



# CATTARAUGUS COUNTY BOARD OF HEALTH



**Public Health**  
Prevent. Promote. Protect.  
Cattaraugus County  
Health Department  
Established 1923

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737

*Joseph Bohan, MD, President*

*James Lapey, Vice-President*

*Giles Hamlin, MD  
Zahid Chohan, MD  
Sondra Fox, RN  
Richard Haberer  
Georgina Paul, FNP  
Theresa Raftis  
James Snyder*

## MINUTES

April 1, 2015

The 835<sup>th</sup> meeting of the Cattaraugus County Board of Health was held at St. Bonaventure Clubhouse Restaurant, Route 417, Allegany, New York on April 1, 2015.

The following members were present:

Dr. Joseph Bohan	James Lapey
Dr. Zahid Chohan	Theresa Raftis
Dr. Giles Hamlin	James Snyder
Richard Haberer	

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director  
Thomas Brady, County Attorney  
Linda Edstrom, County Legislator  
Paula Stockman, County Legislator  
Donna Vickman, County Legislator  
Gilbert Witte, MD, Medical Director  
Dave Porter, Hearing Officer  
Chris Piaggi, Justice of Portville Town Court  
Susan Andrews, Director of Patient Services  
Kathleen Ellis, Administrative Officer  
Raymond Jordan, Sr. Public Health Sanitarian  
Debra Lacher, Secretary to Public Health Director  
Rick Miller, Olean Times Herald

The meeting was called to order by Dr. Bohan. The roll was called and a quorum declared.

Mr. Lapey made a motion to approve the minutes of the Board of Health (BOH) meeting held on March 4, 2015. It was seconded by Dr. Chohan, and unanimously approved.

**DIRECTORS REPORT:** Dr. Watkins shared a letter that was addressed to Susan Andrews; the letter expressed the great experiences a patient and his family received from the Cattaraugus County Health Department's Home Health Agency.

Dr. Watkins reported that a consolidated review survey was conducted two weeks ago by New York State Department of Health (NYSDOH). The surveyors reviewed most of the programs within the department: environmental health, community health, lead, immunizations, communicable disease, epidemiology, TB, public health emergency preparedness, children with special health care needs, fiscal, and the administrative division. Dr. Watkins stated that overall the review went very well and the surveyors had lots of positive feedback for the department, but the surveyors did identify areas that could be strengthened. An area of concern included a request from the State that the department presents departmental policies to the BOH for annual approvals. Dr. Watkins informed the Board that all policies are under review and these policies will be provided to the BOH for approval in one package at a later date. Another stipulation from the State survey was to have the department present to the BOH credentialing information of all practitioners of the Health Department for privilege approvals. NYSDOH recommends the board conduct biennial (every two years) privilege approvals for each practitioner.

Dr. Watkins presented credentialing information to Dr. Bohan and informed the Board that there were three practitioners at this time that needs approval for privilege to practice at the Health Department. They included Dr. Gilbert Witte (Medical Director), Dr. Roger Klein (Family Planning Medical Director), and Gretchen Dowdy (Physician Assistant). A motion was made by Mr. Snyder to approve privileges to practice at the Health Department for the three practitioners; the motion was seconded by Ms. Raftis, and unanimously approved.

Dr. Watkins reported that the Department is still working with the County Attorney on local law 16-2011 which prohibits the use of electronic (e) cigarettes in places where tobacco use is prohibited. He reiterated that he would like to reduce loopholes that might exist in the e-cigarettes local law, in particular, removing the language "open to the public" since areas of business may have basements and kitchens that are not open to the public and workers may use these areas to vape e-cigarettes. Dr. Watkins stated that these changes should be available for the board at the next meeting and if approved, submitted to the legislators for final adoption.

Dr. Watkins informed the Board that the department was advised by NYSDOH that a worker at Casa di Pizza restaurant, on Elmwood Avenue in Buffalo tested positive for Hepatitis A. He went on to say that anyone who consumed food or drinks at this restaurant during March 9<sup>th</sup>- March 19<sup>th</sup> is a candidate to receive the Hepatitis A vaccine or the immunoglobulin. He stated that there were several Cattaraugus County residents who came to the department to get a Hepatitis A vaccine because of the advisory.

Dr. Watkins stated that Hepatitis A is a liver infection caused by a virus that is found in stool, or the vomit of an infected person. It is spread when a person eats food or drinks water that has come in to contact with infected stool or vomit, usually from a person not thoroughly washing their hands. Symptoms may develop anywhere between 15- 50 days after initial infection and can include loss of appetite, fever, sore throat, sore muscles, nausea, vomiting, pain on the right side of the abdomen under the rib cage, jaundice, dark color urine, or light color stool. In most cases, Hepatitis A will resolve on its own.

He went on to say that most illnesses can be prevented by practicing proper hand hygiene and always washing hands thoroughly with soap and warm water after using the washroom and prior to eating. A safe effective Hepatitis A vaccine is currently available which reduces the risk of illness provided the vaccine is received within (14) days of coming into contact with the virus itself.

