

Public Health Dashboards:

Purpose:

To provide an executive level view of how the county is performing on indicators in major public health content areas as compared to the state, nation, peers, and available targets or goals. Icons provide quick reference to indicators of note, and how Orange County compares to these benchmarks.

Content Areas:

Access to Care; Chronic Disease; Injury and Violence; Maternal and Infant Health; Physical Activity and Nutrition; Poverty Mitigation; Sexually Transmitted Diseases; Substance Use and Mental Health; Tobacco and Respiratory Disease;

Data Disclaimer:

These dashboards are intended to be a starting point for collecting a number of related indicators in one place. However, because these data come from a variety of different data sources, each indicator will have its own set of limitations and considerations based on the collection and analysis methodology for that data source. It is important to understand the methodology utilized for the indicators you may be interested in and incorporate corresponding limitations into any of your own reporting. References and/or more detailed information on the sources for particular data points are provided in summary at the end of this document, and additional information may be provided on request.

FAQs:

Q: What sources do you use for your data?

These dashboards use the most recent and available data and statistics from a variety of different sources. Some of these data sources include:

- American Community Survey (ACS) from the Census Bureau;
- Behavioral Risk Factor Surveillance Survey (BRFSS);
- The Cecil G. Sheps Center for Health Services Research (Sheps Center);
- Center for Disease Control and Prevention (CDC);
- Department of Health and Human Services (DHHS);
- Henry J. Kaiser Family Foundation
- Morbidity and Mortality Weekly Report and Statistics (MMWR);
- National Center for Education Statistics (NCES);
- NC Controlled Substance Reporting System (CSRS);
- North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT);
- North Carolina Electronic Disease Surveillance System (NC EDSS);
- North Carolina Public Schools;
- North Carolina State Department of Public Safety (NC DPS) and Bureau of Investigation (NCSBI);
- North Carolina State Center for Health Statistics (NC SCHS);
- North Carolina Department of Transportation (NC DOT)
- Pediatric Nutrition Surveillance System (PedNSS);
- Small Area Health Insurance Estimates (SAHIE);
- Surveillance, Epidemiology, and End Results Program (SEER) through The National Cancer Institute;
- UNC School of Government Hunger Research;
- Youth Risk Behavior Survey (YRBS);

Q: What years are your data from?

The data included in these dashboards are the most up to date data available for Orange County. In some cases, there may be more recent data available for peers, the state, or the US; however, benchmark values are selected from the same year as the Orange County data, for consistency of comparison. In some cases, data points from one geography may represent multiple year rates (such as 3-year or 5-year rates), whereas other geographies may show only 1-year rates. In these cases, the smaller geography (counties) uses multiple years of data to improve statistical power through a larger sample size, whereas US numbers are large enough in a single year to report a 1-year rate.

Q: How do you determine which indicators to include in your dashboards?

The over-arching content areas selected for our dashboards are based on current county priority areas and on the topic area categories included in the Healthy People 2020 and Healthy North Carolina 2020 Objectives. In order to present a meaningful set of data that develops an executive level picture for what is happening in our county's health, we only include indicators that meet several criteria. These criteria help contextualize county measures by relating them to comparable benchmarks. Meaning, a number by itself does not give you any frame of reference unless you have other measures to compare it with.

We aim to select measures that are **meaningful** to public health and:

- 1) **annual** measures
- 2) **updated** on a regular basis
- 3) available at the **county level**
- 4) have **existing objectives, targets, or benchmarks** (such as the HP2020 or HNC2020 Objectives)
- 5) are **commonly used measures across geographies** (other counties, the state, the US)

In some cases, an indicator may meet several but not all of these criteria. In general, an indicator must meet a majority of these criteria to be included in the dashboard.

Q: What do the circle, triangle, and square icons mean?

-  Performing better than four or more benchmarks
-  Performing better than two or three benchmarks
-  Performing better than one or no benchmarks

Benchmarks include Target, Previous, Peer, NC, and US

The performance icons serve as “at-a-glance” guides that allow the reader to scan the dashboard and identify indicators for which the county is performing either better or worse than the majority of available benchmarks (target, previous, peer, NC and US).

It is important to note that these icons serve as a starting point for conversations, but there are many stories to tell behind each indicator. For example, an indicator with a green circle may not alert the reader to health disparities for a specific demographic group within an indicator data set. The absence of disparity measures is a general limitation of this indicator set, but the department hopes to incorporate more data related to health disparities in future dashboard iterations.

