

Physical Activity & Nutrition

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75.4%
of adults do not eat 5+ fruits or veggies per day

43.2%
of adults did not meet aerobic nor strengthening guidelines

14%
Of low income preschool children are obese

78%
of high schoolers do not get 60 minutes of exercise per day.

Chronic Disease

While chronic diseases are the leading causes of death in Orange County, lack of physical activity and not eating healthy contributes heavily to the incidence of chronic disease.

- While the number of deaths due to disease of the heart has increased in the past 3 years, the age-adjusted mortality rate has been declining, implying heart disease mortality is generally improving or stable. However, prevalence of chronic diseases, such as Cardiovascular Disease and Diabetes has increased in the last decade.
- More than half of all deaths in Orange County (52%) are caused by cancer, diseases of the heart, or chronic respiratory diseases.
- Nearly 50 million dollars was spent on cardiovascular and circulatory disease inpatient visits in Orange County in 2013, accounting for 16% of all condition costs.

52%
of deaths are caused by Chronic Diseases

16%
Of all in-patient visit costs were spent on Chronic diseases in 2013.

- According to national surveys, adults show negative trends in both physical activity and nutrition.
- Student fruit and vegetable consumption is improving compared to previous years; however, Orange County still performs worse than the US.
- 45% of high schoolers do not eat one or more servings of fruits and vegetables a day. National recommendations far exceed one serving each of fruits and vegetables per day, meaning many more students likely still do not meet national recommendations.
- 14% (21,000) people and 21% of children live in food insecure households.



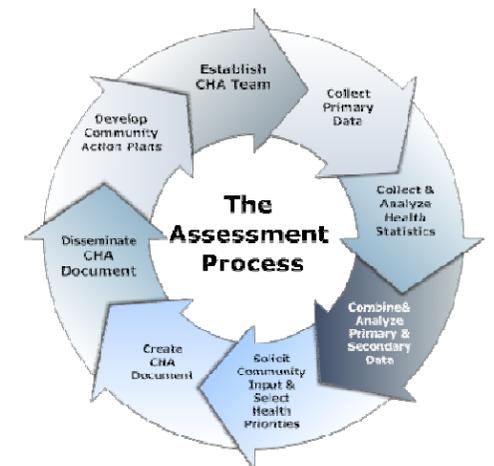
2015 ORANGE COUNTY COMMUNITY HEALTH ASSESSMENT

EXECUTIVE SUMMARY

Introduction

Every 4 years, the Orange County Health Department and Healthy Carolinians of Orange County (HCOC) conducts a Community Health Assessment (CHA). Regular assessment of Orange County's health enables public health officials to monitor trends in health status, determine priorities among health issues, and determine the availability of resources within Orange County to best protect and promote the public's health.

With the overall goal to address health disparities and identify needs of populations who are most disadvantaged, 799 survey households were randomly selected from census blocks, stratifying to ensure low-income communities were included. 279 addresses were attempted and 166 door-to-door surveys were completed. New to this CHA, a health opinion survey was placed online and was completed by 1,548 community residents. Combined, this created 1,714 total health opinion surveys answered, 5 focus groups conducted, and 4 community listening sessions held.



Selected Priorities

The results from the 4 community listening sessions were brought to HCOC's Annual Meeting in December 2015 where participants prioritized issues on the basis of importance and changeability. The health priorities, as determined by Annual Meeting participants to be of greatest concern to the Orange County community, were 1) Social Determinants of Health with priority around Access and Poverty, 2) Mental Health & Substance Abuse, and 3) Physical Activity and Nutrition.

Next Steps

Findings from this CHA report will help influence strategic planning across the community. HCOC will assure broad dissemination of the full report so that entities contributing to the health of Orange County residents can develop new or modify existing programs, services, and resources to address the community health needs relevant to their stated missions.

This executive summary does not include all the details in the full report. The full report can be found online at <http://www.orangecountync.gov/departments/health/publicationsDoc.php#>.