Dr. Watkins updated the Board on the Ebola epidemic and stated that according to the World Health Organization (WHO) as of Tuesday, the outbreak which has persisted for almost a year, has infected over 25,000 people and has killed 10,445 people. On March 13<sup>th</sup> a clinician that was working for the organization Partners in Health, in Sierra Leone, was transported to the National Institute of Health (NIH) in Maryland because he developed Ebola symptoms. The Centers of Disease Control and Prevention (CDC) has also flown back (16) Americans who have come into contact with this individual. Dr. Watkins stated that recent reports indicated that the clinician has been upgraded to fair condition and (5) of the Americans who were brought in for observation have now been discharged.

Dr. Watkins stated that the County Health Rankings were released last week and the Board is required to discuss the rankings in order to come up with ideas that would improve the health of the county. Those in attendance were each given a copy of the Health Rankings for their review. Dr. Watkins highlighted some of the results in a power point presentation which expounded on how the rankings were determined. The health outcomes rankings are based on a collaboration of mortality (length of life) and morbidity (quality of life) measures within our community. Cattaraugus County health outcome rank was (53) out of (62) counties; last year the health outcome rank was (52) out of (62) counties.

Health factors are based on four different parameters which include health behaviors, clinical care, socio and economic factors, and physical environment. This year Cattaraugus County ranked (49) out of (62) counties in health factors, compared to last year rank which was (55) out of (62) counties, which is a good improvement. Dr. Watkins summarized his presentation by stating the county health rankings appear to show that our residents are more likely to have shorter lives compared to other counties. This is due in part to obesity, inactivity and tobacco use. There seems to be a larger number of teen births within our community compared to other counties, and there is a lack of access to health care providers within our community. He concluded by stating that programs and policies are necessary in order to improve the health of our community and he noted that we are moving in that direction as we continue to work with various organizations (i.e. Cattaraugus County Healthy Livable Communities Consortium) within our communities, by coming together to outline community health needs and ways to continue to implement changes that would better address the health needs of our community.

Dr. Witte shared that the University of Buffalo has offered a new incentive to students; the initiative would pay a student's full tuition for (4) years in exchange for the student agreeing to return for a specific number of years to practice in the Buffalo community.

**NURSING DIVISION REPORT:** Mrs. Andrews reported there were (7) new identified Hepatitis C cases last month, (3) with intravenous drug use backgrounds and the other (4) were baby boomers.

She stated that there was (1) new elevated blood lead level case that was high enough that a visit by environmental health was warranted.

She also reported that there has been (1) patient requiring rabies post exposure prophylaxis due to exposure with a stray cat whose vaccination status was unknown.

Mrs. Andrews informed the board that the homecare census continues to be the same.

**ENVIRONMENTAL DIVISION REPORT:** Mr. Jordan reported that the next rabies clinic will be held on May 2<sup>nd</sup> at the D.P.W Garage in Little Valley.

He also reported that a state representative is coming to provide training to the environmental staff in regards to restaurant inspections next week.

Mr. Jordan remarked that as a representative of the Health Department, he will be attending an event sponsored by Southern Tier West and Cornell Agriculture Markets, promoting food at the local farmers market. He stated that this training will provide information on vendor regulations.

Hearing Officer David Porter submitted the following enforcement cases for Board action:

**DOCKET 15-002** Mr. Porter reported that he would like to hold this enforcement case until next month as there has been new information that has come out about an ownership discrepancy.

**DOCKET 15-003**

**Robert Runge II, West Valley Crystal Water Co., Inc., PO Box 35, Springville, NY 14141**  
**Violations: 10NYCRR Sec. 5-1.72 (h) (1)** Respondent failed to deliver the 2013 Annual Water Quality Report (AWQR) to customers by 5-31-14. As of 2-9-15 the respondent has still not sent the AWQR to customers.

**Administrative Hearing: 3-10-2015**

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

Respondent: Robert Runge II was properly served but did not appear.

Testimony of Ms. Covert:

- a.) P. Ex. #1 Enf.-1 read and affirmed to be true.
- b.) P. Ex. #2 a stipulation offering a \$50.00 civil compromise and respondent agreeing to send the 2013 AWQR to bill paying customers no later than 5-31-15. Also a completed AWQR certification form must be submitted to the CCHD by 6-30-15. Stipulation was not accepted.
- c.) P. Ex. #3 letter to the respondent dated 2-9-15 explaining respondents commitments to customers, reporting violations in your 2014 AWQR and regulations that you must adhere to.
- d.) P. Ex. #4 copy of 2013 AWQR sent to the respondent to approve before distribution dated 3-20-14. Dates of compliance are included.

**DOCKET 15-003(continued)**

Hearing Officer Findings: The Respondent is in violation of 10NYCRR Sec. 5-1.72 (h) (1) failure to deliver the 2013 AWQR to customers by 5-31-14.

Recommendations: 1. That the respondent pay a \$100.00 fine by 4-30-15 with a \$10.00 per day per diem if not paid by that date.  
2. The 2013 annual water quality report is sent to bill paying customers no later than 5-31-15. Also, a completed AWQR certification form is submitted to the CCHD by 6-30-15. A \$10.00 per day per diem will be assessed for every day the dates are missed.

