



Public Health
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Established 1923

CATTARAUGUS COUNTY BOARD OF HEALTH

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MINUTES

April 2, 2014

The 824th meeting of the Cattaraugus County Board of Health was held at St. Bonaventure Clubhouse Restaurant, Route 417, Allegany, New York on April 2, 2014.

The following members were present:

Giles Hamlin, MD

Theresa Raftis

Richard Haberer

James Snyder

James Lapey

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director

Kathleen Ellis, Administrative Officer

Thomas Brady, County Attorney

Linda Edstrom, County Legislator

Paula Stockman, County Legislator

Debra Lacher, Secretary to Public Health Director

Eric Wohlers, Environmental Health Director

Raymond Jordan, Sr. Public Health Sanitarian

Susan Andrews, Director of Patient Services

Gilbert Witte, MD, Medical Director

David Porter, Hearing Officer

Pixie Porter, Guest

Donna Vickman, Legislator

Wenona Scott, Privacy, Security & Compliance Officer

Johannah Jewell, Retiree- Laboratory Supervisor Guest

The meeting was called to order by Mr. Lapey. The roll was called and a quorum declared.

Mr. Snyder made a motion to approve the minutes of the March 4, 2014 meeting. It was seconded by Richard Haberer, and unanimously approved.

Mr. Lapey announced that the Board would meet in Executive Session for a personnel reason; it was second by Dr. Hamlin and unanimously approved.

The meeting resumed after Executive Session was held. A motion was made by Ms. Raftis to reappoint Dr. Watkins for a six year term as the Director of Cattaraugus County Health Department, his current appointment will lapse on November 1, 2014. The effective appointment will begin on November 2, 2014 and expire on November 1, 2020. This motion was seconded by Mr. Haberer and unanimously approved. An official appointment letter will be sent to the county legislators and to NYSDOH.

Dr. Watkins thanked the Board and the Legislators for the opportunity to serve as the Public Health Director. He stated that it has been a pleasure to serve in this capacity and although it has been an uphill battle to try to change the health outcome of our community he is confident that we will achieve this goal. He stated that the staff at the Health Department is a wonderful asset and they are a part of the reason why the job is so enjoyable.

Director's Report: Dr. Watkins recognized Johannah Jewell who retired on March 28th from the Health Department with over 20 years of serving as the Laboratory Supervisor.

Dr. Watkins stated, he and Tim Hellwig, Administrator of the Pines Nursing Homes, presented a plaque to Joseph Eade at the Olean Pines Nursing Home where he is residing. Mr. Eade recently resigned from the Board of Health after having served for over 20 years. This plaque was presented on behalf of the Board of Health members in recognition of his service. Mr. Eade wanted to thank the Board and all the Legislators for this gift.

Dr. Watkins reported that the Health Department continues to monitor the influenza activity in NYS. During the week ending March 22, 2014, influenza activity level was categorized as geographically widespread with laboratory confirmed influenza reported in 44 counties plus New York City. There were 1,527 laboratory-confirmed influenza reports, a 20% increase over the previous week. The number of patients admitted to the hospital with laboratory-confirmed influenza or hospitalized patients newly diagnosed with laboratory-confirmed influenza were 356, a 36% increase over the previous week. We are seeing an increase number of influenza B virus in this late surge of confirmed cases. Five of the 21 specimens submitted to the NYSDOH laboratory were positive for influenza. All 5 were influenza B. There was one influenza-associated pediatric death reported during the week of March 22, 2014. There have been two influenza-associated pediatric deaths reported this season. Cattaraugus County has seen only 3 new local laboratory confirmed influenza positive test in residents within the county since our last meeting. The emergency rooms are seeing fewer admissions for respiratory and fever complaints. No deaths due to influenza in Cattaraugus County.

Dr. Watkins informed the Board that there has been a recent measles outbreak in the United States. He stated, after a recent record high in 2011 (222 cases), measles cases were down to just 54 in the U.S. in 2012, but were up again to at least (189 cases) in the U.S. in 2013. So far, there have already been at least 89 confirmed measles cases in the U.S. in 2014.

At least one person in Allegheny County, Pennsylvania developed measles after exposure to someone in New York. A University of Pittsburgh graduate student exposed people to measles on a city bus and could have exposed up to 100 cancer patients to measles at UPMC's Hillman Cancer Center. At least 25 New Yorkers including 13 children have contracted the virus.

The outbreak, which emerged in northern Manhattan and the Bronx, has now spread downtown to the Lower East Side.

