



**Public Health**  
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# CATTARAUGUS COUNTY BOARD OF HEALTH

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*James Snyder*

## MINUTES

April 3, 2013

The 814<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 3, 2013.

The following members were present:

Giles Hamlin, MD

James Lapey

Joseph Eade

Georgina Paul

Richard Haberer

James Snyder

Also present were:

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

Kathleen Ellis, Administrative Officer

Karen Manners, Secretary to Public Health Director

Eric Wohlers, Environmental Health Director

Raymond Jordan, Sr. Sanitarian

Paula Stockman, County Legislator

Linda Edstrom, County Legislator

Thomas Brady, County Attorney

Gilbert Witte, MD, Medical Director

David Porter, Hearing Officer

The meeting was called to order by Mr. Snyder. The roll was called and a quorum declared. Mr. Eade made a motion to approve the minutes of the March 6, 2013 Board of Health meeting. It was seconded by Mr. Lapey and unanimously approved.

**Director's Report:** Dr. Watkins reported that the number of influenza cases continues to decline, also the number of emergency room admissions for respiratory and fever complaints and the absenteeism in schools for flu like illnesses has decreased. As of 3/23/13, the influenza activity level in New York State was still categorized as wide-spread. Laboratory confirmed influenza was reported in 42 counties plus New York City. There was a 3% decrease from last week with 961 cases reported. There were 145 patients admitted to the hospital with laboratory confirmed influenza or hospitalized patients newly diagnosed, which is a 15% decrease over last week. There have been 11 influenza associated pediatric deaths reported in New York State for the season. Cattaraugus County has had 90 confirmed cases, but no influenza associated deaths. We will continue to monitor local emergency rooms for respiratory illnesses and high fever admissions.

The Health Department continues to work with the NYS Department of Health to review all blood borne test results associated with the use of the insulin pens at Olean General Hospital. At this time, there is no evidence of any blood borne disease outbreak of any kind, including HIV, Hepatitis B or Hepatitis C. Over 900 patients have been tested and there have been no clusters of blood borne pathogens seen in any of the surveillance results. Dr. Watkins passed around two insulin pens for the Board to view.

Dr. Watkins also reported that we will be celebrating Public Health Week this week which runs from 4/1/13-4/7/13. The national theme is "Public Health is ROI (Return on Investment): Saves Lives, Save Money." We are emphasizing the importance of supporting evidence based public health programs in an effort to produce healthier communities and reduce cost in treating diseases.

The Cattaraugus County Sheriff's Department will sponsor the National Prescription Drug Drop Off Campaign which will be held on Saturday, April 27, 2013 at various sites throughout the County.

Auditors will be at the Health Department on April 17, 2013 to gather information for the Medicare Cost Report.

Dr. Watkins said that in the Early Intervention Program (a program that provides services to children 0-3 years of age who have developmental delays) the State moved the billing component from all municipalities and placed it under their direct control. The States' goal is to reduce the administrative burden and provide relief to local government. All providers, which include occupational therapists, physical therapists, speech therapists, special instructors, etc., that are associated with the Early Intervention Program, will now contract with the State instead of with the Health Department to provide services to clients of the program. The providers' biggest concern is getting reimbursed from the State in a timely manner.

Dr. Watkins stated that meetings are being held with local hospitals and other medical providers to develop the 2013-2017 Community Health Assessment. A community health survey is going to be provided to residents of Cattaraugus County to gather information about the health concerns within the community. The results will be analyzed and incorporated into the Community Health Assessment.

In addition to the Community Health Survey, we are also responsible for developing a Community Health Improvement Plan. The State has required us to work with a diverse group of stakeholders (i.e. hospitals and community consortiums) to select two priority areas from a pre-determined five priority area list within the 2013-2017 Prevention Agenda that we can all work on to improve the health of our community. The five priority areas in the 2013-2017 Prevention Agenda includes: 1) prevent chronic disease, 2) promote a healthy and safe environment, 3) promote healthy women, infants and children, 4) promote mental health and prevent substance abuse, and 5) prevent HIV, STD's, vaccine preventable diseases and health care associated infections. Dr. Watkins noted that this is a very labor intensive project, but if all goes well, we will notice a great improvement in the health of our community.

The Federal Government has enacted a self imposed across the board cut in federal spending (sequestration) which will impact the following health department programs: WIC (Women, Infant and Children), Lead, Immunization, Public Health Preparedness, Early Intervention, Children with Special Health Care Needs, Family Planning, a Department of Environmental Conservation (DEC) grant, the Community Development Block Grant for well and septic installations and our new Community Transformation grant. All are federally funded at some percentage level, so we may lose as little as \$57,504 or as much as \$90,203 in funding and will have to make adjustments if these cuts are imposed. We received notification from the State that the Feds have cut the States' Public Health Preparedness grant by 7.5% secondary to the sequestration, we are not sure if they will impose the same on local health departments, if so, there will be a reduction of a little over \$6,000 in that program.