Motion made by Mr. Haberer to accept the Hearing Officer's recommendation; seconded by Mr. Lapey and unanimously approved.

**DOCKET 15-004**

**Randolph Lodge #2273, PO Box 100, East Randolph, NY 14730. Violations: Sanitary code of the CCHD Sec. 8.4** the respondent has failed to meet condition #2 on the permit to operate issued by the CCHD on 1-7-15.

**Administrative Hearing: 3-10-2015**

Senior Sanitarian: Raymond Jordan appeared for CCHD and was sworn in.

Respondent: Randolph Lodge #2273 was properly served but did not appear.

Testimony of Mr. Ray Jordan: a.) P. Ex. #1 Enf.-1 read and sworn to be true including the \$50.00 civil compromise offered on the stipulation completion date 3-3-15.  
b.) P. Ex. #2 page 1 of the renewal application to operate.  
c.) P. Ex. #3 letter from respondent to CCHD requesting an extension dated 12-30-14.  
d.) P. Ex. #4 permit to operate expires 3-31-15 note condition 2.  
e.) P. Ex. #5 coverage history for the respondent for NYS workers workers compensation expires 5-1-14. It appears that the respondent has been operating without workers compensation since this date.  
f.) P. Ex. #6 proof of disability insurance for the respondent.

Hearing Officer Findings: The respondent is in violation of the CCHD sanitary code Sec. 8.4 failure to provide proof that the operator has Workers compensation as outlined in condition 2 of the permit to operate a restaurant.

**DOCKET 15-004 (continued)**

Recommendation:

The respondent be fined \$100.00 and payment is to be received on or before 4-30-15. The respondent contract for workers compensation by 4-30-15 for the balance of 2015. A \$10.00 per day per diem will be assessed if both recommendations are not met. Failure to not have workers compensation insurance would give cause for permit to operate to be suspended by 4-30-15.

Motion made by Ms. Raftis to accept the Hearing Officer's recommendation; seconded by Mr. Lapey and unanimously approved.

**DOCKET 15-006**

**Kim Osgood for Harwood Haven, Inc. 8764 Route 98N, Franklinville, NY 14737 Violations: 10 NYCRR Sec 5-1.72 (c) (1)** Respondent failed to submit complete daily records for the operation of the non-community water supply for the month of January 2015 to the CCHD by the 10<sup>th</sup> day of the following month.

Previous Dockets 12-011, 13-009

**Administrative Hearing: 3-10-2015**

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

Respondent: Kim Osgood, respondent appeared.

Testimony of Ms. Covert: a.) P. Ex. #1 Enf.-1 read and sworn to be accurate \$200.00 civil compromise was offered. Two previous dockets for same violation.  
b.) P. Ex #2 letter dated 6-20-11 to the respondent explaining the importance of on-time monthly reporting and consequences if conditions are not met. CCHD did receive January 2015 report on 2-25-15.

Testimony of Ms. Osgood a.) Partner/husband wants year round permit just in case an opportunity for business arises. Due to the very severe weather no one was present and therefore the report was not sent on a timely matter.  
b.) Essentially closed for the winter.  
c.) Sent February 2015 report out by e-mail.

Ms. Covert gave Ms. Osgood simplified methodology on how to report if closed or going to be closed in the future.

Ms. Covert also explained the seriousness of (4) violations in three years that could result in loss of operating permit.

**DOCKET 15-006 (continued)**

Hearing Officer Findings: Respondent is in violation of 10NYCRR Sec 5-1.72 (c) (1) failure to submit complete daily records for the operation of the non-community water supply for the month of Jan. 2015.

Recommendation: That the respondent pay a \$200.00 fine by 4-30-15 to the CCHD. A \$10.00 per day per diem will be assessed if not paid by that date.

Motion made by Ms. Raftis to accept the Hearing Officer's recommendation; seconded by Mr. Lapey and unanimously approved.

**DOCKET 15-007**

**The Shop, Chris Beckwith, PO Box 222, Machias, NY 14101 Violations: 10NYCRR Sec. 5-1.72 (c) (1)** respondent failed to submit complete daily records for the operation of the non-community water supply for the month of Jan. 2015 to the CCHD by the 10<sup>th</sup> day of the following month.

Previous Docket 14-009

**Administrative Hearing: 3-10-15**

Public Health Sanitarian: Chris A. Covert appeared for CCHD and was sworn in.  
Respondent: Chris Beckwith, respondent appeared.

Testimony of Ms. Covert: a.) P. Ex. #1 enf.-1 read and confirmed correct. A \$100.00 civil compromise was offered.  
b.) P. Ex. #2 letter dated 3-3-10 to the respondent explaining water operation reports and penalties if delinquent.  
c.) P. Ex. #3 e-mail to respondent 4-13-10 explaining water operation reports can be transmitted electronically to CCHD.

Testimony of Mr. Beckwith: a.) Closed the shop (restaurant) in December 2014. Appears as if the respondent and Rhonda Kelley, CCHD employee, had a miscommunication. Ms. Kelley said a water report has to be submitted even if closed. What the respondent meant is that the shop is closed "permanently". Mr. Beckwith turned in his permit to operate to Ms. Covert at the administrative hearing 3-10-15.