Dr. Watkins went on to say, measles is a highly contagious viral disease that can be very serious or even fatal. It begins with a fever (103 F-105 F) that lasts for a couple of days, followed by a cough, runny nose, and conjunctivitis (pink eye). A rash starts on the face and upper neck, spreads down the back and trunk, then extends to the arms and hands, as well as the legs and feet. After about five days, the rash fades in the same order it appeared. Serious complications of measles include pneumonia and encephalitis (inflammation of the brain).

The measles virus lives in the mucus of the nose and throat of infected people. When they sneeze, cough or talk, droplets spray into the air and the droplets remain active and contagious on infected surfaces for up to two hours.

There is no specific treatment for measles. Individuals should receive 2 doses of MMR (measles, mumps, and rubella) vaccine for maximum protection. The first dose should be given at 12 to 15 months of age. The second dose should be given at four to six years of age (age of school entry). Unprotected persons can get the vaccine at any age.

Dr. Watkins introduced and welcomed Wenona Scott, Privacy, Security and Compliance Officer for Cattaraugus County who is sitting in on the board meeting today.

Dr. Watkins reported that last week the annual Health rankings were released and it appears we continue to be amongst the unhealthiest counties in New York State. The 2014 Health ranking handouts were given to all those in attendance and Dr. Watkins highlighted the results.

The health outcomes takes into account one half of measurement used to determine how healthy a county ranks and it is based on a collaboration of mortality (length of life) and morbidity (quality of life) measures within our community. The 2014 ranking for health outcomes placed Cattaraugus County 52 out of 62 counties. Last year we ranked 51 in the health outcome ranking, we have gone down. Looking at the two different parameters in the health outcome ranking, Cattaraugus County ranked 57 last year in mortality and 57 this year, and in the morbidity category we ranked 34 last year, but ranked 33 this year, so we saw a slight improvement in morbidity. Nonetheless, it appears that our increased years of potential life lost held us back in the overall health outcome rankings.

The other half of the health rankings is determined by the Health Factors. The Health rankings determined that of 62 counties we ranked 55 for health factors which are based on weighted measures for health behaviors, clinical care, social and economic factors and the physical environment. This year we ranked 55 in health factors and last year we ranked 53.

Dr. Watkins went on and discussed these parameters in detail and discussed the pros and cons of how this information is obtained. Dr. Watkins summarized by stating, the health of our community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve our community's health by implementing effective policies and programs. We are moving in that direction as we have begun to see the various organizations (i.e. Healthy Livable Community Consortium) within our communities come together to outline community health needs and ways to implement changes to better the health of our community.

We finally have the new Olean General Hospital Cath Lab that has really been instrumental in improving the health outcome of residents with coronary artery disease (the leading cause of death within the county) within our community.

Donna Vickman, County Legislator reported that one of the ways that we are providing better access to healthcare was through PROACT, a prescription discount card, which is designed to provide individuals with little or no prescription coverage access to affordable medications. Within the next few months they will also be setting up a similar program that will provide dental care at a very affordable cost to those who currently do not have a dental coverage program.

Nursing Division Report: Mrs. Andrews reported that there was only one (1) new case of Gonorrhea reported the first three months of this year which is a big improvement from last year where we saw a 20% increase. There was one (1) newly diagnosed HIV patient in our clinic and we are working on getting that person set up for care. Hepatitis C, there was three (3) potential newly diagnosed chronic Hepatitis C cases that will need further follow up testing. Mrs. Andrews reiterated that there was a 36% increase in influenza activity from the previous week and added that is mostly down state. Mrs. Andrews informed the Board that influenza vaccine is still available and it is not too late to get vaccinated.

The immunization staff has been out and completed eight (8) vaccine storage and handling visits which is very important because at busy medical practices the refrigerators must be checked regularly for temperature compliance in order to make sure the vaccine is safe. Two Assessment, Feedback, Incentives, and eXchange (AFIX) visits were completed since the last board meeting. One of the physician's offices that we visited has an electronic medical record (EMR) that doesn't communicate with New York State Immunization Registry (NYSIIS) and staff has to hand enter every single immunization given. An error was made, but an investigation revealed, that the facility had entered the child's birth date as the date the vaccine was given therefore skewing the results of the registry.

We had one (1) person referred for post-exposure rabies treatment but they declined. This is the only case for the year 2014.

Since the last meeting, one (1) new elevated blood lead level was reported at 12 ug/dl, (normal \leq 9 ug/dl).

The homecare division has been performing "in person" outreach advertising. We have provided outreach to fifteen (15) facilities so far and we hope to complete the visitations by the end of April. Mrs. Andrews reported that the statistics for the annual report show a 60% decrease in referrals from Kaleida Health group in Buffalo, and a 33% decrease in referrals from Roswell and the Catholic system. We will be meeting with discharge planners from these facilities to try and rectify this situation.