Acknowledgements

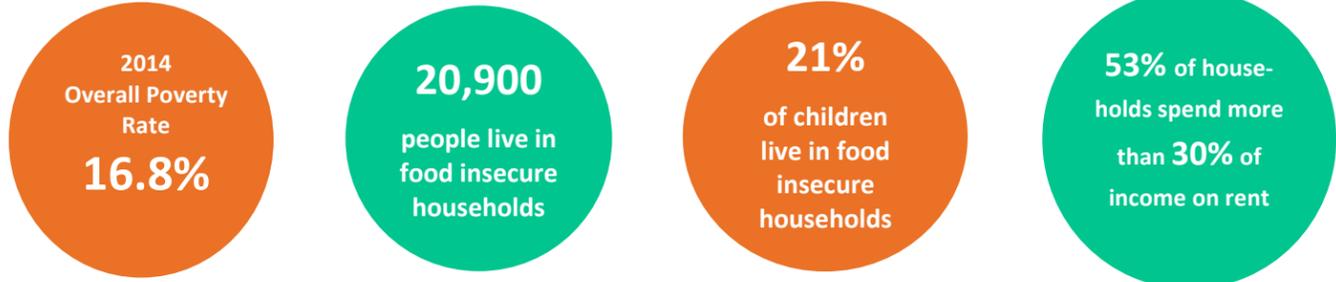
Thank you to the residents of Orange County, the CHA Team members and all of the HCOC partners and member agencies who helped to guide and make the assessment a true community process.



1 Social Determinants of Health

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Poverty



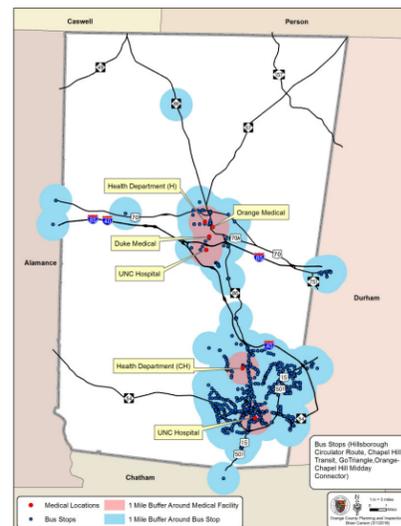
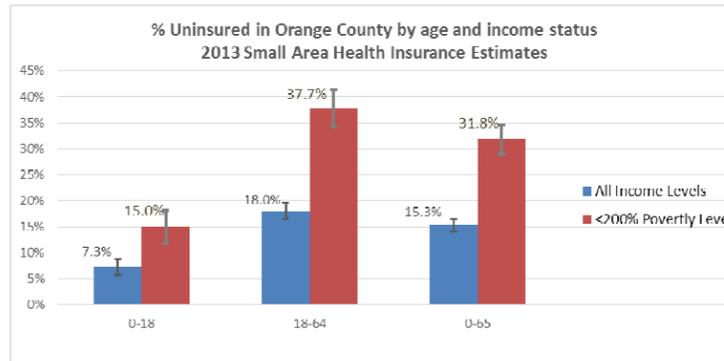
- Orange County has the highest Gini Coefficient of Income Inequality in NC (0.52). This means our county experiences high income dispersion, where fewer people hold a lot of capital and many people hold little capital.
- While the median income for households in Orange County is \$57,261, 17% of residents are living in poverty, including 16% of children.
- Food insecurity and affordable housing are key areas of emphasis for mitigating the effects of poverty in Orange County.
- While Orange County's median gross rent is \$918, half of Orange County households (52.7%) who rent spend more than 30% of their income on rent.

Access

- Approximately 21,000 (15.3%) Orange County residents between 0-64 years of age are uninsured.
- Low income residents are twice as likely to be uninsured compared to the average county resident.
- In 2013 a higher percentage of low income youth under 19 years were uninsured in Orange County [15% (+/- 3.2%)], and 31.8% of low income residents under 64 years were uninsured.
- Over 6,000 Orange County residents enrolled into the Marketplace for 2015 coverage.

