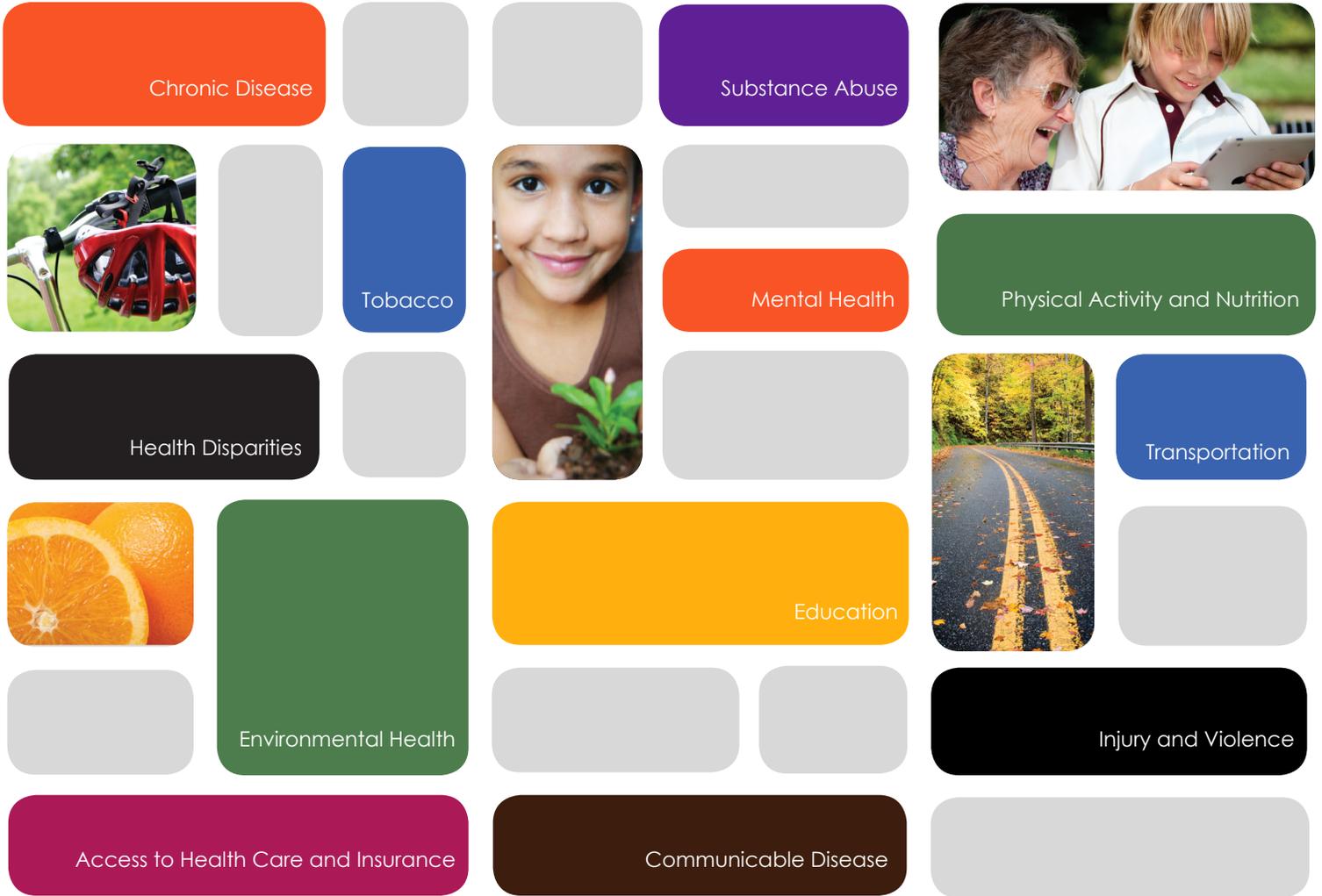


2011 ORANGE COUNTY COMMUNITY HEALTH ASSESSMENT



EXECUTIVE SUMMARY



Community Health Assessment

Introduction to Community Health Assessment

The 2011 Community Health Assessment (CHA) is intended to enable local public health officials and community groups to monitor trends in health status, identify priorities among health issues, and determine the availability of resources within Orange County to adequately address these priorities. The document seeks to be useful, relevant, actionable, and both reflective and forward-looking; and to provide information for effective strategic community health planning.

