

Description of Population Demographics and General Health Status, New York State, 2018

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Executive summary

There are two key sections in this document: one describing the New York State population and demographics, and another describing key risk factors and health outcome measures relevant to the core Priority Areas of the New York State Department of Health's [Prevention Agenda 2013-2018](#)¹ and emerging public health issues among state residents. The information is organized according to the [County Health Rankings](#) framework.² The state has made immense progress in improving health in the last decade and was ranked 10th in the nation in 2017, a great improvement from the 40th rank in 1990, according to [America's Health Rankings](#).³ Despite this progress, there are significant challenges ahead, including those related to the aging of the New York State population and increases in opioid burden.

Population and demographics

New York State's population, the fourth-largest in the United States, increased by 2.3 percent between 2006 (19,306,183) and 2016 (19,745,289). The most populous racial and ethnic groups in New York are White non-Hispanics (56 percent), Hispanics (19 percent), Black non-Hispanics (14 percent) and Asian non-Hispanics (8 percent).

New York's minority populations, overall, increased as a percentage of the total population. In 2006, 39.8 percent of New Yorkers were minorities. By 2016, that percentage increased to 44.5 percent.

The percent of households with married couples and married couples with children declined over time, while the percent of single person and single parent households is rising.

In 2016, about 31 percent of New York State residents lived in homes where a language other than English was spoken. Further, 23 percent of residents were not born in the United States. Nationally, 22 percent of residents lived in homes where a language other than English was spoken, while 14 percent were born outside the country.

Almost 17 percent of families with children lived at or below the federal poverty level in New York State in 2016, versus 16 percent nationally.

Over 86 percent of New York State residents 25 years and older had high school diplomas in 2016. While New York State has improved its four-year high school graduation from 65.3 percent in 2004-2005 to 79.0 percent in 2014-2015, the state is still below the national average of 83.0 percent.

For 2016, the New York State rate of violent crime was slightly lower than was the rate for the United States.

¹ Prevention Agenda 2013-2018: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

² County Health Rankings: <http://www.countyhealthrankings.org/>

³ America's Health Rankings: <https://www.americashealthrankings.org/>

Nationally, five percent, and in New York State, 2.6 percent, of children under age 19 were without health insurance in 2015. The percentage of children without health insurance in New York State, and nationally, have been continuously declining over the last decade.

Key health related risk factors and outcome measures

United States deaths from drug overdoses skyrocketed in recent years and this has dragged down the expected length of Americans lives.⁴ The life expectancy of New York State residents, at 81.0 years for residents born in 2015, was slightly lower than 81.6 years in 2013, the first decline on this measure in decades.

The leading causes of death in New York State between 2009 and 2015 were heart diseases, followed by cancer. The death rates for both causes have declined since 2009. In 2015, 181 of every 100,000 New Yorkers died from heart diseases, and 148 of every 100,000 died from cancer. Noteworthy is the rising trend in unintentional injury, stemming from an increase in drug overdose related deaths.

While death due to heart disease is the leading cause of death in New York State and the nation, the rate of death from heart disease has been declining steadily among all racial and ethnic groups in New York State. Yet, more than four percent of adult New Yorkers have been diagnosed with cardiovascular disease. This percentage has not changed significantly in recent years and is similar to the national percentage of cardiovascular disease.

In 2014, lung cancer was the leading cancer-related cause of death among men (44.2 per 100,000 males) and women (30.4 per 100,000 females). Female breast cancer (18.7 per 100,000 females) and prostate cancer (18.5 per 100,000 males) were the next two most common causes of cancer deaths.

It has been estimated that 47 percent of all deaths are attributable to eight modifiable behaviors.⁵ This is equivalent to more than 75,000 deaths among New York State residents in 2015. Tobacco use, poor diet and lack of physical activity, and alcohol consumption are the three most common behaviors linked to these preventable deaths.

In 2016, 14.2 percent of adult New Yorkers were current smokers. Over the past decade, smoking rates have declined among all racial and ethnic groups. Current smoking was highest among American Indian/Alaskan Native non-Hispanics, followed by Black non-Hispanics and then by White non-Hispanics. The rate was lowest among Asian non-Hispanics. The percentage of New York adults who use e-cigarettes has grown this decade, and as of 2015, is on par with the United States percentage of 6.7 percent. According to data from the New York State Youth Tobacco Survey, the percentage of youth who have ever tried electronic cigarettes and similar devices doubled from 2014 to 2016; among middle school students, the percentage increased

⁴ Centers for Disease Control and Prevention, Health, United States, 2017, with Special Feature on Mortality <https://www.cdc.gov/nchs/data/abus/abus17.pdf#highlights>

⁵ Journal of the American Medical Association, “Actual Causes of Death, 2000” <https://jamanetwork.com/journals/jama/article-abstract/198357>

from 6.9 percent to 14.1 percent, and among high school students, the percent increased from 21.6 percent to 43.8 percent.

During 2011, the percentage of adult Hispanic New Yorkers who did not engage in any physical activity within the last month was nearly 32 percent and increased to 37 percent in 2016. For most other groups, lack of physical activity has been trending flat to slightly higher from 2011 to 2016. However, New York State (23.3 percent) was faring better than the national average (26.3 percent) in 2016.

Asthma prevalence among adult New Yorkers was relatively stable at 9.7 percent in 2011 and was 9.5 percent in 2016. Increases occurred among all racial and ethnic groups except among Black non-Hispanics, where asthma prevalence declined.

As of 2016, over 10 percent of New York State residents had been diagnosed with diabetes. During 2011 through 2016, diabetes prevalence among adult New Yorkers was roughly flat across all racial and ethnic groups. In 2016, Black non-Hispanics had the highest prevalence at 14 percent. However, prevalence was well above 20 percent for American Indian/Alaskan Native non-Hispanics in both 2015 and 2016. In 2016, among Hispanics, the prevalence of diabetes was 11.8 percent which was also higher than the New York State prevalence of 10.5 percent.

About 25.5 percent of adult New York State residents were obese in 2016, below the national average of 30.1 percent. The prevalence of obesity in New York State was highest among Black non-Hispanics and Hispanics and lowest among Asian non-Hispanics.

Current research indicates that infants who are breastfed are less likely to become obese. Among infants born in 2015 in New York State, 44.3 percent were exclusively fed breast milk in the delivery hospital. White non-Hispanic infants were exclusively fed breast milk at the highest percentage (56.1) while Hispanic infants were exclusively fed breast milk at the lowest percentage (31.7)

The percentage of babies born at low birthweight to New York State residents was 7.8 percent in 2015. There has been little improvement in the percentage of low birthweight births over the past decade, and large disparities remain between White non-Hispanic infants and Black non-Hispanic infants.

In 2015, 10.5 percent of babies born to New York State residents were born prematurely, defined as less than 37 weeks gestation. After increasing during 2008-2009, the percentage of premature births has declined since 2010. The percentage of Black non-Hispanic infants born prematurely was 14.7 percent in 2015, 63.3 percent higher than the 9.0 percent among White non-Hispanic births. In 2015, 11.5 percent of Hispanic babies were born prematurely, 28 percent higher than the percentage among White non-Hispanic infants but 22 percent lower than the percentage of premature births for Black non-Hispanic infants.

The percentage of New York children ages 19 to 35 months who were fully immunized (includes ≥ 4 doses of DTaP, ≥ 3 doses of Polio, ≥ 1 dose of measles-containing vaccine, Hib full series, ≥ 3 HepB, ≥ 1 Var, and ≥ 4 PCV), was 71.9 percent in 2015, up from 61.6 percent in 2010.

Chlamydia rates have been increasing since 2013 in both men and women. The rate among females remains nearly twice that of males, however, the differences between the two groups reduced due to higher increases among males. These increases are in part due to better screening and a lower prevalence of condom use. In 2015, the rate of female chlamydia was 650.8 per 100,000, while the rate among males was 389.4 per 100,000.

Gonorrhea rates have been increasing since 2013 in both men and women. However, the increase was much higher among men. In 2015, the rate among males (377.6 per 100,000) was nearly twice that of females (201.8 per 100,000). Similar to chlamydia, the increases seen are due in part from increased screening and lower condom use.

Primary and secondary syphilis rates have been increasing since 2011, but primarily among men (specifically men who have sex with men, or the 'MSM' population). In 2015, the rate among males (20.3 per 100,000 population) was nearly 30 times that of females (0.7 per 100,000).

Between 2010 and 2015, the newly diagnosed HIV case rate in New York State declined 21 percent to 15.5 per 100,000 population. While reductions in rates occurred among all racial and ethnic groups, large disparities persisted.

The newly diagnosed HIV case rates among White non-Hispanic, Asian/Pacific Islander non-Hispanic, and Native American/Alaskan Native non-Hispanic New Yorkers were all below 10 per 100,000 in 2010 and 2015. While the newly diagnosed HIV case rates among Black non-Hispanics and Hispanics decreased between 2010 and 2015, rates are many times higher compared to White non-Hispanics. Black non-Hispanic rates were 58.6 per 100,000 in 2010 and 39.3 per 100,000 in 2015. Among Hispanics, rates were 30.7 per 100,000 in 2010 and 26.5 per 100,000 in 2015.

In 2015, 11.7 percent of New Yorkers reported poor mental health for at least 14 days during the past month. Black non-Hispanic and Hispanic New Yorkers reported the highest age-adjusted percentages at 11.6 percent and 15.1 percent, respectively. Between 2011 and 2015, the rates fluctuated for all groups, but the disparities among these racial/ethnic groups persisted.

In New York State in 2015, suicide occurred at a rate of 7.9 deaths per 100,000 population. The United States suicide rate, at 13.3 per 100,000, was 68 percent higher than the New York State rate.

During 2008-2015, suicide in New York continued to be more prevalent among White non-Hispanics than among other racial and ethnic groups, with a rate of 8.5 per 100,000 in 2008 and 10.3 per 100,000 in 2015.

The number of opioid-related overdose deaths in New York State in 2015 was nearly 2,200, or 10.9 per 100,000, of which more than 99 percent were premature deaths (individuals ages less than 75 years). In 2016, there were 3,057 opioid overdose hospitalizations and over 8,400 such visits to EDs (rates of 15.5 and 42.8, respectively). The number of New York State residents admitted to treatment programs is also indicative of the high opioid burden across the state. In

2016, more than 66,000 New Yorkers (391.5 per 100,000) were admitted to Office of Alcoholism and Substance Abuse Services (OASAS) certified treatment programs for opioids.

The age-adjusted rate of all opioid overdose deaths per 100,000 population in New York State doubled from 2010 (5.4) to 2015 (10.8). The age-adjusted rate of heroin deaths increased from 1.0 in 2010 to 5.4 in 2015. The age-adjusted rate of opioid pain reliever deaths per 100,000 over the same period was substantially higher than for heroin, though the increase was smaller – starting with a rate of 4.3 in 2010 and reaching 6.9 in 2015.

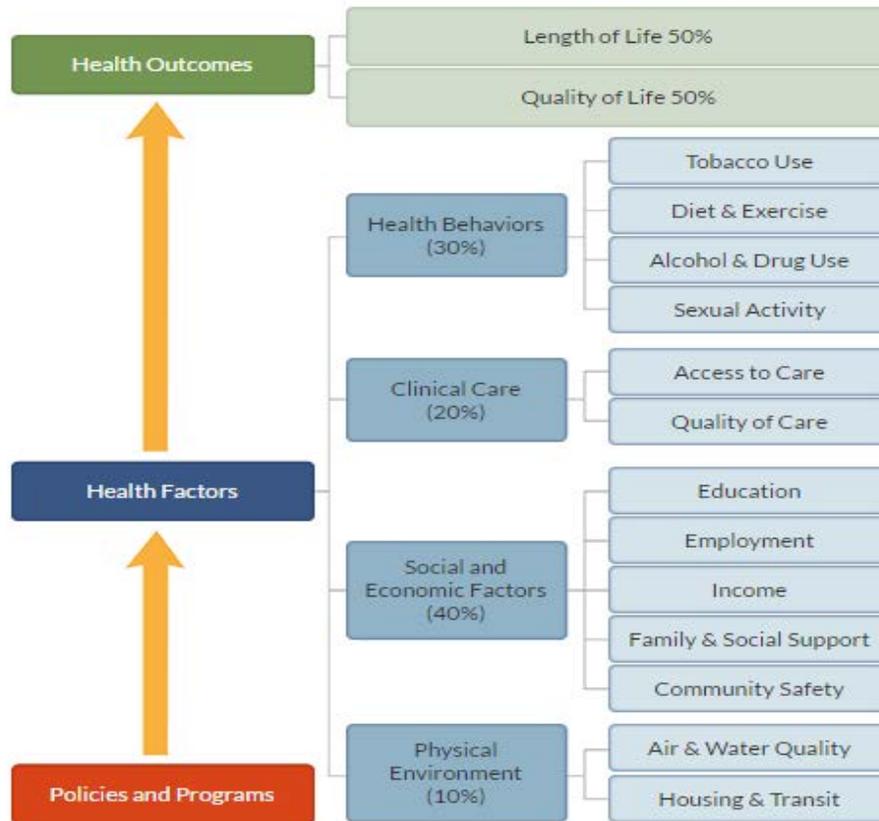
Prevention Agenda 2013-2018 progress

There are 96 health indicators being tracked on the [Prevention Agenda Dashboard](#). As of December 2017, there were 22 indicators where the 2018 objectives were met. Some examples of these include: preventable hospitalization rate; assault-related hospitalization rate; heart attack hospitalization rate; newly diagnosed HIV case rate; teen pregnancy rate; and binge drinking among adults. Furthermore, the disparity in premature deaths among Hispanics as compared to White non-Hispanics was significantly reduced.

Of the 71 indicators with objectives not being met, 12 were significantly improving, with moderate improvement in five others. There is much more work to be done, as among those 71 indicators: 40 were staying the same and 14 were going in wrong direction.

Description of population demographics and health-related environment

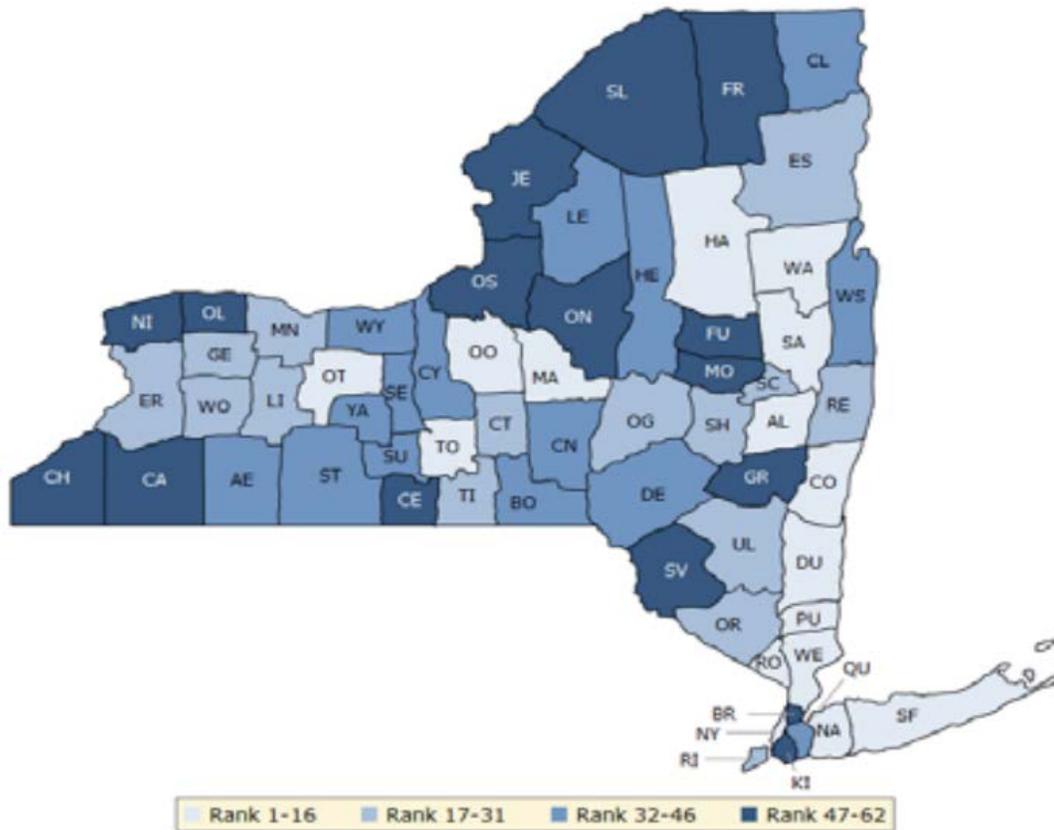
Figure 1. Framework for assessing health status—what influences health



Source: County Health Rankings, 2017

The presentation of selected demographic indicators is organized according to the County Health Rankings framework above. This framework helps understand what influences health.

Figure 2. County Health Rankings, health factor rankings by county – New York State, 2017

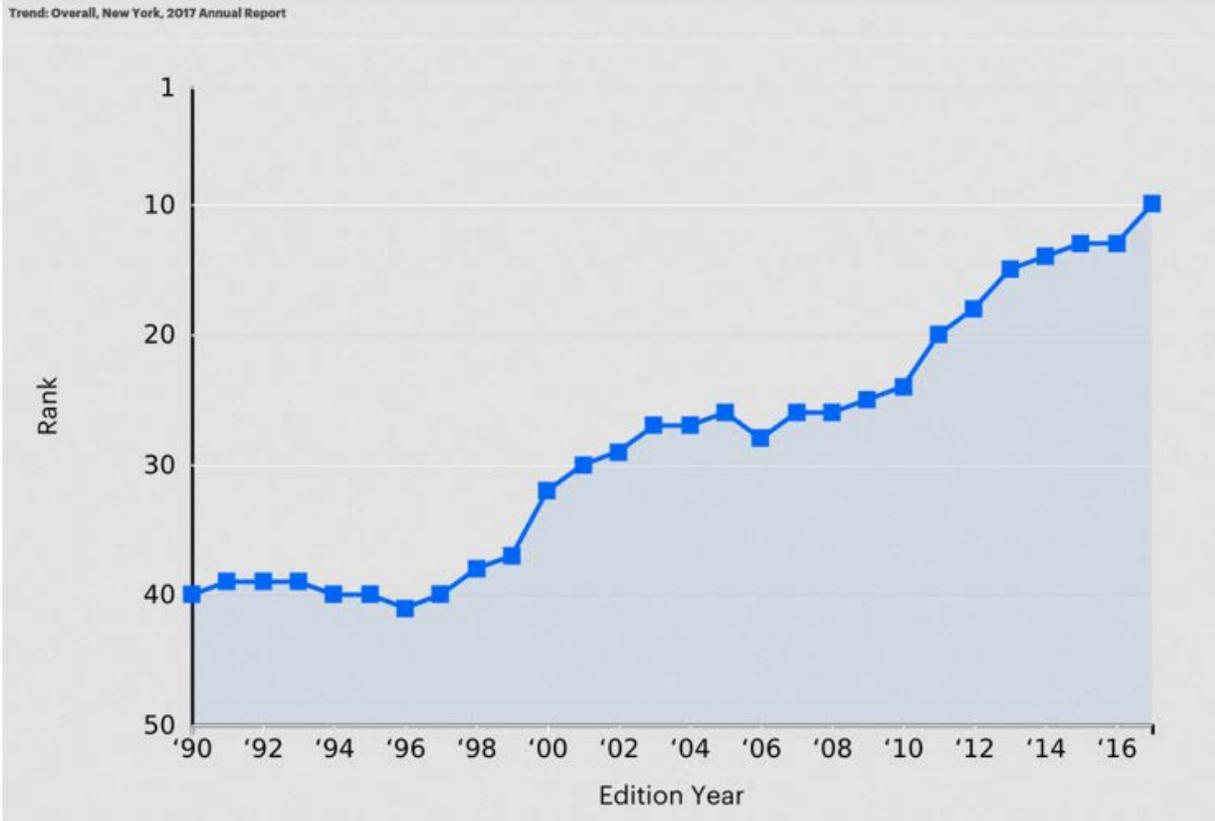


Source: County Health Rankings, 2017

The County Health Rankings & Roadmaps program is the result of collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties within all 50 states were ranked based on health outcomes (mortality and morbidity) and health factors (health behaviors, clinical care, social and economic factors and physical environment). The map above illustrates the health rankings received by New York State counties in the health factor category. A ranking of 1 is considered the best and 62 the worst.

The map shows geographic variation in health factors for New York State. Other maps throughout this assessment illustrate local variation in health status and factors associated with health status among residents from different communities. Further assessment at the local level is needed to identify modifiable factors to improve health outcomes for all New Yorkers.

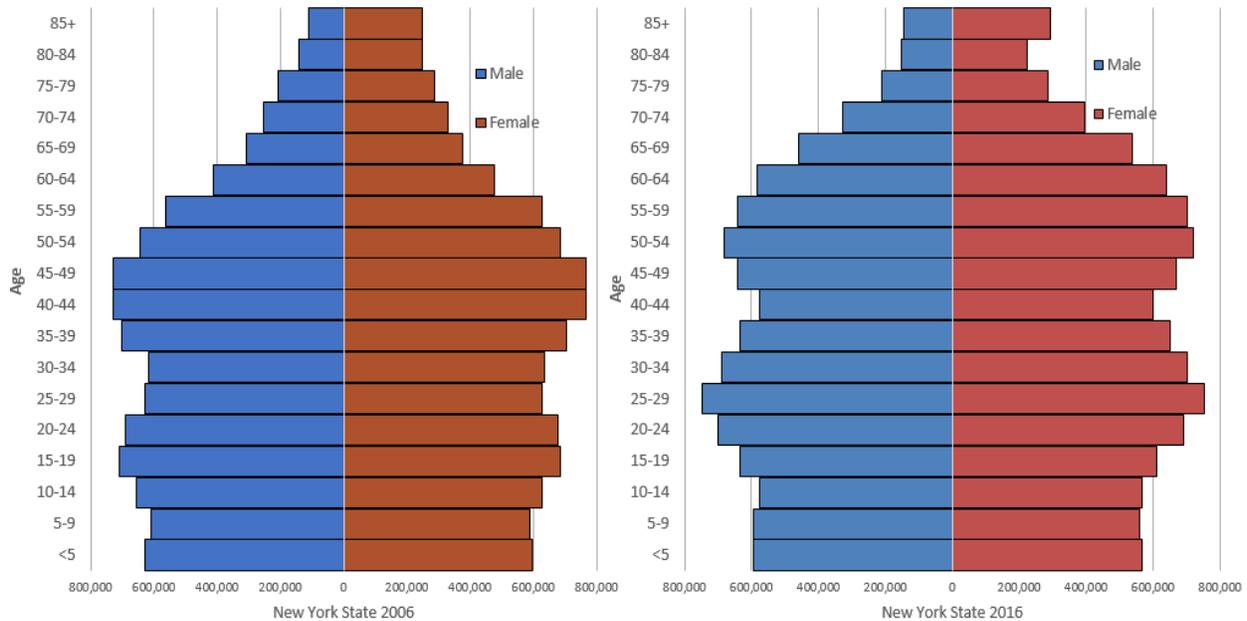
Figure 3. New York State overall ranking, America’s Health Rankings, 2017



Source: America’s Health Rankings, 2017

For nearly 3 decades, America’s Health Rankings has provided an analysis of national health on a state-by-state basis by evaluating a historical and comprehensive set of health, environmental and socioeconomic data to determine national health benchmarks and state rankings. New York State has improved its rank drastically in the last two decades, and was ranked 10th in the nation in 2017, up from 40th in 1990.

Figure 4. Population distribution by age and gender, New York State, 2006 and 2016



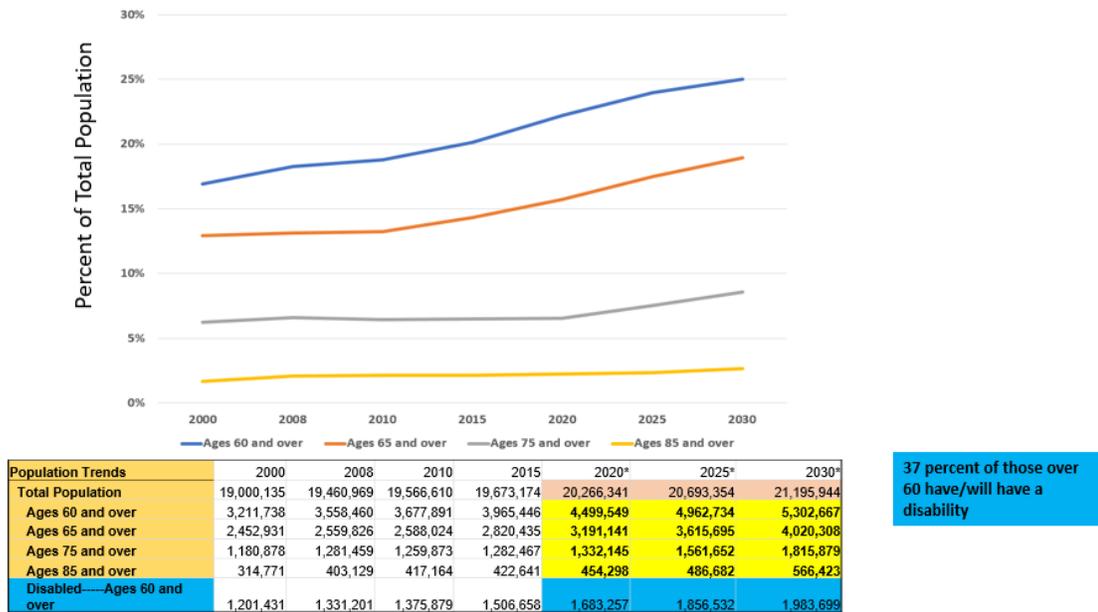
Data source: United States Census Bureau, American Community Survey, Table S0101

New York State’s population is the fourth largest in the United States. The total New York State population increased 2.3% between 2006 (19,306,183) and 2016 (19,745,289).

The 2016 median age in New York State was 38.4 years, up from 37.4 years in 2006. Over the decade, the percentage of the population ages 65 and over increased from 13.1% to 15.3% while the percentage of persons ages 19 and younger decreased from 26.3% to 23.8%. Understanding trends in age are important because as the population over age 65 increases, so does the economic dependency ratio. According to the Bureau of Labor Statistics, the economic dependency ratio of population ages 65 years and over to the labor force (population ages 15-64) will be more than 30% in 2026 in the United States, 24% increase from 2016.⁶

⁶ Economic dependency ratio <https://www.bls.gov/emp/tables/economic-dependency-ratio.htm>

Figure 5. New York State aging trends and demographic projections, 2000-2030

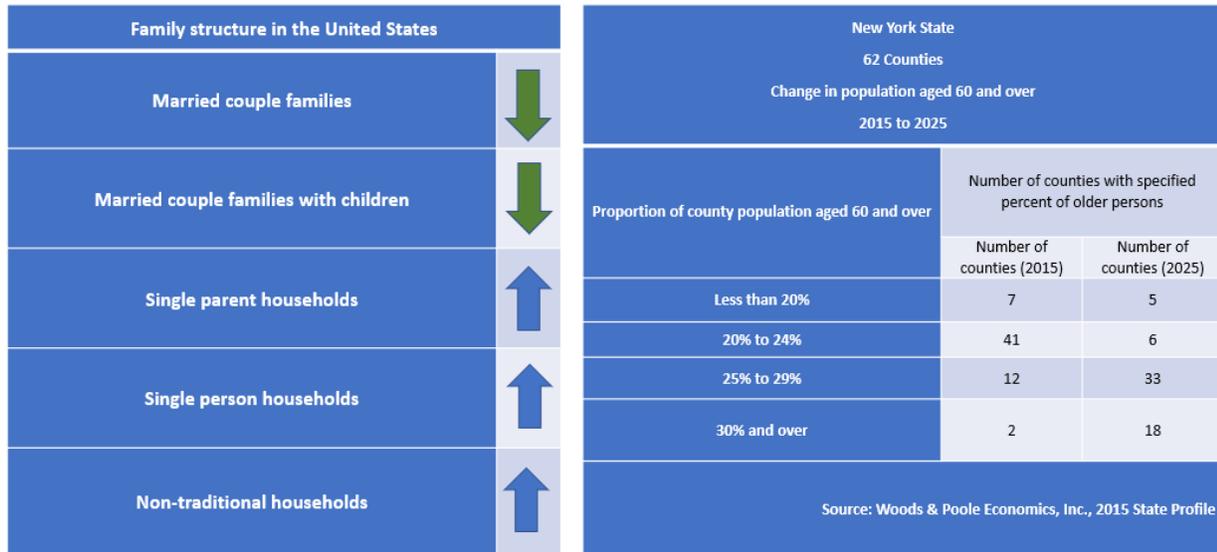


Data source: New York State Data Book, United States Census, *2020, 2025, 2030 data projected by New York State Office for the Aging

Understanding aging and demographic trends is essential for assessing health issues and planning improvement efforts. According to estimates shown in Figure 5, one in four state residents will be 60 years and over by 2030, an almost 50% increase in the percent of state residents who are 60 and over in 2000.

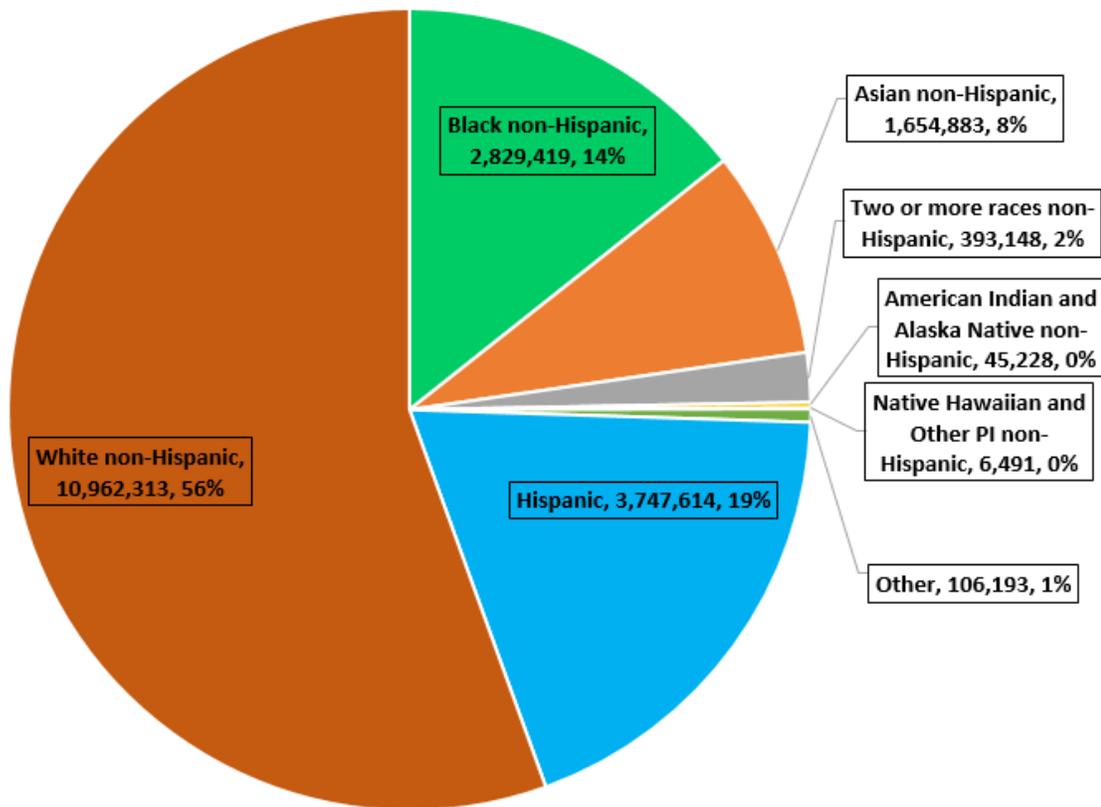
By 2020, it is estimated that nearly 1.7 million people ages 60 years and over will live with a disability. The blue highlight in the table show projections for those individuals ages 60 and over with a disability – this number will grow to almost 2 million, or 10% of the state’s population.

Figure 6. Family structure in the United States, and projected change in population 2015-2025 in New York State counties



Over time, the percent of households with married couples and married couples with children declined while the percent of single person and single parent households are rising. In New York State, the number of counties with 25% or more population ages 60 and over is estimated to triple this decade, and will increase nine-fold for those with 30% or more.

Figure 7. Population by race and Hispanic origin, New York State, 2016



Data source: United States Census Bureau, American Community Survey, Table B03002

In 2016, New York’s population was estimated at 19,745,289 residents. The state’s most populous racial and ethnic groups are White non-Hispanics (56%), Hispanics (19%), Black non-Hispanics (14%) and Asian non-Hispanics (8%).

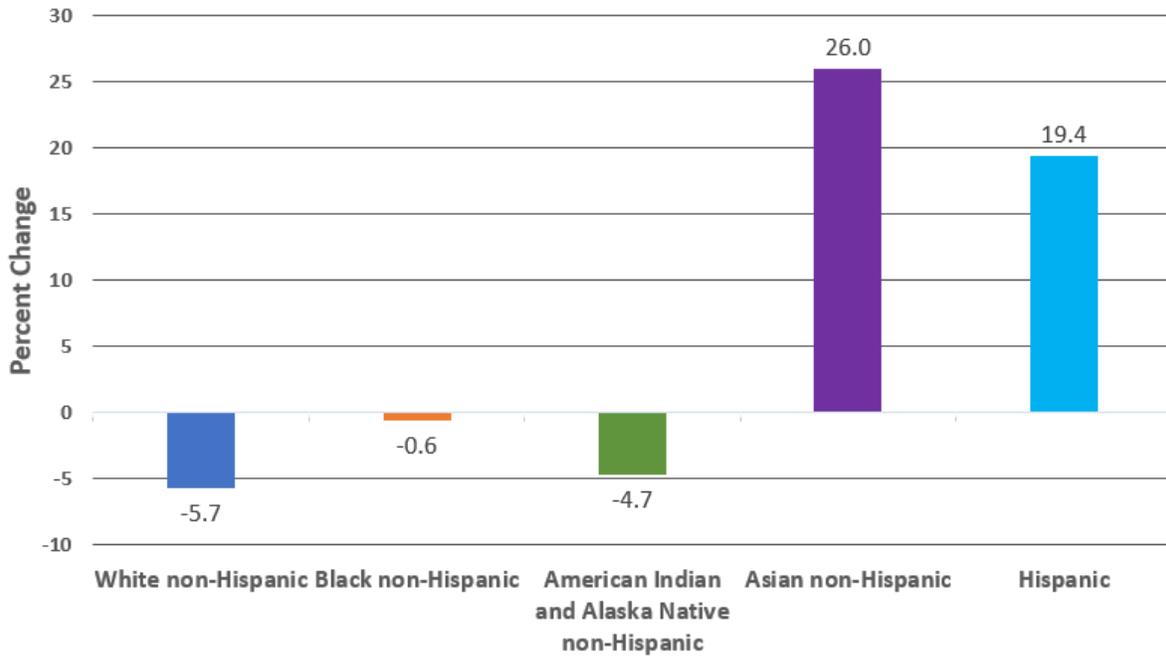
People who are not Hispanic and reported being of two or more races make up nearly 2% of the population.

American Indian/Alaskan Native non-Hispanics constitute less than 1% of New York State's population.

Compared to the United States population, New York has a greater proportion of Black non-Hispanics (14% vs. 12%), Hispanics (19% vs. 18%) and Asian non-Hispanics (8% vs. 5%). Accordingly, the proportion of the population that is White non-Hispanic is lower in New York State than in the United States (56% vs. 61%).

New York’s minority populations, overall, increased as a percentage of the total population. In 2006 (data not shown), 40% of New Yorkers were minorities. By 2016, that percentage increased to 44%.

Figure 8. Percentage change in population by race and ethnicity, New York State, 2006 and 2016



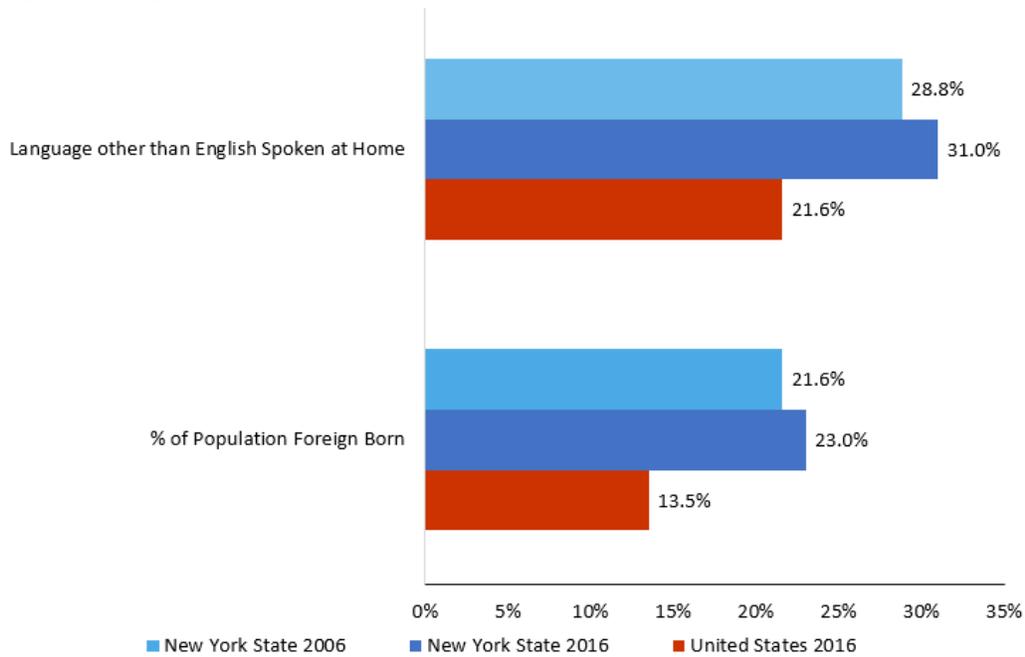
Data source: United States Census Bureau, American Community Survey, Table B03002

Asian non-Hispanics experienced the largest increase between 2006 and 2016 (26%), followed by Hispanics (19.4%).

On the other hand, the Black non-Hispanic population decreased by 0.6% between 2006 and 2016. The number of American Indian/Alaskan Native non-Hispanics in New York State declined by 4.7%, and White non-Hispanics dropped by 5.7%.

Two additional changes (not shown) were among those who identified as two or more races non-Hispanic (e.g., people who identified as White non-Hispanic and Black non-Hispanic, or as Black non-Hispanic and Asian non-Hispanic), increasing by 86%, from 211,917 in 2006 to 393,148 in 2016, and Native Hawaiian and Other Pacific Islander non-Hispanics, increasing by 70%, from 3,814 in 2006 to 6,491 in 2016.

Figure 9. Population characteristics, New York State and United States, 2006 and 2016

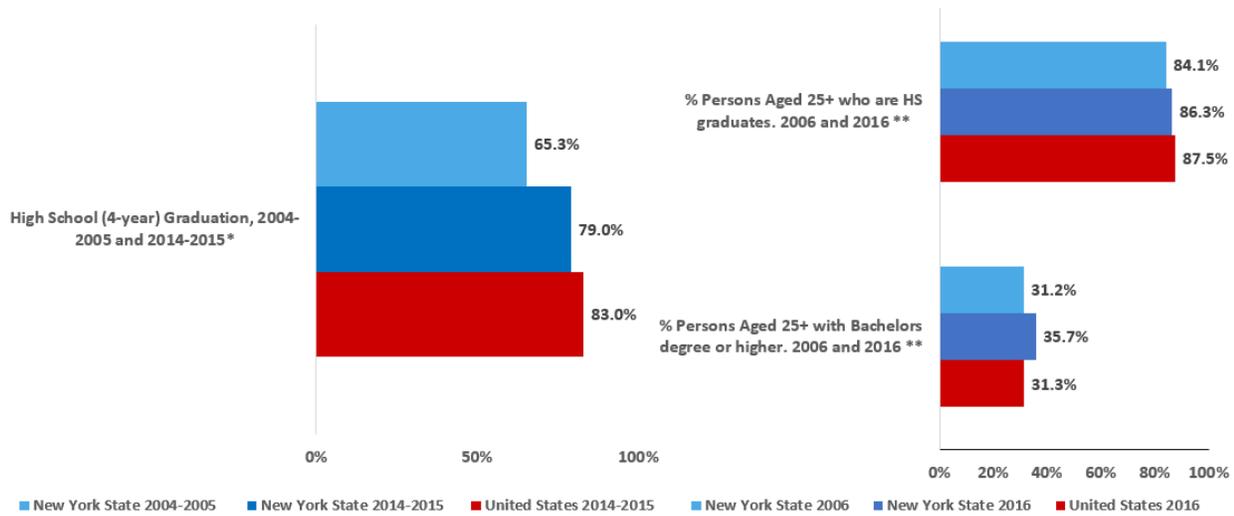


Data Source: United States Census Bureau, American Community Survey, Table S1601, language spoken at home, and Table B05002, place of birth by nativity and citizenship status

In 2016, about 31% of New York State residents lived in homes where a language other than English was spoken. This is slightly higher than the 2006 estimate of nearly 29%. The United States percentage of residents who lived in homes where a language other than English was spoken in 2016 (22%) was much lower than that for New York State.

About 23% of New York State residents were not born in the United States, almost double the national percentage of all residents not born in this country.