Hearing Officer Findings: The respondent is in violation of 10 NYCRR Sec. 5-1.72 (c) (1) Failure to submit complete daily records for the operation of the non-community water supply for the month of Jan. 2015.

**DOCKET 15-007 (continued)**

Recommendation: Dismiss the charge of failure to submit complete daily records for the operation of the non-community water supply for the month of Jan. 2015. Due to the restaurant being closed Permanently and operating permit turned in to the CCHD on 3-10-15.

Motion made by Mr. Haberer to accept the Hearing Officer's recommendation; seconded by Dr. Hamlin and unanimously approved.

**DOCKET 13-041 REVIEW**

**Porkys Bar, Porkys L.L.C., 2983 Rogers Road, Allegany, NY Violation: 10NYCRR Sec. 5-1.72 (c) (1) Failure to submit complete daily records for the operation of the non-community water supply on a monthly basis.**

**Administrative Hearing 3-10-15**

Senior Sanitarian: Ray Jordan

Water Resource Specialist: Chris Crawford

PH Sanitarian: Richard Dayton

Respondent: Trishia Olmstead, Vice President of Porkys, LLC

Testimony of Mr. Dayton: a.) The summary of Docket 13-041, a \$600.00 fine assessed to be paid on or before 2-23-14, status complete.  
b.) Respondent entered into a contract with a certified water supply operator by 2-28-14, status complete and on-going.  
c.) Porkys LLC remains violation free as pertaining to the CCHD guidelines, status violation free since BOH order dated 2-6-14.

Respondent, Trishia Olmstead requested permission to cancel the contract with the certified water supply operator effective 4-30-15. Starting 5-1-15 Porkys LLC would be responsible for submitting complete daily records for the operation of the non-community water system on a monthly basis.

Ray Jordan explained to the respondent the CCHD # of Dockets received in three years guidelines, and how it could affect the ability to have a permit to operate a restaurant in Cattaraugus County.

Hearing Officer Findings: The respondent has been violation clear since the BOH order 2-6-14, conditions on the BOH order were met.

Recommendation: The CCHD Board of Health Order for Docket 13-041 dated 2-6-14 is amended as follows: Eliminate the requirement to have Porkys, LLC be in contract with a certified water supply operator to maintain equipment and submit necessary reports to CCHD.

Motion made by Mr. Haberer to accept the Hearing Officer's recommendation; seconded by Mr. Snyder and unanimously approved.



Dr. Bohan welcomed Chris Piaggi, justice of Portville Town Court, as a guest of the Board of Health. Mr. Piaggi is observing the role of Mr. Porter, hearing officer, as he is considering becoming a substitute hearing officer for the Board of Health.

Paula Stockman, Legislator shared an article from the Jamestown Post Journal March 27, 2015. Senator Schumer is requesting that the Department of Energy reinstate the funding for the West Valley Nuclear Site cleanup at its original funding level, seventy five million dollars per year for at least (10) years. Dr. Watkins reported that Mr. Wohlers, Environmental Health Director had attended a meeting in Washington D. C. and was instrumental in advocating for this funding.

Dr. Watkins asked the Board to please note that there would be a change in the June BOH meeting. He stated that it will be held the first Tuesday in June (June 2<sup>nd</sup>) since he must attend a New York State Association of County Health Officials (NYSACHO) meeting which is being held on Wednesday June 3<sup>rd</sup>.

There being no further business to discuss, a motion to adjourn was made by Ms. Raftis, and seconded by Mr. Lapey and unanimously approved.

Respectfully submitted,



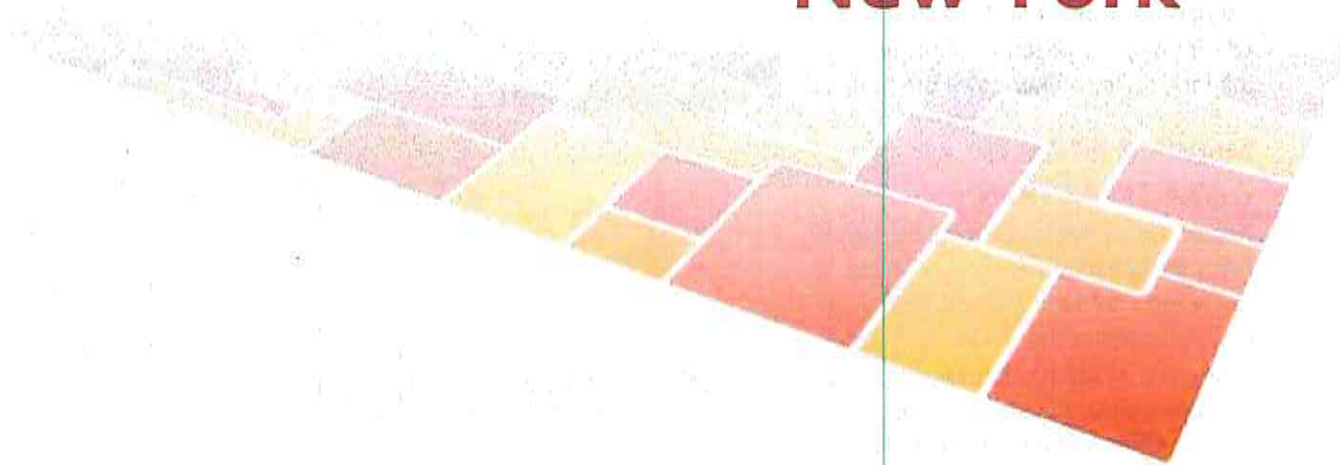
Kevin D. Watkins, M.D., M.P.H.  
Secretary to the Board of Health  
KDW/dl