The Orange County Health Department, and the Healthy Carolinians of Orange County (HCOC) Partnership with its 125 individual members from 80 partner agencies and community representatives, worked collaboratively to complete the community health assessment. Information gathered from nearly 230 community members (through surveys and focus groups), data from local agencies, and county and state statistics were used to assess the health of the Orange County community.

This Executive Summary does not include all the details in the full report. The full report can be found online at www.orangecountync.gov/healthycarolinians. Hard copies of the full report are available at the Chapel Hill, Carrboro, and Orange County public libraries and at Health Department locations in Chapel Hill and Hillsborough. Please contact the Healthy Carolinians Coordinator for a digital copy on CD-ROM.



Acknowledgements

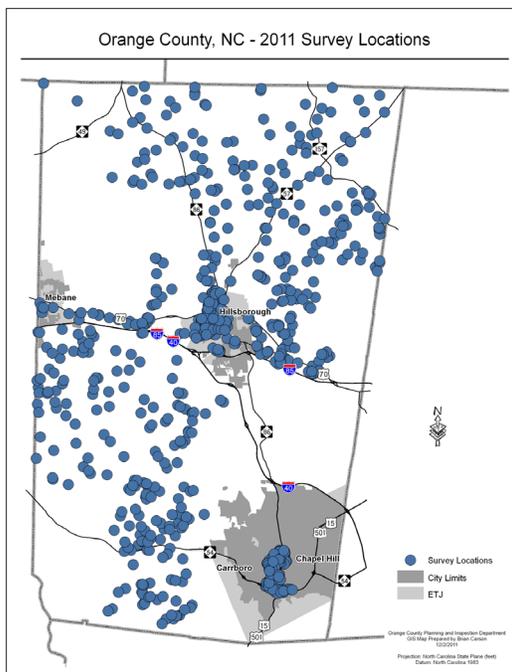
Thanks to the residents of Orange County, the Community Health Assessment Team members and all of the Healthy Carolinians partners and member agencies who helped to guide and make the assessment a true community process.

Assessment Process

The CHA report is based on both primary and secondary data sources; and the participation of hundreds of individuals in various roles from November 2010 to December 2011. Secondary data was gathered from a wide range of sources that are cited throughout the full document. To ensure that the true needs of the community were identified and addressed, the assessment process involved the community at every phase, including planning, data collection, evaluation, identification of health issues and community strengths, and the development of strategies to address identified problems.

A Community Health Opinion Survey was used to collect primary quantitative data. Since one of the main goals of the Healthy Carolinians of Orange County task force is to address health disparities and to identify needs of populations who are most disadvantaged, survey households were sampled from census blocks with the highest poverty percentage. Out of 700 households attempted, 160 individuals completed the 110-question survey. The survey, carried out by a team of 90 volunteers and administered in multiple languages, covered various health topics, including quality of life in Orange County, community improvement, health information, personal health, family health, access to care, environmental health, emergency preparedness, and demographics.

In addition, nine focus groups were conducted with 69 individuals, to give traditionally hard-to-reach populations an opportunity to share, and to gain a more well-rounded understanding of residents' health concerns in Orange County. Questions included in the focus group guide were intentionally broad, and explored definitions of health, community strengths, barriers to accessing care and information. After this, five open community forums were held at different locations in Orange County, and nearly 200 individuals participated. Attendees were presented with the main findings from the survey and focus groups.



Community Opinion Survey Location Map

Blue dots indicate
attempted households

Top Concerns

Top Ten Community Concerns

The “Top Ten” concerns of county residents who participated in community forums are listed below, in the order of the number of votes they received:

1 Access to Health Care, Insurance, and Information

Access includes availability of health care services; affordability of services and health insurance; ability to navigate and understand the health system; physical access to services (including transportation and disability access); and information about health care.

2 Chronic Disease, Exercise, and Nutrition

Chronic disease refers to diseases that are long-lasting in nature. Physical activity and nutrition significantly contribute to good physical health. Regular physical activity and good nutrition can help prevent cancer, type 2 diabetes, heart disease, stroke, and respiratory ailments, and can help one maintain a healthy body weight.