The annual County Health Rankings were released two weeks ago. A copy was distributed to the Board for their review. Dr. Watkins highlighted some of the results. The summary of 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 ranking was 51 out of 62 counties; last year the health outcome ranking was 50, so we have gone down. On the County Health Rankings – Overall sheet (provided to board members) Cattaraugus County ranked 58 last year in mortality and 57 this year, and in the morbidity category we ranked 35 last year, but ranked 34 this year, so we slightly improved, and one would expect that our health outcome would show this improvement. Nonetheless, it appears that our increased years of potential life lost held us back in the rankings in this category.

This year we ranked 53 in health factors and last year we also ranked 53. These factors are based on four different parameters which include health behaviors, clinical care, socio and economic factors, and physical environment.

Dr. Watkins went on and discussed the other parameters in the 2013 County Health Rankings 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. Cattaraugus County Healthy Livable Communities Consortium) within our communities come together to outline community health needs and ways to implement changes that would better address the health needs of our community.

Dr. Witte questioned how realistic the statistics in the rankings are because the numbers have fluctuated so much in the last couple of years. Dr. Watkins stated that some of the data used in the rankings date as far back as 2004, so it is not what is currently happening in the community and that some data used in the survey was obtained from individuals with land lines, and the sample sizes used were small compared to our population which could skew our rankings.

Mrs. Stockman commented about the articles in the paper involving Farm Rich food products and the E. Coli outbreak. Dr. Watkins stated that we have not seen an increase admission rate to our local emergency rooms for GI complaints in our surveillance but we will remain vigilant.

Mr. Snyder asked for an update on the Olean General Hospital (OGH) issue with insulin pens. Dr. Watkins reiterated that there is no evidence of any blood borne disease outbreak of any kind, including HIV, Hepatitis B or Hepatitis C from our surveillance.

**Nursing Division Report:** In Mrs. Andrews absence, Dr. Watkins reported that there has been laboratory confirmed Influenza in 46 counties in New York State. There have been no confirmed pediatric deaths in Cattaraugus County, but statewide there have been 11, and nationwide there has been 110.

Last month there were 12 Chlamydia cases reported and 1 Gonorrhea case, 2 Strep Group A invasive, 1 Strep Group B invasive, and 2 Salmonella cases confirmed. In addition, there was 1 probable Hepatitis B, 2 probable Hepatitis C and 2 Hepatitis C confirmed with no connection to OGH. There are 2 possible Lyme disease cases but we are waiting on a report from the provider's office. Finally, there was 1 Strep Pneumonia Invasive Sensitive that has been confirmed.

There have been 3 post-exposure rabies treatments administered in 2013.

Dr. Watkins mentioned the extended Family Planning clinic hours. With the State budget being passed, we will now be able to bill insurance companies for STD's. Also, documentation is being moved into electronic format.

There is one confirmed elevated lead level case – a 3 year old child with a lead level of 11ug/dl (nl. 0-9 ug/dl). There are three lead levels above the normal range that we are continuing to monitor.

Dr. Watkins also reported that the Visiting Nurse Association has been approved by the New York State Department of Health (NYSDOH) to operate a Certified Home Health Agency in Cattaraugus County. They have placed ads for nurses, therapists and Home Health Aides. The remaining Certificate of Need applications are still under review.

There are 499 patients currently in the home health care and long term home health care programs.

The nursing division has one Jamestown Community College student doing an internship with a home care nurse based in the Machias office.

A part time home health aide is being hired pending results of a criminal history record check. Two home care nurses have resigned as they are moving out of state and a new nurse will begin on Monday, April 8, 2013.

**Environmental Health Division:** Mr. Wohlers reported that staff completed four sessions of swimming pool standardization training and a staff member is going to Syracuse on April 10, 2013 for special training on fairgrounds regulations. Also, the State Health Department has asked Cattaraugus County to host a regional training for health department staff in the southern tier counties on children's camp regulations. Two staff members will also be participating in pesticide/vector management training in Buffalo on April 15 and 16.

Mr. Wohlers stated that there are three big public water system projects moving ahead. He will participate in a conference call tomorrow with the owners of Crystal Water Company and the State Health Department on their funding for the 2-3 million dollar water system project in West Valley. They may begin construction this year. Also, the Village of Cattaraugus has submitted their funding application. The Town of Randolph water system project is also progressing and they may begin construction next year. Mr. Wohlers may attend a town board meeting on April 10, 2013 on that project.