Figure 10. Level of education, New York State and United States, 2004-2006 versus 2014-2016

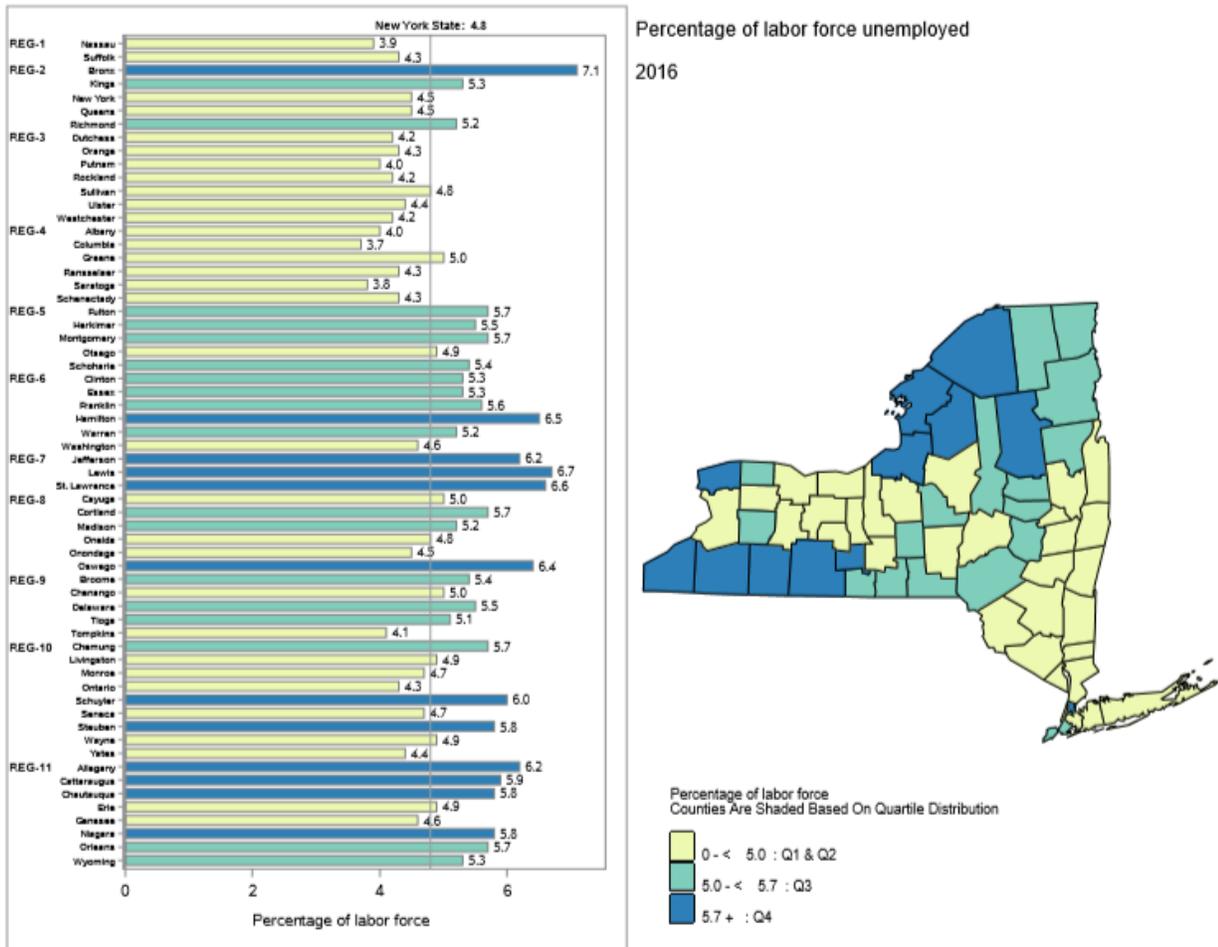


*Data Source: *National Center for Education Statistics. Conditions of Education; **United States Census Bureau, American Community Survey, Table S1501*

While New York State has improved its four-year public high school graduation from 65.3% in 2004-2005 to 79.0% in 2014-2015, the state remains below the national average of 83.0%.

In 2016, 86.3% of New York State residents who were 25 years and older had a high school diploma. The percentage of New York State residents ages 25 and older who had a four-year bachelor's degree was 35.7%, an improvement over the 31.2% in 2006 and higher than the national average of 31.3%.

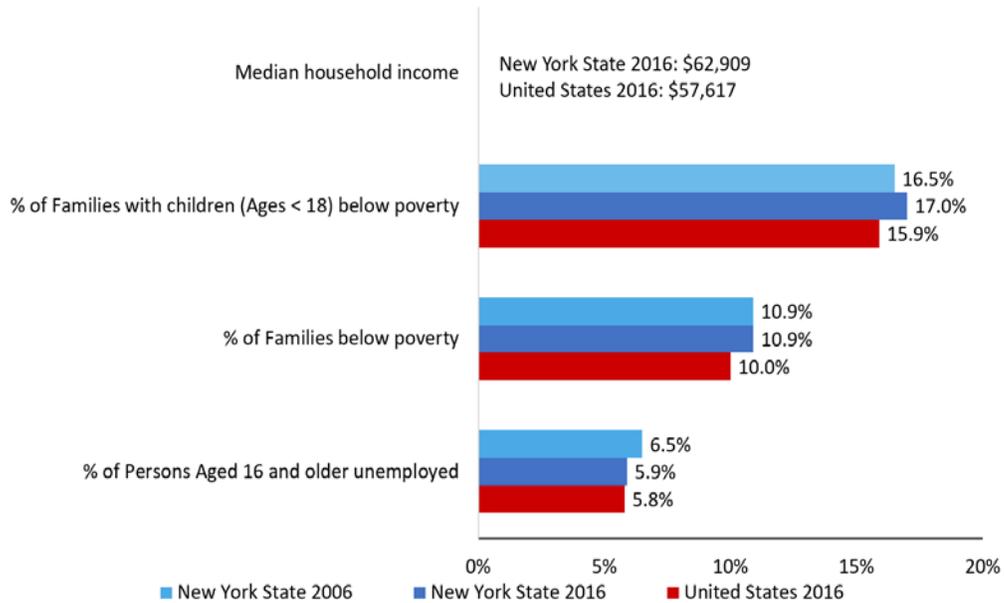
Figure 11. Percentage of labor force unemployed, New York State, 2016



Data source: 2016 United States Department of Labor Data

Unemployment in New York State rose in the Great Recession (2008-2009) but has steadily declined since 2012. Unemployment remains slightly higher in New York City compared to Upstate mainly due to the high unemployment in the Bronx. Unemployment varied widely across the state, with Long Island (region-1) and the Capital District (region-4) in general having lower unemployment versus the state average. In addition, portions of the Western Region (region-11) and Tug Hill Seaway (region-7) experienced slightly higher unemployment rates than other parts of the state.

Figure 12. Income and poverty, New York State and United States, 2016

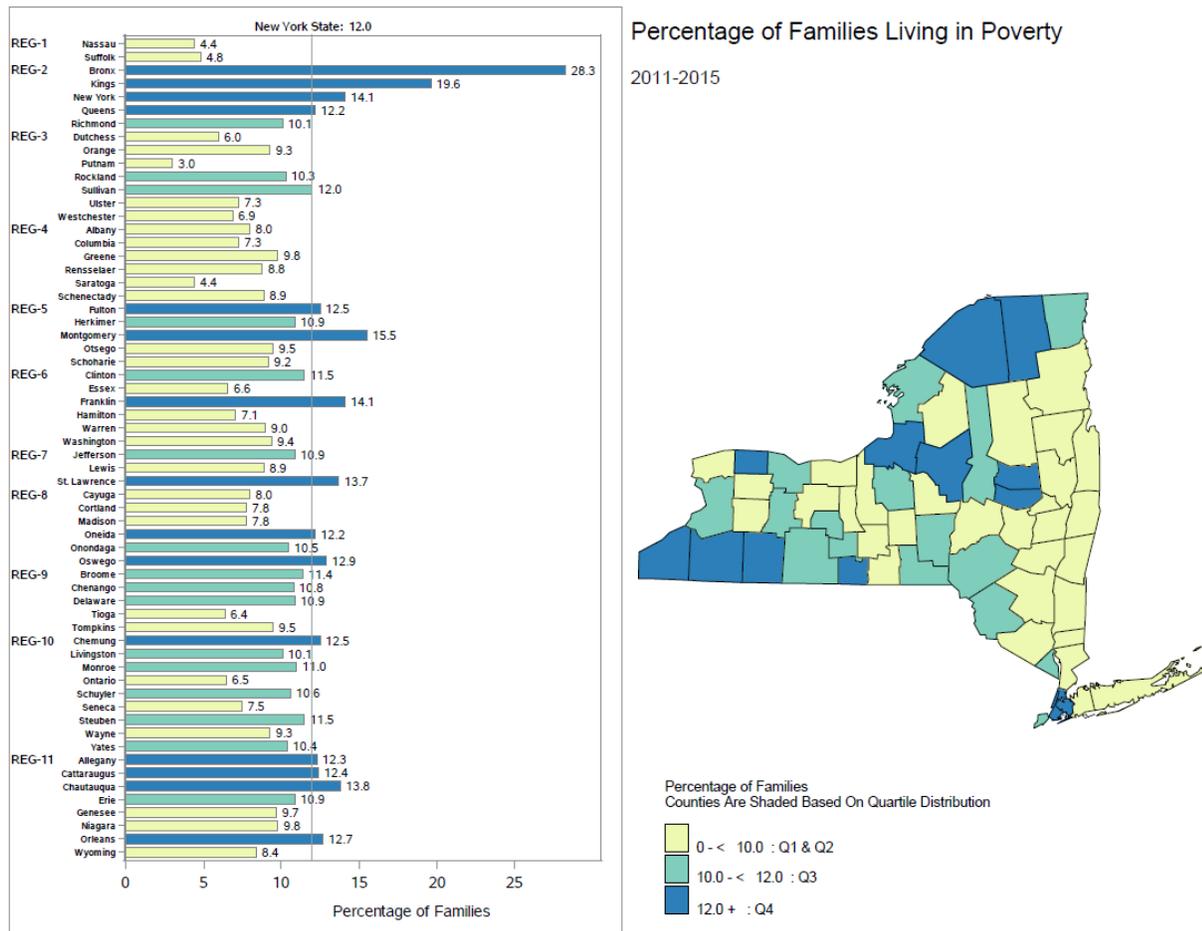


Data Source: United States. Census Bureau, 2016 American Community Survey. Median Income – Table B19019. Poverty – Table S1702. Unemployed – Table S2301

The median income in New York State was \$62,909 in 2016, approximately \$5,000 higher than the national median. During 2016, 17% of families with children lived at or below the federal poverty level in New York State and almost 16% in the nation. Among all families, 10.9% in New York State and 10.0% nationally lived at or below poverty level.

The percentage of unemployment among those ages 16 years and older in New York State in 2016 was 5.9%, close to the national rate of 5.8%.

Figure 13. Percentage of families living in poverty by county, New York State, 2011-2015

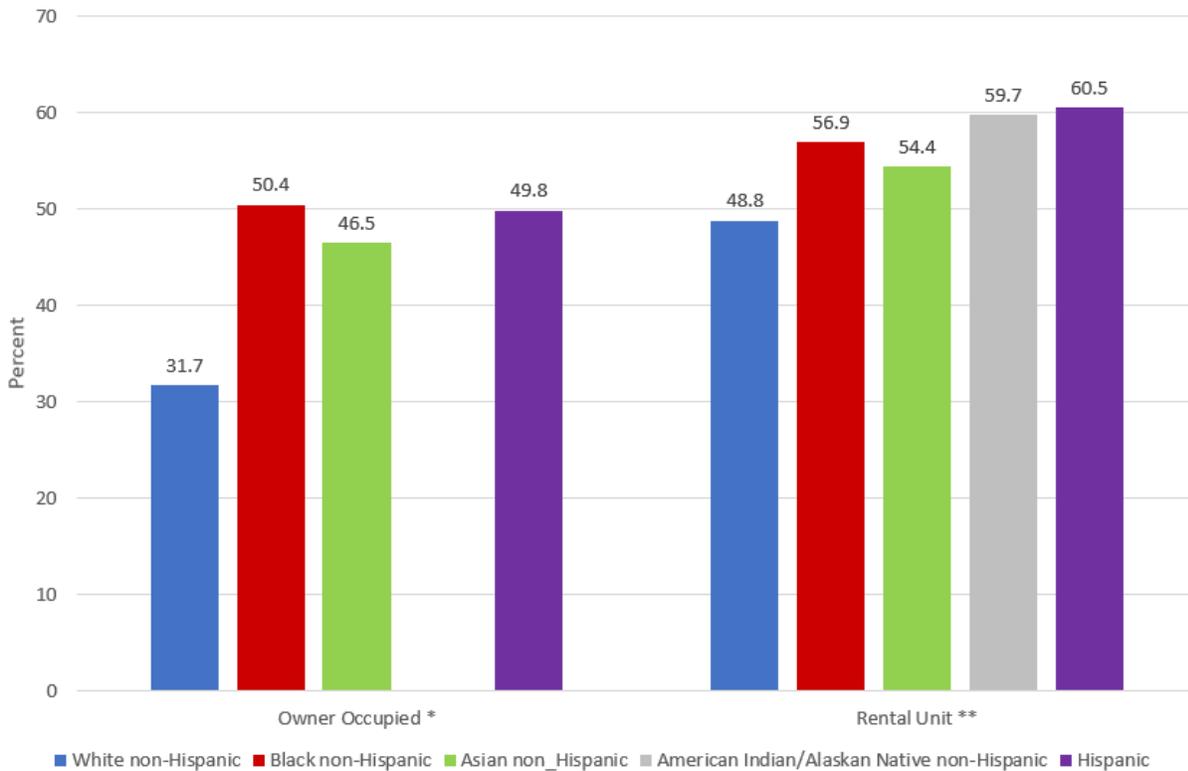


Data source: United States Census Bureau, 2011-2015, American Community Survey, Table S1702

During 2011-2015, the percentage of families in New York State living below the poverty level varied from county to county. Two New York City counties (Bronx and Kings counties) had the highest percentage of families living below poverty during this time period. Several counties outside New York City also had a high percentage of families living below the poverty level (Montgomery, Chautauqua, Franklin and St. Lawrence).

Counties with the lowest percentage of families living below poverty level were Putnam, Saratoga, Nassau, and Suffolk counties.

Figure 14. Percentage of households with monthly housing costs at least 30% of total household income by race and ethnicity and ownership, New York State, 2015



Data source: United States Census Bureau, American Community Survey. * Table S0201, 2015 1-year estimate. ** Table B25070, 2011-2015 5-year estimates.

The percentage of income used to pay monthly housing costs provides a crude measure of economic stress for a household. The percentage of households with monthly housing costs at least 30% of total household income was determined separately for families occupying their own homes or living in rental units.

In 2015, the percentage of New York State households with monthly housing costs at least 30% of their total incomes was lowest among White non-Hispanic, regardless of the type of occupancy. Among the remaining race/ethnic groups, the percentages of households with monthly housing costs at least 30% of their total incomes were fairly close, within each occupancy type.

Among minority home owners, 46% to 50% had monthly housing costs at least 30% of their total incomes. Among minority renters, 54% to 61% had monthly housing costs at least 30% of their total incomes.

Key health related risk factors and outcome measures

Figure 15. Childhood food insecurity, New York City and New York State, 2015



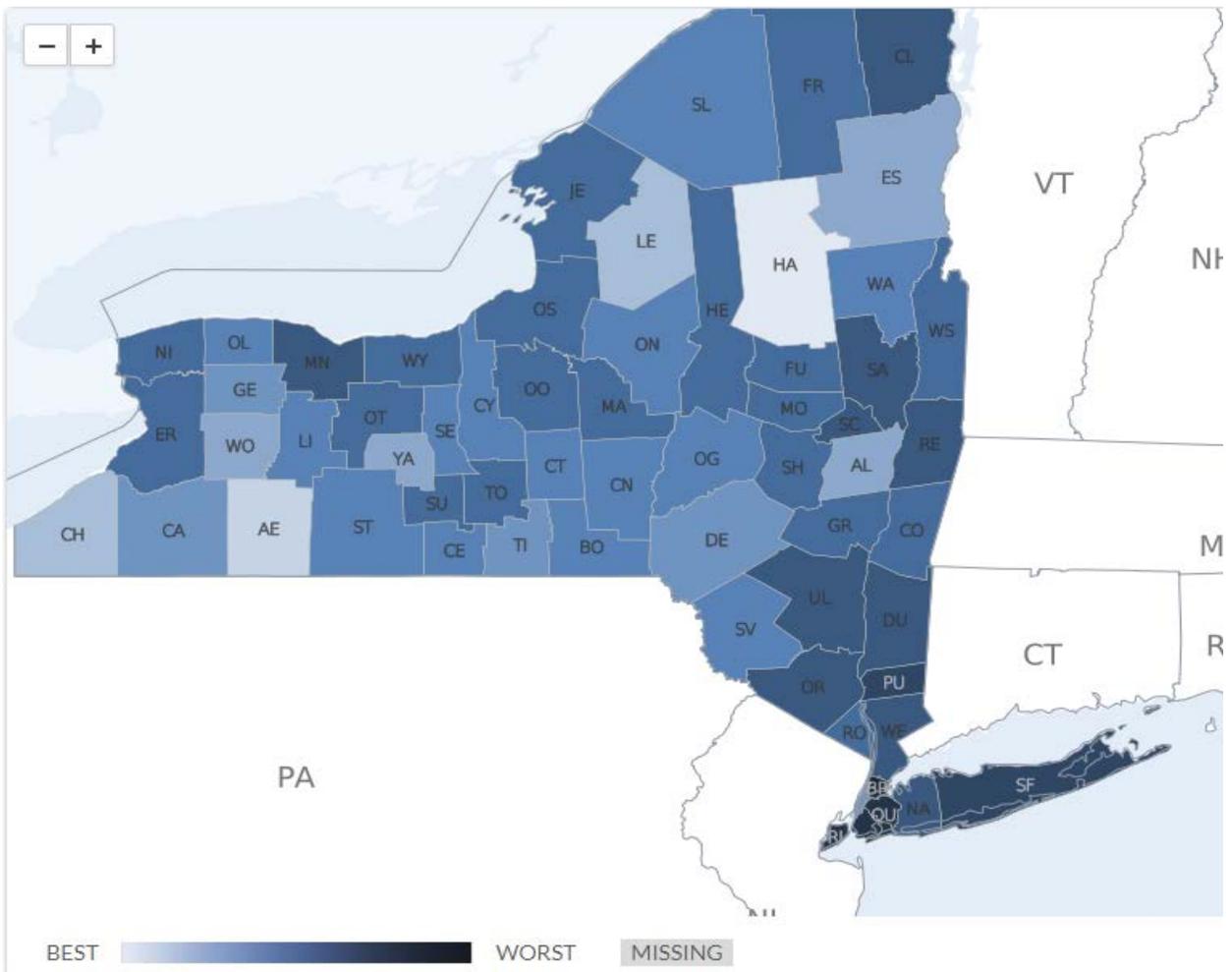
Data Sources:

1. *Food Insecure: Map the Meal Gap 2017 Report, data year 2015*
2. *Poverty under 18 years: American Community Survey, data year 2015*

Food insecurity, which is a self-reported measure of inadequate access to food, or limited food intake⁷, is a major risk factor for chronic disease and malnutrition. In general, food insecurity among children remains fairly high in New York State. In 2015, it was approaching 20%, and was well over 20% for children living below the poverty line. Children in New York City experienced more food insecurity compared to the state as a whole, particularly for those below the poverty line.

⁷ United States Department of Agriculture, Food Insecurity in the United States.
<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>

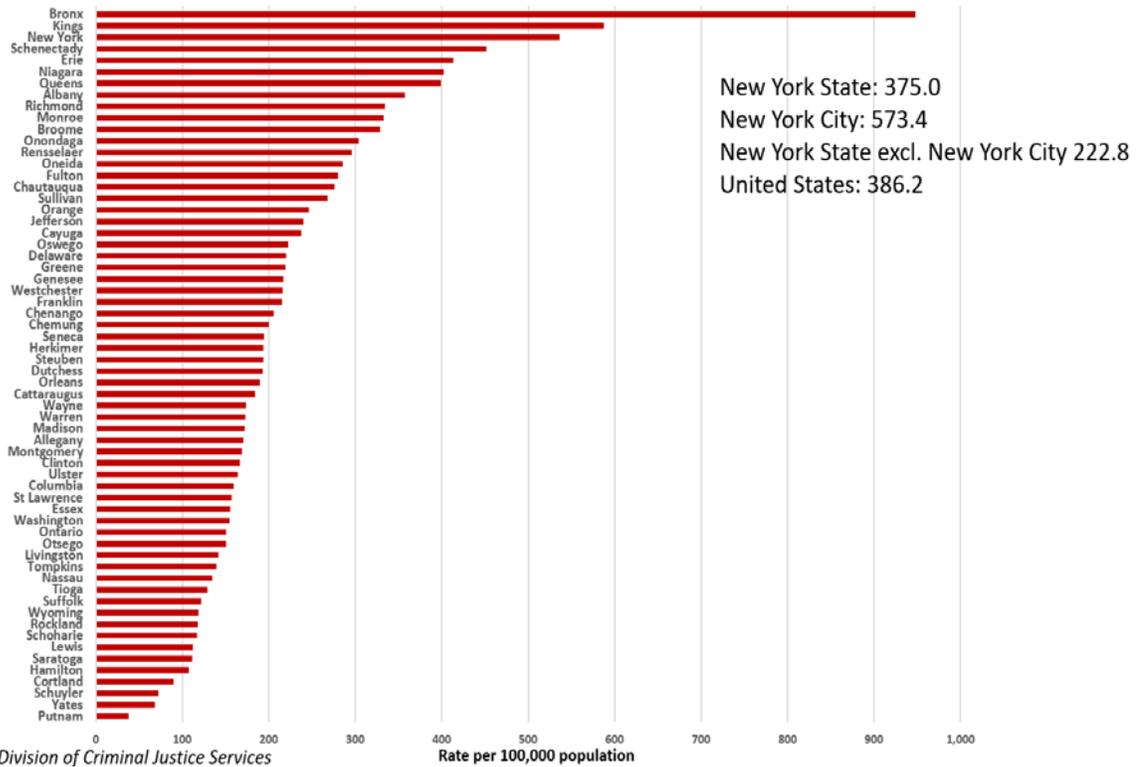
Figure 17. Social Associations per 10,000 population, New York State, 2014



Source: County Health Rankings, 2017

Social associations are a measure of the number of organizations per 10,000 population in a county. The numerator is the number of organizations or associations in a county. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations. The denominator is the population of a county. Social associations do not measure all the social support available within a county. The county with the highest ranking was Hamilton at 27.6 per 10,000 and the lowest ranking county was the Bronx at 2.7 per 10,000.

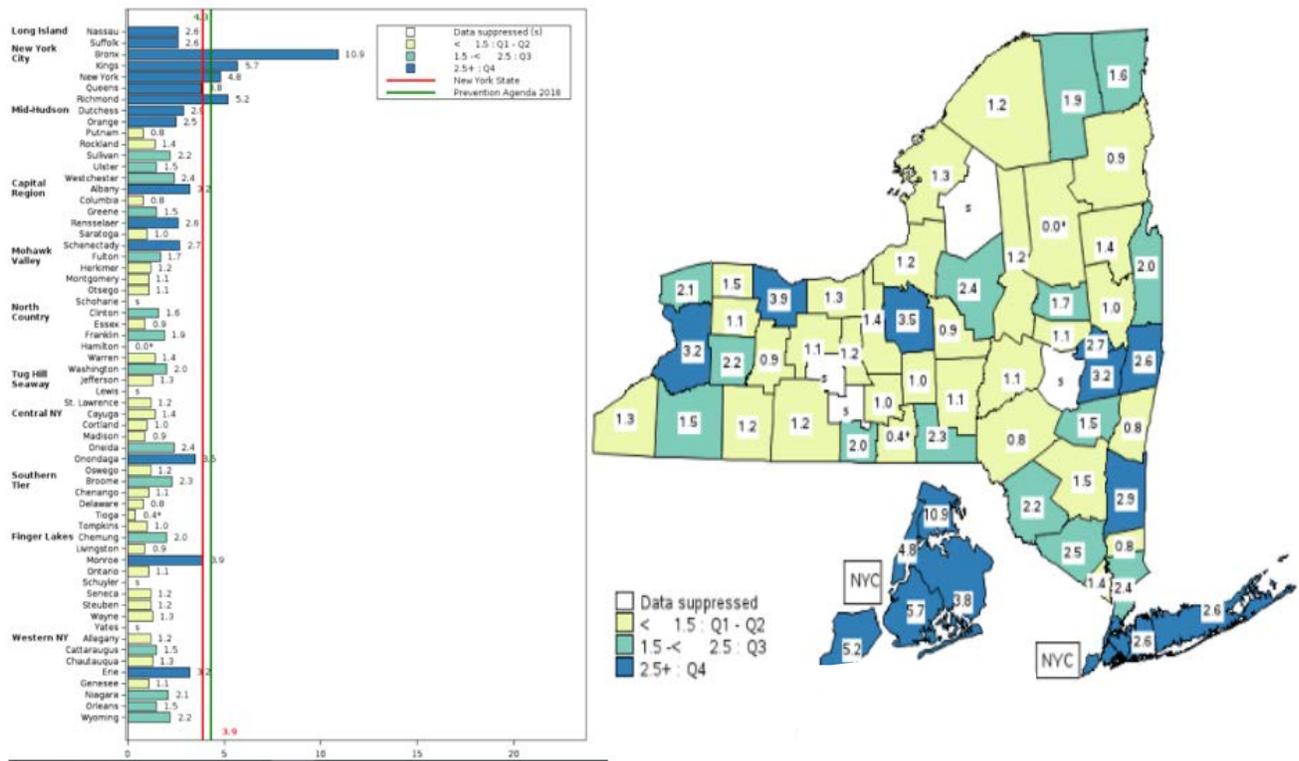
Figure 18. Violent crime rate per 100,000 population by county, New York State, 2016



Community safety is an important determinant of health. New York State’s Division of Criminal Justice Services and the FBI provide an index for various crime categories. The violent crime category includes the violent crimes of murder, rape, robbery, and aggravated assault. The FBI created this index of violent crime to allow for uniform crime reporting across all 50 states and counties.

For 2016, the New York State rate was slightly lower than the United States. Violent crime is more frequent in counties with urban centers. The highest violent crime rates are in New York City: Bronx, Kings and New York counties. Among counties outside New York City, Schenectady, Niagara, Erie and Albany counties had the highest rates of violent crime. The counties with the lowest violent crime rates are Putnam, Schuyler and Yates.

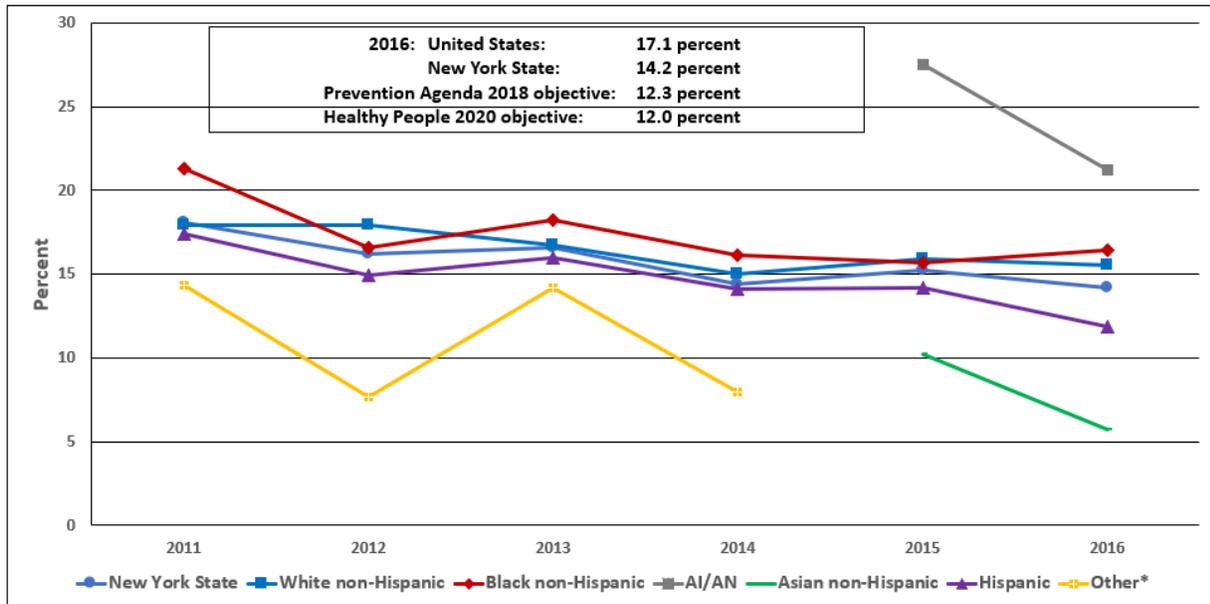
Figure 19. Assault related hospitalization rate per 10,000, by county, 2012-2014



Data source: New York State SPARCS

During 2012-2014, assault related hospitalization was higher in more populated and urban areas of the state, with the highest rates seen in New York City. Rural counties had much lower rates, and in some cases the data were so sparse as to be suppressed.

Figure 20. Percentage of adults ages 18 and older who are current smokers by race and ethnicity, New York State, 2011-2016



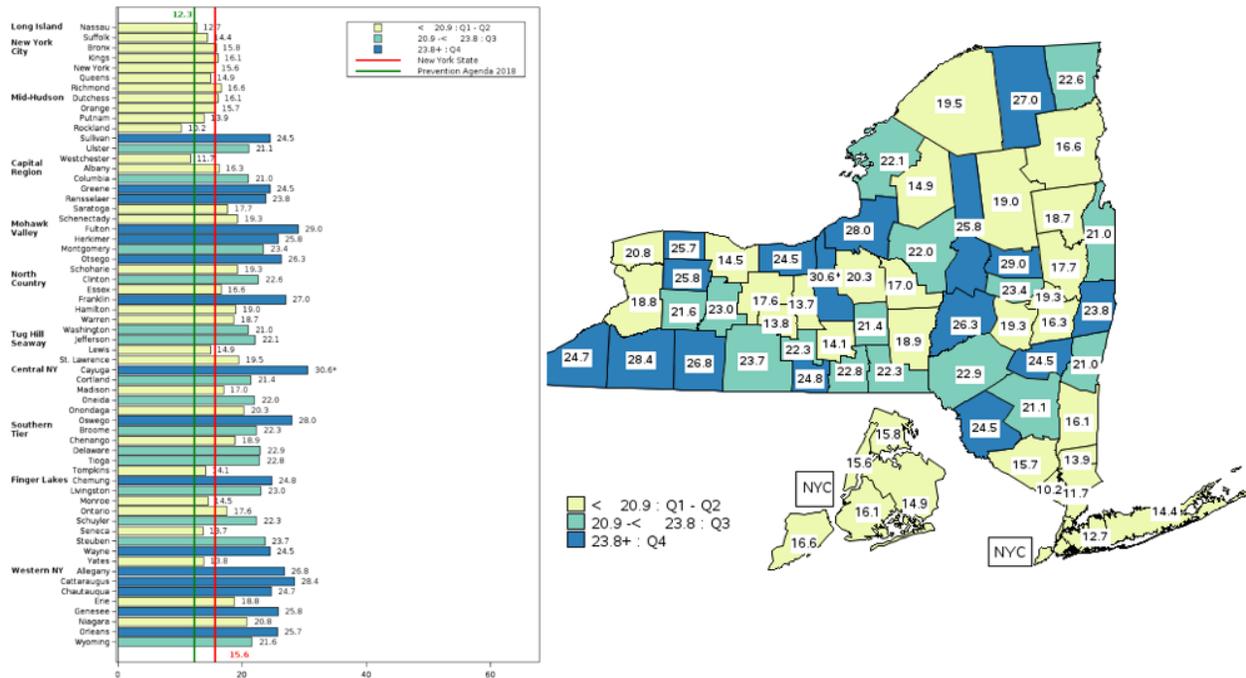
Abbreviations: AI/AN - American Indian/Alaska Native
 *Until 2015 Other contained Asian, AI/AN and all other race/ethnic groups.
 Data Source: Behavioral Risk Factor Surveillance System

In 2016, 14.2% of adult New Yorkers ages 18 and older, and 17.1% of adults nationwide were current smokers. These percentages were above the Healthy People 2020 objective of no more than 12.0%.

Between 2011-2016, the prevalence of current smoking declined among all racial and ethnic groups. Throughout the period, White non-Hispanics and Black non-Hispanics reported the highest percentage for smoking, but both groups also experienced a large decline.

Current smoking among Hispanics and Asian non-Hispanics fluctuated over the reporting period, but were lower overall. Smoking estimates remained high in American Indian/Alaskan Native (AI/AN) non-Hispanic populations.

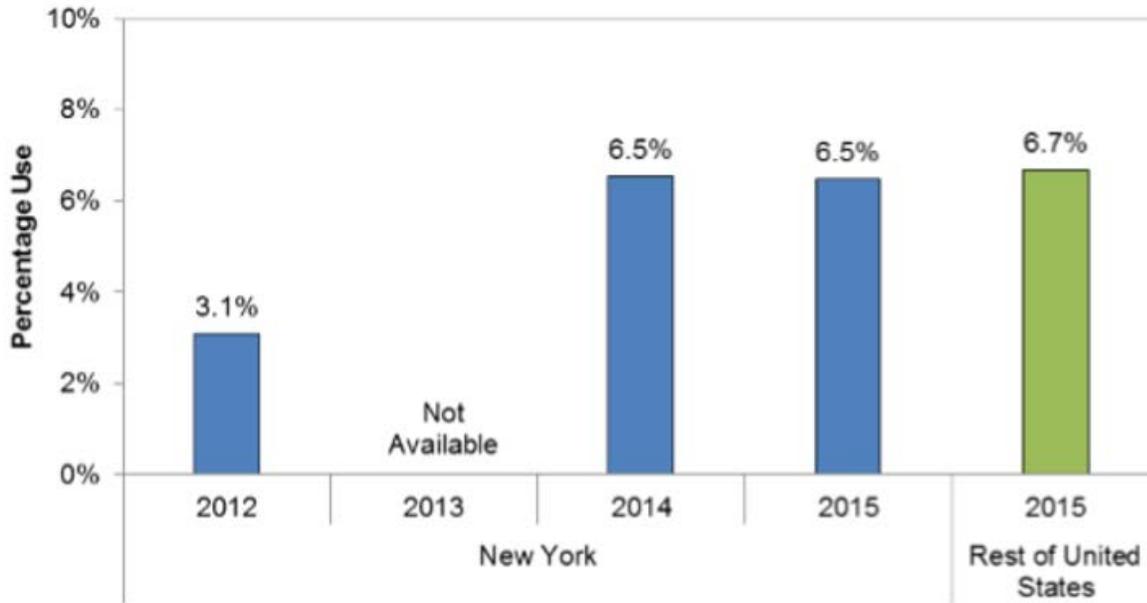
Figure 21. Percentage of adults ages 18 and older who smoke cigarettes by county, 2013-2014



Data Source: 2013-2014 New York State Expanded Behavioral Risk Factor Surveillance System (New York State counties outside New York City); 2012 New York City Community Health Survey (New York City counties)

Although the percentage of New York State residents reporting current smoking has been on the decline, there are large regional disparities. During 2013-2014, current smoking prevalence for counties in New York City were around 15%. However, the prevalence in many counties outside New York City were much higher. Counties with the highest percentage of current smoking were Cayuga (30.6%), Fulton (29.0%), and Cattaraugus (28.4%). Counties with low prevalence of current smoking included Rockland (10.2%), Westchester (11.7%) and Nassau (12.7%).

Figure 22. Percentage of adults ages 18 and older who use e-cigarettes, New York State, 2012-2015

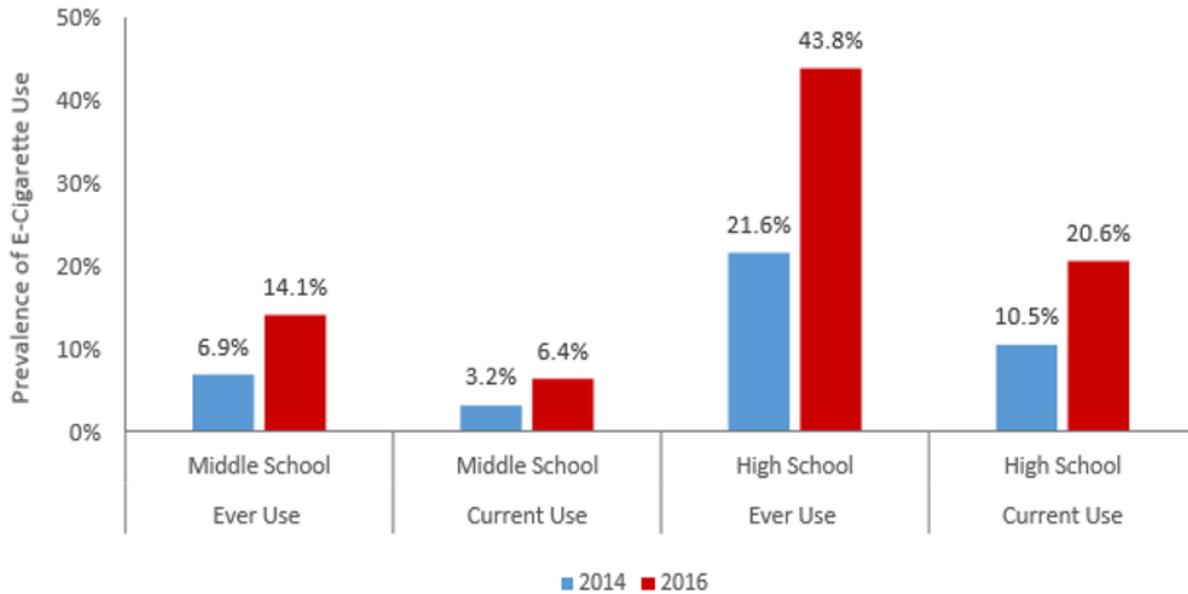


Data Source: New York Adult Tobacco Survey, 2012-2015, National Adult Tobacco Survey, 2015

Electronic cigarettes (e-cigarette) can be considered an emerging threat in New York State' efforts to reduce tobacco use because nicotine is addictive.

Even though the current smoking prevalence among adult New Yorkers was decreasing, the percentage of adults who use e-cigarettes has grown this decade. In 2015, New York State prevalence of e-cigarette use (6.5%) was close to the rest of the United States at 6.7%. Efforts around prevention of e-cigarette use are an increasing focus of public health practitioners this decade.

Figure 23. Percentage of middle and high schoolers who currently use, or have ever used e-cigarettes or similar devices, New York State, 2014-2016



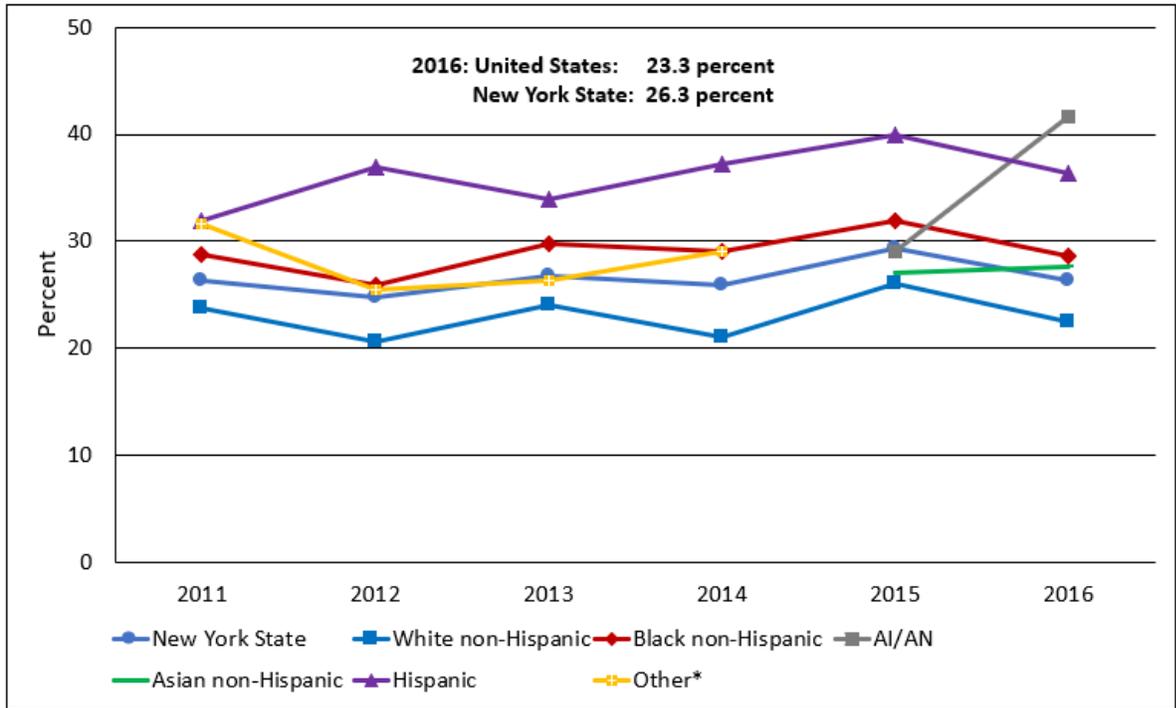
Data Source: 2016 Youth Tobacco survey

E-cigarettes and similar devices are the most frequently used nicotine products among New York State youth. Nicotine has lasting consequences for youth brain development including impaired cognitive functioning and the development of addiction pathways in the brain.

According to data from the New York State Youth Tobacco Survey, the percentage of youth who have ever tried e-cigarettes and similar devices doubled from 2014 to 2016. Among middle school students, the percentage increased from 6.9% to 14.1%, and among high school students, the percentage increased from 21.6% to 43.8%.

The percentage of youth who currently use e-cigarettes and similar devices also doubled from 2014 to 2016. Among middle school students the percentage increased from 3.2% to 6.4%, and among high school students it increased from 10.5% to 20.6%.