3 Mental Health

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), anxiety disorders, psychotic disorders (schizophrenia), eating disorders, personality disorders, and addictive behaviors/substance abuse disorders.

4 Transportation

Accessible and affordable transportation is an issue for those with limited incomes, physical or mental disabilities, or living in rural areas. Transportation affects one’s ability to access services, employment, healthy foods, recreation, and other resources. Expanding active transportation (walking and biking) options and safety can help prevent disease, reduce motor vehicle-related injury and deaths, improve environmental health, and improve equal access to resources.

5 Built Environment

This includes human-made structures such as housing, recreational facilities, sidewalks, streets, businesses, schools, parks, playgrounds and, more broadly, land use patterns. The built environment impacts both physical and mental health.

6 Cancer

Cancer continued to be the leading cause of death in Orange County in 2010. It is estimated that nearly 80% of cancers are due to factors that can be prevented: tobacco use, poor nutrition, lack of physical activity, exposure to radiation, and other environmental factors. Many cancers are highly treatable with advanced screening.

7 Substance Abuse

This refers to the harmful or hazardous use of alcohol, tobacco, and other illegal drugs (including the misuse and illegal use of prescription drugs). It is related to underage drinking, impaired driving, mental health, addiction, and injury related to alcohol and drugs.

8 Environmental Health

This includes air quality; drinking, and ground water quality; food safety and protection; sewer systems; solid waste management, and lead hazards.

9 Oral Health

This not only includes tooth and gum health, but other health conditions that may result from poor oral health. Issues in oral health include availability of affordable dental insurance, access to regular and preventive care, and population-specific issues like children’s dental health, increasing refugee population needs, and linguistic barriers.

10 Injury

This is the chief cause of death and disability for people under age 44 and may be unintentional like those resulting from motor vehicle crashes, falls, burns, poisonings, drowning, etc.; or violent and intentional including sexual assault, child abuse, partner violence, homicide, and suicide. Like most chronic disease, injuries are preventable.

Selected Priorities

Current Focus Areas

The results from the five community forums were brought to the Healthy Carolinians of Orange County Annual Meeting in September 2011. Participants attending the Annual Meeting were asked to identify the “Top Five” issues on the basis of their importance and changeability. These health priorities, as determined by Annual Meeting participants to be of greatest concern to the Orange County community, were:

1. Access to health care, insurance, and information
2. Chronic disease, exercise, and nutrition
3. Mental health
4. Substance use
5. Injury

Participant votes mirrored those from the community forums indicating strong consistency between community members and agency providers about the most important health issues facing Orange County.



Voting for Priorities at Community Forum

Access to Health

Access to Health Care, Insurance, and Information

The ability to access quality and affordable health care services is a key component in a person's overall health. Health care access impacts a person's quality and quantity of life, as it dictates when and how often a person can use the health care system to obtain preventive, diagnostic, and treatment services.

There are three prerequisites to accessing health care services:

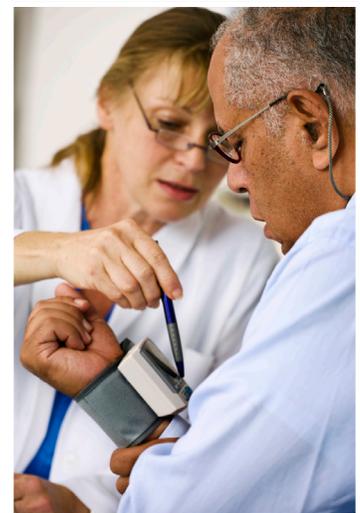
1. The ability to enter and navigate the health care system. Navigating the health care system is easier to do when a person has adequate financial resources and health insurance to pay for services. Having medical insurance can ease a person's financial burden.
2. The ability to identify and use convenient health care locations. Gaining access to the best health care sites often requires the ability to travel within or outside the community.
3. The ability to establish a good working relationship with a medical provider where communication is easy. To form a trusting relationship with a medical provider a person must feel comfortable with communicating and asking questions, which is generally the result of having a consistent provider or medical home.

Not having these essential skills or resources may lead to barriers that can keep a person from benefiting from the preventive care or treatment plans available for maintaining health.

Orange County residents' ability to get health insurance impacts all areas of their physical and mental health. Without insurance, many have problems getting needed health care and often delay or do not get care because of the cost. Although Orange County is ranked number one in the state for the ratio of primary care physicians to residents, there are limited places for low-cost or free medical care in Orange County.