The Health Department will have a booth at the Olean Home Show as we do every year with educational information available to the public on lead paint, radon, mold, carbon monoxide poisoning and various other topics. We help advertise the annual County Household Hazardous Waste pick up that Department of Public Works sponsors periodically. We will conduct the annual drinking water taste test which coincides with the National Drinking Water Week which is the first week in April every year. We also distribute information on rabies, tick and Lyme disease and for the first time we are also going to distribute information on bed bugs.

In recent weeks the Department of Environmental Conservation (DEC) has sent reports on outbreaks of chronic wasting disease in deer in Pennsylvania. DEC also reported an outbreak of Salmonellosis in pigeons and certain types of songbirds. They have been tracking reports of dead birds all over the State since late January.

In addition, the U.S. Fish and Wildlife Service will treat Cattaraugus Creek and its tributaries for sea lamprey (eel larvae). Eels once overpopulated the Great Lakes, now every 3-5 years they treat tributaries from Lake Erie and Lake Ontario to keep the numbers down.

In the spring, we prepare for the increase in rabies investigations and for people to be aware of tick season and lyme disease. There is no money in the budget for mosquito surveillance, but we still need contracts with municipalities that participate in mosquito spraying should the need arise.

Mr. Snyder commented that the County owns 150 acres where the water supply is for the Village of Cattaraugus and are in the process of selling off their water wells so that they can own the property. The County took it in a tax sale. Mr. Brady stated that the information Mr. Wohlers provided to him regarding the watershed indicates that all of the land on the east side of Route 353 needs to go to the village and a bit of the land on the west side leaving approximately 30 or 40 acres to the county. Mr. Wohlers commented that because it was recently discovered that their main well has some chemical contamination they are looking at a 3-4 million dollar project to replace their 100 year old transmission line.

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

**DOCKET 13-009**

**HARWOOD HAVEN, INC., HARWOOD HAVEN, 8764 Route 98 N, Farmersville**

**Violations: 10NYCRR, Section 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 2013 to CCHD by the 10<sup>th</sup> day of the following month. Previous violation: Docket #12-011. Notice of Hearing offering a \$100 civil compromise was mailed.

**DOCKET 13-009 (continued)**

**Administrative Hearing:**

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

Respondent: Kim Osborne, appeared at hearing and was sworn.

Ms. Covert gave the following testimony:

- Enf. 1 was read and affirmed to be correct by Ms. Covert and identified as People's Exhibit #1.
- Letter from CCHD to Respondent dated 6/20/11 on Docket #12-011 which was the identical violation and identified as P. Ex. #2.
- Email from Rhonda Kelley to Ms. Covert identified as P. Ex. #3 stating that the co-owner is going to send in the operation reports monthly even when they are closed.
- P. Ex. #4 is the missing January 2013 report showing that Harwood Haven was closed.

Open discussion with Respondent and Ms. Covert:

- Respondent is going to apply for a seasonal permit instead of an annual permit and therefore will only be reporting to CCHD when open.
- Respondent has sent in February and March 2013 reports.
- Campground is closed from October – March with all water shut off and pipes drained.
- Respondent drove from Buffalo to attend the Administrative Hearing.

Hearing Officer finding: Respondent is in violation of 10NYCRR, Section 5-1.72(c)(1) – failure to submit complete daily records for the operation of the non-community water supply for the month of January 2013. This is the second docket for the same violation.

Recommendation: That Respondent pays a \$50.00 fine to be received by CCHD by 4/30/13 with a \$10 per diem fine if not paid by that date.

Mr. Eade made a motion to accept the Hearing Officer's recommendation; it was seconded by Dr. Hamlin and unanimously approved.

Board Ordered: \$50 fine to be received on or before 4/30/13 and a \$10 per diem fine if not paid by that date.

**CJK's Leon Grill, Inc., Docket #12-062** – On 2/13/13 the Board ordered Respondent to pay a \$100 fine by 3/31/13 for failure to submit operation reports for the non-community water supply for the month of November 2012 by the 10<sup>th</sup> day of the following month. The Board also ordered a \$10 per diem fine if the \$100 fine was not received by 3/31/13. Dr. Watkins read an appeal letter dated 2/28/13 from Kathleen Krzanowicz, owner of CJK's Leon Grill to the Board (a copy is attached). Dr. Watkins explained that there was an error in her lab bill, but it was corrected. Ms. Krzanowicz now has all of the forms necessary to submit the monthly reports. Dr. Watkins stated that she did not pay the civil compromise and did not attend the hearing, but the Health Department is recommending that the \$100 fine ordered on 2/13/13 be reduced to \$50 to be received by 4/30/13. Mr. Lapey made a motion to reduce the fine to \$50 due and payable to the Cattaraugus County Health Department by 4/30/13. It was seconded by Dr. Hamlin and unanimously approved.