Figure 24. Percentage of adults ages 18 and older reporting no leisure time physical activity in the last month by race and ethnicity, New York State, 2011-2016



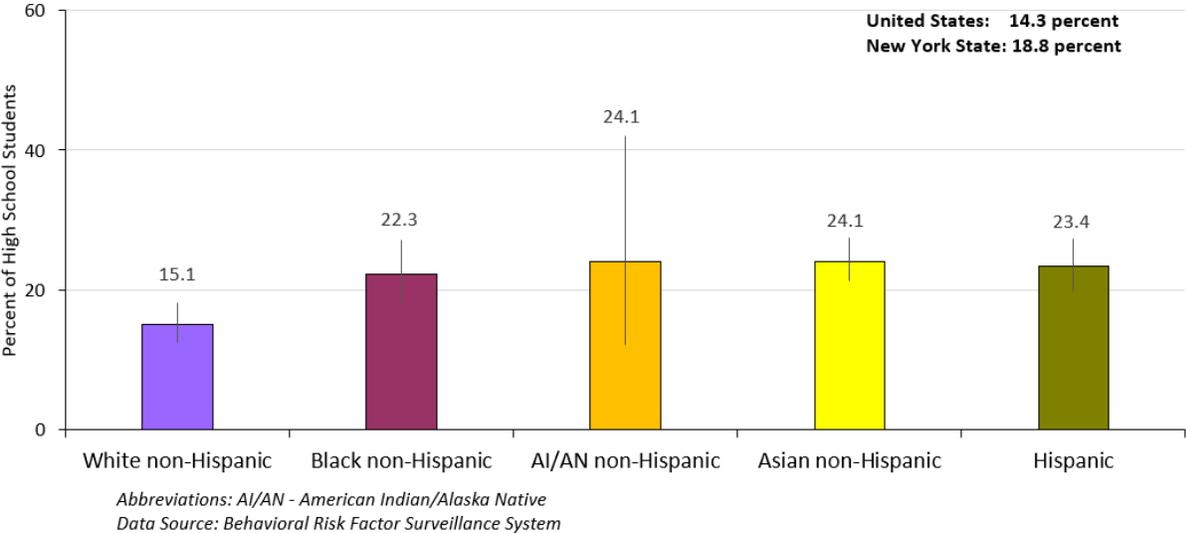
Abbreviations: AI/AN - American Indian/Alaska Native

*Until 2015 Other contained Asian, AI/AN and all other race/ethnic groups.

Data Source: Behavioral Risk Factor Surveillance System

In 2016, the percentage of adults who did not engage in leisure time physical activity within the last month was worse for New York State (26.3%) than the national average (23.3%). Large disparities by racial/ethnic groups existed. The percentage of adult Hispanic New Yorkers, who did not engage in leisure time physical activity in the last month, remained the highest of all groups, nearly 32% in 2011, and increased to 37% in 2016. For most other groups, lack of physical activity trended flat to slightly higher from 2011 to 2016.

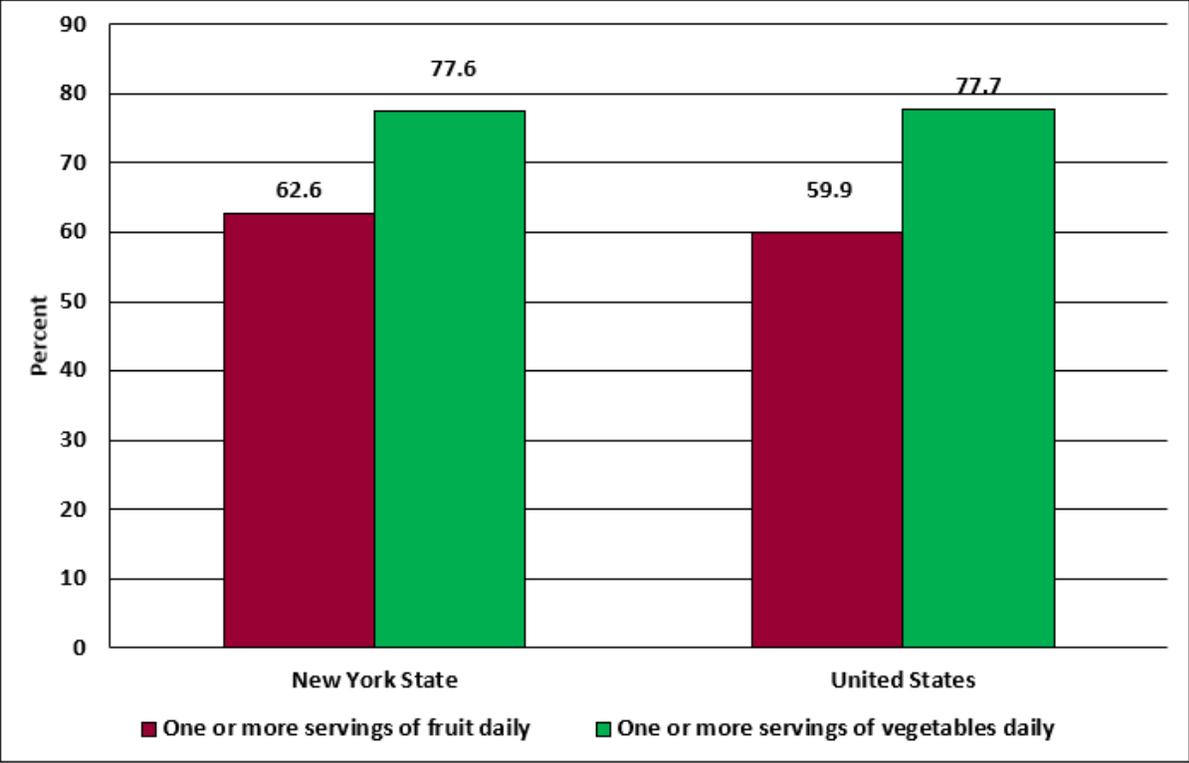
Figure 25. Percentage of high school students who did not participate in at least 60 minutes of physical activity on any day in the past seven days by race and ethnicity, New York State, 2015



Physical inactivity is a leading cause of preventable death in the United States. Good exercise habits begin in youth.

In 2015, nationally, 14.3% of high school students did not participate in at least 60 minutes of physical activity on any day. This percentage was higher for New York State at 18.8%. All but White non-Hispanics (15.1%) registered over 20% for this critical measure.

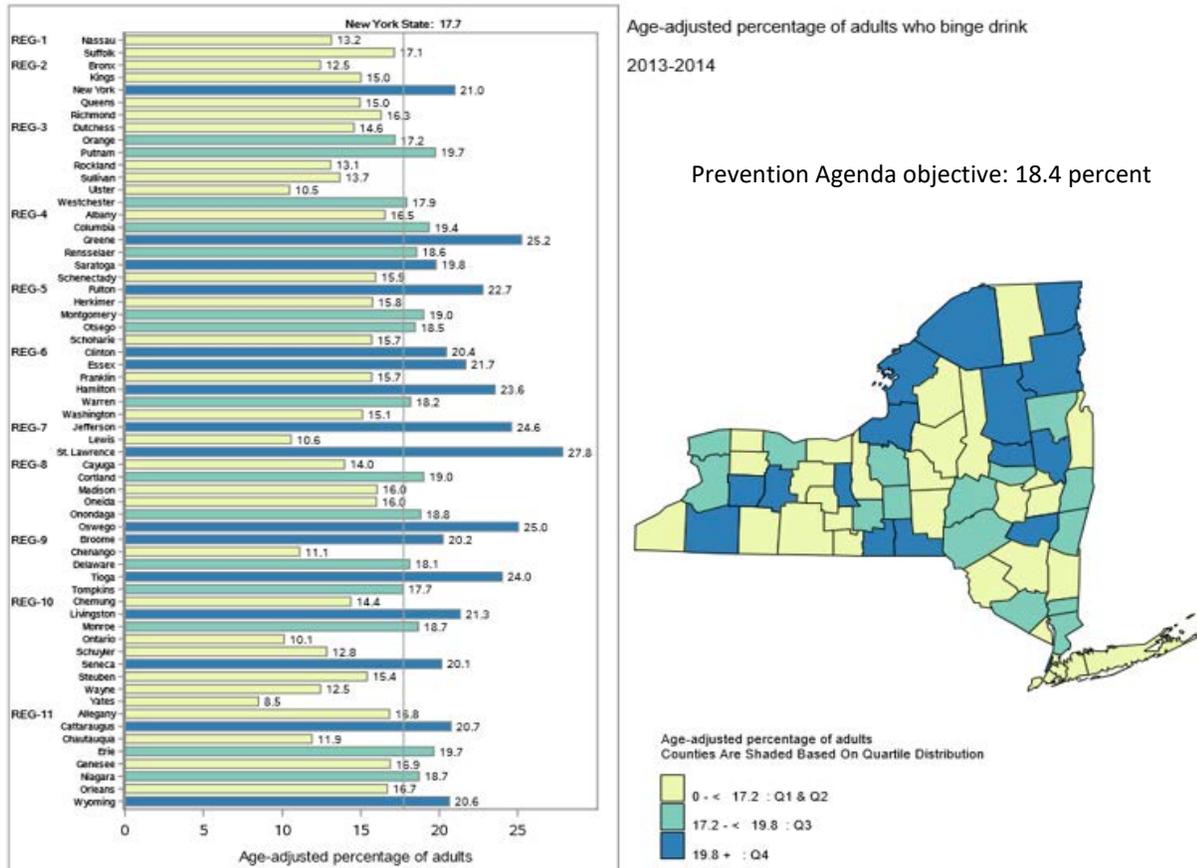
Figure 26. Percentage of adults ages 18 and older consuming one or more servings of fruits and vegetables daily, New York State and United States, 2015



Data Source: Behavioral Risk Factor Surveillance System

A poor diet is associated with risk for chronic disease and as such, daily fruit and vegetable consumption is recommended to maintain health. In the United States, 77.7% of adults report daily vegetable consumption while 59.9% report daily fruit consumption. New Yorkers report similar numbers, with a slightly higher percentage reporting daily fruit consumption (62.6%) versus the national average.

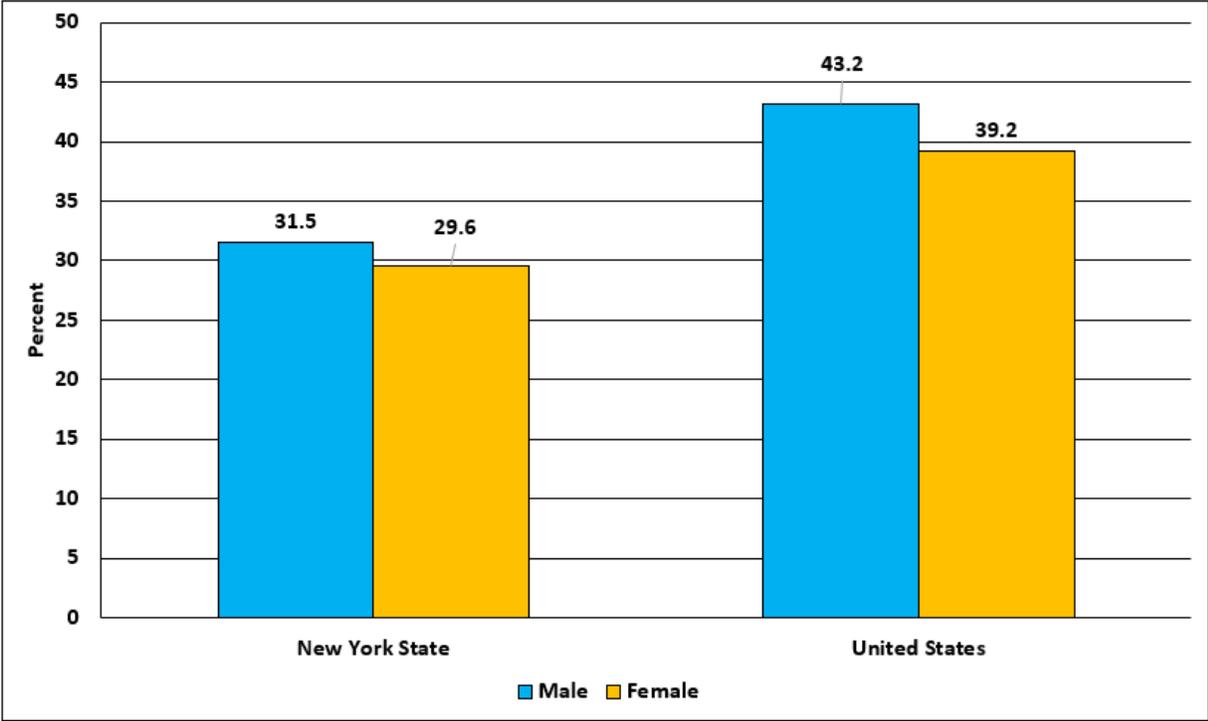
Figure 27. Age adjusted percentage of adults ages 18 and older who binge drink, New York State, by county 2013-2014



Data source: 2013-2014 New York State Expanded Behavioral Risk Factor Surveillance System (New York State Counties outside New York City); 2013 New York State Behavioral Risk Factor Surveillance System (New York City counties)

Binge drinking is associated with a host of chronic diseases, as well as risk for injuries and death. Among adults in New York State, 18% reported binge drinking in the past 30 days. Rates vary widely across the state and range from as low as 8.5% in Yates County to as high as 27.8% in St. Lawrence County.

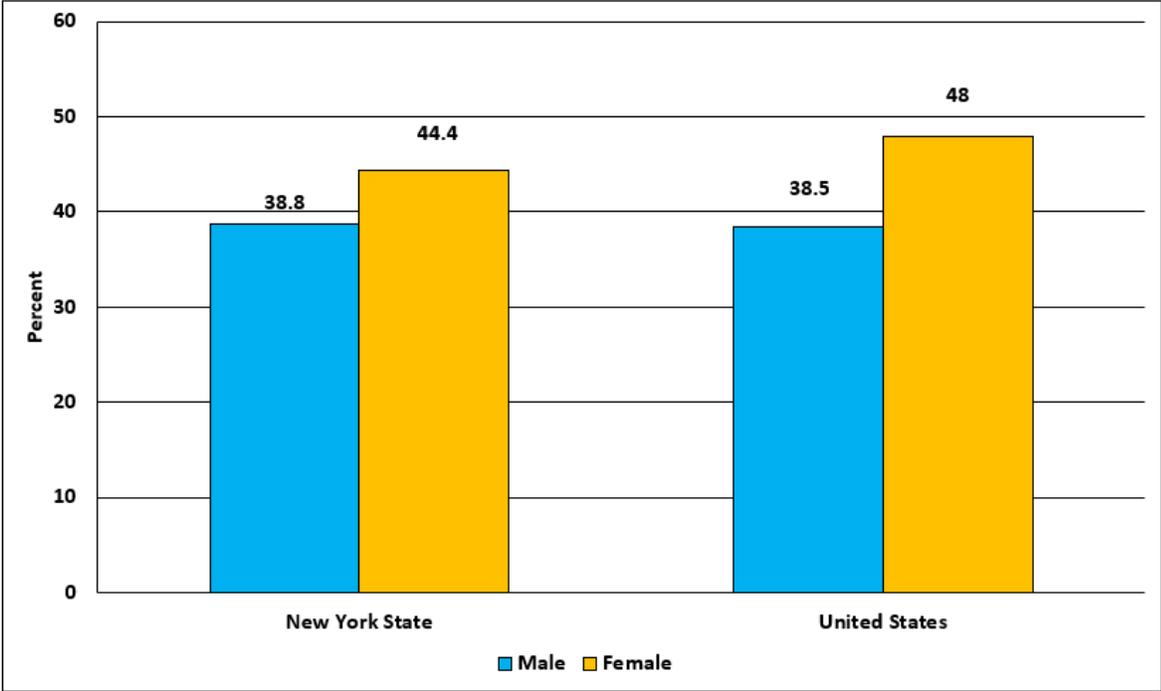
Figure 28. Percentage of high schoolers who report ever having had sexual intercourse, New York State and United States, 2015



Data Source: Behavioral Risk Factor Surveillance System

The percentage of male high school students that reported ever having had sex was lower for New York State (31.5%) compared to that for the United States (43.2%) in 2015. A similar pattern was observed for female high school students as 29.6% reported ever having had sexual intercourse in New York State, compared to the 39.2% reported nationally.

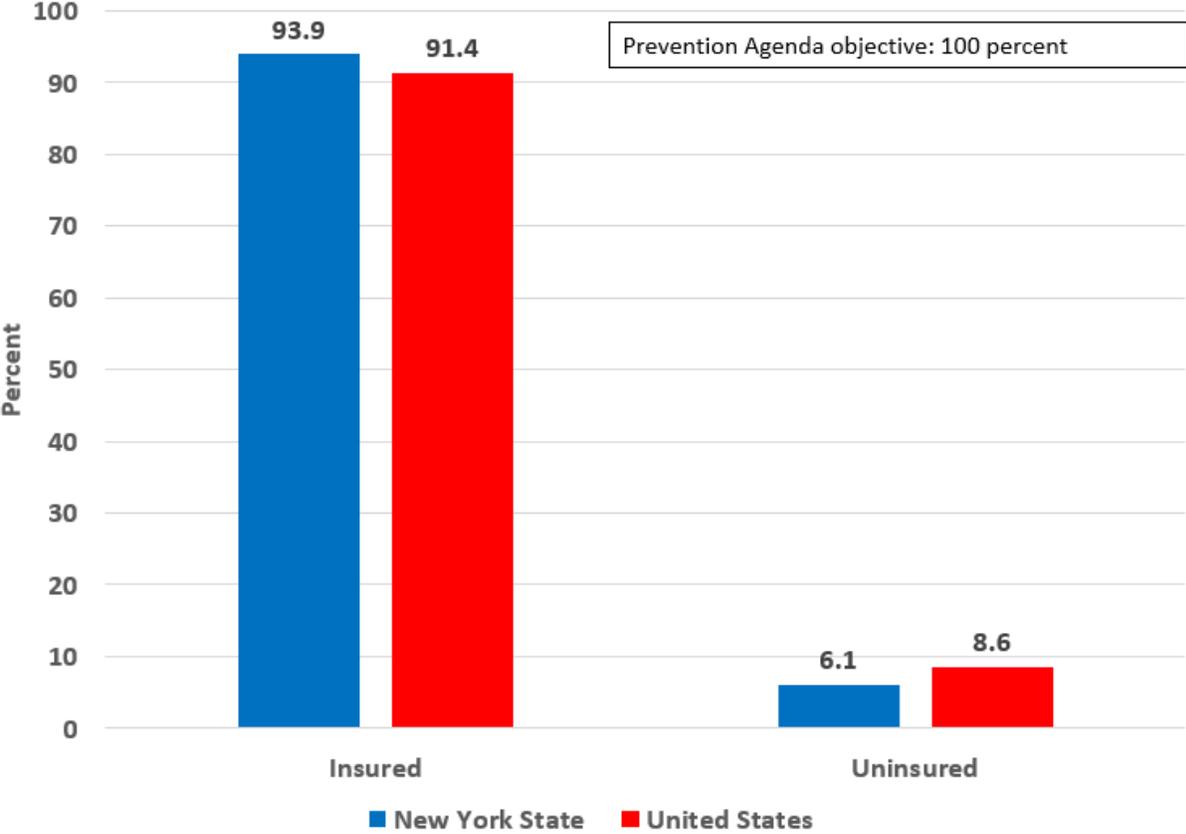
Figure 29. Percentage of high school students that did not use a condom during the last sexual intercourse, among those who were currently sexually active, New York State and United States, 2015



Data Source: Youth Risk Behavior Survey

Among high school students, who reported currently being sexually active, nearly half of females in New York State (44.4%) and the United States (48%) reported having sexual intercourse without a condom. Fewer high school aged males in both New York State (38.8%) and the United States (38.5%) reported having intercourse without a condom, compared to females.

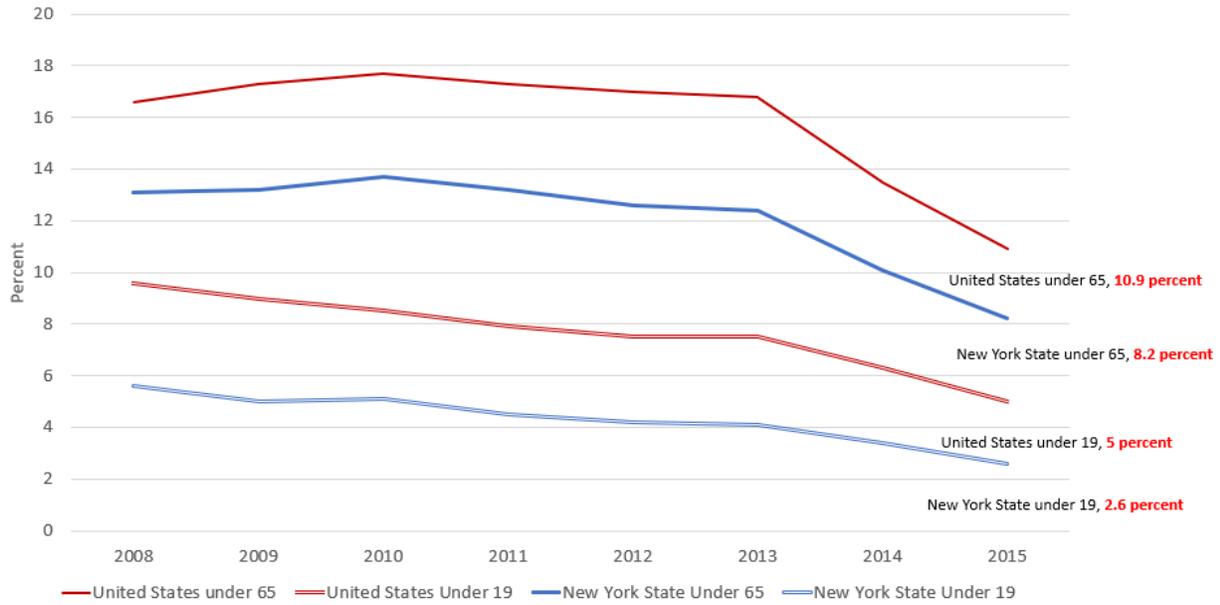
Figure 30. Health insurance coverage, New York State and United States, 2016



Data source: United States Census Bureau, American Community Survey, Table S2703

Health insurance coverage in New York State remains below our Prevention Agenda 2018 objective of 100%. In 2016, about 6% of New Yorkers were uninsured, compared to 9% nationally.

Figure 31. Percentage without health insurance among children under age 19 and persons under age 65, New York State and United States, 2008 – 2015

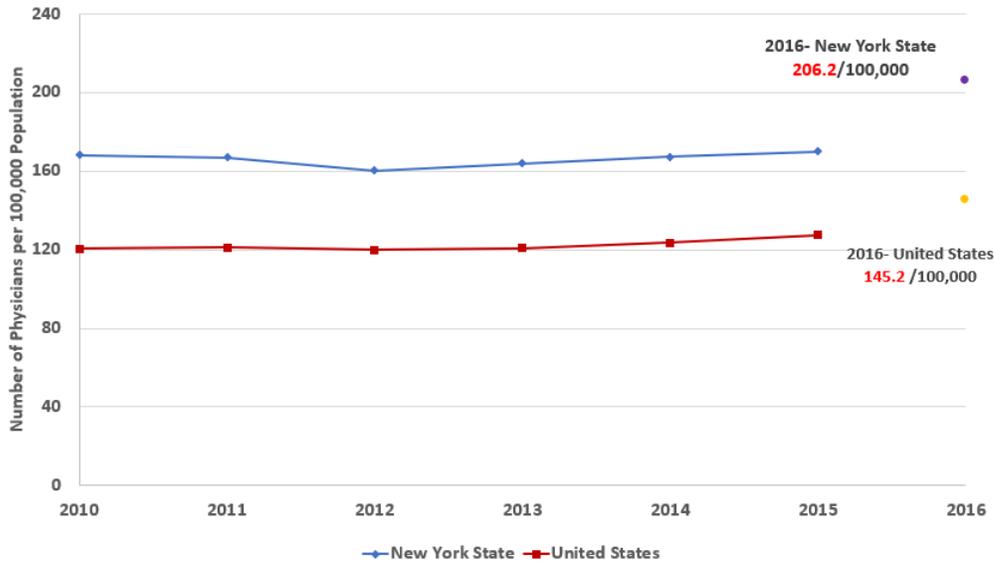


Data source: United States Census Bureau, Small Area Health Insurance Estimates

The percentage without health insurance among children under age 19 and persons under age 65 was consistently higher for the United States compared to New York State. In 2015, the percentage among children under age 19 in the United States (5%) was almost double the percentage for New York State (2.6%).

The percentage without health insurance in New York State, and nationally, has been continuously declining over the time-period shown, especially since 2010. The percentage of uninsured among individuals under the age 65 decreased sharply in the last several years for both New York State and the United States, to 8.2% and 10.9% in 2015, respectively.

Figure 32. Number of primary care physicians per 100,000 population: New York State and United States, 2010-2016



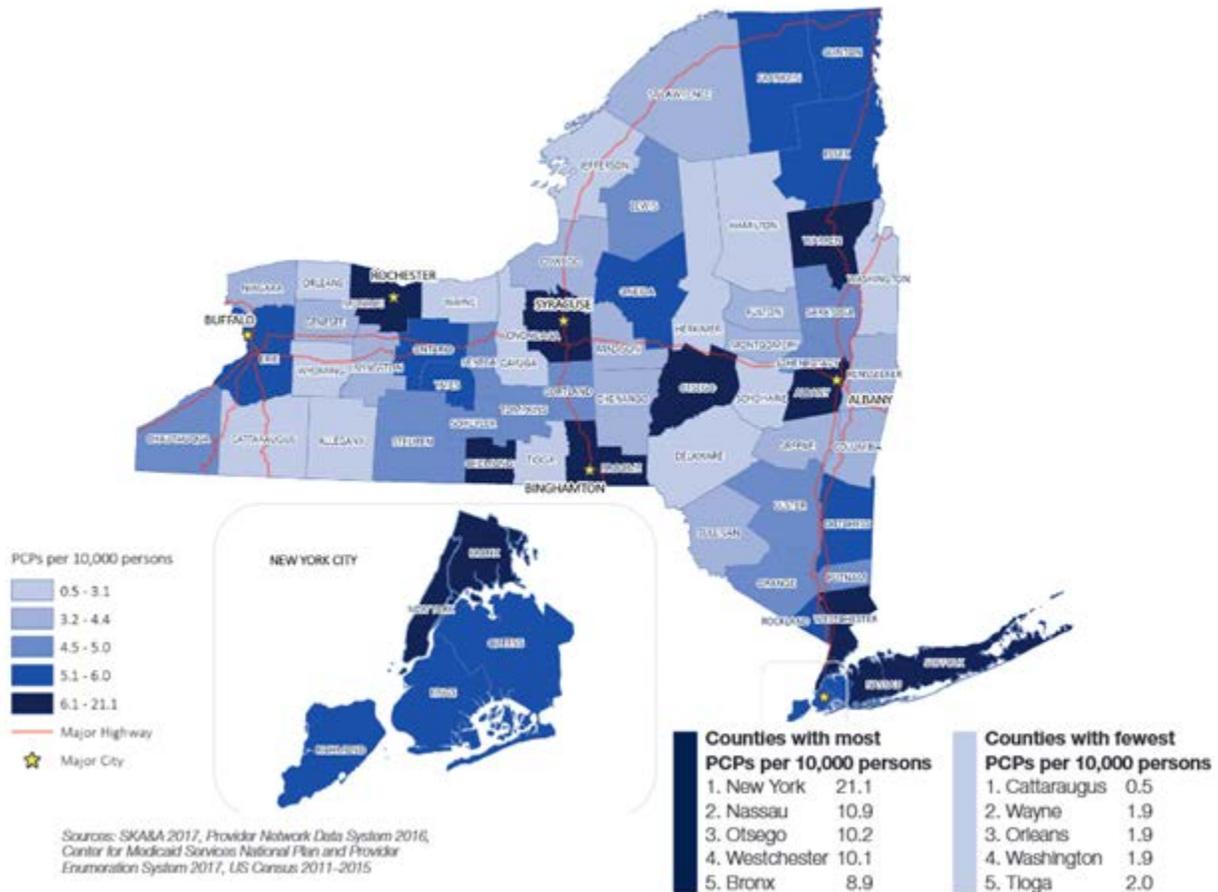
Data Source: America's Health Rankings, 2016, American Medical Association

Note: Primary Care Physicians includes general practice, family practice, OB-GYN, pediatrics and internal medicine. Counting methods also changed in 2016

The number of available primary care physicians is a measure of access to primary care. According to the 2011 America's Health Rankings, New York State ranked fifth out of 50 states for the number of primary care physicians per 100,000 population. In 2010 New York State had 168 primary care physicians per 100,000 population compared to the national average of 121 per 100,000.

Since 2010, the rate of available primary care physicians has been virtually unchanged in New York State, up until 2016 which was due in large part to a methodological change in counting. It is expected that in the years ahead, the estimates will continue to be flat.

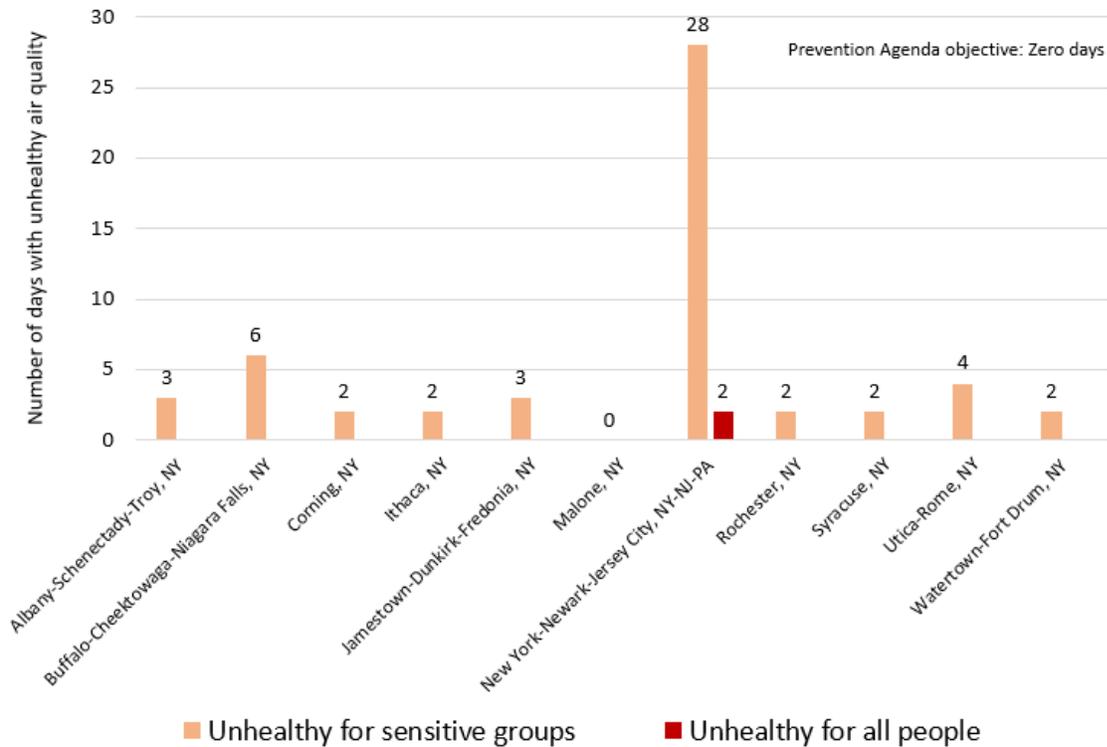
Figure 33. Primary care physicians per 100,000 population by county, New York State, 2011-2015



Source: *New York State Primary Care Profile, Primary Care Development Corporation, 2016*

Urban areas generally tend to have more primary care physicians per 10,000 population than rural counties. During 2011-2015, downstate New York, specifically counties in New York City and Long Island, had the highest ratio of primary care physicians per 10,000 population. Having access to primary care providers is associated with better health outcomes.

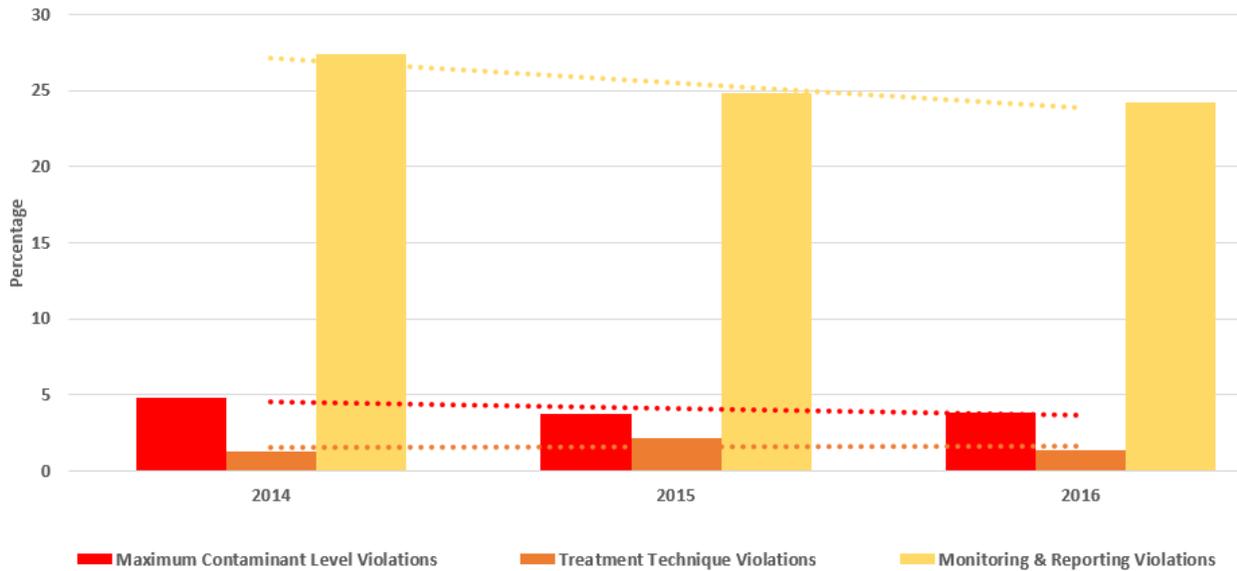
Figure 34. Days where air quality index indicated unhealthy air for core based statistical areas, New York State, 2016



*Air Quality Index > 100 is considered unhealthy
 Data Source: United States Environmental Protection Agency, *Our Nation's Air - Status and Trends through 2016*.

Air quality data are available from the United States Environmental Protection Agency for 11 core based statistical areas in New York State, including New York City, as well as other areas. The data calculate when air quality is unhealthy for people in the general population, and for people in sensitive groups, such as those with asthma. According to these data, air quality has steadily improved in New York State. However, in 2016, residents of New York City experienced two days when the air quality was at a level that was considered unhealthy for all people. In addition, across the 11-core based statistical areas in New York State, 10 areas had at least two or more days where the air quality was unhealthy for people in sensitive groups.

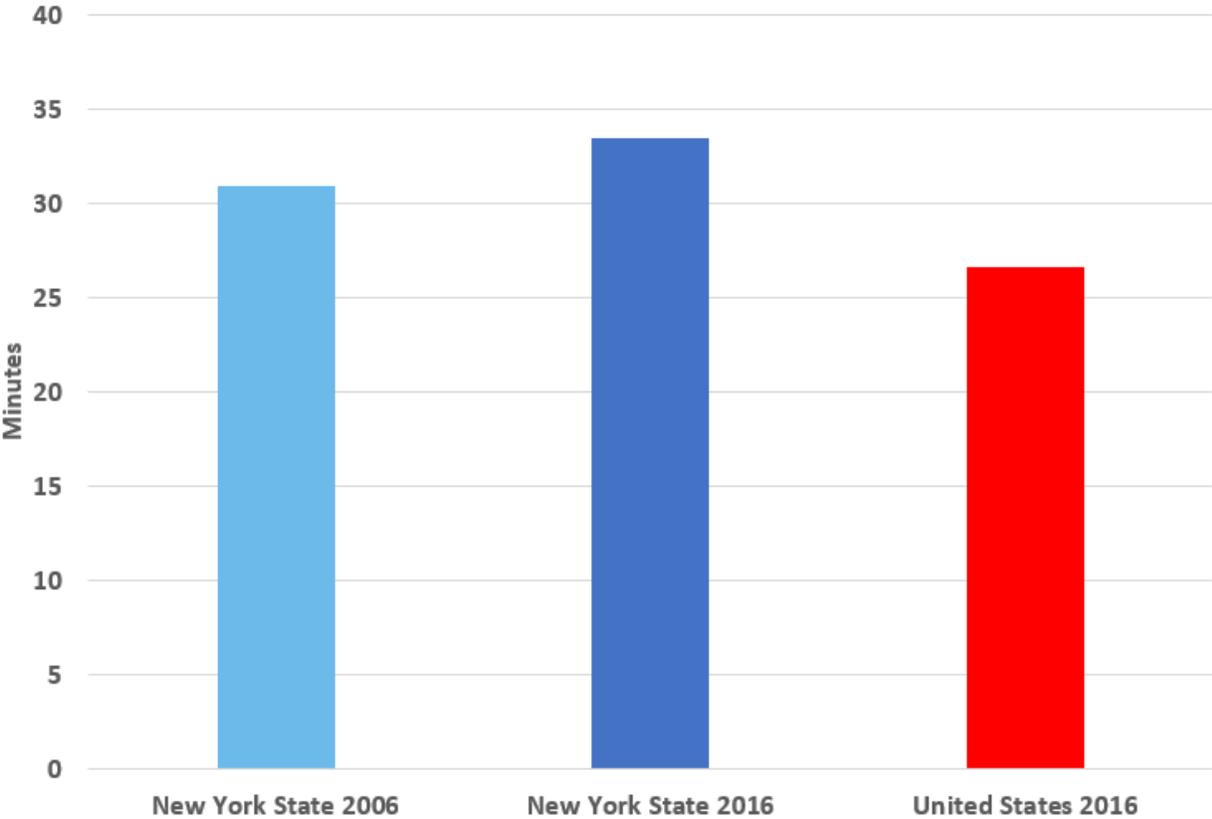
Figure 35. Percentage of community water systems with violations, New York State, 2014-2016



Data source: New York State Public Water Supply Annual Compliance Reports 2014-2016

Water quality is an important area of public health. Monitoring public water systems for a variety of contaminants and identifying violations is a crucial task to ensure the quality of water provided to state residents. Despite an aging infrastructure of water systems with some recent microbiological issues with cyanobacteria and Legionella, the overall percentage of community water systems with contaminant violations and monitoring violations is trending lower. Treatment violations are relatively unchanged in 3 years, with a notable 2015 jump.

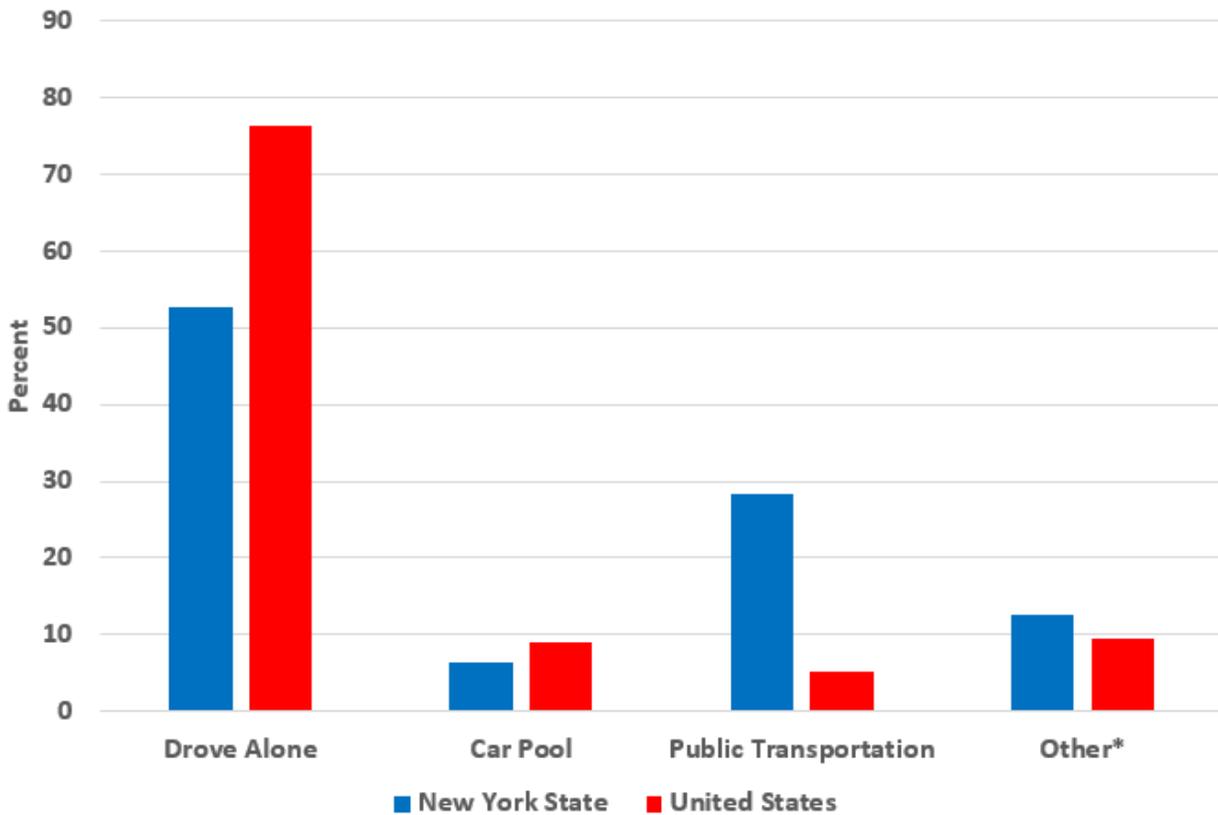
Figure 36. Mean travel time to work, New York State and United States, 2006 and 2016



Data source: United States Census Bureau, American Community Survey, Table S0801

Since 2006, the time New Yorkers spend traveling to work has been over 30 minutes and has increased by about three minutes overall. This was also slightly higher than the 27 minutes reported nationally.