**County Health  
Rankings & Roadmaps**

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

**2015 County Health Rankings**  
**New York**



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



Support provided by

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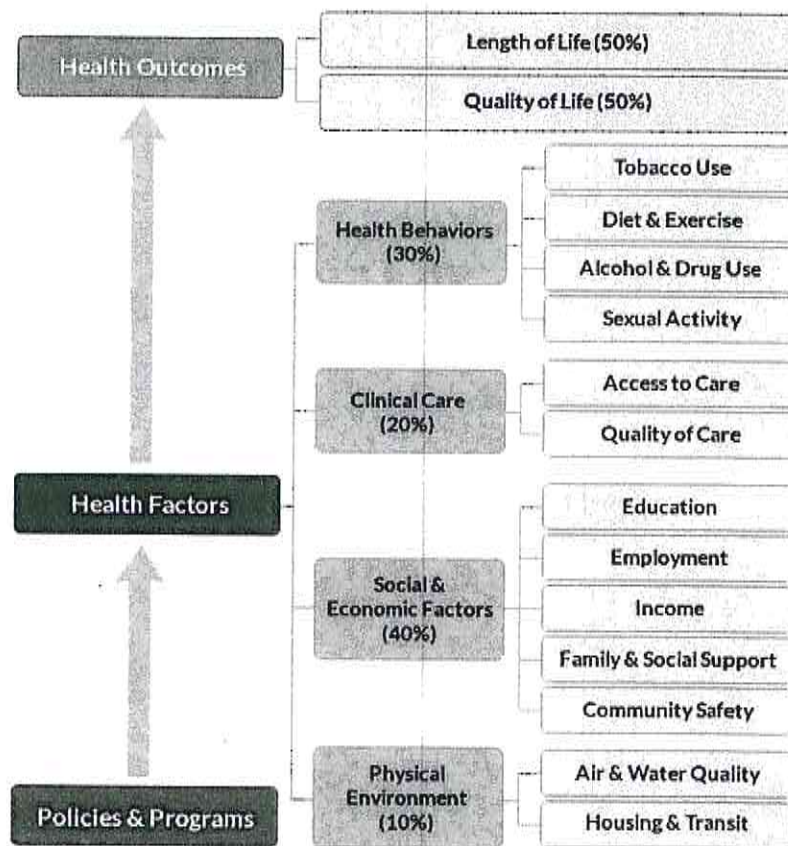


## INTRODUCTION

The *County Health Rankings & Roadmaps* program helps communities identify and implement solutions that make it easier for people to be healthy in their homes, schools, workplaces, and neighborhoods. 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. 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 to Health* and *RWJF Culture of Health Prize* show what we can do to create healthier places to live, learn, work, and play.

## WHAT ARE THE COUNTY HEALTH RANKINGS?

Published online at [countyhealthrankings.org](http://countyhealthrankings.org), the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* are unique in their ability to measure the current overall health of each county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Communities use the *Rankings* to identify and garner support for local health improvement initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers, and the public.



## MOVING FROM DATA TO ACTION

*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 move from awareness about their county's ranking to action

to improve people's health. The *Roadmaps to Health* Action Center is a one-stop shop of information to help any community member or leader who wants to improve their community's health by addressing factors that we know influence health, such as education, income, and community safety.

Within the Action Center you will find:

- Online step-by-step guidance and tools to move through the Action Cycle
- *What Works for Health* – a searchable database of evidence-informed policies and programs that can improve health

