

# County Health Rankings & Roadmaps

A Healthier Nation, County by County

## 2012 *Rankings* **New York**



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

**Population Health Institute**

*Translating Research into Policy and Practice*



## Introduction

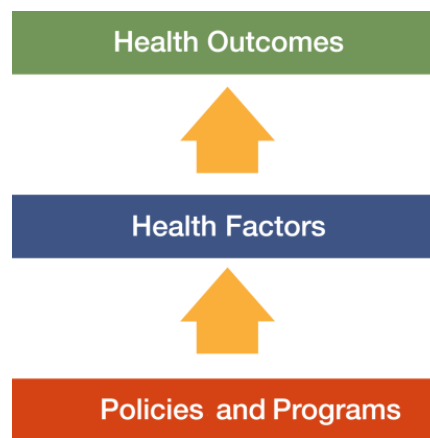
Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, 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. To learn about steps that you can take to improve health in your community, click on the *Roadmaps* tab. The *Roadmaps to Health Action Center* provides tools and resources to help groups working together to create healthier places. The Opportunities section provides information on funding, recognition, and partnership opportunities. The Connections section helps you learn what others are doing.

## 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.

This report introduces the *County Health Roadmaps*, a new partnership that 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 collaborates with the University of Wisconsin Population Health Institute 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 technical assistance on strategies to improve health.

### Roadmaps to Health Community Grants

The *Roadmaps to Health Community Grants* provide funding for 2 years to 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

The Robert Wood Johnson Foundation 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. The first Partner Grant was awarded to United Way Worldwide (UWW) in July 2011.

### Roadmaps to Health Prize

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute will award *Roadmaps to Health Prizes* of \$25,000 to up to six communities that are working to become healthier places to live, learn, work and play. The *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.