People with a regular primary care doctor more often get preventive services and have fewer hospitalizations because of earlier medical care. Since the uninsured often delay care over time, they may have more serious conditions, more hospitalizations, and more disabilities when they finally seek care. Adults without health insurance have a higher chance of dying prematurely. Medical bills can cause severe financial and credit problems for the uninsured and is often the main reason why families cycle into poverty.

A person's ability to comprehend health information can contribute positively to their health behaviors and outcomes. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Health literacy extends beyond a person's reading and writing skills to also include the ability to comprehend spoken words; to use numeracy and math skills for calculations; and to navigate the health care system.



Chronic Disease

Chronic Disease, Exercise, and Nutrition

Exercise and proper nutrition are key interventions for individuals to reach a healthy body weight, for unlike genetics, metabolism, environment, culture, and socioeconomic factors, both are relatively modifiable health risk behaviors.

A lack of physical activity has a negative effect on health, and is contributing to the increase in obesity. Meeting recommendations for physical activity can help prevent cardio-metabolic conditions such as type 2 diabetes, heart disease, respiratory ailments, high blood pressure, stroke, atherosclerosis, and osteoporosis.

Many factors contribute to the lack of physical activity. Notably, the reliance of technological adoptions in the home, workplace, and schools has reduced the innate need to be active in order to survive. Technology like televisions and the internet can promote sedentary behavior. Moreover, America's car dependent society coupled with the design of sprawling communities, make people opt out of physically active transport, like biking or walking. Lastly, many school environments have eliminated or reduced recess or physical education programs.



Healthy eating and proper nutrition is associated with reduced risk for many diseases, including the three leading causes of death: heart disease, cancer, and stroke. Eating patterns that are focused on consuming fewer calories and making informed food choices can help people attain and maintain a healthy weight, reduce their risk of chronic disease, and promote overall health.

Many factors contribute to current poor nutritional habits and have occurred over the long term. These factors include increased access to fast foods, rising prices of fruits and vegetables, and marketing of high sugar and high fat foods to children. Limited access to, availability and affordability of fresh healthy foods are of concerns as well, particularly for those with insufficient financial resources.

Good nutrition begins in infancy. Research shows that there is a strong association between breast feeding and the decreased incidence of overweight and obesity. The family and home environment also influence the types of foods children eat. Children often rely on their parents to shop for food and prepare meals, thus it is important for parents to model healthy behaviors and make an effort to purchase healthy foods and prepare meals at home rather than dining out. Healthy eating in childhood and adolescence is important for proper growth and development, and can prevent health problems such as obesity, diabetes, dental caries, and iron deficiency anemia.

Mental Health and Substance Abuse

Mental Health and Substance Use, including Tobacco

Mental illness refers to a wide range of mental health conditions that affect one's mood, thinking, and behavior. Broad classes of mental illness include mood disorders (depression, bipolar disorder), anxiety disorders, psychotic disorders (schizophrenia), eating disorders, personality adaptations or disorders, and addictive behaviors/substance abuse disorders. A variety of genetic and environmental factors may contribute to the onset of illness including inherited traits, biological factors, life experiences, and brain chemistry. Stress is also a significant factor to one's mental health. Stress contributes to the likelihood of the emergence of mental health disorders. Poverty and violence are both sources of stress.

Mental disorders and substance abuse disorders may be caused by a combination of these factors, complicating efforts to understand how to prevent them. If these conditions go undiagnosed or untreated, they can have serious consequences leading to disrupted daily functioning, failure in school, reduced productivity, unemployment, disability, social isolation, family conflicts, addiction, or suicide.

Addiction is a chronic, relapsing disease that follows a predictable and progressive course that may result in death if left untreated. Treatment of substance abuse disorders costs Medicaid hundreds of millions of dollars annually in medical care, suggesting that early interventions for substance abuse could enhance positive treatment outcomes and save considerable amounts of money.

If symptoms are recognized and treated early, many of the distressing and disabling effects of a mental illness and substance dependence may be prevented or minimized. Prevention efforts need to be focused on reducing access and availability to substances, identifying stressors, establishing screening processes for high risk and early onset of problems, and increasing knowledge on how to access early intervention and crisis services.