Q: How do you determine whether a trend is increasing, decreasing, or the same?

	Positive trend		Significant change
	Negative trend		from previous
SAME	No trend		
-	Trend can not be assessed		

As most of these indicators currently only observe two data points in time, it is difficult to identify a true change in trend (a second limitation of this data set). Observing whether confidence intervals or margins of error for the two observed values overlap from one year to another represents the best method for determining if there is a statistical difference between previous and current indicator values. However, confidence intervals are not always readily available in reports. In addition, when there are changes in survey or data reporting methodology, current measures may not be comparable to previous years. In these cases, it is indicated that the trend can not be assessed.

For the purposes of this dashboard, we have adopted four “rules of thumb” for identifying a threshold for change in trend, as well as if that change appears significant, in the absence of confidence intervals or margin of error.

- **A difference of one percentage point or greater from a surveyed population (such as BRFSS/YRBS, represented by a percentage value) is deemed as a change in trend.** For example, a change from 7.0% to 8.4% would represent an increasing trend, whereas a change from 7.0% to 7.8% would be considered the same. Whether this trend is “positive” or “negative” (signified by green or red colors) depends on the nature of the indicator. If we are observing an increase in diabetes that would be a negative trend, but an increase in physical activity would be a positive trend.
- **A difference in a rate that represents a 1% increase or decrease of the previous rate value when expressed as a percentage would also be deemed as a change in trend.** For example, a rate difference from 3.1 to 2.7 per 100,000 people would represent a -12.9% difference ($(3.1 - 2.7) / 3.1 = .129$). This would represent a decrease in trend. However, a rate difference from 256.3 to 255.9 per 100,000 people would only represent a -0.2% difference (rounded), and would thus be considered the same as the previous year for the purposes of this dashboard ($(256.3 - 255.9) / 256.3 = .0016$).
- **For rates greater than 5, green and red fill backgrounds signify a greater than 20% increase or decrease in rate from previous, noted in this case as a significant change in trend from previous.** For example, a rate difference from 3.1 to 2.7 per 100,000 people would represent a -12.9% difference ($(3.1 - 2.7) / 3.1 = .129$). This would represent a decrease in trend. However, a rate difference from 256.3 to 255.9 per 100,000 people would only represent a -0.2% difference (rounded), and would thus be considered the same as the previous year for the purposes of this dashboard ($(256.3 - 255.9) / 256.3 = .0016$).
- **A difference in a rate that represents a 5% increase or decrease of the previous rate value when expressed as a percentage would also be deemed as a significant change in trend.**

For Additional Information:

If you have any questions or comments regarding the methodology and/or data contained in these dashboards, please contact Allison Young, Health Informatics Manager, at ayoung@orangecountync.gov.

Limited Data Source Considerations

(more detailed considerations to come in future dashboard iterations)

Source: Urban Institute

Decennial Census

Prior to 2010, the decennial census included basic information on the 100 percent sample (Summary File 1, or SF1) as well as detailed information on a subset of the population receiving the long form, which includes additional questions. Beginning in 2010, the decennial census only provides data on basic demographic information (SF1), as the long form has been replaced by the American Community Survey (ACS) discussed below.

Frequency: Every 10 years.

Geographies: Blocks, block groups, census tracts, counties, county subdivisions, zip code tabulation areas.

Variables: Total population, age, sex, race and ethnicity, household type, tenure, vacancy.

Strengths: Data are available at small geographies (down to the block level). Data come from a census rather than a sample survey, with results in smaller margins of error.

Drawbacks: Because the decennial census occurs only once every 10 years, its data quickly become outdated. Data are limited to a small set of variables.

Additional Information: The Census Bureau may draw new geographic boundaries for a new decennial census. Consequently, when using the decennial census from multiple years, Promise Neighborhoods must first ascertain that geographic boundaries have not changed. Moreover, the decennial census can change how a question is phrased, which might change the indicator over time. (For example, in 2010 the Census Bureau changed how it asked respondents about race and ethnicity.) Because of this, data might not be comparable from year to year or between the decennial census and the ACS (discussed below). Users should check the Census Bureau web site (<http://2010.census.gov/2010census/>) for any changes in phrasing and their effects on comparability.