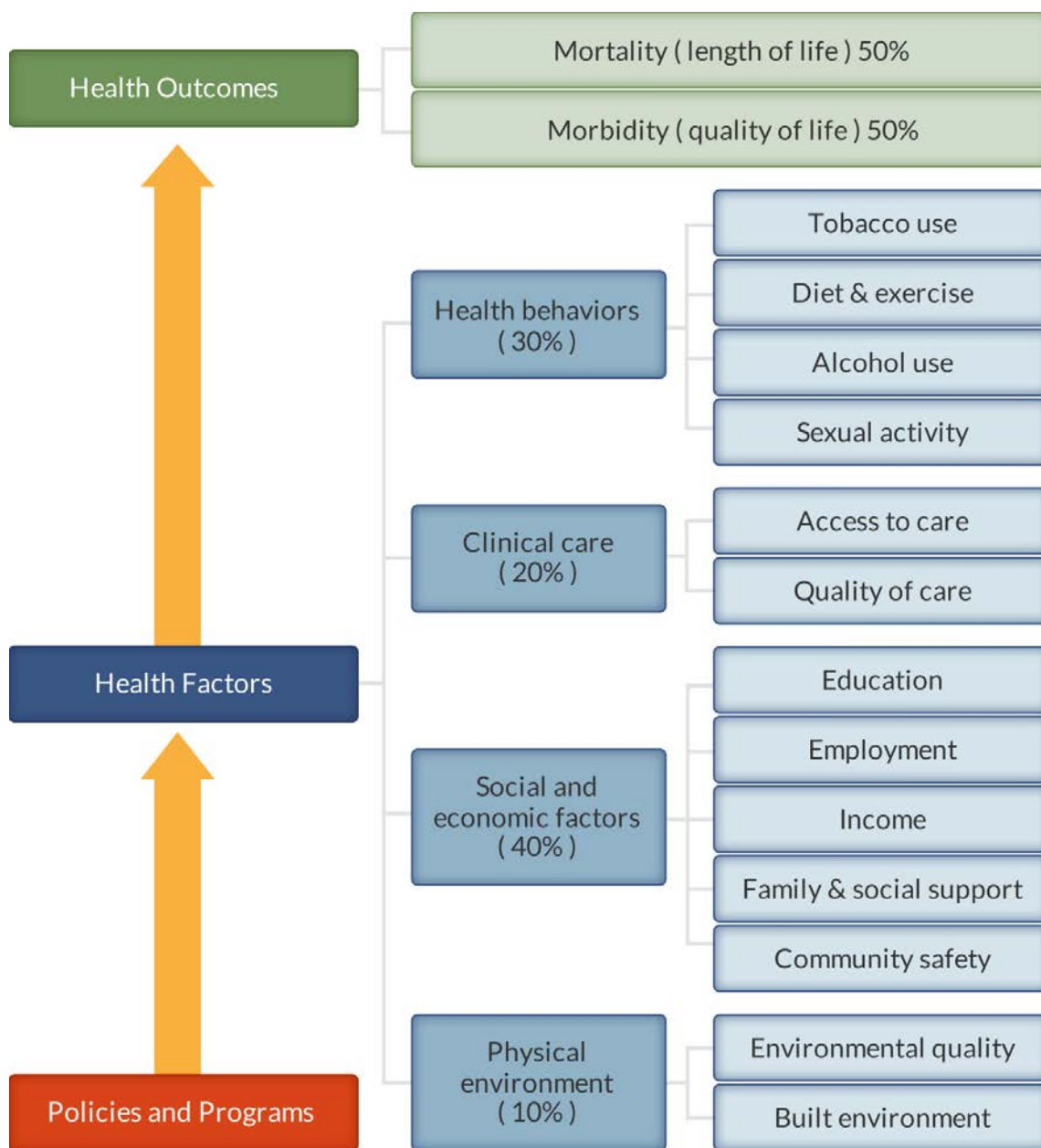
### Roadmaps to Health Action Center

The *Roadmaps to Health Action Center*, based at the University of Wisconsin Population Health Institute, provides tools and resources to help groups working to make their communities healthier places. The new Action Center will provide guidance on developing strategies and advocacy efforts to advance pro-health policies, offer opportunities for ongoing learning, and in the summer of 2012, host a searchable database of evidence-informed policies and programs focused on health improvement. Experts provide customized consultation to local 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 2012 *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.