Tobacco use remains the leading preventable cause of death in North Carolina. Lung cancer is the leading cause of cancer death among both men and women. Smokers are at increased risk for at least 15 types of cancers, including oral, esophageal, pancreatic, cervical, bladder, stomach, and kidney cancers. In addition, smoking is also a major cause of heart disease, cerebrovascular disease, chronic bronchitis, and emphysema, and is associated with gastric ulcers. Smokers are more likely to experience heart attacks and strokes.

Environmental risk factors, such as easy access and availability of tobacco products, cigarette advertising and promotion, and affordable prices for tobacco products, make smoking among young people more common.

Non-smokers are also at risk from the dangers of inhaling secondhand smoke. There is no safe level of exposure to secondhand smoke. Secondhand smoke exposure can cause premature death, and has been linked to heart disease and lung cancer in nonsmokers. Youth exposure to secondhand smoke can lead to hindered lung development, respiratory and ear infections, and asthma.



Injury/Recent Progress

Injury

Unintentional injuries are the leading cause of death for all North Carolinians from the ages of 1-44, and the fifth leading cause of death overall. They also remain a leading cause of death in Orange County. Intentional injuries (or violence) are pervasive and are a leading cause of death and hospitalization, especially for youth aged 15-35. Between 2007 and 2010, suicide rose to be the ninth leading cause of death in Orange County. The prevention of both unintentional injuries and violence are complex, and require the involvement of many sectors: public health, mental health system, law enforcement, social service agencies, health care professionals, faith community, community members, and others.

Recent Progress

Orange County is doing reasonably well in terms of the health of its residents, though further progress is needed in some areas. Some indicators of recent progress are given below:

Health Rankings Data: According to 2011 County Health Rankings data, Orange County is the second overall healthiest county in the state (though NC ranked 32nd overall in the nation in 2011). This county ranking data allows residents to look at how healthy their county is, and to compare this to other counties in the state and nation. According to the latest report, Orange County ranked first for each health factor category except for physical environment. The county ranked second for mortality, and second for morbidity.

Health Self-Reports: Self-reported health is another relevant measure of overall population health. According to 2009 Behavioral Risk Factor Surveillance Survey data, 87.2% of Orange County adult residents rated their health as good, very good, or excellent, exceeding the state's current benchmark of 81.9%. This self-assessment was corroborated by the Community Health Opinion Survey conducted for this 2011 CHA. Of those who responded to the opinion survey, a total of 81% self-reported that their overall health is excellent (23%), very good (35%), or good (23%). About 17% reported fair health, and 2% poor health.

Causes of Death: The leading causes of death in Orange County are very similar to the leading causes in the state of North Carolina. For Orange County in 2005-2009, the top five leading causes of death were cancer, diseases of the heart, cerebrovascular diseases, chronic lower respiratory diseases, and unintentional injuries. For each of these, the percentages and overall pattern were roughly the same in Orange County and in NC. The age-adjusted death rates for Orange County were consistently below the rates for NC, for all of the top 10 causes of death except for suicide where it was slightly higher.

Causes of Hospitalization: The leading causes of hospitalization in Orange County and North Carolina are important, both as indicators of health status and drivers of health cost. In general, the ten leading causes of hospitalization are similar in Orange County and in North Carolina. In the county and state, cardiovascular and circulatory diseases, pregnancy and childbirth, digestive system diseases, injuries and poisoning, and other diagnoses (including mental health) rank among the five leading causes of hospitalization.

Life Expectancy: The average life expectancy in Orange County, based on 2006-2008 numbers, is 80.8 years. The comparable figure for the state of North Carolina is 77.3 years.

Local Health Disparities

Disparities

In Orange County, as in other parts of NC and the United States, health status depends in part on where one lives and the individual's racial, ethnic, and economic status, gender, and income. Some aspects of health disparities in Orange County are the following:

Race: A lifetime of health disparities shortens the lives of People of Color. The average life expectancy of African Americans living in Orange County is 76 years, while their white counterparts are expected to live until 81.3 years. Also, per CHA survey results, People of Color were 10% less likely to self-report very good or excellent health and 10% more likely to report poor or fair health than white people.