Data Availability: Data for specific geographies can be found using FactFinder (<http://factfinder2.census.gov>).

American Community Survey

The American Community Survey (ACS) is an ongoing statistical survey run by the U.S. Census Bureau, replacing the long form in the decennial census. The ACS has approximately 250,000 respondents monthly, totaling 3 million per year. ACS data are particularly useful, as it is publicly available and offers indicators on several topics.

Frequency: Survey data are collected regularly. Because the ACS covers a smaller sample size than the decennial census, these data files come in one-year, three-year, and five-year averages. For example, data from the 2008–2010 sample will represent averages over the 36-month span.

Geographies: Census tracts, county subdivisions, zip code tabulation areas, counties. Only the five-year averages have data down to the census tract level.

Variables: ACS data are collected on both persons/households and housing characteristics. Data on persons/households includes age, sex, ancestry or immigration status, disability, work commutes, education, employment, family composition, income, language, poverty, and race/ethnicity. Data on housing include financial characteristics such as rent and mortgage costs, as well as physical characteristics such as the number of units in the building and the age of the housing unit.

Strengths: Compared to the decennial census, ACS data are available on more topics and are updated more frequently.

Drawbacks: Because of the smaller ACS sample sizes, users must pay special attention to standard errors, as they can be particularly large. In addition, when using data that represent multiyear averages, users are advised to not compare overlapping years (e.g., 2005–2009 data should not be compared to 2006–2010 data).

Additional Information: The Census Bureau has created a useful guide for ACS data (<http://www.census.gov/acs/www/Downloads/handbooks/ACSResearch.pdf>).

Data Availability: Data can be downloaded for specific geographies using FactFinder (<http://factfinder2.census.gov/>), or flat files can be downloaded for multiple areas (http://www.census.gov/acs/www/data_documentation/data_via_ftp/)

2017 Dashboard Data Sources Tables

More detailed information on this year's dashboard data sources is included on the next several pages, including some considerations and tables with more detailed data source information.

