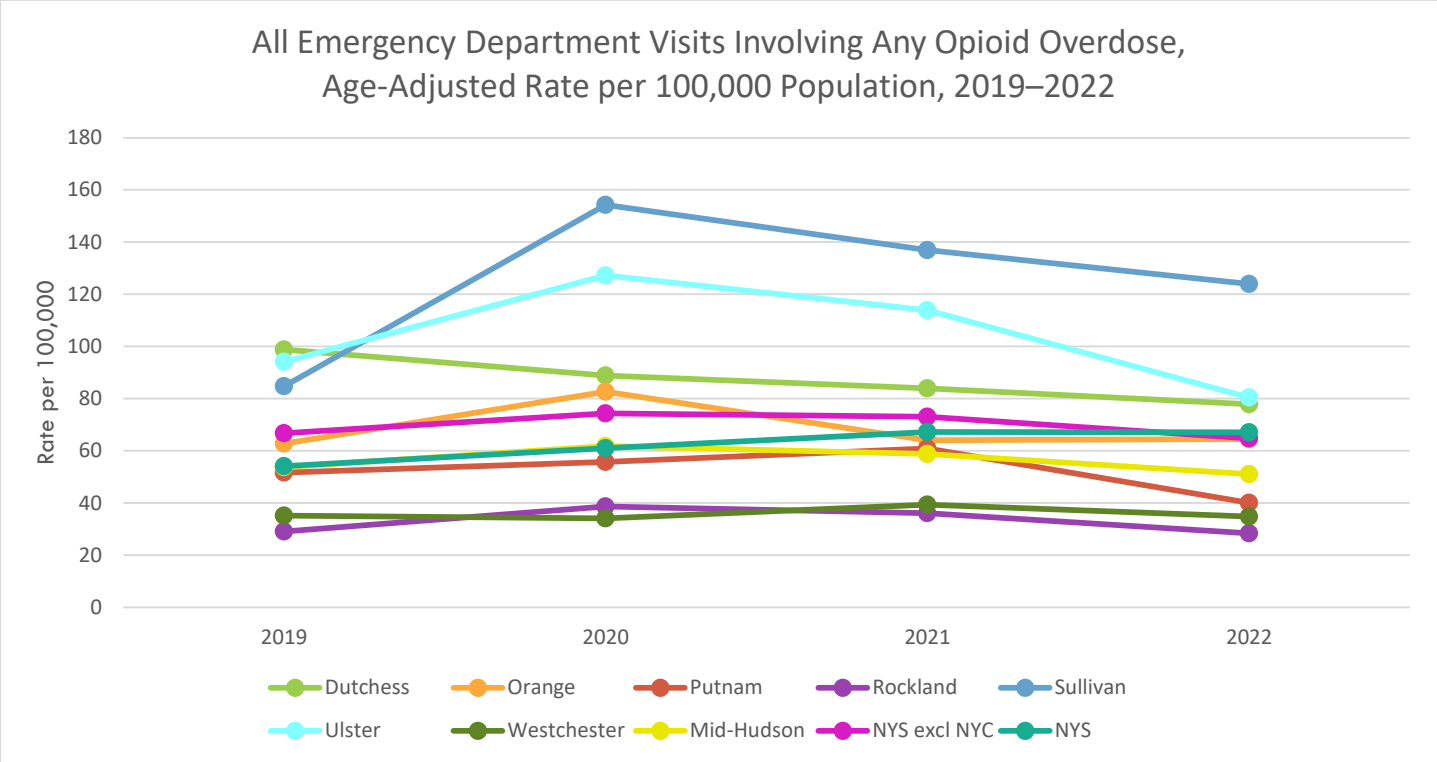
[216] NHTSA'S National Center for Statistics and Analysis, 2025, https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813713, accessed July 2025

[217] Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/overdose-prevention/about/index.html, accessed July 2025

[218] New York State Department of Health, 2020, https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/wb.htm, accessed July 2025

From 2019 to 2020, the ED visit rates for overdoses involving any opioid increased, for almost all seven counties in the M-H Region except Westchester. Since 2020, the rate has fallen or remained relatively stable in all seven counties in the M-H Region, as well as NYS and NYS excluding NYC [see Figure 171].

Figure 171



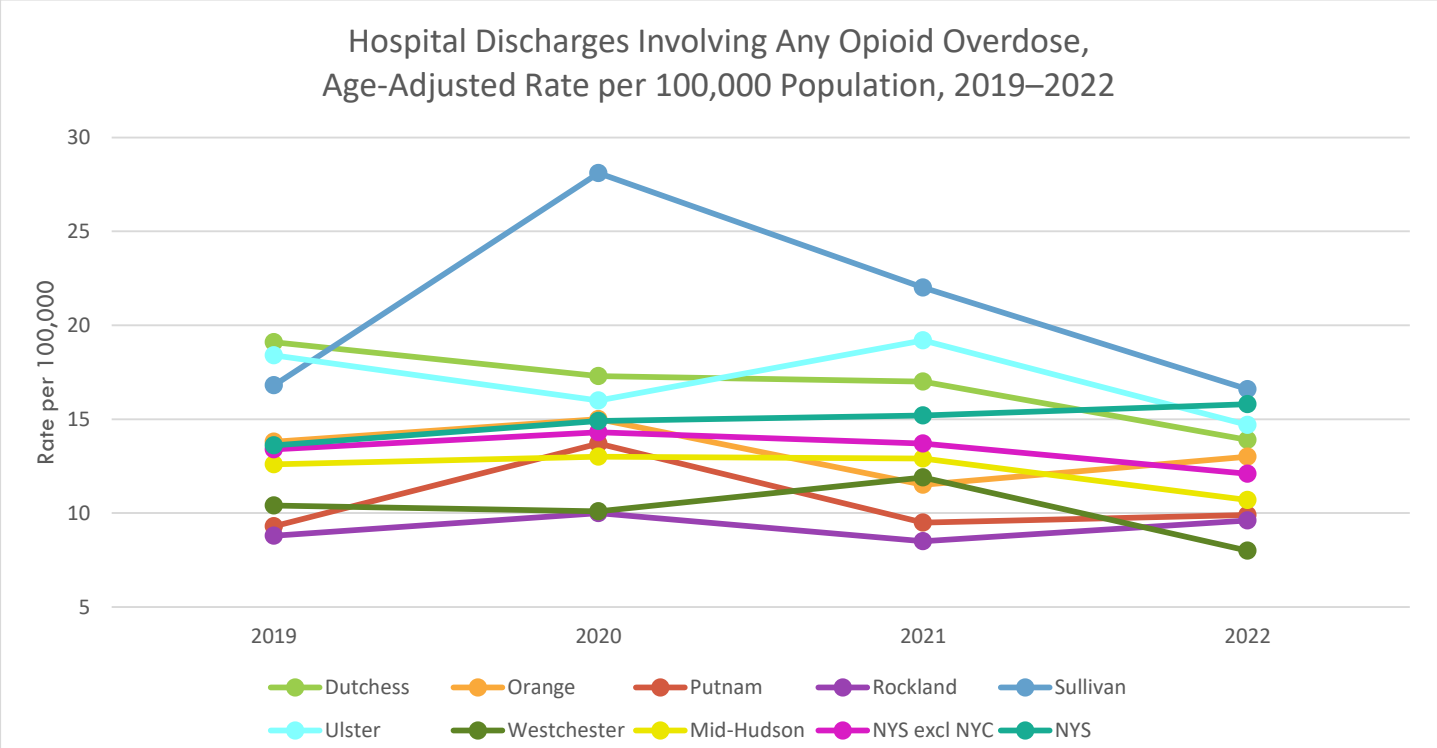
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2019	98.8	62.8	51.6	29.1	84.8	94.1	35.2	53.7	66.7	54.1
2020	88.9	82.7	55.7	38.7	154.3	127.2	34.1	61.8	74.3	61.0
2021	83.9	64.0	60.9	36.1	136.9	113.9	39.4	58.8	73.1	67.2
2022	77.9	64.5	40.1	28.4	123.9	80.4	34.8	51.1	64.8	67.1

Note: Includes outpatient and admitted patient visits to the emergency department involving any opioid poisoning as the principal diagnosis or first-listed cause of injury.

Source: NYS Opioid Data Dashboard, May 2025 sourced from NY Statewide Planning and Research Cooperative System
https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

Hospital discharges involving any opioid overdose have generally remained stable over time, with the exception of Sullivan County, which saw a large rate increase in 2020, before rates began to decrease. [see Figure172].

Figure 172



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2019	19.1	13.8	9.3	8.8	16.8	18.4	10.4	12.6	13.4	13.6
2020	17.3	15.0	13.7	10.0	28.1	16.0	10.1	13.0	14.3	14.9
2021	17.0	11.5	9.5*	8.5	22.0	19.2	11.9	12.9	13.7	15.2
2022	13.9	13.0	9.9	9.6	16.6	14.7	8.0	10.7	12.1	15.8

**: The rate is unstable.*

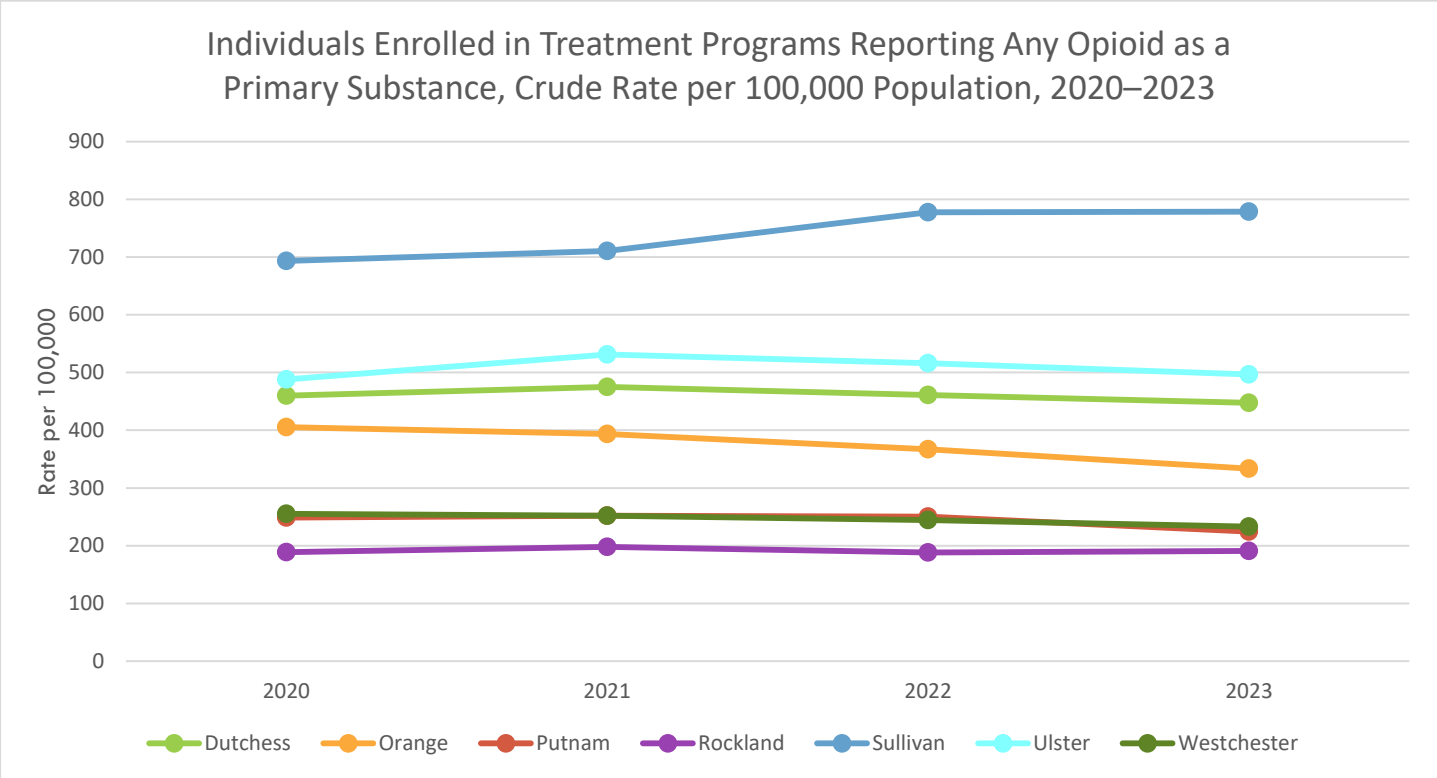
Note: Y-axis does not begin at zero in order to clearly display trend lines. Includes hospital discharges involving any opioid poisoning, principal diagnosis or first-listed cause of injury.

Source: NYS Opioid Data Dashboard, May 2025 sourced from NY Statewide Planning and Research Cooperative System
https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

Substance use treatment is intended to help people address problems associated with their use of alcohol or drugs, including medical problems associated with the use of alcohol or drugs. Data on who actually seeks help can signal whether interventions are effectively reaching those in need. In 2019, about 21.6 million people needed substance use treatment, but only 2.6 million received it. Despite increased awareness of the opioid epidemic, as well as laws and regulations that expanded coverage of treatment, there has been no consistent upward trend in people seeking and accessing treatment.[219]

This flattened trend is evident in the M-H Region, where in most counties the number of individuals enrolled in OASAS-certified substance use disorder programs has remained relatively level. [see Figure 173].

Figure 173



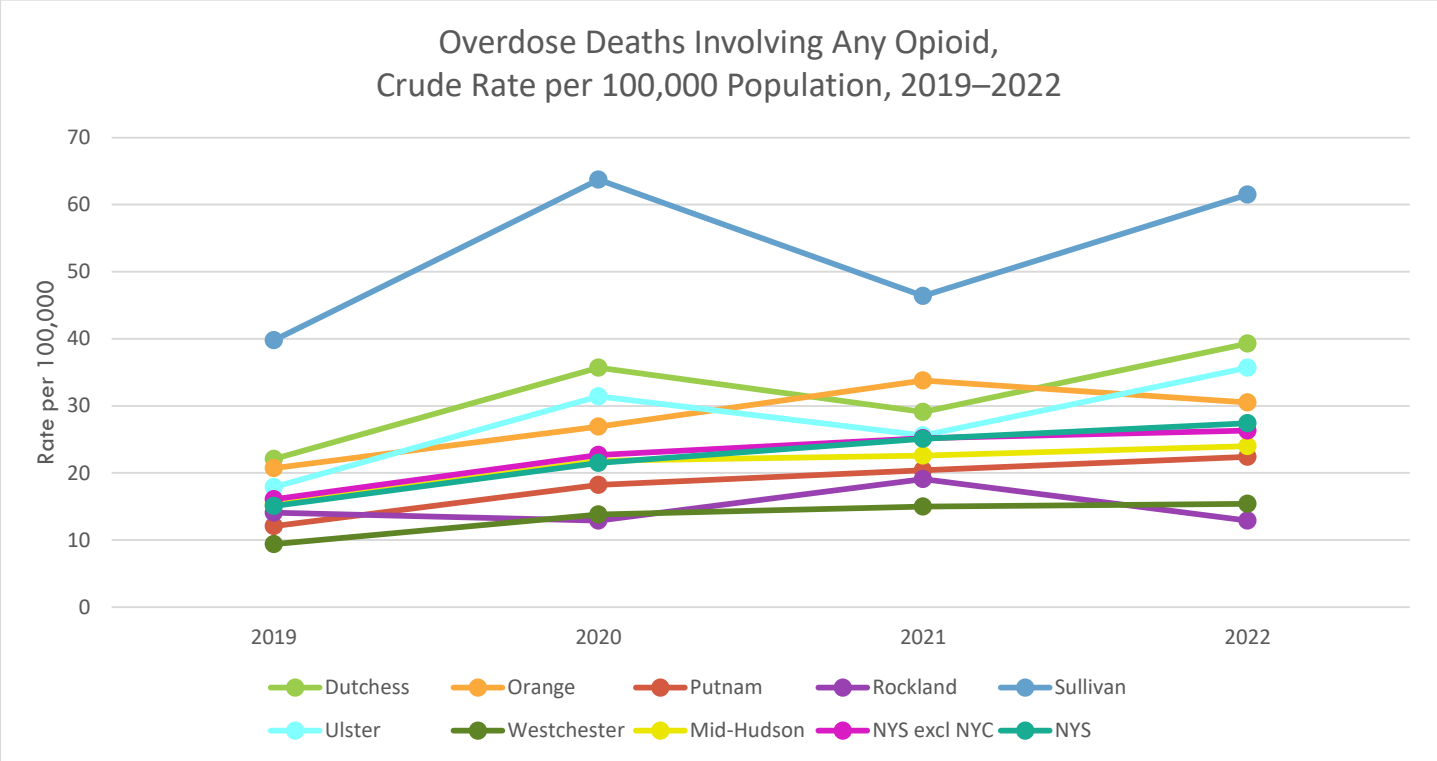
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester
2020	459.9	405.4	248.8	188.9	693.2	487.8	255.1
2021	475.0	393.7	252.1	197.9	710.7	531.2	251.9
2022	460.8	366.9	250.1	188.2	777.4	516.0	244.4
2023	447.6	333.5	224.5	190.9	778.3	496.4	233.2

Note: This indicator includes people who were admitted to an OASAS-certified substance use disorder treatment program. A person is counted once if they were in treatment (received one or more services) during the calendar year. A unique person may receive multiple services or be in treatment many years and therefore, may be counted uniquely across one or more calendar years. Totals cannot be summed across years/rows as they are not mutually exclusive. The most recent data collected for the year of enrollment was used to determine the person's county of residence during the reported year. Any opioid use includes Heroin use.
Source: Data request from NYS Office of Addiction Services and Supports Client Data System, May 2025

[219] 2025 Addiction Statistics: Accurate Data on Substance Abuse in the US, Addictiongroup.Org, 2025, www.addictiongroup.org/resources/addiction-statistics/, accessed July 2025

When looking at the rate of overdose deaths involving any opioid from 2019 to 2022, it has steadily increased across most counties in the M-H Region, as well as NYS and NYS excluding NYC. In 2022, the highest rate was seen in Sullivan County and the lowest rate was seen in Rockland County (61.5 and 12.9 per 100,000 population, respectively) [see Figure 174].

Figure 174

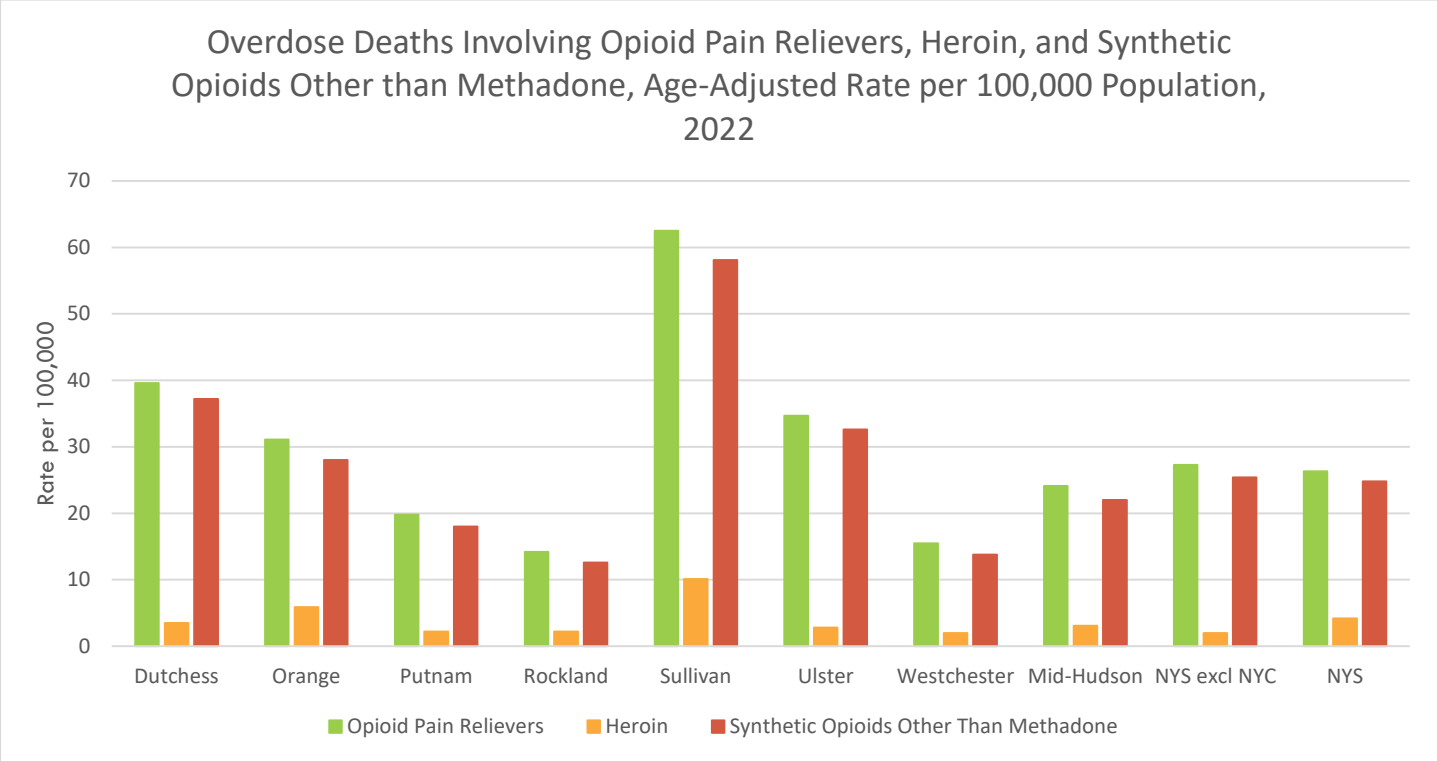


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2019	22.1	20.7	12.1	14.1	39.8	17.9	9.4	15.3	16.1	15.1
2020	35.7	26.9	18.2	12.9	63.7	31.4	13.8	21.8	22.7	21.5
2021	29.1	33.8	20.4	19.1	46.4	25.6	15.0	22.6	25.2	25.1
2022	39.3	30.5	22.4	12.9	61.5	35.7	15.4	24.0	26.3	27.4

**: The rate is unstable.*
Note: Includes poisoning deaths involving any opioid, all manners, using all causes of death.
Source: NYS Opioid Data Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

Figure 175 shows the rate of overdose deaths in 2022 stratified by the type of opioid used. The highest rate of overdose deaths in all counties was caused by opioid pain relievers. Synthetic opioids other than Methadone were a close second.

Figure 175

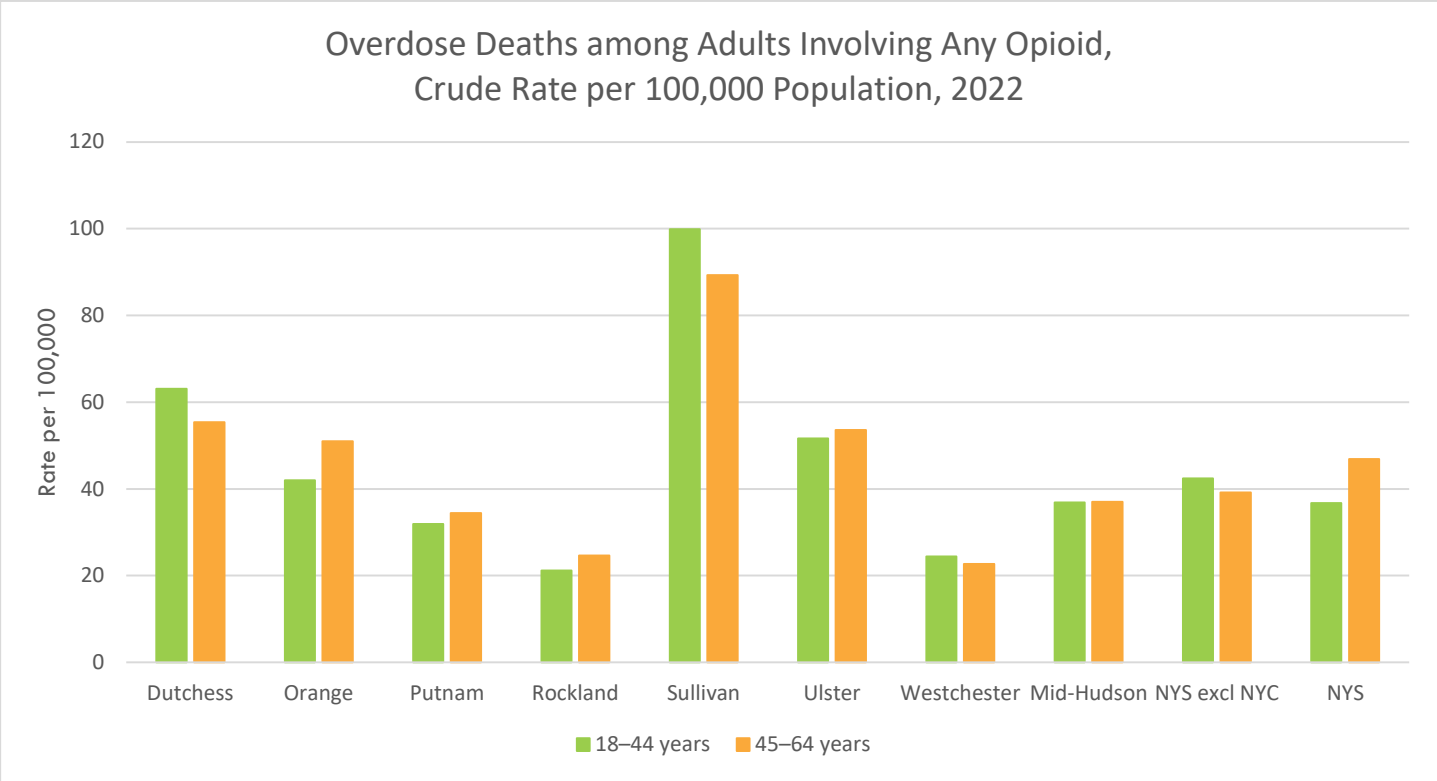


County	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
Opioid Pain Relievers	39.6	31.1	19.8	14.2	62.5	34.7	15.5	24.1	27.3	26.3
Heroin	3.5	5.9	2.2	2.2	10.1	2.8	2.0	3.1	2.0	4.2
Synthetic Opioids Other Than Methadone	37.2	28.0	18.0	12.6	58.1	32.6	13.8	22.0	25.4	24.8

**: The rate is unstable.*
Note: Includes poisoning deaths involving any opioid pain relievers (including illicitly produced opioids such as fentanyl), heroin, and synthetic opioids other than methadone, all manners, using all causes of death.
Source: NYS Opioid Data Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

When overdose deaths are stratified by age, the rate of overdose death was higher in most counties among adults aged 45 to 64 years compared to those aged 18 to 44 years across all three types of overdose deaths (any opioid, heroin, and opioid pain relievers) [see Figures 176 through 178]. This shows a shift from previous years, where overdose deaths were predominantly adults age 18-44. Sullivan County had the highest rates of overdose death among adults aged 18 to 44 years caused by all three types (99.9, 11.5, and 99.9 per 100,000 population, respectively) as well as adults aged 45 to 64 years (89.3, 23.5, and 89.3 per 100,000 population, respectively).

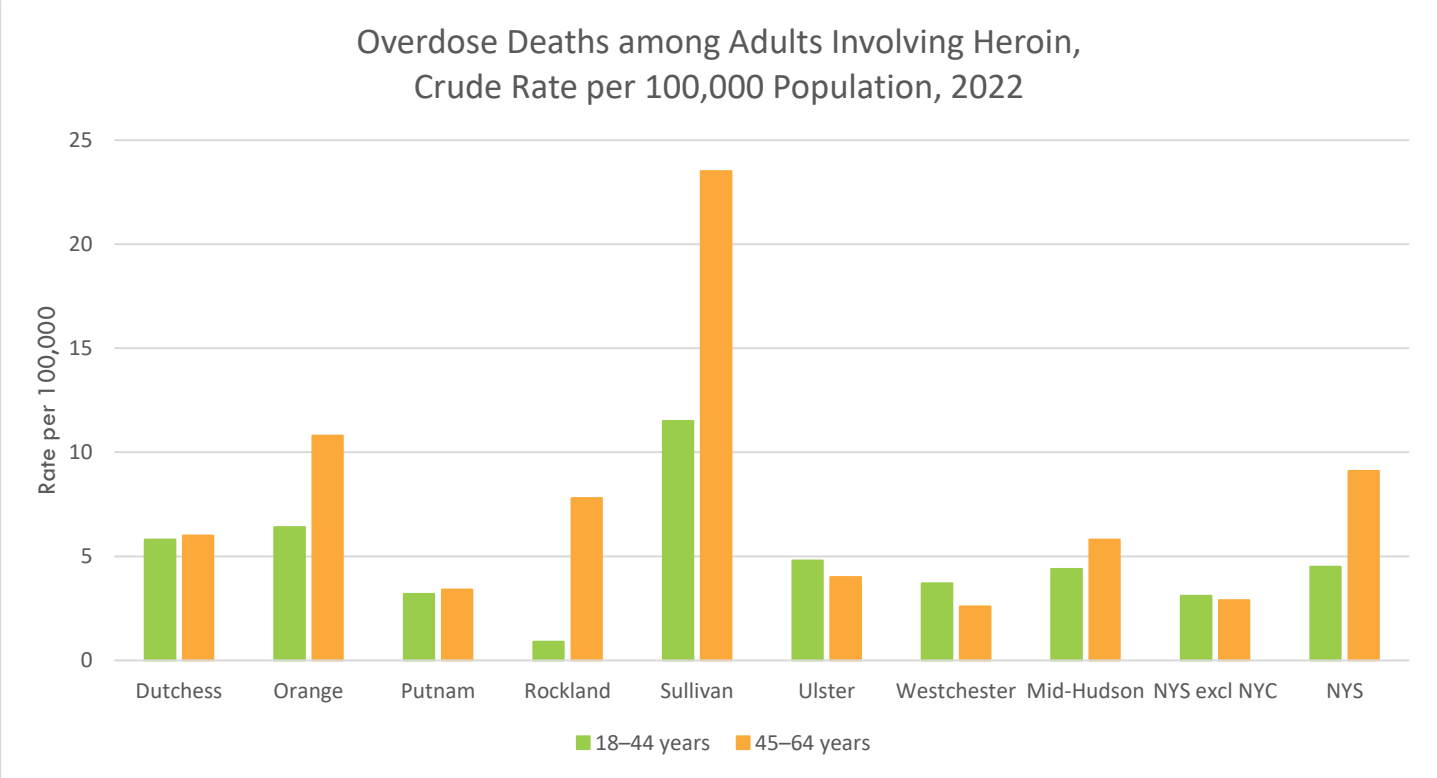
Figure 176



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
18–44 years	63.1	42.0	31.9	21.2	99.9	51.6	24.4	36.9	42.4	36.7
45–64 years	55.4	51.0	34.4	24.6	89.3	53.6	22.7	37.0	39.2	46.9

Overdose Deaths among Adults Involving Any Opioid, Crude Rate per 100,000 Population, 2022
Note: This includes adults aged 18–64 years old. Includes all poisoning deaths involving opioids, all manners, using all causes of death.
Source: NYS Opioid Data Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

Figure 177



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
18–44 years	5.8*	6.4*	3.2*	0.9*	11.5*	4.8*	3.7	4.4	3.1	4.5
45–64 years	6.0*	10.8	3.4*	7.8*	23.5*	4.0*	2.6*	5.8	2.9	9.1

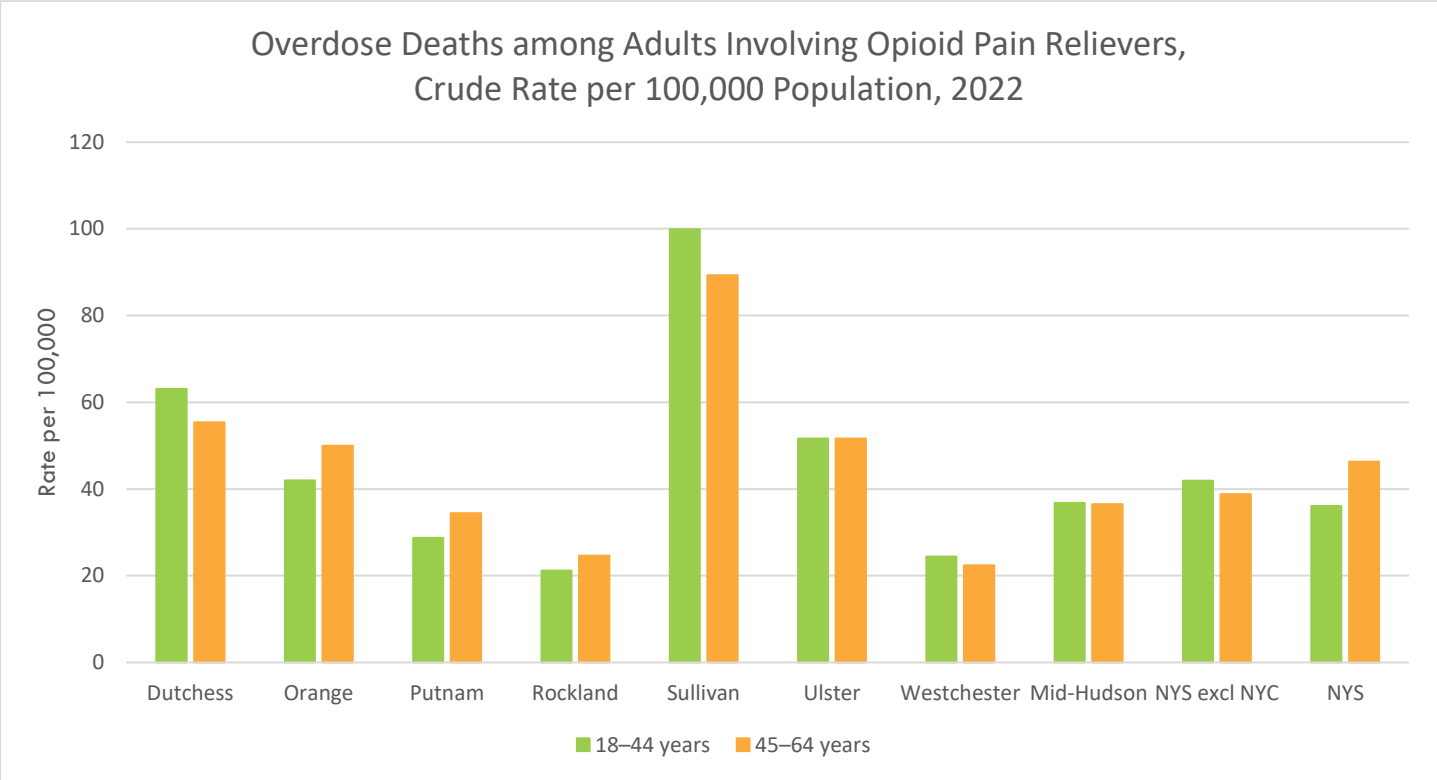
**: The rate is unstable.*

Note: This includes adults aged 18–64 years old. Poisoning deaths involving heroin, all manners, using all causes of death.

Source: NYS Opioid Data Dashboard, May 2025 sourced from Vital Statistics of NYS

https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

Figure 178



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
18–44 years	63.1	42.0	28.7*	21.2	99.9	51.6	24.4	36.8	41.9	36.1
45–64 years	55.4	50.0	34.4	24.6	89.3	51.6	22.4	36.5	38.8	46.3

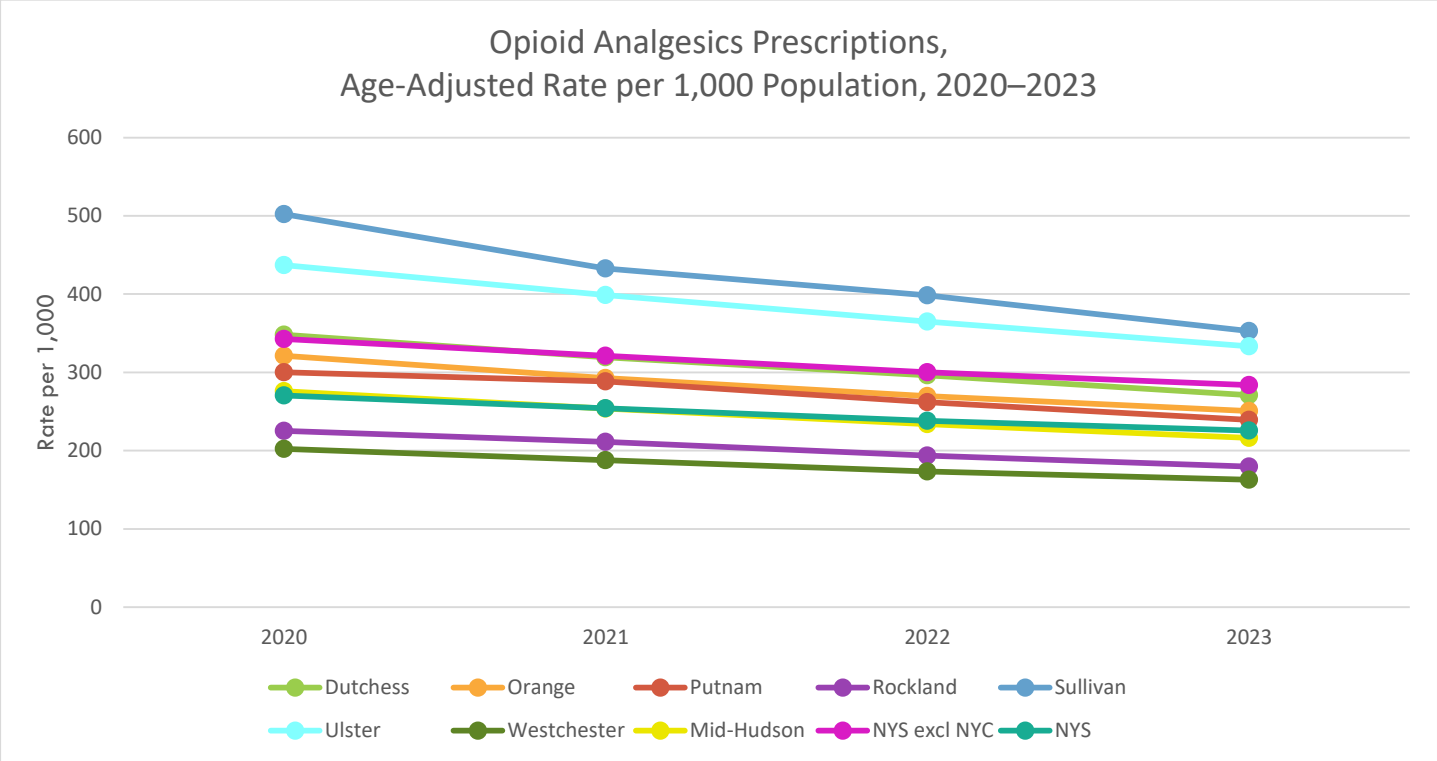
**: The rate is unstable.*
Note: This includes adults aged 18–64 years old. Includes poisoning deaths involving opioid pain relievers (including illicitly produced opioids such as fentanyl), all manners, using all causes of death.
Source: NYS Opioid Data Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

There are many efforts being made at the federal, state, and local level to combat the opioid epidemic. Some methods for doing this include improving opioid prescribing practices; increasing education, training, and distribution of Naloxone (an overdose reversal drug); and increasing access to medication-assisted treatment.[220]

[220] NIH, National Institute on Drug Abuse, 2018, https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-abuse-heroin-use/introduction, accessed July 2025

From 2020 to 2023, prescription rates for opioid analgesics (pain relievers) have decreased across each county in the M-H Region, as well as NYS and NYS excluding NYC. In 2023, Sullivan County had the highest opioid analgesic prescription rate and Westchester County had the lowest rate (352.7 and 162.9 per 1,000 population, respectively) [see Figure 179].

Figure 179

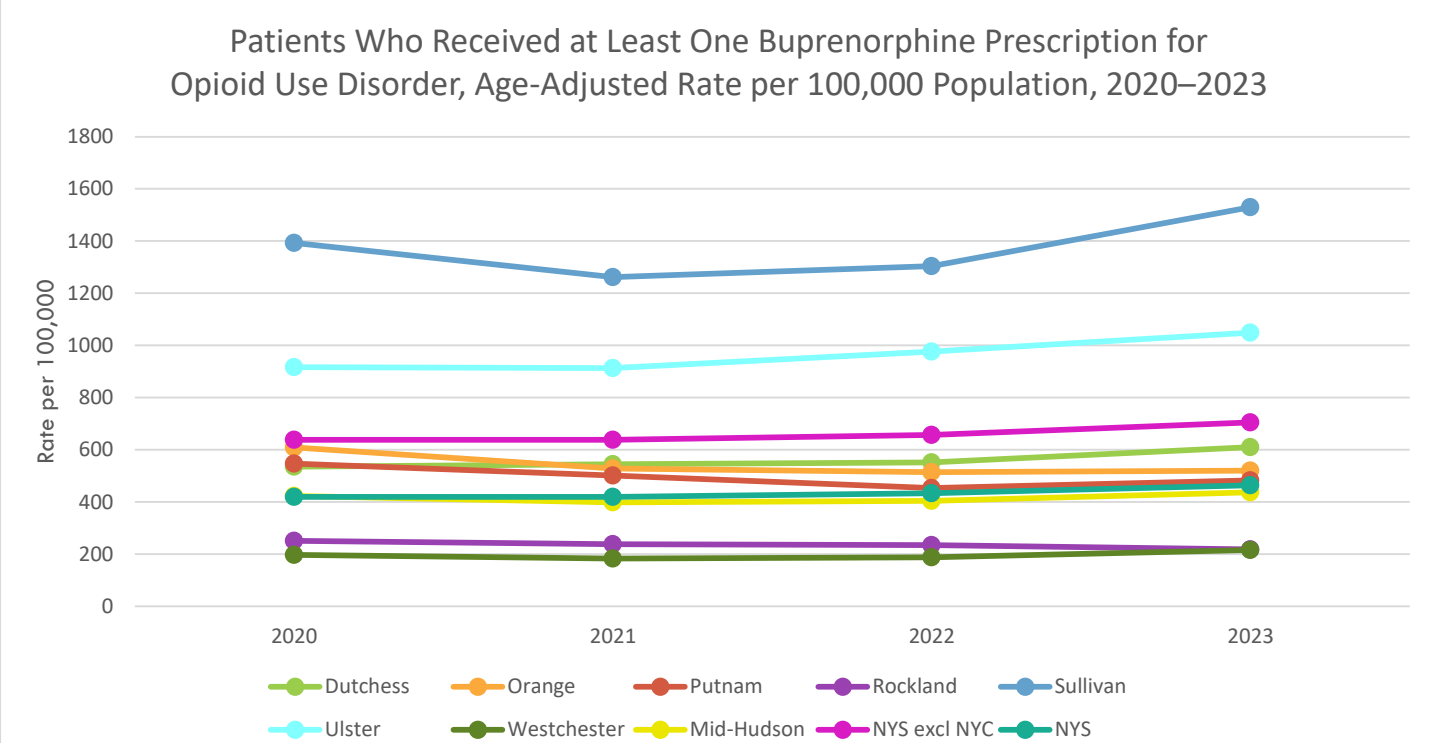


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2020	348.0	321.2	300.1	225.1	502.0	436.9	202.3	275.9	342.4	270.6
2021	319.0	292.5	288.3	211.3	432.6	398.9	187.9	253.7	321.2	254.1
2022	296.2	269.6	261.7	193.7	398.5	364.7	173.3	233.8	300.2	238.1
2023	270.7	250.5	239.3	179.4	352.7	333.4	162.9	216.3	283.8	225.6

Note: Includes Schedule II (Drugs with some medically acceptable uses, but with high potential for abuse and/or addiction. These drugs can be obtained through prescription.), III (Drugs with low to moderate potential for abuse and/or addiction, but less dangerous than Schedule I or II. These drugs can be obtained through prescription but generally are not available over the counter.), and IV (Drugs with viable medical use and low probability of use or misuse.) opioid analgesic prescriptions dispensed to state residents.
Source: NYS Opioid Data Dashboard, May 2025 sourced from NYS Prescription Monitoring Program
https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

Buprenorphine is an opioid used to treat opioid addiction. It is a medication that can be prescribed in physician offices, thereby increasing access to treatment. It produces effects such as euphoria and respiratory depression but these effects are much weaker than other opioids such as heroin.[221] From 2020 to 2023, the rate of patients who received at least one buprenorphine prescription for opioid use disorder has generally increased across each county and NYS [see Figure 180]. In 2023, Sullivan County had highest buprenorphine prescription rate and Westchester County had the lowest rate (1529.8 and 215.3 per 100,000 population, respectively).

Figure 180



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson	NYS excl NYC	NYS
2020	535.7	608.7	546.4	251.4	1392.5	916.9	197.2	422.9	638.4	419.1
2021	544.4	527.6	501.8	237.5	1261.5	913.7	183.3	398.5	637.7	419.8
2022	551.2	514.2	453.4	234.2	1303.8	976.4	187.8	403.9	657.2	433.9
2023	609.7	520.4	482.1	217.9	1529.8	1048.4	215.3	436.6	705.4	464.0

Patients Who Received at Least One Buprenorphine Prescription for Opioid Use Disorder, Age-Adjusted Rate per 100,000 Population, 2020–2023

Source: NYS Opioid Data Dashboard, May 2025 sourced from NYS Prescription Monitoring Program
https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/

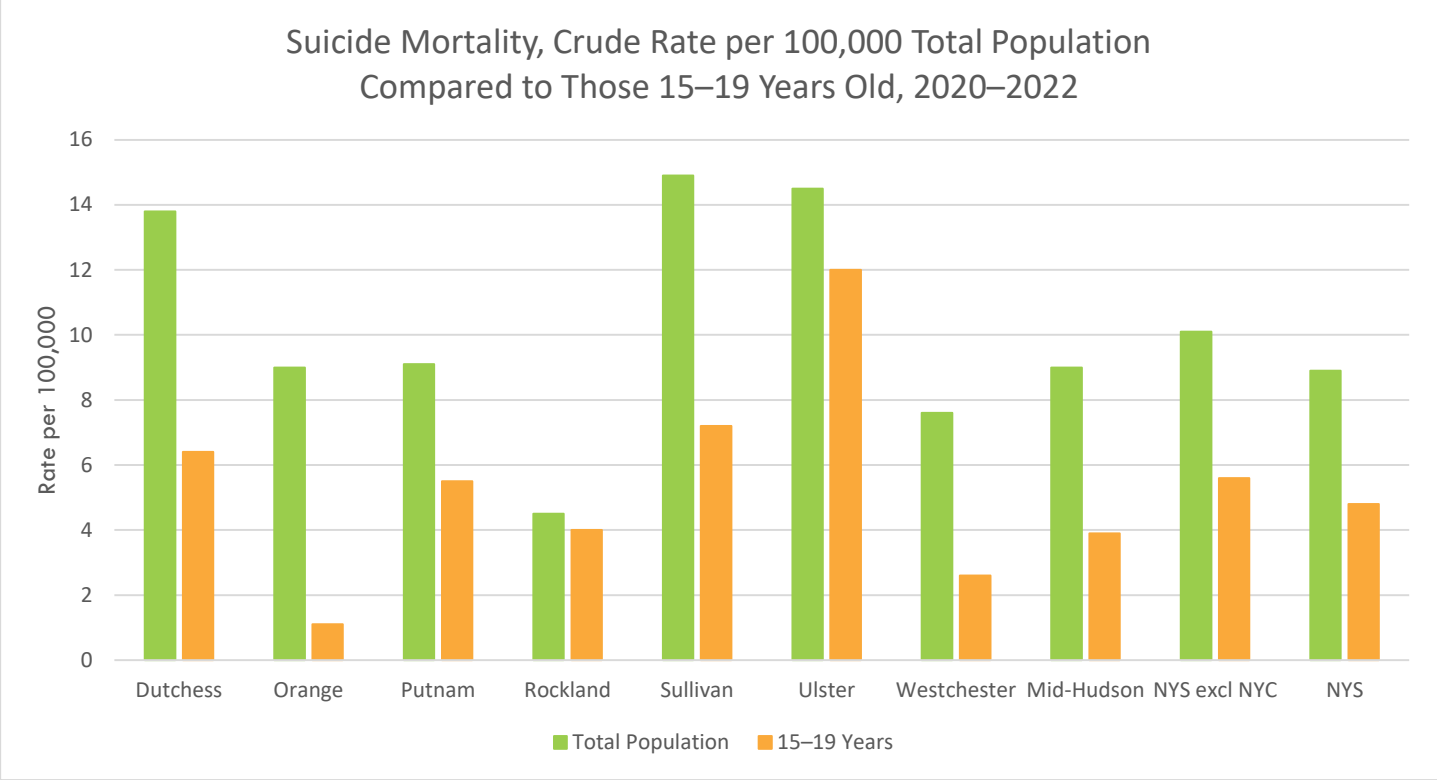
[221] Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services, 2024, https://www.samhsa.gov/substance-use/treatment/options/buprenorphine, accessed July 2025

SUICIDE

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. It is associated with several risk factors, including those who have experienced bullying, sexual violence, and child abuse. In 2023, 12.8 million American adults considered attempting suicide and over 49,000 died by suicide.[222] Protective factors, such as connectedness with family and friends, as well as access to health care services, can help prevent suicide.