**2015 COUNTY HEALTH RANKINGS: MEASURES AND NATIONAL/STATE RESULTS**

Measure	Description	US Median	State Overall	State Minimum	State Maximum
<b>HEALTH OUTCOMES</b>					
Premature death	Years of potential life lost before age 75 per 100,000 population	7681	5457	4293	8193
Poor or fair health	% of adults reporting fair or poor health	17%	15%	6%	24%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.7	3.5	2.2	6.5
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.5	3.4	1.6	5.3
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	8.2%	4.2%	9.8%
<b>HEALTH FACTORS</b>					
<b>HEALTH BEHAVIORS</b>					
Adult smoking	% of adults who are current smokers	21%	17%	9%	31%
Adult obesity	% of adults that report a BMI $\geq$ 30	31%	24%	15%	33%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.3	8.0	6.3	9.6
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	27%	23%	16%	29%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	65%	91%	46%	100%
Excessive drinking	% of adults reporting binge or heavy drinking	16%	17%	11%	25%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	31%	24%	11%	60%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	291	514	109	1209
Teen births	# of births per 1,000 female population ages 15-19	41	24	6	45
<b>CLINICAL CARE</b>					
Uninsured	% of population under age 65 without health insurance	17%	13%	7%	19%
Primary care physicians	Ratio of population to primary care physicians	2015:1	1210:1	5355:1	679:1
Dentists	Ratio of population to dentists	2670:1	1305:1	6280:1	601:1
Mental health providers	Ratio of population to mental health providers	1128:1	443:1	4773:1	146:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	65.3	59	38	103
Diabetic monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	85%	86%	78%	93%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	61%	63.1%	52.7%	78.0%
<b>SOCIAL AND ECONOMIC FACTORS</b>					
High school graduation	% of ninth-grade cohort that graduates in four years	85%	77%	58%	90%
Some college	% of adults ages 25-44 with some post-secondary education	56%	65.7%	45.8%	82.5%
Unemployment	% of population aged 16 and older unemployed but seeking work	7%	7.7%	5.0%	11.8%
Children in poverty	% of children under age 18 in poverty	24%	23%	7%	42%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	5.5	3.8	8.6
Children in single-parent households	% of children that live in a household headed by single parent	31%	35%	15%	64%
Social associations	# of membership associations per 10,000 population	12.6	7.9	2.5	25.1
Violent crime	# of reported violent crime offenses per 100,000 population	199	400	41	633
Injury deaths	# of deaths due to injury per 100,000 population	73.8	41	29	83
<b>PHYSICAL ENVIRONMENT</b>					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	11.9	11.7	10.2	13.3
Drinking water violations	% of population potentially exposed to water exceeding a violation limit during the past year	1.0%	26%	0%	50%
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14%	24%	9%	37%
Driving alone to work	% of workforce that drives alone to work	80%	54%	6%	86%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes	29%	36%	14%	63%

## 2015 COUNTY HEALTH RANKINGS: DATA SOURCES AND YEARS OF DATA

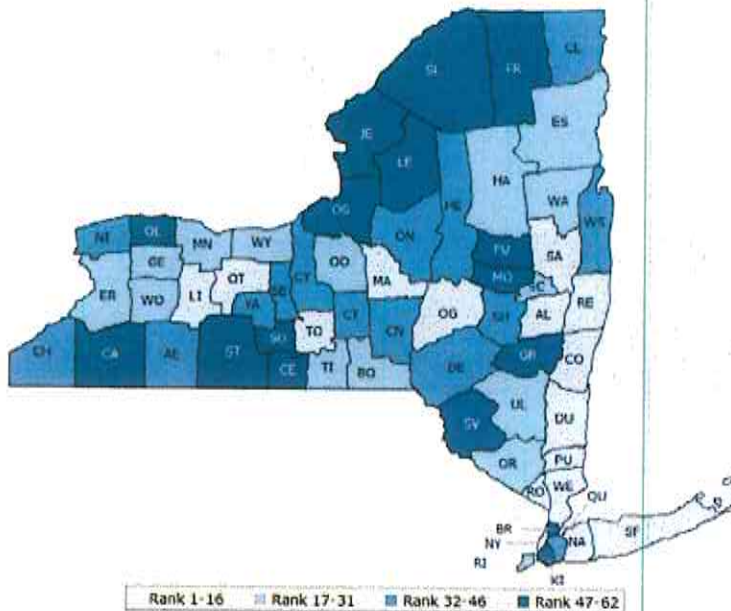
	Measure	Data Source	Years of Data
<b>HEALTH OUTCOMES</b>			
<b>Length of Life</b>	Premature death	National Center for Health Statistics – Mortality files	2010-2012
<b>Quality of Life</b>	Poor or fair health	Behavioral Risk Factor Surveillance System	2006-2012
	Poor physical health days	Behavioral Risk Factor Surveillance System	2006-2012
	Poor mental health days	Behavioral Risk Factor Surveillance System	2006-2012
	Low birthweight	National Center for Health Statistics – Natality files	2006-2012
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
<b>Tobacco Use</b>	Adult smoking	Behavioral Risk Factor Surveillance System	2006-2012
<b>Diet and Exercise</b>	Adult obesity	CDC Diabetes Interactive Atlas	2011
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2012
	Physical inactivity	CDC Diabetes Interactive Atlas	2011
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2013
<b>Alcohol and Drug Use</b>	Excessive drinking	Behavioral Risk Factor Surveillance System	2006-2012
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2009-2013
<b>Sexual Activity</b>	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2012
	Teen births	National Center for Health Statistics – Natality files	2006-2012
<b>CLINICAL CARE</b>			
<b>Access to Care</b>	Uninsured	Small Area Health Insurance Estimates	2012
	Primary care physicians	Area Health Resource File/American Medical Association	2012
	Dentists	Area Health Resource File/National Provider Identification file	2013
	Mental health providers	CMS, National Provider Identification file	2014
<b>Quality of Care</b>	Preventable hospital stays	Dartmouth Atlas of Health Care	2012
	Diabetic monitoring	Dartmouth Atlas of Health Care	2012
	Mammography screening	Dartmouth Atlas of Health Care	2012
<b>SOCIAL AND ECONOMIC FACTORS</b>			
<b>Education</b>	High school graduation	data.gov, supplemented w/ National Center for Education Statistics	2011-2012
	Some college	American Community Survey	2009-2013
<b>Employment</b>	Unemployment	Bureau of Labor Statistics	2013
<b>Income</b>	Children in poverty	Small Area Income and Poverty Estimates	2013
	Income inequality	American Community Survey	2009-2013
<b>Family and Social Support</b>	Children in single-parent households	American Community Survey	2009-2013
	Social associations	County Business Patterns	2012
<b>Community Safety</b>	Violent crime	Uniform Crime Reporting – FBI	2010-2012
	Injury deaths	CDC WONDER mortality data	2008-2012
<b>PHYSICAL ENVIRONMENT</b>			
<b>Air and Water Quality</b>	Air pollution – particulate matter <sup>1</sup>	CDC WONDER environmental data	2011
	Drinking water violations	Safe Drinking Water Information System	FY2013-14
<b>Housing and Transit</b>	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2007-2011
	Driving alone to work	American Community Survey	2009-2013
	Long commute – driving alone	American Community Survey	2009-2013