Public Health Dashboard Companion Document
March 2017

Dashboard	Indicator	Source (Local)	Current Year	Previous Year	Measure (Local)	Time Period	Source (US)	Current Year	Measure (US)	Time Period	Target Source
Chronic Disease	% Colorectal Cancer Screening*	BRFSS	2010	2010	Percent		3 CDC	2010	Percent		1 N/A
Chronic Disease	Adult Diabetes Prevalence*	BRFSS	2011	2011	Percent		1 CDC	2014	Percent		1 HNC2020
Chronic Disease	% Women who received Mamogram (50+)*	BRFSS	2010	2010	Percent		3 CDC	2010	Percent		1 HP2020 (C 17)
Chronic Disease	Female Breast Cancer Incidence Rate	SCHS	2015	2013	Rate per 100,000 women		5 SEER	2013	Rate per 100,000 women		5 N/A
Chronic Disease	Female Breast Cancer Mortality Rate	SCHS	2015	2014	Rate per 100,000 women		5 SEER	2013	Rate per 100,000 women		5 HP2020 (C-3)
Chronic Disease	Cancer Incidence Rate	SCHS	2015	2013	Rate per 100,000		5 SEER	2013	Rate per 100,000		7 N/A
Chronic Disease	Cancer Mortality Rate	SCHS	2015	2013	Rate per 100,000		5 SEER	2013	Rate per 100,000		5 HP2020 (C-1)
Chronic Disease	Stroke Crude ED Rate per 10,000 person-yrs	NC DETECT	2014	2013	Rate per 10,000 Person-Years		1 #N/A	#N/A	N/A		N/A N/A
Chronic Disease	Circulatory Crude ED Rate per 10,000 person-yrs	NC DETECT	2014	2013	Rate per 10,000 Person-Years		1 #N/A	#N/A	N/A		N/A N/A
Chronic Disease	Colorectal Cancer Incidence Rate	SCHS	2015	2013	Rate per 100,000		5 SEER	2013	Rate per 100,000		5 N/A
Chronic Disease	Colorectal Cancer Mortality Rate	SCHS	2015	2014	Rate per 100,000		5 SEER	2013	Rate per 100,000		5 HNC2020
Chronic Disease	Cardiovascular Disease Prevalence	BRFSS	2011	2011	Percent		1 Heart.org	2014	Percent		1 N/A
Chronic Disease	Cardiovascular Disease Mortality Rate	SCHS	2012	2012	Rate per 100,000		5 #N/A	#N/A	N/A		N/A HNC2020
Chronic Disease	Stroke Mortality Rate	SCHS	2015	2013	Rate per 100,000		5 CDC	2014	Rate per 100,000		1 HP2020 (HDS-3)
Chronic Disease	Diabetes Mortality Rate	SCHS	2015	2014	Rate per 100,000		55 CDC	2014	Rate per 100,000		1 HP2020 (D-3): 66.6---but
Chronic Disease	Diseases of the Heart Mortality Rate	SCHS	2015	2014	Rate per 100,000		5 HP2020	2014	N/A		1 HP2020 (HDS-2)
Chronic Disease	Heart Disease Crude ED Rate per 10,000 person-yrs	NC DETECT	2014	2013	Rate per 10,000 Person-Years		1 #N/A	#N/A	N/A		N/A N/A
Chronic Disease	Hypertension Crude ED Rate per 10,000 person-yrs	NC DETECT	2014	2013	Rate per 10,000 Person-Years		1 #N/A	#N/A	N/A		N/A N/A
Chronic Disease	Prostate Cancer Incidence Rate	SCHS	2015	2012	Rate per 100,000 men		5 SEER	2013	Rate per 100,000 males		5 N/A
Chronic Disease	Prostate Cancer Mortality Rate	SCHS	2015	2013	Rate per 100,000		5 SEER	2013	Rate per 100,000 males		5 HP2020
Cross-cutting	% Adult Smokers*	SCHS	2011	2011	Percent		1 #N/A	2011	Percent		1 HNC2020
Cross-cutting	% Crashes that are Alcohol Related	DHHS Annual Report/ Highway Si	2015	2014	Percent		3 Previous OC Dashboard	N/A	Percent		N/A HNC2020
Cross-cutting	% High schoolers who smoked in past 30 days (CHCCS)**	YRBS	2015	2013	Percent		1 US YRBS	2015	Percent		1 HP2020
Cross-cutting	% Population that is Food Insecure	Unavailable	2014	2013	Percent		1 Feeding America	2014	Percent		1 HP2020
Cross-cutting	Avg # Poor Mental Health Days / Month*	BRFSS	2011	2011	Number of days in past month		1 #N/A	N/A	N/A		N/A HNC2020
Cross-cutting	Lung Cancer Incidence Rate	SCHS	2015	2013	Rate per 100,000		5 SEER	2013	Rate per 100,000		5 N/A
Cross-cutting	Lung Cancer Mortality Rate	SCHS	2015	2014	Rate per 100,000		5 SEER	2013	Rate per 100,000		5 HP2020 (C-2)
Cross-cutting	Mental Health Crude ED Rate per 10,000 person-yrs	NC DETECT	2014	2013	Rate per 10,000 Person-Years		1 #N/A	N/A	N/A		N/A HNC2020