Healthy People 2030 set the goal to reduce suicide rates to 12.8 suicides per 100,000 population. Four counties met this target, with three counties being the exception (Dutchess, Sullivan and Ulster) [see Figure 181]. Suicide among young adults is also a public health concern, especially in Ulster County, where suicide the mortality rate among teenagers aged 15-19 years was 12.0 per 100,000 population, though this rate is unstable.

Figure 181



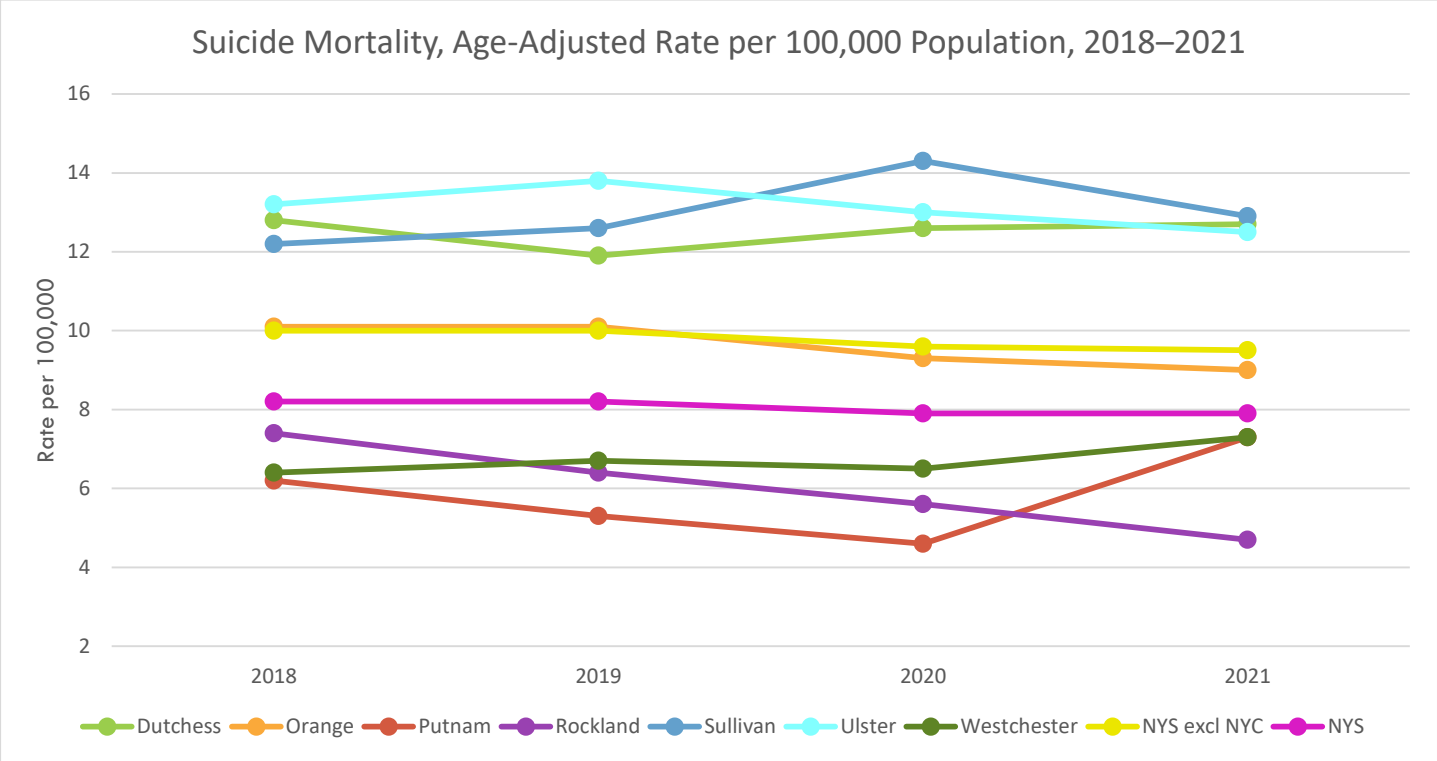
	Three-Year Average							Single-Year		
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**Mid-Hudson**	**NYS excl NYC**	**NYS**
Total Population	13.8	9.0	9.1	4.5	14.9	14.5	7.6	8.6	9.9	8.3
15–19 Years	6.4*	1.1*	5.5*	4.0*	7.2*	12.0*	2.6*	5.4*	6.7	5.2

**: The rate is unstable.*
Note: Three-year averages are used for counties and single-year rates are used for Mid-Hudson, NYS and NYS excluding NYC. The ICD-10 codes used for suicide are: X60-X84, Y87.0.
Source: NYS Community Health Indicator Reports Dashboard, April 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/statistics/chac/indicators/index.htm

[222] Centers of Disease Control and Prevention, 2025, https://www.cdc.gov/suicide/about/index.html, accessed July 2025

Suicide mortality rates have remained relatively flat for a few counties and NYS from 2018 to 2021, while increases were seen between 2020 and 2021 for Putnam, Westchester, and Dutchess. Rockland County shows a steady decrease in suicide rate since 2018 [see Figure 182].

Figure 182



	Three-Year Average							Single-Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	12.8	10.1	6.2	7.4	12.2	13.2	6.4	10.0	8.2
2019	11.9	10.1	5.3	6.4	12.6	13.8	6.7	10.0	8.2
2020	12.6	9.3	4.6	5.6	14.3	13.0	6.5	9.6	7.9
2021	12.7	9.0	7.3	4.7	12.9	12.5	7.3	9.5	7.9

Note: Y-axis does not begin at zero in order to clearly display trend lines. Three-year averages are used for counties and single-year rates are used for NYS and NYS excluding NYC. The ICD-10 codes used for suicide are: X60-X84, Y87.0.
Source: NYS Community Health Indicator Reports Dashboard, April 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/statistics/chac/indicators/index.htm

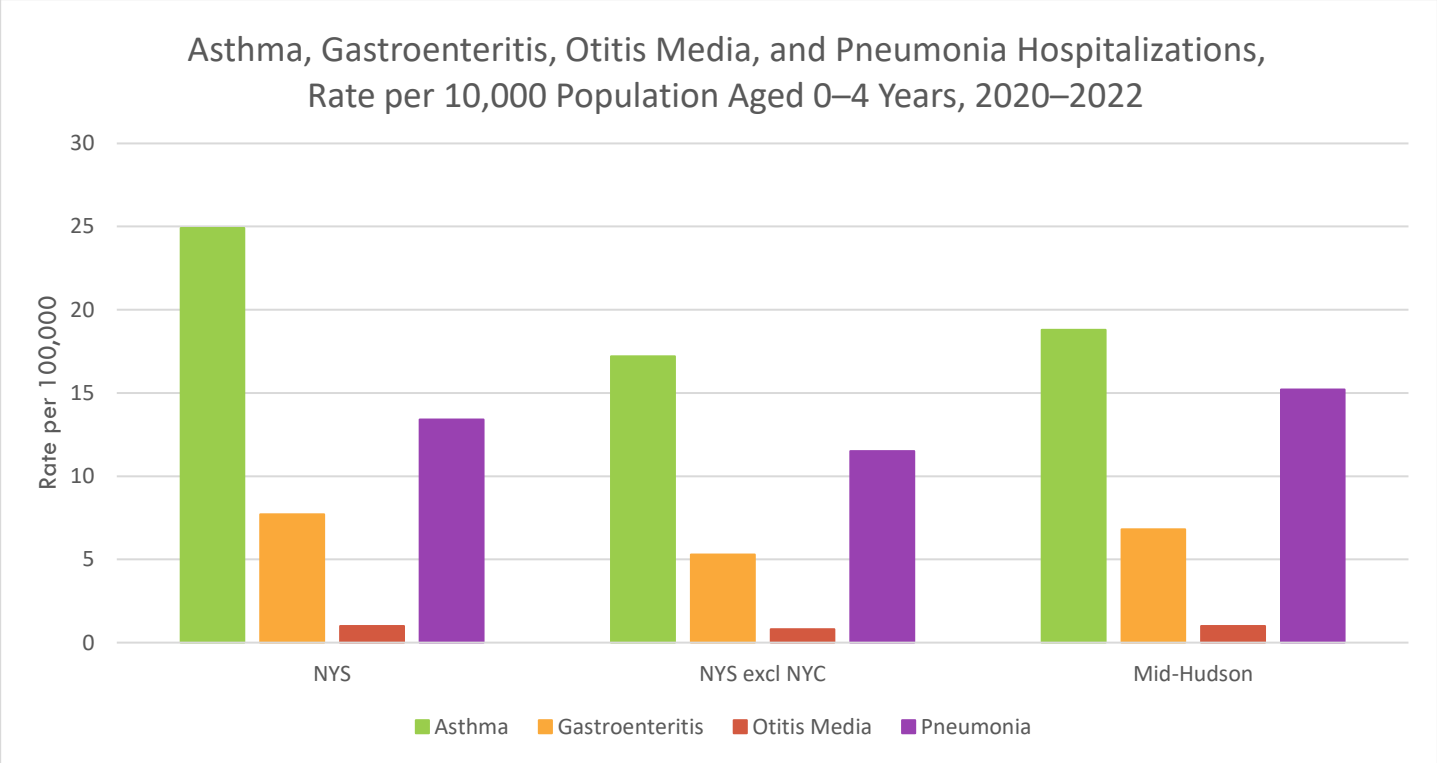
CHILD HEALTH

Preventive health care is important across all age groups. However, it is especially important for children and adolescents to help them avoid preventable diseases and maintain good health throughout the course of their lives. According to the US Census Bureau, 5.8% of the population in the M-H Region is under five years old; Rockland County has the highest percentage of children in this cohort (8.5%) and Ulster County has the lowest (4.4%) [see Table 3].

Children are at risk for developing certain diseases, some of which include ambulatory care sensitive (ACS) conditions. These are conditions where the use of the ED is thought to be avoidable by focusing on interventions in primary care.[223] Some ACS conditions include asthma, otitis media, gastroenteritis, and pneumonia.

ASTHMA, GASTROENTERITIS, OTITIS MEDIA, AND PNEUMONIA

Figure 183



	Asthma	Gastroenteritis	Otitis Media	Pneumonia
NYS	24.9	7.7	1.0	13.4
NYS excl NYC	17.2	5.3	0.8	11.5
Mid-Hudson	18.8	6.8	1.0	15.2

Note: The ICD-10 codes for otitis media are: H65.0, H65.1, H65.2, H65.3, H66.0, H66.1, and H66.2.
Source: NYS Community Health Indicator Reports Dashboard, April 2025 sourced from NY Statewide Planning and Research Cooperative System *https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county*

ASTHMA

[223] The Journal of Pediatrics, NIH, National Library of Medicine, 2018, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5826824/, accessed August 2022

Asthma is caused by airway restriction in the lungs, resulting in difficulty breathing, wheezing, chest tightness, and coughing. It is a condition commonly found among children, but it can be managed and treated with medical care [see page 144]. When looking at the 2020-2022 hospitalization rate for those aged 0-4 years, the M-H Region had a higher hospitalization rate than NYS excluding NYC [See Figure 183].

GASTROENTERITIS

Gastroenteritis is an intestinal infection that can affect children starting at a young age. It is typically a viral infection that causes fever, watery diarrhea, nausea, vomiting, and abdominal pain.[224] Viral infections are generally spread through contact with someone infected with the disease or by ingesting substances contaminated with the infection. Children are especially at risk at day care centers or at schools, as they can encounter other infected classmates.

The 2020-2022 hospitalization rate of gastroenteritis for children 0 to 4 years of age for the M-H Region was higher than hospitalization rate for NYS excluding NYC but lower than NYS [see Figure 183].

OTITIS MEDIA

Otitis media is an infection that occurs in the middle ear and is most diagnosed in children. Even though antibiotics are typically used to clear the infection, some children are prone to having chronic ear infections. This can lead to other consequences, such as antibiotic resistance, surgery, and hearing loss. Common symptoms of otitis media include ear pain, tugging or pulling at the ear, crying more than usual, trouble hearing, fever, and drainage from the ear.[225]

For the 2020-2022 hospitalization rate for those aged 0-4 years, the M-H region had the same rate as NYS but was slightly higher than NYS excluding NYC [see Figure 183].

PNEUMONIA

Pneumonia is an infection that causes inflammation in the air sacs in one or both lungs. Pneumonia can be caused by bacteria, viruses, or fungi. It can lead to serious consequences in young children, as well as people over the age of 65. Symptoms of pneumonia include fever, cough, chest pain, and shortness of breath.[226]

The 2020-2022 hospitalization rate for children aged 0-4 years was higher in the M-H region (15.2) than NYS (13.4) and NYS excluding NYC (11.5) [see Figure 183].

It is important that children be vaccinated to prevent pneumococcal infection. For more information about vaccination rates, please see page 270.

[224] Mayo Clinic, 2022, https://www.mayoclinic.org/diseases-conditions/viral-gastroenteritis/symptoms-causes/syc-20378847, accessed July 2025
[225] Mayo Clinic, 2021, https://www.mayoclinic.org/diseases-conditions/ear-infections/symptoms-causes/syc-20351616, accessed July 2025
[226] Mayo Clinic, 2020, https://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/syc-20354204, accessed July 2025

ENVIRONMENTAL INDICATORS

SAFETY

INJURY

Injuries fall into two distinct categories: intentional acts (like assaults or suicides) and unintentional incidents (such as falls, car accidents, or poisoning). Their predictable patterns and identifiable risk factors make injuries largely preventable.[227]

Unintentional injury was the fourth leading cause of death in NYS in 2022, accounting for 10,920 fatalities statewide, which is equivalent to a rate of 50.6 deaths per 100,000 population.[228] It is the number one cause of death for residents aged 1 to 44 years.[227] Beyond mortality, injuries contribute to significant societal burdens, including financial costs, long-term disability, mental health challenges, and lost productivity.[229]

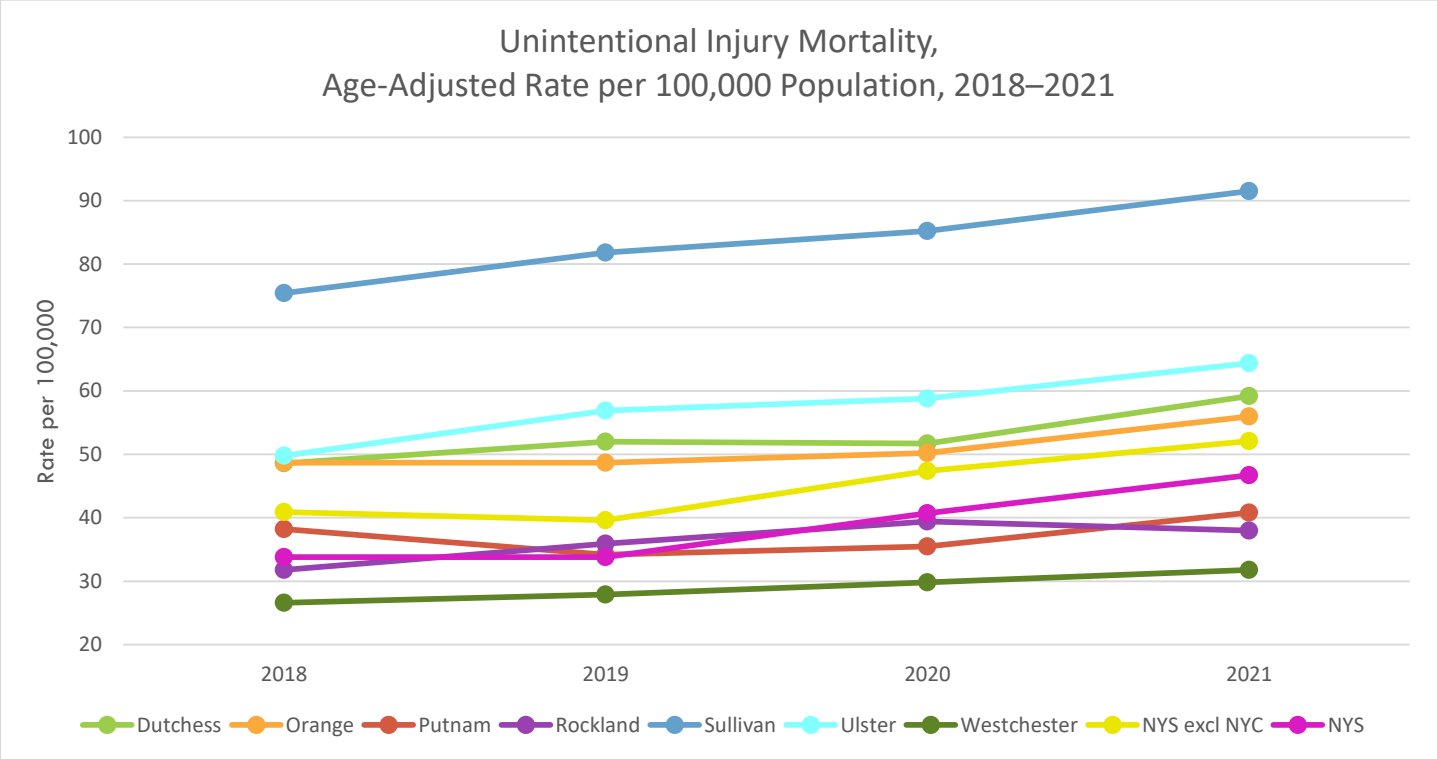
[227] New York State Department of Health, Injury Prevention in New York State, 2025 https://www.health.ny.gov/prevention/injury_prevention/ , accessed June 2025

[228] New York State Department of Health, New York State Leading Causes of Death, 2025, https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#county, accessed June 2025

[229] New York State Department of Health Bureau of Occupational Health and Injury Prevention, *Injury Prevention: An Injury Action Plan for New York State 2012-2021,* 2021, https://www.health.ny.gov/prevention/injury_prevention/docs/injury_state_plan.pdf , accessed June 2025

In the M-H Region from 2020-2022, Sullivan County had the highest three-year average unintentional injury mortality rate (92 per 100,000 population), while Westchester County recorded the lowest rate (32 per 100,000 population). The unintentional injury mortality rate is trending up in all seven counties, alongside NYS excluding NYC and the state overall. [see Figure 184]

Figure 184



	Three-Year Average							Single-Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	49	49	38	32	75	50	27	41	34
2019	52	49	34	36	82	57	28	40	34
2020	52	50	36	39	85	59	30	47	41
2021	59	56	41	38	92	64	32	52	47

Note: Three-year averages are used for counties and single-year rates are used for NYS and NYS excluding NYC. Y-axis does not begin at zero in order to clearly display trend lines. The ICD-10 codes for unintentional injury are: V01-X59, Y85-Y86.

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

POISONINGS

In 2023, preventable poisonings resulted in 100,304 U.S. deaths, with a death rate of 29.9 per 100,000 population, nearly eight times higher than 1999 levels despite a modest 2.5% decline from 2022.[230] Poisonings disproportionately affected adults aged 19 and older, who accounted for 98.4% of fatal unintentional poisonings and 90% of non-fatal poisonings.[231] These poisoning trends were driven largely by drug overdoses, primarily involving opioids, which accounted for 93% of fatalities.[232] In contrast, based on call data from the American Association of Poison Control Centers, 40% of poison exposures in the United States in 2023 occurred in children under 5 years old and were largely attributable to the ingestion of personal care and household cleaning products.[231]

In New York, poison control centers handled 96,197 calls statewide during 2023. Approximately 80% of calls in the state stemmed from unintentional exposure. Residential settings accounted for 93% of these cases. Children aged 5 years and younger were disproportionately affected, with 34,522 exposure cases reported, representing 36% of all New York poison exposure incidents that year. The leading causes for exposures in young children included ingestion of cleaning substances (10.1%), personal care products (10%), foreign bodies or toys (9.3%), and analgesics (9%).[233]

[230] National Safety Council, Poisoning Data Details, 2025, https://injuryfacts.nsc.org/home-and-community/safety-topics/poisoning/data-details/, accessed July 2025

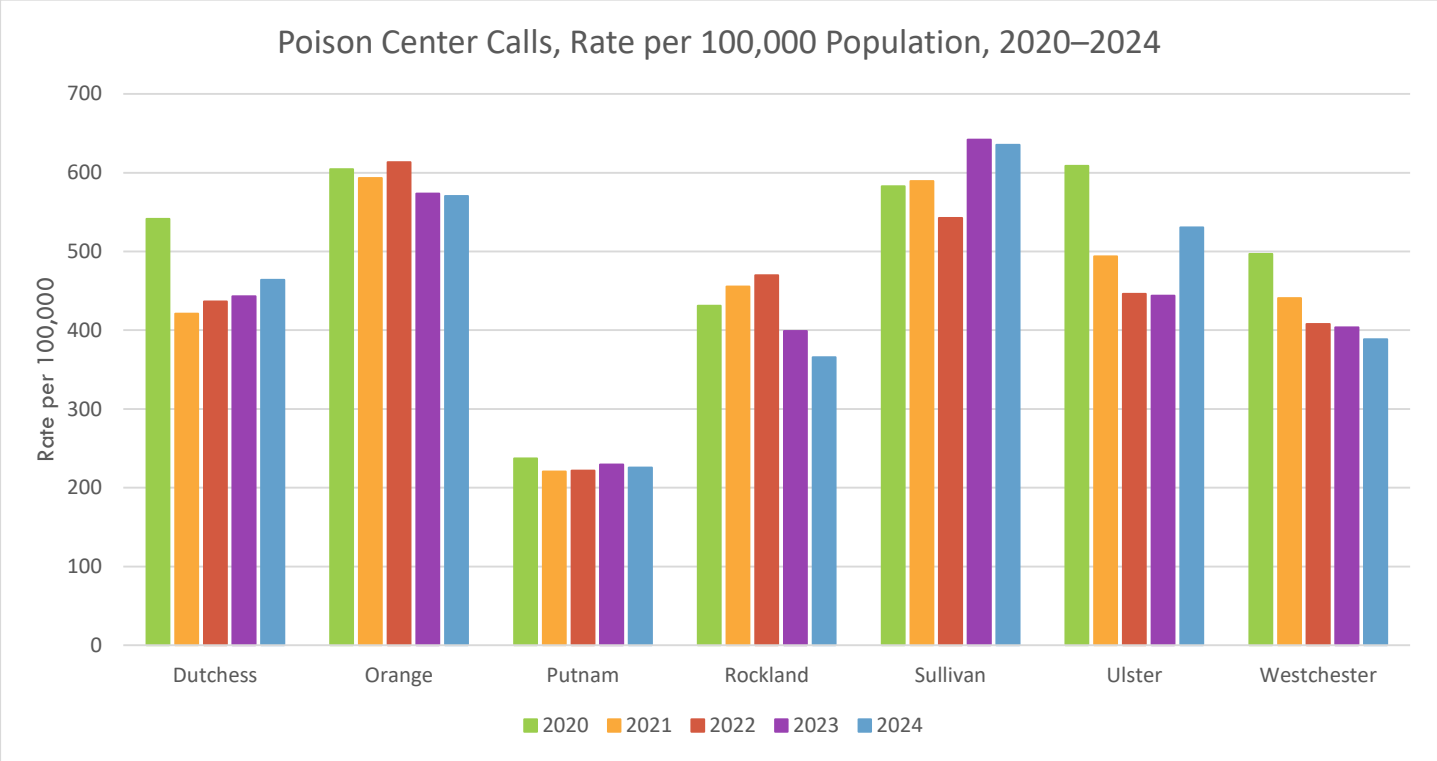
[231] National Safety Council, Poisoning Brief, 2025, https://injuryfacts.nsc.org/home-and-community/safety-topics/poisoning/, accessed July 2025

[232] National Safety Council, Drug Overdoses Data Details, 2025, https://injuryfacts.nsc.org/home-and-community/safety-topics/drugoverdoses/data-details/, accessed July 2025

[233] America's Poison Centers, National Poison Data System, 2025, https://poisoncenters.org/national-poison-data-system, accessed July 2025

The Upstate New York Poison Center handles poison exposure calls for all Mid-Hudson (M-H) Region counties except Westchester, which receives coverage from the NYC Poison Center. In 2024, call rates varied significantly: Putnam County reported 226 exposures per 100,000 residents, while Sullivan County saw the highest rate at 636 per 100,000. [See Figure 185]

Figure 185



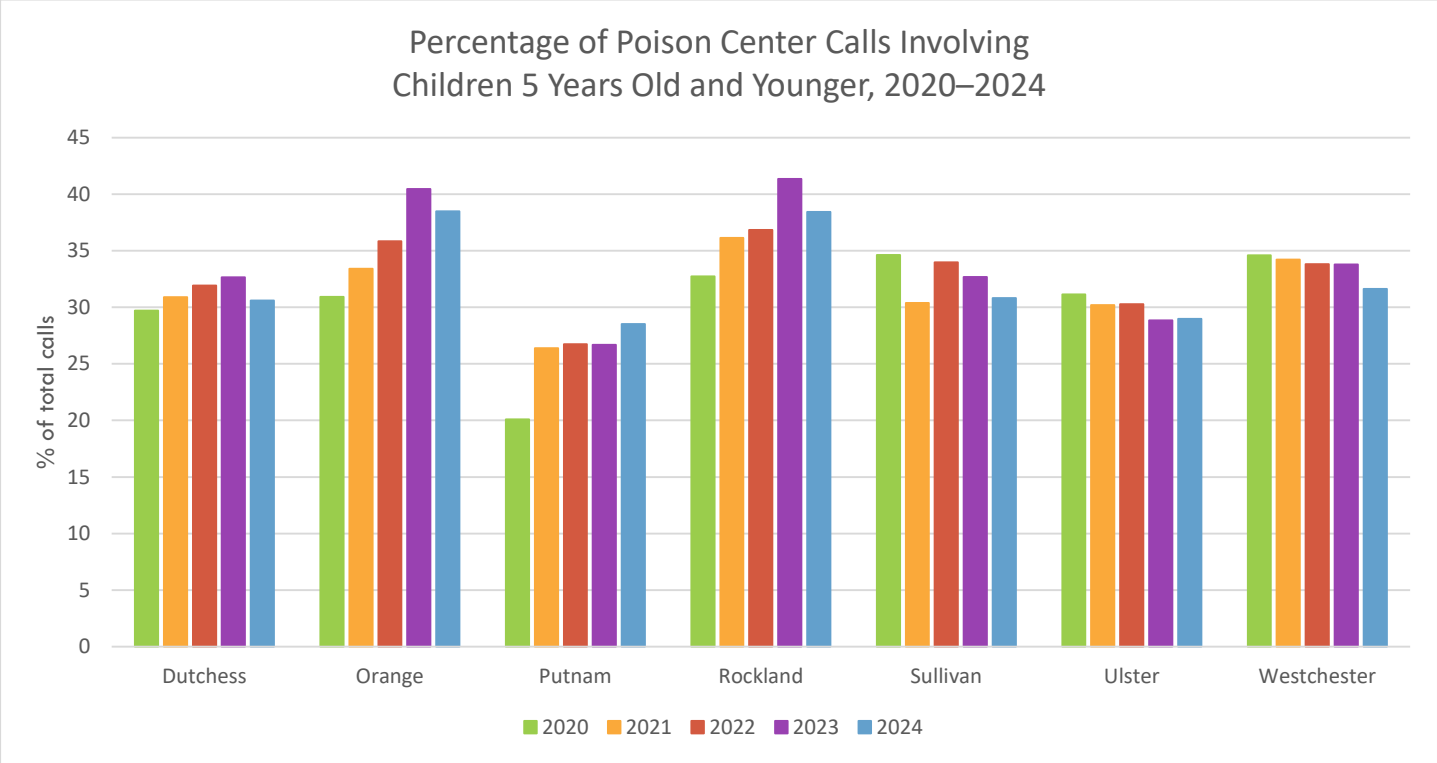
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester
2020	541	604	237	431	583	609	497
2021	421	593	220	456	589	494	441
2022	436	613	222	470	542	446	408
2023	443	573	230	399	642	444	404
2024	464	570	226	366	636	530	388

Note: Rates calculated using population estimates from U.S. Census Bureau's 2023 American Community Survey (ACS) 5-Year Estimate, Table B01003.

Source: Data request from Upstate NY Poison Center and NYC Poison Center, May 2025

Orange and Rockland County had the highest proportion of calls for poisoning exposures involving children under 5 (38.5% and 38.4%, respectively), while Putnam County reported the lowest (28.5%). [See Figure 186]

Figure 186

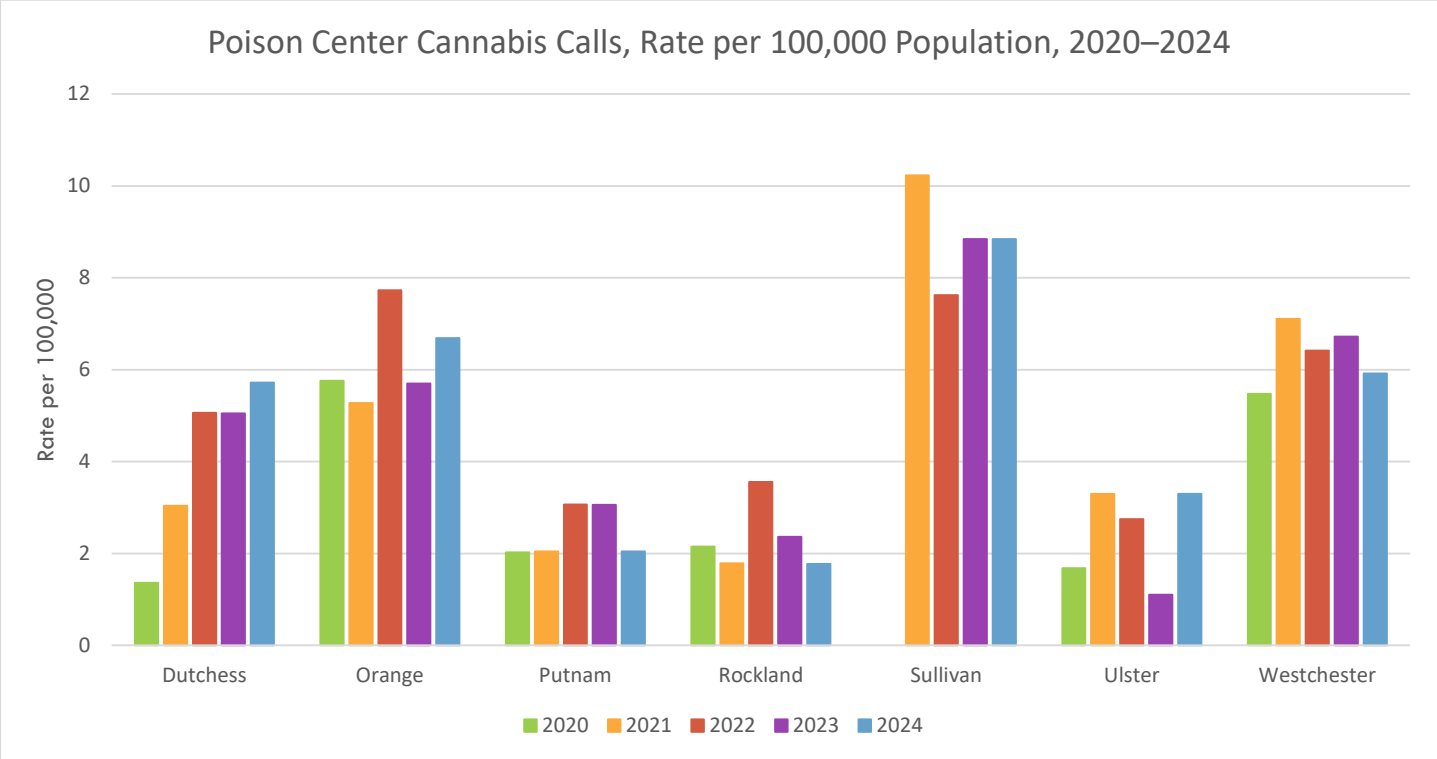


	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester
2020	29.7	30.9	20.1	32.7	34.6	31.1	34.6
2021	30.9	33.4	26.4	36.1	30.4	30.2	34.2
2022	31.9	35.8	26.7	36.8	34.0	30.3	33.8
2023	32.6	40.5	26.7	41.3	32.7	28.8	33.8
2024	30.6	38.5	28.5	38.4	30.8	29.0	31.6

Source: Data request from Upstate NY Poison Center and NYC Poison Center, May 2025

In NYS cannabis has been legal for medical purposes since 2016, and for recreational use since 2021.[234] Increased availability could increase risk for cannabis-related poisoning, but this trend is not consistently evident in call center data for M-H Region counties from 2020-2024. In 2024 Sullivan County saw the highest rate of cannabis related calls at 8.8 per 100,000 people, whereas Rockland County recorded the lowest rate at 1.8 per 100,000 people. [See Figure 187]

Figure 187



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester
2020	1.4	5.8	2.0	2.2	0.0	1.7	5.5
2021	3.0	5.3	2.0	1.8	10.2	3.3	7.1
2022	5.1	7.7	3.1	3.6	7.6	2.7	6.4
2023	5.0	5.7	3.1	2.4	8.8	1.1	6.7
2024	5.7	6.7	2.0	1.8	8.8	3.3	5.9

Note: Rates calculated using population estimates from U.S. Census Bureau's 2023 American Community Survey (ACS) 5-Year Estimate, Table B01003.
Source: Data request from Upstate NY Poison Center and NYC Poison Center, May 2025

[234] New York State Department of Health, Cannabis, 2024, https://www.health.ny.gov/community/cannabis/#:~:text=Cannabis%20became%20legal%20in%20New,signed%20on%20March%2031%2C%202021, accessed July 2025

MOTOR VEHICLE ACCIDENTS

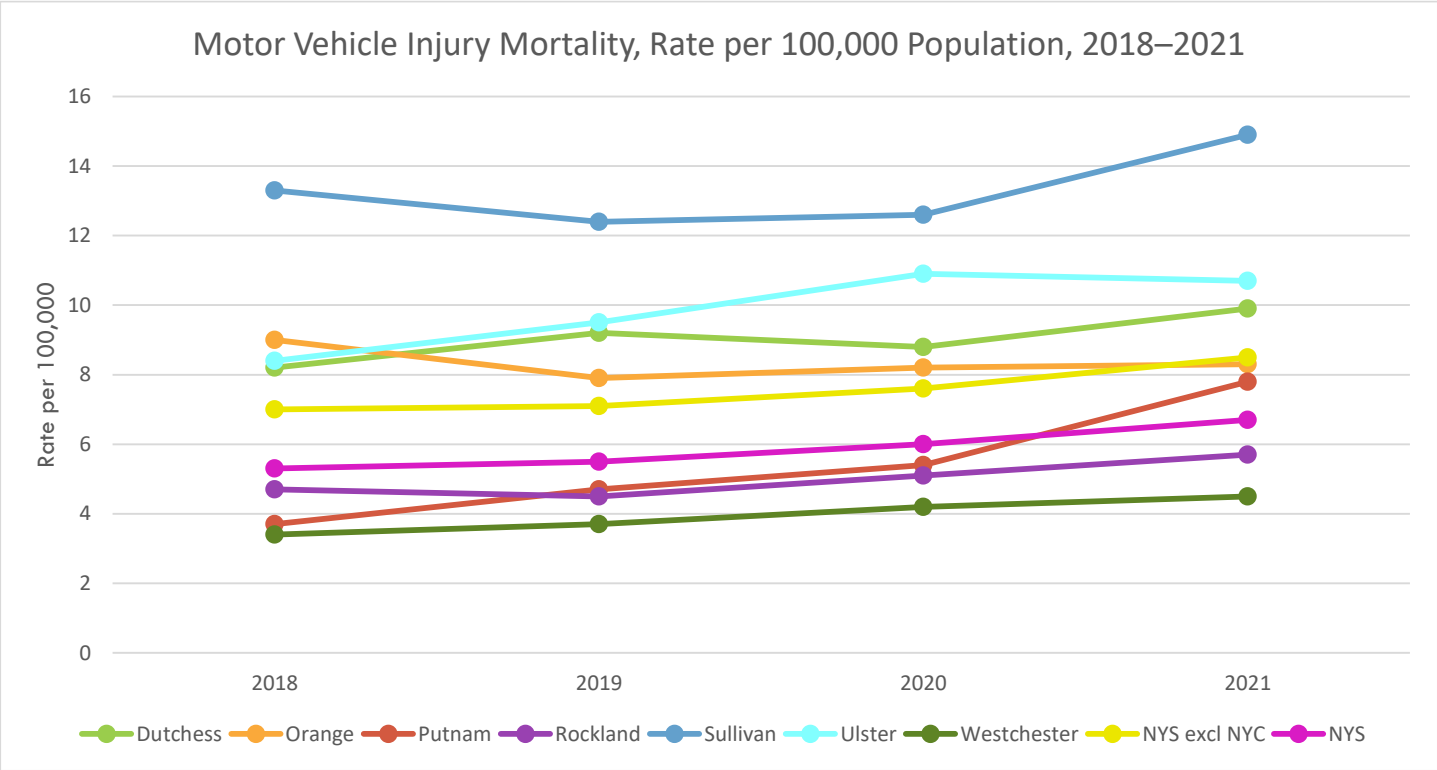
Motor vehicle accidents are a leading cause of injury and death in the United States for all age groups. According to the CDC, in 2022 there were over 2.6 million emergency department visits for injuries from motor vehicle accidents and more than 44,000 deaths due to motor vehicle accidents, equivalent to 120 people killed daily.[235] Major risk factors include speeding, not wearing seat belts, and impaired driving.[236] Proven strategies targeting these risk factors can prevent motor vehicle-related injuries and fatalities.

[235] Centers for Disease Control and Prevention, About Transportation Safety, 2024, https://www.cdc.gov/transportation-safety/about/index.html, accessed July 2025

[236] IIHS HLDI, Fatality Facts, 2023, https://www.iihs.org/topics/fatality-statistics/detail/yearly-snapshot, accessed July 2025

Between 2020-2022, Sullivan County had the highest three-year average motor vehicle-related mortality rate in the M-H Region at 14.9 per 100,000 population, and alongside Ulster it was above the Healthy People 2030 target of 10.1 per 100,000 population.[237] Westchester (4.5 per 100,000 population) and Rockland County (5.7 per 100,000 population) had the lowest rates. Rates are trending up in NYS, and for all M-H counties except for Orange, where rates are flat. [see Figure 188].

Figure 188



	Three-Year Average							Single-Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	8.2	9.0	3.7	4.7	13.3	8.4	3.4	7.0	5.3
2019	9.2	7.9	4.7	4.5	12.4	9.5	3.7	7.1	5.5
2020	8.8	8.2	5.4	5.1	12.6	10.9	4.2	7.6	6.0
2021	9.9	8.3	7.8	5.7	14.9	10.7	4.5	8.5	6.7

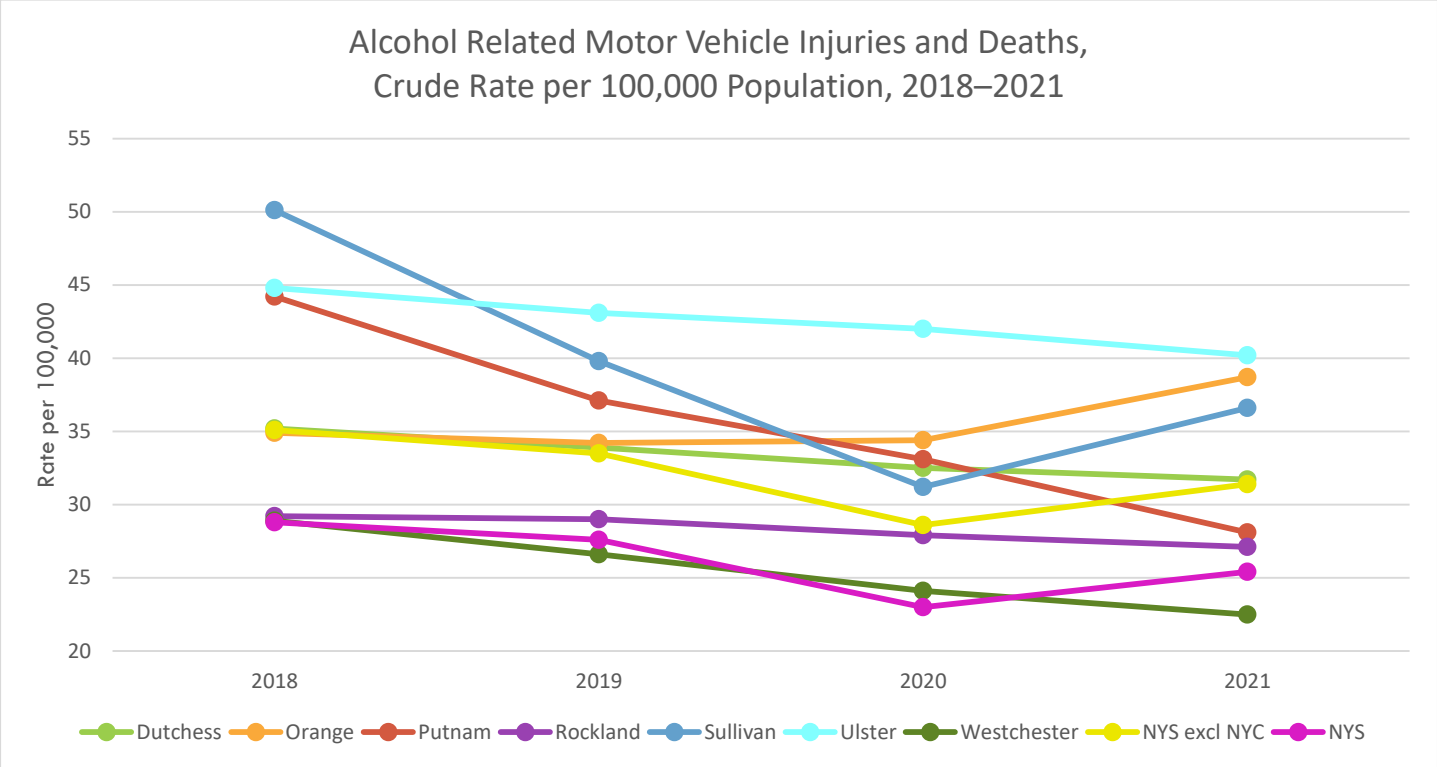
Note: Three-year averages are used for counties and single-year rates are used for NYS and NYS excluding NYC. The ICD-10 codes for motor vehicle related injuries are: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8,V89.0,V89.2.
Source: NYS Community Health Indicator Reports Dashboard , May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

[237] US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030, 2025, https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention/reduce-deaths-motor-vehicle-crashes-ivp-06, accessed July 2025

According to the National Highway Traffic Safety Administration (NHTSA), there was a 7.6% decrease in fatalities related to alcohol-impaired motor vehicle driving in the US from 2022 to 2023. In 2023, there were 12,429 fatalities, or about a fatality every 42 minutes.[238]

Among the M-H Region's seven counties, Ulster (40.2 per 100,000 population), Orange (38.7 per 100,000 population), and Sullivan (36.6 per 100,000 population) had the highest 3-year average incidence of injuries and fatalities due to alcohol related driving accidents from 2020-2022, while Westchester had the lowest incidence rate at 22.5 per 100,000 population. From 2017 to 2022, there is an overall downward trend in the rate of alcohol related injuries and fatalities in NYS and M-H Region Counties. [see Figure 189].