Figure 37. Method of transportation to work, New York State and United States, 2016

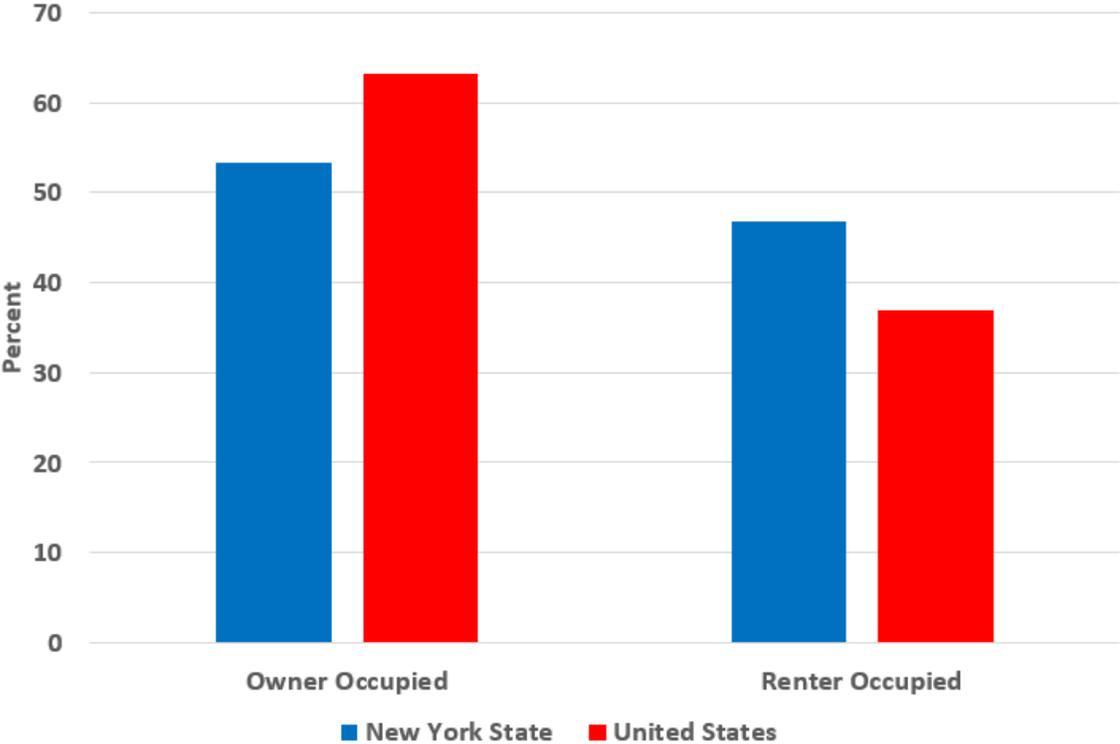


**Other includes Taxicabs, Motorcycles, Walking/Running, Bicycle*

Data source: United States Census Bureau, American Community Survey, Table S0801

During 2016, residents in New York State were far more likely to utilize public transportation relative to the national average. Much of this was driven by New York City, Albany, and Buffalo. That said, the primary method of traveling to work remained traveling alone, although in New York State this was about 53% relative to the 76% nationally.

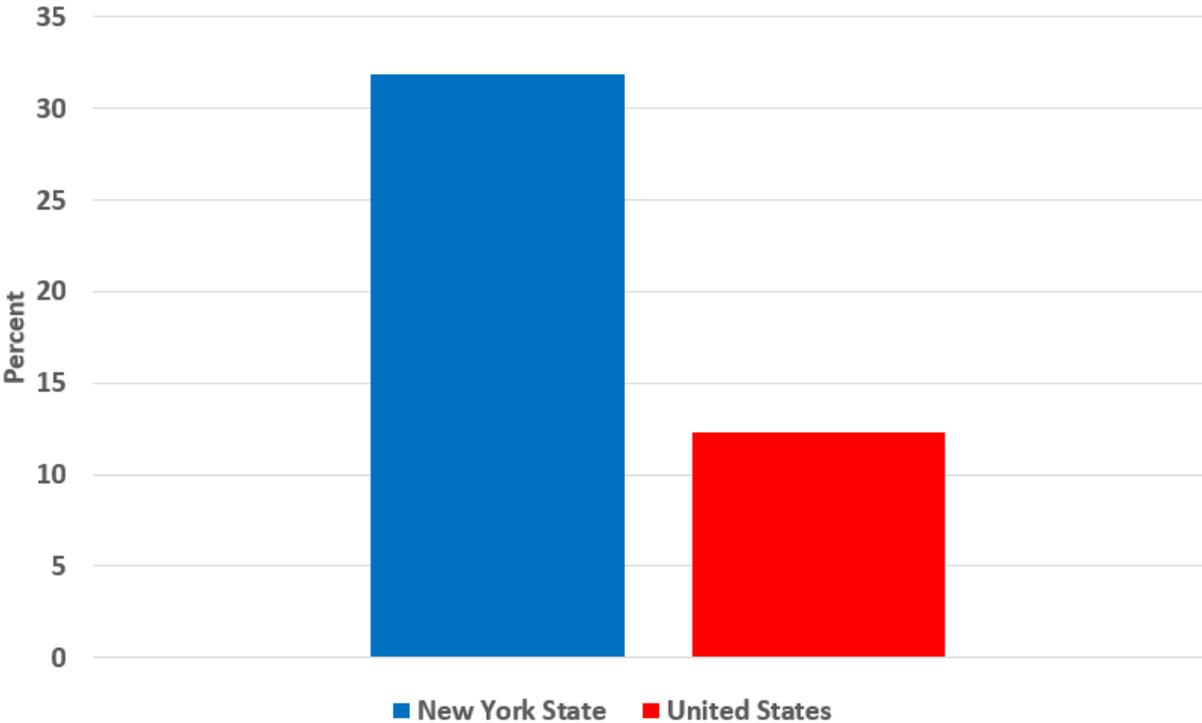
Figure 38. Occupied housing unit characteristics, New York State and United States, 2016



Data source: United States Census Bureau, American Community Survey, Table S1101

For both New York State and the United States, housing units are more likely occupied by owners than renters. In 2016, the percentage of housing units occupied by renters was higher in New York State (47%) compared to the United States (37%).

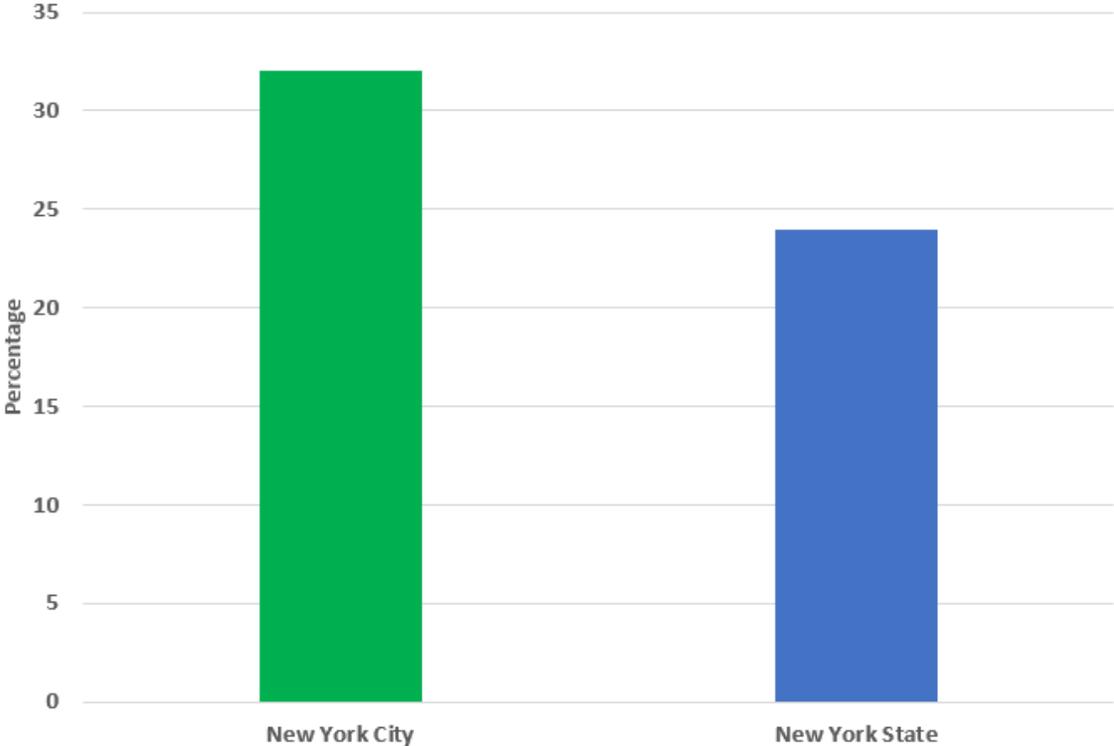
Figure 39. Percentage of homes built before 1940, New York State and United States, 2016



Data source: United States Census Bureau, American Community Survey , Table S2504

New York State is one of the oldest states in the Union, and as such, its structures are, on average, older than the rest of the United States as a whole. In 2016, 32% of all homes in New York State were built before 1940, as opposed to 12% nationally.

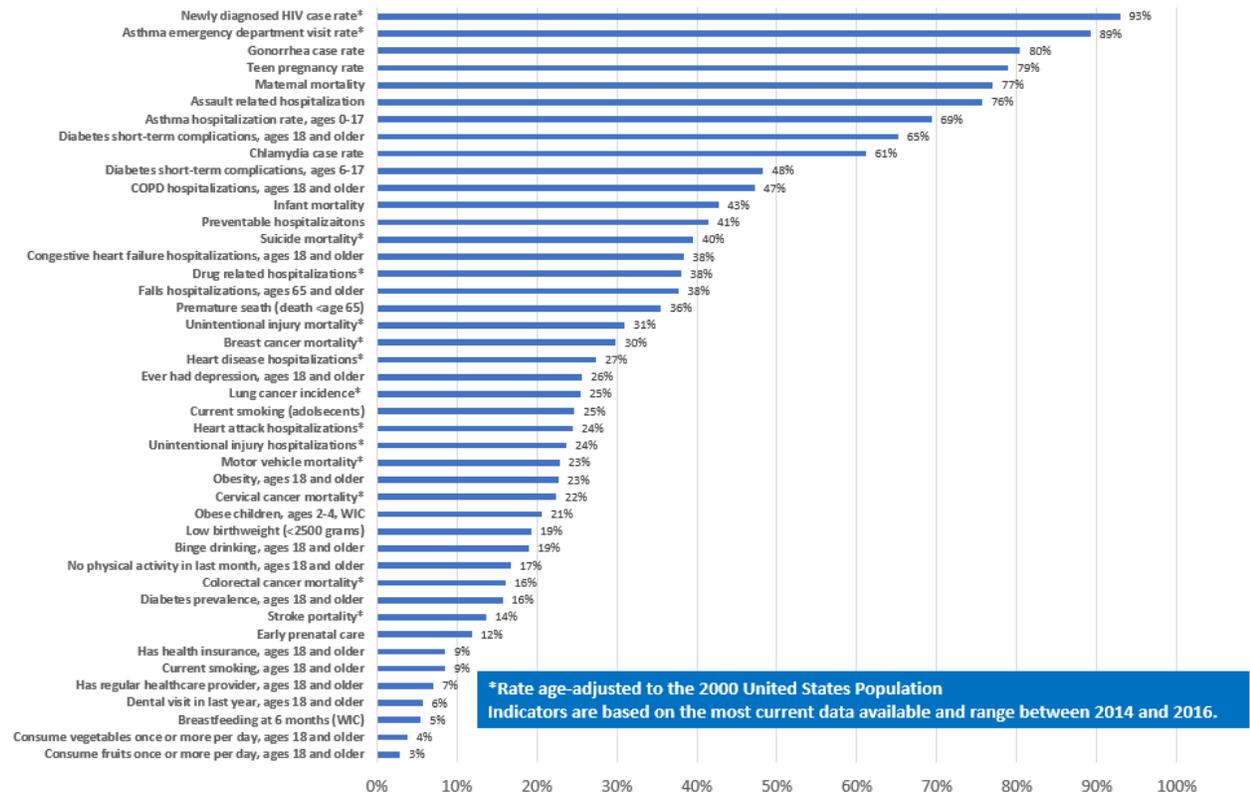
Figure 40. Percentage of housing with severe deficiencies, New York City and New York State, 2009-2013



Data Source: County Health Rankings Report 2017, data years 2009-2013

County Health Rankings data indicate that 24% of New York State housing units had severe deficiencies. Severe deficiencies were defined as having one or more of the following housing problems: housing unit lacked complete kitchen facilities; housing unit lacked complete plumbing facilities; household was severely overcrowded; or the household was severely cost burdened. During 2009-2013, the percentage of housing units with severe deficiencies was much higher for New York City (32%) compared to the New York State average (24%).

Figure 41. Index of racial/ethnic disparity for major Public Health Areas, New York State, 2014-2016



In this figure, an index of racial/ethnic disparity was computed for each indicator. The index shows how far apart the estimates for race/ethnic groups are from each other. If all the race/ethnic groups have a similar rate or percent for an outcome (for example, if around 60% of each race/ethnic group has one or more fruits per day), then the index is near zero. On the other hand, if the rates or percentages vary greatly by race/ethnic group, then the index is high. Computing an index allows researchers to relatively compare the level of disparity across indicators.

This figure illustrates that in New York State, the five indicators that had the largest racial and ethnic disparities were the newly diagnosed HIV case rate, asthma emergency department visit rate, gonorrhea case rate, teen pregnancy rate, and maternal mortality rate.

Figure 42. Rates of selected indicators with large racial and ethnic disparities, New York State, 2014-2016

Indicators	New York State	White non-Hispanic	Black non-Hispanic	Asian non-Hispanic	Hispanic	Index of Disparity
Newly diagnosed HIV Case Rate* (per 100,000 population)	15.5	18.8	39.3	3.0	33.5	93 percent
Asthma emergency department visit rate* (per 10,000 population)	86.2	29.3	228.2	14.9	123.6	89 percent
Gonorrhea case rate (per 100,000 population)	105.6	29.5	261.9	16.6	87.3	80 percent
Pregnancy rate among females ages 15-17 (per 1,000 population of females ages 15-17)	19.6	7.5	38.5	2.0	32.9	79 percent
Assault related hospitalization (per 10,000 population)	3.6	1.3	8.9	0.8	4.1	76 percent
Asthma hospitalization rate, Ages 0-17 (per 10,000 population)	27.0	8.9	59.2	8.9	33.5	69 percent
Diabetes short-term complications, ages 18 and older (per 10,000 population)	6.6	4.6	15.2	0.9	5.7	65 percent

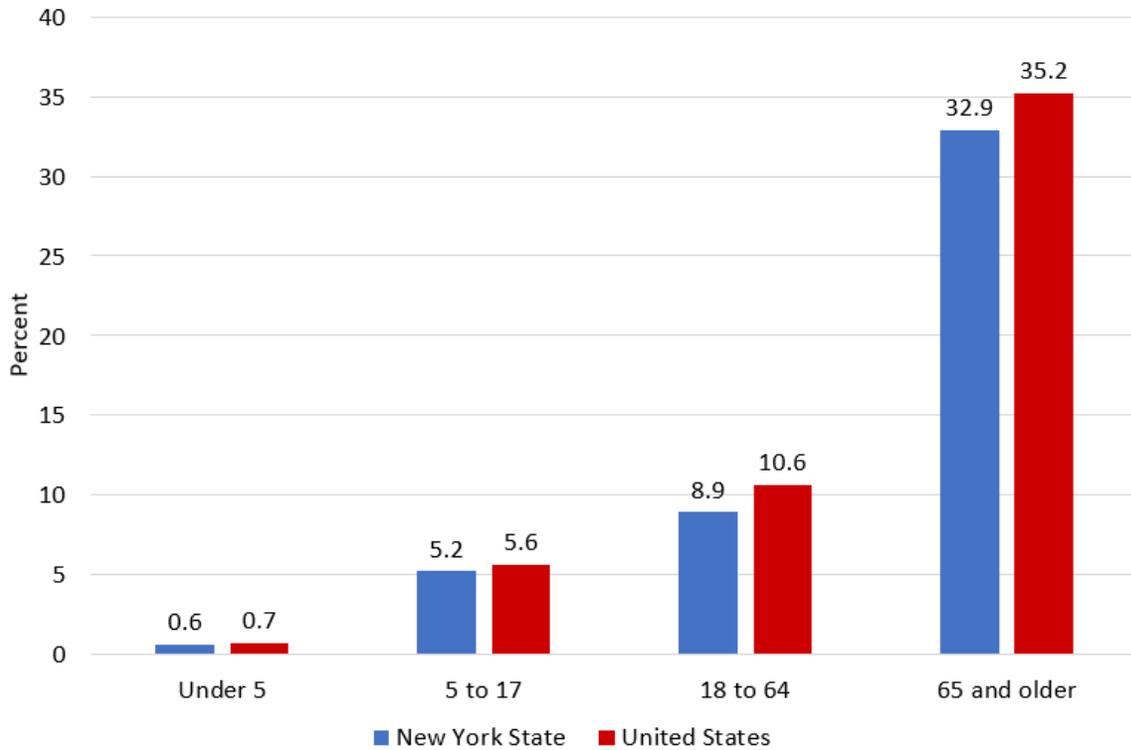
Lowest disparity  Highest disparity 

**Rate age-adjusted to the 2000 United States population*

Indicators are based on the most current data available and range between 2014 and 2016

The table above illustrates several indicators with large racial and ethnic disparities in their rates with the corresponding indices of disparity.

Figure 43. Percentage of population with a disability by age, New York State and United States, 2016

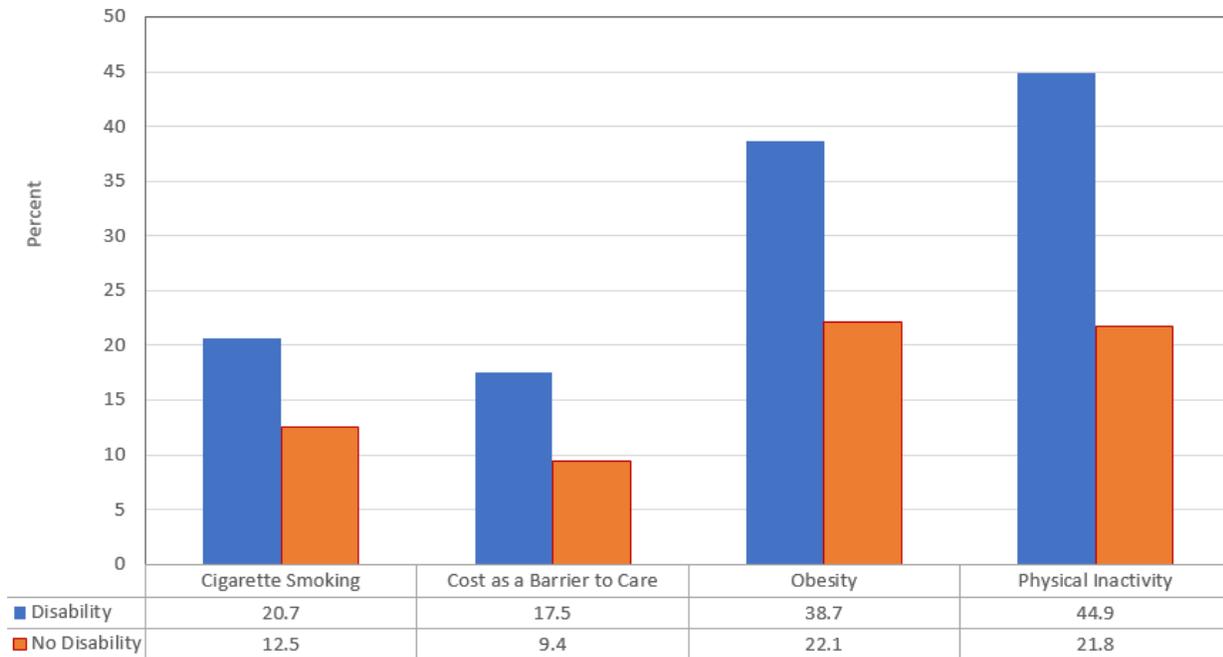


Data source: United States Census Bureau, American Community Survey, Table S1810

In 2016, the percentage of New York State residents with a disability was under 10% among persons who were less than 65 years of age. Among persons ages 65 and older, the percentage was 32.9%.

New York State percentages were slightly lower than the percentages for the same age groups nation-wide.

Figure 44. Selected health indicators among adults ages 18 and older reporting a disability versus no disability, New York State, 2016

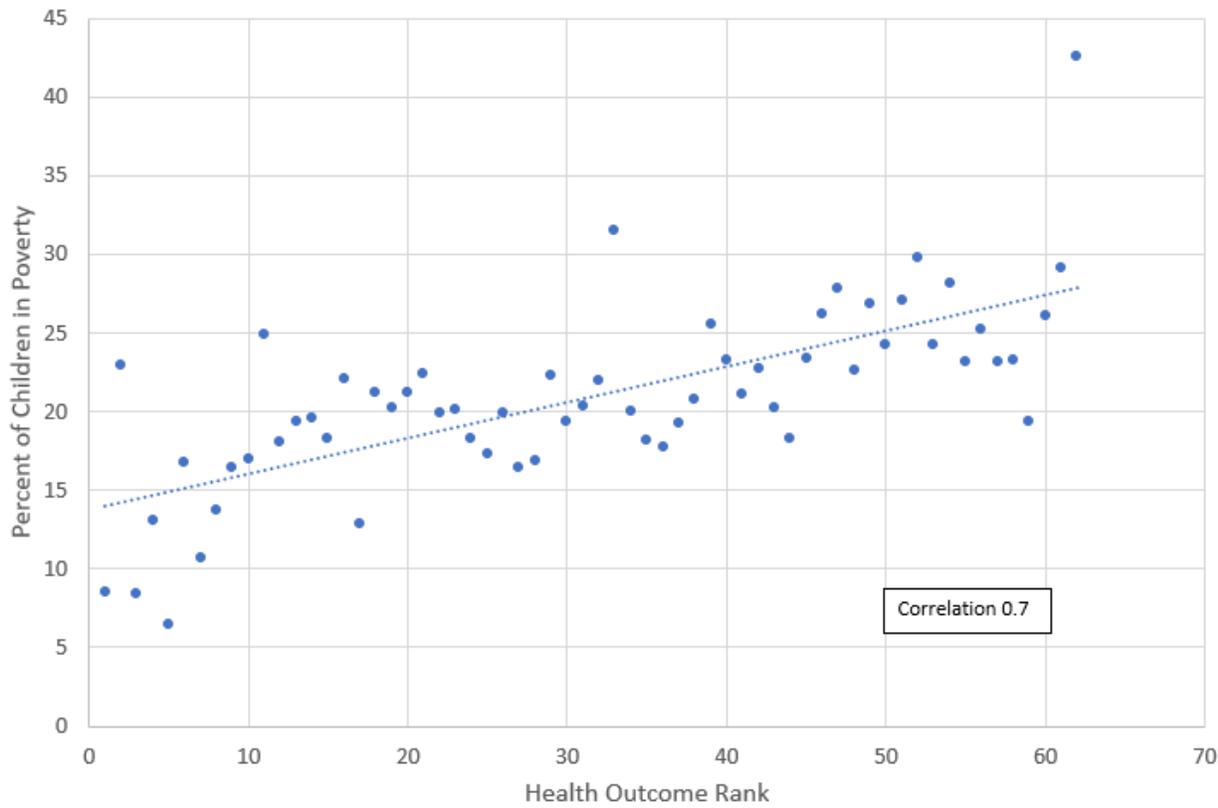


Data Source: Behavioral Risk Factor Surveillance System

Disability is defined as all respondents who reported at least one type of disability (cognitive, self-care, independent living, vision, or mobility).

In 2016, persons with disabilities in New York State were more likely to report cigarette smoking, not receiving health care due to the cost, having body mass index in the obese category, and being physically inactive.

Figure 45. County Health Rankings 2017– Health outcome rankings and childhood poverty correlation

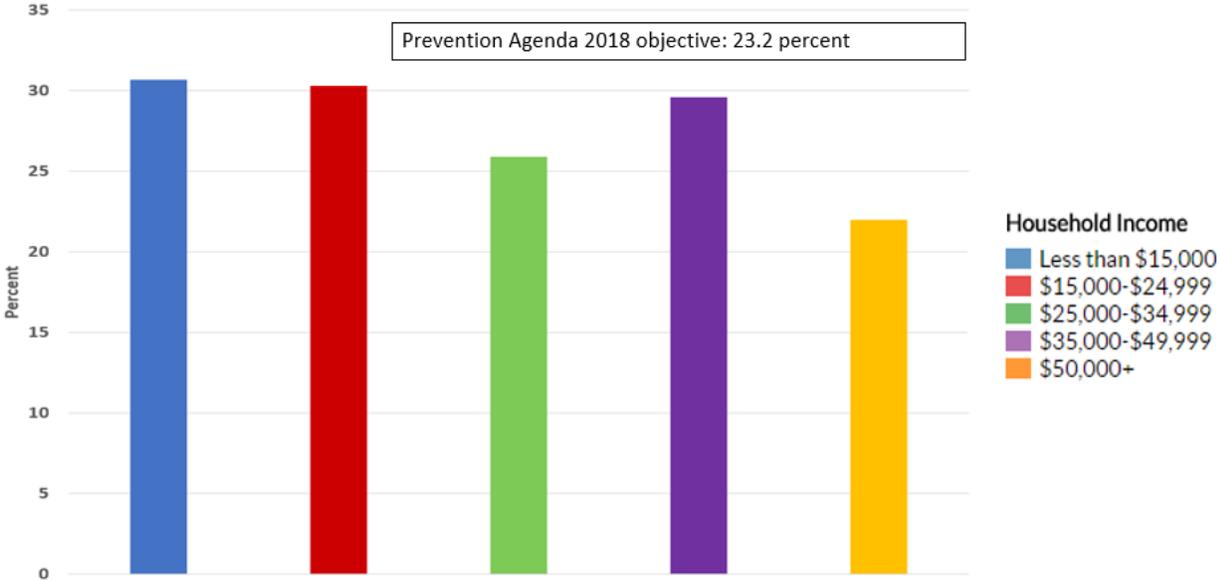


Data source: County Health Rankings, 2017

Income is an important social determinant of health. This graph shows the childhood poverty estimate in each county, plotted against the 2017 county health ranking for health outcomes. The counties were plotted along the X-axis in order of rank of health outcomes (from the best to the worst rank). The Y axis represents the magnitude of the percent of childhood poverty.

A correlation between childhood poverty and health outcomes was observed: counties with lower childhood poverty tended to rank better on health outcomes. The overall pattern shows that as the health outcomes rank worsened, prevalence of childhood poverty increased, with a correlation of 0.7.

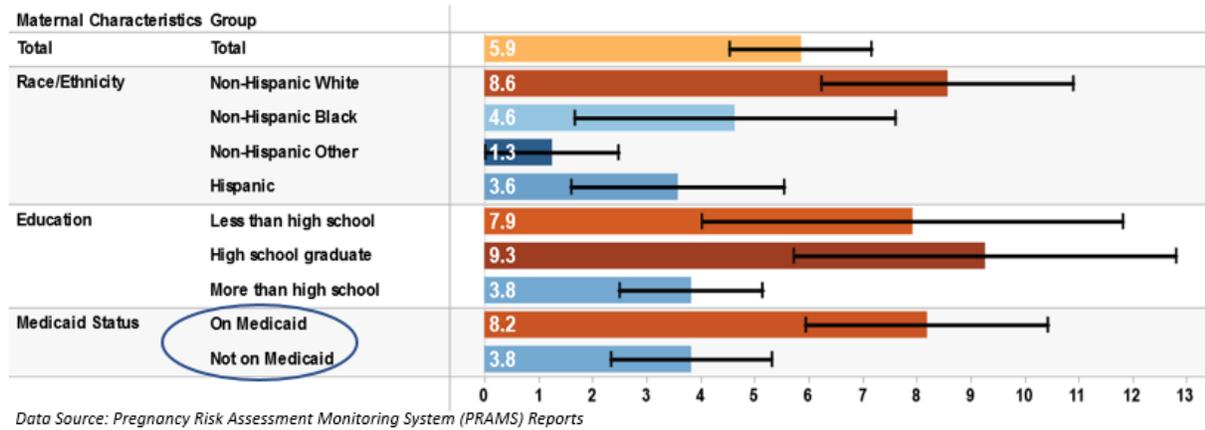
Figure 46. Obesity prevalence among adults ages 18 and older, by household income, New York State, 2016



Data Source: Behavioral Risk Factor Surveillance System

As previously mentioned, income disparities lead to differences in health outcomes. This figure represents the association of obesity with income among adult New Yorkers. Generally, as household income increases, the prevalence of obesity decreases. This may be due to better education, as well as a greater ability to pay for and access nutritional food sources.

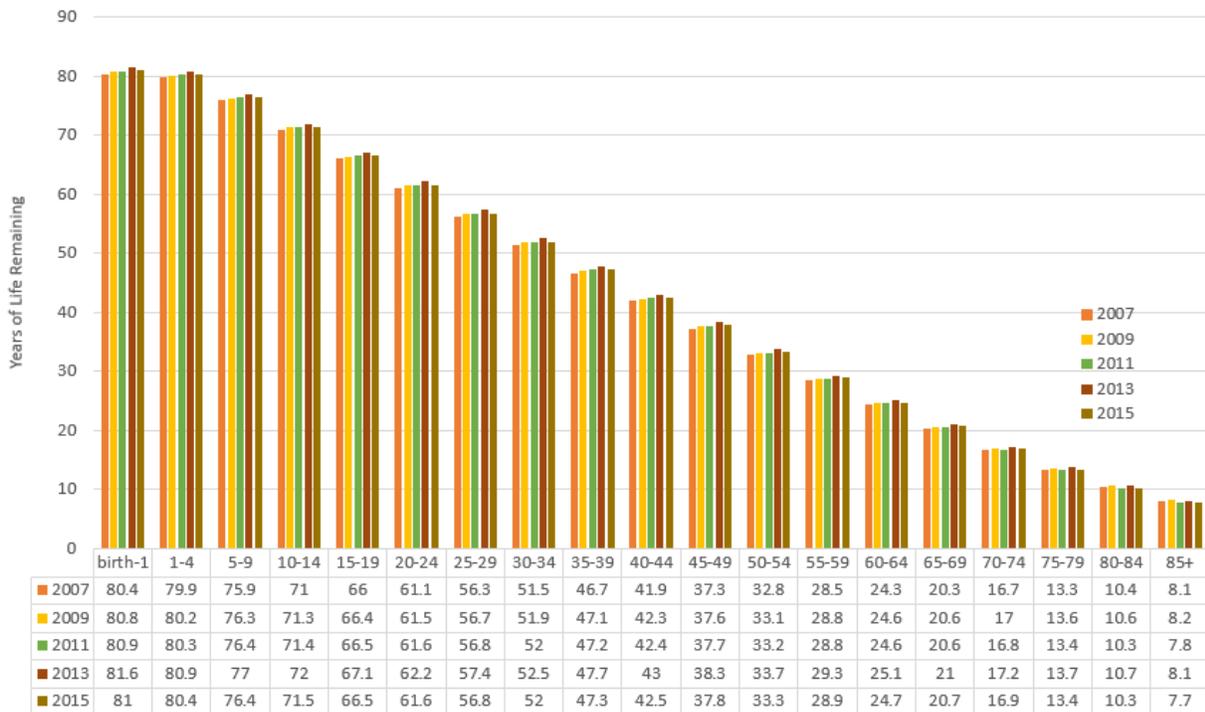
Figure 47. Percentage of women who report smoking in the last three months of pregnancy, New York State, 2014



The percentage of women who report smoking in the third trimester of pregnancy varies by several characteristics. The chart highlights Medicaid status as a proxy for income. The figure shows a statistically significant and meaningful difference for smoking in the third trimester of pregnancy between those on Medicaid (8.2%) compared to those not on Medicaid (3.8%) during 2014.

There was also an association with education. Women with more than high school education had the lowest percentage of smoking in the third trimester of pregnancy (3.8%).

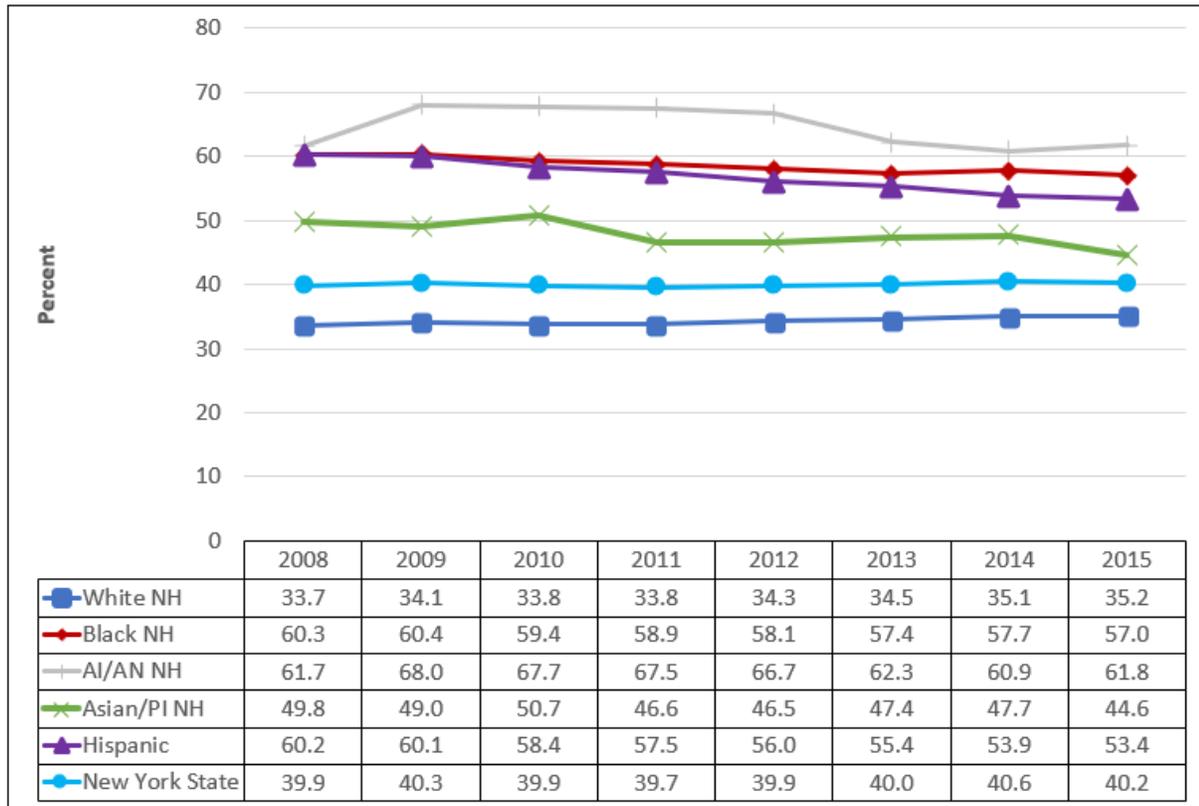
Figure 48. Life expectancy in New York State, by age, 2007-2015



Data source: New York State Vital Records

United States deaths from drug overdoses skyrocketed in recent years and this has contributed to the recent reduction in American’s life expectancy. During 2007-2015, life expectancy had slowly risen until 2013 for most age groups, but then declined slightly in 2015. This pattern was less evident for those ages 75 and older.

Figure 49. Percentage of deaths that were premature (deaths of persons <75 years old) by race and ethnicity, New York State, 2008-2015

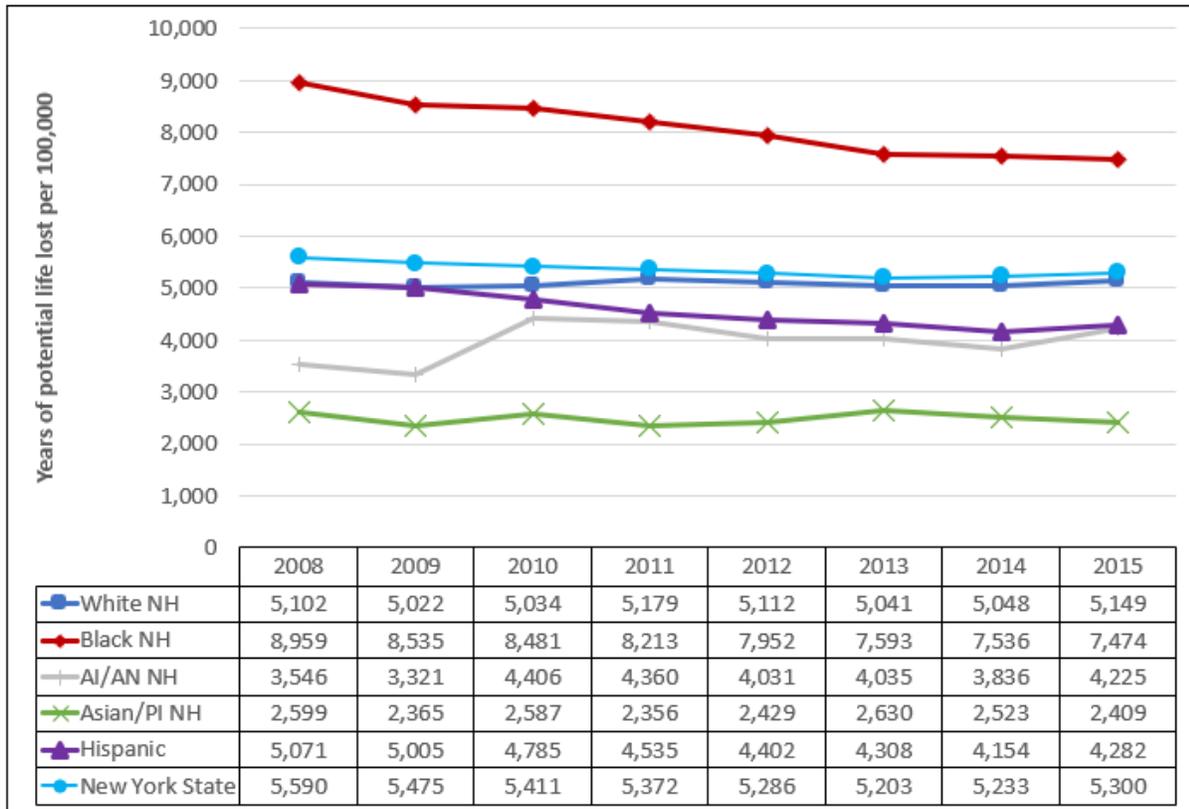


Abbreviations: NH - non-Hispanic; AI/AN - American Indian/Alaskan Native; PI - Pacific Islander
 Data Source: New York State Vital Records

Premature deaths are those occurring in persons less than 75 years old. Groups with greater premature mortality are more likely to exhibit mortality patterns that are common in younger populations, such as more deaths from unintentional injury and homicide, and infant deaths.

In New York State, from 2008-2015 about 40% of deaths occurred among persons under age 75. The percentages of premature death for American Indian/Alaskan Native non-Hispanic, Black non-Hispanic, and Hispanic New Yorkers were near twice that for White non-Hispanics. For Asian/Pacific Islander non-Hispanics, the percentage for of premature death was almost 1.5 times the percentage for White non-Hispanics.

Figure 50. Age-adjusted* years of potential life lost per 100,000 population by race and ethnicity, New York State, 2008-2015



*Age-adjusted to United States Census 2000 Population
 Abbreviations: NH - non-Hispanic; AI/AN - American Indian/Alaskan Native; PI - Pacific Islander
 Data Source: New York State Vital Records

Years of potential life lost (YPLL) measures the number of years loss due to deaths before age 75. Thus, the death of a 25-year-old would account for 50 years of lost life, while the death of a 60-year-old would account for just 15 years. This measure draws attention to the loss of expected years of life due to deaths in childhood, adolescence and early adulthood.

For the past decade, the YPLL have been declining among Black non-Hispanics and Hispanics. In 2015, Asian/Pacific Islander non-Hispanics had the lowest YPLL (2,418 per 100,000). American Indian/Alaskan Native, Hispanics, and White non-Hispanics had the next lowest (4,225, 4,282 and 5,149 per 100,000, respectively), and Black non-Hispanics had the highest YPLL (7,474 per 100,000 population).

In 2015, the New York State YPLL rate was 5,300 years per 100,000 population.

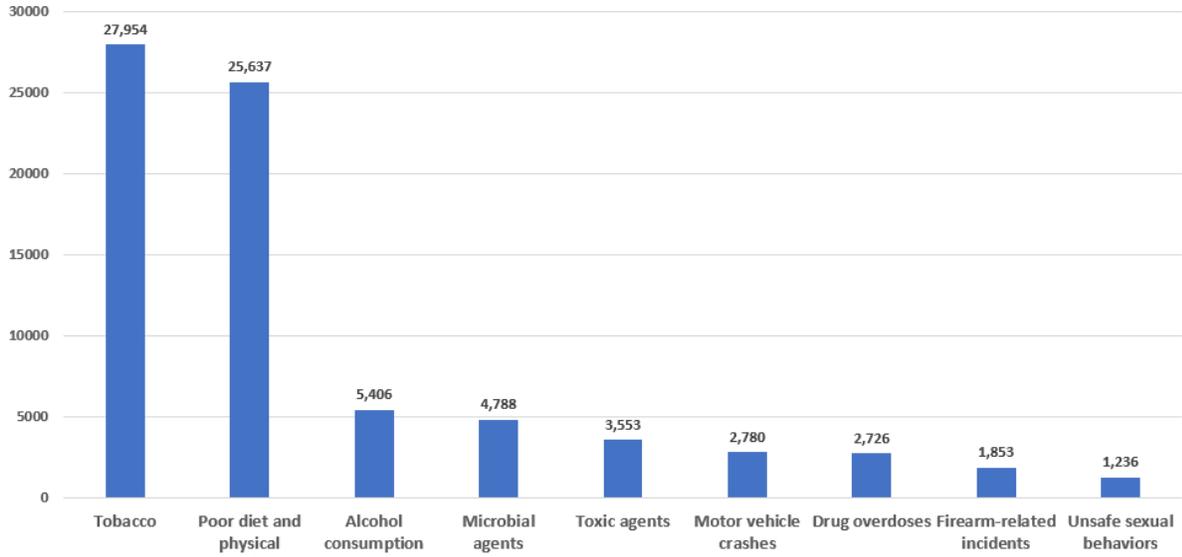
Figure 51. Leading causes of death, New York State, 2009-2015

	Total Deaths	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death
2015	Total Deaths 153,623 644.0 per 100,000	Heart Disease 44,141 180.3 per 100,000	Cancer 34,795 147.1 per 100,000	CLRD 7,066 29.7 per 100,000	Unintentional Injury 6,372 29.5 per 100,000	Stroke 6,216 25.7 per 100,000
2014	Total Deaths 149,086 632.7 per 100,000	Heart Disease 42,836 177.1 per 100,000	Cancer 35,084 150.5 per 100,000	CLRD 6,738 28.8 per 100,000	Stroke 6,132 25.8 per 100,000	Unintentional Injury 5,820 27.1 per 100,000
2013	Total Deaths 147,445 634.0 per 100,000	Heart Disease 43,119 180.8 per 100,000	Cancer 35,078 152.9 per 100,000	CLRD 6,977 30.1 per 100,000	Stroke 5,961 25.3 per 100,000	Unintentional Injury 5,553 26.0 per 100,000
2012	Total Deaths 147,390 644.8 per 100,000	Heart Disease 43,262 184.2 per 100,000	Cancer 35,600 158.2 per 100,000	CLRD 6,986 30.8 per 100,000	Stroke 6,029 26.1 per 100,000	Unintentional Injury 5,455 25.8 per 100,000
2011	Total Deaths 147,105 656.0 per 100,000	Heart Disease 43,963 191.4 per 100,000	Cancer 35,032 158.6 per 100,000	CLRD 6,902 31.2 per 100,000	Stroke 6,153 27.1 per 100,000	Unintentional Injury 5,249 25.0 per 100,000
2010	Total Deaths 144,913 658.5 per 100,000	Heart Disease 44,557 198.0 per 100,000	Cancer 35,092 161.6 per 100,000	CLRD 6,775 31.1 per 100,000	Stroke 6,120 27.5 per 100,000	Unintentional Injury 4,720 22.7 per 100,000
2009	Total Deaths 144,874 659.6 per 100,000	Heart Disease 46,312 206.6 per 100,000	Cancer 34,822 160.5 per 100,000	CLRD 6,661 30.7 per 100,000	Stroke 5,823 26.2 per 100,000	Pneumonia and Influenza 4,460 20.0 per 100,000

Data source: New York State Vital Records

The leading causes of death in New York State between 2009 and 2015 were heart disease followed by cancer. The death rates for both causes have declined since 2009. In 2015, 180 of every 100,000 New Yorkers died from heart disease and 147 died from cancer. Other leading causes of death were chronic lower respiratory disease (CLRD), stroke, and unintentional injury. Unintentional injury has moved up the ranks in recent years because of opioid-related deaths, among other accidental injuries.