<sup>1</sup> Not available for AK and HI.

### HOW DO COUNTIES RANK FOR HEALTH FACTORS?

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 at [countyhealthrankings.org](http://countyhealthrankings.org).

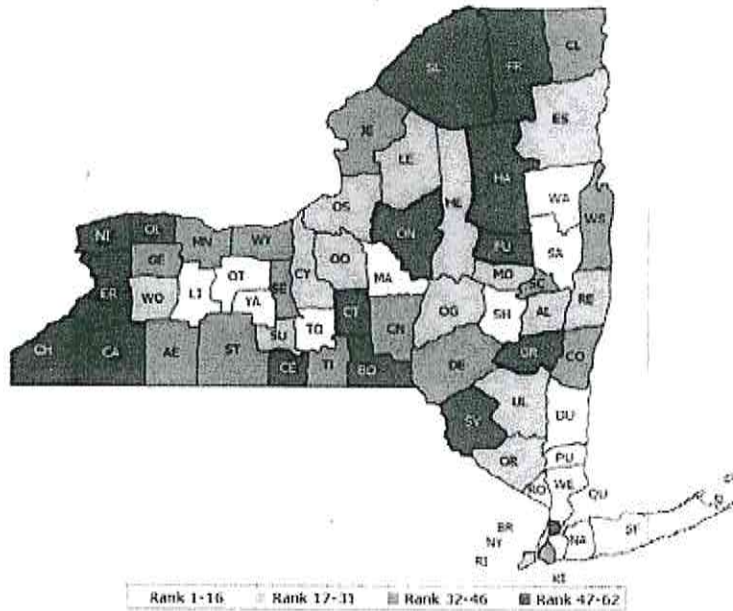


County	Rank	County	Rank	County	Rank	County	Rank
Albany	9	Franklin	55	Onondaga	39	Seneca	35
Allegany	38	Fulton	53	Onondaga	18	St. Lawrence	56
Bronx	62	Genesee	26	Ontario	7	Steuben	50
Broome	28	Greene	51	Orange	21	Suffolk	8
Cattaraugus	49	Hamilton	20	Orleans	59	Sullivan	60
Cayuga	40	Herkimer	45	Oswego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

### HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

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 at [countyhealthrankings.org](http://countyhealthrankings.org).



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

# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	New York	Cattaraugus (CA)	Rockland (RO)
<b>Health Outcomes</b>		53	1
<b>Length of Life</b>		59	2
Premature death	5,457	7,068	4,294
<b>Quality of Life</b>		38	5
Poor or fair health	15%	18%	12%
Poor physical health days	3.5	4.0	2.5
Poor mental health days	3.4	2.9	2.8
Low birthweight	8.2%	7.4%	6.4%
<b>Health Factors</b>		49	6
<b>Health Behaviors</b>		44	1
Adult smoking	17%	23%	9%
Adult obesity	24%	29%	24%
Food environment index	8.0	8.3	8.5
Physical inactivity	23%	29%	24%
Access to exercise opportunities	91%	64%	95%
Excessive drinking	17%	12%	11%
Alcohol-impaired driving deaths	24%	26%	23%
Sexually transmitted infections	514	214	261
Teen births	24	35	15
<b>Clinical Care</b>		55	9
Uninsured	13%	13%	11%
Primary care physicians	1,210:1	2,037:1	1,045:1
Dentists	1,305:1	2,254:1	1,000:1
Mental health providers	443:1	1,052:1	430:1
Preventable hospital stays	59	61	52
Diabetic monitoring	86%	87%	89%
Mammography screening	63.1%	53.1%	66.8%
<b>Social &amp; Economic Factors</b>		49	8
High school graduation	77%	80%	87%
Some college	65.7%	54.2%	65.9%
Unemployment	7.7%	8.1%	5.9%
Children in poverty	23%	29%	25%
Income inequality	5.5	4.3	5.0
Children in single-parent households	35%	34%	16%
Social associations	7.9	14.3	9.9
Violent crime	400	207	160
Injury deaths	41	53	29
<b>Physical Environment</b>		58	61
Air pollution - particulate matter	11.7	13.0	10.9
Drinking water violations	26%	13%	45%
Severe housing problems	24%	14%	25%
Driving alone to work	54%	78%	71%
Long commute - driving alone	36%	27%	40%