Cross-cutting	Drug Overdose Mortality Rate per 100,000	Injury Prevention Branch	2015	2014	Rate per 100,000		1 CDC	2015	N/A		N/A N/A
Cross-cutting	Opioid Overdose Mortality Rate per 100,000	Injury Prevention Branch	2015	2013	Rate per 100,000		1 CDC	2015	N/A		N/A N/A
Cross-cutting	Drug Overdose Crude ED Rate per 10,000 person-yrs	NC DETECT	2014	2013	Rate per 10,000 Person-Years		1 #N/A	N/A	N/A		N/A N/A
Cross-cutting	Substance Abuse Crude ED Rate per 10,000 person-yrs	NC DETECT	2014	2013	Rate per 10,000 Person-Years		1 #N/A	N/A	N/A		N/A N/A
Cross-cutting	Suicide Mortality Rate per 100,000	SCHS	2015	2014	Rate per 100,000		5 CDC	2014	N/A		1 HNC2020
Environmental Health	Chronic Lower Respiratory Disease Mortality	SCHS	2015	2013	Rate per 100,000		5 CDC	2014	N/A		N/A N/A
Injury and Violence	% Adults 45+ experienced fall(s) in past 3 months*	BRFSS	2010	2010	Percent		1 #N/A	N/A	Percent		1 N/A
Injury and Violence	% Adults who drove after drinking in past 30 days*	BRFSS	2010	2010	Percent		1 CDC	2010	Percent		1 N/A
Injury and Violence	% Adults ever experienced traumatic brain injury*	BRFSS	2011	2011	Percent		1 Scientific American	2012	Percent		1 N/A
Injury and Violence	% High schoolers who experienced dating violence (CHC)	YRBS	2015	2013	Percent		1 MMWR	2015	Percent		1 N/A
Injury and Violence	% High schoolers who drove after drinking in past 30 day	YRBS	2015	2013	Percent		1 MMWR	2015	Percent		1 N/A
Injury and Violence	% High schoolers who had been injured in a fight (CHCC)	YRBS	2015	2013	Percent		1 MMWR	2015	Percent		1 N/A
Injury and Violence	% High schoolers who experienced forced intercourse (YRBS	2015	2013	Percent		1 MMWR	2015	Percent		1 N/A
Injury and Violence	% High schoolers who texted while driving in past 30 da	YRBS	2015	2013	Percent		1 MMWR	2015	Percent		1 N/A
Injury and Violence	Other Unintentional Mortality Rate (Age-Adj)	SCHS	2015	2014	Rate per 100,000		5 HP2020	2014	may include injuries left c		1 N/A
Injury and Violence	Assault Rate per 100,000	NC DPS	2015	2014	Rate per 100,000		1 FBI	2015	Rate per 100,000		1 N/A
Injury and Violence	Homicide Rate per 100,000	NCDOJ	2015	2014	Rate per 100,000		1 FBI	2015	Rate per 100,000		1 N/A
Injury and Violence	Homicide Rate per 100,000	NC DPS	2015	2014	Rate per 100,000		1 FBI	2015	N/A		1 HP2020
Injury and Violence	Crash Injuries Per 1000 People	NC DPS	2015	2014	Rate per 1,000		3 NHTSA	2015	Rate per 1000		1 HP2020
Injury and Violence	Rape Rate per 100,000	NC DPS	2015	2014	Rate per 100,000		1 FBI	2015	N/A		1 N/A
Injury and Violence	Unintentional Motor Vehicle Mortality Rate	SCHS	2015	2014	Rate per 100,000		5 NHTSA	2015	Rate per 100,000		1 N/A
Injury and Violence	Violent Crime Rate per 100,000	NC DPS	2015	2014	Rate per 100,000		1 FBI	2015	N/A		1 N/A
Maternal/Infant Health	% Low Birthweight Babies (<2500 grams)*	SCHS	2015	2014	Percent		5 CDC	2014	Percent		1 HP2020 (MICH- 8.1)
Maternal/Infant Health	% Mothers Smoking while pregnant	SCHS	2015	2013	Percent		5 CDC	2013	Percent		1 HP2020 (MICH- 11.3)
Maternal/Infant Health	% Preterm Births (<37 Wks Gestation)*	SCHS	2015	2014	Percent		5 CDC	2014	percent		1 N/A
Maternal/Infant Health	Repeat Teen Pregnancy Rate	SCHS	2015	2013	Percent		5 CDC	2010	Percent		1 N/A
Maternal/Infant Health	% Very Low Birthweight Babies (<1500 grams)*	SCHS	2015	2014	Percent		5 CDC	2014	Percent		1 HP2020 (MICH 8.2)
Maternal/Infant Health	Infant Mortality Rate (/1,000)	SCHS	2015	2014	Rate per 1,000 Live Births		1 CDC	2014	Rate per 1,000 Births		1 HNC2020
Maternal/Infant Health	Teen Pregnancy (Rate/1,000)	SCHS	2015	2014	Rate per 1,000 females		1 CDC	2014	Rate per 1000 females		1 N/A