Environmental Health Division Report: Mr. Wohlers reported that a resolution is being prepared to extend the contract that is currently in place with the Department of Environmental Conservation (DEC) for water quality management.

Mr. Wohlers reported that the Environmental Health division is participating in an Environmental Protection Agency (EPA) sponsored training program for many of our public water system operators. The objective is to facilitate as much training for the local water operators within the southern tier area as possible, in order to avoid long distance travel for the training. We assisted the EPA with securing the venue, arranging and advertising the program, which resulted in a good turnout. The Health Department is also involved with helping all of the public water suppliers prepare their annual water quality reports. It has been an EPA federal and state requirement that at the end of May, an annual report must be mailed out to every water customer that is connected to a public water system. The Health Department takes an active role by keeping track of all the data for all the sampling that is done all year. Tables are reviewed by the Health Department staff prior to every mailing of this data by the water suppliers.

The new regional coordinator for Community Environmental Health and Food Protection Programs came to the last staff meeting. The coordinator did some training for the swimming pool programs with new checklists and inspection techniques for evaluating the lifeguard supervision that is provided at all of our facilities. They did relay that within the Western New York region, there were a couple of drowning's last year at State and Health Department permitted and regulated facilities. We have to be diligent and make sure that all of our pool operators have the required safety plans in place for a safe swimming environment.

Mr. Wohlers reported that they are gearing up for seasonal summer construction as the department usually issue over (200) permits a year for new or replacement septic systems.

Mr. Wohlers stated that we are still waiting a decision from the State to determine if they will re-fund the well and septic tank Community Development Block Grant that we have had in the past. Dozens of households who had no running water or had old springs that were contaminated with coliform bacteria or sewage discharge have benefited from this program. Mr. Wohlers is hoping that once again they can help more households improve their private water supplies and sewage treatment disposal options with funding from this grant.

Mr. Porter reported the following enforcement cases for Board action:

DOCKET 14-003

Reid Stores, Inc., 26500 Holley St., Brockport, N.Y. 14420-9640

Violations: New York State Public Health Law Sec. 1399. On 2-6-14 at approximately 4:02 p.m. a pack of cigarettes was purchased in your establishment by a person under the age of 18.

Previous Docket 12-017

Administrative Hearing:

Sanitarian: Chris Covert appeared for CCHD and was sworn in.

Respondent's Mark Kearns, Dist. Leader Reid's, and Christine Hollis H.R. Mgr. for Reid's Appeared and was sworn in.

Extensive testimony was given by both parties.

Chris Covert:

People's Exhibit #1 Enf-1 Read and sworn correct by C. Covert.

P. Ex. #2 Pack of Cigarette purchased 2-6-14.

P. Ex. #3 Inspectors report.

P. Ex. #4 Driver license of minor.

P. Ex. #5 Possession form, minor does not possess any tobacco product during purchase attempt.

P. Ex. #6 Info to minors (ATUPA)

P. Ex. #7 Permission form for minor signed by parent.

P. Ex. #8 Minor birth certificate.

Summary: A minor entered the Crosby's store at 105 Rock City Street, Little Valley, N.Y. on 2-6-14 at approximately 4:00p.m. and purchased a pack of cigarettes after having I.D. checked by cashier.

Respondent's testimony: Mark Kearns testified that the store employee sold a pack of cigarettes to a minor on 2-6-14 after being I.D. by the employee. Further testimony the employee was working her next to last day as she had given (2) wks. notice to quit 12 days previously.

Mr. Kearns believes the sale was made by the employee with total disregard for her training and commitment to her employer as she only had one more day to work. No harm to the employee and potentially a serious problem for her employer. When notified of the violation on 2-6-14 the employee who made the sale to the minor was terminated that day.

Employee's training:

Respondent Ex. #1-Certificate of training for the employee.

R. Ex. #2-Tobacco law test for the employee.

R. Ex. #3-Age restriction policy for the employee.

R. Ex. #4-Age restriction monthly signs off for employee and status of Southeast District Stores for 2/13-2/14.

Christine Hollis, H.R. Mgr. testimony: Reid's have 48 stores and 600 employees the company hires personnel using an outside contractor, then trains, re-trains, tests and then spot checks employees and stores. The Southeast District Stores including the Little Valley store had 25 spot checks and 0 defects until 2-6-14.

The Little Valley store since the 2-6-14 violation has installed registers that require a birth date to be entered before a sale can be made.

Hearing Officer Finding: An employee of Crosby's at 105 Rock City Street, Little Valley, N.Y. did sell a pack of Marlboro Gold cigarettes to a person under the age of 18.

Recommendations: A fine of \$600.00 and a surcharge of \$50.00 to be paid to CCHD on or before 4-30-14. A \$10.00 per day per diem will be levied if not paid on that date. In addition there will be one point assigned as the seller possessed a valid certificate from a state certified tobacco training program.