**County Health Rankings & Roadmaps**  
 Building a Culture of Health County by County

	New York	Wyoming (WO)	Cattaraugus (CA)	Allegany (AE)	Chautauqua (CH)	Erie (ER)	Niagara (NI)	Genesee (GE)	Orleans (OL)
Health Outcomes									
Length of Life		17	53	42	58	54	55	40	47
Premature death	5,457	15	59	42	56	57	54	47	44
Quality of Life		5,624	7,068	6,233	6,970	6,994	6,824	6,561	6,435
Poor or fair health	15%	18	38	37	57	44	54	17	48
Poor physical health days	3-5	14%	18%	16%	16%	13%	14%	12%	19%
Poor mental health days	3-4	3-9	4-0	3-6	4-4	3-9	4-2	4-0	5-0
Low birthweight	8.2%	4-5	2-9	3-3	4-1	3-3	4-2	4-2	3-4
Health Factors		5-6%	7-4%	7-6%	8-2%	8-3%	8-2%	6-1%	7-0%
Health Behaviors		27	49	38	44	23	43	26	59
Adult smoking	17%	21	44	42	48	30	47	27	55
Adult obesity	24%	18%	23%	21%	24%	16%	23%	18%	29%
Food environment index	8.0	28%	29%	31%	26%	29%	30%	29%	31%
Physical inactivity	23%	8-3	8-3	8-3	8-0	7-7	7-9	8-7	7-9
Access to exercise opportunities	91%	25%	29%	24%	27%	23%	24%	24%	27%
Excessive drinking	17%	6-0%	6-4%	5-5%	7-3%	9-5%	8-7%	6-7%	7-4%
Alcohol-impaired driving deaths	24%	19%	12%	22%	21%	19%	18%	18%	13%
Sexually transmitted infections	514	11%	26%	27%	29%	29%	28%	29%	20%
Teen births	24	232	214	180	416	554	429	293	367
Clinical Care									
Uninsured	13%	17	35	20	33	26	27	23	28
Primary care physicians	1,210:1	49	55	42	22	10	41	54	62
Dentists	1,305:1	11%	13%	11%	10%	9%	10%	11%	11%
Mental health providers	443:1	2,327:1	2,037:1	2,545:1	1,964:1	1,256:1	2,364:1	2,999:1	5,355:1
Preventable hospital stays	59	3,195:1	2,254:1	3,701:1	1,848:1	1,299:1	1,896:1	2,831:1	5,279:1
Diabetic monitoring	86%	681:1	1,052:1	659:1	837:1	492:1	1,035:1	803:1	2,346:1
Mammography screening	63.1%	73	61	61	52	43	76	71	103
Social & Economic Factors									
High school graduation	77%	86%	87%	84%	84%	85%	86%	85%	85%
Some college	65.7%	59.8%	53.1%	60.8%	68.2%	60.3%	63.3%	58.9%	58.7%
Unemployment	7.7%	19	49	25	44	33	34	11	50
Children in poverty	23%	85%	80%	87%	80%	80%	83%	84%	86%
Income inequality	5-5	51.4%	54.2%	54.3%	60.4%	71.3%	65.2%	63.9%	48.7%
Children in single-parent households	35%	7.8%	8.1%	7.6%	7.9%	7.4%	8.0%	6.7%	9.0%
Social associations	7-9	17%	29%	26%	30%	23%	20%	19%	25%
Violent crime	400	3-9	4-3	4-3	4-6	5-0	4-7	4-0	4-1
		34%	34%	30%	36%	38%	37%	29%	41%
		15.8	14-3	18.6	17.1	10.1	10.6	13.2	13.3
		95	207	151	226	468	378	172	173

	New York	Wyoming (WYO)	Cattaraugus (CA)	Allegany (AL)	Chautauqua (CH)	Essex (ES)	Niagara (NI)	Genesee (GE)	Orleans (OL)
Injury deaths	41	49	53	56	54	49	56	55	46
Physical Environment		57	58	43	51	49	50	46	54
Air pollution - particulate matter	11.7	12.7	13.0	12.7	13.3	12.9	12.8	12.7	12.7
Drinking water violations	26%	16%	13%	6%	1%	0%	0%	0%	0%
Septic system problems	24%	11%	14%	14%	14%	16%	14%	13%	16%
Driving alone to work	54%	82%	78%	72%	80%	81%	86%	84%	83%
Long commute - driving alone	36%	37%	27%	30%	19%	23%	27%	31%	38%

	2010	2011	2012	2013	2014	2015
Health Outcomes	56	54	50	51	52	53
Mortality	59	59	58	57	57	59
Morbidity	41	34	35	34	33	38
Health Factors	56	56	53	53	55	49
Health Behaviors	58	52	43	42	44	44
Clinical Care	55	62	54	56	54	55
Socioeconomic Factors	50	54	51	53	55	49
Physical Environment	15	32	11	37	58	58