**Rite Aid Pharmacy, Docket #11-008b** – On 5/4/11 the Board ordered Respondent to pay a \$600 fine plus a \$50 surcharge for a total of \$650 for selling tobacco products to a minor on 3/9/11 with a \$10 per diem fine if the \$650 fine was not paid by 5/31/11. Two letters were sent by Mr. Brady, County Attorney, the most recent on 3/5/13 stating that a fine of \$7,090 was due. Rite Aid Pharmacy contacted Mr. Brady and informed him that they sent a check to the County for \$350 for the violation on 3/18/11 and another check for \$650 on 5/17/11 after the Board of Health Order was issued. The Health Department did not receive these checks and they were subsequently voided by the company. They are asking the Board to reduce the total fine owed, since their records show that checks were issued for the fines. Dr. Watkins stated that in cases such as this in the past, the Board has given the County Attorney permission to negotiate a reasonable amount that would satisfy both the Board and the Respondent. Mr. Snyder made a motion to have Mr. Brady negotiate a payment of \$2,500 with Rite Aid Pharmacy that would be due and payable by 4/30/13. It was seconded by Mr. Eade and unanimously approved.

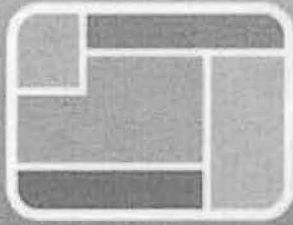
There being no further business to discuss, Mr. Eade made a motion to adjourn. It was seconded by Mr. Lapey and carried to adjourn.

Respectfully submitted,



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

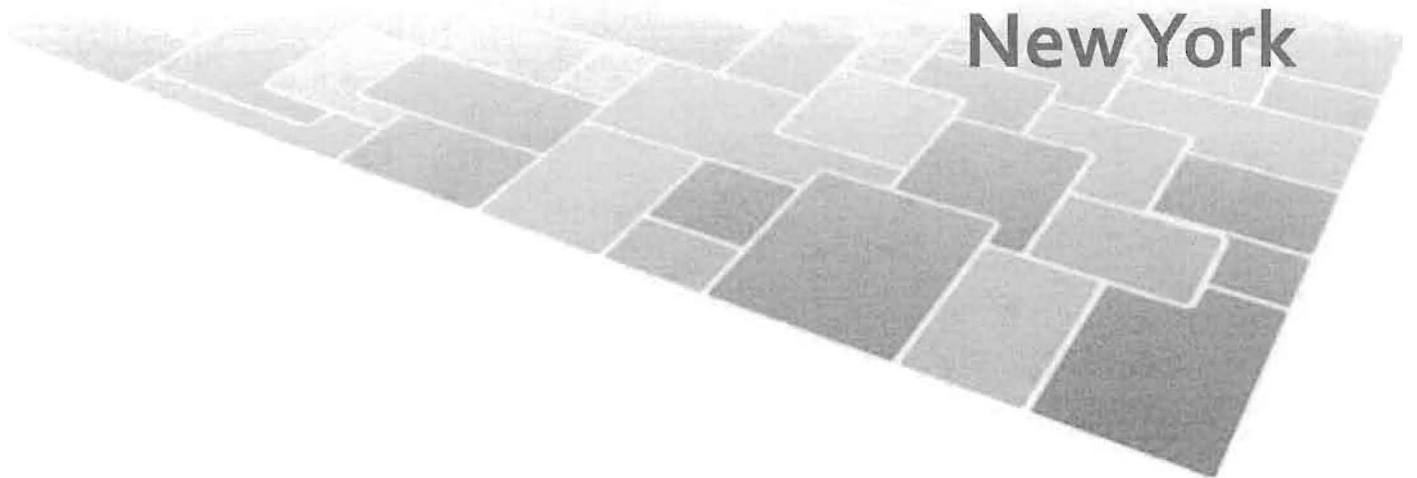
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# County Health Rankings & Roadmaps

A Healthier Nation, County by County

## 2013 *Rankings* New York



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

*Translating Research for Policy and Practice*



## Introduction

Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk. In addition, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk.

However, health varies greatly across communities, with some places being much healthier than others. And, until now, there has been no standard method to illustrate what we know about what makes people sick or healthy or a central resource to identify what we can do to create healthier places to live, learn, work and play.

