

March 13, 2017

2017 Public Health Dashboards: Executive Summary

The following is a summary of the key take-away findings from this year's public health dashboards. There are 9 completed dashboards, available as separate documents. For FAQs on dashboard development, please also reference our Dashboard Companion Document.

Substance Abuse and Mental Health

Drug use has emerged as an issue of concern in Orange County. The drug overdose mortality rate has increased from 5.7 deaths per 100,000 residents in 2014 to 7.1 deaths per 100,000 residents in 2015. Opioid overdose deaths are concentrated in Hillsborough, which has a higher opioid overdose mortality rate than the county and the US. Orange County has the smallest number in the state when it comes to the number of opioid prescriptions prescribed per 100 residents (52, compared to 93 for NC), putting our county on par with the lowest state averages in the US. Opioid and benzodiazepine prescribing rates have been stable over the past 6 years. However, the stimulant prescribing rate has increased from 24 prescriptions per 100 residents to 30, placing Orange County 96th out of 100 counties. Stimulant prescribing rates in NC only range from 10 to 40 per 100 residents, making this increasing trend significant.

Smoking prevalence in Orange County is lower than peers, NC, and the US, and teens who have smoked in the past 30 days decreased in Chapel Hill Carrboro City Schools (CHCCS) from 2013 to 2015. However, new indicators at the county level show higher rates of e-vapor use than smoking trends overall. In 2015, nearly half of all NC high school students (49%) reported having tried an electronic vapor product, while more than a quarter reported using these products currently (30%). In Orange County, more than a third of HS students (CHCCS) have tried e-vapor products (37%), and nearly 1 in 5 students is a current user of e-vapor products (18%).

Access to mental health services is reported as a priority concern by residents and subject matter experts alike. In Orange County, hospitalization records from 2009-2015 demonstrate the percentage of visits due to mental health for youth 0-24 years is increasing as a proportion of all mental health visits (an increase from around 18% to 24% of all mental health visits).

Chronic Disease and Physical Activity, Nutrition

Orange County performs well on most chronic disease indicators compared to NC, the US, peers, and available target values. However, prevalence of chronic diseases, such as cardiovascular disease and diabetes has increased in the last decade. While death rates appear to be stable for deaths due to diseases of the heart from 2013-2015, the death rate due to diabetes has increased from 11.4 deaths per 100,000 people in 2013 to nearly 15 deaths per 100,000 people in 2015. Breast cancer mortality has been on a declining trend from 2013-2015; however, breast cancer incidence has been steadily rising from around 160 new cases/100k in 2013-2014, to 180 new cases per 100,000 in 2015. Lung cancer and prostate cancer incidence rates have also been declining during this time period, while mortality for each remains the same.

Hospital discharge rates for asthma increased significantly from 2013 to 2014, for both adults and children. The overall discharge rate increased from 45 patients per 100,000 to 80 patients per 100,000. Similarly, child discharge rates (0-14) for asthma increased from 76 patients per 100,000 to 115 patients per 100,000. While this represents a significant increase, discharge data alone does not illustrate the full picture on if patients are receiving quality preventative care and continuation of care to decrease re-admittance rates. More data are needed on re-admittance rates for hospitals.

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Orange County has shown improvements in residents with a healthy weight according to national surveys. However, according to Community Health Assessment (CHA) results, 47% of survey respondents would be considered overweight or obese based on their BMI. In contrast, only 30% of survey respondents reported having been told by a doctor that they are overweight or obese. Sixty-five percent of CHA survey respondents reported meeting exercise recommendations.

Social Determinants of Health and Access to Care

Orange County has the highest Gini Coefficient of Income Inequality of all counties in NC with a population larger than 60,000 people (0.53). This means our county experiences high income dispersion, where fewer people hold a lot of wealth and many people hold little wealth. While the median income for households in Orange County is more than \$59,000, 16% of residents are living in poverty, including 14% of children. Food insecurity and affordable housing are key areas of emphasis for mitigating the effects of poverty in Orange County. According to Feeding America, the percentage of the population that is food insecure (15%) stayed the same from 2013 to 2014. Orange County saw a decline in the percent of renters paying 30% or more of their income on rent, the definition of unaffordable housing. However, nearly half of Orange County renters still pay unaffordable rates for housing.

North Carolina and Orange County each saw a decline in the percent of residents who are uninsured from 2013 to 2014 (age <65 years old). The percentage of low-income residents who were uninsured dropped the most drastically in North Carolina, from 33% to 25%. Orange County dropped at a slightly lower rate from 32% to 26%, putting us slightly behind the state and our peers. Orange County has seen a steady decline in uninsured rates across all indicators from 2011 to 2014. However, the percentage of low income children who were uninsured (12%) is still much higher than in our peer counties, the state, and the nation.

In terms of resources, Orange County leads the state in physician density, and the supply of physicians grew from 2013 to 2014. In 2013 and 2014, Orange County ranked first in dentist density. Although there was a large decrease in the number of dentists in 2013, this trend reversed in 2014, with the dentist rate increasing by more than 6 dentists per 10,000 people.

Sexually Transmitted Infections (STIs)

The incidence of most STIs has increased in Orange County compared to previous years. Gonorrhea and HIV Infection Rates in particular are higher for Orange County than our peers, and increasing at a significant rate. Disaggregating this data by township has shown that these higher rates of STIs are affecting both urban and rural areas of the county.

Maternal and Infant Health

Orange County performs well on most indicators of Maternal and Infant Health, including having the lowest teen pregnancy rate in the state. However, many disparities exist for these indicators by race and ethnicity. For example, African American infants are more than three times as likely to die as Non-Hispanic white babies (disparity ratio of 3.2).

Injury and Violence

Injury and Violence statistics have remained generally stable in recent years. However, crime rates have decreased over the past decade. Alcohol related vehicle injuries are an area of concern for Orange County. Both alcohol related crash rates and reported drinking and driving behaviors among adults are more prevalent than our peers and the state.