Summary: The Reid Stores, Inc. has an outstanding program in place to insure compliance to all rules and regulations. They are to be complimented.

Mr. Haberer made a motion to accept the Hearing Officer's recommendation; it was seconded by Jim Snyder and unanimously approved.

Board ordered: That the Respondent pays a \$600.00 fine and a surcharge of \$50.00 to be paid to CCHD on or before 4-30-14. A \$10.00 per day per diem will be levied if not paid on that date.

Docket 14-005

Jolene Slawiak, 21 Pries Ave., Buffalo, N.Y. 14220(Home), 6197 Shady Lane, Lyndon, N.Y. (Rental)

Violations: (1) Sanitary code of the CCHD Sec. 14.8.1. Respondent has more than 10 waste tires stored on site which are not controlled. **(2) Sanitary code of the CCHD Sec.16.6.1** Discharge of inadequately treated sewage was documented by a representative of this Dept. on 10-22-13(Dye test performed by R. Kelley).

Administrative Hearing:

Sr. Sanitarian: Ray Jordan and Rhonda Kelley appeared for CCHD and were sworn in.

Respondent: Was properly served but did not appear or contact the Dept.

Extensive testimony was provided at the hearing.

People's Exhibit #1 Enf.-1 read sworn to be accurate. A civil compromise was offered of \$125.00 and other conditions and deadlines outlined to come into compliance.

P. Ex. #2 complaint investigations form outlining hazards and non-compliance.

P. Ex. #3 complaint investigation by R Kelley conversations and attempts to have respondent's rental property comes into compliance.

P. Ex. #4 will of original land owner leaving property in question to the respondent.

P. Ex. #5 letter from Ray Jordan to respondent dated 11-7-13 explaining situation to respondent.

P. Ex. #6 memo from Ray Jordan to respondent file dated 11-14-13 explaining phone call from respondent to Ray Jordan about possible solutions to the complaint.

P. Ex. #7 memo from Ray Jordan to respondents file dated 12-12-13. Respondent notified CCHD that tenant is being evicted therefore the violation would cease to exist.

P. Ex. #8 letter to respondent dated 1-28-14 saying violation still exists, home is still occupied and administrative action will be the next step.

Hearing Officer Findings: Respondents rental property at 6197 Shady Lane, Lyndon, N.Y. has two outstanding violations.

- (1) More than 10 waste tires on site, not controlled **Sec. 14.8.1**
- (2) Discharge of inadequately treated sewage **Sec. 16.6.1**

Recommendation: 1 Representative of CCHD to be on site of the respondent's rental property and observe that all discharges; sewer, gray water, etc. being discharged to the septic system on the premise to be complete by 4-30-14.

2 Representative of CCHD perform a dye test of the septic system at 6197 Shady Lane, Lyndon, N.Y. by 6-1-14. If the dye test fails then the respondent will have 30 days to pay his application fee, have an approved small sewage system constructed and approved by CCHD.

3 Waste tires to be properly disposed of by 4-30-14.

4. A fine of \$250.00 is to be paid on or before 4-30-14.

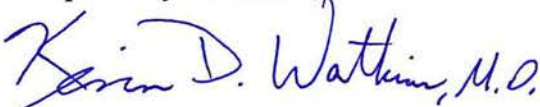
5. A \$10.00 per day per diem will result if the recommendations 1-4 are not completed in the time allowed.

Mr. Snyder made a motion to accept the Hearing Officer's recommendation; it was seconded by Theresa Raftis and unanimously approved.

Board ordered: That the Respondent pays a \$250.00 fine with a \$10.00 per day per diem if the fine and proof of recommendations 1-4 not met by 4-30-14.

There being no further business to discuss, Mr. Snyder made a motion to adjourn was seconded by Mr. Haberer and carried to adjourn.