Figure 189



	Three-Year Average							Single-Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	35.2	34.9	44.2	29.2	50.1	44.8	28.9	35.1	28.8
2019	33.9	34.2	37.1	29.0	39.8	43.1	26.6	33.5	27.6
2020	32.5	34.4	33.1	27.9	31.2	42.0	24.1	28.6	23.0
2021	31.7	38.7	28.1	27.1	36.6	40.2	22.5	31.4	25.4

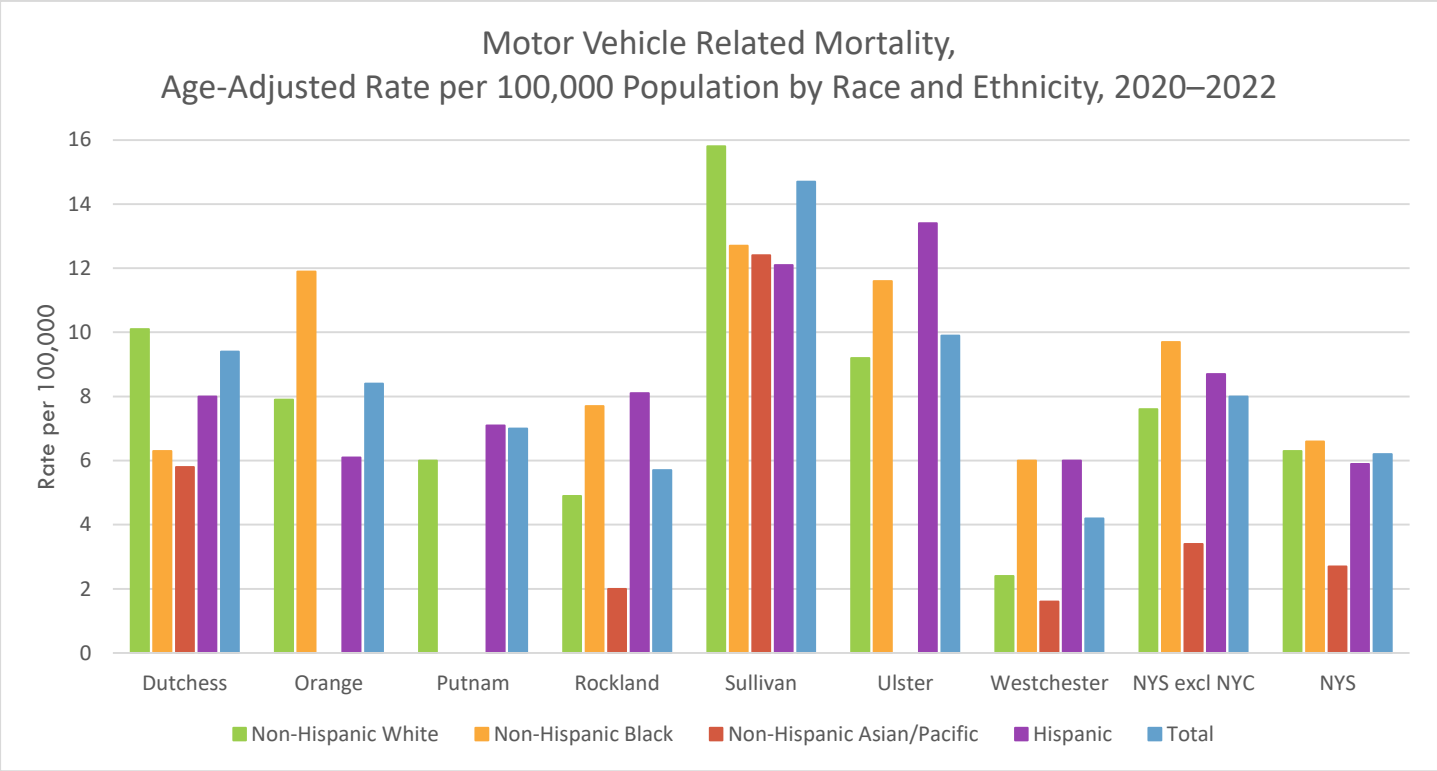
Note: Three-year averages are used for counties and single-year rates are used for NYS and NYS excluding NYC. Y-axis does not begin at zero in order to clearly display trend lines. Data include persons killed or injured in motor vehicle crashes where alcohol was considered to be a factor. It also includes pedestrians, bicyclists and all other non-vehicle involved persons as well as vehicle occupants. These data were gathered from police reports. Crashes are reported by the county where the event occurred.
Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

[238] National Highway Traffic Safety Administration, National Center for Statistics and Analysis, Alcohol-impaired driving: 2023 data (Traffic Safety Facts), 2025, https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813713, accessed July 2025

Motor vehicle mortality rates are known to vary by age and gender. In the US during 2023, males had a higher motor vehicle mortality rate than females in all age groups. The highest motor vehicle mortality rate was seen in persons 20 to 24 years of age.[239] Determining motor vehicle-related fatalities by race and ethnicity allows counties to target prevention messaging further if disparities are detected.

From 2022-2022, the highest vehicle related mortality rates were seen in Hispanic or Non-Hispanic Black populations in all seven M-H Region Counties. In Ulster County, the Hispanic population had the highest rate at 13.4 per 100,000 population. [see Figure 190]

Figure 190



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
Non-Hispanic White	10.1	7.9	6.0	4.9	15.8	9.2	2.4	7.6	6.3
Non-Hispanic Black	6.3*	11.9	0.0*	7.7	12.7*	11.6*	6.0	9.7	6.6
Non-Hispanic Asian/Pacific	5.8*	0.0*	0.0*	2.0*	12.4*	0.0*	1.6*	3.4	2.7
Hispanic	8.0	6.1	7.1*	8.1	12.1*	13.4*	6.0	8.7	5.9
Total	9.4	8.4	7.0	5.7	14.7	9.9	4.2	8.0	6.2

*: *The rate is unstable.*
Note: This indicator includes deaths with motor vehicle related as the primary cause of death. The ICD-10 codes for motor vehicle related injuries are: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8,V89.0,V89.2.
Source: NYS County Health Indicators by Race and Ethnicity Dashboard, May 2025 sourced from Vital Statistics of NYS
https://www.health.ny.gov/community/health_equity/reports/county/

[239] IIHS HLDI, Fatality Facts, 2023, https://www.iihs.org/topics/fatality-statistics/detail/yearly-snapshot, accessed July 2025

FALLS

Falls pose a significant injury risk across all age groups, with adults aged 65 years and older facing the greatest risk. More than one in four older adults fall annually, yet less than half report these falls to their doctor. Key risk factors for falls include lower body weakness, difficulties with walking and balance, certain medications (including tranquilizers, sedatives, antidepressants, and some over-the-counter drugs), poor vision, vitamin D deficiency, foot pain or poor footwear, and environmental hazards such as broken steps, throw rugs, and clutter. Most falls result from a combination of these risk factors, and the risk rises with each additional factor present.[240]

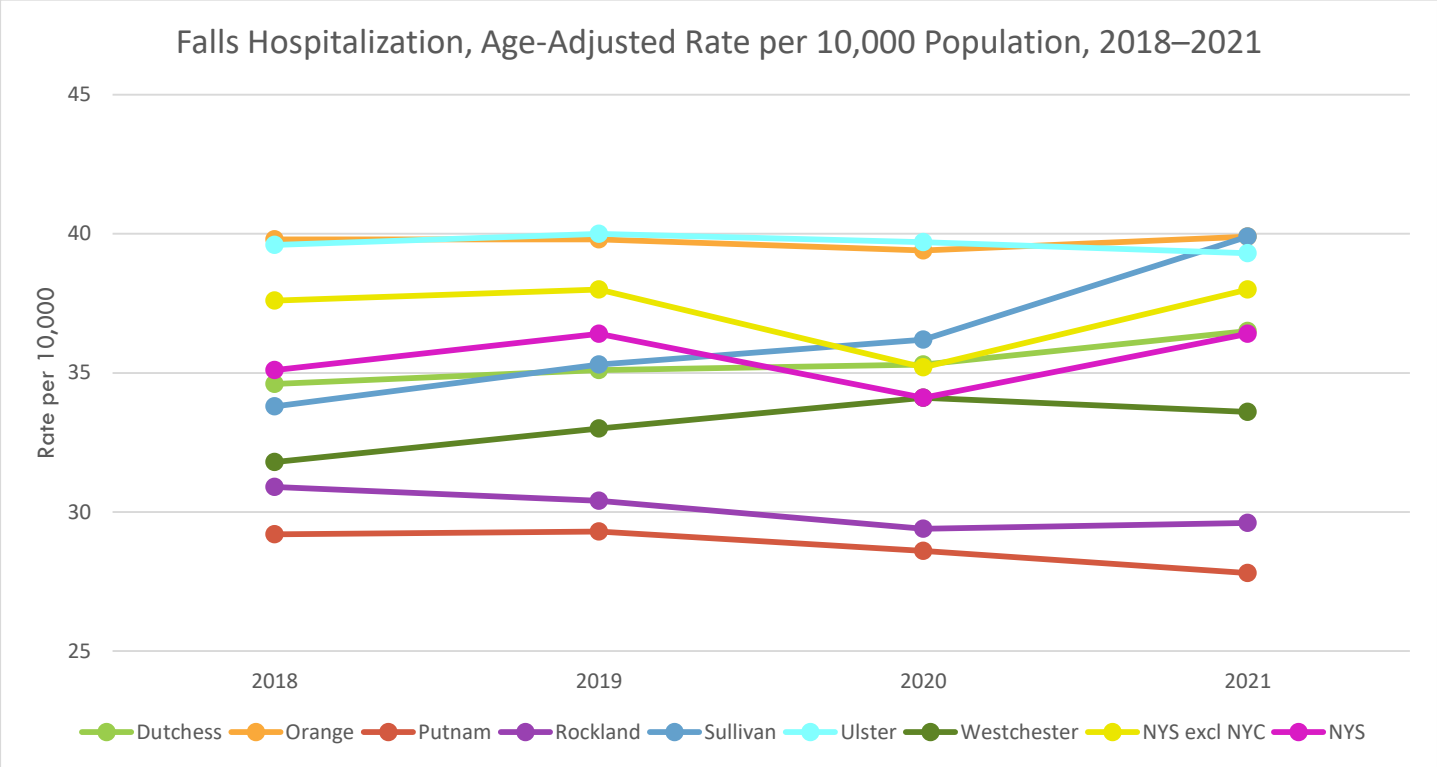
Falls have multifaceted impacts, with key consequences including:[241]

- Acute injuries:
    - Most common cause of traumatic brain injury (TBI)
    - Responsible for about 88% of hip fractures
- Functional decline:
    - Cause serious injury requiring medical care/activity restriction in 37% of cases
    - Trigger reduced activity due to fear of falling, worsening physical weakness and doubling future fall risk
- System burden:
    - Drive ~3 million emergency department visits and 1 million hospitalizations annually
    - Incur $80 billion in healthcare costs for non-fatal injuries (2020), a 60% increase from 2015, with Medicare/Medicaid covering 70%

[240] Centers for Disease Control and Prevention, Facts About Falls, 2024, https://www.cdc.gov/falls/data-research/facts-stats, accessed July 2025
[241] Haddad YK, Miller GF, Kakara R, USA Injury Prevention, Healthcare spending for non-fatal falls among older adults, 2024, https://injuryprevention.bmj.com/content/30/4/272, accessed July 2025

In the M-H Region from 2020-2022, 3-year average fall related hospitalization rates in Orange, Sullivan and Ulster Counties were higher than the 2021 rate in New York State (excluding NYC). Conversely, Putnam and Rockland Counties consistently report the lowest fall rates in the region [see Figure 191].

Figure 191



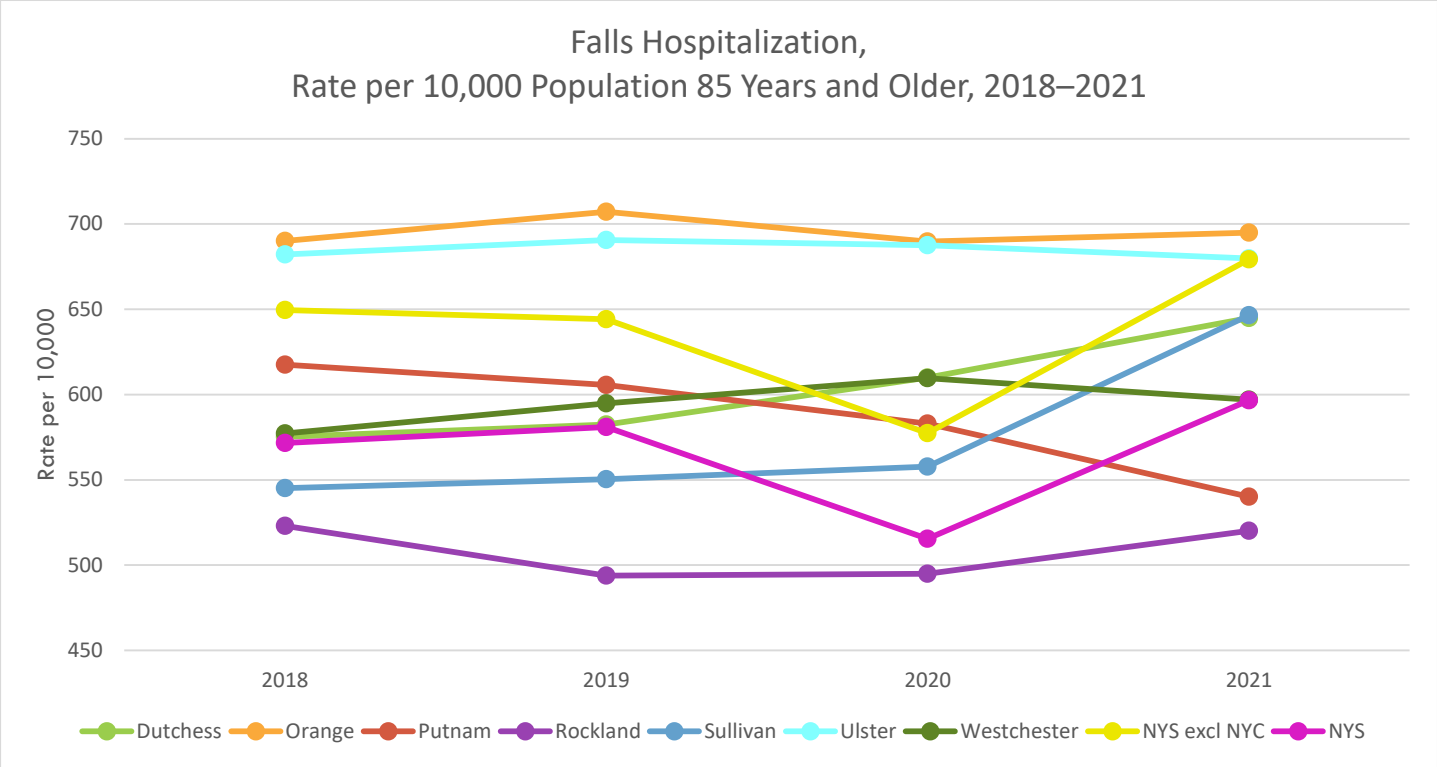
	Three-Year Average							Single-Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	34.6	39.8	29.2	30.9	33.8	39.6	31.8	37.6	35.1
2019	35.1	39.8	29.3	30.4	35.3	40.0	33.0	38.0	36.4
2020	35.3	39.4	28.6	29.4	36.2	39.7	34.1	35.2	34.1
2021	36.5	39.9	27.8	29.6	39.9	39.3	33.6	38.0	36.4

Note: Three-year averages were used for counties, while single-year estimates were used for NYS and NYS excluding NYC. Y-axis does not begin at zero in order to clearly display trend lines. The ICD-10 codes for falls are: V00111,V00121,V00131,V00141,V00151,V00181,V00211,V00221,V00281,V00311,V00321,V00381,V00811,V00821,V00831,V00841,V00891,W000XX,W001XX,W002XX,W009XX,W010XX,W0110X,W01110,W01111,W01118,W01119,W01190,W01198,W03XXX,W04XXX,W050XX,W051XX,W052XX,W06XXX,W07XXX,W08XXX,W090XX,W091XX,W092XX,W098XX,W100XX,W101XX,W102XX,W108XX,W109XX,W11XXX,W12XXX,W130XX,W131XX,W132XX,W133XX,W134XX,W138XX,W139XX,W14XXX,W15XXX,W16012,W16022,W16032,W16112,W16122,W16132,W16212,W16222,W16312,W16322,W16332,W1642X,W16512,W16522,W16532,W16612,W16622,W16712,W16722,W16812,W16822,W16832,W1692X,W170XX,W171XX,W172XX,W173XX,W174XX,W1781X,W1782X,W1789X,W1811X,W1812X,W182XX,W1830X,W1831X,W1839X,W19XXX, and Y01XXX.

Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from NY Statewide Planning and Research Cooperative System *https://www.health.ny.gov/community/health_equity/reports/county/*

When analyzed by age group, individuals aged ≥85 years exhibited the highest rates of fall-related hospitalizations in NYS in 2022.[242] In the M-H Region from 2020-2022, Orange and Ulster Counties had the highest 3-year average falls hospitalization rate in persons ≥85 years of age, at 695 and 680 per 10,000 residents, respectively. Conversely, Rockland County recorded the lowest rate (520 per 10,000 population) in this age cohort. [see Figure 192]

Figure 192



	Three-Year Average							Single-Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	575	690	618	523	545	682	577	650	572
2019	582	707	606	494	550	691	595	644	581
2020	610	690	583	495	558	688	610	577	515
2021	645	695	540	520	647	680	597	679	597

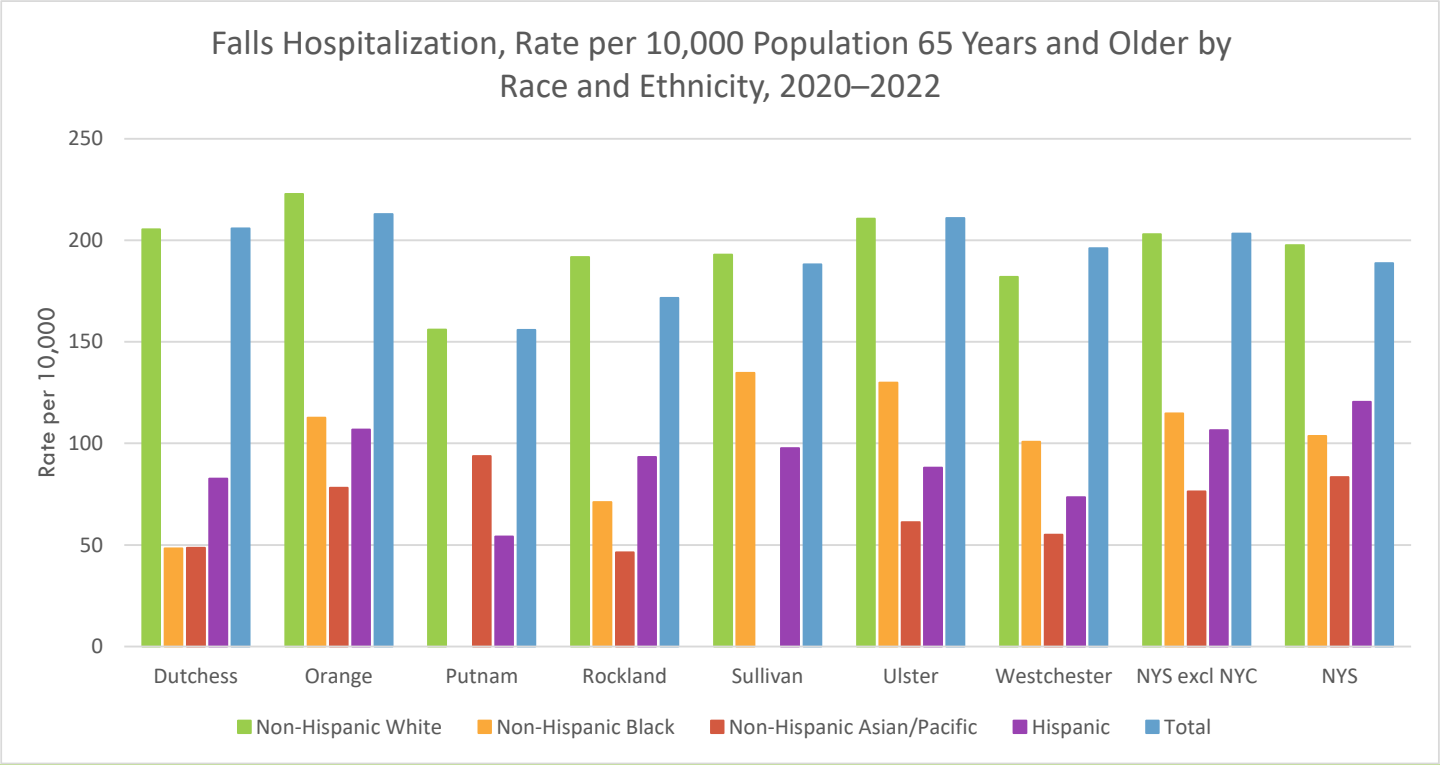
Note: Three-year averages were used for counties, while single-year estimates were used for NYS and NYS excluding NYC. Y-axis does not begin at zero in order to clearly display trend lines. The ICD-10 codes for falls are: V00111,V00121,V00131,V00141,V00151,V00181,V00211,V00221,V00281,V00311,V00321,V00381,V00811,V00821,V00831,V00841,V00891,W000XX,W001XX,W002XX,W009XX,W010XX,W0110X,W01110,W01111,W01118,W01119,W01190,W01198,W03XXX,W04XXX,W050XX,W051XX,W052XX,W06XXX,W07XXX,W08XXX,W090XX,W091XX,W092XX,W098XX,W100XX,W101XX,W102XX,W108XX,W109XX,W11XXX,W12XXX,W130XX,W131XX,W132XX,W133XX,W134XX,W138XX,W139XX,W14XXX,W15XXX,W16012,W16022,W16032,W16112,W16122,W16132,W16212,W16222,W16312,W16322,W16332,W1642X,W16512,W16522,W16532,W16612,W16622,W16712,W16722,W16812,W16822,W16832,W1692X,W170XX,W171XX,W172XX,W173XX,W174XX,W1781X,W1782X,W1789X,W1811X,W1812X,W182XX,W1830X,W1831X,W1839X,W19XXX, and Y01XXX.

Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from NY Statewide Planning and Research Cooperative System *https://www.health.ny.gov/community/health_equity/reports/county/*

[242] New York State Department of Health, New York State Community Health Indicator Reports (CHIRS) Dashboard, 2025, https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#state, accessed July 2025

When examining hospitalizations due to falls in persons aged 65 years and older from 2020 to 2022 in the M-H Region, the highest rates were seen in Orange and Ulster Counties (213 and 211 per 10,000 population, respectively), and the lowest rate was seen in Putnam County (156 per 10,000 population). When stratified by race and ethnicity, non-Hispanic White individuals showed the highest fall-related hospitalization rates across all Mid-Hudson counties. Hispanic populations exhibited the second-highest rates per 10,000 in Rockland and Dutchess Counties. Higher rates among non-Hispanic Black residents were observed in Orange, Sullivan, Westchester and Ulster Counties. [see Figure 193]

Figure 193



	Three-Year Average							Single-Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
Non-Hispanic White	205.3	222.8	156.0	191.7	192.9	210.6	181.9	202.9	197.5
Non-Hispanic Black	48.3	112.7	s	71.1	134.7	129.9	100.8	114.7	103.7
Non-Hispanic Asian/Pacific	48.6	78.1	93.8*	46.3	s	61.2*	55.0	76.4	83.4
Hispanic	82.6	106.8	54.2	93.3	97.6	88.1	73.5	106.5	120.5
Total	205.8	212.8	155.9	171.6	188.1	210.9	196.0	203.2	188.7

**: The rate is unstable.*

s: Data are suppressed due to not meeting confidentiality criteria.

Note: Three-year average is used for this indicator. This indicator includes deaths with falls as the primary cause of death. The ICD-10 codes for falls are:

V00111,V00121,V00131,V00141,V00151,V00181,V00211,V00221,V00281,V00311,V00321,V00381,V00811,V00821,V00831,V00841,V00891,W000XX,W001XX,W002XX,W009XX,W010XX,W0110X,W01110,W01111,W01118,W01119,W01190,W01198,W03XXX,W04XXX,W050XX,W051XX,W052XX,W06XXX,W07XXX,W08XXX,W090XX,W091XX,W092XX,W098XX,W100XX,W101XX,W102XX,W108XX,W109XX,W11XXX,W12XXX,W130XX,W131XX,W132XX,W133XX,W134XX,W138XX,W139XX,W14XXX,W15XXX,W16012,W16022,W16032,W16112,W16122,W16132,W16212,W16222,W16312,W16322,W16332,W1642X,W16512,W16522,W16532,W16612,W16622,W16712,W16722,W16812,W16822,W16832,W1692X,W170XX,W171XX,W172XX,W173XX,W174XX,W1781X,W1782X,W1789X,W1811X,W1812X,W182XX,W1830X,W1831X,W1839X,W19XXX.

V00111,V00121,V00131,V00141,V00151,V00181,V00211,V00221,V00281,V00311,V00321,V00381,V00811,V00821,V00831,V00841,V00891,W000XX,W001XX,W002XX,W009XX,W010XX,W0110X,W01110,W01111,W01118,W01119,W01190,W01198,W03XXX,W04XXX,W050XX,W051XX,W052XX,W06XXX,W07XXX,W08XXX,W090XX,W091XX,W092XX,W098XX,W100XX,W101XX,W102XX,W108XX,W109XX,W11XXX,W12XXX,W130XX,W131XX,W132XX,W133XX,W134XX,W138XX,W139XX,W14XXX,W15XXX,W16012,W16022,W16032,W16112,W16122,W16132,W16212,W16222,W16312,W16322,W16332,W1642X,W16512,W16522,W16532,W16612,W16622,W16712,W16722,W16812,W16822,W16832,W1692X,W170XX,W171XX,W172XX,W173XX,W174XX,W1781X,W1782X,W1789X,W1811X,W1812X,W182XX,W1830X,W1831X,W1839X,W19XXX, and Y01XXX.

Source: NYS County Health Indicators by Race and Ethnicity Dashboard, May 2025 sourced from NY Statewide Planning and Research Cooperative System *https://www.health.ny.gov/community/health_equity/reports/county/*

DOMESTIC VIOLENCE / INTRAPERSONAL VIOLENCE

Violence is a critical public health issue affecting individuals, families and communities. The World Health Organization's *World Report on Violence and Health* defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation," and further subdivides violence into types including self-directed violence (self-harm), interpersonal violence, and collective violence (violence committed by large groups of individuals). Interpersonal violence refers to all violence between individuals, including that which takes place within a family or between intimate partners, and community violence, which may take place between acquaintances or strangers.[243]

During 2019–2021, nationwide an average of 1.5 million people per year received emergency treatment for nonfatal assault related injuries.[244] In 2023, homicides claimed over 19,482 lives nationwide, marking an 11% decrease from 2022 levels.[245] While this decline offers hope, crime statistics tend to be volatile. Despite improvements in recent data, more research is needed to better understand the root causes behind these fluctuations in rates.[246]

[243] WHO, World Report on Violence and Health, 2002, https://iris.who.int/bitstream/handle/10665/42495/9241545615_eng.pdf?sequence=1, accessed September 2025

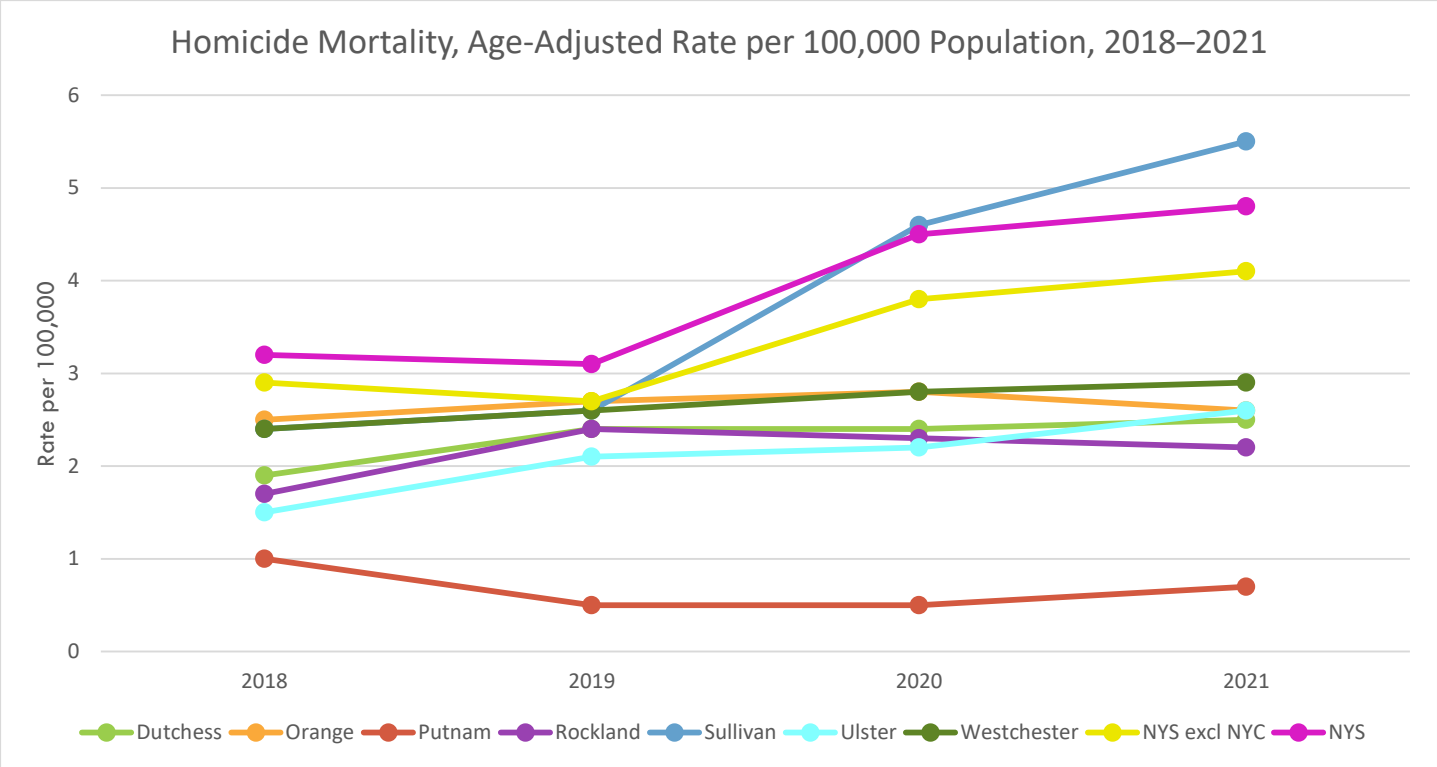
[244] Davis D, Santo L. Emergency department visit rates for assault: United States, 2019–2021. NCHS Data Brief, no 481. Hyattsville, MD: National Center for Health Statistics, 2023, https://www.cdc.gov/nchs/products/databriefs/db481.htm, accessed August 2025

[245] FBI Uniform Crime Reporting Program, Data Discovery Tool, 2025, https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/query, accessed July 2025

[246] Lopez, E., & Boxerman, B., Council on Criminal Justice *Crime trends in U.S. cities: Mid-year 2025 update, 2025,* https://councilonci.org/crime-trends-in-u-s-cities-mid-year-2025-update, accessed July 2025

In 2022, New York recorded 853 homicides, which translates to a mortality rate of 4.5 deaths per 100,000 population and the 14th lowest homicide rate among states.[247] While annual homicide mortality rates climbed from 2018 to 2021 in both New York state as a whole and New York State excluding New York City, 3-year average mortality rates in M-H Region counties remained relatively stable during this period. Sullivan County consistently reported the highest rate among the counties, with increasing 3-year average rates. Putnam County stood out with the region's lowest rate for 2020-2022 at 0.7 per 100,000 [see Figure 194].

Figure 194



	Three-Year Average							Single-Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	1.9	2.5	1.0*	1.7	2.4*	1.5*	2.4	2.9	3.2
2019	2.4	2.7	0.5*	2.4	2.6*	2.1	2.6	2.7	3.1
2020	2.4	2.8	0.5*	2.3	4.6	2.2	2.8	3.8	4.5
2021	2.5	2.6	0.7*	2.2	5.5	2.6	2.9	4.1	4.8

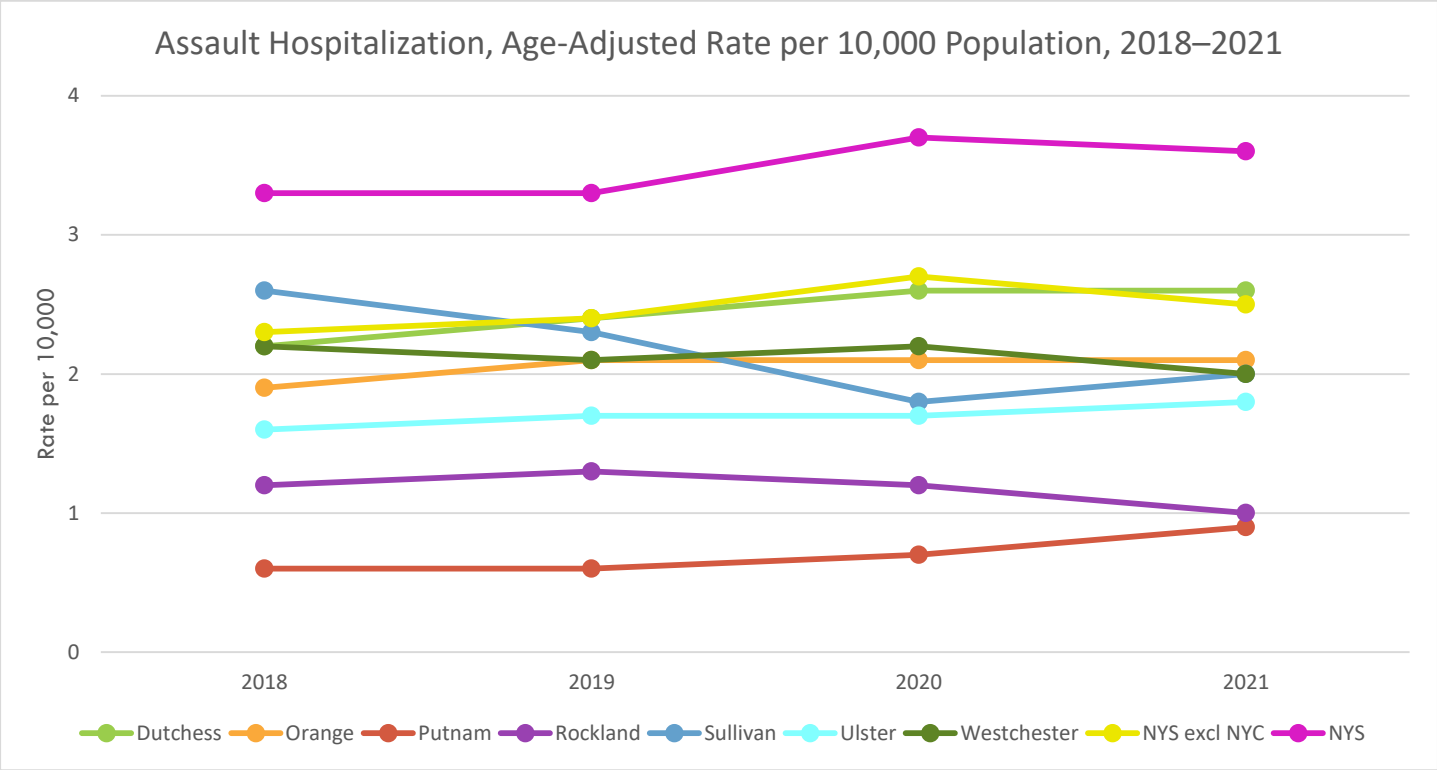
*: *Data are unstable due to fewer than 10 events in the numerator.*
Note: Three-year averages were used for counties, while single-year estimates were used for NYS and NYS excluding NYC. The ICD-10 codes for homicide are: X85-Y09, Y87.1
Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from Vital Statistics of NYS
https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

[247] Centers for Disease Control and Prevention, Homicide Mortality by State, 2022, https://www.cdc.gov/nchs/pressroom/sosmap/homicide_mortality/homicide.htm, accessed July 2025

There was variation between Mid-Hudson region counties in 3-year average age-adjusted assault-related hospitalizations rates from 2017 to 2022, but county rates were almost all lower than one-year rates for NYS excluding NYC. Most counties experienced relatively stable rates during the time period, with rates ranging between 0.9 and 2.6 per 10,000 population for 2020- 2022.

Among the region's counties, Dutchess County recorded the highest rates, increasing from 2.2 per 10,000 population for 2017-2019 to 2.6 per 10,000 for 2020-2022. In contrast, Putnam County maintained consistently low rates throughout the period, ranging from 0.6 to 0.9 per 10,000 population, far below the statewide rate. Sullivan County saw the most pronounced decline, with rates dropping from 2.6 per 10,000 for 2017-2019 to 2.0 per 10,000 for 2020-2022. [see Figure 195]

Figure 195



	Three-Year Average							Single-Year	
	Dutchess	**Orange**	**Putnam**	**Rockland**	**Sullivan**	**Ulster**	**Westchester**	**NYS excl NYC**	**NYS**
2018	2.2	1.9	0.6	1.2	2.6	1.6	2.2	2.3	3.3
2019	2.4	2.1	0.6	1.3	2.3	1.7	2.1	2.4	3.3
2020	2.6	2.1	0.7	1.2	1.8	1.7	2.2	2.7	3.7
2021	2.6	2.1	0.9	1.0	2.0	1.8	2.0	2.5	3.6

Note: Three-year averages were used for counties, while single-year estimates were used for NYS and NYS excluding NYC. The ICD-10 codes for assault are:???.

Source: NYS Community Health Indicator Reports Dashboard, May 2025 sourced from NY Statewide Planning and Research Cooperative System

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

Domestic violence, also known as intimate partner violence (IPV), is a pattern of abusive behavior in relationships designed to control or dominate an intimate partner through physical, sexual, emotional, economic, psychological or technological means. These abusive behaviors include intimidation, manipulation, humiliation, isolation, threats, blame, injuries or other coercive tactics that instill fear and compliance.[248]

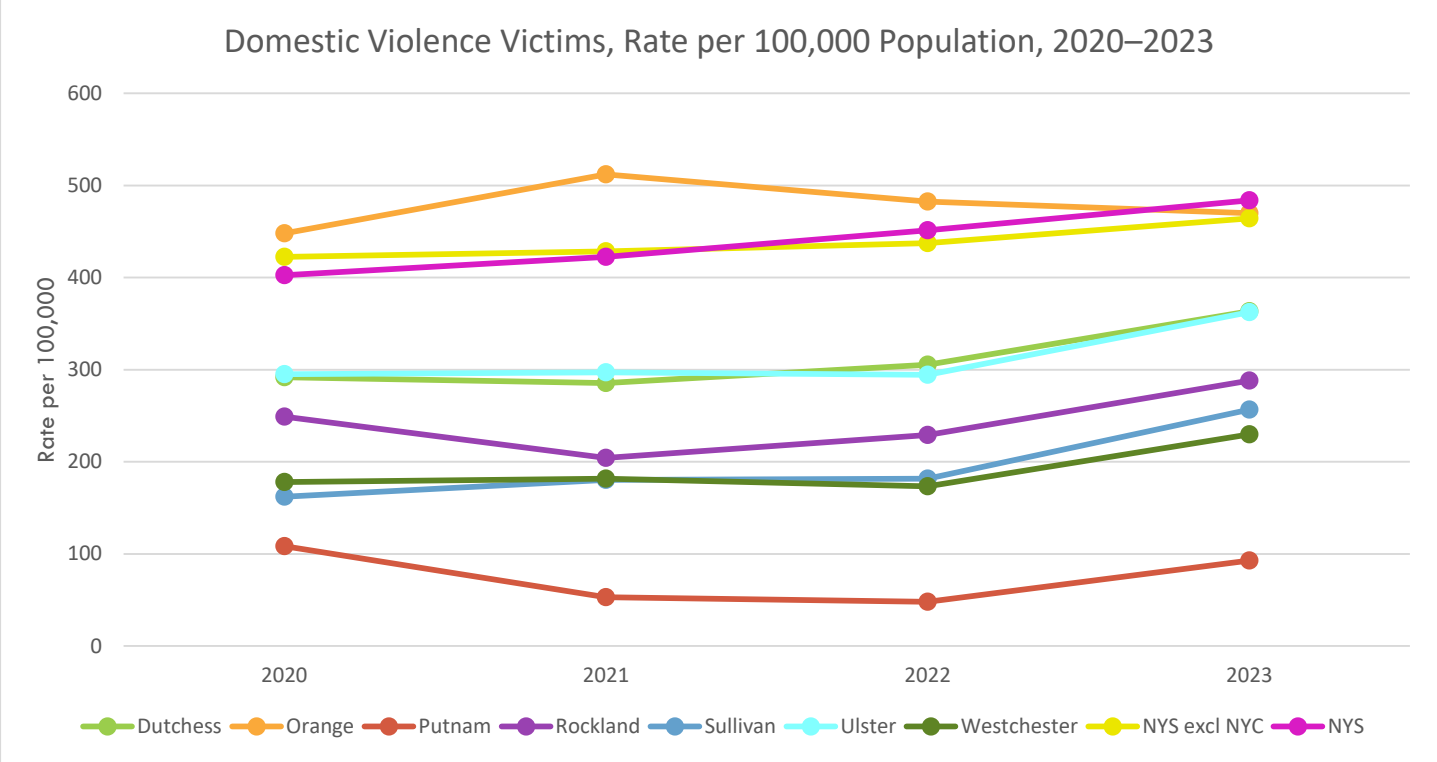
IPV can lead to severe injury, chronic health conditions, and mental health struggles like depression or PTSD. Survivors may engage in risky behaviors such as smoking, binge drinking or unsafe sexual practices. Marginalized communities, particularly youth, face disproportionate risks tied to systemic inequities, with higher rates of sexual or dating violence. Approximately 16 million women and 11 million men who reported experiencing IPV in their lifetimes first experienced it before age 18.[249]

[248] U.S. Department of Justice, Office on Violence Against Women, Domestic Violence, 2025, https://www.justice.gov/ovw/domestic-violence, accessed July 2025

[249] Centers for Disease Control and Prevention, Intimate Partner Violence Prevention, 2024, https://www.cdc.gov/intimate-partner-violence/about/?CDC_AA, accessed July 2025

Reported domestic violence victimization rates trended up in both NYS and NYS excluding NYC from 2020-2023. Across the M-H Region rates also generally trended upward. Orange County consistently had the highest rate among the counties, and outpaced New York State (excluding New York City), though there was a notable decline from a 2021 peak of 512 reported domestic violence victims per 100,000 population to 470 per 100,000 population in 2023. Putnam County, meanwhile, maintained the region's lowest rates, ranging from 48 to 108 per 100,000 population during the four-year period from 2020 to 2023. [see Figure 196]

Figure 196



	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC	NYS
2020	292	448	108	249	162	295	178	423	402
2021	285	512	53	204	180	297	181	428	422
2022	305	483	48	229	182	294	173	437	451
2023	363	470	93	288	256	362	230	464	484

Note: Rates calculated using population estimates from U.S. Census Bureau's 2023 American Community Survey (ACS) 5-Year Estimate, Table B01003. Police agencies in New York State collect data on the number of individuals victimized during domestic incidents involving members of the same family, including but not limited to parents, children and siblings, and intimate partners. These individuals may or may not live together at the time of the incident. Victim counts are reported for the following offenses: aggravated assault, simple assault, sex offenses, and violation of protective orders.

Source: NYS Division of Criminal Justice Services, June 2025 sourced from Domestic Violence Victim Data by County: 2020-2023 *https://www.criminaljustice.ny.gov/crimnet/ojsa/domestic-violence-data.html*

COUNTY HEALTH SUMMARIES

DUTCHESS COUNTY HEALTH SUMMARY

DEMOGRAPHICS

Dutchess County is in the center of the Hudson Valley, midway between New York City (NYC) and New York State's (NYS) capital, Albany. The western border includes 30 miles of Hudson River shoreline with Connecticut forming the eastern border. Dutchess County is 825 square miles, made up of 30 municipalities, consisting of 20 towns, 8 villages, and two cities, Poughkeepsie (the county seat) and the city of Beacon. The southwestern region of Dutchess County is the most densely populated part of the county and includes the cities of Beacon and Poughkeepsie. The rest of the county is predominantly suburban and rural. Dutchess County has a population of almost 300,000 with a majority of residents between 35 and 64 years old. In Dutchess County 8.3% of adults report having poor physical health and 11.7% of adults report having poor mental health.[250]

COMMUNITY SURVEY FINDINGS

MID-HUDSON REGIONAL COMMUNITY HEALTH SURVEY 2025

As a primary data collection method, Dutchess County collaborated with Putnam County on the third iteration of the Mid-Hudson Regional Community Health Survey [see Appendix L]. The 66-question survey, which was administered by Siena Research Institute (SRI), asked 500 Dutchess County residents about overall quality of life, social determinants of health, perception of health and well-being, health behaviors, and access and utilization of health services. By administering a revised version of the 2018 and 2022 iterations of the Mid-Hudson Regional Community Health Survey[251], Dutchess and Putnam Counties were able to analyze changes of responses over time.

The survey was fielded from May 1 – June 3, 2025, and was open to residents of Dutchess and Putnam County aged 18 years and older. Respondents were contacted via landline telephone and cell phone. Telephone sampling was conducted via a stratified dual frame probability sample of landline and cell phone telephone numbers. County samples were weighted by age, gender, reported race and ethnicity, and income using American Community Survey population estimates to ensure statistical representativeness. A total of 500 residents of Dutchess County completed the survey. The margin of error (MOE) including the design effects resulting from weighting with a 95% confidence interval for the Dutchess County sample was +/- 6.4%.

The self-reported physical health status of Dutchess County residents increased from 2022 to 2025, with 73% and 78% reporting excellent or good physical health, respectively. In 2025, individuals who rent their home, are unemployed, households with disabled persons, and low-income individuals reported poorer overall physical health compared to their peers. Residents of the Western portion of Dutchess County also reported poor overall physical health when compared to those residing in the Eastern portion of the county.

Similarly to physical health, the self-reported mental health status of Dutchess County residents increased from 2022 to 2025, with 69% and 75% reporting excellent or good mental health, respectively. In 2025, individuals who are non-White, rent their home, households without children, and households with disabled persons reported

[250] New York State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS) Health Indicators by County and Region, 2023, https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/about_data, accessed July 2025

[251] DCDOH, Mid-Hudson Region Community Health Survey 2025 – Dutchess County, https://www.dutchessny.gov/Departments/DBCH/Community-Health-Improvement-Plan.htm, accessed October 2025

poorer overall mental health compared to their peers. Self-reported mental health status also seemed to correlate with age, with individuals 18-34 years old having poorer mental health compared to those 35-54 and 55+.

Respondents were asked a series of questions regarding psychological distress. According to the Kessler Score, the summation of the responses to those questions, 46% of Dutchess County residents reported moderate or severe mental distress. Moderate or severe mental distress was more commonly reported by individuals residing in the Eastern portion of the county, 18–54-year-old residents, non-White individuals, those who rent their home, employed residents, and households with disabled persons.

When asked about their ability to get basic necessities, like food, housing, utilities, transportation, and access to a phone and internet, Dutchess County residents reported having less trouble accessing these necessities in 2025 when compared to 2022. In 2025, some groups more frequently reported having trouble accessing these necessities when compared to their peers. In general, this includes those residing in the Western portion of the county, Non-White residents, households with disabled persons, individuals who rent their home, and lower income individuals.

Self-reported ability to get healthcare, including physical, mental, and dental, varied by demographic group. Individuals residing in the Eastern portion of the county reported worse access to physical and mental health care, but better access to dental care, when compared to those residing in the Western portion. Non-White individuals, those who rent their home, and households with disabled persons reported more trouble accessing all healthcare compared to their counterparts.

25% of Dutchess County residents said they have not been to a primary care physician for a routine physical/check up in the last 12 months. This is an increase from 2022 and 2018 where 22% and 16%, respectively, reported not visiting a primary care physician in the last year. The most common reasons for not visiting a primary care provider in the past year included not having time (37%), choosing not to go for another reason (31%), not having enough money (24%), or not having insurance (23%).

