

County Health Rankings

Mobilizing Action Toward Community Health

2010

New York



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

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Introduction

Where we live matters to our health. The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community's health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease risk. 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.

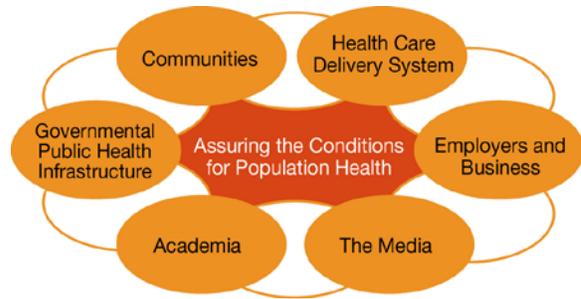
The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2010 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the first time, counties can get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health, with other counties in their state. This will allow them to see county-to-county where they are doing well and where they need to improve. Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings* serve as both a call to action and a needed tool in this effort.

All of the *County Health Rankings* are based upon 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. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.



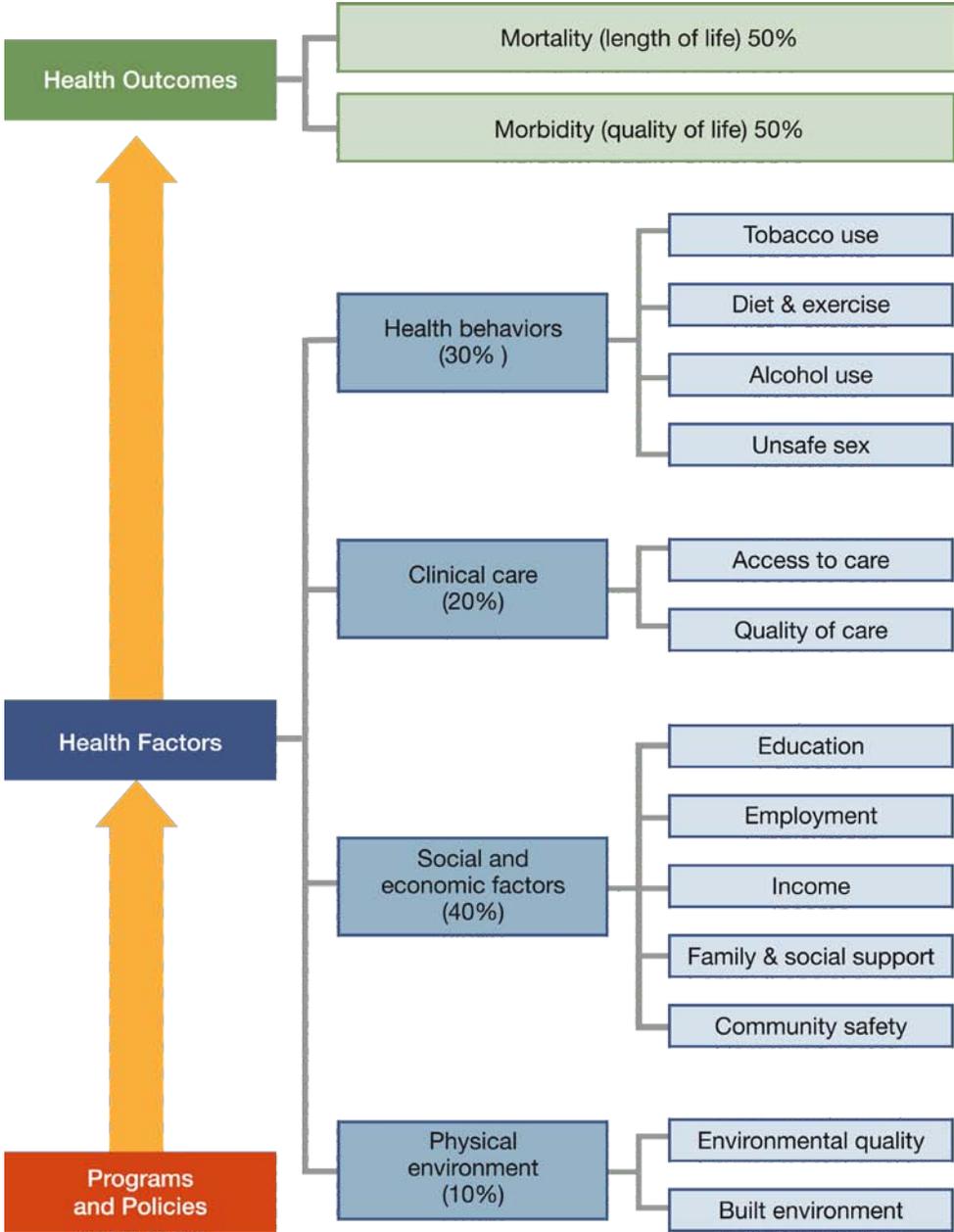
Institute of Medicine, 2002

To compile the *Rankings*, we built on our prior work in Wisconsin, worked closely with staff from the Centers for Disease Control and Prevention and Dartmouth College, and obtained input from a team of expert advisors. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data at the county level. For a more detailed explanation of the choice of measures, see www.countyhealthrankings.org.