We know that much of what influences our health happens outside of the doctor's office – in our schools, workplaces and neighborhoods. The *County Health Rankings & Roadmaps* program provides information on the overall health of your community and provides the tools necessary to create community-based, evidence-informed solutions. Ranking the health of nearly every county across the nation, the *County Health Rankings* illustrate **what we know** when it comes to what is making communities sick or healthy. The *County Health Roadmaps* show **what we can do** to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin

Population Health Institute to bring this groundbreaking program to counties and states across the nation.

The *County Health Rankings & Roadmaps* program includes the *County Health Rankings* project, launched in 2010, and the newer *Roadmaps* project that mobilizes local communities, national partners and leaders across all sectors to improve health. The program is based on this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Counties can improve health outcomes by addressing all health factors with effective, evidence-informed policies and programs.

Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings & Roadmaps* serve as both a call to action and a needed tool in this effort.

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## Guide to Our Web Site

To compile the *Rankings*, we selected measures that reflect important aspects of population health that can be improved and are available at the county level across the nation. Visit [www.countyhealthrankings.org](http://www.countyhealthrankings.org) to learn more.

To get started and see data, enter your county or state name in the search box. Click on the name of a county or measure to see more details. You can: Compare Counties; Download data for your state; Print one or more county

snapshots; or Share information with others via Facebook, Twitter, or Google+. To understand our methods, click on Learn about the Data and Methods. You can also take advantage of the Using the *Rankings* Data guide to help you explore the data and figure out more about what is driving your community's health. To learn about what you can do to improve health in your community, visit the *Roadmaps to Health Action Center*. Finally, you can learn what others are doing by reading Communities Stories and visiting the Project Showcase.

## County Health Roadmaps

The *Rankings* illustrate **what we know** when it comes to making people sick or healthy. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income and the environment play in how healthy people are and how long we live.

The *County Health Roadmaps* mobilizes local communities, national partners and leaders across all sectors to improve health. The *County Health 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 groundbreaking project to cities, counties and states across the nation.

The *Roadmaps* project includes grants to local coalitions and partnerships among policymakers, business, education, public health, health care, and community organizations; grants to national organizations working to improve health; recognition of communities whose promising efforts have led to better health; and customized guidance on strategies to improve health.

### Roadmaps to Health Community Grants

The *Roadmaps to Health Community Grants* provide funding for 2 years to thirty state and local efforts among policymakers, business, education, healthcare, public health and community organizations working to create positive policy or systems changes that address the social and economic factors that influence the health of people in their community.

### Roadmaps to Health Partner Grants

RWJF is awarding *Roadmaps to Health Partner Grants* to national organizations that are experienced at engaging local partners and leaders and are able to deliver high-quality training and technical assistance, and committed to making communities healthier places to live, learn, work and play. Partner grantees increase awareness about the *County Health Rankings & Roadmaps* to their members, affiliates and allies. As of February 2013, RWJF has awarded partner grants to United Way Worldwide, National Business Coalition on Health, and National Association of Counties.

### RWJF Roadmaps to Health Prize

In February 2013, RWJF awarded the first *RWJF Roadmaps to Health Prizes* of \$25,000 to six communities that are working to become healthier places to live, learn, work and play. The *RWJF Roadmaps to Health Prize* is intended not only to honor successful efforts, but also to inspire and stimulate similar activities in other U.S. communities.