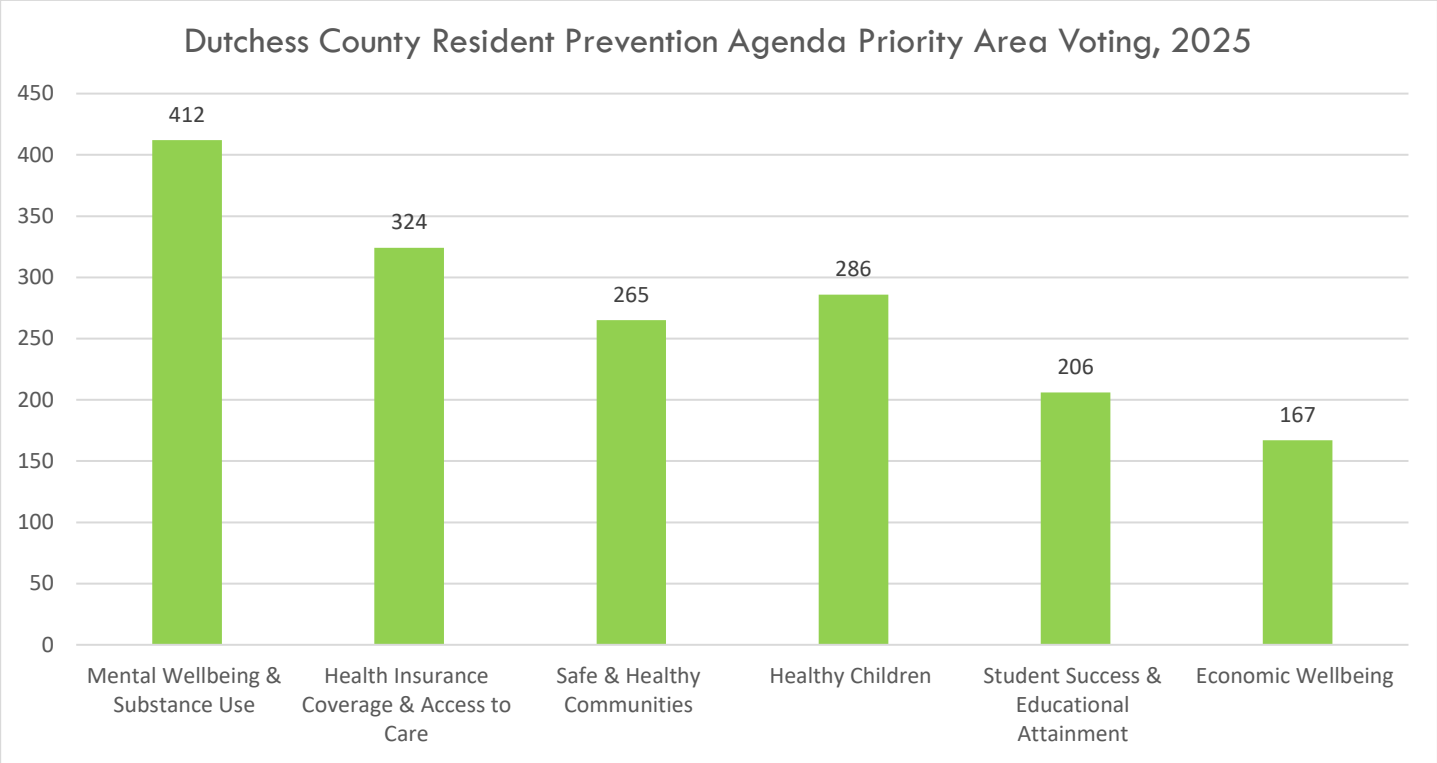
In 2025, 6% of Dutchess County residents reported visiting the emergency room in the last year for a non-emergent issue. This is similar to 2022 (8%) and 2018 (7%). The most common reason for visiting the emergency room for a non-emergency issue was due to the convenience of emergency room operating hours, accounting for nearly 50% of responses in 2025.

More information regarding the methodology, design, and results is available in Dutchess County's report.

DUTCHESS COUNTY RESIDENT PRIORITY VOTING

In addition to the phone-based survey, DCDOH also gathered input from residents at community events. Attendees were given two stones and were asked to put them in a flowerpot labeled with the Prevention Agenda 2025 – 2030 priority areas. 830 Dutchess County residents participated at six events across Summer 2025. As shown in Figure 194, Mental Wellbeing and Substance Use was the most common response, followed by Health Insurance Coverage and Access to Care and Healthy Children.

Figure 197



AREAS OF FOCUS

In Dutchess County, there is a strong need to focus on factors of chronic disease and mental and behavioral health. Cardiovascular is the leading cause of death in Dutchess County and other chronic health conditions, like hypertension, diabetes, and obesity, can contribute to and exacerbate cardiovascular disease. Those with a mental health condition, including but not limited to depression, anxiety, other mood disorder or substance or alcohol use disorder, are also more likely to have a chronic health condition than those without. Due to the interrelatedness of both physical and mental well-being, it is important to focus not only on physical health but mental health as well. Within both sectors, there are several disparities that exist between the more urban-suburban western side of the county and the rural eastern side, between White non-Hispanic residents and Black non-Hispanic and Hispanic residents, and between those who have disabilities' health and those who do not. These disparities can be seen in the rates of preventable hospitalizations, premature death, opioid overdose, participation in primary care, and provision of mental health services. In order to combat these issues, it is important that the residents of Dutchess County have access to and support from sufficient, competent health providers to manage their health.

Areas of focus should include, though not be limited to:

- Cardiovascular disease, the leading cause of death in the county
- Cancer, including screening rates
- Respiratory diseases including asthma and chronic lower respiratory disease (CLRD)
- Other chronic diseases, like diabetes, hypertension, and obesity
- Childhood immunizations
- Mental health and wellbeing
- Suicide and self-harm
- Opioid overdose
- Behavioral health including diet/exercise, smoking, alcohol and drug use

ASSETS AND RESOURCES

Dutchess County Department of Health (DCDOH) works closely with a variety of organizations, including academic institutions (public schools and colleges), community-based organizations (CBOs), hospitals and other medical facilities, federally qualified health centers, and governmental departments. DCDOH also has a Mobile Health Unit that is deployed to community events and areas of high need to provide clinical services (immunizations, sexual health) and public health education. Additionally, Department of Health employees participate in an array of coalitions and workgroups aimed at improving Dutchess County residents' health, including Eastern Dutchess Rural Health Network, Bringing Agencies Together, Poughkeepsie Healthy Black and LatinX Coalition, Fit Dutchess, the Dutchess County Food Security Council. and Vassar Brothers and Northern Dutchess Hospital's Community Health Committee Meetings, fostering collaboration between DCDOH and other participating organizations.

ORANGE COUNTY HEALTH SUMMARY

DEMOGRAPHICS

Orange County is in the southeastern area of NYS, bounded on the east by the Hudson River and on the west by the Delaware River. It is located approximately 40 miles north of NYC with 43 municipalities. Orange County is the second most populous in the M-H Region with approximately 403,840 residents [Table 1]. Of Orange County residents, 50.1% are male, 59.2% are non-Hispanic White, 10.5% are non-Hispanic Black, and 23.2% are Hispanic [Tables 2, 5, and 4]. Orange County is both racially and ethnically diverse, with the second highest percentage of Hispanic persons in the M-H Region and 17.5% of individuals identifying as a race other than non-Hispanic White [Table 5]. Twenty-nine percent of people living in Orange County speak a language other than English at home, third highest in the M-H Region next to Westchester and Rockland counties [Table 6]. Nearly 30% of Orange County residents are 19 years or younger, the second highest percentage among M-H counties [Table 3]. Nearly half (49.5%) of Orange County students are considered economically disadvantaged, which ranks second in the M-H region [Figure 12]. Although 89% of students graduate with a high school diploma, third highest in M-H Region, only 14.1% of residents hold a graduate or professional degree, the second worst among M-H Region counties [Table 8]. Unemployment has remained steady in the last three years of data available around 5.4% [Figure 2] and the percentage of the population under poverty has been 13% since 2022 [Figure 7]. In Orange County, 20% of households spent half or more of their income on housing, which is the second highest in the M-H Region and higher than the NYS average of 19% [Figure 6].

Orange County is a mix of urban, suburban, farmland, and rural areas. Agriculture is a leading industry in Orange County and constitutes more than half of the county's open space. The availability of multiple modes of transportation, including bus, train, and major highways, allows residents to travel to NYC, New Jersey, and Southern NYS for employment. Orange County also contains New York Stewart International Airport in Newburgh, NY, West Point Military Academy in Highland Falls, NY, and major tourist attractions such as LEGOLAND New York and the Woodbury Commons Premium Outlets.

COMMUNITY SURVEY FINDINGS

ORANGE COUNTY COMMUNITY HEALTH SURVEY

As part of the CHA process, the Orange County Department of Health (OCDOH) collected primary data known as the Orange County Community Health Survey[see Appendix M], in partnership with Siena Research Institute to collect data on 900 residents to help better characterize the needs of the community. The 63-question survey, which was administered by Siena Research Institute (SRI), asked residents about overall quality of life, social determinants of health, perception of health and well-being, health behaviors, and access and utilization of health services. Orange County conducted this survey in coordination with the Mid-Hudson Region in 2018 and 2022 and unilaterally in 2023 and 2024. By administering this survey over time, OCDOH was able to analyze response changes over time. The survey was fielded from May 20 – June 26, 2024, and was open to Orange County residents aged 18 years and older. Respondents were contacted via landline telephone and cell phone. There were 800 respondents who completed the survey through a dual frame (landline and cell phone) mode, and 100 who completed the survey via the online panel (Lucid). The county-wide sample of 900 was weighted by age, gender, reported race and ethnicity, income and county using the 2015-2020 American Community Survey 5-year estimates to ensure statistical representativeness. The margin of error (MOE) including the design effects resulting from weighting with a 95% confidence interval for the sample was +/- 3.8%. More information regarding the methodology, design, and results is available in the Orange County Community Health Survey

Report[252] is found on the OCDOH website. Overall, Orange County residents with an income under $25,000 ($25K), had worse health outcomes and reported struggling to obtain basic needs such as food, housing, and transportation.

Below are several data points of note:

- Overall, 74% of respondents rated their physical health as excellent or good compared to 79% in 2018. Comparatively only 60% of those making <$25K per year reported excellent or good physical health.
- Respondents report excellent mental health has declined significantly since 2018 (52% vs. 37% in 2024).
- 47% of Orange County respondents aged 18-34 reported having moderate or serious mental (psychological) distress, compared to 25% of those aged 55 and over.
- 89% of Orange County respondents aged 55 and older reported visiting a primary care physician for a routine physical or checkup in the last 12 months, compared to 69% of those aged 18-34.
- 19% of Orange County respondents aged 18-34 reported that they, or a member of their household, had trouble obtaining housing when it was really needed at some point in the last 12 months. This compares to 10% of Orange County respondents aged 55+.
- Over 20% of respondents reported being unable to get any healthcare (including dental or vision) when it was really needed compared to 14.7% in 2018.
- 15.3% of respondents reported being unable to access food when they needed it in 2024, which is similar to 2023 (15.5%) but significantly higher than in 2018 and 2022, (9.8% and 12.4% respectively).
- 30% of respondents with <$25K yearly income were unable to get transportation when needed in the previous 12 months, compared to only 17% of Orange County respondents.
- 27% of Orange County respondents making <$25K per year reported that they were unable to access the internet to 18% of all respondents.

[252] OCDOH, Community-Health Survey Report, 2024, https://www.orangecountygov.com/2325/Reports-Assessments, accessed September 2025

ORANGE COUNTY COMMUNITY ASSET SURVEY

In addition to the Orange County Community Health Survey conducted in 2024, OCDOH conducted the Community Asset Survey [see Appendix N] from April 25 – September 4, 2025. This convenience sample survey was developed to ask residents about the greatest strengths of the community, where community efforts should be focused to improve quality of life, and to identify the most important health issues. Over 800 residents participated in the convenience sample survey.

The greatest strengths of the community were identified as:

- Access to good education
- Parks and recreation
- Access to basic health care

The top three areas identified to improve quality of life were:

- More affordable housing
- Better jobs and economy
- Improving public transportation

The top three important health issues identified by the respondents were:

- Mental health including depression and anxiety
- Drug use
- Aging problems (Alzheimer's disease, arthritis, hearing/vision loss, etc.)

AREAS OF FOCUS

Premature death for those less than 65 years is the 2nd worst in the M-H Region and worse than the NYS rate [see Figure 86]. Heart disease and cancer are the leading causes of death and premature death (death before age 75) by a large margin. These margins are larger for those among racial and ethnic lines, with Orange County have the second highest percentage difference between Black Non-Hispanics and White Non-Hispanics, in the M-H Region [see Figure 87]. Obesity is a leading contributor to these top causes of death, as well as cancer, diabetes, stroke, and hypertension, all of which can lead to premature death. Orange County's percentage of adults overweight or obese is the highest in the M-H Region 75% [see Figure 118]. Over the past ten years, the rates of obesity have continually grown, as well as the subsequent morbidity of cardiovascular disease, prediabetes, and hypertension. Orange County's age-adjusted all cancer mortality is the highest in the M-H Region at 155.5 per 100,000 residents, and 1.4 times higher than the NYS rate based on the latest available data [see Figure 123]. Within these preventable causes of death, there are disparities among racial and ethnic minorities. These disparities can be seen in the rates of premature deaths, food insecurity, infant mortality, asthma hospitalizations, hospitalizations and mortality due to heart disease, breast cancer mortality, colorectal cancer mortality, and premature births. Many of these health outcomes are influenced by the social determinants of health, conditions where systems and policies determine the environments in which people live. Given the connectivity between physical health and mental health, it is important to focus on both physical health and mental health. In 2024, 36% of Orange County adults 18 years and older reported they experience either moderate or serious psychological distress. However, 47% of adults with income less than $25K per year reported moderate or serious psychological distress. This highlights the role poverty plays in impacting residents' well-being.

Where data are available across the M-H Region from 2019-22, Orange County ranks 4th in the M-H region in overdose deaths involving any opioid and higher than the NYS excluding NYC rate. However, strides have been made in addressing substance use in Orange County, including a 45.5% reduction in overdose deaths which have from 2021 to 2024.[253]

Other health areas where Orange County falls behind NYS or have worsened since the last assessment include:

- Food insecurity
- Severely cost burdened households
- Cardiovascular disease hospitalization rate
- Adults with prediabetes
- Asthma hospitalization rate among adults
- Emergency department visits for asthma in children 17 years and younger
- Stroke hospitalization rate
- Cancer mortality including all cancer, female breast cancer, lung and bronchus, and colorectal cancer
- Childhood immunization rates among children 24-35 months of age
- Percentage of births with late or no prenatal care
- Percentage of women age 50-74 years receiving breast cancer screening based on recent guidelines
- Early syphilis case rate

ASSETS AND RESOURCES

OCDOH has strong community partnerships with hundreds of organizations serving its residents, including five area hospitals, federally qualified health centers (FQHC), private medical providers, school districts, two-year and four-year colleges, a medical school, community-based organizations (CBOs), and governmental departments serving a broad variety of community needs. OCDOH has established multiple coalitions including Chronic Disease Coalition (Healthy Orange), Orange County Breastfeeding Coalition, Food Insecurity Workgroup, Orange County Cancer Screening Collaborative, Orange County Infection Control Committee, the Healthcare Coalition, and the Hudson Valley Public Health Collaborative. OCDOH also co-leads and participates in many countywide coalitions aimed at improving the health of residents including: Changing the Orange County Addiction Treatment Ecosystem, Orange County Community Alliance for Prevention, Middletown Cares Coalition, Perinatal Infant Family Health Collaborative, Newburgh Healthy Black and LatinX Coalition, Hudson Valley Health Coalition, Head Start Health Advisory Committee, RECAP Health Services Advisory Committee, System of Care 0-5 Infant and Early Childhood Mental Health Collaborative, System of Care Children Youth and Families, Orange County Suicide Task Force, Hudson Valley Waterworks Conference, Orange County Water Authority, Team Newburgh, Child Fatality Review Board, WELCOME Orange, and the Orange County Resilience Project.

[253] Orange County Department of Health, "Orange County Annual Report on Drug Related Mortality", 2025, https://www.orangecountygov.com/DocumentCenter/View/34462/Annual-Report-on-Drug-Related-Mortality, accessed September 2025

PUTNAM COUNTY HEALTH SUMMARY

DEMOGRAPHICS

Putnam County is located approximately 60 miles north of NYC and is bordered by the Hudson River to the west, Connecticut to the east, Dutchess County to the north, and Westchester County to the south. NYC is accessible by Metro-North rail lines running on the eastern and western sides of the County. With just 230 square miles of land area, Putnam is the third smallest county in NY, excluding the five boroughs of NYC.[254] Putnam's terrain includes a mix of rural and suburban areas with numerous lake communities, parklands, and reservoirs. The County is divided into six towns with three villages and no urban centers.[255] More than a third of the population resides in the town of Carmel,[256] which occupies southern central portion of the county.[254]

With an estimated 2023 population of 97,988, Putnam is the second least populous county in the M-H Region, constituting 4.1% of the region's population and 0.5% of the population of NYS [see Table 1]. The county's population decreased by 2% between the 2010 and 2020 census, but American Community Survey population estimates have been relatively stable from 2021-2023,[257] and the three-year average birth rate is trending up.[258]

Putnam's age distribution, with 19.6% under the age of 18 years and 26.5% age 60 and older, is slightly older than that of the M-H Region (22.6% < 18 and 24.1% ≥ 60), and more similar to NYS excluding NYC (20.9% < 18 and 25.6% ≥ 60) [see Table 3]. By race and ethnicity, the county is comparatively homogenous, with a greater majority non-Hispanic White population (72.4%) than both the M-H Region (58.5%) and NYS (53.4%). Approximately 19% of the population is Hispanic, and all other racial and ethnic groups combined make up only 8.6% of the population [see Tables 4 and 5]. The majority of the population (79%) speak only English at home, with Spanish (12.6%) being the most common non-English language spoken at home [see Table 6]. A little more than 4% of Putnam's population are veterans, slightly higher than that for the M-H Region (3.9%), but lower than that for NYS excluding NYC (5.3%) [see Table 11]. Putnam has a slightly lower disabled population (9.6%) compared to the M-H Region (10.2%) and NYS (11.6%). Ambulatory difficulty is the most common type of disability in Putnam (5.4%), as well as in the M-H Region (5.2%) and NYS (6.6%) [see Table 12].

Putnam is a well-educated and affluent county. Over 90% of the population has a high school or higher degree, and nearly 44% have a bachelor's degree or higher [see Table 8]. The median annual household income has trended up in the last decade, and in 2022 was the third highest in the state,[257] however median household income is lower in Asian and Hispanic populations.[259]

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[254] New York State Department of Health, 2025, https://health.ny.gov/statistics/vital_statistics/2022/table02.htm, accessed August 2025
[255] Putnam County NY GIS, 2024, https://data-pcny.opendata.arcgis.com/datasets/pcny::municipal-boundary-1/about, accessed August 2025
[256] United States Census Bureau, 2025, https://www.census.gov/data/tables/time-series/demo/popest/2020s-total-cities-and-towns.html, accessed August 2025
[257] United States Census Bureau, 2025, https://data.census.gov/table/ACSDP5Y2023.DP05?g=050XX00US36079, accessed August 2025
[258] New York State Department of Health, 2025, https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county, accessed August 2025
[259] New York State Department of Health, 2024, https://www.health.ny.gov/community/health_equity/reports/county/putnam.htm, accessed August 2025

COMMUNITY SURVEY FINDINGS

MID-HUDSON REGIONAL COMMUNITY HEALTH SURVEY

Alongside Dutchess, Putnam County participated in the third iteration of the Mid-Hudson Regional Community Health Survey (MHRCHS),[260] a broad-based assessment designed to enhance understanding of local health status, quality of life, and factors that impact health for Putnam County residents. As in 2018 and 2022, when all seven M-H Region Counties were able to participate, the MHRCHS was administered by Siena Research Institute (SRI). In 2025, the 50+ question survey instrument included both new questions and many of the same questions offered in previous surveys to allow for assessment of change over time [see Appendix L].

The survey was fielded from May 1 – June 3, 2025, and was open to residents of Dutchess and Putnam County aged 18 years and older. Respondents were contacted via landline telephone and cell phone. Telephone sampling was conducted via a stratified dual frame probability sample of landline and cell phone numbers. County samples were weighted by age, gender, reported race and ethnicity, and income using American Community Survey population estimates to ensure statistical representativeness. A total of 602 residents of Putnam County completed the survey. The margin of error (MOE) including the design effects resulting from weighting with a 95% confidence interval for the Putnam County sample was +/- 5.5%.

Notable findings include:

- Overall, Putnam County performed similarly or favorably as compared to Dutchess County, and there were few differences outside the MOE when comparing Putnam results from previous surveys.
- The vast majority of Putnam residents have a positive impression of the overall quality of life (84%) and safety (97%) in their communities. About two-thirds think their communities are good places to live as they age and there are safe places to walk or bike. However, residents with a disabled household member have a lower opinion of their community as a place to age and of safety for walking and biking. Women and residents of the western side of the county also have a lower opinion of safety for walking and biking in their communities.
- As compared to previous surveys, overall improvement was seen in the ability of Putnam County residents to access needed resources such as housing, childcare and transportation in the last year. Notably, inability to maintain employment that pays a living wage, a new edition in the series of questions, emerged as the most commonly unmet need at 19% of the population. For all other resources, the proportion of the population with an unmet need in the last year ranged from 4%-9%.
- Difficulties accessing healthcare in the last year were similar across different types of care, ranging from 10% having difficulty getting mental healthcare, to 14% having difficulty getting dental care and physical health care. Inability to get care to meet the needs of household members with disabilities was more common (29% of those with a disabled household member).
- Similar to past surveys, utilization rates were high for routine physical exams (82%) and dental check-ups (80%), and inappropriate use of emergency departments for non-emergencies was low (6%). Outside of being too busy and choosing not to go, lack of money and insurance were the common barriers to getting routine dental care, and inability to get an appointment was the most common barrier to getting a routine physical.
- The K6 Index, a series of questions that provide a standardized measure of prevalence of mental distress in the population, was added to the 2025 survey. The K-6 Index proved to be more sensitive than self-reported ratings of mental health with K6 scores of 9% for severe mental distress and 29% for moderate

[260] PCDOH, Mid-Hudson Regional Community Health Survey 2025: Putnam County, 2025, https://www.putnamcountyny.gov/images/Departments/Department_of_Health/PDF_Documents/MHRCHS-Putnam_2025_Approved.pdf, accessed August 2025

mental distress, as compared to self-reported mental health ratings of 5% poor and 18% fair. K6 and self-reported ratings yielded similar results in distribution of mental health concerns in the population, with higher distress/poorer ratings seen in younger adults, renters, those with a disabled household member, and those with household income less than $50,000 per year.

- The most notable finding related to potentially harmful behaviors is the decreasing proportion of residents who never use drugs for non-medical purposes (75% in 2025 as compared to 80% in 2022 and 90% in 2018) alongside a cannabis consumption rate of 26%. Frequency of cannabis consumption was newly added to the 2025 survey to facilitate tracking of cannabis utilization rates since legalization in New York State, so we can only hypothesize that increasing cannabis consumption may be contributing to the overall rise in drug use for non-medicinal purposes.

COMMUNITY HEALTH EXPERIENCE SURVEY

Putnam also participated in the Community Health Experience Survey (CHES)[261], a public survey conducted by Nuvance Health in support of its Community Health Needs Assessment. The survey instrument was designed to collect information to assess resident perception of health and well-being, health behaviors, health concerns, and needs in the community [see Appendix O]. Promotion of this self-administered online survey in the community and through local partners resulted in 267 responses from adult residents of Putnam County. The survey population skewed heavily toward female and older age groups, and results were not considered generalizable to the entire population of Putnam County. Nonetheless, consistent with MHRCHS findings, mental health and healthcare access (particularly primary care) emerged as top concerns in this survey. Affordable housing was also a chief concern, with the highest proportion of respondents selecting affordable housing as an area of need to improve health in the community, and more than half of respondents anticipating that housing affordability will be worse in five years. Concern regarding healthcare access, mental health, and affordable housing were also supported by findings of the Community-based Organization Survey, detailed earlier in the M-H Regional CHA.

AREAS OF FOCUS

Areas of focus were identified through a systematic review of primary data collected in community surveys and secondary data indicators included in the M-H Regional CHA, the 2025-2030 NYSPA,[262] and/or the NYS County Health Indicators by Race/Ethnicity (CHIRE) Dashboard. Indicators were flagged if they met any of the following criteria: prevention agenda objective not met; performance worse than the M-H Region, NYS, or five or more counties in the M-H Region; indicator performance worsening over time; or disparities between sub-groups within the county. Flagged indicators were then examined for patterns, and determinants of health or health issues with two or more flags were given consideration as an area of focus. On this basis, areas of focus include: decreasing economic stability; access to healthy food and healthy eating; mental health and suicide; alcohol and tobacco use; healthcare access; childhood preventive services; maternal child health; and tickborne disease. Data points in this summary are linked and/or footnoted if they are not otherwise found in the M-H Regional CHA.

While Putnam is a comparatively affluent county, CHA data shows signs of decreasing economic stability and disparities that could have downstream impacts on health and well-being. Putnam has the lowest poverty rate in the M-H Region, but the percentage of the population in poverty ticked up from 2021 (6.0%) to 2022 (6.3%) and again in 2023 (6.5%) [see Figure 7] with higher rates seen in the Hispanic population [see Figure 8]. Similarly, in the 2023-2024 school year, Putnam has the lowest proportion of economically disadvantaged students enrolled in schools in the M-H Region (32.5%), but this too rose from 2021-2022 (28.5%) and 2022-

[261] PCDOH, Community Health Experience Survey: Putnam County, 2024, https://www.putnamcountyny.gov/images/Departments/Department_of_Health/PDF_Documents/Resident_Survey_Report_DataGen_FINAL.pdf, accessed August 2025

[262] Data request from New York State Department of Health, accessed June 2025

2023 (32.1%) [see Figure 9]. Putnam enjoys a low and decreasing unemployment rate (4.1% in 2023) [see Figure 2], but at 6.6%, rates are higher in the Black population.[263] In spite of high employment rates, income may not be sufficient for the cost of living, as evidenced by 19% of MHRCHS respondents stating they were unable to maintain employment that pays a living wage in the past year. Imbalance between income and the cost of living, in particular the cost of housing, is further reflected in an increasing percentage of cost burdened renter occupied units (56.5% in 2023) [see Figure 5] and severely cost burdened households (17% in 2019-2023) [see Figure 6]. These findings are reinforced by high levels of concern regarding the cost of housing seen on both the Community Health Experience Survey and the Community-based Organization Survey.

Access to healthy food is essential to healthy eating habits, which in turn are essential to maintaining overall health. While in 2023 Putnam County had the lowest rates among M-H Region Counites of food insecurity both in the overall population (8.9%) and in children 18 years and younger (6.6%), rates have increased since 2021[see Figures 3 and 4]. In 2019, 6.7% of Putnam's population was considered to have limited access to healthy foods (low income and do not live close to a grocery store). Although there was improvement from 2015 to 2019, Putnam's rate was still the highest among M-H Region Counites [see Figure 28]. Difficulties accessing healthy foods may contribute to an increasing percentage of Putnam adults consuming less than one fruit and less than one vegetable daily (30.1% in 2021) [see Figure 84] and increasing proportions of both children (34.7% from 2021-2023) and adults (65.1% in 2021) who are overweight or obese [see Figures 118, 119 and 120]. Obesity puts individuals at greater risk of developing a whole host of chronic diseases,[264] including heart disease and cancer, which were the top two leading causes of death in Putnam County in all years from 2013-2022.[265]

There is consistent evidence across component CHA assessments for a need to focus on mental health and suicide prevention in Putnam County. In 2021, Putnam had the highest proportion of adults reporting poor mental health for 14 or more days in the last month among M-H Region counties (17.4%), a considerable jump up from 10% in 2018 [see Figure 166]. The percentage of adults reporting a depressive disorder also increased sequentially from 2016 to 2018 and 2021 [see Figure 167]. While the rate of suicide in Putnam County is lower than most other counties in the region and NYS, the three-year average suicide mortality rate increased from 4.6 per 100,000 population for 2019-2021 to 7.3 per 100,000 for 2020-2022 [see Figure 182]. These secondary data indicators are supported by findings of high levels of community concern about mental health in both the Community Health Experience Survey and the Community-based Organization Survey, as well as K6 index scores of 9% for severe mental distress and 29% for moderate mental distress on the MHRCHS, with higher distress/poorer ratings seen in younger adults, renters, those with a disabled household member, and those with household income less than $50,000 per year.

CHA data reveal comparatively high rates of smoking and binge drinking in Putnam County adults. The percentage of adults who are current smokers jumped from 9% in 2018 to 16.7% in 2021, exceeding rates in the M-H Region (11.1%) and NYS excluding NYC (14.1%) [see Figure 169]. High prevalence of smoking could be contributing to Putnam 2018-2022 lung and bronchus cancer incidence (57.6 per 100,000 population) and mortality (27.7 per 100,000) rates that exceed those of NYS (52.4 and 26.5 per 100,000 population, respectively) [see Figure 129]. Similarly, the percentage of adults binge drinking during the past month increased from 14.1% in 2018 to 18.7% in 2021, exceeding rates in the M-H Region (13.1%) and NYS excluding NYC (16.1%), and giving Putnam the highest rate among M-H Region counties [see Figure 170].

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[263] New York State Department of Health, 2024, https://www.health.ny.gov/community/health_equity/reports/county/putnam.htm, accessed August 2025

[264] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/healthy-weight-growth/food-activity/overweight-obesity-impacts-health.html?CDC_AAref_Val=https://www.cdc.gov/healthyweight/effects/index.html, accessed August 2025

[265] New York State Department of Health, 2024, https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#county, accessed August 2025

Excessive use of alcohol could be contributing to mortality from cirrhosis, which is trending up and, at 8.3 per 100,000 population in 2021, exceeded the NYS rate of 8.2 per 100,000 population [see Figure 122]. Unfortunately, there is evidence that high prevalence of smoking and drinking is continuing in younger residents of Putnam County. The Prevention Needs Assessment (PNA), a survey administered every other year to Putnam public school students in 8th, 10th and 12th grades, demonstrates a downward trends in the percentage of survey respondents who have used alcohol in the last month (18.9% in 2024), and the percentage who have engaged in binge drinking (7.8% in 2024), however, both of these numbers still exceed the national benchmark (14.3% and 5.7% respectively). PNA results also show increasing proportions of students engaging in drinking and driving (1.7% in 2024) and riding with a drinking driver (13.4%) with both rates exceeding national benchmarks (1.5% and 11.4%, respectively). PNA results are mixed for tobacco use, with cigarette (1.5% in 2024) and E-cigarette (7.7% in 2024) use in the last thirty days decreasing and below the national benchmark (2.1% and 11.8%, respectively), but an increasing proportion of students smoking ½ pack of cigarettes daily (0.4% in 2024), which is just below the national benchmark of 0.5%.[266]

Access to healthcare services plays a critical role in achieving optimal health outcomes through disease prevention, timely diagnosis and treatment, and appropriate management of chronic conditions. Secondary data indicators related to healthcare access are mixed for Putnam County. Compared to other counties in the M-H Region, Putnam has the lowest rate of uninsured children (2.4% in 2023) and the highest rate of insured adults (94.9% in 2023) [see Figures 18 and 19], but health insurance may not always alleviate cost barriers to getting care. Among the M-H Region Counties in 2021, Putnam had the highest proportion of adults who were not able to receive medical care due to cost (9.9%) [see Figure 17]. Access to care may also be impacted by deficits in providers per capita. While Putnam had the second best ratio of residents to mental health providers among the M-H Region Counites in 2024 (210:1), it had the second worst ratio of residents to dentists in 2022 (1610:1) and the second worst ratio of residents to primary care providers in 2021 (1880:1) [see Figures 20, 21, and 22]. In spite of concerning per capita ratios, Putnam had the highest percentage of adults with a regular primary care provider (90.5%) among the M-H Region Counties in 2021[see Figure 23]. MHRCHS 2025 findings are also mixed for healthcare access in Putnam County. A high proportion of residents received routine annual dental (80%) and primary care (82%); however substantial proportions of the population report difficulty getting mental (10%), dental (14%) and physical (14%) healthcare in the past year when it was really needed. Inability to meet care needs for family members with disabilities was even more common (29% of those with a disabled household member). MHRCHS data indicate cost is a bigger limiting factor for dental care, while availability of providers is a bigger limiting factor for routine primary care. Community Health Experience and Community-Based Organization Survey results corroborate high levels of community concern about access to healthcare.

Prenatal and infant health are the foundation for a healthy future in Putnam County. Although Putnam County performs well in both the percentage of births with early prenatal care (84%, 2020-2022 three-year average) and the percentage of births with late or no prenatal care (3.1%, 2020-2022 three-year average) as compared to other counties in the M-H Region [see Figures 151 and 152], disparities can be seen when these indicators are examined by race and ethnicity. As compared to births to Non-Hispanic White Putnam residents (89%), lower proportions of births to Hispanic (74.6%), Non-Hispanic Asian/Pacific Islander (79.2%) and Non-Hispanic Black (86.4%) residents had early prenatal care [see Figure 153]. Findings are similar for birth outcomes, with both the 2020-2022 three-year average percentages for preterm births (9.1%) [see Figure 159] and babies born at a low birthweight (7.3%) [see Figure 160] in Putnam falling below those for NYS excluding NYC, but disparities seen by race and ethnicity. A higher proportion of births to Hispanic residents were

[266] The Prevention Council of Putnam, 2024, https://preventioncouncilputnam.org/wp-content/uploads/2025/03/Putnam-County-Profile-Report.pdf, accessed August 2025

premature (10.0%), as compared to births in Non-Hispanic White residents (8.7%).[267] When looking at birthweight outcomes, there was a higher percentage of low birthweight births in Hispanic (7.6%) and Non-Hispanic Black (10.2%, unstable rate) populations as compared to Non-Hispanic White (7.1%) [see Figure 161]. Similar to NYS excluding NYC, and all other M-H Region Counties besides Ulster, Putnam has seen a concerning downtrend in babies who are exclusively breastfed in the hospital. In 2022, only 38.5% of Putnam infants were exclusively breastfed in the hospital, well below the 2025-2030 NYSPA objective of 48.2% [see Figure 163].

Preventive services for children, including immunizations and healthcare screenings, are key to ensuring that Putnam's youngest residents have the opportunity to achieve optimal health. While improvements have been made in early childhood vaccination rates, and Putnam now performs well in comparison to both NYS and other M-H Region Counties [see Figure 137], the same cannot be said for HPV vaccination rates or lead screening. The percentage of 13-year-olds with a completed HPV vaccine series has trended down in Putnam since 2019, and in 2024 Putnam joined Ulster County in having the lowest percentage (14.5%) among M-H Region Counties. This is considerably lower than the percentage in NYS excluding NYC (24.4%) and the 2025-2030 NYSPA objective of 28.7% [see Figure 139]. Regarding lead screening, data included in the M-H Regional CHA demonstrates a decline in the percentage of children tested at least twice for lead before 36 months of age from 2013 (61.3%) to 2019 (58%) [see Figure 31].

Putnam County bears a disproportionally high burden of tickborne disease. The geographic distribution of tickborne disease in the United States is highly concentrated in Upper Midwestern and Northeastern states, and within NYS some of the highest concentrations of disease are seen in the M-H Region.[269] The most common tickborne diseases seen in Putnam County are Lyme disease, anaplasmosis, and babesiosis. Increases were seen in all three of these diseases in Putnam County from 2020 to 2023 [see Figures 147, 148 and 149]. Lyme disease rates rose each year, and the 2023 rate (351.9 cases per 100,000 population) was higher than that of NYS (109 cases per 100,000 population) and the 4th highest among M-H Region Counties [see Figure 147]. Rates of anaplasmosis and babesiosis were more volatile, and displayed alternating year peaks and troughs related to the two-year lifecycle of the blacklegged tick vector.[270] Putnam's 2023 anaplasmosis (96.6 cases per 100,000 population) and babesiosis (61 cases per 100,000 population) were by far the highest in the M-H Region, and approximately ten times higher than that those for NYS (10.3 and 5.9 cases per 100,000 population, respectively) [see Figures 148 and 149].

ASSETS AND RESOURCES

The Putnam County Department of Health (PCDOH) has strong community partnerships that operate through a variety of channels:

- Live Healthy Putnam (LHP) is a coalition of community organizations whose mission is to improve individual and community health and well-being for all residents by addressing social determinants of health through education, advocacy, and collaboration. LHP meets quarterly and works to achieve its mission by acting as the primary forum for collaborative development and implementation of a comprehensive Community

[267] New York State Department of Health, 2024, https://www.health.ny.gov/community/health_equity/reports/county/putnam.htm, accessed August 2025

[269] Centers for Disease Control and Prevention, 2025, https://www.cdc.gov/ticks/data-research/facts-stats/geographic-distribution-of-tickborne-disease-cases.html, accessed September 2025

[270] Centers for Disease Control and Prevention, 2024, https://www.cdc.gov/ticks/about/tick-lifecycles.html, accessed September 2025

Health Improvement Plan (CHIP). NYS Prevention Agenda priorities are well represented within the coalition, with eight organizations working on priorities within the Economic Stability Domain; 14 working within the Social and Community Context Domain; 10 working within the Neighborhood and Built Environment Domain; and nine working within the Education Access and Quality Domain.

- PCDOH participates in a variety of other coalitions and task forces including the Communities that Care Coalition (adolescent substance misuse prevention), Suicide Prevention Task Force, The Co-Occurring System of Care Coalition, the BR;DGE Alliance (harm reduction and overdose prevention), The Putnam Hospital Community Health Committee, Tri-County Steering Committee (HIV prevention), and the Mid-Hudson Adult Immunization Coalition.
- PCDOH partners closely with Putnam-Westchester Borad of Cooperative Educational Services (BOCES) on various school-based initiatives, as well as directly with school districts and The Prevention Council of Putnam on harm reduction programming.
- Restaurants, camps, and recreational areas work closely with the Environmental Health Services Division to distribute health information and maintain safe environments.
- Putnam County has a robust Medical Reserve Corps (MRC) with over 100 volunteers and an active partnership with Putnam County Bureau of Emergency Services.
- Putnam County's bilingual health education team has an active presence in Spanish-speaking communities throughout the county. Community connections are maintained through strong partnerships with community leaders and delivery of person-centered, culturally informed health education and communication.

The Putnam Community Resource Guide, a publication of the Putnam Community Action Partnership (CAP), provides a central location for residents to find local resources to meet their needs. The guide includes 191 service listings from approximately 120 unique organizations. Organizations listed in the guide serve a broad range of populations including children and youth, senior citizens, veterans, immigrants, and people with disabilities. A wide variety of services are offered in areas such as housing, food and nutrition, legal aid, mental health, alcohol and substance use, educational resources, and youth services. Language support is common, with more than half of listed organizations specifying services offered in Spanish, and another 15 organizations offering translation in languages such as Italian, Portuguese, Hungarian and Chinese.[271]

[271] Putnam Community Resource Group, Community Resource Guide, 2024, https://www.putnamcap.org/_files/ugd/e7b10f_a08d822ee4054bd88e66b4b8930ac425.pdf, accessed August 2025

ROCKLAND COUNTY HEALTH SUMMARY

DEMOGRAPHICS

Rockland is the sixth smallest county by land area in NYS, and the smallest in the M-H Region. Despite its size, Rockland County has the third highest population in the M-H region, and its population is growing at the fastest rate of any county in the region. [see Table 1] Rockland County's population is also the youngest in the region, with the highest percentage of residents below age 20 (32%). [see Table 3]

Rockland County is among the most diverse counties in the region regarding race and ethnicity, with the third highest percentage of Hispanic residents in the region, the third highest percentage of Non-Hispanic Black residents in the region, and the second highest percentage of Non-Hispanic Asian residents in the region.[see Tables 4 and 5] Linguistically, Rockland County is also very diverse, with the highest percentage of languages 'other than English' spoken in the region, at 43.6%. [see Table 6]

Educational attainment for people aged 25 or older is highly variable in Rockland County. For those with degrees beyond high school, Rockland County has the second lowest percentage of those achieving an Associates degree in the region (7.8%), the third highest percentage of those achieving a Bachelor's degree in the region (23.2%), and the third highest percentage of those achieving a Graduate or professional degree in the region (18.9%). Rockland County also has a relatively high percentage of residents with low educational attainment, with the highest percentage of people with less than a 9th grade education in the region (5.7%), the second highest percentage of those with 9th-12th grade education without a diploma in the region (6.6%), and the second lowest percent of those achieving a high school degree or equivalent in the region (21.6%).[see Table 8]

Household income, like Educational Attainment, is also relatively variable in Rockland County. Rockland County has the second highest percentage of households with an income greater than $200,000 at 24.6%, as well as the second lowest percent of households with an income less than $10,000 and between $10,000 and $14,999 in the region (3.7% and 2.1% respectively). For the remaining Census income ranges, Rockland County occupies a relative middle position with regard to the other counties and differs from the regional average by no more than a few tenths of a percent, with the exception of the $75,000-$99,999 income range, where Rockland is third lowest in the region (10.0%) and eight tenths of a percent below the regional average (10.8%).[see Table 10]

COMMUNITY SURVEY FINDINGS

The main source of primary data for Rockland County was the inaugural Rockland County Community Health Assessment Survey [see Appendix P]. The survey was held from May 28th, 2025 through July 31st, 2025 and was made available digitally via Jotform in English, Spanish, and Creole (paper versions were also made available). The survey was extensive and encompassed each of the five domains of the 2025-2030 NYSPA.

Limitations:

This survey format qualifies as a *convenience sample*. Therefore, conclusions derived from this data cannot be generalized to the population of Rockland County as a whole. Rather, the conclusions based on the data collected from the survey are confined to the pool of survey respondents.

Methods:

The survey consisted of a maximum of 50 questions. The survey was only available to people who were aged 18 years or older who resided in Rockland County during the survey period. The specific type and number of questions available to be answered varied depending on the demographics of the survey-taker (such as zip code, sex, child < 6 years old in household, and pregnant or planning to become pregnant), as well as by their choices for the top three *Priorities for Community Health and Wellbeing*—question. [see Appendix P]

The survey's primary format was digital, but paper versions in all three languages were made available at multiple publicly accessible locations throughout the county (three public libraries, a town hall, a community center, and a church). Paper versions had directions that differed slightly to those of the Jotform version of the survey, due to logical differences between digital and paper formats. Paper surveys were hand-entered by RCDOH staff. When the answers on a paper survey came into conflict with the logic of the Jotform version, the Jotform logic was adhered to.

The survey was promoted via Rockland County's social media accounts, the county website, the placement of flyers and palm cards throughout the county, and promotion by community county agencies (such as the Office of the Aging, Department of Social Services, Department of Mental Health), town governments, and community partners (such as the Haverstraw, Spring Valley, and Western Ramapo Collaboratives, WMC Health, and Montefiore Nyack, and individual community leaders). The survey was also promoted at public events by RCDOH staff and was promoted by an outreach worker in zip codes where survey response rates were relatively low.

Incentives for the survey included the ability to enter a sweepstakes for one of several $50 gift cards, upon completion of the survey. An additional limited promotion was vouchers for free NY Boulders tickets. This promotion was organized with the help of the Town of Ramapo and NY Boulders Baseball. Vouchers were made available (to those who completed the survey) at four Boulders games during the survey period, and by the RCDOH outreach worker in the aforementioned zip codes.