The Rankings

This report ranks New York counties according to their summary measures of **health outcomes** and **health factors**, as well as the components used to create each summary measure. The figure below depicts the structure of the *Rankings* model. Counties receive a rank for each population health component; 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.

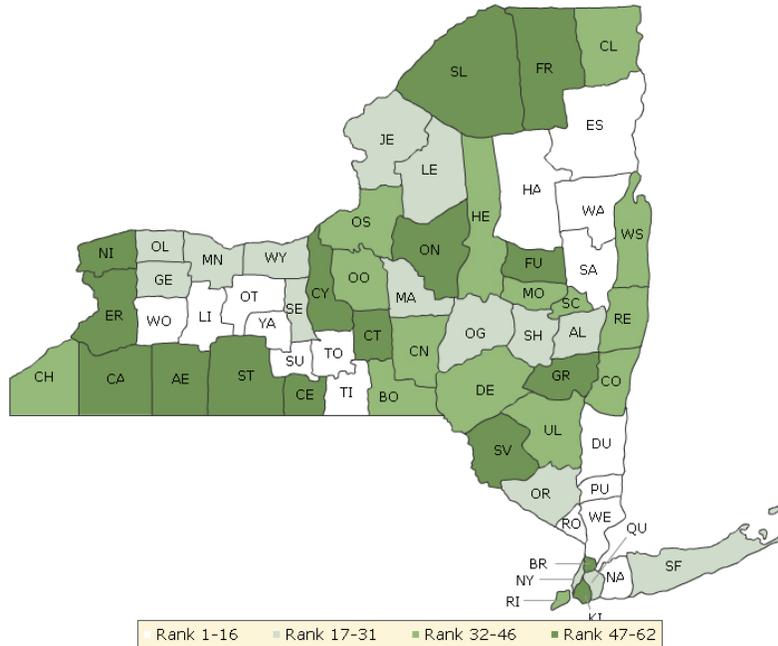


County Health Rankings model ©2010 UWPHI

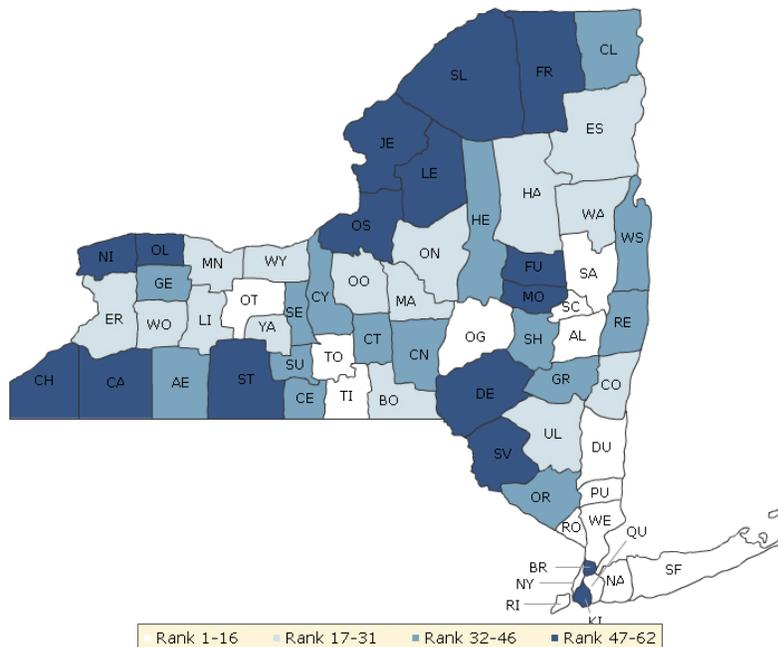
The maps on this page display New York's counties divided into groups by health rank. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

Maps help locate the healthiest and least healthy counties in the state. The health factors map appears similar to the health outcomes map, showing how health factors and health outcomes are closely related.

HEALTH OUTCOMES



HEALTH FACTORS



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 are what influences the health of the county.

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

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

Health Outcomes Rankings

The summary health outcomes ranking is based on measures of mortality and morbidity. Each county's ranks for mortality and morbidity are displayed here. The mortality rank, representing length of life, is based on a measure of premature death: the years of potential life lost prior to age 75.