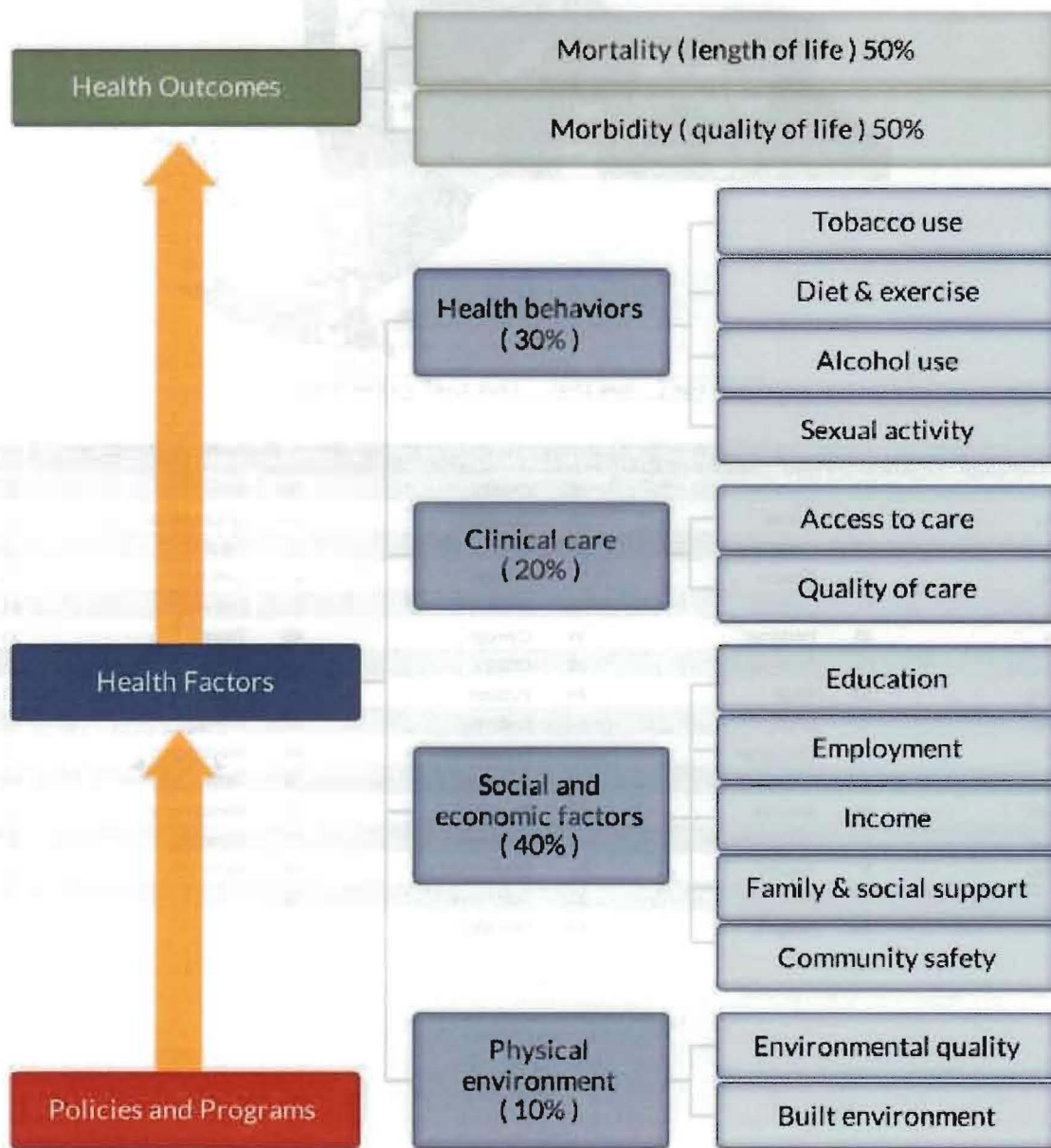
### Roadmaps to Health Action Center

The *Roadmaps to Health Action Center*, based at UWPHI, provides tools and guidance to help groups working to make their communities healthier places. The Action Center website provides guidance on developing strategies and advocacy efforts to advance pro-health policies, opportunities for ongoing learning, and a searchable database of evidence-informed policies and programs focused on health improvement: *What Works for Health*. Action Center staff provide customized consultation via email and telephone to those seeking more information about how to improve health. Coaching, including possible on-site visits, is also available for communities who have demonstrated the willingness and capacity to address factors that we know influence how healthy a person is, such as education, income and family connectedness.

### County Health Rankings

The 2013 *County Health Rankings* report ranks New York counties according to their summary measures of **health outcomes** and **health factors**. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the *Rankings* model; those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