Results of Note:

- The RCDOH received 603 responses to the survey. Sixty-eight percent of respondents were female, compared to 29.9% male (and 2.2% prefer not to answer). The majority of respondents identified as White/Caucasian (55.2%) followed by Hispanic/Latino (14.1%) and Black/African American (12.7%). [see Table 21]
- The three most well represented zip codes among our survey responses were 10977, 10956, and 10901 (at 14.43%, 12.44%, and 11.44% of total survey responses, respectively).[see Figure 198]
- A majority of survey respondents rated their Quality of Life in Rockland County as either Good (51.2%) or Excellent (21.6%).[see Figure 199]
- Safe Neighborhoods (61.5%), Opportunities for outdoor recreation/physical activity (41%), and Good Schools (35%) were selected as the Top Three Factors that Make a Positive Contribution to Healthy Living in Rockland County. [see Figure 1200]
- The vast majority of our respondents found that the top three areas that need improvement in Rockland County are Economic Wellbeing (73.3%), Safe and Healthy Communities (71.5%), and Education (49.8).[see Figure 201]
- According to our survey respondents, the area most in need of improvement in the category of Economic Wellbeing was Affordable Housing. [see Figure 202]
- According to our survey respondents, Traffic Safety was the area most in need of improvement in the category of Safe and Healthy Communities. [see Figure 203]
- For the category of Educational Priorities, our survey respondents selected the three sub-categories--Vocational Programs, Options for Continuing Education, and Health and Wellness Programs in Schools--with relative parity in terms of what needs the most improvement. [see Figure 204]

Table 21

Rockland County Community Health Assessment Demographics		
	Count	**Percent**
Sex		
Male	180	29.9%
Female	410	68.0%
Age		
18-29	90	14.9%
30-39	122	20.2%
40-49	104	17.2%
50-59	102	16.9%
60+	185	30.7%
Race/Ethnicity		
White/Caucasian	344	55.2%
Black/African American	79	12.7%
Hispanic/Latino/Latinx	88	14.1%
Asian or Asian American	25	4.0%
American Indian or Alaskan Native	2	0.3%
Native Hawaiian or Other Pacific Islander	0	0.0%
2 or more selected	10	1.6%
Other	16	2.6%
Income		
0-29,999	71	11.8%
30,000-69,999	98	16.3%
70,000-109,999	116	19.2%
110,000-140,999	86	14.3%
150,000-189,999	46	7.6%
190,000-229,999	37	6.1%
230,000+	50	8.3%
Household Size		
1	75	12.4%
2	164	27.2%
3	107	17.7%
4	126	20.9%
5+	117	19.4%

Figure 198

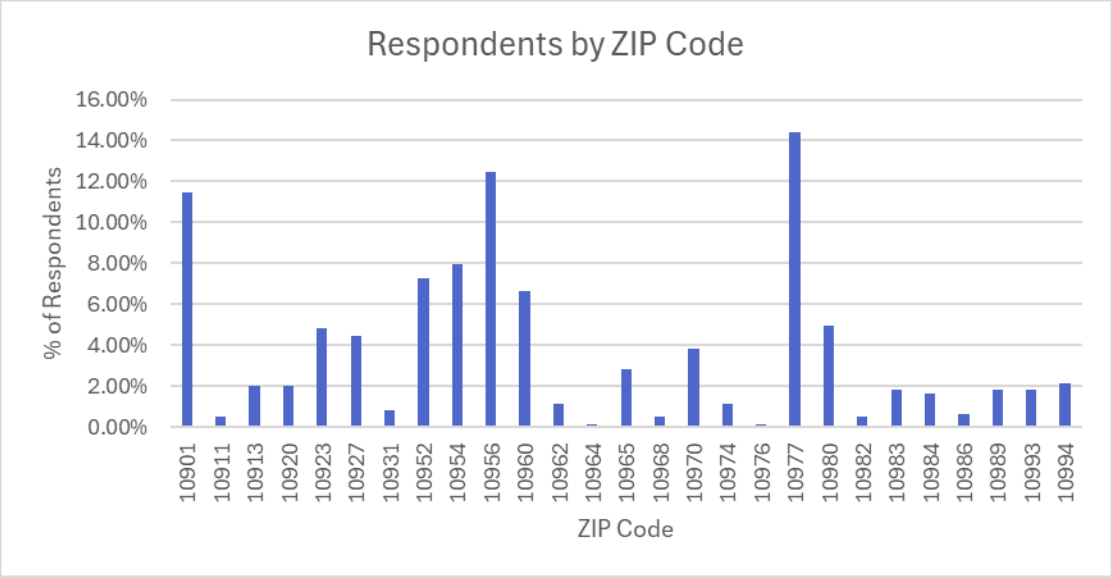


Figure 199

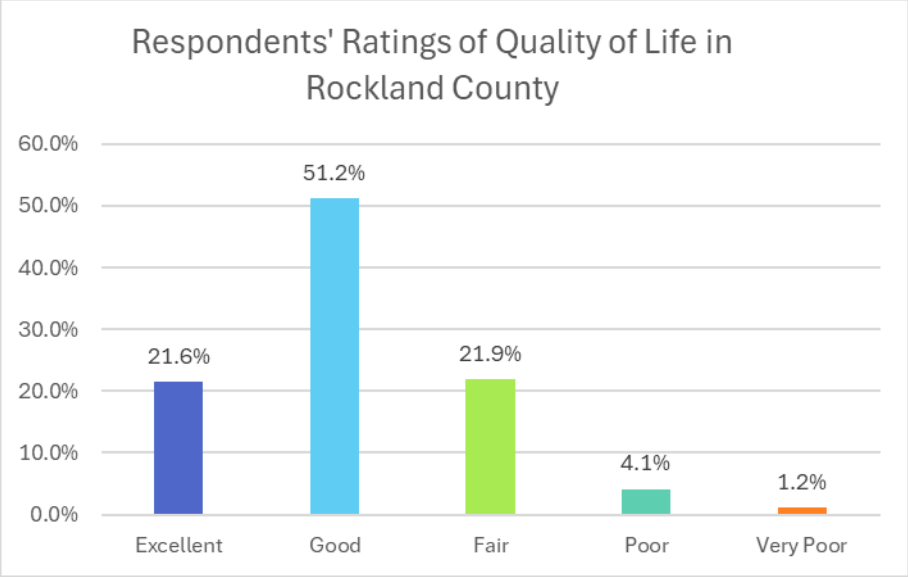


Figure 200

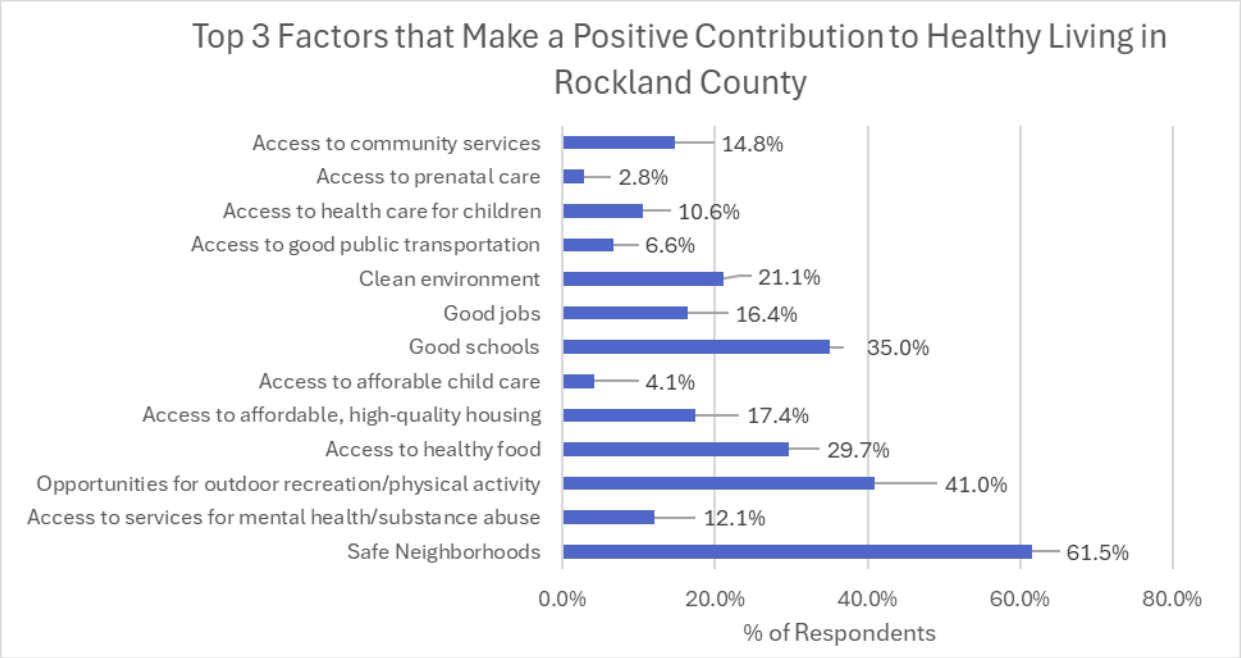


Figure 201

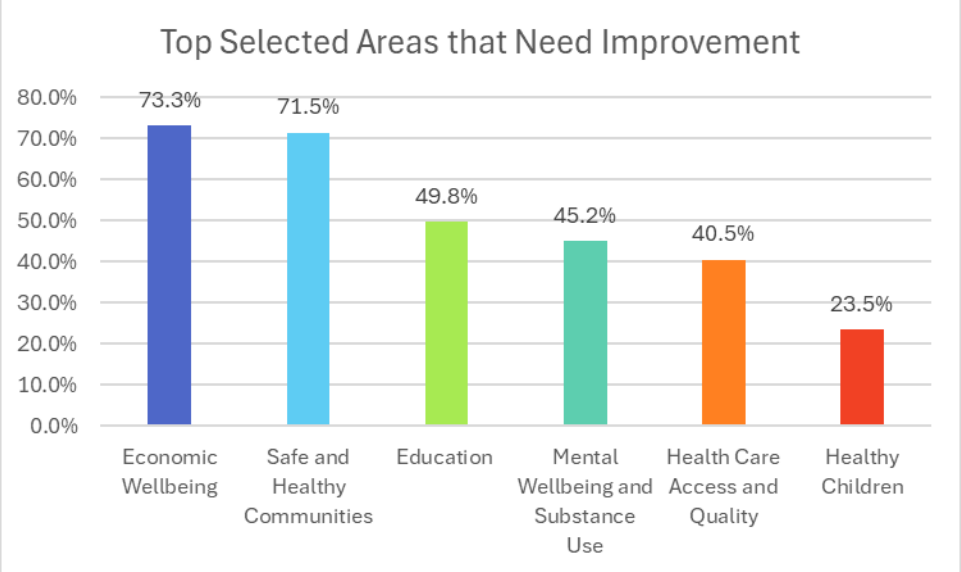


Figure 202

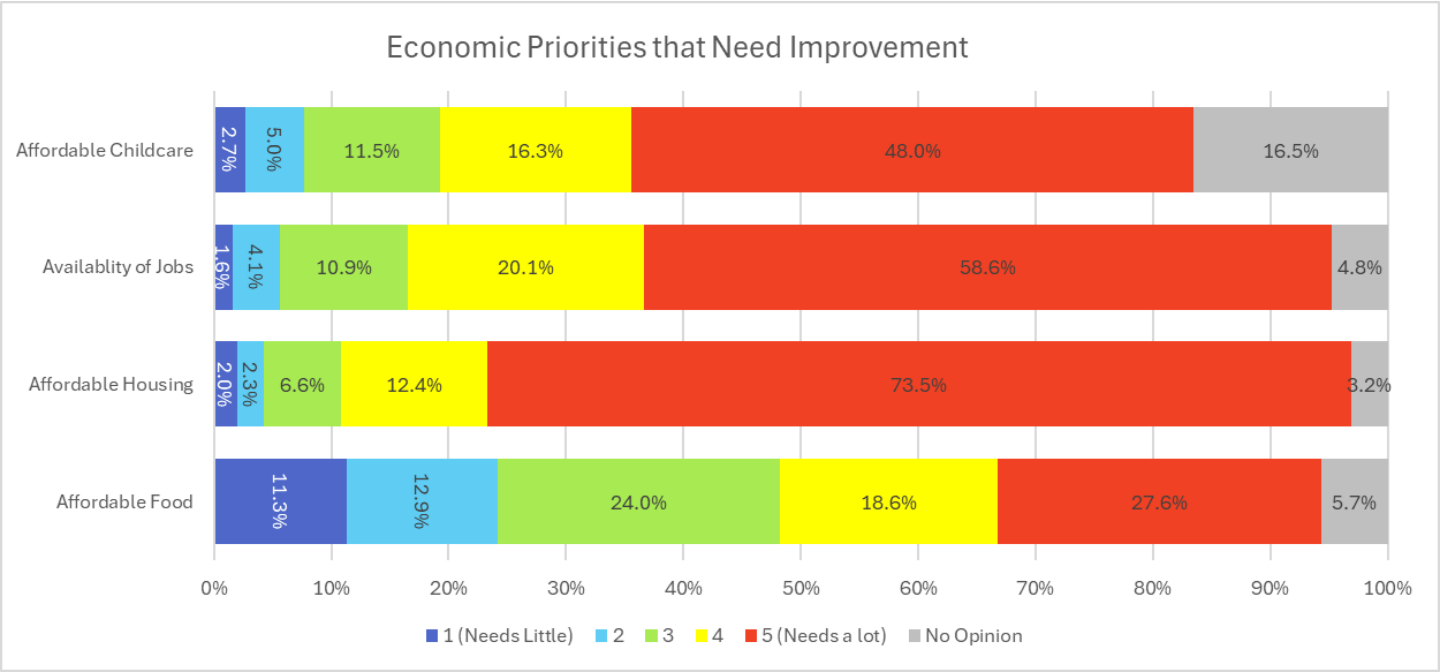


Figure 203

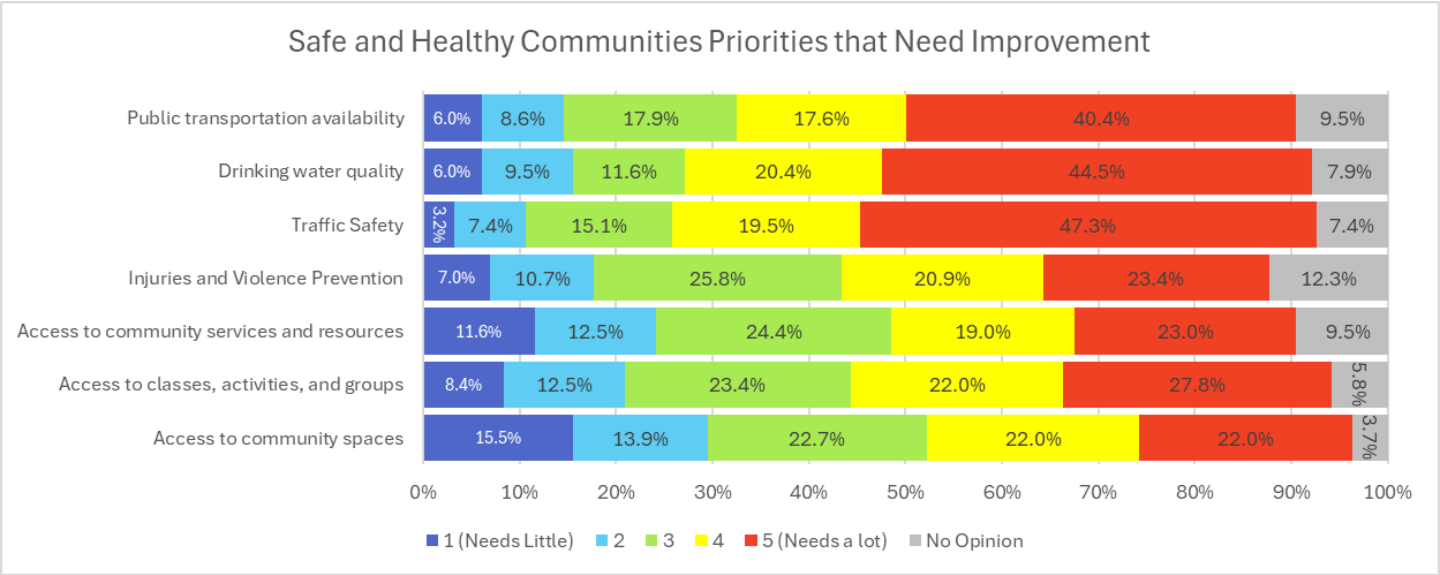
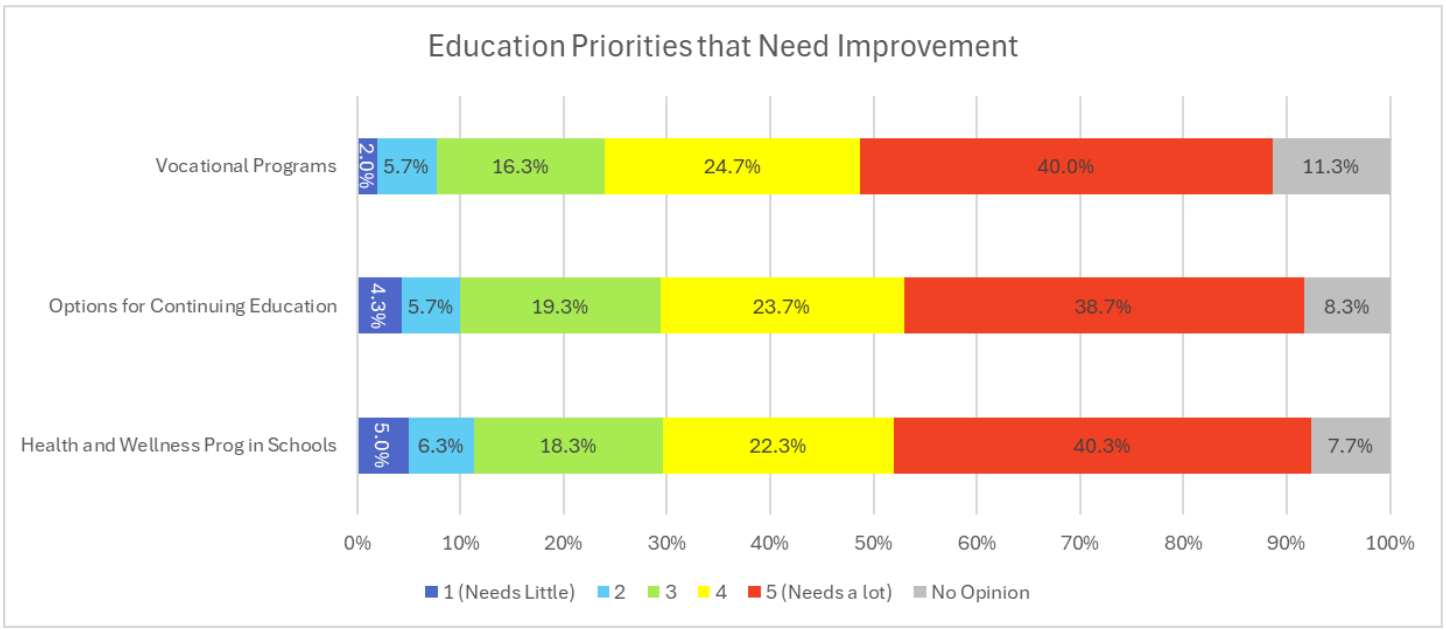


Figure 204


Education Priorities that Need Improvement
Vocational Programs
2.0%
5.7%
16.3%
24.7%
40.0%
11.3%
Options for Continuing Education
4.3%
5.7%
19.3%
23.7%
38.7%
8.3%
Health and Wellness Prog in Schools
5.0%
6.3%
18.3%
22.3%
40.3%
7.7%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
1 (Needs Little)
2
3
4
5 (Needs a lot)
No Opinion

AREAS OF FOCUS

Rockland continues to struggle with chronic diseases as previously reported in prior community health assessments. This can be seen in the 2022 top five leading causes of death for Rockland County, which includes three chronic conditions: heart disease, cancer, and cerebrovascular disease. During the previous cycle, it was an expressed goal to look at the core issues driving the trends. While progress was made, this is an issue that requires continued attention and adaptation to changing populations and needs. Specifically, disparities across racial and ethnic lines continue to be reflected across the chronic diseases. For example, between 2020-2022 the cerebrovascular disease mortality for non-Hispanic black and Hispanic populations were higher than the non-Hispanic white population. Culturally competent programs and interventions are key to helping to address this issue.

In addition to chronic disease, communicable disease prevention is also a key issue. Specifically, vaccine preventable diseases continue to be an issue for Rockland County. In 2022, a polio outbreak was declared in Rockland County after a case of paralytic polio was reported. Rockland County has also struggled with other vaccine preventable diseases such as measles and pertussis. A contributing factor to the prevalence of these diseases in Rockland is low childhood vaccination rates. Rockland has the lowest on time childhood vaccination rates in the region. This low rate leaves our population more vulnerable to the spread of these diseases. Continuous work has been devoted to improving these numbers, but more needs to be done to appropriately address this complex ongoing issue.

Poor socioeconomic conditions continue to be a significant barrier to health for a number of Rockland County communities. Many communities in Rockland County are poor or otherwise struggle to meet basic needs such as food and housing. Additionally, lower educational achievement and language barriers mean that individuals who may be struggling to meet basic needs, will not be aware of or will otherwise have trouble accessing, available services to help them meet their needs. Poor socioeconomic conditions (such as those mentioned above) are not evenly distributed through out the population of Rockland County. Communities in Rockland County that experience limitations in education, language, wealth, and housing (among other factors), are sharply contrasted by other communities in Rockland that experience little or no limitations in the aforementioned factors. The causes of poor socioeconomic conditions, as well as their unequal distribution across local communities, exist largely upstream of the interventions that are typically employed by local health departments. As such, the actions of any particular local health department are limited in their ability to improve these factors. That said, the RCDOH is committed to utilizing its own resources and to working with its partners in the community to mitigate the effects that poor socioeconomic conditions have on the health outcomes in our community.

The following are areas that the RCDOH is committed to improving by its own means and through collaboration with its partners.

- The lowest childhood immunization rates in the region, increasing the risk of outbreaks of vaccine-preventable diseases.
- Some of the most severe housing problems in the region, both in terms of housing quality and cost; residential segregation rates are among the highest in region.
- Racial and ethnic disparities in mortality from Diabetes and Cardiovascular Disease.
- A recent increase in both overall food insecurity and childhood food insecurity.
- Screening rates for Colorectal Cancer and Cervix Uteri Cancer remain low.
- The highest suicide mortality rate in the region.
- Decreasing percentage of adults with health insurance in recent years.
- The incidence of gonorrhea has been steadily increasing since 2020.
- Lead screening rates for children younger than 36 months, have decreased.
- An increase in the percentage of adults who are "current smokers," in recent years.
- Linguistic, cultural, and educational barriers to healthcare, and a need for improved health literacy among the population.

ASSETS AND RESOURCES

Rockland is a resource rich county, considering that it is so dense and in the heart of the New York Metropolitan Area. The local stakeholders in the county have historically been eager, focused, and engaged. This was clearly demonstrated in the assessment process for this document. The RCDOH was able to work with established and new partners to complete our assessment. Plans are in place to reestablish the Public Health Priorities Group which is a partnership between the RCDOH and various stakeholders to highlight different areas of health that may be of concern or need. This group will be utilized to help establish priorities for community health improvement interventions and strategies.

Rockland County has an abundance of partners and facilities to provide assistance and resources to accomplish community health improvement goals. Good Samaritan Hospital and Montefiore Nyack Hospital are the county's hospital partners that help to support the community health improvement strategies. Support in these efforts is also expected from the FQHCs (Sun River Health and Refuah Health), other county departments (Mental Health, Youth Bureau, Office of the Aging, Social Services, and Planning), as well as from the various CBOs that have assisted in developing this assessment. Several active village collectives (notably the Spring Valley Collaborative, the Haverstraw Collaborative, and the Western Ramapo Collaborative) that meet regularly in Rockland and provide opportunities for community-based networking, intervention deployment, and resident level feedback. A variety of smaller cultural associations also exist in the county. Increasing inclusivity of these groups to better support the health needs of the entire population is an expressed goal in this improvement cycle. In addition to supporting previous community health improvement interventions, these partners have provided assistance in times when urgent response is needed such as disease outbreaks.

All of the organizations and collaborative groups mentioned above were critical in conducting this assessment, as they were the partners who provided critical input during the community health partner survey. Their feedback on the factors most influencing health and the leading barriers to care at the neighborhood level, allowed for a unique health perspective tailored to the local community. Soliciting survey responses from the groups listed above provided a means of gathering information on subpopulations that otherwise may not have been

captured in our Community Health Assessment Survey. It is expected that the partners engaged during the assessment process will contribute a portion of their assets and resources to countywide community health improvement efforts as needed.

SULLIVAN COUNTY HEALTH SUMMARY

DEMOGRAPHICS

Sullivan County is a geographically large rural county located in the northwestern part of the M-H Region, approximately 90 miles northwest of New York City in the Catskill Mountains. Bordered by Delaware County to the north, Ulster County to the east, Orange County to the south, and Pennsylvania to the west, the county covers 997 square miles and includes 15 towns, seven incorporated villages, seven public school districts, and one two-year college (SUNY Sullivan).

Home to approximately 80,000 residents, Sullivan County has one of the lowest population densities in the region. The area is characterized by small rural communities, agricultural land, and seasonal tourism tied to its natural beauty, including lakes, rivers, and mountains. The county has a rich history in recreation and tourism as a Catskills vacation destination and contains more than 100 summer camps that draw in tens of thousands of visitors. During the summer months, the year-round population increases to nearly 300,000 as seasonal residents, visitors, and members of the Orthodox Jewish community temporarily reside in the area. Because many are not year-round residents, their associated health needs may not be fully reflected in county-level data.

The majority of Sullivan County residents are Non-Hispanic White (67.1%), followed by Hispanic (18.4%) and Non-Hispanic Black or African American (7.9%) populations. About 20 percent of residents speak a language other than English at home [See Table 6]. Sullivan County also has the highest percentages of civilian veterans (6.0%) and residents with disabilities (15.9%) among the M-H counties [see Tables 11 and 12]. Health indicators reflect rural disparities, including higher rates of chronic disease, maternal and child health challenges, transportation barriers, and limited access to specialty care. These characteristics shape the county's public health priorities and emphasize the importance of community-based outreach, education, and preventive services.

COMMUNITY SURVEY FINDINGS

Sullivan County participated in primary data collection through participation in the Greater New York Hospital Association 2025 Community Health Needs Assessment Survey [see Appendix Q]. Input was also collected from residents and healthcare providers at various events within the county, where attendees voted for two Prevention Agenda 2025-2030 priority areas. The results of these were used to inform the Community Health Improvement Plan and can also be found in the Sullivan County Community Health Assessment on the Sullivan County Department of Public Health website.

AREAS OF FOCUS

Sullivan County residents are greatly affected by chronic illness and unintentional injury. The leading causes of death in 2022 were heart disease, cancer, unintentional injury, COVID-19, and chronic lower respiratory disease (CLRD) [see Table 17]. In general, Sullivan County had the highest overall mortality rate in the M-H region, as well as the highest mortality rates of CLRD, congestive heart failure, and cardiovascular disease. Despite having a lower rate of physician diagnosed diabetes than NYS, Sullivan County had the highest diabetes hospitalization rate in the region in 2021 [see Figures 112 and 113]. Overweight and obesity remain common; the percent of school-aged children and adolescents overweight or obese was 41.6% in 2021-2023 [see Figure 120]. Additionally, the rate of asthma emergency department visits among individuals aged 0-17 years old more than doubled from 2021 to 2023, surpassing pre-COVID-19 rates [see Figure 96].

There are also racial disparities in diabetes hospitalizations and mortality, chronic lower respiratory disease hospitalizations, asthma hospitalizations, and cerebrovascular disease hospitalization and mortality. These mortality and hospitalization rates are higher among non-Hispanic Black individuals compared to the rates among non-Hispanic White and Hispanic individuals.

Unintentional injury deaths have increased from 2018 to 2021and Sullivan County sees higher rates of deaths from motor vehicle injuries, suicides, and overdoses compared to other M-H counties. In particular, from 2019 to 2022, the rate of overdose deaths involving opioids was 61.5 per 100,000, continuing to far exceed the rates in other M-H counties and NYS [see Figure 174]. While the rate of opioid analgesic prescriptions has decreased, Sullivan County's rate remains high compared to other M-H counties [see Figure 179]. However, there has been a slight increase in individuals receiving buprenorphine treatment for opioid use disorder [see Figure 180].

Economic wellbeing factors were identified in the provider survey as impactful on the health of Sullivan County residents. The unemployment rate has been decreasing since 2021, falling to 6.1% in 2023 [see Figure 2]. However, there has also been an increase in food insecurity and poverty, a decreasing high school graduation rate, and an increase in the percent of disconnected youth. Regarding housing, the percent of cost burdened renter occupied units was 48.7 (2023) and the percent of households with severe housing problems was 16% (2017-2021) [see Figures 5 and 32]. These rates are lower than other M-H counties and NYS but represent a sizeable percent of the population. The rural landscape is another factor that influences the health factors and outcomes in Sullivan County. Large areas of the county are remote and lack access to public transportation, and in 2023, 8.8% of households in Sullivan County had no vehicles available [see Figure 33].

Healthcare access is another major issue in Sullivan County. Sullivan County has the higher ratios of residents to primary care providers, residents to dentists, and residents to mental health providers when compared to other M-H counties and the state [see Figures 20 through 22]. There are also low rates of preventive care and screenings:

- Sullivan County had the lowest percentage of children tested for lead before 36 months of age (36.6% in 2019) compared to other M-H counties and New York [see Figure 31].
- Sullivan County has the lowest rate of prenatal care (61.3%) and highest of late or no prenatal care (8.0%) in the region [see Figures 151 and 152].
- Only 29.1% of Medicaid enrollees had at least one dental visit in last year (2021-2023) [see Figure 165].
- Screening rates for colorectal cancer, cervical cancer, and breast cancer remain below the rates of NYS and some other M-H counties [see Figures 128, 134, and 135].

Other noted concerns are rising rates of reported poor mental health, early syphilis incidence, rabies treatments, and Lyme disease and other tickborne illnesses.

These data reinforce the county's priority areas of chronic disease prevention, maternal and child health, behavioral health, and access to care, while emphasizing the importance of addressing the underlying social determinants that shape health outcomes. Addressing these issues will require cross-sector collaboration to improve access to care, strengthen prevention and early intervention efforts, and expand community-based resources that promote health equity and well-being across all populations.

ASSETS AND RESOURCES

Sullivan County Department of Public Health has strong community partnerships with organizations serving residents across the county. These include the local hospital, Federally Qualified Health Centers (FQHCs), urgent care centers, schools, and numerous community-based organizations. The Department also leads the Sullivan County Rural Health Network and participates in the Sullivan County Substance Use Task Force. In addition, the County collaborates with Unite Us Sullivan, a coordinated care network that connects health and social service providers to better address residents' social determinants of health. Sullivan County government continues to expand the "Move Sullivan" program, improving access to affordable public transportation for residents. Together, these partnerships are leveraged to address priority health areas and emerging public health needs identified through the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

ULSTER COUNTY HEALTH SUMMARY

DEMOGRAPHICS

Ulster County is located in the southeastern part of NYS, south of Albany and immediately west of the Hudson River. According to the US Census Bureau, the county has a total area of 1,161 square miles, which is approximately the size of Rhode Island. Much of Ulster County can be characterized as suburban and semi-rural, with only one major urban area, the city of Kingston, which is in the eastern central portion of the county and encompasses just 7.4 square miles of the county's total area. Ulster County is part of the Kingston Metropolitan Statistical Area.

According to the latest estimates available from the US Census Bureau, Ulster County's population was 182,109 in 2023. The total number of households was 73,105 and the household median income was approximately $85,878.

AREAS OF FOCUS

The data analyzed points to several areas of focus for Ulster County. Ulster County has an exceptionally high suicide mortality rate [see Figure 181], including among teens and older adults; a high percentage of children and adolescents who are overweight or obese [see Figure 120]; and opioid fatality [see Figure 174] and emergency department visit rates [see Figure 171] that are well above the M-H Region and NYS averages.

Other areas of concern:

The leading cause of death is heart disease [see Table 17]; Ulster County has the second highest rate in the region for cardiovascular disease mortality [see Figure 99].

Ulster County is among the counties in the region with the highest percentages reporting food insecurity [see Figure 31], as well as population at poverty level or below [see Figure 7]. In addition, a high percentage of people report living with a disability [see Table 12].

The Community Partner Survey indicated that access to mental health providers is a challenge [see Figure 69], which aligns with the high percentage of adults reporting poor mental health for 14 or more days in the last month [see Figure 166], as well as those reporting a depressive disorder [see Figure 167].

Ulster County has the highest three-year average rate for alcohol related motor vehicle injury and fatality [see Figure 188] in the region.

Disparities persist among all indicators where data is available, especially among the non-Hispanic Black population.

Finally, the housing crisis in Ulster County continues to persist. The Community Partner Survey reported that access to affordable, decent and safe housing is the leading issue that affects health in Ulster County [see Figure 69]. This problem can be attributed to the limited construction of new, affordable rental and ownership units and the associated inflated costs of building materials and labor. In addition, the post-pandemic influx of NYC Metropolitan area individuals and families seeking weekend and permanent residences, has increased demand and prices for affordable housing. The expanding tourism industry in Ulster County has also resulted in many previously available and affordable housing units being converted into short-term rentals. Affordable, healthy, and safe housing is the foundation upon which individuals, families, and the community build their strength,

wellness and resiliency and county leadership from every sector has recognized the urgency of immediate action in this area.

ASSETS AND RESOURCES

UCDOH has strong community partnerships with hundreds of organizations serving its residents, including two area hospitals, FQHCs, private medical providers, local two-year and four-year colleges, CBOs, and regional organizations serving a broad variety of community needs. UCDOH and the Ulster County Department of Mental Health have established multiple coalitions, including Healthy Ulster Council, Integrated Ulster, Ulster County Human Services Coalition, Ulster County Suicide Prevention Coalition, Ulster County Opioid Prevention Strategic Action Leadership Team, and Ulster County Public Health Preparedness Task Force. In addition to participating in numerous public health-focused coalitions, UCDOH serves with Live Well Kingston, Ellenville Rural Health Network, Mano-a-Mano, Bringing Agencies Together, Ulster County Healthy Families, Maternal Infant Services Network, Ulster Prevention Council, and Tobacco Free Action Communities, among others. The coalitions' partners and others are mobilized to address the health areas of focus and emerging issues of the 2025-2030 CHA/CHIP cycle.

EFFORTS MOVING FORWARD

- Ulster County continues to make significant improvements in the built environment through a combination of federal, state, and local funds. These include ongoing development of a world-class rail trail system throughout the county, pedestrian and bike friendly complete street initiatives, safe routes to schools, and others. All are designed to encourage physical activity, improve access to fresh and healthier foods, and increased social engagement to help prevent chronic diseases. This will also continue to reduce our carbon footprint, while reducing air pollution.
- Ulster County will continue to build on a strong foundation of tobacco prevention policy change by updating legislation to further strengthen regulations designed to protect youth and low income and minority populations from the impacts of tobacco marketing and increasing the awareness of the risks of tobacco and vaping products.
- Ulster County has strengthened the availability of and access to mental health services with the establishment of a walk-in mental health clinic and a crisis stabilization center.
- There are many other health initiatives that Ulster County will be involved with to monitor and enhance the progress of public health.

More details are available in the Ulster County CHIP.[272]

[272] Ulster County Department of Health, "Ulster County Community Health Improvement Plan", 2025, https://www.ulstercountyny.gov/Departments/Health/Research-and-Reports, accessed October 2025

WESTCHESTER COUNTY HEALTH SUMMARY

DEMOGRAPHICS

With an area of about 450 square miles, Westchester County is located just north of New York City. It is bordered on the west by the Hudson River, on the north by Putnam County, and on the east by the Long Island Sound and Connecticut's Fairfield County. With its six cities, 19 towns, and 23 villages, Westchester is the home to a mix of urban and suburban communities.

According to the 2023 American Community Survey the total population, residing in Westchester is 996,888, with 48.4% males and 51.6% females. Among them, 50% are non-Hispanic White, 12.9% non-Hispanic Black, and 6.0% non-Hispanic Asian or Pacific Islander, and 11.7% are of some other race. Just under a quarter of its population is of Hispanic origin and 25.4% of the population is foreign born. About one-third of the residents speak a non-English language at home.

The majority of Westchester residents over the age of 25 have received a high school diploma/GED and almost quarter have obtained a college and/or beyond college education. The median household income is estimated at $118,411.

While an affluent county in general, there are pockets of communities living in less desirable conditions. About 8.88% of the population lives in poverty, with higher poverty rates among the non-Hispanic Black and Hispanic populations. About 4.98% of the population are uninsured, and About 3.9% of the residents are living in overcrowded housing.

Rather than driving alone, 48.6% of the population uses an alternative mode of transportation for the commute to work, including carpooling, public transportation, walking, bicycling, or telecommuting.

In summary, Westchester is a diverse and prosperous county, yet socioeconomic and health disparities continue to impact segments of its population. The data points toward ongoing need for targeted interventions to address disparities and ensure that all residents benefit from the county's overall affluence.

AREA OF FOCUS AND EFFORTS MOVING FORWARD

Given the complexity of Westchester County's geographic, demographic, and socioeconomic compositions. Based on the Mid-Hudson Regional Community Partner Survey, Westchester County will work to improve communication about existing resources and help residents navigate complex health insurance plans. Addressing health literacy through plain language will be one of our county's priorities. This information gathered by the survey will help guide the Health Departments and its partners in focusing services on the county's current and emerging health issues to enhance community wellness.

Based on the striking findings from the regional community survey, the need for increased mental health services, specialty services, and access to affordable and safe housing were generally top concerns of the providers in the community.

ASSETS AND RESOURCES

Westchester County has a rich supply of assets and resources that support the health and well-being of its residents. Some examples include:

- Ample green spaces as well as County and State parks provide about 98% of the population with access to outdoor recreation and exercise opportunities
- Extensive health care systems, including hospitals, federally qualified health cares, urgent care centers, and laboratories, operating within the county providing timely and state-of-art direct health care
    - Healthcare facilities Dashboard Westchester[273] https://wcgis.maps.arcgis.com/apps/dashboards/b64cec31acfe48469fd921d50df17344
- A large number of colleges and universities located within the county provide opportunities for health education
- The extensive Bee-Line bus system serving over 27 million passengers annually, providing transportation services to over 65% of all Westchester County residents and workplaces with walking distance to a Bee-Line bus route, making the bus both close and convenient
- United Way's 211 information and referral system contains information on non-profit organizations for many communities in Westchester
- A variety of community organizations, task forces, coalitions, and other agencies working on providing direct services as well as policy and structural change within the county.

[273] Westchester County Department of Health, "Healthcare Facilities in Westchester," 2025 https://wcgis.maps.arcgis.com/apps/dashboards/b64cec31acfe48469fd921d50df17344, accessed October 2025

LIST OF APPENDICES

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I – Mid-Hudson Region Community Partner Survey

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K – Putnam County and Nuvance CBO and Partner Survey

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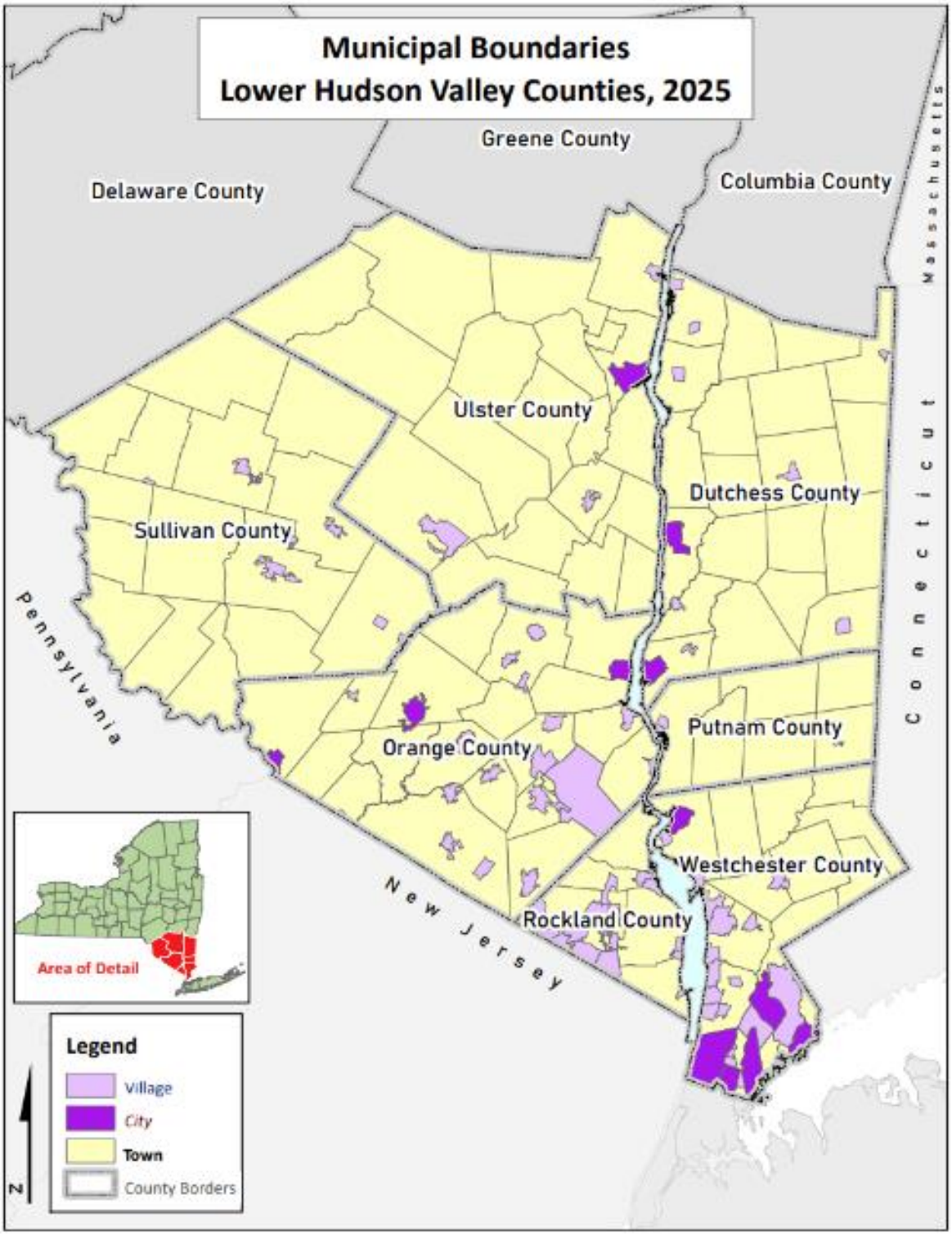
P – Rockland County Community Health Assessment Survey

Q – Greater New York Hospital Association 2025 Community Health Needs Assessment Survey