Respectfully submitted,



Kevin D. Watkins, M.D., M.P.H.
Secretary

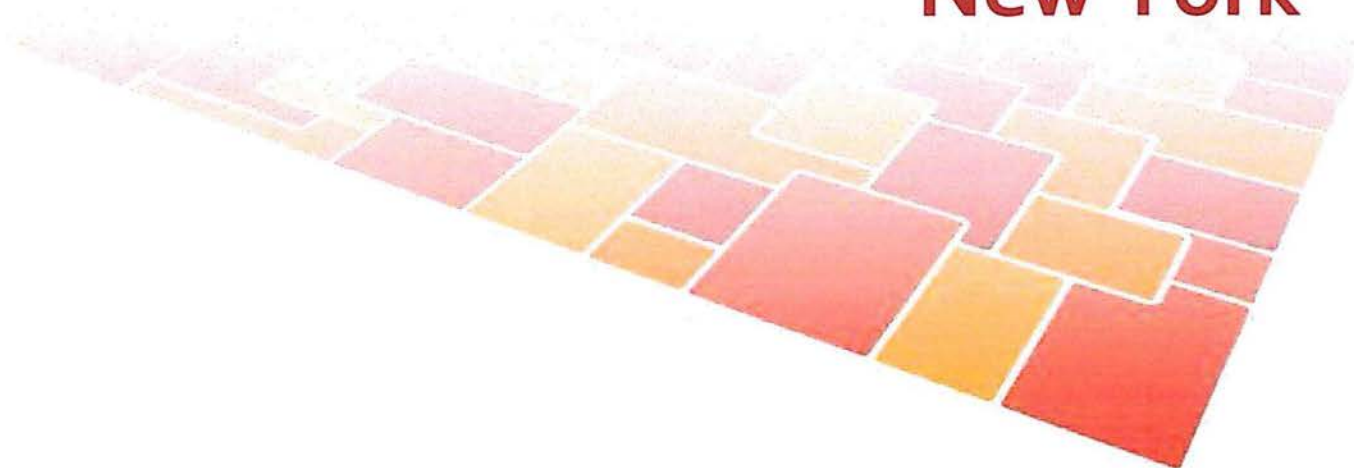
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**County Health
Rankings & Roadmaps**

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

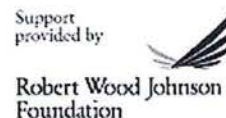
2014 *Rankings* **New York**



A collaboration between the Robert Wood Johnson Foundation and
the University of Wisconsin Population Health Institute.



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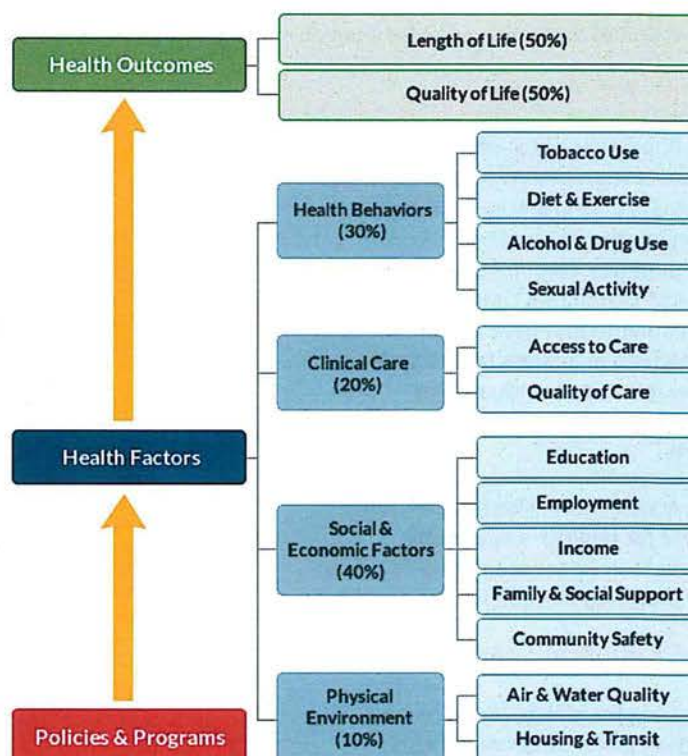


INTRODUCTION

The *County Health Rankings & Roadmaps* program helps communities identify and implement solutions that make it easier for people to be healthy in their schools, workplaces, and neighborhoods. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what is making people sick or healthy. The *Roadmaps* show what we can do to create healthier places to live, learn, work, and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.

WHAT ARE THE COUNTY HEALTH RANKINGS?

The *County Health Rankings* measure the health of nearly every county in the nation. Published online at countyhealthrankings.org, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* look at a variety of measures that affect health, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Based on data available for each county, the *Rankings* are unique in their ability to measure the overall health of each county in all 50 states. They have been used to garner support for local health improvement initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers, and the public.



HOW ARE PEOPLE USING THE RANKINGS?

- Highlighting community success
- Identifying root causes of poor health
- Supporting policy change
- Engaging communities in health improvement

For more information, visit countyhealthrankings.org

WHAT ARE THE ROADMAPS TO HEALTH?

The *Roadmaps to Health* help communities bring people together to look at the many factors that influence health, select strategies that work, and make changes that will have a lasting impact. The *Roadmaps* focus on helping communities determine what they can do and what they can learn from others.

What You Can Do

The *Roadmaps to Health* Action Center provides step-by-step guides, tools, and webinars to help groups working to improve the health of their communities. Community Coaches also provide customized consultation to local communities that have demonstrated a willingness to address factors that we know influence health, such as education, income, and community safety.