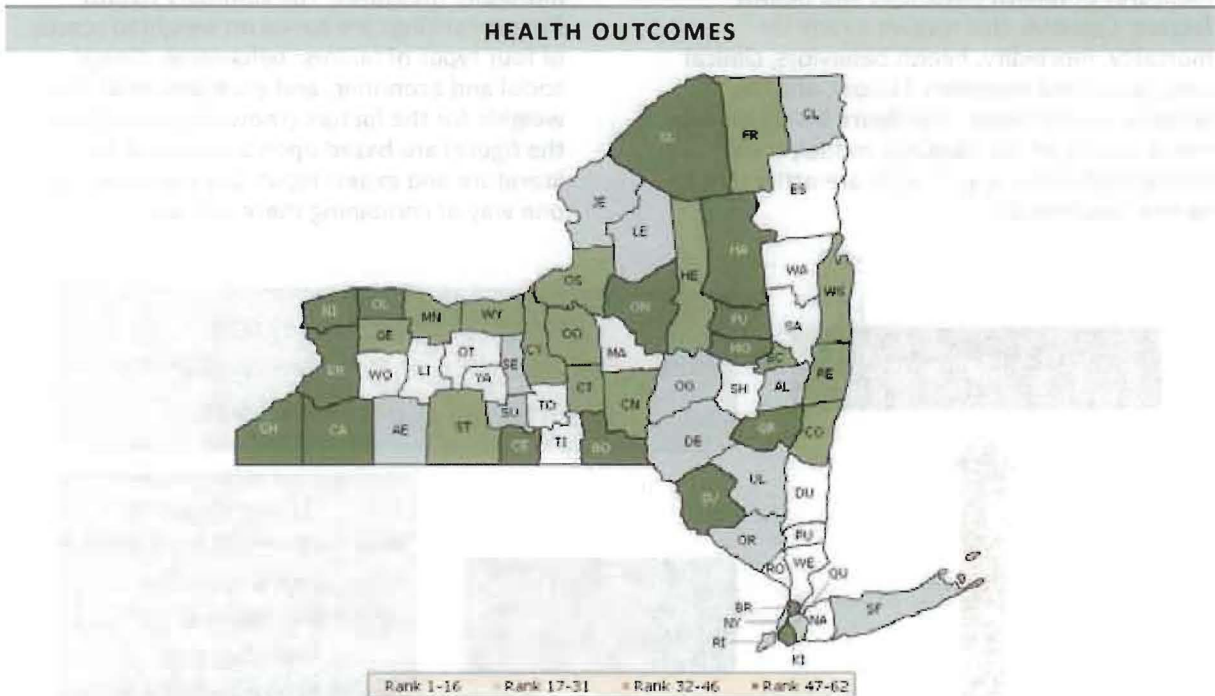
Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.



County Health Rankings model ©2012 UWPHI

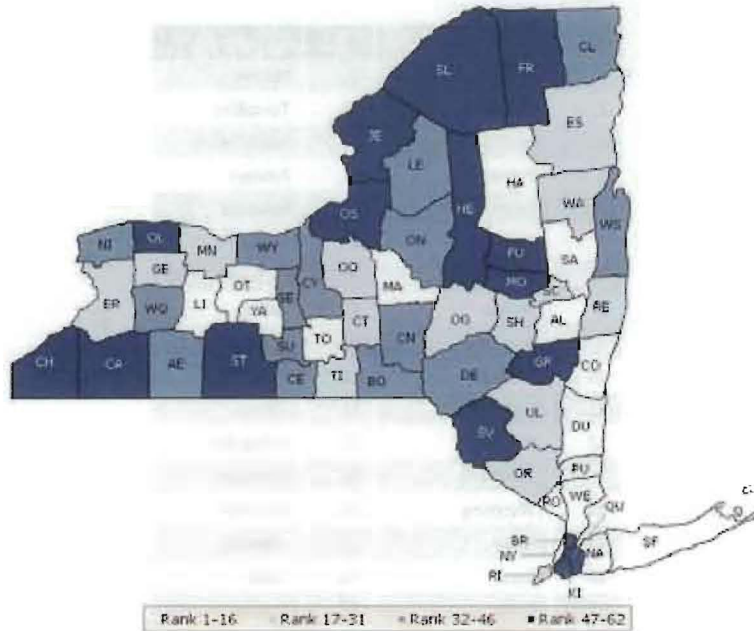
The maps on this page and the next display New York's counties divided into groups by health rank. Maps help locate the healthiest and least healthy counties in the state. The lighter colors indicate

better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.



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

**HEALTH FACTORS**



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

## Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

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

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

Rank	Health Outcomes	Rank	Health Factors
1	Livingston	1	Nassau
2	Rockland	2	Tompkins
3	Tompkins	3	Westchester
4	Putnam	4	Putnam
5	Saratoga	5	Saratoga
6	Yates	6	Rockland
7	Westchester	7	Ontario
8	Nassau	8	Suffolk
9	Dutchess	9	Dutchess
10	Madison	10	New York
11	Ontario	11	Albany
12	Warren	12	Livingston
13	Schoharie	13	Columbia
14	Wyoming	14	Hamilton
15	Tioga	15	Madison
16	Essex	16	Yates
17	Lewis	17	Warren
18	Suffolk	18	Onondaga
19	Queens	19	Essex
20	Allegany	20	Tioga
21	New York	21	Schenectady
22	Orange	22	Otsego
23	Seneca	23	Monroe
24	Richmond	24	Erie
25	Delaware	25	Genesee
26	Clinton	26	Orange
27	Albany	27	Richmond
28	Otsego	28	Rensselaer
29	Schuyler	29	Schoharie
30	Jefferson	30	Ulster
31	Ulster	31	Cortland
32	Chenango	32	Wyoming
33	Monroe	33	Broome
34	Onondaga	34	Oneida
35	Cayuga	35	Schuyler
36	Franklin	36	Chenango
37	Genesee	37	Niagara
38	Schenectady	38	Wayne
39	Herkimer	39	Chemung
40	Oswego	40	Washington
41	Rensselaer	41	Allegany
42	Washington	42	Cayuga