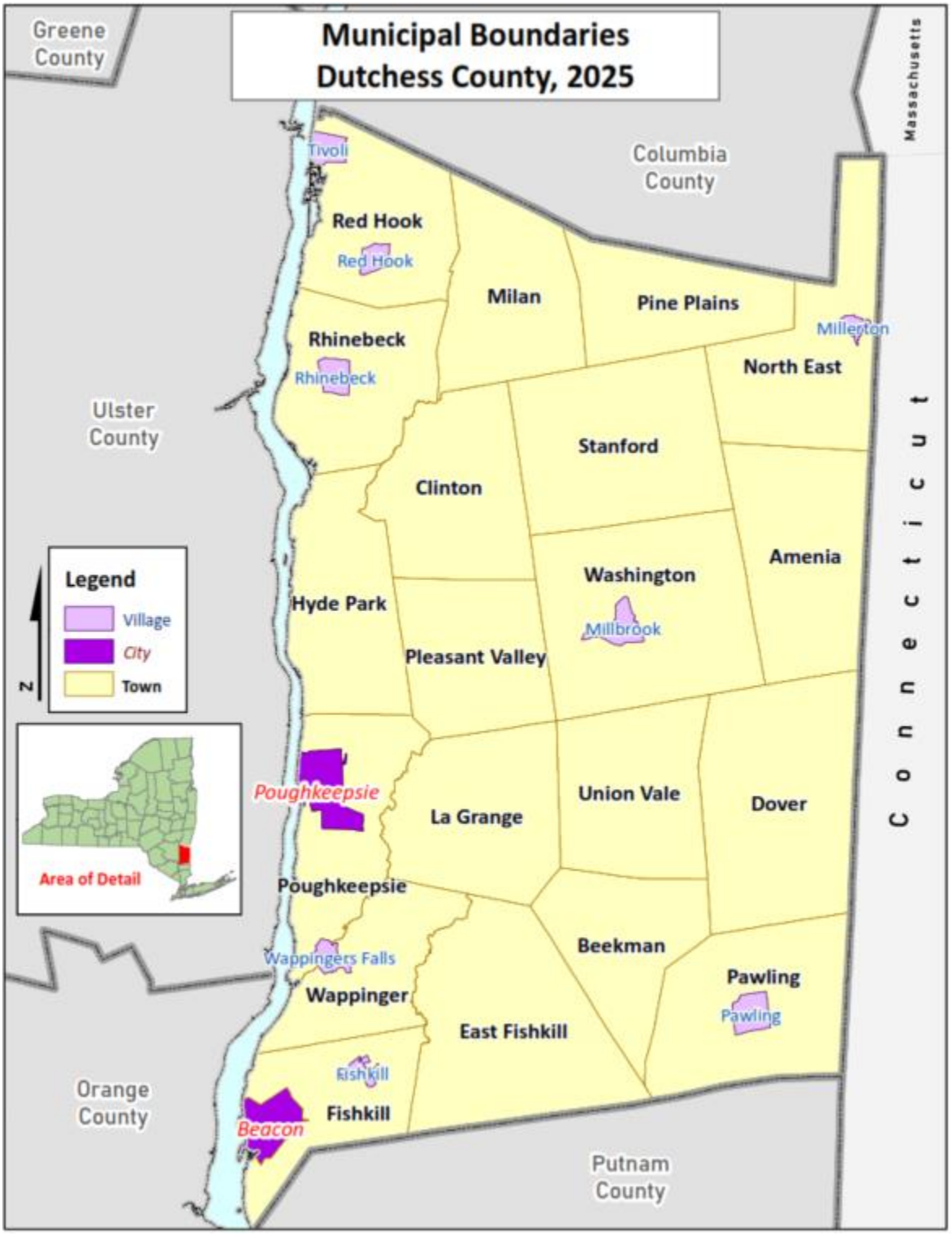
APPENDIX A -

A - MID-HUDSON REGION MAP



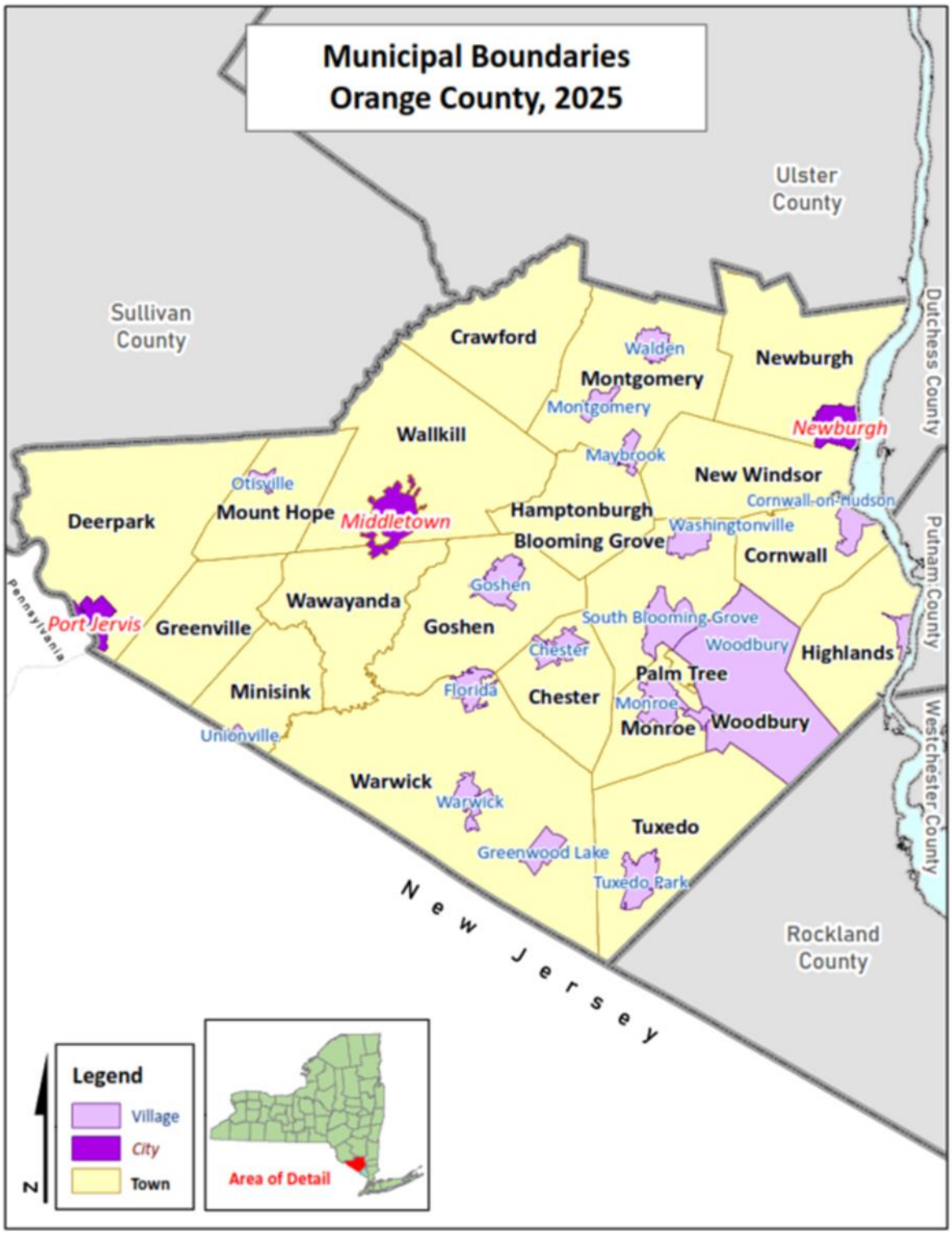
APPENDIX B -

B - DUTCHESS COUNTY MAP



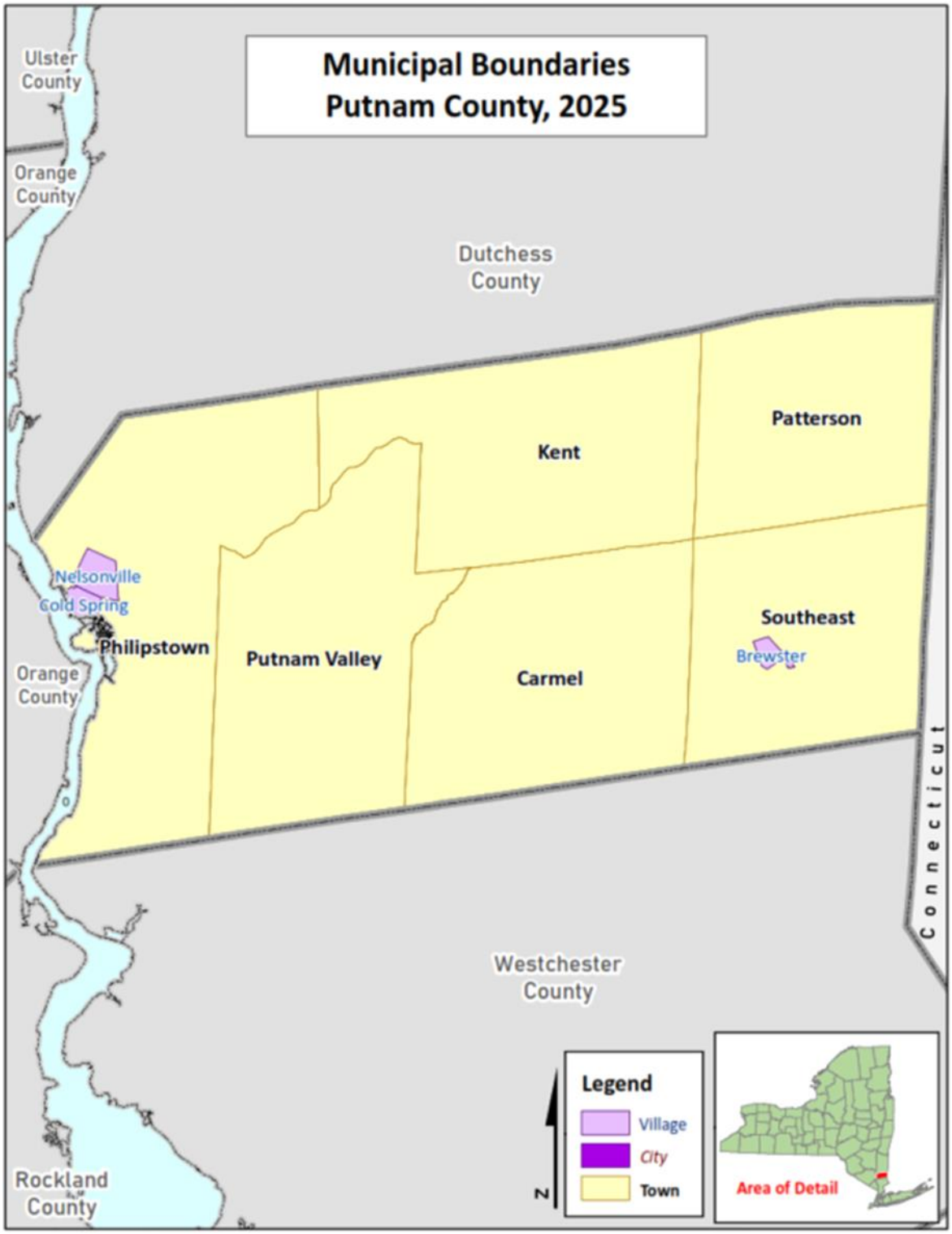
APPENDIX C -

C - ORANGE COUNTY MAP



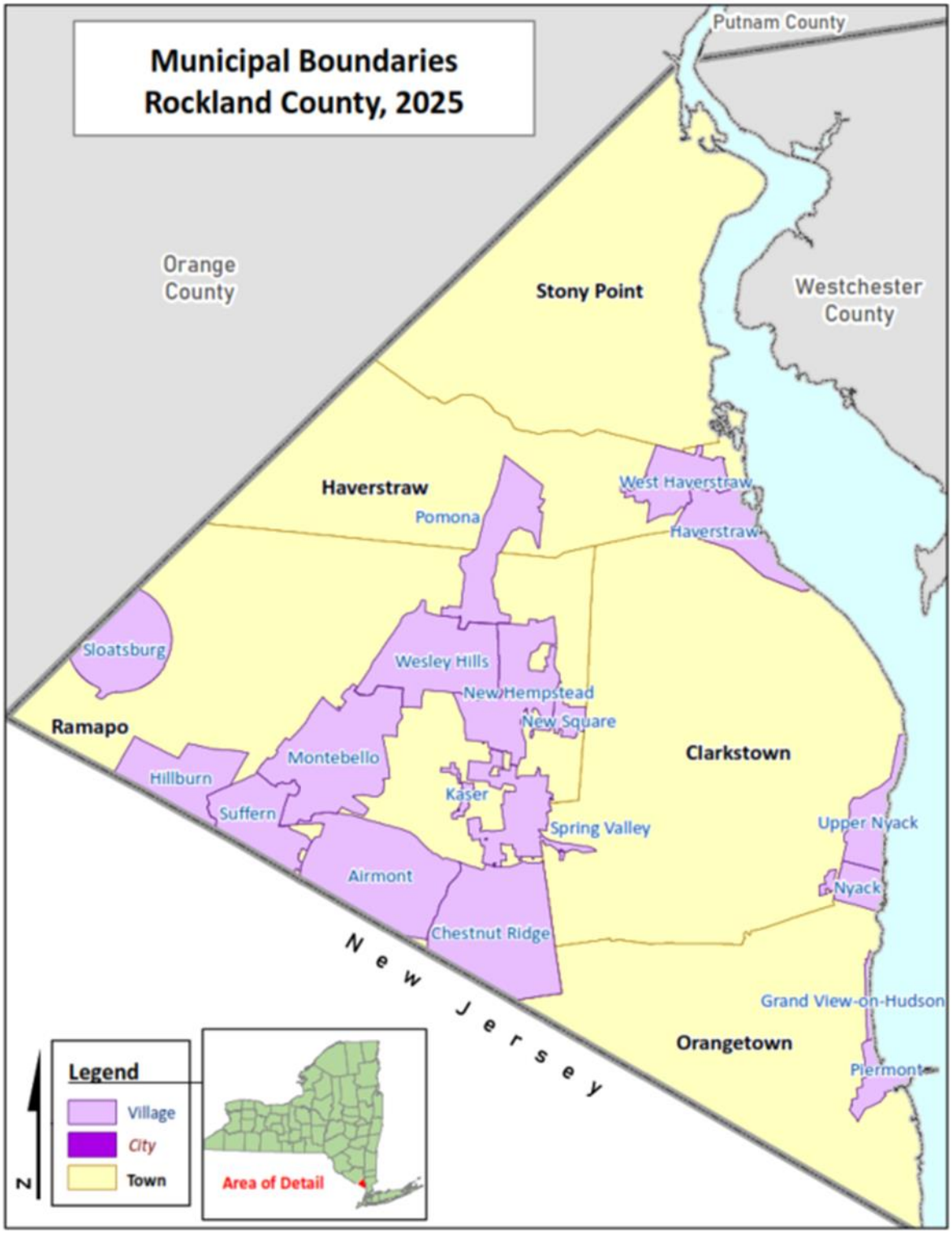
APPENDIX D -

D - PUTNAM COUNTY MAP



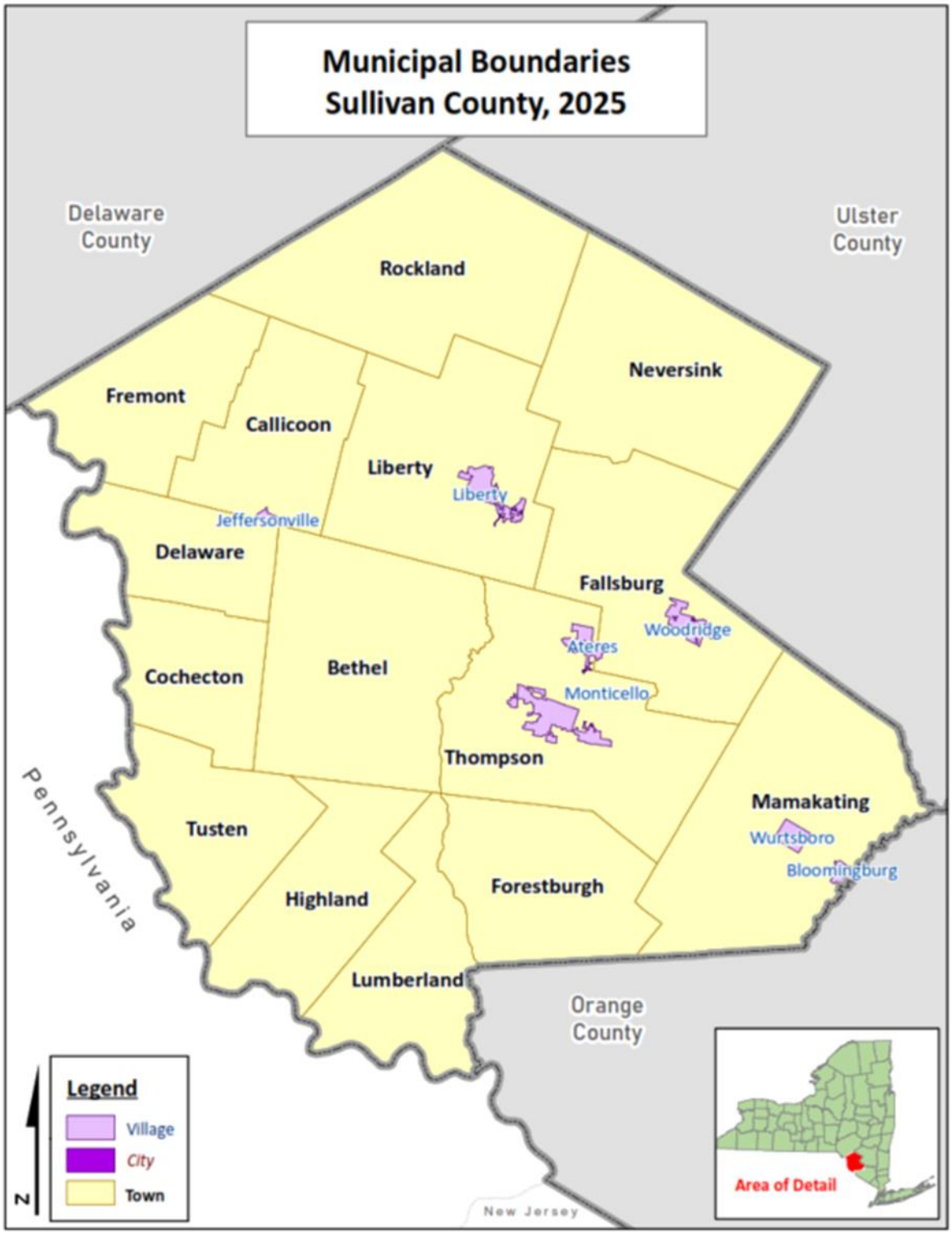
APPENDIX E -

E - ROCKLAND COUNTY MAP



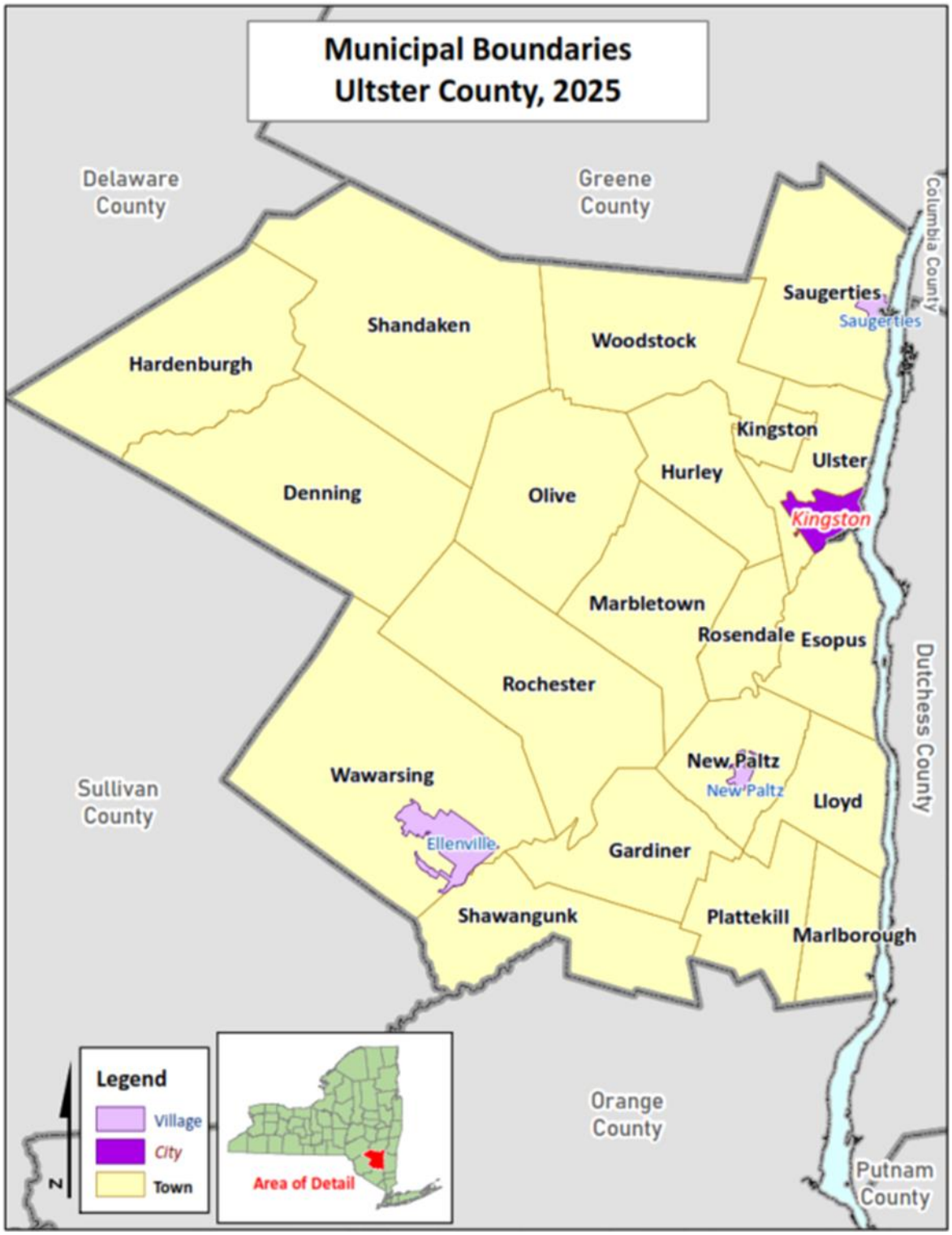
APPENDIX F -

F - SULLIVAN COUNTY MAP



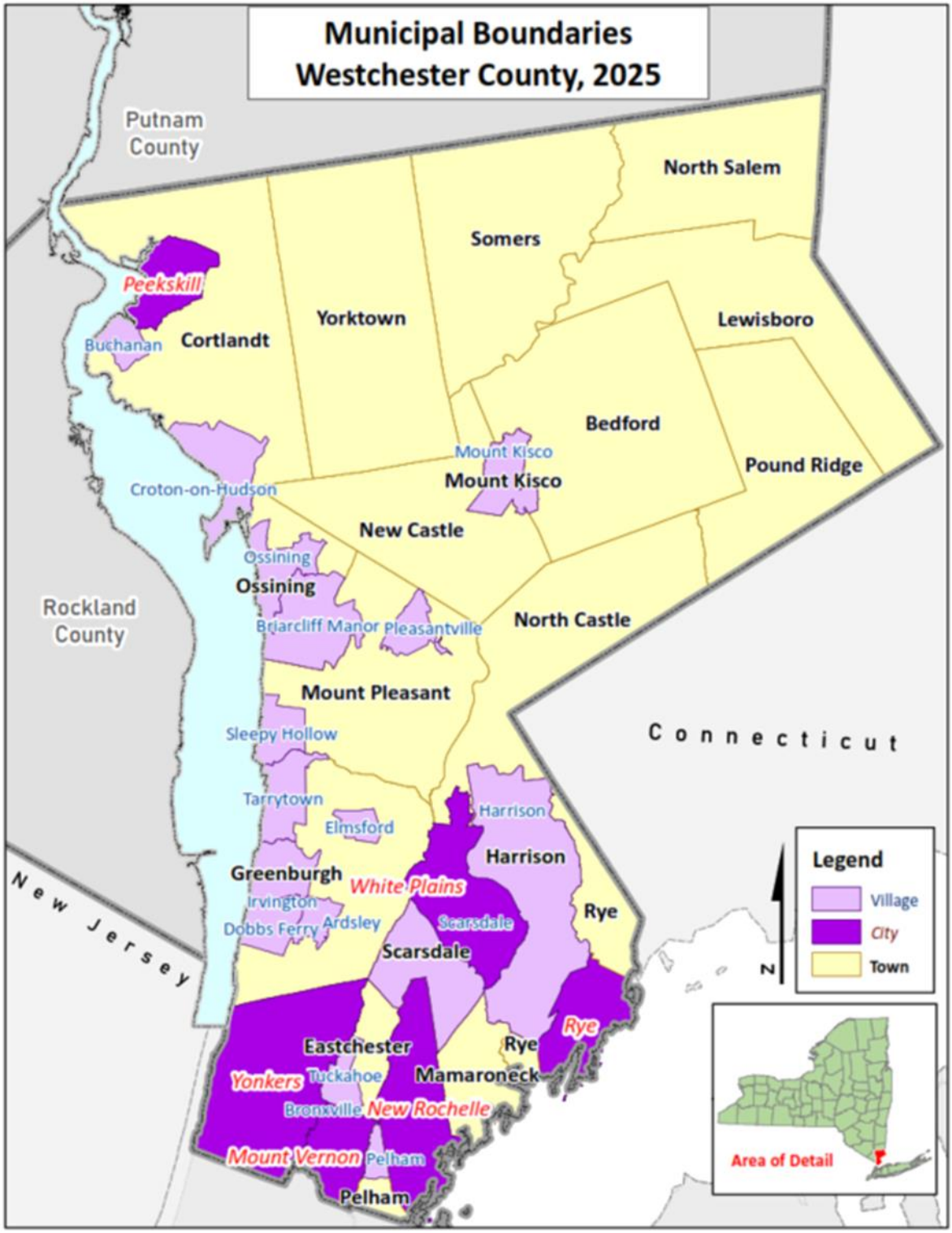
APPENDIX G -

G - ULSTER COUNTY MAP



APPENDIX H -

H - WESTCHESTER COUNTY MAP



APPENDIX I -

I - MID-HUDSON REGION COMMUNITY PARTNER SURVEY

1. Name _____
2. Organization _____
3. Organization Website_____

4. What counties are in your service area? *Check all that apply.*
   - ☐ Dutchess
   - ☐ Orange
   - ☐ Putnam
   - ☐ Rockland
   - ☐ Sullivan
   - ☐ Ulster
   - ☐ Westchester

5. Who do you serve? *Check all that apply*
   - ☐ Infants and toddlers
   - ☐ Children
   - ☐ Adolescents
   - ☐ Adults
   - ☐ Seniors
   - ☐ Veterans
   - ☐ English as a second language
   - ☐ Women (services specifically for women)
   - ☐ Men (services specifically for men)
   - ☐ LGBTQ
   - ☐ People with substance use disorder
   - ☐ People with mental health diagnosis
   - ☐ People with disabilities
   - ☐ People experiencing homelessness
   - ☐ Incarcerated or recently incarcerated individuals
   - ☐ Low income
   - ☐ Undocumented/non-US citizens
   - ☐ My agency serves all residents

6. Thinking about the populations that you serve, what are the top 3 issues that affect health in the communities you serve?
   - ☐ Access to affordable nutritious food
   - ☐ Access to affordable, decent and safe housing
   - ☐ Access to affordable, reliable public transportation
   - ☐ Access to culturally sensitive health care providers
   - ☐ Access to affordable health insurance
   - ☐ Access to clean water and non-polluted air
   - ☐ Access to medical providers
   - ☐ Access to mental health providers
   - ☐ Access to high quality education
   - ☐ Access to specialty services/providers

7. Which of the following are the top 3 barriers to people achieving better health in the communities you serve?
   - ☐ Knowledge of existing resources
   - ☐ Geographic location – living in an urban area
   - ☐ Geographic location – living in a rural area
   - ☐ Health literacy
   - ☐ Having someone help them understand insurance
   - ☐ Having someone to help them understand their medical condition
   - ☐ Having a safe place to play and/or exercise
   - ☐ Quality of education
   - ☐ Attainment of education
   - ☐ Substance Use Disorder (SUD) or Alcohol Use Disorder (AUD)
   - ☐ Cultural customs
   - ☐ Other (specify) _____

8. Besides lack of money, what are the underlying factors and barriers to solving the top 3 issues you identified in the communities you serve?

   _____

   _____

   _____

9. Please indicate on a scale of 1 (very little) to 5 (highly impacted) how each of the following health topics impact the populations you serve.

   Chronic Disease (e.g. heart disease, diabetes, asthma, obesity, cancer, etc.)
   Very Little 1 2 3 4 5 Highly Impacted

   Health Disparities
   Very Little 1 2 3 4 5 Highly Impacted

   Mental Health and Substance Use Issues
   Very Little 1 2 3 4 5 Highly Impacted

   Maternal and Child Health issues
   Very Little 1 2 3 4 5 Highly Impacted

   Environmental Factors (e.g. built environment, air/water quality, injuries, falls, food safety)
   Very Little 1 2 3 4 5 Highly Impacted

   Prevent Communicable diseases (e.g. sexually transmitted infections, hepatitis C, HIV, vaccine preventable disease, hospital acquired infections, etc.)
   Very Little 1 2 3 4 5 Highly Impacted

10. Select the top 3 topics that most impact the populations you serve.
    - ☐ Economic Wellbeing (poverty, unemployment, nutrition security, housing stability & affordability)
    - ☐ Mental Wellbeing & Substance Use (anxiety & stress, suicide, depression, substance use, adverse childhood experiences, healthy eating)
    - ☐ Safe & Healthy Communities (opportunities for active transportation & physical activity, access to community services & support, injuries & violence)
    - ☐ Health Insurance Coverage & Access to Care (access to & use of prenatal care, prevention of infant & maternal mortality, preventive services for chronic disease prevention & control, oral health care)
    - ☐ Healthy Children (preventive services, early intervention, childhood behavioral health)
    - ☐ Pre K - Grade 12 Student Success & Educational Attainment (health & wellness promoting schools, opportunities for continuing education)

11. Please indicate on a scale of 1 (very little) to 5 (highly impacted) how each of the following topics related to **economic wellbeing** impact the populations you serve.

    Poverty
    Very Little 1 2 3 4 5 Highly Impacted

    Unemployment
    Very Little 1 2 3 4 5 Highly Impacted

    Nutrition Security
    Very Little 1 2 3 4 5 Highly Impacted

    Housing Stability & Affordability
    Very Little 1 2 3 4 5 Highly Impacted

12. Please indicate on a scale of 1 (very little) to 5 (highly impacted) how each of the following topics related to **mental wellbeing & substance use** impact the populations you serve.

    Anxiety & Stress
    Very Little 1 2 3 4 5 Highly Impacted

    Suicide
    Very Little 1 2 3 4 5 Highly Impacted

    Depression
    Very Little 1 2 3 4 5 Highly Impacted

    Substance Use

Very Little 1 2 3 4 5 Highly Impacted

Adverse Childhood Experiences
Very Little 1 2 3 4 5 Highly Impacted

Healthy Eating
Very Little 1 2 3 4 5 Highly Impacted

13. Please indicate on a scale of 1 (very little) to 5 (highly impacted) how each of the following topics related to **safe & healthy communities** impact the populations you serve.

Opportunities for active transportation & physical activity
Very Little 1 2 3 4 5 Highly Impacted

Access to community services & support
Very Little 1 2 3 4 5 Highly Impacted

Injuries & violence
Very Little 1 2 3 4 5 Highly Impacted

14. Please indicate on a scale of 1 (very little) to 5 (highly impacted) how each of the following topics related to **health insurance coverage & access to care** impact the populations you serve.

Access to & use of prenatal care
Very Little 1 2 3 4 5 Highly Impacted

Prevention of infant & maternal mortality
Very Little 1 2 3 4 5 Highly Impacted

Preventive services for chronic disease prevention & control
Very Little 1 2 3 4 5 Highly Impacted

Oral health care
Very Little 1 2 3 4 5 Highly Impacted

15. Please indicate on a scale of 1 (very little) to 5 (highly impacted) how each of the following topics related to **healthy children** impact the populations you serve.

Preventive services (Immunization, hearing screening and follow up, lead screening)
Very Little 1 2 3 4 5 Highly Impacted

Early intervention

Very Little 1 2 3 4 5 Highly Impacted

Childhood behavioral health
Very Little 1 2 3 4 5 Highly Impacted

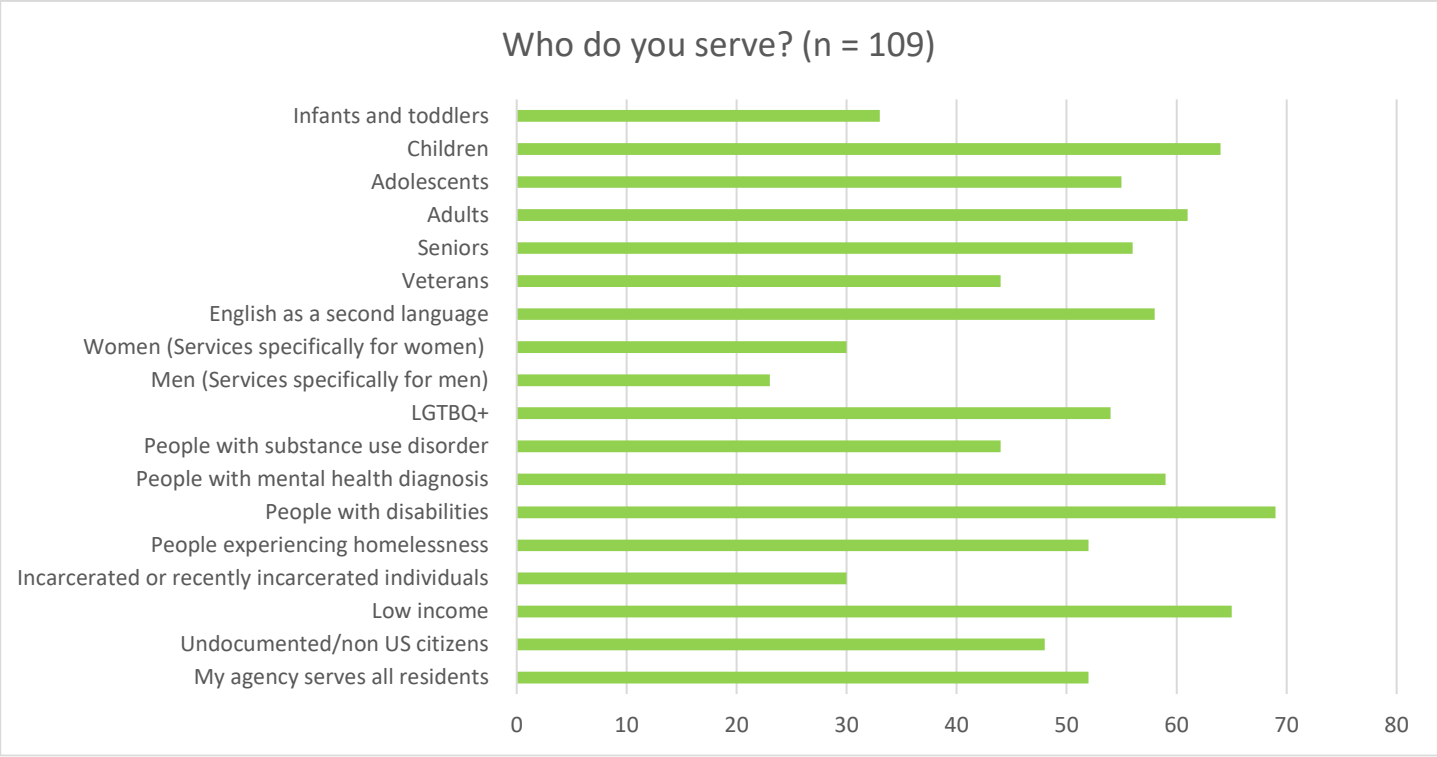
16. Please indicate on a scale of 1 (very little) to 5 (highly impacted) how each of the following topics related to **pre k – grade 12 student success & educational attainment** impact the populations you serve.

Health & wellness promoting schools
Very Little 1 2 3 4 5 Highly Impacted

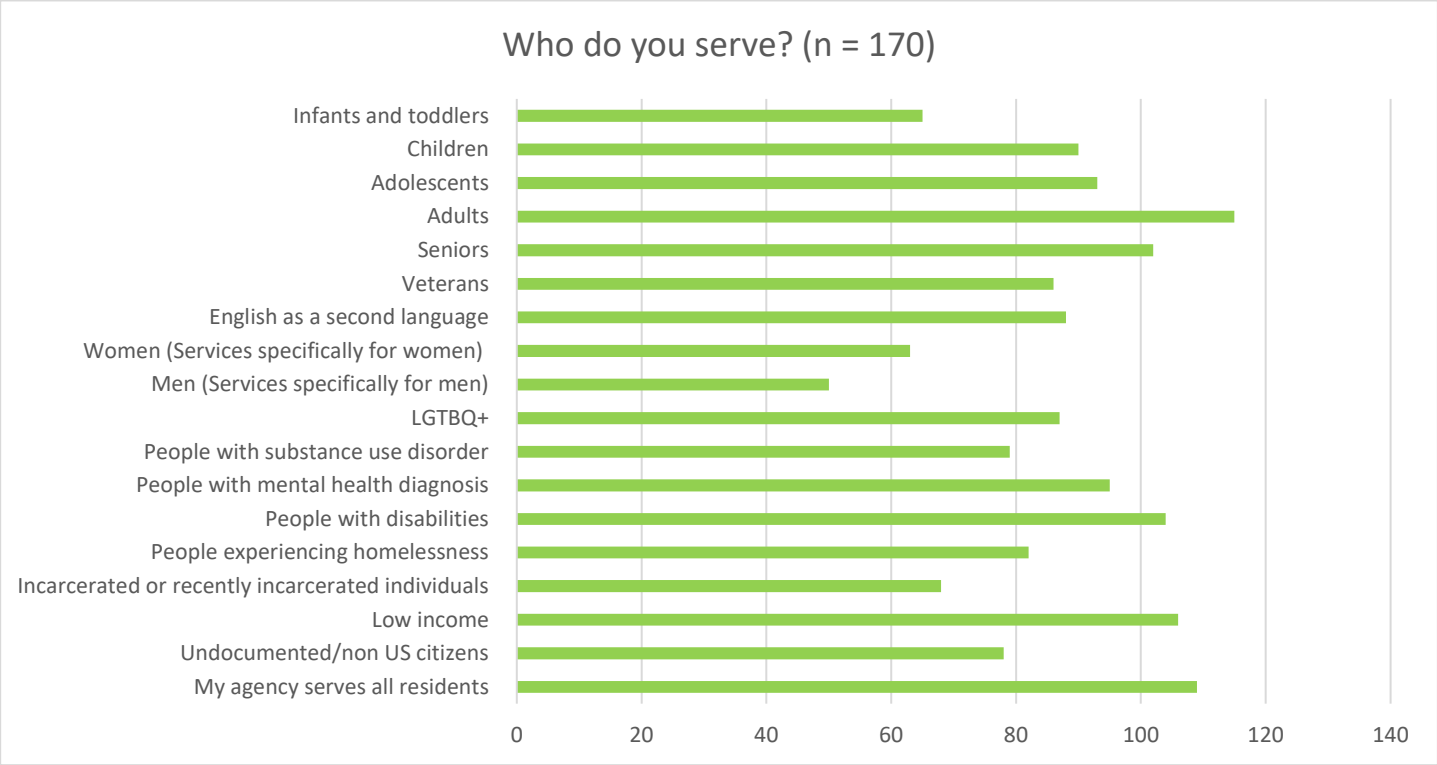
Opportunities for continuing education
Very Little 1 2 3 4 5 Highly Impacted

APPENDIX J -

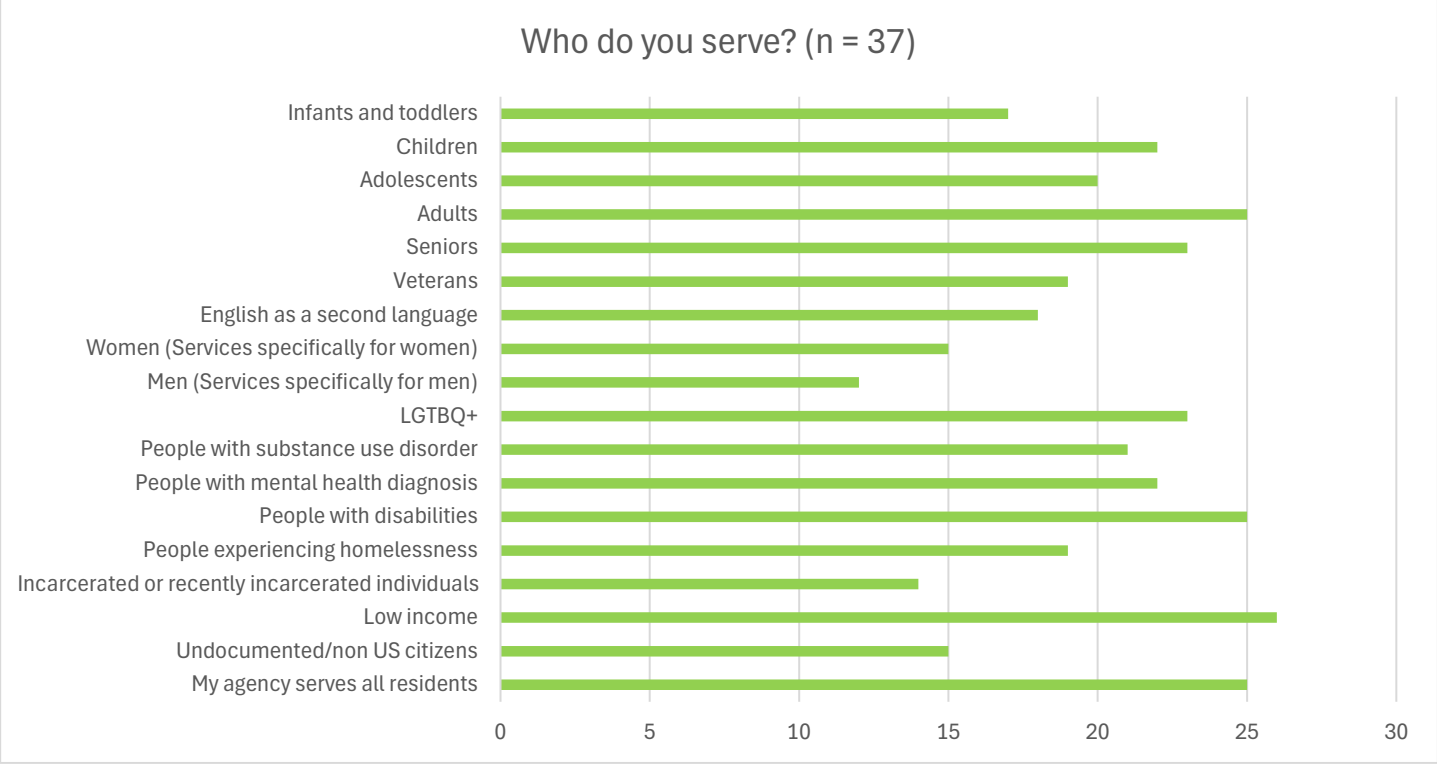
J - DUTCHESS COUNTY COMMUNITY PARTNER SURVEY REFERENCES



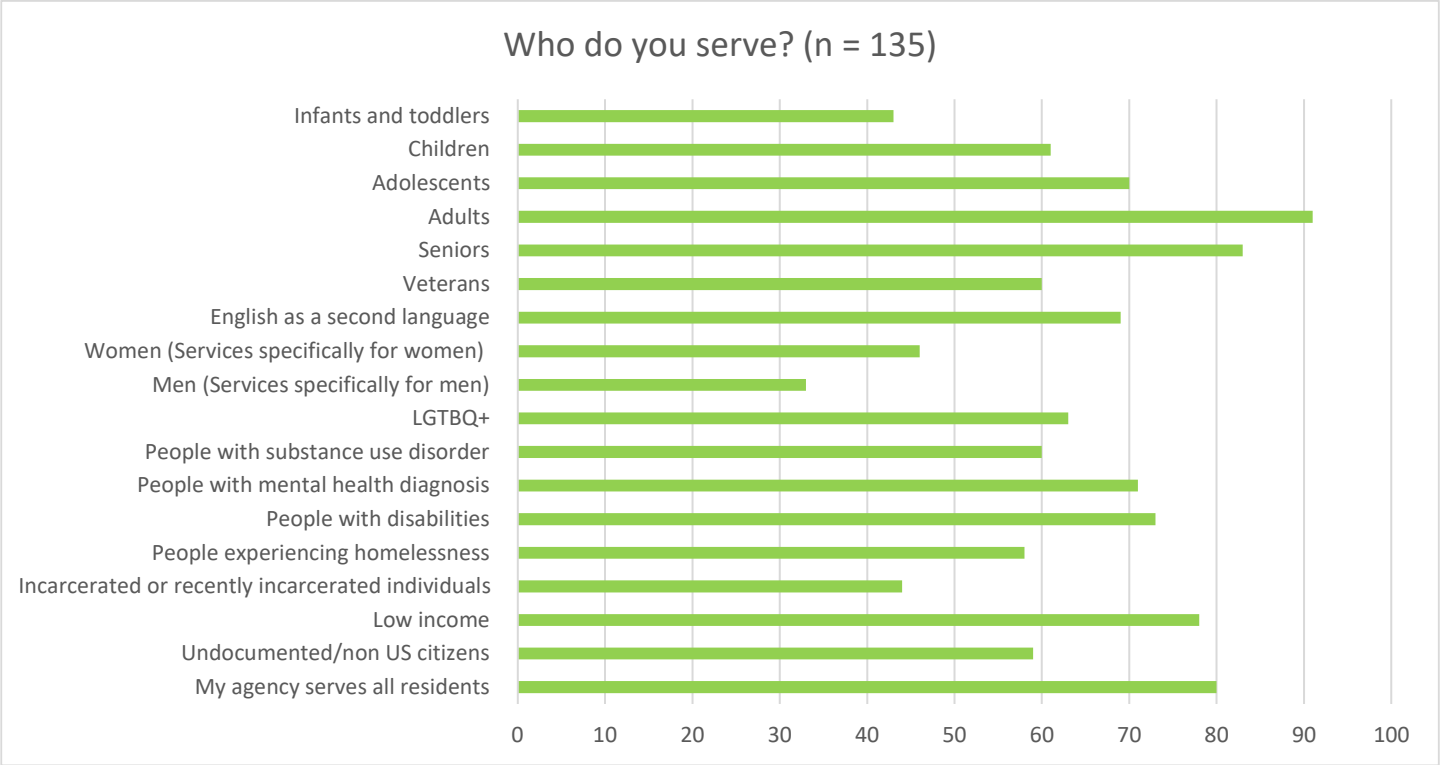
J - ORANGE COUNTY COMMUNITY PARTNER SURVEY REFERENCES



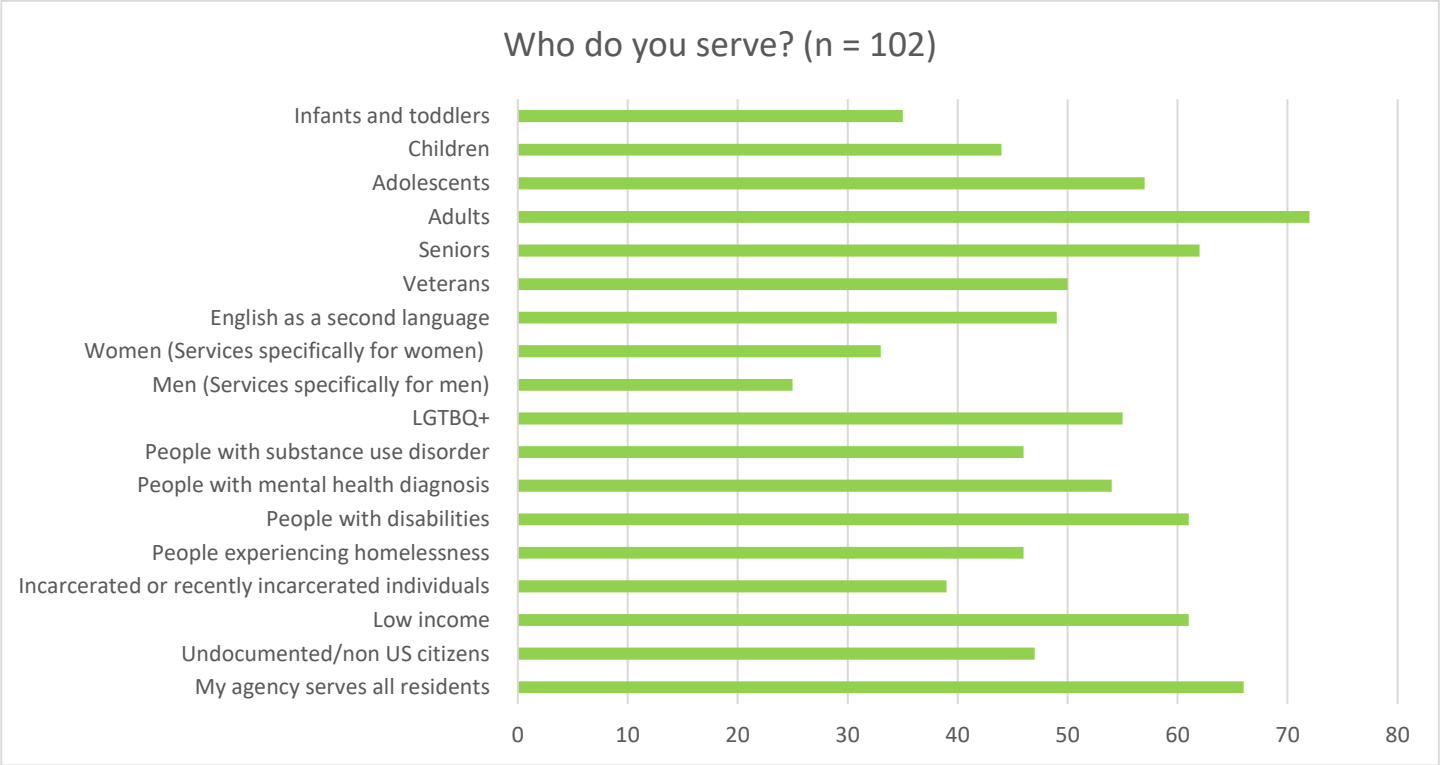
J - PUTNAM COUNTY COMMUNITY PARTNER SURVEY REFERENCES



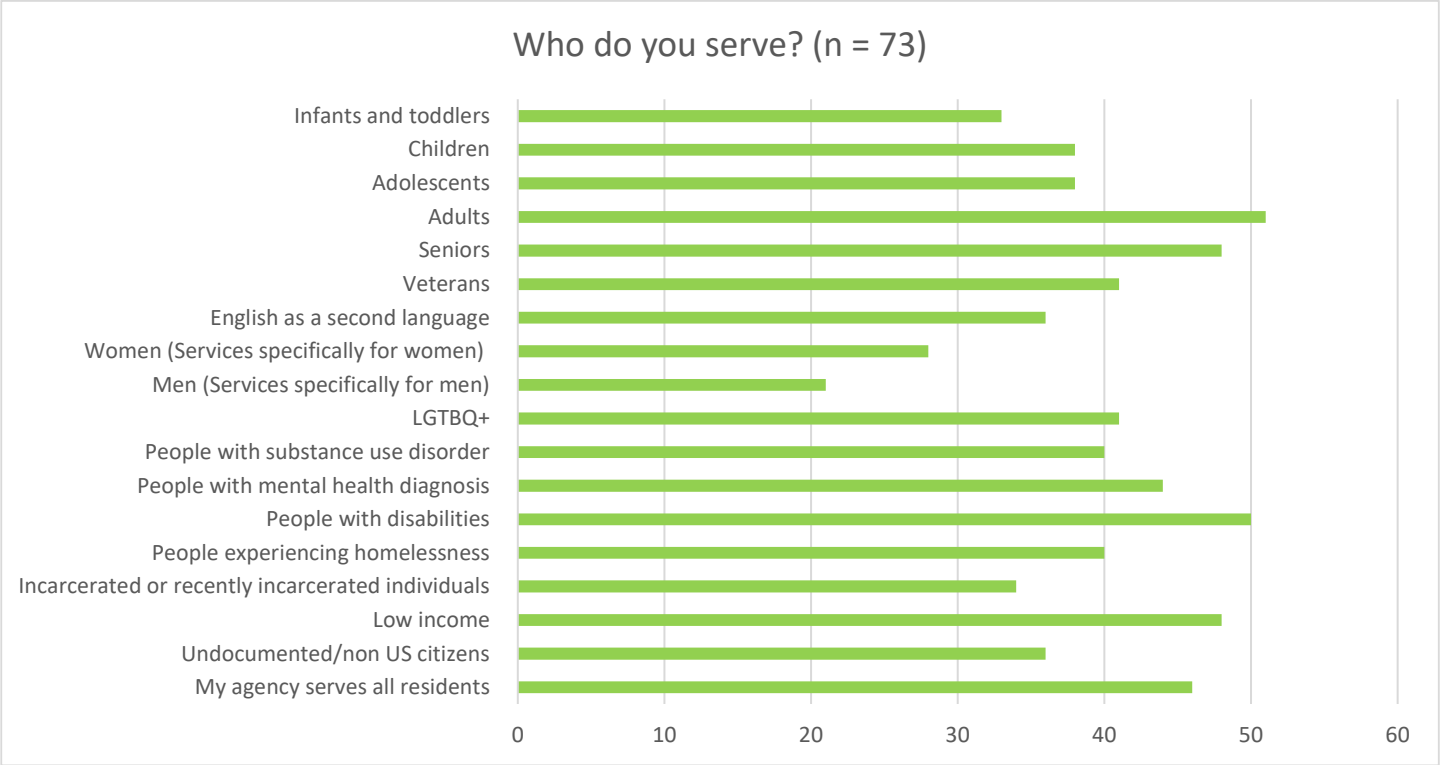
J - ROCKLAND COUNTY COMMUNITY PARTNER SURVEY REFERENCES



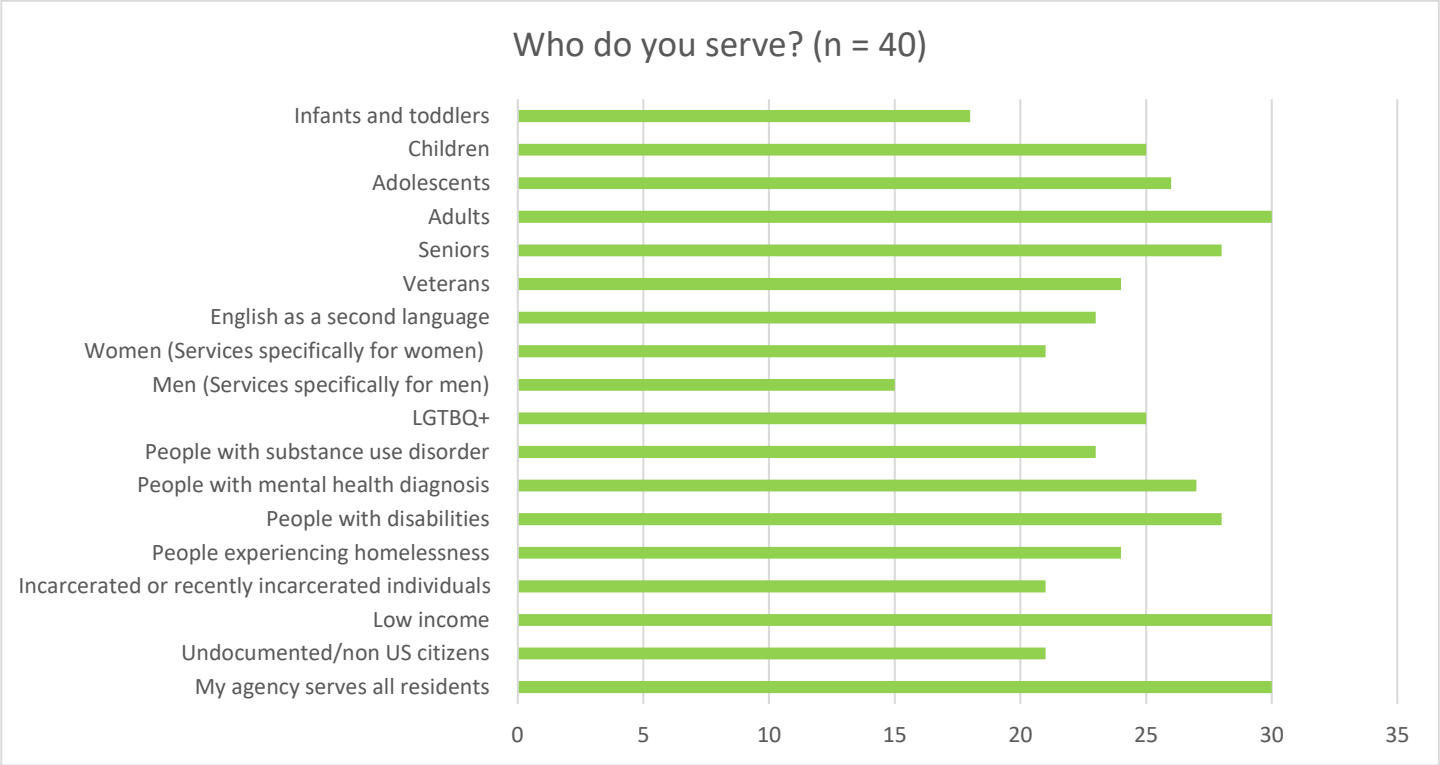
J - SULLIVAN COUNTY COMMUNITY PARTNER SURVEY REFERENCES



J - ULSTER COUNTY COMMUNITY PARTNER SURVEY REFERENCES



J - WESTCHESTER COUNTY COMMUNITY PARTNER SURVEY REFERENCES



APPENDIX K -

K - PUTNAM COUNTY AND NUVANCE CBO AND PARTNER SURVEY

COMMUNITY HEALTH ASSESSMENT

Nuvance Health

Community-based organization and partner survey

Please complete this survey about important health issues in the communities you serve. Please answer based on your experiences through the role you hold at your organization. We expect there will be more than one response per organization. Together, Nuvance Health and local health departments will use the results of this survey and other information to help prioritize community health needs. Your survey responses will be included in aggregated data reports. Thank you for your participation.