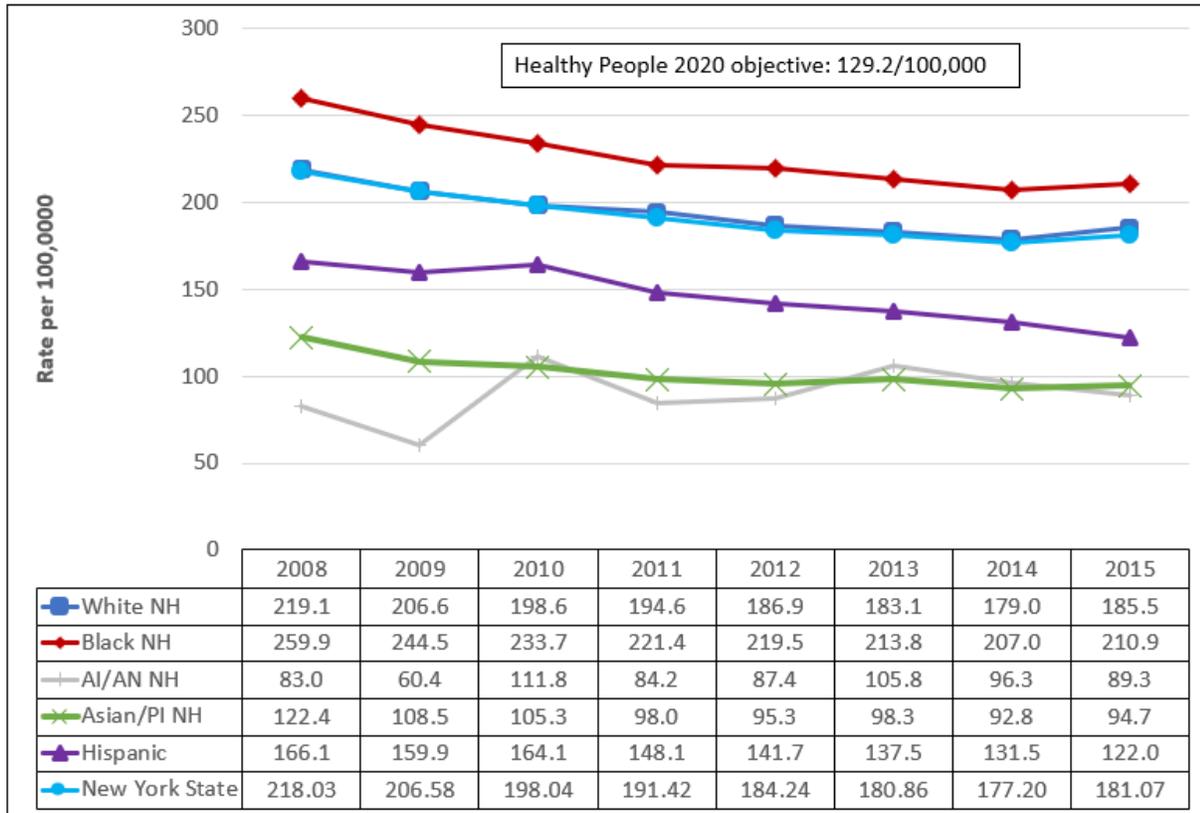
Figure 52. Estimated number of deaths due to modifiable behaviors, New York State, 2015



Note: Estimates were extrapolated using the results published in "Actual Causes of Death in the United States, 2000" JAMA, March 2004, 291 (10) and 2015 New York State Vital Records

In New York State during 2015, 49% of all deaths were attributable to nine modifiable behaviors. Tobacco use, poor diet and physical inactivity, and alcohol consumption were the three most common behaviors linked to these preventable deaths. Exposure to microbial and toxic agents, which include bacteria, radiation, and drugs, was also responsible for behavior-related deaths. Other causes of deaths associated with modifiable behaviors include motor vehicle accidents, drug-abuse, firearm-related incidents, and unsafe sexual behaviors.

Figure 53. Age-adjusted* heart disease death rates per 100,000 population by race and ethnicity, New York State, 2008-2015



*Age-adjusted to United States Census 2000 Population

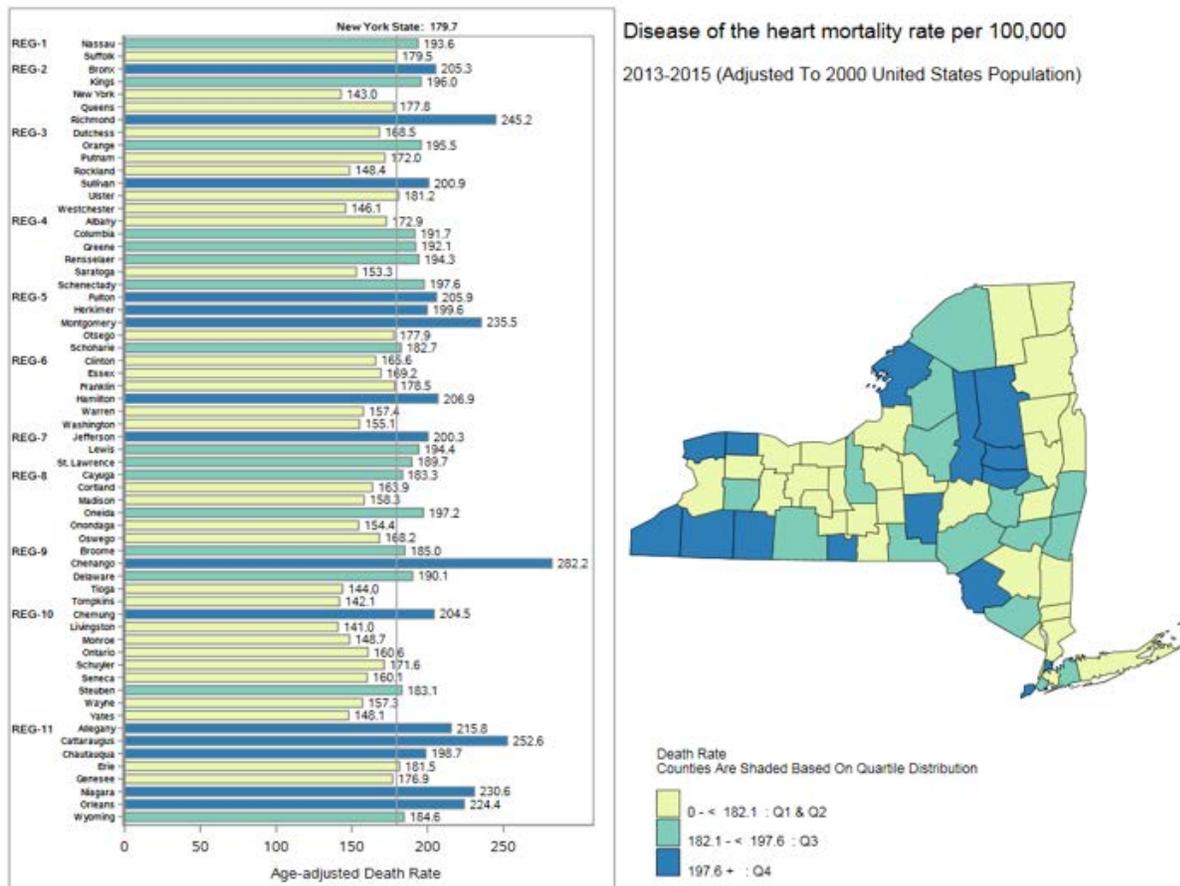
Abbreviations: NH - non-Hispanic; AI/AN - American Indian/Alaskan Native; PI - Pacific Islander

Data Source: New York State Vital Records

Between 2008 and 2015, the rate of death from heart disease steadily declined among most race and ethnic groups. However, heart disease remained the leading cause of death in New York State and the nation. Black non-Hispanics and White non-Hispanics had the highest heart disease death rates (210.9 per 100,000 and 185.5 per 100,000, respectively).

Among Hispanics, the heart disease death rate was 42% lower than the rate among Black non-Hispanics; among Asian/Pacific Islanders, the rate was 55% lower compared to Black non-Hispanics.

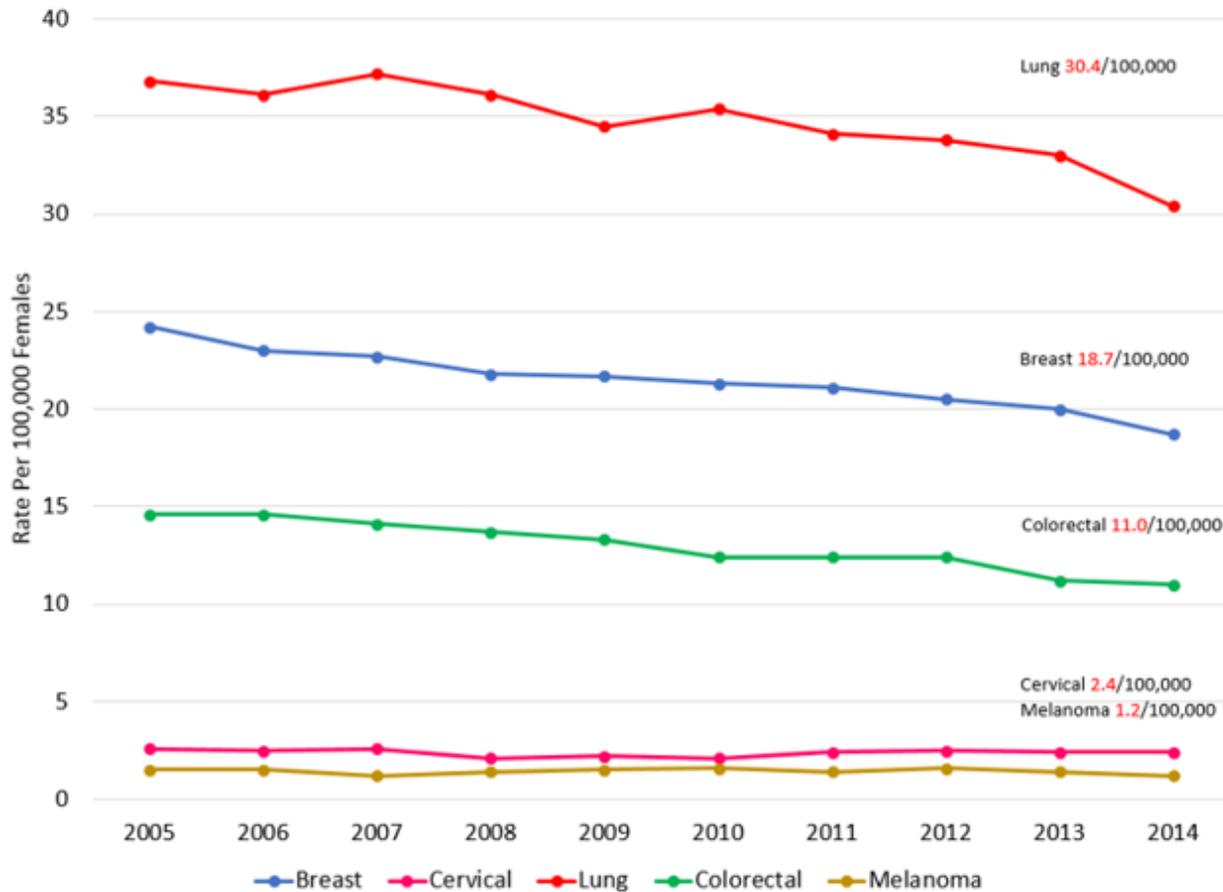
Figure 54. Age-adjusted disease of the heart mortality rate per 100,000 by county, New York State, 2013-2015



Data source: New York State Vital Records

Although heart disease related death rates were declining in New York State from 2013-2015 overall, wide geographic disparities existed. During 2013-2015, the lowest rate was seen in Livingston County, at 141.0 per 100,000. The highest rate was seen in Chenango County at 282.2 per 100,000.

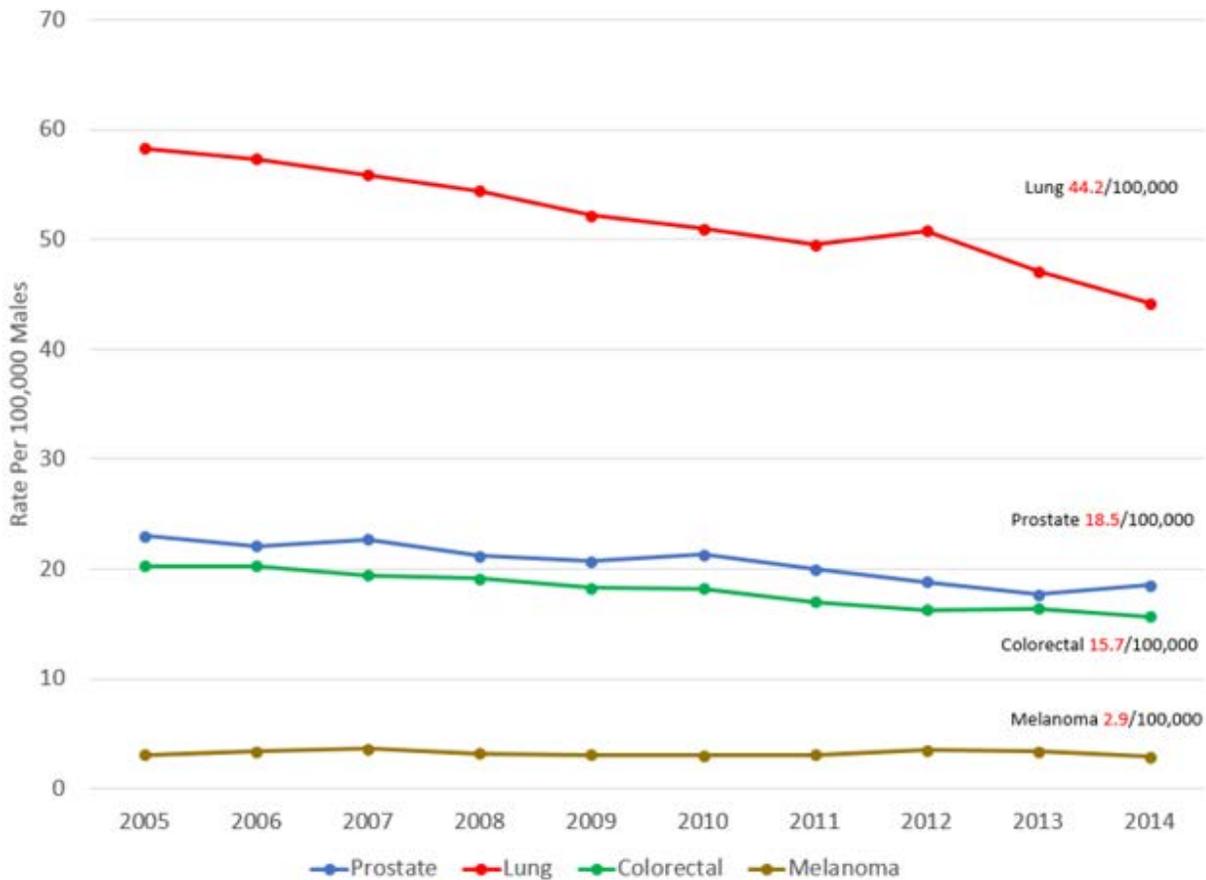
Figure 55. Age-Adjusted mortality rates of common cancers among females in New York State, 2005-2014



Data source: New York State Cancer Registry

Lung cancer was by far the leading cause of cancer death in New York State from 2005-2014. In 2014, the lung cancer death rate for females was 63% higher than the rate for female breast cancer (30.4 per 100,000 females versus 18.7 per 100,000 females respectively). During 2014, colorectal cancer was responsible for 11.0 deaths per 100,000 female population, followed by cervical cancer (2.4 per 100,000) and melanoma (1.2 per 100,000). While cancer remains a leading cause of death, the overall trend in reduced cancer mortality rates is promising, however, there remains much to be done.

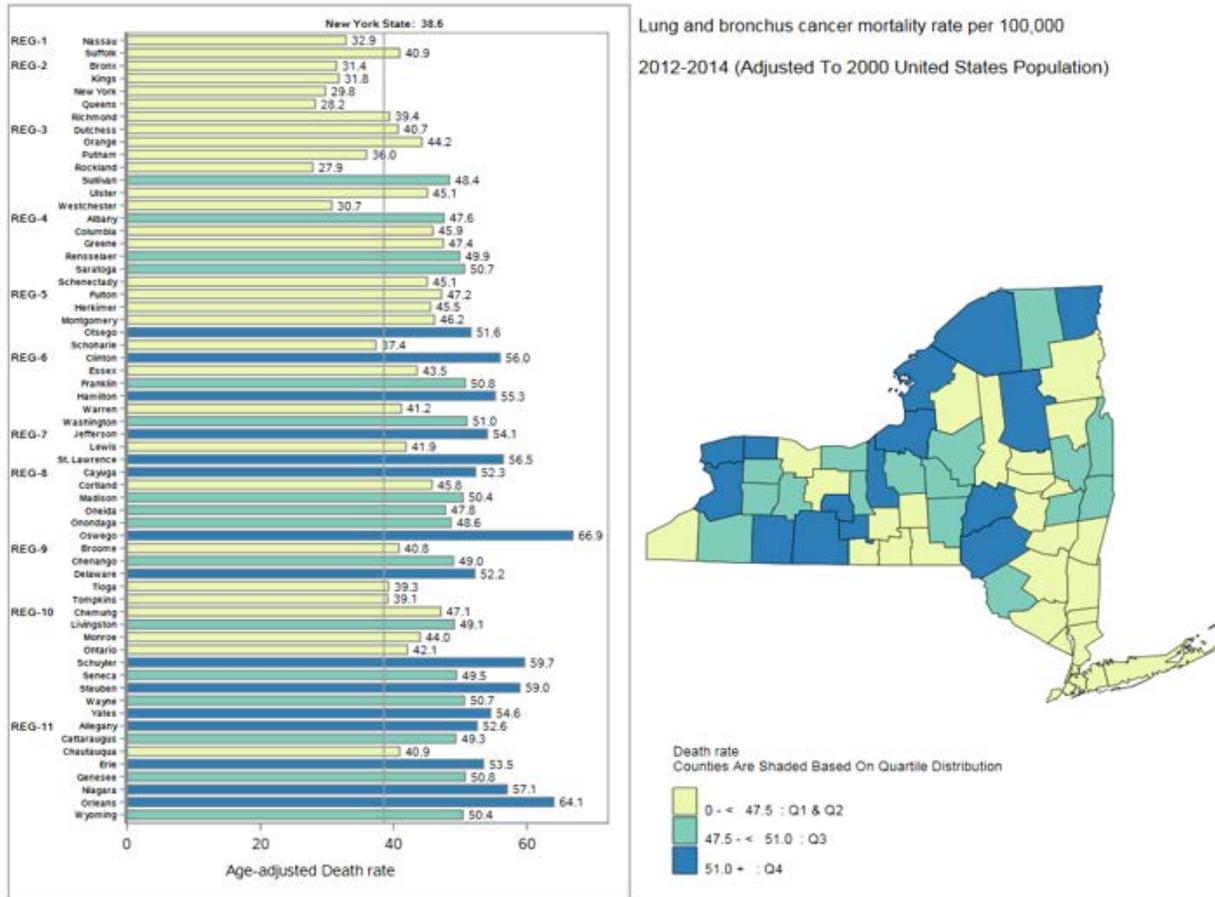
Figure 56. Age-adjusted mortality rates of common cancers among males in New York State, 2005-2014



Data source: New York State Cancer Registry

Lung cancer was by far the leading cause of cancer death in New York State among males in 2005-2014. In 2014, the rate in males was nearly 50% greater than in females. The lung cancer death rate for males was over twice as high as was the rate for prostate cancer (44.2 per 100,000 males versus 18.5 per 100,000 males respectively). During 2014, colorectal cancer was responsible for 15.7 deaths per 100,000 male population, 42% higher than the rate among females. The rate of skin cancer was also 2.5 times as high compared to females. While cancer remains a leading cause of death, the trend in reduced overall cancer mortality rates is promising for both male and females.

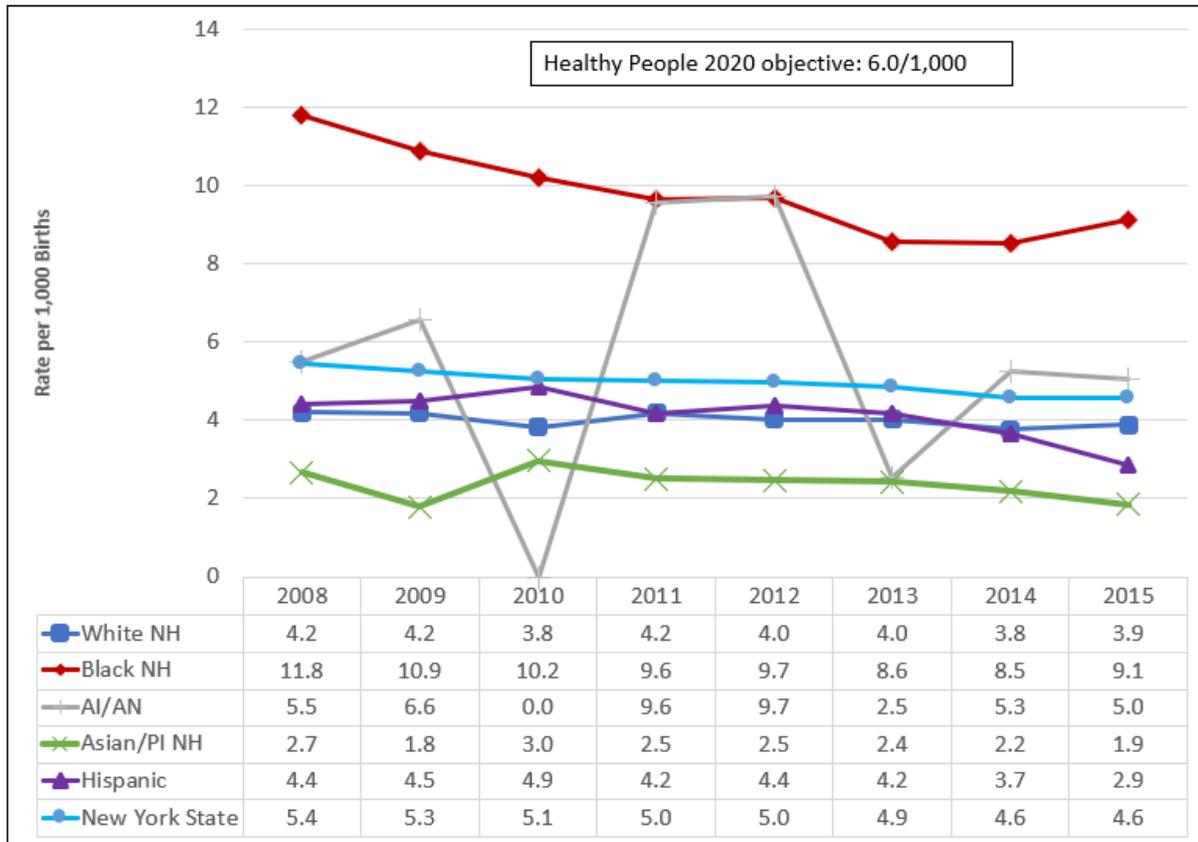
Figure 57. Age-adjusted lung and bronchus cancer mortality rate per 100,000 population, by county, New York State, 2012-2014



Data source: New York State Cancer Registry

There were significant regional disparities in lung and bronchus cancer in New York State in 2012-2014. During 2012-2014, the lowest rate was seen in Rockland County at 27.9 per 100,000, whereas the highest death rate from lung and bronchus cancer was seen in Oswego County at 66.9 per 100,000.

Figure 58. Infant mortality rates per 1,000 live births by race and ethnicity, New York State, 2008-2015



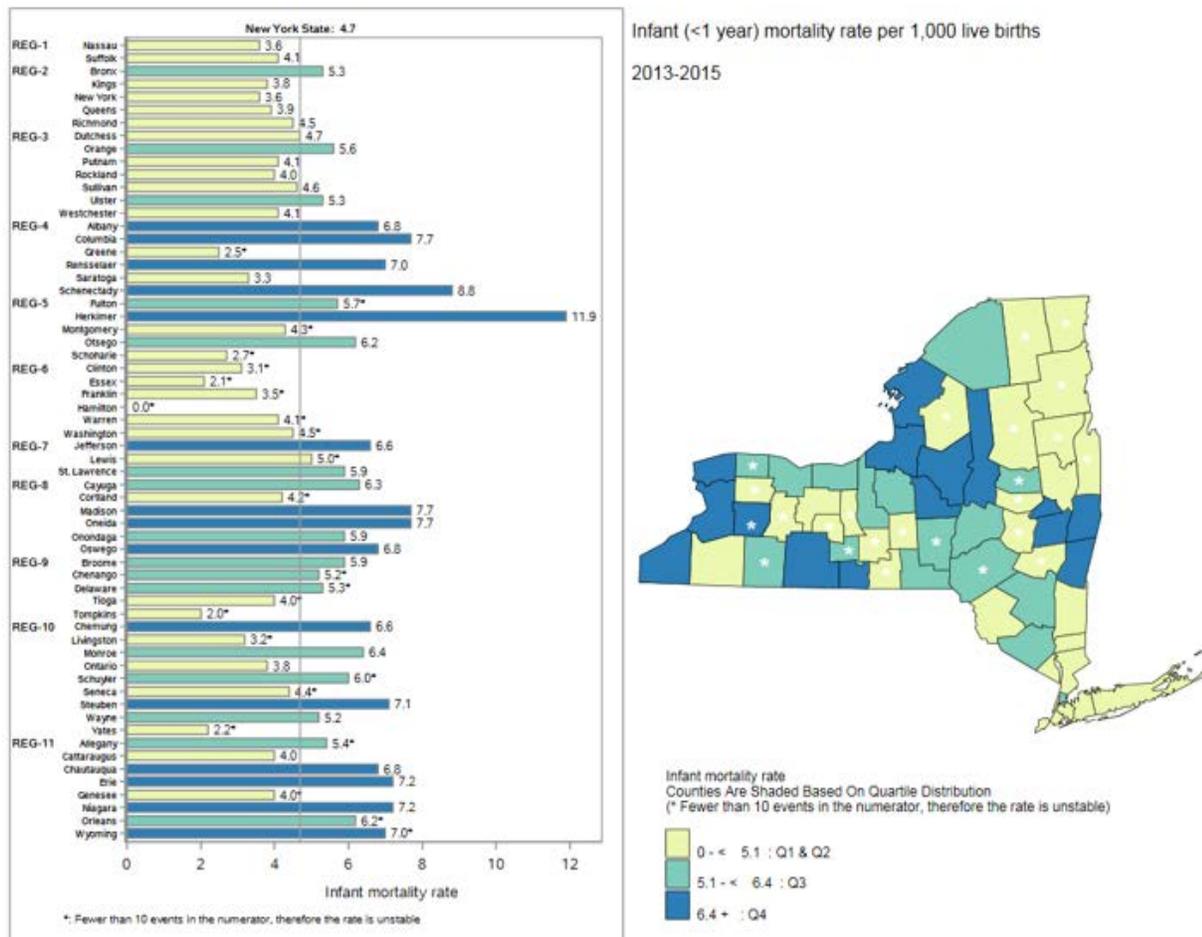
*Abbreviations: NH - non-Hispanic; AI/AN - American Indian/Alaskan Native; PI - Pacific Islander
Data Source: New York State Vital Records*

From 2008-2015, the infant mortality rate among Black non-Hispanic infants was higher than the infant mortality rate among the other groups. The exception was American Indian/Alaskan Native, whose infant mortality rate varied quite a lot due to the fluctuation of numbers in a relatively small population. Infant mortality rate among Black non-Hispanics declined for most of this period but increased from 2014-2015.

In 2015, the Black non-Hispanic infant mortality rate (9.1 per 1,000 births) was twice or more the rate of the other groups, except just under twice the rate among American Indian/Alaskan Native.

The Healthy People 2020 objective for infant mortality, overall, is 6.0 per 1,000 live births. With a rate of 4.6 per 1,000 live births in 2015, New York State has already exceeded this goal and is also lower than the national 2015 rate of 5.9 per 1,000 live births. However, among Black non-Hispanics in New York State, the infant mortality rate remains above the Healthy People 2020 target.

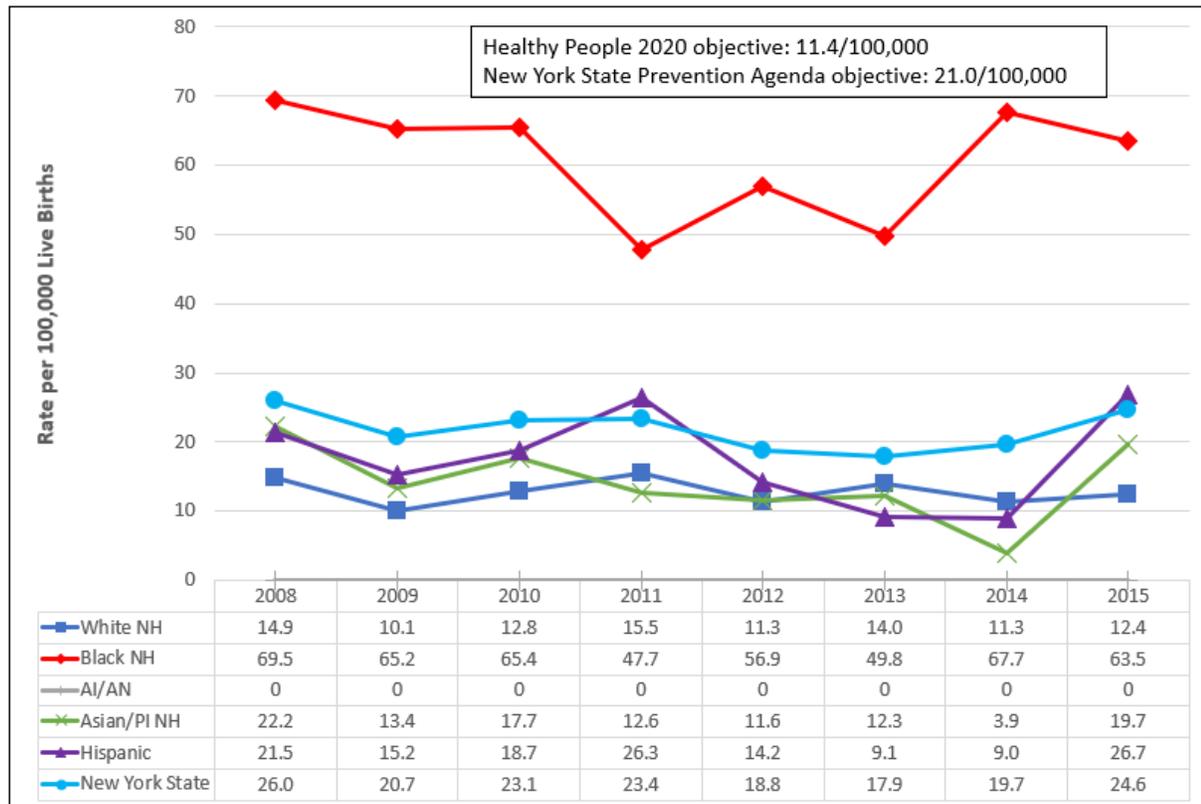
Figure 59. Infant mortality rates per 1,000 live births by county, 2013-2015



Data source: New York State Vital Records

While the infant mortality rate experienced significant racial and ethnic disparities, there were significant regional disparities as well in 2013-2015. Given the rarity of the outcome, the rates are unstable for many counties. However, among counties with sufficient data, Saratoga County had the lowest rate at 3.3 per 1,000 live births, while the highest rate was seen in Herkimer County at 11.9 per 1,000.

Figure 60. Maternal mortality rates per 100,000 live births by race and ethnicity, New York State, 2008- 2015



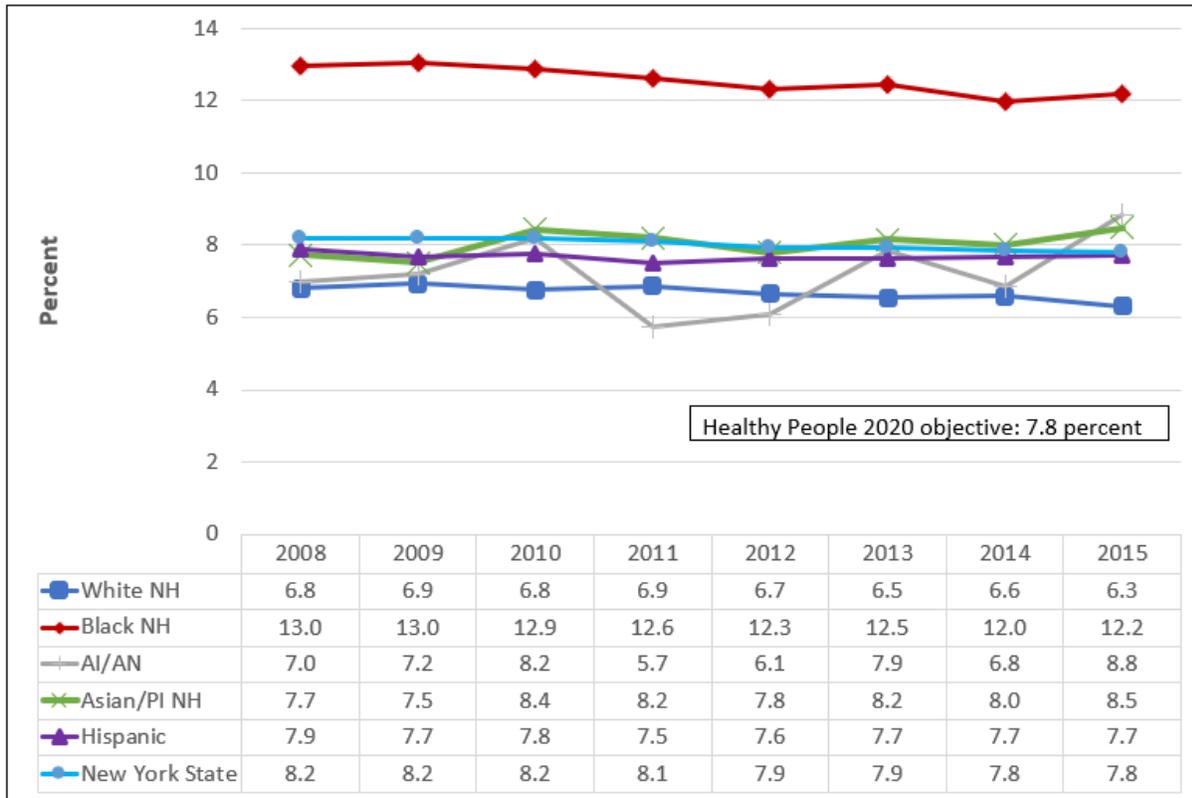
Abbreviations: NH - non-Hispanic; AI/AN - American Indian/Alaskan Native; PI - Pacific Islander
 Data Source: New York State Vital Records

During 2008-2015, the New York State maternal mortality rate declined from 26.0 per 100,000 in 2008 to 17.9 in 2013 and then increased again to 24.6 in 2015. This rate is more than double the Healthy People 2020 objective of 11.4. Racial disparity in maternal death exceeds the disparities noted in infant mortality and low birthweight.

At least since 2008, maternal mortality among Black non-Hispanics has been consistently higher than was maternal mortality among other racial and ethnic groups. For example, comparing Black non-Hispanic to White non-Hispanic, the ratios of maternal mortality varied from about 3 times higher in 2011 to more than 5 times higher in 2015. The ratios between Hispanic and Black non-Hispanic varied from more than 5 times higher in 2013 to a little more than twice as high in 2015.

Because maternal deaths are rare, rates are based on very small numbers. Small changes in numbers cause large fluctuations in rates.

Figure 61. Percentage of births with birthweights under 2,500 grams, by race and ethnicity, New York State, 2008-2015

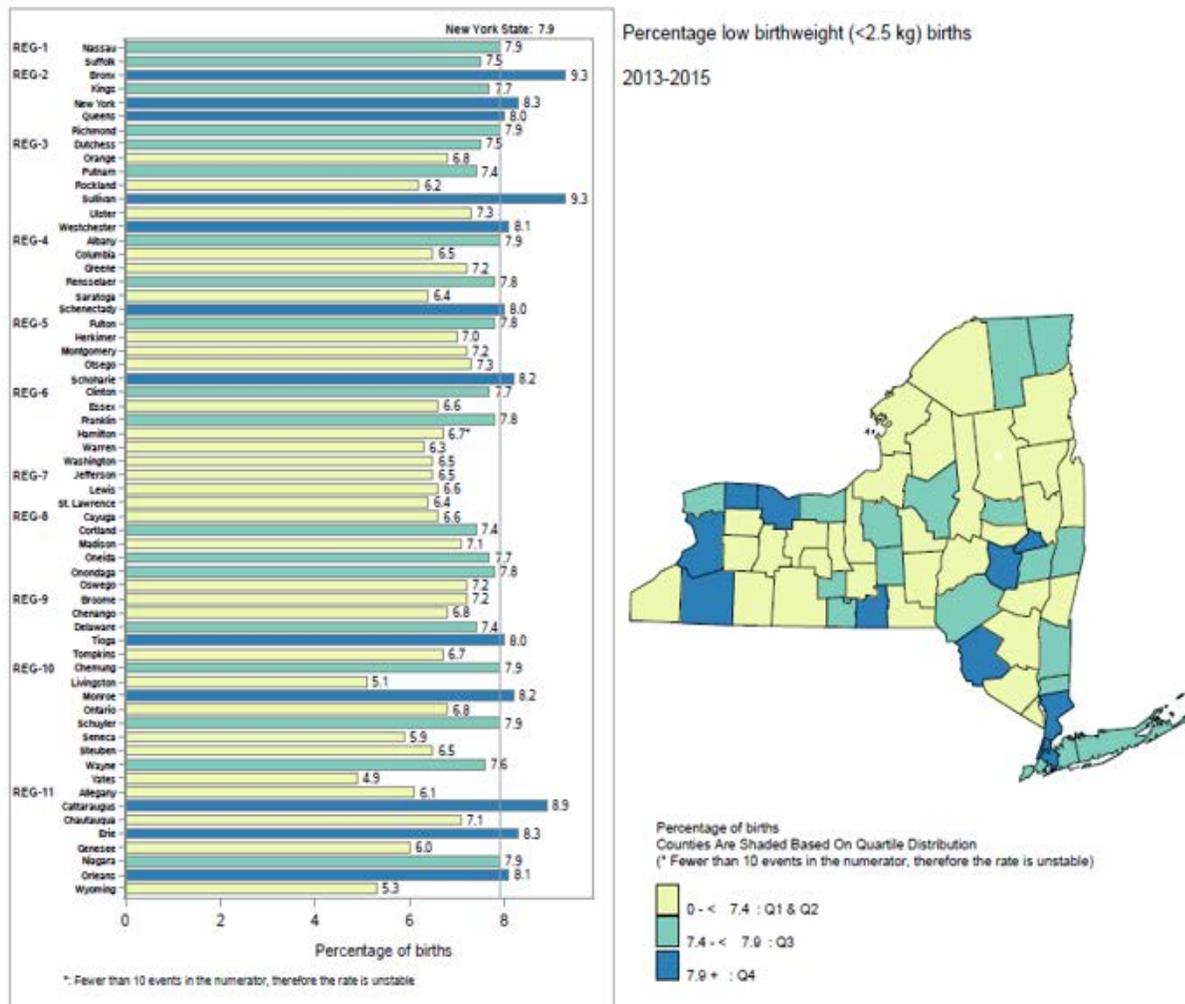


**Abbreviations: NH – non-Hispanic; AI/AN – American Indian/Alaska Native, PI – Pacific Islander
Data Source: New York State Vital Records*

During the past 8 years, the percentage of births with low birthweight infants (under 2,500 grams) for New York State reduced slightly from 8.2% in 2008 to 7.8% for both 2014 and 2015, meeting the Healthy People 2020 goal of 7.8%.

However, disparities existed among racial/ethnic groups. The low birthweight percentage was consistently highest among Black non-Hispanic mothers and declined slightly from 13% in 2008 to 12.1% in 2015. In 2015, the rate of low birthweight among Black non-Hispanics was around two-thirds higher than it was for other racial/ethnic groups.