The Action Center also features *What Works for Health* – a searchable database of evidence-informed policies and programs that can improve health.

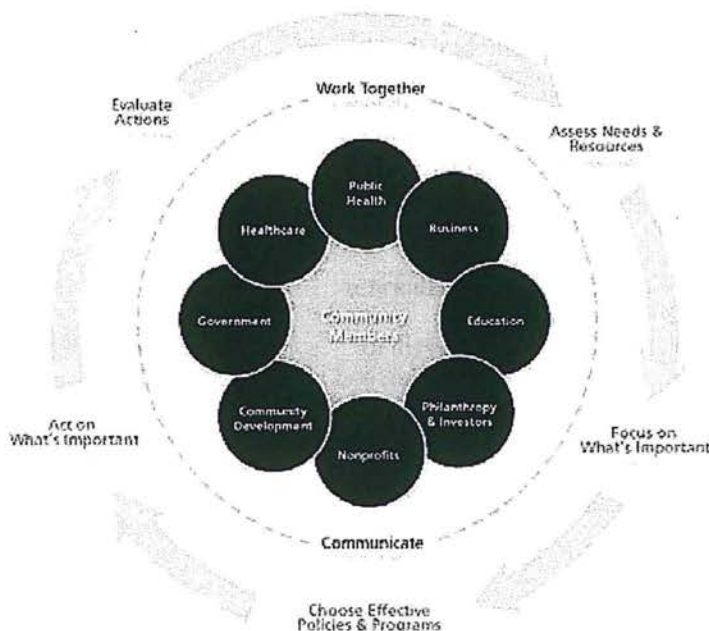
Learning From Others

Honoring the efforts of communities working at the forefront of health improvement, the Robert Wood Johnson Foundation annually awards the *RWJF Culture of Health Prize* to outstanding communities that are working toward better health. The *Prize* recognizes communities with strong and diverse partnerships that are coming together with a shared vision and commitment to address multiple factors that affect health and make lasting changes that create a culture of health for all. Visit countyhealthrankings.org or rwjf.org/prize to learn about the work of past prize winners.

At countyhealthrankings.org, we also feature stories from communities across the nation who have used data from the *County Health Rankings* or have engaged in strategies to improve health. For example, you can learn from the successes and challenges of the 30 *Roadmaps to Health* Community Grantees. These grantees are working to create positive policy or systems changes that address social and economic factors that influence how healthy people are and how long they live, such as education and community safety. You might also want to contact your local affiliate of United Way Worldwide, the National Business Coalition on Health, or the National Association of Counties - their national parent organizations have partnered with us to raise awareness and stimulate action to improve health in their local members' communities.

How can you get involved?

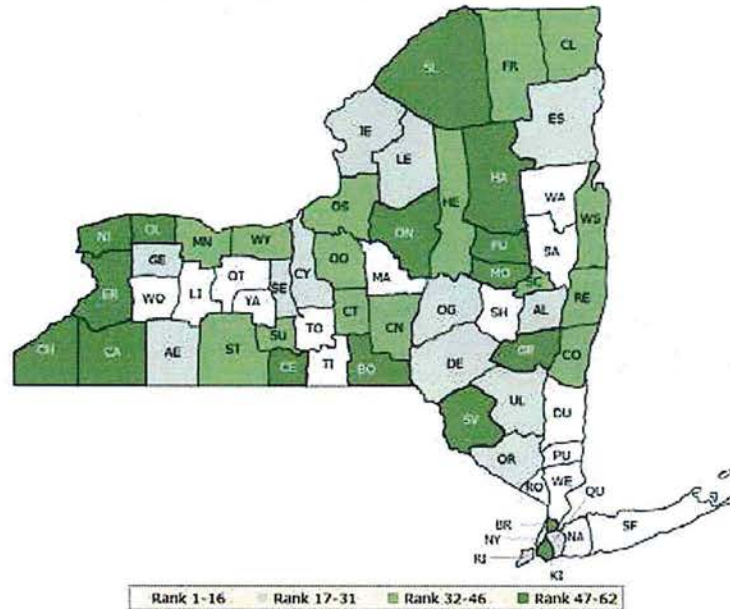
In communities large and small, people from all walks of life are taking ownership and action to improve health. Visit countyhealthrankings.org to get ideas and guidance on how you can take action in your community. Working with others, you can improve the health of your community.



The green map below shows the distribution of New York's **health outcomes**, based on an equal weighting of length and quality of life.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available on our web site.