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Dashboard	Indicator	Source (Local)	Current Year	Previous Year	Measure (Local)	Time Period	Source (US)	Current Year	Measure (US)	Time Period	Target Source
Physical Activity and Nutrition	% Adults Eating 5+ Fruits or Veggies/Day*	BRFSS	2011	2011	Percent		1 #N/A	N/A	N/A	N/A	HNC2020
Physical Activity and Nutrition	% Adults with Healthy Weight*	BRFSS	2011	2011	Percent		1 HP2020	2012	Percent		5 HP2020 (NWS-8)
Physical Activity and Nutrition	% Adults Getting Recommended Exercise*	BRFSS	2011	2011	Percent		1 #N/A	N/A	percent	N/A	HNC2020
Physical Activity and Nutrition	% High Schoolers not overweight or obese (CHCCS)**	YRBS- US Document 2013	2015	2013	Percent		1 YRBS	#N/A	Percent	N/A	HNC2020
Physical Activity and Nutrition	% High Schoolers getting 60 min exercise/day (CHCCS)*	YRBS	2015	2013	Percent		1 Previous OC Dashboard	#N/A	N/A	N/A	Previous Target
Physical Activity and Nutrition	% High Schoolers eating Fruits and Veggies 1+/Day**	YRBS	2011	2011	Percent		1 YRBS	#N/A	N/A	N/A	Previous Target
Physical Activity and Nutrition	% Kids in Food Insecure Households	UNC School of Government	2014	2013	Percent		1 UNC School of Governmen	2015	Percent		1 N/A
Physical Activity and Nutrition	% Low-income Preschool Children Obese	Pediatric Nutrition Surveillance S	2011	2011	Percent		3 CDC	2014	Percent		1 N/A
SDOH- Access to Care	% Children Uninsured (<19 years old)	SAHIE	2014	2013	Percent		1 Kaiser Family Foundation	2015	Percent		1 N/A
SDOH- Access to Care	% Low Income Children Uninsured (<19 years old, <200% FPL)	SAHIE	2014	2013	Percent		1 Kaiser Family Foundation	2015	Percent		1 N/A
SDOH- Access to Care	% Uninsured (<65 years old)	SAHIE	2014	2013	Percent		1 US Census Bureau	2015	Percent		1 N/A
SDOH- Access to Care	% Low-income Uninsured (<65 years old, <200% FPL)	SAHIE	2014	2013	Percent		1 Kaiser Family Foundation	2015	Percent		1 N/A
SDOH- Access to Care	Dentist Rate per 10,000	SHEPS	2014	2013	Rate per 10,000		1 HRSA	2014	Rate per 10,000		1 N/A
SDOH- Access to Care	Primary Care Physician Rate per 10,000	SHEPS	2014	2013	Rate per 10,000		1 HRSA	2014	Rate per 10,000		1 N/A
SDOH- Access to Care	Physicians Rate per 10,000	SHEPS	2014	2013	Rate per 10,000		1 WHO	2013	Rate per 10,000		1 N/A
SDOH- Poverty Mitigation	% Children <18 living in Poverty	ACS	2015	2014	Percent		5 US Census Bureau	2015	Percent		5 N/A
SDOH- Poverty Mitigation	% Children Eligible for Free or Reduced Lunch	NC Public Schools	2016	2015	Percent		1 NCES	2011	N/A		1 N/A
SDOH- Poverty Mitigation	% Population living in Poverty	ACS	2015	2014	Percent		5 US Census Bureau	2015	Percent		5 HNC2020
SDOH- Poverty Mitigation	% Renters paying >30% Income on Rent	ACS	2015	2014	Percent		5 US Census Bureau	2015	Percent		5 HNC2020
SDOH- Poverty Mitigation	% Households on SNAP benefits	ACS	2015	2014	Percent		5 US Census Bureau	2015	Percent		5 N/A
SDOH- Poverty Mitigation	% Unemployed	LAUS	2015	2014	Percent		5 US Census Bureau	2015	N/A		5 N/A
SDOH- Poverty Mitigation	Gini Coefficient of Income Inequality (0= most equal, 1=C	ACS	2015	2014	Coefficient		5 US Census Bureau	2015	N/A		5 N/A
SDOH- Poverty Mitigation	4 year Graduation Rate (%)	NC Public Schools/ NCES	2016	2015	Percent		1 NCES	2015	Percent		1 N/A
Sexually Transmitted Infections	% age 15-24 testing positive for Chlamydia of those test	SCHS	2011	2011	Percent		1 CDC	2011	Percent		1 HNC2020