Transportation

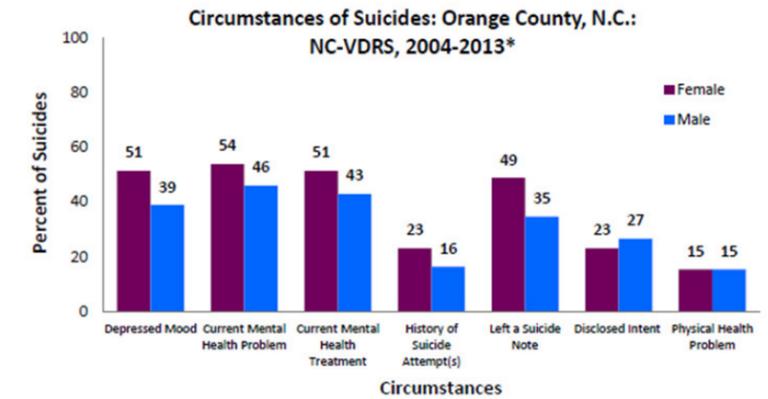
- 3,000 individuals in Orange County with no vehicle live outside of the walkable/ridable coverage area to medical clinics



2 Mental Health & Substance Abuse

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- Mental Health refers to a wide range of conditions that affect one's mood, thinking and behavior.
- Broad classes of mental illness include mood disorders (depression, bipolar disorder), eating, personality, anxiety and psychotic disorders (schizophrenia), and addictive behaviors/substance abuse disorders.



*Based on the county of injury occurrence. 94.5% of cases had circumstance information. Zero females and eight males were missing circumstance information.

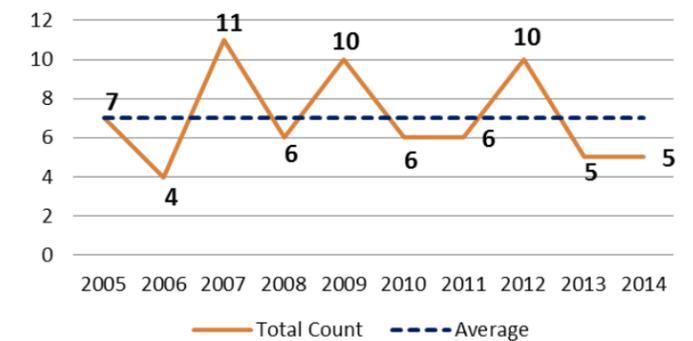
Suicide



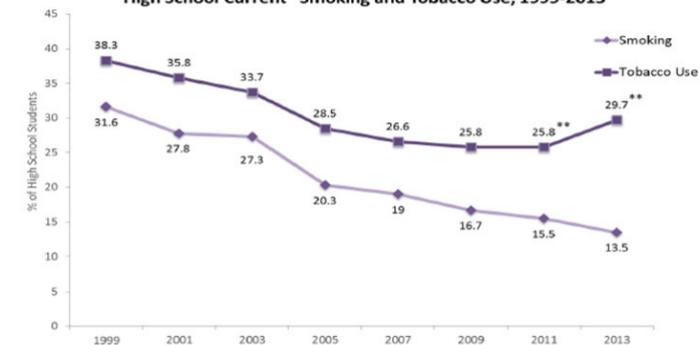
Substance Abuse

- 6% of Orange County motor vehicle crashes are alcohol related
- 8% of County adults and 9% of High Schoolers drove after drinking in the past 30 days.
- Orange County has a drug overdose mortality rate of 5.7
- Overuse of alcohol is considered to be more than 3-4 drinks per occasion for women and more than 4-5 drinks per occasion for men.

Orange County Opiate Poisoning Deaths, 2005-2014



High School Current* Smoking and Tobacco Use, 1999-2013



*Current use is defined as using on one or more of the past 30 days. **In 2011, N.C. YTS began tracking use of emerging tobacco products, including electronic cigarettes, clove cigars, dissolvable tobacco products, flavored cigarettes, flavored little cigars, hookahs or waterpipes, roll-your-own cigarettes, and smms. Data on emerging tobacco product use prior to 2011 are not available.

- While cigarette use is decreasing among NC youth, overall tobacco use is increasing, driven in large part by use of e-cigarettes and hookah.
- Almost 4 out of 10 high school students in Orange County have tried an e-cigarette, and about 2 out of 10 high school students currently use them.