ABOUT YOUR COMMUNITY

1. **What are the biggest health problems for the people/communities you serve?** *(Please check up to three major categories; for subcategories, check all that apply.)*

- O Access to healthcare providers *(check all that apply)*
  - ☐ Dental care
  - ☐ Primary care (including OBGYN, pediatrician)
  - ☐ Mental health care
  - ☐ Specialty care (e.g., cardiologists, etc.)
  - ☐ Other *(please specify)*_____
- O Asthma/lung disease
- O Cancer
- O Care for the elderly
- O Child health and wellness
- O Cognitive impairment (e.g., confusion, memory loss, etc.)
- O Communicable diseases and other infections *(check all that apply)*
  - ☐ Tick-borne illness
  - ☐ Vaccine preventable diseases (e.g., measles, polio, etc.)
  - ☐ Respiratory infections
  - ☐ HIV/AIDS and sexually transmitted infections
  - ☐ Other *(please specify)*_____
- O Diabetes
- O Environmental hazards (e.g., water, pollution, air, etc.)
- O Falls among the elderly
- O Heart disease and stroke
- O Mental health (e.g., depression, anxiety, suicide, etc.)
- O Nutrition/eating habits
- O Obesity/weight management issues
- O Pregnancy-associated health issues (e.g., premature births, preeclampsia, low birthweight, gestational diabetes, maternal depression, etc.)
- O Preventable injuries *(check all that apply)*
  - ☐ Car crashes
  - ☐ Pedestrian injuries
  - ☐ Gun violence
  - ☐ Other *(please specify)*_____
- O Safety
- O Smoking/tobacco/nicotine use
- O Substance misuse *(check all that apply)*
  - ☐ Drugs
  - ☐ Alcohol
- O Teen pregnancy
- O Violence
- O Women's health and wellness
- O Unsure
- O Other *(please specify)*_____

2. **What would be most helpful to improve the health of the people/communities you serve?** *(Please check up to three major categories; for subcategories, check all that apply.)*

- O Access to healthier food *(check all that apply)*
  - ☐ Farmers markets
  - ☐ More grocery stores
  - ☐ Other *(please specify)*_____
- O Access to transportation *(check all that apply)*
  - ☐ Public
  - ☐ Private
- O Access to local jobs with competitive compensation
- O Affordable housing
- O Breast feeding support (e.g., lactation consultation, etc.)
- O Clean air and water
- O Drug and alcohol rehabilitation services
- O Health education programs
- O Health insurance enrollment programs
- O Health screenings
- O Improved home care options
- O Improved childcare options
- O Investments in schools
- O Mental health services
- O Parks and recreation
- O Safer places to walk/play
- O Safer workplaces
- O Smoking cessation programs
- O Weight management programs
- O Unsure
- O Other *(please specify)*_____

3. **Do any people/communities you serve have problems getting needed healthcare?**
   - ○ Yes *(if "yes," please answer question #3A)*
   - ○ No
   - ○ Unsure

3A. If you answered "yes" to question #3, what do you think the reasons are? *(Please check up to three major categories; for subcategories, check all that apply.)*

- ○ Cost of care *(check all that apply)*
  - ☐ No insurance and unable to pay for care
  - ☐ Unable to pay copays/deductibles
  - ☐ Other *(please specify)* _____
- ○ Don't know how to find healthcare clinicians/ providers
- ○ Fear/hesitancy (e.g., immigration status, not ready to face health problem, etc.)
- ○ Lack of cultural/religious sensitive care
- ○ Lack of appointment availability *(check all that apply)*
  - ☐ Appointments don't match patient availability (e.g., unable to miss work, other responsibilities, etc.)
  - ☐ Long wait times
  - ☐ Not accepting new patients
  - ☐ Other *(please specify)* _____
- ○ Lack of available healthcare clinicians/providers in the community
- ○ Lack of transportation
- ○ Language barriers
- ○ Misinformation/limited health literacy
- ○ Unsure
- ○ Other *(please specify)* _____

4. **Which of the following health screenings and/or education/information topics/programs would be most beneficial to keep people healthy in the communities you serve?** *(Please check up to three.)*
   - ○ Air and water quality
   - ○ Antibiotic resistance
   - ○ Blood pressure
   - ○ Breastfeeding
   - ○ Cancer
   - ○ Cholesterol
   - ○ Chronic disease management
   - ○ Cognitive impairment (e.g., confusion, memory loss, etc.)
   - ○ Dental screenings
   - ○ Diabetes/pre-diabetes
   - ○ Disease outbreak prevention
   - ○ Drug and alcohol misuse
   - ○ Eating disorders
   - ○ Emergency preparedness
   - ○ Environments to promote physical activity
   - ○ Exercise/physical activity
   - ○ Fall prevention for the elderly
   - ○ Food security
   - ○ Heart disease and stroke
   - ○ Hepatitis C virus
   - ○ HIV/AIDS and sexually transmitted infections
   - ○ Mental health (e.g., depression, anxiety, suicide, etc.)
   - ○ Nutrition
   - ○ Other environmental toxins
   - ○ Pedestrian/cyclist safety
   - ○ Prenatal care
   - ○ Routine wellness checkups
   - ○ Smoking cessation (e.g., tobacco, nicotine, etc.)
   - ○ Suicide prevention
   - ○ Vaccinations/immunizations
   - ○ Violence prevention
   - ○ Weight management
   - ○ Unsure
   - ○ Other *(please specify)* _____

5. **Who are the trusted sources of health information for the people/communities you serve?** *(Please check all that apply.)*
   - ○ Doctors/healthcare providers
   - ○ Family or friends
   - ○ Health departments
   - ○ Hospitals
   - ○ Online health sites (e.g., WebMD, etc.)
   - ○ Religious organizations
   - ○ Schools or colleges
   - ○ Workplace wellness/occupational health programs
   - ○ Unsure
   - ○ Other *(please specify)* _____

6. **In your own words, what are the major health challenges facing the communities you serve?**

   _____
   _____
   _____
   _____
   _____
   _____

7. **How would you rate the health of the people/ communities you serve?**
   - ○ Poor
   - ○ Fair
   - ○ Good
   - ○ Excellent
   - ○ Unsure

YOUR DEMOGRAPHIC INFORMATION

Your organization

_____

_____

Your title

_____

_____

ZIP code where you work: _____

Town where you work: _____

Counties served by your organization:
(Please check all that apply.)

- ○ Fairfield, CT
- ○ Litchfield, CT
- ○ Dutchess, NY
- ○ Orange, NY
- ○ Putnam, NY
- ○ Rockland, NY
- ○ Ulster, NY
- ○ Westchester, NY
- ○ Other *(please specify)* _____

Where did you receive this survey? _____

Which sector does your organization primarily represent?
(Please check one.)

- ○ Aging/elder services
- ○ Anti-poverty/housing
- ○ Children services
- ○ Disability services
- ○ Education services
- ○ Environmental services (e.g., waste collection, water testing, conservation, etc.)
- ○ Food insecurity/nutrition
- ○ Healthcare
- ○ Health department
- ○ Immigration/refugees
- ○ Mental health/substance misuse
- ○ Social services
- ○ Social justice advocacy
- ○ Transportation
- ○ Other *(please specify)* _____

APPENDIX L -

L - MID-HUDSON REGIONAL COMMUNITY HEALTH SURVEY

HVHealth0525 1

ZIPCODE: From sample file

COUNTY2:

What county in New York State do you live in?[DO NOT READ LIST]

Albany	001
Allegany	003
Bronx	005
Broome	007
Cattaraugus	009
Cayuga	011
Chautauqua	013
Chemung	015
Chenango	017
Clinton	019
Columbia	021
Cortland	023
Delaware	025
Dutchess	027
Erie	029
Essex	031
Franklin	033
Fulton	035
Genesee	037
Greene	039
Hamilton	041
Herkimer	043
Jefferson	045
Kings - Brooklyn	047
Lewis	049
Livingston	051
Madison	053
Monroe	055
Montgomery	057
Nassau	059
New York - Manhattan	061
Niagara	063
Oneida	065
Onondaga	067
Ontario	069
Orange	071
Orleans	073
Oswego	075
Otsego	077
Putnam	079
Queens	081
Rensselaer	083
Richmond - Staten Island	085
Rockland	087
St. Lawrence	089
Saratoga	091
Schenectady	093
Schoharie	095
Schuyler	097
Seneca	099

Steuben 101
Suffolk 103
Sullivan 105
Tioga 107
Tompkins 109
Ulster 111
Warren 113
Washington 115
Wayne 117
Westchester 119
Wyoming 121
Yates 123
Don't know/Refused 999

DZIPC:

What is your zip code?[ENTER 5 DIGIT ZIP CODE IN BOX AT BOTTOM OF SCREEN]

12501 12501
12504 12504
12506 12506
12507 12507
12508 12508
12510 12510
12511 12511
12512 12512
12514 12514
12522 12522
12524 12524
12527 12527
12531 12531
12533 12533
12537 12537
12538 12538
12540 12540
12545 12545
12546 12546
12564 12564
12567 12567
12569 12569
12570 12570
12571 12571
12572 12572
12574 12574
12578 12578
12580 12580
12581 12581
12582 12582
12583 12583
12585 12585
12590 12590
12592 12592
12594 12594
12601 12601
12602 12602
12603 12603
12604 12604
Other (specify) 99998

PZIPC:

What is your zip code?[ENTER 5 DIGIT ZIP CODE IN BOX AT BOTTOM OF SCREEN]

10509 10509
10512 10512
10516 10516
10524 10524
10537 10537
10541 10541
10542 10542
10579 10579
10588 10588
12531 12531
12533 12533
12563 12563
12582 12582
Other (specify) 99998

Q4:

How long have you lived in <county2> County?[READ LIST]

Less than 1 year 1
At least 1 year but less than 2 years 2
At least 2 years but less than 5 years 3
5 years or more 4
[DO NOT READ] Don't know/Refused 9

Q1:

Overall, how would you rate the quality of life in your community?[READ LIST]

Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q2:

Thinking now about the job county agencies are doing here in <county2> County how would you rate the job county agencies are doing providing information to <county2> County residents...during weather emergencies? Would you say they are doing an excellent job, good, fair, or poor job?

Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q3:
during public health emergencies? Would you say they are doing an excellent job, good, fair, or poor job?
Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

QWALKKEY:
For each of the following two statements about your neighborhood, please tell me to what degree you agree or disagree with each.
Continue 1

Q4A:
There are places to walk or bicycle in my neighborhood that are safe from traffic. [IF NEEDED: Do you strongly agree, agree, disagree or strongly disagree?]
Strongly agree 1
Agree 2
Disagree 3
Strongly disagree 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q4C:
My neighborhood is a safe place to live.[IF NEEDED: Do you strongly agree, agree, disagree or strongly disagree?]
Strongly agree 1
Agree 2
Disagree 3
Strongly disagree 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q5:
Overall, how would you rate the community you live in as a place for people to live as they age?[READ LIST]
Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q7:

In general, how would you rate your physical health? Would you say that your physical health is excellent, good, fair or poor?

Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q8:

Mental health involves emotional, psychological and social wellbeing. How would you rate your overall mental health? Would you say that your mental health is excellent, good, fair or poor?[IF NEEDED: including things like hopefulness, level of anxiety and depression.]

Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q9KEY:

Thinking back over the past 12 months, for each of the following statements I read, tell me how many days in an AVERAGE WEEK you did each.

Continue 1

Q9A:

Over the past 12 months how many days in an average week did you eat a balanced, healthy diet?

0 days 1
1 to 3 days 2
4 to 6 days 3
All 7 days 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q9B:

Over the past 12 months how many days in an average week did you exercise for 30 minutes or more a day?

0 days 1
1 to 3 days 2
4 to 6 days 3
All 7 days 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q9C:

Over the past 12 months how many days in an average week did you get 7 to 9 hours of sleep in a night?

0 days..... 1
1 to 3 days..... 2
4 to 6 days..... 3
All 7 days..... 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q10:

On an average day, how stressed do you feel?[READ LIST][IF NEEDED: Stress is when someone feels tense, nervous, anxious, or can´t sleep at night because their mind is troubled.]

Not at all stressed..... 1
Not very stressed 2
Somewhat stressed..... 3
Very stressed 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q11:

In your everyday life, how often do you feel that you have quality encounters with friends, family, and neighbors that make you feel that people care about you?[READ LIST][IF NEEDED: For example, talking to friends on the phone, visiting friends or family, going to church or club meetings]

Less than once a week 1
1 to 2 times a week 2
3 to 5 times a week 3
More than 5 times a week..... 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q12:

How frequently in the past year, on average, did you drink alcohol?[READ LIST]

Never 1
Less than once per month 2
More than once per month, but less than weekly..... 3
More than once per week, but less than daily..... 4
Daily 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q14:
How frequently in the past year have you used a drug whether it was a prescription medication or not, for non-medical reasons?[READ LIST]
Never 1
Less than once per month 2
More than once per month, but less than weekly 3
More than once per week, but less than daily 4
Daily 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

QCANN:
How frequently in the past year did you consume cannabis … [READ LIST]
Never 1
Less than once per month 2
More than once per month, but less than weekly 3
More than once per week, but less than daily 4
Daily 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16KEY:
In the past 12 months, have you or any other member of your household been unable to get any of the following when it was really needed? Please answer yes or no for each item.
Continue 1

Q16A:
Food[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16B:
Utilities, including heat and electric[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16C:
Medicine[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16E:
Phone[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16F:
Transportation[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16G:
Housing[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16H:
Childcare[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16I:
Access to the internet[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16J:

Have you or any member of your household been unable to maintain suitable employment paying a living wage?

Yes 1
No 2
[DO NOT READ] I don't need to work to meet my financial needs 3
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16KEY2:

How about for yourself, in the past 12 months, have you been unable to get any of the following when it was really needed? Please answer yes or no for each item.

Continue 1

Q16K:

Dental care[IF NEEDED: Have you been unable to get any of the following when it was really needed?]

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16M:

Mental health care[IF NEEDED: Have you been unable to get any of the following when it was really needed?]

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16N:

Physical health care like primary or specialty medical care[IF NEEDED: Have you been unable to get any of the following when it was really needed?]

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

DISAB:

Do you or anyone in your household have a disability?

Yes 1
No 2
[DO NOT READ] Refused 9

Q16O:

Have you been unable to obtain care to meet the needs of any member of your household with a disability when it was really needed?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q17:

Have you visited a primary care physician for a routine physical or checkup within the last 12 months?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q18_M1-Q18_M7:

In the last 12 months, were any of the following reasons that you did not visit a primary care provider for a routine physical or checkup?INTERVIEWER: Read each choice and get a Yes or No response for each

I did not have insurance 01
I did not have enough money [IF NEEDED: For things like co-payments, medications, etc] 02
I did not have transportation 03
I did not have time 04
I chose not to go for another reason 06
I couldn't get an appointment for a routine physical or checkup 07
[DO NOT READ] Other (specify) 97
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99

Q19:

Have you visited a dentist for a routine check-up or cleaning within the last 12 months?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q20_M1-Q20_M7:

In the last 12 months, were any of the following reasons that you did not visit a dentist for a routine check-up or cleaning?INTERVIEWER: Read each choice and get a Yes or No response for each

I did not have insurance..... 01
I did not have enough money [IF NEEDED: For things like co-payments, medications, etc] 02
.....
I did not have transportation..... 03
I did not have time..... 04
I chose not to go for another reason..... 06
I couldn't get an appointment for a routine check-up or cleaning..... 07
[DO NOT READ] Other (specify)..... 97
[DO NOT READ] Don't know 98
[DO NOT READ] Refused..... 99

Q21:

Sometimes people visit the emergency room for medical conditions or illnesses that are not emergencies; that is, for health-related issues that may be treatable in a doctor´s office.Have you visited an emergency room for a medical issue that was not an emergency in the last 12 months?

Yes..... 1
No..... 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q22_M1-Q22_M7:

In the last 12 months, for which of the following reasons did you visit the emergency room for a health-related issue or injury that was NOT an emergency?INTERVIEWER: Read each choice and get a Yes or No response for each

I do not have a regular doctor/primary care doctor..... 01
The emergency room was more convenient because of location..... 02
The emergency room was more convenient because of cost 03
The emergency room was more convenient because of hours of operation 04
At the time I thought it was a health-related emergency, though I later learned it was NOT an emergency 05
.....
My primary care doctor was not available..... 06
[DO NOT READ] Don't know 98
[DO NOT READ] Refused..... 99

Q23:

Have you visited a mental health provider, such as a psychiatrist, psychologist, social worker, therapist for 1-on-1 appointments or group-sessions (either in-person or online), etc. within the last 12 months?

Yes..... 1
No..... 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q24_M1-Q24_M7:

In the last 12 months, were any of the following reasons that you did not visit a mental health provider? [READ LIST]INTERVIEWER: Read each choice and get a Yes or No response for each

I did not have a need for mental health services 01
I did not have insurance 02
I did not have enough money [IF NEEDED: For things like co-payments, medications, etc] 03
I did not have transportation 04
I did not have time 05
I chose not to go 06
A mental health provider was not available 07
[DO NOT READ] Other (specify) 97
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99

QTELHTH:

How important is having access to telehealth services to maintain your health?[READ LIST]

Very important 1
Somewhat important 2
Not too important 3
Not important at all 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q29:

Have you or any other household member had ongoing COVID symptoms - otherwise known as long-COVID?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

QVACKEY:

Prior to the next respiratory virus season, how likely are you to get the following vaccines?[IF NEEDED: Vaccines are typically given between September and December]

Continue 1

QFLUV:

Prior to the next respiratory virus season, how likely are you to get a flu vaccine?[READ LIST][IF NEEDED: Vaccines are typically given between September and December]

Very likely 1
Somewhat likely 2
Not too likely 3
Not at all likely 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31KEY:

The next questions are about how you have been feeling during the past 30 days. Thinking back over the past 30 days, please tell me if you felt this way all of the time, most of the time, some of the time, a little of the time, or none of the time.

Continue 1

Q31A:

About how often during the past 30 days did you feel nervous?

All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q31B:

About how often during the past 30 days did you feel hopeless?

All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q31C:

About how often during the past 30 days did you feel restless or fidgety?

All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q31D:

About how often during the past 30 days did you feel so depressed that nothing could cheer you up?

All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q31E:

About how often during the past 30 days did you feel that everything was an effort?

All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q31F:

About how often during the past 30 days did you feel worthless?

All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q31AR:

About how often during the past 30 days did you feel nervous?

All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time 0

Q31BR:

About how often during the past 30 days did you feel hopeless?

All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time 0

Q31CR:

About how often during the past 30 days did you feel restless or fidgety?

All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time 0

Q31DR:
About how often during the past 30 days did you feel so depressed that nothing could cheer you up?
All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time..... 0

Q31ER:
About how often during the past 30 days did you feel that everything was an effort?
All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time..... 0

Q31FR:
About how often during the past 30 days did you feel worthless?
All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time..... 0

K6SCORE:
Kessler K6

CELLLL:
Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?
No (Landline Only)..... 1
Yes..... 2
No..... 3
[DO NOT READ] Refused..... 9

LLCELL:
Do you have a working cell phone?
Yes..... 2
No..... 1
No (Cell Phone Only)..... 3
[DO NOT READ] Refused..... 9

PHONETYP:

Landline or Cell Phone
Landline Only 1
Landline and Cell Phone 2
Cell Phone Only 3
[DO NOT READ] Refused 9

BYR2:

In what year were you born?INTERVIEWER: ENTER ALL FOUR DIGITS OF THE RESPONDENT'S BIRTH YEAR IN BOX AT BOTTOM OF SCREEN[IF NEEDED: This is just used to compute your age.]
REFUSAL ..... RF

AGE:

AGE.

QAGERF:

What is your age? Are you...[READ LIST]
18 to 34 1
35 to 49 2
50 to 64 3
65 or older 4
[DO NOT READ] Refused 9

AGER:

AGE GROUPED
18 to 34 1
35 to 49 2
50 to 64 3
65 and older 4
[DO NOT READ] Refused 9

RACE_M1-RACE_M7:

Would you consider yourself:[IF "Biracial" or "Multi-racial" ask: "What races would that be?"]
African American or Black 01
American Indian or Alaska Native 02
Asian 03
Hispanic or Latino 04
Middle Eastern or North African 05
Native Hawaiian or Other Pacific Islander 06
White 07
[DO NOT READ] Other/Something else (specify) 97
[DO NOT READ] Refused 99

AGESNY:

AGE GROUPED - SNY
18 to 34 1
35 to 54 2
55 and older 3
[DO NOT READ] Refused 9

OWN:

What is your living arrangement? Do you...
Rent an apartment or home 1
Own your home 2
Other living arrangement 3
[DO NOT READ] Refused 9

EMPLOY:

Which of the following categories best describes your current employment situation?[IF self-employed: "Would that be full-time or part-time?"]
Employed full-time 1
Employed part-time 2
Underemployed, below my skill or pay level 3
Unemployed, looking for work 4
Unemployed, not looking for work 5
Retired 6
Vol: Disabled 7
Other (specify) 8
[DO NOT READ] Refused 9

CHILD:

Are there children under the age of 18 living in your household?
Yes 1
No 2
[DO NOT READ] Refused 9

MILITARY:

Are you or anyone in your household a veteran or a member of active duty military service?
Yes 1
No 2
[DO NOT READ] Refused 9

INCOME:

About how much is your total household income, before any taxes? Include your own income, as well as your spouse or partner, or any other income you may receive, such as through government benefit programs. Please stop me when I get to your category. Is it...[IF

NEEDED: "I just want to remind you that you are completely anonymous. We only use this information in aggregate form to ensure we have a representative group of New Yorkers."]
Less than $25,000 1
$25,000 to just under $50,000 2
$50,000 to just under $100,000 3
$100,000 to just under $150,000 4
$150,000 or more 5
[DO NOT READ] Refused 9

GENDER:

How do you describe your gender? Do you..
Identify as a man 1
Identify as a woman 2
Identify as gender queer, gender nonconforming or non-binary 3
Identify as transgender, man 4
Identify as transgender, woman 5
Identify as transgender, gender non-conforming 6
Identify as another Gender not listed, please specify 7
[DO NOT READ]Don't know/Refused 9

WEIGHT

Weight variable

APPENDIX M -

M - ORANGE COUNTY COMMUNITY HEALTH SURVEY

0524OCHealthWeb 1

TZONE:

Pacific 05
Mountain 07
Arizona 08
Central 12
Eastern 13
Unknown 00

ADDRESS:

CITY:

STATE:

New York 36

ZIP:

COUNTY:

Changed for Healthlink

Albany	001
Allegany	003
Bronx	005
Broome	007
Litchfield (CT)	009
Cayuga	011
Chautauqua	013
Chemung	015
Chenango	017
Clinton	019
Columbia	021
Cortland	023
Delaware	025
Dutchess	027
Erie	029
Essex	031
Franklin	033
Fulton	035
Genesee	037
Greene	039
Hamilton	041
Herkimer	043
Jefferson	045
Kings	047
Lewis	049
Livingston	051
Madison	053
Monroe	055
Montgomery	057
Nassau	059
New York	061
Niagara	063
Oneida	065
Onondaga	067
Ontario	069
Orange	071
Orleans	073
Oswego	075
Otsego	077
Putnam	079
Queens	081
Rensselaer	083
Richmond	085
Rockland	087
St. Lawrence	089
Saratoga	091
Schenectady	093
Schoharie	095
Schuyler	097
Seneca	099
Steuben	101
Suffolk	103
Sullivan	105

Tioga..... 107
Tompkins..... 109
Ulster..... 111
Warren..... 113
Washington..... 115
Wayne..... 117
Westchester..... 119
Wyoming..... 121
Yates..... 123

PHONE:

SMP:

SAMPLE
Landline..... 1
Cell..... 2

SVIM:

Hispanic..... 2
Low Income..... 4
Black..... 3

ACTIVITY:

cell phone activity
Active..... 1
Not active..... 2

SOURCE:

L2..... 1
SSI..... 2

INTRO:

Hi $I, today is $J and the current local time is $HDial: $NPlease indicate the status of the callCase Number: $QCall Attempts: $AProject Name: $PAgentID: $WStationID: $SDate: $D
Continue with call..... OK
No Answer..... 01
Busy..... 02
Answering Machine..... 03
Fax/Modem..... 04
Temporarily Out of Service..... 05
Number is Changed..... 06
Non Working/Disconnected..... 07
Other Technical Barrier..... 08

INT00:

Dial: $NPlease indicate the status of the call
Continue with call.....OK
No Answer..... 01
Busy..... 02
Answering Machine..... 03
Fax/Modem..... 04
Temporarily Out of Service..... 05
Number is Changed..... 06
Non Working/Disconnected..... 07
Other Technical Barrier..... 08

INT04:

INTERVIEWER: LEAVE THE FOLLOWING MESSAGE:

Hello, this is _____ from the Siena College Research Institute. Your household has been selected at random to participate in a brief public opinion research project. We are sorry we were unable to reach you. We will try to contact you again at another time. Should you have any questions, feel free to contact us at 518-782-6808, that's 518-782-6808.Thank you.INTERVIEWER: DID YOU LEAVE A...
MESSAGE INCLUDING TELEPHONE NUMBER..... 61
PARTIAL MESSAGE NO TELEPHONE NUMBER..... 62
DID NOT LEAVE A MESSAGE..... 63
PERSON PICKED UP PHONE..... 64

INT19:

INTERVIEWER: ALREADY LEFT MESSAGE, DO NOT LEAVE MESSAGE. PRESS ENTER TO CONTINUE.
Already left message, do not leave a message..... 66

INT01:

The Siena College Poll along with the Orange County Department of Health is looking to survey area residents to better understand the health status and health-related values of people who live in the community. The questions relate to your health and to your thoughts about health-related resources in your community. Your responses will help to strengthen health policies and services.Are you 18 years of age or older?
Continue with survey.....OK
Call back at a later time..... 21
Appointment..... 22
Not a Private Residence..... 23
No Eligible Respondent..... 24
Soft Refusal..... 81
Hard Refusal..... 82
Do Not Call..... 83
Spanish Speaking..... 31
Not English or Spanish Speaking..... 32
No Male in Household..... 41
Yes..... 01
No..... 02

INT02:

Hello, this is _____ from the Siena College Research Institute. We are calling back to finish a survey that you or someone in your household had started.[PERSON WHO STARTED THE SURVEY WAS <GENDER2>]

Continue with survey ..... OK
Call back at a later time 21
Appointment 22
Not a Private Residence 23
No Eligible Respondent 24
Soft Refusal 81
Hard Refusal 82
Do Not Call 83
Spanish Speaking 31
Not English or Spanish Speaking 32
No Male in Household 41

CELLPHONE:

Have I reached you on a cell phone?

Yes 1
No 2

SAFE:

Are you in a place where you can safely talk on the phone and answer my questions?[IF NEEDED: We are asking this to make sure you can safely share your opinions.]

Yes 1
No 2

INT51:

When would be a better time to call you back?

Call back at a later time - no specific time given 51
Appointment 52
Refusal (at safety) 53

STATE2:

Do you live in New York state?

Yes 1
No 2
Refused 9

INT54:

Thank you, that is all the questions I have for you today.

No Eligible Respondent - Not live in NY 54

BUSCELL:

Is the cell phone I have reached you on used only for personal use, only for business use, or used for both personal and business use?[IF NEEDED: We are asking this to make sure we are not contacting a business.]

Personal use 1
Business use 2
Both 3
[DO NOT READ] Refused 9

INT55:

Thank you, that is all the questions I have for you today.
No Eligible Respondent - Business Cell 55

COUNTY2:

What county in New York State do you live in?

Albany 001
Allegany 003
Bronx 005
Broome 007
Cattaraugus 009
Cayuga 011
Chautauqua 013
Chemung 015
Chenango 017
Clinton 019
Columbia 021
Cortland 023
Delaware 025
Dutchess 027
Erie 029
Essex 031
Franklin 033
Fulton 035
Genesee 037
Greene 039
Hamilton 041
Herkimer 043
Jefferson 045
Kings - Brooklyn 047
Lewis 049
Livingston 051
Madison 053
Monroe 055
Montgomery 057
Nassau 059
New York - Manhattan 061
Niagara 063
Oneida 065
Onondaga 067
Ontario 069
Orange 071
Orleans 073
Oswego 075
Otsego 077
Putnam 079
Queens 081
Rensselaer 083
Richmond - Staten Island 085
Rockland 087
St. Lawrence 089
Saratoga 091
Schenectady 093
Schoharie 095
Schuyler 097
Seneca 099
Steuben 101
Suffolk 103
Sullivan 105

Tioga 107
Tompkins 109
Ulster 111
Warren 113
Washington 115
Wayne 117
Westchester 119
Wyoming 121
Yates 123
Don't know/Refused 999

INT56:

Thank you, that is all the questions I have for you today.
No Eligible Respondent - Not live in Counties NY 56

QSCRINC:

We are looking to speak to a specific group of people in Orange County.Generally, would you say your household income is above or below $60,000 [sixty thousand dollars] a year?
ABOVE $60,000 a year 1
BELOW $60,000 a year 2
[DO NOT READ] Refused 9

INT70:

Thank you, that is all the questions I have for you today.
No Eligible Respondent - Not Latino or low income 70

QLIVE:

How long have you lived in <county2> County?
Less than 1 year 1
At least 1 year but less than 2 years 2
At least 2 years but less than 5 years 3
5 years or more 4
[DO NOT READ] Don't know/Refused 9

Q1:

Do you think that the overall quality of life for people in Orange County is...
Improving 1
Staying the same 2
Getting worse 3
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q2:

Thinking now about the job county agencies are doing here in Orange County how would you rate the job county agencies are doing providing information to Orange County

residents...during weather emergencies? Would you say they are doing an excellent job, good, fair, or poor job?
Excellent 1
Good 2
Fair 3
Poor 4
Don't know 8
[DO NOT READ] Refused 9

Q3:
during public health emergencies? Would you say they are doing an excellent job, good, fair, or poor job?
Excellent 1
Good 2
Fair 3
Poor 4
Don't know 8
[DO NOT READ] Refused 9

QWALKKEY:
For each of the following two statements about your neighborhood, please tell me to what degree you agree or disagree with each.
Continue 1

Q4A:
Do you agree or disagree that there are places to walk or bicycle for recreation or exercise in my neighborhood that are safe from traffic?
Strongly agree 1
Agree 2
Disagree 3
Strongly disagree 4
Don't know 8
[DO NOT READ] Refused 9

Q4B:
Do you agree or disagree that you can safely walk or bicycle from your home to places such as stores, restaurants and other businesses?
Strongly agree 1
Agree 2
Disagree 3
Strongly disagree 4
Don't know 8
[DO NOT READ] Refused 9

Q5:

Overall, how would you rate the community you live in as a place for people to live as they age?

Excellent 1
Good 2
Fair 3
Poor 4
Don't know 8
[DO NOT READ] Refused 9

Q7:

In general, how would you rate your physical health? Would you say that your physical health is excellent, good, fair or poor?

Excellent 1
Good 2
Fair 3
Poor 4
Don't know 8
[DO NOT READ] Refused 9

Q8:

Mental health involves emotional, psychological and social wellbeing. How would you rate your overall mental health? Would you say that your mental health (including things like hopefulness, level of anxiety and depression) is excellent, good, fair or poor?

Excellent 1
Good 2
Fair 3
Poor 4
Don't know 8
[DO NOT READ] Refused 9

QCTEST1:

This question is a little different. While most people carefully read and respond to the questions in our surveys a small number do not. To verify that you have read this question carefully, please select the second response from the list below.

Excellent 1
Good 2
Fair 3
Poor 4
Don't know 9

Q9KEY:

Thinking back over the past 12 months, for each of the following statements I read, tell me how many days in an AVERAGE WEEK you did each.

Continue 1

Q9A:

Over the past 12 months how many days in an average week did you eat a balanced, healthy diet?

0 days..... 1
1 to 3 days..... 2
4 to 6 days..... 3
All 7 days..... 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q9B:

Over the past 12 months how many days in an average week did you exercise for 30 minutes or more a day?

0 days..... 1
1 to 3 days..... 2
4 to 6 days..... 3
All 7 days..... 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q9C:

Over the past 12 months how many days in an average week did you get 7 to 9 hours of sleep in a night?

0 days..... 1
1 to 3 days..... 2
4 to 6 days..... 3
All 7 days..... 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q10:

On an average day, how stressed do you feel?[Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled.]

Not at all stressed..... 1
Not very stressed 2
Somewhat stressed..... 3
Very stressed 4
Don't know 8
Prefer not to answer..... 9

Q11:

In your everyday life, how often do you feel that you have quality encounters with friends, family, and neighbors that make you feel that people care about you?[For example, talking to friends on the phone, visiting friends or family, going to church or club meetings]

Less than once a week 1
1 to 2 times a week 2
3 to 5 times a week 3
More than 5 times a week 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q12:

How frequently in the past year, on average, did you drink alcohol?

Never 1
Less than once per month 2
More than once per month, but less than weekly 3
More than once per week, but less than daily 4
Daily 5
[DO NOT READ] Don't know 8
Prefer not to answer 9

Q14:

How frequently in the past year have you used a drug whether it was a prescription medication or not, for non-medical reasons?

Never 1
Less than once per month 2
More than once per month, but less than weekly 3
More than once per week, but less than daily 4
Daily 5
[DO NOT READ] Don't know 8
Prefer not to answer 9

QCANN:

During the past 30 days, did you consume cannabis every day, some days or not at all?

Every day 1
Some days 2
Not at all 3
Prefer not to answer 9

Q16KEY:

In the past 12 months, have you or any other member of your household been unable to get any of the following when it was really needed? Please answer yes or no for each item.

Continue 1

Q16A:
Food
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16B:
Utilities, including heat and electric
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16D:
Any healthcare, including dental or vision
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16E:
Phone service
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16F:
Transportation
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16G:
Housing
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16H:

Childcare

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16I:

Access to the internet

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q17:

Have you visited a primary care physician for a routine physical or checkup within the last 12 months?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q18:

In the last 12 months, were any of the following reasons that you did not visit a primary care provider for a routine physical or checkup?

Did not have insurance 01
Did not have enough money [For things like co-payments, medications, etc] 02
.....
Did not have transportation 03
Did not have time 04
Chose not to go due to concerns over COVID 05
Chose not to go for another reason 06
Couldn't get an appointment for a routine physical or checkup 07
Other (specify) 97
Don't know 98
[DO NOT READ] Refused 99

QCTEST:

For quality control purposes, please select 'Yes' for your answer below:

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q19:

Have you visited a dentist for a routine check-up or cleaning within the last 12 months?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q20:

In the last 12 months, were any of the following reasons that you did not visit a dentist for a routine check-up or cleaning?
Did not have insurance 01
Did not have enough money [For things like co-payments, medications, etc] 02
.....
Did not have transportation 03
Did not have time 04
Chose not to go due to concerns over COVID 05
Chose not to go for another reason 06
Couldn't get an appointment for a routine check-up or cleaning 07
Other (specify) 97
Don't know 98
[DO NOT READ] Refused 99

Q21:

Sometimes people visit the emergency room for medical conditions or illnesses that are not emergencies; that is, for health-related issues that may be treatable in a doctor´s office.Have you visited an emergency room for a medical issue that was not an emergency in the last 12 months?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q22:

In the last 12 months, for which of the following reasons did you visit the emergency room for a health-related issue or injury that was NOT an emergency?
Do not have a regular doctor/primary care doctor 01
The emergency room was more convenient because of location 02
The emergency room was more convenient because of cost 03
The emergency room was more convenient because of hours of operation 04
At the time, thought it was a health-related emergency, though later learned it was NOT an emergency 05
.....
Primary care doctor was not available due to COVID 06
COVID-19 Testing 07
Don't know 98
[DO NOT READ] Refused 99

Q23:

Have you visited a mental health provider, such as a psychiatrist, psychologist, social worker, therapist for 1-on-1 appointments or group-sessions (either in-person or online), etc. within the last 12 months?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q24:

In the last 12 months, were any of the following reasons that you did not visit a mental health provider?

Did not have a need for mental health services 01
Did not have insurance 02
Did not have enough money [For things like co-payments, medications, etc] 03
.....
Did not have transportation 04
Did not have time 05
Chose not to go 06
A mental health provider was not available due to COVID 07
Other (specify) 97
Don't know 98
[DO NOT READ] Refused 99

Q27:

Have you ever had COVID?

Yes 1
No 2
[DO NOT READ] Not sure 8
[DO NOT READ] Refused 9

Q29:

Have you or any other household member had ongoing COVID symptoms that have lasted more than four weeks - otherwise known as long-COVID?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q30:

Have you ever been vaccinated for COVID?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q30A:
How likely are you to get an updated COVID vaccine?
Very likely 1
Somewhat likely 2
Not too likely 3
Not at all likely 4
Don't know 8
[DO NOT READ] Refused 9

QFLUV:
During the past 12 months, did you get a flu vaccine?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

BYR2:
In what year were you born?
REFUSAL ..... RF

AGE:
AGE.

QAGERF:
What is your age? Are you...[READ LIST]
Under 60 1
60 or older 2
[DO NOT READ] Refused 9

AGER:
AGE GROUPED
18 to 34 1
35 to 49 2
50 to 64 3
65 and older 4
[DO NOT READ] Refused 9

AGER2B:
AGE GROUPED - 2 Categories
18 to 59 1
60 and older 2
[DO NOT READ] Refused 9

QRSVV:

During the past 12 months, did you get an RSV vaccine?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

QCTEST2:

It is important that we verify you are paying attention and reading instructions. There is an open-text box below, but you should not write anything in that text box, please skip this question and click through to the next page to show you have read the instructions.

Specify 1

Q31KEY:

The next questions are about how you have been feeling during the past 30 days. Thinking back over the past 30 days, please tell me if you felt this way, all of the time, most of the time, some of the time, a little of the time, or none of the time.

Continue 1

Q31A:

About how often during the past 30 days did you feel nervous?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31B:

About how often during the past 30 days did you feel hopeless?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31C:

About how often during the past 30 days did you feel restless or fidgety?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31D:

About how often during the past 30 days did you feel so depressed that nothing could cheer you up?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31E:

About how often during the past 30 days did you feel that everything was an effort?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31F:

About how often during the past 30 days did you feel worthless?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31AR:

About how often during the past 30 days did you feel nervous?

All of the time 4
Most of the time 3
Some of the time 2
A little of the time 1
None of the time 0

Q31BR:

About how often during the past 30 days did you feel hopeless?

All of the time 4
Most of the time 3
Some of the time 2
A little of the time 1
None of the time 0

Q31CR:

About how often during the past 30 days did you feel restless or fidgety?
All of the time 4
Most of the time 3
Some of the time 2
A little of the time 1
None of the time 0

Q31DR:

About how often during the past 30 days did you feel so depressed that nothing could cheer you up?
All of the time 4
Most of the time 3
Some of the time 2
A little of the time 1
None of the time 0

Q31ER:

About how often during the past 30 days did you feel that everything was an effort?
All of the time 4
Most of the time 3
Some of the time 2
A little of the time 1
None of the time 0

Q31FR:

About how often during the past 30 days did you feel worthless?
All of the time 4
Most of the time 3
Some of the time 2
A little of the time 1
None of the time 0

K6SCORE:

Kessler K6

KESSLERCAT:

Kessler Score Categorized
None/Low Mental Distress 1
Moderate Mental Distress 2
Serious Mental Distress 3

GENDERB:

What was your sex assigned at birth?
Male 1
Female 2
[DO NOT READ] Prefer not to answer/Refused 9

Q32:

Have you had a child in the last 10 years?

Yes 1
No 2
[DO NOT READ] Refused 9

Q33:

Did you breastfeed any of your children (this includes expressing milk or pumping including using milk from a milk bank)?

I breastfed all of my children 1
I breastfed some, but not all 2
I did not breastfeed any of them 3
[DO NOT READ] Refused 9

Q35:

On average, how long did you breastfeed your child(ren) for?

Less than one month 1
One month to just under 3 months 2
Three months to just under 6 months 3
Six months to just under a year 4
A year or more 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

QCHILD6:

Do you have a child under 6 years old?

Yes 1
No 2
[DO NOT READ] Refused 9

QHELPBN:

Who would you be most likely to contact if you needed help with basic needs, for example, housing, transportation, food, diapers, etc.?

Pediatrician or healthcare provider 01
Day care provider 02
Community organization 03
Early Intervention (i.e. County Health Department) 04
County Social Services or Mental Health Departments 05
211 06
311 07
Other (specify) 97
I wouldn't know who to contact 98
[DO NOT READ] Refused 99

QHELPD:

Who would you be most likely to contact if you had concerns about your child´s behavior or development?

Pediatrician or healthcare provider 01
Day care provider 02
Community organization 03
Early Intervention (i.e. County Health Department) 04
County Social Services or Mental Health Departments 05
211 06
311 07
Other (specify) 97
I wouldn't know who to contact 98
[DO NOT READ] Refused 99

QDIFF:

Have you ever had difficulty getting information or help pertaining to your child?

Yes 1
No 2
[DO NOT READ] Refused 9

CELLLL:

Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

No (Landline Only) 1
Yes 2
No 3
[DO NOT READ] Refused 9

LLCELL:

Do you have a working cell phone?

Yes 2
No 1
No (Cell Phone Only) 3
[DO NOT READ] Refused 9

PHONETYP:

Do you have a landline telephone, a cell phone, or do you have both a landline and cell phone?

Landline Only 1
Landline and Cell Phone 2
Cell Phone Only 3
[DO NOT READ] Refused 9
No phone 4

HISP:

Are you of Hispanic origin or descent, such as Mexican, Dominican, Puerto Rican, Cuban, or some other Spanish background?

Yes 1
No 2
[DO NOT READ] Refused 9

RACE:

Would you consider yourself:

African American or Black 1
American Indian or Alaska Native 2
Asian 3
Native Hawaiian or Other Pacific Islander 4
White 5
Other/Something else (specify) 7
[DO NOT READ] Refused 9

RACER:

Race Combined

African American or Black 1
American Indian or Alaska Native 2
Asian 3
Native Hawaiian or Other Pacific Islander 4
White 5
Hispanic 6
[DO NOT READ] Other/Something else (specify) 7
[DO NOT READ] Refused 9

AGESNY:

AGE GROUPED - SNY

18 to 34 1
35 to 54 2
55 and older 3
[DO NOT READ] Refused 9

OWN:

What is your living arrangement? Do you...

Rent an apartment or home 1
Own your home 2
Other living arrangement 3
[DO NOT READ] Refused 9

EMPLOY:

Which of the following categories best describes your current employment situation?

Employed full-time 1
Employed part-time 2
Unemployed, looking for work 4
Unemployed, not looking for work 5
Retired 6
Disabled 7
Other (specify) 8
[DO NOT READ] Refused 9

CHILD:

Are there children under the age of 18 living in your household?

Yes 1
No 2
[DO NOT READ] Refused 9

MILITARY:

Are you or anyone in your household a veteran or a member of active duty military service?

Yes 1
No 2
[DO NOT READ] Refused 9

DISABILITY:

Do you or anyone in your household have a disability?

Yes 1
No 2
[DO NOT READ] Refused 9

EDUC:

What is the highest level of education you have completed?

No formal schooling 1
Grade school completed 2
Some secondary school 3
High school or GED completed 4
Some college or Associate's degree completed 5
Bachelor's completed 6
Some or completed post-graduate degree 7
[DO NOT READ] Refused 9

INCOME:

About how much is your total household income, before any taxes?