Sexually Transmitted Infections	Chlamydia Incidence Rate (/100,000)	DHHS	2015	2014	Rate per 100,000		1 CDC	2015	Rate per 100,000		1 HP2020
Sexually Transmitted Infections	Early Syphilis Rate (/100,000)	DHHS	2015	2014	Rate per 100,000		1 CDC	2015	Rate per 100,000		1 HP2020- but broken out
Sexually Transmitted Infections	Gonorrhea Incidence Rate (/100,000)	DHHS	2015	2014	Rate per 100,000		1 CDC	2015	Rate per 100,000		1 HP2020- but broken out
Sexually Transmitted Infections	AIDS Incidence Rate (/100,000)	DHHS	2015	2014	Rate per 100,000		1 CDC	2015	Rate per 100,000		1 HP2020- since archived
Sexually Transmitted Infections	HIV Infection Rate (/100,000)	DHHS	2015	2014	Rate per 100,000		1 CDC	2015	Rate per 100,000		1 HNC2020
Substance Abuse and Mental He	% Adults who Drink Excessively*	BRFSS	2011	2011	Percent		1 NIH	2015	Percent	N/A	N/A
Substance Abuse and Mental He	% High schoolers using alcohol products (CHCCS)**	YRBS	2015	2013	Percent		1 Previous OC Dashboard	2015	Percent		1 Previous Target
Substance Abuse and Mental He	% Illicit drug use self-report*	Previous OCHD Report	N/A	N/A	Percent	N/A	1 Previous OC Dashboard	N/A	Percent	N/A	N/A
Substance Abuse and Mental He	% Older Adults with Depression	CMS	2015	2012	Percent		1 CMS	2015	Percent		1 N/A
Substance Abuse and Mental He	% Providers registered in CSRS	Previous OCHD Report	N/A	N/A	Percent	N/A	1 #N/A	N/A	N/A	N/A	N/A
Substance Abuse and Mental He	Alzheimer's Age-Adj Mortality Rate	SCHS	2015	2014	Rate per 100,000		5 CDC	2014	N/A		N/A
Substance Abuse and Mental He	Alzheimer's Crude ED Rate per 10,000 person-yrs	NC DETECT	2014	2013	Rate per 10,000 Person-Years		1 #N/A	N/A	N/A		N/A
Substance Abuse and Mental He	Number of Benzodiazepine Prescriptions per 100 Resid	NC DHHS	2016	2015	Prescriptions per 100 Residents		1 Unavailable	Unavailable	Unavailable		Unavailable
Substance Abuse and Mental He	Number of Opioid Prescriptions per 100 Residents	NC DHHS	2016	2015	Prescriptions per 100 Residents		1 IMS, National Prescription	2012	Prescriptions per 100 Resi		1 Unavailable
Substance Abuse and Mental He	Strength of Average Opioid Prescription (MME)	NC DHHS	2016	2015	Morphine Milligram Equivalent (MME)		1 Unavailable	Unavailable	Unavailable		Unavailable
Substance Abuse and Mental He	Number of Stimulant Prescriptions per 100 Residents	NC DHHS	2016	2015	Prescriptions per 100 Residents		1 Unavailable	Unavailable	Unavailable		Unavailable
Substance Abuse and Mental He	Tobacco Use Disorder Crude ED Rate per 10,000 person-y	NC DETECT	2014	2013	Rate per 10,000 Person-Years		1 N/A	N/A	N/A		N/A
Tobacco	% Asthma Diagnosis (ever in lifetime)*	SCHS	2010	2010	Percent		1 CDC	2010	Percent		1 N/A
Tobacco	% Asthma Current Diagnosis*	SCHS	2011	2011	Percent		1 CDC	2013	Percent		1 N/A
Tobacco	% Exposed to Secondhand Smoke at Work*	BRFSS	2010	2010	Percent		5 #N/A	N/A	N/A	N/A	HNC2020
Tobacco	% High schoolers who have ever used an e-vapor product	YRBS	2015	Unavailable	Percent		1 Unavailable	2015	Percent		1 Unavailable
Tobacco	% High schoolers who currently use e-vapor products (C	YRBS	2015	Unavailable	Percent		1 Unavailable	2015	Percent		1 Unavailable
Tobacco	Asthma Crude ED Rate per 10,000 person-yrs	NC DETECT	2014	2013	Rate per 10,000 Person-Years		1 CDC	#N/A	Rate per 10,000 Person-Ye		1 N/A
Tobacco	Hospital Discharge Rate for Asthma	SCHS	2014	2013	Rate per 100,000		1 CDC	2010	N/A	N/A	N/A
Tobacco	Hospital Discharge Rate for Asthma, Age 0-14	SCHS	2014	2013	Rate per 100,000		1 #N/A	2010	N/A	N/A	N/A