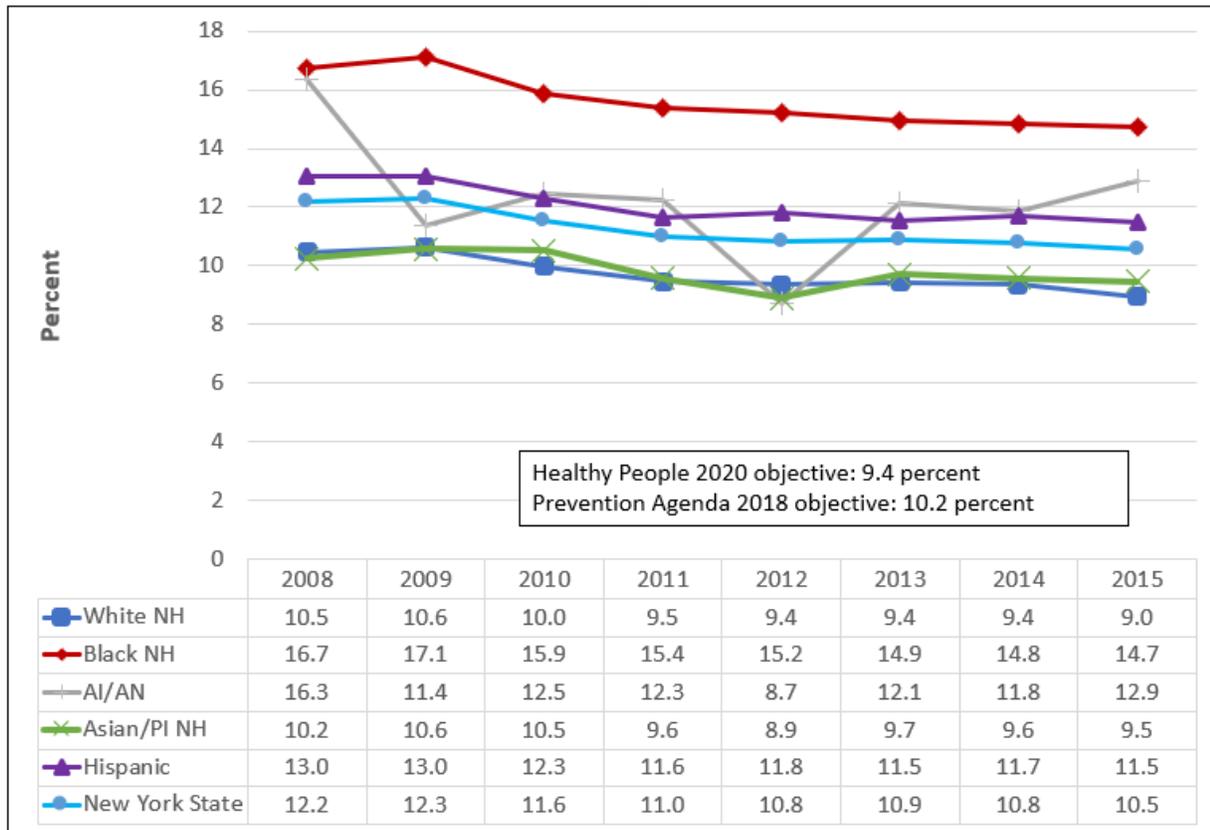
Figure 62. Percentage of births with birthweight under 2,500 grams, by county, 2013-2015



Data source: New York State Vital Records

The percent of births that are below 2,500 grams varied across New York State. During 2013-2015, the lowest percentage was 4.9% in Yates County, whereas the highest rates were seen in Bronx and Sullivan Counties at 9.3% each.

Figure 63. Percentage of births that were premature births (<37 weeks gestation), by race and ethnicity, New York State, 2008-2015

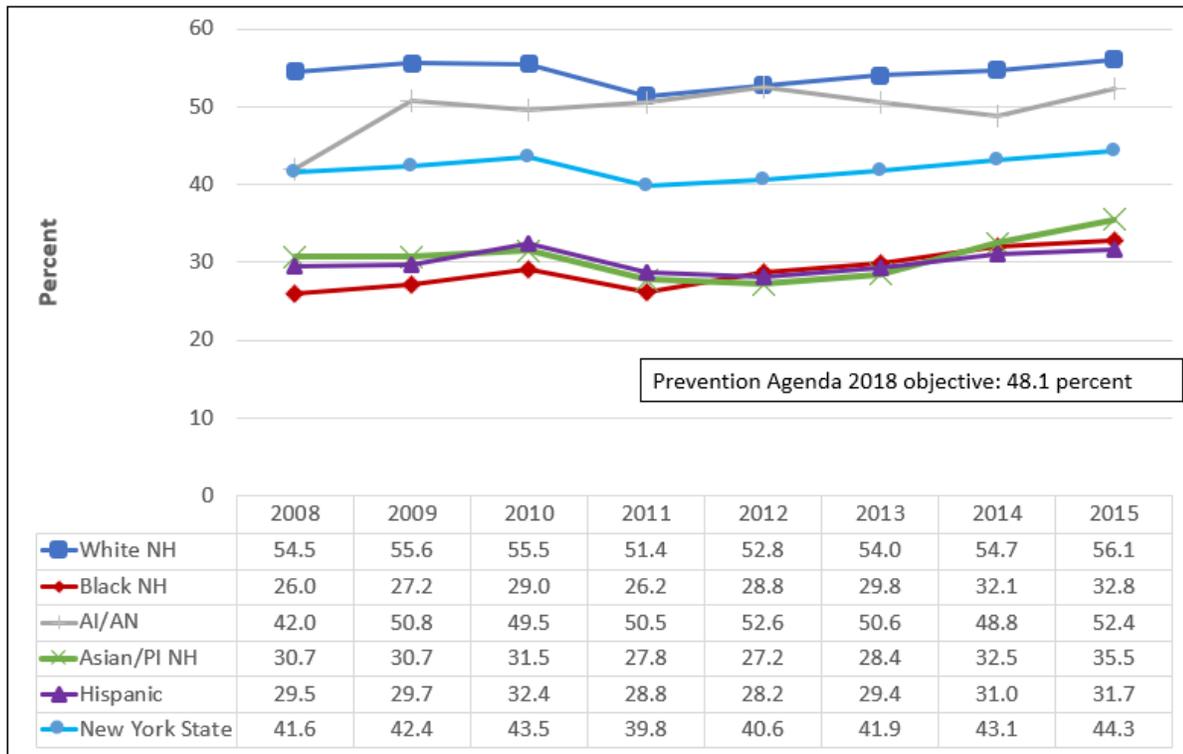


Abbreviations: NH – non-Hispanic; AI/AN – American Indian/Alaska Native, PI – Pacific Islander
 Data Source: New York State Vital Records

The percentage of infants that were born prematurely (less than 37 weeks gestation) in New York State decreased between 2008 and 2015 from 12.2% to 10.5%. In 2015, the percentage of premature birth for New York State (10.5%) was slightly higher than that for the nation (9.6%), and higher than the Healthy People 2020 objective of 9.4%.

During 2008-2015, disparities between racial and ethnic groups persisted. White non-Hispanic and Asian/Pacific Islander non-Hispanic women had the lowest percentages of premature births and Black non-Hispanic women had the highest. In 2015, the percentage of Black non-Hispanic premature babies was 14.7% in 2015, 63% higher than the 9.0% among White non-Hispanic births. At the same time, 11.5% of Hispanic babies were born prematurely, 28% higher than the percentage for White non-Hispanic infants. Among Asian/Pacific Islander non-Hispanic and American Indian/Alaskan Native infants, 9.5% and 12.9%, respectively, were born prematurely in 2015.

Figure 64. Percentage of infants fed exclusively breast milk in the delivery hospital by race and ethnicity, New York State, 2008-2015



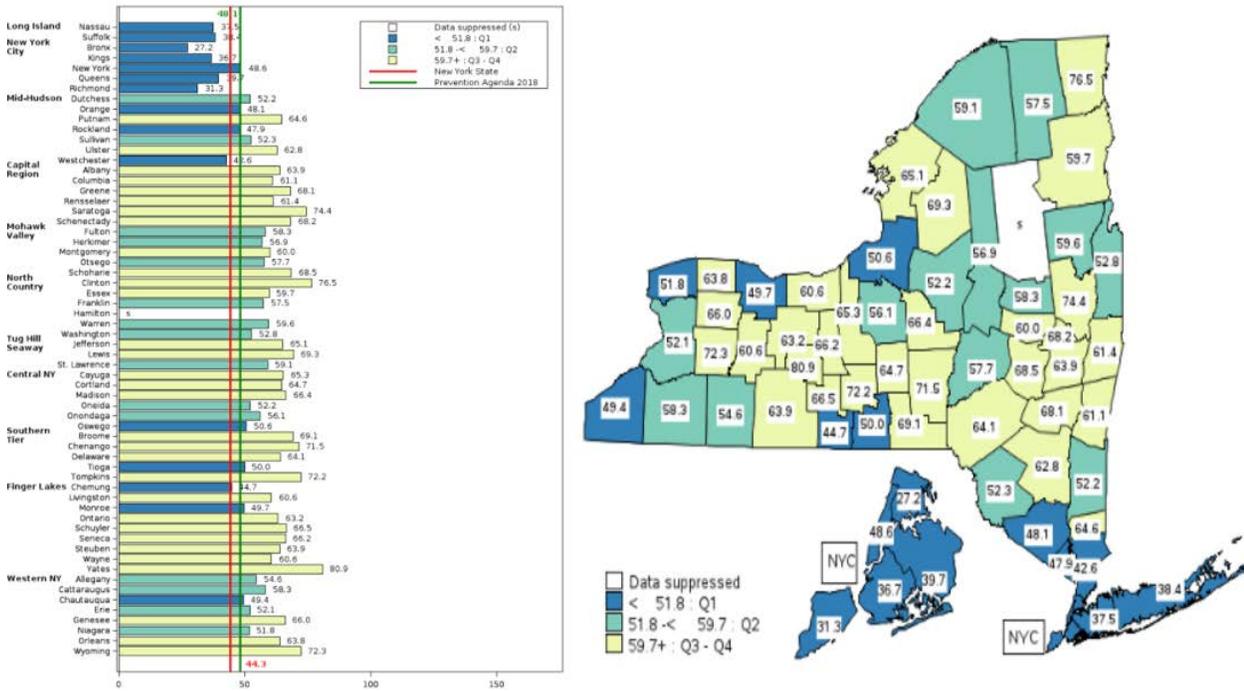
Abbreviations: NH – non-Hispanic; AI/AN – American Indian/Alaska Native, PI – Pacific Islander
 Data Source: New York State Vital Records

The percentage of infants fed exclusively breast milk in the delivery hospital in New York State has been continuously increasing since 2011, among all race/ethnic groups. White non-Hispanics had the highest percent, along with American Indian/Alaskan Natives non-Hispanics. The remaining three groups had estimates very close to one another.

Healthy People 2020 does not have a target for this specific indicator. However, the United States Centers for Disease Control and Prevention reports provide the percentage of healthy breastfed infants who receive non-breast milk feedings in hospitals or birth centers.⁸ In 2015, 19.3% of facilities reported that 50% or more of infants received non-breast milk feedings in the nation. In New York State, 36.7% of facilities reported that 50% or more of healthy breastfed infants received non-breast milk feedings.

⁸ Centers for Disease Control and Prevention, National Survey of Maternity Practice in Infant Nutrition and Care, https://www.cdc.gov/breastfeeding/data/mpinc/data/2015/tables2_1b-2_4b.htm

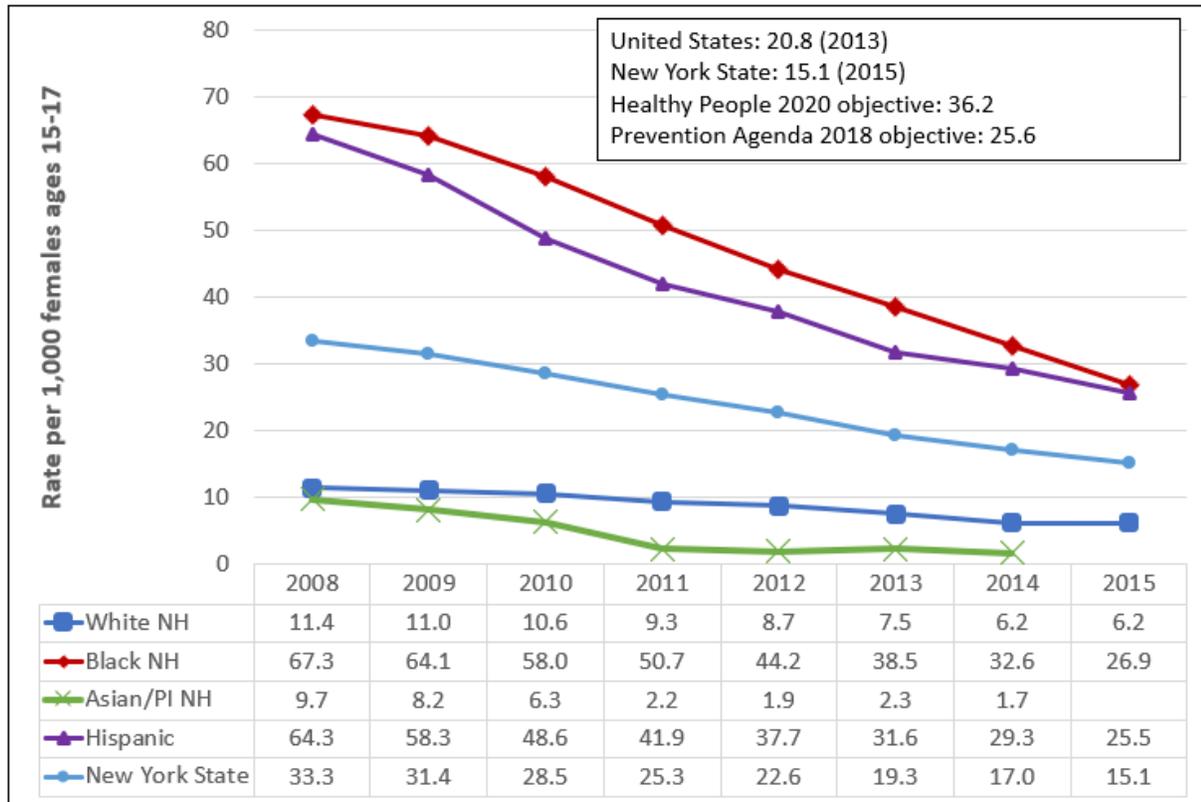
Figure 65. Percentage of infants fed exclusively breast milk in the delivery hospital by county, New York State, 2015



Data source: New York State Vital Records

Regionally, New York City and Long Island saw lower percentages of infants exclusively breastfed in the delivery hospital relative to upstate New York in 2015. The highest percentage was seen in Yates County (80.9%), while the lowest was seen in Bronx County at 27.2%.

Figure 66. Teen pregnancy rates per 1,000 females ages 15-17 by race and ethnicity, New York State, 2008-2015

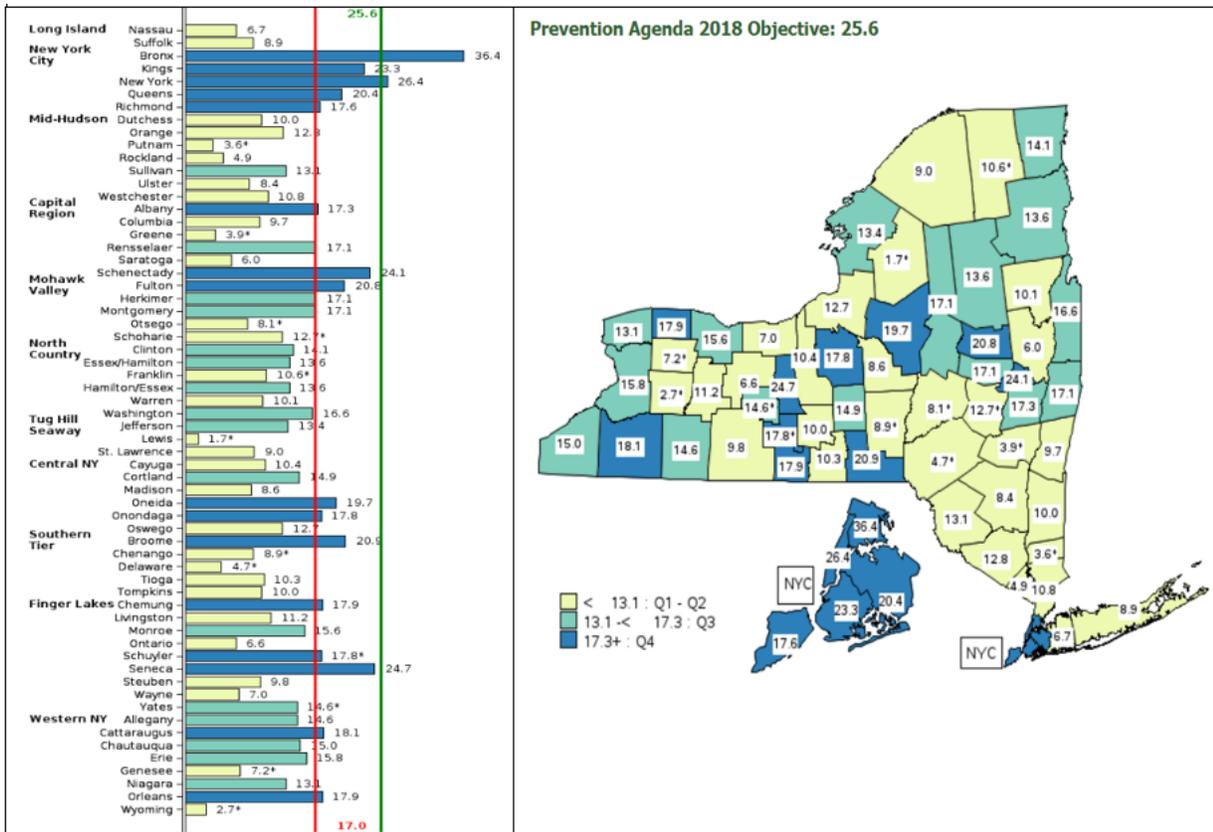


Abbreviations: NH – non-Hispanic; PI – Pacific Islander
 Data Source: New York State Vital Records

New York’s teen pregnancy rate reduced in half between 2008 (33.3 per 1,000 females ages 15-17) and 2014 (17.0 per 1,000) and remained lower than the national average. The 2014 New York State teen pregnancy rate of 17.0 was below the national rate of 20.8 (2013 data are the latest available) and well below the state 2018 objective of 25.6 per 1,000 and the Healthy People 2020 objective of 36.2.

Reductions were also observed for all race/ethnic groups during this same period. However, racial and ethnic disparities continue. In 2014, teen pregnancy rates were the highest among Black non-Hispanics and Hispanics (32.6 and 29.3 per 1,000, respectively), and lowest among White non-Hispanics and Asian/Pacific Islander non-Hispanics (6.2 and 1.7 per 1,000, respectively). Though Black non-Hispanics and Hispanics have shown large declines in teen pregnancy rates, considerable disparities remain between these groups and Asian/Pacific Islanders and White non-Hispanics.

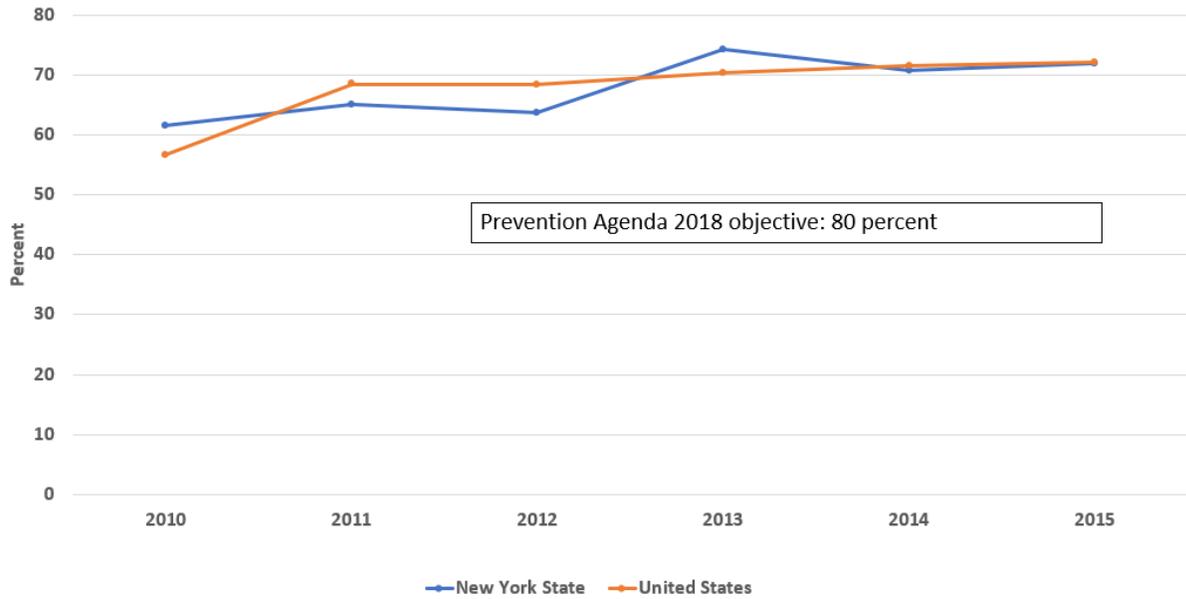
Figure 67. Teen pregnancy rate per 1,000 females ages 15-17 years, by county, 2014



Data source: New York State Vital Records

New York’s teen pregnancy rate remains lower than the national average, but there were wide geographic differences in 2014. New York City experienced the highest rate of teen pregnancy, with the Bronx rate at 36.4 per 1,000. High rates were noted in Central New York counties, as well as the Mohawk Valley. Among counties with enough observations to generate a stable estimate, Rockland County saw the lowest rate of 4.9 per 1,000.

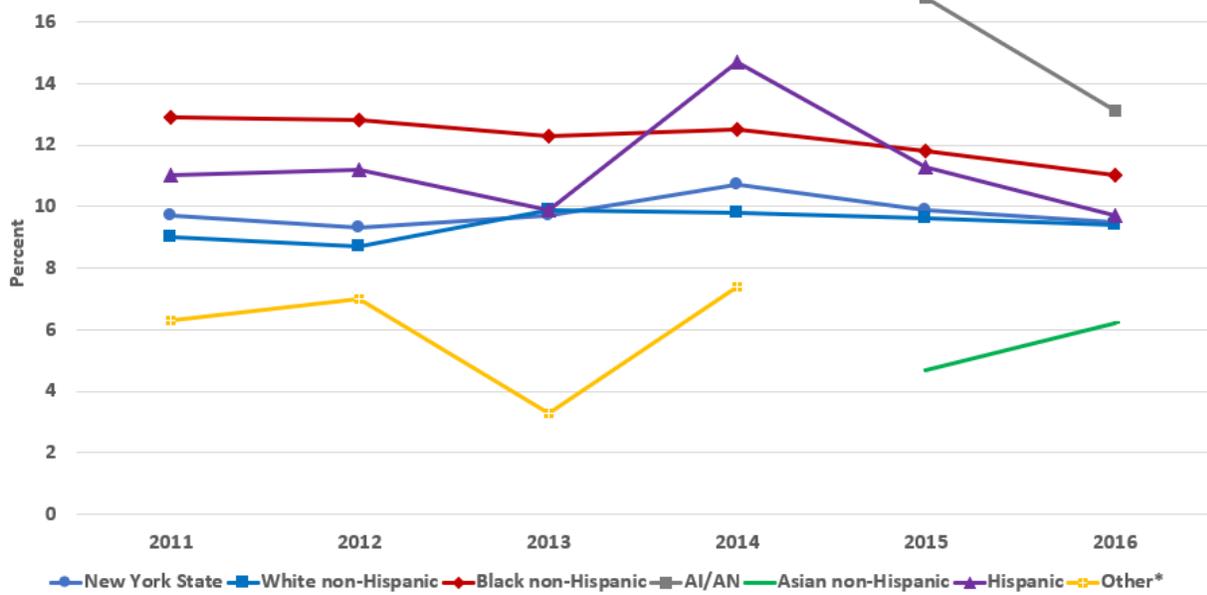
Figure 68. Children ages 19-35 months who were fully immunized, New York State and United States, 2010–2015



*Note: Fully immunized combined 7-vaccine immunization series
Data source: National Immunization Survey*

The percentage of New York children ages 19-35 months who were fully immunized (includes ≥ 4 doses of DTaP, ≥ 3 doses of Polio, ≥ 1 dose of measles-containing vaccine, Hib full series, ≥ 3 HepB, ≥ 1 Var, and ≥ 4 PCV), was 61.6% in 2010, with a continued increase to 71.9% in 2015.

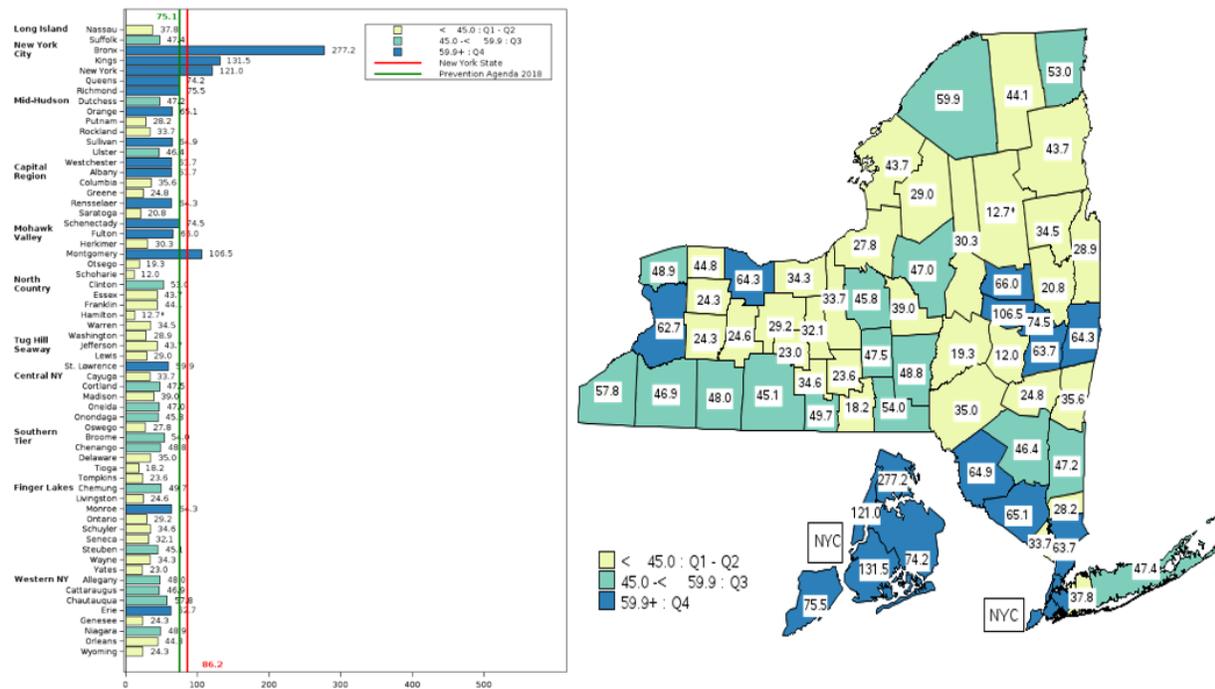
Figure 69. Percentage of adults 18 years and older diagnosed with current asthma, by race and ethnicity, New York State, 2011-2016



Abbreviations: AI/AN - American Indian/Alaska Native
 *Until 2015 Other contained Asian, AI/AN and all other race/ethnic groups.
 Data Source: Behavioral Risk Factor Surveillance System

Asthma prevalence among adult New Yorkers remained unchanged from 9.7% in 2011 to 9.5% in 2016. During this period, asthma prevalence varied from year-to-year for most racial and ethnic groups. However, a clear trend of decreasing prevalence was noted in the Black non-Hispanic group. Starting from 2015, race/ethnic grouping of data changed, and estimates for Asian non-Hispanics became available, which showed that the prevalence was much lower for this group.

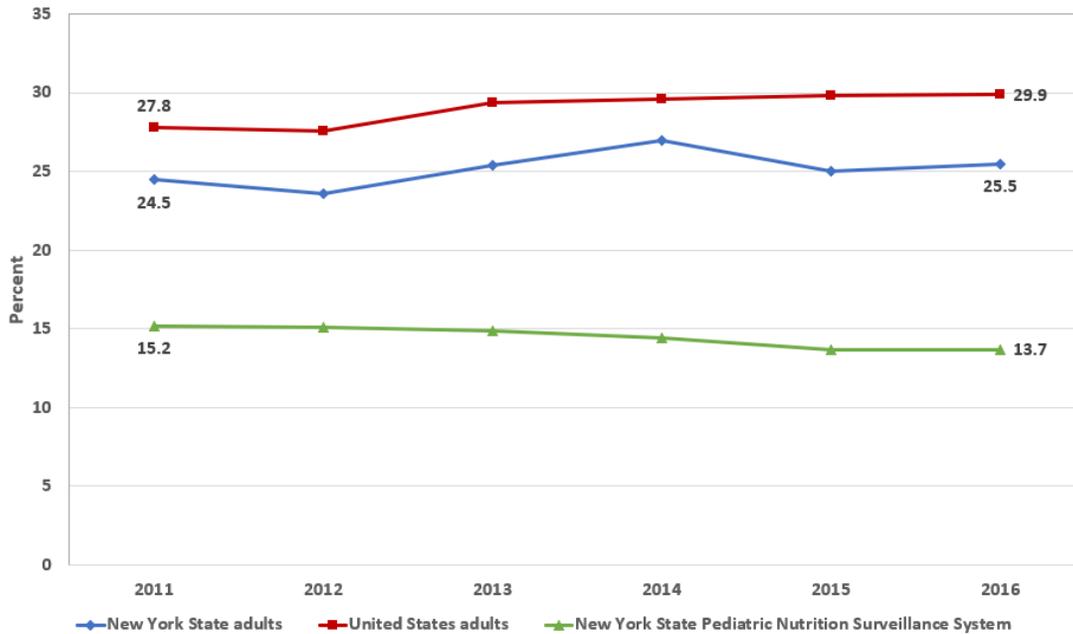
Figure 70. Asthma emergency department visit rates by county, 2012-2014



Data source: New York State SPARCS

Regionally, counties with urban centers suffered higher rates of asthma emergency department visits in 2012-2014. Bronx County experienced the highest rates of emergency department visits for asthma during this time, with a rate per 10,000 population at 277.2, while Schoharie County experienced the lowest rate at 12.0 per 10,000.

Figure 71. Prevalence of obesity among WIC enrolled children ages 2-4 and adults 18 and older, New York State and United States, 2011-2016



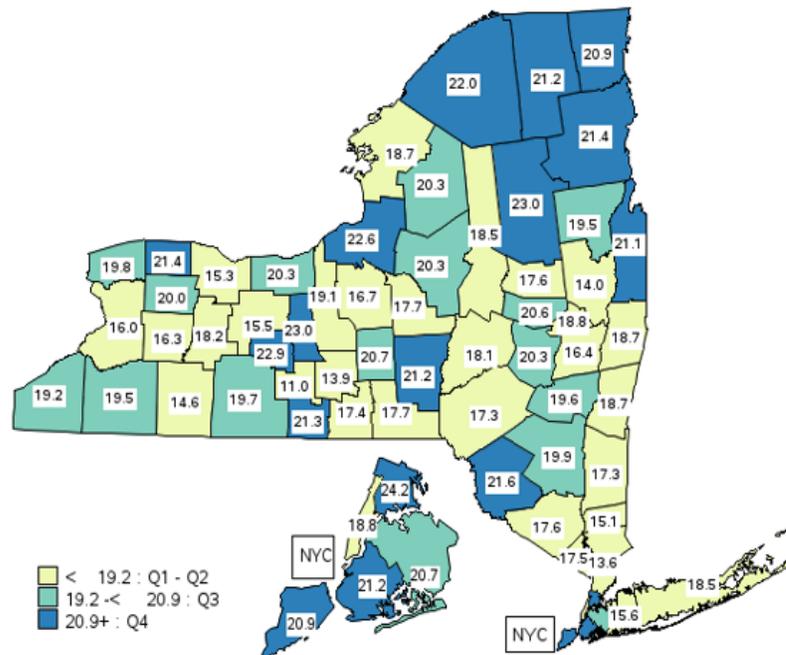
Data Sources: Behavioral Risk Factor Surveillance System, adults ages 18 and older, Pediatric Nutrition Surveillance System, children ages 2-4 years

Obesity among adults is defined as having a body mass index (BMI) of 30 or greater. BMI is calculated using self-reported height and weight; dividing weight in kilograms per height in meters squared. Obesity among WIC enrolled children ages 2-4 is based on the 2000 CDC growth chart percentiles for children 2 years of age and older; obesity is defined as having BMI of 95th percentile or higher.

The national median prevalence of adult obesity grew steadily with a 2-percentage point increase between 2011 and 2016. During the same years, New York State showed a slight increase of 1-percentage point although the prevalence continues to remain lower than the United States as a whole

Among children ages 2-4 years who were enrolled in the New York State WIC program, obesity prevalence was highest in 2011 at 15.2% and declined to 13.7% as of 2016.

Figure 72. Prevalence of obesity among students, New York State, 2014-2016*



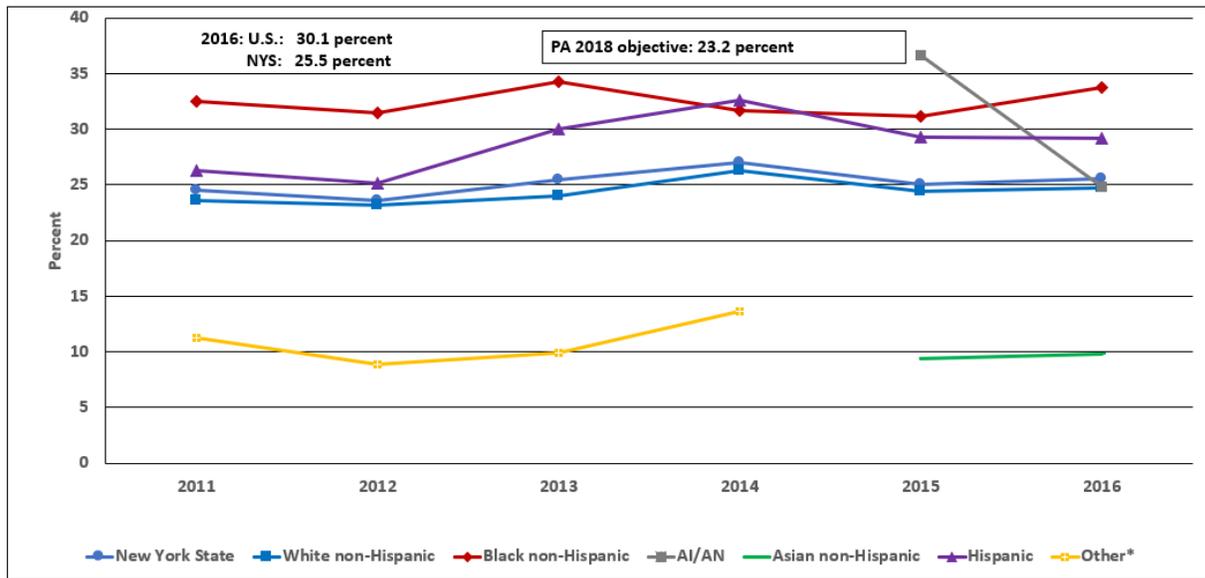
*Counties outside New York City: grades pre-kindergarten, kindergarten, 2nd, 4th, 7th, 10th, school years 2014-2016

New York City counties: grades kindergarten-8th, school year 2012-2013

Data source: Counties outside New York City: Student Weight Status Reporting System; New York City counties: New York City Fitnessgram

Obesity prevalence among students varied widely by county in 2014-2016, and while obesity was highest in Bronx County, an urban center, obesity prevalence remains high in many rural upstate counties as well. Overall, 16 counties in New York State had student obesity at 20.9% or more.

Figure 73. Percentage of adults ages 18 and older who were obese by race and ethnicity, New York State, 2011-2016

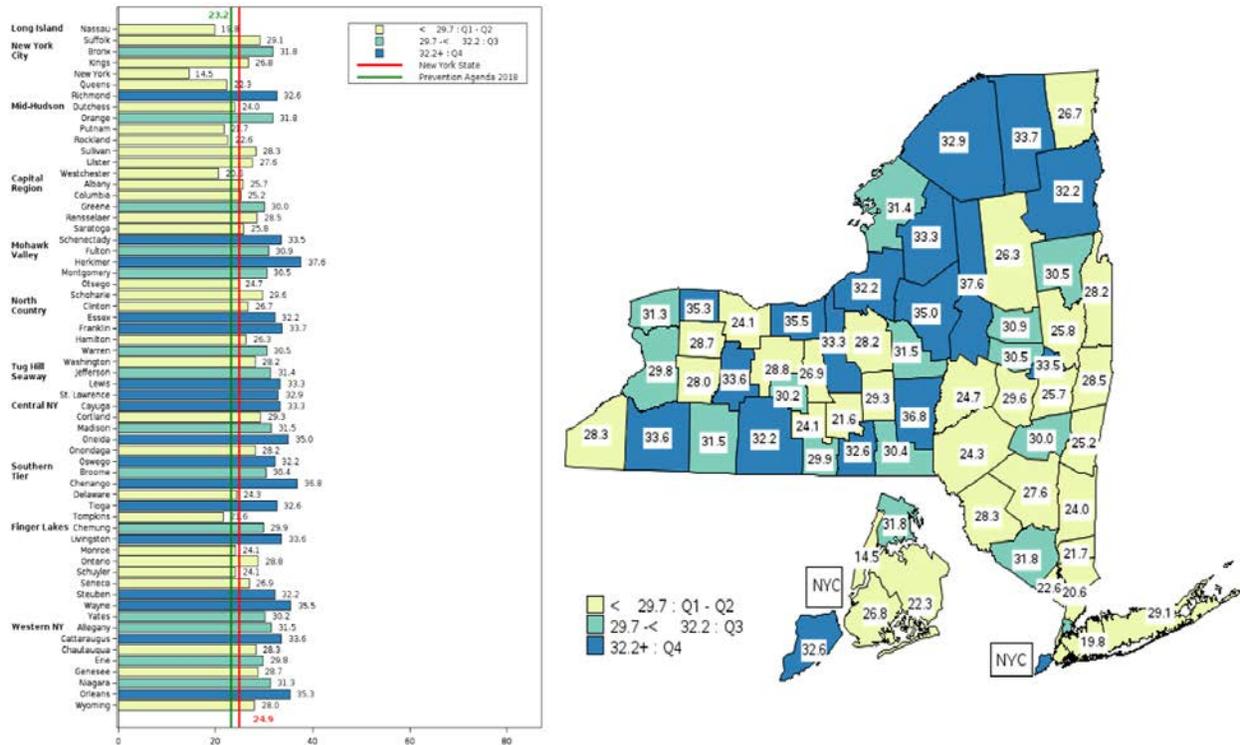


Abbreviations: AI/AN - American Indian/Alaska Native
 *Until 2015 Other contained Asian, AI/AN and all other race/ethnic groups.

Data source: Behavioral Risk Factor Surveillance System

During the past 20 years, obesity among adults has risen significantly in the United States. In 2016, the New York State obesity prevalence of 25.5% was lower than the national estimate of 29.9%. In New York State from 2011-2016, obesity prevalence increased for all groups except Black non-Hispanics, which maintained a consistently high, but relatively flat prevalence over that period.

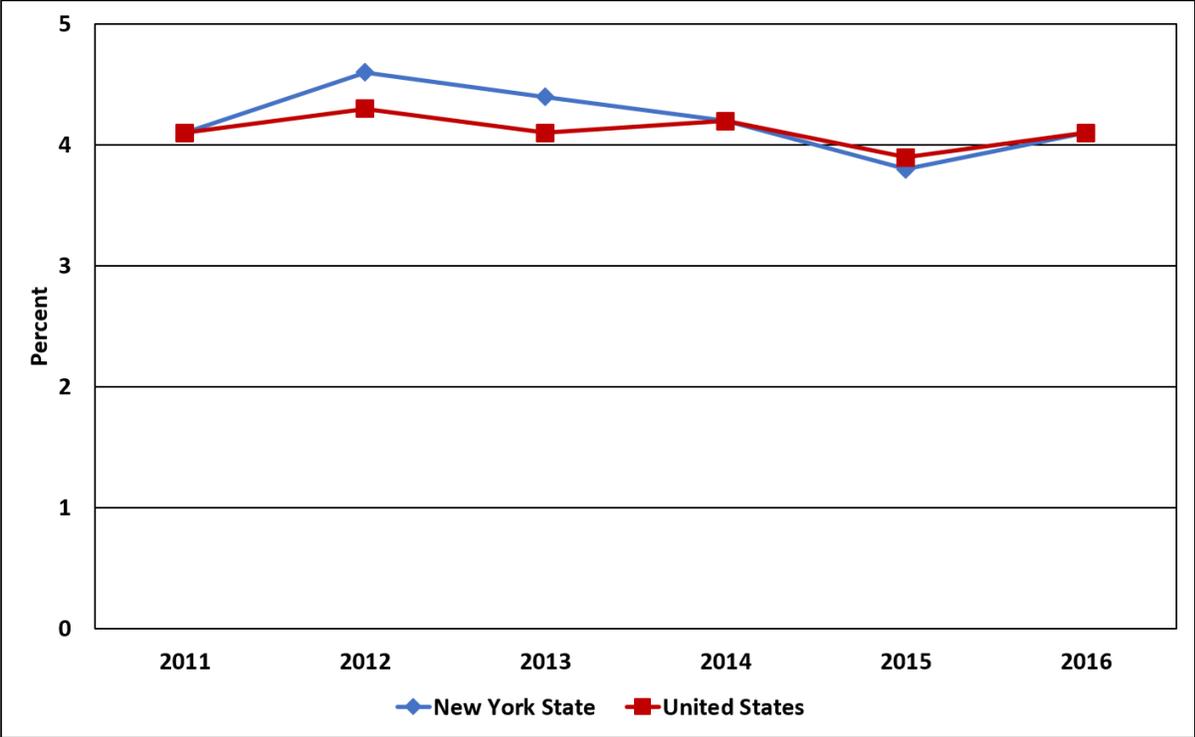
Figure 74. Percentage of adults ages 18 and older who were obese (BMI 30 or higher) by county, 2013-2014



Data source: 2013-2014 New York State Expanded Behavioral Risk Factor Surveillance System (New York State counties outside New York City); 2012 New York City Community Health Survey (New York City counties)

Obesity prevalence among adults ages 18 and older varied widely by county. During 2013-2014, obesity prevalence was stubbornly high in many rural upstate counties. Overall, 17 counties in New York State saw 32% or more of adults obese. Herkimer County had the highest percentage of obese adults at 37.6%, while New York County saw the lowest percentage at 14.5%.