HEALTH OUTCOMES RANKS

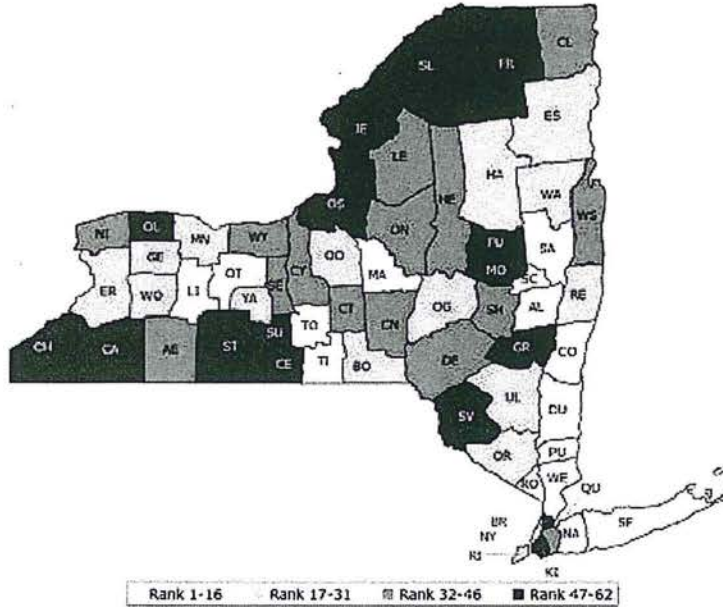


County	Rank	County	Rank	County	Rank	County	Rank
Albany	30	Franklin	43	Oneida	51	Seneca	26
Allegany	20	Fulton	56	Onondaga	35	St. Lawrence	55
Bronx	62	Genesee	27	Ontario	10	Steuben	40
Broome	48	Greene	57	Orange	23	Suffolk	15
Cattaraugus	52	Hamilton	58	Orleans	49	Sullivan	61
Cayuga	19	Herkimer	42	Oswego	37	Tioga	12
Chautauqua	54	Jefferson	31	Otsego	25	Tompkins	2
Chemung	60	Kings	50	Putnam	4	Ulster	29
Chenango	33	Lewis	21	Queens	18	Warren	13
Clinton	32	Livingston	1	Rensselaer	34	Washington	36
Columbia	46	Madison	14	Richmond	28	Wayne	45
Cortland	41	Monroe	38	Rockland	3	Westchester	7
Delaware	24	Montgomery	47	Saratoga	5	Wyoming	16
Dutchess	11	Nassau	6	Schenectady	39	Yates	8
Erie	53	New York	22	Schoharie	9		
Essex	17	Niagara	59	Schuyler	44		

The blue map displays New York's summary ranks for **health factors**, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available on our web site.

HEALTH FACTORS RANKS



County	Rank	County	Rank	County	Rank	County	Rank
Albany	10	Franklin	53	Oneida	35	Seneca	33
Allegany	44	Fulton	50	Onondaga	20	St. Lawrence	56
Bronx	62	Genesee	26	Ontario	7	Steuben	54
Broome	30	Greene	51	Orange	21	Suffolk	8
Cattaraugus	55	Hamilton	22	Orleans	61	Sullivan	60
Cayuga	42	Herkimer	39	Oswego	58	Tioga	16
Chautauqua	48	Jefferson	52	Otsego	17	Tompkins	2
Chemung	49	Kings	57	Putnam	4	Ulster	29
Chenango	41	Lewis	46	Queens	43	Warren	19
Clinton	34	Livingston	12	Rensselaer	18	Washington	40
Columbia	13	Madison	14	Richmond	27	Wayne	37
Cortland	32	Monroe	24	Rockland	6	Westchester	5
Delaware	36	Montgomery	59	Saratoga	3	Wyoming	31
Dutchess	9	Nassau	1	Schenectady	15	Yates	28
Erie	23	New York	11	Schoharie	38		
Essex	25	Niagara	45	Schuyler	47		

Summary Health Outcomes & Health Factors Rankings

Counties receive two ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Livingston	1	Nassau
2	Tompkins	2	Tompkins
3	Rockland	3	Saratoga
4	Putnam	4	Putnam
5	Saratoga	5	Westchester
6	Nassau	6	Rockland
7	Westchester	7	Ontario
8	Yates	8	Suffolk
9	Schoharie	9	Dutchess
10	Ontario	10	Albany
11	Dutchess	11	New York
12	Tioga	12	Livingston
13	Warren	13	Columbia
14	Madison	14	Madison
15	Suffolk	15	Schenectady
16	Wyoming	16	Tioga
17	Essex	17	Otsego
18	Queens	18	Rensselaer
19	Cayuga	19	Warren
20	Allegany	20	Onondaga
21	Lewis	21	Orange
22	New York	22	Hamilton
23	Orange	23	Erie
24	Delaware	24	Monroe
25	Otsego	25	Essex
26	Seneca	26	Genesee
27	Genesee	27	Richmond
28	Richmond	28	Yates
29	Ulster	29	Ulster
30	Albany	30	Broome
31	Jefferson	31	Wyoming
32	Clinton	32	Cortland
33	Chenango	33	Seneca
34	Rensselaer	34	Clinton
35	Onondaga	35	Oneida
36	Washington	36	Delaware
37	Oswego	37	Wayne
38	Monroe	38	Schoharie
39	Schenectady	39	Herkimer
40	Steuben	40	Washington