In Orange County, as elsewhere in the state and nation, significant racial differences in morbidity and mortality continue to be documented. For example, during 2005-2009, the rate of death from diabetes complications for minority residents in Orange County was 3.4 times that of white residents. And the rate of minority-race infants born with low birth weight (and at-risk for developmental complications) in recent years was close to twice that for white infants. With a growing Latino population in Orange County it is important to increase an understanding of how to sustain good health among immigrants, refugees, and their offspring.

Ethnicity: Due to their cultural and linguistic diversity and unfamiliarity with the US health care system, recent immigrants and refugees in Orange County face special challenges in accessing health care. Barriers related to language, health insurance, the high cost of health care, and the need for health care orientation and education are recurring themes among both groups. Both immigrants and refugees have voiced a need for better patient/provider communication. Latino community leaders in particular have emphasized a need for more appointments at health centers that charge on a sliding-scale, where these populations tend to seek services.

Gender: The average life expectancy in Orange County, based on 2006-2008 numbers, varies by gender. Life expectancy for males living in Orange County is 78.5 years, while females are expected to live to 82.7 years. However, in the CHA Opinion survey, self-reports of health were not different by gender.

Income: It is expected that socioeconomic status may significantly impact Orange County and NC life expectancies (due to availability of care, quality of life, etc.). Among those responding to the Community Health Opinion Survey undertaken for this CHA, the highest income bracket was 10-20% more likely to characterize their health as excellent or very good than the lower two income brackets.

Place: Neighborhood conditions have an indirect effect on health by impacting the ease with which residents can make healthy choices related to diet, exercise, and safety. Where people live may also determine their proximity to health care or environmental hazards, access to clean water and sewer, the quality of schools, the availability of affordable housing, and the opportunity for positive social interactions with neighbors.

Next Steps

Report Structure

The 2011 Community Health Assessment report addresses these priority areas and other issues as they relate to the topics covered in various chapters. The report highlights such aspects as ensuring that disadvantaged communities have greater access to health providers that understand their culture and language, provide affordable preventive services, prescribe effective and efficient treatment for diseases, provide counseling services that encourage healthy habits and promote mental health, and reduce overall health care costs.

The report is organized by chapters and sections that reflect key health areas, such as: social and economic determinants of health, like education, access to health care, transportation, and the built environment; physical and mental health; and environmental health.

In discussing the health status and health-related issues in Orange County, the report covers most, if not all, of the topics covered in the 2009 report titled *Prevention for the Health of North Carolina: Prevention Action Plan*, prepared by the North Carolina Institute of Medicine (NCIOM) Task Force on Prevention; and it takes into account the objectives, strategies, and targets recommended for 2020 in each of the focus areas covered by the 2011 report titled *Healthy North Carolina 2020: A Better State of Health*, prepared by the NC Department of Health and Human Services, Office of Healthy Carolinians/Healthy Carolinians Governor's Task Force, and the NCIOM.

The report discusses Orange County health status in relation to the focus areas highlighted in Healthy NC 2020.

Next Steps

Findings from this Community Health Assessment report will help influence strategic planning across the community. Healthy Carolinians of Orange County 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.

By mid-2012, the Healthy Carolinians of Orange County Partnership and committees will develop Community Health Action Plans detailing the strategies to be carried out to address the priority issues. The Partnership will continue to engage in ongoing evaluation, and will encourage collaboration between agencies and community groups to achieve better health outcomes.

It is hoped that this report and its follow-up activities will be of use to community members and service providers alike, for all are working towards the goal of making Orange County a healthy place to live, work, and play.



A Call to Action

Many efforts are underway to address priority areas, but new initiatives are needed to respond identified gaps. Progress will require a total community involvement including the government, businesses, local agencies, the university, hospitals and health care, and all residents in order to improve the quality of life for people living in Orange County, particularly those who face economic, emotional, and physical challenges.

How to Be Involved

Join the more than 125 other individuals and 80 county agencies and organizations who are partnering with Healthy Carolinians of Orange County to find creative solutions so that all Orange County residents can choose health as their first priority.

To find out how to become involved with work groups addressing the top health concerns in the county, please contact the Healthy Carolinians Coordinator at (919) 245-2440 or hcoc@co.orange.nc.us.

Membership information and a copy of the full report can be found at www.orangecountync.gov/healthycarolinians.



Healthy Carolinians of Orange County

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