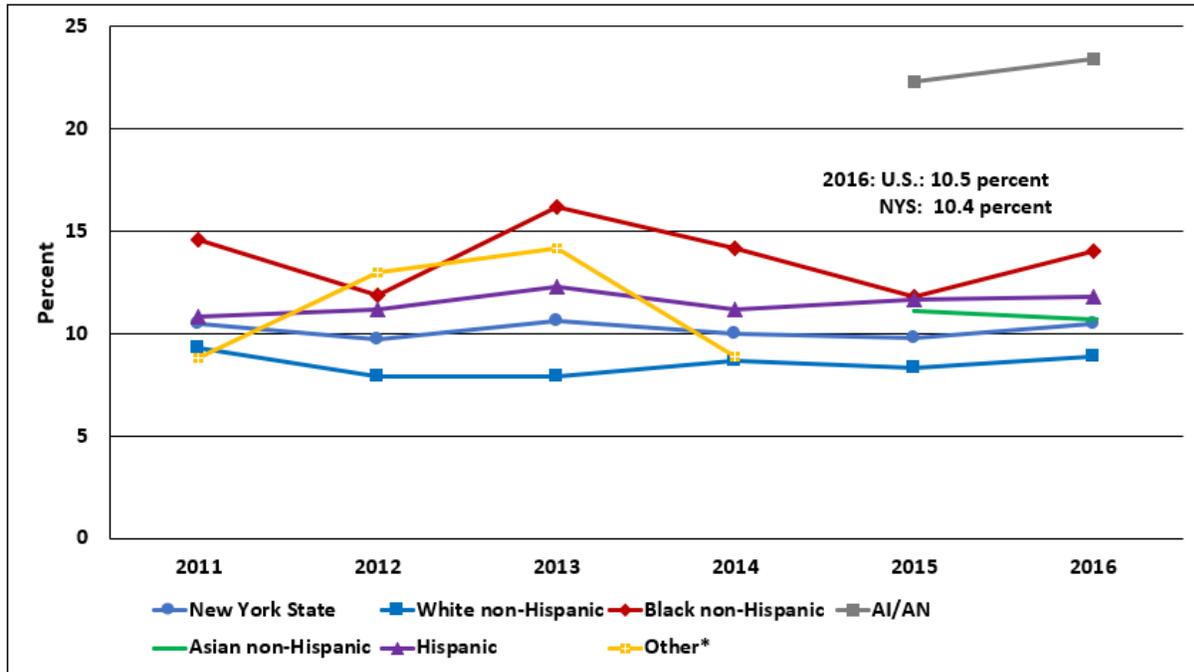
Figure 75. Adult cardiovascular disease* prevalence: New York State and United States, 2011-2016



**Cardiovascular disease includes persons who were ever told they had angina or coronary heart disease
Data source: Behavioral Risk Factor Surveillance System*

In New York State, similarly to the nation, 4.2% of adults reported in 2016 that they have cardiovascular disease. The percentage has been basically unchanged since 2011.

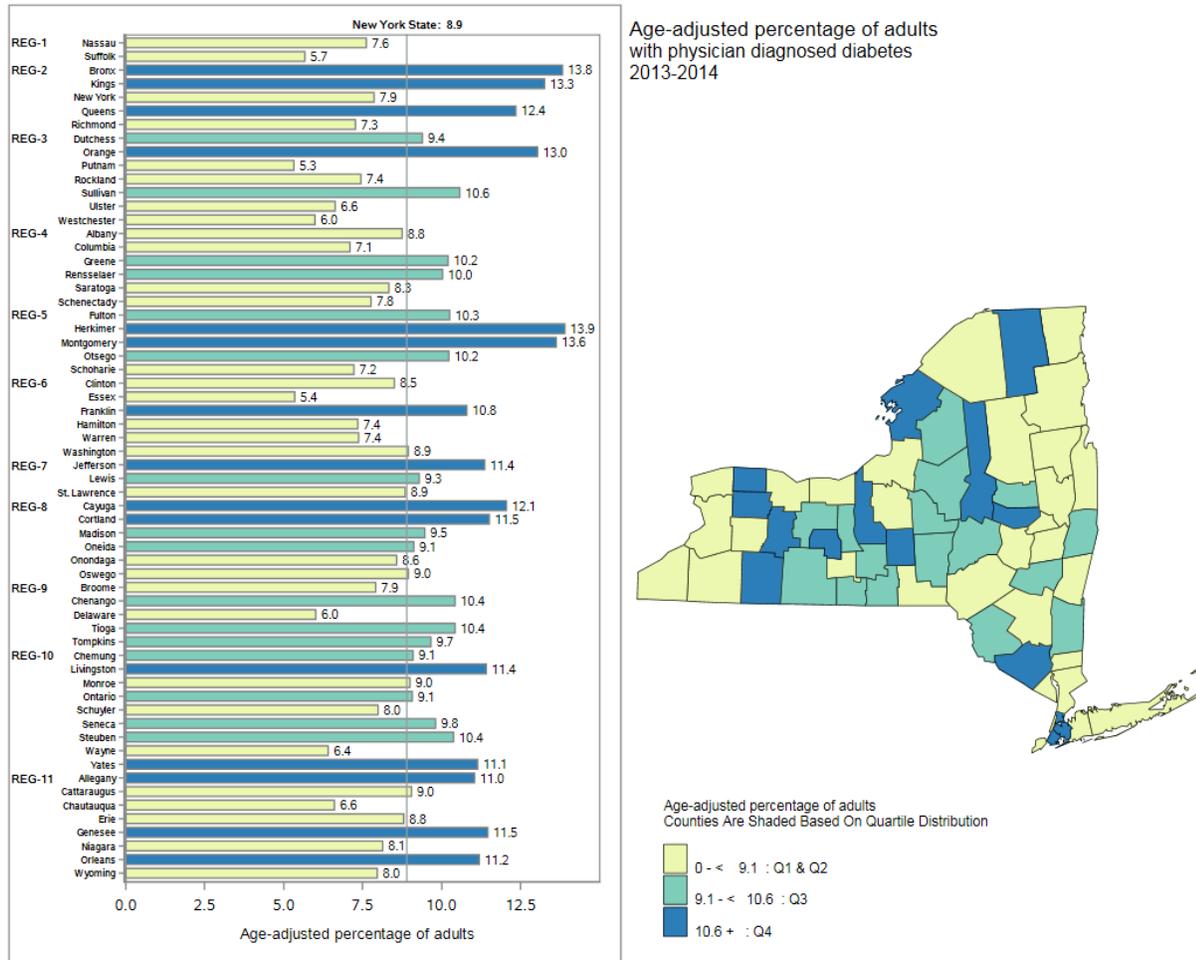
Figure 76. Percentage of adults ever diagnosed with diabetes by race and ethnicity, New York State, 2011-2016



Abbreviations: Al/AN - American Indian/Alaska Native
 *Until 2015 Other contained Asian, Al/AN and all other race/ethnic groups.
 Data Source: Behavioral Risk Factor Surveillance System

During 2011-2016, diabetes prevalence among adult New Yorkers was roughly flat overall and across most racial and ethnic groups. The prevalence varied slightly year to year among Black non-Hispanics but was close to 15% in both 2011 and 2016. In 2016, American Indians/ Alaskan Natives had the highest prevalence, well above 20%. Black non-Hispanics had the next highest prevalence at about 14%. In 2016, among Hispanics, the prevalence of diabetes was 11.8% which was also higher than the New York State prevalence of 10.5%.

Figure 77. Age-adjusted* percentage of adults 18 and older with physician diagnosed diabetes by county, 2013-2014

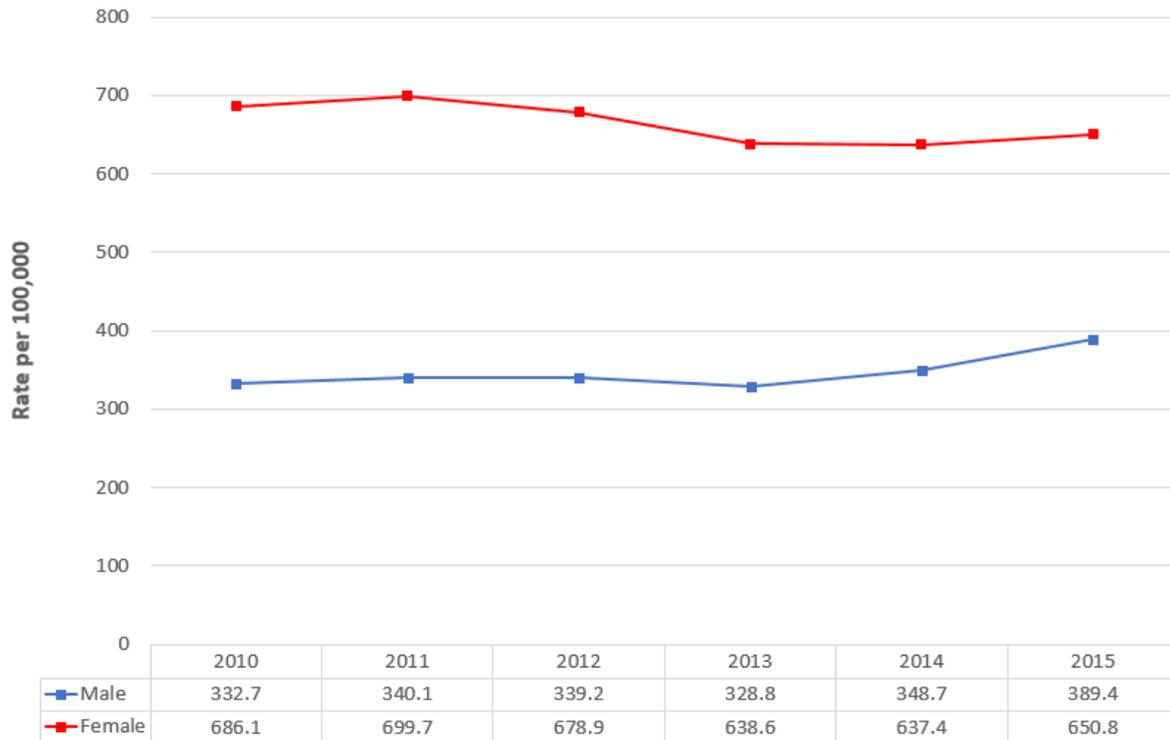


*Age-adjusted to the United States Census 2000 population
 Data source: 2013-2014 New York State Expanded Behavioral Risk Factor Surveillance System (New York State counties outside New York City); 2013 Behavioral Risk Factor Surveillance System (New York City counties)

During 2013-2014, the age-adjusted percentage of New York State adults with a diagnosis of diabetes was 8.9%.

Counties with the highest percentages of adults with diabetes included Herkimer (13.9%), Bronx (13.8%), Montgomery (13.6%), Kings (13.3%) and Orange (13.0%). Low percentages of diabetes were reported among adult residents of Putnam (5.3%), Suffolk (5.7%), and Delaware (6.0%) counties.

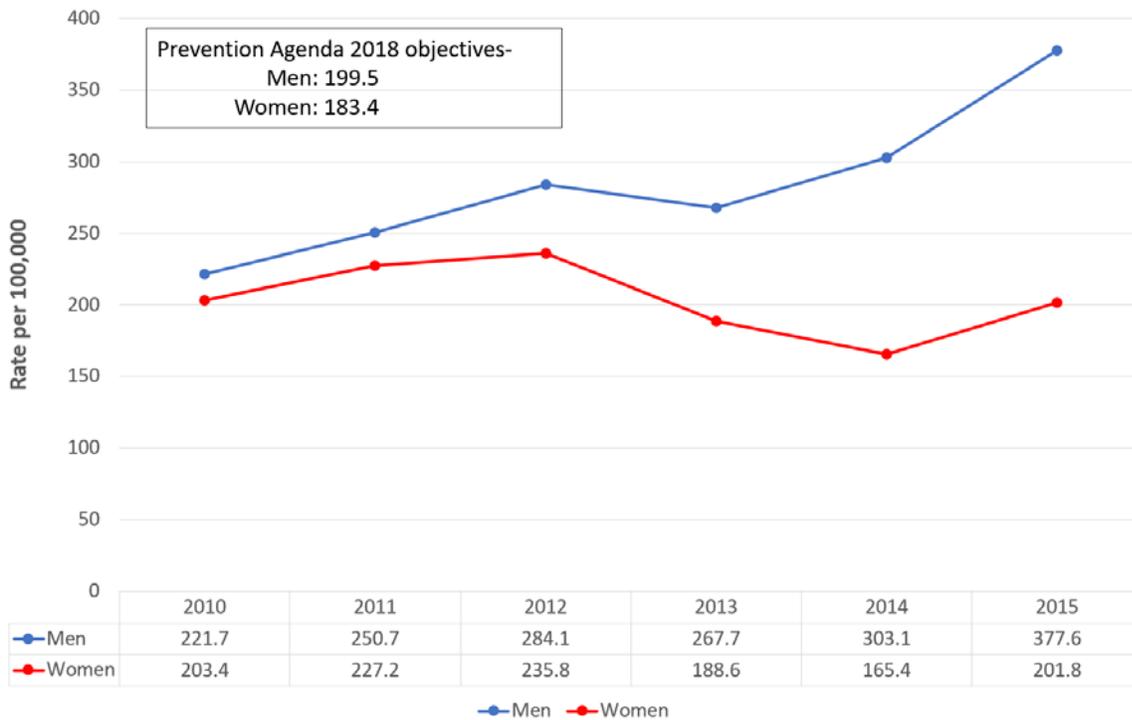
Figure 78. Chlamydia case rates per 100,000, by gender, all ages, New York State, 2010-2015



Data source: New York State Department of Health, Bureau of Sexually Transmitted Disease Prevention and Epidemiology

Chlamydia rates have been increasing since 2013 in both men and women. The rate among females was nearly twice that of males, however, the ratio declined from 2011-2015. In 2015, the rate of female chlamydia was 650.8 per 100,000, while the rate for males was 389.4 per 100,000. These increases are in part due to better screening and a lower prevalence of condom use.

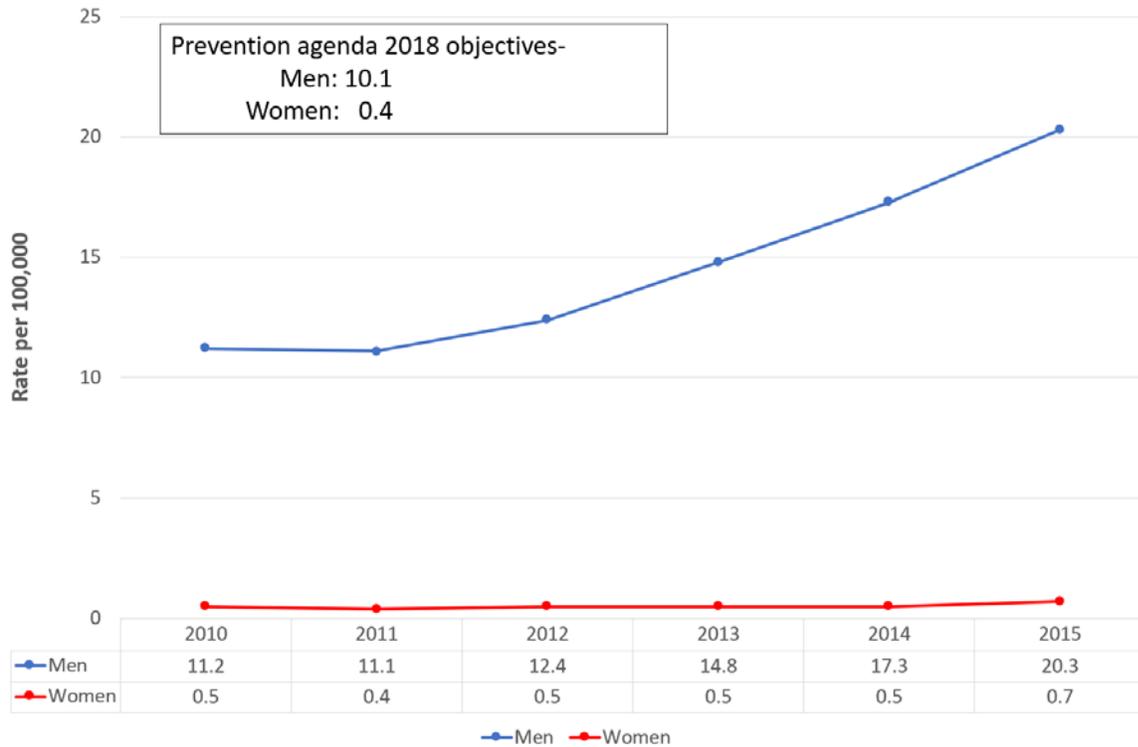
Figure 79. Gonorrhea case rates per 100,000, by gender, ages 15-44, New York State, 2010-2015



Data source: New York State Department of Health, Bureau of Sexually Transmitted Disease Prevention and Epidemiology

Gonorrhea rates have been increasing since 2013 among men, and since 2014 among women. The rate among males ages 15-44 was nearly twice that of females ages 15-44 in 2015, and the ratio expanded significantly. In 2015, among those ages 15-44, the rate of female gonorrhea was 201.8 per 100,000, while the rate among males was 377.6 per 100,000. Rates have been increasing in part due to better screening efforts and slightly lower condom use.

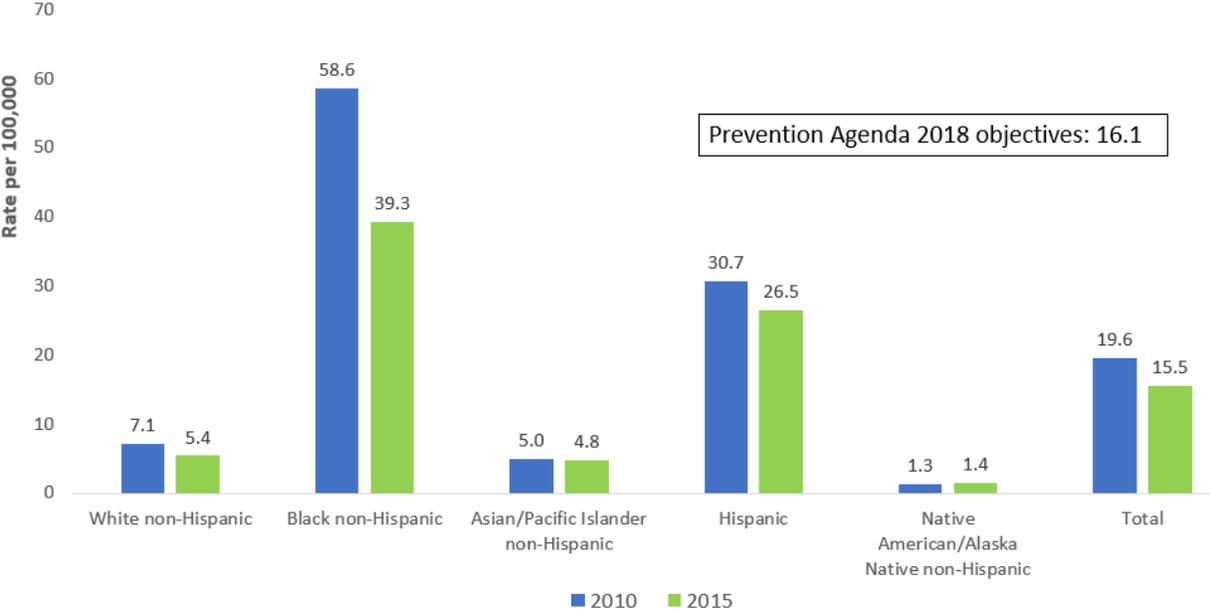
Figure 80. Primary and secondary syphilis rates per 100,000 by gender, all ages, New York State, 2010-2015



Data source: New York State Department of Health, Bureau of Sexually Transmitted Disease Prevention and Epidemiology

Primary and secondary syphilis rates have been increasing among men since 2011 (specifically among the men who has sex with men, or ‘MSM’ population). The rate among males was nearly 30 times that of females, and the ratio expanded significantly from 2011-2015. In 2015, the rate of female primary and secondary syphilis was 0.7 per 100,000, while the rate among males was 20.3 per 100,000.

Figure 81. Newly diagnosed HIV case rate per 100,000 population by race and ethnicity, New York State, 2010 and 2015.

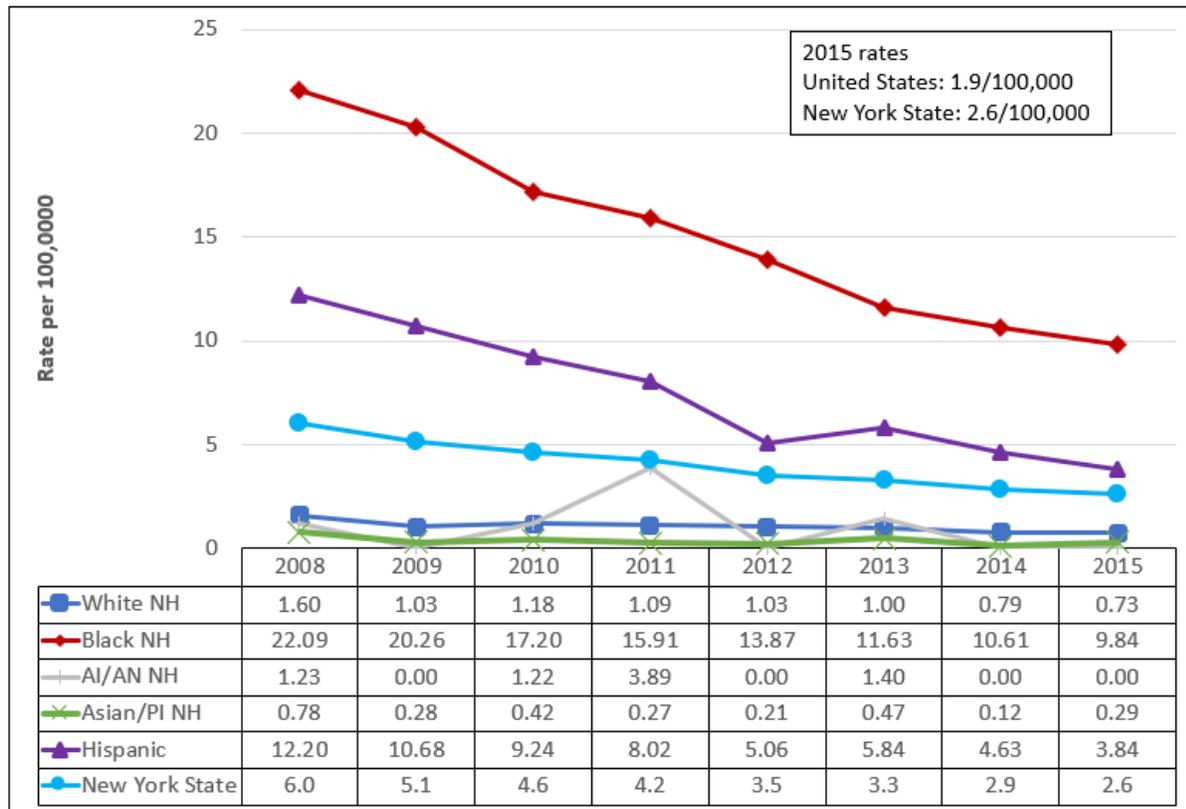


**Age-adjusted to U.S. Census 2010 Population
Data Source: NYSDOH Bureau of HIV/AIDS Epidemiology*

The 2015 New York State HIV/AIDS Annual Surveillance Report shows the newly diagnosed HIV case rate in New York State declined 21% to 15.5 per 100,000 population between 2010 and 2015. While reductions in rates occurred among most racial and ethnic groups, large disparities persist.

The newly diagnosed HIV case rate among White non-Hispanic, Asian/Pacific Islander non-Hispanic, and American Indian/Alaskan Native non-Hispanic New Yorkers were all below 10 per 100,000 in 2010 and 2015. However, the newly diagnosed HIV case rates were many times higher among Black non-Hispanics and Hispanics. Black non-Hispanic rates were 58.6 per 100,000 in 2010 and 39.3 per 100,000 in 2015. Among Hispanics, rates were 30.7 per 100,000 in 2010 and 26.5 per 100,000 in 2015.

Figure 82. Age-adjusted* HIV/AIDS mortality rates per 100,000 population by race and ethnicity, New York State, 2008-2015



*Age-adjusted to United States Census 2000 Population

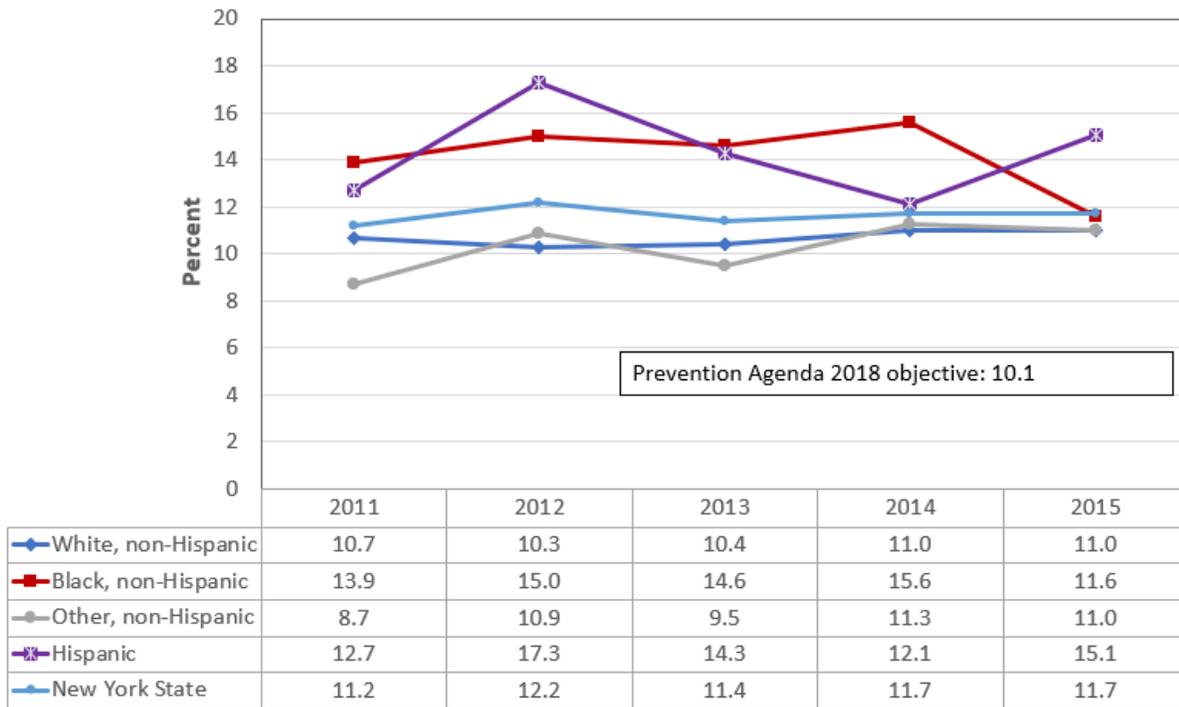
Abbreviations: NH - non-Hispanic; AI/AN - American Indian/Alaskan Native; PI - Pacific Islander

Data Source: New York State Vital Records

The HIV/AIDS epidemic has had a great impact on New Yorkers. The previous figure shows a decline in newly diagnosed HIV/AIDS case rates, and this figure shows that the HIV/AIDS death rate has declined considerably, and although disparities have been reduced, marked gaps still exist.

The most striking decreases in HIV/AIDS mortality rates from 2008-2015 were among Black non-Hispanics (22.1 to 9.8 per 100,000 population) and Hispanics (12.2 to 3.8 per 100,000). White non-Hispanic New Yorkers also experienced marked declines in HIV/AIDS death rates (1.6 to 0.7 per 100,000).

Figure 83. Age-adjusted* percentage of adults ages 18 years and older reporting poor mental health by race/ethnicity, New York State, 2011-2015**



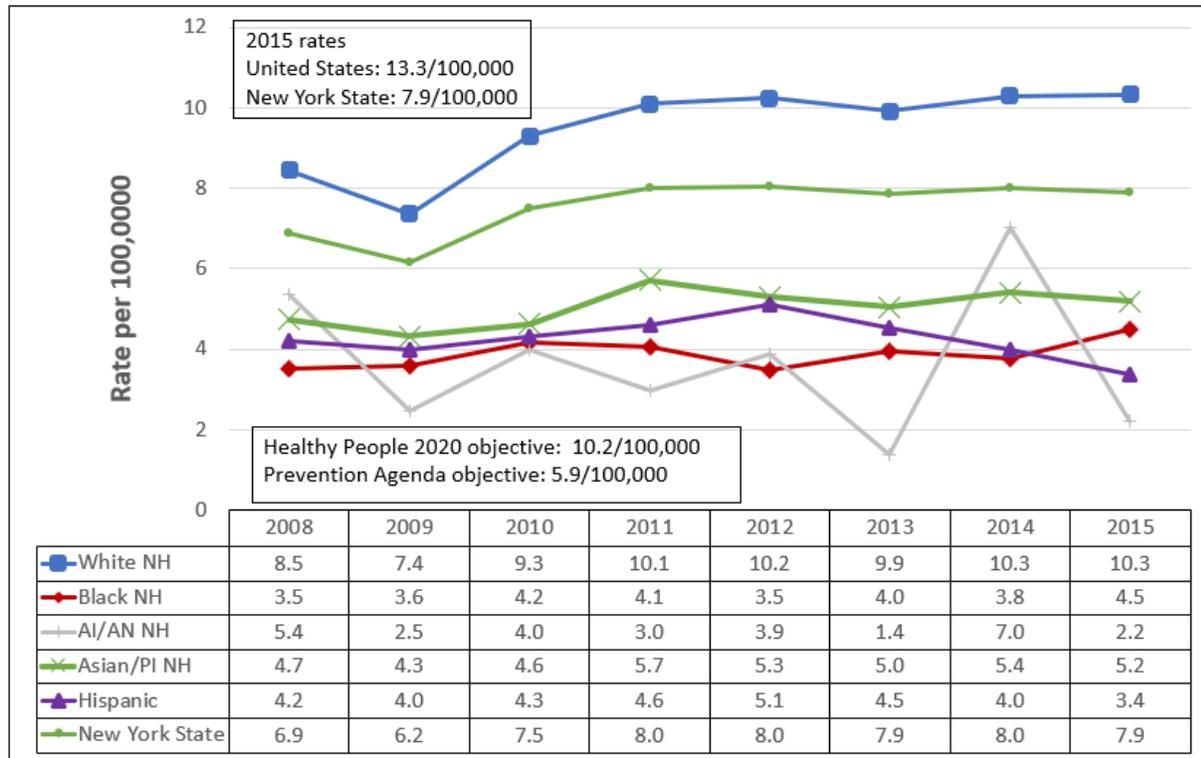
*Age-adjusted to the United States Census 2000 population

**Fourteen or more days during the past month

Data Source: Behavior Risk Factor Surveillance System

In 2015, 11.7% of New Yorkers reported poor mental health for at least 14 days during the past month. Black non-Hispanic and Hispanic New Yorkers reported the highest percentage – at 11.4% and 15.1%, respectively. Between 2011 and 2015, the rates fluctuated for all groups, but the disparities among these racial/ethnic groups persisted.

Figure 84. Age-adjusted* suicide mortality rate per 100,000 population by race and ethnicity, New York State, 2008-2015



*Age-adjusted to United States Census 2000 Population
 Abbreviations: NH - non-Hispanic; AI/AN - American Indian/Alaskan Native; PI - Pacific Islander
 Data Source: New York State Vital Records

In New York State, suicide occurred at a rate of 7.9 deaths per 100,000 population in 2015. The United States suicide rate, at 13.3 per 100,000, was 68% higher than the New York State rate.

During 2008-2015, suicide rate among White non-Hispanics increased and was consistently higher than other racial and ethnic groups, with a rate of 8.5 per 100,000 in 2008 and 10.3 per 100,000 in 2015.

In 2015, death from suicide among White non-Hispanics was more than twice as high as the rate among Black non-Hispanics and Hispanics and almost twice the rate among Asian/Pacific Islander non-Hispanics.

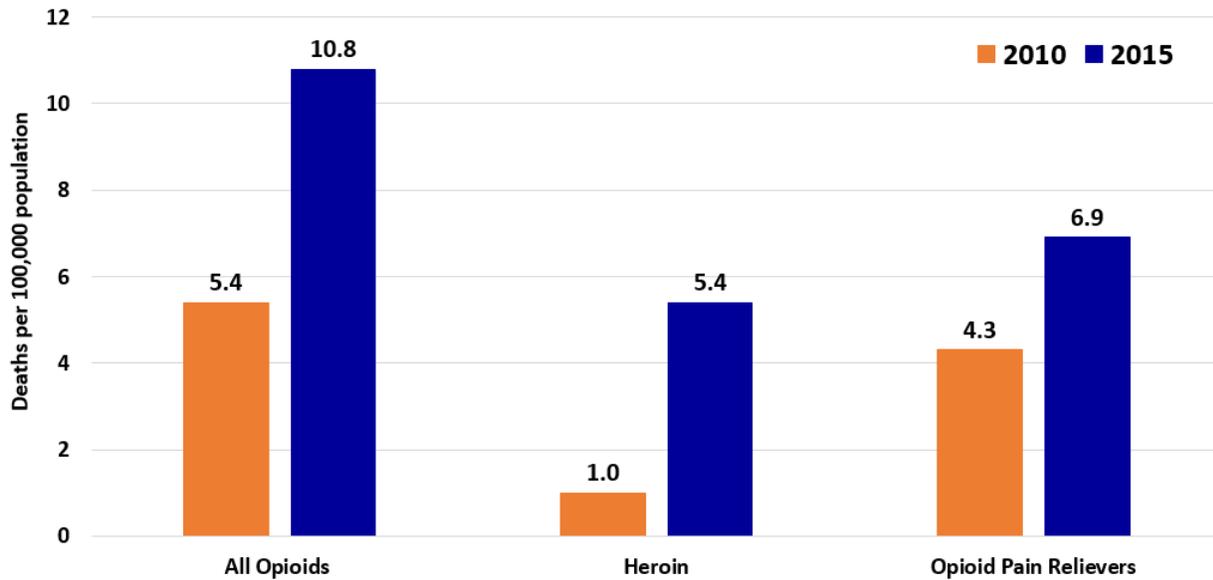
Figure 85. Magnitude of the opioid burden, New York State, 2015-2016.

Indicators	New York State Total	Crude rate per 100,000
Opioid-related overdose deaths (2015)-CDC wonder	2,166	10.9
Opioid overdose hospitalizations (2016)	3,057	15.5
Opioid overdose emergency department visits (2016)	8,444	42.8
Unique patients admitted to New York State Office of Alcoholism and Substance Abuse Services (OASAS)-certified treatment programs for opioids (2016)	66,488	391.5

Data source: CDC Wonder; New York State Office of Alcoholism and Substance Abuse Services
To access New York State opioid-related data: <https://health.ny.gov/statistics/opioid/>

In New York State, the number of opioid-related overdose deaths in 2015 was nearly 2,200, or 10.9 per 100,000 population, of which more than 99% were premature deaths (individuals ages less than 75 years). In 2016, there were 3,057 opioid overdose hospitalizations and over 8,400 outpatient visits to EDs due to opioid overdose (rates of 15.5 and 42.8, respectively). The number of New York State residents admitted to treatment programs is also indicative of the high opioid burden across the state. In 2016, more than 66,000 New Yorkers (391.5 per 100,000) were admitted to OASAS-certified treatment programs for opioids.

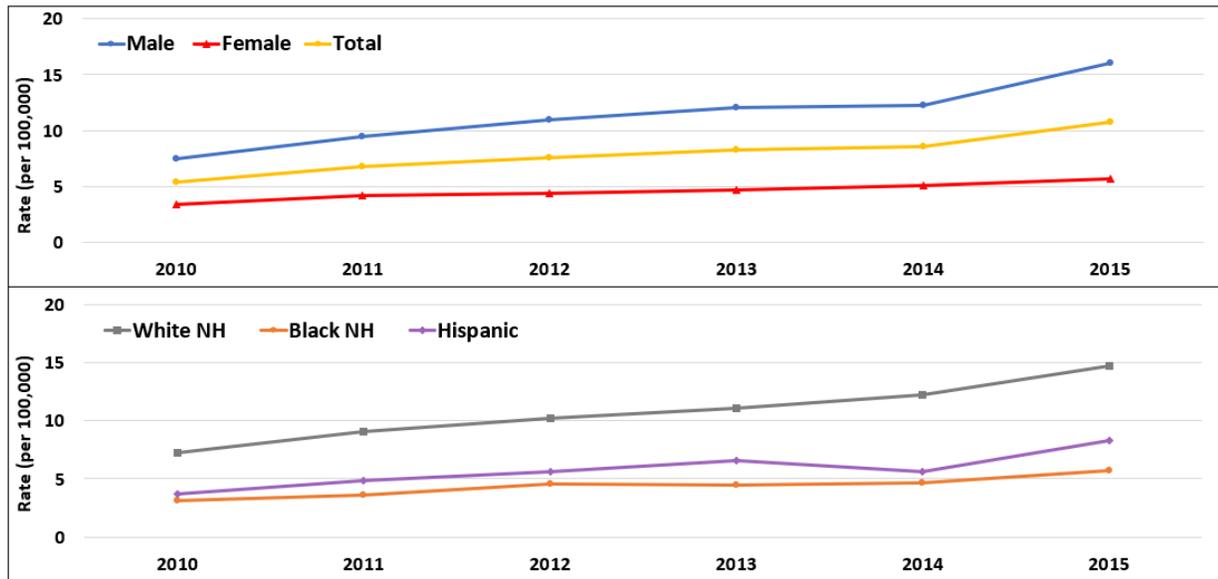
Figure 86. Age-adjusted rates of all opioid, heroin, and opioid pain reliever overdose death in New York State, 2010 and 2015.



Source: CDC Wonder

The age-adjusted rate of all opioid overdose deaths per 100,000 population in New York State doubled from 2010 (5.4) to 2015 (10.8). The age-adjusted rate of heroin-related overdose deaths increased by over five times from 1.0 in 2010 to 5.4 in 2015. The age-adjusted rate of opioid pain reliever overdose deaths per 100,000 over the same period was substantially higher than for heroin, though the increase was smaller – starting with a rate of 4.3 in 2010 and reaching 6.9 in 2015.

Figure 87. Age-adjusted rates of opioid overdose death by gender and race/ethnicity in New York State, 2010–2015



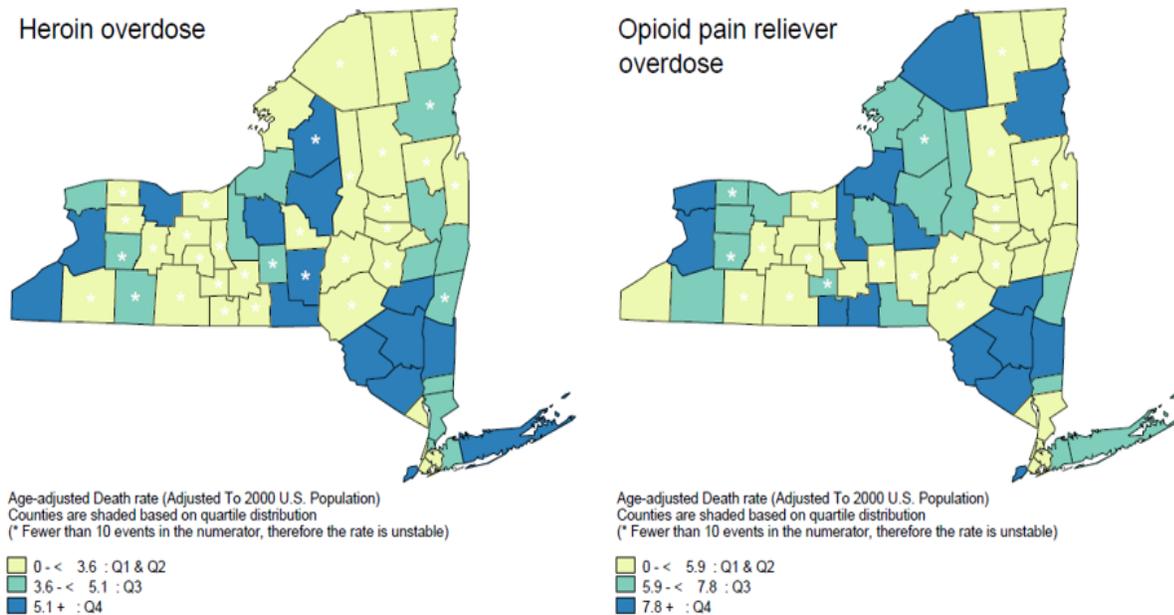
Abbreviations: NH - non-Hispanic

Data source: CDC Wonder

The top graph, above, shows the trend from 2010 to 2015 for the rate of all opioid overdose deaths per 100,000 population by gender, as well as the total rate for males and females combined. The rate of all opioid overdose deaths per 100,000 population in New York has been consistently higher for males than females. In 2015, the rate for males hit a high of 16.0 per 100,000 population, compared to 5.7 for females. The trends for both males and females were generally upward until 2014, with a sharper increase between 2014 and 2015 among males.

The lower graph shows the rates for all opioid overdose deaths per 100,000 population for selected racial/ethnic groups from 2010 to 2015. The White non-Hispanic population had the highest rate of all opioid overdose deaths, reaching a high of 14.7 in 2015. That was about twice the rate for this group in 2010 (7.3) and nearly double the rates for Black non-Hispanic (5.7) and Hispanics (8.3) in 2015. While the overall trend was upward, there was a decrease in the rate for Hispanics in 2014. Between 2014 and 2015, sharper increases in the rates were observed for White non-Hispanic and Black non-Hispanic populations.