Rank	Health Outcomes	Rank	Health Factors
41	Cortland	41	Chenango
42	Herkimer	42	Cayuga
43	Franklin	43	Queens
44	Schuyler	44	Allegany
45	Wayne	45	Niagara
46	Columbia	46	Lewis
47	Montgomery	47	Schuyler
48	Broome	48	Chautauqua
49	Orleans	49	Chemung
50	Kings	50	Fulton
51	Oneida	51	Greene
52	Cattaraugus	52	Jefferson
53	Erie	53	Franklin
54	Chautauqua	54	Steuben
55	St. Lawrence	55	Cattaraugus
56	Fulton	56	St. Lawrence
57	Greene	57	Kings
58	Hamilton	58	Oswego
59	Niagara	59	Montgomery
60	Chemung	60	Sullivan
61	Sullivan	61	Orleans
62	Bronx	62	Bronx

2014 County Health Rankings: Measures, Data Sources, and Years of Data

Measure		Data Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Premature death	National Center for Health Statistics	2008-2010
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2006-2012
	Poor physical health days	Behavioral Risk Factor Surveillance System	2006-2012
	Poor mental health days	Behavioral Risk Factor Surveillance System	2006-2012
	Low birthweight	National Center for Health Statistics	2005-2011
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2006-2012
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2010
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2010-2011
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2010
	Access to exercise opportunities	OneSource Global Business Browser, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2012
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2006-2012
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2008-2012
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2011
	Teen births	National Center for Health Statistics	2005-2011
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2011
	Primary care physicians	HRSA Area Resource File	2011
	Dentists	HRSA Area Resource File	2012
	Mental health providers	CMS, National Provider Identification	2013
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2011
	Diabetic screening	Medicare/Dartmouth Institute	2011
	Mammography screening	Medicare/Dartmouth Institute	2011
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	data.gov, supplemented with National Center for Education Statistics	2010-2011
	Some college	American Community Survey	2008-2012
Employment	Unemployment	Bureau of Labor Statistics	2012
Income	Children in poverty	Small Area Income and Poverty Estimates	2012
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
	Children in single-parent households	American Community Survey	2008-2012
Community Safety	Violent crime	Uniform Crime Reporting - FBI	2009-2011
	Injury deaths	CDC WONDER	2006-2010
PHYSICAL ENVIRONMENT			
Air and Water Quality	Air pollution - particulate matter ¹	CDC WONDER	2011
	Drinking water violations	Safe Drinking Water Information System	FY 2012-2013
Housing and Transit	Severe housing problems	HUD, Comprehensive Housing Affordability Strategy	2006-2010
	Driving alone to work	American Community Survey	2008-2012
	Long commute – driving alone	American Community Survey	2008-2012

¹ Not available for AK and HI.

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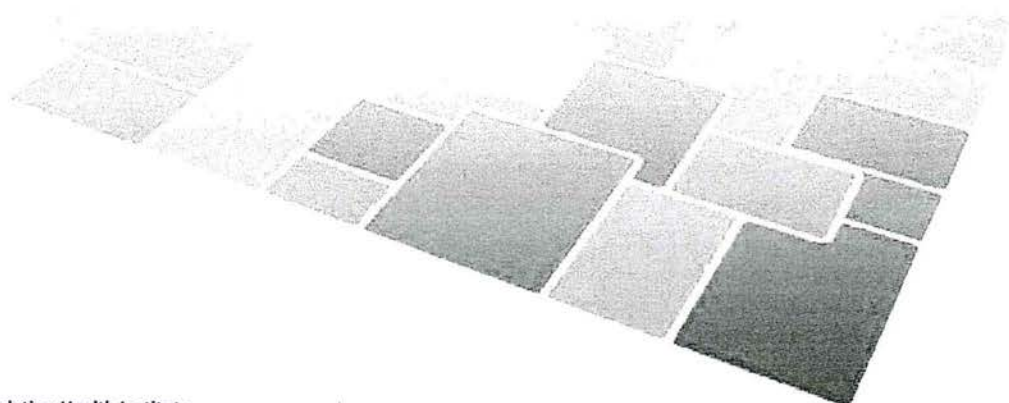
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County Health Rankings & Roadmaps

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