Less than $25,000 1
$25,000 to just under $50,000 2
$50,000 to just under $100,000 3
$100,000 to just under $150,000 4
$150,000 or more 5
[DO NOT READ] Refused 9

GENDER:

How do you describe your gender? Do you..
Identify as a man 1
Identify as a woman 2
Identify as gender queer, gender nonconforming or non-binary 3
Identify as transgender, man 4
Identify as transgender, woman 5
Identify as transgender, gender non-conforming 6
Identify as another gender not listed, please specify 7
[DO NOT READ]Don't know/Refused 9

GENDERW:

Used for weighting
Identify as a man 1
Identify as a woman 2
Other/Refused 3

RACEW:

Used for weighting
White 1
Black 2
Hispanic 3
Other 4
Refused 5

RACEW2:

Used for weighting
White 1
Other 2
Refused 3

INCW:

Used for weighting
Less than $50,000 1
$50,000-$100,000 2
$100,000 + ... 3
Refused 4

WEIGHT:

Weight value

APPENDIX N -

N - ORANGE COUNTY COMMUNITY ASSET SURVEY

Community Asset Survey 2025

Thank you for taking the time to give your opinions about your community. With your input, Orange County Department of Health can find out the strengths and issues in our community. This short survey focuses on health and quality of life issues. All Orange County residents are encouraged to take the survey. Thank you!

1. Do you live in Orange County?
    a. Yes
    b. No

2. What is your zip code?

3. What are the greatest strengths of our community? Please select your top 3 choices.
    a. Access to affordable and healthy food
    b. Access to basic health care
    c. Access to good education
    d. Access to help during times of stress and crisis
    e. Affordable housing
    f. Arts and cultural events
    g. Bike-able, walk-able community
    h. Clean environment
    i. Good jobs and economy
    j. Good public transportation
    k. Low crime and safe neighborhoods
    l. Low violence and abuse (domestic, elder, child)
    m. Parks and recreation
    n. Programs, activities, and support for the senior community
    o. Programs, activities, and support for youth and teens during non-school hours
    p. Religious and spiritual values
    q. Respect for all persons

4. Where should the community focus its resources and attention to improve the quality of life in our community? Please select your top 3 choices.
    a. Access to basic health care
    b. Access to good education
    c. More arts and cultural events
    d. Better jobs and economy
    e. Cleaner Environment
    f. Improve public transportation
    g. Improved access to affordable and healthy food
    h. Lower Crime and safer neighborhoods
    i. Lower violence and abuse (domestic, elder, child)
    j. Making the community more bike-able and, walk-able community
    k. More access to help during times of stress and crisis
    l. More affordable housing
    m. More programs, activities, and support for the senior community
    n. More programs, activities, and support for youth and teens during non-school hours
    o. More parks and recreation
    p. More religious or spiritual values
    q. Improving respect for all persons

5. What are the most important health issues that our community should focus on? Please select your top 3 choices.
    a. Aging problems (Alzheimer's, arthritis, hearing/vision loss, etc.)
    b. Alcohol Use
    c. Cancer
    d. Child abuse and neglect
    e. Dental issues
    f. Diabetes
    g. Domestic violence, rape and sexual assault
    h. Drug use (prescription and illegal)
    i. Gun violence
    j. Heart disease and stroke
    k. High blood pressure
    l. Homelessness
    m. Hunger
    n. Infectious diseases (STIs, Influenza Hepatitis, TB, etc.)
    o. Lack of access to health care
    p. Lack of walkability
    q. Mental health (depression, anxiety, stress)
    r. Mental illness (serious and persistent)
    s. Obesity
    t. Physical inactivity
    u. Poor diet
    v. Respiratory and lung diseases
    w. Safe, affordable & adequate housing
    x. Sexually transmitted diseases (HIV, STI)
    y. Suicide
    z. Teenage pregnancy
    aa. Tobacco and vaping use

Thank you for taking the survey and giving your opinions.

APPENDIX O -

O - PUTNAM COUNTY AND NUVANCE COMMUNITY HEALTH EXPERIENCE SURVEY

COMMUNITY HEALTH ASSESSMENT

Nuvance Health

Your Community Health Experience

Please complete this survey about important health issues in your community. Together, Nuvance Health and your local health department will use the results of this survey and other information to identify health needs and inform program planning in your community. This survey is intended for adults aged 18 and over. Please complete only one survey per person. Your survey responses are anonymous. Thank you for your participation.

1. **What are the main health concerns in the COMMUNITY where you live?** *(Please check up to three major categories. When there are subcategories, you may check all that apply.)*
   - O Access to healthcare providers
     - ☐ Dental care
     - ☐ Primary care (including OBGYN, pediatrician)
     - ☐ Mental healthcare
     - ☐ Specialty care (e.g., cardiologists)
     - ☐ Other *(Please specify.)* _____
   - O Asthma/lung disease
   - O Cancer
   - O Care for the elderly
   - O Child health and wellness
   - O Cognitive impairment (e.g., confusion, memory loss)
   - O Contagious diseases and other infections *(Please check all that apply.)*
     - ☐ Tick-borne illness
     - ☐ Vaccine preventable diseases (e.g., measles, polio)
     - ☐ Respiratory infections
     - ☐ HIV/AIDS and sexually transmitted infections
     - ☐ Other *(Please specify.)* _____
   - O Diabetes
   - O Environmental hazards (e.g., water, pollution, air)
   - O Falls among the elderly
   - O Heart disease and stroke
   - O Mental health (e.g., depression, anxiety, suicide)
   - O Nutrition/eating habits
   - O Obesity/weight management issues
   - O Pregnancy-associated health issues (e.g., premature births, preeclampsia, low birthweight, gestational diabetes, maternal depression)
   - O Preventable injuries *(Please check all that apply.)*
     - ☐ Car crashes
     - ☐ Pedestrian injuries
     - ☐ Other *(Please specify.)* _____
   - O Safety
   - O Smoking/tobacco/nicotine use
   - O Substance misuse *(Please check all that apply.)*
     - ☐ Drugs
     - ☐ Alcohol
   - O Teen pregnancy
   - O Violence *(Please check all that apply.)*
     - ☐ In the home or between partners
     - ☐ Guns
     - ☐ Murder
     - ☐ Rape
     - ☐ Other *(Please specify.)* _____
   - O Women's health and wellness
   - O Unsure
   - O Prefer not to respond
   - O Other *(Please specify.)* _____

2. **What are the main health concerns for YOU AND YOUR FAMILY?** *(Please check up to three major categories. When there are subcategories, you may check all that apply.)*
   - O Access to healthcare providers
     - ☐ Dental care
     - ☐ Primary care (including OBGYN, pediatrician)
     - ☐ Mental healthcare
     - ☐ Specialty care (e.g., cardiologists)
     - ☐ Other *(Please specify.)* _____
   - O Asthma/lung disease
   - O Cancer
   - O Care for the elderly
   - O Child health and wellness
   - O Cognitive impairment (e.g., confusion, memory loss)
   - O Contagious diseases and other infections *(Please check all that apply.)*
     - ☐ Tick-borne illness
     - ☐ Vaccine preventable diseases (e.g., measles, polio)
     - ☐ Respiratory infections
     - ☐ HIV/AIDS and sexually transmitted infections
     - ☐ Other *(Please specify.)* _____
   - O Diabetes
   - O Environmental hazards (e.g., water, pollution, air)

Question 2 continues on next page

- ○ Falls among the elderly
- ○ Heart disease and stroke
- ○ Mental health (e.g., depression, anxiety, suicide)
- ○ Nutrition/eating habits
- ○ Obesity/weight management issues
- ○ Pregnancy-associated health issues (e.g., premature births, preeclampsia, low birthweight, gestational diabetes, maternal depression)
- ○ Preventable injuries *(Please check all that apply.)*
  - ☐ Car crashes
  - ☐ Pedestrian injuries
  - ☐ Other *(Please specify.)* _____
- ○ Safety
- ○ Smoking/tobacco/nicotine use
- ○ Substance misuse *(Please check all that apply.)*
  - ☐ Drugs
  - ☐ Alcohol
- ○ Teen pregnancy
- ○ Violence *(Please check all that apply.)*
  - ☐ In the home or between partners
  - ☐ Guns
  - ☐ Murder
  - ☐ Rape
  - ☐ Other *(Please specify.)* _____
- ○ Women's health and wellness
- ○ Unsure
- ○ Prefer not to respond
- ○ Other *(Please specify.)* _____

---

3. How do you think your community will be doing five years from now in the following areas?
(Please check one response per row.)

	Better	About the same	Worse	Unsure	Prefer not to respond
Access to transportation *(Check one across.)*					
Affordable housing *(Check one across.)*					
Employment opportunities *(Check one across.)*					
Access to healthy food *(Check one across.)*					
Access to childcare *(Check one across.)*					
Safety *(Check one across.)*					

---

4. Which of the following are most needed to improve the health of your community? *(Please check up to three major categories. When there are subcategories, you may check all that apply.)*

- ○ Access to healthier food *(Please check all that apply.)*
  - ☐ Farmers markets
  - ☐ More grocery stores
  - ☐ Other *(Please specify.)* _____
- ○ Access to transportation *(Please check all that apply.)*
  - ☐ Public
  - ☐ Private
- ○ Access to local jobs with competitive compensation
- ○ Affordable housing
- ○ Breastfeeding support (e.g., lactation consultation)
- ○ Clean air and water
- ○ Drug and alcohol rehabilitation services
- ○ Health insurance enrollment programs
- ○ Health education programs
- ○ Health screenings
- ○ Home care options (e.g., home health aides, visiting nurses)
- ○ Improved childcare options
- ○ Investments in schools
- ○ Mental health services

Question 4 continues on next page

- O Parks and recreation
- O Safer places to walk/play
- O Safer workplaces
- O Smoking cessation programs
- O Weight management programs
- O Unsure
- O Prefer not to respond
- O Other *(Please specify.)* _____

5. **Which of the following health screenings and/or education/information topics/programs would be most beneficial to your community?** *(Please check up to three.)*

- O Air and water quality
- O Antibiotic resistance
- O Blood pressure
- O Breastfeeding
- O Cancer
- O Cholesterol
- O Chronic disease management
- O Cognitive impairment (e.g., confusion, memory loss)
- O Dental screenings
- O Diabetes/pre-diabetes
- O Disease outbreak prevention
- O Drug and alcohol misuse
- O Eating disorders
- O Emergency preparedness
- O Environments to promote physical activity
- O Exercise/physical activity
- O Fall prevention for the elderly
- O Food security
- O Heart disease and stroke
- O Hepatitis C virus
- O HIV/AIDS and sexually transmitted infections
- O Mental health (e.g., depression, anxiety, suicide)
- O Nutrition
- O Other environmental toxins
- O Pedestrian/cyclist safety
- O Prenatal care
- O Routine wellness checkups
- O Smoking cessation (e.g., tobacco, nicotine)
- O Suicide prevention
- O Vaccinations/immunizations
- O Violence prevention
- O Weight management
- O Unsure
- O Prefer not to respond
- O Other *(Please specify.)* _____

6. **In the last year, have you had trouble meeting the needs of you or members of your household in any of the following areas?** *(Please check all that apply.)*

- O Childcare
- O Food
- O Healthcare
- O Housing
- O Internet
- O Interpersonal safety
- O Medicine
- O Phone
- O Transportation
- O Utilities
- O Unsure
- O Prefer not to respond
- O None of the above
- O Other *(Please specify.)* _____

7. **Do any of the following prevent you and your family from getting needed healthcare?** *(Please check up to three major categories. When there are subcategories, you may check all that apply.)*

- O Cost of care (Please check all that apply.)
  - ☐ No insurance and unable to pay for care
  - ☐ Unable to pay copays/deductibles
  - ☐ Other *(Please specify.)* _____
- O Don't know how to find healthcare clinicians/providers
- O Fear/hesitancy (e.g., not ready to face health problem; immigration status)
- O Lack of cultural/religious sensitive care
- O Lack of appointment availability (Please check all that apply.)
  - ☐ Appointments don't match our availability (e.g., unable to miss work, other responsibilities)
  - ☐ Long wait times
  - ☐ Not accepting new patients
  - ☐ Other *(Please specify.)* _____
- O Lack of available healthcare clinicians/providers in the community
- O Lack of transportation
- O Language barriers
- O Misinformation/limited health literacy
- O Nothing prevents me and my family from getting needed healthcare
- O Unsure
- O Prefer not to respond
- O Other *(Please specify.)* _____

8. **Who are the trusted sources of health information for you and your family?** *(Please check all that apply.)*
   - ○ Doctors/healthcare providers
   - ○ Family or friends
   - ○ Health departments
   - ○ Hospitals
   - ○ Online health sites (e.g., WebMD)
   - ○ Religious organizations
   - ○ Schools or colleges
   - ○ Workplace wellness/occupational health programs
   - ○ Unsure
   - ○ Prefer not to respond
   - ○ Other *(Please specify.)* _____

9. **Which of the following social media platforms/apps do you use to learn about local health-related events and programs?** *(Please check all that apply.)*
   - ○ Facebook
   - ○ X (formally Twitter)
   - ○ Instagram
   - ○ TikTok
   - ○ YouTube
   - ○ LinkedIn
   - ○ Snapchat
   - ○ Other *(Please specify.)* _____
   - ○ None

10. **In your own words, what are the major health challenges in your community?**

11. **In your own words, what are your most significant health challenges?**

12. In the last year, in an average week, how often did you *(Please check one response per row.)*:

	0 days	1-3 days	4-6 days	7 days	Unsure
Eat a balanced healthy diet *(Check one across.)*					
Exercise for 30 min or more *(Check one across.)*					
Get 7 to 9 hours of sleep *(Check one across.)*					
Have quality encounters with friends, family or neighbors *(Check one across.)*					
Feel stressed *(Check one across.)*					

---

13. How would you rate your health in each area below? *(Please check one response per row.)*

	Poor	Fair	Good	Excellent	Unsure	Prefer not to respond
Physical health *(Check one across.)*						
Dental health *(Check one across.)*						
Mental health *(Check one across.)*						

---

14. Are there children under the age of 18 living in your household?

○ Yes ○ No ○ Prefer not to respond

14A. How would you rate your child(ren)'s health in each area below? Please only answer this question if you've answered "Yes" to question #14. *(Please check one response per row.)*

	Poor	Fair	Good	Excellent	Unsure	Prefer not to respond
Physical health *(Check one across.)*						
Dental health *(Check one across.)*						
Mental health *(Check one across.)*						

14B. What are the biggest concerns regarding your child(ren)'s health and wellbeing? Please only answer this question if you've answered "Yes" to question #14. *(Please check up to three major categories. When there are subcategories, you may check all that apply.)*

- O Accidents
  - ☐ Automobile accident
  - ☐ Drowning
  - ☐ Sports related injury
  - ☐ Other *(Please specify.)* _____
- O Chronic absenteeism/school performance
- O Chronic disease (e.g., asthma, diabetes)
- O Dental health
- O Mental health (e.g., depression, anxiety, suicide)
- O Nutrition/eating habits
- O Obesity/weight management issues
- O Safer places to walk/play
- O Substance misuse *(Please check all that apply.)*
  - ☐ Drugs
  - ☐ Alcohol
- O Vaccine-preventable illness
- O Violence *(Please check all that apply.)*
  - ☐ In the home or between partners
  - ☐ Guns
  - ☐ Murder
  - ☐ Rape
  - ☐ Other *(Please specify.)* _____
- O Unsure
- O Prefer not to respond
- O None of the above
- O Other *(Please specify.)* _____

15. I identify as:

- O Woman
- O Man
- O Transgender
- O Non-binary/non-conforming
- O Prefer not to respond
- O Other *(Please specify.)* _____

16. What is your age?

- O 18 - 24 years
- O 25 - 34 years
- O 35 - 44 years
- O 45 - 54 years
- O 55 - 64 years
- O 65+ years
- O Prefer not to respond

17. ZIP code where you live: _____

18. Town where you live: _____

19. County where you live:

- O Fairfield, CT
- O Litchfield, CT
- O Dutchess, NY
- O Orange, NY
- O Putnam, NY
- O Rockland, NY
- O Ulster, NY
- O Westchester, NY
- O Other *(Please specify.)* _____

20. What is your annual household income from all sources?

- O Less than $25,000
- O $25,000 - $49,999
- O $50,000 - $99,999
- O $100,000 - $149,999
- O Greater than or equal to $150,000
- O Prefer not to respond

21. Do you have reliable internet access in your home?

- O Yes
- O No
- O Prefer not to respond

22. Do you or anyone in your household have a disability?

- O Yes
- O No
- O Prefer not to respond

23. What is your current employment status?

- O Employed full-time
- O Employed part-time
- O Student
- O Retired
- O Out of work, looking for work
- O Out of work, but not currently looking
- O Out of work, unable to work
- O Prefer not to respond

24. Are you a veteran or active military member?

- O Yes
- O No
- O Prefer not to respond

25. Do you currently have health insurance?

- O Yes
- O No
- O Unsure
- O Prefer not to respond

25A. What type of insurance do you have? (Please only answer if you selected "Yes" to question #25; check all that apply.)

- O Medicaid
- O Medicare
- O Insured through employer
- O Purchase my own insurance
- O No insurance
- O Unsure
- O Prefer not to respond
- O Other *(Please specify.)* _____

26. What race do you consider yourself?

- O White
- O Black or African American
- O Asian
- O Native Hawaiian and Other Pacific Islander
- O American Indian and Alaska Native
- O Two or more races
- O Prefer not to respond
- O Other *(Please specify.)* _____

27. Are you Hispanic or Latino?

- O Not Hispanic or Latino
- O Hispanic or Latino
- O Unsure
- O Prefer not to respond

28. What language do you speak when you are at home? (Please check all that apply.)

- O Albanian
- O Arabic
- O Chinese
- O English
- O French
- O French Creole
- O Farsi
- O Haitian Creole
- O Hindi
- O Italian
- O Korean
- O Nauru
- O Polish
- O Portuguese
- O Spanish
- O Samoan
- O Yiddish
- O Prefer not to respond
- O Other *(Please specify.)* _____

APPENDIX P -

P - ROCKLAND COUNTY COMMUNITY HEALTH ASSESSMENT SURVEY

English

Rockland County
HEALTH

Community Health Assessment Survey

We need YOUR input!

The Rockland County Department of Health (RCDOH) is in the process of developing our 2025-2030 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The CHA uses public health data, community surveys, and community stakeholder input to identify the health needs and issues of the county. The CHIP is our long-term effort to address the needs and issues identified in the CHA. Community agencies will use these to address the public health concerns in the county. The results of this survey will be published in the upcoming CHA. For more information, please visit RocklandCountyNY.gov
By completing this survey, you can help us identify the issues most important to you and your community. The survey should take about 10-15 minutes to complete. It is completely anonymous, and answers cannot be traced back to you. Any questions about this survey can be directed to RCDOHHealthAssessment@co.rockland.ny.us.

Do you live in Rockland County? (Must live in Rockland to participate) *

- ○ Yes
- ○ No

What is the zip code of your home address in Rockland County? *

What is your age? (Must be at least 18 to participate) *

- ○ Under 18
- ○ 18-29
- ○ 30-39
- ○ 40-49
- ○ 50-59
- ○ 60+

What is your sex? *

- ○ Male
- ○ Female
- ○ Prefer not to answer

English

Rockland County HEALTH

Which race/nationality do you identify with? Please select all that apply. *

- [ ] White/Caucasian
- [ ] Black/African American
- [ ] Hispanic/Latino/Latinx
- [ ] Asian or Asian American
- [ ] American Indian or Alaskan Native
- [ ] Native Hawaiian or other Pacific Islander
- [ ] Prefer not to answer
- [ ] Other

What is your approximate household income? *

- ○ $0-$29,999
- ○ $30,000-$69,999
- ○ $70,000-$109,999
- ○ $110,000-$149,000
- ○ $150,000-$189,999
- ○ $190,000-$229,999
- ○ $230,000+
- ○ Prefer not to answer

How many people live in your home, including yourself? *

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more
- ○ Prefer not to answer

Do you have health insurance? *

- ○ Yes
- ○ No

What kind of health insurance do you have? *

- ○ Employer/Spouse's Employer
- ○ Medicare
- ○ Medicaid
- ○ Veteran's Affair (VA)
- ○ NYS of Health/Marketplace Exchange
- ○ Tribal Health
- ○ Not sure
- ○ Prefer not to answer

English

Rockland County
HEALTH

How would you rate your quality of life in Rockland County? *

- ○ Excellent
- ○ Good
- ○ Fair
- ○ Poor
- ○ Very Poor

Please choose the top three factors that you believe make a positive contribution to healthy living in Rockland County. *

- ☐ Safe neighborhoods
- ☐ Access to services for mental health/substance abuse
- ☐ Opportunities for outdoor recreation/physical activity
- ☐ Access to healthy food
- ☐ Access to affordable, high-quality housing
- ☐ Access to affordable childcare
- ☐ Good schools
- ☐ Good jobs
- ☐ Clean environment
- ☐ Access to good public transportation
- ☐ Access to health care for children (Immunization, Lead screening, Early Intervention)
- ☐ Access to prenatal care
- ☐ Access to community services and support
- ☐ Other _____

Priorities for Community Health and Wellbeing

Select your top 3 areas that you believe need improvement in Rockland County. *

- ☐ Economic Wellbeing (affordable childcare, unemployment, housing stability/affordability, food insecurity)
- ☐ Mental Wellbeing and Substance Use (suicide, substance use/addiction [alcohol, tobacco, opioids], overdose response [Narcan®])
- ☐ Safe and Healthy Communities (access to adequate transportation, spaces for physical activity, neighborhoods free of crime/violence, safe roadways, access to safe drinking water, access to community resources)
- ☐ Health Care Access and Quality (prenatal care, teen pregnancy, chronic disease prevention [diabetes, heart disease], communicable disease prevention [access to vaccines, public health clinics])
- ☐ Healthy Children (immunization, lead screening, Early Intervention, behavioral health)
- ☐ Education Access and Quality (Health and wellness programs in schools, options for continuing education, vocational programs)

English

Rockland County HEALTH

Economic Priorities

If you did not select this priority as one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No opinion
Access to affordable, healthy food	○	○	○	○	○	○
Access to affordable housing	○	○	○	○	○	○
Availability of jobs that meet your cost of living	○	○	○	○	○	○
Access to affordable childcare	○	○	○	○	○	○

Mental Wellbeing and Substance Use

If you did not select this priority one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No Opinion
Anxiety and Depression	○	○	○	○	○	○
Suicide Prevention	○	○	○	○	○	○
Opioid Use	○	○	○	○	○	○
Overdose Prevention	○	○	○	○	○	○
Alcohol Misuse	○	○	○	○	○	○
Tobacco and Vaping Use	○	○	○	○	○	○

English

Rockland County HEALTH

Safe and Healthy Communities

If you did not select this priority one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No Opinion
Access to community spaces like parks, walkways, bike paths, and community centers	○	○	○	○	○	○
Access to classes, activities, and groups that encourage healthy habits (physical activity, nutrition, stress reduction, diabetes prevention, fall prevention, quitting smoking, etc.)	○	○	○	○	○	○
Access to community services and resources (WIC, Social Services, Aging Services, Salvation Army, United Way, etc.)	○	○	○	○	○	○
Injuries and violence prevention	○	○	○	○	○	○
Traffic safety	○	○	○	○	○	○
Drinking water quality	○	○	○	○	○	○
Public transportation availability	○	○	○	○	○	○

English

Rockland County HEALTH

Healthcare Access and Quality

If you did not select this priority one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No Opinion
Access to health screenings available in your community (blood sugar, cholesterol, blood pressure, etc.)	○	○	○	○	○	○
Prevention of Communicable Disease (access to vaccines, public health clinics such as TB, STI, etc.)	○	○	○	○	○	○
Prevention of Chronic Disease (diabetes, hypertension, cancer, heart disease)	○	○	○	○	○	○
Access to adequate prenatal care	○	○	○	○	○	○
Teen pregnancy rates	○	○	○	○	○	○

Which of the following health conditions are you most concerned about for yourself and your community? Please select any 3 for yourself and any 3 for your community. *

	Myself	My Community
Asthma, COPD, or other chronic respiratory conditions	☐	☐
Diabetes	☐	☐
Cancer	☐	☐
Heart problems (high blood pressure, cholesterol, heart disease, stroke, etc.)	☐	☐
Infectious diseases (Seasonal FLU, COVID-19, RSV, measles, polio, HIV, TB, AIDS, hepatitis, sexually transmitted infections, etc.)	☐	☐
Mental illness (depression, anxiety, suicide, bipolar disorder)	☐	☐
Substance use disorders (alcohol, tobacco, vaping, cannabis, opioids, etc.)	☐	☐
Obesity, or problems with weight management or nutrition	☐	☐

List any additional health conditions that you are concerned about that were not included.

English

Rockland County HEALTH

Healthy Children

If you did not select this priority one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No Opinion
Childhood Vaccination Rates	○	○	○	○	○	○
Lead Screening	○	○	○	○	○	○
Early Intervention	○	○	○	○	○	○
Childhood Behavioral Health (ability to regulate emotions, develop social skills, and cope with challenges)	○	○	○	○	○	○
Preventing Adverse Childhood Experiences (abuse, neglect, family mental illness/substance abuse/incarceration)	○	○	○	○	○	○

Education

If you did not select this priority one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No Opinion
Health and Wellness Programs in Schools	○	○	○	○	○	○
Options for Continuing Education	○	○	○	○	○	○
Vocational Programs	○	○	○	○	○	○

English

Rockland County HEALTH

Food and Housing Accessibility

Over the past year, there were times when I or someone in my household was hungry and couldn't get access to enough food. *

- ○ Often True
- ○ Sometimes True
- ○ Never True

What has prevented you or someone in your household from getting enough food? (Select all that apply) *

- ☐ Lack of money/cannot afford food
- ☐ Lack of transportation
- ☐ Lack of time to get food
- ☐ Inability/difficulty preparing food on my own
- ☐ Does not apply
- ☐ Other _____

Do you use any of the following resources? (Select all that apply) *

- ☐ Local food pantry
- ☐ SNAP benefits
- ☐ Friends/Family
- ☐ Meals on Wheels or other prepared food services
- ☐ My household has not used any of these services
- ☐ Other _____

How would you rate the physical condition of your home?

- ○ Excellent
- ○ Good
- ○ Fair
- ○ Poor
- ○ I am unhoused/homeless
- ○ Prefer not to answer

English

Rockland County HEALTH

In the past five years, have you had a problem (that you found difficult/impossible to resolve) with any of the following in your home? (Select all that apply) *

- ☐ Lack of access to heat or air conditioning when you needed it
- ☐ Lack of access to clean water when you needed it
- ☐ Lead or lead-based paint
- ☐ Lack of smoke or carbon monoxide detection
- ☐ Overcrowding
- ☐ Black Mold
- ☐ Structural issues
- ☐ Rodent/Pest Problems
- ☐ Does not apply

Has your home ever been tested for the presence of Lead or Lead-based Paint

- ○ Yes
- ○ No
- ○ Unsure
- ○ Does not apply
- ○ Prefer not to answer

What is your primary source of drinking water?

- ○ Municipal or Public Supply
- ○ Private Well
- ○ Unsure
- ○ Prefer not to answer
- ○ Other _____

Are you concerned about the quality of your drinking water? *

- ○ Yes
- ○ No

What are your specific water quality concerns?

- ☐ Lead
- ☐ PFOS (perfluorooctane sulfonate)
- ☐ PFOA (perfluorooctanoic acid)
- ☐ Nutrient Loading
- ☐ Does not apply
- ☐ Other _____

English

Rockland County HEALTH

What is your primary form of transportation? *

- ○ Personal Vehicle
- ○ Public transportation
- ○ Ride share/taxi
- ○ Bicycle
- ○ Walking
- ○ Prefer not to answer
- ○ Other _____

Do you have access to public transportation when and where you need it? *

- ○ Yes
- ○ Sometimes
- ○ No
- ○ Prefer not to answer
- ○ Does not apply

English

Rockland County HEALTH

Health and Wellbeing

If you or someone in your household did not get physical, dental, or mental health care that was needed, advised, or recommended, what were the main reasons for not receiving care? Select all that apply for each type of care. *

	Physical Health	Dental Care	Mental Health	Does not apply
Cost- Without insurance it was too expensive	☐	☐	☐	☐
Cost- Even with insurance, it was too expensive	☐	☐	☐	☐
Transportation- It was too hard to get there or didn't have reliable transportation	☐	☐	☐	☐
Hours - They weren't open when I/we could get there	☐	☐	☐	☐
Appointment Availability- There were no appointments available in a timely manner	☐	☐	☐	☐
Unsure Where to Go- Didn't know where to go to receive care	☐	☐	☐	☐
Personal Feelings- Scared, embarrassed, or ashamed of getting care	☐	☐	☐	☐
Decided not to Pursue Care- Didn't like going or didn't wish to continue with care	☐	☐	☐	☐

List any other reason not listed that prevented you from accessing medical care.

The CDC recommends that adults engage in at least 150 minutes of moderate-intensity physical activity/exercise per week. Do you participate in at least 150 minutes of physical activity/exercise per week? *

- ○ Yes
- ○ No
- ○ Prefer not to answer

English

Rockland County HEALTH

Which, if any, of the following would help you become more active? Select all that apply.

- ☐ Transportation to a park or other exercise space (such as community center/gym)
- ☐ Free at-home exercise plans
- ☐ Exercise groups, clubs, or a friend to participate with
- ☐ Free exercise workshops/classes/programs for adults
- ☐ Free exercise workshops/classes/programs for families (adults and children)
- ☐ Safer outdoor places to exercise (walking/running/biking paths, parks, etc)
- ☐ Discounts for gym memberships
- ☐ Workplace exercise programs or equipment
- ☐ Other _____

Children's Health

This section is focused on young children. If you do not have any children under 6 in your household, please skip to the next section.

Do you have a child younger than 6 years old living in your household? *

- ○ Yes
- ○ No

Has your child been screened for lead poisoning by a pediatrician?

- ○ Yes
- ○ No
- ○ Unsure

Have you wanted to get a vaccine for your child but experienced difficulties accessing vaccines? *

- ○ Yes
- ○ No
- ○ Prefer not to answer

What barriers have you faced accessing vaccines? *

- ☐ Cost
- ☐ Personal time limitations
- ☐ Not offered at my doctor/pharmacy
- ☐ Transportation difficulty
- ☐ Other _____

English

Rockland County HEALTH

Do you believe the childhood vaccines recommended by health authorities (e.g., CDC, WHO) are necessary and safe?

- ○ Yes
- ○ No
- ○ Unsure
- ○ Prefer not to answer

Are your children up to date on their recommended vaccines?

- ○ Yes
- ○ No
- ○ Unsure

Have you ever chosen to skip or delay a vaccine recommended for your child?

- ○ Yes
- ○ No

Select the reason(s) why you chose to skip or delay.

- ☐ Concerns about vaccine safety/ingredients
- ☐ Concerns about vaccine side effects
- ☐ Religious or philosophical beliefs
- ☐ Scheduling difficulties
- ☐ Cost/Insurance issues
- ☐ Influence from friends/family
- ☐ Other_____

What, if any, could increase your confidence in childhood vaccines?

- ☐ More information from healthcare providers
- ☐ Personal stories from parents who vaccinated their children
- ☐ Increased public health campaigns and education
- ☐ Recommendations from trusted community members
- ☐ Clearer communication about the benefits of vaccines
- ☐ Other_____

English

Rockland County HEALTH

Women's Health

This section is focused on women's health. If you do not identify as a woman, please skip to the next section.

Are you pregnant or planning to become pregnant? *

- ○ Yes
- ○ No
- ○ Does not apply

Do you have access to adequate prenatal care?

- ○ Yes
- ○ No

What is limiting your access to adequate prenatal care?

- ☐ Lack of access to transportation
- ☐ Lack of funds
- ☐ Don't have insurance
- ☐ Don't know how to get access to care
- ☐ Other_____

Do you have access to lactation (breastfeeding) services?

- ○ Yes
- ○ No
- ○ Does not apply

Do you have consistent access to menstrual products (tampons, pads, menstrual cups)?

- ○ Yes
- ○ No
- ○ Does not apply

English

Rockland County HEALTH

Tobacco and Substance Use

Substance use disorders (addictions) don't just affect individuals; they impact families, friends, and communities. Select all that apply for your personal experience with substance use disorders. *

	Yourself	Family Member	Friend	Does not apply
Alcohol Misuse	☐	☐	☐	☐
Drug Use	☐	☐	☐	☐
Tobacco/Vaping Products Use	☐	☐	☐	☐
In Recovery from Drug Addiction	☐	☐	☐	☐
In Recovery from Alcohol Use Disorder	☐	☐	☐	☐

Do you know what Narcan® (Naloxone) is?

○ Yes
○ No

Narcan® (Naloxone) is a lifesaving medication used for the treatment of a known or suspected opioid overdose emergency. It can reverse an opioid overdose and quickly restore normal breathing. For more information, please visit the NYS OASAS website.

What is your experience with Narcan® (Naloxone)

☐ I know where I can get Narcan® in Rockland County.
☐ I do not know where I can get Narcan® in Rockland County
☐ I carry Narcan® with me or keep it in my home.
☐ I have used Narcan® to save a life.
☐ I have no experience with Narcan®.
☐ Prefer not to answer.

English

Rockland County
HEALTH

Thank you for completing the Community Health Assessment Survey. You can now enter for a Chance to win a $50 Gift Card*!

To enter, provide:

Your Full Name: _____

Phone Number: (____)_____

If you are one of the lucky winners, we will call you to arrange for you to receive your $50 Gift Card.

*Sweepstakes entrants will not be connected to any survey responses; your name and phone number are for the sweepstakes only.

APPENDIX Q -

Q - GREATER NEW YORK HOSPITAL ASSOCIATION 2025 COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

2025 Community Health Survey

We want to improve the health services we offer to people who live in your neighborhood. The information you give us will be used to improve health services for people like yourself.

Completing the survey is voluntary. We will keep your answers private. If you are not comfortable answering a question, leave it blank.

We value your input. Thank you very much for your help.

---

1 **Are you 18 years of age or older?**

- ○ Yes
- ○ No → Thank you very much, but we are only asking this survey of people who are ages 18 and older.

2 **We want people from all different neighborhoods to take part in this survey. Please tell us the zip code where you live so we can identify your neighborhood.**

Zip code: _____

IF YOU PROVIDED A ZIP CODE, PLEASE GO TO QUESTION 6. YOU DO NOT NEED TO ANSWER THESE QUESTIONS.

3 **Do you live in New York City?**

- ○ Yes
- ○ No → Skip to 5

4 **If you live in New York City, please select the borough where you live:**

- ○ The Bronx → Go on to page 3
- ○ Brooklyn → Go on to page 3
- ○ Manhattan → Go on to page 3
- ○ Queens → Go on to page 3
- ○ Staten Island → Go on to page 3
- ○ I do not live in New York City → Answer 5

5 **If you do not live in New York City, please tell us the county where you live:**

- ○ Albany County
- ○ Allegany County
- ○ Broome County
- ○ Cattaraugus County
- ○ Cayuga County
- ○ Chautauqua County
- ○ Chemung County
- ○ Chenango County
- ○ Clinton County
- ○ Columbia County
- ○ Cortland County
- ○ Delaware County
- ○ Dutchess County
- ○ Erie County
- ○ Essex County
- ○ Franklin County
- ○ Fulton County
- ○ Genesee County
- ○ Greene County
- ○ Hamilton County
- ○ Herkimer County
- ○ Jefferson County
- ○ Madison County
- ○ Monroe County
- ○ Montgomery County
- ○ Nassau County
- ○ Niagara County
- ○ Oneida County
- ○ Onondaga County
- ○ Ontario County
- ○ Orange County
- ○ Orleans County
- ○ Oswego County
- ○ Otsego County
- ○ Putnam County
- ○ Rensselaer County
- ○ Rockland County
- ○ Saratoga County
- ○ Schenectady County
- ○ Schoharie County
- ○ Schuyler County
- ○ Seneca County
- ○ St. Lawrence County
- ○ Steuben County
- ○ Tioga County
- ○ Tompkins County
- ○ Ulster County
- ○ Warren County
- ○ Washington County
- ○ Wayne County
- ○ Westchester County
- ○ Wyoming County
- ○ Yates County
- ○ Other_____

- ○ Lewis County
- ○ Livingston County
- ○ Suffolk County
- ○ Sullivan County

Health Status

6 In general, how is the overall health of the people of your neighborhood?

- ○ Poor
- ○ Fair
- ○ Good
- ○ Very good
- ○ Excellent

7 In general, how is your physical health?

- ○ Poor
- ○ Fair
- ○ Good
- ○ Very good
- ○ Excellent

8 In general, how is your mental health?

- ○ Poor
- ○ Fair
- ○ Good
- ○ Very good
- ○ Excellent

9 **For each of the following, please tell us: How important is each of the following to you and how satisfied are you with the current services in your neighborhood to address each issue?**

		How important is this issue to you?						How satisfied are you with current services?					
		Don't know	Not at all	A little	Somewhat	Very	Extremely	Don't know	Not at all	A little	Somewhat	Very	Extremely
1	Access to continuing education and job training programs	○	○	○	○	○	○	○	○	○	○	○	○
2	Access to healthy/nutritious foods	○	○	○	○	○	○	○	○	○	○	○	○
3	Adolescent and child health	○	○	○	○	○	○	○	○	○	○	○	○
4	Affordable housing and homelessness prevention	○	○	○	○	○	○	○	○	○	○	○	○
5	Arthritis/disease of the joints	○	○	○	○	○	○	○	○	○	○	○	○
6	Assistance with basic needs like food, shelter, and clothing	○	○	○	○	○	○	○	○	○	○	○	○
7	Asthma, breathing issues, and lung disease	○	○	○	○	○	○	○	○	○	○	○	○
8	Cancer	○	○	○	○	○	○	○	○	○	○	○	○
9	Cigarette smoking/tobacco use/vaping/ e-cigarettes/hookah	○	○	○	○	○	○	○	○	○	○	○	○
10	Infectious diseases (COVID-19, flu, hepatitis)	○	○	○	○	○	○	○	○	○	○	○	○
11	Dental care	○	○	○	○	○	○	○	○	○	○	○	○
12	Diabetes and high blood sugar	○	○	○	○	○	○	○	○	○	○	○	○
13	Heart disease	○	○	○	○	○	○	○	○	○	○	○	○
14	Hepatitis C/liver disease	○	○	○	○	○	○	○	○	○	○	○	○
15	High blood pressure	○	○	○	○	○	○	○	○	○	○	○	○
16	HIV/AIDS (Acquired Immune Deficiency Syndrome)	○	○	○	○	○	○	○	○	○	○	○	○
17	Infant health	○	○	○	○	○	○	○	○	○	○	○	○
18	Job placement and employment support	○	○	○	○	○	○	○	○	○	○	○	○
19	Mental health disorders (such as depression)	○	○	○	○	○	○	○	○	○	○	○	○
20	Obesity in children and adults	○	○	○	○	○	○	○	○	○	○	○	○
21	School health and wellness programs	○	○	○	○	○	○	○	○	○	○	○	○
22	Sexually Transmitted Infections (STIs)	○	○	○	○	○	○	○	○	○	○	○	○
23	Stopping falls among elderly	○	○	○	○	○	○	○	○	○	○	○	○
24	Substance use disorder/ addiction (including alcohol use disorder)	○	○	○	○	○	○	○	○	○	○	○	○
25	Violence (including gun violence)	○	○	○	○	○	○	○	○	○	○	○	○
26	Women's and maternal health care	○	○	○	○	○	○	○	○	○	○	○	○

Long-term COVID Effects

10 **Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?**

- ○ Yes
- ○ No [Skip to question 13]

11 **Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?**

- ○ Yes
- ○ No [Skip to question 13]

12 **Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?**

- ○ Yes, a lot
- ○ Yes, a little
- ○ Not at all

Social Determinants of Health

13 **During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?**

- ○ Yes
- ○ No

14 **During the past 12 months how often did the food that you bought not last, and you didn't have money to get more?**

- ○ Always
- ○ Usually
- ○ Sometimes
- ○ Rarely
- ○ Never

15 **During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?**

- ○ Yes
- ○ No

Health Care Access

16 **What is the current source of your primary health insurance (the one you use most often)?**

- ○ A plan purchased through an employer or union (including plans purchased through another person's employer)
- ○ A private nongovernmental plan that you or another family member buys on your own
- ○ Medicare
- ○ Medigap
- ○ Medicaid
- ○ Children's Health Insurance Program (CHIP)
- ○ Military related health care: TRICARE (CHAMPUS) /VA health care /CHAMP-VA
- ○ Indian Health Services
- ○ State sponsored health plan
- ○ Other government program
- ○ No coverage of any type

Demographic Information

17 **What is your race and/or ethnicity? (Select all that apply)**

- □ American Indian or Alaska Native
  - ○ For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.
- □ Asian
  - ○ For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.
- □ Black or African American
  - ○ For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
- □ Hispanic or Latino
  - ○ For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.
- □ Middle Eastern or North African
  - ○ For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.
- □ Native Hawaiian or Pacific Islander
  - ○ For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
- □ White
  - ○ For example, English, German, Irish, Italian, Polish, Scottish, etc.

18 **Do you speak a language other than English at home?**

- ○ Yes
- ○ No [Skip to question 21]

19 **What is this language? (Select all that apply)**

- ☐ Spanish
- ☐ Arabic
- ☐ Bengali
- ☐ Burmese
- ☐ Chinese
- ☐ French
- ☐ Haitian Creole
- ☐ Hindi
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Nepali
- ☐ Polish
- ☐ Russian
- ☐ Urdu
- ☐ Yiddish
- ☐ Other

20 **How well do you speak English?**

- ○ Very well
- ○ Well
- ○ Not well
- ○ Not at all

21 **Which of the following best represents how you think of yourself?**

- ○ Gay or lesbian
- ○ Straight, that is not gay or lesbian
- ○ Bisexual
- ○ I use a different term

22 **How do you currently describe yourself? (Select all that apply)**

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ I use a different term

23 **Are you transgender?**

- ○ Yes
- ○ No

24 **What is your age?**

- ○ 18 - 24
- ○ 25 - 34
- ○ 35 - 44
- ○ 45 - 54
- ○ 55 - 64
- ○ 65 - 74
- ○ 75+

25 **What is the highest grade or year of school that you have completed?**

- ○ Grades 8 (Elementary) or less
- ○ Grades 9 through 11 (Some High School)
- ○ Grade 12 or GED (High School Graduate)
- ○ College 1 year to 3 years (Some college or technical school)
- ○ College 4 years or more (College graduate)

26 **Including yourself, how many people usually live or stay in your home or apartment?**

_____ person(s)

27 **Are you currently…?.**

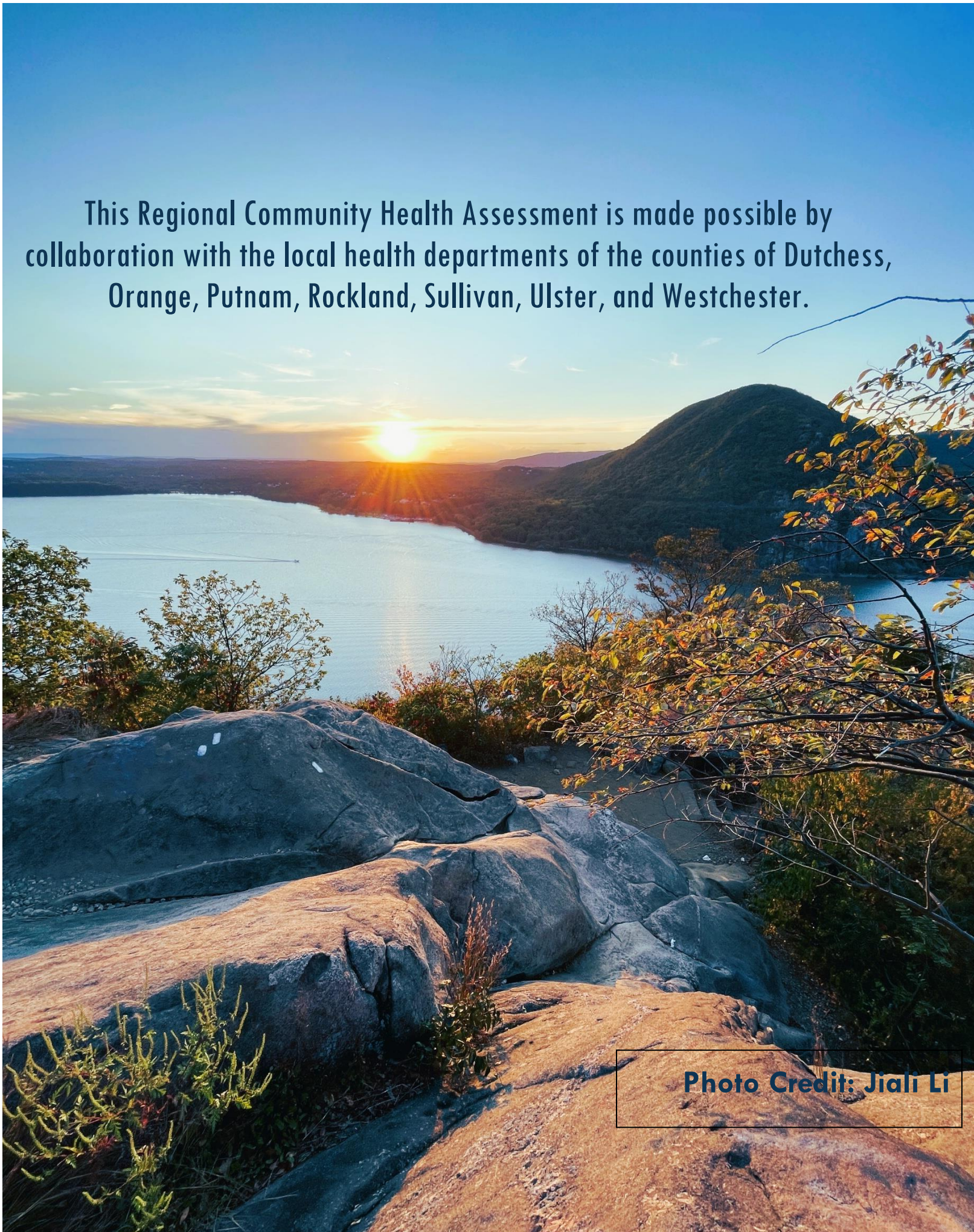
- ○ Employed for wages
- ○ Self-employed
- ○ Out of work for 1 year or more
- ○ Out of work for less than 1 year
- ○ A homemaker
- ○ A student
- ○ Retired
- ○ Unable to work

28 **What is your household's annual household income from all sources, before taxes, in the last year?**
By household income we mean the combined income from everyone living in the household including even roommates or those on disability income.

- ○ Less than $20,000
- ○ $20,000 to $24,999
- ○ $25,000 to $34,999
- ○ $35,000 to $49,999
- ○ $50,000 to $74,999
- ○ $75,000 to $99,999
- ○ $100,000 to $149,999

- ○ $150,000 to $199,999
- ○ $200,000 or more

This is the end of the survey. Thank you very much for your help.



This Regional Community Health Assessment is made possible by collaboration with the local health departments of the counties of Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester.

Photo Credit: Jiali Li