Figure 88. Age-adjusted rates of overdose deaths involving heroin and opioid pain relievers by county, New York State, 2013-2015



Data source: New York State Vital Records

Overall, both heroin and opioid pain reliever overdose age-adjusted death rates per 100,000 population for the period 2013–2015 were higher in the Mid-Hudson Region, as compared with other regions in the state. The rates for heroin overdose death were particularly high in Western New York, especially in Erie and Chautauqua counties, and in parts of the Tug Hill Seaway, Southern Tier, and Central New York regions. Rates of overdose death involving opioid pain relievers were higher in Essex, St. Lawrence, and Niagara counties, as well as through parts of Central New York and the Finger Lakes Region. Richmond County in New York City had rates in the highest quartiles (shown in blue) for both heroin and opioid pain reliever overdose death over the period, as did Suffolk County in Long Island for heroin overdose death.

Figure 89. Heroin-related overdose: hospitalization rates per 100,000, by region and age group, New York State, 2010-2016

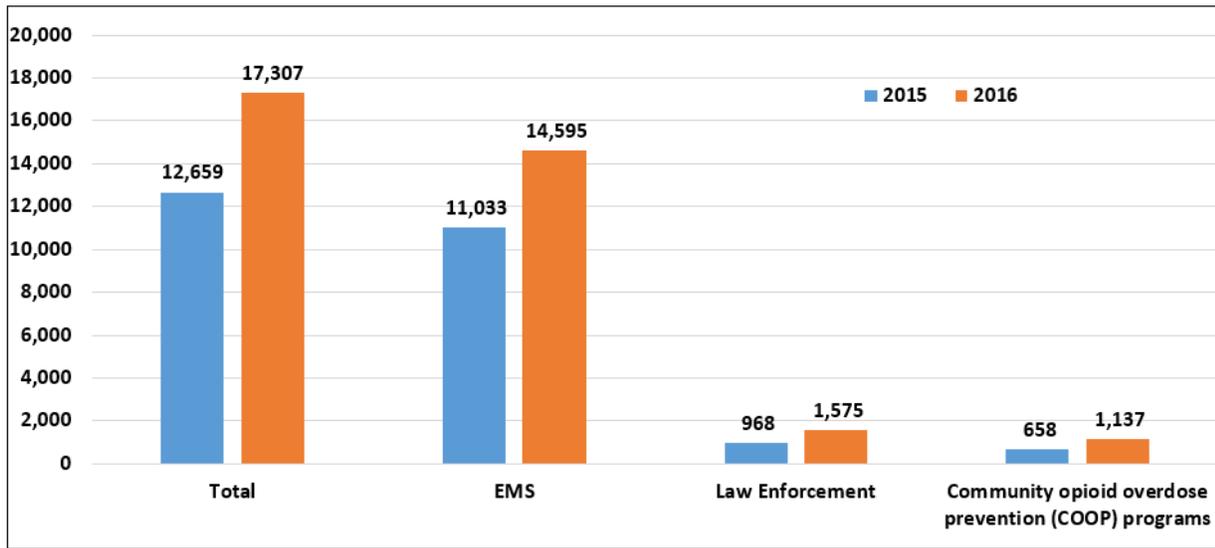


Data Source: New York State SPARCS

*2015 data excludes due to the transition from ICD-9-CM to ICD-10-CM on October 1, 2015

From 2010 to 2016, rates per 100,000 population of hospitalization for heroin-related overdose increased over three times across New York State, nearly twice for New York City, and over four times for New York State excluding New York City. The trends by age group varied by region as well. In New York City, the highest rate of hospitalization for heroin-related overdose was among individuals 45 to 64 years of age (7.9 in 2014). For New York State excluding New York City, however, individuals ages 18 to 44 had the highest hospitalization rate for heroin overdose (11.3 in 2014).

Figure 90. Total naloxone administration for New York State by responder type, 2015 and 2016



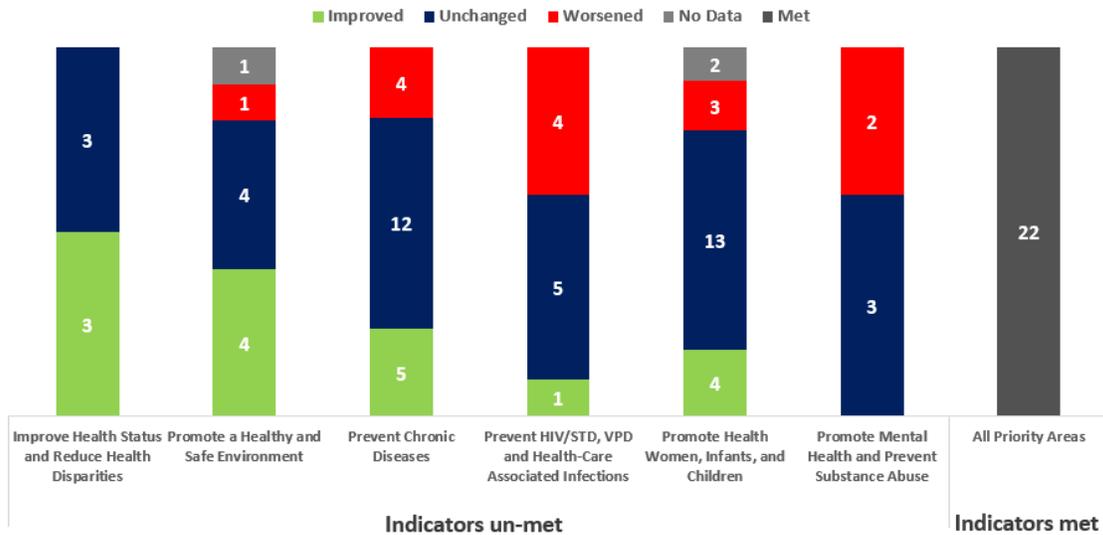
Data source: New York State Department of Health AIDS Institute and Bureau of EMS and Trauma Systems

Note: Data as of June 2017. EMS totals represent only naloxone encounters that were reported in Regional Medical Control Data for Suffolk County, or electronically for other counties; therefore, the actual numbers of events may have been higher. Law enforcement totals do not yet comprehensively include reports from law enforcement agencies in New York City and Nassau County. Law enforcement and COOP program totals represent only naloxone administration reports submitted by law enforcement and registered COOP programs to the NYSDOH AIDS Institute. The actual numbers of naloxone administration events may have been higher.

The total number of reported naloxone administrations (by Emergency Medical Services- EMS providers, law enforcement agencies, and community opioid overdose prevention – COOP programs) in New York State rose 37% from 12,659 in 2015, to 17,307 in 2016. For 2016, the greatest number of naloxone administrations were reported by EMS providers, which accounted for 84% of all reported administrations.

Progress on Prevention Agenda 2013-2018

Figure 91. Overall progress on meeting 96 Prevention Agenda Dashboard indicators, including reductions in health disparities



As of Dec 2017

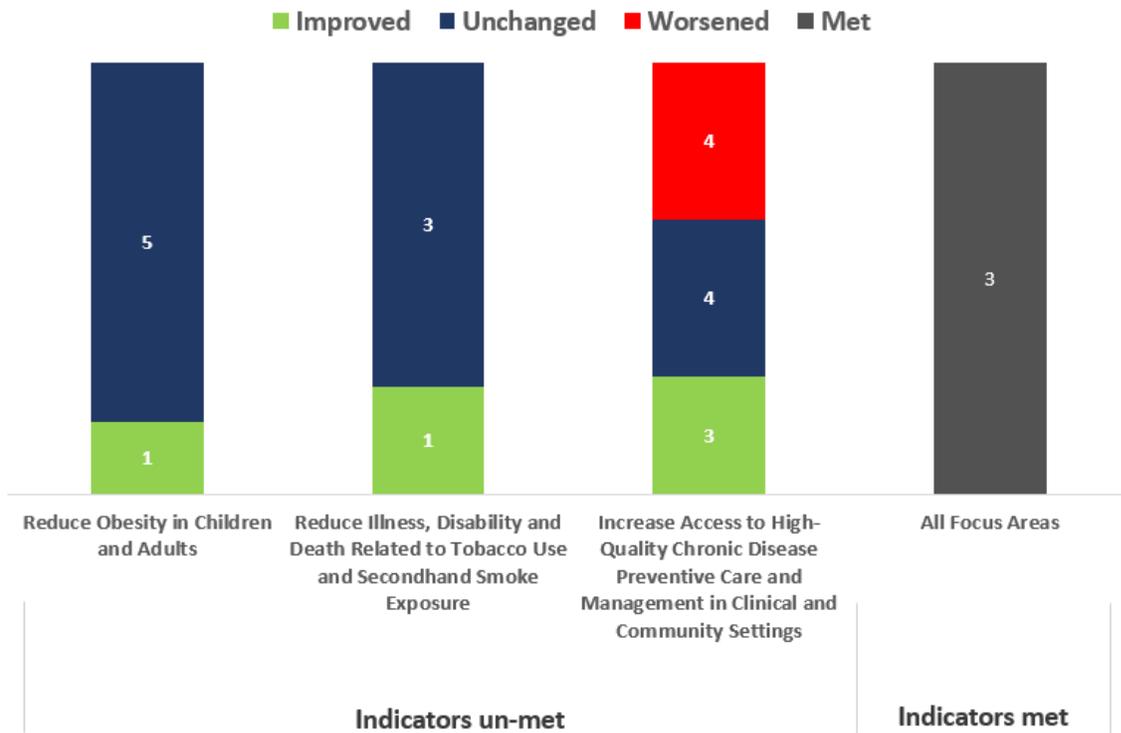
Data source: <https://health.ny.gov/preventionagendadashboard>

In tracking progress for the implementation of the Prevention Agenda 2013-2018 plan, 96 statewide indicators for the five priority areas, and an overall category - “improve health status and reduce health disparities,” were monitored over time. Figure 91 shows the number of indicators where targets were met or unmet. For those not met, a further breakdown of the number that have improved, worsened, or stayed the same are provided.

As of December 2017, there were 22 indicators where the 2018 objectives were met. Some examples of these include: preventable hospitalization rate; assault-related hospitalization rate; heart attack hospitalization rate; newly diagnosed HIV case rate; teen pregnancy rate; and binge drinking among adults. Furthermore, the disparity in premature deaths among Hispanics as compared to White non-Hispanics was significantly reduced.

Of the 71 indicators with data not being met, 12 are significantly improving, with moderate improvement in 5 others. At the same time, there is more work to be done, as among those 71 indicators, 40 are staying the same and 14 are going in wrong direction.

Figure 92. Progress on 24 Preventing Chronic Disease indicators, by Focus Area



As of Dec 2017

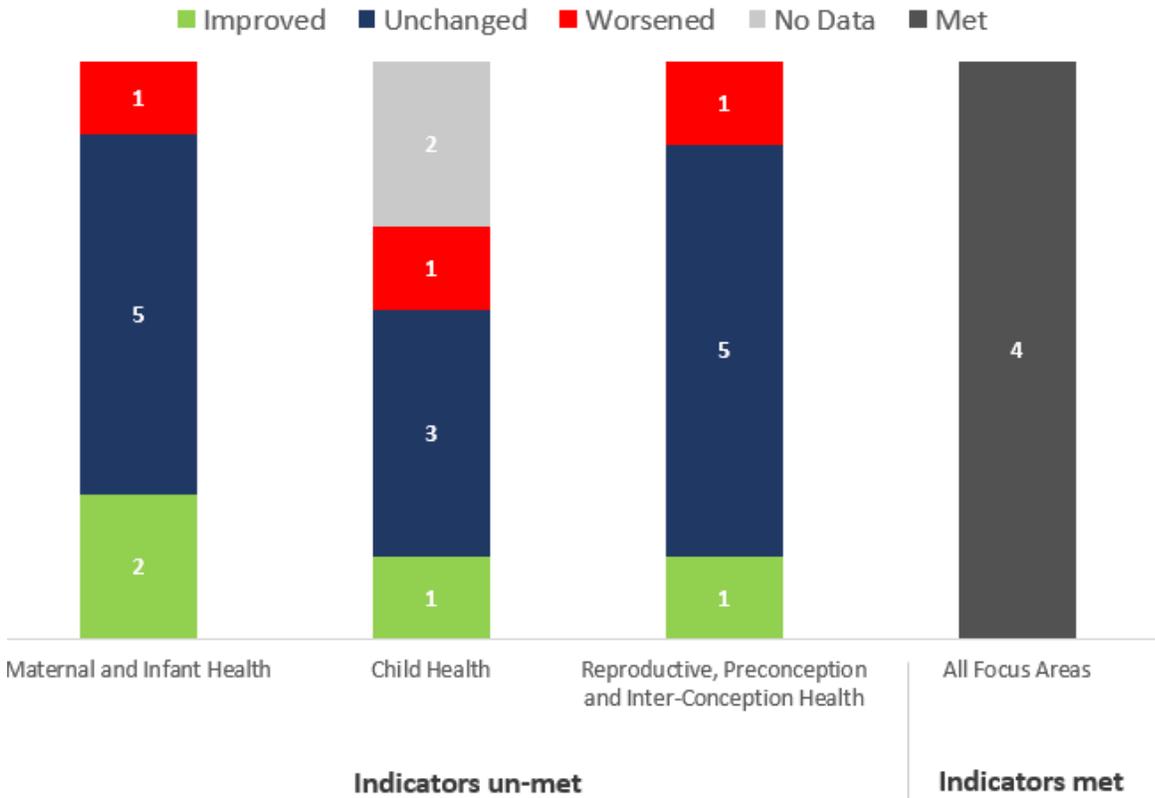
Data source: <https://health.ny.gov/preventionagendadashboard>

Among 24 indicators in this priority area, three have met the 2018 objectives. These include the percentage of children in the government sponsored insurance programs with an annual assessment for weight status, hospitalization rates for heart attacks and short-term complications of diabetes among children.

For 21 indicators where 2018 objectives have not been met, 13 indicators remained the same statistically, such as the percentage of adults who are obese, as well as the prevalence of cigarette smoking among adults.

Five indicators showed some improvement including the utilization of smoking cessation benefits among smokers who are enrolled in Medicaid Manages Care; and the asthma emergency department visit rate among children ages 0-4 years. Four indicators are worsening, including those with hypertension with controlled blood pressure.

Figure 94. Progress on 26 Promote Healthy Women, Infants, Children indicators, by Focus Area



As of Dec 2017

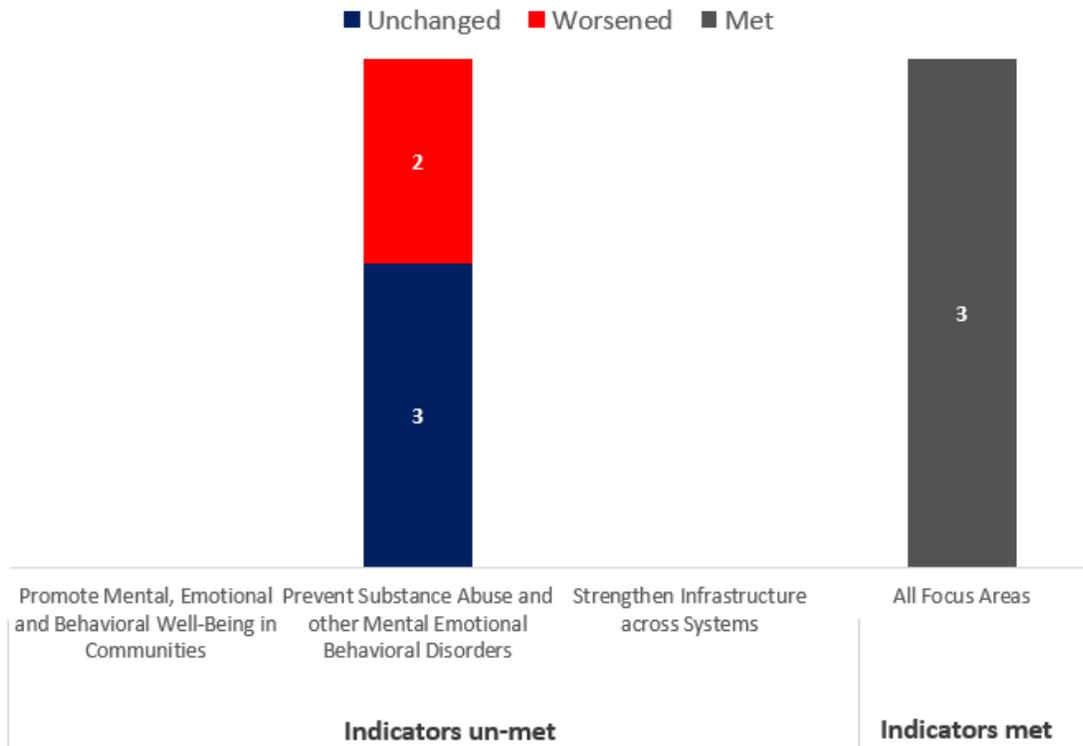
Data source: <https://health.ny.gov/preventionagendadashboard>

In the Healthy Women, Infants and Children priority area, New York State has achieved several successful outcomes, including substantial declines in the pregnancy rate among females ages 15-17 years, and the percentage of unintended pregnancy among live births.

Excluding two indicators without updated data to assess progress status, more work needs to be done as 20 indicators have not been met. Some examples include reducing premature births and maternal mortality. Furthermore, addressing the disparities among subpopulations is important. For instance, the 2018 objective for reducing the ratio of teen pregnancy between Black non-Hispanic and White non-Hispanic populations has not been met.

One encouraging result is that the percentage of infants exclusively breastfed in the hospital has been steadily increasing, but the New York State goal has yet to be met.

Figure 95. Progress on 8 Promote Mental Health and Prevent Substance Abuse indicators, by Focus Area*



**Only the Prevent Substance Abuse and other Mental Emotional Behavioral Disorders focus area had tracking indicators*

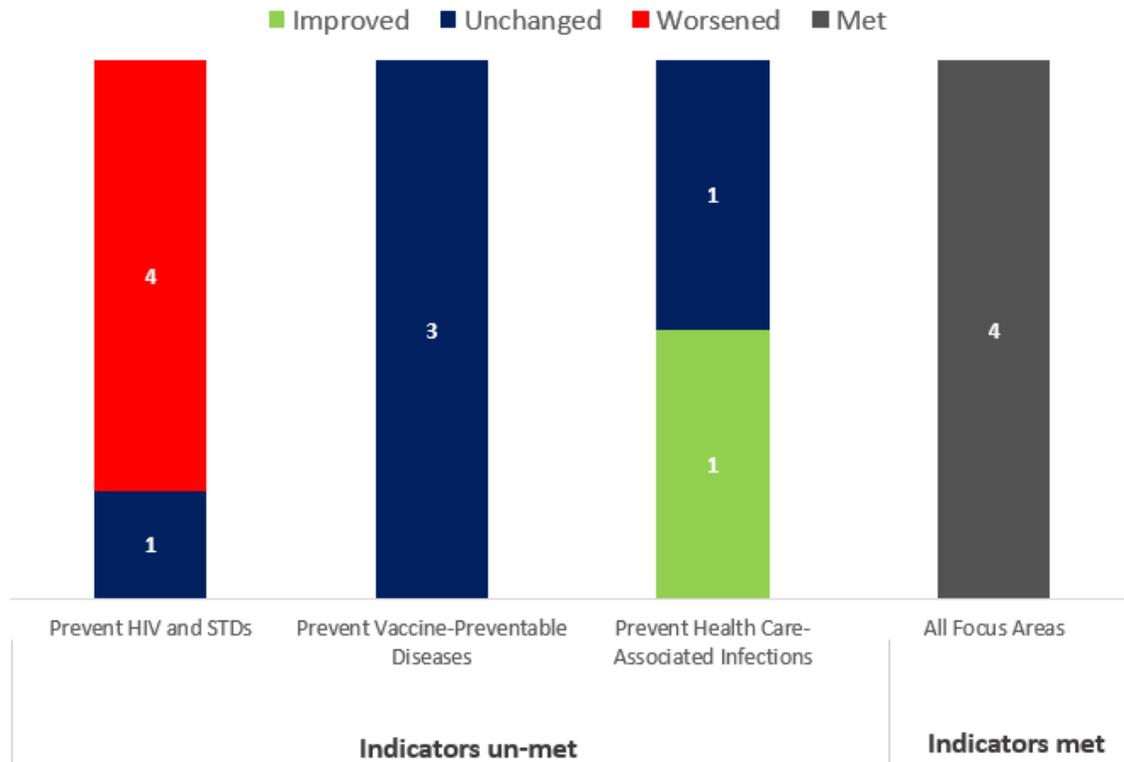
As of Dec 2017

Data source: <https://health.ny.gov/preventionagendadashboard>

In the Promote Mental Health and Prevent Substance Abuse priority area, three out of eight tracking indicators have met the 2018 objectives. Examples include the percentage of adolescents reporting non-medical use of pain relievers in the past year; or the percentage of adult binge drinking during the past month.

New York State is working toward reducing the risk for suicide, addressing drug and alcohol related issues, and reducing tobacco use among those with poor mental health. However, several 2018 objectives for critical indicators, such as reducing suicide in the population, have not been met. Some indicators among youth, including the percentage of adolescents who felt sad or hopeless; and the percentage of adolescents who attempted suicide one or more times in the past year, worsened.

Figure 96. Progress on 14 Preventing HIV/STD, Vaccine Preventable Diseases, and Healthcare Associated Infections, by Focus Area.



As of Dec 2017

Data source: <https://health.ny.gov/preventionagendadashboard>

In the Prevent HIV/STD, Vaccine Preventable Disease and Healthcare Associated Infection priority area, four indicators have met the 2018 objectives. These include a substantial reduction in the newly diagnosed HIV case rate and racial disparities for this indicator; as well as hospital onset *Clostridium difficile* infections.

Despite progress in HIV case rate reductions, the New York State rates of Gonorrhea and Chlamydia are increasing.

Appendix A. Data Sources and Indicators

American Community Survey

Population distribution by age and gender, New York State, 2006 and 2016
Population by race and Hispanic origin, New York State, 2016
Percentage change in population by race and ethnicity, New York State 2006 and 2016
Population characteristics, New York State and United States, 2006 and 2016
Level of education, percent with high school/bachelor's degree, New York State and United States, 2006, 2016
Income and poverty, New York State and United States, 2016.
Percentage of families living in poverty by county, New York State, 2011-2015
Percentage of households with monthly housing costs at least 30% of total household income by race and ethnicity and ownership, New York State, 2015
Children in poverty, 2015
Health insurance coverage, New York State and United States, 2016
Mean travel time to work, New York State and United States, 2006 and 2016
Method of transportation to work, New York State and United States, 2006 and 2016
Occupied housing unit characteristics, New York State and United States, 2016
Percentage of homes built before 1940, New York State and United States, 2016
Percentage of population with disability by age: New York State and United States: 2016

County Health Rankings

County Health Rankings, health factor rankings by county – New York State, 2017
Children in single parent households, New York State, 2017
Social associations per 10,000 population, New York State, 2017
Percentage of housing with severe deficiencies, New York City and New York State, 2017
County Health Rankings 2017– health outcome rankings and childhood poverty correlation

America's Health Rankings

New York State overall ranking, America's Health Rankings, 1990-2017.
Number of primary care physicians per 100,000 population: New York State and United States, 2010-2016

Behavioral Risk Factor Surveillance System (BRFSS)

Percentage of adults ages 18 and older who are current smokers by race and ethnicity, New York State, 2011-2016
Percentage of adults ages 18 and older reporting no leisure time physical activity* in the last month, by race and ethnicity, New York State, 2011-2016
Percentage of adults ages 18 and older consuming fruits and vegetables daily, New York State, 2015
Age adjusted percentage of adults ages 18 and older who binge drink, New York State, by county 2013-2014

Selected health indicators among disability and no disability population, New York State, 2016
Obesity prevalence among adults by household income, New York State, 2016
Percentage of adults 18 years and older diagnosed with current asthma by race and ethnicity, New York State, 2011-2016
Prevalence of obesity among WIC enrolled children ages 2-4, and adults 18 and older, New York State and United States, 2011-2016
Percentage of adults ages 18 and older who were obese by race and ethnicity, New York State, 2011-2016
Adult cardiovascular disease prevalence: New York State and United States, 2011-2016
Percentage of adults ages 18 and older ever diagnosed with diabetes by race and ethnicity, New York State, 2011-2016
Age-adjusted percentage of adults with physician diagnosed diabetes by county, 2013-2014
Percentage of adults ages 18 and older reporting poor mental health* by race/ethnicity, New York State, 2011-2015

New York State Bureau of Emergency Medical Services and Trauma Systems

Total naloxone administration for New York State, by responder type, 2015 and 2016

CDC Wonder

Opioid related overdose deaths

Age-adjusted rates of all opioid, heroin, and opioid pain reliever overdose death in New York State, 2010 and 2015

Age-adjusted rates of opioid overdose death by gender and race/ethnicity in New York State, 2010–2015

Division of Criminal Justice Services (New York State)

Violent crime rate per 100,000 population by county, New York State, 2016

United States EPA – Outdoor Air Quality Data

Days where air quality index indicated unhealthy air for New York State core based statistical areas, 2016

Expanded BRFSS

Percentage of adults ages 18 and older who smoke cigarettes by county, 2013-2014

Age adjusted percentage of adults ages 18 and older who binge drink, New York State, by county, 2013-2014

Percentage of adults obese (BMI 30 or higher) by county, 2013-2014

Age-adjusted percentage of adults with physician diagnosed diabetes by county, 2013-2014

Feeding America, Map the Meal Gap

Childhood food insecurity, 2015

New York State Department of Health opioid program

Magnitude of the opioid burden, 2015, 2016

National Adult Tobacco Survey, image from New York State tobacco program

Percentage of adults ages 18 and older who use e-cigarettes, New York State, 2012-2015

National Center for Educational Statistics

Level of education, percent high school or college graduate, New York State and United States, 2004-2005 and 2014-2015

National Immunization Survey

Children ages 19-35 months who are fully immunized, New York State and United States, 2010-2015

New York Adult Tobacco Survey, image from New York State tobacco program

Percentage of adults ages 18 and older who use e-cigarettes, New York State, 2012-2015

New York City Community Health Survey

Percentage of adults ages 18 and older who smoke cigarettes by county, 2013-2014

Percentage of adults obese (BMI 30 or higher) by county, 2013-2014

New York City Fitnessgram

Prevalence of obesity among students, New York State, New York State excluding New York City: 2014-2016, New York City: 2012-2013

New York State AIDS Institute

Total naloxone administration for New York State, by responder type, 2015 and 2016

New York State Cancer Registry

Rates of common cancers among females in New York State, 2005-2014

Rates of common cancers among males in New York State, 2005-2014

Age-adjusted lung and bronchus cancer mortality rate per 100,000, by county, New York State, 2012-2014

New York State Office of Aging

New York State aging trends and demographic projections, 2000-2030

New York State SPARCS

Assault related hospitalization rate per 10,000, by county, 2012-2014

Asthma hospitalization rates by county, 2012-2014

Heroin-related overdose: hospitalization rates in New York State by region and age group, 2010-2016

New York State Vital Records

Life expectancy in New York State, by age, 2007-2015

Percentage of deaths that were premature (deaths of persons <75 years old) by race and ethnicity, New York State, 2008-2015

Age-adjusted years of potential life lost (YPLL) per 100,000 population by race and ethnicity, New York State, 2008-2015

Leading causes of death, New York State, 2009-2015

Estimated number of deaths due to modifiable behaviors, New York State, 2015

Age-adjusted heart disease death rates per 100,000 by race and ethnicity, New York State, 2008-2015

Age-adjusted disease of the heart mortality rate per 100,000 by county, New York State, 2013-2015

Infant mortality rates per 1,000 live births by race and ethnicity, New York State, 2008-2015

Infant mortality rates per 1,000 live births by county, 2013-2015

Maternal mortality rates per 100,000 live births by race and ethnicity, New York State, 2008-2015

Percentage of births with birthweights under 2,500 grams by race and ethnicity, New York State, 2008-2015

Percentage low birthweight births (<2.5kg) by county, 2013-2015

Percentage of births that were premature births (<37 weeks gestation) by race and ethnicity, New York State residents, 2008-2015

Percentage of infants fed exclusively breast milk in the delivery hospital, by race ethnicity, New York State residents, 2008-2015

Percentage of infants fed exclusively breast milk in the delivery hospital by county, 2015

Teen pregnancy rates per 1,000 females ages 15-17 by race and ethnicity, New York State, 2008-2014

Percentage of births to teens - ages 15-17 years by county, 2014

Age-adjusted suicide mortality rate per 100,000 population by race and ethnicity, New York State, 2008-2015

Age-adjusted rates of overdose deaths involving heroin and opioid pain relievers by county, New York State, 2013-2015

New York State Department of Health, Bureau of HIV/AIDS Epidemiology

HIV newly diagnosed case rate per 100,000 population by race and ethnicity, New York State, 2010 and 2015

**New York State Department of Health, Bureau of Sexually Transmitted Disease
Prevention and Epidemiology**

Chlamydia case rates per 100,000 by gender, all ages, New York State, 2010-2015

Gonorrhea case rates per 100,000 by gender, ages 15-44, New York State, 2010-2015

Primary and secondary syphilis rates per 100,000 by gender, all ages, New York State, 2010-2015

PedNSS

Prevalence of obesity among WIC enrolled children age 2-4, and adults, New York State and United States, 2011-2016

PRAMS

Percentage of women who report smoking in the last three months of pregnancy, New York State, 2014

Primary Care Development Corporation

Primary care physicians per 100,000 population, New York State, 2016

State of New York Public Water Supply Annual Compliance Reports

Community water system violations, New York State, 2014-2016

Student Weight Status Category Reporting System (SWSCRS)

Prevalence of obesity among students, New York State, 2014-2016

United States Department of Labor

Percentage of labor force unemployed, New York State, 2016

Youth Tobacco Survey

Percentage of middle and high schoolers who currently use, or have ever used e-cigarettes or similar devices, New York State, 2014-2016

YRBS

Percentage of high school students who did not participate in at least 60 minutes of physical activity on any day by race and ethnicity, New York State, 2015

Percentage of high schoolers who report ever having sexual intercourse, New York State and United States, 2015

Of high schoolers who had sexual intercourse, percent who did not use a condom, New York State and United States, 2015

Appendix B. Description of Data Sources

American Community Survey (ACS)

The American Community Survey is part of the Census Bureau's re-engineered census process. It is designed to provide a fresh look at how communities are changing. The survey collects housing, demographic, social and economic information continuously from representative samples of the nation, states, counties, and many sub-county geographic areas.

The ACS - based indicators contained in this report are from various time periods of ACS estimates. Indicators presented by race/ethnicity use the following groupings: White non-Hispanic, Black non-Hispanic, Asian non-Hispanic, Hispanic, and American Indian/Alaskan Native non-Hispanic.

County Health Rankings

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual County Health Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. Their data comes from a variety of sources, including the ACS, the BRFSS, Bureau of Labor Statistics, CDC, and many more. The annual Rankings provide a revealing snapshot of how health is influenced by where people live, learn, work and play.

America's Health Rankings

For nearly 3 decades, America's Health Rankings has provided an analysis of national health on a state-by-state basis by evaluating a historical and comprehensive set of health, environmental and socioeconomic data to determine national health benchmarks and state rankings. The Annual Report is the longest running annual assessment of the nation's health on a state-by-state basis. The reports analyze a comprehensive set of behaviors, public and health policies, community and environmental conditions, and clinical care data to provide a holistic view of the health of the people in the nation.

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS is an annual statewide telephone survey system designed by the United States Centers for Disease Control and Prevention (CDC). New York State has participated annually since 1985. BRFSS monitors modifiable risk behaviors and other factors contributing to the leading causes of morbidity and mortality. The BRFSS sample represents the non-institutionalized adult household population, ages 18 years and older.

BRFSS race and ethnicity information is collected using two questions:

Are you Hispanic or Latino? (Yes, No, Don't know/Not Sure, Refused); and Which one or more of the following would you say is your race? (White, Black or African American, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaskan Native, Other, Don't know/Not sure, Refused).

BRFSS-based charts contained in this report use the following race/ethnicity groupings: White non-Hispanic, Black non-Hispanic, Asian non-Hispanic, American Indian / Alaskan Native non-Hispanic, Other non-Hispanic and Hispanic. Not all race/ethnic groups are in all tables.

Results are suppressed if they do not meet reporting criteria: the confidence intervals have a half-width greater than 10, the cell size (denominator) is less than 50, or the numerator is less than 10.

Expanded BRFSS

The Expanded Risk Factor Surveillance System (Expanded BRFSS) augments the CDC Behavioral Risk Factor Surveillance System (BRFSS), which is conducted annually in New York State. Expanded BRFSS is a random-digit-dialed telephone survey among adults 18 years of age and older representative of the non-institutionalized civilian population with landline and cellular telephones living in New York State. The goal of Expanded BRFSS surveys is to collect county-specific data on preventive health practices, risk behaviors, injuries and preventable chronic and infectious diseases. Topics assessed by the Expanded BRFSS include tobacco use, physical inactivity, diet, use of cancer screening services, and other factors linked to the leading causes of morbidity and mortality.

New York State Bureau of Emergency Medical Services and Trauma Systems

The Bureau of Emergency Medical Services is responsible for the general oversight of the EMS system statewide.

CDC Wonder

CDC Wonder manages nearly 20 collections of public-use data for United States births, deaths, cancer diagnoses, tuberculosis cases, vaccinations, environmental exposures, and population estimates, among many other topics. These data collections are available as online databases, which provide public access to ad-hoc queries, summary statistics, maps, charts, and data extracts. Most of the data are updated annually; some collections are updated monthly or weekly.

New York State Division of Criminal Justice Services

DCJS enhances public safety by providing resources and services that inform decision making and improve the quality of the criminal justice system

US Environmental Protection Agency (EPA)

The mission of EPA is to protect human health and the environment. EPA works to ensure that federal laws protecting human health and the environment are administered and enforced fairly, effectively and as Congress intended. Air quality reports are available at [Air Data: Air Quality Data Collected at Outdoor Monitors Across the US](#).

Feeding America, Map the Meal Gap

Food insecurity exists in every county and congressional district in the country. Feeding America has published the Map the Meal Gap, which shows food insecurity in those areas, since 2011

Food insecurity refers to the USDA's measurement of a lack of access, at times, to enough food for an active, healthy life for all members of a given household, and limited or uncertain availability of nutritionally adequate foods. It can be defined simply as an economic and social condition of limited or uncertain access to adequate food.

New York State Department of Health, Opioid Program

In response to the growing opioid public health crisis and recommendations to improve the timeliness of reporting opioid-related data, the New York State Department of Health (DOH) Opioid Prevention Program provides opioid-related data to support statewide prevention efforts. These efforts include improving timely opioid overdose reporting to key stakeholders. This information is a valuable tool for planning and can help identify where communities are struggling, help tailor interventions, and show improvements. Opioids include both prescription opioid pain relievers such as hydrocodone, oxycodone, and morphine, as well as heroin and opium.

The figure in this report that used data from the New York State DOH Opioid Program used data from 2015 and 2016.

New York State Bureau of Tobacco Control

The New York State Department of Health envisions a tobacco-free society for all New Yorkers. The Bureau of Tobacco Control administers the state's Tobacco Control Program (TCP) to reduce illness, disability and death related to tobacco use and secondhand smoke exposure, and to alleviate the social and economic burdens caused by tobacco use. TCP uses an evidence-based, policy-driven and cost-effective approach to decrease tobacco initiation by youth, motivate adult smokers to quit and eliminate exposure to secondhand smoke.

The Bureau of Tobacco Control provided charts with data from the National Adult Tobacco Survey and from the Youth Tobacco Survey.

National Center for Education Statistics

The National Center for Education Statistics (NCES) is the primary federal entity for collecting and analyzing data related to education in the United States and other nations. NCES is located within the United States Department of Education and the Institute of Education Sciences. NCES fulfills a Congressional mandate to collect, collate, analyze, and report complete statistics on the condition of American education; conduct and publish reports; and review and report on education activities internationally.

National Immunization Survey

The National Immunization Surveys (NIS) are a group of phone surveys used to monitor vaccination coverage among children 19–35 months and teens 13–17 years, and flu vaccinations for children 6 months–17 years. The surveys are sponsored and conducted by the National Center for Immunization and Respiratory Diseases (NCIRD) of the Centers for Disease Control and Prevention (CDC).

New York City Community Health Survey

The New York City Community Health Survey (CHS) is a telephone survey conducted annually by the DOHMH, Division of Epidemiology, Bureau of Epidemiology Services. CHS provides robust data on the health of New Yorkers, including neighborhood, borough, and citywide estimates on a broad range of chronic diseases and behavioral risk factors.

New York City Fitnessgram

New York City Fitnessgram is an annual fitness assessment for students in grades kindergarten–twelve that helps students and their families develop personal goals for lifelong fitness.

New York State AIDS Institute

The New York State Department of Health, AIDS Institute has lead responsibility for coordinating state programs, services and activities relating to HIV/AIDS, sexually transmitted diseases (STDs) and hepatitis C.

AIDS Institute data are from:

Opioid Overdose Prevention Program
Bureau of Sexually Transmitted Disease Prevention and Epidemiology

AIDS Institute, Bureau of HIV/AIDS Epidemiology

Information on newly diagnosed cases of HIV in this report was generated from data collected and maintained by the New York State Department of Health Bureau of HIV/AIDS Epidemiology and the HIV Epidemiology and New York City Department of Health and Mental Hygiene Field Services (HEFS) Program. All HIV cases newly diagnosed during the reporting period are counted, regardless of concurrent or subsequent AIDS diagnosis or vital status. Data are presented for the years 2010 and 2015.

The racial/ethnic groupings available from the HIV/AIDS Surveillance System are: White non-Hispanic, Black non-Hispanic Asian/Pacific Islander non-Hispanic, Hispanic, and American Indian/Alaskan Native.

New York State Cancer Registry

The New York State Cancer Registry collects, processes and reports cancer statistics on incidence, mortality, and stages of diagnoses by site. In addition to collecting information on the anatomic site of the tumor and stage of diagnosis, the registry also collects socio-demographic information, such as age, gender, ethnicity, race, and residence for each individual diagnosed with cancer.

New York State Office for the Aging

The "County Data Book: Selected Characteristics (2015)" has been prepared by the New York State Office for the Aging in order to provide frequently requested information about selected demographic characteristics, including projections to the year 2040. The County Data Book provides state-level information and county-specific information for each county in New York.

Statewide Planning and Research Cooperative System (SPARCS)

Hospitalization Inpatient data: Data on hospitalizations are collected through the hospital inpatient discharge data system. Each hospitalization is assigned an ICD-9 code at discharge which indicates the primary reason for the hospitalization and up to 14 other related discharge diagnoses. Data are not available on events that did not result in a hospitalization, such as cases that were only treated in a hospital emergency department.

Vital Records

Information on mortality and natality are generated from birth, death and fetal death files that are managed by the New York State DOH Bureau of Biometrics and Health Statistics (BBHS). These files also include records from New York City, a separate vital registration district.

Mortality rates (excluding cancer mortality) in this report are from the BBHS death files from 2008-2015. The cause of death is the underlying cause classified according to the International Classification of Diseases (ICD-10). All mortality rates that are not age-specific are age-adjusted using the standard 2000 United States population.

Infant mortality rates are presented for the time period 2008-2015 and are based on all live births regardless of birthweight or gestation.

Nativity rates are generated from the BBHS birth files from 2008-2015. Pregnancy rates also include the 2008-2014 fetal death (spontaneous and induced) files.

Mortality and natality indicators in this report use the following race/ethnicity groupings: White non-Hispanic, Black non-Hispanic, Asian/Pacific Islander non-Hispanic, American Indian/Alaskan Native non-Hispanic and Hispanic. Any rate that is based on one or two events has been suppressed.

Pediatric Nutrition Surveillance System (PedNSS)

The Pediatric Nutrition Surveillance System (PedNSS) provides data on the prevalence and trends of nutrition-related indicators for low-income children attending federally-funded maternal and child health and nutrition programs. In New York State, data on birth weight, short stature, underweight, overweight, anemia, breastfeeding, smoking in household, and TV viewing are presented for infants and children (< 5 years of age) participating in the Special Supplemental Program for Women, Infants and Children.

Pregnancy Risk Assessment Monitoring System (PRAMS)

The New York State Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing mail/telephone survey of mothers who have recently given birth to a live born infant. PRAMS collects information from mothers about behaviors and experiences before, during and after pregnancy to learn more about how to reduce infant deaths and low birth weight births.

Primary Care Development Corporation

Primary Care Development Corporation (PCDC) is a United States Treasury-certified community development financial institution (CDFI). Using a variety of financial instruments, the corporation provides loans to practices to update, modernize, or expand their operations to better serve their patients. Their New York State Primary Care Profile presents key measures of primary care access and need for adult residents.

New York State DOH Drinking Water Protection Program

Assuring the delivery of safe drinking water is critical to the public health and well-being of all New Yorkers. The Department of Health oversees the delivery of drinking water to ensure that it is suitable for people to drink. This program includes Public Water Supply Annual Compliance Reports.

Student Weight Reporting System

The Student Weight Status Category Reporting System (SWSCR) collects weight status category data (underweight, healthy weight, overweight or obese, based on BMI-for-age percentile) on children and adolescents attending public school in New York State, outside New York City.

US Department of Labor

The Bureau of Labor Statistics (BLS) of the United States Department of Labor is the principal federal agency responsible for measuring labor market activity, working conditions, and price changes in the economy.

Youth Risk Behavior Survey (YRBS)

The YRBS is a survey of mostly public high school students using a methodology and questionnaire designed by the federal Centers for Disease Control and Prevention (CDC). The YRBS collects information on risk factors and behaviors for this adolescent population using an anonymous self-administered questionnaire. It is conducted every two years and in New York State is administered by the New York State Education Department.

YRBS race and ethnicity information is collected using two questions:

Are you Hispanic or Latino? (Yes, No); and

What is your race? Select one or more responses (American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White).

YRBS-based graphs in the report use the following race/ethnicity groupings: White non-Hispanic, Black non-Hispanic, Asian non-Hispanic, American Indian non-Hispanic, and Hispanic. Because of small numbers, the “Other” category, which includes multiple races, is excluded from the analysis. All YRBS-based prevalence rates are presented with their 95% confidence intervals. (Since the YRBS information is based on a sample, the confidence interval is the range where the true prevalence is likely to fall with a 95% degree of assurance). YRBS data in this report are from the 2015 survey.

Appendix C. Acknowledgments

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