The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. We combine four morbidity measures: self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

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

Rank	Mortality	Rank	Morbidity
41	Broome	41	Cattaraugus
42	Steuben	42	Monroe
43	Chenango	43	Oswego
44	Schenectady	44	Allegany
45	Delaware	45	Clinton
46	Washington	46	Fulton
47	Oneida	47	Onondaga
48	Fulton	48	Cortland
49	Herkimer	49	Sullivan
50	Oswego	50	Chautauqua
51	Montgomery	51	Richmond
52	Kings	52	Steuben
53	Cortland	53	Queens
54	Allegany	54	Erie
55	Niagara	55	Franklin
56	Erie	56	Cayuga
57	St. Lawrence	57	New York
58	Columbia	58	Oneida
59	Cattaraugus	59	Niagara
60	Greene	60	Kings
61	Bronx	61	Chemung
62	Sullivan	62	Bronx

Health Factors Rankings

The summary health factors ranking is based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. Health behaviors include measures of smoking, diet and exercise, alcohol use, and risky sex behavior. Clinical

care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family and social support, and community safety. The physical environment includes measures of environmental quality and the built environment.

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

Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
41	Chemung	Clinton	Steuben	Saratoga
42	Broome	Cortland	Schoharie	Delaware
43	Genesee	Cayuga	Oneida	Rensselaer
44	Ulster	Putnam	Erie	Hamilton
45	Allegany	Hamilton	Cortland	Warren
46	Wayne	Allegany	Schuyler	Richmond
47	Madison	Schoharie	Lewis	Jefferson
48	Cayuga	Queens	Orleans	Columbia
49	Lewis	Kings	Niagara	Monroe
50	Sullivan	Orange	Cattaraugus	Franklin
51	Orleans	Schuyler	Greene	Sullivan
52	Niagara	Essex	Chemung	Orange
53	Washington	Wyoming	Chenango	Ulster
54	Fulton	Genesee	Oswego	Putnam
55	Chautauqua	Cattaraugus	Jefferson	Chautauqua
56	St. Lawrence	Sullivan	St. Lawrence	Erie
57	Seneca	Orleans	Fulton	Albany
58	Cattaraugus	Delaware	Franklin	Suffolk
59	Montgomery	Bronx	Sullivan	New York
60	Steuben	St. Lawrence	Montgomery	Yates
61	Oswego	Oswego	Kings	Niagara
62	Jefferson	Herkimer	Bronx	Essex

2010 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2004-2006
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2002-2008
	Poor physical health days	Behavioral Risk Factor Surveillance System	2002-2008
	Poor mental health days	Behavioral Risk Factor Surveillance System	2002-2008
	Low birthweight	National Center for Health Statistics	2000-2006
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2002-2008
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2006-2008
Alcohol Use	Binge drinking	Behavioral Risk Factor Surveillance System	2002-2008
	Motor vehicle crash death rate	National Center for Health Statistics	2000-2006
High Risk Sexual Behavior	Chlamydia rate	National Center for Health Statistics	2006
	Teen birth rate	National Center for Health Statistics	2000-2006
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2005
	Primary care provider rate	Health Resources & Services Administration	2006
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2005-2006
	Diabetic screening	Medicare/Dartmouth Institute	2003-2006
	Hospice use	Medicare/Dartmouth Institute	2001-2005
SOCIOECONOMIC FACTORS			
Education	High school graduation	National Center for Education Statistics ¹	2005-2006
	College degrees	U.S. Census/American Community Survey	2000/2005-2007
Employment	Unemployment	Bureau of Labor Statistics	2008
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2007
	Income inequality	U.S. Census/American Community Survey ²	2000/2005-2007
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2008
	Single-parent households	U.S. Census/American Community Survey	2000/2005-2007
Community Safety	Violent crime ³	Uniform Crime Reporting, Federal Bureau of Investigation	2005-2007
PHYSICAL ENVIRONMENT			
Air Quality ⁴	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2006
	Liquor store density	Census County Business Patterns	2006

¹ State data sources for KY, NH, NC, PA, SC, and UT (2007-2008).

² Income inequality estimates for 2000 were calculated by Mark L. Burkey, North Carolina Agricultural & Technical State University, www.ncat.edu/~burkeym/Gini.htm.

³ Homicide rate (2000-2006) from National Center for Health Statistics for AK, AZ, AR, CO, CT, GA, ID, IN, IA, KS, KY, LA, MN, MS, MT, NE, NH, NM, NC, ND, OH, SD, UT, and WV. State data source for IL.

⁴ Not available for AK and HI.

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