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

## 2013 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
<b>HEALTH OUTCOMES</b>			
<b>Mortality</b>	Premature death	National Center for Health Statistics	2008-2010
<b>Morbidity</b>	Poor or fair health	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days	Behavioral Risk Factor Surveillance System	2005-2011
	Low birthweight	National Center for Health Statistics	2004-2010
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
<b>Tobacco Use</b>	Adult smoking	Behavioral Risk Factor Surveillance System	2005-2011
<b>Diet and Exercise</b>	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2009
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2009
<b>Alcohol Use</b>	Excessive drinking	Behavioral Risk Factor Surveillance System	2005-2011
	Motor vehicle crash death rate	National Center for Health Statistics	2004-2010
<b>Sexual Activity</b>	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2010
	Teen birth rate	National Center for Health Statistics	2004-2010
<b>CLINICAL CARE</b>			
<b>Access to Care</b>	Uninsured	Small Area Health Insurance Estimates	2010
	Primary care physicians	HRSA Area Resource File	2011-2012
	Dentists	HRSA Area Resource File	2011-2012
<b>Quality of Care</b>	Preventable hospital stays	Medicare/Dartmouth Institute	2010
	Diabetic screening	Medicare/Dartmouth Institute	2010
	Mammography screening	Medicare/Dartmouth Institute	2010
<b>SOCIAL AND ECONOMIC FACTORS</b>			
<b>Education</b>	High school graduation	Primarily state-specific sources, supplemented with National Center for Education Statistics	State-specific
	Some college	American Community Survey	2007-2011
<b>Employment</b>	Unemployment	Bureau of Labor Statistics	2011
<b>Income</b>	Children in poverty	Small Area Income and Poverty Estimates	2011
<b>Family and Social Support</b>	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
	Children in single-parent households	American Community Survey	2007-2011
<b>Community Safety</b>	Violent crime rate	Federal Bureau of Investigation	2008-2010
<b>PHYSICAL ENVIRONMENT</b>			
<b>Environmental Quality</b>	Daily fine particulate matter <sup>1</sup>	CDC WONDER Environmental data	2008
	Drinking water safety	Safe Drinking Water Information System	FY 2012
<b>Built Environment</b>	Access to recreational facilities	Census County Business Patterns	2010
	Limited access to healthy foods	USDA Food Environment Atlas	2012
	Fast food restaurants	Census County Business Patterns	2010

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



CREDITS

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COUNTY HEALTH RANKINGS - OVERALL

	2010	2011	2012	2013
<b>Health Outcomes</b>	56	54	50	51
Mortality	59	59	58	57
Morbidity	41	34	35	34
<b>Health Factors</b>	56	56	53	53
Health Behaviors	58	52	43	42
Clinical Care	55	62	54	56
Social and Economic Factors	50	54	51	53
Physical Environment	15	32	11	37
Tobacco Use	55	46	40	38
Diet and Exercise	58	56	52	52
Alcohol Use	32	32	25	28
Sexual Activity	34	43	43	47
Access to Care	23	26	35	50
Quality of Care	59	62	60	54
Education	46	52	49	46
Employment	41	40	43	45
Income	55	48	43	56
Family and Social Support	56	56	53	54
Community Safety	28	39	41	43
Environmental Quality	24	1	1	59
Built Environment	27	48	16	13

Something very wrong with your  
Rept.

I also haven't any report  
sheets which Hubert said he  
will bring next week. I put  
on January's report that it was  
the last sheet. Haven't received  
any "over 3 weeks", How I am  
prepared to report when your  
Dept doesn't know what their  
doing

Sincerely

Kathleen Young  
owner

CJK's LEAD CELL  
6756 Rte 2

LEON  
RECEIVED

MAR 01 2013

CATTARAUGUS COUNTY  
ENVIRONMENTAL HEALTH

February 28/13

To whom it may concern

I spoke to Inspector Hubert  
Wells finally Feb 26 (over a week)  
returned answer Feb 27. I was told  
to write a summary on situation of  
the missing Niven's report

On December 5th I wrote my bills  
and the report out and put in mailbox  
at the business by my helper Camille  
Julia (witness) I had a friend that  
should send November account  
to me help

According to the Post Office it

takes one day to reach Akron

possibly two therefore it should

have been there by Dec 7 or 8 just like

my bills even if postage made their

destination

I called the Fabon when payment

of the corrected bill which was

asked to be made. There is

over