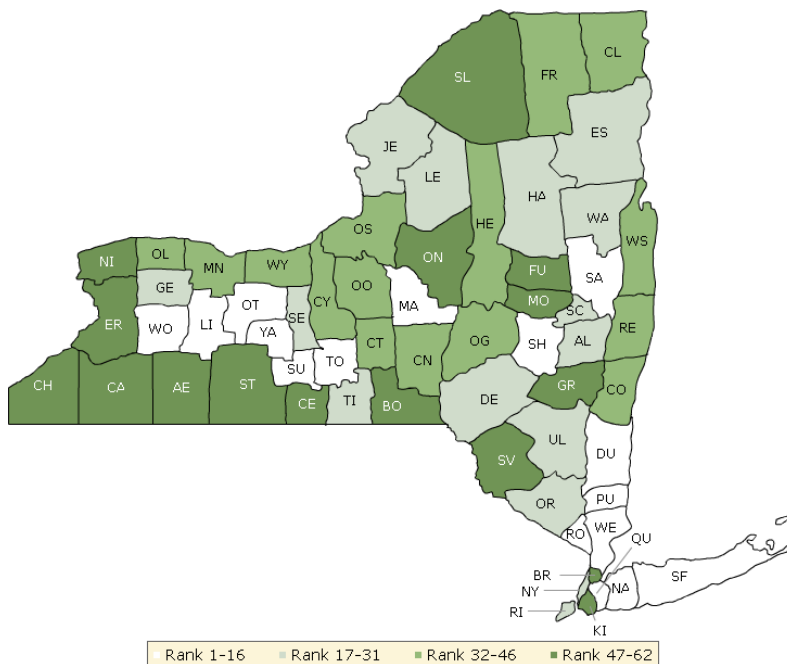


County Health Rankings model ©2012 UWPHI

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

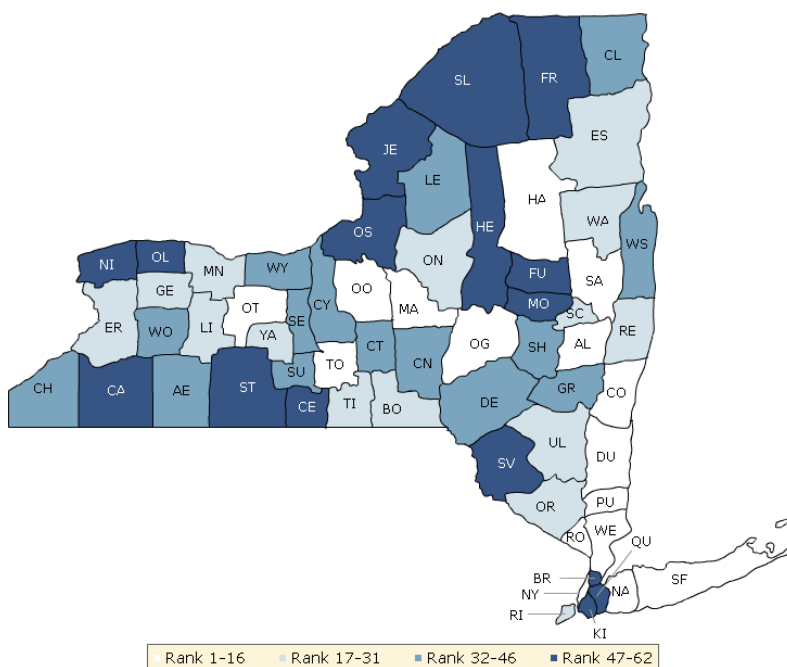
better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

**HEALTH OUTCOMES**



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

### HEALTH FACTORS



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

## Summary Health Outcomes & Health Factors Rankings

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



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

## 2012 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	2006-2008
<b>Morbidity</b>	Poor or fair health	Behavioral Risk Factor Surveillance System	2004-2010
	Poor physical health days	Behavioral Risk Factor Surveillance System	2004-2010
	Poor mental health days	Behavioral Risk Factor Surveillance System	2004-2010
	Low birthweight	National Center for Health Statistics	2002-2008
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
<b>Tobacco Use</b>	Adult smoking	Behavioral Risk Factor Surveillance System	2004-2010
<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	2004-2010
	Motor vehicle crash death rate	National Center for Health Statistics	2002-2008
<b>Sexual Activity</b>	Sexually transmitted infections	National Center for Hepatitis, HIV, STD and TB Prevention	2009
	Teen birth rate	National Center for Health Statistics	2002-2008
<b>CLINICAL CARE</b>			
<b>Access to Care</b>	Uninsured	Small Area Health Insurance Estimates	2009
	Primary care physicians	Health Resources & Services Administration	2009
<b>Quality of Care</b>	Preventable hospital stays	Medicare/Dartmouth Institute	2009
	Diabetic screening	Medicare/Dartmouth Institute	2009
	Mammography screening	Medicare/Dartmouth Institute	2009
<b>SOCIAL AND ECONOMIC FACTORS</b>			
<b>Education</b>	High school graduation	National Center for Education Statistics and state-specific sources <sup>1</sup>	2008-2010
	Some college	American Community Survey	2006-2010
<b>Employment</b>	Unemployment	Bureau of Labor Statistics	2010
<b>Income</b>	Children in poverty	Small Area Income and Poverty Estimates	2010
<b>Family and Social Support</b>	Inadequate social support	Behavioral Risk Factor Surveillance System	2006-2010
	Children in single-parent households	American Community Survey	2006-2010
<b>Community Safety</b>	Violent crime rate <sup>2</sup>	Federal Bureau of Investigation	2007-2009
<b>PHYSICAL ENVIRONMENT</b>			
<b>Environmental Quality</b> <sup>3</sup>	Air pollution-particulate matter days	U.S. Environmental Protection Agency	2007
	Air pollution-ozone days	U.S. Environmental Protection Agency	2007
<b>Built Environment</b>	Access to recreational facilities	Census County Business Patterns	2009
	Limited access to healthy foods <sup>4</sup>	U.S. Department of Agriculture	2006
	Fast food restaurants	Census County Business Patterns	2009

<sup>1</sup> NCES used for AK, AL, AR, CA, CT, FL, HI, ID, KY, MT, ND, NJ, OK, SD and TN

<sup>2</sup> State data source for IL.

<sup>3</sup> Not available for AK and HI.

<sup>4</sup> Access to Healthy Foods (2009) from Census Zip Code Business Patterns for AK and HI.

CREDITS

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